

Foundations of Trauma Informed Care

Updated 2024



School
of Social Work

PORTLAND STATE UNIVERSITY





Regulate



Relate

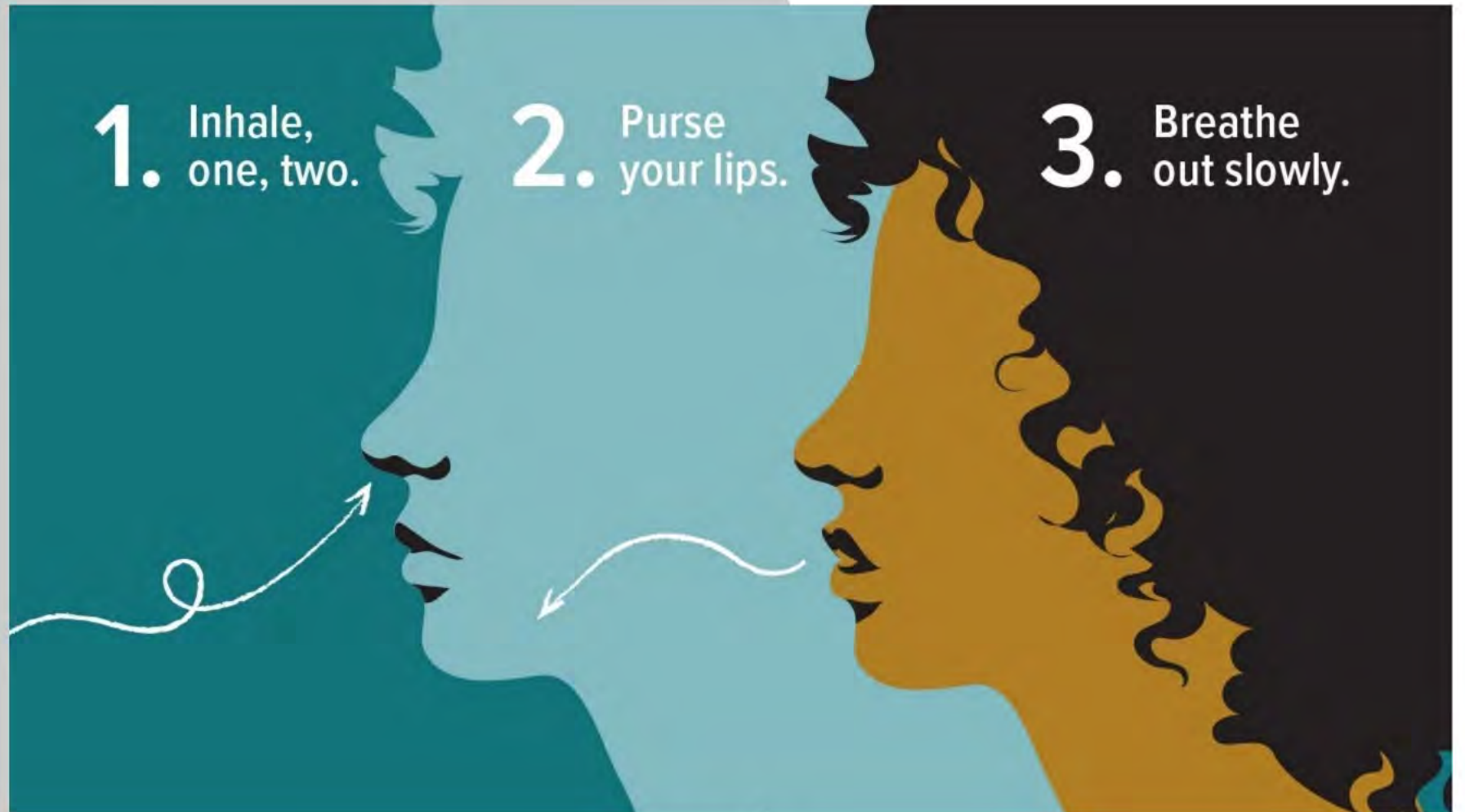


Reason



REGULATE:

You are invited
to ground into
this space
however feels
accessible and
safe to you in
this moment.



RELATE:



**Let's
introduce
ourselves!**



Considerations

PLEASE:

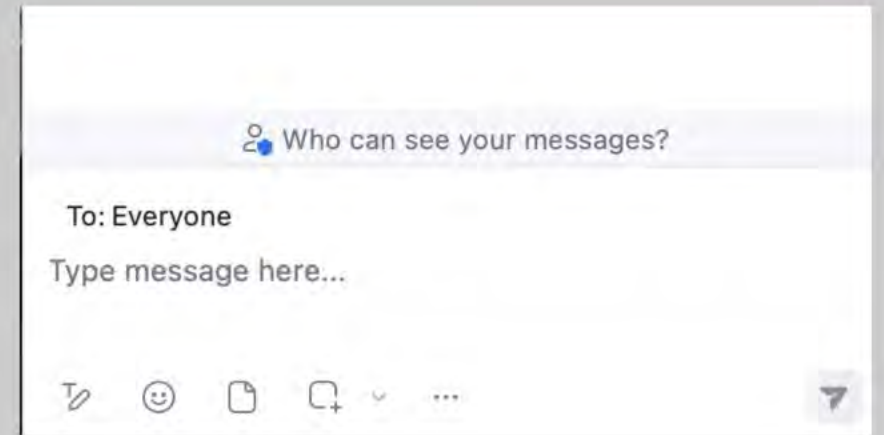
- **Take care of yourself as you see fit** (stand, stretch, hydrate, use the restroom, doodle, etc.)
- Know this learning is designed to be **interactive & voluntary** participation is valued.
- Do not quote or record this material without permission. All rights reserved.

WHILE ONLINE:

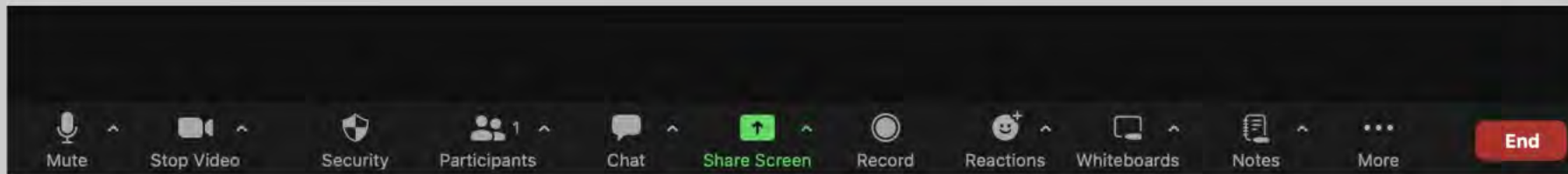
- Type questions in the chat and/or wait until Q&A time. Facilitators speaking may not be able to track the chat well but the co-facilitator will be engaged.
- Stay muted unless in a breakout room or invited to unmute. Facilitators may mute participants. Reaction buttons are appreciated & encouraged!

How to Emoji

- In the chat box



- As a "reaction"



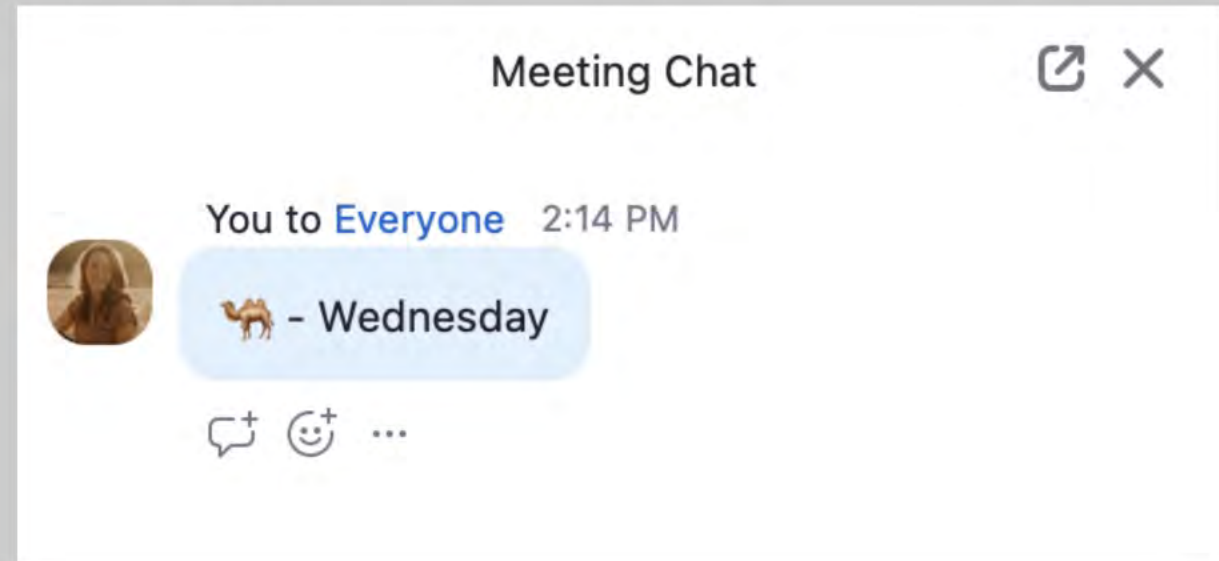
IN THE CHAT BOX:

What emoji best
describes how you
are feeling right
now?

+

In one word,
why?

Example:



Group Guidelines

Group Guidelines

- **ACTIVELY LISTEN & ENGAGE**

- Be curious. Use "self-care" to stay alert & engaged, as much as possible. Use your energy to listen to what is said before thinking about how to respond. Notice when defensiveness and denial arise.

Group Guidelines

- **ACTIVELY LISTEN & ENGAGE**

- Be curious. Use "self-care" to stay alert & engaged, as much as possible. Use your energy to listen to what is said before thinking about how to respond. Notice when defensiveness and denial arise.

- **CREATE A SPACE FOR MULTIPLE TRUTHS & NORMS**

- Know there is no such thing as a single story. Speak your truth and seek an understanding of truths that differ from yours, with an awareness of how identity influences impact.

Group Guidelines

- **ACTIVELY LISTEN & ENGAGE**

- Be curious. Use "self-care" to stay alert & engaged, as much as possible. Use your energy to listen to what is said before thinking about how to respond. Notice when defensiveness and denial arise.

- **CREATE A SPACE FOR MULTIPLE TRUTHS & NORMS**

- Know there is no such thing as a single story. Speak your truth and seek an understanding of truths that differ from yours, with an awareness of how identity influences impact.

- **NOTICE POWER DYNAMICS IN THE ROOM**

- Be aware of what you're contributing to the "we" space: From taking up too much emotional and airtime space or disengaging.

Group Guidelines

- **ACTIVELY LISTEN & ENGAGE**

- Be curious. Use "self-care" to stay alert & engaged, as much as possible. Use your energy to listen to what is said before thinking about how to respond. Notice when defensiveness and denial arise.

- **CREATE A SPACE FOR MULTIPLE TRUTHS & NORMS**

- Know there is no such thing as a single story. Speak your truth and seek an understanding of truths that differ from yours, with an awareness of how identity influences impact.

- **NOTICE POWER DYNAMICS IN THE ROOM**

- Be aware of what you're contributing to the "we" space: From taking up too much emotional and airtime space or disengaging.

- **CONFIDENTIALITY & SAFETY**

- Remember, "Stories stay, lessons leave". Acknowledge that safety looks and feels different to everyone.

Series Outline

- **Module 1:** Trauma 101 & Trauma Informed Care (TIC)
- **Module 2:** The Science of Trauma: Neurobiology
- **Module 3:** The Science of Trauma Continued: NEAR
- **Module 4:** Workforce Wellness & Culture Change

REASON:

Today's Focus

- What is trauma?
- What is trauma informed care (TIC) & why bother?
- TIC Principles Applied



Prompts for Engagement



Prompts for Engagement



Prompts for Engagement



**GROUP
WORK**



CHAT

Prompts for Engagement



**GROUP
WORK**



WRITE



CHAT

Prompts for Reflection

We must continually ask:



- how might this **help**?



- how might this **hurt**?



- how might **identity influence impact**?

Prompts for Awareness

What does trauma informed practice look like:



• **intrapersonally?**



• **interpersonally?**



• **organizationally?**

Know Your Why

- Why might this material matter to you & your work?



- What is the organizational reasoning for training on trauma informed care?

Module 1:

Trauma 101 & Trauma Informed Care



What is trauma?



BROADEN THE LENS

- Trauma, toxic stress, and adversity are often used together in trauma-informed care (TIC) in an effort to widen the lens and scope of impact.

TIC requires us to broaden our lens on what we mean by “trauma”.





TRAUMA

- Trauma is defined in the dictionary as a deeply distressing or disturbing experience.
- Anything that overwhelms one's ability to cope.

