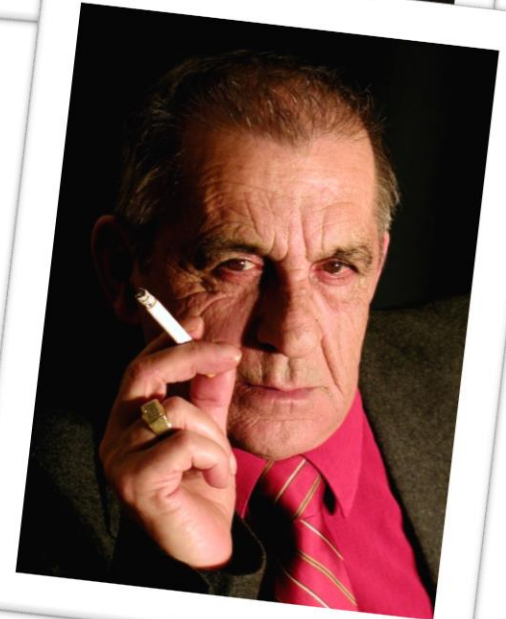
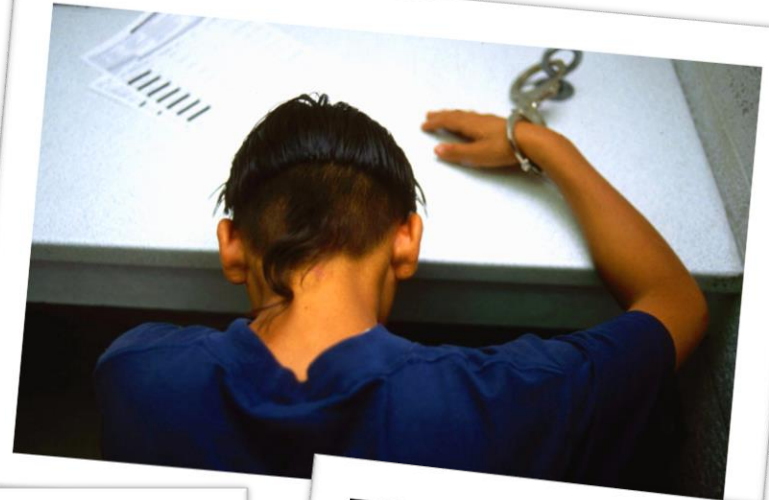




# Trauma Informed Care: Looking at behaviors through a trauma Lens

Gladys Noll Alvarez LISW, IMH-E ®

Trauma Informed Care Project Coordinator



*“What’s  
wrong with  
these people?  
Don’t they  
know any  
better?”*

**Understanding Unhealthy Behaviors Differently**



**Trauma Informed Care: is a paradigm shift**

# Trauma Informed Care (TIC) is.....

**Not a mental health intervention....it is....**

- Organizational structure
- Treatment framework
- Understand, recognize, respond to trauma effects
- Emphasis on physical, psychological and emotional safety for both *consumers* and *providers*
- Help survivors rebuild a sense of control and empowerment

Essentially TIC is.....

# RESILIENCE

Building resilience in individuals so that  
the whole community/organization can  
thrive!!!

# 4 Essentials of TIC

- **Connect** – Focus on Relationships
- **Protect** – Promote Safety and Trustworthiness

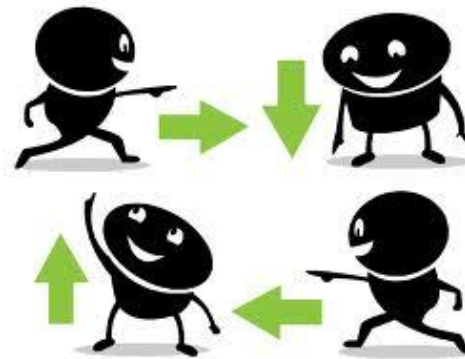


Hummer, V., Crosland, K., Dollard, N., 2009



# Essentials of TIC

- **Respect** – Engage in Choice and Collaboration
- **Redirect** (Teach and Reinforce) – Encourage Skill-Building and Competence



# Core Principals Revisited

(Fallot & Bebout; APA Convention 2013)

8

## Consumers: ask these 5 questions

- **Safety**- physical/emotional safety
- **Trustworthiness**-maximize, make tasks clear; appropriate boundaries
- **Choice**-enhance consumer choice and control
- **Collaboration**-max and share power
- **Empowerment**- prioritize and skill building every opportunity

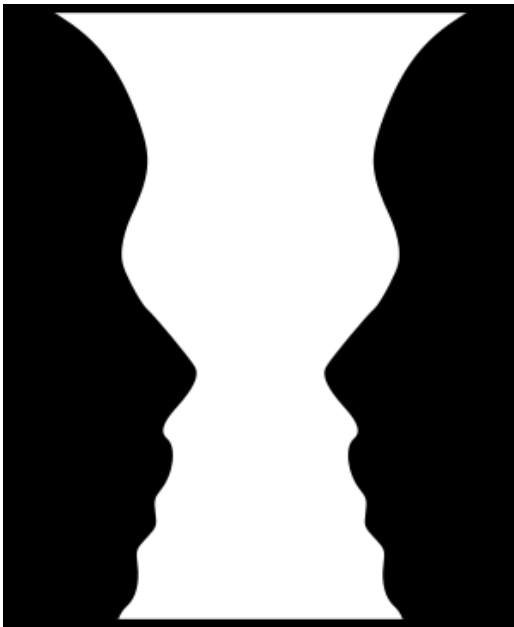
## Staff: ask these 5 questions

- **Safety**-ensure for staff
- **Trustworthiness**- maximize as administrators and supervisors; make tasks and procedures clear; be consistent
- **Choice**- enhance staff choice/control in their day to day work
- **Collaboration**- max and share power with staff members
- **Empowerment**-prioritize staff skill building; provide resources



*Trauma...*

is something which threatens one's  
physical or psychological integrity.



Traumatization occurs  
when  
both internal and external  
resources  
are inadequate to cope  
with external threat.”

Bessel van der Kolk, 1989

# Traumatic Stress...

## Results from exposure to traumatic experiences

- Physical and emotional responses-pounding heart,
- Rapid breathing,
- Trembling,
- Dizziness
- Loss of bladder or bowel control
- Overwhelms ability to cope
- Elicit feelings of terror, powerlessness, and out-of-control physiological arousal

Marsenich, L. 2010, CA Institute of Mental Health

## 4 Types of Trauma

---



1. Acute

2. Chronic

3. Complex

4. Historical/Intergenerational



# Acute trauma:

- A single event that lasts for a limited time
- Examples: car accident, witnessing a crime, natural disaster



# Chronic trauma:

The experience of multiple traumatic events, often over a long period of time



# Complex Trauma...

## Specific kind of chronic trauma :

- Multiple traumatic events that begin at a very young age, typically under 5.
- Caused by adults who should have been caring for and protecting the child



Sources: Cook et al. (2005). *Psychiatric Annals*, 35 (5), 390-398;  
van Der Kolk, C. A., & Courtois, B. A. (2005). *Journal of Traumatic Stress*, 18, 385-388.

