



# Trauma-Informed Practice

Western and Eastern PA CoCs  
May 18, 2021



 ken kraybill

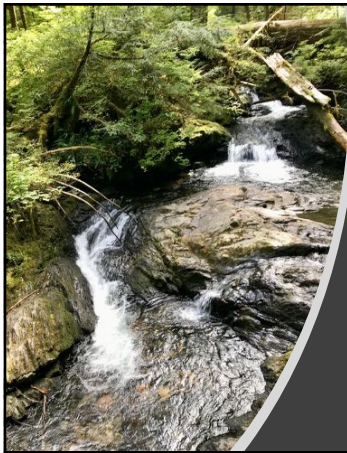
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## Learning Objectives

You will be able to:

- Describe three aspects of what makes an experience traumatic
- Describe four elements of the mindset and heart-set of trauma-informed practice
- Name three ways to help people feel safer and more comfortable

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An invitation

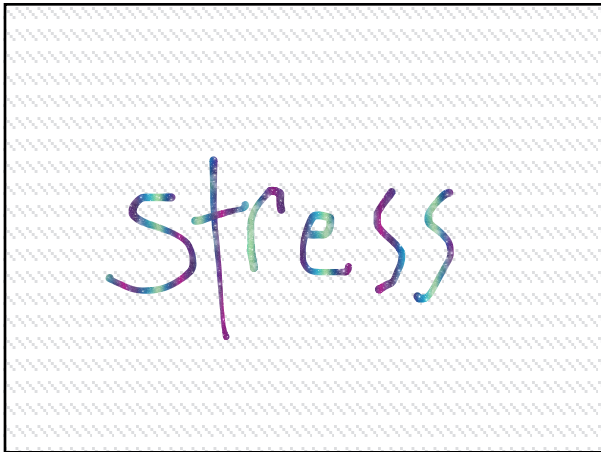
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# Trauma

Definitions, sources, types, prevalence



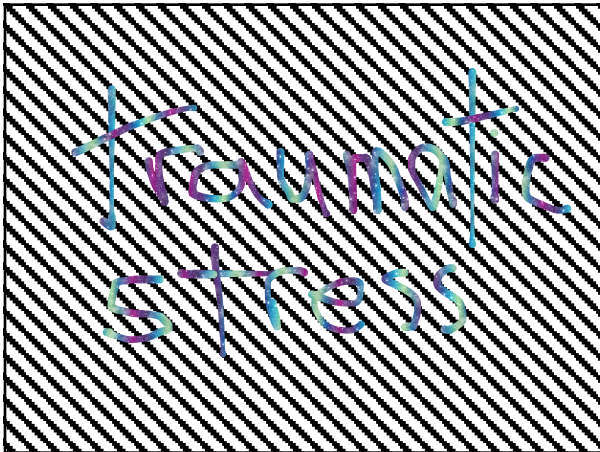
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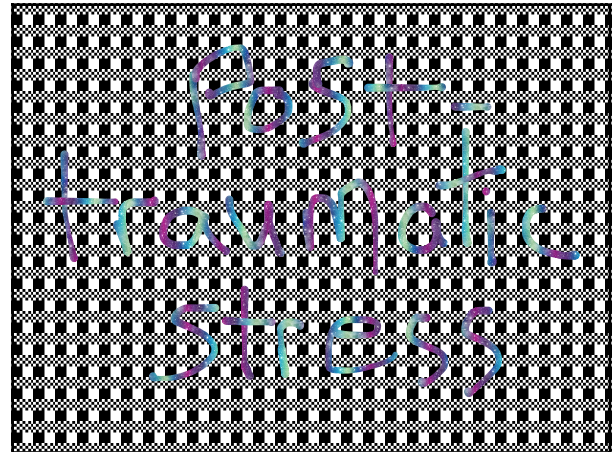
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### Human Stress Response

**Fight or Flight Response**

The physiologic stress response is due to massive amounts of cortisol and adrenaline being released

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Overwhelming demands placed upon the physiological system that result in a profound felt sense of vulnerability and/or loss of control.

