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Office of Advocacy & Reform

# The Implementation of Trauma Informed Care

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# Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course.**

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# Objectives

- ❖ Briefly review of trauma
- ❖ Explore the intersection of trauma and substance use
- ❖ Consider EBP for working with individuals who have experienced trauma
- ❖ Understand how to utilize strengths-based approaches to improve resilience (?) and empowerment
- ❖ Understand how to develop physically and psychologically safe spaces

Trauma Continuum			
Trauma-Aware	Trauma-Sensitive	Trauma-Informed	Healing-Centered
<p><b>Key Task: Awareness and attitudes</b></p> <p><i>The entity/individual becomes aware of trauma, the prevalence of trauma and considers the potential impact on customers and staff by</i></p> <ol style="list-style-type: none"> <li>1. Learning the definition of trauma and its impact on people;</li> <li>2. Beginning the internal process of becoming aware of their own adversity and trauma;</li> <li>3. Beginning to recognize their own attitudes and perceptions that may be influenced by trauma;</li> <li>4. Becoming aware that knowledge about the impact of trauma can change the way they see and interact with others.</li> </ol>	<p><b>Key Task: Knowledge, application, and skill development</b></p> <p><i>The entity/individual begins to:</i></p> <ol style="list-style-type: none"> <li>1. Explore the principles of trauma-informed care (safety, choice, collaboration, trustworthiness, and empowerment) within their environment and daily work.</li> <li>2. Build consensus around the principles.  </li> <li>3. Consider the implications of adopting or not adopting the principles; and</li> <li>4. Prepare for change.</li> </ol>	<p><b>Key Task: Change and Integration</b></p> <p><i>The entity starts to highlight the role of trauma. Staff begins re-thinking the routines and infrastructure at all levels of the entity by:</i></p> <ol style="list-style-type: none"> <li>1. Engaging in policy and practice reviews</li> <li>2. Considers the impact of both initial and secondary trauma.</li> <li>3. Presumes that all have experienced trauma and considers use of universal precautions</li> <li>4. Centers the voices of people with lived experiences</li> <li>5. Physical environment is modified to promote safety</li> <li>6. There is an understanding of how to respond in crisis situations</li> </ol>	<p><b>Healing-Centered</b></p> <p><i>Trauma-responsive and healing-centered practices are the norm at all levels.</i></p> <p><i>The trauma model is accepted and thoroughly embedded in culture and practice</i></p> <p><i>The entity/individual works with other partners to strengthen collaboration around trauma informed care.</i></p>

# What is Trauma?

# Definitions

## Trauma

**Trauma results from an event, series of events, or a set of circumstances experienced by an individual as physically or emotionally harmful or life threatening.** Potentially traumatic events may include those directly experienced by the individual, as well as witnessing such events as threatening to others (e.g., a loved one).



## A trauma response is a normal reaction to an abnormal situation

Depending on the presence of resilience factors, trauma can create biologically-based responses and can have long-lasting, adverse effects on the individual's learning, relationships, functioning, and mental, physical, social, emotional, and spiritual well-being. Not all individuals will experience a potentially traumatic event in the same way. An individual's reaction to the event may influence its effect on their functioning and wellbeing.

# Resilience vs. Healing

# Chronic Stress and Trauma

## Definition

**Chronic stress** is a prolonged and constant feeling of **stress** that can negatively affect your health if it goes untreated. It can be caused by the everyday pressures of family and work or by traumatic situations.

