Trauma-Informed Care: What It Is and How to Integrate It into Your Practice

Los Angeles Opportunity Youth Collaborative
July 21, 2021

Katelyn Donisch, PhD, MSPH

Angela M. Tunno, PhD, MS

A PARTNER IN
NCTSN
The National Child
Traumatic Stress Network

ASAP ACT, SUPPORT AND PROTECT

UCLA-DUKE TRAUMA-INFORMED ADOLESCENT SUICIDE, SELF-HARM, AND SUBSTANCE ABUSE TREATMENT AND PREVENTION CENTER

Getting Connected on Zoom

- When not speaking, please put yourself on **mute** to avoid background noise

- We would love to "see" you but also understand the complex world of video calls – do what's best for you! If you feel comfortable, please turn on your camera.

- Go ahead and pull up the chat feature on your Zoom as we will utilize that feature throughout the presentation. We encourage discussion, questions, and feedback.

- No worries/pressure about avoiding unwanted interruptions. We are doing the best we can!

Self-Care Alert

- Topics covered can be difficult
- Monitor own distress level
- Step away from screen
- Take breaks from being on screen
- Text a friend
- Do something relaxing
- Orient and breathe

(Tunno, 2020)

Acknowledgements

- Ernestine Briggs-King, PhD
- Heather Pane Seifert, PhD

NCTSN — The National Child Traumatic Stress Network

ASAP — ACT, SUPPORT AND PROTECT

UCLA-DUKE TRAUMA-INFORMED ADOLESCENT SUICIDE, SELF-HARM, AND SUBSTANCE ABUSE TREATMENT AND PREVENTION CENTER

Objectives

Identify	The essential elements of a trauma-informed approach.
Define	Types of traumatic events.
Describe	The impact of traumatic events on youth behavior and recognize how to interpret or understand these behaviors.
Characterize	Psychological safety and ways to promote psychological safety in practice.
Recognize	Factors that enhance youth resilience.

In the Chat Bar...

- Please take a few moments to type in some things that you think would be most helpful about applying trauma-informed approaches in the work you do.
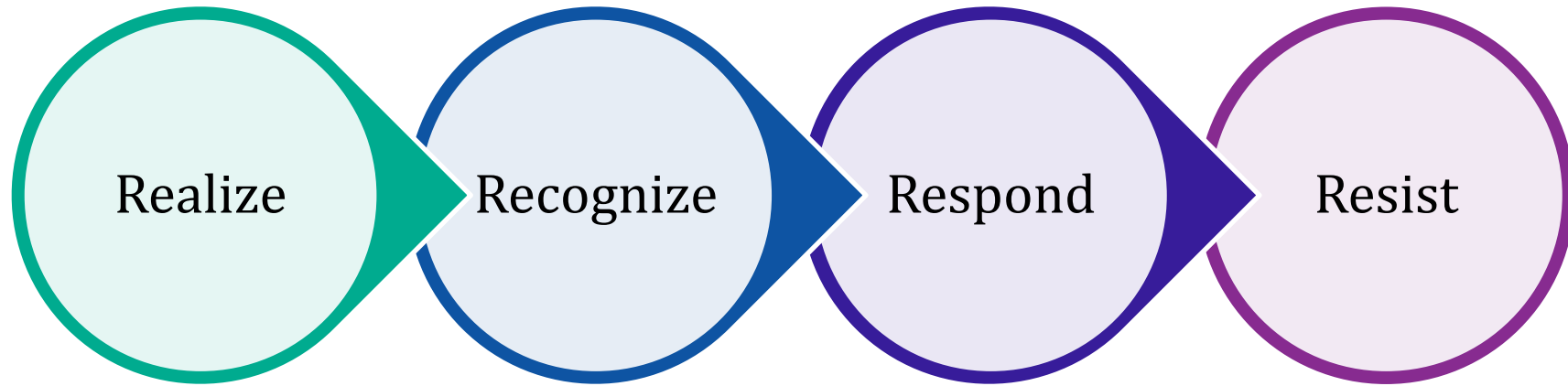
What is a Trauma-Informed Approach?

Trauma-Informed Approach (Four R's)

A trauma-informed program, organization, or system:

Realize → **Recognize** → **Respond** → **Resist**

Realizes the widespread impact of trauma and understands potential paths for recovery.

Recognizes signs and symptoms of trauma in children, families, staff, and others involved in the system.

Responds by fully integrating knowledge about trauma into policies, procedures, and practices.

Resists re-traumatization of children, as well as the adults who care for them.

