



# Trauma-Informed Florida

*Individuals and families being provided the opportunity to live with more hope than fear.*

Charlie Crist, Governor

# Interagency Trauma-Informed Care Workgroup

## Statement of Purpose

Individuals we serve often have experienced trauma that affects their current development and adjustment. We are resolved that in Florida, trauma will be recognized and addressed through:

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Comprehensive assessment and individualized interventions designed to promote healing and foster hope and resilience.

Service environments that:

- Are sensitive and responsive
- Prevent victimization, abuse, or trauma as a result of our care
- Are driven by the voices, needs, and choices of children, youth, adults, and their families.

# Interagency Trauma-Informed Care Workgroup

## TASK



*Presentation to the Children and Youth Cabinet*

To provide an entry level Trauma-Informed Care resource that:

- Educates
- Identifies consistent “Trauma Terminology”
- Can be enhanced to meet the needs of specific populations

# Trauma

*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.*

(NASMHPD, 2006)

## Types of Trauma

A single traumatic event that is limited in time.

Acute  
Trauma

The experience of multiple traumatic events.

Chronic  
Trauma

Vicarious  
Trauma

Complex  
Trauma

System  
Induced  
Trauma

Both exposure to chronic trauma, and the impact such exposure has on an individual.

The traumatic removal from home, admission to a detention or residential facility or multiple placements within a short time.



*“Don't ever take a fence  
down until you know why  
it was put up.”*

-Robert Frost

# Exposure to Trauma

Trauma can occur from:

- Being in a car accident or other serious incident
- Having a significant health concern or hospitalization
- Sudden job loss
- Losing a loved one
- Being in a fire, hurricane, flood, earthquake, or other natural disaster
- Witnessing violence
- Experiencing emotional, physical, or sexual abuse

# Exposure to Trauma

Trauma can be:

- A single event
- A connected series of events
- Chronic lasting stress



Trauma is under-reported and under-diagnosed.

(NTAC, 2004)



Trauma can occur at any age.

Trauma can effect any:

- race
- gender
- ethnicity
- socio-economic group
- community
- workforce






# Exposure to Trauma

*It is an individual's experience of the event, not necessarily the event itself that is traumatizing.*



**Protective  
Factors**

# Protective Factors

-  Parental resilience
-  Social connections
-  Knowledge of parenting and child development
-  Concrete support in times of need
-  Nurturing and attachment/social and emotional competence of children

# TRAUMA INFORMED CARE

Providing the foundation for a basic understanding of the psychological, neurological, biological, and social impact that trauma and violence have on many of the individuals we serve.

Incorporates proven practices into current operations to deliver services that acknowledge the role that violence and victimization play in the lives of most of the individuals entering our systems.

(NCTIC)

Don't look where you fall, but where you slipped. ~African Proverb

# Trauma-Informed Care (TIC) provides a new paradigm under which the basic premise for organizing services is transformed



*from:*

*“What’s wrong with you?”*

*to:*

*“What has happened to you?”*

*“It’s about the right to have a present and a future that are not completely dominated and dictated by the past.”*

Karen Saakvitne

# Triggers

Seeing, feeling, hearing, smelling something that reminds us of past trauma

Activates the alarm system...



The response is as if there is current danger.

Thinking brain automatically shuts off in the face of triggers.

Past and present danger become confused.





