Trauma-informed Care

A cultural shift in focus to promote resiliency and healing in people with developmental disabilities

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2

OTN Customer Care
1-866-454-6861

2

Handouts on CNSC website

3

http://www.community-networks.ca/en/vchandouts

3

How to submit your feedback about today's session

4

Survey Monkey Questionnaire Quick Response Code

Survey Monkey web link:
https://www.surveymonkey.com/r/June-15-2016-TraumaInformedCare

4

Introductions

- **Cathy Kuehni BASc, CLS**
  Behavioural Consultant: trauma, grief and loss
- **Camille Bigras, RPN**
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- **Ronald Richer** HBSW, MSW, RSW, Acc.FM, CPMed (OAFM
  Social Worker
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5

Learning Outcomes

Participants will be able to:

1) Define trauma and describe types/ causes of trauma
2) Identify signs, symptoms and impact of trauma on people with developmental disabilities
3) Appreciate the importance of one's own self-care when supporting people who have experienced profound trauma
4) Describe key strategies caregivers can use to avoid re-traumatization and to facilitate healing

6

The people we serve in our programs walk to their futures on paths that are cleared by caregivers.

As those who provide this care, we have a responsibility to help clear the path for the people we serve, so they can heal, recover and find, believe in and capitalize on their own resilience.

7

Case Scenario #1

See 'Case Scenarios' Handout

LISA

8

Trauma

The English word trauma derives from the Greek word ***'traumatikos'***, meaning 'wound'.

9

American Psychiatric Association (APA)
- Definition -

*"**Trauma** is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives."*

10

The Trauma Toolkit
- Definition -

A traumatic event involves a single experience, or enduring repeated or multiple experiences, that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved in that experience.

Manitoba Trauma Information and Education Centre. Manitoba, 2013

11

Type I Traumatic Events
Short-term

A one-time event

Examples:

- Natural Disasters: hurricanes, tornadoes, floods
- Motor vehicle accidents, fires, explosions
- Industrial accidents, sexual assaults and other violent attacks, bombings, robbery
- The sudden death of someone close
- Elevator Falling

12

Type II Traumatic Events Complex

Multiple, or long-lasting repetitive events

Examples:

- Childhood sexual abuse
- Physical/ emotional abuse
- Chronic illness
- Combat
- Torture

13

Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

Posttraumatic Stress Disorder (PTSD):

(1) Event was actual or threatened death, serious injury or sexual violence

(2) Person directly experienced, witnessed in person, or learned of event happening to a close family member or friend, or experienced repeated or extreme exposure to harsh details of event

(3) Person's response to the event is recurring distressing memories, dreams, flashbacks, etc.

* Note: Not everyone who experiences trauma will have a diagnosis of PTSD.

14

Regardless of its source, trauma contains three common elements

- The event was unexpected.
- The person was unprepared.
- There was nothing the person could do to stop it from happening.

Simply put, traumatic events are beyond a person's control.

Manitoba Trauma Information and Education Centre, Manitoba – The Trauma-Informed Toolkit, Second Edition, 2013[15]

Trauma
- The Facts -

- People with developmental disabilities are at higher risk of being victimized than the general population
  - 4-10 times (Focht-New et al. 2008)
  - 5 or more times likely than people without disabilities (Sodsey D., 1994)
- People with developmental disabilities are at greater risk of Psychiatric disorder than the general population (Rutter et al, 1970; McCarthy J., 2001)
- It has been argued that traumatic symptoms are significantly under-recognized in adults with developmental disabilities (Hollins & Sinason, 2000; Mitchell et al., 2005)

16

More Facts

People with developmental disabilities

- Have a range of cognitive impairments that affect their ability to understand what has happened to them and to communicate the trauma to someone else . *(Palucka and Lunsky, 2012)*
- May not have words to explain their experience and may express it through their behaviour instead, or express it in ways that are misunderstood by others. *(Palucka and Lunsky, 2012)*
- May have limited range of coping skills to manage traumatic events
- Are more vulnerable to stress-related thoughts, feelings

17

More Facts

People with developmental disabilities

- experience trauma in the same way as all people, different resiliency factors
- at any functioning level may experience one or more mental health issues
- may have a childhood history that is unknown

