Trauma-Informed Care Fact Sheet

April 2014

Native Children: Trauma and Its Effects

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What is Trauma?

Trauma is defined as "an event, or series of events, that causes moderate to severe stress reactions. Traumatic events are characterized by a sense of horror, helplessness, serious injury, or the threat of serious injury or death…affecting those who suffer injuries or loss."[1]

What is Trauma in Indian Country?

The Indian Country Childhood Trauma Center (ICCTC) further defines trauma to address the specific conditions and experiences of American Indians and Alaska Natives (AI/ANs) as a "unique individual experience associated with a traumatic event or enduring conditions, which can involve an actual death or other loss, serious injury, or threat to a child's well-being, often related to the cultural trauma, historical trauma, and intergenerational trauma that has accumulated in AI/AN communities through centuries of exposure to racism, warfare, violence, and catastrophic disease."[2]

Several distinct forms of trauma have been identified in Indian Country:

- Cultural Trauma
- Historical Trauma
- Intergenerational Trauma
- Current Trauma

Trauma can be experienced in a single event, as a prolonged experience, through interpersonal violence, from a historical event, or via a personal event that occurs over time through several generations.

Trauma's Prevalence in Indian Country

The litany of trauma-related social ills in Indian Country is well-documented and paints a stark picture of the daily experiences of AI/AN children and youth. Consider these facts:

- Compared to their non-Indian peers, AI/AN children are 2.5 times more likely to experience trauma.[3]
- AI/AN children experience a rate of child abuse and neglect of 11.4 per 1,000 children, compared to the rate for all children of 9.1 per 1,000.[4]
- Alcohol abuse, related to child abuse and neglect, is more likely to be reported for AI/AN families.[5]
- Violence is more likely to be reported among AI/AN families, both as an element of abuse and/or neglect and in general.[6]
- Adult AI/AN men are incarcerated at a rate of 1,571.2 per 100,000, compared to 981.1 of all men,[7] making it more likely that AI/AN youth live with the trauma of having an incarcerated parent.

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[1] U.S. Department of Health and Human Services & Centers for Disease Control (n.d.). *Coping with a traumatic event*. Retrieved from www.cdc.gov/masstrauma/factsheets/public/coping.pdf.

[2] BigFoot, D., Willmon-Haque, S., and Braden, J. (2008) *Trauma exposure in American Indian/Alaska Native children*. Oklahoma City: ICCTC. Retrieved from www.theannainstitute.org/American%20Indians%20and%20Alaska%20Natives/Trauma%20Exposure%20in%20AIAN%20Children.pdf.

[3] National Center for Children in Poverty (2007). *Facts about trauma for policymakers*. Retrieved from www.nccp.org/publications/pub_746.html.

[4] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child maltreatment 2011*. Rockville, MD: DHHS. Retrieved from www.acf.hhs.gov/sites/default/files/cb/cm11.pdf.

[5] Earle, K. and A. Cross. (2001). *Child abuse and neglect among American Indian/Alaska Native children: An analysis of existing data*. Seattle, WA: Casey Family Programs.

[6] Ibid.

[7] The Henry J. Kaiser Family Foundation. (n.d.). *Incarceration rate per 100,000 men, by state and race/ethnicity, 2008*. Retrieved from http://kff.org/disparities-policy/state-indicator/incarceration-rate/.

What Does Trauma-Informed Care Look Like?	
Trauma-Informed	***Not Trauma-Informed***
Recognition of high prevalence of trauma	Lack of education on trauma prevalence and "universal precautions"
Recognition of primary and co-occurring trauma diagnosis	Over-diagnosis of Schizophrenia and Bipolar Disorder and singular addictions
Assess for traumatic histories and symptoms	Cursory or no trauma assessment
Recognition of culture and practices that are re-traumatizing	"Tradition of toughness"* valued as a best care approach
Power/control minimized—constant attention to culture	Symbols and behaviors reinforcing power and control, e.g. keys, security uniforms, staff demeanor, tone of voice, prevalent without consideration to patients
Caregivers/supporters—focus on collaboration	Rule enforcers—focus on compliance
Address training needs of staff to improve knowledge and sensitivity	"Patient-blaming" as fallback position without training
Staff understand function of behavior of coping adaptations (rage, repetition and/or compulsion, self-injury)	Behavior seen as intentional and provocative
Use objective, neutral language	Use labeling language: manipulative, needy, "attention-seeking"
Transparent systems open to outside parties	Closed system

*Discussions of the "tradition of toughness"—the use of coercion in psychiatric settings in response to aggressive encounters between staff and patients—can be found in T. Kallert, Mezzich, J., and Monahan, J. (eds.) *Coercive treatment in psychiatry: Clinical, legal and ethical aspects.* West Sussex: Wiley & Sons, Ltd. 2011; K. Ford, R. Byrt, and J. Dooher's *Preventing & reducing aggression and violence in health and social care: A holistic approach.* London: M and K Publishing. 2010; and elsewhere.

