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# Trauma- Informed Care

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University of Maryland, November 8<sup>th</sup>, 2018



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# Overview

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- The Impact of Trauma on Health and Development
- Responses to Trauma: What is Trauma-Informed Care?
- Supporting Well-Being: What is Resiliency-Informed Care?



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

Hooper et al. The Open Health Services and Policy Journal, 2010, 3, 80-100

A caution.....

# Shifting Attitudes



Traditional

Trauma-  
Informed

Resiliency-  
Informed



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# Why trauma is not addressed:

- Lack of time
- Lack of awareness
- Lack of tools
- Lack of training
- Misconceptions
- It will be disturbing
- Separating problems from underlying trauma (e.g., addiction)
- No treatment resources
- Personal discomfort
- One's own trauma



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# Secondary Traumatic Stress: Being exposed to the trauma of others

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- Emotional toll that can compromise your professional functioning and QOL
- Symptoms can mimic those of post-traumatic stress disorder (PTSD)
- Risk appears to be greater among women and among individuals who are highly empathetic by nature or have unresolved personal trauma

(NCTSN, 2015)

Secondary traumatic Stress Scale (Bride)



## Big “T” Trauma

Natural Disasters  
Man-Made Disasters  
War Zone Experiences  
Acts of Terrorism  
Death of Loved One(s)  
Car Accidents  
Catastrophic Illness  
Overdose  
Restraints/Take Downs  
Involuntary Admissions  
Psychosis/Psychotic break  
Manic Episodes  
Suicide Attempt  
Sexual Assaults  
Child Abuse  
Acts of Violence  
Vicarious Trauma (Witnessing)

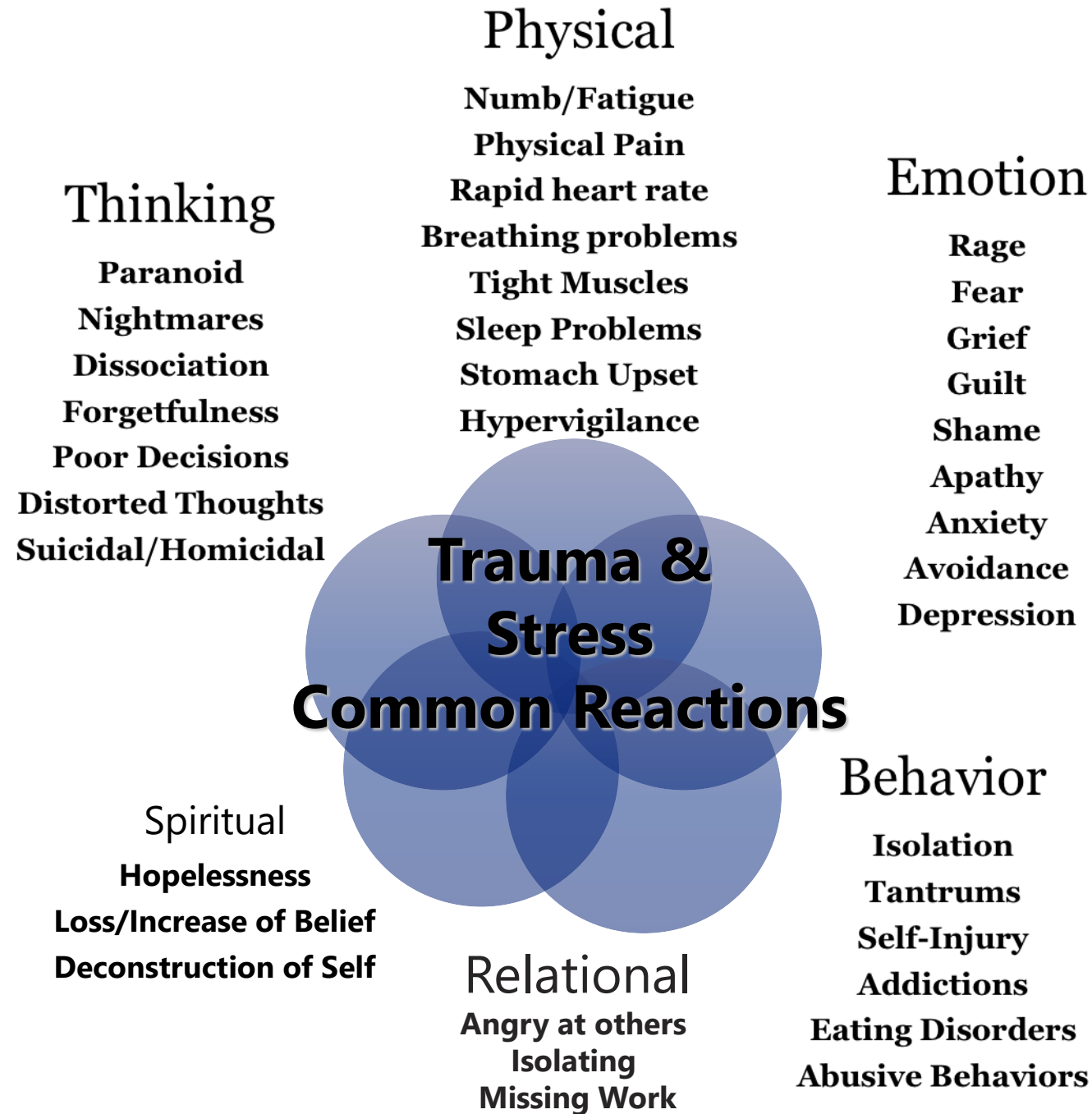
## Little “t” Trauma

Dog Bites  
Routine Surgeries  
Falls  
Invasive Dental or  
Medical Procedures  
Minor Car Accidents  
Medication Side Effects  
Multiple Med Regimens

## “C” Trauma

Racism  
Poverty  
Homophobia  
Bullying  
Oversaturation in Media  
National Divisiveness  
Domestic Violence  
Child Abuse  
Multiple Deployments  
Vicarious Trauma (Witnessing)  
Multiple Hospitalizations  
Sexism  
Overdoses  
Homelessness  
Stigmatization  
Multiple Diagnoses  
Micro Aggressions  
Incarceration  
Grave Disability  
Immigration Challenges  
Historical Trauma

