

Trauma and Resilience Invested Practice: Core Elements and Impact on Social work Practice

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Workshop Goals

- a. Identify and articulate the signs, scope and range of trauma.
- b. Explain and describe the twelve core concepts for understanding traumatic stress reactions.
- c. Illustrate trauma invested practice opportunities in action through scenarios from the participants' practice experiences
- d. Challenge our own beliefs and develop alternative ways of thinking about our work with clients and client systems.

Your Task Today

From your practice, pick a case that is particularly challenging, perplexing, or has you stymied and stuck.

What is Trauma?

- APA: Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and physical symptoms like headaches.

(<https://www.apa.org>)

What is TRAUMA?

An experience that exceeds an individual's emotional and mental capacity to cope.

Dr. Shirley Huisman

Types of Trauma

Type 1 – what some call the Big "T" trauma, and often associated with Post Traumatic Stress Disorder. Often related to a single, "out of the blue" experience:

Type 2 - Complex Trauma: may have been experienced as a part of childhood or early stages of development.

Historic, collective and intergenerational trauma - Psychological and emotional difficulties that can affect different communities, cultural groups, and generations

Vicarious Trauma - When one witnesses or speaks with another who has experienced trauma or witnessed trauma first-hand. The "listener" can experience symptoms similar to those experienced by the actual traumatized individual.

Symptoms of Trauma

1. Shock, denial or disbelief
2. Confusion, difficulty concentrating
3. Anger, irritability
4. Anxiety and fear
5. Guilt, shame, self blame
6. Withdrawing from others
7. Feeling sad and/or hopeless
8. Feeling disconnected or numb

Symptoms of Psychological and Emotional Trauma

1. Intrusive thoughts of the event that occur out of the blue
2. Nightmares
3. Visual images of the event
4. Loss of memory and concentration abilities
5. Disorientation
6. Confusion
7. Mood swings
8. Use of mood-altering behaviors as a coping method

Estimated Prevalence of Trauma

The U.S. Veterans Administration

- amongst the veteran population – 87% reported exposure to at least one traumatic event.
- 22 veterans take their own lives every day.
- On average, veterans report 3.4 potentially traumatic events during their lifetime.

The National Council for Wellbeing reports:

- 70% of adults in the U.S. have experienced some type of traumatic event at least once in their lifetime.

The Core Concepts of Trauma

The National Child Traumatic Stress Network

1. Traumatic Experiences are Inherently Complex

Bio-psycho-social-cultural

Involves: Changes in thoughts, feelings, and physiological responses.

