

TRAUMA-INFORMED CARE IN COUNSELOR EDUCATION

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INTRODUCTION

- First year doctoral student in the University of Tennessee, Knoxville Counselor Education program
- Clinical experience
 - Inpatient psychiatric facility
 - Suicide and crisis hotline
 - Medium security prison for men
 - Mobile crisis
 - Alternative school (middle/high school)
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OUTLINE

What we are going to
talk about today, and
what we aren't going to
talk about today....

- Trauma-informed care VS. Trauma-specific care
- What trauma is
- Common symptomology seen from people who have experienced a traumatic event
- Interventions or skills that counselors can adapt to be more trauma-informed and where these can be integrated into coursework

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- In-depth resources for working with clients with extensive trauma background
 - In-depth information on the neurobiological and somatic effects of trauma experience

TRAUMA-INFORMED VS. TRAUMA-SPECIFIC

Trauma-informed

- An approach to the delivery of behavioral health services
- Understanding of trauma and an awareness of the impact it can have across settings, services, and populations
- Views trauma through an ecological and cultural lens recognizing context

Trauma-Specific

- Specialized training
- Treatment is focused on the traumatic experience
- Complex trauma
 - Intensive and extensive treatment

Whether provided by an agency or an individual provider, trauma-informed services may or may not include trauma-specific services or trauma specialists

KEY STEPS TO TRAUMA INFORMED CARE

- Preventing or minimizing treatment practices that re-traumatize people with histories of trauma who are seeking help or receiving services



- Meeting client needs in a safe, collaborative, compassionate manner

- Building on strengths and resilience of clients in the context of their environment and communities

WHAT IS TRAUMA?

- SAMHSA
 - “...experiences that cause intense physical and psychological stress reactions.”
 - “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 individuals functioning and physical, social, emotional, or spiritual well-being”
- Horowitz (1989)
 - “...a sudden and forceful event that overwhelms a person’s ability to respond to it, recognizing that a trauma need not involve actual physical harm to oneself; an event can be traumatic if it contradicts one’s worldview and overpowers one’s ability to cope”

WHAT IS TRAUMA?

It is not just the event itself that determines whether something is traumatic, but also the individual's experience of the event

A NORMAL RESPONSE TO AN ABNORMAL SITUATION



TYPES OF TRAUMA

TYPES OF TRAUMA

- Individual
- Group
- Community
 - Historical
 - Mass
- Interpersonal
- Developmental
- Political and war

TYPES OF TRAUMA

Individual

An event that occurs to one person

mugging

Rape

Physical
attack

Work
related
injury

Life
threatening
illness

Group

Traumatic experiences that affect a particular group

First
Responders

Firefighters

Disaster
Responders

Military

Gangs

TYPES OF TRAUMA

Community

A broad range of violence and atrocities that erode the sense of safety within a community

Virginia
Tech

Orlando
Night
Club

Katrina

Eric
Garner

Sandy
Hook

9/11

Charleston
Church

TYPES OF COMMUNITY TRAUMA

Mass
**Large-scale natural and human caused
disasters**

Historical
**Generational trauma, events that are
so widespread as to affect an entire
culture**

Earthquakes

Nuclear
Reactor

Tsunami

Holocaust

Genocide
in Rwanda

Enslavement
of African

Displacement
of Native
Americans

TYPES OF TRAUMA

Developmental

Specific events or experiences that occur within a given developmental stage and influence later development, adjustment, and physical and mental health

Neglect

Abuse

Life-
threatening
child illness

Political Terror and War

Direct or indirect exposure to war and war related experiences

Refugees

Terrorism

Victims of
torture

PREVALENCE

Prevalence of Exposure to Events (Weighted)

