

Complex Trauma and Trauma-Informed Systems

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What is Complex Trauma?

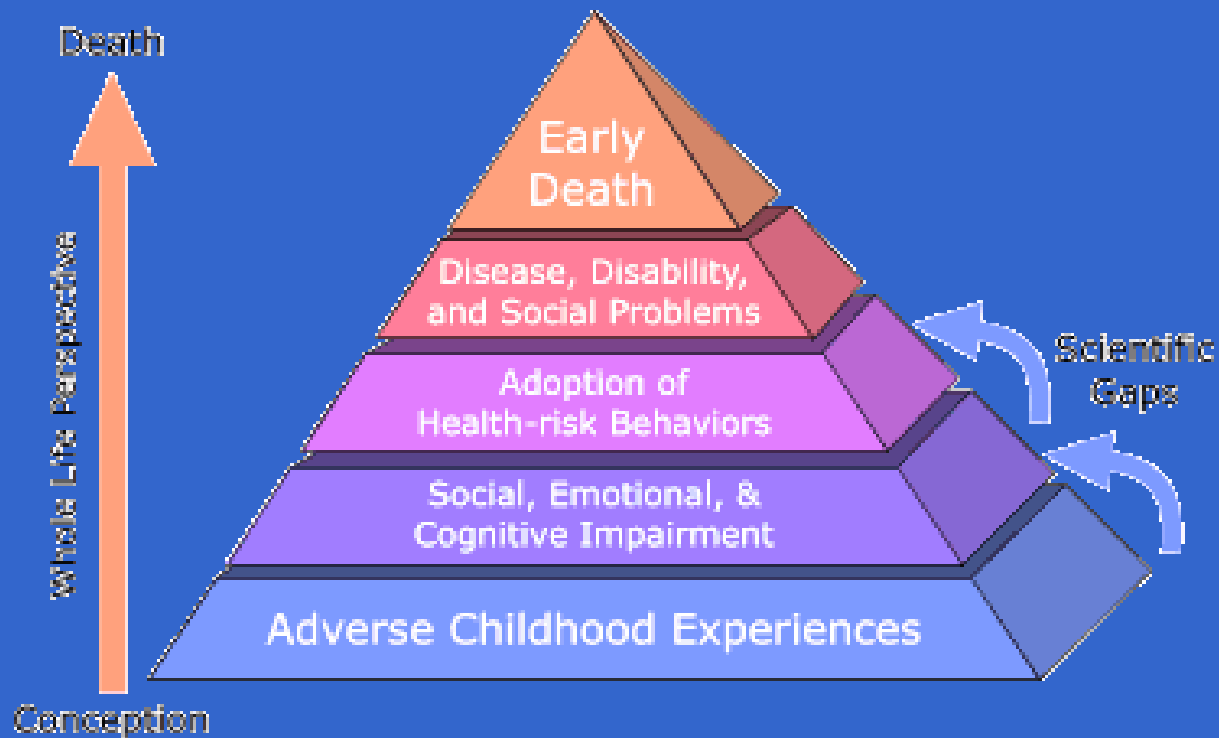
Exposure to multiple form of violence and other potentially traumatic stressors in the context of attachment behavioral systems that are unable to provide protection, care, and comfort

Focus on cumulative trauma and the developmental context in which exposure occurs rather than on discrete episodes

Proposed Developmental Trauma Disorder Criterion A:

- A. Exposure. The child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence, including:
 - A. 1. Direct experience or witnessing of repeated and severe episodes of interpersonal violence; and
 - A. 2. Significant disruptions of protective caregiving as the result of repeated changes in primary caregiver; repeated separation from the primary caregiver; or exposure to severe and persistent emotional abuse

Adverse Childhood Experiences Study (ACES)*



Felitti et al. 1998

The Co-Occurring Nature of Trauma

“Individuals with a trauma history rarely experience only a single traumatic event, but rather are likely to have experienced several episodes of traumatic exposure.”

Cloitre et al., 2009

(Retrospective studies, e.g., Kessler, 2000; Stewart et al., 2008; Coid et al., 2001; Dong et al., 2004)

Finkelhor et al. (2009)

Nationally Representative Sample (n=4549)

Nearly 40% had experienced two or more types of direct victimization in the past year.

