

Creating Trauma-Informed Systems



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A short overview of ACES

<https://www.youtube.com/watch?v=ccKFkcfXx-c&t=1s>

- A lifetime history of trauma was found in 55 percent to 99 percent of women who misused substances, compared with rates of 36 percent to 51 percent in the general population.
- Compared with men, a higher proportion of women with substance use disorders have histories of trauma, including sexual and/or physical abuse.
- Often this abuse was perpetrated by people the women knew and trusted.

The Brain Matters

- * The human brain is the organ responsible for everything we do. It allows us to love, laugh, walk, talk, create or hate.
- * The brain - one hundred billion nerve cells in a complex net of continuous activity - allows us our humanity.
- * For each of us, our brain's functioning is a reflection of our experiences.



The brain develops and organizes as a reflection of developmental experience, organizing in response to the pattern, intensity and nature of sensory and perceptual experience.

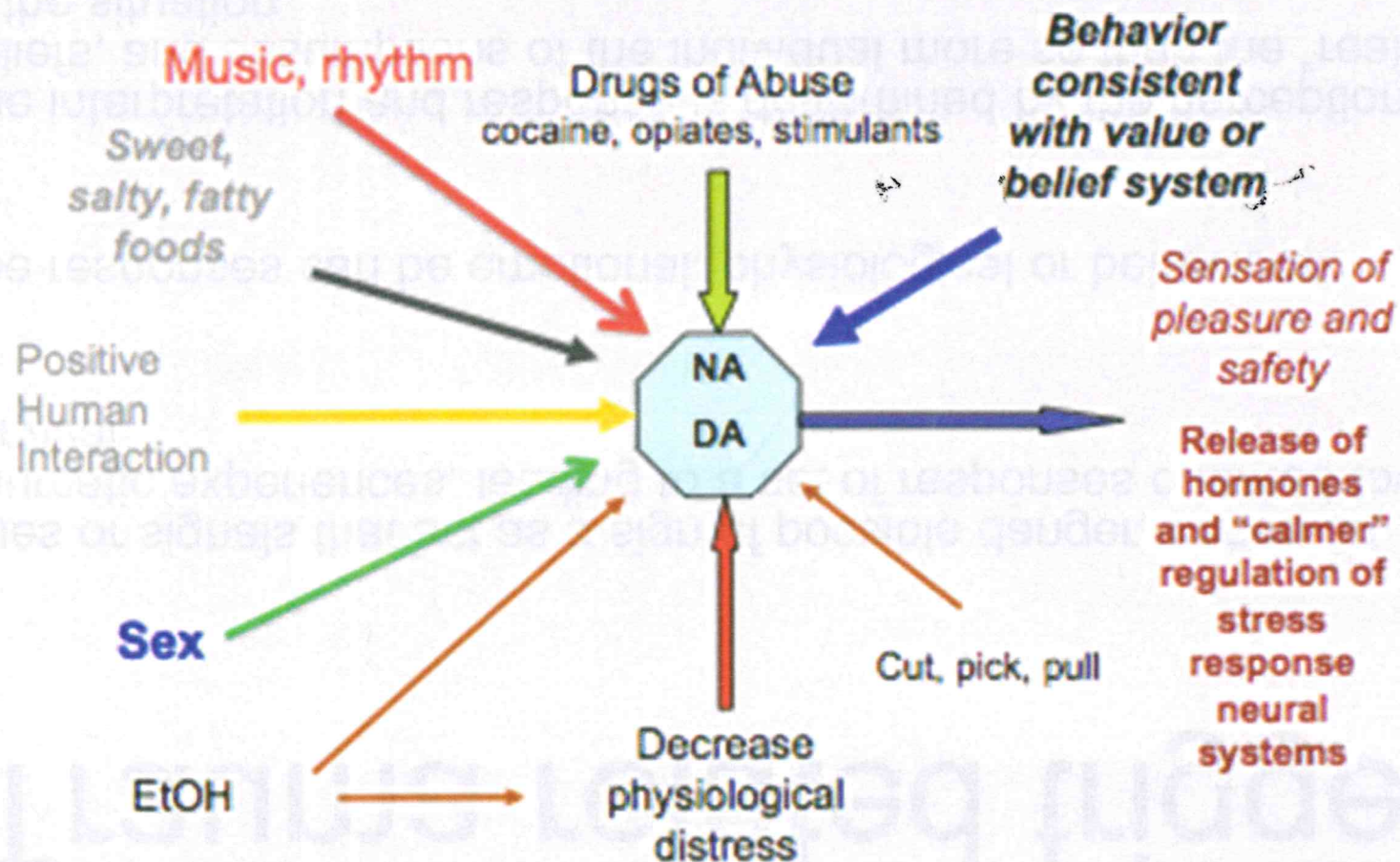
Association

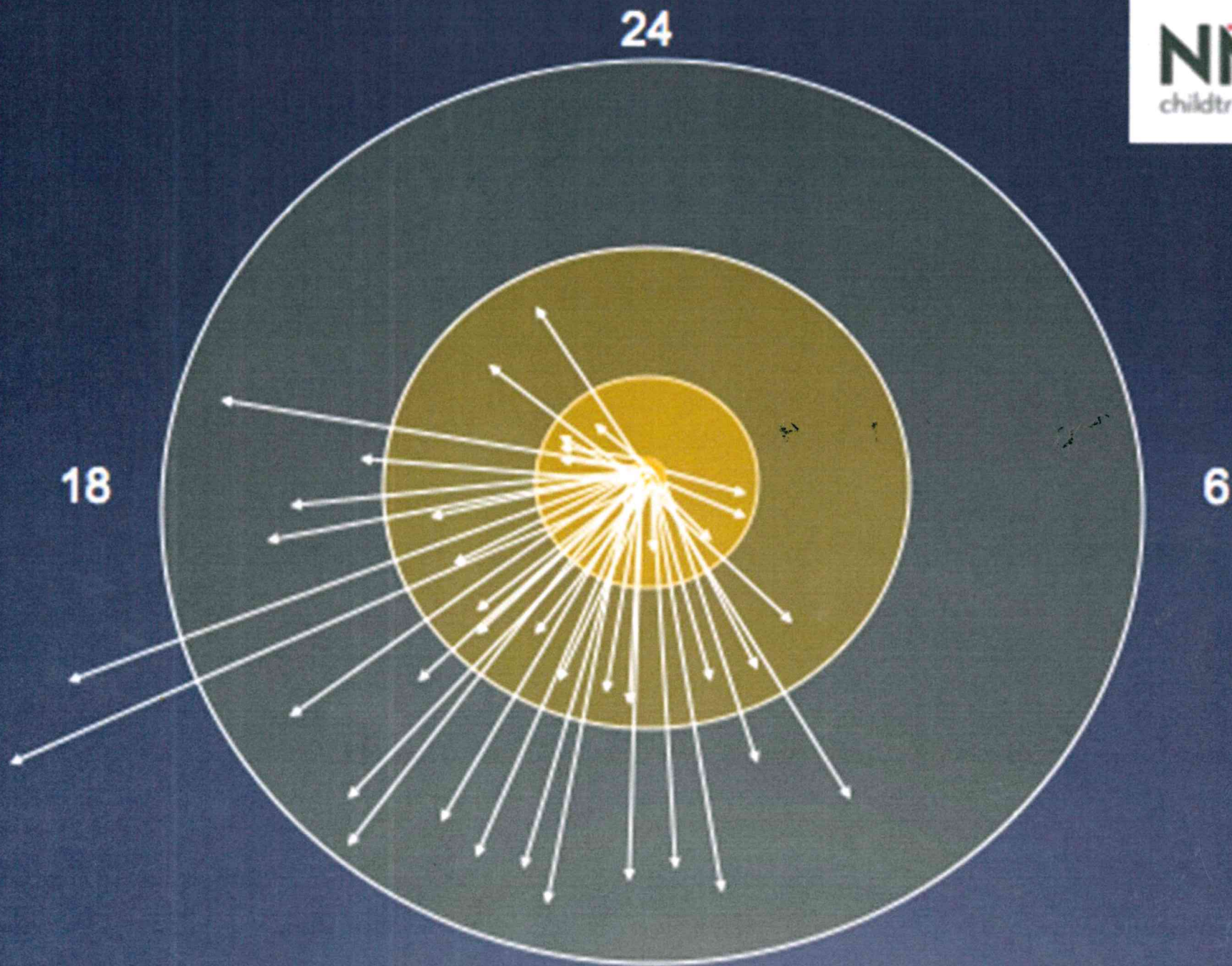
- * The brain makes associations between patterns of neural signals co-occurring in any given moment in time
- * This capacity allows humans to learn, create images of the future and survive.
- * This capacity can also make humans vulnerable to false associations – e.g., creating fears of non-threatening objects.
- * Association is at the heart of understanding attachment, good and bad, as well as trauma-related symptoms

