



Trauma-Informed Care

IN KENTUCKY

Safety • Individual Choice • Empowerment

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Please Be Aware

- There are parts of this presentation that may trigger uncomfortable/difficult responses in some people. If you have a history of trauma exposure or are sensitive to trauma references/discussion, this may be more likely. Please know that it is OK to leave the room/take a break if necessary.
- The presenter will be available after the presentation for discussion, if needed.

What Is Trauma?

- “Traumatization occurs when both internal and external resources are inadequate to cope with the external threat” (Van der Kolk, 1989)
- Trauma overwhelms the ordinary systems that give people a sense of control, connection and meaning.
- Often, people who have experienced trauma will use coping strategies that, while seeming to work at the time, may cause harm.



DSM 5 - Trauma and Stressor-Related Disorders

- **PTSD/Acute Stress Disorder:**
- Exposure to actual or threatened death, serious injury, or sexual violence
- **Modes of Exposure:**
 - direct experience
 - witnessing in person as it occurred to others
 - learning that event happened to family member(s) or close friend(s)
 - repeated or extreme exposure to aversive details (e.g., police officers repeatedly exposed to details of child abuse)

Three Types of Stress

Positive

Brief increases in heart rate,
mild elevations in stress hormone levels.

Tolerable

Serious, temporary stress responses,
buffered by supportive relationships.

Toxic

Prolonged activation of stress response systems in the
absence of protective relationships, which can produce
physiological changes that lead to lifelong problems in
learning, behavior, and health.



Types Of Trauma Most Likely To Contribute To Severe, Persistent Mental Health Challenges

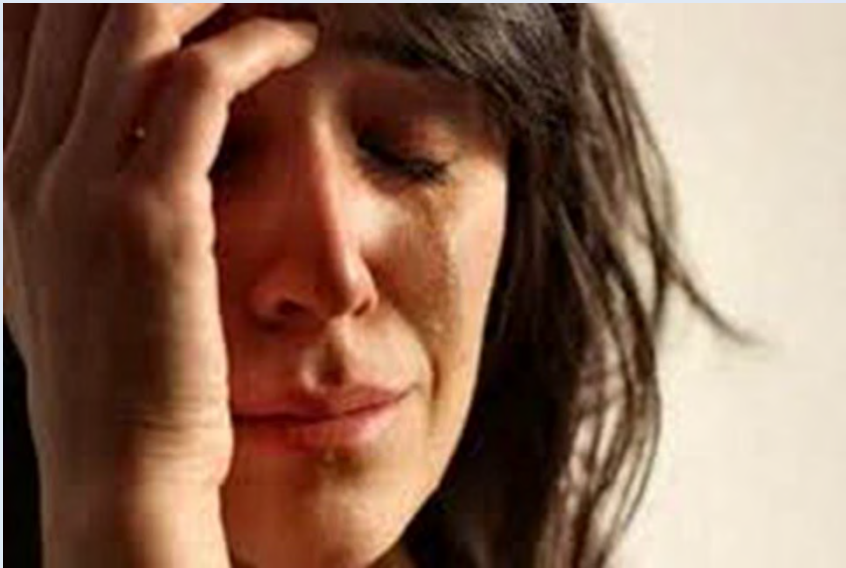
- Complex trauma--“a psychiatric condition that officially does not exist, but which possibly constitutes the most common set of psychological problems to drive human beings into psychiatric care” (Van der Kolk, 2009)
- Usually not a single event (e.g. rape, natural disaster)
- Interpersonal in nature: intentional, prolonged, repeated, severe
- Often occur in childhood and adolescence and may extend over an individual’s life span

(Terri, 1991; Giller, 1999)

Individuals who have experienced traumatic events

may have visible signs,

or their distress may not be apparent at all.



