



The Impact of Trauma



12/18/2018

Training Objectives

- Define what is trauma
- Gain awareness of the frequency of trauma in our communities
- Become aware of the effects of trauma (Emotional, Physical, Community)
- Learn about Trauma Informed Care
- Become aware of resources to address trauma

What is Trauma?

- Physical trauma includes the body's response to serious injury and threat.
- Mental trauma includes frightening thoughts and painful feelings. They are the mind's response to serious injury.

Types of Trauma: Acute

- Acute trauma is a single traumatic event that is limited in time.
- During an acute event, individuals go through a variety of feelings, thoughts, and physical reactions that are frightening.



Types of Trauma: Chronic

- Chronic trauma refers to the experience of multiple traumatic events.
- These may be multiple and varied events, such as:
- The individual exposed to domestic violence, involved in a serious car accident, and then becoming a victim of community violence, or longstanding trauma such as physical abuse, neglect, or war.
- The effects of chronic trauma are often cumulative.

Types of Trauma: Complex

- Complex trauma describes both exposure to chronic trauma - usually caused by adults entrusted with the child's care - and the impact of such exposure on the child.
- Children who have experienced complex trauma have endured multiple interpersonal traumatic events from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child's development and functioning.

Other Sources of Ongoing Stress

- Individuals and families frequently face other sources of ongoing stress:
- Poverty
- Discrimination
- Separations from parent/siblings
- Frequent moves
- School problems
- Traumatic grief and loss
- Refugee or immigrant experiences

Long-Term Effects of Childhood Trauma

- High-risk or destructive coping behaviors.
- These behaviors place children at risk for a range of serious mental and physical health problems, including:
 - Alcoholism
 - Drug abuse
 - Depression
 - Suicide attempts
 - Sexually transmitted diseases (due to high risk activity with multiple partners)
 - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

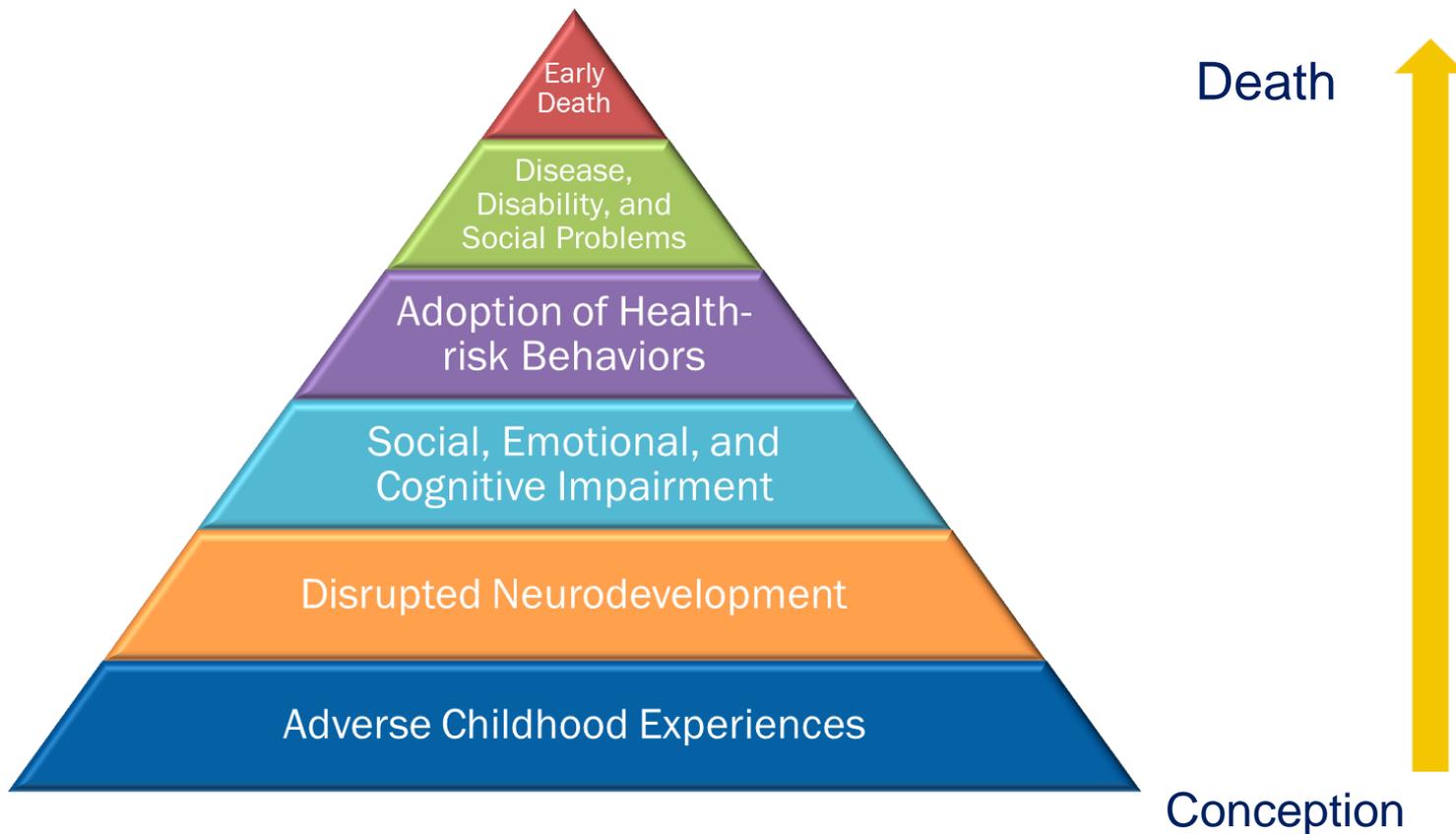
Adverse Childhood Experiences (ACE Study)

