Understanding Trauma



Wayne Centrone and Ken Kraybill

centering 2



What is trauma and its impact?

What does it mean to be trauma-informed?

How might survivors you know co

The world is...
They always think I...
I will never be...
Because of me...
I am...
If they really cared...



Kintsukuroi (keen-tsoo-koo-roy)



The Japanese art of mending pottery using gold or silver lacquer. The broken and mended pot becomes even more beautiful than the original. A compelling metaphor for how pain, grief, and trauma in our lives can transform us in positive, even beautiful ways.

Entering the Shadows 8

"The unspeakable" 9

"Trauma is the most avoided, ignored, denied, misunderstood, and untreated cause of human suffering."

Peter A. Levine in Healing Trauma

"No one any longer denies the fact that wars can ruin the lives of soldiers and their families. But when it comes to physical and emotional violence within the family...society continues to avoid the grim evidence."

Mary Sykes Wylie in The Long Shadow of Trauma



Judith Lewis Herman in *Trauma and Recovery*

"A jackhammer sledgehammer vacuum sweeper lawn mower"

Under Construction

Heidi H.

I used to have no trespassing signs all over my body
Some people don't know the meaning of boundaries
One day they came busted down my door
they came in violating code
they tore up my floors and gutted my soul
they put a jackhammer through my walls
and a sledgehammer to my head.
I have enough yellow police tape to hang myself.

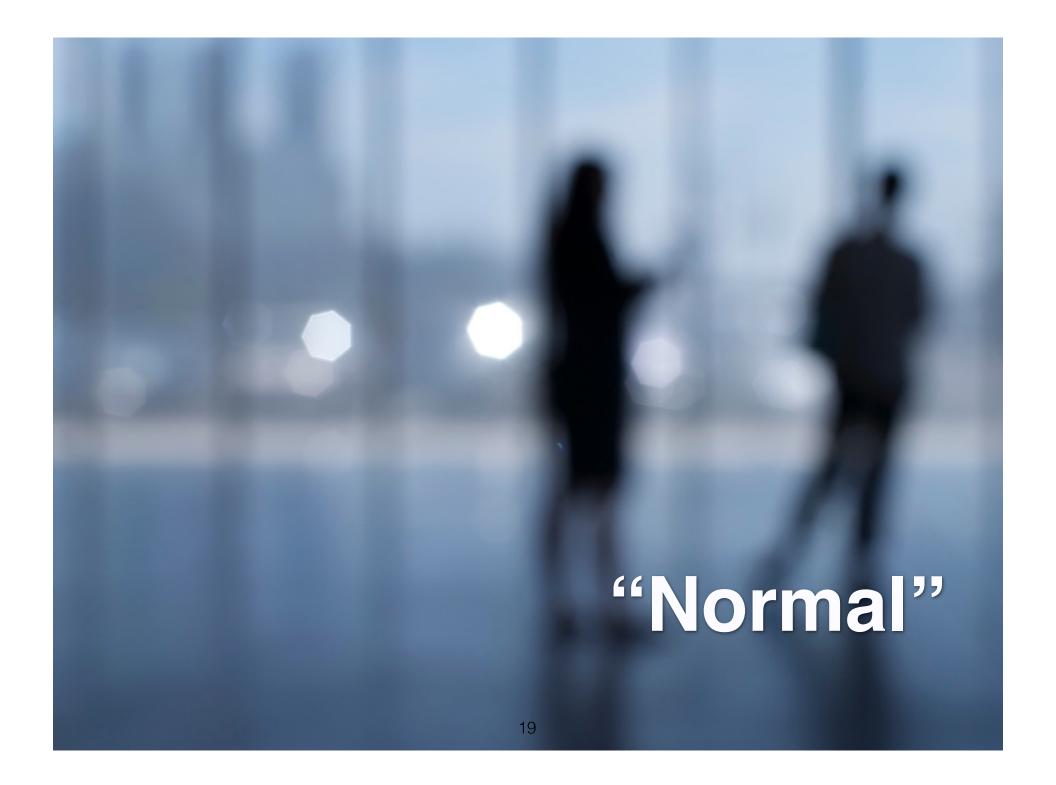
Untitled

Catherine H.

Trying to get close to my mother was like getting close with a vacuum sweeper; And being close with my father has been being close with a lawn mower.

"Trauma disconnects people from their bodies. In love we are 'swept off our feet.' In trauma, our legs are pulled out from under us."

Peter Levine



"I was taken from my mother when I was 5.
Every day I looked after the herd. Every
night I was raped by my master. I always
thought, without understanding, that this
was normal.

In Mauritania, where I'm from, hundreds of thousands of people are still held this way today. But I was lucky. My brother escaped his masters and found an organization working to stop slavery. He asked them to help free me."

But when they came to take me away, at first I completely refused. I couldn't imagine a life away from my masters... This was the only life I had ever known."

Haby mint Rabah, Avaaz Sept 2015

"A thief"

What get's stolen?

sense of safety; trust; belief in goodness of self, other people and world; self-regulation, inner calm, feeling of centeredness; ability to problem-solve; ability to respond vs. react; control, autonomy, empowerment; confidence; health/protective factors; self-esteem, connection to own body...





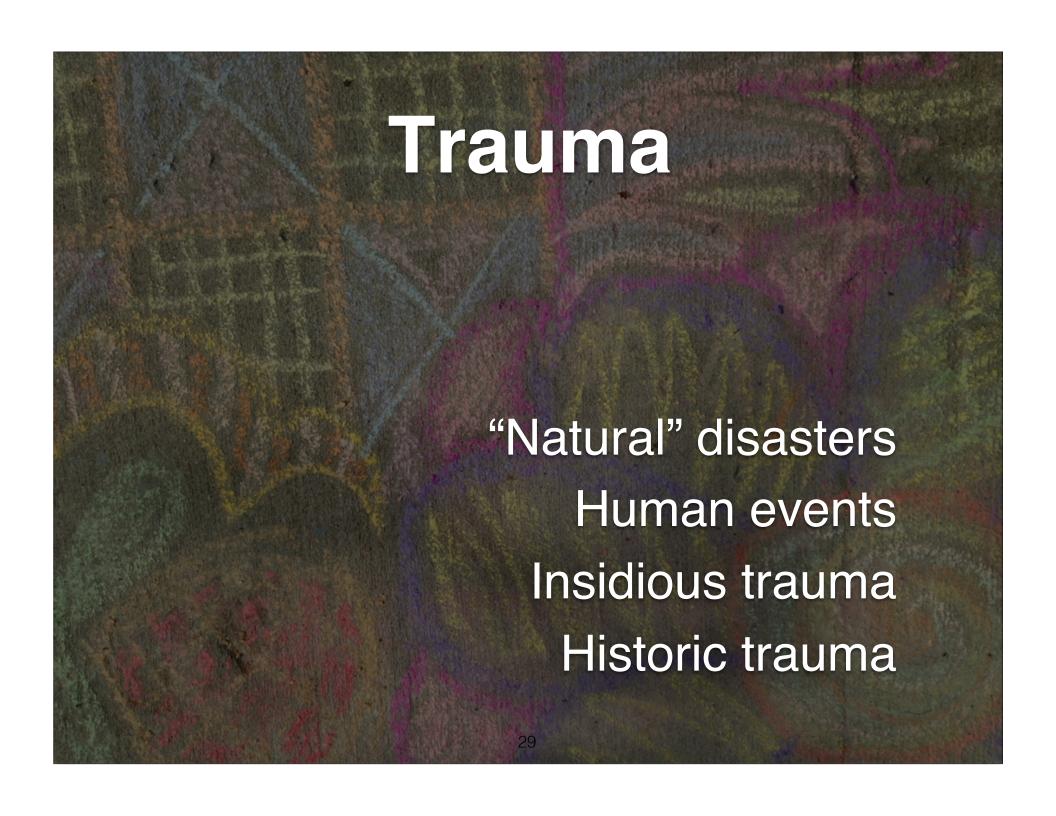
Involves some sort of overwhelming experience that goes beyond usual day-to-day stressors

A traumatic experience might happen once, or over and over again

Overwhelming demands placed upon the physiological system that result in a profound felt sense of vulnerability and/or loss of control. – Robert D. Macy

Trauma

"Traumatic events overwhelm the ordinary systems of care that give people a sense of *control*, *connection*, and *meaning*."



"Natural" disasters

floods, drought, earthquakes, wildfires, hurricanes, mudslides

Human events

war, interpersonal violence, political turmoil, famine

Insidious trauma

everyday slights, snubs, insults that communicate hostile, derogatory messages solely based who someone is

Historical/cross-generational

forceable removal, genocide, racism, sexism, loss of culture

Acute

trauma from a one time event such as earthquake, fire, bombing, assault, car accident

Chronic

trauma experiences that happen over and over again

Complex

trauma that starts in childhood and impacts learning, developing, coping, and relationships into adulthood

Stacy is a 35 year old woman who was living in New Orleans when Hurricane Katrina hit in 2005. She had to relocate to another state where she not know anyone, and since that time she has struggled to secure employment and permanent housing. She also recently left an abusive relationship.

Jackson lost his mother early in life and grew up with a father who struggled with substance misuse and was sometimes violent. While serving in the military, he witnessed the deaths of friends and civilians. Jackson continues to have nightmares and struggles with angry outbursts, employment challenges and addiction to substances.



