



CALIFORNIA

Opioid Safety Network

A project of the Public Health Institute

TRAUMA- INFORMED COMMUNITIES

*How trauma impacts ourselves,
our communities and our
response to COVID-19*

April 22, 2020

LEARNING OBJECTIVES

- Grow understanding of the neuro-biology of trauma
- Increase understanding of collective or community trauma
- Gain new tools/resources that will assist you in your professional and/or personal life

BROOKE BRIGGANCE DEPUTY DIRECTOR, FACES FOR THE FUTURE COALITION

Certified Grief Recovery Specialist

Certified trainer in Mental Health
First Aid and Trauma Informed
Practice

- Multi-sector background in health, non-profit management and education
- Experience work as a patient advocate in the Department of Neurology at SUNY Stony Brook.
- Has served as Executive Director of an education foundation and as a consultant for school districts working on community engagement and fund development strategy.





BECOMING TRAUMA INFORMED

Core Guiding Principles of Trauma Sensitive Communities

**Trauma
Informed
Systems was
adapted from**

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UCSF Healthy Environments and Response to Trauma in Schools (HEARTS curriculum; Joyce Dorado & Lynn Dolce)

by the TIS founding workgroup members:

Ken Epstein, Lynn Dolce, Joyce Dorado, Briana Loomis, Norman Aleman, Kaytie Speziale, and Michael Marcin.

San Francisco Department of Public Health, Trauma Informed System Initiative. (2014). *Transforming stress and trauma*. [organizational training curriculum] San Francisco, CA: Author.

and

Cristina Rita, Crisis Support Services of Alameda County

Overarching Goal

To create a trauma-informed systems in our communities that foster wellness and resilience for everyone.

Goals for Today



TO DEVELOP A SHARED
UNDERSTANDING AND
LANGUAGE ABOUT
STRESS AND TRAUMA –
INDIVIDUAL AND
COLLECTIVE



TO EXPLORE THE NEURO-
BIOLOGY OF TRAUMA
AND HOW IT CAN
IMPACT SOMEONE'S
RESPONSES



DISCUSS SOME
PRACTICAL TIPS FOR
DE-ESCALATION AND
CO-REGULATION

Reclaim Positive Aspects

- **Normalize** symptoms
- **Acknowledge** long term consequences of short-term coping
- **Reframe** to empower the person and community as resilient and resourceful
- **Encourage** development of other coping strategies
- **Teach** symptoms are not taking place in the ‘here-and-now’

(janinafisher.com/resources.php)

TRAUMA TREATMENT vs. TRAUMA INFORMED CARE/SYSTEM

- Evidence based and best practice treatment models that have been proven to facilitate recovery from trauma.
- Directly address the impact of trauma on an individual's life and facilitate trauma recovery- they are designed to treat the actual consequences of trauma.
- Examples:
 - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
 - Seeking Safety
 - Child-Parent Psychotherapy
 - Dialectical Behavior Therapy (DBT)





Changing how we respond matters . . .

Responding to trauma in our communities can impact public systems and all levels of our workforce.

Everyone will benefit from a common framework to understand this impact and promote practices that foster mutual wellness, resilience, and recovery.

DEFINITION OF 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 has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being.
- It overwhelms an individual's or community's resources to cope and frequently produces a sense of fear, vulnerability, and helplessness.





