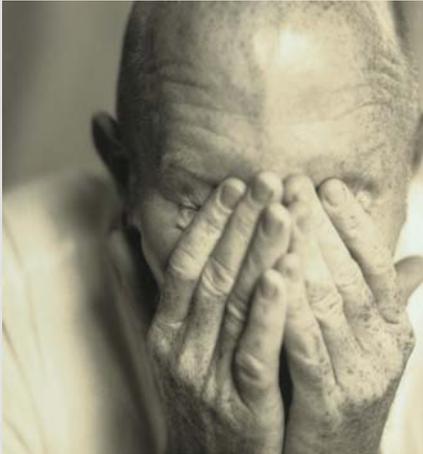


TRAUMA INFORMED CARE

RESPECTING THE IMPACT OF TRAUMA ON THE BEHAVIORAL HEALTH CONSUMER



WHAT IS TRAUMA?



- Result of an event or set of circumstances.
- Physically or emotionally harmful or threatening.
- Lasting adverse effects on an individual's functioning.

WHAT IS TRAUMA? (CONT'D)

- DSM-V defines the criterion for PTSD across several symptoms
 - A. Exposure to a seriously threatening event
 - B. Intrusion symptoms (nightmares flashbacks, prolonged distress when reminded of the event)
 - C. Persistent avoidance of stimuli associated with the event (can include avoidance of people, places, things or thoughts)
 - D. Negative alterations in cognitions or mood associated with the event (distorted beliefs or memories)
 - E. Alterations in arousal or reactivity associated with the event (irritability, aggression, sleep disturbance)

WHAT IS TRAUMA? (CONT'D)

- The full PTSD diagnosis requires several symptoms across each category, however some people may experience subsyndromal (also referred to as subthreshold or partial) PTSD, meaning that they experience some of the symptoms of PTSD but not enough for the full diagnosis.
- This group of people are often not treated or diagnosed because there is no consistent definition or studies looking at treatment effects on this population.

WHAT IS TRAUMA? (CONT'D)

- Trauma can be experienced by an individual, a group, or the community at large.
- People are going to experience a distressing event differently. Therefore, trauma responses are going to be individualized.
- Trauma responses can be temporary or more severe and prolonged.

TRAUMA STATISTICS

- **60%** of adults report experiencing abuse or other difficult family circumstances during childhood.
- **26%** of children in the United States will witness or experience a traumatic event before they turn four.
- More than **13%** of children reported being physically bullied, while more than 1 in 3 said they had been emotionally bullied.
- Young children exposed to five or more significant adverse experiences in the first three years of childhood face a **76%** likelihood of having one or more delays in their language, emotional or brain development.

TRAUMA STATISTICS

- In a 2008 study by RAND, **18.5%** of returning veterans reported symptoms consistent with post-traumatic stress disorder (PTSD) or depression.
- In the United States, **18.9%** of men and **15.2%** of women reported a lifetime experience of a natural disaster.

PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:

- **15 times** more likely to attempt suicide
- **4 times** more likely to become an alcoholic
- **4 times** more likely to develop a sexually transmitted disease
- **4 times** more likely to inject drugs
- **3 times** more likely to use antidepressant medication
- **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
- **2 times** more likely to have a serious financial problem

TRAUMA AND THE BRAIN

- The brain changes in response to experiences.
- New experiences cause pathways in the brain to be developed or changed.
- The more senses used to create a memory the stronger the memory.
- We all have unconscious responses to sensory experiences.
- These reactions connect us to significant life events or feelings.
- Note for working with older adults, changes in the brain slow as we age.

BRAIN FUNCTION IN TRAUMA

- Three parts of the brain are predominantly responsible for the trauma response. The amygdala, the hippocampus and the pre-frontal cortex.
- Amygdala receives information through sensory and emotional information. It is the part of the brain responsible for fear and the survival response.
- The hippocampus is responsible for memory creation and recall.
- The pre-frontal cortex is the thinking part of the brain responsible for response to the sensory information and memory recall.

BRAIN FUNCTION OF TRAUMA CONT'D

- Traumatic stress can cause a reduction in size of the hippocampus. This creates a malfunction in interpretation and recall of memory.
- In effect, the pre-frontal cortex is responding directly to sensory and emotional information from the amygdala.
- Simply put trauma creates a direct response to stimuli without interpretation of the memory.
- This is a vital part in understanding flashbacks and hypervigilance.

TYPES OF TRAUMA

- Acute trauma- This is a one time occurrence. It is usually time-limited.
- Chronic trauma- Repeated trauma, experienced over a longer period of time.
- Complex trauma- the pervasive impact, including developmental consequences, of exposure to multiple or prolonged traumatic events.