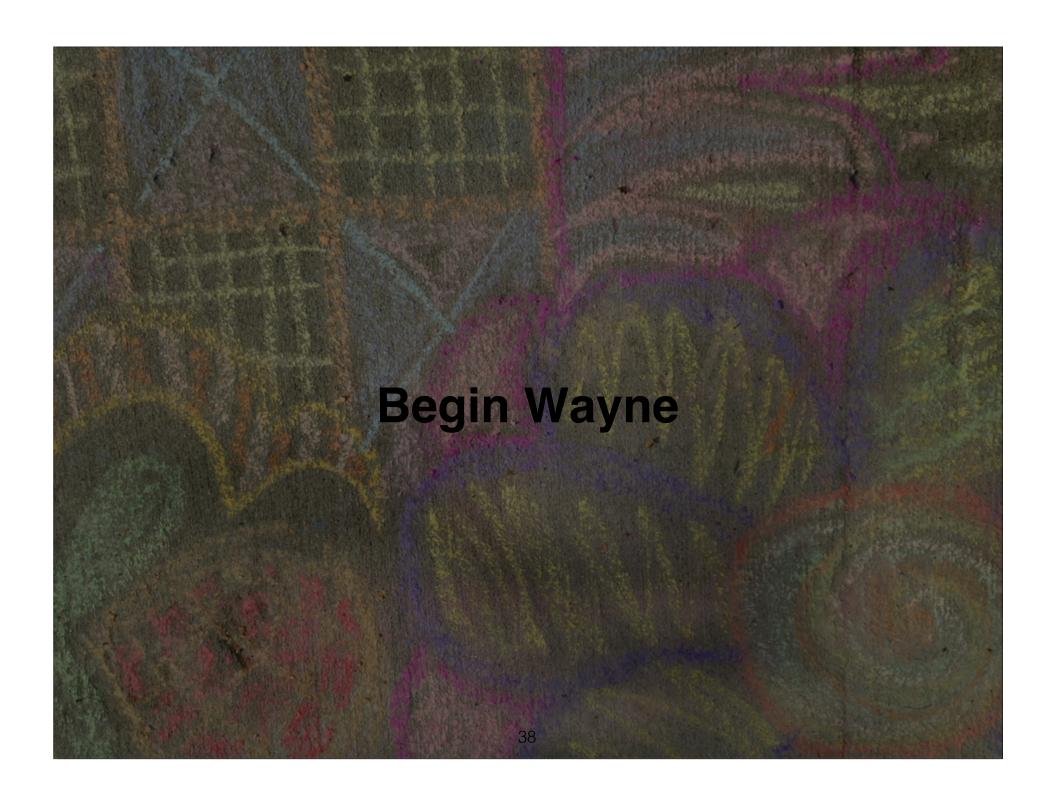
Jackie just received news about the sudden and unexpected loss of her mother. She needs to move back home to support her family.

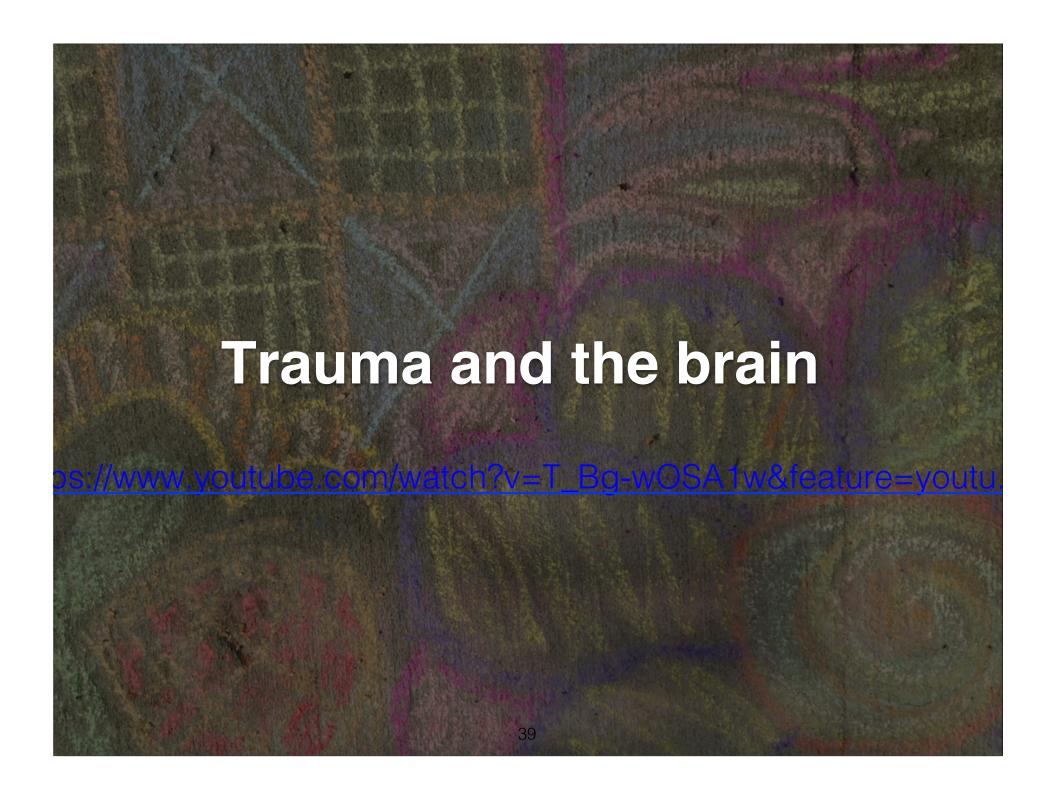
Jane grew up in a violent household. She was sexually abused and witnessed domestic violence at a young age. While in the military, she was sexually assaulted. Since her discharge, she has struggled with depression and substance misuse.

Jonathan is a 42 year old man who lost his home in a fire 3 years ago and moved in with friends. While living with friends, he lost his job and his brother died in a car accident. For the past 3 years, Jonathan has not been able to secure stable employment or housing.

"In short, trauma is about loss of connection — to ourselves, to our bodies, to our families, to others, and to the world around us... It is often hard to recognize, because it doesn't happen all at once. It can happen slowly, over time..."

- Peter Levine





The human stress response

- Thinking brain checks things out; confirms you're in a threatening situation
- Brain and body work to help you calm down
- A client yells in your face, accusing you of being controlling and not wanting to help them
- Doing brain sends message to body to start "fight" or "flight" response
- Doing brain senses potential threat to your physical or emotional well-being
- React to the situation by fighting, fleeing, or freezing in order to protect yourself
- Thinking brain goes "off-line" so doing brain can take over

List in order of occurrence

- Thinking brain checks things out; confirms you're in a threatening situation
- Brain and body work to help you calm down
- A client yells in your face, accusing you of being controlling and not wanting to help them
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Order of occurrence

- A client yells in your face, accusing you of being controlling and not wanting to help them
- 2. Doing brain senses potential threat to your physical or emotional well-being
- 3. Thinking brain checks things out; confirms you're in a threatening situation
- 4. Thinking brain goes "off-line" so doing brain can take over
- 5. Doing brain sends message to body to start "fight" or "flight" response
- 6. React to the situation by fighting, fleeing, or freezing in order to protect yourself
- 7. Brain and body work to help you calm down



Prevalence of Trauma: Mothers Experiencing Homelessness in U.S.

- 92% have experienced severe physical and/or sexual abuse during their lifetime
- 2/3 have histories of domestic violence
- Compared to low-income housed women, mothers experiencing homelessness have:
 - 3 x the rate of PTSD (36%)
 - 2 x the rate of drug/alcohol dependence (41%)
- About 50% have experienced a major episode of depression since becoming homeless.

Source: SAMHSA

Finding Your ACE Score While you were growing up, during your first 18 years of life: 1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? Act in a way that made you afraid that you might be physically hurt? If yes enter 1 2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? Ever hit you so hard that you had marks or were injured? If yes enter 1 3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? CE Study Attempt or actually have oral, anal, or vaginal intercourse with you? Yes No If yes enter 1 4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? Your family didn't look out for each other, feel close to each other, or support each other? Yes No If yes enter 1 Adverse Childhood 5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Your parents were too drunk or high to take care of you or take you to the doctor if you needed Experiences Yes No If yes enter 1 6. Were your parents ever separated or divorced? Yes No If yes enter 1 7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Ever repeatedly hit at least a few minutes or threatened with a gun or knife? If yes enter 1 8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? If yes enter 1 9. Was a household member depressed or mentally ill, or did a household member attempt suicide? 10. Did a household member go to prison? Yes No If yes enter 1 Now add up your "Yes" answers: _____ This is your ACE Score. 092406RA4CR

ACE study participants

17,337 Kaiser Permanente members

Recruited between 1995-97

Nearly half female, half male

74.8% white

Average age = 57

75.2 had attended college

All had jobs and good health care (Kaiser HMO)

Questions asked

Types of childhood trauma

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



Adverse childhood experiences (ACEs) are much more common than anticipated or recognized

Center for Nonviolence and Social Justice

ACE study findings

About two-thirds reported at least one ACE 87% with one ACE reported at least one additional ACE

Prevalence of

- emotional abuse 10.6%
- physical abuse 28.3%
- sexual abuse 20.7%
- emotional neglect 14.8%
- physical neglect 9.9%,

ACE study findings

Mother treated violently 12.7%

Household substance abuse 26.9%

Household mental illness 19.4%

Parental separation or divorce 23.3%

Incarcerated household member 4.7%.



