

Trauma-Informed Treatment Services

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Facts about Trauma

- Trauma is pervasive.
- The impact of trauma is very broad and touches many life domains.
- The impact of trauma is often deep and life-shaping.
- Violent trauma is often self-perpetuating.
- Trauma is insidious and preys particularly on the more vulnerable among us.
- Trauma affects the way people approach potentially helpful relationships.
- Trauma has often occurred in the service context itself.

What does the prevalence data tell us?

- Many people with trauma histories have overlapping problems with mental health, substance abuse, physical health and are victims or perpetrators of crime.
- Victims of trauma are found across all systems of care.

(Source: NASMHPD 2008)

Therefore...

We need to presume the clients we serve have a history of traumatic stress and exercise "universal precautions."

(Source: NASMHPD 2008)

Critical and Interrelated Issues

- Substance Abuse
- Mental Health
- Trauma
- Physical Health

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Selected Research Findings On PTSD and Substance Use Disorders

- Among adolescents lifetime rates of PTSD have been found ranging from 6.3% in a community sample of older adolescents.
- 29.6%, in substance-dependent adolescents aged 15 to 19 receiving treatment.
- Among the substance-dependent adolescents, 19.2% currently had PTSD.

Giaconia RM, Reinherz HZ, Silverman AB, Pakiz B, Frost AK, Cohen E. Traumas and posttraumatic stress disorder in a community population of older adolescents. *J Am Acad Child Adolesc Psychiatry* 1995; 34:1369-1376.

Statistics

- Estimates of lifetime exposure to interpersonal violence in persons with severe mental illness are between 43% and 81%
- Up to two-thirds of both men and women in substance abuse treatment report childhood abuse or neglect.
- 75% of women in treatment programs for drug and alcohol use report having been sexually abused.

7. Carmen, E. et. al. (1984). Victims of Violence and Psychiatric Illness. *American J of Psychiatry*, 141, 378-382.
8. Hutchings, P.S., & Dutton, M.A. (1993). Symptom severity and diagnoses related to sexual assault history. *Journal of Anxiety Disorders*, 11(6), 607-618.
9. Jacobson, A. (1989). Physical and sexual assault histories among psychiatric outpatients. *Am J Psych*, 146(6), 756-758.
10. Jacobson, A., & Richardson, B. (1987). Assault experiences of 100 psychiatric inpatients: evidence of the need for routine inquiry. *Am J Psych*, 144(7), 908-915.
11. Lipchitz, D.S., Kaplan, M.L., Soroken, J.B., Faedda, G.L., Chorney, P., & Asnis, G.M. (1996). Prevalence and characteristics of physical and sexual abuse among

Statistics

- Overall, studies estimate that 30-60% of treatment-seeking substance abusers have PTSD.
- A Massachusetts study of adolescents and children in inpatient and intensive residential treatment found 82% had a history of trauma.
(Trauma Summit Report)

13. Brown, P.J., Recupero, P.R., & Stout, R.L. (1995). PTSD substance abuse comorbidity and treatment utilization. *Addictive Behaviors*, 20(2), 251-254.
14. Grice, DE, Dustan, LR, Brady, KT, et al. (1995). Assault, Substance Abuse, and Axis I Comorbidity. *Am J Addict*, 4:1-9

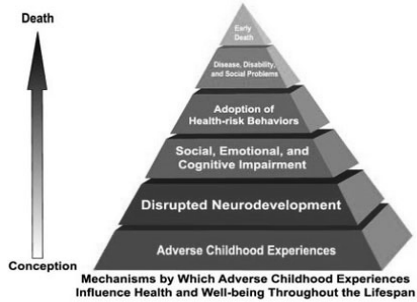
Symptoms of Trauma During Adolescence

Teens who have been physically assaulted themselves are twice as likely to suffer clinical depression; while sexual assault victims were 80% more likely to suffer from post-traumatic stress syndrome than other teens. It is estimated that nearly 1/5th of teens in the U.S. are suffering from emotional disorders. Sad but true.

