


The Practice of  
Trauma-  
Informed Care

Ready or not  
... Here it is



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*Safe, nurturing  
families and  
communities are  
the bedrock of  
healthy child  
development*



A screenshot of the website "Make Resilience Matter For Children Exposed to Intimate Partner Violence". The website has a search bar at the top right and a navigation menu with links for Home, About, What We Know, Tools, Blog, and Contact. The main content area features a large image of a small green plant growing from a crack in the pavement. To the right of the image is a text box with the title "Shining a light on resilience and children's exposure to intimate partner violence" and a short paragraph of text. Below the text is a "Read More" button. At the bottom of the screenshot, there is a green sticky note with the text "Sign Up!" and the website URL "makeresiliencematter.ca".

## Why Trauma-Informed Care?

- ✓ Significant numbers of people have trauma
  - May not be aware
  - May not want to disclose
  
- ✓ Data comes from reliable sources
  - Canadian Medical Association Child Abuse Survey
  - Adverse Childhood Experiences (ACE) Study (US)
  - US National Survey of Children's Exposure to Violence (NatSCEV)
  
- ✓ Numbers increase with particular child populations
  - Child welfare clients (children *and* parents)
  - Children's mental health clients

- ✓ Presenting problems can be misunderstood
  - Resulting in pathologizing labels and harmful approaches

Harris & Fallott, 2001
  
- ✓ Underlying trauma is not being considered in a broader, non-pathologizing way
  - Resulting in pathologizing labels and harmful approaches

Harris & Fallott, 2001; Haskell, 2012
  
- ✓ Trauma effects are being misdiagnosed
  - Personality anxiety, conduct disorders
  - ADHD, bi-polar behaviours
  - Delusional/psychotic symptoms

Harris & Fallott, 2001; Haskell, 2012
  
- ✓ Clients can be inadvertently re-traumatized by services
  - Locked settings, restraints, medication

## What is Trauma?

An emotional response to a terrible, adverse event which some people have considerable difficulty overcoming

*American Psychological Association, 2012*

An overwhelming experience that involves intense fear and complete loss of control that alters one's worldview; ongoing reactions that affect day-to-day life (i.e. relationships, work, sleep)

- Visualized or otherwise repeatedly perceived memories
- Repetitive behaviours
- Trauma-specific fears
- Changed attitudes about people, aspects of life, and the future

*Terr, 1991*

## Types of Trauma

- A sudden occurrence, acute and unpredictable
  - Natural disasters, accidents
- Repetitive trauma which is chronic in nature
  - Child abuse
  - Human atrocities—war, torture
- Cultural trauma, inter-generational transmission
  - Indigenous Peoples, Holocaust survivors, Syrian refugees

## Normal Responses to Abnormal Events

So called “maladaptive behaviours”

- Anxiety, depression
- Self-harm; suicide
- Substance abuse
- Anger, aggression, abuse
- Isolation, mistrust, paranoia

