

BUILDING A CULTURE OF SUPPORT AND STRENGTH THROUGH TRAUMA INFORMED CARE

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OVERVIEW



ACEs and Trauma Informed Care (TIC)



Trauma-Informed Approaches to Patient Care



Compassion Fatigue & Self-Care



ACEs =
ADVERSE
CHILDHOOD
EXPERIENCES











Felitti et al., 1998

ACES QUESTION

When you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...Swear at you, insult you, put you down, or humiliate you?

No = 0 Yes = 1

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
 Physical	 Physical	 Mental Illness	 Incarcerated Relative
 Emotional	 Emotional	 Mother treated violently	 Substance Abuse
 Sexual		 Divorce	

***Every "Yes" = 1 point**


(CRSTF, 2017)

Felitti et al., 1998; Rothman et al., 2008; Anda et al., 2002; Dube et al., 2003

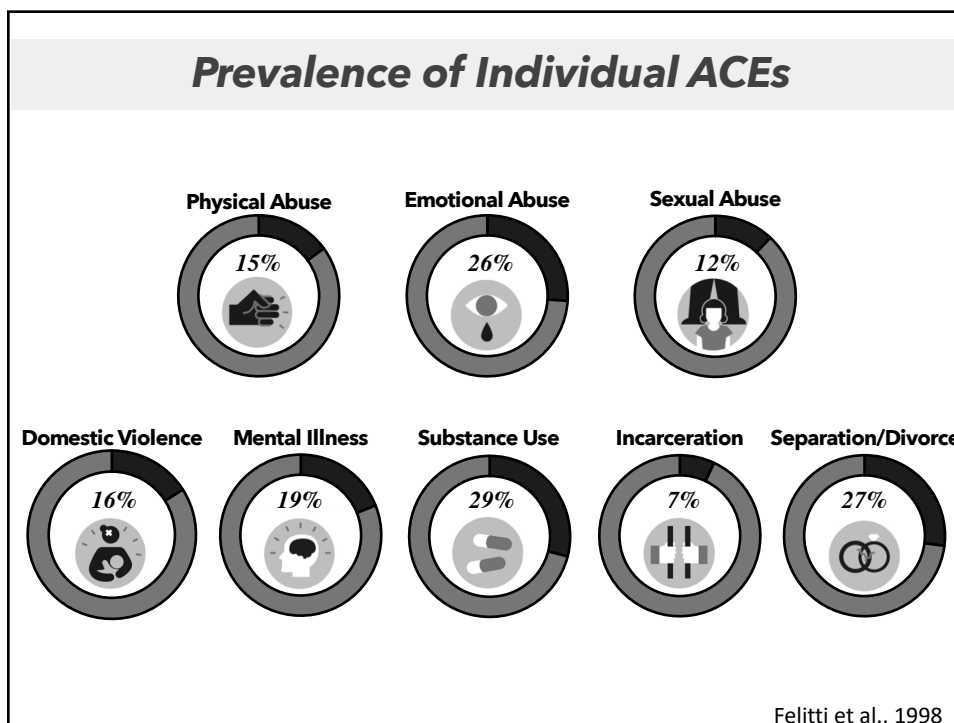
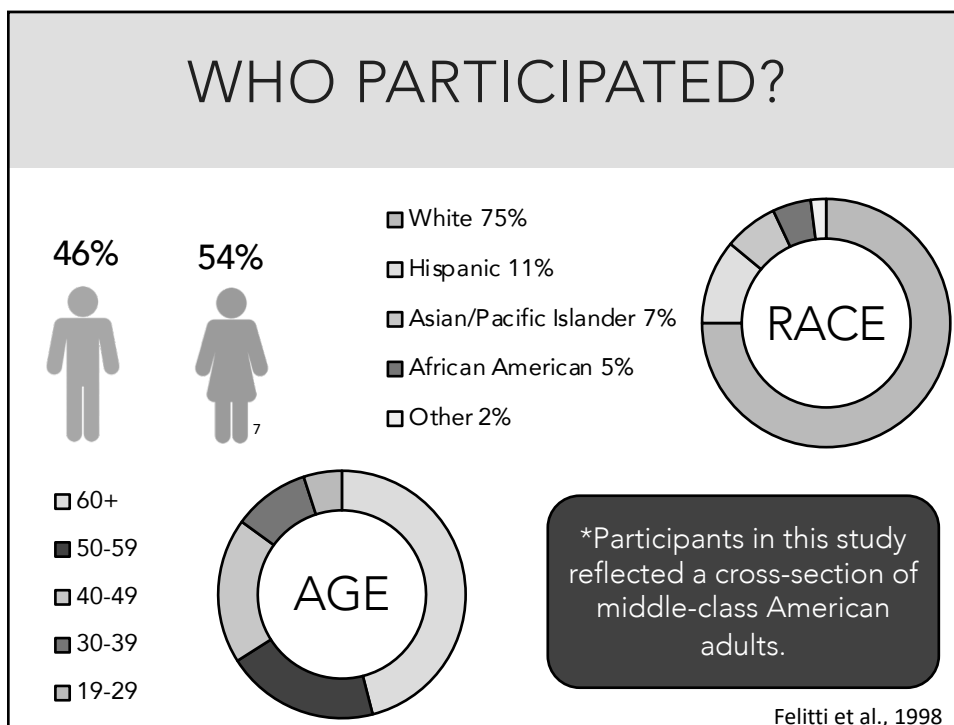
ORIGINAL ACES STUDY

Felitti and colleagues (1998)

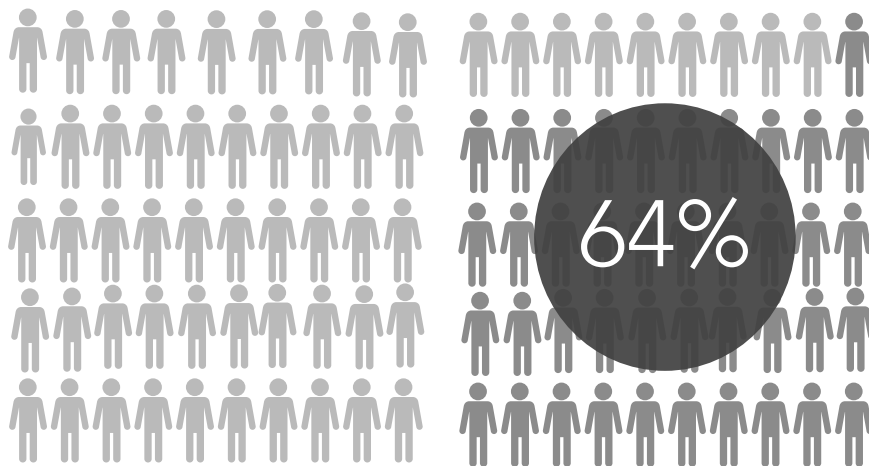
- **Over 17,000** participants completed surveys
- Asked participants:
 - **ACEs**
 - **Health Status & Behaviors**



