TRAUMA INFORMED CARE
Understanding the Levels Within the Social-Ecological Model of Trauma and Its Effects

<table>
<thead>
<tr>
<th>Individual Factors</th>
<th>Interpersonal Factors</th>
<th>Community and Organizational Factors</th>
<th>Societal Factors</th>
<th>Cultural and Developmental Factors</th>
<th>Period of Time in History</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Age biophysical state, mental health status, temperament and other personality traits, education, gender, coping styles, socioeconomic status</td>
<td>*Family, peer, and significant other interaction patterns, parent/family mental health, parents’ history of trauma, social network</td>
<td>*Neighborhood quality, school system and/or work environment, behavioral health system quality and accessibility, faith-based settings, transportation availability, community socioeconomic status, community employment rates</td>
<td>*Laws, State and Federal economic and social policies, media, societal norms, judicial system</td>
<td>*Collective or individualistic cultural norms, ethnicity, cultural subsystem norms, cognitive and maturational development</td>
<td><em>Societal attitudes related to military service members’ homecomings, changes in diagnostic understanding between DSM III-R</em> and DSM-5**</td>
</tr>
</tbody>
</table>

* Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (American Psychiatric Association [APA], 1987)
** Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (APA, 2013a)
Culture Cross-Cutting Factors

Language & Styles of Communication: Verbal and nonverbal

Worldview, Values, & Traditions: Ceremonies, subsistence way of life, collective versus individualistic

Family & Kinship: Hierarchy, roles, rules, traditions, definition of family, etc.

Gender Roles & Sexuality: Gender norms, attitudes toward sexuality and sexual identity, sexual expression, etc.

Immigration & Migration History & Patterns: Seasonal, refugees, legal status, current generation, in county, etc.

Socio-Economic Status & Education: Access and ability to use resources and opportunities, such as health care; schools; neighborhood; employment; etc.

Heritage & History: Cultural strengths, traditions, generational wisdom, historical trauma, etc.

Cultural Identity & Degree of Acculturation

Perspectives on Health, Illness, & Healing Practices

Religion & Spirituality: Traditions, spiritual beliefs and practices
“Trauma-informed care recognizes symptoms as originating from adaptations to the traumatic event(s) or context. Validation resilience is important even when past coping behaviors are now causing problems. Understanding a symptom as an adaptation reduces a survivor’s guilt and shame, increases their self-esteem and provides a guideline for developing new skills and resources to allow new and better adaptation to the current situation.”

(Elliot et al., 2005, p. 467)
<table>
<thead>
<tr>
<th><strong>GENDER</strong></th>
<th><strong>AGE</strong></th>
<th><strong>RACE ETHNICITY AND CULTURE</strong></th>
<th><strong>SEXUAL ORIENTATION AND GENDER IDENTITY</strong></th>
<th><strong>HOMELESS</strong></th>
</tr>
</thead>
</table>
| • Lifetime PTSD occurs at about twice the rate among women as it does in men.  
• Women are more likely to experience physical and sexual assault, whereas men are most likely to experience combat and crime victimization.  
• Men’s trauma often occur in public; women’s are more likely to take place in private.  
• Perpetrators of traumas against men are often strangers but women are more likely to know the perpetrator. | • No age is immune to the risk of trauma.  
• Earlier and midlife trauma appears to have greater impact – for different reasons.  
• Younger individuals the trauma can affect:  
• Developmental processes, attachment, emotional regulation, life assumptions, cognitive interpretations of later experiences, and so forth. | • The potential for trauma exists in all major racial and ethnic groups. Some studies show that certain racial and ethnic groups are at greater risk of specific traumas. | • Likely to experience traumas associated with their sexual orientation:  
• Harsh consequences from families, faith traditions, higher risk of assault from casual sexual partners, hate crimes, lack of legal protection and laws of exclusion. | • About 40% of men who are homeless are veterans – this number has grown.  
• People who are homeless report high levels of trauma – physical and sexual abuse in childhood or as an adult – preceding their homeless status; assault, rape and other traumas happen while they are homeless.  
• 84% of men and 58% of women have substance use disorders and this percentage increases with longer lengths of homelessness. |
Journey of Forgiveness
Trauma Affecting Communities And Cultures
Genocide

- 1948 United Nations Convention on the Prevention and Punishment of the Crime of Genocide (CCPPCG). Article 2 defines genocide as "any of the following acts committed with intent to destroy in whole or in part, a national, ethnical racial or religious group, as such: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life, calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; and forcibly transferring children of the group to another group."
Caused Naturally

