



# Trauma Responsive Care

A Universal Approach  
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“In fact, the past is the past and the only thing that matters is what happens right now. And what is trauma is the residue that a past event leaves in your own sensory experiences in your body and it’s not that event out there that becomes intolerable but the physical sensations with which you live that become intolerable and you will do anything to make them go away.”

-Bessel van der Kolk

“Trauma is a disease of not being able to be here.”

-Pierre Janet



# 10 Things People Get Wrong About Trauma

1. They underestimate how many people suffer from it
2. They don't understand how pervasively trauma affects a person
3. They think trauma is "in the past"
4. They think people choose their trauma reactions
5. They think early trauma means you forget trauma and loss



# 10 Things People Get Wrong About Trauma

6. They take fear reactions personally
7. They seek to control behavior instead of building trust
8. They think punishment will work
9. They don't assess their own trauma history
10. They don't work with their own reactions



## Many people experience trauma

The ACES (Adverse Childhood Experience Scale) study looked at 17,000 adults:

**60% percent** experienced at least 1 event of **abuse, neglect or family dysfunction** in childhood

**Over 36% had two or more experiences.**

CDC, 2014



# Trauma Affects Everything

Long-term or severe stress affects how:

- ◆ you react, think, judge the intentions and actions of others, solve problems, get your needs met, and imagine your future.
- ◆ quickly and accurately you respond to your environment.
- ◆ much you can ever relax in your own skin.
- ◆ you understand emotions and feel empathy for others.
- ◆ you fall asleep, digest food, fight off disease.
- ◆ you can take risks, tolerate discomfort, trust others, and experience intimacy.
- ◆ how much you see yourself and other people as valuable, worthy, and loveable.



A reaction is not a response.

A reaction happens much faster than thought, almost as a reflex. It is meant to keep us safe, but is not a long-term solution. It is not in our conscious control.

A response is what happens when we can hesitate and think through how we want to behave. This takes a calmly functioning, integrated brain.





Without help learning new ways of relating to others and yourself, trauma isn't "forgotten".

Without experiencing yourself as safe and competent, you repeat the same behaviors over and over.

Without reprogramming, the brain over or underreacts to danger over and over.



Behavior is based on what we have learned at a deep level about ourselves and our place in the world. It is based on our ability to respond instead of react, to control fear and see other possibilities.

Forcing children to change behavior without helping them to change how they feel and think will never help anyone to grow past trauma-just to follow directions.



Punishment erodes trust,  
strengthens fear and teaches  
individuals to manipulate and/or  
retreat from others better, to  
avoid more punishment.



We all have our own experiences of fear and inadequacy. The majority of adults in the US have had adverse incidents in childhood. Staff may have as much or more trauma as the children we serve.



If staff don't feel safe, connected and in control of themselves, they cannot help others feel that way.



# According to the U.S. Department of Education...

bullying can contribute to:

lowered academic performance and goals

Absenteeism

loss of self-esteem and confidence

*depression and PTSD*

Young et al, 2011



# According to the U.S. Department of Education...

bullying can contribute to:

*feelings of alienation* (italics mine)

anxiety disorders

health problems

thoughts of suicide and self-harm

(Young et al, 2011)



# The Effects of Abuse on Children: Three Key Assumptions

1. There are infinite causes of trauma, but finite responses
2. Trauma is worse for kids than adults, neurologically
3. Interpersonal stressors like abuse are worse than non-interpersonal ones (community violence, natural disasters, e.g.) as they are more likely to be ongoing and include loss of trust as well as actual traumatic event

*(DeBellis, 2001)*





# What Interrupts Attachment?

Abuse

Neglect

Poorness of fit with parent and child

Insecure attachment style of parents



# The Brain, the Body, the Mind and the Group

Trauma interventions need to:

shift brain function

calm the signals from the brain to the body and vice versa

change the story of the self

heal the relations between the individual and her community



Trauma is any experience or series of experiences that make the individual feel that he or she is in danger of dying, or of being emotionally “wiped out” or annihilated.



- ◆ Sexual Assault/Physical Assault
- ◆ War
- ◆ Natural or manmade disasters
- ◆ Catastrophic illness
- ◆ Loss of a loved one
- ◆ Humiliation
- ◆ Bullying
- ◆ Deprivation and powerlessness to act on one's own behalf



Some external factors that can affect the extent of the trauma:

- ◆ Duration
- ◆ Intensity of stressor
- ◆ Time of day
- ◆ Warning/ no warning
- ◆ Intentionality/preventability
- ◆ Scope/numbers affected
- ◆ Support system during and after traumatic event(s).



## Individual factors also make a difference

- ◆ Previous history of traumas/stressors/abuse
- ◆ History or family history of mental illnesses
- ◆ Inherent resilience/vulnerability
- ◆ Substance abuse
- ◆ Difficult relationships/poor attachment to others. This is especially true if the trauma has been caused by another person or people.