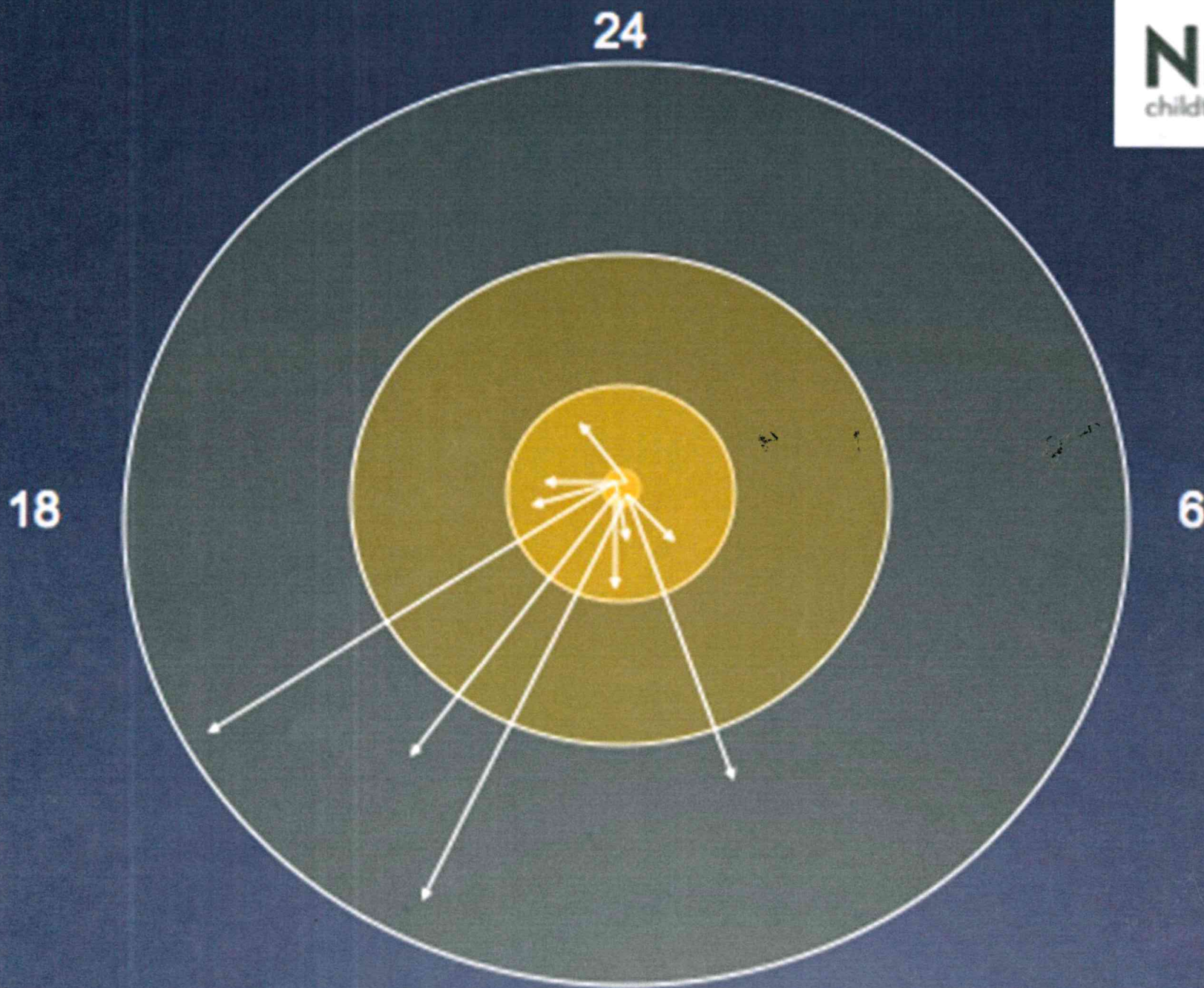
Trauma related trigger

- 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.

Stimulation of "Reward" Neural Systems in the Human Brain: *Multiple Mediators*







Trauma is not in an event.

It is in the meaning that we make of events
and the associations formed within the
experience of the event.

**Traumatic
Event**

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graph TD; A[Traumatic Event] --> B[Prolonged Alarm Reaction]; B --> C[Altered Neural Systems];
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**Prolonged
Alarm
Reaction**

