

Inter-American Drug Abuse Control Commission



# Trauma and Trauma Informed Care

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## **Methodology:**

Active discussion  
Case Study  
Role Play



## **Required Materials:**

Easel Pad  
Participant Manual  
Notepad for each participant  
Pens & Pencils



**Duration: 6 hours**

# TRAUMA AND TRAUMA INFORMED CARE

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## Learning Objectives

- To define and conceptualize the nature of trauma.
- To learn about the Adverse Childhood Experiences (ACE) Study.
- To understand the neurological response to trauma.
- To understand the link between trauma and addictions.

# TRAUMA AND TRAUMA INFORMED CARE

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Learning Objectives continued...

- To conceptualize trauma informed care approach.
- To learn and practice trauma informed care skills when working with youth.
- To integrate trauma informed care approaches within service institutions.

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# OVERVIEW OF TRAUMA

# PROCESSING...

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- What did you notice about the group's answers?
  - Unique interpretation of event(s)
  - Doesn't have to happen to you

# HIERARCHY OF TRAUMA

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- In small groups, examine the index cards given to you and decide how traumatic each event is using a scale of 1-20 (with 20 being the most severe and 1 being the least).
- Tape the index card where you feel appropriate on the scale on the white board.

# DEFINING TRAUMA

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Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



# GENDER DIFFERENCES

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## Male

- More likely to experience a potential traumatic event
- More likely to report physical violence by strangers
- More likely to experience trauma in childhood

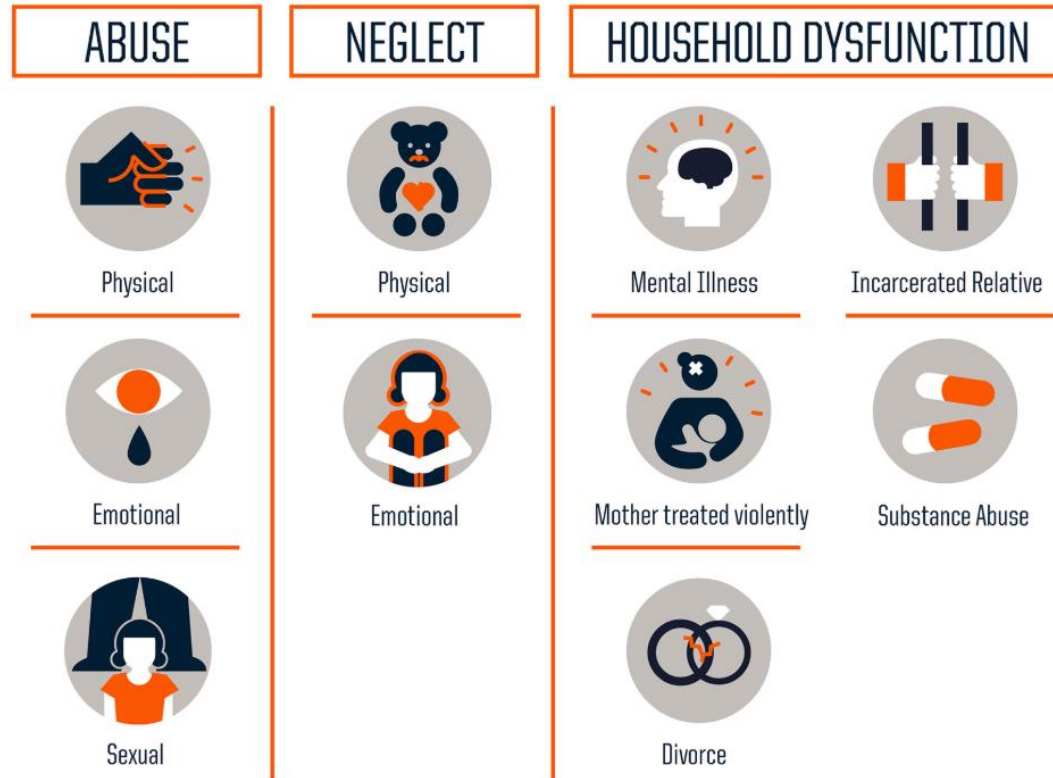
## Female

- Two times more likely to be diagnosed with PTSD
- More likely to report interpersonal physical or sexual abuse
- More likely to experience more severe potential traumatic events
- Likely to experience trauma from at any time from childhood throughout adulthood

# ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY

(CDC, 2019; SAMHSA, 2020)

## Three Types of ACEs



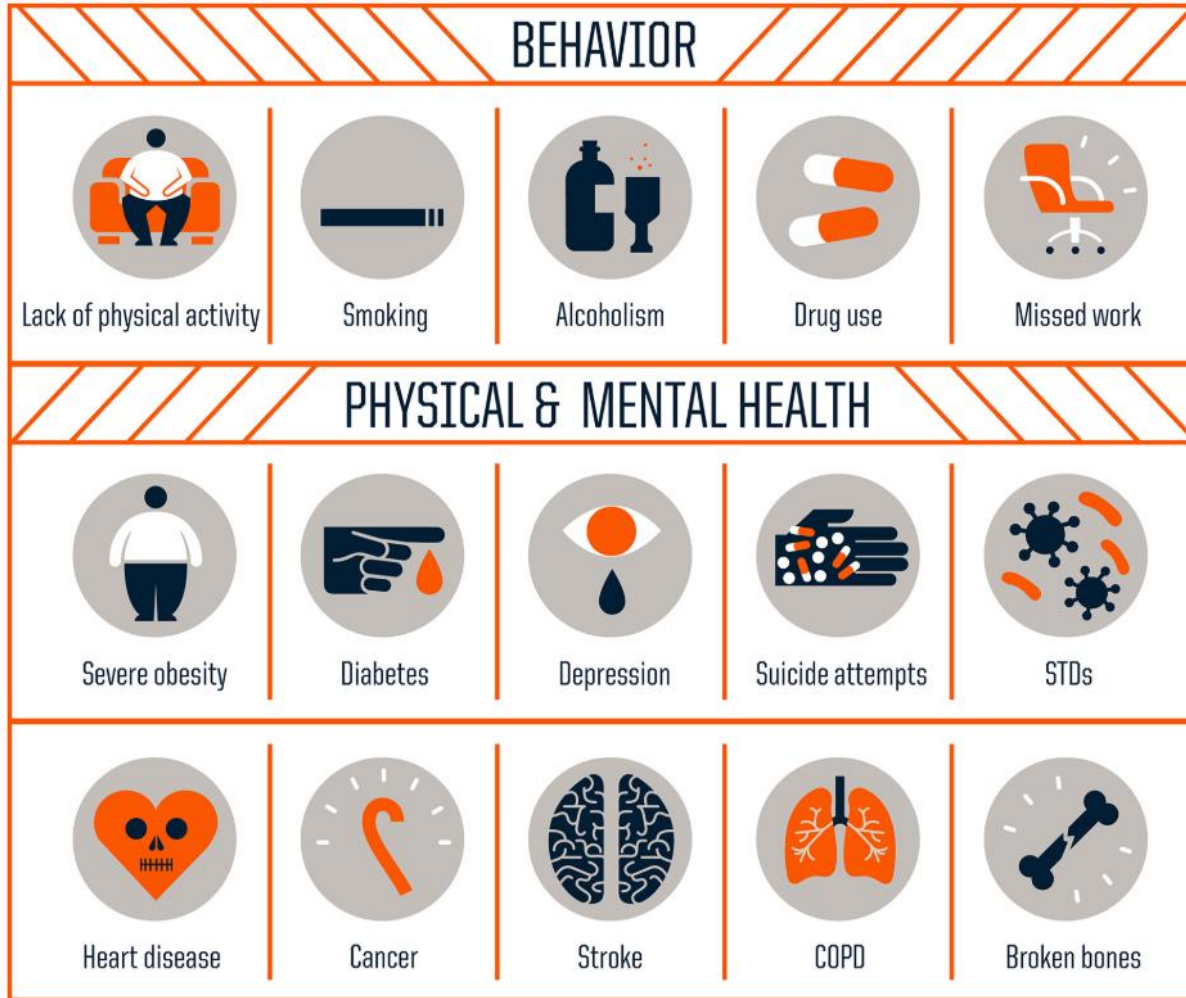
Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