Prevalence of Trauma

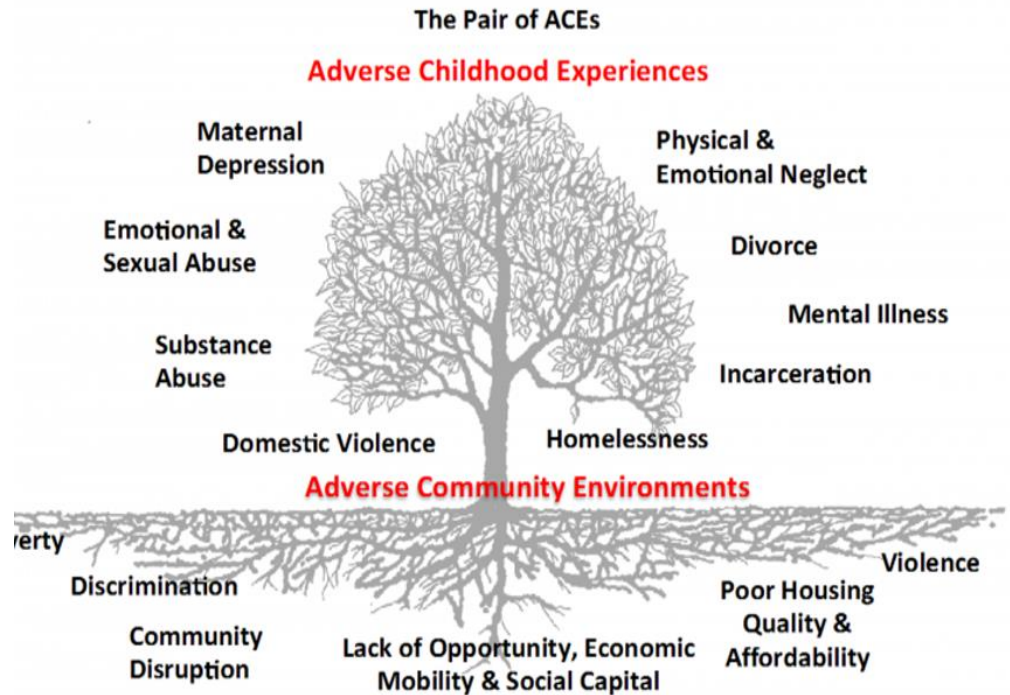
Anyone can be traumatized. No one is immune. It is widespread throughout the world and affects every part of the population.



**Common
Trauma
Terminology**

Term	Definition
ADVERSE CHILDHOOD EXPERIENCES (ACEs)	Single or multiple exposures and/or events experienced during childhood
ACUTE TRAUMA	A single, time limited traumatic event
CHRONIC TRAUMA	Multiple traumatic exposures and/or events over extended periods of time
TOXIC STRESS	Adverse experiences that lead to strong, frequent, or prolonged activation of the body's stress response system
SECONDARY TRAUMA/ VICARIOUS TRAUMA	Exposure to the trauma of others as experienced, realized, or imaged by providers, family members, close friends, or partners in close contact with traumatized individuals
COMPASSION FATIGUE	Cumulative physical, emotional, and psychological effects of traumatic stories

The Pair of ACEs: Adverse Experience/ Environments



W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Insidious Trauma

Think of insidious trauma as a constant but barely perceptible tapping on your shoulders. It reminds you that you are unwelcome by the dominate culture. It is as painful as more easily recognizable forms of trauma.



Historical Trauma

Refers to cumulative emotional and psychological wounding, extending over an individual lifespan and across generations, caused by traumatic experiences.

Can be experienced by “anyone living in families at one time marked by severe levels of trauma, poverty, dislocation, war, etc., and who are still suffering as a result” (Cutler, n.d.)

Cumulative and collective. The impact of this type of trauma manifests itself, emotionally and psychologically, in members of different cultural groups (Brave Heart, 2011).

Examples: discrimination, racism, forced assimilation/aculturation, colonization, race-based segregation, micro aggressions, and genocide; poverty; domestic violence, child abuse, alcoholism, and other social problems.

Who Is Impacted by Historical Trauma?

- American Indians/First Nations Peoples
- Immigrants
- People of Color
- Families Living in Poverty

Why is Historical Trauma Relevant?

As a collective phenomenon, those who never even experienced the traumatic stressor, such as children and descendants, can still exhibit signs and symptoms of trauma.



Intersection of Trauma, Health & Mental Health Outcomes

Trauma is linked to **6 leading causes of death** (heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide)

Trauma is linked to **medical illnesses** (immune system suppression, inflammatory diseases, and obesity)

Trauma → adverse effects on the **brain and cognitive functioning**

Stressors that are chronic, uncontrollable, and are experienced without support from caring others.

