

Trauma Informed Care (TIC) – *A Systematic Approach to Treatment and Care*



Michael Joranger LCSW
Staff Development
Coordinator

Saint A

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What is *Trauma Informed Care*?

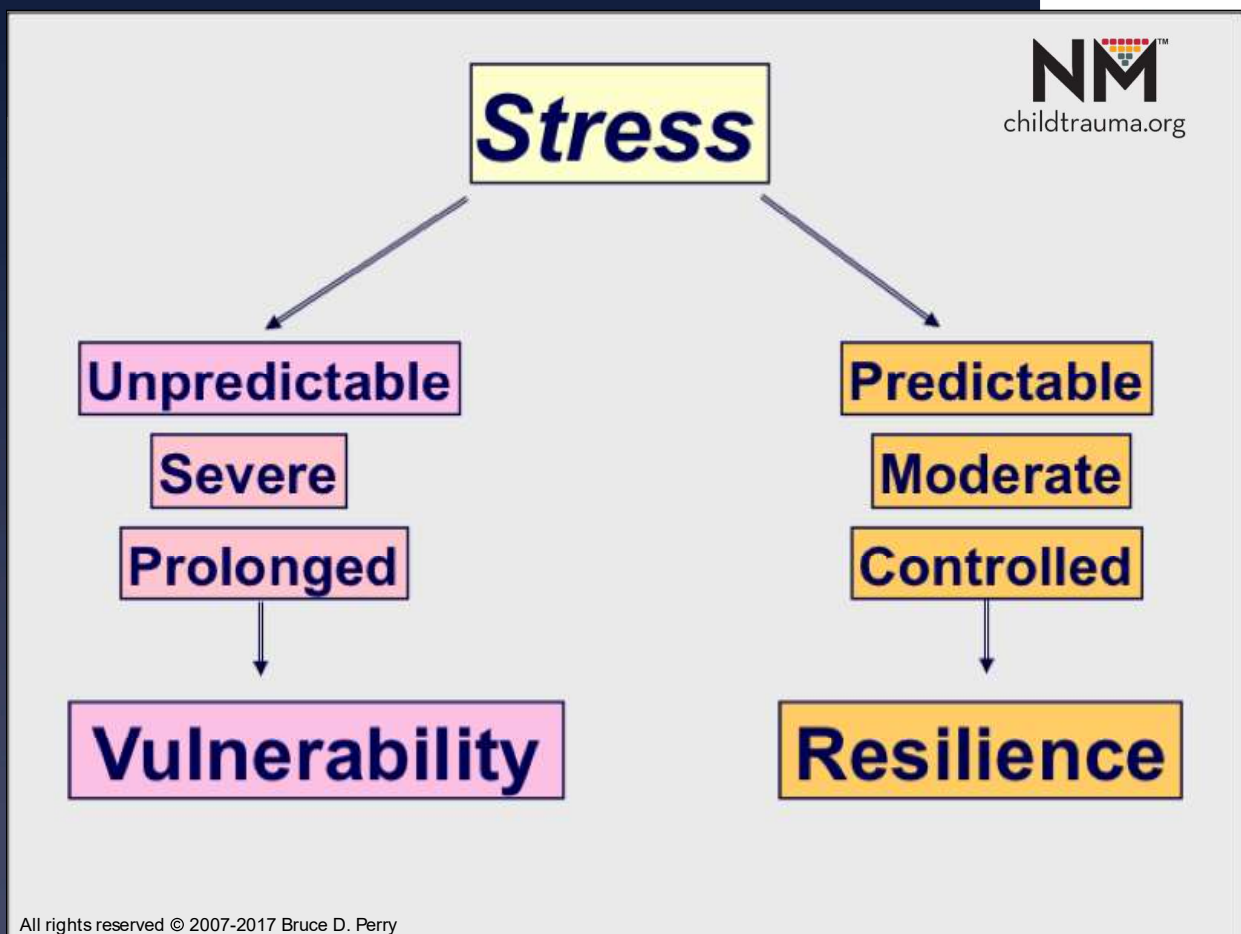
- ***Therapeutic practices that apply what **neuroscience** has taught us about how the **brain develops, functions and recovers** from trauma to help people overcome adversity and thrive.***

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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

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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”

