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Trauma Informed System of Care: Shifting Our Perspective
Disclosure

- Neither I nor any member of my immediate family has a financial relationship or interest (currently or within the past 12 months) with any proprietary entity producing health care goods or services consumed by, or used on, patients related to the content of this CME activity.

- I do not intend to discuss an unapproved/investigative use of a commercial product/device.
Traumas

- Historical
- Community
- Organizational
- Individual
- Trauma Informed Approaches vs Trauma Focused Treatment
- Applying TIC in everyday practice
Prevention Institute at the Center for Community Well-Being

Strategies within the social-cultural environment are intended to counter the symptoms of community trauma and support healing and connection between people, while shifting norms to support safe and healthy behaviors. Some of the most successful youth development, violence prevention and health promotion programs build on existing community assets and are dependent on community members and organizations that connect individual youth and adults to a supportive community.
Healing Communities

- Handle with Care
- Ohio Attorney General
- Baltimore DJS
- Mayor’s Office of Employment
- Human Trafficking Court
- May Dugan Center
- Missouri CAC
- Brooklyn Drug Court
- Baltimore Police Department
- Community Organizing
Baltimore’s HOT Women
KEY SYSTEMS FOR RESILIENCE

CAPABILITY
- Intellectual & employable skills
- Self regulation – self control, executive function, flexible thinking
- Ability to direct & control attention, emotion, behavior
- Positive self view, efficacy

ATTACHMENT & BELONGING
- Bonds with parents and/or caregivers
- Positive relationships with competent and nurturing adults
- Friends or romantic partners who provide a sense of security & belonging

COMMUNITY, CULTURE, SPIRITUALITY
- Faith, hope, sense of meaning
- Engagement with effective orgs – schools, work, pro-social groups
- Network of supports/services & opportunity to help others
- Cultures providing positive standards, expectations, rituals, relationships

Nourishment
Protection
Wholeness
Growth

KEY SYSTEMS FOR RESILIENCE

M-FAMILY
A FAMILY, COMMUNITY & STATE PARTNERSHIP

POLICY COUNCIL

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EXAMPLES OF PROGRAM & POLICY ACTIONS

- Parent Trust for Washington Children has incorporated the ACE questions into their work with addicted parents facing court action (DV, termination of parental rights) resulting in: 1) improved outcomes in parenting classes and 2) reduced relapse among parents with 4 or more ACEs.

- Safe Harbor Crisis Nursery in the Tri-Cities has incorporated ACEs and trauma into its day-to-day strategies and case management resulting in improved outcomes for families.

- Children of Incarcerated Parents; the Legislature has mandated the executive branch to engage in an initiative to address the needs of children of incarcerated parents. The initiative and its processes are framed to address the likelihood that these children have more than this one ACE.

- With the help of the Mental Health Transformation Grant and the Office of the Superintendent of Public Instruction (OSPI), Spokane is exploring the creation/implementation of trauma sensitive practices in public schools.

- OSPI introduced the Compassionate Schools initiative, which supports local school districts in reducing the non-academic barriers to schools success that are created by trauma (2008). ([http://www.k12.wa.us/CompassionateSchools/default.aspx](http://www.k12.wa.us/CompassionateSchools/default.aspx))
**Punishment vs. Compassion**

**Killarney Secondary School** 2010 – 2013

- Vandalism, false fire alarms, locker break-ins, drug deals common
- Discipline by Enforcement of Punishment, Obedience
- Zero Tolerance and no skill building to manage stress
- Totalitarian atmosphere, Fear, vigilance and mistrust
- Regard unruly behavior as willful disobedience
- Students feel like potential criminals
- What’s wrong with this kid?
- **Suspensions and absenteeism down 30%**

**Lincoln High School** 2009 – 2011

- Kids kicked out of other schools, last chance; gangs controlled building.
- Discipline by Respect, Understanding, Compassion
- Fair Consequences and skill building to manage stress
- Atmosphere of Safety and Trusting Relationships
- Regard unruly behavior as a manifestation of trauma
- Students feel understood and treated fairly
- What is happening with this kid?
- **Suspensions and absenteeism down 87%**
The Three E’s in Trauma

Events

Events/circumstances cause trauma.

