

“Trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love.” (Tara Brach, 2011)

Session 18

Trauma-Informed Care

In the behavioral health field, it is highly likely that the family you are working with has experienced at least one traumatic event in their lives. In a lot of cases, these traumatic events have a long-lasting effect on people's behaviors, emotional and mental wellbeing, and it can change the physiology of the brain. These effects can manifest themselves in various ways. Therefore, trauma informed caring plays an essential role in the services that we provide for our families.

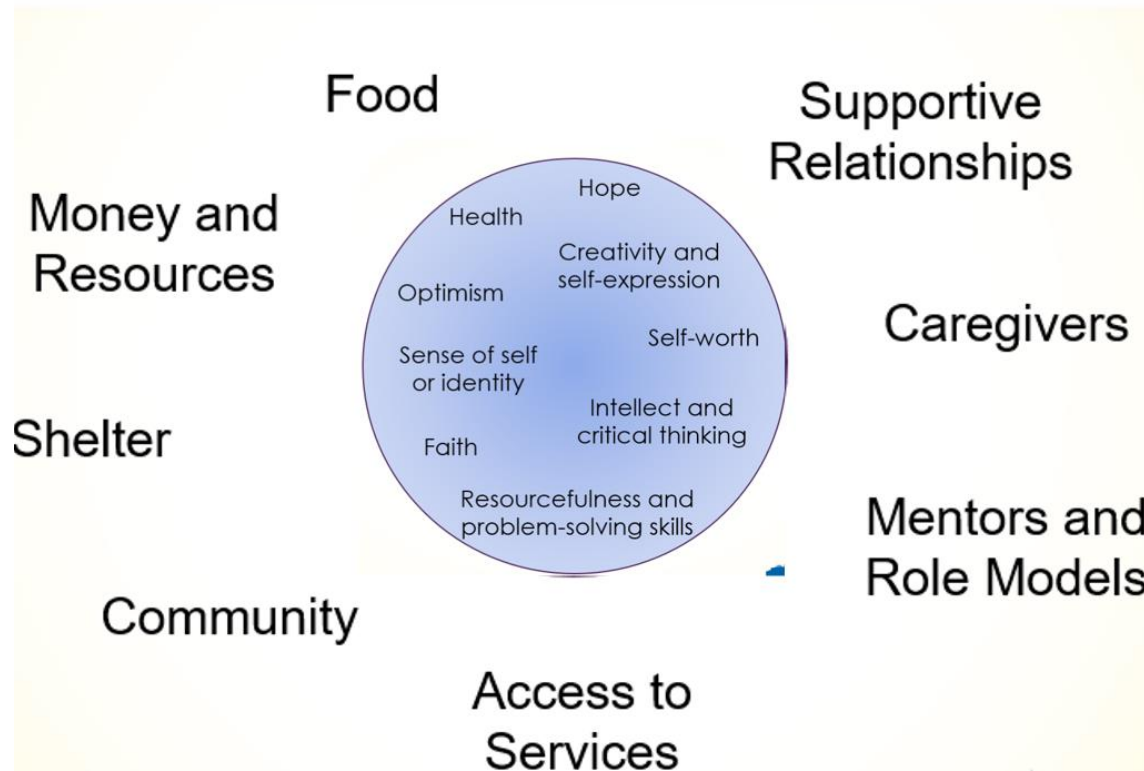
What is Trauma?

Trauma is rooted in a sense of loss. Trauma can be the result of what has been done to us, what we have done to ourselves and others, and/or what we fail to do.

Discussion: What are some experiences or events that can be traumatic to someone?

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well-being.
- These experiences may occur at any time in a person's life. They may involve a single event or may be repeated events over many years.
- Any trauma experiences that overwhelm the person's coping resources can often lead the person to find a way of surviving that may work in the short term, but may cause serious harm later in life.

