Becoming Trauma-Informed: An Introduction

By: Nathan Swaringen, LCSW May 22ndst, 2017



Trauma is:

- "ANY experience that overwhelms us, leaving us altered and disconnected from our bodies. Any coping mechanisms we may have had are undermined, and we feel utterly helpless and hopeless."
- "Trauma is not in the event itself; rather, trauma lies in the nervous system." Peter Levine, Trauma Through a Child's Eyes



- Distorted smoke detector, distorted templates of threat, reward, and relationships.
- "The body continues to fight the unseen enemy." –Bessel van der Kolk
- Physical changes to stress response neurobiology (thermostat is out of balance).



Obvious examples of Trauma:

- Physical abuse
- Sexual abuse
- Neglect
- Emotional Abuse
- Exposure to violence
- Accidents or near death experiences
- Natural disasters



Overlooked sources of trauma:

- Exposure to verbal/emotional DV
- In Utero DV or mother's stress while pregnant
- Premature birth or lack of neonatal bonding
- Divorce
- Adoption/foster care
- Parent substance abuse
- Caregiver abandonments/incarceration/deportation



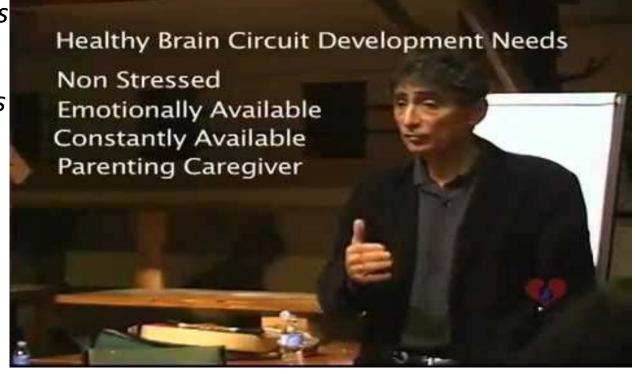
Overlooked sources of trauma cont.:

- Medical/dental procedures
- Poverty or Neighborhood violence
- Bullying
- Frequent moves/schools
- Ambient trauma or constant chaos in the home
- Certain disciplinary practices
- racism
- Lack of attunement and "proximate separation"



Overlooked sources of trauma cont.:

"When bad things happen, but also when good things don't happen."



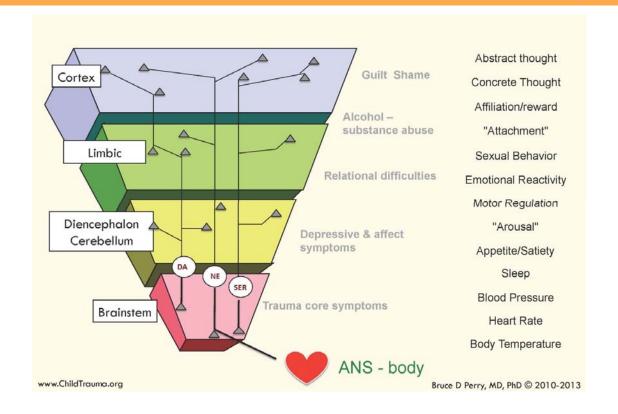


- The brain is a historical organ. It becomes what is has been exposed to.
- The brain is use-dependent: vision, language, empathy, communication, emotional regulation, ability to love, relational reward, trust, problem solving, social interactions, stress response, etc.
- The quality and quantity of patterned-repetitive experiences will determine developmental level achieved (eg. # of words or # of empathic problem solving interactions for average 5 y/o)