*Robert D. Macy*

## Traumatic stress

"Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning."

*Judith Herman*

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### What makes an experience traumatic?

- The experience involves a threat to one's physical or emotional well-being.
- It is overwhelming.
- It results in intense feelings of fear and lack of control.
- It leaves people feeling helpless.
- It changes the way a person understands themselves, the world and others.

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"Being traumatized means continuing to organize your life as if the trauma were still going on – unchanged and immutable – as every new encounter or event is contaminated by the past."

*Bessel van der Kolk, The Body Keeps the Score*

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"Long after the actual event has passed, the brain may keep sending signals to the body to escape a threat that no longer exists."

*Bessel van der Kolk, The Body Keeps the Score*

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"Trauma almost invariably involves not being *seen*, not being *mirrored*, and not being *taken into account*."

*Bessel van der Kolk, The Body Keeps the Score*

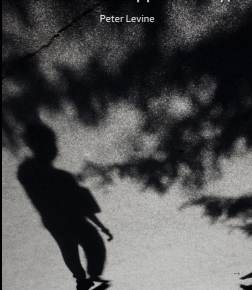
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"In short, trauma is about loss of connection — to ourselves, to our bodies, to our families, to others, and to the world around us... It is often hard to recognize, because it doesn't happen all at once. It can happen slowly, over time..."

*Peter Levine*



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## Sources of Trauma



- "Natural" and humanmade disasters
- Human events
- Interpersonal violence/abuse
- Insidious trauma
- Historical/generational/system-induced trauma

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## Types of Trauma

- Acute**  
Trauma from a one-time event
- Chronic**  
Multiple traumatic experiences that occur over time
- Complex (Developmental)**  
Trauma that starts in early childhood and impacts learning, developing, coping, and relationships into adulthood

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Developmental (Complex) Trauma:  
The Hidden Epidemic

“Anthony”

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“A thief”

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What gets stolen?

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Safety; ability to trust; dignity; connection to one's own body; inner calm; feeling grounded; self-regulation of emotions and behaviors; belief in goodness of self and others; healthy relationships; optimism; sense of lightness of being; ease of problem-solving; ability to respond vs. react; sense of autonomy; self-confidence; empowerment; health protective factors; overall well-being

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How might survivors of long-term trauma complete this stem?

*The world is...*

*They always think that I...*

*I will never be...*

*I am...*

*If they really cared...*

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The bio-psycho-social-spiritual-communal impact of trauma



- Physical health
- Ability to function optimally
- Behavioral health
- Shattered spirit and beliefs
- Social/relational
- Community

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Kintsukoroi (keen-tsoo-koo-roy)

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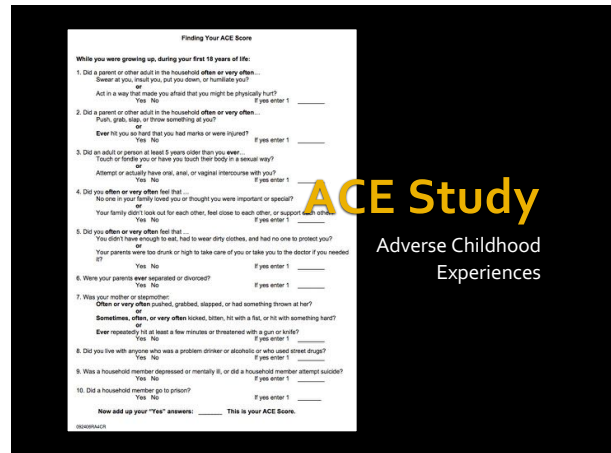
The Japanese art of mending pottery using gold or silver lacquer. The broken and mended pot becomes even more beautiful than the original. A compelling metaphor for how pain, grief, and trauma in our lives can transform us in positive, even beautiful ways.

