



CABINET FOR HEALTH  
AND FAMILY SERVICES

Trauma-Informed Care

Julie Brooks, Policy Specialist

Kentucky Department for Public Health



Kentucky Public Health  
Prevent. Promote. Protect.



CABINET FOR HEALTH  
AND FAMILY SERVICES

---

## Mindfulness 5-4-3-2-1

- Take 3 slow deep breaths and think about the following...
  - 5 things you can See
  - 4 things you can Feel
  - 3 things you can Hear
  - 2 things you can Smell
  - 1 thing you can Taste
- Finished? Now take 3 more slow deep breaths





## Group Check-in:

Write in the Q&A box 1-3 words that describe how you are feeling right now

ENERGY ↑

Enraged	Panicked	Stressed	Jittery	Shocked	Surprised	Upbeat	Festive	Exhilarated	Ecstatic
Livid	Furious	Frustrated	Tense	Stunned	Hyper	Cheerful	Motivated	Inspired	Elated
Fuming	Frightened	Angry	Nervous	Restless	Energized	Lively	Excited	Optimistic	Enthusiastic
Anxious	Apprehensive	Worried	Irritated	Annoyed	Pleased	Focused	Happy	Proud	Thrilled
Repulsed	Troubled	Concerned	Uneasy	Peeved	Pleasant	Joyful	Hopeful	Playful	Blissful
Disgusted	Glum	Disappointed	Down	Apathetic	At Ease	Easygoing	Content	Loving	Fulfilled
Pessimistic	Morose	Discouraged	Sad	Bored	Calm	Secure	Satisfied	Grateful	Touched
Alienated	Miserable	Lonely	Disheartened	Tired	Relaxed	Chill	Restful	Blessed	Balanced
Despondent	Depressed	Sullen	Exhausted	Fatigued	Mellow	Thoughtful	Peaceful	Comfortable	Carefree
Despairing	Hopeless	Desolate	Spent	Drained	Sleepy	Complacent	Tranquil	Cozy	Serene

← PLEASANTNESS →

# Learning Objectives



- Understand an overview of trauma, traumatic stress and prevalence
- Recognize the impact of trauma exposure on brain and body development and functioning
- Learn the impact of exposure to early childhood trauma across the lifespan
- Realize the toll of trauma exposure on professional providers and learn strategies to attenuate negative impact
- Be able to utilize Trauma-Informed Care approaches in prevention and intervention responses
- Appreciate the importance of resilience and identify activities to build resilience

# Self-Awareness Reminder



- *Pay attention to your own needs & responses*
- *Take care of yourself however you need to during the presentation and after; you may be impacted even after you leave*
- *Use coping skills that help you metabolize your responses to trauma*
- *Find a safe space in which you can process your experiences – this may mean using coping strategies including talking to colleagues, friends, family, or a professional*

# Objective 1

## Overview of Trauma





# What is Trauma?



# What is Trauma?

## Event

- Conveys actual or perceived threat of death, serious injury, or sexual violation to one's self or someone close

## Experience

- Unique, individual perception of threat to one's self or someone close

## Effect

- Adverse, may be long-lasting & have impact on social, cognitive, emotional, spiritual & physical well-being



# Racial Trauma

Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes...unlike PTSD, RBTS is not considered a mental health disorder.

RBTS is a mental injury that can occur as the result of living within a racist system or experiencing events of racism.

*(Mental Health America)*



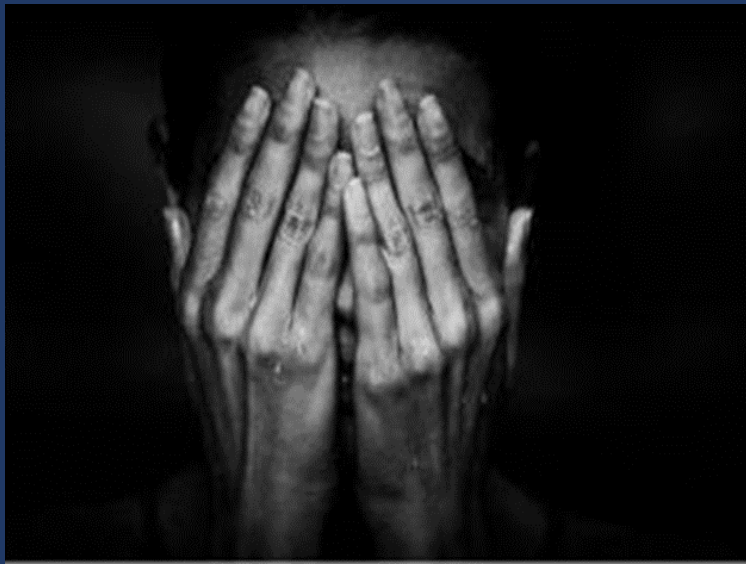
# Prevention & Early Intervention are Key



