



# Tools for Trauma-Informed Care

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# Tools for Trauma-Informed Care

Trauma

Addiction

ACE's (Adverse Childhood Experiences)

Trauma-Informed Lens

How to best work with clients

# Tools for Trauma-Informed Care



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

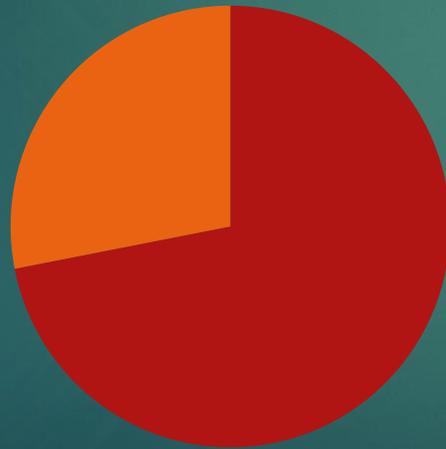
# Tools for Trauma-Informed Care



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%

# Exploring Links Between SUD and PTSD

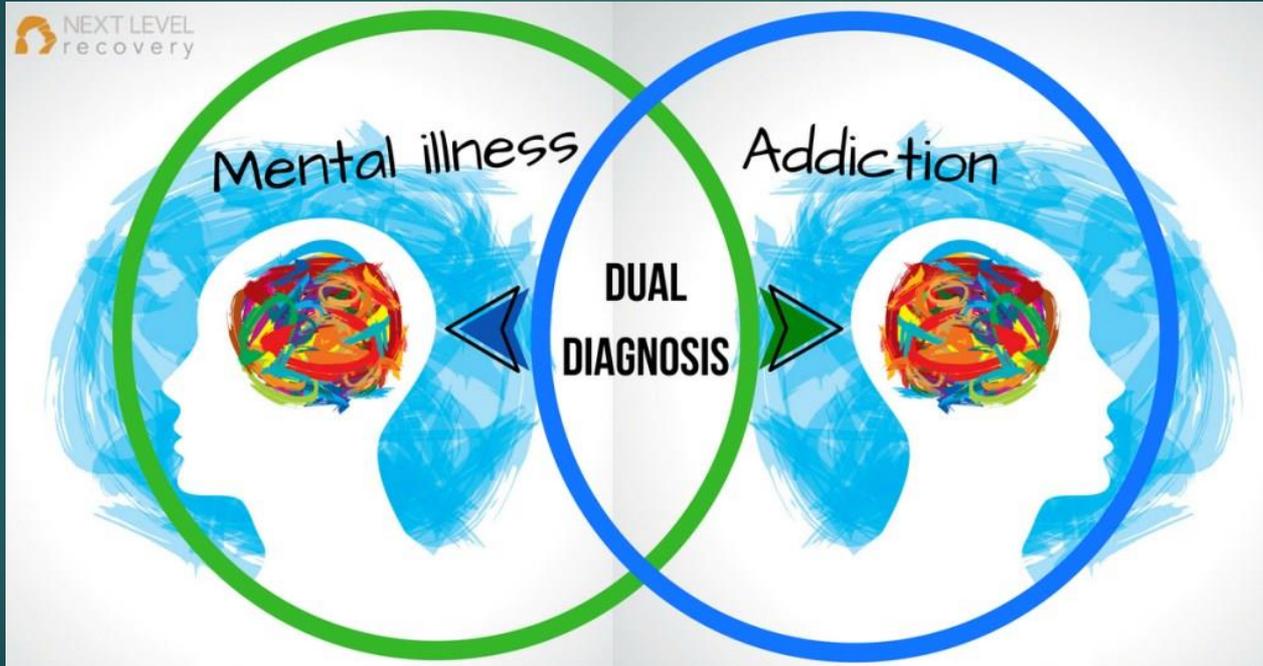


PTSD and SUD is prevalent across a diverse range of populations and settings

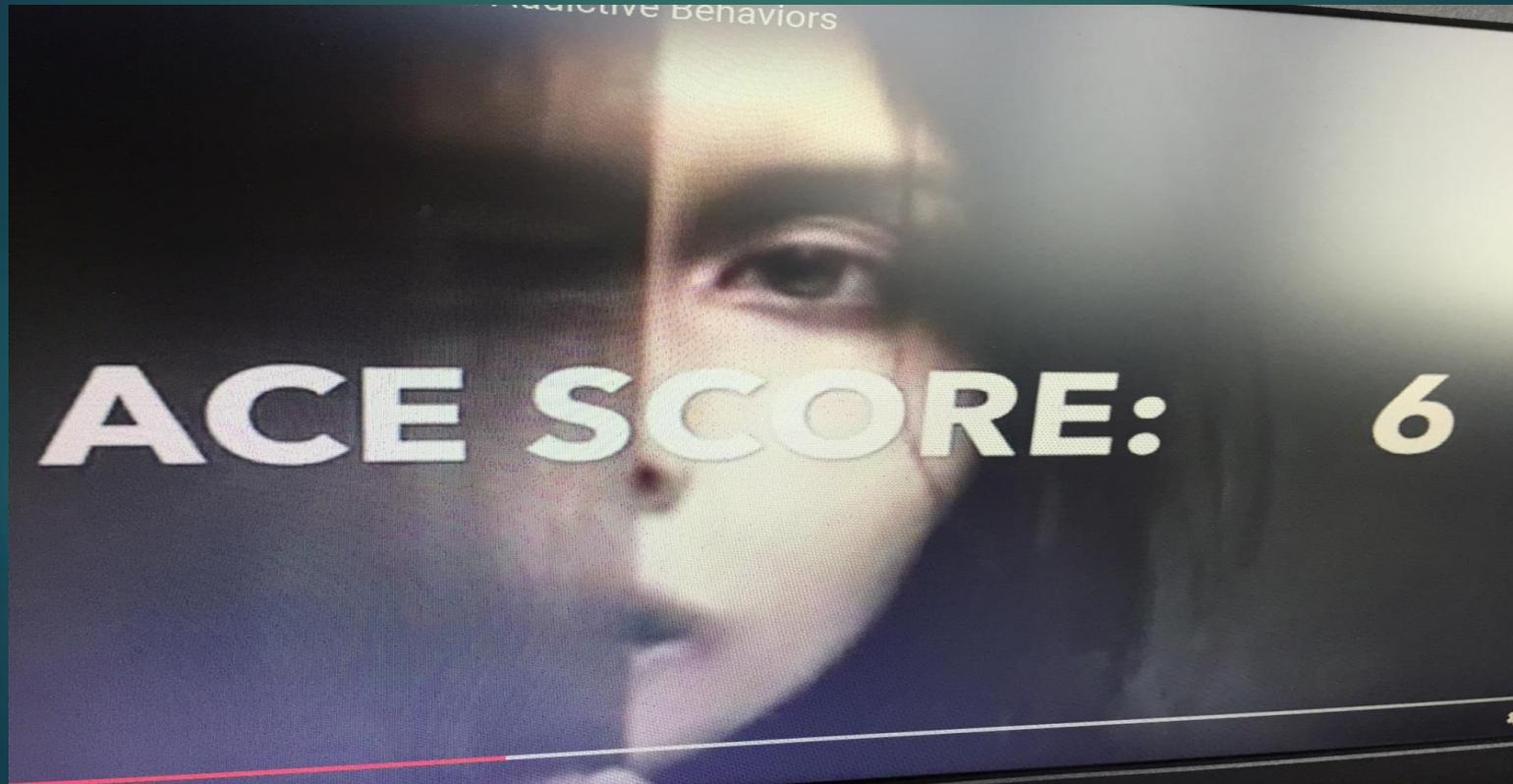
Several theories attempt to explain this association but the most prominent is that of **Self- Medication**

Self-Medication Theory: Substance Use serves as an attempt to alleviate PTSD symptoms.

# Integrated Model



# Tools for Trauma-Informed Care



# Adverse Childhood Experiences

**WHAT ARE THEY?**

ACEs are  
**ADVERSE  
CHILDHOOD  
EXPERIENCES**

**HOW PREVALENT ARE ACEs?**

*The three types of ACEs include*

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
 Physical	 Physical	 Mental Illness	 Incarcerated Relative
 Emotional	 Emotional	 Mother treated violently	 Substance Abuse
 Sexual		 Divorce	

**WHAT IMPACT DO ACEs HAVE?**

# 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

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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