# Historical Trauma...

- Accumulative emotional and psychological pain over lifespan
- Across generations
- Result of massive group trauma  
(Yellow-Horse Brave Heart, 1995)





# Historical Trauma can impact genetic make-up (epigenetics) and world view:

- Unsettled trauma or grief
- Depression, high mortality
- Increase of alcohol abuse, child abuse and domestic violence
- Response to authority figures

For many groups such as:

- Lakota and other American Indians
- Jewish Holocaust survivors and descendants
- African Americans

(Brave Heart, 2000)

# Interpersonal Violence

- ***Tends to be more traumatic than natural disasters***
- More disruptive to our sense of trust and attachment
- ***Experienced as intentional*** rather than as “an accident of nature”

Dissociation, 2009)

(International Society for the Study of Trauma and



# Prevalence of Trauma

- Children who experience child abuse and neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime.

(Child Welfare Information Gateway, 2006)



# Prevalence of Trauma

- More than *1 in 3 women* (35.6%) and more than *1 in 4 men* (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner. (CDC,2013)
- Nearly 80% of female offenders with a mental illness report having been physically and/or sexually abused. (Marcenich, 2009)
- 75% of women and men in treatment for substance abuse report trauma histories. (SAMSHA/CSAT, 2000)

# Traumatic Stress...

Results from exposure to traumatic experiences

- Physical and emotional responses
  - pounding heart
  - Rapid breathing
  - Trembling
  - Dizziness
  - Loss of bladder or bowel control
  - Overwhelms ability to cope
  - Elicit feelings of terror, powerlessness, and out-of-control physiological arousal



# Adverse Childhood Experiences (ACE) Study

Decade long study involving 17,000 people.

Examines the health and social effects of ACEs throughout the lifespan.

Largest study ever done on this subject.

General Findings: Childhood experiences are powerful determinants of who we become as adults.



**Dr. Vincent Felitti**



**Dr. Rob Anda**

# Research shows: What are Adverse Childhood Experiences?

“Adverse childhood experience” means a potentially traumatic event occurring in childhood that can have negative, lasting effects on an individual’s health and well-being.

The original ACE study explained

## **Abuse:**

- physical, sexual, psychological

## **Neglect:**

- emotional, physical

## **Exposure to other traumatic stressors/ household dysfunction:**

- substance abuse, divorce, mental illness, domestic violence, criminal behavior

# ACEs can have a lasting impact on:

## Health

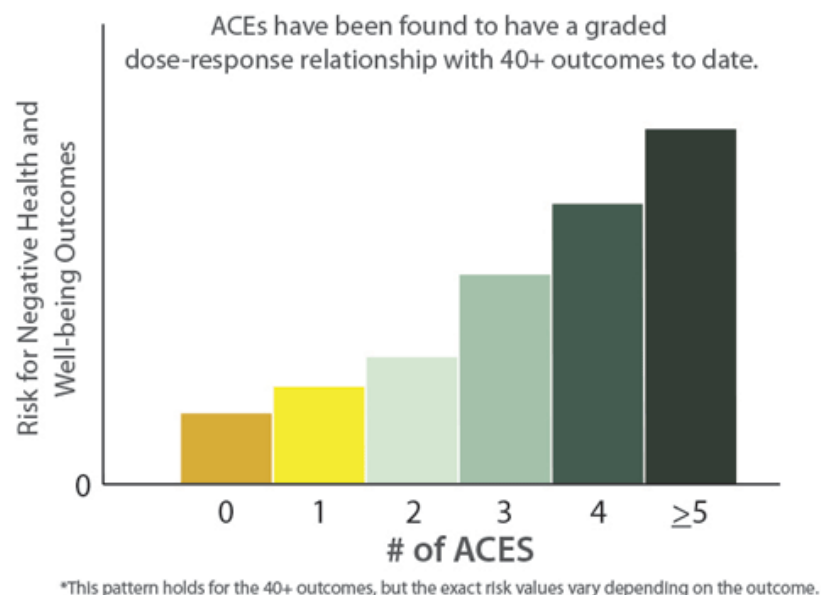
- Obesity, diabetes, depression, STDs, heart disease, cancer, stroke, COPD, broken bones, suicide attempts

