

TRAUMA INFORMED CARE IN THE IDD CONTEXT

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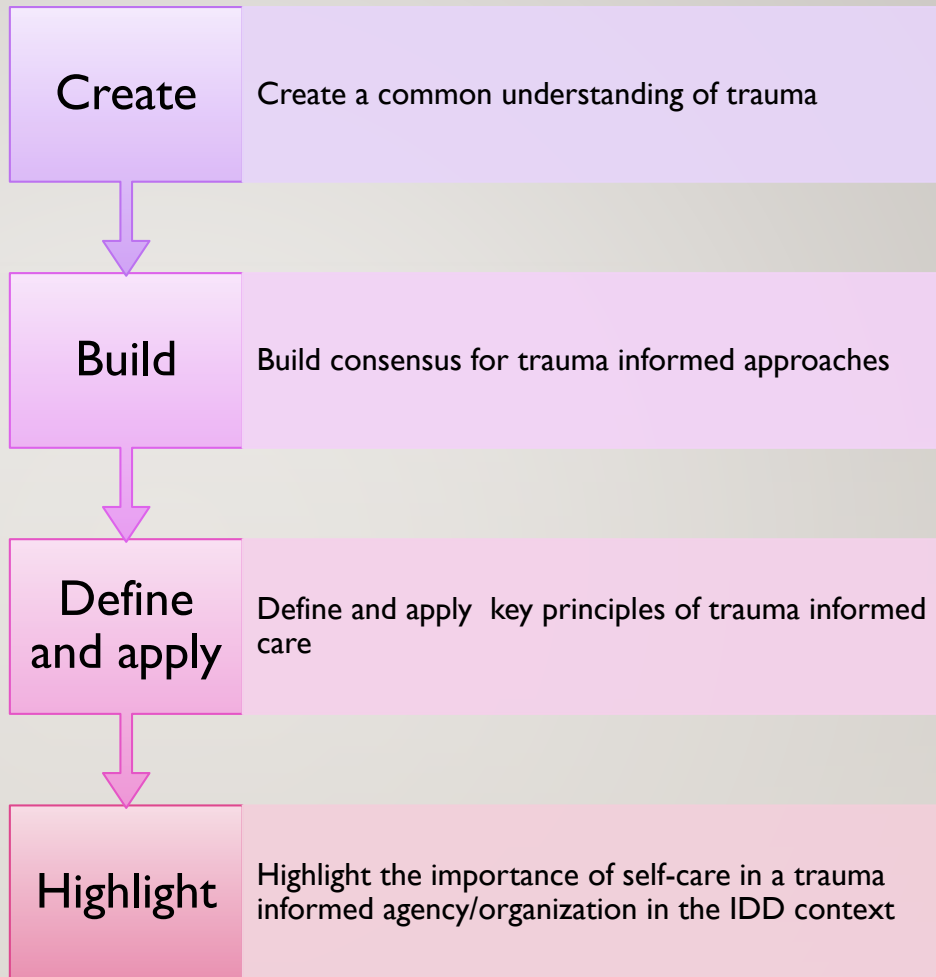
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OVERVIEW

- Trauma definition
- Signs and symptoms of trauma
- Impact of trauma on the individual, community and organizations
- Trauma informed care in service delivery and service delivery systems

LEARNING OBJECTIVES



PAIN IS INEVITABLE... SUFFERING
IS OPTIONAL



WHY IS THIS TOPIC IMPORTANT TO DENTISTRY???

