

Trauma Informed Care (TIC) - An Introduction to the Seven Essential Ingredients

Part 1: Prevalence And Impact



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Saint A

Learning Objectives

- To appreciate the frequency of adverse experiences in people's lives and gain a better understanding of the social, emotional, physiological and developmental effects of trauma on people, families and communities
- To understand and respond to behavior from a trauma informed perspective
- To understand the value of developmentally informed activities to enhance regulatory capacity
- To understand techniques that can enhance relational well being for clients who have experienced adversity
- To understand ways to inspire a sense of purpose, belonging and safety with our clients
- To understand techniques that can enhance the capacity to care and appreciate the connection between caregiver capacity and client outcomes
- To be motivated to start putting ingredients together in practice to enhance services to clients who have experienced adversity

Introduction

- Introduction
- History
- Housekeeping



Stay Connected

- Social Media: @SaintAorg #7ei
- Join our mailing list: www.sainta.org/trauma-informed-care/inquiry-form
- Visit our website: www.sainta.org
- Additional Training: www.sainta.org/trauma-informed-care/community-training
- Become a 7ei trainer: www.sainta.org/trauma-informed-care/train-the-trainer
- Foster /Adopt: www.growhope.net



ST. AEMILIAN-LAKESIDE, INC.
Advancing foster care, education and mental health services

“Trauma is to mental health as smoking is to cancer”

-Dr Steven Sharfstein
Former President,
American Psychiatric
Association

Is there any data?

TSCC Checklist Example 9-2014.pdf - Adobe Reader

Item	0	1	2	3
39. Being afraid of the dark.....	0	1	2	3
40. Getting scared or upset when I think about sex	0	1	2	3
41. Worrying about things.....	0	1	2	3
42. Feeling like nobody likes me	0	1	2	3
43. Remembering things I don't want to remember.....	0	1	2	3
44. Having sex feelings in my body	0	1	2	3
45. My mind going empty or blank.....	0	1	2	3
46. Feeling like I hate people	0	1	2	3
47. Can't stop thinking about sex.....	0	1	2	3
48. Trying not to have any feelings	0	1	2	3
49. Feeling mad.....	0	1	2	3
50. Feeling afraid somebody will kill me.....	0	1	2	3
51. Wishing bad things had never happened.....	0	1	2	3

Table 1: TSCC Mean Scores: Treatment versus Comparison

TSCC Subscale	Time 1: Mean (n)		Time 2: Mean (n)	
	Treatment	Comparison	Treatment	Comparison
Anxiety	56.40 (136)	52.97 (150)*	50.91 (74)	53.21 (34)
Depression	56.49 (136)	55.08 (150)	50.03 (74)	55.54 (35)*
Anger/Aggression	58.96 (136)	56.08 (150)	53.36 (74)	61.60 (35)*
Post-traumatic Stress-Intrusion	61.95 (77)	58.53 (89)	53.32 (41)	62.95 (20)*
Post-traumatic Stress-Avoidance	64.94 (77)	61.36 (89)	56.90 (41)	60.80 (20)
Posttraumatic Stress-Arousal	63.29 (77)	59.01 (89)+	56.44 (41)	67.57 (21)*
Posttraumatic Stress-Total	60.85 (136)	56.59 (150)*	53.76 (74)	58.26 (34)
Dissociation	58.62 (136)	54.39 (150)*	53.01 (74)	57.91 (35)
Overt Dissociation	55.27 (59)	50.39 (61)*	51.06 (32)	47.29 (14)
Dissociation-Fantasy	51.58 (59)	47.85 (60)+	51.22 (32)	45.71 (14)+
Sexual Concerns	56.39 (135)	52.85 (150)+	49.70 (74)	51.38 (34)
Sexual Preoccupation	50.47 (59)	49.05 (61)	45.09 (33)	48.50 (14)
Sexual Distress	59.22 (58)	53.10 (61)+	46.94 (33)	52.57 (14)
Clinically Significant Values	2.10 (136)	1.52 (150)*	0.99 (75)	1.94 (35)*
Subclinical Values	0.79 (136)	0.64 (150)	0.40 (75)	0.46 (35)
Positive Critical Values	2.41 (64)	1.88 (69)	1.80 (30)	2.14 (14)

*Statistically significant mean differences between groups within same time point. Highlighted areas show trends indicating that the treatment group is doing better than the comparison group over time. Trends are only observed visually, not tested statistically here.