DSM 5 has created “Trauma and Stressor-Related Disorders” as a category of mental illness, including (not limited to):

Reactive Attachment Disorder

Post-Traumatic Stress Disorder

Acute Stress Disorder



# Traumatic stress symptoms come in four clusters:

1. Hyper-vigilance and arousal (always on “red alert”)
2. Avoidance [or constriction, in older formulations] (avoiding things that can be triggering)
3. Intrusion (having upsetting memories, thoughts and dreams)
4. Negative alterations in cognitions and mood

(Diagnostic and Statistical Manual, APA, fifth edition, 2013)





# Hypervigilance

- ◆ Startling easily/frequently
- ◆ Irritability
- ◆ Difficulty concentrating
- ◆ Difficulty relaxing
- ◆ Difficulty falling or staying asleep
- ◆ Needing to be near or in sight of exits; agitation when blocked



## Avoidance

- ◆ Avoids activities, places, people, things to keep from being reminded/"triggered" (avoidance can ripple out, become more and more removed from obvious triggers of incident)
- ◆ Can't remember important parts of the trauma
- ◆ Much less interest in significant activities
- ◆ Feeling detached from others
- ◆ Narrow range of emotions, numbness
- ◆ Lack of a sense of future



# Intrusion

- ◆ Flashbacks
- ◆ Nightmares
- ◆ Disturbing images/thoughts/fantasies
- ◆ Physical response (sweating, shaking, freezing, lashing out) to internal or external triggers that resemble the event (this is very common!)



## Negative Alterations in Cognition or Mood

- ◆ Inability to remember the event (not due to injury, medication, etc.)
- ◆ Persistent negative beliefs about oneself or the world
- ◆ Persistent self-blame, guilt, shame not realistically corresponding to the event
- ◆ Inability to experience positive emotions



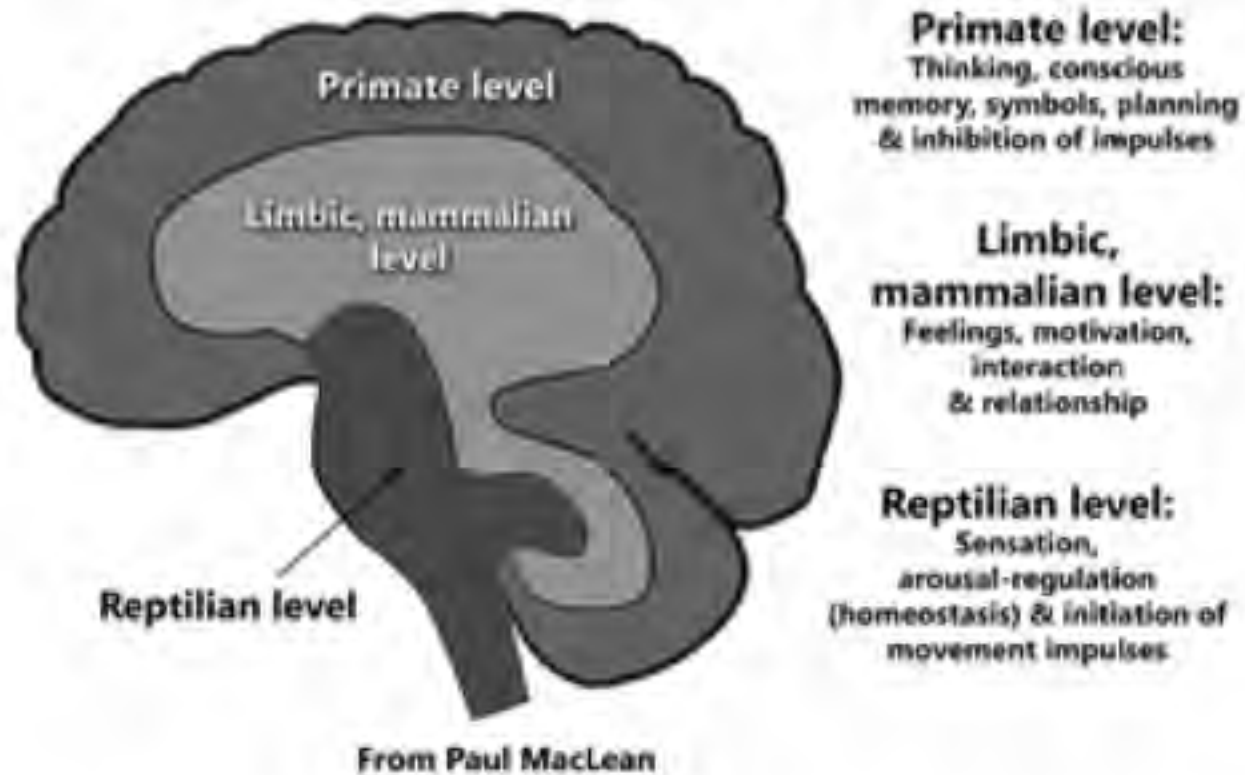
# Some common stress-inducing experiences

- ◆ Feeling different
- ◆ Not being accepted
- ◆ Not being able to do what others do
- ◆ Moving to a new home or significant change at home
- ◆ Knowing that one has a disability or is “different” than others
- ◆ Not being listened to
- ◆ Being misunderstood
- ◆ Failing at a task
- ◆ Getting confused and overwhelmed

*Ford, Adler-Tapia, 2009*



# The Triune Brain



# The Triune Brain

MacLean's functions of the brain in order of fetal development AND evolution:

1. Reptilian (brainstem): keeps our bodies functioning
2. Paleo-mammalian (limbic system): alerts us to danger, attach us to parents, learn
3. Neo-mammalian (cortex): thinks, prepares, speaks, imagines, creates, experiences meaning. Earlier parts of the brain have also expanded their functions to interact with the later-arriving structures like the cortices.