Event

- *Events* & circumstances cause trauma

Experience

- A person's *experience* of the event determines whether it's traumatic

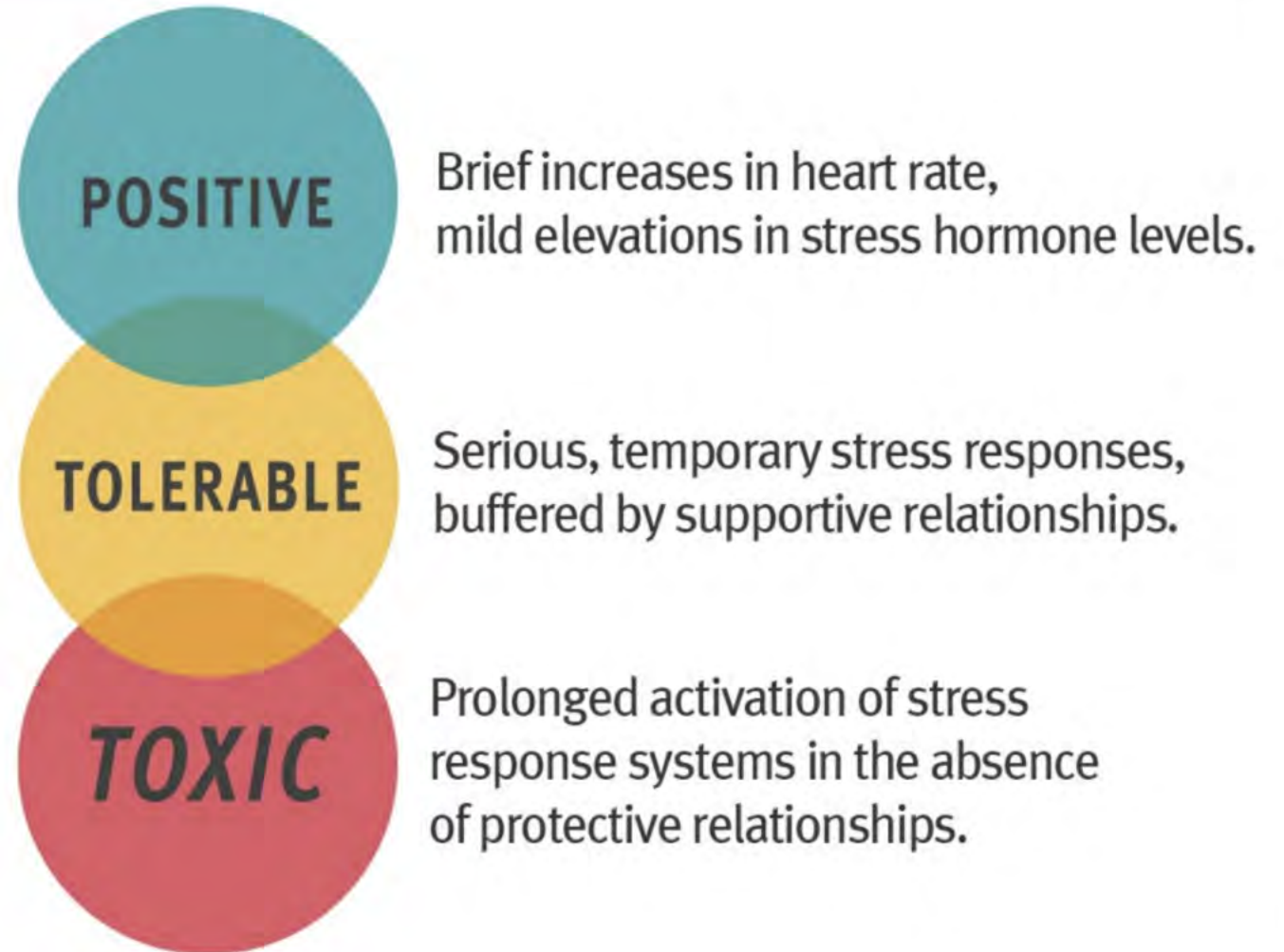
Effect

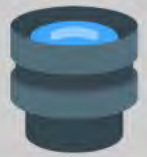
- *Effects* of trauma include adverse physical, social, emotional, spiritual consequences



TOXIC STRESS

- Toxic stress impacts our ability to serve & engage in a similar way as complex trauma.
- Toxic stress often better describes the experience of the workforce.



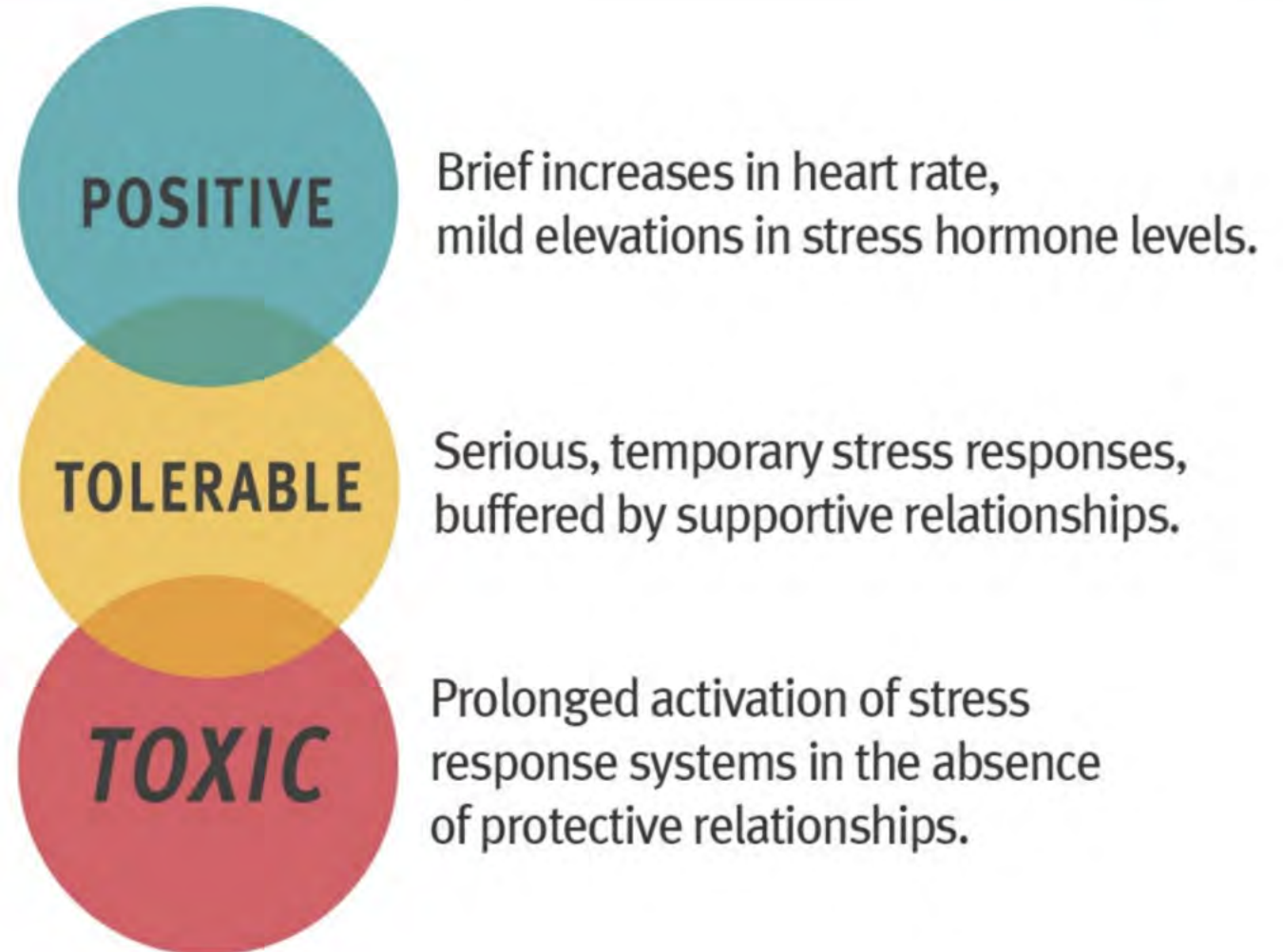


TOXIC STRESS

How does your body tell you that you are experiencing toxic stress?



- Toxic stress impacts our ability to serve & engage in a similar way as complex trauma.
- Toxic stress often better describes the experience of the workforce.





INDIVIDUAL & COLLECTIVE

- Trauma can be experienced by an individual, as well as a collective.
- Trauma can be one event or multiple events over time.
- Communities as a whole can be shaped by trauma and trauma effects can be transmitted from one generation to the next. This is sometimes called **intergenerational trauma**.





HISTORICAL TRAUMA

- The understanding that historical traumatic **events** and **experiences** have impacts and **effects** that are still felt today.
- Examples of historical traumas include genocide, slavery, forced relocation, colonialization, and destruction of cultural practices.
- We recognize in many places around the world many of these events are still happening today.

"Historical trauma is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences."

- Maria Yellow Horse Brave Heart 3



SYSTEMIC TRAUMA

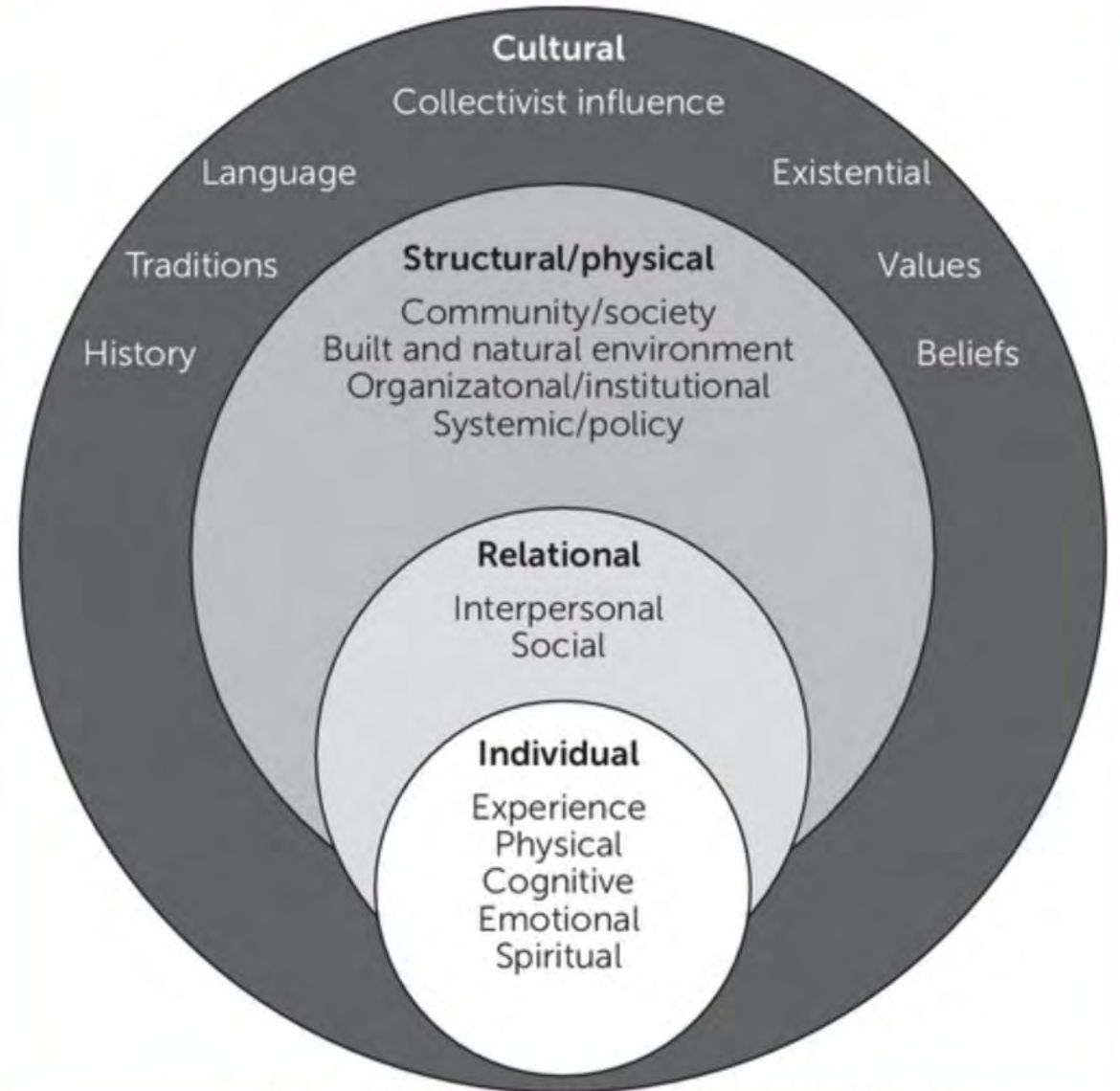
- Systems and institutions have historically, and currently still, contribute to toxic stress and trauma of individuals and groups.
- Systems and institutions include education, healthcare, housing, child welfare, justice, and so on.
- Trauma is embedded within cultural attitudes, behaviors, and processes that can influence outcomes.





CULTURAL CONTEXT

- "Cultural context and conceptualization of self, whether individualistic or collectivist, shape how a person experiences, perceives, makes meaning of, and eventually heals from trauma."
- "Cultural humility entails admitting that cultural experience is something one cannot fully analyze or understand but can seek to appreciate and respect." 4



CULTURAL- ECOLOGICAL MODEL OF HEALTH



RESILIENCE & RECOVERY

- Knowledge about resiliency affirms buffering variables can reverse, prevent, and heal adversity.
- Culture & community are very important for prevention & healing.
- It is important to recognize recovery is not always about the capacity of an individual, but also about surrounding circumstances and variables (privilege, access to resources and time, support, environment).

Including resilience is integral when broadening the lens of trauma, as it aims to honor the complexity connected to surviving trauma and adversity.

What thoughts do you have around the expanded definition of trauma that includes toxic stress, plus a systemic, historical, and cultural context?

Strengths? Limitations? Impacts?



