

What Does “Trauma Informed Care” really mean?

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Objectives

- Learn what Trauma Informed Care is and how a trauma informed agency differs from others
- Learn what trauma informed therapy is and how this approach differs from others
- Learn what makes a provider a traumatologist
- Learn what it means to be trauma focused
- Learn what questions to ask to determine if services are trauma informed
- Learn what the value of using this approach with the children and youth we serve

TRAUMA

What does that really mean?

- A traumatic event can involve interpersonal events such as physical, emotional or sexual abuse, war, community violence, neglect, maltreatment, loss of a caregiver/loved one, natural disasters, terrorism, witnessing violence or experiencing trauma vicariously; it can also result from chronic adversity; chronic, severe or life threatening injuries, illness and accidents. Trauma interferes with one's ability to cope.

Some trauma findings

- Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59%.

(Widom, 1995)

- Three million children are suspected of being victims of abuse and/neglect.

(Mazelis, 1999)

- Arrest rates of trauma-exposed youth are up to 8 times higher than community samples of same-age peers.

(Saigh et al, 1999; Saltzman et al, 2001)

More trauma findings

- 3.9 million adolescents have been victims of serious physical assault, almost 9 million have witnessed an act of serious violence.

(Kilpatrick et al, 2001)

- Childhood trauma is believed to have long term impact in the frontal, temporal and parietal regions of the brain and how information is processed.

(Cook et al., 2009)

- Childhood trauma, compared to adult-onset trauma results in a greater probability of developing psychiatric disorders (particularly anxiety disorders and PTSD) throughout the lifetime.

(Zlotnick et al., 2008)

Definition of Trauma Informed Care

- Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

-National Center for Trauma Informed Care (NCTIC, www.samsha.gov/nctic, 2013)

Trauma Informed Care

- Approach became forefront as a response to trauma research and brain research about the effects of trauma on the brain.
- Initially became aware of it's impact after the Vietnam War
- ACE (Adverse Childhood Experience) study heightened our awareness of the prevalence and impact of childhood trauma on adult health and well-being. It put the impact in \$\$\$ terms-people have listened. (1995-1997)

What is a TIC agency/program?

- When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

-NCTIC, www.samsha.gov/nctic, 2013

How does an agency become TI?

- This process is a transformation and no easy feat.
- It involves top to bottom personnel and processes- agency/program leadership, middle management, direct service staff, administrative and operational staff-from the boss to the janitor.
- AND the clients being served!!!!
- Training of all hands is critical.
- Review of all policies and procedures. Are they trauma informed practices?

Key Principles of the TIC approach

- Safety- environment promotes a sense of safety both physically and psychologically
- Trustworthiness and transparency- operations and decisions are clear and not secretive with the goal of building and maintaining trust among staff, clients and family members of people served.
- Collaboration and mutuality- true partnering and leveling of power differences between staff and people served and between operations to direct care staff to management.
- Empowerment-model is applied across personnel and people served
- Voice and choice-individualized approach to serving people and strengthens choice

Key Principles of the TIC approach, cont.

- Peer support and mutual self-help- key to organizational functioning and service delivery
- Resilience and strengths based- belief in resilience and the ability of the collective “us” to heal and promote recovery by building on client strengths not weaknesses.
- Inclusiveness and shared purpose-recognizing that EVERYONE has a role to play in a TIC approach. “you don’t have to be a therapist to be therapeutic”

(Gillece, 2013)

Things you won't see at a TIC agency

- STAFF only bathrooms “NO CLIENTS ALLOWED”
- DO NOT signs-Don't touch the glass, Don't sit children on the counter, No loitering, No food and drink allowed.....NO, NO, NO everywhere you turn
- Lengthy paperwork to complete to initiate services
- Physical environments that are not conducive to healing
- Barriers to receiving services, lack of flexibility in serving the clients
- Behavior management that include restraints, seclusion or chemical sedation!

What are Trauma-Specific Interventions?

- Trauma-specific interventions are designed to address the consequences of trauma in the person impacted.
- The questions shift from “What’s wrong with you?” to “What happened to you?”
- Competent trauma assessment is the first step. TAP (Trauma Assessment Pathway), Trauma Symptom Checklist
- Traditional psychotherapy may not be the best, most effective approach to use with children and youth. Research has shown that CBT techniques have been the most effective in helping children and youth overcome trauma.
- Trauma specific interventions create safety first through relationship and focuses on strengths.
- Culturally competent and developmentally appropriate
- After safety is established, emotional regulation is key-helping youngsters learn to control their overwhelming emotions. Dialectic behavior therapy (DBT) is designed to help youth learn how to deal with their feelings effectively and make wiser choices about their behaviors.

Interventions, continued

- Psycho-education is an important part of intervention. Children and adolescents need to know the impact of trauma on their development, behavior and relationships in developmental terms they can understand. Other information is equally important-i.e., social skills building, anger management techniques, communication skills, healthy relationships, leisure skill development and planning, sex education, etc.
- Interventions should assist the child/youth with finding new meaning to their trauma history and current experiences.

