

Trauma 101

Understanding the development of trauma and
how it manifests in behavior

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Welcome & Introductions

- ▶ About me
- ▶ My passion for exploring the impact of profound experiences of childhood trauma
- ▶ Our process here today. This must be a safe place for sharing, learning and supporting. Please use fidgets, eat chocolate, take breaks, take care of yourself and one another.
- ▶ Prevalence of trauma and likelihood that some amongst of have had these experiences.
- ▶ Who is in the room and what do you hope to get out of this training?

Agenda

What does it look like?

The impact of complex trauma & the art of developing a culture of resilience.

- ▶ How do we define trauma?
- ▶ Attachment process
- ▶ Brain Development; adaptive vs. maladaptive behaviors
- ▶ Emotional Regulation

Stress

- ▶ **Positive Stress:** moderate, brief, and generally a normal part of life (e.g. entering a new childcare setting).
- ▶ **Tolerable Stress:** events that have the potential to alter the developing brain negatively, but which occur infrequently and give the brain time to recover (i.e. the death of a loved one).
- ▶ **Toxic Stress:** strong, frequent, and prolonged activation of the body's stress response system (e.g. chronic neglect).

Small Groups

- ▶ Please form groups of 4-5 participants
- ▶ Share an example either personal or professional of each type of stress. Share what you're comfortable with- generic examples are fine.
- ▶ What are some of the different responses you or your clients may have to the different types of stress?
- ▶ Choose a member to report back to the larger group.

Toxic Stress

- ▶ <http://developingchild.harvard.edu/resources/toxic-stress-derails-healthy-development/>

A child's behavior is not always what it seems

Behavior is communication

What we see: Behavior

What we don't see:
What's under the surface



Trauma: A Shared Definition

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.

(SAMHSA's Trauma and Justice Strategic Initiative, July 2014)

Traumatic experiences can be overwhelming, invoke intense negative affect and involve some degree of loss of control and/or vulnerability.

Blaustein & Kinniburgh, 2010

Developmental or Complex Trauma

- ▶ Chronic and ongoing exposure to abuse, neglect, and/or a chaotic environment within the first days, months, or years of life.
- ▶ The source or perpetrator(s) of the trauma are primary caregivers.
- ▶ The impact is both immediate and long-term. The child's development is impacted across all domains (i.e. relational, neurological, behavioral, cognitive, and in identity-formation).
- ▶ An effective approach to intervention is comprehensive, coordinated, and developmentally sensitive.

The Impact of Developmental Trauma: 7 Domains

1. Attachment
2. Biology
3. Affect Regulation
4. Dissociation
5. Behavioral Regulation
6. Cognition
7. Self-Concept

Complex Trauma in Children and Adolescents, Cook, et al (2007)

Small Group Exercise

What does trauma look like?

- ▶ Please return to your small groups
- ▶ Think of an example of a behavior you have observed in a child that may be related to their experiences of trauma.
- ▶ Think of a behavior you have observed in an adult that may be related to their experiences of trauma.
- ▶ Report back to the larger group.

