Intro to Trauma Informed Care

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Original trauma – not a single event but the long-standing condition of being hunted by animals and eaten.
Stress Continuum

**Toxic stress, traumatic stress, ‘allostatic load’**
- Chronic or repeated circumstances, events
- Overwhelm coping skills
- Bio-chemical reaction
- Can change brain patterns

**Tolerable stress**
- Difficult, challenging
- We react, then relax
  - Heart rate, emotions, thoughts, adrenaline

**Positive stress**
- We learn and grow from it
Traumatic events

- Physical assault
- Sexual abuse
- Emotional or psychological abuse
- Neglect/abandonment
- Domestic Violence
- Witnessing abuse/violence
- War/Genocide
- Accidents
- Natural or man-made disasters
- Dangerous environment
- Witness or experience street violence
- Rape
- Historical Trauma and Current Oppression
Background

- World War II, Vietnam War: combat fatigue; PTSD
- Policy in the mid ’90s
  - NVAW/NIJ studies
  - Claims making/Advocacy efforts
- Current emphasis on children
  - National Child Traumatic Stress Network
  - Children in the Foster Care System
  - Children Exposed to Violence
- Newer recognition:
  - Parents of these children
  - Adults with histories of trauma
  - The adults most difficult to engage
  - Those least successful in services
Moving us Forward

- Developmental neuroscience, interpersonal neurobiology.

- Enormous advances in neurobiology in the last two decades, brain imaging.

- Adverse Childhood Experiences Study (Kaiser & CDC)
  - Link with mental, behavioral and physical outcomes.
  - Compelling Evidence for Public Health perspective
17,337 Kaiser enrolled adults.
ACE score cumulative based on 10 experiences in childhood.
Includes but not limited to physical trauma.
Two-thirds of sample had a score of 1 or more.
More than 10% had score of 4 or more.
Cumulative effect profound.
The Cumulative Impact

- **ACE study (scores 0-10)**
  - Score of 4 or more:
    - Twice as likely to smoke
    - 12 times as likely to have attempted suicide.
    - 7 times as likely to be alcoholic.
    - 10 times as likely to have injected street drugs.

- **Linear relationship with:**
  - Prostitution, mental health disorders, substance abuse, early criminal behavior.
  - Physical health problems, early death.
Adverse Childhood Experiences
(www.ACEstudy.org)
Trauma in the folks we serve

- Probably not a single event.
- More often multiple events, over time (complex, prolonged trauma).
  - Up to 90% of public mental health clients
  - Women with mental health/addictions challenges
- Interpersonal violence or violation, especially at the hands of authority/trust figure, is especially damaging.
- Developmental trauma (Van der Kolk).
Affects individuals differently.

Resilience is a factor.

Typically, trauma overwhelms capacity to integrate experience and engenders:

- Fear
- Helplessness
- A Feeling of worthlessness

TIC intended to avoid triggering those same feelings.
Brain development is ‘use-dependent’.

- Over-developed amygdala (limbic system).
  - Fight, flight, or freeze reactions.
- Under-developed frontal lobe.
  - Harder to bring on-line when amygdala is working so hard.

The good news?
- The brain is plastic; rewiring is possible.
- Healing/recovery are possible.
Emotional Reactions
- Feelings – emotional regulation
- Alteration in consciousness
- Hyper-vigilance

Psychological and Cognitive Reactions
- Concentration, slowed thinking, difficulty with decisions, blame

Behavioral or physical
- Pain, sleep, illness, substance abuse

Beliefs
- Changes your sense of self, others, world
- Relational disturbance
Coping Strategies:
Tension Reduction Behaviors

Without helpful affect regulation skills people who are traumatized may have to rely on tension reduction behaviors - external ways to reduce triggered distress (Briere, 2004)
Through a trauma lens

1. Seems spacey or "out of it." Has difficulty remembering whether or not they have done something.

2. Complains that the system is unfair, that they are being targeted or unfairly blamed. Combative with authority.

3. Makes appointments but doesn’t show up; compliant on the surface but not ‘engaged.’

4. Doesn’t tell the truth.

5. Changes their mind about what they want and can’t make up their mind.
Trauma Specific vs Trauma Informed

- **Trauma Recovery/Trauma Specific Services**
  - Reduce symptoms
  - Promote healing
  - Teach skills
  - Psycho-empowerment, mind-body, other modalities.

- **Trauma Sensitive**
  - Bring an awareness of trauma into view
  - Trauma lens

- **Trauma Informed Care**
  - Guide policy, practice, procedure based on understanding of trauma
  - Assumption: every interaction with trauma survivor activates trauma response or does not.
  - Corrective emotional experiences.
Takes the trauma into account.

Avoid triggering trauma reactions and/or traumatizing the individual.

Adjust the behavior of counselors, other staff and the organization to support the individual’s coping capacity.

Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain and benefit from the services.