Concerns of safety of others

They may act on these feelings or not

May lead to feelings of conflict, confusion, guilt, anger, regret

Influenced by developmental level

Increases in complexity where there are multiple or recurrent trauma exposures

Especially where primary care giver is the perpetrator of the trauma

2. Trauma Occurs within a Broad Context

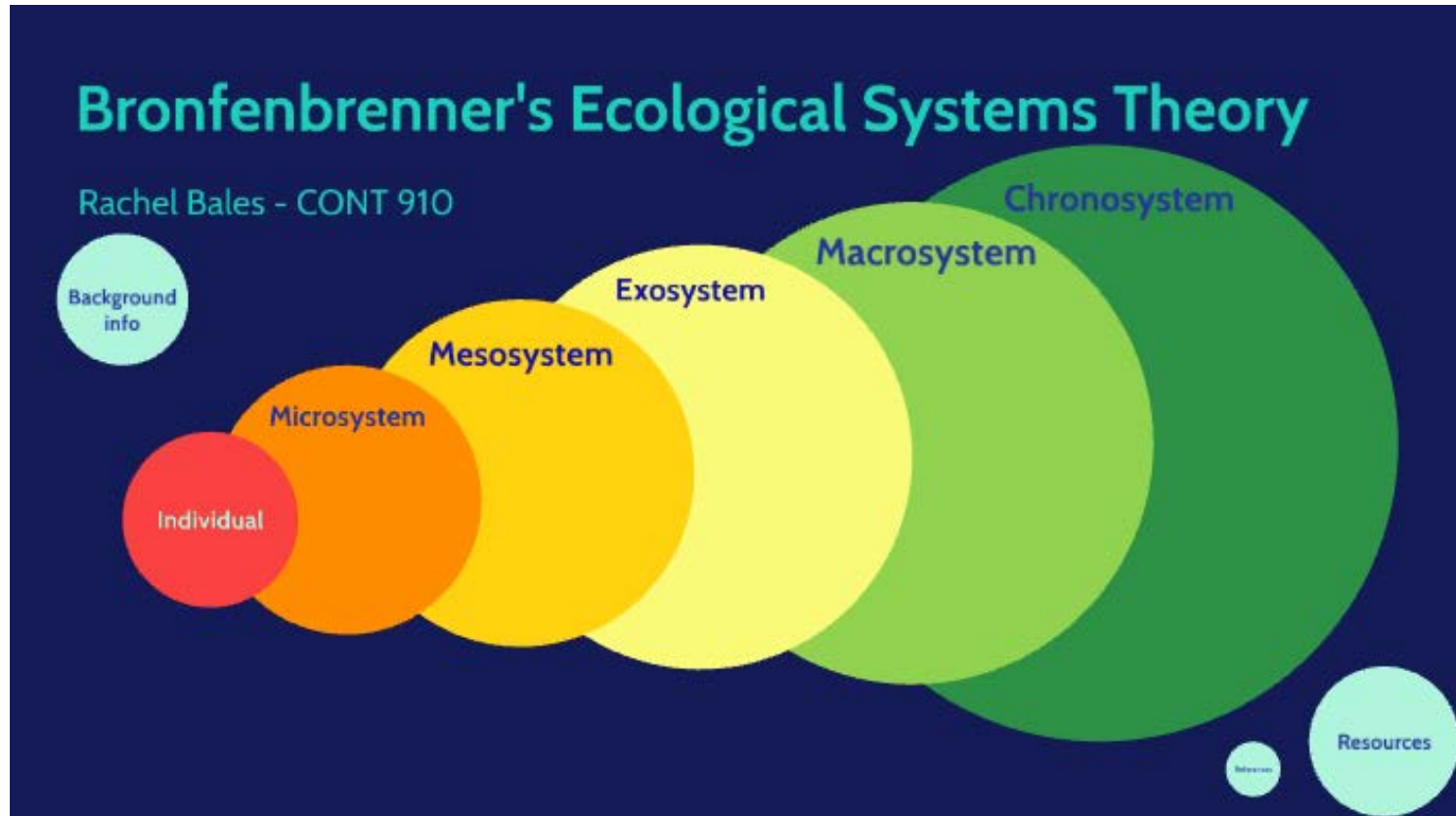
This involves the broad ecology of a person's life

Involves intrinsic factors (prior experiences of trauma)

Involves extrinsic factors (such as poverty)

Both of which can exacerbate the adverse effects of trauma on development

Bronfenbrenner's eco-systems model



3. Traumatic Events Generate Secondary Adversities

Initial traumas often generate secondary adversities, such as family separation, financial hardship, relocations to a new residence and school, social stigma, ongoing treatment for injuries, rehabilitation, legal proceedings.

These things also tax the coping resources of children, families, and the broader community.

These things can be sources of distress in their own right.

These secondary adversities, traumas reminders, and loss reminders may produce significant fluctuations in emotional and behavioral functioning.

4. We Exhibit a Wide Range of reactions to Trauma and Loss

These reactions can vary in their nature, onset, intensity, frequency, and duration.

These depend on:

- Type of traumatic experience and its consequences
- Intrinsic factors
- Extrinsic factors

Post traumatic stress and grief reactions can develop over time into psychiatric disorders, separation anxiety, and depression.

