Trauma Informed Care of Children and Families in 2015
What have we learned?

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“My advice is to learn all the tricks you can while you’re young.”
What is trauma?

• 3E’s: Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.

• In short, trauma is the sum of the event, the experience, and the effect.

• Interpersonal violence tends to be more traumatic than natural disasters: disruptive to sense of trust and attachment.
Events - Types of trauma

- **Acute**: single event that lasts for a limited time
- **Chronic**: experience of multiple traumatic events, often over a long period of time
- **Complex**: specific kind of chronic trauma that includes multiple traumatic events that begin at a very young age, typically <5yrs and are caused by adults who should have been caring for/protecting the child (van Der Kolk CA, Courtois BA, 2005)
- **Historical/intergenerational**: accumulative emotional and psychological pain over lifespan, across generations, result of massive group trauma
Events

• Actual or extreme threat of physical or psychological harm
• Withholding of material or relational resources essential to healthy development (neglect)
• Threat to physical integrity of self or other
• Serious injury
• These events and circumstances may occur as a single occurrence or repeatedly over time
Medical trauma—Childhood illness

• 5 out of 100 children are hospitalized for a major acute or chronic illness or injury

“In the hospital, in the middle of the night they started pumping bright red stuff into me. They were wearing protective clothing— that was pretty horrifying. Then I got sick a couple of hours after and I pee’d bright red. There’s nothing normal about that..”
Medical trauma – Childhood injury

• 20 million children each year suffer unintentional injuries
• Injury severity is not a good indicator of PTSD risk
• In a recent study more than 80% of the children and parents had at least one serious sx of acute stress disorder in the first month after a child was hurt in a traffic crash

“Doctors crowded around and stuck stuff on me and cut off my clothes-I didn’t know what was happening”
Medical trauma- Prematurity

- Prematurity: about 9% of all newborn babies require care in a NICU
- Most commonly reported parents’ responses
  - Inability to protect the infant from pain and provide appropriate pain management
  - Anxiety, fear, uncertainty
  - Helplessness/loss of control
  - Worries about the premature infant's outcomes
Community Violence

• Approximately 25% of all children and adolescents in the community experience at least one potentially traumatic event during their lifetime including life threatening accidents, disasters, maltreatment, assault and family and community violence
Figure 1

Children's Exposure to Violence: Percentage Victimized, 2011

- Any physical assault: Year 41.2%, Lifetime 54.5%
- Any sexual victimization: Year 5.6%, Lifetime 9.5%
- Any maltreatment: Year 13.8%, Lifetime 25.6%
- Any witness of violence*: Year 22.4%, Lifetime 30.2%
- Any witness of family assault: Year 8.2%, Lifetime 20.8%
- Witness assault in the community: Year 8.4%, Lifetime 27.5%
- Any indirect exposure to violence**: Year 10.1%

*Excludes indirect exposure to violence
**Includes hearing about or seeing violence; excludes witnessing violence, household theft, and school threat of bomb or attack

Domestic Violence

• 15.5 million children in the United States live in families in which partner violence occurred at least once in the past year, and seven million children live in families in which severe partner violence occurred.

• In a single day in 2008, 16,458 children were living in a domestic violence shelter or transitional housing facility. Another 6,430 children sought services at a non-residential program.

• Approximately one in three adolescent girls in the United States is a victim of physical, emotional or verbal abuse from a dating partner – a figure that mirrors victimization rates for other types of violence affecting youth.
Experience

• A particular event may be experienced as traumatic for one individual and not for another
• How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will determine whether or not it is experienced as traumatic.
• Sense of humiliation, betrayal, or silencing often shapes the experience of the event
• Linked to a range of factors
  • individual's cultural beliefs
  • availability of social supports
  • developmental stage of the individual
Impact

• These events challenge beliefs about the world as a safe place
• Harsh reminders of one’s own (and child’s) vulnerability
• High tech intense medical treatment may be frightening, and the child or parent may feel helpless
• Uncertainty about course or outcome
• Family is often required to make important decisions in times of great distress
Child role

• Prior PTSD, behavioral or emotional problems
• Exposure to more traumatic elements
• Intense fear and sense of life threat during injury event
• Separation from parents during the event
• Degree of pain experienced
• Child’s social isolation or lack of positive peer support
Parental role

• Parents are key resources for their child’s emotional recovery after an injury
• Severity of ASD/PTSD sx is correlated between parent and child
• Often hard for parent’s to assess their child’s own psychological responses to injury
• Parents may under or over estimate child’s distress compared to child’s own report
• Children are always watching
Effects

• May occur immediately or over time
• Individual may not recognize the connection between the effects and the events
  • inability to cope with the normal stresses and strains of daily living
  • Inability to trust and benefit from relationships
  • inability to manage emotions, memory, attention, thinking, and behavior
  • altering of one's neuro-physiological make-up and ongoing health and well-being.

