LEARNING GOALS

- Define and identify trauma
  - Precipitating events
  - Symptoms/presentation
- Develop a basic understanding of neuropsychology of trauma
- Understand basic trauma-informed interventions
PREAMBLE – SELF-CARE AND TRIGGERS

- This topic is very evocative
- Be aware of your body
- Step out if you need to
- Please request a break!
- Ask questions as they come to you.
BEGINNING EXERCISE – WHAT AND WHY?

- Take a few minutes to write down:
  - What you hope to learn today or questions you may have
  - Your personal definition of trauma – can include experience
  - Who you might use this knowledge with
PREVALENCE – WHY IS THIS IMPORTANT?

- **VA statistics – 2011**
  - CPS cases that were substantiated (646,000)
    - 78.5% experienced neglect
    - 17.6% experienced physical abuse
    - 9.1% experienced sexual abuse

- **NCTSN:** “Among 536 elementary and middle school children surveyed in an inner city community, 30 percent had witnessed a stabbing and 26 percent had witnessed a shooting”

- **2004 study – PTSD:**
  - “A recent review of research on children exposed to specific traumas found wide ranges in rates of PTSD”
    - 20-63% in survivors of child maltreatment
    - 12-53% in the medically ill
    - 5-95% in disaster survivors
WHAT IS TRAUMA?

From the DSM-5:

- For PTSD, trauma can be directly experienced, witnessed, or indirect exposure through learning

Remember: trauma and PTSD are not the same thing!

- Essential components of PTSD: exposure (see above), intrusion, avoidance, negative cognition or mood, changes in arousal or activity
- We will review specific symptoms later.
- Must last > 1 month and cause “clinically significant distress or impairment in social, occupational, or other important areas of functioning”
- Our clients may have been exposed to trauma and not necessarily have PTSD, but still be affected.
WHAT IS TRAUMA? - LET’S BRAINSTORM!
WHAT IS TRAUMA?

Remember: trauma can be experienced directly, witnessed, or learned about.

Remember: trauma involves fear for life (your own or someone else’s)

According to the National Child Traumatic Stress Network:
- Community violence
- Domestic violence
- Medical trauma
- Natural disasters
- Neglect
- Physical abuse
- Refugee trauma
- School violence
- Sexual abuse
- Terrorism
- Traumatic grief
COMPLEX TRAUMA

Single-event traumas:
- Fire
- Sexual assault or rape
- One violent incident
- Witnessing a crime
- Others?

Complex trauma:
- War
- Witnessing domestic violence
- Abuse and neglect
- Multiple sexual assaults
- Long-term exposure to violence
- Toxic stress...
COMPLEX TRAUMA CONT’D

NCTSN: “The term *complex trauma* describes the problem of children's exposure to multiple or prolonged traumatic events and the impact of this exposure on their development. Typically, complex trauma exposure involves the simultaneous or sequential occurrence of child maltreatment—including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence—that is chronic, begins in early childhood, and occurs within the primary caregiving system. Exposure to these initial traumatic experiences—and the resulting emotional dysregulation and the loss of safety, direction, and the ability to detect or respond to danger cues—often sets off a chain of events leading to subsequent or repeated trauma exposure in adolescence and adulthood.”
WHAT ABOUT TOXIC STRESS?

What is toxic stress?
- “Chronic, long-term exposure to stress” (PBS: http://www.pbs.org/newshour/bb/toxic-stress-poverty-hurt-developing-brain/)

How might this apply to families we work with?
- Community violence
- The stress of poverty
- Mentally ill parents
INTERGENERATIONAL & HISTORICAL TRAUMA

Example – Native Americans
- “The primary feature of historical trauma is that the trauma is transferred to subsequent generations through biological, psychological, environmental, and social means, resulting in a cross-generational cycle of trauma (Sotero, 2006)”
- Population-specific trauma, e.g. genocide and segregation ("historical losses")
- Leads to: child abuse (result of separation, depression, alcoholism)
- Affects: children seeing parents’ suffering, children adapting parents’ communication/coping skills, parenting style changes

Example – Domestic violence and abuse
“When people are reminded of a personal trauma they activate brain regions that support intense emotions, while decreasing activity of brain structures involved in the inhibition of emotions and the translation of experience into communicable language.” - Bessel van der Kolk

Changes in brain:
- Hippocampus (memory problems)
- Amygdala (increased emotions)
- Broca’s area (decreased speech)
- Frontal lobe (decreased logical reasoning)
THE MONKEY BRAIN

Lizard brain – fight or flight
- amygdala

Possum brain – dissociation/compartmentalization (“playing possum”)

Chatty monkey – starting to ask questions
- cortex

Porpoise (dolphin) – making sense of the trauma
- prefrontal cortex
TOXIC STRESS AND THE BRAIN

Jack Shonkoff, director of Harvard Center on the Developing Child: “Toxic stress is creating a different kind of chemical environment in the brain that is affecting the development of the brain. Toxic stress can disrupt brain circuits that will basically create a weaker foundation for a lot of circuitry that’s essential for learning, for memory, for solving problems, for following rules, for controlling impulses.”
LET’S BRAINSTORM!

