An Introduction to Trauma-Informed Care

Long-Term Care Social Workers of Iowa Conference

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What is Trauma-Informed Care (TIC)?

Trauma-informed care is an approach that recognizes the pervasiveness of trauma in the general population and views it as a driving force behind many psychological conditions, physical health ailments, behavioral disorders, public health issues, and systemic racism/oppression. Based on this understanding, the aim of TIC is to reduce the effects of stress, adversity, trauma in individuals (both clients and staff), families, organizations, and broader systems of practice. It does this by fully integrating knowledge about trauma into all aspects of services and trains staff to recognize the signs and symptoms of trauma to help minimize the potential for harm and re-traumatization.

Examples of TIC approaches include (but are not limited to) changing organizational policies, procedures and practices to minimize potential barriers to service, teaching staff and client's de-escalation protocols, stabilization skills, and stress reduction techniques, conducting screening and assessment that identify exposure to trauma and adversity, and when appropriate, providing trauma-specific interventions to effectively resolve the negative impact of trauma.

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Barriers to TIC: The Mentalist Model

Example: Aggressive and non-compliant behavior is perceived as fundamentally created by the individual's moral failings, lack of motivation, and willful disrespect toward authority, i.e., "*they act that because they want to.*"

Result: Tactics that employ coercion, restraint, and isolation are used to manage relationships. These may be imbedded in the organizations culture, and even within protocols and policies.

- Does not account for psychological trauma
- Does not account for social and environmental factors
- Does not account for physiological variabilities
- Consequences for "behaviors" are only black & white, and typically involved tactics that employ coercion, restraint, seclusion, and isolation…all of which can be seen as the ***language of violence***.

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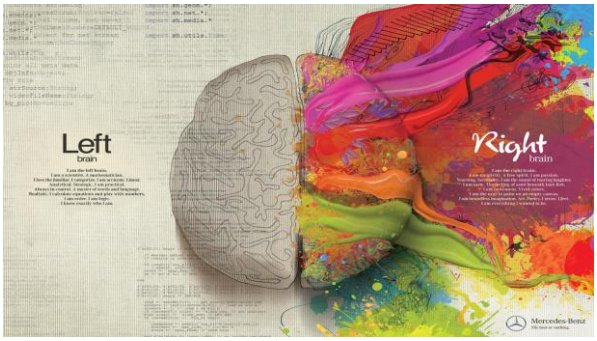

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Triune Brain Theory

Lizard Brain	Mammal Brain	Human Brain
Brain stem & cerebelum	Limbic System	Neocortex
Fight or flight	Emotions, memories, habits	Language, abstract thought, imagination, consciousness
Somatic	**Affective**	**Cognitive**

The Triune Brain in Evolution, Paul MacLean, 1960

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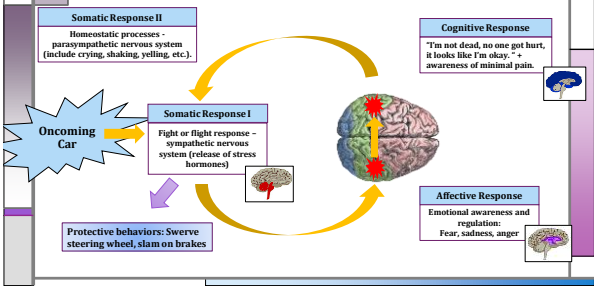
Stress Response (Not Trauma)



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Trauma Response (Shock Trauma)

Somatic response II
No homeostatic effect

The body starts to enter "freeze" mode which is an overactivation of the parasympathetic system while the sympathetic system is still running. If the person is unable to escape, the body begins shutting down certain parts of the brain and starts lowering the heart rate dramatically.

Cognitive response
This hurt! I can't escape I'm going to die!

Being abused

Somatic response I
Fight or flight response – sympathetic nervous system (release of stress hormones)

Hypometabolic state
Broca's region - articulation of speech
Wernicke's area - comprehension of speech
Parietal and temporal lobe – Gathering, organizing, and processing sensory information
Medial pre-frontal cortex – Decision Making

Affective response
Extreme fear

Protective behaviors do not work! Active recording begins (both in emotions and body).

The extent to which a person feels safe enough to deal with the stored emotional and physical energy that accumulated after this event will determine if this event turns into trauma. A lack of safety and consistency, poor social support, incorrect messages on what happened and how one is supposed to feel will all contribute to this turning into trauma.

