



# TRAUMA-INFORMED CARE FOR ADOLESCENTS

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PRESENTED BY:  
SUSIE KOWALSKY, LCPC

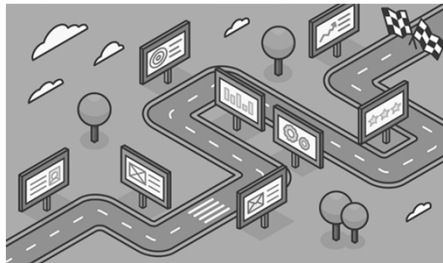


[skowalsky44@gmail.com](mailto:skowalsky44@gmail.com)

[www.RootSolutionsChicago.com](http://www.RootSolutionsChicago.com)

## OBJECTIVES

- Understand the connection between traumatic events and behavioral health concerns.
- Recognize symptoms of traumatic experiences through a strengths-based framework.
- Identify appropriate evidenced-based clinical interventions to establish and maintain safety as well as treat this population.



## TRAUMA-INFORMED CARE GUIDELINES

- Nothing specifically intended to be shocking or upsetting
- Trauma is personal, subjective, and experiential
  - So is trauma-informed care
  - Tend to self
- Ongoing conversation, learning, development
- Necessity of self-care is understood and in place



## TRAUMA-INFORMED SERVICE DELIVERY

Challenging Individual to Serve	Fulfilling Individual to Serve

## WHAT IS TRAUMA-INFORMED CARE?

### SAMHSA's 4Rs of Trauma-Informed Care

A program, organization, or system that:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;
- Seeks to actively **resist** re-traumatization.

Trauma-Informed Care in Behavioral Health Services

## 4 Rs of Trauma-Informed Care: Realize

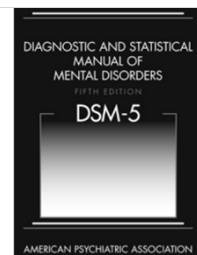
## WHAT IS TRAUMA?



## 4 Rs of Trauma-Informed Care: Realize

## TRAUMA IN DSM-5

- Exposure to actual or threatened death, serious injury, or sexual violence in one or more) of the following ways:
  - Directly experiencing the traumatic event(s).
  - Witnessing, in person, the event(s) as it occurred to others.
  - Learning that the traumatic event(s) occurred to a close family member or close friend.
  - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s).



## 4 Rs of Trauma-Informed Care: Realize

## BROADER DEFINITIONS OF TRAUMA

Traumatic Events are:

- Sudden, unexpected, and perceived as dangerous
- Involve a threat to one's physical or mental well-being through violence or threat of violence
- Overwhelming an individual's capacity to cope with an event
- Subjective, defined by the survivor's experience

Trauma is not defined by the event, it's determined by the *response* to it

## 4 Rs of Trauma-Informed Care: Realize

## ADVERSE CHILDHOOD EXPERIENCES (ACES)

- Survey of over 17,000 adults from 1995-1997, completed through Center for Disease Control (CDC) and Kaiser Permanente
- Inquired about childhood experiences and current health and behavior

“Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today.” - Dr. Robert Block, former President of the American Academy of Pediatrics

