

Understanding Trauma from the Outside-In and the Need for Trauma Informed Care

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The essence of traumatic experience is not just the overwhelming sensory experience itself, but the failure of the mind to master the mental events the outer world it gives rise to..

Bearing Witness

- “...psychological trauma means bearing witness to horrible events. When the events are natural disasters...those who bear witness sympathize readily with the victim.
- But when the traumatic events are of human design, those who bear witness are caught in the conflict between victim and perpetrator. It is morally impossible to remain neutral in this conflict. The bystander is forced to take sides” (Herman, Trauma and Recovery)

Presentation Objectives

- Consider the nature and character of traumatic exposure
- Identify what is meant by trauma informed care

Trauma's "hysterical" History

- Late 19th century study of "Hysteria"
- Charcot, joined by Freud (as the early roots of psychiatry was being established); first to scientifically explore phenomenon; seemingly take women seriously
- Focused on the legitimacy of the "malady" observe and classify
- Cause? Have to listen to, talk to women--Freud and Breuer>>rooted in trauma/talking cure

Trauma's "hysterical" History

- April 21, 1896 Freud-- "The Aetiology of Hysteria"
- "[I] therefore put forward the thesis that at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience, occurrences which belong to the earliest of childhood..."
- Within a year repudiated with case of "Dora"; broke empathy; explored her own erotic excitement connected to her own desires (blamed victim)

Historical Roots

- Remember, “when the traumatic events are of human design, those who bear witness are caught in the conflict between victim and perpetrator. It is morally impossible to remain neutral in this conflict. The bystander is forced to take sides”
- Freud made his choice--and so do we

What's the point?

- . The underlying principle of trauma is that it changes people
- . Many of the reactions of people within various systems of care can be understood as coping strategies to prior trauma

What do we mean by
"Trauma"?

Trauma: It's not just PTSD

- . The concept of traumatic stress emerged in the field of mental health over 4 decades ago.
- . For most people it is overly simplified as just about PTSD
- . But trauma is more broad and has many expressions beyond PTSD (transdiagnostic)

Shifting Perspective

- . Initially trauma understood by focusing on the individual--preexisting psychological vulnerability, defective character, etc. (reflects personal defect in some manner)
- . Shift to nature of the traumatic stress--realized under right conditions all are vulnerable (Stressor focused)
- . Transactional Process  Person-stressor interaction. Considers the unique individual psychology and role of traumatic event in shaping post trauma adaptation

Shifting Perspective

- Understand trauma response from a dual perspective (balance)
 - ✓ The nature and intensity of a traumatic event(s)
 - ✓ Individual vulnerability and coping capability

What is Trauma?

. SAMHSA's concept:

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.

The Three "E's" of Trauma

- Event or circumstances—singular or over time
- Experience—not all events are uniformly experienced as traumatic
 - Powerlessness (lack of control)
 - Shame, humiliation, guilt, betrayal, etc
 - Existential crisis (core identity shattered)

Effect: Comprehensive Impact

- Trauma has the potential to cast us into a “state of existential crisis” (Herman, 1992)
 - ✓ Trauma dysregulates underlying biological balance
 - ✓ Trauma destabilizes fundamental emotional life
 - ✓ Trauma distorts the thinking process
 - ✓ Trauma disturbs basic beliefs that give meaning to human experience

Pervasive Potential for Traumatic Exposure

- Lifetime trauma exposure prevalence in U.S. is estimated at above 75%
- Kilpatrick and colleagues (2013) 89% reported one or more DSM-5 Criterion A event(s)
- By onset of early adulthood, at least 25% of the population will have experienced a PTE
- By age 45 MOST of the population will have experienced at least one PTE (PTSD Quarterly, 2013)

Adverse Childhood
Experiences

The ACE Study

Why is it important to know about this study?

