Trauma-Informed Approach with Adverse Childhood Experience and Resiliency Strengthening as a Modality for Treatment

Presented and prepared by
Yvonne Wilhelm LMHC, MAC, NCC
Co-Presented with
Cheryl Wright LMHC, CDP, MAC, NCC
Objectives:

• Understand Trauma-Informed Approach to Recovery
• Understand and articulate the relationship between Adverse Childhood Experience and adult health harming behaviors
• Learn the process for building resilience and the need for it in recovery
What is Trauma?

Definition (SAMHSA 2014 TIP 52) – “trauma results from an event, series of events, or set of circumstances that is experienced, by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning, and physical, social, emotional or spiritual well-being.”
The Need for Trauma Informed Approach and Trauma-Specific Intervention

- Advice to counselors- The National Center for Trauma Informed Care: a comprehensive framework
  - Realize the widespread impact of trauma
  - Recognize the signs and symptoms of trauma in clients
  - Respond by fully integrating treatments for substance addiction and mental health
  - Resist re-traumatization
  - Coordinate care for best treatment
  - Trauma informed care for responders: Jane’s story
SAMHSA’s Six Key Principles to Trauma Informed Approach

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC’s Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA’s National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA’S six principles that guide a trauma-informed approach, including:

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT, VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.
Trauma and Addiction

- Unresolved Trauma - catalyst of substance abuse
- Trauma/Substance use cycle
- Research data
- Treatment Strategies
What is Trauma Informed care?

“Trauma informed care is an intervention and organizational approach that focuses on how trauma may affect an individual’s life and his or her response to behavioral health services from prevention though treatment” ~ (SAMHSA TIP 52, pg 11)

- Begins with first contact
- Involves a commitment to building competence among staff, establishing programmatic standards and clinical guidelines
What Makes an Event Traumatic?

Traumatic Events are:

- Sudden, unexpected, and extreme
- Usually involve physical harm or perceived life threat (research shows the perception of “life threats” are powerful predictors of the impact of trauma)
- People experience these events as out of their control
- Certain stages of life makes people vulnerable to the effects of trauma including childhood, teens and early twenties. ~ (Tedeschi, 2011)
- Developmental traumas, political and war, ACE, system oriented
Types of Trauma

**Acute** trauma is a one-time traumatic event. Some examples of acute trauma are:

- An auto accident
- A violent event in the community, such as a shooting
- A natural disaster such as a flood or a hurricane
- A sudden loss of someone the child cares about
- An assault

When a child experiences acute trauma, he or she may experience a range of emotions and physical reactions that are quite overwhelming.
Types of Trauma (Cont’d)

**Chronic** trauma occurs when a child or adult experience multiple traumatic events.

These events may be varied in circumstances. For example a child may suffer ongoing sexual abuse, be a victim of physical assault at school, and then be involved in a car accident each contributing to chronic trauma.

Chronic trauma can have a cumulative effect. Subsequent traumatic events remind the child of prior trauma and can trigger emotions and thoughts related to that prior trauma.
Complex trauma refers to the impact chronic trauma has on a child’s life and developing systems.

A person who has complex trauma has experienced multiple traumatic events, often from early childhood and this can have a profound impact on the child’s development and ability to function normally.
“Hey, I’m Bryce and I’m 36 years old. I grew up living with my grandma because my mom’s boyfriend had been hitting her and then he got really mad one day and hit me in the face and I couldn’t open my eye. I missed my mom and was angry for a long time. My dad died when I was 5 from drugs.” I’ve been having nightmares so I try and drink myself to sleep. My friends describe me as “jumpy.” I admit I scare easily at loud noises. Sometimes I just want to be by myself and will not talk. Yet, if I hang out with people and I have an anger outburst, I feel ashamed because it seems uncontrollable.

Bryce has experienced multiple traumatic events (chronic trauma) such as the death of his father, witnessing family violence, physical abuse by his mother’s boyfriend, and separation from his primary caregiver and these events are having an impact on Bryce’s functioning and sense of safety (complex trauma).
What does this mean for us as Health Care Professionals?

Building Trauma Informed Care Systems requires a Paradigm Shift from the Question:

“What is wrong with you?” to “What happened to you?”

A client’s behavior may be indicative of:

- Coping Mechanisms
- Survival Techniques
- Resiliency

Education on Trauma-informed Care is critical:

1. Is what I am doing respectful and trauma-informed? Understanding the Immediate and Delayed Reactions

2. Am I treating others the way I want to be treated? Understanding the Cognitive Triad of Traumatic Stress. Understanding the Cognitions of Trauma

One of the most important things we can do as providers is avoid re-traumatizing those we serve.
Long-Term Effects of Trauma

When a traumatized person does not cope with trauma in a healthy manner, the person may be prone to:

- Substance abuse
- Mental health issues (such as depression and suicide)
- Promiscuity
- Criminal behavior
PTSD Symptoms

People who have experienced multiple traumatic events are often diagnosed with Post Traumatic Stress Disorder (PTSD).