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Emotions vs. Feelings (Dr. Antonio Damasio)

Concept 1:
- Emotions are **automatic** physiological reactions to external or internal stimuli.
- Feelings are our conscious awareness of those emotions.

Concept 2:
- Emotions are neither right or wrong, bad or good, or positive or negative. Their presence does not signify anything pathologically wrong with an individual. Emotions exist so that the body can learn to better adapt to the environment, and to regulate internal states based on external or internal stimuli.
- Feelings are ***interpretations*** of those emotions, and can be influenced by upbringing, culture/society, and religion. Feelings can provide context as to why an individual is feeling a specific emotion. This is where the value of an emotion is generated.

Concept 3:
- Mental health issues arise, especially trauma, when the interpretations of what or how someone is *supposed* to "feel" an emotion causes the suppression of that body's **natural ability** to process that emotion. Thus, the body is unable to regulate the emotional state (i.e., crying, wailing, producing tears).

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"Post" Traumatic Stress

Right after a traumatic event, the stored stress energy and collection of emotions (anger, sadness, fear, panic, shame, etc.) needs to be processed so that it is no longer having an affect on the body. Having someone just talk about their experience isn't enough, because the body needs to go through its own process of healing (i.e., tremors, shakes, screaming, crying). Due to ignorance, our own trauma, and/or malignant reasons, we often don't allow others to go through this healing process.

There, there! There is no reason to cry, you're safe now!	You're crying is upsetting me!	Mind over matter! Your emotions don't control you!
It happened a week ago, why are you still so upset?	If you tell anyone, I'll hurt them as well.	So, what were you wearing when he attacked you?

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Triggered Response (Hyperarousal)

Somatic response II
No homeostatic effect

Cognitive response
I'm being attacked, I'm in danger, I'm alone!

Trigger

Somatic response I
Fight or flight response – sympathetic nervous system (release of stress hormones)

Exaggerated protective response. May become argumentative/defensive/combative or leave a situation altogether.

Affective response
Fear response will be exaggerated. Anger may replace fear due to it being more protective in nature

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Triggered Response (Hypoarousal)

Somatic response II
No homeostatic effect

Cognitive response
Dissociation

Trigger

Somatic response I
Fight or flight response – sympathetic nervous system (release of stress hormones)

Instead of being overly responsive to stimuli, they are under responsive

Body may become stiff, unmoving, breathing may start to become rapid and shallow.

Affective response
Emotional response is still extreme; however, the person is become increasingly unaware of what they are feeling emotionally and somatically.

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The Stress Hormones

Adrenaline (epinephrine)
Increases heart rate, breathing, sweat glands, pupil dilation

Norepinephrine
Makes you hyper aware and hyper focused

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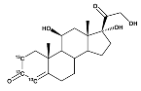
Cortisol



Cortisol is released in response to fear or stress by the adrenal glands as part of the fight-or-flight mechanism. It activates and de-activates various systems in the body to optimize the body's response to the threat.

Metabolic response	Stomach and Kidneys
Immune response	Memory
Metabolism	Sleep, Stress, and Mood
Wound Healing	Pregnancy
Electrolyte balance	Genetics

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Cortisol and Glucose

Taps into protein stores in the liver, which creates an overproduction of **glucose** (gluconeogenesis), which is then used as energy by muscles. Doing so causes the body to become insulin resistant. High levels of cortisol in the body can cause the pancreas to struggle to keep up with the high demand of insulin.

Long-term effects: Type II diabetes

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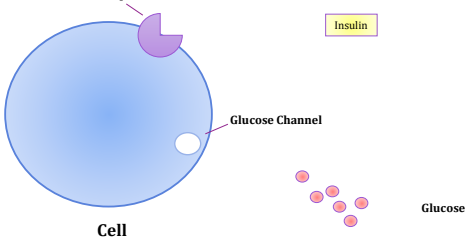
Cortisol and Glucose



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Cortisol and Glucose

Insulin

Cortisol can cause insulin resistance, which will cause the cells to be starved of glucose

Glucose

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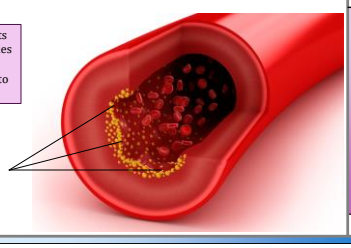
Cortisol and Triglycerides

Cortisol breaks down fatty deposits and converts them into triglycerides for an additional energy boost. Unused triglycerides will convert to visceral fats cells.



