

Trauma Informed Care

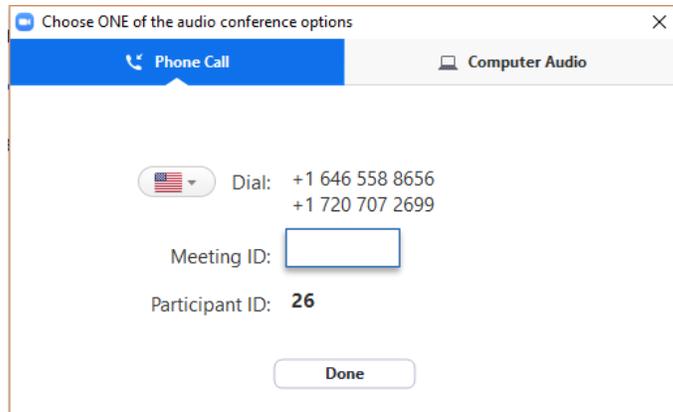
Social Workers on the Front Line of the Opioid Epidemic
Learning Collaborative

Spring 2020 Webinar Series

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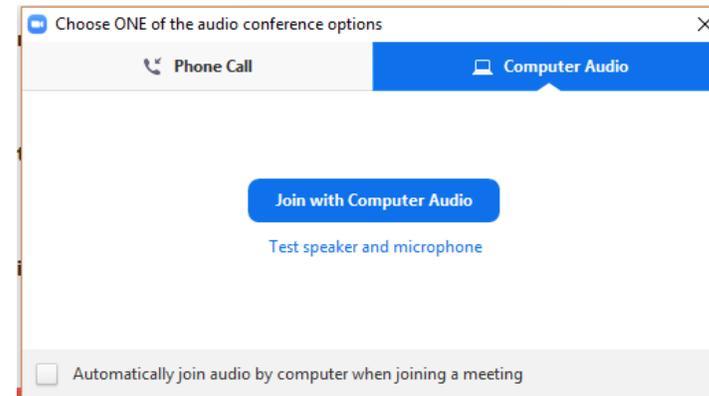
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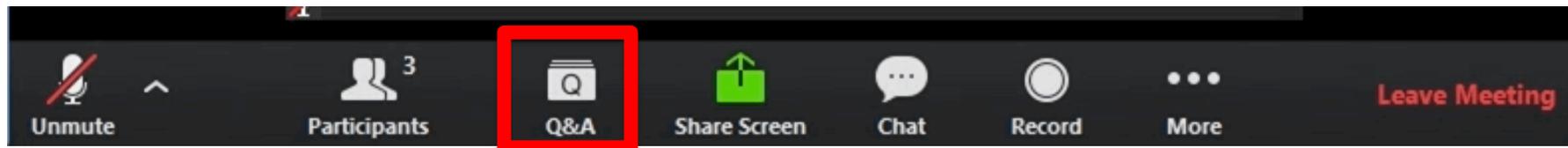
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Webinar Logistics

Ask a Question

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Today's Presenter



Amelia Roeschlein, DSW, MA, LMFT

Consultant, Trauma Informed Services
National Council for Behavioral Health

Learning Objectives

- Evaluate risk and protective factors throughout lifespan development with focus on how adverse childhood experiences (ACE) can impact an individual's bio/psycho/social development.
- Understand how mind-body-brain assessment can inform top-down or bottom-up interventions with complex cases in the field of children, youth, adults, and healthy aging
- Evaluate the role that the science and cultural humility plays in guiding neurobiologically informed assessment and intervention choices for complex cases.
- Enhance self-awareness by critically evaluating thoughts, feelings, and behaviors when working with complex cases



Moment to arrive

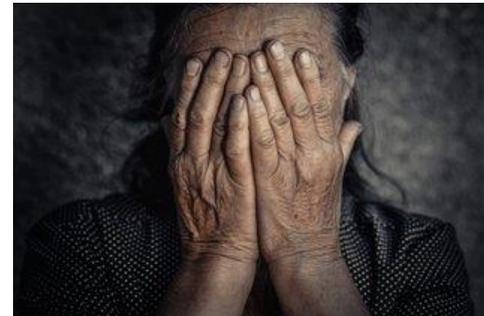


Trauma, ACE and Development

What is Trauma?

- Trauma has **three key elements**
- Individual trauma results from an **event**, or series of events or set of circumstances that is **experienced** directly or indirectly as overwhelming or life-changing, that has profound **effects** on the individual's well-being, psychological development or has physiological, social and/or spiritual impact.

Source: Substance Abuse and Mental Health Services Administration (2012). Retrieved from <https://www.integration.samhsa.gov/clinical-practice/trauma-informed>



Source: All graphics on this page retrieved from Shutterstock

Results in Vicious Loop



Trauma Shapes Our Beliefs



Photograph retrieved from Shutterstock.

➤ Worldview

➤ Spirituality

➤ Identity

Physical Impact of Trauma

Brain Architecture

Shrinkage in prefrontal cortex, corpus callosum, and hippocampus. Enlarged and more reactive amygdala. **Resolution:** safe and stable nurturing relationships, walk in nature, touch, exercise



Brain Waves

Predominance of wrong brain waves in wrong part of the brain leads to anxiety, unable to concentrate, and seizures. **Resolution:** neurofeedback



Neural Pathways

Need to 'rewire' our brain from old thought patterns and habits of mind, conscious, and unconscious. **Resolution:** neurofeedback, meditation/ mindful action, positive self-talk



Neurotransmitters

Vulnerable to addiction because dopamine transmitters/receptors not developed or damaged. Reduces motivation & focus, creates fatigue. Low serotonin causes depression.



Hormones

Prolonged high cortisol and ghrelin creates greater reactivity to stress. Long term damage to cells, structures of the body, and other hormone glands (thyroid). **Resolution:** oxytocin ("the love hormone")



echo ©2018

Toxin Elimination

Intestines and kidneys less able to eliminate toxins (slow gut or unbalanced flora). **Resolution:** salt baths, sauna



Nervous System

Supercharged sympathetic nervous system. Parasympathetic nervous system not engaged to bring back into balance. **Resolution:** yoga, breathing, or other physical/emotional regulation



Cellular Change

Shortens telomeres which prematurely ages and reduces reproduction of cells & can cause cancer. **Resolution:** social support

Epigenetics turns genes on or off in adaptation to dangerous environments. Effect can last generations. **Resolution:** Safer environment (perception of)

Immune System

Resistance to cortisol or lower cortisol creates unchecked inflammation. Cause of many diseases: asthma, arthritis, etc.) **Resolution:** meditation/mindful action, walking in nature, diet, rest



Source [Untitled Graphic Physical Impact of Trauma]. Retrieved from Echo Development Group.

