

What's Trauma Got to Do With It?
June 15, 2022

what it is...

why it matters...

and how to be...



Trauma-Informed

Three “E’s” of Trauma

Events or Circumstances

Individual **Experiences**

Long-lasting **Effects**

(SAMHSA,2014)



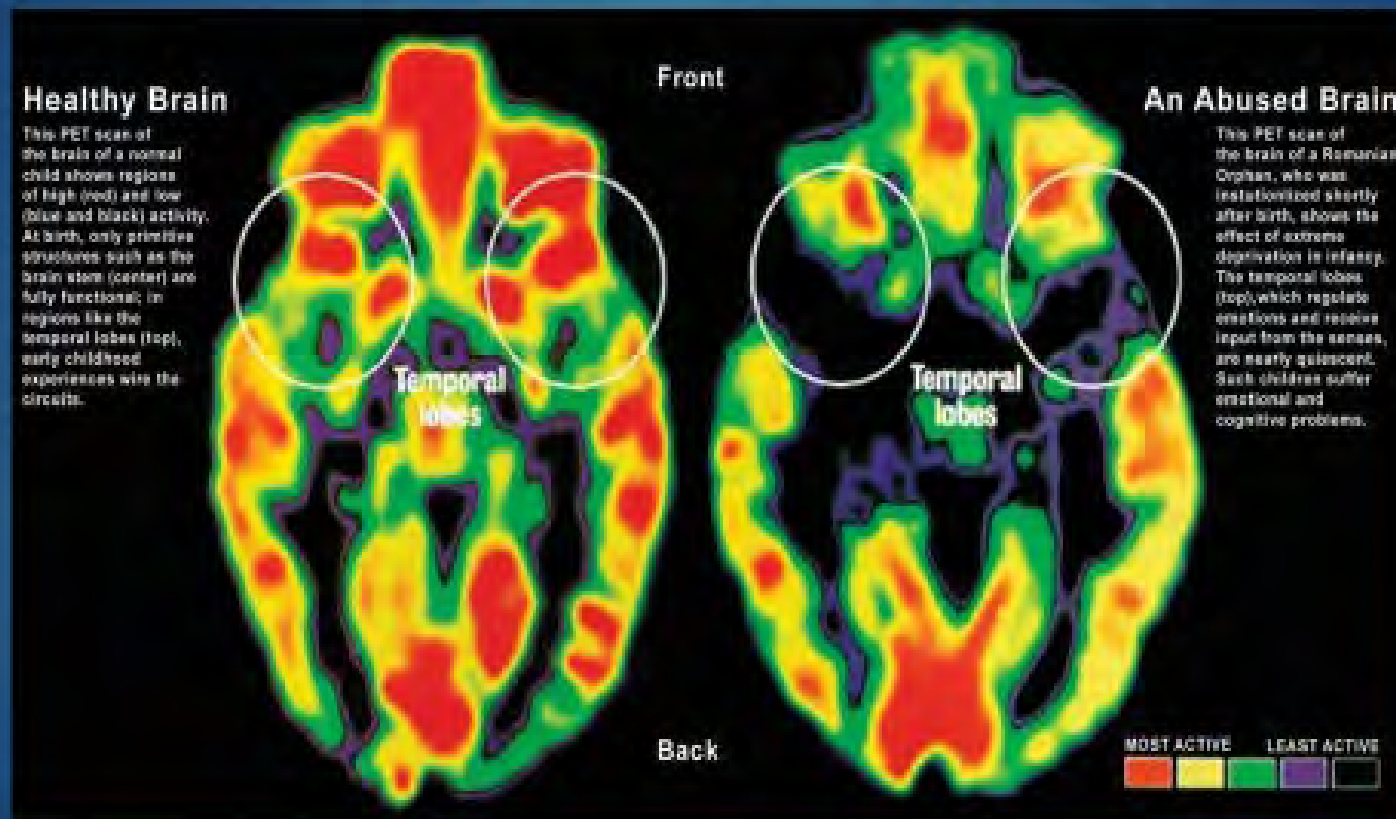
People Who Experience Trauma Are:



Figure 1

In Mears, C. L., *Reclaiming School in the Aftermath of Trauma: Advice Based on Experience*. Paigraive Macmillan, 2012

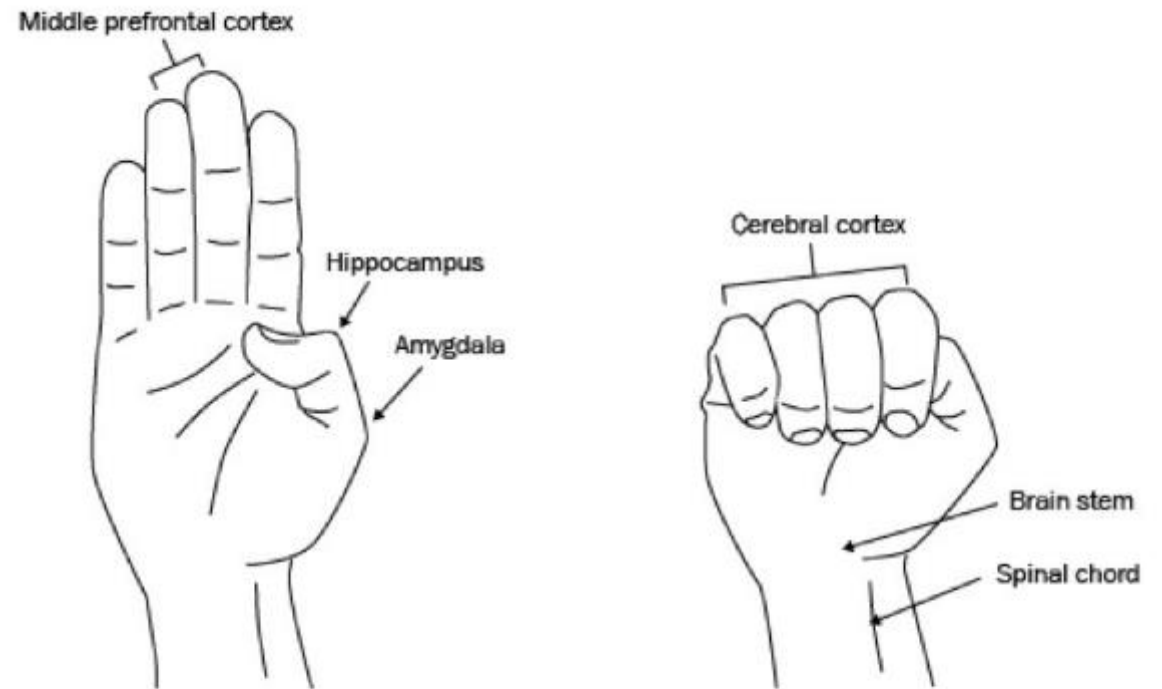
How is brain development “experience dependent”?



