TRAUMA-INFORMED CARE

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INTRODUCTION

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- Assistant Professor, California Northstate University, College of Psychology

- Experienced in university mental health, trauma (sexual assault, domestic violence, childhood abuse, grief), VWAP, multicultural/social justice counseling

- Teaching/Training/Supervising

- Community Engagement

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MAKING THE CASE FOR A TRAUMA INFORMED APPROACH

- Survivors Speak 2018
  - Tarana Burke, #MeToo Founder
  - Sam Fuentes, Parkland school shooting survivor
  - Countless other crime/trauma survivors filling the Sacramento Sheraton
- Receiving the Call: a request for a space to process the killing of Stephon Clarke and racial trauma
- Listening to ARC Students <u>and</u> Staff—more trauma
  - Childhood sexual abuse   Stalking   Family Separation
  - Domestic violence   Incarceration   Oppression
  - Homelessness   Sudden loss/Grief   Family Addiction
- Invitation: Trauma-Informed Care

TRAINING OBJECTIVES

- Define Trauma

- Identify Types of Trauma

- Know the Effects, Signs, and Symptoms of Trauma

- Articulate a Trauma Informed Approach

- Address Vicarious Trauma, Compassion Fatigue, and Self-Care

- Experience Community Building and Healing

CONSIDER TRAUMA

When you encounter a

- ❖ a distressed person
- ❖ a distressing person
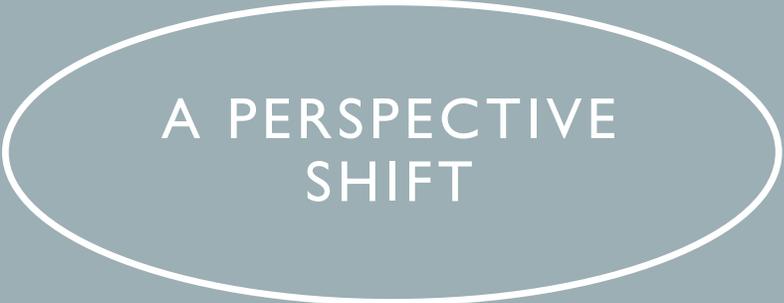- ❖ an underperforming person

…Might Trauma Be a Factor?

A TRAUMA INFORMED APPROACH ASKS…

NO: "What is wrong with you?"

YES: "What has happened to you?"

Perhaps:"What's really going on here?
(Umoja Principle: The Porch)

A PERSPECTIVE SHIFT

*"Trauma informed care embraces a perspective that highlights **adaptation over symptoms** and **resilience over pathology**"*

Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005

CONSIDERATIONS

- Safe Space
  - Respect
  - Privacy
  - Confidentiality
- Self-Care
  - Know your SUD (subjective unit of distress) level
  - Take a break
- Collaborative Learning
  - Share points of connection

- Cross-Discipline translation
- Share expertise
- Working Training
  - Relevance
  - Application
  - Self Assessment
    - A-Ha! Moments: What does this mean for me? For my work? For our department?
    - What am I/we doing well?
    - Where are opportunities for us to improve?

Trauma results from…

- An **event**, series of events, or set or circumstances

- **Experienced** as physically or emotionally harmful or life threatening

- Lasting adverse **effects** on an individual's or community's functioning and mental, physical, social, emotional, sexual, financial and spiritual well-being.

THE THREE E'S OF TRAUMA [3]

WHAT IS TRAUMA?

- Trauma refers to intense and overwhelming experiences that involve serious **loss, threat or harm** to a person's physical and/or emotional well-being.[1]

- Trauma is an **inescapable** <u>stressful</u> event that **overwhelms one's coping mechanisms**.

- Causes temporary or permanent disruption, dysfunction, dysregulation

TRAUMATIC EVENTS

- Abuse and Neglect
- Rape
- Assault; Domestic Violence
- Medical Illness or disease
- War, combat, civil unrest, torture
- Natural disasters
- Witnessing violent events, death/serious injury
- Forms of oppression
- Community violence
- Family separations
- Relocation/Dislocation/Migration
- Grief and loss

INTERPERSONAL TRAUMA

- Interpersonal trauma is a physical, sexual, verbal, or emotional **violation of one person or group of people** that is perpetrated by another person or group of people when that violation results in feelings of intense **fear, powerlessness, hopelessness, or horror**.[2]

COLLECTIVE/COMMUNITY TRAUMA

- An aggregate of trauma experienced by community members <u>or</u> an event that impacts a few people but has structural and social traumatic consequences. [9]

- "A collective feeling that they have been subjected to a horrendous event that leaves indelible marks upon their **group consciousness**, marking their memories forever and changing their future identity in fundamental and irrevocable ways." [10]

- Can be passed down intergenerationally even at the genetic level (epigenesis).

COMPLEX TRAUMA

- Children's exposure to multiple traumatic events and the wide-ranging, long-term effects of this exposure.

- Events are severe and pervasive, such as abuse or profound neglect.

  - Often invasive and interpersonal in nature

  - Usually occur early in life and can disrupt many aspects of the child's development and the formation of a sense of self.

  - Often occur with a caregiver, and therefore interfere with the child's ability to form a secure attachment.

OPPRESSION AS TRAUMA

"Racism is a trauma and thus must be a focal point of trauma-informed work. Racism includes interpersonal, internalized, institutional and systemic experiences, events and exposures" (p. 12).

