

Trauma Informed Care in Rural Communities

Danny Carroll, MSW

About Me

- Executive Director of the Heart and Soul Free Clinic in Westfield IN
- 17 years of Executive Leadership and Therapeutic Service Practitioner Experience
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What We Will Cover

- 1) Develop a working definition of trauma.
- 2) Misunderstandings associated with trauma.
- 3) Introduction to Trauma Informed Care (TIC).
- 4) The need for TIC in rural communities.
- 5) Implementation of TIC
- 6) Discussion

A gravel road winds through a lush green landscape under a blue sky with scattered clouds. The road is made of dark gravel and leads into the distance, flanked by green grass and bushes. The word "TRAUMA" is overlaid in large white letters across the middle of the image.

TRAUMA

TRAUMA

"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."

TRAUMA



- Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation.
- The concept of traumatic stress emerged in the field of mental health at least four decades ago.
- Due to research, many experts suggest that trauma should be considered a public health concern because of its link not only to mental and emotional health, but also long-term physical health.

William E. Copeland, PhD¹; Lilly Shanahan, PhD²; Jennifer Hinesley, PsyD; et al

Substance Abuse and Mental Health Services Administration, 2014

The Impacts of Trauma

- Emotional
- Physical
- Cognitive
- Behavioral
- Existential



Emotional Impact of Trauma

Immediate Emotional Reactions

Numbness and detachment
Anxiety or severe fear
Guilt (including survivor guilt)
Exhilaration as a result of surviving
Anger
Sadness
Helplessness
Feeling unreal; depersonalization (e.g., feeling as if you are watching yourself)
Disorientation
Feeling out of control
Denial
Constriction of feelings
Feeling overwhelmed

Delayed Emotional Reactions

Irritability and/or hostility
Depression
Mood swings, instability
Anxiety (e.g., phobia, generalized anxiety)
Fear of trauma recurrence
Grief reactions
Shame
Feelings of fragility and/or vulnerability
Emotional detachment from anything that requires emotional reactions (e.g., significant and/or family relationships, conversations about self, discussion of traumatic events or reactions to them)

Physical Impact of Trauma

Immediate Physical Reactions

Nausea and/or gastrointestinal distress
Sweating or shivering
Faintness
Muscle tremors or uncontrollable shaking
Elevated heartbeat, respiration, and blood pressure
Extreme fatigue or exhaustion
Greater startle responses
Depersonalization

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
Hyperarousal
Long-term health effects including heart, liver, autoimmune, and chronic obstructive pulmonary disease

Cognitive Impact of Trauma

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 event

Difficulty making decisions

Magical thinking: belief that certain behaviors, including avoidant behavior, will protect against 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

Behavioral Impact of Trauma

Immediate Behavioral Reactions

Startled reaction
Restlessness
Sleep and appetite disturbances
Difficulty expressing oneself
Argumentative behavior
Increased use of alcohol, drugs, and tobacco
Withdrawal and apathy
Avoidant behaviors

Delayed Behavioral Reactions

Avoidance of event reminders
Social relationship disturbances
Decreased activity level
Engagement in high-risk behaviors
Increased use of alcohol and drugs
Withdrawal

Existential Impact of Trauma

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 the trauma (e.g., taking a self-defense class to reestablish a sense of safety)

What We Will Cover

- 1) Develop a working definition of trauma.
- 2) Misunderstandings associated with trauma.



Misunderstandings

A wide-angle photograph of a gravel road that curves gently to the right, receding into the distance. The road is flanked by lush green grass and scattered shrubs. In the background, a small cluster of buildings is visible on a slight rise. The sky is a clear, vibrant blue, dotted with soft, white clouds. The overall scene is bright and open, suggesting a rural or semi-rural setting.

Misunderstandings

- Trauma is short term.
- Trauma carries a life sentence.
- Trauma does not carry long-term impact to an individual's overall well-being.
- The individual impacted by a traumatic event is the only person who can experience its negative impacts.
- Everyone who experiences trauma develops PTSD.
- Trauma is only experienced by children.
- Trauma is only experienced after a life-threatening event.

