

Understanding and responding to the effects of trauma

Webinar 2

in the Trauma Informed Practice in Nova
Scotia Webinar Series

January 16, 2015



Agenda

Please type in any questions or comments in the box in the lower right hand corner of the screen

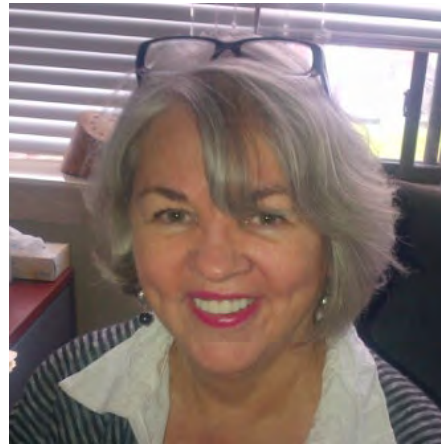
We will stop twice to address them

1. Intro
2. The effects of trauma – trauma and the brain
Questions and comments
3. The implications of the effects for practice – one agency’s learnings
Questions and comments
4. Wrap up - Next steps – getting involved

Presenters and Panelists



Dr. Erinn
Hawkins
IWK Health
Centre



Lucy Hume
Jean Tweed
Centre

Holly Murphy
IWK Health
Centre



Nancy Poole
BC Centre of
Excellence for
Women's Health

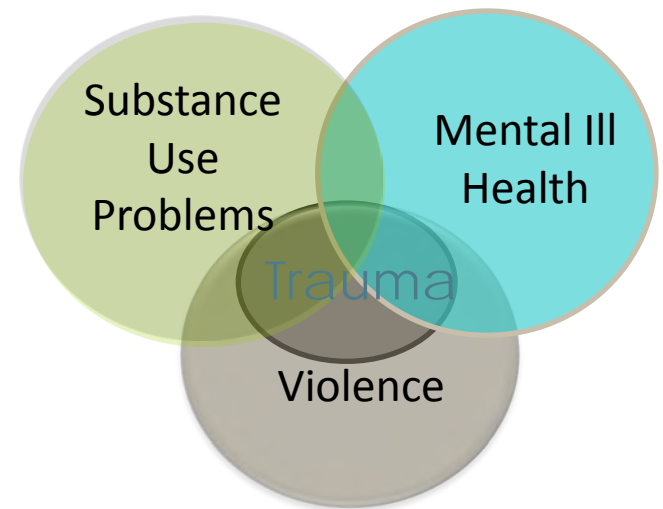


Key objectives of the NS TIP project are:

- To **identify** current efforts to provide trauma-informed and trauma-specific interventions on the part of addiction and mental health service providers in Nova Scotia
- To **engage** practitioners and partners in Nova Scotia with experience and/or interest in trauma informed in a collaborative project to more fully integrate trauma informed principles.
- To **increase** capacity amongst practitioners and organizations in NS to better serve people impacted by violence and trauma, and implement trauma-informed approaches to improve outcomes for people accessing a range of services, such as addictions and mental health services, children's services and primary care
- To **build** trauma informed practice into the accountability framework for the Mental Health and Addictions system

Today's Topic

- Awareness of effects of trauma is important. We need to recognize the range of responses people can have
- Recognize that because of trauma responses, developing trusting relationships (engagement, retention in our services) can be difficult.
- We need to make adaptations in our work to reduce retraumatization and respond to our growing awareness of effects.