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**Prevalence  
of trauma**

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**Finding Your ACE Score**

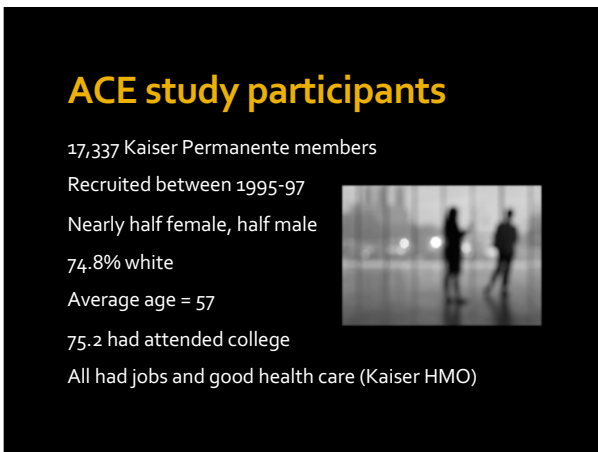
While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often...  
Scold or yell at you and you often or sometimes feel...  
Ashamed or afraid that you might be physically hurt?  
Yes No If yes enter 1
2. Did a parent or other adult in the household often or very often...  
Push, grab, slap, or throw something at you?  
Yes No If yes enter 1
3. Did you often or very often feel that...  
You were afraid that you had been or were being hit?  
Yes No If yes enter 1
4. Did you often or very often feel that...  
No one in your family loved you or thought you were important or special?  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1
5. Did you often or very often feel that...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1
6. Were your parents ever separated or divorced?  
Yes No If yes enter 1
7. Was your mother or stepmother...  
Often or very often pushed, grabbed, slapped, or had something thrown at her?  
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?  
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
Yes No If yes enter 1
10. Did a household member go to prison?  
Yes No If yes enter 1

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.

**ACE Study**  
Adverse Childhood  
Experiences

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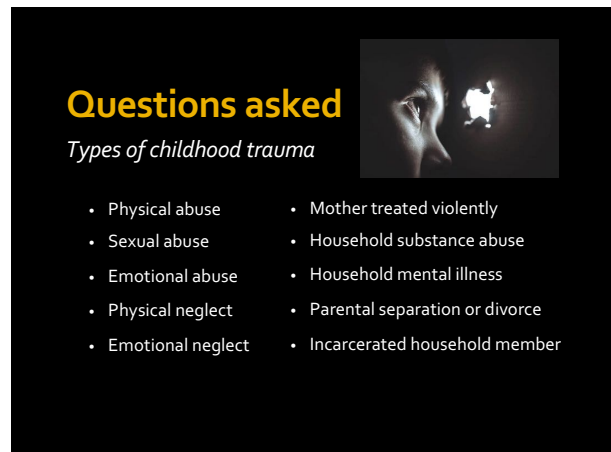


**ACE study participants**

- 17,337 Kaiser Permanente members
- Recruited between 1995-97
- Nearly half female, half male
- 74.8% white
- Average age = 57
- 75.2 had attended college
- All had jobs and good health care (Kaiser HMO)



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**Questions asked**

*Types of childhood trauma*

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household member



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## What's missing?

Explicit and implicit bias/racism, witnessing violence outside the home, bullying, losing a parent to deportation, living in an unsafe neighborhood, involvement with the foster care system, experiencing homelessness, living in a war zone, moving many times, witnessing a sibling being abused, witnessing a father/caregiver/extended family member being abused, involvement with the criminal justice system, attending a school that enforces a zero-tolerance discipline policy...

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## ACE study findings



ACEs are much more common than anticipated or recognized

Center for Nonviolence and Social Justice

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## ACE study findings

About two-thirds reported at least one ACE

87% with one ACE reported at least one additional ACE

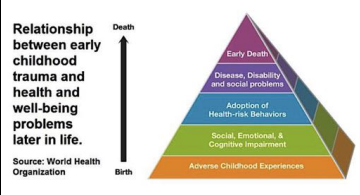
Prevalence of

- emotional abuse 10.6%
- physical abuse 28.3%
- sexual abuse 20.7%
- emotional neglect 14.8%
- physical neglect 9.9%



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## ACE study findings



Relationship between early childhood trauma and health and well-being problems later in life.