- Video – Dr. Nadine Burke-Harris
- https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

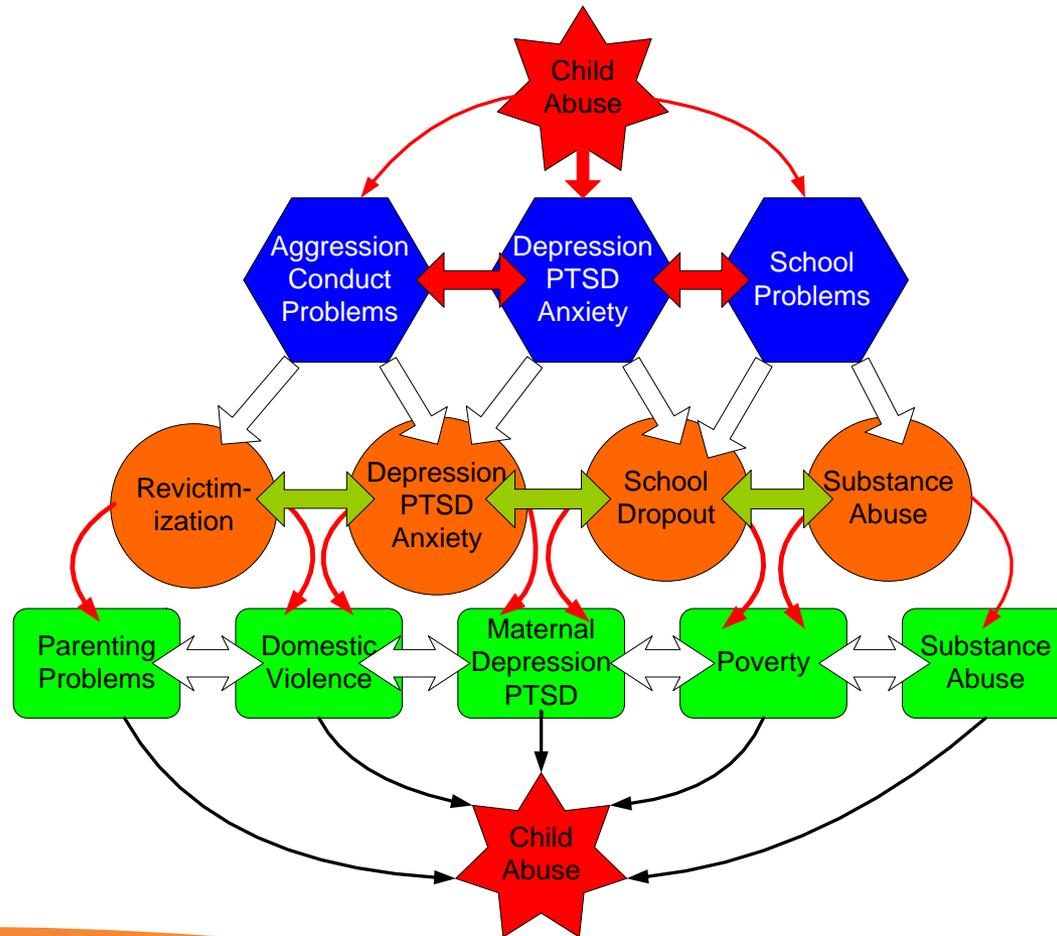
Adverse Childhood Experiences

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

Long-Term Trauma Impact–ACE Pyramid: CDC



Model for Intergenerational Transmission of Child Maltreatment



Child

Adolescent

Adult



Effects of Trauma Exposure

- Attachment: Traumatized children feel that the world is not safe because they never know what will happen next. They might end up alone a lot and can have a hard time feeling close to, or understanding the feelings of others.
- Biology: They may have problems with movement and sensation. They might be extra sensitive to physical contact but not feel much pain. They may have unexplained physical symptoms and increased medical problems.
- Mood issues: These children can have problems controlling their emotions. They also have a hard time understanding and describing/labeling their feelings.

Effects of Trauma Exposure

- Dissociation: Some traumatized children experience a feeling of being disconnected from themselves. It is as if they are “observing” something happening to them and it doesn’t feel real.
- Behavioral control: When these children have a desire to do something, they have a hard time holding themselves back. They also might do things that end up hurting themselves or others.
- Cognition: They can have problems focusing on and completing tasks. They also have problems planning for future events. Some have problems with learning and language.
- Self-concept: These children often suffer from a distorted body image, low self-esteem, shame, and guilt.
- Development: Trauma can disrupt developmental processes and interfere with the mastery of age-appropriate tasks and skills.

Long-Term Impact of Trauma

- Trauma has long term effects on an individual's development.



What Is Traumatic Stress?

- Traumatic stress refers to the physical and emotional responses to threatening situations.
- Traumatic events overwhelm an individual's capacity to cope and cause feelings of terror, powerlessness, and out-of-control physiological arousal.

