Trauma-Informed Care Training

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Grounding Exercise

Photo: Daniel Watson

Objectives

1. Provide a definition of trauma
2. Identify the impact of adverse childhood events on growth, development and symptom presentation
3. Increase understanding of basic neurobiology of trauma
4. Increase understanding of trauma response and identify 3-5 trauma-informed coping strategies for use with clients
5. Describe common symptoms of dissociation
6. Discuss the impact of identity and community on trauma symptoms
7. Identify common attachment styles and how trauma impacts relationships
8. Discuss common diagnoses related to trauma exposure
9. Define trauma-informed care
10. Explore evidence based practices for treatment of trauma
11. Describe strategies to improve the delivery of trauma-informed care
12. Identify self-care strategies to manage secondary trauma
13. List practical strategies to better serve clients impacted by trauma

Assumptions being made today:

- Literacy/English proficiency
- Visual ability
- Basic self care skills
- Desire to engage in critical self-evaluation
- Collective desire to create a “safer space” for this discussion
- Curiosity and interest in improving professional health

Land Acknowledgement

We would like to acknowledge that the land we are meeting on today has long served as a site of meeting and exchange amongst Indigenous peoples.

Specifically, in the Central Ohio region, the land we occupy is the ancestral and contemporary territory of the Shawnee, Potawatomi, Delaware, Miami, Peoria, Seneca, Wyandotte, Ojibwe and Cherokee peoples.

In Manhattan and Brooklyn, the land occupied is the ancestral and contemporary territory of the Lenape peoples.

We honor and respect the diverse Indigenous peoples connected to this territory on which we gather. We encourage each participant to increase their awareness of the historical and current realities of indigenous peoples in their local community.

Trauma

What is Trauma?

How do you define trauma?

Trauma Definition

- Serious injury (actual or perceived) to self/witness serious injury or death of someone else
- Threats of serious injury/death (actual or perceived) to self or others
- Psychological harm/violation of integrity
- Powerlessness, helplessness, horror, fear, terror

(NCTSN, 2003)

Helplessness to protect yourself; Helplessness to protect someone else

Threat you are not prepared to handle

(O'Shea, 2012)

Types of Trauma

Acute	Chronic	Complex
•Unanticipated single events •Examples: school shootings, car accidents, homicides, traumatic losses	• Long-standing or repeated exposure to extreme external events • Examples: physical abuse, sexual abuse, emotional abuse, neglect, domestic violence • War	• Chronic • Interpersonal in nature, early onset with varied traumas • Betrayal trust (consider caregivers, family members) • Dissociative

Victim Identification

- Primary
  - Directly witnessed/experienced event
- Secondary
  - Received 1st hand account
  - Community workers/1st responders/School staff
  - Members of impacted community
- Tertiary
  - Vicarious traumatization
  - Re-traumatization*
    - Populations with culturally/population specific trauma history
      - Refugee/war exposure
      - Hate crimes
      - Police brutality

Examples of Trauma

- ✔ Car Accident
- ✔ Natural Disaster
- ✔ Serious Medical Treatment
- ✔ Bullying/cyberbullying/school violence
- ✔ Community Violence
- ✔ Domestic Violence
- ✔ Emotional Abuse
- ✔ Physical Abuse
- ✔ Sexual Abuse
- ✔ Parent/Guardian Incarceration
- ✔ Civil war/ terrorism
- ✔ Suicide
- ✔ Poverty
- ✔ Systemic racism and oppression
- ✔ Immigration/ refugee / undocumented trauma
- ✔ Foster care/kinship care/adoption
- ✔ Neglect
- ✔ Homelessness
- ✔ Exposure to Alcohol/Drugs
- ✔ Parent/Guardian with Mental Illness
- ✔ Sudden Death/Loss/Survivor suicide
- ✔ Robbery
- ✔ Kidnapping
- ✔ Witness to Death/ dying
- ✔ Birth Trauma/ perinatal trauma/ interrupted pregnancy
- ✔ Separation from Caregiver(s)
- ✔ Living unsafe communities
- ✔ Police targeting/ brutality (fear of or experience of)
- ✔ Intergenerational trauma
- ✔ Pandemic

(adapted from Childhood Trust Events Survey, 2009)

Preverbal Trauma

- Lack of prenatal care
- Traumatic birth
- Neglect/ Abuse
  - Physical Abuse
  - Sexual Abuse
  - Witnessing Abuse
- Early Surgeries/ Hospitalizations/ Medical issues
- Foster Care/ Adoption- multiple placements
- Caregiver's untreated mental health/ addiction issues
- Failure to thrive/ deprivation
- Separation from primary/ biological caregivers
- Poor attachment
- Unwelcomed pregnancy/ birth
- Generational trauma

Adverse Life Experiences

- It is *all* trauma
- ACE Study
  - 10 Questions including instances of
    - Verbal, physical, sexual, emotional abuse
    - Neglect
    - Parental separation or incarceration
    - Parental untreated mental health
    - Household alcohol and drug addictions
    - Caregiver violence
  - Compares current adult health status to childhood experiences decades earlier

https://cls.unc.edu/wp-content/uploads/sites/3019/2016/08/From-ACESTOOHIGH-ACES-and-Resilience-questions.pdf

ACE Study Key Findings:

· Presence of 1 or more adverse childhood experience increased likelihood of a person experiencing the following:

- Alcoholism
- COPD
- Depression
- Fetal Death
- Health-related quality of life
- Adolescent pregnancy
- STI's
- Smoking
- Suicide attempts
- Illicit drug use
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Early initiation of sexual activity
- Unintended pregnancies

Adverse Life Experiences

- https://www.youtube.com/watch?v=95ovIJ3dsNk

ACE Conceptual Framework

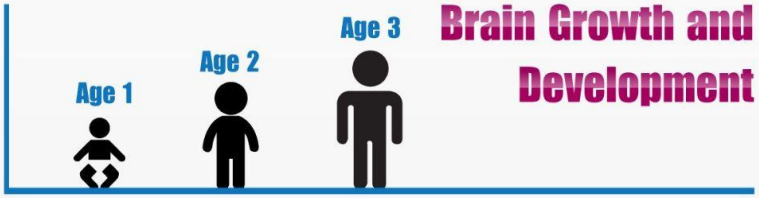
Child Brain Development

- Experience changes the brain
  - “Activity dependent”
  - Early life experiences determine the capacity of the brain
  - Vulnerable to developmental problems
    - Impoverished
    - Un-nurturing
- Mirror neurons
- Automatic learners
  - Observe
  - Practice
  - Teach
- Adult behavior NOT adult brain function
- Attachment matters

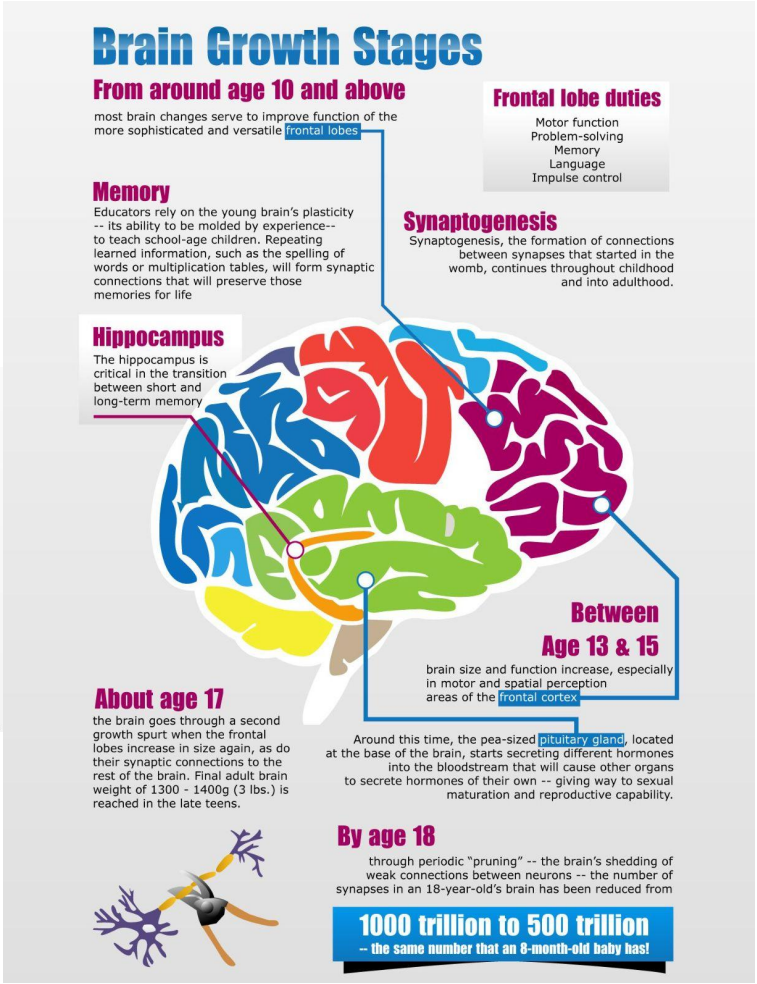
Consider Developmental Stages

- Ages 0-3
  - Automatic learning
  - Attachment
  - Safety/Trust
- Ages 3-7
  - Autonomy
  - Shame/Doubt
  - Mastery/Frustration
- Ages 7-12
  - External soothing
  - Ego-Centric
  - Self-confidence
- Adolescence
  - Identity and inclusion amongst peers
  - Sense of Self
  - Social Relationships