## Behaviors

- Smoking, risky sexual behavior, alcoholism, drug use

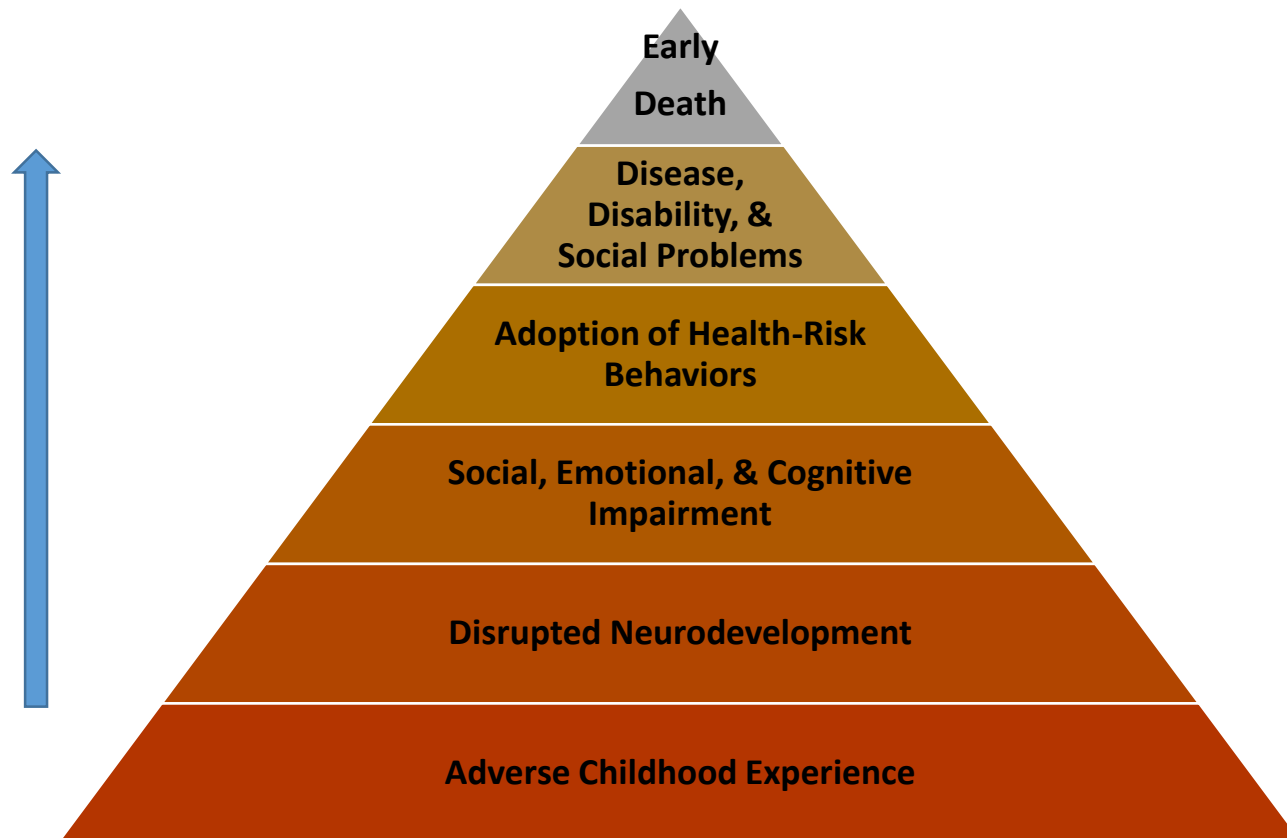
## Life Potential

- Graduation rates, academic achievement, time lost from work



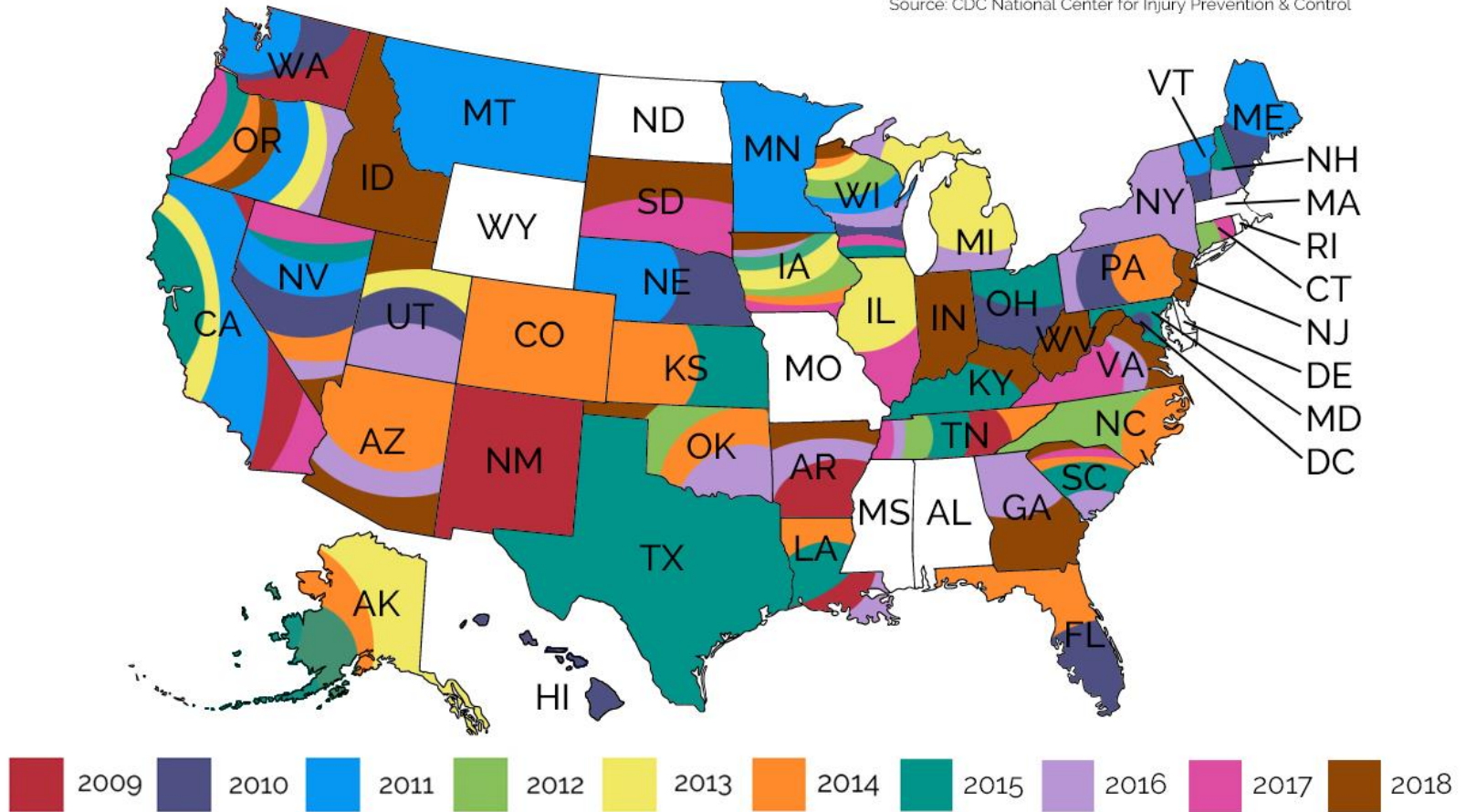
Source: Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults - The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258.