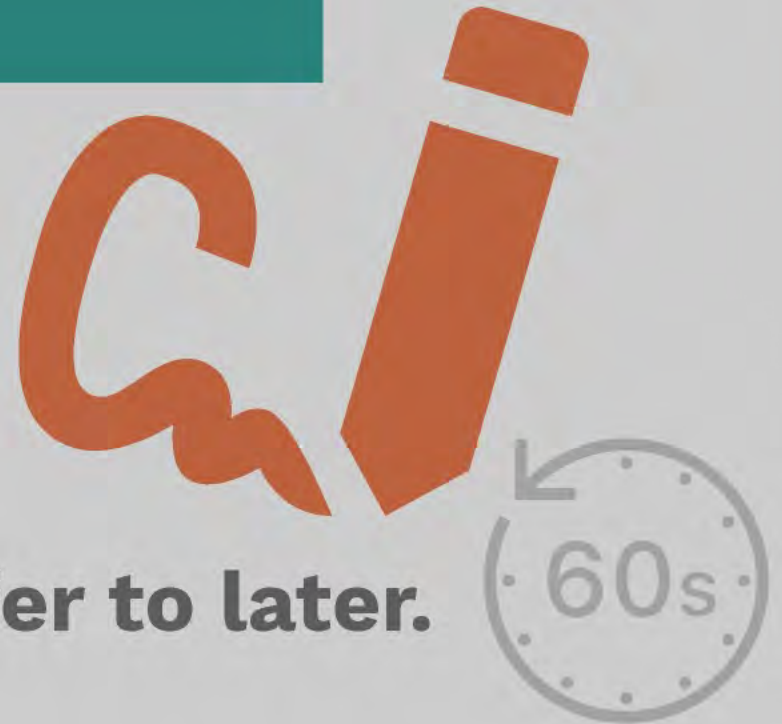
What thoughts do you have around the expanded definition of trauma that includes toxic stress, plus a systemic, historical, and cultural context?

Strengths? Limitations? Impacts?



BREAK

In one minute, write as many words you can think of about trauma informed care.



Please keep this to refer to later.

TRAUMA INFORMED CARE

“A **program, organization, or system** that is trauma-informed:

- **Realizes** the widespread impact of trauma and understands the multiple paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;
- Seeks to actively **resist re-traumatization."**

TSS v TIC

Trauma Specific Services (TSS) are programs, interventions, and therapeutic services aimed at treating the symptoms or conditions resulting from a traumatizing event(s).

Trauma Informed Care (TIC) is an approach, based on the knowledge of trauma, aimed at ensuring environments and services are safe, empowering, and healing for service recipients and staff.

TSS:

- *Focus on symptoms*
- *Promote healing*
- *Teach skills*
- *Psycho-empowerment, mind-body, other modalities*

TIC:

- *Guide policy, practice, procedure*
- *Seeks to understand behaviors through a trauma lens*
- *Focus on workforce wellness*
- *About organizational culture*

TIC IS NOT ABOUT:

excusing or justifying unacceptable behavior

just being “nicer”

focusing on the negative

the ‘end all, be all’

Attending just another training

moving away from work related to diversity, equity, inclusion or resilience

something “new”

TIC IS ABOUT:

supporting accountability & responsibility

practicing compassion

focusing on skill-building, strengths based, & healing centered care

committing to a process

transforming spaces, practices, procedures & policies; a culture shift

inclusion of and partnership with other frameworks

learning from many culturally specific programs

**"TRAUMA IS AN
EXPLANATION
TO BEHAVIOR,
NOT AN EXCUSE
FOR IT."**

- Dr. Mandy Davis

WHY IS TIC IMPORTANT?

- Trauma is pervasive & can happen to anyone, however under-resourced and disproportionately impacted populations experience trauma in compounding ways.
- Factors like race, gender, age, past abuse, past systems involvement, social support, resources, etc. can make access to resources/healing more complicated.
- Trauma affects how people approach services. The service system can often be activating or re-traumatizing. Service providers & organizations are not immune to the impacts of trauma & toxic stress.

Six Principles of TIC

The six key principles fundamental to a trauma-informed approach include:

- 1. Safety**
- 2. Trustworthiness & Transparency**
- 3. Peer Support**
- 4. Collaboration & Mutuality**
- 5. Voice & Choice**
- 6. Cultural, Historical, & Gender Responsiveness**

1. Safety

- Throughout the organization, staff & service recipients feel physically & psychologically safe.
- Understanding safety looks different to everyone and seeks to understand varying worldviews.

2. Trustworthiness & Transparency

- Organizational operations & decisions are conducted with transparency.
- Building & maintaining trust among all connected to the organization is prioritized in processes.

3. Peer Support

- Honors the wisdom of lived experience of trauma survivors.
- Utilizes stories & insights from people with lived experience to foster recovery & healing organizationally.
- Establishes safety, builds trust, & enhances meaningful collaboration with people with lived experience.

4. Collaboration & Mutuality

- Recognition that healing happens in relationships & in the meaningful sharing of power & decision-making.
- The organization recognizes that everyone has a role to play in a trauma-informed approach.
- Importance is placed on partnering & the leveling of power differences.

5. Voice & Choice

- Organization offers more experiences for choice with an understanding of power differentials & the lasting impacts of diminished voice & choice.
- Allocates adequate resources to support engagement efforts for clients and staff alike.

6. Cultural, Historical, & Gender Responsiveness

- Organization advances beyond cultural stereotypes & biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.).
- Offers culturally responsive services, incorporating policies, protocols, & processes that are responsive to all identities.
- Recognizes & addresses historical trauma & resilience, while also leveraging & honoring the healing value of traditional cultural connections.

**Revisit the list of words
you created about trauma
informed care.**

**Would you change
anything in that list now?**



TIC Principles Applied

In what ways do you already practice these principles in your work?

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Voice & Choice
6. Cultural, Historical, & Gender Responsiveness



Q & A



REFERENCES

- 1.** Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- 2.** Toxic Stress. Center on the Developing Child at Harvard University. (2020, August 17). <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>.
- 3.** Yellow Horse Brave Heart, M. (2003). The Historical Trauma Response Among Natives and Its Relationship with Substance Abuse: A Lakota Illustration. Journal of Psychoactive Drugs, 35(1), 7. <https://doi-org.proxy.lib.pdx.edu/10.1080/02791072.2003.10399988>
- 4.** Ranjbar, N., Erb, M., Mohammad, O., & Moreno, F. A. (2020, January 24). Trauma-Informed Care and Cultural Humility in the Mental Health Care of People From Minoritized Communities. FOCUS. <https://focus.psychiatryonline.org/doi/10.1176/appi.focus.20190027>.

Thank You!

We welcome your feedback!



Visit our Website

traumainformedoregon.org



Foundations of Trauma Informed Care

Updated 2024



School
of Social Work
PORTLAND STATE UNIVERSITY



Foundations of Trauma Informed Care

Updated 2024



School
of Social Work
PORTLAND STATE UNIVERSITY





Regulate



Relate

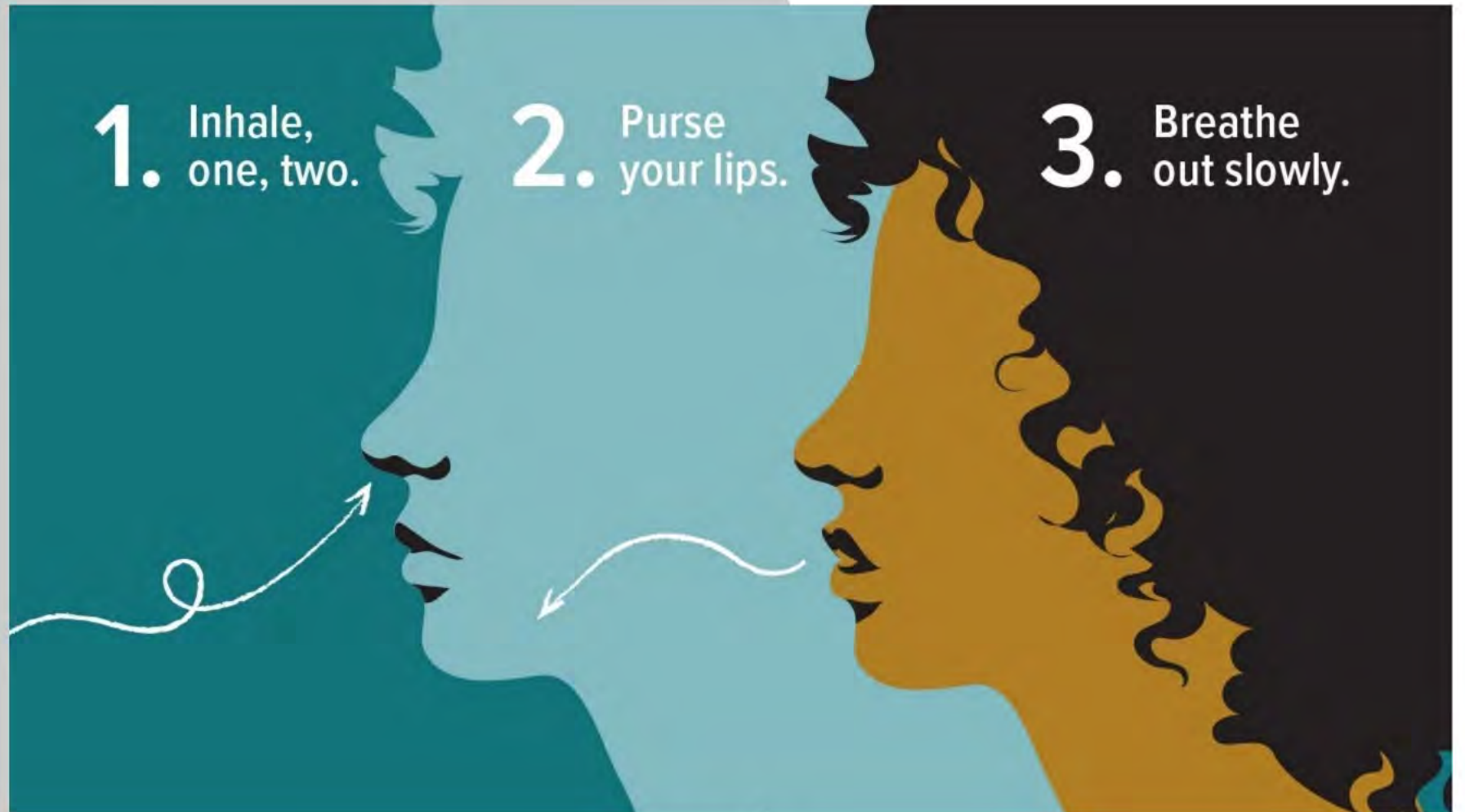


Reason



REGULATE:

You are invited
to ground into
this space
however feels
accessible and
safe to you in
this moment.



RELATE:



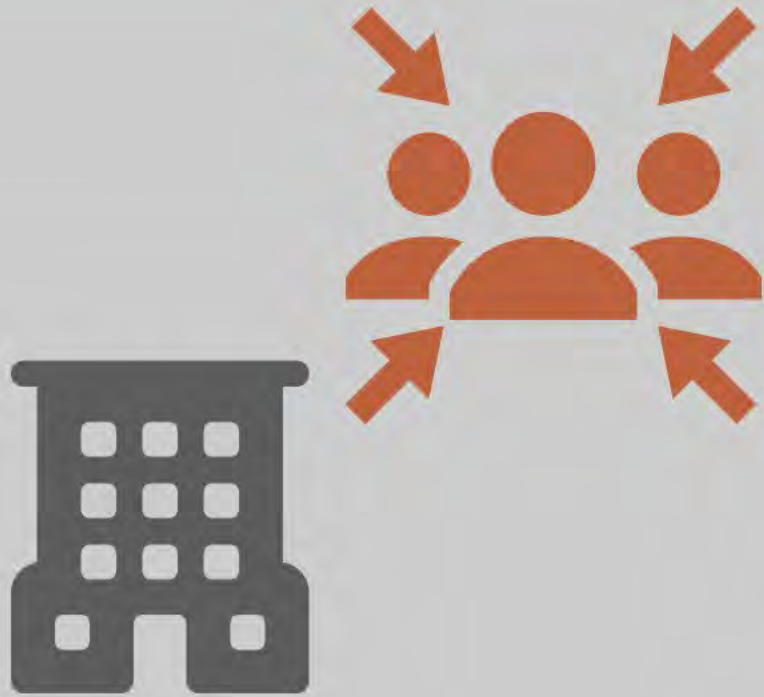
Feedback & Considerations

- Group Guidelines
- Feedback
- Evaluation Takeaways

Series Outline

- **Module 1:** Trauma 101 & Trauma Informed Care (TIC)
- **Module 2:** The Science of Trauma: Neurobiology
- **Module 3:** The Science of Trauma Continued: NEAR
- **Module 4:** Workforce Wellness & Culture Change

Warm-up



Last time we discussed the
six principles of TIC.

Which principles already work well?
Why?

Which principles need improvement?
Why?

Six Principles of TIC

The six key principles fundamental to a trauma-informed approach include:

- 1. Safety**
- 2. Trustworthiness & Transparency**
- 3. Peer Support**
- 4. Collaboration & Mutuality**
- 5. Voice & Choice**
- 6. Cultural, Historical, & Gender Responsiveness**

Module 2:

The Science of Trauma; Neurobiology



REASON:

Today's Focus

- *Impacts of trauma on the brain*
- *Trauma Lens Exercise*
- *Neuroplasticity*



Prompts for Reflection

We must continually ask:



- how might this **help**?



- how might this **hurt**?



- how might **identity influence impact**?