# TRIGGERS

*For trauma survivors, it is different...*

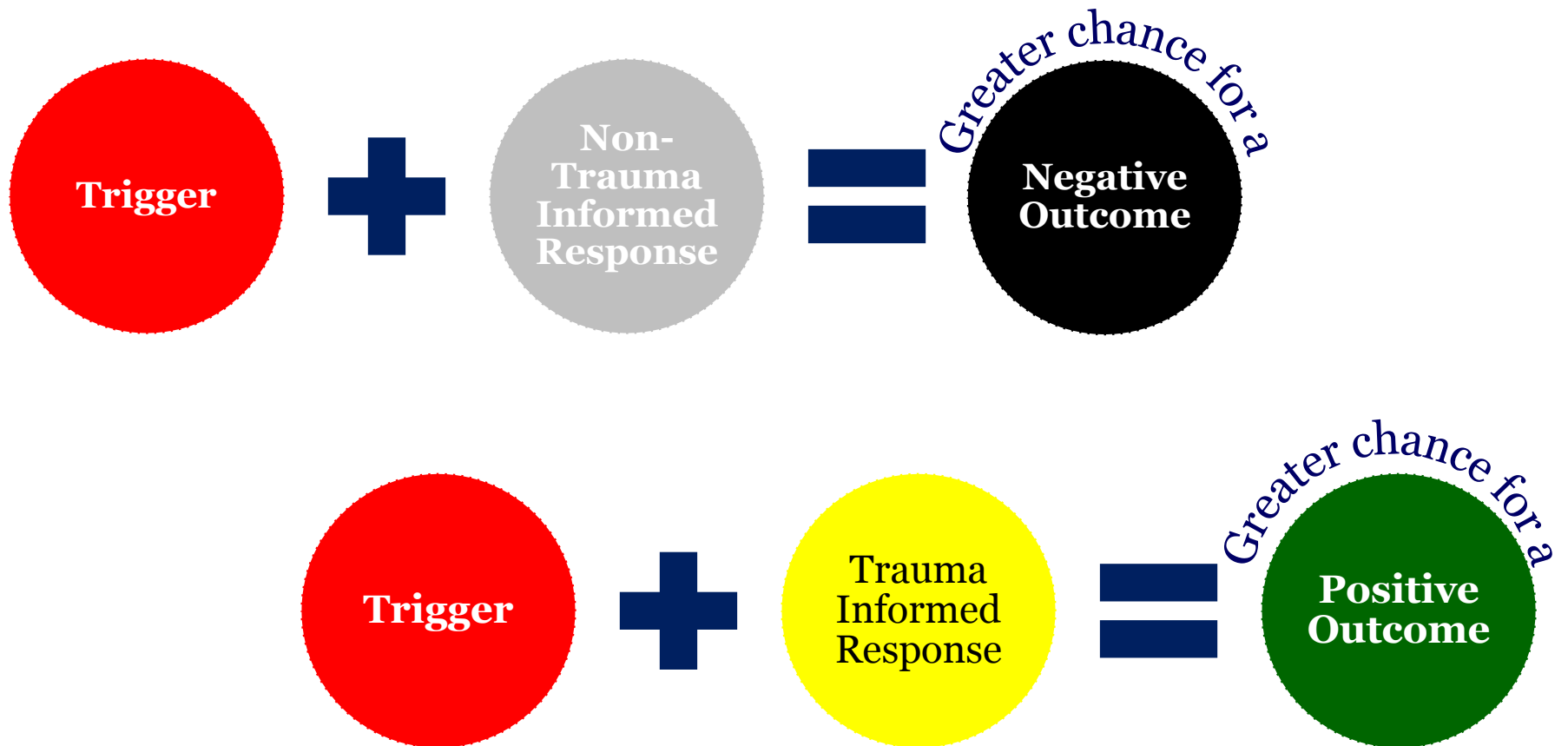


*Our experience.*

*A trauma survivor's  
experience.*



# Your response is key-



Trauma Informed	Non-Trauma Informed
Recognition of high prevalence of trauma	Lack of education on trauma prevalence & “universal” precautions
Recognition of primary and co-occurring trauma diagnoses	Over-diagnosis of Schizophrenia & Bipolar D., Conduct D. & singular addictions
Assess for traumatic histories & symptoms	Cursory or no trauma assessment
Recognition of culture and practices that are re-traumatizing	“Tradition of Toughness” valued as best care approach

Trauma Informed	Non-Trauma Informed
Power/control minimized - constant attention to culture	Keys, security uniforms, staff demeanor, tone of voice
Caregivers/supporters – collaboration	Rule enforcers – compliance
Address training needs of staff to improve knowledge & sensitivity	“Patient-blaming” as fallback position without training
Staff understand function of behavior (rage, repetition-compulsion, self-injury)	Behavior seen as intentionally provocative

