# Understanding Trauma, Resilience and Trauma-Informed Care

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Penn Medicine Lancaster General Health

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changing the conversation about mental health



## MODULE 3

## Trauma Histories and Trauma-Informed Responses

Trauma Histories and Universal Precautions
Using Trauma-Informed Responses
Becoming a Trauma-Informed Organization



## How do we know if someone has a trauma history?

**Universal precautions** approach:

* Assume virtually everyone has experienced trauma at some point
* Change the question from "What's wrong?" to "What happened?"
* Adopt universal trauma-informed practices that will serve everyone - without having to know specifics of their trauma history

## How do we know if someone has a trauma history?

**Trauma Screening/Assessment CAUTIONS & CONSIDERATIONS**

- ✦ Who to screen/assess and why? How will the info be used?
- ✦ Selecting appropriate screening/assessment tool
- ✦ Self-report vs Administered by staff (how?)
- ✦ Proper training of professionals doing assessments; culturally sensitive
- ✦ When & where to administer (intake? After relationship established? Care coordination to avoid re-screening; Appropriate setting? )
- ✦ Potential triggering/re-traumatization for clients
- ✦ Added vicarious trauma for staff
- ✦ Privacy/confidentiality: How will info be stored? Who will have access?
- ✦ Mandated reporter concerns
- ✦ Appropriate resources/referrals for follow-up

(Center for HealthCare Strategies, Inc - Technical Assistance Tool: Feb 2019 "Screening for Adverse Childhood Experiences and Trauma" - https://www.chcs.org/resource/screening-for-adverse-childhood-experiences-and-trauma/



## How do we know if someone has a trauma history?

**Trauma screening/assessment tools**

- ✦ Original ACEs Quiz
- ✦ Variations on original ACEs quiz
- ✦ Center for Youth Wellness' Adverse Child Experiences Questionnaire (CYW ACE-Q) - Dr Nadine Burke Harris (https://centerforyouthwellness.org/aceq-pdf/)
- ✦ Life Events Checklist (SAMHSA (https://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp)
- ✦ Trauma History Screen (National Ctr for PTSD: https://www.ptsd.va.gov/professional/assessment/te-measures/ths.asp )
- ✦ Integrated with other assessments (social determinants of health)

**Strengths-based assessments**

- ✦ Deveraux Adult Resilience Scale (DARS)

(Center for HealthCare Strategies, Inc - Technical Assistance Tool: Feb 2019 "Screening for Adverse Childhood Experiences and Trauma" - https://www.chcs.org/resource/screening-for-adverse-childhood-experiences-and-trauma/



## What being trauma-informed is NOT

- ✦ NOT allowing or excusing unacceptable behavior
  - ✦ IT IS about responsibility and accountability
- ✦ NOT about focusing on the negative
  - ✦ IT IS strengths-based, empowering and competency/skill-building
- ✦ NOT just training staff about trauma
  - ✦ IT DOES involve assessing and changing policies, procedures and the physical environment
  - ✦ IT ALSO INCLUDES a focus on staff well-being, and minimizing / addressing secondary and vicarious trauma

**SOURCE: Trauma-Informed Oregon: https://traumainformedoregon.org/**

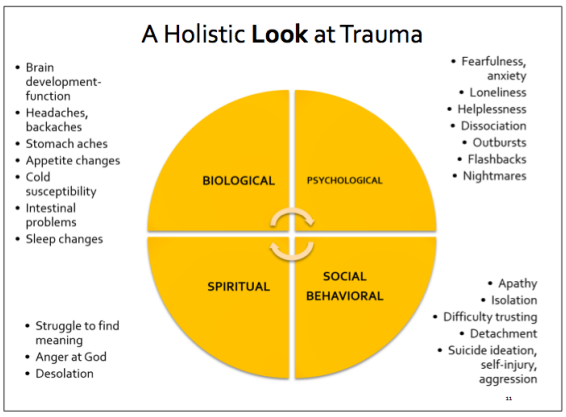
## 4 R's of Trauma-informed organizations

- ✦ **Realize** that impact of traumatic experiences is widespread
- ✦ **Recognize** potential signs and symptoms of trauma
- ✦ **Respond** in ways that promote healing and resilience
- ✦ **Resist** re-traumatization

SAMHSA: Concept of Trauma & Guidance for a Trauma-Informed Approach, 2014



## Recognize potential signs & symptoms of trauma




Source: Tracey Gendron and Gigi Amateau, "Trauma-Informed Care in Nursing Homes," webinar July 24, 2018, presented by HealthInsight. http://bit.ly/HI-TIC.



