

November 2020 Webinar

# **Relationship Education: A Trauma-Informed Approach for Youth**

Presenters:

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# Charlie and Helen Dibble





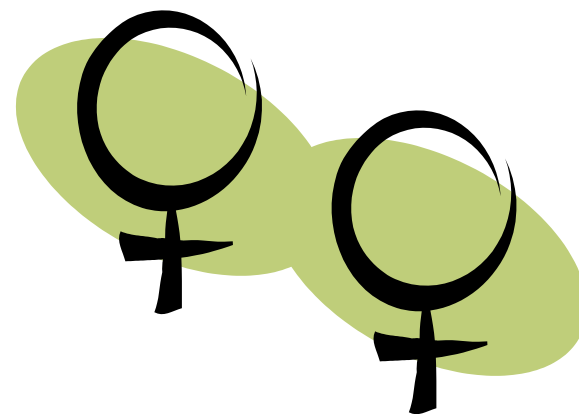
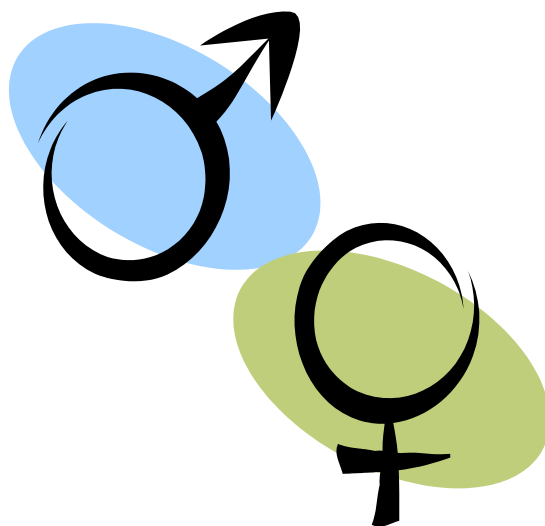
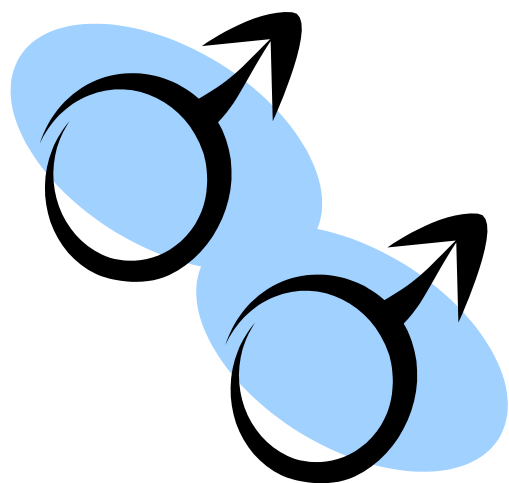
# **The Dibble Institute**

**Resources for Teaching Relationship Skills**

# The Dibble Institute believes in research.



The Dibble Institute believes  
all people deserve respect.





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# Trauma-Informed Approach

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UT HEALTH SAN ANTONIO | UT TEEN HEALTH



# UT Teen Health Mission

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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

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## 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?

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# What is Trauma?

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The American Psychological Association<sup>1</sup> 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 trauma<sup>2, 3</sup>

- 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



<sup>1</sup><http://www.apa.org/topics/trauma/>

<sup>2</sup><https://www.samhsa.gov/trauma-violence/types>

<sup>3</sup><https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/StatementOpposingSeparationofChildrenandParents.aspx>

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# Adverse Childhood Experiences (ACEs)

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# Poll: Who has heard of ACEs?