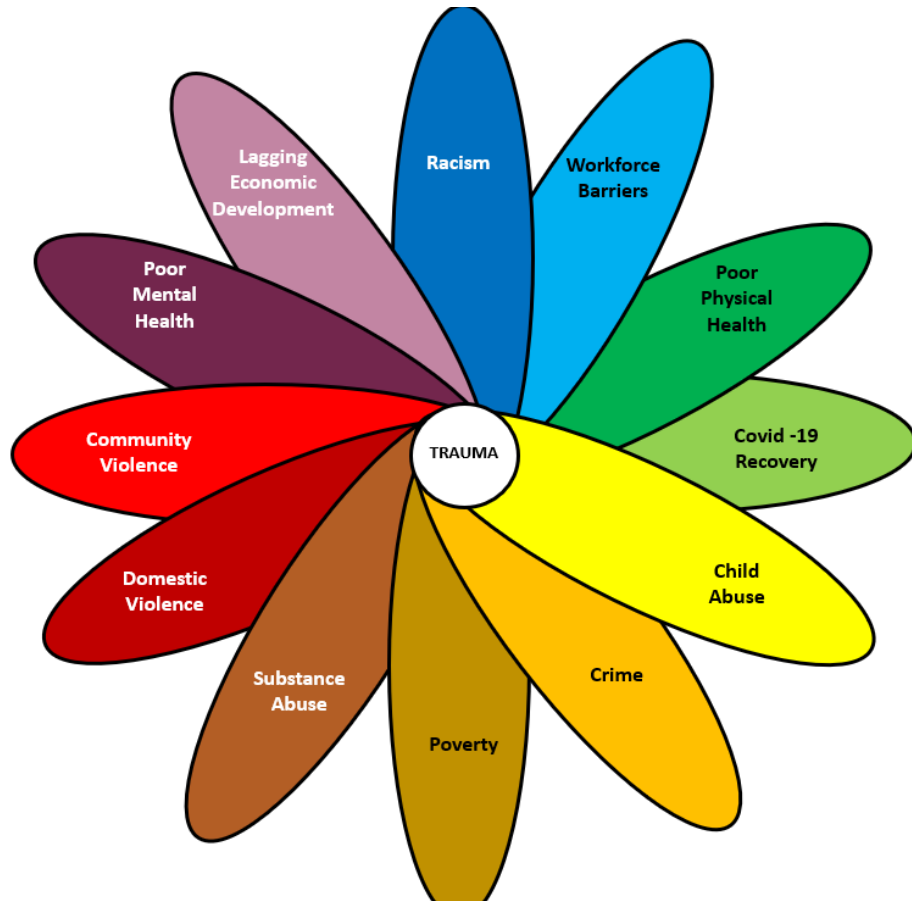
# Signs of Chronic Stress & Trauma

- irritability, which can be extreme
- fatigue
- headaches
- difficulty concentrating, or an inability to do so
- rapid, disorganized thoughts
- difficulty sleeping
- digestive problems
- changes in appetite
- feeling helpless
- a perceived loss of control
- low self-esteem
- loss of sexual desire
- nervousness
- frequent infections or illnesses