- Tornado
- Lightning strike
- Wildfire
- Avalanche
- Physical ailment or disease
- Fallen tree
- Earthquake
- Dust storm
- Volcanic eruption
- Blizzard
- Hurricane
- Cyclone
- Typhoon
- Meteorite
- Flood
- Tsunami
- Epidemic
- Famine
- Landslide or fallen boulder

Caused by People

- **Intentional Acts**
  - Arson
  - Terrorism
  - Sexual Assault and Abuse
  - Homicides or Suicides
  - Mob Violence or rioting
  - Physical Abuse or Neglect
  - Stabbing or Shooting
  - Warfare
  - Domestic Violence
  - Poisoned Water Supply
  - Human Trafficking
  - School Violence
  - Torture
  - Home Invasion
  - Bank Robbery
  - Genocide
  - Medical or Food Tampering

- **Accidents, Technological Catastrophes**
  - Train Derailment
  - Roofing Fall
  - Structural Collapse
  - Mountaineering Accident
  - Aircraft Crash
  - Car Accident Due To Malfunction
  - Mine Collapse Or Fire
  - Radiation Leak
  - Crane Collapse
  - Gas Explosion
  - Electrocution
  - Machinery-related Accident
  - Oil Spill
  - Maritime Accident
  - Accidental Gun Shooting
  - Sports-related Death
<table>
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<tr>
<th>Emotional</th>
<th>Delayed Emotional</th>
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<tbody>
<tr>
<td>Numbness – Detachment</td>
<td>Hostility</td>
</tr>
<tr>
<td>Guilt</td>
<td>Depression</td>
</tr>
<tr>
<td>Anger</td>
<td>Mood</td>
</tr>
<tr>
<td>Helplessness</td>
<td>Swings</td>
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### Common Responses to Trauma

<table>
<thead>
<tr>
<th>Physical Reactions</th>
<th>Delayed Physical</th>
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<tr>
<td>• Nausea</td>
<td>• Sleep disturbances/nightmares</td>
</tr>
<tr>
<td>• Uncontrollable Shaking</td>
<td>• Anxiety/Phobia</td>
</tr>
<tr>
<td>• Fatigue</td>
<td>• Elevated cortisol – long term health effects</td>
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## Common Responses to Trauma

<table>
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<th>Cognitive Reactions</th>
<th>Delayed Cognitive</th>
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<tbody>
<tr>
<td>• Difficulty concentrating</td>
<td>• Flashbacks</td>
</tr>
<tr>
<td>• Distorted time</td>
<td>• Self-blame</td>
</tr>
<tr>
<td>• Memory</td>
<td>• Difficulty making decisions</td>
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</table>
# Common Responses to Trauma

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<th>Behavioral Reaction</th>
<th>Delayed Behavioral</th>
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<tbody>
<tr>
<td>• Startled</td>
<td>• Social relationship disturbances</td>
</tr>
<tr>
<td>• Restlessness</td>
<td>• Decreased activity</td>
</tr>
<tr>
<td>• Avoidance</td>
<td>• Engagement in high-risk behaviors</td>
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RESILIENT RESPONSES TO TRAUMA

• Increased bonding with family and community
• Redefined or increased sense of purpose and meaning
• Increased commitment to personal mission
• Revised priorities
• Increased charitable giving and volunteerism
COMBAT STRESS REACTION (CSR)

- Relatively new term
- Unique experiences of combat-related stress as well as to decrease the shame that can be associated with seeking behavioral health services
COMMOM CAUSES OF Combat Stress Reaction (CSR)

- Direct attack from insurgent
- Grave injuries
- Watching others die
- Making on the spot decisions in ambiguous situations
Combat Stress Reaction (CSR)
Varies from Manageable and Mild to Debilitating and Severe

- Less severe symptoms
  - Tension
  - Hypervigilance
  - Difficulty concentrating
  - Anger
  - Sleep problems
TRAUMA In Association

- Substance Use Disorder
- Anxiety Disorders
- Personality Disorders

Co-Occurring Disorder

One or more mental disorders as well as one or more substance use disorders

- Common among individuals with a history of trauma

Timeframe:

PTSD and the onset of substance use disorders

PTSD or substance abuse – which came first

- Current research focuses on age of onset of substance use in determining causal relationship
Bidirectional and cyclical

Substance use increases trauma risk

Exposure to trauma escalates substance use

Chilcoat and Breslaus (1998)