(MacLean, in Cozolino, 2010)



# The Brainstem/Diencephalon

**Located in the lower, back part of the brain.**

Contains in its core the Reticular System (RS) and controls “the four A’s”: Awake, Asleep, Arousal, Attention. (Heller, 2002)

Called the “reptilian brain”, this is considered the oldest part of the brain in human evolution.

Also controls bodily functions (following the dictates of the hippocampus for rhythm) such as digestion, perspiration, breathing, reflexes and elimination.

The brainstem experiences the least experiential change and the least amount of plasticity.





# The Limbic System

Evolutionarily, the “paleo-mammalian brain”, this area is largely made up of the amygdala and hippocampus.

Attachment, emotional evaluation and expression (inner and outer experience of feelings), autobiographical and factual memory are all concerns of the limbic system.

This area also appraises meaning

The hypothalamus regulates hormones.

(Siegel, 2007; Cozolino, 2010)



# The Hippocampus

Located under the cortexes, part of the limbic system

- ◆ Tracks *factual* memory and time, and learns "conscious" material
- ◆ Maintains circadian rhythms which regulate sleep, appetite, digestion, blood pressure (communicates with the brain stem which controls these things)
- ◆ Self-soothes and regulates emotions by placing them in time and space by accessing short-term memory (in the cortex)
- ◆ Helps to regulate amygdala by analyzing external cues
- ◆ In low stress, is activated by amygdala, in high stress inhibited



# The Amygdala

"The amygdala never forgets" -Louis Cozolino

**Located under the hippocampus in the limbic system, on both sides of the brain**

- ◆ Houses *emotional* memory (which begin to be stored earlier in life than factual memories- "childhood amnesia")
- ◆ Reacts to stimuli as known/unknown, pleasant/unpleasant
- ◆ Exists in present; relies on other parts of brain to place threat in context
- ◆ Sets into motion flight-or-fight chemical norepinephrine, cortisol if danger is perceived
- ◆ Is controlled by descending neural pathways from the cortex



# The Cortexes

**Pre-frontal cortex: “neo-mamalian brain”**

**In front and on top of the brain**

The prefrontal cortex:

- ◆ Experience-dependent.
- ◆ Helps to put sensory input into a larger context (with the hippocampus, but slower)
- ◆ Makes conscious decisions to attend to or ignore a stimulus
- ◆ Organizes information, plans, problem-solves, projects into the future, generalizes information

**This area of the brain does all our “rational” thinking.**



# How We React to the Unfamiliar

1. Arrest and Alert (curiosity)
2. Stiffen and Orient
3. Assess
4. Approach or Avoid
5. Fight/Flight (fear)
6. Freeze (terror)
7. Fold/Collapse (shut down)

(Levine, 2015)

Sometimes people can have more than one response, such as fighting until the stress is prolonged, and then they collapse.

(van der Kolk, 2014)



# Trauma Responsive Care

We need to respond to fearful people, not just be informed about them. Universal precautions for trauma mean that people need to feel

- ◆ **Safe** (limbic system, brain stem, vagal tone)
- ◆ **Connected** (dopamine, serotonin)
- ◆ **In Control** (engaged cortex, neural integration)



**“People usually want to teach other people  
from the top down, but the brain actually  
works from the bottom up”**

**-Bruce Perry, M.D.**



“The brain can be damaged  
through experience, and it heals  
through experience”





“The most powerful rewards [neurologically] and the most intense pain come from relational experiences” (Perry, 2006)



“Reprogramming” these parts of the brain will take much longer than the upper levels like the cortex.  
*Interventions and corrective emotional experiences may need to be repeated many many times.*

These experiences need to be consistent, predictable, patterned and *frequent*.

(Perry, 2006)



# Perry on the consistent experiences to heal trauma

Experiences need to be

- **Rhythmic**
- **Relevant**
- **Repetitive**
- **Respectful**
- **Relational**
- **Rewarding**



# The Commandments of Feelings

1. They are value-neutral
2. They are transitory
3. They are signals, not problems
4. They may cause feelings in others; that still does not make them problems!
5. They take the time they take and cannot be rushed.



## The CALMER Skills

In order for us to implement safe, connected and in control interventions and environments, CALMER skills help

Check In

Acceptance

Loving-Kindness

Mindfulness

Expression

Responsiveness



“It is the relationship that heals.”  
- Irvin Yalom, MD



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