# **What Can Trigger Chronic Stress?**

## All of this is intertwined with some of our largest community challenges

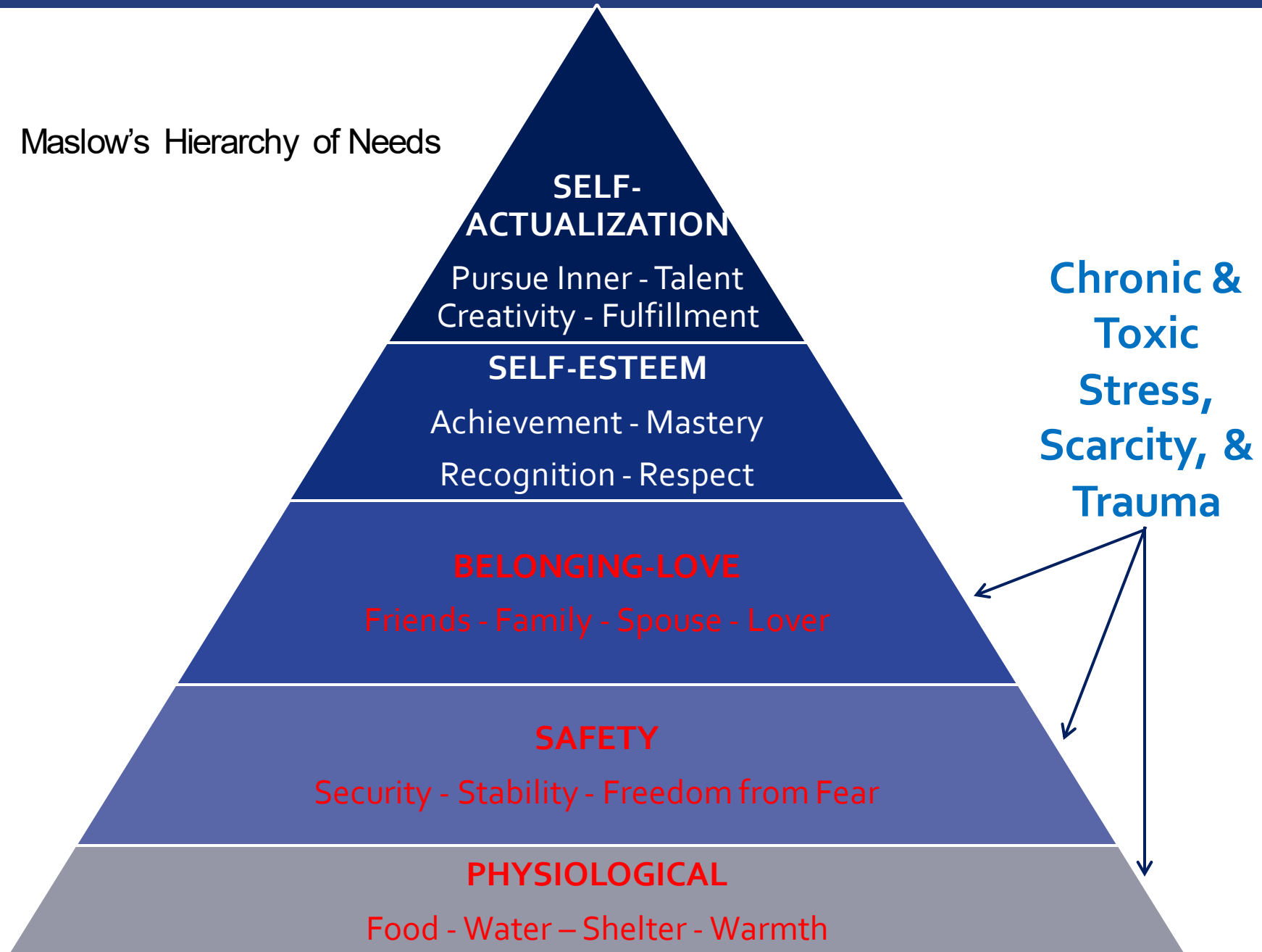


Poverty  
Racism  
Poor Physical Health  
Poor Mental health/PTSD  
Barriers to Workforce Development  
Crime  
Substance Use  
Child Abuse/Domestic Violence  
Community/Economic Development  
Covid-19

