TRAUMA-INFORMED CARE

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Agenda

- Describe trauma, its impact and prevalence
- Discuss trauma-informed approaches in family planning services
- Describe secondary traumatic stress & self-care strategies
What Are Trauma & Toxic Stress?

■ **Trauma** – an intense event that threatens safety or security of an individual

■ **Toxic Stress** – re-occurring negative experiences that threaten safety or security

■ **Traumatic Stress** - event, the experience, and the effect
Trauma Exposure or Experience

- **Survivor** (abuse, neglect, accident, disaster)
- **Witness** (personal witness-family, friend, neighbor, professional role)
- **Related to** (family member or close personal friend)
- **Listening to details** (professional role, media)
Secondary Wounding

- **Secondary Wounding** - Experiencing a sense of blame, minimization and expectation about the traumatic experience from trusted individuals.

- **Self-Secondary Wounding** – Applying disparate meaning to role in the traumatic experience through self-blame.
Knowledge from the fields of **neuroscience**, **immunology**, **genetics** and **epidemiology** have increased our understanding of the ways experience impact our biology, behavior & long term physical & mental health.
Reactions to Stress

- Elevated heart rate & blood pressure
- Increased hormonal levels (cortisol & adrenaline)
- Fight, Flight, Freeze
Trauma Responses

- Nervousness, jumpiness, and quickness to startle
- Rapid shifts in mood, including irritability, anger or aggression
- Difficulty sleeping, nightmares
- Difficulty concentrating, taking in new information, or paying attention
- Re-living the traumatic experience/flashbacks
- Withdrawal from ordinary activities and relationships
Risky or Maladaptive Behaviors

- Serve as coping strategies
- A way to feel safe, reduce tension, and feel better
- A signal of distress
- Default response
- Brilliant, creative solutions that are personally costly
Long Term Impacts: The Adverse Childhood Experiences Study

- 1997 study conducted by CDC & Kaiser Permanente
- Surveyed 17,000 adults (middle aged, white, middle income)
- Counted adverse childhood experiences (up to 10)
- Medical history/exam

Principal Investigators: R. Anda, MD, MS and V. Felitti, MD
How Common Are ACEs?
Findings:
As ACE Score Goes Up, So Does Risk For

- Smoking
- Organic disease (pulmonary, heart & liver disease)
- Adult alcoholism & drug use
- Depression and suicide attempts
- **Multiple sexual partners**
- **STDs and rape**
- Hallucinations
- **Risk for intimate partner violence**
- **Addictions**
- Job problems and lost time from work
- **Early death**
Snapshot of Selected Findings

Figure 2. Prevalence of selected outcomes among adults in the Kaiser ACE study.
ACES and STD’s

![Bar chart showing the percentage of women and men with STDs associated with different ACE scores.](chart.png)
Michigan Citizenry Prevalence of ACEs

46% of Michigan’s adult citizenry experienced 1 to 3 ACEs as children,
Percent Reporting Poor Mental Health
14 or More Days in the Past Month

- None: 5.4%
- 1 ACE: 6.9%
- 2 or 3 ACEs: 14.1%
- 4 or more ACEs: 23.5%
Percent Reporting Poor Physical Health 14 or More Days in the Past Month

- None: 8.7%
- 1 ACE: 9.9%
- 2 or 3 ACEs: 13.1%
- 4 or more ACEs: 19.5%
Ever Diagnosed with Depression

![Chart showing the percentage of people diagnosed with depression by the number of ACEs they experienced. The chart shows:
- None: 10.1%
- 1 ACE: 17.8%
- 2 or 3 ACEs: 27.8%
- 4 or more ACEs: 39.2%]
ACE Pyramid

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
In What Ways Could Trauma/Toxic Stress Be a Factor for Those Seeking Family Planning Services?
Trauma Informed Care

Getting to the Heart of the Matter
Trauma Informed Care: Key Assumptions

- **Realize**: understand trauma & its impact
- **Recognize**: signs of trauma & its prevalence
- **Respond**: use & connect to trauma informed interventions
- **Resist**: avoid re-traumatization

SAMHSA, *The Concept of Trauma and Guidance for a Trauma Informed Approach.*
Trauma Informed Care: Key Principles

- Safety
- Collaboration
- Voice & Choice
- Trustworthiness
- Peer Support
- Cultural, Historical & Gender Issues
Components of a Trauma-Informed System

- Maximize physical & psychological safety
- Identify trauma-related needs
- Enhance well-being & resilience
- Partner with families, agencies and systems to increase continuity & coordination of care
- Two generation approach

Adapted from: Jones Harden, Brenda, “Services for Families of Infants & Toddlers Experiencing Trauma”, Network of infant/toddler Researchers
Maximize Safety

- **Physical Safety**
  - Be aware of the physical environment
  - Raise questions about unsafe situations
  - Think about/work toward safety
  - Work on crisis/safety plan

- **Psychological Safety**
  - Clear expectations & boundaries
  - Provide choice & control
  - Think about personal space, voice, gestures
  - Begin & end in a safe place
Identify Trauma Related Needs

Prepare ➔ Ask ➔ Listen

Accept and Affirm ➔ Remember ➔ Follow Up

Region X ACE Planning Team, "NEAR@Home - Addressing ACEs in Home Visiting by Asking, Listening, and Accepting"
ASK

- What’s wrong with you? NO
- What happened to you? MAYBE
- What’s your stress level? YES
- How did you get here? YES
Screening for Trauma

Why do we screen for trauma?