Source: World Health Organization

ACEs have a powerful correlation to health outcomes later in life

Center for Nonviolence and Social Justice


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## ACE study findings

### Impact of Trauma

Increases the risk of neurological, biological, psychological and/or social difficulties such as:

- Changes in brain neurobiology;
- Social, emotional & cognitive impairment;
- Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance misuse, self harm, sexual promiscuity, violence); and
- Severe and persistent behavioral health, physical health and social problems, early death.




Felitti, et.al. 1998

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## Correlation of ACEs to Health Outcomes

ACEs have a strong influence on adolescent health, teen pregnancy, smoking, substance misuse, sexual behavior, the risk of re-victimization, performance in the work force, and the stability of relationships, among other health determinants.



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## Correlation of ACEs to Health Outcomes

The higher the ACE score, the greater the risk of heart disease, lung disease, liver disease, suicide, HIV and STDs, and other risks for the leading causes of death.

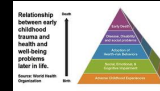


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## Correlation of ACEs to Health Outcomes

Compared to ACE score of zero, *four* adverse childhood experiences associated with:

- *seven-fold* increase in alcoholism
- *doubling* of risk of being diagnosed with cancer
- *four-fold* increase in emphysema



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## Correlation of ACEs to Health Outcomes

People with an ACE score of *six or higher* die nearly 20 years earlier than those whose ACE score is zero

An ACE score *above six* was associated with a 30-fold increase in attempted suicide



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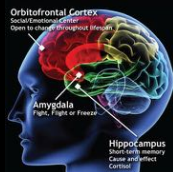
Understanding the pervasive

**Impact**  
of trauma



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## Trauma and the brain



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## Trauma and the Brain



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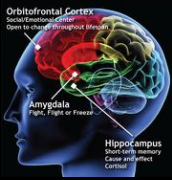
# Trauma and the brain

Our brains are sculpted by our early experiences

*Martin Teicher, MD, PhD*

The most important job of the brain is to ensure our survival, even under the most miserable conditions.

*Bessel van der Kolk, The Body Keeps the Score*



**Orbitofrontal Cortex**  
Socio/emotional control  
Open to change or improve thought

**Amygdala**  
Fight, Flight or Freeze

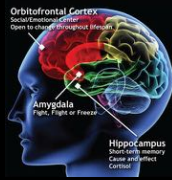
**Hippocampus**  
Short-term memory  
Cause and effect  
Context

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# Trauma and the brain

"Neurons that fire together wire together...if you feel safe and loved your brain becomes 'wired' for play and exploration; if you are frightened, unwanted, you become 'wired' to manage feelings of fear and abandonment."

*Bessel van der Kolk, The Body Keeps the Score*



**Orbitofrontal Cortex**  
Socio/emotional control  
Open to change or improve thought


**Amygdala**  
Fight, Flight or Freeze

**Hippocampus**  
Short-term memory  
Cause and effect  
Context

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# How the brain tries to protect us

Grace LaConte's  
**The 4 Responses to Fear**



**Fight** (engage)

**Face** (engage)

**Flight** (disengage)

**Freeze** (disengage)

Labels: repel, attract

LaConte Consulting ©2017  
http://www.lacontecoaching.com

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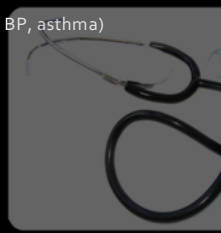
# The bio-psycho-social-spiritual-communal impact of trauma



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# Impact of Trauma: Physical health

- Chronic health conditions (diabetes, high BP, asthma)
- Headaches
- Chronic pain
- Gynecological difficulties
- Gastrointestinal (GI) problems
- Cancer
- Musculoskeletal difficulties
- Autoimmune disorders



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# Impact of Trauma: Ability to function


