Recognizing the Signs and Defining Best Practice for Patient Care
Learning Objectives:

- List three types of trauma
- Explain the purpose and benefits of trauma-informed care
- Identify six key principles of a trauma-informed approach
- Recognize three trauma-focused evidence-based practices
- Describe how adverse childhood experiences can impact development
- Identify skills to support individuals who have experienced trauma
Take Care of Yourself!
What Is Trauma?
WHAT IS TRAUMA?

When an individual experiences an event(s) that is physically or emotionally harmful or threatening, and has impacts on functioning in the following areas:

- Physically
- Socially
- Emotionally
- Spiritually
### The Three “E’s” in Trauma

<table>
<thead>
<tr>
<th>Events</th>
<th>Experience</th>
<th>Effects</th>
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<tbody>
<tr>
<td>• Actual harm or threat of harm</td>
<td>• A person’s experience of event determines whether it’s traumatic</td>
<td>• Adverse physical, social, emotional and/or spiritual consequences</td>
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DEGREES OF IMPACT

**Acute**
A single traumatic event, limited in time

**Chronic**
Multiple exposures to traumatic events

**Complex**
Multiple interpersonal traumatic events from a young age
Transgenerational Trauma:

Trauma that is transferred from one generation of trauma survivors to the next.
THE BIG PICTURE

Trauma Tree

- depression
  - post traumatic stress disorder
  - conversion disorder
  - psychotic disorder etc.

- labelling
  - lack of treatment
  - wrong diagnosis & treatment

- hyper vigilance
- promiscuity
- PTSD
- amnesia
- delusions
- flashbacks
- table effect
- anxiety
- detachment
- poor concentration
- depersonalisation
- insomnia
- dissociation
- body memories
- panic attacks

- assault
- rape
- terrorism
- war
- domestic violence
- ethnic cleansing
- death
- abuse
- natural disasters
- Fires

- etc.
What Is PTSD?
**Myth #1:** PTSD only affects war veterans

**Fact:**
Although PTSD does affect war veterans, it can affect anyone. Almost 70 percent of Americans will be exposed to a traumatic event in their lifetime. Of that number, up to 20 percent will go on to develop PTSD.
Myth: #2:

People should be able to move on with their lives after a traumatic event. Those who can’t cope are weak.

Fact:

Most of these people are able to return to leading a normal life. However, the stress caused by trauma can affect all aspects of a person’s life including mental, emotional, and physical well-being. Research suggests that prolonged trauma may disrupt and alter brain chemistry. For some people, a traumatic event changes their views about themselves and the world around them.
Myth #3:
People develop PTSD right after a traumatic event

Fact:
PTSD symptoms usually develop within the first three months after trauma, but may not appear until months or years have passed. These symptoms may continue for years following the trauma, or in some cases, symptoms may subside and reoccur later in life, which is often the case with victims of childhood abuse.
PTSD in Real Life
Post-Traumatic Stress Disorder (PTSD) is a trauma diagnosis.
Individuals who have experienced trauma may have:

- Valid Fears
- Difficulty Trusting
- Hyperawareness
- Hypervigilance
Triggers can lead to behaviors that seem out of place, but were appropriate—and perhaps even helpful—at the time of the original traumatic event.
What are some ways you have seen trauma affect a person’s development?

- Ability to trust others
- Sense of personal safety
- Effectiveness in navigating life changes
70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. This equates to approximately 223.4 million people.

Up to 20% of these people go on to develop PTSD. As of today, that equates to approximately 44.7 million people who were or are struggling with PTSD.

An estimated 8% of Americans – 24.4 million people – have PTSD at any given time. That is equal to the total population of Texas.

An estimated one out of every nine women develops PTSD, making them about twice as likely as men.
“Behaviors started off as adaptive to the environment... But then became problematic when used in other environments/situations.”

- Anonymous
An individual’s response to a traumatic event may have a profound effect on his or her perception of self, others, the world, and the future.
LIFESPAN OF TRAUMA

PTSD: it's not the person refusing to let go of the past, but the past refusing to let go of the person.
Adverse Childhood Experiences (A.C.E.) Study
How Childhood Trauma Affects Health Across a Lifetime
The Truth About ACES

ACEs are Adverse Childhood Experiences

What Are They?

