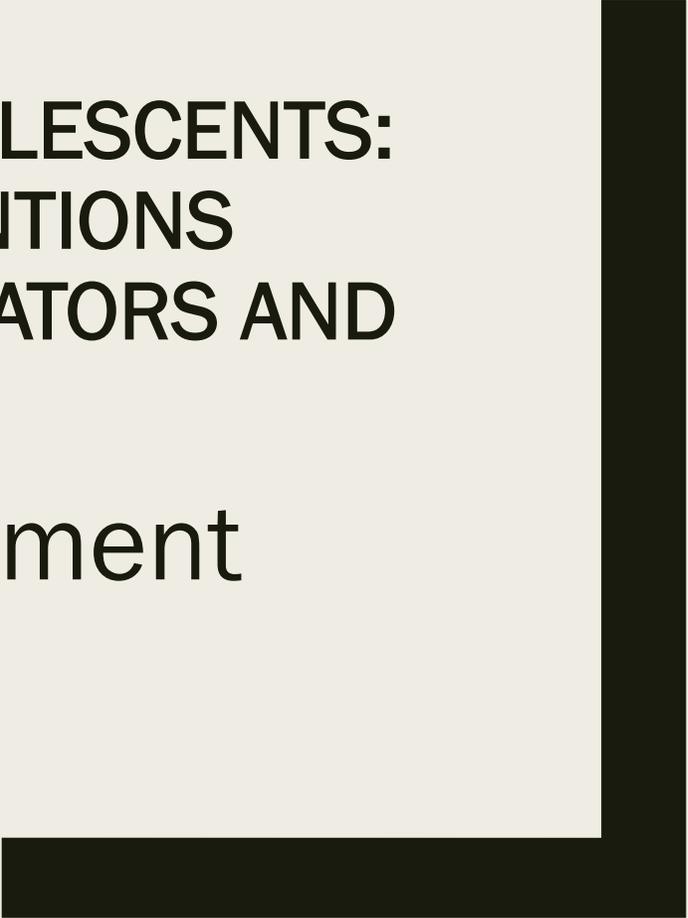


**TRAUMA VS. DRAMA HELPING ADOLESCENTS:
TRAUMA-INFORMED INTERVENTIONS
FOR FAITH-BASED LEADERS, EDUCATORS AND
PARENTS**

Trauma: Care and Treatment



What is Trauma?

- We all use the word “trauma” in every day language to mean a highly stressful event. But the key to understanding traumatic events is that it refers to extreme stress that overwhelms a person’s ability to cope.
- Different experts in the field define psychological trauma in different ways. What I want to emphasize is that it is an individual’s *subjective experience* that determines whether an event is or is not traumatic.
- This definition of trauma is fairly broad. It includes responses to powerful one-time incidents like accidents, natural disasters, crimes, surgeries, deaths, and other violent events. It also includes responses to chronic or repetitive experiences such as child abuse, neglect, combat, urban violence, concentration camps, battering relationships, and enduring deprivation. This definition intentionally does not allow *us* to determine whether a particular event is traumatic; that is up to each survivor. This definition provides a guideline for our understanding of a survivor’s experience of the events and conditions of his/her life.

Who Suffers from Trauma?

What Percentages of Mental Health Clients Have Histories of Trauma?

- 51 – 98% of public mental health clients with severe mental illness, including schizophrenia and bipolar disorder, have been exposed to childhood physical and/or sexual abuse. Most have multiple experiences of trauma (Goodman et al., 1999, Mueser et al., 1998; Cusack et al., 2003).
- 75% of women and men in substance abuse treatment report abuse and trauma histories (SAMHSA/CSAT, 2000).
- 93% of psychiatrically hospitalized adolescents had histories of physical and/or sexual and emotional trauma; 32% met criteria for PTSD (Lipschitz et al., 1999).
- Nearly 8 out of 10 female offenders diagnosed with a mental illness report histories of physical or sexual abuse (Smith, 1998).
- Teenagers with alcohol and drug problems are 6 to 12 times more likely to have a history of being physically abused and 18 to 21 times more likely to have been sexually abused compared with teenagers without alcohol and drug problems (Clark et al., 1997).
- 97% of homeless women with mental illness experienced severe physical and/or sexual abuse, and 87% experienced this abuse both as children and as adults (Goodman, Dutton et al., 1997).

Who Are Trauma Survivors?