(SAMHSA, 2014)

Principles of a Trauma-Informed System

Safety

Trust

Empowerment

Collaboration

Peer Support and Trauma Competence

Cultural, Historical, Linguistic, and Gender Responsiveness

Principles of a Trauma-Informed System

Using trauma-lens in all aspects of our work: interactions, policies, programs, and general approach

- **Safety:** Physical and psychological safety

- **Trust:** Transparency and dependability

- **Empowerment:** Voice and choice to extent possible

- **Collaboration:** Work as team and give opportunities for youth to make decisions about managing their behavior

- **Peer Support and Trauma Competence**: Recognize impact and remind one another of this impact

- **Cultural, Historical, Linguistic, and Gender Responsiveness**: move past stereotypes and own implicit biases across intersecting identities. Respect through words and actions for different beliefs, experiences and philosophies
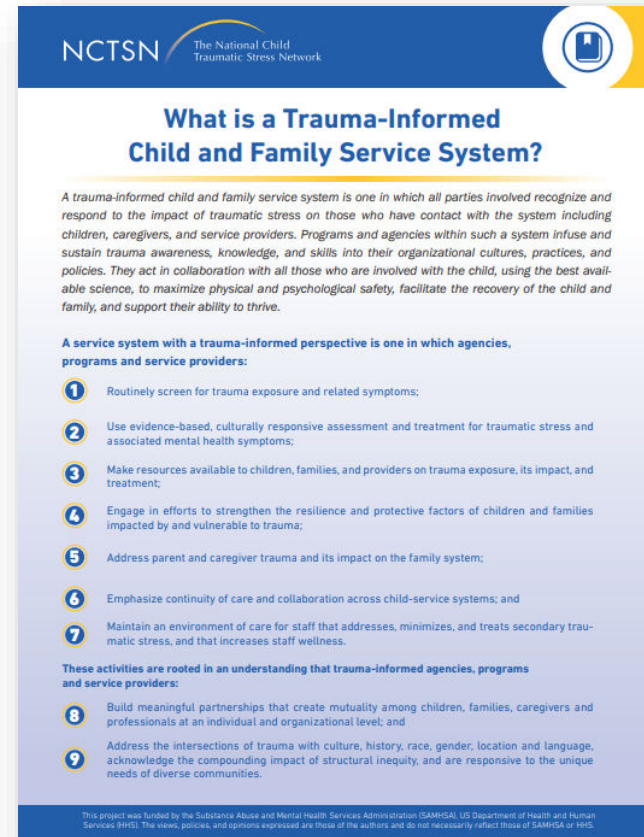
In the Chat Bar

- Considering SAMHSA's 4 R's and/or NCTSN's principles of a trauma-informed approach:
  - What do you think your agency or organization does well?
  - What could your agency or organization improve upon?
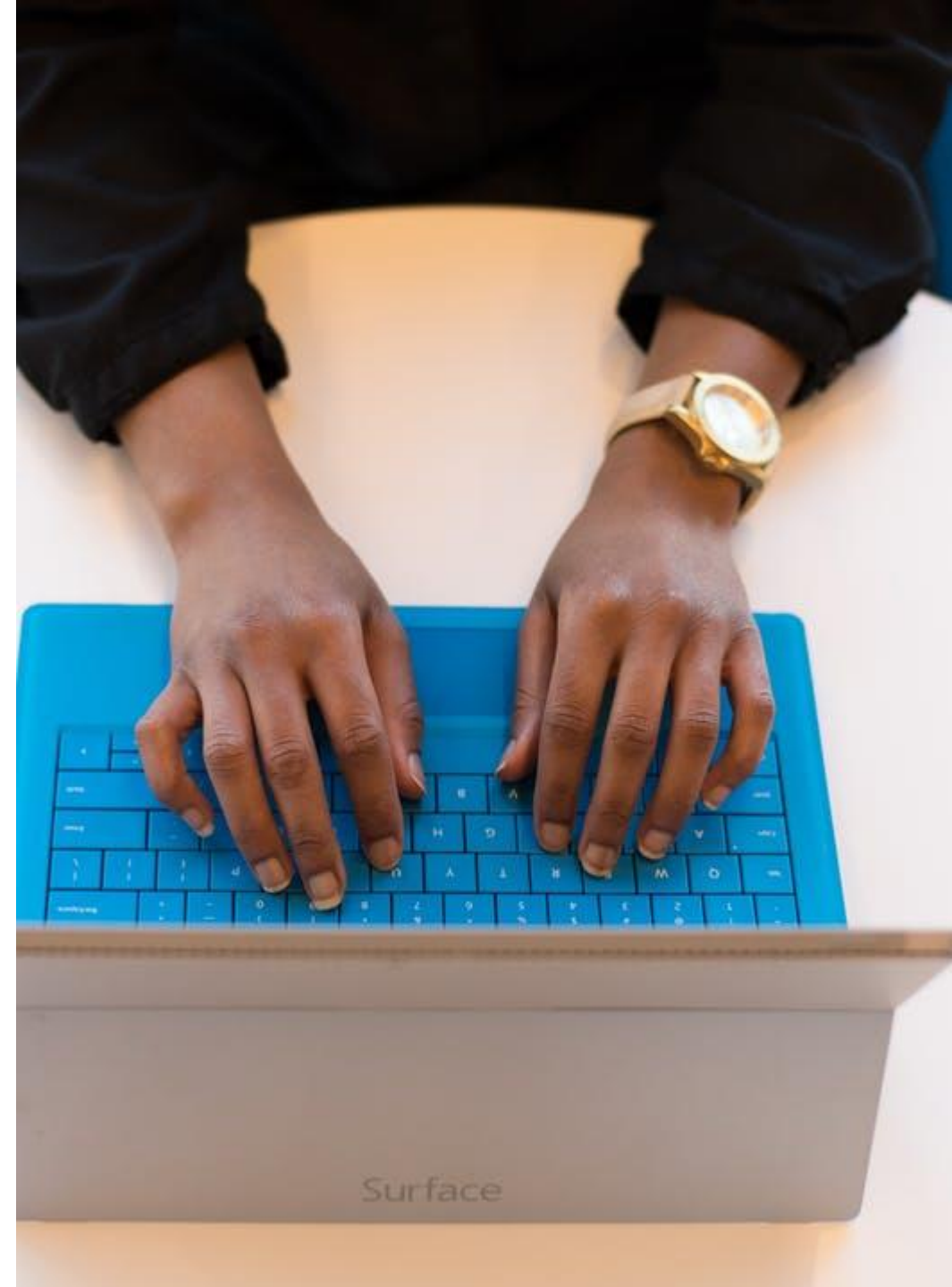
Helpful Resources:
Trauma-Informed Approach and Systems Resources
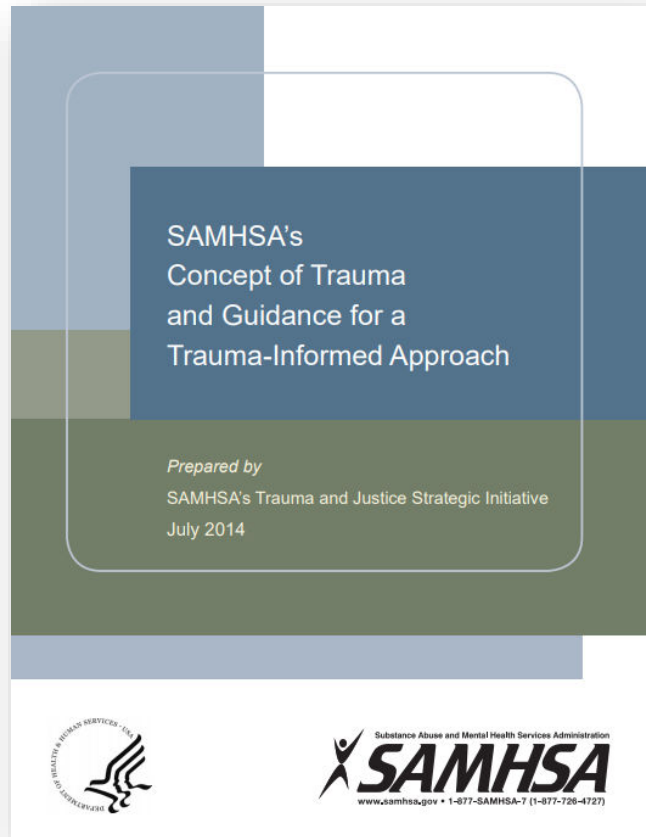
https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

