

# Trauma-Informed Care: Empowering. Engaging. Effective.

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WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

- Breathe
- Practice self-empathy
- Count to ten
- Use fidgets
- Feel feet on floor
- Put lotion on hands
- Doodle
- Get up and walk around





# Agenda

- Adverse childhood experiences (ACEs)
- Trauma and how it affects the brain
- Trauma-informed care (TIC) - what it looks like
- TIC truths
- Wrap up and reflections

# Introduction

Adversity: It often begins in childhood - adverse experiences that can determine a person's life course.

Trauma-informed care: An intervention and organizational approach that focuses on how adversity/trauma may affect an individual's life and their response to services.





# Adverse Childhood Experiences

Where it all began



# Adverse childhood experiences

- Are common
- Are passed generation-to-generation
- Have a cumulative effect
- Are NOT destiny

# Wisconsin

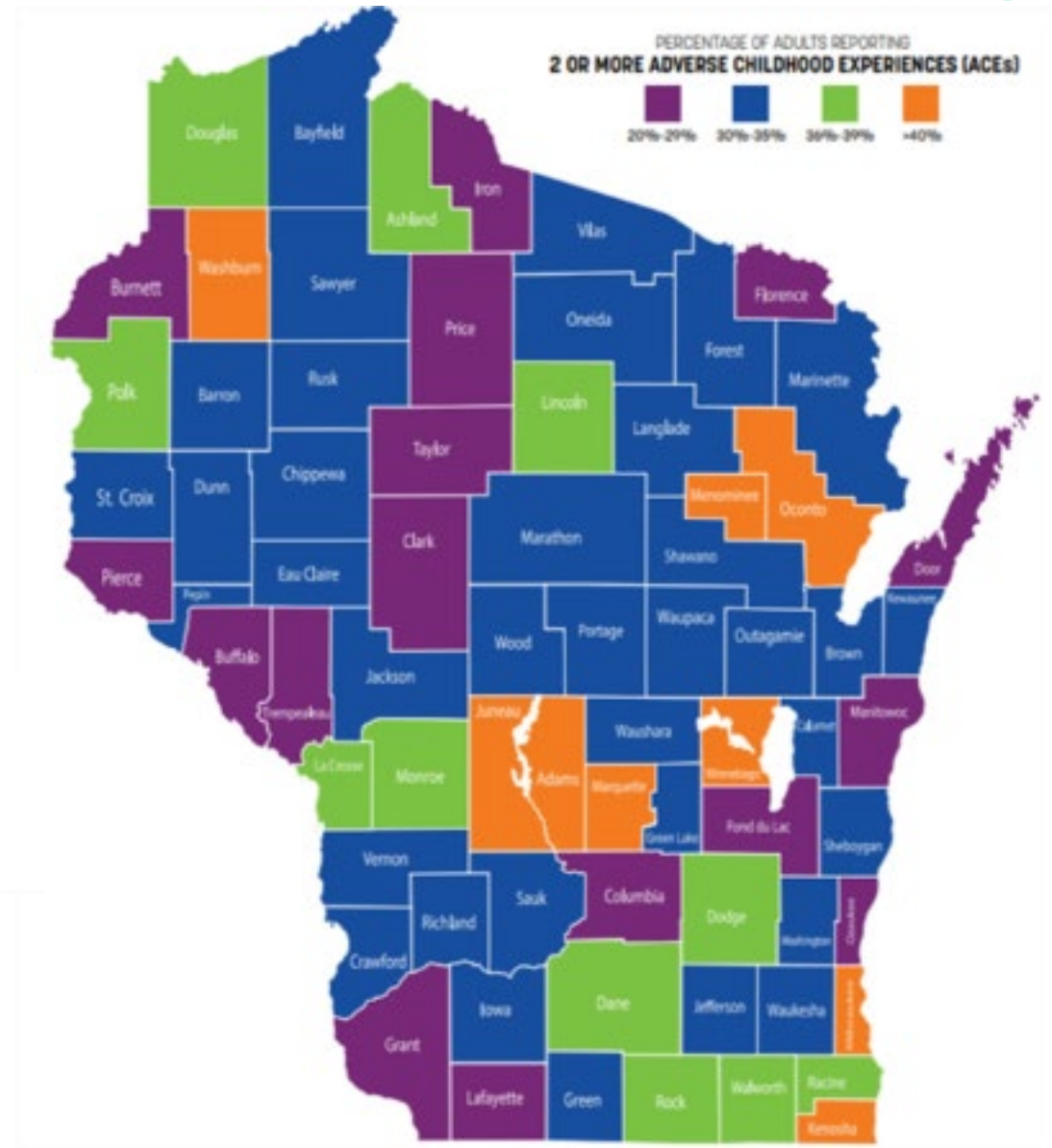
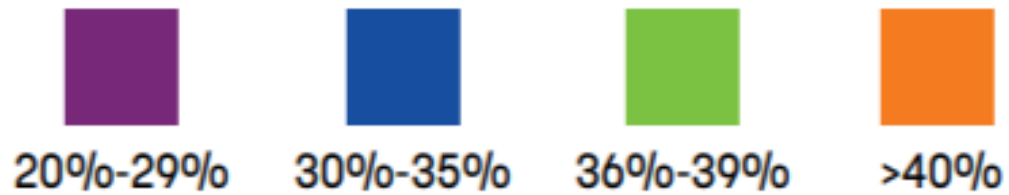
- 16 percent of Wisconsin residents report 4+ ACEs
- 21 percent of Wisconsin residents report 2-3 ACEs
- 23 percent of Wisconsin residents report 1 ACE
- 40 percent of Wisconsin residents report 0 ACEs



