

Understanding the Effects of Trauma on Mental, Physical and Emotional Health

Presented By Lori Cavender

What is Trauma?

Any injury, whether physically or emotionally inflicted. May cause any level of distress, shock or pain and may result in lasting mental and physical effects.

What are the types?

Personal

Professional

Familial

Environmental

Systemic

Organizational

Historical

Why do people respond differently?

Pre-event factors

Event factors

Post-event factors

Personal characteristics

Pre-Event Factors

Previous exposure to trauma or child abuse

Level of coping skills

Previous Mood or Anxiety Disorders

Family stability or instability

Family history of criminal behavior

Trouble with authority

Presence or absence of social support

Age at the time of the event -- under age 25

Developmental Level

Level of support

Event Factors

Geographic nearness to the event

Level of exposure to the event

The event's meaning to the victim

Being a survivor of multiple traumatic events

Duration of the trauma

The existence of an on-going threat

Societal response (media, perception, legal issues, etc.)

Post Event Factors

The absence of social support

Lack of available services

Legal implications

Not being able to do something about what happened

Being passive rather than active

Inability to find meaning in the experience

Billy and Bobby

Personal Characteristics

Internal control factors

Self-efficacy

Intelligence

Sense of coherence

Strength (physical and emotional)

Motivation to deal with the trauma

Optimistic attitude

Personal beliefs

Impact of Trauma

I. Attachment

II. Biology

III. Affect and Impulse Regulation

IV. Dissociation

V. Behavioral Control

VI. Cognition

VII. Self-Concept

VIII. Systems of Meaning / Sense of Purpose and Meaning in Life

Attachment

- Healthy or insecure attachment
- Inability to trust
- Social isolation
- Difficulty attuning to others
- Exploitation or abuse by others

Biology

- Sensorimotor developmental problems
- Hypersensitivity to physical contact
- Somatization
- Increased medical problems
- Problems with coordination and balance
- The Inability to feel pain while conscious
- Impact on the brain

Impact on Health

- Adverse Childhood Experiences Study (ACES)
- A major American research project that poses the question of whether, and how, childhood experiences affect adult health decades later (Kaiser).
- It documents the conversion of traumatic emotional experiences in childhood into organic disease later in life.

SODA CAN EXAMPLE

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

Affect and Impulse Regulation

- Difficulty with emotional self-regulation
- Intense affect easily triggered
- Difficulty describing feelings
- Problems describing internal states
- Difficulty communicating desires
- Excessive risk taking and self destructive acts
- Suicidal preoccupation

Dissociation

- Sense of separating or “awayness” for periods of time
- Loss of time (minutes, hours or days)
- Periodic sensation of “floating” above him or herself

Key Developmental Domains Effected by Complex Trauma

Behavioral

Poor impulse control

Self-destructive behavior

Aggression against others

Sleeping and eating disorders

Substance abuse

Excessive compliance

Oppositional behavior

Resistance

Cognition

- Problems focusing on and completing tasks
- Difficulty planning and anticipating
- Learning difficulties
- Difficulties in attention regulation and executive functioning
- Problems with language development
- Problems with being oriented to time and space

Self-Concept

- Lack of a continuous, predictable sense of self
- Sense of ineffectiveness
- Feeling permanently damaged
- Poor sense of separateness
- Low self-esteem
- Shame and guilt
- Disturbances of body image

Systems of Meaning

- Lack of belief in a positive or full future
- Hopeless and pessimistic attitude
- Problems sustaining beliefs
- Sense of no purpose in life
- Crisis of faith

Brain changes during typical adolescence are :