Outline

- Introductory Concepts
- The 7 Essential Ingredients (7ei) & How to Use Them
- Neurosequential Model of Therapeutics (NMT)
- Questions/Closing

Trauma Definition

- 1) Exposure to an event that threatens/harms physical or emotional integrity of the individual or someone close to them
- 2) Overwhelms the person's ability to respond
- 3) Creates significant difficulty in functioning

Stress

Unpredictable

Severe

Uncontrolled

Predictable

Moderate

Controlled

Vulnerability

Resiliency

Differential Diagnosis: Paul, Age 13

- Axis I:
 - ADHD
 - Mood Disorder NOS
 - PTSD
 - RAD
 - Intermittent Explosive Disorder
 - Disruptive Behavior Disorder NOS
 - Depressive Disorder NOS
 - Axis II:
 - Sensory Processing Disorder – Deferred
 - Learning Disorder
 - Other Health Impairment
 - Mixed Expressive receptive/ Language Disorder
 - Executive skills dysfunction
 - Developmental coordination disorder
- Medications
- Vyvanse
 - Seroquel
 - Intuniv
 - Zyrtec
 - Flonase
 - Buspar
 - Also tried....39 other medications
- “In my 30 years of practice as a board certified and adolescent psychiatrist, Paul ranks as one of the top 10 most disturbed children I have treated in an outpatient basis. His adoptive parents, on the other hand rank as one of the most educated, caring and devoted parents in my practice”

Historical/Intergenerational Trauma

- **Boarding Schools**
- **Slavery/Jim Crow**
- **Holocaust**
- **Others?**



Trauma Informed Care

7 Essential Ingredients

1. Prevalence
2. Impact
3. Perspective Shift
4. Regulation
5. Relationship
6. Reason To Be
7. Caregiver Capacity

#1 Prevalence Overview

- How often does this happen?
- For whom?
- How does it compare?
- What about your population?

Adverse Childhood Experiences (ACE) Study

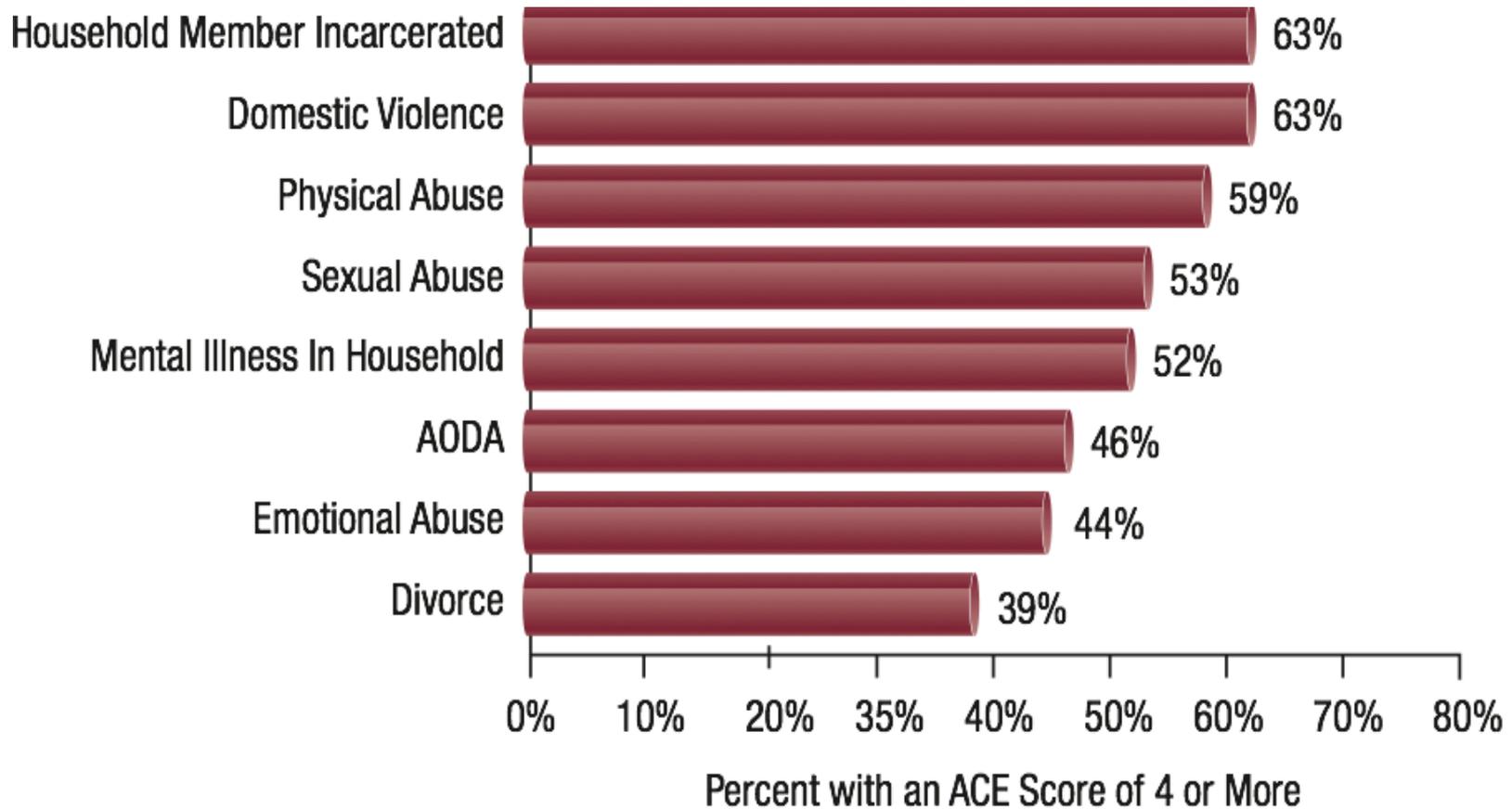
	<u>Kaiser*</u>	<u>WI**</u>	<u>ILS Cohort***</u>
Household dysfunction			
• Substance abuse	27%	27%	62%
• Parental separation/divorce	23%	21%	62%
• Mental illness	19%	16%	42%
• Violence between adults	13%	16%	31%
• Incarcerated household member	5%	6%	50%
Abuse			
• Psychological /Emotional	11%	29%	54%
• Physical	28%	17%	42%
• Sexual	21%	11%	27%
Neglect			
• Emotional	15%		54%
• Physical	10%		42%

