Recent Headlines

What we are going to talk about today?

- Define trauma
- What are ACEs?
- What is trauma-informed care?
- What is healing-centered engagement?
- How do I change my workplace to one that is trauma-responsive, a sanctuary?
Why do you do what you do?

Be Gentle on Yourself

- Breathe
- Self empathy
- Positive self-talk
- Count to ten
- Use fidgets
- Feel feet on floor
- Doodle
- Get up and walk around

Trauma Defined
How would you define trauma based on your personal or professional experience?

What is trauma?
- It is literally a wound.
- Traumatic events are external, but they quickly become incorporated into the mind. (Terr, 1990)
- It is extreme stress. (threat to life, bodily integrity, or sanity)
- It is subjective.
- It lives in the body.

What is trauma?
- It shakes the nervous system into froth.
- It often interferes with relationships.
- It affects the fundamental beliefs about oneself and others.
- It causes one to question their place in the world.
- It's a lot more common than you think.
Why are so many talking about trauma?

- Disclosure
- Prevalence
- Science
- Services
- Hope

Father Gregory Boyle

Types of Trauma

**ACUTE**
- Adult onset
- Single event
- Adequate child development

**HISTORICAL**
- Collective and cumulative emotional and psychological wounding across generations
- Creates survivor guilt, depression, low self-esteem, numbing out, and anger

**VICARIOUS**
- The experience of learning about another person's trauma and experiencing trauma-related distress as a result of this exposure

**COMPLEX**
- Early onset
- Multiple events over time
- Highly invasive
- Interpersonal
- Stigmatizing (shame)

**SANCTUARY**
- Overt and covert events in settings socially sanctioned as safe
- Medical, mental health and substance abuse services
- Foster care
- Schools
- Places of worship
Spiral of Trauma, Recovery, and Healing

Transformation

Trauma (Constriction)

Recovery and Healing (Expansion)

S. Covington, Ph.D

Impact of Trauma

- Person
  - Age or developmental stage
  - Past experiences
  - Inherent strengths
  - Cultural beliefs
- Environment (Support systems)

Trauma Impact Varies

Estimated that at least half of all adults in the U.S. have experienced one incident that was caused by a major traumatizing event (Briere and Scott, 2006)

Ninety percent of behavioral health consumers have been exposed to a traumatic event; most have multiple exposures (Maxar, 1998)
Trauma Impact Varies

Event
- Severity or chronicity
- Interpersonal versus act of nature
- Intentional or accidental

Adverse Childhood Experiences (ACEs)

ACE Study

It was designed to examine the health and social effects of ACEs throughout the lifespan among 17,421 members of the Kaiser Health Plan in San Diego County.
ACE Study

What do we mean by ACEs?
- Childhood abuse and neglect
- Growing up with domestic violence, substance use disorder, mental illness, parental discord, and/or crime in the home

Adverse Childhood Experiences
- Are common
- Can have long-term, damaging consequences
- Can happen in any family
- Have a cumulative effect—the higher the score, the higher the likelihood of health risk behaviors and poor health outcomes
- May be a significant driver of health care spending

ACE Questionnaire

Abuse
- Psychological (by parents)
- Physical (by parents)
- Sexual (by anyone)
- Physical neglect
- Emotional neglect

Household with
- Substance abuse
- Mental illness
- Separation or divorce
- Domestic violence
- Imprisoned household member
Types of Stress Responses

- POSITIVE
- A normal and essential part of healthy development
- EXAMPLES:
  - Getting a raise
  - First day of school

ACEs - Wisconsin

57% of Wisconsin residents have at least one ACE.

Household Dysfunction

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse</td>
<td>26%</td>
</tr>
<tr>
<td>Parent separate/divorce</td>
<td>23%</td>
</tr>
<tr>
<td>Violence between adults</td>
<td>16%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>16%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>7%</td>
</tr>
</tbody>
</table>

2011-2015 Behavioral Risk Factor Survey
ACEs Correlated with Negative Health Outcomes

Asthma vs Fair to Poor General Health

<table>
<thead>
<tr>
<th>ACE Count</th>
<th>Asthma</th>
<th>Fair to Poor General Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>1</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>2 to 3</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>4+</td>
<td>18%</td>
<td>22%</td>
</tr>
</tbody>
</table>

2011-2015 Behavioral Risk Factor Survey

ACEs Correlated with Poor Mental Health Outcomes

Ever Diagnosed with Depression vs Frequent Mental Distress (14+ Bad MH Days in last 30)