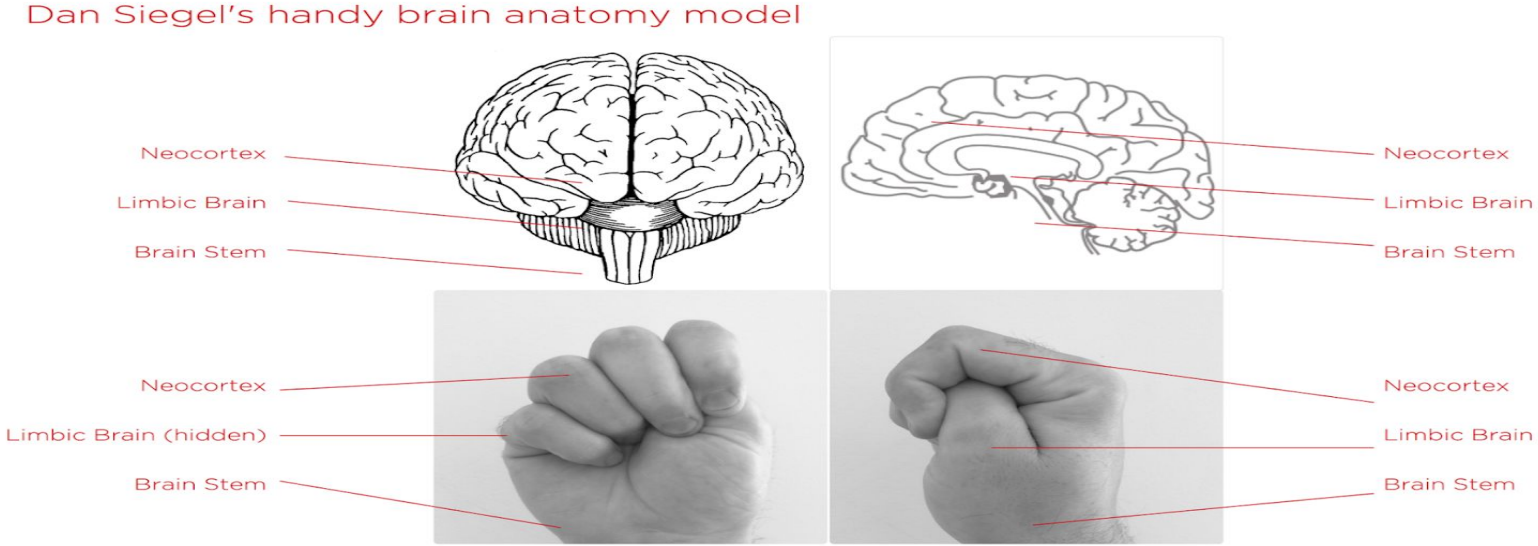
Developmental Stages and The Brain



The first three years of life are a period of growth in the human brain. A three-year-old's brain is twice as active as an adult's! Ways to enrich a toddler's brain and stimulate synaptic connections include having back-and-forth conversations, singing, reading, and playing together. Interactions with other humans, of any age, are a better method of stimulating a child's brain than watching television!



Hand Model of the Triune Brain (Siegel, 2010)

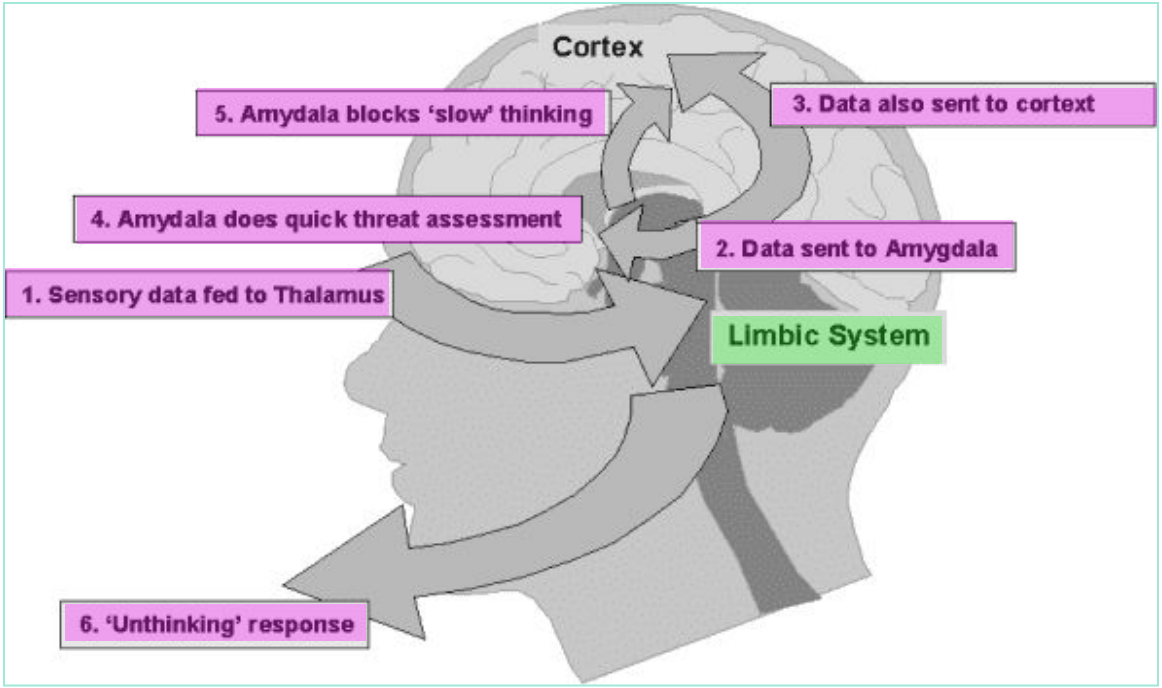


English, 2016

Triune Brain, Cont.

- https://www.youtube.com/watch?v=f-m2YcdMdFw

Brain's Response to trauma



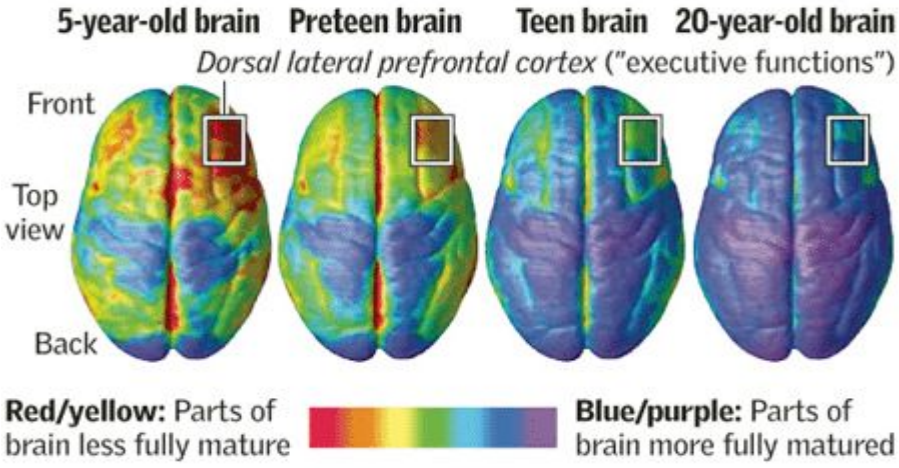
Six Steps to Unthinking Response

1. Sensory input
2. Data sent to amygdala
3. And cortex at the same time (longer route to cortex)
4. Amygdala assesses threat of sensory stimuli
5. Amygdala blocks slow thinking process in cortex
6. Unthinking Response

