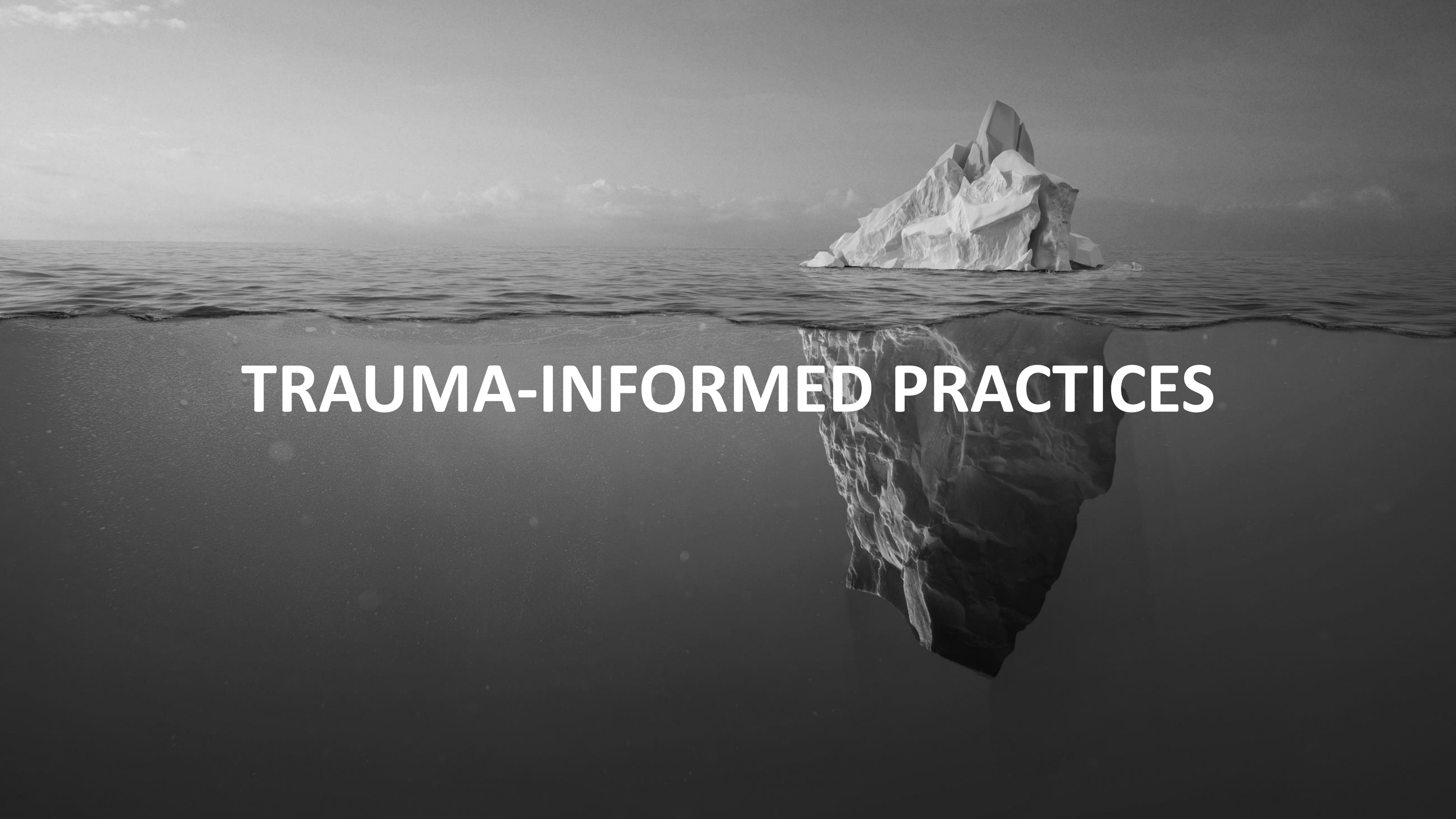

TRAUMA-INFORMED PRACTICES

STRONG BRAIN INSTITUTE

Leveraging science to understand and address early adverse experiences

Equipping the community with the tools need to develop a trauma-informed response

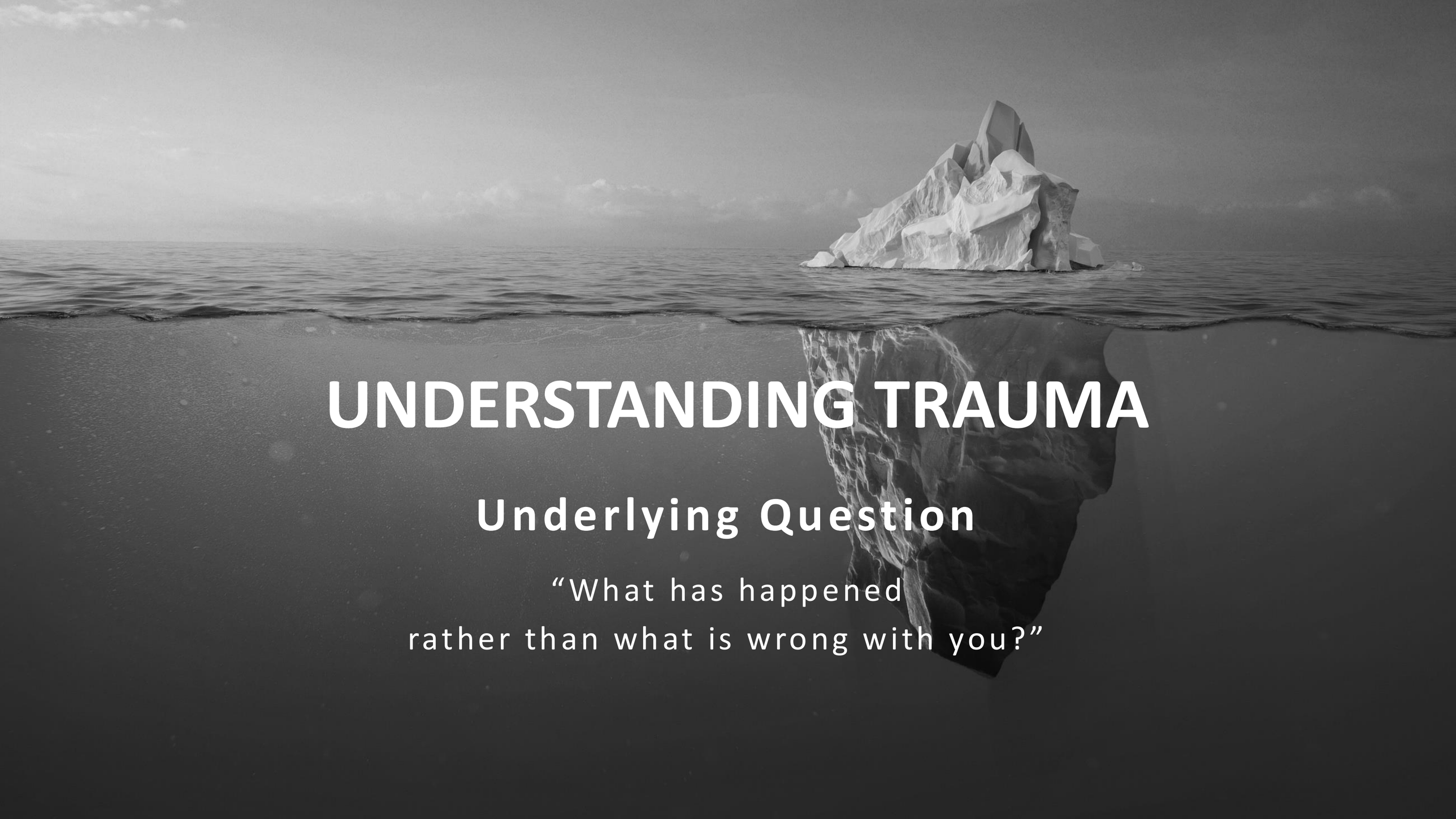
ABOUT ME

Mary Jo Hedrick, Ph.D

Research Assistant Professor | Strong BRAIN Institute

A QUICK DISCLAIMER

A NEW LENS



UNDERSTANDING TRAUMA

Underlying Question

"What has happened
rather than what is wrong with you?"

