

Trauma, and Trauma-Informed Care 101: Addressing Trauma & Building Resilience in Communities and Organizations

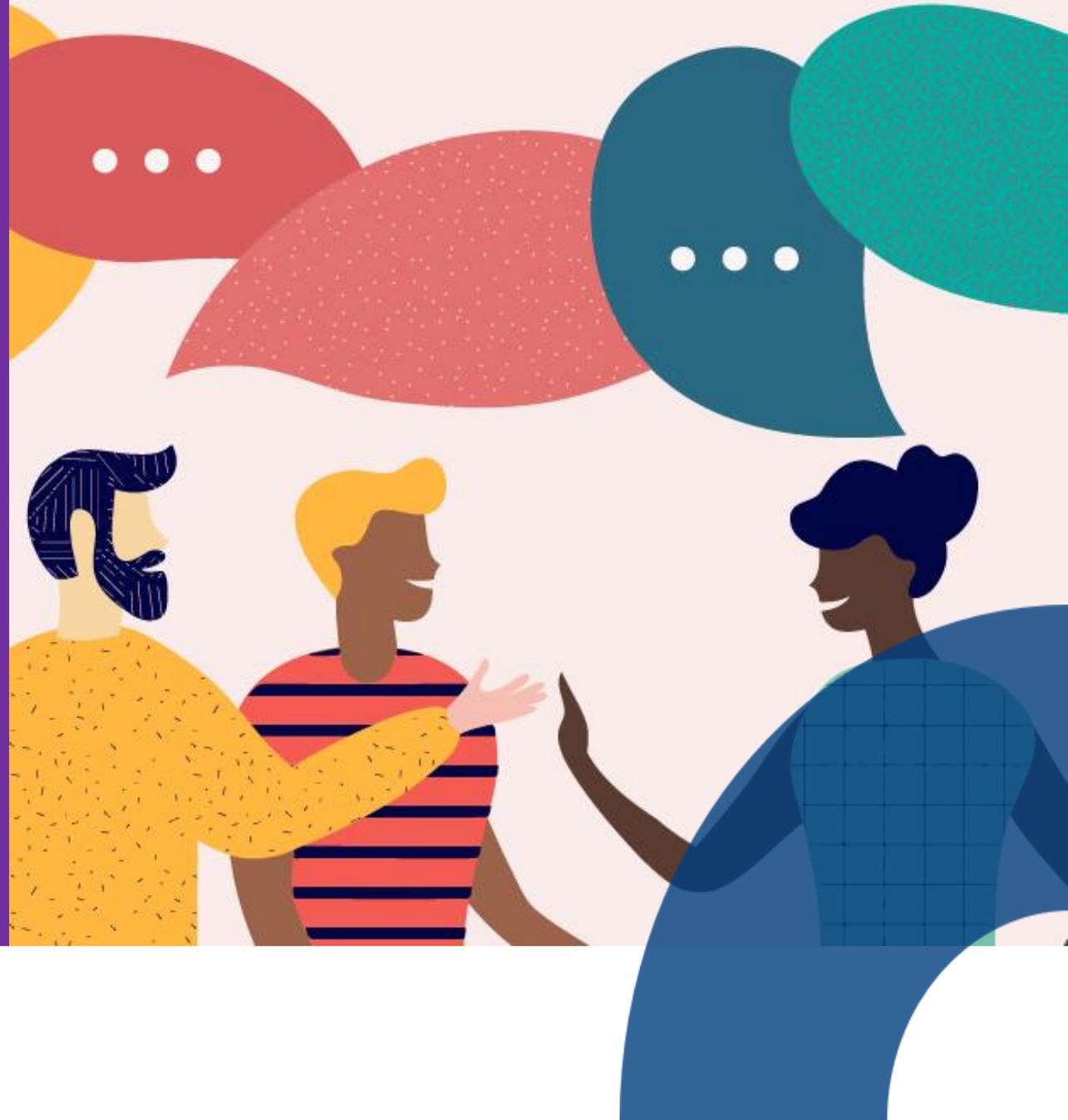
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IL ACEs Response Collaborative

SELF-CARE



A Note on Language



Connecting During the Presentation



Illinois ACEs Response Collaborative

MISSION

To catalyze the movement to prevent trauma across the lifespan, promote thriving, and put the issue of trauma on the forefront of the equity agenda in Illinois.

VISION

A resilient and equitable Illinois in which individuals, families, communities, and systems—including health care, education, criminal justice, business, and legislative bodies—have access to the resources they need to prevent trauma, heal, and thrive.

