FOUNDATIONS OF TRAUMA-INFORMED CARE (TIC)

Equitable/Person-Centered Care

[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Dr. Karen Louise Hill, from Health Management Associates (HMA), is a nurse practitioner with more than 15 years of experience with adverse childhood experiences (ACEs) and trauma-informed care (TIC) training, implementation, and evaluation as it relates to provider operations and billing, design, communications, health literacy, precepting, mentoring, training, TIC, and curriculum development. As a Principal at HMA Karen has worked to help organizations provide TIC and crisis prevention and de-escalation techniques-based training for county employees through an evidence-based, culturally responsive, and collaborative care management models. Prior to HMA Karen worked as an Interim Vice President of Programs at the University of California, San Francisco (UCSF)/Glide Health Services where she focused on patient care and safety, providing evidence-based and patient-centered care, work organization and clinic flow, health promotion activities, and developing interagency relationships and community alliances.

Dr. Judy Martin-Holland, from Health Management Associates (HMA), has more than 20 years of experience in education and collaboration with a drive to advance diversity,

equity, and inclusion (DEI). Judy is an accomplished mission-driven nurse executive leader with decades of experience in healthcare, workforce development, organizational transformation through systems change, and developing collaborative partnerships. Additionally, Judy has proven knowledge and experience in advancing health equity, patient-provider relationships, regulation and education of the health professions (Nursing, Dentistry, Medicine, Pharmacy, Physical Therapy) and global health. Prior to HMA, Judy worked as the Associate Dean and Graduate Program Director of Masters' Entry, Master's, and Doctoral Programs in Nursing (10 years) after which she served as the Associate Dean of Diversity, Inclusion, and Community Outreach for the University of California, San Francisco (UCSF), School of Nursing.

Agenda

Background & Foundation
- Discuss social and health equity and vulnerable populations
- Discuss why a trauma-informed approach is especially important for the CARE population
- Introduce case example

Defining Trauma
- Introduce definition of trauma and trauma-informed care
- Discuss the impact of trauma on neurobiology and behavior
- Overview of trauma spectrum, adverse childhood experiences, and levels of trauma
- Discuss the impact of implicit bias on trauma

[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

Today, we are going to discuss the following:
- Background & Foundations of TIC
    - Discuss social and health equity and vulnerable populations
    - Discuss why a trauma-informed approach is especially important for the CARE population
    - Introduce case example
- Defining Trauma
    - Introduce definition of trauma and trauma-informed care
    - Discuss the impact of trauma on neurobiology and behavior
    - Overview of trauma spectrum, adverse childhood experiences, and levels of trauma
    - Discuss the impact of implicit bias on trauma

Objectives

At the end of the session, participants will have an increased ability to:

» Describe the impact of trauma and implicit bias on health for CARE Act respondents

» Explain the impact of toxic stress and trauma on the brain

» Identify two Trauma-Informed Care approaches that reduce the negative impact of stress and trauma

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[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

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Background & Foundation

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[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this training, we are going to dive into trauma so that you can better understand the experience of CARE respondents. Our next training session is going to explore further what those principles are and what TIC looks like in the context of CARE.

Social & Health Equity

"Health equity" refers to efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives. – CA Health & Safety Code Section 131019.5

Social & Economic Conditions

Geography & Politics

Physical & Environmental Conditions

Health Equity

For more information on health equity in California, visit the Office of Health Equity website and California Health and Safety Code Section 131019.5.

[Slide Image Description: This slide shows the definition of health equity with a colorful step ladder that lists social and health equity factors.]

Equity has two common meanings:
1. fairness or justice in the way people are treated
2. and then there is the financial definition: **equity** is ownership

In several ways, both definitions apply when we talk about *health* equity. CARE respondents deserve to be **treated fairly** and they deserve to feel that **they have ownership of their health**.

California defines health equity as the ability to have full and equal access to opportunities that afford people the chance to live a healthy life. However, there are a number of factors that influence a person's life that are not fair, and these factors are things CARE respondents have no control or "ownership" over.

The state of California recognizes this reality, and to formalize their efforts to create health equity, the Office of Health Equity (OHE) was established, as authorized by Section 131019.5 of the California Health and Safety Code (PDF), to provide

leadership in the reduction of health and mental health disparities to vulnerable communities across the state.

For more information on health equity in California, visit the Office of Health Equity website.

Communities at Risk

There are certain communities where inequities are prevalent. They have insufficient resources or capacity to protect and promote their health.

What communities might CARE respondents be a part of?

Women | Racial or Ethnic Groups | Low Income Individuals & Families
People with Mental Illness | People with Substance Use Disorder | Seniors
Youth | Limited English Proficient Communities | LGBTQIA+
People with Intellectual Disabilities | Immigrants & Refugees | People with Physical Disabilities

[Slide Image Description: This slide shows colorful squares that list the various communities at risk for experiencing social and health inequities.]

There are certain communities that commonly experience inequities and judgment. They have insufficient resources or limited resources and/or capacity to protect and promote their health. We like to refer to those as communities and populations of promise, and furthermore with the proper support, protection, resources, and understanding, they could thrive and move toward improved health and wellness.

These groups are:
- Women
- Racial or ethnic groups
- Low income individuals and families
- People with mental illness
- People with substance use disorder
- Seniors
- Immigrants and refugees
- Youth – note: the CARE population includes individuals 18+.
- LGBTQIA+

- People with intellectual disabilities
- Limited English-proficient communities
- People with physical disabilities

As you look at this list of different populations, consider our CARE population: **What communities could CARE respondents be a part of?**
- It's possible that a CARE respondent is part of many of these vulnerable communities.
- Not only are they likely to have insufficient resources to protect and promote their health, they are also likely have had a traumatic experience because of their mental illness.

Keep in mind that the CARE population is specifically adults. However, adverse childhood experiences from our youth will continue to impact how we process stressful events well into our adult years.

Case Example:
Meet Angela

What is Angela's situation?

- » 46 years old, estranged from her two children
- » History of early adversity
- » Spanish is her first language
- » Living with schizoaffective disorder, high blood pressure, and smokes cigarettes
- » Currently hearing voices and experiencing paranoia
- » She is a victim of domestic violence and assault
- » Currently lives in a shelter
- » Hospitalized on a 5150 within the past 4 months
- » Family-member filed a petition for CARE court, and she was found to meet eligibility criteria
- » Approved Connie (a friend) to be her volunteer supporter

Disclaimer: This is a hypothetical case example.
Any resemblance to an actual person is purely coincidental,
including race, nationality, and gender.

