Trauma-Informed Systems

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NCTSN Complex Trauma Treatment Network
Regional Learning Community Conference
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The Road to Trauma Informed Care

- Vision
- Curiosity
- Chaos and Fear
- Creativity
- Safety
“Vision”

A thought, concept or object formed by the imagination

“Trauma Informed Care” (Fallot and Harris)
Trauma-Informed Care

What is that?

“Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impacts of trauma, that emphasizes physical, psychological, and emotional safety for both the providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment”. 

Hopper et. al. 2010
On the Road to Trauma Informed Care: Step 1

Build Your Team of Visionaries and Realists!
On the Road to Trauma Informed Care: Step 2

Conduct Your Self Assessment
“Curiosity”

Inquisitive thinking such as exploration, investigation, and learning
Be a curious George
Curiosity: The Self Assessment Process

- When you are talking trauma everyone should have a **VOICE** from the staff to the consumers.
- Self Assessment Tools to Guide Process
- Recognize areas of strength
- Identify areas of need
- Develop a Strategic Plan
Be curious about your kids and families
Curiosity and the Trauma Paradigm

Principle 1: Trauma Awareness:

- Recognition of the high prevalence of trauma
- Recognition of primary and co-occurring trauma diagnoses vs. over diagnosis of other disorders.
- Learning about and accepting a new lens through which to interpret “symptoms” and behaviors.
- Trauma Screening practices
- Trauma Acknowledgement and “The Trauma Frame”
History, despite its wrenching pain
Cannot be unlived, but if faced with
Courage, need not be lived again.

“On the Pulse of Morning”

Dr. Maya Angelou
## Histories of Trauma Exposure in Former Child Soldiers in Uganda

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<thead>
<tr>
<th>Experience</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Abduction</td>
<td>99%</td>
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<td>Exposure to Armed Combat</td>
<td>92%</td>
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<td>Physical Assault</td>
<td>90%</td>
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<tr>
<td>Witnessed Killing</td>
<td>88%</td>
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<tr>
<td>Community Violence</td>
<td>56%</td>
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<td>Rape by Rebels</td>
<td>26%</td>
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<tr>
<td>Physical Abuse</td>
<td>26%</td>
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<td>Sexual Assault in Community</td>
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Klasen et al., 2013
<table>
<thead>
<tr>
<th>Disorder</th>
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<td>Posttraumatic Stress Disorder</td>
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<td>Major Depressive Disorder</td>
<td>36%</td>
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<td>Developmental Trauma Disorder</td>
<td>78%</td>
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<td>PTSD Only</td>
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<td>MDD Only</td>
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<td>Two Diagnoses</td>
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<td>All Three</td>
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<td>None</td>
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Klasen et al., 2013
Who is a Child Soldier?

A child soldier is any person under 18 years of age who is part of any kind of regular or irregular armed force or armed group in any capacity, including but not limited to cooks, porters, messengers and anyone accompanying such groups, other than family members. The definition includes girls recruited for sexual purposes and for forced marriage. It does not, therefore, only refer to a child who is carrying or has carried arms.

*Cape Town Principles and Best Practices on the Recruitment of Children into the Armed Forces and on Demobilization and Social Reintegration of Child Soldiers in Africa (Cape Town, 27-30 April 1997).*
The Power of a Lens
Criminal or Maltreated Child or Child Soldier

U.S. incarcerates more than twice as many youth per 100,000 than next highest youth incarcerator.

Many of these youth are classified by statute as adults.

Youth of color are much more likely than others to be incarcerated. In Cook County, Illinois, African American youth are 46 times more likely than White youth to be incarcerated.

Cook County Circuit Court, 2012
“Gang-Involved” Youth Self-Reported Trauma Exposure

n = 8

Physical Abuse 100%
Witnessed Physical Abuse 100%
Witnessed Domestic Violence 100%
Witnessed Community Violence 100%
Witnessed School Violence 100%
Witnessed Homicide(s) 75%
Loss Through Violent Death 75%
Witnessed Sexual Victimization 62.5%
Motor Vehicle Accident 50%
Victim of Extrafamilial Violent Crime 50%
Dog Attack 37.5%
Burns 37.5%

Other trauma types include fire, natural disaster, torture

Bocanegra & Stolbach, 2012
Youth Self-Reported Trauma Exposure

100% experienced both family violence and community violence.

100% experienced at least one form of ongoing traumatic stress.