are actually normal responses to terrible events in people’s lives

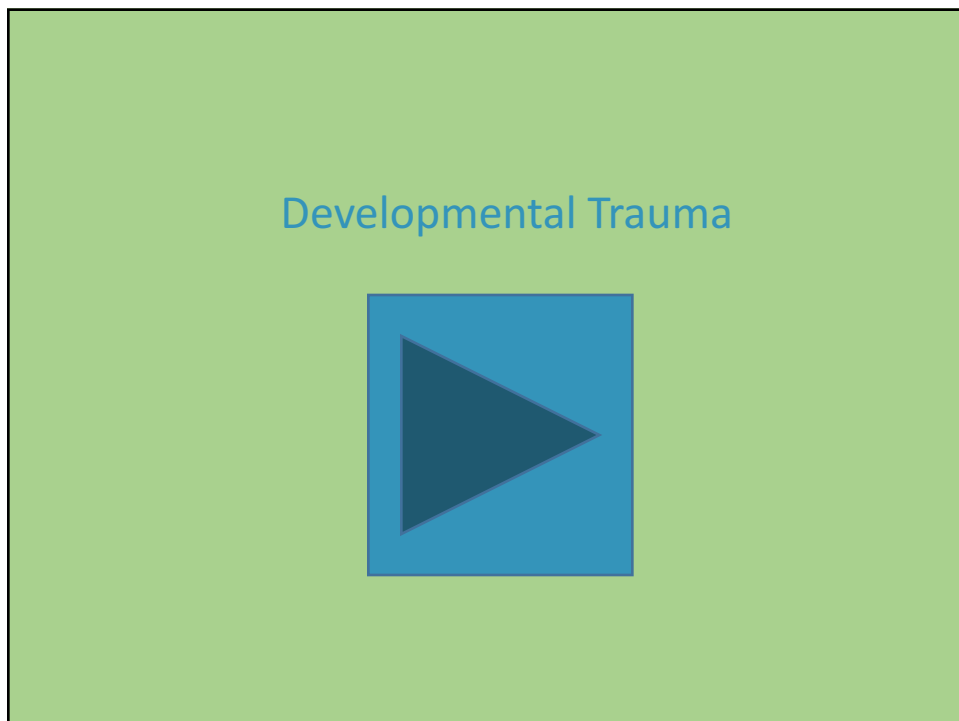
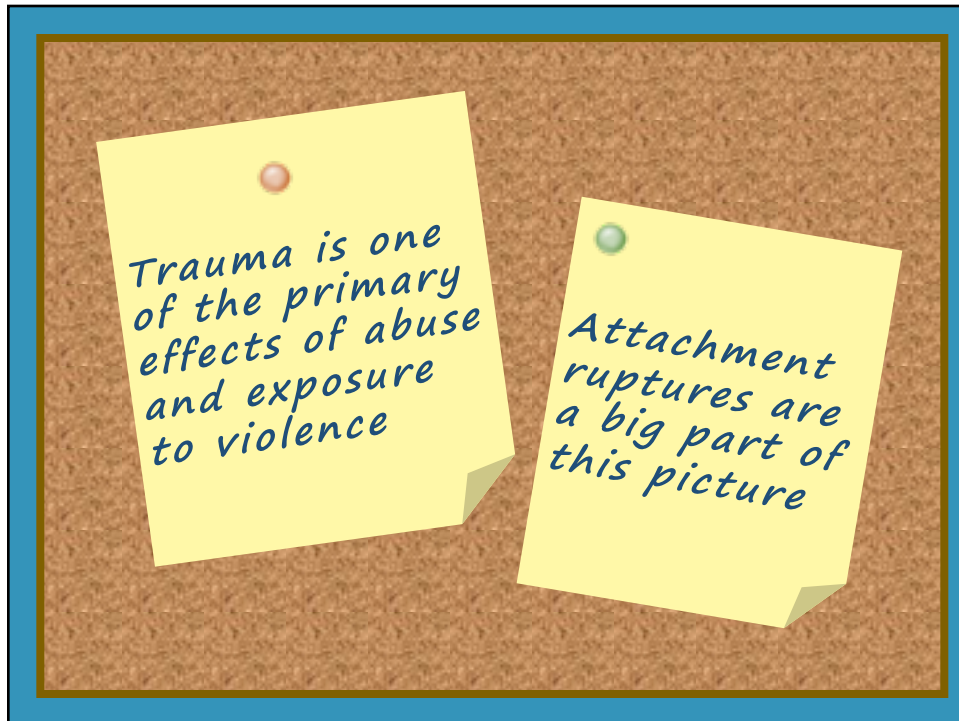
## How Prevalent is Victimization in Children and Youth?