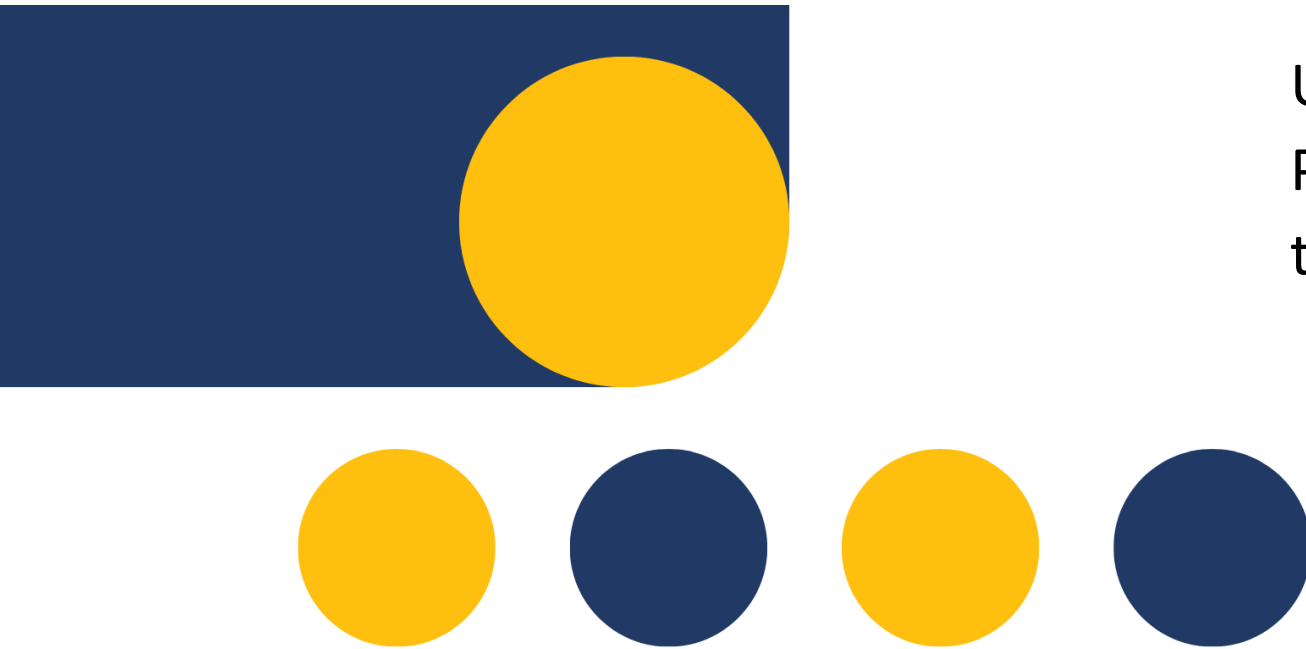
- Adverse Childhood Experiences are not uncommon
- ACEs are associated with 5 leading causes of death as well as mental health and substance use concerns across the lifespan
- Preventing ACEs could reduce the number of adults with depression by as much as 44%
- Gender, race and ethnicity can increase risk for 4 or more ACEs
- Positive childhood experiences can mitigate the deleterious effects of ACEs; PCEs are associated with increased positive mental health in adulthood.



# Impact of Trauma Across the Lifespan



- Rates of trauma exposure in clinical populations (inpatient, outpatient, mental health, substance use) higher than among the general population (*SAMHSA, 2014*)
- Higher rates of depression and anxiety among persons with history of adverse childhood experiences, and dose response noted (*Anda et al, 2002; Chapman et al, 2004*)
- Adults with severe mental illness have significantly higher rates of physical abuse, sexual abuse and PTSD (*Mauritz et al, 2013*)
- Strong correlation between childhood trauma and Substance Use Disorder (*Khoury et al, 2010; Dube et al, 2002; Dube et al, 2003; Stein et al, 2008*) including in adolescents (*Dube et al 2006*)
- Youth in juvenile detention have higher rates of trauma than other youth (*Kerig & Ford, 2014; Wood et al 2002; Abram et al, 2004*)



Using 2018 data, the **economic costs** of PTSD based on 2018 figures were calculated to be:

- **\$232 billion/year** for the US
- **\$2.32 billion/year** for Kentucky (assuming we are 1% of the US population)
- 82% non-military-related PTSD = \$190.4 billion/year
- Annual cost per veteran: \$25,684
- Annual cost per civilian: \$18,640

*([Davis, Schein, Cloutier, Gagnon-Sanschagrin, Maitland, Urganus, et al, 2022](#))*

**Trauma Costs  
Real \$**



# Trauma Costs Real \$

The lifetime cost for one child who was a survivor of maltreatment in 2015 was calculated to be **\$830,928**:

- **\$35,162** childhood health care
- **\$11,341** adult medical
- **\$760,000** in quality of life costs
- **\$8,399** child welfare
- **\$7,333** criminal justice
- **\$8,693** special education

*(Peterson, Florence & Levans, 2018,  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6289633/pdf/nihms-992095.pdf>)*

# The Need for Trauma-Informed Systems

*“The pervasive and harmful impact of traumatic events on individuals, families and communities and the unintended but similarly widespread re-traumatizing of individuals within our public institutions and service systems makes it necessary to rethink doing ‘business as usual’.*”

*“These systems are beginning to revisit how they conduct their business under the framework of trauma-informed approach.”*

*SAMHSA’s Concept of Trauma and  
Guidance for a Trauma-Informed  
Approach, July, 2014,  
[https://ncsacw.samhsa.gov/userfiles  
/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf)*



# Understanding the Impact of Trauma



- Age and developmental stage
- Perception of the danger faced
- Whether the person is the survivor or witness
- Relationship to the survivor or perpetrator
- Duration of exposure and past history of trauma
- Additional adversities the person faced at the time, and following the trauma
- The presence of others who can offer help and safety



