



Trauma Informed Care *IS* Healthcare

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Trauma Defined

“ Trauma results from an event, series of events, or set of circumstances that is experienced by the individual as physically or emotionally harmful. ”

“ Trauma can be a single event, a series of events, and/or a chronic condition (e.g. childhood neglect, domestic violence, homelessness) ”

“ Trauma has a lasting adverse effect on the individual’s functioning and physical, social, emotional, or spiritual well-being. ”

Source: Substance Abuse & Mental Health Services Administration (SAMHSA) 2012.



Traumatic Experiences
Take Many Forms





Historical Trauma: Defined

- Passed down from one generation to the next
- Experienced by historically oppressed cultural, racial or ethnic groups



Trauma is Pervasive

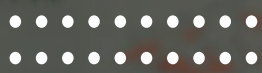
Trauma still not fully acknowledged
Trauma experience is under-estimated



The Big Idea:

70% of US adults have experienced at least one traumatic event in their lives.*

*National Council for Mental Wellbeing, 2022.

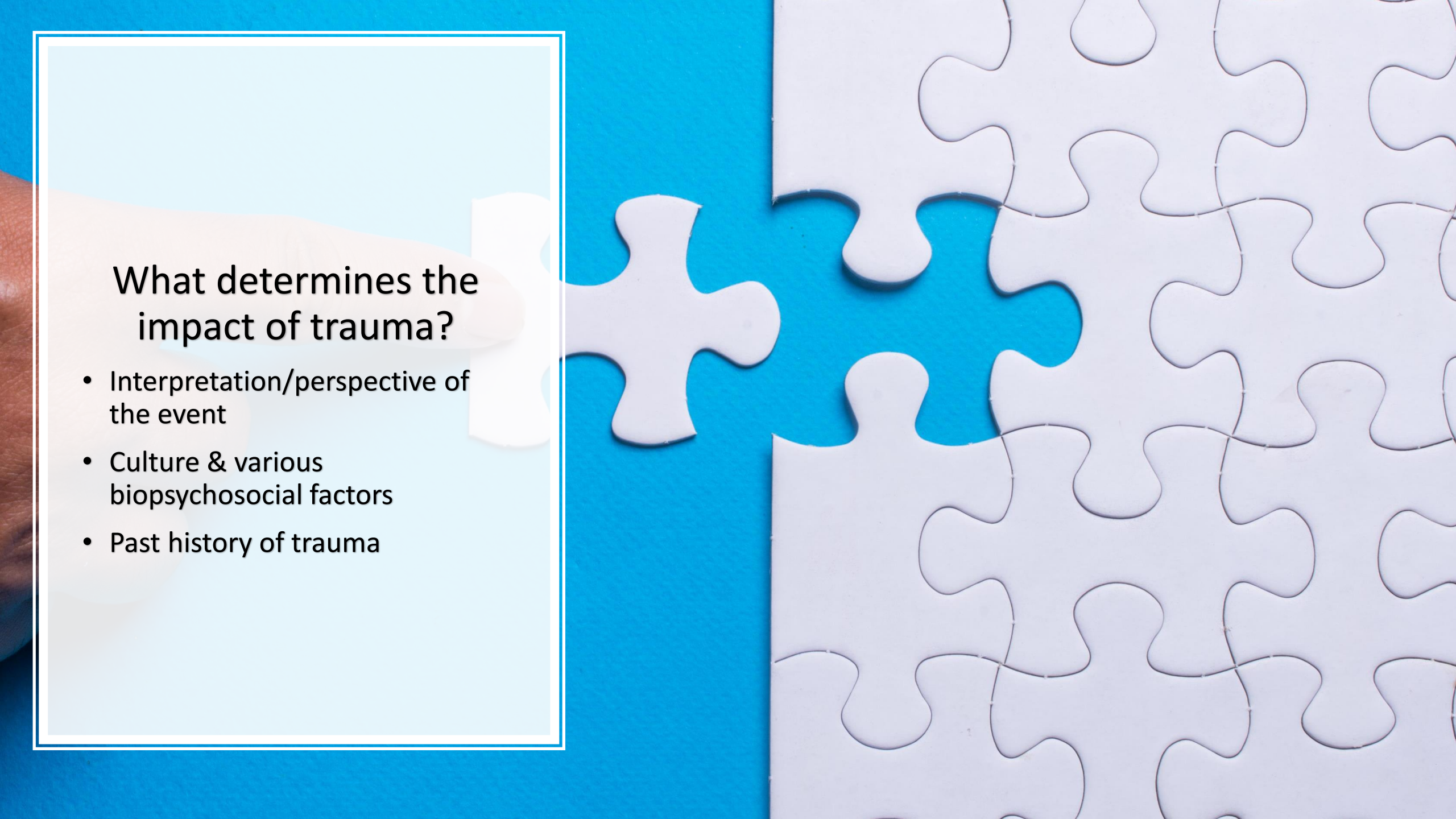


Trauma impacts how you see the world

Trauma World View:

- The world is unpredictable
- People want to hurt me
- I am not safe
- No one will help me
- I am not good/smart/worthy enough for people to care about
- It will never get better
- I can't even trust myself



A hand is shown on the left side, holding a single white puzzle piece. The background is a vibrant blue color. On the right side, there is a grid of white puzzle pieces, with one piece missing, revealing the blue background. The puzzle pieces are arranged in a pattern that suggests a larger picture or concept being pieced together.

What determines the impact of trauma?

- Interpretation/perspective of the event
- Culture & various biopsychosocial factors
- Past history of trauma

Traumatic events elicit Fight, Flight, or Freeze Reaction

- The body can't tell the difference between modern/work stress & a life threatening event – the same hormones are released with both
- Fight, flight, or freeze response in overdrive



WHAT CAN HAPPEN OVER TIME?

- Irritability, cranky, anger
- Headaches, stomachaches, heartburn, insomnia
- Weakened immune system, prone to illness
- Low sex drive, reproductive organ dysfunction
- Leads to depression & anxiety
- Stress hormones (cortisol/adrenaline/norepinephrine) can lead to physical ailments such as increased risk of diabetes, heart disease, blood pressure, and stroke.



The Big Idea:

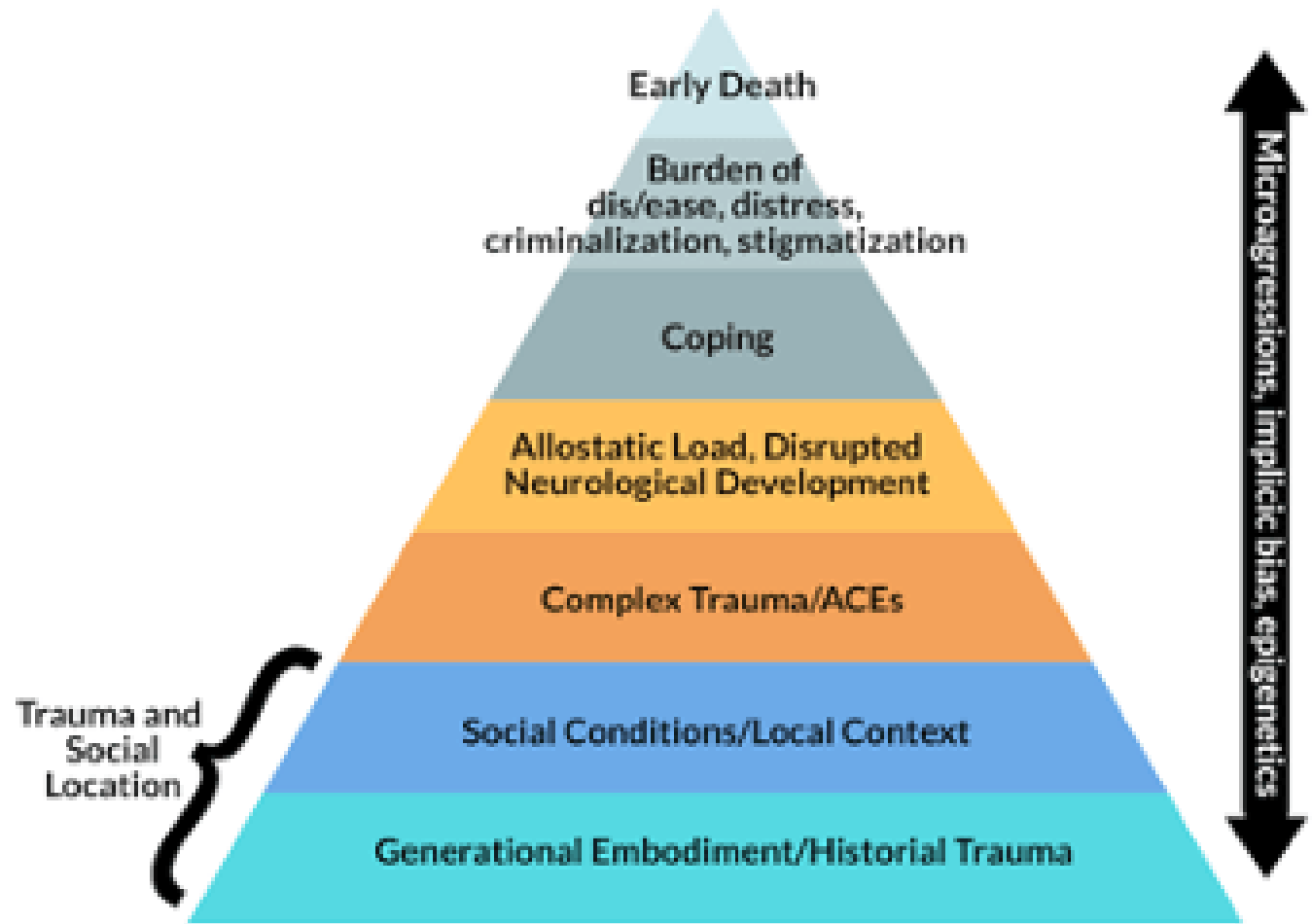
The response to stress is normal and automatic.