Brain Development and Cognitive Function

Judgment last to develop

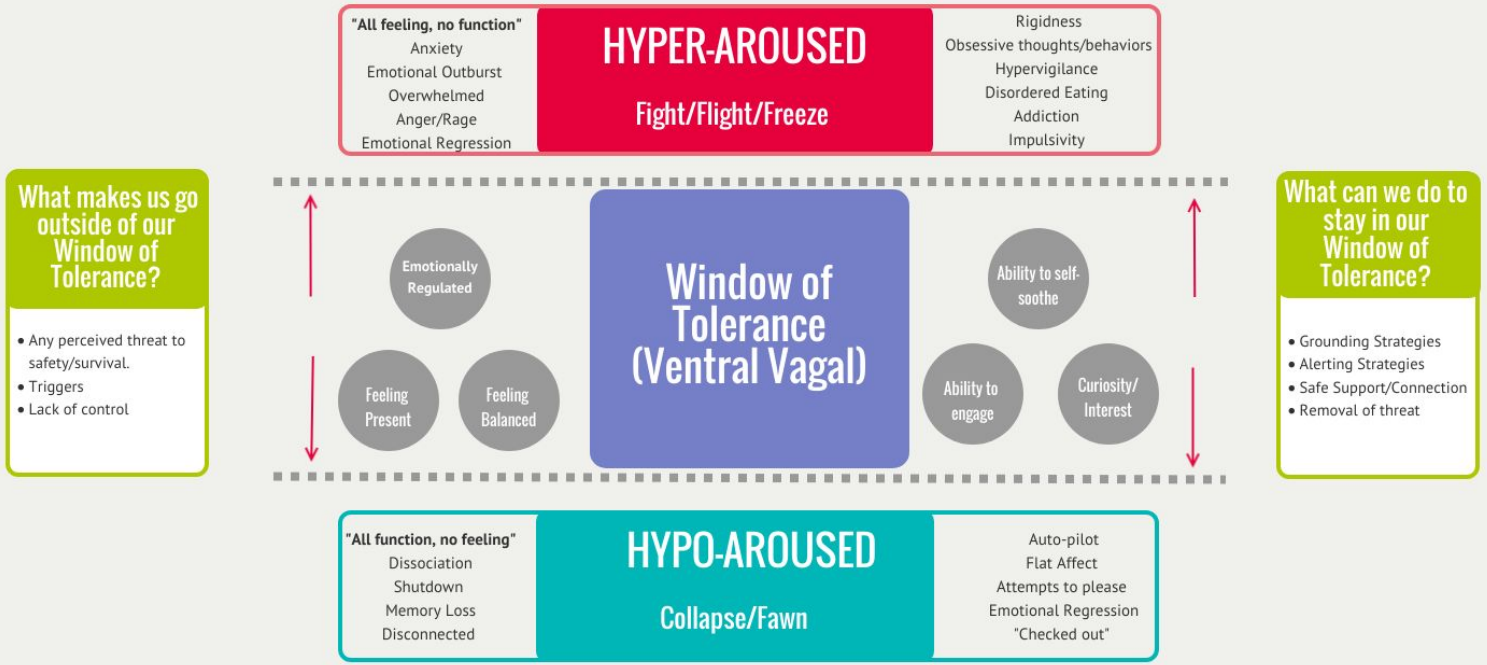
The area of the brain that controls "executive functions" — including weighing long-term consequences and controlling impulses — is among the last to fully mature. Brain development from childhood to adulthood:



Sources: National Institute of Mental Health; Paul Thompson, Ph.D., UCLA Laboratory of Neuro Imaging

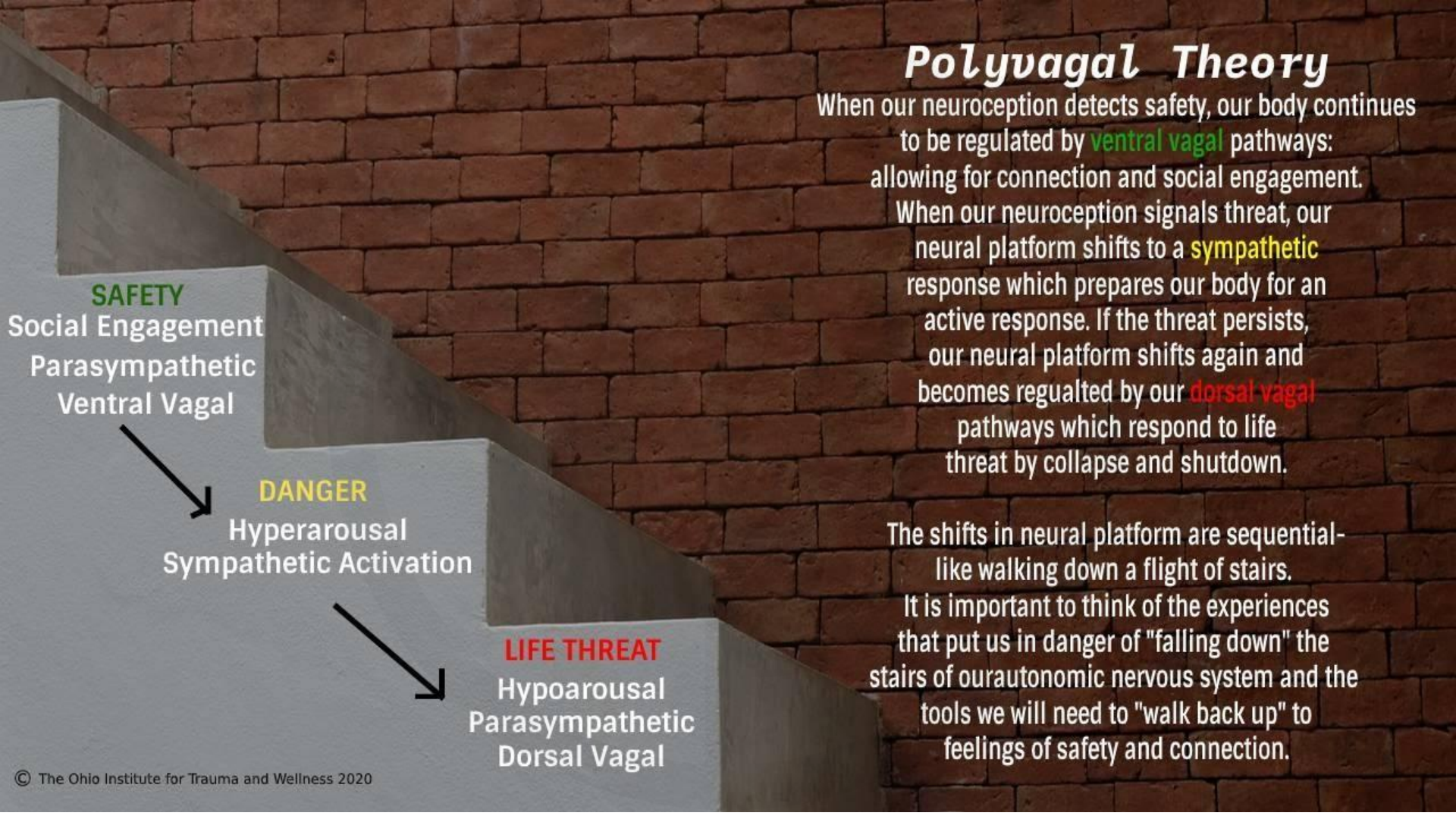
Thomas McKay | The Denver Post

Window of Tolerance



Limitations of Window of Tolerance Model

- Suggests reciprocal relationship between hyper and hypo arousal
- “Opening and closing”
- Intergenerational trauma and the nervous system.
- Activation vs. soothing



Polyvagal Theory

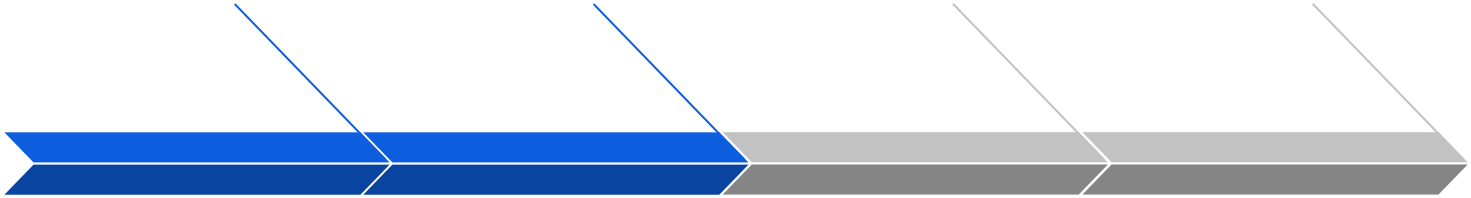
When our neuroception detects safety, our body continues to be regulated by ventral vagal pathways: allowing for connection and social engagement. When our neuroception signals threat, our neural platform shifts to a sympathetic response which prepares our body for an active response. If the threat persists, our neural platform shifts again and becomes regualted by our dorsal vagal pathways which respond to life threat by collapse and shutdown.

The shifts in neural platform are sequential- like walking down a flight of stairs. It is important to think of the experiences that put us in danger of "falling down" the stairs of ourautonomic nervous system and the tools we will need to "walk back up" to feelings of safety and connection.