Trauma and Brain Development

Erinn Hawkins, PhD



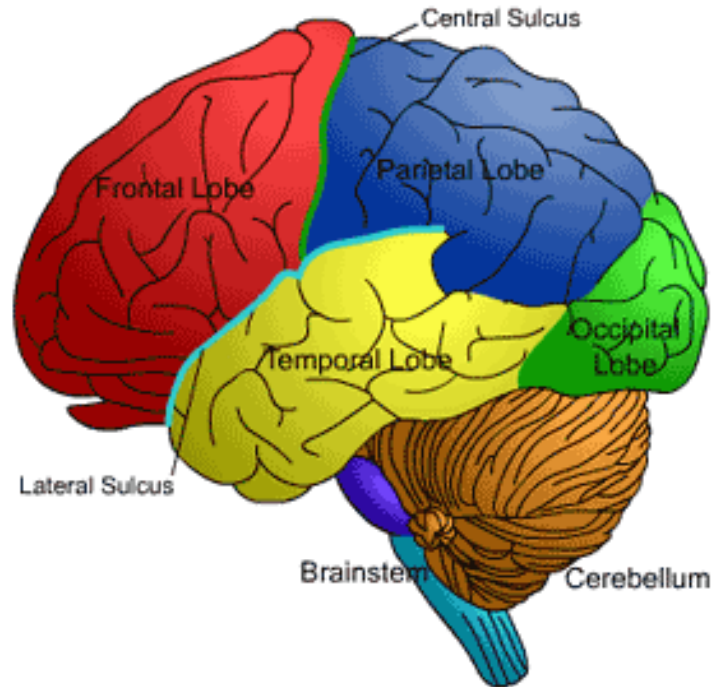
Brain Development

- 3/4 of brain development occurs after birth
- 90% of post-natal growth occurs before age 5



Brain Growth

Figure AB-11: Lobes of the Brain



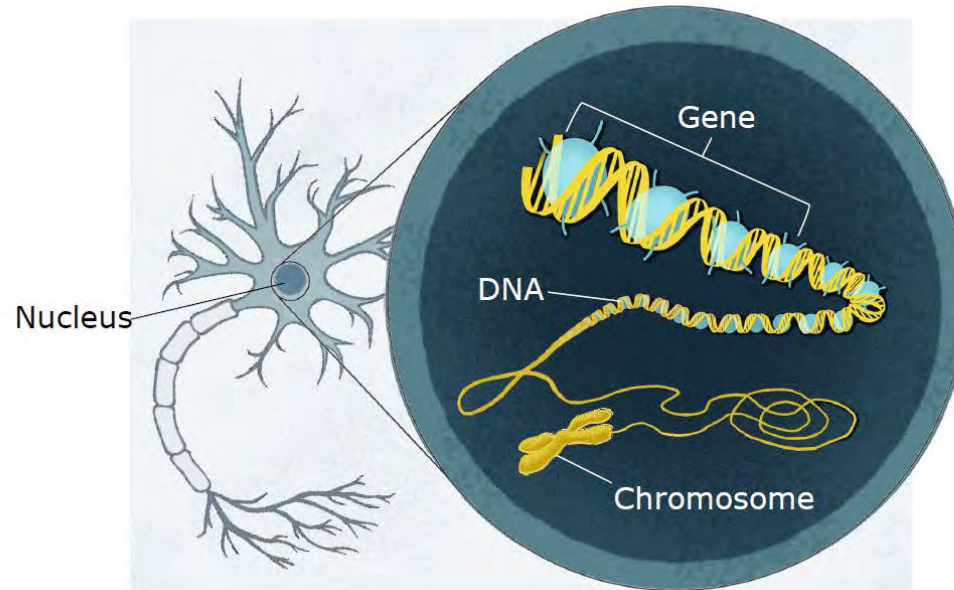
Adult brain weight is 1,300 - 1,400 gms

Newborn brain weight is 350 – 400 gms

Brains are Built Over Time

- Brain development depends on experience
- Early years matter because experience and genes affect the architecture of the maturing brain
- **Quality of brain architecture establishes either a sturdy or weak foundation for all learning, behaviour, health that follow**