### In the general population

- 1/3 of Canadian adults experienced child abuse—physical, sexual, exposure to domestic violence  
*Canadian Medical Association, 2014*
- 1 in 4 children in the United States experiences abuse  
*Finkelhor, Turner, Shattuck & Hamby, 2015*
- Almost half experience more than one type of abuse  
*Finkelhor, Turner, Shattuck & Hamby, 2015*

### In clinical populations

- 93% of children and youth in residential treatment, foster care, and juvenile justice systems have experienced one or more traumas  
*Adams, 2010; Corrado, Odgers & Cohen, 2000*



## What are the Effects?

Developmental trauma impacts neurological and psychological development causing:

- Difficulties in affect regulation—managing emotions
- Inability to trust
- High dependency needs
- Aggression, depression, self-harm
- Problems developing healthy emotional connections
- Avoidance of trauma reminders; reliving trauma
- Numbing
- Disassociation (loss of memory)

*Cloitre, et al, 2009; Herman, 1997;  
Siegal, Putnam, 2009; 2010; van der Kolk, 2005*

## Relational Dilemma

“Recovery can take place only within the context of relationships; it cannot occur in isolation.”

“Over time as most people fail the survivor's exacting test of trustworthiness, they tend to withdraw from relationships.”

*Judith Lewis Herman  
Trauma and Recovery: The Aftermath of Violence  
from Domestic Abuse to Political Terror, 1997*

## Trauma and Relationships

Constantly on the lookout...

*Hypervigilance*

Testing and re-testing relationships...

*Trust is at the core...  
yet hardest to earn*

Correction through connection...

*Emotionally corrective experiences*

It's not what you say...

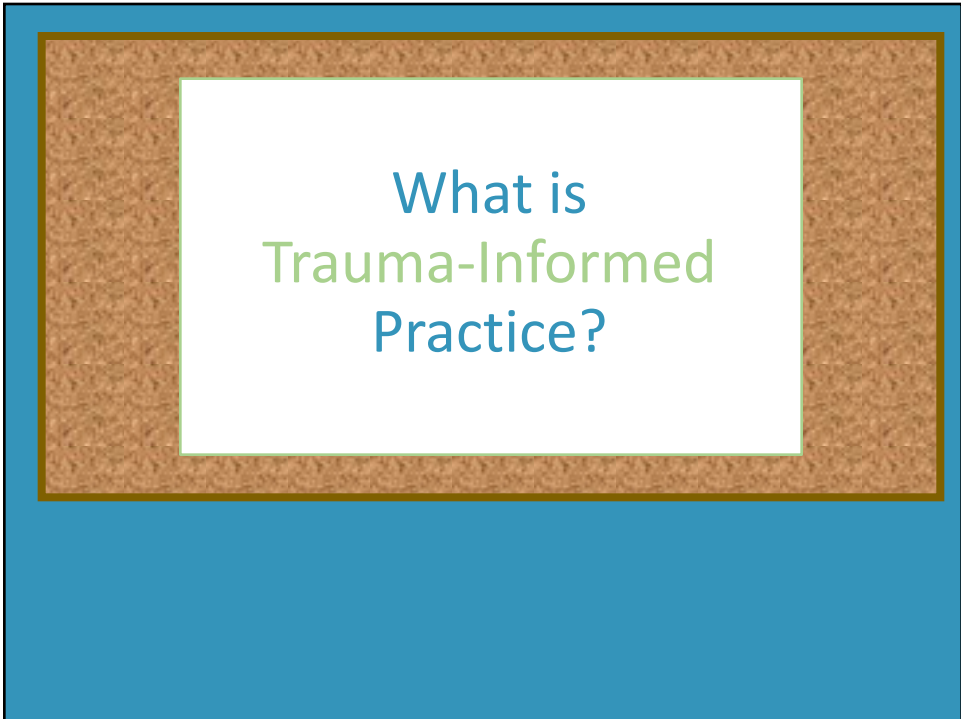
*It's what you DO that counts*

## How Does Trauma Affect Parenting?

- Emotion dysregulation manifests in parenting practices
  - Over-reactive (hyper-arousal)
  - Lack of empathy (numbing/disassociation)
- Capacity to assess danger may be impaired
  - Difficulty assessing safety issues for children and themselves
  - Overprotection or failure to notice
- Children's age, stage and/or behaviour may be triggering
- Ineffective coping strategies including substance abuse
- Compromised executive functioning—decision-making, problem-solving, planning
- Increased vulnerabilities—poverty, limited education, inadequate social support

The National Child Traumatic Stress Network, n.d.