Event type	<i>n</i>	%	<i>SE</i>
<i>DSM-5 Criterion A</i>			
Disaster	1,491	50.5	1.3
Accident/fire	1,427	48.3	1.3
Exposure to hazardous chemicals	493	16.7	1.1
Combat or warzone exposure	231	7.8	0.7
Physical or sexual assault	1,568	53.1	1.3
Witnessed physical /sexual assault	982	33.2	1.3
Witnessed dead bodies/parts unexpectedly	667	22.6	1.1
Threat or injury to family or close friend due to violence/accident/disaster	956	32.4	1.2
Death of family/close friend due to violence/accident/disaster	1,529	51.8	1.3
Work exposure	340	11.5	0.9
Other <i>DSM-5</i> Criterion A event	53	1.8	0.3
Any <i>DSM-5</i> event	2,647	89.7	0.7
<i>DSM-IV Criterion A excluded from the DSM-5</i>			
Threat or injury to family or close friend (nonviolent)	93	3.2	0.6
Sudden unexpected death (nonviolent)	1,668	56.5	1.3
Serious illness of self or close friend or family member	5	0.2	0.1
Other injury/life threat/other extremely stressful event	1,245	42.2	1.3
Any event	2,766	93.7	0.5

Kilpatrick, D., Resnick, H., Milanak, M., Miller, M., Keyes, K., & Friedman, M. (2013). National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria. *Journal of Traumatic Stress*, 26(5), 537-547.

INDIVIDUAL TRAUMA PREVALENCE

- ACE Study
Adverse Childhood Experiences (2005)

ACE Category	Women	Men	Total
	Percent (N = 9,367)	Percent (N = 7,970)	Percent (N = 17,337)
ABUSE			
Emotional Abuse	13.1%	7.6%	10.6%
Physical Abuse	27%	29.9%	28.3%
Sexual Abuse	24.7%	16%	20.7%
HOUSEHOLD CHALLENGES			
Mother Treated Violently	13.7%	11.5%	12.7%
Household Substance Abuse	29.5%	23.8%	26.9%
Household Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
NEGLECT			
Emotional Neglect ³	16.7%	12.4%	14.8%
Physical Neglect ³	9.2%	10.7%	9.9%

<https://www.cdc.gov/violenceprevention/acestudy/about.html>

- The most common trauma is witnessing someone being badly injured or killed
 - 35.6 % of men and 14.5 % of women
- The second most common trauma is being involved in a fire, flood, or other natural disaster
 - 18.9% of men and 15.2% of women

CHILDREN

- **Four of every 10** children in American say they experienced a physical assault during the past year, with one in 10 receiving an assault-related injury.
- **2%** of all children experienced sexual assault or sexual abuse during the past year, with the rate at nearly 11% for girls aged 14 to 17.
- Nearly **14%** of children repeatedly experienced maltreatment by a caregiver, including nearly 4% who experienced physical abuse.
- **1 in 4** children was the victim of robbery, vandalism or theft during the previous year.
- More than **13%** of children reported being physically bullied, while more than 1 in 3 said they had been emotionally bullied.
- **1 in 5** children witnessed violence in their family or the neighborhood during the previous year.

Finkelhor, D., Turner, H. a., Shattuck, A., & Hamby, S. L. (2013). Violence, Abuse, and Crime Exposure in a National Sample of Children and Youth. *JAMA Pediatrics*, 167(7), 614–621. <http://doi.org/10.1542/peds.2009-0467>

IMPLICATIONS FOR COUNSELOR EDUCATION

Integration...

STANDARDS

- 3. Human Growth and Development
 - G. Effects of crisis, disaster, and trauma on diverse individuals across the lifespan
- 5. Counseling and Helping Relationships
 - M. Crisis intervention, **trauma-informed**, and community-based strategies as at Psychological First Aid
- 7. Assessing and Testing
 - D. Procedures for identifying trauma and abuse and for reporting it

