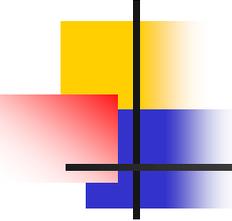


# Trauma Informed Care

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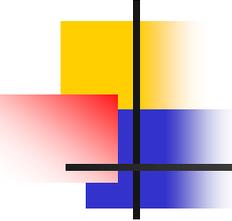
Graham Vimpani  
Cjt Professor of Community Child  
and Family Health  
University of Newcastle



# The importance of Auckland

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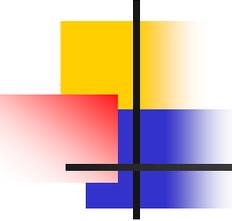
- Robin Fancourt New Plymouth
- ISPCAN 1998



# Post traumatic stress - adults

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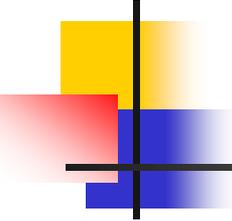
- Post world wars trauma
- 1977 Granville Train Disaster – Beverley Raphael
- 1983 – Ash Wednesday fires in SA – Sandy McFarlane
- 1989 - Newcastle earthquake Carr et al  
2% of Newcastle population at risk of PTSD



# Exploding knowledge about the impact of trauma in kids

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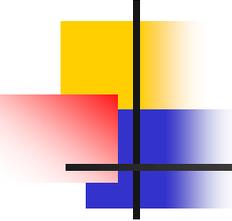
- ISPCAN conference, Auckland, 1998: Bruce Perry Neurosequential Model of Therapeutics – Robin Fancourt, New Plymouth
- Spotlight – Boston Catholic diocese
- Royal Commission on institutional abuse
- Prominent court cases in Australia
- Rosie Batty – domestic violence
- Celebrities on trial #Me too movement
- Longitudinal studies of impact of early life adversity (trauma) – ACEs study



# What is trauma?

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- 'Trauma' refers to an event that is extremely harmful or distressing, such as experiencing or being threatened with sexual violence. It also refers to a person's psychological response to the distressing event, immediately and over the medium and long term. In reference to child sexual abuse, we use 'trauma' to describe experiences of abuse and institutional responses to it, as well as the ongoing impact they have on the survivors' psychological wellbeing.

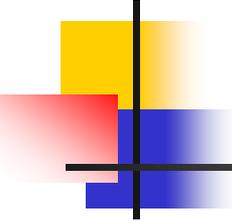


# What is trauma

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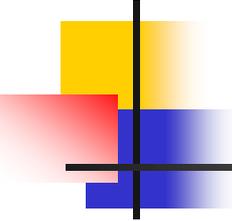
- Traumatic events 'involve threats to life or bodily integrity, or a close encounter with violence and death' which can 'overwhelm the ordinary human adaptations to life' and 'confront human beings with the extremities of helplessness and terror'

# What are consequences of trauma?



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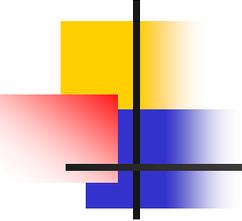
- The overwhelming distress associated with the traumatic event can cause a range of ongoing psychological problems, including depression, anxiety, nightmares and flashbacks, hyper-arousal (heightened anxiety and alertness) and hyper-vigilance, hypo-arousal (delayed or weakened physical and cognitive responses) and dissociation, feelings of helplessness, problems with concentration and an exaggerated startle response. Experiences of trauma can inhibit survivors' capacity to regulate their emotional states



# A last frontier

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- One of the last frontiers in our society is the lack of realisation about the extent of trauma and abuse in the lives of children
- One of the most devastating types of trauma are those that occur at the hands of caretakers
- Trauma in the early years shapes brain and psychological development



# Under-recognition of incest (Bessl Van der Kolk)

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- 'Incest is very rare; it happens in 1 out of 1.1 million women.' (Freedman, Kaplan, & Sadock's 'Comprehensive Textbook of Psychiatry')
- At the time there were about 200 million Americans, so I thought, 'Hmm... About 100 million women, 110 women are incest victims; how come 47 of them are in my office?'

# It's About Our Children

The major public health and social problems  
CDC and other agencies address have a  
common wellspring:

The routine exposure of our Nation's children  
to trauma/stressors during critical physical  
and developmental stages.



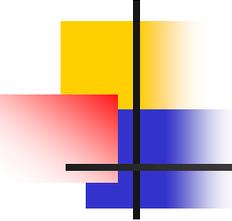
# Bridging The Chasm



**Child  
health  
as it  
stands  
today**

**Involving those who don't yet realize that they are working on issues that represent the "downstream" wreckage of child abuse and neglect--and other adverse childhood experiences--in the effort to bridge the chasm.**

**Child  
health  
as it  
could  
be**



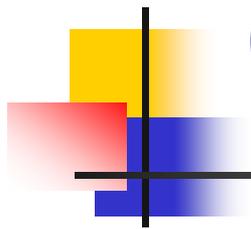
# Justice McClellan

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- “A constant challenge for most of those responsible for diagnosing and treating patients affected by trauma is not only to help the survivor, but to ensure their family and the wider community have an *effective understanding of the illness and its consequences*.”
- The cursory, “get over it and get on with life” response of family or the community becomes a significant, and on occasions, insurmountable barrier to the recovery of the victim.

