PRACTICING
TRAUMA-INFORMED CARE

Jeanne Block, RN, MS
Coordinator, Community Addictions Recovery
Specialist (CARS) Program
Project ECHO
UNM Health Sciences Center
Learning Objectives

• To understand defining characteristics of trauma
• To understand the principles of Trauma-Informed Care
• To learn basic interventions and strategies for working with clients with histories of trauma
“[Trauma] is an almost universal experience of people receiving treatment for mental and substance use disorders. The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery.”

— SAMHSA Trauma and Justice Initiative, 2011
How do you define Trauma?
The National Association of State Mental Health Program Directors defines trauma as the *experience of violence or victimization* including:

- sexual abuse
- physical abuse
- severe neglect
- loss
- domestic violence
- witnessing of violence, terrorism, or disasters
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 a person feeling helpless
• It changes the way a person understands himself, the world and others

From the Homeless Resource Center website
Case 1: Robert

- Robert grew up in extreme poverty, often going to bed hungry as a child.
- His father worked on a farm and was killed when a tractor overturned when he was 6. His mother did her best to raise him and his 3 siblings, but sent him to live with an aunt and uncle when he was 8.
- His uncle had an alcohol abuse problem and would often tell him he was “worthless” and hit him with a belt during drinking binges.
- Robert dropped out of school in the 9th grade and ran away when he was 15. He began drinking soon after, and lived on the streets with a group of homeless teens who begged on street corners and often ate out of garbage cans.

• List some of the traumatic events that Robert experienced.
Adverse Childhood Experiences (ACE) Study

• Large-scale epidemiological study of the influence of childhood maltreatment and/or family dysfunction on adult health status
• Collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Clinic in San Diego
• Surveyed more than 17,000 people between 1995-1997
• Included 3 broad categories of adverse childhood experience (abuse, neglect, and household dysfunction) with a total of 10 scores (1 point for each ACE category before age 18)
• Prospective study of the health status of participants is ongoing
Some Outcomes of the ACE Study

• Strong dose relationship between breadth of exposure to adverse childhood experiences and many leading causes of death, including heart disease, liver disease, cancer, and chronic lung disease

• **ACE scores were highly correlated with smoking, alcohol use, and injection drug use - as ACE scores ↑, drug use ↑**

• Comparing participants with ACE scores of 0 to participants with ACE scores of 6 or more:
  - 250% increase in smoking
  - 500% increase in self-report of alcoholism
  - 4,600% increase in injection drug use

The ACE Study reinforces the importance of prevention and early intervention.
Post-traumatic stress disorder (PTSD)

- Post-Traumatic Stress Disorder (PTSD) is a cluster of symptoms often seen in trauma survivors.
- The “fight-or-flight” response to danger is a healthy reaction meant to protect a person from harm.
- But in PTSD, this reaction is changed or damaged. People who have PTSD often feel stressed or frightened even when they’re no longer in danger.
- PTSD symptoms typically start within three months of a traumatic event. In a small number of cases, PTSD symptoms may not appear until years after the event.
PTSD Diagnosis and Symptoms

According to the DSM-5, for a diagnosis of PTSD, patients must have a stressor (e.g., exposure to death, threatened death, or sexual assault) and a required number of symptoms from each of the 4 categories listed below.

- intrusive memories (1)
- avoidance (1)
- negative alterations in cognition and mood (2)
- anxiety and increased emotional arousal (2)

For a PTSD diagnosis, symptoms must last for more than 1 month and cause significant distress or functional impairment.

US Dept. of Veteran’s Affairs website and Mayo Clinic website
Statistics: PTSD in the general population

• About 7-8% of the population will have PTSD at some point in their lives.
• About 5.2 million adults have PTSD during a given year. This is only a small portion of those who have gone through a trauma.
• Women are 2X as likely as men to develop PTSD. About 10% of women develop PTSD sometime in their lives compared with 5% of men. Rape Trauma Syndrome is a specific type of PTSD.

US Dept. of Veteran’s Affairs, National Center for PTSD website
Statistics: PTSD in the Military

PTSD occurs:
• In about 11-20% of veterans of the Iraq and Afghanistan wars
• In as many as 10% of Gulf War (Desert Storm) veterans
• In about 30% of Vietnam veterans

Among veterans using VA health care, about:
• 23 out of 100 women (23%) reported sexual assault when in the military.
• 55 out of 100 women (55%) and 38 out of 100 men (38%) have experienced sexual harassment when in the military.

