TRAUMA THEORY

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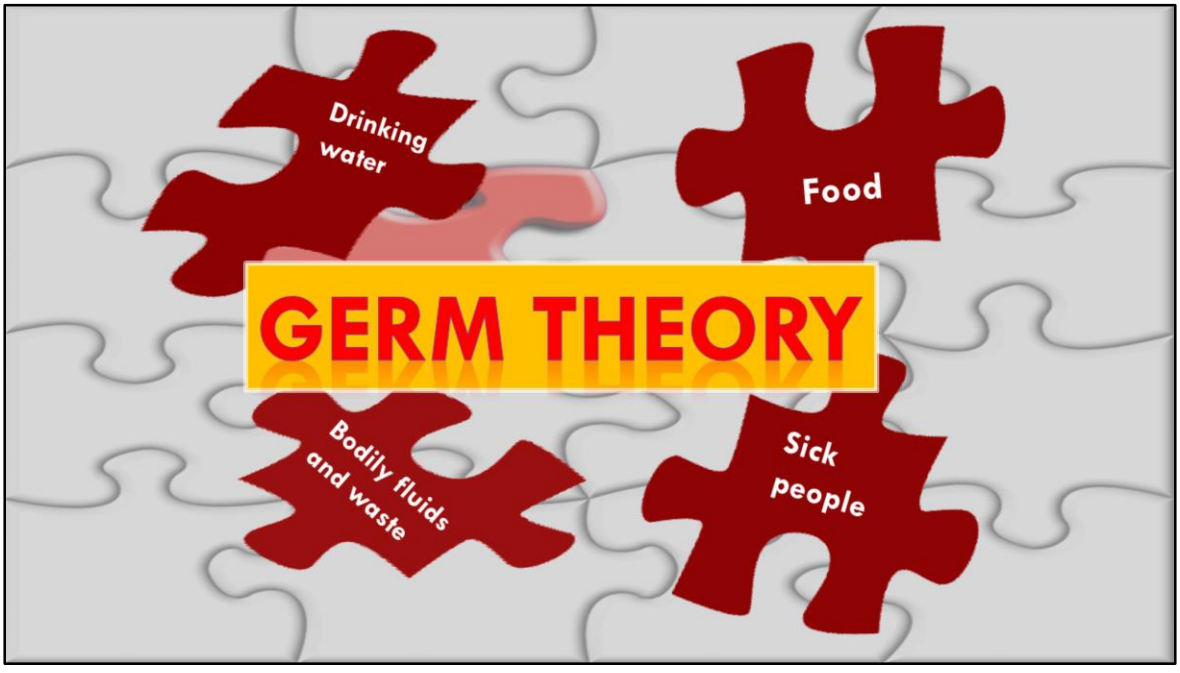
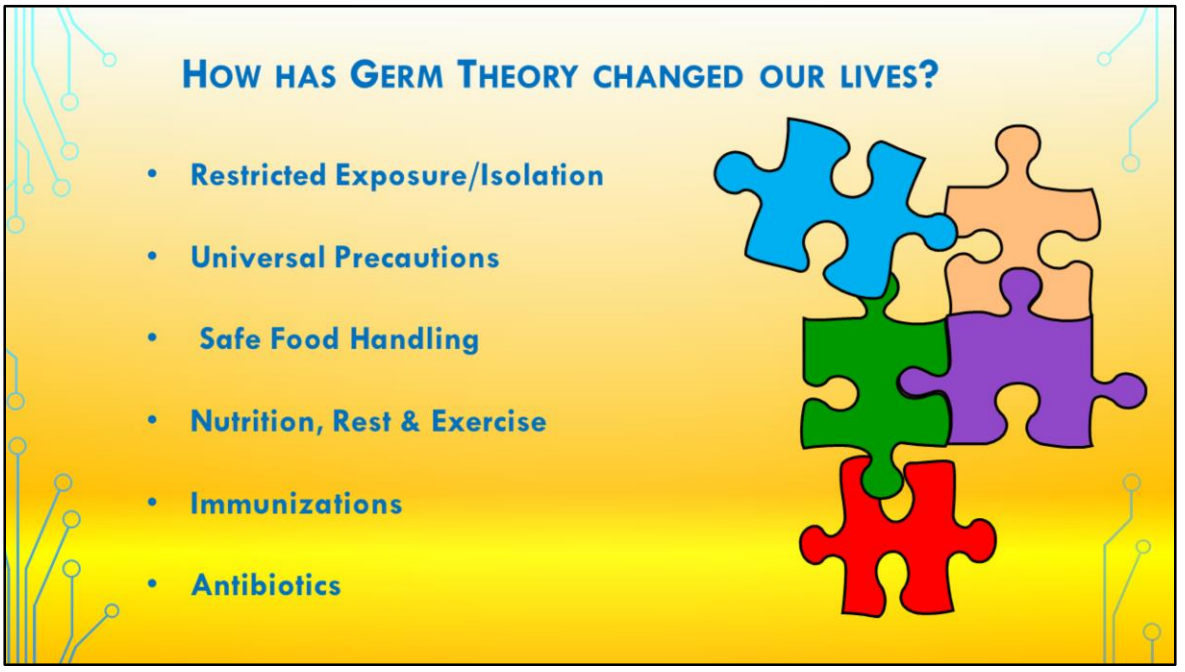
CORNERSTONES OF CARE

Review the community agreement ..Ask for modifications and seek renewed agreement.

Let's look at Sanctuary through a public health lens. In the 1800's infectious diseases such as these made up the biggest public health crisis of that time. People became sick and died or were left impaired for life by these diseases. So the best minds of the day began to ask these two questions ***(click)***.



As they looked at how one may get sick when they drink water from certain places or spend time with sick people, ***(click)*** Germ Theory emerged. How has Germ Theory changed our lives?

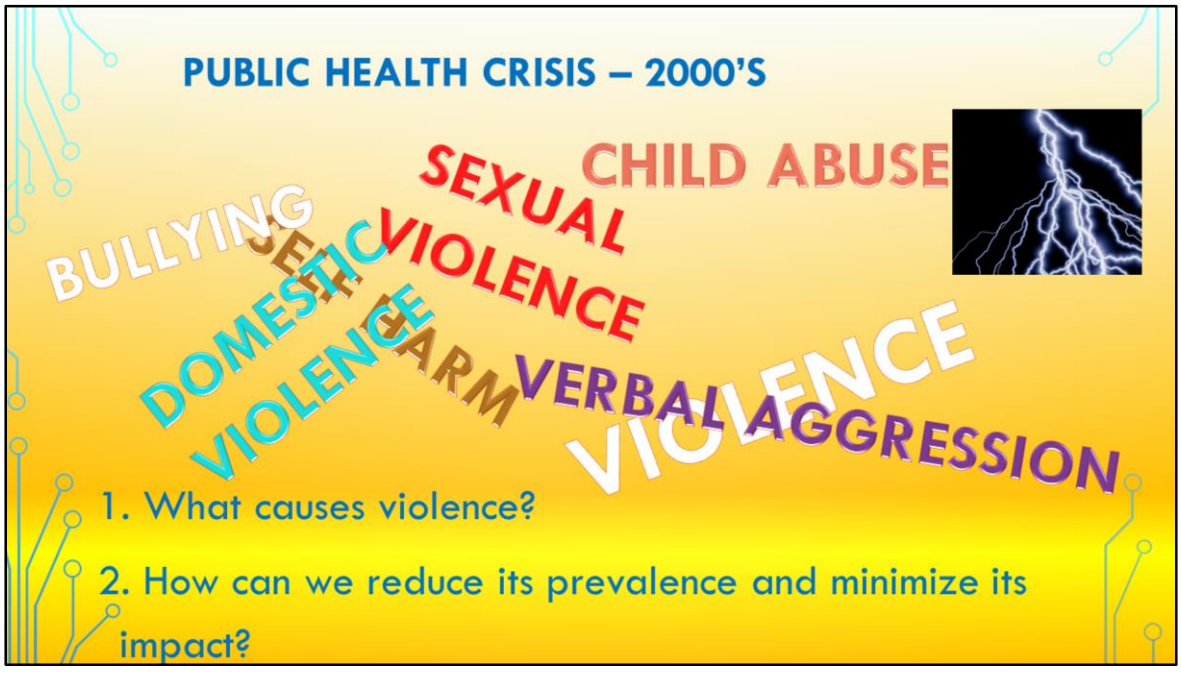


What ways have our lives changed because of our understanding of germ theory?

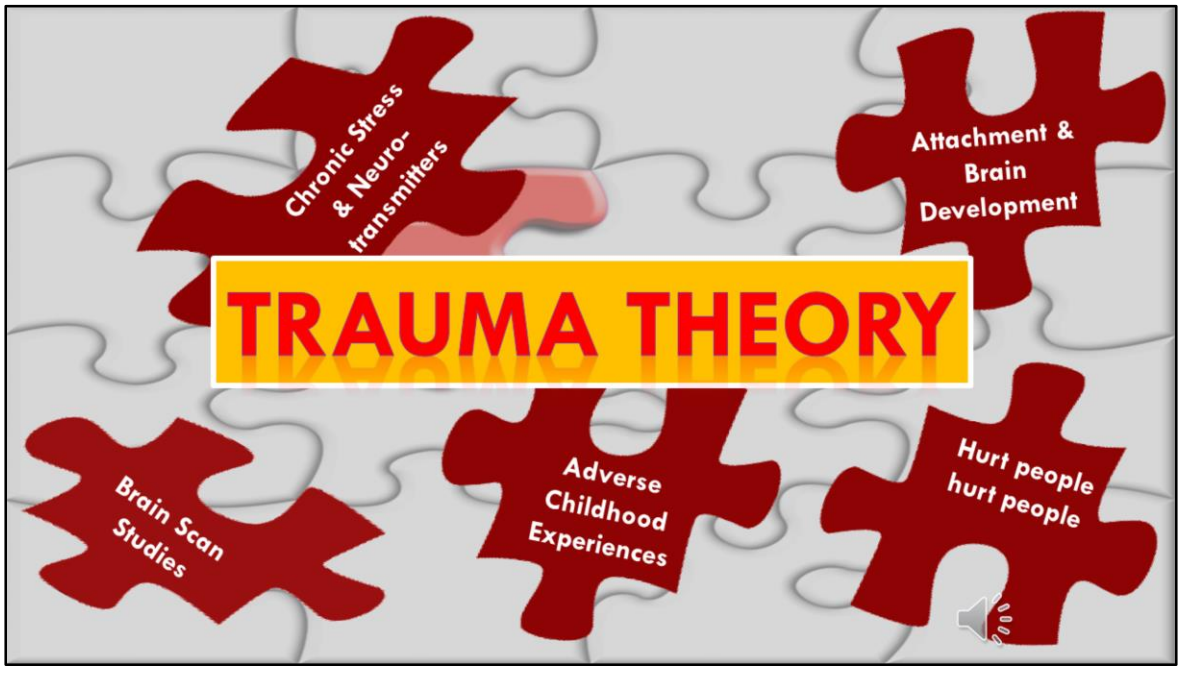
- Handwashing
- Food handling
- Immunizations…

We didn't figure out everything as once, and we evaluated what was effective. For instance, 50 years ago, we taught children to put their hands over their mouths when they coughed? Do we still do that? (no, elbows) Right! While covering with your hand keeps your germs to yourself in the immediate, once you touch a door knob or shake someone's hand, you have shared your germs.

