

TRAUMA INFORMED SUPPORT AND THE PATH TO HEALING

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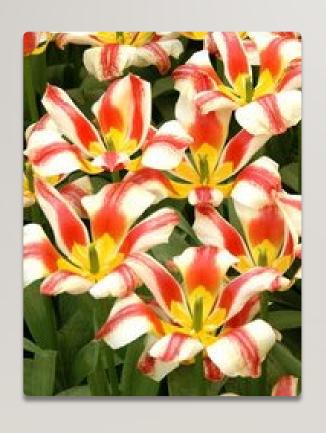
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THANK YOU!!!

TRAUMA –THE ELEPHANT IN THE ROOM



REPORT ON ABUSE OF PEOPLE WITH DISABILITIES – 2013 SPECTRUM INSTITUTE

OVER 70% OF PEOPLE WITH DISABILITIES REPORT BEING VICTIMS OF ABUSE- 90% OF THEM SAID IT WAS ON MULTIPLE OCCASIONS

ONLY 37% REPORTED THE ABUSE TO THE AUTHORITIES SEXUAL ABUSE –

NPR – PEOPLE WITH IDD ARE 7 TIMES MORE LIKELY TO BE SEXUALLY ABUSE THAN THOSE WITHOUT DISABILITIES

2017 – BUREAU OF JUSTICE – PEOPLE WITH DISABILITIES ARE 2.5 TIMES MORE LIKELY TO BE VICTIMS OF VIOLENT CRIME AND 40% MORE LIKELY TO HAVE THE PERPETRATORS BE SOMEONE THEY KNOW

SOCIAL TRAUMA – BULLYING, NAME- CALLING, VERBAL ABUSE

PSYCHOLOGY OF EXCLUSION – STIMULATION OF ANTERIOR CINGULAR CORTEX

TRAUMA OF INSTITUTIONALIZATION, FOSTER-CARE PLACEMENTS

TRAUMA OF PHYSICAL ABUSE AND NEGLECT

SOURCES OF TRAUMA FOR PEOPLE WITH ID

BIG T AND LITTLE "T" TRAUMAS

Major Events	Little "t" Trauma
Sexual Abuse	Discrimination
Physical Abuse	Neighborhood Violence
Neglect	Social Exclusion
Negative Events	Exclusion from Family
Grief and Loss	Frequent foster care or group home placements and lack of stability



LITTLE T S PRE- TRAUMA CONDITIONS ACCORDING TO BESSEL VAN DER KOLK

- NOT BEING ABLE TO PREDICT WHAT IS GOING TO HAPPEN
- BEING ISOLATED
- BEING IMMOBILE
- LOSS OF A SENSE OF SAFETY
- LOSS OF A SENSE OF PURPOSE

TRAUMA OF LONELINESS

LIEBERMAN

- The brain is wired for 2 things:
- I.To engage in physical world and meet physical needs.
- 2. To seek social interaction

EISENBERGER

 Social Exclusion causes physical pain



BETRAYAL TRAUMA

BUCHAREST EARLY INTERVENTION ORPHAN STUDY

- 138 children between 6 and 31 months who were in an orphanage in Bucharest were studied
- 68 kept in institution
- 68 placed in a new foster care system full time paid parenting
- Results: After 54 months (41/2 years):
- Compared to 138 children raised in birth families
- http://www.unicef.bg/public/images/tinybrowser/upload/PPT%2
 0BEIP%20Group%20for%20website.pdf

RESULTS:

Issues:	Institution	Foster Care	Biological
Axis I Disorders	55%	35%	13%
Emotional Disorders	49%	29%	8%
Behavioral Disorders	32%	25%	6.8%
Intellectual Disability Average IQ Score	73	85	110

CHILDREN WHO STAYED IN INSTITUTIONS – NATHAN FOX

GRAY MATTER IN BRAIN ACTUALLY SHRUNK

LOWER BRAIN ACTIVITY MEASURED BY EEG

IMPAIRMENTS IN EXECUTIVE FUNCTIONING

INCREASED ADRENALINE LEVELS AFTER I YEAR – AFFECTS HEART, BEHAVIOR, ABILITY TO FOCUS (LOOKS LIKE ADHD)

