

TRAUMA INFORMED CARE

Danica Love Brown, PhD, MSW,
CACIII

TRAUMA INFORMED CARE

TIC is a strengths-based service delivery approach that is rooted in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers, clients (and staff).

Hopper, Bassuk, & Olivet, 2010

TRAUMA-INFORMED

Trauma-informed organizations & systems:

- Acknowledge the pervasiveness of trauma experiences and adversity in the lives consumers and staff.
- Act accordingly by developing policies, processes, & practices that integrate knowledge about traumatic (toxic) stress.
- Practice universal precaution.

PRINCIPLES OF TRAUMA INFORMED CARE

- ◉ TRAUMA
- ◉ LANGUAGE ACCESS & CULTURAL SENSITIVITY
- ◉ SAFETY
- ◉ TRUSTWORTHINESS
- ◉ CHOICE
- ◉ COLLABORATION
- ◉ EMPOWERMENT

TRAUMA



Is an extraordinary psychological experience caused by threats to life and body or personal encounters with violence or death

- ◉ Disasters: natural

- ◉ Atrocities: human

STRESS



POSITIVE STRESS

- A personal challenge that has a satisfying outcome
- Sense of mastery & control
- **HEALTHY BRAIN ARCHITECTURE**
- Good self-esteem, judgment, & impulse control

TOLERABLE STRESS

- Adverse life events buffered by supportive relationships
- Coping & recovery
- **HEALTHY BRAIN ARCHITECTURE**
- Good self-esteem, judgment, & impulse control

TOXIC STRESS

- Unbuffered adverse events of greater duration & magnitude
- Poor coping & compromised recovery
- Increased life-long risk for physical & mental disorders
- **COMPROMISED BRAIN ARCHITECTURE**
- Dysregulated physiological systems

From Bruce McEwen

THREAT VS. SAFETY

Ask yourself?

- How do I feel (body/brain/mind) when I:
 - experience a sense of safety (protection & comfort) in my environment?
 - respond to threat in my environment?
 - inhibit or allow for exploration?
- What elements in my environment are present when my body/brain/mind feels safe?
Threatened?
- What does my body/brain/mind need to return to a state of calm when threat activated?

TYPES OF TRAUMA

- ◉ Acute trauma
- ◉ Repetitive trauma
- ◉ Complex trauma
- ◉ Complex Developmental trauma
- ◉ Vicarious trauma
- ◉ Cultural, historical and/or Intergenerational trauma