Trauma Informed	Non-Trauma Informed
Objective, neutral language	Labeling language: manipulative, needy, “attention-seeking”
Transparent systems open to outside parties	Closed system – advocates discouraged

(Fallot & Harris, 2002; Cook et al., 2002, Ford, 2003, Cusack et al., Jennings, 1998, Prescott, 2000)

# Adverse Childhood Experiences (ACE) Study

*Bridging the gap between childhood trauma and negative consequences later in life.*

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- One of the largest investigations ever conducted on the links between childhood maltreatment and later-life health and well-being.
- Over 17,000 members chose to participate.
- To date, over 50 scientific articles have been published and over 100 conference and workshop presentations have been made.

Centers for Disease Control and Prevention

# Adverse Childhood Experiences (ACE) Study



The ACE Study identifies 'adverse childhood experiences' as growing up (prior to 18 years of age) in a household with:

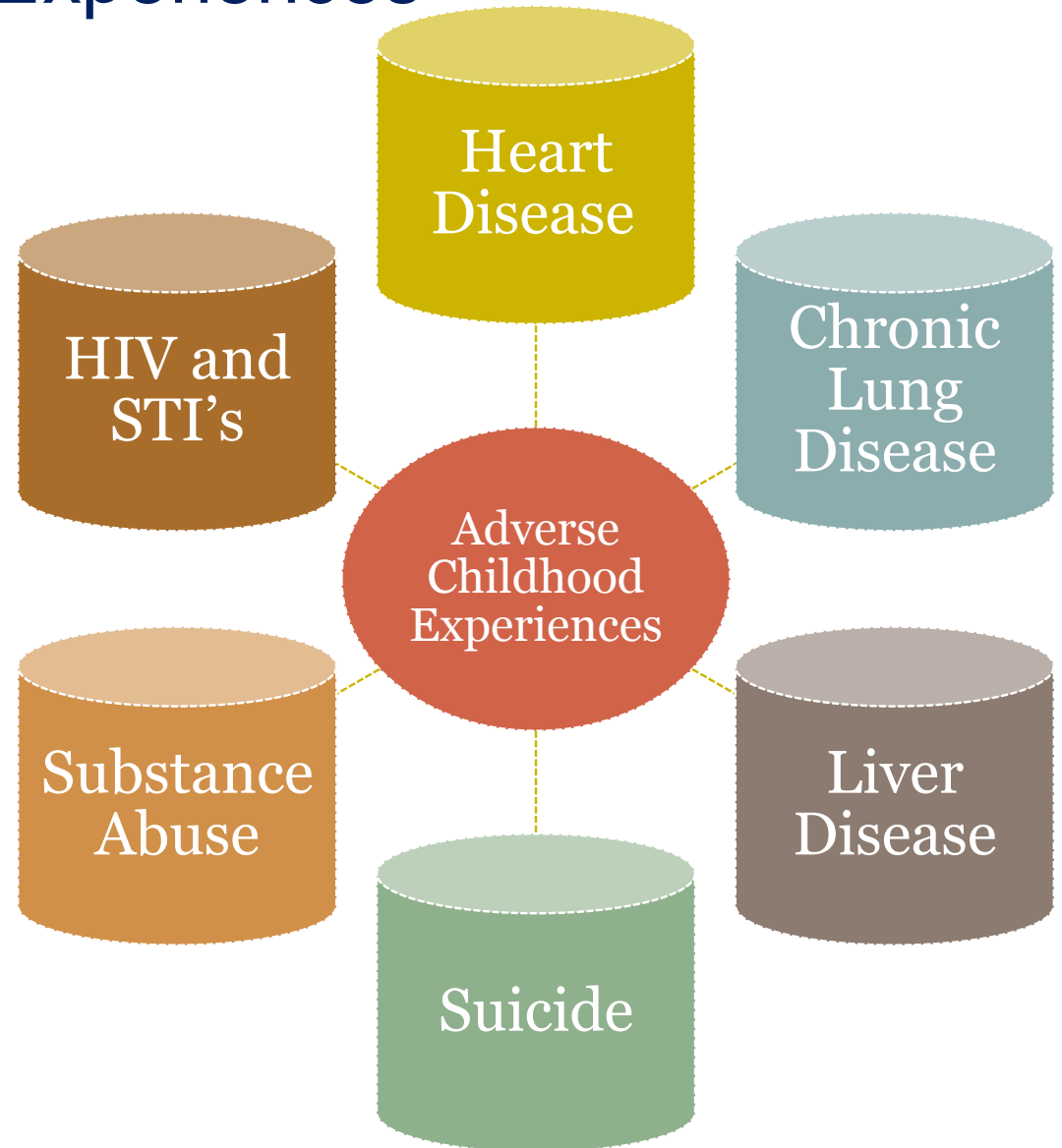
- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

