

Trauma Informed Care Best Practices Project

Mental health workers and doctors report that thousands of Ukrainian refugee children displaced by war are showing severe symptoms of psychological trauma¹. “I have seen children here with catatonic symptoms. Many of them have stopped speaking, others cannot move their hands or fingers. They just freeze.” says Ukrainian Dr Viktor Balandin. Many survivors and witnesses of the ongoing horrors in Ukraine are deeply traumatized. Theirs is a tragically global plight.

One of the many young victims of the war in Yemen, six year old 'Elham' roams aimlessly around the settlement of tents that is now her home. She claps her hands, mutters incomprehensibly and, from time to time, screams hysterically to nobody in particular. She is one of about 5,500 people who have fled to the Al Mazraq Camp in Yemen. Elham suffers from deep trauma.

'Abdulaziz' is nine years old. Three weeks ago, he watched soldiers murder his parents and siblings. He now looks after his little brother. Abdulaziz and his brother are the only survivors from a family of seven. For Abdulaziz, the lack of control and feelings of powerlessness are particularly difficult.

“If your mental health is not good, how are you supposed to move forward? I need someone to talk with. I think it is one of the most important things for us. It could ... stop those nightmares and the big depressions I have,” said 'Rafi'. Following the Taliban takeover, Rafi fled Afghanistan with many others who continue to grapple with psychological distress and trauma.

Globally, the numbers of internally-displaced persons, refugees and asylum seekers have reached record highs. These populations may have been exposed to traumatic events such as the increased targeting of civilian populations in areas of conflict, loss or separation from family, a life-threatening journey to safety, long waiting periods, and complexities with acculturation. A sizable proportion are at risk of developing psychological symptoms and major mental illness, including high and persistent rates of posttraumatic stress disorder (PTSD) and depression that can persist for many years. This poses a major global and inter-generational public health crisis with serious implications for mental health.

Providing appropriate, early, and ongoing mental health care to internally-displaced persons, refugees and asylum seekers benefits not only the individual but the host nation. It improves the chances of successful reintegration. In turn this has long-term social and economic benefits for their country of residence; benefits, which will likely impact not only the generation of internally-displace persons, refugees and asylum seekers but also subsequent generations.

Trauma Informed Care: Project Description

1 [Link to the section 'Psychological Trauma'](#)

To help address this inter-generational global public health crisis, an international alliance shall support, connect and assist professional practitioners as well as public and private organizations involved in psychological support interventions.

For all registered stakeholders, the alliance's programme in Trauma Informed Care (TIC) includes:

1. A digital platform and resource hub with free access to the TIC stakeholder network including third party professionals² specializing in psychological trauma informed care;
2. A free mobile phone app and knowledge-base of evidence-based coping strategies and best practices in Trauma Informed Care;
3. Support services for field work supervision and peer supervision of working professionals, and;
4. Continuing education programs for professional updating and life-long learning, training courses and support materials for mental health professionals. This will include certificate-bearing, free Master's level educational programs offered in English and recognized by the Ministry of Health and the Ministry of Education, University and Research of Italy. Graduates may enjoy international recognition of their qualifications.

Trauma-informed Care (TIC)

With treatments based on scientific knowledge about post-traumatic stress reactions endorsed by the World Health Organization³, the alliance's person-centered Trauma Informed Care (TIC) approach shall: alleviate peoples' suffering, protect and promote people and community health and well being as well as save money and promote prosperity. For providing state-of-the-art mental health care to internally-displaced persons, refugees and asylum seekers benefits not only the individual but the host nation. It improves the chances of successful reintegration. In turn this has long-term social and economic benefits for their country of residence; benefits, which will likely impact not only the generation of internally-displace persons, refugees and asylum seekers but also subsequent generations.