**When the nervous system becomes overwhelmed, people can lose the capacity to stabilize and regulate themselves**







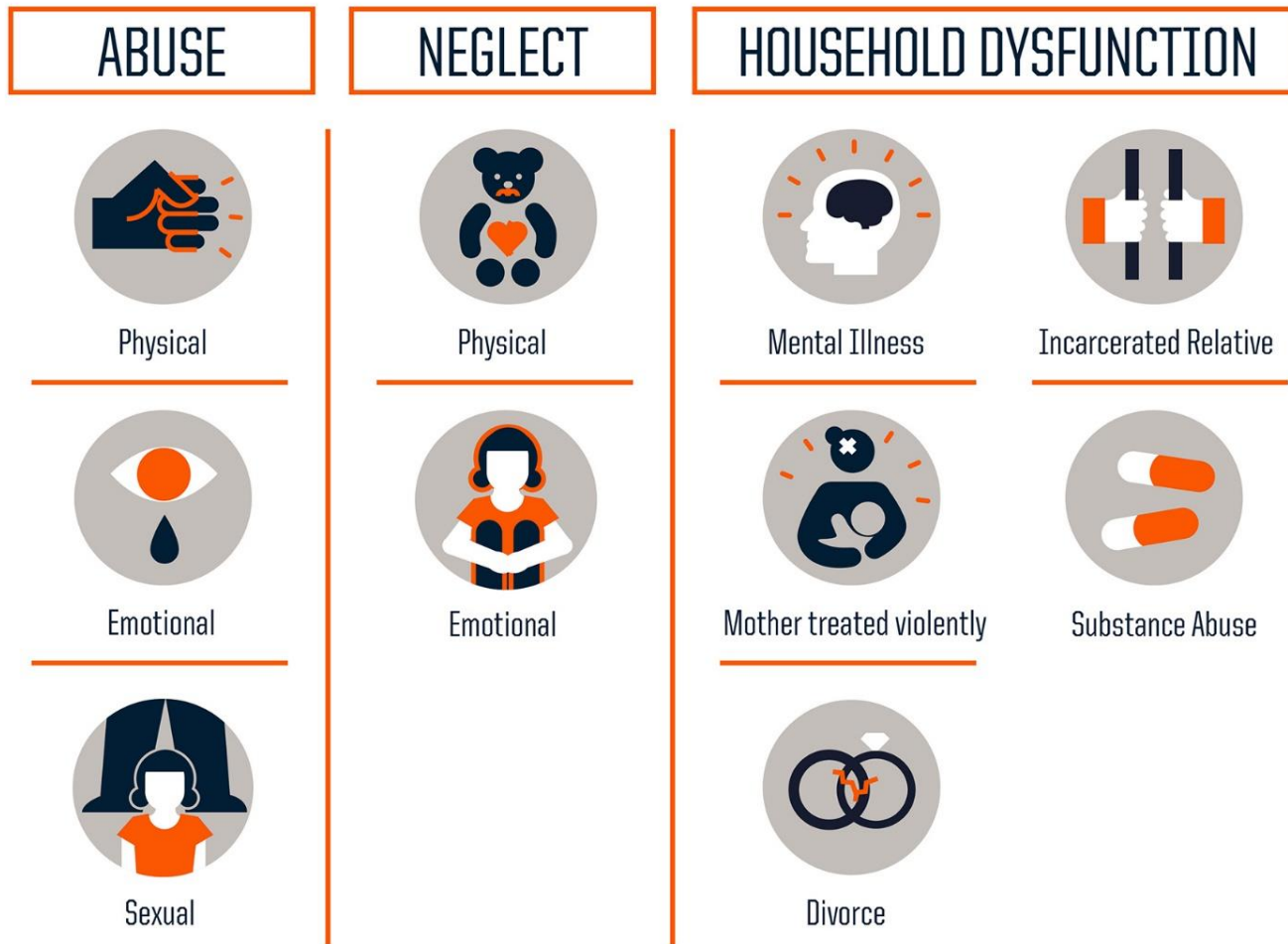
## *Adverse Childhood Experiences Study (ACE study)*

The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (Felitti & Anda)

# 17,337

- ❖ Adverse Childhood Experiences profoundly impact the developing child
- ❖ These experiences greatly impact the emotional and physical health of a human being into adulthood

# ACE Score: Total Possible = 10



# Results of Original ACE Study (17,337 working, insured Kaiser patients)



## ACE Prevalence

- Physical abuse 28%
- Sexual abuse 21%
- Emotional abuse 11%
- Emotional neglect 15%
- Physical neglect 10%

## Home:

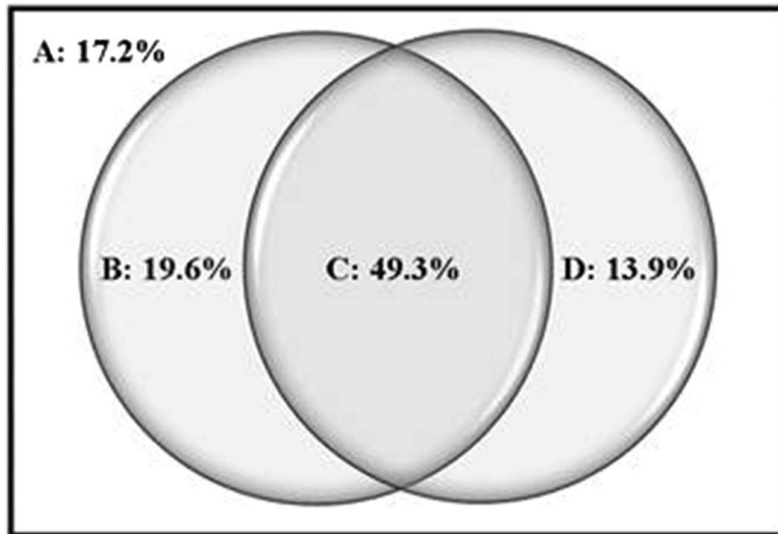
- Substance abuse 27%
- Mental illness 19%
- Violence 13%
- Incarceration 5%
- Divorce/separation 23%