Of Wisconsin residents have at least 1 ACE

# County data

Percentage of adults reporting  
2 or more ACEs:





# Disproportionately-impacted groups include:

- **Black, indigenous and other people of color**



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- **People with less income or education**



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- Black, indigenous and other people of color
- People with less income or education
- People living with disabilities
- Members of the LGBTQ+ community
- **People living with geographical barriers, e.g., people living in rural areas**



# Framing the issue

## Wisconsin

- Sixteen percent of Wisconsin adult population report four or more ACEs
- 2020 census: 4,631,508 people 18+ years of age
- Sixteen percent of 4,631,508 is...

**741,041 people**

Sources: 2015-2018 Behavioral Risk Factor Survey | U.S. Census Bureau, 2020

## Nationally


- Sixteen percent of the U.S. adult population report four or more ACEs
- 209,128,094 people 18+ years of age
- 16% of 209,128,094 is...

**33,128,095 people**

Sources: Centers for Disease Control and Prevention, 2019 | U.S. Census Bureau, 2020

# Four or more ACEs = Tipping point

- Compared to people with no ACEs, those with an ACE score of four or greater have increased risks for:
  - Chronic obstructive pulmonary disease: 390% greater risk
  - Sexually transmitted infections: 240% greater risk
  - Smoking: Twice as likely
  - Cancer: Twice as likely
  - Heart disease: Twice as likely
  - Suicide attempts: 12 times more likely
  - Alcoholism: Seven times more likely
  - Injecting street drugs: Ten times more likely



# Trauma and the Neurobiology of trauma



# Trauma – What is it?

- A wound (Physical and psychological)
- More about the reaction than the event itself- subjective
- Disease of disconnection (Judith Herman, MD)
- Betrayal and desertion
- Affects relationships
- Anything that's overwhelming - happens too much, too fast, too soon, or too long
  - Coupled with lack of protection or support (Resmaa Menakem)
- Lives in the body
  - Stored in the body as sensation: Pain or tension or lack of sensation- numbness
  - Our organs weep the tears our eyes cannot shed
  - Our issues live in our tissues

# Types of trauma

- Acute
- Complex
- Historical
- Sanctuary
- Vicarious
- Collective



# Types of trauma

- **Acute**



# Types of trauma

- Acute
- **Complex**



# Types of trauma

- Acute
- Complex
- **Historical**



# Types of trauma

- Acute
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- Historical
- **Sanctuary**