# Trauma can change your world view



# Signs and Symptoms of Traumatic Stress

## Physical

- Sweating
- Aches & pains
- Shortness of breath
- Dizziness
- Rapid heartbeat
- Nausea

## Behavioral

- Depression
- Anxiety
- Loneliness
- Use of unhealthy coping (smoking, alcohol, other substance use/misuse)

## Cognitive

- Spaciness
- Loss of meaning
- Self-doubt
- Perfectionism
- Feelings of overwhelm

## Emotional

- Anger
- Sadness
- Feeling out of control
- Guilt
- Loss of hope

## Social

- Avoidance
- Inertia
- Increased agitation
- Isolation or withdrawal

# Trauma is a Unique Experience



Individuals may show visible signs



**Or their distress may not be apparent at all.**

# Objective 2

Impact of  
Trauma on the  
Brain



# What do we know about the human brain?

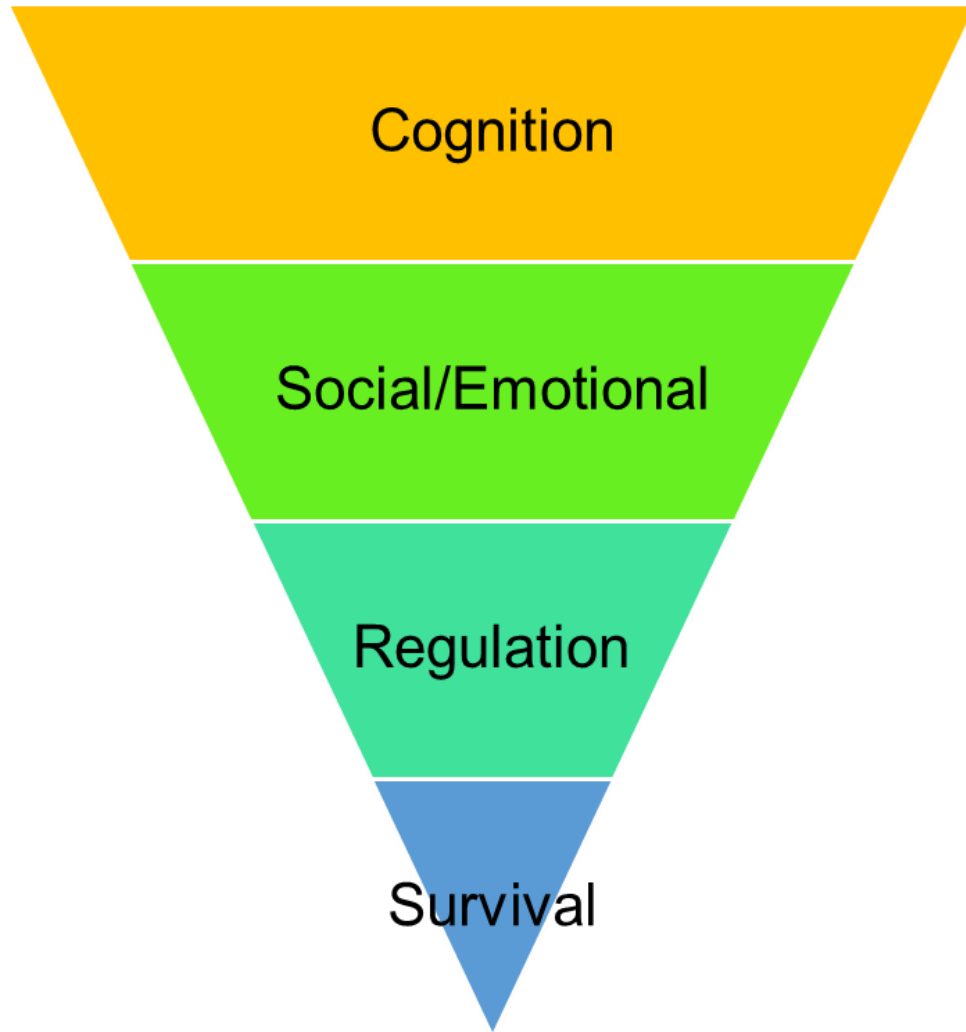


- Brains are built bottom up – survival comes first!
- Experiences (good & bad) build brain architecture
- “Use it or lose it”
- Brains have neuroplasticity