Average age of first trauma exposure = 6 years, 1 month

Mean # Types of Trauma Experienced = 10

Range = 7 - 13

Bocanegra & Stolbach, 2012
Youth Other Adverse Experiences

- Impaired Caregiver: 75%
- Exposure to Drug Use or Criminal Activity in Home: 75%
- Exposure to Prostitution or other Developmentally Inappropriate Sexual Behavior in Home: 37.5%
- Substitute Care: 25%

Other ACEs include incarcerated significant other, homelessness, neglect

Mean # Types of Adverse Experiences = 2.75

Range # Types of Adverse Experiences = 0 – 5

Bocanegra & Stolbach, 2012
Youth Mean Combined Total Types of Traumatic Stressors + Other Adverse Childhood Experiences = 12.75

Range = 7 - 18

Bocanegra & Stolbach, 2012
“Alfonso” (13 years old)

“The hardest part about seeing my best friend die was watching him trying to breathe while he was turning blue and watching all of his blood run down onto the sofa”
“Alfonso”

Torture 5
Physical Abuse 5 - 13
Substitute Care 7
Witnessed Community Violence 8 – 13
Witnessed Physical Abuse 9 - 13
Impaired Caregiver 9 - 13
Extrafamilial Violent Crime Victim 9 - 13
Witnessed Domestic Violence 10 - 13
Witnessed Sexual Assault 10
Motor Vehicle Accident 12
Traumatic Loss 12
Witnessing Homicide (3) 12, 13
School Violence 12 - 13
Dog Attack 12
Burn 12

Total Types of Traumatic Stress 13
Total Types of Adverse Other Experiences 2

Bocanegra & Stolbach, 2012
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**BLACK LINE = AGE WHEN FIRST PERFORMED ACTIONS ON BEHALF OF STREET ORGANIZATION**
Trauma and Adverse Life Events of Incarcerated Girls (n=10)

Trauma
100% had at least one form of family violence.
80% had at least one form of ongoing traumatic stress.
80% had at least one form of traumatic stress prior to age 6, including 30% who had exposure to violence from birth.
   Mean = 8.5; Range = 3 - 15

Adverse Life Events
70% had impaired caregiver, incarcerated significant other, and exposure to drug use/criminal activity in home
60% had neglect and death of significant other
   Mean = 4.8; Range = 2 – 8

Mean combined total types of traumatic stressors + other adverse childhood experiences = 13.3
Urban Violence in Historical & Societal Context
Dr. Paul Farmer: “Structural violence is one way of describing social arrangements that put individuals and populations in harm’s way… The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people.”

Farmer, Nizeye, Stulac, & Keshavjee, 2006

“Neither culture nor pure individual will is at fault; rather, historically given (and often economically driven) processes and forces conspire to constrain individual agency. Structural violence is visited upon all those whose social status denies them access to the fruits of scientific and social progress.”

Farmer, 2001
The Context

- Historical Trauma
- Institutional Racism
- Criterion A Stressor
- Individual Racism
- Cultural Racism

Child/Family
The Stress of Being Black in America

Chronic Environmental Stress
  Unemployment
  Poverty
  Race-based stressors
  Microaggressions
  Invisibility Syndrome
  Role Strain
  Disproportional Incarceration Rates
  Health Disparities
  Education Disparities
  Residential Segregation
Urban Black and Brown families face a unique set of adversities and stressors. The massive historical traumas of attempted genocide and slavery have never been addressed, yet create the context in which present traumas occur and are dealt with. Those of us working with children and families whose daily existence is shaped by the legacy of slavery and racial injustice cannot optimally intervene if we fail to understand and address the effects of the trauma of the past.

Stolbach & Parks, 2007
Societal Traumatization and the Legacy of Imperialism, Attempted Genocide, & Slavery

Just as in cases of individual traumatization, avoidance of acknowledging and addressing the traumatic past makes it impossible for integration to occur.

As long as historical trauma remains taboo, the racial divisions and disparities that pervade every aspect of American life will persist.

Stolbach & Parks, 2007
The Trauma Frame

- **Introduce the trauma frame**: “We have learned a lot from other young people who come here and I am wondering if you—like many other individuals/families that I meet with, have been through and are going through some really hard things.

- **Normalize Big Feelings**: One of the things that I know is that people who go through really hard things usually have really, really big/uncomfortable feelings about it.

- **Normalize Common Adaptations**: Another thing that we have learned is that people find many ways to deal with big feelings/ to try to feel better. Some kids {cut, use drugs, dance (mix adaptive and maladaptive coping)} to feel better - this is really common.

- **Introduce Alternatives**: So our job is to help you figure out why those things help and to support you in experimenting with new strategies.
Key Messages for Trauma Recovery

1. It is not happening now.
   The trauma is over. It is in the past. You are here in the present.

2. You are safe.
   The adults here are responsible for your safety and you are worthy of care and protection.

3. You are not inherently dangerous/toxic.
   What is inside you (thoughts, feelings, dramas, impulses, etc.) cannot hurt you or others.

4. You are good.
   Whatever you have experienced and whatever you have had to do to survive, you are a good, strong person who can contribute to your community.

