Breaking the Silence: Trauma-Informed Care

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Health Outreach Community Support (HOCS)

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Outline

• Objectives & Key Terms
• Effects of Trauma on Occupational Performance
• Assessment & Therapeutic Interventions
• Discussion
• Practice Implications
Objectives

By the end of this session, participants will:

• Identify the common causes and types of trauma
• Understand the prevalence of trauma
• Identify relevant questions in assessing trauma
• Discuss the integration of trauma informed care into practice
What is Trauma?

“Experiences that overwhelm the individual’s ability to cope or integrate the ideas and emotions involved in that experience.”

(Klinic, 2013)
Neurobiological Framework
The Limbic System: High-Road and Low-Road Response
(LeDoux, 1996, and Clark, Classen, Fourn and Shetty, 2015)
Signs of a Trauma Response

- Sweating
- Change in breathing
- Muscle stiffness
- Difficulty relaxing
- Flood of strong emotions
- Rapid heart rate
- Startle response, flinching

(BC Provincial Mental Health & Substance Use Planning Council, 2012)
Signs of a Trauma Response

- Shaking
- Staring into the distance
- Becoming disconnected
- Losing focus
- Inability to concentrate or respond to instructions
- Inability to speak

(BC Provincial Mental Health & Substance Use Planning Council, 2012)
Common Causes of Trauma

- Interpersonal
  - Childhood abuse and neglect
  - Sexual assault
  - Domestic abuse
  - Torture or forcible confinement
  - Historical trauma
  - Elder abuse

(Klinic, 2013)
Common Causes of Trauma

- **External Trauma**
  - War
  - Being a victim of crime
  - Sudden death of a loved one
  - Sudden and unexpected loss
  - Living in extreme poverty
  - Natural disasters
  - Accidents

(Klinic, 2013)
Types of Trauma
Single Incident Trauma
Complex or Repetitive Trauma
Developmental Trauma
Intergenerational Trauma
Historical Trauma
ACE Study

(Felitti et al., 1998)
ACE Study

- More than 17,000 people participated between 1995-1997
- Each participant completed:
  - Physical exam
  - Survey: childhood maltreatment, family dysfunction, current health status and behaviour
  - ACE groups into categories (e.g., psychological abuse, physical abuse, sexual abuse)

(Felitti et al, 1998)

<table>
<thead>
<tr>
<th>Demographic Categories</th>
<th>Percent (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>54%</td>
</tr>
<tr>
<td>Male</td>
<td>46%</td>
</tr>
<tr>
<td>Race</td>
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</tr>
<tr>
<td>White</td>
<td>74.8%</td>
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<tr>
<td>Hispanic/Latino</td>
<td>11.2%</td>
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<tr>
<td>Asian/Pacific Islander</td>
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<tr>
<td>African-American</td>
<td>4.6%</td>
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<tr>
<td>Other</td>
<td>1.9%</td>
</tr>
<tr>
<td>Age (years)</td>
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</tr>
<tr>
<td>19-29</td>
<td>5.3%</td>
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<tr>
<td>30-39</td>
<td>9.8%</td>
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<tr>
<td>40-49</td>
<td>18.6%</td>
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<tr>
<td>50-59</td>
<td>19.9%</td>
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<td>60 and over</td>
<td>46.4%</td>
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<tr>
<td>Education</td>
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<tr>
<td>Not High School Graduate</td>
<td>7.2%</td>
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<tr>
<td>High School Graduate</td>
<td>17.6%</td>
</tr>
<tr>
<td>Some College</td>
<td>35.9%</td>
</tr>
<tr>
<td>College Graduate or Higher</td>
<td>39.3%</td>
</tr>
</tbody>
</table>
ACE Study - Results

• More than half of respondents reported at least one category of childhood exposure

• 25% reported over two categories of childhood exposures

• People who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4-fold to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide

• ACE study is frequently cited in trauma-informed research to demonstrate the prevalence and long-lasting effects of trauma