Genes Carry Instructions that Tell Our Bodies How to Work

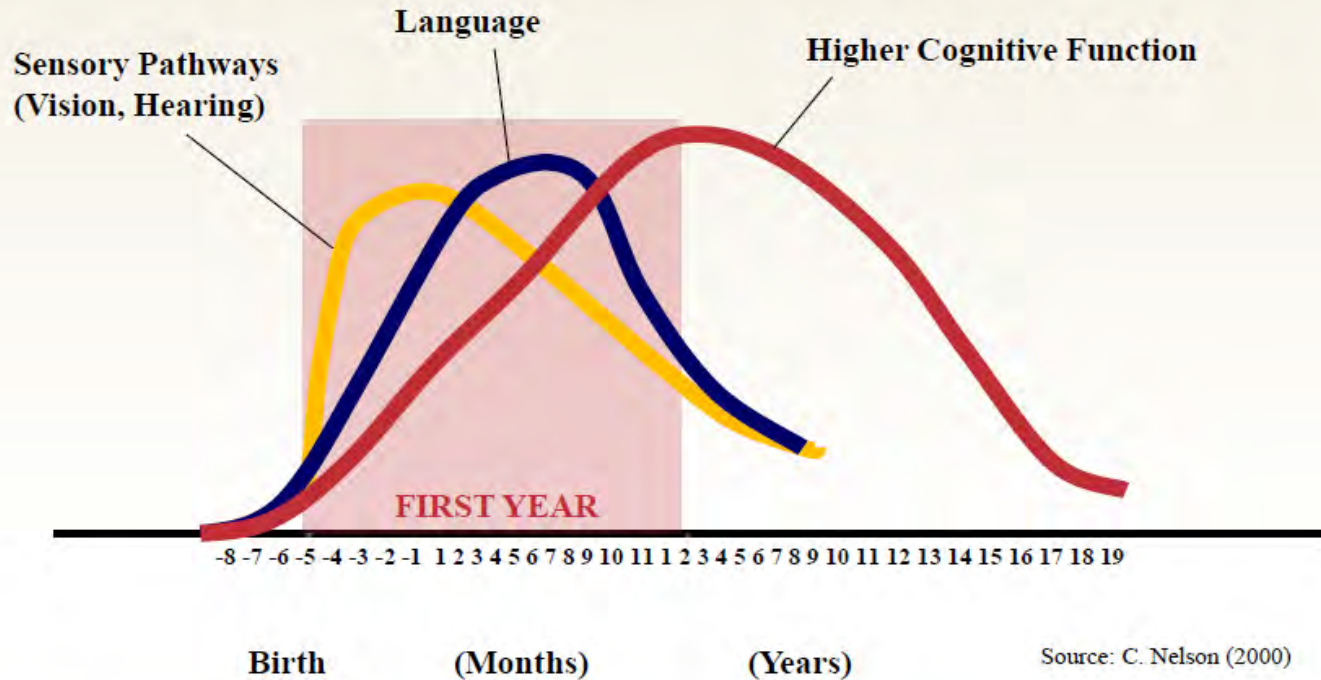


DNA is like books packed in boxes and stacked in a library.

Books have limitless potential to inform and inspire but they need to be unpacked and read.