Self-medicate – to numb High-risk situations – increase likelihood of traumatic event

Susceptibility – Increased vulnerability
• Failure to develop stress management strategies, change in brain chemistry, or damage to the neurophysiological system
PTSD can limit progress in substance abuse recovery

- Increase potential for relapse
- Each disorder can mask or hide the symptoms of the other
- BOTH NEED TO BE ASSESSED AND TREATED
PTSD is one of the most common co-occurring disorders

- Individuals have a tendency to abuse a wide range of substances
- Individuals have a more severe clinical profile
- Increased risk of suicide – with or without major depression

Risk of Continued Cycle of Violence

While under the influence a person is more vulnerable to traumatic events

- Perpetrators of violent assault often test positive for substances at time of arrest

Treatment Complications

Recognize and understand that abstinence may make PTSD symptoms worse – BOTH DISORDERS MUST BE ADDRESSED

Treatment outcomes for clients with PTSD and substance use disorder is worse than with other co-occurring disorders (Brown, Read, & Kahler, 2003)
WHAT KIND OF SCREENING TOOLS DO YOU CURRENTLY USE
SECONDARY TRAUMATIZATION

Stress reaction and set of symptoms resulting from exposure to another individual’s traumatic event

What does this look like? What are the risk factors?

Preexisting anxiety or mood disorders; a prior history of personal trauma; high caseloads; age – being younger with little clinical experience; unhealthy coping styles; lack of tolerance for strong emotion
**STRATEGIES FOR PREVENTING STS**

- Normalize STS in the workplace
- Implement clinical workload policies
- Increase professional support and education of STS and self-care
- Provide opportunities for professionals to enhance their autonomy and feel empowered within the organization
Counselor’s Strategies for Preventing STS

- Peer support – both personally and professionally
- Supervision and consultation
- Training – Ongoing
- Personal psychotherapy or counseling/Maintaining balance in one’s life
- Engaging in spiritual activities that provide meaning and perspective
Discussion on Resources for Counselors
RECOVERY COACH

Information below taken from Warrior Down – A Guidebook – White Bison, Inc.

1) “Continuity of contact and support:” - a single person or team of people who establish a relationship with an individual while he or she is in treatment or incarcerated and stay connected with that individual through transition and into recovery.

2) High intensity monitoring during the first 90 days following discharge/release (the period of highest risk of relapse)

3) Sustained monitoring with phased down intensity with good functioning, but increased intensity in face of any early warning signs of lapse.

4) Early re-intervention to prevent high risk situations or lapses from escalating to full relapses.

5) Responsibility for contact is with the recovery coach, not the person leaving treatment or jail (we refer to this as “assertive continuing care”).

6) Critical recovery coach functions - monitoring, support and encouragement, stage-appropriate recovery education and guidance, assertive linkage to local communities of recovery... linkage to indigenous healers/Elders, consultation on problems in sober living, and early re-intervention
Tasks for Recovery Services Coaches

- Share personal story with individual/family
- Inspire confidence in the individual’s ability to change
- Help to find resources to solve immediate problems
- Help family to learn about the experience their loved one is going through in their recovery journey.
- Help the individual to create a circle of support (family members, Elders, therapist, social worker, physician, friends, etc.)
- Assist the individual and family in developing a plan for recovery
- Provide referral to appropriate resources and education at various stages of recovery
- Assist individual with acquiring appropriate documents such as driver’s license, food stamps etc.
- Identify sobriety based social activities in the community
- Locate culturally appropriate recovery activities such as sweat lodge, sober drum groups, special ceremonies
- Monitor individual and family members using a schedule of face-to-face, telephone, or email contact.
- Provide regular feedback, encouragement and support to individual and family members
- Provide early intervention to help individual overcome the urge to relapse
- Assist individual in getting back on track when “slips” occur. - Provide reassurance and support to family members when “slips” occur.
- Encourage the individual to reach out to others in recovery and to provide encouragement and support to others
- Encourage the individual to participate in culturally appropriate support programs and traditional ceremonies to assist with recovery
Tasks for Recovery Services Coaches...Cont.

- Encourage individual and his or her family to create a spiritual support system.
- Participate in community efforts to develop sober activities.
- Participate in community efforts to create an awareness of the importance of Wellbriety and wellness.
- Participate in the community to develop recovery support groups and mentors in local workplaces, community centers, and schools.

Discussion on Recovery Coach and Community Resources

Break Out Session