STRATEGIES

- Policy and advocacy
- Capacity-building
- Research translation and dissemination

Trauma-Informed Principles and Policies

Learning Series

Trauma, and Trauma-Informed Care 101: Addressing Trauma & Building Resilience in Communities and Organizations

Historical and Structural Trauma: Connections to Current Outcomes and Inheriting Resilience

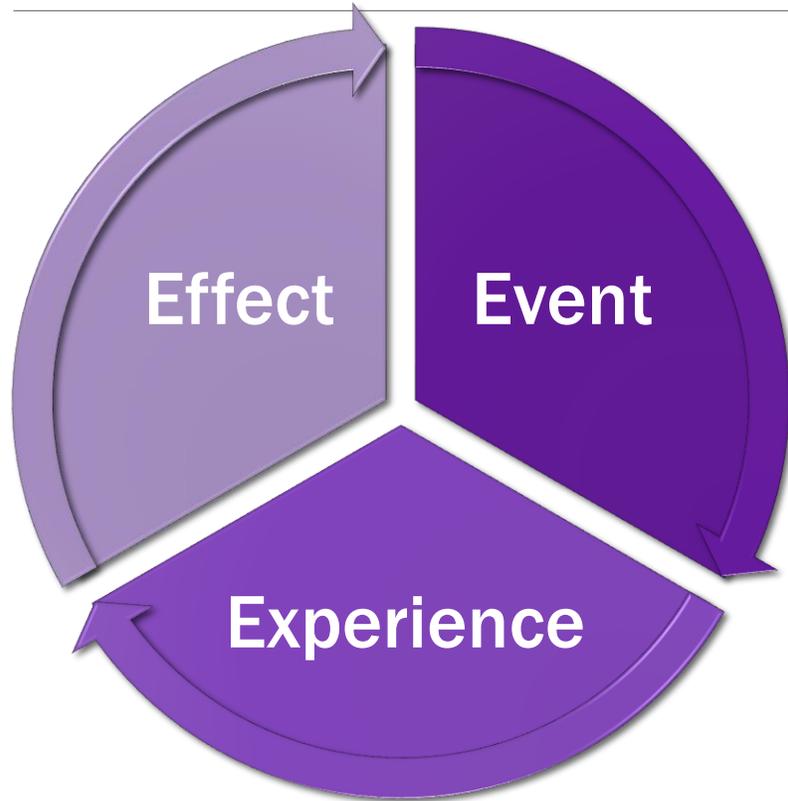
Moving from Burnout to Wellness for Providers and Advocates

Agenda:

- Learning Objectives
- What is Trauma: Defining Trauma and Why it's Important
- Adverse Childhood Experience (ACE) Study
- Beyond the Original ACEs: An Expanded Definition of Adversity and Trauma
- The Biology of Trauma
- Resilience
- Trauma-Informed Policies and Principles
- Discussion

What is Trauma?

What is Trauma?



1. A threatening/harmful physical or emotional experience to self and others.
2. Overwhelms our ability to cope.
3. Affects functioning in multiple domains.

SAMHSA's Concept of trauma- The Three "E's" of Trauma

SAMHSA, 2014
CDPH, 2018

Why Trauma?

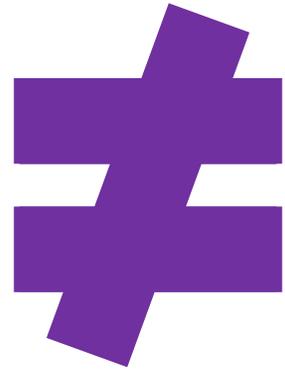
- Trauma is common.
- Trauma impacts health and social outcomes- both daily and long-term.
- Trauma impacts you, your work, and the individuals and communities you serve.
- Trauma can be prevented, addressed, and healed.



ILARC, 2018

The Illinois
ACEs Response
Collaborative

Health & Medicine
POLICY RESEARCH GROUP



01/12/14

NEWS

Early Adversity Increases Physical, Mental, Behavioral Problems, Scientists Report



Dr. Robert Anda & Dr. Vincent Felitti
Investigators

Centers for Disease Control & Prevention,
Kaiser Permanente Study

Over 17,000 study participants

The ACE Study confirms, with scientific evidence, that adversity early in life increases physical, mental and behavioral problems later in life.

Original ACE Study

ABUSE



Physical abuse



Emotional abuse



Sexual abuse

NEGLECT



Physical neglect



Emotional neglect

HOUSEHOLD STRESS



Mental illness



Substance abuse



Domestic violence



Incarceration



Parental separation /
Divorce

Major Findings of the ACE Study

ACEs are common

60% of adults have 1 or more ACE
25% have 3 or more
6% have 6 or more

Accumulation of ACEs Matters

Higher # = higher population risk
Strong Relationship:
Disease, Disability, Social, Productivity

ACEs = Powerful Influencer of Health

Mental, Physical, Behavioral, Productivity, Disability, & Social Problems
Those with 6 or more ACEs were found to be at risk for a shortened lifespan- **20 years less** than those with no ACEs

Witnessing Domestic Violence: An Adverse Childhood Experience



Millions of children are exposed to physical violence in the home- As many as 15 million every year.