https://www.nctsn.org/sites/default/files/resources//what_is_a_trauma_informed_child_family_service_system.pdf

Defining Trauma

In the Chat Bar...

- What word comes to mind when you think of trauma?
- What makes something *traumatic* as opposed to *stressful*?

What Is Traumatic Stress?

Exposure to events that involve threats of **injury, death,** or **danger** during which intense **terror, anxiety,** and **helplessness** are experienced.

Can occur via **direct experience, witnessing** the event, or even **hearing about** the event.

Intense physical effects, including rapid heartbeat and breathing, shaking, dizziness, and/or loss of bladder or bowel control.

Reactions **vary with age**, but even very young children experience intense reactions.

(Gerrity, 2013; NCTSN, 2010)

Another Way to Think About It -- The Three "E"s

Event – actual or extreme threat of physical or psychological harm and/or neglect that impacts healthy development

Experience – how the individual interprets and is disrupted physically and psychologically by the trauma

Effects – adverse impact of trauma that may be short or long in duration (e.g., heightened stress response, inability to concentrate)

Acute Trauma

- Single event that lasts for a limited time

- Even during a brief event, a child can experience a number of thoughts, feelings, and physical responses

What are some examples of acute traumas your clients may have experienced?

(Caring for Children Who Have Experienced Trauma, 2010)

Chronic Trauma

- Experience of multiple traumatic events, often over a long period of time

- Can be similar or different traumatic events over time

- Effects of chronic trauma build on each other

(Caring for Children Who Have Experienced Trauma, 2010)

Complex Trauma

- Describes a type of chronic trauma and its effects on children:
  - Multiple traumatic events that begin at a very young age (<5)
  - Caused by adults who should have been caring for and protecting the child

(Caring for Children Who Have Experienced Trauma, 2010)

Historical Trauma/ Intergenerational Trauma

- Refers to the cumulative emotional harm of an individual or generation caused by a traumatic experience or event

- As a **collective phenomenon,** those who never even experienced the traumatic stressor, such as children and descendants, can still exhibit signs and symptoms of trauma

(https://www.racialequitytools.org/resources/fundamentals/core-concepts/racism)

Race-Based Trauma or Racial Trauma

- "Ongoing individual and collective injuries due to exposure and re-exposure to race-based stress"

- "Such experiences may include threats of harm and injury, humiliating and shaming events, and witnessing discrimination..."