مریم حسنا

@Maryamhasnaa

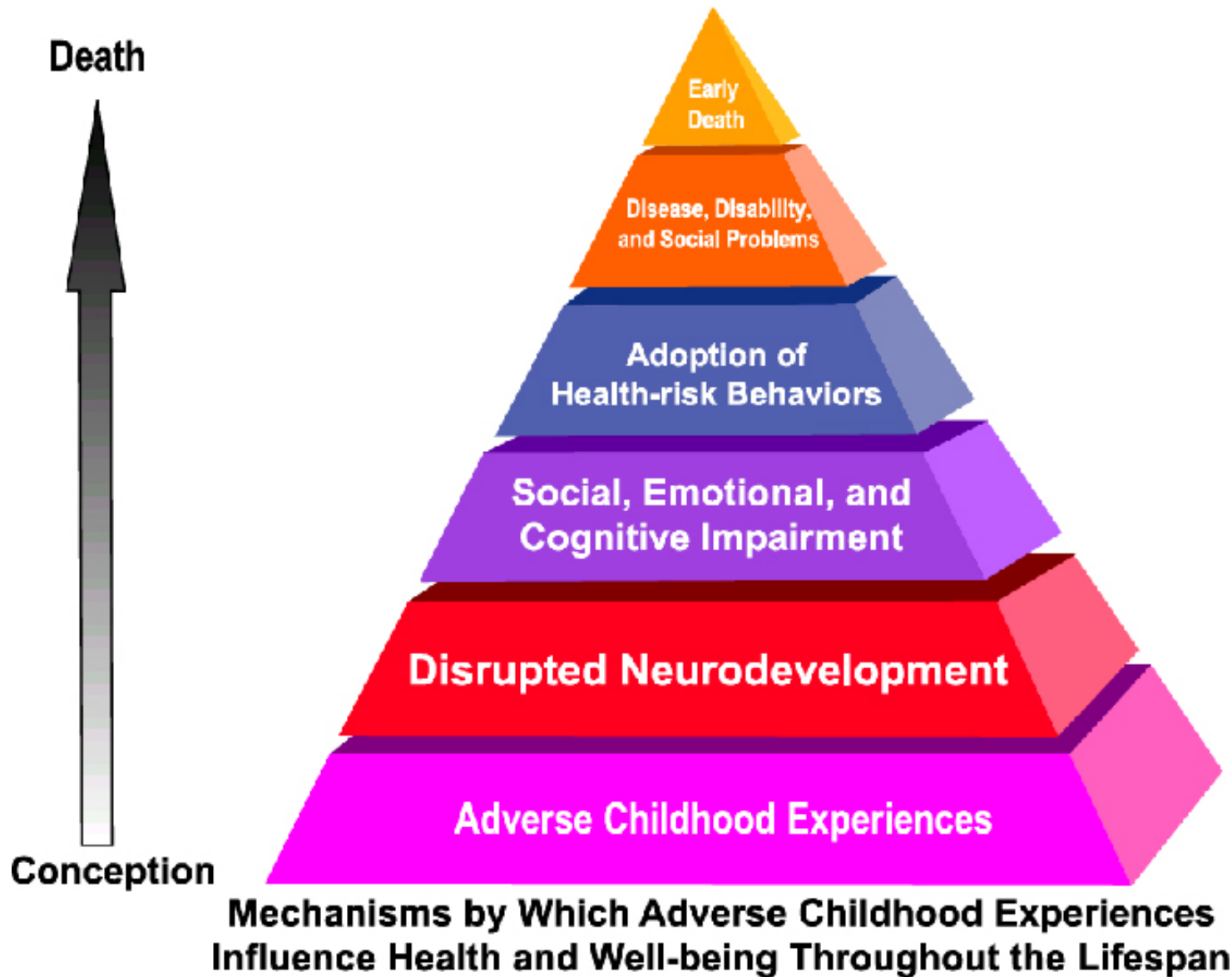


Many of your emotional triggers came from when you were so young that the part of your brain that records memories wasn't even formed. This is why you might not be able to access the memory of the trauma. But the body remembers, in your muscles, tissue, bones and especially spine



informedtrauma

ADVERSE CHILDHOOD EXPERIENCES



Adverse Childhood Experience* ACE Categories (Birth to 18)	Impact of Trauma and Health Risk Behaviors to Ease the Pain	Long-Term Consequences of Unaddressed Trauma (ACEs)
<p><i>Abuse of Child</i></p> <ul style="list-style-type: none"> Emotional abuse Physical abuse Contact Sexual abuse <p><i>Trauma in Child's Household Environment</i></p> <ul style="list-style-type: none"> Alcohol and/or Drug User Chronically depressed, emotionally disturbed or suicidal household member Mother treated violently Imprisoned household member Not raised by both biological parents <p>(Loss of parent – best by death unless suicide, - Worst by abandonment)</p> <p><i>Neglect of Child</i></p> <ul style="list-style-type: none"> Physical neglect Emotional neglect <p>* Above types of ACEs are the “heavy end” of abuse. *1 type = ACE score of 1</p>	<p><i>Neurobiologic Effects of Trauma</i></p> <ul style="list-style-type: none"> Disrupted neuro-development Difficulty controlling anger-rage Hallucinations Depression - other MH Disorders Panic reactions Anxiety Multiple (6+) somatic problems Sleep problems Impaired memory Flashbacks Dissociation <p><i>Health Risk Behaviors</i></p> <ul style="list-style-type: none"> Smoking Severe obesity Physical inactivity Suicide attempts Alcoholism Drug abuse 50+ sex partners Repetition of original trauma Self Injury Eating disorders Perpetrate interpersonal violence 	<p><i>Disease and Disability</i></p> <ul style="list-style-type: none"> Ischemic heart disease Cancer Chronic lung disease Chronic emphysema Asthma Liver disease Skeletal fractures Poor self rated health Sexually transmitted disease HIV/AIDS <p><i>Serious Social Problems</i></p> <ul style="list-style-type: none"> Homelessness Prostitution Delinquency, violence, criminal Inability to sustain employment Re-victimization: rape, DV, bullying Compromised ability to parent Negative alterations in self perceptions and relationships with others Altered systems of meaning Intergenerational trauma Long-term use of multiple human service systems <p>Ann Jennings</p>

ACES STUDY

The Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC), in partnership with Kaiser Permanente, conducted a landmark ACE study from 1995 to 1997 with more than 17,000 participants.