(Felitti et. al, 1998)
Trauma in Canadians

• 76% of Canadian adults report some more of trauma exposure in their lifetime

• 1 in 10 Canadians have been diagnosed with PTSD

• 90% of people with PTSD have co-occurring disorders

(BC Provincial Mental Health & Substance Use Planning Council, 2012 & Klinic, 2013)
Trauma in Canadians

• The breakdown:
  • Canadian Forces – 2.1% have PTSD
  • Correctional System – 80% of women have been victims of assaults
  • Refugees – 15,000 in Canada in 2011; majority from war affected countries
  • Immigrants – 16,000 in Manitoba in 2011; 9% PTSD, 5% clinical
    depression of those 71% have PTSD

(Klinic, 2013)
Trauma in Canadians

The breakdown:

- **Sexual Assault** – 22,000 reported in Canada in 2010; 9/10 not reported
- **Family violence** – 50% of Canadian women and 33% of men have experienced physical or sexual violence
- **Child Abuse** – more likely to be sexually victimized or physically assaulted
- **Elder Abuse** – 2,400 crimes reported in 2011 in Canada

(Klinic, 2013)
“Trauma-informed services take into account and understanding of trauma in all aspects of service delivery and place priority on the individual’s safety, choice, and control. Such services create a treatment culture of non-violence, learning, and collaboration.”

Effects of Trauma on Occupational Performance

(Law, Cooper, Strong, Stewart, Rigby, and Letts, 1996)
Effects of Trauma on Occupational Performance: Person

**Physical:**
- Chronic pain
- Chronic fatigue
- Fetal death
- Ischemic Heart Disease
- Overproduction of stress hormones (trembling, exaggerated startle response)
- Insomnia

(BC Provincial Mental Health & Substance Use Planning Council, 2012; Klinic, 2013; Snedden, 2012)
Effects of Trauma on Occupational Performance: Person

Emotional and Affective:
• Depression
• Anxiety, including panic attacks
• Anger
• Fearfulness
• Dissociation
• Flat affect
• Withdrawal
• Shame and Guilt

(BC Provincial Mental Health & Substance Use Planning Council, 2012; Snedden, 2012; Klinic, 2013)
Effects of Trauma on Occupational Performance: Person

Cognitive:

• Memory loss
• Decreased orientation
• Poor concentration
• Obsessive and compulsive behaviours

(BC Provincial Mental Health & Substance Use Planning Council, 2012; Snedden, 2012; Klinic, 2013)
Effects of Trauma on Occupational Performance: Person

**Spiritual:**
- Loss of meaning or sense of spirituality
- Loss of connection to self, family
- Questioning presence of a higher power
- Questioning one’s purpose

(BC Provincial Mental Health & Substance Use Planning Council, 2012; Snedden, 2012; Klinic, 2013)
Effects of Trauma on Occupational Performance: Person

*Interpersonal*

- Frequent conflict in relationships
- Lack of trust
- Revictimization
- Difficulty establishing and maintaining close relationships
- Difficulty setting boundaries

(BC Provincial Mental Health & Substance Use Planning Council, 2012; Snedden, 2012; Klinic, 2013)
Effects of Trauma on Occupational Performance: Environment

- Loss of connection to culture, community
- Discrimination, stigma, and prejudice
- Avoiding specific people and places (triggers)
- Experience of trauma response to environmental stimuli ("being triggered")

(BC Provincial Mental Health & Substance Use Planning Council, 2012; Snedden, 2012; Klinic, 2013)
Effects of Trauma on Occupational Performance: Occupation

- Formal systems involvement
- Addictions – gambling, substances
- Self-harm, suicidal ideation
- High-risk sexual behaviours
- Poor job performance
- Disordered eating

(BC Provincial Mental Health & Substance Use Planning Council, 2012; Snedden, 2012; Klinic, 2013; Twinley, 2013)
Effects of Trauma on Occupational Performance