[Slide Image Description: This slide shows an image of an individual depicting Angela and a description of Angela's situation.]

Sometimes it helps to have fictional case for us to consider as we discuss TIC and CARE Act. Today, we are going to meet Angela. She is not rea,l but her situation may sound familiar to you. Let's think about her as we move through the session and in our discussion.

We are going to go over different aspects of trauma and illustrate how that can impact CARE respondents. We will revisit this case example as we discuss trauma.

What is Angela's situation?

- 46 yrs. old. She has two kids, 17 & 22. They are not on good terms, perhaps due the Angela's mental health condition and living situation or partner.
- History of early adversity (absent father, domestic violence in the home)

- Spanish is her first language
- Has schizoaffective disorder, type 2 diabetes, high blood pressure, and smokes cigarettes
- Currently hearing voices and experiencing paranoia and is not currently connected with mental health or medical treatment
- She is in an abusive relationship and has experienced numerous assaults
- Evicted from low-income housing related to her symptoms and intermittently stays in shelters (where she is now)
- Hospitalized on a 5150 in the past 4 months
    - A "5150" refers to a 72-hour involuntary psychiatric hospitalization when someone is evaluated to be gravely disabled or a danger to themselves/others
- Family-member filed a petition for CARE court, and through the court and BH assessment process she was found to meet eligibility criteria
- Approved Connie (a friend) to be her supporter

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

Why is TIC a key approach in the CARE Act?

Over 122,000 California residents are in state prisons, with an incarceration rate of 310 per 100,000

30% of the 582,000 unhoused individuals in the U.S. reside in California and at least 25% of those individuals are living with a serious mental illness

17.09% of adults are living with Substance Use Disorder (SUD) in California and 15.39% need treatment at a Specialty Facility for SUD but are not receiving it

One study showed that 82% of respondents with mental health concerns had experienced a "disturbing" intervention

Respondents in the CARE process are likely part of more than one community vulnerable to social and health inequities along with trauma impacting their health and well-being.

Trauma-informed care recognizes the signs, symptoms and impact of trauma, and the approach promotes recovery and equitable care.

SUD statistics from 2021 National Survey on Drug Use and Health) homelessness and SMI statistics from National Alliance to End Homelessness; disturbing intervention statistic from SAMHSA's Practical Guide to Psychiatric Advance Directives .

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[Slide Image Description: This slide shows an outline of the state of California with a list of statistics that demonstrate how TIC can benefit CARE Act participants.]

Consider the eligible population for the CARE Act: individuals experiencing a severe mental illness with severe and persistent symptoms that are unlikely to survive safely and are deteriorating. Remember Angela and her situation.

Especially given the overlap of social and health inequities with exposure to trauma and toxic stress, it is essential to have a better understanding of trauma and the benefits of a trauma-informed approach, which can help you better understand how to support this population. Nobody denies that supporting others who are experiencing often very debilitating illness can be difficult and challenging, so it is also important to have empathy and compassion for them (and ourselves) in the process.

Let's talk about some numbers for our CARE population:
- Over 122,000 California residents are in state prisons, with an incarceration rate of 310 per 100,000
- 30% of the 582,000 unhoused individuals in the U.S. reside in California and at least 25% of those individuals are living with a serious mental illness (National Alliance to

End Homelessness)

- 17.09% of adults are living with a Substance Use Disorder (SUD) in California and 15.39% need treatment at a Specialty Facility for SUD but are not receiving it (2021 National Survey on Drug Use and Health).
- One study showed that 82% of respondents with mental health concerns had experienced a "disturbing" intervention
  - Consider that one study showed that 82% of respondents with mental health concerns had experienced a "disturbing" intervention, including police transport to treatment, being placed in handcuffs, being involuntarily committed, secluded, restrained, and having forced medication. SAMHSA's Practical Guide to Psychiatric Advance Directives

Ideas in Action

» Consider the ways in which social and health inequities have a large impact on communities.

» How might this impact CARE respondents?

[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Consider the ways in which social and health inequities have an outsized impact on vulnerable communities. How could this impact CARE respondents?
- Examples: Crime, prejudice, bias, lack of mental health providers and health care, long wait times, unsafe living situations and food insecurity.
- People with lower-income are often forced to be in environments with more drugs and violence, which puts them at risk.

Again, consider Angela, living alone on the street and hearing voices.
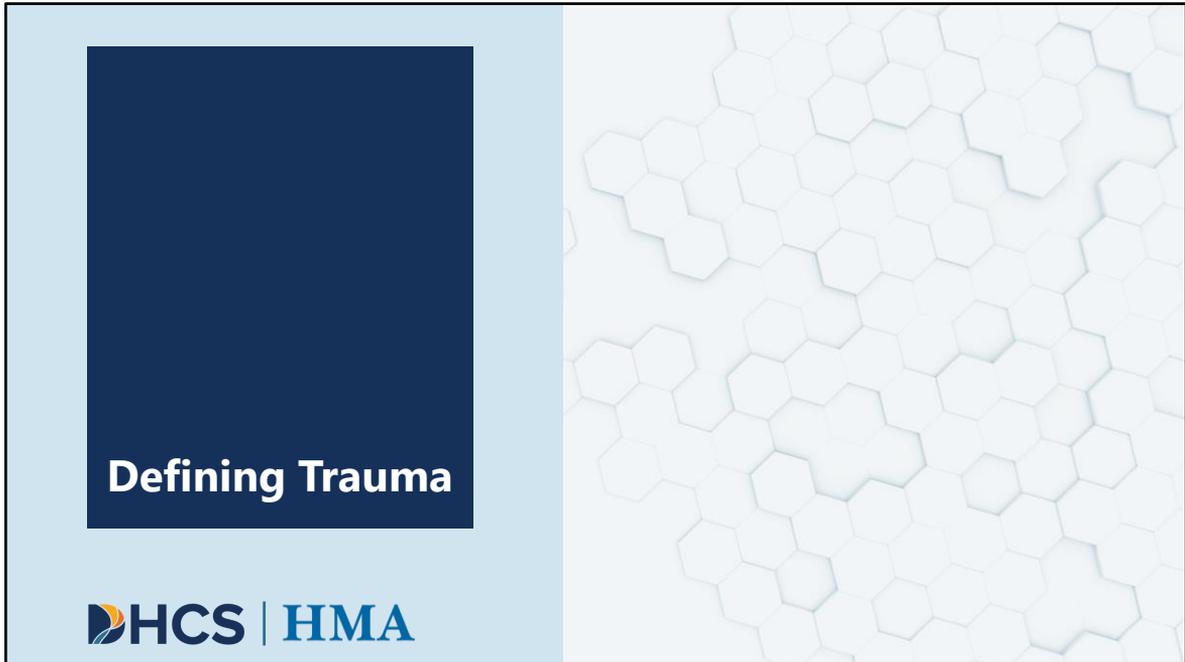
Defining Trauma

