Trauma Informed Care: Top 10 Tips for Caregivers and Case Managers

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Our Goals Today

• Provide information about concepts associated with trauma informed care as they relate to child welfare & behavioral health settings

• Gain increased understanding of the implications of trauma for case planning and intervention, as well as identifying providers who practice in trauma informed ways.

• Provide examples of specific indicators of trauma informed child welfare practices.
Acknowledgements

NCTSN
The National Child Traumatic Stress Network

NASMHPD
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What do you think of when you hear the word “trauma”? 

What types of events are “traumatic”? 
Defining “Trauma”: DSM-IV-TR

- **Post-Traumatic Stress Disorder**
  - The development of characteristic *symptoms*, following exposure to a traumatic stressor involving direct personal experience or witnessing another persons’ experience of:
    - Actual or threatened death
    - Actual or threatened serious injury
    - Threat to physical integrity

- Person’s response involves intense fear, horror and helplessness, leading to extreme stress that overwhelms the person’s capacity to cope

(APA, 2000)
Defining “Trauma”: NASMHPD

- The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters
Types of “Trauma” - NCTSN

- Sexual abuse/assault
- Physical abuse/assault
- Emotional Abuse
- Neglect
- Serious accident/illness
- Medical procedure
- Witness to domestic violence
- Victim/witness to community violence
- School violence

- Natural or Man made disaster
- Forced displacement
- War/terrorism/political violence
- Victim/witness to extreme personal/interpersonal violence
- Traumatic grief / separation
- System-induced Trauma
Acute vs. Complex Trauma

**Acute Trauma**
- Experiencing serious injury to self or witnessing others being injured
- Facing imminent threats of serious injury or death to yourself or others
- Experiencing a violation of personal physical integrity
- Examples: School shootings, gang violence, natural disaster, physical/sexual assault

**Complex/Chronic Trauma**
- Trauma that occurs repeatedly over a long period of time
- Some forms of physical abuse, long standing sexual abuse, domestic violence, wars and other forms of political violence
How does trauma affect those who experience it?
The ACE Study is an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente.

Over 17,000 members of a Health Maintenance Organization (HMO) members who undergo a comprehensive physical examination provide detailed information about their childhood experience of abuse, neglect, and family dysfunction.

The ACE Study is analyzing the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life.
The ACE study examines participants across the life span (i.e., takes a “whole life” perspective)

Progressively uncovered how childhood stressors (ACE) are strongly related to development and prevalence of risk factors for disease and health and social well-being throughout the lifespan
ACE Study

Major Findings:

• Almost **two-thirds of study participants** reported at least one ACE, and more than one in five reported three or more ACEs

• The short- and long-term outcomes of childhood exposures to ACEs include a multitude of health and social problems

• As the number of childhood ACEs goes up, so does the likelihood of social (substance abuse, mental illness) and health problems (heart disease, obesity)
Neurobiological Impacts of Trauma

• Abuse and neglect have **profound** effects on brain development. The longer the abuse or neglect, the more likely it is that permanent brain damage will occur.

• Not only are people with developmental disabilities more likely to be exposed to trauma, but exposure to trauma makes developmental delays more likely.

• Severe neglect can result in reduced brain size, decreased density of neurons, and smaller head circumference (Perry, 2001)
Emotional Brain

(Restak, 1988)
Between Stimulus and Response

S Stimulus

(LeDoux, 1996)
Between Stimulus and Response

S Stimulus

Sensory Thalamus

(LeDoux, 1996)
Between Stimulus and Response

S Stimulus

Very Fast

Sensory Thalamus

Amygdala

(LeDoux, 1996)
Between Stimulus and Response

S Stimulus → Sensory Thalamus → Cortex → Hippocampus → Amygdala

Very Fast

Slower

(LeDoux, 1996)
Between Stimulus and Response

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S Stimulus → Sensory Thalamus → Cortex

Cortex → Hippocampus

Hippocampus → Sensory Thalamus

Sensory Thalamus → Amygdala

Amygdala → Response

Very Fast

Slower

(LeDoux, 1996)
What is Trauma Informed Care?