So you can see that understanding Germ Theory has impacted our daily behavior.

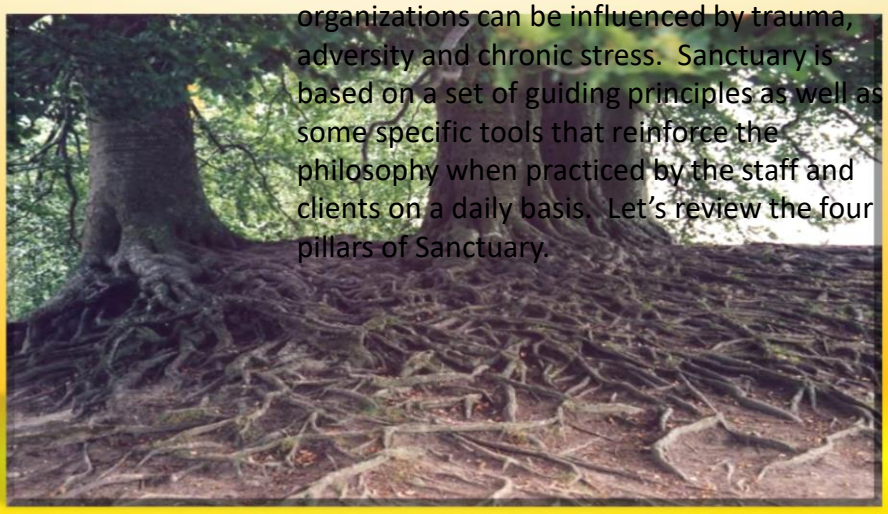


Let's move to the current century. Most agree that violence is one of the biggest health crisis we face today. And these questions help us figure out how to address it. ***(click)***



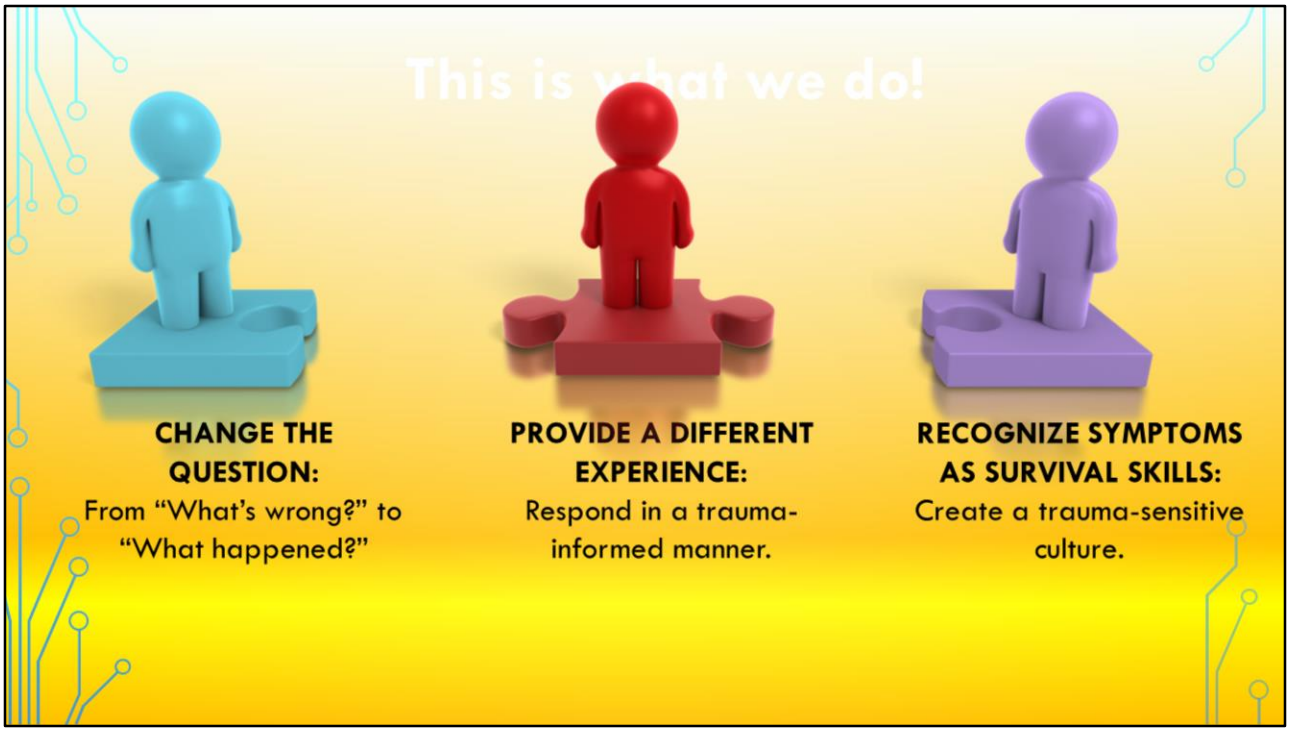
As the information is gathered, some of the best minds of our day are taking what they know and are learning about violence, trauma, chronic stress, brain development, mental illness, change . . . and ***(click)*** Trauma Theory is emerging. Hopefully, the more we understand about trauma, the more it will change our lives for the better.

If you want deeply rooted change, you need to apply deeply rooted methods.



J. GOLDSTEIN, 1994 *UNSHACKLED ORGANIZATION*

Sanctuary addresses the ways in which trauma, adversity and chronic stress influence the ways that individuals behave as well as recognizes the ways in which whole organizations can be influenced by trauma, adversity and chronic stress. Sanctuary is based on a set of guiding principles as well as some specific tools that reinforce the philosophy when practiced by the staff and clients on a daily basis. Let's review the four pillars of Sanctuary.

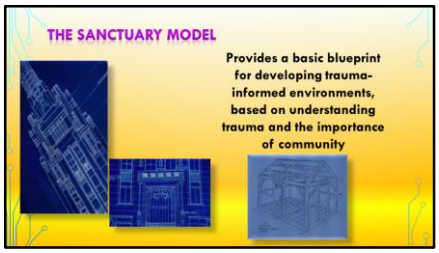


(click) First, what is the difference between "What wrong with you?" to "What happened to you? What have you experienced that led you to …?"

We start with moving from a place of judgement to a place of curious engagement.

(click) Second we look at behaviors as survival skills. What purpose is that behavior serving? What has happened to that individual that this behavior makes sense in their world?

(click) Then we provide a different experience. Rather than being punitive, judgmental, or angry, we respond with curiosity, relationship, and hope. A child who has been moved out of six foster homes due to tantrum behavior needs to hear, "Wow! Something bad must have happened to you. That's okay, we'll get through it together. You're stuck with me while we figure this out."



Who has been involved in construction or remodeling of a home or building?
What is okay to change regarding these plans?
Can I change the wall surface from drywall to paneling? (yes)
Can I move a wall? (depends on whether it is load-bearing)
What happens if I move a load-bearing wall? (the strength is compromised, it may fall down, it may sag…)
As we go through the training, there will be certain things that we should not change because the healing nature of our services

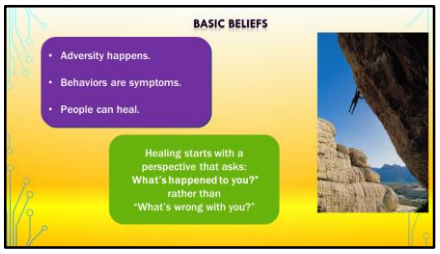
would be compromised. Those are the items we refer to when we talk about fidelity to the model. Other things can be adapted based on setting, culture, preference or individual need. During the training we hope to impart an understanding that will help us know where we can be flexible and where we need to adhere closely to the model.

(Provide example if desired. E.g., Marillac starting by adding a scale to the feeling of a community meeting or how a safety plan may be taped to a desk in the school but worn on a lanyard in another program.)

DEFINING TRAUMA

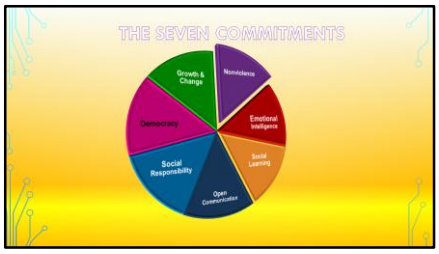
- AN EVENT, SERIES OF EVENTS OR SET OF CIRCUMSTANCES THAT IS EXPERIENCED BY AN INDIVIDUAL
- PHYSICALLY OR EMOTIONALLY HARMFUL OR LIFE THREATENING
- MAY HAVE LASTING ADVERSE EFFECTTS
- CAN BE ONE TIME INCIDENCES OR EXPERIENCES THAT ARE CHRONIC AND EVEN INTERGENERATIONAL

TRAUMA CATEGORIES	DEFINITION	TRAUMA TYPE
ACUTE	Single, Isolated Incident	• Accident • Natural Disaster • Single act of violence/ Terrorism • Sudden, Unexpected Loss
CHRONIC	Traumatic experience that are repeated and prolonged	• Prolonged family or community violence • Long-term illness • Chronic bullying • Chronic poverty
COMPLEX	Multiple traumatic events from an early age, often within the caregiver system or without adult support	• Physical, emotional & sexual abuse within the family system • Ongoing neglect by caregivers • Witnessing domestic violence
HISTORICAL & RACIAL	Collective and cumulative trauma experienced by a group across generations that are still suffering the	• Systemic oppression • Racism • Discrimination



The Sanctuary Model is based on two very basic assumptions about human beings The first is a recognition that adversity is an inherent part of human experience, and that these experiences shape the way that people behave. More importantly, Sanctuary recognizes the inherent resilience in people and the belief that they can heal.

Sanctuary also begins with the premise that appreciating the effects of these experiences means changing the question that we ask about the people we serve and those with whom we work. Often we ask "what's wrong with that person?" when we question the cause of behaviors or actions. Sanctuary asks us to change the question to recognize the influence of a person's experiences. Beginning with the premise "What's happened to you?" rather than "What's wrong with you becomes a cornerstone of being trauma-informed.



The philosophical underpinnings of the Sanctuary Model are reflected in seven simple commitments. These commitments are for the entire community, not only the staff or administrators but also for the clients. It is also important to note that no community can do a “perfect” job of following the commitments all the time.

The Sanctuary Commitments:

A commitment to nonviolence - being safe outside (physically), inside (emotionally), with others (social) and to do the right thing (moral).

A commitment to Emotional Intelligence - managing our feelings so that we don't hurt ourselves or others
A commitment to Social Learning - respecting and sharing the ideas of our teams
A commitment to Democracy - shared decision making
A commitment to Open Communication - saying what we mean and not being mean when we say it
A commitment to Social Responsibility - together we accomplish more, everyone makes a contribution to the organizational culture
A commitment to Growth and Change - creating hope for our clients and ourselves

The commitment to non-violence is just as it sounds: that the community will work toward helping all members be safe and refrain from hurting each other.