Some Effects Of Trauma

Effects are neurological, biological, psychological and social in nature, including:

- Changes in brain neurobiology
- Social, emotional and cognitive challenges
- Adoption of high risk behaviors as coping mechanisms/tension reduction behaviors which negatively impact health (for example, eating disorders, smoking, substance abuse, self-harm, sexual promiscuity, violence)
- Severe and persistent behavioral and physical health issues, social problems and early death

Behaviors You May See In The Classroom

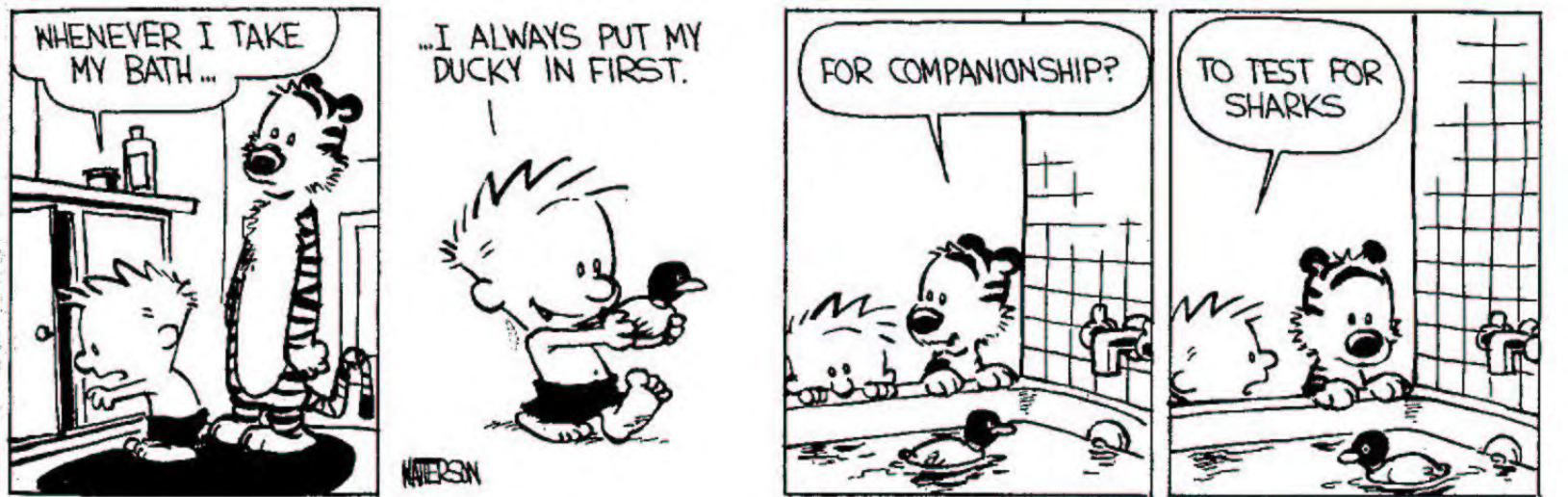
- Anxiety, fear, and worry about safety of self and others
- Decreased attention and/or concentration
- Increase in activity level
- Change in academic performance
- Irritability with friends, teachers, events
- Angry outbursts and/or aggression
- Withdrawal from others or activities
- Increased physical complaints
- Over- or under-reaction to sounds, smells, touches, sudden movements
- Re-experiencing the trauma
- Avoidance behaviors
- Emotional numbing
- Substance abuse

Trauma Impacts Learning

“Severe and chronic trauma (such as living with an alcoholic parent, or watching in terror as your mom gets beat up) causes toxic stress in kids. Toxic stress damages kid’s brains. When trauma launches kids into flight, fight or fright mode, they cannot learn. **It is physiologically impossible.**”

**Dr. John Medina, Developmental
Molecular Biologist**

Trauma Changes Your World View



The ACE Study

- Kaiser Permanente and Centers for Disease Control and Prevention partnered to study effects of Adverse Childhood Experiences during the lifespan of over 17,000 participants.
- Participants were HMO members completing a comprehensive physical exam. They were generally middle class adults, with an average age of 57 years. Of the participants, 74% had some college, and 44% had graduated from college.
- Participants were 80% Caucasian, 10% African-American, 10% Asian. Males and females were about equally represented.