The Paradigm Change

• Basic premise for organizing services is transformed...
  from: “What is wrong with you?”
  to: “What has happened to you?”

• Change starts with an organizational shift from a traditional “top-down” environment to one that is based on collaboration with those who have experienced trauma and their families

*National Center for Trauma Informed Care, SAMHSA*
A trauma-informed approach is based on the recognition that many behaviors and responses (often seen as symptoms) expressed by survivors and consumers are directly related to traumatic experiences that often cause mental health, substance abuse, and physical health concerns.

National Center for Trauma Informed Care
Substance Abuse and Mental Health Services Administration
A “trauma informed” system is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services. (Harris & Fallot, 2001).

“Trauma informed” services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about and sensitive to, trauma related issues present in survivors.
What is Trauma Informed Care?

Hodas (2006) conceptualizes **trauma informed care** as revolving around three main concepts:

- Understanding
- Commitment
- Practices
Understanding

- Trauma
  - Understanding its prevalence and its consequences

- The Person Served
  - Taking a holistic view

- Services
  - Must be strengths based

- The Service Relationship
  - Collaborative, partnership approach
  - Consistency with self-direction and person-centered approaches
Commitment

- Commitment on the part of administrative staff is essential, as these individuals/groups generally determine the flow of resources

- Ensuring that staff receive necessary training

- Hiring practices

- Identifying “trauma champions”
Focus on empowerment vs. management and control

Use of person-first language with decreased emphasis upon symptoms, behaviors, etc.

Practices should aim to build upon strengths and promote resilience

Universal precautions to screen for trauma experiences
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Trauma-Informed Child Welfare

• “Universal precautions”

• NCTSN “Essential Elements” of trauma-informed child welfare practice
NCTSN’s Essential Elements

1. Maximize the child’s sense of safety.

Maslow’s Hierarchy of Needs
NCTSN’s Essential Elements

NCTSN’s Essential Elements

3. Help children make new meaning of their trauma history and current experiences.
NCTSN’s Essential Elements

Inter-relationship of events, thoughts, emotions, and behavior
NCTSN’s Essential Elements

4. Address the impact of trauma and subsequent changes in the child’s development, relationships, and behavior.
Impacts of Trauma on Learning

- Persistent fear states in children can interfere with their ability to learn from educational, social, and emotional experiences
- Exposure to trauma can affect their perception of time, cognitive style, affective tone, problem-solving skills, and ability to respond to and understand rules, regulations, and laws

(Perry, 2001)
Social & Emotional Effects of Trauma

- Early childhood trauma has been associated with reduced size of the parts of the brain responsible for memory, attention, perceptual awareness, thinking, language, and consciousness. These changes may affect IQ and the ability to regulate emotions, and the child may become more fearful and may not feel as safe or as protected. (Natl. Child Traumatic Stress Network)

- Interactions with parents, caregivers, and other adults are important in a child's life, but new evidence shows that these relationships actually shape brain circuits and lay the foundation for later developmental outcomes, from academic performance to mental health and interpersonal skills. (Center of the Developing Child: Harvard University)
Social & Emotional Effects of Trauma

- The early experience of trauma (particularly trauma that involves interpersonal violence) adversely affects attachment and the subsequent formation and maintenance of relationships.

- Because of brain changes discussed earlier, over time trauma survivors may develop persistent fear responses and become overly sensitive to contextual cues that threats are present.

- This tendency to be constantly “on alert” for threats may lead to nearly “automatic” responding to stimuli resembling aspects of the trauma as the individual seeks to protect himself or herself.
“The Invisible Suitcase”
5. Coordinate services with other agencies.

