

Trauma Informed Care



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What is Trauma?



- A broadly defined term used to characterize many different kinds of insults and events
- Renders the victim helpless
- Overwhelms ordinary self care that provides the individual with a sense of control, connection, and meaning in life
- Two types of suffering: natural and created (silence)

○ Source: Herman (1997); Covington, 2011

Why discuss trauma?



- Has been largely ignored, denied or dismissed
- Often misdiagnosed or not treated as such
- Rarely screened for appropriately
- Limited attention to its impact on criminal justice involvement
- Limited attention of how confined settings worsen symptoms
- *PTSD is one of three strongest predictors of suicide (substance abuse, depression)*

Trauma-Informed Care/Services



- Take trauma into account
- Universal Precautions
- Avoid trigger trauma reactions and/or traumatizing the individual
- Adjust behavior of MH providers, staff and organization to support individual's coping capacity
- Allow survivors to manage their trauma symptoms successfully so they can access, retain and benefit from services
 - Source: Harris & FalLOT

Core Principles of Trauma-Informed Services



- Safety (physical and emotional)
 - Trustworthiness
 - Choice
 - Collaboration
 - Empowerment
- *(Fallot & Harris, 2006)*

Trauma is Political



- Episode amnesia (Herman, 1997)
- “Study of psychological trauma means bearing witness to horrible events...(that are of)...human design”
- “debate centers on...whether these phenomena are credible and real.”
- Three politically driven foci...hysteria in late 19th century; shell shock peaking after Vietnam; sexual and domestic violence due to feminist movement

Hysteria



- “...a disease proper to women and originating in the uterus”
- Charcot restored dignity to the topic, but ignored the origins
- Freud, Breuer & Janet...caused by psychological trauma
- Social implications, political alignment with the growing feminist movement lead to it's abandonment

Traumatic Neuroses of War



- Hysteria in men
- “moral invalids”, should be court-martialed, dishonorably discharged
- Shame, threats and electric shock treatment of choice
- 1941 “The Traumatic Neuroses of War”, Kardiner
- Hypnosis and talking cure major treatments, but not enough
- 80% of soldiers returned to front line after treatment
- Amnesia sets in again until 1980 “PTSD”

Combat Neuroses of the Sex War



- Spearheaded by the feminist movement
- First public speak out on rape in 1971
- Rape reform in mid 70's
- NIMH in 1975 developed rape research center
- 1 in 4 women raped; 1 in 3 sexually abused as a child
- Rape a major tool of warfare
- Study lead to rediscovery that sexual assault and domestic violence lead to psychological trauma

Violence Statistics



- More than half of all rapes of women occur before age 18; 22% occur before age 12.
- Boys who witness their fathers' violence are 10 times more likely to engage in spouse abuse in later adulthood than boys from non-violent homes.
- An estimated 50,000 women and children are trafficked into the United States annually for sexual exploitation or forced labor.
- Somewhere in America a woman is battered, usually by her intimate partner, every 9 seconds.

Violence Statistics



- Globally, at least one in three women and girls is beaten or sexually abused in her lifetime.
- 4 million women and girls are trafficked annually.
- More than 90 million African women and girls are victims of female circumcision or other forms of genital mutilation.

Violence Statistics



- In the US, a child is abused or neglected every 35 seconds
- 25% of all video games show violence against women
- 75% of all war casualties are women and children
- 80% of incarcerated women are victims of sexual and physical abuse
- Majority of male sex offenders and murders have a hx of childhood maltreatment

Global Violence



- Violence is the leading cause of death among people aged 15-29.
- “The death and disability caused by violence make it one of the leading public health issues of our time”
- “A report by the United Nations Population Fund...helping women and children recover from the sexual violence and other trauma they suffer....is a key to moving countries forward on all fronts.”

