Trauma Informed Systems: An Holistic Approach

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New Jersey Trauma Conference
September 9, 2015
Overview of the Workshop

- Common terminology capturing responses to traumatic experiences;
- Key concepts of trauma;
- Critical impacts of trauma on development and functioning;
- Holistic overview of what it means to be trauma-informed;
- Appreciating the parallel processes involved in responding to and understanding trauma.
Main Goal of this Talk:

Make this information *real*, so that each of you can actually *use* it to *better serve* your clients and *take care of yourself*. 
Trauma: On the Path of Discovery

- Earlier history
- **1960s**: Battered Child
- **1970s**: DV and SA
- **1980s**: PTSD as a diagnosis
- **1990s**: The Decade of the Brain; ACE Study
- **2000s**: Developmental Trauma and Trauma-Informed Approaches
MYTHS

• Time heals all wounds.
• All it takes is love.
• Little children don’t remember what happens, so we can move them with impunity.
• Our traditional therapeutic “toolboxes” are sufficient.
Starting with a Common Language

• Little “t” trauma
• Big “T” trauma
• Complex trauma
• Interpersonal trauma
• Developmental trauma
## Risk & Protective Factor Lens

<table>
<thead>
<tr>
<th>RISKS</th>
<th>PROTECTIVE FACTORS</th>
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<tbody>
<tr>
<td>Exposure</td>
<td>Presence of at least 1 supportive relationship</td>
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<tr>
<td>Repeated exposure</td>
<td>Good enough early development</td>
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<tr>
<td>Age at exposure</td>
<td>History of resilience</td>
</tr>
<tr>
<td>Other vulnerabilities</td>
<td>Ability to make meaning of what has happened</td>
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<tr>
<td>Lack of support</td>
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Relational Trauma: A Complex Trauma Perspective

- Trauma of the maltreatment itself.
- Loss of the caregiver as a source of security and comfort.
- Overwhelming internal distress with no assistance in regulating.

Growing up unsafe

Profound impact on development
“Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep enduring wounds” (Teicher, 2000, p. 67).
Traumatic Effects on Development & Functioning

Exposure

- Emotional & Physiological
- Cognitive
- Behavior & Functioning
- Self & Relational
Most Important References

• van der Kolk and Pynoos (2009). Proposal to Include a Developmental Trauma Disorder Diagnosis for Children and Adolescents in the DSM-V.


• www.ACEstudy.org
### Overview of the Effects of Childhood Trauma

- Poor self-regulation;
- Impaired vocabulary to discuss feelings;
- Reacting vs. able to think about feelings;
- Lack of security → less exploration/play → less mastery;
- Intense shame and self blame;
- Misreading of social cues;
- Dissociation;
- Fore-shortened future—no future possible self;
- Impaired capacity to trust.
Adverse Childhood Events (ACEs) Study
Adverse Childhood Events (ACEs) Study: Major Findings on Health-Related Risks

- Alcoholism & abuse;
- Illicit drug use;
- Smoking;
- Lung disease;
- Liver disease;
- Heart disease;
- Fetal death;
- Depression;
- Risk of intimate partner violence;
- Multiple sexual partners;
- STDs;
- Unintended pregnancies;
- Suicide attempts.
What it means to be trauma-informed

Moving from the question of

“What is wrong with you?”

to the question of

“What happened to you?” and

“How does that live on affecting your life today?”
Truisms of Being Trauma-Informed

• *ALL behavior has meaning In context*;

• We need to appreciate the universality of overwhelming traumatic experiences;

• The focus is on recovery and healing: Not what is “wrong”, but what is “strong”.
Appreciating the Prevalence of Trauma

“Many providers may assume that abuse experiences are additional problems for the person, rather than the central problem…”

(Hodas, 2004)
Definition of Family Engagement

Family-centered and strength-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. It is founded on the principle of communicating openly and honestly in a way that supports disclosure of culture, family dynamics, and personal experiences in order to meet the individual needs of every family and every child.

