

The Trauma Lens

What We Can Learn From Our Veterinarian: Trauma and the Transitional Youth

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The Headlines:

- During childhood and adolescence, profound changes are occurring in the brain that have specific implications to our approaches
- Trauma affects the developing brain in specific and especially profound ways
- Treatment will fail if we do not account for the differences in the traumatized brain
- What does my veterinary office do that we should too?
 - Know the patient by name
 - Express genuine pleasure when you see them
 - Understand that they are anxious
 - Welcoming environment
 - Speak gently, soothe the patient
 - Take care of the caregiver
 - Control acting out with gentle use of the lead

How old is the average “child” when he/she leaves home for good?

Answer:

27

NAVIGATING CHILDHOOD/ADOLESCENCE

- The most widely implicated factor associated with maladaptation vs. resilience is **REGULATORY CAPACITY (RC)** [Kupfer & Woodward, 2004]
- **Regulatory control** requires tremendous effort; children and adolescents need practice being consistent and integrating **RC**
- Prefrontal cortex and white matter development are needed for **regulatory capacity**

Is Trauma Informed Care Just the Next “Shiny Object?”

- Question #1: Did we ever think trauma wasn't an issue? What's new here?
- Question #2: Can we over apply trauma-informed care? When does it become the “law of the hammer?”

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The Characteristics of the Trauma-Informed Condition
SAMHSA's “4 Rs”:

1. **Realizes the impact of trauma;**
2. **Recognizes signs and symptoms of trauma;**
3. **Resists re-traumatizing; and**
4. **Responds by integrating trauma sensitivity into all programs and all settings**

The Trauma Informed Organization

Realizes the Impact of Trauma

- The trauma-informed organization realizes that persons with a trauma history may be extraordinarily sensitive to perceived dangers in the environment and may need assistance from the environment and staff to help them regulate emotions
- SUD and Serious Mental Illness are now generally considered to be disorders of childhood

The “ACEs” Adverse Childhood Events

Abuse:

Psychological
Physical
Sexual

Household Dysfunction:

Substance Abuse
Parental separation/divorce
Mental Illness
Battered Mother
Incarceration

Neglect:

Emotional
Physical

- ACEs are Common
 - 2/3 of adults have had at least one ACE
 - Of those, 87% have had more than one
- The more ACEs a person has, the higher the risk of medical, mental and social problems
- People with 4 or more ACEs:
 - 2 X as likely to smoke
 - 7 X as like to have alcoholism
 - 12 X as likely to suicide
 - 10 X as likely to inject drugs
 - Average **20 years** shorter lifespan
- People with more ACEs:
 - Are more violent
 - Have more divorce

- Have more broken homes
- Use more prescriptions
- Have more depression
- Have more auto-immune disease
- Have more work absences as adults

II. Recognize Signs and Symptoms

AFRAID BEFORE YOU KNOW IT THE BRAIN/BODY ALARM SYSTEM

- When startled, the brain shortcuts to the amygdala to prepare the body for flight fight or freeze
- Burst of adrenaline and cortisol
- Acute Stress Response
- TRAUMA MAY BECOME TOXIC
- Cortisol levels rise and don't return to normal
- Elevated cortisol impairs growth and performance of the hippocampus
- Amygdala remains in an alert or activated state
- Fear alarm system is now disconnected from the moderating influence of the hippocampus

“The research is clear that the experience of abuse or neglect leaves a particular traumatic fingerprint on the development of children that we cannot ignore if we want not only to keep them safe, but to change the trajectory of their lives.”

Hot And Cold Cognition

- **Thoughts and emotions are intertwined** – need to develop a balance between cognitive and affective systems of the brain
 - **“COLD”** cognition refers to thinking under conditions of low emotions and/or arousal
 - **“HOT”** cognition refers to thinking under conditions of strong feelings or arousal
 - Decisions made under conditions of strong affect are **difficult to influence by cool rational thought** alone
- Trauma Changes Who We Are
Being in the survival mode instead of a learning mode changes who we are by changing:
 - how we think: distortions and thinking errors, worries
 - how we feel: over or under-reactive angry or irritable, panic
 - how we behave: withdrawal, aggression, rigidity, obsessions or compulsions