UNDERSTANDING TRAUMA

Symptoms =

Adaptations to Trauma

Research Article

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk

ABUSE

Physical

Emotional

Sexual

NEGLECT

Physical

Emotional

HOUSEHOLD DYSFUNCTION

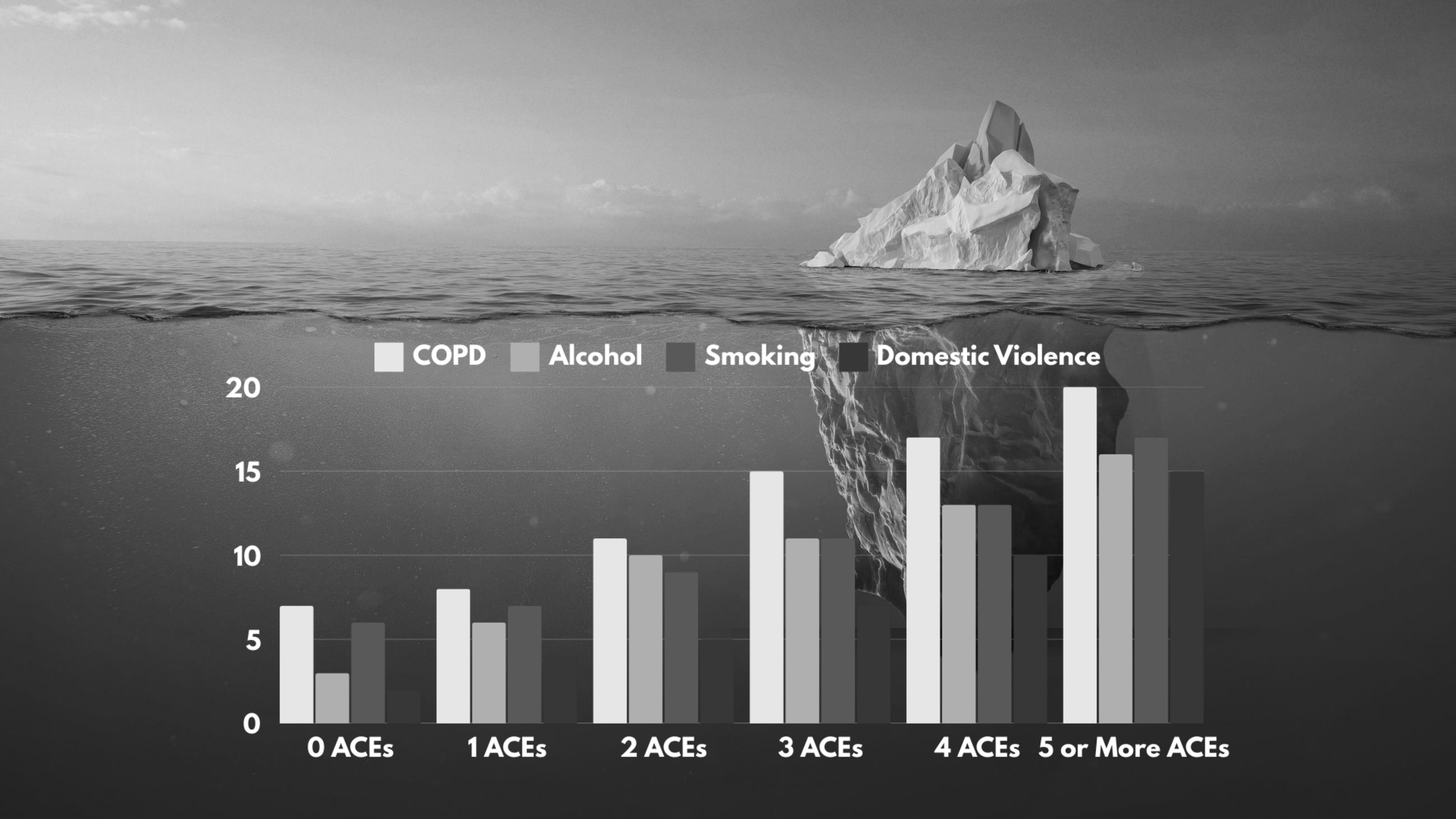
Mental Illness

Mother treated violently

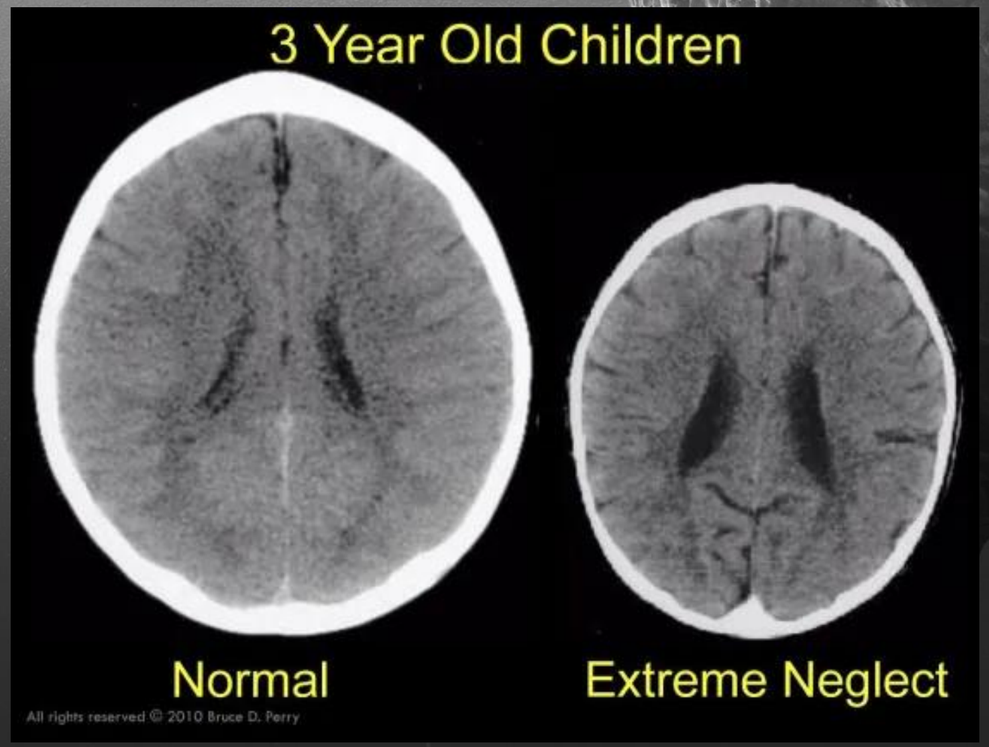
Divorce

Incarcerated Relative

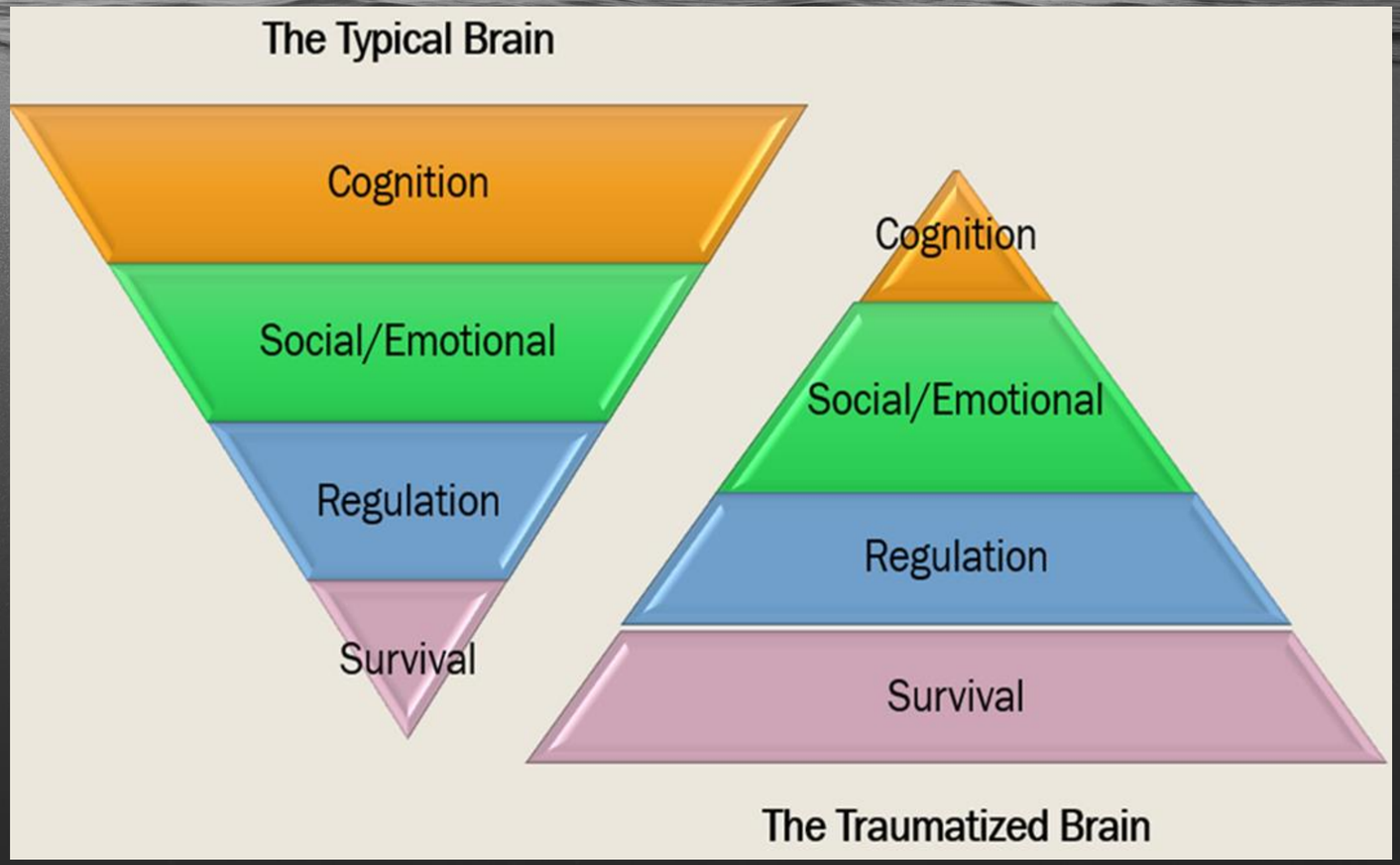
Substance Abuse


COPD
Alcohol
Smoking
Domestic Violence
20
15
10
5
0
0 ACEs
1 ACEs
2 ACEs
3 ACEs
4 ACEs
5 or More ACEs

UNDERSTANDING BRAIN DEVELOPMENT



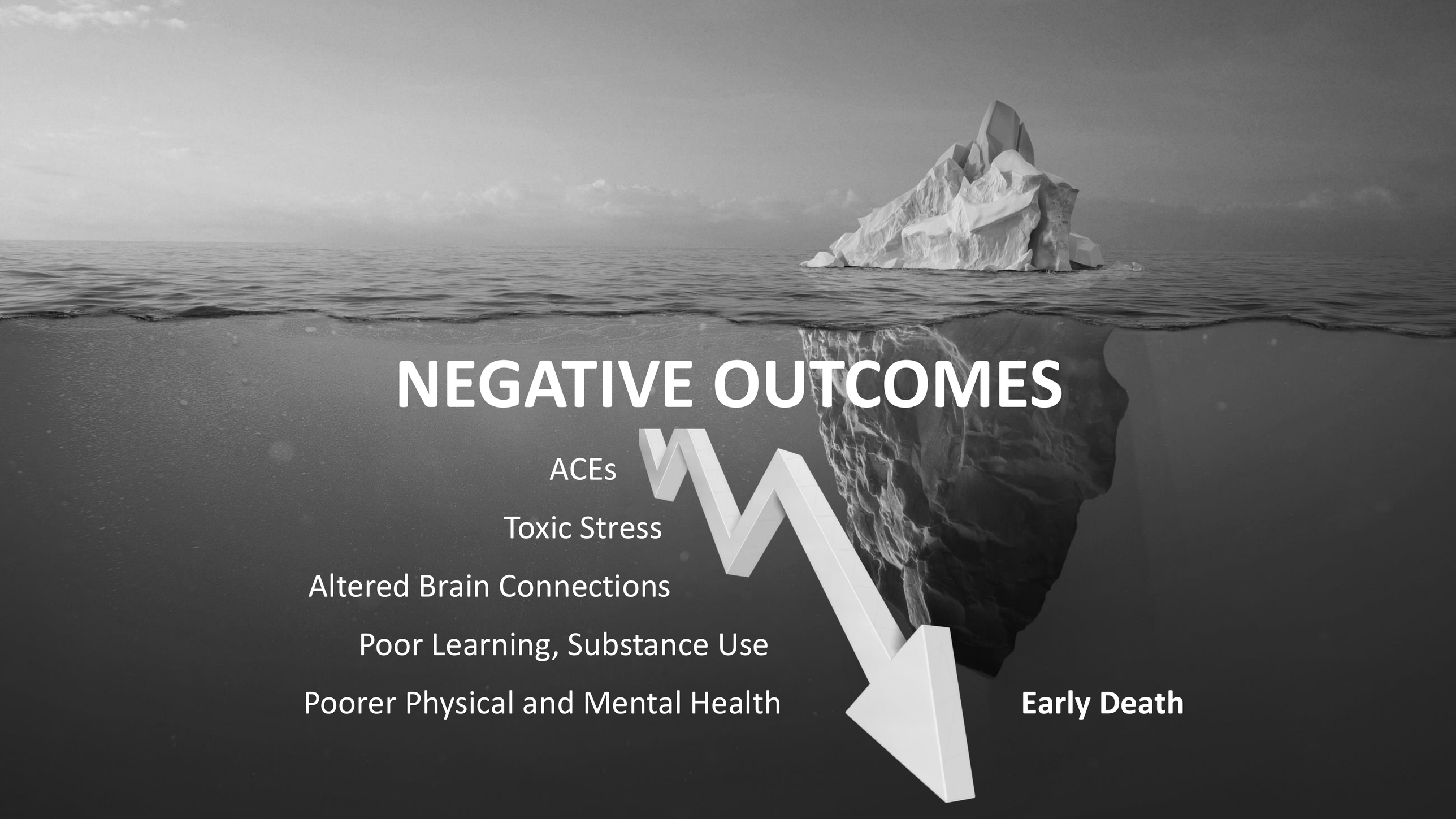
TRAUMA AND BRAIN DEVELOPMENT



POSITIVE STRESS

TOLERABLE STRESS

TOXIC STRESS


NEGATIVE OUTCOMES
ACEs
Toxic Stress
Altered Brain Connections
Poor Learning, Substance Use
Poorer Physical and Mental Health
Early Death

