



TRAUMA-INFORMED PRACTICE

What is Trauma Informed Practice?

We need to presume that the population we serve have a history of **traumatic stress** and exercise “**universal precautions**” by creating systems of care that are trauma-informed (Hodas, 2005).

TRAUMA-INFORMED PRACTICE

<p>NON TRAUMA-INFORMED</p> <p>LACK OF EDUCATION ON TRAUMA PREVALENCE AND “UNIVERSAL” PRECAUTIONS</p> <ul style="list-style-type: none"> ❖ OVER-DIAGNOSIS OF SCHIZOPHRENIA AND BIPOLAR AND SINGULAR ADDICTIONS ❖ CURSORY OR NO TRAUMA ASSESSMENT 	<p>TRAUMA INFORMED</p> <ul style="list-style-type: none"> ❖ RECOGNITION OF HIGH PREVALENCE OF TRAUMA ❖ RECOGNITION OF PRIMARY AND CO-OCCURRING TRAUMA DIAGNOSES ❖ ASSESS FOR TRAUMATIC HISTORIES & SYMPTOMS
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TRAUMA-INFORMED PRACTICE CONTINUED

<p>NON TRAUMA-INFORMED</p> <ul style="list-style-type: none"> • CURSORY OR NO TRAUMA ASSESSMENT • “TRADITION OF TOUGHNESS” VALUED AS BEST CARE APPROACH • KEYS, SECURITY UNIFORMS, STAFF DEMEANOR, TONE OF VOICE 	<p>TRAUMA INFORMED</p> <ul style="list-style-type: none"> • ASSESS FOR TRAUMATIC HISTORIES & SYMPTOMS • RECOGNITION OF CULTURE AND PRACTICES THAT ARE RE-TRAUMATIZING • POWER/CONTROL MINIMIZED – CONSTANT ATTENTION TO CULTURE
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TRAUMA-INFORMED PRACTICE CONTINUED

<p>NON TRAUMA-INFORMED</p> <ul style="list-style-type: none"> • RULE ENFORCERS – COMPLIANCE • “PATIENT-BLAMING” AS FALLBACK POSITION WITHOUT TRAINING • BEHAVIOR SEEN AS INTENTIONALLY PROVOCATIVE • LABELING LANGUAGE: MANIPULATIVE, NEEDY, “ATTENTION-SEEKING” • CLOSED SYSTEM – ADVOCATES DISCOURAGED 	<p>TRAUMA-INFORMED</p> <ul style="list-style-type: none"> • CAREGIVERS/SUPPORTERS – COLLABORATION • ADDRESS TRAINING NEEDS OF STAFF TO IMPROVE KNOWLEDGE & SENSITIVITY • STAFF UNDERSTAND FUNCTION OF BEHAVIOR (RAGE, REPETITION-COMPULSION, SELF-INJURY) • OBJECTIVE, NEUTRAL LANGUAGE • TRANSPARENT SYSTEMS OPEN TO OUTSIDE PARTIES
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PRIMARY COMPONENTS OF TRAUMA-INFORMED PRACTICE

The following six core components of trauma-informed practice have been synthesized from the current research literature on trauma:

- 1) acknowledgment
- 2) safety
- 3) trustworthiness
- 4) choice and control
- 5) relational and collaborative approaches
- 6) strengths-based empowerment modalities

COMPONENT OF ACKNOWLEDGEMENT

- ✦ Understanding the pervasiveness of **trauma** and the impact it has on every aspect of life.
- ✦ Accepting the pervasiveness of **trauma** without expecting **disclosure** of it by the client.
- ✦ Reframing **trauma** responses by redefining the perception of 'problem behaviors'.
- ✦ Encouraging the **process** of change with respectful and **trauma-informed** support.

COMPONENT OF SAFETY

- ✦ Recognizing the many aspects involved in creating an **environment of safety** for clients who have **experienced trauma**, including **emotional, psychological, physical, and cultural** safety.
- ✦ Emphasizing **relationship building**, providing **flexible services** where possible.
- ✦ Ensuring **safety** for everyone in the **organization**, including other **clients and staff**.
- ✦ Finding ways to increase **emotional and physical safety** in services environments.

