

Transforming Trauma: Creating Trauma Informed Systems of Care

CARING FOR THE HUMAN SPIRIT CONFERENCE, MARCH 2022

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WHAT IS TRAUMA ?

Trauma results from an event, series of events, or set of circumstances that is experienced by as physically or emotionally harmful or life threatening and that has lasting adverse effects on our functioning and mental, physical, social, emotional, or spiritual well-being.

- US Substance Abuse and Mental Health Services Administration



TRAUMA: PHYSICAL, EMOTIONAL, PSYCHOLOGICAL, OR SPIRITUAL INJURY IN RESPONSE TO A DISTRESSING OR LIFE-THREATENING EVENT LIKE AN ACCIDENT, ABUSE, VIOLENCE OR NATURAL DISASTER

Acute trauma: a single event that is time-limited (injury accident, pregnancy loss, sudden death of a loved one, assault, divorce, job loss, etc)

Complex trauma: exposure to multiple traumas that are often invasive or interpersonal and have wide-ranging, long-term impact

InterGenerational: happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next.

Historical: occurs in history to a specific group of people causing emotional and mental wounding both during their lives and to the generations that follow

System-induced trauma: when systems designed to help trauma victims inflict trauma or re-traumatize people (unjust policies, harmful practices, invasive procedures, racial/cultural bias, etc.)

TRAUMA-INFORMED CARE IS...

Consensus-Based Definition

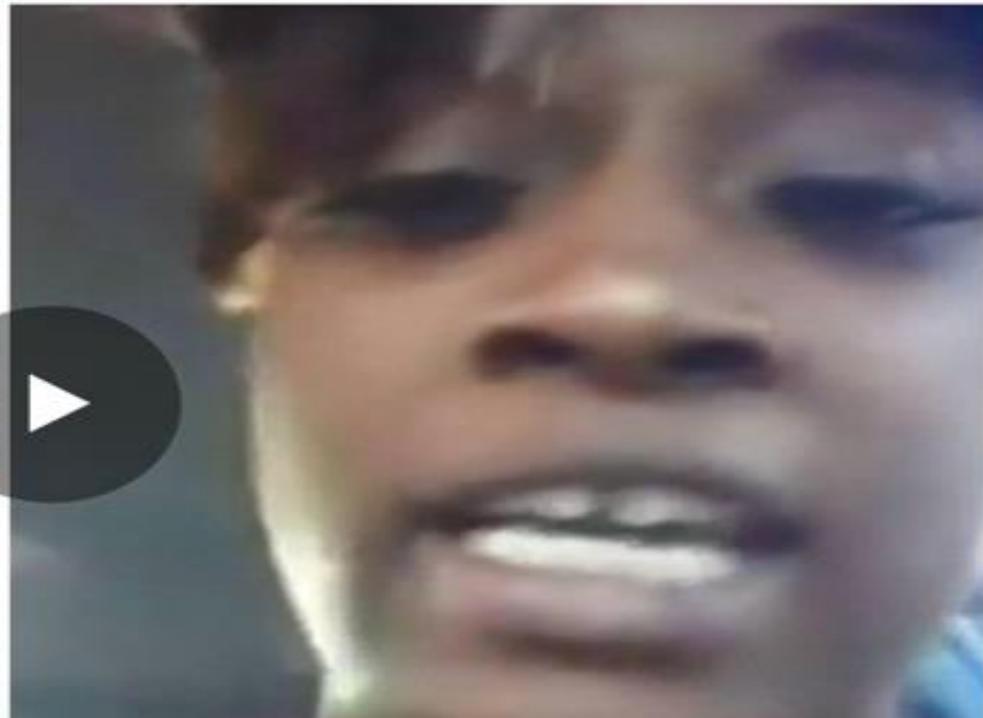
"a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper, Bausik, and Olivet, 2010).



Philando Castile killing: Police video sparks outrage

Police car video of shooting of black motorist released just days after the Minnesota officer was acquitted at trial.

21 Jun 2017



Minnesota No. 4 in child well-being, but among worst in racial disparities

Elizabeth Shockman · Jun 17, 2019

Education



Mem



LISTEN

Progr

Sponsor

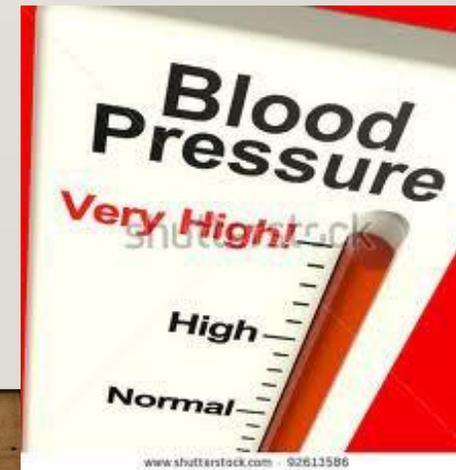
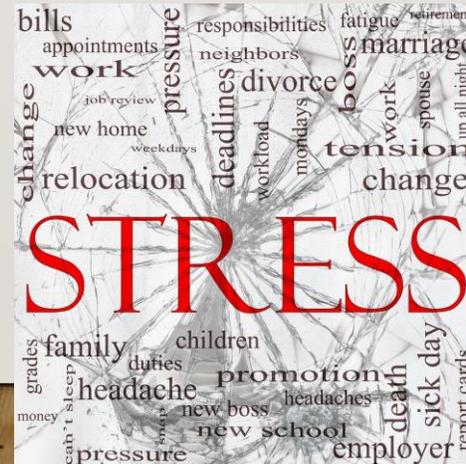
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Educa

Why Is a Trauma-Informed Approach Important to Me?



Because stress and trauma impact all of us





ADVERSE CHILDHOOD EXPERIENCES STUDY/QUESTIONS

- Kaiser Permanente Clinic/CDC. Inventory of 17000 white, educated, privately insured patients.
- Five questions are personal -- physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect.
- Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment.
- Each type of ACE (trauma) counts as one. So a person who's been physically abused, with one alcoholic parent, and a mother who was beaten up has an ACE score of three.

ACE STUDY FINDINGS

- Childhood trauma is very common, even in employed white middle-class, college-educated people with great health insurance; 2/3 had 1 ACE, 1/8 had 4 more ACEs.
- There is a direct link between childhood trauma and adult onset of chronic disease, as well as depression, suicide, being violent and a victim of violence; compared to those with no ACE's, people with 6+ die 20 years earlier.
- More types of trauma increase the risk of health, social and emotional problems.
- People usually experience more than one type of trauma – rarely is it only sex abuse or only verbal abuse.