Dissociation

- Spectrum
- Chronic trauma/Homeostasis
- Dissociative disorders
- Amnesia
- Vulnerability to negative coping
    - Self-harm, risky behavior, substance abuse
- Grounding/Alerting strategies

Dissociation



Normal	Trauma Response	Intrusive Symptoms	Dissociative Disorders
Highway hypnosis	Freeze	Response to triggers	“Trait” to “State”
Daydreaming	Collapse	Impaired functioning	Dissociative Disorders
		PTSD/ASD	Dissociative Identity Disorder (DID): Fragmented parts of self
			Chronic trauma
			Childhood abuse

Trauma Symptoms

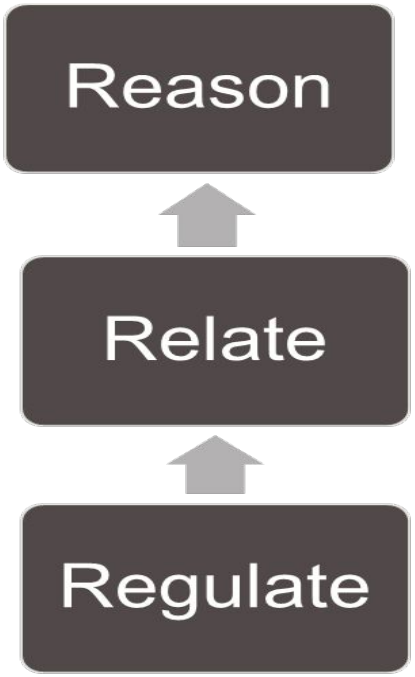
Ventral Vagal/Hyperarousal

- “All feeling, no function”
- Anxiety/ panic
- Increased heart rate/ breathing
- Sweating, shaking, physical response
- Outwardly upset
- Visibly emotional
- Difficulty attuning to details, facts, etc.

Dorsal Vagal/Hypoarousal

- “All function, no feeling”
- Apparently normal personality
- Low affect range-can be misinterpreted as indifference
- Dullness of senses
- Numbness
- Slow, shallow breathing

“Bottom Up” Processing



Our primary survival need is to regulate our body and brain. A unregulated/ symptomatic person does not have access to relational or complex reasoning skills.

Perry, B., 2010

Grounding Strategies (Handout)

Calming (hyper arousal)

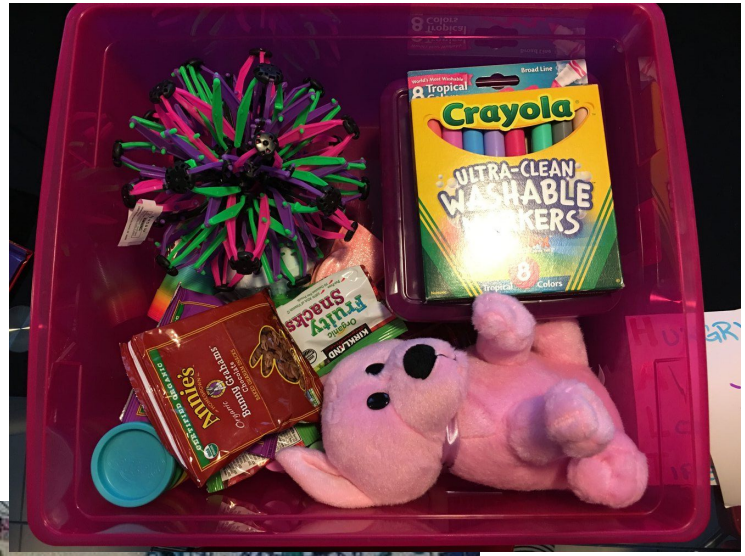
- Deep breath
- Warm drink/tea
- Soft, low lighting
- Soft textures
- Rocking, slow movements

Alerting (hypo arousal)

- Strong scent
- Sour/minty candy
- Bright lights/ colors
- Cool air/ water/ room
- Physical movement

Sample Grounding Kits

- Stress ball
- Fidgets
- Mints
- Sour candy
- Essential oils
- Pictures
- Notebook
- Crayons
- Bubbles
- Yoga Deck
- Feelings chart
- Stop sign

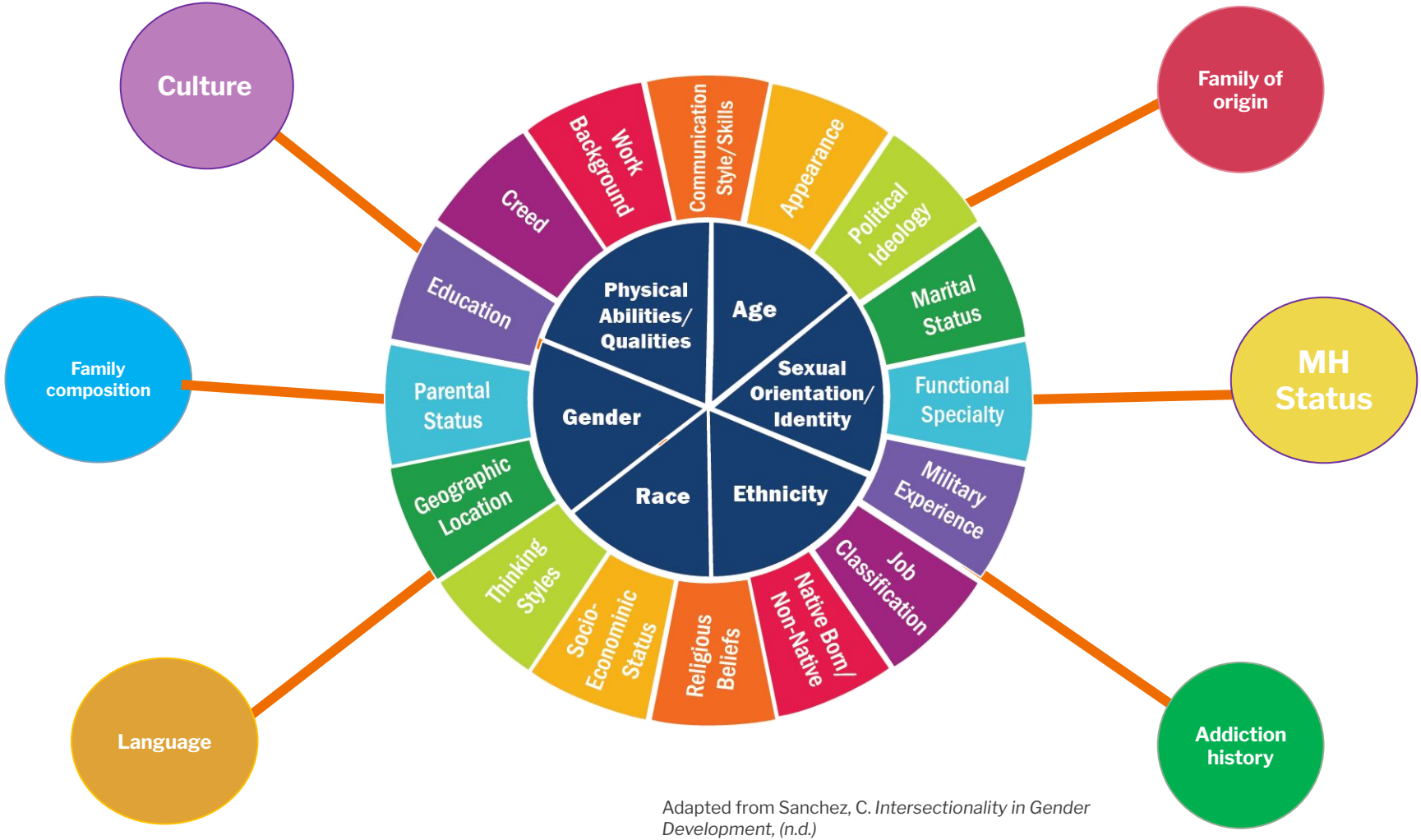


Trauma & Community

Intersectionality

- Intersectionality: the complex and cumulative way that the effects of different forms of discrimination (such as racism, sexism, and classism) combine, overlap, and yes, intersect—especially in the experiences of marginalized people or groups.

