Creating and Sustaining a Trauma Informed Approach

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Meet the Facilitators

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Great Circle is an agency that provides a unique spectrum of behavioral health services to children and families. With specialized programs and highly-trained professionals, we provide hope to those in difficult circumstances throughout Missouri and beyond.
Objectives

1. Understand the meaning of trauma and the difference between stress, traumatic stress and trauma

2. Understand the importance of trauma informed care and the need for having a trauma informed team

3. Increase familiarity with the essential elements of trauma informed care

4. Increase familiarity with the practices of Great Circle
TRAUMA

What do you think of when you hear the word “trauma”? What types of events are “traumatic”?
The Build Up....

- Trauma
- Toxic Stress
- Stress
Stress is defined as the brain's response to any demand.

<table>
<thead>
<tr>
<th>Positive Stressors</th>
<th>Negative Stressors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting married</td>
<td>Conflict with others</td>
</tr>
<tr>
<td>New job</td>
<td>Losing a job</td>
</tr>
<tr>
<td>College</td>
<td>Financial problems</td>
</tr>
<tr>
<td>Planning a vacation</td>
<td>Trouble at school</td>
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</tbody>
</table>
Toxic stress refers to the *physical and emotional responses* of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling).

- Traumatic events overwhelm a child’s capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal.

<table>
<thead>
<tr>
<th>Toxic Stress</th>
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</thead>
<tbody>
<tr>
<td>Neglect</td>
</tr>
<tr>
<td>Abuse (physical or sexual)</td>
</tr>
<tr>
<td>Domestic violence</td>
</tr>
<tr>
<td>Caregiver substance abuse</td>
</tr>
</tbody>
</table>
TRAUMA

Involves witnessing or experiencing an event that poses real or perceived threat

- A child’s response to a traumatic event may have a profound effect on his or her perception of self, the world, and the future

Person’s response involves intense fear, horror and helplessness, leading to extreme stress that overwhelms the person’s capacity to cope

- Actual or threatened death
- Actual or threatened serious injury
- Threat to physical integrity
Types of Trauma

Complex Trauma
• Children who 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.

Acute Trauma
• A single traumatic event that is limited in time.
• During an acute event, children go through a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to a sense of being overwhelmed.

Chronic Trauma
• Refers to the experience of multiple traumatic events.
• The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.
Children who have experienced chronic or complex trauma are frequently diagnosed with PTSD.

According to the American Psychiatric Association,\(^1\) PTSD may be diagnosed in children who have:

- Experienced, witnessed, or been confronted with one or more events that involved real or threatened death or serious injury to the physical integrity of themselves or others
- Responded to these events with intense fear, helplessness, or horror, which may be expressed as disorganized or agitated behavior

Impact of Trauma

The impact of a potentially traumatic event depends on several factors, including:

– The child’s age and developmental stage
– The child’s perception of the danger faced
– Whether the child was the victim or a witness
– The child’s relationship to the victim or perpetrator
– The child’s past experience with trauma
– The adversities the child faces following the trauma
– The presence/availability of adults who can offer help and protection
Trauma

Event that imposes threat and causes fear or helplessness

Near universal experience for people in mental health system

ACE Study
- $\frac{2}{3} = 1$ ACE
- More than 1:5 reported 3 or more ACEs
ACE Study

The ACE (Adverse Childhood Experiences) Study is an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente

Purpose of the Study

• Analyzing the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life
• Examines participants across the life span (i.e., takes a “whole life” perspective)
• Progressively uncovered how childhood stressors (ACE) are strongly related to development and prevalence of risk factors for disease and health and social well-being throughout the lifespan
ACE Study

Major Findings

• Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACE’s

• The short-and long-term outcomes of childhood exposures to ACEs include a multitude of health and social problems

• As the number of childhood ACEs goes up, so does the likelihood of social (substance abuse, mental illness) and health problems (heart disease, obesity)
ACE Study

Adverse Childhood Experiences

Social, Emotional, & Cognitive Impairment

Adoption of Health-risk Behaviors

Disease, Disability, and Social Problems

Early Death

Death

Conception

Whole Life Perspective

Scientific Gaps
Neurobiological Impacts of Trauma on Brain Development
# Trauma Is Often Misdiagnosed

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reactive Attachment Disorder</td>
<td>Hypervigilant, Irritability, Withdrawn</td>
</tr>
<tr>
<td>Attention Deficit Hyperactive Disorder</td>
<td>Hyperactive, Inattentive, Irritability, Restlessness</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>Irritability, Vindictive, Anger</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Impulsivity, Anxiety, Mood swings, Dissociation</td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td>Aggression, Destructive, Breaks Rules</td>
</tr>
</tbody>
</table>
Effects of Trauma

- Attachment
- Cognition
- Biology
- Mood regulation
- Dissociation
- Behavioral control
- Self-concept
- Cognition
- Biology
- Mood regulation
- Dissociation
- Behavioral control
- Self-concept
- Attachment
Prevalence of Trauma

How common is trauma?
In 2010, 695,000 unique children were substantiated victims of child maltreatment.