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In the last section, we provided some foundation for understanding trauma and trauma-informed care, and why the CARE population is especially vulnerable. In this section, we are going to explore trauma further to better understand the experiences of CARE respondents.

Background

What is trauma?

"Trauma results from an **event**, series of events, or a set of circumstances that an individual **experiences** as physically or emotionally harmful or threatening, which may have lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."
–SAMHSA, 2023

What is trauma-informed care?

A set of key principles that promotes a culture of safety, empowerment, and healing.

For more information on trauma and trauma-informed care, see SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach and the Trauma-Informed Care Implementation Resource Center.

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[Slide Image Description: This slide shows the definition of trauma and trauma-informed care with a picture of an individual gently hugging another individual.]

Let's start by defining two important terms.

The first is "trauma." From SAMHSA:
- "Trauma results from an event, series of **events**, or a set of circumstances that an individual **experiences** as physically or emotionally harmful or threatening, which may have lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."
  - You can see that there are 3 words highlighted in that definition. Think of them as the "Three Es of Trauma."
    - Events
    - Experiences
    - Effects
  - **Trauma is what happens inside us often as a result of those Three E's, and it can dictate our behaviors and responses.**
- The second definition is for "trauma-informed care," which is a set of key principles that promotes a **culture of safety**, **empowerment, support, collaboration, cultural**

humility, equity; all of which promotes healing.

- Key to trauma-informed care is acknowledging that in order to promote all types of health, including mental health, we need to try to understand the individual's current and past experiences, or as much as they are willing to share.
- We can take a TIC approach and also know nothing of a person's past. Everyone has experienced something, and our CARE respondents have most likely had more traumatic experiences than others. TIC is a way to frame your relationship with another human through a "healing orientation."
- Trauma-informed care shifts the focus from "**What's wrong with you?**" to **"What happened to you?"** (TIC Implementation Center)
- We acknowledge that our experiences have a profound effect on our physical, spiritual, and mental health.

For more information on trauma and trauma-informed care, see SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach the Trauma-Informed Care Implementation Resource Center.

The Three E's

► Events ◄

► Experiences ◄

► Effects ◄

For more information, visit SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach.

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[Slide Image Description: This slide shows three colorful boxes that list the three E's with a picture of an individual holding their knees.]

We talked about the 3E's of trauma:
1. Events
2. Experiences
3. Effects

This is the Substance Abuse Mental Health Services Administration (SAMHSA) definition. The framework for understanding trauma was developed by working group of researchers, practitioners, trauma survivors, and family members working with SAMSHA. It helps us to understand the complexity of trauma.

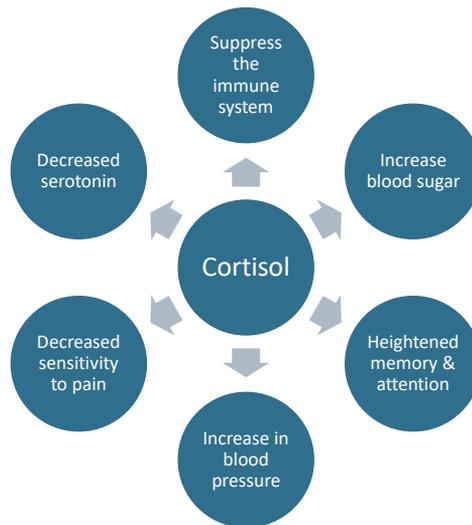As we think through these, keep in mind the experience of Angela, our case example.
- What **events** have been traumatic?
    - Angela has experienced **events of abuse**, as a child and as an adult from both family members and others
    - Angela has been **evicted** from her housing
    - Angela has likely experienced **implicit bias** due to her language preferences

- Angela has been **held involuntarily** in the hospital
- What could she **experience** as physically or emotionally harmful or threatening?
    - Angela could be **fearful** of those in authority, especially men
    - Angela could be **reluctant** to voice her preferences in her preferred language
    - Angela could be **worried** to discuss her symptoms for fear of being put on another psychiatric hold
- How could the **effects** of these traumas be on her functioning?
    - Angela could get **anxious and antsy** in court rooms, police units, or other official buildings
    - Angela could **stop voicing her opinion** and preferences when she feels she is being confronted

Surely, we don't know all of the issues the lead to Angela's current situation, but we do know that her traumatic experiences have impacted her in real ways.

Trauma & Cortisol

» Cortisol is a hormone that your body releases when it's stressed.

» Trauma can overload the cortisol stress hormones.

» Measures meant to help you defend yourself can impact your ability to experience pleasure, to remember things, and to process emotions.

Cortisol:
- Suppress the immune system
- Increase blood sugar
- Heightened memory & attention
- Increase in blood pressure
- Decreased sensitivity to pain
- Decreased serotonin

[Slide Image Description: This slide shows various circles that list the effect that trauma has on Cortisol.]

One thing to keep in mind is that trauma and toxic stress can actually change your biology on the cellular level.

Scientists have discovered that the biological system in our bodies that was designed preserve our lives can also harm us.

Let us give you an example: Let's say you see a big pit bull or a bear charging at you, teeth bared, ready to hurt you or a threat. Your body will release hormones that make you freeze, fight, or run. Your blood pressure goes up, your blood sugar goes toward energy, and you try to protect yourself. When your body is stressed, your heart pounds faster, muscles tighten, blood pressure rises, breath quickens, and your senses become sharper. Your body is releasing a hormone called **cortisol, and it is responsible for those changes.** You can think of cortisol as your body's built-in alarm system.