Some communities are disproportionately affected:

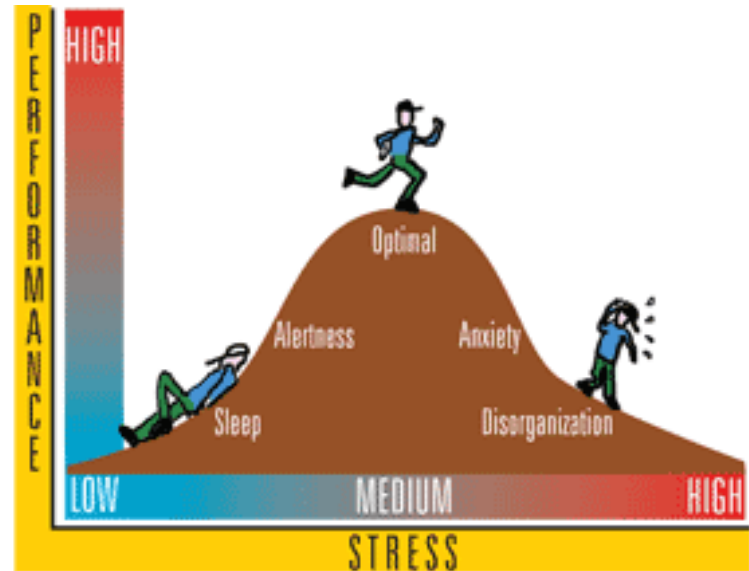
Bigotry + Urban poverty + Trauma = Toxic Stress

Includes intergenerational transmission of trauma

(Bloom 2013, Dorado & Dolce 2015, National Scientific Council on Developing Child 2005; McEwen, 2000)

CONTEXT: Definition of “Toxic Stress”

Adverse experiences that lead to strong, frequent, or prolonged activation of the body’s stress response system.



Trauma = Event, Experience & Effect

(Herman, 1997; Van der Kolk, 2005; DSM-5; SAMHSA; Siegel, 2012;
Bloom, 2013)



EVENT:

Actual or extreme threat of harm



EXPERIENCE:

“Fight, Flight, or Freeze” + Helpless to
escape

Overwhelms brain and body



EFFECT:

Dis-integration → Dysregulation

Lasting adverse effects

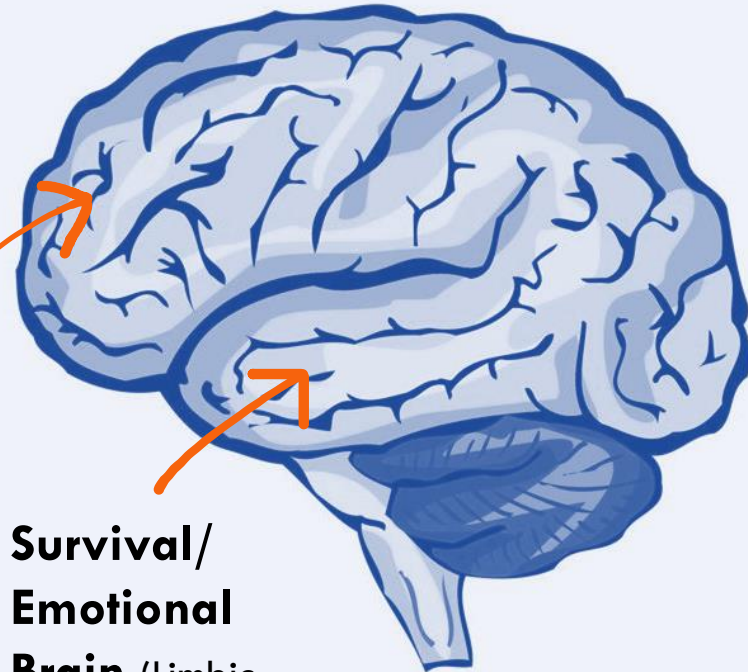
Survival Mode: Fight/Flight/Freeze

- Frontal lobe (prefrontal cortex) goes offline
- Limbic system / mid and lower brain functions take over

(Ford, 2009, Van der Kolk)

**Thinking
Brain**
(Prefrontal
Cortex)

**Survival/
Emotional
Brain** (Limbic
System)



What happens when we are activated: **Emotional Dysregulation**

- Dysregulation occurs when a person has difficulty controlling the influence of stress arousal on how s/he thinks, feels, behaves, and interacts with others.
- This can happen when we are “triggered/activated” into the Survival Brain