In the original ACEs study, 13% of respondents reported witnessing violence committed against their mother. Subsequent studies have seen increased numbers with broader definition

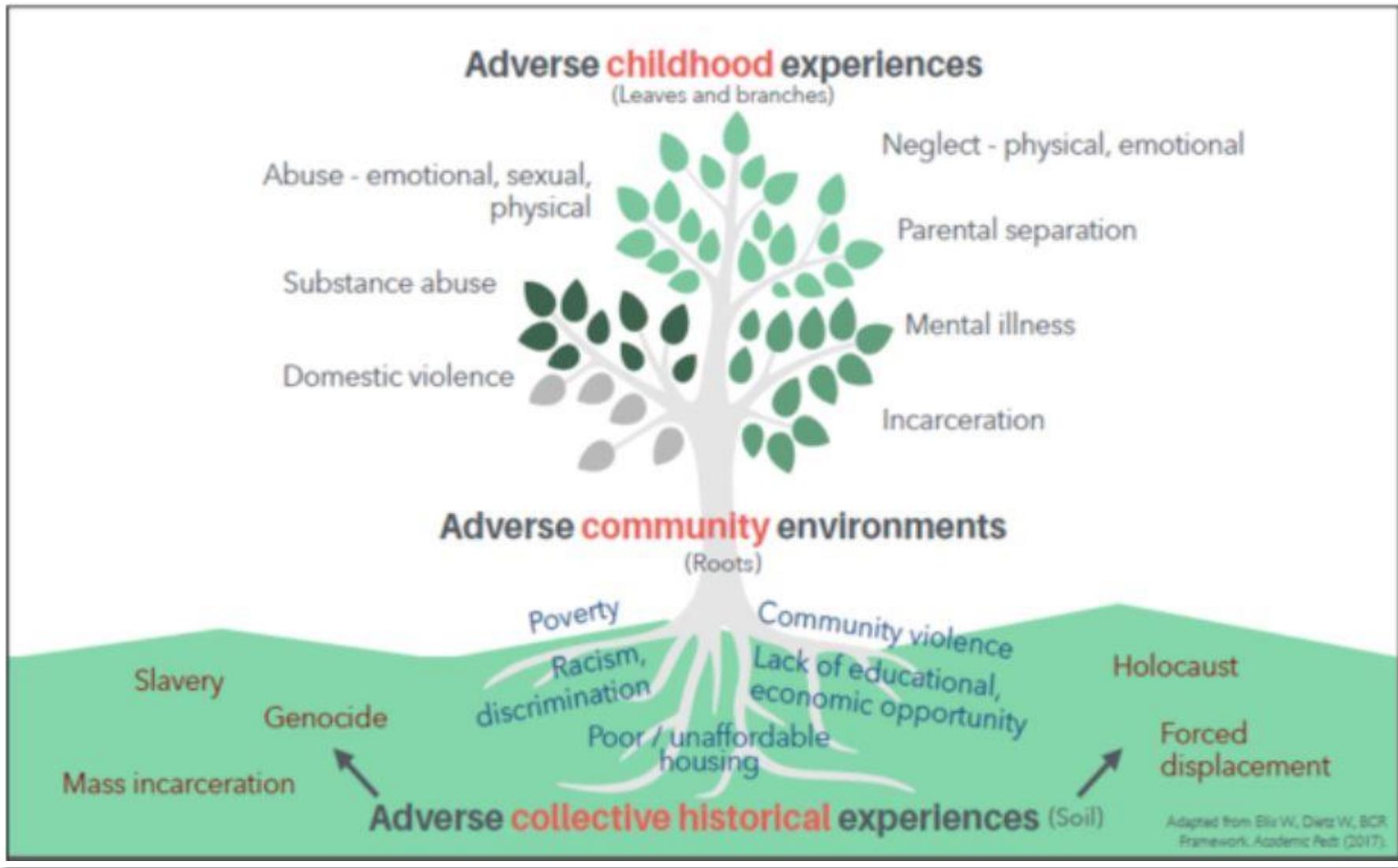
Children who live in homes with domestic violence are more likely to be exposed to other traumas- neglect, incarceration, separation- as the result of the abuse AND others, such as substance misuse, are correlated