Emotions

Social Engagement

Novelty

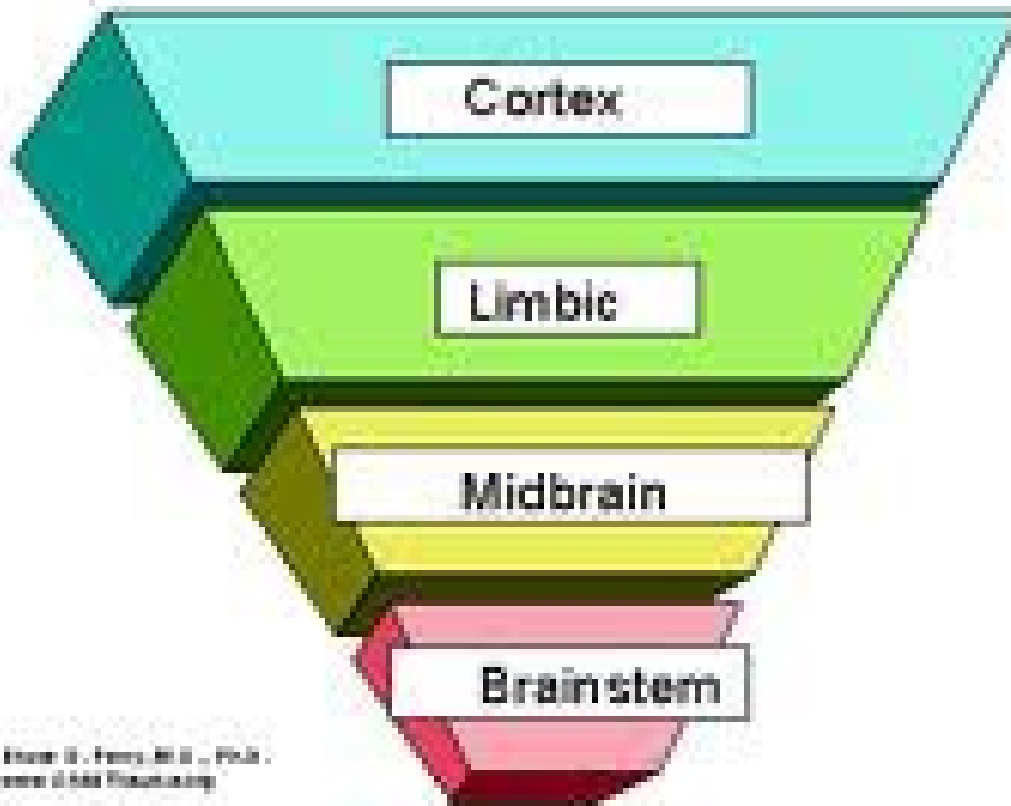
Creativity

Behavioral and Cognitive functions of the prefrontal cortex

- Controlling impulses
- Inhibiting inappropriate behavior
- Initiating appropriate behavior
- Stopping an activity upon completion
- Shifting behavior when situations change
- Providing a temporary mental workspace for working memory

The Brain Broken Down

Exhibit 1



Abstract thought
Concrete Thought
Affiliation

"Attachment"

Sexual Behavior
Emotional Reactivity
Motor Regulation

"Arousal"

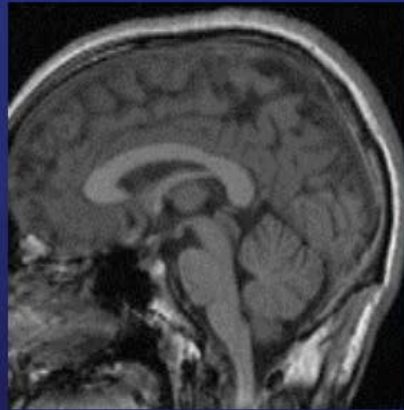
Appetite/Satiety
Sleep

Blood Pressure
Heart Rate
Body Temperature

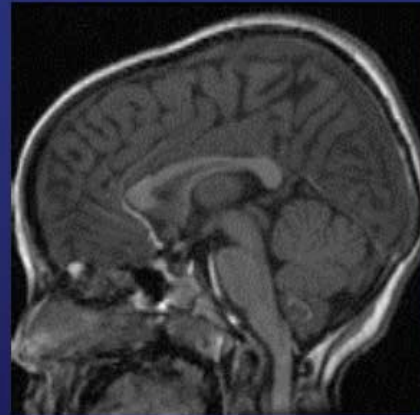
RECAP

- Neutral memories are stored in the left side of the brain (logic).
- Traumatic memories are stored in the right side of the brain (emotion).
- When stressful events occur, the memories are stored in the right (emotional) side of the brain.
- In order to process that event, our brain allows us to access “safe” images and memories from the left (logic) side of the brain.
- The corpus callosum allows the two halves of the brain to communicate with each other.

Childhood abuse affects corpus callosum



Control



Neglect

The morphology of the corpus callosum is significantly affected by early neglect (as well as physical abuse and sexual abuse).

Teicher et al. (2004) Biological Psychiatry 56, 80-85

Core Principles of Trauma Informed Care

- **Safety (physical and emotional)**
- **Trustworthiness**
- **Choice/Individualized**
- **Collaboration**
- **Forward Thinking**
- **In Context**

Trauma-Informed Services

- Take the trauma into account
- Avoid triggering trauma reactions and/or traumatizing the individual
- Adjust the behavior of staff, volunteers and the organization to support the individual's coping capacity.
- Allows survivors to manage their trauma symptoms successfully so that they are able to access, retain and benefit from services

(Harris and Fallot)

Trauma Informed Care & Positive Youth Development

For programs that provide services to youth, it is critical to remember that there is strong alignment with the approaches of Positive Youth Development.

