TIC Learning Objectives

1. Apply the core principles of Trauma Informed Care in field instruction
2. Define trauma and understand its impact on the brain
3. Express the basic tenants of Trauma Informed Care and its importance in practice
4. Demonstrate an understanding of both risk and protective factors
Learning Objectives
- Apply the core principles of Trauma Informed Care in field instruction
- Define trauma and understand its impact on the brain
- Express the basic tenants of Trauma Informed Care and its importance in practice
- Demonstrate an understanding of both risk and protective factors

Introductions
- Please share:
  - Your name
  - Your field placement
  - Is there something specific you are hoping we cover today?
  - Share one word you associate with Trauma

Housekeeping
- Silence Cell Phones
- Breaks
- “Parking Lot”

Common Definition of Trauma
The experience, threat, or witnessing of physical harm, that overwhelms a person’s ability to cope.

Keep this in mind...
- How do you define trauma?
- Awareness that definition is subjective
- Based on individual experience
What is Trauma?

- Neglect
- Domestic Violence
- Witnessing DV
- Childhood Sexual Abuse
- Childhood Physical Abuse

What is Trauma?

- Sexual Assault
- Human Trafficking
- Criminal Victimization
- Extreme Economic Deprivation
- Natural Disasters
- War

Complex Trauma

Is a term now being used to define the profound effects of trauma on a developing child that can affect cognitive, language and emotional development, behavioral control, self-concept, affect regulation, relational intimacy, and physical health.


PTSD as Cognitive Disability

Trauma interferes with:
- Interpretation
- Ability to correctly receive and communicate information
- Understanding of the world around them

The “Hand Brain”
“Time doesn’t heal, time conceals.”

Dr. Vincent Felitti
ACE Principal Investigator


Adverse Childhood Experiences (ACE)

ACE Before Age 18

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

ACES have a strong influence on:

- If the ACE score is 4+
  - Adolescent health
  - Teenage pregnancy
  - Smoking
  - Alcohol abuse
  - Illicit drug abuse
  - Serious physical health issues

ACE Questionnaire

- Break into groups at your table
- Review the ACE questionnaire
- Multigenerational Discussion
  - Think of a child on your caseload
  - Think about the ACE score of the child
  - ACE score of one of their parents
  - Present to the rest of the group
COLEVA.NET

Trauma Specific vs. Trauma Informed
• Trauma Specific
  • Treating the actual trauma
  • Trauma resolution as the ultimate goal
• Trauma Informed
  • Accommodating trauma survivors
  • Creating sense of safety as the goal
• Scope of Practice- Do No Harm
  • Ex: Americans With Disabilities Act (1990)

*Using Trauma Theory to Design Service Systems* Harris & Fallot. (2001)

Juggling Exercise
“Kai”

“Traumatized Individuals live in an unsafe world, doing unsafe things in an attempt to be safe.”
-Gabriella Grant

ACES Self Inventory
- What is the importance of knowing your own ACE score?
- Important Internal Questions to Ask
- What were some of your protective factors contributing to your resilience
- What biases are you bringing into the room?

Putting this into Practice
- Agency assessment
- Identifying Trauma Informed Champion
- Environmental Assessment
- Paradigm Shift
Emphasize Early Screening
- Make early screening for trauma, assessment of the impact of trauma, and referral for integrated trauma services common practice.

Develop Your Workforce
- Create workforce orientation, training, support, competencies and job standards related to trauma.
- Don’t just train clinical staff—train and educate everyone who comes into contact with consumers, from the receptionist to the maintenance staff.

Institute Practice Guidelines
- Centralize clinical practice guidelines for working with people with trauma histories.
- Develop policies, practices, and standards to support access to evidence-based and emerging best practices in trauma treatment.

