

• **Trauma is pervasive.** National community-based surveys find that between 55 and 90% of us have experienced at least one traumatic event. And individuals report, on average, that they have experienced nearly five traumatic events in their lifetimes. The experience of trauma is simply not the rare exception we once considered it. It is part and parcel of our social reality.

• **The impact of trauma is very broad and touches many life domains.** Trauma exposure increases the risk of a tremendous range of vulnerabilities: mental health problems like posttraumatic stress disorder, depression, excessive hostility, and generalized anxiety; substance abuse; physical health problems; interpersonal struggles; eating disorders; and suicidality, among many others. Trauma thus touches many areas of life not obviously or readily connected with the experience of trauma itself. This broad impact makes it particularly important to understand the less evident links between trauma and its sequelae.

• **The impact of trauma is often deep and life-shaping.** Trauma can be fundamentally life-altering, especially for those individuals who have faced repeated and prolonged abuse and especially when the violence is perpetrated by those who were supposed to be caretakers. Physical, sexual, and emotional violence become a central reality around which profound neurobiological and psychosocial adaptations occur. Survivors may come to see themselves as fundamentally flawed and to perceive the world as a pervasively dangerous place. Trauma may shape a person's way of viewing and being in the world; it can deflate the spirit and trample the soul.

• **Violent trauma is often self-perpetuating.** Individuals who are victims of violence are at increased risk of becoming perpetrators themselves. The intergenerational transmission of violence is well documented. Community violence is often built around cycles of retaliation. Many of our institutions—criminal justice settings, certainly, but also schools and churches and hospitals—are too frequently places where violent trauma is perpetuated rather than eliminated.

• **Trauma is insidious and preys particularly on the more vulnerable among us.** People who are poor, who are homeless, who have been diagnosed with severe mental health problems, who are addicted to drugs, or who have developmental disabilities—all of these groups are at increased risk of violent victimization.

• **Trauma affects the way people approach potentially helpful relationships.** Not surprisingly, those individuals with histories of abuse are often reluctant to engage in, or quickly drop out of, many human services. Being vigilant and suspicious are often important and thoroughly understandable self-protective mechanisms in coping with trauma exposure. But these same ways of coping may make it more difficult for survivors to feel the safety and trust necessary to helpful relationships.

• **Trauma has often occurred in the service context itself.** Involuntary and physically coercive practices, as well as other activities that trigger trauma-related reactions, are still too common in our centers of help and care.

• **Trauma affects staff members as well as consumers in human services programs.** Stressors deeply affect administrators, clinicians, and support staff working in human services. Not only is "secondary" or "vicarious" traumatization common but direct threats to physical and emotional safety are also frequent concerns. Being asked to do "more and more with less and less" becomes a pervasive theme underlying work experiences that may threaten to overwhelm coping abilities.

Trauma Informed Care

Trauma Informed Care (TIC) is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. It emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

Essentials of TIC

- Connect – Focus on Relationships
- Protect – Promote Safety and Trustworthiness
- Respect – Engage in Choice and Collaboration
- Redirect (Teach and Reinforce) – Encourage Skill-Building and Competence

Hummer, V., Crosland, K., Dollard, N., 2009

Trauma Informed System and System-of-Care

- A trauma informed system-of-care (TISC) is one in which all components of a given service have been considered in light of a basic understanding of the role that violence plays in the lives of consumers served by our agencies
- Services accommodate the potential vulnerabilities of trauma survivors so as to avoid inadvertent retraumatization and facilitate consumer participation in treatment
- **Also requires closely knit collaborative relationships with service system partners (e.g. child welfare, legal and substance abuse)**

Marsenich, L. 2010, CA Institute of Mental Health

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ABILITY TO THRIVE, ADAPT AND
COPE DESPITE TOUGH TIMES

RESILIENCE



- *BUT resilience does not happen all by itself...*
- Relationships are the main ingredient that help us overcome tough times

CONNECTIONS MATTER™
developing brain • relationships • community

Phase One: Safety and Stabilization

- Attention to basic needs.
 - connection to resources.
 - self-care.
 - identification of support system.
- Focus on the regulation of emotion.
 - develop capacity to self-soothe.
- Education on trauma and treatment process.

Phase Two: Processing and Grieving of Traumatic Memories

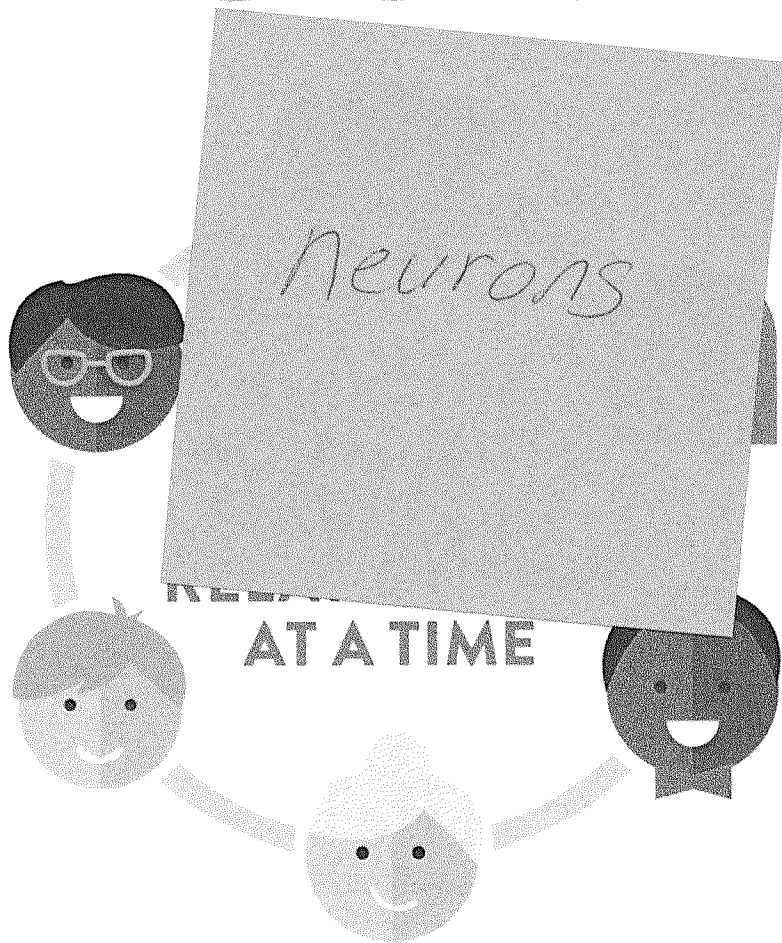
“The primary goal of this phase of treatment is to have the patient acknowledge, experience and normalize the emotions and cognitions associated with the trauma at a pace that is safe and manageable.”

-Luxenberg, Spinazzola, Hildago, Hunt and van der Kolk, 2001.

Phase Three: Reconnection

- Development of self, sense of self.
- Focus on relationships
 - friendships
 - intimacy
 - spirituality

DEVELOPING RELATIONSHIPS BUILDS COMMUNITY



- Safer for everyone (less crime, suicide, substance abuse, and homelessness)
- Children are more likely to succeed in school/life
- Members are physically and mentally healthier