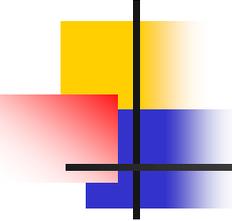


# Justice McClellan on delayed disclosure



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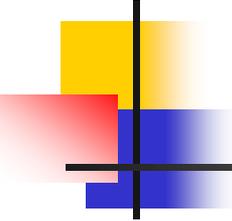
- The common law developed special rules for dealing with complaint in the context of sexual assault, in particular in circumstances where there was a delay between the occurrence of the assault and the time at which a complaint was made.
- A judge was required to warn the jury that delayed complaint was relevant to the jury's assessment of the credibility of the complainant. The rationale for this rule was the "general assumption that the victim of sexual offences will complain at the first reasonable opportunity, and that, if complaint is not then made a subsequent complaint is likely to be false."



# Trauma and mental health

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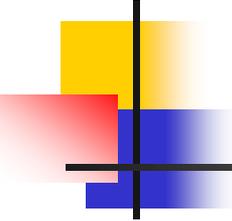
- The single most significant predictor that an individual will end up in the mental health system is a history of childhood trauma.
- Around two thirds of patients in mental health system have a history of childhood physical or sexual abuse



# Some statistics on Institutional sexual abuse

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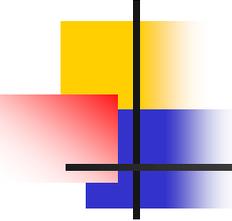
- Around 62% of survivors are male, and around 37% are female.
- Around 30% of survivors are aged between 50 and 59. Almost 25% are aged between 60 and 69. Around 20% are aged between 40 and 49.
- The average age at abuse was just over 10 for males and just under 10 for females.
- The most common decade in which abuse reported to Royal Commission first occurred was the 1960s (around 28%) followed by the 1970s (23%).



# Some statistics from Royal Commission

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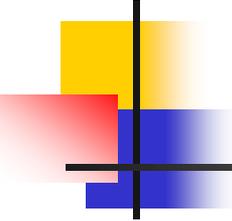
- The most common type of institution in which abuse occurred – at around 45% - was out of home care (includes orphanages, children's homes or foster care).
- Around 60% of the institutions in which sexual abuse occurred were faith-based organisations, followed by 23% managed by government.
- Most offenders were male - around 89%.
- Half of the abuse involved penetration and around two thirds involved fondling.
- On average, children were abused over a period of 2.8 years.



# ACEs study results suggests trauma much commoner

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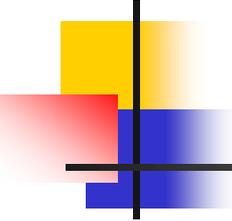
- Two-thirds (64-67%) of middle class subjects had one or more types of childhood trauma, and 38-42% had two or more types. One in six had an ACE Score of 4 or more; one in nine had an ACE Score of 5 or more."



# Blue Knot Foundation

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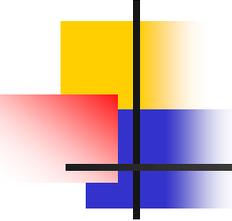
- Trauma often considered to be a one-off event, but repeated interpersonal trauma of adverse experiences – **complex trauma** – is more common
- Not just an individual misfortune but a major public health problem
- Costs of child abuse in 2007 estimated at \$10.7 billion



# Blue Knot Foundation

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- Complex trauma and its effects are often unrecognised, misdiagnosed and unaddressed
- Traumatized people present to multiple services over a long period of time; care is fragmented with poor referral and follow-up pathways

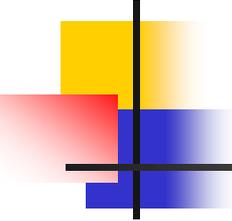


# Blue Knot Foundation

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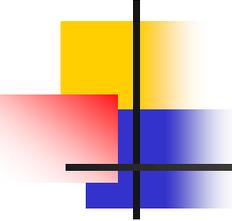
- Unintegrated care risks retraumatisation and compounding of unrecognised trauma
- Escalation and entrenchment of symptoms is psychologically, financially and systemically costly

# The importance of trauma informed care



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- "...individuals who have been deeply hurt by traumatising, silencing, non-validating and blaming abusers need access to systems of care, protection and justice that are knowledgeable, understanding, accepting and validating that become part of the solution rather than part of the problem

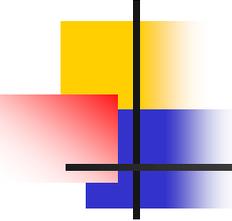


# Origins of trauma-informed care

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- Sprang from the observation that: human service systems such as the mental health and alcohol and drug sectors often served survivors of trauma without treating them for the consequences of that trauma, and, more significantly, without even being aware of the trauma that occurred

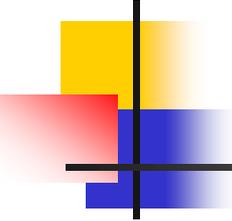
Felitti, San Diego



# Trauma informed care

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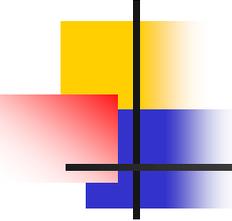
- Requires integration of vision and research into practice
- Need to engage an array of services and professions to achieve the required paradigm shift
- Requires specialised knowledge, workforce education and training and collaboration across policy makers, consumers and care and service providers



# Trauma informed services that are ad hoc

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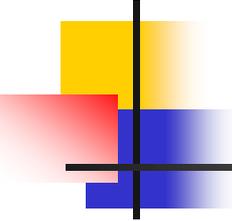
- Currently, the coordination and translation of knowledge about trauma-informed approaches into practice is ad hoc, impacting workforce skills and exacerbating shortages in expertise.
  - Blue Knot Foundation



# Recommendations on service systems

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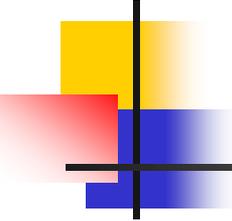
- Aim to achieve service systems that:
  - have the necessary components to respond adequately to victims' and survivors' support needs
  - understand the ways child sexual abuse and institutional responses to it can affect an individual, their families and communities, and the way trauma can influence service needs
  - provide a holistic response to victims and survivors as part of a cohesive systems approach



# Recommendations on dealing with trauma in service systems

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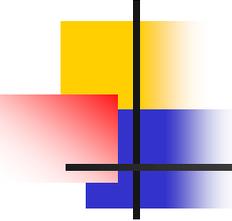
- systems approach
- support services and staff to sustainably work with victims and survivors safely, efficiently and effectively
- are underpinned by the principles of trauma-informed practice and an understanding of institutional child sexual abuse;
- and by the principles of collaboration, availability, accessibility, acceptability and high quality.