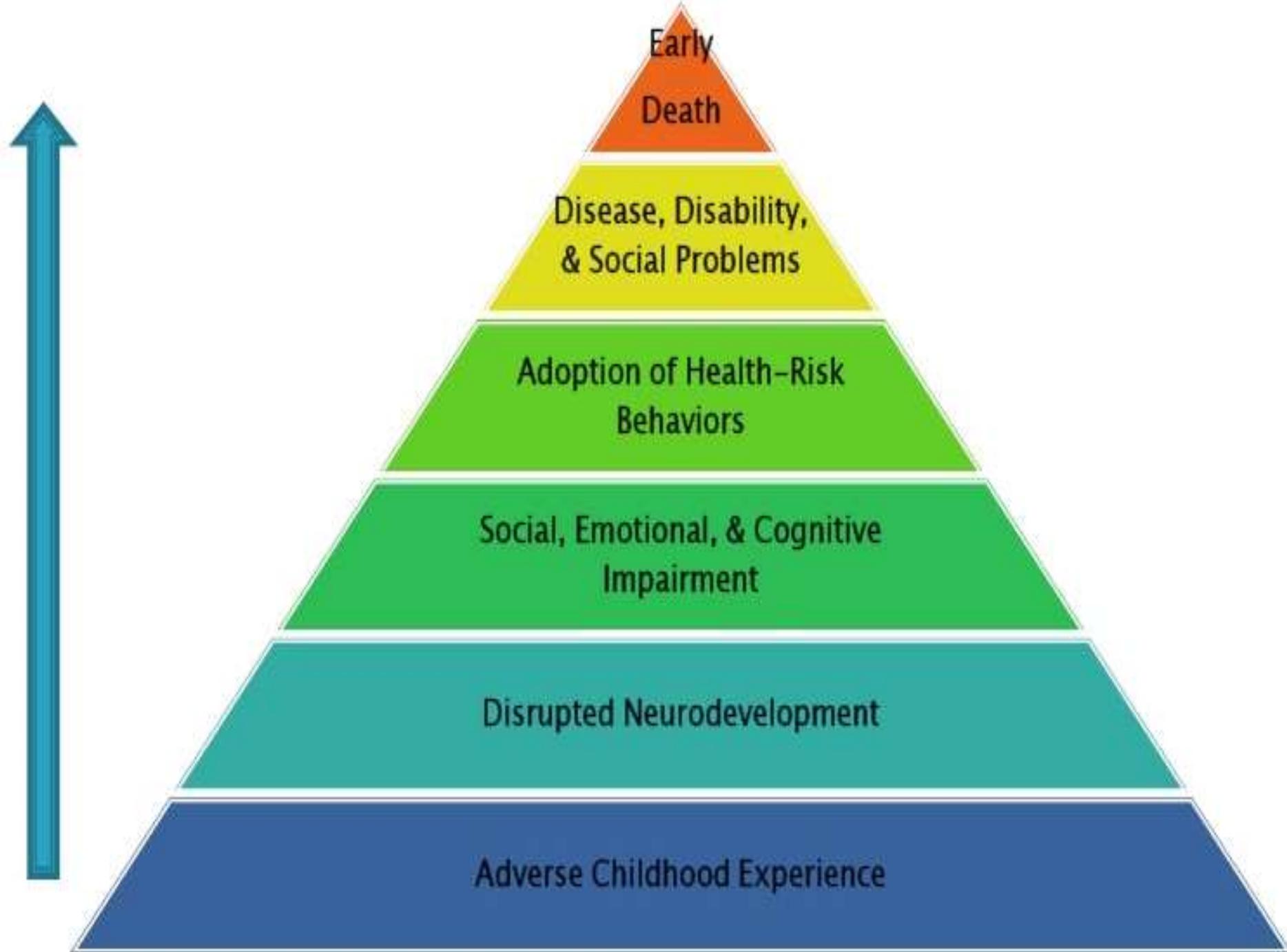
- Largest study ever done to examine the health and social effects of these childhood experiences throughout the lifespan (17,421 participants)
- Compelling evidence that ACEs are surprisingly common, they happen even in “the best of families”, and they have long-term, damaging health consequences.



