Trauma Informed Care

Family Resource Centre

STEPS Society of Red Deer

Table of Contents

Objective: Develop a trauma-informed lens as caregivers, learning to identify causes and symptoms of trauma and develop strategies to assist individuals to work through the trauma.

What is Trauma?

According to the American Psychological Association (APA), trauma is "an emotional response to a terrible event like an accident, rape, or natural disaster."

Emotional and psychological trauma is the result of extraordinarily stressful events that shatter a person's sense of security, creating a feeling of helplessness and vulnerability in a dangerous world.

Traumatic experiences often involve a threat to life or safety, but any situation that leaves someone feeling overwhelmed and alone can be traumatic, even if it doesn't involve physical harm. It's not the objective facts that determine whether an event is traumatic, but the person's subjective emotional experience of the event. The more frightened and helpless one feels, the more likely he or she has been traumatized.

During a traumatic event, people with intellectual disabilities may experience intense fears and feelings of helplessness beyond their normal coping capacity.

Give some examples of what might be considered traumatic events:

_____

_____

_____

_____

Trauma can be one major “big T” event, or it might be a number of “smaller t” events affecting an individual over a period of time. Examples of “smaller t” incidents might include feeling different, feeling unaccepted and not part of a group, and being unable to do what others can do.

All trauma is stressful, but not all stress is traumatic.

What do I mean by that statement?

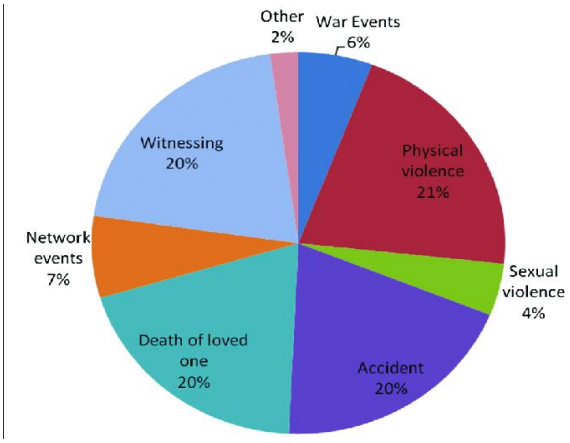
_____

_____

Response to stress and trauma is individual and what is traumatic for one person may not be for another. I define stress, not as the load but the resources to handle the load. In other words, trauma is determined by the individual, not the event. A person’s resilience is the ability to find the resources to cope with stress and catastrophe.

How often do people with Intellectual Disabilities experience trauma?

Some research estimates that 60–75% of people in North America experience a traumatic event at some point.



Victims with cognitive disabilities (like intellectual and developmental disabilities) were more likely to experience abuse throughout their life time.

In 2018 - Joe Shapiro reported that individuals with disabilities are 7 times more likely to be sexually abused.

2017 - The Bureau of Justice reported that individuals with disabilities are 2.5 times more likely to be victims of violent crimes and 40% are likely to know the perpetrator.

2013 - The Spectrum Institute reported after surveying over 7,600 people with disabilities and their families that 70% reported having been sexually, physically or financially abused at some point in their lives. 90% reported that the abuse had been ongoing and only 37% stated that they had reported the abuse to the authorities.

People with intellectual and developmental disabilities experience similar kinds of trauma as other people without disabilities and in some cases, because of their vulnerability, may experience quite different forms of trauma.

What are some examples of trauma that individuals with disabilities are most likely to experience in their life time? Why?

_____

_____

_____

_____

What happens to the brain during trauma?