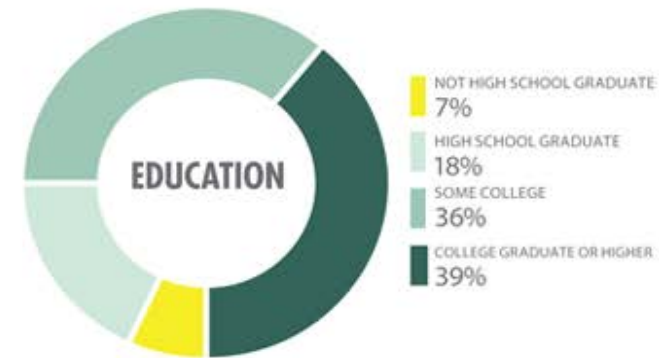
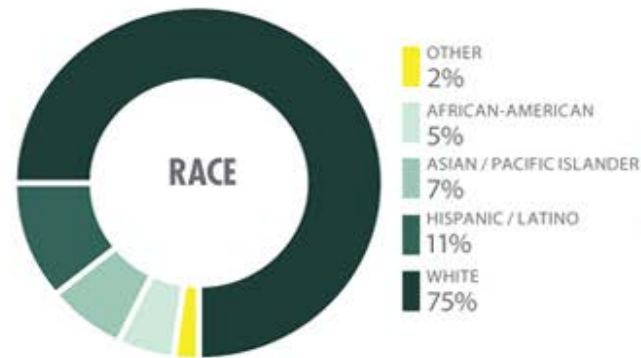


# What are ACES?

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 well-being 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.



\*Participants in this study reflected a cross-section of middle-class American adults.

# Adverse Childhood Experiences ARE COMMON

## Household Dysfunction

Substance Abuse	27%
Parental Sep/Divorce	23%
Mental Illness	17%
Battered Mothers	13%
Criminal Behavior	6%

