

PAR  
Trauma-Informed Care: An Introduction & Practical Strategies  
May 16, 2019  
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Agenda:

Introductions/learning objectives/audience survey/creating safety

Define trauma and trauma-informed care (TIC)

Definitions and effects

Prevalence

Principles of TIC (SAMHSA)

Understanding the ACE study

Basic Brain Function

Trauma Assessment

Resilience Assessment

Resilience Factors

Trauma-responsive strategies

Shift in thinking

Regulation/dysregulation

TIC Clinical Care

Wrap-up/Q&A/additional resources



## Adverse Childhood Experience (ACE) Questionnaire

### Finding your ACE Score

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often** ...  
Swear at you, insult you, put you down, or humiliate you?  
or  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often** ...  
Push, grab, slap, or throw something at you?  
or  
Ever hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever**...  
Touch or fondle you or have you touch their body in a sexual way?  
or  
Try to or actually have oral, anal, or vaginal sex with you?  
Yes No If yes enter 1 \_\_\_\_\_
4. Did you **often** feel that ...  
No one in your family loved you or thought you were important or special?  
or  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
5. Did you **often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
or  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
**Often** pushed, grabbed, slapped, or had something thrown at her?  
or  
**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?  
or  
**Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score**



## Adverse Childhood Experience (ACE) Questionnaire: Adapted

Individual's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Team Members Participating with Assessment:

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

### ACE Assessment Questions

Based on information (from records or personal stories) and interactions (actions or information they or others have shared) does it appear that the above individual:

1. Had a parent or other adult in the household often or very often... Swear  
at, insult, put them down, or humiliate them?  
or  
Act in a way that made them afraid that they might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
2. Had a parent, other adult or any individual in the household often or very often...  
Push, grab, slap, or throw something at them?  
or  
Ever hit them so hard that they had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
3. Had an adult or person at least 5 years older than them ever...  
Touch or fondle them or have them touch their body or some else's in a sexual way?  
or  
Attempt or actually have oral, anal, or vaginal intercourse with them?  
Yes No If yes enter 1 \_\_\_\_\_
4. Did they often or very often feel that ...  
No one in their family loved them or thought they were important or special?  
or  
Their family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
5. Often or very often feel that ...  
They did not have enough to eat, had to wear dirty clothes, and had no one to protect them?  
or  
Their parents were too drunk or high to take care of them or take them to the doctor if they needed it?  
Yes No If yes enter 1 \_\_\_\_\_

Finding Hope Consulting Adapted ACE Scorer

6. Were their parents ever separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_
7. Was their mother, stepmother or father's girlfriend:  
Often or very often pushed, grabbed, slapped or had something thrown at her?  
or  
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?  
or  
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_
8. Did they live with anyone who was a problem drinker, alcoholic, abused prescription drugs or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

Total "Yes" answers: \_\_\_\_\_ This is their ACE Score.

Additional Notes

Assessment Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

## *Core Guiding Principles of Trauma-Informed Care*

**Trauma-informed care (TIC):** Is an approach that explicitly acknowledges the role trauma plays in people's lives. TIC means that every part of an organization or program understands the impact of trauma on the individuals they serve and promotes cultural and organization change in responding to the consumers/clients served.

### *The Three E's*

**Trauma:** Individual trauma results from an event, series of events, or a 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.

#### **1. Safety**

Throughout the organization, staff and the people they serve feel physically and psychologically safe.

- ✓ Safety throughout the organization, staff and people served
- ✓ Physical and psychological safety
- ✓ Physical Setting is safe
- ✓ Interpersonal interactions promote a sense of safety

#### **2. Trustworthiness and transparency**

Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

- ✓ Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- ✓ Organizational operations and decisions are conducted with transparency
- ✓ Constantly building trust

### **3. Peer support and mutual self-help**

These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

- ✓ Understood as the key vehicle for building trust, establishing safety and empowerment
- ✓ Utilizing their stories and lived experience to promote recovery and healing

### **4. Collaboration and mutuality**

There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

- ✓ Maximizing collaboration and sharing of power with consumers and families
- ✓ Leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators
- ✓ Recognition that healing happens in relationships and meaningful sharing of power and decision-making
- ✓ Everyone has a role to play in TIA: "one does not have to be a therapist to be therapeutic."