It seems simple, but there are challenges:

Clients act out in ways that are violent

There are subtle ways that those who provide services can inadvertently or intentionally do that to clients or each other.

Violence is not just physical actions, but in words, body language and non-verbal ways.

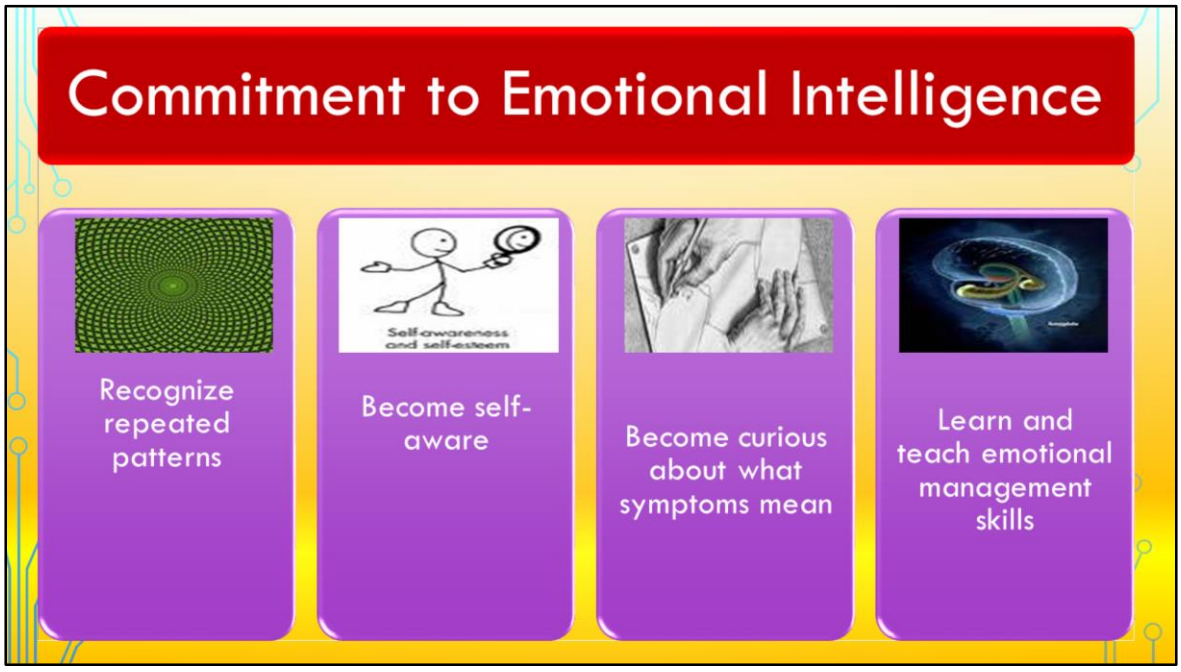
Making sure that all members of a community are aware of the traumatizing impact of violence

Eliminating punitive aggression – counter-aggression toward clients when staff feel their buttons being pushed as well as systems of reward and punishment that do nothing more than reinforce the experience of having things taken away in what feels like an unfair way.

Recognizing the stress of the work of providing care to traumatized people and living in a stressful world

Staff buffer each other from these effects of stress.

In short: being safe outside (physically), inside (emotionally), with others (social) and to do the right thing (moral).



Slide 4: Emotional Intelligence
The commitment to emotional intelligence is about recognizing and being aware of the influence that emotions have on behavior.

Look for patterns of behavior in our clients and in our systems, knowing that behaviors and other symptoms have meaning.

Workers need to be self-aware and recognize our own emotions so that we can be positive role models for the people we help

Encourage that same emotional awareness in the people we serve so that they can help themselves and each other recover from traumatic experiences.

In short: managing our feelings so that we don't hurt ourselves or others.

The commitment to social learning is most simply creating an environment that allows people to learn from each other, from their experiences and their mistakes.
Trying new things or attempting things that may be very challenging - staying within your comfort zone can keep you stuck.
Mistakes are opportunities for improvement and learning rather than opportunities to punish - encouraging people to share what they have learned from mistakes rather than feeling the shame that often drives people to cover up their mistakes.
The community learns from conflict
There are multiple perspectives or views about a problem or issue.
Assume that people fall into prescribed roles with each other that can lead to greater conflict.
Conflict resolution should be used as tools for growth in the community.
In short: respecting and sharing the ideas of our teams.

The commitment to open communication means that members agree to be aware of how they communicate with each other.
Not only the words, but the tone and body language that accompany them send messages as well. It is a
Community members agree to talk about issues that affect the community, no matter how difficult they may be, and to do so in a direct and open way.
The best way to combat against rumors is to address issues with straight talk rather than speaking in vagueness and innuendo.
People who have lived in families in which physical, sexual or emotional abuse occurred have often experienced the poisonous effects of secrecy - secrets in a community can have the same effect on its members in creating discord and dysfunction.
Practice transparency in regard to decisions or issue that effect everyone – this does not mean violating confidentiality or sharing every thought or idea that one has.
Balance the need for transparency with the need to protect privacy.
In short: saying what we mean, but not being mean when we say it.

The commitment to social responsibility is the agreement that the community will take care of itself and its members.

Members share responsibility for

- doing good work
- adhering to the rules of the community and
- being accountable for their behaviors and decisions.
- remembering the history of the organization so that members can learn from the past.

Confrontation of injustice and abuses of power that happen within the community and to the community from external sources.

Recognizing the impact of chronic stress and exposure to vicarious trauma for many of its members.

Having mechanisms in place to mitigate the effects of this stress

Creates a sense of community that protects its members from the bombardment of traumatic stress.

In short: together we accomplish more, everyone makes a contribution to the organizational culture.

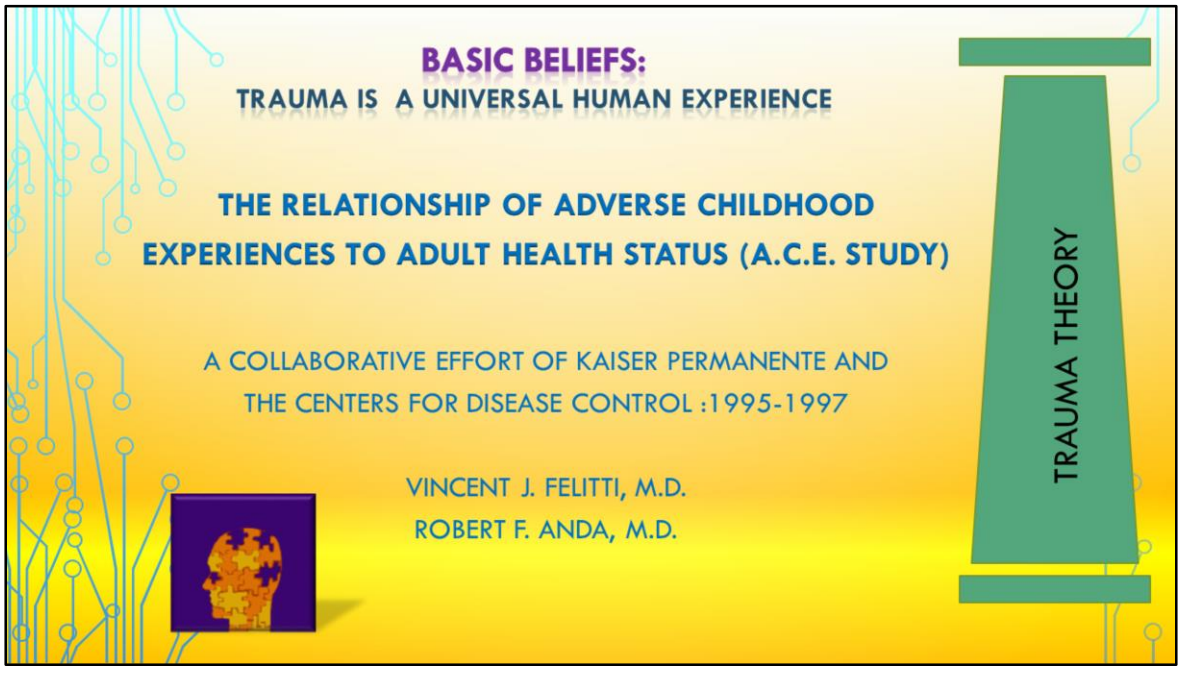
- The commitment to democracy refers to the concept of shared governance within the community.
- Recognizing the inherent power differentials in traditional hierarchical organizations
- Encourages the community members to share decision-making in whatever ways are most appropriate for their group.
- Makes the assumption that all interpersonal traumas are based in an abuse of power, and that engaging clients in their own decision-making can serve as a corrective experience.
- Authoritarianism can be dangerous, since even the best intentioned leaders run the risk of abusing their power when making decisions in isolation.
- The challenge of committing to democracy is not only incumbent on those with who have overt power through their roles as leaders. It is also the responsibility of community members to step forward and participate in decision-making.
- Complex problems are best solved with complex problem-solving: the best thinking of people with different perspectives and experiences and approaches.

In short: all of us together are smarter than one of us alone.

- The commitment to growth and change is based on the understanding that trauma often results in clients repeating, re-experiencing and reliving their traumatic pasts.
- Task = resolve the losses that keep individuals and organizations stuck in the past.
- Change does not happen all at once or the same way for every person.
- We must create situations that force us out of our comfort zones, to create a sense of disequilibrium or instability that forces movement.
- Managing from the future: envisioning what things can be like and working toward creating that vision rather than accepting that things must always be as they have been in the past.

In short: creating hope for our clients and ourselves.