Key symptoms of PTSD include:

• The person re-experiences the trauma (typically through flashbacks and nightmares)
• The person will avoid stimuli associated with the trauma
• The person may disengage from their emotions (may lose interest in things they used to like to do)
• The person may have physical symptoms for no medical reason (stomach aches, headaches, etc.)
• The person may be more hyper vigilant (startle easily)
Prevalence of Trauma

- 90% of public mental health clients have been exposed
  - Most have multiple experiences of trauma
  - 34-53% report childhood sexual or physical abuse
  - 43-81% report some type of victimization
Prevalence of Trauma in Substance Abuse Population

- Up to two-thirds of men and women in SA treatment report childhood abuse & neglect

- Study of male veterans in SA inpatient unit • 77% exposed to severe childhood trauma • 58% history of lifetime PTSD

- 55-99% of women with substance use disorders have a lifetime history of trauma; 50% of women in treatment have history of rape or incest
Avoidance of Shame and Humiliation

- The basic psychological motive or cause of violent behavior is the wish to ward off or eliminate the feelings of shame and humiliation – a feeling that is painful and can even be intolerable.

- Our task is to replace it with a feeling of pride and humility.
TRAUMA INFORMED CARE
What we Bring

- Resiliency
- Recovery
- Hope
- Healing
SAMHSA reports;

“Basic cause of addiction is experience-dependent, not substance-dependent. Significant implications for medical practice and treatment programs.”

Success in treatment comes when we ask ‘what happened to you’ instead of ‘what’s wrong with you’.

We cannot teach people anything, we can only help them discover it within themselves.

–Galileo Galilei
We Need to Remember

- All behavior has meaning
- Symptoms are ADAPTATIONS
- Comfort vs. Control
- We build on success not deficits
- Prevention, Prevention, Prevention
ACES

- What do you know??
Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study.

ACE Learning Objectives:

- Understand and articulate the relationship between adverse childhood experiences and adult health risks/behaviors
- Understand the relationship between adverse childhood experiences and social outcomes
- Use the ACEs screening tool in your practice to access future health risks/behaviors
- Implement ACE program for addiction and mental health recovery
Shame is so painful for children because it is inextricably linked to the fear of being unlovable.

- Brene Brown

www.brainquotes.org
Progression of Adverse Childhood Experience (ACE)

When a person has been exposed to abuse, neglect, or household dysfunction they are prone to experience social, emotional, or cognitive impairment. They respond by choosing risky behaviors (drugs, smoking, alcohol, promiscuity) which result in disease, disability, or social problems, which often leads to an early death.
The ACE Study reveals a powerful relationship between our emotional experiences as children and our physical and mental health as adults. It documents the conversion of traumatic emotional experiences in childhood into organic disease later in life. One does not ‘just get over’ some things, not even fifty years later” (Felitti, 2002).
Adverse Childhood Experiences

- ACE = Events/Incidents which harm social, cognitive, and emotional functioning causing a dramatic upset in the safe, nurturing environments children require to thrive.

- ACEs are common stressful traumatic experiences which affect children’s neurodevelopment. The Ecobiodevelopmental Model of Health.

- ACE score is a measure of the cumulative exposure to household dysfunction, abuse, and neglect.
THE
TRUTH ABOUT ACES

WHAT ARE THEY?

ACES are
ADVERSE
CHILDHOOD
EXPERIENCES

HOW PREVALENT ARE ACES?

The ACE study revealed the following estimates:

ABUSE
- Physical Abuse: 26.6%
- Sexual Abuse: 20.7%
- Emotional Abuse: 10.0%

NEGLECT
- Emotional Neglect: 14.8%
- Physical Neglect: 8.9%

HOUSEHOLD DYSFUNCTION
- Household Substance Abuse: 26.9%
- Parental Disease: 25.3%
- Household Mental Illness: 10.4%
- Mother Treated Violently: 39.1%
- Incestualization of Household Member: 4.7%

OF 17,000 ACE study participants:
- 36% have 0 ACEs
- 25% have at least 1 ACE
- 20% have 2 or more ACEs
- 13% have 3 or more ACEs
- 10% have 4 or more ACEs

WHAT IMPACT DO ACES HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes.

