



Trauma Informed Care:

THE IMPACT OF TRAUMA

Confidential and Proprietary Information

Agenda

- Demonstrate use of envolveU.com
- Define trauma
- Adverse Childhood Experiences overview
- The effects of trauma
- Elements and Principles of Trauma Informed Care
- Evidence based treatment and resources



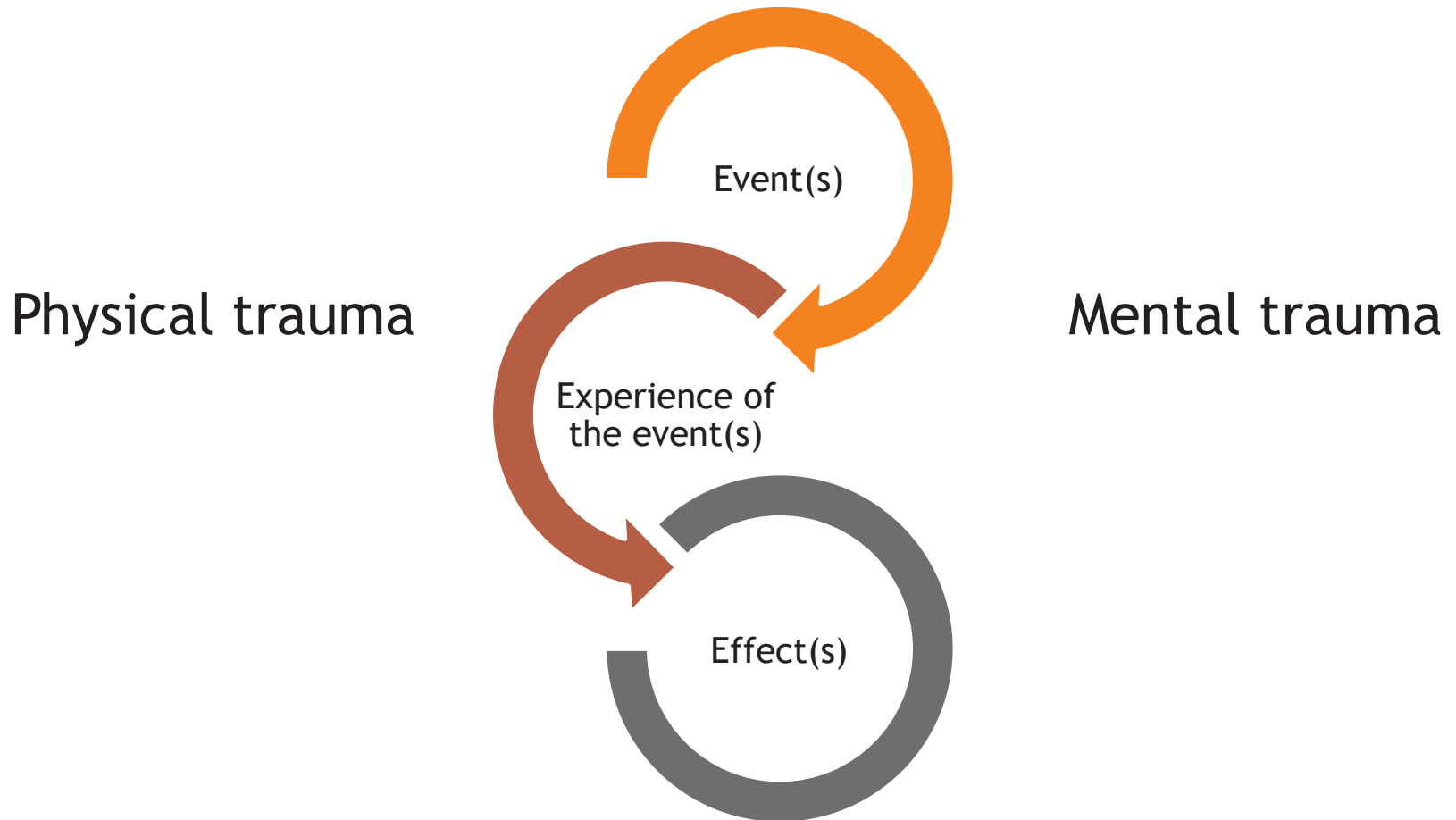
Objectives

By the end of the training, participants will be able to:

- Define the types of trauma
- Identify three Adverse Childhood Experiences categories
- Name two ways trauma impacts biopsychosocial development
- List three principles of Trauma Informed Care
- Identify three trauma-focused Evidence Based Treatments



What is Trauma?



