

# Trauma & Trauma Informed Programs

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“

I think the biggest barrier to treatment is **stigma**.

Even families that have someone struggling with addiction want to keep it within the walls of their home, and hope that it somehow passes or cures itself.

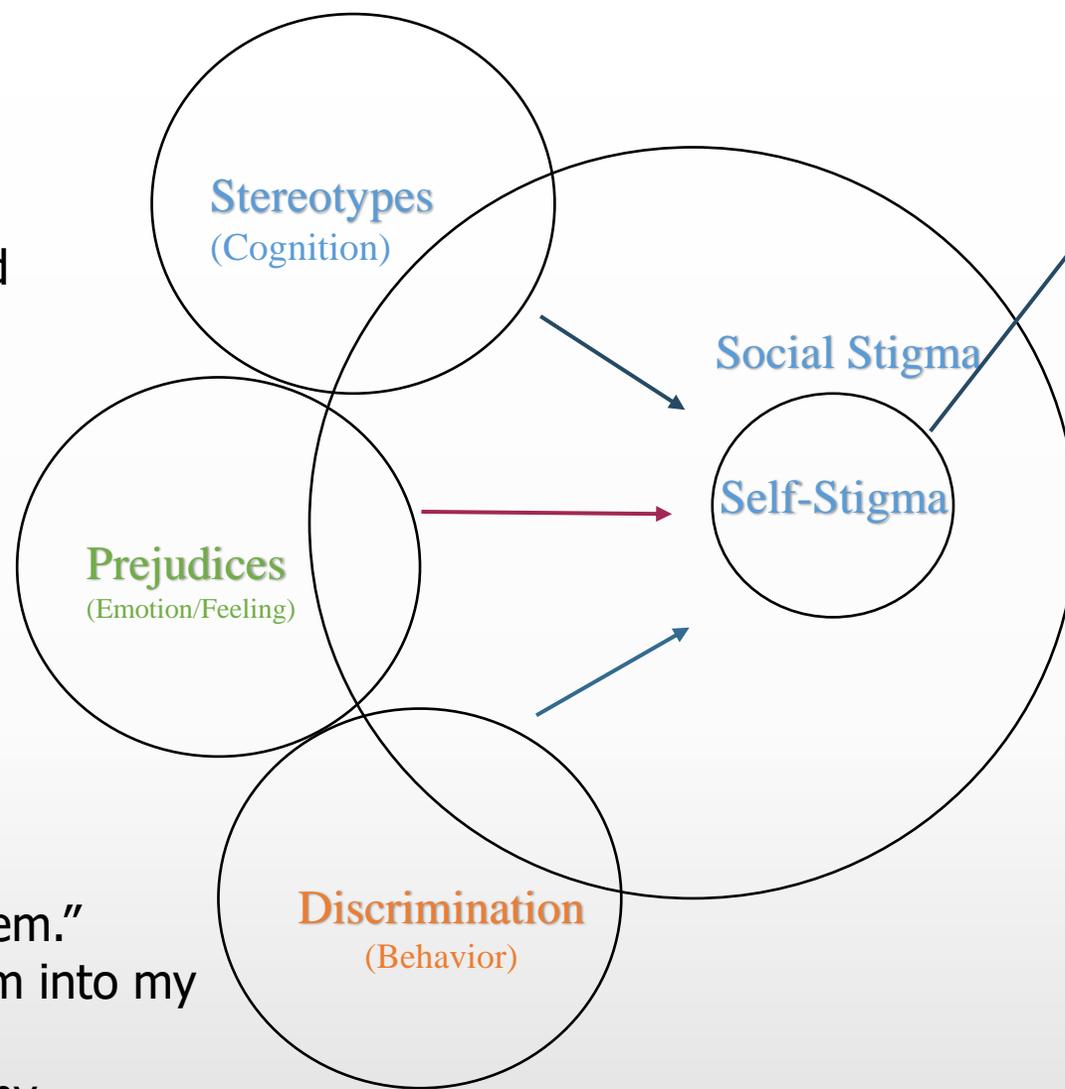
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DR. STEPHEN LOYD

- “People with substance use disorders are bad people.”