OFTEN ABNORMALLY SMALL PHYSICALLY

AT HIGHER RISK FOR PREMATURE DEATHS

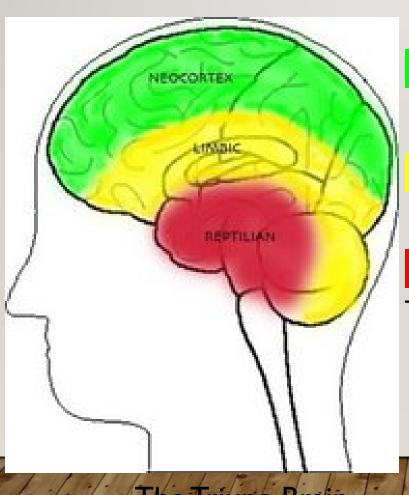
NEGLECT IS MORE DEVASTATING THAN ANY OTHER TYPE OF ABUSE

MIRROR NEURONS: INTERACTION DURING INFANCY IS NEEDED FOR BRAIN WIRING





PSYCHOLOGICAL TRAUMA – PAST IS PRESENT



Neocortex

The rational brain: Intellectual tasks

Limbic

The intermediate brain: Emotions

Reptilian

The primitive brain: Self preservation, aggression

The Triune Brain

TRAUMA RESPONSES

 <u>Trigger Response</u> – Something happens in the present that reminds the person of the negative past - person goes into fight, flight or freeze mode:

• Thinking he or she is in

Danger!

Fight

Freeze

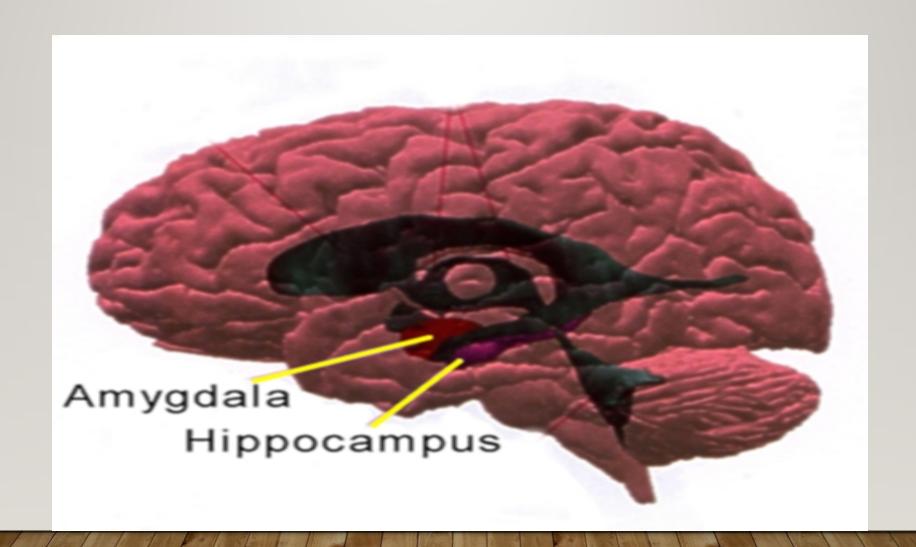
Flight

Attachment

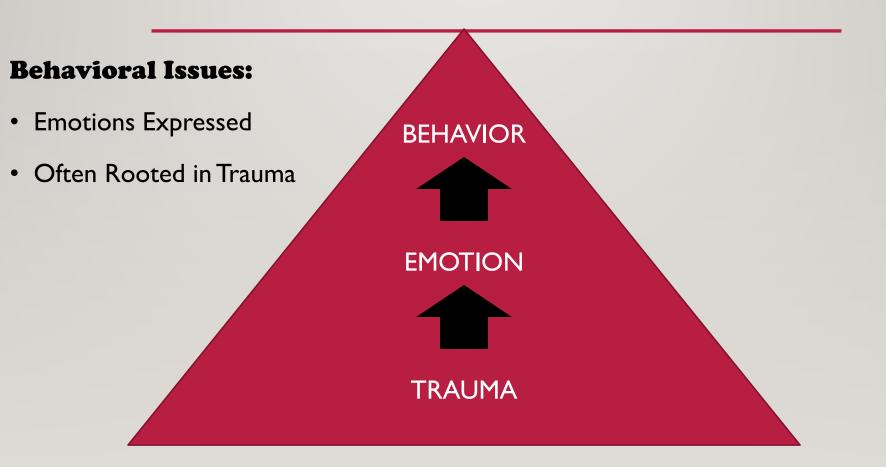
Issues

TRAUMA-MIND/ TRAUMA RESPONSE

- Activation of Fight, Flight or Freeze trauma response –
- Dan Siegel People will revert to the age that trauma first occurred when in trauma response mode!
- Rational Mind Shuts Down
- If people are in trauma response and we treat them as though they are "being manipulative" - we will lose their trust and they will become further alienated.
- This is not the "Teachable Moment!"