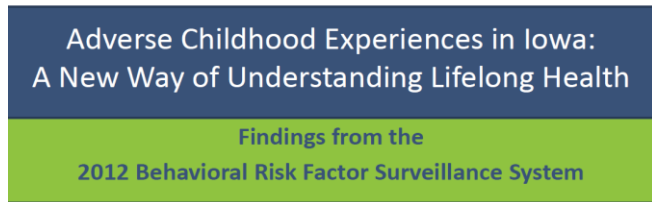


Original ACEs Conceptual Framework

Source: CDC National Center for Injury Prevention & Control



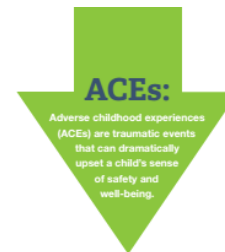
## 2012 Iowa ACEs Report



Commissioned by the  
Central Iowa ACEs Steering Committee



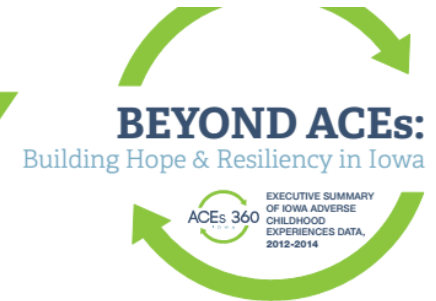
## 2015 Iowa ACEs report



**8 types of studied ACEs in Iowa**

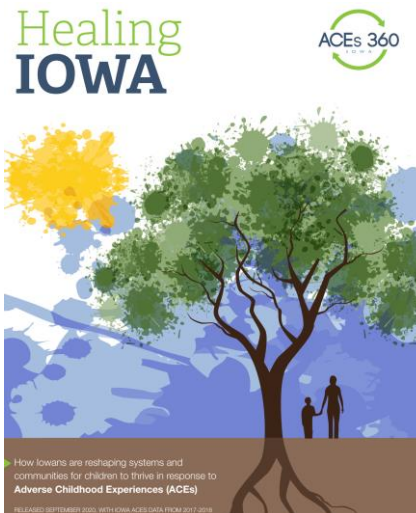
ABUSE

- 1 Physical
- 2 Emotional



Adverse Childhood Experiences and Iowa's  
**opportunity to respond**

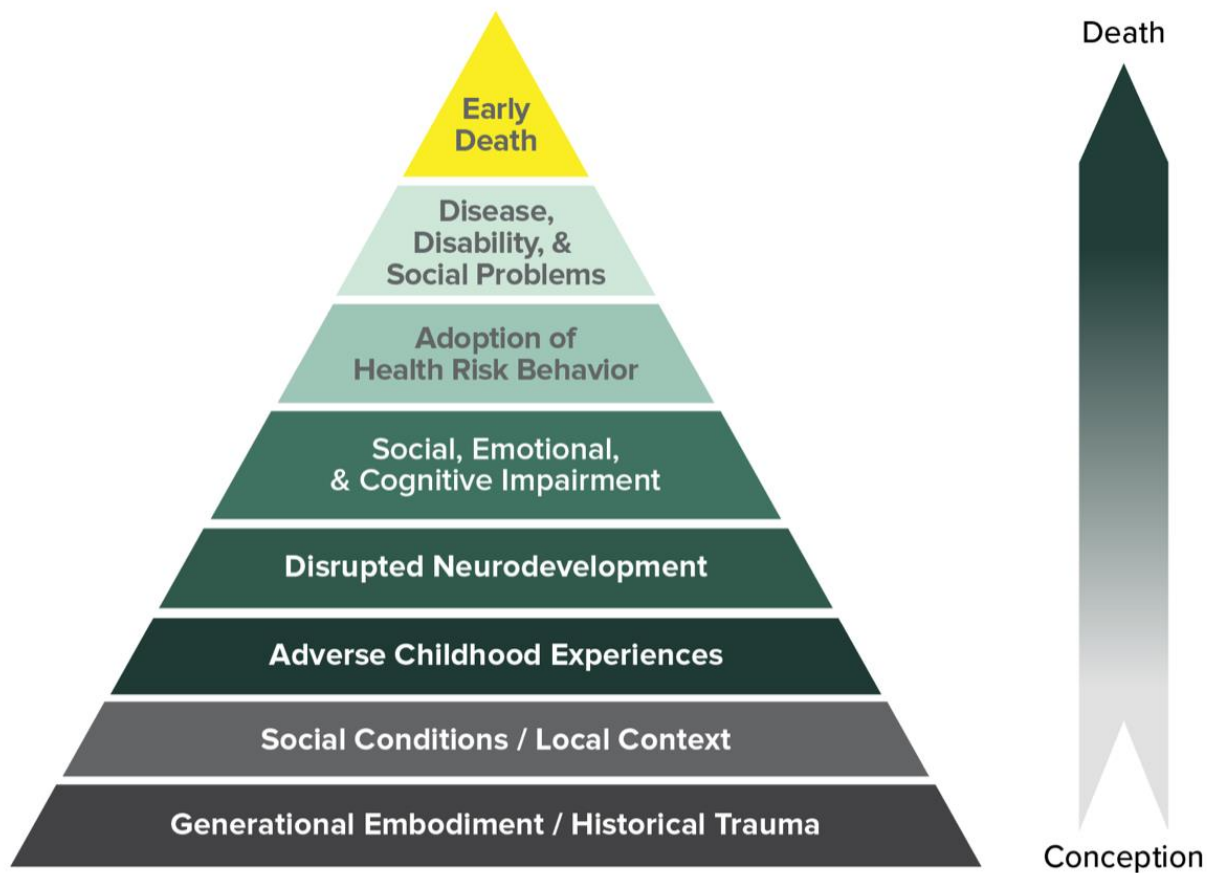
## 2020 Iowa ACEs Report



<https://www.iowaaces360.org/2020-iowa-aces-report.html>

# ACEs are not the only stressors

- Challenges
  - ACEs are not comprehensive
  - Focus on the home
  - Not focused on systems or community issues
  - Historical trauma, epigenetics, social determinants not fully addressed
- Emerging awareness
  - Experiencing discrimination based on race, sexual orientation, place of birth, disability or religion
  - Feeling unsafe in your neighborhood or not trusting your neighbors
  - Exposure to community violence
  - Bullying
  - Involvement in foster care
  - Loss of parent or guardian due to death
  - Deportation or migration
  - Medical trauma



**Mechanism by which Adverse Childhood Experiences  
Influence Health and Well-being Throughout the Lifespan**

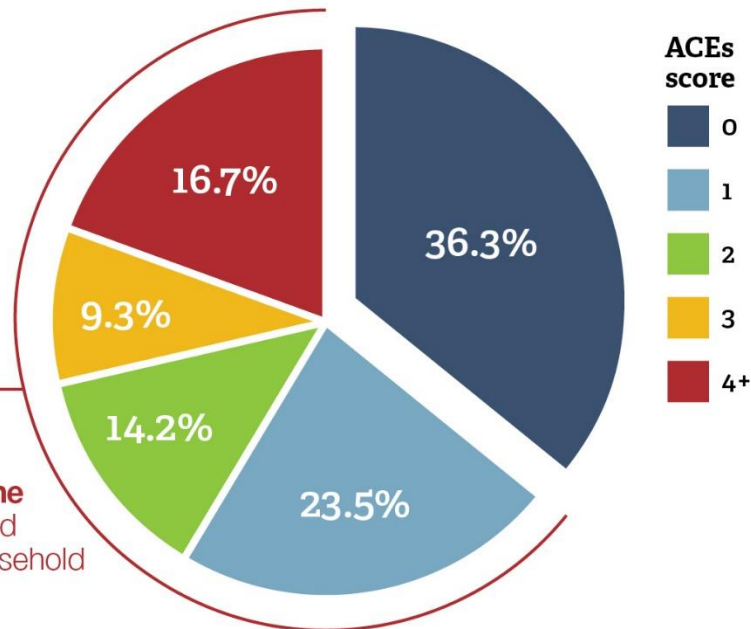
Source: CDC

# Iowa ACEs Data

## PERCENT OF IOWA ADULT POPULATION REPORTING ACEs AND NEGLECT BY TOTAL NUMBER

This chart shows the percentage of the Iowa adult population experiencing specific ranges of ACEs. 59.8% experienced zero or 1 type of ACE or neglect. 16.7% experienced four or more ACEs and/or neglect.