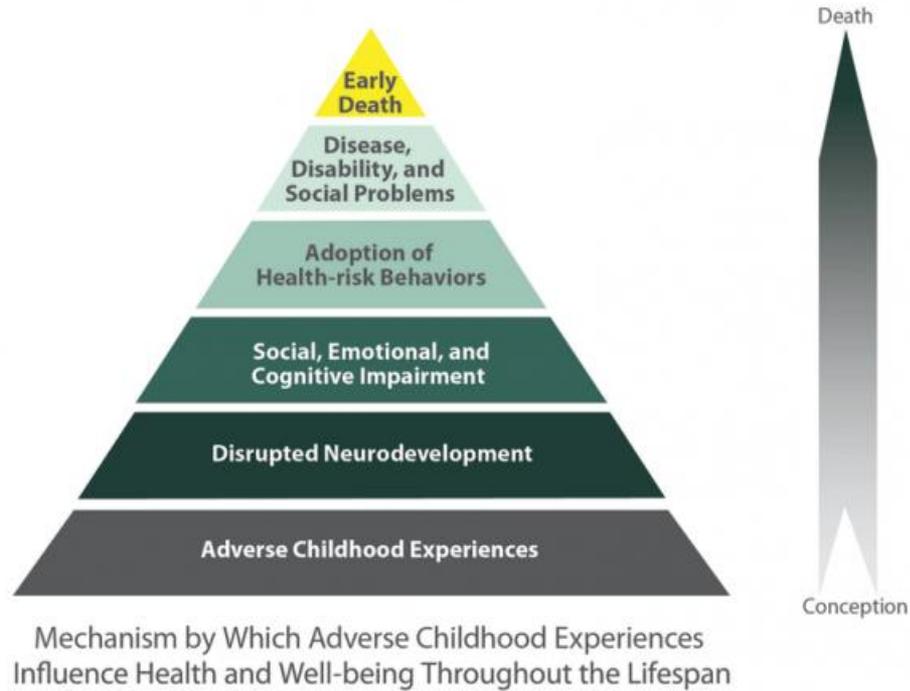
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Why Do ACE Scores Matter?

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

# ACE's



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What does this look like in our clients with PTSD and SUD?

# Description of Client Profile



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

# Family Background



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.

# Behavior



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

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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

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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



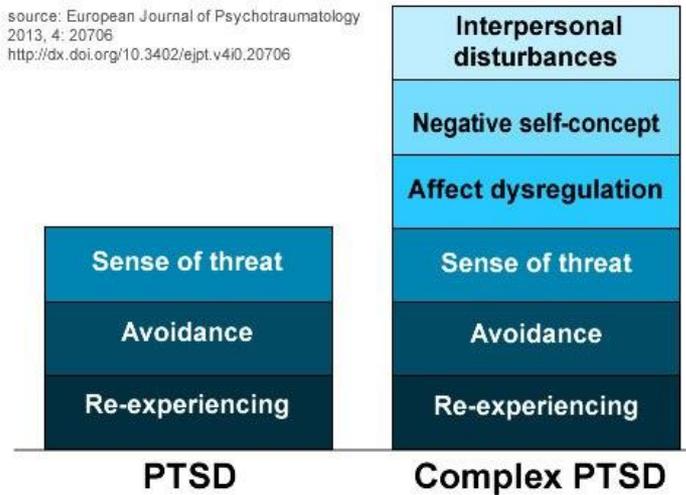
## Anxiety:

- ▶ 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: 20706  
<http://dx.doi.org/10.3402/ejpt.v4i0.20706>



<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.

# PTSD VS COMPLEX PTSD

- ▶ The younger the trauma the more damaging to the identity
- ▶ May Identify solely with their “Traumatic Self”

# Injured Identity



## 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

# Injured Identity



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.

# Injured Identity



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.

# Injured Identity



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.

# Injured Identity



## 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.

# Tools for Trauma-Informed Care



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

TRAUMA INFORMED CARE is the care that is provided with an acute awareness of the survivor's traumatic experiences.

## **Traditional Model**

Clients are sick, ill, immoral

Clients behaviors are immoral and need to be

punished

Clients can change/stop immoral

## **Trauma-Informed Model**

Clients are hurt and suffering

Clients behaviors are survival skills developed to live through trauma but maladaptive to normal society

Clients need support, trust, and

# 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

# Tools for Trauma-Informed Care



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

# Tools for Trauma-Informed Care



TX Approach – Motivational Interviewing

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

# Tools for Trauma-Informed Care

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

# Tools for Trauma-Informed Care



**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.

# Tools for Trauma-Informed Care

**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

# Tools for Trauma-Informed Care



**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

# Tools for Trauma-Informed Care



## 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

# Tools for Trauma-Informed Care



## 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

Hopelessness

Numbing

Helplessness

Heightened Emotions

Anger/Rage

Mood Changes

Isolation/Sadness

Suicidality

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

# Impact on Counselors

As a Counselor, your heart and brain are your most valuable resources, nurturing those should be a top priority

# Impact on Counselors



What are some ways YOU nurture your heart and brain?

# Impact on Counselors



## 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

# Impact on Counselors

“Do what you can, with what you have, where you are”

Theodore Roosevelt