# Types of trauma

- Acute
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# Types of trauma

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- **Collective**





# Activating experiences

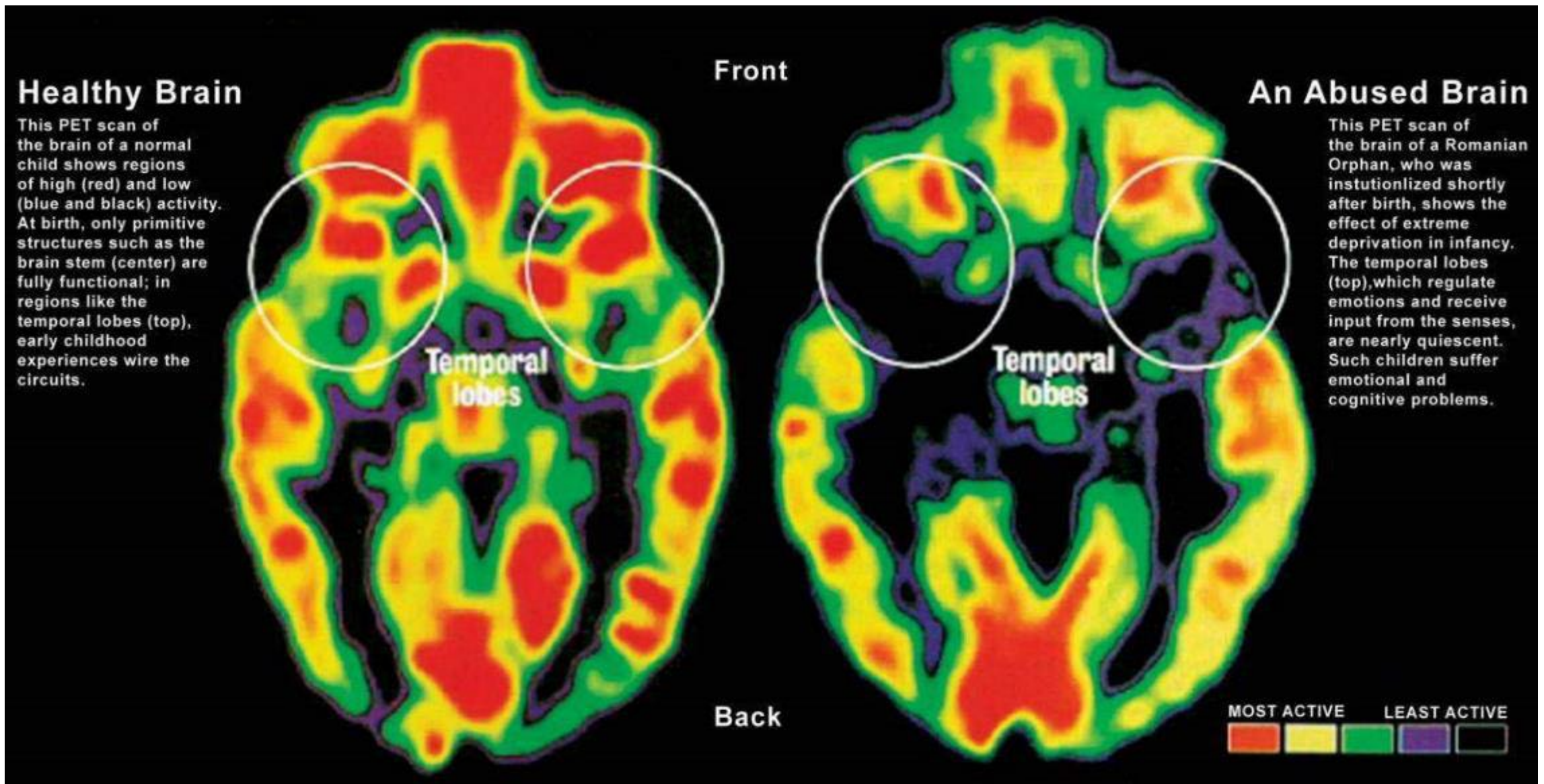
- Lack of control
- Threats or feeling threatened
- Witnessing assaults
- Isolation
- Being told what to do (directive approach)
- Lack of privacy
- Removal of clothing (medical exams)
- Feeling vulnerable or rejected
- Being touched or watched
- Loud noises
- Darkness
- Intrusiveness
- Being locked in a room
- Condescending looks
- Separation or loss
- Transitions or disruptions in routine