RISK

0 ACEs, 1 ACE, 2 ACEs, 3 ACEs, 4+ ACEs

Possible Risk Outcomes:

BEHAVIOR
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

PHYSICAL & MENTAL HEALTH
- Sore throat
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

rwjf.org/aces

*Source: http://www.cdc.gov/aces/prevalence.htm
ACEs Are Cumulative:
Co-occurrence and Cumulative Effect of ACES

Figure 4.- Alcohol Abuse and the Risk of Childhood Abuse

Alcohol Abuse in the Home and the Risk of Childhood Abuse

Number of alcohol abusers:
- 0
- 1
- 2 or more

Percent Abused (%)

- Emotional
- Physical Type of Abuse
- Sexual

Graph showing the percentage of alcohol abusers in relation to the type of abuse.
ACEs -- Strong Association With Alcohol Abuse

Figure 5. Alcohol Abuse in the Home and the Risk of Other ACEs

Alcohol Abuse in the Home and the Risk of Other Household Exposures During Childhood

Number of alcohol abusers:
- 0
- 1
- 2 or more

Household factor (%)

- Mother treated violently
- Mental illness
- Drug use
- Suicide attempt
- Member imprisoned
ACEs Predict Future Health Risk Behaviors And Overall Quality of Life

ACEs and Poor Overall Health

More than *twice as many adults* rated their health poorly (23%) when they had four or more ACEs compared to those adults with zero ACEs who rated their health poorly (10%).
Depression and Suicide

Figure 9 - Relationship of the ACE Score to Depression and Suicide Attempts

The ACE Score and a Lifetime History of Depression or Suicide Attempts

- Depression
- Suicide

Percent depressed or attempted suicide (%)

ACE Score

0 1 2 3 >=4
Lifespan Impacts of ACEs

Critical & Sensitive Developmental Periods

Adverse Childhood Experience
MORE CATEGORIES – GREATER IMPACT
Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect, Witnessing Domestic Violence, Depression/Mental Illness in Home, Incarcerated Family Member, Substance Abuse in Home, Loss of a Parent

Genetics
Experience triggers gene expression (Epigenetics)

Brain Development
Electrical, Chemical, Cellular Mass

Adaptation
Hard-Wired Into Biology

Chronic Disease
Psychiatric Disorders
Impaired Cognition
Work/School Attendance, Behavior, Performance
Obesity
Alcohol, Tobacco, Drugs
Risky Sex
Crime
Poverty

Intergenerational Transmission, Disparity

Source: Family Policy Council, 2012
ACExs and Population Attributable Risks

- Current depression: 54%
- Disability days: 52%
- Domestic violence: 48%
- Promiscuity: 78%
- IV drug abuse: 67%
- Life dissatisfaction: 65%
- Alcoholism: 58%
- Suicide attempt: 50%
- Hopelessness: 43%
ACE Overcomers empowers participants using evidence informed curriculum

- Perspective
- Plasticity
- Power and Self-Efficacy
- Resiliency
- Self-regulation and Self-awareness
- The gift of “normal’
- Skills
- Preparing to Succeed
You will discover:

- How to help the client to overcome the anxiety, stress, and wounded spirit associated with a difficult childhood
- How to strengthen the client to overcome damaging patterns of thoughts, behaviors, and habits
- How to equip the client to become a nurturing, connected adult
- You will develop:
  - The client to reject high risk and self destructive behaviors
  - The client with the ability to Tune-in to feelings and control extremes
  - skills needed in the client to overcome stress
  - The client to choose wise boundaries
The ACE Study revealed:
Out of 100 People

- What lessons can you learn from ACE study?
- 3 Categories: Abuse, Neglect, Household Dysfunction
- 10 Types:

<table>
<thead>
<tr>
<th>33% report No ACEs</th>
<th>51% report 1-3 ACEs</th>
<th>16% report 4-10 ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>With 0 ACEs</td>
<td>With 3 ACEs</td>
<td>With 7+ ACEs</td>
</tr>
<tr>
<td>1 in 16 smokes</td>
<td>1 in 9 smokes</td>
<td>1 in 6 smokes</td>
</tr>
<tr>
<td>1 in 69 are alcoholic</td>
<td>1 in 9 are alcoholic</td>
<td>1 in 6 are alcoholic</td>
</tr>
<tr>
<td>1 in 480 use IV drugs</td>
<td>1 in 43 use IV drugs</td>
<td>1 in 30 use IV drugs</td>
</tr>
<tr>
<td>1 in 14 has heart disease</td>
<td>1 in 7 has heart disease</td>
<td>1 in 6 has heart disease</td>
</tr>
<tr>
<td>1 in 96 attempts suicide</td>
<td>1 in 10 attempts suicide</td>
<td>1 in 5 attempts suicide</td>
</tr>
</tbody>
</table>
How Can Those We are Helping Overcome Adversity?