- “I can’t trust them.”

- “I won’t hire them.”
- “I won’t let them into my agency”
- “I won’t leave my valuables around them.”



### Internalization of Social Stigma

- Feeling rejected by society
- Avoiding interactions with society and others
- Denial of their condition
- Mental health problems
- Isolation

# Preferred Language – Person First!

**Frame addiction as “substance abuse” and it is associated with other criminal behaviors**



Say this...	Instead of this...
Person with a substance use disorder, person with addiction, person who uses drugs/substances	Addict, junkie, crackhead, user, abuser, pill-popper, alcoholic
Substance use; Risky or unhealthy alcohol or drug use;	Misuse or abuse*
Medication for opioid use disorder (MOUD), treatment, opioid agonist therapy, Medication Assisted Treatment***	replacement therapy, substitution therapy
Negative or positive urine toxicology test	Dirty or clean urine
Individual : in remission, in recovery	Recovering addict, clean
Infant with NAS or SEN	Addicted baby, drug baby
Struggling with Ambivalence	Denial

## Why is it important?

- Certain words perpetuate negative stigma
- Words can label people in negative and shameful ways
- Word choice is fueled by our current language
  - Our words can imply that having a SUD is a moral failure or character flaw



# What Is Trauma?

“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 life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.”

# How may experiencing trauma in childhood affect a person?

## Findings from the Adverse Childhood Experiences (ACE) Study

*What is it?*

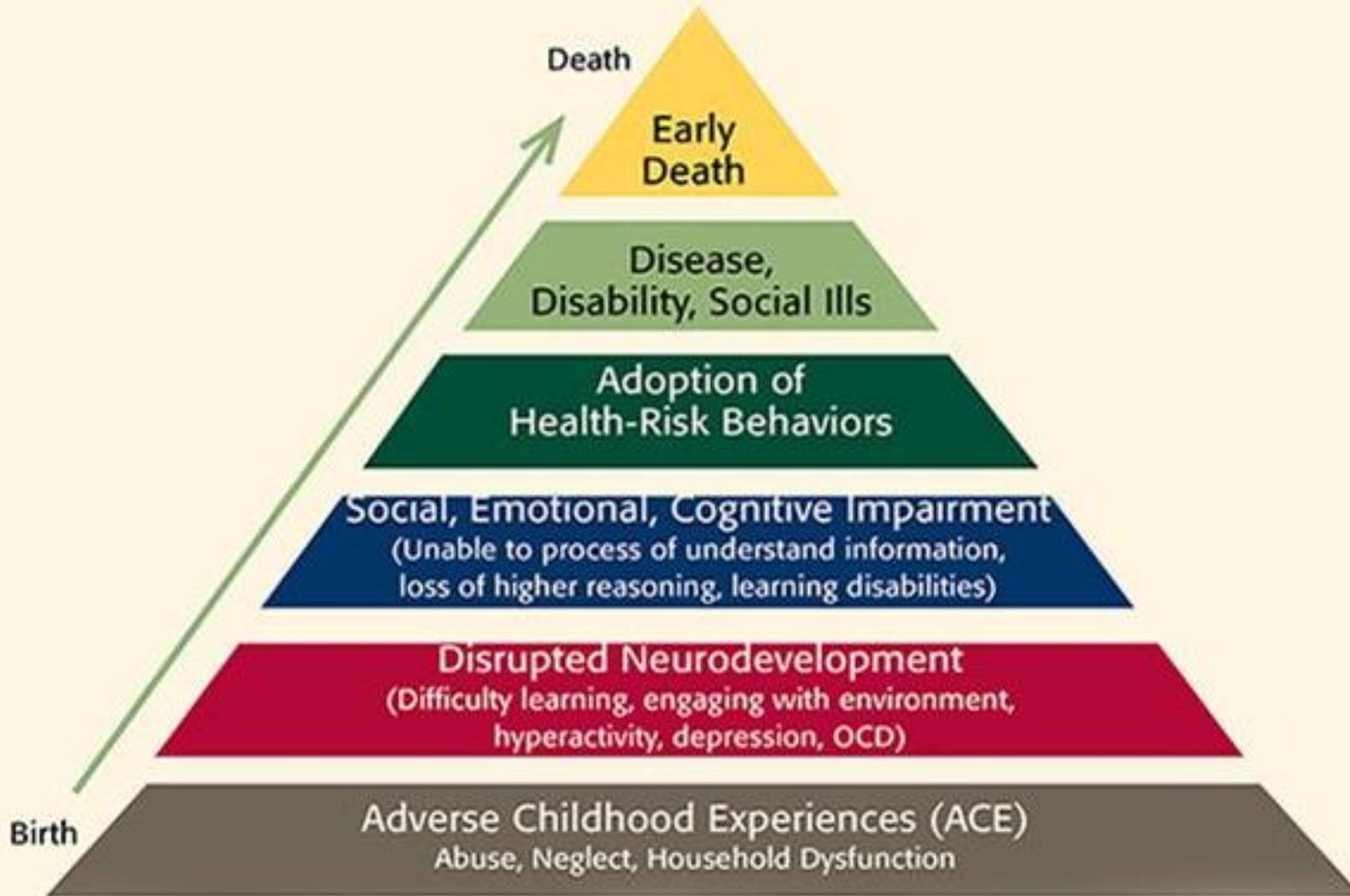
- Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
- Over a ten year study involving 17,000 people
- Looked at effects of adverse childhood experiences (trauma) over the lifespan
- Largest study ever done on this subject
- Adverse Childhood Experiences (ACEs) can affect an individual's physical and emotional health throughout the life span.

