

# Trauma Informed Care

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The materials in this presentation are developed from various sources (NCTSN, SAMHSA, ProQOL.com) and trainings developed and provided by the CPRR team members (Bibhuti K. Sar, Anita Barber, Jennifer Bobo, Melissa King) as part of its mission to provide training and education to the community about trauma informed care.

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## Trauma Informed Care

**In a trauma-informed system, service providers:**

- Understands the impact of trauma
- Can integrate that understanding into service delivery
- Understands their role in creating and maintaining a trauma informed system of care

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## Trauma Informed Care

- A trauma-informed system is one in which:
  - All parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers.
  - Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies.
  - Programs act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.

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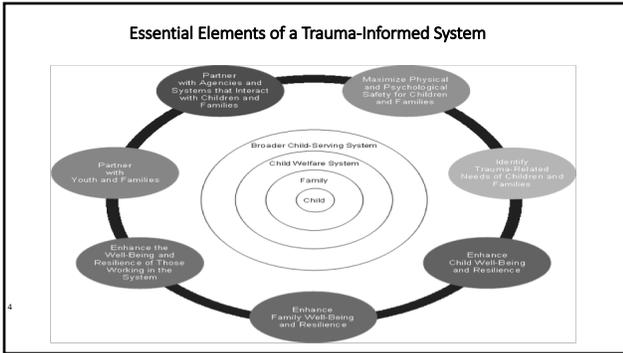
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**What is Trauma?**

- Witnessing or experiencing an event that poses a real or perceived threat.
- The event overwhelms the person's ability to cope.
- Traumatic stress refers to the *physical and emotional responses* of a person to threatening situations.
- Traumatic events overwhelm a person's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal.
- Post-traumatic stress reactions include re-experiencing the event, avoidance, hyper-arousal, and persistent difficult thoughts and emotions.

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**What is Trauma?**

- A person's response to a traumatic event may have a profound effect on his or her perception of self, others, the world, and the future.
- Traumatic events may affect a person's:
  - Ability to trust others
  - Sense of personal safety
  - Effectiveness in navigating life changes
- The impact of a potentially traumatic event is determined by both:
  - The objective nature of the event
  - The person's subjective response to it
- Something that is traumatic for one person may not be traumatic for another.

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**Types of Trauma**

- **Acute trauma** is a single traumatic event that is limited in time. During an acute event, children go through a variety of feelings, thoughts, and physical reactions that are frightening
- **Chronic trauma** refers to the experience of multiple traumatic events. The effects of chronic trauma are often cumulative. These may be multiple and varied events, such as:
  - the child's being exposed to domestic violence, involved in a serious car accident, and then becoming a victim of community violence, or
  - longstanding trauma such as physical abuse, neglect, or war
- **Complex trauma** describes both exposure to chronic trauma—usually caused by adults entrusted with the child's care—and the impact of such exposure on the child. Children who have experienced complex trauma have endured multiple interpersonal traumatic events from a very young age. Complex trauma has profound effects on nearly every aspect of a child's development and functioning.
- **Historical trauma** is a personal or historical event or prolonged experience that continues to have an impact over several generations. Examples include:
  - Slavery, Removal from homelands, Relocation, Massacres, genocides, or ethnicides
  - Cultural, racial, and immigrant oppression, Forced placement in boarding schools

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**Impact of trauma**

- Trauma has biological and psychological effects that impact behavioral, social, and emotional domains.
- The impact of trauma can hinder development and interfere with a person's functioning in relationships, work, school, and life.
- Complex challenges of persons who have experienced trauma may not be addressed by the system and services as they are currently designed.

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**Impact of Trauma**

- The impact of a potentially traumatic event depends on several factors, including:
  - The individual's age and developmental stage
  - The individual's perception of the danger faced
  - Whether the individual was the victim or a witness
  - The individual's relationship to the victim or perpetrator
  - The individual's past experience with trauma
  - The adversities the individual faces following the trauma
  - The presence/availability of other individuals who can offer help and protection

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**Impact of Trauma**

- Trauma can elicit such intense fear, anger, shame, and helplessness that the child feels overwhelmed.
- Overwhelming emotion may interfere with the development of age-appropriate self-regulation.
- Emotions experienced prior to language development may be very real for the individual but difficult to express or communicate verbally.
- Trauma may be “stored” in the body in the form of physical tension or health complaints.