Oh she walks slowly
Across a young man's room
She said I’m ready, for you
I can't remember anything
To this very day
'Cept the look, yeah the look
Oh, you know where

Now I can't see, I just stare

[...]

Is something wrong
She said
Of course there is
You’re still alive
She said
But do I deserve to be?

Traumatized people chronically feel unsafe inside their bodies:
The past is alive in the form of gnawing interior discomfort.
Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from their selves.

Bessel van der Kolk
HOW IT PRESENTS
HOW IT PRESENTS

Children 0-6

Hyperactivity
Distractibility
Anxiety
Avoidance
Inappropriate knowledge
Bed wetting
Physical symptoms
Misdiagnosis

Parents

Flat affect OR increased affect when talking about trauma
Avoidance
Hyperarousal
Defensiveness
Cognitive processing difficulties
Physical symptoms
PRESCHOOLERS

Aggression
Hyperactivity
Not sharing
Attention problems
Avoidance
INFANTS & TODDLERS

Affect
- Over-reactive (regulation)
- Under-reactive (dissociation)

Attachment style

Procedural memory

Developmental concerns

Aggression
Hastings middle school principal (Criminal podcast): “Everybody has a right to their own feelings, and I think it’s important that we not judge other people’s feelings. […] How could we help kids to not judge their own feelings if they themselves were feeling that they…shouldn’t still struggle with this? […] I don’t even know how we would know that kids were feeling that way.”
EVIDENCE-BASED PRACTICES

**Trauma-Focused Cognitive-Behavior Therapy (TF-CBT)**
- Parent-Child Interaction Therapy (PCIT)
- Attachment and Bio-behavioral Catch-Up (ABC)
- Trauma Assessment Pathway (TAP)
- Child Adult Relationship Enhancement (CARE)
- Child Development – Community Policing Program
- Integrative Treatment of Complex Trauma (ITCT-C)
- Safety, Mentoring, Advocacy, Recovery, and Treatment (SMART)
- Strengthening Family Coping Resources (SFCR)

**Psychological First Aid (PFA)**
- Sanctuary Model
- Trauma Adapted Family Connections (TAFC)
- Community Outreach Program – Esperanza (COPE)
- Culturally Modified Trauma-Focused Treatment (CM-TFT)
- Group treatment for Children Affected by Domestic Violence
- Attachment, Self-Regulation and Competence (ARC)
- Honoring Children, (Making Relatives; Mending the Circle; Respectful Ways)
- Child-Parent Psychotherapy for 0-6
ELEMENTS FOR EVERYONE!

PRAC Skills
- Psychoeducation
- Relaxation
- Affect Regulation
  Cognitive Coping

Exposure/Narrative

Building resilience

Parent/child relationship
PLAY THERAPY

Re-experiencing trauma is presented through play

Allows the child to tell their story in a safe space

Exposure, normalization and meaning-making

Examples: animals, doll houses, figures (superheroes), medical equipment (example), art therapy
Secondary Traumatic Stress and Related Conditions: Sorting One from Another

**Secondary Traumatic Stress** refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

**Compassion fatigue**, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

**Vicarious trauma** refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person’s traumatic material.

**Compassion satisfaction** refers to the positive feelings derived from competent performance as a trauma professionals. It is characterized by positive relationships with colleagues, and the conviction that one’s work makes a meaningful contribution to clients and society.

**Burnout** is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the terms is not used to describe the effects of indirect trauma exposure specifically.

(via NCTSN)
What do you do to take care of yourself while doing this work?
REVISITING WHAT AND WHY

Take a few minutes to write down:

- What you hope to learn today or questions you may have
- Your personal definition of trauma – can include experience
- Who you might use this knowledge with
LET’S REVIEW...

Pull out the notes you took at the beginning of the training.

Were your questions answered?

How might you use this in your daily work?

Any final questions?
“I have come to the conclusion that human beings are born with an innate capacity to triumph over trauma. I believe not only that trauma is curable, but that the healing process can be a catalyst for profound awakening—a portal opening to emotional and genuine spiritual transformation. I have little doubt that as individuals, families, communities, and even nations, we have the capacity to learn how to heal and prevent much of the damage done by trauma. In so doing, we will significantly increase our ability to achieve both our individual and collective dreams.”

~ PETER A. LEVINE
REFERENCES/FURTHER READING

REFERENCES/FURTHER READING

  - Types of Traumatic Stress (n.d.). http://www.nctsn.org/trauma-types