Trauma Informed Care

7 Essential Ingredients

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

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#1 Prevalence Overview

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

Adverse Childhood Experiences (ACE) Study

Household dysfunction

	Kaiser*	WI**	ILS Cohort***
• 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%

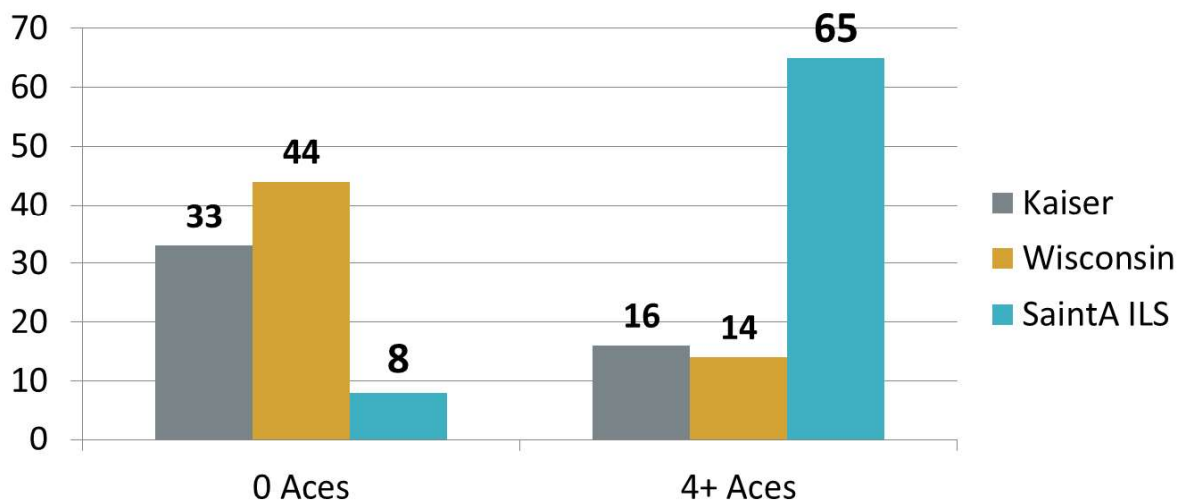
* Center for Disease Control and Prevention 1995-97

** WI CTF, 2012-2014

***SaintA, 2014

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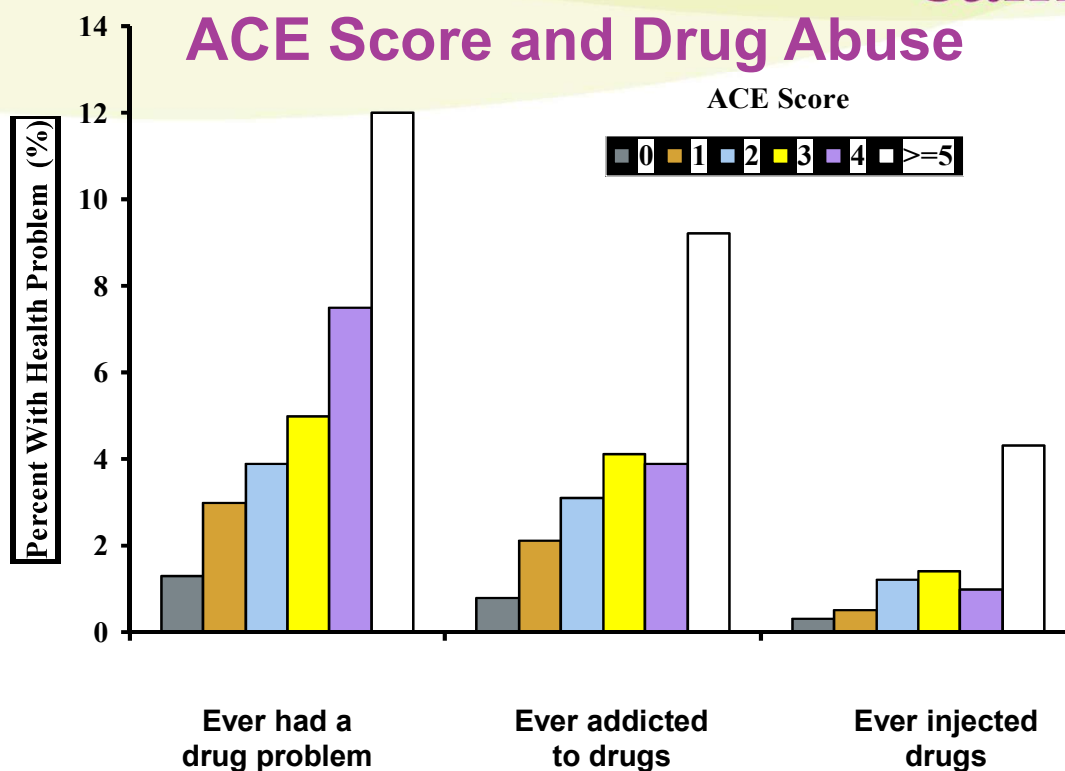
ACE Study – A Comparison