Interventions, continued

- Trauma narratives/storytelling help the child master the painful feelings of the trauma and assist them in overcoming the impact. It can change the way they “feel” about their history
- Establish a Comfort Plan (crisis plan) with clients guiding this process. Comfort plan should include triggers, early warning signs and strategies.
- This plan should be written multiple places, laminated for a pocket version, hung on the frig, given to school staff, all involved in child/youth life should have a copy.
- Any trauma focused intervention should assist the client with looking at how to enhance resiliency and social integration successfully. What is your plan? What are the steps to make this plan alive?

Empirically supported trauma focused interventions

- Alternatives for Families-A Cognitive Behavioral Therapy (AF-CBT); individual, family
- Assessment-Based Treatment for Traumatized Children: Trauma Assessment Pathway (TAP); individual, family, systems
- Attachment, Self-Regulation and Competence (ARC): A Comprehensive Framework for Intervention with Complexly Traumatized Youth; individual, family, systems
- Neurosequential Model of Therapeutics (NMT): individual, family
- Parent-Child Interaction Therapy (PCIT): individual, family, systems

Empirically supported trauma focused interventions, cont.

- Sanctuary Model; individual, family, systems
- Sanctuary Model Plus; RTC
- Seeking Safety; parent/group
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS); group
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); individual, family
- Trauma-Focuses Coping in Schools; individual, group
- Trauma Systems Therapy (TST); systems

What is a traumatologist?

- Many different organizations exist that offer certifications in “traumatology”.
- Typically a person will need a certain amount of hours of education, supervised field work and supervision hours.
- This is usually a specialty achieved by a LMHP.
- National Institute for Trauma and Loss in children; The American Academy of Experts in Traumatic Stress; The Academy of Traumatic Stress; Green Cross Academy of Traumatology

Treating the trauma

- As FAPT/CMPT members, IFSP should address trauma assessment and appropriate services.
- Treatment services should be addressing the trauma not solely focusing on the child/youth's behaviors
- Be wary of insisting that medications be adjusted, reviewed, changed. Medications do NOT cure/reduce the effects of trauma. They serve to assist with symptom management. “A numb person can't feel therefore can't heal.”
- Caregiver (bio family, kin, foster parent) training and family therapy is critical to healing

Questions to ask

- How is the trauma being addressed in the child/youth and family?
- What TF evidenced based practices are being provided to the child/youth and/or family?
- What are the barriers to accessing services that are trauma focused?
- What is the comfort plan/crisis plan for the child/youth/parent? Do they have one?
- Are the interventions based on developmental age, culturally competent?

Benefits of TI/TF services

- Reduces parental abuse-related fear
- Decreases depression and anxiety
- Increase overall behavioral functioning
- Increases child safety skills
- Increases productive parenting skills
- Decreases risk of juvenile justice involvement, substance abuse, underage pregnancy
- Increase affect regulation
- Long term studies are underway

SO what about YOU???

- Vicarious trauma is real. It is what happens to you over time as you witness cruelty and loss and hear distressing stories, day after day, and year after year.
- Simply put, it changes you. ALL OF US.
- Symptoms are: Hyper arousal-trouble sleeping, concentrating, easily startled
- Problems managing the boundaries between yourself and others (e.g., taking on too much responsibility, having difficulty leaving work at the end of the day, trying to step in and control other's lives)
- Increased sensitivity to violence; fear
- Physical problems such as aches & pains, illnesses, accidents
- Difficulty feeling connected to what's going on around and within you;
- Cynicism; loss of idealism; anger; disgust
- Loss of meaning and hope = APATHY. "Silencing response"

Taking care of YOU

- Relate, Rest and Relax
- ESCAPE and UNPLUG
- Work protectively- Know why you are sitting at the table; know your role and mission as you sit on FAPT/CMPT; do you have what you need to do this job? how do you measure success? what can you control? Get supervision
- Transform your VT by finding new meaning and purpose
- Remind yourself of the importance and value of the work we do
- Stay connected with family, friends, and colleagues;
- Noticing and deliberately paying attention to the “little things” – small moments like sipping a cup of coffee, the sound of the wind in the trees, or brief connections with others
- Marking transitions, celebrating joys, and mourning losses with people you care about through traditions, rituals, or ceremonies
- Taking time to reflect (e.g., by reading, writing, prayer, and meditation)
- Identifying and challenging your own cynical beliefs
- Get training, learn something new, writing in a journal, being creative and artistic; move your body

Resources and References

- Debling, et al., (2011). *Trauma-focused CBT for children: Impact of the TN and length*. *Depression and Anxiety*, Vol. 28, issue 1, pp. 67-75.
- Ferris, (2011). *Increasing the accessibility of TF services to children*. Wilder Research: St.Paul, MN.
- Rich, et al., (2009). *Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color*. Drexel University, School of Public Health.
- Bloom and Sreedhar, (2008). *The Sanctuary Model of Trauma-Informed Organizational Change*. *Reclaiming children and youth*, Vol. 17, number 3.

Resources and References

- The National Child Traumatic Stress Network
www.NCTSN.net.org
- SAMHSA
www.SAMHSA.gov
- Headington Institute
www.headington-institute.org
- National Center for Trauma Informed Care
www.SAMHSA.gov/nctic
- Center for Study of Traumatic Stress
www.cstsonline.org



The Up Center
www.theupcenter.org