When Doctors Asked About These Adverse Childhood Events (ACE)

Abuse

Physical
Emotional
Sexual

Neglect

Emotional
Physical

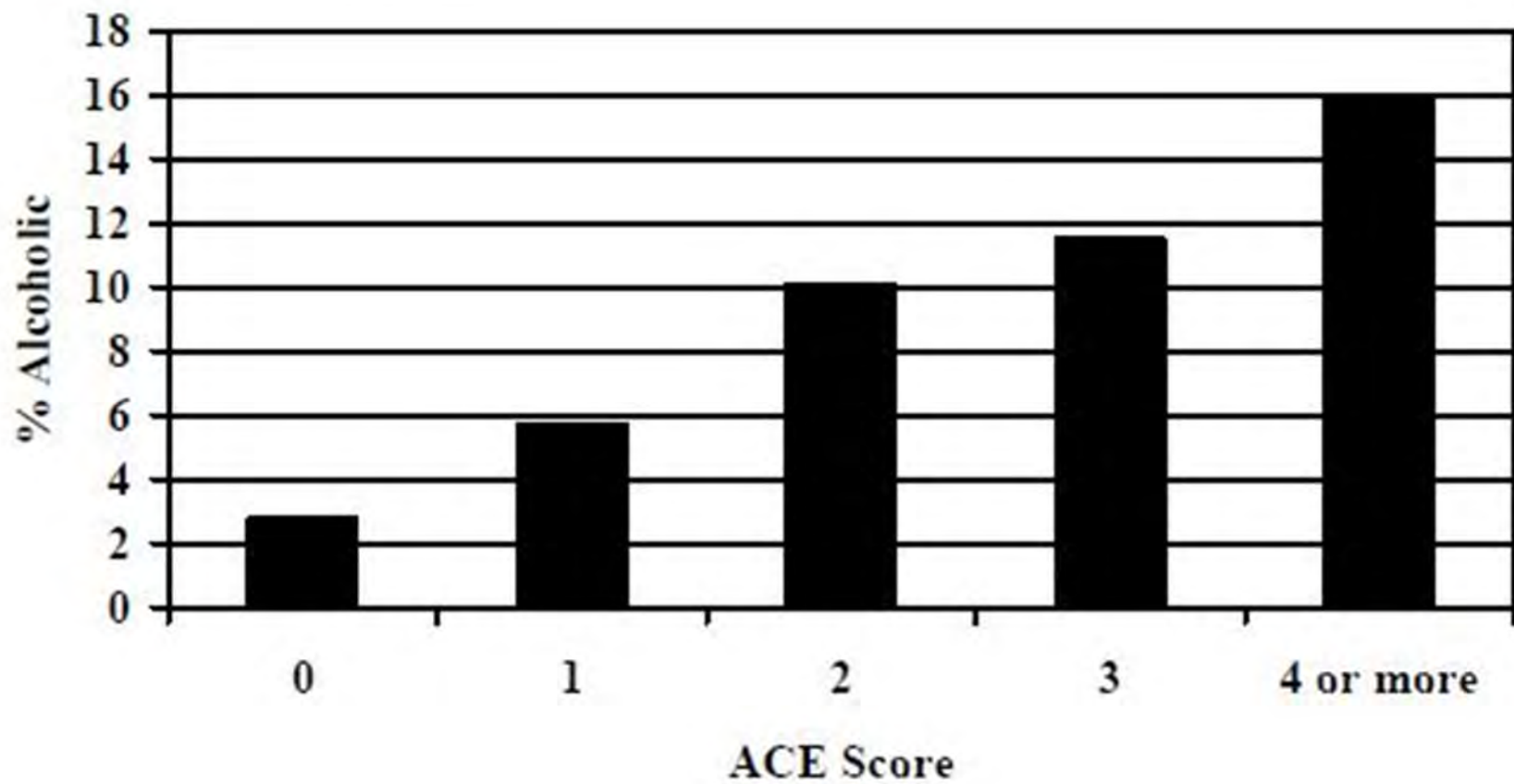
Household Dysfunction

Divorce
Substance Abuse
Mother Treated Violently
Incarcerated Household Member
Mental Illness

Patients Reported:

ACE Score	Women	Men	Total
0	34.5%	38%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.6%	9.5%
4 or more	15.2%	9.2%	12.5%

ACE Score vs. Adult Alcoholism



Imagine A Place...

- where people ask “What happened to you?” instead of “What’s wrong with you?”
- that understands that trauma can be re-triggered.
- committed to supporting the healing process while ensuring no more harm is done.