**Altered
Neural
Systems**

Stress

Unpredictable

Severe

Uncontrolled

Vulnerability

Predictable

Moderate

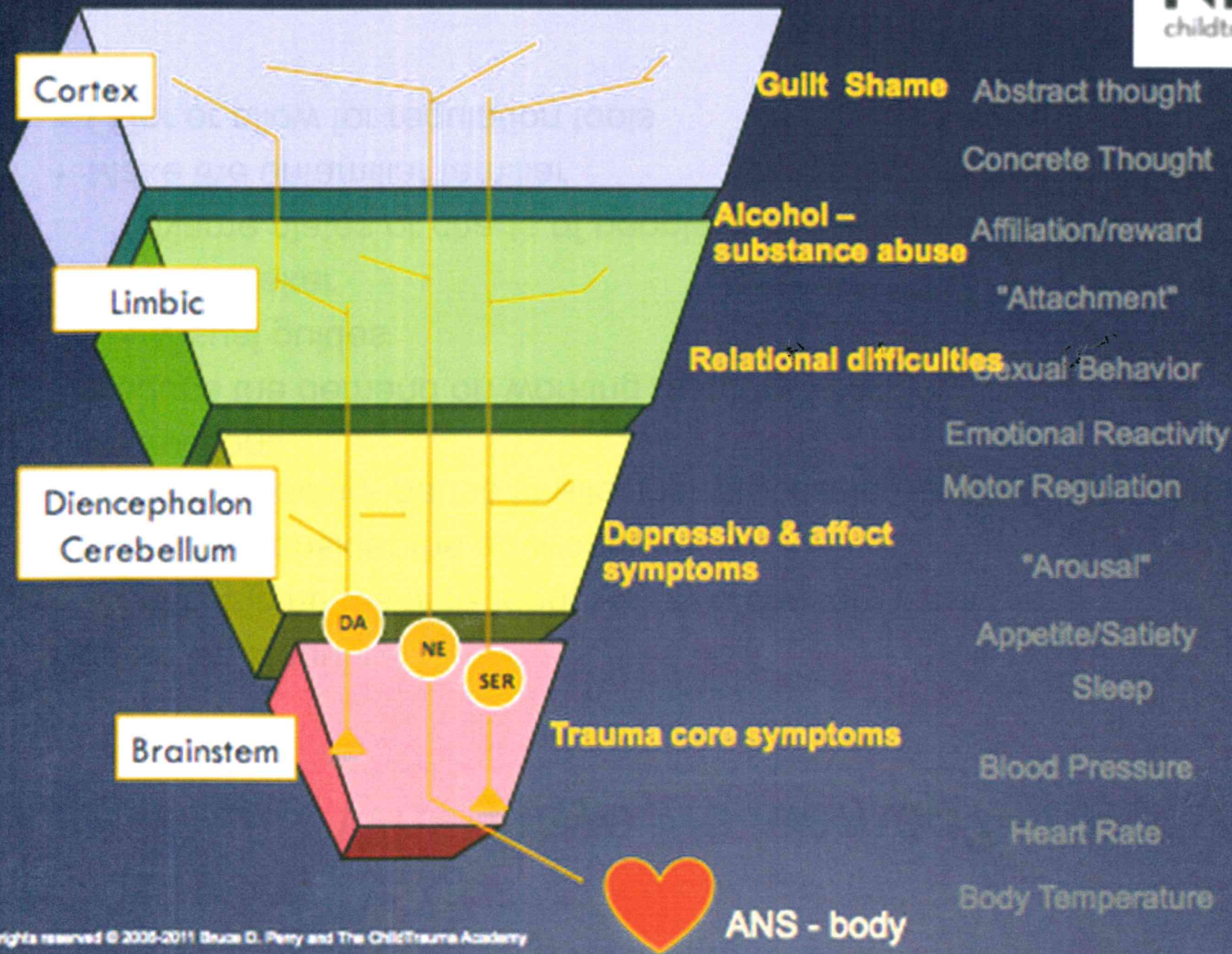
Controlled

Resiliency

The behaviors that we find to be disruptive, unexpected, or challenging are often wise adaptations to another time or place.

People in such situations will over-develop their “hot stove responses” and under-develop their ability to scan a situation, accurately read cues in their environment, and make wise choices.

“I did then what I knew how to do.
Now that I know better, I do better.”
— Maya Angelou



What have we learned?

Bottom Up Regulation

- Meet basic needs first- food, water, & sensory input
- Carefully consider the environment
- Consider pacing- pause to allow for processing of information & instructions
- Reduce the demand on working memory
 - Visual guides
 - Note taker
 - Name plates or charts of people, picture, & role
- Make the unfamiliar familiar
- Offer or allow for regulation tools

Compassion Fatigue is a “disorder that affects those who do their work well.”

“It is characterized by deep emotional and physical exhaustion and by a shift in the helper’s sense of hope and optimism about the future and the value of their work.”

(Dr Charles Figley, 1995)

Vicarious Trauma is “the transformation of the helper’s inner experience, resulting from empathic engagement with another’s traumatic material.”

Burnout is a different concept and a potential outcome of challenging work.

- * V.T. is inevitable and also unique to the individual/situation.
- * Burnout is avoidable and typically will require support to return that individual to a healthy baseline of functioning.