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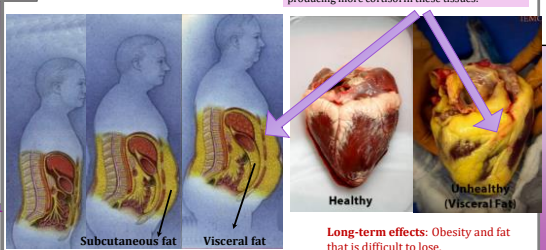
Cortisol and Visceral Fat

Visceral fat cells (as opposed to subcutaneous fat cells) convert cortisone into cortisol, thus producing more cortisol in these tissues.



Long-term effects: Obesity and fat that is difficult to lose.

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Cortisol and Arteries

Cortisol constricts blood vessels and increases blood pressure to enhance the delivery of oxygen rich blood .

Long-term effects: High blood pressure

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Cortisol and Digestive System

Cortisol slows the digestive process by redirecting energy that was used for digestion to other processes that serve to protect and sustain life.

Long-term effects: Digestion and absorption are compromised, indigestion develops, and the mucosal lining becomes irritated and inflamed. Ulcers are more common during stressful times, along with irritable bowel syndrome and colitis. In children, prolonged activation can cause Psychosocial Short Stature (inability to absorb nutrients and grow).

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Cortisol and Bone Density

Long-term elevated levels of cortisol lead to decreases in bone density.

Long-term effects: Osteoporosis and increased potential for bone fractures.

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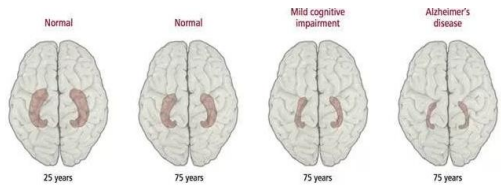
Cortisol and the Hippocampus/Memory

Excess levels of cortisol can, overtime, shrink the hippocampus, leading to cognitive impairments, similar to those that mimic Alzheimer's. This may also explain the shrunken hippocampus in DID patients.



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Cortisol and Depression

2014 study of 15,000 children born in South-West England, were followed repeatedly from age nine to 18 years old

Checked blood cytokine levels at 9 years old. Also measures for depression. At this age, no relationship between cytokine levels and depression

Children who had blood cytokine levels at the top third of the cohort at nine years old were 1.5x more likely to have clinical depression at 18 compered to children at lower levels of cytokines in their blood

Khandaker, G. M., Pearson, R. M., Zammit, S., Lewis, G., & Jones, P. B. (2014). Association of serum interleukin 6 and C-reactive protein in childhood with depression and psychosis in young adult life: a population-based longitudinal study. *JAMA psychiatry*, *71*(10), 1121-1128.

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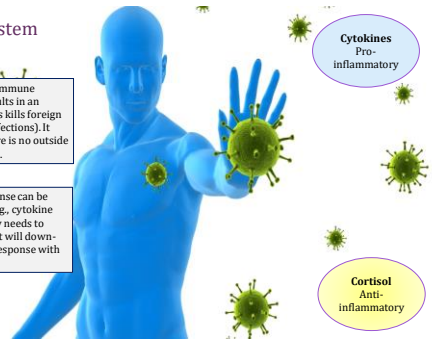
The Immune System

When we are stressed, our immune system activates, which results in an inflammatory response. This kills foreign invaders (bacteria, virus, infections). It will activate even when there is no outside infection (i.e., fight or flight).

Such an inflammatory response can be deadly if left unregulated (e.g., cytokine storms). Therefore, the body needs to protect itself from itself, so it will down-regulate the inflammatory response with cortisol.



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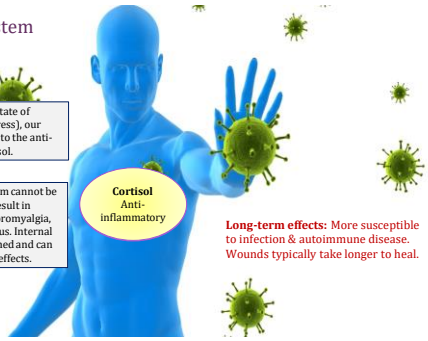
The Immune System

When we are in a perpetual state of hyperarousal (i.e., chronic stress), our bodies become de-sensitized to the anti-inflammatory effects of cortisol.