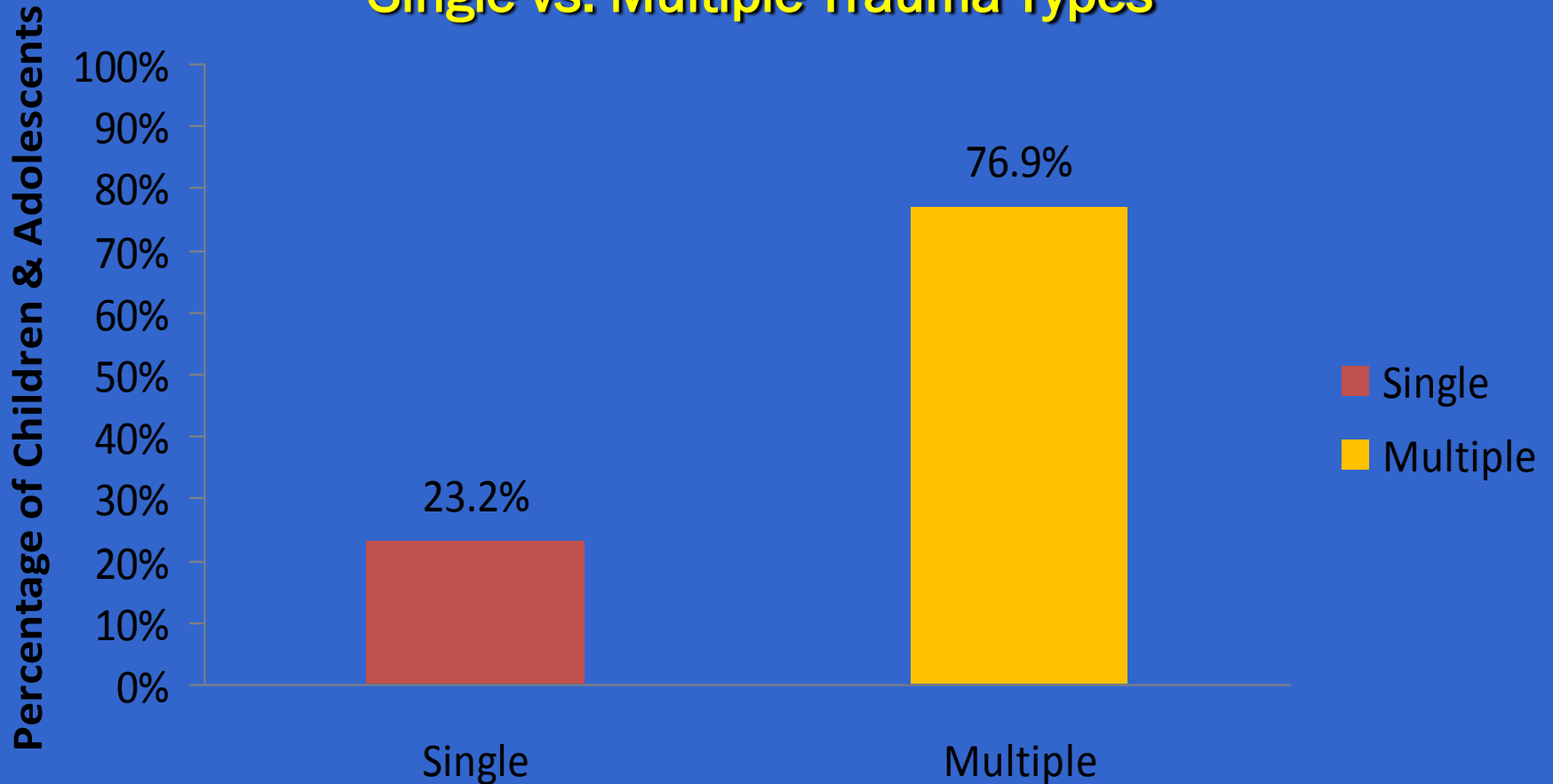
Pynoos et al. (2008)

Children Served in the National Child Traumatic Stress Network (n=9,336)