COMPONENT OF TRUSTWORTHINESS

- ✦ Understanding the **patience and respect** required to build a **therapeutic relationship** with clients who have **experienced trauma**
- ✦ Determining and communicating **clear boundary guidelines**

COMPONENT OF TRUST & CONTROL

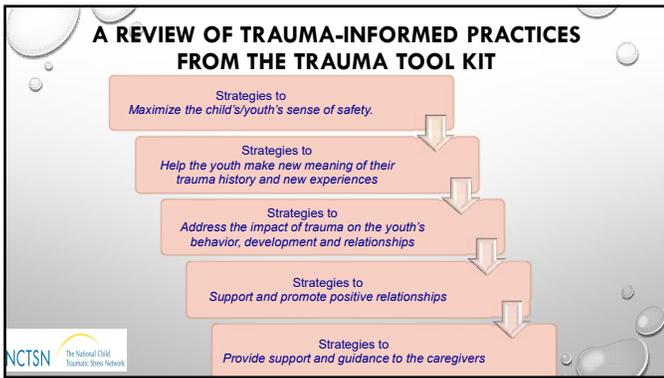
- ✦ Understanding the **connections** among **choice**, **control**, and **safety**
- ✦ Acknowledging the strong **emotional** and **psychological** impacts that enhanced choice and control can have for clients who have experienced trauma

COMPONENT OF RELATIONAL COLLABORATION

- ✦ Recognizing the place of **relational approaches** in providing **respectful** and **compassionate** care.
- ✦ Acknowledging that **collaboration** between **service providers** and clients has far-reaching impacts.

STRENGTH-BASED EMPOWERMENT MODALITIES COMPONENT

- ✦ Recognizing the crucial role that **self-efficacy** plays in supporting change for clients who have **experienced trauma**.
- ✦ Emphasizing **hope**, **optimism**, and **resilience**.



TRAUMA DEFINED

- ⚠ The experience of **violence** and **victimization** including sexual abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters. (NASSARIPPO, 2008)
- ⚠ Trauma is a **psychological distressing** event that is outside the range of usual human experience. (Perry, 2002)
- ⚠ Trauma is an unusually **severe stressor** or **event** that causes or is capable of causing **death, injury**, or threat to **physical integrity** of self or others. (Ruggery, 2008)
- ⚠ Trauma is accompanied by intense feelings of **horror, terror** or **helplessness**. (Ruggery, 2008)
- ⚠ Seriously threatens the **health** or **survival** of the individual.
- ⚠ Renders the individual **powerless** in the face of overwhelming **fear** or **arousal**.
- ⚠ Overwhelms the individual's **coping capacity**.
- ⚠ Violates the **basic assumptions** about the **safety** of the **environment** and **trust** of others. (Finkelhor, 2011)

LEVELS OF TRAUMA

<p>LEVEL I</p> <p>A SINGLE INCIDENT OF TRAUMA</p> <p>EXAMPLES OF A TYPE I TRAUMA WOULD INCLUDE, EXPERIENCING A NATURAL DISASTER, A HOUSE FIRE, A ONETIME VIOLENT CRIME.</p>	<p>LEVEL II</p> <p>A PROLONGED OR REPEATED TRAUMA.</p> <p>EXAMPLES OF A TYPE II TRAUMA WOULD BE REPEATED BULLYING, SEXUAL ABUSE, HARASSMENT OR WITNESSING REPEATED DOMESTIC VIOLENCE.</p> <p>REPEATED COMBAT IN WAR. (BAOGBERY J. & EKUM H.A. 2008)</p>
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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. NCTIC: [http://www.nctic.org](#), 2013

THE MANY FACES OF TRAUMA

THE **HUMAN COST** TO ADDRESS **TRAUMA** IS HIGH. THERE ARE **MANY FACES** OF UNADDRESSED **TRAUMA** – AND **MANY PATHS** THE **IMPACT** OF SUCH TRAUMAS CAN **TRAVEL**.



FACES OF TRAUMA



TRAUMA REVEALED – THE NUMBER’S GAME

- ✦ 56% of general adult sample reported at least one traumatic event (Kessler et al., 1995)
- ✦ 90% of mental health clients have been exposed to a traumatic event and most have multiple experiences of trauma. (Masten, 1998)
- ✦ 75% of women and men in substance abuse treatment report abuse and trauma histories. (SAMHSA/CSAT, 2000)
- ✦ 97% of homeless women with mental illness experienced severe physical and/or sexual abuse, 87% experienced this abuse as children and as adults. (Goodman, Dutton et al., 1997)
- ✦ 92% of incarcerated girls reported sexual, physical or severe emotional abuse in childhood. (Finkelhor & Browne, 1985)

THE NUMBERS GAME CONTINUED

- ✦ Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59%. (Widom, 1995)
 - ✦ 3 million children are suspected of being victims of abuse and/neglect. (Merrick, 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)
- Abused children are more likely to...
- ✦ Be in special education
 - ✦ Have below-grade-level achievement test scores
 - ✦ Have poor work habits
 - ✦ Fail a grade (Shenk, et al. 2001)

HERE’S A TRAUMA-INFORMED APPROACH
YOU CAN USE TO
STRENGTHEN RELATIONSHIPS & MEASURE PROGRESS!