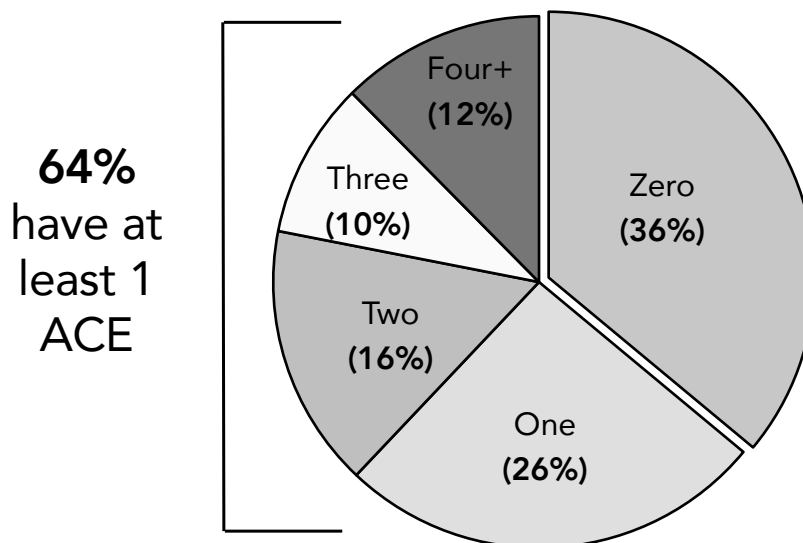
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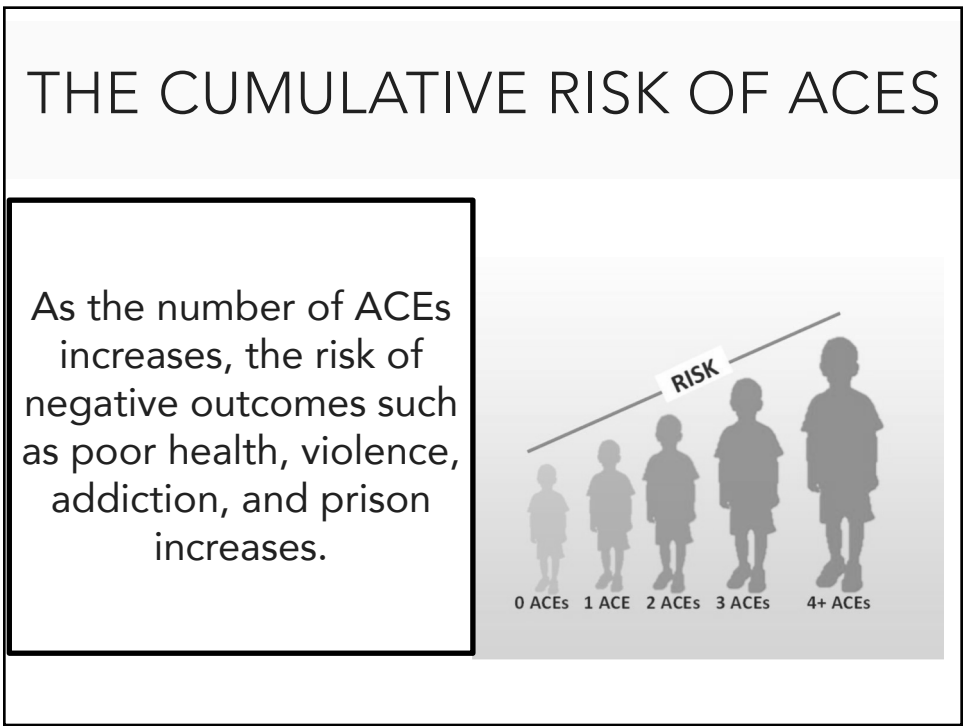
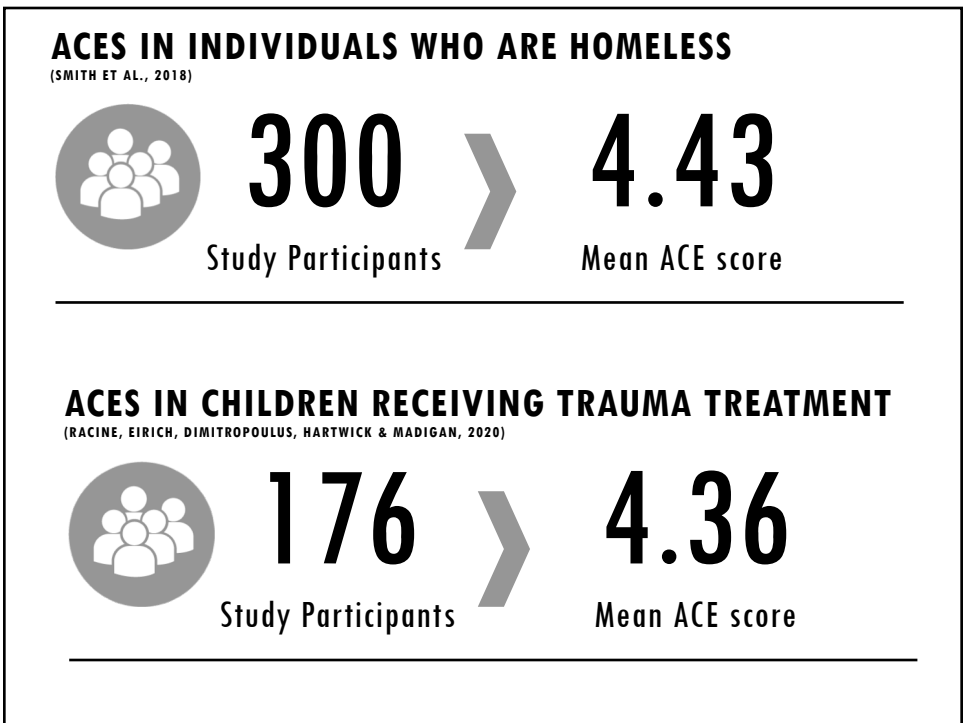


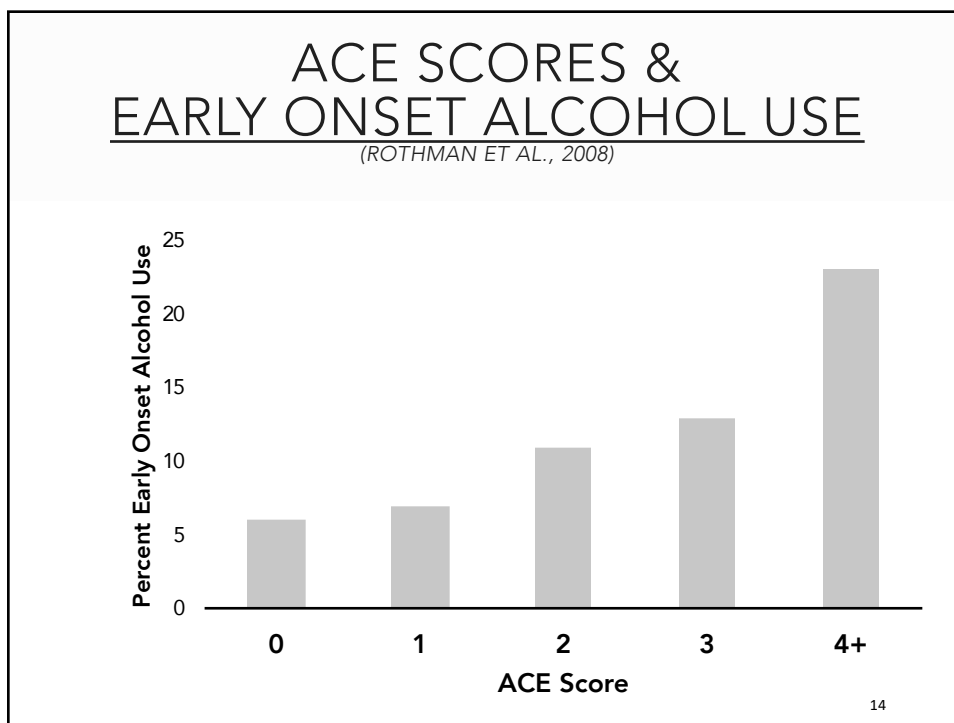
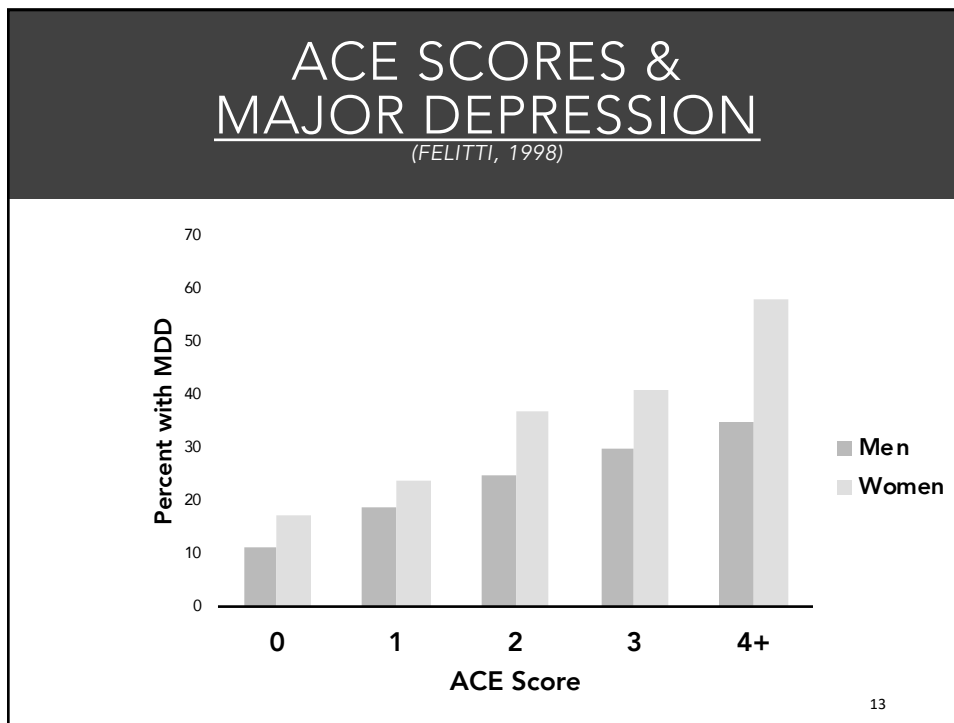
WHAT PERCENTAGE OF THE POPULATION HAS EXPERIENCED AT LEAST 1 ACE? (FELITTI ET AL., 1998)