# **The Intersection of Trauma and Substance Use**



## Maslow's Hierarchy of Needs



## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently

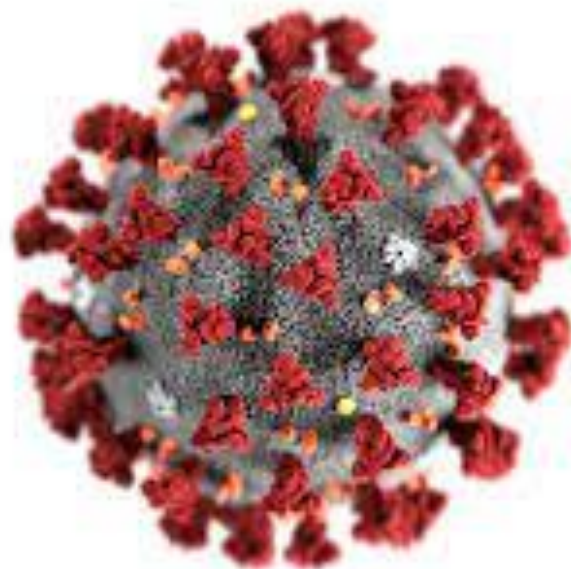


Substance Abuse



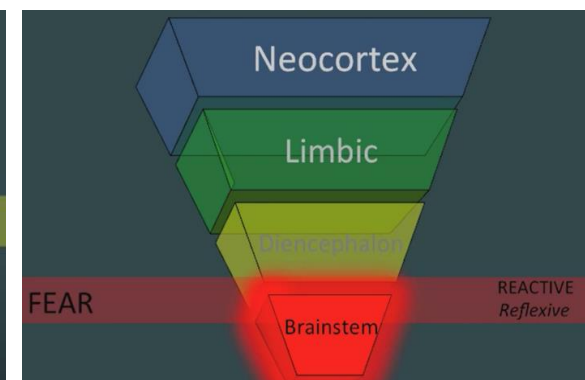
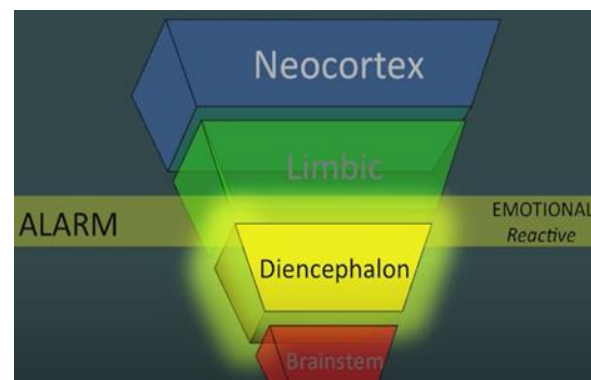
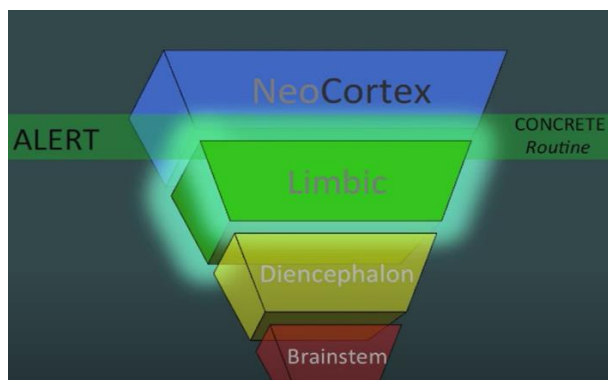
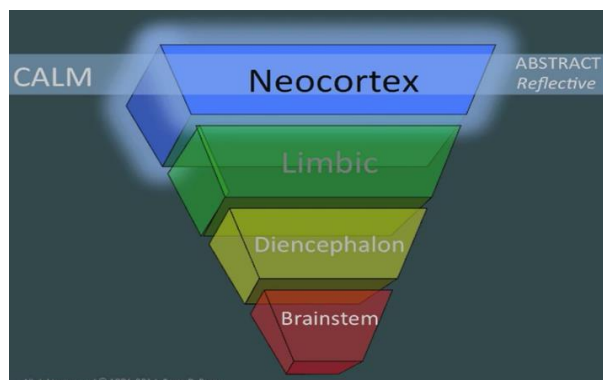
Divorce

Adversity exposure	Philadelphia sample (N=1,784), %	Kaiser sample <sup>a,b</sup> (N=8,056), %	p-value
Conventional ACEs			
Physical abuse	38.1	10.8	< 0.001
Substance using household member	34.8	25.6	< 0.001
Emotional abuse	33.2	11.1	< 0.001
Mentally ill household member	24.1	18.8	< 0.001
Witnessed domestic violence	20.2	12.5	< 0.001
Sexual abuse	16.2	22.0	< 0.001
Incarcerated household member	12.9	3.4	< 0.001
Emotional neglect	7.7	14.8	< 0.001
Physical neglect	7.0	9.9	< 0.001
Expanded ACEs			
Witnessed violence	40.5	N/A	N/A
Felt discrimination	34.5	N/A	N/A
Unsafe neighborhood	27.3	N/A	N/A
Experienced bullying	8.0	N/A	N/A
Lived in foster care	2.5	N/A	N/A