Source: "Trauma Through A Child's Eyes"
Peter A. Levine

Adverse Childhood Experiences

(www.ACEstudy.org)



ACE Study

(Adverse Childhood Experiences)

Growing up experiencing any of the following conditions in the household prior to age 18:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

www.acestudy.org

Childhood Traumatic Events Largest Effect-Mental Health

- 980% increase in odds if exposure to 7 CTE's
- 500% increase in Alcoholism with 4 or more CTE's

(Messina & Grella, 2005)

Childhood Trauma

- Adverse childhood experiences are surprisingly common, although typically concealed and unrecognized.
- ACE's still have a profound effect 50 years later, although now transformed from psychosocial experience to organic disease, social malfunction, and mental illness.
- Adverse childhood experiences are the main determinant of the health and social well-being of the nation

Felitti, V.J.: Origins of Addictive Behavior: Evidence from the ACE Study. 2003 Oct;52(8): 547-59. German. PMID: 14619882 (PubMed-indexed for MEDLINE).

Definition of Trauma

The diagnostic manual used by mental health providers (DSM IV-TR) defines trauma as, "involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate."

"The person's response to the event must involve intense fear, helplessness or horror (or in children, the response must involve disorganized or agitated behavior)."
(American Psychiatric Assoc. [APA] 2000, pg. 463)

Traumatic Events

Trauma can take many forms:

- Emotional, sexual or physical abuse
- Extremely painful and frightening medical procedures
- Catastrophic injuries and illnesses
- Rape or assault
- Muggings
- Domestic violence
- Burglary

Traumatic Events (cont.)

- Witnessing murder
- Automobile accidents
- Immigration
- Natural disasters (hurricanes, earthquakes, tornadoes, fires, floods, volcanoes)
- Abandonment (especially for small children)
- Terrorism such as September 11, 2001
- Witnessing violence such as a parent harming another parent
- Personal Betrayals

Trauma & Abuse

- Sexual abuse
- Physical abuse
- Emotional abuse
- Domestic violence
- Witnessing abuse/violence
- Self-inflicted violence
- Stigmatization
 - *Gay, Transgendered
 - *Mental illness
 - *Physically challenged
 - *Incarceration
 - *People of Color
 - *Poverty

Disorders Related to Post-traumatic Stress Disorder

Depression	Anxiety
Panic disorder disorders	Physical
Phobic disorder abuse	Substance
Self Harm	Eating disorders

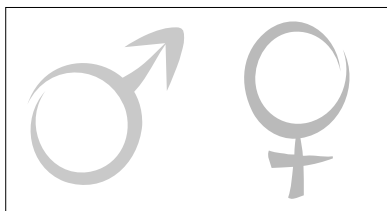
Post-Traumatic Stress Disorder

- Re-experiencing the event through nightmares and flashbacks
- Avoidance of stimuli associated with the event (for example, if a woman was raped in a park, she may avoid parks, or if she was assaulted by a blonde man, she may avoid men with blonde hair)
- Estrangement (the inability to be emotionally close to anyone)

Post-traumatic Stress Disorder (cont)

- Numbing of general responsiveness (feeling nothing most of the time)
- Hyper-vigilance (constantly scanning one's environment for danger, whether physical or emotional)
- Exaggerated startle response (a tendency to jump at loud noises or unexpected touch) (DSM – IV)

Trauma



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Women's Mental Health

- Women are nearly twice as likely as men to suffer from major depression.
- Rates of anxiety disorders are two to three times higher in women than men.
- Women are three times as likely to attempt suicide.

Women's Mental Health

- Having a history of violence, trauma or abuse is associated with increased risk of depression, post traumatic stress disorder (PTSD), panic disorder and a tendency to engage in risky behavior.
- Female veterans may face a higher risk of PTSD than their male counterparts.
- Resilience is a key factor in coping with and overcoming mental illness

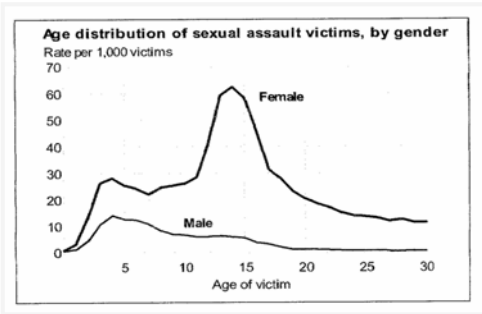
Source: Office on Women's Health

Statistics

The following statistics illustrate how pervasive interpersonal violence is in the lives of women and girls.