- 28% of study participants reported physical abuse and 21% reported sexual abuse
- Almost 40% of the Kaiser sample reported two or more ACEs and 12.5% experienced four or more

TRAUMA IMPACTS THE BRAIN

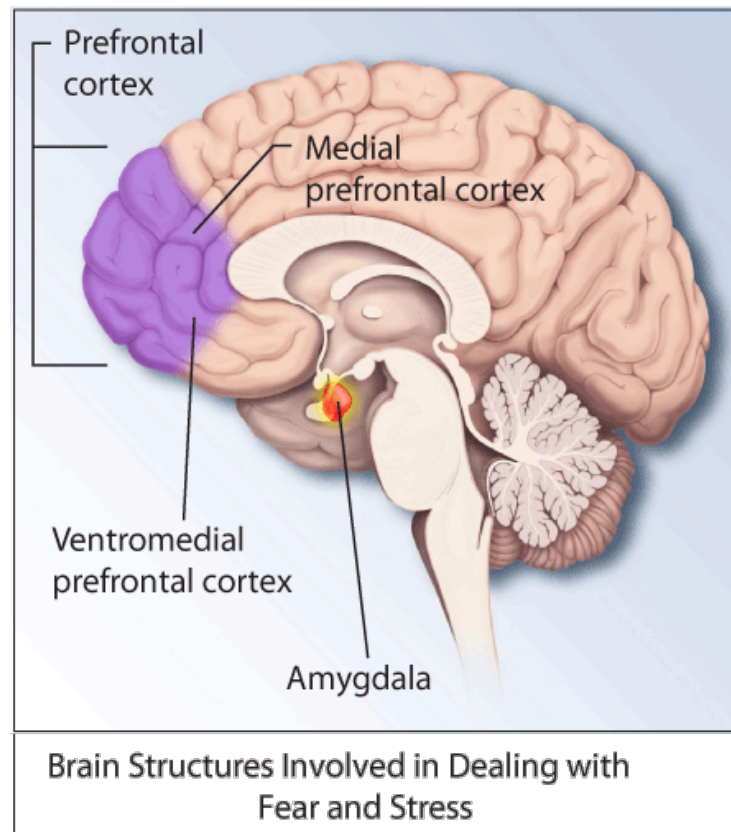
HEBB'S LAW:

FIRE TOGETHER
WIRE TOGETHER

*NEURONS THAT FIRE OUT OF
SYNC,
FAIL TO LINK*

EFFECTS OF TRAUMA ON THE BRAIN

- ◉ Damages the neural wiring of the brain
- ◉ Increases an individual developing mental and physical illnesses
- ◉ Increases aggression
- ◉ Language failure
- ◉ Asthma
- ◉ Epilepsy
- ◉ Diabetes
- ◉ Immune system dysfunction



FRONT

Anterior Cingulate
(motivation)

MOTOR

SENSORY

BACK

FRONTAL LOBE
(planning)

PARIETAL LOBE
(movement)

CORTEX

OCCIPITAL LOBE
(vision)

Dorsolateral Prefrontal
(executive & logical)

TEMPORAL LOBE
(language)

Olfactory Bulb

Lateral Orbitofrontal
(appropriate social/
emotional response)

Hypothalamus

CEREBELLUM
(coordinate
movement)