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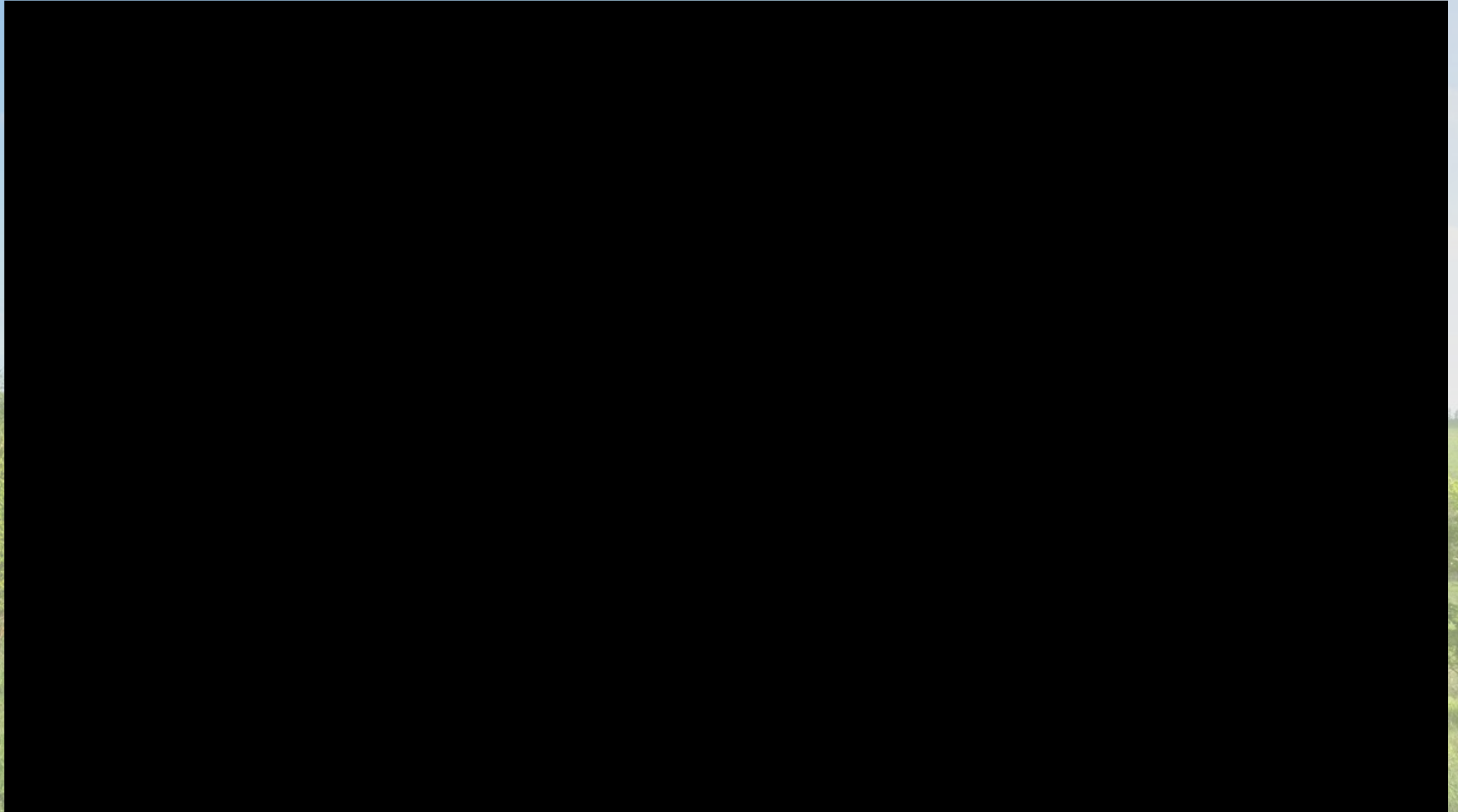


Trauma Informed Care

Trauma Informed Care

Trauma-Informed Care (TIC) is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- including service staff.