## What is Trauma-Informed Practice?



### Trauma-Informed Care ...

- ✓ Is a culture which supports all the people we work with, whether we know of a trauma history or not
- ✓ Ensures people affected by trauma are not further traumatized while receiving services
- ✓ Understands the potential impact of trauma in therapeutic settings and on therapeutic relationships
- ✓ Creates safety for children and families as well as for workers

- ✓ Recognizes that clients, both children and parents, arrive with some kind of trauma
- ✓ Acknowledges the nuances of trauma
  - “expectation, not an exception” Brown, Harris & Falot, 2013
- ✓ Replaces labelling clients or patients as “sick,” resistant or uncooperative
  - affected by an “injury”
- ✓ Shifts the conversation from “What is wrong with you?” to: “What has happened to you?” Trauma-Informed Toolkit, 2nd Ed

## Trauma-Informed Care for Children and Caregivers

### Evidence-Based Models

- Sanctuary Model Bloom, 2008
- Three Pillars Bath, 2015
- Affect, Regulation and Competency (ARC) Hodgdon et al, 2013
- Life Space Crisis Intervention - *community based* Fecser, 2014

### Marie, aged 14

- Came into residential care from foster care because her issues became too difficult to handle
- Anxiety, mood swings, aggression towards others, was refusing to attend school, self harm, sensitive to rejection
- When Marie has her period, she hides her soiled tampons, pads and then denies doing so
- This frustrated her foster care parents; now frustrates residence and therapeutic classroom staff

What has happened to Marie?

Marie, aged 14



## Trauma-Informed Care with Children, Youth

Customize to particular child and experience

### Selected Promising Practices

- Help uncover triggers and trauma history
- Help child cope with trauma reminders
  - Predict and prepare
- Support child's emotion regulation skills
  - Grounding techniques
- Construct a trauma narrative
  - Reduce posttraumatic stress reactions
- Maintain predictable, adaptive routines
- Promote caregiver capacity to support child

The National Child Traumatic Stress Network, n.d.

### Marie

- Work collaboratively with her to:
  - Learn more about what she experienced ...current triggers i.e. sight of blood triggers disassociation
  - Start to construct trauma narrative
  - Connect current behaviour to past trauma (witnessing murder)
  - Use breathing, grounding and distraction techniques, thought blocking
  - Plan for menstrual cycle, predict what to expect, develop adaptive coping behaviours
- Psycho-education work with caregivers to:
  - Help maintain predictable, adaptive routines
  - Increase understanding about blood triggers and what to expect