# ACE STUDY

- About the Survey:
  - Measured three main areas related to childhood trauma.
  - Abuse, Neglect and Household Dysfunction
- Self-awareness exercise
  - See appendix resource to find the ACE Survey

# ACE STUDY RESULTS



The study found that:

- childhood trauma was very common, even in employed white middle-class, college-educated people with great health insurance;
- there was a direct link between childhood trauma and adult onset of chronic disease, as well as depression, suicide, being violent and a victim of violence;
- more types of trauma increased the risk of health, social and emotional problems.
- people usually experience more than one type of trauma – rarely is it only sex abuse or only verbal abuse.

Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

# ACE RESULTS RELATED TO SUBSTANCE USE/ABUSE

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- **Alcoholism and alcohol abuse**

- Chronic obstructive pulmonary disease

- **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

- Adolescent pregnancy

## Adverse Childhood Experiences Are Common

### Household dysfunction:

Substance abuse	27%
Parental sep/divorce	23%
Mental illness	17%
Battered mother	13%
Criminal behavior	6%

### Abuse:

Psychological	11%
Physical	28%
Sexual	21%

### Neglect:

Emotional	15%
Physical	10%

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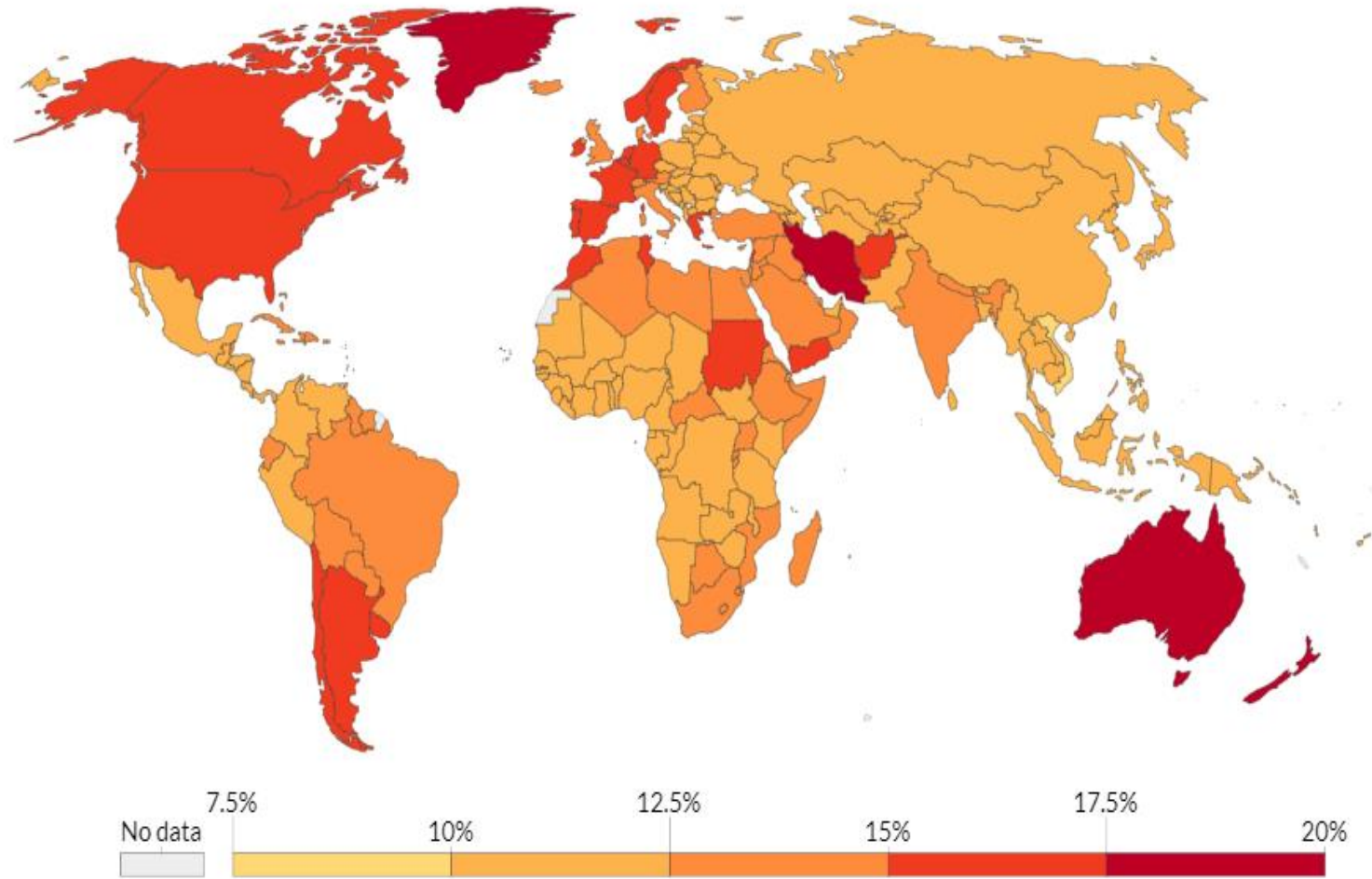
# **TRAUMATIC EXPERIENCES AROUND THE WORLD**