Trauma Informed Care



Safety



Ensuring physical and emotional safety

Choice



Individual has choice and control

Collaboration



Definitions

Making decisions with the individual and sharing power

Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

Empowerment



Prioritizing empowerment and skill building

Common areas are welcoming and privacy is respected

Individuals are provided a clear and appropriate message about their rights and responsibilities

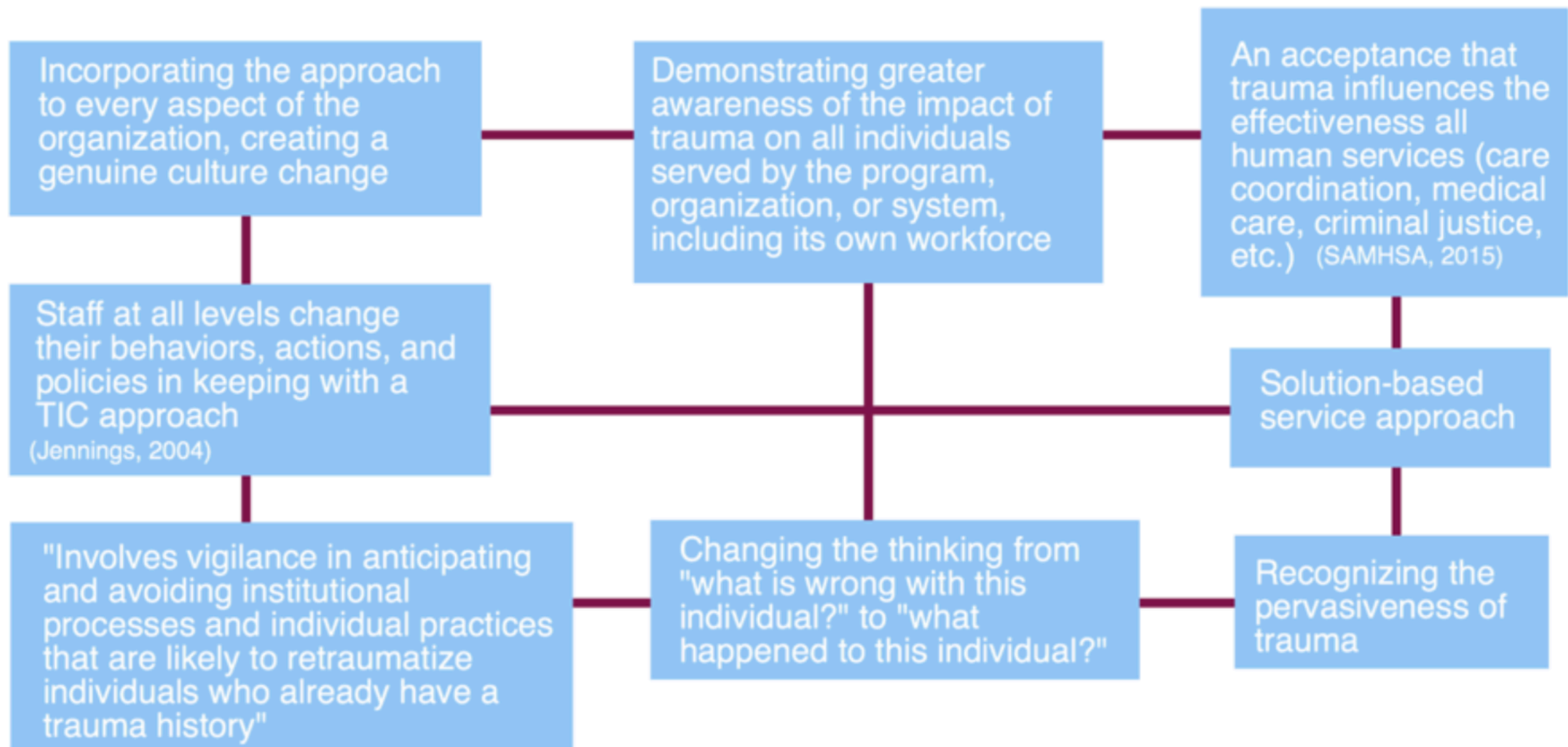
Principles in Practice

Individuals are provided a significant role in planning and evaluating services

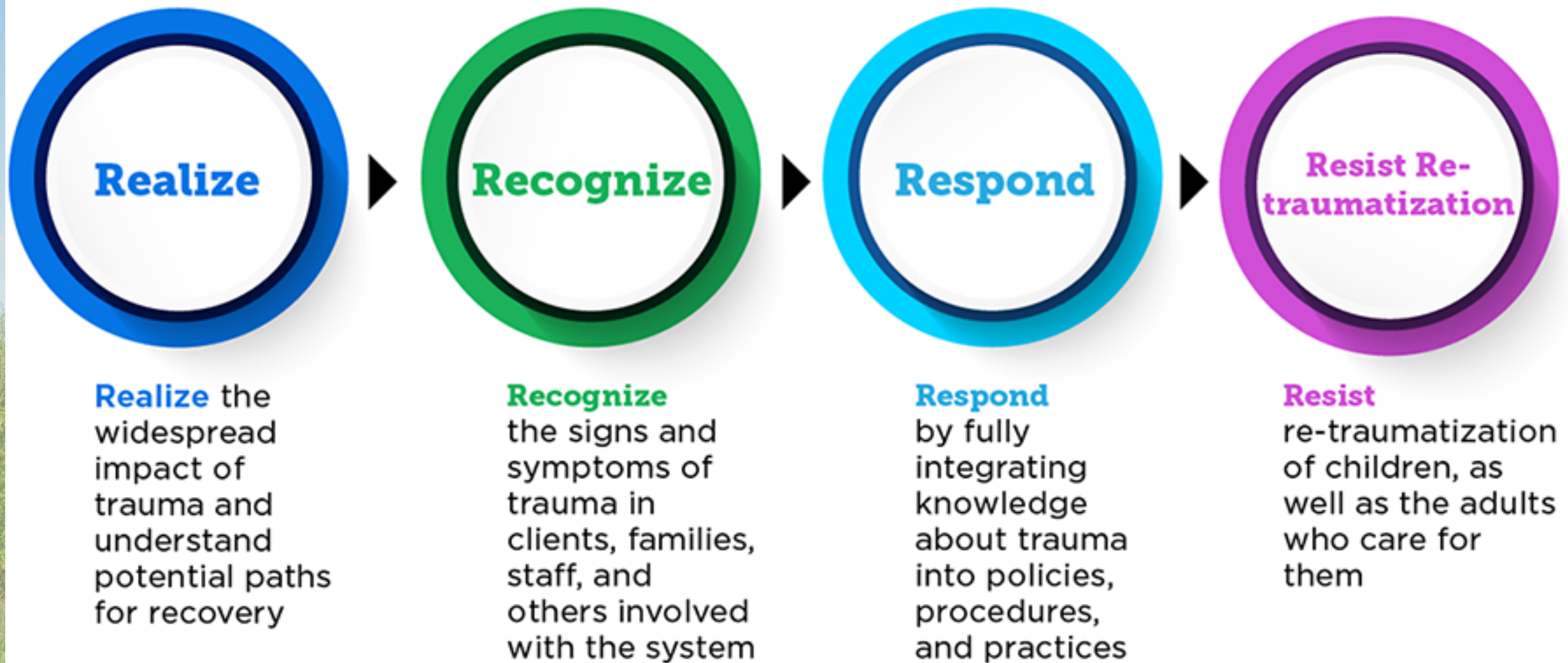
Respectful and professional boundaries are maintained

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Key Components of TIC



The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Trauma Informed Care

A Trauma-Informed Care approach strives to understand the whole of an individual who is seeking services. When trauma occurs, it affects an individual's sense of self, their sense of others and their beliefs about the world. These beliefs can directly impact an individual's ability or motivation to connect with and utilize support services. A system utilizing a Trauma-Informed Care approach realizes the direct impact that trauma can have on access to services and responds by changing policies, procedures and practices to minimize potential barriers. A system utilizing a Trauma-Informed approach also fully integrates knowledge about trauma into all aspects of services and trains staff to recognize the signs and symptoms of trauma and thus avoid any possibility of re-traumatization.