Limbic System

- Alerts us to danger
- Critical system for survival
- Stress = Danger in the brain

Adverse Childhood Experiences Study: A quick review



Adapted from the



From Trauma Informed Oregon

Shocking Results

Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



People with 6+ ACEs can die

20 yrs

earlier than those who have none



1/8 of the population have more than 4 ACEs



www.70-30.org.uk
@7030Campaign

4 or more ACEs

3x the levels of lung disease and adult smoking



11x the level of intravenous drug abuse



14x the number of suicide attempts



4x as likely to have begun intercourse by age 15

4.5x more likely to develop depression



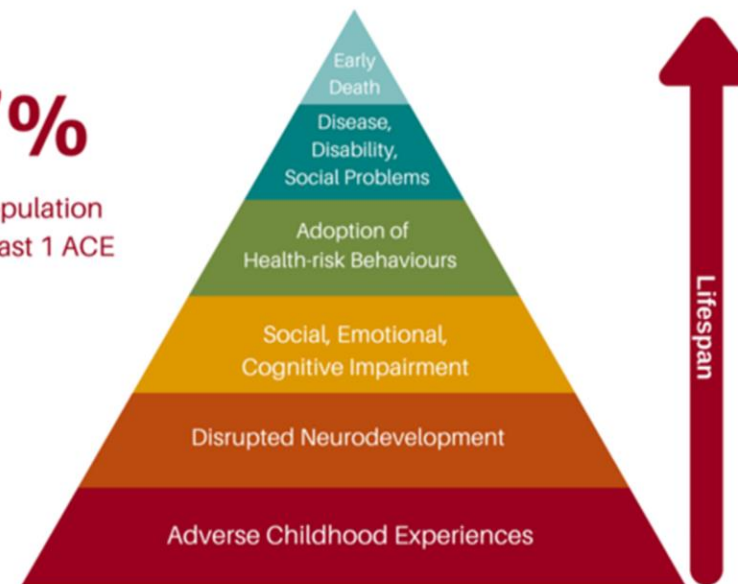
2x the level of liver disease



“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today ”

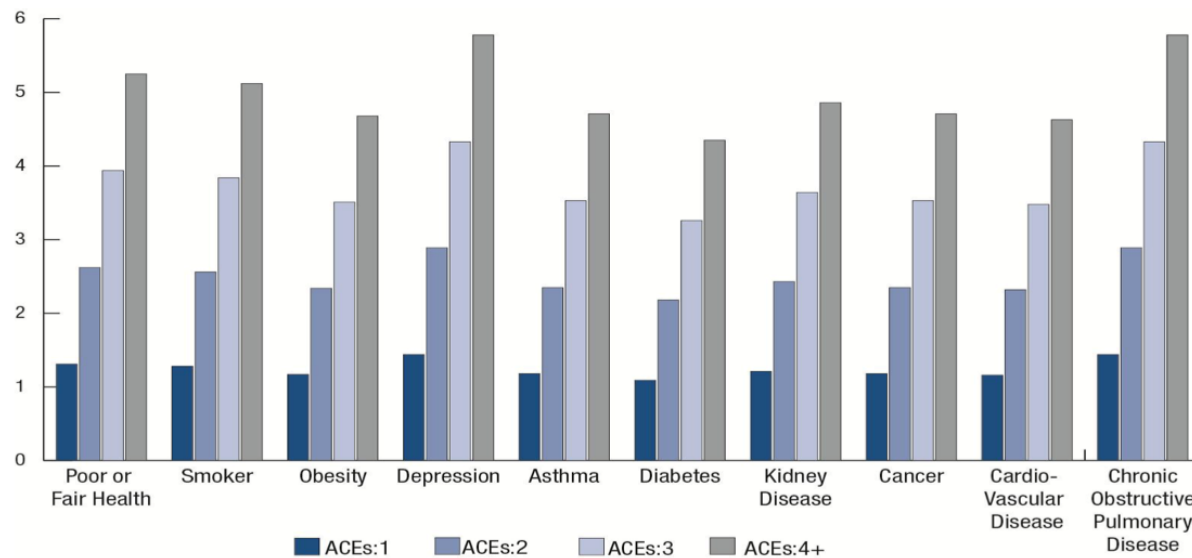
Dr. Robert Block, the former President of the American Academy of Pediatrics