Experience

An individual’s experience of the event determines whether it is traumatic.

Effects

Effects of trauma include adverse physical, social, emotional, or spiritual consequences.
Effect of Trauma

The effect of trauma on an individual can be conceptualized as an understandable response to an abnormal (painful) situation.
Potential Traumatic Events

Abuse
- Emotional
- Sexual
- Physical
- Domestic violence
- Witnessing violence
- Bullying
- Cyberbullying
- Institutional

Loss
- Death
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism
- War

Chronic Stressors
- Poverty
- Racism
- Gender Bias
- Invasive medical procedure
- Community trauma
- Historical trauma
- Family member with substance use disorder
DEFENDING CHILDHOOD

- PROTECT
- HEAL
- THRIVE

REPORT OF THE ATTORNEY GENERAL’S NATIONAL TASK FORCE ON CHILDREN EXPOSED TO VIOLENCE

NOV 2012
Prevalence

- 80% of child fatalities due to abuse and neglect occur within the first 3 years of life and almost always in the hands of adults responsible for their care.
- In the US, we lose an average of more than 9 children and youths ages 5 to 18 to homicide or suicide per day.
- According to the National Survey of Children Exposed to Violence, an estimated 46 million of the 76 million (61%) of children currently residing in the US are exposed to violence, crime and abuse each year.
- 1 in 10 children in this country are polyvictims.

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Effects

- Their fear, anxiety, grief, guilt, shame, and hopelessness are further compounded by isolation and a sense of betrayal when no one takes notice or offers protection, justice, support, or help.
- Exposure to violence in the first years of childhood deprives children of as much as 10% of their potential IQ, leaving them vulnerable to serious emotional, learning and behavior problems by the time they reach school age.
Have you ever experienced violence or trauma in any setting?

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>39.45%</td>
<td>74.02%</td>
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<tr>
<td>No</td>
<td></td>
<td>25.98%</td>
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**Data in table for:**
- **Interview Type:** Baseline
- **Record Type:** Interview Administrative
- **FFY - Federal Fiscal Year:** 2009-2013
- **Federal Fiscal Year - Quarter:** 1st-4th quarter
- **Program:** CMHI, ENBH-CA, ErmrkAG, ErmrkCG, HIV/AIDS, HTI, Jail Div, MAI-TCE, MHTG, NCTSI, NCTSI-A, Older Adult, PBHCI, SOCXI, SSH

**FY 2013: TRAC Crosstabulation/Frequency Report - Trauma Measures**
SAMHSA Trauma Measures

**Have had nightmares about it or thought about it when you did not want to**
- Yes: 77.86%
- No: 22.14%

**Tried hard not to think about it or went out of your way to avoid situations that remind you of it**
- Yes: 83.12%
- No: 16.88%

**Were constantly on guard, watchful, or easily startled**
- Yes: 76.35%
- No: 23.65%

**Felt numb and detached from others, activities, or your surroundings**
- Yes: 72.61%
- No: 27.39%

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Severity of Victimization Scale

- Ever attacked w/ gun, knife, other weapon: 41%
- Ever hurt by striking/beating: 34%
- Ever abused emotionally: 28%
- Ever forced sex acts against your will: 7%
  - Age of 1st abuse < 18*: 97%
  - Happened several times or for long time: 32%
  - By multiple people: 32%
  - By family member/trusted one: 24%
  - Victim afraid for life/injury: 18%
- People you told not believe you/help you: 12%
- Result in oral, vaginal, anal sex: 6%
- Currently worried someone attack: 10%
- Currently worried someone abuse: 8%
- Currently worried someone beat/hurt: 8%
- Currently worried someone force sex acts: 2%

**General Victimization Scale**

- Low Severity (0): 36%
- Moderate Severity (1-3): 20%
- High Severity (4-15): 45%

*n=3,230
**Mean of 15 items

Source: SAMSHA CSAT 2011 GAIN AT Summary Analytic Data Set subset to AAFT (n=5,321)
A report of child abuse is made every ten seconds.