ACEs have a powerful correlation to health outcomes later in life

Center for Nonviolence and Social Justice

ACE study findings

As the ACE score increases, so does the risk of an array of social and health problems such as: social, emotional and cognitive impairment; adoption of health-risk behaviors; disease, disability and social problems; and early death. ACEs have a strong influence on adolescent health, teen pregnancy, smoking, substance abuse, sexual behavior, the risk of re-victimization, performance in the work force, and the stability of relationships, among other health determinants. The higher the ACE score, the greater the risk of heart disease, lung disease, liver disease, suicide, HIV and STDs, and other risks for the leading causes of death.

Center for Nonviolence and Social Justice

ACE study findings

Number of ACEs strongly associated with adulthood high-risk health behaviors such as smoking, alcohol and drug abuse, promiscuity, and severe obesity, and correlated with ill-health including depression, heart disease, cancer, chronic lung disease and shortened lifespan.

Compared to an ACE score of zero, having four adverse childhood experiences was associated with a seven-fold increase in alcoholism, a doubling of risk of being diagnosed with cancer, and a four-fold increase in emphysema; an ACE score above six was associated with a 30-fold increase in attempted suicide.



Impact of Trauma: Ability to Function

High levels of distress, anxiety, and sometimes panic

Confusion, disorientation, loss of control

Dissociation

Intrusive thoughts, hyper-arousal, and avoidance

Re-experiencing the traumatic event (triggers)



Shattered Belief Systems

The world is unsafe.

Other people are unsafe and cannot be trusted.

God has abandoned me.

My own thoughts and feelings are unsafe.

I'm unworthy.

I'm not capable.



Impact of Trauma: Physical Health

Chronic pain
Gynecological difficulties
Gastrointestinal (GI) problems
Asthma
Heart palpitations
Headaches
Musculoskeletal difficulties



Impact of Trauma: Mental Health

Post-traumatic stress disorder Depression Anxiety/Panic disorder Attachment disorders Substance use issues Dissociative disorders Somatization Eating disorders Bipolar disorder Borderline personality disorder Schizoaffective



Characteristics of PTSD

Intrusion

Flashbacks
Nightmares
Recurrent images
Intense response to triggers

Avoidance

Constricted activities
Avoiding reminders of
the trauma

Hyper-arousal

Irritability
Poor concentration
Hyper-vigilance

Dissociation

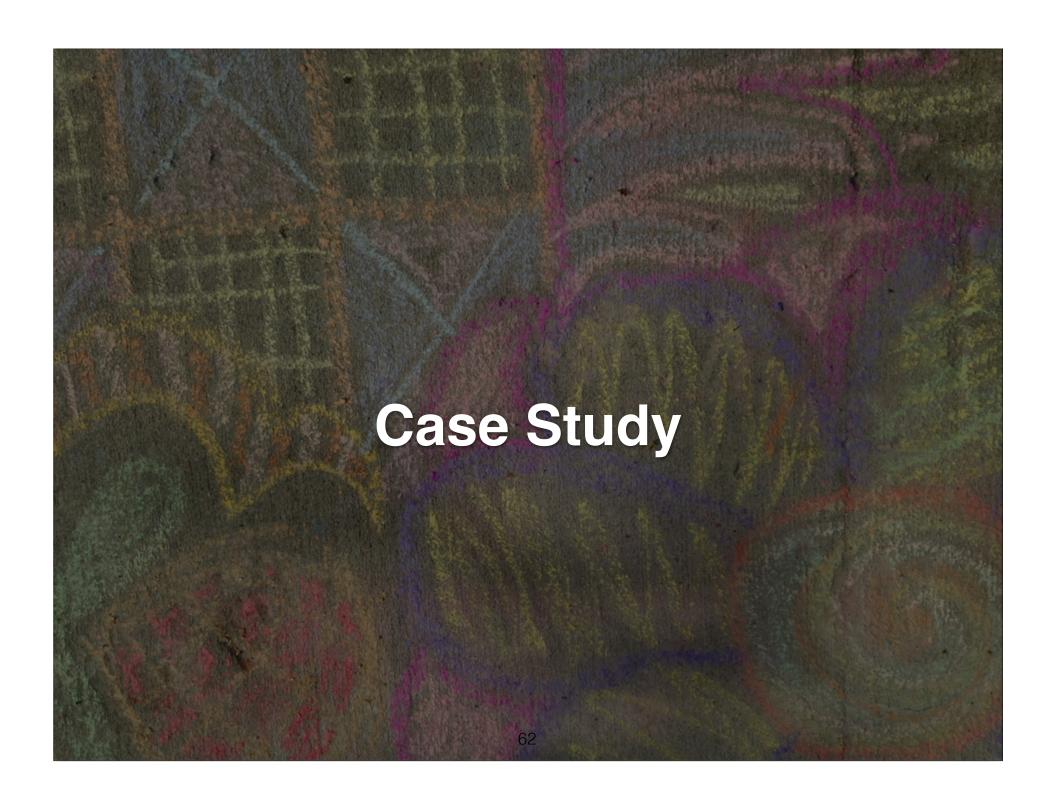
Not remembering Feeling detached, disconnected, numb

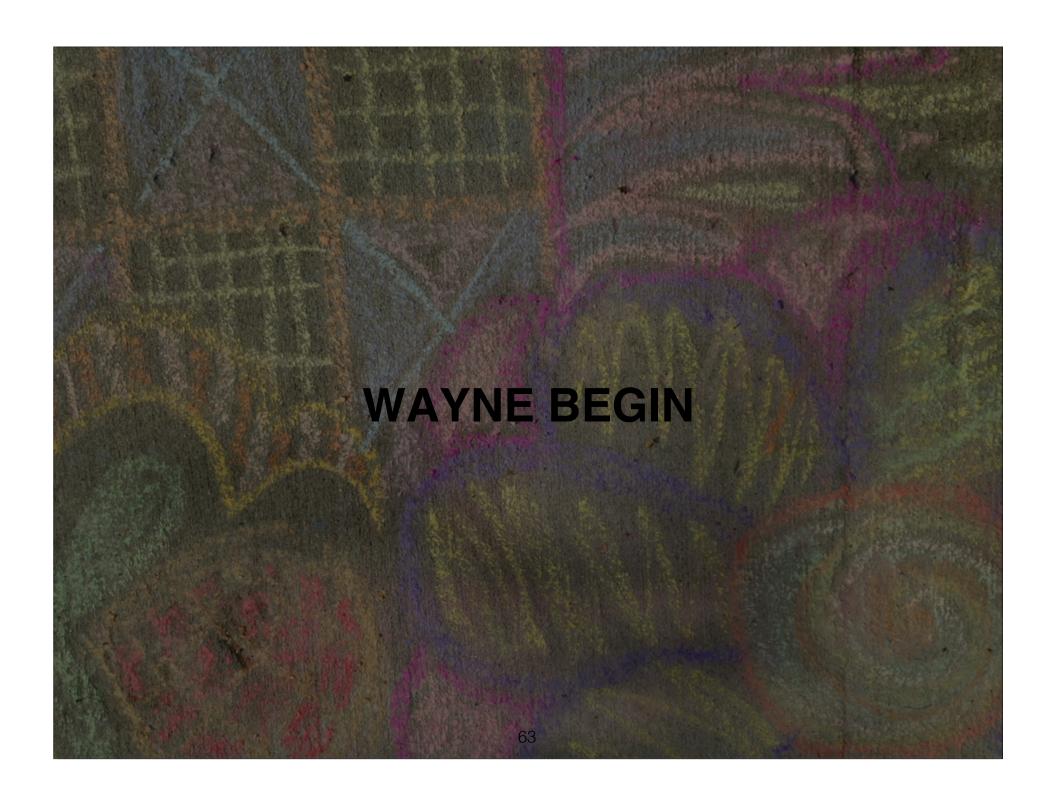


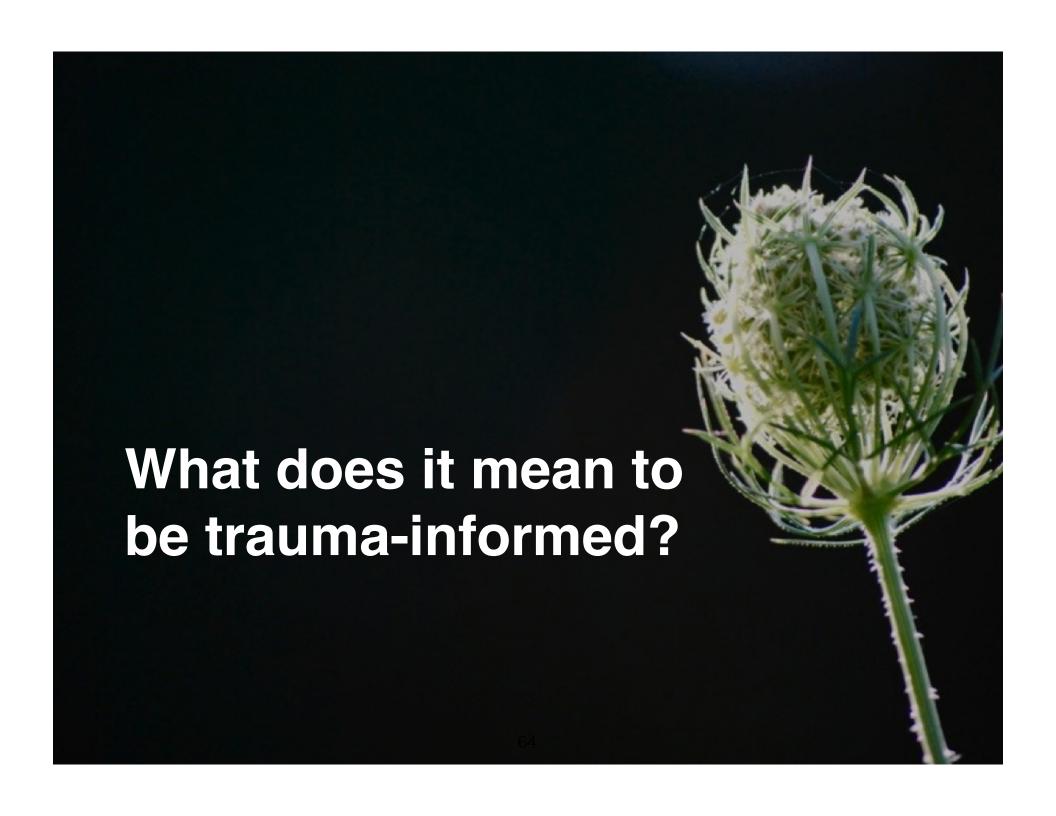
"The compassion we seek is that which stands in awe at what (people) have to carry, rather than stand in judgment about how they carry it."

