

Understanding Trauma, Resilience and Trauma-Informed Care

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MODULE 1

What is Trauma and Why Does It Matter?

- Why learn about trauma and resilience?
- Definition of Trauma
- Types of Trauma
- Adverse Childhood Experiences (ACEs)
- Impacts of Trauma

Why learn about trauma and resilience?

- ◆ Trauma is common across all demographics
 - ◆ Not only about people our organizations serve
 - ◆ it's about **all of us** as well
- ◆ Trauma is pervasive
- ◆ Trauma's impact is broad, deep and life-shaping
- ◆ Trauma affects people in different ways
- ◆ Trauma affects how people approach services

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Why learn about trauma and resilience?

- ◆ Systems and organizations that serve individuals and families may inadvertently / unknowingly trigger or re-traumatize people, including organization staff.
- ◆ Understanding trauma and its impacts can help us to:
 - make sense out of people's behavior
 - avoid re-traumatizing
 - respond in ways that promote resilience & healing
 - improve policies, procedures & physical environment

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Trauma among helping professionals

- ◆ 41% of **teachers** leave the profession within 5 years of starting (Ingersoll, Merrill, and Stuckey, 2014)
- ◆ 65% of **social workers** had at least one symptom of secondary traumatic stress (Bride, 2007)
- ◆ 26% of **criminal justice professionals** had moderate to severe depression (3x higher than US genl pop) and 17% had both depression and PTSD (Denhof & Spinaris, 2011)
- ◆ 79% of **nurses** had moderate to high rates of compassion fatigue (Abendroth & Flannery, 2006)

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Key Insight



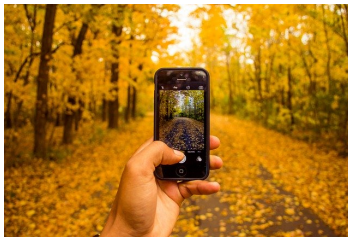
“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

(Remen, 2006)

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Self Care

- Good self care is NOT selfish
- It is our professional and ethical responsibility
- Daily practices to re-charge our physical, emotional, relational and spiritual “batteries”



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What is Trauma?

“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 threatening

and that has lasting adverse **EFFECTS** on the individual’s functioning and physical, social, emotional or spiritual well-being.”

SAMHSA GAINS Center for Behavioral Health/Justice Transformation

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What could cause trauma?

◆ An event may be traumatic if:

- ◆ It happened unexpectedly
- ◆ You were unprepared for it
- ◆ You felt powerless to prevent it
- ◆ It happened repeatedly
- ◆ Someone was intentionally cruel
- ◆ It happened in childhood

helppguide.org - Emotional and Psychological Trauma:
Symptoms, Treatment and Recovery

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Trauma may result from...

- ◆ a SINGLE, ONE-TIME EVENT
- ◆ REPEATED stressful or harmful EVENTS
- ◆ Stressful or harmful LIVING CONDITIONS/
CIRCUMSTANCES

***The effects of traumatic events
may continue for years, even decades,
after the trauma occurred***

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Examples of traumatic events

- ◆ Physical, emotional, or sexual abuse
- ◆ A crime or other violation committed against you
- ◆ Physical or emotional neglect
- ◆ War and combat experiences
- ◆ Refugee and immigrant experiences
- ◆ Outbursts of temper and rage or violence
- ◆ Alcoholism or addiction (your own or in your family)
- ◆ Physical illnesses, surgeries, disabilities (yours or loved ones)
- ◆ Loss of close family members and friends
- ◆ Natural disasters (flood, tornado, hurricane, earthquake)
- ◆ Accidents
- ◆ Living circumstances: poverty, hunger, homelessness
- ◆ Secondary or vicarious trauma
- ◆ Historical or racial trauma
- ◆ Pandemics

SAMHSA: Dealing with Effects of Trauma: A Self-Help Guide

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Historical Trauma

“The cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma”