Internal vs. External Resources

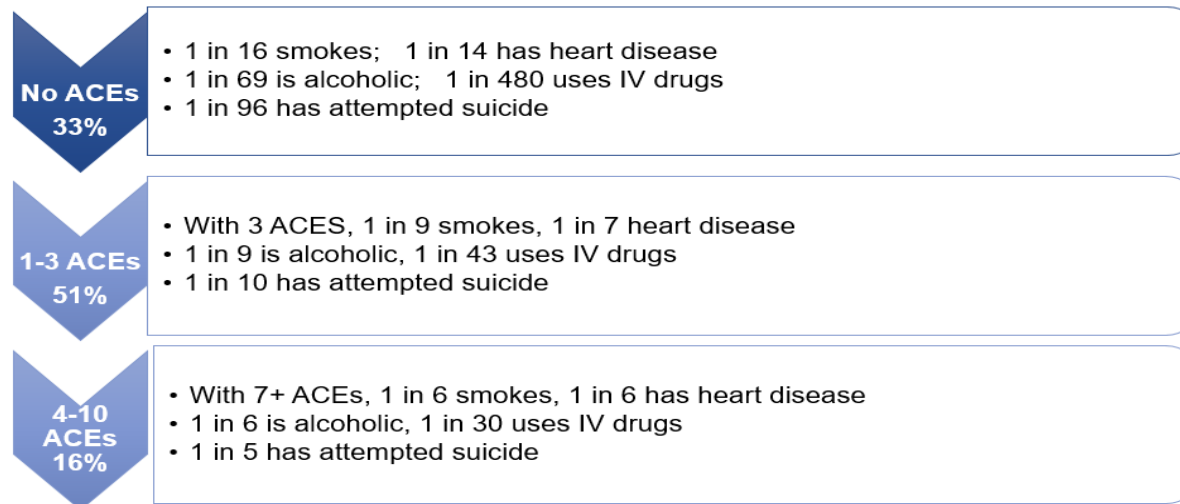


Traumatization occurs when internal and external resources are not enough to cope with a real or perceived threat (van der Kolk, 1989).

How prevalent is Trauma?

Throughout the years researchers have been studying the effect of ACEs (Adverse Childhood Experiences), or in other words- childhood trauma, on the physical health in adulthood. Here are some recent national data:

ACE's Increase Chronic Disease



For more information on ACEs check out this website [Adverse Childhood Experiences \(ACEs\) \(cdc.gov\)](https://www.cdc.gov/aces/)

It is important to remember that traumatic experiences are **not destiny**.

They are risk factors. People also have positive experiences and coping skills that help build resilience and protect from the effects of trauma.

The human stress response to trauma

How our body reacts when our mind believes there is a threat

Fight

Becoming defensive

Yelling or sarcasm

Self-criticizing

Combative

Flight

Isolating

Avoiding

Running Away

Numbing with substances

Freeze

Not answering or unaware

Paralyzed by shock or fear

Dazed or confused

Ruminating

When a person is in a stress response, it is like their mind is “off-line.” Their behavior is automatic and they may look and feel as if they are out of control. All humans must feel safe before the mind comes back “on-line” for us to make thoughtful decisions.

What Might You See?