How the ACES Work

Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



Long-Term Consequences

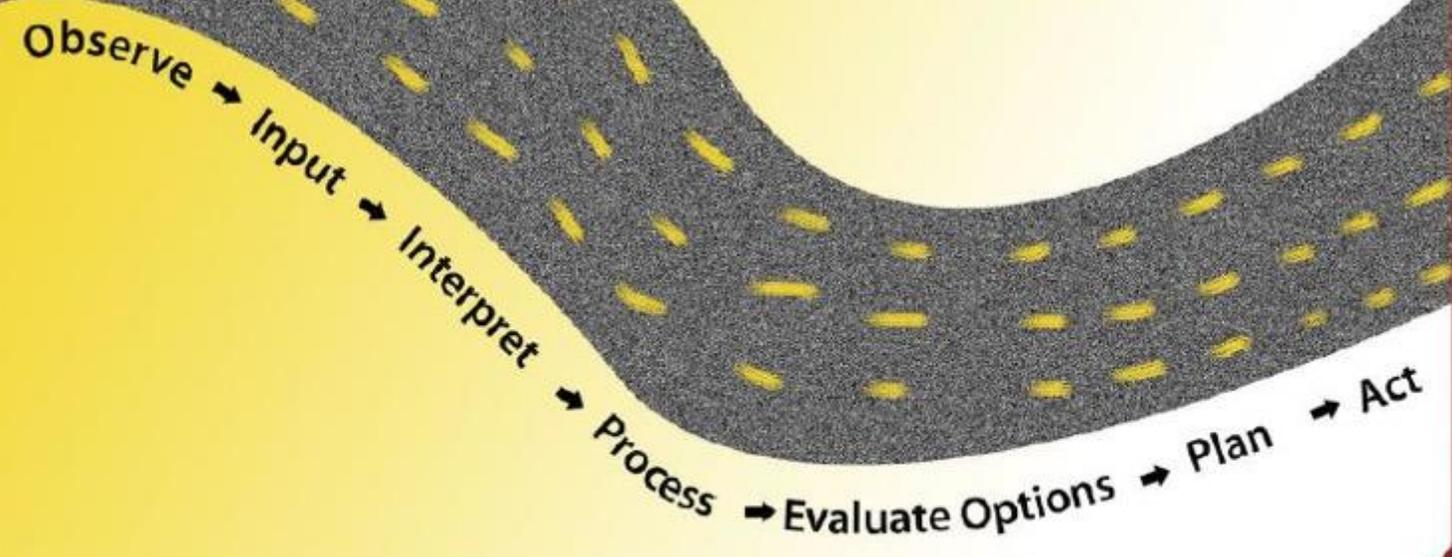
Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

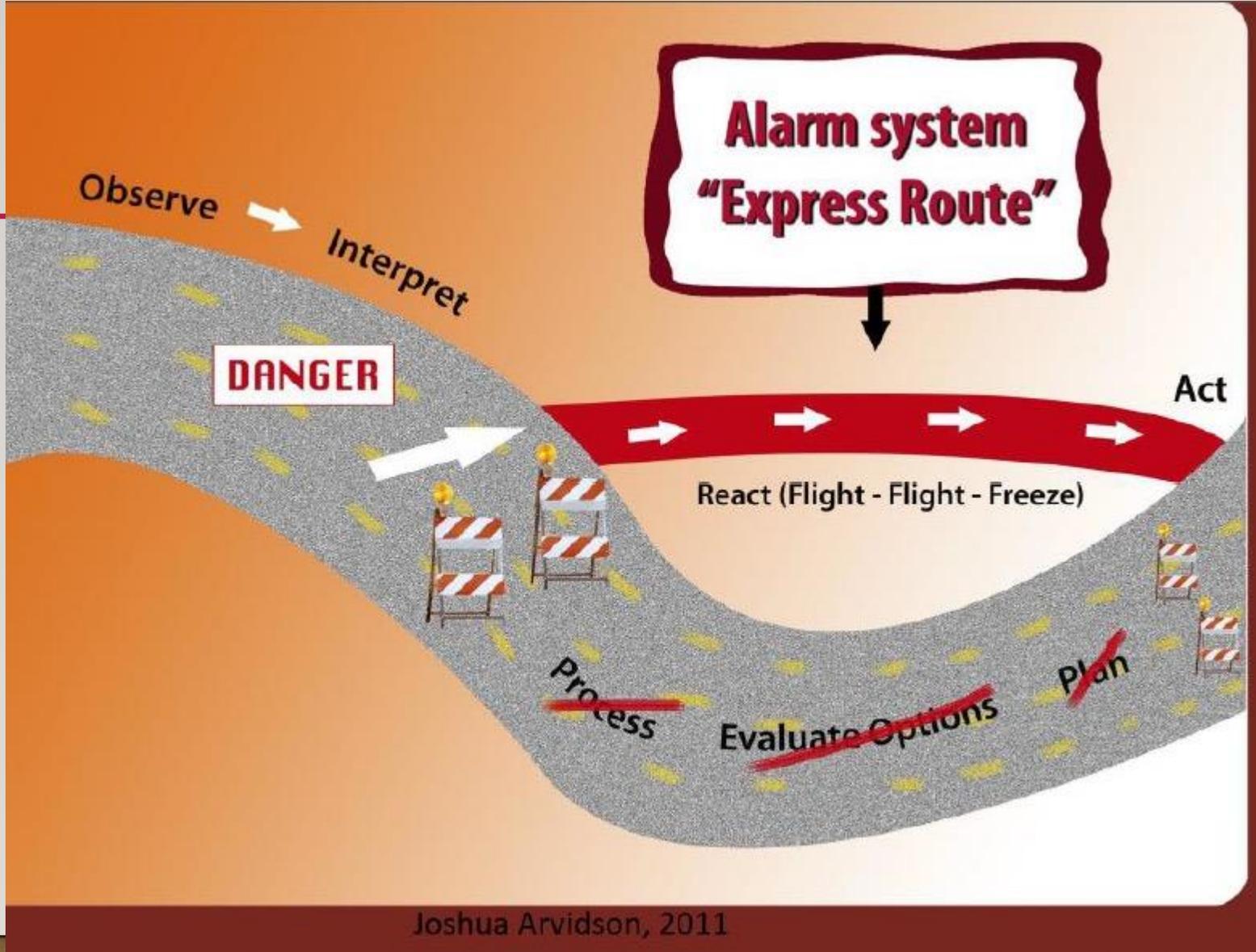
Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan

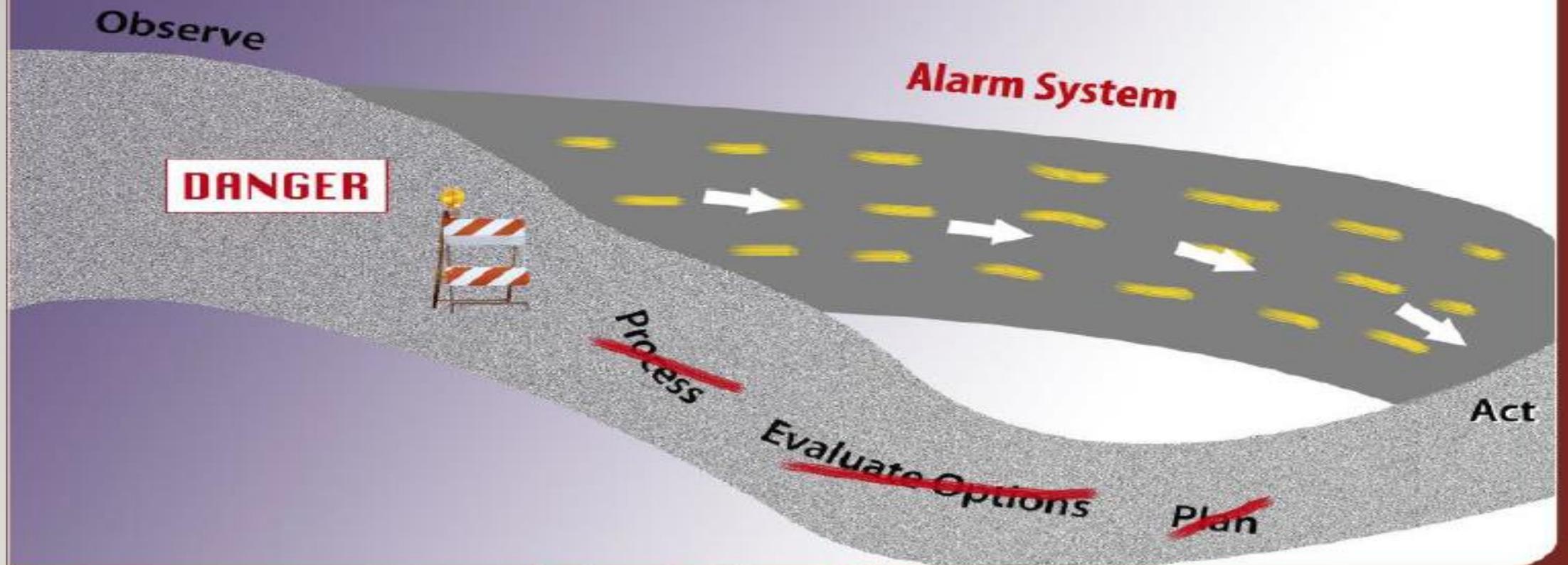
Brain process under typical conditions



Joshua Arvidson, 2011



With repeated stress, the Alarm System
“Express Route” becomes the main road



Joshua Arvidson, 2011



----- Behavioral Problems

----- Physical Illness

----- Emotional Dysregulation

----- Trauma & Loss

----- Chronic Hyperarousal &
Chronic Inflammation

----- Adverse Childhood
Experiences

TRAUMA-ORGANIZED INDIVIDUAL (SANDRA BLOOM)

Inability to grieve and anticipate future

Problems with authority

Lack of basic safety/trust

Loss of emotional management

Problems with cognition

Communication problems

Confused sense of fair play



TRAUMA-ORGANIZED ORGANIZATIONS (BLOOM)