67%
of the population have at least 1 ACE



The evidence is clear

ACE Score : Health Outcomes



Source: Oregon Health Authority

Oregon Health Authority

- Felitti now understood that his ACE exposed obese patients were using their weight as a shield to prevent them from being an easier sexual target
- A similar insight pertained to addiction in that ACE exposed ACE exposed people with addictions were often using substances to cope with their childhood trauma
- ACE exposed people were also at higher risk for serious medical conditions like hypertension, COPD, heart disease, and cancer



Well now what??

THE FOUR “R’S: KEY ASSUMPTIONS IN A TRAUMA-INFORMED APPROACH



Realize the widespread impact of trauma



Recognize the signs of trauma



Respond with a trauma-informed approach in all areas



Resist re-traumatization

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

Safety

- Physical setting is safe
- Interpersonal interactions promote safety

Trustworthiness & Transparency

- Org operations & decisions conducted with goal of building trust

Peer Support

- Create avenues for mutual self-help with peers across the organization

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

Collaboration & Mutuality

- Level the power differential
- Sharing power & decision making

Empowerment, Voice, & Choice

- Support shared decision making
- Cultivate self-advocacy

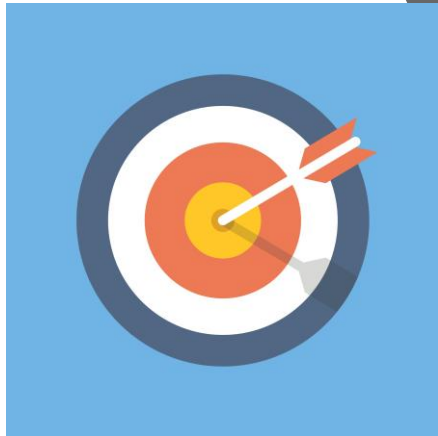
Cultural, Historical, & Gender Issues

- Recognize and address historical trauma
- Engage in DEI work



How do we
implement
those 6
principles?

Become Truly Trauma-Informed for Patients AND Staff



Governance & Leadership

- How does the org leadership communicate its support and guidance for implementing a trauma-informed approach?

Policy

- Do the org's policies & procedures focus on trauma and issues of safety?
- Do HR policies address the impact to staff of working with trauma survivors?

Physical Environment

- How does the physical space promote a sense of safety, calm, & de-escalation for clients AND staff?

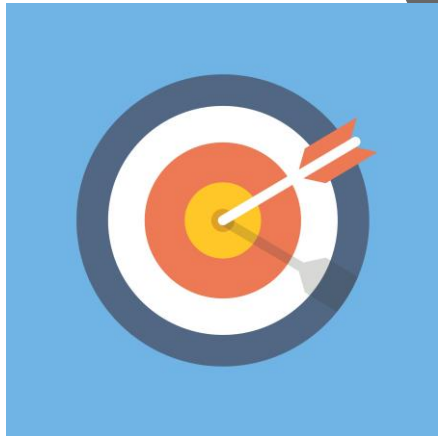
Engagement & Involvement

- How is transparency & trust among clients and staff promoted?
- Are there strategies in place to comfort and empower patients AND staff?

Community Collaboration

- Is there a system in place to communicate with community agencies to support patients with trauma?

Become Truly Trauma-Informed for Patients AND Staff



Screening, Assessment, Treatment

- Is there trauma-informed screening available?
- Does the org have the capacity to provide trauma-specific treatment or refer to trauma-specific services?

Training & Workforce Development

- How does the org address the emotional stress that can arise when working with individuals with trauma?

Quality Assurance

- How does the agency know AND the individual staff know they are using trauma-informed approaches?

Financing

- Does funding exist to support on-going training for staff on trauma-informed best practices?
- Does the budget support provision of safe environments?

Thank you!

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