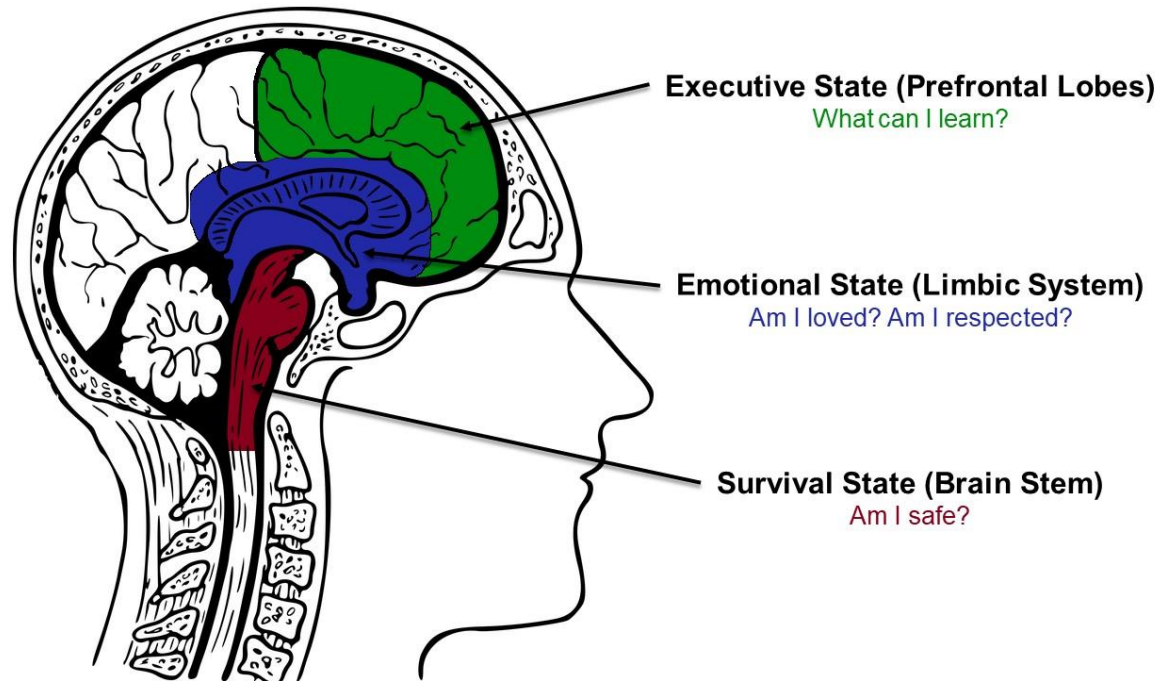
Nonverbal Indicators of Discomfort and Distress

These behaviors are probably best understood as “fight, flight, or freeze” responses to the perception of a threat:

- Rapid heart rate and breathing
- Holding breath or sudden change in breathing pattern
- Sudden flooding of strong emotions (such as anger, sadness, fear, etc.)
- Color draining from the face or face becoming red
- Sweating
- Muscle stiffness, muscle tension, and inability to relax
- Cringing, flinching, or pulling away
- Trembling, shaking, or extreme restlessness
- Pacing, muttering, or other signs of agitation
- Startle response
- Staring vacantly into the distance
- “Spacing out” or being uninvolved in the present
- Being unable to focus, concentrate, or respond to instructions
- Being unable to speak

The impacts of Trauma

- ▶ Trauma damages our sense of control, understanding, and purpose
- ▶ Trauma affects physical, social, and emotional health and wellbeing over the lifetime
- ▶ Trauma shapes neuro-physiological development



Trauma has many impacts, including:

Cognitive Impacts:

- Difficulty sustaining attention and engaging in work tasks.
- Challenges to learn and communicate information.
- Impacted ability to recognize cause and effect.
- Ineffective management of resources to achieve a goal.
- Inability to take another's perspective and show empathy.

Psychological & Social Impacts:

- Mood swings & difficulty coping.
- Reactivity & impulsivity.
- Perfectionism & over-helping.
- Withdrawal, detachment, & isolation.
- Sense of hopelessness & helplessness.
- Cynicism & dampened motivation.
- Relationship difficulties.

Health Impacts:

- Increased physical illnesses and injuries
- Increased likelihood of behavioral health disorders
- Chronic health conditions, Avoidance of health screenings, tests, and appointments
- Shorter life span

It is important to note, that behavioral health professional may experience secondary trauma (Vicarious trauma) due to the nature of our work. The effect of this may appear the same as someone who experienced first-hand trauma.

Activators

An activator is a reminder of a past trauma. This reminder can cause a person to feel overwhelming sadness, anxiety, or panic. It may also cause someone to have flashbacks. A flashback is a vivid, often negative memory that may appear without warning. It can cause someone to lose track of their surroundings and “relive” a traumatic event.