## Trauma disrupts neurodevelopment

- Person experiences trauma
- Brain and body become overwhelmed; nervous system unable to return to equilibrium
- Trauma goes untreated - person stays stuck in "stress response" mode
- Cues continue to trigger trauma (loud noises, smells, textures)
- Person reacts to trauma cues from a state of fear



# Brain development





# Trauma-Informed Care


It's a paradigm shift

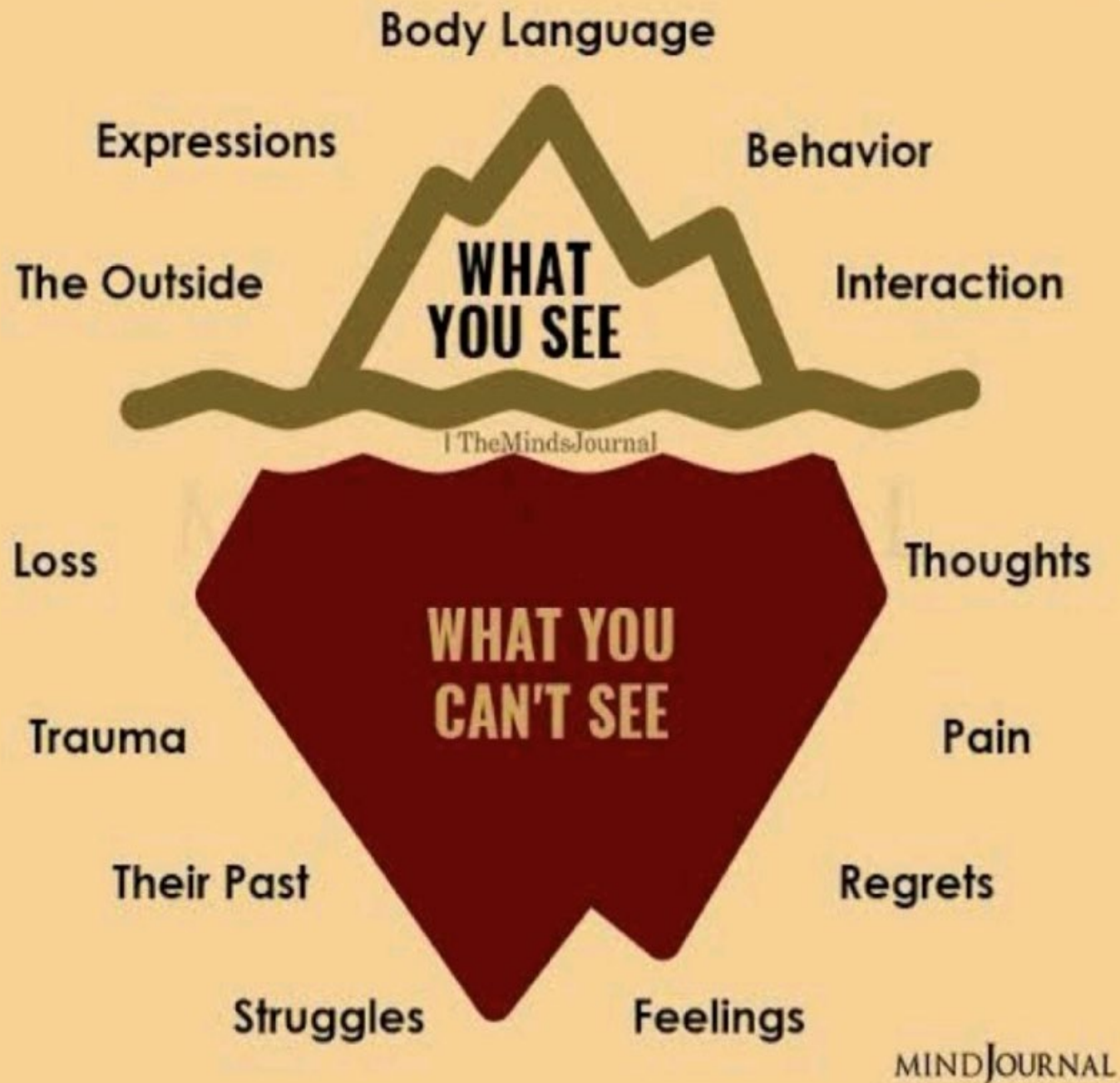


# Do no harm

“We need to presume the clients we serve have a history of traumatic stress and exercise universal precautions by creating systems of care that are trauma-informed.”