Signs of Vicarious Trauma

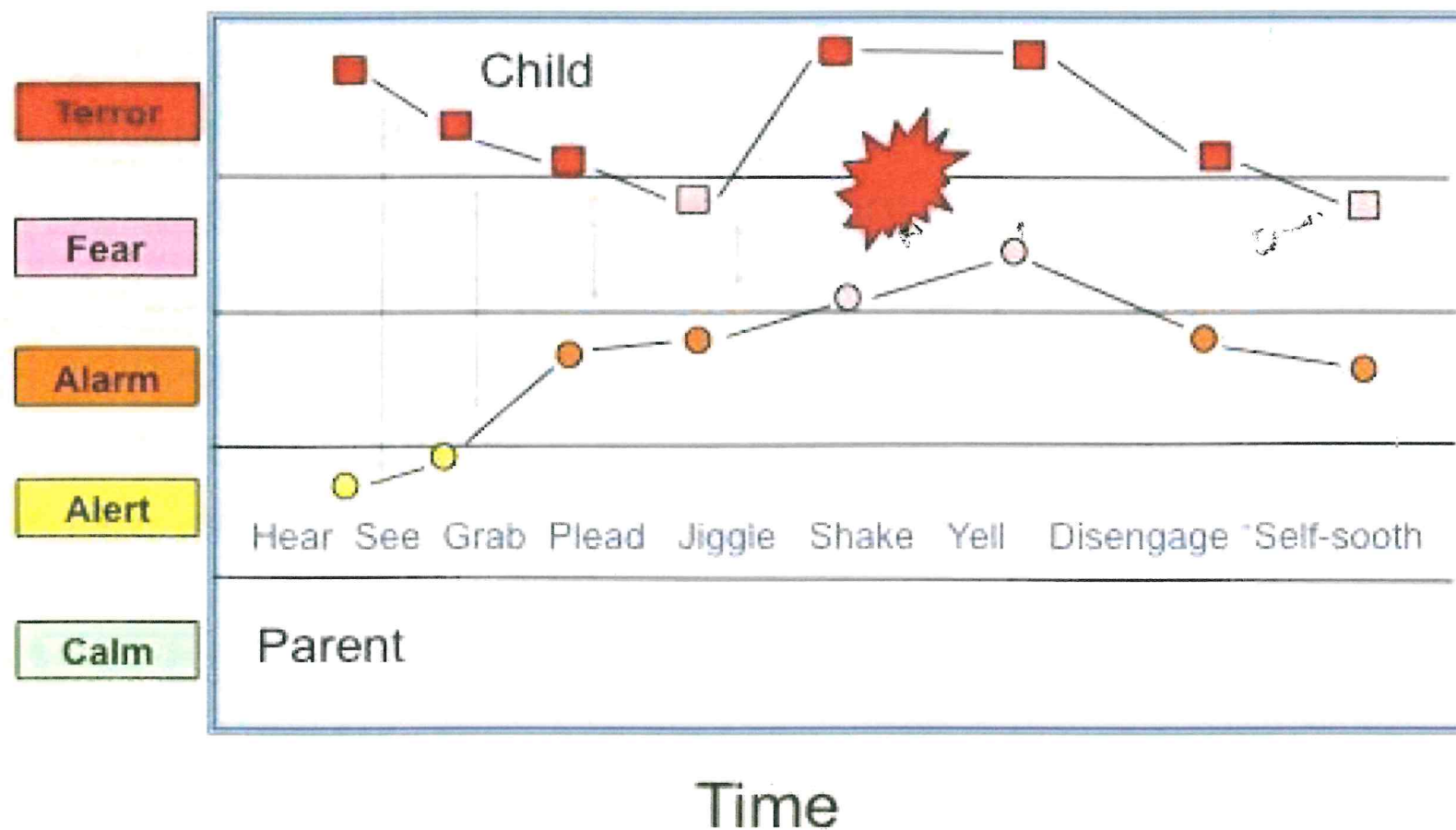
- Cognitive-sluggishness, inability to process
- Emotional-anger, sadness, depressive symptoms
- Behavioral-maladaptive avoidance
- Spiritual-change in worldview
- Interpersonal-strained relationships, self-isolation, cynicism
- Physical-headaches, stomach aches, lethargy, etc.
- Job Performance-tardiness, missed meetings, avoidance of certain students
- Morale-negativity toward workplace
- Inability to stop thinking about work/students during personal time

Contextual Risk Factors

- Our own complex histories
- Lack of resources
- Implicit bias & prejudice
- Victim blaming & how we cope with fear and anxiety
- High tolerance for violence in our society
- World events that contribute to a sense of despair or hopelessness