THE R.I.C.H. APPROACH

At its core, **RICH** is fundamental to the **therapeutic relationship** between **client/consumer** and **provider**. In a **therapeutic relationship**, the essential building blocks of **safety** and **trust** are fostered and developed. These building blocks are essential to healing **human connections**.

THE R.I.C.H. APPROACH

Respect
Information
Connection
Hope

R-E-S-P-E-C-T

Ask me what I want. Don't tell me.
"What is the best situation for you at this time?"
Treat me as a team member.
"Don't treat me like a knucklehead. I've already been through a lot."

RESPECT CONTINUED

When treating a client with respect, the following should be kept in mind:

- ✦ **Collaboration:** work with the client, not against the client. The journey to recovery is a collaborative effort between client and provider. The client has an equal voice which leads to empowerment
- ✦ **Confidentiality:** whatever is discussed between client and provider must be held in the strictest confidence. Otherwise trust would be eroded.
- ✦ **Sensitive language:** avoid labeling. Both spoken and written language should be trauma-informed.

RESPECT CONTINUED

- ✦ **Being fully present:** give the client you undivided attention. Be fully engaged.
- ✦ **Humility:** providers must exercise humility in the process. It is a privilege for clients to share their trauma narratives with providers, not a right.
- ✦ **Honesty:** providers should tell clients the truth, regarding program pitfalls, at all times, even when it means a possible setback.

**WATCH YOUR LANGUAGE
USE HELPFUL LANGUAGE**

UNHELPFUL ASSUMPTIONS	HELPFUL RESPONSES
✦ "THIS PERSON IS SICK."	✦ "THIS PERSON IS A SURVIVOR OF TRAUMA."
✦ "THEY ARE WEAK."	✦ "THEY ARE STRONGER FOR HAVING GONE THROUGH THE TRAUMA."
✦ "THEY SHOULD BE OVER IT ALREADY!"	✦ "RECOVERY FROM TRAUMA IS A PROCESS AND TAKES TIME."
✦ "THEY ARE MAKING IT UP."	✦ "THIS IS HARD TO HEAR, AND HARDER TO TALK ABOUT."
✦ "THEY WANT ATTENTION."	

**WATCH YOUR LANGUAGE
USE HELPFUL LANGUAGE**

<p>UNHELPFUL RESPONSES</p> <ul style="list-style-type: none"> ⚠️ "DON'T ASK THEM ABOUT IT OR THEY WILL GET UPSET." ⚠️ "THEY HAVE POOR COPING METHODS." ⚠️ "THEY'LL NEVER GET OVER IT." ⚠️ "THEY ARE PERMANENTLY DAMAGED." 	<p>HELPFUL RESPONSES</p> <ul style="list-style-type: none"> ⚠️ "THEY ARE CRYING OUT FOR HELP." ⚠️ "TALKING ABOUT THE TRAUMA GIVES PEOPLE PERMISSION TO HEAL." ⚠️ "THEY HAVE SURVIVAL SKILLS THAT HAVE GOT THEM TO WHERE THEY ARE NOW." ⚠️ "PEOPLE CAN RECOVER FROM TRAUMA."
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**INFORMATION –
INDIVIDUALIZE THE INFORMATION**



- Remove the labels
- Be truthful about the limitations
- Make sure I am aware of everything
- "I'm the driver, but prepare me."

**INFORMATION –
INDIVIDUALIZE THE INFORMATION!**

- ⚠️ Provide **information** about effects of **trauma**
- ⚠️ Make sure consumer is **comfortable** and feels **safe** when engaged in a **trauma** conversation
- ⚠️ Provide clear **information** about the **services** that will be available for the client at the organization.
 - Explain **treatment plan**, including rationale
 - Include **possible risks** and benefits
 - **Expectations** on **both sides** should be **clear** and **reviewed** as often as needed.