# Bruce Perry on trauma

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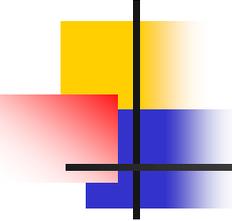
- Children who have a good first year followed by years of chaos do better than those who have a chaotic first year followed by years of good parenting.
- What does this message say for our management response to early childhood adversity?



# Neurobiology of attachment

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- The sociocultural environment becomes physically structured in the brains of individuals....people walk around with their culture and personal history literally inside their heads
- Trauma is biochemically encoded in the brain – prolonged or chronic stress is correlated with alterations in homeostatic regulation of neurochemicals
- Early childhood trauma requires a shift from a learning brain to a survival brain

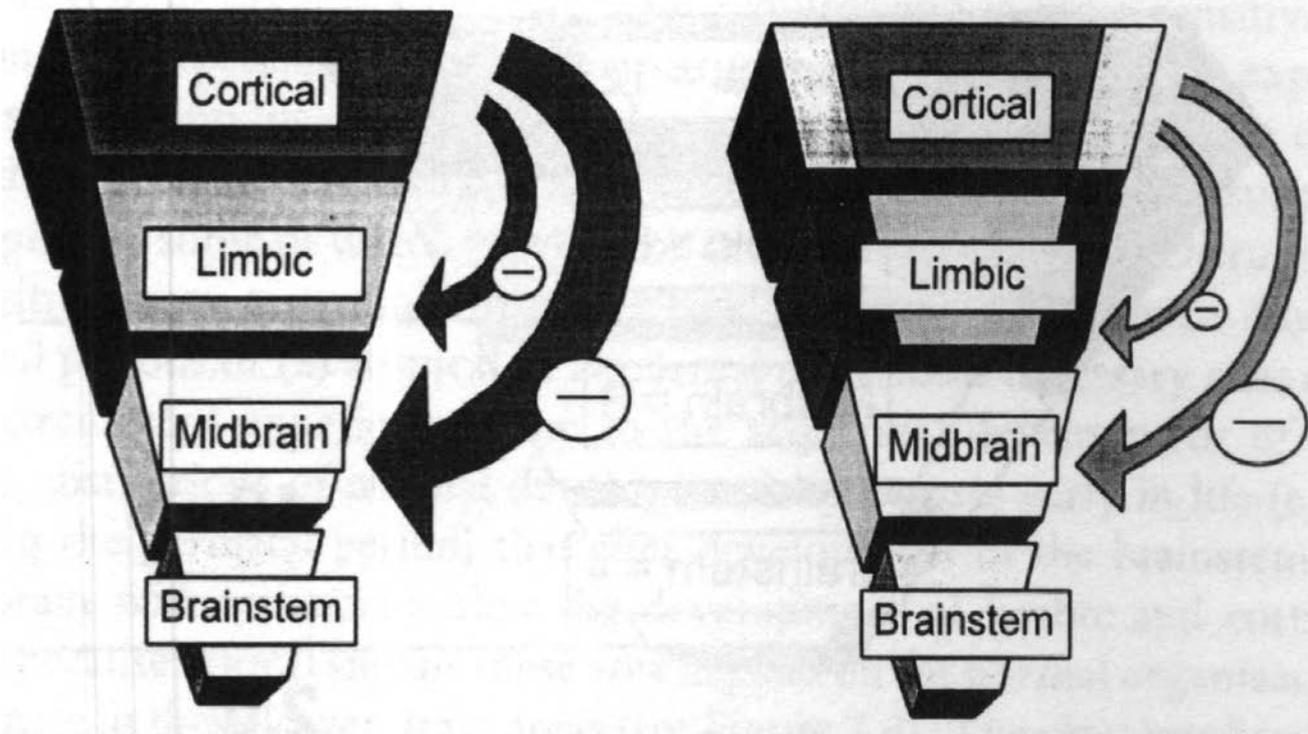


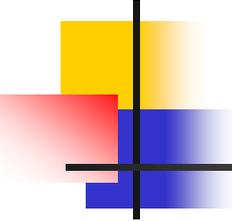
# Perry on early brain development

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- If the impairment to good function occurs in utero (e.g., prenatal exposure to drugs or alcohol) or in early childhood (e.g., emotional neglect or trauma), this cascade of dysfunction can disrupt normal development.
- Simply put, the organization of higher parts of the brain depends upon input from the lower parts of the brain. If the patterns or incoming neural activity in these monoamine systems is regulated, synchronous, patterned, and of “normal” intensity, the higher areas will organize in healthier ways; if the patterns are extreme, dysregulated, and asynchronous, the higher areas will organize to reflect these abnormal patterns.