# The Stress Response System and Substance Use

## *Fight-Flight-Freeze*

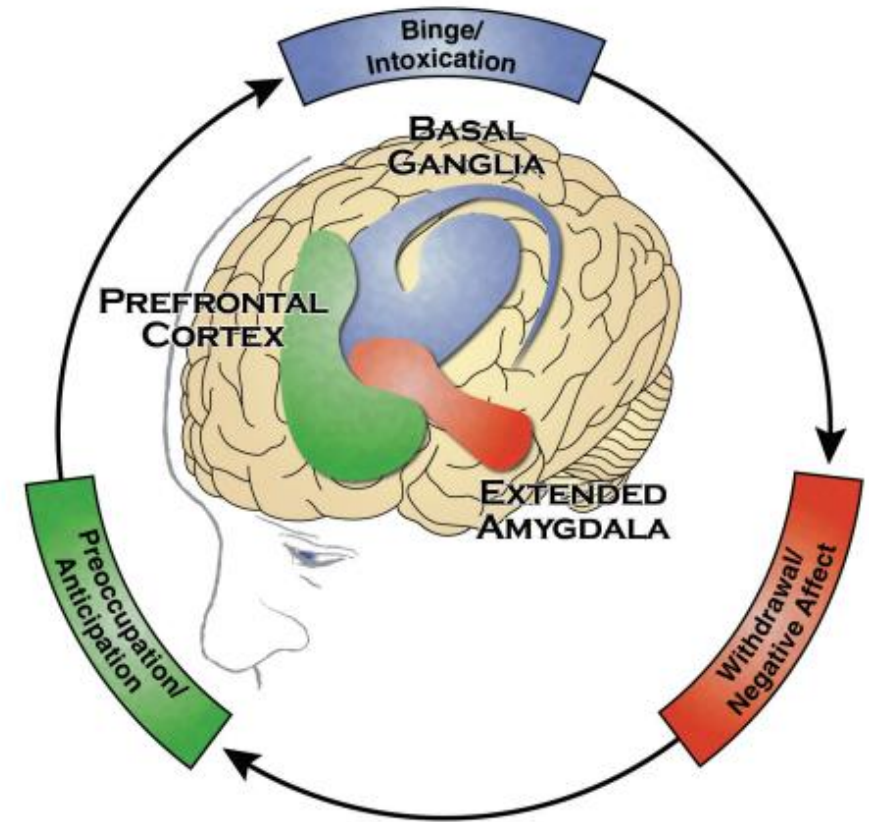


# Dr. Perry & State Dependent Cognition

Functional IQ	120-100	110-80	90-60	70-50
PRIMARY Secondary Brain Area	NEOCORTEX <i>Cortex</i>	CORTEX <i>Limbic</i>	LIMBIC <i>Diencephalon</i>	DIENCEPHALON <i>Brainstem</i>
Cognition	Abstract Reflective	Concrete Routine	Emotional Reactive	Reactive Reflexive
Mental State	CALM	ALERT	ALARM	FEAR

# Why Turn To Substances?

- ❖ **Flight:** An ability to escape the trauma and suppress any associated thoughts
- ❖ **Increase Dopamine:** Some substances cause higher levels of dopamine to be released via neurotransmitters leading to the activation of the Addiction Cycle
- ❖ **Social Acceptance:** Trauma and chronic stress affect our social-emotional connections. Using substances can make a person feel more social and/or accepted within a certain social circle.



**EBPs: How can we take care of  
ourselves, our teams, and the people we  
serve?**



# Put Your Mask on First



## **We Can Promote:**

- **Breathing**
- **Mindfulness**
- **Yoga**
- **The Arts**
- **One Stable Adult / Relationships**
- **Adult Capabilities Study**
- **Resources**
- **Resilience-Building**
- **Trauma Therapy**