TRAUMA RESPONSE

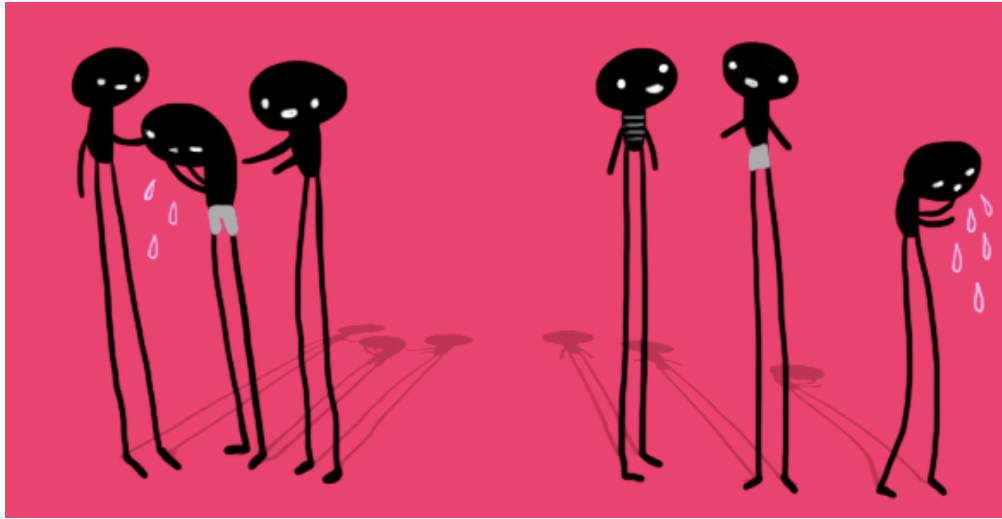
CACREP STANDARDS

3. Human Growth and Development

G. Effects of crisis, disaster, and trauma on diverse individuals across the lifespan

7. Assessing and Testing

D. Procedures for identifying trauma and abuse and for reporting it



- A client's response style to a traumatic event is less important than the degree to which coping efforts successfully allow one to continue necessary activities, regulate emotions, sustain self-esteem, maintain relationships
 - The most recent psychological debriefing approaches emphasize respecting the individual's style of coping and not valuing one type of another

INFLUENCES ON STRESS RESPONSE

- Was there enough time to process the experience?
- How many losses has the trauma caused?
- Was it a single traumatic event, repeated, or sustained?
- Was the trauma expected or unexpected?
- Were the trauma's effects on the person's life isolated or pervasive?
- Who was responsible for the trauma and was the act intentional?
- Was the trauma experienced directly or indirectly?
- What happened since the trauma?

COMMON EXPERIENCES

- Numbing or detachment
- Denial
- Feeling out of control
- Greater startle response
- Extreme fatigue or exhaustion
- Sleep and appetite disturbances
- Irritability
- Avoidance of reminders
- Decreased activity level
- Difficulty making decisions
- Self-blame
- Shame
- Engagement in high-risk behaviors
- Withdrawal

CLINICAL APPLICATION APPLICATION

CACREP STANDARD

5. Counseling and Helping Relationships

M. Crisis intervention, **trauma-informed**, and community-based strategies as at Psychological First Aid



WHY IS THIS IMPORTANT?

Individuals who have experienced trauma are at an elevated risk for substance use and dependence; mental health problems (depression, anxiety, impairment in relational/social and other major life areas); and physical disorders and conditions (ex. Sleep problems)



ARE COUNSELORS PREPARED?

People who have experienced trauma are:

- **15 times** more likely to attempt suicide
- **4 times** more likely to become an alcoholic
- **4 times** more likely to develop a sexually transmitted disease
- **4 times** more likely to inject drugs
- **3 times** more likely to use antidepressant medication
- **3 times** more likely to be absent from work
- **3 times** more likely to experience depression
- **3 times** more likely to have serious job problems
- **2.5 times** more likely to smoke
- **2 times** more likely to develop chronic obstructive pulmonary disease
- **2 times** more likely to have a serious financial problem

RE-TRAUMATIZATION

- Develop an individual coping plan in anticipation of triggers that the individual is likely to experience
- Rehearse routinely the coping strategies highlighted in the coping plan
- Listen for the specific trigger that seems to be driving the client's reaction
- Respond with consistency
- Try to ensure that staff and other clients do not shame the trauma survivor
- Attend to the client's experience, pay attention to reoccurring themes

CLIENT AUTONOMY

- Working collaboratively to facilitate clients' sense of control and to maximize clients' autonomy and choices
- Appreciating clients' perception of their presenting problem and viewing their responses to the impact of trauma as adaptive
- Help reinforce clients' sense of competence, which is often eroded by trauma and traumatic stress reactions



