

Foster Trauma-Informed Service Delivery

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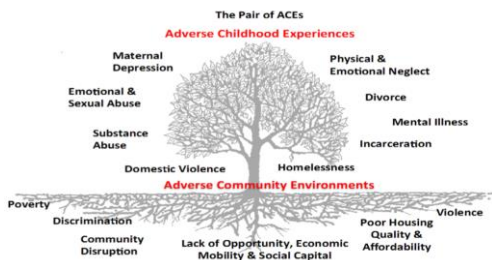
Foster Trauma-Informed Service Delivery

- Incorporate trauma-informed screening and assessment practices.
- Provide trauma-informed services
- Build skills to foster resilience
- Support children and youth
- Promote cross-sector collaboration

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Types of Adversity and Trauma



Ellis, W., Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*, 17 (2017) pp. S88-S93. DOI information: 10.1016/j.acap.2016.12.011

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Post-Trauma Pathways

Resilience

A positive, adaptive response to significant adversity.

- People who demonstrate resilience are able to adapt successfully to stressful situations and maintain healthy functioning.
- People may exhibit some mild symptoms during and after a traumatic event, but these symptoms do not significantly impact their daily functioning or last for long periods of time.
- It is important to note that resilience does not mean that people are not affected by their experiences, but rather that they have found a way to adapt that allows them to move forward in a healthy way.

Available from: <https://www.traumacare.org/>

Post-Trauma Pathways

Resilience

- People may demonstrate resilience in one type of situation but not another.
- Coping skills that support resilience can be developed at any age.
- Regardless of resources, people who face extreme adversity are likely to be significantly impacted.
- Children do not develop the capacity to positively adapt to adversity in isolation.
- Most common trajectory for adults exposed to potentially traumatic events in adulthood (e.g., loss of a spouse, experiencing a terrorist attack).

Available from: <https://www.traumacare.org/>

Post-Trauma Pathways

Recovery

- Moderate to severe initial elevation in psychological symptoms
- Significant disruption to daily functioning
- Decline in symptoms is gradual
- Return to pre-trauma levels

Available from: <https://www.traumacare.org/>

Post-Trauma Pathways

Post-Traumatic Growth

Positive change or transformation as a result of a traumatic experience.

- Different than resilience
- Growth happens after difficulty
- More likely in late adolescence or adulthood
- Includes positive responses in select areas
 - Appreciation of life
 - Relationships with others
 - New possibilities in life
 - Personal strength
 - Spiritual change
- Clinical implications – moving people beyond just alleviating symptoms

Adapted from: Resnick, H. S. (2001). *Post-Traumatic Growth*. New York: Guilford Press.

Post-Trauma Pathways

Distress

- Severe, persisting distress after a traumatic event.
- Body's attempts to adjust are not effective.
- Requires more intensive, individualized supports.

Decline/Delayed Response

- Person may initially appear to be managing the strain of a traumatic experience.
- Over time they are unable to maintain a healthy level of functioning.
- Difficulties can begin months or years after the event.

Adapted from: Resnick, H. S. (2001). *Post-Traumatic Growth*. New York: Guilford Press.

Post-Trauma Pathways

Post-Traumatic Stress Disorder

- Re-experiencing (nightmares, flashbacks, distress in the face of trauma reminders) [**Children may not experience visual flashbacks. May missequence events or believe there were signs that predicted the trauma. School-age children may exhibit posttraumatic play or reenactments in drawings, play, and verbalization.**]
- Avoidance of trauma reminders, including thoughts or feelings
- Negative changes in beliefs about self and others and mood
- Changes to the stress response system (on alert danger, reactive)

Symptoms last more than 1 month, create distress or functional impairment.

Adapted from: Resnick, H. S. (2001). *Post-Traumatic Growth*. New York: Guilford Press.