1. There are elements of dental care that are inherently challenging for those with trauma histories:

- a) Close physical proximity
- b) Touch
- c) Lying horizontal
- d) Having objects placed in their mouths
- e) Feeling powerless, socioeconomic disparity

2. Avoiding iatrogenic harm due to not knowing



WHAT IS NEEDED:

- Settings to become trauma-informed
- Training for indirect, direct staff, management and organization on trauma
- Learning principals of Psychological First-Aid
- Taking care of yourselves

WHAT IS TRAUMA?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

TRAUMA THEORY

- **Describes what happens to people exposed to conditions of overwhelming stress**
- **Theory presupposes a cause that is not an individual character flaw, moral weakness or innate “badness”**
- **cause is the result of injury**

TRAUMA

- **is overwhelming**
- **involves a threat**
- **results in a feeling of vulnerability**
- **results in a feeling of loss of control**
- **interferes with the basic element of trust (may change the entity's world view)**



EXAMPLES OF TRAUMATIC EXPERIENCES

Neglect or abandonment (insufficient food, clothing, homelessness)

Physical, emotional or sexual abuse

Parental drug addiction, incarceration, alcoholism, violence

Death of parent

Divorce

Witnessing or experiencing violence

Serious medical illness or disease

Natural disasters/catastrophic loss



TRAUMA LENS

- Shift viewpoint from “What’s wrong with that person?”
- To “What has happened to that Person?”
- What do they need



sick

**health or
mental health
system**

**fundamental
defect**

stabilization

bad

**criminal
justice system**

**fundamental
defect**

no recovery

injured

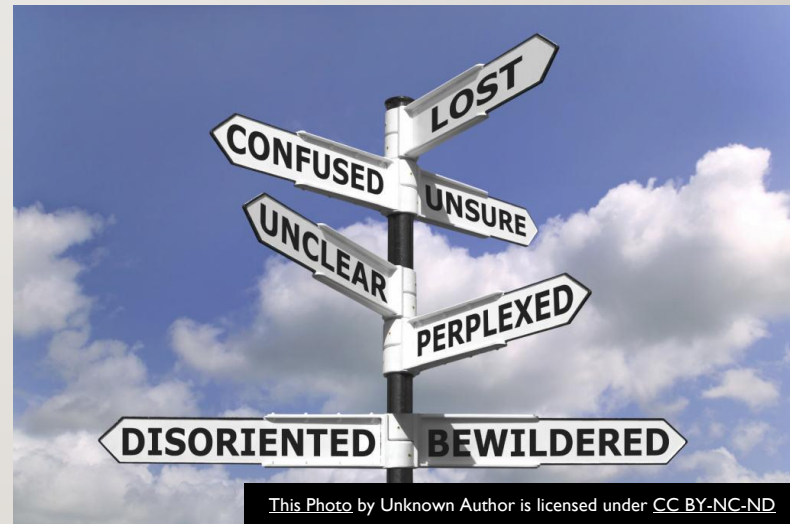
every system

**something
happened**

recovery

ADVERSE CHILDHOOD EXPERIENCES

- **2/3rd (67%) of all suicide attempts**
- **64% of adult suicide attempts**
- **80% of child/adolescent suicide attempts**
- ***...are attributable to adverse childhood experiences***



ACE STUDY

- **17,000 individuals studied in collaboration between Kaiser Permanente and CDC**
- **Studied effect of adverse childhood experiences over a lifetime**
- **1 in 4 exposed to 2 categories of ACEs**
- **1 in 16 was exposed to 4 categories.**
- **22% were sexually abused as children.**
- **66% of the women experienced abuse, violence or family strife in childhood.**
- **Women were 50% more likely than men to have experienced 5 or more ACEs**

ACE QUESTIONNAIRE

Prior to your 18th birthday:

- **Physical, emotional, or verbal abuse**
- **Sexual Abuse**
- **Family relationships, attachments**
- **Domestic violence**
- **Parental Substance abuse**
- **Neglect**
- **Mental illness**
- **Parental incarceration**