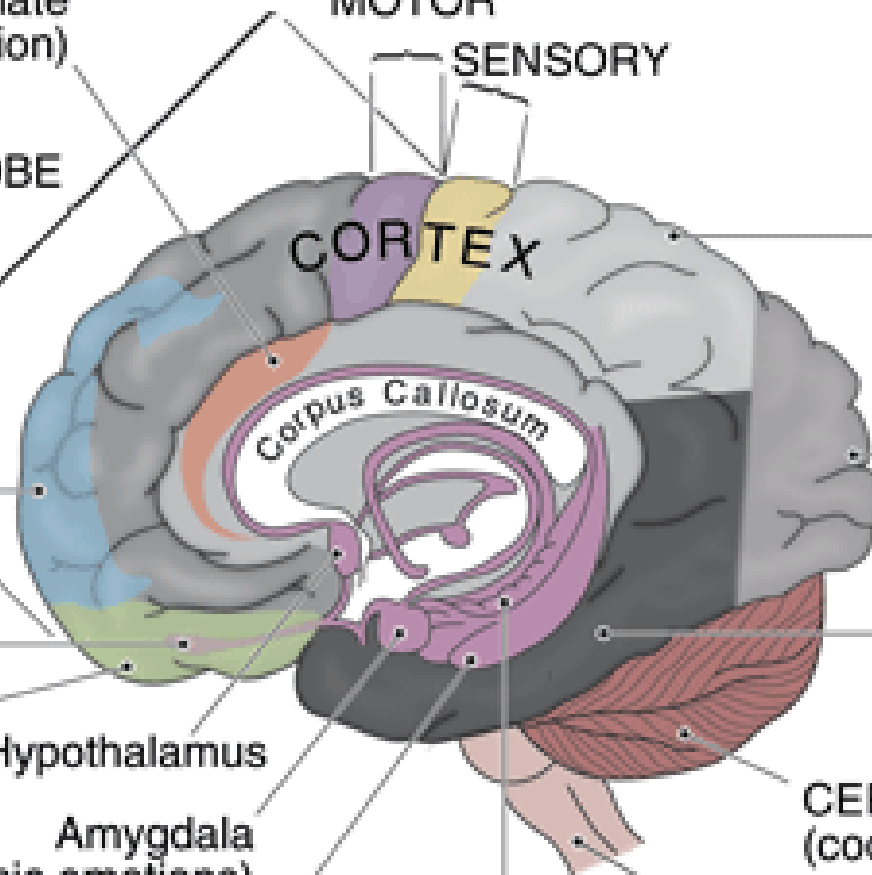
Amygdala
(basic emotions)

Entorhinal Cortex
(memory)

Hippocampus
(memory)

BRAIN STEM
(body basics)

LIMBIC SYSTEM



AMYGDALA

“almond”



- Temporal lobes
- Major affective activities, empathy
- Survival filter: freeze, flight, fight
- Receives stimuli first, tells you how you feel emotionally
- Depression
- PTSD
- Aggression
- Autism: social behavior interpretation

