Understanding Trauma and Becoming a Trauma-Informed System of Care

GEORGIA CASA CONFERENCE
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HONORABLE JUDGE

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TROUP COUNTY JUVENILE COURT

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So what is Trauma?

"Trauma" is defined as witnessing or experiencing an event or a series of events that pose a real or perceived threat to the life or well-being of a person"

"Acute trauma" is a single event that is limited in time such as a car crash or a terrorist attack.

"Chronic trauma" refers to multiple traumatic events occurring over time.

"**Secondary Trauma/Vicarious Trauma"** describes the emotional duress that results when an individual hears about the firsthand trauma experiences of another.

Complex Trauma

- Multiple, chronic and prolonged, exposure to adverse events

- Often of an interpersonal nature with early life onset

- Effects are cumulative

- Lifelong effects on the body and brain

Prevalence:

Show Me The Numbers

- 25.2% of youth who were in foster care developed **PTSD**

- Up to 90% of justice-involved youth report exposure to some sort of traumatic event
  - Of that population, on average, 70% of youth meet the criteria for a mental health disorder with approximately 30% of youth meeting the criteria for **PTSD**

- Children under the age of 6 are disproportionately exposed to trauma, particularly interpersonal violence.

  Of victims:
 - 34% under age 3
  - 57% under age 7

Prevalence

The Numbers

- **Education** – Out of 450 children at several alternative schools in a certain district, 90% of the children had experiences with trauma exposure:

  - 41% - Family violence

  - 46% - Physical, emotional or sexual abuse

  - 39% Neglect

  - 16% Living in foster care or out-of-home placement

The Ripple Effect

❖ Trauma is **a pervasive, long-lasting** public health issue that **affects** not only **individuals** but **entire organizations and systems**. If left unchecked <u>these systems </u>**can replicate** the **events or dynamics of the original trauma.**