- Self-regulation of behaviors and emotions
- High levels of distress, anxiety, sometimes panic
- Confusion, disorientation, loss of control
- Dissociation
- Intrusive thoughts, hyper-arousal, avoidance
- Re-experiencing traumatic events (triggers)

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### Impact of Trauma: Mental health

- Depression
- Anxiety
- Suicide
- Somatization
- Eating disorders
- Borderline personality disorder
- Post-traumatic stress disorder



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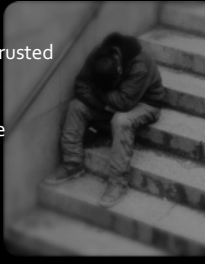
### Characteristics of PTSD

<p><b>Intrusion</b></p> <ul style="list-style-type: none"> <li>Flashbacks</li> <li>Nightmares</li> <li>Recurrent images</li> <li>Intense response to triggers</li> </ul>	<p><b>Avoidance</b></p> <ul style="list-style-type: none"> <li>Constricted activities</li> <li>Avoiding reminders of the trauma</li> </ul>
<p><b>Hyper-arousal</b></p> <ul style="list-style-type: none"> <li>Irritability</li> <li>Poor concentration</li> <li>Hyper-vigilance</li> </ul>	<p><b>Dissociation</b></p> <ul style="list-style-type: none"> <li>Not remembering</li> <li>Feeling detached, disconnected, numb</li> </ul>

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### Impact of Trauma: Shattered spirit and belief systems

- The world is unsafe
- Other people are unsafe and cannot be trusted
- God has abandoned me
- My own thoughts and feelings are unsafe
- I'm unworthy
- I'm not capable



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### Impact of Trauma: Social

- Difficulty trusting others, lack of empathy
- Social isolation and/or overattachment
- Boundary issues
- Unable to comfortably rest in the arms of another
- Unstable relationships

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### Impact of Trauma: Communal

#### The social-cultural environment

The economic and social processes that concentrate poverty and urban decay in inner city neighborhoods damage social networks and trust, the ability to take action for change, and social norms.

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### Impact of Trauma: Communal

#### The economic environment

Multiple studies have found that levels of violence, crime and delinquency, education, psychological distress, and various health problems are affected by neighborhood characteristics, particularly the concentration of poverty. The stressors of living with inadequate access to economic and educational opportunities or inequitable opportunities can also indicate trauma at the community level.

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**Video: Chad**  
<https://www.youtube.com/watch?v=sPH6GRaASKo>

1. What adverse childhood experiences did Chad experience and how did they impact him?
2. Who/what was helpful in helping him heal from trauma?

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**Chad**


1. What adverse childhood experiences did Chad experience and how did they impact him?
2. Who/what was helpful in helping him heal from trauma?

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**Take 1**  
 "Chad reminds me of a lot of the kids who come through here. Angry... very angry. And you could tell he just didn't want to connect with anybody. And you could tell he was hiding something. He always came in with a nervous stomach. My stomach hurts. My stomach hurts. He finally came clean and told me his father had major anger issues. He said he needed to talk to somebody and I immediately thought of Coach Morrow."

**Take 2**  
 "Chad reminds me of a lot of the kids who come through here. He was visibly upset and seemed to be holding something inside that was really bothering him. I sensed he might be too afraid or embarrassed to talk about it. You could tell he desperately wanted to connect with someone but wasn't sure who he could trust. Not surprisingly, his stomach was signaling the stress he was experiencing. Over time, Chad was able to confide in me about the abuse and violence going on at home with his father. He said he really needed to talk with someone who felt safe. When I suggested Coach Morrow, Chad said he was willing to give it a try."

