TRENDS OF TRAUMA - INFORMED CARE IN U.S.[2]
K.Trujillo

Kate TRUJILLO
MSW, LCSW, PhD
Metropolitan State University of Denver
Department of Social Work

Abstract: In the United States, there is a strong focus on providing trauma-informed treatment to clients with histories of child abuse and neglect, violence, and trauma. The following paper is a summary of a presentation that was shared at the *Socio Plus conference Strategies and Ways to Develop University Curricula in the Area of Social Work Education*. This presentation was designed to initiate a collaborative discussion between and among Universities participating in the conference to discuss how trauma is defined and what trauma-informed care is. In order to frame this dialogue, the paper will utilize the twelve core concepts of traumatic stress response in children and families as developed by the NCTSN Core Curriculum on Childhood Trauma Task Force (2012). These twelve concepts support professionals as they work to understand, assess, and intervene with children, families, and communities who have experienced trauma.

Key words: child abuse and neglect, violence, trauma, traumatic stress

What is trauma?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as, "an event, series of events, or set of

---

[2] Paper presented to the International Socio Plus conference *Strategies and Ways to Develop University Curricula in the Area of Social Work Education*, 10-11nov.2015, Arad

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" (SAMHSA, 2014). Trauma that results from one event that is limited in time (such as a natural disaster or car accident) is *acute trauma*. Children who are exposed to multiple traumatic events over time that are severe, pervasive, and interpersonal in nature (such as repeated abuse and neglect), and who experience long-term consequences from these experiences, are suffering from *complex trauma* (National Child Traumatic Stress Network, 2014). Trauma overwhelms an individual's ability to cope. The "fight, flight or freeze" response, designed to help children face danger can go into overdrive and the children become constantly traumatized (Child Information Gateway, 2015; Manitoba Trauma Information and Education Center, 2013).

While both *acute trauma* and *complex trauma* are important, *complex trauma* can interfere with a child's development, both physical and mental, and if not addressed by professionals in the child welfare workforce, lead to significant life-long consequences. Examples of the kinds of problems children who are suffering from complex trauma might include: mental health problems such as anxiety and depression, poor decision making skills that lead to risk-taking behavior, and addiction and physical problems such as chronic illness, obesity, diabetes, heart disease, and even early death (For more information, see the Adverse Childhood Experience Study, http://www.aceresponse.org/ who_we_are/subpage. cfm?ID=43).

For children, *Child Traumatic Stress* is the condition where children who have experienced *complex trauma* develop reactions that persist and affect their daily lives after the traumatic events have ended (National Child Traumatic Stress Network, 2003). Even the systems and people designed to help them such as caseworkers, foster parents, teachers, and other caring adults can become part of the trauma experience. As we develop the workforce to respond to children who have experienced trauma, it is important to understand how we as professionals can view the child and his or her experience in a way that we can partner with the child and his family and environment in order to untangle all of the effects of the trauma and begin a healing journey. *"In general, becoming a trauma-informed child welfare system involves a shift from asking, "What's wrong with you?" to asking, "What happened to you?"*(Child Information Gatetway, 2015).

"The 12 Core Concepts"

It can be overwhelming to determine how to begin this shift in thinking or what it actually means to be "trauma-informed" or to provide "trauma-informed care". *The 12 Core Concepts* were developed by the NCTSN Core Curriculum Task Force during an expert consensus meeting in 2007 cover a broad range of ideas that practitioners and agencies should consider as they strive to approach child welfare intervention in trauma-informed ways (NCTSN, 2012) (For more information about the 12 Core Concepts, or to download free information sheets, see the NCTSN, http://nctsnet.org/resources/audiences/parents-caregivers/what-is-cts/12-core-concepts).

1. Traumatic experiences are inherently complex.
2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.
3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.
4. Children can exhibit a wide range of reactions to trauma and loss.
5. Danger and safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family and broader caregiving systems.
7. Protective and promotive factors can reduce the adverse impact of trauma.
8. Trauma and posttrauma adversities can strongly influence development.
9. Developmental neurobiology underlies children's reactions to traumatic experiences.
10. Culture is closely interwoven with traumatic experiences, response, and recovery.
11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care (NCTSN, 2012).