Disrupt major domains of development: attachment, relationships, peer relations, emotional regulation.

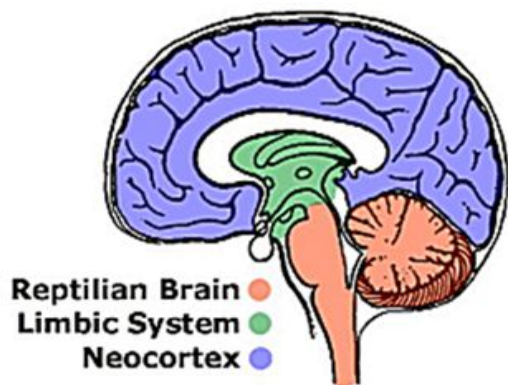
Can reduce a person's level of functioning at home, school, community.



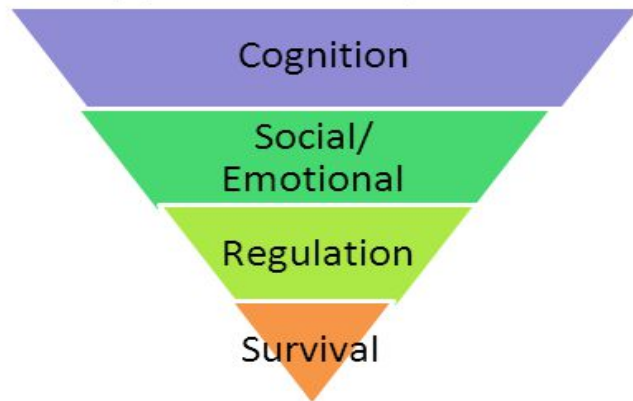
5. Danger and Safety are Core Concerns

Traumatic experiences can seriously undermine a person's sense of safety. Ensuring a person's physical safety is critically important in restoring the sense of a protective shield. Exposure to trauma can make it more difficult for people to distinguish between safe and unsafe environments. This can lead to significant changes in their own protective and risk-taking behaviors. Continued exposure to dangerous family and/or community circumstances can lead to greater difficulty in recovering from trauma.

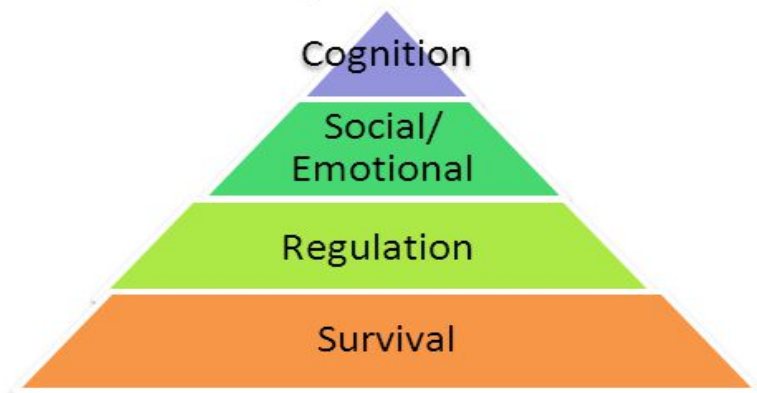
Trauma & Brain Development



Typical Development



Developmental Trauma



6. Family and Broader Caregiving Systems

We are embedded in broader systems: family, school, and communities. These systems are also impacted by trauma as well. This leads to serious disruptions in interactions and attachment relationships. Systemic trauma can impair our ability to support one another. In turn, our reduced sense of protection and security may interfere with our ability to respond positively to community efforts to provide support.

This impacts the overall functioning of individuals, families and community institutions. Post trauma adjustment is then disrupted.

7. Protective and Promotive Factors

Protective factors – buffer the adverse effects of trauma

Promotive factors – generally enhance a child's positive adjustment regardless of whether risk factors are present.