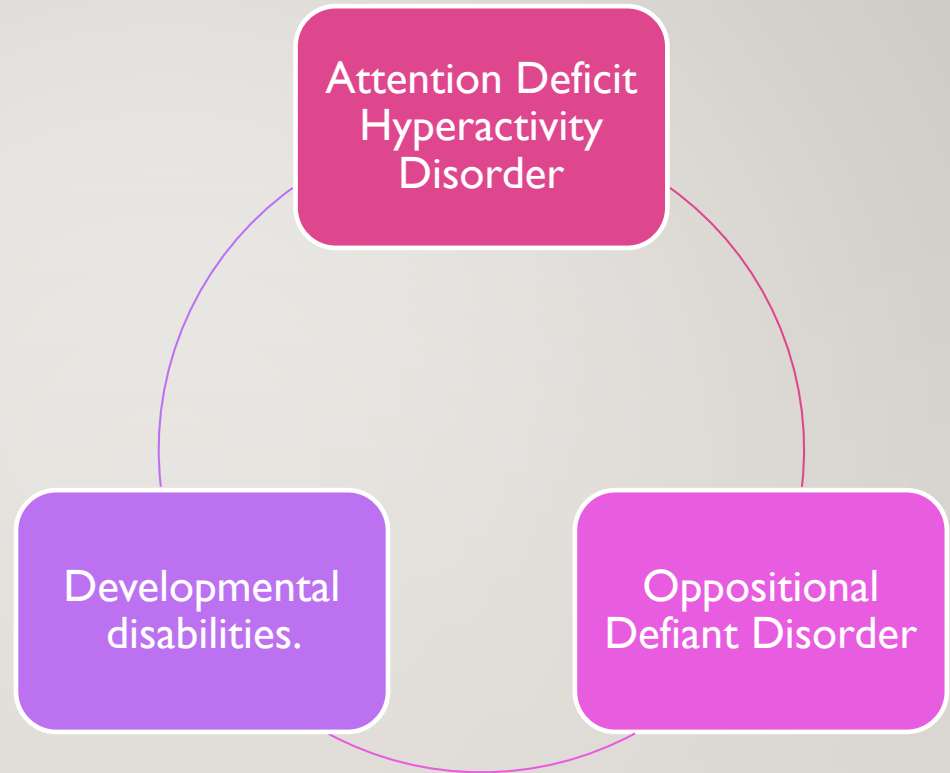
<https://americanspcc/take-the-ace-quiz/>

Nadine Burke Harris-
“The Deepest Well”

SYMPTOMS OF TRAUMA IN CHILDREN

- Repeating the trauma in play activities
- Aggression
- Distracted or inability to concentrate
- Inappropriate sexual behavior
- Disassociation
- Self harm
- Drug and alcohol abuse

**PTSD
SYMPTOMS
CAN BE
CONFUSED
WITH**





IMPACT

ADVERSE
CHILDHOOD
EXPERIENCES

Trauma Triggers in the Children

What other types of behaviors might you see when a Student has been triggered?

Fight

- Acting out
- Being aggressive
- Exhibiting defiance
- Being hyperactive
- Arguing
- Screaming/yelling

Flight

- Withdrawing
- Fleeing the classroom
- Seeming to sleep
- Avoiding others
- Hiding or wandering
- Becoming disengaged

Freeze

- Zoning out
- Refusing to answer
- Staring blankly
- Freezing in place

- *Problems with self regulation
- *Hypervigilance/Anxiety
- *Hyper-reactivity/Easily Triggered
- *Emotional Constriction
- *Loss of Trust and Faith
- *Unresolved Grief
- *Traumatic Bonding
- *Learned Helplessness
- *Somatic Disturbances
- *Tendency to Isolate

- * Reenactment
- *High Risk Behavior
- *Shame
- *Development of rigid psychological defenses
- *Relationship issues
- *Distorted reasoning
- *Loss of the ability to take care and support from others
- *Desire to Self Medicate



LONGER TERM EFFECTS

- **overall health**
- **chronic diseases**
- **epigenetic changes**
- **behavioral changes**
- **hyperarousal**
- **hypervigilance**
- **avoidance**



TYPES OF TRAUMA

simple

complex

historical

institutional



TRAUMA COMPLEXITY CONTINUUM

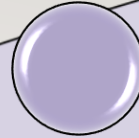
simple

adult onset,
single incident,
no childhood
trauma
history



complex

early onset,
multiple, over
extended
time, left
vulnerable



*group/
institutional*

complex
breakdown of
social systems
that provide toxic
opportunities for
repeated trauma

RESILIENCE

- Resilience refers to an individual's ability to cope with adversity and adapt to challenges or change. Resilience develops over time and gives an individual the capacity not only to cope with life's challenges but also to be better prepared for the next stressful situation.



