November 2020 Webinar

Relationship Education: A Trauma-Informed Approach for Youth

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The Dibble Institute
Resources for Teaching Relationship Skills
The Dibble Institute believes in research.
The Dibble Institute believes all people deserve respect.
Trauma-Informed Approach
UT Teen Health Mission

To advance adolescent health and wellness by providing medically accurate sexual health information to the community, encouraging positive youth development strategies, and promoting healthy life choices.
UT Teen Health Background

Implementation of Effective Programs

- Youth Serving Organizations
  - Schools
  - Juvenile Justice Departments
  - Foster Care Organizations
  - Community Colleges
  - Clinics
  - Faith-based Organizations
Poll: Who is here today?
What is Trauma?

The American Psychological Association¹ defines trauma as an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical.

Types of trauma², ³

- Bullying
- Emotional abuse
- Deportation and separation of families
- Emotional and physical neglect
- Physical abuse
- School violence
- Sexual abuse
- System-induced trauma and re-traumatization
- Transgenerational trauma
- Traumatic grief or separation
- Victim of or witness to community-based violence
- Victim of or witness to domestic violence

¹https://www.apa.org/topics/trauma/
²https://www.samhsa.gov/trauma-violence/types
Adverse Childhood Experiences (ACEs)
Poll: Who has heard of ACEs?
What are ACES?

Adverse Childhood Experiences (ACES) is the term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18. The landmark Kaiser ACE Study examined the relationships between these experiences during childhood and reduced health and wellbeing later in life.

WHO PARTICIPATED IN THE ACE STUDY?

Between 1995 and 1997, over 17,000 people receiving physical exams completed confidential surveys containing information about their childhood experiences and current health status and behaviors. The information from these surveys was combined with results from their physical exams to form the study’s findings.

*RParticipants in this study reflected a cross-section of middle-class American adults.
## Adverse Childhood Experiences ARE COMMON

<table>
<thead>
<tr>
<th>Household Dysfunction</th>
<th>Neglect</th>
<th>Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse 27%</td>
<td>Emotional 15%</td>
<td>Emotional 11%</td>
</tr>
<tr>
<td>Parental Sep/Divorce 23%</td>
<td>Physical 10%</td>
<td>Physical 28%</td>
</tr>
<tr>
<td>Mental Illness 17%</td>
<td></td>
<td>Sexual 21%</td>
</tr>
<tr>
<td>Battered Mothers 13%</td>
<td></td>
<td></td>
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<tr>
<td>Criminal Behavior 6%</td>
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</tbody>
</table>

**TOTAL 10 ACEs**
Poll: Which of the following can be caused by ACEs?
Population Attributable Risk

- Cancer
- Cardiovascular disease
- Alcoholism
- Chronic depression
- Asthma
- Diabetes (insulin)
- ACEs
- Workplace injury
- Drinking & driving past 30 days
- ≥3 falls require treatment in 90 days
- Currently smoking
- High risk for HIV

Controls: gender, age, income, education, race-ethnicity
ACES can have lasting effects on....

- **Health** (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)

- **Behaviors** (smoking, alcoholism, drug use)

- **Life Potential** (graduation rates, academic achievement, lost time from work)

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.

Risk for Negative Health and Well-being Outcomes

*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.*
LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.
Effects of Trauma
Reactions to Trauma

• Emotional
• Physical
• Behavioral
• Cognitive
• Existential
Effects of Trauma

Reactions vary by Individual
• Subtle symptoms
• Gradual development of destructive behaviors
• Immediate development of destructive behaviors

Shaping Future Beliefs\(^1\)
• Loss of hope
• Restricted expectations about life achievements
• Fear about premature death
• Anticipation that normal life events won’t occur (e.g., access to education, ability to have a significant and committed relationship, good opportunities for work).

\(^1\)Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 3, Understanding the Impact of Trauma.
Effects of Trauma | Emotional

Immediate Emotional Reactions
- Anger
- Anxiety
- Sadness
- Disorientation
- Denial
- Guilt (including survivor guilt)

Delayed Emotional Reactions
- Depression
- Grief reactions
- Shame
- Feeling vulnerable
- Emotional detachment from anything that requires emotional connection (e.g., significant and/or family relationships, conversations about self, discussion of traumatic events or reactions to them)

\(^1\)Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 3, Understanding the Impact of Trauma.
**Effects of Trauma | Physical**

**Immediate Physical Reactions**
- Nausea and/or gastrointestinal distress
- Sweating or shivering
- Fainting
- Muscle tremors or uncontrollable shaking
- Elevated heartbeat, respiration and blood pressure
- Extreme fatigue or exhaustion
- Highly sensitive startle response
- Depersonalization (loses sense of personal identity)

**Delayed Physical Reactions**
- Sleep disturbances, nightmares
- Somatization (e.g., increased focus on and worry about body aches and pains)
- Appetite and digestive changes
- Lowered resistance to colds and infection
- Persistent fatigue
- Elevated cortisol levels
- Hyper-arousal
- Long-term health problems include heart, liver, and autoimmune diseases, as well as chronic obstructive pulmonary disease (COPD)