## Cumulative ACEs

- 0 36%
- 1 26%
- 2 16%
- 3 or more 23%

# ACE Study

Compared to Philadelphia Study *when higher*



A: No ACEs

B:  $\geq 1$  Conventional ACE

C:  $\geq 1$  Conventional ACE  
and  $\geq 1$  Expanded ACE

D:  $\geq 1$  Expanded ACE

	Kaiser (n=17,337)	Philadelphia (n=1,784)
Physical abuse	28%	38%
Emotional abuse	11%	33%
Home:		
Substance abuse	27%	35%
Mental illness	19%	24%
Domestic violence	13%	20%
Incarcerated member	5%	13%
<b>Expanded ACEs</b>		
Violence		41%
Discrimination		35%
Unsafe neighborhood		27%
Bullying		8%
Foster care		3%



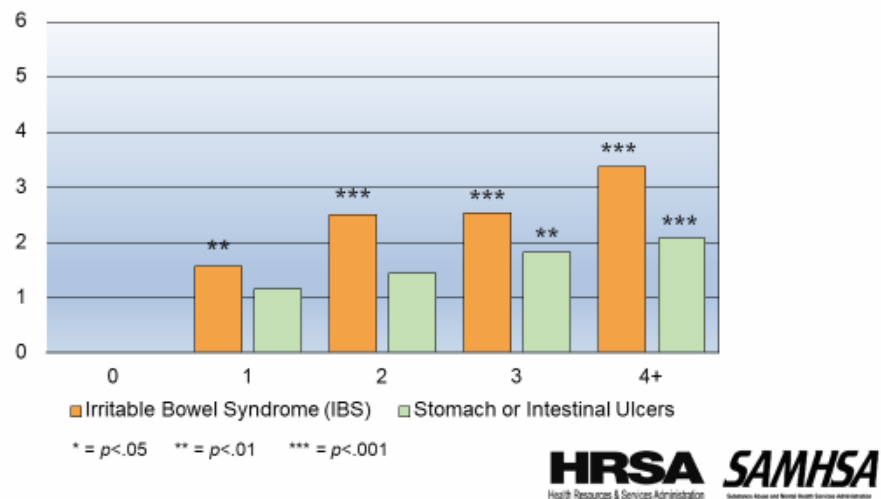
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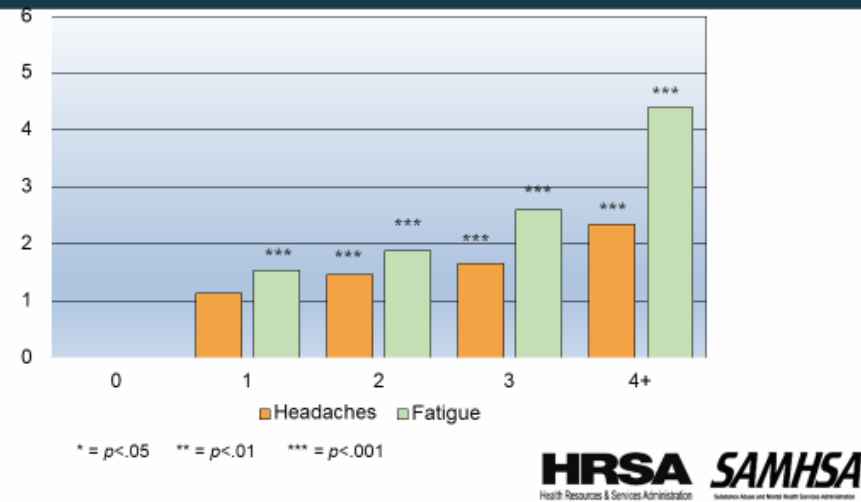
# **ACE Study: 2 conclusions**

- 1) ACEs are very common**
- 2) ACEs significantly increase the risk of having a large variety of physical and mental health problems later in life**

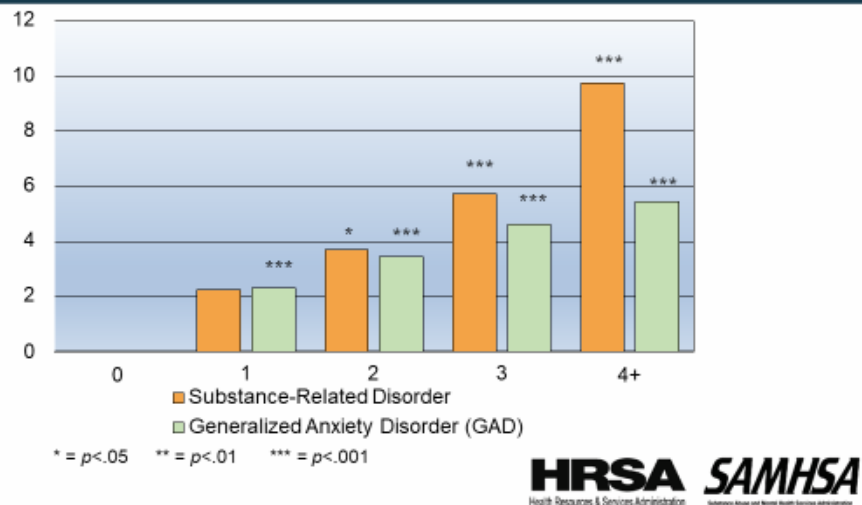
## ACEs and Gastro-Intestinal Problems



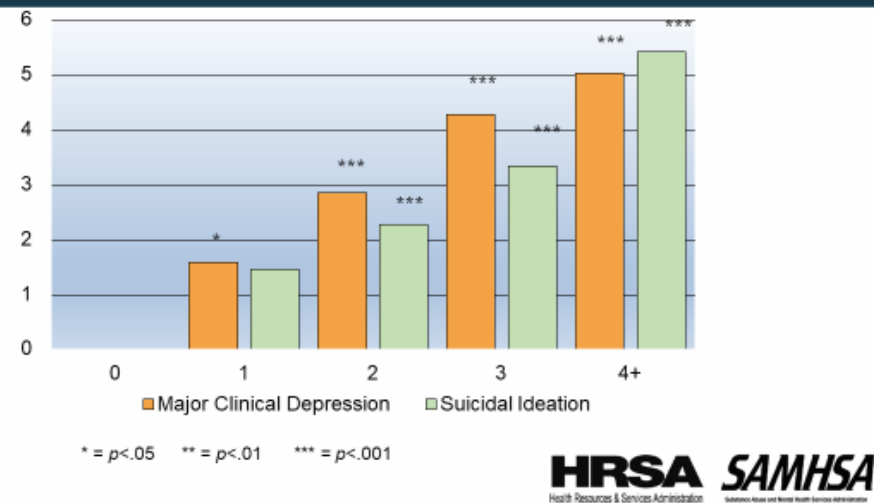
## ACEs and Frequent Headaches & Fatigue