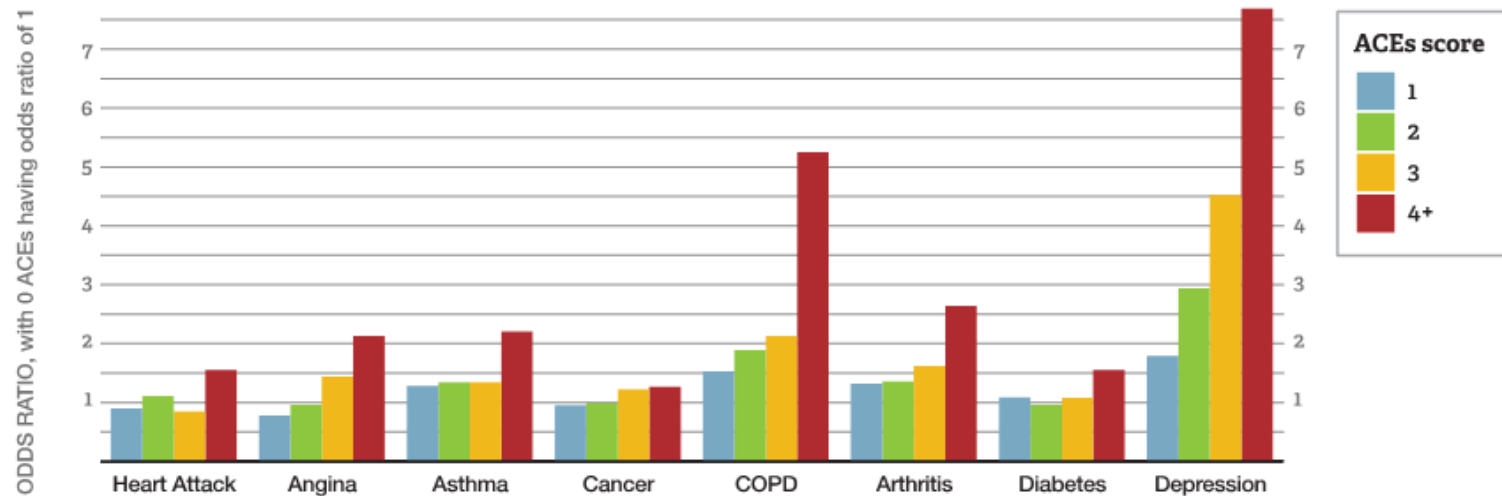
**63.7%** • of Iowa adults report experiencing **at least one of 10 categories** of child abuse, neglect, and household stressor growing up



# Health Impact of ACEs--Iowa



## ODDS OF DEVELOPING HEALTH CONDITIONS BASED ON ACEs/NEGLECT



# Stress in the body

- Toxic stress can affect a person's ability to
  - Focus
  - Learn
  - Engage
  - Calm down/regulate
  - Make good decisions
- Long-term exposure to toxic levels of stress can result in
  - Increased inflammation in the body
  - Suppressed immune function
  - Structural changes to the brain



# How Individuals Respond to Trauma

Long-term trauma can interfere with healthy development and affect an individual's:

- Ability to trust others
- Sense of personal safety
- Ability to manage emotions
- Ability to navigate and adjust to life's changes
- Physical and emotional responses to stress

# How Individuals Respond to Trauma

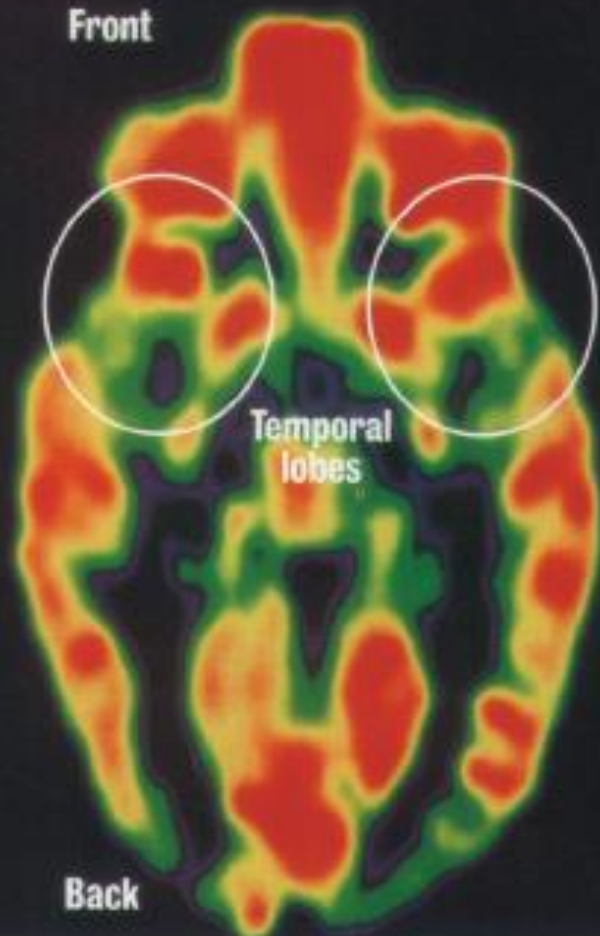
A individual's reactions to trauma will vary depending on:

- Age and developmental stage
- Temperament
- Perception of the danger faced
- Trauma history (cumulative effects)
- Adversities faced following the trauma
- Availability of supportive adults who offer help, reassurance, and protection