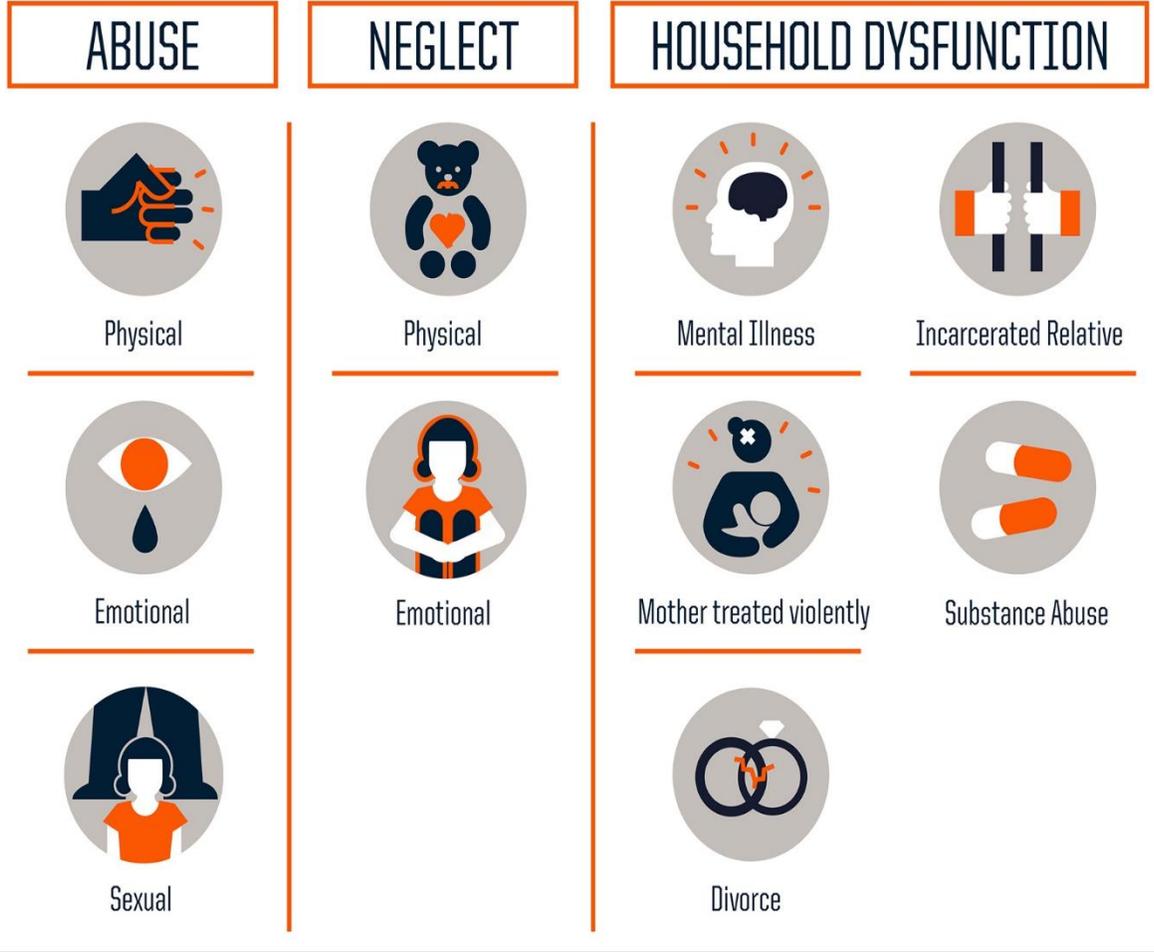
Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	<input type="checkbox"/>
Did you lose a parent through divorce, abandonment, death, or other reason?	<input type="checkbox"/>
Did you live with anyone who was depressed, mentally ill, or attempted suicide?	<input type="checkbox"/>
Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	<input type="checkbox"/>
Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	<input type="checkbox"/>
Did you live with anyone who went to jail or prison?	<input type="checkbox"/>
Did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="checkbox"/>
Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	<input type="checkbox"/>
Did you feel that no one in your family loved you or thought you were special?	<input type="checkbox"/>
Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	<input type="checkbox"/>
<b>Your ACE score is the total number of checked responses</b>	<input type="checkbox"/>