Inability to grieve or anticipate future

Problems with authority

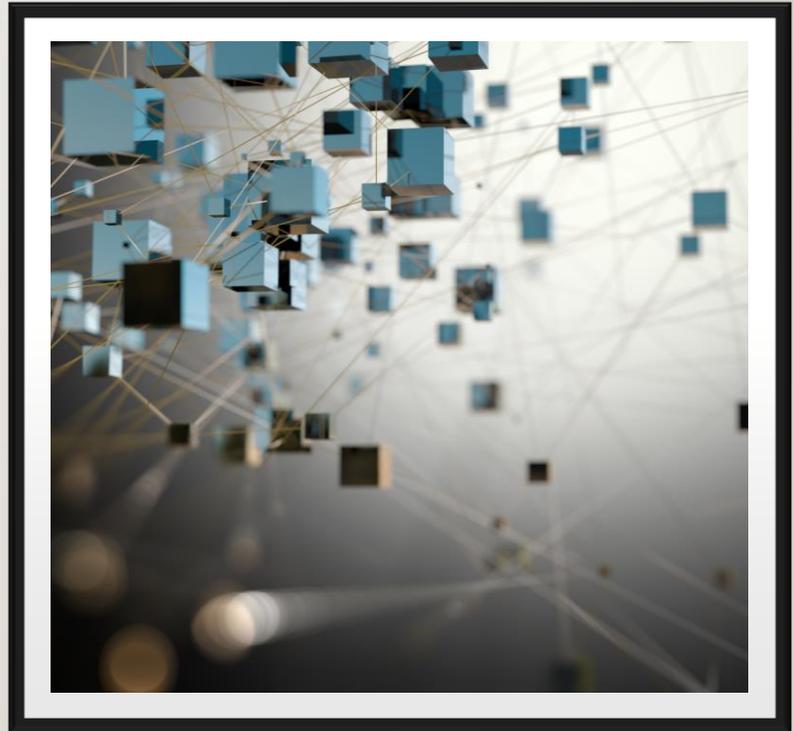
Lack of basic safety/trust

Loss of emotional management

Problems with cognition

Communication problems

Injustice, failure to act



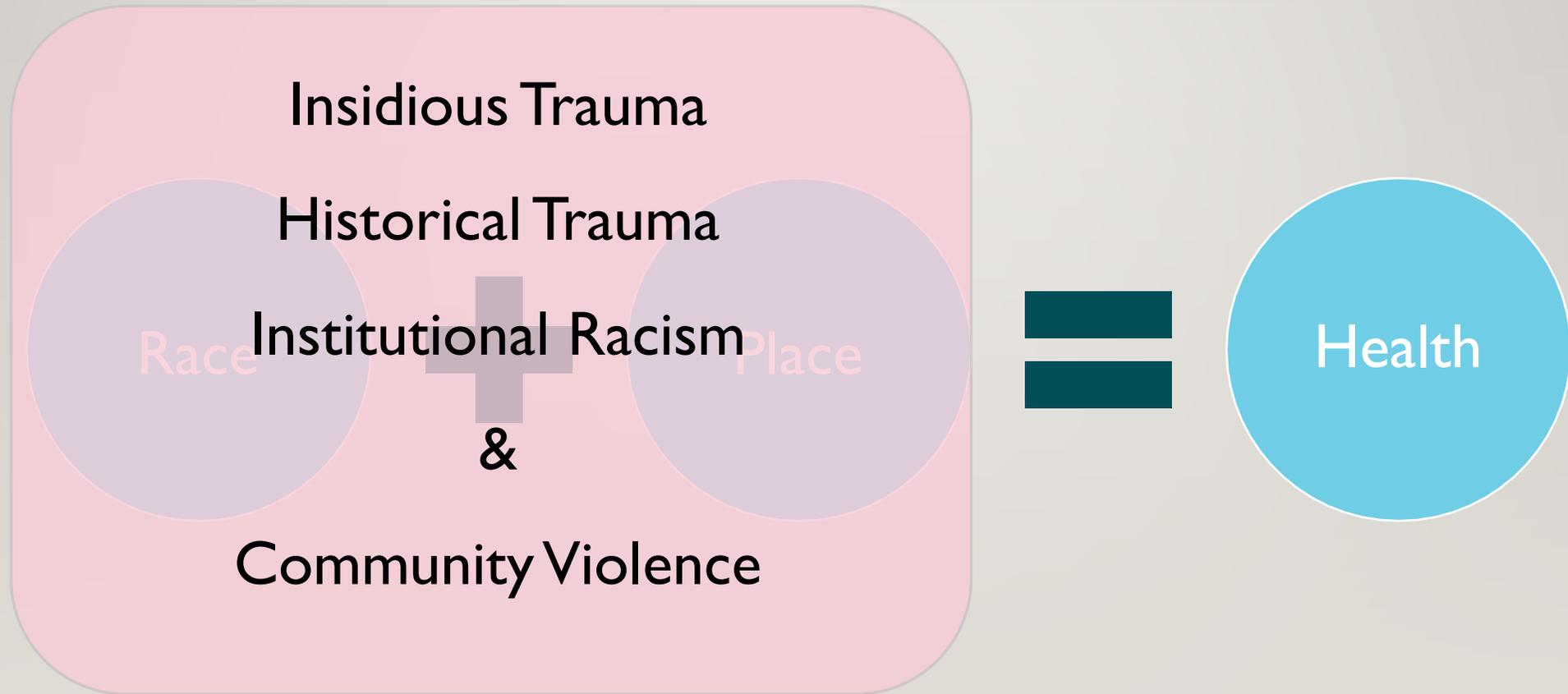
URBAN ACES

ROY WADE, MD, PHD CHILDREN'S HOSPITAL OF PHILADELPHIA



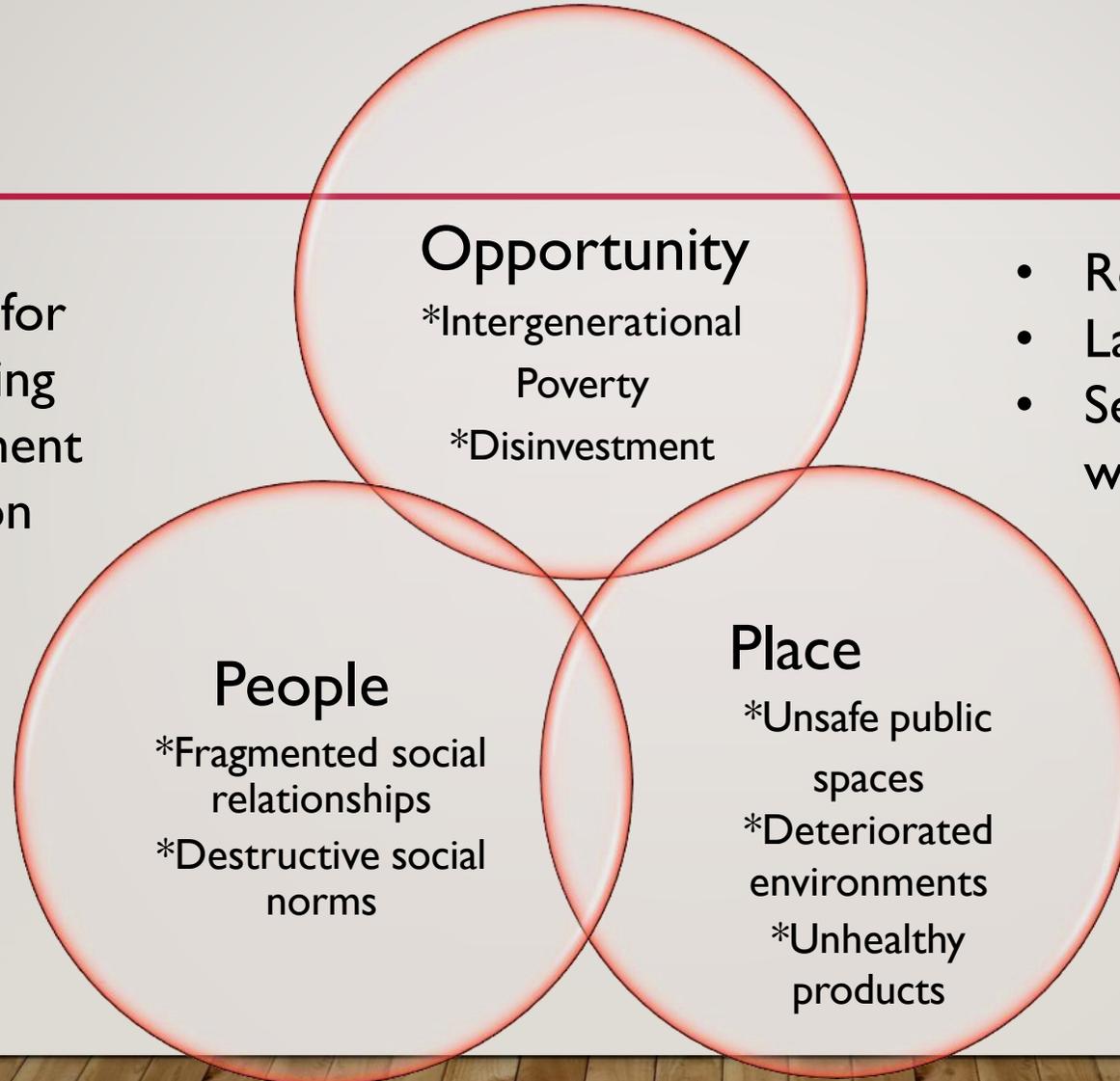
- Witnessing violence (seeing or hearing someone being stabbed, beaten, or shot)
- Living in an unsafe community
- Experiencing racism
- Living in foster care
- Experiencing bullying

Health Disparities: What happened?



Understanding Community Level Trauma – What Happened?