Prompts for Awareness

What does trauma informed practice look like:



• **intrapersonally?**



• **interpersonally?**



• **organizationally?**

THE SCIENCE

Neurobiology

Epigenetics

Adverse Childhood
& Community Experiences

Resilience & Recovery

THE SCIENCE

Neurobiology ←

Epigenetics

Adverse Childhood
& Community Experiences

Resilience & Recovery

**What behaviors do you
find most challenging?**



What behaviors do you find most challenging?

Does the information we will cover today help us to better navigate this behavior?



NEUROBIOLOGY



Neurobiology is the biology of the nervous system.

Understanding the nervous system helps to:

- explain how toxic stress & trauma can impact brain development & functioning
- connect how the body holds trauma as well as how it can facilitate healing
- increase awareness of the importance of creating relationships, work cultures, & environments that foster regulation & healing

THE BRAIN

A significant part of the brain is built on experience, thus trauma & toxic stress impact brain development & functioning.

When individuals experience chronic trauma or toxic stress, the survival parts of the brain are likely faster & more efficient.

The brain has the ability to heal, adapt, & grow well into later in life.



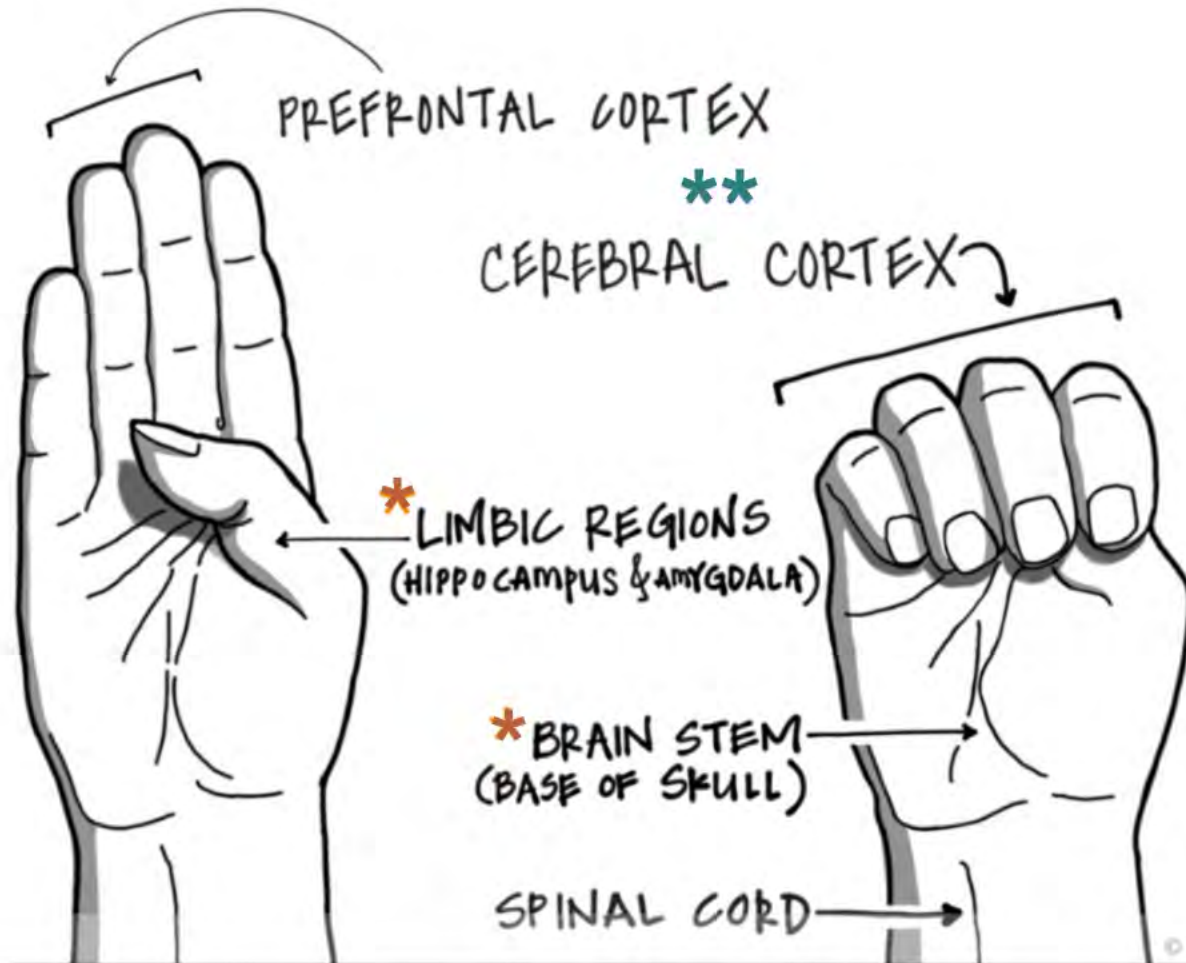
THE BRAIN

Dr. Daniel Siegel is a clinical professor of psychiatry at the UCLA School of Medicine.

** "The cortex allows us to perceive the outside world, to think & reason."

* "Work together to help regulate arousal, emotions, & the way you have a fight, flight, freeze response."

Hand Model of the Brain



THE BRAIN

- The stress response ("flipped lid") is a survival mechanism that happens for both **real & perceived** threats.
- In survival mode, our rational brain is less accessible, which is why strategies to calm the nervous system do not involve reasoning or negotiating.

***"When we can
name it,
we can tame it."
- Dr. Daniel Siegel***



Organizational Application

Think about a time you experienced an activated response at work
(aka "flipped your lid").



Organizational Application

Think about a time you experienced an activated response at work
(aka "flipped your lid").



: Discuss what helped you be ready to re-engage again?

FOUR IMPACTED FUNCTIONS

Four functions of the brain most impacted by trauma & toxic stress:

- *Executive Functions*
- *Sensory Awareness*
- *Attention*
- *Memory*

EXECUTIVE FUNCTIONS

- When the frontal lobe is impaired, this impacts decision making, planning, reasoning, and judgment
- This can result in poorer regulation of emotions and challenges with impulse control
- These challenges can present as ruminative thinking

EXECUTIVE FUNCTIONS

- When the frontal lobe is impaired, this impacts decision making, planning, reasoning, and judgment
- This can result in poorer regulation of emotions and challenges with impulse control
- These challenges can present as ruminative thinking

How can we use this information to adjust our expectations of others and ourselves?



SENSORY AWARENESS

- When in an activated state, senses become heightened.

SENSORY AWARENESS

- When in an activated state, senses become heightened.



What are easy adjustments we can make to our environments to lessen sensory input?



ATTENTION

- People who are activated, or have a history of adversity, often are great at divided attention
- Hyper-vigilance and the ability to pay attention to a lot of stimuli at once
- Selective & sustained attention is worse in general, but can be better for threatening stimuli

ATTENTION

- People who are activated, or have a history of adversity, often are great at divided attention
- Hyper-vigilance and the ability to pay attention to a lot of stimuli at once
- Selective & sustained attention is worse in general, but can be better for threatening stimuli

How can this trauma response be misinterpreted?



MEMORY

- Trauma can decrease the size of the hippocampus, which impacts memory of facts, information, and episodes
- With frontal lobe activation, working/short-term memory is not usually great
- Implicit memory is strong for threatening stimuli, as well as long-term memory

MEMORY

- Trauma can decrease the size of the hippocampus, which impacts memory of facts, information, and episodes
- With frontal lobe activation, working/short-term memory is not usually great
- Implicit memory is strong for threatening stimuli, as well as long-term memory

What are ways we can anticipate these challenges and adjust our behaviors to accommodate?



**"OUR BRAINS RESPOND
TO WHAT IS IN FRONT
OF US BASED OFF OF
OUR PAST
EXPERIENCES."**

- Dr. Mandy Davis

BREAK



Organizational Application

In Trauma Informed Care (TIC), we pay attention to how our **policies, procedures, and processes may be the perceived threat** that can result in both the service recipients and the workforce having flipped lids.



**"IN AMYGDALA TO
AMYGDALA
CONVERSATIONS,
THE PERSON WITH
THE LEAST AMOUNT
OF POWER IS MOST
IMPACTED."**

- Dr. Mandy Davis

TRAUMA LENS EXERCISE

1. Challenging Behavior/Event
2. Non-trauma informed reasons
3. Trauma-related explanation/trauma education statement
4. Strategies

1. Challenging Behavior/Event

Sue successfully completed her substance use treatment program. Part of the safety plan for her is to have her and her 4 y/o have no contact with the person who was abusive but while out one day, she runs into this person. Her DHS worker finds out, confronts her about it, and she doesn't tell the truth saying "it never happened".

1. Challenging Behavior/Event

Sue successfully completed her substance use treatment program. Part of the safety plan for her is to have her and her 4 y/o have no contact with the person who was abusive but while out one day, she runs into this person. Her DHS worker finds out, confronts her about it, and she doesn't tell the truth saying "it never happened".

2. Non-trauma
informed reasons?



3. Trauma-related explanation/trauma education statement

What we know about trauma is...

- memory can be significantly impacted and she seriously may not remember.
- based off of her past experiences with the system, she may not trust who she is working with now.
- language matters! Executive functioning can be challenged in times of toxic stress, so saying "run into" versus "saw" may be taken literally.
- she could be scared of the consequences and/or was threatened not to tell.

4. Strategies

What could be done differently is...

- to not make safety plans involving circumstances that may be out of someone's control.
- to give Sue advanced knowledge of discussion topics so she is not thrown off when it comes up.
- provide information on what may be the outcome given the circumstance.
- to ask how Sue is doing and what they might need knowing the encounter happened.

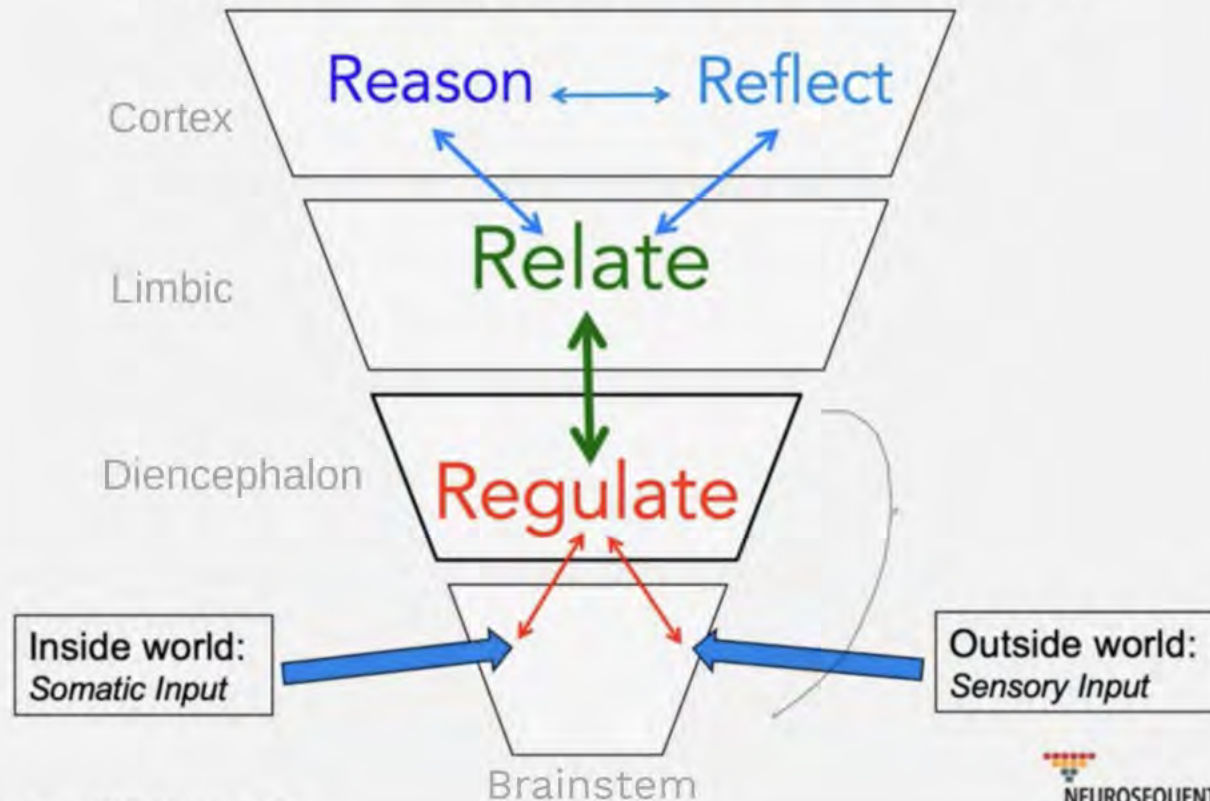
1. You are meeting with Kiesha to complete paperwork for services she requested. She keeps rustling through her bag while you're talking, looking outside your office, and checking her phone. She can't seem to settle down and focus.
2. You are meeting with Yumi after an altercation with another youth. She quickly says it is not her fault, that the program is targeting her and the system is unfair.
3. Steffannie keeps their TV or music on super loud and there are multiple complaints. They say it is not loud and that others just need to mind their own business.
4. Pat agrees to MH counseling in a team mtg but “no shows” for the intake. During follow-up she states she is very interested but “no shows” again.
5. Jack calls all of his providers, multiple times. The calls are often about the same thing. He is often asking for tangible goods & can be verbally aggressive. For example last week he called requesting bus tickets. One of his providers said “I think I can get you some” but he kept calling the other providers.



Dr. Bruce Perry's NEUROSEQUENTIAL MODEL

There is an order

Sequential Engagement & Processing



- **REASON**

Makes meaning and new ways

- **RELATE**

Co-regulates, helps understanding and perceptions

- **REGULATE**

Freeze, Flight, Fight, Fright

NEUROPLASTICITY

The ability of the brain to reorganize itself, both in structure and how it functions, is neuroplasticity.