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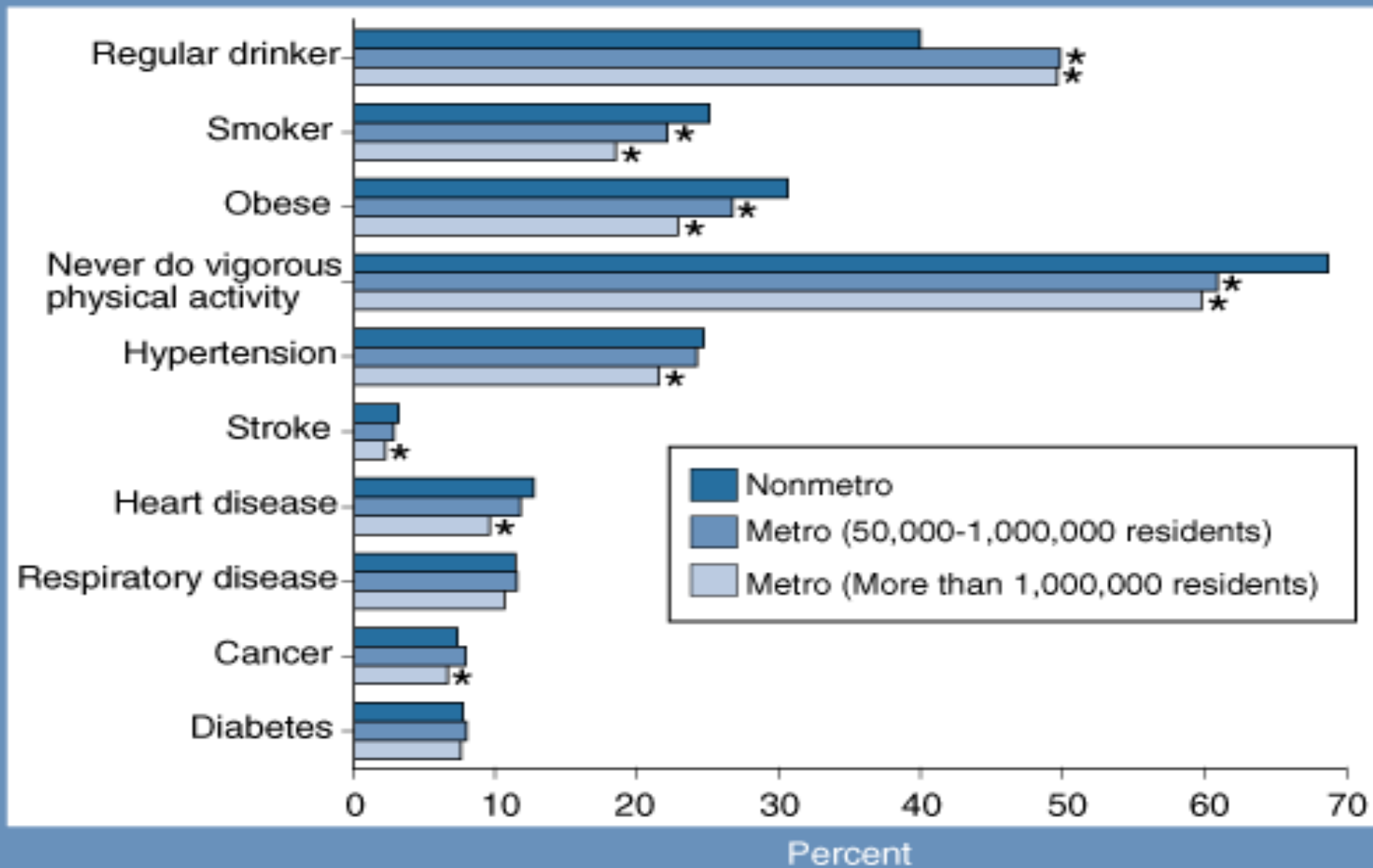


TIC in Rural Communities

The Reality of Rural Communities

- The overall age-adjusted death rate per 100,000 people is declining in all areas of the country.
- The mortality rate remains higher in rural areas, particularly for males.
- The rate of people living with a complex activity limitation--defined as having one or more of the following limitations: self-care (activities of daily living or instrumental activities of daily living), social, or work--is higher in rural areas.
- Rural residents report higher rates of heart disease, cancer and stroke than their urban counterparts.
- Rural residents are also more likely to smoke, be obese, and fail to exercise.

Nonmetro adults were more likely to engage in behaviors that impair health and to have chronic diseases in 2006



*Indicates difference from nonmetro rate is statistically significant at 5-percent level. Rates are standardized for age differences by metro status.

The Reality of Rural Communities

- In 2011, the poverty rate grew to 17.0 percent of the rural population nationally, while the rate decreased in metropolitan areas to 14.6 percent of people living there.
- This difference is most pronounced in the southern region of the country.
- Rural rates of high school completion, college attendance, and college completion all rose during the 2000s.
- However, the gap in adults with a bachelor's degree or higher continues to grow wider—17.4 percent of people in rural areas versus 30.2 percent of people in metro areas in 2007-11.
- The rate of growth for seniors living in rural areas has tripled since the 1990s, and if the 80 million baby boomers living in the United States continue to follow these migration patterns, the rural population of those age 55 to 75 is set to increase 30 percent between 2010 and 2020.

