Tools for Trauma-Informed Care

Trauma
Addiction
ACE's (Adverse Childhood Experiences)
Trauma-Informed Lens
How to best work with clients
Post-traumatic Stress Disorder: “is an anxiety disorder that develops in relation to an event which creates psychological trauma in response to actual or threatened death, serious injury, or sexual violation. The exposure must involve directly experiencing the event, witnessing the event in person, learning of an actual or threatened death of a close family member or friend, or repeated first-hand, extreme exposure to the details of the event”
Two Types of Trauma

PTSD – Singular Event (usually as an adult)

Complex PTSD – Repeated incidences of trauma throughout life span typically beginning in childhood
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What Percentage of Your Clients Have Trauma in Addition to Substance Use Disorder
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20.2 Million Adults SUD. PTSD % within population (SAMHSA)

- Women up to 59%
- Men up to 38%
PTSD and SUD is prevalent across a diverse range of populations and settings.

Several theories attempt to explain this association but the most prominent is that of **Self-Medication**.

Self-Medication Theory: Substance Use serves as an attempt to alleviate PTSD symptoms.
Integrated Model
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ACE SCORE: 6
Adverse Childhood Experiences

ACEs are ADVERSE CHILDHOOD EXPERIENCES

HOW PREVALENT ARE ACES?

WHAT IMPACT DO ACES HAVE?

The three types of ACES include

ABUSE
- Physical
- Emotional
- Sexual

NEGLECT
- Physical
- Emotional
- Substance Abuse

HOUSEHOLD DYSFUNCTION
- Mental Illness
- Incarceration/Relocation
- Divorce
- Mother treated violently
Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. (SAMHSA)
ACE’s Impact on Personality Development

Early trauma can have the following impacts:

Behavioral or Personality Traits
Difficulty with self-regulation
Loss of healthy interpersonal relationships
The ACE study began in 1994 and included over 17,000 participants. The study was conducted to bring an understanding of the impact childhood origins had on people across the lifespan.
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Dr. Felitti and Dr. Anda designed the ACES 10 question survey and each YES = 1 Point.

Total Score Ranges 0-10

ACEs are a significant risk factor for substance use
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Why Do ACE Scores Matter?

ACE's disrupt the brain functioning and can affect a person's emotions, behaviors, memory, attention, ability to learn, ability to socialize, and ability to maintain self-control.
ACE’s

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
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What does this look like in our clients with PTSD and SUD?
Sarah is a 44 year old woman of Caucasian descent. She is divorced with 2 children who live with their father. She has been using alcohol since she was 13 years old. She has been in Treatment 10 times. She has been diagnosed with PTSD-chronic, anxiety, depression and border-line personality traits.
Sarah grew up in a dysfunctional family. Her parents were never married and both used substances. Her mother was emotionally unavailable, she was exposed to violence, she was physically abused, and at 10 yrs old she was removed from the home by Child Protective Services (CPS). During this time she was separated from her younger brother whom she cared for and was the most significant and cherished relationship she had.
Sarah’s behavior vacillates between sweet and compliant to emotionally dysregulated, angry, mean spirited. She yells and swears at staff and tells people off. She bullies other women, doesn’t make friends easily. She trusts no one. People feel intimidated by her anger and crying fits. She screams in her sleep and scares the
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How would YOU work with this client?
ACE’s Scoring

Review Sarah’s ACE Score

Assess her Vulnerability for an Increase to Substance Use and MH Disorders
Why It’s Important to Screen for ACE’s

Screening and Assessments are considered “Best Practice” and can greatly improve treatment planning.

Bridge the Gap. Many clients fail to see the connection between trauma and their mental health or substance abuse problems.
Complex Trauma

Not currently apart of the DSM 5

Shares a constellation of symptoms with PTSD
Complex Trauma

Complex traumatic events and experiences can be defined as stressors that are:

- Repetitive, prolonged, or cumulative
- Personal, involving direct harm, exploitation, and maltreatment including: neglect or abandonment by caregivers
Complex Trauma

AND often occur at developmentally vulnerable times in the victim's life, especially in early childhood or adolescence, but can also occur later in life and in conditions of vulnerability.
What are some symptoms you would see in clients with a C-PTSD Diagnosis?
4 Main Types of Symptoms

- **Intrusive Symptoms** – recurrent memories of the event, nightmares, emotional distress after exposure to traumatic reminders (physical symptoms)

- **Avoidance** – Avoiding trauma-related stimuli; thoughts, feelings OR reminders of the event
4 Main Types of Symptoms

- **Negative alterations in Cognition and Mood** – persistent negative beliefs, lasting or distorted feelings such as anger, guilt, or shame. Feeling numb or isolated and a diminished interest in life.