(Dorado & Dolce 2015)

Thinking Brain and Survival Brain



Thinking Brain = Rider

Makes informed, rational decisions

Survival Brain = Horse

Protective instincts based on feelings

When triggered, the rider falls off the horse

(Van der Kolk)(Ford, 2009)

Relationship Difficulties



When humans have experienced chronic trauma:

Overly clingy/dependent
Push others away
Don't know how to make use of helpful others (including providers)

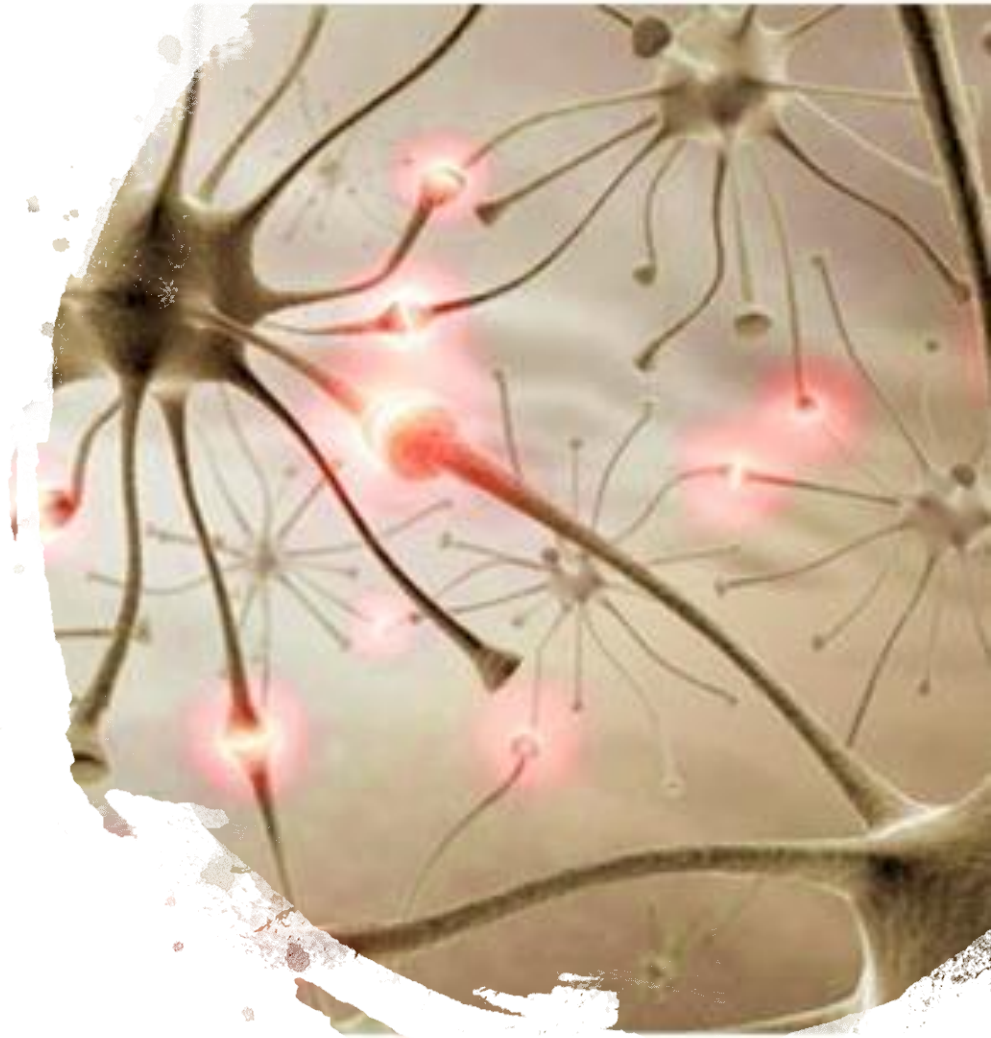


Working with trauma can pull for intense emotions in staff:

Vicarious/Secondary trauma
Compassion Fatigue

Hebb's Rule:
Neurons that fire together wire together

Co-regulation works!!