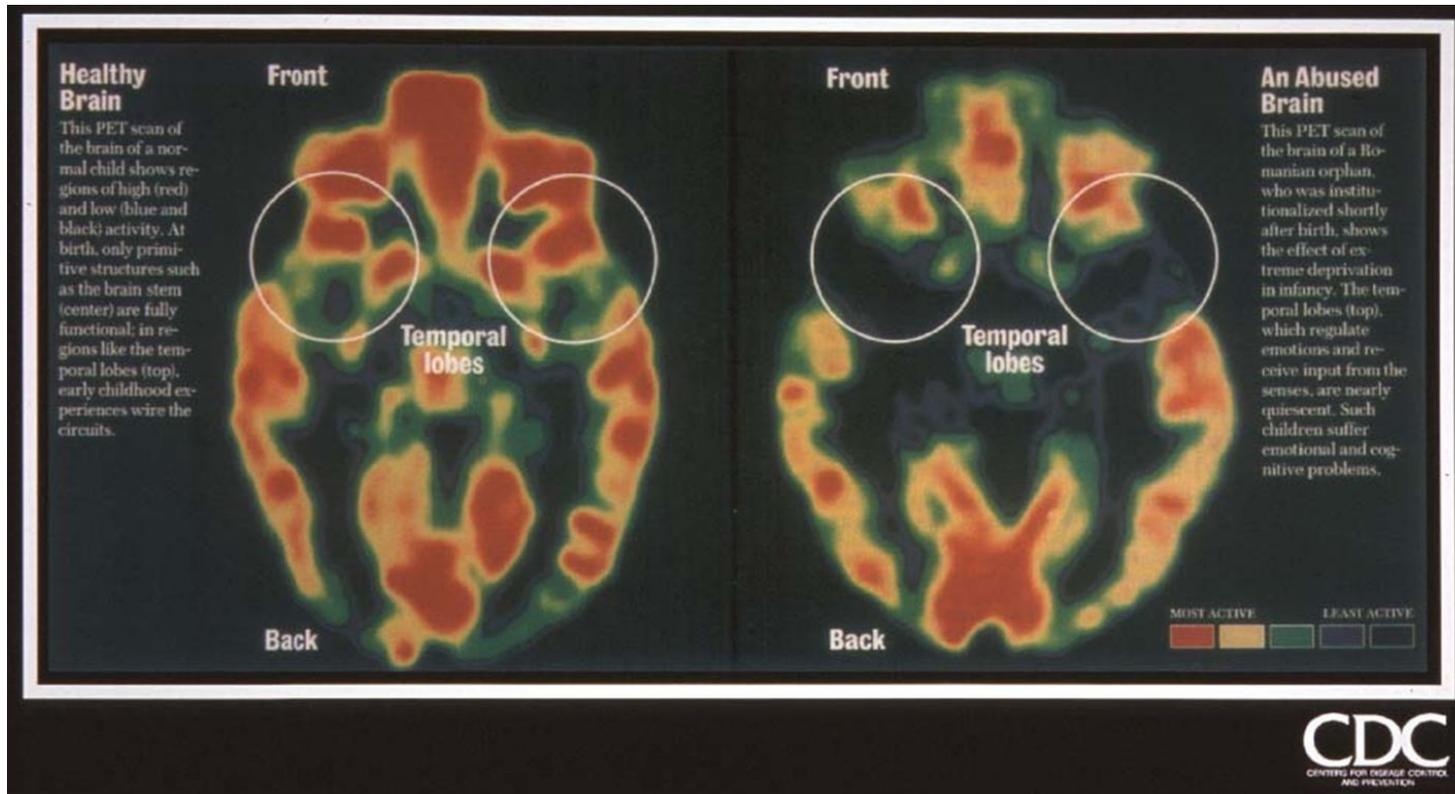
What Is Traumatic Stress?

- Post-traumatic stress reactions include:
 - Re-experiencing the event
 - Avoidance
 - Hyper-arousal
 - Persistent difficult thoughts and emotions.
- A individual's response to a traumatic event may have a profound effect on his or her perception of self, others, the world, and the future.
- Traumatic events may affect an individual's:
 - Ability to trust others
 - Sense of personal safety
 - Effectiveness in navigating life changes

Overwhelming Emotion and Behavior

- Maladaptive 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, or feeling that danger is present even when it is not.
 - Increased mental health issues (e.g. depression, anxiety).
 - Unexpected and exaggerated response when stressful situations occur.

Impact of Extreme Deprivation on Brain Development



The Influence of Developmental Stage

- Child traumatic stress reactions vary by developmental stage.
- Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.
- This may reduce children's capacity to explore their environment and to master age-appropriate developmental tasks.
- The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

Trauma and Development in Children and Youth

- Cognitive
- Gross and fine motor skills
- Speech and language
- Sensory
- Emotional/behavioral dysregulation
- **Developmental screenings are needed for all young children in the child welfare system.**



The Influence of Developmental Stage: Young Children

- **Young children** who have experienced trauma may:
 - Express their distress through strong physiological and sensory reactions (e.g., changes in eating, sleeping, activity level, responding to touch and transitions)
 - Become passive, quiet, and easily alarmed
 - Become fearful, especially regarding separations and new situations
 - Experience confusion about assessing threats and finding protection, especially in cases where a parent or caretaker is the aggressor
 - Engage in regressive behaviors (e.g., baby talk, bed-wetting, crying)
 - Experience strong startle reactions, night terrors, or aggressive outbursts
 - Blame themselves due to poor understanding of cause and effect and/or magical thinking