Between 2008-2018, more than 650 children were killed by a parent who had previously been accused of domestic or intimate partner

Witnessing Domestic Violence and Health Outcomes:

Birth to Age 5	Ages 6 to 11	Ages 12 to 18
Sleep and/or eating disruptions	Nightmares, sleep disruptions	Antisocial behavior
Withdrawal/lack of responsiveness	Aggression and difficulty with peer relationships in school	School failure
Intense separation anxiety disorder	Difficulty with concentration and task completion in school	Depression and/or anxiety
Inconsolable crying	Withdrawal or emotional numbing	Substance abuse
Developmental regression, loss of acquired skills	School avoidance and truancy	Running away
Intense anxiety, worries, and/or new fears		Involvement in violent or abusive dating relationships
Increased aggression and/or impulsive behavior		Involvement in abusive relationship with adult

Beyond the Original 10 ACEs: An Expanded Understanding of Adversity and Trauma



Systems of Trauma and Domestic Violence

- An estimated 10 million people- experience domestic violence every year in the United States
- 11% of men, 30% of women, and 54%* of nonbinary people experience domestic violence in their lifetime
- LGBTQ people, People of Color, People with Disabilities, and other members of groups marginalized by the State are more likely to be survivors of domestic /intimate partner violence than the general population
- Survivors of historical and systemic traumas are more likely to be perpetrators AND survivors of domestic/intimate partner violence.

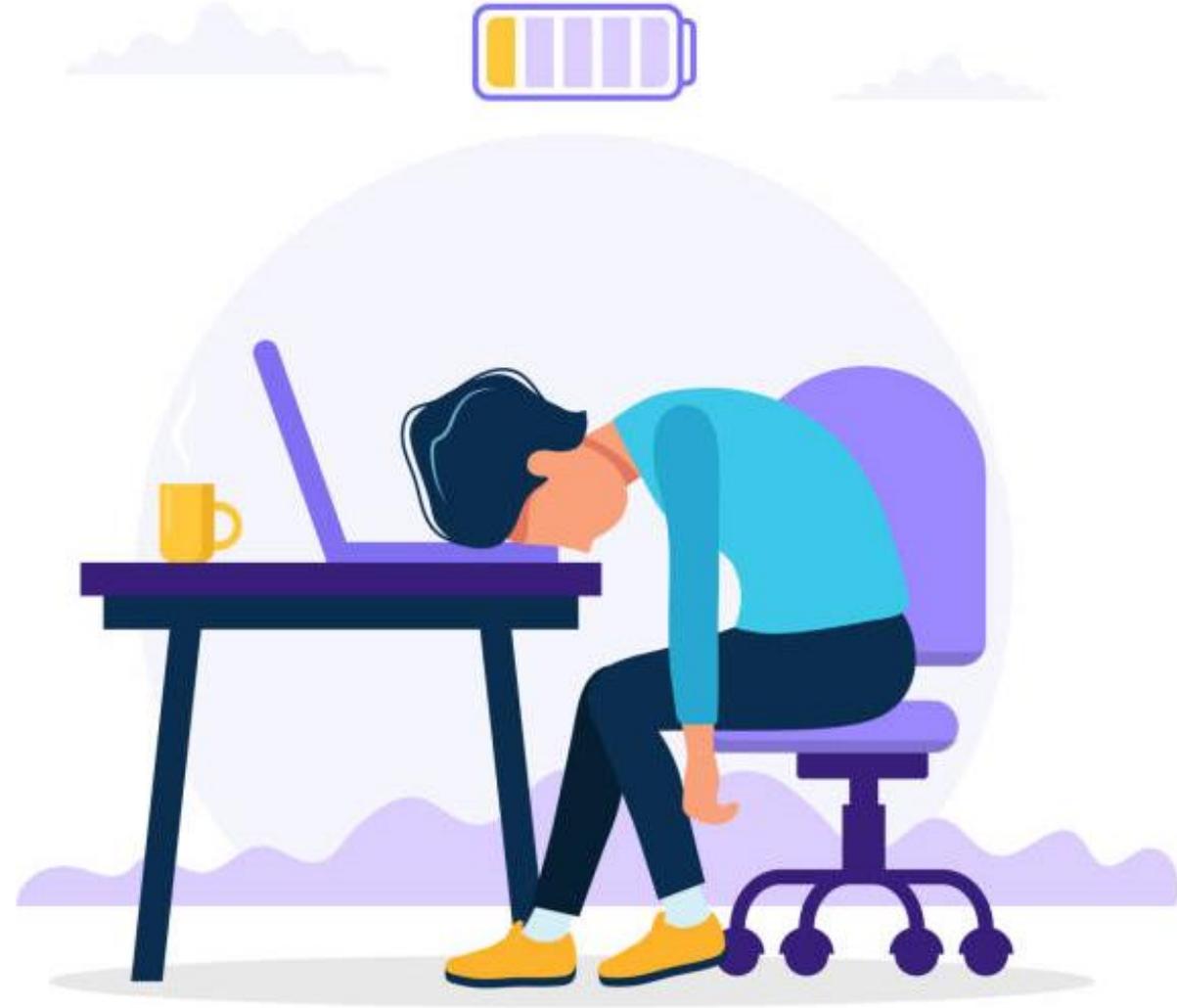
Secondary Trauma Compassion Fatigue, and Burnout

