



A national campaign from the
Office of Head Start

#HeadStartHeals Campaign

Understanding Trauma-Informed Care to Build Parent Resilience

**April 13, 2020
1:00- 2:30 pm EST**

*Promoting empathy through trauma-informed and
healing focused practices*



#HeadStartHeals



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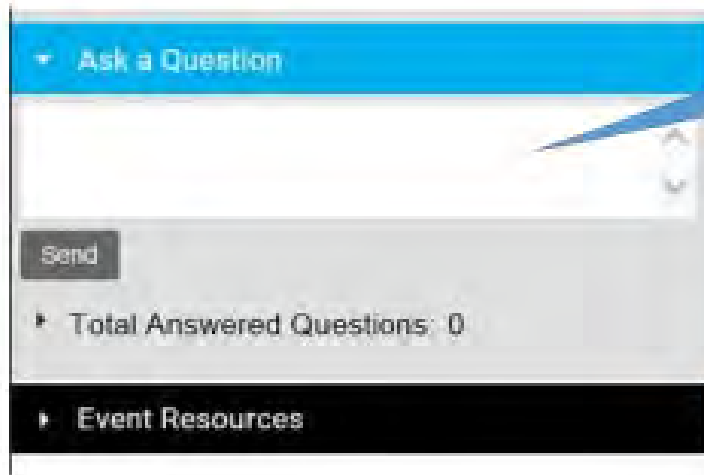


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Welcome



Please use the left side bar to ask questions, submit comments, or download handouts



Ask your questions and submit your comments here

Download handouts from Event Resources

Welcome



Please type in the CHAT Box:

What is your role in Head Start?



***When we deny the story, it
defines us.***

***When we own the story, we can
write a brave new ending.***

- Brene Brown



Note of Caution When Discussing Trauma

- Discussing trauma can be a reminder of our own experiences and may be upsetting.
- If upset feelings don't subside, seek help.
- Talk to a trusted person or a mental health professional.
- Text the Crisis Text Line at 741741 to communicate with a crisis counselor (www.crisistextline.org).
- Call the National Suicide Prevention Hotline 1-800-273-8255.
- Your well-being is important. It is okay to ask for help.





- **Established** in Fall 2007 to serve as a Treatment and Services Adaptation Center (Cat II) within the National Child Traumatic Stress Network (NCTSN)
- **Mission:** TO CO-FACILITATE TRAUMA-FOCUSED HEALING FOR NATIVE CHILDREN, FAMILIES, AND COMMUNITIES. THIS WORK REQUIRES UNDERSTANDING, RESPECT, AND HONORING OF TRIBAL SOVEREIGNTY, SPECIFIC COMMUNITY NEEDS, AND THE USE OF TRADITIONAL HEALING PRACTICES.



Why do we need to talk about trauma?

- Our most pressing health issues can be attributed to traumatic childhood experiences
- Trauma is preventable
- People can heal from the impact of trauma
- Strengths-based model
- Asks the right question