Making it possible for consumers to participate in their own care.
What it doesn’t mean

- It doesn’t mean excusing or permitting/justifying unacceptable behavior.
  - Supports accountability, responsibility
- It doesn’t mean just being nicer
  - Compassionate care vs TIC
  - Compassionate yes, but not a bit mushy
- It doesn’t ‘focus on the negative’
  - Skill-building, empowerment
  - Recognizing strengths
What is required?

- Secure, healthy adults;
- Good emotional management skills;
- Intellectual and emotional intelligence;
- Able to actively teach and be role model;
- Consistently empathetic and patient;
- Able to endure intense emotional labor;
- Self-disciplined, self-controlled, and never likely to abuse power.
The Reality

- We have a workforce that is under stress.
- We have a workforce that absorbs the trauma of the consumers.
- We have a workforce populated by trauma survivors.
- We have organizations that can be oppressive.
- All of this has an impact
  - We have organizations that come to resemble the people we’re trying to help.
How does this play out?

- Lack of basic trust
- Loss of emotional management
- Communication breaks down
  - Interpersonal conflict arises
- Silos versus teamwork
- Repeating what doesn’t work
- Loss of creative problem solving
  - Loss of participation
  - Learned helplessness
- Silencing of dissent
A Parallel Process: TIC in a Nutshell

- Recognition that trauma creates fear, powerlessness, and sense of worthlessness.
- Commitment wherever possible to avoid repeating those experiences.
- INSTEAD, in whatever way possible:
  - Create safe context
  - Restore power
  - Value the individual
Trauma Informed Care

The Foundations of Trauma Informed Care

Commitment to Trauma Awareness

Understanding the Impact of Historical Trauma

Agencies demonstrate TIC with Policies, Procedures and Practices that...

Create Safe Context
- Physical safety
- Clear and consistent boundaries
- Transparency
- Predictability
- Choice

Restore Power
- Choice
- Empowerment
- Strengths perspective
- Skill building
- Modeling

Value the Individual
- Respect
- Collaboration
- Compassion
- Mutuality
- Relationship
TIC: The Foundation

- **Trauma Awareness**
  - Trauma education and training for all staff;
  - Hiring, management, and supervision practices;
  - Policies and procedures for referral, intake, termination;
  - Recognition of vicarious trauma and the appropriate care of staff;
  - Universal precaution and/or universal screening;
  - Knowledge of effective trauma recovery services;
  - Advocacy within the agency and with partner agencies/systems.

- **Understanding of the impact of historical trauma and all forms of oppression**
  - Ongoing training for all staff
  - Ongoing inclusion of consumer voice
  - Procedures and practices that promote and sustain accountability
Creating Safe Context

Physical Safety

- Outside/inside environment?
- Where and when are services?
- How safe are the hallways and bathrooms?
- Who is there/allowed to come (the waiting room)
- Attend to unease.
- Signage about what to expect, where to go...
- Home visiting plans and staff safety.

Is there anything I can do to help you feel more safe?
Emotional Safety

- Transparency
  - Explain the “why”
  - Clear and specific language
- Predictability
  - What next
- Clear & consistent boundaries
  - Be able to state and model
  - Allowed to speak up re: vicarious trauma
  - Vicarious trauma prevention plans
- Choice
  - True choice
Empowerment
- Advocate, model
- May need to do for first

Choice
- As much as possible
- Keep it real; explain the why

Strengths Perspective
- Adaptability
- Focus on the future

Skill building
- Every encounter
Valuing the Individual

- Respect
  - Life experience and strengths
- Authenticity
- Collaboration
  - Referrals, teams, meetings
- Compassion
  - Not an excuse but an explanation
  - Self Care
- Relationship and Mutuality
  - Modeling, boundaries, learning, partnering
A Culture of TIC

- Involves all aspects of program activities, setting, relationships, and atmosphere (more than implementing new services).
- Involves all groups: administrators, supervisors, direct service staff, support staff, and consumers.
- Involves making trauma-informed change into a more informed way of thinking and acting.
- Commitment to an ongoing process of self-assessment, review, hearing from consumers and staff, openness to changing policies and practices.
Trauma is pervasive.

Trauma’s impact is broad, deep and life-shaping.

Trauma, especially interpersonal violence, is often self-perpetuating.

Trauma differentially affects the more vulnerable.

Trauma affects how people approach services.

The service system has often been retraumatizing.
Consumers can participate in their own care.
Consumers (and staff) gain skills for self-regulation and self-advocacy.
Consumers (and staff) can remain engaged even when there are bumps in the road.
The work is more rewarding.
Vicarious trauma/worker stress is reduced.
Resources

National Center for Family Homelessness
http://www.familyhomelessness.org/

National Child Traumatic Stress Network
http://www.nctsn.org

SAMHSA National Center for Trauma Informed Care.
http://www.samhsa.gov/nctic/

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