- The strongest risk factor for being a victim of partner violence is being female. (APA, 1996)
- Approximately 1.5 million women are raped or physically assaulted by an intimate partner each year in the US. (Bureau of Justice Statistics [BJS], 2000)

Sexual Assault Graph



Bureau of Justice Statistics

How Men Response to Trauma

- 90% of male sexual abuse survivors did not report the abuse until they were adults.
- Men are socialized to ignore or deny emotional pain.
- Men **externalize** emotions/feelings through anger and aggression.
 - get tougher
 - learn how to fight/survive

How Men Respond to Trauma

- Men are expected to handle their pain 'stoically' and alone.
- If men feel pain, they aren't supposed to acknowledge it, and certainly not ask for help, for this would reinforce the feeling of a 'lack of masculinity'
- There can be a feeling based on the notion that 'men' aren't supposed to be victims in the first place.
... there is no way to see men as "victims" and still as men.

Ruiters, K and Shefer, T. The Masculine Construct in heterosex - Agenda Vol. 37

Symptoms of Trauma During Adolescence

Teens who have witnessed violence are three times more likely to be involved in substance abuse. Some gender differences have been reported; Girls who show internal trauma symptoms (withdrawal, depression, somatic disturbances) or external trauma symptoms (irritability, defiance, acting out) have a higher incidence of substance abuse than girls who show no symptoms; while for boys, only externalizing behaviors correlated with substance abuse.

Source: "Trauma Through A Child's Eyes"
Peter A. Levine

Symptoms of Trauma

- **Hyper-arousal**
this is the most common reaction. It includes difficulty breathing (panting, shallow, rapid), increased heart rate, cold sweats, muscular tension, tingling, racing thoughts, worry.
- **Constriction**
this alters breathing, muscle tone and posture. It constricts blood vessels in the skin, arms, legs, and internal organs, and tenses muscles.
- **Hyper-arousal and constriction describe a physical response.**

Symptoms of Trauma (cont.)

- **Dissociation**
your mind disconnects from the event or physical reality of what is happening. This is a mind-body split. This feels like "losing time" and can include loss of memory.
- **Denial**
this is like dissociation only not as severe. A woman ignores or fails to acknowledge a feeling or situation or acts as though it is unimportant.

Dissociation and denial are part of the psychological response.

Trauma During Adolescence
When hyper-arousal predominates These symptoms
may appear over time:

- Panic attacks, anxiety and phobias
- Flashbacks
- Exaggerated startle response
- Extreme sensitivity to light and sound
- Hyperactivity, restlessness
- Exaggerated emotional response
- Nightmares and night terrors
- Avoidance behavior, clinging
- Attraction to dangerous situations
- Frequent crying and irritability
- Abrupt mood swings, e.g. rage reactions
- Temper tantrums
- Regressive behaviors, such as wanting a bottle, thumb sucking, bed-wetting, using fewer words
- Increased "risk taking" behaviors

Source: "Trauma Through A Child's Eyes"
Peter A. Levine

Trauma During Adolescence
When Dissociation Predominates,
These Symptoms May Emerge Over Time:

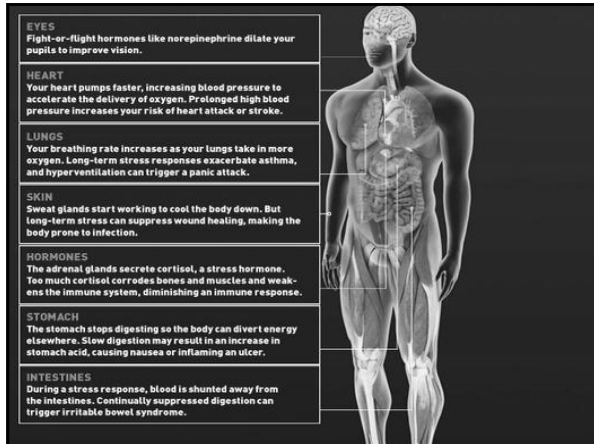
- Distractibility and inattentiveness
- Amnesia and forgetfulness
- Inability to organize and plan
- Feelings of isolation and detachment
- Muted or diminished emotional responses, making it difficult to bond with others
- Easily and frequently stressed out
- Frequent daydreaming and fear of "going crazy"
- Low energy and easily fatigued
- Excessive shyness with time spent in an imaginary world or with imaginary friends

Source: "Trauma Through A Child's Eyes"
Peter A. Levine

Trauma During Adolescence
When Constriction, Freeze and Immobility Predominate,
These Symptoms May Emerge:

- Headaches and stomachaches
- Spastic colon, asthma, digestive problems
- Feelings and behaviors of helplessness
- Bed-wetting and soiling
- Feelings of shame and guilt
- Avoidance behavior
- Repetitive play
- Diminished curiosity
- Diminished capacity for pleasure
- Postural and coordination problems
- Low energy/fatigues easily
- Clinginess/regression to younger behavior

Source: "Trauma Through A Child's Eyes"
Peter A. Levine



Trauma and the Brain

- Exposure to trauma can create a PTSD response in the limbic system
- The PTSD response can become complex and chronic.

Trauma and the Brain

- Trauma disrupts the chemistry of the brain and can predispose people to alcohol and drug use, eating disorders, self-injuring behavior and mental health problems.
- When Trauma occurs in childhood, it can have lasting effects on brain development.

Trauma And The Brain -The Limbic System-

- Stores highly charged emotional events, positive and negative.
- Processes the sense of smell directly
- Is the center of bonding and social connectedness
- Sets emotional tone, attitude, shading
- Tags events as internally important
- Controls appetite and sleep cycle
- Modulates libido (sexual desire)
- When the limbic system is less active, you experience calm and a more positive attitude
- When the limbic system is inflamed (i.e., as a result of trauma or stress), you experience more negativity, hyperarousal and/or depression
- The limbic system in women is proportionately larger than in men, providing them with increased ability to bond and experience and express emotions
- This also makes women more susceptible to depression and other emotional imbalances
- When the fear response is triggered, it is powerful and immediate

Trauma And The Brain Neurotransmitter disruption during the stress response:

The disruption of these messaging systems in the brain creates some of the symptoms of PTSD and are also involved in the addictive response.

Serotonin (responsible for emotional stability and homeostasis)

- When this system is disrupted, people experience depression and have a tendency to repeat maladaptive behaviors. This can also cause sleep and appetite irregularities.

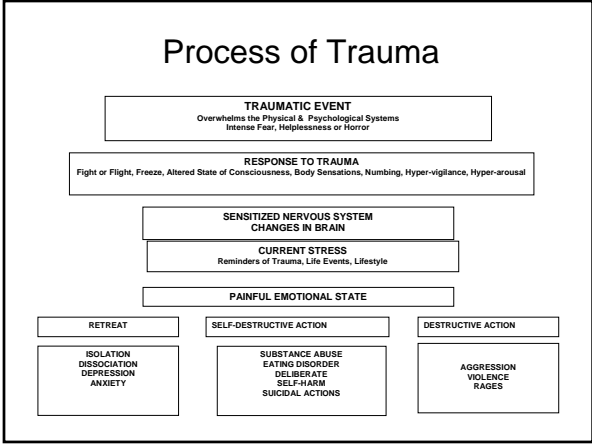
Dopamine (responsible for drive and pleasure rewards)

- Disruption of this neurotransmitter can create low motivation, avoidance, or hyper-arousal.