Responses to Traumatic Events (in the moment)

- Physical
 - Aches and pains such as headaches, backaches, etc.
 - Weakness, dizziness, and fatigue most of the time.
 - Heart palpitations, profuse sweating, and chills
 - Changes in sleep patterns
 - Changes in appetite and digestive problems
 - Being easily startled by noises and/or unexpected touch.
- Increased susceptibility to allergies, colds, and illnesses.
- Increased alcohol consumption and/or substance use.
- Emotional
 - Anxiety, depression, mood swings, self-destructive behavior, flashbacks, numbness and phobias

Adverse Childhood Experiences



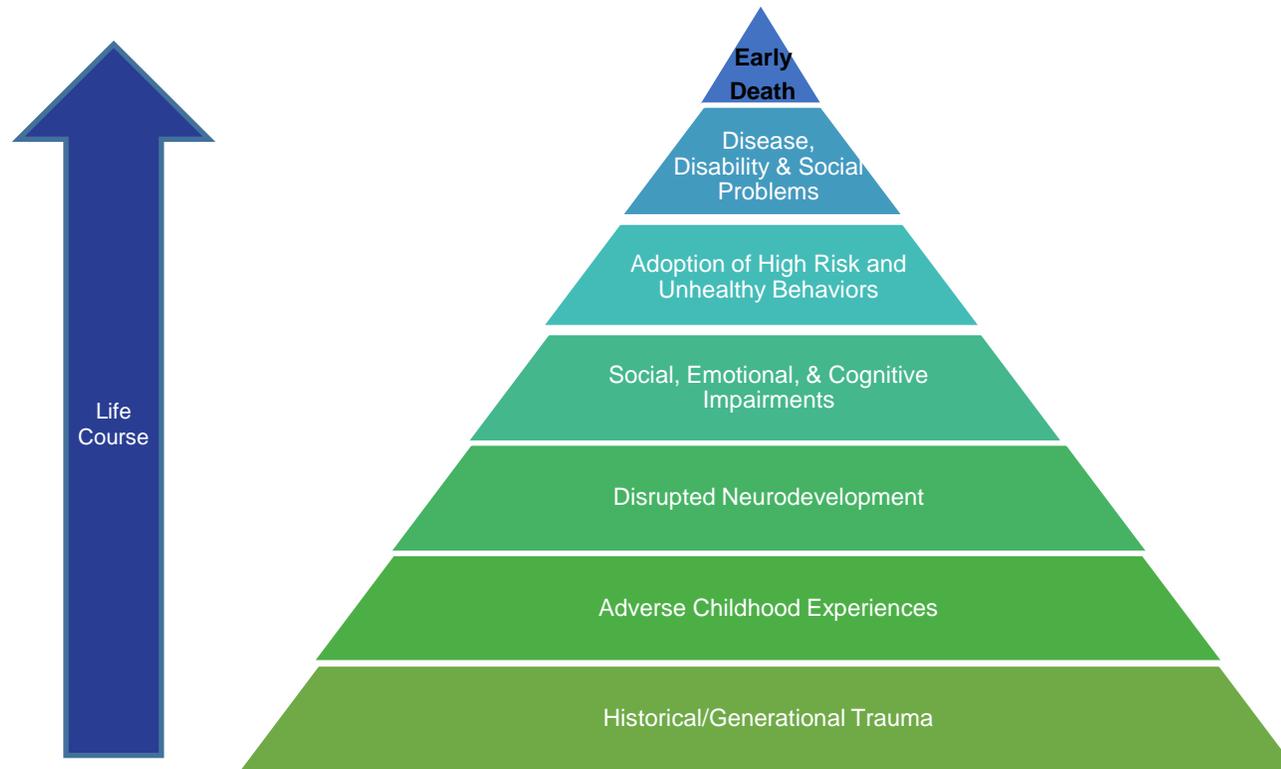
ACES Overview

- Adverse childhood experiences are surprisingly common, although typically concealed and unrecognized
- ACEs still have a profound effect 50 years later, although now transformed from psychosocial experience into organic disease, social malfunction, and mental illness
- Adverse childhood experiences are the main determinant of the health and social well-being of the nation.
 - The estimated overall percentage reductions in chronic health conditions associated with preventing all adverse childhood experiences in a recent CDC study across 25 states ranges from: COPD (27%) ; Depression (44.1%), current smoking (32.9%), and heavy drinking (23.9%)

Source: https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm?s_cid=mm6844e1_w

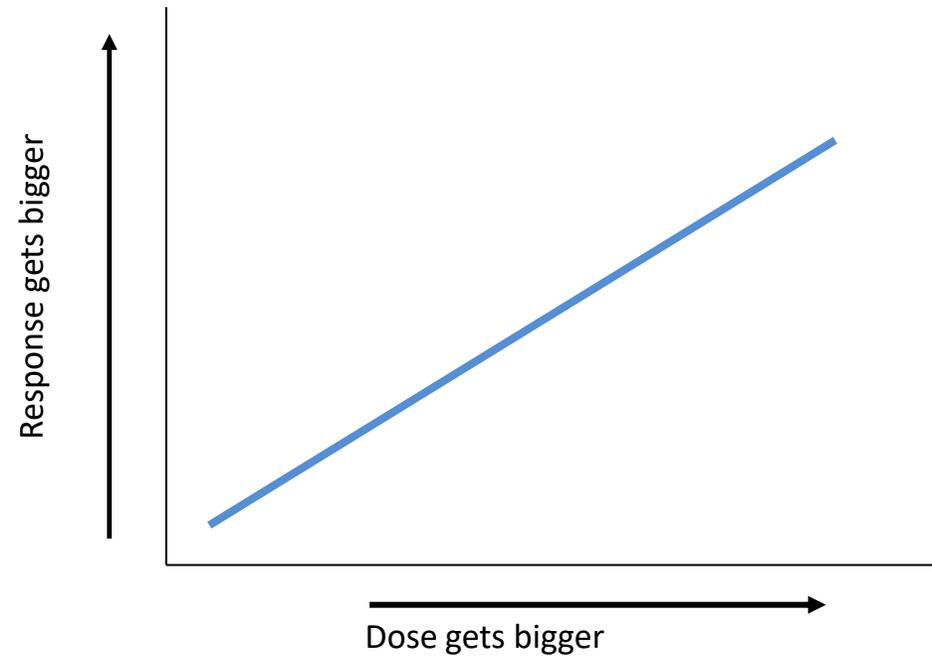
Mind-Body-Brain Assessment of Risk and Protective Factors

Adverse Childhood Experiences (ACEs) Affect on Health and Well-being



Adverse Childhood Experiences (ACE) and adolescent health. Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/>

Dose-Response Relationship: More ACEs = More Disease



Source: https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm?s_cid=mm6844e1_w

HIGHER ACE Score = Increased Substance Use

- EARLY INITIATION
- GREATER DURATION/LENGTH
- USE MORE
- HAVE A HARDER TIME QUITTING

Source: Austin, E. The Effect of Adverse Experiences on the Health of Current Smoker. 2012.

We CANNOT assess for TRAUMA without also assessing for RESILIENCE.

Resilience is the ability to adapt well to stress, adversity, trauma or tragedy

Emotional regulation:

The ability to control our emotions, attention, and thus our behavior

Reaching out: The continued drive to take on more challenges and opportunities

Empathy: Able to read others behavior, to understand their states, and build relationship

Realistic optimism: Being positive about the future *and* realistic

Impulse control: The ability to manage expression of our feelings.