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**Impact of Trauma**

- Trauma-exposed individuals may also exhibit:
  - **Over-controlled behavior** in an unconscious attempt to counteract feelings of helplessness and impotence
  - **Under-controlled behavior** due to cognitive delays or deficits in planning, organizing, delaying gratification, and exerting control over behavior

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**Impact of Trauma**

- Maladaptive coping strategies can lead to behaviors including:
  - Sleeping, eating, or elimination problems
  - High activity levels, irritability, or acting out
  - Emotional detachment, unresponsiveness, distance, or numbness
  - Hyper-vigilance, or feeling that danger is present even when it is not
  - Increased mental health issues (e.g. depression, anxiety)
  - An unexpected and exaggerated response when things don't go as expected

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**Impact of Trauma**

- High-risk or destructive coping behaviors
- These behaviors place the individual at risk for a range of serious mental and physical health problems, including:
  - Alcoholism
  - Drug abuse
  - Depression
  - Suicide attempts
  - Sexually transmitted diseases (due to high risk activity with multiple partners)
  - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

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**Adverse Childhood Experiences**

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Household dysfunction:
  - Mother treated violently
  - Household substance abuse
  - Household mental illness
  - Parental separation/divorce
  - Incarcerated household member

Source: Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Mates, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14, 240-250.

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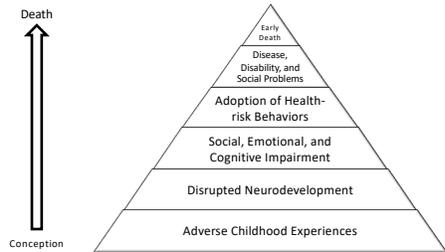
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**Long-Term Trauma Impact—ACE Pyramid: CDC**



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

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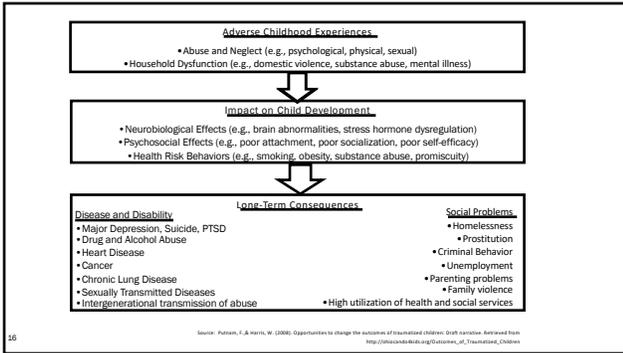
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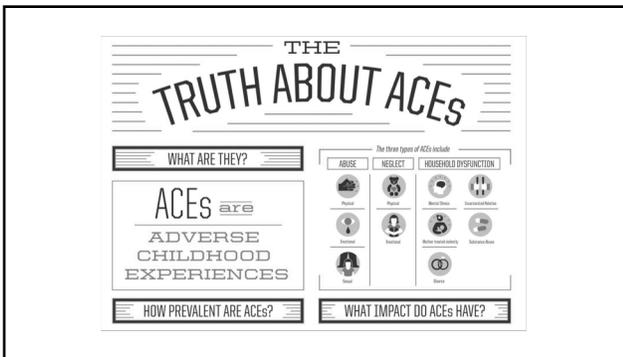
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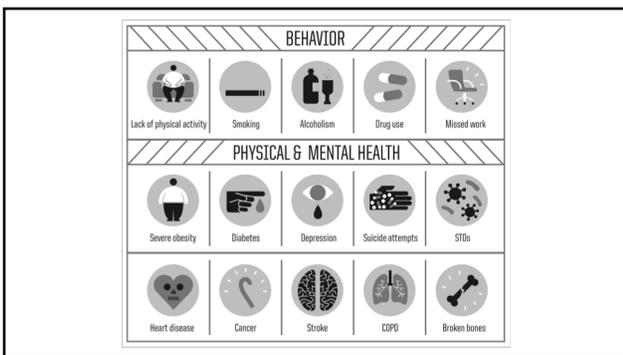
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ACEs Questionnaire

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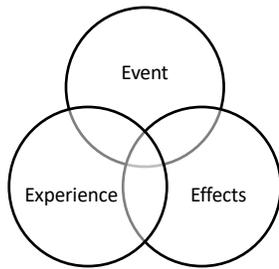
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Trauma is more than a thing that happened.



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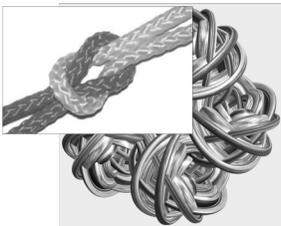
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There are different types of trauma.



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Everyone experiences trauma differently.



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Trauma interferes with child development.



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Trauma changes the brain.



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### Trauma Derails Development

- Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:
  - On constant alert for danger
  - Quick to react to threats (fight, flight, freeze)
- The stress hormones produced during trauma also interfere with the development of higher brain functions.

