

Trauma-Informed Care: Evidence-Based Applications


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About Me

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About You

How would you describe your role in supporting individuals who have experienced trauma?

What brought you into this training today?

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About this Content

- Primarily created with recent practice guidelines and current evidence base
- Citations at the end of this presentation
- Additional information adapted from:
 - Grandgenett, H & Morton, A (2022), Screening and Assessment of Trauma in Primary Care, Webinar presented through the Mid-America Mental Health Technology Transfer Center
 - Complex Trauma 101; Complex Trauma Training Consortium, Module 1 (Complex Trauma Training Consortium)
 - Complex Trauma Domains of Impact; Complex Trauma Training Consortium, Module 2 (Angel Knoverek)
 - Supporting Parents with Unresolved Trauma from their own Experiences of Familial, Intergenerational, Systemic, or Ancestral Trauma; Complex Trauma Training Consortium, Module 16 (Jana Pressley)
 - Trauma Informed Screening and Assessment; Complex Trauma Training Consortium, Module 3 (Cassandra Kisiel)

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Learning Objectives

1. Define trauma and potential outcomes associated with trauma exposure.
2. Describe core components of trauma-informed care.
3. Identify tools and methods for screening and assessment as well as evidence-based trauma treatments.
4. Explain the impact of secondary traumatization providers and strategies to enhance provider wellbeing.

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Activators

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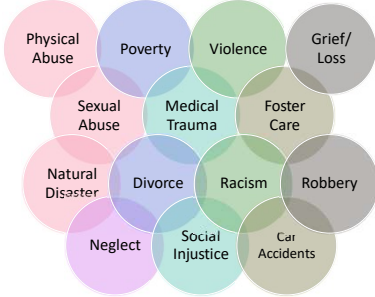


What is Trauma?

"Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." (SAMHSA, 2014)

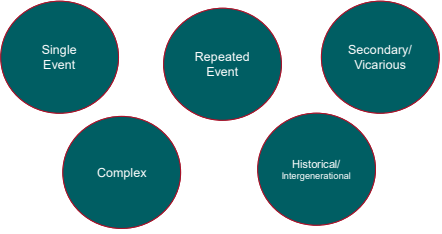
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Potentially Traumatic Events (PTE)



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Categories of Trauma



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Definition of Complex Trauma


Complex Trauma (CT) is a dual problem of (1) ongoing or recurrent exposure to interpersonal trauma typically originating in the context of a child's caregiving system and (2) the consequent developmental deficits and emergence of psychiatric and behavioral difficulties.

The most prevalent risk factor caravan involves exposure to some combination of impaired caregiving (e.g., due to parental substance abuse, mental illness, or partner violence), neglect, emotional abuse, and physical abuse.

This constellation of adverse experiences, often referred to as *complex trauma exposure*, if unmitigated through early intervention, increases risk for subsequent trauma exposure including caregiver separation or loss, school and community violence, bullying or assault.

Public health and applied clinical research link these forms of trauma exposure to substantive developmental deficits and worsening diagnostic, functional and social impairments. Neuroscientific research indicates that these maladaptive outcomes arise in full or in part as the result of survival-based adaptations to early trauma. The array of resulting adverse outcomes is often referred to as *complex trauma adaptation*.

Complex Trauma exposure intersects with other pervasive forms of life adversity including systemic intergenerational trauma, and ancestral or historical trauma.



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Historical Trauma

Maria Yellow Horse Brave Heart-Jordan, Ph.D.

“The accumulative emotional and psychological pain over an individual’s lifespan and across generations as the result of massive group trauma.”

Brave Heart-Jordan, M.Y.H. (1995). The return to the sacred path: healing from historical trauma and historical unresolved grief among the Lakota. [Doctoral dissertation]. Smith College School for Social Work, Northampton, MA.



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Intergenerational Trauma

Survivors of complex trauma often carry distress in their body that **originated early and intensified over many years.**

When this impacts the way in which we think about, feel about, or react to our children, this is **intergenerational trauma.**

This impact can sustain and be intensified throughout generations (e.g., children, grandchildren).