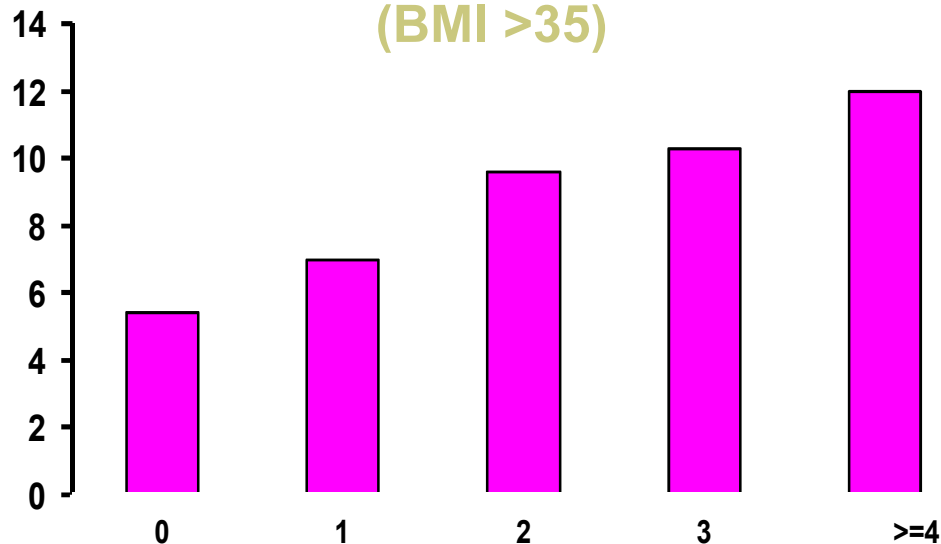
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#2 Impact Overview

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



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



Dr. Robert Anda – CDC

Impact

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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

Stress Response: 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

Impact

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Stress Response: 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

Impact

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Impact on Worldview

Typical Development vs. Developmental Trauma

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

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#3 Perspective Shift Overview

- Perspective as an intervention
- Traditional vs. TIC
- Shared Assumptions

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What is perspective shift?



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How do we view children? Shared Assumptions

Traditional View	Trauma Informed View
<ul style="list-style-type: none"> • Acting out • Anger management problems • Willful and naughty • Manipulative • Uncontrollable • Pushing “buttons” • In need of consequences to motivate • Slow/delayed 	<ul style="list-style-type: none"> • Emotionally dysregulated • Scared/ Fight, flight, freeze • Maladaptive patterns • Seeking to get needs met • Lacking skills • Negative template or worldview • In need of skills to self regulate • Dissociative