Department of Health and Human Services

Centers for Disease Control and Prevention

Adverse Childhood Experiences Study



Biological Underpinnings of Trauma

“We have nothing to fear but fear itself”

But

Threat response is fundamental to survival

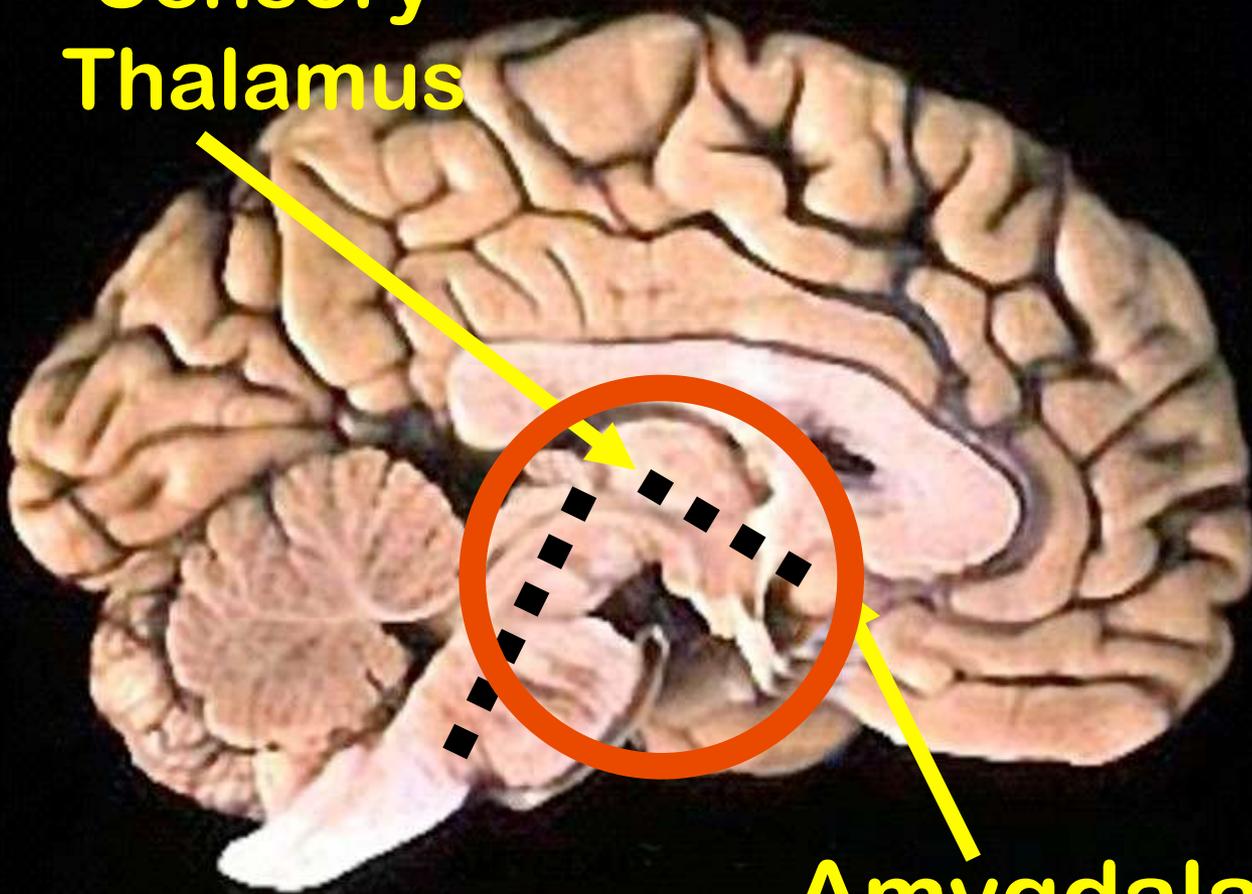
Natural Stress Response

- Hard-wired with a survival response
- Trauma activates the survival response
 - Fight
 - Flight
 - Freeze
 - Submit