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Adverse Childhood Experiences Study

As the number of ACEs increases, so does the risk for negative health outcomes

RISK

0 ACEs 1 ACE 2 ACEs 3 ACEs 4+ ACEs

Possible Risk Outcomes:

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Misadventures
PHYSICAL & MENTAL HEALTH				
Chronic obesity	Diabetes	Depression	Stroke	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones

ABUSE

- Physical
- Sexual

NEGLECT

- Physical
- Emotional

HOUSEHOLD DYSFUNCTION


- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

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Initial Effects of Traumatic Events

What if the bear takes your fish...

How would your body respond?

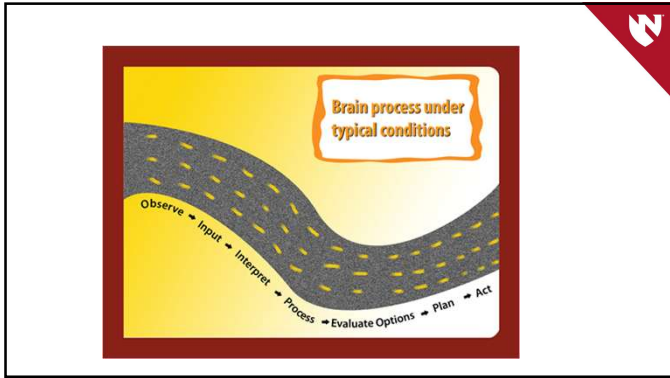


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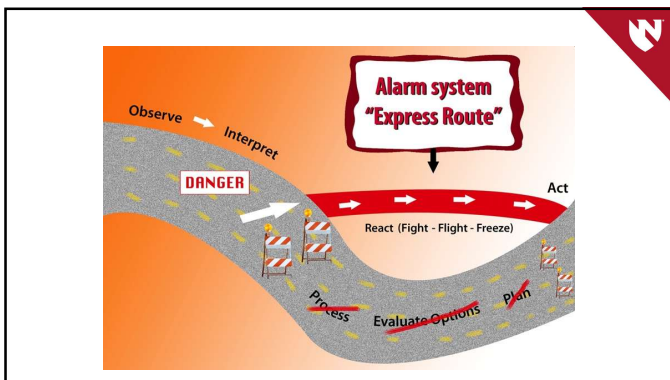
Fight, Flight, Freeze, or Fawn



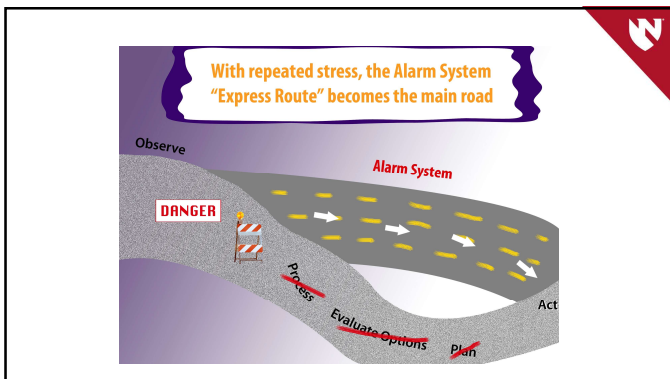
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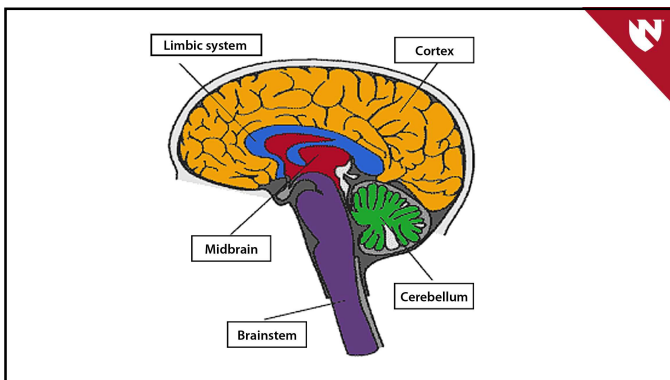
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“Trauma turns a learning brain into a surviving brain.”