18

Sources of trauma for people with developmental disabilities

- Emotional/ financial/ physical/ sexual abuse by housemates, caregivers, family members, residential staff, friends, teachers…..etc.
- Witnessing violence by those noted above
- Life-threatening neglect
- Institutionalization, placement in foster or group home
- Neighbourhood bullying and teasing
- Separation from or abandonment by family
- The death of a parent/ staff turnover/ loss of relationships
- Children removed from the person's care
- Hospitalization

19

Sources of trauma for people with developmental disabilities

- Loss of control/ autonomy/ freedom
- Limited experiences & environments
- Exclusion from knowledge & participation
- Awareness of being a source of anguish or burden to those they love
- A system that values a culture of compliance

Wolf Wolfensberger, 1998

20

Signs and Symptoms of Trauma

- Impact on person's life -

- Rumination/ thinking about the trauma
- Fear and anxiety/ needing to be near an exit
- Can't remember important parts of traumatic events
- Increased arousal / feeling agitated/ difficulty relaxing
- Re-experiencing of the trauma/ flashbacks/ nightmares
- Difficulty making decisions
- Avoidance
- Anger/ irritability
- Aggression
- Harming self and/ or others
- Feelings of guilt and shame
- Grief and depression
- Negative belief about self and others
- Core belief that the world is a bad place
- Substance abuse

21

Focht-New, Clements et al, 2008

Pre-event risk factors

- Family history of psychiatric problems
- Female gender
- Younger age
- Childhood abuse
- Previous psychiatric disorder
- Low IQ
- Low Socioeconomic status (SES)

22

Post-event risk factors

- Lack of social supports
- Cultural attitudes towards the trauma
- Avoidant behaviour
- Substance Abuse

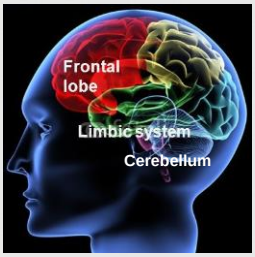
23

Recognize the Impact of Trauma on Behaviour

A person may exhibit different or disturbing behaviour that could indicate the person is re-experiencing trauma or trying to self-soothe
in a best effort to cope

24

Brain Science



Frontal Lobe/ Neocortex – the "thinking" part of our brain: logic, reasoning, judgement, motivation, perception, memory and learning

Limbic System – the "reactionary" part of our brain: emotion, fight or flight, pleasure/ reward and pain

Cerebellum – – the "motor control" part of our brain: balance, posture & coordination of motor skills

25

How Do our Brain & Body React to a Traumatic Event?

When an individual has endured trauma:

- A PERCEIVED threat can lead to activation of Limbic System/ "Reactionary" mind
- 'Fight or flight' Response: **when an individual perceives a threat – internal or external – she/ he will fight or run away**
- **When in 'fight or flight' mode, the Neocortex or "Rational Mind" shuts down**
  - Every system in the body that is not needed in the moment is turned off (can include hearing, vision, frontal lobe/frontal cortex: the language part of the brain)
  - Physicality (aggression) can replace speech as the main form of communication

26

How Do our Brain & Body React to a Traumatic Event?

Catecholamine response: cortisol, norepinephrine elevated

- Elevated cortisol negatively impacts neuronal growth, shrinks hippocampus & frontal cortex: impairs memory function, & can even lead to cell death

Dopamine & Serotonin decreased: leads to depression, lack of focus & motivation

- One study (Heim, Mletzko et al, 2008) found decreased levels of oxytocin in the CSF of women who had experienced early childhood trauma => higher level of anxiety

27

How Do our Brain & Body React to a Traumatic Event?

- After a fight or flight reaction
- After the intensity of the panic, the allostatic adjustment kicks in

Result:

- May have temporary memory loss
- May have inability to read

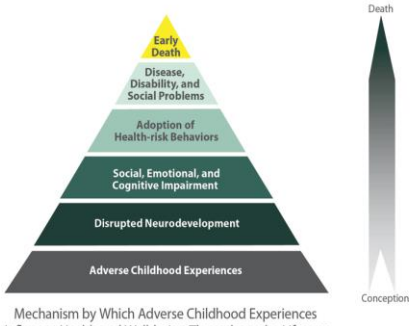
28

How Do our Brain & Body React to a Traumatic Event?