ACEs Study

## 4 Rs of Trauma-Informed Care: Realize

**ADVERSE CHILDHOOD EXPERIENCES****ABUSE**

Emotional abuse

Physical abuse

Sexual abuse

**NEGLECT**

Emotional neglect

Physical neglect

**HOUSEHOLD  
CHALLENGES**

Mother treated violently

Household substance abuse

Mental illness in household

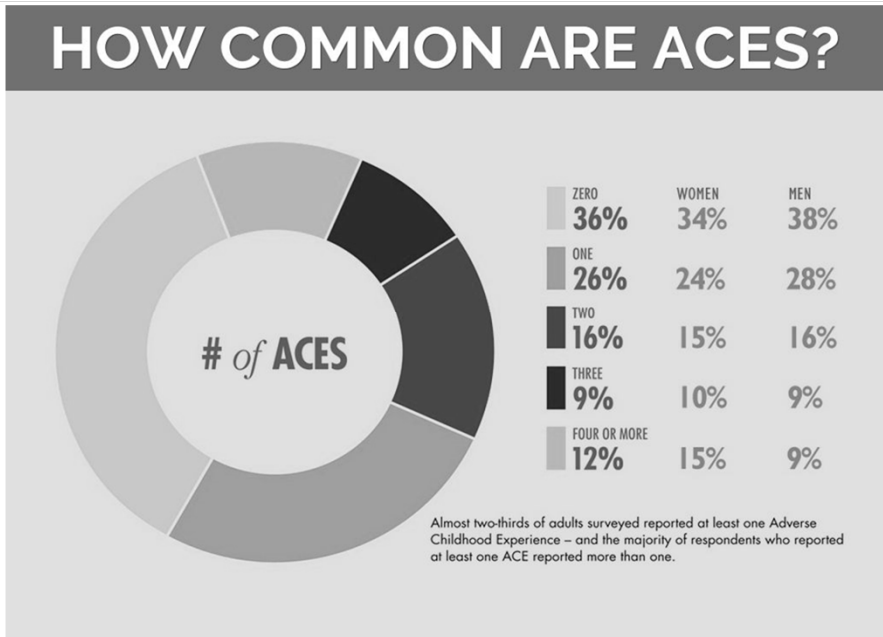
Parental separation or  
divorce

Criminal household member

<https://www.cdc.gov/violenceprevention/cestudy/about.html>**TRAUMA-INFORMED SERVICE DELIVERY**

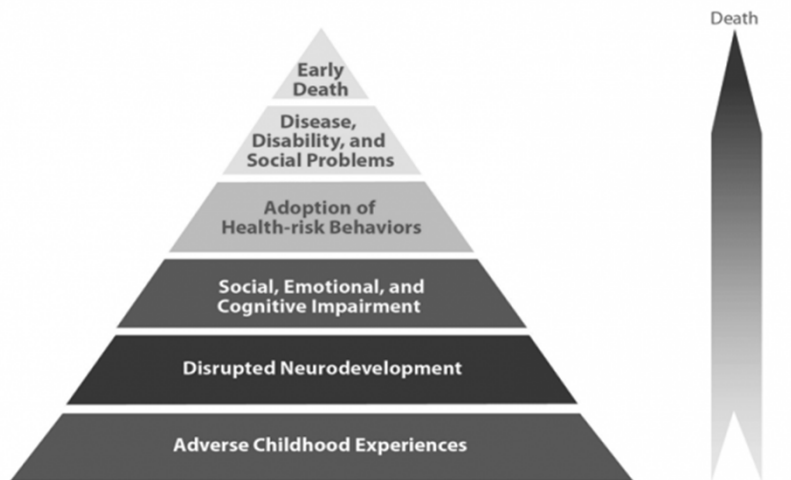
<b>Challenging Individual to Serve</b>	<b>Fulfilling Individual to Serve</b>
ACEs experienced	ACEs experienced

4 Rs of Trauma-Informed Care: Realize



Prevalence of ACEs

4 Rs of Trauma-Informed Care: Realize



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

<https://www.cdc.gov/violenceprevention/cestudy/about.html>

## 4 Rs of Trauma-Informed Care: Realize

## TRAUMA AS A PUBLIC HEALTH ISSUE

- How many of the individuals you serve have experienced at least one of the ACEs?
- Untreated, unrecognized, and unprocessed traumas increase risk for more trauma.
- Ending the legacy of trauma on an individual level leads to decreased trauma on a societal level.

## 4 Rs of Trauma-Informed Care: Recognize

## RECOGNIZING TRAUMA



“There are wounds that never show on the body that are deeper and more hurtful than anything that bleeds.”

– Laurell K Hamilton, *Mistral's Kiss*



## 4 Rs of Trauma-Informed Care: Recognize

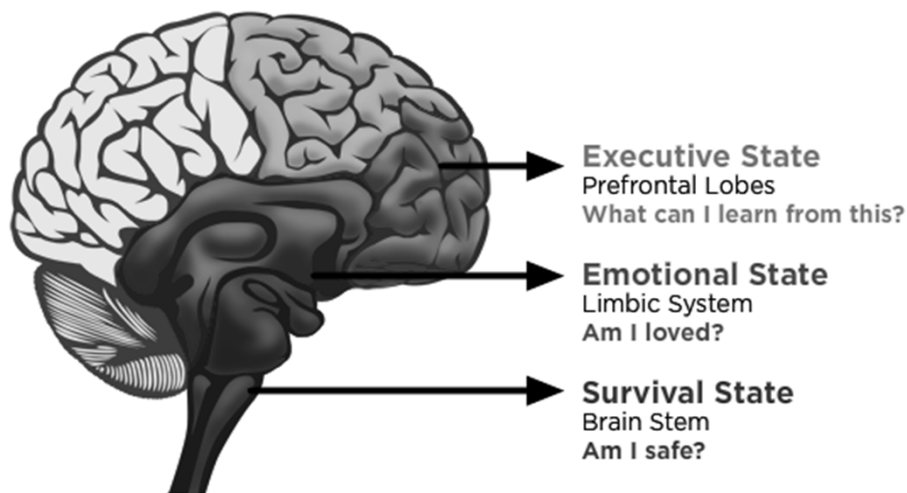
## PTSD IN DSM-5

- Traumatic event, followed by:
  - Intrusion
    - Flashbacks, nightmares, involuntary memories
  - Avoidance
    - Avoid thoughts, feelings, people, places, things associated with event; dissociation
  - Negative change in mood and thoughts
    - Exaggerated negatives beliefs about self/others, feelings of guilt/shame, feelings of detachment
  - Change in arousal and reactivity
    - Hypervigilance, aggressive outbursts, exaggerated startle response
- Lasts more than 1 month
- Disrupts functioning