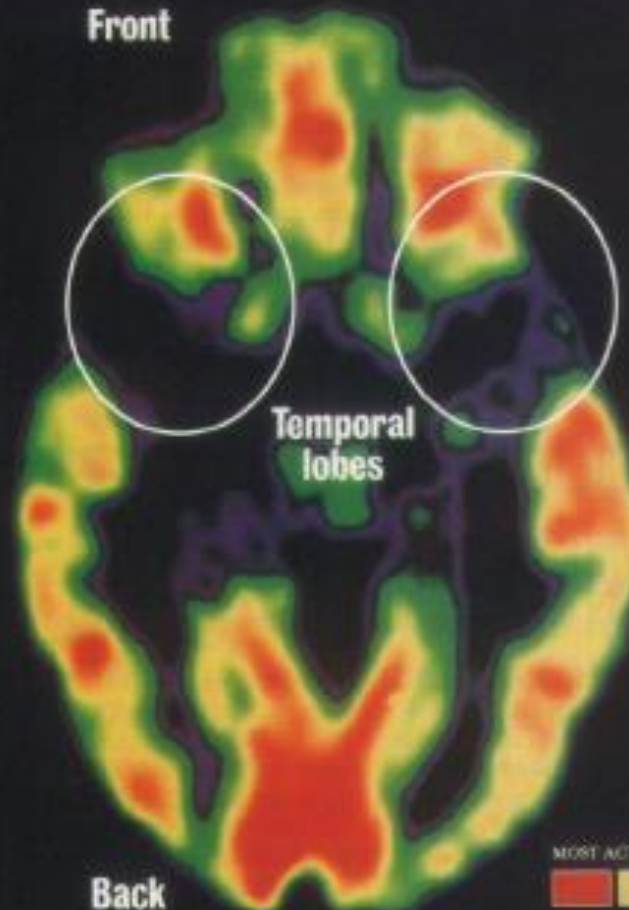
# Brain Development in Early Childhood

## Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



Front



## An Abused Brain

This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

MOST ACTIVE      LEAST ACTIVE

Red	Yellow	Green	Blue	Black
-----	--------	-------	------	-------

# What Is The Cat Hair?

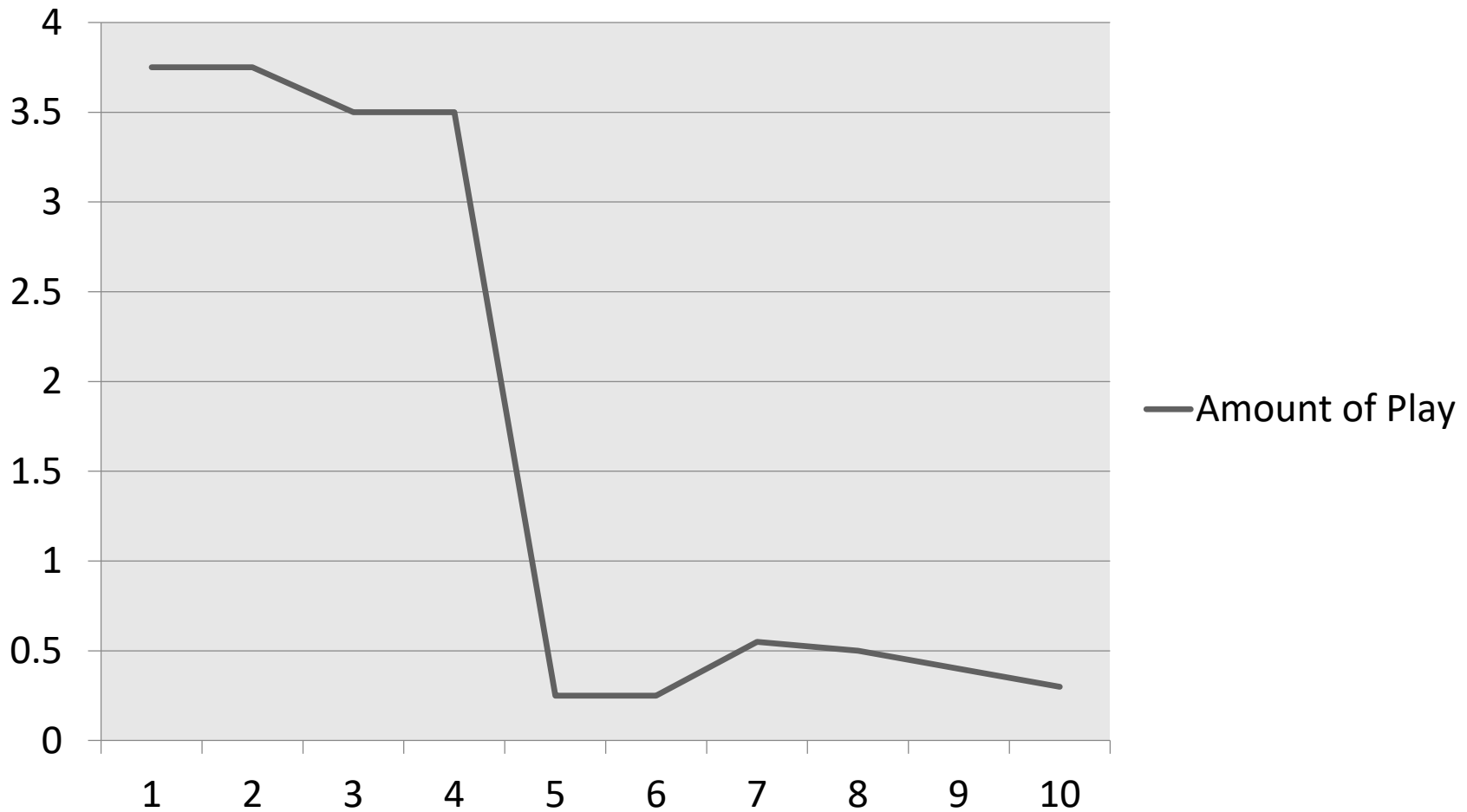
## Panksepp, J (1998)

Panksepp, Jaak. (1998). *Affective Neuroscience: The Foundations of Human and Animal Emotions*. New York: Oxford University Press.



# What is the Cat Hair

**Amount of Play**



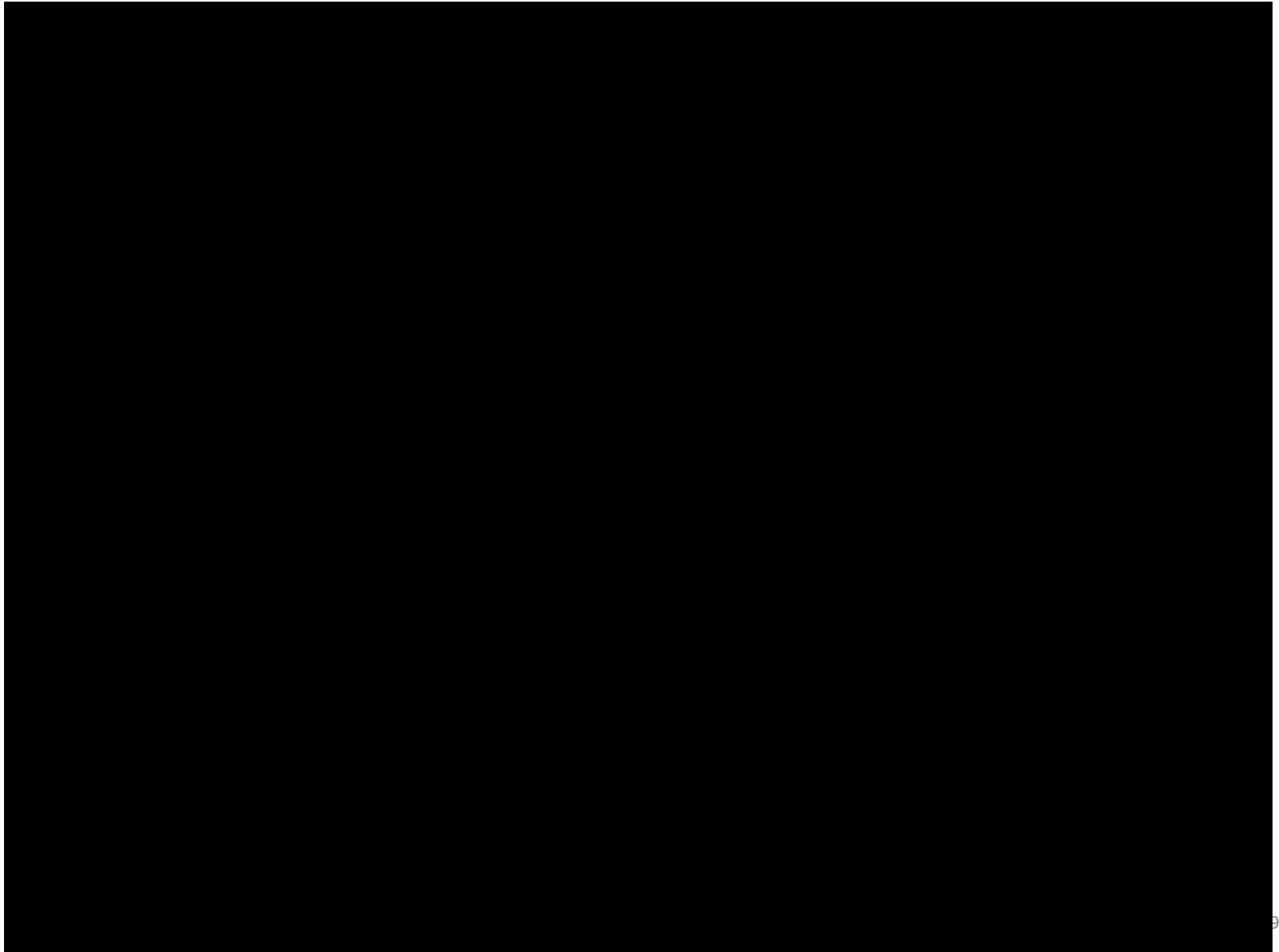
# We all have our own “Cat Hairs”

Triggers (AKA “cat hairs”) are:

- Things that remind us of past negative events
- Meant to alert us to danger; keep us safe
- Can become automatic if we feel threatened or unsafe
- Usually unconscious



# How Many Passes Do You Count?



How does TIC impact  
criminal justice  
system?