Accurate identification of the cause of adversity

Self-efficacy: The sense that we can solve problems and succeed



Build Protective Factors

- Behaviors, characteristics and qualities inherent in some personalities that will assist in recovery after exposure to a traumatic event
- Environment
- A reliable support system (friends, family)
- Access to safe and stable housing
- Timely and appropriate care from first responders
- Behaviors
- Good self care, such as sleeping at least 8 hours a night
- Eating nutritious foods
- Exercise
- Practicing good boundaries
- Using positive coping mechanisms vs. negative coping mechanisms



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Language Matters

- Vocabulary reinforces feelings and beliefs
- Helps guide behavior
- Leads to greater options for acting
- Allows us to be able to recognize resilience in self/others



Three Statements of Resilience



ACTIVITY

I Have...

a recognition of what is available

I Am...

a recognition of my value

I Can...

a recognition of mastery, sense of the future



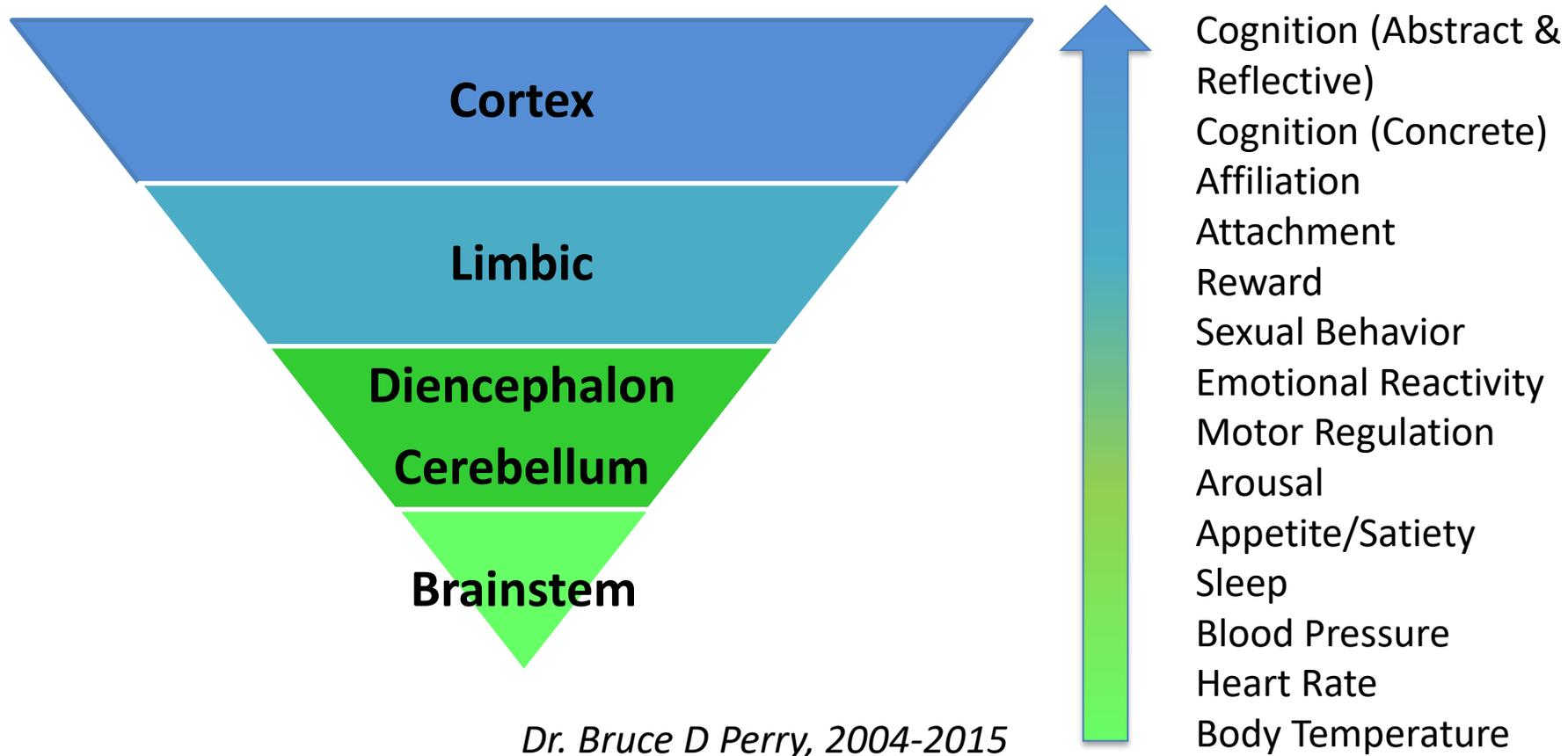
-Strengthening the Human Spirit by Edith Grotberg, PhD 1995

Neurobiologically Informed Interventions (Top Down and Bottom Up)