Impacts on the Brain

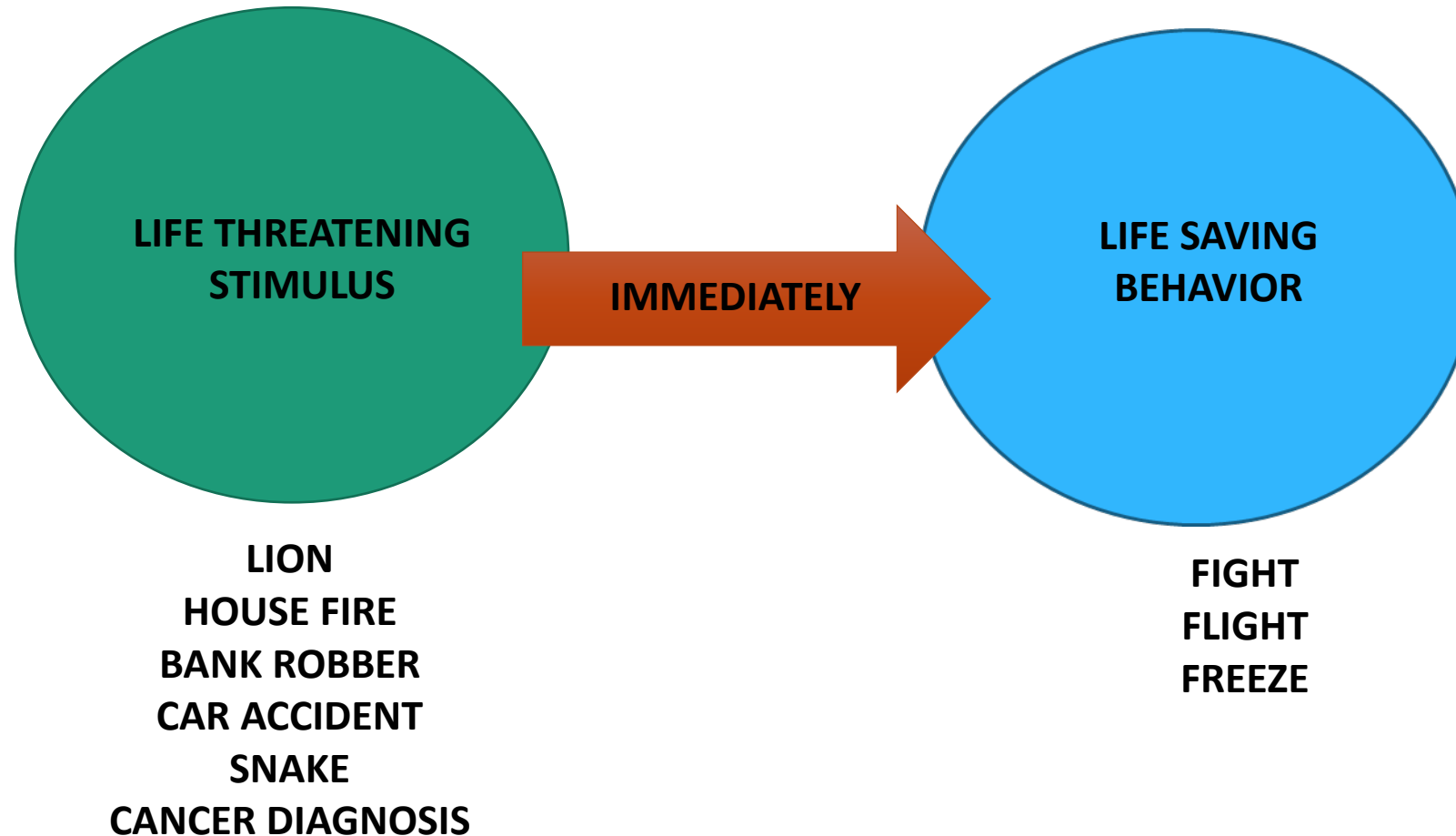
Dr. Daniel Siegel

- Hand Model of the Brain
- Building Neural Circuits for Resilience and Kindness
- Recognizing a “flipped lid”
- [Video Link](#)



Hand model courtesy of Dan Siegel

What are the three responses to psychological trauma?







Where is the Cat Hair?



Panksepp, J.P. (1998)

Historical Trauma

Decedents of those who have trauma histories may also experience trauma reactions.

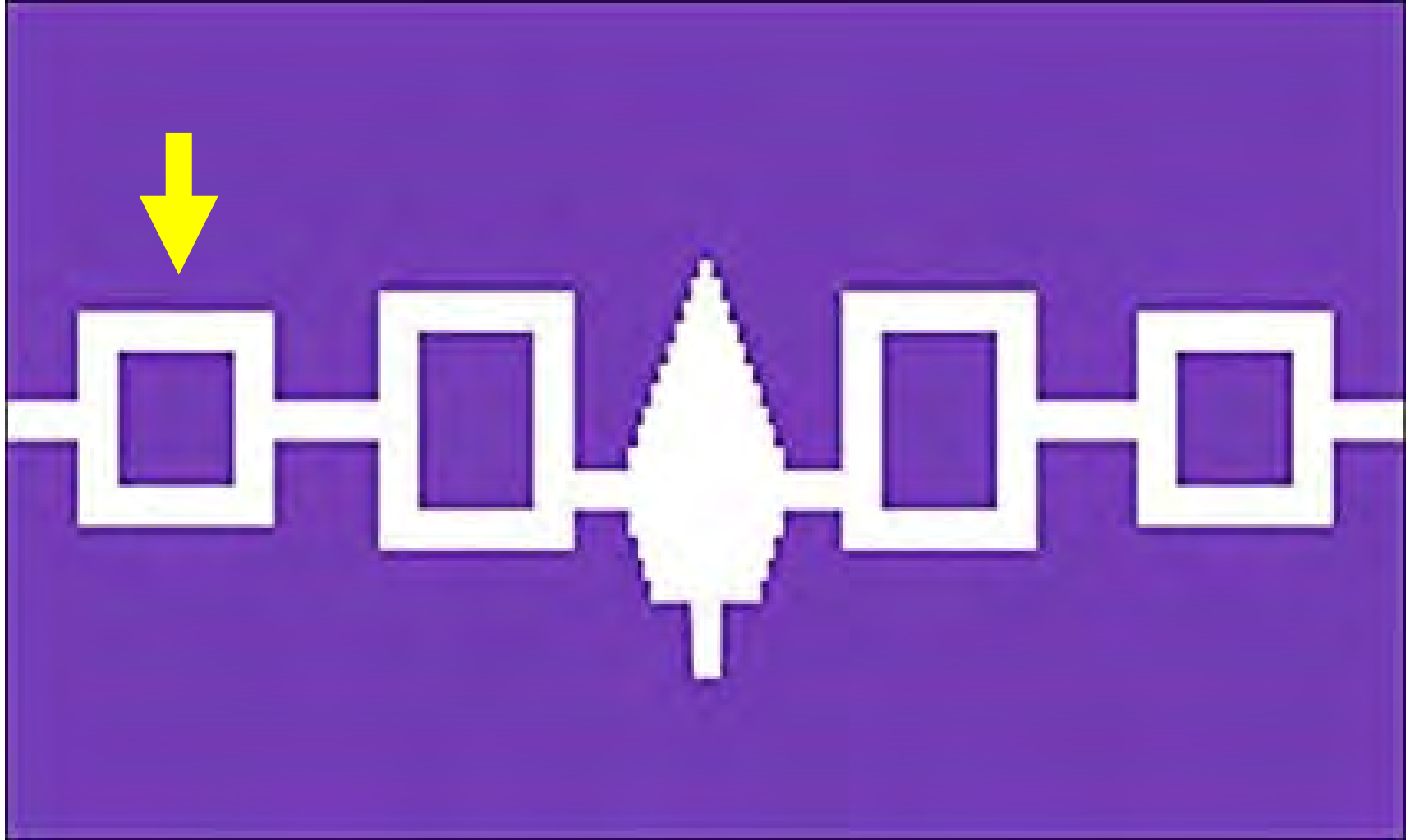
People can become “transformed” by their traumatic experiences .

Whole cultural groups may become impacted.

These biological transformations may now be described as PTSD and Complex PTSD (for prolonged traumas).

For example, the genocide of a family’s ancestors may leave “soul wounds” for generations.



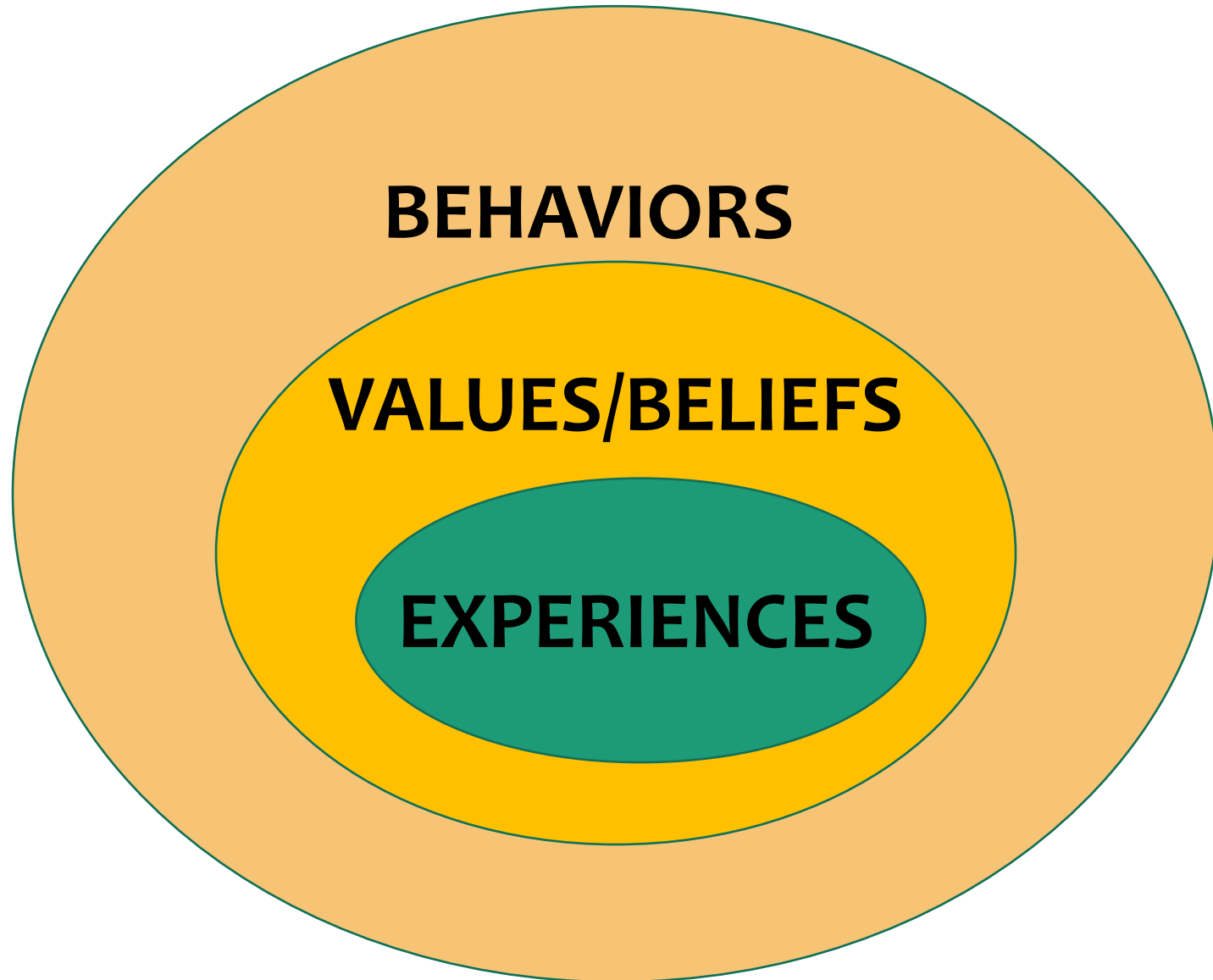


What Happened in Allegany County?