*Identify traumatic events or situations*
*Identify behaviors that may be an outcome of trauma*
*Assist in referral for further assessment and treatment*

What tools are available?

*Life Event Checklist*
*PTSD Checklist (abbreviated form)*
*ACEs Questionnaire*
Enhance Well-Being & Resilience

- Ability to successfully confront challenges & bounce back from setbacks.

- Resilience can be nurtured & recaptured
Questions to Identify Coping Skills

How are you managing?

What are you doing that helps?

Is there something else you want to do?
Resilience

Supportive Relationships

- Decrease stress hormones
- Increase positive neural connections
- Teach positive coping skills
- Enhance a sense of safety
Enhance Well-Being & Resilience

- Supportive relationships- personal & professional
- Stay engaged & connected
- Address basic needs
- Follow the client’s lead
- Encourage connections-peers, family, community
- Focus on strengths & abilities
- Teach coping & calming skills, e.g. mindfulness
Enhance Well-Being & Resilience

- Slow-Down, Orient, Self-Check (SOS)

Partnerships to Increase Continuity & Coordination

■ Know your community partners

■ Help make the connection

■ Follow up
Two Generation Approach

- Recognize potential impact of trauma on adult life & parenting
- Recognize potential impact on child
- “Can’t rewrite the beginning of the story but can change how it ends”

University of Kansas, “Lemonade for Life”
Trauma Informed Organizations: Key Ingredients

- Leading & communicating
- Engaging consumers in planning
- Training clinical & non-clinical staff
- Creating a safe environment
- Preventing secondary traumatic stress in staff
- Hire a trauma-informed workforce

Center for Health Care Strategies, *Key Ingredients for Successful Trauma-Informed Care Implementation* (2016)
BECOMING TRAUMA INFORMED

A Toolkit for Early Childhood and Maternal & Child Health Programs and Organizations

www.michigan.gov/traumatoxicstress
How Can You Incorporate a Trauma-Informed Approach in Your Work?
Secondary Traumatic Stress

“Frank just up and exploded. I hope I never get that burned out.”
Secondary trauma or vicarious trauma is the *emotional duress that results when an individual hears about the firsthand trauma experiences of another*. Its symptoms mimic those of post-traumatic stress disorder (PTSD).

Secondary Traumatic Stress

- Self = most important tool
- STS = occupational hazard
- Attention to STS = using Personal Protective Equipment
- Allows us to care for others effectively
Who Is At Risk?

- Helping professionals
- Highly empathic (women)
- Prior trauma experiences (also more compassion)
- Frequent exposure
- Socially or organizationally isolated
- Inadequate training
Protective Factors

- Knowledge about STS, risk factors & self-care strategies
- Longer duration of professional experience
- Use of evidence-based practices
- Supportive work environment
Prevention/Intervention Strategies

- **Learn** about secondary traumatic stress & self-care
- Be aware of & follow **safety** procedures at work
- Utilize **supervision** to address secondary traumatic stress
- Maintain healthy **work-life balance**
- Develop & implement **plans for self-care** and wellness
- Use a **buddy system** to keep your plan on track
- Be aware of your own stress level and be **proactive** in addressing your needs, utilize risk assessment tools
- Utilize **counseling** services as needed
Trauma Stewardship

Creating Space for Inquiry

Why am I doing what I’m doing? Is trauma mastery a factor? Is this working for me?

Choosing Our Focus

Where am I putting my focus? What is my Plan B?

Finding Balance

Engaging with our lives outside of work
Gratitude

Daily Centering Practice

Building Compassion & Community

Creating a micro culture. Practicing compassion for myself and others

Adapted from: Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others, L. van Dernoot Lipsky
Resources

- Adverse Childhood Experiences Study, [www.cdc.gov/violenceprevention/acestudy](http://www.cdc.gov/violenceprevention/acestudy)
- Hudnall Stramm, B. (2010) “Professional Quality of Life Scale” (ProQOL), [www.proqol.org](http://www.proqol.org)
- Jones Harden, Brenda, (2015) “Services for Families of Infants & Toddlers Experiencing Trauma”, Network of infant/toddler Researchers
- Michigan Department of Health & Human Services, Trauma Toxic Stress Website, [www.michigan.gov/traumatoxicstress](http://www.michigan.gov/traumatoxicstress)
- National Child Traumatic Stress Network, [www.nctsn.org](http://www.nctsn.org)
- SAMHSA, “Trauma and Violence”, [www.samhsa.gov/trauma-violence](http://www.samhsa.gov/trauma-violence)
Thank You For Your Time!

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