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**Relevance of trauma-informed approaches in our work**

Traumatic experiences have a direct impact on people's overall health and well-being

Traumatic experiences have a direct impact on *how* people engage in services and care

If someone discloses current or past trauma, it's important to know how to respond

Knowing about the impact of trauma can improve health outcomes

Understanding trauma can help you better manage risk

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions

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**Ways our services can re-traumatize**

- Lack of privacy
- Unwanted physical touch (even when well-intended)
- Personal questions that may be embarrassing/distressing
- Expert-recipient vs. partnering approach
- Only one right way
- Unresolved trauma that's transmitted
- Institutional inequities
- Staff bias – race, ethnicity, gender, sexual identity, class
- Either/or thinking
- Rigid policies and procedures
- Other

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions

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**How trauma can affect people's engagement in services**

- Avoidance due to fear of not being seen, heard, taken seriously, believed
- Fear of placing trust in others, being controlled, exploited, abandoned
- More comfortable with transactional relationships
- Difficulty keeping appointments, following up on referrals, following through with plans (fear, avoidance, impaired memory, poor decision-making)
- Other

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions

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**Why a trauma-informed approach matters for clients and staff**

- People receive better services and care
- Staff able to cope more effectively with their work and is associated with greater resilience among workers
- Promotes staff retention and reduces turnover
- Reduces levels of vicarious trauma experienced by staff

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions

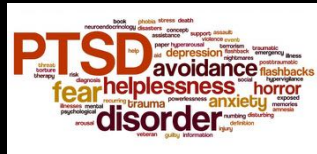
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What is trauma-informed care?



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## How a trauma-informed approach differs from trauma treatment/therapy



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## How does a trauma-informed approach differ from trauma treatment/therapy?

### Current treatment approaches

- Cognitive/cognitive-behavioral therapies – exposure therapy, DBT
- Eye Movement Desensitization and Reprocessing (EMDR)
- Hypnotherapy
- Psychodynamic therapy
- Group therapy
- Medications/pharmacotherapy – antidepressants
- “Confronting the inner void” – new narratives, structures, theatres of the mind, restructuring inner maps



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## The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement

Shawn Ginwright | [LinkedIn](#)  
May 10, 2019 | 16 min read

Shawn Ginwright Ph.D.

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Trauma-informed care broadly refers to a set of principles that guide and direct how we view the impact of severe harm on... people’s mental, physical and emotional health.



Trauma informed care encourages support and treatment to the whole person, rather than focus on only treating individual symptoms or specific behaviors.

Shawn Ginwright (2018)

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“I am more than what happened to me, I’m not just my trauma.”


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Trauma-informed care is based on an understanding that recovery is possible and achievable for everyone, regardless of how vulnerable they may appear.

Hopper, Bassuk, & Olivet, 2010

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"A strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma.


It emphasizes physical, psychological, and emotional safety for providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment"

Hopper, Bassuk, & Olivet, 2010

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## Principles and guidelines of trauma-informed care


- Understanding trauma and its impact
- Promoting safety
- Supporting client control, choice, and autonomy
- Sharing power and governance
- Promoting healing through relationships



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## Principles and guidelines of trauma-informed care

- Practicing cultural humility
- Integrating care
- Recognizing that recovery can and does happen
- Addressing secondary traumatization and promoting self-care



Adapted from Guarino, Soares, Konnath, Cleril, & Bassuk, 2009

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## The mindset and heart-set of trauma-informed practice

- Partnership
- Acceptance
- Compassion
- Evocation




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## Core conversational skills

- Open questions
- Affirmations
- Reflections
- Summaries



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## Befriending the emotional brain

- Dealing with hyperarousal
- Self-awareness, mindfulness
- Relationships
- Communal rhythms and synchrony
- Getting in touch
- Taking action

The Body Keeps the Score, Bessel van der Kolk, 2014

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## Facilitating posttraumatic growth



"Resiliency is the personal attribute or ability to bounce back... PTG, on the other hand, refers to what can happen when someone who has difficulty bouncing back experiences a traumatic event that challenges his or her core beliefs, endures psychological struggle... and then ultimately finds a sense of personal growth. It's a process that takes a lot of time, energy and struggle."