Trauma: Types of Exposure

Acute

- Single traumatic event
- Limited in time

Chronic

- Multiple traumatic event exposures
- Effects are cumulative

Complex

- Exposure to chronic trauma, usually caused by adults entrusted with the child's care and impact of such exposure on the child

(Chadwick Center, 2015)



What is Traumatic Stress?

- The physical and emotional responses to threatening situations
- Reactions include re-experiencing the event, avoidance, hyper-arousal, and persistent difficult thoughts and emotions
- Traumatic events can overwhelm one's capacity to cope; can elicit feelings of terror, powerlessness, and out-of-control physiological arousal

(Chadwick Center, 2015)



What is Traumatic Stress?

- Trauma can have a long-term, cumulative effect on a person's development
 - Ability to trust others
 - Sense of personal safety
 - Effectiveness in navigating life changes
- An individual's response to a traumatic event may have a profound effect on their perception of self, others, the world, and the future



What do you see?



The Adverse Childhood Experiences (ACE) Study



“In my beginning is my end.”



ACE Study: History

- In 1985, Kaiser's Dr. Vincent J. Felitti started an obesity treatment program
- 55% of the 1,500 enrollees left before completing the program
 - Almost all of those who left had been losing weight
- He interviewed 286 enrollees that left before completing the program
 - Many had experienced sexual abuse as a child
- He presented his findings in 1990 and met Dr. David Williams from the Centers for Disease Control and Prevention

(National Center for Mental Health Promotion and Youth Violence Prevention, 2015)



ACE Study: Risk Factors

- Williams introduced Felitti to Dr. Robert Anda, a medical epidemiologist at the CDC
- Dr. Anda researched 15 years of child abuse literature, selected 10 risk factors to measure; called their research the ACE Study

Personal abuse/neglect	Household dysfunction
Emotional abuse	Mother treated violently
Physical abuse	Household substance abuse
Sexual abuse	Household mental illness
Emotional neglect	Parental separation/divorce
Physical neglect	Incarcerated household member

(National Center for Mental Health Promotion and Youth Violence Prevention, 2015)



ACE Study: Participants

- Approximately 17,000 participants, mostly white, middle/upper-middle class, college-educated employed San Diegans who belonged to the Kaiser Permanente HMO
- 70% of study participants reported at least one ACE
 - 87% of those had more than one ACE
 - ACEs tend to cluster and be cumulative
- Women were 50% more likely to have 5+ categories of ACE
- Rates are much higher for those living in poverty
- High ACE scores = much higher risk for health and medical conditions later in life

(National Center for Mental Health Promotion and Youth Violence Prevention, 2015)