Post-Trauma Pathways

Stable Maladaptive Functioning

- Poor functioning before and after a traumatic event
- History of exposure to adversity
- Vulnerable to continued negative effects

Risk, Protective, Promotive Factors

Trauma Responses Across Development

- **Childhood** – can negatively impact brain development with long-term effects
- **Adolescence** – also an important time in brain development. Trauma during this period may have a greater influence on identity formation
- **Young adulthood** – may become a central organizing experience moving into adulthood. Can shape perception of self and others
- **Midlife** – may have increased protections related to social support and coping.
- **Older adulthood** – may be more vulnerable to traumatic events such as loss of loved ones and diminished social supports to manage these experiences. Experiences associated with age such as sleep disruption and physical health issues can exacerbate post-trauma symptoms

Risk, Protective, Promotive Factors

Individual Factors

- History of previous exposure to trauma
- Age of exposure
- Gender (rates of PTSD higher among girls and women)
- Cognitive ability (higher IQ can be protective)
- Self-efficacy (strong sense of control, mastery, agency is protective)
- Biological factors (e.g., flexibility in thinking, emotional regulation)

Risk, Protective, Promotive Factors

Environmental Factors

- Nature of the traumatic event (**mass violence, human-made, interpersonal more negative impact**)
- Proximity to the traumatic event and intensity of response (levels of fear, helplessness, horror)
- Culture and ethnicity (**risk and protective/promotive: Strong connections to cultural and faith-based communities can be a source of strength. Can also be a barrier to recognizing and talking about trauma. Historical trauma and contemporary racial trauma in communities can negatively impact cultural identity, cohesion, and access to culture-specific supports.**)
- Level of social support – perceived and actual support and quality of relationships
- Quality of parent-child relationships, parent mental health, and parental history of trauma (**relationship with strong, caring adult most important protective/promotive factor for children**)
- Health of the broader community (**poverty and its related stresses, such as financial and housing instability, lack of access to education and resources, compromised support networks, and racism and discrimination, can increase risk for negative outcomes for the entire community**)

Complex Trauma

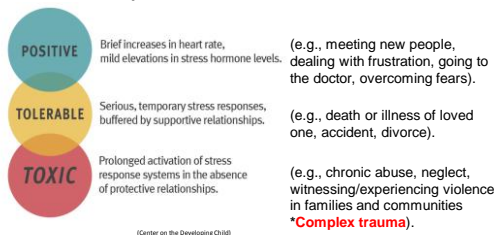


While exposure to sexual assault, domestic violence, dating violence, or stalking may be the primary reason for accessing services, for many, exposure to trauma is not a one-time event and prevalence of early exposure to trauma is high.

Complex Trauma: Refers to **both** exposure to multiple traumatic events from a young age, often within the primary caregiving system **and** the long-term effects of this exposure.

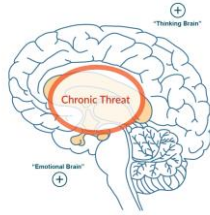
Effects of Complex Trauma

Types of Stress Responses

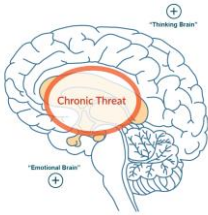


Effects of Complex Trauma

- Emotional brain is over-reactive, constantly in survival mode.
- This leads to changes in the body that include elevated baseline heart rate, body temperature, and level of anxiety, as well as changes in hormone levels.
- As a result, people are constantly on guard for potential threat, mistrustful of others, and overly reactive to trauma reminders. Youth and adults may be quick to escalate, have more behavioral issues in school, and have increased difficulty learning.



Effects of Complex Trauma



- Thinking brain is underdeveloped. Structures in this region of the brain are smaller, and there are fewer connections in areas responsible for thinking, planning, focusing, problem-solving, and identifying and managing emotions.
- Youth and adults have more difficulties with activities related to learning, such as concentrating, processing and remembering new information, acquiring new skills, and regulating emotions.