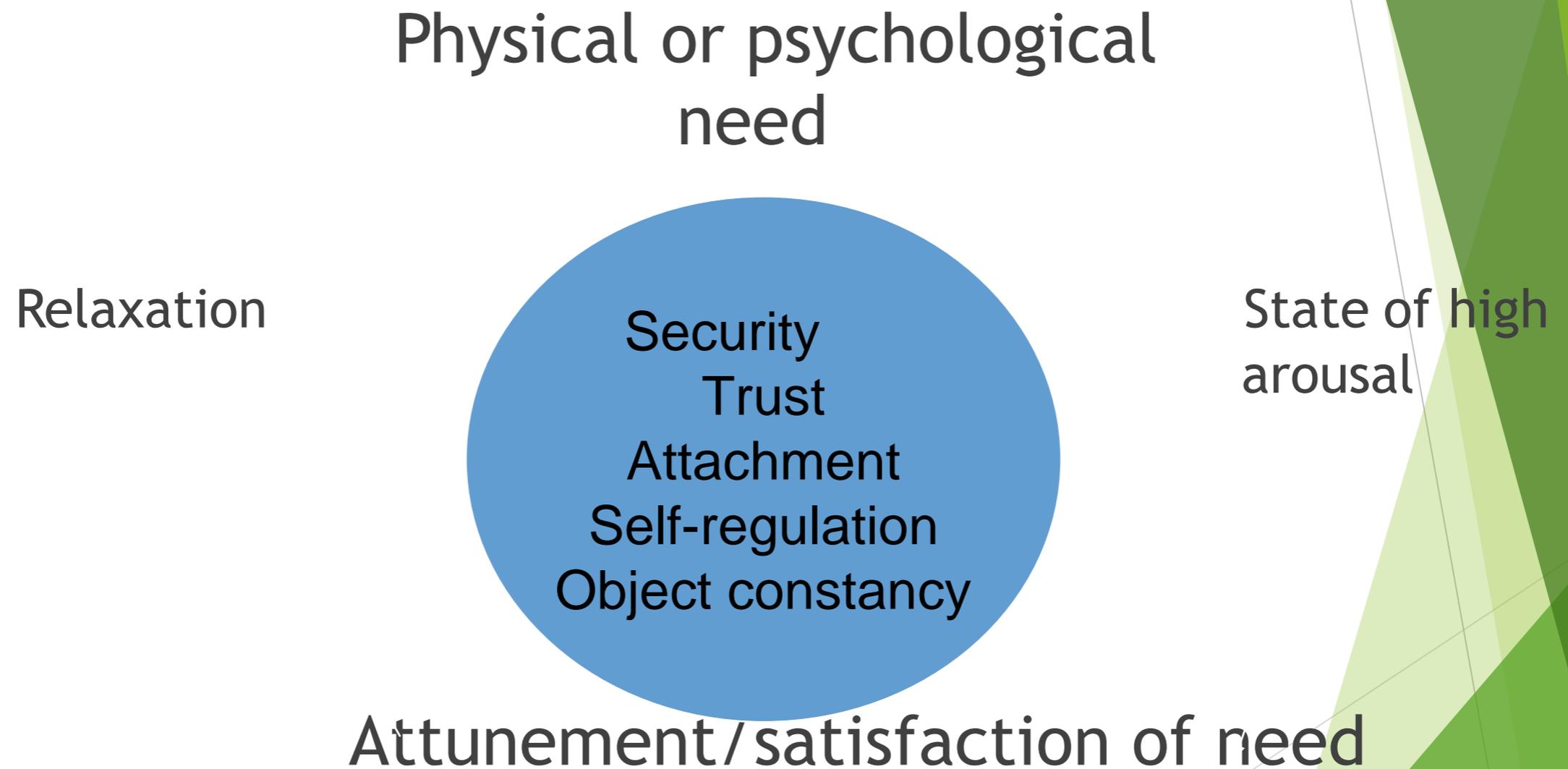
Think developmentally

Trauma, like all experience, shapes the course of development.

The Facts

- ▶ The brain develops through experience.
- ▶ The brain develops sequentially from the base up.
- ▶ 80% of the brain is developed by approximately age 3.
- ▶ The remaining brain development occurs through to early adulthood.
- ▶ There are sensitive or critical times for development of specific achievements- enrichment at those times is essential.
- ▶ Experiences that occur early on have a greater impact on the way the brain forms and functions than those that occur later in life.

The Healthy Attachment Sequence



(Beverly James)