First Nation people that lived on our side of what is now New York State were the Senecas and the Onondagas.

The history of European Settlers in Allegany County—like all of Appalachia—starts in the late 1700's.

Our Model of Culture





“Main Stream” Cultural Value

Self-Determination

Respect for Experts

Individualism

Object-Centered Relationships

Appalachian Trauma-Related Values

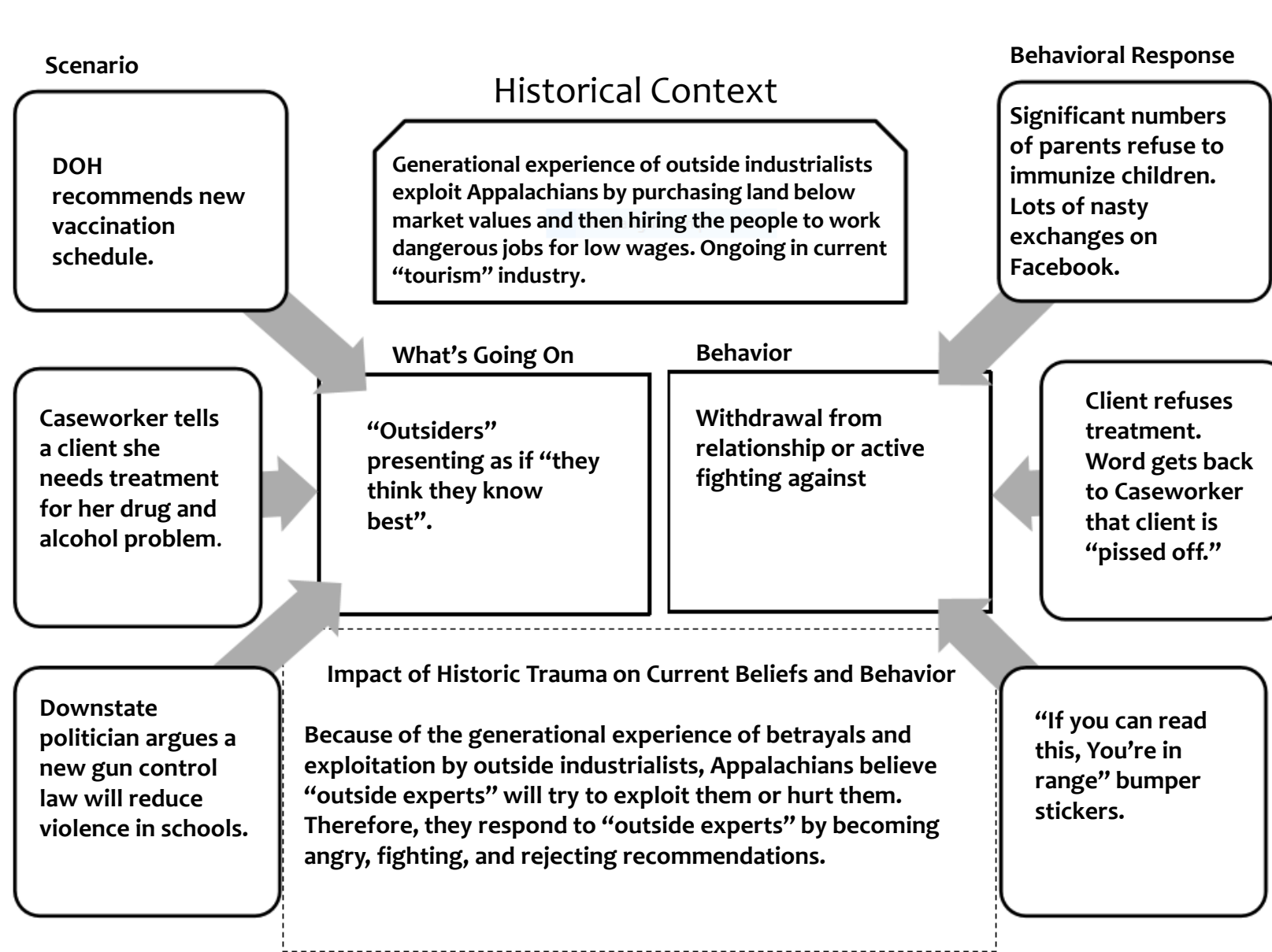
Pre-Determined Destiny

Distrust of Outsiders

Responsibility to Kin

Person-Centered Relationships

How Does It Work?



Trauma and Adversity have real and significant impacts on...

Individuals

who experience traumatic events.

Service Providers

working with those individuals.

Public Health

as a whole.



Trauma-Informed Care

We stop asking...

“What is **wrong** with this person?”

And begin asking...

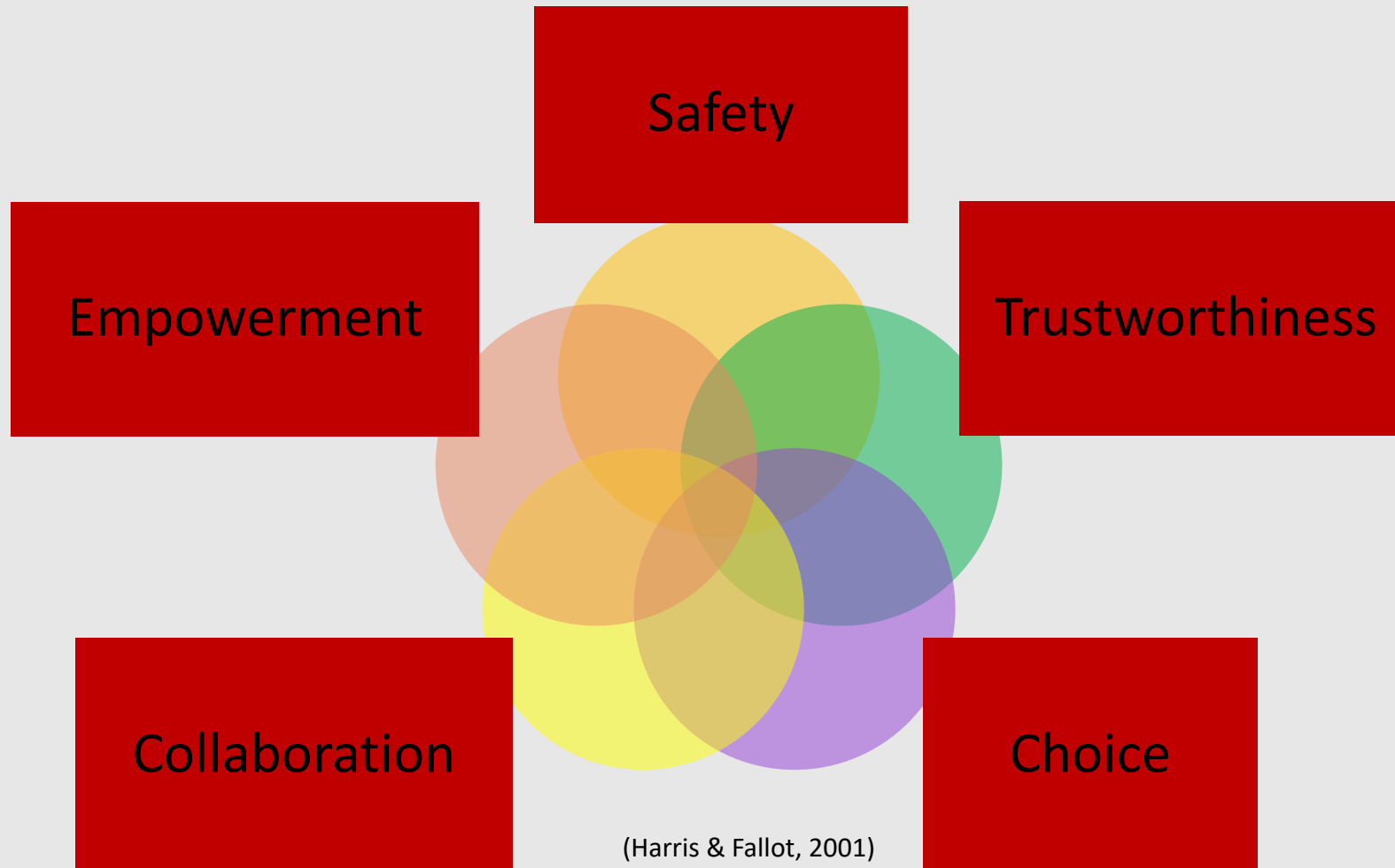
“What **happened** to this person?”