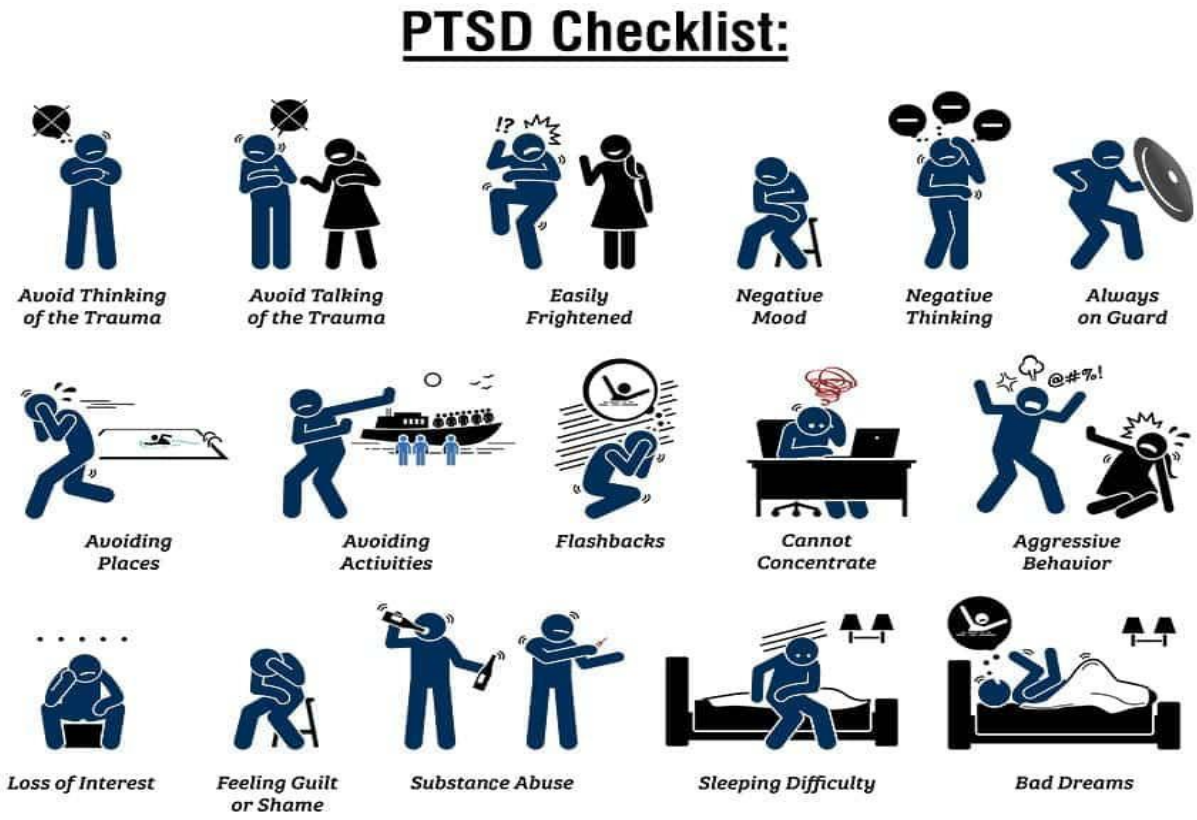
Karyn Harvey states, "An easy way to divide the brain is into the Smart Brain, the neo-cortex which includes planning, decision making, impulse control and higher level functions. The

Emotional Brain is the part that stores memories and responds to events based on past experiences as well as on highly charged events, such as current dangerous situations. This is the part of the brain that triggers "fight flight or freeze responses when danger is perceived. The Mechanical Brain is the part that keeps the heart pumping, blood flowing and helps the body to function. Here we want to focus on the emotional brain as central to trauma." I will expand on this later in our lesson.

How do we identify if someone has experienced trauma?

A term that we hear a lot today is Post-Traumatic Stress Syndrome: So what is it?

PTSD develops when the symptoms of trauma persist or get worse in the weeks and months after the stressful event. PTSD is distressing and interferes with a person's daily life and relationships.



Most people who experience a traumatic event do not develop PTSD. The National Institute of Mental Health estimate that the lifetime prevalence of PTSD is 6.8%.

In all cases it is best to assume trauma and obtaining an accurate diagnosis is important in order to distinguish trauma symptoms from psychotic symptoms.

What are the signs that point to possible traumatization?

- New disruptive behaviors suddenly appear (examples include aggressive or avoidant behaviors known as Arousal)
- Attention seeking behaviors
- Reoccurrence of previously displayed disruptive behaviors, or an increase in frequency and severity of these behaviors
- Nightmares and flashbacks; hyperactivity, headaches, stomachaches, back pain
- Sleeplessness, over-alertness, concentration problems, short temperedness
- Lack of energy and enthusiasm for doing the things typically enjoyed
- Excessive fear of others, or worries about who is working on specific shifts in their home, at work, place of employment or at their day program
- Repetition of statements about a certain event that may seem to be unrelated

What are some other smaller signs and symptoms that someone is experiencing trauma?

_____

_____

_____

_____

Outside of a trauma response, what are ways in which we may be able to determine if trauma has occurred?