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Project director:

Professor Dr. Alberto Zucconi, Psychologist, psychotherapist, educator, trainer and consultant, President Person Centered Approach Institute (IACP), Chair Board of Trustees World Academy of Art and Science (WAAS), Secretary General World University Consortium (WUC), member Board of Directors Sustainability University, Santa Fe, New Mexico, USA, member of the Global Clinical

2 Third party professionals may be engaged on a consultative basis.

3 See Section on WHO

Practice Network, World Health Organization, external scientific advisor of the European Office for Investment for Health and Development (WHO EURO), member of the scientific committee of the Shared Societies and Values, Sarajevo, member scientific committee, Institute for Advanced Studies in Levant Culture and Civilization, Bucharest, Romania, Member of the Advisory Board of the Inter-Parliamentary Coalition for Global Ethics, Co-founder World Sustainability Forum (WSF).

Dr. Zucconi in the last 40 years has been promoting the applications of the Person Centered Approach and People Centered Approach in various settings in his international activities of training, teaching and consulting.)

The Alliance:

Provided and co-funded by several institutions, the Alliance was created in 2022 at the initiative of Professor Dr. Alberto Zucconi, President Person Centered Approach Institute of Italy.

The Alliance presently includes:

Person Centered Approach Institute (IACP)

Founded in 1979 with offices throughout Italy, in Switzerland, France and Malta, the Institute is an independent scientific non-profit institution founded by Carl Rogers, Alberto Zucconi and Charles Devonshire.

IACP is a recognized by the Italian Ministry of Health, the Italian Ministry of Education and the Italian Research Agency as a post-graduate, continuing educational as well as research institution providing instruction for health professionals.

With a vast rostrum of distinguished professors from various international universities, IACP Post graduate diplomas in Client Centered Psychotherapy and the Person-Centered Approach are equipollent to any similar Italian University post graduate diploma and allows IACP graduates to compete on equal basis to be hired by Italian state agencies and become directors of Public Health Local Agencies etc.

The World Academy of Art and Science

The World Academy of Art & Science (WAAS) was founded in 1960 by eminent intellectuals including Albert Einstein; Robert Oppenheimer, Father of Manhattan Project; Bertrand Russell, Joseph Needham, co-Founder of UNESCO; Lord Boyd Orr, first Director General of FAO; Brock Chisholm, first Director General of WHO and many others. The Academy serves as a forum for reflective scientists, artists, and scholars dedicated to addressing the pressing challenges confronting humanity today independent of political boundaries or limits, whether spiritual or physical — a forum where these problems can be discussed objectively, scientifically, globally, and free from vested interests or regional attachments to arrive at solutions that affirm universal

human rights and serve the common good of all humanity. WAAS is founded on faith in the power of original and creative ideas — Real Ideas with effective power — to change the world.

The World University Consortium

The World University Consortium was established in 2013 by the World Academy in association with eminent international institutions. The mission of the Consortium is to evolve and promote development of accessible, affordable, quality higher education worldwide based on a human-centered approach that shifts the emphasis from specialized expertise to contextualized knowledge within a trans-disciplinary conceptual framework reflecting the complexity and integration of the real world.

The Black Sea Universities Network

The Black Sea Universities Network (BSUN) is an initiative aiming the development of a collaborative platform between the universities from the Black Sea Region.

The network has the legal status of an international ad-hoc organization and has been established on the occasion of the 2nd Conference of the Black Sea Universities Rectors, held in Constantza between 9th and 12th of July 1998, on the premises of the "Ovidius" University of Constantza.

The network includes more than 120 member universities from the 12 member states of the Black Sea Economic Cooperation Organization as Albania, Armenia, Azerbaijan, Bulgaria, Georgia, Greece, Moldova, Romania, Russia, Turkey, Ukraine and Serbia.

BSUN has the status of Sectoral Dialogue Partner to Black Sea Economic Cooperation (BSEC), is in a close cooperation with Parliamentary Assembly of the Black Sea Economic Cooperation (PABSEC), is a member of the European University Association (EUA) and a founding member of the UN "Academic Impact" Initiative.

University for Sustainability

Co-creating the world's largest education and research network concerned with education, research and innovation in and about sustainable development to accelerate a just and humanitarian transformation to with challenge-driven education, scientific research and innovation.

The University scales and strengthens collective resources and collaborative infrastructure that enables member institutions to better serve their constituents and their regions. Through cooperation in education, research and outreach we enhance human capacity, promote viable communities and sustainable societies and economies, and forge global partnerships.