# Share of population with mental health and substance use disorders, 2017

Share of population with any mental health or substance use disorder; this includes depression, anxiety, bipolar, eating disorders, alcohol or drug use disorders, and schizophrenia. Due to the widespread under-diagnosis, these estimates use a combination of sources, including medical and national records, epidemiological data, survey data, and meta-regression models.



## WORLD HEALTH ORGANIZATION WORLD MENTAL HEALTH SURVEY



The WHO World Mental Health Survey was conducted in the following regions of the world:

- The Americas
- South-East Asia
- Europe
- Africa
- Eastern Mediterranean
- The Western Pacific

Source: IHME, Global Burden of Disease

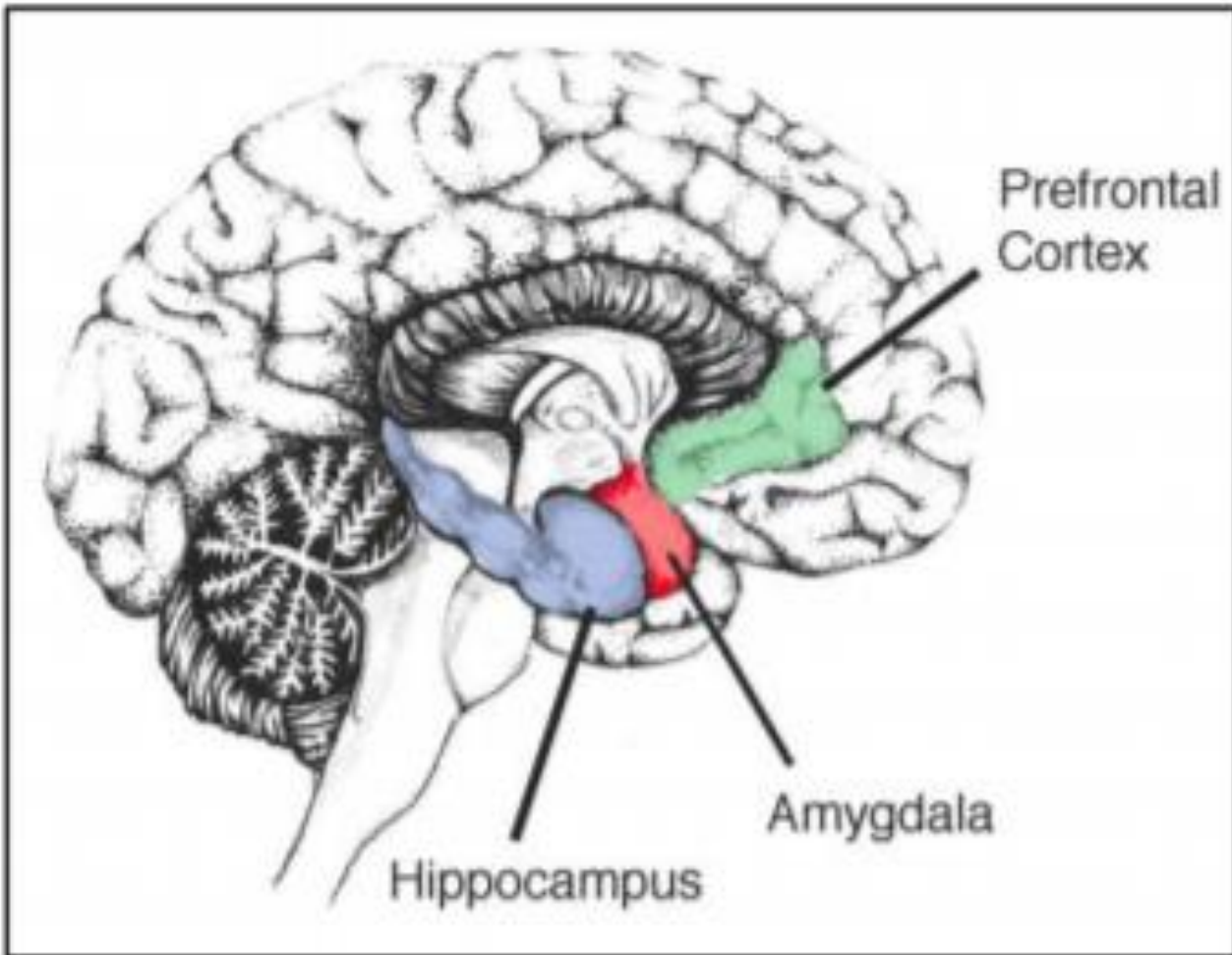
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# WORLD HEALTH ORGANIZATION WORLD MENTAL HEALTH SURVEY FINDINGS