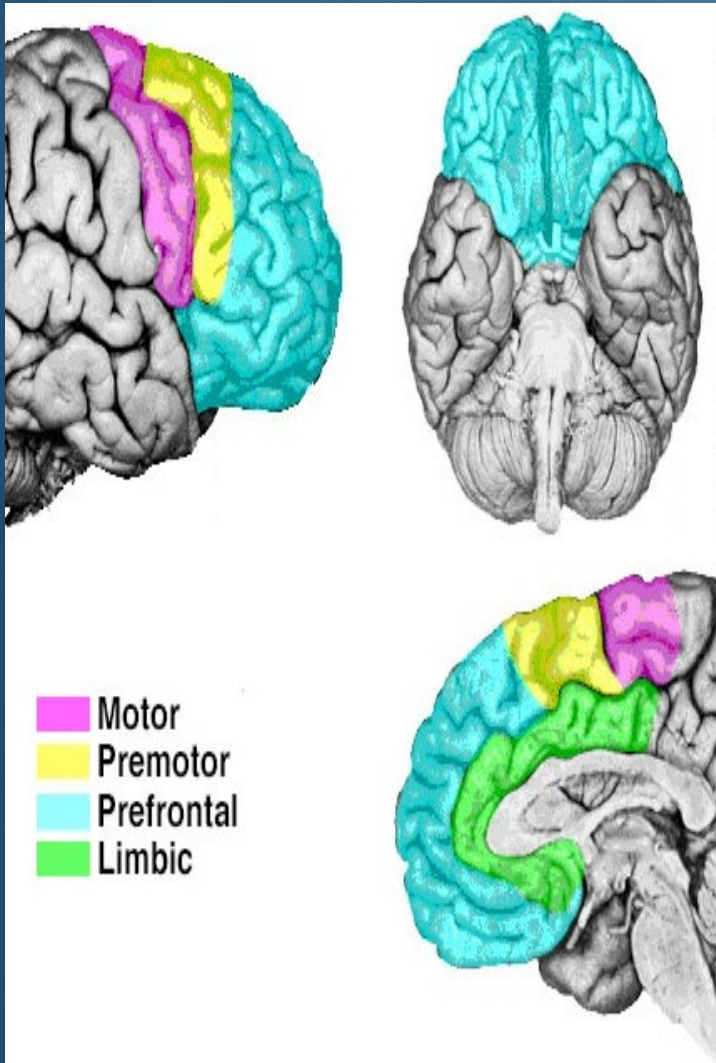
HIPPOCAMPUS

“seahorse”

- Temporal lobes
- Learning and memory
- Provides context to emotions
- Converts short term to permanent memory
- Severe stress or persistent mood symptoms reduces volume
- Significantly affected by alcohol use during adolescence
- Key structure in Alzheimer's dementia
- Affected by estrogen



PREFRONTAL CORTEX (PFC)



- Executive functions: planning, reasoning, problem solving, inhibits, filters, judgment
- Attention capacity
- Integration
- Affect regulation, response flexibility
- Fast thinking
- Long-term memories

- What do I know about the amygdala & hippocampus that allows for a deeper appreciation of trauma re-experiencing?
- What are some examples of how I misjudge person's reactions to be something other than a trauma-anchored response?
- How do I plan to learn more about the neurobiology of toxic stress, and advocate for trauma-informed services?

ANCIENT SURVIVAL RESPONSES TO LIFE THREATENING CIRCUMSTANCES

Miller (2011)

- Fight
- Flight
- Freeze
- Fawning

**OUR BODIES ARE DESIGNED TO
REMEMBER DANGER.**

**EACH OF US BEGINS TO
MAINTAIN A DATABASE OF
THREATS IN THE
ENVIRONMENT.**

SOCIAL EFFECTS OF TRAUMA

- ◉ Poverty
- ◉ Violence
- ◉ Sexual abuse
- ◉ Family disruption
- ◉ AOD abuse
- ◉ To little emotional support
- ◉ Low educational level
- ◉ Lack of commitment to parenting
- ◉ Lack of maternal maturity

All of these conditions are correlated with stress in children that manifests as brain damage

UNDERSTANDING TIC AS A “CULTURAL” AND “SYSTEMIC” PROCESS:

- ◉ Support and care for entire staff is essential, not an option or luxury
- ◉ Staff support is an organizational obligation as well as a “personal” or “professional” concern
- ◉ In stressed systems, trauma is a literal and figurative reality for many administrators and staff
- ◉ In such settings, we can apply much of what we know about trauma and recovery to the agency or program as a whole

Staff members— *all staff members* —
can create a setting of, and offer
relationships characterized by,

- safety,
- trustworthiness,
- choice,
- collaboration,
- and empowerment

But only when they experience these
same factors in the program as a whole.

TOXIC VS. HEALTHY WORK CULTURES

TOXIC

- ◉ People do not help each other.
- ◉ Human needs are ignored.
- ◉ People feel alienated and dehumanized.
- ◉ Alternative approaches are met with derision.
- ◉ Cliques are common.
- ◉ There is systemic rigidity; boss is always right.

HEALTHY

- ◉ Workers know what is expected of them.
- ◉ They have the resources to do the work.
- ◉ They have daily opportunities to do what they do best.
- ◉ Praise is offered regularly.
- ◉ Personal and professional development is encouraged.

Adapted from Kahn & Langlieb, 2003 and Russo, 2007

SUMMARY

- Trauma-informed care begins with understanding the trauma-informed brain.
- Prevalence of traumatic histories is very high among individuals involved with mental health, social service, substance-use, & criminal justice systems.
- Trauma-anchored responses are learned adaptations for survival.
- Re-experiencing & re-enactment is frequent in service settings and is out of the individual's awareness.
- Key to successful interventions is reduction of possible reminders/threat cues.