RESILIENCE AND PROTECTIVE FACTORS

- strong support system-including teachers and mentors
- initial support at time of trauma
- adequate basic needs
- good health/self care
- low ACE score
- optimism
- internal vs. external locus of control
- trauma informed community/therapeutic community

PHILOSOPHY OF TRAUMA-INFORMED PRACTICE

- Create Safety
- Maximizing opportunities for choice and control
- Fostering connection
- Manage Emotions and Promote Self-Regulation



WHAT IS TRAUMA INFORMED CARE?

“When a human service program takes the step to become trauma informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.”

Substance Abuse and Mental Health Service Administration

<http://www.samhsa.gov/nctic/trauma.asp>

WHAT IS A TRAUMA INFORMED ORGANIZATION

- Realizes the prevalence and impact of Trauma
- Recognizes the signs of trauma and increased supports
- Responds to avoid Re-traumatization by integrating principles of trauma-informed care into policies procedures and protocols.
- Responding to ones own needs for self-care

6 KEY PRINCIPLES OF TRAUMA INFORMED ORGANIZATIONS

- Empowerment, Voice, and Choice
- Collaboration and Mutuality
- Safety
- Transparency and Trustworthiness
- Peer Support
- Cultural Humility

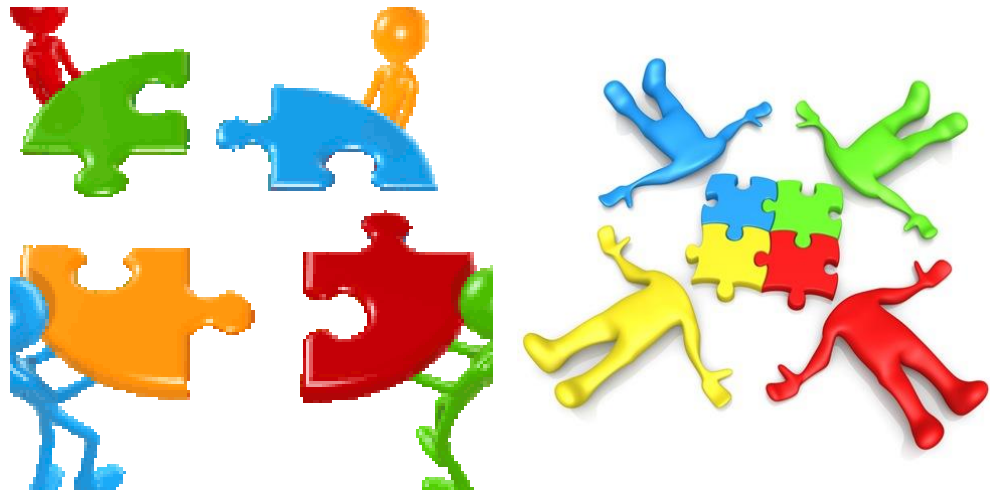


SAFETY
TRANSPARENCY
AND
TRUSTWORTHINESS

Supportive Relationships

- Affirm individuality and strengths
- Provide mentors
- Provide guided opportunities for meaningful conversation
- Restorative questions
- Coach mentees/students in relationship skills
- Team building activities

TRAUMA INFORMED ORGANIZATIONS



TRAUMA INFORMED ORGANIZATIONS

- Protects client's confidentiality
- Provides clients' rights information
- Provides quality clinical supervision to counselors
- Clear guidelines regarding client counselor boundaries
- Respects clients' right to self-determination
- Treats clients with dignity and respect
- Encourages staff self- care