- Dan Siegel, Psychotherapist – "People will revert to the age that trauma first occurred when in trauma response mode!"
- Sympathetic nervous system (gas peddle) can only be calmed by the parasympathetic nervous system (brake) – or the "calming system" – not by the rational mind

Karyn Harvey presentation 29

ACE study, 1998



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Trauma-informed Care

Being conscious that any person may have trauma.

This may be impacting his/her life outwardly or laying under the surface waiting to be triggered in some way.

31

Questions About Trauma for Service Providers to Consider

- When did the trauma occur?
- What is the nature of the trauma?
- What symptoms has the individual experienced?
- What support and treatment have been received?
- Is there a previous history of trauma? (McCarthy, 2001)

- Note: These questions may or may not be posed directly to the client

32

More Questions to Consider

(Lori Haskell, PhD - as per consultation)

1. How are this person's feelings being 'normalized'/ validated?
2. How is the person learning to express his/ her distress in manageable ways?
3. Are there opportunities for this person to strengthen his/ her self-care?
4. Where are there opportunities for the enhancement of positive feelings for this person?

33

More Questions…

5. What are this person's triggers and reactions?
6. What steps can be taken to slowly de-sensitize this person to the triggers and subsequently see healthy change in his/ her reactions?
7. How can we build on this person's strengths, build capacity within her/ himself, family, school or workplace?
8. How can consistency be encouraged through all environments?

34

Principles of Trauma-informed Care

- Create a Healing Environment –

(Karyn Harvey - Psychologist/trainer/author)

- **CREATE A SAFE ENVIRONMENT:** safe, respectful and accepting/ predictable and consistent/ create trusting relationships, i.e., reconnection with self and others
- **EMPOWER** the person to take control over his/ her recovery; provide opportunities to make choices about trauma treatment process and engage in fun activities
- **VALIDATE** the person's experiences
- **EDUCATION**: help people understand trauma and the effects it has on them

35

Principles of Trauma-informed Care

- Create a Healing Environment -

- **HIGHLIGHT STRENGTHS AND RESILIENCE** in the face of trauma, not his/ her weaknesses. (Wilson & DuFrene, 2008). **The trauma is the problem, not the person!**
- **MINIMIZE RISK OF RE-TRAUMATIZATION:** determine present triggers
- **Be sensitive to person's racial and cultural background**
- **Be mindful**

36

NEW Consensus Guidelines

Care, support and treatment of people with a developmental disability and challenging behaviours, 2016

Refer to Guideline #15

Considering trauma as part of understanding a person's history, life events and stressors

37

Self-care for Direct Support Professionals

As Direct Care Professionals, do we take care of ourselves?

Optimal care for people we support depends on our own ability to manage self care.

38

Developing a Self-Care Plan for Direct Support Professionals

- Developing a basic self-care plan whether it be formal/ informal should be an essential part of self-development for Direct Support Professionals.
- Self–care plans are a vital tool to assist people to separate themselves and cultivate an important "Work-Life" balance.
- Secondary trauma, vicarious trauma, compassion fatigue

39

Self-Care Plan

- **PHYSICAL SELF-CARE**
  - nutrition, sleep, exercise, hydration, medication, supplements, breathing
- **LIFESTYLE**
  - structure/routine, relaxation , setting goals, fulfilling meaningful work
- **SPIRITUAL**
  - prayer, meditation, spiritual community, forgiveness, finding purpose and meaning
- **SUPPORT SYSTEMS**
  - family, friends, therapist, spiritual, support groups, community service, volunteerism
- **MENTAL/ EMOTIONAL SELFCARE**
  - positive self talk, positive beliefs, journal, coloring, creative outlets being in the moment, working through grief, psychotherapy/therapist

http://501resourcemanual.weebly.com/self-care-plan.html

40

Case Scenario #1 (Revisited)

See 'Case Scenarios' Handout

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41

Case Scenario #2

See 'Case Scenarios' Handout

MARC

42

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47

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48

Questions?

"There are no stupid questions, so let's also agree there are no stupid answers."

49