  (Merriam-Webster Dictionary, n.d.)
- Term coined by feminist legal scholar Kimberlé Crenshaw in 1989
- Acknowledgement that members of marginalized groups may not find language for their experiences in the lexicon of the majority/dominant culture
- Language is not neutral.
- Importance of creating opportunities for self identification/reporting



Adapted from Sanchez, C. *Intersectionality in Gender Development, (n.d.)*

Transgenerational Trauma

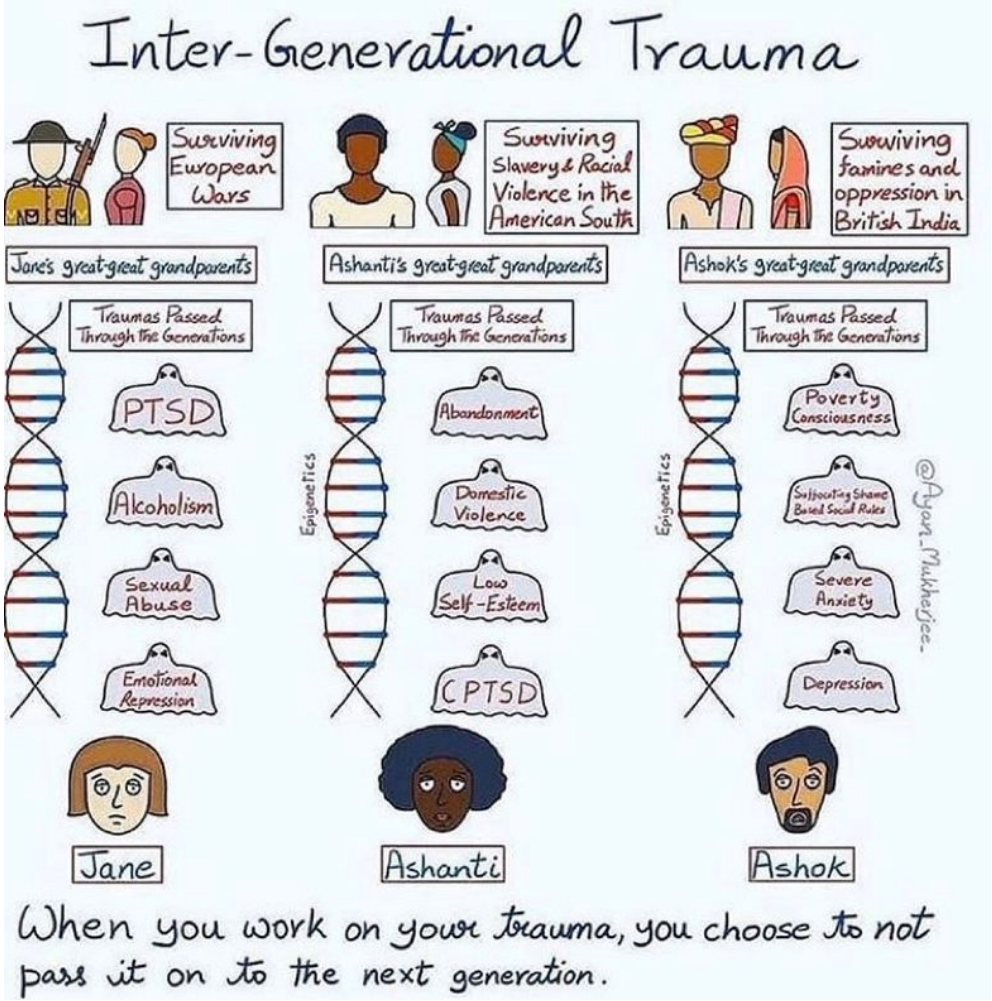


Image: Ayan Mukherjee

Community Trauma and Resilience

Community

What does community mean to you?

What does it mean for the clients you work with?

How does displacement from community affect individuals?

- Foster care, kinship care, adoption
- Unhoused/moves
- Immigration
- Change of school
- Gentrification

Attachment

Attachment Theory

- First close relationship (primary caregiver) shapes
  - Self esteem/ confidence
  - Relationships with others
  - Manage emotions
  - Cope with problems, trauma and stressors
- Not just the separation of placement
  - In study of youth removed from primary caregiver, attachment issues often started within 6 months of life (Dorval et. al, 2020)

Impacts of Caregiver Attachment Styles

Attachment Type	Caregiver Behaviors	Child Behaviors
Secure	• React quickly and positively to a child's needs • Responsive to child's needs	• Distressed when caregiver leaves • Happy when caregiver returns • Seeks comfort from caregiver when scared or sad
Insecure - avoidant	• Unresponsive, uncaring • Dismissive	• No distress when caregiver leaves • Does not acknowledge return of caregiver • Does not seek or make contact with caregiver
Insecure - ambivalent	• Responds to child inconsistently	• Distress when caregiver leaves • Not comforted by return of caregiver
Insecure - disorganized	• Abusive or neglectful • Responds in frightening, or frightened ways	• No attaching behaviors • Often appears dazed, confused or apprehensive in presences of caregiver

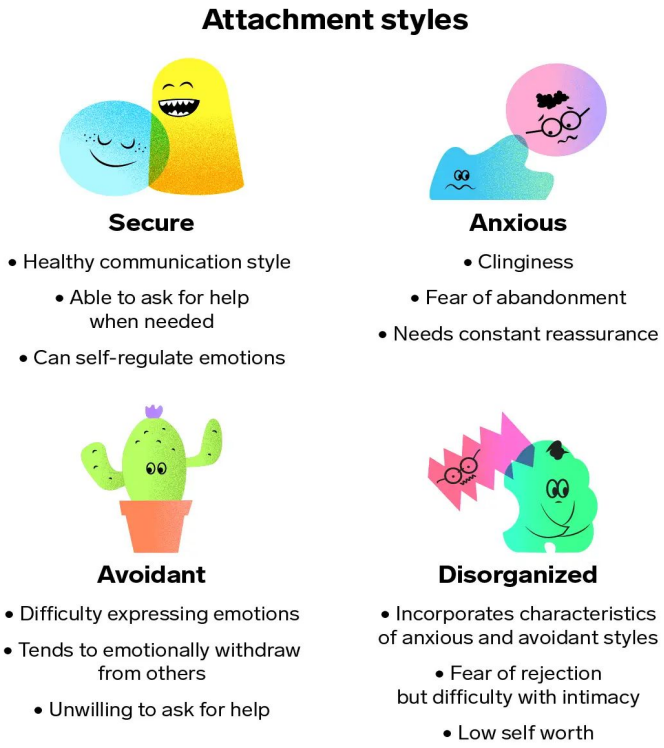
Disruptions in Attachment

- Separation at birth
- Unmet basic needs early childhood
- Left without primary caregiver randomly, long periods of time
- Left with strangers, unsafe situations
- Multiple placements
- Placement with abusive caregiver
- Intimate partner violence
- Substance abuse
- Loss of parent/ primary caregiver
- Separations of families during immigration

Trauma Implications: Attachment

- Polyvagal Theory: Attachment is a biological imperative and is dependent on Ventral Vagal regulation.
  - Innate desire to be with primary caregiver(s)
- Co-regulation: We mirror the autonomic NS of those around us.
- Consider the impact of impermanence
  - Temporary placement; guardianship; adoption
- Impact of caregiver attachment style

Attachment Styles



Insider, 2022

Attachment Impact on Adult Relationships

Secure: confidence, communication, boundaries

Insecure:

- Anxious: anxiety, insecurity, low self-esteem
- Avoidant: detached, withdrawn, avoids intimacy
- Disorganized: depression/anxiety, erratic behavior, difficulty with boundaries, black/white thinking, cold/hot attachment

Your Relationship with Clients/Consumers

How can you create safety for your clients?

Image: Mental Health America

Cultural Attachment Theory

"...culture- defined as a network of beliefs, values, practices, and meaning system that are shared and transmitted from generation to generation among members of a group- can serve as a secure base for attachment. That is to say, individuals can form a secure bond with their culture, which in return can buffer threat and confer a feeling of safe haven for individuals"

(Yap, et al., 2019)