CULTURE AND TRAUMATIC STRESS

To understand how trauma affects an individual, family, or community you must first understand life experiences and cultural background as key contextual elements for the trauma

SECONDARY TRAUMA

Self-care, self-care, self-care

- Peer support
 - Maintaining adequate social support will help prevent isolation and depression
- Supervision and consultation
 - Professional support to help understand your own responses
- Training
 - Ongoing professional training to increase feelings of competency and skills
- Personal therapy
- Maintaining balance
- Setting clear limits and boundaries

RESOURCES FOR COUNSELORS AND COUNSELOR EDUCATORS

More specialized training or consultation

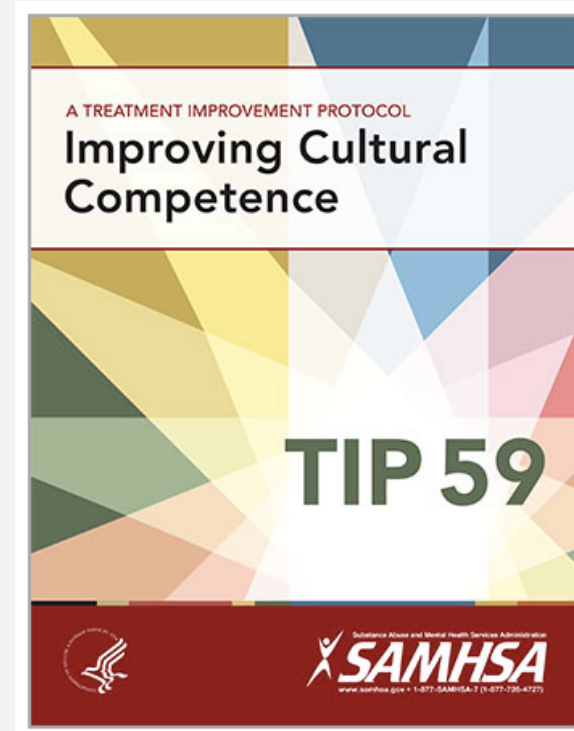
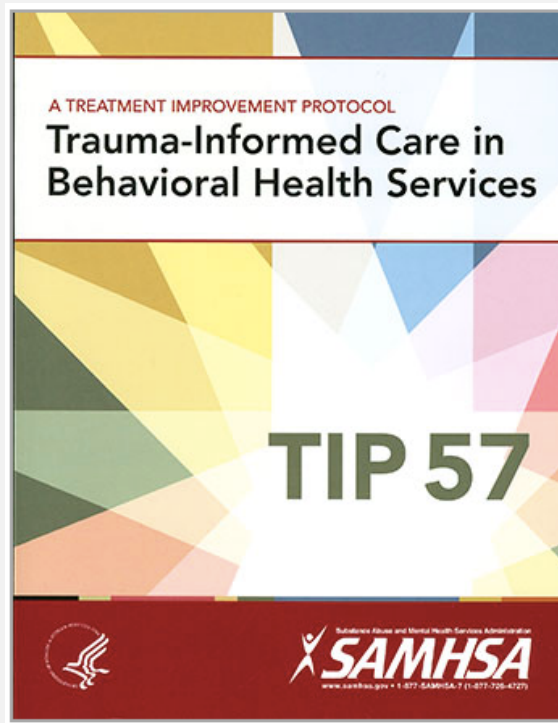
TRAUMA RESOURCES

- EMDR Institute
 - www.emdr.com
- International Society for the Study of Trauma and Dissociation
 - www.issd.org
- National Center on Domestic Violence, Trauma & Mental Health
 - www.nationalcenterdvtraumamh.org
- Traumatic Stress Institute
 - www.traumaticstressinstitute.org

TRAUMA RESOURCES

- The American Academy of Experts in Traumatic Stress
 - www.aaets.org
- American Red Cross
 - www.redcross.org/what-we-do/disaster-relief
- Association of Traumatic Stress Specialists
 - www.atss.info
- Center for Traumatic Stress
 - www.cstsonline.org

COUNSELOR RESOURCES



Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 14-4816. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

EDUCATIONAL RESOURCES

