Words matter. Change the way you ask a question and transform your relationship with a client. Professional case managers understand this, and it’s at the heart of successfully addressing the impact of trauma.

Specifically, replacing “What’s wrong with you?” with “What happened to you?” can change not only the conversation and the relationship with your client, but the trajectory of a person’s life, says Allison Sampson-Jackson, PhD, LCSW, LICSW, CSOTP.

Sampson-Jackson, an expert on trauma-informed care and adverse childhood experience, knows first-hand how reformulating the question makes a tremendous difference.

So what is trauma-informed care? It’s an approach to engaging people with histories of trauma that recognizes the presence of its symptoms, acknowledges the role it has played in their lives and responds to its
impact on an individual.\textsuperscript{1,2} That role is profound: Research consistently shows that trauma has an impact on human biology, including brain development, immune and hormonal system function and DNA transcription.\textsuperscript{3}

Sampson-Jackson focuses on childhood trauma—specifically, adverse childhood experience (ACE). ACEs are stressful or traumatic events that include abuse, neglect, exposure to domestic violence and family dysfunction. These events are strongly related to the development and prevalence of health problems throughout a person’s life.

Adverse childhood experience came to the forefront largely due to a 1998 study from the Centers for Disease Control and Prevention and Kaiser Permanente. It was among the largest investigations of childhood abuse and neglect, and later-life health and well-being, and the CDC continues ongoing surveillance of ACEs.\textsuperscript{4,5} The study measured physical, verbal and sexual abuse; physical and emotional neglect; a parent who’s addicted or diagnosed with a mental illness such as depression; a family member who’s in prison; witnessing a mother/stepmother being abused; and loss of a parent through divorce or abandonment. By providing solid evidence, it heightened awareness of the prevalence and impact of childhood trauma on adult health and well-being.

**Understanding trauma**

The next question is, what constitutes trauma? As a starting point, Sampson-Jackson uses the Substance Abuse and Mental Health Services Administration’s (SAMHSA) definition:

*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.*\textsuperscript{6}

At the heart of this definition, she says, are the three “E”s:

- Trauma is an *event*, something that happens. That part is obvious, but then it gets more complicated.
- Trauma is an *experience*, and it is experienced in different ways by different people. And what matters is the subjective experience: Individual perception is reality. “Perception is 100 percent accurate to the person perceiving it.” It doesn’t matter, she says, if a third party says “No, you really weren’t in danger.” It doesn’t even matter that there was no credible danger.

Just as each person will have a different experience of the identical situation, each will also have a different response—fight, flight or freeze. Children are more likely to freeze, she says, given that adults tend to stop or punish them when they run or fight. “The way in which a person responds to the threat is key to thinking about that event’s impact on the brain.”

Although she’s reluctant to “rank” trauma, she points out that individuals who respond to a threat with fight or flight tend to experience less neurological impact to the hippocampus (the area of the brain thought to be the center of emotion, memory and the autonomic nervous system) than those who freeze. “We think this is because in the freeze response, a person is watching the event over and over again and is

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1. Trauma-Informed Care Charles Wilson, Donna M. Pence, and Lisa Conradi Subject: Clinical and Direct Practice, Health Care and Illness, Children and Adolescents, Mental and Behavioral Health Online Nov 2013 Encyclopedia of Social Work
2. SAMHSA National Center for Trauma Informed Care http://www.samhsa.gov/ncitc/trauma-interventions
5. https://www.cdc.gov/violenceprevention/acesstudy/about.html
therefore getting a higher dosage of the trauma/toxin; this has a more damaging impact on this area of the brain.” This leads to the third E.

- Trauma has a profound **effect** on individuals, even changing how the brain works. It affects brain development and structure, the immune system, hormonal systems and even the way our DNA is read and transcribed.3,7,8 “If I felt that my life was threatened, that changes my biology,” Sampson-Jackson says. The biological response to toxic childhood stress can be devastating and generational; it can, she explains, be passed down through DNA.