Diagnostic Presentations

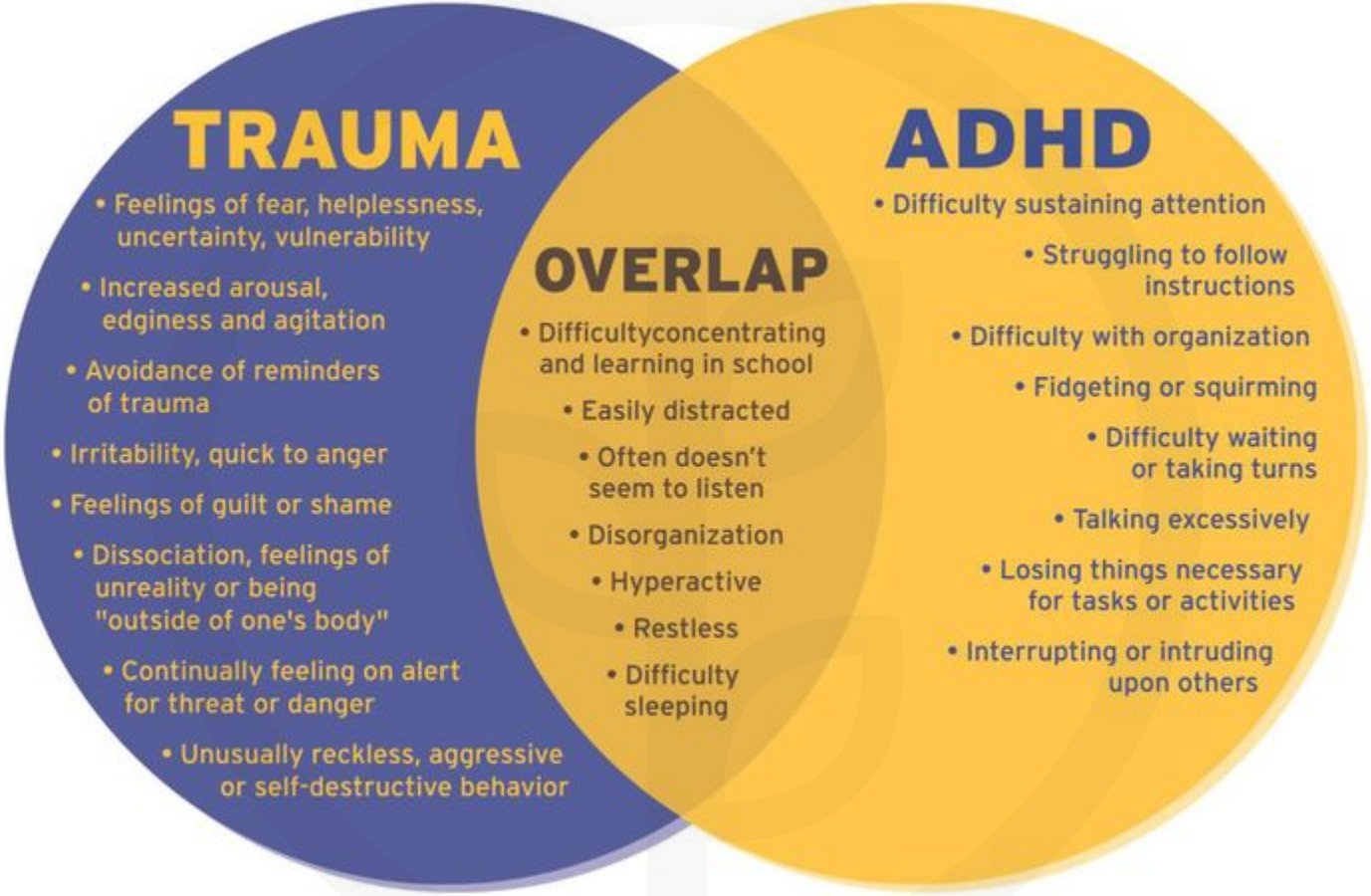
Table 1. Posttraumatic stress disorder diagnostic criteria (DSM-V)

Diagnostic criteria	Description
Criterion A: Exposure to traumatic stressor, either as victim, perpetrator, or witness (one required)	Traumatic events include death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. Stressor can be indirect (e.g. learning a close friend or relative was exposed to trauma)
Criterion B: Reexperiencing symptoms (one required)	Recurrent, unwanted, and intrusive memories, flashbacks, or traumatic nightmares; intense or prolonged distress or marked physiological activity after exposure to reminders of traumatic event(s)
Criterion C: Avoidance behaviors (one required)	Persistent effortful avoidance of distressing trauma-related stimuli after the event
Criterion D: Cognitive distortions (two required)	Being unable to recall key features of the traumatic event; persistent (and often distorted) negative beliefs and expectations about self, other people, or the world in general; persistent distorted blame of self or others for causing the traumatic events; negative emotional state that persists; decreased interest in important activities; not able to experience positive emotions
Criterion E: Increased arousal (two required)	Irritable or aggressive behavior; self-destructive or reckless behavior; hypervigilance; exaggerated startle response; difficulty concentrating; sleep problems
Criterion F: Duration (required)	Persistence of symptoms (in criteria B, C, D, and E) for more than 1 month
Criterion G: Functional impairment (required)	Symptoms create distress or functional impairment (e.g. social or occupational)
Criterion H: Exclusion (required)	Symptoms are not caused by medication, substance use, or other illness

MDedge News

Source: Dr. Fletcher, Dr. Kwan, Dr. Steinbach

The Hospitalist, 2019



Child Development Clinic, 2019

Common Diagnostic Presentations of Trauma/Attachment Disruption

Oppositional Defiant Disorder/Conduct Disorder

ADD/ADHD

Mood Disorders

Anxiety Disorders/Obsessive Compulsive Disorder

Reactive Attachment Disorder

Personality Disorders

Learning Disorders

Autism Spectrum Disorder

Eating Disorders

Substance Use Disorders

Disinhibited Social Engagement Disorder

Diagnostic Presentation Across the Lifespan

Childhood

Reactive Attachment Disorder

Disinhibited Social Engagement Disorder

Oppositional Defiant Disorder/Conduct Disorder

Anxiety Disorders/Obsessive Compulsive Disorder

Learning Disorders

Autism Spectrum Disorder

*Post-Traumatic Stress Disorder

Adult

Paranoid Personality Disorder

Schizoid Personality Disorder

Schizotypal Personality DIsorder

Borderline Personality Disorder

Narcissistic Personality Disorder

Histrionic Personality Disorder

Antisocial Personality Disorder

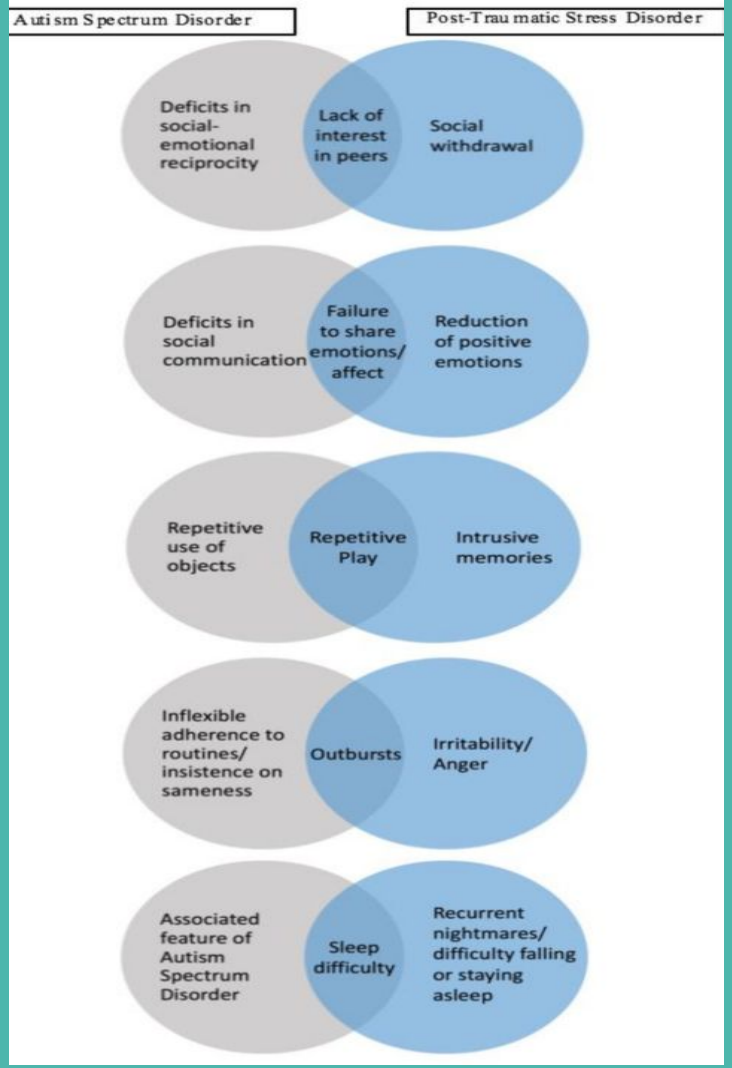
Obsessive-Compulsive Personality Disorder

Avoidant Personality Disorder

Dependent Personality Disorder

PTSD and Autism Spectrum Disorder

(Stavropoulos, Bolourian, Balcher, 2018)



Substance Use

Soul Surgery, 2022

Common Diagnostic Presentations of Trauma/Attachment Disruption

Oppositional Defiant Disorder/Conduct Disorder

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Mood Disorders

Anxiety Disorders/Obsessive Compulsive Disorder

Reactive Attachment Disorder

Personality Disorders

Learning Disorders

Autism Spectrum Disorder

Eating Disorders

Substance Use Disorders

Disinhibited Social Engagement Disorder

Diagnostic Presentation Across the Lifespan

Childhood

Reactive Attachment Disorder

Disinhibited Social Engagement Disorder

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Narcissistic Personality Disorder

Histrionic Personality Disorder

Antisocial Personality Disorder

Obsessive-Compulsive Personality Disorder

Avoidant Personality Disorder

Dependent Personality Disorder

Trauma-Informed Care

Trauma-Informed Care (SAMHSA, 2014)