Table adapted from SAMHSA. (n.d.). *Understanding Trauma. See citation in Resources section.*

The Impact of Trauma on Native Children

Like other children, AI/AN children can react to trauma in any number of ways including guilt, helplessness, and withdrawal, risk-taking, mistrust, and social anxiety. Moreover, repeated exposure to trauma results in the impaired ability to have positive relationships, communicate well, and demonstrate resiliency.

Trauma at a young age often leads to higher rates of behavioral health disorders in adolescence.

Specifically, research shows:

- There is little comprehensive data on rates of Posttraumatic Stress Disorder (PTSD) for AI/AN youth. However, a study of Native American sixth graders from one reservation found that 75% had clinically significant levels of PTSD.[8]
- Researchers have reported a 14% prevalence rate of Major Depressive Disorder among AI/AN adolescents.[9]
- 16% of AI/AN youth ages 12 and older report substance dependence or abuse.[10]
- Native teens experience the highest rates of suicide of any population in the U.S.—at least 3.5 times higher than the national average.[11]

As children age, it is imperative to treat the behavioral health issues AI/AN experience with a trauma-informed approach.

Trauma-Informed Care

As noted above, AI/AN youth experience various forms of trauma at higher rates than the rest of the U.S. population. Further, because 38% of the AI/AN population is under the age of 18, there is a great need for systems capable of offering treatment that explicitly addresses the impact of trauma in the lives of AI/AN children and youth.

[8] Morsette, A. (2006). "Cultural differences influence trauma treatment in Native American populations." *Traumatic Stress Points*. 20(1).

[9] Novins, D., Fickenscher, A., and Mason, S. (2006). "American Indian adolescents in substance abuse treatment: Diagnostic status." *Journal of Substance Abuse Treatment*. 30(4). Cited in Aaron Morsette. (2009). *Examining the role of grief in the etiology of Post-traumatic Stress Disorder (PTSD) symptoms in American Indian adolescents*. Retrieved from etd.lib.umt.edu/theses/available/etd-10122009-103451/unrestricted/Morsette_umt_0136D_10062.pdf.

[10] Center for Native American Youth. (n.d.). *Native American youth 101*. Retrieved from www.aspeninstitute.org/sites/default/files/content/upload/Native%20American%20Youth%20101_higres.pdf.

[11] Hummingbird, L. (n.d.). *The public health crisis of Native American youth suicide*. Retrieved from http://nas.sagepub.com/content/26/2/110.short?rss=1&ssource=mfr, as cited in CNAY. *Native American youth 101*.

SAMHSA states, “Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.”[12]

Trauma-Informed Systems

According to the National Child Traumatic Stress Network, programs and agencies within a trauma-informed system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.[13]

In such systems, providers:

- Routinely screen for trauma exposure and related symptoms.
- Use culturally appropriate, evidence-based assessment and treatment for traumatic stress and associated mental health symptoms.
- Make resources available to children, families, and providers on trauma exposure, its impact, and treatment.
- Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.
- Address parent and caregiver trauma and its impact on the family system.
- Emphasize continuity of care and collaboration across child-serving systems.
- Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.[14]

Implementing a Trauma-Informed Care System in Your Tribal Community

According to Clervil and DeCandia, “Trauma-informed care is not an addition; it is a complementary approach to the existing system of care framework that offers the promise of responding sensitively and appropriately to all children and youth affected by trauma.”[15] The adoption of a trauma-informed system of care requires a paradigm shift that makes “understanding the impact of trauma on children, youth, and those who serve them a central component of the system.” The authors note strategies to fostering this shift, listed in the table below.

Strategies to Achieve a Trauma-Informed System of Care
Training and supervision on trauma and its impact are a regular part of staff training; knowledge of trauma is an expected core competency, including attention to provide self-care.
A comprehensive trauma assessment is completed to inform treatment and placement decisions.
Natural community supports are used to help families manage children’s traumatic reactions and behaviors; all organizations across the continuum of care are based on models of trauma-informed care.
Trauma recovery is a central component of family and youth treatment planning meetings.
Programs are flexible in rules; visitation with family is encouraged to support the development of healthy attachment and minimize retraumatization.
Nonpunitive behavior management strategies are used to help traumatized youth learn safety, self-regulation, and coping skills.
Multiple moves between programs are minimized to reduce retraumatizing a child and disrupting important relationship.
Adapted from Clervil and DeCandia (2013). See citation below.

[12] Substance Abuse Mental Health Services Administration. (n.d.). *Trauma informed care and trauma services*. Retrieved at http://www.samhsa.gov/nctic/trauma.asp

[13] National Child Traumatic Stress Network. (n.d.). *Creating trauma-informed systems*. Retrieved at www.nctsn.org/resources/topics/creating-trauma-informed-systems

[14] Ibid.