- Shutting down thinking and focus action—survive

Stress Response: Above the shoulders—the Brain

**Sensory
Thalamus**

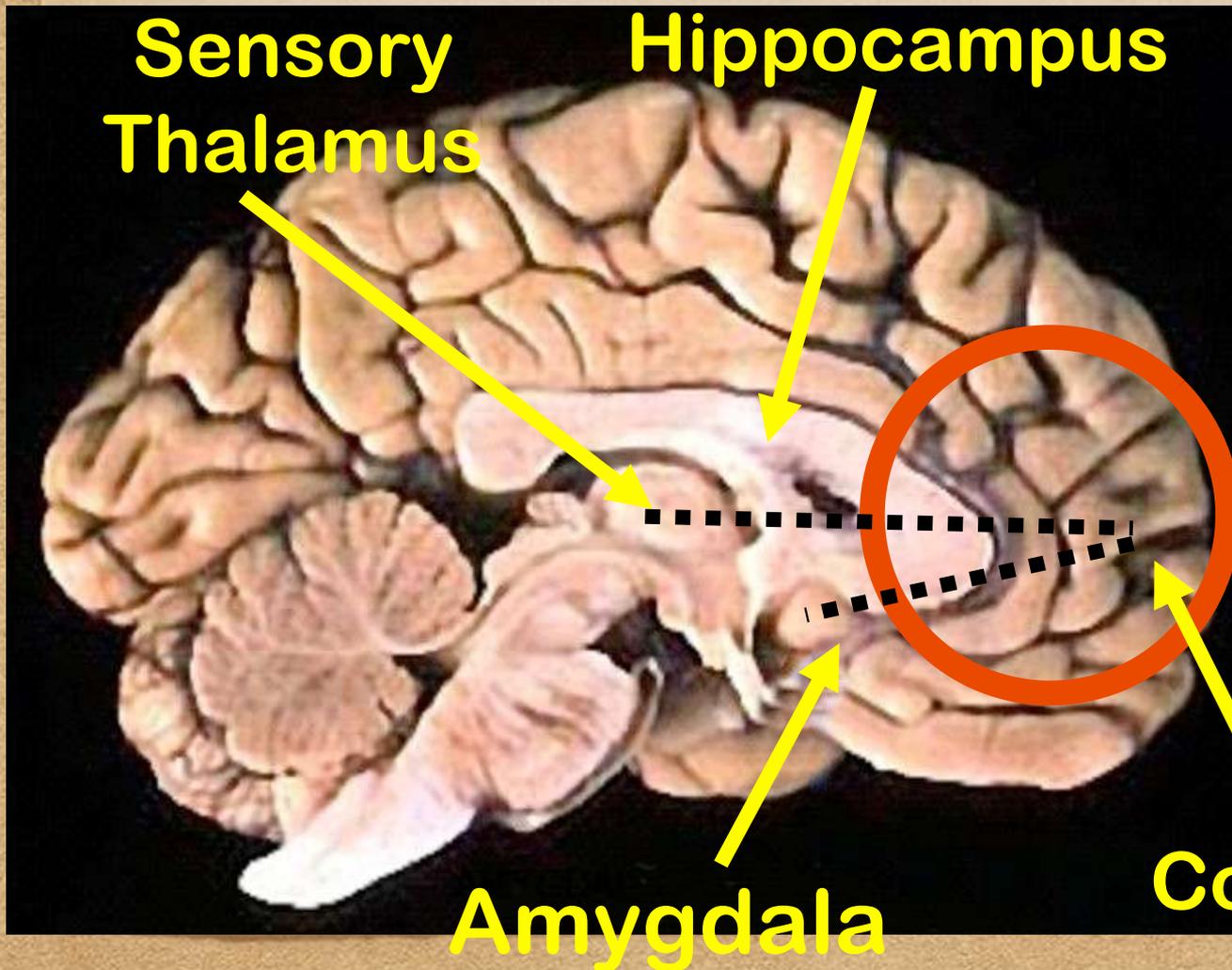


Amygdala

Low Road

- Automatic Reaction
 - Unconscious
- Fragmented (lack context)
 - Non-verbal
 - Intact at birth
 - Associated with Amygdala networks

Stress Response: Above the shoulders—the Brain



High Road

- Conscious
- Thoughtful evaluation
- Emotional regulation