Then, after the threat goes away and you receive support, your body goes back to normal.

However, if trauma is unresolved (meaning, you never get support, or the trauma continues to happen) your body stays on hyper alert and can overload the cortisol stress hormones. People then start trying to calm those feelings with smoking, food, drugs, etc., which can often cause medical problems. In addition, our blood sugar and blood pressures remains elevated. This is known as "toxic stress."

Measures meant to help you defend yourself can impact your ability to experience pleasure, to remember things, and to process emotions. **An example of a healthy support in this scenario would be to usher the person to a safe place.** More about ways to break the cycle of cortisol response, later. For now, we're focused on the experiences and reactions of people living with SMI when trauma triggers a stress-induced cortisol response.

Remember that in addition to their SMI, the trauma CARE respondents have experienced has adversely impacted their brain's ability to cope. You may be frustrated with how they react and how they make decisions, but there are a lot of factors influencing their behavior and some of their response are the flight, fight, or freeze biological behaviors to triggers that upset them. We'll talk more about the flight, fight, or freeze biological behaviors in the next slide.

People are not trying to be difficult. They are likely doing the best they can in the moment. Our job is to try help them understand their triggers and plan and have some tools to calm ourselves down and lower cortisol.

Stress Response & Protective Adaptations

	🔍 Looks like...	☒ Mislabeled as...
Fight	Trying to regain, hold power	Non-compliant or combative
Flight	Individual won't engage or runs away	Disengages or checks out emotionally
Freeze	Gives in to those in power is not able to speak up	Passive or unmotivated

For more information on how stress impacts healthy development, watch Toxic Stress Derails Healthy Development video.

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[Slide Image Description: This slide shows a grid that details what a fight, flight, and freeze response look like and are mislabeled as.]
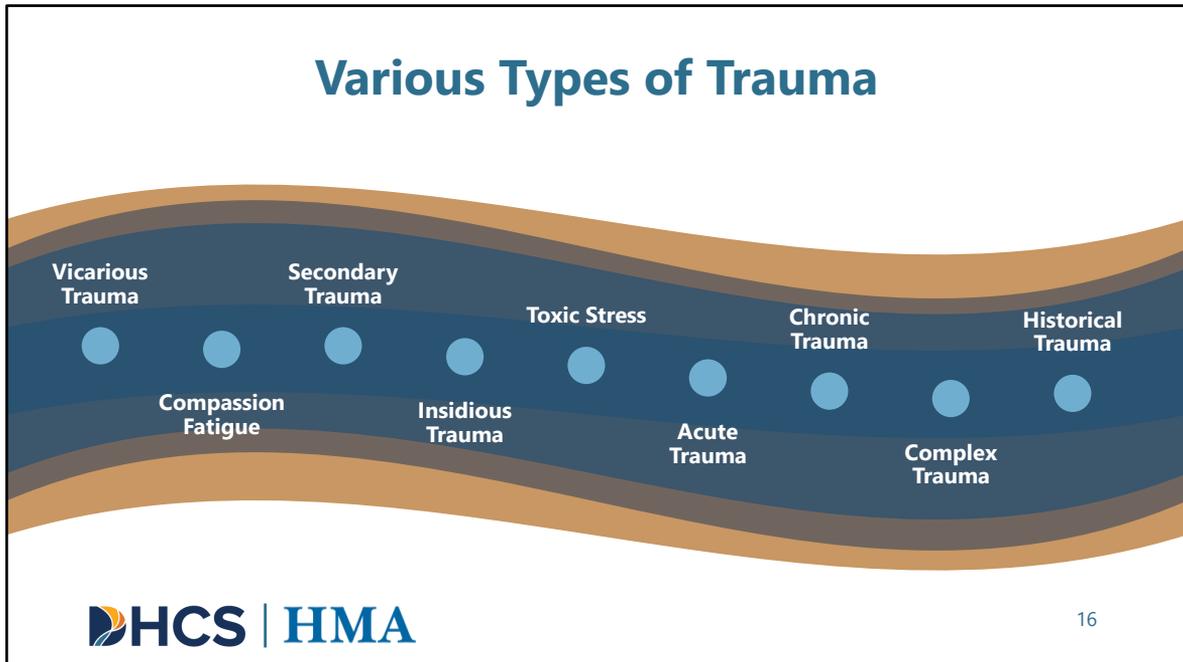
Let's talk more about Fight, Flight, Freeze. If we don't know about the biology of trauma and how we react when that system is activated, it is easy to misinterpret a stressful situation. Our brain's ability to reason disengages, and we are more likely to: fight, flight, or freeze. What appears like poor behavior when we are stressed is really just us trying protect ourselves.

Think back to a time you were really angry or scared. You might react, say, or do something you wouldn't normally do when you're thinking more clearly. When our cortisol is increased to those high levels, the thinking part of our brain really shuts down. We are in survival mode.

That survival mode can manifest as the following stress responses and protective adaptations:
- Fight
    - What it looks like: trying to regain, hold power
    - Mislabeled: Non-compliant or combative

- Flight
    - What it look like: lost to follow-up
    - Mislabeled: disengages or checks out emotionally
- Freeze
    - What it looks like: gives in to those in power is not able to speak up
    - Mislabeled: passive or unmotivated

Various Types of Trauma

Vicarious Trauma
Secondary Trauma
Toxic Stress
Chronic Trauma
Historical Trauma
Compassion Fatigue
Insidious Trauma
Acute Trauma
Complex Trauma

[Slide Image Description: This slide shows a colorful wave that lists the various types of trauma.]

We have defined trauma, and we just discussed how that can impact our bodies. Now let's discuss a spectrum of trauma. We all likely experience trauma somewhere along this spectrum. As you can see, there are many types or kinds of trauma. We will discuss a few important ones here that can affect you in your role as a supporter.

- **Vicarious Trauma** - "resulting from exposure to and working with individuals with complex trauma" (SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, page 18)

- **Compassion Fatigue** –Can happen with Carer's and volunteer supporters due to chronic nature of SMI and all of concerns that can come with people can become fatigued

- **Secondary Trauma** – "resulting from exposure to and working with individuals with complex trauma" (SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, page 18) but this also happen to CARE recipients they are

often in situations where awful things happen to others.