- Because violence is everywhere in our culture and because the effects of violence and neglect are often dramatic and pervasive
- *Most clients/patients/recipients of services in the mental health system are trauma survivors*
- *Survivors are both genders, **all ages**, all races, all classes, all sizes, all sexual orientations, all religions, and all nationalities.*

Trauma Informed Care vs. Trauma Specific Treatment

Trauma Informed Care

- Trauma Informed Care takes into account knowledge about trauma into all aspects of service delivery, however it is not specifically designed to treat symptoms or syndromes related to trauma.

Trauma Specific Treatment

- Trauma Specific Treatment, is evidence based and best practice treatment models that have been proven to facilitate recovery from trauma. Trauma Specific Treatments directly address the impact of trauma on an individual's life and facilitate trauma recovery- they are designed to treat the actual consequences of trauma. All trauma specific treatment models should be delivered within the context of a relational approach that is based upon the empowerment of the survivor and create the feeling of safety.

Trauma informed care is about creating a culture built on six core principles

- *Trauma Understanding* - through knowledge and understanding trauma and stress we can act compassionately and take well-informed steps towards wellness.
- *Safety & Security* - increasing stability in our daily lives and having core physical and emotional safety needs met can minimize our stress reactions and allow us to focus our resources on wellness.
- *Cultural Humility & Responsiveness* – when we are open to understanding cultural differences and respond to them sensitively, we make each other feel understood and wellness is enhanced.
- *Compassion & Dependability* – when we experience compassionate and dependable relationships, we re-establish trusting connections with others that fosters mutual wellness.
- *Collaboration & Empowerment* – when we are prepared for and given real opportunities to make choices for ourselves and our care, we feel empowered and can promote our own wellness.
- *Resilience & Recovery* – when we focus on our strengths and clear steps we can take toward wellness, we are more likely to be resilient and recover.

Trauma-Informed Approach

According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:

- *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 Approach

- A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

Can I Treat and Care for Trauma Survivors?

- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues

Adolescents and Trauma

- In **adolescent** children, trauma can impact the development of the prefrontal cortex, which is the part of the brain responsible for connecting behaviors and consequences, problem solving, inhibitions, and impulse control.

When this part of the brain has not been fully developed, an adolescent may engage in more risk-taking behavior, make poor decisions, not perform well at school and become involved in criminal activity.

Things to Consider when Helping:

How the family and child communicate

How the family responds to the trauma (shame, guilt, blame, denial, acceptance)

Any stress or vulnerability the child and/or family is experiencing because of their culture (discrimination, stereotyping, poverty, less access to resources)

How the child and family feel about interventions regarding the trauma

What You Can Do

You play an important role in the lives of children and families. It is important to understand your role in helping traumatized children.

This knowledge will help ensure that children are not misdiagnosed with mental health disorders and that they receive appropriate intervention.

Forming trusting attachments and relationships is critical for children who have suffered trauma.

What You Can Do

There are several things you can do to help establish a trusting relationship with a child, such as:

- Have quality interactions with the child (this means fully engaging with the child and listening to the child)
- Do not make commitments or promises that you may not be able to keep
- Involve the child in decisions that effect their lives
- Focus on the child's strengths and resilience

What You Can Do

Additional tips for working with traumatized children/adolescents:

1. Set up relationships and situations that avoid re-traumatizing children.
2. Work with children to discover their "triggers" and ways to stay safe
3. Focus on children's strengths; what they CAN do and identify their existing coping skills
4. Ask children for their ideas about how they want to be helped

Self Care

One of the most important tasks you have to accomplish in helping a traumatized child is to manage your own trauma and stress.

Resources

- The Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) - [Trauma and Violence](#), [Trauma Page](#)
- [Resources in Response to Tragedies](#) Alameda County BHCS
- [ACEs Connection Network](#)
- [Trauma Informed Care: A Values-Based Context for Psychosocial Empowerment](#)
- [Models for Developing Trauma-Informed, Behavioral Health Systems and Trauma-Specific Services](#)
- [Recognizing and Preventing Vicarious Trauma: A Holistic Perspective](#)
- [Addressing Trauma with Community Mental Health Populations: A Toolkit for Providers](#)
- [National Association of State Mental Health Program Directors](#)
- [David Baldwin's Trauma Information Pages](#)
- [Homeless Resource Center: Best Practices for Providers, Trauma Informed Care](#)
- The "[Hope Beyond Hurt](#)" Poster - in both English and Spanish
- [Racing ACEs gathering and reflection](#): If it's not racially just, it's not trauma-informed. 10/19/16. See also [Racing ACEs Memo](#)
- Trauma Informed Care — [Workforce training framework](#), Scotland