- The physical and psychological symptoms people of color often experience after being exposed—directly or indirectly—to stressful/traumatic experiences resulting from racism

(Comas-Diaz, Hall, & Neville, 2019)

Structural & Institutional Racism

- **Structural Racism in U.S.**: Normalization and legitimization of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color

- **Institutional Racism:** Policies, practices, and procedures that work to the benefit of white people and the detriment of people of color, usually unintentionally or inadvertently.

"A focus on structural racism is essential to advance health equity and improve population health"

(Bailey et al., 2017; Krieger, 2014; https://www.racialequitytools.org/resources/fundamentals/core-concepts/racism)

Individual Racism

- **Individual Racism -** The beliefs attitudes, and actions of individuals that support or perpetuate racism

- Pre-judgment, bias, stereotypes or generalizations about an individual or group based on race

- Individual racism can occur at both an unconscious and conscious level

- It can be both active and passive

(https://www.racialequitytools.org/resources/fundamentals/core-concepts/racism)

Intersectionality

- **"…a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other.** We tend to talk about race inequality as separate from inequality based on gender, class, sexuality or immigrant status. What's often missing is how some people are subject to all of these, and the experience is not just the sum of its parts."

-Professor Kimberlé Crenshaw

Application: Story of Unique

https://www.youtube.com/watch?v=TIgMV2vmwBY

(Changing Minds, n.d.)

Application: Story of Unique

- Did Unique describe exposure to any potentially traumatic events? If so, what were they?
  - School violence (e.g., fights at school, students brought knives to school)
  - Severe injury or death of a friend
  - Bullying (i.e., saw "nasty message in bathroom)
- What other types of trauma might Unique have experienced as a teen?
  - Individual racism
  - Structural and institutional racism
  - Historical trauma

Adverse Childhood Experiences (ACEs)

- *Potentially* traumatic events and/or aspects of a child's environment that can undermine a sense of safety, stability, and bonding with a caregiver

- Occur in childhood and adolescence (0-17 years)

- Often known as the ten childhood adversities studied as part of the CDC-Kaiser Permanente ACE Study (public health study)

(CDC, 2020; Felitti et al., 1998; Morrison, Ingoldsby, & Cairone, 2020)
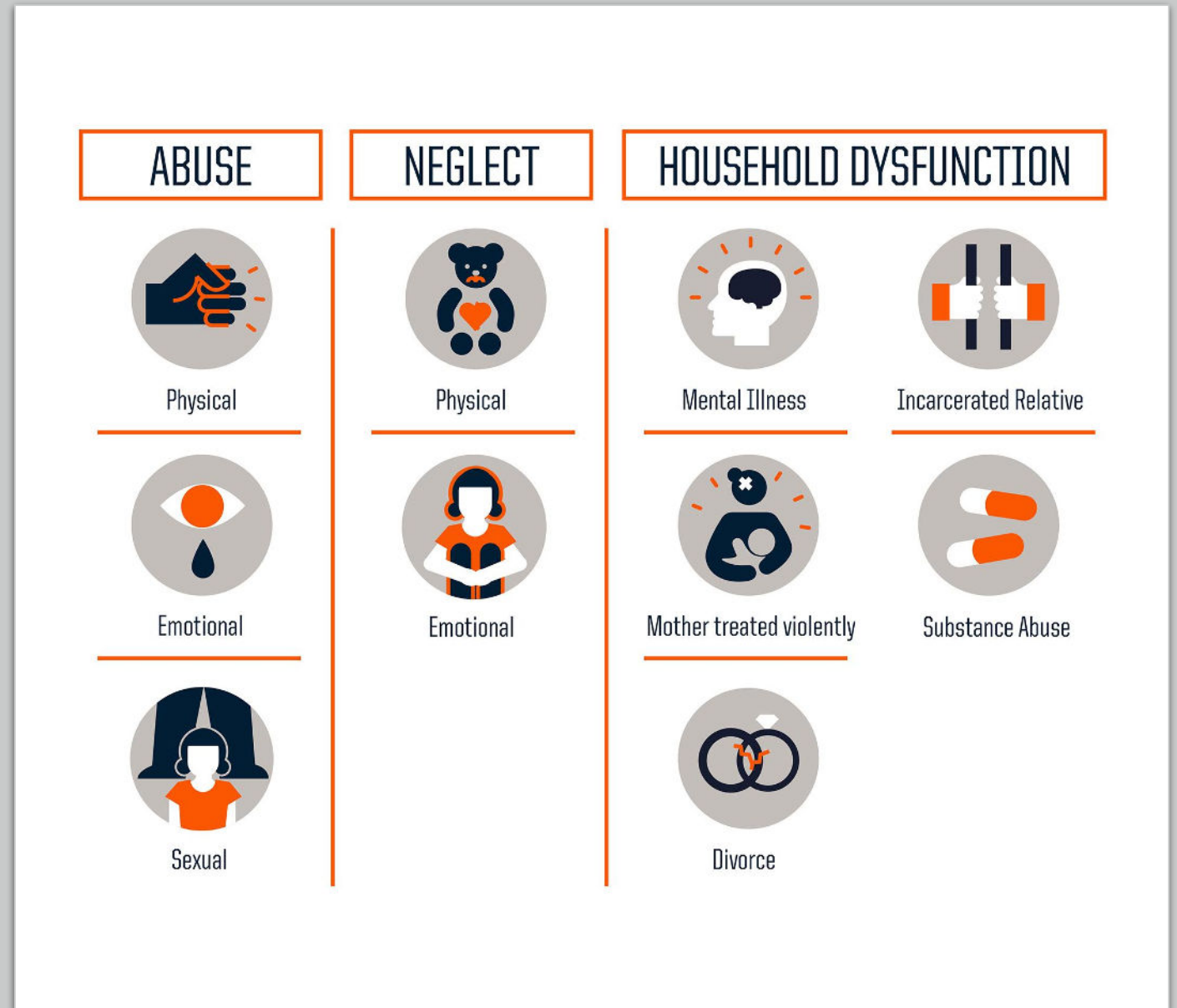
Significance of ACEs