The Amazing Brain

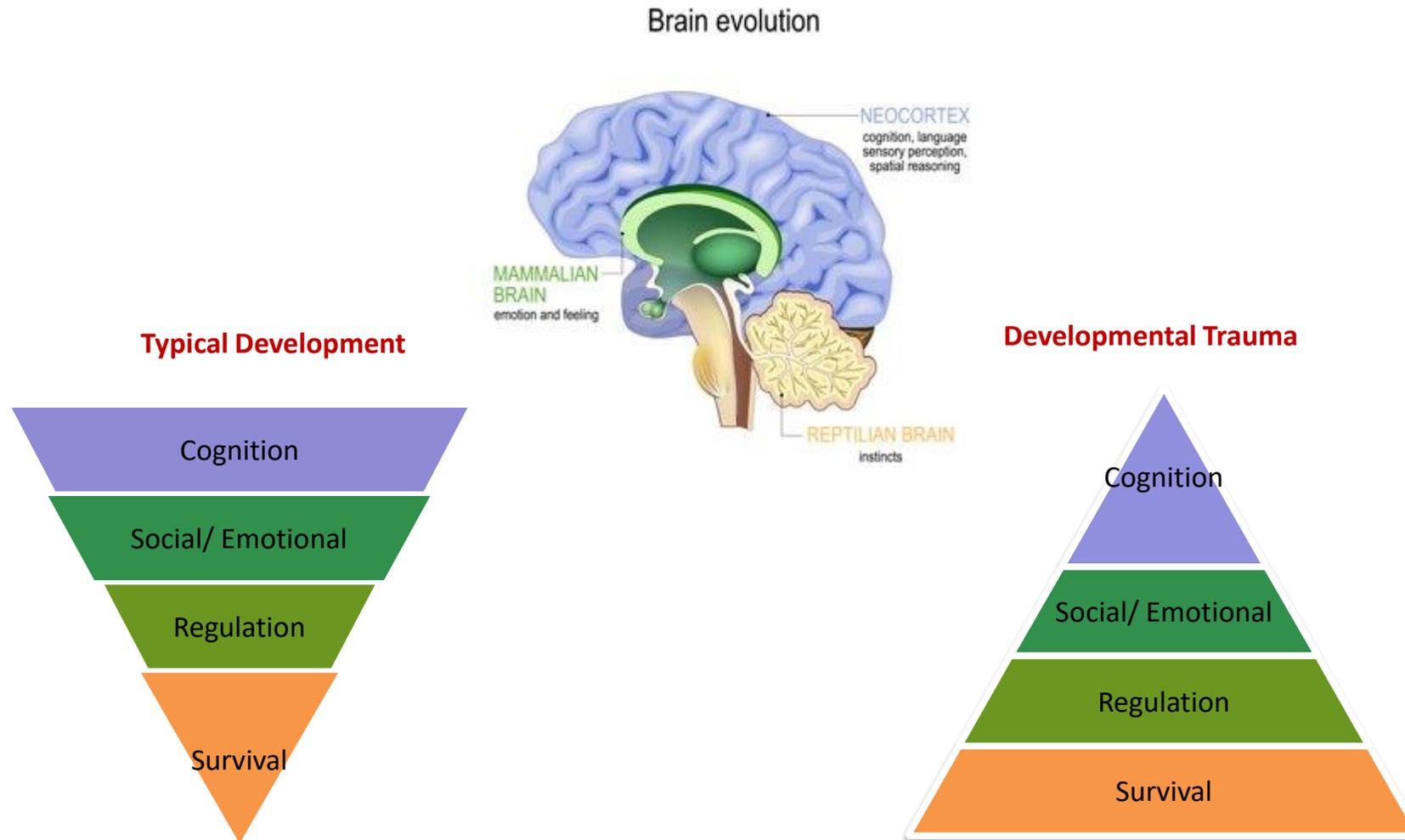


Brain Development

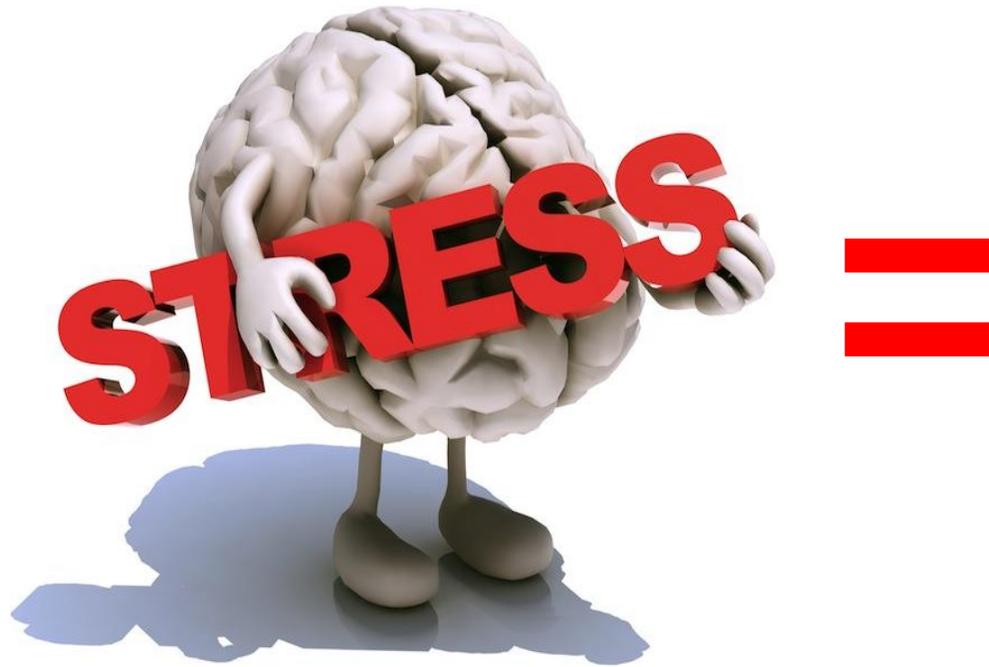


Dr. Bruce D Perry, 2004-2015

Impact of Trauma on Brain Development



Survival Mode Response



Inability to

- Respond
- Learn
- Process

McLean's Brain

Triune Brain Theory



-Professor Paul D. McLean

Reptilian Brain	Mammal Brain	Human Brain
Brain stem & cerebellum	Limbic System	Neocortex
Fight or flight	Emotions, memories, habits	Language, abstract thought, imagination, consciousness
Autopilot	Decisions	Reasons, rationalizes



- Thinking Brain
- Mammal Brain
- Reptilian Brain

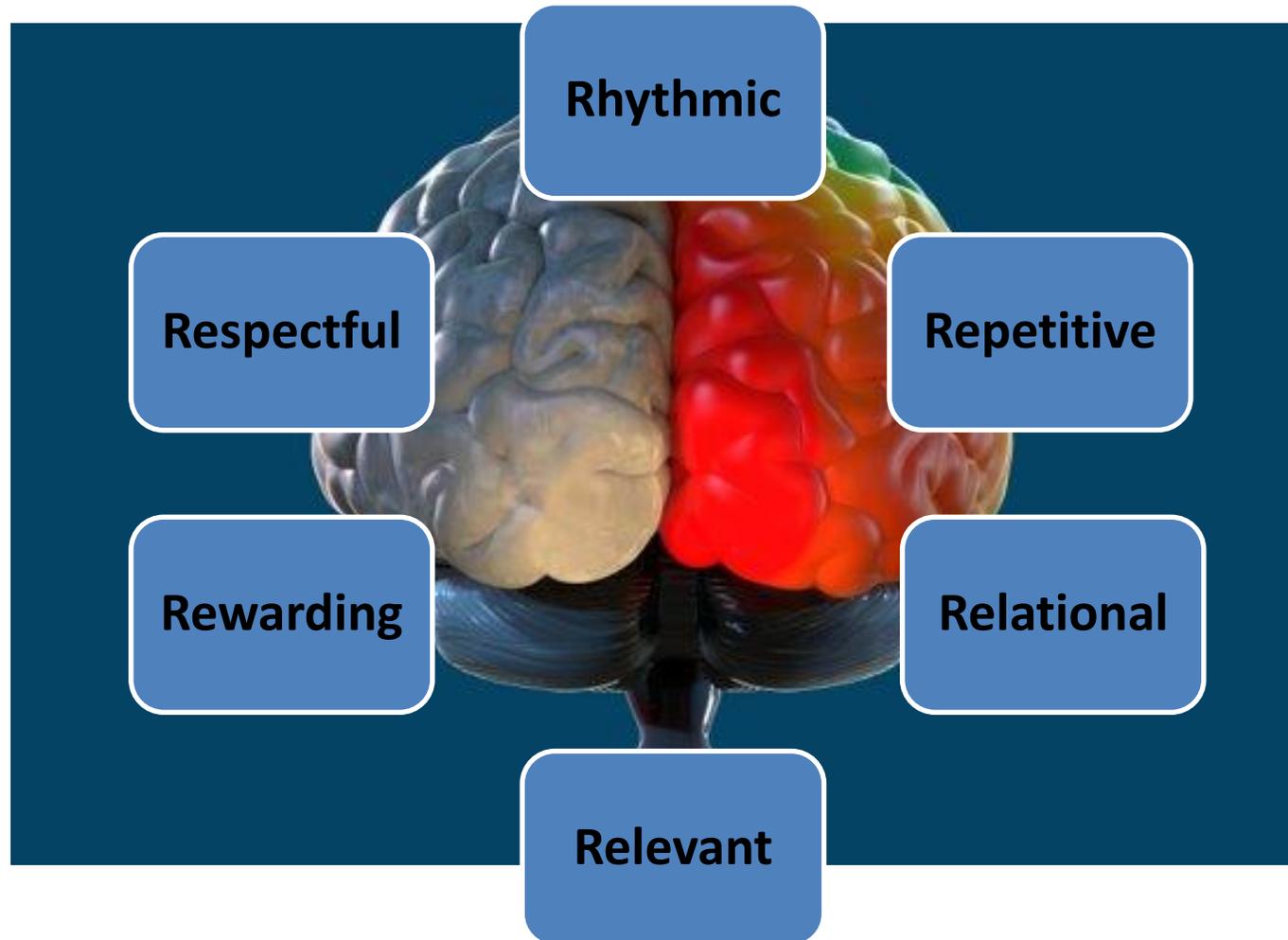
- Where is Trauma held the longest?