Traumatic experiences may lead to a hypervigilant, constant state of arousal
Possible Impact of Trauma on Young Children (0-5y)

<table>
<thead>
<tr>
<th>Key Developmental Task</th>
<th>Trauma’s Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Development of visual and auditory perception</td>
<td>• Sensitivity to noise</td>
</tr>
<tr>
<td>• Recognition of and response to emotional cues</td>
<td>• Avoidance of contact</td>
</tr>
<tr>
<td>• Attachment to primary caregiver</td>
<td>• Heightened startle response</td>
</tr>
<tr>
<td></td>
<td>• Confusion about what’s dangerous and who to go to for protection</td>
</tr>
<tr>
<td></td>
<td>• Fear of being separated from familiar people/places</td>
</tr>
</tbody>
</table>

NCTSN: Think Trauma Toolkit
A- “He just doesn’t get school”

• A comes to you in first grade in November after just having moved from a neighboring town for unknown reasons. He does not know all his letters- or at least he can’t seem to remember them day to day and whenever something drops off anyone’s desk, he startles and shouts out and may even start to cry. It is December but you feel like he is making no progress and want to suggest he move back to kindergarten in January.

• A’s real story: A was born in Texas Everyday when his dad would come home from work 4 yr old A would be waiting at the front window to run into his arms for a big hug. One day his Dad does not come home. His mom says his dad went on a vacation. Four months later (which feels like forever) he comes home but things are a lot quieter around the house and your family suddenly moves to Boston to live with cousins you have never met and start kindergarten there. Finally your family saves enough money and in the beginning of 2nd grade you move to a neighboring town into your own apartment and room! One month later the building is flooded by a burst pipe and all your possessions are lost. You have to live in a hotel and you can stay in your same 2nd grade class but you have to take a special bus. Then in November your family gets a new apartment in another town and you move again and start November in 2nd grade in your 3rd school.

• Could you remember your letters?
Possible Impact of Trauma on School Aged children (6-12y)

Key developmental tasks
- Manage fears, anxieties and aggression
- Sustain attention for learning and problem solving
- Control impulses and manage physical responses to danger

Trauma’s impact
- Emotional swings
- Learning problems
- Specific anxieties and fears
- Attention seeking
- Reversion to younger behaviors

NCTSN: Think Trauma Toolkit
R-”I think about her coming into my room at night”

• R is a 13 yr old girl referred for possible ADHD. Her teachers all find her increasingly distracted in middle school and on the rating scales they endorse 9/9 inattentive symptoms. She just started at this school on 7th grade and the teachers are aware that she is the oldest of three children who have been in their grandmother’s custody since toddlerhood.

• R’s real story: R has a 20 yr old cousin who also lived with them since they came to live with their grandmother 7 years ago. When the cousin was 16 she started using street drugs and became increasingly combative at home. When she turned 18 her grandmother attempted to throw her out but for the last 2 years she has terrorized the family, crawling into her cousin’s room when she is sleeping at night and pushing her out of bed and threatening to hurt her grandmother or call protective services if she doesn’t cooperate.

• Would you pay attention in middle school?
Possible Impact of Trauma on Adolescents (13-21y)

Key developmental tasks
- Think abstractly
- Anticipate and consider the consequences of behavior
- Accurately judge danger and safety
- Modify and control behavior to meet long-term goals

Trauma’s Impact
- Difficulty imagining or planning for the future
- Over or underestimating danger
- Inappropriate aggression
- Reckless and/or self destructive behaviors

NCTSN: Think Trauma Toolkit
C- “I need to go back and take care of her”

• C is a 15yr old boy referred for school failure. His dad states that he is not picking up anything at school and refuses to do any homework. His teachers feel he is not trying at school and he is not capable of learning English. His math scores are average but he cannot yet read any English after 2 years of high school.