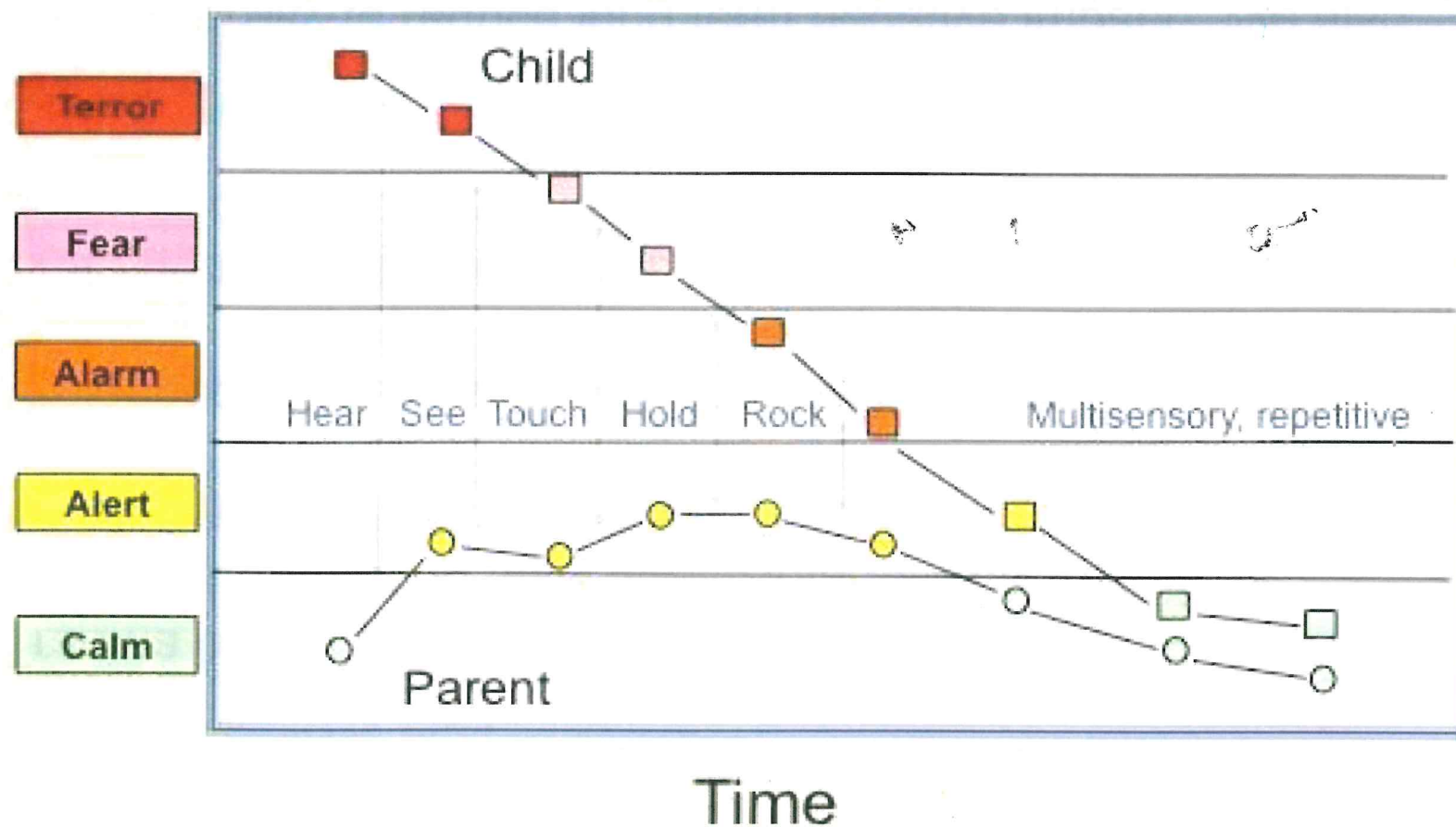
(Transforming the Pain (Saakvitne & Pearlman, 1996))

Co-dysregulation: Distressed child and anxious, reactive parent



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Co-regulation: Distressed child and well-regulated parent



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Key points

- Trauma based associations or triggers: The way in which we adapt to trauma and toxic stress interferes with optimal functioning in other situations.
- Prolonged stress results in vulnerability rather than resilience.
- State dependent functioning: As we become more stressed, our ability to cope optimally reduces.
- We have learned key facts about trauma that guide prevention and the ability to reduce long term negative impact. We also understand why relational trauma increases the risk for addiction.
- Vicarious trauma: Our vulnerability and role in this process.