## Neglect

Emotional	15%
Physical	10%

## Abuse

Emotional	11%
Physical	28%
Sexual	21%

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3

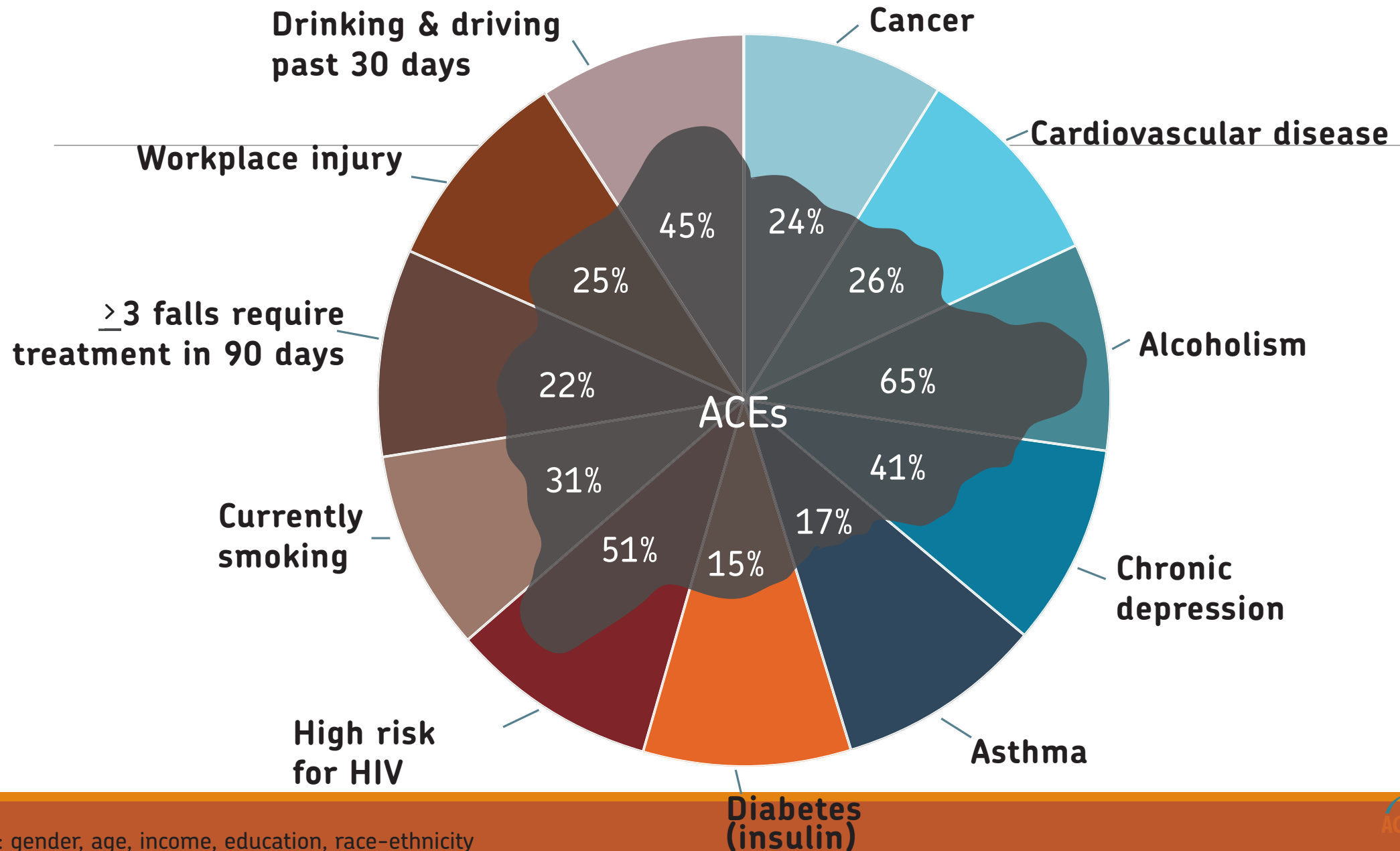
TOTAL 10 ACEs

Poll: Which of the following can be caused by ACEs?





# Population Attributable Risk



# ACES can have lasting effects on....



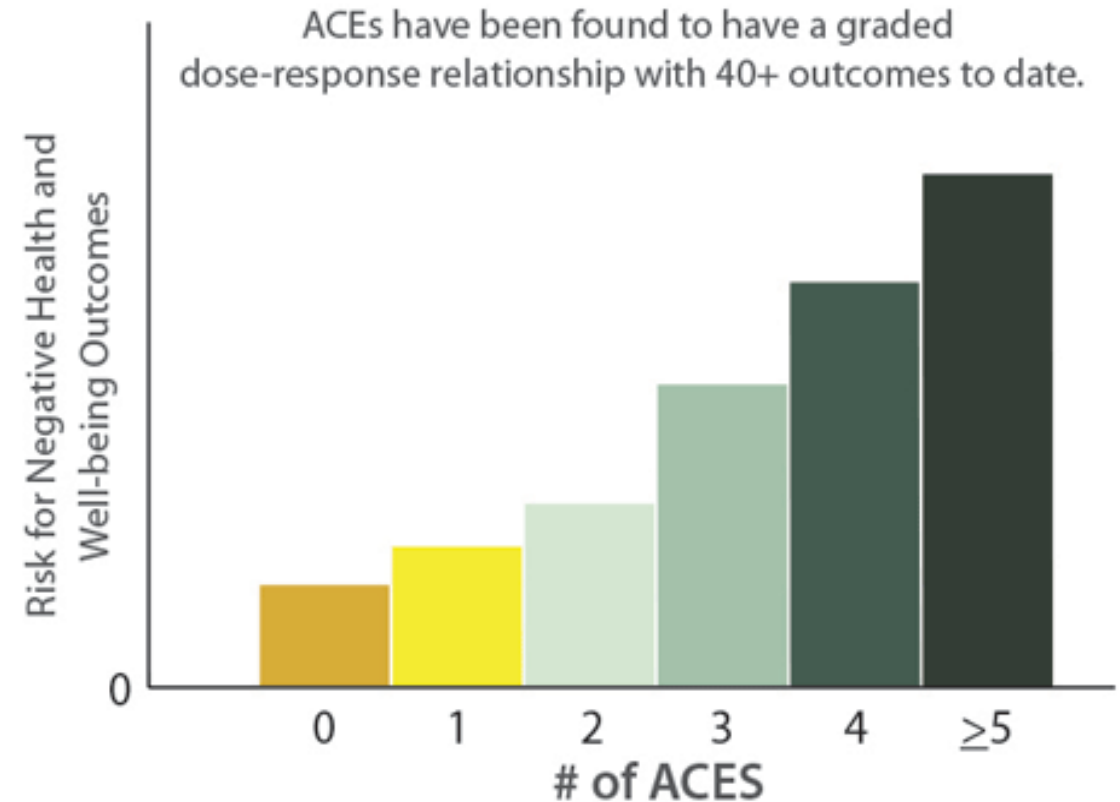
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