Child Welfare Information Gateway
Some of the families who most need our help are the hardest to engage

Do they have to get better before we can help them?
Domains of Child Welfare

- Safety
- Permanency
- Well-Being
A Trauma-Informed Framework for Child Welfare
BRAIN FACTS: Violent homes have the same effect on children's brains as does combat on soldiers.

www.lovehonourandrespect.org
The Social Brain and Engagement

Safety/Reward  Thinking Brain  Threat/Danger

TOWARD  Emotional Brain  Away

AKA the Survival Brain
Thinking Brain vs. Emotional Brain
The “Gifts” of Trauma:

1. Conditioned Reactions or “Triggers”
The Story of Alex

A Story of How “Triggers” Get Conditioned and Persist
How Triggers Get Conditioned and Persist

Original traumatic incident  
Conditioned “triggers”
Thinking Brain vs. Emotional Brain
The “Gifts” of Trauma

2. Distorted Perceptions and Beliefs
Core Beliefs

Secure in the World

**Others:** Good, helpful, kind, trustworthy…

**Self:** Good, deserving, lovable, competent…

**World:** Safe and predictable

Unsafe in the World

**Others:** Hurtful, abusive, abandon, untrustworthy…

**Self:** Bad, undeserving, flawed, failure…

**World:** Dangerous and chaotic
So what?

Perceptions + Beliefs → BEHAVIOR
Core Beliefs

Secure in the World

Others: Good, helpful, kind, trustworthy…

Self: Good, deserving, lovable, competent…

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Behaviors

Behaviors
The Compass of Shame

Don Nathanson

Attack Other

Withdraw

SHAME

Avoid

Attack Self
Reframing how we understand clients’ behaviors

- Bad parents
- Abusive
- Neglecting
- Abandoning
- Liars
- Manipulative

- Not able to care for...
- Not able to stay in control...
- Not able to provide for..
- Not able to be present..
- Don’t always tell truth
- Not able to trust they can get their needs met by directly asking...
The Brain’s Ability to Change in Response to Experiences (Harvard Center on the Developing Child)
Speed Bumps and Ruptures on the Road to Being Trauma-informed

- **Disconnections:** thinking brains trying to communicate with survival brains.
- **Distortions:** perceptions and beliefs interfering with current interactions & intentions.
- **Disillusions:** feelings of helplessness & hopelessness reinforced.
Strategies

• Recognize and address emotional triggers;
• Acknowledge that triggers feel like bad things from the past are happening now;
• Be very explicit repeatedly about intentions;
• Help client calm & focus 1st then discuss;
• Reframe loaded negative labels;
• Remember, there are no failures—only more information.
Shifting Focus

Thinking More Holistically about what a Trauma-Informed System Means
Our Social Ecology
(from the Sanctuary Model by Bloom)
Where we are as a system
Next Level of Questions

Trauma-Informed for Whom?

Child clients?
Their parents?
Workers?
Supervisors?
Agency?
Larger system?
Parallel Process Across the Organization
(borrowed from the Sanctuary Model by Bloom)
The hard work of child welfare

- Role and value conflicts
- Exposure to pain and suffering
- Workload pressures
- External pressures

**Burnout** (Maslack & Jackson 1981)

1) Emotional exhaustion
2) Depersonalization
3) Less sense of personal accomplishment
Vulnerability of Child Welfare Staff to Vicarious Trauma

- Empathy
- Responsibility
- Exposure
Emotional Labor
Self Reflection on Risk

• Do I bear witness to the suffering of others on a regular basis?
• Am I in a position where I feel responsible for someone’s safety or well-being?
• Do I intuitively know—even if I’m not ready to say it out loud—that my work is starting to impact my life, health or relationships?
• Do I work harder than is healthy for my mind and body because the issue feels deeply important to me?
Risks to Organization: To what extent are these present?