Other forms of oppression:

Transphobia	Language	Heterosexism
Sexism	Religion	Microaggressions
Poverty	Different Abilities	
Migration Status	Ageism	

EFFECTS OF TRAUMA

- Can be immediate or delayed onset

- Are neurological, biological, psychological and social in nature

- Can impact physical, emotional, relational, spiritual, sexual, financial functioning

- Can be cumulative

- Can lead to adoption of health risk behaviors as ways to cope

- Can lead to severe and persistent behavioral health, physical health, and social problems, even early death

ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY [6]

- Center for Disease Control and Kaiser Permanente (an HMO collaboration)

- Over a ten year study involving 17,000 + people; now more than 800,000

- Looked at effects of adverse childhood experiences (trauma) over the lifespan

- Largest study on this topic ever done

- Kaiser members were asked 10 questions related to various adverse childhood experiences

- Accidental discovery while studying treatments for obesity

ACE SURVEY

Asked questions related to the following adverse childhood experiences:

- Physical, emotional and/or sexual abuse

- Neglect or abandonment

- Divorce

- Alcoholism or drug addiction in the family

- Family violence

- Poverty, homelessness, lack of food and basic needs

- Family member incarcerated

- Family member with mental illness

ACES FINDINGS

- Adverse childhood experiences are common.

- Things that happen in childhood have an impact on long-term health outcomes.

- As the number of ACEs increases, so does the risk for negative outcomes.

HOW COMMON ARE ACES?

of ACES

ZERO
36%

ONE
26%

TWO
16%

THREE
9.5%

FOUR OR MORE
12.5%
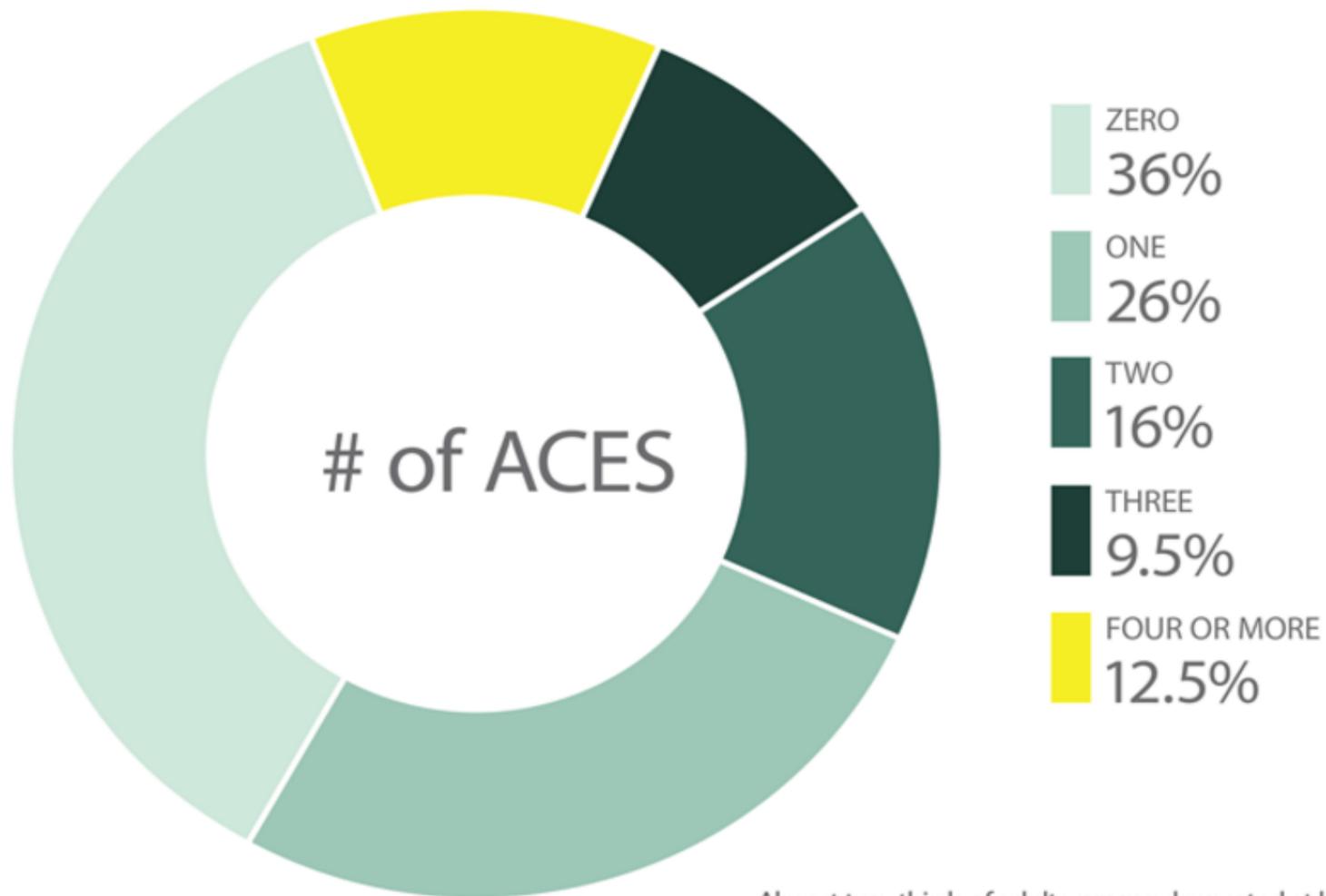
Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.
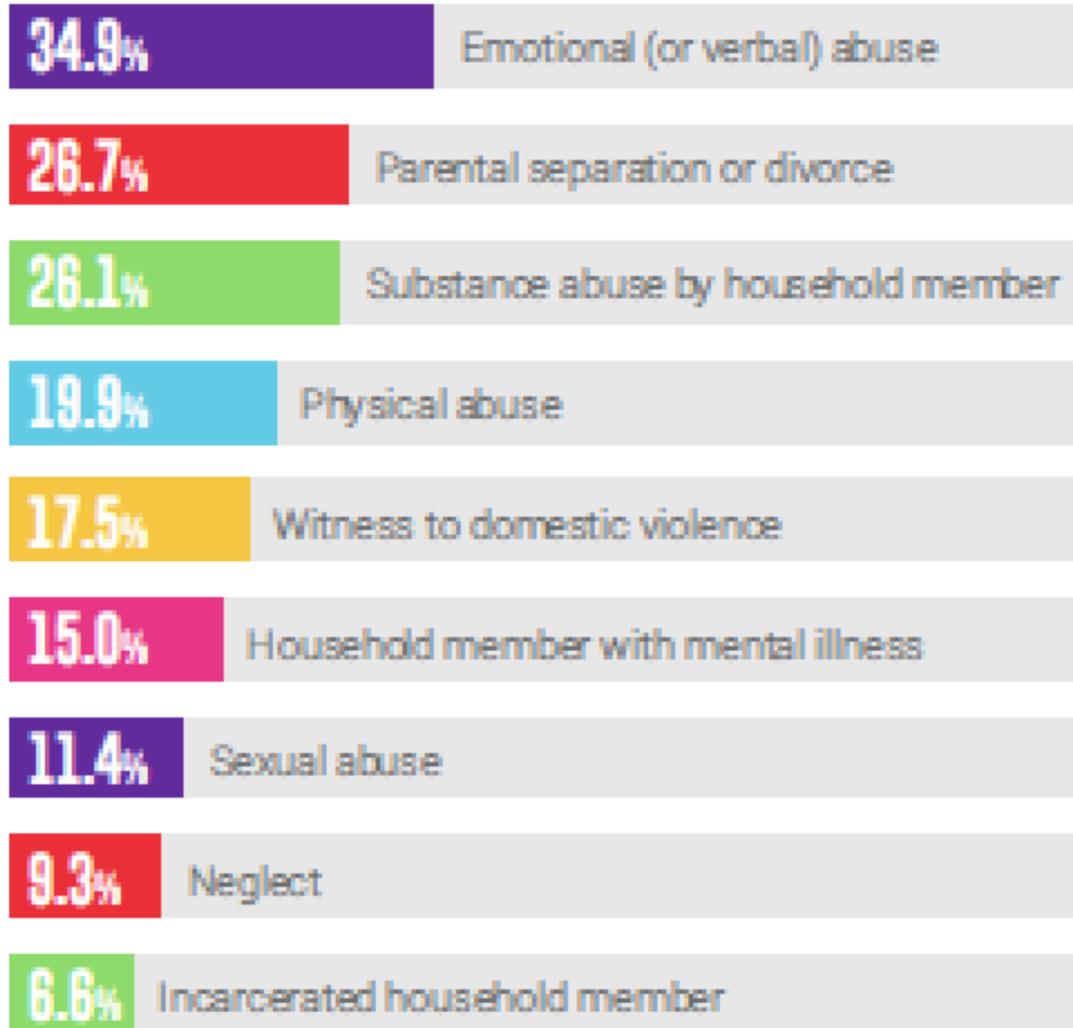
KEY FINDINGS