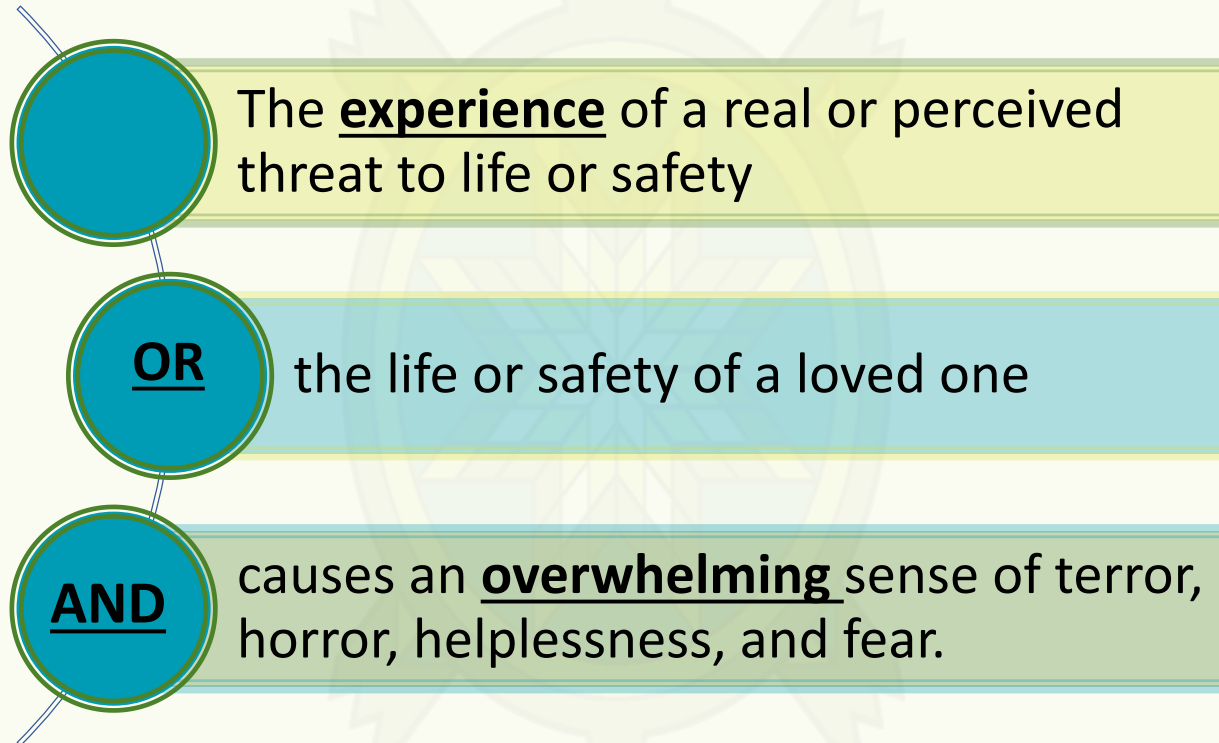




What Is Trauma?



Trauma Defined (SAMHSA, 2014)



Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment



ACE's in Indian Country

- A study focusing on ACE exposure exclusively among AI/AN populations surveyed 1,660 enrolled tribal members in seven tribes.
 - Koss, M.P., Yuan, N.P., Dightman, D., Prince, R.J., Polacca, M., Sanderson, B., & Goldman, D. (2003).

	ACE Study Sample	AI Study Sample
Reported at least 1 ACE	63.9%	86%
Reported 4 or more ACE's	12.5%	33%

ACE's in Indian Country

Population Sample	Trauma Category	Trauma Exposures	
		1+	Multiple/Severe
36 incarcerated AI/AN in NM (De Ravello et al., 2008)	Childhood ACEs	97.2% (35 of 36)	81% 53% reported childhood SA
288 youth ages 14-24 from one NP reservation (Brockie et al., 2015)	Childhood ACEs	78%	40% 37% reported 3-6 exposures
233 adults aged 50 and older living in rural off-reservation locations in MN and SD (Roh et al., 2015)	Childhood ACEs	75.6%	Mean ACE score = 2.6 31.8% reported 4+ exposures
516 adults from 7 tribes in SD (Warne et al., 2017)	Childhood ACEs	83.15%	61.57% 50.04% reported household substance abuse



“The historical losses experienced by North American Indigenous people are not ‘historical’ in the sense that they happened long ago and a new life has begun. Rather, they are ‘historical’ in that they originated long ago and have persisted.”



Whitbeck, Walls, Johnson, Morrisseau, & McDougall,
2009



Table I. Percentage Frequency of Perceived Losses

Whitbeck, Adams, Hoyt, & Chen (2004)	Never	Yearly or special times	Monthly	Weekly	Daily	Several times a Day
Loss of our land	25.2	32.7	13.8	10.1	10.7	7.5
Loss of our language	11.9	21.3	15.0	15.6	27.5	8.8
Losing our traditional spiritual ways	11.3	18.9	15.1	21.4	25.2	8.2
The loss of our family ties because of boarding schools	44.3	26.6	11.4	5.1	8.2	4.4
The loss of families from the reservation to government relocation	52.2	23.3	8.8	6.3	5.7	3.8
The loss of self respect from poor treatment by government officials	29.1	22.2	19.6	7.0	14.6	7.6
The loss of trust in whites from broken treaties	28.7	28.7	12.1	7.6	15.3	7.6
Losing our culture	10.6	20.0	21.3	14.4	25.6	8.1
The losses from the effects of alcoholism on our people	7.5	13.2	15.7	17.6	30.2	15.7
Loss of respect by our children and grandchildren for elders	8.8	10.0	16.3	27.5	28.1	9.4
Loss of our people through early death	9.4	15.6	20.6	21.3	24.4	8.8
Loss of respect by our children for traditional ways	11.9	18.2	17.0	17.6	25.8	9.4