- Little sense of shared meaning or purpose;
- Culture of cynicism;
- Authoritarianism and rigid hierarchies;
- Culture of shame and blame;
- Defensive strategies create mistrust;
- Little tolerance for sharing positive emotions;
- Denial and hypocrisy.
Defensive Responses
Possible Signs of VT

- Loss of emotional control;
- Physiological symptoms;
- Over-identification with client’s trauma;
- Denial of client’s trauma;
- Feeling anxious and great vulnerability;
- Disrupted beliefs;
- Alienation & withdrawal;
- Cynical & Disillusioned;
- Impaired coping;
- Avoidance;
- Alterations in sensory experiences (e.g., intrusive imagery)
Ourselves as Instruments of Our Work
Vicarious Trauma as an Occupational Hazard
Occupational Hazards
THINK
SAFETY STARTS
WITH YOU

CAUTION
PERSONAL PROTECTIVE
EQUIPMENT REQUIRED
BEYOND THIS POINT

CAUTION
ENSURE YOUR
TEAM'S SAFETY
Occupational Safety and Health Training Courses
Long term effective work depends on our integrating self care into our work and our lives.

✓ Healthy habits;
✓ Appropriate physical activity;
✓ Journaling;
✓ Reflection, meditation and/or prayer;
✓ Intentional slowing down and choosing;
✓ Making pleasurable activities a priority.
Emotionally & Physiologically Regulated

• Diaphragmatic breathing
• Purposeful movement
• Bilateral stimulation of the brain
• Walking meditation
• Exercise
• Yoga
• Massage
The importance of DETOX

TURN OFF THE PHONE AND BE PRESENT
Be *Intentional* about your Purpose
Even Super Man got to take off his cape!
Careers as Marathons
Reframing:
How we label things matters!

- Stressed
- Frustrated
- Exhausted
- Cynical
- Overwhelmed
- Traumatized
- Burned out

- Not as calm
- Not as patient
- Not as rested
- Not as optimistic
- Not as on to of things
- Not as comfortable
- Not as inspired/gratified
"WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM"
Traumatized Systems

Complex, parallel process of interaction occurs between trauma clients, stressed staff, pressured organizations, & hostile social forces in the larger environment.

Risk is that systems can inadvertently recapitulate the very experiences of trauma. (Sandy Bloom)
Where we get stuck

- Limited view of what safety means;
- Reduction of violence/symptoms;
- Separated into silos;
- Rescuer and protector roles;
- Hopelessness and helplessness;
- Secondary traumatic stress/vicarious trauma.
Protective Factors for System

• Establish and articulate values and principles;
• Accept and acknowledge stressors;
• Promote awareness of shared, noble intentions;
• Engage those affected in developing solutions;
• Promote connection, communication and celebration;
• Join with others to maintain positive culture.
Vicarious Success

• We prosper from success;
• We learn from observing others’ success;
• Claiming and celebrating successes;
• Building hope.
The most common way people give up their power is to believe they don’t have any.

Alice Walker
Transforming Trauma

- “Feeling felt by” (Siegel)
- Learning to “tame the triggers”
- Making sense of experience to develop a congruent life story
- Self care and empowerment
- Meaningfully connected to community
The journey continues....
Key References

• Badenoch, B. Being a Brain-Wise Therapist, 2008.
• LeDoux, J. The Emotional Brain, 1996.
• Ogden, P. and Minton, K. & Pain, C. Trauma and the Body, 2006.
• Bruce Perry: www.childtrauma.org
• Siegel, D., The Developing Mind, Guilford, 1999
• Van der Kolk, B.: www.traumacenter.org
Resources for Vicarious Trauma

- Joyfulheart foundation.org
- National Child Traumatic Stress Network
- Ohio Child Welfare Training Program: Caseworker Readiness Activity
- Saakvitne, Gamble, Pearlman, and Lev (2000) on vicarious trauma
- Sanctuary Model and Dr. Sandy Bloom
- Secondary trauma for caseworkers (Child Welfare Information Gateway)
- Vicarious Trauma Institute
Thank you!

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