- Secondary trauma arises when an individual hears about the traumatic experiences of another.
- While research on secondary trauma is emerging, one study found that 75% of human service professionals who responded had symptoms of secondary trauma
- Up to 80% of human services professionals have a personal history of trauma
- The cumulative toll of personal trauma and workplace trauma can lead to compassion fatigue and burnout



Secondary Trauma Compassion Fatigue, and Burnout

- If trauma in professionals is left unaddressed, this can lead to compassion fatigue
- Compassion fatigue is a preoccupation with absorbing trauma and emotional stresses of others, leading to a reduced ability to feel empathy
- 65% of social workers reported feeling symptoms of compassion fatigue



Secondary Trauma Compassion Fatigue, and Burnout

- Burnout occurs over time, and may not be explicitly linked to a traumatic event or exposure
- Burnout is a state of physical and mental exhaustion related to the workplace and environment
- This can lead to decreased commitment, feelings of cynicism towards work and students, and high turnover



Trauma & COVID-19

- For Staff:
 - An August 2020 study found that 40% of social service professionals reported symptoms of burnout associated with the pandemic
 - 47% of social workers and other social service providers reported burnout or symptoms of PTSD related to the pandemic.
 - Black and Latinx professionals reported higher levels of burnout than their white peers, especially in the wake of racial justice protests
- For Clients:
 - DV/IPV calls to LE rose 10-20% in 2020
 - DV/IPV treatment at hospitals exceeded that of previous 2 years combined
 - 1 in 3 white women and 50% of Black and Latina women reported DV/IPV since the pandemic's start
 - Estimates for trans and nonbinary people are 2X pre-pandemic numbers