_____

_____

_____

_____

As caregivers we need to be aware of **Vicarious** or **Secondary trauma** as it is another form of trauma. With this form of trauma, a person develops trauma symptoms from close contact with someone who has experienced a traumatic event.

What is trauma-informed care?

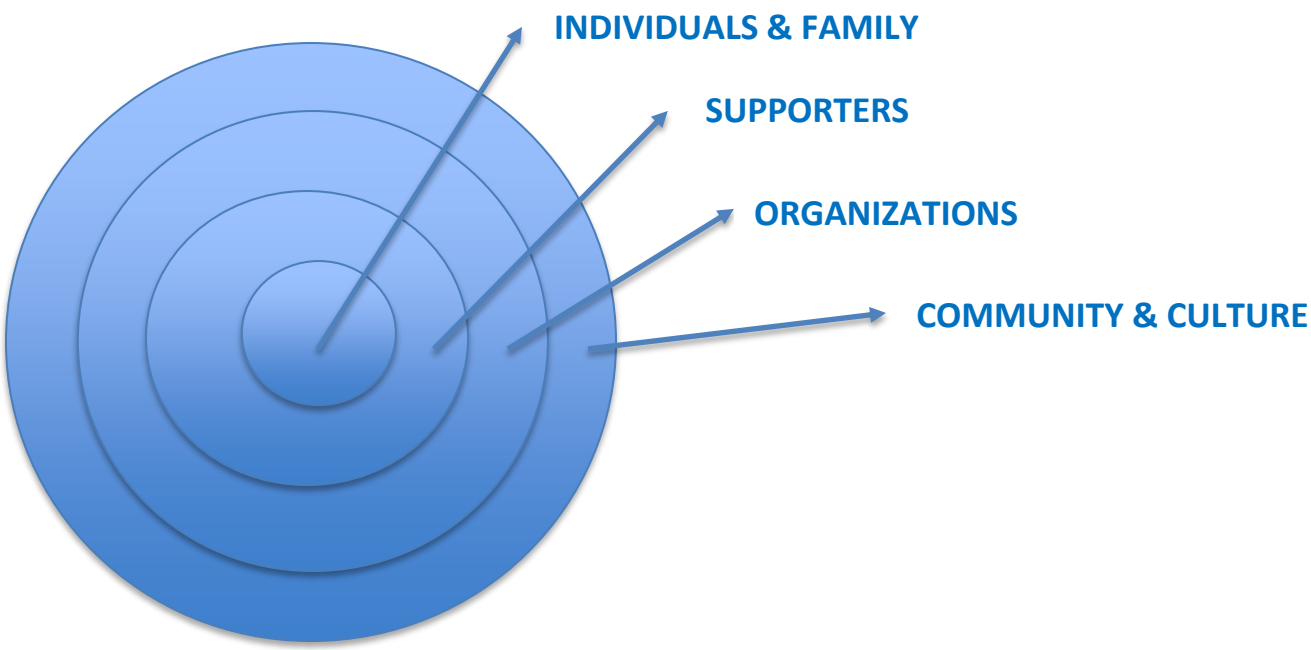
Trauma-informed care is a strengths-based framework with the following principles:

- acknowledge the prevalence of trauma (see pg. 4)
- recognize the signs of trauma (see pg. 6)
- provide supports to prevent re-traumatization and encourage healing

Trauma-informed care is a shifting of mindset away from "What is wrong with this person?" to "How has trauma impacted this person?"