Do you believe that these experiences have affected your health?

Not Much
  Some
  A Lot

# ACE Pyramid





Other types of trauma not addressed in the ACE study

- Traumatic loss
- Medical trauma
- Natural disasters
- Immigration & refugee experiences
- Terrorism
- Human trafficking
- Community violence

# Impact of Trauma

## ACTIVATION OF SURVIVAL RESPONSES:

Fight  
Flight  
Freeze

Shutting down of non-essential tasks.  
Rational thought is less possible at this time.

*(Hopper, 2009)*

### ***Prolonged exposure to trauma and/or repetitive traumatic events MAY:***

- *Cause an individual's natural alarm system to no longer function as it should.*
- *Create emotional and physical responses to stress.*
- *Result in emotional numbing and psychological avoidance.*
  - *Affect an individual's sense of safety.*
- *Diminish an individual's capacity to trust others*

# Signs of Trauma

## Physical

- Low energy
- Hyperarousal
- Unexplained sensations or pain
- Pale
- Lethargy
- Somatic complaints
- Lack of coordination or balance

## Emotional

- Detachment from other people and emotions
- Emotional numbness
- Social isolation
- Depression
- Guilt
- Shame
- Fear
- Avoidance

## Behavioral

- Substance and alcohol use
- Eating disorders
- Compulsive behaviors
- Changes in interpersonal relationships
- Anger-related issues

## Cognitive

- Inability to concentrate
- Memory lapses
- Learned helplessness
- Increased distraction
- Intrusive thoughts

# What This Looks Like For Our Youth

- Trauma impairs memory, concentration, new learning and focus, organized thinking or decision making; translating to lower grades, more suspensions and expulsions,
- Increased involvement with child welfare and juvenile justice systems.
- Trauma impacts the ability to **trust, cope, form healthy relationships**
- Trauma disrupts emotion identification: the ability to self soothe or control expression of emotions, ones ability **to distinguish between what's safe and unsafe**
- Trauma shapes a person's belief about self and others, **one's ability to hope**, and one's outlook on life, or how they see the world
- **Trauma disrupts your ability to identify exploitation & Trauma often stunts self regulation**

# Coping and Adapting to Signs of Trauma

- **Obsessive behavior**
- **Hostility**
- **Depression**
- **Sexual promiscuity**
- **Self-injury**
- **Dissociative symptoms**
- **Alcohol and substance use**
- **Social withdrawal**
- **Aggression and violence**