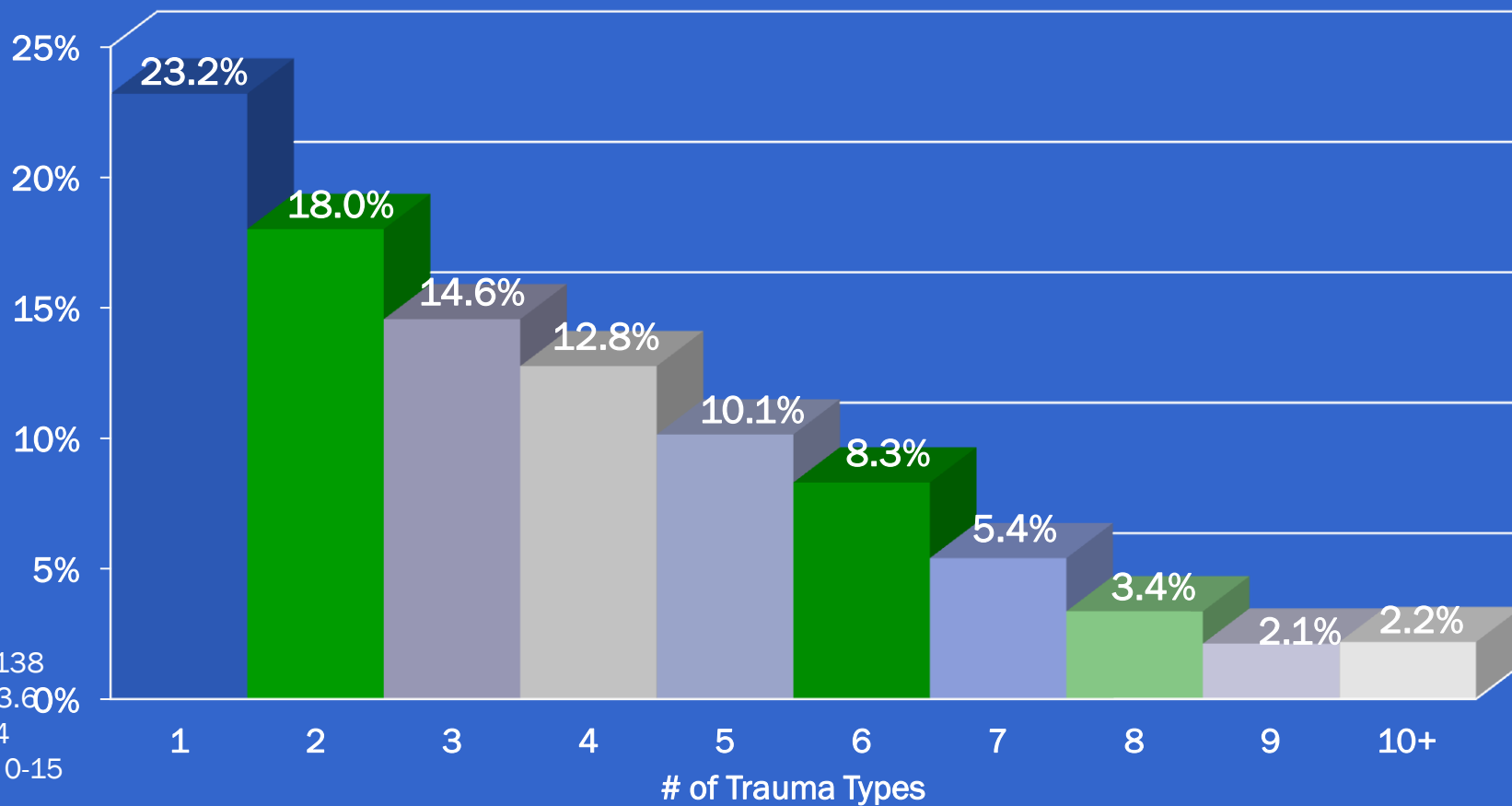
Fewer than 14% had experienced only one type of trauma or ACE.

Trauma Exposure in Children Served in the National Child Traumatic Stress Network