The Biology of Trauma

Adapting to Our Environment: Synaptic Density

Birth



Early
Childhood



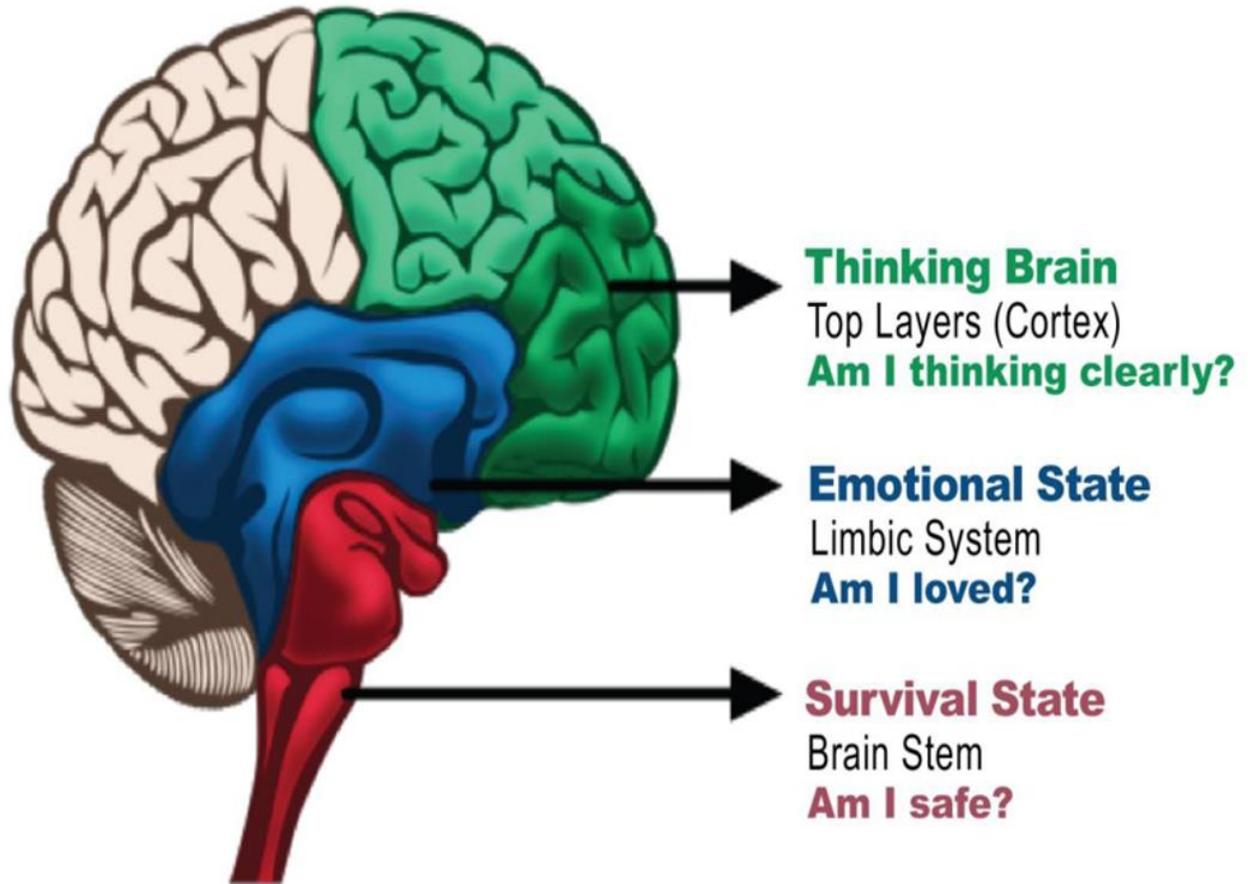
Puberty



Adaptation vs Expectation

If a person does not feel safe and nurtured, it becomes much harder- or even impossible- for them to think clearly

- Cannot determine security and wellbeing: Am I safe?
- Cannot self-regulate emotions: Am I loved?
- Cannot focus or learn: Am I thinking clearly



Responding to Trauma: Fight, Flight, or Freeze

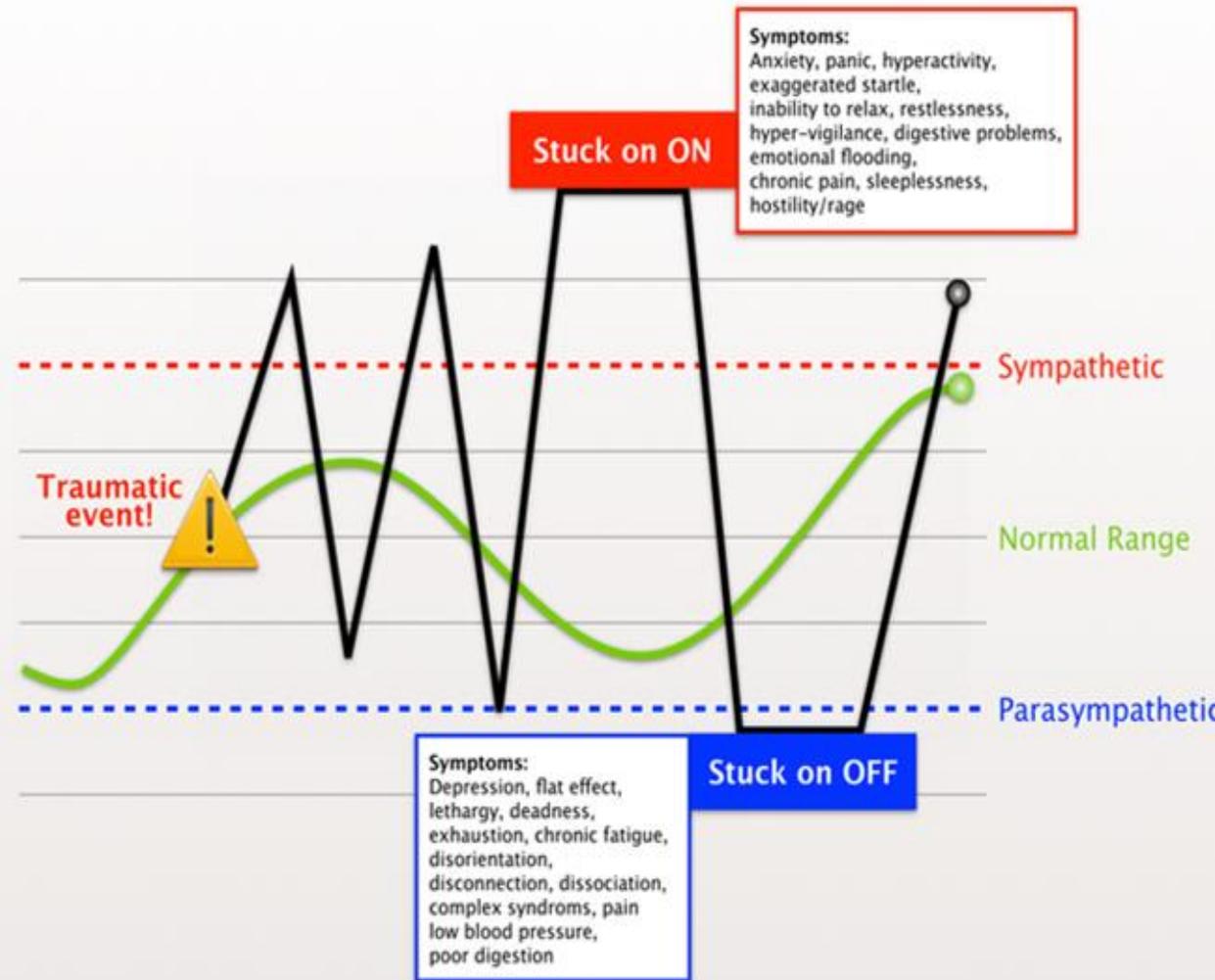
- Adaptive in an emergency: In stressful events, two hormones are released- Adrenaline and Cortisol
- This response is immediate and instinctive.
- Too much of a good thing: Healthy response to stress can have a negative impact if body is exposed to these stress hormones for too long or too often
- Reset the Trigger: With chronic & repeated stress, the stress response can kick in more easily for perceived threats that may not require the fight/or flight response