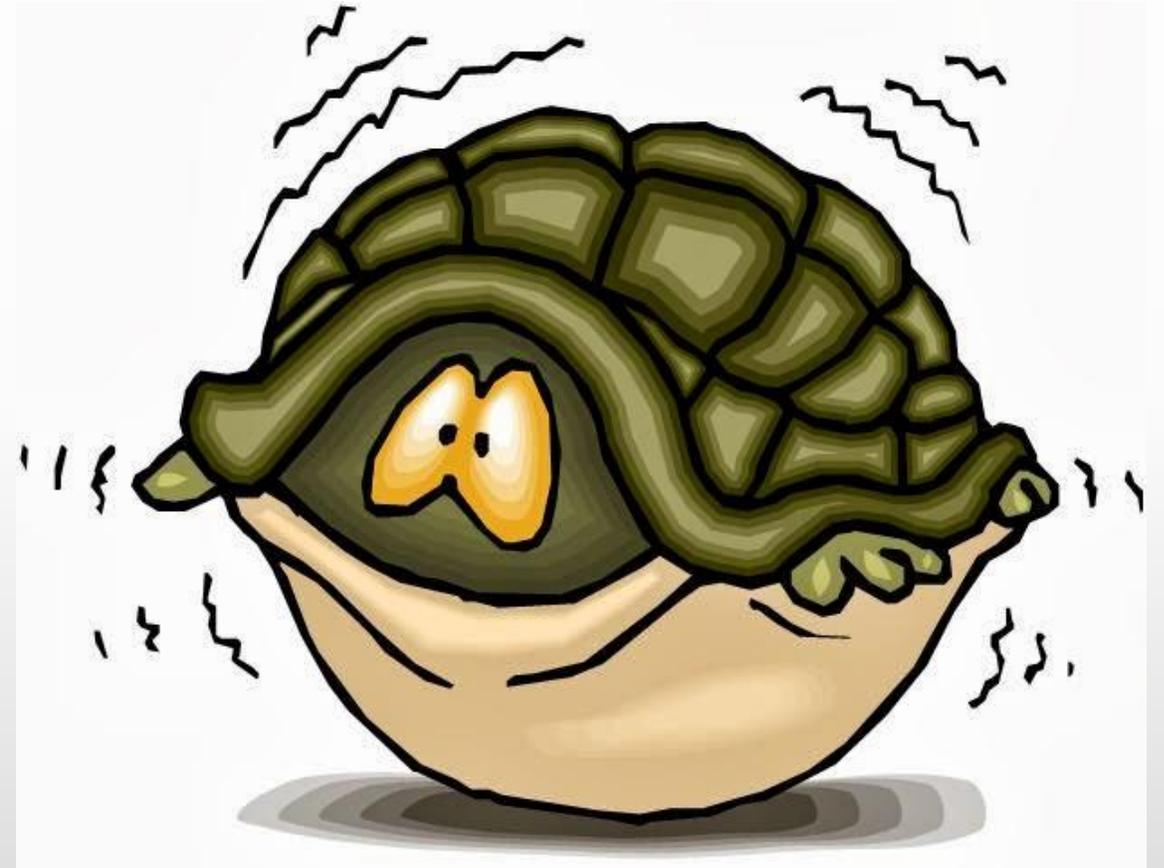
# What Does Trauma Feel Like?

- Volunteer: Please share a fear
- How does this affect your body/emotions/concentration/ability to live!



# Yikes!

- Now IMAGINE experiencing that fear EVERY SINGLE MORNING before stepping into your workday. How do you feel, can you concentrate, or deal with the chaotic noise of all the students?
- Do you just want to bury your head in a corner?
- Are you nervous/jumpy/hyper vigilant?
- THEN you realize that you must act “normal”, compartmentalize, while no one will ever know what you experience daily!
- No one even thinks to ask, “Are you okay?”



# The reality...



That's what we expect children who have experienced trauma to do – step into the classroom each day ready to learn, follow rules and concentrate with no outlet to process the trauma.

# Complex Trauma and Polyvictimization

“A type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts.”

