Learning Objectives

- To appreciate the frequency of adverse experiences in people’s lives and gain a better understanding of the social, emotional, physiological and developmental effects of trauma on people, families and communities
- To understand and respond to behavior from a trauma informed perspective
- To understand the value of developmentally informed activities to enhance regulatory capacity
- To understand techniques that can enhance relational well being for clients who have experienced adversity
- To understand ways to inspire a sense of purpose, belonging and safety with our clients
- To understand techniques that can enhance the capacity to care and appreciate the connection between caregiver capacity and client outcomes
- To be motivated to start putting ingredients together in practice to enhance services to clients who have experienced adversity
Introduction

• Introduction
• History
• Housekeeping

Stay Connected
• Social Media: @SaintAorg #7ei
• Join our mailing list: www.sainta.org/trauma-informed-care/inquiry-form
• Visit our website: www.sainta.org
• Additional Training: www.sainta.org/trauma-informed-care/community-training
• Become a 7ei trainer: www.sainta.org/trauma-informed-care/train-the-trainer
• Foster /Adopt: www.growhope.net
Trauma Definition

1) Exposure to an event that threatens/harms physical or emotional integrity of the individual or someone close to them

2) Overwhelms the person’s ability to respond

3) Creates significant difficulty in functioning
Stress

Unpredictable

- Severe
- Prolonged

Vulnerability

Predictable

- Moderate
- Controlled

Resilience
Trauma Informed Care

7 Essential Ingredients

1. Prevalence
2. Impact
3. Perspective Shift
4. Regulation
5. Relationship
6. Reason To Be
7. Caregiver Capacity
#1 Prevalence Overview

• How often does this happen?
• For whom?
• How does it compare?
• What about your population?
#2 Impact Overview

- Toxic stress/Physiological Impact
- Triggers/Epigenetics
- Impact of ACEs
- Stress Response
- World View
Impact: ACE Related Health Outcomes

Response (serious health issues) vs. ACE Score (trauma dose)
ACE Attributable Problems

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity

CDC, 1995-1997
Impact on Worldview

Typical Development vs. Developmental Trauma

- Humans = safe
- Relational tolerance
- Bad things – “accidents”
- Risk is + reinforced
- Prioritize opportunities to thrive

- Humans = threat
- Relational sensitivity
- Bad things – “on purpose”
- Risk is – reinforced
- Prioritize safety

THESE ARE ADAPTIVE!
#3 Perspective Shift Overview

- Identify perspective
- Mirror neurons
- Perspective as an intervention
- Traditional vs. TIC
Our Trauma Informed Care Perspective

Environment

Care

Treatment
2 Foundation Beliefs about Children:

• “Children do well if they can”
  Ross W. Greene

• “Children do well if they want to”
  Almost all incentive programs
#4 Regulation Overview

- Neurodevelopment 101
- State dependent functioning
- Regulation interventions
Abstract thought
Concrete Thought
Affiliation/reward
"Attachment"
Sexual Behavior
Emotional Reactivity
Motor Regulation
"Arousal"
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Temperature

To the rest of body via neuroendocrine & neuroimmune systems

To body via ANS (parasympathetic & sympathetic nervous systems)
What is regulation?
Regulation Associations
Sensory based activities

• **Touch**: Weighted vests/ blankets; Massage/ pressure, fuzzy, squishy stuff
• **Sound**: Music, silence
• **Sight**: Pictures, videos
• **Smell**: Candles, lotion, aromatherapy
• **Taste/ oral**: Sucking through a straw (applesauce, milkshake etc.)
• **Vestibular**: Swinging, rocking
• **Proprioception / Movement**: Swimming, walking/running, jumping
#5 Relationship Overview

- Creating a template
- Safety
- Attunement
- Consequence
  - Sequencing
  - Withholding relationship
Stimulation of “Reward” Neural Systems in the Human Brain: *Multiple Mediators*

- **Music, rhythm**
- **Drugs of Abuse** (cocaine, opiates, stimulants)
- **Sensation of pleasure and safety**
- **Release of hormones and “calmer” regulation of stress response neural systems**

### Multiple Mediators

- **Sweet, salty, fatty foods**
- **Positive Human Interaction**
- **Sex**
- **EtOH**

**Behavior consistent with value or belief system**

**Decrease physiological distress**

**Cut, pick, pull**
Safety

- Predictable structure
- Consistency
- Building on strengths
- Meeting needs
  - Physical safety
  - Recognizing triggers
  - Seclusion and restraint
#6: Reason to Be

- Past: How did I come to be?
- Present: Who am I and what is my purpose?
- Future: Who do I hope to become?
Reason to Be: Past

• Cultural identity
• Family identity
• Family loyalty
• Cultural responsive
Reason to be: Present

• Personal identity
• Competence
• Student driven decisions
• Belonging and acceptance
• Meaning
• Resilience

Gang leader to Graduate
https://www.youtube.com/watch?v=RXJGcqcJckA
5 Essential Elements of Resilience
Michael Ungar, Ph.D. 2013  www.resiliencereresearch.com