Trauma-Informed Care

The universal precautions of the work we do.

Five Guiding Principles of Trauma-Informed Care



Safety

Ensuring physical and emotional safety includes:

- Where and when support/services are delivered.
- Awareness of an individual's discomfort or unease.



What other things would things you consider for safety?

Trustworthiness

Ensuring trustworthiness through clarity, consistency, interpersonal boundaries includes:

- How to handle dilemmas regarding role clarification.
- How to communicate reasonable expectations.

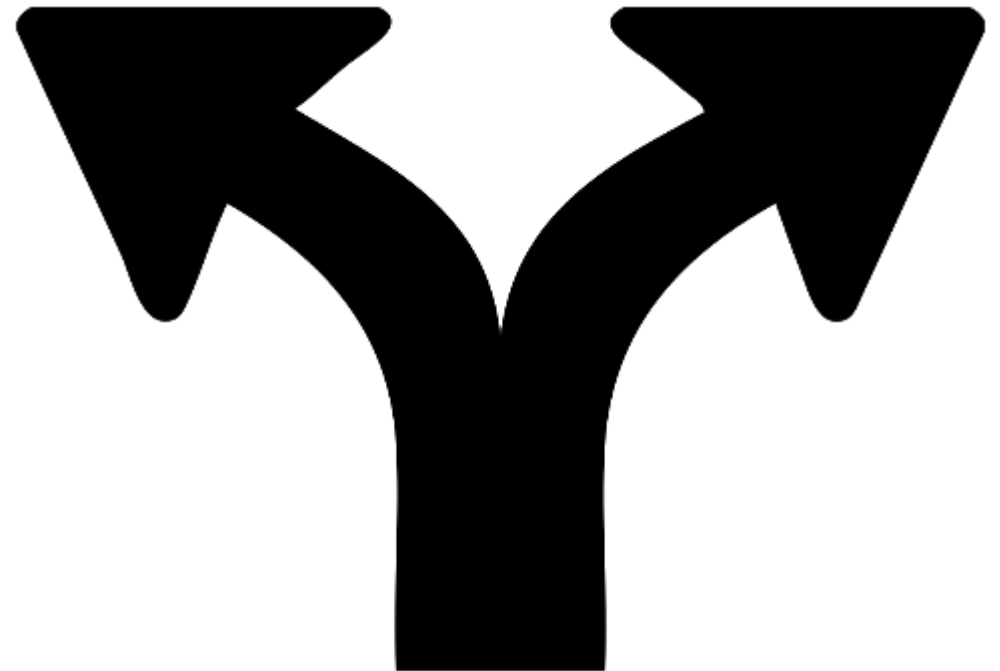


What other areas would you consider important regarding trustworthiness?

Choice

Maximizing choice and control includes:

- Participation in decision-making regarding services and life circumstances.
- Built in small choices that make a difference.



What kind of choices are relevant to your experiences?

Collaboration

Maximizing collaboration and sharing power includes:

- Communicating respect for life experience and history.
- Communicating respect for individuals being the expert on their own lives.
- Identifying tasks that can be worked on together.



In what ways can collaboration be beneficial for the people we come in contact with personally and professionally?

Empowerment

Prioritizing empowerment and skill building includes:

- Ensuring individuals have a voice in planning.
- Emphasizing growth.



What can be done to empower individuals?

Principles of TIC

Feelings associated
with trauma:

SCARED



BETRAYED



ALONE



HOPELESS



HELPLESS



Trauma-informed
interactions emphasize:

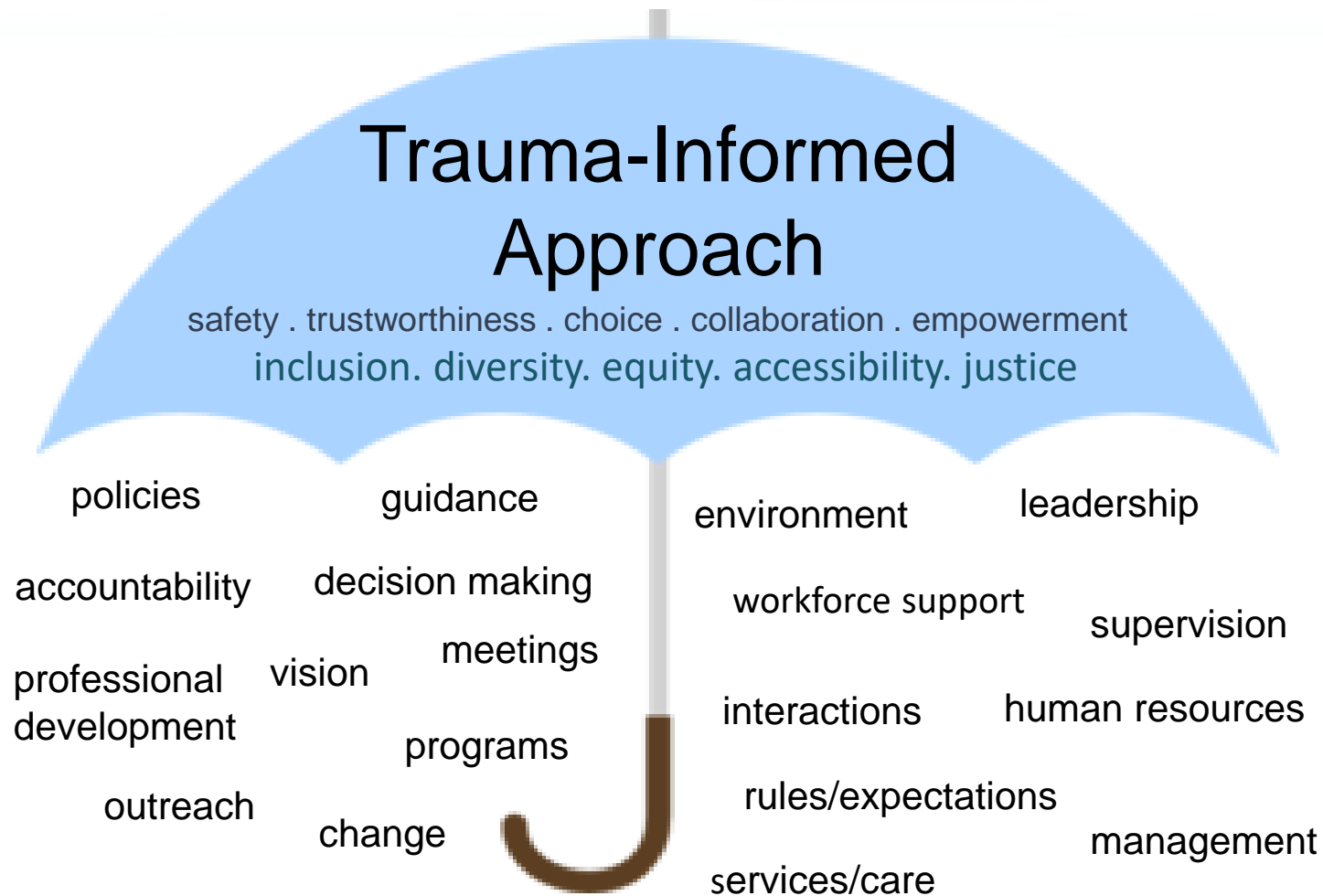
SAFETY

TRUSTWORTHINESS

COLLABORATION

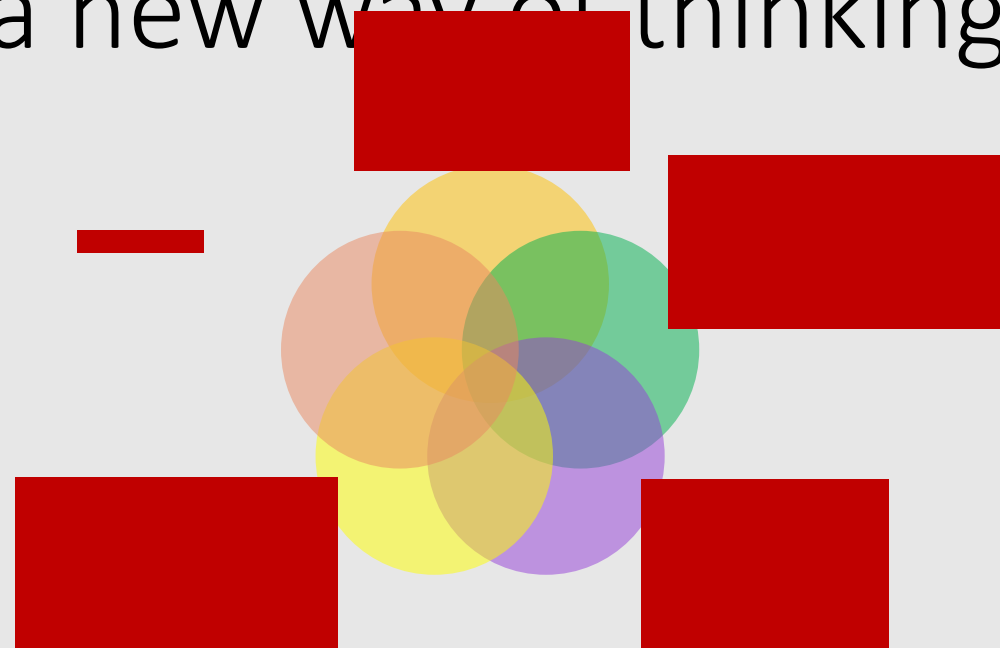
EMPOWERMENT

CHOICE



Being trauma-informed is about the **way** we do our work as individuals and as an organization.