Different Interventions for Different Mental States

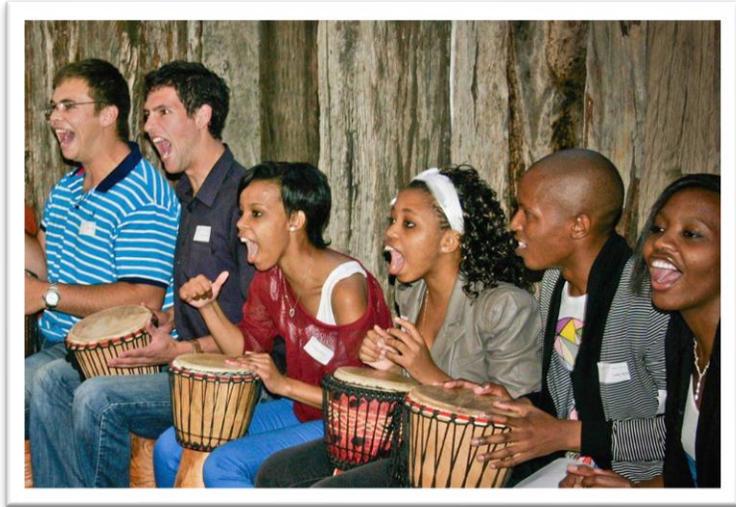


- Top-Down approach questions the client's thoughts in therapy. It begs the question: *What is wrong with your thinking, and how do we fix it?*
- Bottom Up Interventions are effective because it assumes that you must first recognize and soothe feelings. *It is difficult to change your thoughts long term about anything without first noticing the feeling that triggers the thought, and working to address it from the primal part of your brain.*

Impact the Lower Brain

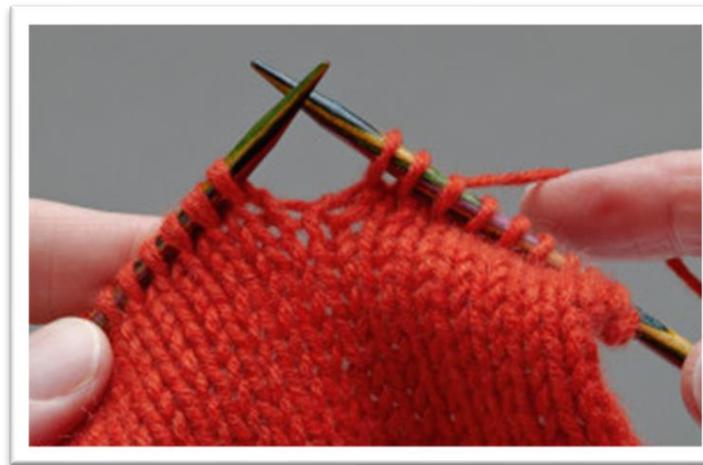
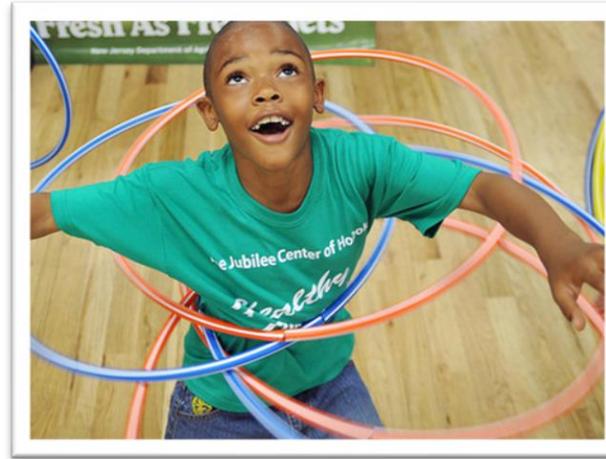