- Conditions for public housing
- Unemployment
- Incarceration



- Redlining
- Lack of Home Ownership
- Segregated neighborhoods within the same city

- Dangerous neighborhoods
- Violence

Cultural Humility

“More than a concept, cultural humility is a process of communal reflection

to analyze the root causes of suffering and create a broader, more inclusive view of the world.”

- Lifelong learning and critical self-reflection
- Recognizing and changing power imbalances
- Developing institutional accountability

(Tervalon & Murray-Garcia, 1998)

HUMBLE MODEL OF CULTURAL HUMILITY

- **H**umble about the assumptions you make
- **U**nderstand your own background and culture
- **M**otivate yourself to learn about the other person's background
- **B**egin to incorporate this knowledge into your own work
- **L**ifelong learning
- **E**mphasize respect and negotiate service plans



(Using Cultural Humility to Navigate Challenging Encounters, Danielson/University of Washington)

CHANGING THE
FUNDAMENTAL
QUESTION

**FROM: WHAT IS
WRONG WITH
YOU?**

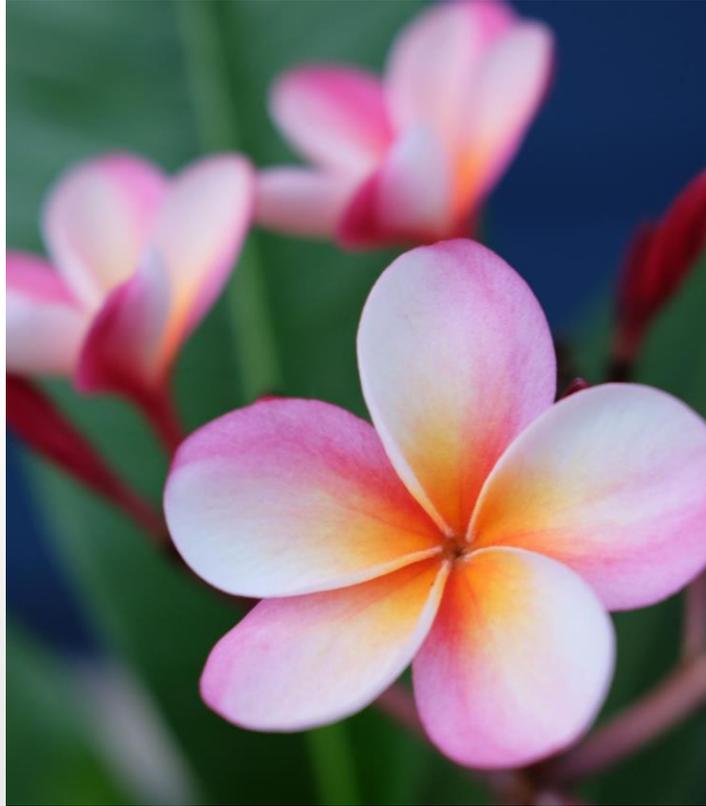
**TO: WHAT'S
HAPPENED TO YOU?**

HEALING CENTERED ENGAGEMENT

(SHAWN GINWRIGHT)

-
- Trauma is not just something experienced by isolated individuals but often happens collectively.
 - We ask not only “what happened to you?” but also “what is right with you?”
 - People exposed to trauma are agents in the creation of their own well being, not just victims.
 - HCE is culturally grounded and views healing as the restoration of identity.
 - Organizations have the responsibility to foster a climate in which healing and well-being are prioritized.





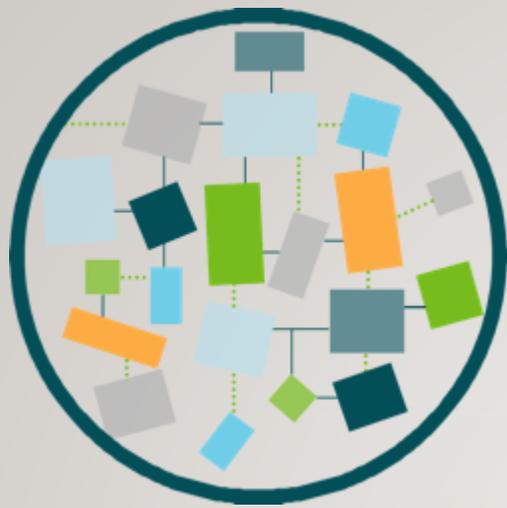
A TRAUMA-INFORMED SYSTEM (SAMSHA)

Realizes the widespread impact of trauma and understands potential 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



GOVERNMENT
PUBLIC FUNDERS CBOs

ADMINISTRATION

STAFF

CLIENT

TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/ Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership

TRAUMA-INFORMED

- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression

HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

TRAUMA INDUCING

TO

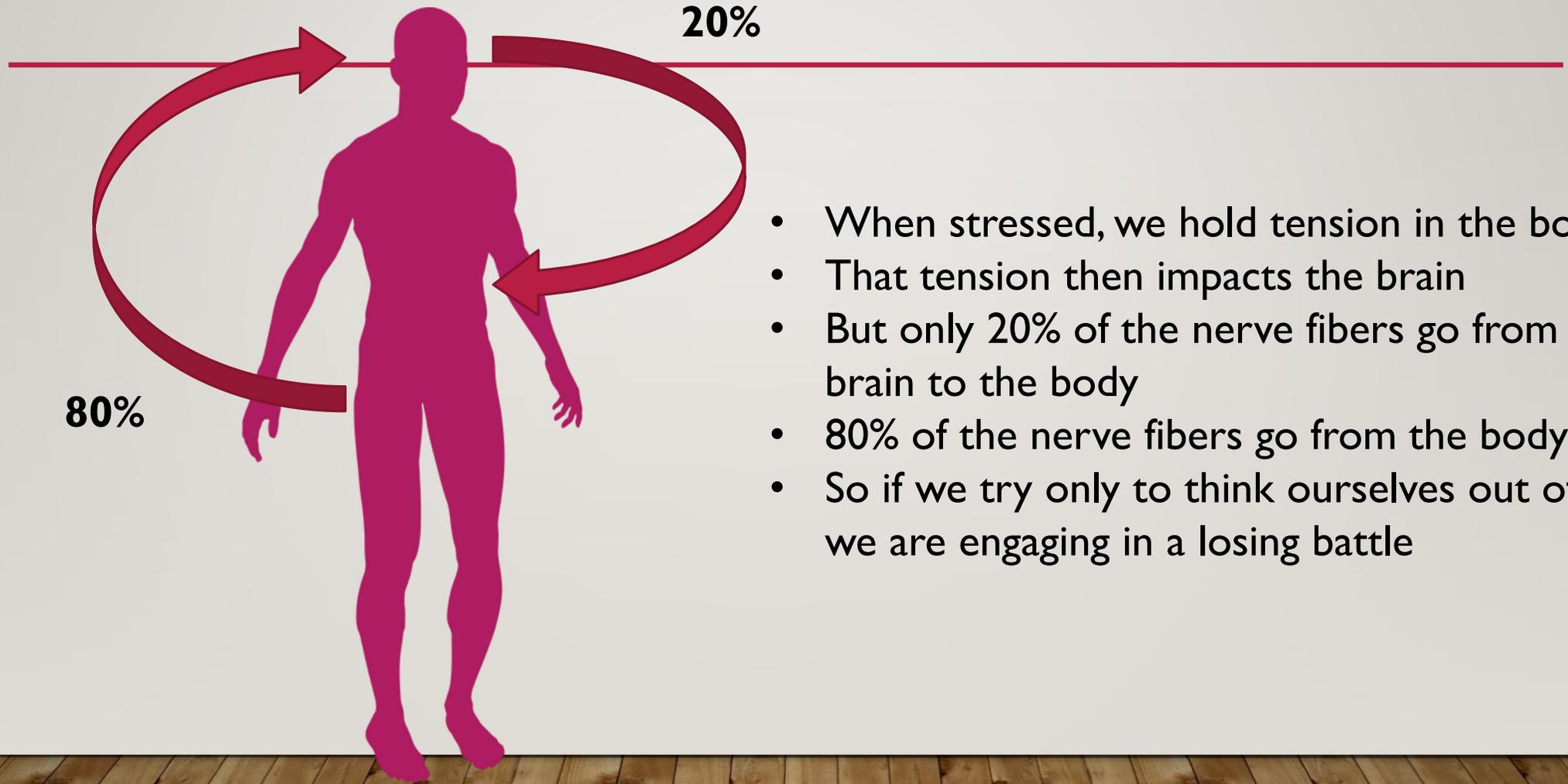
TRAUMA REDUCING

Thinking Brain and Survival Brain

- **Thinking Brain = Rider**
 - Makes informed, rational decisions
- **Survival Brain = Horse**
 - Protective instincts based on feelings
- **When triggered, the rider falls off the horse**

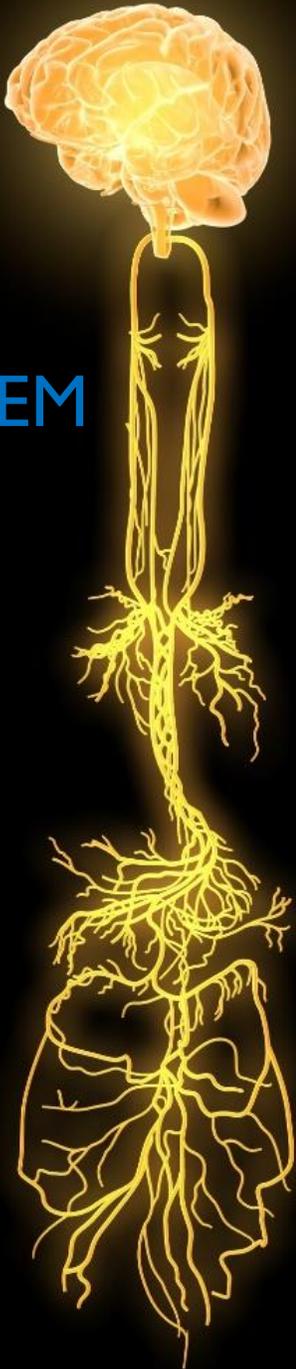


Brain and Body Stress Feedback Loop



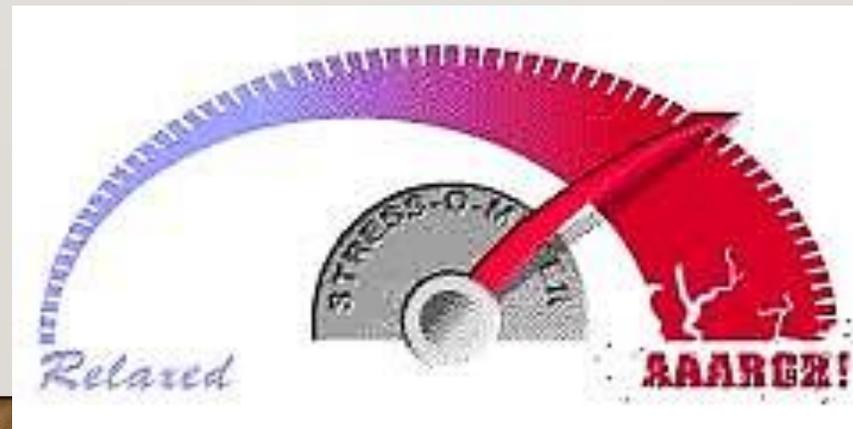
- When stressed, we hold tension in the body
- That tension then impacts the brain
- But only 20% of the nerve fibers go from the brain to the body
- 80% of the nerve fibers go from the body to brain
- So if we try only to think ourselves out of stress, we are engaging in a losing battle