# Cortical Modulation - age related

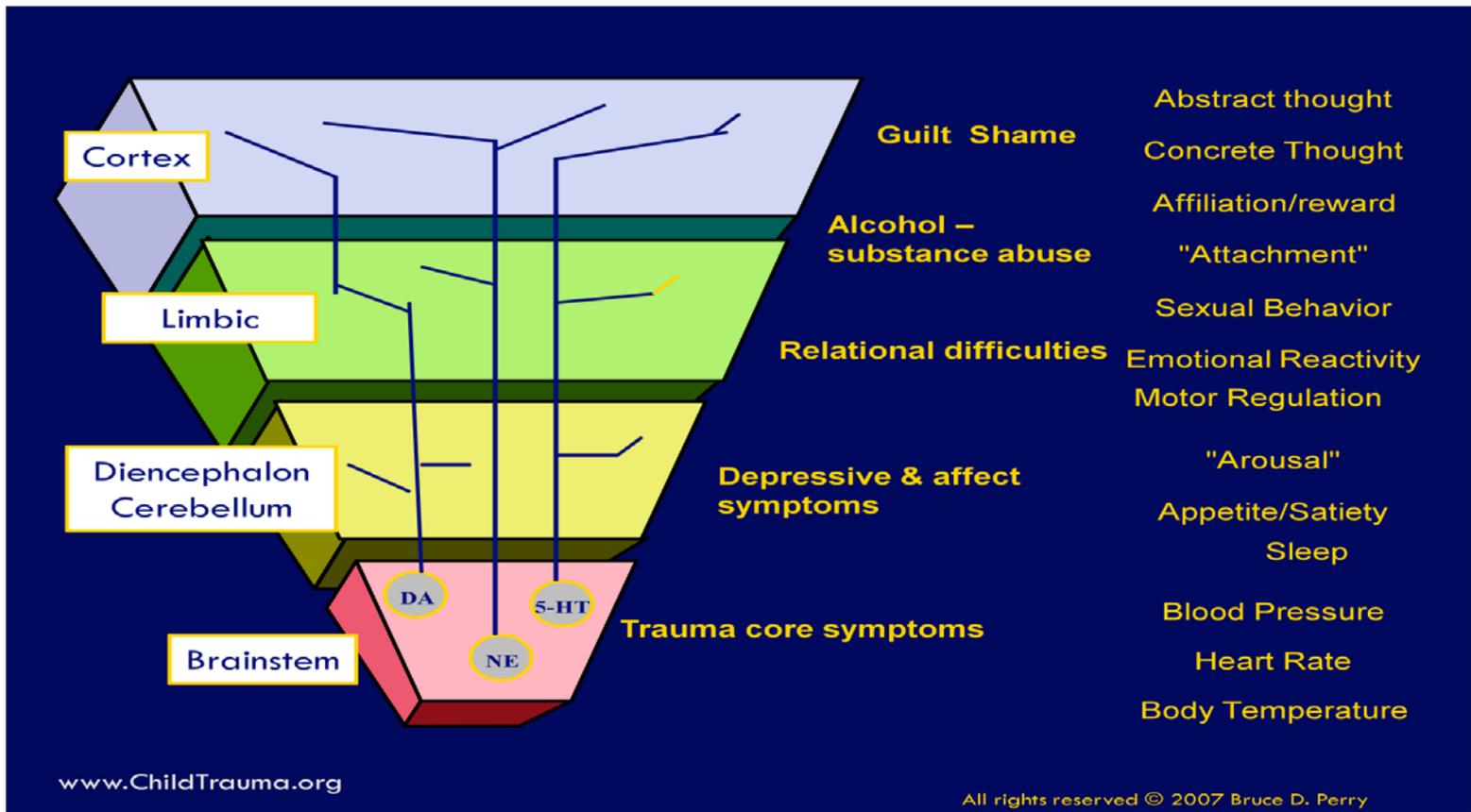


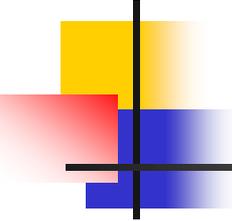


# Cortical modulation

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- The capacity to moderate frustration, impulsivity, aggression and violent behaviour is age-related
- With a set of sufficient motor, sensory, emotional cognitive and social experiences during early childhood, the mature brain develops an ability to tolerate frustration, control impulsivity and channel aggression

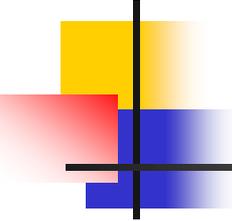




# Therapy and the brain

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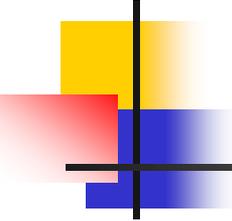
- Therapy seeks to change the brain. Any efforts to change the brain or systems in the brain must provide experiences that can create patterned, repetitive activation in the neural systems that mediate the function-dysfunction that is the target of therapy.



# Perry on brain development

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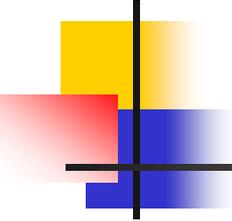
- An overanxious, impulsive, dysregulated child will have a difficult time participating in, and benefiting from, services targeting social skills, self-esteem, and reading.
- Use-dependent changes in the brain are the origin of neuropsychiatric symptoms related to exposure to threat, fear, chaos, stress, and trauma.



# The focus of clinical interventions may be wrong

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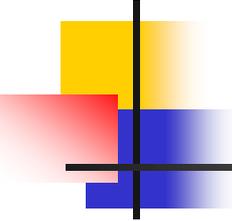
- Many of the problems in abused or traumatised individuals are related to disorganized or poorly regulated networks (e.g., the monoamines) originating lower in the brain. Yet, our clinical interventions often provide experiences that primarily target the innervated cortical or limbic (i.e., cognitive and relational interactions) regions in the brain and not the innervating source of the dysregulation (lower stress-response networks).



