Webinar for Baker Act Training
Trauma Series – Workshop 1
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Outline for Trauma & Effects

- Definition & Types of trauma
- Centrality of trauma
- Impact of trauma
- Mental health, substance use, and trauma
- Hope & healing
Definition of Trauma

Shock or severe distress from experiencing a disastrous event
In Childhood, trauma is...

the *physical and emotional responses* of a child to events that threaten the life, or physical and/or emotional integrity of the child or of someone critically important to him or her.
Traumatic Events overwhelm a person’s capacity to cope and elicit feelings of terror, powerlessness, and out of control physiological arousal.

The artwork featured here was created by Anna Caroline Jennings. She was sexually abused when she was less than three years old. To see more, visit http://www.theannainstitute.org
Types of Trauma

- Acute or single episode
- Chronic
- Complex
- Intergenerational
- System-generated
Single Episode Trauma

- **Acute trauma** is a single traumatic event that is limited in time. Examples include:
  - Serious accidents
  - Community violence
  - Natural disasters (hurricanes, earthquakes, wildfires, floods)
  - Sudden or violent loss of a loved one
  - Physical or sexual assault (e.g. being shot or raped)

- During an acute event, children and adults go through a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to the sense of being overwhelmed.
Then, when something “triggers” the traumatic memory.....

- Seeing, feeling, hearing, smelling something reminds us of past trauma
- 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
Chronic Trauma

For those receiving services across multiple systems, trauma is rarely a one time event.
Complex Trauma

- Multiple, or chronic trauma
- Prolonged with early-life onset
- Exposure to developmentally adverse events
- Usually of an interpersonal nature
- Within the child’s caregiving system
- Includes physical, emotional, educational neglect, maltreatment or abandonment


Intergenerational Trauma

- The phenomenon of passing along the effects of traumatic events from one generation to the next through re-enactment of events, telling of stories or biological predisposition to vulnerability of trauma.
As children and their families move through the child welfare and court systems, they often encounter additional stressful, frightening, and emotionally overwhelming experiences through “system generated trauma.”

The Centrality of Trauma

- ACE study
- Prevalence of sexual abuse
- Representation in children’s service systems
Adverse Childhood Events (ACE) Study

- Kaiser Permanente and the CDC
- Large-scale epidemiological study of the influence of stressful and traumatic childhood experiences
- Interviewed over 17,000 people
- Motivated by an obesity study
## ACE Study Findings

<table>
<thead>
<tr>
<th>Abusive Experience</th>
<th>Percentage</th>
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<tr>
<td>Recurrent &amp; severe physical abuse</td>
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<tr>
<td>Recurrent &amp; severe emotional abuse</td>
<td>11%</td>
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<tr>
<td>Contact sexual abuse</td>
<td>22%</td>
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<td>Growing up in a household with:</td>
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<td>Alcoholic or drug-user</td>
<td>25%</td>
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<td>Member being imprisoned</td>
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<td>Mentally ill, chronically depressed, or institutionalized member</td>
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<td>The mother being treated violently</td>
<td>12%</td>
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<td>Both biological parents NOT present</td>
<td>22%</td>
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</table>
ACE Score vs. Adult Alcoholism

% Alcoholic

0 1 2 3+ or more

ACE Score

ACE Score vs. Adult Alcoholism

% Alcoholic

0 1 2 3+ or more

ACE Score
ACE Study

- Higher rates of self-injurious behaviors (addiction, overeating, smoking) associated with higher ACE’s
- Such behaviors in long term lead to disease and disability
- In short term, may be effective in ameliorating the effects of childhood trauma
- **Conclusion:** childhood trauma must be addressed for both short term and long term reasons
Overall, 1539 people died during follow-up

- the crude death rate was 91.0 per 1000
- the age-adjusted rate was 54.7 per 1000

People with six or more ACEs died nearly 20 years earlier on average than those without ACEs (60.6 years, 95% CI 56.2, 65.1, vs 79.1 years, 95% CI 78.4, 79.9)

Average YLL per death was nearly three times greater among people with six or more ACEs (25.2 years) than those without ACEs (9.2 years).

