



Discussion Guide 2

Recognizing and responding to the effects of trauma

A Discussion Guide for
Health and Social Service Providers

May 2015



This discussion guide is designed to assist individuals and agencies working toward developing trauma-informed approaches to service delivery. It describes how common traumatic experiences are for individuals accessing health and social services, and it provides information to help service providers recognize the adaptations people make to cope with trauma. Trauma awareness is a foundation for developing trauma-informed services, which integrate knowledge about trauma into policies, procedures, and practices. Trauma-informed services actively seek to avoid re-traumatization and have been shown to improve client engagement, retention, and outcomes. This guide includes practice examples, suggested resources, and sample questions to stimulate further discussion.

What is trauma?

Trauma results from experiences that *overwhelm an individual's capacity to cope*.

Trauma can result from accidents and natural disasters, childhood abuse and neglect, sexualized violence, medical interventions, witnessing acts of violence, sudden loss, war, and intergenerational and historical acts such as genocide and colonization. Post-traumatic stress disorder (PTSD) is one mental health diagnosis that can result from trauma/violence. Depression and substance misuse are also common responses.

"Traumatic events are more than merely stressful – they are shocking, terrifying and devastating . . . resulting in profoundly upsetting feelings of terror, shame, helplessness and powerlessness" (C. Courtois 1999)

Trauma has been described by the US Substance Abuse and Mental Health Services Administration (SAMHSA) as having three aspects:^[1]

1. *exposure* to harmful and/or overwhelming events or circumstances,
2. the *experience* of such events, which will vary from person to person, and
3. the *effects*, which may be adverse and long-lasting.

It is an increasing understanding of the effects of trauma – both short and long term – that forms the rationale for becoming trauma-informed.

There are many types of trauma and many reactions to trauma. Here we discuss developmental trauma as an important type to understand.

Developmental trauma

Childhood trauma differs from adult trauma in many important ways. The causes and symptoms of childhood trauma differ from those of adults because children, particularly young children, are upset or frightened by different things than adults, and many children cannot manage intense emotions independently. Additionally, the chronic stress associated with experiencing multiple traumatic episodes can profoundly affect a child's physical, cognitive, and emotional development, particularly for a child under the age of 5 years.^[2,3]

The brain is developing at an unprecedented rate in the first five years of life. Because life experience shapes how neural circuits develop, the kinds of experiences to which young children are exposed help determine how the brain is built.^[4] When a child is faced with recurrent negative experiences (such as loss or separation from a loved one, witnessing violence, or a lack of response to emotional distress) at this important time in brain development, the result is a large cost to brain health. This in turn has a broad impact across many aspects of development. The reason for this is that our bodies respond to stress through various physiological mechanisms, such as increased heart rate and the release of certain hormones such as adrenaline and cortisol. If a child lacks the social resources that help his/her physiology return to baseline after a stressful event, or if stressors are severe, recurring, and chronic, hormone levels will stay high, disrupting the development of brain architecture.^[5]

Chronic or repeated exposure to toxic stress in childhood has been termed *complex developmental trauma* in the research literature.^[6] Emerging evidence suggests that children with a history of complex developmental trauma have primary deficits in emotional self-regulation.^[7] This in turn results in problems in three main areas: (1) a lack of a continuous sense of self; (2) poor emotion regulation and impulse control, including aggression against self and others; and (3) uncertainty about the reliability and predictability of others, which is expressed as distrust, suspiciousness, and problems with intimacy.

Currently, there is no diagnostic label to describe the pervasive impact of trauma on child development. In fact, many forms of interpersonal trauma (e.g., psychological maltreatment, neglect, separation from caregivers, traumatic loss) that have deleterious effects on child development do not meet the definition of a traumatic event necessary to warrant a diagnosis of PTSD. Consequently, children are often given a range of comorbid diagnoses as if they occurred independently of the trauma to which the child was exposed.