TRAUMA INFORMED BEST PRACTICES

- Peace Corner
- Training for faculty, management, staff and peers
- Conversations around self-care
- Daily check in and check out
- Daily goal setting
- Opportunities for one on one discussions
- Comfortable spaces

TRAUMA INFORMED CARE



TRAUMA INFORMED COMMUNITIES



A community that has made a commitment...to engage all people in every walk of life...parents, schools, justice officials, health care workers...all community members...to reframe their world view and behaviors with a goal of reducing trauma...individual, family, community and generational

retrieved from

<http://acestoohigh.com/2012/02/13/tarpon-springs-may-be-first-trauma-informed-city-in-u-s/>

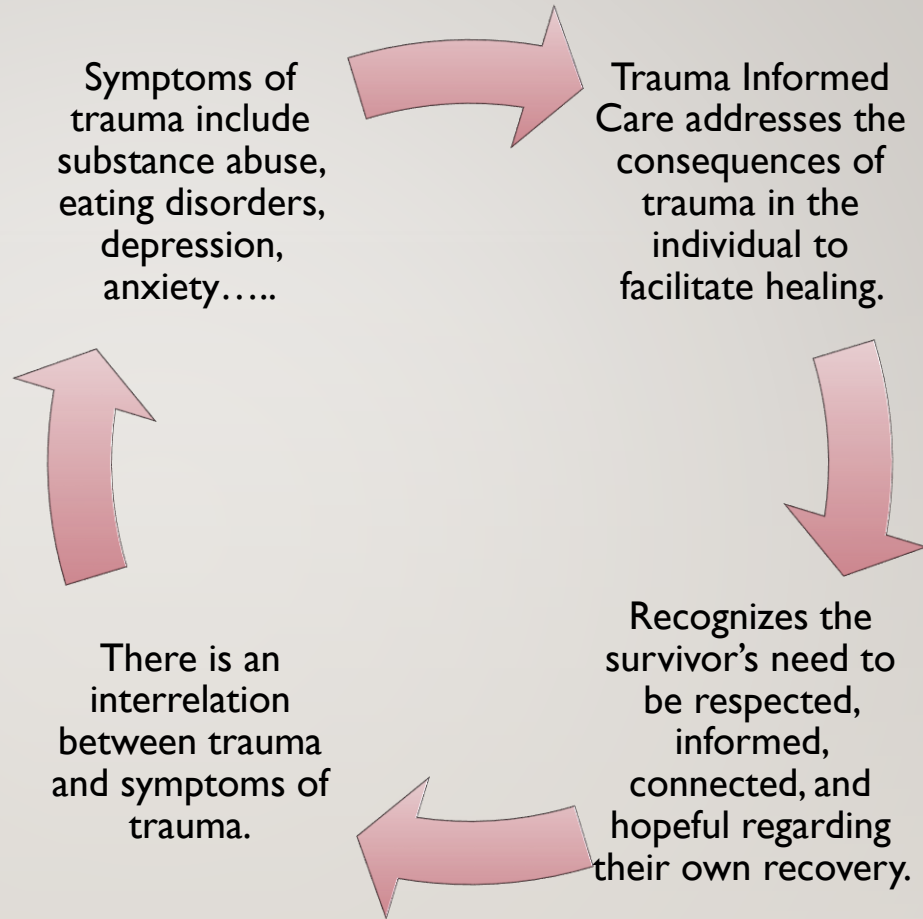
TRAUMA INFORMED CARE

Symptoms of trauma include substance abuse, eating disorders, depression, anxiety.....

Trauma Informed Care addresses the consequences of trauma in the individual to facilitate healing.

Recognizes the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery.

There is an interrelation between trauma and symptoms of trauma.



TRAUMA INFORMED CARE

Provides choices
and
empowers/allows
control over the
healing process.

Avoids re-
victimization DO
NO HARM

Recognizes that
problem
behaviors are
attempts to
cope.