10 Principles of TIC in Direct Practice
1. Recognize impact of violence and victimization on coping skills
2. Establish recovery from trauma as primary goal
3. Employ empowerment model
4. Maximize choice and control over treatment
5. Based on relational collaboration
6. Environment designed to ensure safety, respect and acceptance
7. Highlight strengths and resiliency
8. Minimize possibility of re-traumatization
9. Culturally competent and understand the client from context of their life experience
10. Solicit customers input and feedback in design and evaluating services.

Group Activity
Lucy the Intern
Looking through the TI Lens

Group Discussion

1. What should this intern have explored with this client first?
2. What part of the brain was this intern's client most likely operating in?
3. How would you advise this intern to create a sense of safety with this client?
4. How can you prepare this intern for similar situations in the future?

Stages of Trauma Recovery

- **Stage One: ESTABLISHING SAFETY (Trauma Informed)**
  - Securing safety
  - Stabilizing symptoms
  - Fostering self-care

- **Stage Two: REMEMBRANCE & MOURNING (Trauma Specific)**
  - Reconstructing the trauma
  - Transforming traumatic memory

- **Stage Three: RECONNECTION (Trauma Specific)**
  - Reconciliation with self
  - Reconnection with others
  - Resolving the trauma

Judith L. Herman, 1992

References

- www.apbspeakers.com/speaker/vincent-felitti
- www.biology.about.com/od/humananatomybiology/a/anatomybrain.htm

Contact Information

Kimberly Shultz, LCSW
E-mail: kimberlyed23@yahoo.com
Phone: 760 504-1967
Lucy the Intern

Lucy Jones is a first year intern at your field site, a county contracted youth program in City Heights. She is in her first year MSW Program at SDSU School of Social work and has been interning at this site for the last 4 weeks. Lucy shares her experience in a recent individual session she had with a student named Jose, a 16 year old participating in the substance abuse counseling intensive outpatient program at the field placement.

She explains that while in session she brought up his relationship with his father and any “bad memories” he had of him growing up. She further reported that she observed this client, growing flushed, losing eye contact, complaining his hands were going numb and eventually laying in the fetal position on the ground unresponsive. Lucy reported that she got up and approached Jose, tapping him on the shoulder asking if he was okay. At this time, he jumped up and yelled at her, storming out of the room. Lucy is unsure as to what happened and what to do, since he has not returned her phone call since the session took place 1 week ago. Lucy is shaken up and is worried she has caused this client damage.
Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** …
   - Swear at you, insult you, put you down, or humiliate you?
   - Act in a way that made you afraid that you might be physically hurt?
     - Yes   No
     - If yes enter 1    ________

2. Did a parent or other adult in the household **often** …
   - Push, grab, slap, or throw something at you?
   - Ever hit you so hard that you had marks or were injured?
     - Yes   No
     - If yes enter 1    ________

3. Did an adult or person at least 5 years older than you **ever**…
   - Touch or fondle you or have you touch their body in a sexual way?
   - Try to or actually have oral, anal, or vaginal sex with you?
     - Yes   No
     - If yes enter 1    ________

4. Did you **often** feel that …
   - No one in your family loved you or thought you were important or special?
   - Your family didn’t look out for each other, feel close to each other, or support each other?
     - Yes   No
     - If yes enter 1    ________

5. Did you **often** feel that …
   - You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   - Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
     - Yes   No
     - If yes enter 1    ________

6. Were your parents **ever** separated or divorced?
   - Yes   No
   - If yes enter 1    ________

7. Was your mother or stepmother:
   - **Often** pushed, grabbed, slapped, or had something thrown at her?
   - **Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?
   - **Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?
     - Yes   No
     - If yes enter 1    ________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   - Yes   No
   - If yes enter 1    ________

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   - Yes   No
   - If yes enter 1    ________

10. Did a household member go to prison?
    - Yes   No
    - If yes enter 1    ________

**Now add up your “Yes” answers:    ________ This is your ACE Score**
Data and Statistics

Prevalence of Individual Adverse Childhood Experiences

Collected between 1995 and 1997, the prevalences (%) presented below are estimated from the entire ACE Study sample (n=17,337). Individual research papers that use only Wave 1 data or Wave 2 data will contain slightly but not significantly different prevalence estimates for individual ACE.