In California, **61.7%** of adults have experienced at least one ACE and **one in six**, or 16.7%, have experienced four or more ACEs. The most common ACE among California adults is emotional (or verbal) abuse.

Legend:
- 4 or more ACEs
- 2 to 3 ACEs
- 1 ACE
- 0 ACEs

- 16.7%
- 38.3%
- 23.3%
- 21.7%
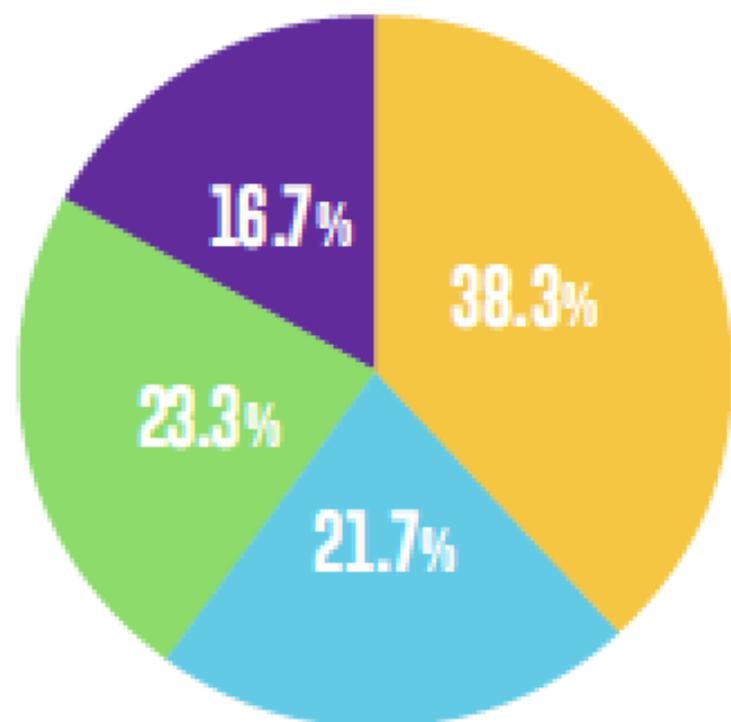
Prevalence of number of ACEs among California adults

