WHAT IS TRAUMA?
Definition (NASMHPD, 2006):
- The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters.

DSM IV-TR (APA, 2000)
- Person’s response involves intense fear, horror and helplessness
- Extreme stress that overwhelms the person’s capacity to cope

WHAT IS TRAUMA-INFORMED CARE?
Behavioral Health Services that incorporates:
- An appreciation for the high prevalence of traumatic experiences in persons who receive mental health services
- A thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual. (Jennings, 2004)
- We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are trauma informed. (Hodas, 2005)

ADVERSE CHILDHOOD EXPERIENCES (ACE) SURVEY (FELLITI AND ANDA, 1998)

<table>
<thead>
<tr>
<th>CHILDHOOD ABUSE</th>
<th>HOUSEHOLD DYSFUNCTION</th>
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<tbody>
<tr>
<td>Did a parent or other adult in the household...</td>
<td>Substance Abuse</td>
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<tr>
<td>Often or very often swear at you, insult you, or put you down?</td>
<td>Live with anyone who used street drugs?</td>
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<tr>
<td>Sometimes, often, or very often act in a way that made you afraid that you might be physically hurt?</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Did a parent or other adult in the household...</td>
<td>Was a household member depressed or mentally ill?</td>
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<tr>
<td>Often or very often push, grab, slap, or throw something at you?</td>
<td>Did a household member attempt suicide?</td>
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<tr>
<td>Often or very often hit you so hard that you had marks or were injured?</td>
<td>Mother treated violently: Was your mother (or stepmother)...</td>
</tr>
<tr>
<td>Did an adult or person at least 5 years older ever...</td>
<td>Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?</td>
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<tr>
<td>Touch or fondle you in a sexual way?</td>
<td>Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard</td>
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<tr>
<td>Have you touch their body in a sexual way?</td>
<td>Ever repeatedly hit over at least a few minutes?</td>
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<tr>
<td>Attempt oral, anal, or vaginal intercourse with you? Actually have oral, anal, or vaginal intercourse with you?</td>
<td>Ever threatened with or hurt by a knife or gun?</td>
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WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE?

<table>
<thead>
<tr>
<th>Recognition of high prevalence of trauma</th>
<th>Lack of education on trauma prevalence &amp; “universal precautions”</th>
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</thead>
<tbody>
<tr>
<td>Assess for traumatic histories &amp; symptoms</td>
<td>Cursory or no trauma assessment</td>
</tr>
<tr>
<td>Power/control minimized — constant attention to culture</td>
<td>Keys, security uniforms, staff demeanor, tone of voice</td>
</tr>
<tr>
<td>Address training needs of staff to improve knowledge &amp; sensitivity</td>
<td>“Patient-blaming” as fallback position without training</td>
</tr>
</tbody>
</table>

Objective, neutral language | Labeling language: manipulative, needy, “attention-seeking” |
| Transparent systems open to outside parties | Closed system — advocates discourage |

Behavioral Health is Essential to Health [Prevention Works] [Treatment is Effective] [People Recover]
WE MUST BE MINDFUL THAT, WE, AS CARE PROVIDERS AND STAFF:
- Often have our own traumatic histories
- Experience vicarious trauma in our work
- Seek to avoid re-experiencing our own emotions
- Respond personally to others’ emotional states
- Perceive behavior as personal threat or provocation rather than as re-enactment
- Perceive client’s simultaneous need for and fear of closeness as a trigger of our own loss, rejection, and anger.

TRIGGERS OR TRIGGERING EVENTS
Triggers are those external events or circumstances, which, when they occur, predictably produce reactions that are negative and may be very disturbing. Knowing that you are susceptible to feeling uncomfortable emotional reactions to particular events and circumstances is the first step to reduce their power over you.

When we recognize that almost anything could be a trigger to someone, we know we have to ask people what is upsetting to them and what helps them when they are able to identify what those things might be.

POTENTIAL TRIGGERS:
- Loud or abrupt noises
- Smells
- Tone of voice
- Glaring lights
- Waiting for long periods of time to receive services
- Aggressive behavior
- Impatience
- Not being listening to or being heard
- Small spaces
- Crowds
- Having to repeat one’s story multiple times to multiple people
- Filling out forms
- Removal of or denial of privileges
- Colors
- Anniversary dates
- Signage
- Disorder/chaotic environments
- Lack of choice or options
- Not being believed
- Darkness

ADDITIONAL RESOURCES
- The Anna Institute — www.theannainstitute.org
- Adverse Childhood Experiences Survey — www.acesurvey.org
- The National Child Traumatic Stress Network — www.nctsn.org
- SAMHSA Disaster Technical Assistance Center — www.samhsa.gov/dtac
- The SAMHSA National GAINS Center — www.gainscenter.samhsa.gov
- SAMHSA Promoting Alternatives to Seclusion and Restraint through Trauma-Informed Practices — www.nasmhp.org

ARE YOU TAKING CARE OF YOURSELF – WELLNESS TOOLS
Wellness tools are healthy choices that you can make that are usually simple, safe and free. What makes you feel better? What helps you when you feel stressed?

EXAMPLES OF WELLNESS TOOLS:
- Focused breathing exercises
- Take 5 – walk away
- Meditation
- Prayer
- Yoga
- Music
- Reading
- Talking to a supporter/friend
- Have a good cry or a good laugh
- Gardening
- Go outside or walk in nature
- Exercise
- Hydrate with water
- Prepare a healthy meal or snack
- Journaling
- Hobbies
- Time with family
- Watch a movie
- Volunteer
- Relaxation exercise
- Rest
- Talking with a supporter

Wellness tools are unique to every person and what we know is if we do something that is focused on our wellness, we are less focused on illness.