## 4 Rs of Trauma-Informed Care: Recognize

## TRAUMA AND THE BRAIN



Triune Brain

## 4 Rs of Trauma-Informed Care: Recognize

**TRAUMA AND THE BODY AND BRAIN**

- Cortisol studies (Yehuda, 2008)
  - Consistent, increased levels of cortisol
  - Transmits across generations
- Verbal expression (Teicher, 2006)
  - Verbal abuse causes damage on the cellular level
  - Verbal expression is physically more difficult
- Changes in Brain Structures and Cells (Van der Kolk, 2014)
  - Simultaneously hypervigilant and numb
  - Increased risk of misinterpreting safety/danger, re-traumatization
- Traumatic states become biological traits (Perry et al, 1995)

## 4 Rs of Trauma-Informed Care: Recognize

**PTSD SYMPTOMS IN CONTEXT**PTSD SYMPTOMS

- Change in arousal/reactivity (fight)
- Avoidance (flight)
- Intrusions (freeze)
- Negative changes in mood/thoughts
- Persists for >1 month
- Impaired functioning

BODY AND BRAIN  
RESPONSE

- Body is stuck in fight, flight, or freeze mode
- Emotional memories without context
  - No time and place
  - No beginning, middle, end
  - Fragmented and disorganized memories
- Unable to distinguish safety from danger
- Body's own reactions (e.g., increased heart rate) become threatening

## 4 Rs of Trauma-Informed Care: Recognize

**ADOLESCENT DEVELOPMENT**

Physical, psychological, and social changes of adolescents

- Increased focus on peer group
- More independence from parents
- Increase of risky behaviors; prefrontal cortex not fully developed
- Heightened emotional reactivity and sensitivity; onset of many mental health disorders occurs during adolescence.
- Erik Erikson's Developmental Tasks
  - Adolescence: Identity vs. Role Confusion
  - Young Adulthood: Intimacy vs. Isolation

The Adolescent Brain

## 4 Rs of Trauma-Informed Care: Recognize

<b>"DIFFICULT" BEHAVIORS OR REACTIONS</b>	<b>TRAUMA RESPONSES</b>
Has difficulty "getting motivated" to get job training, pursue education, locate a job, or find housing.	Depression and diminished interest in every day activities
Complains that the setting is not comfortable or not safe, appears tired and poorly rested. Is up roaming around at night.	Nightmares and insomnia
Invades others' personal space or lacks awareness of when others are invading their personal space.	Difficulty with boundaries
Cuts off from family, friends, and other sources of support.	Feelings of shame and self-blame
Has difficulty trusting staff members; feels targeted by others. Does not form close relationships in the service setting.	Difficulty trusting/feelings of betrayal
Complains that the system is unfair, that they are being targeted or unfairly blamed.	Loss of a sense of order or fairness in the world

## TRAUMA-INFORMED SERVICE DELIVERY

Challenging Individual to Serve	Fulfilling Individual to Serve
ACEs experienced	ACEs experienced
Behaviors	Behaviors
Trauma-related needs	Trauma-related needs
Strengths and resources	Strengths and resources