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The Reality of Rural Communities

- Rural men report poorer levels of mental health and have higher rates of suicide and more likely to avoid treatment and present at later stages
- Rural women at increased risk of hospitalization, substance abuse and poor mental health due to isolation, economic instability, lack of child care
- Findings by age group revealed increases in suicide rates for all ages with the highest rates and greatest rate increases in rural counties.

“The trends in suicide rates by sex, race, ethnicity, age, and mechanism that we see in the general population are magnified in rural areas,” said James A. Mercy, Ph.D., director of CDC’s Division of Violence Prevention. “This report underscores the need for suicide prevention strategies that are tailored specifically for these communities.”

Rural Communities

While those living in rural areas have an increased rate of mental illness, suicide, and other health issues; they are also the least likely to seek or have access to care.

Rural Communities

- Rural individuals not well informed
- Providers are isolated from each other
- Service access is confusing & complex
- Services are fragmented
- Providers plan “what pays” rather than “what works”
- Rural people enter care later, sicker, and with a higher level/cost

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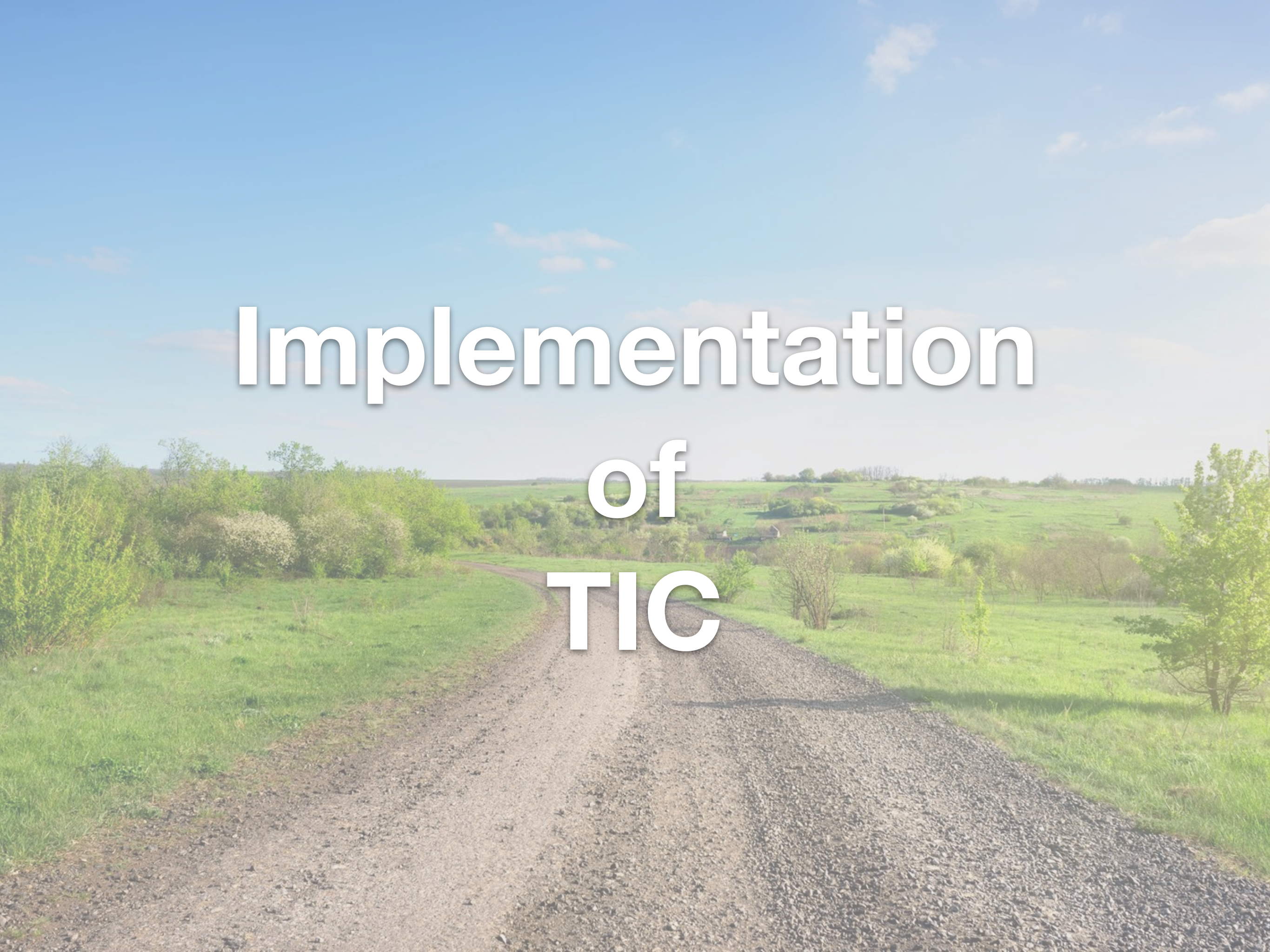
A wide-angle photograph of a gravel road curving through a lush green landscape. The road is made of dark grey gravel and leads the eye into the distance. On either side of the road are vibrant green fields and clusters of trees with fresh spring foliage. In the far distance, a small white building is visible on a hill. The sky is a clear, bright blue with scattered, soft white clouds. The overall mood is peaceful and scenic.