## Trauma-Informed Care with Parents, Caregivers

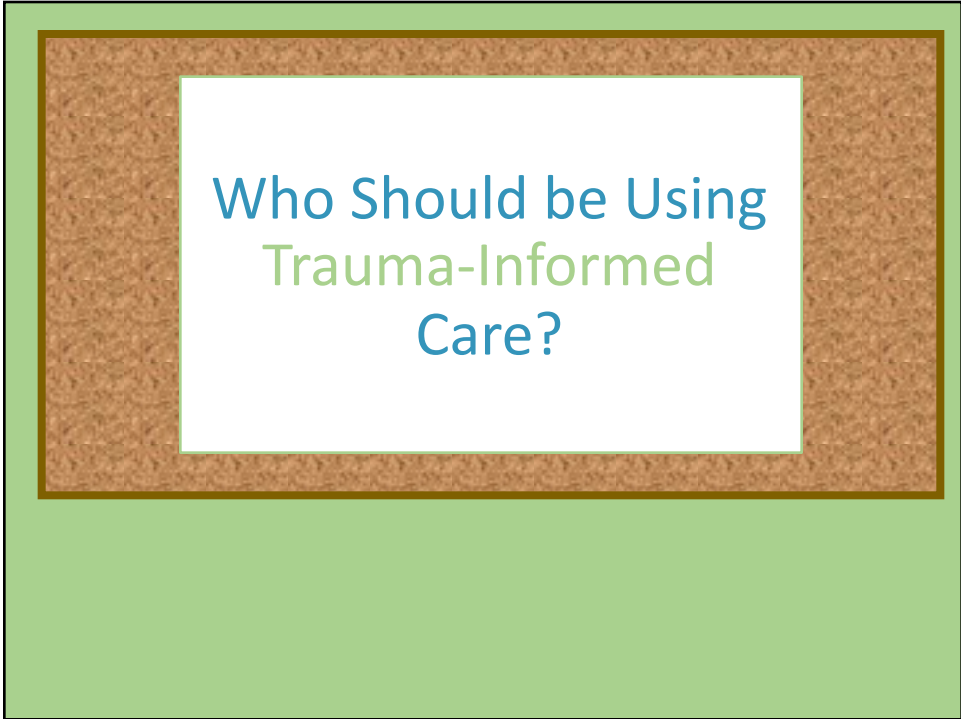
Includes an awareness that many will have

- Trauma histories
- With the same neurological, social and emotional impacts:
  - current functioning—dissociation—may be most predictive of attitudes and behaviour Collin-Vézina, Cyr, Pauzé, & McDuff, 2005
  - memory gaps; discrepancies in stories
  - attachment issues with their children
- Affects relationships with service providers, other professionals

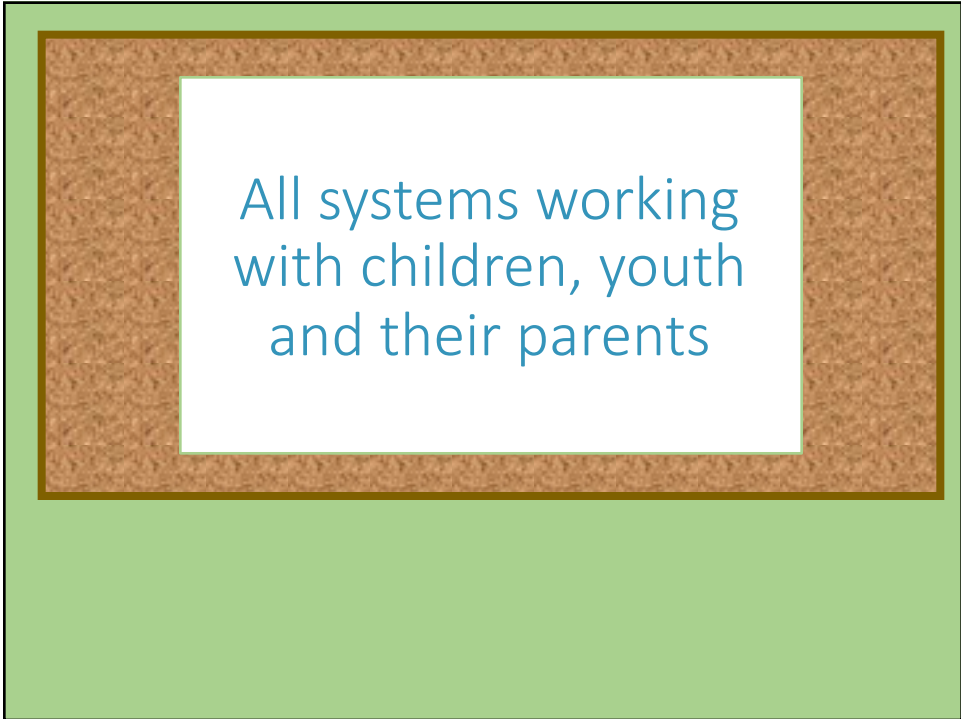
What has happened to the parent?