These can be intrinsic – high self esteem, self-efficacy, and a variety of adaptive coping skills.

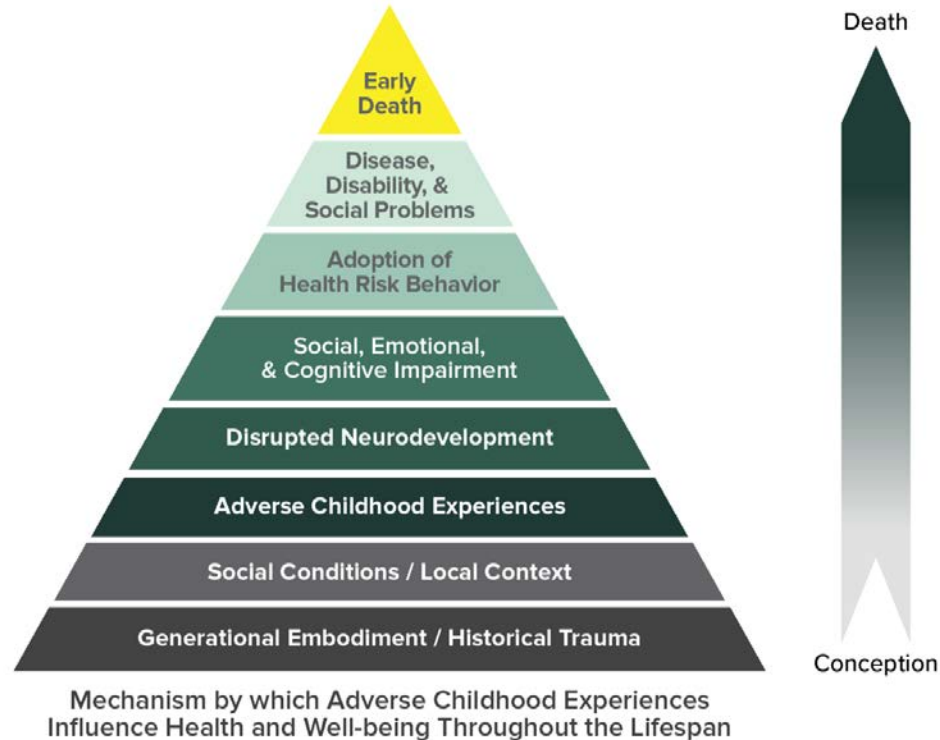
These can be extrinsic factors – positive attachments, strong social networks, the presence of reliable mentors, supportive school and community environments

These can enhance a person's ability to resist, or to quickly recover (resiliency) from the harmful effects of trauma.

8. Impact on Development

Trauma and post-trauma adversities can profoundly influence developmental progression and skill acquisition. This occurs in the domains of cognition, emotional regulation, and interpersonal relationships. This can lead to developmental disruptions in the form of regressive behaviors, reluctance, or inability to participate in developmentally appropriate activities. In other ways developmental accelerations in the areas of leaving home at an early age, and engagement in precocious sexual behavior are often seen. Age, gender, and developmental period are linked to exposure to specific types of trauma (sexual abuse, motor vehicle accidents, peer suicide).

Lifetime impact of ACEs as a visual - CDC



9. Developmental Neurobiology

Our capacity to appraise and respond to danger are linked to an evolving neurobiology that consists of brain structures, neurophysiological pathways and neuroendocrine systems. This “danger apparatus” underlies appraisals of dangerous situations, emotional and physical reactions, and protective actions.

Traumatic experiences evoke strong biological responses that can persist, which can later alter the normal course of neurobiological maturation.

The impact depends in part on the developmental stage at which the trauma occurs. Exposure to multiple traumatic experiences carries a greater risk for significant neurobiological disturbances, including impairments in memory, emotional regulation and behavioral regulations.

