The ABC’s of Trauma-Informed Care

View Point Health
2015
We have a lot to cover in just four hours. In order for everyone to have the chance to learn new skills for trauma-informed care, I ask that you do not share personal stories of trauma. This is not because your stories aren’t important. They are. But, today is devoted to how we can learn to serve others through a trauma-informed lens. Thank you again for your commitment to the well-being of View Point Health clients and staff.
Objectives

- What is trauma?
- How does trauma affect people?
- What is trauma informed care?
- How understanding trauma and improving our services helps all of us
What is Trauma?

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person’s physical and/or emotional well-being.

- These experiences may occur at any time in a person’s life. They may involve a single traumatic event, or may be repeated over many years.
What are some different types of Trauma?
What can be a Traumatic Experience?

- Physical, Sexual, Emotional Abuse and Neglect
- War, Combat, Torture
- Natural Disasters
- Serious Medical Illness or Disease
- Involved in or witnessing horrific events
- Divorce
- Death/Suicide
- Car Accidents
Multiple Trauma Experiences Raise the Risk for:

- Anxiety problems and fears
  - Avoiding people, places and things that are similar to or reminders of the traumatic event(s)
- Physical health problems
- Sleep problems
- Emotional problems such as feeling numb and/or disconnected from oneself or environment
- Memory problems
- Flashbacks
Raise the Risk - continued

- Alcoholism and alcohol abuse, substance use/abuse
- Obesity
- Respiratory difficulties
- Heart disease
- Multiple sexual partners
- Poor relationships with others
- Smoking
- Suicide attempts
- Unintended pregnancies
The impact of trauma on the individual

- Trauma does not affect everyone the same
- We cannot assume that because someone has been through trauma that they will be negatively affected
- There are factors that can help reduce the impact of trauma:
  - Family supports
  - Friends
  - Church/religious connections
  - Involvement in community
Why is trauma-informed care important?

- **ACE study**
  - Collaboration between the Center for Disease Control and Kaiser Permanente
  - Over a ten year study involving 17,000 people
  - Looked at effects of adverse childhood experiences (trauma) over lifespan
  - Largest study ever done on this subject
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?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No 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?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No 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?
   or
   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?
   or
   Your family didn’t look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _______

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?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   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?
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _______

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _______

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes No If yes enter 1 _______

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.
An ACE Score of 0 (zero) would mean that the person reported no exposure to any of the categories of trauma listed as ACEs above.

An ACE Score of 10 would mean that the person reported exposure to all of the categories of trauma listed above.

The ACE Score is referred to throughout all of the peer-reviewed publications about the ACE Study findings.
Findings from the Adverse Childhood Experiences Study

Mechanisms by which Adverse Childhood Experiences influence Health and Well-being throughout the lifespan.
Websites for the ACE Study

http://acestudy.org/yahoo_site_admin/assets/docs/ARV1N4.127153404.pdf


http://www.acestudy.org/ace_score
Findings

- 1 in 6 men have experienced emotional trauma
- 80% of people in psychiatric hospitals have experienced physical or sexual abuse
- 66% of people in substance abuse treatment report childhood abuse or neglect
- 90% of women with alcoholism were sexually abused or suffered severe violence from parents
Paradigm Shift

Watch Video “Get Service”

https://www.youtube.com/watch?v=JlRK1vqcuvg
Creating a new way of looking at each other, instead of thinking ...

from: “What’s wrong with you?” ➔

to: “What has happened to you?”
What would the Shift look like?

- Greet everyone you see and/or pass, learn the names of the clients in your care, ask how their day is or went, say hello, good morning, good afternoon.
- Ask if you can be of assistance in any way, be visible and available to your clients, exchange pleasantries, have conversations.
- Listen, work together, build trust, encourage their voice and choice, educate, respect one another, acknowledge effort.
- Celebrate differences and accomplishments, and support each other through understanding.
To Promote a Culture that is Safe, Sensitive and Respectful
SMALL GROUP EXERCISE

Identify and list the ways in which VPH can create a Safe, Sensitive and Respectful environment
What should we do?