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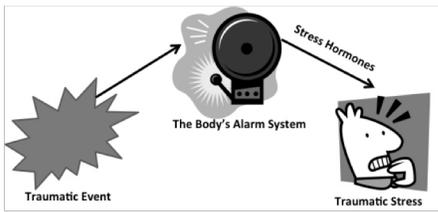
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### Traumatic Stress Response Cycle



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Source: Georgetown University Center for Child & Human Development. (2013). Stress and the developing brain: The stress response. Retrieved from Center for Early Childhood Mental Health Consultation website: [http://www.nctmc.org/trauma/trauma\\_3.html](http://www.nctmc.org/trauma/trauma_3.html)

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### Traumatic Stress Response Cycle

- Past trauma causes the brain to interpret minor events as threatening.
- The limbic system has a disproportionate fear/emotional response to the experience and sends signals to the brainstem.
- Cortisol and adrenaline are released, increasing heart rate and respiration.
- Fight, flight, or freeze response occurs.
- Prefrontal cortex is skipped (lack of reasoning), leading to impulsive reactions.
- Memories of the event can be foggy and stored erratically.

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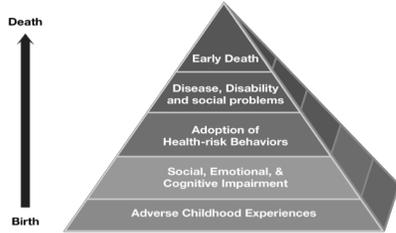
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Trauma has long term impacts on health.



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Not everyone will be affected by trauma.



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Trauma activates our fear response.



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Trauma reminders can also activate the fear response.



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Too much time in survival mode can make it the default response.



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Symptoms of trauma can look very different.

- Intrusion
- Avoidance
- Alterations in mood & cognition
- Alterations in arousal & reactivity

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**Trauma Screening Tool**

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**The Influence of Culture on Trauma**

- Social and cultural realities strongly influence children's risk for—and experience of—trauma.
- Children from minority backgrounds are at increased risk for trauma exposure and subsequent development of PTSD.
- Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) adolescents contend with violence directed at them in response to suspicion about or declaration of their sexual orientation and gender identity.
- Immigrant and refugee families often face additional traumas and stressors, especially when they are undocumented.
- Children's, families', and communities' responses to trauma vary by group.

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**The Influence of Culture on Trauma**

- Many children who enter the child welfare system are from groups that experience:
  - Discrimination
  - Negative stereotyping
  - Poverty
  - High rates of exposure to community violence
- Social and economic marginalization, deprivation, and powerlessness can create barriers to service.
- These children can have more severe symptomatology for longer periods of time than their majority group counterparts.

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The Influence of Culture on Trauma

- People of different backgrounds may define “trauma” in different ways.
- Service Providers’ own backgrounds can influence their perceptions.
- Assessment of a child’s trauma history should always take into account the cultural background.

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The Influence of Culture on Trauma

- Trauma response varies by culture.
- The necessity to respond to trauma is *universal* in terms of the physiological and social responses.
- Strong cultural identity and community/family connections can enhance a child’s resiliency.
- Cultural beliefs and values can help or hinder in regard to the child’s reaction to trauma.
- For example, shame is a culturally universal response to child sexual abuse, but the victim’s experience of shame and the way it is handled by others (including family members) varies with culture.

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Trauma, Racial Disparity, and Disproportionality

- **Racial disparity** refers to racial differences in children’s or families’ experiences with the child welfare system.
- **Racial disproportionality** refers to the overrepresentation of children of color in foster care and disparate outcomes.
- Impact on African Americans, Hispanic Americans, Native Americans

Source: American Public Human Services Association. (2010). Definitions. Retrieved from the Positioning Public Child Welfare Guidance website: <http://www.aphsa.org/Equity-Definitions.html>

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### Historical Trauma

- Collective and cumulative emotional wounding across generations.
- Cumulative exposure to traumatic events that not only affects an individual, but continues to affect subsequent generations.
- The trauma is a psychological injury held personally and transmitted over generations.
- Emotional responses to losses include:
  - Sadness, depression
  - Anger
  - Anxiety
  - Shame
  - Fear, distrust

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Sources: Brave Heart-Dedrick, M. F. H. (1998). The return to the sacred path: Healing from historical trauma and historical unresolved grief among the Lakota. A dissertation based upon an independent investigation. Northampton, MA: South College School of Social Work.

Brave heart, M. F. H. (2006). Waka'kopsi: Coping the historical traumas of the Lakota. *Labor Studies in Social Work*, 21(2), 201-206.

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### Service providers are exposed to...

- **Direct Traumatic events**- Murder, threats on the lives of workers/family members, name calling, cursing, assaults, dog attacks, and property damage.
- **Secondary Traumatic events**- Exposure to the victims and survivors of trauma (e.g., children who are abused, neglected, abandoned, and killed, battered women, victims of crime, survivors of natural disasters) or perpetrators in everyday work.
- **Organizational Stressors**- Bureaucratic rules, paperwork, barriers that are crushing, time consuming and frustrating. Includes work overload, role confusion. High demands with low resources or personal rewards. High levels of office politics, unfair practices and other forms of a negative organizational culture and climate.