# Trauma Therapy

**EMDR** - Eye Movement Desensitization and Reprocessing

**TF-CBT** - Trauma Focused Cognitive Behavioral Therapy

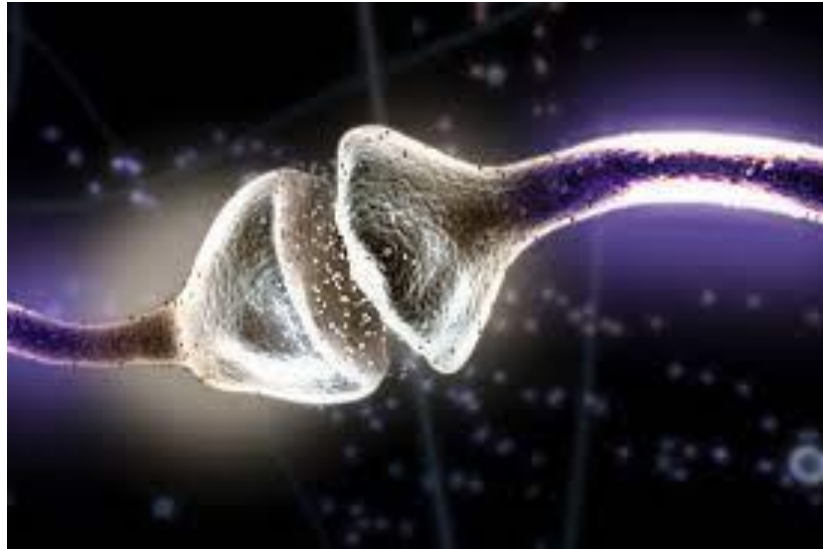
**TST** - Trauma Systems Therapy

**CFTSI** - Child and Family Traumatic Stress Intervention

**ARC** - Attachment, Self-Regulation and Competency

**C-BITS** - Cognitive Behavioral Intervention for Trauma in Schools

**Neurobiologists have documented positive impacts on the human brain when provided experiences that have been:**



**Positive**  
**Patterned**  
**Repetitive**



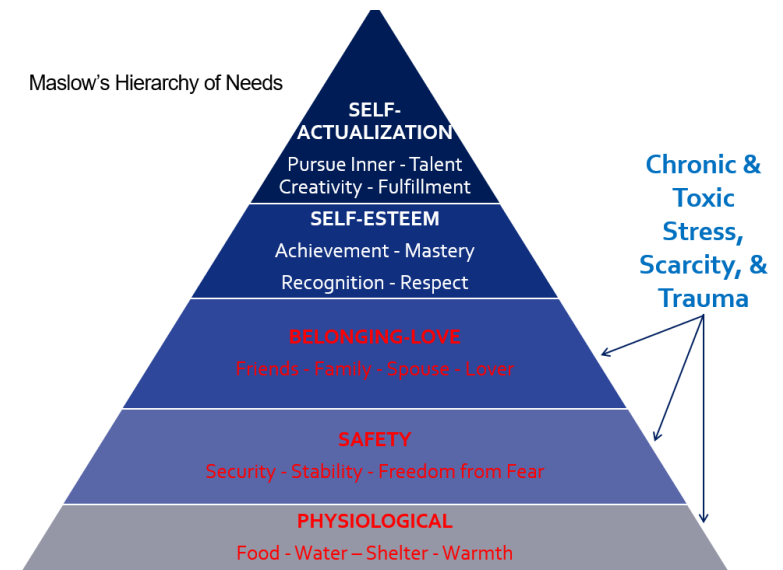
**Utilize a Strengths Based  
Approach Focused on:  
*Post Traumatic Growth***

# What is Post Traumatic Growth?

- ❖ The process of discovering personal resources and strengths that have helped an individual after a traumatic experience
- ❖ The moment that you experience trauma, your survival system calls upon special resources to help you survive.
- ❖ Most survivors are barely conscious of the strengths that have enabled them to still be here today.

# What is Post Traumatic Growth?

- ❖ Post Traumatic Growth takes time and requires a social support structure (family, friends, therapist, spiritual community, stable housing, clear expectations etc. these are also known as *Protective Factors*)
- ❖ How can you help?
  - ❖ Encourage healthy routines
  - ❖ Physical exercise
  - ❖ Healthy eating
  - ❖ Promote relaxing environments
  - ❖ BE SOMEONES POSITIVE SELF TALK
  - ❖ Listen without judgment



# SCENARIO

A soldier enlists in the Army and goes to bootcamp in August of 2011. During bootcamp there is an attack on the United States of America and the US declares war in the middle east. The soldier is sent to Germany for several years and completes a tour in Iraq. Almost a decade later the soldier returns home and is provided limited resources to support reintegration into the community. The soldier finds an apartment in a safe place to live. He/She struggles connecting with old friends and with family since so much time has passed and life has changed for most of the people he/she knew. The soldier begins to go to the bar on a regular basis to talk to other people who can commiserate. At night, the soldier has trouble sleeping and can't be alone with his/her thoughts so remains at the bar until it closes. After the bar closes the soldier makes a habit of walking around town. The soldier enjoys making people laugh, but starts to drink enough that he/she begins to get into altercations, miss work the following day, miss family functions etc. The soldier is arrested on drinking related charges and serves time in jail. When released from jail, the soldier pays large fines and attends programs that are required by the court. The soldier makes the decision to stop drinking.



# What Strengths Can You Identify?

Break-Out Room 1



Break-Out Room 2



Always  
Consider Your  
Own Implicit  
Biases

# SCENARIO OUTCOME

The soldier was committed to no longer drinking. Once the court order expired, the soldier continued to attend AA on a weekly basis. The soldier got married, had children and began going to AA less. Unfortunately, during the pandemic, the soldier lost his/her job and became depressed. The soldier began going to therapy and AA on a regular basis and began exercising 2-3 times a week. The soldier has been sober for 11 years.



# Understanding our own psychological responses



# What's your snake?

## Stigmatization, Implicit Bias, and Trauma



# Dr. Perry & State Dependent Cognition....

## It impacts you too!

Functional IQ	120-100	110-80	90-60	70-50
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# Creating Safe Spaces: Individual and Organizational Approaches

# According to a 2016 report from the American Network of Community Resource Options (ANCOR):

- ❖ The largest reasons for employee attrition in human services is the unexpected amount of stress
- ❖ It was found that 81% of human services workers strongly agree it is easy to burn out in the work that they do and 70% reported always having too much work to do.
- ❖ All the added stress leads to increased turnover of staff, putting the remaining employees into an even worse position as they are left understaffed.