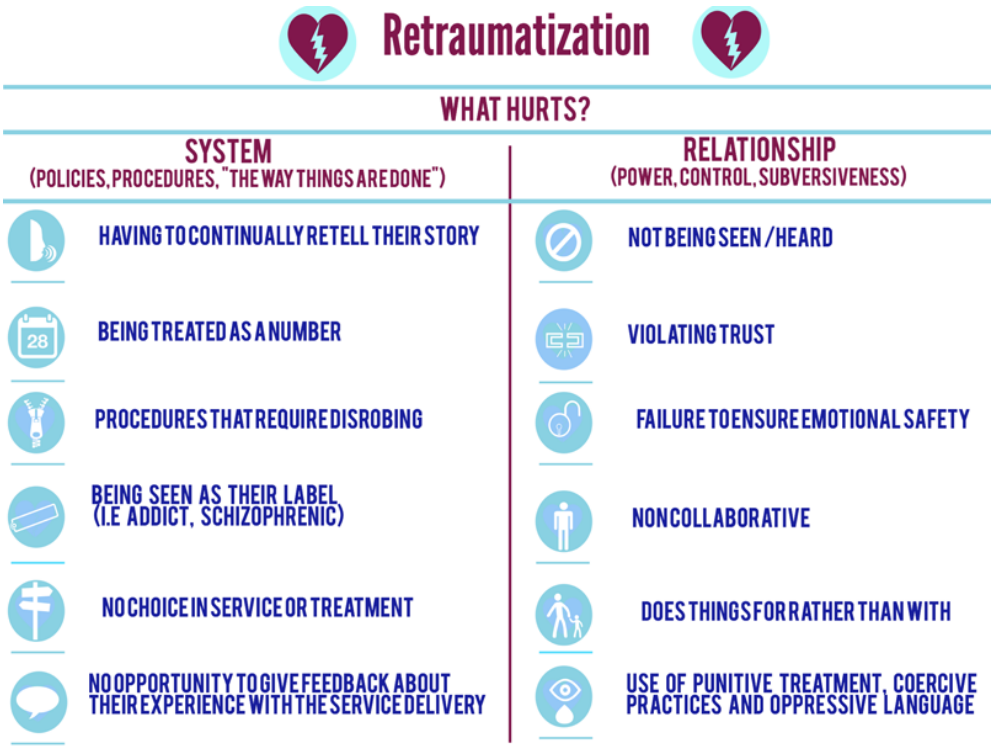
BEHAVIOUR	**ILLNESS PERSPECTIVE** ***"What is wrong with you?"***	**TRAUMA-INFORMED PERSPECTIVE** ***"How has trauma impacted you?"***
Gets highly emotional when asked to do something new	Wants own way Difficult, resistant, avoidant	Has developed protective coping strategies Reactions may be fear-based
Constantly wants to hug and touch strangers	Has no boundaries Needy and attention-seeking	
High unemployment rate among those with disabilities	Unemployable Can't keep a job Incapable	
Examples of what you have seen?		

Trauma-informed care should exist within all levels of support provided to an individual.



Trauma-informed care provides support to prevent re-traumatization.

Re-traumatization is a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event.



Based on the chart above, how could we prevent re-traumatization from both the system and relationship levels?

SYSTEM		RELATIONSHIP	
RISK	PREVENTION	RISK	PREVENTION
Having to retell story	Write it out, journal	Not being seen or heard	Be an active listener

How do we assist those who are suffering from trauma?

Trauma-informed care provides supports to encourage healing.

a) 4 Keys to Healing Trauma

There are 4 ingredients that are key to healing when someone has experienced trauma.

They are Safety, Connection, Empowerment, and Positive Identity.

Safety

Trauma violates safety and trust.

Trauma-informed care involves creating an environment where safety and trust are promoted, both for the individual and for staff.

Tips for Building Safety & Trust

- Learn about their history and how trauma may be present
- Listen and show respect
- Figure out what makes the person feel safe
- Consider the use of language
- Consider actions
- Consider the physical environment
- Be honest and transparent
- Practice emotional regulation

Provide a personal example of how you made someone feel safe

_____

_____

_____

Connection

Trauma is inherently disconnecting. It disconnects us from self and others.

Individuals with disabilities are often chronically isolated. This isolation further intensifies their trauma. It is a vicious cycle.

Trauma-informed care involves facilitating healthy connection with others.

Tips for Building Connection

- Teach communication skills
- Teach conflict resolution skills
- Teach emotional regulation
- Coach in relationship building
- Support the expansion of a social network

Provide a personal example of how you supported connection

_____

_____

_____

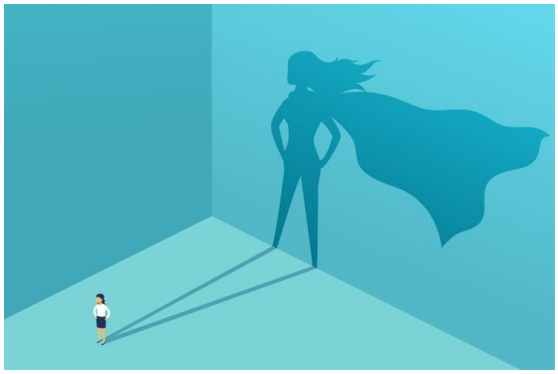
Empowerment

Trauma reinforces the belief that events happen outside of our control.