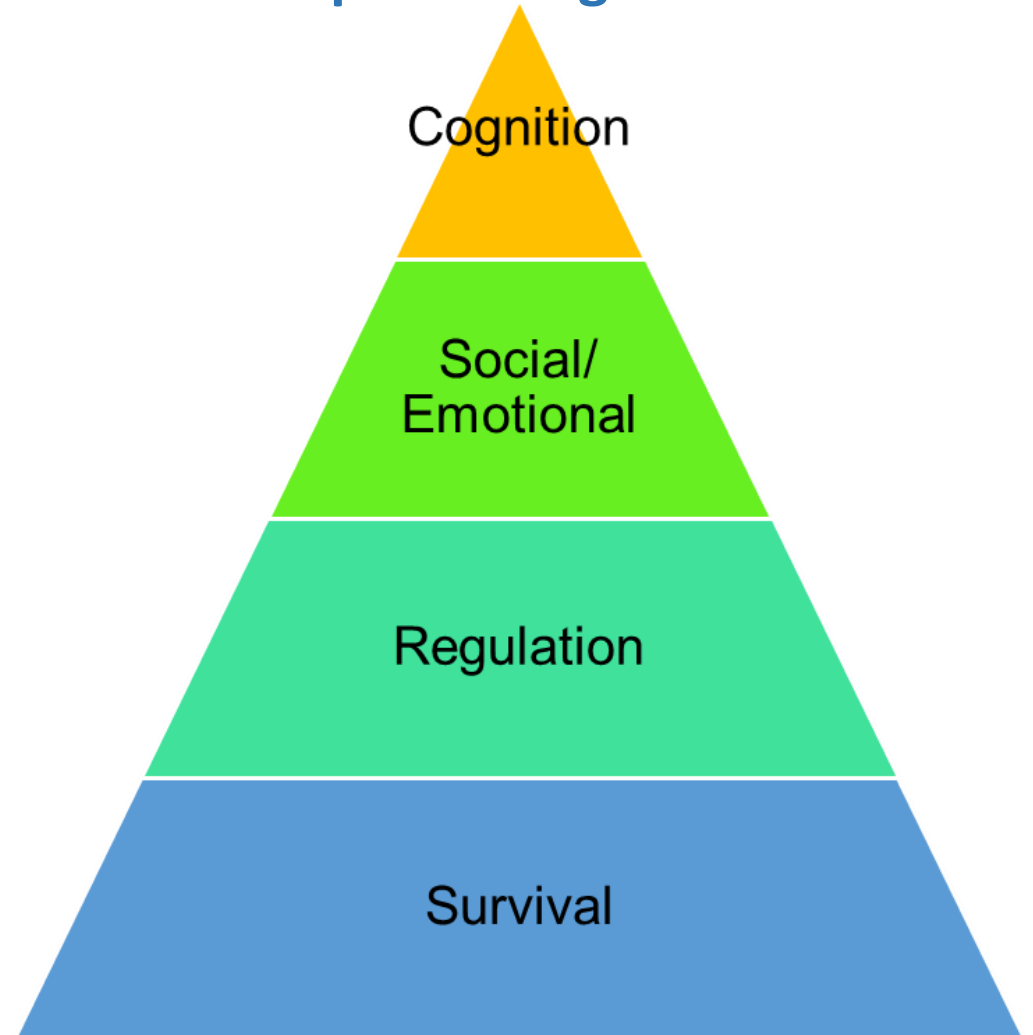




## Brain Energy Allocation When Regulated



## Brain Energy Allocation When Experiencing Harm



# Three Levels of Stress

## Toxic

**Prolonged activation of stress response systems in the absence of protective relationships, which can produce physiological changes that lead to lifelong problems in learning, behavior, and health.**