### **5. Empowerment, voice and choice**

Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.



- ✓ Strengthens clients and family member's experience of choice
- ✓ Recognizes that every person's experience is unique
- ✓ Individualized approach

## **6. Cultural, historical and gender issues**

The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

- ✓ Organization actively moves past cultural stereotypes and biases
- ✓ Offers gender responsive services
- ✓ Leverages the healing value of traditional cultural connections
- ✓ Recognizes and addresses historical trauma

### *The Four R's*

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
- ✓ And seeks to actively Resist Re-traumatization



## **Reflect, Honor and Connect**

1. **Reflect** back to them with compassion what you heard.
2. **Honor** their courage for surviving and sharing. "You have worked hard to survive. Thank you for sharing with me what happened and what you did to survive."
3. **Connect** them with safety & supports.



**Resilience Approach Adapted Questionnaire**

**Name or Individual's Unique Identifier** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Pre-Intervention: Yes No**

**Post Intervention: Yes No**

**Timeframe of Intervention** (number of weeks, months, years):

**Number of Contacts:**

Based on the individual's Trauma Informed Biographical timeline and interactions with the individual it appears that the individual:

1. Believed their mother loved them. (Sense of Self Worth)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

2. Believe their father loved them. (Sense of Self Worth)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

3. Other people helped take care of them and seemed to love them. (Sense of Self Worth)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

4. People enjoyed spending time with them and they enjoyed it too. (Sense of Self and Self Worth)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

5. People in their family helped them feel better when the individual was sad or worried. (External Supports)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

6. Neighbors seem to like me. (Sense of Self Worth & External Supports)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

7. Community members, ministers, teachers, coworkers, and staff were there to help them.

(Connection with Positive Adults, Affiliation & External Supports)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

8. Someone in their family cares about how they are doing in school or work. (Sense of Self Worth, Self Efficacy & Affiliation)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

9. Family, neighbors, and friends often talk about making the individual's life and their lives better.

(Connection with Positive Adults, External Supports, Sense of Self, Self Worth and Self Efficacy)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

10. There are rules in the individual's house and they and others are expected to keep them.

(Connection with Positive Adults, Sense of Self, Self Worth and Self Efficacy)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

11. When they feel really badly, they can almost always find someone they trust to talk to.

(External Supports, Sense of Self and Self Worth)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

12. People notice that they are capable and can get things done. (Connection with Positive Adults,

Sense of Self, Self Worth and Self Efficacy)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

13. They can identify what they want. (Agency and Sense of Self)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

14. They can identify who can help them achieve their goals. (Agency, Self Worth, External

Supports, Connection with Positive Adults)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

15. They can work with others to meet their goals. (Agency, Self Efficacy, External Supports & Connection with Positive Adults)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

16. They believe they can make things happen in their life, so it can be what they want it to be. (Agency, Sense of Self and Self Efficacy)

Definitely true   Probably true   Not sure   Probably not true   Definitely not true

As demonstrated by:

How many of these 16 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely true" or "Probably true"?) \_\_\_\_\_

Adapted from:

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(Resilience Factor) Reference:

Valentine, L., & Feinauer, L. (1993). Resilience factors associated with female survivors of childhood sexual abuse. *The American Journal of Family Therapy*, 21(3), 216-224.