- View youth holistically (i.e., Hodas, 2006)
- Documentation of trauma history (vs. serial repetition)
- Coordinating expectations with other systems
6. Utilize comprehensive assessment of the child’s trauma experiences and their impact on the child’s development and behavior to guide services.
Assessing Trauma Histories

• “Universal precautions”

• Multiple informants, multiple methods, multiple settings

• Formalized assessment instruments
Module 4, Activity 4F; Module 4, Activity 4G

Child Welfare Trauma Referral Tool

This measure is designed to help child welfare workers make more trauma-informed decisions about the need for referral to trauma-specific and general mental health services. It is to be completed by the child welfare worker through record review and key informants (i.e., natural parent, foster parent, child therapist, school-aged children or adolescents if appropriate, and other significant individuals in the child's life).

Section A allows the child welfare worker to document history of exposure to a variety of types of trauma and indicate the age range over which the child experienced each trauma. Section B allows the child welfare worker to document the severity of the child's traumatic stress reactions. Section C allows the child welfare worker to document attachment problems. Section D allows the child welfare worker to document behaviors requiring immediate stabilization. Section E allows the child welfare worker to document the severity of the child's other reactions/behaviors/functioning. Section F provides strategies for making recommendations to general or trauma-specific mental health services by linking the child's experiences to their reactions.

Form Completed by (Name/Title/ID Code): ____________________________ Date: ______________
Child's Name: ____________________________ Age: ________ Number of Months in Current Placement: ________

Reason for Current Evaluation (check all that apply):

☐ Baseline Assessment: New client ☐ New Trauma Reported ☐ Problematic Reactions/Behaviors Reported
☐ Change in Placement (Specify): ____________________________ ☐ Other (Specify): ____________________________

Instructions: Please fill out Sections A through E below by checking the box that corresponds to your answer:

☐ If there is absolutely NO information about the trauma factor in the vignette, you must answer UNKNOWN.

☐ If there is SOME information about the trauma factor in the vignette, you have three choices:
  - YES, if the information suggests that this trauma factor likely occurred,
  - NO, if the information suggests this trauma factor did not occur,
  - SUSPECTED, if the information suggests that this trauma factor could have occurred but more information is needed for a decision.
UCLA PTSD Index for DSM-IV-TR

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<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Age</th>
<th>Sex (Circle)</th>
<th>Girl</th>
<th>Boy</th>
</tr>
</thead>
</table>

**Person Completing this Form**

**Relationship to Child**

**Today's Date**

**Grade in School**

**School**

**Teacher**

**Town**

Below is a list of **VERYY SCARY, DANGEROUS, OR VIOLENT** things that sometimes happen to children. These are times when someone was **HURT, REALLY BADLY OR KILLED**, or could have been. Some children have had these experiences, some children have not had these experiences.

**FOR EACH QUESTION:** Check “Yes” if this scary thing **HAPPENED TO YOUR CHILD**

Check “No” if it **DID NOT HAPPEN TO YOUR CHILD**

---

1) Being in a big earthquake that badly damaged the building your child was in.  
   - Yes [ ] No [ ]

2) Being in another kind of disaster, like a fire, tornado, flood or hurricane.  
   - Yes [ ] No [ ]

3) Being in a bad accident, like a very serious car accident.  
   - Yes [ ] No [ ]

4) Being in place where a war was going on around your child.  
   - Yes [ ] No [ ]

5) Being hit, punched, or kicked very hard at home.  
   - Yes [ ] No [ ]

   (DO NOT INCLUDE ordinary fights between brothers & sisters)

6) Seeing a family member being hit, punched or kicked very hard at home.  
   - Yes [ ] No [ ]

   (DO NOT INCLUDE ordinary fights between brothers & sisters)

7) Being beaten up, shot at or threatened to be hurt badly in your town.  
   - Yes [ ] No [ ]

8) Seeing someone in your town being beaten up, shot at or killed.  
   - Yes [ ] No [ ]

9) Seeing a dead body in your town (do not include funerals).  
   - Yes [ ] No [ ]

10) Having an adult or someone much older touch your child’s private sexual body parts when your child did not want them to.  
    - Yes [ ] No [ ]