THE SOCIAL ENGAGEMENT SYSTEM



Dysregulation

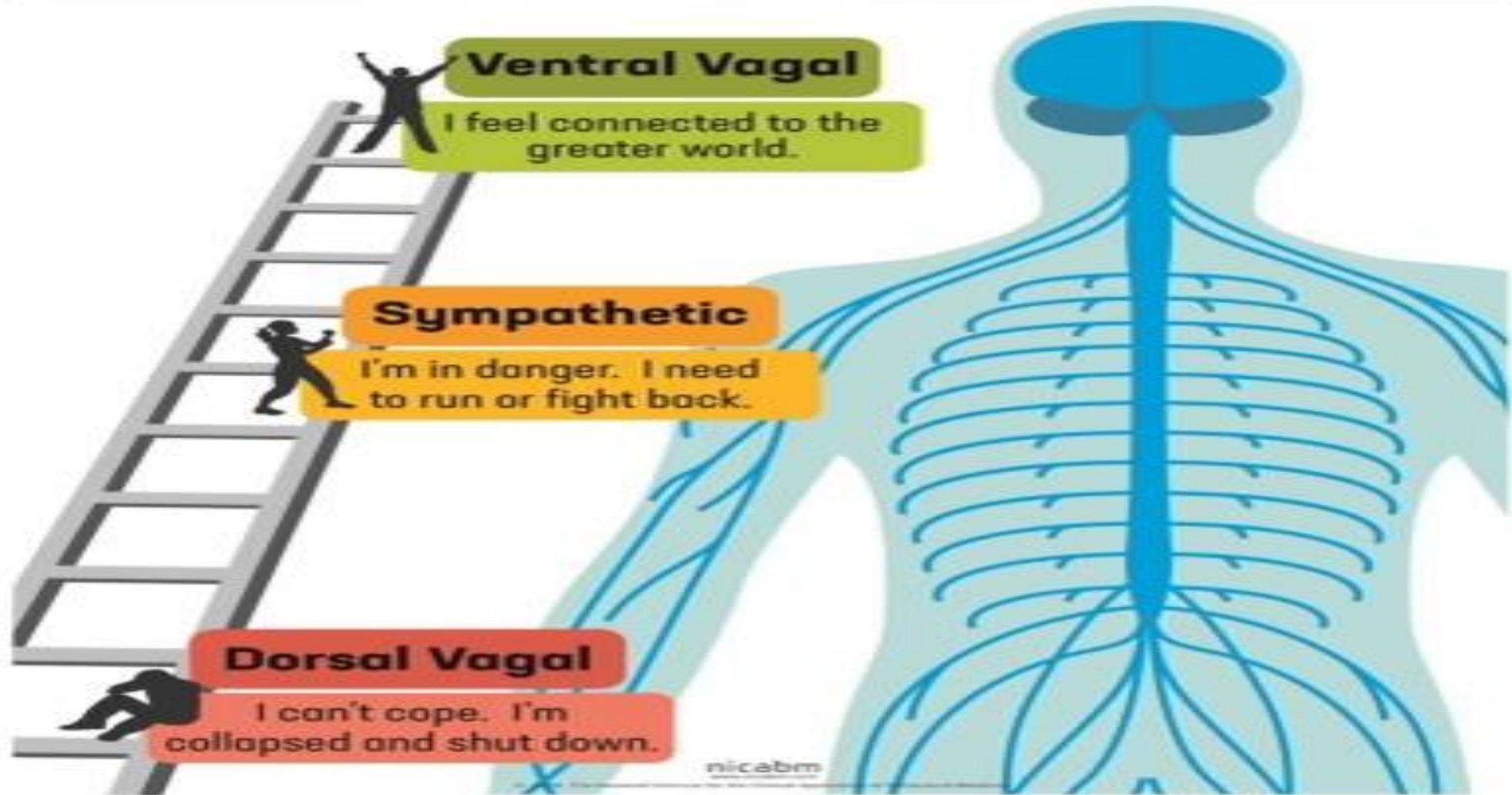
- Dysregulation is difficulty controlling the influence of stress arousal on how we think, feel, behave and interact with others
- This can happen when we are “triggered” into survival brain



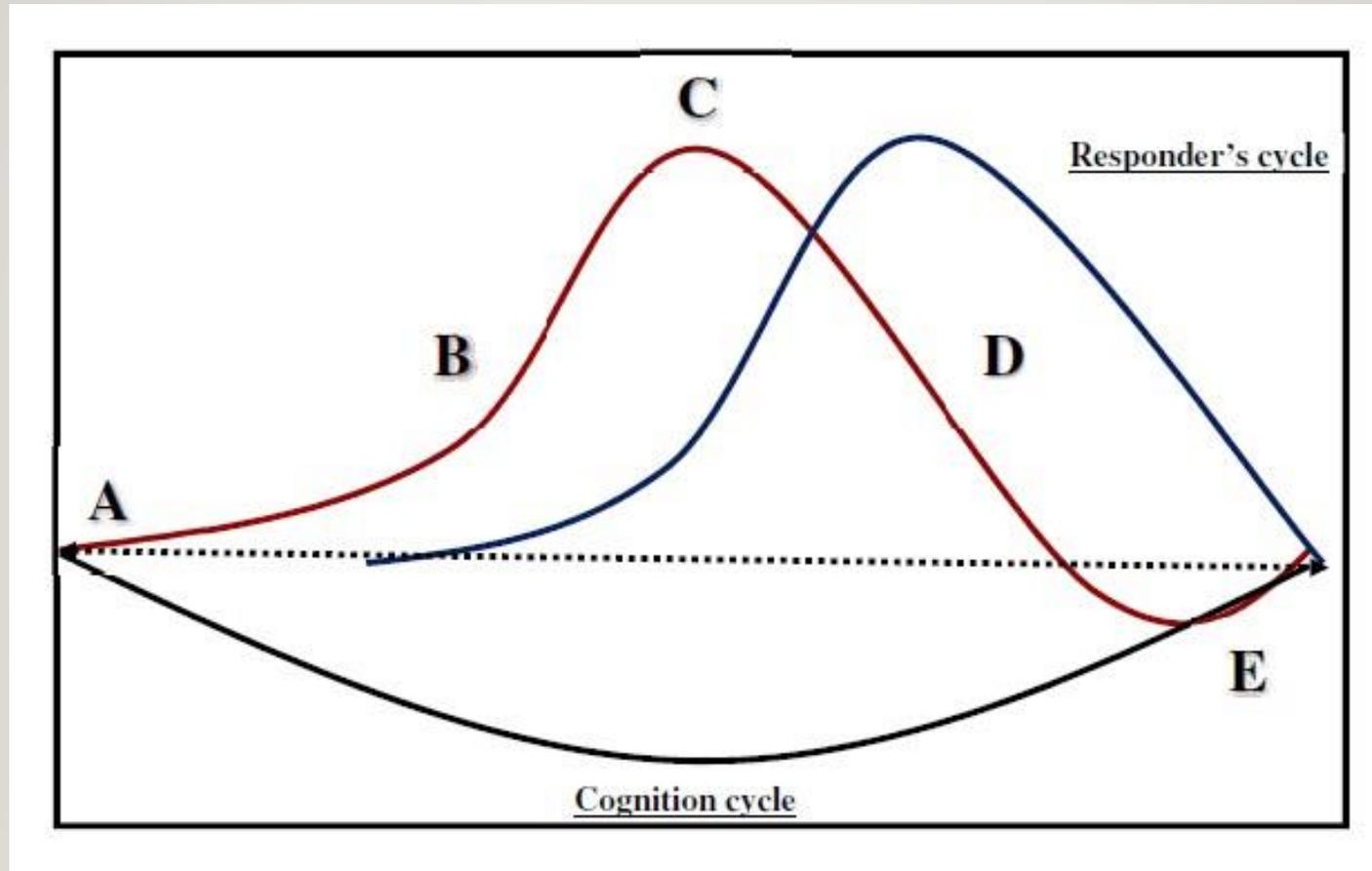
Polyvagal Theory: The Autonomic Ladder

Understanding the Nervous System

Adapted from Deb Dana, LCSW



Avoid Re-escalation: Where Are You in the Cycle?