U.S. Department of Health and Human Services [DHHS], 2011)
60% of children were exposed to violence or abuse in their homes or communities in 2009.

Finkelhor, Turner, Ormrod, & Hamby, 2009
Over 65% of juvenile offenders have mental health consequences of trauma such as PTSD.

TRAUMA INFORMED CARE

What does it mean to be trauma informed?
Basic premise for organizing services is transformed...

- from: “What is wrong with you?”
- to: “What has happened to you?”

Change starts with an organizational shift from a traditional “top-down” environment to one that is based on collaboration with those who have experienced trauma and their families.
**Trauma Informed Care**

Trauma Informed Services:

– Incorporate knowledge about trauma in all aspects of service delivery.
– Are hospitable and engaging for survivors.
– Minimize victimization.
– Facilitate recovery.

“Trauma-specific interventions are one piece of the puzzle, but I am talking about something much broader. We must adopt a systemic approach which ensures that all people who come into contact with the behavioral health system will receive services that are sensitive to the impact of trauma.”

Linda Rosenberg, MSW, President and CEP
National Council for Community Behavioral Healthcare
Trauma Informed Care Domains

1. Screening and Assessment
2. Consumer Driven Care
3. Trauma-Informed, Educated & Responsive Workforce
4. Evidence Based Practices
5. Safe and Secure Environments
6. Community Outreach
7. Performance Improvement
Trauma Informed Approach

Recognition that many behaviors and responses (often seen as symptoms) are directly related to traumatic experiences that often cause mental health, substance abuse, and physical health concerns.

All components of the service system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services. (Harris & Fallot, 2001).
The Trauma Informed Staff:
• Understands the impact of trauma on a child’s behavior, development, relationships, and survival strategies
• Can integrate that understanding into engaging and planning for the child and family
• Understands his or her role in responding to child traumatic stress

The Essential Elements:
• Are the province of ALL professionals who work in and with the child welfare system
• Must, when implemented, take into consideration the child’s developmental level and reflect sensitivity to the child’s family, culture, and language
• Help youth achieve safety, permanency and well-being
**Essential Elements of Trauma Informed Practice**

1. Maximize the child’s sense of safety.

2. Help children make new meaning of their trauma history and current experiences.

3. Assist children in reducing overwhelming emotion.

4. Address the impact of trauma and subsequent changes in the child’s behavior, development, and relationships.

5. Coordinate services with other agencies.

6. Provide support and guidance to child’s family and caregivers.

7. Manage professional and personal stress.

8. Support and promote positive stable relationships.

9. Utilize comprehensive assessment of the child’s trauma experiences and their impact on the child’s development and behavior to guide services.
Trauma Informed Care at Great Circle
Domain 1: Early Screening and Comprehensive Assessment
   – Screening and Assessment procedures

Domain 2: Consumer Driven Care and Services
   – Consumer engagement in cross-functional workgroups

Domain 3: Trauma-Informed, Educated and Responsive Workforce
   – General trauma training and NMT/NME

Domain 5: Safe and Secure Environments
   – Environmental Assessments

Domain 6: Engage in Community Outreach and Partnership Building
   – Ferguson Supports
# Neurosequential Model of Therapeutics (NMT)

## Site Certification Participants
- 15 Participants
- Independent Studies
- Group Learning

## Core Content
- DVDs
- Readings
- Case-based staffing calls
- Metrics

## Dissemination
- Participate in learning sessions
- Incorporate material in orientation
**Neurosequential Model in Education (NME)**

| Train-the-Trainer Participants | 3 Participants  
|                              | Independent Learning  
|                              | Group Learning  
| Core Content                 | The Boy Who Was Raised as a Dog  
|                              | DVD’s  
|                              | Readings  
|                              | Mini Metrics  
| Educational Staff            | Fall of 2015  

Challenges/Barriers

- Size and Scope
- Time
- Consumer Engagement
The **Success of TIC**

1. Leadership Support
2. Strategic Planning
3. Cross-functional Workgroups
4. Consumer Involvement
5. Community Involvement
Questions

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