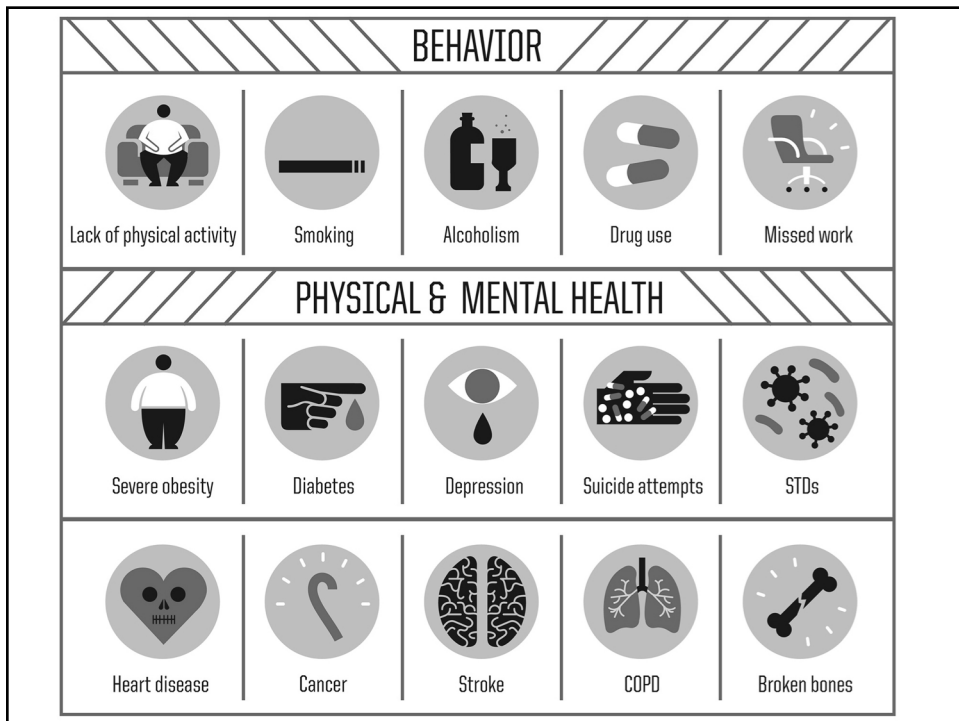
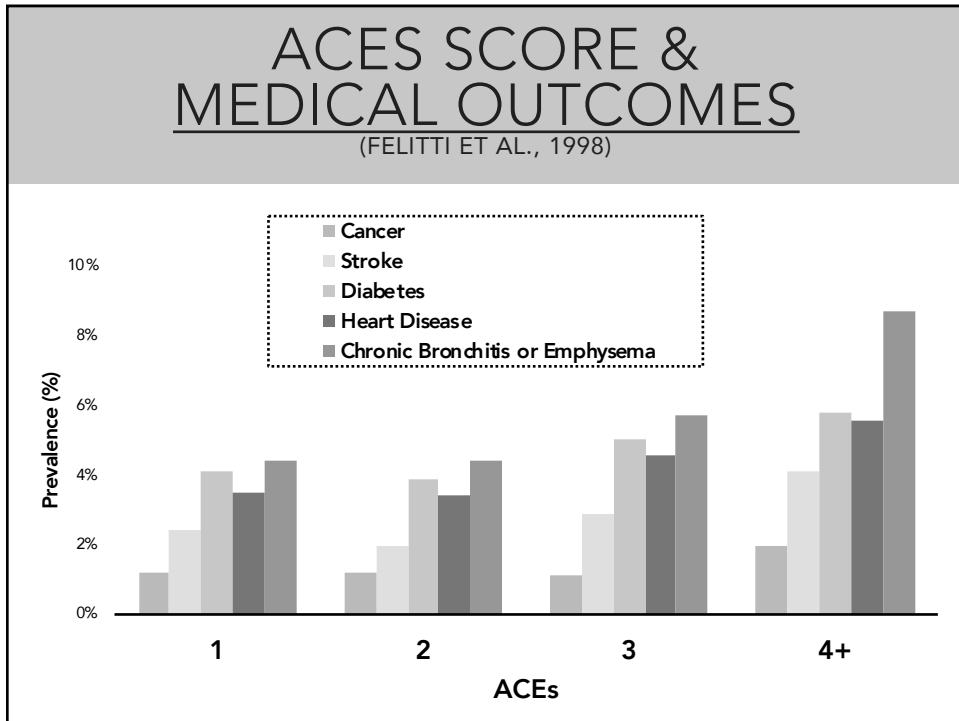


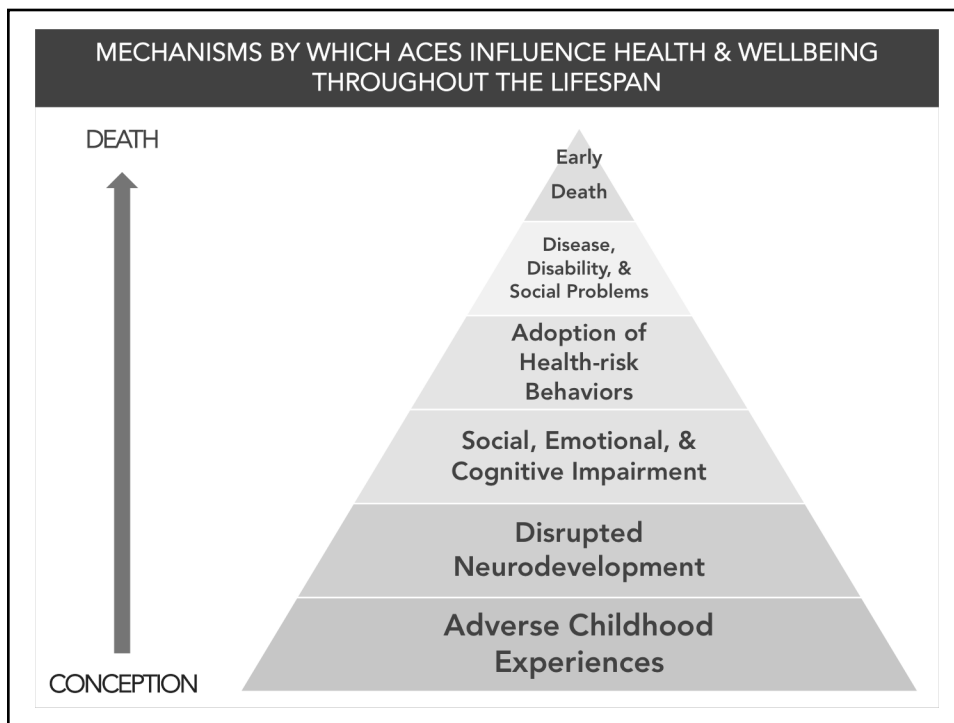
OF ACES IN GENERAL POPULATION (FELITTI ET AL., 1998)











ACEs & LIFE EXPECTANCY
(FELITTI ET AL., 1998)

PEOPLE WITH 6+ ACES DIED
20 YEARS EARLIER
ON AVERAGE THAN THOSE WITHOUT ACES

RESOURCE: FREE ONLINE COURSE



Alberta family wellness initiative

WHO WE ARE
About the Initiative

WHAT WE KNOW
Brain Development & Lifelong Health

WHAT WE DO
Science Meets Real Life

RESOURCES TRAIN

A free online course from the AFWI



BRAIN STORY CERTIFICATION

Learn the scientific underpinnings of the Brain Story from leading experts and be eligible for credits.

<http://www.albertafamilywellness.org/training>

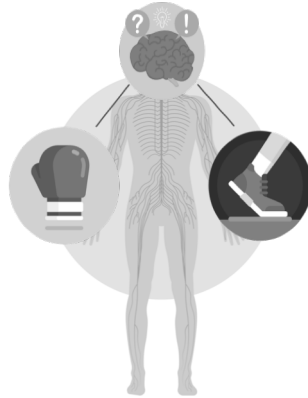
AN IMPORTANT CAVEAT:

Trauma and Adversity go beyond the 10 ACEs items on the questionnaire

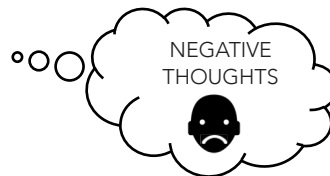
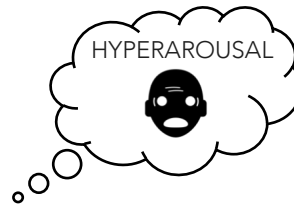
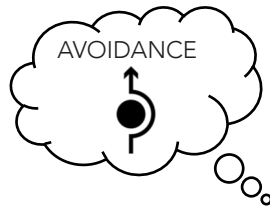