# It's all in the brain

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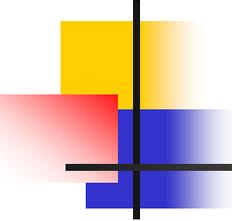
- “Traumatic and neglectful experiences during childhood cause abnormal organisation and functioning of important neural systems in the brain, compromising the functional capacities mediated by these systems”
  - Bruce Perry, 2006
- Biological embedding of experience
  - Clyde Hertzman & Dan Keating, 1999



# Biological effects of early adversity

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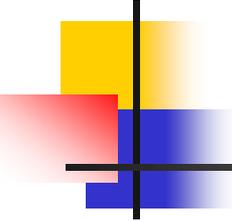
- Early adversity catalyses a series of biological adaptations that change the way the brain, neuroendocrine stress response, and immune system function, both individually and cooperatively
  - Johnson et al, 2013



# Toxic Stress - Jack Shonkoff, Harvard

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- Strong and prolonged activation of the body's stress management systems in the absence of the buffering protection of adult support (absence of supportive caregiving).
- Precipitants include extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse, family violence or war.
- Disrupts brain architecture and leads to stress management systems that respond at relatively lower thresholds, thereby increasing the risk of stress-related physical and mental illness.



# Chronic Trauma & Development

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- Child adapts to enduring stress according to developmental stage and capacities
- Chronic stress will affect all domains of development and neurobiological functioning
- Vulnerability is greatest at stages of rapid neurobiological organisation

# Fear and Anxiety Affect the Brain Architecture of Learning and Memory

## **PREFRONTAL CORTEX**

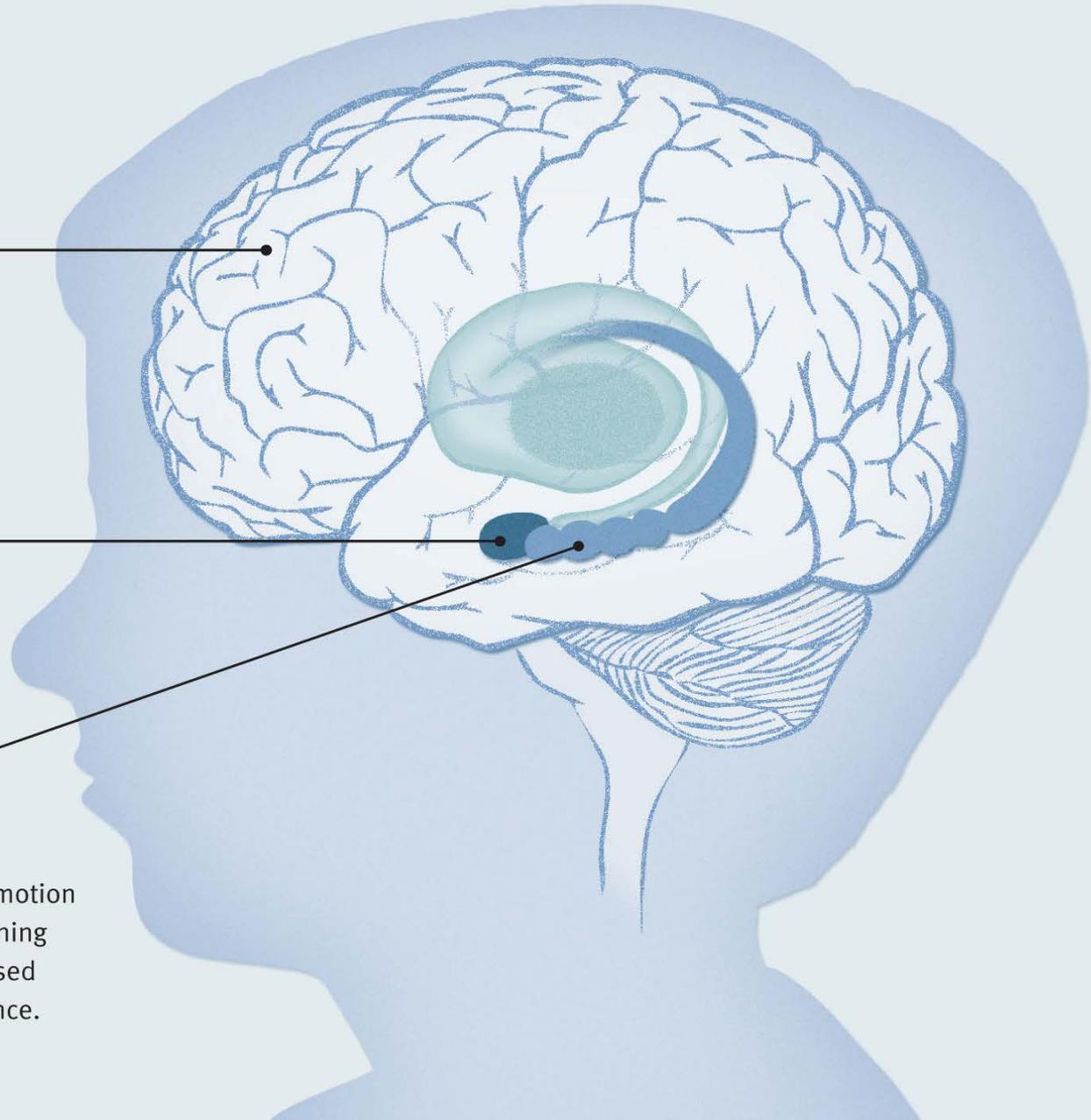
Center of executive functions; regulates thought, emotions, and actions. Especially vulnerable to elevation of brain chemicals caused by stress. Matures later in childhood.

## **AMYGDALA**

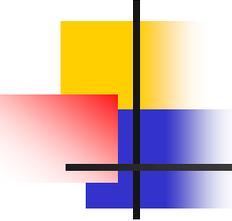
Triggers emotional responses; detects whether a stimulus is threatening. Elevated cortisol levels caused by stress can affect activity. Matures in early years of life.