NEUROPLASTICITY CAN RESULT FROM:



Traumatic Events



Stress



Social Interaction



Meditation



Emotions



Learning



Paying Attention



Diet



Exercise



New Experiences



Neuroplasticity makes
your brain resilient.

Neuroplasticity enables you to
recover from stroke, injury,
and birth abnormalities.

You can learn new ways
of being and responding
to conflict.

In many cases, you can also
overcome depression, addiction,
obsessive compulsive patterns,
ADHD, and other issues.



Neuroplasticity means
the brain is always learning.

But the brain is neutral -
it doesn't know the difference
between good and bad.

It learns whatever is repeated -
both helpful and unhelpful
thoughts, actions, and habits.

Therefore neuroplasticity may
entrench depressive, anxious,
obsessive, and over-reactive
patterns.

NEUROBIOLOGY



Neurobiology is the biology of the nervous system.

Understanding the nervous system helps to:

- explain how toxic stress & trauma can impact brain development & functioning
- **connect how the body holds trauma as well as how it can facilitate healing**
- increase awareness of the importance of creating relationships, work cultures, & environments that foster regulation & healing

Q & A



REFERENCES

- 1.** Siegel, D. (2017, August 09). Dr. Dan Siegel's Hand Model of the Brain. Retrieved December 18, 2020, from <https://www.youtube.com/watch?v=f-m2YcdMdFw>
- 2.** How Does Neuroplasticity Work? (2021, March 9). [Infographic]. NICABM. <https://www.nicabm.com/brain-how-does-neuroplasticity-work/>.

Thank You!

We welcome your feedback!



Visit our Website

traumainformedoregon.org



Foundations of Trauma Informed Care

Updated 2024



School
of Social Work
PORTLAND STATE UNIVERSITY



Foundations of Trauma Informed Care

Updated 2024



School
of Social Work
PORTLAND STATE UNIVERSITY



Foundations of Trauma Informed Care

Updated 2024



School
of Social Work

PORTLAND STATE UNIVERSITY





Regulate



Relate

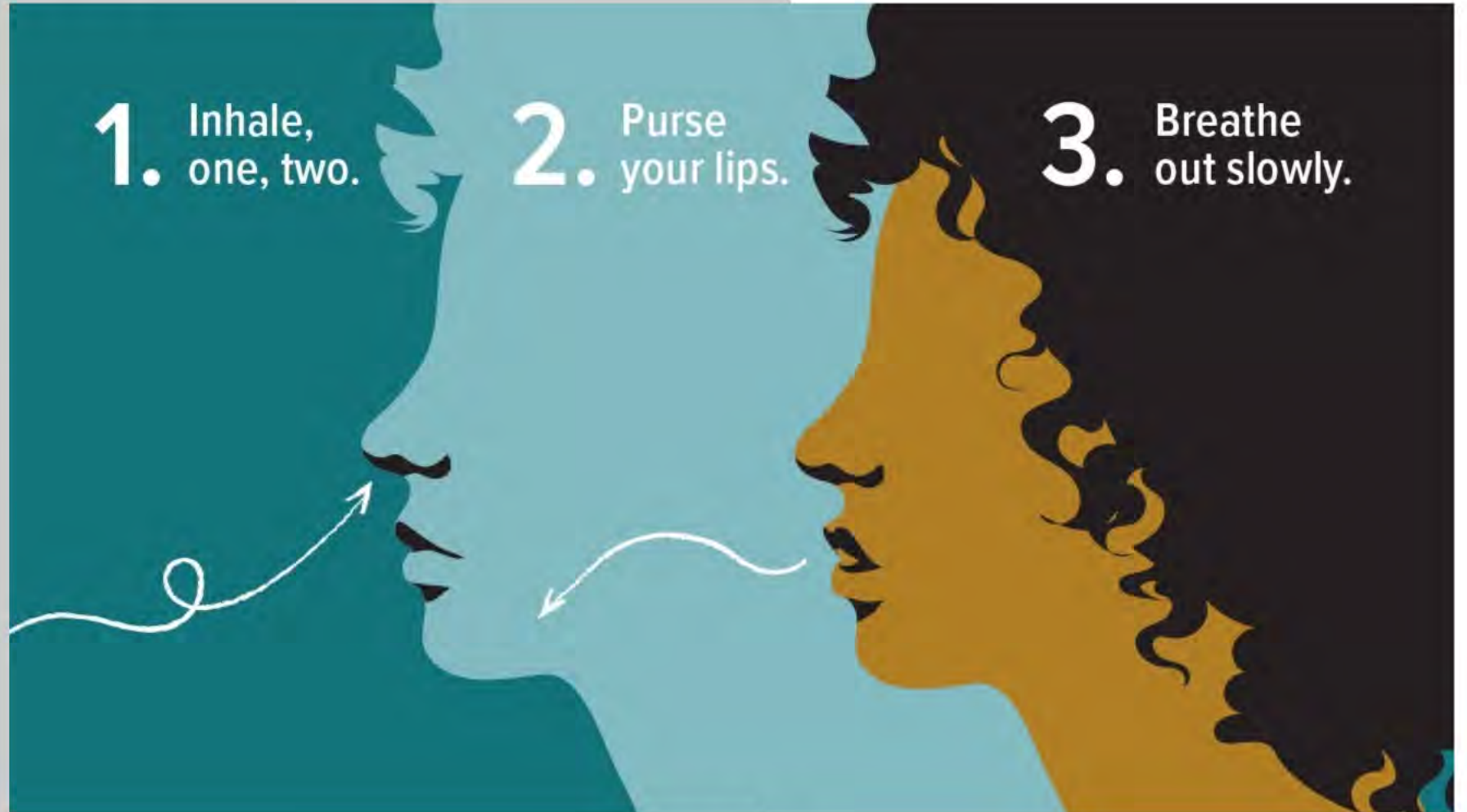


Reason



REGULATE:

You are invited
to ground into
this space
however feels
accessible and
safe to you in
this moment.



RELATE:



Feedback & Considerations

- Group Guidelines
- Feedback
- Evaluation Takeaways

Series Outline

- **Module 1:** Trauma 101 & Trauma Informed Care (TIC)
- **Module 2:** The Science of Trauma: Neurobiology
- **Module 3:** The Science of Trauma Continued: NEAR
- **Module 4:** Workforce Wellness & Culture Change

REFRESHER

Module 2: Neurobiology

- Dr. Siegel's Hand Model & "flipped lid"
- Four functions most impacted by trauma & toxic stress:
 - Executive Functions
 - Sensory Awareness
 - Attention
 - Memory
- Dr. Perry's Neurosequential Model & the science behind the order of "regulate, relate, then reason"
- Trauma Lens Exercise
- Neuroplasticity

Warm-up



What is one thing you have witnessed in the last week that you have connected with the lessons from the neurobiology of trauma?

- *Executive Functions*
- *Sensory Awareness*
- *Attention*
- *Memory*

Module 3:

The Science of Trauma Continued: NEAR



REASON:

Today's Focus

- *Trauma & the body*
- *How our past can influence our future*
- *Protective buffers & recovery*



Prompts for Reflection

We must continually ask:



- how might this **help**?



- how might this **hurt**?



- how might **identity influence impact**?

Prompts for Awareness

What does trauma informed practice look like:



- **intrapersonally?**



- **interpersonally?**



- **organizationally?**

THE SCIENCE

Neurobiology

Epigenetics

Adverse Childhood
& Community Experiences

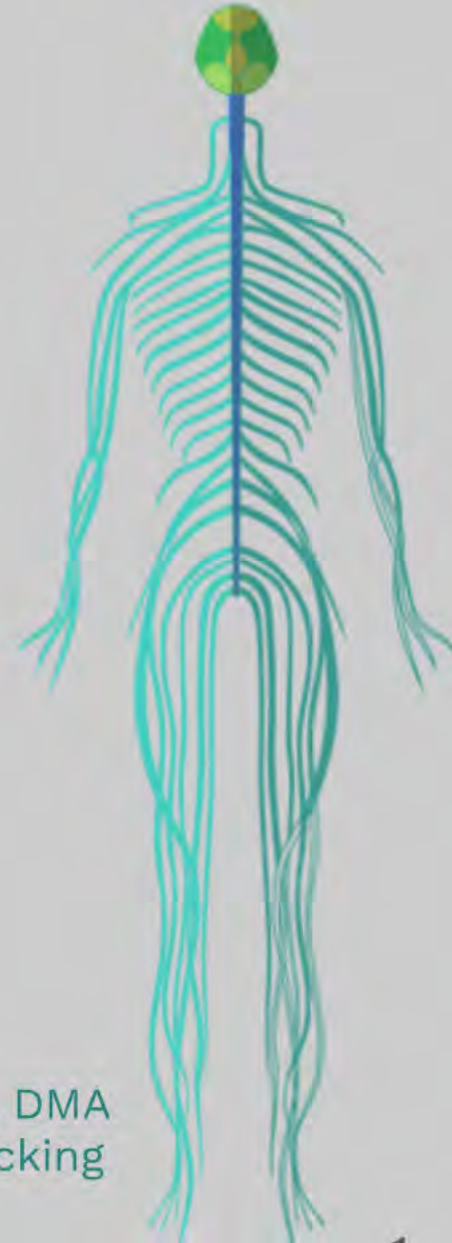
Resilience & Recovery

TRAUMA & THE BODY

An ever-growing body of research has shown that trauma gets stored in the body and helped us understand how our bodies can play a key role in recovery and healing from trauma.

"Emotions are cycles that happen in your body. They are neurological events...not just happening in your brain, but in your whole nervous system!"

- Emily Nagoski, PhD & Amelia Nagoski, DMA
Authors of *Burnout: The Secret to Unlocking the Stress Cycle*



Regulated & Dysregulated?

How do you know when your nervous system is regulated?



Regulated & Dysregulated?

How do you know when your nervous system is regulated?

How do you know when your nervous system is dysregulated?



WINDOW OF TOLERANCE

Teresa Lewis -

Founder and Director of Lewis Psychology and a Senior Accredited psychotherapist with the British Association for Counselling and Psychotherapy.



WINDOW OF TOLERANCE



WINDOW OF TOLERANCE

- **WIDE WINDOW:** Some nervous systems can shift easily from high arousal to low arousal, and from neutral, into states of joy and contentment.
- **NARROW WINDOW:** Other nervous systems cannot discharge the energy in a timely manner. Their "window of tolerance" for managing emotions is small, which makes impulsive reactions more likely.

WINDOW OF TOLERANCE

- **WIDE WINDOW:** Some nervous systems can shift easily from high arousal to low arousal, and from neutral, into states of joy and contentment.
- **NARROW WINDOW:** Other nervous systems cannot discharge the energy in a timely manner. Their "window of tolerance" for managing emotions is small, which makes impulsive reactions more likely.

***We can
increase our
window of
tolerance!***



WINDOW OF TOLERANCE



HYPERAROUSAL

Excessive activation/energy in the form of fight/flight responses



HYPOAROUSAL

Freeze response, emotionally flat, lack of energy and response

- SMOOTH SAILING
- DYSREGULATION
- FIGHT/FLIGHT/FREEZE

When hyper-aroused:

practice techniques that settle mind & body (mindful breathing, going for a calming walk, listening to soothing music, etc.)

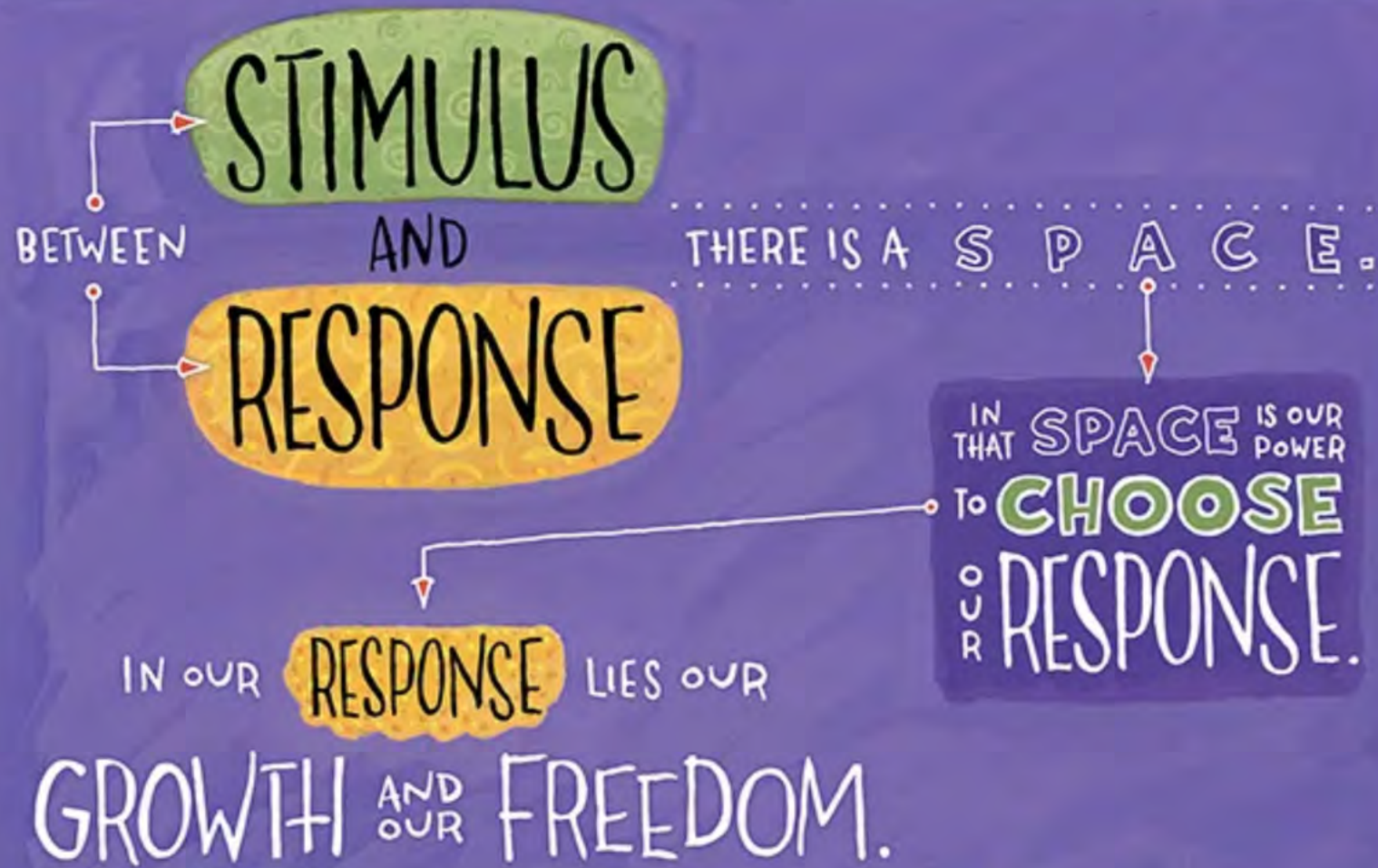
When hypo-aroused:

practice techniques that stimulate mind & body (a brisk walk or exercise, stimulated the senses, engaging socially, listening to uplifting music, seeking mental health support, etc.)