❖ **People affected by trauma** from abusive relationships will frequently encounter **services and treatment that mirror the power and control** they experienced in those relationships.
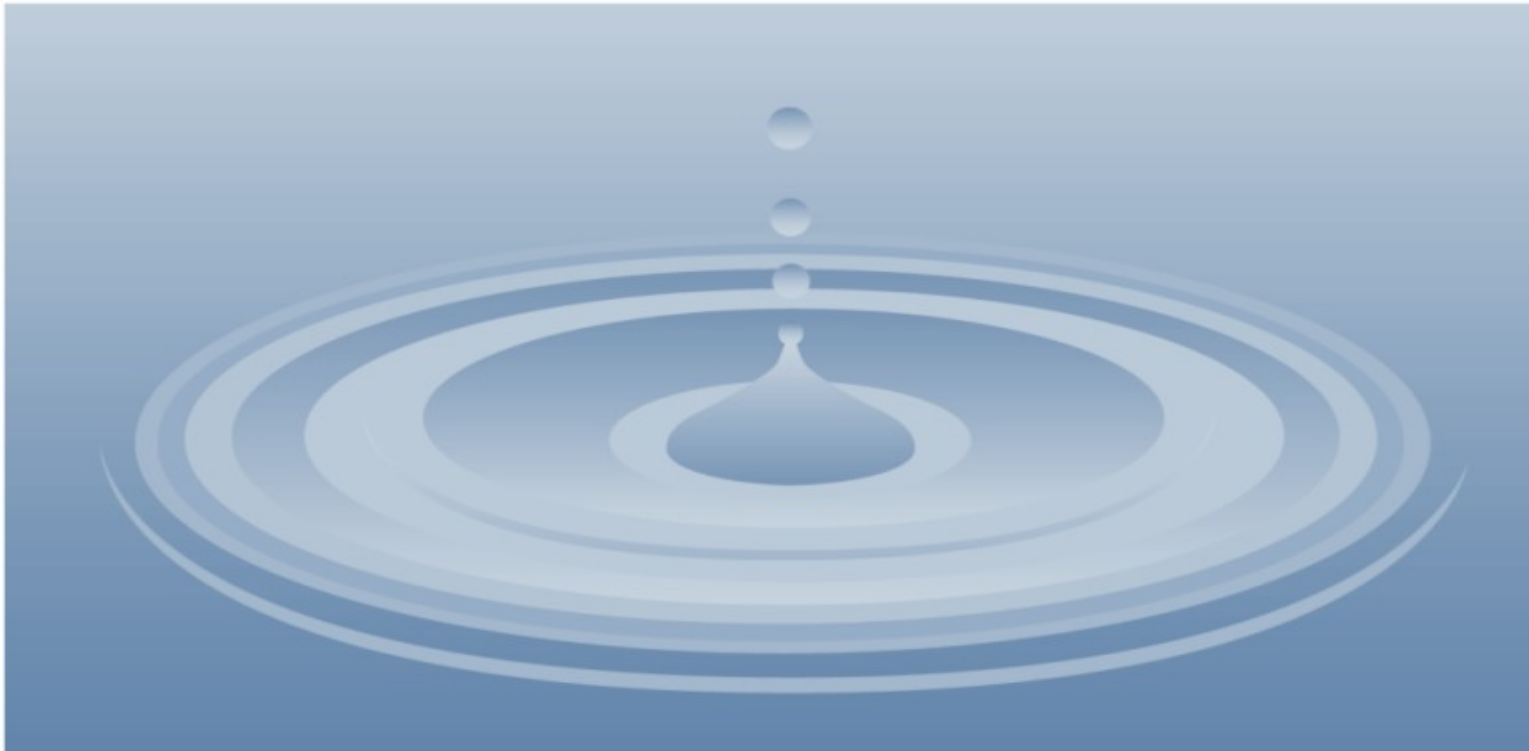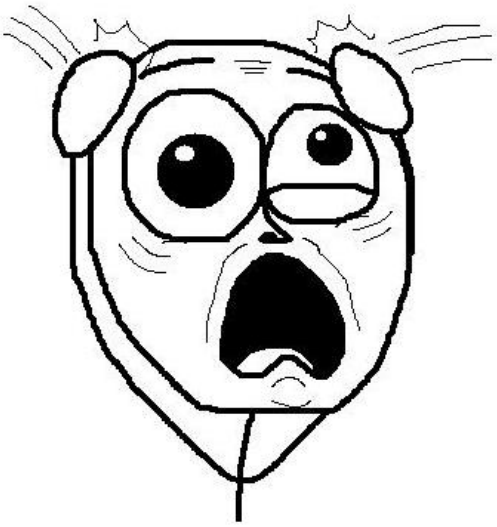
Systems of Care
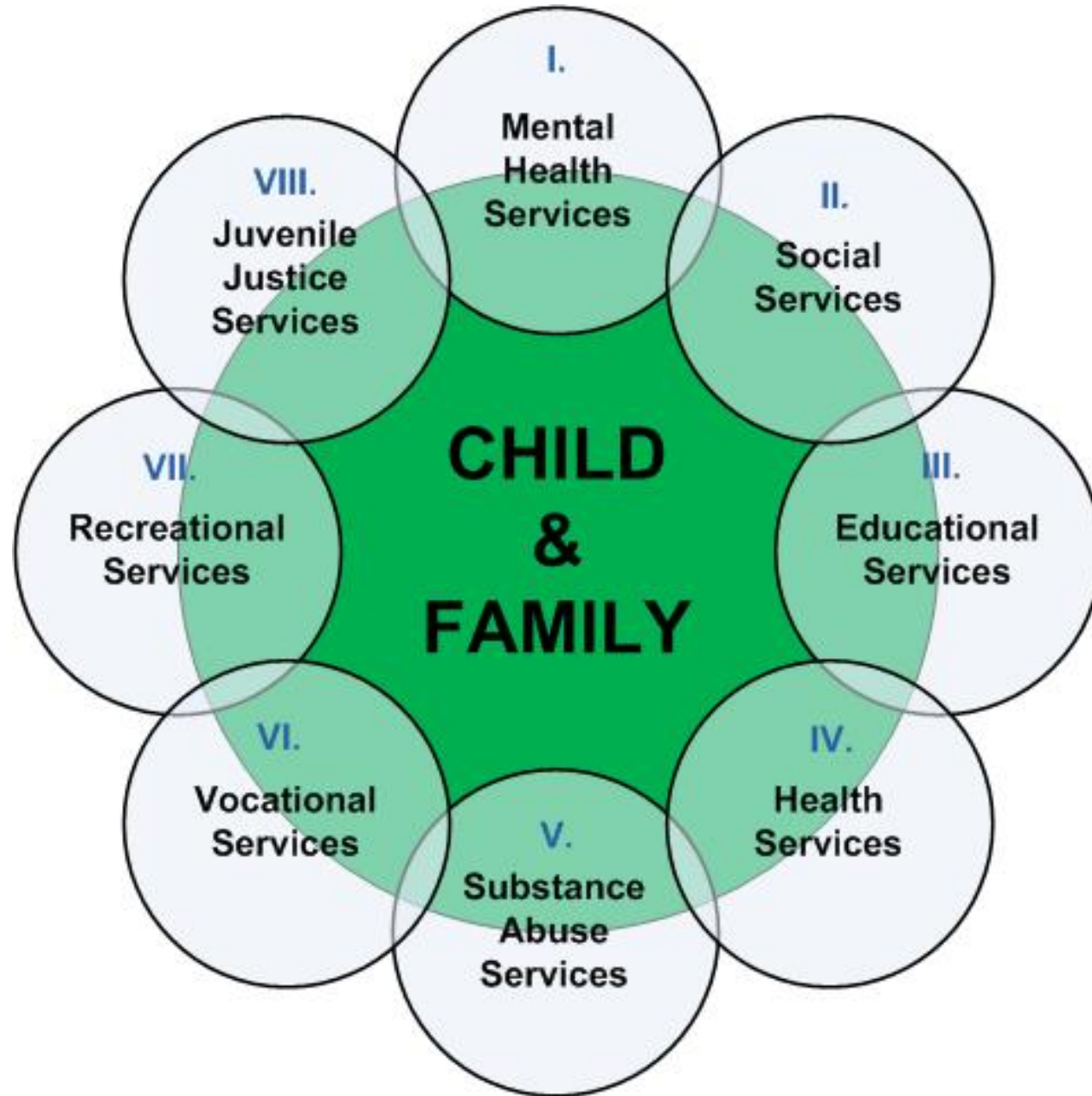
Organizational Culture