<table>
<thead>
<tr>
<th>ACE Category*</th>
<th>Women (N = 9,367)</th>
<th>Men (N = 7,970)</th>
<th>Total (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse (#abuse)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse (#1)</td>
<td>13.1</td>
<td>7.6</td>
<td>10.6</td>
</tr>
<tr>
<td>Physical Abuse (#2)</td>
<td>27.0</td>
<td>29.9</td>
<td>28.3</td>
</tr>
<tr>
<td>Sexual Abuse (#3)</td>
<td>24.7</td>
<td>16.0</td>
<td>20.7</td>
</tr>
<tr>
<td><strong>Neglect (#neglect)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Neglect (#4)</td>
<td>16.7</td>
<td>12.4</td>
<td>14.8</td>
</tr>
<tr>
<td>Physical Neglect (#5)</td>
<td>9.2</td>
<td>10.7</td>
<td>9.9</td>
</tr>
<tr>
<td><strong>Household Dysfunction (#dysfunction)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother Treated Violently (#6)</td>
<td>13.7</td>
<td>11.5</td>
<td>12.7</td>
</tr>
<tr>
<td>Household Substance Abuse (#7)</td>
<td>29.5</td>
<td>23.8</td>
<td>26.9</td>
</tr>
<tr>
<td>Household Mental Illness (#8)</td>
<td>23.3</td>
<td>14.8</td>
<td>19.4</td>
</tr>
<tr>
<td>Parental Separation or Divorce (#9)</td>
<td>24.5</td>
<td>21.8</td>
<td>23.3</td>
</tr>
<tr>
<td>Incarcerated Household Member (#10)</td>
<td>5.2</td>
<td>4.1</td>
<td>4.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Adverse Childhood Experiences (ACE Score)</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>34.5</td>
<td>38.0</td>
<td>36.1</td>
</tr>
<tr>
<td>1</td>
<td>24.5</td>
<td>27.9</td>
<td>26.0</td>
</tr>
<tr>
<td>2</td>
<td>15.5</td>
<td>16.4</td>
<td>15.9</td>
</tr>
<tr>
<td>3</td>
<td>10.3</td>
<td>8.6</td>
<td>9.5</td>
</tr>
<tr>
<td>4 or more</td>
<td>15.2</td>
<td>9.2</td>
<td>12.5</td>
</tr>
</tbody>
</table>

* Some ACE categories were defined using items adapted from other questionnaires. These were the Conflict Tactics Scale (physical abuse, witnessing interparental violence, and emotional...
abuse), the Child Trauma Questionnaire\(^b\) (emotional and physical neglect) and questions from Wyatt\(^c\) (sexual abuse).


### Adverse Childhood Experiences Definitions

The following categories all occurred in the participant's first 18 years of life.

**Abuse**

**Emotional Abuse**

Often or very often a parent or other adult in the household swore at you, insulted you, or put you down and sometimes, often or very often acted in a way that made you think that you might be physically hurt.

**Physical Abuse**

Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at you or ever hit you so hard that you had marks or were injured.

**Sexual Abuse**

An adult or person at least 5 years older ever touched or fondled you in a sexual way, or had you touch their body in a sexual way, or attempted oral, anal, or vaginal intercourse with you or actually had oral, anal, or vaginal intercourse with you.

**Neglect**

**Emotional Neglect**\(^1\)

Respondents were asked whether their family made them feel special, loved, and if their family was a source of strength, support, and protection. Emotional neglect was defined using scale scores that represent moderate to extreme exposure on the Emotional Neglect subscale of the Childhood Trauma Questionnaire (CTQ) short form.

**Physical Neglect**\(^1\)

Respondents were asked whether there was enough to eat, if their parents drinking interfered with their care, if they ever wore dirty clothes, and if there was someone to take them to the
doctor. Physical neglect was defined using scale scores that represent moderate to extreme exposure on the Physical Neglect subscale of the Childhood Trauma Questionnaire (CTQ) short form constituted physical neglect.