Abuse
- Physical
- Emotional
- Sexual

Neglect
- Physical Neglect
- Emotional Neglect

Household Dysfunction
- Physical Violence in the Household
- Parental Mental Illness
- Substance Abuse in the Household

How Prevalent Are ACES?

- Abuse
  - Physical Abuse: 26.2%
  - Sexual Abuse: 17.9%
  - Emotional Abuse: 10.3%
- Neglect
  - Emotional Neglect: 24.3%
  - Physical Neglect: 9.9%

What Impact Do ACES Have?

As the number of ACES increases, so does the risk for negative health outcomes.

Possible Risk Outcomes:

Behavior
- Smoking
- Alcoholism
- Drug use
- Violent acts

Physical & Mental Health
- Heart disease
- Cancer
- Diabetes
- Depression
- Suicide attempts
- Stroke

How Many ACEs Do You Have?

0 ACEs
1 ACE
2 ACEs
3 ACEs
4+ ACEs
A.C.E. STUDY

Abuse

- Emotional abuse
- Physical abuse
- Sexual abuse

Family/Household Challenges

- Domestic violence
- Household substance abuse
- Household mental illness
- Parental separation/divorce
- Incarcerated household member

Neglect

- Emotional neglect
- Physical neglect
A.C.E. STUDY: SCORES & HIGH RISK BEHAVIORS

15 times more likely to attempt suicide

4 times more likely to contract an STD

4 times more likely to inject drugs

4 times more likely to become an alcoholic

3 times more likely to be absent from work

3 times more likely to contract an STD

3 times more likely to use antidepressants

2 times more likely to have serious financial problems

2 times more likely to have serious job problems

2.5 times more likely to smoke

2 times more likely to develop COPD
A.C.E. STUDY: LONG-TERM TRAUMA IMPACT

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

(National Center for Mental Health Promotion and Youth Violence Prevention, 2015)
Trauma-Focused Screening & Assessments
DEFINITION OF TRAUMA-INFORMED SCREENING & ASSESSMENTS

Trauma-Informed Screening:

• Brief
• Focused inquiry, determining if an individual has experienced specific traumatic events

Trauma-Informed Assessments:

• In-depth exploration of trauma (nature & severity)
• Exploration of current trauma related symptoms

(Harris & Fallot, 2001)
Discussion Question:

What are some benefits of screening universally for trauma?
Most important domains to screen for in individuals with trauma histories:

- Intrusive experiences
- Trauma-related symptoms
- Mental health disorders
- Severity of trauma
- Availability of resources
- Health
- Substance use disorders
- Supports & coping skills
- Risks and lethality
- Health
ASSESSMENTS

Assessments may indicate:

- Symptoms that meet diagnostic criteria for MH and/or SUD
- Mild symptom presentation that doesn’t meet diagnostic criteria
- Positive screen was false

Assessments support treatment planning by exploring domains such as:

- Level of Care
- Acute Safety Needs
- Diagnosis
- Disability
- Strengths & Skills
- Support Network
- Cultural Context
BARRIERS TO EVALUATING TRAUMA

Two Main Barriers:

1. Clients not reporting trauma
2. Provider overlooking trauma and its impact
CHALLENGES IN EVALUATING TRAUMA

- Awareness of acculturation and language
- Awareness of co-occurring diagnoses
- Misdiagnosis and under diagnosis
Discussion Question:

What do you think are the most common misdiagnoses in clients with PTSD & substance use disorders?
CROSS-CULTURAL TRAUMA EVALUATION

Cultural Factors Can Effect:

1. How the trauma is experienced
2. Meaning assigned to events
3. How symptoms are expressed
4. Willingness & trust in discussing trauma/distress
5. If presentation is considered abnormal
6. Willingness to seek treatment
7. Response to treatment
8. Treatment outcomes
When choosing a screening or assessment tool, consider:

1. **Purpose**
   - Define assessment needs.

2. **Population**
   - Consider the population being assessed; some tools are only appropriate for certain populations.

3. **Practical Issues**
   - Is it accessible? Is it too lengthy? Is it easily administered?