The organizational culture reflects what the system and organization considers important:

- What warrants attention

- How it understands the people it serves and the people who provide that service

- And how it puts these understandings into daily practice.

Traditional Systems

What's wrong with you?

- **Deficit** based, Provider driven.

- The **impact of trauma is not well understood** by staff and providers.

- **Problems and symptoms** are viewed as **discrete, separate, and often unrelated to past experiences with trauma.**

- Children, youth and families are seen as **broken, vulnerable**, and **unable to make decisions for themselves.**

- **Providers** view themselves as the experts who **know what is best for clients**

- **Blame individuals** for their failure to comply, despite the shortcomings in the services provided

- Treatment is **diagnostically driven** and **symptom focused**

- **Power** sharing is **limited**

- **Practices** are **not** conducive to **recovery** and have the potential to **cause additional harm (re-traumatization)**.

Experiences Replicated in Organizations and Systems:

Re-Traumatization

- Unseen & Unheard

- Trapped

- Sexually Violated

- Isolated

- Blamed & Shamed

- Controlled, Powerless

- Unprotected & Vulnerable

- Threatened

- No Privacy or Boundaries

- Objectified

- Crazy-making

- Betrayed

Objectified

Childhood Trauma	Re-traumatized in Service Systems
▪ Viewed and treated by perpetrator solely as an object	▪ Viewed as a diagnosis or symptom: a "borderline", a "schizophrenic", a "depressive", a "bulimic, a cutter – to be managed or treated.
▪ Child was not seen or experienced as a whole person capable of experiencing hurt	▪ Seen only in their role as "sick" individuals - with symptoms to be managed. Clients personal history and lived experiences of trauma not viewed as core to their distress.
▪ Perpetrator was not capable of feeling empathy for child and what child was experiencing	▪ Providers ability to be empathic limited by narrow view of client which excludes client's history of violence and abuse and the pain they feel as a result.

Betrayed

Trauma:

- Disciplinary interventions were "for her own good".

- Child's family relationships fragmented by separation, divorce, abandonment, substance abuse, etc. Connections broken. Child learns not to trust or depend on others as trustworthy.

Re-Traumatization:

- Hurtful or unwanted interventions presented as for the good of the child, youth or parent

- Relationships of trust arbitrarily disrupted based on needs of system, shift changes, staff turnover, limits of insurance coverage. No continuity of care or caregiver. Ability to trust is further compromised.

Blamed and Shamed

Childhood Trauma

- Child was blamed, spanked, confined to room – for anger, screams, cries.

- Cause of child's "bad" or unusual behaviors seen something inherently wrong with the child. Impact of environmental factors not recognized or considered.

Re-traumatization in Service Systems

- Clients rage, terror, screams, result in medication, restraint, involuntary commitment, loss of privileges, seclusion, expulsion from services

- Cause of client's emotions and behaviors placed seen as an inherent defectiveness or "mental illness". Impact of environmental factors (e.g. childhood traumas) not recognized or considered.

Trapped

Childhood Trauma	Re-traumatization in Service Systems
▪Child was trapped by perpetrator, unable to escape his abuse.	▪Child unable to escape abuse in locked facilities, group homes, residences.. Outpatient commitment feels like a trap. Vulnerable to involuntary commitment. Trapped by Mental Health diagnosis. Mandated counseling.
▪Child dependent on family, caregivers.	▪Child kept dependent on system. Strengths, talents, competencies not nurtured. No education provided. No skill development to live and work in community. Cyclical nature of unaddressed trauma can affect ability to stay employed at any job.

Controlled/ Powerless

Childhood Trauma

- Perpetrator had absolute power/control over child

- Pleas to stop violation were ignored. Perpetrator ignored child's cries of pain and continued to hurt her

- Child's expressions of intense feelings, especially anger directed at parents, were often punished and suppressed.

Re-traumatization in Service Systems

- Institutional staff and psychiatry have great power/control over patients. Community providers control referrals, treatments, services, entitlements. Can initiate involuntary commitment. Can force medication.

- Pleas and cries to stop abusive treatment, restraint, seclusion, overmedication – commonly ignored

- Intense feelings, especially anger at staff, suppressed, not allowed expression, punished by coercion or expulsion

Crazy Making

Trauma:	Re-traumatization:
▪ Appropriate anger at abuse seen as something wrong with child. Abuse continued, unaddressed.	▪ Appropriate anger at hurtful institutional and community mental health practices judged pathological. Practices were continued.
▪ Child's appropriate fear of threat of being abused was misunderstood and considered unreasonable.	▪ Appropriate fear of abusive and threatening practices and behaviors, labeled "paranoid" by those producing the fear.
▪ Abuse of child unseen or silenced. Message: "You did not experience what you experienced".	▪ Denial of abuse and its impacts. Message to client, "You did not experience what you experienced.