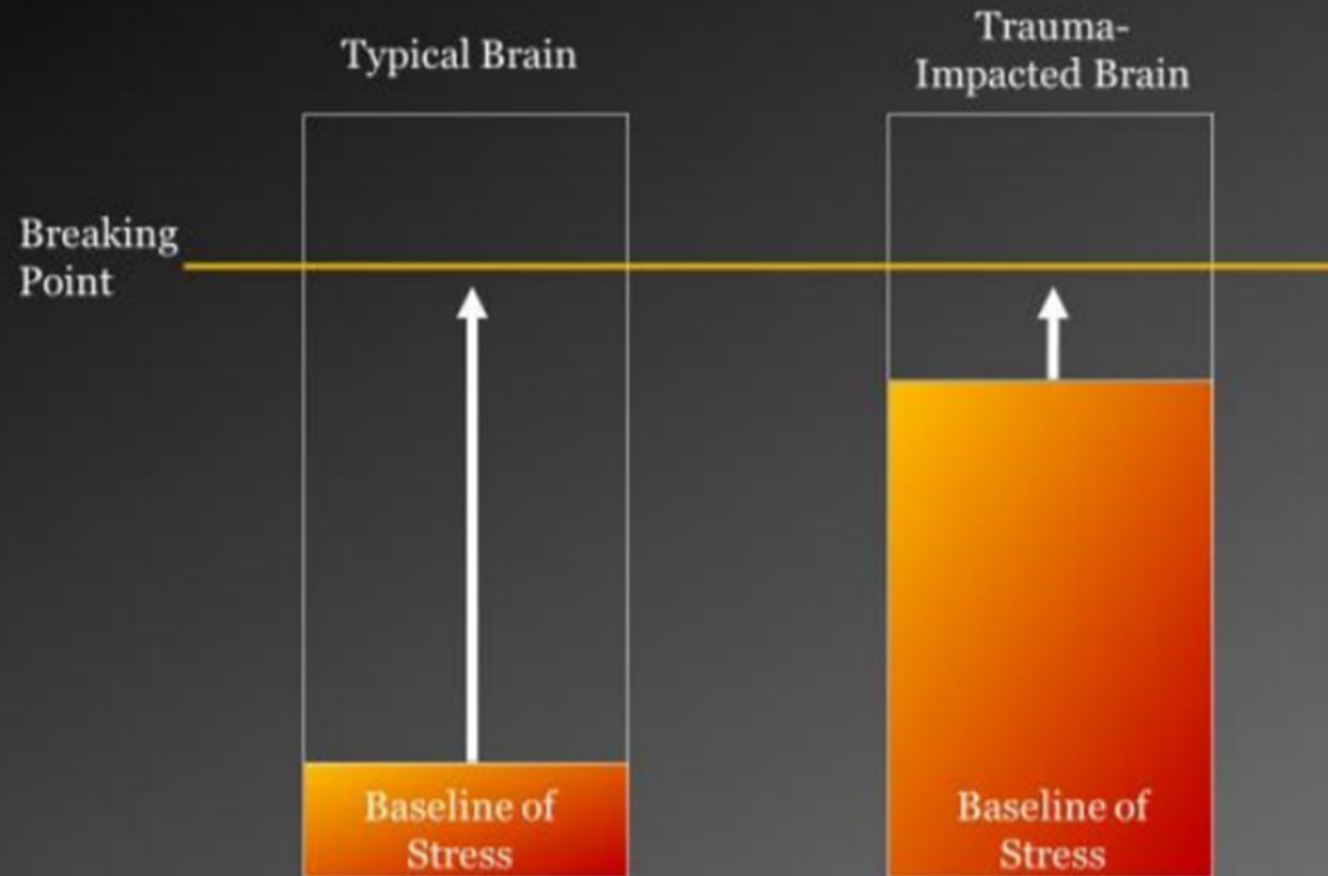
## Tolerable

**Serious, temporary stress responses, buffered by supportive relationships.**

## Positive

**Brief increases in heart rate, mild elevations in stress hormone levels.**

# Window of Stress-Tolerance



Heather T. Forbes

From Heather T. Forbes, *Help for Billy*

# Connections Build Better Brains

“What makes children get better following a trauma is... connection to other human beings...who are present who are patient, who are kind, who are sensitive.”

*Bruce Perry, MD, PhD*

“Early childhood trauma changes the biology of the brain. Early childhood support also changes the biology of the brain.”

*Jane Wheatley Crosbie, LCSW*

- How do you build healthy relationships in your work?
- How do you coach others to prioritize relationships?



# *Discussion*



# Objective 3



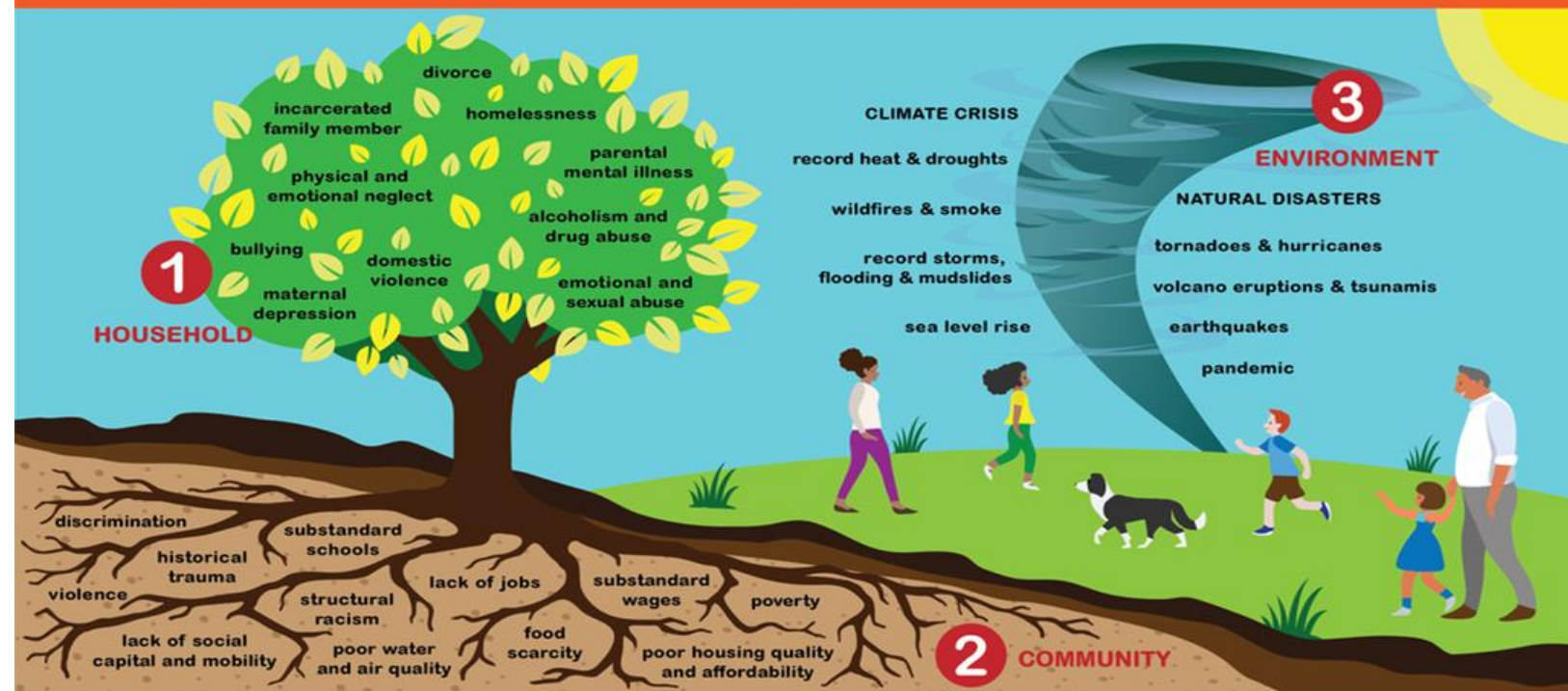
Impact of Early  
Adversity  
Across the  
Lifespan