Shift Your Perspective

From "What is wrong with you?"

To "What has happened to you?"

(from Wisconsin Dept. of Health Services www.dhs.wisconsin.gov/tic)

Provides **context**, fosters **compassion**, helps us
to see **strengths** in face of adversity



Get Your Rider Back on Your Horse



Aggravating behavior is **“a cause for a pause”**



Pause and take a breath



Ask

“What has happened to you?”

“What is happening here?”

“What is the need behind this behavior?”

“How can I respond to this need?”

Reframing Risk Behaviors

Tension reduction behaviors

- Drugs and alcohol
- Risk-taking behavior
- Self-injurious behavior
- Compulsive stealing
- Aggression
- Problematic sexual behaviors (where any connection feels better than abandonment and isolation)

(from training on Integrated Treatment for Complex Trauma
by John Briere, 2009)

Adaptive survival behaviors





Trauma Informed System: Core Guiding Principle Safety & Stability

Having core safety needs met and increasing stability in our daily lives can minimize our stress reactions and allow us to focus our resources on wellness, growth, and creativity.

(Dorado, J. & Dolce, L. 2015)

Creating a Safe Environment

Physical Safety – Protection from harm, refusal to tolerate violence of any kind, reduction of unnecessary triggers

Social/Relational Safety – Build positive working relationships that can provide support and calming in times of stress.

Emotional Safety – Build skills in managing emotions, learn new ways of coping. The ability to be safe within oneself, rely on one's ability to self-protect and keep out of harm's way

(Dorado, & Dolce, 2015)



Trauma Informed System: Core Guiding Principle Cultural Humility & Responsiveness

- We come from diverse social and cultural groups that may experience and react to trauma differently.
- When we are open to understanding these differences and respond to them sensitively we make each other feel understood and wellness is enhanced.

(Dorado & Dolce, 2015)



**National
Standards for
Culturally and
Linguistically
Appropriate
Services (CLAS)
in Health and
Health Care:**

Principle Standard:

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.



Ways to enhance quality of life despite historical trauma

- Acknowledge and confront the historical trauma
- Work on understanding the historical trauma
- Focus on healing of one's self as well as healing within and among the community
- Releasing the pain in healthy ways
- Spiritual/Religious and/or Cultural healing services
- Psychological Treatment Services
- Social Justice



Trauma Informed System: Core Guiding Principle Compassion & Dependability

Trauma is overwhelming and can leave us feeling isolated or betrayed, which may make it difficult to trust others and receive support.

However, when we experience compassionate and dependable relationships, we reestablish trusting connections with others that foster mutual wellness.



Trauma Informed System: Core Guiding Principle Collaboration & Empowerment

Trauma involves a loss of power and control that makes us feel helpless.

However, when we are prepared for and given real opportunities to make choices for ourselves and our care, we feel empowered and can promote our own wellness and the wellness of others.



Concept of Empowerment



The process of helping people assert control over the factors that affect their lives.



Recognizing, enhancing, and promoting people's abilities to:

Meet their own needs

Solve their own problems

Mobilize the necessary resources

(in order to feel in control of their own lives)



Commit to giving your clients a choice of dates, times, or locations for their services.

Collaboration Tool: Fostering Voice

ARC:

ASK – “What is your understanding of ...?”

RESPOND – “That is absolutely correct.”

CLARIFY & CONFIRM – “One more thing is...”
“Does this make sense to you?”

(Dorado & Dolce, 2015 as seen in American Academy on Communication and Healthcare)

Moving Through Trauma

- **Recovery from trauma cannot take place in isolation,**
- **It can only take place in relationship**



The Importance of Relationships

What Hurts?

Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, judgmental

What Helps?

Interactions that express kindness, patience, reassurance, calm and acceptance and listening
Frequent use of words like **PLEASE** and **THANK YOU**

How Connection Helps

- Healing happens in relationships
- We need connection to each other as much as we need food!
- Healthy relationships involve being sensitive, responsive, and in harmony with feelings and needs of ourselves and others
- Good relationships help us calm down in difficult situations, help us feel safe, help us gain a sense of control when we are stressed out

**Brené
Brown:
Empathy**



Questions?

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