Common Trauma Activators

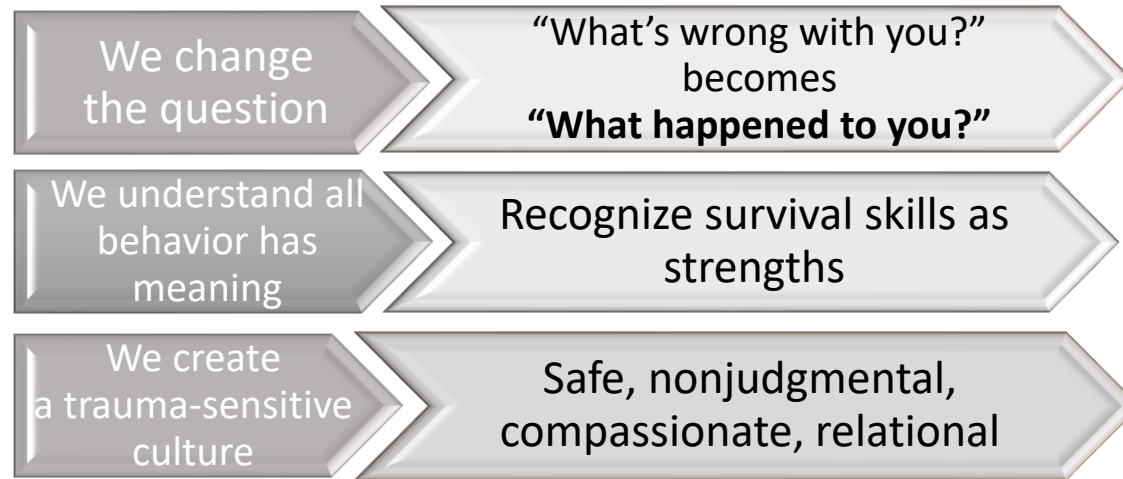
Loud or abrupt noises	Smells	Anniversary dates
Tone of voice	Glaring lights	Small spaces
Waiting for long periods of time	Darkness	Being touched
Aggressive behavior	Impatience	Colors and signage
Being ignored, dismissed, or mocked	Crowds	Language
Removal of or denial of privileges	Chaotic environments	Having to repeat one’s story multiple times to multiple people

Activators initiate the human stress response which may result in behaviors that may be atypical for the situation. That’s why it is important to consider what a person may have experienced in their life that caused them to react a certain way.

Trauma creates symptoms that are really adaptations—what we see as “the problem” has been the person’s solution or survival skill.

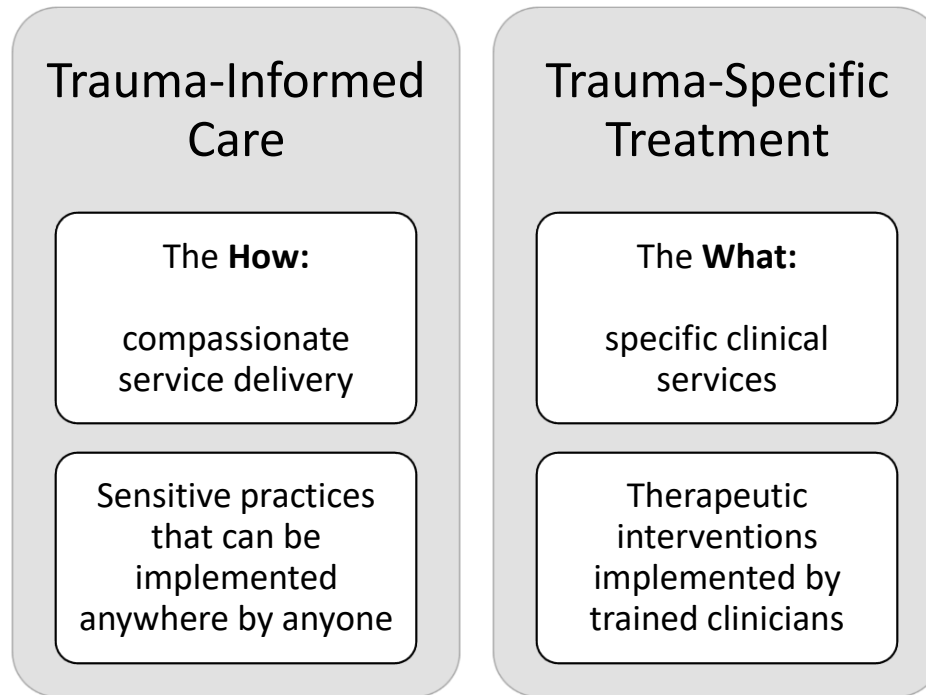
It is important to remember that Trauma Informed culture does not excuse behaviors! It helps us understand behaviors and our own reactions.