Perspective Shift

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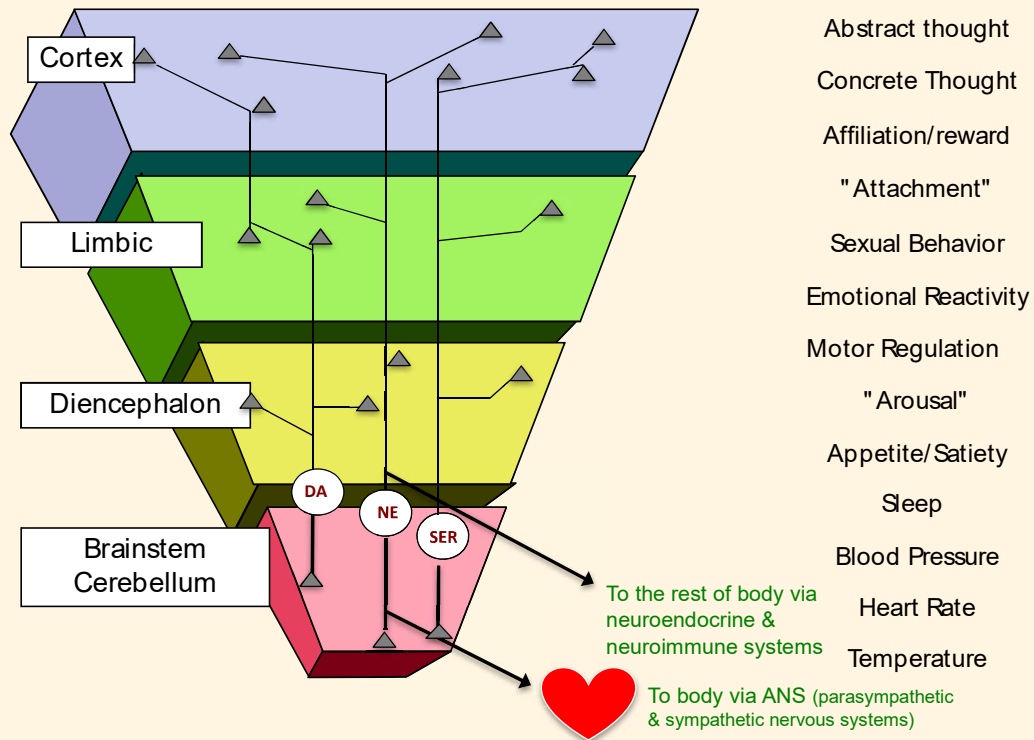
2 Foundational Beliefs about Children:

- *“Children do well if they can”*
Ross W. Greene
- *“Children do well if they want to”*
Almost all incentive programs

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#4 Regulation Overview

- Neurodevelopment 101
- Regulation interventions
- One size does NOT fit all—interventions that build capacity where it is needed



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What is regulation?



Creating a “Well Worn Path” to New Regulatory Associations

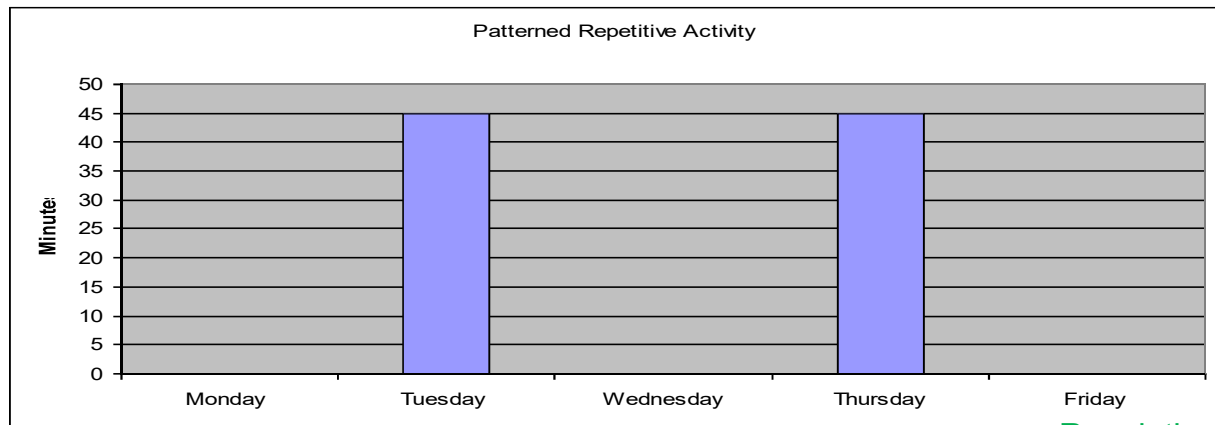
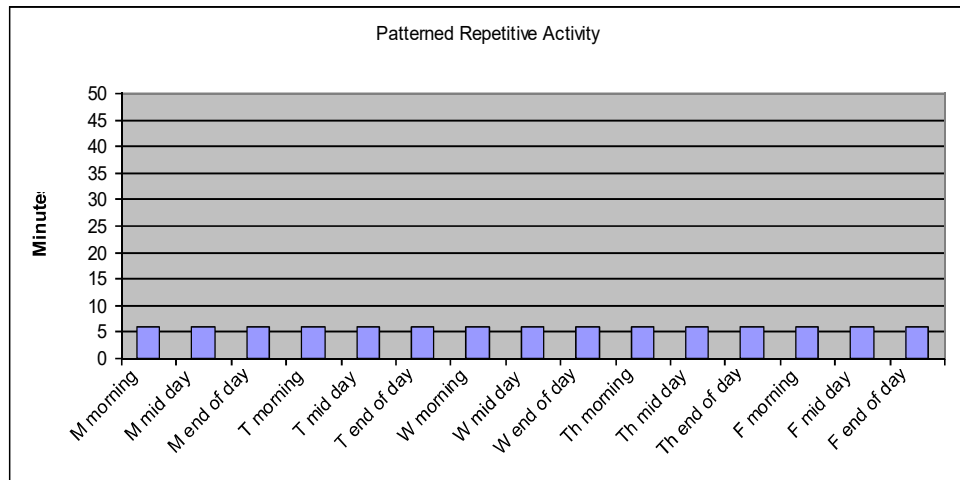
- We can build new associations (i.e. “learn”) through:
 - Repetition
 - Novelty
 - Emotion