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- Overview of outcomes of trauma...**
- Brain Development
 - Cognition
 - Emotion/Emotion Regulation
 - Relationship
 - Behavior
 - Mental Health
 - Physical Health

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Potential Impacts: Emotion Regulation

- Recognizing and expressing emotions
- Emotional self-regulation
- Communicating wishes and needs
- Coping strategies
- Managing impulses



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Potential Impacts: Behaviors

- Impulsivity
- Difficulty with frustration tolerance
- Aggressive behaviors
- Oppositional behaviors
- Sleep disturbances
- Risk taking behaviors
- Substance abuse
- Suicidal thoughts or behaviors



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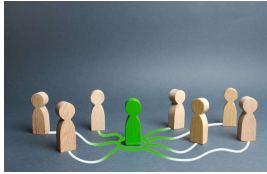
Potential Impacts: Cognitions

- Lack of a continuous, predictable sense of self
- Low self-esteem
- Feelings of ineffectiveness
- Shame, guilt, and responsibility
- Sense of being permanently damaged
- Self-blame and self-hatred
- Helplessness and hopelessness
- Abandonment fears
- Expectations of rejection and loss
- Disturbances of body image



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Potential Impacts: Relationships



- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Interpersonal difficulties
- Difficulty attuning to other people's emotional states
- Difficulty with perspective taking
- Difficulty complying with authority figures

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Resilience/Healing



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Trauma Informed Care

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How do you define trauma-informed care?

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Definition of a Trauma-Informed Approach

"A program, organization, or system that is trauma -informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings" SAMHSA (2012).




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Trauma-Informed Principles

The 4 "R's"


- Realize** the widespread impact of trauma and paths to recovery
- Recognize** the signs and symptoms of trauma
- Responds** by integrating knowledge about trauma into all aspects of the organization/system
- Resists** re-traumatizing individuals



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Developing a Trauma Lens


Instead of asking *“what is wrong with you?”*
ask, *“what has happened to you?”*



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COMPLEX TRAUMA
TRAINING CONSORTIUM

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How does this look in clinical care?



ORGANIZATIONAL PRACTICES TRAUMA SCREENING/ ASSESSMENT TRAUMA FOCUSED CARE

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Organizational Policies

Creating Trauma-Informed Organizational Policies

<input type="checkbox"/> Written organizational policies that recognize the pervasiveness of adverse events and express a commitment to promoting recovery	<input type="checkbox"/> Clinic policies that encourage universal screening and assessment of trauma
<input type="checkbox"/> Staff trainings, orientations, and in-services include information on providing trauma-informed services to patients that are culturally relevant	<input type="checkbox"/> Easily accessible resources for individuals who have experienced adverse events
<input type="checkbox"/> Human resource policies that attend to the impact of employees who have experienced trauma	<input type="checkbox"/> Institutional supports for including trauma survivors in policy making

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Physical Spaces



Safe Physical Environments

- Provide bright lighting in parking lots, common areas, bathrooms
- Keep noise levels low in clinic rooms
- Prioritize privacy through private spaces and white noise machines when needed
- Arrange rooms and clinics to allow for easy exits
- Provide calming clinic rooms and safe spaces to calm down if needed
- Ensure people are not allowed to loiter or congregate

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Social-Emotional




Safe Social-Emotional Environments

- Ensure welcoming signage throughout the facility
- Provide consistency through regular schedules and consistent visit flow
- Let patients know what's happening next during their visit and seek permission during each step
- Practice respectful and welcoming greetings (e.g., greet by name)
- Provide signage and brochures about any trauma related policies and resources for those who have experienced trauma
- Stay aware of cultural factors and how they may impact perceptions of trauma, privacy, and help-seeking