- **Insidious Trauma**: "Insidious trauma refers to the daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera that are experienced by members of groups targeted by racism, heterosexism, ageism, ableism, sexism, and other forms of oppression, and groups impacted by poverty." (VAWnet: Online Resource Library on Gender-Based Trauma)

- **Toxic Stress**: is a response to unaddressed trauma; your body stays on the hyperalert with increase cortisol levels and biological changes

- **Acute Trauma**: assault, car accident, surgery, etc.

- **Chronic Trauma**: trauma that reoccurs on an ongoing basis

- **Complex Trauma**: emotional dysregulation (i.e., unstable emotions), interpersonal problems, and low self worth related to multiple prolonged traumas (usually develops very early in life, but can occur at any time in life)

- **Historical Trauma** – "collective complex trauma inflicted on a group of people who share a specific identity or affiliation, is an example of community-level trauma" (Practical Guide for Implementing a Trauma-Informed Approach, page 3)

Likely, you have experienced trauma. Where would you put yourself? In a supporter role, you may experience vicarious trauma, compassion fatigue, or even secondary trauma as you support someone going through CARE proceedings (or throughout your historical relationship with this person). You yourself may have experienced other kinds of trauma in your life.

Also, consider where the CARE respondent is on this spectrum. Think about the **events**, **experiences**, and **effects** that trauma has likely had on them.

Again, let's consider how our case example, Angela, has experienced trauma along this spectrum.

Adverse Childhood Experiences (ACEs)

Potential traumatic events that occur in childhood 0 – 17 years of age:
- Family Violence
- Parental divorce
- Parental mental illness
- Physical/sexual abuse
- Emotional abuse
- Neglect
- Parental Substance Use Disorder
- Imprisonment of a parent
- Food insecurity
- Housing Instability

For more information on the Kaiser ACEs study, see the CDC website About the CDC-Kaiser ACE Study.

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[Slide Image Description: This slide shows a picture of an adolescent individual with a list of various traumatic events that can occur between the ages of 0 - 17.]

Adverse Childhood Experiences (ACEs) are a specific type of trauma that occur when you're young. This type of trauma can have lasting and significant impact one someone's life. As noted earlier, the CARE population includes adults over 18; however, adverse childhood experiences from youth will continue to impact how we process stressful events well into our adult years.

An ongoing 30-year Kaiser study has followed over 17,000 individuals over time to study ACEs. The major findings from the study include:
- ACEs are common across all populations; almost two-thirds of the study participants reported at least one ACE, and more than one in five reported three or more ACEs.
- Some populations are more vulnerable to experiencing ACEs, specifically due to social and economic conditions.
- As the number of ACEs experienced increases, so does the risk for negative outcomes (e.g., mental health concerns, infectious and chronic diseases, etc.).

The following list contains traumatic events of particular risk associated with increased

mental, physical, and social problems if people did not get support. However, we know the types of trauma we discussed on the last slide are also devasting too.
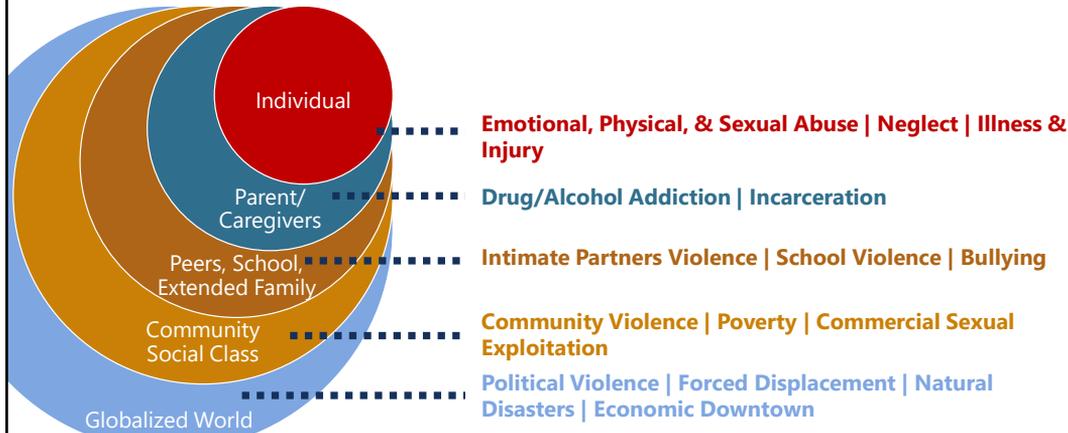
Potential traumatic events that occur in childhood 0 – 17 years of age include:
- Family violence
- Parental divorce
- Parental mental illness
- Physical/sexual abuse
- Emotional abuse
- Neglect
- Parental Substance Use Disorder
- Imprisonment of a parent
- Food insecurity
- Housing Instability

What is important to know is we are never going to solve all trauma, but we can use TIC as a lens for helping people understanding that we have all experienced something. TIC is a way of being in relationship; a lens for helping others and ourselves.

As we think about Angela, she's experienced early adversity with her absent father and domestic violence in the home. Even though she's in her late 40's currently, this trauma she experienced early life could still be impacting the way she acts and responds to stressful situations.

Experiences of Trauma

Adapted from SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach.

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[Slide Image Description: This slide shows overlapping colorful circles with each circle representing an individual or group that could experience trauma. To the side of each circle is a list of different traumas that can be experienced by each individual or group.]

Trauma can be a global experience or an experience in our communities. You can be exposed because your neighborhood has unaddressed crime, and you and your family live in fear. Perhaps your kids are not safe at school or experience bullying or violence. As you move closer, perhaps there is chaos in the home. Then there is trauma experienced at the individual level. There are many opportunities for people to experience adversity throughout their lives and living with a SMI can add to their difficulties.

Consider these levels of trauma:
- **Individual**: Emotional, Physical, & Sexual Abuse | Neglect | Illness & Injury
- **Parent/Caregivers**: Drug/Alcohol Addiction | Incarceration
- **Peers, School, Extended Family**: Intimate Partners Violence | School Violence | Bullying
- **Community Social Class**: Community Violence | Poverty | Commercial Sexual Exploitation

- **Globalized World**: Political Violence | Forced Displacement | Natural Disasters | Economic Downtown

Think about the levels of violence that Angela has experienced. Certainly, she's experienced individual trauma. She's been in an abusive relationship; lives with serious mental illness and is experiencing noticeable symptoms of paranoia and voices; she's been evicted. She's also likely experienced other levels of trauma.