* Center for Disease Control and Prevention 1995-97

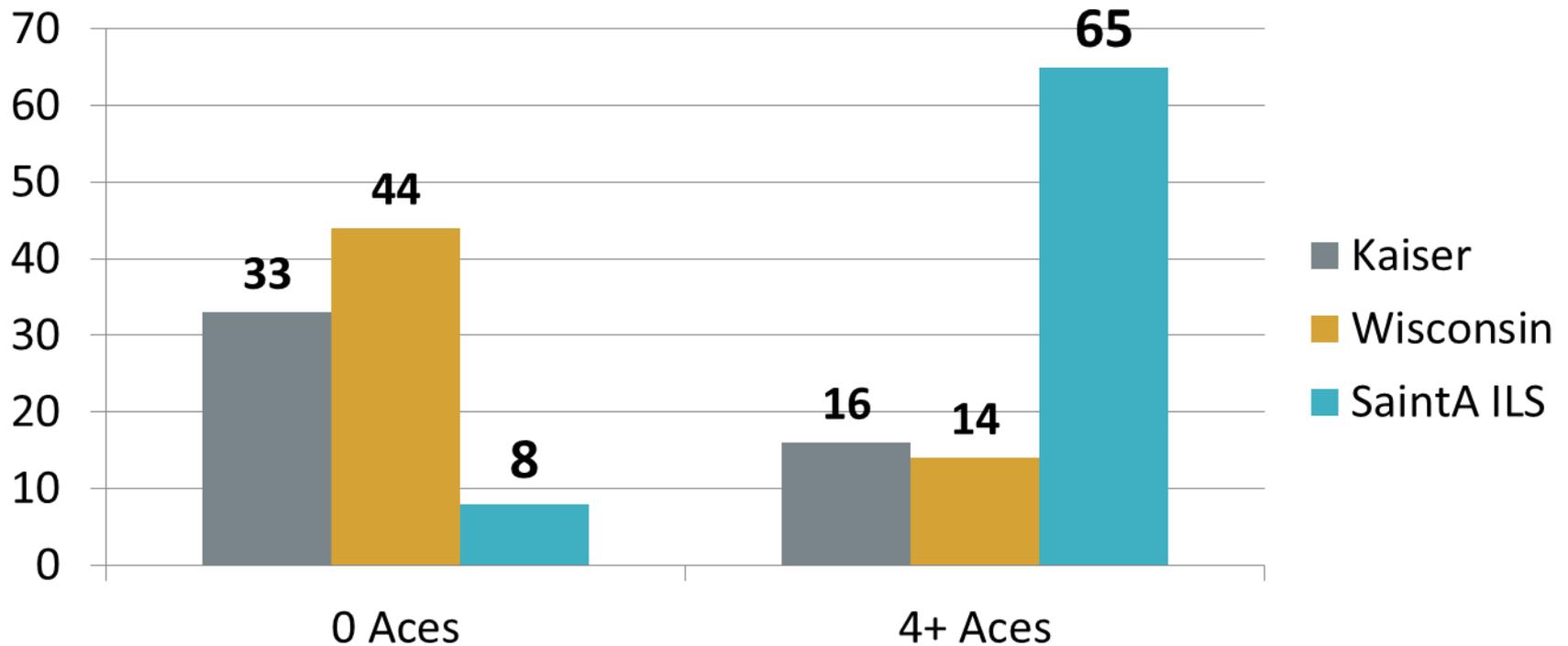
** WI CTF, 2012-2014

***SaintA, 2014

High ACE Scores Among Those with Specific ACE Types



ACE Study – A Comparison



Adverse Childhood Experiences (ACEs) – Context

YES

- Exposure
- Home
- Retrospective
- High scores increase risk for outcomes

NO

- Frequency
- Intensity
- Support
- Timing