To commit to becoming
trauma-informed
is to commit to
a new way of thinking.



What is “Re-traumatization”?

A situation, attitude, interaction, or environment that **replicates the events or dynamics of the original trauma** and triggers the overwhelming feelings and reactions associated with them

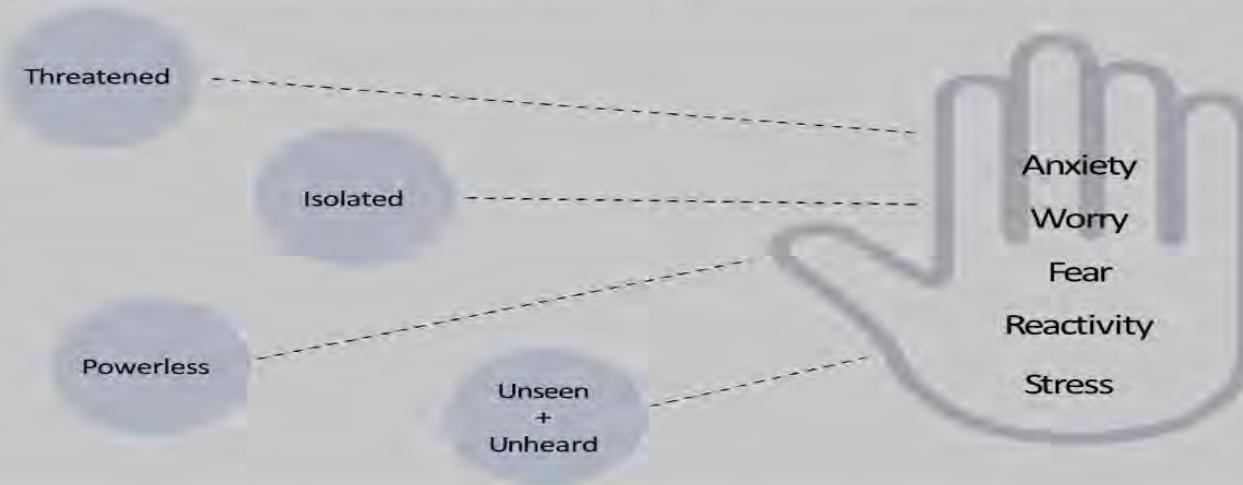
- Can be **obvious** - or **not so obvious**
- Is **usually unintentional**
- Is **always hurtful** - exacerbating the very symptoms that brought the person into services



(The Anna Institute)

Recognizing Re-Traumatization and it's Impact

It is critical to recognize how the current realities of being in the middle of a trauma event can trigger past trauma histories, potentially putting others and/or ourselves in a "flipped lid" state.^{1,2}



It Really DOES Matter How We Respond

By ensuring our responses to others are anchored in the five guiding values/principles of trauma-informed practice, we are each able to "neutralize the environment" in the context of our roles.^{3,4}



Safety

- Check-in with a co-worker
- Provide opportunity for support/debriefing
- Make a change to the physical space



Collaboration

- Seek ideas from others
- Complete tasks together
- Provide formal opportunity for feedback



Trustworthiness

- Let others know what to expect
- Provide clear information
- Use reflective listening strategies



Empowerment

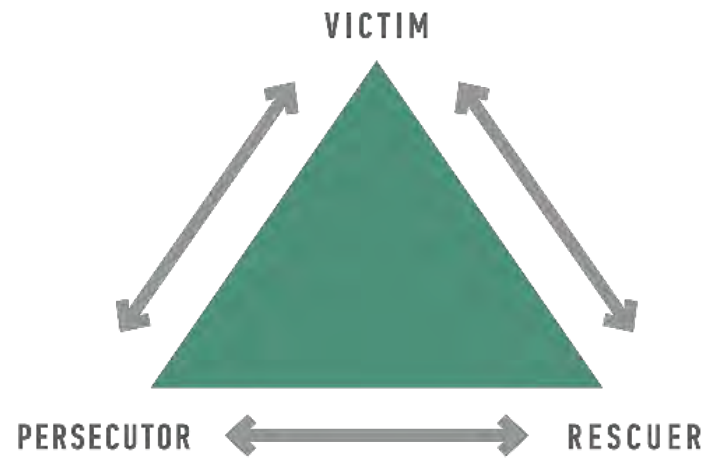
- Recognize strengths & capacity
- Acknowledge what's working
- Build a realistic sense of hope



Choice

- Give even small options where possible
- Inform others of choices available
- Prioritize priorities of others

- **The Trauma Enactment Triangle**



“If you play one role, you will eventually play them all.” Based on the work of Karpman (1968)



S. GROSS

"We just haven't been flapping them hard enough."



"Listen, pal, they're all emergencies."



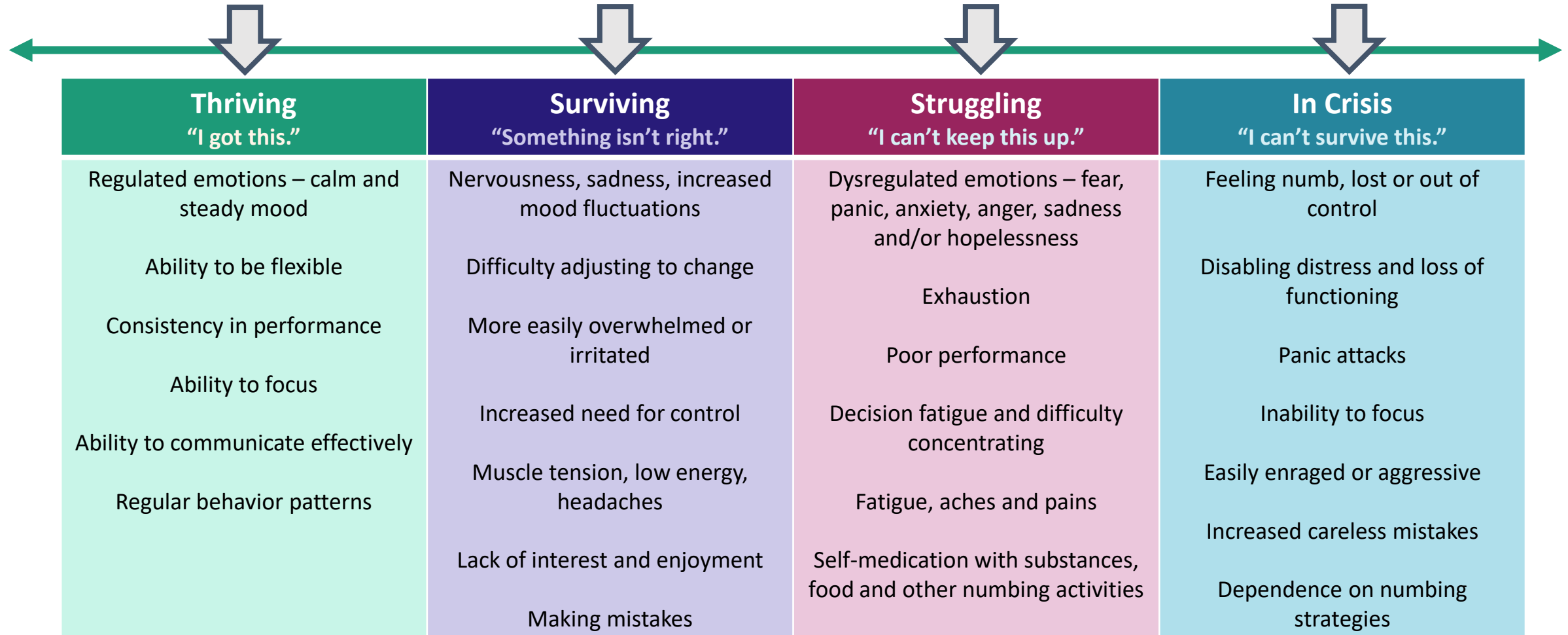
"No, not there, please. That's where I'm going to put my head."



"My question is: Are we making an impact?"



Stress Continuum



Pandemics' Impact on Self and World View



Institute on Trauma and Trauma-Informed Care (2021)

(Berinato, 2020 & Weir, 2020)

How are Staff Impacted by the Work?