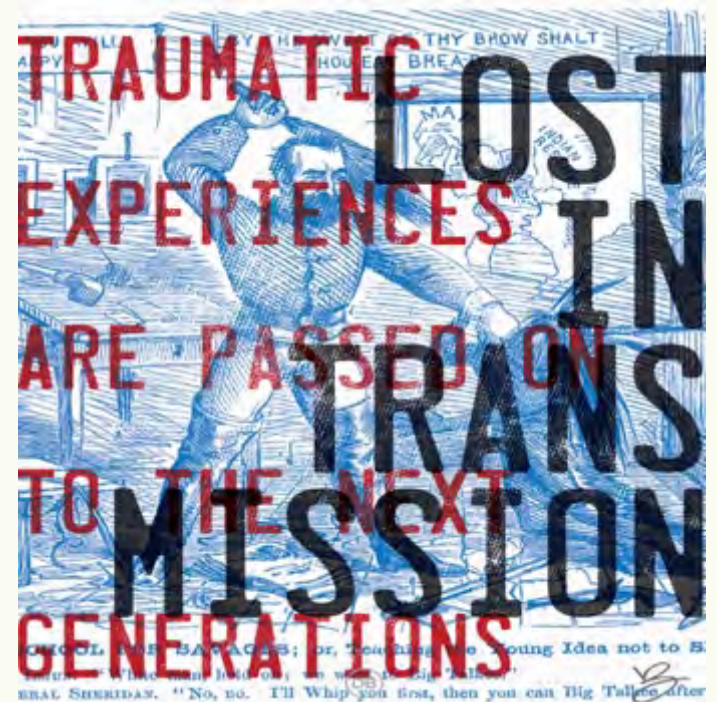
Table II. Percentage Frequency of Emotional Responses to Losses

Whitbeck, Adams, Hoyt, & Chen (2004)	Always	Often	Sometimes	Seldom	Never
Often feel sadness or depression	4.4	11.3	44.0	22.0	18.2
Often feel anger	6.9	16.9	38.1	22.5	15.6
Often anxiety or nervousness	1.3	8.1	23.1	24.4	43.1
Uncomfortable around white people when you think of these losses	11.3	10.1	22.6	20.1	35.8
Shame when you think of these losses	5.0	9.4	18.8	27.5	39.4
Loss of concentration	1.3	5.0	25.6	29.4	38.8
Feel isolated or distant from other people when you think of these losses	3.1	5.0	21.3	25.6	45.0
A loss of sleep	0.0	1.3	10.0	23.8	65.0
Rage	3.1	1.9	11.9	14.4	68.8
Fearful or distrust the intentions of white people	8.8	6.9	18.9	20.8	44.7
Feel like it is happening again	5.0	3.8	22.6	17.0	51.6
Feel like avoiding places or people that remind you of these losses	3.8	4.4	22.8	15.2	53.8



Ehlers, Gizer, Gilder, Ellingson, & Yehuda, 2013

- People younger than 30 had similar historical trauma scores to those of people older than 30.
- Individuals with substance dependence experience more distress related to historical losses than people who are not dependent on alcohol or drugs.



Types of Trauma



Acute



Chronic



Complex



Historical



Secondary



A Range of Situations Can Be Traumatic

- Automobile Accidents
 - Life-Threatening illness
 - Witnessing or experiencing community violence (shootings, stabbings, robbery, fighting at home, in the neighborhood, or at school)
 - Natural Disasters
 - Terrorism
 - Traumatic death
-
- Physical or sexual abuse
 - Abandonment
 - Witnessing Domestic Violence
 - Bullying
 - Neglect
 - Living in a chronically chaotic environment
 - Military deployment





Trauma and Addiction



TRAUMA & FEMALE ADDICTION: BY THE NUMBERS



In one of the first studies on trauma and female addiction, **74 percent** of addicted women reported experiencing sexual abuse.



Women who had traumatic childhoods are **five times more likely to use drugs** and **twice as likely to abuse alcohol** than those who did not.



As many as **4 out of 5** women seeking treatment for substance use disorders report a lifetime history of sexual assault, physical assault or both.