(Bride, 2007, Newell & MacNeil, 2010, Pryce, Shackelford & Pryce, 2007, Shackelford, 2012)

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### Secondary Trauma and Compassion Fatigue

- **Secondary traumatic stress (STS)** 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). Accordingly, individuals affected by STS may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions.
- **Compassion fatigue** a label proposed by Figley as a less stigmatizing term to describe secondary traumatic stress and can be used interchangeably with that term (Figley, 1995)

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**Vicarious Trauma**

- **Vicarious trauma** refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material. The primary symptoms of vicarious trauma are disturbances in the professional's cognitive frame of reference in the areas of trust, safety, control, esteem and intimacy.

Pearlman, L. A., & Saakvitne, K.W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150-177). New York: NY: Brunner/Mazel.

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**Burnout and Compassion Satisfaction**

- **Burnout** is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.
- **Compassion satisfaction** refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

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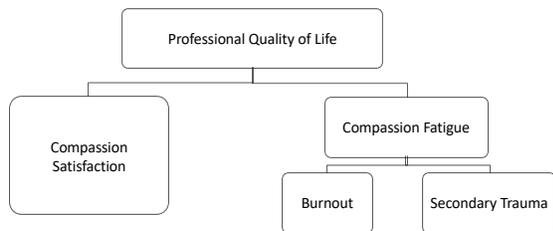
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Stamm's Compassion Satisfaction-Compassion Fatigue Model




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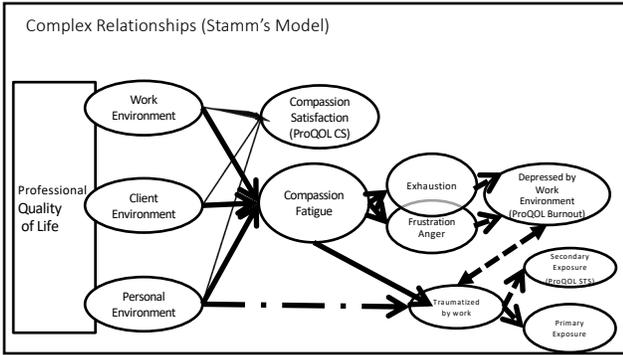
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Measuring CS & CF: The *Professional Quality of Life Scale (ProQOL)*

- The ProQOL is free
- A 30 item self report measure of the positive and negative aspects of caring
- The ProQOL measures Compassion Satisfaction and Compassion Fatigue
- Compassion Fatigue has two subscales
  - Burnout
  - Secondary Trauma

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Resiliency Planning

- Individual, personally
  - The ProQOL can help you plan where to put your energy to increase our resilience
- Organizational planning
  - Can help organizations find ways to maximize the positive aspects and reduce the negative aspects of helping
- Supportive Supervision
  - The ProQOL can be used as information for discussions

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**Promoting Resilience and Post Traumatic Growth In Self & Others**

- **Awareness**
  - Know one's own "trauma map" and triggers
  - Know how trauma work is impacting one's life and perspective
- **Balance**
  - Allow one's self to fully experience emotional reactions
  - Create and maintain healthy boundaries between work and personal life
  - Set realistic goals
  - Practice time management skills
  - Seek new leisure activities
  - Recognize and avoid negative coping
- **Connection**
  - Avoid professional isolation
  - Seek out and listen to feedback from friends and colleagues
  - Develop support systems and opportunities for debriefing
  - Seek training to learn new skills and build competence
  - Maintain connections to one's spirituality

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**SELF CARE**

- **Physical**
  - Healthy diet
  - Adequate sleep
  - Physical activity
  - Health care
  - Vacations
- **Psychological**
  - Self-monitoring
  - Focusing on positive aspects of work
  - Journaling
  - Talking with a trusted friend
  - Decreasing personal stressors

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**SELF CARE**

- **Emotional**
  - Monitoring and regulating emotions
  - Laughing and crying
  - Purging of trauma-related thoughts, feelings, and reactions
  - Affirmations
  - Spending time with loved ones
  - Seeking out pleasurable activities
  - Participating in prevention activities, social action, and/or community outreach/education
- **Spiritual**
  - Striving for inspiration, optimism, and hope
  - Spending time in nature
  - Finding spiritual connection or community
  - Reading inspirational literature
  - Contributing to social causes of personal importance

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**SELF CARE**

• **Workplace**

- Taking breaks during the day
- Practicing creative ways to engage in physical activity
- Taking time to connect with colleagues
- Engaging in mutual peer support
- Setting boundaries with clients and coworkers
- Seeking out new projects or areas of professional interest
- Getting regular supervision/consultation
- Balancing daily caseload/workload
- Implementing transition rituals between work and home

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Questions?

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