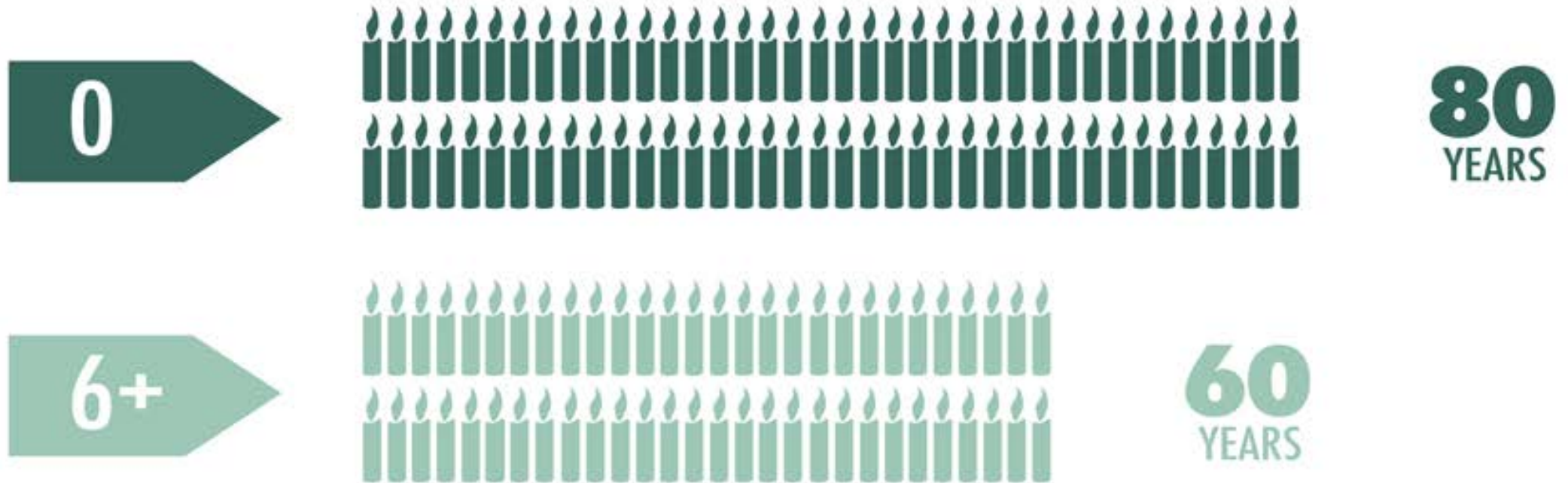
Life Potential (graduation rates, academic achievement, lost time from work)



\*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.



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# Effects of Trauma

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# Reactions to Trauma

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- Emotional
- Physical
- Behavioral
- Cognitive
- Existential



# Effects of Trauma

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## Reactions vary by Individual

- Subtle symptoms
- Gradual development of destructive behaviors
- Immediate development of destructive behaviors

## Shaping Future Beliefs<sup>1</sup>

- 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).



# Effects of Trauma | Emotional<sup>1</sup>

## 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)





# Effects of Trauma | Physical<sup>1</sup>

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## 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)



<sup>1</sup>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 | Behavioral<sup>1</sup>

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## 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



# Effects of Trauma | Cognitive<sup>1</sup>

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## 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<sup>1</sup>

## 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)



<sup>1</sup>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.