1Collected during the second survey wave only (N=8,667).

Household Dysfunction

**Mother Treated Violently**
Your mother or stepmother was sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her and/or sometimes often, or very often kicked, bitten, hit with a fist, or hit with something hard, or ever repeatedly hit over at least a few minutes or ever threatened or hurt by a knife or gun.

**Household Substance Abuse**
Lived with anyone who was a problem drinker or alcoholic or lived with anyone who used street drugs.

**Household Mental Illness**
A household member was depressed or mentally ill or a household member attempted suicide.

**Parental Separation or Divorce**
Parents were ever separated or divorced.

**Incarcerated Household Member**
A household member went to prison.
August 15th 2014, Jacobs Center.

Trauma Informed Presentation 10:15AM to 12:15 PM

SDSU School of Social Work Annual Field Instructor’s Orientation Meeting,

8.00 am to 12:30 pm

Trauma Informed Care: Implications for Field Instruction,

Kimberly Beckstead LCSW

Learning Objectives:

- Apply the core principles of Trauma Informed Care in field instruction
- Define trauma and understand its impact on the brain
- Express the basic tenants of Trauma Informed Care and its importance in practice
- Demonstrate an understanding of both risk and protective factors

Outline:

- Defining trauma and understanding its impact on the brain
- Vincent Felitti and Adverse Childhood Experience Study
- Understanding ACE Score – personal and professional application
- Risk and Protective Factors
- Express the basic tenants of Trauma Informed Care and its importance in practice
- Impact of Trauma on Physical Health
- Juggling “Kai” Small Group Activity
- 10 Principles of Trauma Informed Care in Institutional and Direct Practice
- Group Activity - Trauma Informed Lens for Interns – Lucy the Intern
- Questions and Answer – Discussion
Kimberly Beckstead LCSW

Kimberly is a Licensed Clinical Social Worker (LCSW) currently working as the Clinical Program Manager at Marine Corps Air Station Miramar, providing supervision to AOD Counselors as well as direct care for active duty Marines and Sailors. Her focus and professional passion are aimed providing trauma informed clinical individual and group therapy to various populations in both private practice and as a DOD employee. Kimberly graduated UCSD with a BA in Communication. She went on to pursue her MSW at SDSU, Graduate School of Social Work, where she was awarded the Mental Health Stipend. Kimberly began working for Mental Health Systems Inc. in 2008 as a Clinical Case Manager. In 2009 she became one of the founding members of the San Diego Trauma Informed Guide Team (SDTIGT), a grass roots, integrated community based group, focusing and disseminating core competencies of systemic trauma informed services. In addition, Kimberly provides private consulting and trainings in the San Diego and Riverside Counties with specialty in Trauma Informed Care, Trauma Informed evidence based practices and mental health.

References / Bibliography


- www.apbspeakers.com/speaker/vincent-felitti

- www.biology.about.com/od/humananatomybiology/a/anatomybrain.htm
Kimberly is a Licensed Clinical Social Worker (LCSW) currently working as the Clinical Program Manager at Marine Corps Air Station Miramar, providing supervision to AOD Counselors as well as direct care for active duty Marines and Sailors. Her focus and professional passion are aimed providing trauma informed clinical individual and group therapy to various populations in both private practice and as a DOD employee. Kimberly graduated UCSD with a BA in Communication. She went on to pursue her MSW at SDSU, Graduate School of Social Work, where she was awarded the Mental Health Stipend. Kimberly began working for Mental Health Systems Inc. in 2008 as a Clinical Case Manager. In 2009 she became one of the founding members of the San Diego Trauma Informed Guide Team (SDTIGT), a grassroots, integrated community based group, focusing and disseminating core competencies of systemic trauma informed services. In addition, Kimberly provides private consulting and trainings in the San Diego and Riverside Counties with specialty in Trauma Informed Care, Trauma Informed evidence based practices and mental health.