TRAUMA

A traumatic or adverse event is an **EVENT**, series of events, or a set of circumstances **EXPERIENCED** by an individual as physically or emotionally harmful or life threatening that has lasting adverse **EFFECTS** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

EVENTS

PHYSICAL DANGER

- Sexual abuse
- Physical abuse
- Bullying
- Auto or other accident
- Terrorism
- War

LOSS

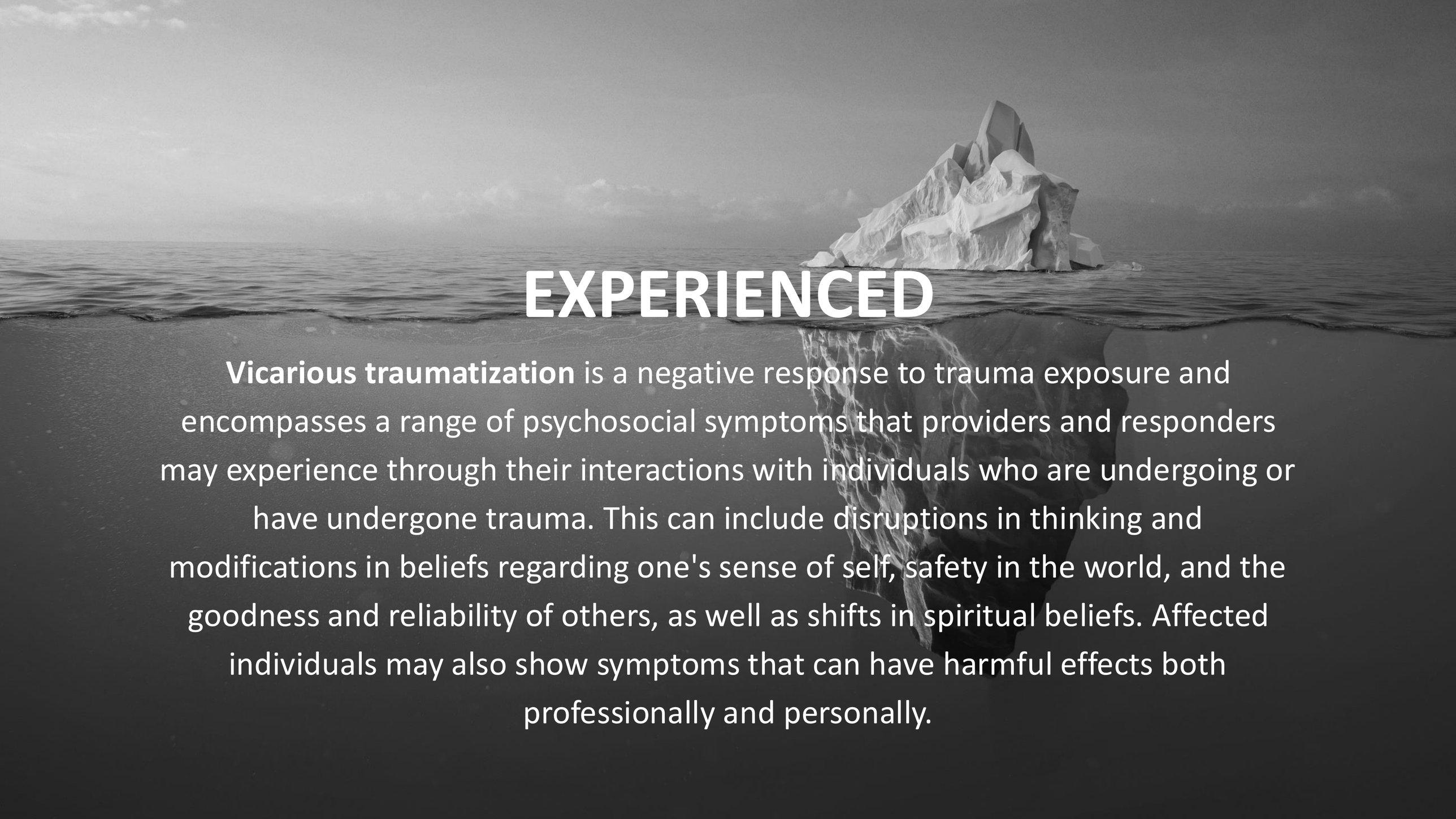
- Death of person or pet
- Loss of parent by divorce
- Fire or natural disaster
- Incarcerted family member
- Neglect or abandonment

CHRONIC STRESSORS

- Emotional abuse
- Poverty
- Racism
- Ongoing medical problems
- Dangerous neighborhood
- Addiction in the household

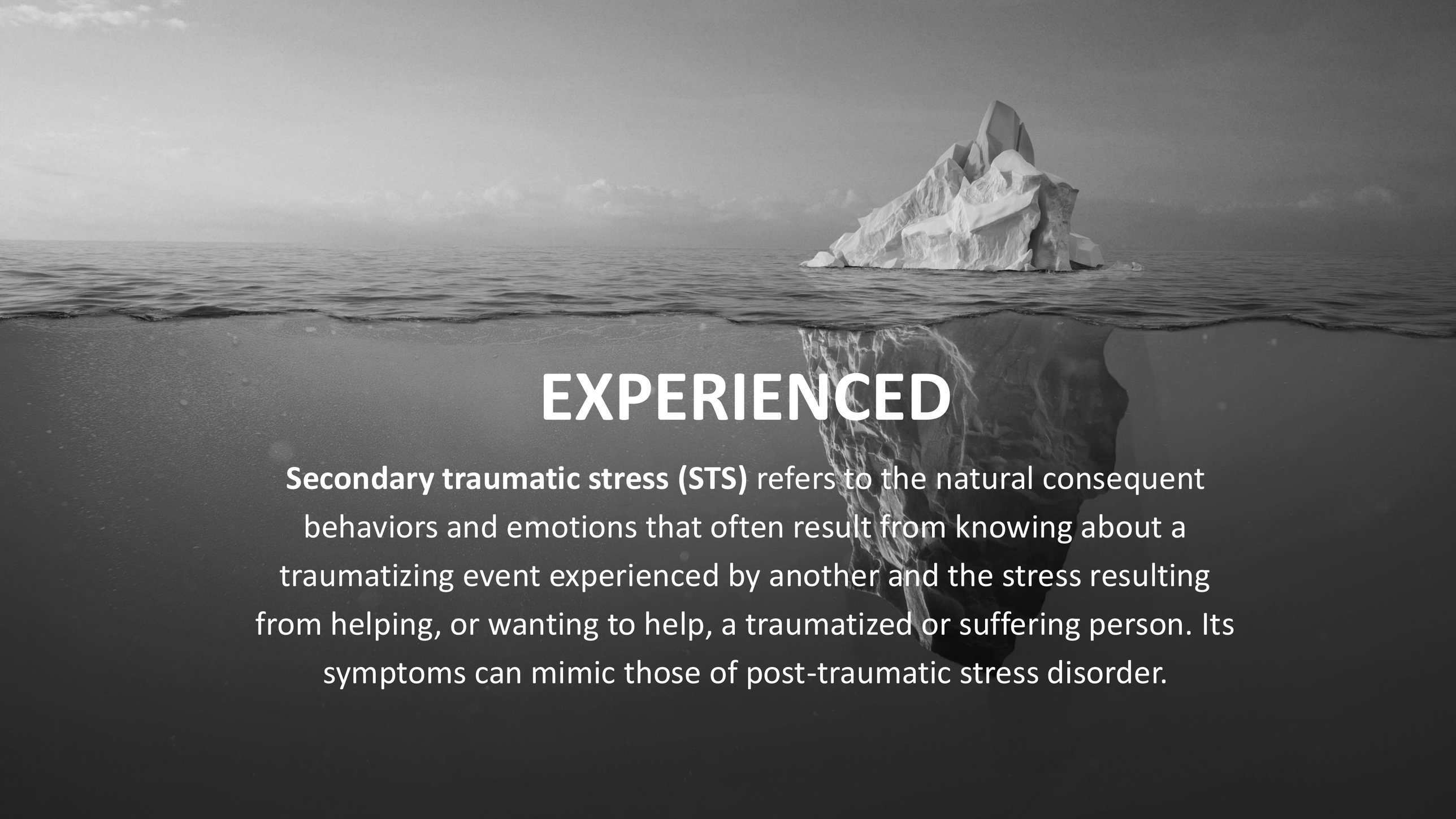
WITNESSED EVENTS

- Seeing death or violence
- Hearing others' traumatic experiences



EXPERIENCED

Vicarious traumatization is a negative response to trauma exposure and encompasses a range of psychosocial symptoms that providers and responders may experience through their interactions with individuals who are undergoing or have undergone trauma. This can include disruptions in thinking and modifications in beliefs regarding one's sense of self, safety in the world, and the goodness and reliability of others, as well as shifts in spiritual beliefs. Affected individuals may also show symptoms that can have harmful effects both professionally and personally.