IMPACT OF TRAUMA THROUGH THE LIFESPAN

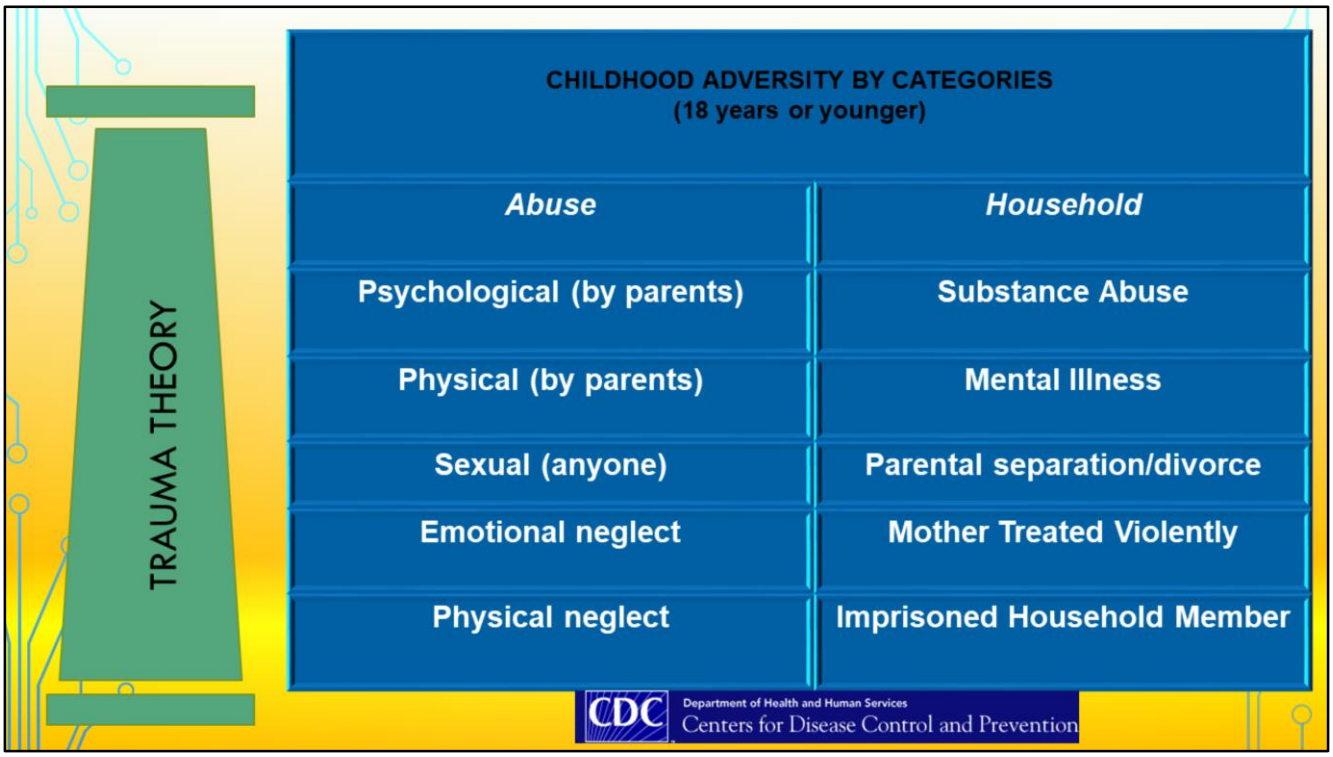


Who has heard of the A.C.E. study? (allow those who are familiar to provide the share information)

The Adverse Childhood Experiences study is the largest public health study ever done. Rather than listen to me talk about it, I'd like you to give your attention to this video.

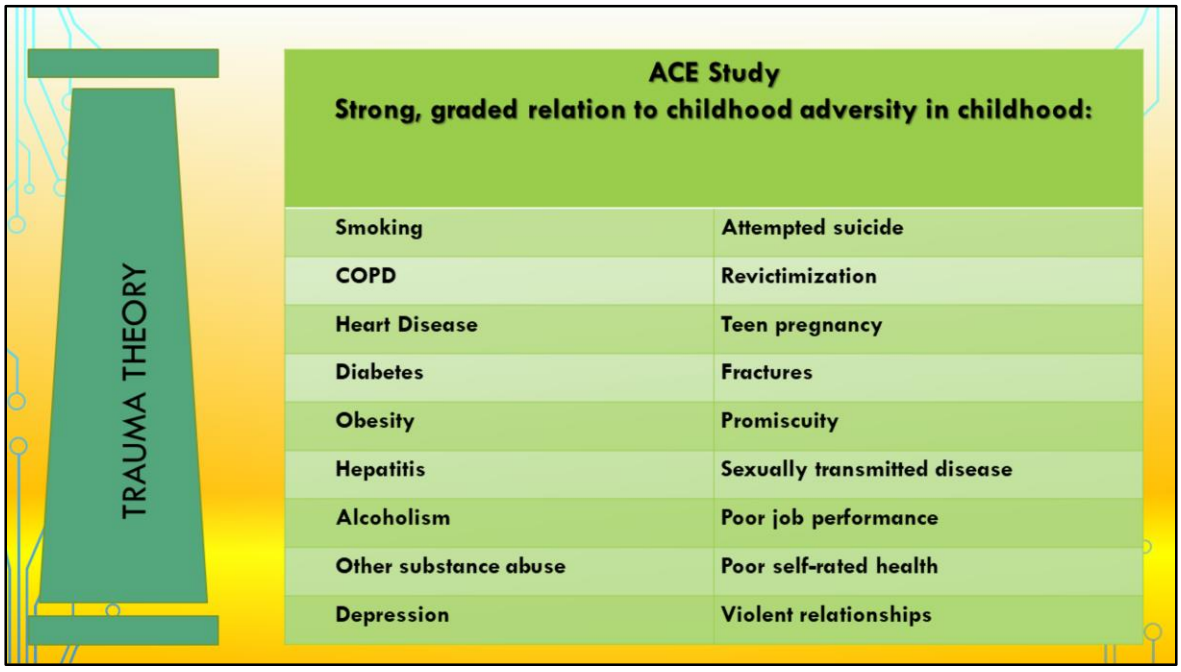
The original study was conducted at Kaiser Permanente in California from 1995 – 1997 with 75% Caucasian, relatively educated population. It was replicated in 2013 in Urban core of Philadelphia.

Remember this, too: ACE scores don't tally the positive experiences in early life that can help build **resilience** and protect a child from the effects of trauma. Having a grandparent who loves you, a teacher who understands and believes in you, or a trusted friend you can confide in may mitigate the long-term effects of early trauma

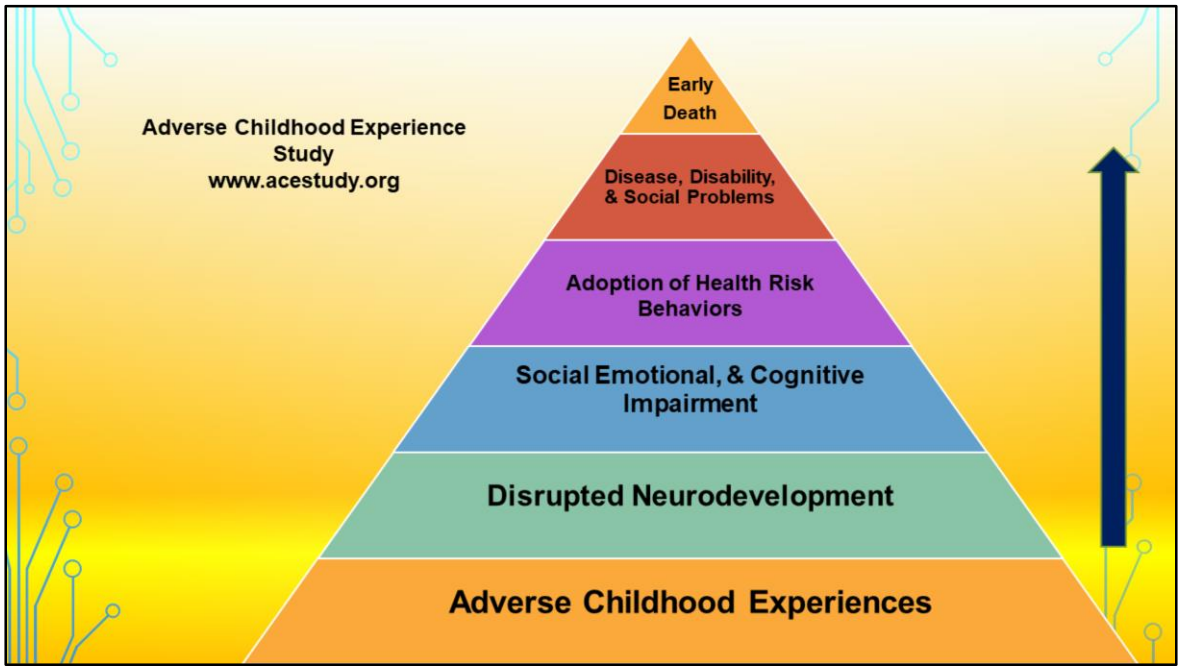


These are the 10 childhood adversities identified by the A.C.E. study. Do you recall how the A.C.E. score is tabulated? You get one point for each category. So if your father drank too much, you get one point. If your mother was an alcoholic, your father a meth addict, and your sibling smoked pot, that is still just one point.

What surprised Andus & Felitti was the prevalence of adverse childhood experiences. In their group, which was largely white, educated, middle class people with health insurance (you can see all the demography data on the CDC or ACEs website), 2 out of 3 individuals reported an ACE score of at least one. A large number reported higher ACE scores.

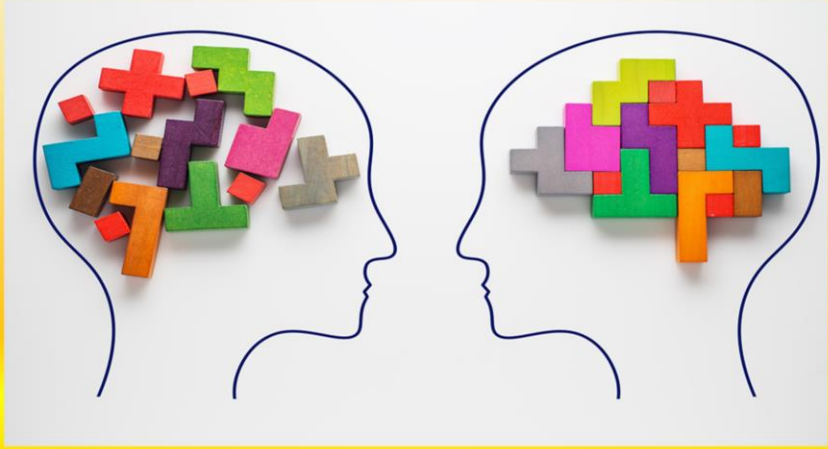


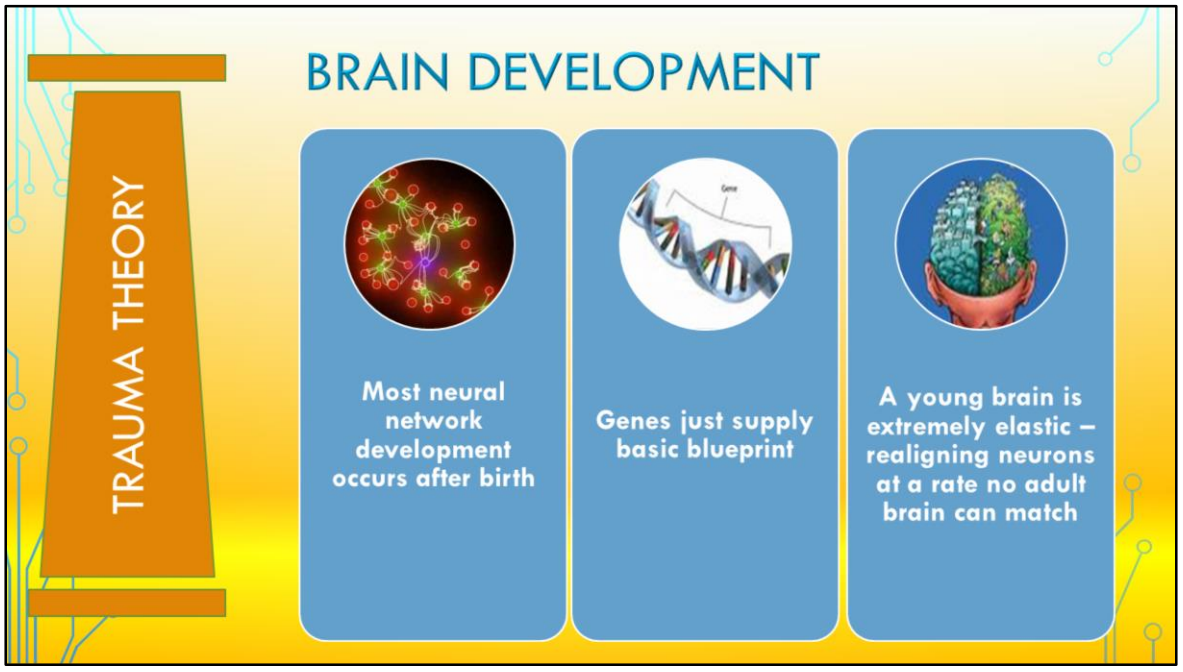
The next surprise was how the prevalence of health issues corresponded with the ACE scores. For example, a person with an ACE score of zero has the smallest risk of obesity or bone fractures or poor job performance. For each additional point on the ACE score, the risk goes up exponentially.