ACE Study: Scores and High Risk Behaviors

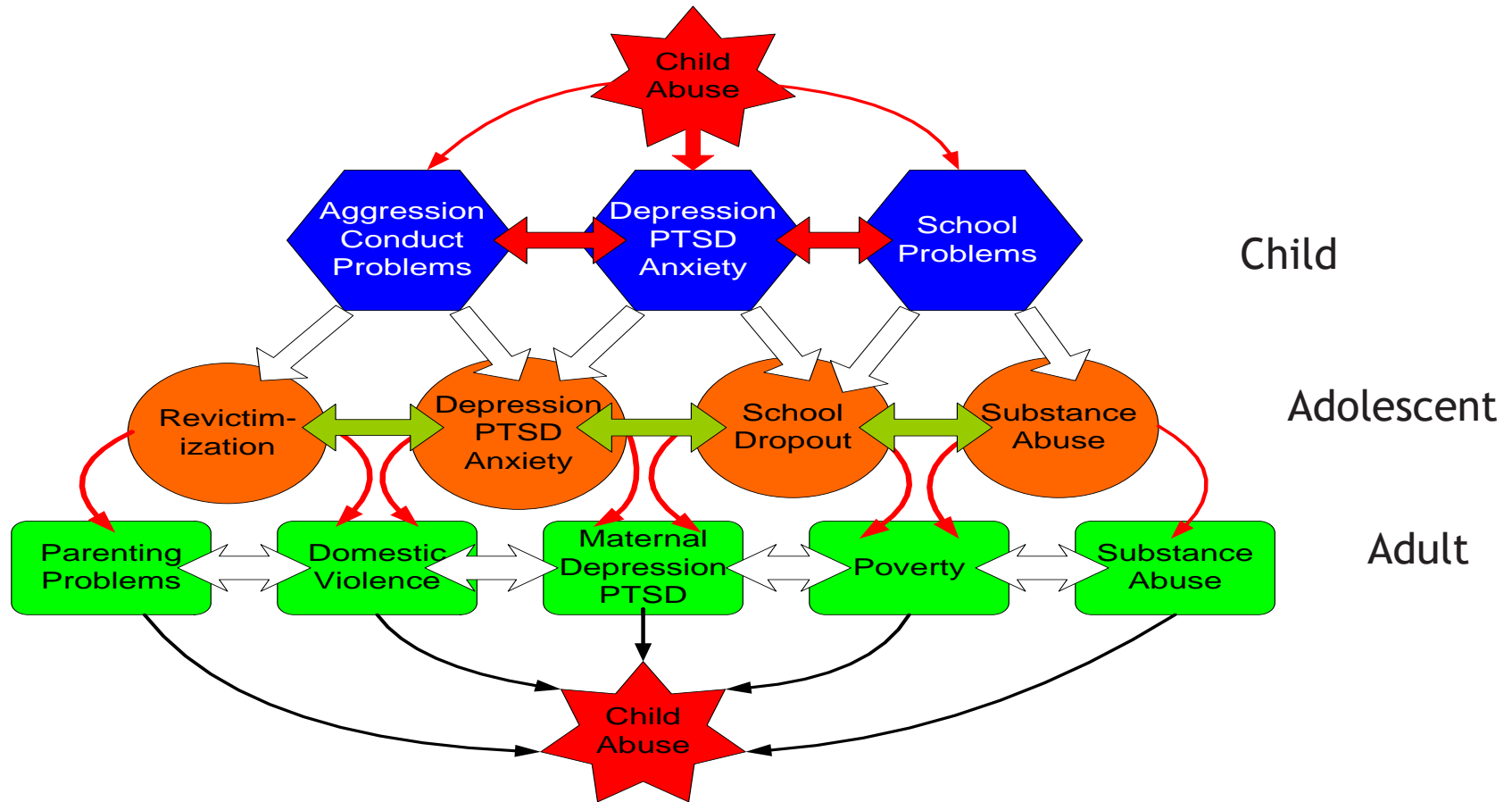
People who have experienced trauma are more likely to:

15 times	<ul style="list-style-type: none">• attempt suicide
4 times	<ul style="list-style-type: none">• become an alcoholic, develop a sexually transmitted disease, inject drugs
3 times	<ul style="list-style-type: none">• use antidepressant medication, to be absent from work, to experience depression, to have serious job problems
2.5 times	<ul style="list-style-type: none">• more likely to smoke
2 times	<ul style="list-style-type: none">• more likely to develop chronic obstructive pulmonary disease, to have a serious financial problem

(National Center for Mental Health Promotion and Youth Violence Prevention, 2015)



Developmental Cascade of Transgenerational Child Maltreatment Risk



(Putnam, F., & Harris, W., 2008)



Long-Term Effects of Childhood Trauma

- Alcoholism/Drug misuse
- Depression
- Suicide attempts
- Sexually transmitted diseases due to high risk activity with multiple partners
- Heart disease
- Cancer
- Chronic lung and liver disease
- Skeletal fractures



Coping Strategies

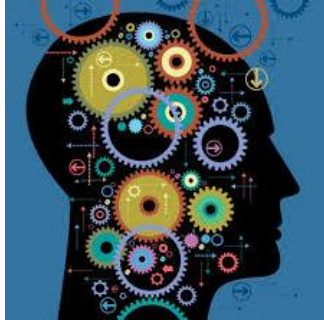
- Adaptive coping strategies can lead to behaviors including:
 - Sleeping, eating, or elimination problems in children
 - High activity levels, irritability, or acting out
 - Emotional detachment, unresponsiveness, distance, or numbness
 - Hyper-vigilance, feeling danger is present even when it is not
 - Increased mental health issues (e.g., depression, anxiety)
 - Unexpected and exaggerated response to stressful situations