Activating the Lower Brain



Activating the Lower Brain

Movement

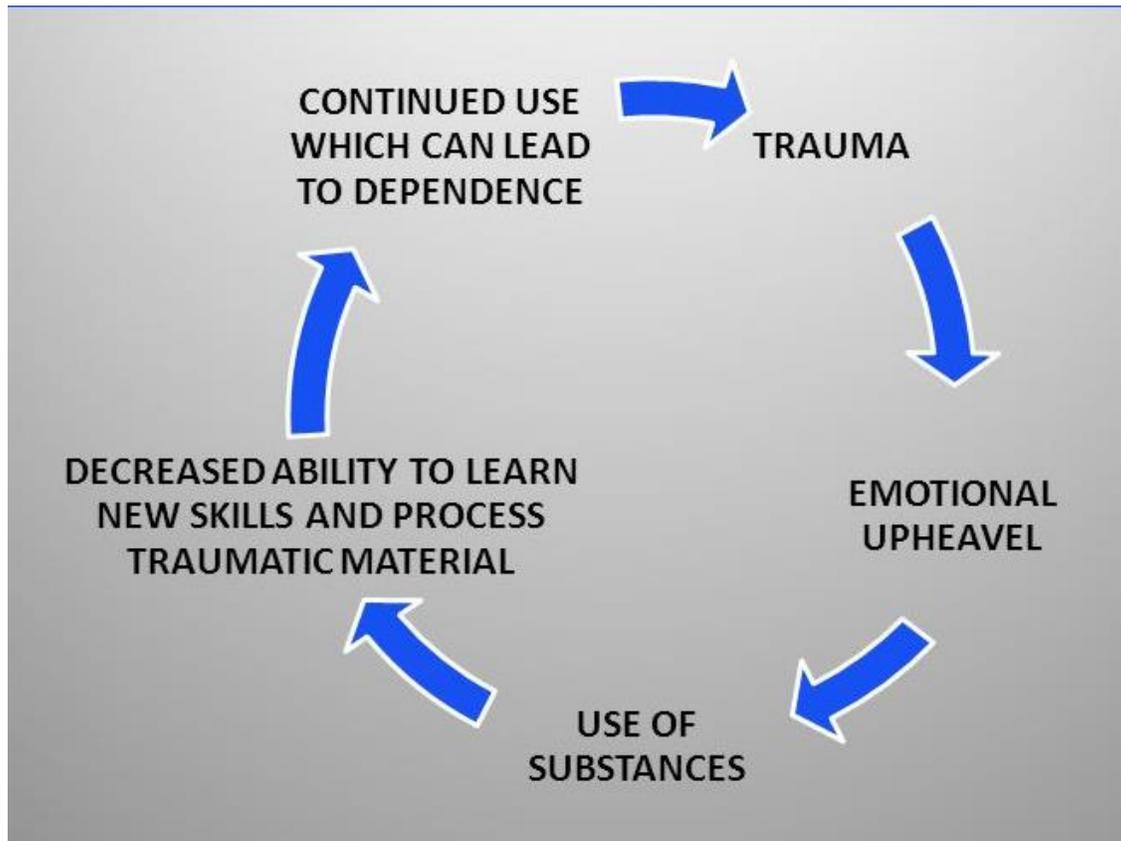


Activating the Lower Brain

Touch

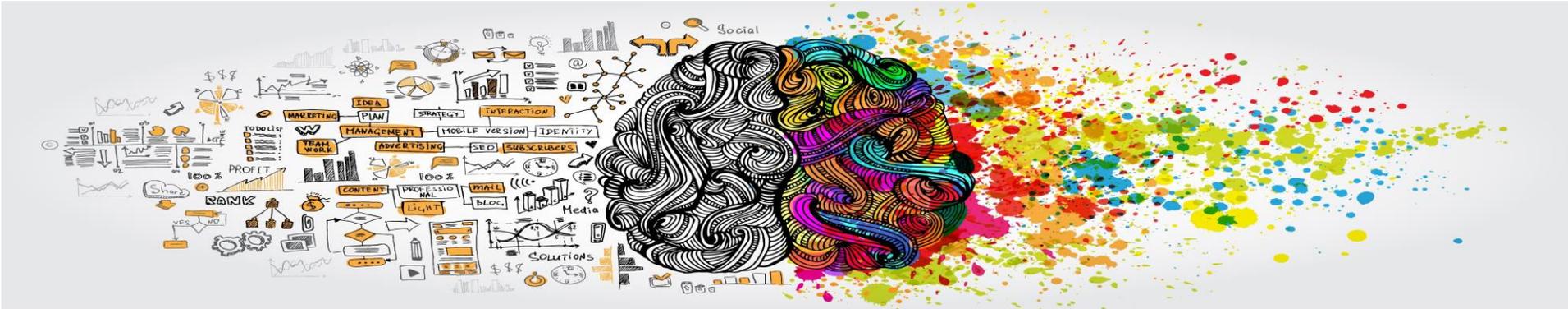


Neurobiologically Informed Interventions –Trauma Informed Care & Addictions



Trauma and Addictions

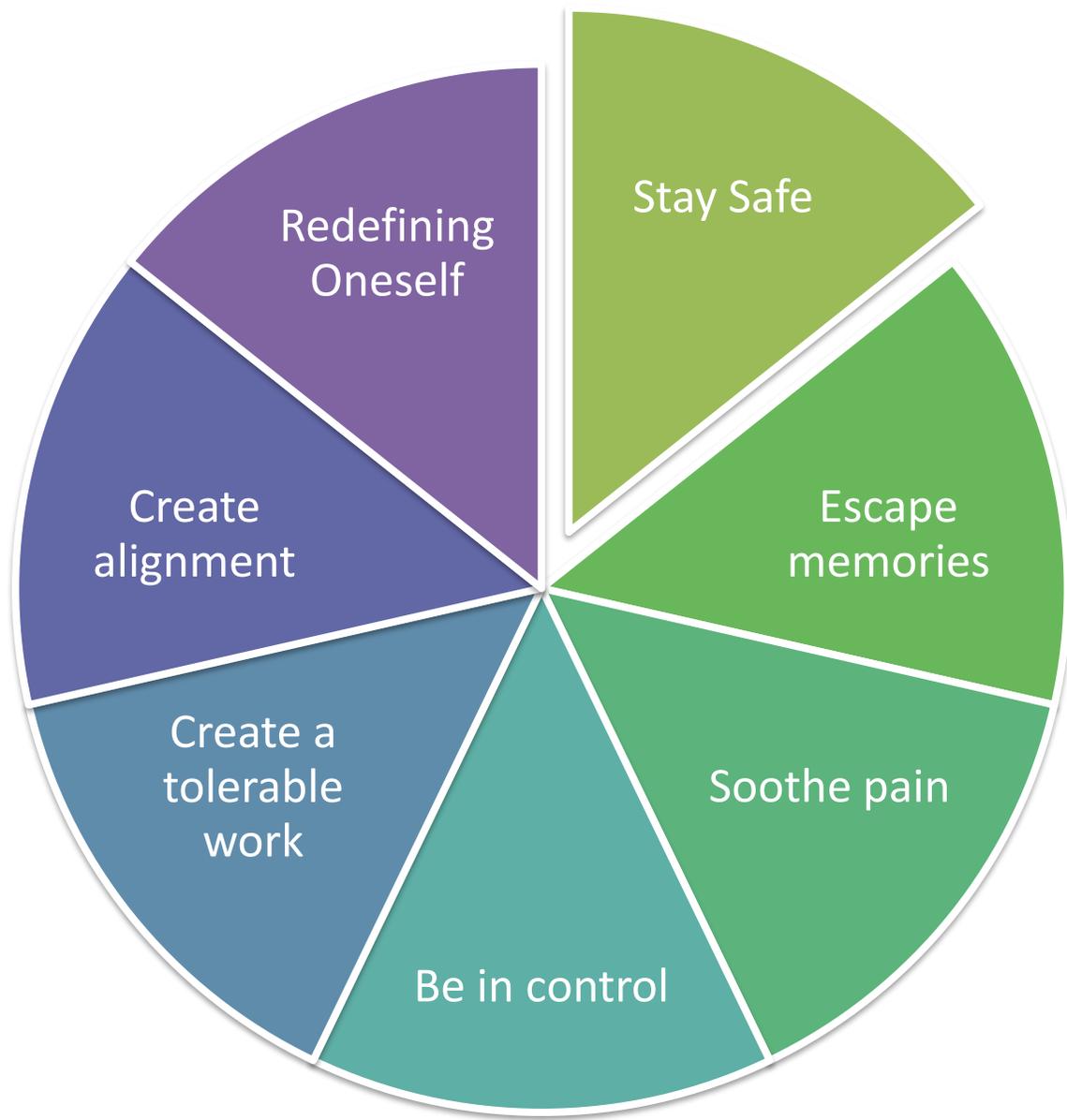
Addiction and the Brain



As Gabor Mate notes in his book, *In the Realm of Hungry Ghosts*, those with substance use disorder

“self-medicate to sooth their emotional pain – but more than that, their brain development was sabotaged by their traumatic experiences.”

-Mate, Gabor, MD. (2010). *In the Realm of the Hungry Ghosts*. Berkley, CA: North Atlantic Books. Print. page 203.



Potential Reasons for Addictions

What are the Benefits of Adopting Trauma-Informed Approaches?

- Increases safety for all
- Improves the social environment
- Cares for the caregivers
- Improves the quality of services
- Reduces negative encounters and events
- Creates a community of hope, healing and recovery
- Increases success and satisfaction at work
- Promotes organizational wellness
- Improves the bottom line

SAMSHA's Trauma Informed Care Principles

- Safety
- Trustworthiness & transparency
- Peer support
- Collaboration & mutuality
- Empowerment, voice & choice
- Cultural, historical & gender issues

