Trauma- Informed Care

Linda Grabbe, PhD, FNP-BC, PMHNP-BC
Clinical Assistant Professor, Emory University
Certified Community Resiliency Model Teacher,
Trauma Resource Institute
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Overview

• The Impact of Trauma on Health and Development

• Responses to Trauma: What is Trauma-Informed Care?

• Supporting Well-Being: What is Resiliency-Informed Care?
“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
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
Secondary Traumatic Stress: Being exposed to the trauma of others

- 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)
When the nervous system becomes overwhelmed, people can lose the capacity to stabilize and regulate themselves.
Common Reactions

**Physical**
- Numb/Fatigue
- Physical Pain
- Rapid heart rate
- Breathing problems
- Tight Muscles
- Sleep Problems
- Stomach Upset
- Hypervigilance

**Emotion**
- Rage
- Fear
- Grief
- Guilt
- Shame
- Apathy
- Anxiety
- Avoidance
- Depression

**Behavior**
- Isolation
- Tantrums
- Self-Injury
- Addictions
- Eating Disorders
- Abusive Behaviors

**Relational**
- Angry at others
- Isolating
- Missing Work

**Thinking**
- Paranoid
- Nightmares
- Dissociation
- Forgetfulness
- Poor Decisions
- Distorted Thoughts
- Suicidal/Homicidal

**Spiritual**
- Hopelessness
- Loss/Increase of Belief
- Deconstruction of Self
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

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLIGENCE**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

CDC and Robert Wood Johnson
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%

Felitti & Anda, 1998
www.beakidshero.com
ACE Study
Compared to Philadelphia Study when higher

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

Cronholm et al., 2015
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
Effects of Trauma

DeBellis, 1999; child: tnccrr.org; 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)
Lifetime Effects

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

- Adverse Childhood Experiences
- Disrupted Neurodevelopment
- Social, Emotional, and Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability, and Social Problems
- Early Death

Death

Conception
How ACES Cross Generations

Generation 1
- Child Abuse
- Aggression Conduct Problems
- Depression PTSD Anxiety
- School Problems

Child

Adolescent
- Revictimization
- Depression PTSD Anxiety
- School Dropout
- Substance Abuse

Adult
- Parenting Problems
- Domestic Violence
- Maternal Depression PTSD
- Poverty
- Substance Abuse

Generation 2
- Child Abuse

CANarratives.org
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

- Life Dissatisfaction: 67%
- IV drug use: 67%
- Suicide attempt: 67%
- Serious/persistent mental illness: 69%
- Drinking & driving (30 days): 65%
- Alcoholism: 45%
- Chronic depression: 48%
- Anxiety: 56%
- Promiscuity: 41%
- Incarceration as adult: 41%
- Receive med treatment for mental illness: 54%
- > 15 of 30 days emotional problem interrupted work: 59%
- Painkillers to get high: 59%

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

ACE Interface © 2016
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
The Community Resiliency Model
“CRM”

Tracking, grounding, resourcing

Get the app: “ichill”
Traumatic or Stressful Event

Stuck on HIGH Hyper-arousal

Hyperactivity
Hyper-vigilance
Mania
Anxiety and Panic
Rage
Pain

Resilient Zone

Stuck on LOW Hypo-arousal

Depression
Isolation
Exhaustion
Fatigue
Numbness

Adapted from Levine/Heller
What’s Happening with Community Resiliency Model teaching in Atlanta?

• 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
## Emory Nurse RCT

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

<table>
<thead>
<tr>
<th>CRM vs. Nutrition Post-Test Scores 1 wk after class</th>
<th>PRE to POST1</th>
<th>PRE/POST1 Change</th>
<th>Effect Size</th>
<th>% imprvd</th>
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<tbody>
<tr>
<td>Group</td>
<td>Measure</td>
<td>n</td>
<td>Mean</td>
<td>SD</td>
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<tr>
<td>Resiliency (intervention)</td>
<td>Wellbeing</td>
<td>31</td>
<td>-1.88</td>
<td>2.78</td>
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<td></td>
<td>Resilience</td>
<td>31</td>
<td>-1.45</td>
<td>3.87</td>
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<td></td>
<td>Work Stress</td>
<td>30</td>
<td>3.83</td>
<td>9.66</td>
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<tr>
<td></td>
<td>Burnout</td>
<td>30</td>
<td>1.08</td>
<td>3.81</td>
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<tr>
<td></td>
<td>Physical</td>
<td>30</td>
<td>1.78</td>
<td>4.39</td>
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<tr>
<td>Nutrition (Control)</td>
<td>Wellbeing</td>
<td>35</td>
<td>-0.49</td>
<td>6.27</td>
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<tr>
<td></td>
<td>Resilience</td>
<td>35</td>
<td>-0.96</td>
<td>4.87</td>
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<tr>
<td></td>
<td>Work Stress</td>
<td>35</td>
<td>1.06</td>
<td>9.24</td>
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<tr>
<td></td>
<td>Burnout</td>
<td>35</td>
<td>0.39</td>
<td>3.64</td>
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<tr>
<td></td>
<td>Physical</td>
<td>35</td>
<td>0.22</td>
<td>3.64</td>
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## Emory Nurse RCT

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

<table>
<thead>
<tr>
<th>CRM vs. Nutrition Post-Test Scores 3 mos after class</th>
<th>PRE to POST1</th>
<th>PRE/POST1 Change</th>
<th>Effect Size</th>
<th>% imprvd</th>
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</thead>
<tbody>
<tr>
<td><strong>Group</strong></td>
<td><strong>Measure</strong></td>
<td><strong>n</strong></td>
<td><strong>Mean</strong></td>
<td><strong>SD</strong></td>
</tr>
<tr>
<td>Resiliency (intervention)</td>
<td>Wellbeing</td>
<td>30</td>
<td>-1.39</td>
<td>4.06</td>
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<tr>
<td></td>
<td>Resilience</td>
<td>30</td>
<td>-1.69</td>
<td>4.56</td>
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<td></td>
<td>Work Stress</td>
<td>30</td>
<td>2.30</td>
<td>8.61</td>
</tr>
<tr>
<td></td>
<td>Burnout</td>
<td>30</td>
<td>0.43</td>
<td>5.17</td>
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<tr>
<td></td>
<td>Physical</td>
<td>30</td>
<td>1.00</td>
<td>4.16</td>
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<tr>
<td>Nutrition (Control)</td>
<td>Wellbeing</td>
<td>33</td>
<td>-0.91</td>
<td>6.16</td>
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<tr>
<td></td>
<td>Resilience</td>
<td>33</td>
<td>-1.60</td>
<td>4.89</td>
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<td>Work Stress</td>
<td>33</td>
<td>0.99</td>
<td>7.25</td>
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<tr>
<td></td>
<td>Burnout</td>
<td>33</td>
<td>0.84</td>
<td>3.58</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td>33</td>
<td>1.08</td>
<td>5.12</td>
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</table>
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

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

- Washington State
- Ace connection
- Handle with Care
- Nurse Family Partnership
Hope Beyond Hurt
National Council for Behavioral Health, Trauma-Informed Care Initiative, Kaiser-Permanente National Community Benefit Fund
Additional resources

- CDC 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
Questions?
Thank you!

lgrabbe@emory.edu