- Community/other events
- Pre-existing factors (epigenetics, etc.)

Prevalence

- What is the cost?
\$500,000,000,000*
(Half- Trillion)
- How does it compare?
 - Autism**
 - Childhood Obesity***
 - Toxic Stress



#2 Impact Overview

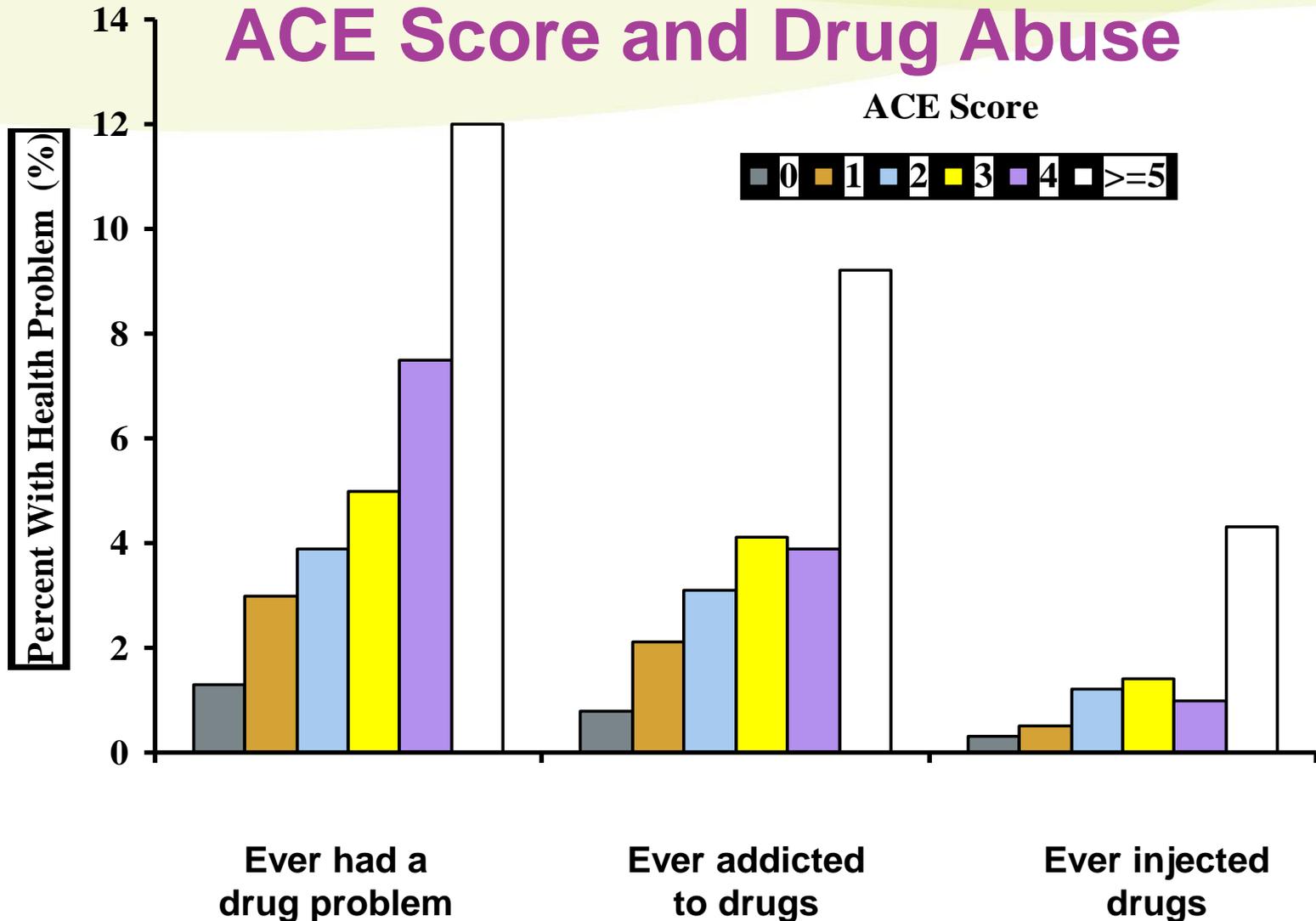
- Toxic stress/Physiological Impact
- Triggers/Epigenetics
- Impact of ACEs
- Stress Response
- World View