TRAUMA EFFECTS:

- Emotional dysregulation
- Cognitive impairment
 - Concentration
 - Memory
 - Judgement
- Relationship problems
 - Forming attachments
 - Trust
- Social Development
 - Age of trauma
- Negative Self Image
- Health Problems/Somatic Complaints

RESPONSE TO TRAUMA

- Trauma makes our brain react instinctively rather than cognitively. This returns the brain to basic functions, maintaining safety, preservation of self, and instinct.
- Hyperarousal-
 - Fight
 - Flight
 - Freeze
- Dissociation-
 - Detachment
 - Compliance
 - Numbness

HYPERAROUSAL

- Fight
 - When you perceive that you potentially have the ability to overcome the threat you go into fight mode.
- Flight
 - When you perceive the threat as too powerful to overcome your instinct is to outrun it. To get away as fast as you can.
- Freeze
 - The threat is perceived as dire and it cannot be defeated or outrun. The situation is so filled with fear, dread and defeat that it is perceived there is no control. The only response is no response.

DISSOCIATION

- Dissociation
 - A disconnection between things usually associated with each other.
 - These experiences are not integrated into the usual sense of self, resulting in lack of conscious awareness.
- Compliance
 - Appeasing a threat in an attempt to maintain safety.
- Detachment
 - Separating the environmental experience from an emotional one.
- Numbness
 - Inability to connect feelings to the traumatic experience.

CO-MORBIDITY

Trauma, or PTSD symptoms are often co-morbid with other diagnoses or symptoms of:

- Depression
- Anxiety
- Hoarding
- Substance Abuse
- Personality Disorders

TRAUMA IN OLDER ADULTS

Older adults who experienced trauma earlier in life present increased risk for physical and mental illness as they age



www.cdc.gov/violenceprevention/acestudy.pyramid.html

TRAUMA IN OLDER ADULTS

- Trauma poses a threat to the successful aging process by interfering with interpersonal relations and productive activity. (Cisler et al, 2010; Rowe & Kahn, 1997)
- “Older adults who suffered from physical neglect and abuse in childhood may be more likely to tolerate poor care later in life.” (Fulmer, et al, 2005)
- The experience of a prior traumatic event is also associated with increased risk of elder mistreatment, a finding also observed in the literature on younger adult mistreatment. (National Elder Maltreatment Study, 2009)

TRAUMA IN OLDER ADULTS

Some reasons symptoms of trauma or PTSD can increase as people age:

- Role changes and functional losses may make coping with memories of earlier trauma more challenging for the older adult.
- To manage posttraumatic stress symptoms in early and mid-life, individuals may engage in avoidance-based coping strategies (such as drinking alcohol or over-committing oneself to work) that are less available or effective as they get older.

TRAUMA IN OLDER ADULTS

In addition to childhood trauma or survivors of domestic violence, other at-risk older adult populations for trauma include:

- Veterans
- Ground zero survivors / survivors of natural disasters
- First responders
- Media reporters

TRAUMA IN OLDER ADULTS

Regardless of trauma history, older adults often face additional challenges that can be potentially traumatic events:

- Loss of spouse and peers
- Chronic and life-threatening diagnoses
- Physiological changes, limitations and disability
- Cognitive and memory loss
- Loss of roles and resources
- Increased dependence on caregivers

TRAUMA IN OLDER ADULTS

The risk for trauma responses increase with:

- Socially isolation
- Chronic illness
- Cognitive impairment
- Low SES
- Language and cultural barriers
- Severe mental illness

SAMHSA'S CONCEPT OF A TRAUMA-INFORMED APPROACH

- A program, organization, or system that is trauma-informed:
 - ✓ *Realizes* the widespread impact of trauma and understands potential paths for recovery;
 - ✓ *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
 - ✓ *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
 - ✓ *Seeks to actively resist re-traumatization.*"
- A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

SAMHSA'S SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

- A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:
- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues

TRAUMA INFORMED CARE

There is no "down-side" or risk to using a trauma-informed care approach!

If other medical diagnosis are ruled out, or cannot account for certain behaviors, using a trauma informed approach may help providers better understand, respond to and proactively treat others.

You do not need to be an expert to provide trauma informed care.

TRAUMA INFORMED CARE

Trauma Informed Care recognizes that

- Everyone experiences difficulties
- Adversity, and history of adversity, shapes how we react and behave
- Believes that everyone possesses resilience and the ability to heal

In the older adult population this can be a strength, as they may have more coping skills developed over their lifetime to draw from.

WHAT MIGHT TRAUMA SYMPTOMS LOOK LIKE?

Person is often guarded or defensive.

Person dismisses help or supportive gestures.

Person is withdrawn and avoids social interactions.

Once upset, person requires a prolonged period to calm down.

Person holds grudges.

Person may be described as manipulative.

Person may take or collect unnecessary items.

Distrust of people, or certain genders or races.

SOME DISTORTED COGNITIONS THAT IMPACT THE BEHAVIORS

As previously mentioned, traumatic experiences can shape our cognitions and set up distorted belief systems.

While some might view the person who dismisses supportive gestures as ungrateful and rude...

if we understand that their history tells them that caregivers are punitive, harsh or humiliating, how does that change our approach?

SOME DISTORTED COGNITIONS THAT IMPACT THE BEHAVIORS

How does your view change if you understand that the person taking or hoarding items was in a long term domestic violence situation and her history tells her others cannot be trusted?