~ Maria Yellow Horse Brave Heart

Groups that have experienced significant historical trauma:

- American Indian and Alaska Native communities
- Communities of color
- Holocaust survivors
- Japanese-American survivors of internment camps
- LGBTQ communities

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Racial Trauma

- ◆ Potentially traumatic experiences resulting from direct experiences of racial harassment, witnessing racial violence toward others, and experiencing discrimination and institutional racism

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Pandemic Trauma

- ◆ Grief associated w/ numerous, widespread losses
- ◆ Anxiety, fear, depression, “COVID dreams”, other mental health impacts
- ◆ Conflicts associated with the pandemic (political, community, family)
- ◆ Impacts on vocation (work, school, volunteering)
- ◆ Isolation, social distancing, loss of social connections, changes in family dynamics and interaction
- ◆ Loss of daily structure/routine
- ◆ Uncertainty, continual change
- ◆ Economic/financial impacts
- ◆ 24/7 news cycle
- ◆ Physical health impacts
- ◆ Deaths



EARLY RESEARCH

- ◆ 808 participants, 27 US states, ages 18+
 - ◆ nearly 90% of respondents had one or more traumatic stress symptoms
 - ◆ 27% met criteria for PTSD diagnosis (compare to 5.3% for general US population; 7.6% for veterans deployed in Iraq/Afghanistan)
- (Holmes, Megan; Case Western Reserve Center on Trauma & Adversity; April 2020)

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Adverse Childhood Experiences (ACEs)

When children experience or witness, before age 18:

ABUSE

- ◆ Emotional
- ◆ Physical
- ◆ Sexual

NEGLECT

- ◆ Emotional
- ◆ Physical

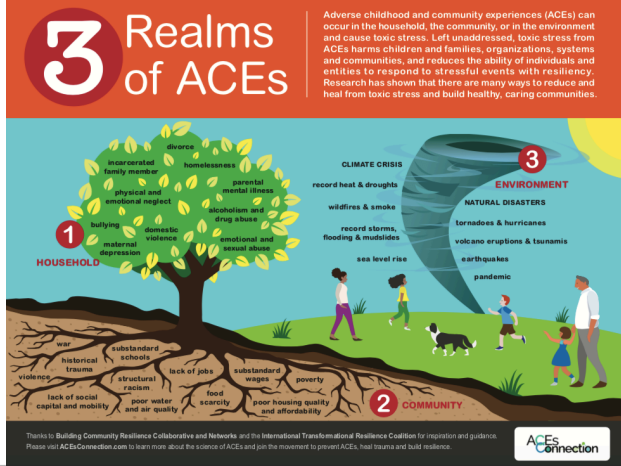
FAMILY ISSUES:

- ◆ Household member who:
 - ◆ Abuses alcohol/drugs
 - ◆ Is chronically depressed, has mental health issues, suicidal
 - ◆ Is incarcerated
 - ◆ Loss of parent(s) due to separation, divorce, natural death, suicide, abandonment
 - ◆ Mother treated violently

- ◆ These are called “Adverse Childhood Experiences” (ACEs)
- ◆ ACEs score = number of these 10 categories experienced

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A Broader Picture: Adverse Childhood and Community Experiences

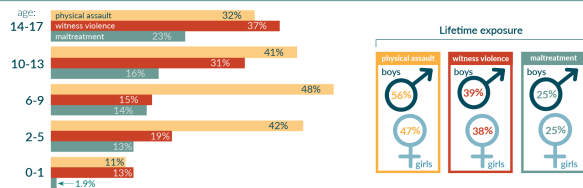


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Prevalence of Childhood Trauma Nationally

2 of 3 children & youth were exposed to violence in the past year

Of these, 50% report more than 1 form of victimization | 1 in 6 report 6 or more exposures to violence
 physical assault, witnessing violence, and maltreatment are common