Effects of Trauma Exposure

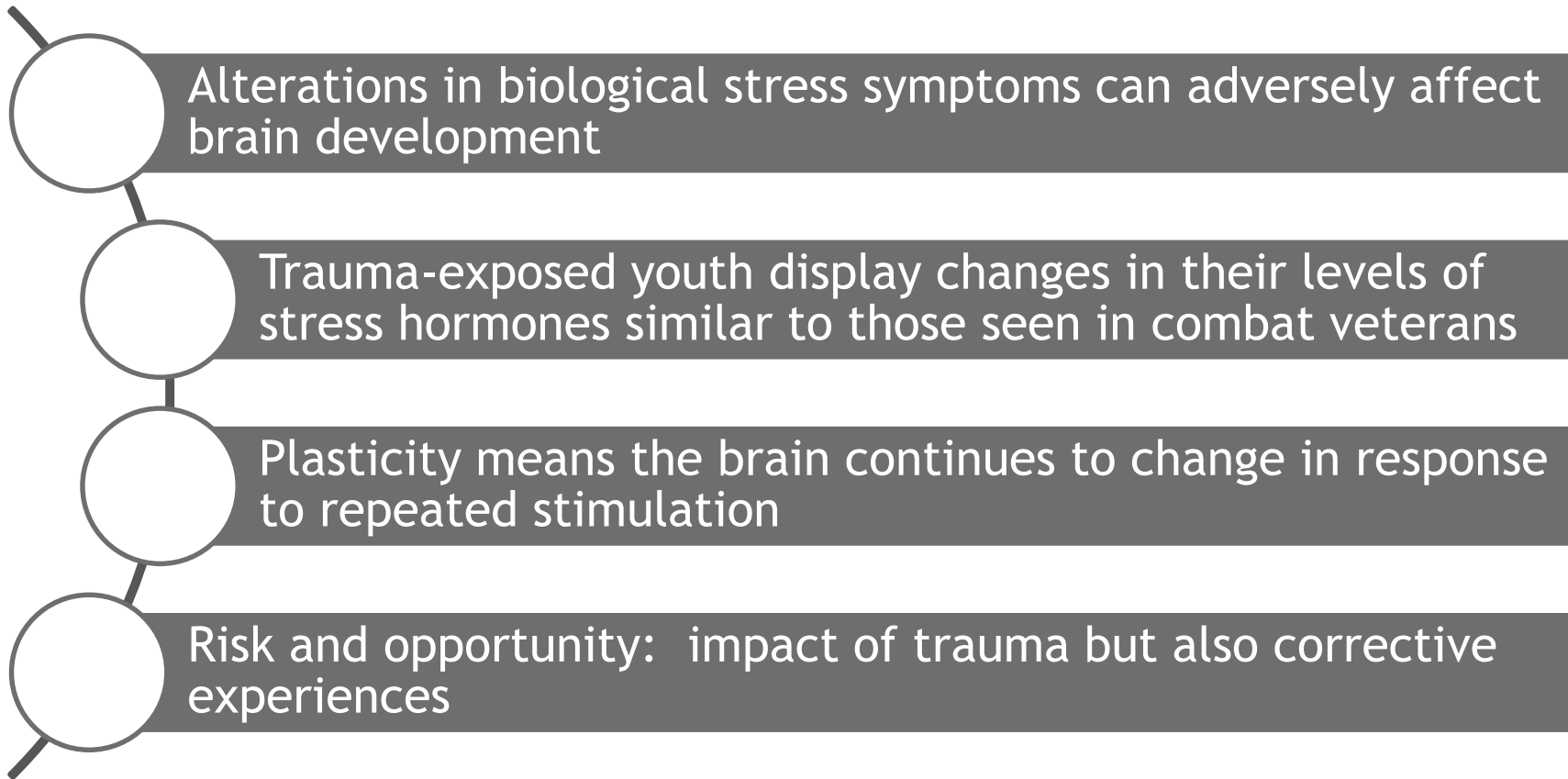
- Dissociation
- Behavioral control
- Cognition
- Self-concept
- Development
- Attachment
- Biology
- Mood issues





Trauma and the Brain

Trauma and the Brain



(Pynoos, R. et al, 1997)