Impact of Trauma on Individuals
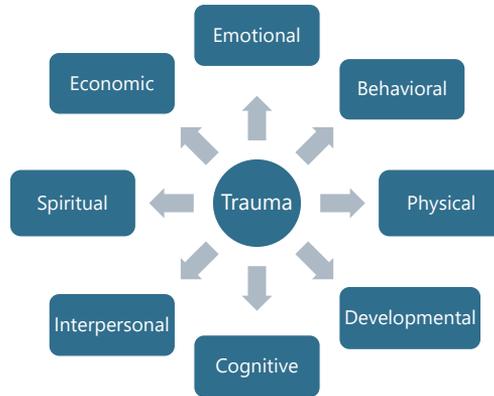
Adapted from SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach.

[Slide Image Description: This slide shows a circle of rectangles that detail the various factors of life that can be impacted by trauma.]

How does all of this impact the lives of the people we serve?

Trauma, similar to everything else in life, is individual. Each person may respond differently, and their trauma can impact their entire life.

Some of what we see are problems with:

- **Emotional**
    - Difficulty regulating emotions
    - Emotional numbness
    - Depression and anxiety
    - Post traumatic stress disorder
- **Behavioral**
    - Substance use
    - Self-destructive behaviors
    - Avoidance of situations, people, and places

- **Physical**
  - Physical symptoms resulting from emotional distress, including head aches, high blood pressure, and fatigue
  - Hyperarousal resulting in muscle tension and insomnia
- **Developmental**
  - Impact varies by age group
  - Children and elderly at greatest risk
  - Changes occur in brain development
- **Cognitive**
  - Impaired short-term memory
  - Decreased focus or concentration
  - Feeling alienated or ashamed
  - Dissociation, depersonalization, and derealization
  - Flashbacks or re-experiences of the event
- **Interpersonal**
  - Withdrawal from family, friends, community
  - Difficulty trusting others
- **Spiritual**
  - Depression and loneliness can lead to feelings of abandonment and loss of faith
  - Overtime can experience increase appreciation of life or enhanced spiritual well-being
- **Economic**
  - People who have unresolved or treated trauma have difficulty maintaining employment. This is also may be true of CARE respondents.

Consider ways in which Three Es (Events, Experiences, Effects) may have impacted you and your family.

Have they made you more withdrawn? Emotionally triggered? Have they impacted your health (both physical and emotional)? In future sessions, we will discuss resiliency and how to cope and assist those we are supporting and ourselves.

Consider the trauma experienced by Angela over the course of her life. What are some impacts that trauma could have on her?
- Continued exposure to dangerous situations
- Unhealthy behaviors and means of coping (e.g., smoking)
- Depression and anxiety
- Substance abuse
- Distrust of authority figures (clinicians, court staff, emergency response)
- Increase psychotic symptoms
- Disconnection from her family

What We See

- » Difficulty with change/stress
- » Attention seeking behavior
- » Overly guarded
- » Magnified startle
- » Easily triggered
- » Memory problems
- » Mental health disturbances
- » Missed appointments
- » Intimacy confusion
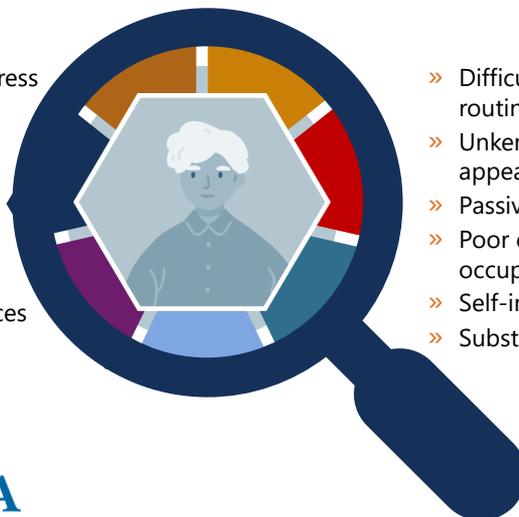
- » Difficulties performing routine function
- » Unkempt, disheveled appearance
- » Passive or abusive behavior
- » Poor concentration/pre-occupation
- » Self-injury or thoughts
- » Substance use and relapse

[Slide Image Description: This slide shows a magnifying glass with an individual representing Angela in the middle. A list of potential observations a person could make about an individual who has experienced trauma is given.]

So, what does this look like? When triggered, the trauma responses of individuals can be really difficult to manage and can even result in more trauma if people don't know or understand what is happening.

As we understand what can trigger, we can help to prepare the CARE respondents to the best of our abilities. If you know a court date is coming up or they will be seeing a different provider, try to prepare so they aren't surprised. This will also build trust, and they know you are going to tell them the truth.
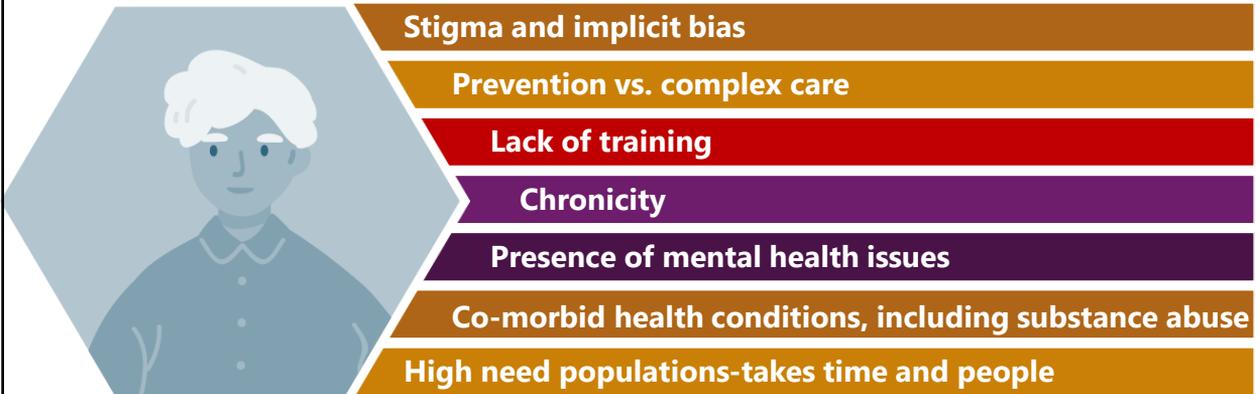
We might see:

- Lack of ability to handle new stress
- Difficulty with change and transitions
- Attention seeking behavior
- Hypervigilance

- Magnified startle
- Easily triggered
- Memory problems
- Mental health disturbances
- Missed appointments
- Difficulties performing routine functions
- Unkempt, disheveled appearance
- Passive or abusive behavior
- Poor concentration/pre-occupation
- Self-injury or thoughts
- Substance use and relapse – used to take care of emotional instability (i.e., self-medication)

Bottom line: CARE respondents are likely not trying to be "difficult." They are doing the best they can with what they've got and the combined impact of their mental illness and trauma.