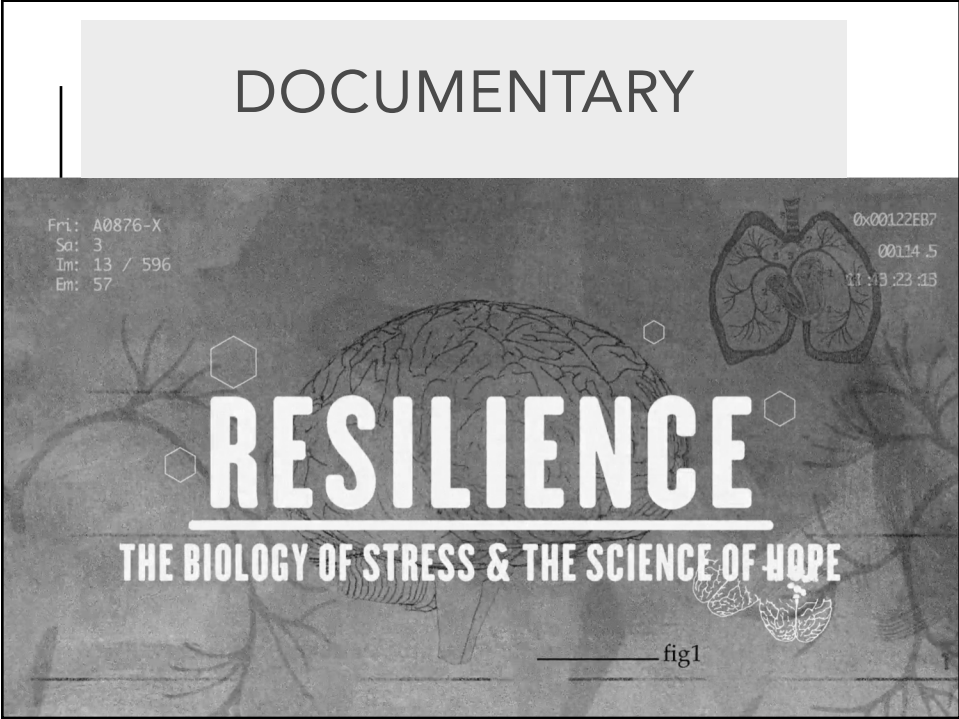
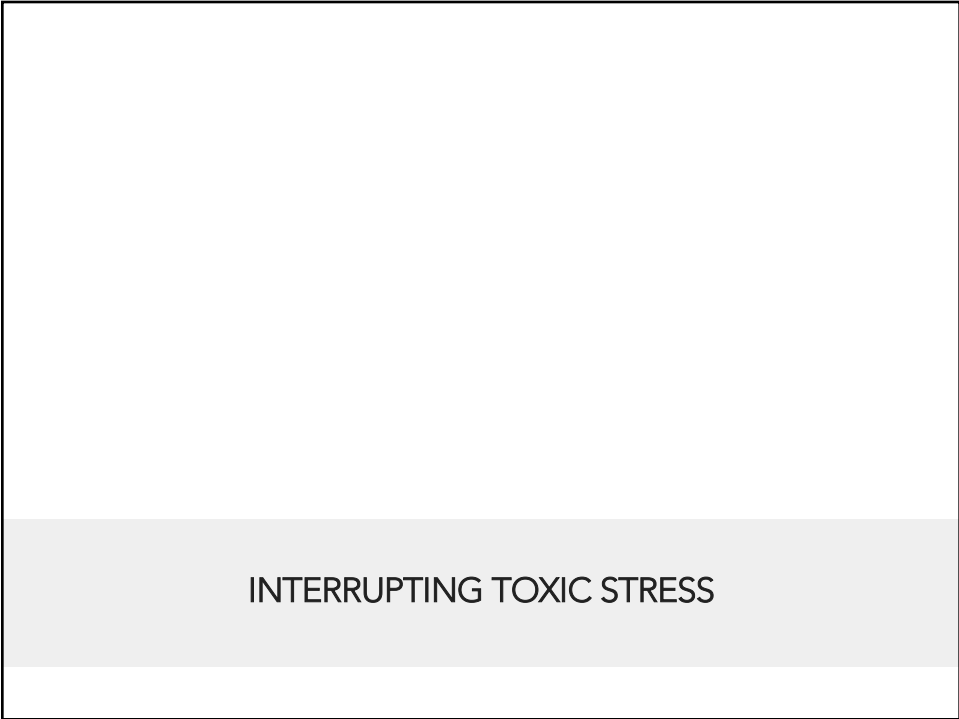
TOXIC STRESS

Multiple systems in our bodies are affected, including the nervous system, hormonal system and immune system.

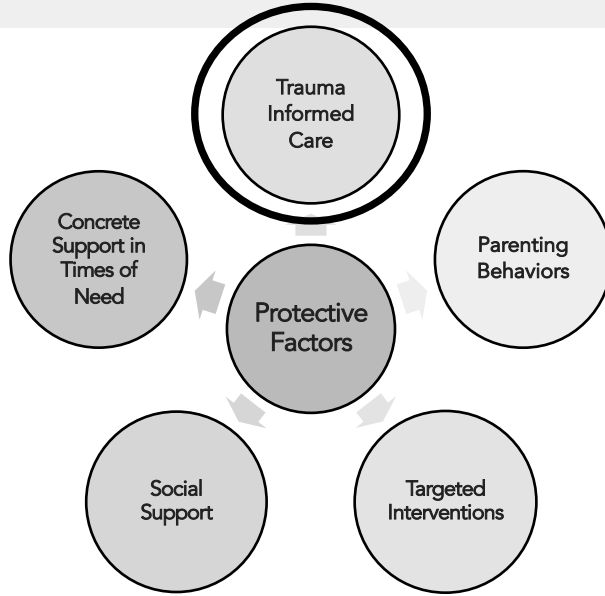


SIGNS + SYMPTOMS OF TRAUMA (PTSD)





PROTECTIVE FACTORS THAT CAN BREAK THE CYCLE OF ADVERSITY



On Becoming Trauma Informed



"I'm right here in the room, and no one even acknowledges me."

Google Images

CFPCN.CA

TRAUMA INFORMED CARE

“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

Substance Abuse and Mental Health Services Administration (SAMHSA)

A TRAUMA-INFORMED APPROACH (FOUR R'S)

A trauma-informed program, organization, or system:

Realizes

- Realizes widespread impact of trauma and understands potential paths for recovery

Recognizes

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system















Responds

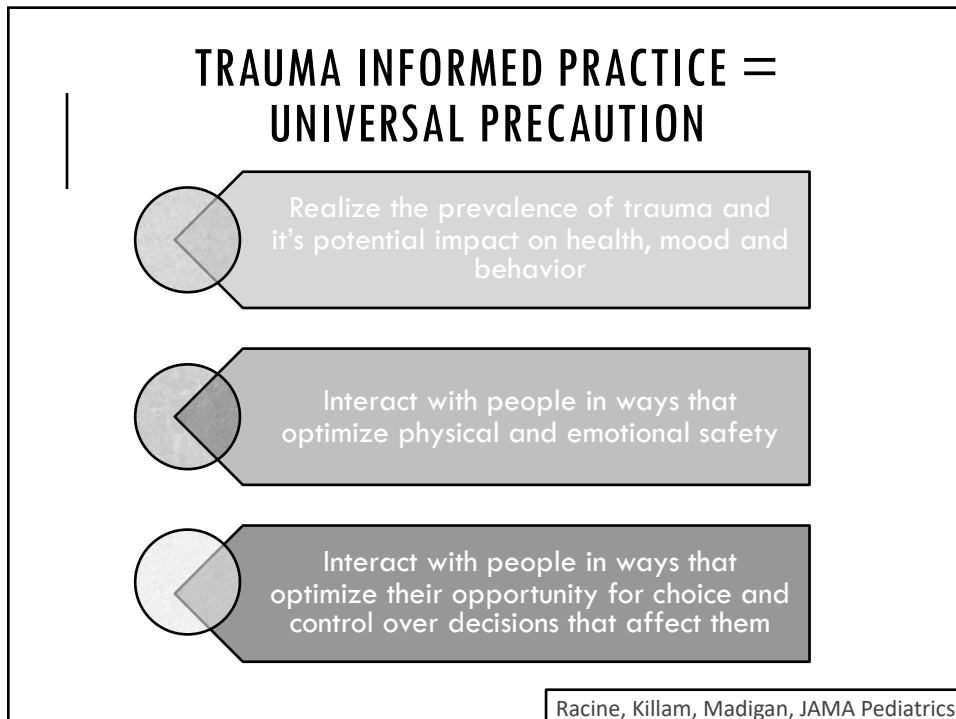
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

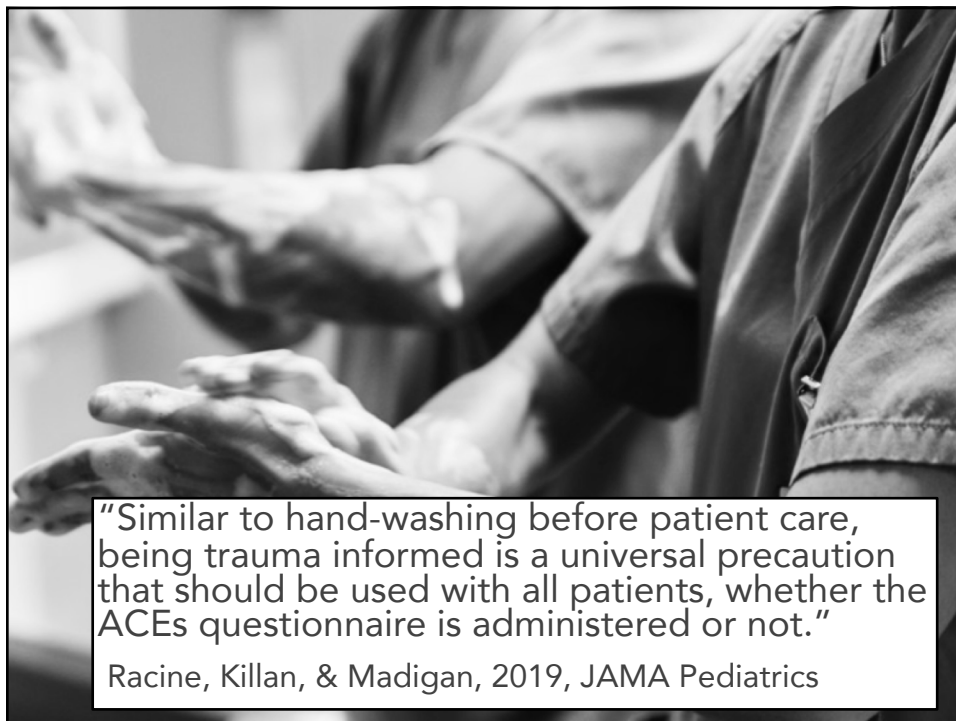
Resists

- Seeks to actively resist re-traumatization.