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Effects of Trauma | Behavioral

Immediate Behavioral Reactions
- High startle reaction
- Disturbances in sleep and appetite patterns
- Increased use of alcohol, drugs, and tobacco
- Withdrawn from their environment
- Avoidant behavior (behavior based on trying to escape particular feelings/thoughts)
- Difficulty expressing oneself
- Argumentative behavior

Delayed Behavioral Reactions
- Disruptions in social relationships
- Decreased activity level
- Engagement in risky behaviors

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Effects of Trauma | Cognitive

Immediate Cognitive Reactions
- Difficulty concentrating
- Rumination or racing thoughts (e.g., replaying the traumatic event over and over again)
- Distortion of time and space (e.g., traumatic event may be perceived as if it was happening in slow motion, or a few seconds can be perceived as minutes)
- Memory problems (e.g., not being able to recall important aspects of the trauma)
- Strong identification with victims

Delayed Cognitive Reactions
- Intrusive memories or flashbacks
- Reactivation of previous traumatic events
- Self-blame
- Preoccupation with the event
- Difficulty making decisions
- Magical thinking: belief that certain behaviors, including avoidant behavior, will protect from future trauma
- Belief that feelings or memories are dangerous
- Generalization of triggers (e.g., a person who experiences a home invasion during the daytime may avoid being alone during the day)
- Suicidal thinking
Effects of Trauma | Existential

Immediate Existential Reactions
- Intense use of prayer
- Restoration of faith in the goodness of others (e.g., receiving help from others)
- Loss of self-efficacy
- Despair about humanity, particularly if the event was intentional
- Immediate disruption of life assumptions (e.g., fairness, safety, goodness, predictability of life)

Delayed Existential Reactions
- Questioning (e.g., “Why me?”)
- Increased cynicism, disillusionment
- Increased self-confidence (e.g., “If I can survive this, I can survive anything.”)
- Loss of purpose
- Renewed faith
- Hopelessness
- Reestablishing priorities
- Redefining meaning and importance of life
- Reworking life’s assumptions to accommodate trauma (e.g., taking a self-defense class to reestablish a sense of safety)

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Triggers

Triggers can be set off by:

• Specific noise
• Distinct smell
• Particular scene (car crash)
• Physical sensation
• Loud noises
• Time of day
• Date
• Season
• Anniversary of event
Paradigm Shift

What’s wrong with you?

What’s happened to you?
Lessons Learned from the Field

Increase trauma-informed approaches throughout the lessons.

• Include deep breathing to start a lesson or re-focus between activities.

• Provide a beginning agenda and what to expect the next day.
Lessons Learned from the Field

Meet youth where they are emotionally.

- Acknowledge what they are feeling and respond with a trauma informed approach.

- For example when discussing Goals: Student says, "Coach told me I would never amount to anything." Facilitator responds, "Thank you for sharing that with me. Can you share with me what is a goal that you want to accomplish?" Student says, "I want to finish school." Facilitator responds by continuing the conversation and providing guidance and acknowledgement.

My Positive Message

I wanna finish school.
I could make it out the system.
I can stay out of trouble.
I could be a good boy.
I could be a FREE BIRD!!
Lessons Learned from the Field

Facilitator preparedness is required to adjust to real-time challenges.

• Teaching in a room that does not have wall space instead hang posters over white boards or on desks.

• Emotional challenges (fights in jail, disruptive students requiring partner assistance to de-escalate behavior) use trauma-informed approaches to react to youths' behavior.
Lessons Learned from the Field

Find out site-specific considerations that affect program delivery.

• Numbering all the items you bring in and ensuring you collect them all when you leave.

• Are there colors that are affiliated with gangs that you should avoid? (such as Blue and Red)
Poll: Do you think TIA* can be applied in your daily routine?

*Trauma Informed Approaches
Trauma-Informed Approaches

**Trauma-Informed Approach, Part II** defines trauma and discusses adverse childhood experiences, or ACEs; the effects or reactions to trauma, and developing a shift from the existing paradigm to a trauma-informed approach. (20 minutes) Accessed using the following link: https://uthscsa.edu/learning-modules/teen-health/trauma/course-2/

**Trauma-Informed Approach, Part III** outlines how a trauma-informed approach can be adopted by an organization, using six key principles. (20 minutes) Accessed using the following link: https://uthscsa.edu/learning-modules/teen-health/trauma/course-3/index.html

**Trauma-Informed Approach, Part IV** provides an explanation of how the individuals who work with traumatized youth may experience vicarious trauma and gives self-care resources that are available. (20 minutes) Accessed using the following link: https://uthscsa.edu/learning-modules/teen-health/trauma/course-4/index.html

Use the password: UTteenhealth
Thank You!

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Thank You for Joining Us Today!

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Webinar will be available in 3 days:
http://www.dibbleinstitute.org/webinar-archives/

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