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UNIVERSAL PRECAUTIONS

Dr. Gordan Hodas brought the idea of "universal precautions" to the trauma field in 2005. He stated, "We need to presume the clients we serve have a history of traumatic stress and exercises "universal precautions" by creating systems of care that are trauma-informed. Based on the understanding that 50% of the general population has experienced some form of adverse childhood event, we need to treat everyone in the human service system as if they have had traumatic experiences" (2006).

-Relias

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HOW TO ASSESS TRAUMA

ACES – ADVERSE CHILDHOOD EXPERIENCE Public Service Announcement Wales

<https://www.youtube.com/watch?v=XHgLYI9KZ-A>

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KAISER PERMANENTE STUDY

Adverse Childhood Experience Study began 1990's by Dr. Vincent Felitti, a physician with Kaiser Permanente Health Plan, and Dr. Robert Anda, a cardiovascular epidemiologist at the Centers for Disease Control and Prevention who changed thinking in a published article in 1998. The study goes back to the 1980's

From this the development of the ACES instrument for the study was presented. It was then taken up by the Surgeon General of California, after time adopted by the curriculum developers such as Dr. Bavolek with Nurturing Parenting and finally the CDC in USA. Great Britain adopted the ACES, Scotland, and the World Health Organization and it is used world wide.

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CDC

Adults reporting the highest level of ACEs exposure had increased odds of having chronic health conditions, depression, current smoking, heavy drinking, and socioeconomic challenges like current unemployment, compared to those reporting no ACEs.

Women, American Indian/Alaskan Natives, and African Americans/Blacks were more likely to experience four or more ACEs.

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CDC

Preventing ACEs could have reduced the number of adults who had heart disease by as much as 13% – up to 1.9 million avoided cases, using 2017 national estimates.

Preventing ACEs could have reduced the number of adults who were overweight/obese by as much as 2% – up to 2.5 million avoided cases of overweight/obesity, using 2017 national estimates.

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CDC

Preventing ACEs could have reduced the number of adults with depression by as much as 44% – up to 21 million avoided cases of depression, using 2017 national estimates

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Please take time to complete the

ADVERSE CHILDHOOD EXPERIENCES

Reference: <https://www.apa.org/pubs/books/adverse-protective-childhood-experiences-sample-chapter.pdf>
American Psychological Association, The Effects of Adverse and Protective Childhood Experiences

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Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score ra hbr 10 24 06

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 _____

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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

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ACEs are common. About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

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TRAUMA INFORMED CARE

Realize the widespread impact of trauma and understand paths for recovery;

Recognize the signs and symptoms of trauma in consumers, families, and staff;

Integrate knowledge about trauma into policies, procedures, and practices; and

Actively avoid re-traumatization.

(Adapted from the Substance Abuse and Mental Health Services Administration's "[Trauma-Informed Approach](#).")

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HOW DO WE DEFINE TRAUMA?

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An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, or sexual orientation. Trauma is a common experience for adults and children in American communities, and it is especially common in the lives of people with mental and substance use disorders. For this reason, the need to address trauma is increasingly seen as an important part of effective behavioral health care and an integral part of the healing and recovery process. The effects of traumatic events place a heavy burden on individuals, families, and communities

SAMSHA website

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HOW DO WE APPROACH TRAUMA?

Empathy and Understanding

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EMPATHIC UNDERSTANDING- IS THE ABILITY TO FEEL WITH CLIENTS AS OPPOSED TO FEELING FOR THE CLIENT. IT IS THE ABILITY TO UNDERSTAND FEELINGS, THOUGHTS, IDEAS, AND EXPERIENCES BY VIEWING THEM FROM THE CLIENT'S FRAME OR REFERENCES (P. 9)

IT'S IMPERATIVE TO MEET CLIENTS WHERE THEY ARE AND EMPATHIZE WITH HOW THEY VIEW THE TRAUMA

Counseling and Psychotherapy: Theories and Interventions, 6th Edition by Capuzzi & Stauffer (2016)

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TRAUMA SCREENER

Trauma Screener:

- Are you currently experiencing current trauma, abuse (domestic violence), suicidal, or homicidal ideations. Yes or No
- Have you experienced trauma or abuse in the past? Yes or No
- Does this impact your functioning at home, social situations, work, or school? Yes or No
- What do you experience? Emotional or Physical symptoms?

- Do you have any substance abuse problems?
- Provide appropriate referrals based on needs.
- Referral Places- TPC, RHN, Family Support Services, Counselors/Social Workers, etc.
- See attached list of community resources

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ATTITUDE OF TRAUMA INFORMED CARE



Examples of TIC by presenters and participants



Completing my job in a Trauma Informed way?

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WHY DOES THIS MATTER?

1. First and foremost is the human respect factor.
2. Re-traumatization – This refers to the reoccurrence of traumatic stress symptoms upon exposure to multiple traumatic events – a major issue for survivors due to their compounded risk for higher rates of re-traumatization, as well as more severe and chronic trauma-related reactions.

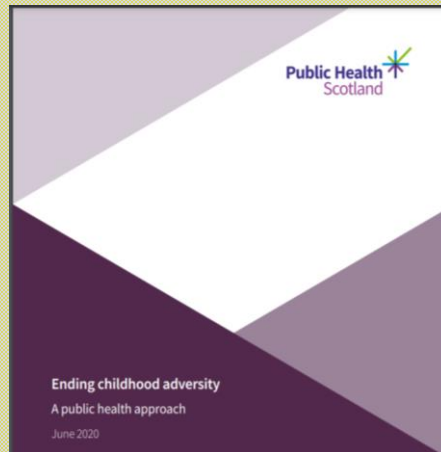
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Trauma Communication



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2020 Public Health Approach to Decriminalize Youth Using ACES



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“Field Version” of the ACES



1. Get cussed at, yelled at or threatened?
2. Push, grab, slap, hit, injure throw things at you?
3. Anyone 5 years or more fondle, touch you in sexual way? Or have oral, anal, or vaginal sex with you in any way?
4. Did you feel you were not loved or special or your family didn't didn't look out for each other?
5. Did you not have enough to eat, wore dirty clothes, or you were not protected?
6. Were your parents separated or divorced?
7. Was your mother or stepmother often pushed, grabbed, slapped, things thrown at her, kicked, bitten, hit with fist, threatened with knife or gun?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was household member depressed or mentally ill or did someone in your home attempt suicide?
10. Did a household member go to prison?

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RESILIENCY AND HOPE

**Keeping up the faith that they can be strong and
keeping Ourselves Strong.**

Knowing when and where the referrals are.

Avoiding Secondary Trauma and Burnout.

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CLOSING VIDEO

THEN QUESTIONS AND IDEAS

SOMEWHERE I BELONG - LINKIN PARK

<https://www.youtube.com/watch?v=zsCD5XCu6CM>

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