Complexity of Supporting Traumatized Individuals

- Stigma and implicit bias
- Prevention vs. complex care
- Lack of training
- Chronicity
- Presence of mental health issues
- Co-morbid health conditions, including substance abuse
- High need populations-takes time and people

[Slide Image Description: This slide shows an image of an individual representing Angela with

colored Supporting individuals' trauma can be complex!

Consider the challenges of working with individuals that have experienced trauma:
- **Stigma and implicit bias**
- **Prevention vs complex care**
- **Lack of training**
- **Chronicity**
- **Presence of mental health issues**
- **Co-morbid health conditions, including substance abuse**
- **High need populations-takes time and people**

If we are using trauma-informed approaches, we are centering the individual and their wants

and de Their wishes may contradict what you think is best, and we should allow for autonomy

and choice.

Bias as Trauma

» A bias is a tendency, an inclination, or a prejudice toward or against something or someone; one person or a group compared to another.

» Implicit bias is a form of bias that occurs automatically and unintentionally.

» Biases are often based on stereotypes rather than actual knowledge of an individual or a circumstance.

-Psychology Today, 2020

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[Slide Image Description: This slide shows an image of cartoon figures in lines with one figure having raised arms. The definition of bias and implicit bias are listed.]

Let's talk about trauma caused by bias. Bias is an example of trauma that we impose on one another.

First, everybody has biases. If you are human and breathing, you have biases.

Some biases are positive and helpful, such as choosing to eat only foods that are considered healthy or staying away form something that has knowingly caused harm. That may even include a person who has knowingly caused harm to ourselves or those who are like ourselves.

"Implicit bias" is a form of bias that occurs without intentionally thinking about it. If we are intentionally thinking about it ("I hate snakes", for example), then it is a conscious bias.

Implicit or unconscious bias occurs when we are not consciously or purposefully thinking about it. For example, if I move to a new area and only seek out those who

look like me to learn more about the area. I may not consciously be aware that the only strangers I speak to are like me, but if someone points it out to me, then I recognize it.

Unconscious bias is most dangerous when they are applied to people who do not represent harm to us. We use our bias to make assumptions about the other person: what they represent, what they can or cannot do or achieve, what their motives are. These assumptions are based on our conscious or unconscious biases. These biases are often based on stereotypes – as opposed to actual knowledge of a person or the circumstances within which they are dealing with or functioning in.

Serious Mental Illness (SMI) & Race

» People from racial and ethnic minority groups are especially vulnerable to overdiagnosis and negative outcomes regarding SMI (especially Black Americans).

» Those in racial and ethnic minority groups experience more negative treatment outcomes, such as reduced symptom improvement, fewer follow-ups after diagnosis.

For more information, see A Closer Look at Equitable Mental Healthcare: Racial Disparities in Serious Mental Illness and Mental Health Disparities, Treatment Engagement, and Attrition Among Racial/Ethnic Minorities with Severe Mental Illness: A Review.

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[Slide Image Description: This slide shows a picture of two individuals holding hands and statistics about SMI and race.]

Serious mental illness (SMI) is an area in which the implicit biases of health care professionals may impact their diagnosis of individuals with mental illness. In this case, over diagnosis may be the outcome along with other negative outcomes.

Especially looking at the intersection between individuals with serious mental illness and those racial and ethnic groups, the disparities are stark.

Consider that:
- Black Americans with SMI are more likely to be hospitalized
- Those in racial and ethnic minority groups experience more negative treatment outcomes; for example, fewer follow-ups after being diagnosed, poorer social functioning, less improvement in symptoms

Implicit Bias & Stigma = Trauma

» Implicit Biases Influence:
  • Our daily interactions
  • What we think of our neighbors, family members, those who serve us, and those we serve
  • Our behaviors toward—and our response to—others.

» Stigma Complex
  • Structural
  • Public
  • Self-Stigma

People respond to our thoughts and behaviors toward them.

For more information on the connection between thoughts, behaviors, and implicit bias,, see the Clinicians' Implicit Attitudes About Race article. For more information on stigma and the stigma complex, see the fact sheet and the Stigma Complex article.

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[Slide Image Description: This slide shows an image of a depressed individual sitting on a park bench with a list of implicit biases influences and the definitions of the three parts of stigma complex.]

How we think influences how we behave, especially toward others. Therefore, our biases influence our assumptions, judgments, and behaviors toward others.

Have you ever had someone "serving" you or providing care to you that did not seem to have your best interest at heart? Have there been times in your life when (without words) you sensed someone did not feel you would or could be successful at something??

Stigma (defined as a powerful social process that is characterized by labeling, stereotyping and separation, leading to status loss and discrimination) places a value on an individual or group.

• Merriam-Webster defines stigma as a mark of shame or discredit. This mark is a distinguishing characteristic, such as mental illness, that is viewed negatively. The shame associated with it creates significant barriers or obstacles to care. There is

evidence individuals with mental illness internalize the stigma directed toward them and their illness. This impacts both readiness to seek and participate in treatment as well as one's confidence that improvement is possible.

- Stigma is complex, occurring on many levels. There are three main inter-related types of stigma: structural, public and self-stigma, plus courtesy stigma (directed towards family and friends) and label avoidance.

  - **Structural stigma:** societal conditions, cultural norms and institutional practices that constrain the opportunities, resources and well-being for stigmatized populations.
  - **Public stigma:** negative attitudes, beliefs and behaviors held within a community for the larger cultural context that comprises negative social norms.
  - **Self-stigma**: the internalization of public stigma by a person with a condition, disorder or minority status.

