Trauma Informed Care

Social Workers on the Front Line of the Opioid Epidemic Learning Collaborative

Spring 2020 Webinar Series
Today’s Presenter

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Learning Objectives

- Evaluate risk and protective factors throughout lifespan development with focus on how adverse childhood experiences (ACE) can impact an individual’s bio/psycho/social development.
- Understand how mind-body-brain assessment can inform top-down or bottom-up interventions with complex cases in the field of children, youth, adults, and healthy aging.
- Evaluate the role that the science and cultural humility plays in guiding neurobiologically informed assessment and intervention choices for complex cases.
- Enhance self-awareness by critically evaluating thoughts, feelings, and behaviors when working with complex cases.
Trauma, ACE and Development
What is Trauma?

- Trauma has three key elements

- Individual trauma results from an event, or series of events or set of circumstances that is experienced directly or indirectly as overwhelming or life-changing, that has profound effects on the individual's well-being, psychological development or has physiological, social and/or spiritual impact.

Results in Vicious Loop
Trauma Shapes Our Beliefs

- Worldview
- Spirituality
- Identity
Responses to Traumatic Events (in the moment)

- Aches and pains such as headaches, backaches, etc.
- Weakness, dizziness, and fatigue most of the time.
- Heart palpitations, profuse sweating, and chills
- Changes in sleep patterns
- Changes in appetite and digestive problems
- Being easily startled by noises and/or unexpected touch.
- Increased susceptibility to allergies, colds, and illnesses.
- Increased alcohol consumption and/or substance use.
- Anxiety, depression, mood swings, self-destructive behavior, flashbacks, numbness and phobias
Adverse Childhood Experiences

- Child physical abuse
- Child sexual abuse
- Child emotional abuse
- Physical Neglect
- Mentally ill, depressed or suicidal person in the home
- Drug addicted or alcoholic family member
- Witnessing domestic violence against the mother
- Loss of a parent to death or abandonment, including abandonment by divorce
- Incarceration of any family member
ACEs Overview

- Adverse childhood experiences are surprisingly common, although typically concealed and unrecognized.
- ACEs still have a profound effect 50 years later, although now transformed from psychosocial experience into organic disease, social malfunction, and mental illness.
- Adverse childhood experiences are the main determinant of the health and social well-being of the nation.
- The estimated overall percentage reductions in chronic health conditions associated with preventing all adverse childhood experiences in a recent CDC study across 25 states ranges from: COPD (27%); Depression (44.1%), current smoking (32.9%), and heavy drinking (23.9%).

Source: [https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm?s_cid=mm6844e1_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm?s_cid=mm6844e1_w)
Mind-Body-Brain Assessment of Risk and Protective Factors
Adverse Childhood Experiences (ACEs) Affect on Health and Well-being

Adverse Childhood Experiences (ACE) and adolescent health. Retrieved from https://www.cdc.gov/violenceprevention/acestudy/
Dose-Response Relationship: More ACEs = More Disease

Source: https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm?s_cid=mm6844e1_w
Higher ACE Score $\equiv$ Increased Substance Use

- Early initiation
- Greater duration/length
- Use more
- Have a harder time quitting

We CANNOT assess for TRAUMA without also assessing for RESILIENCE.

*Resilience is the ability to adapt well to stress, adversity, trauma or tragedy*

**Emotional regulation:** The ability to control our emotions, attention, and thus our behavior

**Impulse control:** The ability to manage expression of our feelings.

**Reaching out:** The continued drive to take on more challenges and opportunities

**Empathy:** Able to read others behavior, to understand their states, and build relationship

**Accurate identification** of the cause of adversity

**Realistic optimism:** Being positive about the future and realistic

**Self-efficacy:** The sense that we can solve problems and succeed

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Build Protective Factors

- Behaviors, characteristics and qualities inherent in some personalities that will assist in recovery after exposure to a traumatic event
  - Environment
  - A reliable support system (friends, family)
  - Access to safe and stable housing
  - Timely and appropriate care from first responders
  - Behaviors
  - Good self care, such as sleeping at least 8 hours a night
  - Eating nutritious foods
  - Exercise
  - Practicing good boundaries
  - Using positive coping mechanisms vs. negative coping mechanisms
Language Matters

- Vocabulary reinforces feelings and beliefs
- Helps guide behavior
- Leads to greater options for acting
- Allows us to be able to recognize resilience in self/others
Three Statements of Resilience

I Have...
  a recognition of what is available

I Am...
  a recognition of my value

I Can...
  a recognition of mastery, sense of the future

-Strengthening the Human Spirit by Edith Grotberg, PhD 1995
Neurobiologically Informed Interventions (Top Down and Bottom Up)
The Amazing Brain
Brain Development