Fr. Gregory Boyle, *Tattoos on the Heart*

END WAYNE



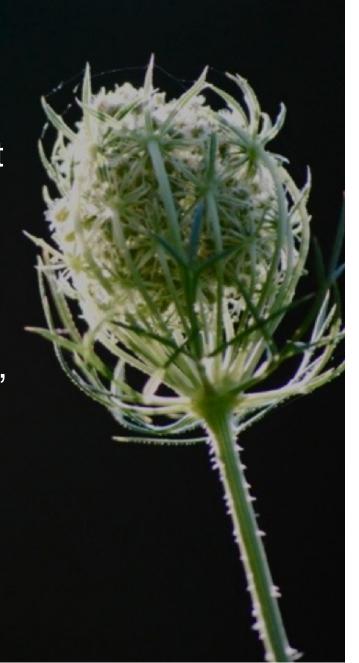




"A strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma.

It emphasizes physical, psychological, and emotional safety for providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment"

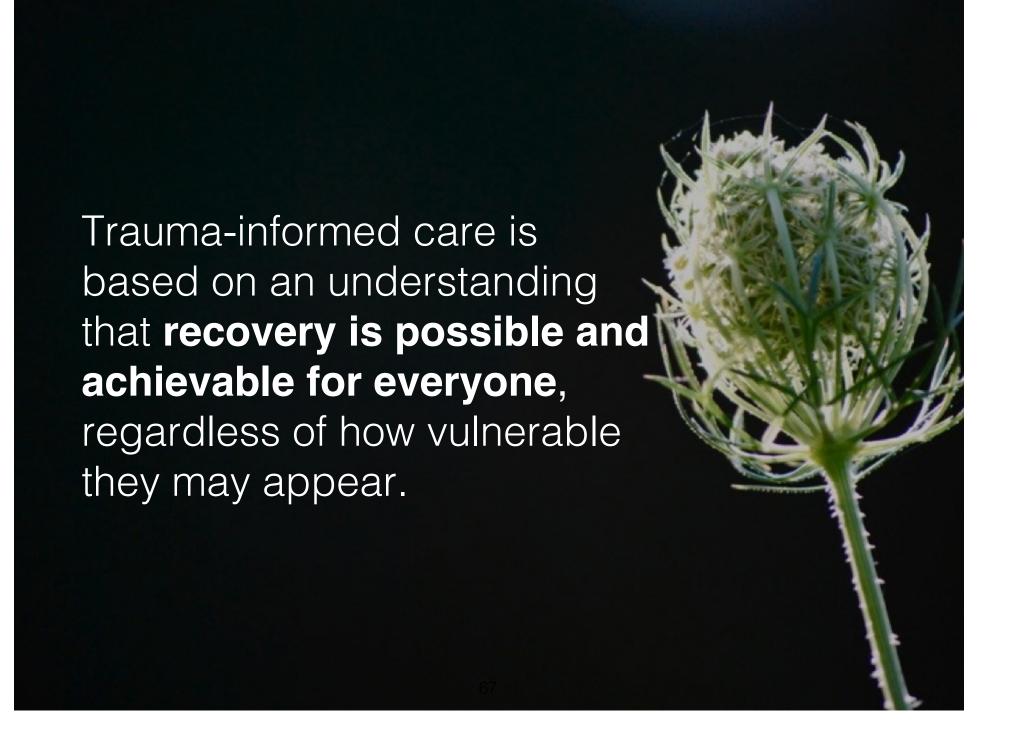
Hopper, Bassuk, & Olivet, 2010





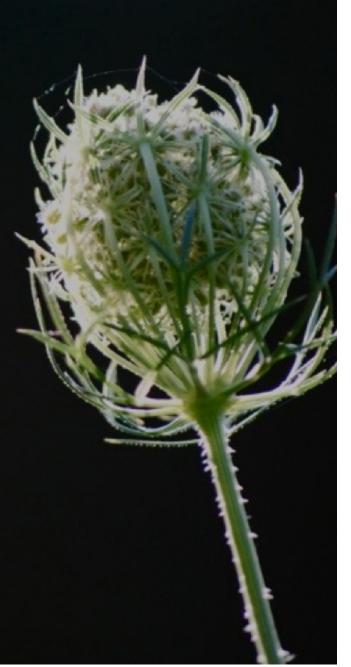
Post-traumatic growth

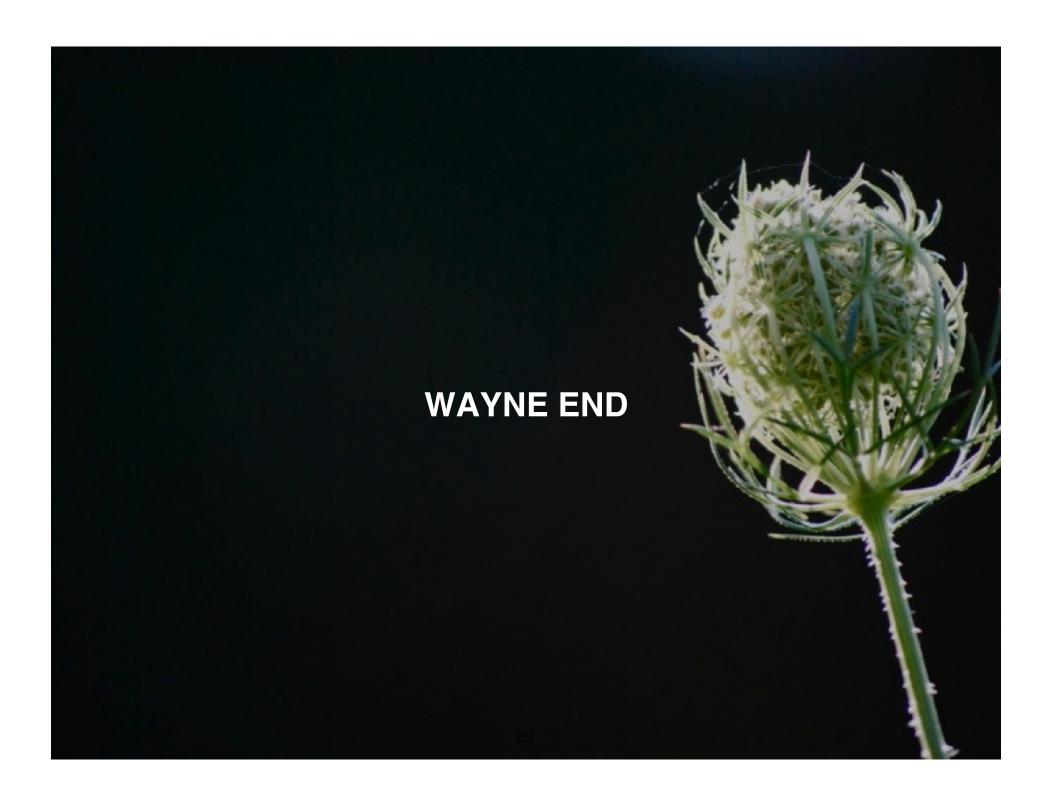
New opportunities emerge
Change in relationships
Increased sense of inner strength
Greater appreciation of life
Deepened sense of spirituality/meaning



Trauma-informed organizations must provide services through the lens of trauma. This may involve modifying their values, principles, culture, and practices.

Various policies and procedures must be put in place—with input, feedback, and involvement of program participants.