Trauma-informed care involves creating an environment where individuals are involved in decision-making about services they receive.

Tips for Building Empowerment

- Consider power imbalances
- Provide informed consent
- Give space and time for expression and feedback
- Provide real choices
- Develop client-centered practices
- Support goal setting



Provide a personal example of how you supported empowerment

_____

_____

_____

Positive Identity

Trauma can erode our sense of self and our sense of meaning.

Trauma-informed care involves assisting others to develop a positive self-image.

Tips for Building Positive Identity

- Identify and focus on strengths
- Honour and utilize resiliency
- Affirm diversity
- Support enjoyable activities and interests
- Celebrate achievement
- Identify and connect to a purpose

Provide a personal example of how you helped build a positive identity

_____

_____

_____

b) Immediate Support during a Trauma Response

There are things we can do to support someone who is experiencing a trauma response:
(see also pg. 14)

1. Remove them from the environment, situation, or person
2. Engage in self-soothing with the 5 senses: vision, hearing, smell, taste, touch
3. Practice breathing exercises
4. Practice stretching and/or muscle tension and release

Long-Term Response to Trauma

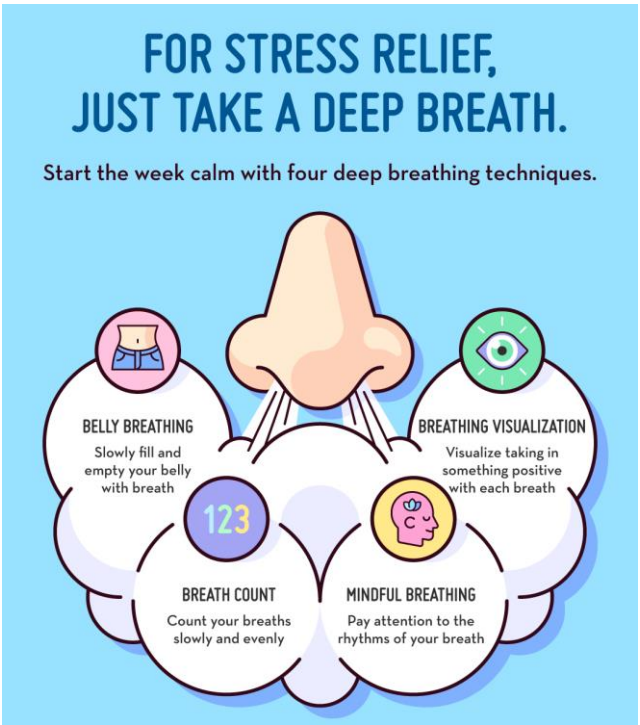
It is important to learn when it is appropriate to make a referral for diagnosis and treatment.

That being said, simple techniques can have a big impact on someone struggling with trauma.

In Part II, we will look at Long-Term response and treatment to trauma with a specific focus on strategies that help the individual work through their trauma using a Cognitive Therapy Model.


SOOTHE YOURSELF WITH YOUR SENSES
• Get outside and look at nature
• Light a candle and watch it flicker
• Watch a movie that makes you happy
• Make a collage with magazines or Pinterest
• Look at photos of good moments and loved ones
• Smell flowers
• Boil cinnamon
• Bake some cookies or bread
• Light a scented candle or incense
• Apply your favourite perfume or lotion
• Listen to a guided meditation
• Listen to upbeat or relaxing music
• Call a loved one to hear a comforting voice
• Listen to white noise, rain, or nature sounds
• Sit outside and pay attention to what you hear
• Hug someone
• Get a massage
• Have a bubble bath
• Stand in the grass barefoot
• Put a hot or cold compress on your forehead
• Chew gum or a mint
• Eat your favourite meal
• Make a soothing drink such as herbal tea
• Try a food or flavour you've never tried before
• Eat something that reminds you of good times


The 5-4-3-2-1 Grounding Technique
Ease your state of mind in stressful moments.
Acknowledge 5 things that you can see around you.
Acknowledge 4 things that you can touch around you.
Acknowledge 3 things that you can hear around you.
Acknowledge 2 things that you can smell around you.
Acknowledge 1 thing that you can taste around you.