Cortex

Limbic

Diencephalon

Cerebellum

Brainstem

Cognition (Abstract & Reflective)
Cognition (Concrete)
Affiliation
Attachment
Reward
Sexual Behavior
Emotional Reactivity
Motor Regulation
Arousal
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Body Temperature

Dr. Bruce D Perry, 2004-2015
Impact of Trauma on Brain Development

Typical Development
- Cognition
- Social/Emotional
- Regulation
- Survival

Developmental Trauma
- Cognition
- Social/Emotional
- Regulation
- Survival
Survival Mode Response

Inability to

• Respond
• Learn
• Process

STRESS
McLean’s Brain

- Thinking Brain
- Mammal Brain
- Reptilian Brain

Where is Trauma held the longest?
Different Interventions for Different Mental States

- Top-Down approach questions the client’s thoughts in therapy. It begs the question: *What is wrong with your thinking, and how do we fix it?*
- Bottom Up Interventions are effective because it assumes that you must first recognize and soothe feelings.
  - *It is difficult to change your thoughts long term about anything without first noticing the feeling that triggers the thought, and working to address it from the primal part of your brain.*
Impact the Lower Brain

Rhythmic
Respectful
Rewarding
Repetitive
Relational
Relevant

Activating the Lower Brain
Activating the Lower Brain

Touch
Activating the Lower Brain

Movement
Neurobiologically Informed Interventions – Trauma Informed Care & Addictions
Trauma and Addictions
Gabor Mate’s Definition of Addiction

Early emotional loss is the template for all addictions

Any behavior that is associated with:

• Craving and temporary relief
• Long-term negative consequences
  
  That a person is unable to give up

Early emotional loss is the template for all addictions
As Gabor Mate notes in his book, *In the Realm of Hungry Ghosts*, those with substance use disorder

“self-medicate to soothe their emotional pain – but more than that, their brain development was sabotaged by their traumatic experiences.”

Potential Reasons for Addictions

- Stay Safe
- Redefining Oneself
- Create alignment
- Create a tolerable work
- Be in control
- Escape memories
- Soothe pain

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What are the Benefits of Adopting Trauma-Informed Approaches?

- Increases safety for all
- Improves the social environment
- Cares for the caregivers
- Improves the quality of services
- Reduces negative encounters and events

- Creates a community of hope, healing and recovery
- Increases success and satisfaction at work
- Promotes organizational wellness
- Improves the bottom line
SAMSHA’s Trauma Informed Care Principles

- Safety
- Trustworthiness & transparency
- Peer support
- Collaboration & mutuality
- Empowerment, voice & choice
- Cultural, historical & gender issues
Cultural Humility is another way to understand and develop a process-oriented approach to competency.

“the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”
Hook et al, 2013

- Tervalon & Murray-Garcia, 1998
How to Assess: Culturally Sensitive Trauma-Informed Care

...Questions Providers Should Ask

**LISTEN**

...for variations in understanding. Ask:
- What is your understanding of what’s happened?
- What is worrying you the most?
- What does your family think about it?

**BE OPEN**

...to involving other professionals. Ask:
- Who do you normally turn to for support?
- Who else should be involved in helping your child?
- Are you open to outside referrals and resources?

**RESPECT**

...different communication practices. Ask:
- Who typically makes the decisions about your child?
- What information should be shared with your child?
- Is there anyone else you would like me to talk to?
Increasing Self-Awareness as Therapeutic Tool (especially with tough cases!)
Survival Mode Response includes us as well

Inability to
- Respond
- Learn
- Process
Staff/Treaters

- Often have their own traumatic histories
- Seek to avoid re-experiencing their own emotions
- Respond personally to others’ emotional states
- Perceive behavior as personal threat or provocation
THE BURNOUT CURVE

Work Output and Satisfaction

Excessive expectations
Hard work, low reward
Increased effort, no result
No end in sight
Rage towards others
Mental/physical exhaustion
Descent into cynicism
Feelings of despair and hopelessness
Loss of belief in any better future
Collapse

Sense of Emptiness and Worthlessness
Increase curiosity about your own mind

Am I able to be curious and unknowing right now?

Am I “offline?”
Model being explicit

- Sharing when feeling pushed away or unable to think clearly
- Note when you don’t have the answer
- Be curious about why you might not be able to think clearly
- Note shifts out loud such as “I feel like I might have pushed you away” or “I am worried I might have overstepped”.

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Questions & Comments

Thank you!
Resources

• Robert Wood Johnson Foundation (2013) *Health Policy Brief: Patient Engagement*. People actively involved in their health and health care tend to have better outcomes—and, some evidence suggests, lower costs. [https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf404446](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf404446)


• Trauma 101- [https://youtu.be/1pNwHMjPrxY](https://youtu.be/1pNwHMjPrxY)


• Trauma-informed Care in BH Services - [https://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf](https://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf)
TIP 57: Trauma-Informed Care in Behavioral Health Services

Assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. Discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce. Inventory#: SMA14-4816

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