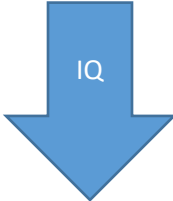


Building Trauma-Responsive Systems of Care
Cassie Yackley, PhD

- Presented by Let's Go and Building Resilience MWV
 - Cross-sector initiative
 - Memorial Hospital was sponsor
- NH has "Trauma-Informed Care" as a value of care in their healthcare *in statute*
- Attunement: reading non-verbal cues allows the mirror neurons in our brain to replicate the firing of neurons in another's brain, helping us to connect with them
- Reflected on vignette about Molli, a 13-year-old with social and emotional challenges
 - Used Poll Everywhere to share emotions and thoughts that came out of reflection
- Neurodevelopmental Impacts
 - ACEs = this happened
 - Next part = ...and now you...
 - Next part = ...and not matter what, I'm not going away.
 - Neuroception
 - Happens every quarter second
 - Is when brain scans through environment for danger, tries to determine if it's safe
 - If we've experienced danger, we are more attuned to it
 - Fear is most powerful shaper of brain
 - Temporal cortex (amydala)
 - Determines intention of voices, faces and hand movements
 - Most important mediator of fear response is primary caregiver
 - They determine how well we manage stress and fear over our lifetimes
 - Safety & relationships
 - "You keep me safe and help me to believe that others can be safe" = ATTACHMENT
 - "You see me, understand me, and help me understand myself" = ATTUNEMENT
 - "You notice when I am distressed and help me to calm down" = CO-REGULATION
 - People are not capable of self-regulation until they can co-regulate
 - Know that they're not alone, they have attachments
 - Stress response system via polyvagal theory
 - Rest and digest mode (ventral vagal parasympathetic)
 - Slows fear response, allows connection and co-regulation
 - Hyperarousal (sympathetic)
 - Danger, play, joy
 - Bodily changes – heart rate goes up, body gets mobilized for fight or flight response
 - Hypoarousal (dorsal vagal parasympathetic)
 - Life threat or deep rest and contemplation
 - Overrides sympathetic

- Activated by hopelessness, shame, humiliation (hurts that you can't get away from, like racial oppression, chronic pain, etc)
- State dependent functioning
 - As stress increases, IQ decreases

Calm Alarm 	Neocortex	Abstract thinking Future-oriented planning
	Limbic	Emotional thinking
	Diencephalon	Focus on hours and minutes
	Brainstem	Reflexive thinking No sense of time

- Sense of time that we can consider also goes down as stress state increases
 - Brains are less able, because of the latent stress of this time, to attend to longer tasks (including meetings, trainings, etc)
 - Fear: The Path Most Taken
 - States become traits
 - Brains limited by trauma and stress are not as well connected from side-to-side, so we have trouble giving words and meaning to thoughts and experiences
 - Disrupted neurodevelopment
 - Brain develops sequentially, top to bottom and inside to outside
 - The earlier the part of the brain is to develop, the harder it is to change
 - Deeper down, more neuronal scaffolding (connections)
 - Brain stem disrupted neurodevelopment
 - Means response to trauma is seen in bodily functions
 - Sleep (falling asleep, staying asleep, nightmares)
 - Eating (over eating, under eating, etc)
 - Toileting
 - Externalizing behavior problems
 - Represented by ADHD, ODD and CD (Conduct Disorder?)
 - Evidence links these to
 - Childhood maltreatment, family violence, maladaptive parenting
 - Hyperarousal
 - More often in boys
 - Internalizing behavior problems
 - Detachment, numbing
 - More often in females and young children
 - Hypoarousal
 - Intimacy barrier
 - What happens when we don't develop healthy, bounded relationships with others
 - People with poor relational history experience relational interactions as the trigger
 - Hard to get close to others without feeling threatened
 - Threat and intimacy become associated with each other
 - Negative alterations in cognitions and mood
 - Negative cognitive triangle

- Core shame/worthlessness
 - Are we worthy of belonging?
 - Beliefs about others
 - Not trustworthy
 - View of the world: malevolence (world is not a good place worth investing in)
 - Triangle model is characterized in Margaret Blaustein's ARC model, which shows impact of cognitive, emotional, and behavioral on youth, caregiver, and professional
 - We do a lot more damage for the people we serve when we talk about their behaviors instead of their experiences
 - Dissociation as protection
 - Severity and chronicity of trauma shape dissociative tendencies
 - Betrayal traumas like childhood sexual abuse and/or physical abuse result in the experience of dissociation more so than things like accidents
 - Dissociation during intimate personal violence can lead to "betrayal blindness"
 - Difficulty in seeing similar betrayals happening (such as the CSA of your children if you've suffered CSA)
 - 4 dimensions of consciousness affected by psychological trauma
 - Time
 - Thought
 - Body
 - Emotion
 - 4-D model of the Traumatized Self
 - Time
 - Flashbacks, reliving, fragmentation
 - Intrusive recall, reminder, distress
 - Thought
 - Hearing voices
 - Negative self-other referential thinking
 - Body
 - Depersonalization
 - Physiological hyperarousal
 - Emotion
 - Emotional numbing, compartmentalized emotion
 - General negative affect
- Look for Echo T-I Care infographics (Cassie says they're the best)
- Our job is to provide the disconfirming experience
 - You are:
 - Worthwhile and wanted
 - Capable
 - Safe
 - When you are with me:
 - I'm going to listen, be responsive and try to help you figure this out
- Instead of countering their thoughts/ideas linked to negative cognitive triad, identify with them

- “No wonder you’re doing that! I’d do that too if I felt like you. Let’s figure this out together.”
- “It doesn’t feel like you have any control over the situation. Go figure, life has thrown you some curve balls. I bet life feels out of control for you sometimes.”
- How do people change?
 - Change is a process, not an event
 - Behaviorism is often the primary way
 - Cognitive behavior theory”: if I can change your stinking thinking, I can change the way you think about your life and the way you act
 - Regulation theory
 - Provide people with opportunities for safety, connection, and hope
 - This allows people to access pre-frontal cortex, transcend their experiences, reflect and change
- Criminalization of traumatic experience
 - Dartmouth Trauma Interventions Research Center showed that 95% of kids showing up for court reported trauma, with mean # of trauma being 5.63
 - Trauma can lead to behaviors which are punished by juvenile justice, which delivers consequences that are often ineffective at changing behaviors, since they are rooted in trauma
- Evidence-based intervention
 - Child-parent psychotherapy
 - Premise is 0-5
 - Works with caregivers *and* child
 - Relationship between caregivers and child is the client
 - Starts with unpacking trauma of caregivers
- Trauma-Responsive Framework
 - Model for understanding trauma at individual, interpersonal, and systems level
 - Five parts
 - Seeing & Being: provide safety, connection, and regard
 - Reflective Process is in the middle
 - Experiences:
 - Practice persistent, gentle curiosity about people’s experiences
 - Impacts (look at what came out of experiences)
 - Physical
 - Emotional
 - Cognitive
 - Social
 - The future: post-traumatic grown happens, we’re going to figure this out together
 - Ultimately it’s “This happened, and now you are experiencing X, and we’re in this together—and there’s hope!”
- National Child Traumatic Stress Network is a goldmine of resources