The Influence of Developmental Stage: School-Age Children

- **School-age children** with a history of trauma may:
 - Experience unwanted and intrusive thoughts and images
 - Become preoccupied with frightening moments from the traumatic experience
 - Replay the traumatic event in their minds in order to figure out what could have been prevented or how it could have been different
 - Develop intense, specific new fears linking back to the original danger

The Influence of Developmental Stage: School-Age Children *(continued)*

- **School-age children** may also:
 - Alternate between shy/withdrawn behavior and unusually aggressive behavior
 - Become so fearful of recurrence that they avoid previously enjoyable activities
 - Have thoughts of revenge
 - Experience sleep disturbances that may interfere with daytime concentration and attention

The Influence of Developmental Stage: Adolescents

- In response to trauma, **adolescents** may feel:
 - That they are weak, strange, childish, or “going crazy”
 - Embarrassed by their bouts of fear or exaggerated physical responses
 - That they are unique and alone in their pain and suffering
 - Anxiety and depression
 - Intense anger
 - Low self-esteem and helplessness

The Influence of Developmental Stage: Adolescents *(continued)*

- These trauma reactions may in turn lead to:
 - Aggressive or disruptive behavior
 - Sleep disturbances masked by late-night studying, television watching, or partying
 - Drug and alcohol use as a coping mechanism to deal with stress
 - Self-harm (e.g., cutting)
 - Over- or under-estimation of danger
 - Expectations of maltreatment or abandonment
 - Difficulties with trust
 - Increased risk of revictimization, especially if the adolescent has lived with chronic or complex trauma

The Impact on Behavioral, Social, and Emotional Functioning

- Hyperarousal
- Persistent Fear Response
- Increased Internalizing Symptoms
- Diminished Executive Functioning
- Delayed Developmental Milestones
- Weakened Response to Positive Feedback
- Complicated Social Interaction



What Is Psychological Safety?

- What is psychological safety?
- What does it look like?
- How can you tell if an individual feels safe?
- How can you tell if an individual feels unsafe?

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



Maximizing Safety: Understanding Trauma Reminders

- Trauma reminders:
 - When faced with people, situations, places, or things that remind them of traumatic events, individuals may experience intense and disturbing feelings tied to the original trauma.
 - These “trauma reminders” can lead to behaviors that seem out of place, but were appropriate and perhaps even helpful at the time of the original traumatic event.
- Reenactment behaviors:
 - Are familiar and helped them survive in other relationships.
 - “Prove” their negative beliefs and expectations.
 - Help them vent frustration, anger, and anxiety.
 - Give them a sense of mastery over the old traumas.

Overview

- Trauma affects many areas of life and can lead to secondary problems.
- They could be having trouble in their job and with relationships. They could also be having problems with their health.
- These extra problems may cover up symptoms of the underlying trauma. This can interfere with them healing from their original trauma.

Healing and Best Practices



Left brain expression (Academic)

detail oriented
(Looks at parts)
Logical
Sequential
Rational
math and science
can comprehend
Analytical
Objective
uses logic
facts rule
words and language
present and past
knowing
acknowledges
knows object name
reality based
forms strategies
order/pattern perception
practical/planned
safe
cautious



Right brain expression (Creative)

'big picture' oriented
(Looks at wholes)
Random
Intuitive
Holistic
philosophy & spiritualism
can 'get it' (the meaning)
Synthesizing
Subjective
uses feeling
imagination rules
symbols and images
present and future
believes
appreciates
knows object function
fantasy based
presents possibilities
spatial perception
impetuous/spontaneous
adventurous
carefree/risk taking

Illustration by: VaXzine

Written and slide design by Dr C Daniels 2008

PACE Model of Parenting

- **Playfulness:** An open, ready, calm, relaxed and engaged attitude.
- **Acceptance:** Unconditionally accepting a child makes them feel secure, safe and loved.
- **Curiosity:** Without judgment child becomes aware of their inner life.
- **Empathy:** A sense of compassion for the child and her feelings.