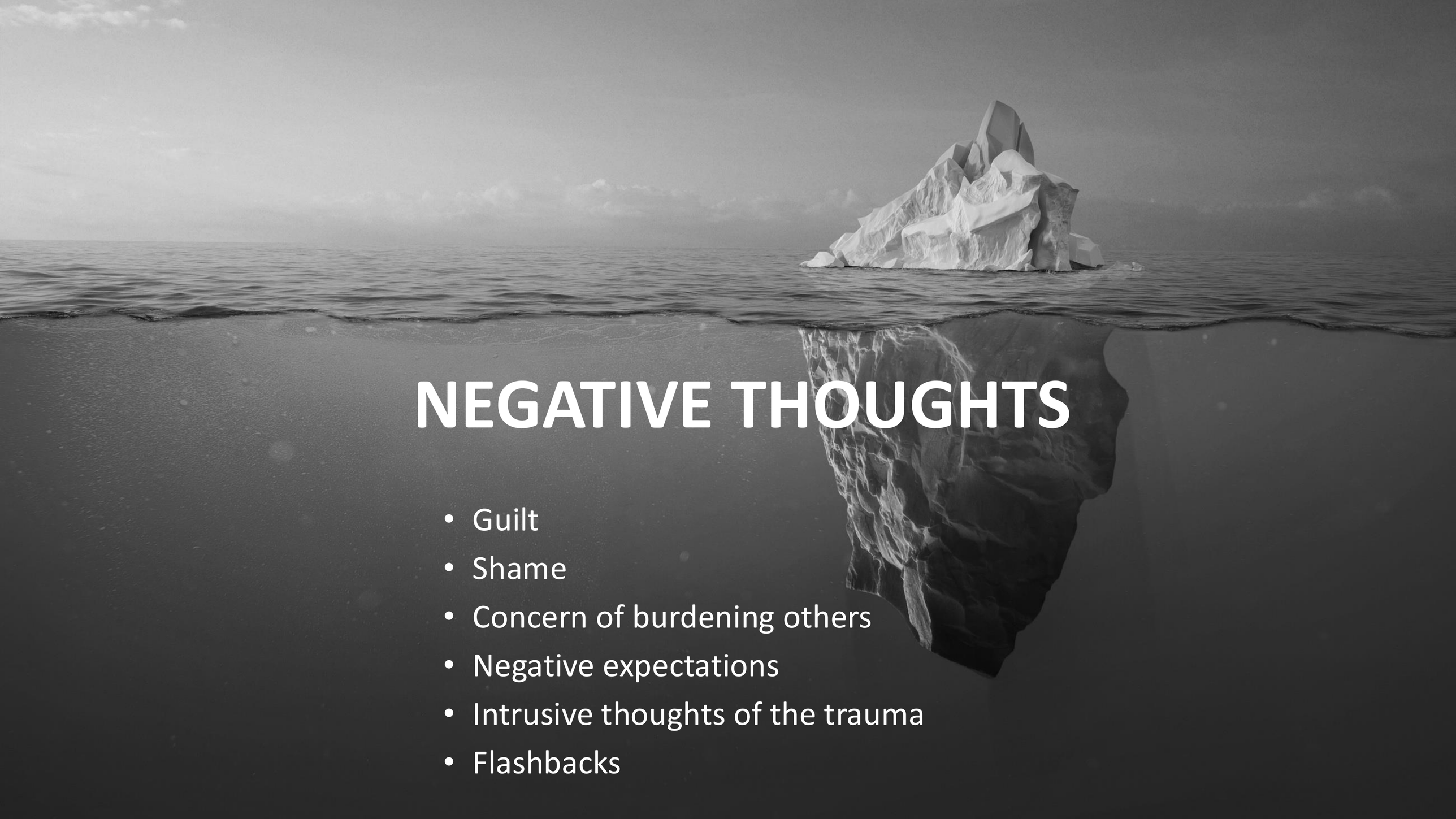


EXPERIENCED

Secondary traumatic stress (STS) refers to the natural consequent behaviors and emotions that often result from knowing about a traumatizing event experienced by another and the stress resulting from helping, or wanting to help, a traumatized or suffering person. Its symptoms can mimic those of post-traumatic stress disorder.

EFFECTS

- Negative Thoughts
- Negative Emotions
- Negative Behaviors
- Learning Problems
- Physical Symptoms



NEGATIVE THOUGHTS

- Guilt
- Shame
- Concern of burdening others
- Negative expectations
- Intrusive thoughts of the trauma
- Flashbacks

NEGATIVE EMOTIONS

- Depression
- Fear and/or anxiety
- Grief, disorientation, denial
- Irritability
- Mood swings

- Worrying or ruminating
- Emotional numbing
- Helplessness, panic, feeling out of control

NEGATIVE BEHAVIORS

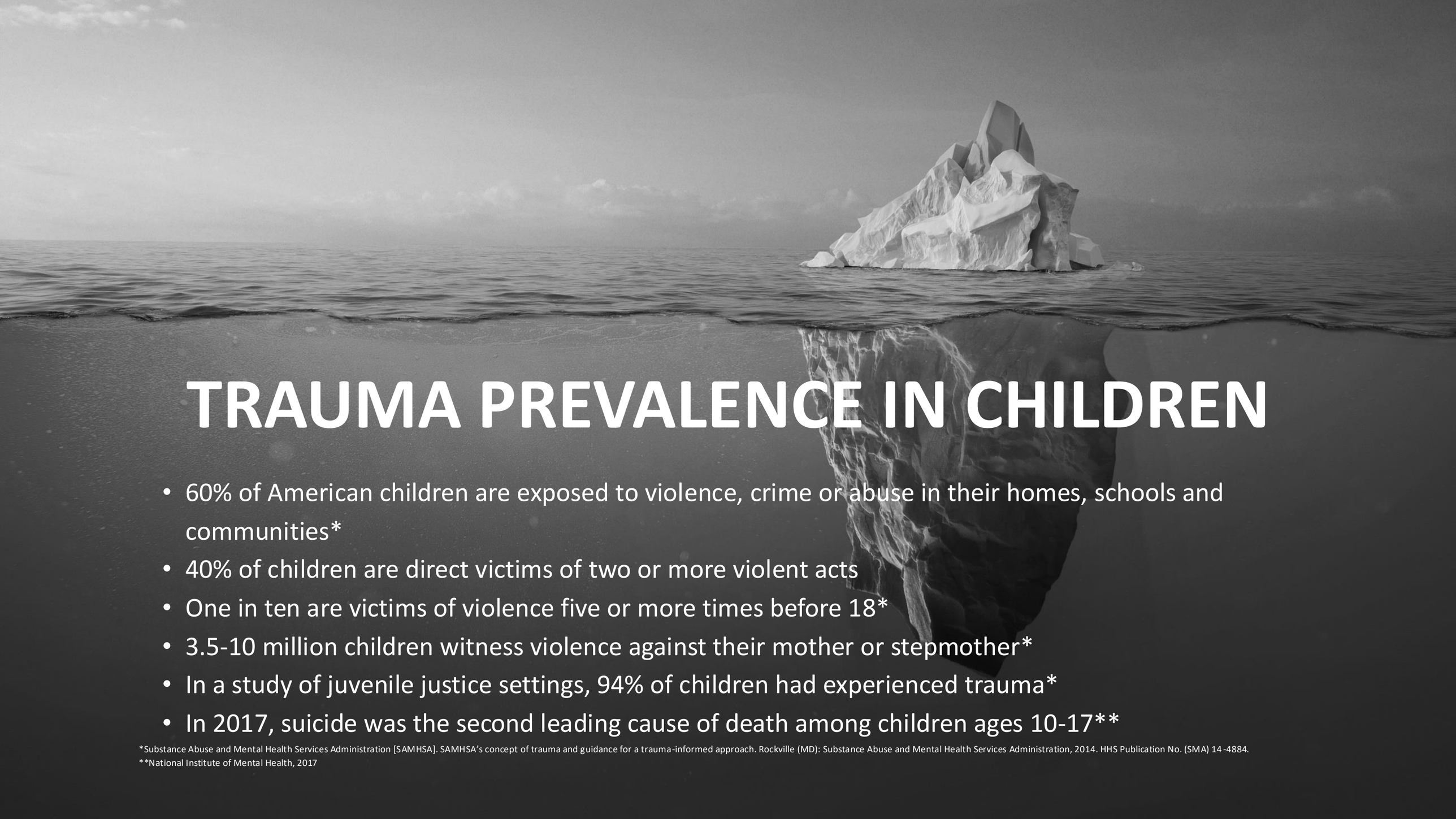
- Restlessness
- Aggression
- Self-harm
- Withdrawal
- Sexual promiscuity
- Misbehavior
- Criminal behavior
- Hyper-alertness or hypervigilance
- Controlling behavior

LEARNING DIFFICULTIES

- Difficulty concentrating
- Difficulty remembering
- Poor planning
- Inattention to detail

PHYSICAL SYMPTOMS

- Sleeping changes
- Headache
- Gastrointestinal problems
- Susceptibility to illness
- Appetite problems



TRAUMA PREVALENCE IN CHILDREN

- 60% of American children are exposed to violence, crime or abuse in their homes, schools and communities*
- 40% of children are direct victims of two or more violent acts
- One in ten are victims of violence five or more times before 18*
- 3.5-10 million children witness violence against their mother or stepmother*
- In a study of juvenile justice settings, 94% of children had experienced trauma*
- In 2017, suicide was the second leading cause of death among children ages 10-17**

*Substance Abuse and Mental Health Services Administration [SAMHSA]. SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville (MD): Substance Abuse and Mental Health Services Administration, 2014. HHS Publication No. (SMA) 14-4884.
**National Institute of Mental Health, 2017