Principles

Understanding trauma and its impact

Promoting safety

Supporting client control, choice, and autonomy

Sharing power and governance

Promoting healing through relationships



Principles

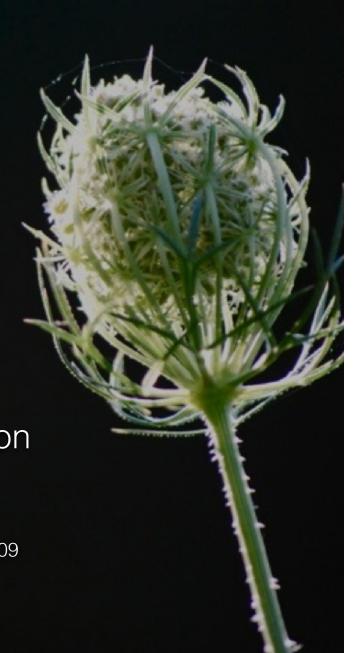
Practicing cultural humility

Integrating care

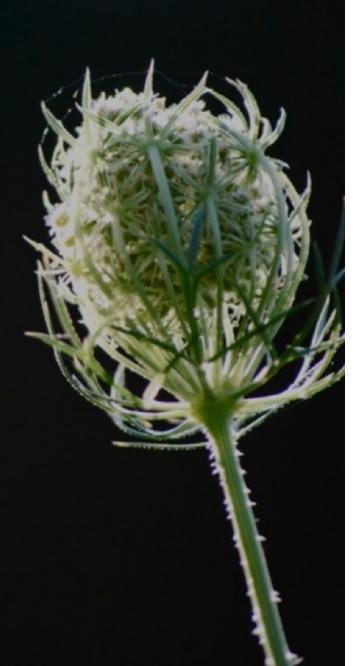
Recognizing that recovery can and does happen

Addressing secondary traumatization and promoting self-care

Adapted from Guarino, Soares, Konnath, Clervil, & Bassuk, 2009



A trauma-informed perspective differs from traditional views of service provision.



Traditional: Hierarchical

"In our program, we need to set certain rules, and clients have to follow them. It may not always seem fair, but my boss tells me what I have to do, and I need to make sure clients do what they have to do."



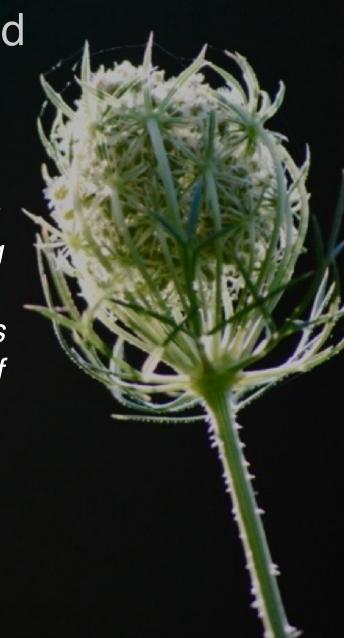
Trauma-Informed:
Decrease hierarchy. Find ways to share power.

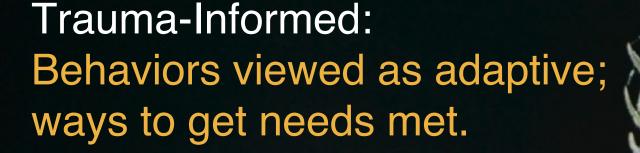
"In our agency we try to listen to what people perceive to be their strengths and encourage them to make their own life choices while also asking people to follow certain rules for the good of the group."



Traditional: Behaviors viewed negatively

"I have a client who is manipulative and is always splitting staff. She goes to one person and asks for something and then goes to someone else and asks for the same thing when she has already heard "no." She keeps a lot of secrets about her past and lies about where she has been or what she has been doing when she misses appointments."





"Amy has experienced very hurtful relationships in the past. She has difficulty trusting people and is understandably reluctant to reveal what's really going on with her. Hopefully, as our relationship develops, she will become more trusting over time."

A word about words...

Manipulative

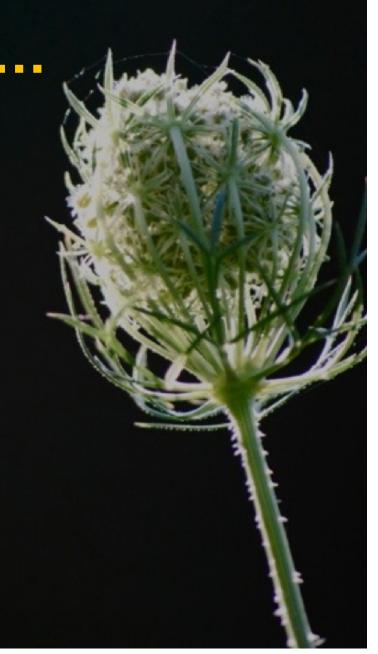
Non-compliant

Putting self at risk

Unmotivated

Attention-seeking

Entitled



Traditional: Service providers are the experts

"This mother has a lot of problems that she just can't seem to see. She clearly needs to prioritize her time and efforts to succeed. We are going to have to get her to understand what she is needs to do and how she needs to change."

Trauma-Informed:

The helping relationship is a

partnership; expertise is shared

"We elicit people's own hopes and needs and acknowledge their autonomy to make their own choices. We offer specific services such as counseling, parenting groups, and household management classes, and invite people to participate in the ones they choose."



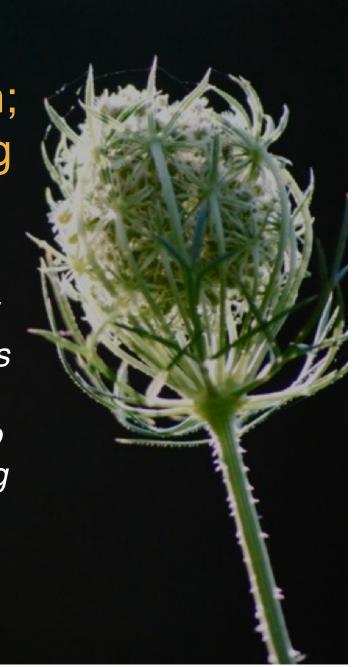
Traditional: Goals defined by the provider; focused on reducing negative behaviors

"My client needs to stop blaming others for his problems, deal with his anger, and take his meds the way he's supposed to. I need to help him see the importance of these goals."

Trauma-Informed:

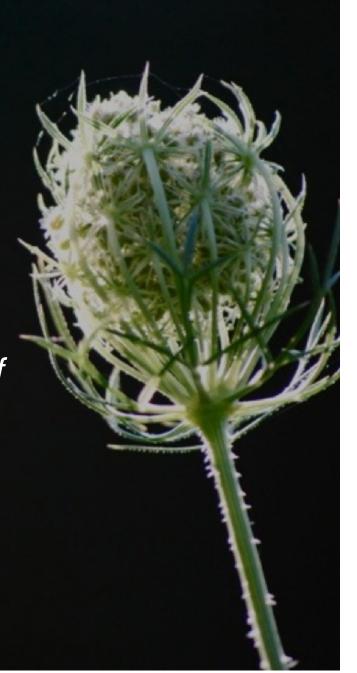
Goals defined by the person; focus is on recovery, gaining confidence, and healing.

"I am talking with Jen about what goals she would like to set for herself in addition to finding housing, which is an expectation of our program. I'm interested in what's most important to her and how to assist her in achieving her goals."



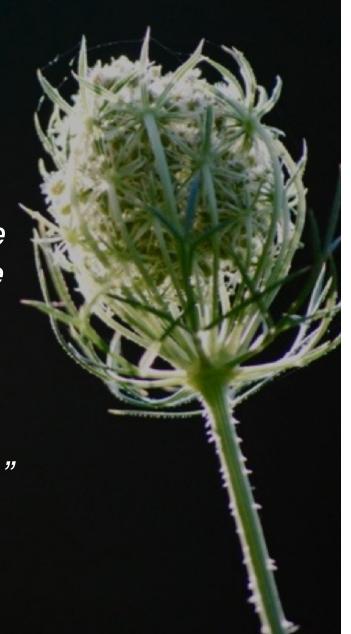
Traditional: Reactive, crisis-driven

"There are frequently clients who are in crisis in our office. It feels like we are always putting out fires with the families. We are never sure when something is going to set someone off or why things escalate to such an intense situation."



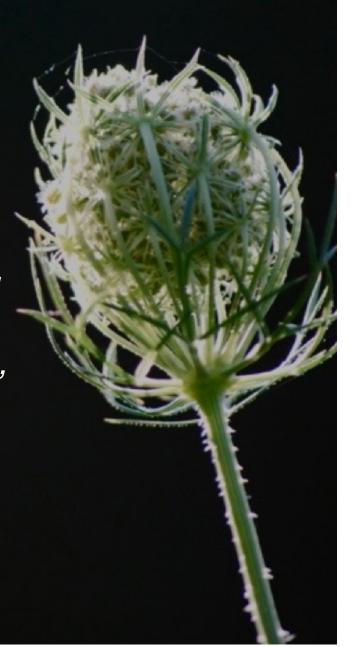
Trauma-Informed: Proactive, attempt to avoid future crises.

"Guests know that this is a safe space to come when they are struggling. We have plans in place with each of them about what to do in the case of a crisis, and we're always working with them to anticipate and plan for situations that may be tough for them."