# 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



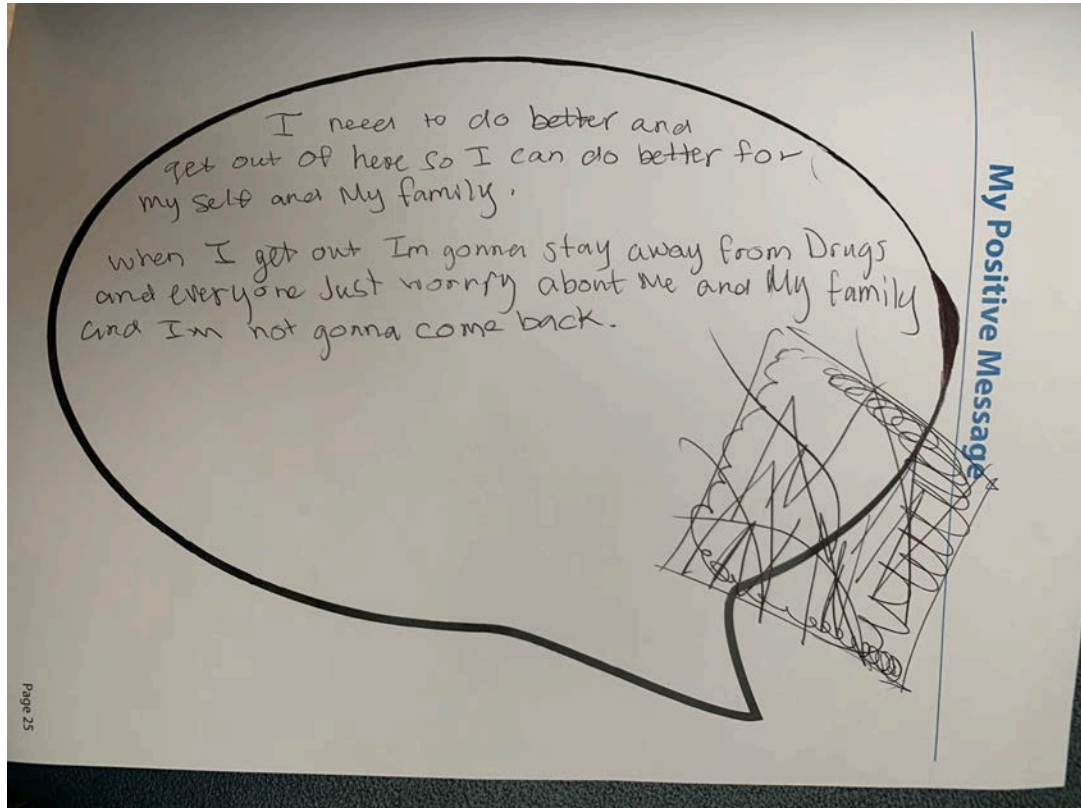
# Paradigm Shift

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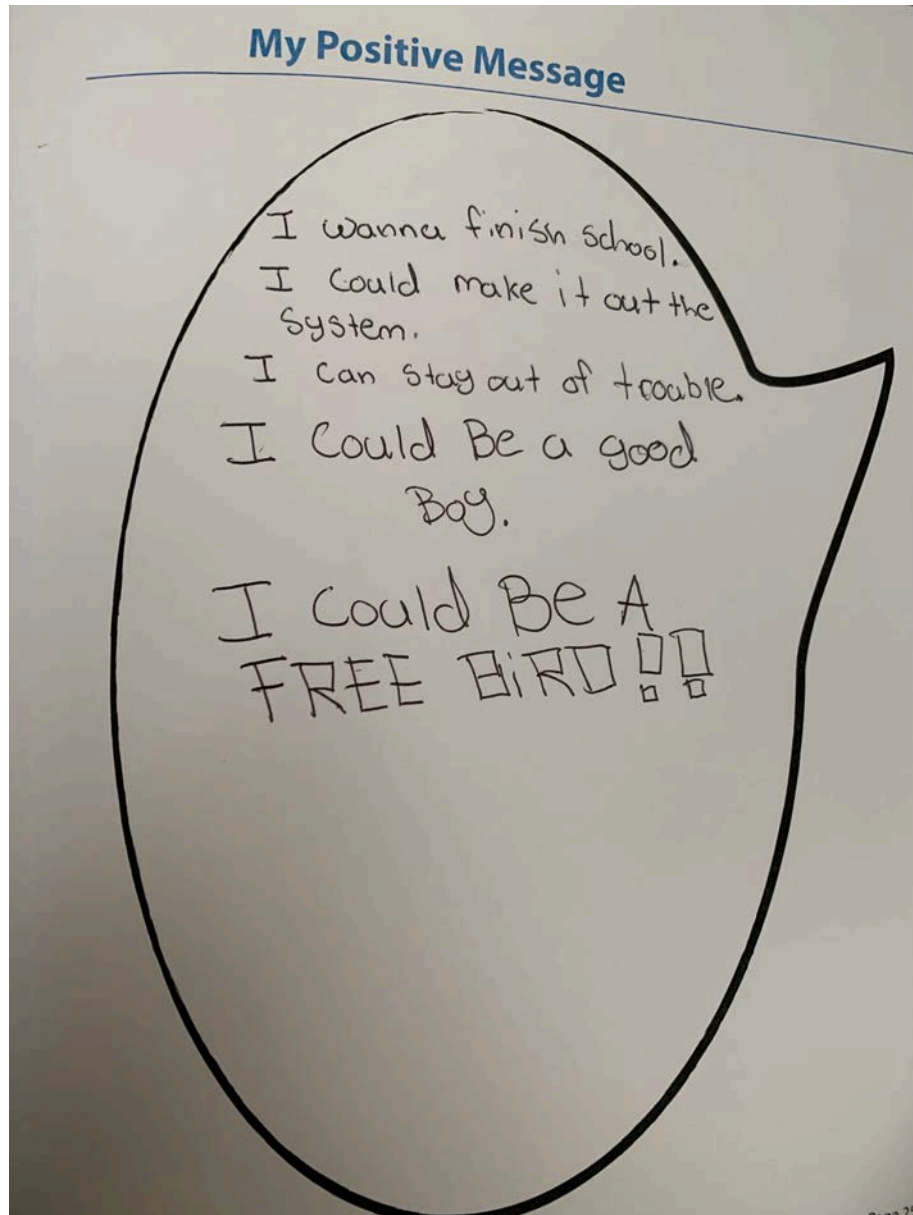
# Lessons Learned from the Field