Most common ACEs among California Adults

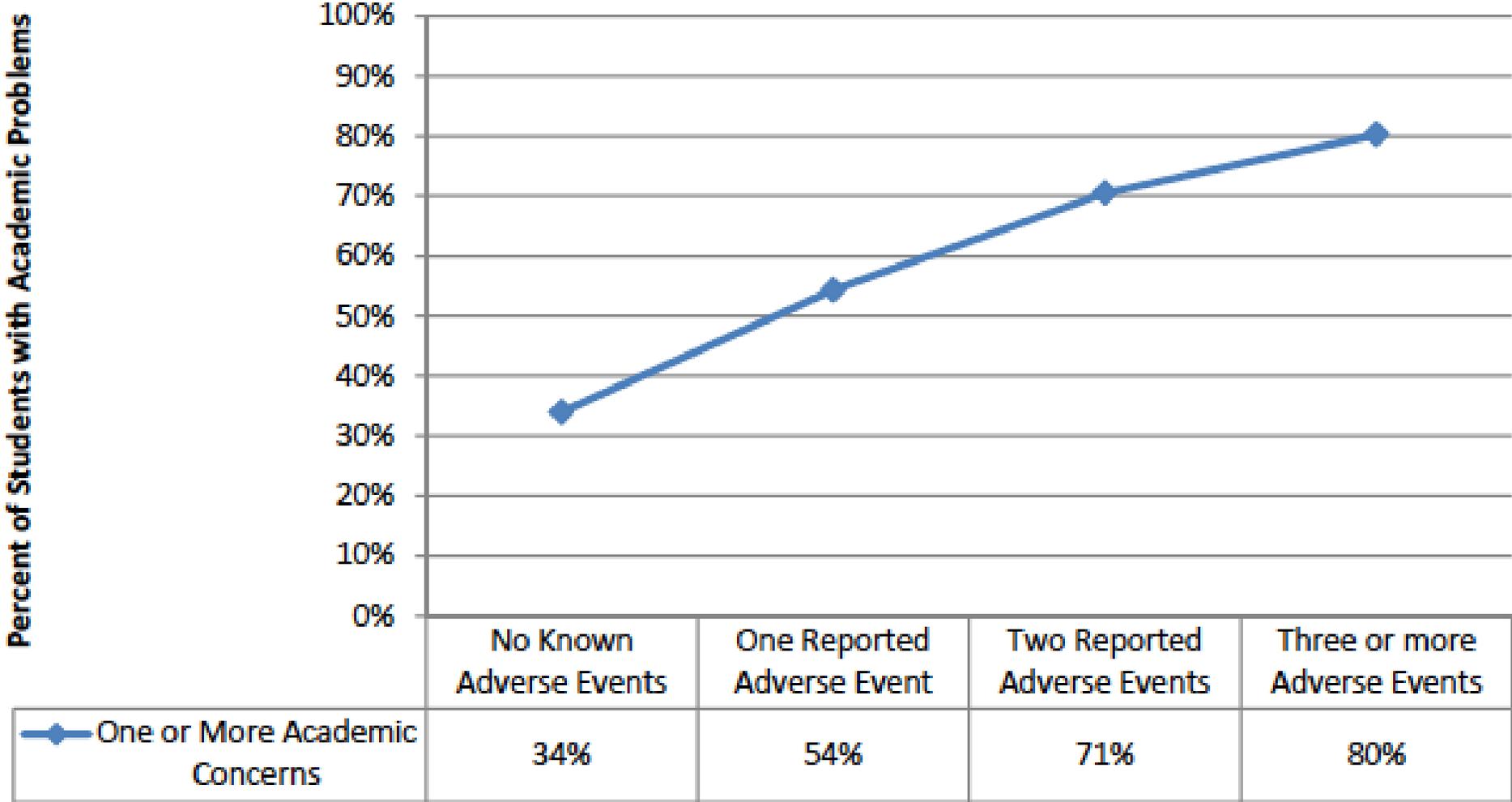| %	ACE
34.9%	Emotional (or verbal) abuse
26.7%	Parental separation or divorce
26.1%	Substance abuse by household member
19.9%	Physical abuse
17.5%	Witness to domestic violence
15.0%	Household member with mental illness
11.4%	Sexual abuse
9.3%	Neglect
6.6%	Incarcerated household member

Most common ACEs among California adults

MULTIPLE TRAUMATIC EXPERIENCES INCREASE THE RISK FOR THE FOLLOWING:

- Anxiety
- Sleep problems
- Memory problems
- Substance abuse
- Obesity
- Respiratory issues
- Heart disease
- Suicide attempts
- Unintended pregnancies
- Sexually transmitted diseases
- Smoking
- Poor academic achievement
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Liver disease
- Financial stress
- Intimate partner violence

ADULTS WHO EXPERIENCED TRAUMA AS CHILDREN ARE:

- 15 times more likely to attempt suicide.
- 4 times more likely to develop drinking problems.
- 4 times more likely to develop a sexually transmitted disease.
- 4 times more likely to inject drugs.
- 3 times more likely to be absent from work.
- 3 times more likely to experience depression.
- 3 times more likely to have serious job problems.
- 2.5 times more likely to smoke.
- 2 times more likely to develop chronic obstructive pulmonary disease (COPD).
- 2 times more likely to have serious financial problems.

# Percent of Students with One or More Academic Concerns by ACE Exposure

One or More Academic Concerns	No Known Adverse Events	One Reported Adverse Event	Two Reported Adverse Events	Three or more Adverse Events
	34%	54%	71%	80%

OTHER FINDINGS ABOUT TRAUMA

- 1 in 6 men have experienced emotional trauma.

- 1 in 6 men have experienced unwanted sexual touch. (1in6.org)

- 80% of people in psychiatric hospitals have experienced physical or sexual abuse.