Unhealthy Attachment

Physical or psychological need

Anxiety
Rage
Numbing

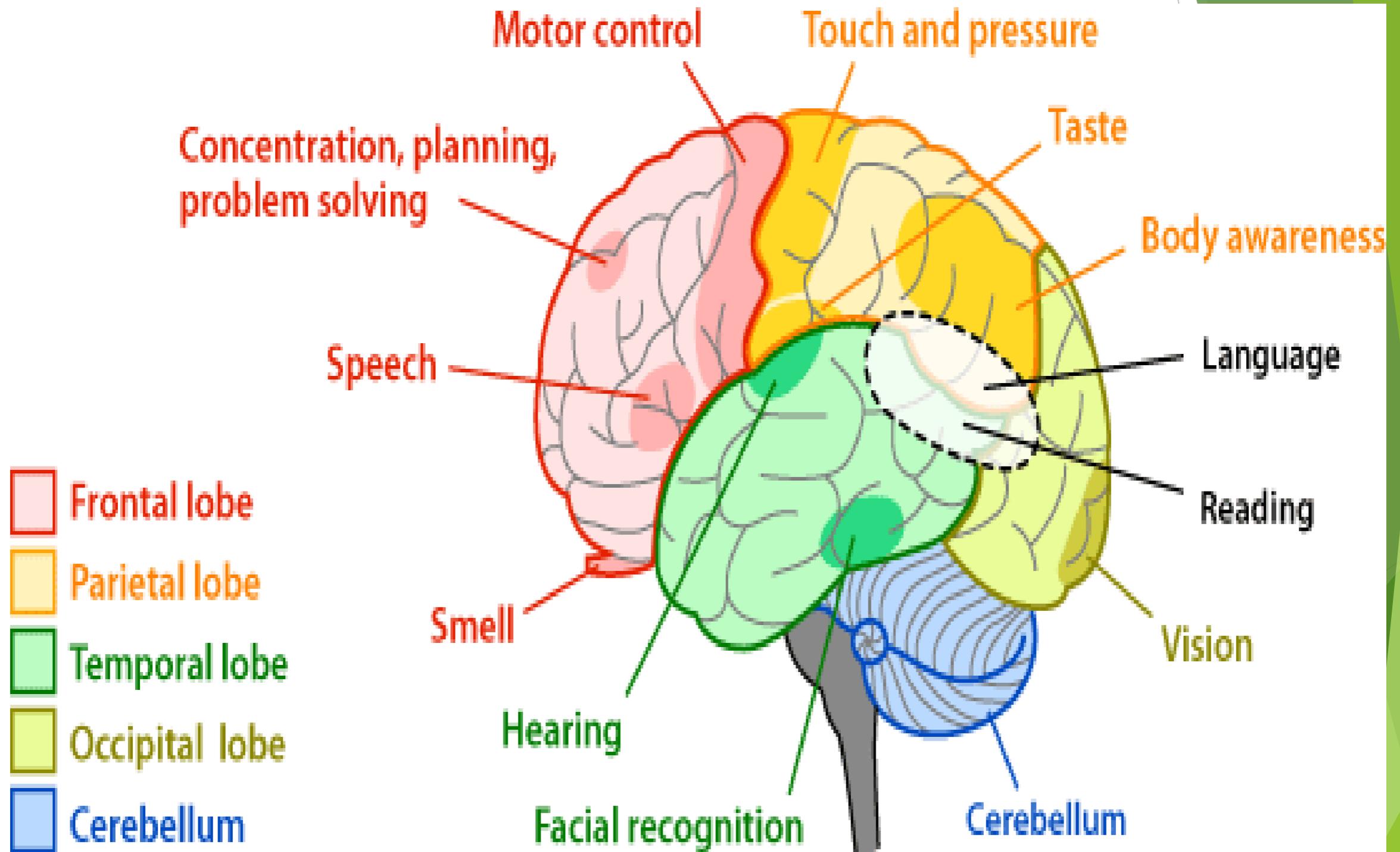
Shame
Mistrust
Dysregulation
Disturbed “mental
blueprint”

State of high arousal

Needs are disregarded/attunement disrupted

(Beverly James)

The Human Brain



What helps the child survive?

- ▶ The brain develops efficient ways to copy with and respond to daily experience.
- ▶ Assumption of danger
- ▶ Rapid mobilization in the face of perceived threat.
- ▶ Self-protective stance.
- ▶ Development of alternative strategies to meet developmental needs.