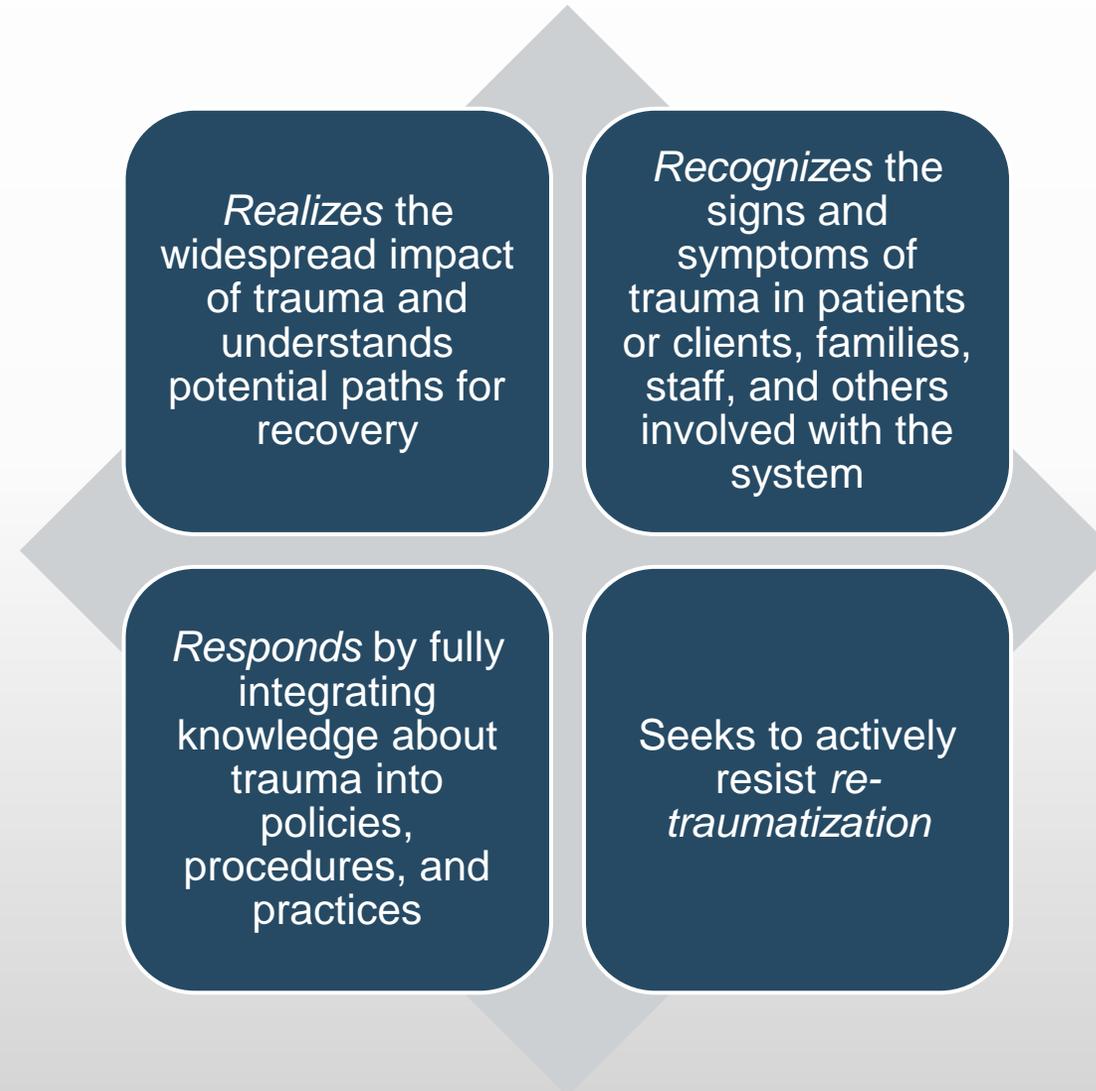
Courtois, C. A. (2008). Complex trauma, complex reactions: Assessment and treatment. *Psychological trauma: Theory, research, practice, and policy*, S(1), 86100.

