



Trauma-Informed Care

Olivia Bentley, PhD, LPCCC
The George Washington University
Center for Rehabilitation Counseling Research and Education (CRCRE)

Training Objectives

In this training, you'll learn the following:

- The definition of trauma and the trauma response**
- 5 tips to being more trauma-informed**

What do we already know?



Why talk about trauma?

- ↓ Pre-COVID, 70% of adults have experienced a traumatic event
- ↓ 90% of clients in public behavioral health settings have experienced a traumatic event.
- ↓ 80% of people in psychiatric hospitals have experienced physical or sexual abuse.
- ↓ 66% of people in substance abuse treatment report childhood neglect or abuse.
- ↓ Trauma can be invisible (We won't know unless we ask)

Guaranteed: You are interacting with people who have experienced trauma.

(National Council, 2012; SAMHSA, 2014)

What is Trauma?



What is Trauma?

- ↓ “Experiences that cause intense physical and psychological stress reactions” (SAMHSA, 2014. P. xix).
- ↓ Can be “a single event, multiple events, or a set of circumstances” (SAMHSA, 2012, p.2).
- ↓ Has lasting effects on the individual’s physical, emotional, or spiritual well-being” (SAMHSA, 2012, p.2).

Examples of Traumatic Events or Experiences

- ↳ Childhood Abuse/Neglect
- ↳ Physical, Emotional, Sexual Abuse
- ↳ Accidents
- ↳ Natural disasters and epidemics
- ↳ War or combat-related violence
- ↳ Witnessing acts of violence
- ↳ Cultural, intergenerational, and historical trauma
- ↳ Medical interventions or serious illness
- ↳ Grief; Sudden death of close friend or family member
- ↳ Incarceration
- ↳ **What else?**

(National Council, 2012; SAMHSA, 2014)

Fight/Flight/Freeze Response

This is a normal and protective response to threats.



- Your brain identifies the threat
- Amygdala initiates the fight, flight, freeze response
- Releases norepinephrine, adrenaline, and glucose
 - ← Increased: heart rate, blood and oxygen flow to muscles
 - ← Pupils dilate, inhibited salivation, inhibited bladder contraction
- Amygdala tells hypothalamus and pituitary gland to release cortisol
 - ← Decreased need for food, sleep, sex
- Meanwhile, the prefrontal cortex is assessing the threat

Trauma and the Brain

- For people experiencing symptoms of trauma, this stress response persists.
- The amygdala is hyperactive.
- The prefrontal cortex is less active.
- This leads to → perceiving threats everywhere and no regulation of the fight/flight response or voluntary decision-making

Can't calm down the nervous system and can't determine how to react appropriately.

What do trauma symptoms look like?

A hyperactive amygdala and less activated prefrontal cortex lead to:

- ↓ Perceived threats and less control over impulsive behaviors
- ↓ Less control over anger and reactive behaviors- easily triggered
- ↓ Changes in the way that person thinks or feels
- ↓ Intrusive memories, thoughts, dreams, flashbacks

What do trauma symptoms look like?

- ↓ Irritability or angry outbursts
- ↓ Engaging in reckless or self-destructive behavior
- ↓ Hypervigilance or exaggerated startle response
- ↓ Difficulty concentrating
- ↓ Difficulty sleeping
- ↓ Difficulty remembering details of the traumatic event
- ↓ Negative beliefs about oneself, others, or the world
- ↓ Distorted thoughts about the cause or consequences of the event (i.e. blaming oneself)
- ↓ Loss of interest in previously enjoyed activities
- ↓ Difficulty experiencing positive emotions (i.e. happiness, satisfaction)
- ↓ Psychological or physiological reaction when exposed to things that remind them of the event
- ↓ Avoidance of reminders of event (i.e., people, places, events)

Reflection

How could these symptoms affect someone's ability to:

- ↓ Make it to appointments?**
- ↓ Obtain/maintain employment?**
- ↓ Complete daily tasks?**
- ↓ Interact with others?**

Long-term Impact of Trauma

- ↓ All of these symptoms make it difficult for people to complete daily tasks and interact in social situations.
- ↓ The processes that were adaptive in response to a threat...
 - ← Become maladaptive if they persist without an actual threat
 - OR in response to a continued, persistent threat.
- ↓ When symptoms persist, there are lasting consequences.



What is Trauma-Informed Care?

What is Trauma-Informed Care?

- ↓ “Strengths-based service delivery approach”
- ↓ “Involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize individuals who already have histories of trauma, and it upholds the importance of consumer participation in the development, delivery, and evaluation of services”
- ↓ **Paradigm shift from asking: “*What is wrong with you?*”**

to

“*What happened to you?*”



5 Tips for Being More Trauma-Informed

1. Trauma Informed is Strengths-Based

Avoid:

- ↓ Victim
- ↓ Damaged
- ↓ Broken
- ↓ Blaming
- ↓ Questioning their experience
- ↓ Minimizing their experience

Instead:

- ↓ Survivor
- ↓ Resilience
- ↓ Hope
- ↓ Posttraumatic growth
- ↓ Person-first language
- ↓ Collaborate with client
- ↓ Think holistically
- ↓ Multicultural approach

2. Being Trauma Informed means Avoiding Retraumatization

- ↓ Involves examining current systems from a different perspective.
- ↓ Some of these shifts will be small- shifting to more strengths-based language.
 - ← Example: Changing the word victim to survivor on brochures.
- ↓ Other changes will take major shifts in policies or belief systems.
 - ← Example: Examining the impact of implicit bias on
- ↓ There are some simple changes that can be made universally.
- ↓ Other changes may be on a case-by-case basis depending on the client's needs.

3. Trauma Informed = Creating a Safe and Secure Environment

Think back to the impact of trauma on the brain...