Effects of Complex Trauma

- Relationships
- Emotional regulation
- Behavior
- Cognition
- Dissociation
- Self-concept and future orientation

Complex trauma reactions can be misunderstood and misdiagnosed as other issues such as ADHD, bipolar disorder, oppositional-defiant disorder, and reactive-attachment disorder.

Need for different diagnoses to fully capture: Complex PTSD, Developmental Trauma Disorder

Effects of Complex Trauma

Impact Across the Lifespan

- Mental health issues
- Substance abuse
- System involvement (justice, child welfare)
- Chronic health issues (pulmonary disease, liver disease, autoimmune disorders)
- Risky sexual behaviors
- Smoking
- Suicide attempts
- Unemployment
- Housing instability



Adapted from: National Child Welfare Resource Center

Effects of Trauma on Parenting

Parents with histories of and/or current exposure to trauma are at increased risk for a number of challenges including:

- Substance abuse, depression, and PTSD.
- Negative or unsafe interpersonal patterns such as abuse, neglect, and domestic violence that become the source of trauma for youth.
- Difficulty tolerating their child's stress reactions.
- Over or under-reactions (hypervigilant, numb/avoidant)
- Trouble recognizing safety issues
- Difficulty trusting others and building relationships with community providers and educators, which impacts their child's ability to trust other adults.
- Feelings of embarrassment, shame, fear, or guilt about getting outside support for their children that may result in negative interactions with providers/educators.
- Mistrust of systems that have contributed to traumatic experiences.

Adapted from: National Child Welfare Resource Center

Trauma-Informed Screening and Assessment

Trauma Screening: Trauma screening tools are designed to be administered universally to determine (a) types of exposure to trauma, and (b) degree of trauma-related symptoms.

Trauma-Informed Assessment: A structured process for gathering in-depth information about the nature of a person's exposure to trauma, the extent of trauma symptoms, and level of functioning across key domains. Often includes a clinical interview, use of formal measures, and behavioral observations.

Adapted from: National Child Welfare Resource Center

Trauma Screening and Assessment

Consider screening and assessing for different types of trauma and adversity across the lifespan:

- Adversity and trauma in childhood and adolescence (e.g., ACE questionnaire)
- Community violence
- Lack of supports, opportunities, economic distress
- Racial trauma or trauma related to identification with a particular cultural group
- Historical trauma
- Systemic trauma (trauma associated with system involvement)
- PTSD and related disorders (Depression, Anxiety, Substance Abuse)
- Complex trauma symptoms

Understanding Trauma-Informed Assessment

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Cultural Considerations

- Depression and PTSD may be expressed somatically (empty, heavy-headed, insomnia, fatigue).
- May use different words to describe depression or trauma.
- Spiritual beliefs and practices vs. psychological problems (common to talk about seeing a spirit, communicating with God).
- Paranoia vs. realistic fear coming from oppressive/violent environments and/or regimes.
- Understanding the historical, sociopolitical, cultural, and gender experiences related to mental health.
- Consider the unique needs of particular groups (e.g., LGBTQ, women of color, immigrants/refugees).

Understanding Trauma-Informed Assessment

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Trauma-Informed Assessment Processes

- Consider the gender and cultural background of the survivor and the person conducting the assessment.
- Consider the best context and timing to ask about trauma history.
- Provide a private space for assessment
- Offer options for how, where, and when assessments are conducted.
- Let survivors know what to expect.
- Use a conversational style.
- Emphasize survivor's right to stop at any time.
- Pay attention to body language that may indicate a survivor is feeling overwhelmed.
- Consider varying questions so that difficult questions are balanced by more neutral or calming questions.
- Assess for strengths and resilience factors.
- Support staff in their concerns related to asking trauma-specific questions.