Traditional: Views people as vulnerable, broken, needing protection from themselves

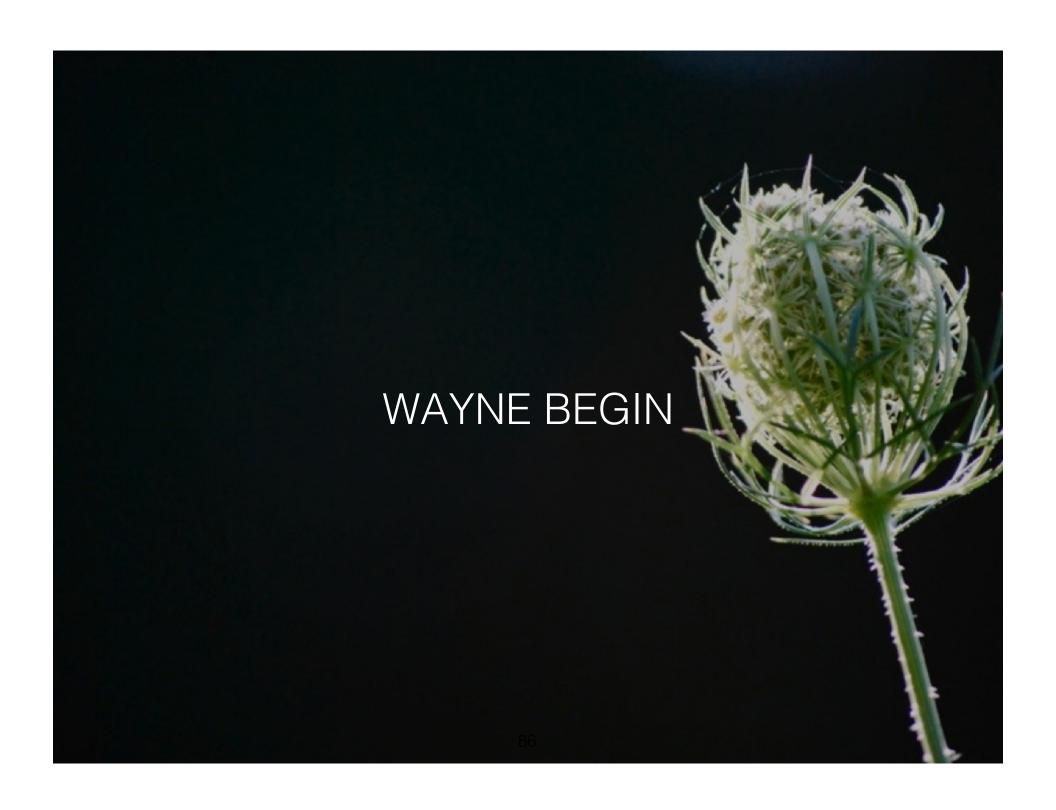
"I can't leave decisions up to the mothers themselves, because nothing will ever happen. They don't know where to begin and if given the choice, they would probably make unhealthy decisions for their families."



Trauma-Informed: Focus on strengths, control, choice essential for success

"I marvel at the resourcefulness of our families and try to call it out whenever I can. Often, the mothers aren't used to people recognizing their strengths. It makes them uncomfortable at first, but over time, it really builds a deep confidence in themselves."





Integrating a trauma-info

Mindset and heart-set of trauma-informed approach

PARTNERSHIP - a collaboration; showing profound respect for the person; both parties have expertise; dancing rather than wrestling; best practices are not done "on" or "to" a person, but "with" and "for" the individual

ACCEPTANCE

Prizing person's inherent worth and potential

Providing accurate empathy

Supporting autonomy

Affirming strengths

Empathy: The Human Connection to Patient Care

https://www.youtube.com/watch?v=cDDWvj_q-o8

COMPASSION – coming alongside someone in their suffering; actively promoting the other's welfare; giving priority to the person's needs

EVOCATION - eliciting the person's own knowledge, wisdom, strengths, and motivation; "you have what you need and together we will find it"

Activity:

Assessing current adherence to being trauma-informed

TICOMETER

FIVE DOMAINS

Build trauma-informed knowledge and skills

Establish trusting relationships

Respect service users

Foster trauma-informed service-delivery

Promote trauma-informed procedures and policies



TICOMETER

35 items

Scores at domain level and overall

15-minute administration

Psychometrically validated



Conversation

Strengths

Areas for growth

TICOMETER

All staff, all levels can complete the TICOMETER

Greater diversity of staff who complete it, the more accurate the results





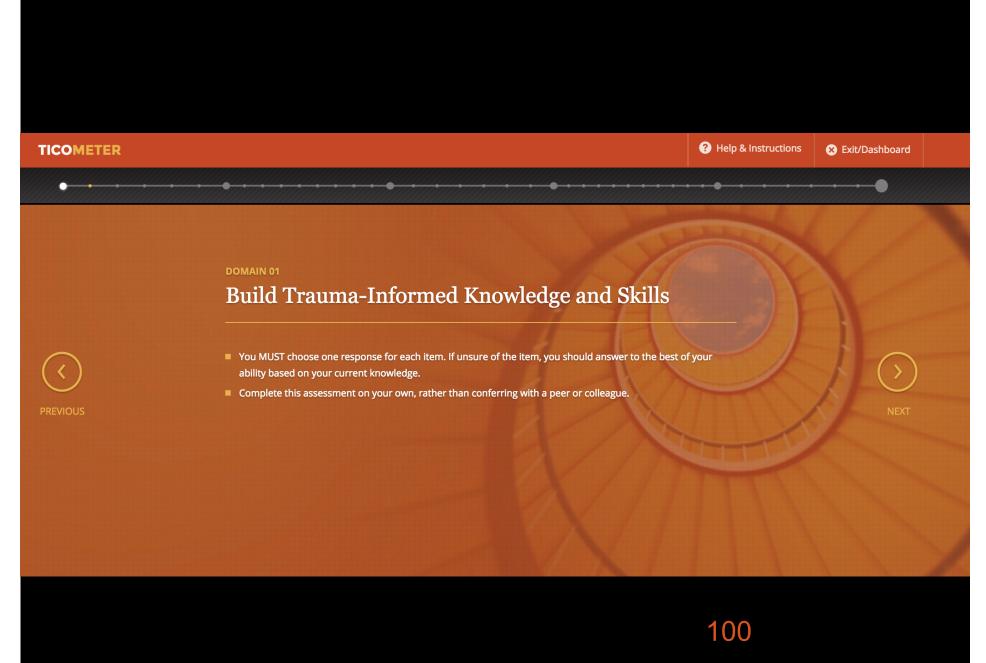


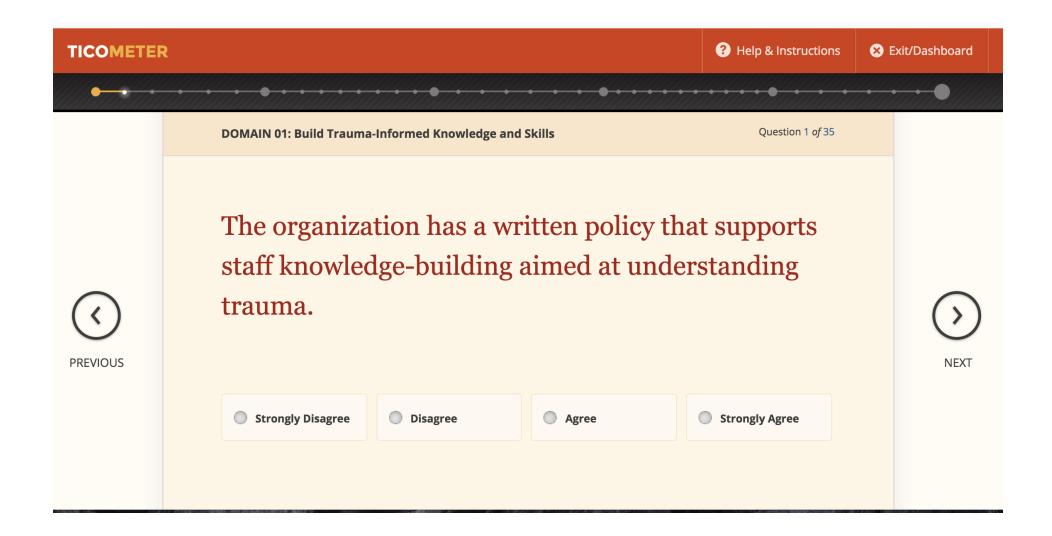
TICOMETER

Welcome to the TICOMETERTM, a brief, user-friendly online tool to measure trauma-informed care in human service organizations. The following screens will guide you through 35 questions that assess trauma-informed policies and practices in your organization. Please answer each question to the best of your ability, answering on behalf of your organization rather than your own individual performance.