The Adverse Childhood Experiences (ACE) study assessed the associations between childhood maltreatment and later-life health and well-being. The ACE study looked at the life histories of more than 17,000 people to determine the connections between adverse childhood experiences and health in adulthood.^[8] The study found that adverse childhood experiences were very much more common than recognized, often coexisting and directly linked to later-life substance use and mental health problems as well as a range of chronic diseases such as diabetes.^[9,10]

Not all stress is traumatic

It is important to understand that not all stress is bad for brain development. In fact, some stress is helpful to child development. In the research literature there are three kinds of stress that are important to understand: positive, tolerable, and toxic stress.

Positive stress refers to moderate and short-lived stress responses that are a normal part of healthy development if they occur in an environment of caring and supportive relationships. The stress associated with handling frustration, coping with a minor injury, or entering a new classroom is an example of positive stress.

Tolerable stress describes stressful events that could be emotionally costly, but are generally briefer than toxic stress, allowing the brain time to recover from potentially harmful effects. These may include major adverse experiences such as the loss of a loved one, provided the stress occurs in a safe environment and the child is equipped with adequate emotional support. Tolerable stress can become toxic stress in the absence of supportive and nurturing care.

Toxic stress is a term researchers use to describe strong, frequent, and prolonged activation of the stress response system. In extreme situations, such as in cases of severe chronic abuse, toxic stress may result in the development of a smaller brain. Less-extreme exposure to toxic stress can change the stress system so that it responds at lower thresholds to events that might not be stressful to others, thereby increasing the risk of stress-related physical and mental health problems.

Bringing a gender and cultural lens to our understanding of trauma and trauma-informed responses.

In our work on trauma-informed practice, it is important to consider how the prevalence, experience, effects, and preferences/needs for intervention may differ for people of diverse cultures and genders. For girls and women, interpersonal violence is more prevalent than for boys and men, and the need for relational safety is particularly pressing. Boys and men who have experienced sexual abuse may have gendered needs related to addressing shame. For aboriginal men and women, boys and girls, historical trauma as well as current experiences of trauma may be a burden, and traditional cultural interventions may be important to offer as options for support.

The effects of trauma

"Many service providers, and in many cases the survivors themselves, can misunderstand these difficulties as self-inflicted because they do not understand how abuse, trauma and their effects reverberate throughout a person's life." (L. Haskell, in N. Poole, Becoming Trauma Informed, 2012)

The broad effects

The effects of trauma are very broad and can affect many areas of functioning (figure taken from N. Poole, PowerPoint presentation used in NS Consultation for Building a Trauma-Informed Practice Framework, 2014).



In-the-moment effects

There are many ways in which people's participation in services may be affected by trauma. One important aspect of the effects of trauma that service providers need to be aware of are in-the-moment effects, such as

- change in breathing (breathing quickly or holding breath)
- muscle stiffness, difficulty relaxing
- flood of strong emotions (anger, sadness, etc.)
- Rapid heart rate, increased blood pressure
- startle response, flinching
- shaking
- staring into the distance
- becoming disconnected from present conversation and losing focus
- inability to concentrate or respond to instructions
- inability to speak

Further Reading

ACE Study (infographic & summary)

The Adverse Childhood Experiences (ACE) study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study found that adverse childhood experiences were very much more common than recognized, often coexisting and directly linked to later-life substance use and mental health problems, as well as a range of chronic diseases such as diabetes.

http://vetoviolence.cdc.gov/apps/phl/images/ACE_Accessible.pdf

Common questions about the effects of trauma

This pamphlet from the Centre for Addiction and Mental Health explains trauma and its effects in plain language.

http://www.camh.ca/en/education/about/camh_publications/Documents/Flat_PDFs/Trauma.pdf

Video clips about early brain development and the effects of trauma

Alberta Family Wellness Initiative

<http://www.albertafamilywellness.org/>

National Scientific Council on the Developing Child. *Excessive Stress Disrupts the Architecture of the Developing Brain. Working Paper No. 3, 2005.*

http://developingchild.harvard.edu/index.php/download_file/-/view/469/

Responding to trauma – practice examples

Trauma-informed practices can include a range of practice and program adaptations. Below are three examples of adaptations resulting from increased understanding and awareness of trauma.