Single vs. Multiple Trauma Types

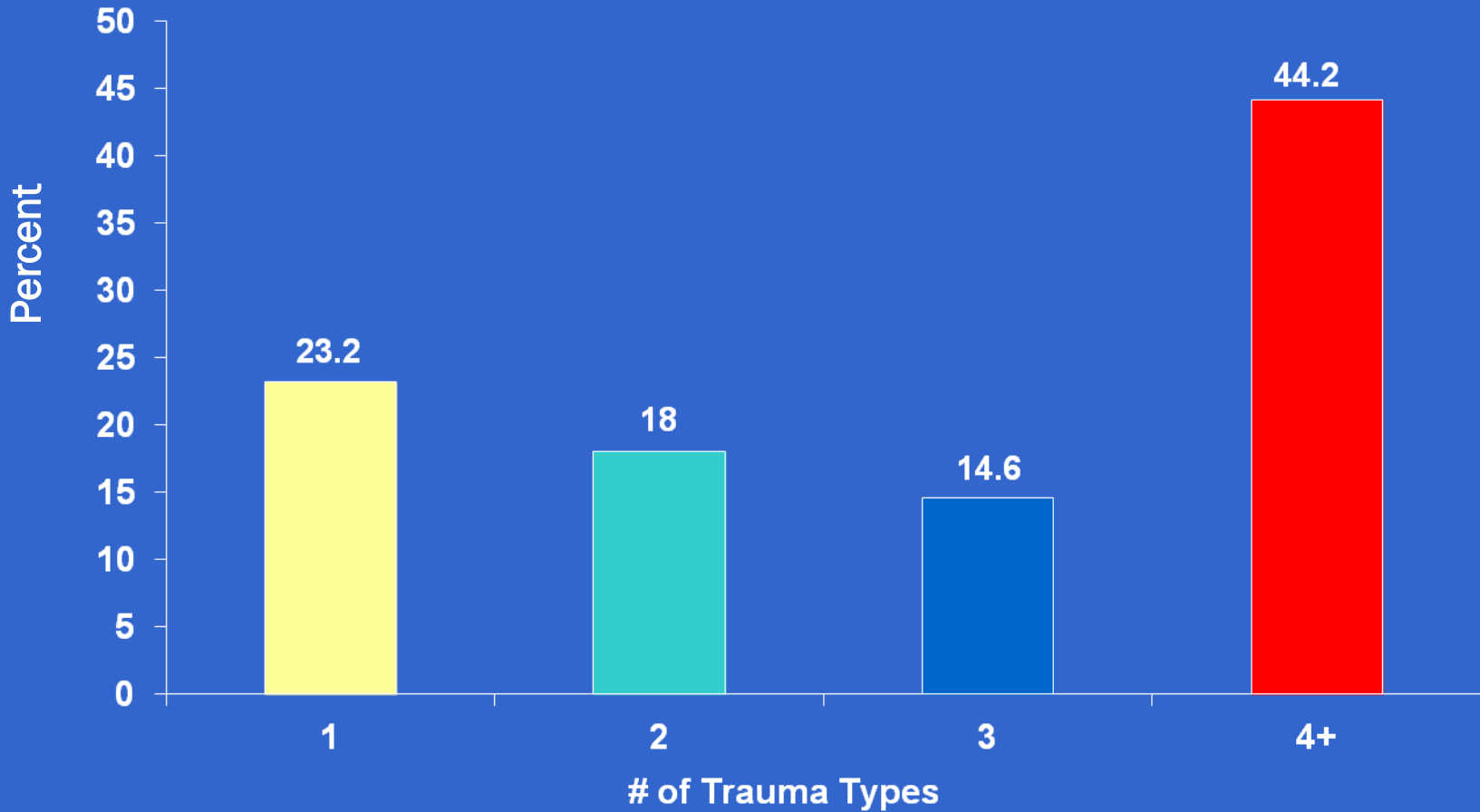


Percentage of Children Experiencing Cumulative Traumas

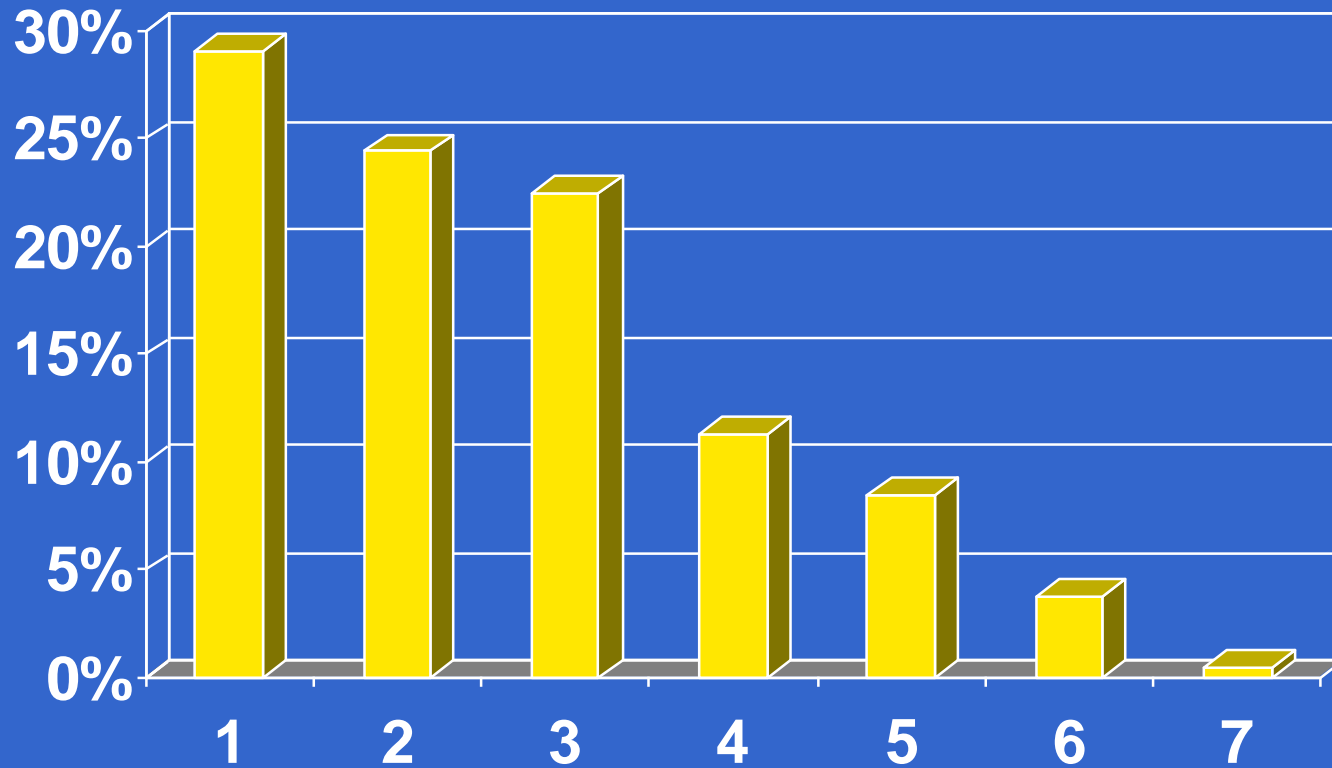


N= 11, 138
Mean= 3.60
S.D= 2.4
Range= 0-15

Percentage of Children in the NCTSN Core Data Set Experiencing Cumulative Traumas



Trauma Exposure in Children Served at the Chicago Child Trauma Center



■ Total # Types of Traumatic Stressors Experienced
Mean = 2.59 70.9% Experienced 2 or More