Today

Opioids

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Implementation of TIC

Implementation Strategies

- Acknowledge the presence of trauma.
- Show Organizational and Administrative Commitment to TIC
- Use Trauma- Informed Principles in Strategic Planning
- Review and Update Vision, Mission, and Value Statements
- Assign a Key Staff Member To Facilitate Change

Implementation Strategies

- Create a Trauma-Informed Oversight Committee
- Conduct an Organizational Self- Assessment of Trauma- Informed Services
- Develop an Implementation Plan
- Develop Policies and Procedures To Ensure Trauma- Informed Practices and To Prevent Retraumatization

Implementation Strategies

- Develop a Disaster Plan
- Incorporate Universal Routine Screenings
- Apply Culturally Responsive Principles
- Create a Peer-Support Environment
- Obtain Ongoing Feedback and Evaluations

Social Workers

TIC is about collaboration with consumers, staff members, key stakeholders, and other agencies. Collaborative relationships provide opportunities for consumers to access the most appropriate services as needs arise. Rather than waiting for a crisis or a dire need for a service to investigate available resources, it is far more efficient and compassionate to establish relationships within the agency and with other community resources before these needs arise.



Not all heroes
wear capes
Some are
social
workers.

Intersectionality



A gravel road curves through a lush green rural landscape. The road is made of dark gravel and leads the eye into the distance. On either side of the road are vibrant green fields and clusters of trees. The sky above is a clear, bright blue with a few wispy white clouds. The overall scene conveys a sense of peace and natural beauty.

**Leverage what rural
communities are good at!**

Law Enforcement in Trauma-Informed Care

- Elevate Montana
- Handle With Care
- Mobilizing Action for Resilient Communities

Evidence Based Screenings

- Child and Adolescent Needs and Strengths (CANS)
- Patient Health Questionnaire (PHQ9)
- ACE Questionnaire
- Ages & Stages Questionnaires (ASQ)
- Edinburgh Postnatal Depression Scale
- Bright Futures

Evidence Based Treatment

Trauma-specific treatment uses evidence-based and best practices to help people heal from trauma.

Common examples of treatments include:

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Dialectical Behavioral Therapy (DBT)

Prolonged Exposure Therapy (PE)

Eye Movement Desensitization and Reprocessing (EMDR)

Additional Resources

- [Trauma Toolbox for Primary Care, American Academy of Pediatrics](#)
- [Healthcare Toolbox: Basics of Trauma-Informed Care, Children's Hospital of Philadelphia Research Institute](#)
- [Trauma-Informed Primary Care: Fostering Resilience and Recovery, National Council for Behavioral Health](#)
- [Interventions for Treating Child Traumatic Stress, The National Child Traumatic Stress Network](#)
- [Resources for Child Trauma Informed Care, SAMHSA](#)
- [Clinical Practices for Trauma-Informed Care, SAMHSA-HRSA Center for Integrated Health Solutions](#)
- [Identify and Treat Trauma, Invest in Trauma-Informed Workforce, and Engage Patients in Meaningful Ways, Trauma-Informed Care Implementation Resource Center](#)

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Discussion

References

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