Planned Events :

Dr Alberto Zucconi (president of IACP, psychologist, psychotherapist, researcher and trainer Maddalena Vagnarelli (psychologist, psychotherapist, researcher and trainer from IACP) will be in Romania offering a free mini training in Trauma Informed Care and also conduct a Focus group Needs assessment to 20 Ukrainian Psychotherapists fluent in English September 25-27, 2022. The participants will receive a certificate of completion. For additional information:

<https://bsun.org/pages/bsun-ndash-waas-joint-initiative-on-trauma-informed-care-in-ukraine.php>

The World Health Organization and People-Centered Approaches

Putting science to work to build a healthier, safer world, The World Health Organization leads and champions global efforts to achieve better health for all. By connecting countries, people and partners, we strive to give everyone, everywhere an equal chance at a safe and healthy life (Zucconi, 2008; Zucconi & Wachsmuth 2020).

The World Health Organization (WHO) has long stressed the importance of People Centered and Personal Approaches in Medicine and Health Care (also called Patient Centered Medicine, or Patient Centered Care) in the following reports.

- “People-centered, recovery-oriented and human rights-based care is essential. WHO 2022 Page XIX” WHO(2007). People centered health care: a policy framework. Geneva: World Health Organization.
- WHO Regional Office for Europe (2012). Towards people-centered health systems: an innovative approach for better health outcomes. Copenhagen: World Health Organization.
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- WHO (2017). Framework on integrated people-centered health services. Geneva: World Health Organization.
- WHO (2020). Achieving-person-centred-health-systems- evidence,-strategies-and-challenges: Geneva: World Health Organization.
- WHO (2022). World mental health report: transforming mental health for all. Geneva: World Health Organization;

Psychological Trauma

The most commonly referenced definition is from an agency of the government of the United States known as The Substance Abuse and Mental Health Services Administration (SAMHSA).

“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” (SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, 7)

Examples of psychological trauma include, but are not limited to:

- Experiencing or observing physical, sexual, and emotional abuse;
- Childhood neglect;
- Having a family member with a mental health or substance use disorder;
- Experiencing or witnessing violence in the community; and,
- Poverty and systemic discrimination.

Research shows how exposure to abuse, neglect, discrimination, violence, and other adverse experiences increase a person’s lifelong potential for serious health problems and engaging in health-risk behaviors , as documented by the landmark Adverse Childhood Experiences (ACE) Study.

⁴. Felitti et all. 1998 ; Hillis et all. 2000; 2001; 2004; Anda et all. 2002; Dube et all. 2001; 2002; 2003; Chapman et all. 2004; Edwards & Whitfield, 2004; Anda et all. 2005; Edwards et all. 2005; Merrick et all, 2008; Leeb et all. 2011; Gilbert et all. 2015;)

4 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine, 14*, 245-258.

Because of the ACE study, and other subsequent research, health care policymakers and providers increasingly recognize that exposure to traumatic events, especially as children, heighten patients' health risks long afterward.

Childhood trauma contributes significantly to the global burden of disease. Recent research shows how trauma experienced in childhood can negatively impact children's physiological, psychological and social processes and functions and increase the risk of developing various types of mental illness: personality and mood disorders, substance abuse and psychosis.

It is a challenge that can only be effectively managed if we frame it as a public health issue that needs appropriate investment and policies at the preventive level and diagnosis and treatment delivered from the outset to minimize the suffering of trauma victims and also minimize the economic and social costs to their families and communities.

Some research in neuroscience focuses on how trauma experienced during childhood can negatively impact brain development. The volume of certain parts of the hippocampus would be reduced as a result of stress from the trauma experienced - early stress-induced alterations in trajectories of brain development (Martin et al. 2012) . And conversely, having a nurturing mother would promote hippocampal development (Rao et al. 2010). ⁵

In children, abuse, neglect, and other traumas affect brain development and increase their vulnerability as adults to be subjects of interpersonal violence and to develop chronic illness, mental physical illness, substance use disorders, and alterations in other areas of life (Springer et al. 2003).