Trauma and the Brain: Structural Differences

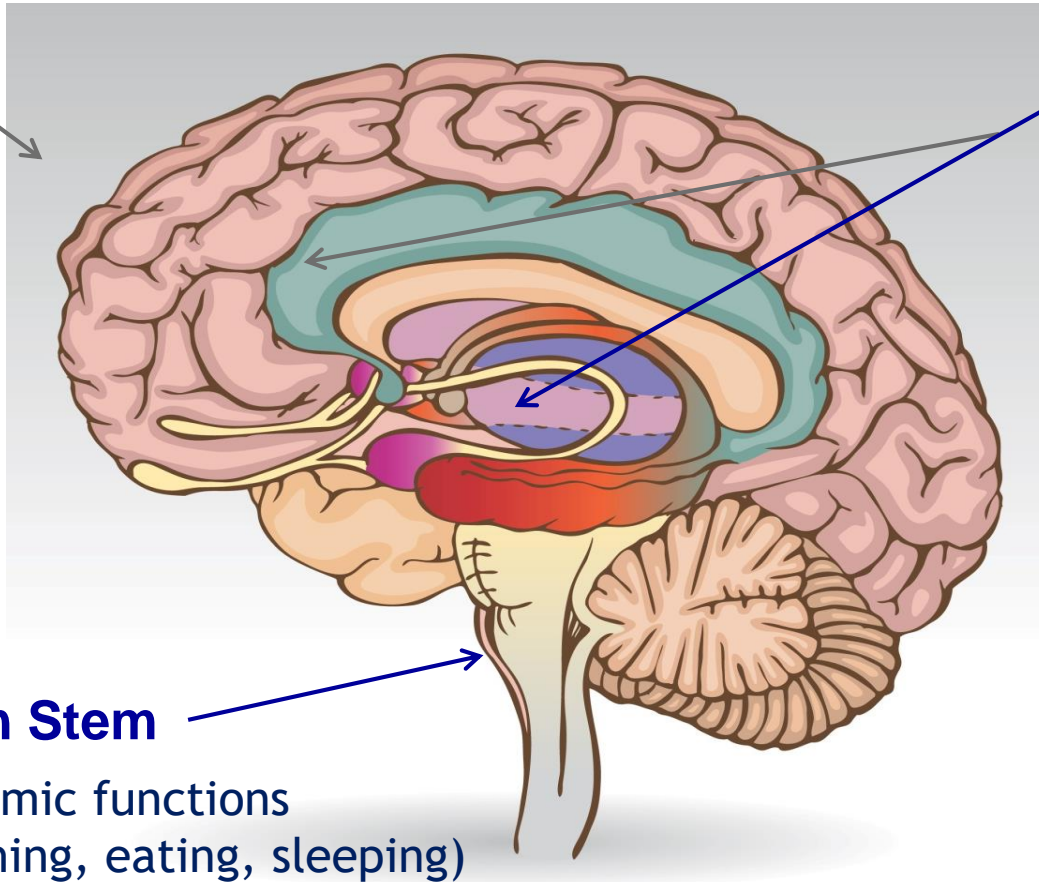
- Maltreated children present with smaller corpus callosum
 - Affects the brain's communication about arousal, emotion, and cognition
- Trauma can be associated with reduced cortex size
 - Impacts memory, attention, perceptual awareness, thinking, language, and consciousness
- Adults who were maltreated as children show:
 - Reduced hippocampus volume
 - Learning and memory
 - Reduced prefrontal cortex volume
 - Behavior, cognition, emotional regulation