- 66% of people in substance abuse treatment report childhood abuse or neglect.

- 90% of women with alcoholism were sexually abused or suffered severe violence from parents.

- 92% of incarcerated girls report sexual, physical or severe emotional abuse.

- Boys who experience or witness violence are 1,000 times more likely to commit violence than those who do not.
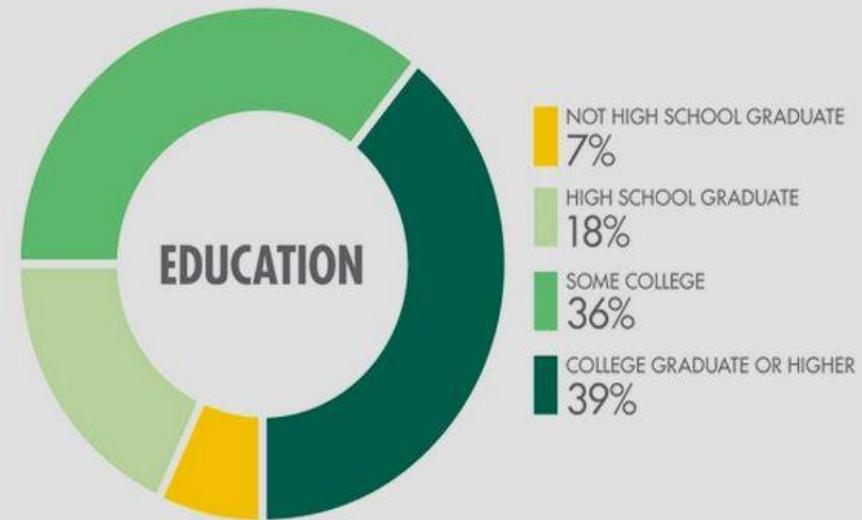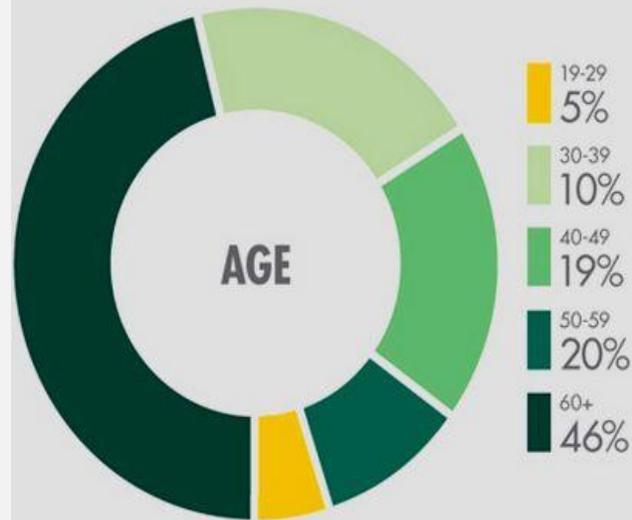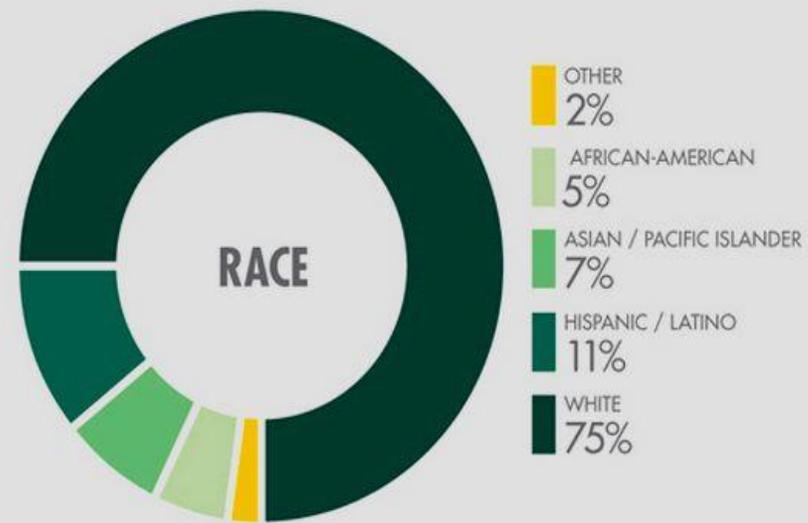
PHILADELPHIA URBAN ACE STUDY

WWW.PHILADELPHIAACES.ORG

In addition to ACE indicators, asked questions associated with growing up in an urban community:

- Neighborhood safety and trust
  - Felt safe in your neighborhood
  - People in neighborhood looked out for each other, stood up for each others, and could be trusted
- Bullying by a peer or classmate
- Witness violence
  - Saw or heard someone being beaten up, stabbed, or shot in real life
- Racism
  - Treated badly or unfairly because of your race or ethnicity
- Foster care