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- 70.3% prevalence of lifetime traumatic experience exposure.
- On average, participants reported at least 4.5 traumatic experiences.
- Of the traumatic experiences reported:
  - 27.1% were community violence-related
  - 25% were accidents & illnesses
  - 20.4% were related to organized violence
  - 14.7% included rape and domestic violence
  - 8.4% included physical violence by a caregiver as a child or witnessing domestic abuse.



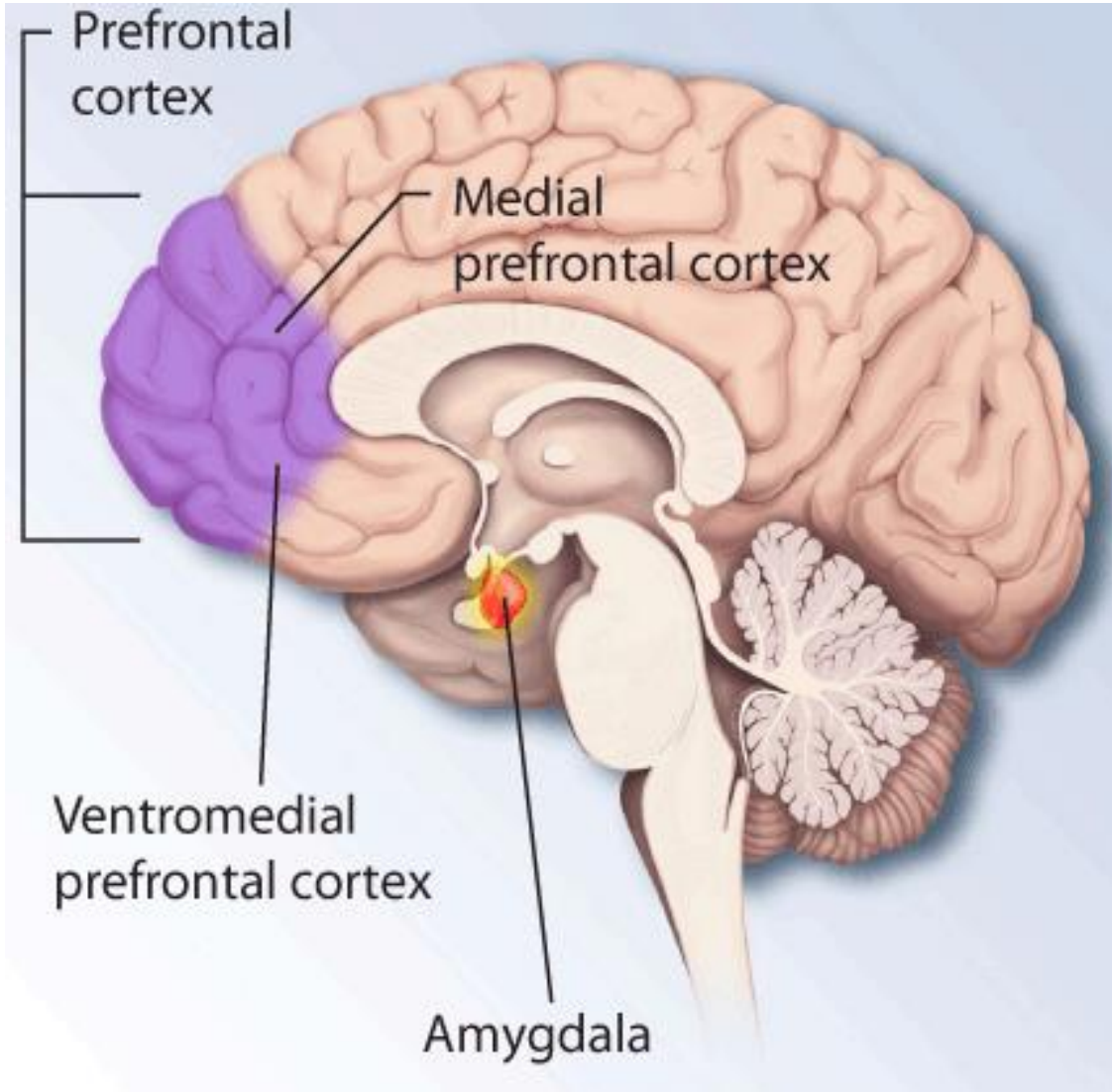
# TRAUMA & THE BRAIN

# THE EMOTIONAL BRAIN

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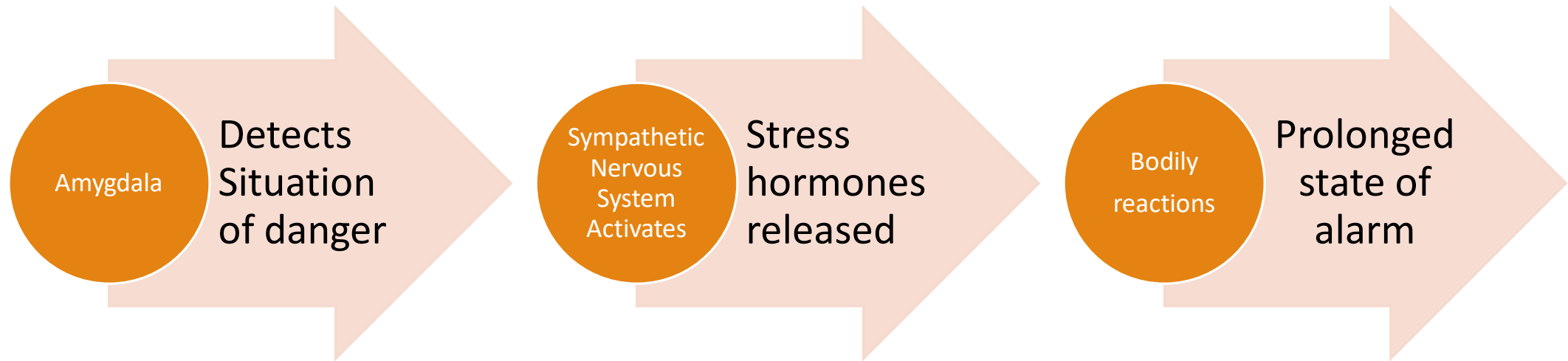
Important brain structures:

- The Amygdala
- Prefrontal Cortex



# THE BRAIN'S REPOSNSE TO TRAUMA

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# TRAUMA REACTIONS

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# TRAUMA & ADDICTIONS

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Adolescents with a history of early trauma are more likely to be addicted to substances, and display the following:

- Engage in risk-taking behaviors
- Be more impulsive
- Have boundary issues
- Distrust others
- Low self-esteem
- Difficulty relating to others
- Display irritability/hostility