- Original study raised strong public awareness of the high occurrence and impact of adverse or negative life events in children's lives.
  - Developed as an epidemiological (public health) research tool reaching thousands of adults.
  - Participants in the original study: 74.% identified as White, 46.4% over 60 years of age, 74.2% college-educated, 100% insured.
  - Prompted additional research on the relationship between adversity in childhood and adult mental, behavioral, and physical illness.

(CDC, 2020; NCTSN ACEs Work Group, NCTSN, 2016)

Caution!
Using the ACEs Screener

- **ACEs screening may have unintended consequences with youth and adults:**
  - Is not developmentally or culturally sensitive
  - Potential to re-traumatize youth and families
  - May contribute to stigma and a deficits focus (i.e., does not address resilience)
  - Ethical concerns as screening of what to do after screening

- **Other important considerations:**
  - Covers only a portion of adversity – *What's missing?*
  - Considers all adverse experiences to be "equal" (i.e., does not address severity, chronicity, perpetrator)
  - Does not meet the two criteria for gold standard trauma screening: assessment of trauma <u>and</u> trauma reactions/symptoms

(Murphy & Bartlett, 2019)

Helpful Resources

https://www.nctsn.org/resources/what-child-traumatic-stress

https://www.nctsn.org/resources/beyond-the-ace-score-perspectives-from-the-nctsn-on-child-trauma-and-adversity-screening-and-impact