Trauma Triggers

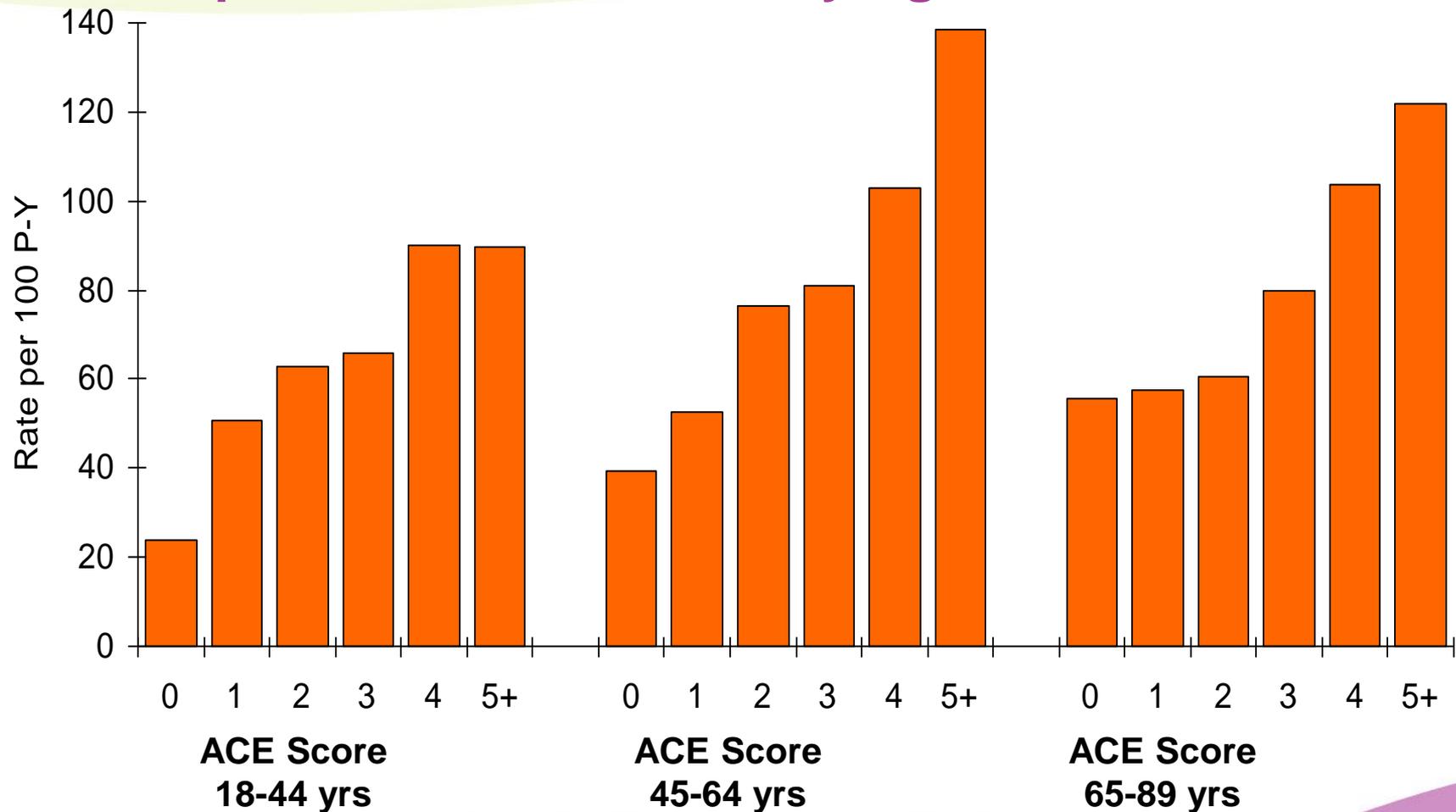
- Rats at play*
- Epigenetics?