# Posttraumatic Stress Disorder

“Post-traumatic stress disorder (PTSD) is a **mental disorder** that can occur when a person has seen or lived through trauma. Most people have a natural response to trauma, called the **fight-or-flight response**. The response can protect a person from harm by causing changes in the body to help **defend** against danger (fight) or **avoid** it (flight). In some cases, a person has a third type of response (**freeze**) and cannot do anything.”

Substance Abuse and Mental Health Services Administration  
(SAMHSA) <https://www.samhsa.gov/treatment/mental-disorders/post-traumatic-stress-disorder#definition>

# Trauma-Informed Approach



[Substance Abuse and Mental Health Services Administration](#)

# Six Principles of a Trauma-Informed Approach



# Treating Individuals with Dignity, Compassion, and Respect

Does Your Organization:	Never	Sometimes	Always	Feedback
1. Ensure individuals feel respected when they seek services from you or your program? How?				
2. Create a warm, hospitable, inviting environment? Is the environment free of any items or stimuli that may be stressful or uncomfortable for individuals? How?				
3. Ensure individuals will feel physically safe and emotionally secure when talking with staff on the phone or meeting in person in your offices? How?				
4. Ensure individuals receive the information they need about trauma and the various treatment options? How?				
5. Take specific steps to ensure individuals privacy and confidentiality? How?				
6. Create opportunities for peer support, leadership, and mentoring?				
7. Identify and eliminate potential sights or sounds that might trigger reactions from individuals?				

# How can we reduce general barriers?

- Identify services
  - Transportation to appointments
  - Emergency funds
  - Respite care
- Which of these can be provided by the program and which can be addressed by other public, private, and nonprofit partners?
- Build a trusting relationship between visitor and family
- Work with recovery coaches, peer mentors, QRTs, etc
- Utilize motivational interviewing skills

# Harm Reduction Principles

- **A set of practical strategies and ideas aimed at reducing negative consequences of behaviors**
- A social justice movement built on a belief in, and respect for, the rights of people to make their own decisions
- **Aims to “meet people where they are at” but does not leave them there**
- Focuses on prevention of harm, not prevention of behaviors
- **Does not attempt to minimize or ignore the real harm and danger associated with drug use**
- Supports positive change, but does not require change

# Important Take Aways

- Kids are bringing **a lifetime** of coping **skills** they have learned that have helped them **to survive**
- When they are most frightened they do bazaar things. They are **not crazy**, they are **afraid**
- **Learning** takes place in the context of **relationships**
- Kids listen when they feel **safe** and feel **like they matter/ Connection**

# Important Take Aways

## **Behavior is NOT who he/she is.**

- Try not to take their attitude or actions personally.

## **Behavior needs correction.**

- Correcting principles are shaping behavior.
- Instead of punishment try redirecting behavior.
- What can we do instead. “Try it again.” “ How about you say that again. “

## **Zero tolerance for disrespect.**

- They are learning better ways to handle the situation in context of a caring relationship.

# Important Take Aways

## WHAT HURTS

Interactions that are humiliating, harsh, impersonal, disrespectful critical, demanding, judgmental, belittling

## WHAT HELPS

Interactions that express kindness, patience, reassurance, calm, acceptance and listening

Frequent use of words like PLEASE and THANK YOU, repeating positives, simple, direct

# Important Take Aways

Children who have experienced traumatic events may have behavioral problems, or **their suffering may not be apparent at all.**

Relationships with all children are important!!!

# Discipline: We almost ALWAYS get it wrong.

- Conscious Discipline

- A response
- Developmentally appropriate
- Relationship-based
  - Internal locus for change rather than external.
- Conflict is an opportunity for growth
- Connection amidst conflict.

- Punishment

- A reaction
- Not developmentally appropriate for children
- Governed by rules (are your rules developmentally appropriate?)
  - Control others, make them comply, force change
  - Belief that conflict is bad.
    - Rewards when no conflict
    - Externalization of motivation

Bailey, B. (January 2008). Conscious Discipline Skills.

[https://www.youtube.com/watch?v=8j3gF1dh\\_t4](https://www.youtube.com/watch?v=8j3gF1dh_t4)