Does your behavior change if you understand that the person that "manipulates" staff was a veteran in first line combat situations and his history tells him that he has to control the situation to survive?

TRAUMA INFORMED APPROACH

- Rather than asking “what is wrong with” the person, a trauma informed approach asks “what may have happened”, or “what is happening to be triggering the current response”
- Consider possible trauma situations or triggers
 - A veteran being placed by the door where the trash truck picks up
 - A natural disaster survivor rooming near a person that cries or screams a lot
 - A new staff with a cologne or perfume similar to a past abuser

TRAUMA INFORMED APPROACH

- Work with people where they are.
- Listen! Allow the person to be the expert in what they need.
- Be persistent in relationship building.
- Be aware that small breaks in trust (that may not bother most people) can be very impactful to the trauma survivor.
- Be non-judgmental!
- Create a safe environment. Be aware that this may be different for different people.

RESPONDING TO TRAUMATIC EXPERIENCE DISCLOSURES

If a person discloses a traumatic (or potentially) traumatic experience to you:

- Listen, and respond with empathy and eye contact. "I am sorry that this has happened to you."
- Remain available and relaxed to listen, but do not press for details.
- A nonjudgmental attitude is essential.
- Normalize reactions and responses: – "You are not alone." – "Many people have had these experiences and are deeply affected by them. It is an understandable reaction to your experience."
- Validate the experience and its effects : "That must have been very frightening."

OTHER INTERVENTIONS TO HELP

Promote positive activities and social interactions

- This is not as easy as it sounds! Engaging in positive activities will likely be difficult for survivors of trauma, and they may avoid them. Activities and interactions may be effortful and unfulfilling at first.
- Be honest about it. Although activities may not be as enjoyable as before, it's still important to do try and participate.
- Include activities that are relaxing to them and provide a breather from everyday stress.
- Validate that it isn't easy, and celebrate small successes.

OTHER INTERVENTIONS TO HELP

Empower and validate choices whenever possible

- Create opportunities for survivors to make choices throughout the day
- Allow for them to feel empowered and in control of their situation
- Be patient if choices take time, or they take extra time to follow through

WHAT NOT TO DO:

- "Re-traumatization" refers to the occurrence of traumatic stress reactions and symptoms after exposure to multiple events.
- The term not only refers to the effect of being exposed to multiple trauma events, but also implies the process of re-experiencing traumatic stress as a result of a current situation that mirrors or replicates in some way the prior traumatic experiences.
- Be aware that limiting movement, touching without permission, speaking harshly or inadvertently leaving a person "alone," can have the effect of re-traumatization.

WHAT NOT TO DO:

- Do not appear to doubt or disbelieve the person's accounts of what happened.
- Do not "brush off" or make light of feelings or complaints.
- Do not ask questions or make statements that suggest that the person could be responsible for a disclosed incident like: "What were you doing in a place like that?" or "Why did you stay?"

WHAT TO DO IF YOU FEEL MORE SPECIALIZED HELP IS NEEDED

Trauma informed care can be implemented by all providers, while trauma specific care requires specialized training.

- Often manualized
- Include desensitization therapies
- Include behavioral therapies to regulate emotions
- Many different programs, but similar in many aspects (Saakvitne, 2000)
- Cognitive behavior therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) and the most well studied and effective.

GOAL OF TRAUMA INFORMED CARE

- Provide a safe environment and safety to express emotions.
- Provide relief of trauma symptoms.
- Help correct thoughts of self blame.
- Help to restore ability to trust, both self and others.
- Gain perspective about the trauma and its effect on life.
- Provide support for professionals working with those who have experienced trauma.
- Avoid re-traumatization.

THINK ABOUT IT!

Think of managing trauma similar to managing other situations.

- If someone was having a heart attack, you might provide CPR or get someone who can help. Then you are going to get them to a doctor who can treat the underlying problem.
- If someone is dealing with symptoms of trauma, you might provide support or get someone who can help. Then you need to turn it over to someone who can help with the underlying problems.
- Once a closet overflowing with stuff opens, it can't be closed until things are organized and the chaos is managed. If you are not trained to help, do not open that door.

SECONDARY TRAUMA

- Trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event.
- Trauma based on experiencing someone else's trauma.
- Provide support to professionals working with trauma survivors.



THINGS TO REMEMBER



- We are not treating victims, we are treating survivors.
- Empowerment returns power to the survivor.
- Everyone experiences trauma, even the same trauma, differently.
- Respect, respect, respect.

RESOURCES

- www.samhsa.gov
- www.recognizetrauma.org
- <http://www.addictionhope.com>
- <http://www.ptsd.va.gov>
- <http://neuroscience.uth.tmc.edu>
- <http://www.ncbi.nlm.nih.gov>
- <http://www.kennedykrieger.org>
- <http://www.une.edu>
- <http://ufsac.org/wp-content/uploads/2014/09/Ut-ah-Elders-trauma-2014.pdf>

QUESTIONS?