Adverse Childhood Experiences (ACE) Study

1 in 5 adults report 3 or more adverse experiences as children

- Adverse experiences include:
- Physical abuse, emotional abuse, and sexual abuse
 - Emotional and physical neglect
 - Household substance abuse
 - Household mental illness
 - A mother treated violently
 - Parent separation or divorce
 - Incarcerated household member

As rates of adverse childhood experiences go up, so does high risk behavior, illness, and early death

Sources: Finkelhor, Turner, Shattuck, & Hamby, 2015; Child Trends, 2016; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards ... & Marks, 1998

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Prevalence of Childhood Trauma Among Specific Groups

Groups at increased risk of exposure to trauma:

- Youth of color ages 12 to 19
- African American youth living in urban, low-income communities
- American Indian/Alaska Native (AI/AN) children and youth
- Children and youth with disabilities
- Refugees
- Children and youth who are homeless and living in poverty
- LGBTQ children and youth
- Children and youth in foster care

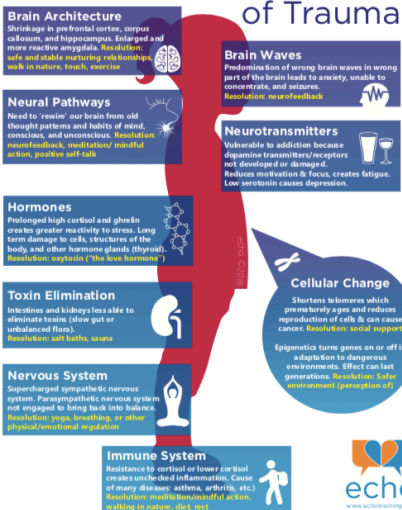
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Common Responses to Trauma - Children/Youth

	Young Children	School Age	Teens
Fear, anxiety, worry	X	X	X
Changes in sleeping & eating	X	X	X
Physical symptoms: headaches, stomachaches	X	X	X
Difficulty separating from caregivers	X		
Regressed behavior (bed-wetting, tantrums, etc)	X		
Re-enacting aspects of traumatic events in play	X		
Feelings of guilt, shame, self-blame		X	X
Difficulty concentrating, focusing in school		X	X
Angry outbursts, aggression		X	X
Withdrawal, isolation, numbing out		X	X
Over- or under-reactions to sudden movements, physical contact, changes in their environment		X	X
Decline in school performance		X	X
Worry how others will view them after the event			X
Increase in risk-taking behavior (drug/alcohol use, sexual behavior, fights, self-harm)			X

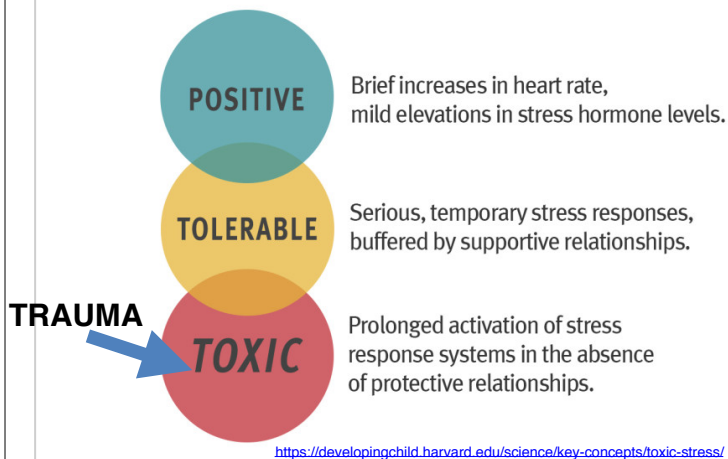
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Physical Impact of Trauma