Ensure that our policies, procedures, activities, and ways that we talk to each other create an environment that is

- Safe
- Sensitive
- Respectful
We might unintentionally cause harm by practices, policies and activities that are insensitive to the needs of our clients.

- Re-victimizing or re-traumatizing someone unintentionally is a real possibility.

All of us that work at View Point Health are not immune from adverse experiences in the present or the past.

Understanding trauma also means recognizing that our personal traumatic experiences or the stress associated with working in human services may impact our emotional and physical well-being as well as our work success and satisfaction.
To provide effective services we need to understand the life situations that may be contributing to the person’s current problems.

Many current problems faced by the people we serve may be related to traumatic life experiences.

People that have experienced traumatic life events are often very sensitive to situations that remind them of the people, places or things involved in their traumatic event.

These reminders, also known as triggers, may cause a person to relive the trauma and view our organization as a source of distress and not as a healing and welcoming environment.
How we Might Unintentionally Cause our Clients to Relive their Trauma

- What hurts:
  - Interactions that are harsh, impersonal, disrespectful, humiliating, critical, demanding, judgmental

- What helps:
  - Interactions that express kindness, patience, reassurance, calmness, acceptance, listening
  - Frequent use of words like PLEASE and THANK YOU
How we Might Unintentionally Cause our Clients to Relive their Trauma - continued

- **What hurts:**
  - Congested areas that are noisy
  - Poor signage that is confusing
  - Uncomfortable furniture
  - Cold, non-inviting colors and paintings/posters on the wall

- **What helps:**
  - Treatment and waiting rooms that are comfortable, calming, and offers privacy
  - Furniture is clean and comfortable
  - No wrong door philosophy: we are all here to help
  - Wall coverings, posters/pictures are pleasant and convey a hopeful, positive message
How we Might Unintentionally Cause our Clients to Relive their Trauma - continued

- **What hurts:**
  - Rules that always seem to be broken (time to take a second look at these rules)
  - Policies and procedures that focus on organizational needs rather than on client needs
  - Documentation with minimal involvement of clients
  - Many hoops to go through before a client’s needs are met
  - Language barriers

- **What helps:**
  - Sensible and fair rules that are clearly explained (focus more on what you CAN DO rather than what you CAN’T DO)
  - Transparency in documentation and service planning
  - Materials and communication in the person’s language
  - Continually seeking feedback from clients
How we Might Unintentionally Cause our Clients to Relive their Trauma - continued

- **What hurts:**
  - Asking questions that convey the idea that “there is something wrong with the person”
  - Regarding a person’s difficulties only as symptoms of a mental health, substance abuse or medical problem

- **What helps:**
  - Asking questions for the purpose of understanding what harmful events may contribute to current problems, such as “What happened to you?”
  - Recognizing that mental health, substance abuse and physical health symptoms may be adaptations or a person’s way of coping with trauma
Every contact with a client and with each other will affect us in one of two ways:
1. Contribute to a safe and trusting, healing environment
   OR
2. Detract from a safe and trusting environment
   - No one working at View Point Health is unimportant
   - We all play a role in assisting our clients to make progress in their lives
   - We all matter when it comes to creating a safe, sensitive and respectful environment
All of us at View Point Health are not immune to traumatic experiences in our own lives.

All of us work in human services where people are struggling with many challenges that are often overwhelming.

It is important to be aware of how these experiences may challenge our own emotional resources.
Human Service work challenges our own personal resources. Working with people who are struggling with serious life difficulties may contribute to:

- Emotional exhaustion
- Disappointment or frustration with a lack of accomplishment (lacking job success and satisfaction)
- Becoming impatient and finding our compassion and empathy diminishing (compassion fatigue)

(Folkman, 1990)
The voice and perspective of people that have lived experience of trauma and recovery

Watch video “Healing Neen” – a client sharing her experience of Trauma & Recovery

http://www.youtube.com/watch?v=IUJPJ4eW8kQ
Ask “What was the one thing you learned or found surprising about ‘Healing Neen’?”

“Healing Neen” discussion questions handout
Questions, comments, concerns?