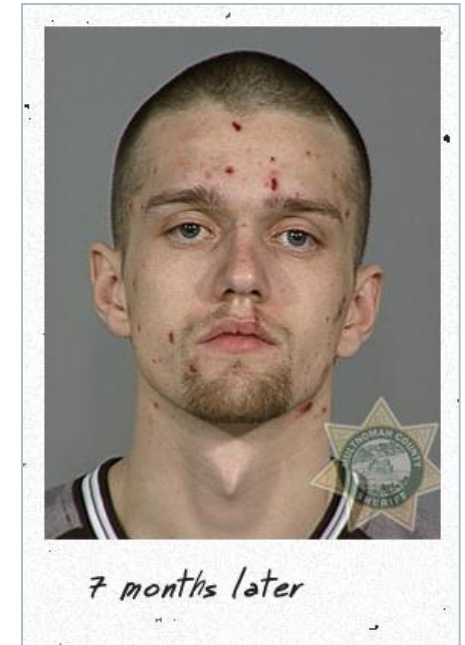
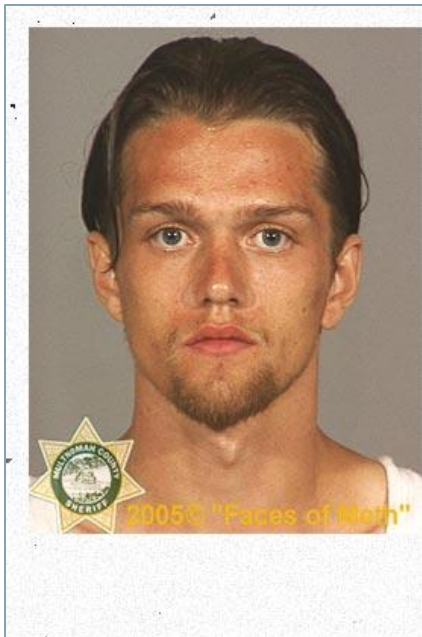
# The ACE Score

The ACE Study used a simple scoring method to determine the extent of each study participant's exposure to childhood trauma.

- Exposure to one category (not incident) of ACE, qualifies as one point.
- An ACE Score of 0: the person reported no exposure to any of the categories of trauma listed as ACEs.
- An ACE Score of 9 : the person reported exposure to all of the categories of trauma listed above.

# Adverse Childhood Experiences increase the risk of:





Is alcohol/substance abuse a desperate attempt at self-healing?

(Felitti, et al, 1998)

# Trauma Informed Systems

## UNIVERSAL PRECAUTIONS

Presume that every person in a treatment setting has been exposed to abuse, violence, neglect, or other traumatic event(s).

*“What has happened to you?”*

What  
happened  
to you?



*Though no one can go back  
and make a brand new start,  
anyone can start from now  
and make a brand new  
ending.*

*Carl Bard*





*Trauma is when  
people live with  
more fear than  
hope.*



*Trauma  
Recovery  
is when  
people live  
with more  
hope than  
fear...*

# SUPPORT

- Personal Trauma Histories
- Vicarious Trauma

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For State Employees

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INVESTING IN CAREERS



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