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Types of Stress



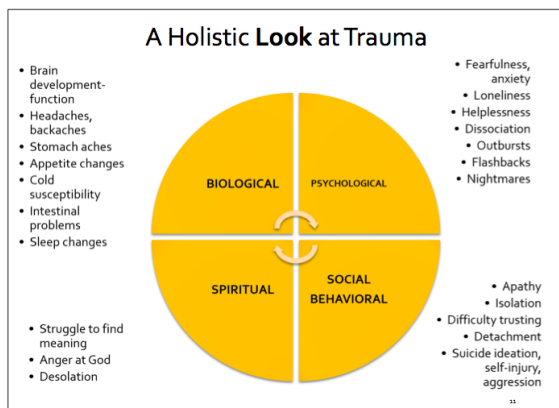
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Impacts of Trauma

- Biological
- Psychological
- Social/Behavioral
- Spiritual
- Across the life span
- On communities

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Impacts of trauma

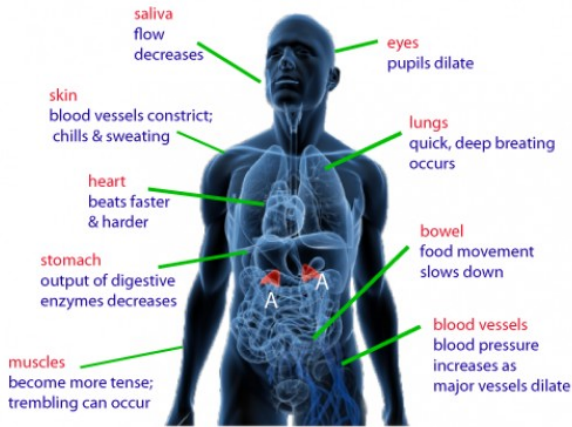


Source: Tracey Gendron and Gigi Amateau, "Trauma-Informed Care in Nursing Homes," webinar July 24, 2018, presented by HealthInsight. <http://bit.ly/HI-TIC>.

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The Body and Fight, Flight, Freeze

Fight or Flight Response



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Impacts of Trauma/Toxic Stress on the Body

BRAIN

Difficulty concentrating, anxiety, depression, irritability, mood, mind fog

CARDIOVASCULAR

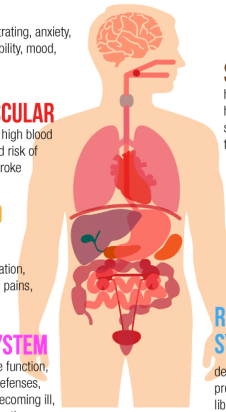
higher cholesterol, high blood pressure, increased risk of heart attack and stroke

JOINTS AND MUSCLES

increased inflammation, tension, aches and pains, muscle tightness

IMMUNE SYSTEM

decreased immune function, lowered immune defenses, increased risk of becoming ill, increase in recovery time



SKIN

hair loss, dull/brittle hair, brittle nails, dry skin, acne, delayed tissue repair

GUT

nutrient absorption, diarrhea, constipation, indigestion, bloating, pain and discomfort

REPRODUCTIVE SYSTEM

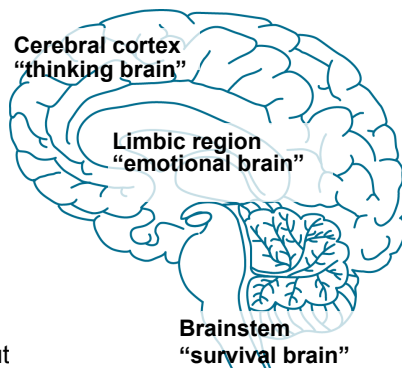
decreased hormone production, decrease in libido, increase in PMS symptoms

Psychiatry.com. (2016). What stress is doing to your body and how to reduce it? Retrieved from <http://www.psychiatry.com/blog>

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The Brain and Fight, Flight, Freeze

1. The amygdala (in limbic region) senses threat and sets off the alarm.
2. Thinking brain assesses the situation.
3. Thinking brain goes off-line. Emotional brain activates fight/flight/freeze response.
4. Thinking brain helps shut off the alarm and helps us to calm down.