 - Slower
- Draws on integrated memory (hippocampus)
 - Linked with language
- Later development

An Amygdala Hijack!! An Amygdala Hijack!!

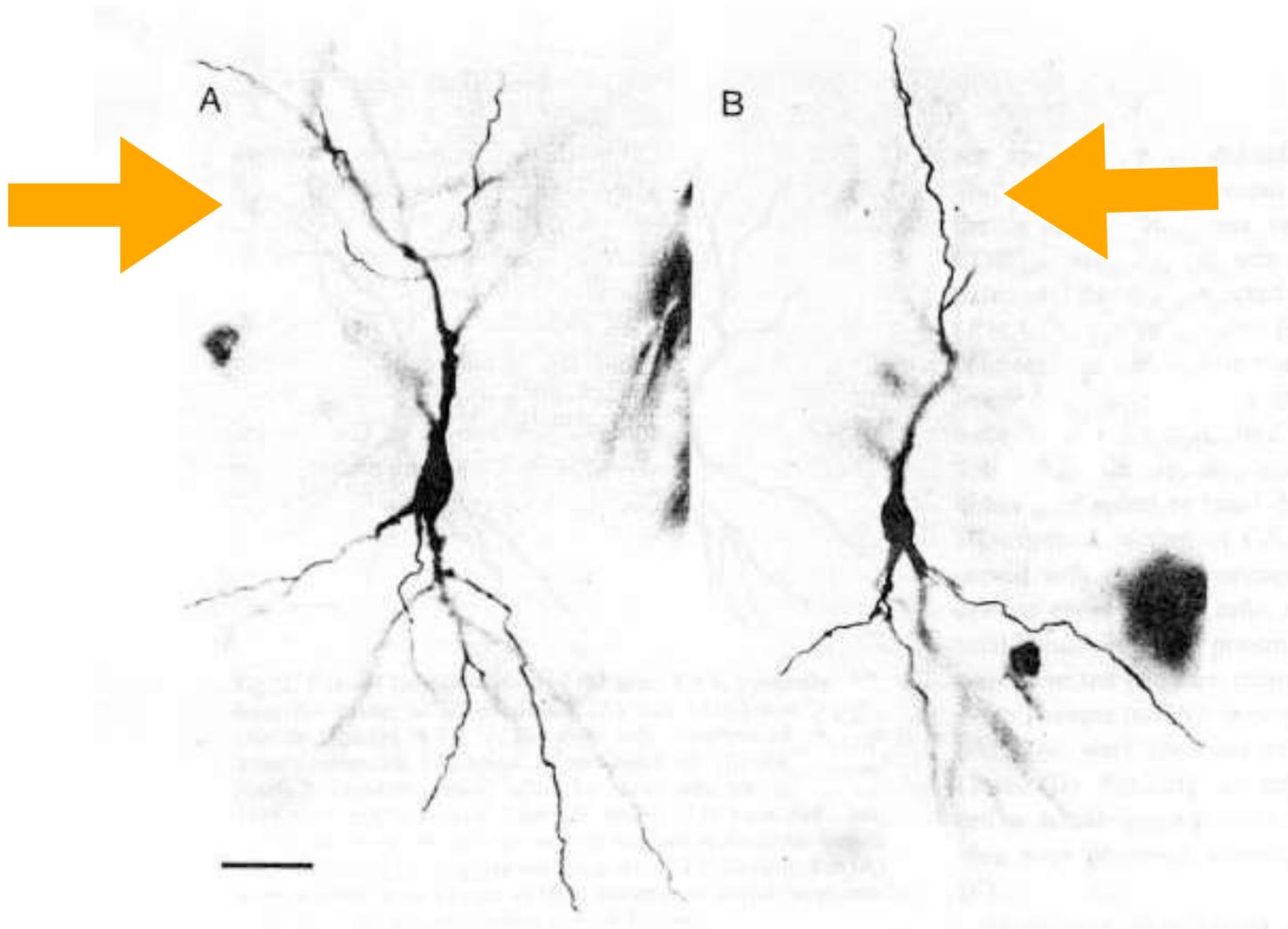
- Emotions overwhelm your thinking and actions
- You are thinking and acting *against your own will!*
- You are unable to accurately read others' emotions
- You are unable to focus your thinking or actions
- Your "fight or flight" response kicks in