Injury
perspective/not
sick or bad



TRAUMA INFORMED CARE IN IDD CONTEXT

CHOICE:

1. Sensitivity and thoroughness are required to ensure IDD are well-informed, above and beyond the simple opportunity to make a choice.
2. It is important to clearly delineate individuals' rights and responsibilities.

TRAUMA INFORMED CARE IN IDD CONTEXT

COLLABORATION:

1. Power is shared between management, staff and individuals.
2. Acknowledge, the profound impact of staff in the lives of individuals and the value of the ongoing contact with individuals.

TRAUMA INFORMED CARE IN IDD CONTEXT

EMPOWERMENT:

- 1. Fostering personal growth through training and opportunities for staff and individuals to reach their potential
- 2. Recognition of staff and individual abilities, encourages the use of such strengths when experiencing challenging situations.

TRAUMA INFORMED CARE IN IDD CONTEXT

SAFETY:

1. “Safety” refers to both physical and emotional safety.
2. Transparency in policies, adequate training, staffing patterns and supervision may foster safety for staff.
3. Safety for IDD includes sensitivity to privacy and supporting individuals in developing coping skills.

TRAUMA INFORMED CARE IN IDD CONTEXT

- TRUSTWORTHINESS:
 1. Trust is influenced by clarity of responsibilities and explanation of procedures.
 2. Maintenance of confidentiality.
 3. Those with trauma histories may be hesitant to trust others; therefore trust must be earned.

TRAUMA AND RECOVERY

- The first stage in healing from recovery is creating a world as safe as possible.
- Avoiding abusive and exploitative relationships and situations.
- Learning to feel safe within self by controlling intrusive thoughts, nightmares, flashbacks and depression.



PSYCHOLOGICAL FIRST AID

WHAT IS PSYCHOLOGICAL FIRST AID (PFA) ?

- Psychological First Aid is a humane, supportive response to another person who is suffering and who may need support.
- PFA is an acute intervention of choice when responding to people affected by disaster and crisis.
- It is designed to foster immediate and long -erm adaptive functioning and coping

THEMES OF PSYCHOLOGICAL FIRST AID

1. Provide practical care and support
2. Assess needs and concerns
3. Help people to assess basic needs
4. Listen but do not force them to talk
5. Comfort and help them feel calm
6. Connect with services and information
7. Protect people from further harm

Self-care is not about
self-indulgence, it's
about self-preservation.

– Audrey Lorde

www.facebook.com/twuhealthstudies

IGNACIO's Self Care Plan



Self-care is a
part of self-love

SELF CARE

[fb.com/CurlyHairedChica](https://www.facebook.com/CurlyHairedChica)
www.thecurlyhairedchica.com

SELF CARE

- An intentional plan to address empathic failures, past traumas and blindspots that cause conflict
- Activities that soothe the mind, body and the soul
- An intentional mindset
- A self-compassionate attitude

TYPES OF SELF CARE

- Sensory
- Emotional
- Spiritual
- Physical
- Social

SELF CARE

We maintain the healing journey by a
continued commitment to self care

SUGGESTED READINGS

- Come Back: A mother and Daughter's Journey Through Hell and Back(P.S.)
–Claire Fontaine
- Treating Trauma and Traumatic Grief in Children and Adolescents- Judith Cohen, Anthony P. Mannarino and Esther Deblinger
- Trauma Focused CBT-<https://tfcbt.org/>
- Becoming Ms. Burton: From prison-Susan Burton and Cari Lynn
- Just Mercy-Bryan Stevenson
- Raising Human Beings-Ross W. Greene
- A New Earth-Eckhart Tolle
- The Boy Who Was Raised As A Dog-Bruce Perry

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Additional Resources:

National Center for Trauma Informed Care Website:

<http://mentalhealth.samhsa.gov/nctic/>

National Child traumatic Stress Network Website: <http://www.NCTSNnet.org>

Child Trauma Institute Website: <http://www.childtrauma.com/>

QR CODE FOR CEU'S