## **HIPPOCAMPUS**

Center of short-term memory; connects emotion of fear to the context in which the threatening event occurs. Elevated cortisol levels caused by stress can affect growth and performance. Matures in early years of life.

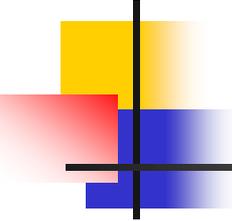


# NEURODEVELOPMENT AND TRAUMA



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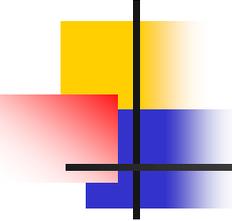
- Dysregulation of HPA axis functioning - stress system
- Altered cortisol pattern- stress hormone
- Reduced volume of hippocampus- memory
- Reduced volume of corpus callosum- information processing
- Potential effects on mood and impulse control, emotional regulation



# Maltreatment and the hippocampus: Teicher et al 2012

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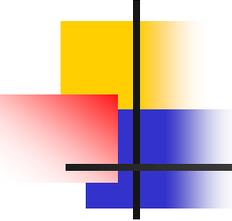
- *The exquisite vulnerability of the hippocampus to the ravages of stress is one of the key translational neuroscience discoveries of the 20<sup>th</sup> century.*
- Abuse is a risk factor for nearly all the psychiatric disorders associated with reduced hippocampal volume. Reduced left hippocampal volume in adult survivors of abuse.
- Key consequences of stress exposure on the hippocampus are suppression of neurogenesis in dentate gyrus and remodelling of cornu ammonis
- 6% reduction in volume of these parts in those abused



# Core Deficits as a Result of Severe Stress/trauma

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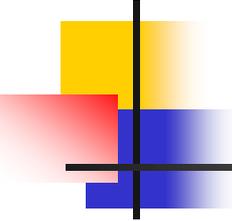
- Problems with interpersonal relationships
- Disorganised attachment behaviours, anger towards attachment figures
- Problems with affect regulation
- Ongoing vulnerability to stress
- Poor anxiety tolerance
- Poor modulation of aggression
- Self-destructive behaviours
- Self and other representations- negative self-concept, mistrust of others
- Deficits in reflective function and empathy



# Childhood trauma and its effects

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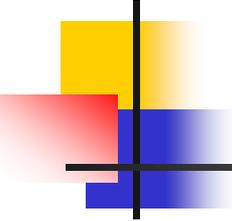
- Changes in the central nervous system can cause **hyper-vigilance**, a state of sensory sensitivity accompanied by an exaggerated intensity of behaviours used to detect threats. Children may also repeatedly **re-experience the terror of the original traumatic event** (often through nightmares and flashbacks), and experience feelings of helplessness, as well as problems with concentration and an exaggerated startle response. Children exposed to perpetrator tactics that involve secrecy, complicity and menace, may come to view adults as potential sources of threat rather than comfort and support.



# Royal Commission recommendations on services

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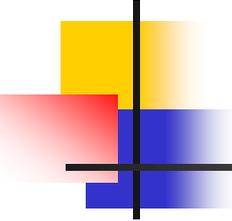
- The Australian Government and state and territory governments should fund dedicated community support services for victims and survivors in each jurisdiction, to provide an integrated model of advocacy and support and counselling to children and adults who experienced childhood sexual abuse in institutional contexts.



# Royal Commission recommendations on services

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- Funding and related agreements should require and enable these services to:
  - a. be trauma-informed and have an understanding of institutional child sexual abuse
  - b. be collaborative, available, accessible, acceptable and high quality
  - c. use case management and brokerage to coordinate and meet service needs
  - d. support and supervise peer-led support models.

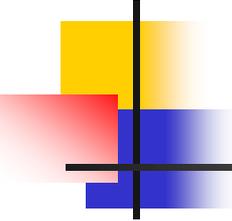


# Mental health services for maltreated children

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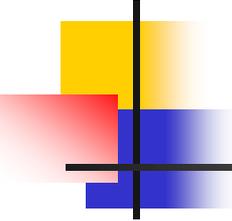
- We rarely provide the repetitions necessary to modify organized neural networks; 1 hour of therapy a week is insufficient to alter the accumulated impact of years of chaos, threat, loss, and humiliation.

# Principles of trauma informed care



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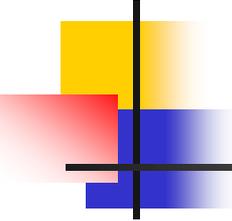
- Having a sound understanding of the prevalence and nature of trauma arising from interpersonal violence and its impacts on other areas of life and people's functioning



# Trauma informed systems

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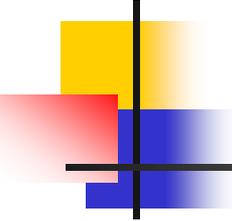
- When survivors engage with mainstream services such as mental health, drug and alcohol, health or generalist counselling programs, they may not receive a response that considers their childhood trauma.
- They may not disclose their experience of abuse or, if they do disclose, practitioners may not address complex trauma as a potential underlying issue.