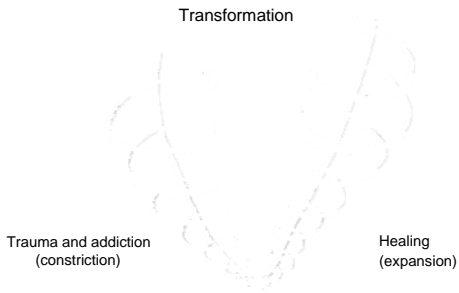
Opioid Peptides (endogenous pain relievers)

- Disruption of this neurotransmitter can create a pain sensitivity, low pain tolerance, or numbing.

Disruption of these systems can become chronic.



Upward Spiral



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Resilience

- Insight
- Independence
- Relationships
- Initiative
- Creativity
- Humor
- Morality

Sybil Wolin PhD
Survivor's Pride:
Building Resilience In Youth At Risk

Trauma-Informed Services

These are services that are provided for problems other than trauma but require knowledge about violence and abuse the impact of trauma thereby increasing their effectiveness.

Trauma-Informed Services

Trauma-Informed services:

- Take the trauma into account.
- Avoid triggering trauma reactions and/or re-traumatizing the individual.
- Adjust the behavior of counselors, other staff and the organization to support the individual's coping capacity.
- Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain and benefit from the services.

(Harris & Falloot)

Trauma Specific Services

Services designed specifically to address violence, trauma, and related symptoms and reactions. The intent of the activities is to increase skills and strategies that allow survivors to manage their symptoms and reactions with minimal disruption to their daily obligations and to their quality of life; and eventually to reduce or eliminate debilitating symptoms and to prevent further traumatization and violence.

Key Elements (Staff and Clients)

- Learn what trauma/abuse is
- Understand typical responses
- Develop coping skills

**Core Principles
of Trauma-Informed Care**

- Safety (physical and emotional)
- Trustworthiness
- Choice
- Collaboration
- Empowerment

(Fallot & Harris, 2006)

Safety:
Physical and Emotional

To what extent do service delivery practices ensure the physical and emotional safety of consumers? Of staff members?

How can services be modified to ensure this safety more effectively and consistently?

Trustworthiness:
Clarity, Consistency, and Boundaries

To what extent do current service delivery practices make the tasks involved in service delivery clear? Ensure consistency in practice? Maintain boundaries, especially interpersonal ones, appropriate for the program?

How can services be modified to ensure that tasks and boundaries are established and maintained clearly, consistently, and appropriately?

Choice:
Consumer Choice and Control

To what extent do current service delivery practices prioritize consumer experiences of choice and control?

How can services be modified to ensure that consumer experiences of choice and control are maximized?

Collaboration:
Collaborating and Sharing Power

To what extent do current service delivery practices maximize collaboration and the sharing of power between providers and consumers?

How can services be modified to ensure that collaboration and power-sharing are maximized?

Empowerment:
Recognizing Strengths and Building Skills

To what extent do current service delivery practices prioritize consumer empowerment, recognizing strengths and building skills?

How can services be modified to ensure that experiences of empowerment and the development or enhancement of consumer skills are maximized?

Crisis=Danger & Opportunity



Resources

- Trauma and Recovery (Judith Herman MD)
- Waking The Tiger: Healing Trauma (Peter Levine)
- Trauma Through A Child's Eyes (Peter Levine, Maggie Kline)
- Trauma Competency: A Clinicians Guide (Linda Curran)
- Assessing and Treating Trauma And PTSD (Linda Schupp)
- The Body Keeps Score: Mind And Brain In The Transformation Of Trauma (Bessel VanDer Kolk)
- Why Do They Act That Way? (Dr. David Walsh)

Children Learn What They Live

By
Dorothy Law Nolte



- If a child lives with criticism, She learns to condemn.
- If a child lives with hostility, He learns to fight.
- If a child lives with ridicule, She learns to be shy.
- If a child lives with shame, He learns to feel guilty.
- If a child lives with tolerance, She learns to be patient.
- If a child lives with encouragement, He learns confidence.
- If a child lives with praise, She learns to appreciate.
- If a child lives with fairness, He learns justice.
- If a child lives with security, She learns to have faith.
- If a child lives with approval, He learns to like himself.
- If children live with acceptance and friendship, They learn to find love in the world.