Adverse Childhood Experiences and the Risk of Premature Mortality David W. Brown, DSc, MScPH, MSc, Robert F. Anda, MD, MSc, Henning Tiemeier, PhD, Vincent J. Felitti, MD, Valerie J. Edwards, PhD, Janet B. Croft, PhD, Wayne H. Giles, MD, MSc (Am J Prev Med 2009;37(5):389–396) Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine

http://www.biomedcentral.com/1471-2458/9/106
Among those surveyed, 13 percent of teenage girls admit to being physically injured or hit and one in four report being pressured to perform oral sex or engage in intercourse, according to the survey by the private research group Teenage Research Unlimited.

*Liz Claiborne Study – n = 300,000*
One in four children/adolescents experience at least one potentially traumatic event before the age of 16.

In a 1995 study, 41% of middle school students in urban school systems reported witnessing a stabbing or shooting in the previous year.

Four out of 10 U.S. children report witnessing violence; 8% report a lifetime prevalence of sexual assault, and 17% report having been physically assaulted.


In 2008, an estimated 1,740 children-nearly 2 children per 100,000-died of abuse or neglect. Four/fifths were younger than 4 years old.


In 2008, 702,000 children were victims of child maltreatment. Of these:
78.3% experienced neglect
17.8% were physically abused
9.5% were sexually abused
7.6% endured emotional or psychological abuse

Juvenile justice

- Rates of posttraumatic stress disorder range as high as 50% and more than 90% of youth in detention reported experiencing at least one traumatic event.


Universal screening & precautions

Trauma is under-reported and under-diagnosed.

(NTAC, 2004)

Given the high rates of trauma, and the fact that it is underreported and under-diagnosed, universal screening and precautions are needed.
The Impact of Trauma

High numbers of traumatized individuals lead to dramatic increases in the use of medical, correctional, social and mental health services. Those with childhood histories of trauma make up almost our entire criminal justice population, with very high rates of arrest for violent crimes.
Variability in Responses to Stressors and Traumatic Events

- Impact of potentially traumatic event is determined by both:
  - The objective nature of the event
  - The individual’s subjective response to it

- Something that is traumatic for one person may not be traumatic for another
Trauma distorts how we view ourselves & the world around us
The impact of a potentially traumatic event depends on several factors including:
- The child’s age and developmental stage
- The child’s perception of the danger faced
- Whether the child was the victim or the witness
- The child’s relationship to the victim or perpetrator
- The child’s past experience with trauma
- The adversities the child faces following the trauma
- The presence/availability of adults who can offer help and protection
Trauma is a Sensory Experience

Trauma is the inability to move the sensory memories of those traumatic events from implicit (in the mid-brain) to explicit (in the neo-cortex) memory where the individual can reframe it in ways he can now manage, use as a resource and look at this life with new meaning.

Effects of Complex Trauma

- Physical and Sensory
- Social
- Psychological
- Behavioral
- Emotional
- Developmental & Educational
Figure 1
Prototypical Patterns of Disruption in Normal Functioning Across Time Following Interpersonal Loss or Potentially Traumatic Events

Bonanno, George. American Psychologist, Jan. 2004
Increased Clinically significant symptoms

- the abuse occurred at a younger age
- persisted over a longer period of time
- involved several individuals
- more marked by violence
origins of symptomatology

violation of trust
attachment
no safety
no intimacy
lies
holding in feelings
powerlessness
pain
Result of chronic abuse

• Disorders of Thought

Guilt, negativity, memory difficulties, intrusive / obsessive thoughts, impaired attention / concentration

• Disorders of Emotion

Wide range of affective / anxiety symptoms
Effects on Personality & Behavior

• Disorders of Personality

Compare with borderline personality disorder: unstable relationships, abandonment issues, suicidal gestures, identity disturbance, paranoia, emptiness, intense anger, dissociative