Note: Practitioners may want to refer to advice on how to introduce these screening questions and complementary strategies. See, for example, Appendixes 5 and 6 of the BC Trauma Informed Practice Guide, available at <http://bccewh.bc.ca/category/post/trauma-violence-mental-health/>

Example 1: Trauma awareness: from “symptoms” to “adaptations”

Research reveals how common traumatic experiences are and how people adapt and cope with past and present experiences in diverse ways. An increased understanding of trauma challenges us to change the way we think about and work with people. Rather than ask, What is wrong with this person? we start to ask, What happened to this person? Service providers are increasingly understanding that many “problem” behaviours can be better understood as responses to, or ways to cope with, the effects of trauma. Seeing people’s concerns differently is shifting how we respond to them.

| Old assumptions | Trauma-informed response |
|--|--|
| This person is weak. | This person is resilient. |
| They want attention. | They are trying to connect the best they can. |
| I shouldn't raise the issue of trauma because they will get upset. | Talking about trauma (without forcing disclosure) gives opportunity to discuss, normalize, and learn coping strategies. |
| They have poor coping methods. | They have survival skills that have got them to now, and we can further support them by offering ideas for additional coping strategies. |
| They'll never get over it, or they are permanently damaged. | People can continue to learn effective coping strategies and can recover from trauma. |

Example 2: Trauma-informed screening

Screening and assessment practices can be modified in order to be trauma-informed. As clients begin to engage with services, there are two perspectives on asking about trauma.

On one hand, standardized screening and assessment of trauma – including gathering information about the type of trauma, the age of traumatic experience, people involved in the trauma, and how it is affecting current functioning – can support many aspects of treatment, such as service matching, ensuring current safety, and promoting the safety of other program participants. As well, for some clients, it can be helpful to acknowledge and validate, at an early point in treatment, the connections between traumatic life experiences, coping strategies, and current health concerns.

On the other hand, screening and assessment practices that minimize the amount of information collected about trauma ensure that clients are not pushed to disclose information at a time when they may not have adequate supports and coping skills to manage such disclosures. The process of assessment can increase the potential for re-traumatization and may result in poor coping (e.g., increased substance use or self-harm) or avoiding further treatment.

At a system level, information about the prevalence of trauma can support the development and funding of more comprehensive and responsive services. Dr. Vivian Brown and colleagues have developed a short screening tool called the “COJAC Screener,” which uses nine questions: three about mental health, three about substance use, and three about trauma. Brown recommends providing clients with choice and control over the screening process by starting with a preamble such as “We are going to ask some questions that may feel uncomfortable to you. If you don’t want to answer, please say ‘I don’t want to answer.’ You do not have to give a false answer; you just don’t have to answer. You have a choice.”^[11]

Example 3: Complementary strategies

For people with trauma, substance use, gambling related harms and mental health concerns, evidence exists for offering complementary strategies such as breath and awareness exercises, grounding exercises and objects, journaling (focusing on the present/future), yoga, and mindfulness.

Grounding activities

Trauma-informed services emphasize establishing safety and building capacity for self-care and containment.^[12] Learning to manage emotions as a component of healing is important not only for adults, but it is noted as one of the most fundamental protective factors for the healthy development of children and youth.^[13,14] Grounding activities can help clients who are experiencing symptoms of trauma to stay present, remain calm, and reconnect to what is happening around them. Some examples of grounding activities:

- Remind yourself of who you are now. Say your name. Say your age. Where are you now? What have you done today? What will you do next?
- Try a butterfly hug by crossing your arms (as if giving yourself a hug) and alternately tapping your left and right upper arm. Breathe and gently tap for a minute or two.