Stolbach et al., 2009

Traumatic Stressors

Sexual Abuse	55%
Witnessed Domestic Violence	39%
Physical Abuse	27%
Traumatic Loss	26%
Witnessed Physical or Sexual Abuse	26%
Witnessed Community Violence	19%
Motor Vehicle Accident	13%
Other Medical Trauma (other than burns)	12%
Victim of Extrafamilial Violent Crime	7%
Burns	7%
Fire	7%
Witnessed Homicide	5%
Other trauma types include dog attack, school violence, abduction, torture, witnessing serious injury, hurricane	

Stolbach et al., 2009

Trauma Exposure

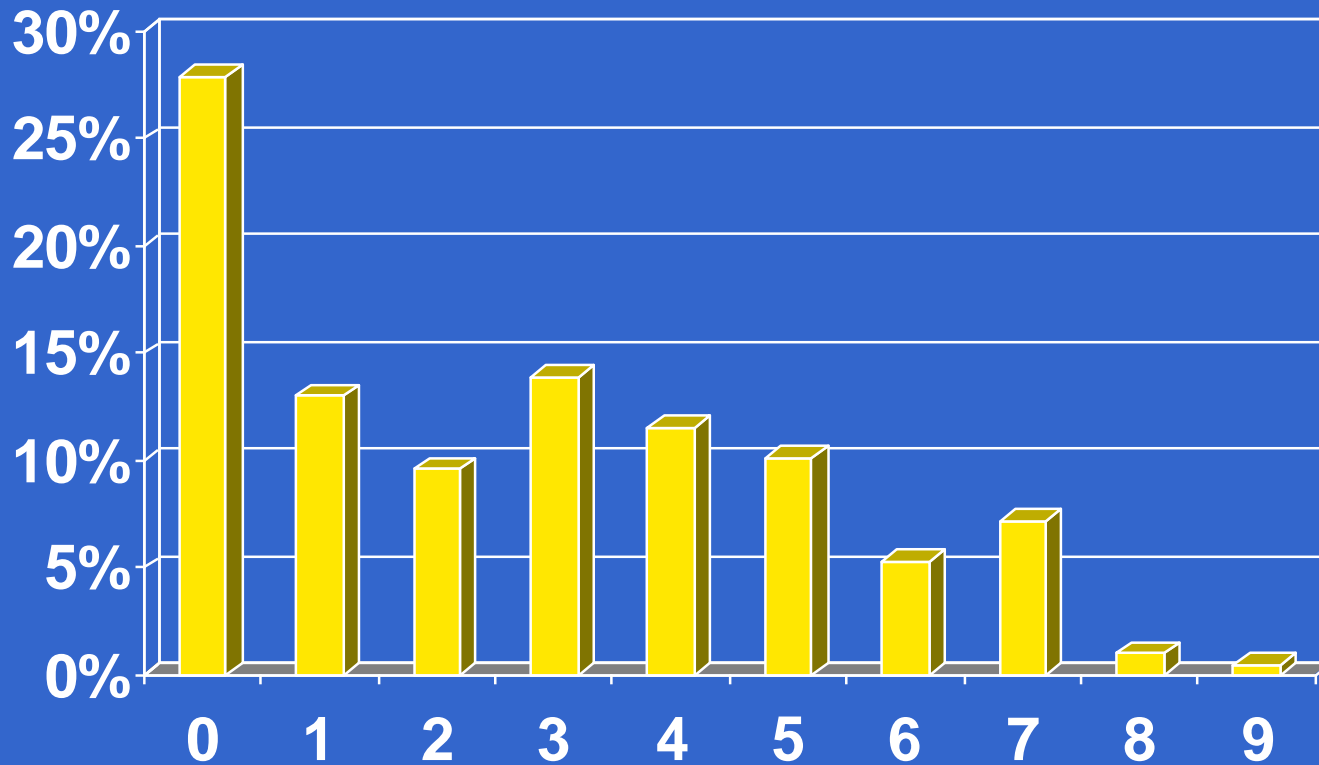
90% experienced at least one form of interpersonal trauma.

63% experienced at least one form of family violence.

58% experienced at least one form of ongoing traumatic stress.