TRAUMA AND PERINATAL OUTCOMES

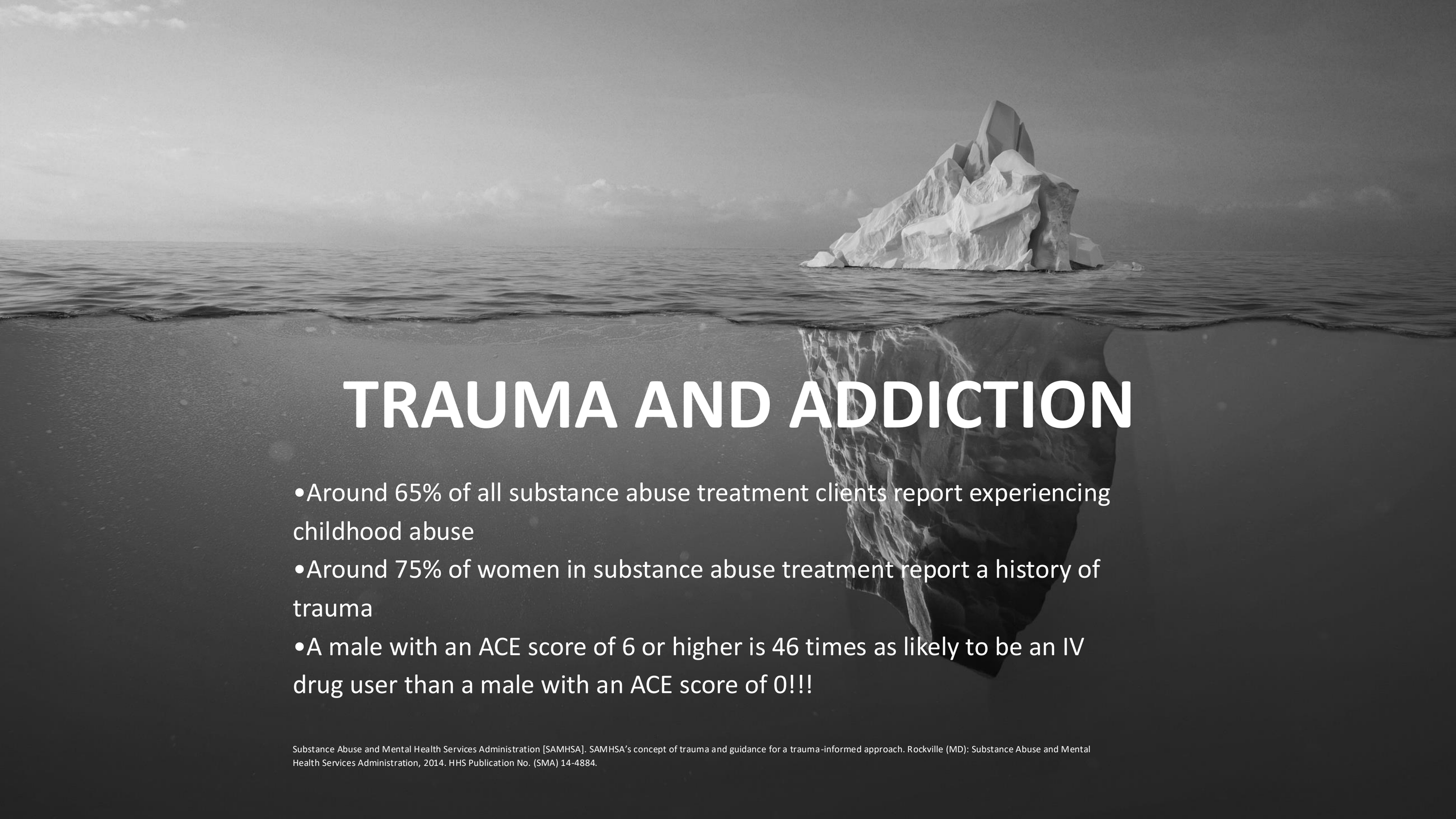
- For every ACE, the odds of any adverse pregnancy outcomes increase by 1.10
  - Odds of gestational diabetes increase 1.73-2.9 times
  - Odds of hypertensive disorder during pregnancy increase .7 to 1.32 times
  - Odds of depression/anxiety increase 1.12-1.26 times
  - Odds of preterm birth increase 1.1-1.6 times
  - Odds of low birth weight increase 1.1-1.9 times

Mamun, A., Biswas, T., Scott, J., Sly, P. D., McIntyre, H. D., Thorpe, K., Boyle, F. M., Dekker, M. N., Doi, S., Mitchell, M., McNeil, K., Kothari, A., Hardiman, L., & Callaway, L. K. (2023). Adverse childhood experiences, the risk of pregnancy complications and adverse pregnancy outcomes: a systematic review and meta-analysis. BMJ open, 13(8), e063826. https://doi.org/10.1136/bmjopen-2022-063826

TRAUMA AND MENTAL HEALTH

ACEs predict:

- Earlier first inpatient admissions
- More frequent and longer hospital stays
- More time in seclusion or restraint
- Greater likelihood of self-injury or suicide attempt
- More medication use
- Increased symptom severity



TRAUMA AND ADDICTION

- Around 65% of all substance abuse treatment clients report experiencing childhood abuse
- Around 75% of women in substance abuse treatment report a history of trauma
- A male with an ACE score of 6 or higher is 46 times as likely to be an IV drug user than a male with an ACE score of 0!!!

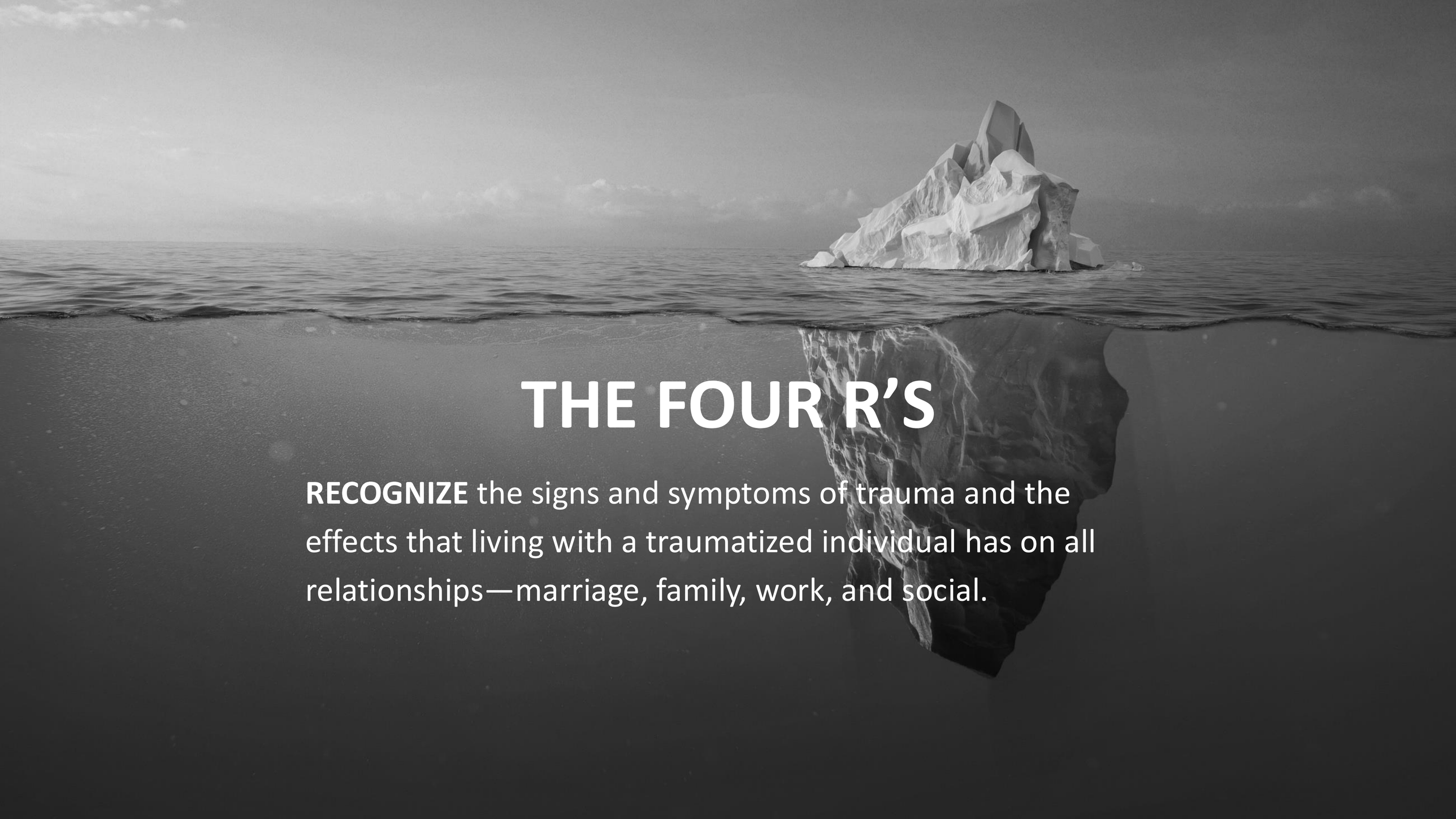
Substance Abuse and Mental Health Services Administration [SAMHSA]. SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville (MD): Substance Abuse and Mental Health Services Administration, 2014. HHS Publication No. (SMA) 14-4884.

PEOPLE DO THINGS
FOR REASONS

TRAUMA INFORMED CARE

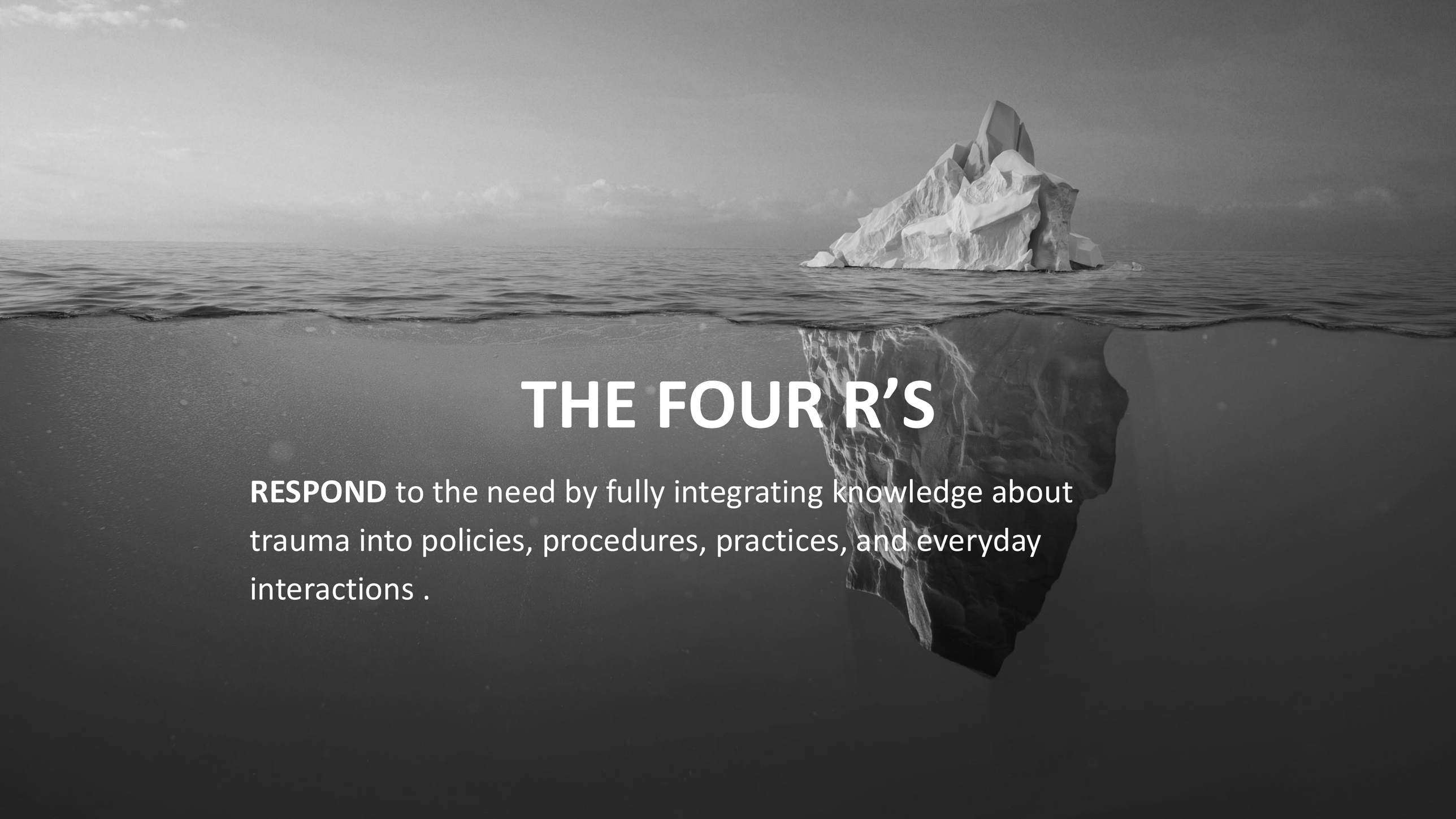
THE FOUR R’S

REALIZES the widespread impact of trauma



THE FOUR R’S

RECOGNIZE the signs and symptoms of trauma and the effects that living with a traumatized individual has on all relationships—marriage, family, work, and social.