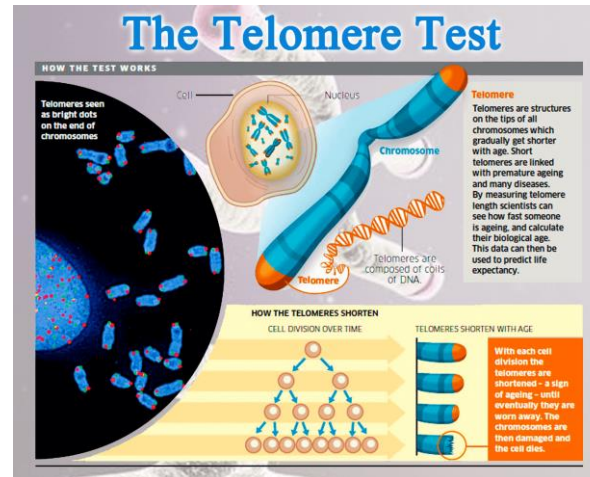
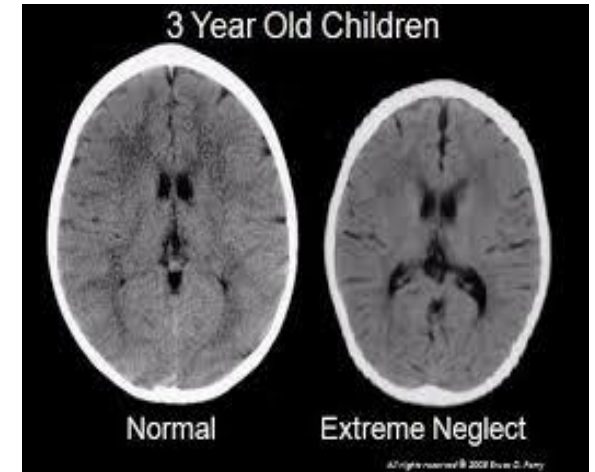
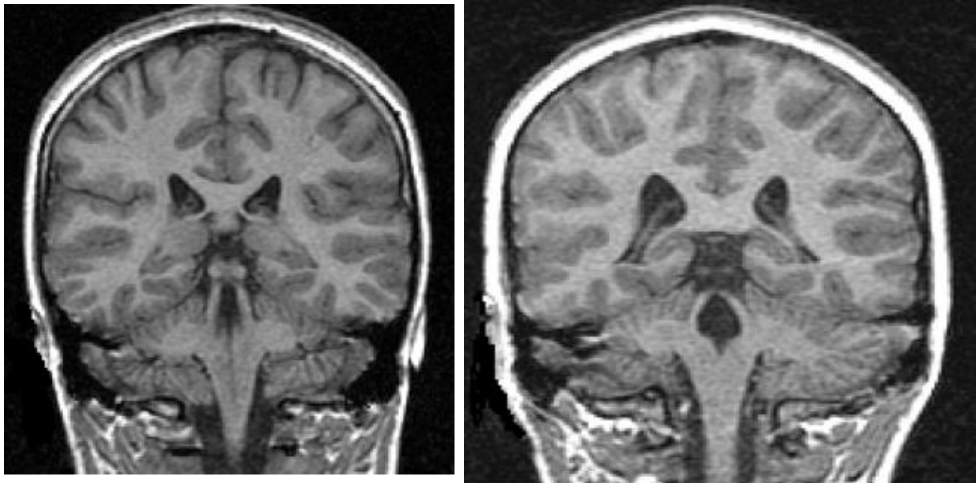
## ACEs and Substance Abuse & GAD



## ACEs and Clinical Depression & Suicidal Ideation



# Effects of Trauma



DeBellis, 1999; child: [tncrr.org](http://tncrr.org); [childtrauma.org](http://childtrauma.org) (Bruce Perry); Telomere—genetic literacy project

# Attachment

## Impact of the first year of life

- Secure 56%
- Insecure: avoidant 25%; anxious 19%
- Disorganized ? (19% did not really fit)
  - some aspect in adults 20-40%
  - 80 % of abused/neglected children