As a result, the immune system cannot be down-regulated, which can result in autoimmune diseases, like fibromyalgia, rheumatoid arthritis, and lupus. Internal organs start to become inflamed and can experience numerous health effects.



Long-term effects: More susceptible to infection & autoimmune disease. Wounds typically take longer to heal.

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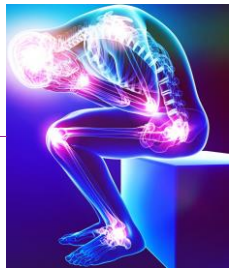
The Effects of Inflammation

(long-term) overactive cortisol response

Desensitization to cortisol

Comprehensive damage to the body and brain due to homeostatic functions no longer working. The combined effects of this cause "inflammation" which can be measured by the biomarker C-reactive protein (CRP). Long-term inflammation can be devastating to physical health and mental health and be passed on through your genetics



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TIC Approach

- Psychoeducation on trauma
- Building safety
- Crisis response and stabilization protocols
- Self-care/compassion care for staff and clients (stress/cortisol reduction)

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How do we promote safety?

Answer: we need to first build an atmosphere of non-violence

- Coercion
- Restraint
- Seclusion
- Isolation

In what ways do you try to change problem behaviors using the "language" of violence and trauma?

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Stability Cycle

- We are biologically designed to seek **structure.**
- When we follow structure, we are abiding by a pattern of **consistency**.
- Overtime, through repeated exposure to such an environment allows us to know what is coming, which develops **predictability**.
- When we can predict the actions within an environment, I can prepare myself for change, and do not have to worry about inconsistency and chaos (which are elements of trauma), this creates **safety**.
- When I am safe, my body and mind are no longer worried about external threats, and therefore I can start the process of learning **skill learning and integration.**

Practicing such skills reinforces current structures in place, which promotes the cycle even more.

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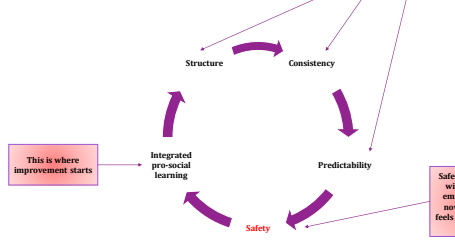
Stability Cycle

Trauma tends to resist these elements



Safety may be met with increased emotionality, as now the person feels safe enough to feel.

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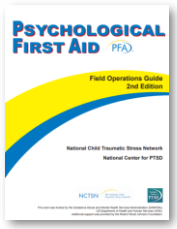
Crisis Response and Stabilization Skills

- 1) Contact and Engagement
- 2) Safety and Comfort
- 3) Stabilization (if needed)
- 4) Information Gathering: Needs and Current Concerns
- 5) Practical Assistance
- 6) Connection with Social Supports
- 7) Information on coping
- 8) Linage with Collaborative Services



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Stress Perception

- QTIP (who with?)
- Subjective Units of Distress (SUDS) – Anxiety 0-10
- Subjective Units of Play/Pleasure (SUPS)
- Resting Pulse (<70 BMP)
- Active Daily Pulse (70-110 BMP)
- 'Battle' Pulse (110+ BMP)
- Combine Pulse reading with SUDS reading (learn your body).

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Finding your Heart Rate

Step 1: Go to the Google Play Store App. It looks like this

Google Play

Step 2: Type in "heart rate monitor" in search bar.

Step 3: Find and download the app called heart rate monitor by REPS (it's free and doesn't require personal info). It looks "

Step 4: Try it out to find your resting heart rate.

Shantee incident

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Self-Care vs Compassion Care: Finding Your Healers

- Stress affects ***both*** the mind and body. Thus, treatment should include actively addressing both domains. To do this, is can be beneficial to identify your **"healers."**
  - Primary care physician
  - Therapists/counselors (trauma-informed)
  - Massage therapists/acupuncturists
  - Yoga/tai chi/personal trainers.
  - Spiritual/religious guides
  - Coaches
  - Compassion connection (2-3 close friends/colleagues)

You'll notice these suggestions don't occur in isolation. They require the aid of another person to help and support your healing in your mind, body, and spirit.

The problems you see in the classroom are often connected to the deficits found in the community. The collective power of the abuse, neglect, and chaos that occurs in the community cannot be fought individually. Only a community/tribe can provide the buffer and resilience needed to combat these effects.

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Questions?

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