[15] Clervil, R. and DeCandia, C. (2013). *Integrating and sustaining trauma-informed care across diverse service systems*. Retrieved from www.tapartnership.org/docs/TraumainformedSOCBrief_092713.pdf.

Resources

Fortunately, an ever-growing number of resources are available to tribal communities seeking information to help them develop and strengthen trauma-informed care systems in Indian Country.

Trauma Intervention Materials

Indian Country Child Trauma Center. *Honoring children: Four-part series on trauma-related treatment protocols*. www.icctc.org/treatmentmodels-1.asp.

The National Center on Family Homelessness. *Trauma-informed organizational toolkit*. www.familyhomelessness.org/media/90.pdf.

University of Montana National Native Children's Trauma Center. *Trauma interventions for schools*. http://iers.umt.edu/National_Native_Childrens_Trauma_Center/interventions.php.

Websites

Indian Country Child Trauma Center
www.icctc.org

Iowa Consortium for Mental Health, Trauma-Informed Care
www.healthcare.uiowa.edu/icmh/TraumaInformedCare.htm

National Center for Trauma-Informed Care
www.samhsa.gov/nctic/default.asp

National Child Traumatic Stress Network
www.nctsnet.org

National Trauma Consortium
www.nationaltraumaconsortium.org

SAMHSA, Early Childhood and Trauma Resources
www.samhsa.gov/children/earlychildhoodmat.asp

SAMHSA, Trauma and Justice
www.samhsa.gov/traumaJustice/

The Trauma Center
www.traumacenter.org

University of Montana National Native Children's Trauma Center
http://iers.umt.edu/National_Native_Childrens_Trauma_Center/default.php

Guides, Research Reports, Fact Sheets, and Papers

BigFoot, D., Willmon-Haque, S. and Braden, J. (2008). *Trauma exposure in American Indian/Alaska Native children fact sheet*. Retrieved from www.theannainstitute.org/American%20Indians%20and%20Alaska%20Natives/Trauma%20Exposure%20in%20AIAN%20Children.pdf.

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Indian Country Child Trauma Center. (n.d.). *Trauma in Indian Country: A guide for professionals*. Retrieved from www.icctc.org/Trauma%20in%20Indian%20Country%20final.pdf.

Indian Country Child Trauma Center. (n.d.). *What is trauma? A guide for parents*. Retrieved from www.icctc.org/what%20is%20trauma-final.pdf.

National Child Traumatic Stress Network. (2008). *Pathways to partnerships with youth and families in the National Child Traumatic Stress Network*. Retrieved from www.nctsn.org/sites/default/files/assets/pdfs/Pathways_ver_finished.pdf.

National Child Traumatic Stress Network. (n.d.) *Suggestions for educators*. Retrieved from http://iers.umt.edu/docs/nnctcdocs/SuggestionsforEducators.pdf

Oregon Health Authority. (2013). *Trauma white paper*. Retrieved from www.oregon.gov/oha/amh/child-mh-soc-in-plan-grp/White%20Paper%20on%20Trauma.pdf.

SAMHSA. (2012). *Supporting infants, toddlers, and families impacted by caregiver mental health problems, substance abuse, and trauma: A community action guide.* Retrieved from http://store.samhsa.gov/shin/content/SMA12-4726/SMA12-4726.pdf.

SAMHSA. (n.d.). *Understanding trauma: When bad things happen to good people fact sheet.* Retrieved from http://dmh.mo.gov/docs/diroffice/commission/UnderstandingTraumaFactSheet.pdf.

Webinars

BigFoot, D. (2013). *Childhood webinar series in Indian Country*. Retrieved from https://ihs.adobeconnect.com/_a1137116237/p5o7x8dicji/?launcher=false&fcsContent=true&pbMode=normal.

BigFoot, D. (n.d.). *The ACE (adverse childhood experiences) study and American Indian and Alaska Native children*. Retrieved from https://ihs.adobeconnect.com/_a1137116237/p4kipnyn2z9/?launcher=false&fcsContent=true&pbMode=normal.

Gillece, J., Caldwell, B., and Cain, T. (2009). *Creating Trauma-Informed Systems of Care for Human Services Settings*. Retrieved from http://cbcta.fmhi.usf.edu/flcwp/confvids/traumatech/fs.html.

Manning, R. (2013). *Understanding and Treating Childhood Traumatic Stress*. Retrieved from http://www.youtube.com/watch?v=f3wE5GM131k&feature=youtu.be.

Whitehorn, S. (2014). *Trauma-Informed Care*. Retrieved from https://cc.readytalk.com/cc/playback/Playback.do?id=1t32fl.