THE BEHAVIORAL PYRAMID





TRAUMA RESPONSE VS. BEHAVIORAL RESPONSE

TRAUMA

- Triggered in an irrational manner
- Overreaction to small event
- Very emotion based
- Does not serve the person well
- Does not move them forward

BEHAVIORAL

- Has a purpose and intent
- Deliberate- acting on environment to get response
- Intent is important in identifying the response
- Goal is to get something they want, can move them forward
- You can typically indentify the antecedant

4 AREAS OF SYMPTOMS OF PTSD

- i. Re-experiencing (interfering with present to different degrees) —
- Intrusive Memories
- Nightmares
- Flashbacks- Person can disconnect from reality and be convinced he or she is being attacked, hurt or threatened due to a memory that becomes present

2. Avoidance –

- Blunted emotions/
- Shut down responses
- Person can become obsessive about details concerning self and safety
- Disconnection and withdrawal

SYMPTOMS OF PTSD CONTINUED

3. Negative Alterations in Cognition and Mood

- Persistent negative-trauma related emotions ie. fear, horror, anger, guilt and shame
- Constricted emotion inability to express positive emotion
- Alienation and withdrawal from others

4. Arousal -

- Easy to startle
- Agitated can lead to property destruction
- Periodically Combative
- Impulsive
- Also associated with reckless or selfdestructive behavior

THE BODY STORES THE TRAUMA

- GASTRO- INTESTINAL ISSUES
- PHANTOM PAIN
- EXAGERATED PAIN RESPONSE

TREATMENT:

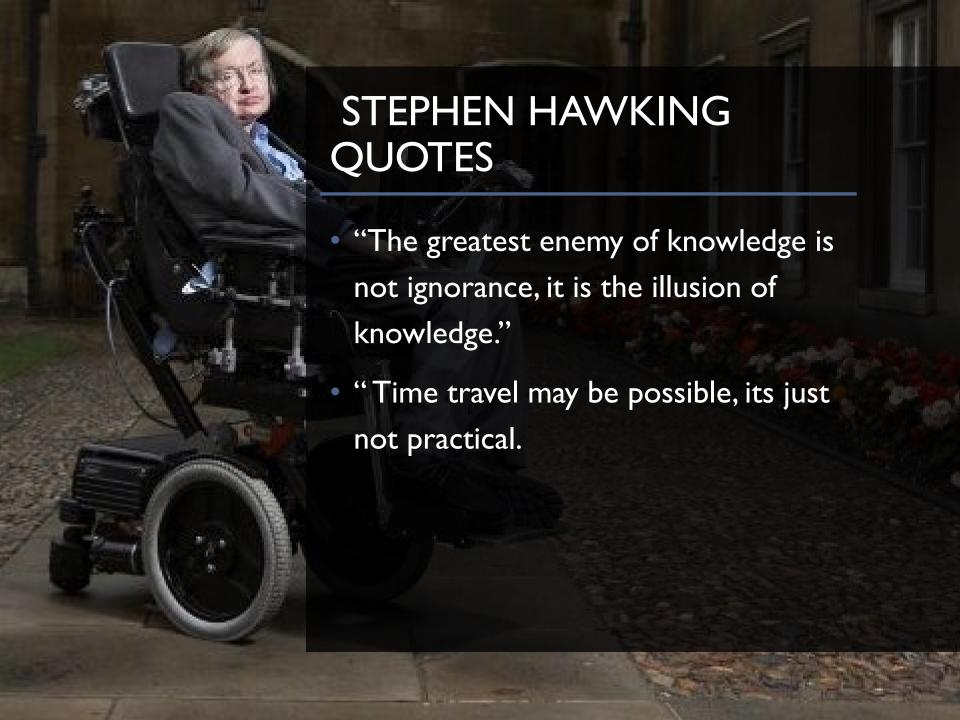
BEING PRESENT IN BODY –

YOGA

DANCE

MASSAGE





AUTISM – EXQUISITE SENSITIVITY – UNSEEN INTELLIGENCE



SUPPORTING STAFF

- Secondary Trauma
- Staff's own trauma history
- Need for De-briefing
- Need for Trauma-informed management

SUPPORTING FAMILIES AND FAMILY TRAUMA

- Family system Trauma
- Stressors on families high incidents of divorce
- Stress on Siblings
- Stress from the System
- Stress from Transition
- Stress from Mortality

INGREDIENTS NECESSARY FOR POST TRAUMATIC RECOVERY

Perceived Safety Empowerment Connection

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