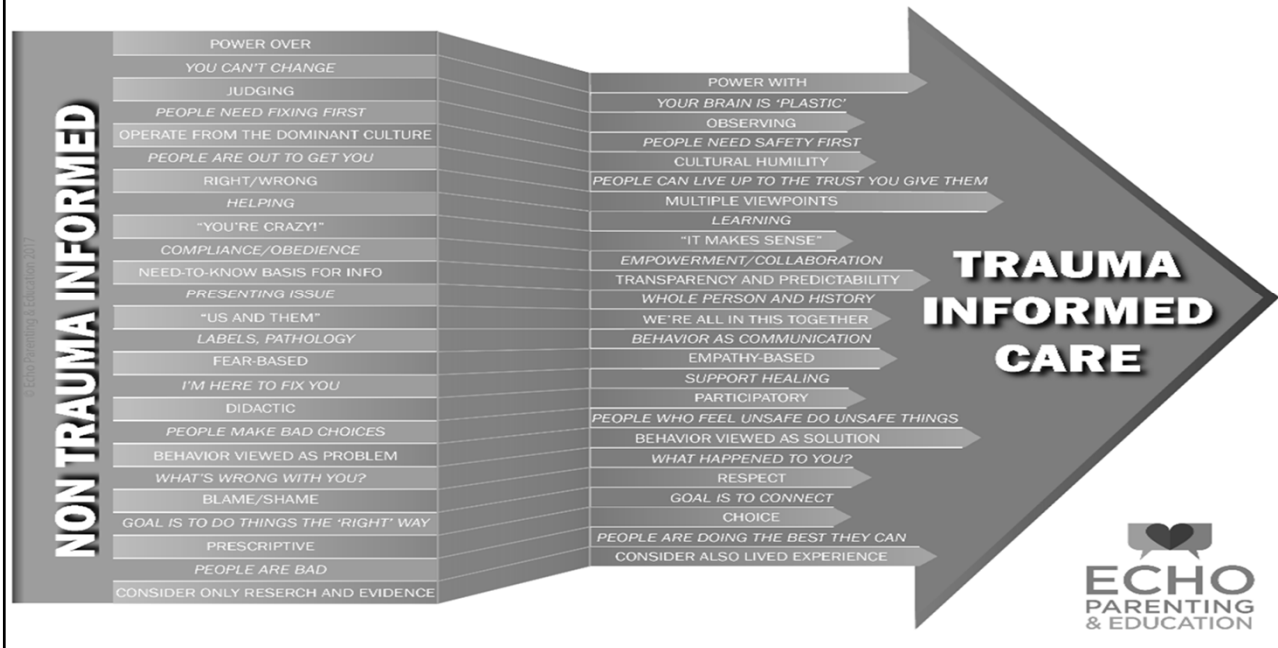
### 4 Rs of Trama-Informed Care: Respond

## HOW DO WE RESPOND?



van Dernoot Lipsky, L and Burk, C. (2009)

## 4 Rs of Trama-Informed Care: Respond



## 4 Rs of Trama-Informed Care: Respond

## TRAUMA-INFORMED POLICIES & PROCEDURES

- Universal screening and assessment of trauma
- Review and update policies for admissions, assessment processes, referrals, treatment planning, discharge
- Elicit and incorporate feedback from individuals being served
- Demonstrate cultural humility in establishment of policies
- Model commitment to trauma-informed care at organizational and administrative levels

## 4 Rs of Trauma-Informed Care: Respond

## TRAUMA-INFORMED PRACTICES

- Consider the environment and setting
- Emphasis on people's rights: confidentiality, consent, choice, refusal, complaint
- Consistency and clarity so people know what to expect
- Trauma-specific treatment services
- Focus on safety

## TRAUMA-INFORMED SERVICE DELIVERY

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Trauma-related needs	Trauma-related needs
Strengths and resources	Strengths and resources
Policies, procedures, and practices to implement	Policies, procedures, and practices to implement

#### 4 Rs of Trama-Informed Care: Actively Resist Re-Traumatization

## STRATEGIES TO MAINTAIN SAFETY

- Consider the setting's facilities and environment
  - Focus on maintaining both physical and emotional safety
- Collaboratively create crisis recovery plans
- Utilize preventative measures and de-escalation techniques
- Provide trauma-informed supervision to staff



#### 4 Rs of Trama-Informed Care: Actively Resist Re-Traumatization

## PRO-ACTIVE TRAUMA-INFORMED STRATEGIES

- Trauma-informed leadership
- Data collection and use within an organization
- Workforce development
- Reduction and elimination of restraints and seclusion
  - SAMHSA's Roadmap to Seclusion and Restraint-Free Mental Health Services
- Inclusion of individuals receiving services and their communities of support
- Debrief, re-assess, and adjust

Core Strategies Based on Trauma Informed Care

## TRAUMA-INFORMED SERVICE DELIVERY

<b>Challenging Individual to Serve</b>	<b>Fulfilling Individual to Serve</b>
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Behaviors	Behaviors
Trauma-related needs	Trauma-related needs
Strengths and resources	Strengths and resources
Policies, procedures, and practices to implement	Policies, procedures, and practices to implement
Safety concerns	Safety concerns
Pro-active safety plans	Pro-active safety plans

## HOW TRAUMA-INFORMED ARE WE?

- How does your organization demonstrate trauma-informed responses?
- What is different about the two individuals you considered?
- What are you doing well?
- Areas of concern and further development?



## HOW TRAUMA-INFORMED ARE WE?

The TICOMETER © <http://us.thinkt3.com/ticometer-new>

Measures TIC across five domains:

- Building trauma-informed knowledge and skills.
- Establishing trusting relationships.
- Respecting service users.
- Fostering trauma-informed service delivery.
- Promoting trauma-informed policies and procedures.



QUESTIONS? COMMENTS?

THANK YOU!

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