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Supporting Staff Wellness



Supporting Staff Wellness


- Provide trainings that raise awareness of secondary traumatic stress, burnout, and compassion fatigue (e.g. MHTTC's Adult Resilience Curriculum)
- Support reflective consultation to address feelings regarding patient interactions
- Encourage and incentivize well-being
- Allow "mental health days"
- Build a sense of work family (support staff celebrations, milestones)
- Assess staff satisfaction and prioritize responsiveness to concerns that arise

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Screening and Assessment of Trauma


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“People start to heal the moment they feel heard”

- Cheryl Richardson

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Trauma Screening

Brief, focused inquiry

Two components:

- Potential traumatic events
- Trauma related symptoms

Provides information on best next steps

- Positive trauma screen may lead to referral for comprehensive mental health assessment

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Why screen for trauma?

- Trauma exposure is very prevalent
- Many children do not disclose on their own
- Many people want to talk about the trauma, but do not know how to bring it up
- Screening helps providers make targeted referrals

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Screening for Potentially Traumatic Events

- Natural Disaster
- Serious accident or injury
- Robbery
- Physical Violence
- Sexual Violence
- Someone close to you dying suddenly
- Being attacked
- Seeing someone attacked
- Scary medical procedure
- Being in or near war

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Screening for Potentially Traumatic Events


CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)
SELF REPORT (7-17 YEARS)

NAME	DATE	YES	NO
*Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark NO if it didn't happen to you.			
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.		<input type="radio"/>	<input type="radio"/>
2. Serious accident or injury like a car/truck crash, dog bite, or sports injury.		<input type="radio"/>	<input type="radio"/>
3. Threatened, hit or hurt badly by any family.		<input type="radio"/>	<input type="radio"/>
4. Threatened, hit or hurt badly or scared by the community.		<input type="radio"/>	<input type="radio"/>
5. Threatened, pushed, kept or pushed by friend.		<input type="radio"/>	<input type="radio"/>
6. Seeing someone in my family threatened, hit or hurt badly.		<input type="radio"/>	<input type="radio"/>
7. Seeing someone in school or the community threatened, hit or hurt badly.		<input type="radio"/>	<input type="radio"/>
8. Someone doing awful things to me or making me do awful things to them when I couldn't say no. Or when I was forced or pressured.		<input type="radio"/>	<input type="radio"/>
9. On line or in social media, someone asking or pressuring me to do something awful. Like take or send pictures.		<input type="radio"/>	<input type="radio"/>
10. Someone bullying me in person during my school days that scares me.		<input type="radio"/>	<input type="radio"/>
11. Someone bullying me online. Saying very mean things that scare me.		<input type="radio"/>	<input type="radio"/>
12. Someone close to me being suddenly or violently.		<input type="radio"/>	<input type="radio"/>
13. Threats or scary medical procedures.		<input type="radio"/>	<input type="radio"/>

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Screening for Trauma Symptoms

- Intrusive symptoms
- Avoidance
- Negative mood
- Negative thoughts
- Changes in arousal or reactivity
- Other emotional or behavioral changes



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Screening for Trauma Symptoms

Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

- Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play. 0 1 2 3
- Bad dreams related to a stressful event. 0 1 2 3
- Acting, playing or feeling as if a stressful event is happening right now. 0 1 2 3
- Feeling very emotionally upset when reminded of a stressful event. 0 1 2 3
- Strong physical reactions when reminded of a stressful event (sweating, heart beating fast). 0 1 2 3
- Trying not to remember, talk about or have feelings about a stressful event. 0 1 2 3
- Avoiding activities, people, places or things that are reminders of a stressful event. 0 1 2 3
- (Ages 7+ only) Not being able to remember an important part of a stressful event. 0 1 2 3
- (Ages 7+ only) Negative changes in how s/he thinks about self, others or the world after a stressful event. 0 1 2 3
- (Ages 7+ only) Thinking a stressful event happened because s/he or someone else did something wrong or did not do enough to stop it. 0 1 2 3

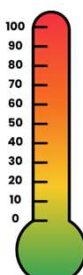
Please mark "YES" or "NO" if the problems you marked interfered with:

1. Getting along with others	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Family relationships	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Hobbies/Fun	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. General happiness	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. School or daycare	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Trauma-Informed Administration

"It's important to me that you feel safe while we are together. So I'm going to check in with you. On a scale from 1 to 10, 1 being no stress and 10 being the most stressed you've ever been, where are you at right now?...I'll keep checking in and what number would be a place we should pause and take a break?"