# Key principles of a trauma-informed system of care

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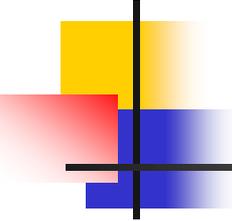
- Having a sound understanding of the prevalence and nature of trauma arising from interpersonal violence and its impacts on other areas of life and people's functioning
- Ensuring that organisational, operational and direct service-provision practices and procedures promote, not undermine, the physical, psychological and emotional safety of consumers and survivors



# Why trauma informed care?

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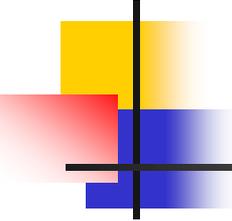
- Benefits for clients and workers and cost-effective
- Better outcomes for many symptoms
- Improvement in daily functioning
- Decreased trauma and substance abuse and mental health symptoms
- Decreased use of crisis intervention services including hospital admission



# Drivers of trauma informed care

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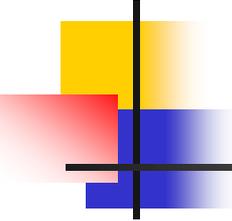
- Policy changes in some jurisdictions
  - Tune review of OOHC system in NSW
  - Identified trauma as significant factor in poor outcomes in OOHC
  - Trauma informed policy & practice key principle undergirding a successful service continuum for vulnerable children and families
  - *Every Child Matters*



# Contexts of trauma

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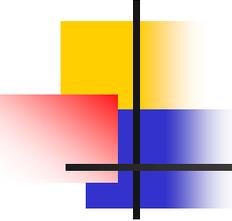
- Symptoms associated with trauma are common presentations of children in out of home care.
- Many have experienced biological parents who have a mental illness, drug or alcohol addiction or family violence



# Risks for children in justice system - cumulative trauma

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- “Some survivors we heard from have been particularly vulnerable to cumulative harm. In our private sessions with survivors in correctional institutions, we heard how *multiple adversities in childhood*, including domestic violence, family breakdown, racism, abuse and neglect, set them on a difficult life path, often into out-of-home care and correctional facilities, where further abuse occurred, compounding their trauma. We also heard about cumulative harm experienced by children with disability who face particular challenges in disclosing abuse, which may mean that the abuse is undetected and continues”

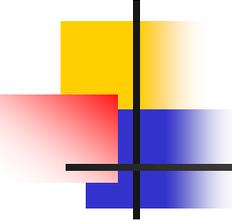


# Case note reviews of 68 children aged <12 yrs

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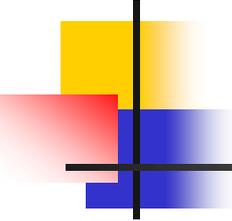
- Lack of continuity of care
- Multiple health providers in public private and non-government sectors
- Records not shared between providers
- Jeopardises quality and safety of health care services
- Increases risks of reduced ability to form therapeutic relationships

# NSW Initiatives on trauma informed care



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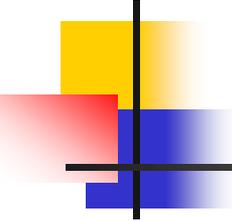
- The Agency for Clinical Innovation (ACI), in partnership with PARVAN, is leading a project to develop a Whole of Health Framework for Integrated Trauma Informed Care for Vulnerable Children and Young People.
- The framework will support the provision of integrated trauma-informed health services to vulnerable children, young people and their families, with a particular focus on those involved in the statutory child protection system including out of home care.



# Trauma informed v trauma-specific

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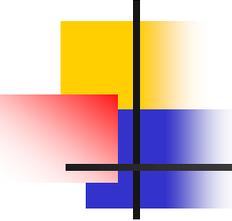
- A trauma-informed approach is distinct from trauma-specific interventions or therapeutic treatment. These interventions are part of, but not the same as, a system-wide trauma-informed approach



# Developmental Trauma disorder

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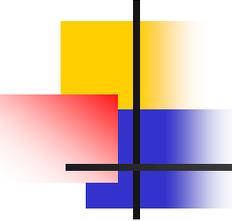
- Trauma in first 1000 days
- Insecure attachment and attachment disorder generally are the cause of developmental trauma.
- DTD's symptoms are relational and chronic: inability to concentrate or regulate feelings; chronic anger, fear and anxiety; self-loathing; aggression; and self-destructive behavior.



# Complex trauma

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- There is an emerging clinical awareness that trauma resulting from interpersonal abuse that is prolonged or repeated, including child sexual abuse, has a different nature and impact than that which is the consequence of an individual traumatic event.



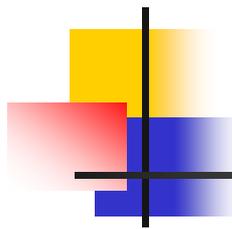
# Complex trauma

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- When a person experiences repeated trauma, particularly in childhood and from a person in whom they are expected to place a substantial amount of trust, they are not only at risk of anxiety, intrusion and other symptoms of post-traumatic stress disorder (PTSD), but they also face difficulties in basic areas of healthy development including 'the integrity of the body; the development of a healthy identity and a coherent personality; and secure attachment, leading to the ability to have healthy and reciprocal relationships'.

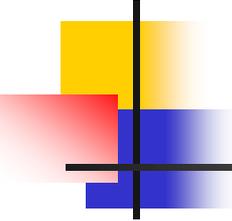


# Complex developmental trauma



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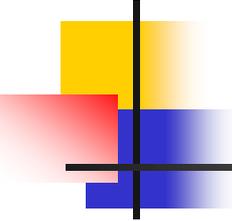
- Developmental trauma (DT) (or reactive attachment disorder) can manifest in a variety of ways:
- sensory processing disorder,
- ADHD,
- oppositional defiant disorder,
- bi-polar,



# Complex Developmental Trauma

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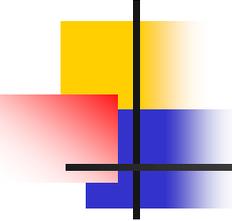
- personality disorders (especially borderline personality disorder),
- PTSD,
- cognitive impairment,
- speech delay,
- learning disabilities and more.