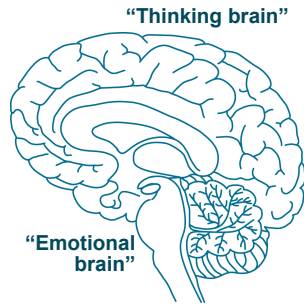


National Center on Safe Supportive Learning Environments:
<https://traumasensitiveschools.org/>

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The Brain and Fight, Flight, Freeze

- An experience becomes **TRAUMATIC** when it overwhelms our system for responding to stress.
- The emotional brain continues to sound the alarm and send messages to fight or flee, even after the threat has passed.



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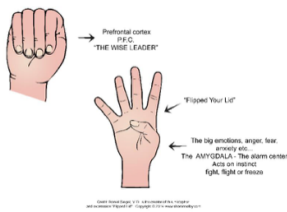
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The Brain and Fight, Flight, Freeze

Neurobiology

Helps us understand how our brain development and functions are impacted by toxic stress/trauma

"Flipping One's Lid"



Challenges with:

- Memory
- Communication
- Sensory regulation
- Executive functioning
- Regulation

In Survival Mode –
assessing threat
constantly

<http://traumainformedoregon.org/wp-content/uploads/2017/07/Foundations-of-Trauma-Informed-Care.pdf>

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The Brain and Fight, Flight, Freeze

Trauma Interrupts Health

The Nervous System Loses Balance

Out of Balance



Disconnection



Fight/Flight



Freeze



Social NS

can't inhibit or regulate
SNS (fight/flight)
PNS (freeze)

Sympathetic NS

hypervigilance
anxiety
nightmares
PTSD

Parasympathetic NS

immobility
depression, apathy
fatigue

Veronique Mead, MD, MA
Chronic Illness Trauma Studies.com

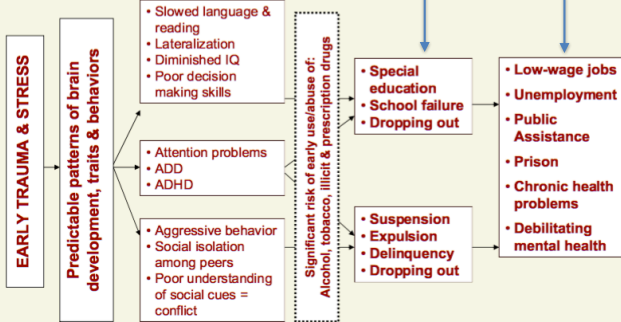
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Impacts of Trauma on Communities



ADVERSE CHILDHOOD EXPERIENCE DRAFT

INTEGRATING SCIENTIFIC FINDINGS: THE FAST TRACK TO POVERTY Community Impact



Washington Family Policy Council

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The Good News: Resilience trumps ACEs

- ◆ ACEs are NOT DESTINY
- ◆ Resilience is “the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of threat.” (American Psychological Association)
- ◆ EVERYONE can learn to be more resilient and we can re-wire our brains for resilience (neuro-plasticity)
- ◆ By understanding how traumatic experiences may impact people, we can respond in a more trauma-informed way and foster resilience and healing
- ◆ In the next module, we'll explore:
 - ◆ Individual differences in how people respond to traumatic events
 - ◆ Risk and resilience factors
 - ◆ Building resilience and fostering healing
 - ◆ Post-trauma pathways

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Summary

- ◆ In Module 1, we've looked at:
 - ◆ Why learn about trauma and resilience?
 - ◆ Definition of Trauma
 - ◆ Types of Trauma
 - ◆ Adverse Childhood Experiences (ACEs)
 - ◆ Impacts of Trauma
- ◆ In Module 2, we'll explore:
 - ◆ Individual differences in how people respond to traumatic events
 - ◆ Risk and resilience factors
 - ◆ Building resilience and fostering healing
 - ◆ Post-trauma pathways

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