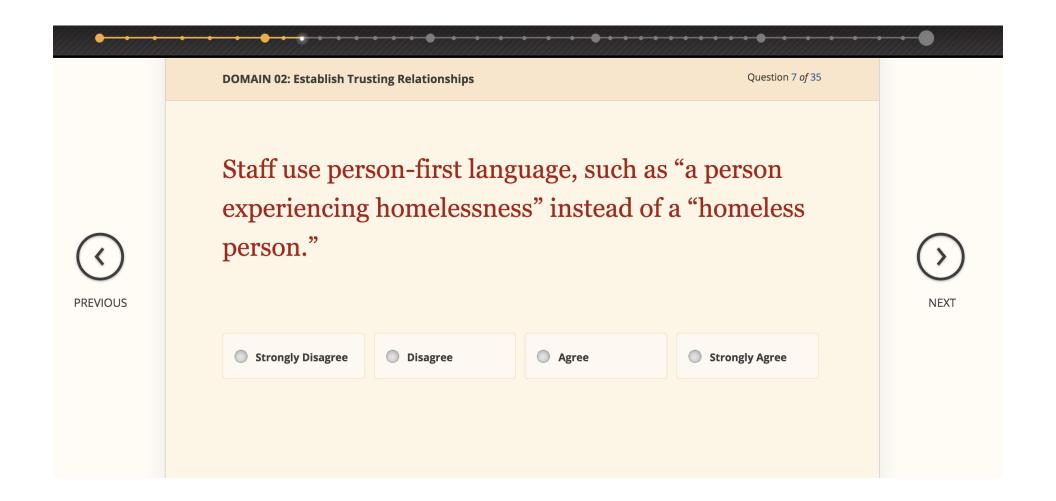
Begin Assessment

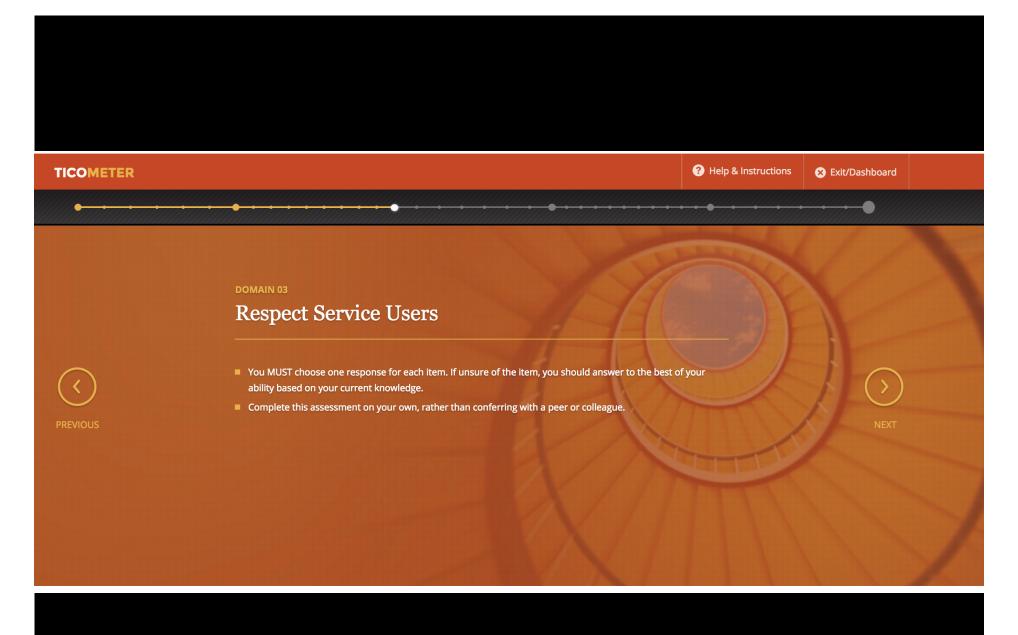


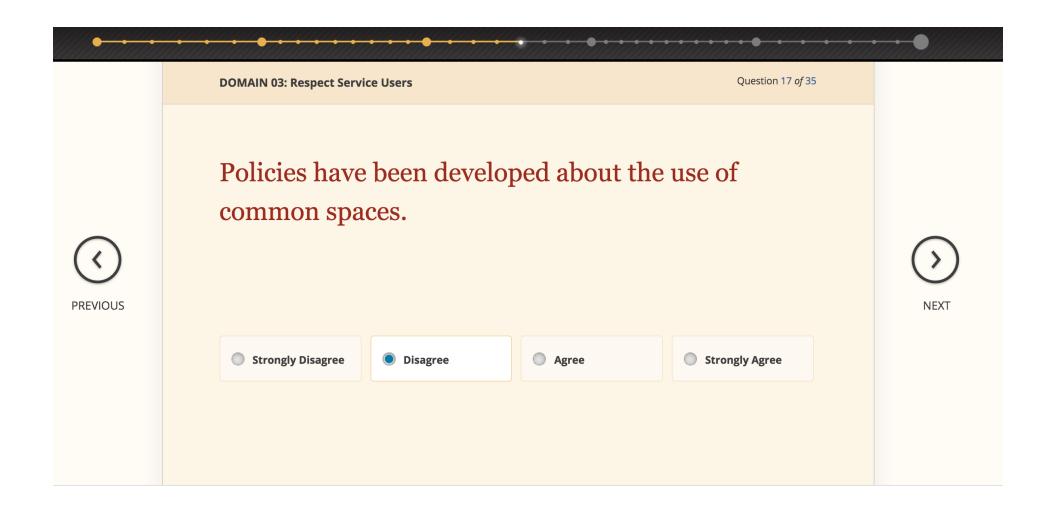


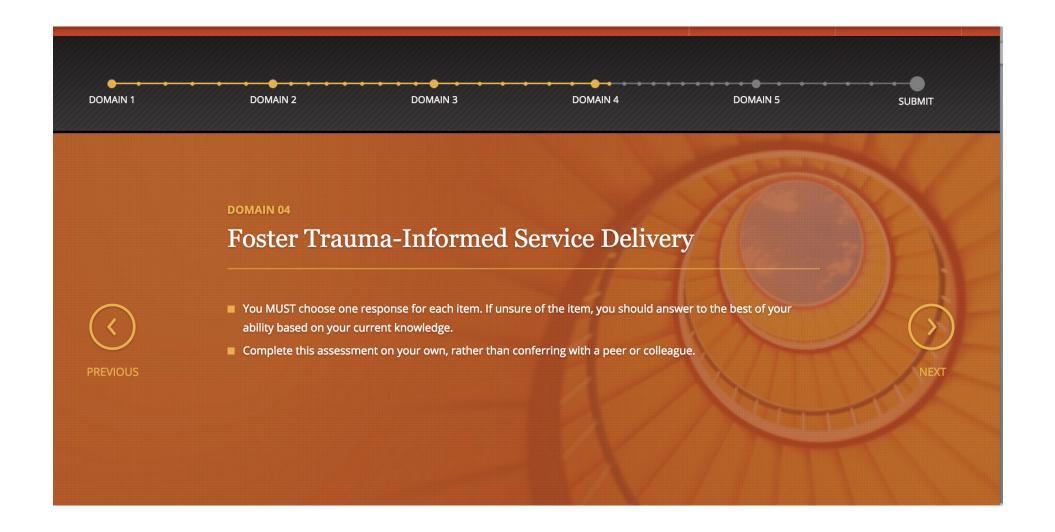


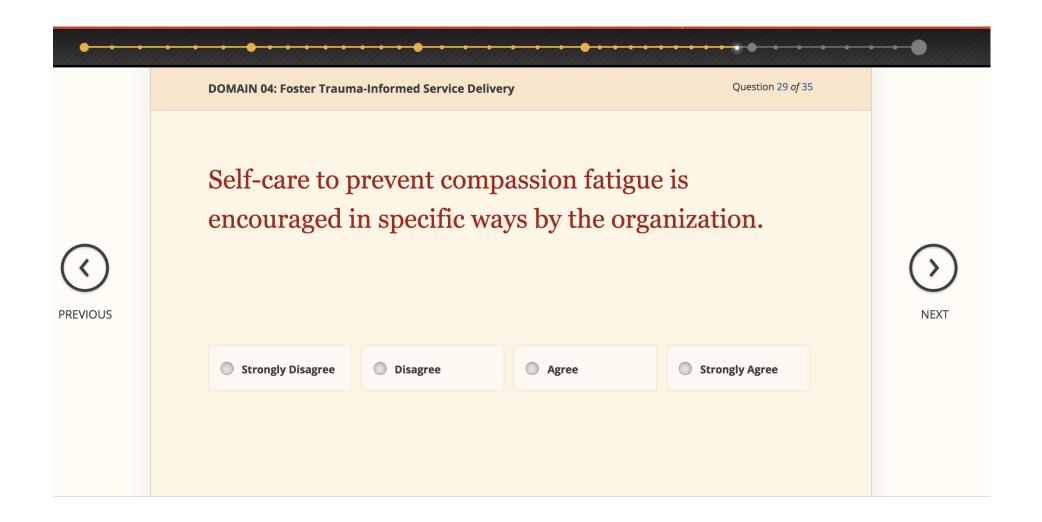
DOMAIN 02 **Establish Trusting Relationships** You MUST choose one response for each item. If unsure of the item, you should answer to the best of your ability based on your current knowledge. ■ Complete this assessment on your own, rather than conferring with a peer or colleague.