SAMHSA's Trauma and Justice Strategic Initiative, 2014

 Retraumatization 	
WHAT HURTS?	
SYSTEM (POLICIES, PROCEDURES, "THE WAY THINGS ARE DONE")	RELATIONSHIP (POWER, CONTROL, SUBVERSIVENESS)
 HAVING TO CONTINUALLY RETELL THEIR STORY	 NOT BEING SEEN / HEARD
 BEING TREATED AS A NUMBER	 VIOLATING TRUST
 PROCEDURES THAT REQUIRED DISROBING	 FAILURE TO ENSURE EMOTIONAL SAFETY
 BEING SEEN AS THEIR LABEL (I.E. ADDICT, SCHIZOPHRENIC)	 NON COLLABORATIVE
 NO CHOICE IN SERVICE OR TREATMENT	 DOES THINGS FOR RATHER THAN WITH
 NO OPPORTUNITY TO GIVE FEEDBACK ABOUT THEIR EXPERIENCE WITH THE SERVICE DELIVERY	 USE OF PUNITIVE TREATMENT, COERCIVE PRACTICES AND OPPRESSIVE LANGUAGE






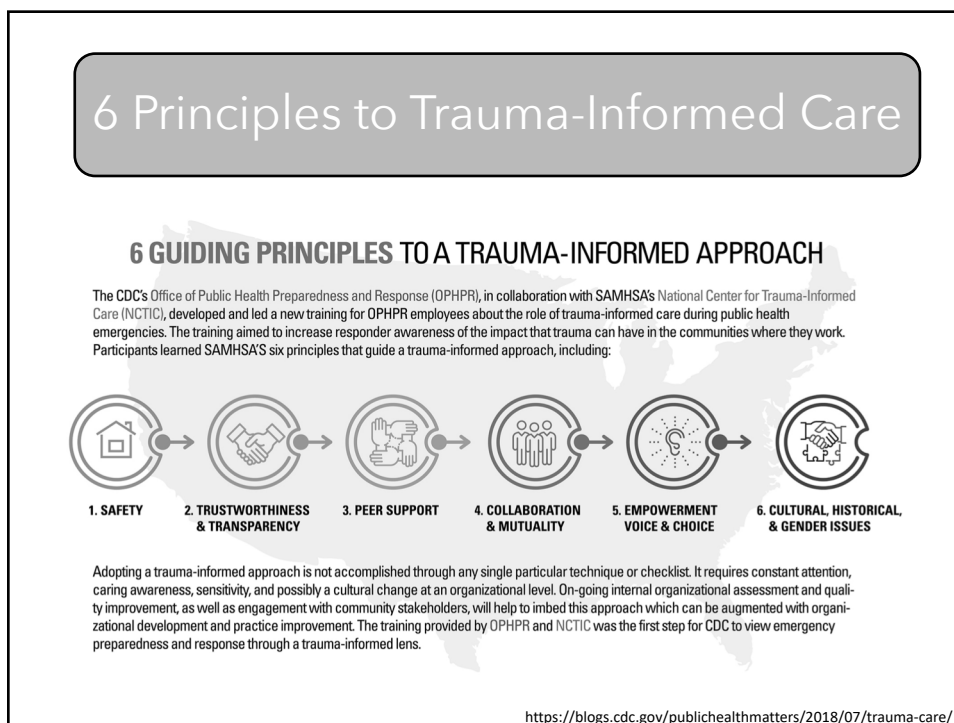
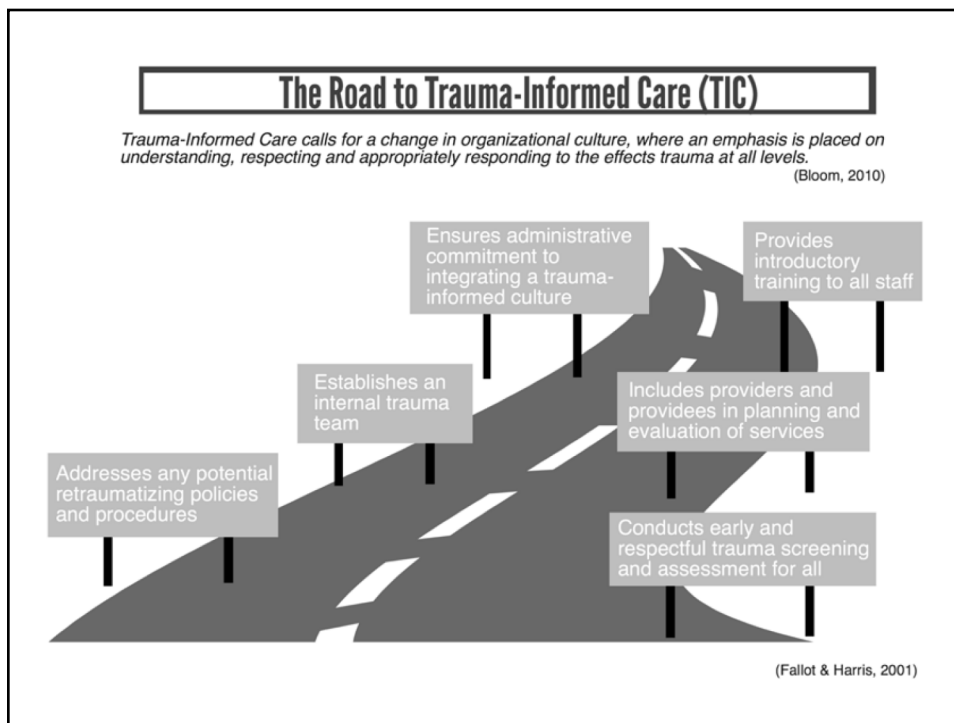
REFLECT & DISCUSS



MY WORKPLACE'S
APPROACH TO
TRAUMA IS TO...



WHAT WOULD BE
SOME **KEY**
INGREDIENTS FOR
EFFECTIVELY
PROVIDING TRAUMA
INFORMED CARE?



Resource



<https://www.youtube.com/watch?v=d-SSwYTe8TY&t=2s>

TRAUMA INFORMED PRACTICE KEY MESSAGES

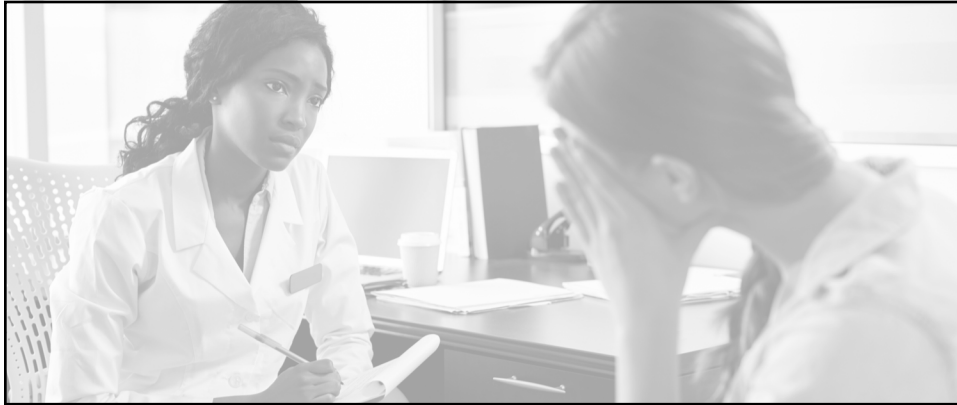


Toxic stress is common, non-discriminatory, and an important risk factor

The negative impact of toxic stress can be mitigated by resilience

Trauma Informed Practice is a recommended **UNIVERSAL PRECAUTION**

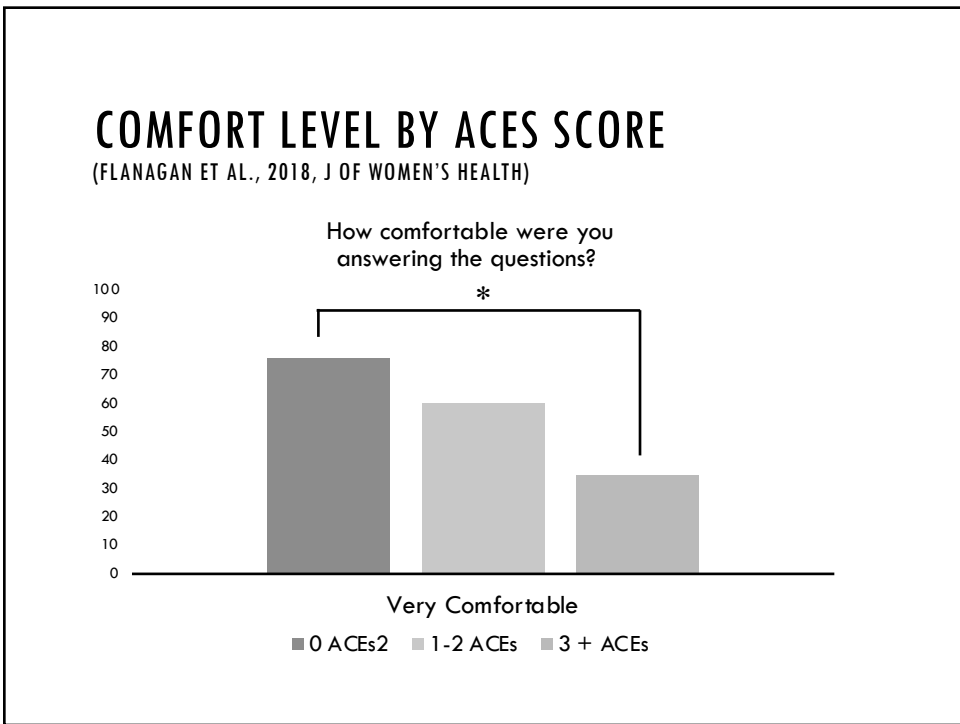
Trauma Informed Practice improves patient care