- Develop Internal Character traits that draw others to you.
- Develop close ties with healthy family members.
- Get involved with external support.
Overcoming Stinkin’ Thinkin’ & Poor Self Talk
Brain Plasticity
Heal the Brain

- How to Increase Plasticity:
  - Block out stress
  - Find the right learning environment:
  - Practice! Practice! Practice!
  - Pay attention to your attention:

Daniel Amen: 5 F's, Friendship, Fitness, Faith, Food, Focus
Daniel Plan, and Lessons Learned from 87000 Brain Scans
Learning Emotional Regulation

- What is it?
- What are the signs of emotional regulation?
Strategies to Strengthening Emotional Regulation

- **Grounding Strategies:**
  - Affirmation: I stay in touch with reality

- **Redirection Strategies:**
  - Affirmation: I control my thoughts

- **Relaxation Strategies:**
  - I can finally relax

- **Positive Self-Talk Strategies:**
  - Affirmation: I speak encouragement and truth

- **Normalization:**
  - I am normal
Strategies to Strengthening Emotional Regulation (Cont’d)

Reframing of Past Coping Strategies:
- Affirmation: I am human and am allowed to make mistakes

Cognitive Restructuring:
- Affirmation: I renew my mind with truth

Emotional Cycle Awareness:
- Affirmation: I make wise decisions

Whole Person Perspective:
- Affirmation: I pay attention to how my mind and emotions affect my body
Learning Relational Skills

- The capacity to connect is needed to do recovery
  - I must learn to have empathy and sympathy

- I must care more about others than
  - WHY?
Why a Person Becomes Angry

Circuit

Patterns

Habits

A Person will become angry or violent when they feel:

- Physical threat
- Self-image threat
- Belief threat
- Power threat
- Goal threat
Understanding the impact of ACE’s in person who is struggling with addiction’s life.

Understanding the brain and equipping it for success

ACE attributes to substance addiction and health-risk behaviors

Taking action to break the cycle of addiction by developing a support system and increasing my value for connection

Stop the stinkin’ thinkin’

Increase positive thought and self-talk
Understand that habits and patterns are circuits that can be retrained, and take action!

Learn that pain can not be treated with substances and sometimes not with medication

Agree that suicide is never an option

Strategies are tools in my emotional wellness toolbox

I must constantly work on building my healthy self image and connect with others who hold me accountable
Strengthening the Power of Resilience

- What is Resilience?
- Factors in Resilience
- Strategies for building Resilience
- 10 Ways to build Resilience
The Values of Recovery & Resiliency:

- The Recovery and Resiliency movement:
- Human dignity of each person
- Ability of individuals to recover ground after a setback
- Importance of self-determination
- Ability of individuals to achieve mastery of goals
Perfectionism is not the same as striving to be your best:
- Perfectionism is not self-improvement
- Perfectionism is a self-destructive and addictive belief system
- There is no perfect
- Feeling shamed, judged and blamed are a part of the human experience

Solution: self-kindness, common humanity, and mindfulness
Resiliency defined: *The process of bouncing back from or adapting well to trauma, tragedy, threats or extreme stressors*

- Help client identify existing strengths to construct a personal model of resilience.
- Cultivate Hope
- Practice Critical Awareness
- Let go of numbing behaviors and accept the feelings
Growing Resilience in Recovery

- Social competence
- Problem-solving skills
- A Sense of Autonomy
- A Sense of Purpose and Hope for the Future
How the Recovery Community Fosters Resiliency

- High Expectations
- Caring and Support
- Opportunities for Meaningful Participation
Here is what we know...

- Childhood adversities are not assessed regularly.
- Dr.'s have stated they do not assessed due to time and patient’s only reporting physical ailments.
- Patients do not report because these adversities are not talked about: family secrets or personal embarrassment.
- When reported:
  - There is a 35% decrease in Dr. visits
  - 11% decrease in ER visits
- **OUR JOB IS TO ASK, LISTEN, ACCEPT...**
- **MEET CLIENTS WHERE THEY ARE!**
Thanks for coming!
• Reference http://www.nasmhpd.org
• http://emedicine.medscape.com/article/916007-overview
• http://helpguide.org/mental/emotional_psychological_trauma.htm
• http://www.nctsn.org/resources/topics/culture-and-trauma
• http://www.steps-umms.org/uploadedFiles/TheAdoelscentBrainandTraumaImplicationsforPractice.pdf
• http://www.nctsn.org/
- Adverse Childhood Experience. www.acestudy.org
- ACE Overcomers: www.aceovercomers.com/
- Health in Iowa report from Behavioral Risk factor Surveillance Systems, Iowa 2012: www.idph.state.ia.us/brsff/common/pdf/2012BRFSSannual.pdf
- Brown, C. Brené: The Gift of Imperfection: let go of who you think you are suppose to be and embrace who you are. Hazelden. Center City Minnesota. 2010