IMPACT	DEFINITION
Secondary Traumatic Stress (STS)	Experience of trauma-related symptoms in a worker as a result of witnessing the trauma/ adversity of another; typically quick in onset
Vicarious Trauma (VT)	Development of negative changes in work world view as a result of the cumulative impact of witnessing trauma/adversity over time
Burnout	A gradual process of a staff member experiencing feelings of hopelessness, fatigue and being overwhelmed as a result of a lack of support, excessive workloads and unrealistic expectations.
Compassion Fatigue (CF)	Experiencing the combination of STS, VT and/or burnout
Moral Injury and Moral Distress	An injurious experience that occurs when the worker engages in, fails to prevent or witnesses acts that conflict with their values or beliefs, which can lead to feelings of moral distress such as guilt, shame and anger.
Decision Fatigue	Decrease in decision-making capacity after a long period of making multiple, sometimes rapid decisions.
Vicarious Resilience (VR)	Positive meaning-making and shift of the worker's experience as a result of witnessing the resilience of others
Vicarious Post-Traumatic Growth (VPTG)	Development of positive changes and growth in worker's world view as a result of witnessing the post-traumatic growth of others

Figure 7 – The Impact of the Work, Adapted from Krause & Green (2015) and Tedeschi & Calhoun (2004) and National Center for PTSD (2020)

Self-Care

It is important for all of us to practice proper self care to look after our mental health needs.

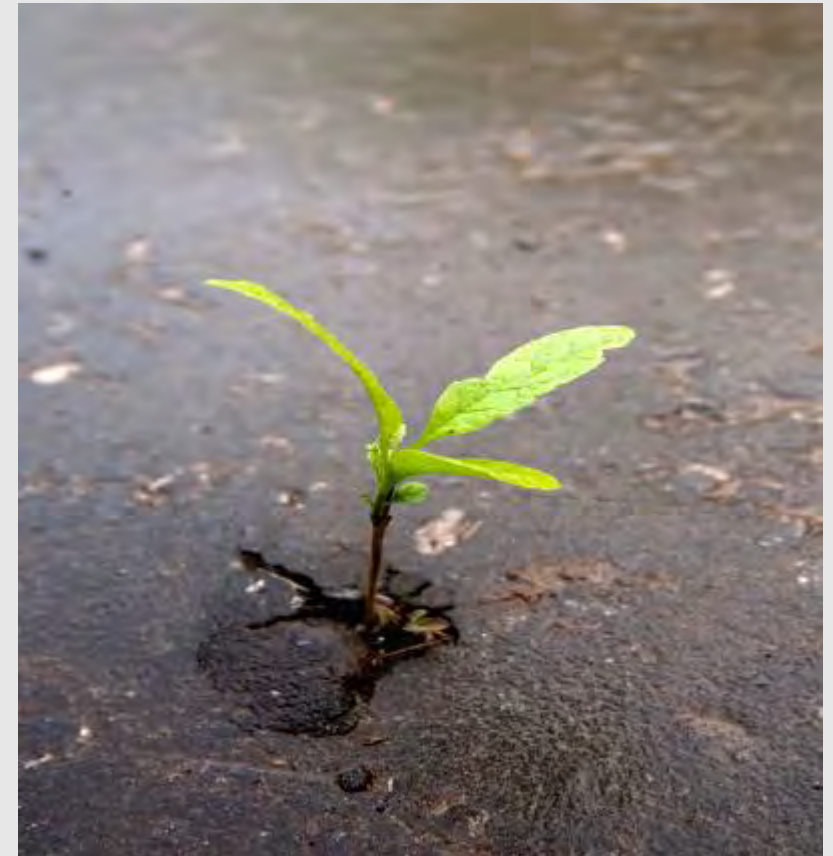
For more self-care information, visit the page below:

[University at Buffalo – School of Social Work
Self Care Starter-Kit](#)

Post Traumatic Growth (PTG)

Potential to Grow Through Trauma:

- Stress and growth occur together, not one or the other.
- Increased ability to manage difficult situations.
- May improve relationships following the event. See that those close to you care for you.
- Reestablished priorities and new pathways.
- No one wants to experience trauma, but it doesn't always mean negative consequences.
- You may become a better you.



5 Areas:

1. Personal
2. Appreciation
3. Possibilities
4. Emotional
5. Spiritual

Dr. Richard Tedeschi (10/4/20)













1. Weir, K. (2020, April 1). Grief and COVID-19: Mourning our bygone lives. *American Psychological Association*. <https://www.apa.org/news/apa/2020/04/grief-covid-19>
2. Berinato, S. (2020, March 23). That discomfort you're feeling is grief. *Harvard Business Review*. <https://hbr.org/2020/03/that-discomfort-youre-feeling-is-grief>
3. Tedeschi, R. G., & Calhoun, L. G. (1995). Post traumatic growth inventory.

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

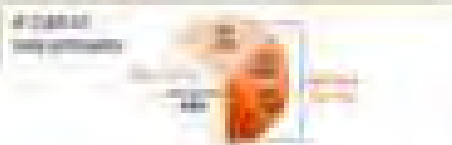
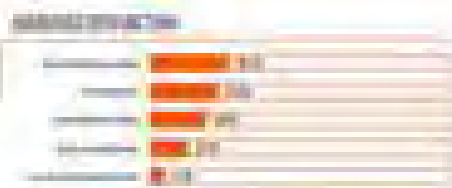
ACEs ARE
ADVERSE
CHILDHOOD
EXPERIENCES

Types of ACEs

INDIVIDUAL	HOUSEHOLD	COMMUNITY	SOCIETY
			
			
			

HOW PREVALENT ARE ACEs?

1 in 4 kids experience at least one



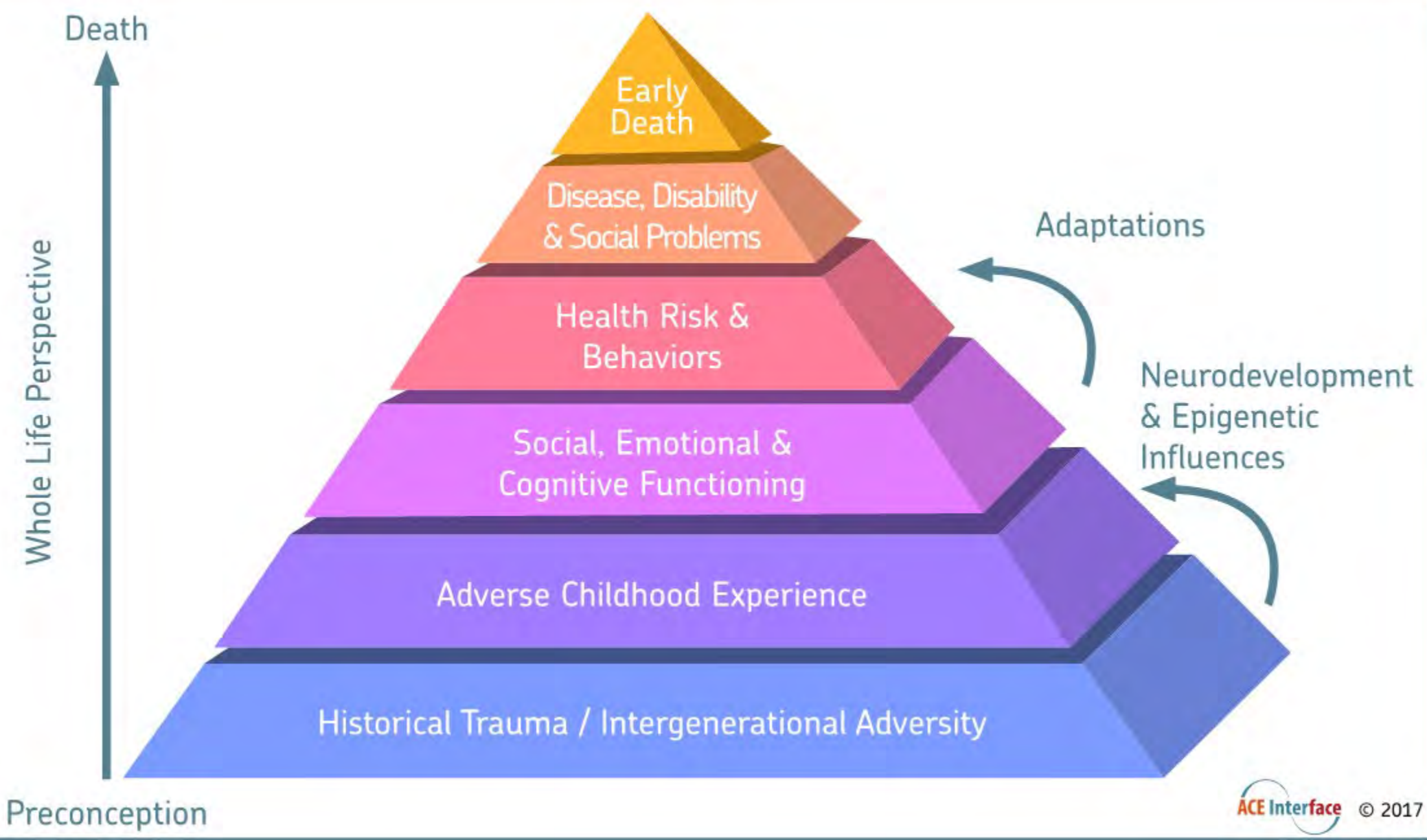
WHAT IMPACT DO ACEs HAVE?