Trauma and Toxic Stress

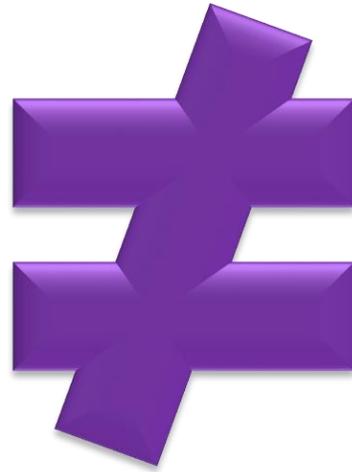
- Though we need stress to learn and survive, too much of a good thing can have detrimental effects on our health.
- Our bodies may become adapted to a state of stress and not only suffer the side effects, but find it difficult or nearly impossible to discharge stress or “calm down”

Symptoms of Un-Discharged Traumatic Stress



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Trauma



Destiny

Resilience and the Trauma-Informed Approach

Resilience

Resilience is the process of adapting in the face of adversity using mechanisms that don't cause further harm to your health and wellbeing

- Remember: There are no “maladaptive” behaviors, rather there are **adaptive** behaviors that might cause harm to your health or be inappropriate for the environment.

Being “resilient” is not a moral judgement, nor does it mean someone has not experienced harm or trauma.

Just like trauma, resilience is seen and experienced along a continuum and is variable

Resilience is not a trait someone either has or does not have, and it can be taught and nurtured across the lifespan