### Rosenberg Self-Esteem Scale - Adapted

Name: \_\_\_\_\_

Initial Screening

Post Screening

Please mark your response to each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
1. I feel I am as good as everyone else.					
2. I have many things I like about myself.					
3. I can do things as good as most people.					
4. I like myself.					
5. Overall, I like the way I am.					
6. Most of the time I feel like I can't do things right.					
7. I feel I do not have much to be proud of.					
8. I wish I liked myself more.					
9. I feel useless at times.					
10. Sometimes I think I am no good at all.					

Thank you for your time!



## Rosenberg Self-Esteem Scale Adapted – with faces

Name: \_\_\_\_\_

Initial Screening

Post Screening

Please circle your response to each statement.

1. I feel I am as good as everyone else.

Strongly Agree

Agree

Disagree

Strongly Disagree



Comments:

2. I have many things I like about myself.

Strongly Agree

Agree

Disagree

Strongly Disagree



Comments:

3. I can do things as good as most people.

Strongly Agree

Agree

Disagree

Strongly Disagree



Comments:

4. I like myself.

Strongly Agree

Agree

Disagree

Strongly Disagree



Comments:

5. Overall, I like the way I am.

Strongly Agree

Agree

Disagree

Strongly Disagree



Comments:

6. Most of the time I feel like I can't do things right.

Strongly Agree

Agree

Disagree

Strongly Disagree



Comments:

7. I feel I do not have much to be proud of.

Strongly Agree

Agree

Disagree

Strongly Disagree



Comments:

8. I wish I liked myself more.

Strongly Agree

Agree

Disagree

Strongly Disagree



Comments:

9. I feel useless at times.

Strongly Agree

Agree

Disagree

Strongly Disagree



Comments:

10. Sometimes I think I am no good at all.

Strongly Agree

Agree

Disagree

Strongly Disagree



Comments:

Thank you for your time!

## Safety Domain Worksheet

There are 4 domains of safety that we refer to when we are creating safety plans. Most of us only think of physical safety, but it is worth examining the others as well, since sometimes our unsafe behaviors are more likely to be on one of the other categories.

**Physical safety** - keeping our bodies safe (not hitting or destroying property)

In what ways am I physically safe?

With whom am I physically safe?

What will help me be even more physically safe?

How can I help make that happen?

**Emotional safety** – Being safe to feel all of your feelings without worrying about people making fun of you or being angry with you for them. It also means being safe within ourselves (not becoming suicidal or participating in negative self-talk).

When do I feel safe having and sharing my feelings?

Who lets me share my feelings?

Who helps me share my feelings safely?

What will help me be even more safe to feel and share my feelings?

How can I help make that happen?

**Social safety** – being safe with others (no threatening, teasing, name calling, ignoring or shaming)

Where do I feel safe around people?

What people do I feel safe around?

What will help me be even more safe around people?

How can I help make that happen?

Who can help me find safe people to be around?

**Moral** – being safe to do the right thing (not keeping a harmful secret or colluding (helping) someone who is doing something wrong)

Where is it safe for me to do the right thing?

With whom do I feel safe doing the right thing?

Who helps me do the right thing?

How can I find more people to be around who do the right thing?

Who can help me find more people to be around who do the right thing?

Bloom, S. L., (2010). Sanctuary: An operating system for living organizations. In N. Tehrani (Ed) *Managing trauma in the workplace: Supporting workers and the organization*. London: Rutledge (PP. 235-251).

## **What Makes Me, Me?**

- 1. What makes me happy? (Sense of Self)**
- 2. When do I feel loved? (Self-worth)**
- 3. When do I feel proud? (Self-efficacy & worth)**
- 4. When do I feel in charge? (Self-efficacy)**
- 5. When do I feel safe? (Sense of self)**
- 6. What do I do to be safe? (Self-efficacy)**
- 7. What are my comfort foods, things, habits, and people? (Sense of self & self-worth)**
- 8. How do I put my comfort things in my life? (Self-efficacy)**





## The Top 5 Resilience Factors

### 5. Autonomy (Agency)

What decisions can I make for my life?

How do I use & how do I want to use my powers of influence?

How do I define power?