Organizational Application

How might your organizational practices and patterns impact windows of tolerance?



- VIKTOR FRANKL

BREAK

EPIGENETICS



In Western knowledge, epigenetics is the study of how our behaviors & environment can cause heritable changes that affect the way our genes work. This body of knowledge is "not new".

Many Indigenous communities have sacred knowledge speaking to this knowing and honoring of interconnectedness.

EPIGENETICS

Epigenetics helps us to understand:

- how toxic stress/adversity can be transmitted & experienced across generations through heritable genetic markers.
- the impact of historical & collective trauma for populations experiencing trauma for generations.
- the power of behaviors & environments to alter gene expression.

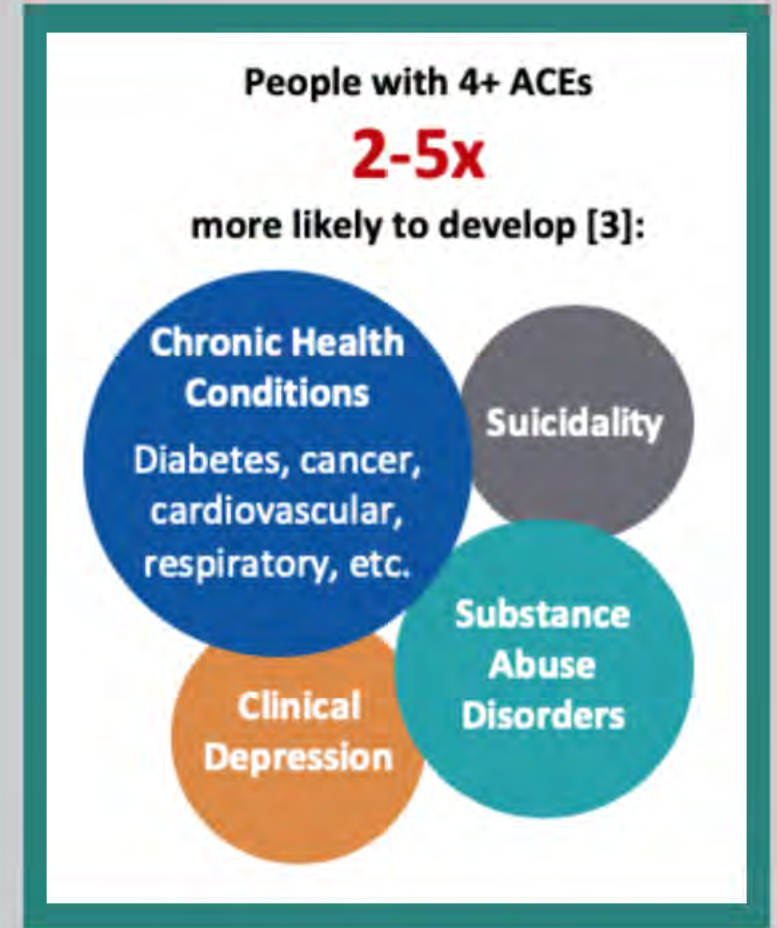
ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences, or ACEs, originated from a 1997 Kaiser study. This study linked potentially traumatic events that occurred in childhood (0-17 years) to problems in adulthood.

The types of ACEs studied were neglect (emotional and physical), abuse (emotional, physical, and sexual), and household challenges including domestic violence, substance abuse, mental health challenges, separation/divorce, and incarcerated household members.



**ACEs can be prevented & mitigated.
Factors like social supports & services influence outcomes.**



ADVERSE CHILDHOOD EXPERIENCES

ACEs helps us to understand:

- that potentially traumatic childhood experiences are common* and they impact us into our adulthood. *64% people have one or more ACEs.
- why we strive for a universal precaution approach.
- the importance of developing, promoting, and funding services that are proven to prevent ACEs and promote flourish for children.

ADVERSE CHILDHOOD EXPERIENCES

- The participants of the Kaiser ACE study were 74.8% white, 46.4% over age 60, and 35.9% had completed some college, with another 39.3% being college graduates or higher.
- Recognizing the need for a more diverse range of experiences to be acknowledged, the RYSE (Rising Youth for Social Equity) Center has built on the original ACE pyramid to include experiences of historical trauma, implicit bias, and the impact of adverse social conditions.

4

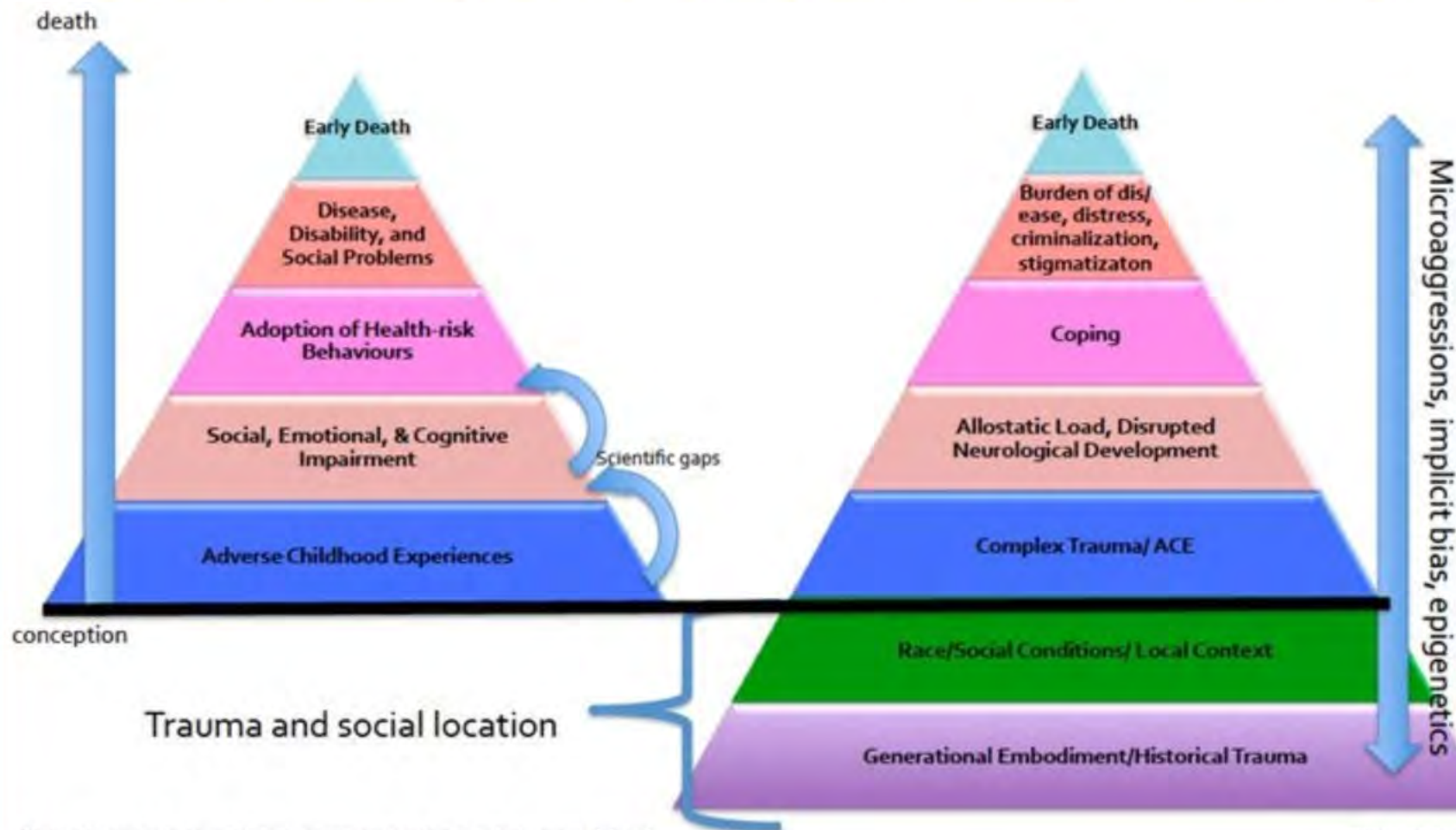


Trauma and Social Location



Adverse Childhood Experiences*

Historical Trauma/Embodiment

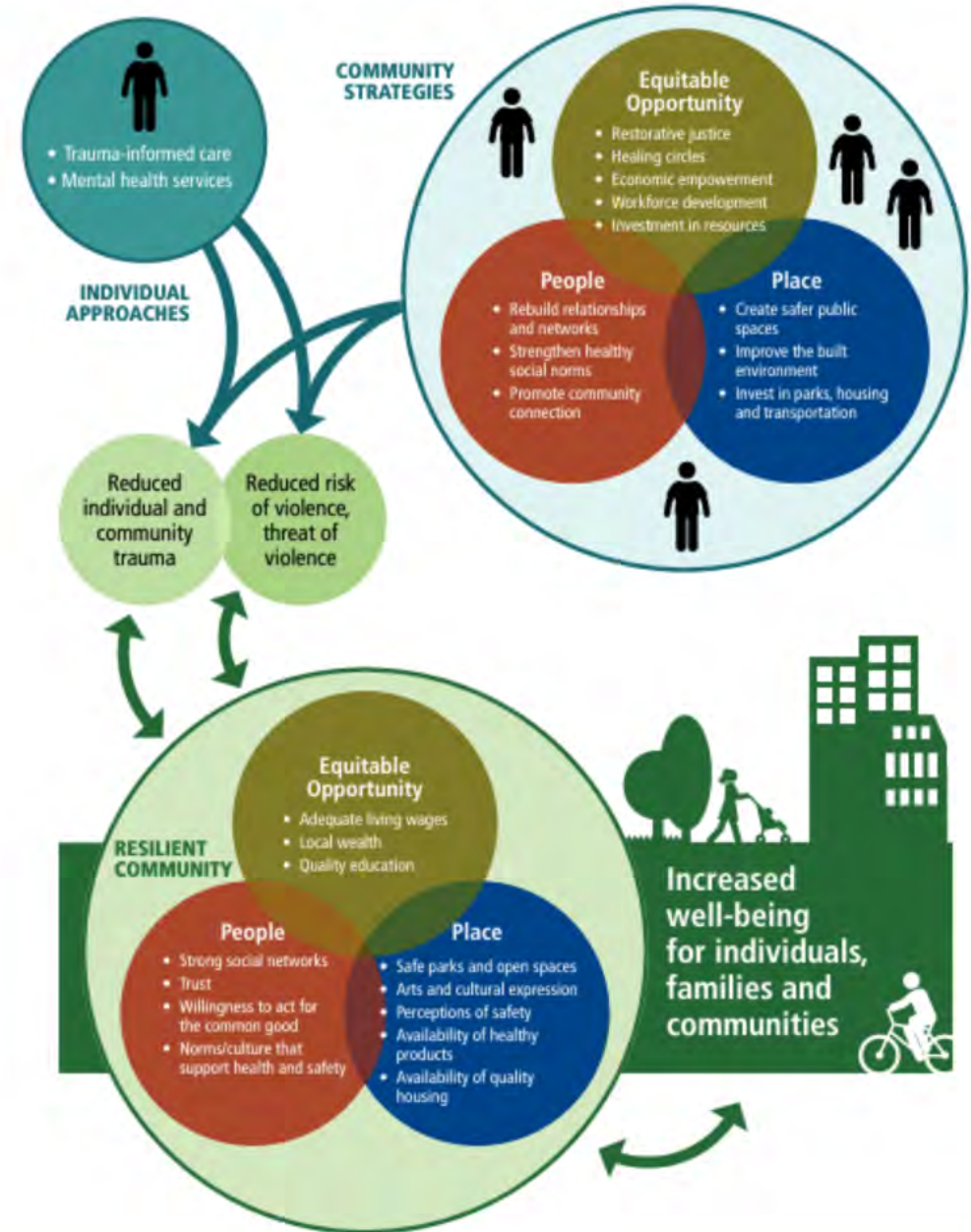


*<http://www.cdc.gov/violenceprevention/cestudy/pyramid.html>

ADVERSE COMMUNITY EXPERIENCES & RESILIENCE

- Dr. Howard Pinderhughes' framework for **Addressing & Preventing Community Trauma** from the Prevention Institute.
- Effective community-level strategies to address community trauma and promote community healing
 - **PEOPLE**
 - **PLACE**
 - **EQUITABLE OPPORTUNITY**

Figure 5 Promoting Community Resilience: From Trauma to Well-being



We Can Prevent ACEs | Centers for Disease Control and Prevention (CDC)





Video Debrief



*What are your thoughts
about that video?*

Resilient?