What Is Trauma-Informed Care?

- An approach using a purposeful provision of a safe environment
- Services are sensitive to trauma (Universal Precautions)
- All components of a given system have been reconsidered with an understanding of the impact of trauma/violence
- Services delivered in a way that will avoid inadvertent re-traumatization and will facilitate healing, recovery, empowerment, and participation in treatment

Kentucky Strengthening Families

The 6 Protective Factors are research based in that when these 6 PFs are present, regardless of the number of risk factors present in the home, the likelihood of child maltreatment greatly reduces and in exchange the rate of **school readiness, children reaching optimal development and the strength of the family** unit increases.



What Can Schools Do?

- Increase supports for trauma-exposed students.
- Provide a safe place for talking, calming down.
- Look at facilities through trauma-sensitive eyes.
- Have a *real* conversation regarding discipline strategies (e.g., logical consequences vs. punitive measures) and their effectiveness.
- Gather and evaluate data.
- Welcome input from students, caregivers, community partners, and others.

What Can Staff Do?

- Be aware (can look like other behavioral health disorders such as ADHD or ODD).
- Know the triggers.
- Be sensitive to possible reminders in the environment.
- Inform students of changes to the routine, as well as other atypical events such as turning off lights, loud noises, a new person coming into the classroom, etc.
- Seat students carefully.
- Clearly state expectations.

What Can Staff Do? (cont.)

- Convey that mistakes are expected and are OK.
- Maintain routines.
- Set and enforce limits.
- Be clear and consistent.
- Speak calmly without showing anger.
- Don't take it personally.
- Communicate with caregivers and other team members.

Signs of Vicarious or Secondary Trauma

- Emotional: anger, sadness, prolonged grief, anxiety, depression, difficulty concentrating, feeling numb/detached, intense thoughts/dreams over time regarding a student's trauma
- Physical: headaches, stomachaches, lethargy, constipation
- Personal: self-isolation, cynicism, mood swings, irritability with partner/family
- Workplace: avoiding students, missed appointments, tardiness, lack of motivation, denial of traumatic events, moodiness/irritability/impatience with students

A Few Tips

- Don't go it alone.
- Recognize compassion fatigue as an occupational hazard.
- Seek help with your own traumas.
- If you see signs in yourself, talk to a professional.
- Attend to self-care.

In Conclusion:

- Trauma is a pervasive issue. Many individuals who receive behavioral health services have been exposed to traumatic events.
- Trauma-informed care understands the pervasiveness of trauma and commits to identifying and addressing trauma issues early.
- Trauma-informed agencies provide services that do not re-traumatize people and commit to infusing TIC into policies and practices, with the ultimate goal to create trauma-free environments.
- Responding to individuals in a trauma-informed manner is crucial to overall health and must be a priority.

Final Thought

Defiant, combative, hostile, and uncooperative are labels used by many people to describe trauma-exposed kids.

What if we saw them instead as **frightened, struggling to cope, confused, abandoned, and dealing with the effects of extreme stress?**

Imagine the change in our response to their behavior!

Questions?

Resources

- The National Child Traumatic Stress Network: Child Trauma Toolkit for Educators at <http://www.NCTSN.org>
- Trauma and Learning Policy Initiative: Helping Traumatized Children Learn at <https://traumasensitiveschools.org/>
- ACEs Too High News: Information on Lincoln High's new approach to school discipline and other resources at <http://acestoohigh.com>
- ACEs Connection Network: Current news and research on using trauma-informed, resilience-building practices: www.acesconnection.com

Resources, cont.

- Kentucky Strengthening Families: Information for providers at <http://chfs.ky.gov/NR/rdonlyres/CE0423F0-8B7B-4F89-9D3F-88D7F3EB1E70/0/SFKYbrochure8192014.pdf>
- “Safe And Sound: Raising Emotionally Healthy Children in a Stressful World,” an informational program on child development which includes information on trauma’s impact on development, at <http://www.ket.org/health/safe-and-sound.htm>
- Frontline, “Prison State,” a documentary which, in part, shows connections between trauma and incarceration, at <http://www.pbs.org/wgbh/pages/frontline/locked-up-in-america/>