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Sensory based activities

- Touch: Weighted vests/ blankets; Massage/ pressure, fuzzy, squishy stuff
- Sound: Music, silence
- Sight: Pictures, videos
- Smell: Candles, lotion, aromatherapy
- Taste/ oral: Sucking through a straw (applesauce, milkshake etc.)
- Vestibular: Swinging, rocking
- Proprioception / Movement: Swimming, walking/running, jumping

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Regulation

#5 Relationship Overview

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- *Creating Safety*
- “Relational wealth”



Relationship

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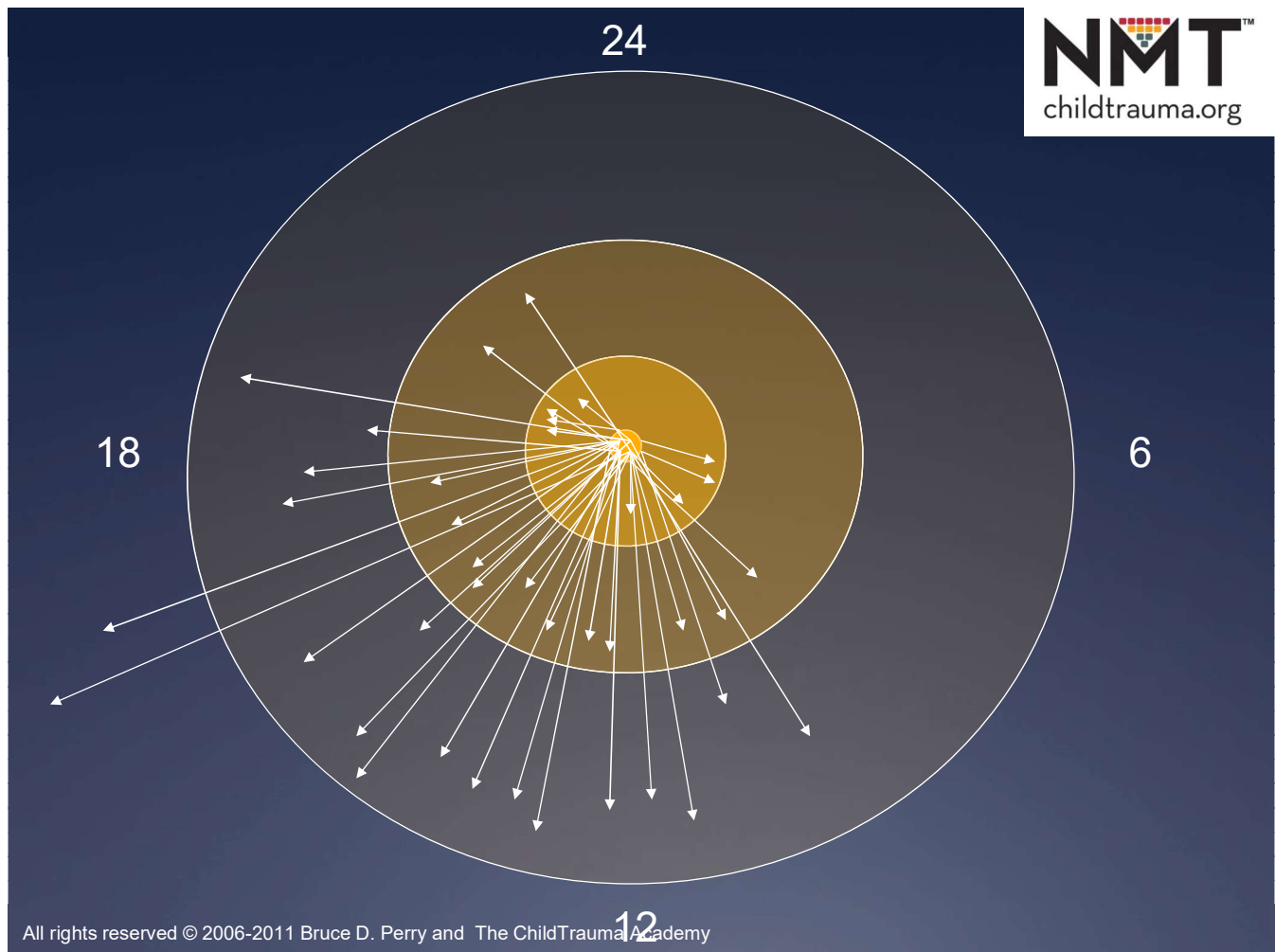
Safety