Case managers, as client advocates and the hub of the interdisciplinary care team, are in a unique position to recognize and identify trauma in clients and help identify resources to overcome that trauma.

**The impact of childhood trauma**

A large portion of many health, safety and prosperity conditions—including chronic disease—can be attributed to an adverse childhood experience.10 “Adverse childhood experience is a prime determinant of health,” she says. “Children who are exposed to very high doses have triple the lifetime risk of heart disease and lung cancer and a 20-year difference in life expectancy.”

ACEs are linked to substance abuse, depression and suicide attempts, and to COPD, ischemic heart disease, liver disease and various other conditions. As a result, organizations may be targeting five different health issues with five different interventions when, in fact, all have the same root cause: childhood trauma.

The more ACEs—on a scale of 1 to 10, in the original study—the greater the risk for chronic disease, mental illness, violence and being a victim of violence. For example, an ACE score of 4 increases the risk

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But she's optimistic: “As one of the important researchers in this field, Dr. Robert F. Anda,12 says, ‘If we can predict it, we can prevent it,’” says Sampson-Jackson. Professional case managers have a significant role to play in both.

She uses the metaphor of a well. When 100 children all drink from the same well, and 98 of them

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12 Robert F. Anda, MD, MS, co-principal investigator on the CDC/Kaiser ACE study
develop diarrhea, you can simply keep treating the diarrhea or figure out what’s in the well while you address the diarrhea. Likewise, if you end up seeing many children with behavioral issues, you want to find out what “well” they are drinking from. Prescribing Ritalin for all those children, she says, is neither appropriate nor effective. "We need to improve the water in the well. For too long, we’ve been addressing the diarrhea. We must, of course, help the immediate situation, but have our main focus on the well so they don’t keep coming back to us for generations to come."

Again, it comes back to asking the right questions: The question isn’t “How do we treat the diarrhea?” It is "How do we deal with what’s in the well?"

Screening for trauma is a good first step. She characterizes that as a universal precaution, and the research supports this approach. In fact, the American Academy of Pediatrics explicitly calls on pediatricians to actively screen for those stressors common in their practices. Many practices include it in their well-child check. (See sidebar for more on screening for ACEs.)

Screening isn’t just for children; it is a universal precaution for all patients. Only through screening and identification can the work begin to mitigate the impact of trauma, regardless of the client’s age.

"ACEs are not destiny. They are a serious predictor of a health risk that people need to be aware of so they can make different, healthy coping decisions."

— ALLISON SAMPSON-JACKSON
PHD, LCSW, LICSW, CSOTP
CEO, INTEGRATION SOLUTIONS

Tools to evaluate exposure to adverse childhood events—the ACE questionnaire

The ACE questionnaire is not a screening tool per se, but a starting point for conversation. Since its inception, other organizations have tweaked the list, adding more sources of trauma (such as death of a primary caregiver) or updating it based on current research. For example, one question originally referred to abuse of a maternal figure, but Sampson-Jackson points out it could apply to any parental/guardian figure. Another common one not covered is being frequently hospitalized or subjected to medical procedures as a child.

The original 10 ACEs is a validated starting point tested on adults who were reflecting on their adversity in childhood. But there is no single validated ACE screening tool. “There are many times patients tell us about trauma that’s not on this list.” A good catch-all question, she says, is this: “Have you experienced any events where you feared for your life?”

She recommends several resources for identifying the presence of trauma in children; for a partial list, visit http://bit.ly/2huuJ5. To watch her webinar on the subject, visit ccmcertification.org/cmlearning-network/webinars.
**Next step: Build resilience**

Once you’ve identified what’s in the well and screened clients accordingly, what then? The solution, she says, is building resilience.

Case managers, with access to community and health system resources, can build the bridge between identifying the hallmarks of trauma and addressing it. The professional case manager has a powerful role to play in identifying and mitigating the impact of ACEs, she says. “You are the person who can make a difference. The only way to change a public health issue is to let people know their health is at risk and that they have the skills within them to build resilience.”