Kanako Taku, PhD

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## Facilitating post-traumatic growth



New opportunities emerge  
Change in relationships  
Increased sense of inner strength  
Greater appreciation of life  
Deepened sense of spirituality/meaning

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## Helping People Feel Safer and More Comfortable



Create a calming, soothing agency/office environment.  
Greet individuals by name when they arrive. Provide a warm, genuine welcome.  
Minimize the power differential between the two of you (manner, posture, tone of voice, etc.).  
Provide office chairs big and small enough to accommodate all sizes.  
Provide posters, signs, and images are welcoming to all.  
Make available diverse literature options (including languages other than English).

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## Helping People Feel Safer and More Comfortable



Invite person to have a support person in the room throughout the visit.  
Provide relaxed, unhurried attention to the person.  
Talk over concerns before using any screening/assessment tools, making referrals, etc.  
Validate any concerns person might have as understandable and normal.  
Ask/offer individual what would make her/him feel most comfortable.  
Talk to person throughout. Explain the purpose of each step and ask permission to perform it.

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## Helping People Feel Safer and More Comfortable



Encourage questions at any point.  
If person is anxious offer options/choices for calming/self-regulation – e.g., grounding/centering/meditation techniques, music, squeeze ball  
Give as much control and choice as possible about what happens how and when.  
Maintain a personable, friendly manner. Be straightforward and generous with information.  
Follow-up with person as able to check-in.

Adapted from Western Massachusetts Training Consortium <http://wmtcinfo.org/>

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"The compassion we seek is that which stands in awe at what (people) have to carry, rather than stand in judgment about how they carry it."

Fr. Gregory Boyle, *Tattoos on the Heart*

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## Characteristics of trauma-informed organizations



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Trauma-informed organizations must provide services through the lens of trauma. This may involve modifying their values, principles, culture, and practices.

Various policies and procedures must be put in place—with input, feedback, and involvement of program participants.



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## Trauma-informed organizations/programs...

- Decrease hierarchy; find ways to share power
- View negative patient/client behaviors as adaptive; a way of trying to get needs met
- Regard the helping relationship as a partnership; both parties have expertise



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## Trauma-informed organizations/programs...

- Focus on patient's goals and hopes while promoting recovery and healing.
- Make proactive plans and decisions to avoid being crisis-driven
- Emphasize patient strengths, control, and choice



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## A word about words...

- Manipulative
- Drug-seeking
- Non-compliant
- Putting self at risk
- Unmotivated
- Attention-seeking
- Entitled
- [Other]



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## Activity

"I have this manipulative, drug-seeking patient who's always splitting staff. He goes to one person and asks for something, then goes to someone else and asks for the same thing when he's already heard "no." I don't even know why he keeps coming back to this clinic."

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**Convert to more trauma-informed statement**

"I have this manipulative, drug-seeking patient who's always splitting staff. He goes to one person and asks for something, then goes to someone else and asks for the same thing when he's already heard "no." I don't even know why he keeps coming back to this clinic."

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**Trauma-Sensitive Support for Staff**

Adapted from Organizational Prevention of Vicarious Trauma, 2003

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- Organizational culture
- Employee control and input
- Workload
- Work environment
- Supervision
- Resources for self-care
- Education and training
- Group support

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**Organizational culture**

- Develop expectation of secondary trauma
- Encourage time off – illness, vacation
- Include self-care and team-care in mission statement
- Address self-care and team-care in team meetings



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**Employee Control and Input**


- The organization provides opportunities for staff to provide input into practices and policies.
- The organization reviews its policies on a regular basis to identify whether they are helpful or harmful to the health and well-being of its employees.
- The organization provides opportunities for staff members to identify their professional goals.
- Staff members have formal channels for addressing problems/grievances.
- Other



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**Workload**

- Diversify caseloads
- Provide opportunities for participating in social change activities
- Maintain "attitude of respect" for challenges of working with trauma survivors
- Establish positive relationships with other agencies to ease process for making referrals



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### Work environment

- Provide safe, comfortable, private work environment
- Buddy systems for co-workers
- Utilize security systems, guards as needed
- Encourage personally meaningful items in workspace
- In public areas, post welcoming images/signs, inspiring posters, scenic pictures in public areas (instead of rules and regulations)
- Provide space for taking breaks, resting