- Gordon R. Hodas, M.D.





Why empathy is important





# PUTTING ON TRAUMA-INFORMED LENSES

Looking at you, your organization, and the work you do in an entirely different way



## Looking in the mirror

- We must be willing to look in our own mirror
- Mirrors show you the truth



# Trauma-informed care

It's not a thing you  
do, it's how you do  
your thing!



# Key considerations for addressing trauma

- Relationship building (Creating safety, establishing rapport)
- Forming connections
- Motivational interviewing – The anchor on how we connect with each other
- Self-care (Knowing how and when to self-regulate)
- Peer-to-peer interaction
- Teaching coping and emotional self-regulation
- Teach link between trauma and mental health and substance use disorders



# What is trauma-informed care?

- Acknowledges the pervasiveness of trauma
- Focused on how trauma may affect an individual's life and their response to support services
- Safety for all
- Atmosphere of trust
- Compassionate collaboration

# What is trauma-informed care?

- Strengths-based
- Aims to avoid re-traumatization
- Recognition that many “negative” behaviors are simply coping skills
  - These coping skills come from a place of **adaptation** and **survival**
- Strives to maximize choices for the survivor and control over the healing process
- Seeks to be culturally competent



Source: Alvarez and Sloan, 2010

# Six key trauma-informed principles



Safety



Trustworthiness and transparency



Peer support



Collaboration and mutuality



Empowerment, voice, and choice



Cultural, historical, and gender issues

# What does TIC look like?

- Person-centered
- Avoid forcing eye contact
- Be aware of your proximity
  - Ask permission to draw closer
- Avoid asking too many questions
  - Conversation vs. an interrogation
- Pace client meetings by offering breaks
- Draw upon past success
- Ask permission before touching or hugging
- Provide choice when possible
- Ask about client's goals and priorities

# What do I do if...

- A consumer/client becomes very emotional telling their trauma story
  - “How can I support you right now?”
- The consumer’s/client’s trauma story leaves you overwhelmed and speechless
  - Can you be strong enough to sit with that person in supportive silence?
  - Have you done your own trauma work? (Digging in the dirt?)
- The consumer/client seems confused by the information I am giving them
  - Be patient and use simple, clear words regarding when, where, and by whom services will be provided
  - Be prepared to repeat information many times - repetition is often needed when consumers are working with an overwhelmed nervous system

# Responding to disclosures of personal trauma

- "I'm sorry you were hurt that way"
- "What happened was not your fault"
- "You are not to blame for what happened to you"
- "Thank you for trusting me with such a personal and private experience"
- "You deserve help in dealing with something so difficult. Would you like me to connect you with someone you could talk to about this?"

(Aurora Health Care, 2016)






Trauma-informed  
truths




# TIC truth number 1 – There is no magic formula for TIC


- There is no single, formulaic approach an organization can take to become “trauma-informed.”
- There are some trauma-informed principles you can follow, but there is great variability in how you apply those principles. No “one size fits all” approach.

## **Questions to consider:**

- What is the mission and vision of your organization? How does it align with trauma-informed principles?
  - What trauma have consumers [clients, students, patients], and staff experienced?
  - What strengths do clients and staff have?
  - How can you honor the thoughts and feelings of clients and staff as you co-create a trauma-informed environment?
  - How can trauma-informed principles be uniquely applied to your work setting?
- 



# TIC truth number 2 – TIC requires we move away from an “us vs. them” approach: We are all in this together

- 
- We often divide ourselves according to categories, e.g., those who are traumatized and those who are not.
  - Service providers often see themselves as being superior to trauma survivors. Reality-most of us have a trauma history-some rather extensive.
  - This realization should transform your work - levels the playing field.