Watch Stillface Experiment—  
Dr. Edward Tronick

- *Attachment styles are enduring*

*(Bowlby; Mary Main; Mary Ainsworth)*

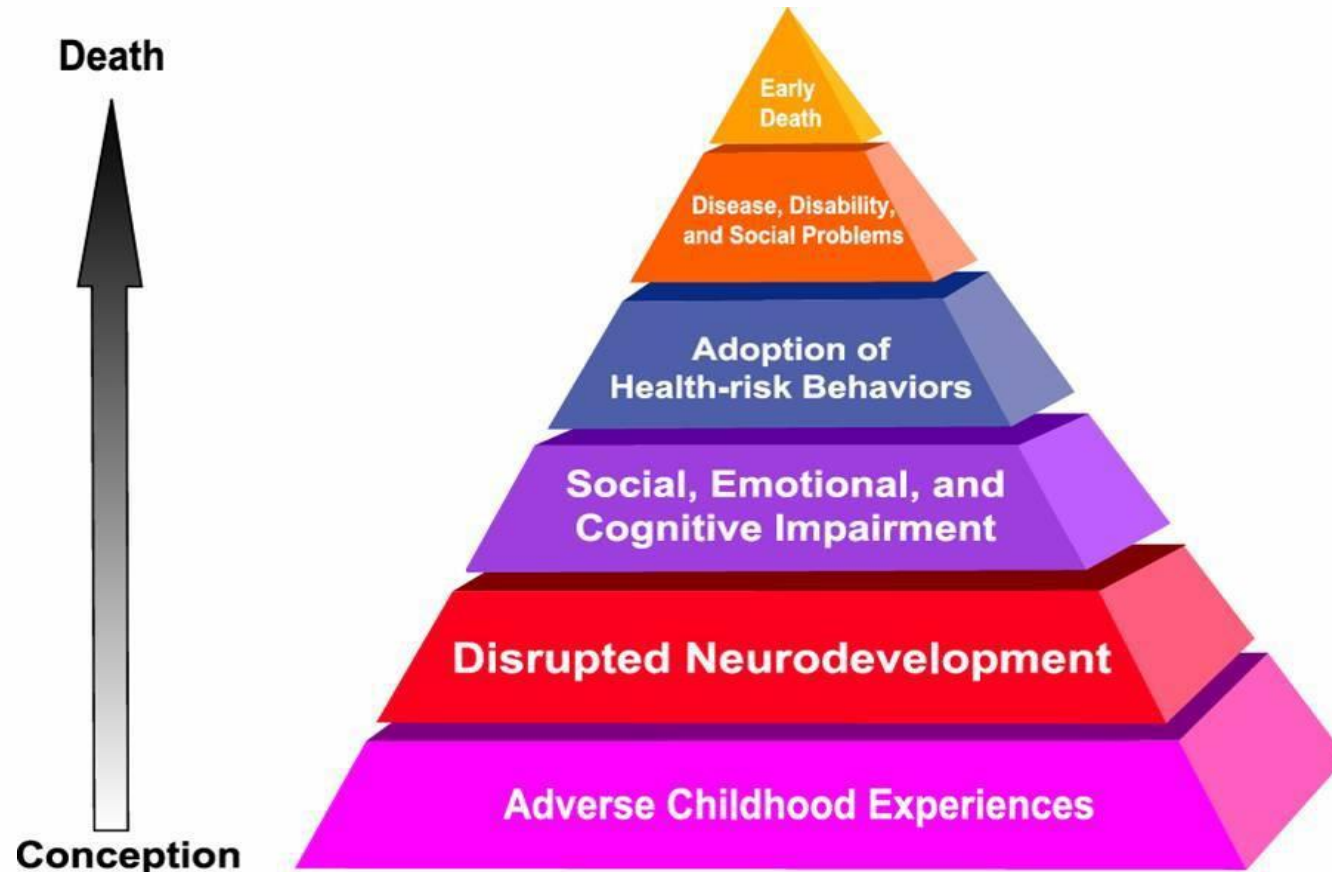


**“The Still Face Experiment”**

*We Protect Lives.*

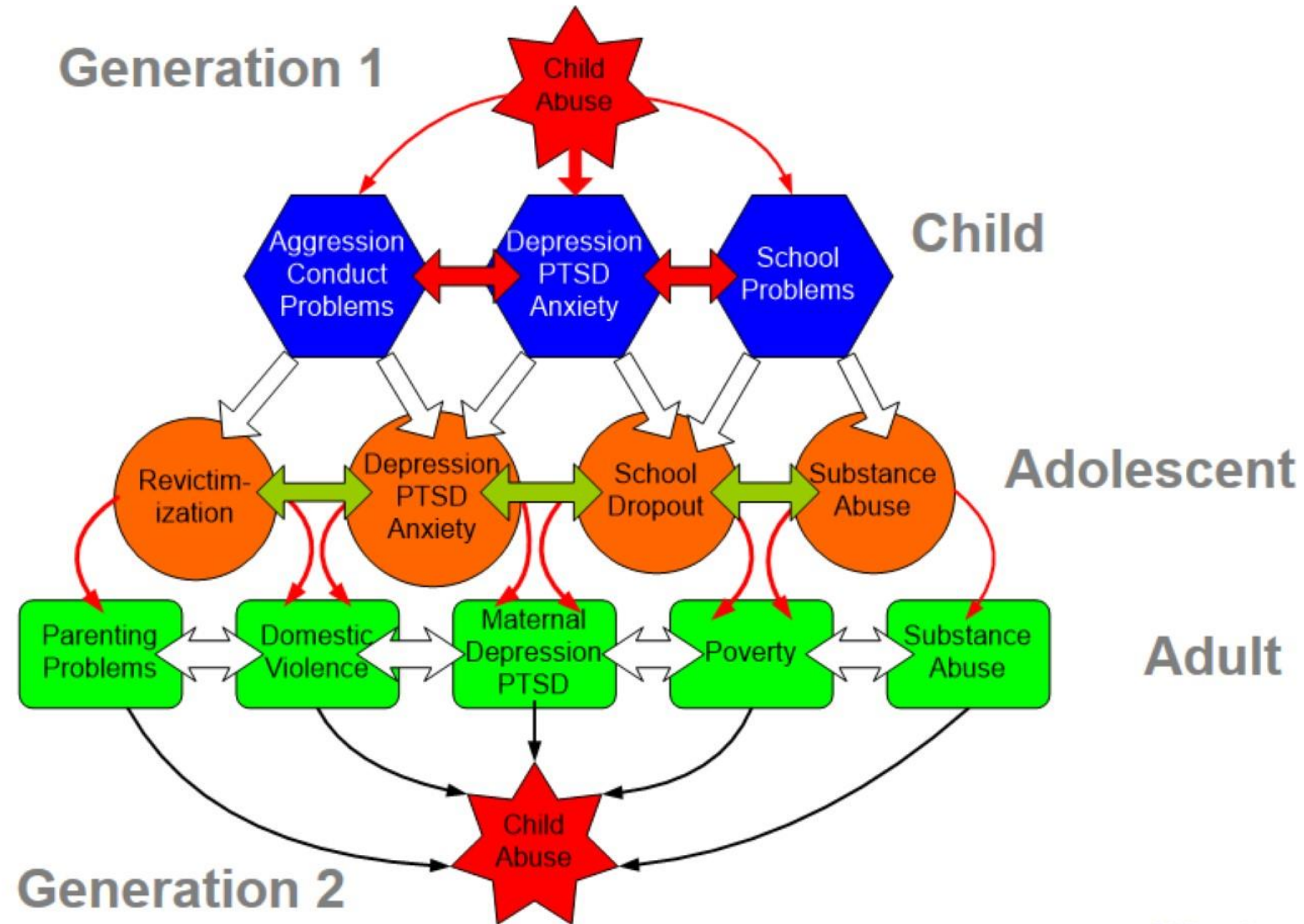


# Lifetime Effects



**Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan**

# How ACES Cross Generations





# Tonier Cain

<https://vimeo.com/10791754>

See "Healing Neen" documentary trailer

ACE score = 10

19 years homeless

88 arrests

multiple incarcerations and psychiatric hospitalizations

crack addiction

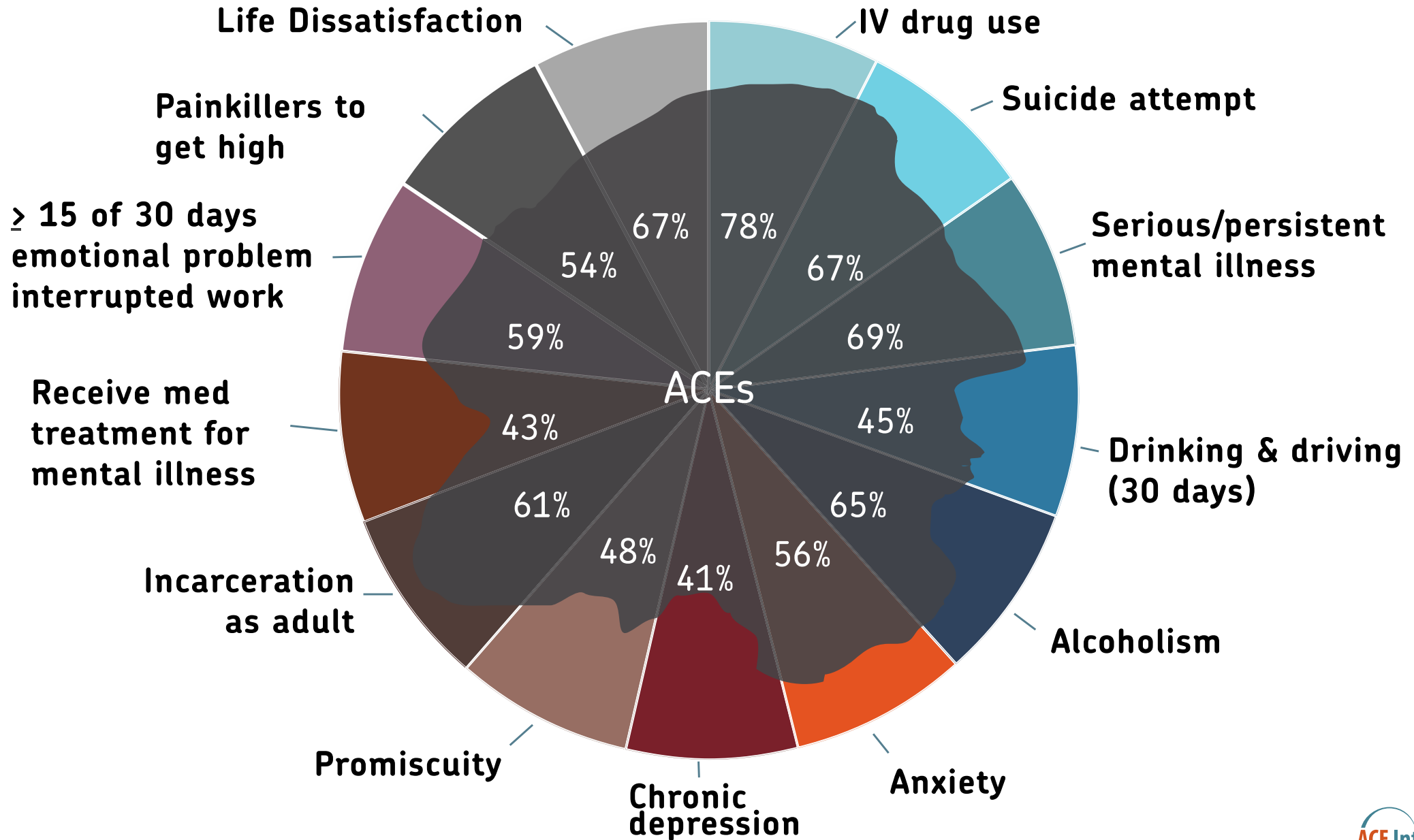
She asks: What if someone had helped me as a child?

Someone finally asked "what happened to you?"  
instead of "what's wrong with you?"

Finally received trauma therapy in prison; now a nationally  
recognized figure on trauma-informed care



# Population Attributable Risk



Controls: gender, age, income, education, race-ethnicity

# **Trauma-Informed Care is Knowing about ACEs and Being Sensitive to Potential Triggers**

- Physical touch
  - Personal questions
  - Vulnerable physical position
  - Lack of privacy
  - Power dynamics of relationship
  - Gender
- \*Practice**  
**“universal precautions”**

# Trauma-Informed Care is

- Being sensitive and validating; listen!
- Creating safety:
  - Treat EVERYONE as if they might have experienced trauma
  - Explaining what you are going to do; **asking permission**
- Educating people about trauma and trauma-informed care

- Only professionals should “screen” for trauma

- When patients disclose trauma, using accepting, calm, matter-of-fact, empathetic tone:

*“I’m sorry that happened to you. No one should have to experience that.”*

- **Never probe** for details of a trauma history

- Offer trauma treatment resources



SAMHSA—  
Joan Gillece

# **The Community Resiliency Model “CRM”**



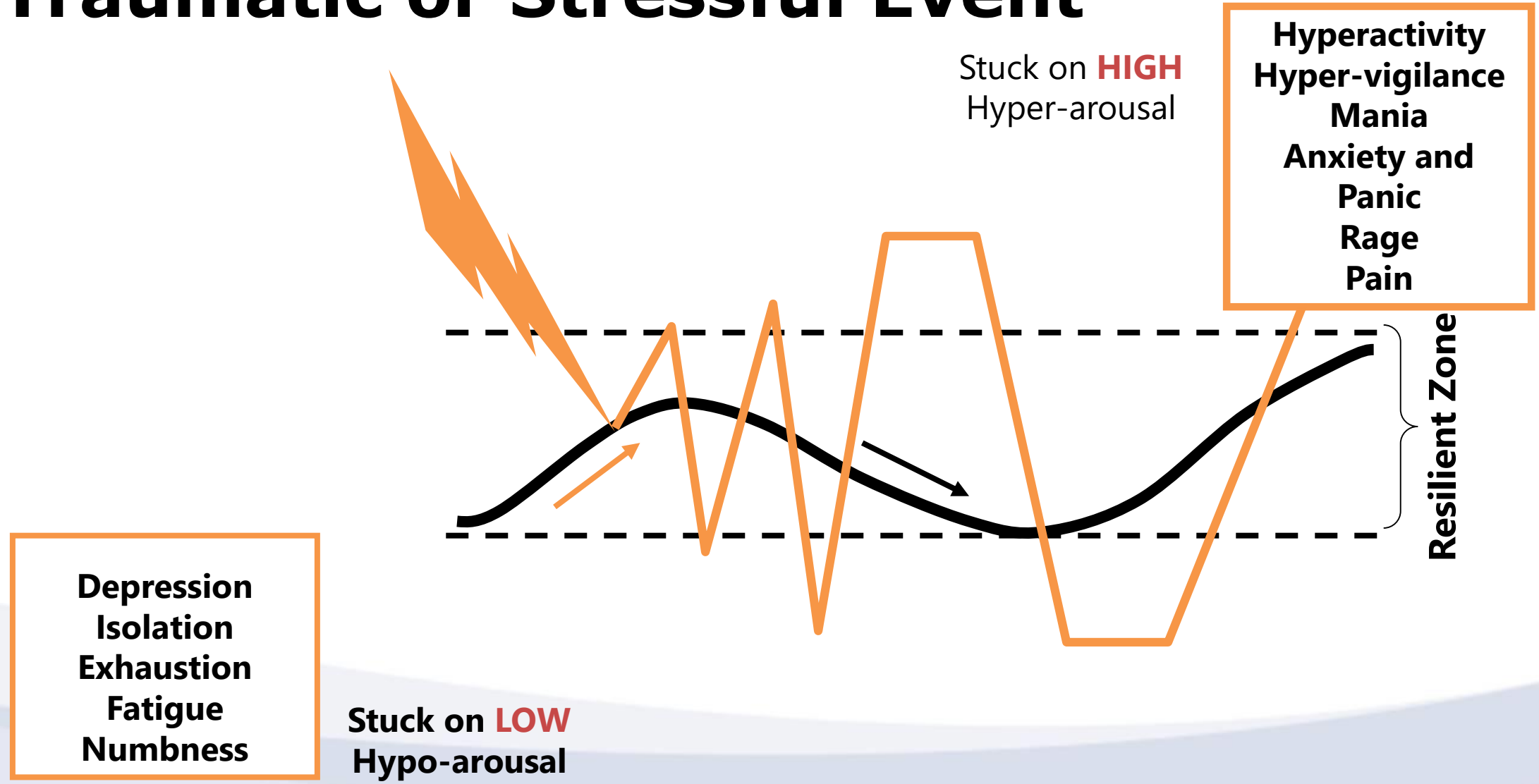
**Tracking, grounding, resourcing**

Get the app: “ichill”





# Traumatic or Stressful Event





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# What's Happening with Community Resiliency Model teaching in Atlanta?

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- Randomized controlled trial with 68 nurses
- Descriptive study with 35 women in drug treatment
  
- Nursing students
- Homeless and justice-involved youth
- Incarcerated pregnant women
- Paramedics and police



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# Emory Nurse RCT

## 3-hour CRM vs. Nutrition (Control) Groups 1 week after class

CRM vs. Nutrition Post-Test Scores 1 wk after class

PRE to POST1		n	PRE/POST1 Change		p-value	Effect Size		% imprvd
Group	Measure		Mean	SD		d	desc	
Resiliency (intervention)	Wellbeing	31	-1.88	2.78	0.00	-0.67	mod – large	65%
	Resilience	31	-1.45	3.87	0.05	-0.37	sm – mod	61%
	Work Stress	30	3.83	9.66	0.04	0.40	sm – mod	63%
	Burnout	30	1.08	3.81	0.13	0.28	sm	53%
	Physical	30	1.78	4.39	0.03	0.41	sm – mod	60%
Nutrition (Control)	Wellbeing	35	-0.49	6.27	0.65	-0.08	sm	49%
	Resilience	35	-0.96	4.87	0.25	-0.20	sm	51%
	Work Stress	35	1.06	9.24	0.50	0.11	sm	54%
	Burnout	35	0.39	3.64	0.53	0.11	sm	57%
	Physical	35	0.22	3.64	0.75	0.05	sm	46%

# Emory Nurse RCT

## 3-hour CRM vs. Nutrition (Control) Groups 3 months after class

CRM vs. Nutrition Post-Test Scores 3 mos after class	PRE to POST1			PRE/POST1 Change			Effect Size		
	Group	Measure	n	Mean	SD	p-value	d	desc	% imprvd
	Resiliency (intervention)	Wellbeing	30	-1.39	4.06	0.07	-0.34	sm – mod	65%
		Resilience	30	-1.69	4.56	0.05	-0.37	sm – mod	61%
		Work Stress	30	2.30	8.61	0.15	0.27	sm	63%
		Burnout	30	0.43	5.17	0.66	0.08	sm	53%
		Physical	30	1.00	4.16	0.20	0.24	sm	60%
	Nutrition (Control)	Wellbeing	33	-0.91	6.16	0.40	-0.15	sm	49%
		Resilience	33	-1.60	4.89	0.07	-0.33	sm – mod	51%
		Work Stress	33	0.99	7.25	0.44	0.14	sm	54%
Burnout		33	0.84	3.58	0.19	0.23	sm	57%	
Physical		33	1.08	5.12	0.23	0.21	sm	46%	



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# How did you use the CRM knowledge or skills? (Nurse study)

*After a difficult shift at work I noticed on my walk home that I was agitated. I tracked what I was feeling, then I used resourcing to calm down*

*Touching different surfaces and noticing the physical sensations. I utilized nature and paying attention to smells and sensations to bring myself back to the present moment*