1. With Resilience, Nurture Trumps Nature
2. Differential impact of strengths under stress
3. Resilience is cumulative
4. Context and culture Influence what matters most
5. Long term, not all adaptations are advantageous
Reason to Be: Future

- Vision
- Mission/ Values
- Diverse exposure
- Growth mindset
- Optimism, hope and perseverance
#7 Caregiver Capacity Overview

- Wellness
- Secondary trauma
- Balance
- Our Regulation Plan
- A complaint free world
<table>
<thead>
<tr>
<th><strong>“Classic” Adaptive Response</strong></th>
<th>Rest ((M&gt;F))</th>
<th>Flock</th>
<th>Freeze</th>
<th>Flight</th>
<th>Fight</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arousal Continuum</strong></td>
<td>Rest ((M&gt;F: A&gt;C))</td>
<td>Vigilance</td>
<td>Resistance</td>
<td>Defiance</td>
<td>Aggression</td>
</tr>
<tr>
<td><strong>Dissociative Continuum</strong></td>
<td>Rest ((F&gt;M: C&gt;A))</td>
<td>Avoidance</td>
<td>Compliance</td>
<td>Dissociation</td>
<td>Fainting</td>
</tr>
<tr>
<td><strong>Primary secondary Brain Areas</strong></td>
<td>NEOCORTEX Subcortex</td>
<td>SUBCORTEX Limbic</td>
<td>LIMBIC Midbrain</td>
<td>MIDBRAIN Brainstem</td>
<td>BRAINSTEM Autonomic</td>
</tr>
<tr>
<td><strong>Cognition</strong></td>
<td>Abstract</td>
<td>Concrete</td>
<td>Emotional</td>
<td>Reactive</td>
<td>Reflexive</td>
</tr>
<tr>
<td><strong>Mental State</strong></td>
<td>CALM</td>
<td>ALERT</td>
<td>ALARM</td>
<td>FEAR</td>
<td>TERROR</td>
</tr>
</tbody>
</table>
Capacity Quiz…..

1) Has your circle of friends changed since you started this work?

2) Have you ever struggled to remember what day a meeting happened within the same week?

3) Does the TV remote get stuck on Law & Order, CSI, etc.?

4) Have you ever remembered at 4:00 that you had to go to the bathroom at 12:00?

5) Have you had diminished interest in things that once brought you happiness?
Secondary Trauma

- Signs that it may be “getting to you”
- Emotionally “numb”
- On edge, agitated
- Withdrawn
- Inability to concentrate, poor short term memory recall
- Impaired immune system
- Not willing to talk about it – “they won’t understand”

Pulido & Naturale, ISTSS Presentation, November 2011
Balance

Did List:
✓ managed crisis; client and staff debriefed successfully
✓ helped CM find therapist
✓ provided effective unscheduled supervision with John
✓ did 2 days of e-mail (thorough)
✓ created fun in hallway
✓ got memo to CEO within an hour

To Do List:
☐ last week’s e-mail
☐ report for board
☐ case notes for CSP client
☐ schedule meeting with Katy
☐ read grant memo
☐ f/u with Julie
Promising practices…

• Bottom up
• Top down
• EMDR
• De briefing
• Change the narrative
1964

- Civil Rights act signed
- The Beatles
- Cassius Clay
- Cost of a house – 13k
- 42% smokers*

*CDC, 2014
2012

- President Obama re-elected
- Maroon 5
- London Olympics
- Cost of a house – 146k
- 18% smokers*

*CDC, 2014
42% to 18% = 8,000,000 Lives*

*JAMA, 2014
Lessons Learned…

• Adaptation is inevitable
• Every interaction can be therapeutic (or not)
• Pushback happens
• Accountability is still relevant
• Assess trauma relevancy (maybe just ask?)
• Improving the childhood experience for all will not hurt anyone
Next steps

Online Evaluation

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Credits

• Slides 5, 16, 22, 23, 25, 26, 33 are used with the permission of the Child Trauma Academy (CTA), Dr. Bruce Perry, http://childtrauma.org. These slides cannot be used or copied without the permission of the CTA.

• Dr. Perry is a consultant to the SaintA programs and their trauma informed initiatives, and SaintA is a flagship partner with the CTA. If you are interested in learning more about Dr. Perry’s and the CTA’s work, including the Neurosequential Model of Therapeutics (NMT), the above website is an excellent place to start.

• Dr. Perry is the author of many books and articles on childhood trauma and its treatment. One of the most widely read among foster and adoptive parents is The Boy Who Was Raised As a Dog, (2006). In this work Dr. Perry discusses many of the ideas that form the basis of his work.
Credits

- (Perspective Shift) Ross W. Greene, *The Explosive Child*
- (Reason to Be), Michael Ungar, Ph.D., 2013 [www.resilienceresearch.com](http://www.resilienceresearch.com)
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- Are you Brave Enough? Managing Secondary Traumatic Stress at the Agency Level, Pulido & Naturale, ISTSS presentation, November 2011
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- F McMaster, NMT Symposium. “Exercise and Mental Health”, July 2014