- Name your favorites. What are your three favorite colours? Favorite foods? Favorite animals?
- Wash your hands. Feel the water running down your hands. Notice the smell of the soap. Slowly dry your hands with a towel.
- List all the things you need to make a sandwich. Be as detailed as possible. If you're hungry, make a sandwich. Take your time and savour eating it.
- Comfort yourself as you would comfort a child. "I am loved." "I am safe here."
- Rub your palms together; clap your hands. Listen to the sound. Feel the sensation.
- Imagine yourself in a familiar, comfortable place. Relax in this safe place.
- Take a look outside. Count the number of trees and street signs.
- Dig your feet into the ground. Feel supported, rooted, connected to the earth.

Mindfulness

The Jean Tweed Centre in Toronto has found that teaching mind/body awareness empowers women to better manage stress, panic responses, and triggers (experiences that cause one to recall a previous traumatic event). It helps them observe the moment instead of being threatened by it. The Jean Tweed Centre staff initially learned mindfulness ("the intentional, accepting and non-judgmental focus of one's attention on the emotions, thoughts and sensations occurring in the present . . .") over a nine-month period and continue to engage in monthly training that helps them integrate it into group work, individual counselling, outreach, housing programs, etc. They have found that it is helpful to keep the practice simple and that staff engagement with mindfulness practice has the ripple effect of reducing compassion fatigue.^[15,16]

Further Reading

How to Manage Trauma (infographic)

A two-page overview of the symptoms of trauma, helpful coping strategies, and tips on asking about support and treatment. From the National Council for Community Behavioral Healthcare. <http://www.thenationalcouncil.org/wp-content/uploads/2012/11/Trauma-Infographic-Print.pdf>

Mindfulness resources:

- *Ten Steps to Mindfulness Meditation* (pamphlet)
http://www.garrisoninstitute.org/images/PDFs/Mindfulness_Meditation.pdf
- Jon Kabat-Zinn. *Full Catastrophe Living*. Random House, 1990. Available for purchase online.
- *Mindfulness-Based Stress Reduction* (free online course) <http://palousemindfulness.com/selfguidedMBSR.html>
- Victoria M. Folletter et al., eds. *Mindfulness-Oriented Interventions for Trauma: Integrating Contemplative Practices*. Guilford Press, 2015. Available for purchase online.

Discussion questions

The following questions are intended to support direct service providers, program leaders, and system planners in reflecting on their current practices, policies, and procedures.

1. Do all staff in your organization have a basic understanding of the causes of trauma and possible effects?
2. What kind of information about trauma is available to your clients? Is it accessible, up-to-date, tailored to the population you work with?
3. Consider your organization's screening and assessment procedures. Are there questions that could be triggering? Are there opportunities for open discussion and feedback and for building a relationship with the person? If appropriate, are possible effects of trauma and grounding activities explored?
4. Has education (basic information about trauma and its impact) been offered to all staff at your service? Have clinical staff received training on specific modifications of existing services for trauma survivors?
5. What topics or issues would you benefit from learning more about? Are there opportunities for informal or formal training or learning within your organization? Who can you reach out to in the community?

Selected resources

SAMHSA's National Center for Trauma-Informed Care

www.samhsa.gov/nctic/

This comprehensive website from the Substance Abuse and Mental Health Services Administration provides information on trauma-informed practices and implementation.

Trauma Matters : Guidelines for Trauma-Informed Practices in Women's Substance Use Services

<http://traumaandsubstanceabuse.files.wordpress.com/2013/03/trauma-matters-final.pdf>

Guidelines – developed by the Jean Tweed Centre, in consultation with service providers, experts, and women with lived experience from across Ontario – to support organizations that provide substance use treatment services for women.

Trauma-Informed: The Trauma Toolkit (2nd edition)

www.trauma-informed.ca/

Developed by Klinik Community Health Centre in Winnipeg, MB, this resource offers general guidelines for trauma-informed practice to help service providers and agencies increase their capacity in delivering trauma-informed services.

First Stage Trauma Treatment

http://www.camhx.ca/Publications/Resources_for_Professionals/First_stage_trauma/index.html

The book *First Stage Trauma Treatment* and other resources on trauma can be ordered online from the Centre for Addictions and Mental Health.

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