**WELCOME** to the Residential Substance Abuse Treatment (RSAT)  
Training and Technical Assistance (TTA) National Resource Center

# RSAT Training Tool: Trauma-Informed Correctional Care



*This project was supported by grant No. 2010-RT-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.*

# Niki Miller, M.S CPS

- Advocates for Human Potential
- [www.ahpnet.com](http://www.ahpnet.com)

# Context and Background

- **Prisons & Jails = A challenge for TIC**
  - Designed to house perpetrators, not victims
- **Unavoidable Triggers for inmates with PTSD**
  - Shackles, over crowded housing units, lights, loud speakers, limited privacy, pat downs, strip searches, discipline, restricted movement
    - May mimic certain dynamics of past abuse

## Different yet similar.....

- Counselors and Correctional staff have different goals but share common objectives like staff and institutional safety, a firm, fair and consistent environment and helping offenders change their behavior.
- Both need to know how to bring an inmate back to the here and now, when his or her response is rooted in terror, defensiveness or disconnection precipitated by a resurfacing fear they are powerless to control.

# Relevance of TIC

- Address the challenges of providing TIC within the limitations of prison or jail settings
- Allow staff to play a major role in minimizing triggers and stabilizing offenders
- Highlight the importance of self-care for professionals working with trauma survivors

Remember.....

- Past trauma can alter cognitive and emotional functioning
- The response you see may be a survival response

# Primitive Survival Responses to Fear and Trauma:

- **Fight-** hyper vigilance on conscious and unconscious levels, prepared to defend; flooding of physiological changes related to aggression.
- **Flight-** blood flows to the limbs preparing to run; flight is often thwarted, giving no relief or outlet to a primed nervous system. Avoidance, dissociation, hiding and other psychological “flight” behaviors can also become disruptive.

# Primitive Survival Responses to Fear and Trauma:

- **Fright-** responding with a state of terror, often to seemingly benign triggers; fright and anxiety permeates all areas of life. Shortness of breath, startle responses, sleeplessness and inability to focus or think
- **Freeze-** response observed in animals, accompanied by slowed and shut down metabolism. Can also be a learned response as an attempt to remain safe and invisible; paralyzes the victim—actually making them more vulnerable and reinforcing helplessness in each new situation.



# Primitive Survival Responses to Fear and Trauma:

- **Flail**- perceived as aggression, but physical movement, such as flailing of the arms, is meant to create a safe space around the body rather than connect with a target. As when some animals puff up or fan out to keep aggressors from closing in.
- **Shield**-Protective--- like flailing, shielding and raising hands over head and body make it physiologically prepared for injury. Trauma survivors may shield in response to noises or non-violent conflict.

# Primitive Survival Responses to Fear and Trauma:

- **Flirt**-Particular to some women offenders who survived sexual violence in childhood. Instinctive placating behavior for little girls who were sexualized in violent homes. Incest perpetration has been found to be highly correlated with violence (Edleson, 1999; Paveza, 1988).
- **Submit** - Renders the victim vulnerable, but may be an attempt at safety or escape. Animals will submit to predator if flight is impossible. Submission or numbing in the face of danger may be labeled “risk taking” behavior.

# The Power of Asking....

# Universal Precautions...

- Just as we take universal precautions for HIV and put the gloves on before we draw blood from ANYONE
- In correctional systems staff can apply the principles of TIC to all individuals.
- The majority of clients with trauma will benefit and it won't hurt the minority that don't have a trauma history.

T I C  
interventions/ ideas.....

# Module IV: Foundations of Trauma-Informed Care

## Trauma Stabilization

- **Grounding →**
- Self-soothing
- Self-care
- Strength-based

*“When the CO told me to pick up the mop, I could feel myself starting to get crazy. I could something pounding up through my chest and into my throat; my fists were clenched. I began grounding. I counted the trees outside that lined the fence perimeter. Then I counted how many colors were on each tree. I forgot why I was so pissed off and picked up the mop.”*

## Module IV: Triggers and Alternative Coping

**Advanced Directives:** Working with clients to answer:

- What kinds of reminders are difficult to deal with?
- What helps you calm down when you are triggered?
- What are the things staff can do to help when you are reacting to a trigger?

# Module IV: Triggers and Alternative Coping

**PEACE:** An acronym for the approach to coping with unavoidable triggers

- **Predict and prepare**—*“When we go to court, your husband will be in the room. Tell me what steps would make you feel safest in court?...What would you like to do to take care of yourself afterward?”*
- **Enlist**—*“What has helped you in the past not to drink when you had to deal with your mother yelling at your kids?”*
- **Acknowledge**—*“Many people have a difficult time sleeping with the lights on all night. I can understand why it makes you anxious.”*
- **Choice and control**—*“We have to search everyone’s cell for contraband because a weapon was found earlier today. Do you want to be in the room when I check yours or is it better to do it while you are in group?”*
- **Explain**—*“We ask each person to go through the metal detector to check for anything unsafe that might come into the building. If you turn your back toward me I won’t have to reach around you. I will need to run this wand along side you. Would you mind putting your arms out?”(Miller, 2010)*



# Module IV: Foundations of Trauma-Informed Care

## Trauma Screening Guidelines

- Explain the screening in advance, how the information will be used to benefit the client.
- Let the client know that *yes* or *no* answers are fine unless he or she wishes to say more.
- Use valid screening tools that focus on present-day symptoms (ex: Trauma Symptom Checklist)
- If screening for specific types of past trauma, use a checklist the client can read and mark off rather than asking about past abuse during an interview.
- Give the client as much control as possible, including time and location, passing on questions and taking breaks.
- Be aware of your own nonverbal responses during the interview.
- If the clients become upset or agitated redirect them by asking about strengths, the people and things that helped them get through how these events affect them today and what works to help feel better.

# Module IV: Integrating Trauma-Specific Approaches

## **Examples of Manualized Treatments for Integrating Trauma Recovery:**

- Seeking Safety
- Essence of Being Real
- Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- Trauma Recovery & Empowerment Model (TREM)
- Addiction & Trauma Recovery Integration Model (ATRIUM)
- Trauma Affect Regulation: Guide for Education & Therapy (TARGET)

Other ideas....