Impact of Trauma

Preparing for Action

Tensed muscles

Heart rate and blood pressure increase

Breathing rate increases

Release of adrenaline and cortisol

Digestion slows
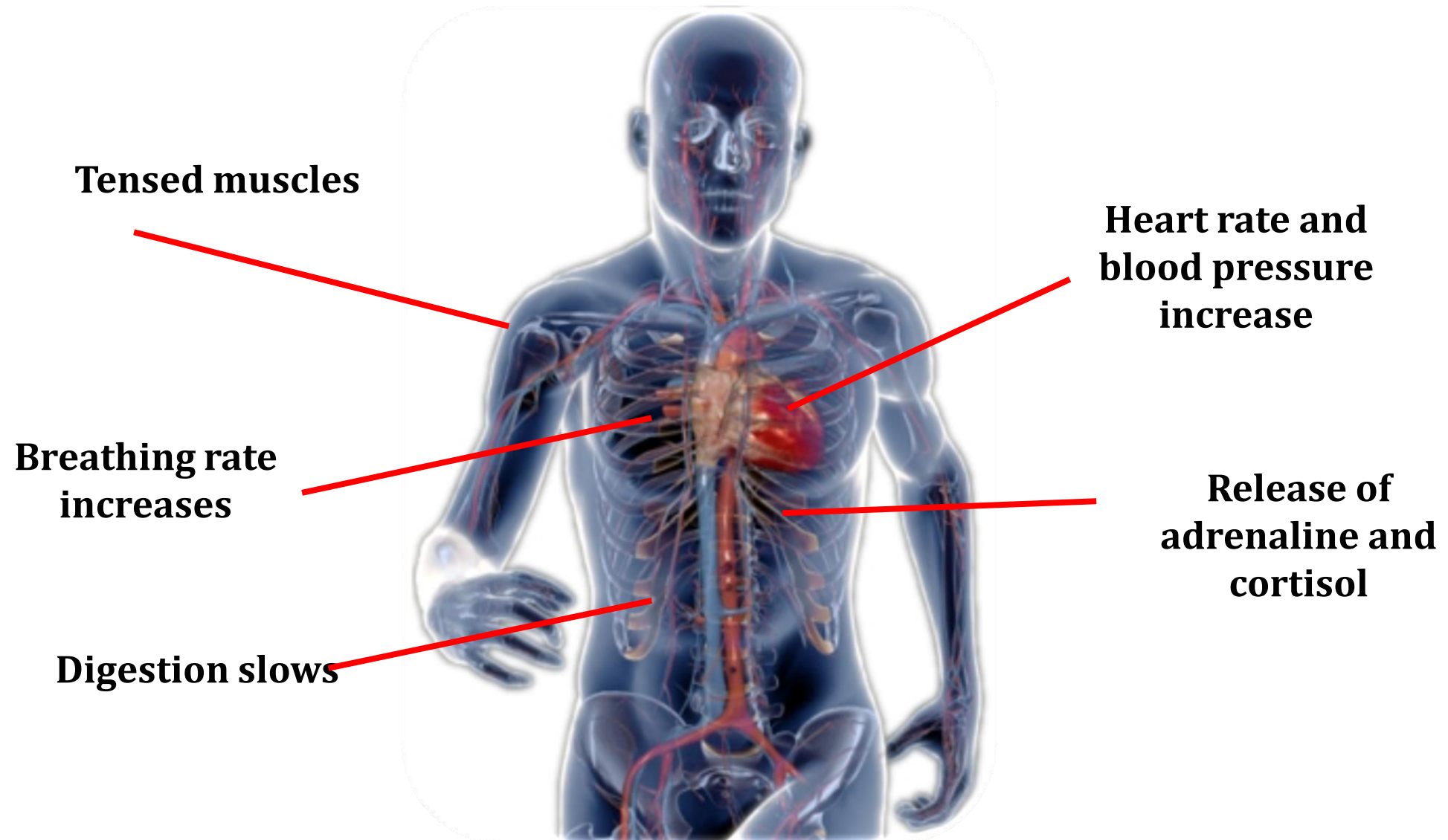
Understanding the Brain

Survival Brain
(Limbic System)

- Seeing threat
- Remembering danger
- Preparing to protect
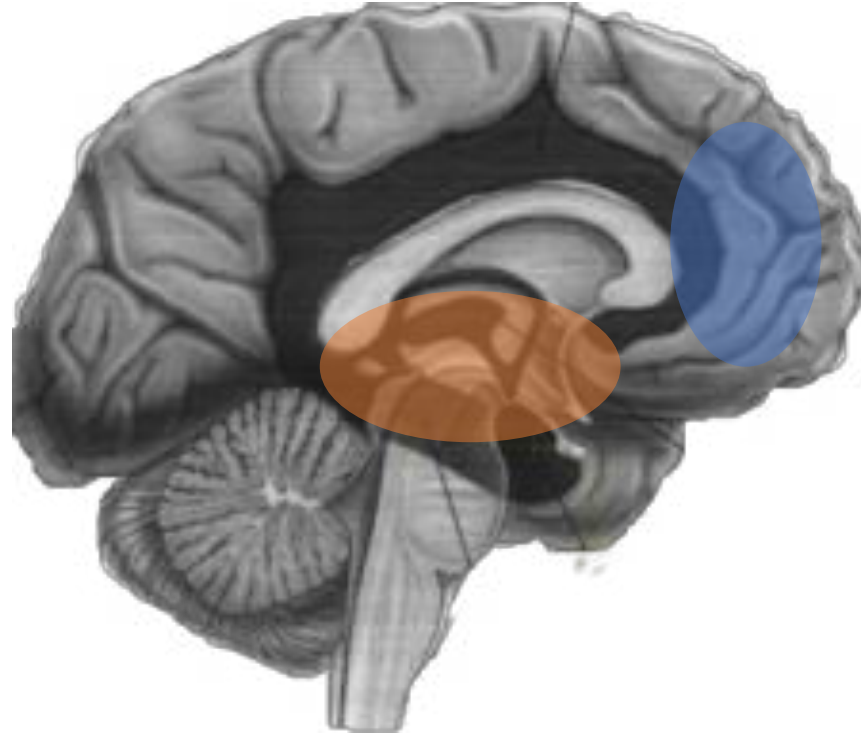
Learning/Thinking Brain

(Prefrontal Cortex)

- Controlling impulses
- Thinking through decisions and effective protection strategies

What types of survival behaviors do you see in your work with transition-age youth?

Helpful Resource: Understanding the Brain

Explaining the Brain to Children and Adolescents
https://vimeo.com/109042767?ref=em-share

What impact(s) of trauma do you see most frequently in transition-age youth?

Impact of Childhood Trauma

Cognition
- Impaired readiness to learn
- Difficulty problem-solving
- Language delays
- Problems with concentration
- Poor academic achievement

Physical health
- Sleep disorders
- Eating disorders
- Poor immune system functioning
- Cardiovascular disease
- Shorter life span

Brain development
- Smaller brain size
- Less efficient processing
- Impaired stress response
- Changes in gene expression

Emotions
- Difficulty controlling emotions
- Trouble recognizing emotions
- Limited coping skills
- Increased sensitivity to stress
- Shame and guilt
- Excessive worry, hopelessness
- Feelings of helplessness/lack of self-efficacy

Behavior
- Poor self-regulation
- Social withdrawal
- Aggression
- Poor impulse control
- Risk-taking/illegal activity
- Sexual acting out
- Adolescent pregnancy
- Drug and alcohol misuse

Relationships
- Attachment problems/disorders
- Poor understanding of social interactions
- Difficulty forming relationships with peers
- Problems in romantic relationships
- Intergenerational cycles of abuse and neglect

Mental health
- Depression
- Anxiety
- Negative self-image/low self-esteem
- Posttraumatic Stress Disorder (PTSD)
- Suicidality

(Dym Bartlett & Steber, 2019)

Application: Story of Unique

- What traumatic stress symptoms did Unique or others describe?
  - **Behavioral symptoms:**
    - Shy, withdrawn
    - Screaming, kicking, punching walls, ran out of school
  - **Emotional symptoms:**
    - Felt fearful
    - Felt invisible, defeated (i.e., "Maybe I should just give up")

Establishing Safety

Physical and Psychological Safety

- Psychological safety is <u>not the same</u> as physical safety
- **What are some things we do to make sure youth are physically safe?**
- Psychological safety = safety for mind and emotions
  - Feel and believe they are safe and can handle stressful situations (getting help when needed)
- Youth definition of "safety" might be different than what is expected
- To help youth who have experienced trauma feel safe, you will need to look at the world through his/her "trauma lens"
- Feeling safe – stability to decrease activation of survival brain

What Could Happen if Feeling Psychologically Unsafe?

