TRAUMA-INFORMED CARE FOR ADOLESCENTS

FEBRUARY 13, 2018

This training is supported by Florida Department of Children and Families Office of Substance Abuse and Mental Health

PRESENTED BY:
SUSIE KOWALSKY, LCPC

skowalsky44@gmail.com
www.RootSolutionsChicago.com
OBJECTIVES

• Understand the connection between traumatic events and behavioral health concerns.

• Recognize symptoms of traumatic experiences through a strengths-based framework.

• Identify appropriate evidenced-based clinical interventions to establish and maintain safety as well as treat this population.

TRAUMA-INFORMED CARE GUIDELINES

• Nothing specifically intended to be shocking or upsetting

• Trauma is personal, subjective, and experiential
  • So is trauma-informed care
  • Tend to self

• Ongoing conversation, learning, development

• Necessity of self-care is understood and in place
TRAUMA-INFORMED SERVICE DELIVERY

<table>
<thead>
<tr>
<th>Challenging Individual to Serve</th>
<th>Fulfilling Individual to Serve</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WHAT IS TRAUMA-INFORMED CARE?

SAMHSA’s 4Rs of Trauma-Informed Care

A program, organization, or system that:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;
- Seeks to actively **resist** re-traumatization.

*Trauma-Informed Care in Behavioral Health Services*
WHAT IS TRAUMA?

TRAUMA IN DSM-5

• Exposure to actual or threatened death, serious injury, or sexual violence in one or more) of the following ways:
  • Directly experiencing the traumatic event(s).
  • Witnessing, in person, the event(s) as it occurred to others.
  • Learning that the traumatic event(s) occurred to a close family member or close friend.
  • Experiencing repeated or extreme exposure to aversive details of the traumatic event(s).
BROADER DEFINITIONS OF TRAUMA

Traumatic Events are:
• Sudden, unexpected, and perceived as dangerous
• Involve a threat to one’s physical or mental well-being through violence or threat of violence
• Overwhelming an individual’s capacity to cope with an event
• Subjective, defined by the survivor’s experience

Trauma is not defined by the event, it’s determined by the response to it

ADVERSE CHILDHOOD EXPERIENCES (ACES)

• Survey of over 17,000 adults from 1995-1997, completed through Center for Disease Control (CDC) and Kaiser Permanente
• Inquired about childhood experiences and current health and behavior

“Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today.” - Dr. Robert Block, former President of the American Academy of Pediatrics
ADVERSE CHILDHOOD EXPERIENCES

**ABUSE**
- Emotional abuse
- Physical abuse
- Sexual abuse

**NEGLECT**
- Emotional neglect
- Physical neglect

**HOUSEHOLD CHALLENGES**
- Mother treated violently
- Household substance abuse
- Mental illness in household
- Parental separation or divorce
- Criminal household member

---

**4 Rs of Trauma-Informed Care: Realize**

**TRAUMA-INFORMED SERVICE DELIVERY**

<table>
<thead>
<tr>
<th>Challenging Individual to Serve</th>
<th>Fulfilling Individual to Serve</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEs experienced</td>
<td>ACEs experienced</td>
</tr>
</tbody>
</table>

[https://www.cdc.gov/violenceprevention/acesstudy/about.html](https://www.cdc.gov/violenceprevention/acesstudy/about.html)
PREVALENCE OF ACEs

HOW COMMON ARE ACES?

4 Rs of Trauma-Informed Care: Realize

Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.

https://www.cdc.gov/violenceprevention/acestudy/about.html
### 4 Rs of Trauma-Informed Care: Realize

**TRAUMA AS A PUBLIC HEALTH ISSUE**

- How many of the individuals you serve have experienced at least one of the ACEs?
- Untreated, unrecognized, and unprocessed traumas increase risk for more trauma.
- Ending the legacy of trauma on an individual level leads to decreased trauma on a societal level.

### 4 Rs of Trauma-Informed Care: Recognize

**RECOGNIZING TRAUMA**

“There are wounds that never show on the body that are deeper and more hurtful than anything that bleeds.”