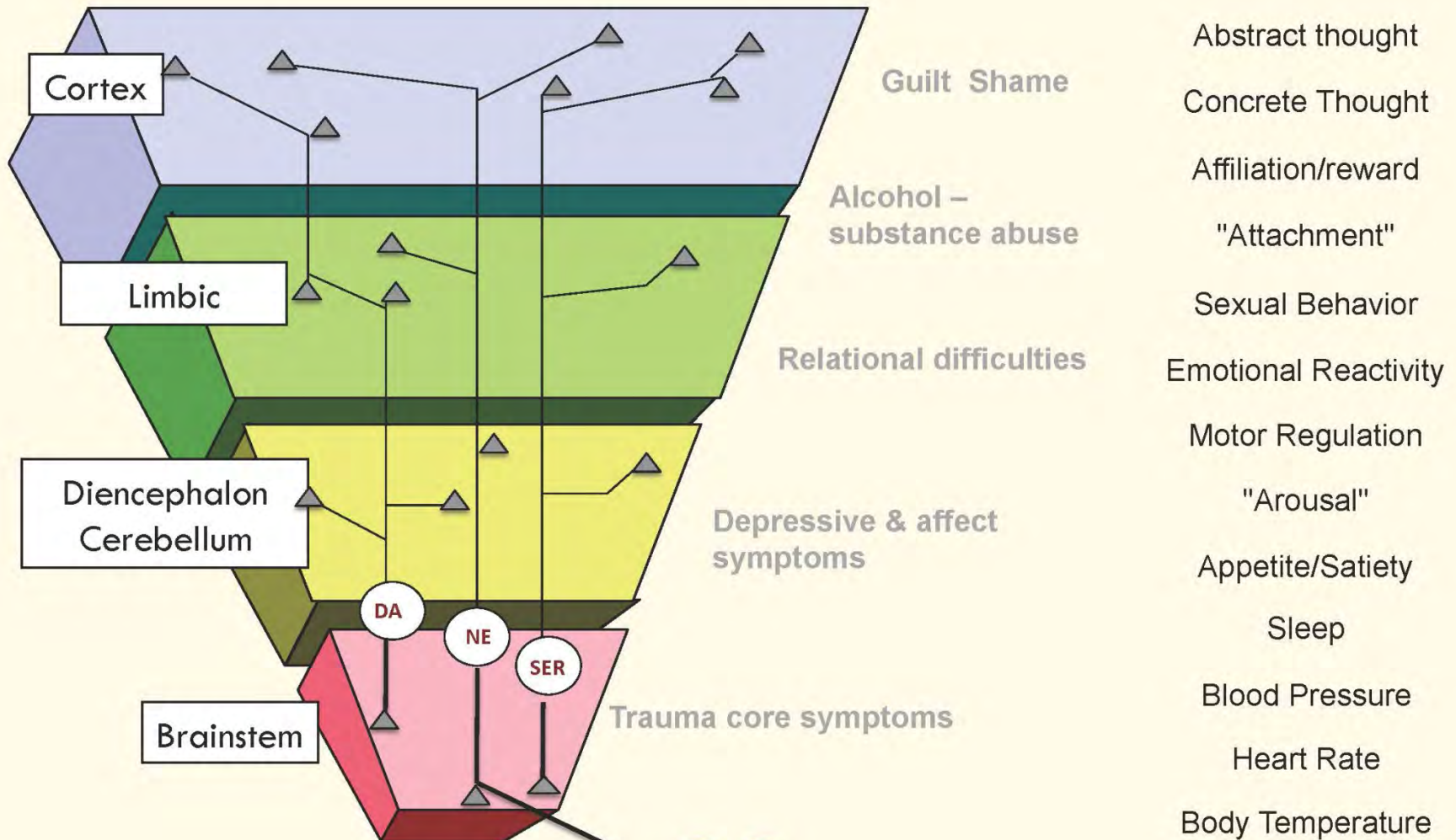
Neural Circuits are Wired in a Bottom-Up Sequence

(700 synapses formed per second in the early years)



EARLY BRAIN &
BIOLOGICAL
DEVELOPMENT:
A SCIENCE IN
SOCIETY SYMPOSIUM

The Interplay Between Early Brain and Behavioral Development
Judy Cameron PhD
2011-05-30



ANS - body





Developmental Experience Depends on Relationships

Children need experience to be offered in ways that are **“safe, nurturing, predictable, repetitive, gradual, and attuned”** to their developmental stage

Early developmental experiences



...are like the foundations of a house

Three Levels of Stress

Positive

Brief increases in heart rate,
mild elevations in stress hormone levels.

Tolerable

Serious, temporary stress responses,
buffered by supportive relationships.