THE UNIQUE
CONTRIBUTIONS
OF SPIRITUAL
CARE TO
TRAUMA-
INFORMED CARE

Cultivate Safety

Embody Presence

Nurture Story

Witness

Unearth meaning and identify sources of strength



CULTIVATE SAFETY



“Safety is the treatment” – Stephen Porges, originator of the Polyvagal theory

- A fundamental experience of trauma is having one’s sense of safety in the world disrupted and compromised.
- Reducing the effects of trauma involves restoring conditions in which safety can be experienced in the body.
- Human beings are wired for connection – those around us impact how we feel.
- Safety begins at a physical level, but also includes **EMOTIONAL, CULTURAL, SOCIAL, and SPIRITUAL** safety.

Key Tool: Establish Safety

- Physical safety
 - Protection from harm
 - Reduction of unnecessary triggers
- Social safety
 - Build positive working relationships that can provide support and calming in times of stress
- Emotional safety
 - Build skills in managing emotions
- Stability
 - Routines, predictability and consistency





EMBODY PRESENCE

.. We all need groups of support that are dedicated to just being present to one another .. whether it's two people getting together, whether it's ten people getting together ... there is a sense in our bodies that we're really just here for one another and that we can hold whatever it is that arises in that moment. ... We are meant to be interdependent through our entire lives."

Bonnie Badenoch

A close-up, slightly blurred photograph of a golden wheat field. The stalks are tall and dense, filling the frame. The lighting is warm, suggesting late afternoon or early morning. The text is overlaid on the left side of the image.

CO-REGULATION

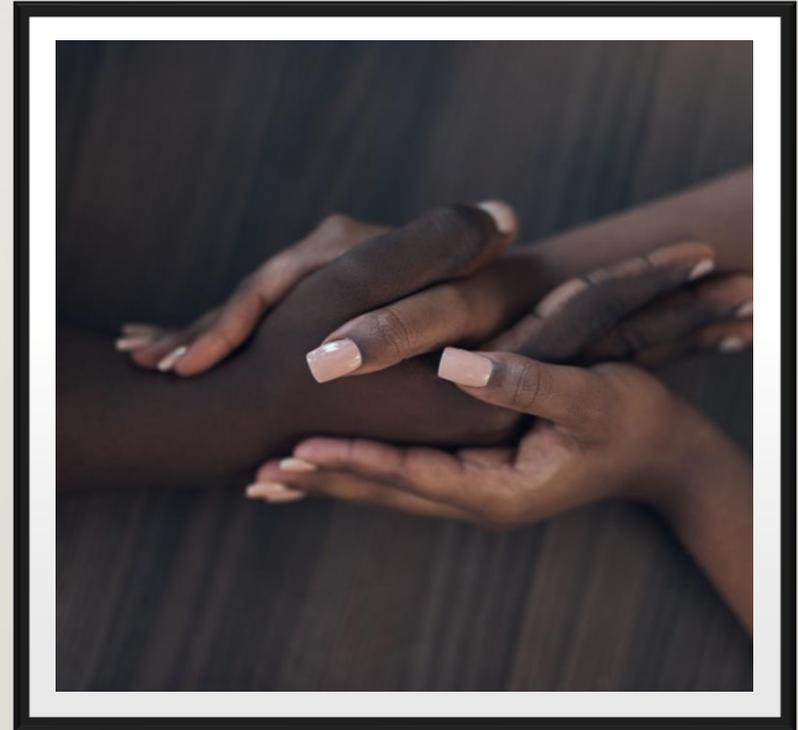
THE CORE OF IT ALL

Co-Regulation



RELATIONSHIPS CAN SIGNAL SAFETY OR THREAT

- Co-regulation is at the core of whether we feel safe or in danger with another person
- Our experience of safety or threat happens mostly below conscious awareness (neuroception)
- Trauma can severely distort an individual's ability to distinguish *real* from *perceived* threat
- This can interfere with an ability to **Co-Regulate**
- **Attention seeking behaviors are in fact Connection seeking behaviors**



Reframing Risk Behaviors

Tension reduction behaviors

- Drugs and alcohol
 - Risk-taking behavior
 - Self-injurious behavior
 - Compulsive stealing
 - Aggression
 - Problematic sexual behaviors
- (where any connection feels better than abandonment and isolation)

(from training on Integrated Treatment for Complex Trauma by John Briere, 2009)



From Hennessey Healthcare TIC 101

Relationship Building Tool: Connect, then Re-Direct (Siegel)

P

Partnership “Let’s work together”

E

Empathy “That sounds frustrating”

A

Apology “I’m sorry that happened”

R

Respect “You have gone through a lot”

L

Legitimation “It makes sense that you feel this way”

S

Support “Let’s see what we can do”



(American Academy on Communication in Health)

You Can Make a Difference

C

Calm,

A

Attuned,

P

Present,

P

Predictable &

D

Don't Escalate



“Big I” = Interventions

“Little i” = interactions

(from Multiple Connections, Philadelphia training)

(Ghosh-Ippen, 2013)

“

4 Quadrants of the **Witness** (Kaethe Weingarten)

WITNESS

Empowered

Disempowered

Aware

Unaware

- Aware and Empowered is ideal
- Empowered and Unaware has most potential for harm/abuse
- Unaware and Disempowered: see/hear no evil
- Aware and Disempowered: often triggers a stressful empathic response in caregivers (chaplains?)



NURTURE STORY/COMPASSIONATE WITNESS

When violence leads to physical and mental injury, it also engenders a healing response. One aspect of this is the trauma story, whose function is not only to heal the survivor, but also to teach and guide the listener—and by extension, society—in healing and survival. (Richard F. Mollica M.D., *Healing Invisible Wounds*)

Though compassionate witnessing does not remove the pain of trauma, it reconfigures it by restoring human connection, building strength and hope even in the midst of tragedy.” (Deborah Hunsinger)





UNEARTH MEANING AND IDENTIFY SOURCES OF STRENGTH

- Post-traumatic growth
- “to hope is to adopt an existential stance. The grounds for hoping do not lie in the facts of reality but rather in the meaning we ascribe to reality. Hence hoping is an active process of making meaning... While hope is founded in our capacity to make sense of suffering, we need more than the power of our reasoning to sustain it... we need more than the head; we need the heart.” – Jon Allen, MD
- Viktor Frankl: Man is not destroyed by suffering; he is destroyed by suffering without meaning.”



TRAUMA-INFORMED SYSTEM: CORE GUIDING PRINCIPLE RESILIENCE AND RECOVERY



TRAUMA- SENSITIVE THEOLOGY

*Thinking
Theologically
in the Era
of Trauma*

JENNIFER BALDWIN

4 COMMITMENTS OF TRAUMA SENSITIVE THEOLOGY

1. the priority of bodily experience
2. full acceptance of trauma narratives
3. natural given-ness of human psychological multiplicity
4. faith in the robust resiliency of trauma survivors.