A Trauma Trigger- The “hot stove” response

- ▶ Cues or signals that act as a sign of possible danger, based on traumatic experiences, leading to a set of responses oriented toward survival.
- ▶ The responses can be emotional, physiological or behavioral.
- ▶ The interpretation and response is determined by the perception, beliefs, and assumptions of the individual more so than the “reality” of the situation.

Blaustein and Kinniburgh. *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency.* 2010

Common Triggers Related to Trauma

- ▶ Perception of a lack of power or control
- ▶ Unexpected change
- ▶ Feeling threatened or attacked
- ▶ Feeling vulnerable or frightened
- ▶ Feeling shame
- ▶ Feelings of deprivation or need
- ▶ Intimacy and positive attention

Blaustein and Kinniburgh. *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency.* 2010

“Re-calibrate” emotional responses.

10 Very High Stress

9

8 Baseline of someone who has endured chronic stress

7

6

5

4

3 Baseline of someone who is functioning well- Optimal Zone of Functioning

2

1 Calm

What interferes with our ability to self-regulate?

- ▶ hunger
- ▶ sleep deprivation
- ▶ stress
- ▶ physical health



Prevalence of Psychiatric Disorders in Abused Children

▶ Generalized Anxiety Disorder	59%
▶ Oppositional Defiant Disorder	36%
▶ Simple Phobia	36%
▶ PTSD	34%
▶ ADHD	29%

*My personal experience varied greatly from this particular statistic

▶ Conduct Disorder	21%
▶ Dysthymia	19%

My child is
not giving me
a hard time,
my child is
having a
hard time.

knowhowmom.com



Adverse Childhood Experiences

“ACE” Study

- ▶ The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being.
- ▶ The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.
- ▶ Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease.

ACE Study

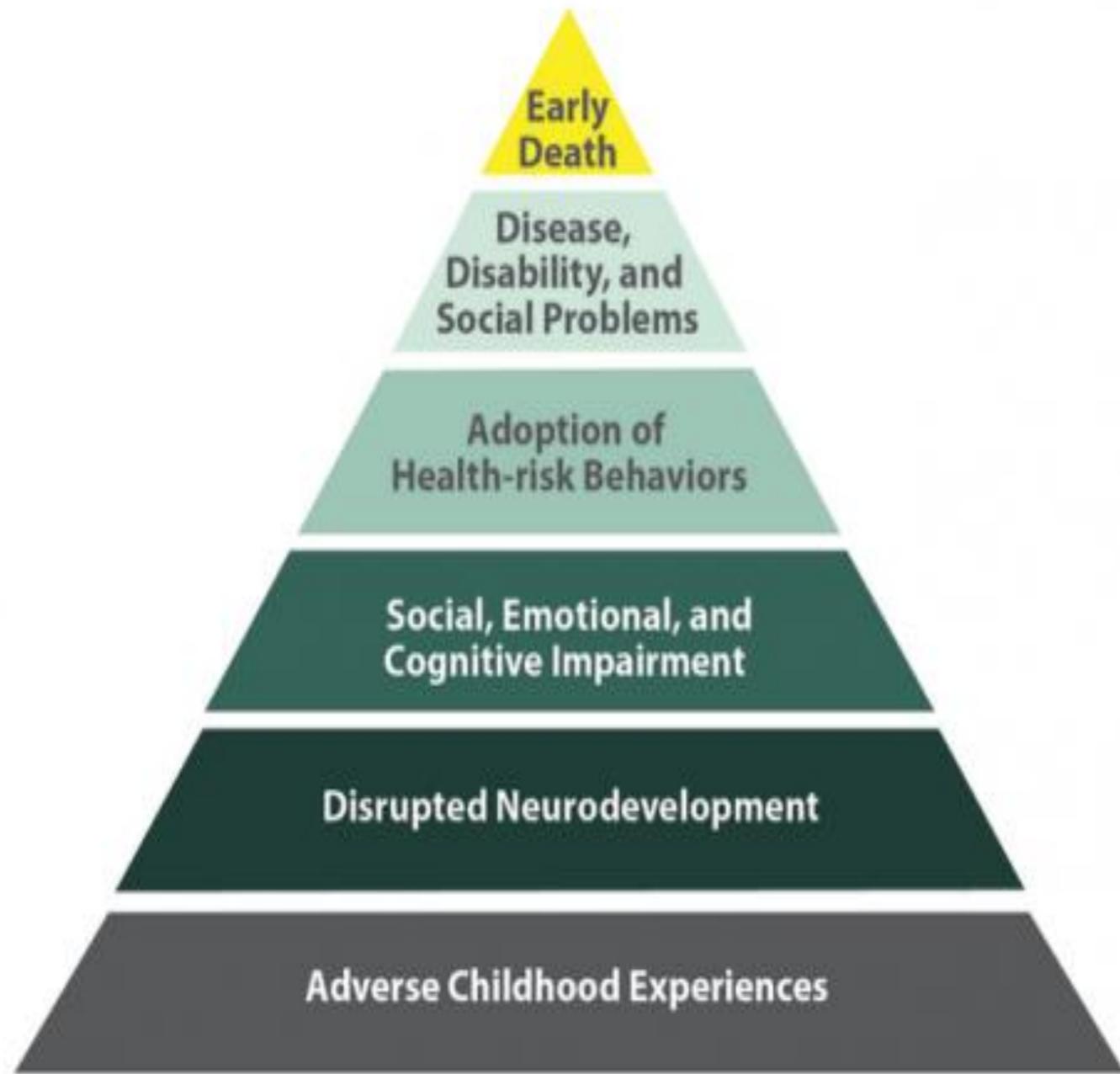
What did they find and why is it important?