So what do we do?



We need to presume that people have a history of traumatic stress and exercise **universal precautions** by providing services that are **compassionate**.

As family support providers, our job is to provide Trauma Informed Care. It is not our job to try to fix the trauma- that's what trauma specific treatment is for.



The Principles of Trauma informed care

1. **Safety:** Ensure physical and emotional safety, recognizing and responding to how racial, ethnic, religious, gender or sexual identity may impact safety across the lifespan.

Domains of Safety

- Physical: free from injury to the body; environment that evokes ease

In the following domains, safety is fostered through the experience of connection and belonging.

- Social: free from bullying and family isolation; connected to people/ belonging
- Moral: free from persecution for belief; diversity is celebrated
- Psychological: free from emotional distress, fear, anxiety, shame; compassion is a practice and mindfulness is promoted

2. **Trustworthiness:** Foster genuine relationships and practices that build trust, making tasks clear, maintaining appropriate boundaries and creating norms for interaction that promote reconciliation and healing. Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships. This includes acknowledging and mitigating internal biases and recognizing the historic power of majority populations.
3. **Choice:** Maximize choice, addressing how privilege, power, and historic relationships impact both perceptions about and ability to act upon choice.
4. **Collaboration:** Honor transparency and self-determination, and seek to minimize the impact of the inherent power differential while maximizing collaboration and sharing responsibility for making meaningful decisions.
5. **Empowerment:** Encouraging self-efficacy, identifying strengths and building skills which leads to individual pathways for healing while recognizing and responding to the impact of historical trauma and oppression.

Putting principles into practice

Safety

- Use a respectful and compassionate manner to support belonging
- Speak in a calm, caring tone
- Take time to familiarize the person with the surroundings and available resources & supports
- Actively listen without judgment
- Ensure inclusive and equitable treatment for everyone

Trustworthiness

- Ask the person how you can help them
- Listen to understand the perspective and experience of the person
- Tell the person what to expect and how long it will take
- Explain all instructions in terms the person can understand
- Do what you say you are going to do; apologize if you are not able to or if you made a mistake

Choice

- Allow the person to decide where to sit / stand in the room
- Give choice for where difficult conversations will be held
- Provide as many choices without compromising safety
- Seek consent and explain rationale for actions and instructions

- Make sure you can follow through with choices provided

Collaboration

- Be inclusive and equitable in sharing information
- Listen to understand and not necessarily respond or “fix”
- Allow the person to problem-solve independently, offering support when needed
- Provide opportunities to take on leadership roles
- Acknowledge individual and shared responsibilities

Empowerment

- Ask “What happened to you” rather than “What is wrong with you?”
- Pay attention to body cues; many survivors have been conditioned to be passive and defer to authority and so may not disclose distress
- Take time with the person so they feel genuinely heard
- Ask the person what they need to meet their goals
- Model and build self-confidence, celebrating all accomplishments, large or small

Review Questions- Session 18 Trauma Informed Care:

1. What are 3 internal resources and 3 external resources
2. What are the three human stress responses to threats?
3. What question is the appropriate question to ask someone who has experienced Trauma?
4. What is the difference between Trauma Informed Care and Trauma Specific services?
5. What are the 5 principles of Trauma Informed Care?