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.

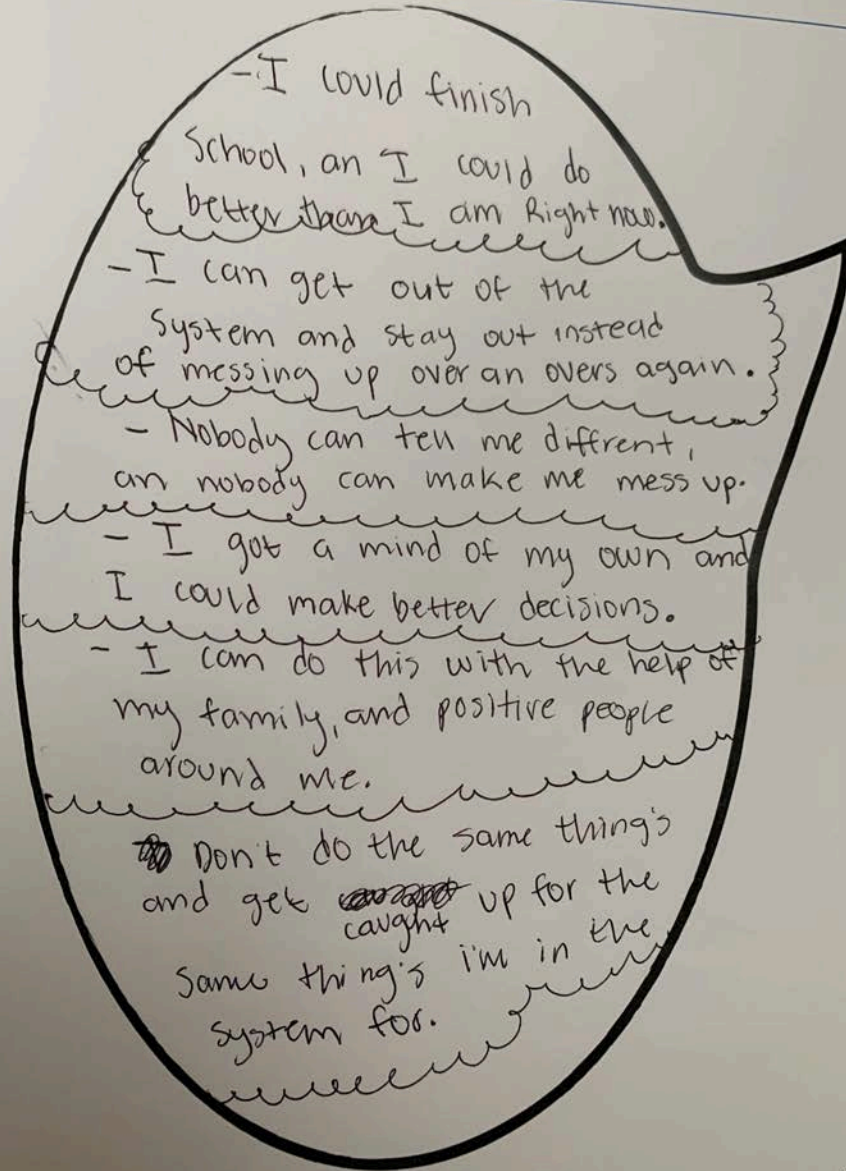




# Lessons Learned from the Field

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.