<table>
<thead>
<tr>
<th>ACE Count</th>
<th>Ever Diagnosed with Depression</th>
<th>Frequent Mental Distress (14+ Bad MH Days in last 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>1</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>2 to 3</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>4+</td>
<td>36%</td>
<td>36%</td>
</tr>
</tbody>
</table>

0 1 2 to 3 4+

2011-2015 Behavioral Risk Factor Survey

ACE Count and Current Smoking

<table>
<thead>
<tr>
<th>ACE Count</th>
<th>0</th>
<th>1</th>
<th>2 to 3</th>
<th>4+</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>11%</td>
<td>18%</td>
<td>23%</td>
<td>35%</td>
</tr>
<tr>
<td>1</td>
<td>18%</td>
<td>25%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>2 to 3</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4+</td>
<td>30%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2011-2015 Behavioral Risk Factor Survey
ACEs Impact Over Lifespan

Effects of cumulative ACEs
- Neurological
- Biological
- Psychological
- Social
- Mortality

The Pair of ACEs

Trauma Disrupts Neurodevelopment

Person experiences trauma
Brain and body become overwhelmed; nervous system is unable to return to equilibrium

Trauma goes untreated: person stays in “stress response” mode

Cues continue to trigger trauma (e.g. loud noises, smells, textures)

Person reacts to trauma cues from a state of fear

S. Covington, Ph.D., 2016
Reminders or “Triggers”
A trigger can be a person (or approach), place, thing, time, event, date, smell, or texture.

- Lack of control
- Threats or feeling threatened
- Isolation
- Authority figures
- Being told what to do
- Lack of privacy
- Separation or loss
- Transitions or disruptions in routine
- Being touched or watched
- Loud noises
- Intrusiveness
- Being locked in a room
- Being ignored
- Condescending looks

Explaining, not Excusing Behaviors

<table>
<thead>
<tr>
<th>Outward Expressions</th>
<th>Inward Expressions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger of defiance</td>
<td>Withdrawal</td>
</tr>
<tr>
<td>Violence towards others</td>
<td>Substance use disorder</td>
</tr>
<tr>
<td>Truancy</td>
<td>Violence towards self</td>
</tr>
<tr>
<td>Criminal acts</td>
<td>Spacing out</td>
</tr>
<tr>
<td>Perfectionism</td>
<td>Perfectionistic</td>
</tr>
</tbody>
</table>
Trauma in the Workplace

Trauma in Organizations

- Resist change
- Resist new leadership
- Become trauma-organized
  - Reactivity replaces strategy
  - Us versus them mentality
  - Loss of healthy communication (gossip fills the void)
  - Interpersonal conflicts erupt and aren’t dealt with

Impact on Staff

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative bias</td>
<td>Reduced collaboration</td>
<td>Helplessness</td>
<td>Headaches</td>
</tr>
<tr>
<td>Pessimism</td>
<td>Withdrawal</td>
<td>Hopelessness</td>
<td>Tense muscles</td>
</tr>
<tr>
<td>Loss of perspective</td>
<td>Easily angered</td>
<td>Overwhelmed</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Decreased self-monitoring</td>
<td>Difficulty trusting</td>
<td>Depressed, worried</td>
<td>Lowered immune system</td>
</tr>
<tr>
<td>Intrusive thoughts</td>
<td>Avoidance</td>
<td>Numb-shutting</td>
<td>Hyper vigilant</td>
</tr>
<tr>
<td>Black and white thinking</td>
<td>Isolation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Administration for Children’s Services, New York University Children’s Trauma Institute
System Level Impact

- Increased attrition, poor system outcomes
- Decreased motivation, increased absenteeism
- Impaired judgment
- Decreased compliance with organizational requirements
- Greater staff friction: Distrust among colleagues, supervisors

Impact on ability to assess safety and risk

Decreased compliance with organizational requirements

Trauma Worldview

No place is safe.

Other people are unsafe and can’t be trusted.

I expect crisis, danger, and loss.

I have no worth and no abilities.

My own actions, thoughts, and feelings are unsafe.

A Trauma World View Requires a Shift

SHIFT YOUR PERSPECTIVE
Trauma-Informed Care
Empathy

Cleveland Clinic video

https://www.youtube.com/watch?v=cDDWvj_q-o8&_sm_au_=isVfZJn2QFn07Vjw

Trauma Inducing to Trauma Reducing

Trauma Organized
- Reactive (Crisis-driven)
- Us versus them
- Interpersonal conflict (Silo)
- Avoiding/numbing
- Authoritarian leadership

Trauma Informed
- Shared language
- Foundational understanding of trauma and healing
- Understanding the nature and impact of trauma

Healing Organization
- Reflective
- Collaborative
- Culture of learning and curiosity
- Making meaning from the past
- Growth and prevention oriented (Conflict okay)
- Relational leadership

Do No Harm

“We need to presume the clients we serve have a history of traumatic stress and exercise universal precautions by creating systems of care that are trauma-informed.”