## ACTIVITY De-brief – Recognizing Trauma

- ✦ Not all challenging behaviors are related to trauma
- ✦ Consider whether trauma may be playing a role before drawing conclusions
- ✦ Trauma survivors develop survival/coping strategies to manage traumatic experiences & their brains & bodies adapt
- ✦ Trauma-related behaviors can be frustrating, but often make sense in the context of the person's experiences

## ACTIVITY De-brief – Recognizing Trauma

| Trauma glasses off | Trauma glasses on |
|---|---|
| **Manipulative** | *Getting needs met in ways that have worked in the past. Doing whatever is necessary to survive.* |
| **Lazy** | *Overwhelmed. Lacking the skills to make decisions about what to do first or to organize.* |
| **Resistant** | *Mistrustful of others due to history of being hurt by others. Scared to make progress and then lose everything.* |
| **Unmotivated** | *Depressed. Fearful. Overwhelmed. "Frozen."* |
| **Disrespectful** | *Feeling threatened, unsafe, out of control.* |
| **Attention-Seeking** | *Feeling disconnected, alone, or unheard by others. Looking for connection.* |

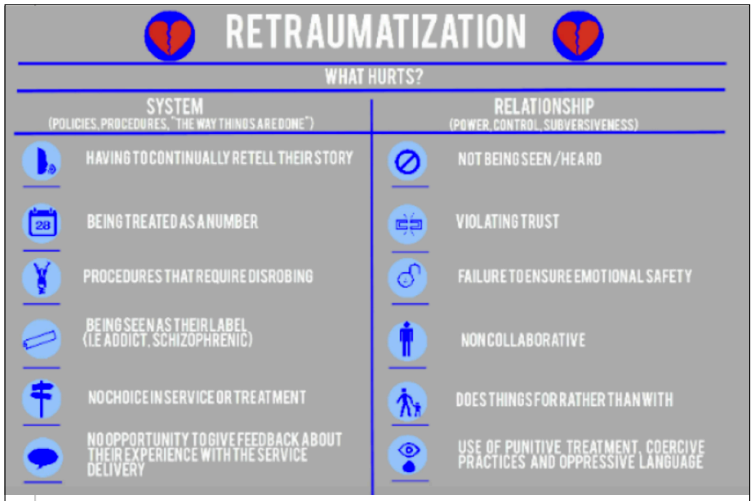


## Resist Re-traumatization

What is re-traumatization?

A situation, attitude, interaction, or environment that replicates the events or dynamics of past trauma and triggers the overwhelming feelings and reactions associated with that past trauma



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## Triggers

- Reminders of past traumatic experiences that automatically cause the body to react as if the traumatic event is happening again in that moment
- Responses can appear confusing and out of place and be misunderstood by others



## Common triggers

- ✦ Loud noises
- ✦ Loud voices, shouting, yelling
- ✦ Physical touch
- ✦ Being approached from behind or having to sit/stand with back to the door
- ✦ Threatening gestures
- ✦ Authority figures
- ✦ Chaos or uncertainty
- ✦ Changes in lighting - lights going on or off
- ✦ Particular spaces (e.g., bathrooms or other spaces with no one else around or that are less monitored)
- ✦ Changes in routine
- ✦ Witnessing violence between others
- ✦ Emergency vehicles and police or fire personnel
- ✦ Situations where one feels helplessness, loss/lack of control



## Common responses when someone is re-traumatized or triggered

- Fight responses: yelling, swearing, posturing, aggressive behavior
- Flight responses: running away, refusing to talk, avoidance, substance use
- Freeze responses: spacing out; appearing numb, disconnected, confused, or unresponsive.