DOMAIN 05

Promote Trauma-Informed Procedures and Policies



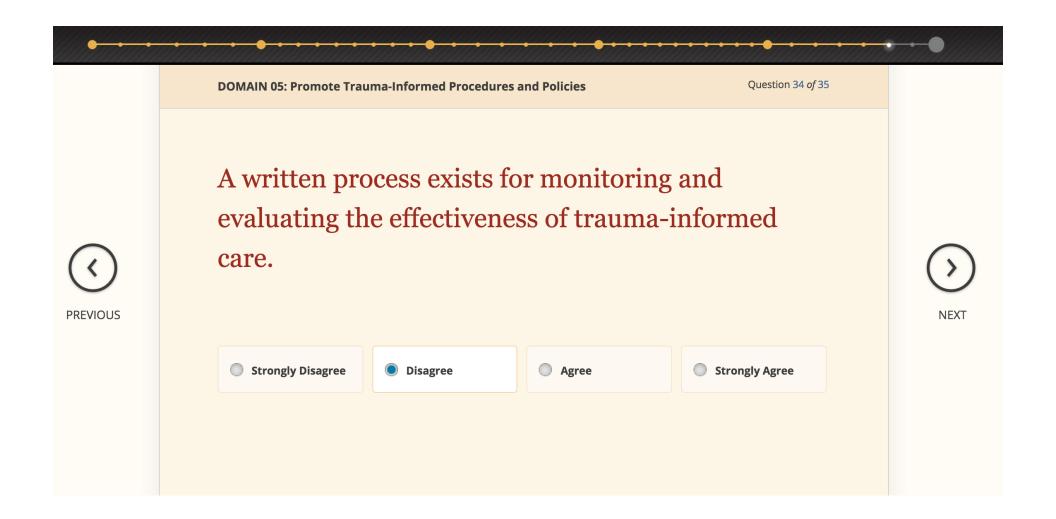
PREVIOUS

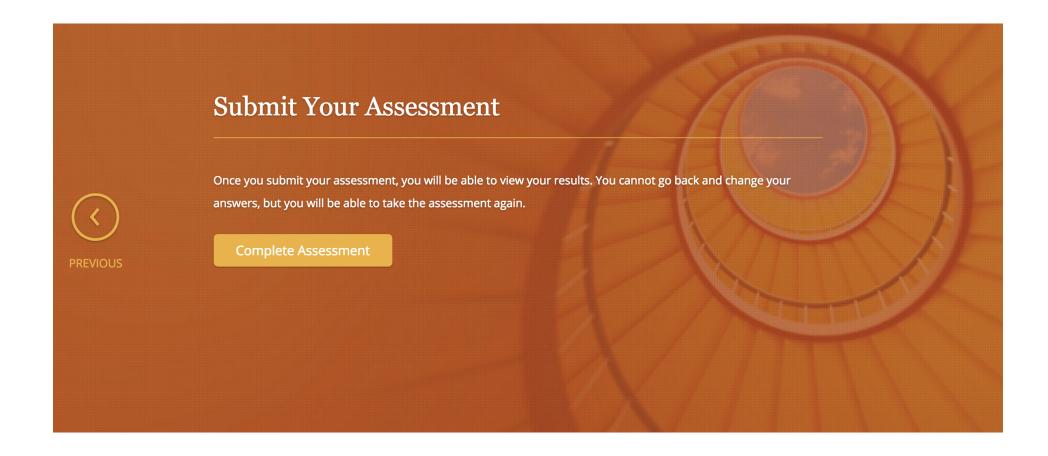
You MUST choose one response for each item. If unsure of the item, you should answer to the best of your ability based on your current knowledge.





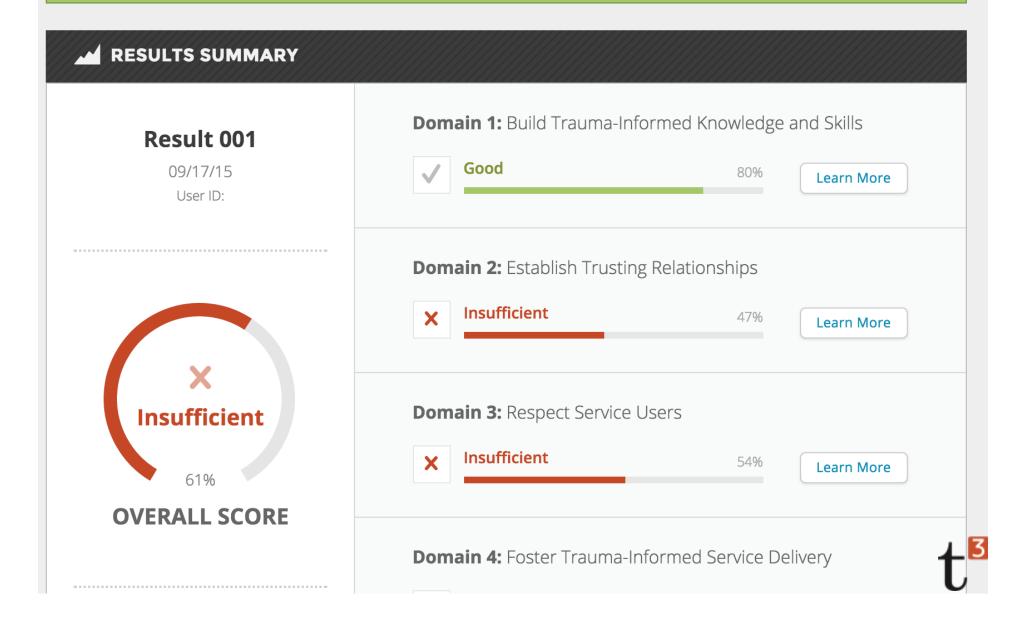
NEXT







Thank you for completing and submitting your assessment.



DOMAIN 1: BUILD TRAUMA-INFORMED KNOWLEDGE AND SKILLS



Domain Feedback

Trauma-informed care (TIC) is grounded in an understanding of the nature and impact of trauma; it emphasizes physical and emotional safety for both providers and service users, and creates opportunities for service users to rebuild a sense of control and empowerment.

Commitment to TIC is best ensured when organizations develop a written policy that supports knowledge and skill building among all administrators, staff and service users. This can be accomplished by providing ongoing training and technical assistance about trauma and strategies for translating knowledge into skills. Whenever possible, training should be based on adult learning principles, and should be ongoing, experiential, and interactive.

Training about trauma should be comprehensive, culturally sensitive, and include input from service users. Information about the prevalence, nature, and impact of trauma on both brain and body as well as its mental health consequences. Emphasis should be placed on post trauma responses, dissociation, and factors related to the development of post traumatic stress disorder (PTSD). Research about the impact of adverse childhood experiences, complex trauma, and toxic stress on children are also important. In addition to creating a common knowledge base, issues such as relationship-building with providers, engaging service users, strategies for identifying and managing triggers, and the relationship between traumatic experiences and current difficult behaviors can be illustrated by including case vignettes. Principles of recovery, such as shared decision making, self-determination, and empowerment should be integrated in the training.

When training is completed—perhaps some months later—strategies for evaluating whether knowledge about trauma is acquired and retained can be assessed using a pre- and post-evaluation method, and later through a quiz. Determining whether this information is

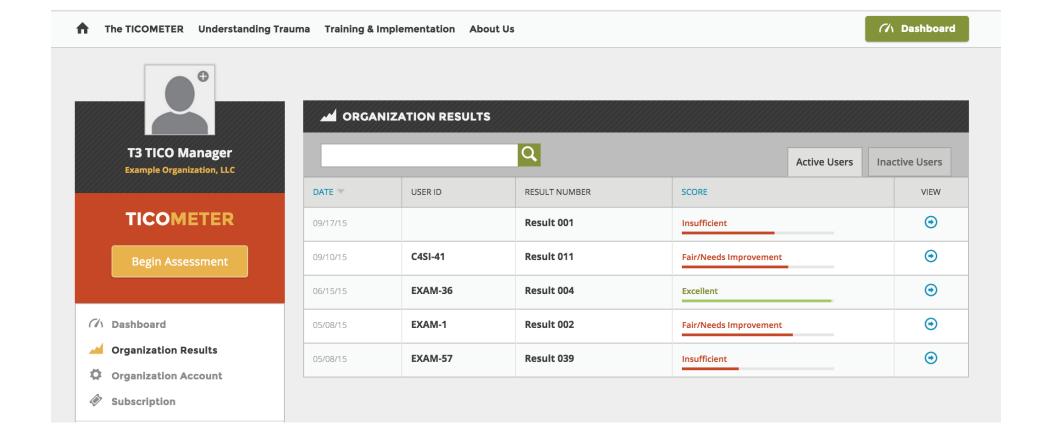
Good

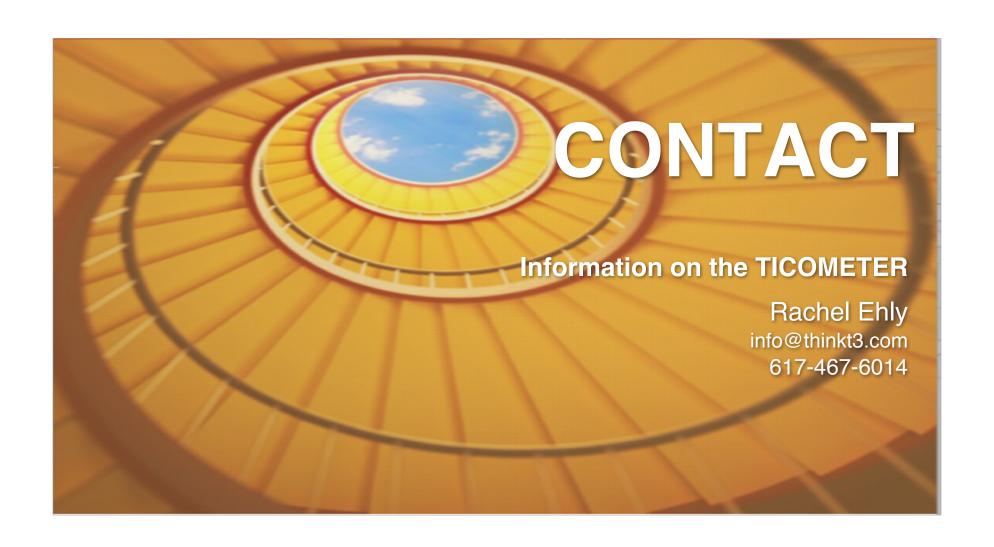
DOMAIN SCORE

80%

Questions Topics

- The organization has a written policy that supports staff knowledge-building aimed at understanding trauma.
- Ongoing training on trauma is required for all staff and administrators (including clinical and nonclinical staff, peer support staff, and volunteers).
- The organization offers training that describes the impact of trauma on brain and body.
- Knowledge gained about trauma is assessed through pre/post evaluation of training sessions.
- Individual supervision that addresses secondary traumatic stress is provided to all staff on a regular basis.







Thank you.