(Hodas, 2005)
The Transformational Question

“What’s wrong with you?” “What happened to you?” “What’s right with you?”

Trauma-Informed Care

- Aims to avoid re-traumatization
- Appreciates many problematic behaviors began as understandable attempts to cope
- Strives to maximize choices for the survivor and control over the healing process
- Seeks to be culturally competent
- Understands each survivor in the context of life experiences and cultural background

(Alvarez and Sloan, 2010)

Working with People with Traumatic Experiences

- They are not victims.
- The labels we use to describe these people keep them trapped in their story.
- When we label, we judge.
- When we judge, we lose the ability to connect meaningfully with these people.
- They are people who have had a unique opportunity to develop a set of strengths and resiliency factors we need to understand – they need to feel safe enough to share with
Working with People with Traumatic Experiences

They are people who have had a unique opportunity to develop a set of strengths and resiliency factors we need to understand—they need to feel safe enough to share with us.

This process starts before they walk in the door: What is your organization's reputation in the consumer community? (Do you know?) Requires us to become aware of their awareness.
- Is the waiting room calm and welcoming?
- Are the support staff friendly and helpful?
- What are some perceptual barriers we may not have thought about?

(Michael G. Bricker, MS, CADC-II, LPC, 2018)

How are potential clients greeted?
- Presence does not mean they’re engaged.
- They’re “sizing you up” before you’re even aware of it.
- How did you dismiss the client before them?
- We are always asking our clients to examine their values and assumptions: Have we examined ours?

(Michael G. Bricker, MS, CADC-II, LPC, 2018)
Working with People with Traumatic Experiences

- Rules are not safe.
- Rules are what other people in power used to hurt me.
- Rules only seem to work for the other guy.
- Many clients see rules as something to be challenged, evaded, or manipulated—part of their life script.

(Michael G. Bricker, MS, CADC-II, LPC, 2018)

Values

Values Exercise

- Break into five work groups
- Appoint a spokesperson
- Brainstorm what your assigned value should look like, sound like, feel like
- Consider the parallel process
- Also consider what you are already doing that aligns with the value
- Be prepared to share out by making a poster, create a skit or role play
Two Systems

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Trauma-Informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;What's wrong with you?&quot;</td>
<td>&quot;What happened to you?&quot;</td>
</tr>
<tr>
<td>Focus on symptom reduction</td>
<td>Symptoms are adaptations to trauma</td>
</tr>
<tr>
<td>Rules, directives, token systems to maintain order</td>
<td>Many tools used to aid in recovery</td>
</tr>
<tr>
<td>Therapy seen as primary healing approach</td>
<td>Healing can happen in healthy relationships</td>
</tr>
<tr>
<td>Let the client decide what their path to healing will look like</td>
<td></td>
</tr>
</tbody>
</table>

Re-traumatization

- A situation, attitude, interaction, or environment replicates the events or dynamics of the original trauma (a trigger)
- Can be obvious, or not
- Usually unintentional
- Always hurtful

Re-traumatization Within the System

- Female with second operating while intoxicated charge is placed in all male psychoeducation group
- Receptionist meets new clients with a scowl and provides instructions in a short, curt manner
- Clinic has poor soundproofing in “private” offices
- Other examples?
Responding to People in Need

- Listen (Active listening)
- Validate
  - “That must be very hard.”
  - “I’m sorry you were hurt in that way.”
- Normalize
- Assist (Grounding techniques, making referral)
- Avoid re-traumatization

More on Validation

- “What happened was not your fault”
- “You are not to blame for what happened to you”
- “Thank you for trusting me with such a personal and private experience”
- “You deserve help in dealing with something so difficult. Would you like me to connect you with someone you could talk to about this?”

(Aurora Health Care, 2016)

What TIC Looks Like

- During emotional times ask: “How can I support you right now?”
- When the trauma story leaves you speechless, be willing to sit in supportive silence.
- Provide clear information about when, where, and by whom services will be provided.
- Be prepared to repeat information many times: repetition is commonly needed when consumers are working with an overwhelmed nervous system.
Value-Based Practice: Safety

- Create a welcoming, calming environment
- Maintain respectful physical and emotional boundaries
- Provide a safe place to talk
- Be open to outside parties, advocacy, and clinical consultants
- Ask about current abuse and address current risks to safety

(Falleti and Harris, 2002)

Value-Based Practice: Compassionate Communication

- Use person-first language (not diagnosis-first language)
- Empathy before education

Value-Based Practice: Compassionate Communication

Avoid using dehumanizing language:
- Target populations
- In the trenches
- Take downs
- Borderlines
- Non-compliant
- Attention-seeking

(Aurora Health Care, 2016)
What is trauma-informed care?