## UNIVERSAL PRECAUTIONS: Trauma-Informed Responses to disclosures of trauma

**RESPOND in ways that promote healing/resilience** **RESIST RE-TRAUMATIZATION**

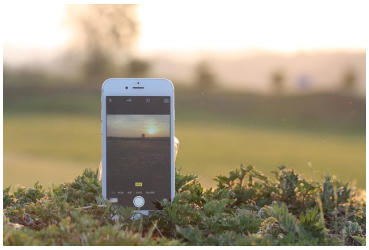
| DO | DON'T |
|---|---|
| • Normalize reactions and responses<br>• Validate the experience and its effects<br>• Re-assure them and let them know they are not alone<br>• Affirm, encourage and offer hope | • Minimize, dismiss or invalidate their experience<br>• Appear to doubt/disbelieve their account of what happened<br>• Respond in ways that suggest you hold the person responsible for the incident ("shaming and blaming")<br>• Inquire about details of the trauma episode at this time<br>• Compare or bring up your own experiences of trauma and how you responded |
| **Helpful responses** | **Not helpful / potentially harmful responses** |
| I'm sorry this happened to you. | It's not that bad. |
| I believe you. | Are you sure that's what happened? |
| This is not your fault. | What were you doing in a place like that? |
| You're not alone. I'm here for you and I'm glad you told me. | It's not that big of a deal. I'm sure you'll get over it soon. |
| No one ever has the right to hurt you. | What were you doing that might have caused this? |
| I know that this has happened to others. | Worse things have happened to other people. |
| That must have been very frightening. | At least . . . |

**SOURCES:**
* Lisa M. Brown, Assessing, Intervening & Treating Traumatized Older Adults, 4th biennial trauma conference, Addressing Trauma Across the Lifespan: Integration of Family, Community & Organizational Approaches, Pikesville, MD, October 2013.
* Karen Heller Key, Resilience for All Ages, Foundations of Trauma-Informed Care: An Introductory Primer. https://www.leadingagemaryland.org/page/RFA-resources.



## Remember . . . Self Care

- Good self care is NOT selfish
- It is our professional and ethical responsibility
- Daily practices to re-charge our physical, emotional, relational and spiritual "batteries"





## UNIVERSAL PRECAUTIONS to reduce risk of potential triggering with necessary policies/procedures

Key Principles:

- Respect
- Information
- Safety
- Choice

**UNIVERSAL PRECAUTIONS to reduce risk of potential triggering with necessary policies/procedures**

Steps to reduce stress, risk of re-traumatizing:

- Think about the physical environment where the procedure will be carried out – make as calm/comfortable as possible
- Acknowledge their potential feelings ("I understand that this may be difficult")
- Explain reason for procedure/policy
- Explain process steps, amount of time, what to expect
- Offer choices when possible
- Suggest "coping" strategies
- Check in afterward, re-acknowledge feelings, and re-assure

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## VIDEO Debrief

Tonier Cain's Trauma History

- CHILDHOOD TRAUMA
  - **ACEs Score=10** (physical, sexual & emotional abuse; physical & emotional neglect; frequent sexual molestation by mother's boyfriends; mother's addiction, mental illness, incarceration, domestic violence; mother disappeared often for days, leaving Neen in charge of younger siblings with no food, no heat)
  - Homelessness, eviction, poverty, food insecurity
  - Foster care; separated from siblings with no explanation
  - Age 15: mother "gave" Neen to much older man to "marry" in exchange for drugs - domestic violence
- Internalized messages:
  - I must be a bad child - "my fault"
  - Adults can't be trusted
  - This is just how life is
  - The unfamiliar (foster care) was much more terrifying than the familiar where at least she knew what to expect and had her "survival strategies"
- Adopted survival strategies
  - Age 9: started drinking leftover alcohol from adults' parties to numb/mentally escape molestation and abuse
  - Age 14: attempted suicide
  - Age 18: introduced to crack cocaine ==> "escape" from realities of her life