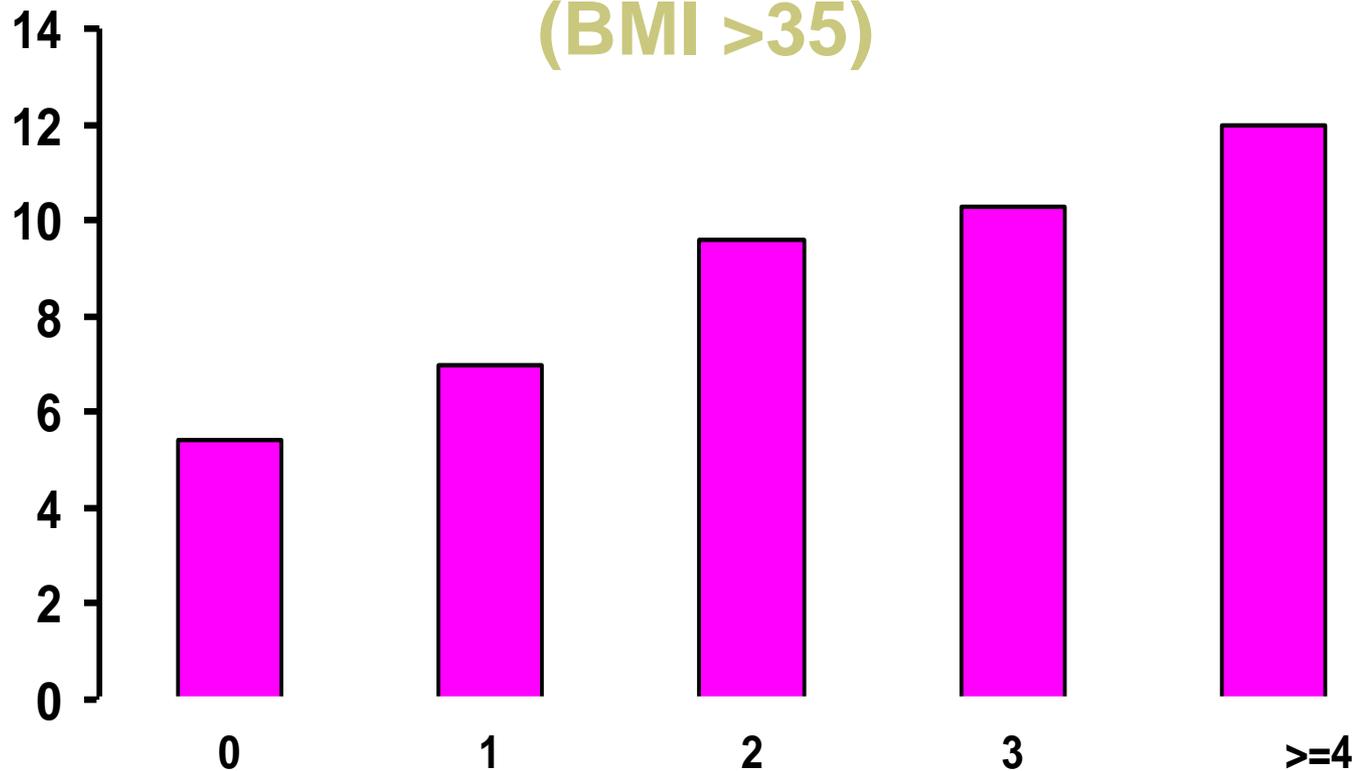
ACE Score and Drug Abuse



ACE Score and Rates of Prescribed Antidepressant Medications by Age, 1997-2004



The ACE Score and the Prevalence of Severe Obesity (BMI >35)