Understanding Trauma-Informed Assessment

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Examples: Formal Measures

- Adults-PTSD Checklist (PCL)-17 items, 5-10minutes
- Clinician Administered PTSD Scale for DSM-5 (CAPS-5) – Gold standard for PTSD diagnosis.
- Trauma Symptom Inventory (TSI)
- TSCC-Trauma Symptom Checklist for Children- (ages 8 to 16)
- UCLA Posttraumatic Stress Disorder Reaction Index
- Parent Stress Inventory (PSI) - measure degree and sources of parental stress –parent, environment, child.

Attachment, Dissociation, Trauma, PTSD, 10/1/15

Complex Trauma Assessment Domains

Attachment and Relationships: <ul style="list-style-type: none"> • Relationship problems with family members, adults, and peers • Problems with attachment and separation from caregivers • Problems with boundaries • Distrust and suspiciousness • Social isolation • Difficulty attuning to others and relating to other people's perspective 	Thinking & Learning: <ul style="list-style-type: none"> • Difficulties with executive functioning and attention • Lack of sustained curiosity • Problems with information processing • Problems focusing on and completing tasks • Difficulties with planning and problem-solving • Learning difficulties • Problems with language development
Physical Health: Body & Brain: <ul style="list-style-type: none"> • Sensorimotor developmental problems • Anxieties • Problems with coordination, balance, body tone • Somatization • Increased medical problems across a wide span • Developmental delays/regressive behaviors 	Behavior: <ul style="list-style-type: none"> • Difficulties with impulse control • Disrupting behaviors (self-destructive behavior, aggression toward others, etc.) • Problems with externalizing behaviors • Sleep disturbances • Eating disturbances • Substance abuse • Oppositional behavior/difficulties complying with rules or respecting authority • Reenactment of trauma in behavior or play (e.g., sexual, aggression)
Emotional Responses: <ul style="list-style-type: none"> • Difficulty with emotional self-regulation • Difficulty labeling and expressing feelings • Problems knowing and describing internal states • Difficulty communicating wishes and needs • Interfering emotions such as anxiety, depression, etc. 	Disassociation: <ul style="list-style-type: none"> • Disconnection between thoughts, emotions and/or perceptions • Amnesia/loss of memory for traumatic experiences • Memory lapses/loss of orientation to place or time • Depersonalization (sense of being detached from or "not in" one's body and derealization (sense of world or experiences not being real) • Experiencing alterations or shifts in consciousness
Self-Concept & Future Orientation: <ul style="list-style-type: none"> • Lack of a continuous, predictable sense of self • Poor sense of separateness • Disturbances of body image • Low self-esteem • Shame and guilt • Negative expectations for the future or foreshortened sense of future 	

*The information above is adapted from Cook et al., 2005.

Attachment, Dissociation, Trauma, PTSD, 10/1/15

Questions to Consider

- How does your program currently assess for different types of trauma exposure and symptoms?
- What factors do you need to consider when determining how to assess for trauma (e.g., context, program type, access to services, state of relationship)?
- What steps (if any) would you like to take related to trauma screening and assessment?
- What changes would your program need to make to your screening/assessment process to ensure a trauma-informed approach.

Attachment, Dissociation, Trauma, PTSD, 10/1/15

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Healing from Trauma

Coping skills, learning, education, problem-solving

AND

Connection, relational engagement, playfulness, being in your body

Attachment, Resilience, and Trauma

Trauma-Informed Service Plans

Include:

- Potential trauma reminders for survivors
- Strategies that are helpful during times of stress (e.g., transitions) and potential triggering situations.
- Goals for addressing trauma-related issues and needs and fostering strengths.

Attachment, Resilience, and Trauma

Trauma-Specific Services:

Interventions that are designed to directly address the impact of trauma. Specific treatments for mental health issues resulting from trauma exposure.

PTSD

Best Practices

Attachment, Resilience, and Trauma

- Cognitive Behavioral Therapies: Prolonged Exposure, Cognitive Processing Therapy
- Eye Movement Desensitization Reprocessing (EMDR)
- Medication
- Sensorimotor approaches
- Seeking Safety – co-occurring

PTSD

Adults

Some cognitive behavioral interventions have been modified or designed for DV survivors and for particular groups of DV survivors.