• C came to the US at 14 after being raised by his mother in the Dominican Republic. His mother has mental illness “nervioso” and C rarely went to school, mostly staying home to care for her and trying to make money. His father came back to the family after a 10 year absence and took C with him back to the states so that he could get an education and find meaningful work. C has no interest in school and only would like to go back to his home and take care of his mother.

• Would you work on reading English if you knew your mother need you at home?
Stress vs Traumatic Stress

• “I’m having a bad day. This is really difficult to deal with.”

• “I have to take my child for his first dental appointment. We’re both anxious.”

• My child has been just hit by a car. I’m afraid he could die.”

• “I have to take my child for his first chemotherapy appointment. He’s terrified.”
Toxic Stress

Toxic stress and adverse experiences in early childhood are associated with persistent effects on the nervous system and stress hormone systems.

This can damage developing brain architecture and lead to lifelong problems in learning, behavior, and physical and mental health.
Three Levels of Stress Response

Positive
Brief increases in heart rate, mild elevations in stress hormone levels.

Tolerable
Serious, temporary stress responses, buffered by supportive relationships.

Toxic
Prolonged activation of stress response systems in the absence of protective relationships.

Source: Center on the Developing Child at Harvard University
Impact of Early Stress

- Childhood Stress
- Hyper-responsive stress response
  - Decreased coping
- Chronic Flight or Fight
  - Increased cortisol
- Changes in the Brain architecture
The ACE Study-9 Categories of adverse childhood experiences

• Dr. Robert Anda and Dr. Vincent Felitti surveyed 17,421 adults who were having medical difficulties about their childhood experiences.

• Created 9 categories of adverse childhood experiences which generated a person’s ACE score (number of categories a person experienced)
  1. Recurrent physical abuse
  2. Recurrent emotional abuse
  3. Sexual abuse
  4. Neglect
  5. Domestic violence
  6. Home with substance abuse
  7. Family with mental illness
  8. Death of a parent
  9. Parental incarceration
# Prevalence

<table>
<thead>
<tr>
<th>Household Dysfunction</th>
<th>Abuse/neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse</td>
<td>Psychological abuse</td>
</tr>
<tr>
<td>27%</td>
<td>11%</td>
</tr>
<tr>
<td>Parental separation/divorce</td>
<td>Physical abuse</td>
</tr>
<tr>
<td>23%</td>
<td>28%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>Sexual abuse</td>
</tr>
<tr>
<td>19%</td>
<td>21%</td>
</tr>
<tr>
<td>Battered mother</td>
<td>Emotional neglect</td>
</tr>
<tr>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Incarcerated household member</td>
<td>Physical neglect</td>
</tr>
<tr>
<td>5%</td>
<td>10%</td>
</tr>
</tbody>
</table>
ACEs Have A Strong Influence on

• Adolescent Health
• Teen pregnancy
• Smoking
• Alcohol abuse
• Illicit drug use
• Sexual abuse
• Mental Health
• Risk of revictimization
• Stability of relationships
• Performance in the workforce
ACEs Increase the Risk Of:

• Heart Disease
• Chronic Lung Disease
• Liver Disease
• Suicide
• Injuries
• HIV and STDs
## Probability of Outcomes given 100 American Adults

<table>
<thead>
<tr>
<th>33 report no ACES</th>
<th>51 Report 1-3 ACES</th>
<th>16 Report 4-8 ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 16 smokes</td>
<td>1 in 9 smokes</td>
<td>1 in 6 smokes</td>
</tr>
<tr>
<td>1 in 69 are alcoholic</td>
<td>1 in 9 are alcoholic</td>
<td>1 in 6 are alcoholic</td>
</tr>
<tr>
<td>1 in 480 uses IV drugs</td>
<td>1 in 43 uses IV drugs</td>
<td>1 in 30 use IV drugs</td>
</tr>
<tr>
<td>1 in 14 has heart disease</td>
<td>1 in 7 has heart disease</td>
<td>1 in 6 has heart disease</td>
</tr>
<tr>
<td>1 in 96 suicide attempts</td>
<td>1 in 10 attempts suicide</td>
<td>1 in 5 attempts suicide</td>
</tr>
</tbody>
</table>
How do we identify-The Education system

- LA unified 2003: among 769 students sampled, avg number of violent events experienced in the last year was 2.8 and avg number witnessed was 5.9; 76% had experienced or witnessed an event involving a gun or knife
- Current education laws and federal legislation have provided opportunities to augment national programs with trauma informed elements
Trauma Informed Care
Trauma Informed Care changes the question from “What’s wrong with you?” to “What happened to you”? 
Trauma Informed Care

- *Trauma is a central experience of symptoms presented*
- Aims to avoid re-victimization.
- Appreciates many problem behaviors began as understandable attempts to cope.
- Strives to maximize choices for the survivor and control over the healing process.
- Seeks to be culturally competent
- Understands each survivor in the context of life experiences and cultural background.