STUDY DEMOGRAPHICS

KAISER

Race

    White 74.8%

    Black 4.6%

Education

    < HS grad 7.2%

    HS grad 17.6%

    Some college   35.9%

    College grad or higher 39.3%

Total 17,337

PHILADELPHIA

Race

    White 44.1%

    Black 42.5%

Education

    < High School   10.3%

    HS grad   31.4%

    Some college 22.7%

    College grad   35.7%

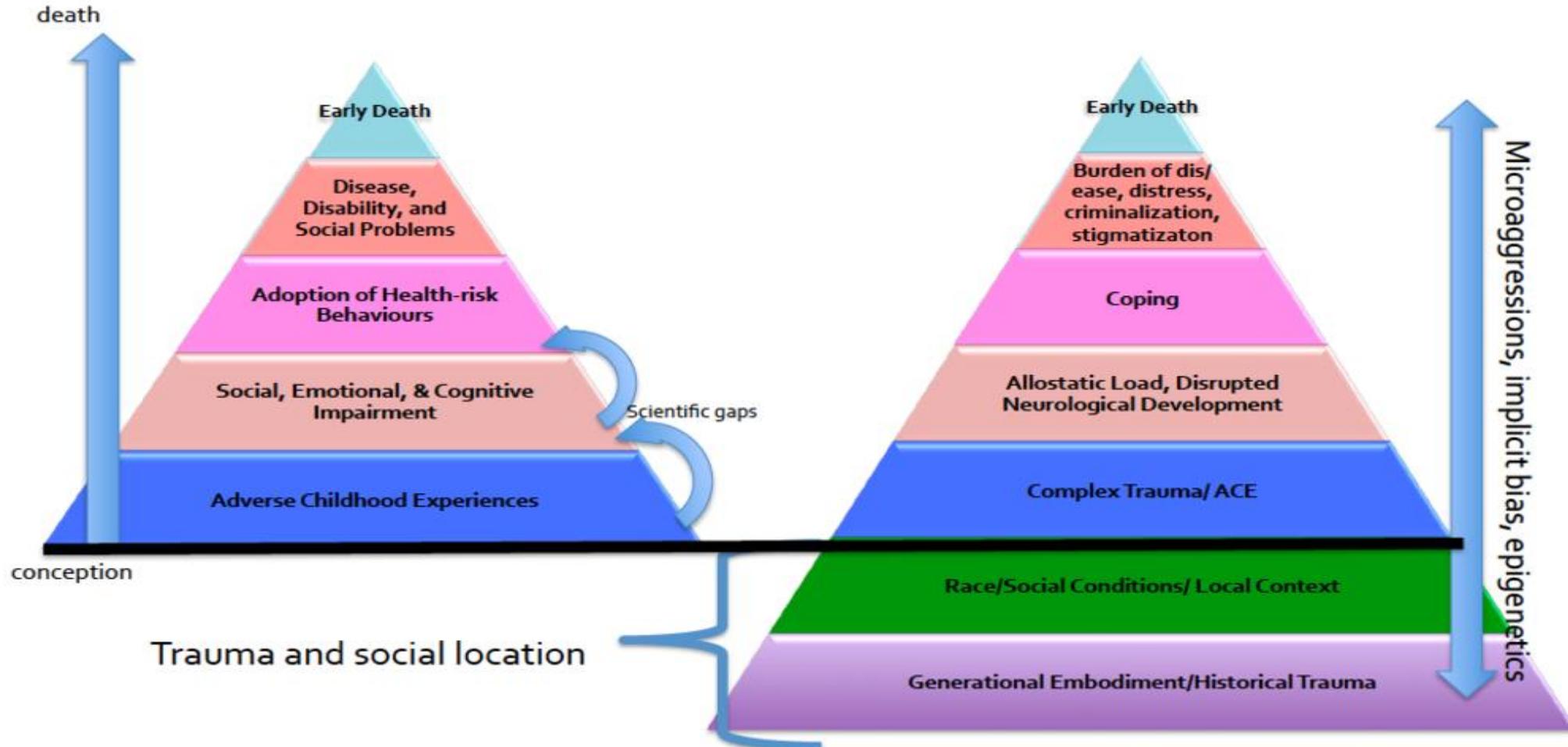Total 1.784

FINDINGS: PHILADELPHIA

- On most measures, rates of ACEs in Philadelphia were higher than in the original ACE study.

- The percentage of Philadelphia adults who experienced at least one ACE increased when asked the additional urban ACE questions

- Black participants were significantly more likely to have witnessed violence, felt discrimination, have an adverse neighborhood experienced and live in foster care than Whites.

- Men in the Philadelphia study were significantly more likely to have witnessed violence, felt discrimination and have an adverse neighborhood experience.

- Philadelphia adults living below 150% of the Federal Poverty Line (FPL) were significantly more likely to have four or more ACES (50.0%) compared to 31.8% of respondents who lived at or above 150% of the FPL.

Trauma and Social Location

Adverse Childhood Experiences*

Historical Trauma/Embodiment

death

conception

Microaggressions, implicit bias, epigenetics

Adverse Childhood Experiences (left pyramid, bottom to top)
- Adverse Childhood Experiences
- Social, Emotional, & Cognitive Impairment
- Adoption of Health-risk Behaviours
- Disease, Disability, and Social Problems
- Early Death

Scientific gaps

Historical Trauma/Embodiment (right pyramid, bottom to top)
- Generational Embodiment/Historical Trauma
- Race/Social Conditions/Local Context
- Complex Trauma/ ACE
- Allostatic Load, Disrupted Neurological Development
- Coping
- Burden of dis/ease, distress, criminalization, stigmatizaton
- Early Death

Trauma and social location

*http://www.cdc.gov/violenceprevention/acestudy/pyramid.html

RYSE 2015

- Traumatic experiences are common.

- Many people with trauma histories have overlapping struggles with mental health, addictions, physical health, and can be both victims and perpetrators of crime.

- Victims of trauma are found across all systems of care, including higher education.

- All systems and institutions need to be prepared to serve in a way that is sensitive to trauma.

RESEARCH IMPLICATIONS

REFLECTIVE PAUSE

WHAT IS TRAUMA-INFORMED CARE?