Trauma and the Brain

Prefrontal Cortex

Abstract thought, logic, factual memory, planning, ability to inhibit action



Limbic System

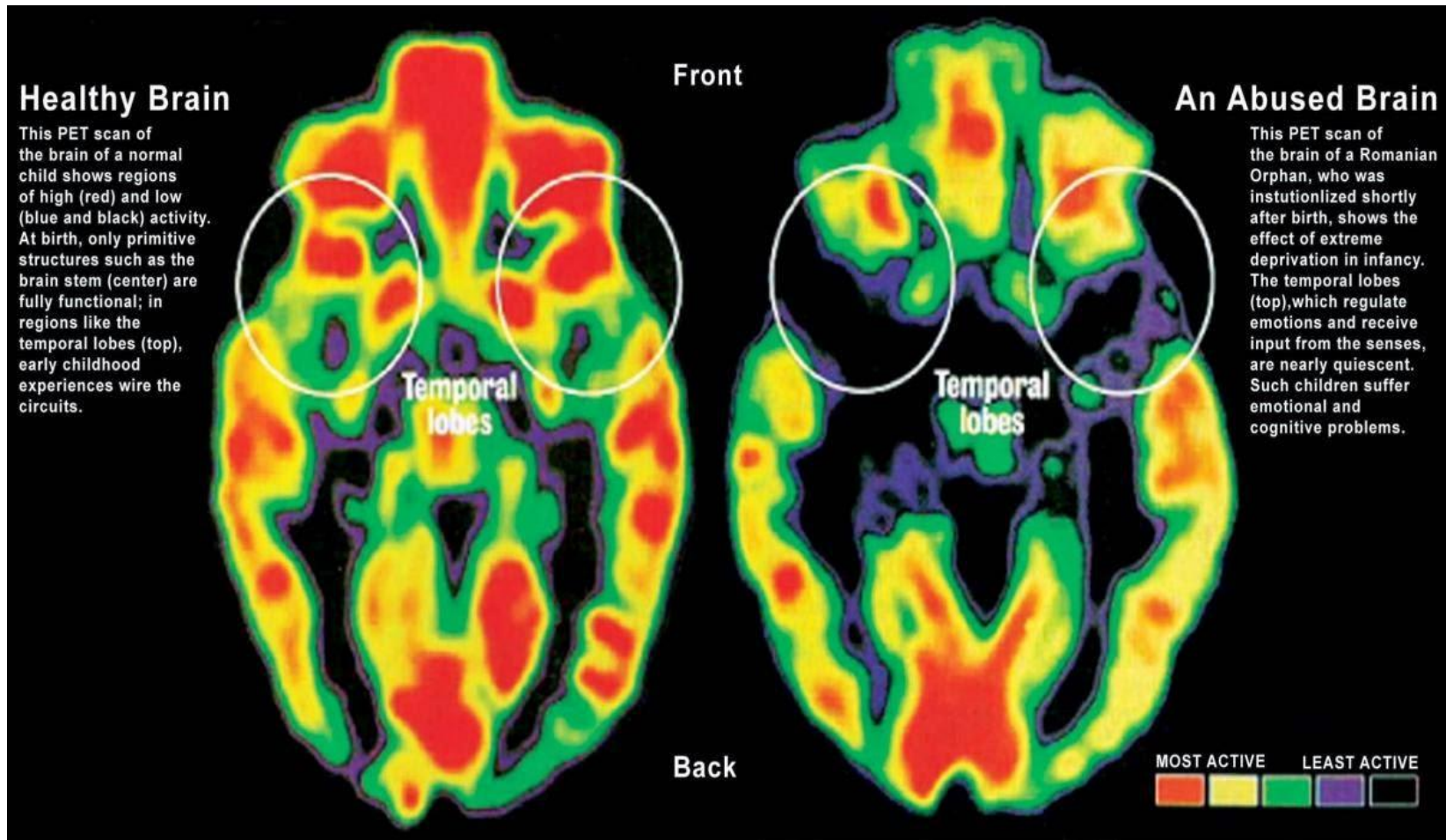
Emotional regulation & memories, “value” of emotion

Brain Stem

Autonomic functions (breathing, eating, sleeping)



Extreme Deprivation and Brain Development



Psychological Safety and Trauma

Individuals who have experienced trauma may:



Have valid fears about their own safety or the safety of loved ones



Have difficulty trusting others to protect them



Be hyperaware of potential threats



Have problems controlling their reactions to perceived threats

(National Child Traumatic Stress Network. 2010)



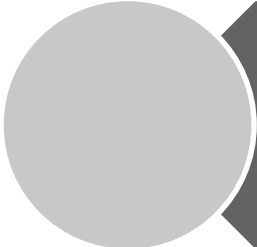
Psychological Safety: Trauma Reminders

- What is a trauma reminder?
 - Intense and disturbing feelings tied to the original trauma when faced with people, places, situations, or things that remind them of traumatic events
- Reminders can lead to behaviors that seem out of place, but were appropriate, and perhaps helpful, at the time of the original traumatic event

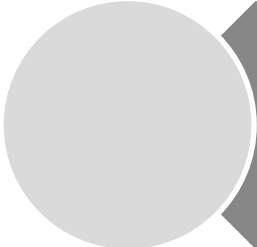
(National Child Traumatic Stress Network. 2010)



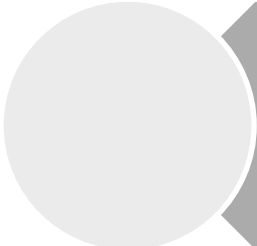
Psychological Safety: Reenactment Behaviors



Are familiar and helped them survive in other relationships



“Prove” their negative beliefs and expectations



Help them vent frustration, anger, and anxiety

(National Child Traumatic Stress Network. 2010)



TIC: Questions for Providers

Do you provide trauma-specific or trauma-informed therapy?

If so, how do you determine whether the person needs trauma-specific therapy?

How familiar are you with evidence-based treatment models designed and tested for treatment of trauma-related symptoms?

How do you approach therapy with individuals and their families who have been impacted by trauma (regardless of whether or not they indicate or request trauma-informed treatment)?

Describe the core components of your treatment approach.