While not all the scientific links have been fully clarified and proven, this shows what they found. The key work here is RISK. Our job is to work on resilience which mitigates the issues created by adversity. Don't look at a high ACE score as a death sentence, but rather as a warning sign that points us to prevention strategies.

TRAUMA & BRAIN DEVELOPMENT

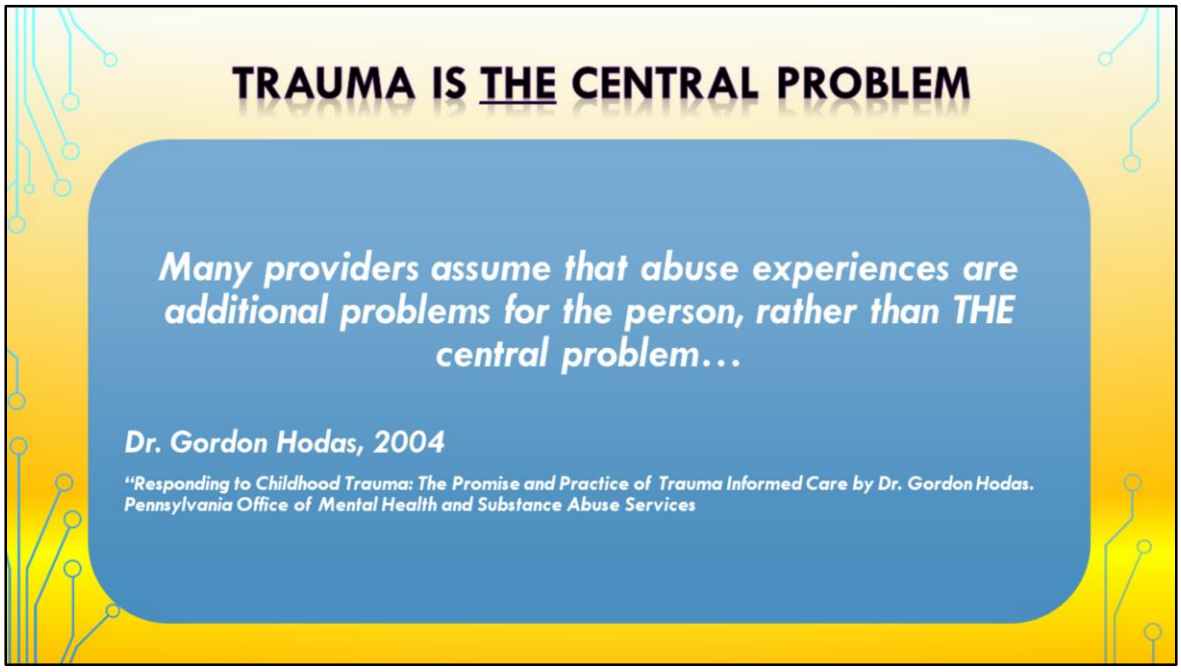




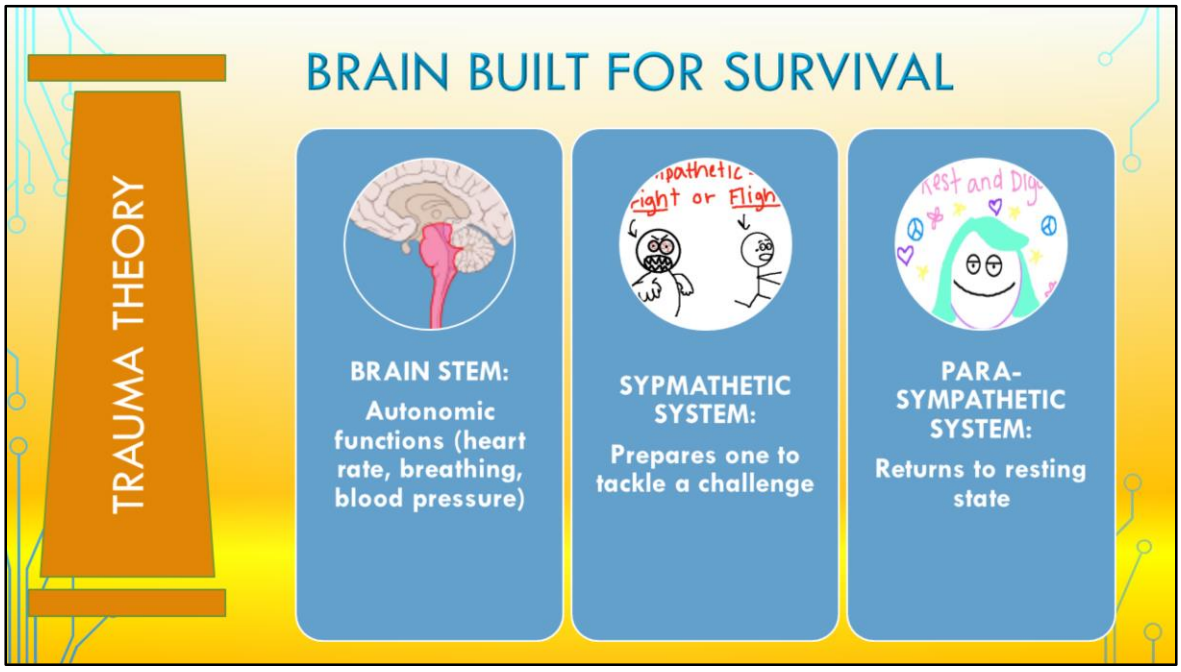
While the brain begins developing in utero, most of the connections and pathways develop after birth. One analogy is to picture the brain as a piece of forest. The watershed (hills and valleys) are supplied by our genes. That may set some predispositions. However, at birth, the brain is extremely elastic. So in the forest, imagine how may ways there are to get from point A to point B – millions! You could go left around those two trees, right past that valley, up around that tree…. The more often the connections are used, the stronger the pathway becomes. So it's like building paths, then road, then highways, and superhighways become our strongest patterns of thought & behavior, our favorites. Pathways that are not used very frequently get overgrown and diminish. So experiences that occur before myelination, when the brain connections are sealed into "plastic" form rather than "elastic," have a stronger impact on brain development and future behavior. The brain remains plastic all your life, and plastic can be changed with work. So you can learn new things as long as you live. But it gets harder. For example, if I were 3 years old and my family moved to Japan – where there is a different language including alphabet – how long would it take me to learn Japanese? (not long, months) If I packed up and moved there today, how long would it take me? (much longer) The part of my brain that learns language easily and efficiently myelinated by the time I was six or seven. I can still learn a language because the brain is adaptive. The part of my brain I need to use today to learn a new language is not as

efficient. So it takes more effort and more practice.

Our brains are built for survival, and human babies cannot survive on their own. In fact, how many of you think you could live entirely on your own – creating your own shelter & clothing, providing your own food and water and safety . . . ?
So the question is . . . how are our brains designed to connect us?
What happens when someone carries a baby in the room? (adults change their voices, talk babytalk, smile) That is an example of oxytocin, a powerful stress hormone and neurotransmitter, creating a flood of pleasure when we interact. Because our early experiences and our genetics may be different, we may experience different levels of pleasure when we interact with a baby. What role might these experiences of pleasure play in survival? (pause for answers) Who wants to put up with the puke and poop if there is no pleasure in the relationship? As adults, hormones help us experience pleasure in relationships that help us get past disagreements and disappointments. This is probably what we refer to when we talk about "chemistry" in relationships. It keeps us connected via neurotransmitters in our brains. Let's watch a short video about how this works in brain development.



The children and families in our care may have lots of diagnoses – ADD, oppositional defiant behavior, bipolar . . . And we are learning that if we understand the trauma history, their behaviors make sense.



Let's look at the role brain development plays in trauma theory.
In utero, the brain develops much in the same order in which it evolved. The brain stem is shared by all living creatures. Who knows what the brain stem is responsible for? (heart rate, breathing, organ function)

The brain stem operates on stress and recovery. When we need to do something, from running a race to taking a test to facing a threat, the sympathetic system prepares our bodies to meet that challenge. What happens to heart rate? To breathing? To muscle tension? That's the stress part.

When the challenge is over or the threat is gone, the parasympathetic system returns our bodies to a resting state. What happens to heart rate? To breathing? To muscle tension? If we were always in resting state, what would happen to our bodies and brains? If we have no stress, we become weak like an arm that has been in a cast for 6 weeks.