REWARD SENSITIVITY

- Changes in reward sensitivity/soothing circuits in children/youth with trauma history lead them to seek **more novelty** and require a **higher level of stimulation** to achieve the same subjective feeling of pleasure.
- Changes in the ***limbic system, neuro-endocrinology, and an immature self regulatory system*** are implicated (Steinberg, 2004)
- The Trauma Informed Organization Recognizes Signs and Symptoms
 - In clients AND staff
 - Re-experiencing, Avoidance, Arousal
- Explains through the trauma lens rather than labeling
 - What are the Effects of Trauma?
 - Re-experiencing
 - Flashbacks
 - Nightmares
 - Insomnia
 - Chronic Pain
 - Avoiding
 - Don't feel pain
 - Dissociation
 - Social Withdrawal
 - Hyper-Arousal
 - Quick to anger
 - Hypersensitive to lights, sounds, touch, smells

III. The trauma informed organization resists re-traumatizing

- **Psychological Safety**
 - Welcoming environment
 - Staff understand that environment must help regulate emotional states
 - Problem-solving rather than blame, reactivity, and threats
 - Focus on milieu
 - Refuse to retaliate

The Trauma Informed Organization Responds in new ways

- Providing “trauma-informed” care involves using what we know about trauma and its impact *to do our work differently.*
- What are the existing coping strategies for youth in our systems?
 1. Substance Use: Drugs/Alcohol
 2. Eating
 3. Sexual Behaviors

4. Cutting/Self Injury
5. Hitting– walls or others
6. Suicidal Behavior

IV. The Trauma Informed Organization Responds

- 2 ways to mediate the effects of trauma on the brain:
 - Calm the lower brain structures (emotional brain)
 - Increase self-awareness in higher brain (don't be the reactivity)
- Name it to tame it
- We can't affect the traumatized brain unless we become the “safe harbor”

Safe Harbor: Quieting the Reactive Limbic System

The most dangerous predator of humans is, and always has been, other humans

Most C/Y in treatment have insecure attachment models

The relational environment is the major mediator of trauma exposure

The Traumatized Brain: What Do We Do?

- You must know trauma history
- Assumptions:
 - Welcoming Environment
 - You have a relationship history of helping
- Relational environment established through presence
 - Being aware as it is happening
 - Receptive to our own “mental sea”
 - Attuned to the client (see, soothe, provide safety)
- The method:
 - Trauma-Informed Safety Plan

The Trauma-Informed Safety Plan

- Trauma Reminders: “When _____ happens...”
- Early warning signs: Ct. begins to feel/do what?
- Soothing Activities
 1. Diaphragmatic Breathing
 2. Progressive Relaxation
 3. Seek Support
 4. Time Out
 5. Writing
 6. Vestibular– moving, exercise, aerobic
 7. Proprioceptive– weights
 8. Engage Senses–
 9. Music
 10. Scented Cleansers

11. Atomic Fireballs

12. Grounding Activities

13. Examples of mental grounding

- Describe your surroundings in detail, using all your senses—vision, hearing, smell, taste, and feeling
- Describe what you are doing, such as eating, walking, or driving, in detail
- Think of categories; for example, categories shoes, hair, cars, or books
- Use imagery; for example, hop on a cloud and float away from your pain; put your pain in a bubble and let it float away
- Use a grounding statement, such as: ‘I am Jo’; ‘I am 23 years old’;
- ‘This is the present, and not the past’; ‘I am safe here’; ‘today is ...
- Grounding Activities
- Examples of physical grounding
- Rub your hands together—hard
- Press your heels into the floor, and notice how it feels
- Touch objects around you as you say their name, and explore them using all your senses
- Stamp your feet
- Change your posture to a more upright one
- Put your hands under running water
- Carry something small with you that grounds you, such as a rock or a piece of fabric.
- Daily Reflection “SIFT”
 - Sensing, images, feelings, thoughts
- Sleep
- Focus Time
- Down Time
- Play Time
- Physical Time
- Connecting (to People and Planet)
- During Hot Cognition
 - (Keys to safety)
 - Validate the person/the distress
 - Safe coping focus
 - Grounding skills, affect regulation practice
 - Choices, options
 - Invitational
 - Agreement based