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Common Brief Screening Tools – Child/Adolescent Screeners

Child Trauma Screen (Lang & Conwell, 2016)

- 10 items
- Free, public domain
- Children ages 6-17
- Available in English and Spanish
- [Child Health and Development Institute of Connecticut :: Child Trauma Screen \(chdi.org\)](http://Child Health and Development Institute of Connecticut :: Child Trauma Screen (chdi.org))

Adverse Childhood Experiences (ACEs) Questionnaire

- 10 questions
- Free, public domain
- Does not assess for trauma symptoms
- Center for Youth Wellness ACEQ & User Guide - Center for Youth Wellness

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Common Brief Screening Tools – Adult Screeners

Life Stressor Checklist Revised

- 30 item self report measure
- Free and publicly available
- <https://www.ptsd.va.gov/professional/assessment/documents/LSC-R.pdf>

PTSD Checklist for DSM-5 (PCL-5)

- 20 item self report measure
- Free and publicly available
- Multiple versions (e.g., military, civilian, etc.)
- <https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

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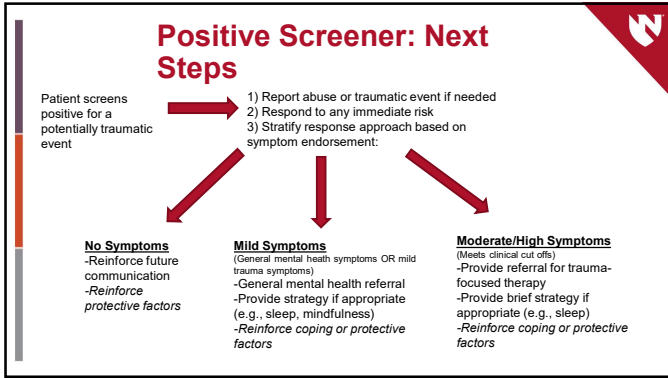
Who should be screened?

Universal
Screening
(recommended)

Targeted
Screening

Mental Health
Provider
Screening

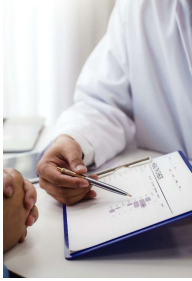
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Sample Script: Follow Up Questions


"Thank you for filling out the screener(s). We know that it may be difficult for some children and families to discuss these screeners, while other families find relief discussing these screeners. I'd like to ask you a few questions about the screener you filled out."



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Sample Script: Referral to Trauma Provider

"These experiences may be contributing to your child's concerns in [area of concern]. Trauma-focused therapy can help your child developing coping strategies, process the event, and improve wellbeing moving forward. I'd like to refer you to someone who specializes in trauma-focused services."



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Trauma-Informed Screening vs. Assessment

Screening	Assessment
<ul style="list-style-type: none"> - Brief, focused Inquiry - Identify if youth experienced a traumatic event(s) - Can also identify if there are reactions to these events - May lead to referral for assessment 	<ul style="list-style-type: none"> - Detailed, in-depth exploration - Comprehensive history of traumatic events (nature, severity of events) - Explores impact of events, including trauma reactions, mental health symptoms, functional difficulties, etc.