REALIZES the impact of trauma

RECOGNIZES the signs and symptoms

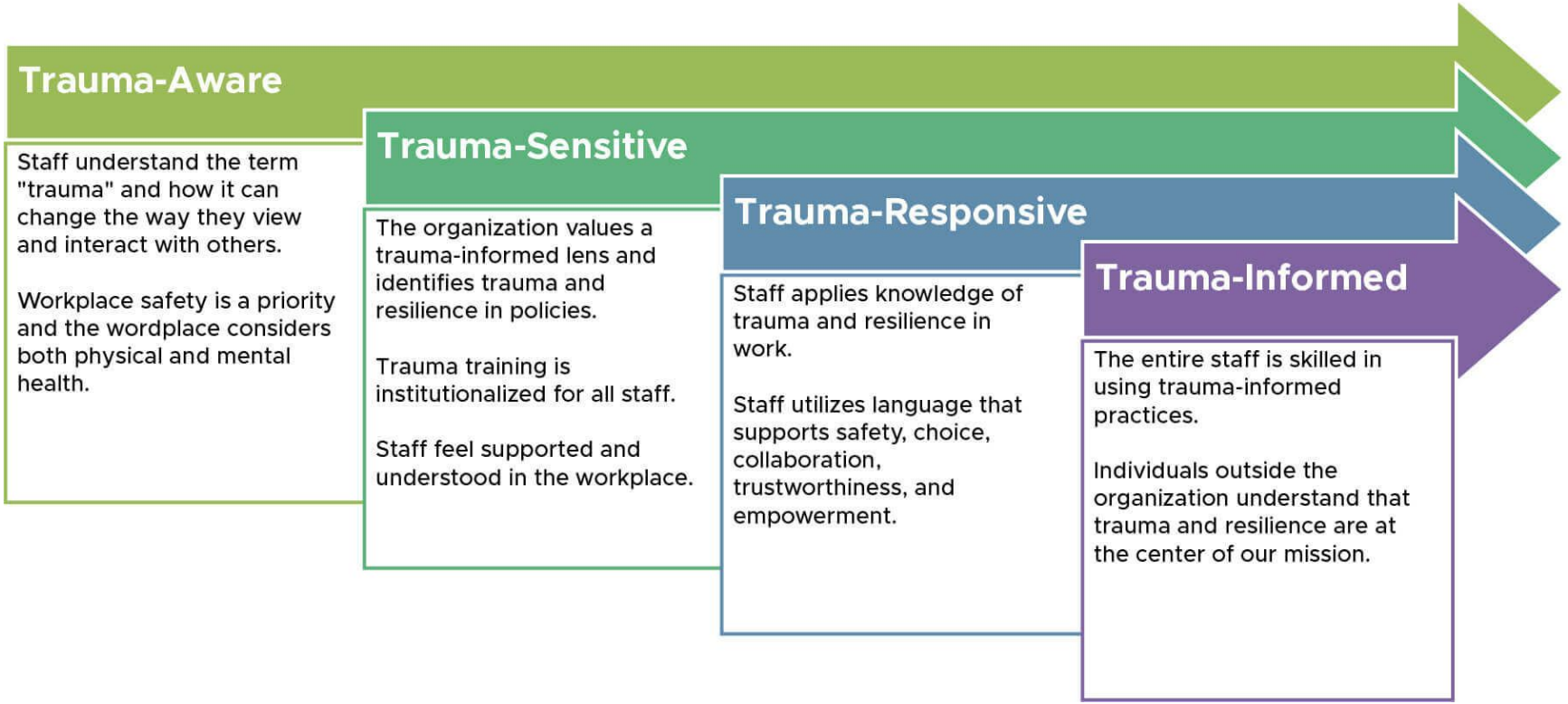
RESPONDS by integrating knowledge into policies/procedures/practices

RESISTS re-traumatization

Trauma-Informed Care (SAMHSA, 2014)

- Promote trauma awareness and understanding
- Recognize that trauma-related symptoms and behaviors originate from adapting to traumatic experiences
- View trauma in the context of individuals' environments
- Minimize the risk of retraumatization or replicating prior trauma dynamics
- Create a safe environment
- Identify recovery as the primary goal
- Support control, choice and autonomy
- Create collaborative relationships and participation opportunities
- Familiarize the client with trauma-informed services
- Incorporate universal routine screenings for trauma
- View trauma through a socio-cultural lens
- Use a strengths-based perspective: Promote resilience
- Foster trauma-resistant skills
- Demonstrate organizational and administrative commitment to trauma-informed care
- Develop strategies to address secondary trauma and promote self-care
- Provide hope- recovery is possible

Moving Towards a Trauma-Informed Approach



https://traumamattersdelaware.org/what-is-trauma-informed-care/

Trauma-Informed Treatment

Step One: Therapeutic Rapport

Discussion:

How do you build rapport with the people you are working with?

Photo: Alex Green

Stages of Trauma Treatment (Janet, 1889; ISTSS, 2012)

1. Stabilization/preparation
2. Trauma processing
3. Relapse prevention/rehabilitation

Symptom Stabilization

- Establishing trust/therapeutic rapport
- Psychoeducation about trauma/trauma symptoms
- Identification of coping strategies that work/don’t work
- Utilization of skills at onset of symptoms
- Identification of goals/future orientation

Assessment

- Am I asking because I need to know or because I want to know?
- Assessing for preverbal trauma
- Impact of community/culture/identity/intersectionality
- Strengths/resources/resiliency
- Adequate time to end and close down session/meeting
- Have I given them a reason to want to come back?
- Are they leaving feeling better/worse/same as when they came in?

Rating Scales

Comprehensive list of scales through the Department of Veteran Affairs National Center for PTSD: https://www.ptsd.va.gov/professional/assessment/list_measures.asp

Examples:

- Adverse Childhood Experiences Questionnaire
- PTSD Checklist for DSM-5 (PCL-5)
- Life Stressor Checklist
- Trauma Symptom Checklist

Trauma Treatment: Levels of Care

Evidence-Based, Trauma-Informed Treatment

- Eye Movement Desensitization and Reprocessing (EMDR) Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Cognitive Processing Therapy
- Prolonged Exposure

Additional approaches often used in conjunction:

- Play therapy
- Dialectical Behavior Therapy (DBT)
- Solution-focused therapy
- Parent-child interaction therapy (PCIT)
- Family therapy
- Case management
- Medication

EMDR Therapy

Eye Movement Desensitization and Reprocessing (EMDR) Therapy

- Evidence-based
- 8 phase approach to treatment
- Shifts/changes in how trauma memories linked in the brain
- Shifts to more adaptive beliefs about self as related to memories
- Follows brain's natural tendency toward healing

https://www.emdria.org/about-emdr-therapy/

https://www.emdria.org/find-an-emdr-therapist/

EMDR Therapy

Treatment Considerations: Questions to Ask

- What levels of care are offered?
- What is your level of experience? (level of licensure/training)
- What types of therapy are offered?
- Do you have experience working with (current presenting issues/behaviors, aspects of client's identity, diagnoses, etc)?

Barriers to Treatment/Progress

- Access to care/transportation
- Impermanence of placement
- Safety concerns
- Continued exposure to trauma/triggers
- Substance use
- Rapport with therapist
- Messages/beliefs about treatment
- Prior experiences with therapy/systems
- Concerns about confidentiality
- Involvement/lack of involvement with family system
- Autonomy
- Basic needs met
- Structural violence

Trauma Support Team

Who are the members of your client's support team?

- Family support
- Social support
- Community support
- Professional support: counselor, psychiatrist
- Medical support: PCP
- Occupational support
- Educational support
- Spiritual support
- What/who else?

Secondary Trauma and Burnout

Let's Review/Check In!