Antidotes to Systemic Re-traumatization

Trauma Informed Systems of Care:

Safety

Trustworthiness

Choice

Collaboration

Empowerment

Strength-Based

Recovery and Success for trauma survivors is largely based on their ability to regain <u>control</u> of their lives.

Implications for Trauma Informed Systems of Care

✓In order to reduce the impact of the trauma, a multi-disciplinary approach is essential and must take into account the physical, neurological, sensory, emotional, and developmental impact.

✓Both case management and clinical services need to reflect the short- and long-term impact of trauma.

✓All systems of care for children who have experienced trauma and their families need to reflect trauma informed practice and address the **eight essential elements.**

Trauma-Informed Systems of Care:

❖ Provides the foundation for a basic understanding of the psychological, neurological, biological, and social and spiritual impact that trauma and violence can have on many children, youth and families.

❖ Incorporates proven practices into current operations to deliver services that acknowledge the role that violence and victimization play in the lives of most of the children entering our system.

❖ **Strengths Based**: Goals are focused to strengthen and build the individuals existing skills, rather than suppressing unwanted behavior.

"It's about the right to have a present and a future that are not completely dominated and dictated by the past." Karen Saakvitne

Trauma-Informed Systems of Care provide a **paradigm** under which the basic premise for organizing services is transformed:

FROM:

> What is wrong with you?

TO:

> What happened to you?

_____

FROM:

> "sick", resistant or uncooperative

TO:

> Affected by an "injury' or "disease"

1st Essential Element of a Trauma-Informed System of Care

Trauma-Informed Policies and Procedures

- Make systems **safer** and more effective by ensuring the **physical and emotional safety** of all youth, family members, and staff and **promoting their recovery** from the adverse effects of trauma.

Source: Modified with permission from NCTSN

Identification/Screening of Parents and Children Who Have Been Traumatized

2nd Essential Element of a Trauma-Informed System of Care

Proceed With Caution!

Do. No. Harm.

- Carefully timed traumatic stress screening is the standard of care for youth and parents/care givers in the child protection system.

Source: Modified with permission from

NCTSN

Clinical Assessments/Interventions for Trauma-Impaired Parents and Children

3rd Essential Element of a Trauma-Informed System of Care

- Trauma-specific clinical assessment and treatment and trauma-informed prevention and behavioral health services are the standard for care of all youth and parents/caregivers identified as impaired by posttraumatic stress reactions in the screening process.

Source: Modified with permission from NCTSN

Trauma-Informed Programming and Staff Education

4th Essential Element of a Trauma-Informed System of Care

- Trauma-informed education, resources, and programs are the standard of care across all stages of the child protection system.

"INFORMATION CAN BRING YOU CHOICES AND CHOICES BRING POWER - EDUCATE YOURSELF ABOUT YOUR OPTIONS AND CHOICES. NEVER REMAIN IN THE DARK OF IGNORANCE."

JOY PAGE

Lifehack Quotes

Source: Modified with permission from NCTSN

Prevention and Management of Secondary Traumatic Stress (STS)

5th Essential Element of Trauma-Informed Systems of Care

- Staff administrators and staff at all levels recognize and respond to the adverse effects of secondary traumatic stress in the workplace in order to support **workforce safety, effectiveness and resilience.**