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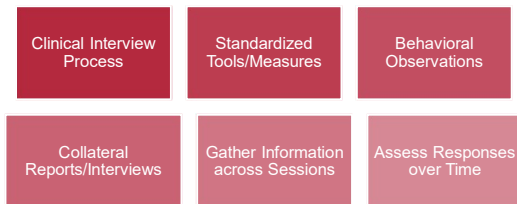
Domains of a Comprehensive, Trauma-informed Assessment



Kisiel, Fehrenbach, Conradi, & Weil, 2021

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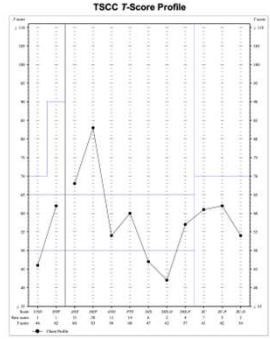
Example Structure of Comprehensive Assessment



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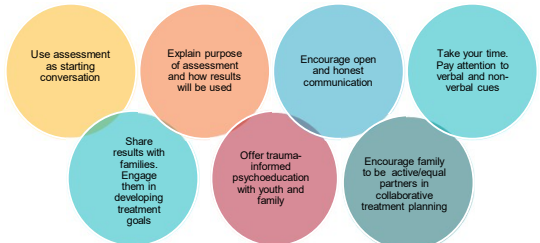
Example Standardized Measure

Trauma Symptom Checklist for Children (TSCC; Briere, 1996)



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Family Engagement and Collaboration in Trauma-informed Screening and Assessment Process: Key Techniques and Strategies



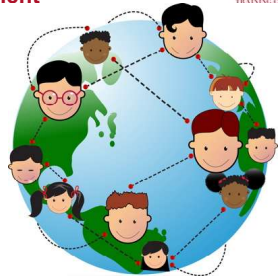
Adapted from Kisiel, Fehrenbach, Conradi, & Weil, 2021

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Considering the Sociocultural Context in Assessment

Sociocultural Context:

The range of developmental, societal and cultural variables that may influence an individual's exposure and response to, interpretation of, and recovery from traumatic events



Adapted from Kisiel, Fehrenbach, Conradi & Weil, 2021

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Where to Find More Screeners and Assessments

Measures and information for children and adolescents:
<https://www.nctsn.org/treatments-and-practices/screening-and-assessment>

Measures and information for adults:
<https://istss.org/clinical-resources/adult-trauma-assessments/>

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Diagnostic Considerations

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What are *potential* misdiagnoses that you often see when working with youth with trauma?

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The Maze of (Mis)Diagnosis

Oppositional Defiant Disorder? PTSD?

Depression? Substance Abuse?

ADHD? Autism? Conduct Disorder?

OCD? Anxiety? Intellectual Disability?

Personality Disorder? Attachment Disorder?

Learning Disorders? Bipolar Disorder?

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DSM-5 Trauma and Stressor-Related Disorders

PTSD <ul style="list-style-type: none"> • Criterion A Event • Reexperiencing • Avoidance • Negative Alterations in Cognition or Mood • Hypervigilance • Symptoms > 1 month 	Acute Stress Disorder <ul style="list-style-type: none"> • Multiple trauma symptoms • Trauma occurred within the last month 	Adjustment Disorder <ul style="list-style-type: none"> • Broader definition of stressor • Symptoms do not have to be trauma specific • Symptoms are present up to three months after the stressor has ended
Other Specified Trauma Disorders <ul style="list-style-type: none"> • Not meeting full criteria for a trauma disorder • Specified reason • Examples: "Persistent Complex Bereavement Disorder" and "Adjustment-Like Disorder" lasting over 3 months after stressor" 	Unspecified Trauma and Stressor Related Disorder <ul style="list-style-type: none"> • Not meeting full criteria • Reason not specified 	

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Trauma Focused Treatment

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Choice and Empowerment



- Involvement in process
- Client and/or family preference

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Cultural Considerations



- Access to model adaptations
- Linguistic needs
- Cultural beliefs related to treatment and treatment approach
- Cultural perspectives on complex trauma, resilience, growth, and healing
- Cultural differences and presentation of provider

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Many Many Treatment Models Out There...