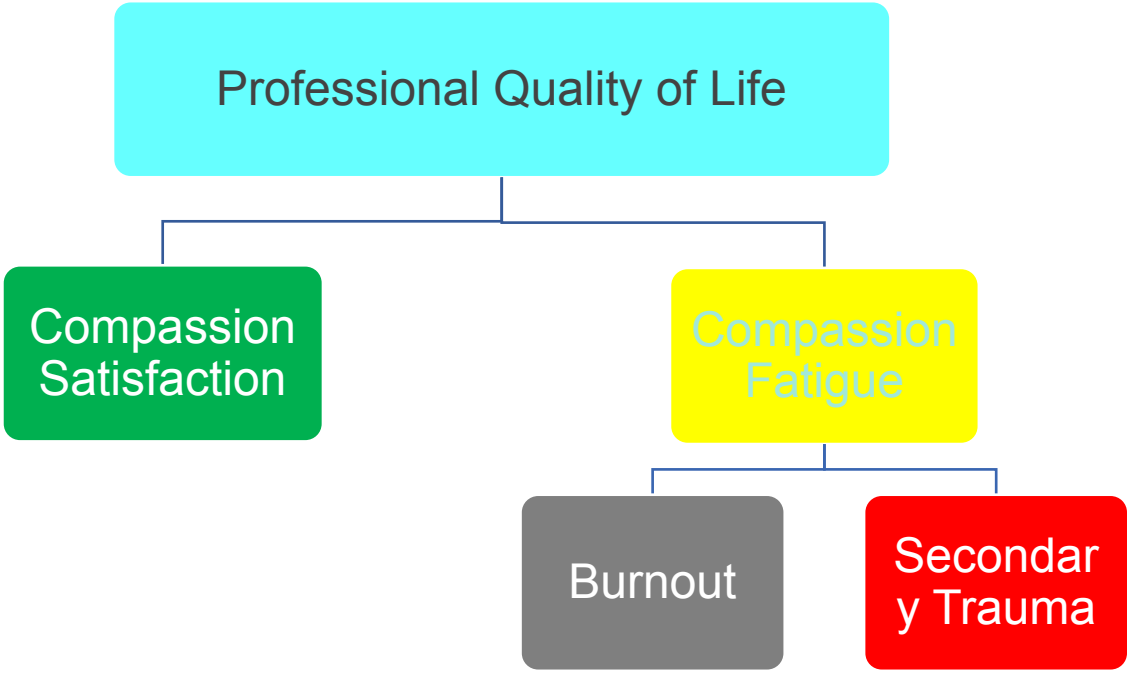
Photo: Kenex Media sa

Self-Assessment

- Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)
  - https://www.proqol.org/uploads/ProQOL_5_English_Self-Score.pdf
  - https://www.ohioinstitutefortraumaandwellness.com/emdria-handouts-2021/

- Discussion/Check In

CS-CF Model



www.ProQOL.org

Burnout

- Burnout- Disengagement
  - Physical/mental exhaustion
    - loss of motivation
  - Low job satisfaction
    - meaningful work is now unfulfilling
  - Powerlessness at work
    - cynicism
    - Ineffectiveness
  - Feeling low personal accomplishment
  - Depersonalization of client

Stress and Burnout Questionnaire

http://appliedpospsych.com/wp-content/uploads/2016/06/Stress-and-Burnout-Questionnaire.pdf

Secondary Trauma Definition

- “Cost of caring” (Figley, 1982)

“…the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other-the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1993)

Symptoms of Secondary Trauma

- Physical
- Emotional
- Cognitive
- Behavioral

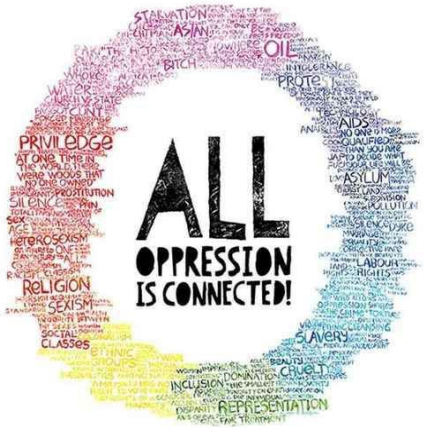
Photo: Ketut Subiyanto

Contributing Factors to Secondary Trauma

- Past trauma history
- Level of empathy
- Social support
- Perception of support from administration
- Compensation
- Work expectations
- Personal identity
    - Member of marginalized or historically traumatized group

Oppression and ST

- Systematic Oppression (van Dernoot Lipsky, 2009)
  - Structural violence
    - Structural violence is a term commonly ascribed to Johan Galtung, which he introduced in the article "Violence, Peace, and Peace Research" (1969). It refers to a form of violence wherein social structures or social institutions disproportionately target, block and/or harm marginalized people by preventing them from achieving their potential or often from meeting their basic needs
      - Elitism
      - Ethnocentrism
      - Classism
      - Racism
      - Sexism
      - Adultism
      - Nationalism
      - Heterosexism
      - Ageism



Self-Care & Resiliency

Protective Factors

- Social support
- Compassion satisfaction
- Compensation
- Self-care
- Education/Training
- Adequate supervision
- Cultural Humility
- Adopt an Anti-Oppression framework
  - Actively acknowledges that oppression is universally detrimental and works to shift power towards inclusiveness, accountability, equity, accessibility and social justice.

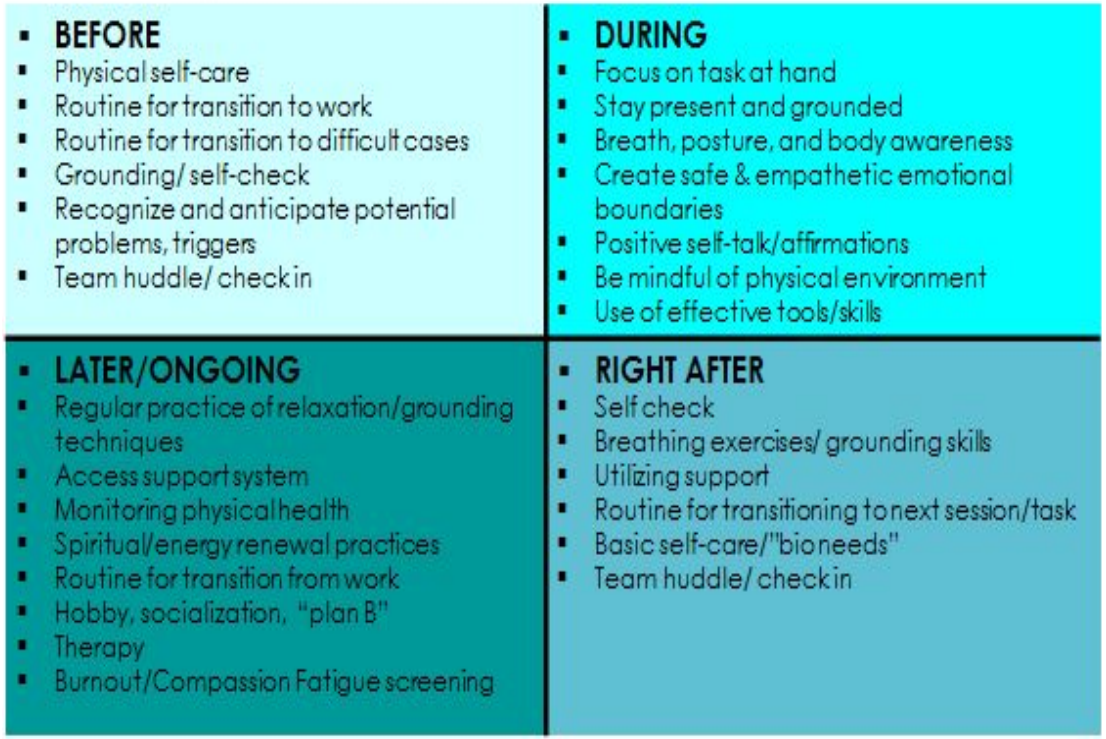
Self-Care Inventory

- Self-Assessment
  - http://fdnweb.org/wp-content/themes/newcombe-new/docs/NewtonHe_inventory.pdfO_Self_car
- Reflection
  - Reactions?
  - What are some self-care strategies that you are already using that work for you?

Components of Self-Care

- Physical
- Psychological
- Emotional
- Spiritual
- Personal
- Professional

Self Care Square



How's it Going?

What is working?
What isn't working?

Photo: RODNAE Productions

Where to go from here

Identifying Trauma Symptoms in Your Work

- Maladaptive response
  - *i.e. self-injury, impulsivity, sexualized behaviors, combative behaviors*
- Hyper or Hypo arousal
  - *i.e. irritable, limited eye contact, lethargic, "disinterested", rapid speech, hypervigilance, high startle response, sensory sensitivity*
- Avoidance of stimuli
  - *i.e. treatment refusal, communication avoidance, disruptive behavior*
- Negative alterations in cognitions and mood
  - *i.e. self-loathing statements, "black and white" thinking, reactivity*
- Intrusion
  - *i.e. flashbacks, increased triggers, nightmares, poor sleep*
- Dissociation/ Numbing
  - *i.e. checking out, non-linear history, sensorimotor retardation*
- Difficulty engaging in activities of daily function
  - *i.e. missing work/school, isolation, disrupted primary relationships*

Practical Strategies

- Assume there is trauma
- Bottom-up approach
- Create safety, rapport
- Look for opportunities to advocate/provide support
- Know your resources/referrals
- Advocate for you and your clients' needs
- Check in on your own responses to trauma
- Utilize a self-care plan

Resources

EMDR International Association: www.emdria.org

National Child Traumatic Stress Network: https://www.nctsn.org/

Trauma Made Simple: www.traumamadesimple.com

Child Trauma Academy: www.childtrauma.org

International Society for the Study of Trauma and Dissociation: https://www.isst-d.org/

Therapy In Color: https://www.therapyincolor.org/

Trauma Stewardship: https://traumastewardship.com/

Trevor Project: https://www.thetrevorproject.org/

RAINN: https://www.rainn.org/

Lifeline: https://suicidepreventionlifeline.org/

Psychology Today: www.psychologytoday.com