- ▶ More than half of respondents reported at least one, and one-fourth reported ≥ 2 categories of childhood exposures.
- ▶ This was a population survey- so results apply to population studies, not individual people.

<https://player.vimeo.com/video/139998006>

Increased presence of adverse childhood experience leads to increased risk of:

- ▶ Depression
- ▶ Drug addiction
- ▶ Alcohol use/abuse
- ▶ Adult sexual assault
- ▶ Adult domestic violence (perpetrator and victim)
- ▶ Early onset sexuality and sexual promiscuity
- ▶ Teen pregnancy and paternity
- ▶ Suicidality
- ▶ Obesity
- ▶ Cigarette use
- ▶ General health problems



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



ACE Study

- ▶ This helps conversations about trauma and the affects to gain validity in the medical field.
- ▶ Some hospitals are screening for ACE factors in PCP appointments and using those results to connect to local services.

Case Example

Mark is a 35 year old single adult male who is residing in the family shelter with his infant son, Curtis. Mark was a young man who grew up with both parents actively abusing substances. His dad was in and out of his life, rendering his mother in a tough financial situation. She scraped by, often times there was inadequate food for the family. Mark's father used physical and emotional violence toward both Mark and his mother. Mark recalls times when he tried to protect his mom from being harmed. Mark witnessed his father's murder at the young age of 7. His mother's mental health significantly deteriorated at that time and she was placed in a Psychiatric facility. Mark was placed into foster care. Mark began to act out physically, fighting with peers and becoming too unsafe for foster care. Mark was placed in residential facilities, where he spent the remainder of his youth until the age of 18 when he aged out of foster care and was placed on the streets. Before coming to the Haven, Mark had several other children- none of which he currently has custody of. He's been in and out of jail his entire adult life for crimes related to violence. Mark was deemed a safety risk when the local child protection office became involved. When his child was removed from his care due to concerns of Mark using substances, he screamed and yelled at the Social Worker, causing them to feel threatened. Mark often tells a version of what is going on, but never provides the full picture. He struggles with telling the "truth" and being honest with providers about his self-medication with substances.

Reflection on Mark's history

- ▶ Does this profile sound similar to some of the individuals you serve?
- ▶ What works?
- ▶ What doesn't work?
- ▶ In systems where bottom lines and clear parameters exist- how can we meet Mark where he is at in regards to his experiences of trauma?

Join me this afternoon to learn some strategies for supporting individuals with complex trauma histories.

Only when we
are brave enough
to explore the darkness
will we discover the
infinite power
of our light.

— BRENE BROWN



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