# STRESS DISORDERS

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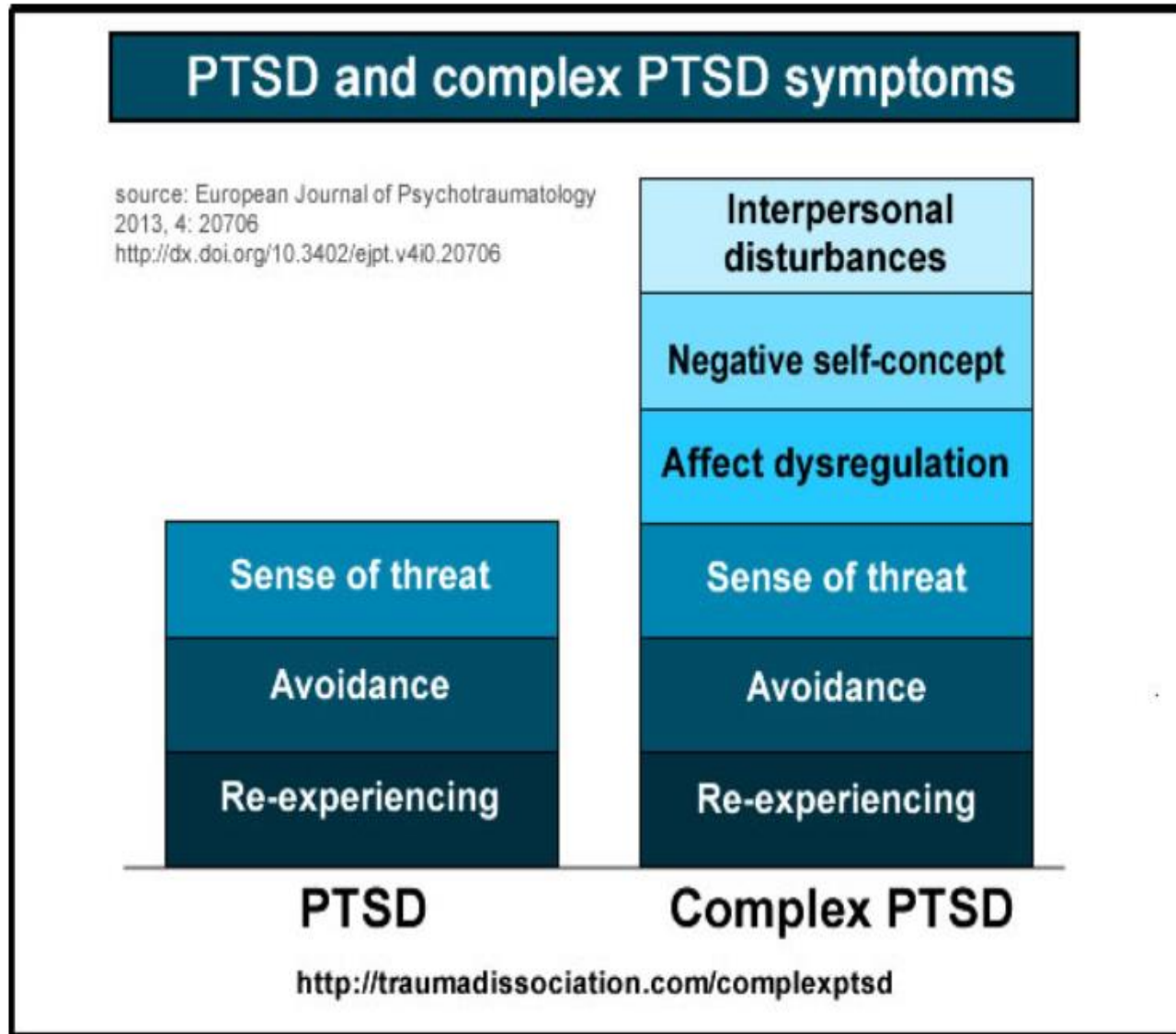
- Stress disorders are a cluster of diagnoses that differentiate different types of reactions individuals can experience resulting from trauma.
- International Classification of Diseases (ICD) Definitions
  - Adjustment Disorder
  - Post-Traumatic Stress Disorder
  - Complex Post-Traumatic Stress Disorder