"Trauma Informed Care is a **strengths-based** framework that is grounded in an **understanding** of and **responsiveness** to the **impact of trauma**…that emphasizes physical, psychological, and emotional **safety** for both providers **and** survivors…and, that **creates opportunities** for survivors to rebuild a sense of **control** and **empowerment**." [7]

6 KEY PRINCIPLES OF TRAUMA INFORMED APPROACHES (SAMHSA)

1. Safety: The Village—Umoja Practice

2. Trustworthiness and Transparency

3. Peer Support

4. Collaboration and Mutuality: Everybody's Business—Umoja Practice

5. Empowerment, Voice and Choice: Affirming, Integrated, Intentional—Umoja Practice

6. Cultural, Historical, and Gender Issues: Connected to African Diaspora, Community Building, Communal Intelligence, Tapping African American Intellectual, Spiritual, and Artistic Voices—Umoja Practices

PHYSICAL/BUILT ENVIRONMENT

On Trauma-Informed Community Building…

"The systematic disinvestment in and neglect of poor inner city communities has been a part of the structural violence that has produced community trauma over the last sixty years. Healing from this trauma requires that the roads, buildings, parks, transportation and public service be improved from sources of toxic stress with negative impacts on both the physical and mental health of residents to an environment that encourages positive social interaction and relationships and healthy behaviors and activities."

TRUSTWORTHINESS AND TRANSPARENCY

- Policies and procedures are focused on student/staff needs, not just the organization.

- Rules are sensible, fair, clear, and consistently adhered to.

- Transparency in documentation and service planning.

- There are minimal "hoops" to go through.

- Materials and communication are provided in the person's language.

- Continuously seeking feedback.

PEER SUPPORT

- Utilizing "trauma survivors"

- Mutual self-help can be beneficial in establishing safety and hope, building trust and enhancing collaboration

- Mutual responsibility

- Increases hope

COLLABORATION AND MUTUALITY

- Importance is placed on partnering and leveling power differences.

- Everyone recognizes that everybody has a role to play.

- "Everybody's Business"—Umoja Practice

- **Demonstrates that healing happens in healthy relationships and in the meaningful sharing of power and decision-making.**

- One does not have to be a therapist to be therapeutic.

EMPOWERMENT, VOICE, AND CHOICE

- Throughout the organization and among the people served, **individuals' strengths and experiences are recognized and built upon.**

- **Individuals are encouraged and supported in shared decision-making, choice, and goal-setting to determine the plan of action they need to heal and move forward.**

- Students are encouraged to be self-advocates.

- Staff are facilitators, not controllers, or recovery.

- Operations, workforce development and services are organized to foster empowerment of staff and clients alike.

- Staff receive adequate organizational support to do their best work.

CULTURAL, HISTORICAL, AND GENDER ISSUES

- Acknowledges and moves beyond personal and institutional assumptions, stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, language, ability status, age, religion, gender-identity, geography, etc.).

- Practices cultural humility.

- Offers access to responsive services and traditional cultural connections.

- Recognizes and addresses historical trauma.

THE SOCIAL-CULTURAL ENVIRONMENT

Community level strategies to address community trauma and promote community healing and resilience:

- Healing circles that promote healing from individual trauma and strengthen intergenerational relationship

- Strengthen and elevate social norms that promote or encourage healthy behaviors, community connection and community oriented positive social norms

- Restorative justice programs that shift the norms around conflict resolution

- Efforts to change the narrative about a community

- Promote and restore a connection to and sense of cultural identity, which has been shown to have a positive impact on mental health outcomes

THE IMPACT OF TRAUMA

"The way I look at it is that trauma gets in the way of what we need to do… I see it as impacting how people make decisions, how they meet their goals, how they problem solve, how they interact with their friends."

--Susan Neufeld, VP Resident Programs and Services, Bridge Housing

HOW TO IDENTIFY TRAUMA

Anxious
- Aggressive
- Avoidant

Dysregulated
- Easily confused or overwhelmed
- Difficulty concentrating
- Forgetful
- Trouble making decisions

Restless, fidgety, vigilant scanning

Emotionally numb, withdrawn, limited eye contact

Sensitive to nonverbals
- Easily insulted, slighted
- Defensive
- Worried about being taken advantage of
- Accusatory

Intoxicated

Arrives early; arrives late; frequent cancellations; missed deadlines

Reluctant or unwilling to try new things

TRAUMA AND THE BRAIN

"A person cannot learn in a dysregulated state."

Can't hear or understand what you're saying

Can't complete a form

Can't show up to class

Can't decide their life/academic course

Can't write a paper

Can't participate in a study group

Can't find a necessary document

Can't go to office hours

Can't study for extended periods of time

Can't focus on an exam

Can't write a thorough essay.

RESPONDING TO TRAUMA

Watch for Signs

Mirror Calm

Establish, Don't Assume, Trust

Respect Personal Space

Remove the Audience

Use Non-Threatening Verbal and Non-Verbal Language

Practice Active Listening

Communicate Empathy and Positive Regard

Problem Solve <u>with</u> the Person

Consider Taking a Break

Ask For Help

BURNOUT AND SECONDARY (VICARIOUS) TRAUMA

Burnout

- Work-related hopelessness and feelings of inefficacy
- Feeling worn out

Secondary Trauma

- Work-related secondary exposure to extremely or traumatically stressful events
- Being afraid
- Re-experiencing
- Avoidance

GREATEST CONTRIBUTORS TO VICARIOUS TRAUMA

Unresolved Personal Trauma

- Many people have experienced trauma
- Know your triggers
- Minimize the impact with therapy or other positive means

Poor Self-Care

- Sleep
- Exercise
- Diet
- Relationships
- Personal Stress
- Few experiences of Joy