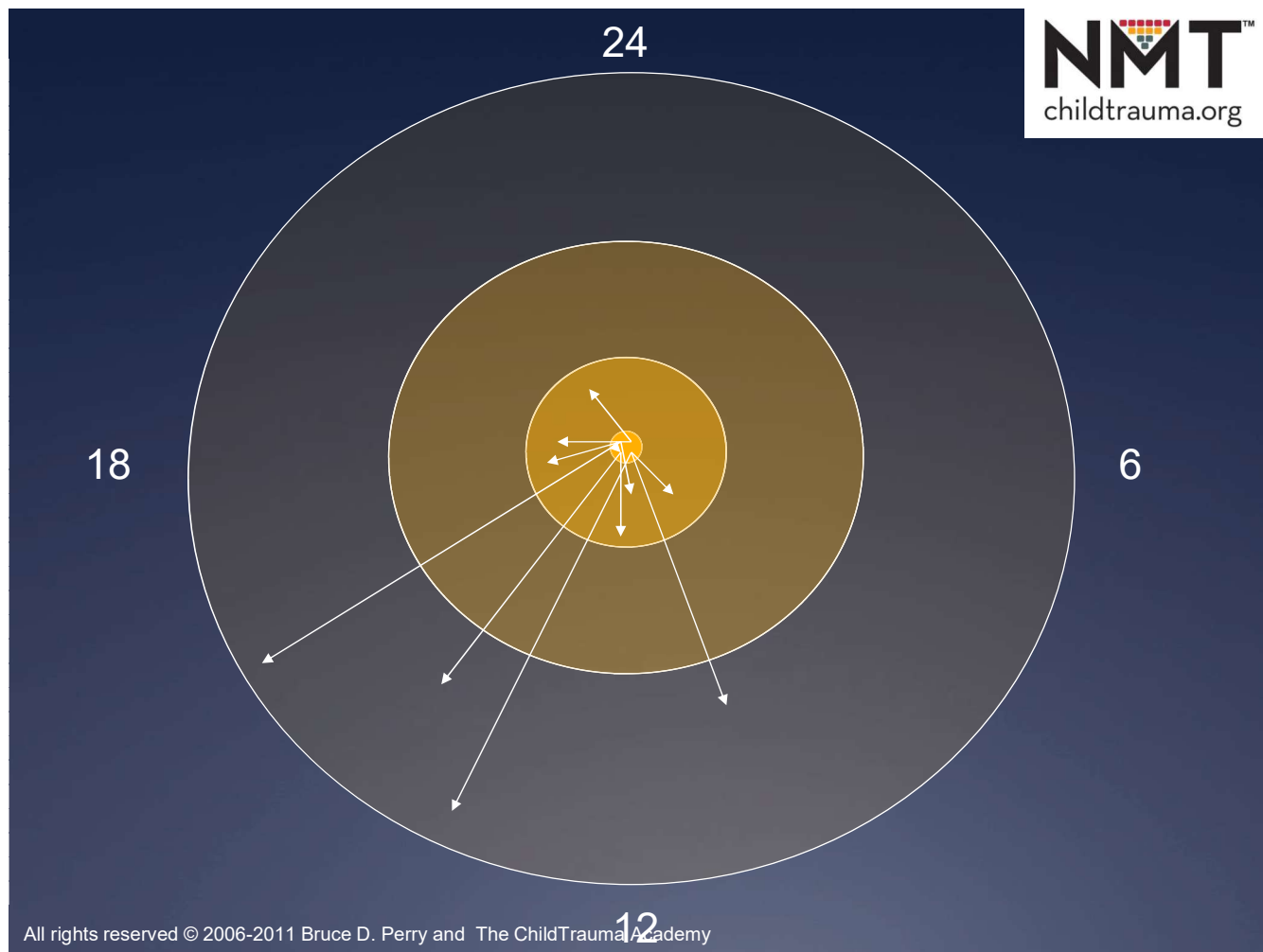
- Predictable structure
- Consistency
- Building on strengths
- Meeting needs
 - Physical safety
 - Recognizing triggers
 - Seclusion and restraint