## **Questions to consider:**

- What steps would you need to take to move from an “us vs. them” mentality to a “we are all in this together” approach?
- To what extent are you collaborating with the trauma survivors you are working with?
- How are power dynamics impacting your ability to provide trauma-informed care?

# TIC truth number 3 – Going to one trauma-informed training does not make an individual or an organization trauma-informed

- “Train and hope” is popular, but it does not lead to lasting change
- Essential we educate ourselves on the impact of trauma
- Important to build our repertoire of skills to support trauma survivors
- Trauma has a multi-layered impact on individuals and communities - it’s complex!
- Mastering theoretical knowledge about trauma and effectively implementing principles of trauma-informed care is equally complex

## **Questions to consider:**

- How does theoretical information you learned apply to the clients you work with?
- How can you use the knowledge you have in your actual work with clients?
- Are there any gaps in your ability to apply theoretical information to your daily interactions with clients?
- What do you need to learn more about?

# In summary...

## Trauma-informed care:

- Is a way of being (person-centered)
- Is understanding what people are going through
- Is a way to talking, listening and hearing
- Is a way of offering care

Bottom line: It's not a thing you do, it's the way you do your thing!

# Final thought...



“Every life is a piece of art, put together with all means available.”

- Pierre Janet



Kintsugi - "Golden repair." A 400+ year old Japanese art. Kintsugi emphasizes, not hides, the break.



**Questions?**





Resources

# Books

- Boyle, G. (2010). *Tattoos on the Heart: The Power of Boundless Compassion*. New York: Free Press.
- Burana, L. (2009). *I Love a Man in Uniform: A Memoir of Love, War, and Other Battles*. New York: Weinstein Books.
- Fallot, R., and Harris, M. (2001). *Using Trauma Theory to Design Service Systems*. San Francisco: Jossey-Bass.
- Edmondson, A. (2018). *The Fearless Organization*. New Jersey: John Wiley & Sons, Inc.
- Marich, J. (2012). *Trauma and the Twelve Steps*. Warren: Cornersburg Media.
- Marich, J. (2014). *Trauma Made Simple*. Eau Claire: PESI Publishing & Media.

# Books

- Perry, B. (2007). *The Boy Who Was Raised As A Dog*. New York: Basic Books.
- van der Kolk, B. (2014). *The Body Keeps the Score*. New York: Viking.
- van Dernoot Lipsky, L. (2009). *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. San Francisco: Berrett-Koehler Publishers.
- Wilcox, P. (2012). *Trauma-Informed Treatment: The Restorative Approach*. Holyoke: NEARI Press.

# Videos

What Trauma Taught Me About Resilience (Charles Hunt):

[https://www.youtube.com/watch?v=3qELiw\\_1Ddg](https://www.youtube.com/watch?v=3qELiw_1Ddg)

Paradox of TIC- Vicky Kelley:

<https://www.youtube.com/watch?v=jFdn9479U3s>

Drowning in Empathy: The Cost of VT-Amy Cunningham:

<https://www.youtube.com/watch?v=Zsaorjlo1Yc>

How To Manage CF in Care Giving-Patricia Smith:

<https://www.youtube.com/watch?v=7keppA8XRas>

# Videos

The Effects of Trauma on the Brain and How it Affects Behaviors (John Rigg):

<https://www.youtube.com/watch?v=m9Pg4K1ZKws>

When Time Doesn't Heal All Wounds-Robert Ross:

[https://www.youtube.com/watch?v=dsCNuB\\_KBUw](https://www.youtube.com/watch?v=dsCNuB_KBUw)

Resilience in Older Adults:

<http://www.aginglifecarejournal.org/resilience-in-the-elderly/>

Disenfranchised Grief:

<http://www.whatsyourgrief.com/disenfranchised-grief/>



Thank you!

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**Join the DHS TIC listserv email list**

Visit <https://www.dhs.wisconsin.gov/resilient/index.htm> to sign up to receive email notices for trauma-related research, resources, training opportunities, etc.