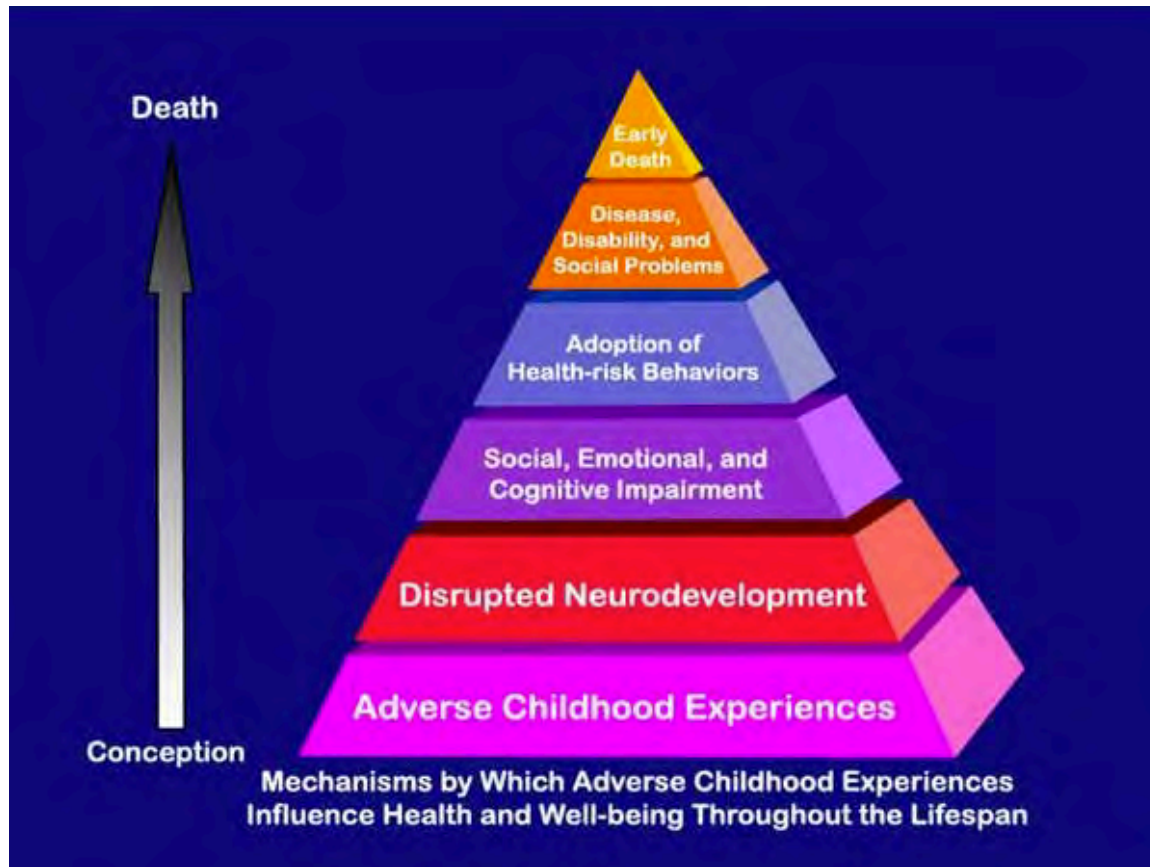
Toxic

Prolonged activation of stress response systems
in the absence of protective relationships.

Toxic Stress Derails Development

Consistently high levels of cortisol impacts areas that:

- Regulate stress (amygdala)
- Store memory (hippocampus)
- Are involved in planning and executing complex functions (prefrontal cortex)
- Are involved in language (broca's area, wernicke's area)