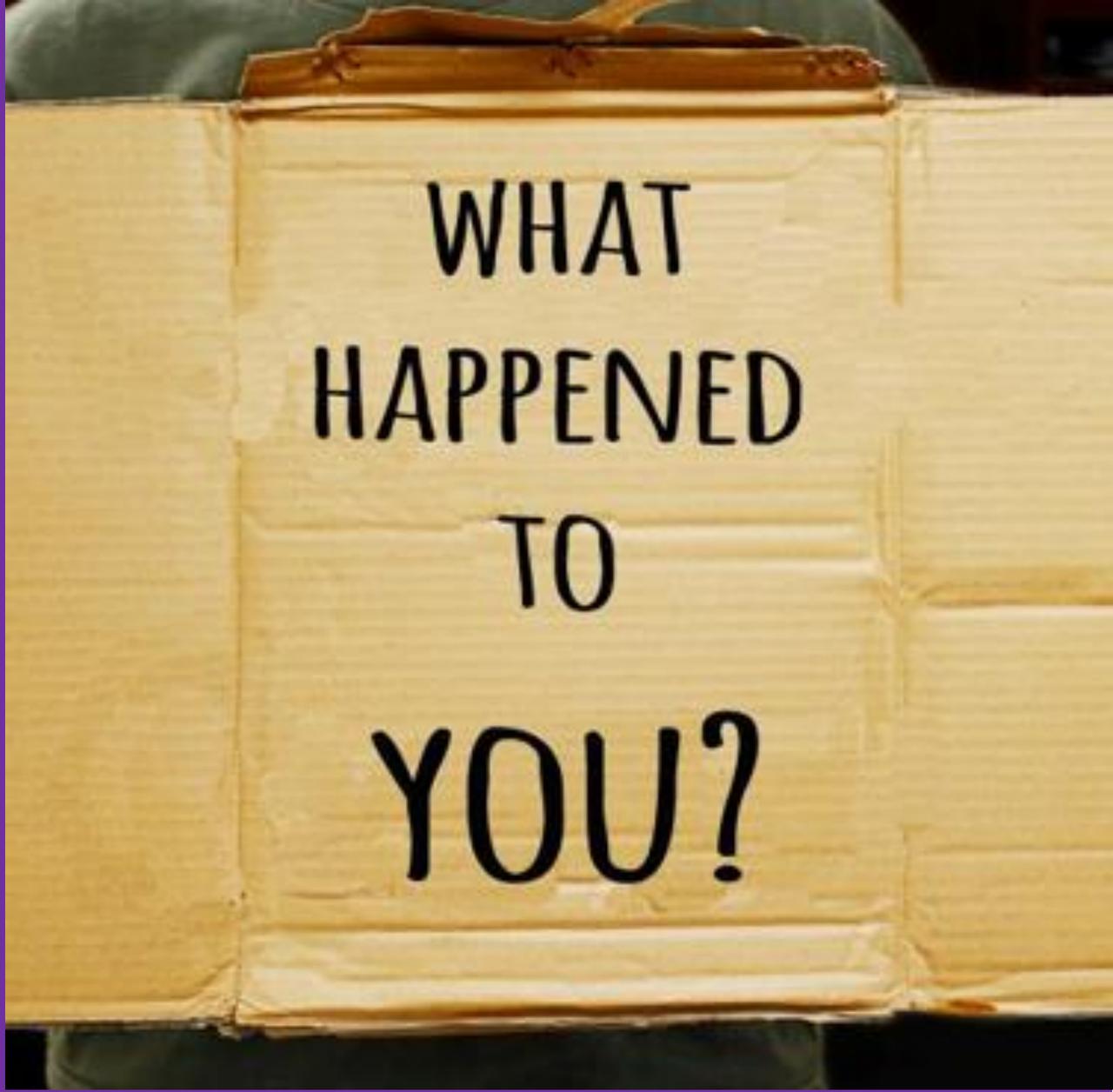
Building Resilience with Trauma-Informed Practices & Policies (TIPP)

- An organization utilizing TIPP understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.
- TIPP realizes the direct impact that trauma can have on access to services and responds by changing policies, procedures and practices to minimize potential barriers.
- TIPP also fully integrates knowledge about trauma into all aspects of services and trains staff to recognize the signs and symptoms of trauma and thus avoid any possibility of re-traumatization.
- The purpose of TIPP is not to provide psychological care to those who have experienced trauma, but rather provide services in a way that is accessible and accepting of those who have experienced trauma.

Shifting Perspective

In situations that might inspire the question “What’s wrong with you?” we should work to shift our response- as individuals, departments, and system to “What happened to you?”

- What's Right with You?
- What Matters to You?
- What Can We Accomplish Together?



WHAT
HAPPENED
TO
YOU?

SAMHSA's Trauma-Informed Approach: The 4 R's

REALIZING the prevalence of trauma

RECOGNIZING how trauma affects all individuals within the program, organization or system- including its own workforce

RESPONDING by putting this knowledge into practice

RESIST RE-TRAUMATIZATION of clients AND staff

Integrating TIPPP Into Organizational Practice

Establishing Safety

Trustworthiness & Transparency

Provide Choice

Be Collaborative

Empowerment

Culture & History



Organizational Level TIPP: Internal Strategies for Organizational Success



Limit work hours and offer flexible work arrangements



Invest in leadership development of supervisors who actively listen to staff, offer shared decision-making



Create a wellness committee with a wellness champion and toolbox. Host wellness activities at work.



Establish wellness as a quality indicator for the organization

Organizational Level TIPP: Internal Strategies for Organizational Success

Facilitated discussion groups incorporating elements of mindfulness, reflection, shared experience, and small-group learning

Establish a culture that prioritizes all relationships and teamwork

Support expression of compassion. Reduce stigma around emotional support and actively encourage staff to get help when needed

Prioritize and center racial equity and justice. Remember: trauma-informed care does not exist without racial justice

Takeaways



Trauma is common in all populations, communities, as well as staff



It can be experienced on an individual, community, and systemic level, and impacts our health and wellbeing, as well as work performance and patient outcomes



With the right relationships and support, though, trauma is not destiny. Resilience can be built and strengthened at any age.



Organizations who promote equity and trauma-informed practices can see resilience and thriving in staff and the communities they serve

Discussion



Thank you!

For more information or access to any of the references and handouts, contact Madison Hammett at mhammett@hmprg.org