All of the above influences a person's decision to seek help, which in turn, impacts health outcomes.

In many cases, two or more stigmatized statuses intersect (e.g. race-related and substance use stigma), increasing the likelihood of discrimination and increasing the burden on the individual. A common complaint among people in stigmatized groups is that they are not taken seriously or are made to feel uncomfortable. When a person feels disrespected or experiences discomfort, they lose trust and disengage.

Trust once lost is difficult to regain. Taking a trauma-informed approach, which we will discuss more in depth in the next two modules, is taking a thoughtful, intentional approach to rebuild that trust.

Principles of a Trauma-Informed Approach

Safety
In physical settings and interpersonal interactions

Collaboration
Partnering, leveling of power differences between and among staff and clients

Trustworthiness and Honesty
Operations are conducted and decisions are made with transparency, consistency, respect, and fairness so as to build and maintain trust

Empowerment
Individuals' strengths and experiences are recognized and built upon

Positive Peer & Natural Supports
Support from those with lived experiences of trauma and other natural supports

Cultural, Historical, and Gender Issues
Volunteer supporter understand cultural stereotypes and biases

For more information on principles of a trauma-informed approach, see SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach.

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[Slide Image Description: This slide shows six colored hexagons that each detail a principle of a trauma-informed care approach.]

In this module, we are focusing on foundational ideas related to trauma. In the second module in this series, we will be focusing on principles of a trauma-informed approach. For now, this is a preview.

- **Safety:** In physical settings and interpersonal interactions
- **Trustworthiness and Honesty:** Operations are conducted and decisions are made with transparency, consistency, respect, and fairness so as to build and maintain trust
- **Peer Support:** Support from those with lived experiences of trauma
- **Collaboration:** Partnering, leveling of power differences between and among staff and clients
- **Empowerment:** Individuals' strengths and experiences are recognized and built upon
- **Cultural, Historical, and Gender Issues:** Volunteer supporter understand cultural stereotypes and biases

While we aren't focusing on these principles now, consider how Angela could benefit

from the application of these principles and consider what you, as her supporter, could do to incorporate these principles into your role.

What Trauma-Informed Care Doesn't Mean

Not this...   **...but this.**

❌ Excusing or permitting, justifying unacceptable behavior   Supporting resilience, accountability, responsibility ✔

❌ Just being "nicer"   Acting with compassion but without patronizing. ✔

❌ Overfocusing on the negative   Building skills, empowerment, recognizing strengths ✔

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[Slide Image Description: This slide shows three colored circles with branches off of both sides that give details for what trauma-informed care is and is not.]

We've talked about some assumptions of trauma-informed care and some principles (that we will explore further in another training), but let's spend a few minutes discussing what TIC does *not* mean.

- Not: Excusing or permitting, justifying unacceptable behavior
    - Rather: Supporting resilience, accountability, responsibility
- Not: Just being "nicer"
    - Rather: Compassionate, yes, but not a bit mushy/patronizing
- Not: Overfocusing on the negative
    - Rather: Skill building, empowerment, recognizing strengths

Ideas in Action

» Imagine you are Angela's supporter.

» What are some components of Angela's past and current trauma that may be impacting her?

» How would understanding her trauma help you better fulfill your role?
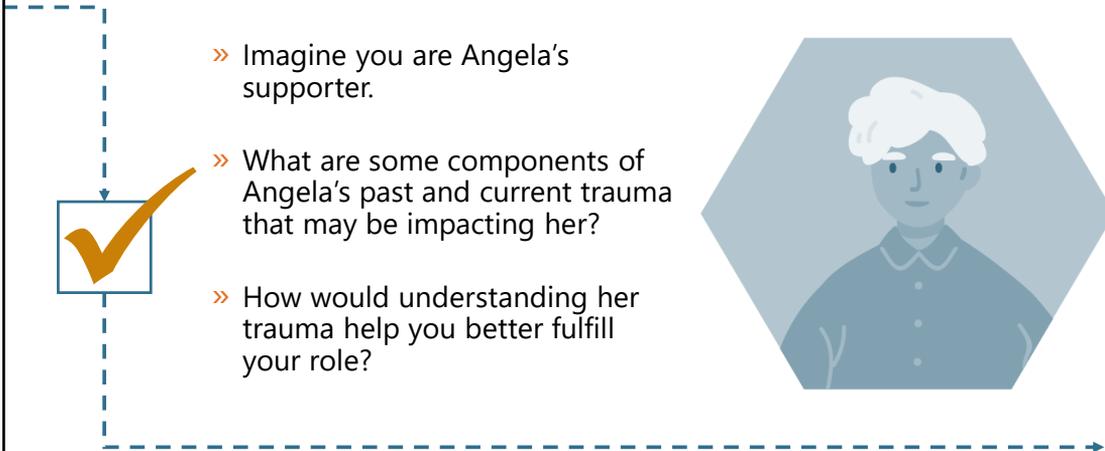
[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Imagine you are Angela's supporter.
- What are some components of Angela's past and current trauma that may be impacting her?
    - She's part of several vulnerable communities:
        - Women
        - Racial or ethnic groups
        - Low income individuals and families
        - People with mental illness
        - People with substance use disorder
        - People with intellectual disabilities
        - Limited English-proficient communities
    - She has a chronic illness (diabetes)
    - She's been evicted
    - She's experienced abuse, so she's wary of authority figures
    - She's not used to being respected
- How would understanding her trauma help you better fulfill your role?

- Help understand Angela's fight, flight, or freeze responses
- Build compassion for Angela's experience
- Know how to build an environment of safety

[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:
- Describe the impact of trauma and implicit bias on health for CARE Act recipients
- Explain the impact of toxic stress and trauma on the brain
- Identify two Trauma-Informed Care approaches that reduce the negative impact of stress and trauma

Next Steps

» Visit CARE-Act.org for resources (including recordings of past trainings) and to submit questions/TA requests.

» Review additional topics in this training series:
  • Part 2: Goals & Principles of Trauma-Informed Care
  • Part 3: Applying Trauma-Informed Care in Practice

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[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support you as a volunteer supporter. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings.

Review additional topics in this training series:
    Part 2: Goals & Principles of Trauma-Informed Care
    Part 3: Applying Trauma-Informed Care in Practice

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org** and our email address is **info@CARE-Act.org.**