Trauma-Focused, Evidence-Based Treatment



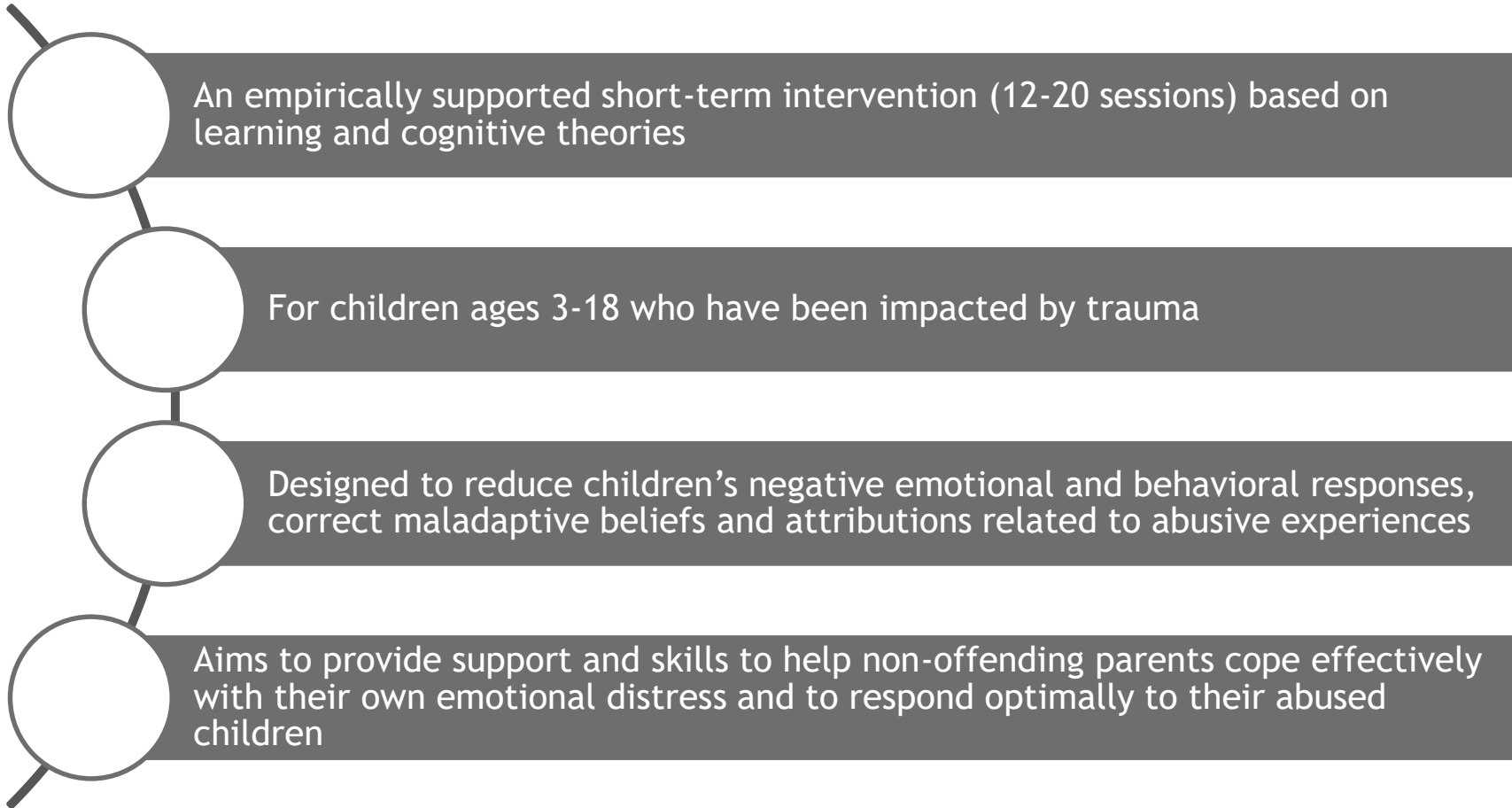
Examples of Evidence-Based Treatments

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Risking Connection
- Trauma Recovery and Empowerment Model (TREM and M-TREM)

(National Child Traumatic Stress Network. 2010)



Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)



TF-CBT: Components

- Psychoeducation and parenting skills
- Relaxation
- Affective expression and modulation
- Cognitive and coping processing
- Trauma narrative development & processing
- *In vivo* mastery of trauma reminders
- Conjoint child-parent sessions
- Enhancing future safety and development

(National Child Traumatic Stress Network. 2010)



Other Promising Practices

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



Secondary Trauma



Impact of Working with Persons Who Experienced Trauma

- Trauma experienced while working in the role of helper has been described as:
 - Compassion fatigue
 - Vicarious traumatization
 - Secondary traumatic stress (STS)