*When things become way to hectic I touch the fabric of my scrubs to ground myself*



# 5-hour CRM class for women in treatment for addiction: Statistical Test Results for Paired Differences of Pre- and Posttests

	N	Pretest Mean (SD)	N	Posttest Mean (SD)	Paired Difference Mean (SD)	T-statistic (p-value)
<b>Anxiety</b>	18	3.13 (3.16)	18	1.59 (2.19)	1.53 (2.42)	2.67 (0.16)
<b>Depression</b>	19	2.36 (3.05)	19	1.21 (2.29)	1.14 (2.49)	1.99 (.06)
<b>Anger</b>	18	4.91 (4.64)	18	2.92 (3.19)	1.99 (2.43)	3.48 (.003)
<b>Well-Being</b>	16	13.34 (5.71)	16	14.74 (6.39)	-1.4 (7.02)	-.79 (.44)
<b>Physical Symptoms</b>	20	.99 (.78)	20	.64 (.61)	.36 (.62)	2.59 (0.18)



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# How did you use the CRM knowledge or skills? (Women in addiction treatment)



*How to calm myself and redirect my anxiety*

*It helped me to notice my highs and lows and to notice why I act the way I do*

*Training myself to pay more attention to my body*

*I notice everything*

*Gives me hope*

*When because of me changing, sometimes people feel they can try me*



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# Summary

- Childhood trauma has a great impact on development and health and is a major determinant of health
- It's not just "them:" it is "us" too
- Prevention and treatment are possible!!
- Recommendation: ***Treat everyone as if they had a history of trauma***
- Understanding biologic responses to trauma and help people tap into biologic tools for emotion regulation
  - can change the brain and promote resiliency and well-being





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# Good News

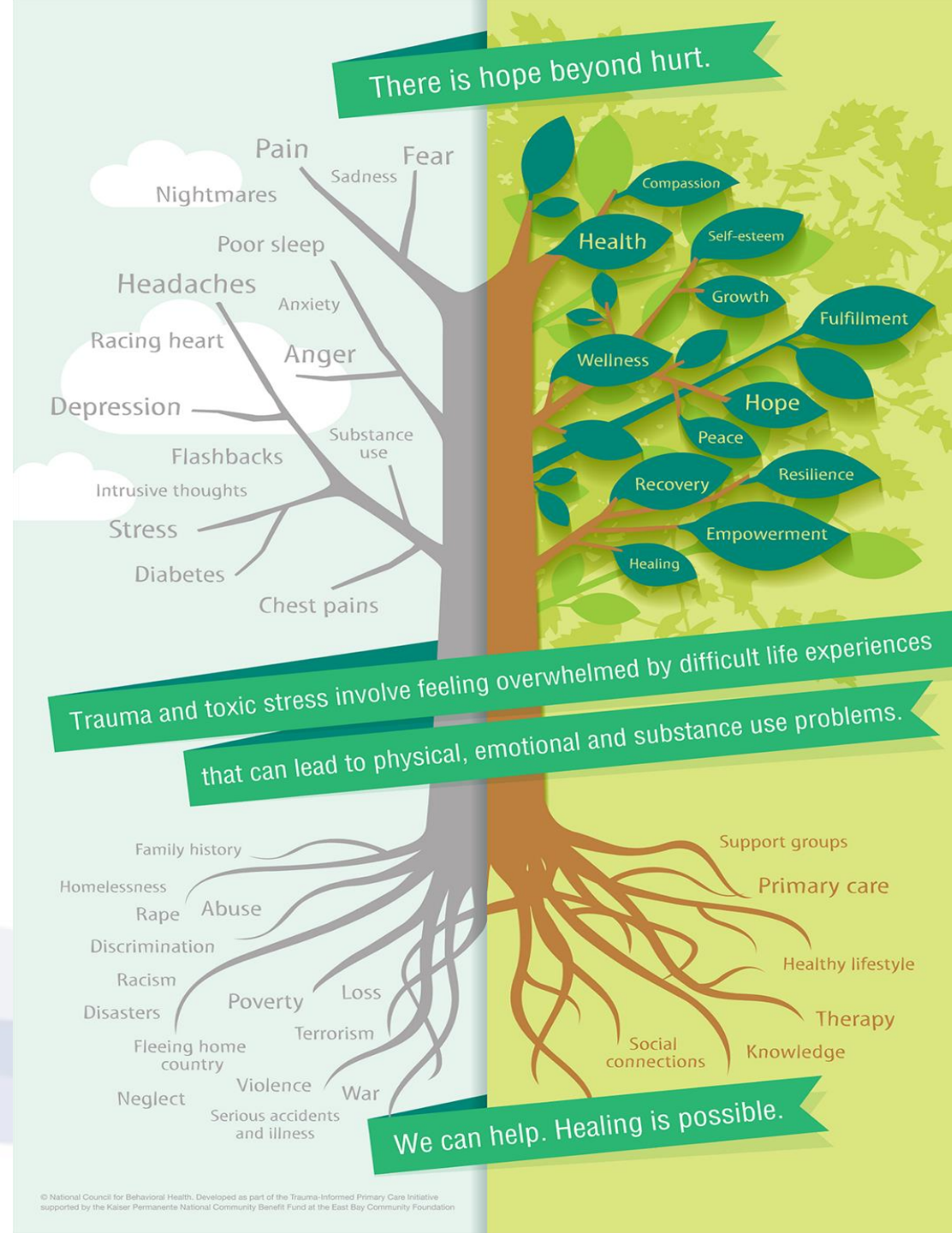
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- Washington State
- Ace connection
- Handle with Care
- Nurse Family Partnership



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**Hope Beyond Hurt**  
National Council for Behavioral Health,  
Trauma-Informed Care Initiative, Kaiser-  
Permanente National Community  
Benefit Fund



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# Additional resources

- CDC [https://www.cdc.gov/violenceprevention/acestudy/ACE\\_graphics.html](https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.html)
- Treatment Locator  
<https://findtreatment.samhsa.gov/>
- To get your own ace score  
<http://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>
- Watch Nadine Burke Harris Ted Med
- The Body Keeps the Score, Bessel van der Kolk
- Dan Siegal's Hand Brain Model



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***Questions?  
Thank you!***

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