- ↓ Why is it important to create a safe and secure environment?
- ↓ What is going on in the brain of someone affected by trauma who walks into your office?

Maslow's Hierarchy of Needs

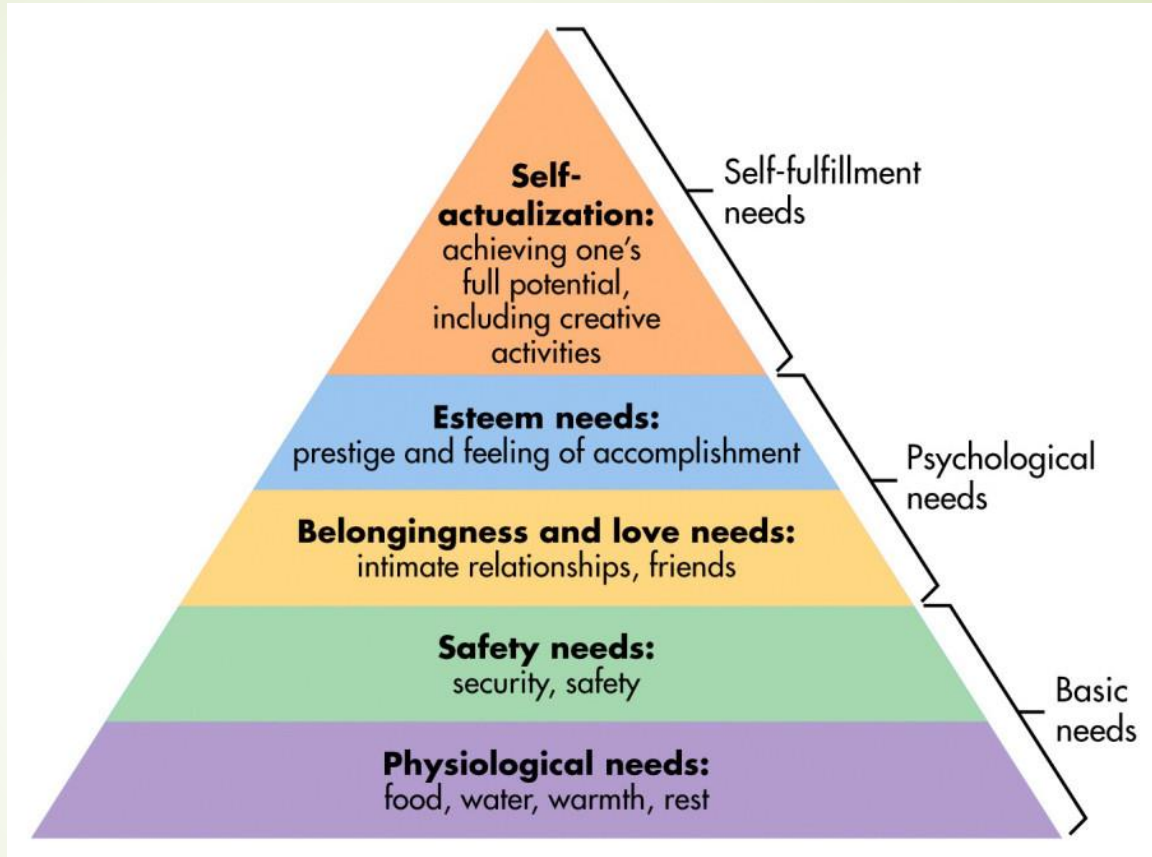


Image Source: <https://www.simplypsychology.org/maslow.html>

3. Creating a Safe and Secure Environment

- ↓ Consistency in interactions with clients is important
 - ↪ Be dependable
 - ↪ Forgetfulness shows a lack of caring.
 - ↪ Being inconsistent could trigger thoughts of past trauma.
 - ↓ Example: Mom leaving the house and not coming home for days.
- ↓ Apologize if you've made a mistake. Avoid blaming client or getting defensive.
- ↓ Support client choice and autonomy when possible.

4. Trauma-Informed in our Interpersonal interactions

- ↓ Express kindness, patience, reassurance, calm and acceptance and listening
- ↓ Use Please and Thank You
- ↓ Ask “What happened to you?”
- ↓ Avoid interactions that are harsh, impersonal, disrespectful, critical, judgemental
- ↓ Avoid asking “What’s wrong with you?”
- ↓ When possible, choose reasonable rules over rigid policies

(National Council, 2012)

5. Create Trauma-Informed Physical Spaces

Design physical spaces (and virtual spaces) with trauma in mind.

- ↴ Calm waiting areas with plenty of space between seats
- ↴ Meeting/interview rooms that offer privacy and respect personal space
- ↴ Comfortable furniture and pleasant wall coverings
- ↴ Be careful with using strong smelling candles or air fresheners
- ↴ Appropriate lighting
- ↴ Allowing client to choose seat that is near an exit
- ↴ Clear signage

(National Council, 2012)

Important Note of Caution

- ↳ Trauma-Informed Care is not one picture of service delivery
- ↳ It involves consistent reflection and adjustments made to systems so we are not retraumatizing our consumers.



Less trauma informed

More trauma informed

Next Steps...

- ↳ What is one way you can be more trauma-informed?



Final Thoughts and Questions?

Additional Resources

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Post-Traumatic Growth from Coronavirus- Finding Hope:
<https://www.acesconnection.com/blog/post-traumatic-growth-from-the-corona-virus-finding-hope>

National Center for PTSD's "COVID-19 Resources for Managing Stress"
<https://www.ptsd.va.gov/covid/>

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Questions or follow up?
Email me!

Olivia Bentley, PhD, LPCC
GWU CRCRE

oliviabentley@gwu.edu