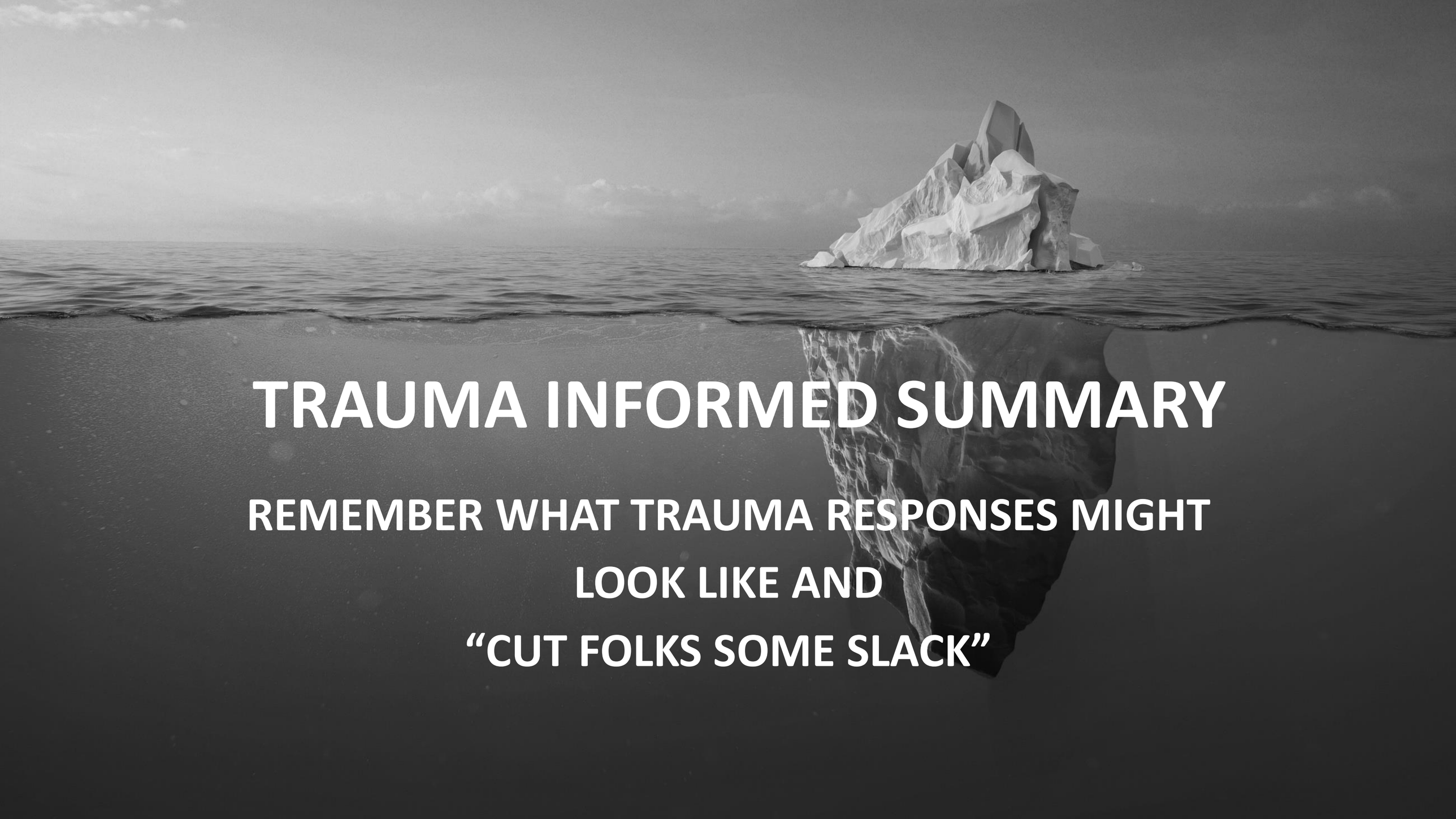


THE FOUR R'S

RESPOND to the need by fully integrating knowledge about trauma into policies, procedures, practices, and everyday interactions .

THE FOUR R’S

Seeks to actively **RESIST RE-TRAUMATIZATION** that can occur when appropriate recognition and intervention are not enacted with compassion and an understanding of trauma.



TRAUMA INFORMED SUMMARY

REMEMBER WHAT TRAUMA RESPONSES MIGHT LOOK LIKE AND

“CUT FOLKS SOME SLACK”

TRAUMA INFORMED SUMMARY

BE "FOR" THE PERSON

TRAUMA INFORMED SUMMARY

- Know that past trauma may affect people’s lives
- Respect a person’s choices and control
- Recognize and minimize power imbalances
- Facilitate recovery, growth, resilience, and healing
- Emphasize strengths
- Be culturally sensitive
- Avoid stigmatizing
- Try to ensure trust and safety

SAMHSA’S 6 KEY PRINCIPLES

SAFETY

Not just physical safety, but emotional and relational safety as well.

SAMHSA'S 6 KEY PRINCIPLES

SAFETY LOOKS LIKE

- Welcoming people and environment
- Consistent and predictable
- Non-shaming, non-blaming, non-violent
- Clear explanations of what is happening and why

SAMHSA'S 6 KEY PRINCIPLES

SAFETY SELF EVALUATION

- Do you feel safe? Why or why not?
- Do those you serve feel safe? How do you know?
- What changes could be made to address safety concerns?

SAMHSA'S 6 KEY PRINCIPLES

TRUSTWORTHINESS & TRANSPARENCY

Be open with what is going on, how decisions are made, what is expected, and be trustworthy. Do what you say you will do. Show up. Be honest.

SAMHSA'S 6 KEY PRINCIPLES

TRUSTWORTHINESS & TRANSPARENCY

- Treat everyone with dignity and respect
- Listen – be present in the moment
- Ensure people really understand their options
- Be honest
- Directly address limits to confidentiality

SAMHSA'S 6 KEY PRINCIPLES

TRUSTWORTHINESS & TRANSPARENCY

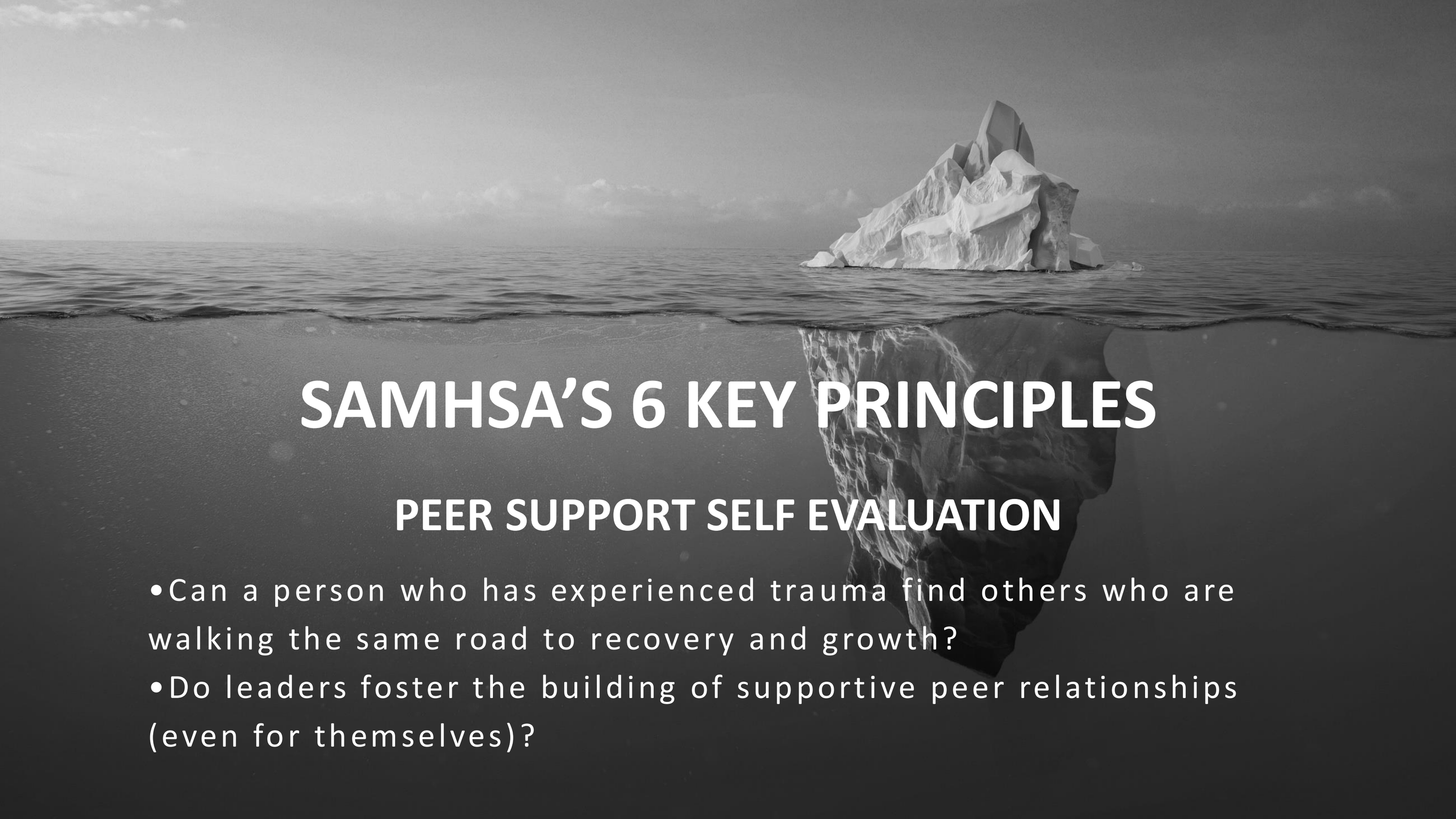
SELF EVALUATION

- Do people here trust each other and trust leaders?
- What changes could be made to address trust concerns?
- Are you transparent with others, are others transparent with you?