- **Alterations in Arousal** – irritable or aggressive, hypervigilance, destructive behavior, difficulty concentrating, sleep disturbances.
Other MH Related Symptoms

Depression:
- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Trouble sleeping or sleeping too much
- Feeling worthless or guilty
- Difficulty thinking, concentrating or making decisions
- Thoughts of death or suicide
Other MH Related Symptoms

Anxiety:

- Excessive anxiety and worry about a variety of topics, events, or activities.
- Worries are very difficult to control.
- May be accompanied by other physical or cognitive symptoms such as; on edge, restless, increased fatigue and difficulty sleeping.
PTSD VS COMPLEX PTSD

PTSD and complex PTSD symptoms

source: European Journal of Psychotraumatology
2013, 4, 20708
http://dx.doi.org/10.3402/ejpt.v4i0.20708

http://traumadissociation.com/complexptsd
PTSD VS COMPLEX PTSD

The Greatest injury to an individual with C-PTSD is the Injury to their Identity.

Sense of self is lost, distorted, or unknown.

Adults with C-PTSD often feel fundamentally flawed with a concrete belief OTHERS are not to be trusted.
The younger the trauma the more damaging to the identity

May Identity solely with their “Traumatic Self”
6 Ways Developmental Trauma Shapes Adult Identity

1. Loss of Childhood - Individuals who experience traumatic events in childhood often have blank timelines of childhood or inability to recall their childhood.

*Grant Brenner, Psychiatrist*
Injured Identity

2. Missing parts of oneself: Individuals might say things like; “I’ve always felt like something was missing, but I don’t know what it is.”

With chronic developmental distress, children often disconnect important parts of themselves in order to survive, this is a form of dissociation.
3. Attraction to destructive relationships - Individuals might repeatedly surround themselves with unhealthy people by choosing emotionally unavailable or abusive friends, significant others, or even work environments.

This can lead to questioning one’s self-understanding, locking them into their old identity while preventing new Identities from taking root.
4. Avoidance of Relationships – Individuals believe they are better off alone.

Healthy relationships with others are crucial for personal development, presenting opportunities for growth and change. Missing out on them in adulthood as a self-protective measure further impairs development of a fully adult identity, solidifying a self-perception of unworthiness and self-condemnation.
5. Avoidance of oneself: Individuals might say; “I don’t like to think about myself; it only makes me feel bad

When childhood trauma was a defining component of key relationships—parents, siblings, and other important people—any reminder of those experiences may lead to efforts to manage painful emotions and experiences through escape from oneself. In extreme, this may lead one to self-destruction.
5. Avoidance of Self – continued

Connection with oneself, as with others, is a powerful reminder of prior trauma, activating memories and emotions which are often too much to handle.

Sense of self is often characterized by disgust and self-hatred
Injured Identity

6. Difficulty integrating emotions into one’s identity – When feelings had no place in one’s family of origin, emotions become split away from identity.

Emotions continue to have influence, but due to an unstable sense of self emotions can feel unpredictable, strong, and leaving individuals with an inability to manage them.
Injured Identity

ACE’s impact the brain and thus the sense of self. The “Injured Identity” is one way in which counselors see both addiction and self-sabotage, emotional dysregulation and mental health symptoms.
Providing Hope

Recovery, grieving and growth often take place over a long period of time and re-connecting with oneself has many layers.

Providing hope that long-term goals are attainable and worth working toward is an important element to establish with clients.
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Why the Need for a Trauma Informed Care Lens?
Tools for Trauma-Informed Care

Trauma Informed Care: Interventions that are appropriate for a range of practitioners to utilize in a variety of clinical settings. They are designed to assist in managing symptoms and reducing the likelihood of re-traumatization of the client in a care setting.
**Tools for Trauma-Informed Care**

<table>
<thead>
<tr>
<th>Traditional Model</th>
<th>Trauma-Informed Model</th>
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<tbody>
<tr>
<td>Clients are sick, ill, immoral</td>
<td>Clients are hurt and suffering</td>
</tr>
<tr>
<td>Clients behaviors are immoral and need to be</td>
<td>Clients behaviors are survival skills developed to live through trauma but</td>
</tr>
<tr>
<td>punished</td>
<td>maladaptive to normal society</td>
</tr>
<tr>
<td>Clients can change/stop immoral</td>
<td>Clients need support, trust, and safety</td>
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*TRAUMA INFORMED CARE is the care that is provided with an acute awareness of the survivor's traumatic experiences.*
Tools for Trauma-Informed Care

3 Key Elements of a Trauma Informed Approach

- Realizing the Prevalence of Trauma
- Recognizing how trauma affects individuals
- Respond by putting knowledge into practice
Critical Role of Counselors in Treatment

Phase I “Safety and Stabilization”

- Manage Symptoms
- Increase Coping Skills
- Provide Resources (referrals to Mental Health, Doctors, Psychiatrists, etc.)
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How Can We Help?