<https://www.unityrehab.com/blog/the-link-between-trauma-and-female-addiction/>

Exposure to Violence

Sexual/physical abuse

50-80% of women diagnosed with a serious mental illness

55—99% of substance addicted women

90% of women with alcoholism were sexually abused or suffered severe violence from parents

92% of incarcerated girls report sexual, physical or severe emotional abuse

JOURNAL OF COMMUNITY PSYCHOLOGY, Vol. 33, No. 4, 513–525 (2005) © 2005 Wiley Periodicals, Inc



Native women exposed to violence

<https://nij.gov/journals/277/pages/violence-against-american-indians-alaska-natives.aspx>

Type of Violence	American Indian or Alaska Native, %	Non-Hispanic White Only,* %
Any Lifetime Violence	84.3	71.0
Sexual Violence	56.1	49.7
Physical Violence by Intimate Partner	55.5	34.5
Stalking	48.8	26.8
Psychological Aggression by Intimate Partner	66.4	52.0
Any Past-Year Violence	39.8	23.3
Sexual Violence	14.4	5.4
Physical Violence by Intimate Partner	8.6	4.1
Stalking	11.6	7.0
Psychological Aggression by Intimate Partner	25.5	16.1



Native Women Exposed to Violence



- A 2004 study that examined intimate partner rape among American Indian women found that one in five respondents (20.9%) reported they had been a victim of at least one incident in their lifetime.
 - In a 2006 study, 96% of American Indian respondents who had been a victim of rape or sexual assault had experienced other physical abuse as well
 - In a 2008 CDC study, 39% of Native women surveyed identified as victims of intimate partner violence in their lifetime, a rate higher than any other race or ethnicity surveyed.
 - During a physical assault, American Indian and Alaska Native women were more likely to be injured than women of all other groups and more of these injuries needed medical care.
- <https://www.futureswithoutviolence.org/userfiles/file/Violence%20Against%20AI%20AN%20Women%20Fact%20Sheet.pdf>

Native men exposed to violence

<https://nij.gov/journals/277/pages/violence-against-american-indians-alaska-natives.aspx>

Type of Violence	American Indian or Alaska Native, %	Non-Hispanic White Only, %
Any Lifetime Violence	81.6	64.0
Sexual Violence	27.5	20.9
Physical Violence by Intimate Partner	43.2	30.5
Stalking	18.6	13.4
Psychological Aggression by Intimate Partner	73.0	52.7
Any Past-Year Violence	34.6	25.7
Sexual Violence	9.9	3.8
Physical Violence by Intimate Partner	5.6	4.5
Stalking	3.8	3.7
Psychological Aggression by Intimate Partner	27.3	19.3



What we know about trauma. . .

- Trauma is common. Between 55 and 90% of us have experienced at least one traumatic event, and on average nearly five traumatic events.
- Trauma can impact a person across domains: physical health, mental health, relationships, family, employment, etc.
- Developed by the Trauma Committee at The Institute for Family Health
<https://www.institute.org/research-publications/research-committee/>



Trauma is the gateway drug.

Cannabis isn't a gateway drug.
Alcohol isn't a gateway drug.
Nicotine isn't a gateway drug.
Caffeine isn't a gateway drug.

Trauma is the gateway. **Childhood abuse** is the gateway. **Molestation** is the gateway. **Neglect** is the gateway.

Drug abuse, violent behavior, hyper sexuality and self harm are often **symptoms** (not the cause) of much bigger **issues**. And it almost always stems from a **childhood** filled with **trauma**, absent parents, and an abusive family.

But most people are too busy laughing at the **homeless** and **drug addicts** to realize your own **children** could be in their shoes in **15 years**.
Communicate. Empathize. Rehabilitate.



Well said, Russell!





Think about the parents of
your Head Start children.



Parent-Child Relationship Impacted by trauma and addiction:

- Shame, guilt & remorse for past behaviors
- Traumatic memories may be stimulated for parents who were abused as children
- Lack of exposure to good parenting models, engage in coercive/punitive parenting
- Parental trauma histories impact their
 - Ability to regulate their emotions
 - Self soothing
 - Judgements on safety for self/children

Norma Finkelstein, Institute of Health and Recovery, www.nctsn.org



Supports Needed for Recovery

- May need to retain some denial initially to protect fragile self-image in early recovery
- Understanding past behavior as a consequence of addiction, trauma and attempts to survive, not deliberate
- Look at their own childhoods
- Develop self-empathy
- Develop self-forgiveness
- Able to look honestly at impact on children
- Ability to parent differently
 - Norma Finkelstein, Institute of Health and Recovery, www.nctsn.org



Trauma, Recovery and Parenting

- Ability to tolerate a child's sadness, anxiety or aggression
- Child may serve as a reminder or trigger due to vulnerability, helplessness, neediness, gender or age
- Behaviors and attitudes developed as attempts to cope negatively impact parenting:
 - Isolation, distancing, distrust of self, belief that no one cares and nobody can help
 - Norma Finkelstein, Institute of Health and Recovery, www.nctsn.org