**TRAUMA INFORMED
APPROACHES TO PATIENT
CARE**

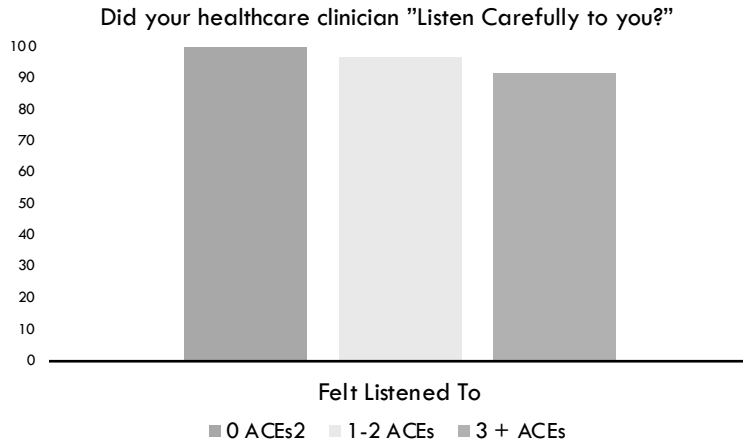
**WHAT ARE BARRIERS TO PROVIDING TRAUMA-
INFORMED CARE?**

BARRIER:
“TALKING TO PATIENTS
ABOUT THEIR ADVERSE
EXPERIENCES IS LIKE
OPENING PANDORA’S BOX!”



FELT LISTENED TO?

(FLANAGAN ET AL., 2018, J OF WOMEN'S HEALTH)



BARRIER:

*"I WORRY THEY WON'T FEEL
SAFE DISCUSSING IT WITH ME"*





BARRIER:
“I WORRY ASKING ABOUT
TRAUMA IS NOT CULTURALLY
SENSITIVE”

HOW TO HELP: TIPS FOR CULTURALLY-SENSITIVE TRAUMA-INFORMED CARE

Families may attribute distress to culturally specific beliefs

- Consider somatic/behavioral presentations of distress
- Listen for and use the family's own terms
- Attend to distress in the way the family defines it

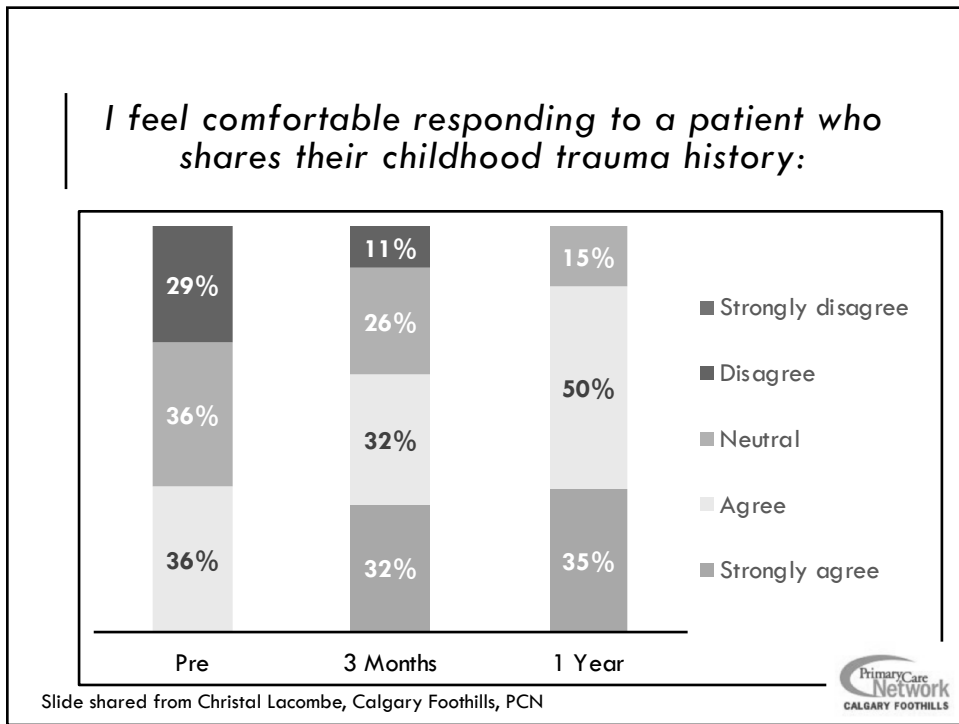
Families may have distinct traditions for decision-making & communication

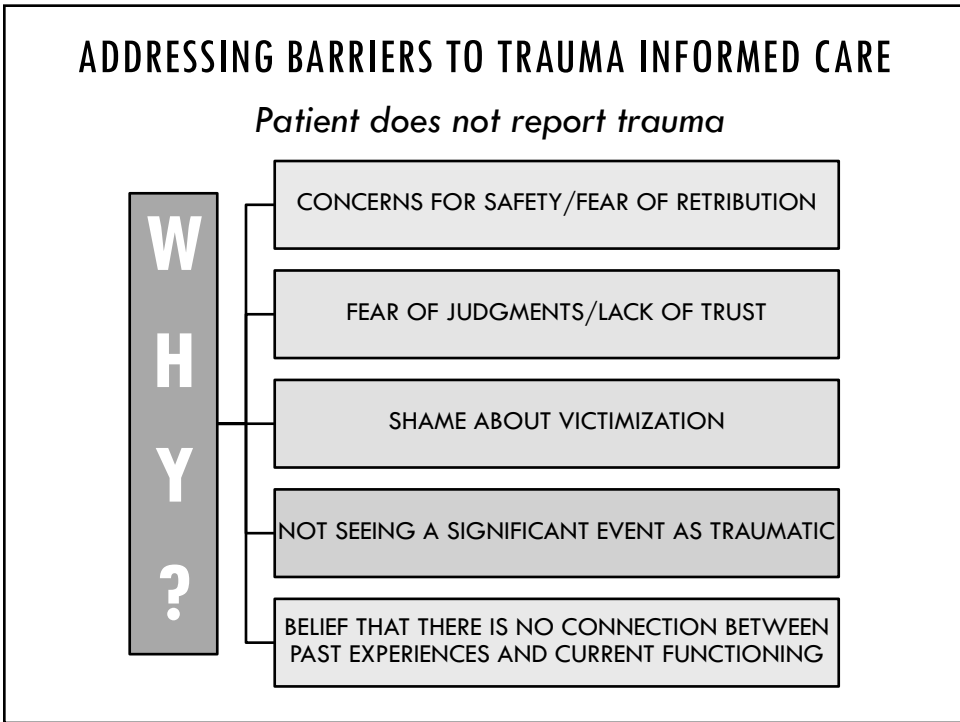
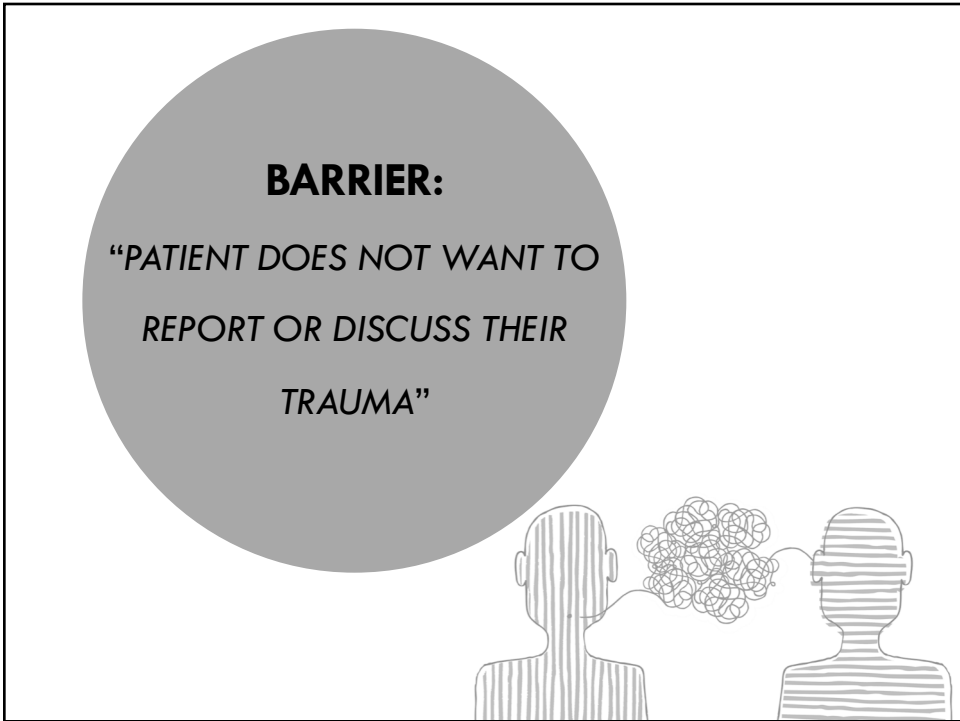
- Ask about decision-making practices in advance
- Respect parents' wishes regarding what their child should know
- Be open to involving other healing professionals & customs