Stolbach et al., 2009

Other Adverse Experiences



■ Total # Types of Adverse Experiences
Mean = 2.65 59% Experienced 2 or More

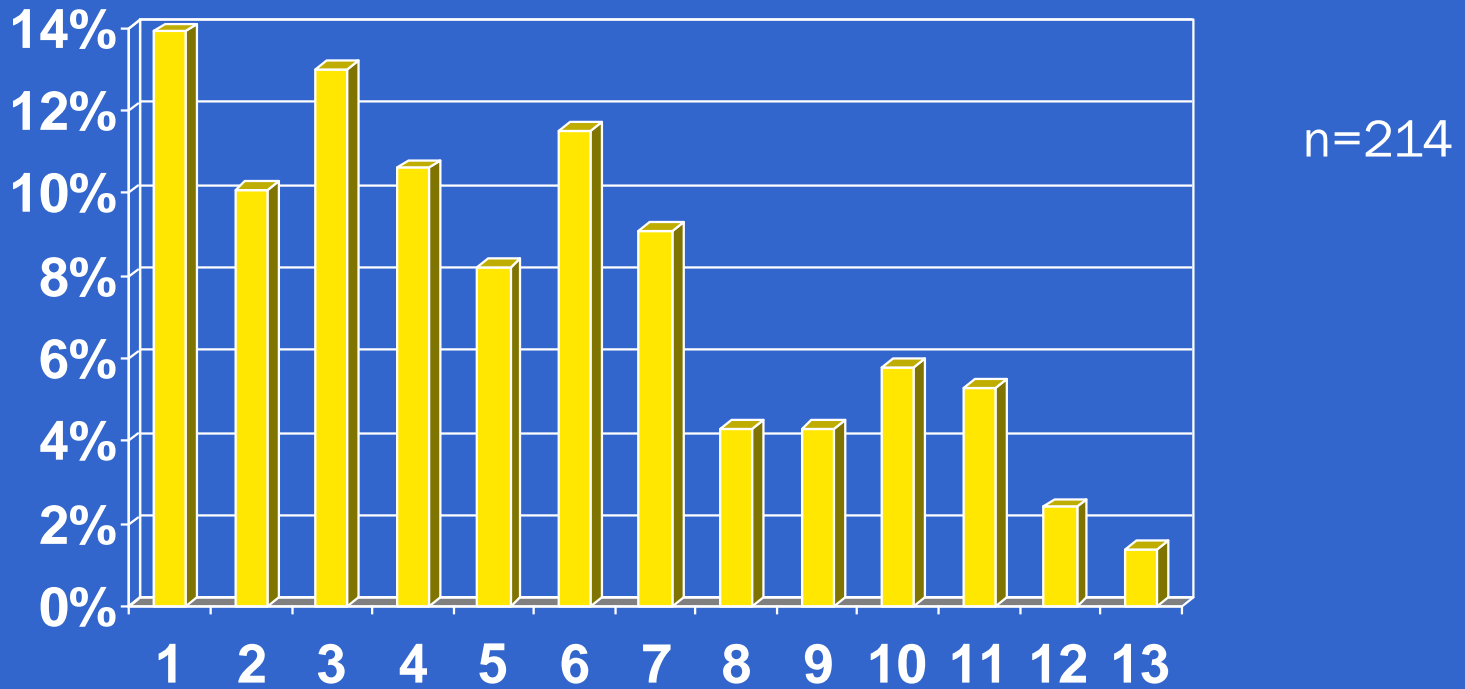
Stolbach et al., 2009

Other Adverse Experiences

Impaired Caregiver	54%
Neglect	37%
Placement in Foster Care	30%
Death of Significant Other (not TL)	26%
Unresolved Trauma History in Caregiver	24%
Exposure to Drug Use or Criminal Activity in Home	23%
Emotional Abuse	22%
Exposure to Prostitution or other Developmentally Inappropriate Sexual Behavior in Home	18%
Substitute Care (not foster care)	17%
Incarcerated Family Member	16%
Homelessness	7%

Stolbach et al., 2009

La Rabida Chicago Child Trauma Center Total Trauma and Adverse Experiences



■ Total # Types of Trauma and ACEs
Mean = 5.26 63% Experienced 4 or More

Stolbach et al, 2009

Beyond Posttraumatic Stress Disorder

Complex Trauma, Type II Trauma, Betrayal Trauma, Developmentally Adverse Interpersonal Trauma and Maltreatment, ACEs, Extreme Stress Not Otherwise Specified....

have profound effects on development, functioning, personality, and the capacity to live, love, and be loved.

These effects are not accounted for in our current diagnostic classification system, nor are they addressed in standard simple PTSD treatment approaches.

Placement Change in Illinois Foster Children
by Trauma Exposure Profile:
Two Years Following Initial Assessment

Trauma Groups	Incident Rate Ratio	Significance
No 'Actionable' Trauma	1.00	
Violent Trauma (A1)	1.027	$p = .369$
Non-Violent Trauma (A2)	1.128	$p < .01$
DTD Exposure/ Combined	1.203	$p < .001$

The Attachment Behavioral System

- ❖ Attachment: an evolved behavioral system that functions to promote the protection and safety of the attached person
- ❖ Attachment system is activated strongly by internal and external stressors or threats.
- ❖ It is through healthy attachment (i.e., a behavioral system that effectively protects and comforts the infant or child) that a child develops the capacity for emotional and behavioral self-regulation, as well as a coherent self.