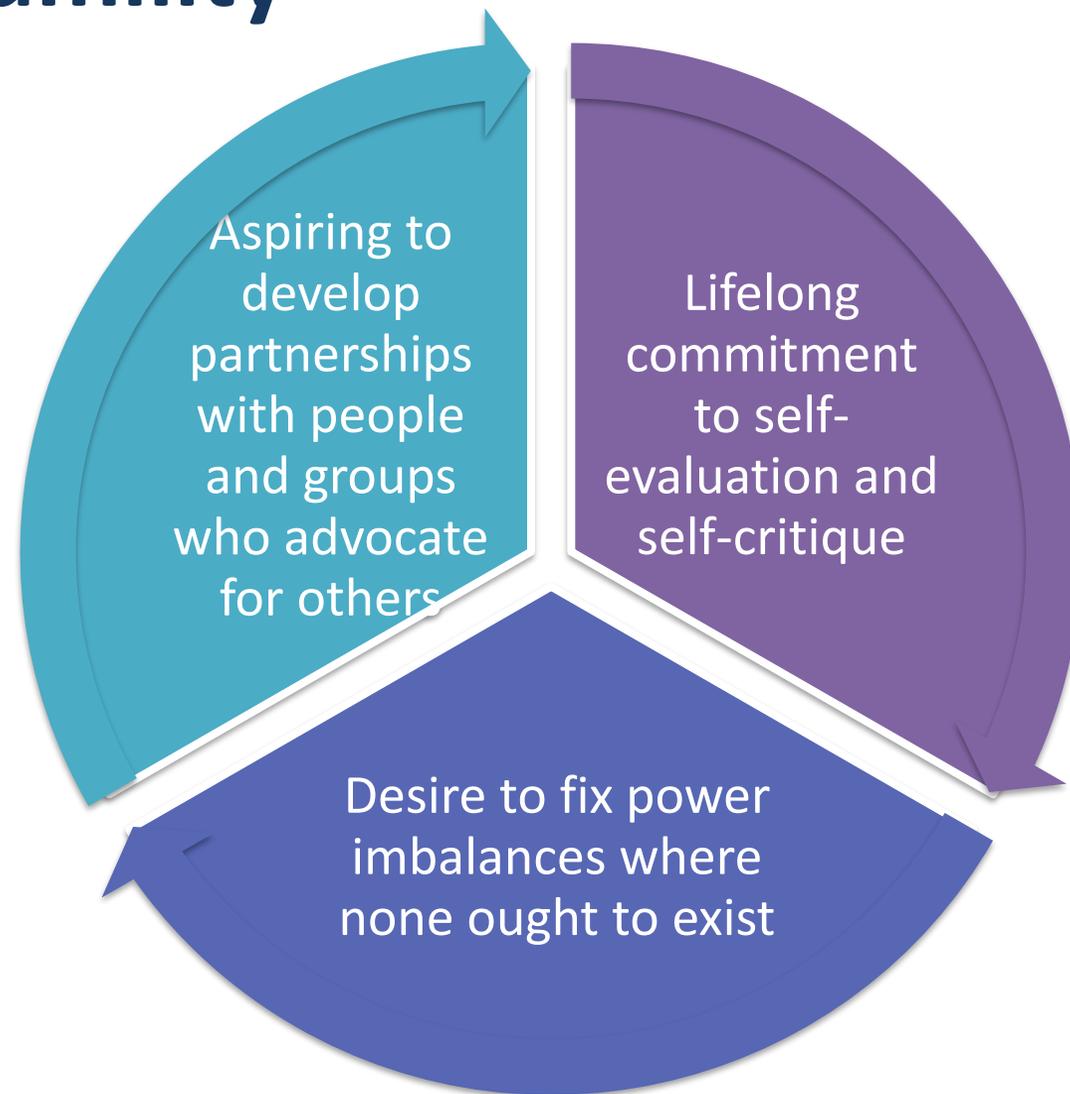


Cultural Humility

Cultural Humility is another way to understand and develop a process-oriented approach to competency.

“the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”
Hook et al, 2013

-Tervalon & Murray-Garcia, 1998



How to Assess: Culturally Sensitive Trauma-Informed Care

...QUESTIONS PROVIDERS SHOULD ASK

LISTEN

...for variations in understanding. Ask:

- What is your understanding of what's happened?
- What is worrying you the most?
- What does your family think about it?

BE OPEN

...to involving other professionals. Ask:

- Who do you normally turn to for support?
- Who else should be involved in helping your child?
- Are you open to outside referrals and resources?

RESPECT

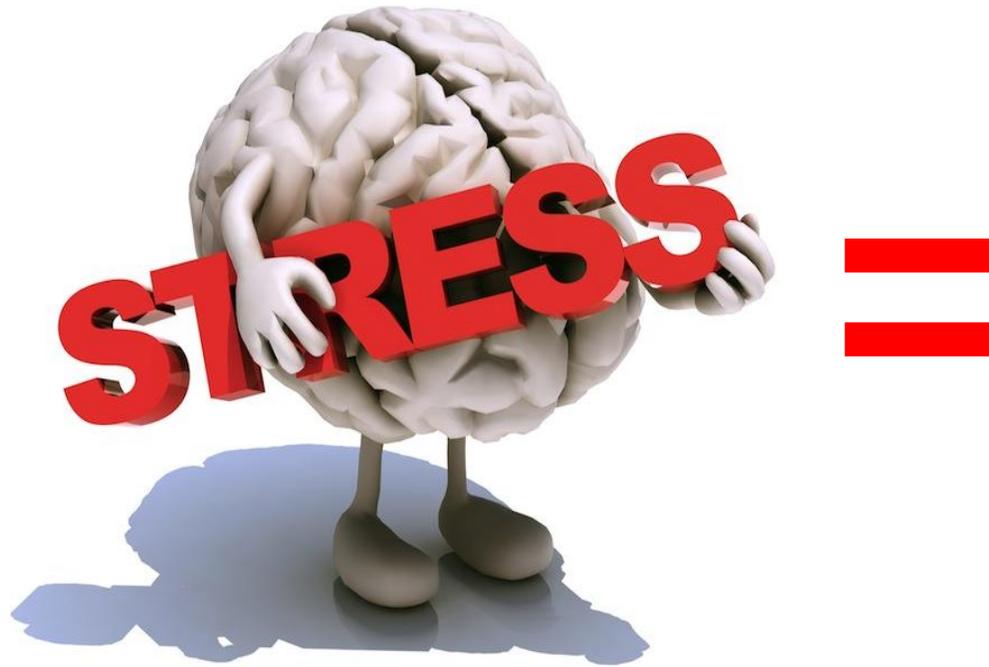
...different communication practices. Ask:

- Who typically makes the decisions about your child?
- What information should be shared with your child?
- Is there anyone else you would like me to talk to?

<https://www.healthcaretoolbox.org/>

Increasing Self-Awareness as Therapeutic Tool (especially with tough cases!)