FOR STRESS RELIEF, JUST TAKE A DEEP BREATH.
Start the week calm with four deep breathing techniques.
BELLY BREATHING
Slowly fill and empty your belly with breath
BREATHING VISUALIZATION
Visualize taking in something positive with each breath
123
BREATH COUNT
Count your breaths slowly and evenly
MINDFUL BREATHING
Pay attention to the rhythms of your breath


PROGRESSIVE MUSCLE RELAXATION (PMR)
Anxiety and stress can create muscle tension. Learn to relax using PMR, where you create tension and release the different muscle groups of your body one at a time.
HOW TO DO IT
1 Choose a quiet place and set aside about 15-20 minutes for this exercise.
2 You'll squeeze your muscles from the feet to your head: feet, legs, hands, arms, buttocks, stomach, chest, shoulders, neck, mouth, eyes, and forehead.
3 Focus on the first target muscle group. Take a slow, deep breath in and tense (squeeze) the muscle group, holding it for 5-10 seconds.
4 Focus on the difference between the tensed muscle and the relaxed muscle.
5 Relax for 10-20 seconds before moving onto the next muscle group.
6 Once you finish, count backwards from 5 to 1 to bring your focus back to the present.
Don't tense your muscles too hard! You shouldn't feel any pain or cramping during the exercise.

Note: For those taking this course in the Family Resource Centre Program we will meet on MS Teams and go through the following Case Study of Amanda. We will seek to extrapolate the facts given in Amanda's story and correspond them with the trauma informed principles we discussed in the video.

The Case of Amanda

Background: Amanda is an 8 year old Caucasian girl who has lived with her aunt, Helen, for the past 5 months. Helen is committed to caring for Amanda and her special needs and is seeking guardianship. Amanda's behaviors have been escalating and Helen is finding it more difficult to care for her and would like support. Amanda constantly asks Helen if she will be staying with her forever.

Amanda has moved around to many different relatives and family friends since she was 2. She was removed from her parents at age 2 and returned when she was 3 and recently removed again 1 year ago. In her early years she was exposed to chaotic and violent environments. She was born while her mother was in a transition home for recovering addicts. Afterwards her parents reunited for a period of time but her father then disappeared as there were warrants for his arrest. She has not seen her mom for the past year. While in the care of her mom she moved around a lot and mom had many different men in the homes.

Strengths: Amanda can be engaging and smiles shyly upon first meeting someone new. She is engaging when she is comfortable with people and can be quite chatty and funny. She does well with colouring and painting. Amanda has lots of energy and loves to climb on the playground equipment. She likes to help younger children and often plays well with her younger cousins.

Challenges: She tends to be clingy with Helen and does not want to leave her side. Amanda seems to question non-stop how long she will be allowed to live with Helen. She can be explosive when her needs are not met and when things do not go as she thought they were planned. It can take her a couple minutes to explode but hours to calm down. These meltdowns can happen frequently. When she is exploding she yells, swears, throw things and can destroy things around her. She does this both in home and in school. She has locked herself in the bathroom when she was triggered by something and it takes a while to coax her to come out. She gets extremely angry and can be aggressive.

Amanda gets overwhelmed by busyness and noises – like the school bell. She comes to school appearing tired and on high alert. She knows what is happening around her even if she is not directly involved. Helen says that she has a difficult time sleeping and has night terrors. She can often be found either twisting her hair or rocking. At times she hides in her closet at home.

When she's stressed she will also suck her thumb. She is hungry all the time and takes others' lunches at school.

While Amanda can be engaging with adults she has difficulty making friends with peers as she can be quite bossy and intimidating. She gravitates to younger children or children who have gone through similar situations. She pushes others around physically and emotionally, making sure she is first in line. The students in her class don't seem to like her.

At school she is often disruptive and gets easily frustrated. She is often defiant and refuses to do the tasks asked of her. Things are especially hard when there is substitute teacher. She is easily distracted. While she appears to have good expressive language she does not seem to fully understand what she is being told and is often a couple steps behind the class in tasks. She loses her school supplies and often things are spilling out of her desk. She often calls herself dumb and compares herself to others.

Amanda has been diagnosed with ADHD and Oppositional Defiant Disorder. There is some concern by the social worker that Amanda has FASD. She has recently been given a prescription for Ritalin but this doesn't seem to have changed anything. Helen tried a consequence-based behavioural chart system but Amanda tore it up.