Specifically:

Individualized

Strengths-based

Partnership

Services

Opportunities and Supports

“ARC” Interventions

**Attachment
Self-Regulation
Competencies**

From SPARCS Curriculum and HHYP

Attachment

Positive attachment is the capacity to form and maintain a healthy emotional bond with another person or persons which is a source of mutual comfort, safety, and caring

Examples of Potential Attachment Issues

- **Suspicious of others; preoccupied with perceived threats**
- **Defiant and/or aggressive towards peers, caregivers or other adults**
- **Non-discerning in making friends or sharing information**
- **Unaware of their own emotions**
- **Not attuned to others' emotions**
- **Avoids asking for help or communicating needs**
- **Needy and demanding behavior**
- **Allows oneself to be victimized by others**
- **Isolation**
- **Engages in loud attention seeking behavior**
- **Inappropriate attempts to gain intimate contact**

Self-Regulation

Self-regulation refers to developing and maintaining the ability to notice and control feelings such as frustration, happiness, anger, and fear.

Examples of Challenges to Self-Regulation

- Hypersensitivity to physical contact
- Hypervigilance – overreacts to perceived threats or danger
- Hyperarousal - feeling tense, on edge, easily startled, difficulty sleeping or having angry outbursts
- Somatization – experiencing emotional stress in one’s body (pain in tissue, skin, muscles, etc.)
- Inability to be in the moment or to be “mindful”
- Disturbances in regulation of bodily functions – sleeping, eating and digestion

Competencies

Developmental skill competency refers to mastering the developmental tasks of adolescence and developing the ability to plan and organize for the future.”

Examples of Challenges to Competencies

- **Pessimistic and hopeless outlook**
- **Lacking a sense of meaning or purpose in life**
- **Perceptions of self: Low sense of self-efficacy (inability to complete necessary tasks within one's environment)**
- **Low self-worth (not worthy or deserving of love, attention, help, etc...)**
- **Difficulties in the following: focusing on the task at hand**
- **Planning and future oriented thinking**
- **Realizing consequences for one's actions**
- **Setting realistic, achievable goals**



Examples of Developmental Skill Deficiencies:

- **Focusing on schoolwork**
- **Organizational skills**
- **Budgeting and banking**
- **Shopping and cooking**
- **Completing job applications and interviewing**

What can we do to help?????????



Ten Strategies of a Compassionate School

- 1. Focus on culture and climate in the school and community.**
- 2. Train and support all staff regarding trauma and learning.**
- 3. Encourage and sustain open and regular communication for all.**
- 4. Develop a strengths based approach in working with students and peers.**
- 5. Ensure discipline policies are both compassionate and effective (Restorative Practices).**
- 6. Weave compassionate strategies into school improvement planning.**
- 7. Provide tiered support for all students based on what they need.**
- 8. Create flexible accommodations for diverse learners.**
- 9. Provide access, voice, and ownership for staff, students and community.**
- 10. Identify vulnerable students and outcomes and strategies**

Emotional First-Aid

Risks in Reaction to Trauma

- Disruptions in relationships with youth
- Conflict with our co-workers and colleagues
- Emotional reactions
- Intrusions into personal life and functioning
- Restricting social relationships and interactions
- Exhaustion
- Physical Ailments
- “Burn Out”

Joli Guenther

Self Care

- **Meeting personal basic needs: physical, emotional, mental, and spiritual**
- **Using your commute, your workspace, other tools**
- **Learning to understand and respond to your body as it responds to trauma (David Emerson and Elizabeth Hopper, *Overcoming Trauma through Yoga*)**
- **Finding your “yoga”**

Joli Guenther

Closing

Thank you for all of your:

Time

Hard Work

Enthusiasm

Patience

Discussion

Willingness to make a difference!



Credit given to:

Kaiser Permanente Health Maintenance Organization

Joli Guenther

Harris and Fallot

SPARCS Curriculum and HHYP

Family and Health Services Bureau

Runaway and Homeless Youth Training and Technical and Assistance Center

Compassionate Schools Curriculum

Tranquility Training

Lori Cavender

(206) 356-2405

tranquilitytraining@gmail.com