4. **Instrument Quality**
   - Tool should be psychometrically adequate.
Examples of Instruments to Evaluate Trauma:

- Life Events Checklist for DSM-5 (LEC-5)
- Primary Care PTSD Screen (PC-PTSD)
- Brief Trauma Questionnaire (BTQ)
- PTSD Checklist for DSM-5 (PCL-5)
- Trauma History Screen (THS)
- Beck Anxiety Inventory (BAI-PC)
- Traumatic Events Questionnaire (TLEQ)
- The Stressful Life Experiences (SLE)
- Intimate Partner Violence Screening Tool
Trauma-Informed Care
What difference can trauma-informed care make?
TRAUMA-INFORMED CARE (TIC)

Strength-based organizational structure & treatment framework

Involves understanding, recognizing & responding to the effects of all types of trauma

Goal is to create system-wide awareness of how to address effects of trauma on people’s lives

(SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014)
Two Basic Concepts:

1. Do No Harm
2. Safety First

The trauma-informed care approach is committed to not retraumatizing individuals seeking assistance.
Trauma-Informed Care Asks:

“What happened to you?” versus “What’s wrong with you?”
THE 4 R’S OF TRAUMA-INFORMED CARE

Realization

Realizing the Prevalence of Trauma

Recognize

Recognizing Signs & Symptoms of Trauma

Respond

Responding by Putting Knowledge into Practice

Resist Re-Traumatization

Resisting Re-Traumatization of Clients & Staff
SIX KEY PRINCIPLES

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration
5. Empowerment, Voice & Choice
6. Cultural, Historical & Gender Issues

6 Key Principles of Trauma-Informed Care
Trauma-Focused Evidenced-Based Treatment
Resilience can be enhanced by strengthening a variety of protective factors

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family/Support</th>
<th>Community</th>
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<tbody>
<tr>
<td>• Cognitive ability</td>
<td>• Social supports</td>
<td>• Community resources</td>
</tr>
<tr>
<td>• Self-efficacy</td>
<td>• Supportive family interactions</td>
<td>• Positive experiences</td>
</tr>
<tr>
<td>• Self-regulation</td>
<td></td>
<td></td>
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<tr>
<td>• Coping skills</td>
<td></td>
<td></td>
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<tr>
<td>• Spirituality</td>
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Core Components of Trauma-Informed Evidenced-Based Treatment:

1. Build strong therapeutic relationships
2. Psycho-education about normal responses to trauma
3. Involving supports in treatment
4. Emotional expression and regulation skills
5. Anxiety management and relaxation skills
6. Trauma processing and integration
7. Personal safety training and empowerment activities
8. Resilience and closure

(SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014)
WHAT HELPS PEOPLE RECOVER FROM TRAUMA

Using Evidenced-Based Interventions/Practices to Help Support:

- Re-establishing a sense of safety
- Managing emotions
- Understanding the traumatic experience
- Developing coping strategies
Some features of TF-CBT:

- Short-term intervention (8-25 sessions)
- For children ages 3-18 impacted by trauma (and their parents or caregivers)
- Designed to reduce children’s negative emotional and behavioral responses, correct maladaptive beliefs and attributions related to abusive experiences
- Provides support and skills to help the parent/family/supports
Some features of “Seeking Safety”

- Curriculum-based approach (addresses 25 topic areas)
- Addresses trauma and addiction
- Supports adults & adolescents in attaining safety from trauma and/or substance use
- Men and women
- Variety of settings
- Conducted in a group setting (any size) or individually
Some features of EMDR:

- Eight-phase treatment
- Eye movements are used during session
- Help to reduce the emotional reaction to an event
- Traumatic event is experienced as less intense
OTHER PROMISING PRACTICES

- Alternative for Families: A Cognitive Behavioral Therapy (AF-CBT)
- Child and Family Traumatic Stress Intervention (CFTSI)
- Sanctuary Model®
- Structured Sensory Intervention for Traumatized Children, Adolescents and Parents, for At-Risk and Adjudicated Youth (SITCAP-ART)
- Trauma-Focused Coping (TFC)
WRAP UP

The Client's Perspective:

What Hurts:
- Judgmental questions
- Focusing only on negative symptoms
- Documentation with minimal client involvement

What Helps:
- Questions with purpose of understanding
- Recognizing that negative symptoms may be coping strategies for trauma
- Transparency
"I am not what has happened to me. I am what I choose to become."

– Carl Jung
SAMHSA’s Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57

Self Care for Providers: “The Helpers’ Power to Heal and To Be Hurt, or Helped, By Trying”

TIC Toolkit

Top 10 Recommended Trauma-Informed Care Online Resources

Exercises to support healing from trauma
http://www.new-synapse.com/aps/wordpress/
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