Relationship

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#6: Reason to Be: Hope and Purpose *Saint A*

- Past: How did I come to be?
- Present: Who am I and what is my purpose?
- Future: Who do I hope to become?

#7 Caregiver Capacity Overview

- Wellness
- Secondary trauma
- Balance
- Our Regulation Plan
- A complaint free world



Caregiver Capacity

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Secondary Trauma

- Signs that it may be “getting to you”
- Emotionally “numb”
- On edge, agitated
- Withdrawn
- Inability to concentrate, poor short term memory recall
- Impaired immune system
- Not willing to talk about it – “they won’t understand”

Pulido & Naturale, ISTSS Presentation,
November 2011

Caregiver Capacity

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Is it just STS?

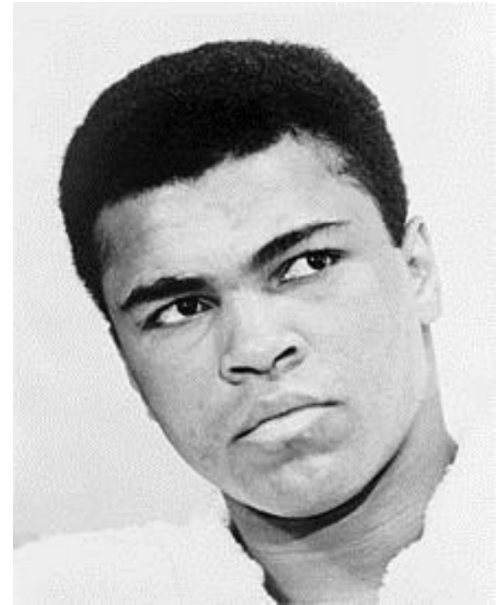
- Primary trauma
- Primary trauma history
- Vicarious process
- Burnout
- Media scrutiny
- Structural

Promising practices...

- Bottom up
- Top down
- EMDR
- De briefing
- Change the narrative

1964

- Civil Rights act signed
- The Beatles
- Cassius Clay
- Cost of a house – 13k
- 42% smokers*



*CDC, 2014

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2012

- President Obama re-elected
- Maroon 5
- London Olympics
- Cost of a house – 146k
- 18% smokers*



*CDC, 2014

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42% to 18% = 8,000,000 Lives*



*JAMA, 2014

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Lessons Learned...

- Adaptation is inevitable
- Every interaction can be therapeutic (or not)
- Pushback happens
- Accountability is still relevant
- Assess trauma relevancy (maybe just ask?)
- Improving the childhood experience for all will not hurt anyone

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Next steps



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

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Credits

- **NMT slides**, Child Trauma Academy, Bruce D. Perry, M.D. Ph.D., <http://childtrauma.org>. SaintA is a Flagship member of the Child Trauma Academy, and these slides are used with Dr. Perry's permission. They may not be copied, altered or re-used in any way without permission of the author.
- **The ACE's Study**: Dr. Rob Anda and Laura Porter, *ACE Interface Master Trainer Education*, <http://www.aceinterface.com/MTE.html>.
- (Prevalence, Impact) Centers for Disease Control and Prevention, *Adverse Childhood Experiences Study*, <https://www.cdc.gov/violenceprevention/acestudy/index.html>
- **Perspective Shift**:, Ross W. Greene, *The Explosive Child, Lost at School*

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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
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- *Are you Brave Enough? Managing Secondary Traumatic Stress at the Agency Level*, Pulido & Naturale, ISTSS presentation, November 2011
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