# Creation of Physically Safe Spaces

- ❖ The physical environment impacts an individual's sense of identity, worth, dignity, and empowerment.
- ❖ Physical environment has an impact on attitude, mood, and behavior, and that there is a strong link between our physiological state, our emotional state, and the physical environment.



# Creation of Physically Safe Spaces

1. Utilize soothing paint tones:
  - ✓ Avoid deeply hued warm colors (i.e. red, orange, yellow) that may arouse negative emotions.
  - ✓ Cool colors (i.e. blue, green, purple) have a calming effect
  - ✓ Avoid stark white walls/consider natural light
2. Keep the space clear of clutter to promote calm (presence of plants/landscape art)
3. Avoid complex décor: Find a balance between institutionally sparse and overstimulating
4. Offer access to stress reducing tools: stress balls, headphones etc.
5. Consider furniture setup: perceived crowdedness, relationship to staff (authoritative?)
  - ✓ Consider mobility of setup to increase individuals' sense of control
  - ✓ Promote socialization in furniture arrangement

# Creation of Psychologically Safe Spaces

- Trauma Informed Supervision/Practices
- Safety
- Trustworthiness
- Peer Support
- Collaboration
- Empowerment and Choice
- Cultural and Gender Issues



# Trauma Informed Supervision

## What it is:

- A partnership between a supervisor and a supervisee
- A safe space to discuss the ongoing support needs of supervisees to avoid negative impacts of vicarious trauma

## The three functions of Trauma Informed Supervision include:

- Administrative: Provides the structure and resources needed to complete job tasks and connect the supervisee's work to the organization's strategic plan/goals
- Educational: Advocates for the development of skills and knowledge as informed by supervisee to support professional growth.
- Supportive: Aims to reduce job-related stress and promote motivation, satisfaction and commitment to their job.

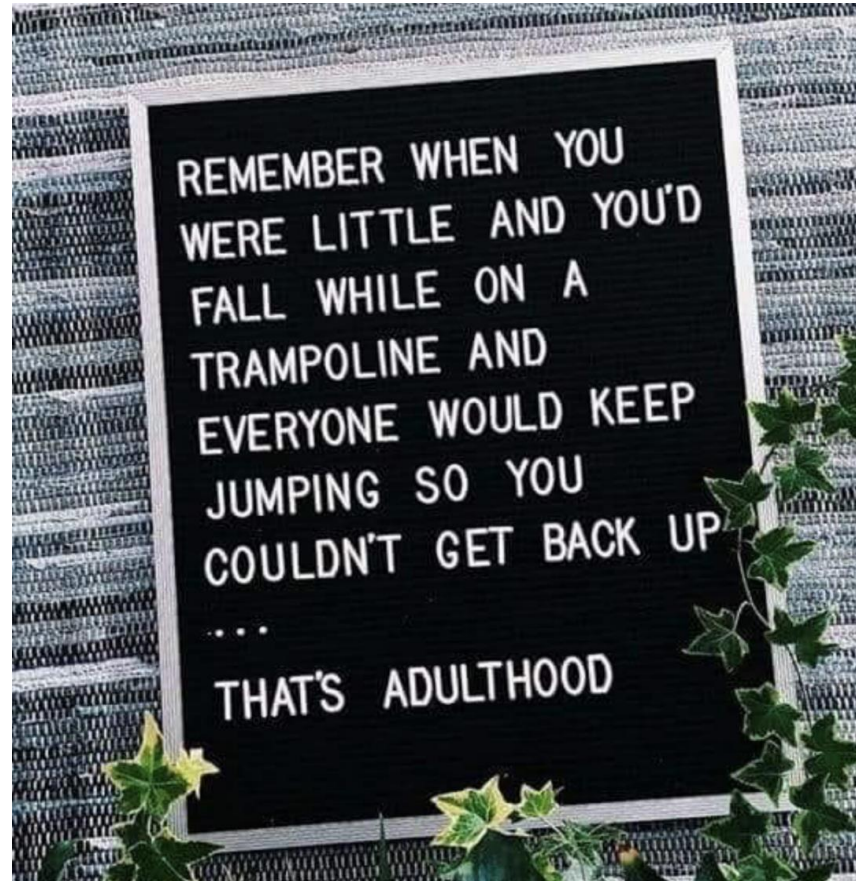
# Trauma Informed Supervision

## What it is NOT:

- Therapy: Supervisors should set boundaries and recognize when to refer an individual to outside services or EAP. However, personal issues that may impact the work experience can be appropriate to discuss if meant to create a space for developing solutions/interventions that support work functions
- Solely Case Management
- Solely a Performance Evaluation