- A principle-based culture change process
- Acknowledgement of the pervasiveness of trauma
- It focuses on how trauma may effect an individual’s life and their response to behavioral health services
- Safety for both participants and providers
- Atmosphere of trust
- Compassionate collaboration
- Strengths-based

Trauma-Informed Care

- Is not an intervention to address posttraumatic stress disorder
- Is not a “flavor of the day” approach

Going Beyond “What Happened To You”
Beyond Trauma-Informed Care

TIC doesn’t encompass the totality of traumatic experiences.
• It focuses primarily on harm, injury, and trauma.
• It is deficit-based rather than asset-driven.
• The term TIC is important, but incomplete.

(Shawn Ginwright, Ph.D., 2018)

How is TIC incomplete?

• It presumes the trauma is an individual experience, rather than a collective one.
• It requires we treat trauma in people but provides no insight into how we address the root causes.
• It runs the risk of focusing on the treatment of pathology (trauma), rather than fostering the possibility (well-being).

(Shawn Ginwright, Ph.D., 2018)

How is TIC incomplete?

• The absence of disease does not constitute health.
• The absence of violence does not constitute peace.
• The reduction of pathology (anxiety, fear, sadness, distrust, triggers) dose not constitute well-being (hope, happiness, imagination, aspirations, trust).

(Shawn Ginwright, Ph.D., 2018)
What is the next step beyond TIC?

Need to develop an approach with a broader lens
- Holistic view of healing
- Healing-centered approach (rather than trauma-informed)
  - Holistic
  - Culturally sensitive
  - Spiritual
  - Civic action
  - Collective healing

(Shane Ginwright, Ph.D., 2018)

The Transformational Question

“What’s wrong with you?”
“What happened to you?”
“What’s right with you?”

HCE views those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events.

Creating a Blueprint for TIC Implementation

- Trauma-informed care organizational assessment
- Trauma-informed care assessment template
- Trauma-informed care action plan
Organizational Change

- Leader buy-in and support
- TIC champions
- Consumer involvement
- Trauma-sensitive human resource practices
- Trauma-sensitive environment
- Work towards fidelity

Implementation Stages

Exploration → Installation → Initial Implementation → Full Implementation


Tonier Cain

- “Where there’s breath, there’s hope.”
- Video

https://www.youtube.com/watch?v=mFPAq7Bszac&_sm_au_=isVfZJn2QFn07Vjw
Final Thought

“Every life is a piece of art, put together with all means available”

-Pierre Janet

Resources

Trauma-Specific Models and Interventions
- Risking Connection http://www.riskingconnection.com/
- Sanctuary Model http://www.sanctuaryweb.com/
- Seeking Safety http://www.seekingsafety.org/
- Trauma, Addiction, Mental Health and Recovery (TAMAR) http://nicic.gov/wods/program/246-trauma-addictions-mental-health-and-recovery/tamar
- Trauma, Affect Regulation Guide for Education and Therapy (TARGET) http://www.advancedtrauma.com/
- Trauma Recovery and Empowerment Model (TREM) http://www.traumaempowerment.org/
General Trauma Resources

- ACEs Connection
  https://www.acesconnection.com/
- Fostering Futures Wisconsin
  http://www.fosteringfutureswisconsin.org/
- National ACE Study
- Wisconsin ACE Study
  http://wichildrentrustfund.org/files/WisconsinACEs.pdf
- National Center for Trauma-Informed Care
  http://beta.samhsa.gov/pttic

General Trauma Resources

- National Center for Posttraumatic Stress Disorder
  http://www.ptsd.va.gov/
- International Society for Traumatic Stress Studies
  http://www.istss.org/
- Aceresponse (ACEs and Developmental Disabilities)
  http://www.aceresponse.org/
- The Anna Institute
  http://www.theannainstitute.org/
- National Association of State Directors of Developmental Disabilities Services

Other Tools

- Alphabetical list of trauma and PTSD measures: http://www.ptsd.va.gov/professionalassessment/All_measures.asp
- The Vicarious Trauma Toolkit: https://vtt.ojp.gov/
Books


Thank You!

Scott A. Webb, MSE, LCSW
608-266-3610
scott.webb@dhs.wisconsin.gov

*Join the TIC Email List*
Visit [dhs.wisconsin.gov/tic](http://dhs.wisconsin.gov/tic) to sign up to receive email notices for trauma-related research, resources, training opportunities, etc.