- Trauma Sensitive Yoga groups
- Drama workshops
- Music or Art groups

Other resources: SAMHSA report

## “Creating a Trauma-Informed Criminal Justice System for Women: Why and How”

- The Sequential Intercept Model
  - Enables women to recognize impact of trauma
  - Helps women lead stable lives and restore relationships
  - Reducing recidivism and related cost
  - Reduce conflict with other inmates and guards

## 5 intercept points: Openings for Change

- Give communities an opportunity to offer trauma survivors a chance to make different decisions and reclaim their lives
  1. Law Enforcement
  2. Initial Detention/Initial Court Hearings
  3. Jails/Court
  4. Reentry
  5. Community Corrections

Report offers “How to: Key elements “

SAMHSA's July 2014

- **Concept of Trauma and Guidance for a Trauma-Informed Approach**
- Offers questions to consider when implementing a trauma informed approach
- Prepared by SAMHSA's Trauma and Justice Strategic Initiative
- Found at <http://store.samhsa.gov>

# Article

## Creating trauma-informed correctional care: a balance of goals and environment

Niki A. Miller and Lisa M. Najavits

New Hampshire Department of Corrections, Concord, NH

VA Boston Healthcare System,  
Boston University School of Medicine, Boston, MA, USA

Citation: European Journal of Psychotraumatology 2012,3:17246 - DOI: 10.3402/ejpt.v3i0.172461

# Module IV: Secondary Trauma, Burnout, Counter Transference

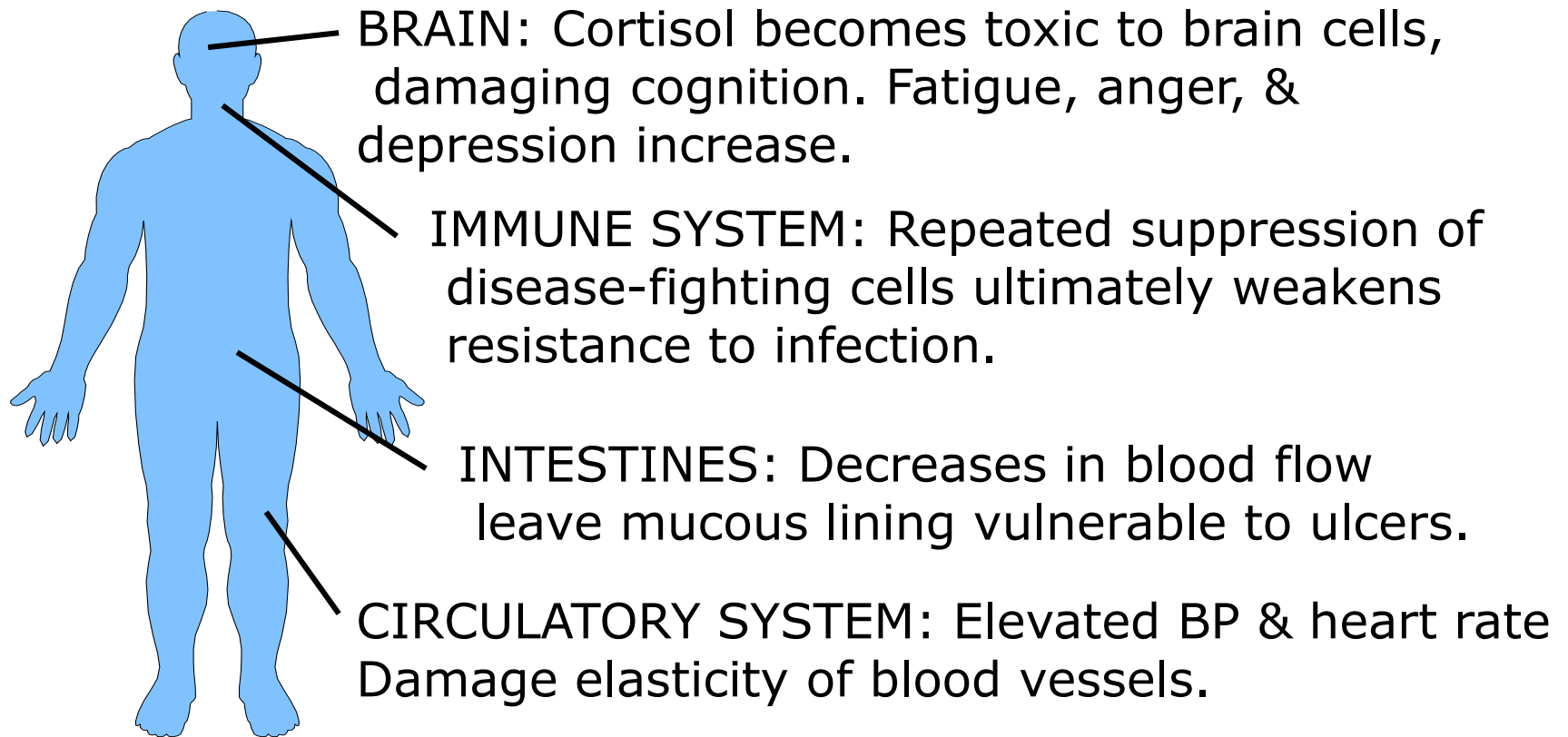
**Secondary or Vicarious Trauma:** changes in the inner experience of service providers that come about as a result of empathic engagement with the people who have experienced trauma.

- Intrusive flashbacks or obsessive thoughts
- Difficulties with emotional regulation
- Physical symptoms such as frequent illness



# Stress response: Chronic

## Long-term impact of stress.



# Caregivers Also Need Care



- We are all human
- Caring for family and friends can be difficult, draining, exhausting, and frustrating
- Daily/Weekly Self Care

# Module IV: Secondary Trauma, Burnout, Counter Transference

## **ABC:** Building Personal Resistance to Secondary Trauma

- a) Awareness- monitor emotions, needs, limits and resources.
- b) Balance- set aside time for reflection, play, relaxation, and family.
- c) Connections- utilize social support, resist tendencies to isolate.

# Module I: Self-Care Check

Use this self-care plan to identify some strategies that might help you manage your feelings when dealing with intense information. Sample Self-Care Plan:

If I become exhausted, emotional, numb or angry:

- I can talk to \_\_\_\_\_ about my feelings.
- I can take a break.
- I can stretch or exercise or go for a walk.
- I can eat something nutritious.
- I can eat something not so nutritious (chocolate!)
- I can think of some of my most successful clients.
- I can take a nap or lie down.
- I can watch something funny or entertaining.
- I can play with my pet or my children.
- I can shoot baskets or play another sport.

These things work well for me when I am overwhelmed at work:

- 1.
- 2.
- 3.

My clinical supervisor is:

# RESOURCES

- [www.nctsn.org](http://www.nctsn.org)
- <http://www.samhsa.gov/nctic/about.asp>
- [http://www.traumacenter.org/about/about\\_bessel.php](http://www.traumacenter.org/about/about_bessel.php)
- <http://www.sidran.org/>
- [http://www.dhs.state.ia.us/mhdd/other\\_links/index.html](http://www.dhs.state.ia.us/mhdd/other_links/index.html)
- <http://www.iowaaces360.org/>
- <http://resiliencetrumpsaces.org>
- [www.traumainformedcareproject.org](http://www.traumainformedcareproject.org)

# Contact Information

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TIC Project website:

[www.traumainformedcareproject.org](http://www.traumainformedcareproject.org)

**THANK YOU!**