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### Supervision

- Make sure everyone has a supervisor
- Help staff learn how to be effective supervisees
- Ensure that supervision happens on a regularly scheduled basis
- Equip supervisors to provide trauma-informed supervision (particular focus on supportive and educative functions of supervision)



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### Resources for self-care

- Model and encourage positive self-care
- Utilize self-care self-assessment tool
- Form peer support groups
- Organize periodic team retreats
- Provide structured opportunities for physical activity, yoga, meditation, play, music, writing, art
- Make counseling/mental health resources available to staff



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### Education and training

- Educate staff about secondary traumatic stress (starting in job interviews)
- Learn about trauma, its impact, and trauma-informed care approaches (via books, e-books, videos, workshops, etc.)



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### Group support

- Encourage social support within the organization – celebrations, grieving, team-building activities, staff retreats, etc. Debrief (both critical incidents and ongoing secondary impact of trauma)
- Peer support groups



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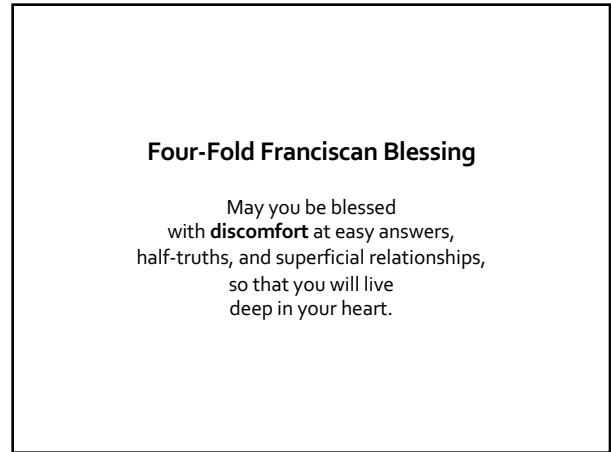


- Less distraction, more intention
- Disconnect less, be present more
- Less attachment, more curiosity
- Less depletion, more stamina
- When to step away

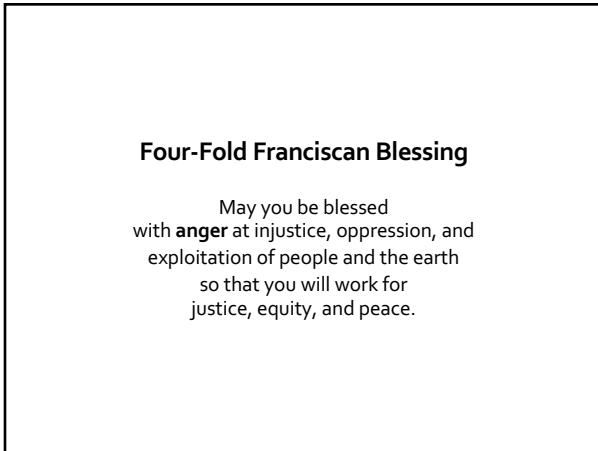
102



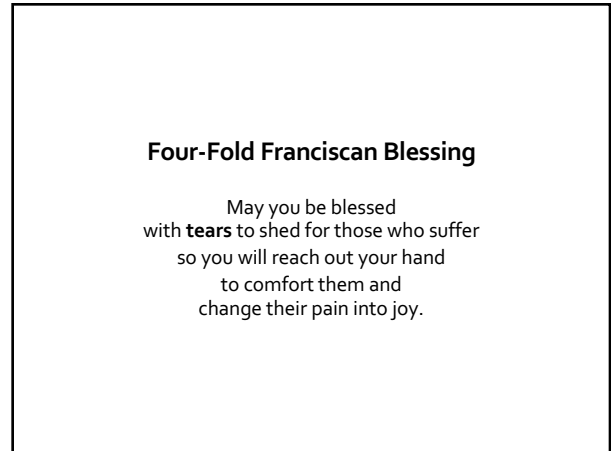
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