# Lessons Learned from the Field

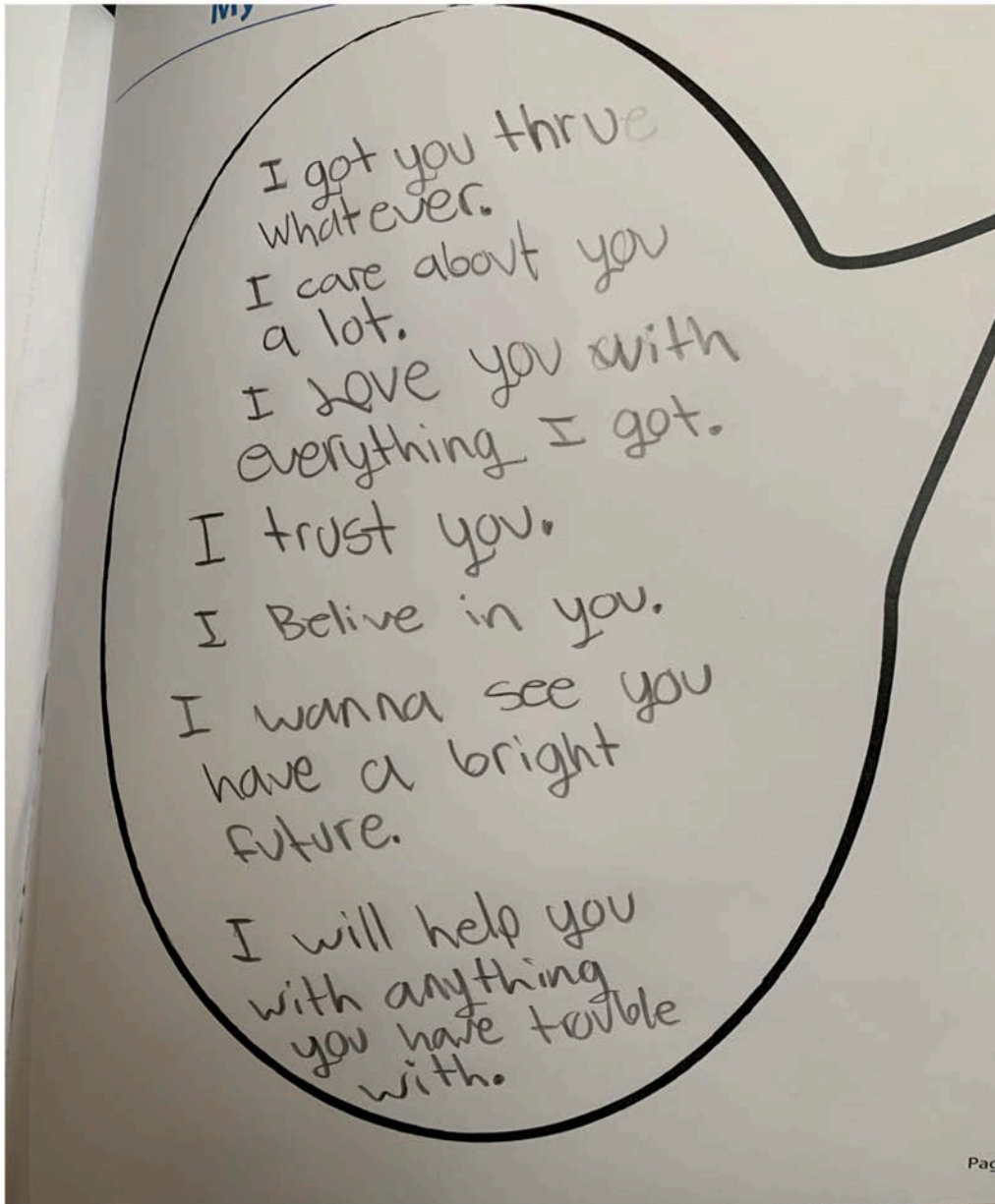
Facilitator preparedness is required to adjust to real-time challenges.

- 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

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**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

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# Thank You!

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There is a brief survey after the end of this webinar. Thank you for providing us feedback by completing this survey.

**Webinar will be available in 3 days:**

**<http://www.dibbleinstitute.org/webinar-archives/>**

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