Conversely, ongoing neurobiological maturation and neural plasticity also create opportunities for recovery and developmental progression.

HOW TOXIC STRESS IN CHILDHOOD ALTERS THE BRAIN

Exposure to major adversity in early childhood can weaken brain development. This can permanently set the body's stress response system on high alert. A stable, nurturing environment can prevent these responses and outcomes for learning, behavior and health.



A typical neuron with many connections looks like this.



A neuron damaged by toxic stress has fewer connections.

10. Role of Culture

Culture can profoundly affect the meaning one attributes to specific types of traumatic events such as sexual abuse, physical abuse, or suicide. Culture may also profoundly influence the ways in which we respond to traumatic events, including the ways in which we express distress, disclose personal information to others, exchange support, and seek help.

This influences our responses to trauma and loss, our world view, our expectations of self, others, and social institutions, our rituals, and other ways in which we grieve over and mourn our losses.

11. Challenges to the Social Contract

Trauma often represents a violation to the social contract – the expectation that it is in everyone's best interest to enforce rules that ensure safety and security for everyone. This is unwritten and is inherited at birth. We do not break the laws or moral codes, and in exchange we reap the benefits of security, survival, education and other necessities in life. (Hobbs, 1588-1689)

The ways in which social institutions respond to breaches in the social contract varies widely, taking years to carry out, if at all. The perceived success or failure of these institutional responses exert a profound influence on the course of our post trauma adjustment and on our evolving beliefs, attitudes, and values regarding family, work and civic life.

The Pair of ACEs

Adverse Childhood Experiences

Maternal
Depression

Physical &
Emotional Neglect

Emotional &
Sexual Abuse

Divorce

Substance
Abuse

Mental Illness

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Discrimination

Violence

Community
Disruption

Lack of Opportunity, Economic
Mobility & Social Capital

Poor Housing
Quality &
Affordability

Impacts of childhood trauma into adulthood

Adults who experienced trauma as children are:

- 15 times more likely to attempt suicide
- 4 times more likely to become an alcoholic
- 4 times more likely to inject drugs
- 2.5 times more likely to smoke
- 4 times more likely to develop a sexually transmitted disease
- 3 times more likely to use antidepressant medication
- 3 times more likely to be absent from work
- 3 times more likely to experience depression
- 3 times more likely to have serious job problems
- 2 times more likely to develop chronic obstructive pulmonary disease
- 2 times more likely to have a serious financial problems

Source: Felitti et al. (1998)

Signs of Trauma in Clients

Difficulty focusing, attending, retaining, and recalling

Tendency to miss appointments

Challenges with emotional regulation

Fear of taking risks

Anxiety about deadlines

Anger, helplessness, or dissociation when stressed

Withdrawal and isolation

Involvement in unhealthy relationships

Source: Hoch et al., 2015.

12. Impact of Secondary Trauma on Providers

Social workers are often on the front line of first responders in trauma work. As such, we face many personal and professional challenges in dealing with the details of our clients' traumatic experiences and life adversities. Our own experiences of past (or present) trauma are often evoked.

We must talk about the critical nature of selfcare, as well as organizational and structural support in order to continue to provide quality care and sustain our resources over time.

Assumptions Behind Trauma Informed Care That Challenge our Belief Systems

1. My client is doing the best they can at the moment vs “you want me to do the work for you”.
2. Most human behavior is an attempt to regulate ourselves, and to feel safe and good vs “my client is manipulative and uncooperative”.
3. We are concerned with “what has happened to you” vs “what is wrong with you”
4. Social injustice is traumatizing vs “you take things too personally”.
5. Requires us to understand the “other” from their perspective and experience vs “I think you are doing this because.....”
6. Naming systemic and historic trauma can help those traumatized let go of the shame and self-blame from internalizing perpetrated trauma vs “this is your fault, that was generations ago, you need to let it go”.

Khoury, 2019

Huisman and Dollar, 2022

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Q&A