11) Hearing about the violent death or serious injury of a loved one.  
    - Yes [ ] No [ ]

12) Having painful and scary medical treatment in a hospital when your child was very sick or badly injured.  
    - Yes [ ] No [ ]

13) **OTHER** than the situations described above, has ANYTHING ELSE ever happened to your child that was **REALLY SCARY, DANGEROUS, OR VIOLENT**?  
    - Yes [ ] No [ ]

Please write what happened:
7. Support and promote positive and stable relationships in the life of the child.
Essential Elements

8. Provide support and guidance to the child’s family and caregivers.

- Know signs of “Compassion fatigue”
- Watch for isolation
- Possible activation of caregivers’ own traumas
Essential Elements

9. Manage professional and personal stress.

- Consistently maintain appropriate boundaries
- Be aware of secondary traumatic stress
- Know the signs of burnout
- Prepare a personal coping plan
Implications - Provider Selection

- Practice “Universal trauma precautions”?
- Is there attention to assessment of trauma throughout the episode of care?
- What is the caregiver/staff training on behavioral correlates of trauma exposure?
Implications - Provider Selection

- Is there identification and ongoing assessment of “triggers” and specific plans to address these?

- Is there awareness of the importance of establishing/maintaining predictable routines to increase sense of safety (i.e., vs. emphasis upon compliance alone?)
Implications – Provider Selection

• Is the environment “affectively calm” to decrease or mitigate hyper-arousal?

• Does the provider demonstrate awareness/use of sensory-based interventions?

• Does the provider develop/utilize Best Practices Guidelines?

• Is there more emphasis placed upon developing and practicing coping skills instead of “gaining insight”?
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Top Ten Signs You Are Providing Trauma Informed Child Welfare Services...

(with apologies to David Letterman)
You know you’re providing trauma-informed services when...

- 10. ...you remain vigilant to signs of secondary traumatic stress (STS) in your own life and consistently take steps to manage your personal and professional stress effectively.

- 9. ...you engage in formal assessment of the experience of trauma experienced by all youth with whom you work, not just those with a documented history.

- 8. ...the results of your assessment guide holistic and collaborative service planning and delivery.
You know you’re providing trauma-informed services when...

- 7. …during visits, you specifically ask children in care about any concerns that they have about their safety, and provide them with concrete ways in which they are being kept safe in their placement.

- 6. …you support caregivers by providing them information about the link(s) between trauma reminders, the overwhelming emotions youth may experience as a result, and any problematic behaviors that may be occurring.

- 5. …you utilize tools such as the Child Welfare Trauma Referral Tool to identify those youth who would benefit from referrals for trauma-specific mental health treatment (i.e., as opposed to more general mental health treatment).
You know you’re providing trauma-informed services when...

- 4. ...you help caregivers to understand trauma-related behavioral issues in a non-judgmental manner that acknowledges and incorporates understanding of trauma history (i.e., vs. bad character) and provide/reinforce ideas for coping strategies.

- 3. ...you work with youth and caregivers to develop an individualized list of available positive social supports within the community, and assist them to make those connections while maintaining existing ones to the greatest degree feasible.

- 2. ...you remain mindful that the immediate and extended family of origin is coping with the experience of trauma in addition to the youth in care.
The #1 way you know you’re providing trauma-informed services...

...you practice “universal trauma precautions” and assume that all youth and connected persons with whom you are working are coping with the effects of trauma, and modify your child welfare practice accordingly.
Where can you learn more?
Additional Resources

1. National Center for Trauma Informed Care
   Website: http://mentalhealth.samhsa.gov/nctic/

2. National Child traumatic Stress Network
   Website: http://www.NCTSNnet.org

3. Child Trauma Institute
   Website: http://www.childtrauma.com/

4. Federation of Families
   Website: http://www.ffcmh.org/

5. National Alliance on Mental Illness
   Website: http://www.nami.org/
Questions/Comments?

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