SAMHSA'S 6 KEY PRINCIPLES

PEER SUPPORT

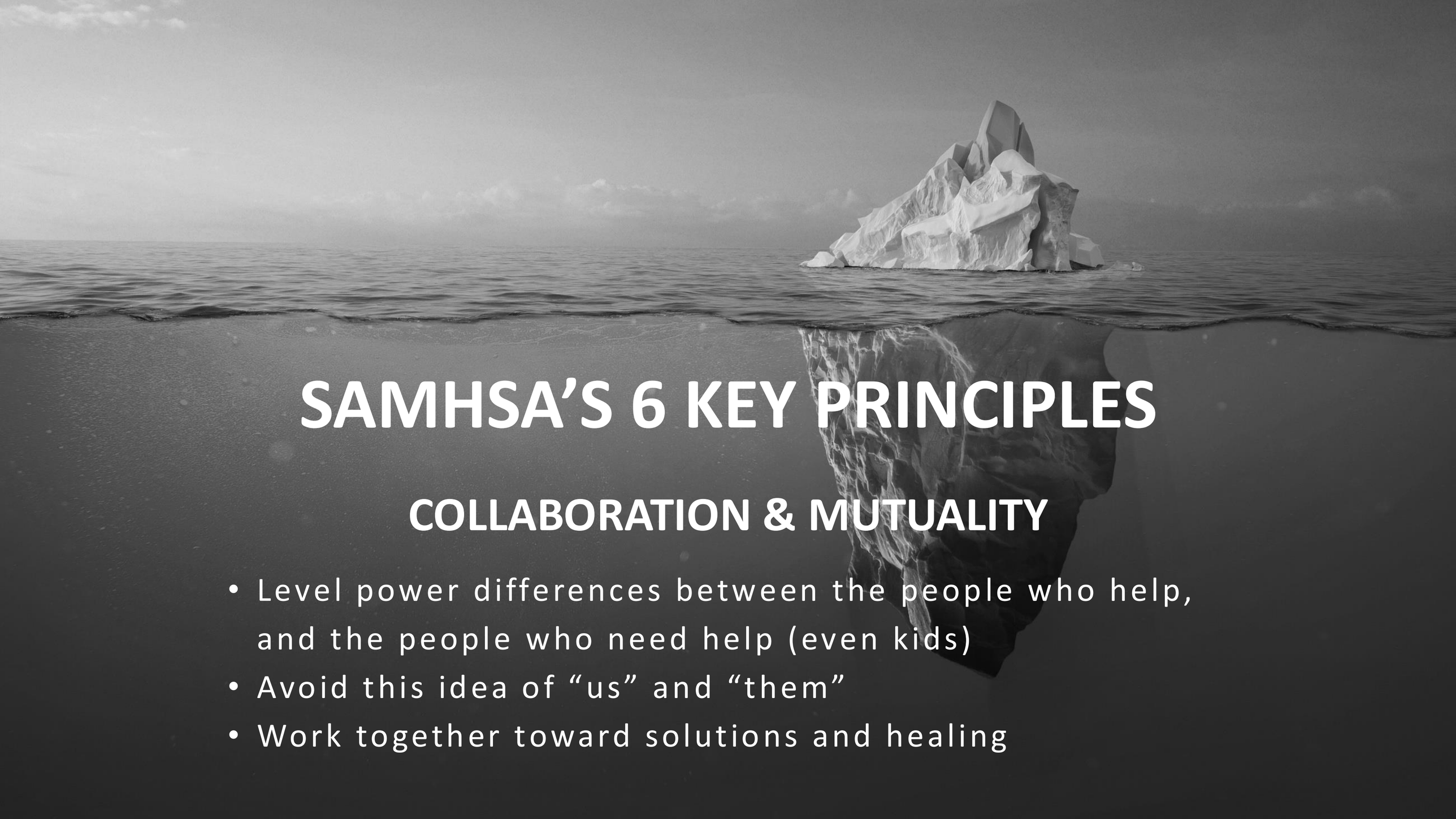
Connecting with those who have had similar experiences...and made it through.



SAMHSA'S 6 KEY PRINCIPLES

PEER SUPPORT SELF EVALUATION

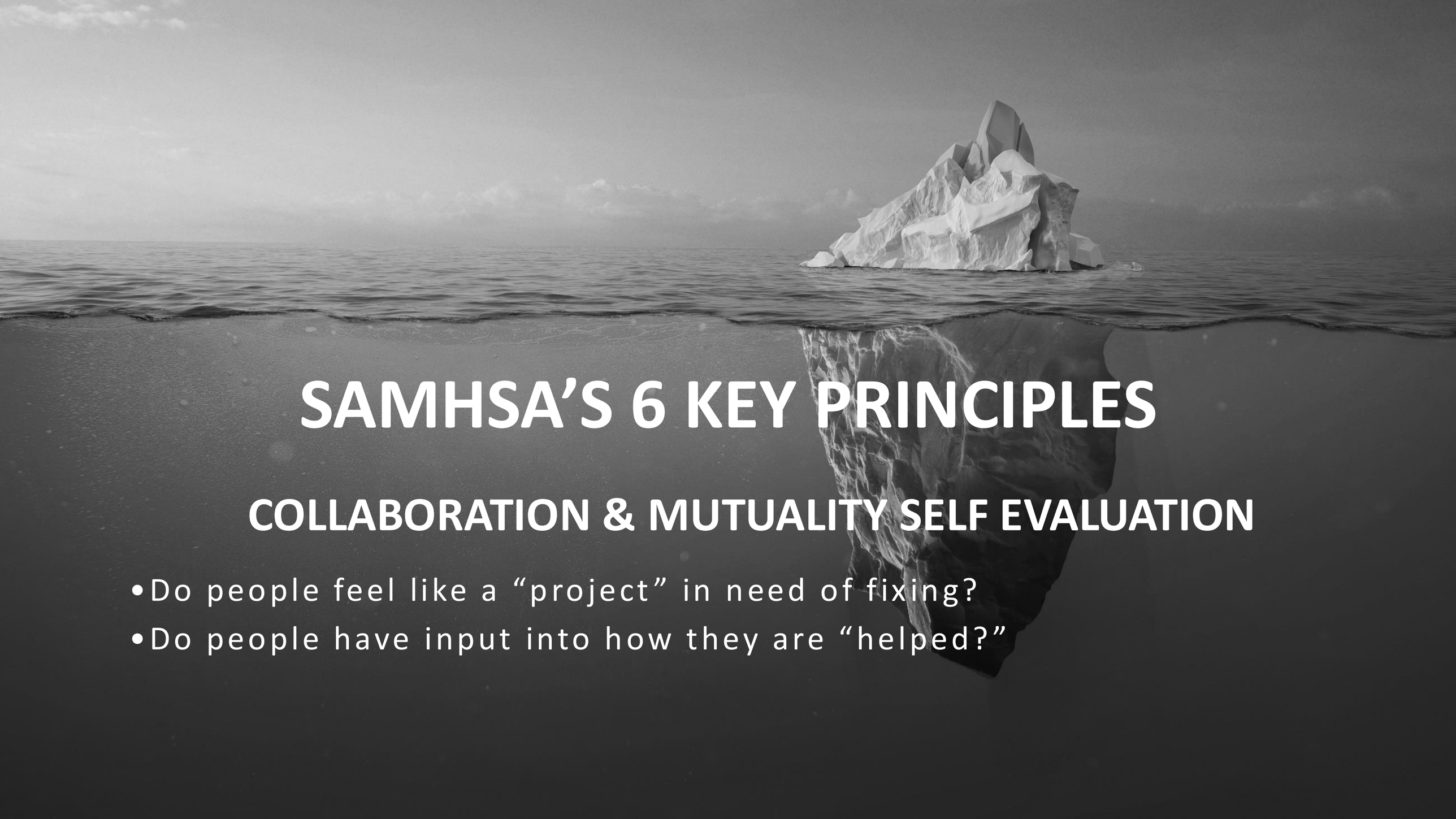
- Can a person who has experienced trauma find others who are walking the same road to recovery and growth?
- Do leaders foster the building of supportive peer relationships (even for themselves)?



SAMHSA'S 6 KEY PRINCIPLES

COLLABORATION & MUTUALITY

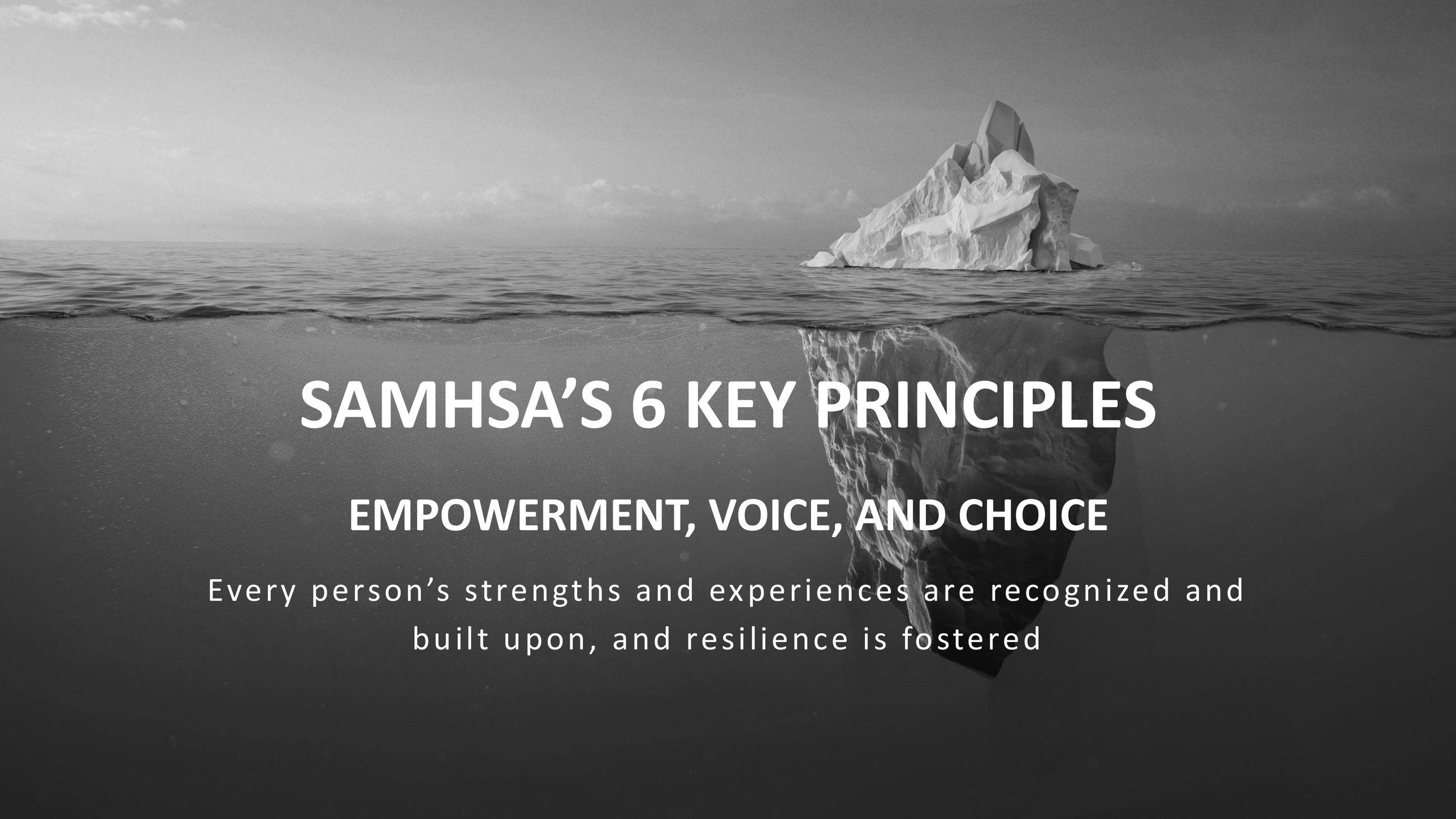
- Level power differences between the people who help, and the people who need help (even kids)
- Avoid this idea of "us" and "them"
- Work together toward solutions and healing