## Differences between PTSD and Complex PTSD



## COMPLEX POST TRAUMATIC STRESS DISORDER (CPTSD)

- All individuals with CPTSD meet criteria for PTSD as well.
- Additional symptoms include:
  - Affect Regulation
  - Negative Self-concept
  - Interpersonal disturbances

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# TRAUMA INFORMED CARE (TIC)

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A program, organization, or system that is trauma-informed:

- *Realizes* the widespread impact of trauma and understands potential paths for recovery;
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist *re-traumatization*

# TRAUMA INFORMED CARE

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- A culture change
- A multidimensional, systems approach to dealing with histories of trauma
  - Taking steps to make sure every part of the organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services

# TRAUMA INFORMED CARE

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TIC is a universal precautions approach that is designed to be both preventative and rehabilitative in nature. It address the relationship between environmental or subjective triggers, the perception of danger, and the neurobiological activation that leads to a distressed physical state and resulting in problematic behavior.

# Key Concept: Trauma-informed Care

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- Safety
- Trustworthiness
- Peer Support
- Collaboration
- Empowerment, Voice, Choice
- Cultural, Historical and Gender Issues

## ADDRESSING Model Framework and Overview

Cultural characteristic	Power	Less power
<b>Age and Generational Influences</b>	Adults	Children, adolescents, elders
<b>Developmental Disability</b>	Temporarily able-bodied	<i>Individuals</i> with disabilities
<b>Disability Acquired Later in Life</b>	Temporarily able-bodied	<i>Individuals</i> with disabilities (e.g., multiple sclerosis or dementia caused by stroke)
<b>Religion and Spiritual Orientation</b>	Christians	<i>non-Christian</i>
<b>Ethnicity/Race Identity</b>	White or Caucasian	<i>Persons of color</i>
<b>Socioeconomic Status</b>	Owning & Middle Class (access to higher ed.)	People of lower status because of occupation, education, income, or rural habitat
<b>Sexual Orientation</b>	Heterosexuals	Gay, lesbians, and bisexual people
<b>Indigenous Heritage</b>	Non-native	Native
<b>National Origin</b>	U.S. born	Immigrants, refugees, and international students
<b>Gender</b>	Male	Women, transgender, and intersex people

Hays, P. A. (2001). *Addressing Cultural Complexities in Practice: A Framework for Clinicians and Counselors*. Washington, D. C.: American Psychological Association.

*\*Please note: The influences and examples of corresponding minority groups provided within the A.D.D.R.E.S.S.I.N.G. model are applicable within United States and Canada.*

Diversity is complex and varies across countries

Let's do an exercise!



# EXAMPLES OF TRAUMA INFORMED LANGUAGE

NOT TRAUMA INFORMED	TRAUMA INFORMED
“Youth is resistant to treatment”	“Youth is struggling to cope with abstinence”
“Youth is disrespectful to staff”	“Youth does not feel safe in the space”
“Youth lies about the use of substances”	“Youth is working through ambiguity of substance use”
“Youth is not engaged in treatment plan”	“Youth needs adaptation to treatment plan to meet them where they’re at”
“Youth plays the victim”	“Youth is letting me know their previous coping styles to being held accountable”
“The family is unwilling to heal”	“The family requires multiple interventions for their needs”

# Smart Tips for Building and Utilizing a Trauma-Informed Lens in Your Task Force

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- Review agency policies and procedures to identify and remove any that are potentially unsafe and harmful to trafficking victims with histories of trauma.
- Provide education and training of staff, including those working directly with trafficking victims as well as other providers in relevant systems of care.
- Screen for trauma in multiple settings.

- Ensure safety and meet basic service needs.
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- Build long-term, sustaining relationships and provide opportunities for regaining valued social roles.
  - Provide access to trauma-specific treatment services.
  - Specific to adolescents, use group therapy to address skills development, affect regulation, interpersonal connections, and competence and resiliency building.
  - Understand the role that culture plays in resiliency and the importance of community resources as potentially mediating the trauma experience, particularly for foreign-born victims.

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- Make peer models and supports available.
  - Engage survivors in programming.
  - Develop alternatives to traditional therapies.