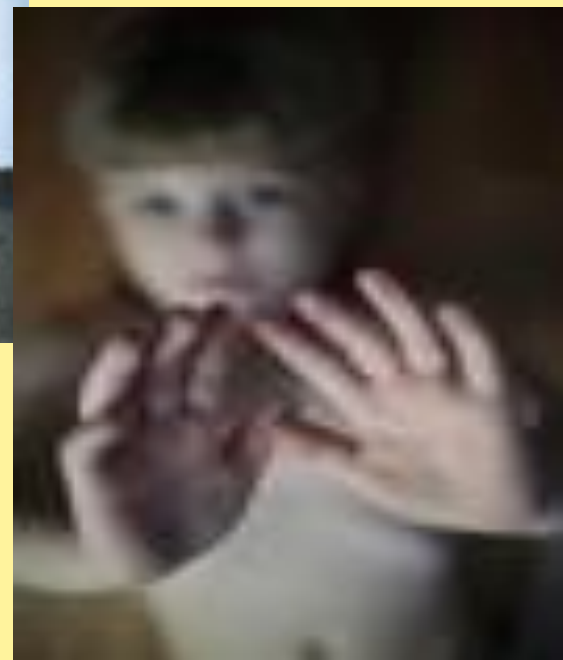
Source: WHO, CDCP, NYT

Current Examples...



- “Sandusky has been charged with sexually abusing eight boys over a 15-year span.”
- “Facing Cuts, a City Repeals Its **Domestic Violence Law...**”
- “...other women who have accused Mr. Cain of inappropriate (sexual) behavior”
- “Syrian forces killed at least 30 people on Thursday... The deaths included a newborn and five other children. ”

Adverse Childhood Experiences (ACE)



Exposure to Trauma



- ACE Study
- Anda, Felitti & CDC
- 17,000 middle class adults
- Diverse ethnicity (80% Caucasian, 10% each AA and Latino)
- Average age 57
- Half men, half women
- 74% had been to college; 44% graduated

ACE Study, cont.



- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

ACE Study, cont.



- 250% more likely to be a smoker with a score of 6 or more
- With a score of 4 or more
 - 500% more likely to be an alcoholic
 - 4600% more likely for injected drug use
- Following this group for medical care, hospitalizations, ER visits, medication costs and death.

Important Conclusions



- ACE's are common, though concealed and unrecognized
- Addiction is a primarily a consequence of ACE's
- ACE's have a profound effect, 50 years later
- Psychosocial experience becomes disease, social malfunction, mental illness

ACE Study Conclusions, cont.



- ACE's are the main determinant of health and social well being of the nation!!
- Study challenges conventional medical, mental health and addiction services practices
- Provides new insight into public health problems and prevention

The Bottom Line



- History of Abuse and Neglect linked to
 - Unemployment (2x as likely)
 - Living below poverty line
 - ✦ 60% more likely if physically abused
 - ✦ 180% more likely with 2+ types of abuse
 - Using Social Services

(NIMH, October 15, 2009)

Characteristics of Female Offenders



- Pervasive history of abuse/trauma
- Recent study surveyed 403 women inmates about trauma
- Sample was randomly selected (increasing study's validity)

Study findings:

- 99% had experienced at least one traumatic life event (interpersonal violence, sexual assault, homelessness, etc.)
- 81% experienced 5 or more traumatic events
- Data overall shows that women offenders have a chronic history of abuse

Cook, S.L. (2005)

Characteristics of Male Offenders



- 31% of inmates grew up with a parent or guardian who abused alcohol or drugs
- About 12% lived in a foster home or institution
- 46% had a family member who had been incarcerated
- More than 10% of male inmates reported physical or sexual abuse in the past (underreporting makes actual estimates much higher)
- Much of the trauma experienced by male offenders due to gang related injuries
- 42.5% of males who are victimized are victims of people they know (NBJs, 2007)

• (NBJs, 2007)

Differences between Men and Women



- Exposed to trauma of different types
 - Women more sexual assault and childhood abuse
 - Men more physical, combat, life threatening
 - Women more multiple victimizations
 - Women more close family members
- Men less likely to express fear
- Women more likely to
 - Blame selves
 - Hold negative views of themselves
 - Perceive the world as dangerous
 - Experience betrayal trauma

What Does Trauma Do?



- Trauma shapes a child's basic beliefs about identity, world view, and spirituality.
- When the trauma is left untreated, children often develop into adults that lack healthy coping mechanisms.
- Symptoms are **ADAPTATIONS**
- Trauma becomes a way of life.

Responses are most serious when...



- Prolonged and repeated
- Interpersonal in nature & intentional
- Involve multiple kinds of abuse
- Occur in early childhood (birth to 3 years old)
- Complex vs. simple

(Briere, 2006)

Children who are abused learn that...



- People are unpredictable and untrustworthy
- One must defend oneself above all else
- Admitting mistakes is worse than telling the truth

(Kaplow, Dodge, Amaya-Jackson & Saxe, 2005; Shields & Cicchetti, 2001)

Traumatized Children are often...