Families may be reluctant to seek help outside their cultural community

- Connect families with community resources they trust
- Be sensitive to the family's fear about immigration & legal status
- Show respect by working within & through the family structure

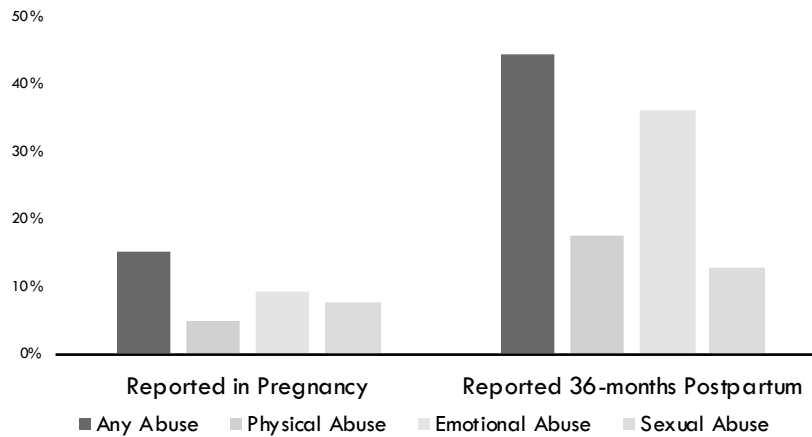
BARRIER:
 “I WILL FEEL UNCOMFORTABLE
 TALKING ABOUT THEIR TRAUMA”





NOT EVERYONE REPORTS IT THE FIRST TIME!

Consistency of abuse reporting
(Racine, Plamondon, McDonald, Tough, Madigan 2020)



ASKING ABOUT RESILIENCY

Devereux Adult Resilience Survey (DARS) by Mary Mackrain

Take time to reflect and complete each item on the survey below. There are no right answers. Once you have finished, reflect on your strengths and then start small and plan for one or two things that you feel are important to improve. For fun and practical ideas on how to strengthen your protective factors, use the chapters in this book. For a free copy of the DARS visit www.centerforresilientchildren.org.

Items	Yes	Sometimes	Not Yet
Relationships			
1. I have good friends who support me.			
2. I have a mentor or someone who shows me the way.			
3. I provide support to others.			
4. I am empathetic to others.			
5. I trust my close friends.			
Internal Beliefs			
1. My role as a caregiver is important.			
2. I have personal strengths.			
3. I am creative.			
4. I have strong beliefs.			
5. I am hopeful about the future.			
6. I am lovable.			
Initiative			
1. I communicate effectively with those around me.			
2. I try many different ways to solve a problem.			
3. I have a hobby that I engage in.			
4. I seek out new knowledge.			
5. I am open to new ideas.			
6. I laugh often.			
7. I am able to say no.			
8. I can ask for help.			
Self-Control			
1. I express my emotions.			
2. I set limits for myself.			
3. I am flexible.			
4. I can calm myself down.			

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When you were growing up, during your first 18 years of life...

Item Question

- Did you have at least one caregiver with whom you felt safe?
- Did you have at least one good friend?
- Did you have beliefs that gave you comfort?
- Did you like school?
- Did you have at least one teacher who cared about you?
- Did you have good neighbors?
- Was there an adult (not a parent/caregiver or the person from #1) who could provide you with support or advice?
- Did you have opportunities to have a good time?
- Did you like yourself or feel comfortable with yourself?
- Did you have a predictable home routine, like regular meals and a regular bedtime?

CAUTIONS ON SCREENING & ASSESSMENTS

The use of the ACEs questionnaire should only occur if:

- Trauma-informed approaches to client care are being used
- Follow up resources are available when screens are positive
- Referrals can be made



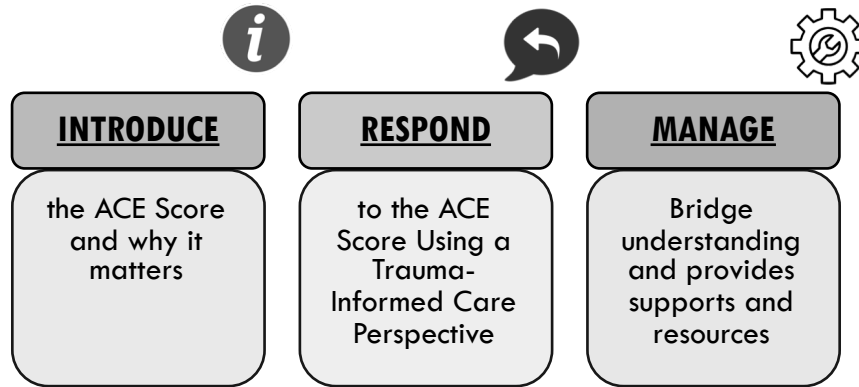
CAUTIONS ON SCREENING AND ASSESSMENTS



When a disclosure occurs, remember:

- You are a “gatekeeper” to preserve safety
- Don’t probe too deeply yet avoid conveying the message “I don’t want to hear about it”
- Follow up question: “How do you think those childhood experiences have influenced your physical and mental health?”

HOW DO I TAKE AN ACE SCORE IN THE CLINICAL SETTING?



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INTRODUCE



“We ask all of our patients these questions as they may help us better understand your health. Is that ok with you?”

RESPOND



“I see that you have an ACE score of x. You survived some adversity growing up. How has that impacted you?”

RESPOND



“Is there anything else that you would consider extremely stressful or traumatic from your childhood?”

RESPOND



“How many of these experiences continue to negatively impact you now??”

MANAGE



*“What supports did you have growing up?
What supports or resources would you like now?”*

REQUESTS FOR ADDITIONAL SUPPORT FOLLOWING COMPLETION OF THE ACES QUESTIONNAIRE

6% requested
a referral to a
therapist of
social worker

94% Received
an ACEs
pamphlet

Racine, Byles, Killam, Ereyi-Osas, & Madigan, submitted

REFLECT & DISCUSS

WHAT SUPPORTS
OR RESOURCES
ARE AVAILABLE
IN MY AREA...

COMPASSION FATIGUE & SELF-CARE

VICARIOUS TRAUMA

- Also known as *secondary traumatic stress*
- Indirect trauma that can occur when we are exposed to difficult stories second-hand
- Our fundamental beliefs about the world can be altered and possibly damaged by being repeatedly exposed to traumatic material.



EXAMPLES

- A domestic violence shelter worker may stop being able to believe that any relationship can be healthy.
- A child abuse investigator may lose trust in anyone who approaches their child.



COMPASSION FATIGUE

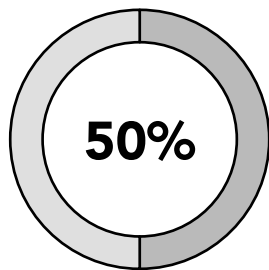


- A gradual lessening of compassion for others over time.
- Symptoms can include hopelessness, constant stress and anxiety, sleep difficulties, pervasive negative attitude
- All of which can affect us professionally, including a decrease in productivity, inability to focus, and increased feelings of lack of competency

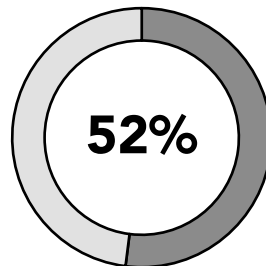
EXAMPLES

- A clinical psychologist may experience a shift in her ability to feel empathy for their clients.
- A daycare provider has limited patience for a child who has difficulty separating from his parents at drop off.
- A supervisor has difficulty showing compassion for someone who has to take a day off to attend to a medical issue.

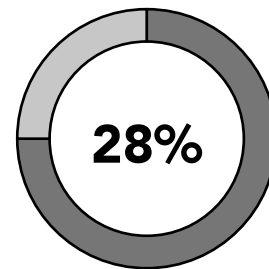
HOW COMMON IS COMPASSION FATIGUE?



child welfare workers
(Conrad et al., 2006)



nurses
(Ying-Ying Zhang et al., 2018)



foster carers
(Hannah et al., 2018)

“ One day, you wake up and realize that emotionally, you’ve been feeling different lately. You’re not sure what it is, but you (or others) notice that you’re acting differently, feeling unlike yourself and having thoughts that bother you. Two months later, you’re feeling even getting worse, but you still haven’t asked for help. You think it will go away on its own, that it’s not serious, that it’s all in your head. You reason that maybe it’s just your personality or your age or stress. Things you might try on your own don’t seem to help. Or maybe you suspect what it could be and you’re scared of what family, friends and coworkers would say. So you keep it to yourself and just try to get by day-to-day, hoping it will change. ”

CAN YOU FIND THE SIGNS OF COMPASSION FATIGUE?

What types of support would you like to provide to this individual?

What advice would you give this person if they were your co-worker or friend?