**INFORMATION –
INDIVIDUALIZE THE INFORMATION!**

- ✦ **Inform** before **preforming** – continually **inform** the client of what is going to happen during **healthcare encounters** and **assessments** (Havig, 2008).
- ✦ Make **community resources** available
- ✦ **Safety planning**
- ✦ In inpatient/correctional setting, helping client understand the **process**
- ✦ **One size** does not fit all. Treatment plans should be **individualized**

CONNECTION

Connection takes place on three levels. (1) reconnecting with **SELF** (mind, heart, and body), within a **group setting**; (2) reconnecting with **SELF** (mind, heart, and body) in the **real world**; and (3) connecting with **people and resources** who can actually help the client.

CONNECTION

<p>REMEMBER TO</p> <ul style="list-style-type: none"> ✦ SHOW GENUINE EMPATHY AND POSITIVE REGARD ✦ SET CLEAR BOUNDARIES: BOUNDARIES WORK FOR SURVIVORS ✦ BE HONEST ✦ SIT WITH PAINFUL CONTENT AND EMOTIONS ✦ USE CONNECTIONS TO HELP CLIENTS MANAGE THEIR FEELINGS AND MEMORIES ✦ RECOGNIZE THAT THE WORK AFFECTS BOTH OF YOU 	<p>EXAMPLES OF BOUNDARIES</p> <p>AVAILABILITY</p> <p>PERSONAL DISCLOSURE</p> <p>TOUCH</p> <p>FEES</p> <p>GIFTS</p> <p>TOLERANCE FOR ACTING OUT BEHAVIOR</p> <p>SOCIAL CONTACT</p>
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HOPE

- ⚠ You can have **hope** for the **client** even when she doesn't have it for herself
- ⚠ Utilize **strengths** and **abilities**
 - Inquire about client's **strengths** and **coping strategies**
 - Assist clients to consider how well those **coping strategies** have **served** them in the past and if they are still **effective**.
 - Are there ways in which **coping strategies** may be creating difficulties for her at present?

HOPE CONTINUED

- ⚠ Acknowledge a client's ability to **transcend adversity**
- ⚠ Help client see **progress**
- ⚠ Keep goals **realistic**
 - Goals that are set for clients should always be **S - M - A - R - T**
 - **SPECIFIC**
 - **MEASURABLE**
 - **ATTAINABLE**
 - **REALISTIC**
 - **TIMELY**

HOPE CONTINUED

- ⚠ Make reference to the client as a "**survivor**", and focus on **healing** and **recovery** as "possible".
- ⚠ Therapist self-care is **crucial!**
 - Providers must find a **balance** between **care-giving** and **self-care**.
 - Failure to strike a **balance** can result in the adverse effects of **burnout**, **vicarious trauma**, **compassion stress**, and **compassion fatigue**.

To help avoid these adverse effects, Pearlman & Saakvitne suggests implementing the 'ABC Model' as part of a self-care strategy:

- Awareness:** attunement to one's needs, limits, emotions, and resources
- Balance:** balancing the multiple aspects of self & one's activities
- Connection:** to oneself, to others, and to something larger

TRIGGERS

Flashbacks are **trauma** memories that have not been verbally integrated and come back in the form of **sensory** memories that make it feel as if the **trauma** were occurring again in the here and now.

Trauma Triggers

Flashbacks are most often **triggered** by a **non-verbal memory**, to wit:

- ⚠ Sights
- ⚠ Sounds
- ⚠ Smells
- ⚠ Bodily sensations
- ⚠ Emotional reactions
- ⚠ Motor memories

TRIGGERS CONTINUED

Simple Trauma

- ⚠ **Seeing, feeling, hearing, smelling** something that reminds us of past trauma
- ⚠ Activate the **alarm system**
- ⚠ The response is as if there is **current danger**
- ⚠ Thinking brain **automatically** shuts off in the face of **triggers**
- ⚠ **Past and present** danger become confused

Complex Trauma

- ⚠ More reminders of **past danger**
- ⚠ Brain is more **sensitive to danger**
- ⚠ **Interactions** with others often serve as **triggers**

TRIGGERS CONTINUED

Common Triggers

- ⚠ Reminders of **past events**
- ⚠ Lack of **power/control**
- ⚠ Separation or **loss**
- ⚠ Transitions and **routine/schedule** disruption
- ⚠ Feelings of **vulnerability** and **rejection**
- ⚠ Feeling **threatened** or **attacked**
- ⚠ Sensory **overload**