Repeated Exposure to Traumatic Stories

Interacting Layers of Trauma and Healing

Dehumanization and Distress

Liberation and Healing

Circles (center-out):
- History, Legacy & Structure
- Systems & Institutions
- Community & Place
- Individual & Interpersonal

Dehumanization and Distress

Nation Building by Enslavement, Genocide, Colonization, Economic Exploitation, Displacement, Cultural Hegemony, White Supremacy

Systemic Subjugation of POC by Interacting Policies & Systems: War on Drugs, Mass Incarceration, Segregation (de jure and de facto), Anti-Immigrant Policies, Climate Violence, Media Assaults, Displacement & Redlining

Atmospheric Distress that includes Interpersonal, Family, Community Violence & Exposure; Sexual Exploitation, Lack of Safe Passage & Safe Spaces, Underinvestment, Oversurveillance

Embodiment and Expression of Distress through Personal Traumatic Experiences; Bullying, Family Systems Stressors, ACEs, Shame and Blame, Generational Transmission
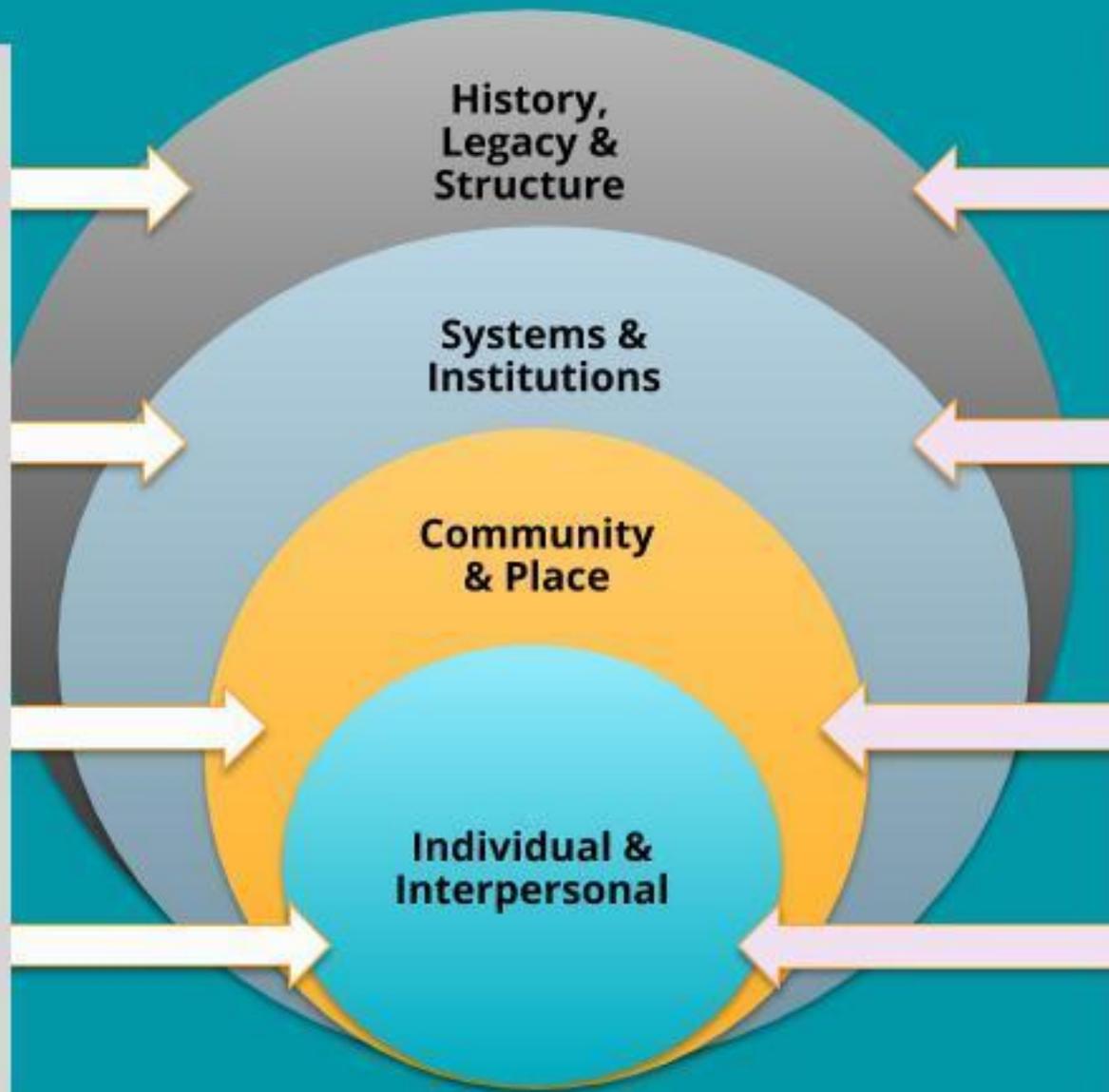
Liberation and Healing

Collective Liberation by Truth & Reconciliation, Reparations, Redistribution, Open Borders/No Borders, Multi-racial Solidarity, (Re)imagined Social Compact

Lead with Love and Justice by Healing-Centered & Restorative Practices, Listening Campaigns, Collective Care, Adaptive, Responsive, and Proximate, Power-sharing (Nothing about us without us)

Build Beloved Community by Radical Inquiry, Popular Education and Culture Building, Celebration and Affirmation; Healing Spaces, Arts & Expression, Base & Power-Building

Honor Resilience and Fortitude by Listening & Validating, Processing/Integrating Personal Traumatic Experiences, Family Healing, Tailored Supports & Opportunities, Loving Connections & Structure

RYSE CENTER

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