Attachment

- ❖ Internal Working Models: complementary representations of the self and the attachment figure
- ❖ These models reflect the child's appraisal of, and confidence in, the self as acceptable and worthy of care and protection, and the attachment figure's desire, ability, and availability to provide protection and care. – Solomon & George, 1999

Key Developmental Capacities Affected by Complex Trauma

Ability to modulate, tolerate, or recover from extreme affect states

Regulation of bodily functions

Capacity to know emotions or bodily states

Capacity to describe emotions or bodily states

Capacity to perceive threat, including reading of safety and danger cues

Capacity for self-protection

Capacity for self-soothing

Ability to initiate or sustain goal-directed behavior

Coherent self, Identity

Capacity to regulate empathic arousal

Some Basic Assumptions About Psychological Traumatization

Traumatic experiences are those which overwhelm an individual's capacity to integrate experience in the normal way. (e.g., Putnam, 1985)

Following exposure to trauma, if integration does not occur, traumatic experience(s) are split off and an individual alternates between functioning as if the trauma is still occurring and functioning as if the trauma never occurred. (e.g., Nijenhuis et al., 2004)

Although traumatic memories and associations remain inaccessible to consciousness much of the time, they have the power to shape an individual's daily functioning and behavior. (e.g., Allen, 1993)

Marie Therese

Fire	1	
Domestic Violence		5
Impaired Caregiver		5 - 20
Physical Abuse		5, 15, 16
Sexual Abuse/Assault		7, 15, 16
Community Violence	10	
School Violence		10 - 16
Extrafamilial Violent Crime Victim		12 - 20
Motor Vehicle Accident		14, 19
Incarceration		17 - 21
Traumatic Loss		18
Witnessing Homicide	18, 19	
Homelessness		19, 20
Employment in Sex Industry		19, 20
Burn		20
Total Types of Traumatic Stress	12	
Total Types of Adverse Other Experiences	4	

Malcolm

Father Incarcerated		3 mos - 21
Death of Grandmother(s)		5, 17
School Violence		5 - 18
In and Out of Psychiatric Hospital/Residential Treatment	6 - 12	
Exposure to Criminal Behavior in Home		7 - 13
Domestic Violence	7 - 17	
Physical Abuse		7 - 17
Witnessing Physical Abuse	7 - 17	
Unresolved Trauma in Caregiver		7 - 21
Community Violence		8 - 21
Loss Through Violent Death (Many)		8 - 21
Medical Trauma		8
Shooting Victim		9
Motor Vehicle Accident		12
Extrafamilial Violent Crime Victim		17
Total Types of Traumatic Stress		10
Total Types of Adverse Other Experiences	5	

Trauma History Profile: Malcolm

Age In Years

Trauma/Adverse Experiences	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Father Incarcerated	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Death of Grandmother(s)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
School Violence	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Psychiatric Hospitalizations	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Drug Use or Criminal Activity in Home	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Domestic Violence	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Physical Abuse (Direct & Witnessed)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Unresolved Trauma in Caregiver	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Community Violence	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Loss Through Violent Death	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Medical Trauma	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Victim of Shooting	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Motor Vehicle Accident	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Extrafamilial Violent Crime Victim	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

What is a trauma-informed system?

Intervention

Complex PTSD Intervention Component Core Domains

Core Components

1. Safety
2. Self-Regulation (Body, Emotion, Behavior)
3. Relational Engagement & Attachment (Working Models)
4. Self-Reflective Information Processing (Attention, Narrative Reconstruction—current/historical, Executive Functions—anticipation, planning, decision-making)
5. Positive Affect Enhancement (Creativity, Imagination, Pleasure, Future Orientation, Achievement/Competence/Mastery-seeking)
6. Trauma Experience Integration

Individualized Adaptations: Age/Development, Gender, Ethnocultural

Cross-cutting Intervention Components: Psychoeducation, Screening/Assessment, Crisis Prevention/ Management, Trauma Recognition

Key Messages for Trauma Recovery

1. It is not happening now.

The trauma is over. It is in the past. You are here in the present.

2. You are safe.

The adults here are responsible for your safety and you are worthy of care and protection.

3. You are not inherently dangerous/toxic.

What is inside you (thoughts, feelings, dreams, impulses, etc.) cannot hurt you or others.

4. You are good.

Whatever you have experienced and whatever you have had to do to survive, you are a good, strong person who can contribute to your community.

5. You have a future.

*“Trauma-informed” refers to all of the ways in which a service system is influenced by having an **understanding of trauma**, and the ways in which it is modified to be **responsive to the impact of traumatic stress**. A program that is “trauma-informed” operates within a model or framework that incorporates an understanding of the ways in which trauma impacts an individual’s socio-emotional health. This framework should, theoretically, **decrease the risk of retraumatization**, as well as contribute more generally to **recovery from traumatic stress**. (Harris & Fallot, 2001)*

Key Principles

Trauma awareness:

Trauma-informed systems incorporate an awareness of trauma into their work. This may include establishing a philosophical shift, with the overall system taking a different perspective on the **meaning of symptoms and behaviors**. Staff training, consultation, and supervision are important aspects of organizational change to incorporate trauma awareness. Practices within the agency should also reflect an awareness of the impact of trauma, including changes such as **screening for trauma history** and increasing **access to trauma-specific services** and **staff self care** to reduce the impact of vicarious trauma.