US Dept. of Veteran’s Affairs, National Center for PTSD website
Trauma-Informed Care: Interventions and Strategies
Avoiding Retraumatization

Clients may be re-traumatized by circumstances or events that mirror the lack of control they felt in the original trauma.

**Touch:** many clients with a history of sexual abuse may be re-traumatized by any type of touch, especially any touch which seems invasive. Talk through any exams or procedures with the client ahead of time and ask permission before touching him/her. Teaching clients deep-breathing or relaxation techniques may be helpful.

**Media:** clients may be re-traumatized by media exposure to events which mirror their personal trauma (e.g., crimes of violence or disasters). Encourage clients to limit their exposure to these events (e.g., not watching TV, reading the paper, or listening to radio news replaying the events) and to participate in stress-relieving activities. Provide clients crisis line phone #s or support group websites if appropriate.
Safety

Because trauma involves a threat to a person's physical and/or psychological safety, helping clients to feel safe and in control is extremely important.

**Safe Surroundings:** may include the ability to "escape" → open doors, easy access to the outside, not being in crowds.

**Basic Needs:** clients who experienced neglect as children or homelessness in their lives need to have the basic needs of food, clothing and shelter provided before they can be expected to address other health or mental health issues.

**Non-judgment:** clients need to feel safe and not judged for traumatic experiences or situations, including sexual and/or domestic abuse, homelessness, incarcerations and/or time spent in mental health facilities. Encourage clients to tell their stories as they are ready to share.
Coping, Choices and Strengths

Coping Behaviors: acknowledge that many unhealthy coping behaviors, such as smoking, alcohol and/or drug use, served the purpose of helping the client cope with traumatic stress. Assist the client to find healthier coping mechanisms (e.g., exercise, relaxation techniques, listening to music, etc.).

Choices: most traumatic experiences create feelings of helplessness and lack of control. Providing a client choices and control is important not only for their personal empowerment, but also for them to "buy in" to treatment decisions and commit to behavior changes for healthier outcomes.

Strengths and resiliencies: focus on client’s strengths whenever possible, including highlighting any positive behaviors or coping strategies you see. Often, just acknowledging the trauma and the fact that they survived it can be healing for the client.
Case 1: let’s revisit Robert

• Robert grew up in extreme poverty and was often hungry as a child.
• His father was killed when a tractor overturned when he was 6.
• His mother sent him to live with an aunt and uncle when he was 8.
• His uncle had an alcohol abuse problem and would often tell him he was “worthless” and hit him with a belt during drinking binges.
• Robert dropped out of school in the 9th grade and ran away when he was 15. He soon began drinking, lived on the streets with a group of homeless teens who begged on street corners and often ate out of garbage cans.
• Robert is now an adult with alcohol-related liver disease.

• What interventions related to Safety might help Robert?
• What interventions related to Coping, Choices and Strengths might be helpful in working with Robert?
Case 2: Ms. J

• Ms. J is 40 years old and has a history of a violent sexual assault.

• She has not had a pelvic exam or Pap smear for 10 years and is having concerning symptoms, including pelvic pain and irregular bleeding.

• What interventions in the following categories might help Ms. J?
  ▪ interventions related to Avoiding Retraumatization?
  ▪ interventions related to Safety?
  ▪ interventions related to Coping, Choices and Strengths?
Take care of yourself and your co-workers!

It is important for health care workers to realize that we may also be survivors of trauma, and that working with certain patients or in specific situations may be re-traumatizing. Take care of yourself and your co-workers!
“Act as if what you do makes a difference. It does.”

— William James, American philosopher and psychologist (1842-1910)
Trauma-Informed Care Resources

- US Dept. of Veteran’s Affairs, National Center for PTSD


- *Enhancing Substance Abuse Treatment Through Integrated Trauma Treatment* – 14 page report by the National Trauma Consortium, June 2004 includes an overview of 5 trauma-informed models of care

- *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services* – Ann Jennings, PhD, 2004 -73-page report for National Technical Assistance Center for State Mental Health Planning (NTAC), National Association of State Mental Health Program Directors (NASMHPD)

Trauma-Informed Care Resources