Net Impact

- The dysregulated biological system interfaces with the emotional system to..
- De-stabilizes emotional balance
- Impact of HYPERarousal
 - ✓ sensitivity to arousal
 - ✓ sensitivity to a broader range of arousal cue
 - ✓ modulation, i.e. loss of volume control
- Tipping the balance toward negative emotions

Non-Stressed

Stressed



Stress results in decreased dendritic branching of neurons in the CA3 region of the hippocampus (Woolley et al. 1990)

Trauma Impact

- Hyperarousal: nervousness, jumpiness, easily startled
- Re-experiencing: intrusive thoughts, images, sensations
- Avoidance and withdrawal
 - Numbing, shutting down emotionally
 - Pulling/pushing away from relationships/activities
 - Avoiding triggers to memories

Trauma and Belief System

- Moral Injury--act of transgression, which shatters moral and ethical expectations about basic life values and beliefs of assumptive world such as fairness, safety and the value of life
 - ✓ World is benevolent?
 - ✓ World is meaningful?
 - ✓ Self is worthy?

- Chaotic
- Disorienting
- Confusing
- Emotional

Results in highly aversive and haunting states of inner conflict and turmoil

What is Trauma Informed Care and
Why is it Important?

What is Trauma-Informed Care (TIC)?

- Arises out of the recognition that trauma exposure is quite common
- Views service provision through the lens of trauma
- Involves having a basic understanding of trauma and how trauma exposure might impact survivors and designing services accordingly--actively seeks to avoid re-traumatization

What is Trauma-Informed Care (TIC)?

- Recognizes that many behaviors may be driven by trauma exposure and traumatic injury and therefore, while adaptive, end up being maladaptive and destructive
- Therefore, TIC operates from a stance of “What happened to you?” rather than “what’s wrong with you.” This platform mediates the care provided

SAMHSA

A program, organization, or system that is trauma-informed **REALIZES** the widespread impact of trauma and understand the potential paths for recovery; **RECOGNIZES** the signs and symptoms of trauma in clients, families, staff and others involved with the system; and **RESPONDS** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **RESIST RE-TRAUMATIZATION**.

Four "R's" of Trauma-Informed Care Key Assumptions

- Realization of prevalence
- Recognitions of signs and symptoms
- Responds with a trauma-informed perspective across all areas
- Resists Re-traumatization

Six Principles for Guidance

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration
5. Empowerment, voice and choice
6. Cultural, Historical and Gender Issues

Prospect of Healing

- While trauma can inflict severe injury, healing is possible.
- As a mental health provider your support can offer...
 - ✓ Empowerment
 - ✓ Encounter with a caring person
 - ✓ Encouragement for the prospect of hope

Contact

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