SAMHSA'S 6 KEY PRINCIPLES

COLLABORATION & MUTUALITY SELF EVALUATION

- Do people feel like a "project" in need of fixing?
- Do people have input into how they are "helped?"



SAMHSA’S 6 KEY PRINCIPLES

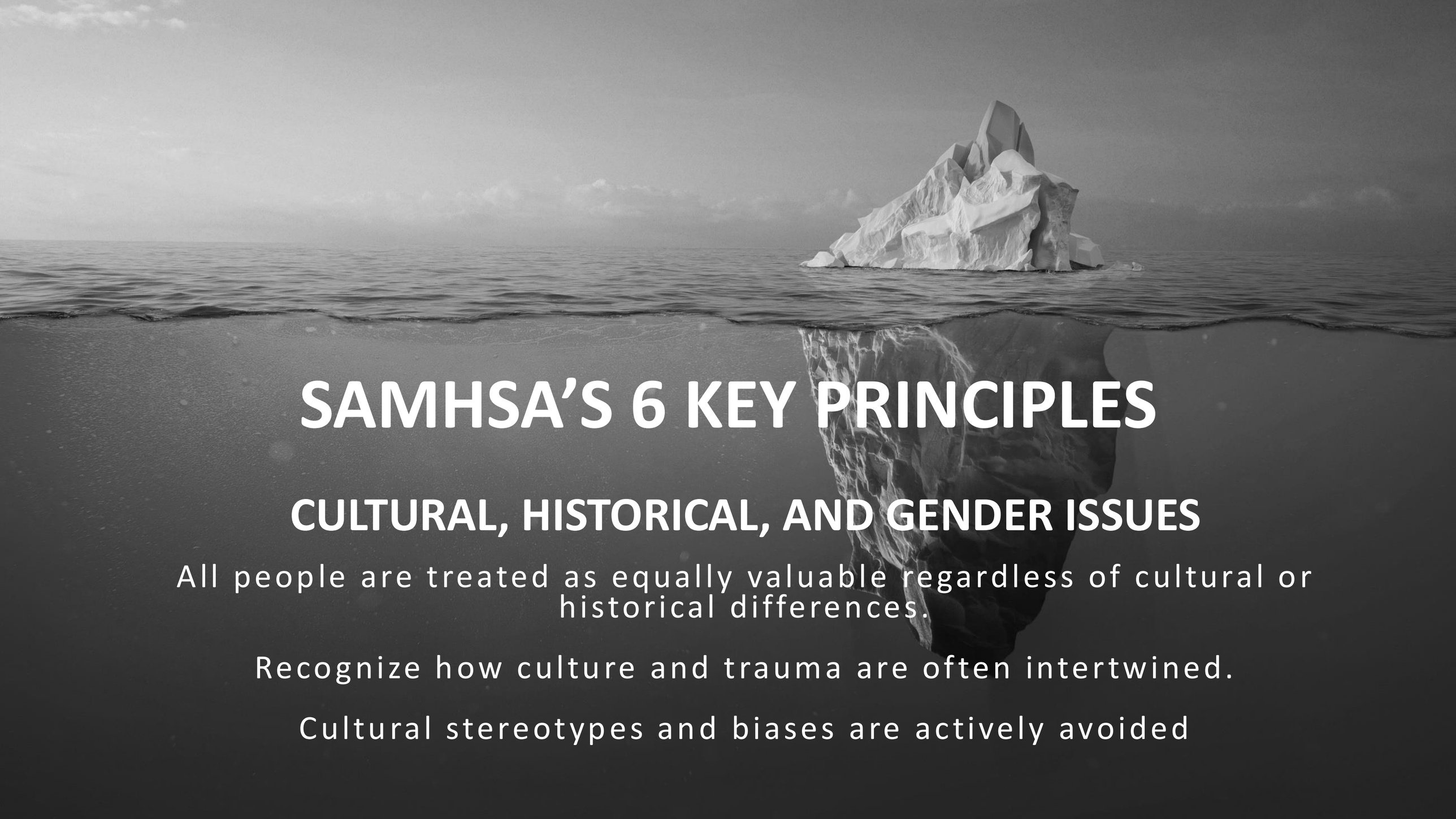
EMPOWERMENT, VOICE, AND CHOICE

Every person’s strengths and experiences are recognized and built upon, and resilience is fostered

SAMHSA'S 6 KEY PRINCIPLES

EMPOWERMENT, VOICE, AND CHOICE SELF EVALUATION

- Do people feel like they have value and something to contribute?
- Are people's strengths identified and used?



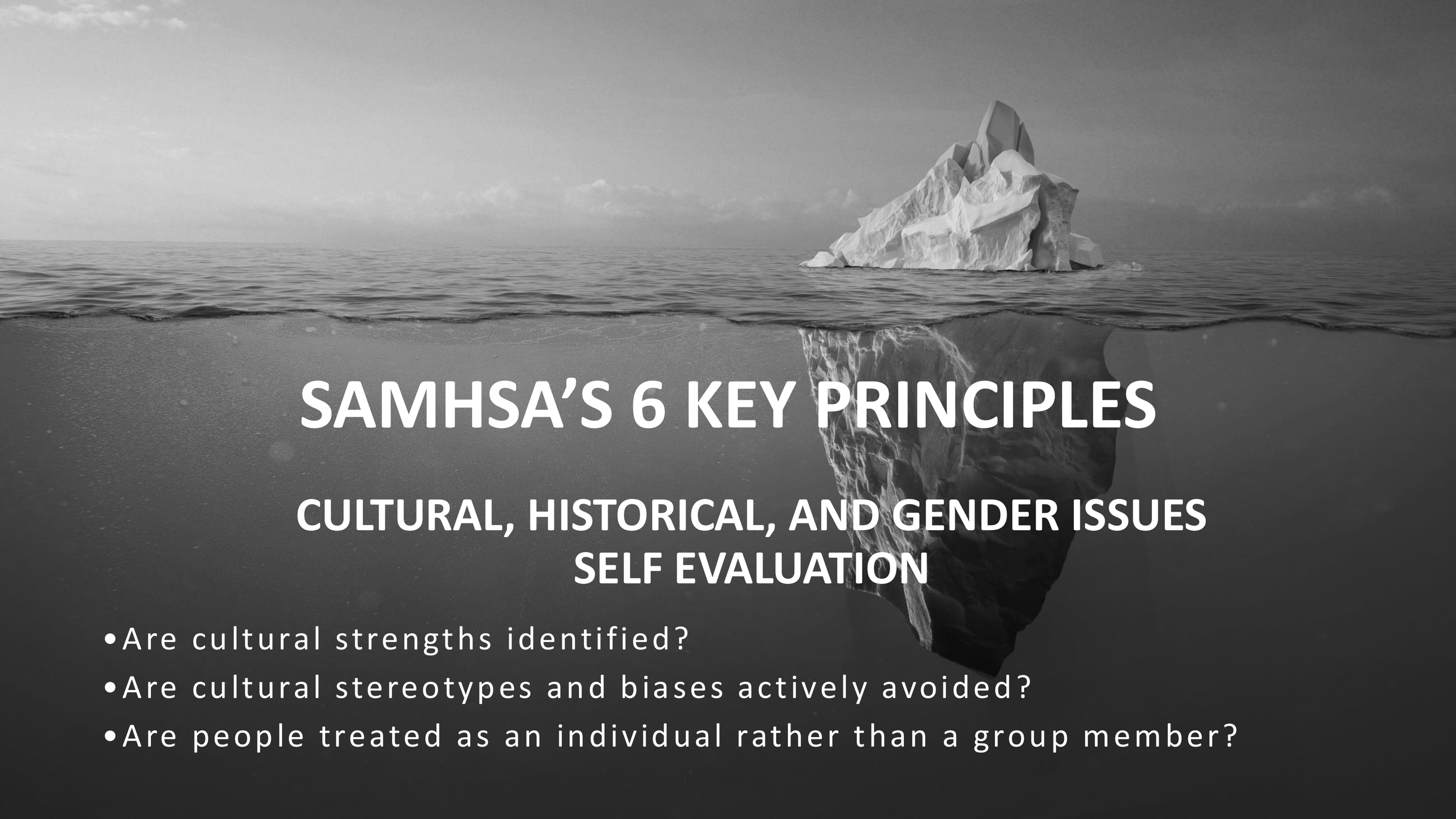
SAMHSA'S 6 KEY PRINCIPLES

CULTURAL, HISTORICAL, AND GENDER ISSUES

All people are treated as equally valuable regardless of cultural or historical differences.

Recognize how culture and trauma are often intertwined.

Cultural stereotypes and biases are actively avoided



SAMHSA'S 6 KEY PRINCIPLES

CULTURAL, HISTORICAL, AND GENDER ISSUES SELF EVALUATION

- Are cultural strengths identified?
- Are cultural stereotypes and biases actively avoided?
- Are people treated as an individual rather than a group member?

QUESTIONS?

Please give us your feedback.

https://redcap.link/uplift_training