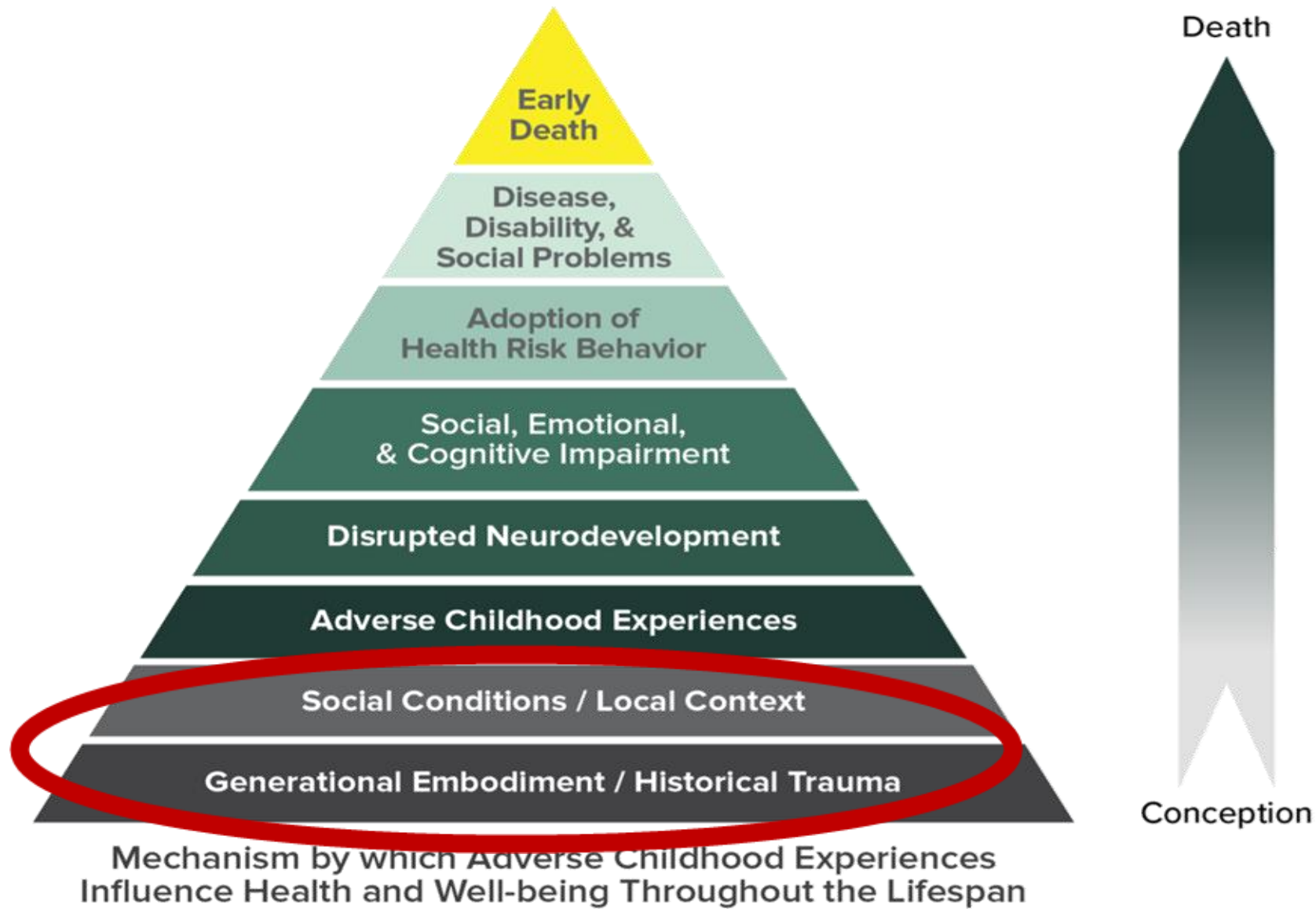
# 3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACESConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.





# Positive Childhood Experiences (PCEs)

## Family & Home

1. Felt able to talk with their families about their feelings
2. Felt their families stood by them during difficult times
3. Felt safe and protected by an adult in their home

## School & Community

4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Enjoyed participating in community traditions

# PCE Study Findings



PCEs can mitigate the negative mental health impact of ACEs in adulthood

Dose response:  
the more positive PCEs, the better the adult outcome

PCEs are critical for positive mental health even in the absence of ACEs  
*The absence of PCEs may result in more negative mental health than the presence of ACEs*