Trauma Informed Care

- Difference between trauma treatment and Trauma Informed Care (TIC).
- Trauma Informed Care:
 - TIC is an approach that we all can take to the prevalence of trauma in our society and the recognition of the impact in people’s lives.
 - TIC sets out to create system-wide awareness of how to address the effects of trauma on people’s lives.
 - TIC basic tenants: 1. Do No Harm 2. Safety First.
 - TIC systems that are committed to not re-traumatizing people that they encounter.
 - TIC is not: “what’s wrong with you?” but “what happened to you?”

Trauma Informed Care

- Three Key Elements:
- Realizing Prevalence of Trauma.
- Recognizing Impact of Trauma at All Levels.
- Responding by Putting Knowledge into Practice.

Trauma Informed Care

- Culture of Trauma Informed Care is built on 5 Core Values:
- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Core Components of Trauma- Focused, Evidence-Based Treatment

- Building a strong therapeutic relationship.
- Psycho-education about normal responses to trauma.
- Parent support, conjoint therapy, or parent training.
- Emotional expression and regulation skills.
- Anxiety management and relaxation skills.
- Trauma processing and integration.
- Personal safety training and other important empowerment activities.
- Resilience and closure.

Trauma: Healing and Best Practices

- Trauma assessments can discover likely risk behaviors (danger to self or others).
- A complete assessment can help spot the way an individual reacts and how his or her behaviors are linked to the past trauma.
- Not everyone who has been through trauma need trauma-specific therapy.
- Some people have amazing natural resilience and are able to use their support system to help heal.

Questions to Ask Therapists and Agencies That Provide Services

- 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 they indicate or request trauma-informed treatment)?
- Describe a typical course of therapy (e.g., can you describe the core components of your treatment approach?).

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)
- There are many different evidence-based trauma-focused treatments. A trauma-informed mental health professional should be able to determine which treatment is most appropriate for a given case.

Other Promising Practices

- Some other promising practices include:
- Alternative for Families: A Cognitive Behavioral Therapy.
- 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).

Impact of Working with Victims of Trauma

- Trauma experienced while working in the role of helper has been described as:
 - Compassion fatigue.
 - Secondary traumatic stress (STS).
 - Vicarious traumatization.
- STS is the stress of helping or wanting to help a person who has been traumatized.
- Unlike other forms of job “burnout,” STS is precipitated not by work load and institutional stress but by exposure to clients’ trauma (acute or cumulative).
- STS can disrupt child welfare workers’ lives, feelings, personal relationships, and overall view of the world.

Sources of Secondary Trauma

- The death of a child or adult on the worker's caseload.
- Investigating a vicious abuse or neglect report.
- Frequent/chronic exposure to child or adult's detailed and emotional accounts of traumatic events.
- Photographic images of horrific injury or scenes of a recent serious injury or death.
- Helping to support grieving family members following a child abuse death, including the siblings of the deceased child.
- Concerns about the continued funding and adequacy of resources for services.

Secondary Trauma: Signs and Symptoms

- Avoidance (including of certain clients).
- 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

Care Plans: Minimizing Secondary Trauma

- Agencies can assist workers by developing self care plans with each staff.
 - Psycho-education
 - Clinical supervision
 - Ongoing skills training
 - Informal/formal self-report screening
 - Workplace self-care groups (for example, yoga or meditation)
 - Creation of a balanced caseload
 - Flextime scheduling
 - Self-care accountability buddy system
 - Use of evidence-based practices
 - Exercise and good nutrition

Resources Trauma Informed Care

- Healing Neen: Introduction to the story of Tonier Cain, National Consumer Advocate
 - www.youtube.com/watch?feature=player_detailpage&v=QQfWE9TD_bA
- Cenpatico (Texas) TIC resources
 - <http://www.cenpatico.com/tf-cbt-training/tf-cbt-training-resources/>
- National Child Traumatic Stress Network: Secondary Stress
http://nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tr ess.pdf
- <http://healmyptsd.com>
- Substance Abuse and Mental Health Services Administration
<http://www.samhsa.gov/nctic>

Questions?



THANK
YOU!