- Client-Centered Approach
- Gentleness
- Compassion, and Empathy
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Practical Ways to Help

- Smile
- Be Kind
- Try Not to activate the Amygdala (fight/flight)
- Become Trauma-Informed
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Trauma Informed: An approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations.

Involves viewing trauma through a systemic and cultural lens
MI is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

The approach is focused and goal-directed
Motivational Interviewing

- Express and show **empathy** through reflective listening (upset about lack of visits)
  - “It sounds like you’re concerned about your relationships
- Avoid arguments and direct confrontation
  - The goal is to “walk with them” or “come beside them”
Motivational Interviewing

- Reframe – Offer a positive perspective on negative information

“You’ve had a setback, but you are really trying. Look at the progress you are making”

- Support Self-Efficacy
  - Talk less and **Listen** more. Encourage independent decision making
Motivational Interviewing

- Adjust to client resistance rather than opposing it directly
Evidence Based Treatments

Psycho-therapy

CBT (Cognitive Behavioral Therapy)

EMDR (Eye Movement Desensitization and Reprocessing) specialized treatment approach specifically for resolving trauma

Medications
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What are some of the interventions you use in working with PTSD and SUD clients?
Application

Practical tools in working with PTSD & SUD

Screen: Implement ACES

Be and Remain a Safe Person: create safety, build rapport, establish therapeutic alliance
**Build Ego Strength**: Cultivate Resiliency through self-acceptance, personal empowerment (self-efficacy), awareness of core-beliefs, and coping skills to maintain emotional stability and cope with internal and external stress.

**Containment**: Exercises where clients can contain thoughts or feelings until ready to work on them.
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**Grounding Techniques**: Designed to keep someone in the present. (sensory)

EX. 54321 Game

- 5 things you can see in the room
- 4 things you can feel
- 3 things you can hear
- 2 things you can smell
- 1 good thing about yourself
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**Coping Skills:** deep breathing techniques, positive self-talk, walk away, journal, distractions, laugh

**CBT:** aimed to change patterns of thinking and behaviors

**Spirituality:** important role in healing for some and creates complexities of meaning for others
Skills To Be Developed

Healthy coping tools such as self-soothing
Healthy boundaries
Safety planning
Emotional regulation skills to manage triggers
Stress management
Medication management
TIC Counselor Competencies

- Person-Centered Approach (don’t take things personally)
- Skilled at therapeutic alliance
- Shared responsibility for decisions (spirit of collaboration)
- Implement Evidence-Based Practices
TIC Counselor Competencies

- Team-based; Interdisciplinary approach
- Cultural Competencies
- Self-Awareness and Commitment to counselor self-care practices
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DO’s:

- Hold people Accountable
- Invite Conversation while remaining calm
- Allow Room for Silence & Walking Away
- Allow expression of Emotion
- Ask: “How Can I Help You?”
- Let It Go
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DON’Ts

- Have an Authoritarian Style
- Demand talking, eye-contact, a response, or into your office
- Ask too many questions or Talk about yourself
- Get too Close – Keep Physical boundaries and boundaries with time
- Take It Personal
Review Sarah’s TX Plan

Where should we start?
Review Sarah’s TX Plan

- Trauma-Informed Lens – clients are hurt and suffering and need safety and support
- Approach clients with an attitude of compassion and empathy
- Screen for ACES – provides rich history
- Screen for depression/anxiety – make appropriate referrals
Review Sarah’s TX Plan

Watch for Common Signs of Trauma

- Hypervigilance
- Numbing
- Heightened Emotions
- Mood Changes
- Suicidality
- Hopelessness
- Helplessness
- Anger/Rage
- Isolation/Sadness
- Depression/Anxiety
Review Sarah’s TX Plan

- Use MI techniques (gentleness, walk along side, empower, reframe, promote sense of self)
- Become Acquainted with Self
- Strengthen Ego (build resiliency, sense of self)
- Promote healthy coping tools
Impact on Counselors

Building our Own Resilience

Build Resilience to Avoid Walking Wounded
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As a Counselor, your heart and brain are your most valuable resources, nurturing those should be a top priority
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What are some ways YOU nurture your heart and brain?
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Building Resistance through Self-Care

Physical: exercise, sleep, nutrition, etc.

Emotional: do your own work, set boundaries, create and maintain healthy relational supports, play, laugh
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“Do what you can, with what you have, where you are”

Theodore Roosevelt