# Objective 4

The Toll of Caring  
for Those  
Who Have  
Experienced  
Trauma





*Does your work bring you into contact with people who have experienced trauma?*

*Does your work involve supporting people who work with trauma-exposed people?*



# What's Your Why?



*Take a minute  
to write down  
why you do  
this work.*

# Compassion Fatigue vs. Vicarious Trauma vs. Secondary Traumatic Stress

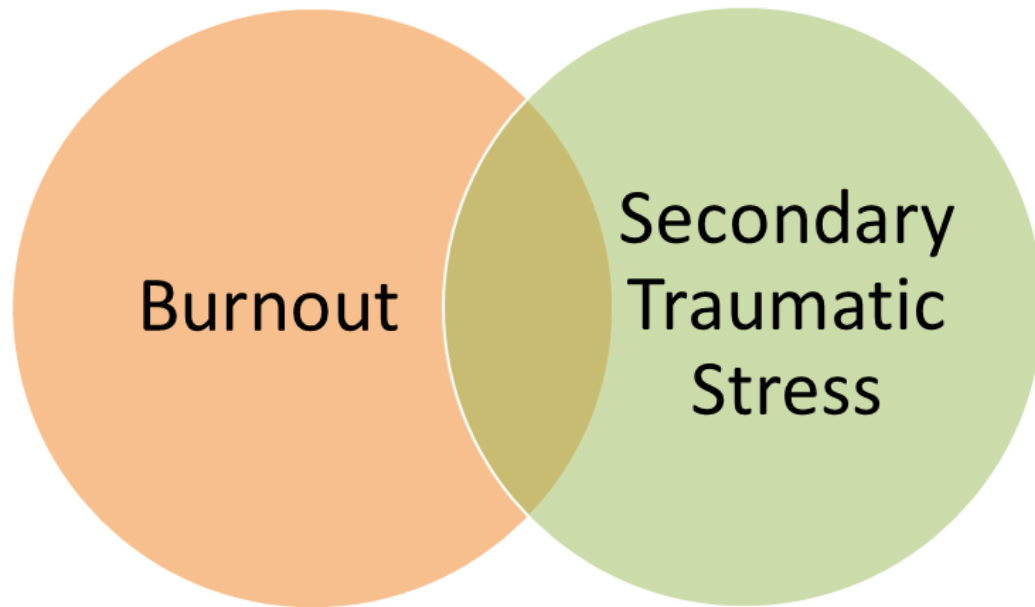


**Compassion Fatigue** “refers to the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate.” (Tend Academy)

**Secondary Traumatic Stress:** 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 (National Child Traumatic Stress Network).

**Vicarious Trauma** is defined as “a transformation of the helper's inner experience, resulting from empathic engagement with clients' trauma material” (Saakvitne & Pearlman, 1996, p. 40)

# Burnout



"The extinction of motivation or incentive, especially when one's devotion to a cause or relationship fails to produce the desired results."

*(Freudenberger, 1980)*

# Signs & Symptoms of STS

- *Hypervigilance, fear, excessive **anxiety***
- ***Avoidance**, inability to listen*
- ***Physical** ailments, chronic exhaustion, poor sleep*
- *Hopelessness, **depression**, **sadness**, feeling numb*
- ***Intrusive** thoughts, nightmares*
- *Anger, cynicism*
- *Minimizing*
- *Guilt*
- *Inability to embrace complexity & nuance*



# Sources of STS



- **Hearing** the stories of others in interviews, assessments, investigations
- **Reading** about traumatic experiences of consumers
- **Reviewing** case material
- **Seeing** images of trauma
- **High dose** of secondary trauma exposure (cumulative dose, and/or severity of trauma content)
- **Learning** about a trauma that seems close to you personally (e.g. same age child as one in your family)
- Chronic **poor outcomes** for those you serve

# Risk Factors for STS



- Professionals working with populations who have experienced trauma
- High rates of exposure to traumatic material: high caseloads, high percentages of trauma cases
- Personal history of trauma that is unresolved
- Not feeling trained, prepared, or competent to do your job
- Being new to the field
- High level of emotional intelligence and strong empathy

# Compassion Satisfaction

## The Good Stuff

The pleasure & satisfaction  
in & from helping people


## Rooted in...

- Helping people who need your help.
- Seeing the “system” work
- Working with colleagues
- Having an understanding of self
- Giving to the greater good, “passing it forward.”





# Signs of Compassion Satisfaction

- 
- Feeling happy
  - Willing to help others when called
  - Feeling competent in your work
  - Contributing to a team or colleague
  - Realistically caring for yourself

# Objective 5

Resilience:  
Why it Matters  
&  
Ways to Build It



# What is Resilience?

Psychologists define resilience as  
the process of adapting well  
in the face of  
adversity, trauma, tragedy, threats or  
significant sources of stress.

*American Psychological Association, “Building Your Resilience” 2020*

# Resilience



- The ability to survive and recover from adversity, to “bounce back” or “bounce forward”\*
- Requires flexibility, adaptability, persistence, grit
- Dynamic interaction between individual, family, community & system level resilience
- Is something we develop – can be built, nurtured, supported
- Resilience is not constant: there are times of more or less resilience in our lives; resilience varies over time and across context

*\*Dr. Connie White, Kentucky Department of Public Health*

# Resilience Allows People To



# How Do People Build Resilience?

## Connection

- Prioritize Relationships
- Join a Group
- Accept Help

## Wellness

- Care for the Physical Body
- Mindfulness
- Avoid Negative Outlets

## Healthy Thinking

- Keep Perspective
- Accept Change
- Optimistic Outlook
- Learn from the Past

## Meaning

- Self-Discovery
- Help Others
- Be Proactive
- Make and Work Toward Goals

# Helping Others Can Build Resilience



- “A study recently published in [Science](https://greatergood.berkeley.edu/article/item/little_helpers/) suggests that preverbal toddlers as young as 18 months old understand when adults need their assistance and will do their best to help out, even for no reward.” ([https://greatergood.berkeley.edu/article/item/little\\_helpers/](https://greatergood.berkeley.edu/article/item/little_helpers/))
- Many people build their own resilience in stressful times by helping others. Examples include:
  - *Interpersonal violence survivors volunteering to help others who have been assaulted.*
  - *Caring for children or other family members following the death of a loved one.*
  - *People in substance misuse recovery assisting others by becoming a sponsor of someone in early recovery.*
  - *Those who volunteer to clean up their communities after a natural disaster, even if their own homes were damaged.*



# Objective 6

Becoming  
Trauma-Informed  
In Your Work





*Imagine...*

- A program where people ask, “What happened to you and what can I do to help you achieve your goals?” instead of “What’s wrong with you?”
- A program committed to supporting the healing process while seeking actively to minimize the chance of re-traumatization.
- A program that recognizes strengths and builds competence and skill, through equitable provision of resources and customer choice.
- A program that builds resilience.