– Laurell K Hamilton, *Mistral’s Kiss*
PTSD IN DSM-5

• Traumatic event, followed by:
  • Intrusion
    • Flashbacks, nightmares, involuntary memories
  • Avoidance
    • Avoid thoughts, feelings, people, places, things associated with event; dissociation
  • Negative change in mood and thoughts
    • Exaggerated negatives beliefs about self/others, feelings of guilt/shame, feelings of detachment
  • Change in arousal and reactivity
    • Hypervigilance, aggressive outbursts, exaggerated startle response
• Lasts more than 1 month
• Disrupts functioning

4 Rs of Trauma-Informed Care: Recognize

TRAUMA AND THE BRAIN

Executive State
Prefrontal Lobes
What can I learn from this?

Emotional State
Limbic System
Am I loved?

Survival State
Brain Stem
Am I safe?
### TRAUMA AND THE BODY AND BRAIN

- Cortisol studies (Yehuda, 2008)
  - Consistent, increased levels of cortisol
  - Transmits across generations
- Verbal expression (Teicher, 2006)
  - Verbal abuse causes damage on the cellular level
  - Verbal expression is physically more difficult
- Changes in Brain Structures and Cells (Van der Kolk, 2014)
  - Simultaneously hypervigilant and numb
  - Increased risk of misinterpreting safety/danger, re-traumatization
- Traumatic states become biological traits (Perry et al, 1995)

### PTSD SYMPTOMS IN CONTEXT

<table>
<thead>
<tr>
<th>PTSD SYMPTOMS</th>
<th>BODY AND BRAIN RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in arousal/reactivity (fight)</td>
<td>Body is stuck in fight, flight, or freeze mode</td>
</tr>
<tr>
<td>Avoidance (flight)</td>
<td>Emotional memories without context</td>
</tr>
<tr>
<td>Intrusions (freeze)</td>
<td>- No time and place</td>
</tr>
<tr>
<td>Negative changes in mood/thoughts</td>
<td>- No beginning, middle, end</td>
</tr>
<tr>
<td>Persists for &gt;1 month</td>
<td>- Fragmented and disorganized memories</td>
</tr>
<tr>
<td>Impaired functioning</td>
<td>- Unable to distinguish safety from danger</td>
</tr>
<tr>
<td></td>
<td>- Body’s own reactions (e.g., increased heart rate) become threatening</td>
</tr>
</tbody>
</table>
ADOLESCENT DEVELOPMENT

Physical, psychological, and social changes of adolescents

• Increased focus on peer group
• More independence from parents
• Increase of risky behaviors; prefrontal cortex not fully developed
• Heightened emotional reactivity and sensitivity; onset of many mental health disorders occurs during adolescence.

• Erik Erikson’s Developmental Tasks
  • Adolescence: Identity vs. Role Confusion
  • Young Adulthood: Intimacy vs. Isolation

4 Rs of Trauma-Informed Care: Recognize

<table>
<thead>
<tr>
<th>“DIFFICULT” BEHAVIORS OR REACTIONS</th>
<th>TRAUMA RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has difficulty “getting motivated” to get job training, pursue education, locate a job, or find housing.</td>
<td>Depression and diminished interest in every day activities</td>
</tr>
<tr>
<td>Complains that the setting is not comfortable or not safe, appears tired and poorly rested. Is up roaming around at night.</td>
<td>Nightmares and insomnia</td>
</tr>
<tr>
<td>Invades others’ personal space or lacks awareness of when others are invading their personal space.</td>
<td>Difficulty with boundaries</td>
</tr>
<tr>
<td>Cuts off from family, friends, and other sources of support.</td>
<td>Feelings of shame and self-blame</td>
</tr>
<tr>
<td>Has difficulty trusting staff members; feels targeted by others. Does not form close relationships in the service setting.</td>
<td>Difficulty trusting/feelings of betrayal</td>
</tr>
<tr>
<td>Complains that the system is unfair, that they are being targeted or unfairly blamed.</td>
<td>Loss of a sense of order or fairness in the world</td>
</tr>
</tbody>
</table>
### TRAUMA-INFORMED SERVICE DELIVERY

<table>
<thead>
<tr>
<th>Challenging Individual to Serve</th>
<th>Fulfilling Individual to Serve</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEs experienced</td>
<td>ACEs experienced</td>
</tr>
<tr>
<td>Behaviors</td>
<td>Behaviors</td>
</tr>
<tr>
<td>Trauma-related needs</td>
<td>Trauma-related needs</td>
</tr>
<tr>
<td>Strengths and resources</td>
<td>Strengths and resources</td>
</tr>
</tbody>
</table>