### ... and involves ...

- Establishing sense of safety, trust, personal choice collaboration, and hope Harris & Fallot, 2001
- Providing psycho-education regarding the impact of trauma for both children and parents
- Avoiding power struggles
- Watching for signs: numbness, disengagement, anger, disassociation, memory gaps – be aware when system interactions may be triggering/reminders
- Fostering opportunities to capitalize on strengths and effective ways for parents to support their children
- Empowering parents and encouraging involvement in meetings, choosing services and goals The National Child Traumatic Stress Network, n.d.



Who Should be Using  
Trauma-Informed  
Care?



All systems working  
with children, youth  
and their parents

- Children's services need to be at the forefront
- Children's mental health has a role to play in advocating and reframing how we respond to the children we support

If historic or recent trauma is not considered by service providers, the following will continue:

- Relationship ruptures + compounding difficulties:
  - Foster placement and adoption breakdowns
  - Academic failures, expulsions
  - Conflict with the law

### Benefits of Using Trauma-Informed Care In Children's Mental Health

- ↑ Safety for clients
- ↑ Engagement with difficult to engage clients
- ↓ Re-traumatization
- ↓ Organizational and systems tensions
- ↓ Staff secondary trauma
- ↓ More intrusive interventions, restraints, premature discharge, expulsions
- ↓ Use of medication
- ✓ Sets the stage for other trauma treatment (TF-CBT, DBT, etc.)

## Practicing Trauma-Informed Care

- ✓ Safety
- ✓ Trust
- ✓ Choice and control
- ✓ Empowerment
- ✓ Collaboration
- ✓ Strengths-based

How would you know?

What are the indicators?

Modified from Trauma-Informed Toolkit, 2nd Ed

## Trauma and Post Traumatic Growth

Post-traumatic growth (PTG) refers to:

Positive psychological change experienced as a result of adversity and other challenges in order to rise to a higher level of functioning

Tedeschi & Calhoun, 1995

A theory explaining growth transformation following trauma

- Appreciation of life
- Relationships with others
- New possibilities in life
- Personal strength
- Spiritual change



“If it doesn’t kill me, it makes me stronger”

Nietzsche

“Post traumatic stresses surprisingly positive flip side”

New York Times  
March, 2012

“How trauma can change you for the better?”

TIME Magazine  
July, 2015

## Post Traumatic Growth

- Most people experience some form of suffering in their lives
- Idea of post traumatic growth is not meant to minimize trauma, adversity or suffering
- It is meant to encourage post-traumatic growth and build resilience

## Trauma and Resilience

- A resilience-informed focus emphasizes promoting healthy adaptation and recovery by recognizing and building on strengths to overcome adversity
- Protective factors, healthy adaptation and recovery are part of the resilience process

“Resilience is a process of navigating through adversity, using internal and external resources (personal qualities, relationships, and environmental and contextual factors) to support healthy adaptation, recovery and successful outcomes over the life course.”