(Law, Cooper, Strong, Stewart, Rigby, and Letts, 1996)
Language

- Literacy level
- Acknowledge non-verbal communication
- Clarify
- Gender neutrality
- Do not use labels
- Non-judgmental language

(BC Provincial Mental Health & Substance Use Planning Council, 2012 & Klinic, 2013)
# Trauma-Informed Language

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is wrong?</td>
<td>What has happened?</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Adaptations</td>
</tr>
<tr>
<td>Disorder</td>
<td>Response</td>
</tr>
<tr>
<td>Attention-seeking</td>
<td>Trying to connect in best way he or she knows how</td>
</tr>
<tr>
<td>Borderline</td>
<td>Doing the best he or she can given their experiences</td>
</tr>
<tr>
<td>Manipulative</td>
<td>Difficulty asking directly for what they want</td>
</tr>
</tbody>
</table>
## Trauma-Informed Language

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlling</td>
<td>Trying to assert his or her power</td>
</tr>
<tr>
<td>Malingering</td>
<td>Seeking help in a way that feels safer</td>
</tr>
<tr>
<td>Non-compliant</td>
<td>Difficulty engaging with expectations</td>
</tr>
<tr>
<td>Drug-seeking</td>
<td>Trying to regulate inner state</td>
</tr>
<tr>
<td>Unpredictable</td>
<td>Seeking structure and regularity</td>
</tr>
<tr>
<td>Poor self-regulation</td>
<td>Experiencing a trauma response</td>
</tr>
</tbody>
</table>
Asking About Trauma

• Universal Precaution

• Trauma History – a clinician needs to know:
  • What type of trauma occurred?
  • When did the trauma occur?
  • Was the person involved known to your client?
  • Do others know about the trauma?

(Clark, Classen, Fourt, & Shetty, 2015)
Asking About Trauma

- Name your client’s resilience, strengths, and resources
- Normalize, validate, and educate
- Be mindful of pacing
- Monitor affect regulation
- Ensure client’s safety

(Clark, Classen, Fourt, & Shetty, 2015)
Trauma-Informed Interventions

• Motivational interviewing – OARS questions
  • Open-ended questions, affirmations, reflective listening, summaries
• Provide psychoeducation regarding trauma and trauma response
• Safety and crisis planning
• Grounding and self-care

(Clark, Classen, Fourt, & Shetty, 2015)
Trauma-Informed Interventions

- Identify and discuss triggers
  - Identify the trigger
  - Slow down the response
  - Explore other response strategies
- Classical and operant conditioning
- Mindfulness-based stress reduction groups

(Clark, Classen, Fourt, & Shetty, 2015)
Recovery & Resilience

• Connect
• Active participants
• Daily routine
• Positive outlook
• Peer support & self-help

(SAHMSA, 2014)
Practice Implications - Resources

Trauma-informed.ca

The Manitoba Trauma Information Centre is your source for practical advice, documented solutions and dedicated support.

Working together to promote trauma informed relationships and practices.

Download The Trauma Toolkit

Trauma & First Nations People

Recent News & Events

Resources

Who we are

Learn about the Manitoba Trauma Information and Education Centre, who we are, and what we do.
Questions?
Contact Information

Alana Maertins
amaertins@wrha.mb.ca

Thank you!
References


Photo References


Neurobiological response: http://www.nature.com/polopoly_fs/7.6789.1349869569!/image/490165a-graphic.jpg_gen/derivatives/fullsize/490165a-graphic.jpg

Broken glass picture: http://upload.wikimedia.org/wikipedia/commons/6/67/Broken_glass.jpg


Photo References

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Child Soldier Picture: http://www.dw.de/german-rifles-may-land-in-child-soldiers-hands/a-17426642#

Soldier Background: http://sojo.net/sites/default/files/mainimages/blog/shutterstock_82008286.jpg