• Disorders of Behavior

Truancy / promiscuity; self-injury, rage episodes/substance disorders
Significant odds ratios- compared to twins with no CSA (n=1411 twins) 72.7%  *Kendler et. al 2000*

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<th>Diagnosis</th>
<th>Any CSA</th>
<th>Nongenital CSA</th>
<th>Genital CSA</th>
<th>Intercourse</th>
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<td>Major depression</td>
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<td>GAD</td>
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<td>1.59</td>
<td>2.94</td>
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<td>Panic disorder</td>
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<td>2.55</td>
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<td>Bulimia</td>
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<td>Alcohol depend.</td>
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<td>2.42</td>
<td>2.39</td>
<td>4.01</td>
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<tr>
<td>Drug dependence</td>
<td>3.09</td>
<td>2.93</td>
<td>1.97</td>
<td>5.70</td>
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<tr>
<td>≥ Disorders</td>
<td>2.58</td>
<td>1.61</td>
<td>2.04</td>
<td>5.47</td>
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</table>
Posttraumatic Stress Disorder - *DSM-IV criteria* – considered an anxiety disorder

- Person is exposed to a traumatic event involving threat of death or serious injury
  - they respond with intense horror, fear, or helplessness
- They persistently re-experience the event
  - Intrusive thoughts, perceptions, images, dreams
  - Reliving of event – including hallucinations, illusions, dissociative flashbacks
Persistent avoidance or numbing of reactions (not present before)

- avoids thoughts, feelings, conversations
- avoids people, places, activities
- unable to recall elements of trauma
- detachment or estrangement
- diminished interest
- sense of foreshortened future
Persistent symptoms of increased arousal

- difficulty falling or staying asleep
- irritability / outbursts
- impaired concentration
- hypervigilance
- exaggerated startle response
Mental health, substance abuse, health concerns
And trauma
Trauma

Substance Abuse
• Following traumatic event – substance abuse as “self-medication” “self-soothing”

• Substance abuse leading to high risk situations or poor judgment increasing chances of victimization
PTSD

Rates in substance abuse treatment populations

• 12-34%

Rates for Women in SA treatment

• 33 – 59% (Najavits, 2002)
In one study, more than half of the 2,300 adolescent substance abusers reported an arrest.

Typically women in criminal justice system:
- non-violent and gender-congruent criminal activity earlier in life such as prostitution and shoplifting.
- Following an increased severity in drug abuse, their crimes tended to be more violent
Gender Differences

- Abused high school girls & those with symptoms of depression are twice as likely to drink or smoke frequently than non-abused or non-depressed girls.
- Girls experience stronger physiological effects from drugs and alcohol than men or boys; often place themselves at increased risk for sexual assault (i.e., unwanted or forced sex).
Trauma

Mental illness, Emotional disorders
Violence and abuse, especially over a long term, abuse by multiple perpetrators and/or extremely violence abuse is associated with the development of many disorders.

Some responses to abuse – flashbacks, result in involuntary hospitalization, seclusion, restraints and possible retraumatization.

People with mental illnesses are more likely to be victims of violence.
Trauma

Physical Health
Trauma and Physical Health

- Particularly chronic sexual and physical abuse in childhood affect adult rates
  - Heart disease
  - Cancer
  - Gastrointestinal disorders
  - Chronic pain
- Those with more severe trauma experienced worse physical health
- More likely to engage in poor health behaviors
Trauma’s impact on HIV issues

- ↑Sexual risk behaviors
- ↑Risk of adult sexual revictimization
- Poor treatment adherence
- Linked to sex work
- Multiple sex partners
Trauma

Physical Health  Substance abuse

Mental illness, Emotional disorders
Hope & Healing

- Neurobiology of trauma & healing
- The power of safe & positive relationships
- Sensory aspects of trauma & healing
The Brain’s Response to Trauma

• Recent studies on vets measured how some brain regions go awry in the vicious cycle that is PTSD, where patients feel like they're reliving a trauma instead of understanding that it's just a memory.