More than four children die every day as a result of child abuse.

It is estimated that between 50-60% of child fatalities due to maltreatment are not recorded as such on death certificates.

Approximately 80% of children that die from abuse are under the age of 4.

More than 90% of juvenile sexual abuse victims know their perpetrator in some way.
National Child Abuse stats cont.

- Child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education.
- About 30% of abused and neglected children will later abuse their own children, continuing the horrible cycle of abuse.
- In at least one study, about 80% of 21 year olds that were abused as children met criteria for at least one psychological disorder.
- The estimated annual cost of child abuse and neglect in the United States for 2008 is $124 billion.

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National Child Abuse stats cont.

- Children who experience child abuse & neglect are about 9 times more likely to become involved in criminal activity.
- Abused children are 25% more likely to experience teen pregnancy. Abused teens are more likely to engage in sexual risk taking, putting them at greater risk for STDs.
- As many as two-thirds of the people in treatment for drug abuse reported being abused or neglected as children.
- More than a third of adolescents with a report of abuse or neglect will have a substance use disorder before their 18th birthday, three times as likely as those without a report of abuse or neglect.
Therefore ...

We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions”

(Hodas, 2004)
Prevalence in the General Population

- 90% of public mental health clients have been exposed to trauma.
- In the general population, 61% of men and 51% of women reported exposure to at least one lifetime traumatic event, but majority reporting more than one traumatic event.

(Kessler, et al, 1995 National Co-Morbidity Study)
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.

Hodas, 2004
ACE Study

Compares adverse childhood experiences against adult status, on average, a half century later
- All behavior has purpose and meaning
- Symptoms are ADAPTATIONS
- Comfort vs. Control
- We build on success not deficits
Adaptive Responses When Overwhelmed

- Agitation
- Hopelessness
- Intrusive Memories
- Nightmares
- Shame & Self Hatred
- Numbing
- Insomnia
- Somatic Symptoms
- Dissociation
- Self Destructive Behavior
- Hypervigilance
- Depression
- Substance Abuse
- Eating Disorders
- Generalized Anxiety
- Panic Attacks

Fisher, 2005
Resilience Questionnaire
What’s Your Resilience Score?
This questionnaire was developed by the early childhood service providers, pediatricians, psychologists, and health advocates of Southern Kennebec Healthy Start, Augusta, Maine, in 2006, and updated in February 2013. Two psychologists in the group, Mark Rains and Kate McClinn, came up with the 14 statements with editing suggestions by the other members of the group. The scoring system was modeled after the ACE Study questions. The content of the questions was based on a number of research studies from the literature over the past 40 years including that of Emmy Werner and others. Its purpose is limited to parenting education. It was not developed for research.
Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.
2. I believe that my father loved me when I was little.
3. When I was little, other people helped my mother and father take care of me and they seemed to love me.
4. I’ve heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.
5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.
6. When I was a child, neighbors or my friends’ parents seemed to like me.

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

8. Someone in my family cared about how I was doing in school.

9. My family, neighbors and friends talked often about making our lives better.

10. We had rules in our house and were expected to keep them.
• 11. When I felt really bad, I could almost always find someone I trusted to talk to.
• 12. As a youth, people noticed that I was capable and could get things done.
• 13. I was independent and a go-getter.
• 14. I believed that life is what you make it.
• How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled “Definitely True” or “Probably True”?)
Neurodevelopment of Childhood

Bruce D. Perry, M.D., Ph.D.

www.ChildTrauma.org
Self- Regulation

- The challenge is to not let the nervous system stay chronically aroused
- Have a plan to deal with triggers/arousal
- Symptoms as adaptations
- Socio-environmental strategies – Prevention
- Relational, Repetitive and rewarding experiences
- Practice, practice, practice
Biological

Trauma lives in the body. The body has ways to indicate to us that a threat cue is perceived.
Traumatic Reminders

- Loss of Control
- Power Differential
- Lack of Predictability

(Almazar, 2012)
Only in the presence of compassion will people allow themselves to see the truth.

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NASMHPD’s Center for Innovations in Trauma Informed Practices
References

References