Resilience is the ability to bounce back; it is the process of adapting in the face of adversity, trauma, tragedy, stress, etc. It’s not a trait that people either have or don’t have. It involves behaviors, thoughts and actions that can be learned and developed—in anyone. And it can buffer the impact of trauma.

What’s required are supportive environments and the caring intervention of others. Other factors include the capacity to make realistic plans and take steps to carry them out, a positive view of oneself, and confidence—in one’s strengths and abilities, communication and problem-solving skills—and the capacity to manage strong feelings and impulses.

“Resilience isn’t just a gift of nature or an exercise of will,” she says. “Clients have the skills within themselves to build resilience.”

Resilience can be cultivated. And from motivational interviewing to building relationships, case managers understand how—and have the skill set—to help clients bloom.  

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**Tips for interviewing clients who have experienced adverse childhood experiences**

Sampson-Jackson developed an approach for case managers and others who interview individuals who have faced adverse childhood experiences. Here’s an overview.

1. **Start by checking in with the client.** Is she thirsty? Comfortable? Give her something to do with her hands. It could be a stress ball or crayons.

2. **Set expectations.** Discuss what you’ll be asking her about, and explain the concepts of adverse childhood experiences and the importance of developing resilience. It’s important to normalize the prevalence of ACEs, she explains. It’s not something weird or stigmatizing—it’s common.

3. **Review resilience and adversity factors—in that order.** Sampson-Jackson likes to use cards illustrating resilience skills, allowing clients to identify the cards that show their preferred coping skill. Similarly, ACE cards can be used to illustrate the traumatic events the client has endured. The cards she uses—from Resilience Trumps ACEs—were designed for children, but they are appropriate for adults, as well. The key, she says, is to focus on cultivating resilience rather than avoiding adversity.

4. **Provide resources.** Help the client link to outside services and activities.

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15 Community Resilience Cookbook produced by the Health Federation of Philadelphia. (c) 2016

16 The Road to Resilience.” American Psychological Association, 2016.

17 Community Resilience Cookbook produced by the Health Federation of Philadelphia. (c) 2016


20 The cards she uses are available at http://www.resiliencetrumpsaces.org/
Allison Sampson-Jackson
PhD, LCSW, LICSW, CSOTP
CEO, Integration Solutions

As CEO of Integration Solutions, Sampson-Jackson provides trauma informed care consultation, education and technical assistance to human service organizations and integrated health care systems. Her clinical practice and research has focused on advancing effective trauma informed treatment practices for those who experience significant conduct-related behavior problems. Her areas of specialty include attachment-based models of treatment; sexual abusiveness in children and adolescents; neuropsychology; and the use of neuroscience to inform work with children and adults with complex trauma disorders.

Sampson-Jackson worked more than a decade for Providence Service Corporation, assisting children and families as a mentor, in-home therapist, outpatient therapist and within the organization in a number of supervisor and executive roles. She co-led 17 National Trauma Informed Care Implementation Teams through the National Council of Behavioral Healthcare’s Trauma Informed Learning Collaborative.

Over the years, she has provided services to “at-risk” youth and their families via the state Department of Social Services, public mental health clinics, and within juvenile detention and correctional facilities.

She has also provided crisis therapy services in residential facilities for youth and adults with varying mental health diagnoses, and outpatient therapeutic services for military service men and women and their families.

About the Commission for Case Manager Certification
The Commission for Case Manager Certification (the Commission) is the first and largest nationally accredited organization that certifies more than 40,000 professional case managers. The Commission is a nonprofit, volunteer organization that oversees the process of case manager certification with its CCM® credential. The Commission is positioned as the most active and prestigious certification organization supporting the practice of case management. For more information, visit www.ccmcertification.org.

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The National Association of Social Workers (NASW), in Washington, DC, is the largest membership organization of professional social workers with 130,000 members. It promotes, develops, and protects the practice of social work and social workers. NASW also seeks to enhance the well-being of individuals, families, and communities through its advocacy. For more information, visit socialworkers.org.