5. You have a future.

Stolbach 2011
On the Road to Trauma Informed Care: Step 3

Develop and implement a plan to address trauma training needs.
Training Content

- Understanding Attachment
- Developmental Impact of Trauma
- Understanding Vicarious Trauma
- How to support Self Regulation
- Trauma Informed Practices
- Trauma Specific Practices
Ongoing Staff Training

- Meeting forums to discuss the many ways in which trauma shows up daily in both the clients and the staff.
- Supportive supervision practices that promote skill development.
- Refresher trainings
On the Road to Trauma Informed Care: Step 4

Implement new and creative TI practices.
“Chaos is at the edge of implementation” - Kinniburgh 2013
“We can’t solve problems by using the same kind of thinking we used when we created them”.

- Albert Einstein
“Creativity is at the edge of chaos”
- Dr. Robert Bilder
“Creativity”

A phenomenon whereby something new and valuable is created.
Creativity and Empowerment

Opportunities for control and empowerment:

- Ask consumers what they want and need
- Involve consumers in the design and evaluation of services.
- Caregivers/supporters — focus on collaboration and CHOICE rather than rule enforcement and compliance.
- Recognition of practices that are re-traumatizing
- Culture of power and control is minimized. Toughness is no longer best practice.
Creativity and Strength

**Principle: Strengths Based:**
- Trauma-informed systems are strengths-based, versus punitive or pathology driven.
- Caregivers recognize the function of behaviors as coping adaptations rather than intentionally provocative.
- Objective neutral language vs. labeling
A new language . . .

- Attention Seeking
- Dramatic
- Unrealistic
- Self Centered
- Manipulative
- Lack of conscience

- Connection Seeking
- Determined
- Optimistic
- Self Aware
- Need Fulfilling
- Fear of vulnerability
Creativity and Safety

Principle: An Emphasis on Safety:

- Environmental Safety
- Relational Safety
- Internal “Felt Safety”
Environmental Safety

- Physical environment is safe
- Environment reflects the culture/value of trauma informed care.
- Environment has space set up to support regulation.
The Comfort Room
The Comfort Zone
The S.M.A.R.T. Room
Relational Safety

- Caregiver Support and Self Care Practices
- Caregiver Attunement to individual experiences, triggers and needs.
- Balance between structure and flexibility
- Predictable Routines
- Healthy Boundaries
- Systematic approaches to supporting regulation
Internal Safety

- Experiencing attuned caregivers who reflect what is happening internally.
- Living in an environment that validates experience.
- Education about trauma and coping.
- Opportunities to engage with/play with caregivers.
- Opportunities to explore a range of sensory tools/experiences.
- Opportunities for routine practice with sensory tools/experiences at times associated with SAFETY.
- Opportunities to explore aspects of self that include but are not limited to their traumatic experiences.
Evidence Based Practice
Core Components of Trauma-Informed Evidence-Based Treatment

- Building a strong therapeutic relationship
- Psychoeducation about normal responses to trauma
- Parent support, conjoint therapy, or parent training
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Cognitive processing or reframing

Hartman, 2010
On the Road to Trauma Informed Care: Step 5

Evaluate Process and Outcomes. Continue To Be Curious!
Leading Change

- Establish a sense of urgency
- Form a powerful guiding coalition
- Create a vision
- Communicate the vision
- Empower others to act on the vision
- Plan for and create short-term wins
- Consolidate improvements
- Institutionalize new approaches

“Rivers know this: there is no hurry. We shall get there in the end”. – Winnie the Pooh

Together!
Trauma-Informed Care: Mobilizing Systems and Resources for the Journey
Three questions to ponder as you engage stakeholders and partners.

Who has a stake in the outcomes you intend to achieve?

How would a trauma-informed system assist your stakeholders in achieving their aims?

How can the trauma lens unify the work of person serving systems?
Bringing Friends: who has a stake in this work.

Internal: Vertical Integration

External: Horizontal Integration

Common Purposes

Shared Action
Reported Adverse Experiences AST ACMHS

N = 2578

0 reported Aes 1 to 2 3 or more

N = 2578
ACMHS AST Data

3/11/2014 ACMHS
N= 2,577

- FASD
- IPV
- Substance Abuse
- Depressive Symptoms
- TBI
- Anxiety
- Trauma Symptoms
- Adverse Experiences
How a trauma-informed system contributes to your partner’s goals

“Ask not, what can your partners do for you, but rather, what you can do for your partners…”

Children Served at the Alaska Child Trauma Center 2006-2011 (OCS involved, 50% under 6)

- Domestic Violence Confirmed: 73%
- Domestic Violence Suspected: 12%
- No Domestic Violence: 15%
The Trauma Lens as a Unifier for Person Serving Systems

- Housing
- Primary Care
- Pediatrics
- Education
- Vocational
- Assisted Living
- DD Services
- Public Safety
- Legal Systems
- Child Protection
- Advocacy
- Peer Support and Networks
- Faith Organizations

Trauma Informed Care

Trauma Informed Treatment

Adapted from, NCTSN Complex Trauma Taskforce 2005