## The Role of Resilience after Trauma

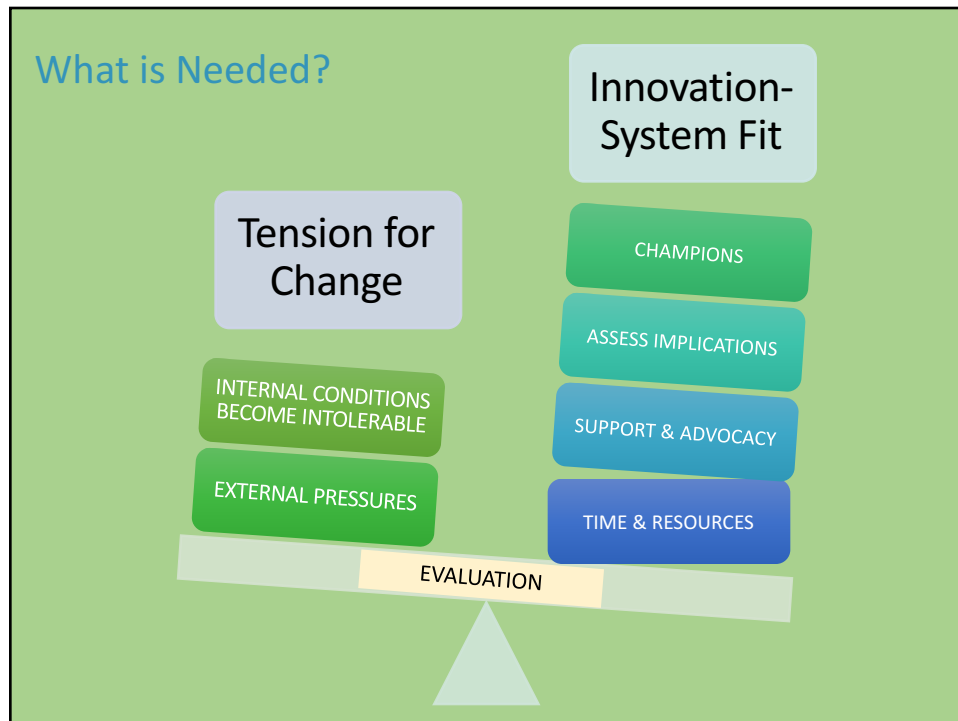
- **Positive adaptation** can evolve after adversity, in healthy ways, as part of the resilience process
- **Protective factors** pre-adversity can contribute to resilience after adversity
- We typically think individuals are *not* resilient when maladaptive behaviours develop e.g., internalizing symptoms, externalizing behaviours, substance abuse, etc.
- **However**, the process of recovery can be activated despite the development of maladaptive behaviours and/or prolonged unhealthy functioning
- **Recovery** can occur over a period of time and along various points of the life course

## How Can We Foster Resilience?

- Facilitating esteem-building activities i.e., talents and skills
- Making connections to supportive adults
- Labeling and validating feelings about the violence—challenging and changing traditional gender roles
- Educating about healthy relationships—egalitarian relationships as the norm
- Connecting with cultural strengths and resources
- Promoting healthier communities with access to child and youth activities
- Further research needs to investigate contextual/environmental impacts and barriers/facilitators to supports

Think about resilience as a process and opportunity, not something children *have* or *don't have*





Trauma and Impact on Staff

*Special Considerations*

### Strategies

- Transference/counter-transference is helpful to use as a practice framework
- Practice post-intervention and debrief, debrief, debrief
- Supervision
- Therapy

- Mindfulness, Meditation, Yoga
  - Make it part of organization structure and routines
  - Build it into programming; daily activities
  - Classroom is ideal; physical fitness program
  - Before and/or after staff meetings
  - Call it “Breathing for stress reduction”
  - 7<sup>th</sup> inning stretch, “Breath of joy” or simple “sun salutations” for a break from sitting at desks