- Cognitive Processing Therapy
- Prolonged Exposure
- Narrative Therapy
- Brief Eclectic Therapy
- Trauma Focused Cognitive Behavior Therapy
- Child Parent Psychotherapy
- Parent Child Interaction Therapy
- Real Life Heroes
- Integrated Treatment of Complex Trauma for Children and Adolescents
- Eye Movement Desensitization and Reprocessing
- Seeking Safety
- Bio Feedback Techniques
- Mindfulness Based Techniques

and many more...

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Common Treatment Component

Exposure

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APA Recommended Adult PTSD Treatments

- Strongly Recommends
 - Cognitive Behavioral Therapy
 - Cognitive Therapy
 - Prolonged Exposure
- Conditionally Recommends
 - Brief Eclectic Therapy
 - Eye Movement Desensitization and Reprocessing Therapy*
 - Narrative Exposure Therapy
 - Medications

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Cognitive Processing Therapy

A type of cognitive behavioral therapy (CBT)
 Based on the idea that thoughts affect how people feel and act
 8-14 weekly sessions

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Cognitive Processing Therapy

Patients learn to:

- Identify how trauma has changed their beliefs
- Recognize "stuck points"
- Challenge unhelpful thoughts
- Write about and process their traumatic experience

Example "stuck points"

"It was my fault"

"I should have tried harder"

"I did something bad to cause it"

"I should have prevented it"

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Prolonged Exposure

A type of cognitive behavioral therapy (CBT) Gradually exposes patients to trauma-related memories, feelings, and situations.
8-15 sessions



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Prolonged Exposure

Involves two main types of exposure:

•**Imaginal exposure:** Patients repeatedly retell the trauma memory.

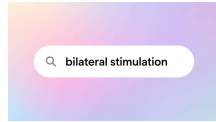
In vivo exposure: Patients participate in activities they may have avoided due to the trauma



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Eye Movement Desensitization and Reprocessing

- Guided by the Adaptive Information Processing model (Shapiro 2007).
- Considers that symptoms of PTSD result from past disturbing experiences that continue to cause distress because the memory was not adequately processed.
- 6-12 sessions



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Recommended Childhood Trauma Treatments

- Well Established Literature Base:
- Trauma Focused Cognitive Behavioral Therapy
 - Parent Child Interaction Therapy
 - Parent Child Psychotherapy



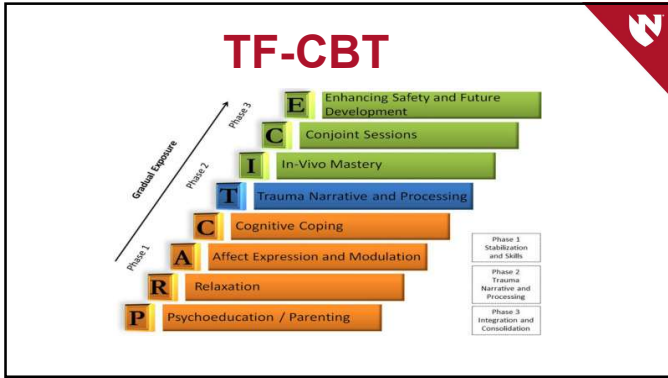
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TF-CBT

- Used with youth ages 3-18
For children and non-offending caregivers
12-20 sessions
Draws from:
- Cognitive-behavioral therapy
 - Behavioral therapy
 - Exposure
 - Prevention literature




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Child Parent Psychotherapy

- For children aged 0-6
- Based in attachment theory but also integrates psychodynamic, developmental, social learning, and cognitive behavioral theories.
- ~50 sessions



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Child Parent Psychotherapy

- Supports family strengths and relationships
- Helps families heal and grow after stressful experiences
- Respects family and cultural values

Typically Delivered in Three Stages

- **Foundation Phase:** Assessment and Engagement
- **Core Intervention:** Creating a family story
- **Recapitulation and Termination:** Celebrating changes and discussing future need

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Parent Child Interaction Therapy

- Traditionally used with youth with behavioral problems
- Shown to be helpful for youth who have experienced trauma
- Draws from behavioral theory
- 12-20 sessions
- Phase 1: Child directed interactions
- Phase 2: Parent directed interactions



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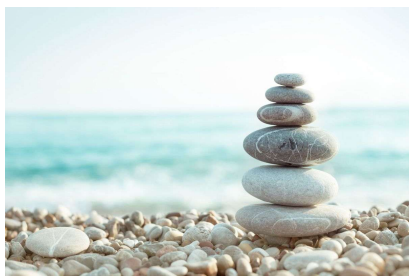
Where to get more information on treatments?

