

TRAUMA OVERVIEW

INTRODUCTION

Trauma can result from an event, series of events, or set of circumstances an individual experiences as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.¹

This resource provides information about the following topics:

- **Current research** on trauma, its prevalence, and its impact.
- **Types of trauma** showcasing the complexity of individual and collective experiences.
- **Pillars of care** as the foundation for trauma-informed environments.
- **Building resiliency** for our patients.
- **Self-care** for ourselves and peers in the helping industry.

1 in 2

U.S. children experience at least one ACE.¹⁶

RESEARCH FINDINGS



The Adverse Childhood Experiences (ACE) Study connects instances of abuse, neglect, and household dysfunction to negative adult health outcomes.²



People with four or more ACEs experienced a 4- to 12-fold increase in negative adult health outcomes, including substance use disorders, depression, and suicide attempts.³



About 60% of US adults have experienced at least one ACE, compared to between 85-100% of adults who struggle with substance misuse.⁴⁻⁶

TYPES OF TRAUMA

Acute

- Single overwhelming event.⁷
- Single incidents of a car accident, sexual trauma, or domestic violence, etc.

Chronic

- Prolonged or repeated exposure.⁷
- Series of sexual trauma, intermittent domestic violence, community violence, etc.

Complex

- Multiple, chronic, prolonged exposures to trauma.^{7,8}
- Multiple car accidents, physical abuse, homelessness, etc.

Generational

- Family history of shared traumatic experiences.⁹
- Generational substance use, past family exposure to armed conflict, etc.

Historical

- Complex and collective trauma experience across generations by a group of people who share an identity, affiliation, or circumstance.^{10,11}
- Structural racism, war, genocide, slavery, colonialism.

Vicarious

- Development of trauma-related symptoms through working with traumatized individuals.¹²
- First responders, therapists, providers, etc.

PILLARS OF CARE

Providing a trauma-informed environment can assist patients in sharing⁷ and healing^{14,15} from their trauma:

SAFETY

- Trust
- Consistency
- Reliability
- Availability
- Honesty
- Transparency

CONNECTION

- Positive relationships
- Quality of a relationship
- Appropriate responses
- Mindful of trauma reenactment
- Awareness of trauma triggers

MANAGING EMOTIONS

- Co-regulate
- Listen reflectively
- Label feelings
- Use collaborative problem solving
- Model coping strategies

BUILDING RESILIENCY

It is the individual who decides if the event they experienced is traumatic. Supportive family, friends, and providers can assist with a patient's resiliency.^{1,13} Below are best practices to help build trauma resiliency.



Coping

Teach and encourage mindfulness and grounding techniques (e.g. counting, breathing)¹⁴



Strength Building

Consider strength finder surveys and express affirmation and appreciation of strengths¹⁵



Flexible Thinking

Identify automatic thoughts and challenge cognitive distortions (e.g. catastrophizing, labeling)¹⁵



Social Support

Build positive connections with caring individuals¹⁴

SELF-CARE

Working with traumatized individuals can lead to developing secondary traumatic stress symptoms.^{12,13} It is important to replenish by developing self-awareness and applying self-care techniques. Below are a few techniques to try.



Balanced Diet



Regular Exercise



Frequent Outdoors



Proper Sleep



Relaxing Activities

1. Substance Abuse and Mental Health Services Administration, Trauma-Informed Care in Behavioral Health Services, in Treatment Improvement Protocol (TIP). 2014, Substance Abuse and Mental Health Services Administration: Rockville, MD. p. 1-343. 2. Felitti, V.J., et al., Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 1998. 14(4). 3. Crandall, A., et al., ACEs and counter-ACEs: How positive and negative childhood experiences influence adult health. Child Abuse Negl, 2019. 96: p. 104089. 4. Chandler, G.E., K.A. Kalmakis, and T. Murtha, Screening Adults with Use Disorder for Adverse Childhood Experiences. Journal of Addictions Nursing, 2018. 29(3): p. 172-178. 5. Leza, L., et al., Adverse childhood experiences (ACEs) and substance use disorder (SUD): A scoping review. Drug Alcohol Depend, 2021. 221: p. 108563. 6. Merrick, M.T., et al., Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. JAMA Pediatrics, 2018. 172(11): p. 1038-1044. 7. Bath, H., Three Pillars of Trauma-Informed Care. Reclaiming Children and Youth, 2008. 17(3): p. 17-21. 8. Van der Kolk, B.A., Editorial Comments: Complex Developmental Trauma. Journal of Traumatic Stress, 2005. 18(5): p. 385-388. 9. Kira, I.A., Traumatology: Taxonomy of Trauma and Trauma Assessment. Sage Journals, 2001. 7(2): p. 73-86. 10. Denham, A.R., Rethinking historical trauma: narratives of resilience. Transcult Psychiatry, 2008. 45(3): p. 391-414. 11. Mohatt, N.V., et al., Historical trauma as public narrative: a conceptual review of how history impacts present-day health. Soc Sci Med, 2014. 106: p. 128-36. 12. Jenkins, S.R. and S. Baird, Secondary traumatic stress and vicarious trauma: a validation study. J Trauma Stress, 2002. 5: p. 423-432. 13. Brucker, M.C., The Importance of Self-Care for Nurses. Nurs Womens Health, 2018. 22(6): p. 439-440. 14. Presnell, D., Preventing and treating trauma, building resiliency: the movement toward compassionate schools in Watauga County, North Carolina. N C Med J, 2018. 79(2): p. 113-114. 15. Chandler, G.E., S.J. Roberts, and L. Chiodo, Resilience Intervention for Young Adults With Adverse Childhood Experiences. J Am Psychiatr Nurses Assoc, 2015. 21(6): p. 406-16. 16. Ellis, W.R. and W.H. Dietz, A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. Acad Psychiatr, 2017. 17(7S): p. S86-S93.