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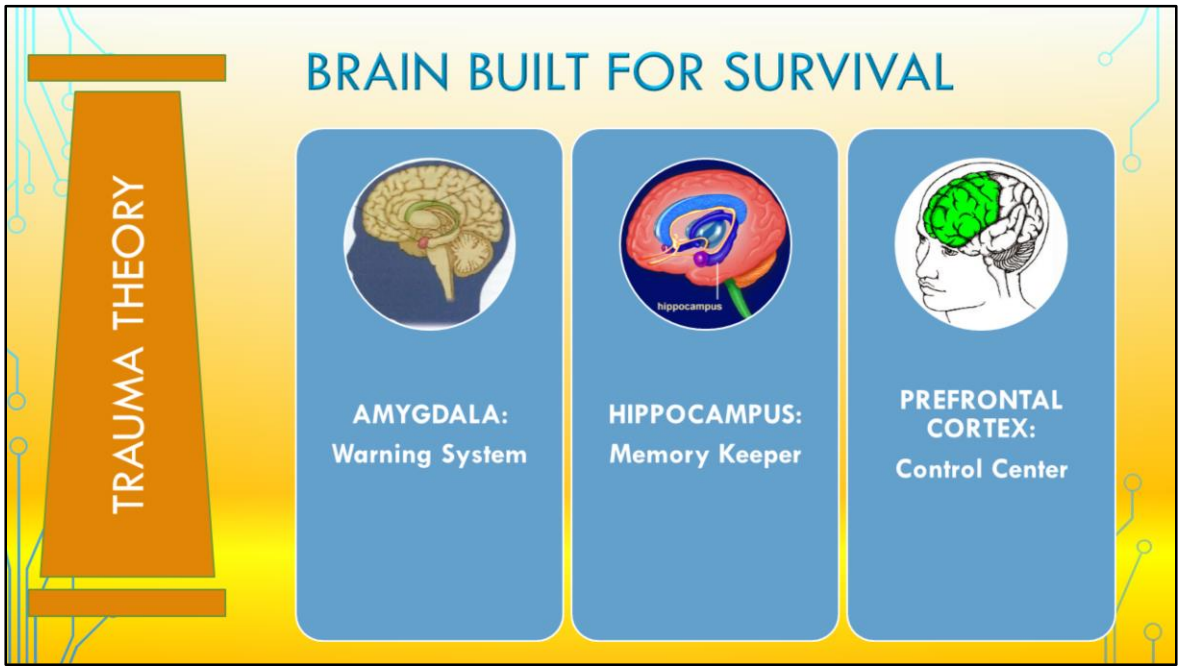
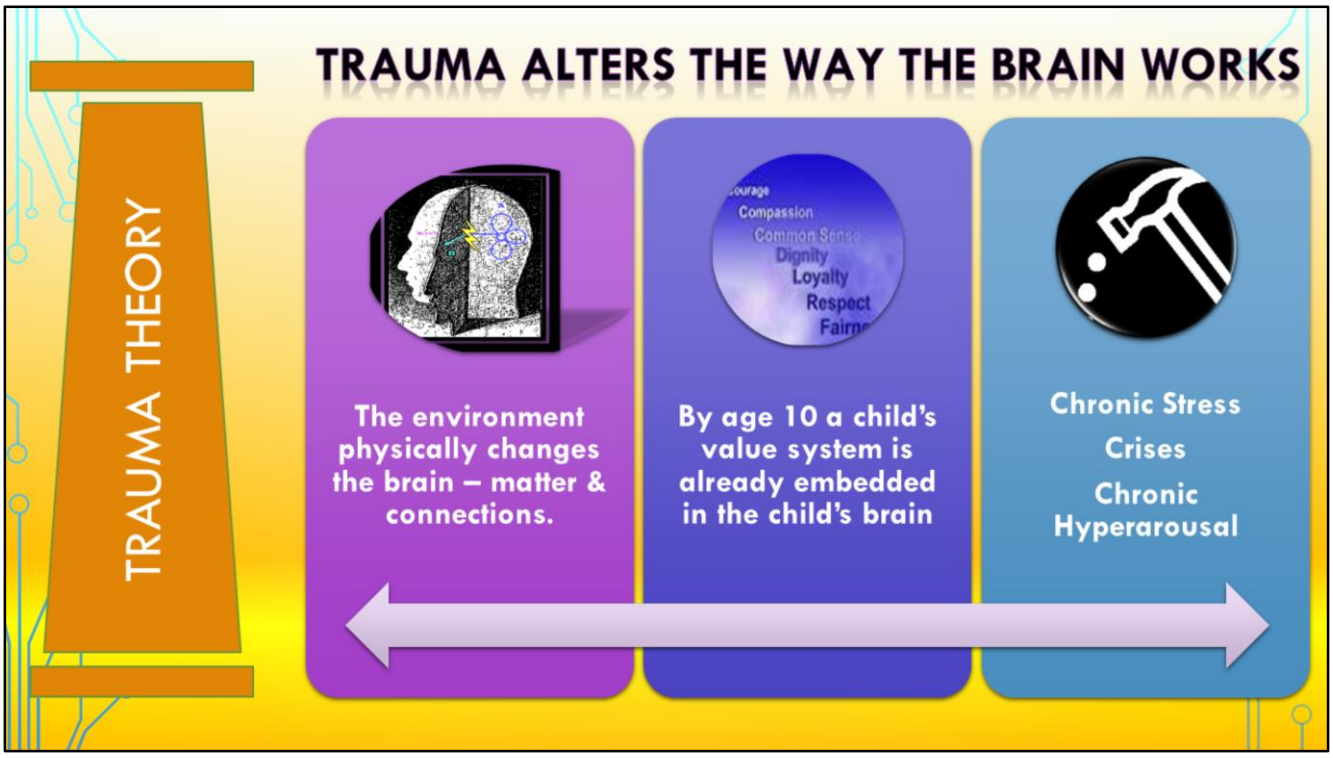


Sitting right on top of the brain stem are two small brain parts called the amygdala. The role the amygdala play does not require it to be smart, just to be alert. The job of the amygdala is to notify you when something is different and get your body prepared to survive – fight, flight, or freeze. It is unable to differentiate between an unexpected knock on the door and a bomb falling on your house. Because it sits near the brain stem, it sends signals for the heart to race, breathing to be fast and shallow, and muscles to tense.

The hippocampus is a center for emotions and memories. It connects event memories with the feelings experienced at the time. It bring memories of fearful events to mind as a way to better prepare you for that event in the future. It plays a giant roll in most of our decisions.

The prefrontal cortex provides our executive function, serving as the control center. It's role is to think complexly and to override the hippocampus when that decision may

bring unwanted consequences.



We know that by age 10, a child's basic ability to develop and maintain relationships is set. Attachment or lack of it has permanently impacted the parts of the brain having to do with trust, empathy, and reciprocity.

Brain scans have provided information showing that childhood experiences change the structure and content of the brain. In other words, some parts of the brain myelinate before appropriate neuropathways have connected. Some scans show changes in the amount of gray and white matter or increased or reduced activity in various parts of the brain.

The brain of a child who has experienced chronic stress or trauma has wired the amygdala with super-sensitivity, causing the child's stress arousal to stay high rather than go into recovery mode between stressors. This may be one of the links between ACEs and health. Children who have experienced chronic stress or trauma tend to have higher resting heartrates.

Let's do an activity that helps us more clearly understand the role of childhood experiences on brain development. First we need to remember that not every adverse experience leads to trauma. Let's talk in terms of stress. (Pass out score cards.)

Some experiences create positive stress. Will someone read the description under "positive stress"? (call on a volunteer)
Can you think of positive stresses you have experienced either as a child or adult?

Some experiences create tolerable stress. (Ask for a volunteer to read the description on their score card for tolerable stress.) Can you think of examples from your life that might fit in this category?

Other experiences create toxic stress. (Ask for a volunteer to read the

description on their score card for tolerable stress.) Can you identify examples from your life of toxic stress?

Do you see how our definition of trauma fits in here? There is a stressor or threat. If we have enough internal and external resources to manage it, we do not experience it as trauma.

Here are the rules for the Brain Game:

Goal: Build a brain that is tall, which represents cognitive ability, and strong enough to handle the stressors encountered in life. So the goal is TALL and STRONG.

Write the name of your brain on the top of your score card.

Roll the die for your genetic lottery. You get two pipe cleaners plus one straw and one pipe cleaner for each dot on your role. (A roll of 3 gets a total of 5 pipe cleaners and 3 straws; a roll of 1 gets pipe cleaners and 1 straw.) You must use all these materials to build your foundation, a shape that should lie flat.

Roll the die for our social support lottery. You get one straw for each dot on your roll. You may use these social supports at any point during the process.

For each of the first five years, you will draw three experiences from the envelope for that year. You will determine whether each experience is a positive, tolerable or toxic stress. On your scorecard, mark the appropriate box for the first experience on line 1, for the second experience on line 2, and for the third experience on line 3. For each positive experience, you will get 1 straw and 1 pipe cleaner. For each toxic experience, you will get 1 pipe cleaner. For a tolerable experience, you will count the total number of positive and toxic stresses. Whichever is more, the tolerable experience will receive the corresponding materials (positive – 1 straw & 1 pipe cleaner; toxic – 1 pipe cleaner). If the number of positive and toxic stresses is a tie, roll the die. Rolling an even number (2,4,6) makes the tolerable experience positive. Rolling an odd number (1,3,5) makes the tolerable experience toxic. Take the corresponding materials, but leave it marked as tolerable on your score card.

Once your have received your materials for year one, you must add those materials to the base. All pipe cleaners must be attached at both ends before you draw for the next years experiences. Remember that the straws you drew from your social support lottery may be used at any time.

For years 6-8, brain development changes. The game will proceed with drawing three experiences. The difference is reflected in the materials. For a positive stress, you will receive 1 pipe cleaner. For a toxic stress, you will receive a weight which must be hung from the highest point of your structure. Determine which materials a tolerable stress receives by the majority of your life experiences. Roll the die only if there is a tie.

Debrief using the questions on the next slide.

BRAIN ARCHITECTURE RULES

STEP 1: Building Your Foundation

a. Roll the die to determine your GENETIC LOTTERY. Based on the # rolled, circle the corresponding base on your Life Journal & Construct the shape that corresponds to the number you rolled.

STEP 2: Social Supports

a. Roll the die & record this number on your Life Journal and take the numbers of straws as the number on the die.

YOU MAY USE THESE AT ANY TIME.

STEP 3: Your 1st Life Experience

a. Draw 1 card, at random, and read the card.

b. POSITIVE EXPERIENCE – take 1 pipe cleaner & 1 straw and attach them to your brain

TOXIC EXPERIENCE – take 1 pipe cleaner and attach it to your brain

TOLERABLE EXPERIENCE – roll the die

(2,4, or 6: take a pipe cleaner & straw to attach/1,3, or 5: take a pipe cleaner only to attach)

BRAIN ARCHITECTURE RULES

STEP 4: Building Years 1 – 5

a. Draw 3 cards at random within the applicable year and take the applicable # of straws and pipe cleaners based on the type of experiences. Record in your Life Journal and attach to your brain.