<https://www.nctsn.org/>

<https://www.apa.org/ptsd-guideline>

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Provider Wellbeing



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Let's Hear from You

What has been challenging about supporting individuals who have experienced trauma?

What techniques or strategies assist with your wellbeing?

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Secondary Traumatization



Secondary traumatic stress is the emotional distress that results when an individual hears about the firsthand trauma experiences of another.

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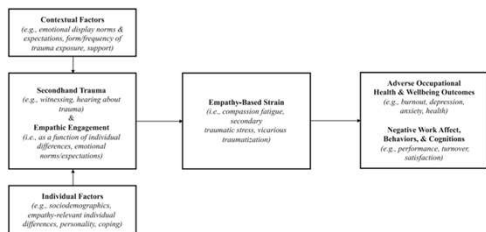


Fig. 1 Model of the empathy-based stress process

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Personal Experiences Matter

- Many mental health professionals have a history of trauma exposure and secondary traumatic stress
 - Prevalence of personal trauma history ranges from 19%–81%
 - Secondary traumatic stress ranges from 19% to 70%.
 - Mental health professionals are at higher risk of developing secondary traumatic stress when they have their own experiences of trauma.
- Targeted supervision and debriefing is helpful and important

(Henderson et al., 2024)

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Organizational Practices



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Spotlight on Supervision and Consultation



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Individual Practices

- Supervision
- Self Awareness
- Work-Life Balance
- Self Care
- Stay Connected
- Individual Training
- EAP/Counseling



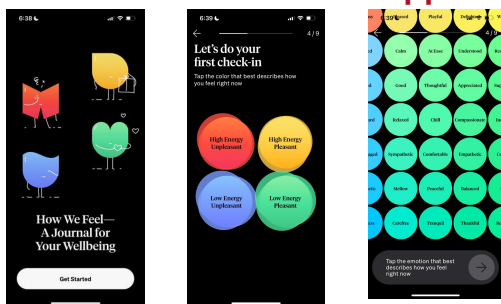
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Self Care Takes Many Forms

Walk in the nature	Catch up with a friend	Schedule a fun activity	Write a gratitude list
Plan a healthy meal	Practice a new hobby	Write a to-do list	Pamper yourself
Learn a new language	Read a self-help book	Do a quick yoga	Listen to a music.
Adopt a new habit	Drink enough water	Avoid social media	Go on a solo date
Listen to a podcast	Learn how to say no	Have a movie marathon	Meditate for 10 minutes
Try out a new recipe	Go to bed early	Cook a healthy meal	Wake up an hour earlier
Create a new playlist	Go for a long walk	Start journaling	Learn a new skill

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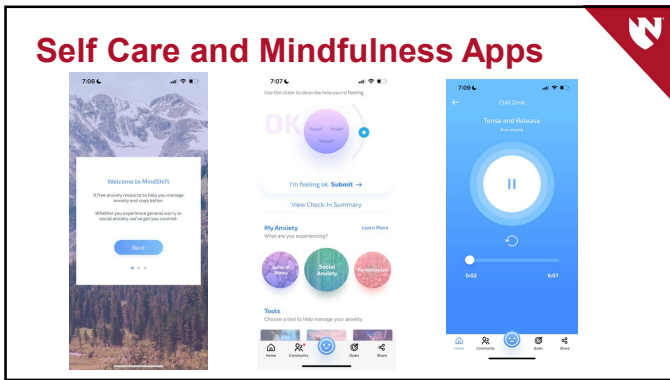
Self Care and Mindfulness Apps



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