## Safety

*Create a space that fosters shared vulnerability and honesty*



## Trustworthiness

*Set clear expectations for what can be confidential and what will require notification to others*



**Peer Support, Collaboration, and Empowerment**

*Sharing lived experiences can help people feel empowered to create goals and roadmaps for success*

**THE INITIAL BOND  
IS THE SHARED  
EXPERIENCE.**

Lucy Macdonald

QUOTEHD.COM



# Workplace Scenario

## Supervisor Lens

An individual works as a county children and youth supervisor. The number of calls coming into the county have increased creating fatigue, frustration and vicarious trauma for her staff. She receives a call from a caseworker who has been on her team for almost a year. The caseworker shares that she has experienced a miscarriage and would like to request two days off from work. The caseworker doesn't have sick time and policy doesn't allow her FMLA. The supervisor has two cases that need investigation, one involving alleged abuse of a 15-month-old child at the hands of the child's pregnant mother.

## Supervisee Lens

The caseworker is passionate about her job. She works late when requested and overtime as needed. She has been trying to conceive for several years and coping with the physical and emotional impact of the miscarriage is making it hard for her to focus at work. She is aware that she doesn't have sick time and is nervous to approach her supervisor, especially given the personal nature of her experience.

## Work Demands Lens

The county is understaffed, and child abuse/neglect reports are continuing to flood the office. Caseworkers are increasingly fatigued and experiencing high levels of chronic stress due to the nature of the job and the time demands to complete reports that are of high quality.



# Scenario Outcomes and Service Delivery

## Supervisor Lens

The supervisor tells the caseworker that they do not have any sick time to utilize and the policy wouldn't permit use of FMLA. The supervisor tells the caseworker that she would need to resign immediately to get the two days off and then reapply to the position. She explains that unfortunately two weeks notice are required for resignations, so re-hire is not guaranteed. The supervisor sends her to the report involving the alleged abuse/neglect of a 15 month-old child by the child's pregnant mother.

## Supervisee Lens

The caseworker says that she understands. She goes to complete her investigation for the wellbeing of the 15-month-old child. She feels angry with the pregnant mother and leaves the investigation highly stressed and experiencing several adverse emotions. She is unable to focus and complete her report. She resigns that day with no intention of re-applying.

## Work Demands Lens

The child requires an additional site visit for a full report to be made. A second caseworker is sent to complete. The county is now understaffed by one more individual, so the demand increases more than before. Chronic stress increases. Workload increases. Services are yet to be opened for the family to promote the safety for the child involved.



# BREAK OUT SESSION

Option 1: Discuss a time you experienced a “less than” trauma-aware work environment, what changes could have been made to produce a healing centered ripple effect?

Option 2: Consider a time when you engaged in a “less than” trauma-aware manner, what do you wish you had done differently to promote healing centered practices?

“Relationships matter: The currency for systemic change is trust, and trust comes through forming healthy, working relationships. People, not programs, change people”

Dr. Bruce Perry, MD, PhD

*The Boy Who Was Raised as a Dog (2017)*

# Questions?

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717-479-5780

# Session Evaluation

Please complete the session evaluation at: <https://www.surveymonkey.com/r/R3HCNNS>

and be sure to designate which CEU credits you are requesting CME, CNE, Social Worker or PCB. The deadline for completing the evaluations is xxxx.

Please email Pauline at [taylor@jhf.org](mailto:taylor@jhf.org) if you have any questions about the CEU process.

The UPMC Center for Continuing Education will follow up with you via email after July 28 with instructions on how to claim your CME, CNE or SW credits and print certificates. To prepare, we recommend you create an account, using the email address you use in the survey, with UPMC CCE via this website <https://cce.upmc.com>.

PCB certificates will be emailed separately to participants.

**We design the sessions based on your feedback!**