Survival Mode Response includes us as well



Inability to

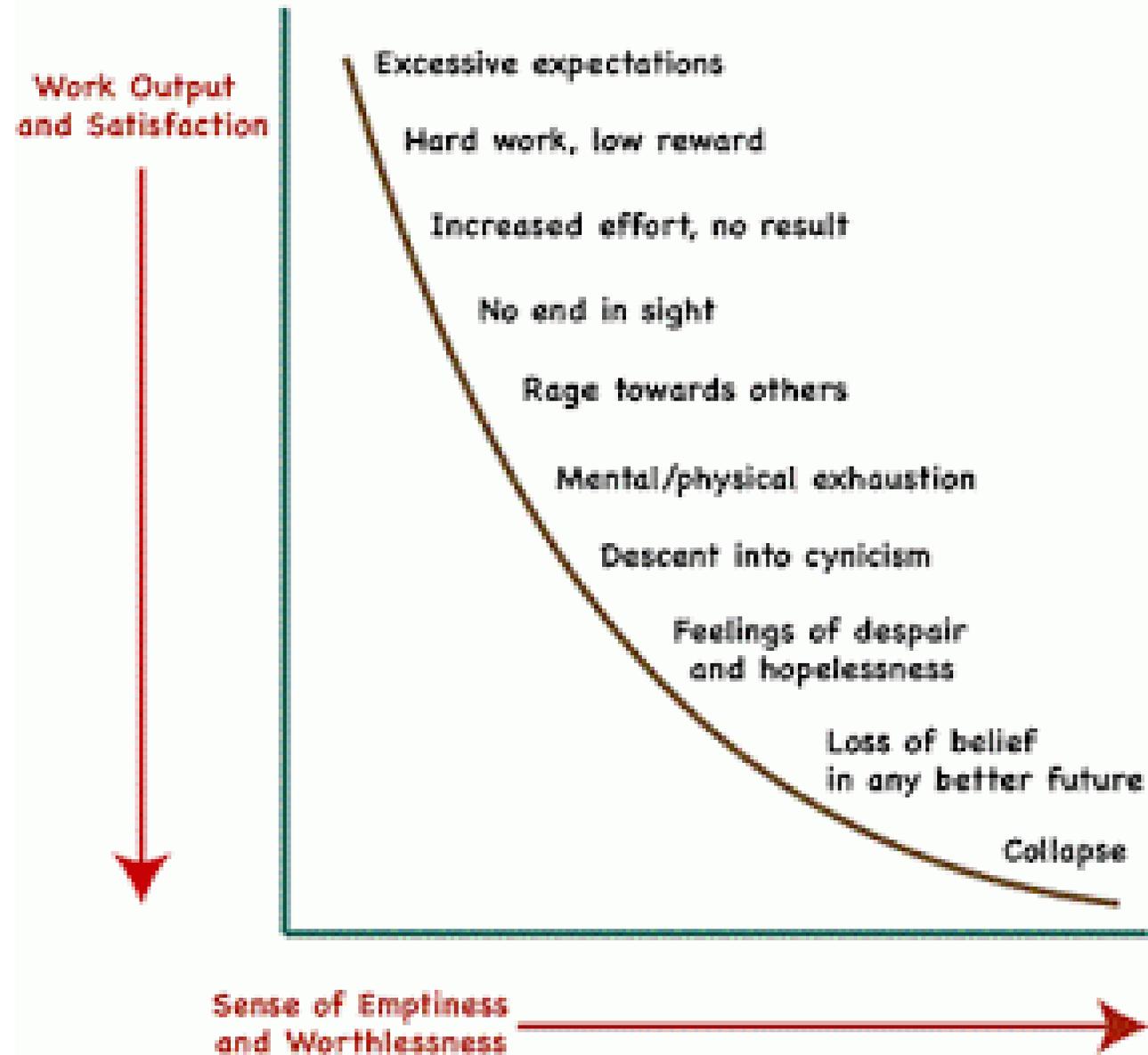
- Respond
- Learn
- Process

Staff/Treaters

- Often have their own traumatic histories
- Seek to avoid re-experiencing their own emotions
- Respond personally to others' emotional states
- Perceive behavior as personal threat or provocation



THE BURNOUT CURVE



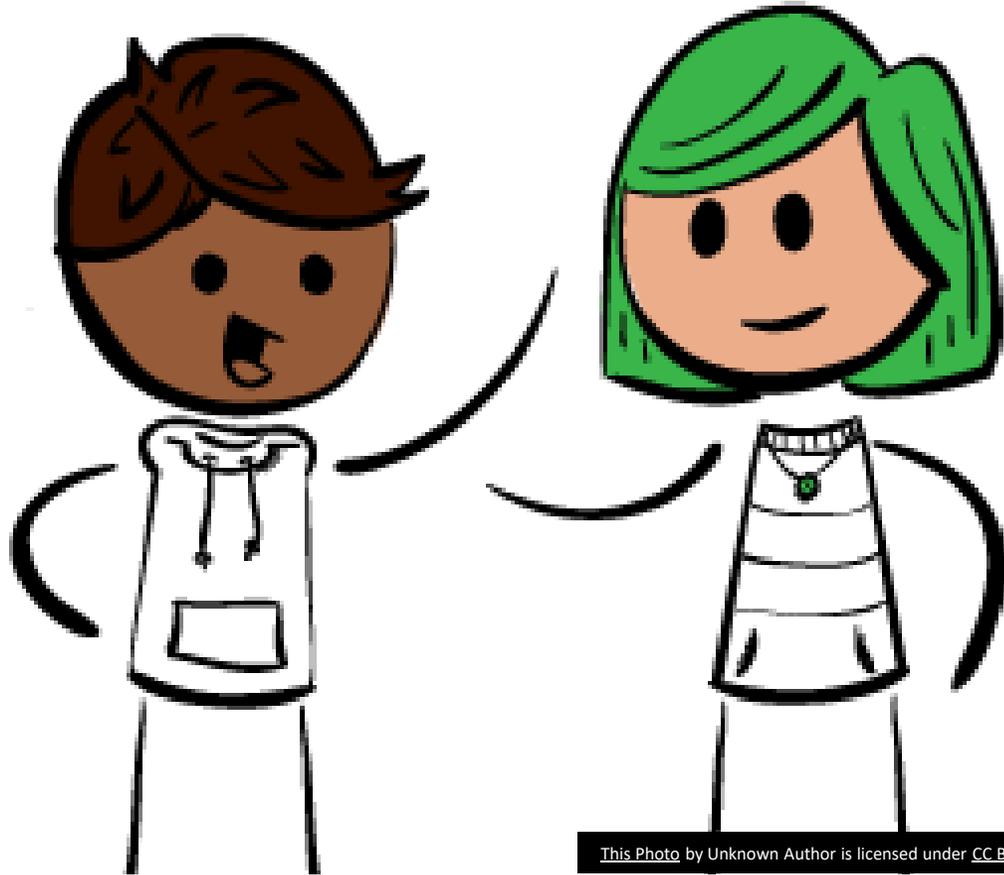
Increase curiosity about your own mind

Am I able to be curious and
unknowing right now?

Am I “offline?”



Model being explicit



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- Sharing when feeling pushed away or unable to think clearly
- Note when you don't have the answer
- Be curious about why you might not be able to think clearly
- Note shifts out loud such as "I feel like I might have pushed you away" or "I am worried I might have overstepped".

Questions & Comments

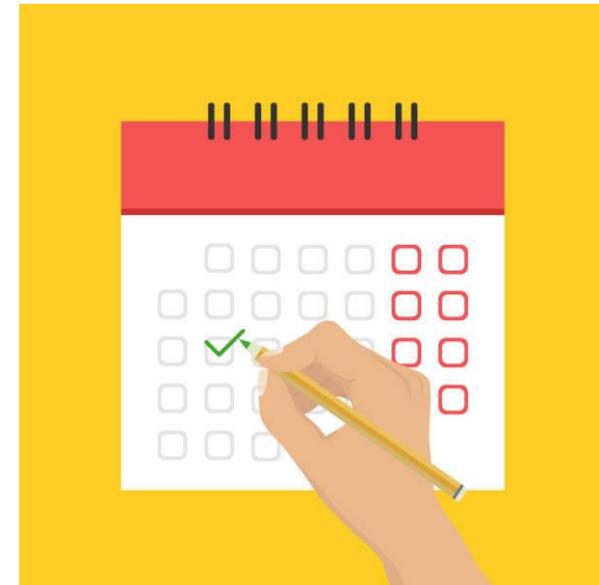
Thank you!



Webinar Recordings

Visit the [webinar series website \(link\)](#) to access recordings.

- **Snapshot of the New Landscape: COVID-19 and Substance Use Services**
- **Extending SBIRT Using Principles of Motivational Interviewing**
- **Suicide Prevention and Management**
- **Integrated Health Care Policy & Practice**
- **Policy Landscape for Substance Use Treatment and Prevention**
- **Trauma Informed Care**



Resources

- Robert Wood Johnson Foundation (2013) *Health Policy Brief: Patient Engagement. People actively involved in their health and health care tend to have better outcomes—and, some evidence suggests, lower costs.* https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf404446
- Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Annals of Behavioral Medicine : A Publication of the Society of Behavioral Medicine*, 40(2), 10.1007/s12160-010-9210-8. <http://doi.org/10.1007/s12160-010-9210-8>
- Trauma 101- <https://youtu.be/1pNwHMjPrxY>
- Trauma-informed Care Guiding Principles - https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html
- Trauma-informed Care in BH Services - <https://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>

SAMHSA TIC TIP



[TIP 57: Trauma-Informed Care in Behavioral Health Services](#)

Assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. Discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce. Inventory#: SMA14-4816

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