- Focus on protecting self and avoiding danger: **How would that look?**
  - May not perceive or process information accurately (in survival brain)
  - May refuse to talk (shut down, disengage)
  - Have difficulty trusting adults to protect them
  - May agree to anything or give false information to be able to leave
  - May have difficulty controlling reactions to perceived threats
  - Others?

How to Promote Psychological Safety

- Truly listening to youth and asking questions to understand experience

- Predictability (posting schedule and change in schedules)

- Keeping information confidential that is supposed to stay confidential

- Remaining firm on rules and limits

- Being consistent with youth – sticking to your word and dependability

(Think Trauma, 2020)

How to Promote Psychological Safety (Cont'd)

- Meet in space with minimal distractions, if possible

- Meet away from other parties who might be triggering client, if possible

- Honesty and transparency (not the same as reassurance)

- Watch for signs of traumatic stress reactions

- Take time to regulate, care for self, and debrief with supervisor when difficult interactions occur

(NCTSN, Justice Consortium Attorney Workgroup Subcommittee, 2017)

Symptoms of Trauma Reminders

- Recognize **signs that youth is experiencing a trauma reminder** so that behavior is better understood by staff and the youth

- Look out for **fight, flight or freeze** reactions when being reminded of trauma exposure
  - Fight: verbally aggressive, combative, confrontational
  - Flight: refusal to answer questions, attempts to leave the meeting, running away
  - Freeze: "shutting down", dissociative symptoms (e.g., spacing out)

- How can trauma reminder behaviors be misconstrued?

(NCTSN, Justice Consortium Attorney Workgroup Subcommittee, 2017)

Other Symptoms of Trauma Reminders

- Lashes out verbally or physically
- Defiant or disrespectful
- Difficulty concentrating on questions
- Shuts down, stops talking
- Jumpy and fidgety
- Sudden and dramatic shifts in mood
- Spacing out
- Speech gets louder and faster
- Tries to leave situation
- Adopts regressive behavior (thumb sucking, rocking)

(NCTSN, Justice Consortium Attorney Workgroup Subcommittee, 2017)

Trust, Empowerment, and Collaboration

- **Why would trust, empowerment and collaboration be key factors in a trauma informed system?**

- Safe relationships can motivate youth to be willing to learn new skills and discuss difficult topics

- Means to build authentic, genuine connections that lead to trust and promote empowerment

(Think Trauma, 2020; SAMHSA, 2016)

Some Ways to Build Trust with Youth

- Genuineness

- Full Attention

- Communicate with Respect

- Validate Experiences

- Educate self about youth by asking genuine questions about their life experiences

- Remain consistent

- Explain reasons for actions (e.g., discipline, schedule changes)

- PRAISE when they handle high-intensity situations with effective strategies

(Think Trauma, 2020)

Some Ways to Promote Empowerment

- Help youth understand their behavior
  - If appropriate, privately talk to youth about how thoughts/emotions (influenced by life experiences) can be related to reminders and influence behavior
- Promote ways for youth to gain competence and engage in positive activities
- Give a choice, when possible
- Remain consistent (keep to your word)
- Model and support new coping strategies
- Restorative justice practices when possible

(Think Trauma, 2020)