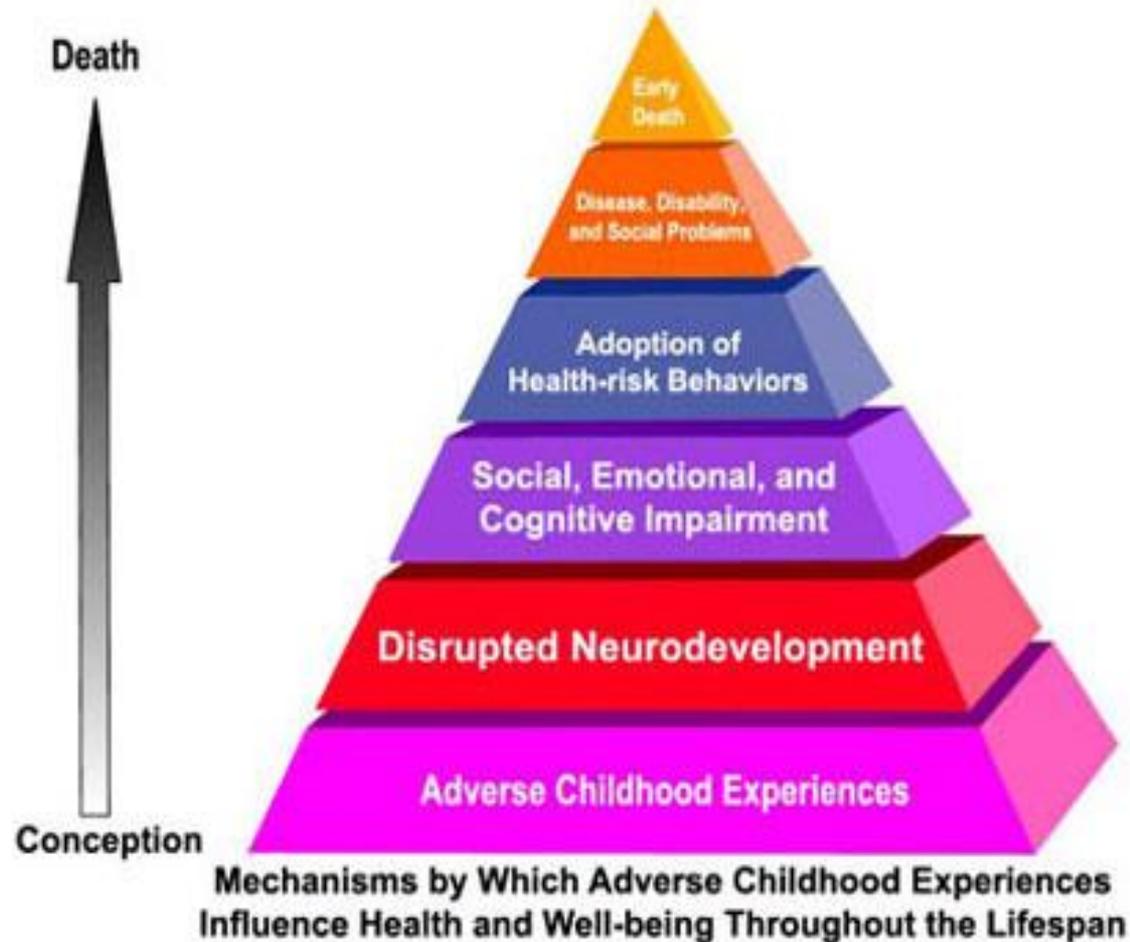
ACE Attributable Problems

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity

Impact of Trauma over the Lifespan

Effects of childhood adverse experiences:

- neurological
- biological
- psychological
- social



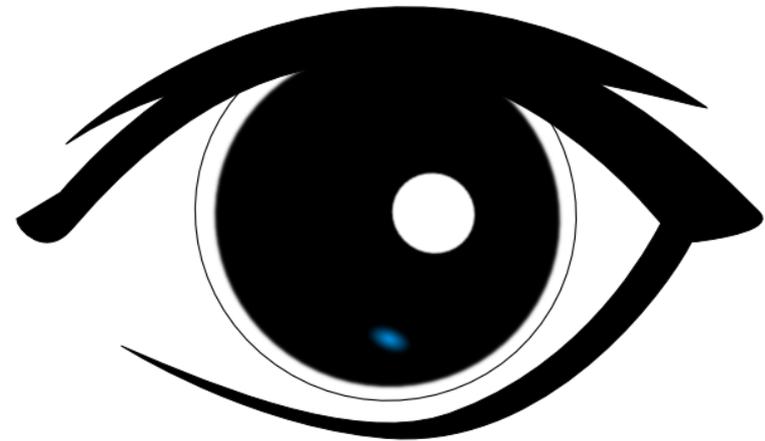
Arousal Signs

- Increased vigilance
- Impulsive actions and reactions
- Defiance
- Aggression
- Anxiety
- Exaggerated response
- Increased sympathetic response (HR, muscle tone, breathing)
- Eye blink
- Pupils dilate
- External focus – threat
- Internal cues – not prioritized
- Increased peripheral circulation

Dissociative Signs

- Withdrawal
- Compliance
- Detached from present (reenacting experiences/ engaging with internal world/ talking to self)
- Losing time, memory or skills
- Seeming “spaced out” or in a fog
- Lack of connection to body or feeling pain
- Cutting/ Self harming
- Increased parasympathetic activity (vagal) – HR decreases
- Eye blink & eye roll
- Pupil constriction
- Internal focus – minimize injury
- Decrease in peripheral circulation

Evident in clues from the body



Impact on Worldview

Typical Development vs. Developmental Trauma

- Humans = safe
 - Relational tolerance
 - Bad things – “accidents”
 - Risk is + reinforced
 - Prioritize opportunities to thrive
- Humans = threat
 - Relational sensitivity
 - Bad things – “on purpose”
 - Risk is – reinforced
 - Prioritize safety
- THESE ARE ADAPTIVE!**

Assessing Trauma and/or Neglect Relevance: ReMoved

- Are there any adverse experiences in Zoe's life that you think are relevant to the behavior that you see in the movie? What are they?
- Give examples of Zoe's "arousal" stress response that you see in her behavior.
- Did you see Zoe engage in dissociation? Give examples.



Impact on Worldview

- What are some of the impacts of trauma that you see in the people that you work with? Write down at least two that you see often.

Credits

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<https://ctmirror.org/2013/04/17/single-greatest-preventable-cause-mental-illness/>
- (10), (41, 42,50, 51, 53,54,55), Child Trauma Academy (Dr. Bruce Perry),
<http://childtrauma.org>
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<https://joydegruy.com/resources-2/post-traumatic-slave-syndrome/>
- (13), Maria Yellow Horse Brave Heart, PhD., *Historical Trauma and Unresolved Grief: Implications for Clinical Research and Practice with Indigenous Peoples*,
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- (Prevalence, Impact) Centers for Disease Control and Prevention, *Adverse Childhood Experiences Study*, <https://www.cdc.gov/violenceprevention/acestudy/index.html>
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- (16), O'Connor, C., Finkbiner, C., & Watson, L. (2012). *Adverse Childhood Experiences in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey*. Madison, WI: Wisconsin Children's Trust Fund and Child Abuse Prevention Fund of Children's Hospital & Health System <http://wchildrenstrustfund.org/files/WisconsinACEs.pdf>

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3776454/>
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- (38), Ross W. Greene, *The Explosive Child*
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Additional Resources/Selected Bibliography

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- National Center for Trauma Informed Care, <http://mentalhealth.samhsa.gov/nctic/>
- Bessel van der Kolk, <http://www.traumacenter.org>
- Juli Alvarado, <http://www.coaching-forlife.com/>
- *The Tipping Point*, Malcom Gladwell
- Glasser & Easley, *Transforming the Difficult Child*
- *Are you Brave Enough? Managing Secondary Traumatic Stress at the Agency Level*, Pulido & Naturale, ISTSS presentation, November 2011
- John Medina, *Brain Rules*
- Centers for Disease Control and Prevention, 2014
- Ed Tronick, University of Massachusetts Boston, Still Face Experiment
- Seligman, M.E.P. *Helplessness: On Depression, Development and Death*. 1991

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- *The Heart of Learning and Teaching Compassion, Resiliency & Academic Success* Wolpow, Ray; Johnson, Mona M.; Hertel, Ron; Kincaid, Susan O. 2009
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- The Research and Evaluation Group. (2013). *Findings from the Philadelphia urban ACE survey*. Public Mental Health Management Corporation. Philadelphia, PA.