People with Trauma Response to Services

- Trauma affects the way people approach potentially helpful relationships. Not surprisingly, those individuals with histories of abuse are often reluctant to engage in, or quickly drop out of, many human services.
 - Think about an example from your own personal/professional experience
- Trauma has often occurred in the service context itself. Involuntary and physically coercive practices, as well as other activities that trigger trauma-related reactions, are still too common in human serving organizations.
 - Think about your own professional experience.
 - Developed by the Trauma Committee at The Institute for Family Health



Supports Needed for Recovery

- Parents may need to retain some denial initially to protect fragile self-image in early recovery
- Parents may need to develop an understanding of past behavior as a consequence of addiction, trauma and attempts to survive, behaviors were not deliberate
- Parents may need to examine their own childhoods
- Parents may need to develop self-empathy and self-forgiveness
- Parents may need to arrive at a place where they are able to look honestly at impact on their children
- Parents may need to learn and find support for their ability to parent differently.
 - Norma Finkelstein, Institute of Health and Recovery, www.nctsn.org





Supporting Resilience

Through Developing a Trauma Lens Personally and Professionally



Resilience

The “ability of American Indians to maintain optimism during adversity is related to spirituality, compassion, empathy, humor, friendships and familial and community strengths.”

(Goodluck, 2002)



Concepts of Trauma (3 E's):

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

WWW.SAMHSA.GOV



Trauma Goggles



Trauma-Informed Key Assumptions (4 R's)

- 1. Realize** the widespread impact of trauma and understand potential paths for recovery;
- 2. Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- 3. Respond** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- 4. Seek to actively Resist Re-traumatization.**

WWW.SAMHSA.GOV



Resist Re-Traumatization

- The trauma-informed approach seeks to resist re-traumatization of clients as well as staff.
 - Staff are taught to recognize how organizational practice may trigger painful memories and re-traumatize clients with trauma histories and interfere with healing and recovery.
 - Language, behaviors, and policies are changed to take into consideration the experiences of trauma among children and adult users of the service and among staff providing the services.
 - The organization has practitioners trained in evidence-based trauma practices.
 - Policies of the organization promote a culture based on beliefs about resilience, recovery, and healing from trauma.
 - Systems response involves a universal precautions approach in which one expects the presence of trauma in lives of individuals being services, ensuring not to replicate it. WWW.SAMHSA.GOV





Enhance Resilience



Strategies to Enhance Resilience in Head Start

- Promote relationships with competent, caring adults
- Facilitate proximity with secure base figures
- Support parent function during crisis
- Foster quality friendships
- Foster school bonding and engagement
- Nurture brain development
- Teach self-regulations skills
- Provide opportunities to succeed and develop talents
- Provide opportunities for meaningful action
- Support cultural traditions that provide children with adaptive tools and opportunities to connect with competent and caring prosocial adults
- Support understanding and practice to address secondary traumatic stress



Trauma and Recovery

- Changes in roles and relationships among family members
- Stimulates guilt and remorse for past behaviors
- Stimulates fear and loss
- Can trigger traumatic memories
- Feeling the feelings. . . Requires support
 - Norma Finkelstein, Institute of Health and Recovery, www.nctsn.org



Theory of Practice

- Trauma work is a team effort
- Trauma knowledge is culture bound
- Trauma work must focus on building resiliency
- Trauma work is not a single methodology, but a multi-faceted lens, through which we view behavior



Conclusion



- We cannot ignore the implications of trauma for our children, families and communities.
- The human cost in quality life for American Indians requires us to take action to address childhood trauma
- Evidence-based interventions can make a difference
- Tribes can make a difference
- **You** can make a difference

MyPeers Communities



MyPeers.org offers:

- Open communities including: **Opioid Misuse and Substance Use Disorders; Staff Wellness; Mental Health Consultation**
- Knowledge base - Q&A, Forums, Polling, File sharing, Calendars, Events, Tasks, Wikis
- Communication tools – Group Chat, Instant Message, and internal email
- Robust search engine
- Social Network style feeds



Office of Head Start



U.S. Department of Health & Human Services
Administration for Children & Families



Office of Head Start #HeadStartHeals campaign



- Upcoming events:

4/14/20@1pm – Q&A Mental Health Consultation

- Coming Soon:

- Trauma informed care in classroom settings
- Discussion of trauma informed care in MSHS
- Trauma and adult mental health

Email: trauma@eclkc.info

Website: <https://eclkc.ohs.acf.hhs.gov/mental-health>