#### HOW DO WE RESPOND?

**4 Rs of Trauma-Informed Care: Respond**

![Cartoon image](image)

*LASSIE! GET HELP!!*

---

van Dernoot Lipsky, L and Burk, C. (2009)
TRAUMA-INFORMED POLICIES & PROCEDURES

- Universal screening and assessment of trauma
- Review and update policies for admissions, assessment processes, referrals, treatment planning, discharge
- Elicit and incorporate feedback from individuals being served
- Demonstrate cultural humility in establishment of policies
- Model commitment to trauma-informed care at organizational and administrative levels
TRAUMA-INFORMED PRACTICES

- Consider the environment and setting
- Emphasis on people's rights: confidentiality, consent, choice, refusal, complaint
- Consistency and clarity so people know what to expect
- Trauma-specific treatment services
- Focus on safety

4 Rs of Trauma-Informed Care: Respond

TRAUMA-INFORMED SERVICE DELIVERY

<table>
<thead>
<tr>
<th>Challenging Individual to Serve</th>
<th>Fulfilling Individual to Serve</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEs experienced</td>
<td>ACEs experienced</td>
</tr>
<tr>
<td>Behaviors</td>
<td>Behaviors</td>
</tr>
<tr>
<td>Trauma-related needs</td>
<td>Trauma-related needs</td>
</tr>
<tr>
<td>Strengths and resources</td>
<td>Strengths and resources</td>
</tr>
<tr>
<td>Policies, procedures, and practices to implement</td>
<td>Policies, procedures, and practices to implement</td>
</tr>
</tbody>
</table>
### STRATEGIES TO MAINTAIN SAFETY

- Consider the setting’s facilities and environment
  - Focus on maintaining both physical and emotional safety
- Collaboratively create crisis recovery plans
- Utilize preventative measures and de-escalation techniques
- Provide trauma-informed supervision to staff

### PRO-ACTIVE TRAUMA-INFORMED STRATEGIES

- Trauma-informed leadership
- Data collection and use within an organization
- Workforce development
- Reduction and elimination of restraints and seclusion
  - [SAMHSA’s Roadmap to Seclusion and Restraint-Free Mental Health Services](https://www.samhsa.gov/medication-assisted-treatment/restraint-seclusion)
- Inclusion of individuals receiving services and their communities of support
- Debrief, re-assess, and adjust
TRAUMA-INFORMED SERVICE DELIVERY

<table>
<thead>
<tr>
<th>Challenging Individual to Serve</th>
<th>Fulfilling Individual to Serve</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEs experienced</td>
<td>ACEs experienced</td>
</tr>
<tr>
<td>Behaviors</td>
<td>Behaviors</td>
</tr>
<tr>
<td>Trauma-related needs</td>
<td>Trauma-related needs</td>
</tr>
<tr>
<td>Strengths and resources</td>
<td>Strengths and resources</td>
</tr>
<tr>
<td>Policies, procedures, and practices to implement</td>
<td>Policies, procedures, and practices to implement</td>
</tr>
<tr>
<td>Safety concerns</td>
<td>Safety concerns</td>
</tr>
<tr>
<td>Pro-active safety plans</td>
<td>Pro-active safety plans</td>
</tr>
</tbody>
</table>

HOW TRAUMA-INFORMED ARE WE?

- How does your organization demonstrate trauma-informed responses?
- What is different about the two individuals you considered?
- What are you doing well?
- Areas of concern and further development?
HOW TRAUMA-INFORMED ARE WE?

The TICOMETER ©  http://us.thinkt3.com/ticometer-new

Measures TIC across five domains:

• Building trauma-informed knowledge and skills.
• Establishing trusting relationships.
• Respecting service users.
• Fostering trauma-informed service delivery.
• Promoting trauma-informed policies and procedures.

QUESTIONS? COMMENTS?

THANK YOU!
REFERENCES AND RESOURCES


REFERENCES AND RESOURCES


• National Child Traumatic Stress Network (NCTSN): http://www.nctsnet.org/


REFERENCES AND RESOURCES


• SAMHSA National Center for Trauma-Informed Care: http://www.samhsa.gov/nctic/.


REFERENCES AND RESOURCES