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## VIDEO Debrief

Tonier Cain's Trauma History

- ADULT TRAUMA
  - Domestic violence
  - Multiple rapes
  - 19 years homeless
  - 83 arrests, 66 convictions/incarcerations
  - Lost 3 children to child welfare system
  - Addiction: over 30 stays in 28-day rehab programs
- Internalized messages:
  - I am nothing, I'm never going to amount to anything
  - This is just how my life is going to be
  - I'll probably die on the streets or in prison

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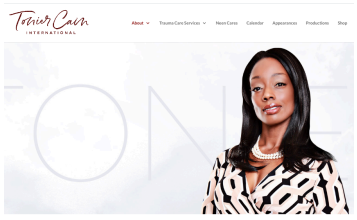
## VIDEO Debrief

Where is Tonier Cain today?

- Documentary film about her life
- Author of two books: autobiography “Healing Neen”; “Relationships After Trauma"
- Re-united with 3 of her children lost to child welfare system
- Was team leader for National Ctr for Trauma Informed Care
- Internationally renowned motivational speaker
- Successful business owner of 3 separate businesses
- Mentors/coaches other traumatized women
- Founder/CEO of non-profit "Neen Cares”
- Hosts annual trauma conference

What Tonier Cain's story tells us:

***We can never afford to give up on ANYONE***




Meet Tonier...

Trauma survivor and internationally recognized trauma informed care expert.



## VIDEO Debrief

What made a difference for Tonier Cain (“Neen”)?

- **Trauma-informed approach**
  - Changing the question, from“what is WRONG with her?” To “What has HAPPENED to her?”
- Understanding impact of her early childhood trauma on her brain development, social & emotional development
- A sense of **safety** for the first time in her life
- Feeling **empowered** (a focus on her strengths & possibilities instead of just barriers, limitations)
- Change in her **beliefs** about herself: from “I am nothing, I’m never going to amount to anything” to “I am somebody, I can do good things with my life”
- “Where there’s breath, there’s **hope**!”

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## Becoming a Trauma-informed organization

✦ *"The implementation of a trauma-informed approach is an* ***ongoing organizational change process****.*

✦ *a "trauma-informed approach" is not a program model that can be implemented and then simply monitored by a fidelity checklist.*

✦***Rather, it is a profound paradigm shift*** *in knowledge, perspective, attitudes and skills that continues to deepen and unfold over time."*

*Missouri Model: A Developmental Framework for Trauma Informed Approaches, MO Dept. of Mental Health and Partners (2014).* https://dmh.mo.gov/trauma/MO%20Model%20Working%20Document%20february%202015.pdf



## SAMHSA's Concept of TIC

| 3 E's of Trauma | 4 R's Key Assumptions | 6 Key Principles | 10 Implementation Domains |
|---|---|---|---|
| 1. Events | 1. Realization | 1. Safety | 1. Governance and Leadership |
| 2. Experience | 2. Recognize | 2. Trustworthiness and Transparency | 2. Policy |
| 3. Effects | 3. Responds | 3. Peer Support | 3. Physical Environment |
| | 4. Resist Re-traumatization | 4. Collaboration and Mutuality | 4. Engagement and Involvement |
| | | 5. Empowerment, Voice, and Choice | 5. Cross Sector Collaboration |
| | | 6. Cultural, Historical, and Gender Issues | 6. Screening, Assessment, and Treatment Services |
| | | | 7. Training and Workforce Development |
| | | | 8. Progress Monitoring and Quality Assurance |
| | | | 9. Financing |
| | | | 10. Evaluation |

Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* HHS Publication No. (SMA) 14-4844. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf



## Summary

✦ In Module 3, we've looked at:
- ✦ Trauma Histories and Universal Precautions
- ✦ Using Trauma-Informed Responses
- ✦ Becoming a Trauma-Informed Organization

✦ In Module 4, we'll explore:
- ✦ Our own trauma (trauma histories, vicarious trauma, compassion fatigue)
- ✦ Building our resilience
- ✦ Practicing cultural humility
- ✦ Using trauma-informed practices
- ✦ Practicing self-care