POSITIVE EXPERIENCE – take 1 pipe cleaner & 1 straw and attach them to your brain

TOXIC EXPERIENCE – take 1 pipe cleaner and attach it to your brain

TOLERABLE EXPERIENCE – take the type of materials for the type of experience your brain has experienced the most so far (from the prior years)

c. Repeat for each year:

** All materials obtained in one year MUST be attached before proceeding in drawing cards for the next year**

STEP 5: Building Years 6 – 8 - RULES CHANGE * NO MORE SUPPORTS (straws)**

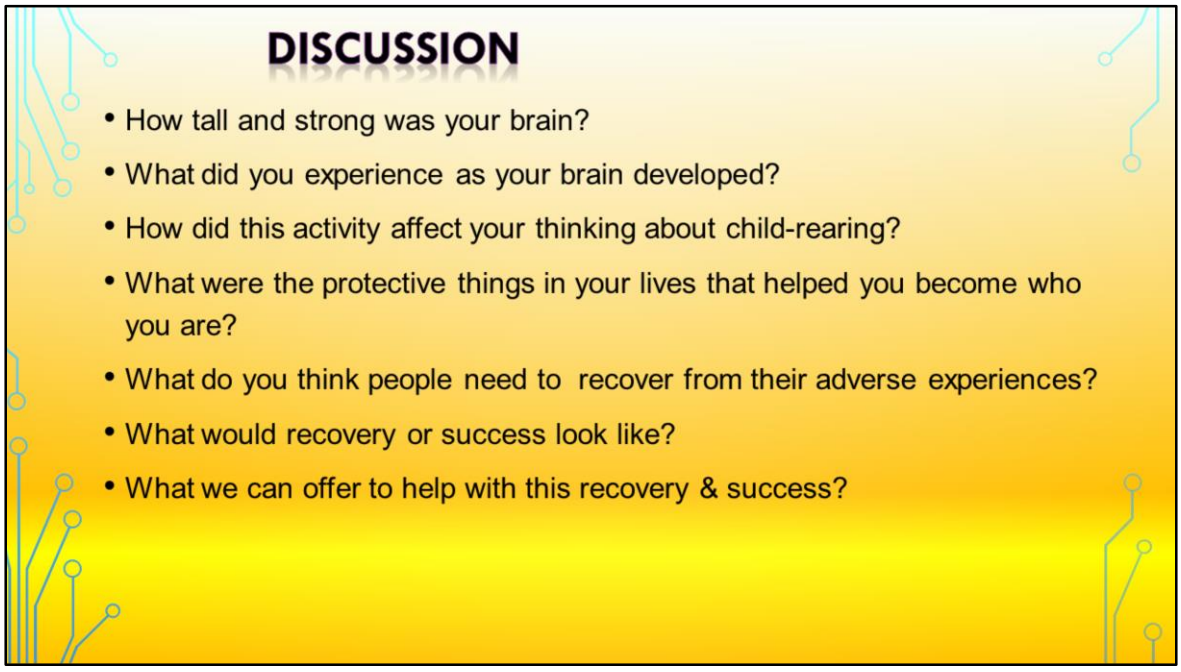
a. Continue to draw 3 cards for each year 6 – 8; HOWEVER, build according to the following rules:

b. POSITIVE EXPERIENCE – Take 1 pipe cleaner

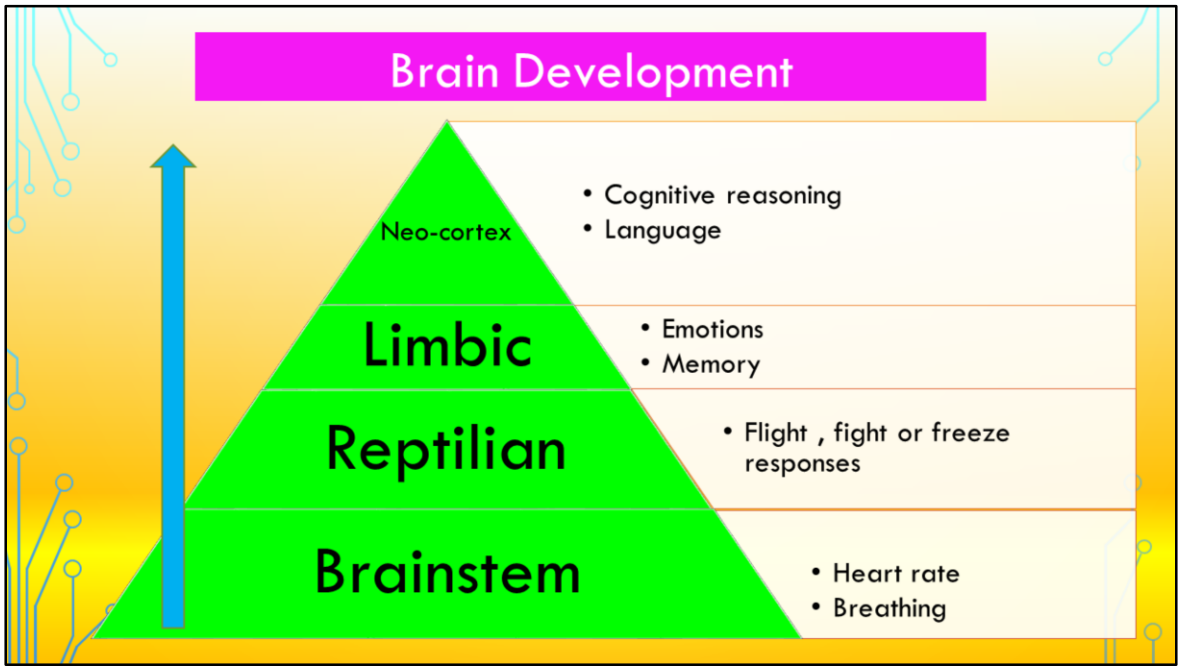
TOXIC EXPERIENCE – Hang a weight from the tallest part of your structure

TOLERABLE – Take the type of materials for the type of the experiences your brain has experienced the most so far

*** The game is finished at the end of year 8, or when your structure collapses, whichever comes first…

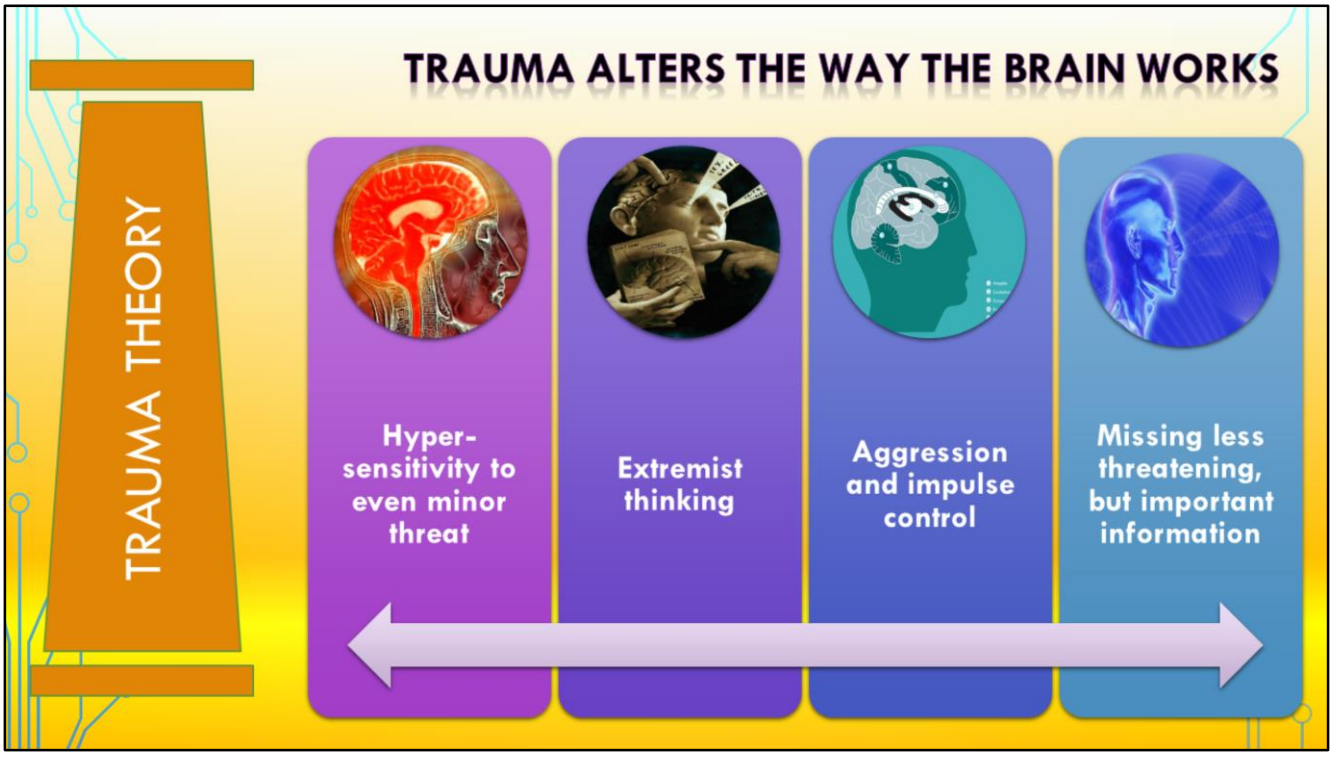


Depending on time, select which questions to debrief the activity.

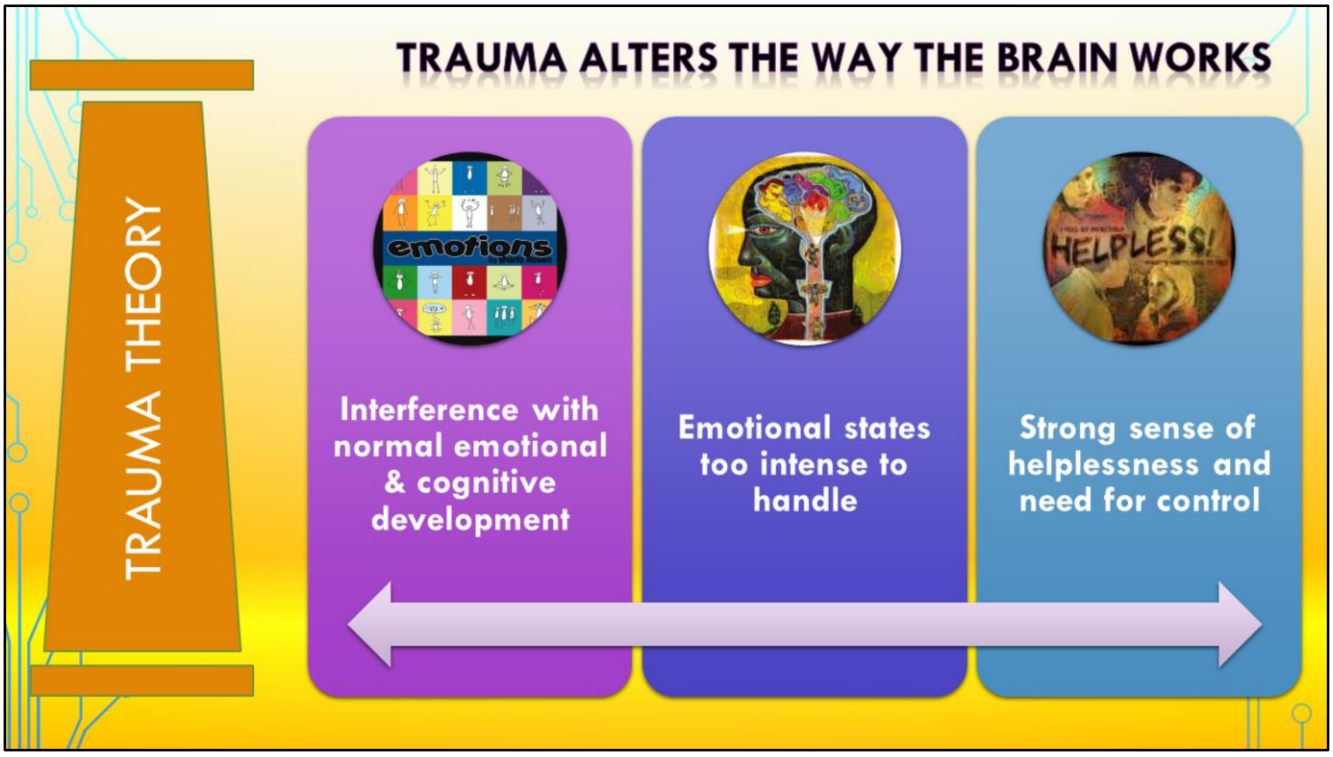


This image teaches us a little more about the sequential and hierarchical nature of the brain. The brain develops and receives information from the base up. The brain is made up of 4 parts (briefly review each section):