- Guarded and anxious
- Difficult to re-direct, reject support
- Highly emotionally reactive
- Difficulty “settling down” after outbursts
- Hold onto grievances
- Do not take responsibility for behavior
- Make the same mistakes over and over

(Kaplow, Dodge, Amaya-Jackson & Saxe, 2005; Shields & Cicchetti, 2001)

Trauma Causes Altered Self-Perceptions



- Helplessness, inadequacy, powerlessness, fearful
- Shame, guilt, and self blame
- Feeling degraded, despicable
- Utter aloneness: different from others, deviant, non-human, belief no other person can ever understand, unseen, unheard

(Herman, 1992)

Trauma Causes Altered Relationships



- Isolation and withdrawal
- Disruption in intimate relationships
- Repeated search for rescuer (may alternate with isolation and withdrawal)
- Persistent distrust and suspiciousness
- Repeated failures of self-protection

(Herman, 1992)

Neurological Impacts of Trauma



- Repeated trauma causes long-term changes in brain structure/function, especially emotional regulation
- The “fight, flight or freeze” response system is activated; in women
- Eventually this system is always “on” or “off”
- Response are automatic; problem solving ability is diminished

(Anda et al, 2004; van der Kolk, 2003;
Charmandari, Kino, Souvatzoglou, Chrousos, 2003)

The Neurobiology of Trauma



- Because of neurological impact, language centers are impaired
- Trauma survivors have difficulty using language when discussing trauma
- Traumatic memories are:
 - Fragmented and sensory
 - Encoded as disconnected fragments
 - Hard to willfully retrieve
 - And are triggered by unforeseen cues

The Neurobiology of Trauma



- Easier to remember smells, sights and sounds
- Those senses available at time of trauma become associated with trauma
- Initial therapy should focus on non-verbal approaches
- When survivor able to use words, healing begins
- Language develops new neurons and neural pathways

Biological Dysregulation



- Individuals with trauma experiences develop and enduring vigilance for and sensitivity to environmental threat
- They have difficulty in evaluating sensory “stimuli” and responding with appropriate levels of emotion
- They respond to nonthreatening stimuli as if it were an emergency
 - ✦ (van der Kolk, 1997)

Neurological Impacts of Trauma cont.



Recent study examined long-term effects of trauma on brain and behavior (*Ganzel, 2007*):

- Healthy adults exposed to 9/11 disaster were given fMRIs
- Traumatized people react differently to others' facial expressions long after trauma
 - Their brains interpret more emotional intensity than is actually there
- Implications for traumatized offenders

Trauma can lead to PTSD



- A failure to process trauma successfully
- Main Reason: An Invalidating Environment (Linehan, 1993) i.e. three wounds
- Not everyone responds to anxiety the same
- Trauma does not fit our view of reality
 - A benevolent world
 - The meaningfulness of the world
 - A sense of self worth
 - (Janoff-Bulman, 1992)

Proposed Criteria for DSM V:

Criteria A



- Actual or threatened death or serious injury or other threat to one's integrity
- Or witnessing an event that involves death, injury or a threat to the physical integrity of another
- Learning about unexpected or violent death, serious harm or threat of death or injury experienced by a loved one
- Experiencing repeated exposure to aversive details of the event (first responders... us!)
- Helplessness, horror or intense fear dropped for lack of clinical utility

Proposed Criteria for DSM V: Criteria B



- Recurrent and distressing recollections
- Recurrent distressing dreams
- Flashbacks
- Intense psychological distress with reminders
- Physiological distress with reminders
- Clarifies that flashbacks are dissociative experiences

Proposed Criteria for DSM V: Criteria C



- Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness
- Avoidance of subjective reactions
- Avoids internal reminders (thoughts, feelings, physical sensations)
- Avoids external reminders (people, places, etc.)*

Proposed Criteria for DSM V: Criteria D – new cluster



- Negative alterations in cognitions and mood associated with the event
 - Dissociative amnesia for details of the event
 - Negative expectations of self, others and world (I am bad, I am soulless, the world is completely dangerous) – cultural
 - Distorted blame of self or others
 - Pervasive negative emotional state (fear, horror, anger)
 - Diminished interest in activities
 - Detachment from others
 - Inability to experience positive feelings

Proposed Criteria for DSM V: Criteria E



- Alterations in reactivity and arousal
 - Irritable or aggressive behavior (*from angry feelings*)
 - Reckless or self-destructive behavior (*new criteria*)
 - Hypervigilance
 - Exaggerated startle response

Is it Trauma or Mental Illness?