Secondary Traumatic Stress (STS)

- STS is the stress of helping or wanting to help a person who has been traumatized
- Precipitated by exposure to clients' trauma (acute or cumulative)
- Not based on workload
- Can disrupt child welfare workers' lives, feelings, personal relationships, and overall view of the world
- Risk factors include empathy and previous trauma in one's own life and how un/resolved it is

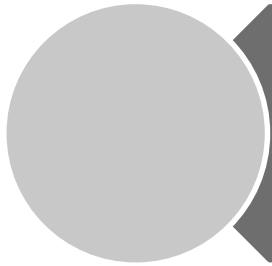


Secondary Trauma: Sources

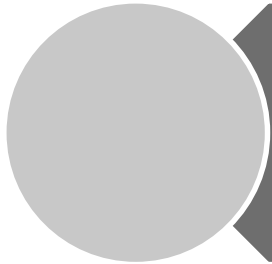
- Frequent/chronic exposure to detailed and emotional accounts of traumatic events
- Photos of horrific injury or a recent serious injury or death
- Investigating a vicious abuse/neglect report



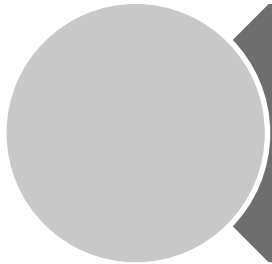
Secondary Trauma: Sources



Concerns about continued funding and adequacy of resources for services



Death of someone on the worker's caseload



Helping support grieving family members after a child abuse death, including siblings of deceased child



Secondary Trauma: Signs and Symptoms

- Avoidance or preoccupation with clients/client stories
- Intrusive thoughts/nightmares/flashbacks
- Arousal symptoms
- Thoughts of violence/revenge
- Feeling estranged/isolated/having no one to talk to
- Feeling trapped, “infected” by trauma, hopeless, inadequate, depressed
- Having difficulty separating work from personal life
- Burnout



Secondary Trauma: Minimizing Impact

Agencies can minimize secondary trauma impact by developing self-care plans with each staff

Psycho-education

Clinical supervision

Ongoing skills training

Informal/formal self-report screening

Workplace self-care groups
(i.e., yoga or meditation)



Secondary Trauma: Minimizing Impact

Agencies can minimize secondary trauma impact by developing self-care plans with each staff

Creation of a balanced caseload

Self-care accountability buddy system

Use of evidenced-based practice

Flextime scheduling

Exercise and good nutrition



Objectives Re-visited

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TIC Resources

- National Child Traumatic Stress Network
<http://www.nctsn.org>
- Chadwick Center for Children and Families
www.ChadwickCenter.org
- Substance Abuse and Mental Health Services Administration
<http://www.samhsa.gov/nctic>
- Cenpatico (Texas) TIC resources
<http://www.cenpatico.com/tf-cbt-training/tf-cbt-training-resources/>
- Healing Neen: Introduction to the story of Tonier Cain, National Consumer Advocate
http://www.youtube.com/watch?feature=player_detailpage&v=QQfWE9TD_bA



Questions

“I am not what happened to me,
I am what I choose to become.”

—Carl Gustav Jung



References

Chadwick Center: “Understanding How Trauma Impacts Children in Child Welfare and What to Do About It”, retrieved from <http://www.chadwickcenter.org/Documents/Ohio%20TICW%20workshop.pdf>

Lenroot, R. K., Gogtay, N., Greenstein, D. K., Wells, E. M., Wallace, G. L., Clasen, L. S., Giedd, J. N. (2007). Sexual dimorphism of brain developmental trajectories during childhood and adolescence. *Child Development*, 36, 1065-1073.

National Center for Mental Health Promotion and Youth Violence Prevention, "Childhood Trauma and Its Effect on Healthy Development," July 2012



References

National Child Trauma Stress Network, Empirically Supported Treatments and Promising Practices, retrieved from <http://www.nctsn.org/>

Putnam, F. & Harris, W. (2008). Opportunities to change the outcomes of traumatized children: Retrieved from http://ohiocando4kids.org/Outcomes_of_Traumatized_Children

Pynoos, R. S., Steinberg, A. M., Ornitz, E. M., & Goenjian, A. K. (1997). Issues in the developmental neurobiology of traumatic stress. *Annals of the New York Academy of Sciences*, 821, 176-193.

Spear, L. P. (2010). *The behavioral neuroscience of adolescence*. New York: W.W. Norton.



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