Why might someone not like to be called resilient?



RESILIENCE

1. Resilience is a process, not an end goal.
2. Resilience happens in a community, not just an individual's journey.
3. Resilience can be a catalyst for civic action, versus justification for maintaining the status quo.

HOPE = **H**ealthy **O**utcomes from **P**ositive **E**xperiences

There are four building blocks that promote HOPE:

1. RELATIONSHIPS:

- With other children
- With other adults
- Through interactive activities

2. ENVIRONMENT:

- Safe, equitable, & stable
- Living, learning, & playing
- Positive school & home environments

3. ENGAGEMENT

- Develop a sense of connectedness
- Social & civic activities

4. OPPORTUNITIES

- Playing with peers
- Learning self-reflection
- Collaboration in art, sports, drama, & music

Positive Childhood Experiences questions asked how often the respondent:

1. Felt able to talk to their family about feelings
2. Felt their family stood by them during difficult times
3. Enjoyed participating in community traditions
4. Felt a sense of belonging in high school
5. Felt supported by friends
6. Had at least two non-parent adults who took genuine interest in them
7. Felt safe and protected by an adult in their home

Positive childhood experiences drive healthy development & mitigate the affects of adverse ones.

PCEs protect adult mental health

The study found that positive childhood experiences (PCEs) show a dose-response relationship with adult mental and relational health—in other words, for those with exposure to ACEs, those with more PCEs showed better lifelong mental and relational health than those with fewer PCEs.



RESILIENCE - TIC LENS

*In Trauma Informed Care (TIC),
we look at programs, organizations, &
communities for examples of resilience
promoting processes.*

Q & A



Thank You!

We welcome your feedback!



Visit our Website

traumainformedoregon.org



REFERENCES

1. Brené with Emily and Amelia Nagoski on Burnout and How to Complete the Stress Cycle. (2021, April 22). Retrieved May 13, 2021, from <https://brenebrown.com/podcast/brene-with-emily-and-amelia-nagoski-on-burnout-and-how-to-complete-the-stress-cycle/>
2. Window of Tolerance video; <https://www.youtube.com/watch?v=TNVlppGz0zM>
3. Centers for Disease Control and Prevention. (2020, August 3). What is Epigenetics? Centers for Disease Control and Prevention. <https://www.cdc.gov/genomics/disease/epigenetics.htm>.
4. Centers for Disease Control and Prevention. (2021, April 6). About the CDC-Kaiser Ace Study | Violence Prevention | Injury Center | CDC. Centers for Disease Control and Prevention. Retrieved May 8, 2022, from <https://www.cdc.gov/violenceprevention/aces/about.html>
5. Pinderhughes H, Davis R, Williams M. (2015). Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Prevention Institute, Oakland CA
6. Kross, E. (2023, July 6). The psychology of resilience: Resentment. Psychology Today. <https://www.psychologytoday.com/us/blog/rethink-your-way-to-the-good-life/202307/the-psychology-of-resilience-resentment>
7. About. HOPE - Healthy Outcomes from Positive Experiences. (2021, March 4). <https://positiveexperience.org/about/>.

Foundations of Trauma Informed Care

Updated 2024



School
of Social Work
PORTLAND STATE UNIVERSITY



Foundations of Trauma Informed Care

Updated 2024



School
of Social Work

PORTLAND STATE UNIVERSITY





Regulate



Relate

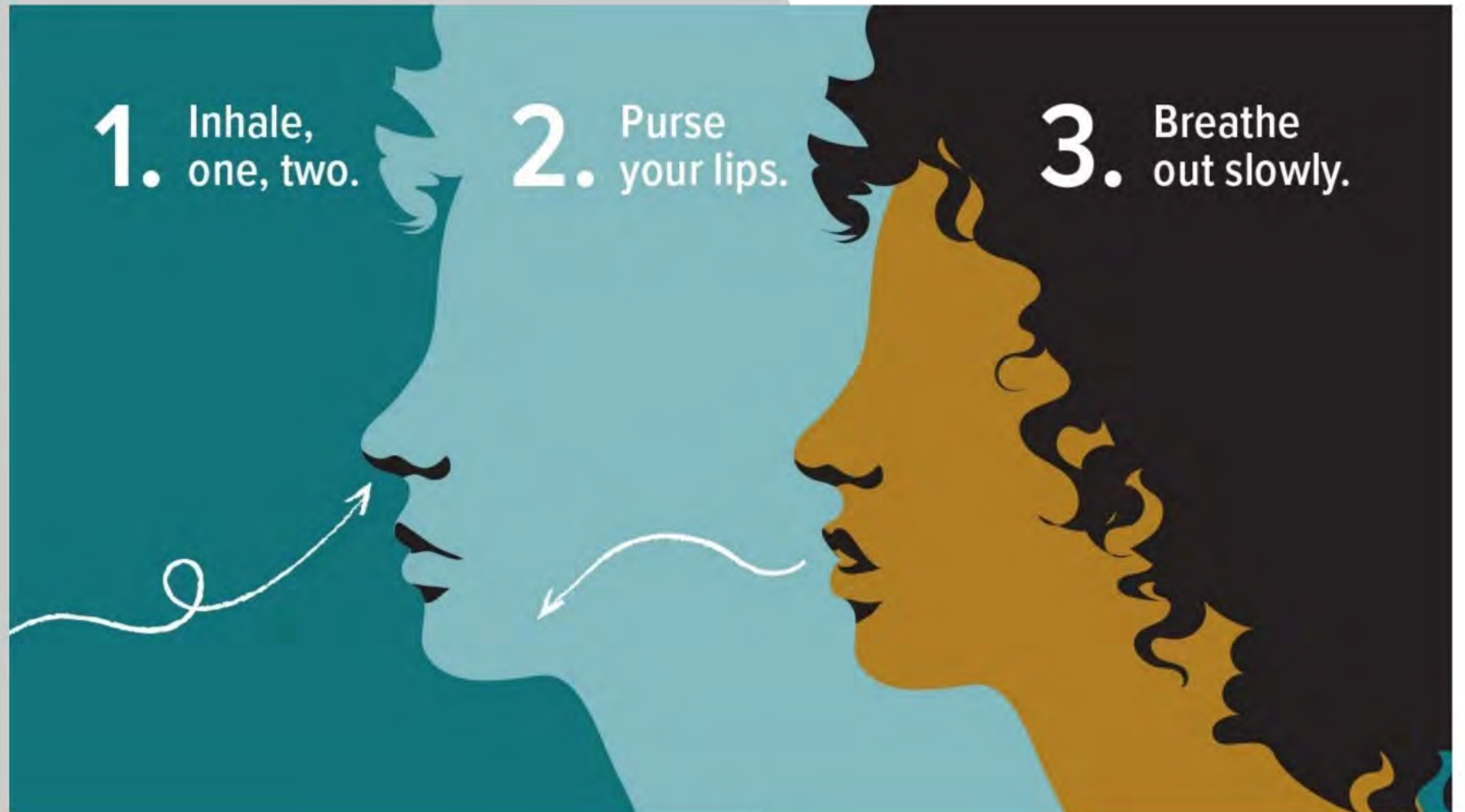


Reason



REGULATE:

You are invited
to ground into
this space
however feels
accessible and
safe to you in
this moment.



RELATE:



Feedback & Considerations

- Group Guidelines
- Feedback
- Evaluation Takeaways

Series Outline

- **Module 1:** Trauma 101 & Trauma Informed Care (TIC)
- **Module 2:** The Science of Trauma: Neurobiology
- **Module 3:** The Science of Trauma Continued: NEAR
- **Module 4:** Workforce Wellness & Culture Change

Module 4:

Workforce Wellness & Culture Change



REASON:

Today's Focus

- *Key Concepts*
- *Workforce Wellness*
- *TIC as Organizational Cultural Change*



Prompts for Reflection

We must continually ask:



- how might this **help**?



- how might this **hurt**?



- how might **identity influence impact**?

Prompts for Awareness

What does trauma informed practice look like:



• **intrapersonally?**



• **interpersonally?**



• **organizationally?**

Warm-up



What comes up when you hear the words:

Warm-up



What comes up when you hear the words:

- **SELF-CARE**

Warm-up



What comes up when you hear the words:

- **SELF-CARE**
- **WELLNESS**

Warm-up



What comes up when you hear the words:

- **SELF-CARE**
- **BURNOUT**
- **WELLNESS**

Warm-up



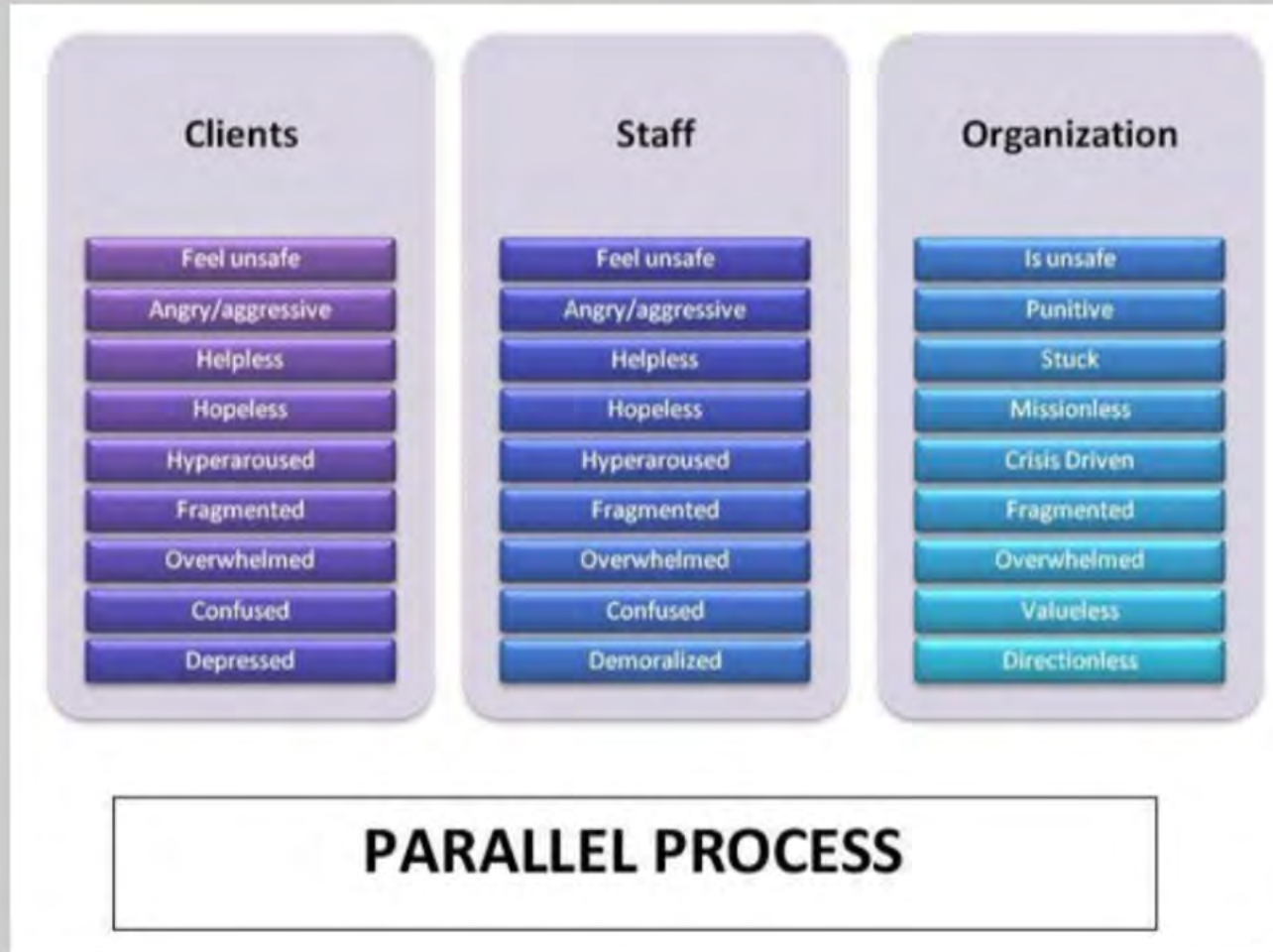
What comes up when you hear the words:

- **SELF-CARE**
- **BURNOUT**
- **WELLNESS**
- **OVERWHELM**

Key Concepts

- Parallel Process
- Trauma Organized Organizations
- Vicarious Trauma
- Secondary Traumatic Stress
- Burnout
- Moral Injury
- Vicarious Resilience
- Compassion Satisfaction

PARALLEL PROCESS



- An organization is a living system, & thus often mimics cognition, affect, behavior of those it serves & its workforce, through its policies, procedures, embedded norms & cultures, & physical spaces.

TRAUMA-ORGANIZED ORGANIZATIONS



From *Transformational Resilience*, by Bob Doppelt

Adapted from Bloom, S. (2013) 3

VICARIOUS TRAUMA

- Describes the **profound shift in worldview** that occurs in service providers when they work with individuals who have experienced trauma.