Trauma Informed Care underlines the need to be person centered, or patient centered understand a patient's life experiences in order to deliver effective care. It has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness preventing staff burnout and vicarious trauma. A set of organizational competencies and core clinical guidelines is emerging to inform effective treatment for patients with trauma histories.

Traumas, including single, multiple or enduring repetitive events, affect different people differently. Some individuals clearly exhibit classic symptoms of post-traumatic stress disorder (PTSD), but many other individuals have resilient responses or short-lived sub-clinical symptoms or consequences that fall outside the diagnostic criteria. How a traumatic event impacts an individual depends on many factors, including the characteristics of the individual, the type and characteristics of the event, the meaning of the trauma to the user, and socio-cultural factors.

5 Developmental Biopsychiatry Research Program and Brain Imaging Center, McLean Hospital, Belmont, MA; Department of Psychiatry, Harvard Medical School, Boston, School of Nursing, Northeastern University, Boston, MA.

A variety of reactions are often reported and/or observed after trauma. Most survivors exhibit immediate reactions, yet these typically resolve without severe long-term consequences. This is because most trauma survivors are highly resilient and develop appropriate coping strategies, including the use of social supports, to deal with the aftermath and effects of trauma. Most recover with time, show minimal distress, and function effectively across major life areas and developmental stages. Even so, clients who show little impairment may still have sub-clinical symptoms or symptoms that do not fit diagnostic criteria for acute stress disorder (ASD) or PTSD. Only a small percentage of people with a history of trauma show impairment and symptoms that meet criteria for trauma-related stress disorders, including mood and anxiety disorder

Some common reactions across domains (emotional, physical, cognitive, behavioral, social, and developmental) associated with singular, multiple, and enduring traumatic events. These reactions are often normal responses to trauma but can still be distressing to experience. Such responses are not signs of mental illness, nor do they indicate a mental disorder. Traumatic stress-related disorders comprise a specific constellation of symptoms and criteria.

Immediate and Delayed Reactions to 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

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

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

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
- Avoidance behaviors

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 traumatic event was intentionally perpetrated

- Immediate disruption of life assumptions (e.g., fairness, safety, goodness, predictability of life)

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

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)

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 effects including heart, liver, autoimmune, and chronic obstructive pulmonary disease

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
- Re-establishing priorities
- Redefining meaning and importance of life
- Reworking life’s assumptions to accommodate the trauma (e.g., taking a self-defense class to re-establish a sense of safety)

Post Traumatic Growth

The damage produced by exposure to traumatic events is well known and documented, but at the same time there is a substantial literature and body of research including that on

- Avoidance 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), and;
- Suicidal thinking.

Post Traumatic Growth

Some people who have been exposed to traumatic events of various kinds show remarkable resilience, and a process of growth occurs in them. These people develop, a better and more meaningful relationship with

- themselves

- others
- the world

In their systematic review of the studies Linley and Joseph (2004) state that:

1. Traumatic experiences that cause a perceived of threat, uncontrollability and helplessness have the potential to promote growth in some people.
2. People who are optimistic, who experience a wide range of positive emotions and who when they experience trauma give positive reinterpretations of it, have good levels of acceptance, coping and rumination are more likely to grow from the traumatic experience.
3. There is empirical evidence of the negative effects of traumatic events, there is also research showing the positive effects in some people.
 - a) There is extensive scientific documentation showing that people who became geniuses as adults or people who were particularly gifted in creativity or leadership, in their childhood and adolescence were affected by adversity and trauma (Simonton, 2000).
 - b) For example, extensive empirical research on geniuses shows demonstrated that they suffered during their early childhood years many troubled and traumatic events (Simonton, 1994).
 - c) Especially the loss of one or both parents (Eisenstadt, 1978⁶).

Example 1:

Information in relation to trauma can be processed in two ways:

1. The information is assimilated within the world view the person had before the trauma or the world view changes, and
2. The construction of the experience can be negative:

Example 2:

Misfortunes and bad things can happen at any time in the world and there is no way to prevent them - this can generate a depressing causing reaction of 'helplessness and hopelessness;

The construction of experience can be positive:

What happened to me clearly shows that one cannot govern all events in one's life;

life is worth living meaningfully in the here and now before it is too late!

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