(Alvarez and Sloan, 2010)
Core Principles of TIC

- **Awareness:** Everyone knows the role of trauma
- **Protect/Safety:** Ensuring physical and emotional safety
- **Trustworthiness:** Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice:** Respect and prioritize consumer choice and control
- **Collaboration:** Maximizing collaboration and sharing of power with consumers
- **Empowerment/Redirect:** Prioritizing consumer empowerment and skill-building

(Hummer V, Crosland K, Dollard N, 2009)
Universal Precautions as a Trauma-Informed Concept

“Many providers may assume that trauma experiences are additional problems for the person, rather than the central problem...”

(Hodas, 2004)

Presume that every person in a treatment setting has been exposed to abuse, violence, neglect, or other traumatic experiences.
Mechanisms To Create a Trauma Informed Culture

- Adopt philosophy of non-violence and non coercion
- Develop policies congruent with our stated values
- Identify & eliminate coercive practices
- Remove overt/covert expressions of power/control, and review rules objectively
- Meaningfully change our environments
- Include clients as full participants in treatment
- Integrate peer supports and other natural supports
So how would you approach Lisa tomorrow?
How can you reduce effects of trauma?

• Encourage people to seek help
• Challenge others to consider the causes of behavior
• Be truly present with others
• Encourage families to explore
• Encourage self control
• Build self confidence
• Respond to affect not the behavioral manifestation
• Reframe negative behavior
• Identify possible triggers
  • Sensory
  • Time of day
  • Certain activities
Protective Factors/Resiliency

There are behaviors, characteristics and qualities inherent in some personalities that will assist in recovery after exposure to a traumatic event, these are called, protective factors.

“Capability of individuals to cope successfully in the face of significant change, adversity or risk. The capacity changes over time and is enhanced by protective factors in the individual and environment.” (Greene and Conrad, 2002)
Characteristics of Resilient People

- Compassion for others
- Sense of humor
- Persistence in the face of failure
- Strong code of ethics
- Interest in spirituality
- Respectful manner
- Capacity to get attention in positive ways

(NEihart, 2011)

- Ability to plan ahead
- Skill at problem solving
- Feeling of autonomy
- Positive outlook on life
- Belief that one’s effort can change things
- Interest in developing a special talent
- Flexibility in gender role
Vicarious Traumatization

- AKA compassion fatigue
- Resulting effects of chronic exposure to traumatic material
- Sx are the same as those who directly experience the trauma
- First noticed in ED nurses who had “lost their ability to nurture” (Boyle 2011)
Trauma Informed Care: A Reality

• Making sure that children and adolescents are screened for trauma exposure
• Service providers use evidence-informed practices
• Resources on trauma are available to providers, survivors and their families
• Continuity of care across service systems
High above the hushed crowd, Rex tried to remain focused. Still, he couldn’t shake one nagging thought:

He was an old dog ... and this was a new trick!
Resources

- www.aaets.org
- www.annafoundation.org/MDT2.pdf
References


References

• Costello et al, 2002
• Pynoos et al 2006
• Griffin, E., (2012). Presentation at the NIDA/ACYF experts meeting on trauma and child maltreatment.
• Wilson, C. and Ford, J., (2012). SAMHSA's Trauma and Trauma-Informed Care Experts Meeting
• Andersen, R., (2012). SAMHSA's Trauma and Trauma-Informed Care Experts Meeting.
• http://www.samhsa.gov/traumajustice/traumadefinition/index.aspx
• National Child Traumatic Stress Network
References

http://www.uclaisap.org
http://www.vsias.org/handouts/2008/Beyer/ppt
www.oregon.gov/DHS/addiction/trauma-policy/reducinguse.ppt
http://www/wacfa.org/traumatraining/neurobioFINALprint.ppt
http://www.annafoundation.org/retraumatization