Breakout Groups

Ways that you currently **promote psychological safety**

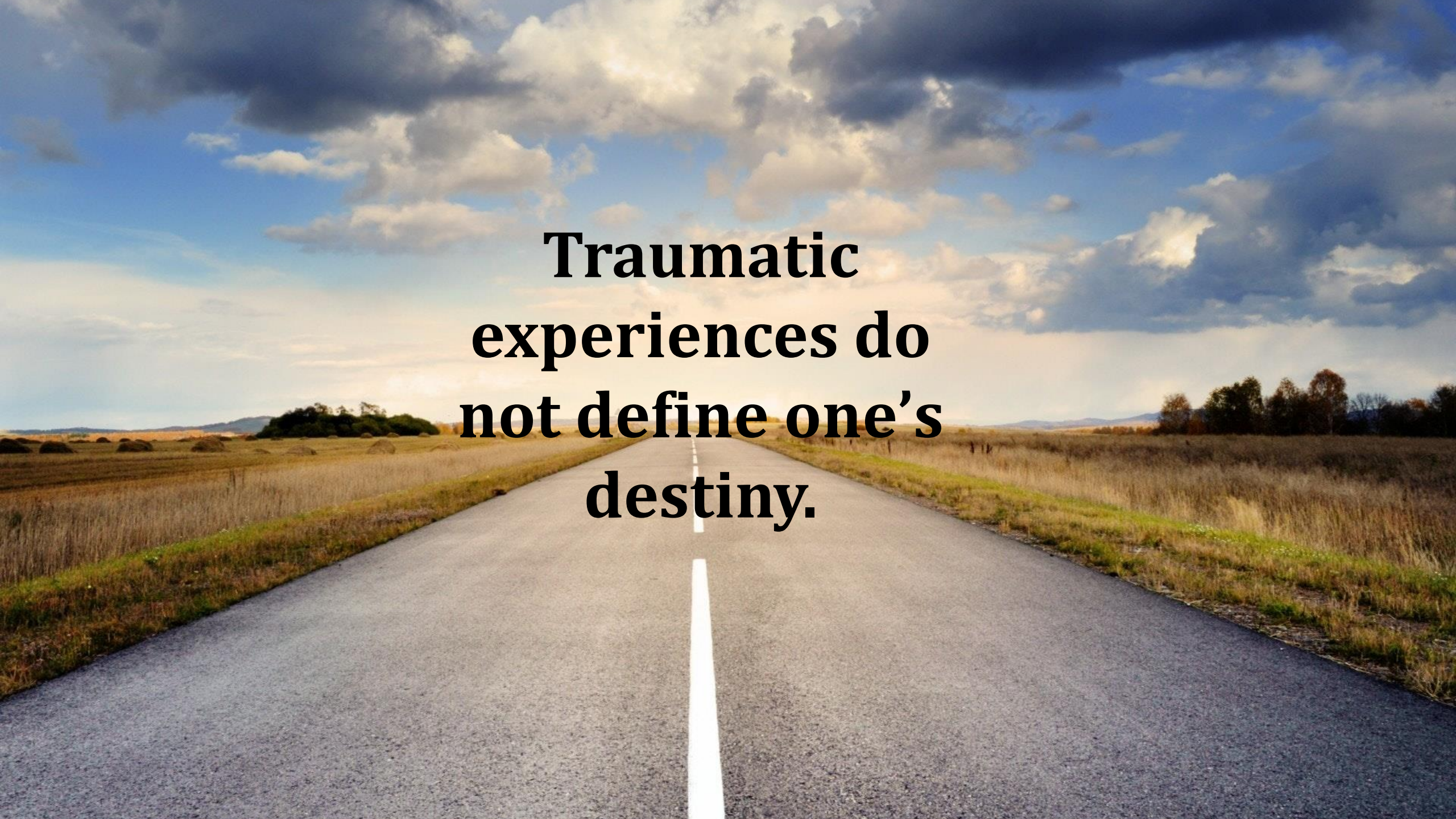Ways that you promote **trust and empowerment**

Challenge: As a group, develop some new ideas of how to promote psychological safety, trust and empowerment with youth at your respective settings

Assign one person to take notes and report back to the large group.

Promoting Resilience

Traumatic experiences do not define one's destiny.

Defining Resilience

- An individual's ability to recover and show adaptation or flexibility after a traumatic event.

- Following a traumatic event, an individual's pathway to resilience can include these elements:
  - Responding with minimal distress or effect on daily functioning.
  - Exhibiting a temporary dip in ability to cope followed by an early and effective return to a usual level of functioning = ebb and flow.
  - Some individuals may have difficulty functioning in certain domains (e.g., job), while showing resilience in other areas (e.g., peer relationships).

Unrealistic to think that youth can bounce right back when faced with serious life challenges and hardships.

(Masten, 2001; Walsh, Pauter, & Hendricks, 2020)

Internal & External Protective Factors

- All people have **protective factors** that help them overcome and respond to traumatic events.
- **Internal protective factors**:
  - Personal strengths and characteristics that influence a person's behavior.
  - Example: Research shows that individuals who have a deeper sense of gratitude (not just saying "thank you") have a higher likelihood of demonstrating resilience since it helps develop and maintain relationships .
- **External protective factors**:
  - Resources/supports that are present in the child or youth's life, and range from intimate family relationships to the broader environment (like school and the community).
- No formula or one-size-fits-all combination of factors can guarantee healthy adaptation.
  - No single external or internal factor can yield resilience on its own.
  - Interaction among different factors and degree to which they are present are critical in understanding someone's response and recovery after trauma.

Application: Story of Unique

- How did Unique demonstrate resilience?

- What internal or external factors may have helped her work through, make meaning of, or receive support for her experience of trauma?
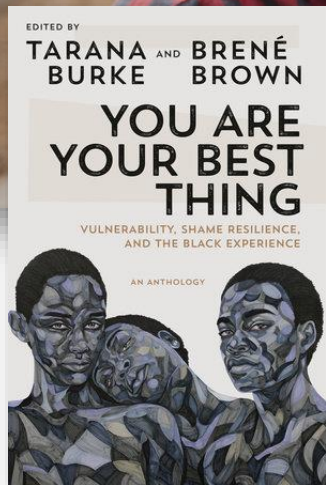
"Healing this generational trauma requires an end to what continues to traumatize us... On the other side of healing is not a return to what has been, but instead a renewed purpose, deeper relationships, and dignity for the collective."

-Prentis Hemphill

In the Chat Bar...

What is one thing that you will do differently in your work because of this training?

Thank You!

Please don't hesitate to contact us with any questions or ideas:

- Katelyn Donisch, PhD, MSPH: katelyn.donisch@duke.edu

- Angela Tunno, PhD, MS: angela.tunno@duke.edu