• A brain processing system that includes the amygdala (the fear hot spot) becomes overactive. Other regions important for attention and memory, regions that usually moderate our response to fear, are tamped down.
The good news is this neural signal is not permanent. It can change with treatment.

In this recent study, MRI scans were done while patients either tried to suppress their negative memories, or followed PTSD therapy and changed how they thought about their trauma. That fear-processing region quickly cooled down when people followed the PTSD therapy.

• Safety, and therefore healing, cannot occur with cognitive processes alone. Safe experiences strengthen new neuronal connections, and with repetition, can replace unsafe, sensory memories.

• People who have experienced trauma need to be constantly re-directed to their bodies’ response during stressful and relaxing times in order to learn self-regulation.

Trauma Recovery is when people live with more hope than fear...
Screening & Assessment of Trauma
Screening & Assessing Trauma

- Trauma-sensitive practice
- Screening for trauma-how & with who?
- Assessing physical & psychological safety
- Assessing trauma within the Comprehensive Evaluation
- Standardized, evidence-based assessment tools – why & when?
- Differentiating between stress, generalized anxiety, and trauma-related symptoms
- Determining co-occurring concerns
- Formulating a plan
Introduce Case Study
The Nature of Screening & Assessment

Screening & Assessment can be a little like jumping into deep water from up high.
Why screen & assess for Trauma

- Avoids re-traumatization – Do no harm!
- Helps develop collaborative relationship
- Ensures appropriate diagnosis and services
- Decreases perceived stigma
- Identifies that trauma can underly numerous other conditions
- Can detect potential for suicidality
- Informs treatment and recovery
Before you screen for trauma

- Determine
  - Safety (suicidality, homocidality)
  - Other life-threatening circumstances
  - Medical, psychological Stability
    - Is thinking disorganized?
    - Are reactions extreme?
    - Are they in midst of crisis?
  - Substance impairment
  - Current & available support
Psychological First Aid – 8 Core Actions

- Contact and Engagement
- Safety and Comfort
- Stabilization
- Information Gathering: Current Needs and Concerns
- Practical Assistance
- Connection with Social Supports
- Information on Coping
- Linkage with Collaborative Services
Types of Assessments

- **Trauma Exposure or Screening Measure**
  - Periodic as part of general assessment
  - To address symptoms
  - Following another traumatic event

- **General Clinical Interview:**
  - Explores immediate clinical concerns
  - Addresses co-morbidities
  - Identifies barriers and strengths re: treatment
  - Offers behavioral observation

- **Standardized Assessments (child-report or parent report)**
  - Identifies internalized vs. externalized symptoms
  - Assesses level of adaptive functioning

- **Trauma-specific**
  - Identifies treatment targets
Considerations when assessing Trauma exposure

- Establish trust & rapport
- Explore their reasons for seeking help. Question in empathetic, non-judgmental manner
- Become comfortable with talking about traumatic events of all kinds
- Use observable, behavioral definitions
- Respond to disclosure with visible support
- Expect any reaction & respond with validation
- Repeat assessments as necessary
- Ask permission, offer choices before questioning
- Incorporate with other kinds of questioning
Trauma-informed screening refers to a brief, focused inquiry to determine whether an individual has experienced specific traumatic events.

HARRIS & FALLOT, 2001

IN THE EVENT OF A BAKER ACT, AN INITIAL SCREENING IS THE FIRST STEP.

A MORE THOROUGH ASSESSMENT SHOULD ONLY OCCUR WITH A STABILIZED CLIENT
Key elements of trauma history

- Single event or multiple, chronic
- Severity of life threat
- Age or age range when trauma occurred
- Perpetrator & relationship to victim
- Caregiver or Significant Other Response
- Triggers
- Coping Strategies
- Protective factors (school, work, interests, friends, family)
ACE Study Questions

Psychological

- Did a parent or other adult in the household...
- Often or very often swear at, insult, or put you down?
- Often or very often act in a way that made you afraid that you would be physically hurt?