- **Brainstem- involuntary responses that occur without external stimuli.**
- **Reptilian brain- involuntary responses that occur but need to be stimulated in order to do so.**
- **Limbic brain- Responsible for the emotions and memory. Is a higher functioning part of the brain.**
- **Neo-cortex- Responsible for reason, foresight, rationality and higher functions like language.**

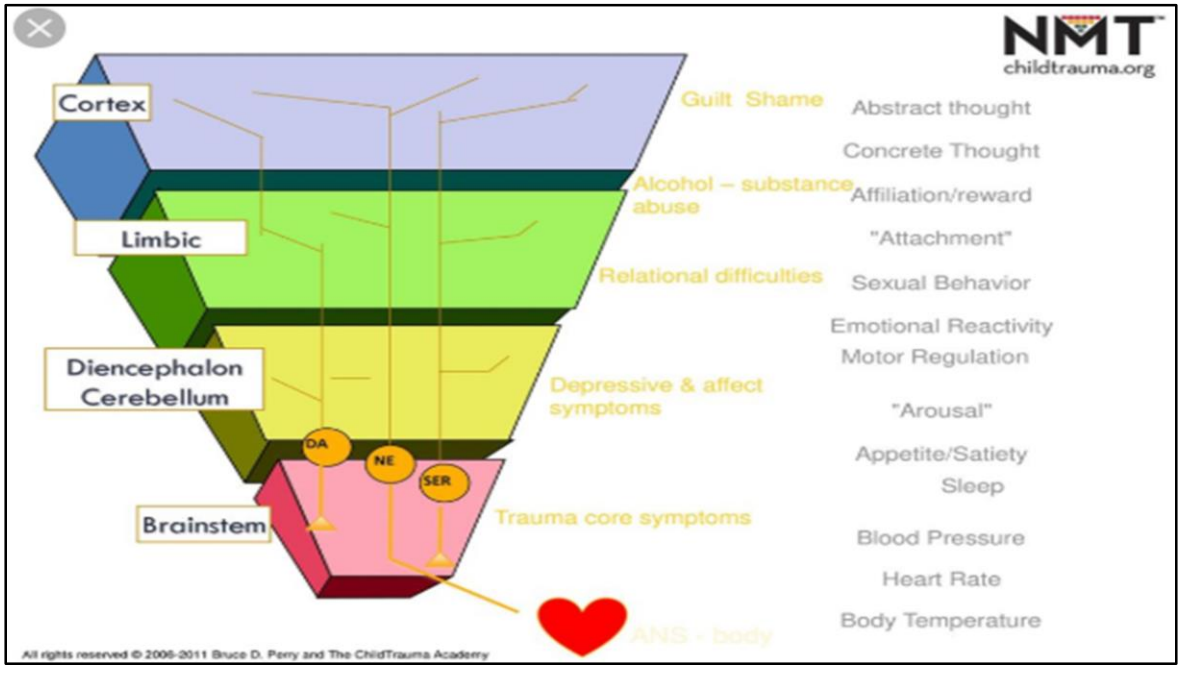


Let's start this meeting by a rapid look at the complex problems presented by so many children who end up in some kind of care: they have become hypersensitive to threat, so even small stresses produce large and inappropriate responses; the extremist thinking of the acute stress response has become chronic and that combined with their constant attention to even the smallest threat interferes with cognitive development. Aggression and poor impulse control, arguably normal parts of the acute stress response becomes the typical response to a variety of situations, precipitating school, learning, and relational problems.



Their inability to manage affect interferes with cognitive development, producing even further difficulties in all those domains. Their affect level tends to be too high for the usual childhood self-soothing techniques to be effective. Emotions overwhelm the individual which is often demonstrated in very controlling or very helpless behaviors.

All this disregulation increases the likelihood that the child will turn to some other method of managing distressing emotions: violence, drugs, alcohol, cutting, bingeing, purging, sex, risk-taking or some other problematic behavior. Their responses to abnormal stress and to even the normal stresses of childhood either help them to achieve mastery – or not. If aggressive responses have helped them to feel less helpless, more in control, and achieve a better sense of master, then aggression is likely to become chronic.


NMT
childtrauma.org
Cortex
Limbic
Diencephalon
Cerebellum
Brainstem
DA
NE
SER
Guilt Shame
Alcohol – substance abuse
Relational difficulties
Depressive & affect symptoms
Trauma core symptoms
ANS - body
Abstract thought
Concrete Thought
Affiliation/reward
"Attachment"
Sexual Behavior
Emotional Reactivity
Motor Regulation
"Arousal"
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Body Temperature
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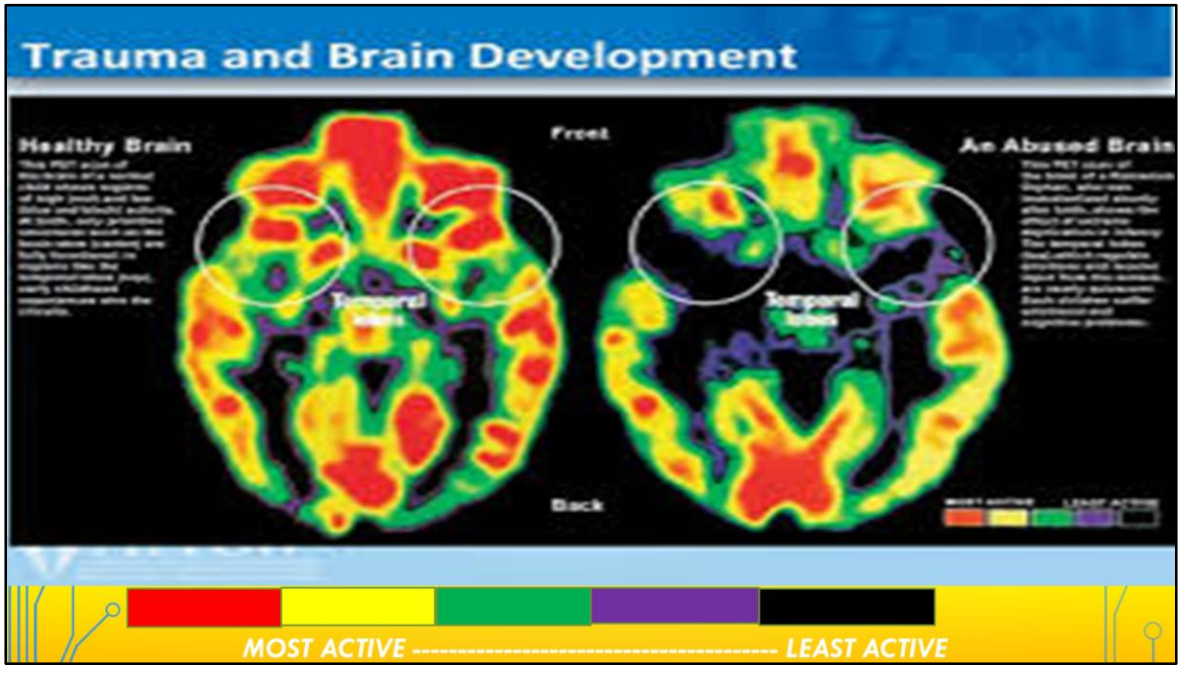
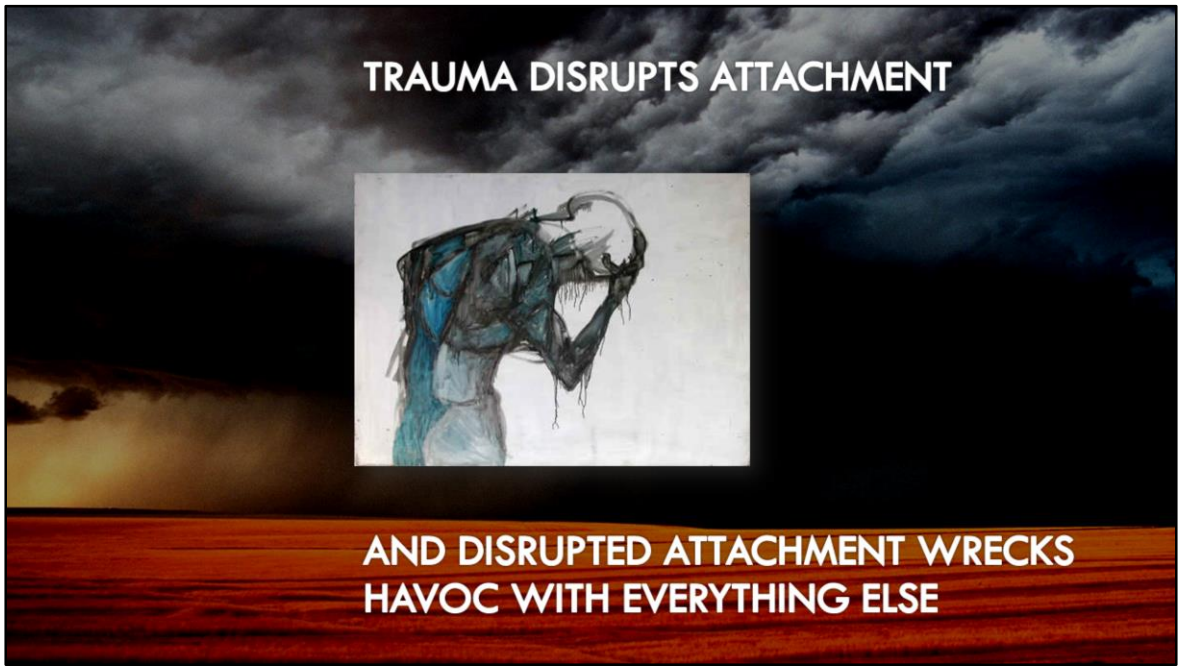


Abused brain shows no activity in parts of the temporal lobes
These areas are responsible for regulating emotions and attribute to distortions in reality

4 The scan on the left belongs to a toddler from a happy home and the scan on the right is the brain of an emotionally abused toddler
IMAGE: PROFESSOR BRUCE D PERRY

"In the CT scan on the left is an image from a healthy three-year-old with an average head size.
"The image on the right is from a three-year-old child suffering from severe sensory-deprivation neglect.

"This child's brain is significantly smaller than average and has enlarged ventricles and cortical atrophy."
Essentially what this means is the child will suffer developmental delays and problems with memory.
Cortical atrophy is something that is more commonly seen in older people suffering from Alzheimer's disease.



So what are the links between childhood adversity and adult health issues? While we don't understand everything, we do know that childhood trauma interferes with the relationship between the child and caregivers. When attachment is disrupted, the foundation for brain development is impaired.