Is it **power over** or **power with** to have the **power** to achieve goals?

### 4. Self Esteem

Sense of Self – Personal Preferences (likes & dislikes)

Sense of Self Worth – When do you feel loved and valued?

The Five good things from mutually enhancing relationships:

1. Zest
2. Clarity
3. Increased sense of worth
4. Creativity/Productivity
5. Desire for more connection

Sense of Self-efficacy – How do I affect change? What do I have power and control over? How do I make things happen?

### 3. External Supports

Can be a person, pet, fantasy

Or a spiritual or other belief system

What is my system of meaning?

How do I make sense of my world?

### 2. Affiliation

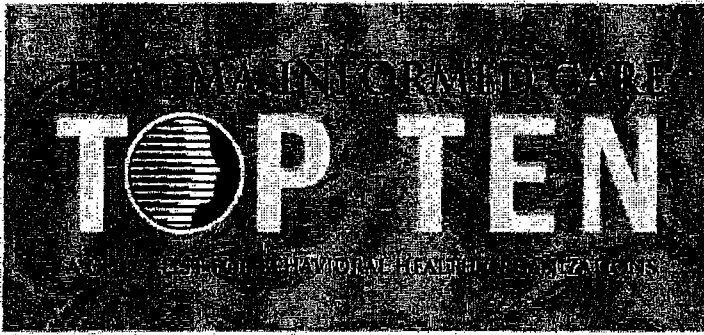
With a cohesive supportive group working toward a positive goal and/or recognition of your own acts that contribute to the greater good)

### 1. YOU!

Positive Experiences with safe adults, especially people in positions of authority.

**Resilience Factor References**

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Trauma is pervasive. Up to 95% of women in the public mental health system report a history of trauma. An individual's experience of trauma impacts every area of human functioning — physical, mental, behavioral, social, spiritual. When we don't ask about trauma in behavioral healthcare, harm is done or abuse is unintentionally recreated by the use of forced medication, seclusion, or restraints. Addressing trauma helps your organization improve the quality and impact of behavioral health services, increase safety for all, reduce no-shows, enhance client engagement, and avoid staff burnout and turnover. **Start today by answering these questions to determine if your organization is truly committed to trauma-informed care.**

Organization Name \_\_\_\_\_ Website \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1  | We are committed to increasing our awareness and understanding of the principles and practices of trauma informed care.  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2  | We want to ensure that we address the needs of our clients affected by trauma as an integral part of our strategic plan.   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3  | We want to screen and assess for trauma for all our clients in a sensitive and respectful way.   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4  | We want to offer our clients a range of evidence-informed services — through knowledgeable, skilled, and culturally respectful staff — to address trauma-related adaptations and difficulties. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5  | We want our policy and procedures to be informed by the experience and perspectives of consumers and would like to involve them as employees/volunteers/advocates.                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6  | We want to ensure that our social and physical environment promotes healing and avoids re-traumatizing clients.  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7  | We want to ensure that our entire workforce is educated about trauma-informed care and know how they contribute.   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8  | We want to raise awareness of trauma-informed care with other organizations, programs and service systems that interact with our consumers.  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9  | We want to create an environment that supports staff who may experience work stress and vicarious trauma.  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10 | We want to use data to monitor and sustain our improvements.   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**TOTAL SCORE: YES \_\_\_\_\_ NO \_\_\_\_\_**

What next? The National Council for Behavioral Health's trauma-informed care initiatives have helped hundreds of behavioral health organizations across the country map out and operationalize a plan for delivering trauma-informed care. Our experts can help you devise and implement a complete A-Z trauma-informed care plan for your organization and are available for short-term and long-term consulting and training engagements at your site and can work hands on with your core implementation team.

To engage our consultants, email Daisy Wheeler, Consulting Manager at [DaisyW@TheNationalCouncil.org](mailto:DaisyW@TheNationalCouncil.org) or call 202.684.7457.