Physical

- Often or very often push, grab, shove, or slap you?
- Often or very often hit you so hard that you had marks or were injured?

Sexual

- Did an adult or person at least 5 years older ever...
- Touch or fondle you in a sexual way?
- Have you touch their body in a sexual way?
- Attempt oral, anal, or vaginal intercourse with you?
- Actually have oral, anal, or vaginal intercourse with you?
ACE Study Questions (continued)

**Substance abuse**
- Live with anyone who was a problem drinker or alcoholic?
- Live with anyone who used street drugs?

**Mental illness**
- Was a household member depressed or mentally ill?
- Did a household member attempt suicide?

**Mother treated violently**
- Was your mother (or stepmother)
- Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?
- Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
- Ever repeatedly hit over at least a few minutes?
- Ever threatened with, or hurt by, a knife or gun?

**Criminal behavior in household**
- Did a household member go to prison?

Source:
13. If you answered yes to any of the above questions about violence and sexual trauma, do you currently experience any of the following?

Flashbacks
☐ 1- Yes ☐ 2- No

Nightmares

Insomnia

Fearfulness

Emotional Numbness

Other
Screening

- Primary Care PTSD Screen (PC-PTSD):
  http://www.ptsd.va.gov/professional/pages/assessments/pc-ptsd.asp

- PTSD Checklist for Civilians (PCL-C):

- PTSD Checklist for Military (PCL-M):
  http://www.ptsd.va.gov/professional/pages/assessments/ptsd-checklist.asp
Trauma-informed assessment is a more in-depth exploration of the nature and severity of the traumatic events, the sequelae of those events, and current trauma-related symptoms.

- HARRIS & FALLOT, 2001
Assessment – What to ask?

- Physical, sexual, and emotional abuse
- As a child and/or as an adult
- Witnessing
- Rape
- Domestic violence & Stalking
- Relationship/ Marital violence
- Loss
- Separation from family
- Medical and physical trauma
Assessment – Who should ask?

- Basic screening – A trained intake worker
- More detailed history and examination – Professional clinician
Trauma History and Detail Form

- Informs Treatment: Course of treatment may differ depending on trauma history:
  - Single vs. multiple incident
  - Brief vs. extended duration

- Trauma details particularly important:
  - When addressing trauma triggers and reminders
  - When planning for and conducting gradual exposure
Assessing Children.. Giving What to Whom, and When?

- **Children 1.5 - 6 years:** All information provided by caregivers
  - Clinical Characteristics
  - Trauma History and Detail
  - Child Behavior Checklist

- **Children/adolescents 7 years or older:** Information provided by caregivers and child
  - Clinical characteristics
  - Trauma History and Detail
  - Trauma Symptom Checklist Children-Alternate
  - PTSD-Reaction Index
  - Child Behavior Checklist
Ways to Complete the Assessment with Children & Parents

- Put assessment on the agenda and connect it to treatment
- Using the waiting room: self-administered format
- During the session: interview format
  - With youth...allows for collection of additional ‘data,’ physiological signs
    * For youth, ask follow-up questions after you’ve completed the measure
  - Parents with reading problems
- Complete over 1-2 sessions (balance with engagement)
Standardized Measures: Benefits

- Administration provides an opportunity to supplement information gained in the clinical interview
- Provides an opportunity to see where your client falls compared to other kids
  - Clinical range? Borderline range?
  - Likely to meet criteria for a diagnosis PTSD?
- Development of standardized measures involves administering them to all kinds of kids (clinical and not) so that the measures discriminate between kids having clinically significant problems and those who are not
Standardized Measures: Benefits

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• Provides an opportunity to see where your client falls compared to others
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• Development of standardized measures involves administering them to all kinds of clients (clinical and not) so that the measures discriminate between those having clinically significant problems and those who are not
Standardized Measures: Posttraumatic Stress (PTS) for Children

PTS Symptoms
- PTSD Reaction Index (PTSD-RI) (Pynoos)
- Trauma Symptom Checklist for Children-Alternate (TSCC-A)