ACE Study

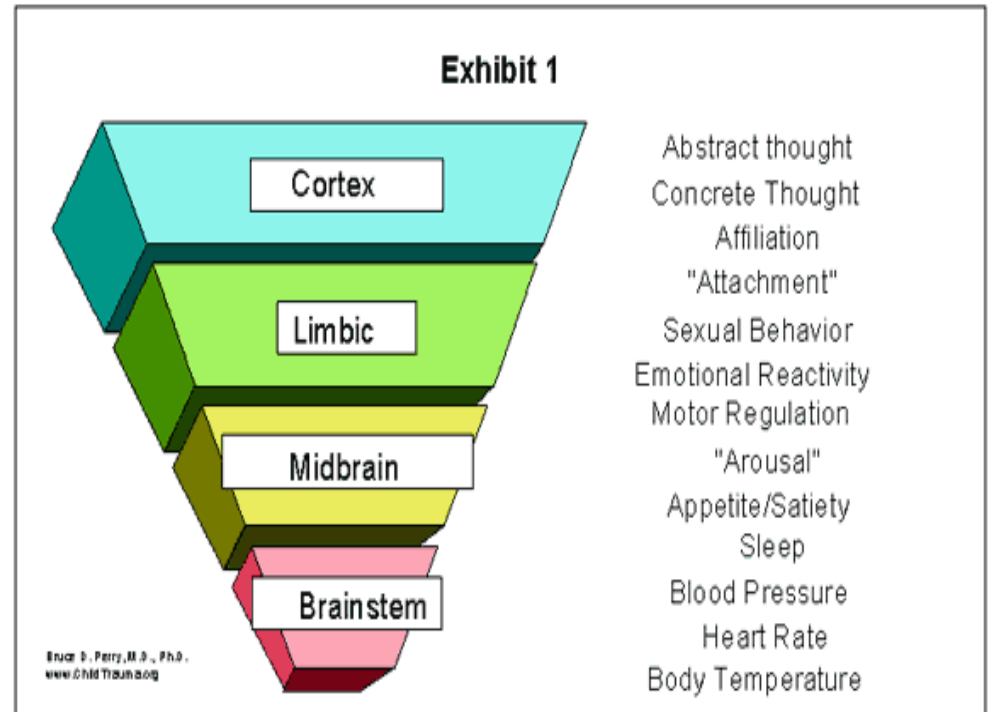
The accumulation of adversity in childhood has a lasting impact on development

Know the Stage, Watch the State

Regulate: 5 senses/ co-regulation

Relate:
empathy/attunement

Reason: problem solve



Core Elements of Positive Interactions

- Relational (safe)
- Relevant (developmentally-matched)
- Repetitive (patterned)
- Rewarding (pleasurable)
- Rhythmic (resonant with neural patterns)
- Respectful (child, family, culture)

Video Resources

- **Alberta Family Wellness Initiative**

<http://www.albertafamilywellness.org/>

- **Science In Seconds: Epigenetics**

<http://www.albertafamilywellness.org/resources/video/science-seconds-epigenetics>

- **The Child Trauma Academy Channel on Youtube**

<https://www.youtube.com/channel/UCf4ZUgIXyxRcUNLuhimA5mA>

Academic Talks From

www.albertafamilywellness.org

- **The Core Story of Brain Development, Judy Cameron, PhD**
<http://www.albertafamilywellness.org/resources/video/core-story-brain-development>
- **Applying Knowledge About how Stress Affects the Developing Brain, Philip Fisher, PhD**
<http://www.albertafamilywellness.org/resources/video/applying-knowledge-about-how-stress-affects-developing-brain>
- **The Good, the Bad & the Damaging: Chronic Stress & Allostatic Load, Mathew Hill, PhD**
<http://www.albertafamilywellness.org/resources/video/good-bad-damaging-chronic-stress-allostatic-load>
- **Growing Up in a Stressful Environment: What it Does, and What you can Do About it, Sonia Lupien, PhD**
<http://www.albertafamilywellness.org/resources/video/growing-stressful-environment-what-it-does-and-what-you-can-do-about-it>
- **Early Genetic & Environmental Factors Impacting the Reward & Motivation System, Pat Levitt, PhD**
<http://www.albertafamilywellness.org/resources/video/early-genetic-environmental-factors-impacting-reward-motivation-system>
- **Risk, Resilience, and Gene-Environmental Interplay in Primates, Stephen Suomi, PhD**
<http://www.albertafamilywellness.org/resources/video/risk-resilience-and-gene-environmental-interplay-primates>