1 in 10 kids with ACEs will have serious health problems

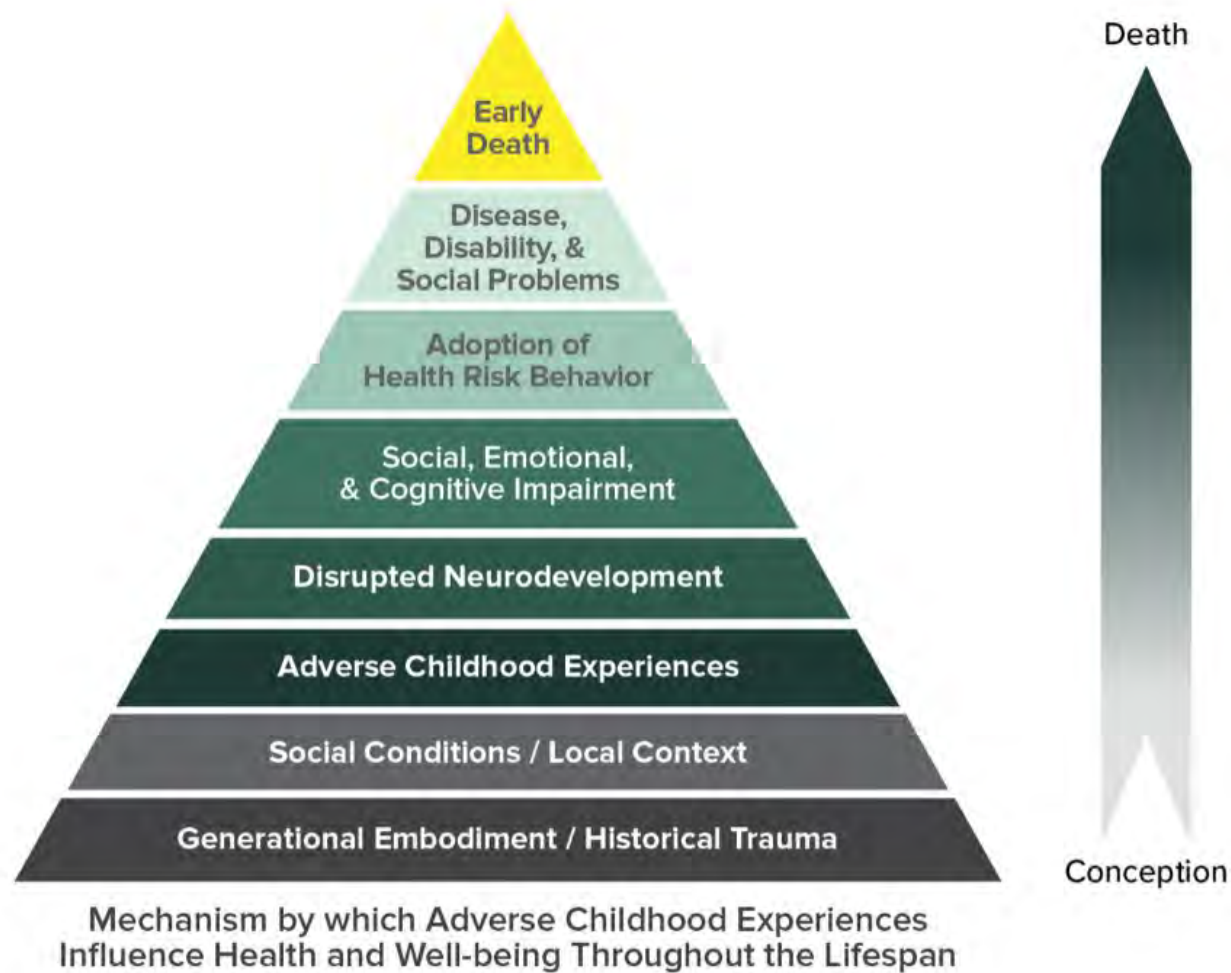


HEALTH PROBLEMS

HEALTH PROBLEMS	ADULTS
	
	
	
	
	
	
	
	
	



How ACEs affect us



How Allegany County Ranks Among NY Counties

Health Outcomes

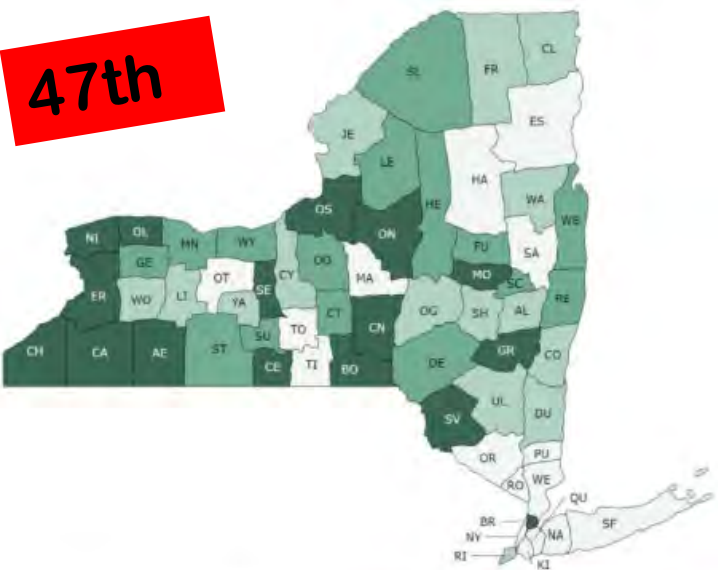


Figure 1. Health outcome ranks displayed using quartiles (map) and underlying health outcome scores (chart)

Health Factors

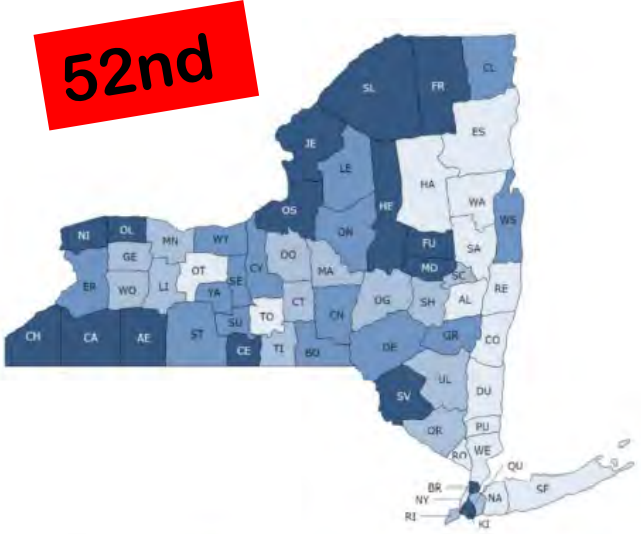


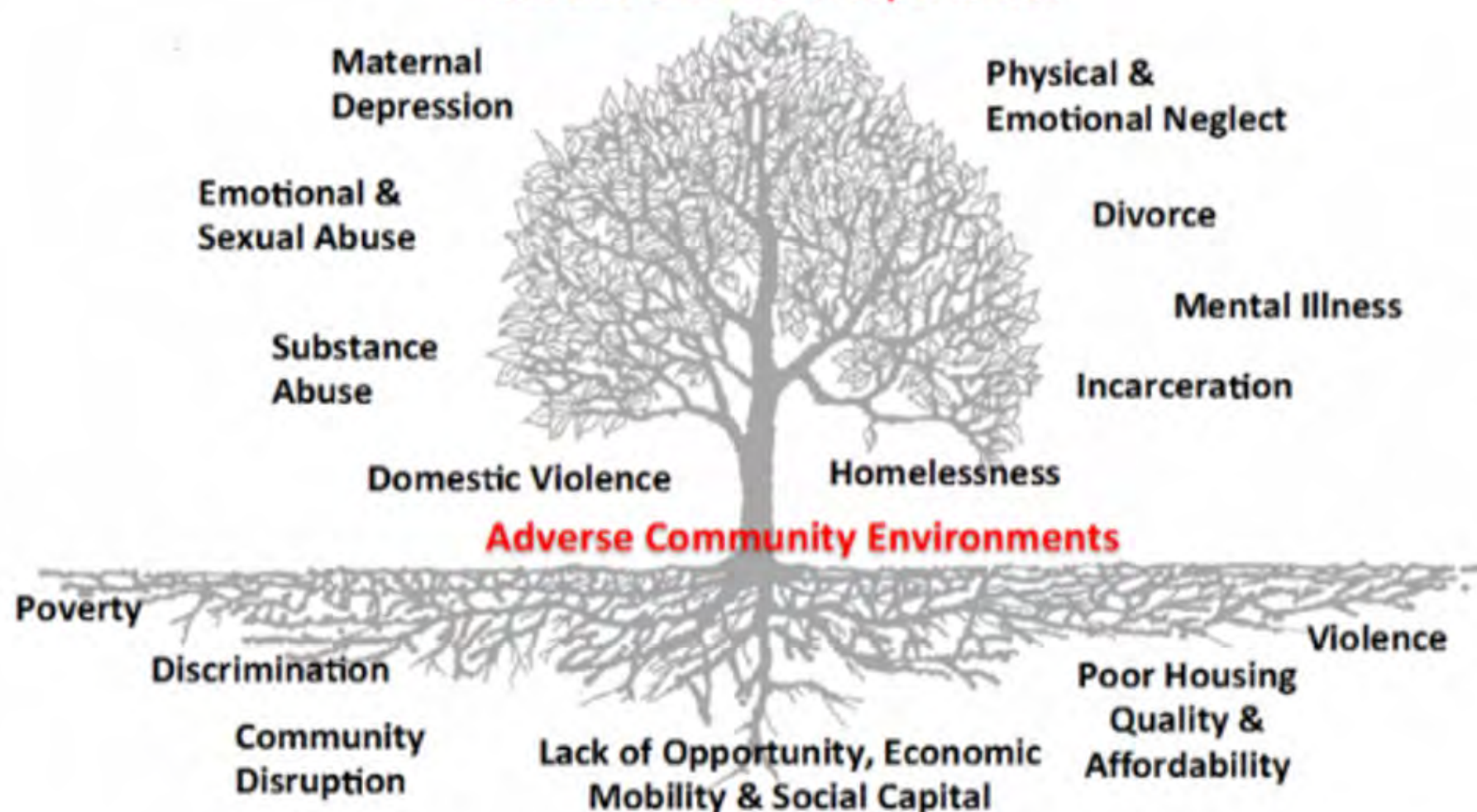
Figure 2. Health factor ranks displayed using quartiles (map) and underlying health factor scores (chart)