# Collective trauma

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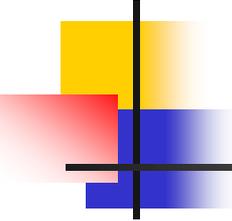
- 'Collective trauma' (also sometimes referred to as historical trauma) is the 'cumulative emotional and psychological wounding, over the life span and across generations, emanating from massive group trauma experiences'.
- It is a shared, unfolding grief and loss experienced by Aboriginal and Torres Strait Islander peoples. and includes the trauma caused by the decimation of Aboriginal and Torres Strait Islander populations during colonisation and the ongoing effects of this over many generations.



# Vicarious trauma

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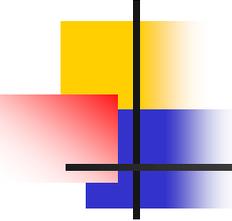
- Victims are not the only ones at risk



# Vicarious trauma

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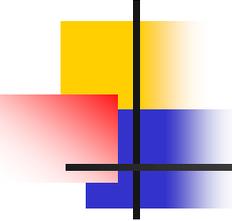
- Vicarious trauma (VT) is *'the negative transformation in the helper that results (across time) from empathic engagement with trauma survivors and their traumatic material, combined with a commitment or responsibility to help them'* (Pearlman and Caringi, 2009, 202-203).



# Recognition of secondary victims

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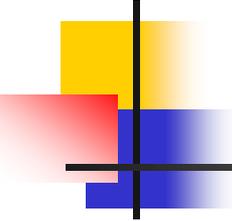
- 'Secondary victims' are people who are affected by the sexual abuse perpetrated against the primary victim (the child who is sexually abused).
- Includes partners, parents, children (including children born as a result of the abuse), siblings and extended family.
- The impacts of child sexual abuse can also be felt by a wider range of people, including whistleblowers and other people (including other children) within the institution where the abuse occurred. There may also be collective trauma impacts for entire communities including members of a parish within which abuse has occurred.



# Victims of child sexual abuse in OOHC

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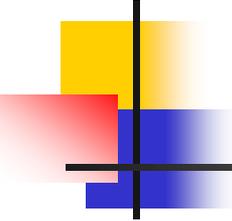
- The experiences of sexual abuse, and a poor institutional response to that abuse, can compound other adverse experiences in childhood, setting some children on a pathway to drug and alcohol abuse, homelessness and criminal behaviour. We also heard that experiences of abuse and placement in care can have intergenerational effects.



# Cumulative adverse experiences

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- Many survivors we heard from in private sessions and public hearings told us they had adverse childhood experiences before being sexually abused in an institution. This included sexual and physical abuse in the home, witnessing domestic violence, family breakdown and neglect. Some told us that experiences of domestic violence – either witnessing violence in their family or being assaulted by family members – left deep scars, which were compounded by the effects of sexual abuse in an institutional context.



# Many traditional therapists don't get trauma

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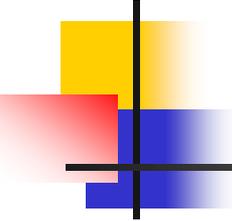
- DSM-5 still does not include complex developmental trauma however WHO recognises complex trauma in ICD-11
- Dubler (Knox Grammar) found various psychologists and counsellors of little help



# Neurosequential model of therapeutics

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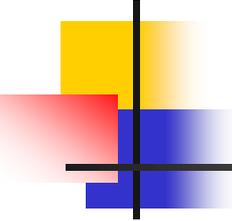
- Perry's Neurosequential Model of Therapeutics (NMT) provides a framework of brain development for work with developmental trauma. Therapists can precisely target their work to whatever stage a child was in when trauma took place.



# Neurosequential model of therapeutics

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- Traumatized children, Perry writes (2007), “need patterned repetitive experiences appropriate to their development needs, needs that reflect the age at which they missed important stimuli or had been traumatized, not their current chronological age.”



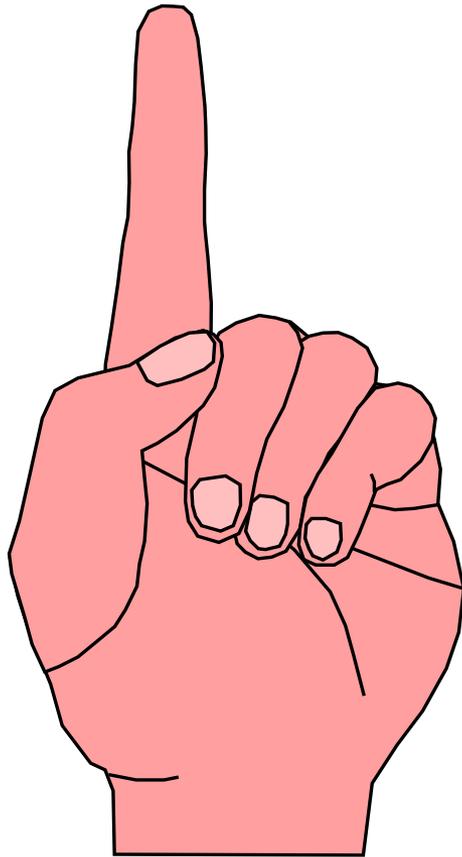
# Neurosequential model of therapeutics

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- Following assessment, a therapist uses activities selected to address the area of the brain impacted by trauma. The goal is to bridge gaps in development that have been identified. For example, if assessment indicates gaps related to brainstem and midbrain functioning, therapeutic activities will include expressive arts, yoga, massage, etc. After these functions have improved, activities progress to facilitate further sequential development of the brain.

# Parenting and public health...

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- Parenting is probably the most important public health issue facing our society.
- It is the largest variable implicated in childhood illnesses and accidents; mental illness; truancy, school disruption, underachievement; teenage pregnancy; substance misuse; juvenile crime; unemployability. Hoghugh, BMJ: 1998