Key Principles

Emphasis on safety:

Because trauma survivors are often sensitized to potential danger, trauma-informed service systems work towards building **physical and emotional safety** for consumers and providers. The system should be **aware of potential triggers** for consumers and strive to avoid retraumatization. Because interpersonal trauma often involves boundary violations and abuse of power, systems that are aware of trauma dynamics establish **clear roles and boundaries** developed within a collaborative decision-making process. Privacy, confidentiality, and mutual respect are also important aspects of developing an emotionally safe atmosphere. **Diversity is accepted and respected** within trauma-informed settings, including differences in gender, ethnicity, sexual orientation, and so on.

Key Principles

Opportunities to rebuild control and empowerment:

Because control is often taken away in traumatic situations, trauma-informed service settings emphasize the importance of **choice and empowerment for consumers**. They create predictable environments that allow consumers to re-build a sense of efficacy and personal control over their lives. This includes **involving consumers in the design and evaluation** of services.

Key Principles

Strengths-based approach:

Trauma-informed systems are **strengths-based, versus punitive or pathology driven**. This type of system assists consumers in identifying their own strengths and developing coping skills. Trauma-informed systems are future-focused, and utilize skill-building to further develop resiliency.

Societal Traumatization and the Legacy of Imperialism, Attempted Genocide, & Slavery

Just as in cases of individual traumatization, avoidance of acknowledging and addressing the traumatic past makes it impossible for integration to occur.

As long as historical trauma remains taboo, the racial divisions that pervade every aspect of American life will persist.

Societal Traumatization and the Legacy of Imperialism, Attempted Genocide, & Slavery

As trauma professionals, we specialize in helping people to communicate about and understand that which cannot be spoken so that they can overcome the horrific past and live in the present.

Our task in working with traumatized children and their families is to develop ways of acknowledging and addressing the historical traumas that have taken place on this continent and their legacy.

This includes not only the damage done, but the courage, strength, wisdom, and resilience without which their cultures would not have survived.

Building Trauma-Informed Systems

7 Steps Toward Success

1. Identify Stakeholders
2. Conduct Needs Assessment
3. Facilitate Team Building
4. Provide Training
5. Implement Evidence Based Practice
6. Evaluate Effectiveness
7. Support Sustainability

Build an Implementation TEAM

Build a multidisciplinary team of “Champions” to lead the TI effort.

This core group should come together to take what they have learned about trauma and to develop a plan to support the application of this knowledge in daily practice.

This team should develop a work plan with identified needs, goals and implementation tasks critical to the initiative.

The team should meet at least on a monthly basis if not more frequently to work on tasks.

Core TI Topics for Training

- Understanding Traumatic Stress: “What is Trauma”?
- Understanding the Impact of Trauma on the Brain and the Body: The Human Danger Response and Triggers
- Understanding the Impact of Trauma on Development
- Understanding the Impact of Trauma on Self Regulation
- Tools to Help Individuals Impacted by Trauma

Lessons Learned: Barriers to Implementation

- Program leadership resistant to change
- Getting buy-in from everyone to reduce fragmentation and increase consistency
- Limited training access and/or inadequate training
- Staff turnover
- Supervision Issues
- Vicarious Trauma
- Institutionalized attitudes toward consumers
- Policy and/or larger system demands that do not support trauma-informed intervention
- Cost

Lessons Learned: Strategies to Overcome Barriers

- Buy-in from the top
- Incorporating Trauma-Informed goals into program goals, objectives, outcomes, etc
- Bottom-Up vs. Top-Down Training Approach
- Creating a Safe Environment
- Build Internal Sustainability
- One Size Doesn't Fit All
- Staff Self Care
- Consumer Involvement

The Trauma-Informed Organizational Self-Assessment

This was designed to help programs evaluate their practices.

There are 5 key areas to assess:

1. Supporting Staff Development
2. Creating a Safe and Supportive Environment
3. Assessing and Planning Services
4. Involving Consumers
5. Adapting Policies

1. Supporting Staff Development

- A. Training and Education - assesses for exposure to training on a variety of trauma-related topics.
- B. Staff Supervision, Support and Self Care - Includes assessment of access to supervision, trauma-focused consultation, debriefing and education about vicarious traumatization and self care strategies.

2. Creating a Safe and Supportive Environment

A. Establishing a Safe Physical Environment

B. Establishing a Safe and Supportive Environment:

Information sharing practices

Cultural Competence

Privacy and Confidentiality

Safety and Crisis Prevention Planning

Open and Respectful Communication

Consistency and Predictability

3. Assessing and Planning Services

A. Conducting Intake Assessments

B. Developing Goals and Plans

C. Offering Services and Trauma Specific Interventions:

TF-CBT

Sanctuary Model

ARC

4. Involving Consumers

A. Involving Current and Former Consumers:

This section highlights the importance of Empowering consumers by involving them in multiple aspects of programming.

5. Adapting Policies

A trauma-informed program considers the impact of trauma when creating policies.

Trauma-informed policies include a formal acknowledgement that consumers have been impacted by trauma and a stated commitment to trauma-sensitive practices.

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