PHYSICAL WARNING SIGNS



Physical
exhaustion



Insomnia or
hypersomnia



Increased
susceptibility
to illness



Headaches
and migraines

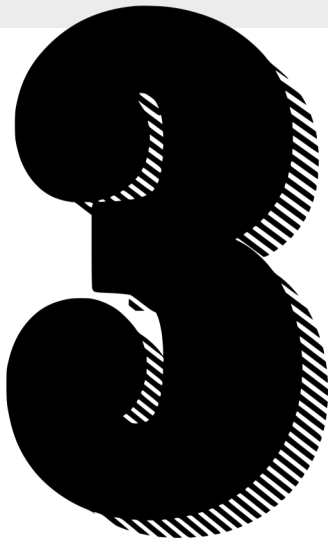
PSYCHOLOGICAL SIGNS AND SYMPTOMS

- i. Feeling a sense of hopelessness, depression, or diminished enjoyment
- ii. Distancing from friends and family
- iii. A reduced ability to feel empathy towards clients or family/friends.
- iv. Cynicism, anger and/or embitterment
- v. Negative self-image
- vi. A sense of resentment towards demands being put on you at work and at home.

BEHAVIORAL WARNING SIGNS

- i. Increased anger or tearfulness
- ii. Increased use of alcohol or drugs, compulsive shopping, or binge eating
- iii. Watching excessive amounts of TV/spending too much time online
- iv. Avoiding social events
- v. Not returning phone calls at work or at home
- vi. Impaired ability to make decisions
- vii. Problems in personal relationships

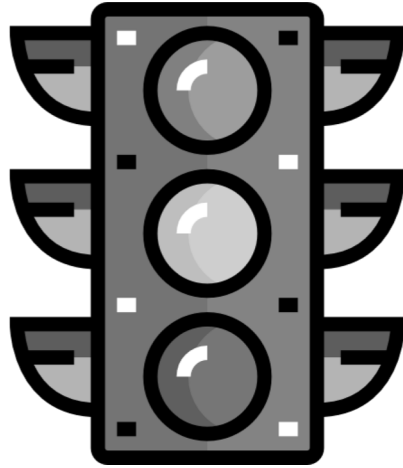
"THE BIG THREE"



**Try and identify
your top three most
frequent warning
signs.**

***Are they all physical,
emotional or
behavioural or do
you see a mixture of
signs from each
category?***

COPING WITH COMPASSION FATIGUE



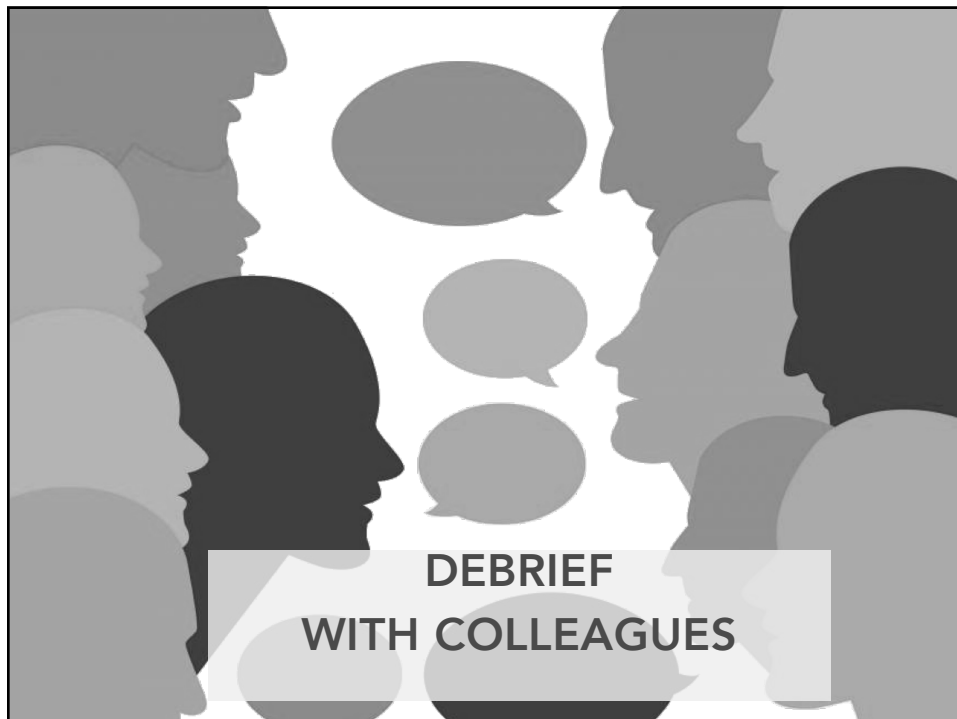
It's important to gain an understanding of our own warning signs along the continuum of compassion fatigue

Would you say that you are currently in the Green (healthy), Yellow (warning sign) or Red zone with your overall functioning?






STRATEGIES FOR DEALING WITH COMPASSION FATIGUE

Work Place Strategies

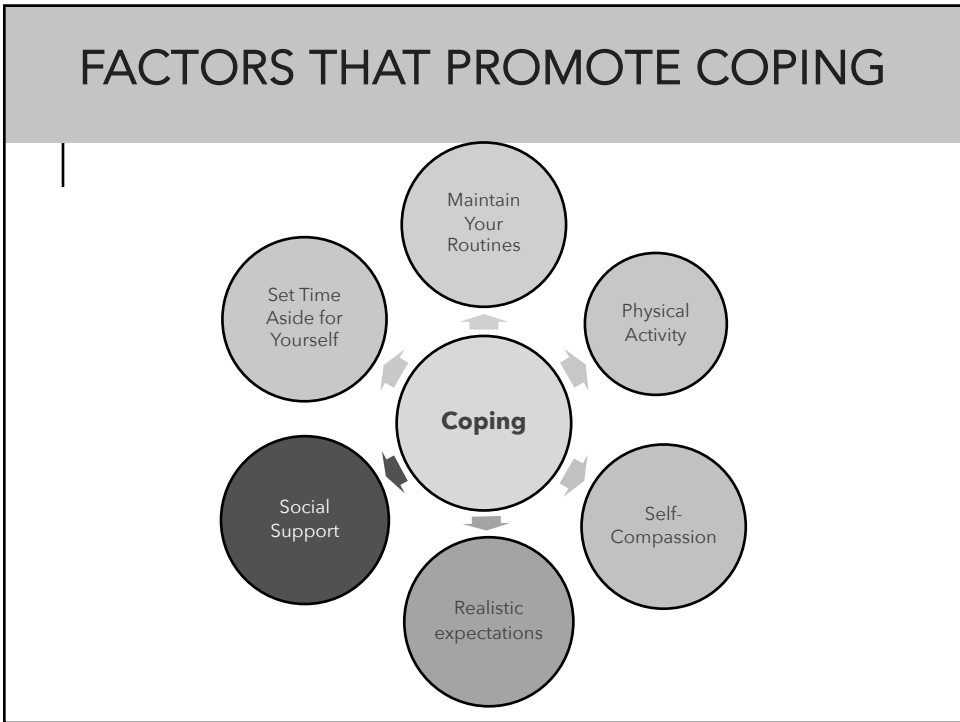
- For example, if you are experiencing a lot of **vicarious trauma**, you may wish to examine your caseload or the availability of debriefing strategies.
- If you have a lot of **emotional symptoms**, you may consider consulting with a mental health professional



DEBRIEFING: VALIDATING EXPERIENCES

-  1. **Pay attention**
-  2. **Reflect** what you heard back by summarizing or repeating what the other person has said; use a gentle and non-judgmental tone of voice
-  3. **“Read minds”** – be sensitive to facial expressions, tone of voice, and body language; ask to check if you are right and let it go if you are wrong
-  4. **Acknowledge** valid responses if they are logical reactions to real situations
-  5. **Problem solve** next steps and solutions





SELF-CARE WHEEL

Physical

- Self-hygiene
- Regular medical care
- Eat healthily + exercise
- Get enough sleep
- Be sexual + take enough time off
- Take vacations + Take time off
- Massage + Acupuncture
- Herbal medicine + Tea
- Ask for assistance
- Take a walk + phone call + no time
- Get "me" time

Psychological

- Self-expression
- Therapy + Journal
- Self-assertion + Assertiveness
- Play + Creative expression + Engagement
- Relax + Get a massage or pedicure
- Read + Audiobooks + Documentaries
- Support group + Connect
- Play + Practice + Think about
- Practice making and receiving help

Emotional

- Self-compassion + Self-kindness
- CRY - Social media engagement
- Laugh + Say "I Love You"
- Hold a baby + Hug
- Play musical instrument
- Play board games + Card games
- Practice gratitude
- Practice forgiveness
- Practice self-love

Spiritual

- Self-reflection
- Go into nature
- Plan spiritual + self-care
- community + sing + dance
- Meditation + be with children
- Prayer + be with nature
- Take yoga + stretch + stretch
- Relax in the sun + watch sunset
- Pray + find spiritual message
- Volunteer for a cause
- Forgive + forgiveness

Personal

- Learn who you are
- Figure out what you want in life + plan
- Share + Listen + Plan
- Make a Vision Board
- Get friends + family + friends
- Write a letter or e-mail + friend
- Put out of sight + forget
- Learn to play guitar
- Learn to cook + spend time
- Learn to play guitar

Professional

- Take time for lunch
- Set boundaries + Do not work overtime
- Do not work hours at work
- Get regular supervision + Get help
- Get help + Get help + Get help
- Health days + Learn to use NO
- Plan your next career
- Take all vacation and sick days

LIFE SELF-CARE WHEEL BALANCE

This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013). Dedicated to all trauma professionals worldwide. Copyright © 2013 Olga Phoenix. All Rights Reserved. www.OlgaPhoenix.com

SELF-CARE WHEEL

LIFE SELF-CARE WHEEL BALANCE

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QUESTIONS