- Requires attention to detail
- Must ask the right questions
- Can't always use "trauma"
- Experiences are minimized
- Gender differences in conception of trauma
- Do we just listen to the symptoms?
 - Hand washing example
- Do we challenge past diagnoses?

Types of Posttraumatic Responses



- Depression - grief and loss; abandonment; isolation
 - Complicated or traumatic grief
 - Major Depression
 - Depression with psychotic features
- Anxiety
 - Generalized Anxiety (risk factor and symptom)
 - Panic
 - Phobias
- Addiction/Drug Abuse
- SIB
- Paranoia

Disorder of Extreme Stress



- The result of severe, prolonged and repeated trauma, almost always of interpersonal nature
- Child Abuse, torture, POW, chronic domestic violence
- Marked by all symptoms listed previously, PLUS

Chronic difficulty with

- ✦ Identity issues
- ✦ Boundary awareness
- ✦ Interpersonal relatedness
- ✦ Affect regulation

Symptoms as Coping Mechanisms



- Smoking
- Severe obesity
- Physical inactivity
- Suicide attempts
- Addiction
- Self-injury
- Multiple sexual partners
- Aggression
- Eating disorders
- Chronic health problems

(Saxe et al. 2002; Dube et al, 2001, Briere & Scott, 2006)

Brief Note on Treatment Approaches



- EMDR (superior to DBT and CBT)
- Self Trauma Model (Briere)
- Prolonged Exposure
- Body Work (yoga, tai-chi, qigong, acupuncture)
- Art, music therapies
- Trauma Recovery and Empowerment Model (male, female and juvenile version) (Harris, 1993)
- Seeking Safety (Najavits)
- Covington Models (Helping Women/Men Recover, Beyond Trauma)
- Judicious use of medications (must feel to heal)

How We Re-Traumatize Our Clients



- With our practices, policies and inappropriate supervision
- We label them as “difficult” or “borderline” rather than looking at behaviors as adaptations to histories of chronic trauma
- Dismiss or ignore triggers to trauma
- Increase security risks; develop culture of fear and intimidation

More Triggers



- Men
- Early morning counts, checks
- Not being listened to
- Lack of privacy
- Feeling lonely
- Darkness
- Being teased or picked on
- Feeling pressured
- Inconsistency
- Limited supports
- People too close
- Arguments
- Being isolated
- Being touched
- Loud noises
- Not having control
- Strip searches
- Being stared at
- People yelling
- Lack of Information

The Trauma Informed Setting



- Acknowledges that trauma makes a difference and adjusts practices accordingly
- Creates an environment based on safety, respect and dignity
- Departments work together with to improve coping skills
- Maintains clear & consistent communication
- Doesn't use profanity towards residents/consumers
- Let's the client know what is happening
- Engages in collaborative treatment planning

Success, cont.



- Asks “what happened to you?” rather than “what is wrong with you?”
- Is doesn't label people, but behaviors
- Is judicious in using medications – need to feel to heal
- Is up-to-date on treatment approaches such as meditation, yoga, qigong, massage, accupuncture and encourages them

Experiences of Trauma in Care Settings



“Where I was, staff were really stressed out. I remember one nurse I asked why she was treating me so bad. She said because you are just a “statistic”. I will never forget that word because “statistic” means something bad happened and you are dead. I thought that for a long time.”

(Interview with adult trauma survivor (MB), 2005)

Good Advice...



“If I could say anything to all the staff in the world it would be this: forget everything you were taught in school and be prepared to listen...don’t criticize and think it’s a lie. Just listen and ask questions and be kind. Just take the time to listen ...”

(Interview with a adult trauma survivor (CD), 2005)

ISTSS Best Practices



- Sensitive to issues of power, trust, and boundaries when working with trauma survivors
- Practitioners strive to engage clients in a collaborative process that attends to their empowerment
- Manage vicarious, secondary and indirect traumatization of this work***

References



- <http://www.feminist.com/antiviolence/facts.html>
- Herman J. (1997). Trauma and Recovery
- JohnBriere.com
- Briere & Scott (2006) Principles of Trauma Therapy: A guide to symptoms, evaluation and treatment.
- Adverse Childhood Experiences Study <http://acestudy.org/>
- Any resource by Bessel van der Kolk (neurobiology of trauma; use of yoga and body work)