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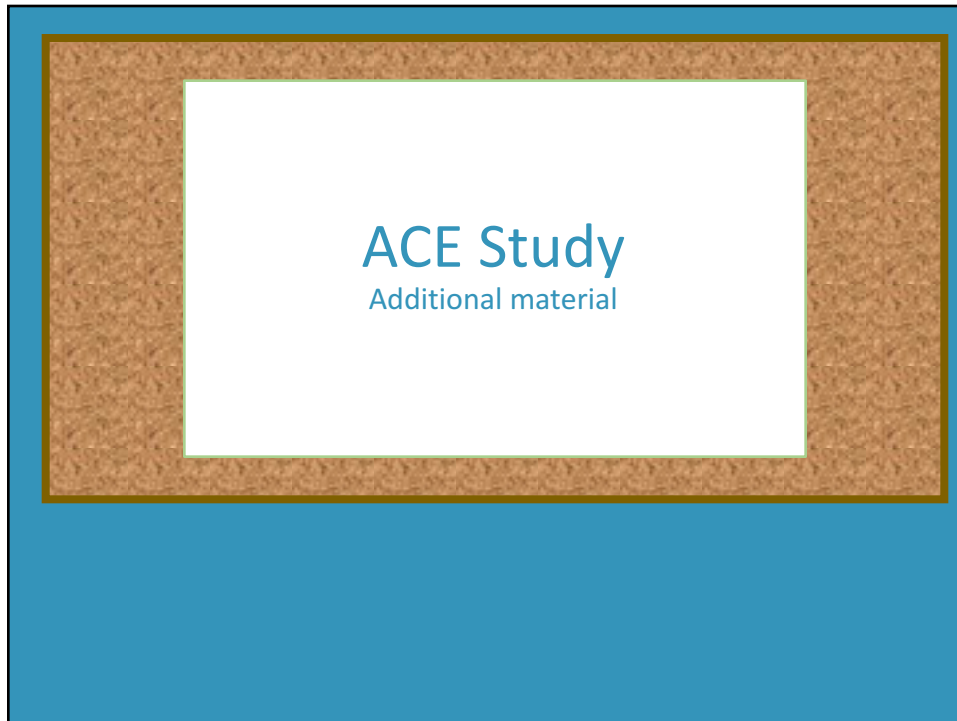
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The logo features a stylized tree with green leaves. A person is standing at the base of the tree, holding it up. A red heart is positioned at the bottom of the person's feet.



## The ACE Study – Adverse Childhood Events

Data collected from over 17,000 Kaiser patients in this ongoing retrospective and prospective study, show that adverse childhood experiences, *though well concealed*, are:

- unexpectedly common
- have a profound negative effect on adult health and well-being a half century later, and
- **are a prime determinant of adult health status** in the U.S.

*From: The Lifelong Effects of Adverse Childhood Experiences, by Felitti & Anda, in Chadwick's Child Maltreatment: Sexual abuse and psychological maltreatment, 2014*

## The ACE Study – Adverse Childhood Events

### Health Consequences:

- Smoking
- Alcoholism
- Injection drug use (i.e. ACE score of 6 makes you 4600% more likely to use than a score of 1)
- Coronary artery disease, high blood pressure
- COPD
- Auto-immune disorders

## ACE Findings: Adverse Childhood Experiences

- |                                     |     |
|-------------------------------------|-----|
| • Psychological Abuse               | 11% |
| • Physical Abuse                    | 28% |
| • Sexual Abuse                      | 22% |
| • Physical Neglect                  | 15% |
| • Emotional Neglect                 | 10% |
| • Alcohol or Drug Use in home       | 27% |
| • Divorce or loss of parent <18     | 23% |
| • Depression/mental illness in home | 17% |
| • Mother treated violently          | 13% |
| • Imprisoned household member       | 5%  |



### ACE Findings: Emotional Consequences

- Depression
- Suicidality
- Chronic anxiety
- Dysregulation of affect
- Amnesia
- Hallucinations
- Multiple unexplained symptoms

### ACE Findings: Social Consequences

- Serious job problems
- Relationship problems
  - Likelihood of 50+ sexual partners (lifetime)
  - Likelihood of 3+ marriages
- Parenting issues –attachment difficulties

## Many Health and Behavioural Health Problems are Reactions to Childhood Trauma

*"We saw that things like intractable smoking, things like promiscuity, use of street drugs, heavy alcohol consumption, etc., these were fairly common in the backgrounds of many of the patients...These were merely techniques they were using, these were merely coping mechanisms that had gone into place."*

*Vincent Felitti, MD*

*(ACE Lead Investigator)*