# Trauma-Informed Approach: 4 Key Elements (SAMHSA)

1. Realize

2. Recognize

3. Respond

4. Resist Re-  
traumatization



A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff and others involved with the system; **responds** by fully integrating knowledge about trauma into policies, procedures and practices; and seeks to actively **resist re-traumatization**.

## Trauma-Informed

**REALIZES** the widespread impact of trauma and understands potential paths for recovery

**RECOGNIZES** the signs and symptoms of trauma in individual and systemic levels

**RESPONDS** by fully integrating knowledge about trauma into policies, procedures and practices

**RESISTS** re-traumatization

## Resilience-Focused

**IDENTIFIES** programs and best practices proven to build resiliency at both individual and systemic levels

**INOCULATES** the system culture from the effects of stress and trauma *proactively* rather than reactively by having a strategic plan

**INSTILLS** a shared vocabulary and skills for resiliency into every aspect of the life of the system

**IMPROVES** the health of the entire system by promoting restoration, health and growth in ongoing ways

# Six Principles of Trauma-Informed Care

**Safety:**  
Physical &  
Psychological

**Trustworthiness &  
Transparency:**  
Relationships,  
operations, decisions

**Peer Support:**  
Provides hope,  
promotes safety, trust,  
collaboration & voice

**Collaboration &  
Mutuality:**  
Levels power  
differentials, values all  
roles

**Empowerment, Voice  
& Choice:**  
Promotes resilience,  
healing & recovery

**Cultural, Historical &  
Gender Issues:  
(Equity)**  
Counters stereotypes,  
bias, historic racism &  
other power imbalances

# Take-Home Messages



- *Trauma is a pervasive issue. Many individuals who receive behavioral health and human services have been exposed to traumatic events.*
- *Trauma-informed care understands the pervasiveness of trauma and commits to identifying and addressing trauma issues early.*
- *Trauma-informed agencies provide services that do not re-traumatize folks and commit to infusing TIC into policies and practices, with the ultimate goal to create trauma-free environments.*
- *Responding to individuals in a trauma-informed manner is crucial to overall health and must be a priority.*
- *In order to take care of others, you must take care of yourself and your colleagues.*

# Additional Resources



- Center for Disease Control and Prevention ACEs <https://www.cdc.gov/violenceprevention/aces/>
- Center for the Study of Social Policy <http://www.cssp.org>
- Center on the Developing Child at Harvard University <http://developingchild.harvard.edu>
- Child Welfare Information Gateway <https://www.childwelfare.gov>
- National Alliance of Children's Trust and Prevention <http://ctfalliance.org>
- National Child Traumatic Stress Network: <https://www.nctsn.org/>
- Substance Abuse and Mental Health Services Administration [www.samhsa.gov](http://www.samhsa.gov)



# Additional Resources




- Kentucky Strengthening Families focuses on building and supporting protective factors to mitigate risk factors including adverse childhood experiences. For additional training opportunities, visit <https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/kysf.aspx>
- Trauma-Informed Care Missouri Model: <https://dmh.mo.gov/trauma>
- Explaining the Brain to Children and Adolescents by Allison Jackson, PhD: <https://vimeo.com/109042767>
- HOPE (Healthy Outcomes from Positive Experiences) Center: <https://positiveexperience.org/>
- PaRK (Partnership for a Resilient Kentucky): [https://drive.google.com/drive/folders/1XpxTutOVxYgJ56vb3Czp4r2ZrtaVzrnw?usp=share\\_link](https://drive.google.com/drive/folders/1XpxTutOVxYgJ56vb3Czp4r2ZrtaVzrnw?usp=share_link)

# Support & Helpline Resources



- Kentucky Child Abuse Hotline: 1-877-597-2331
- Suicide Prevention Lifeline: 988 for text or call
- National Human Trafficking Hotline: 1-888-373-7888/ text: BeFree (233733); <https://humantraffickinghotline.org/>
- Kentucky Association of Sexual Assault Programs: 1-800-656-HOPE; <https://www.kasap.org/>
- Kentucky Coalition Against Domestic Violence: 1-800-799-SAFE; <https://kcadv.org/>
- Kentucky's Regional Community Mental Health Centers: <http://dbhdid.ky.gov/cmhc/default.aspx>



**988** SUICIDE & CRISIS  
**LIFELINE**

**24/7 CALL, TEXT, CHAT**



**988**  
**LÍNEA DE  
PREVENCIÓN  
DEL SUICIDIO  
Y CRISIS**

Si tú o alguien que conoces  
necesita apoyo,  
llama al **988**  
(servicio en español)  
o envía un texto al **988**  
o chat vía **988lifeline.org**  
(en inglés).

PEP22-08-03-000

# Contact

Julie Brooks  
Kentucky Department for Public Health

Cell: (502) 229-3377  
Email: [julied.brooks@ky.gov](mailto:julied.brooks@ky.gov)