QUESTIONS AND COMMENTS

Who we are

The Jean Tweed Centre



For Women & Their Families

- Working from a framework of safety, connection and empowerment, women-centered care is a holistic approach which validates the experiences of women and contextualizes substance abuse and mental health within her broader social and cultural experiences, including trauma and violence

Continuum of Care



- Stabilization & Support
- Day & Residential Program
- Wrap-around Services (Family, Continuing Care, Trauma Programs, Individual counselling)
- Outreach Services (Pregnancy & Parenting, Concurrent Disorders, Justice)
- Supportive Housing
- Telemedicine

Recognizing Trauma

- Trauma is unique and individual...the experience of the event, not the event itself
- Trauma affects the whole woman: the impacts are multiple, broad & diverse”
- Trauma has a wake: impact extends to family, community, social systems...
- Trauma can also be a collective experience, cultural and/or political
 - Trauma Matters: Guidelines for Trauma Informed Practices, JTC, 2013



Recognizing Trauma cont'd

- “Traumatic events are more than merely stressful – they are shocking terrifying and devastating...profoundly upsetting feelings of terror, shame, helplessness and powerlessness” (Courtois, 1999)
- “The actual experience (of trauma)...assault to sense of self, belonging, and connection...” (Kammerer & Mazelis, 2006)



Responding to Trauma

- Trauma Informed Practice: Universal Practice
- TIP acknowledges the impact of trauma and integrates this into all aspects of service
- Disclosure is not necessary

“They need to realize that there is nothing wrong with us, something happened to us”



Responding using TIP's

Core Principles:

- Acknowledgement
- Safety
- Trustworthiness
- Choice & Control
- Relational & Collaborative Approaches
- Strength-based Empowerment Modalities (Hope Optimism & Resilience)

***Framework for Self-Reflection



Therapeutic Relationships

- Trauma violates the sense of self and the ability to trust
- Relational Model focuses on connection (empathy, shared purpose etc. (Jean Baker Miller)
- **RICH** (Respect, Information, Connection & Hope – Saakvitne & colleagues, extract from Guidelines for Trauma Informed Practice, 2013)

Complementary Strategies

- Yoga
- Breath & Awareness
- Grounding exercises and objects
- Journaling (focusing on the present/future)
- Mindfulness*

Mindfulness

Dot.

"the intentional, accepting and non-judgmental focus of one's attention on the emotions, thoughts and sensations occurring in the present ..."

Mindfulness

- Roots in Eastern traditions (not Nova Scotia 😊)
- Recognized as highly effective adjunct in Western health, particularly in relation to body trauma
- Teaching mind/body awareness empowers individual to better manage stress, panic responses and triggers
- Application reduces many barriers, i.e. cognitive, cultural, fear of disclosure & consequences
- Evidence of changes in brain functioning (engages reasoning, i.e. observing the moment vs. being threatened by it)

JTC integration of Mindfulness Practice

- Nine months of mindfulness training for staff
- Ongoing monthly training on integration in practice (curriculum, groups, individual counselling, outreach, housing, etc.)
- Staff supervision
- Team meetings
- Three years of practice
- Lessons learned - keep it simple, ripple effect (transferrable), reduces compassion fatigue
 - -

QUESTIONS AND COMMENTS

Next steps



Get involved

Thursday January 29

TIP in various settings/with various populations

Friday Feb 13th

TIP at the agency and interagency level

Friday March 13th

Summing it up

Starting at noon

Preparing guidance

Possible themes for webinars and resources

- Awareness of trauma effects and responses
- Practice level conversations
- TIP in different settings and with different populations
- Agency level work – including prevention of secondary trauma

Get involved as a writer, identifier of resources and/or reviewer

CONTACT INFORMATION

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