Developing an International Trauma-Informed Lens: Beginning the Conversation

The *Socio Plus* conference brings together professionals who collectively can develop an international trauma-informed lens. By deconstructing these 12 concepts to examine the issues unique to Social Work education at the Metropolitan State University of Denver (MSU Denver), Colorado, USA and its surrounding communities while comparing these to the Aurel Vlaicu University and its surrounding

community agencies in Arad, Romania, insights about trauma-informed care can be reached.

Students must first distinguish if the trauma is acute or complex (concept one). One example from MSU Denver that is useful for them in making this determination is that of a young girl who suffered sexual abuse by a trusted caregiver. Not only was the precipitating event of the actual abuse traumatic, but the smell of coffee (on the perpetrator's breath during the abuse) became a trigger for the young girl. This became a significant barrier for her as she avoided coffee houses where young people often gather socially (concept ten) or the ability to bond with caregivers who drink coffee (concept three). When thinking about individuals in the Arad, Romania community who have experienced trauma, what might be a parallel example?

At the community level, the Plus Federation of Romania, an alliance of agencies in the Arad area, has formed to share resources and ideas in response to the needs of the clients they serve (concepts six and eleven). Parallel to this in the Denver area, regular workshops with the agencies who provide field internships to MSU Denver Social Work Students meet for regular professional development and dialogue. For example, the MSU Denver team recently hosted a discussion about conflict resolution for students in their field placements who are in the position of needing to address an interpersonal issue at the agency (concept twelve) in order to continue to successfully serve the client population that the agency serves. In both communities, collaboration is essential. How does each community successfully engage partners who are struggling with a lack of resources, both human and material?

When considering policy, another example from the Denver community is powerful. Social Work professionals in the Denver area are challenged by the recent legalization of cannabis for both medical and recreational use. With this change in policy, less in known about attitudes surrounding access to cannabis, use and addiction (Thurstone, Lieberman, & Schmiege, 2011). Because culture and policy play a direct role in trauma (concept 10 and 11), understanding the new messages professionals who work with trauma and individuals who suffer from trauma is paramount. What major policy changes might be parallel to this shift in Arad, Romania? What can we learn from Arad that could inform Social Work practice in Denver?

Conclusion

Developing a trauma-informed child welfare workforce in Social Work in order to better respond to the needs of people who have suffered complex trauma is incredibly challenging. However, the twelve core

concepts are useful to establish questions that leaders in universities and communities in multiple cultures can employ to help initiate a dialogue around what this means locally. Using the twelve concepts to identify issues that are core to the human experience and to the fabric of building social interventions is one way to start the task of developing a trauma-informed lens and bring perspectives from international contexts that enriches this process.

References:

Child Welfare Information Gateway (2015). *Developing a Trauma-Informed Child Welfare System..* Retrieved from https://www.childwelfare.gov/pubs/issue-briefs/trauma-informed

Manitoba Trauma Information and Education Center, (2013). Retrieved from http://trauma-recovery.ca/impact-effects-of-trauma/the-continuum-of-trauma/

National Child Traumatic Stress Network (2003). *What is Child Traumatic Stress?* Retrieved from http://www.nctsnet.org/sites/default/files/assets/pdfs/what_is_child_traumatic_stress_0.pdf

National Child Traumatic Stress Network. (2014). *Complex trauma: Facts for caregivers.* Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/complex_trauma_caregivers_final.pdf

NCTSN Core Curriculum on Childhood Trauma Task Force (2012). *The 12 core concepts: Concepts for understanding traumatic stress responses in children and families.* Core Curriculum on Childhood Trauma. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress.

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: SAMHSA. Retrieved from http://store.samhsa.gov/shin/ content//SMA14-4884/SMA14-4884.pdf

Thurstone, C., Lieberman, S. A., & Schmiege, S. J. (2011). Medical marijuana diversion and associated problems in adolescent substance treatment. *Drug and alcohol dependence*, *118*(2), 489-492.