	Allegany	NYS	
Dental visit in the last 12 months	63.0%	72.5%	
Lead Screening by age 2	58.8%	85.3%	
Breastfeeding Moms	18.5%	38.8%	
Adults who smoke cigarettes	25.5%	18.1%	
Tooth Decay by 3rd Grade	64.0%	54.1%	
Obese Adults	30.5%	24.5%	
Congestive Heart Failure Hospitalizations per 100,000	45.7%	40.1%	
Mortality from Strokes per 100,000	39.1%	27.5%	
Suicide Mortality Rate per 100,000	11.5%	7.1%	

https://www.health.ny.gov/prevention/prevention_agenda/indicators/county/allegany.h

The Pair of ACEs

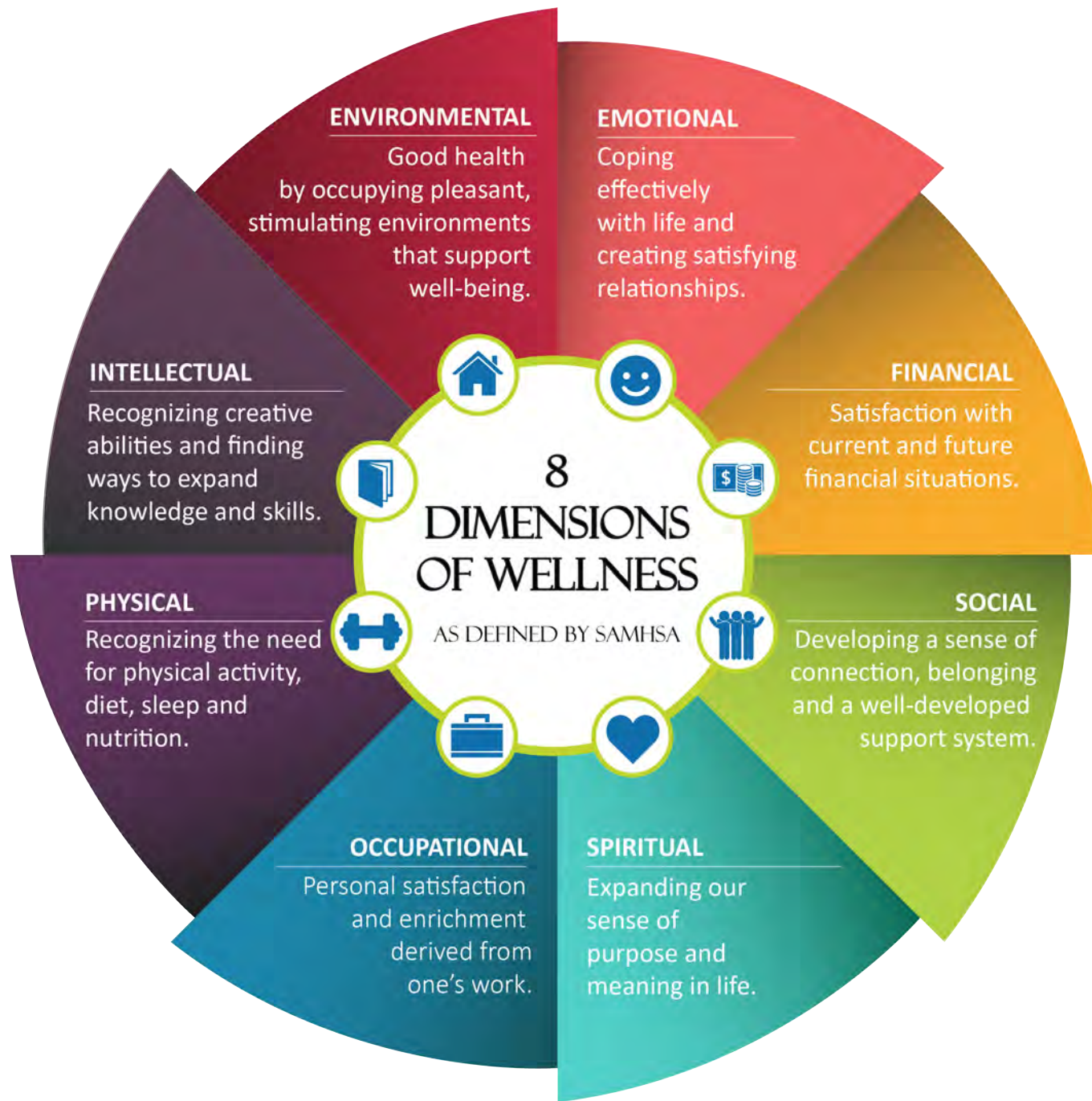
Adverse Childhood Experiences



Ellis, 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

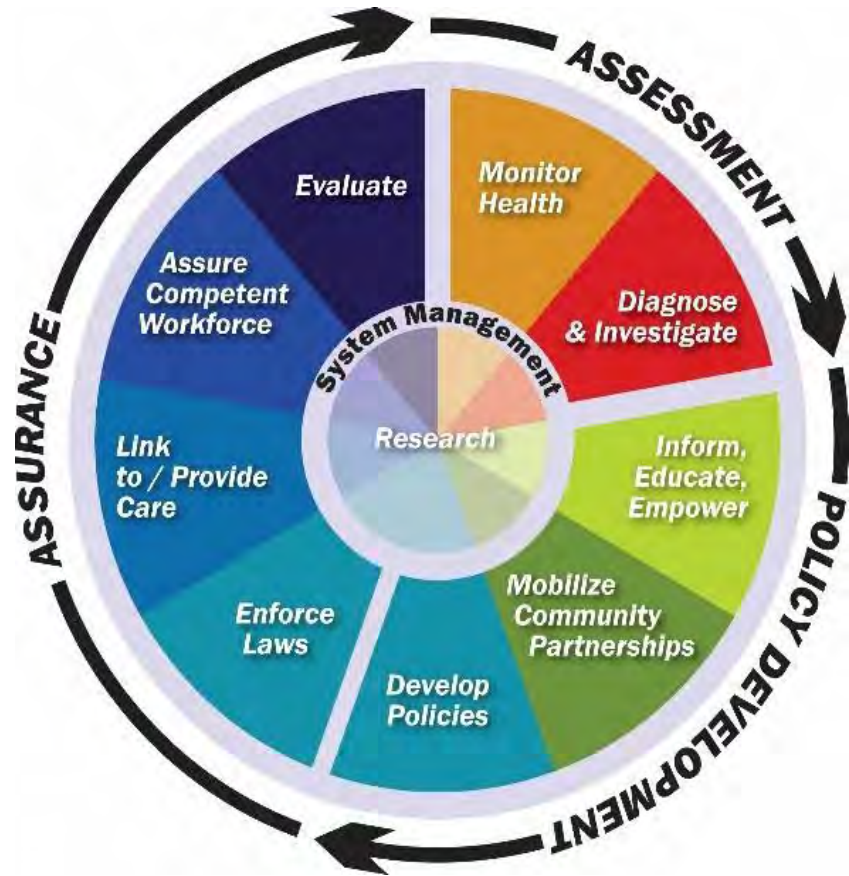


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Ten Essential Public Health Services and How They Can Include Addressing Social Determinants of Health Inequities

Public health departments and their partners need to consider how conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These social determinants of health (SDOH), and actions to address the resulting health inequities, can be incorporated throughout all aspects of public health work. Through broader awareness of how the key public health practices can better incorporate consideration of SDOH, public health practitioners can transform and strengthen their capacity and impact to advance health equity.



[10 Essential Public Health Services](#)



Five Key Areas of SDOH ([HP 2020](#))

Creating a Healthier Community

What does “right fit” mean to you?

In what ways could you contribute within your sphere of influence?

About Being Trauma-Informed....

“Being trauma-informed is not easy- it’s an ongoing rigorous process that does not necessarily come naturally [...] Even though it’s difficult, it’s worth it-using these practices and principles will help to transform our region to one that better supports our children, families, and communities.”

-Sandra Bloom, MD
Co-founder, The Sanctuary Model

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