Symptoms Associated with PTS
- TSCC-A (Briere)
  - Assesses symptoms associated with PTS: Depression, Anger, Dissociation

Psychological Assessment Resources, Inc.
P.O. Box 998
Odessa, FL 33556
(800) 331-TEST
Standardized Measures: Broad Examination of Functioning

General Behavior
• Child Behavior Checklist (CBCL)
  Psychological Assessment Resources, Inc.
  P.O. Box 998
  Odessa, FL 33556
  (800) 331-TEST
  http://www.parinc.com/product

• Child & Adolescent Needs & Strengths (CANS-Trauma-Focused)
  Buddin Praed Foundation
  558 Willow Road
  Winnetka, Illinois 60093
  www.buddinpraed.org

• Two Domains:
  o Internalizing Problems (e.g., Anxious/Depressed, Somatic Complaints)
  o Externalizing Problems (e.g., Aggressive Behavior, Rule-breaking behavior)
Other Assessment Tools

Child/Adolescent Measures

- UCLA Trauma Reminders (TSCC, Briere)
- Adolescent-Dissociative Experiences Scale (Pynoos)
- Self-report (YSR, Achenbach) Children’s
- Depression Inventory (CDI, Kovacs)

Parent/Caretaker Measures

- Child Sexual Behavior Inventory (CSBI, Friedrich)
- Traumatic Events Screening Inventory (TESI, Ford)

For more information on screenings & assessments, visit [http://vinst.umdnj.edu/VAID/TestReport](http://vinst.umdnj.edu/VAID/TestReport)
PTSD-RI

UCLA PTSD Index for DSM IV (Questions 1-22)

Here is a list of problems people sometimes have after very bad things happen. Please THINK about the bad thing that happened to you. Then, READ each problem on the list carefully. Check ONE of the numbers (0, 1, 2, 3 or 4) that tells how often the problem has happened to you in the past month.

- 0 = None of the time
- 1 = A little of the time
- 2 = Some of the time
- 3 = Much of the time
- 4 = Most of the time

1.* I watch out for danger or things that I am afraid of.
2.* When something reminds me of what happened, I get very upset, afraid or sad.
3.* I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I do not want them to.
4.* I feel grouchy, angry or mad.
5.* I have dreams about what happened or other bad dreams.
6.* I feel like I am back at the time when the bad thing happened, living through it again.
7.* I feel like staying by myself and not being with my friends.
# Trauma History Timeline: Youth Referred for Treatment of Sexual Abuse

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<td>War/Terrorism/Political Violence Inside U.S.</td>
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Assessment Resources for Adults

- **Assessment of Trauma and PTSD:**
  http://www ptsd va gov/professional/pages/assessments/list-trauma-exposure-measures asp

Reluctance to assess

- Fear of retraumatizing or upsetting clients
- No follow-up support
- Feeling intrusive
- One’s own abuse issues
- Denial
Trauma-specific services – are designed to treat the long-term effects of past sexual, physical or emotional trauma.

Trauma Informed Services – are NOT designed to treat the specific symptoms related to the past trauma or abuse. Rather they are providers of care whose primary mission is not the treatment of trauma. They treat the “person” who has special needs due to their trauma history in a sensitive, caring and welcoming way.
Trauma-informed care

Asks “What happened to you?”

VS.

“What’s wrong with you?”
Basics of Trauma-Sensitive Interventions

- Safety
- Strengths
- Support
- Skills
The Course of Treatment
Resources for Evidenced-Based Practices

http://www.nrepp.samhsa.gov/

Society of Clinical Psychology
American Psychological Association, Division 12

http://www.psychology.sunysb.edu/eklonsky-/division12/

http://ebp.networkofcare.org/
Resources for Evidenced-Based Practices (continued)

http://www.ahrq.gov/clinic/epc/

www.nctsn.org/nccts/nav.do?pid=ctr_top_trmnt_prom://.
Treatment Resources

For more information:

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