See http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2013/03/NCDVTMH_EBPLitReview2013.pdf

PTSD

DV Survivors

Complex Trauma Treatment

Phased approach to treatment:

1. Stabilization and skills strengthening
 - Focus on safety
 - Psychoeducation about trauma
 - Strengthen emotional awareness and expression (regulation skills, stress management, mindfulness)
 - Increase positive self-concept
 - Increase interpersonal and social competencies

Complex Trauma Treatment

Phased approach to treatment:

2. Review and reappraisal of trauma memories
 - Telling your story
 - Need to have the physiological stability to tolerate

Attachment, Dissociation, and Trauma

Complex Trauma Treatment

Phased approach to treatment:

3. Consolidate competencies
 - Applying skills
 - Strengthen safe and supportive networks
 - Make plans for education, employment, and social activities
 - Need to have the physiological stability to tolerate

Attachment, Dissociation, and Trauma

Culturally Responsive Services:

- Education and awareness about the group being served.
- Being aware of common culture-specific syndromes.
- Consulting with family members.
- Consulting with spiritual healers to integrate ideas with counseling strategies.
- Integrating folk remedies.
- Using culturally-relevant language.
- Educating interpreters on cultural context of particular group.
- Awareness of your own cultural beliefs, norms, biases, assumptions.
- Integrating mental health interventions adapted for the particular cultural group being served.

Attachment, Dissociation, and Trauma

Support Children and Youth

- Family services
- Early intervention services
- Creative and nonverbal services
- Educational services
- Trauma-specific child services
- School-based supports

Attachment, Dissociation and Trauma

- Trauma-Focused Cognitive Behavioral Therapy
- Psychoeducation for youth and parents
- Play Therapy
- Sensorimotor/somatic approaches
- Group interventions for adolescents (e.g., Trauma Affect Regulation: Guide for Education and Therapy - TARGET)

PTSD

Children & Adolescents

Attachment, Dissociation and Trauma

Parenting Support

- Encourage parental involvement.
- Acknowledge the stress of parenting in public while managing other stressors
- Support parent control and choice during meetings and interactions.
- Model healthy interactions and with parents and children.
- Be mindful of avoiding playing a parental role.
- Encourage the use of similar routines and rituals.
- Strengthen relationships through enjoyable parent-child activities. (family nights, joint parent/child groups and activities such as cooking or drawing).
- Provide parent education on trauma and its' impact on children.
- Understand and balance culturally-specific parenting practices with knowledge about healthy child development and support in the face of stress (e.g., physical punishment).

Attachment, Dissociation and Trauma

Child-Parent Psychotherapy: Parents and children birth to 6. Improving the caregiver-child relationship, safety, psychoeducation.

Parent-Child Interaction Therapy (PCIT): Improve parent-child relationship and change interaction patterns.

Attachment, Regulation and Competency (ARC Framework):
<https://arcframework.org>

PTSD

Family

The National Child Traumatic Stress Network
www.nctsn.org/

U.S. Dept. of Health and Human Services Substance Abuse and
 Mental Health Services Administration's National Center for
 Trauma-Informed Care
www.samhsa.gov/nctic/

National Center for PTSD
<http://www.ptsd.va.gov>

International Society of Traumatic Stress Studies
<https://www.istss.org>

Build Skills for Fostering Resilience

ARC Framework

- **Attachment:** Building relationships
- **Regulation:** Promoting self-awareness self-regulation/executive functioning skills
- **Competency:** Strengthening skills for independence and success

Gathering Feedback on Services

- Ongoing
- Formal and informal
- Anonymous and direct

Thank you for the work that you
do and for your time today.

For more information, please contact:
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To learn more about our trauma work visit our website at
<http://www.air.org/resource/trauma-informed-care-service-systems>