Burnout

Secondary Trauma

Compassion Fatigue

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permission from NCTSN
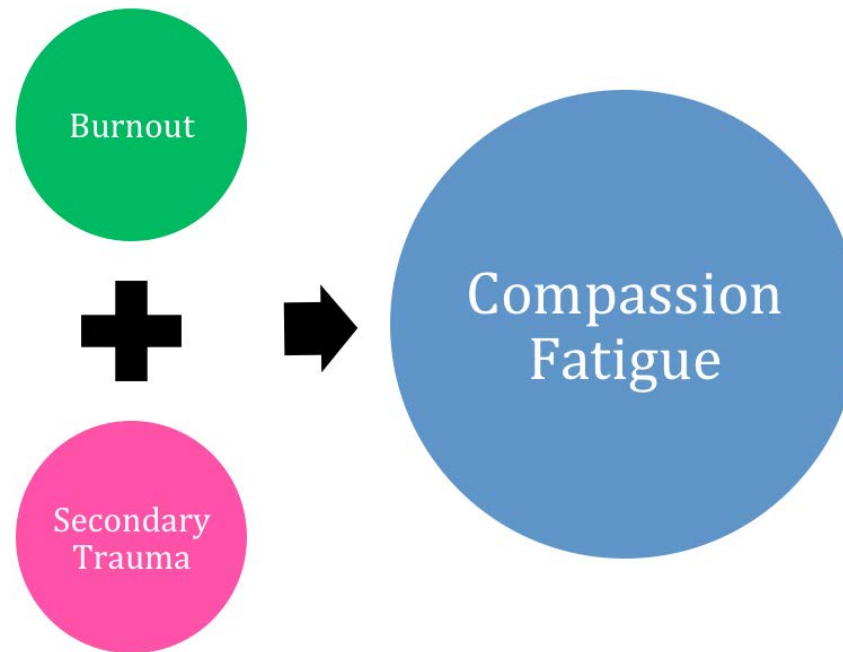
Staff quote:

"One of the things that doesn't get talked about very much is the trauma of the staff. We talk about the trauma paradigm for our clients or people in recovery. But not very often in my 20 years of work in the field of social services have I heard much about what happens to us, the workers. And I think that's an area where we need to do some work. I've seen some pretty traumatic things from when I first started 20 years ago. Some of those things still haunt me that I've seen."

Self-Care

Self-Care is a
priority and necessity
- not a luxury -
in the work that we do.

Trauma-Informed Partnering with Youth and Families

6th Essential Element of a Trauma-Informed System of Care

- Engage youth and families as partners in all child protection programming and therapeutic services.

Source: Modified with permission from NCTSN

Trauma-Informed Cross System Collaboration

- Enables the provision of continuance integrated services to child protection youth and parents/caregivers who are experiencing posttraumatic stress problems.

Source: Modified with permission from NCTSN

Collaboration

❖ **No single system** can address all the issues a child and family may experience as a result of stress and trauma.

❖ **Collaborative partnerships** with **early intervention** programs, **early care and education**, **respite care**, home visiting services, and many others who provide **trauma informed services are a necessary component.**

8th Essential Element of Trauma-Informed Systems of Care

Trauma-Informed Approaches to Address Disparities and Diversity

- Ensure that practices and policies address the diverse and unique needs of all groups of youth and parents/caregivers and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background.

Source: Modified with permission from NCTSN

The Next Steps:

MOVING beyond *good intentions*

The Absence of Disease Doesn't Constitute Well-Being

FROM:

> What is wrong with you?

TO:

> What happened to you?

FROM:

> "sick", resistant or uncooperative

TO:

> Affected by an "injury' or "disease". A "Victim"

"I am _more_ than what happened to me, _I'm not just my trauma_"

Promoting a <u>System</u> of Healing

To create a climate of **hope and resilience:**

● **Acknowledge** the client's **abilities** to survive and even **grow from adversity.**

● **Acknowledge** the **strength** it takes to get to where the client currently is.

● Refer to the client as "someone who has experienced trauma," and **who is more than what has happened to them**.

● Believe that **Recovery** is **"possible"**

WELL-BEING

Too frequently, we ask youth and families to make drastic changes without stepping back to examine whether our systems themselves need to change to better meet the needs of the community.

What Can We Do to Change the Script?

➢ One thing we can do as a community is to surround our children and families with **trauma-responsive systems**, consistently trained and messaged, **working in meaningful collaboration** with one another.

➢ Giving children an honest sense of safety and giving parents the information they need to **rebuild** their families is the message of **hope** that each of them need.

QUESTIONS?

For More Information:

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