SECONDARY TRAUMATIC RESPONSE

- When service providers seem to be **exhibiting symptoms** similar to Post Traumatic Stress Disorder (PTSD) without having necessarily been exposed to direct trauma themselves.

BURNOUT

- The **physical and emotional exhaustion** that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work.



MORAL INJURY

- The distressing behavioral, social, psychological, and/or spiritual aftermath that individuals may experience when involved in traumatic events that violate their deeply held moral values and beliefs.

"Moral injury (MI), originally discussed in relationship to transgressing moral beliefs and values during wartime among military personnel, has expanded beyond this context to include similar emotions experienced by healthcare professionals, first responders, and others..."

VICARIOUS RESILIENCE

- The the process in which service providers may experience positive influences, such as hope and increased self-efficacy, through their work with trauma survivors.

COMPASSION SATISFACTION

- The pleasure from being able to do one's work well, helping others through work, positive feelings about colleagues and contributing to the work setting or greater good of society.

*Which key concept resonates
with you the most?*



**WE NEED TO MOVE
BEYOND THE SELF-
CARE MODEL TO
COMPREHENSIVE
WORKFORCE WELLNESS**

BREAK

Stressors:

Events or conditions that can negatively impact a person's health or well-being.

Buffers:

Something that reduces the impact of stressful events on a person's well-being.



Buffers:



Please identify any of the buffers you may have access to during your workday?

COMPLETING THE STRESS CYCLE



• **Physical Activity**



• **Deep Breathing**



• **Positive Social Interaction**



• **Laughter**



• **Long Hug/Affection**



• **Big Cry**



• **Creative Expression**

TIC LENS: WORKFORCE WELLNESS



Intrapersonal	Interpersonal	Operational/ Organizational
<ul style="list-style-type: none">• PTO• Space for regulation• Debrief• Interventions• Use of vacation days• Regulation - right brain strategies	<ul style="list-style-type: none">• Skills to co-regulate• Peer to Peer Support• Protocols for responding to coworkers• Time for connection• Regulation - right brain strategies	<ul style="list-style-type: none">• Days off• Safe spaces• Human Resources• Career/skill advancement• Flexible scheduling• Feedback• Performance goals on TI/DEI/WW• Modeling that "well" is desired

***"I can't take that deep breath for you,
but I can ensure that the way I show up
-- and the policies and procedures I have a part in
creating--
are a buffer for you."***

- Ana Hristić

TIC AS CULTURE CHANGE

Consider implementing TIC as initiating culture change, thus shifts will be embedded & “seen” throughout the organization.



Some important considerations:

- All change can generate feelings of loss. Be sure to make space for transition.
- Leadership investment is critical.
- Commit to maintenance of knowledge and skill development.

A CULTURE OF TIC

- Involves **all** aspects of program activities, setting, relationships, and atmosphere (more than implementing new services).
- Involves **all** groups: administrators, supervisors, direct service staff, support staff, and consumers.
- Involves making trauma-informed change into a new **routine**, a new way of thinking and acting.
- Commitment to **an ongoing process** of self-assessment, review, hearing from consumers and staff, openness to changing policies and practices.

THE FOUR P's OF MANAGING TRANSITIONS

- **PURPOSE**

"You can explain the basic purpose behind the outcome you seek. People have to understand the logic of it before they will turn their minds to work on it."

- **PICTURE**

- **PLAN**

- **PART**

THE FOUR P's OF MANAGING TRANSITIONS

- **PURPOSE**

"You can explain the basic purpose behind the outcome you seek. People have to understand the logic of it before they will turn their minds to work on it."

- **PICTURE**

"You can paint a picture of how the outcome will look and feel." People need to experience it imaginatively before they can give their hearts to it."

- **PLAN**

- **PART**

THE FOUR P's OF MANAGING TRANSITIONS

- **PURPOSE**

"You can explain the basic purpose behind the outcome you seek. People have to understand the logic of it before they will turn their minds to work on it."

- **PICTURE**

"You can paint a picture of how the outcome will look and feel." People need to experience it imaginatively before they can give their hearts to it."

- **PLAN**

"You can lay out a step-by-step plan for phasing in the outcome. People need a clear idea of how they can get to where they need to go."

- **PART**

THE FOUR P's OF MANAGING TRANSITIONS

- **PURPOSE**

"You can explain the basic purpose behind the outcome you seek. People have to understand the logic of it before they will turn their minds to work on it."

- **PICTURE**

"You can paint a picture of how the outcome will look and feel." People need to experience it imaginatively before they can give their hearts to it."

- **PLAN**

"You can lay out a step-by-step plan for phasing in the outcome. People need a clear idea of how they can get to where they need to go."

- **PART**

"You can give each person a part to play in both the plan and the outcome. People need a tangible way to contribute and participate."

PURPOSE - IN YOUR OWN WORDS

What do you think is the **purpose of trauma informed care?**

Take a couple moments to yourself to jot down some of your thoughts.



Elevator Speech

In less than two minutes, finish this phrase:

The purpose of trauma informed care is...



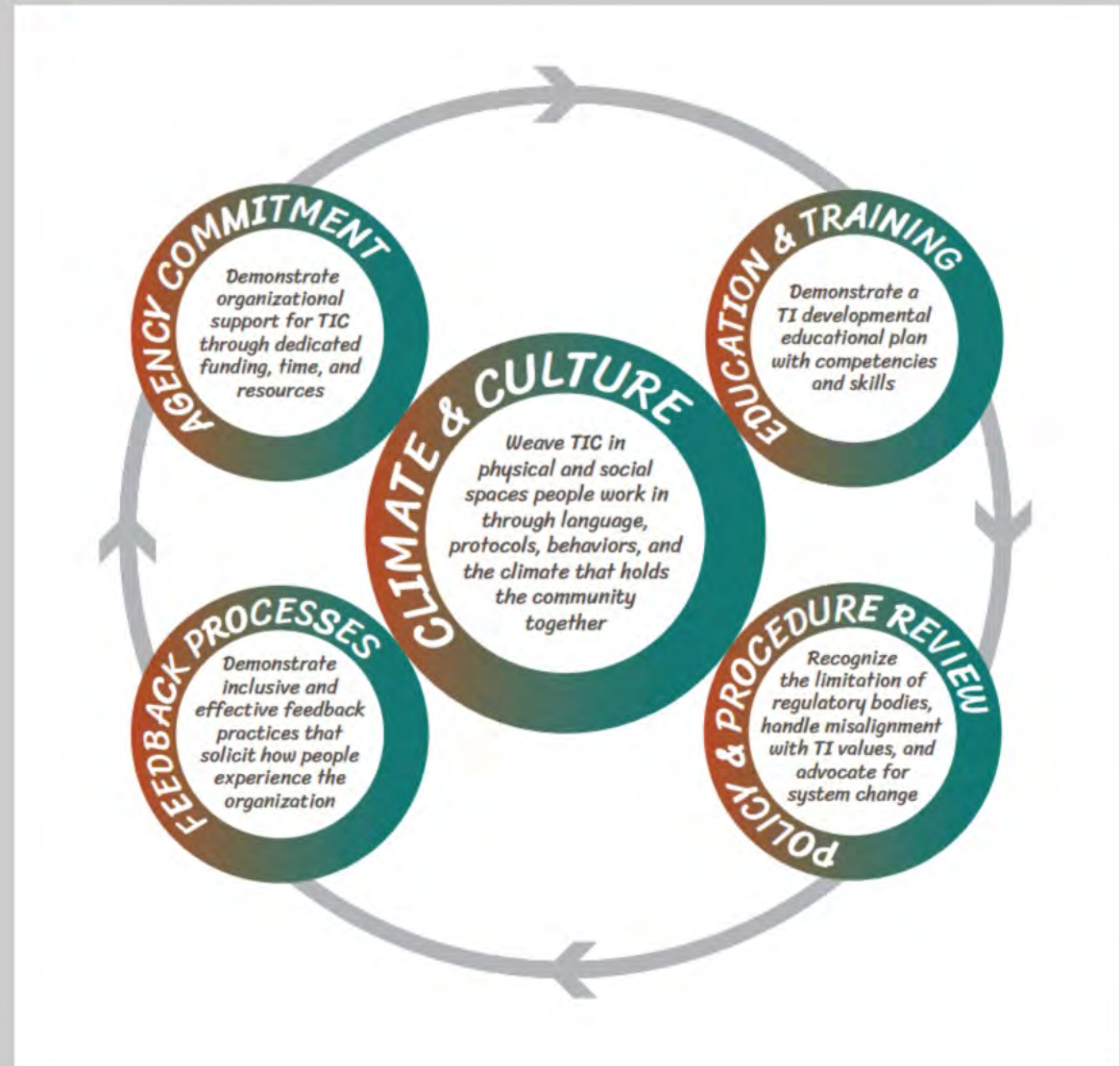
PICTURE - DREAM A LITTLE

Imagine your program, organization, or system **has no barriers** to becoming trauma-informed.

Visualize how it feels and looks **fully actualized** in your setting.

PLAN - FIVE ESSENTIAL ELEMENTS

1. Agency Commitment
2. Climate & Culture
3. Education & Training
4. Policy & Procedure Review
5. Feedback Processes



Trauma Informed Care Logic Model

WHAT WE NEED

AWARENESS of trauma among service users and staff.

TIC COMPETENCE among staff and leadership.

COMMITMENT from leadership and staff to prioritize TIC in budget, mission/vision, and strategic plan.

INFORMATION to identify strengths and areas of improvement.

PROCESS & INFRASTRUCTURE to support and sustain TIC efforts.

WHAT WE DO

Reflect TIC principles through:

POLICIES

PRACTICES, for example:

- Performance reviews
- Hiring and onboarding
- Supervision

PHYSICAL ENVIRONMENT

PERSONAL INTERACTIONS

WHAT WILL HAPPEN

Service users and staff will:

FEEL SAFE

FEEL EMPOWERED (with voice and choice)

FEEL VALUED & CARED FOR

BELIEVE the organization has their best interests in mind

TRUST the organization, staff, and leadership

OUTCOMES (hypothesized)

SERVICE USER ENGAGEMENT & SATISFACTION

- More appt. completion
- Less no shows
- Less absences (school)

STAFF ENGAGEMENT & SATISFACTION

- Less turnover
- Less sick days
- Less burnout & compassion fatigue

BETTER HEALTH & WELLNESS

PART - APPLICATION OF TIC

- Multi-layered process.
- Everyone in the organization/ community has a part to play in TIC.



WANT TO GO FURTHER?

Q & A



Thank You!

We welcome your feedback!

Visit our Website

traumainformedoregon.org



REFERENCES

1. Kenwyn, Smith et al., (1989) Popularized by Sandra Bloom, Sanctuary Model
2. Bloom, S. L. (2010). Organizational Stress as a Barrier to Trauma-Informed Service Delivery. Becker, M. and Levin, B. A Public Health Perspective of Women's Mental Health, New York: Springer (pp.295-311).
3. Doppelt, B. (2017). Figure 10.1. In Transformational resilience: How building human resilience to climate disruption can safeguard society and increase wellbeing. essay, Routledge.
4. Koenig HG, Al Zaben F. Moral Injury: An Increasingly Recognized and Widespread Syndrome. J Relig Health. 2021 Oct;60(5):2989-3011. doi: 10.1007/s10943-021-01328-0. Epub 2021 Jul 10. PMID: 34245433; PMCID: PMC8270769.
5. Brené with Emily and Amelia Nagoski on Burnout and How to Complete the Stress Cycle. (2021, April 22). Retrieved May 13, 2021, from <https://brenebrown.com/podcast/brene-with-emily-and-amelia-nagoski-on-burnout-and-how-to-complete-the-stress-cycle/>
6. Hristić, A. (n.d.). Workforce Wellness; Self-Care Reframed Within the Lens of Trauma Informed Care. Lecture.
7. Bridges, W., & Bridges, S. (2016). Managing Transitions: Making the Most of Change. Da Capo Press.
8. <https://www.managementcenter.org/resources/using-sphere-control-build-resilience/>

What Works - 5 Takeaways

1. Support regulation – when stressed, people have a harder time managing emotions and staying regulated. Build in time for regulation practices like breathing, grounding exercises, and movement. Model the calm behavior you want staff to mirror.



5. Reframe behaviors.

It's important to remember that emotional regulation and impulse control are more difficult during times of stress. People may not be showing up as their best selves. Realize that challenging behaviors can be a reflection of the stress.



2. Prioritize relationships.

Social support and connection can actually buffer a stress response. During times of stress, it's important to find ways to connect and support each other.



3. Explain the why behind decisions. Understanding why something (like a policy or practice) is happening can give people a sense of control and decrease a stress response.



MORAL INJURY

"Examples of behaviors or situations that can create moral injury include:

- Using deadly force in combat and causing the harm or death of civilians
- Giving orders that result in the injury or death of fellow military personnel
- Making critical life and death decisions, such as the rationing of care to a limited number of patients
- Being forced to prioritize speed over quality health care
- Struggling to make ethical mental health or medical care decisions within the framework of contradictory legal requirements
- Freezing or failing to perform one's duty during a traumatic event"

4. Help staff know what to expect to the extent possible. In uncertain times, having any amount of certainty or predictability is helpful. We are not suggesting that you provide answers that you don't have; however, sharing information when it's available will decrease stress.



Thank you! We welcome your feedback!



Foundations of Trauma Informed Care

Updated 2024



School
of Social Work
PORTLAND STATE UNIVERSITY