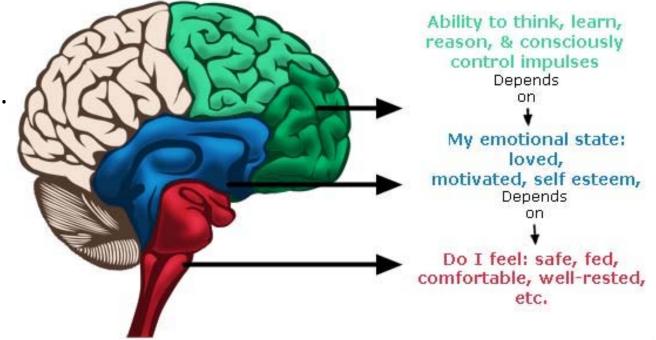
- Neural templates: Brain makes associations based on pattered, repetitive stimuli. (eg. siren = firetruck, raised voice = Domestic violence)
- The brain develops and is most susceptible to the effects of trauma from conception to age 5.
- The brain develops from the bottom-up.







- Trauma affects all brain areas, but mostly the lower areas.
- Brain functions from the bottom-up.
- If lower areas are not regulated, upper areas will not be regulated.





The Effects of Trauma

- We have to try to understand the purpose of their behavior.
- We must focus on why they're behaving in such a way, instead of trying to control what they are doing.
- Their behaviors are actually their body's attempts to cope with the "unseen enemy". Tuning out, aggression, oppositionality, or hypervigilance was helpful during the trauma, but has now become problematic.



Behaviors Through the Trauma Lens

ALMOST ALL BEHAVIORAL IMPAIRMENTS FALL UNDER:

- Fight (anger, aggression, defiance, need for control, etc)
- Flight (hyperactivity, impulsivity, sensory seeking, etc)
- Freeze (dissociate, ignore, distractibility, etc)
- Fold (numb, give in, give up, etc)



Behaviors through the Attachment Lens

- "Acting out is what we do when we don't have the words for something." – Gabor Mate
- "Every undesirable behavior is a cry for an unmet need. And almost every single time, that unmet need is connection."



Behaviors through the Attachment Lens

- Attention seeking = seeking connection/social engagement, relational reward (dopamine).
- Class clown: scanning peers for approval/safety.
- Sibling rivalry = Insecure attachment & fighting for closeness to parent(s).
- Impulsivity/hyperactivity/distractibility/ tuning out = lack of co-regulation
- Poor emotional regulation = unstable attachment figure.



Behaviors through the Attachment Lens continued

- Defiance = testing for protection.
- "I don't care" = "I don't feel cared for"
- Lazy/unmotivated = lack of relational reward
- Bullying = attachment void.
- Aggression = a need for touch/physical affection.
- Peers/gangs > parents = peers have filled attachment void.
- Cutting/self-harm = emotional pain from opposite sex parent.



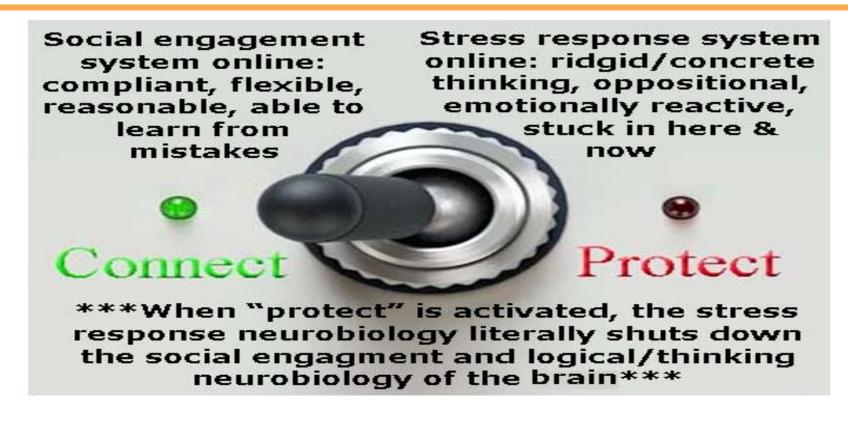
State-Dependent Functioning

- Our ability to function depends on what state we are in.
- "When we stress we regress"
- Arousal continuum vs dissociative continuum

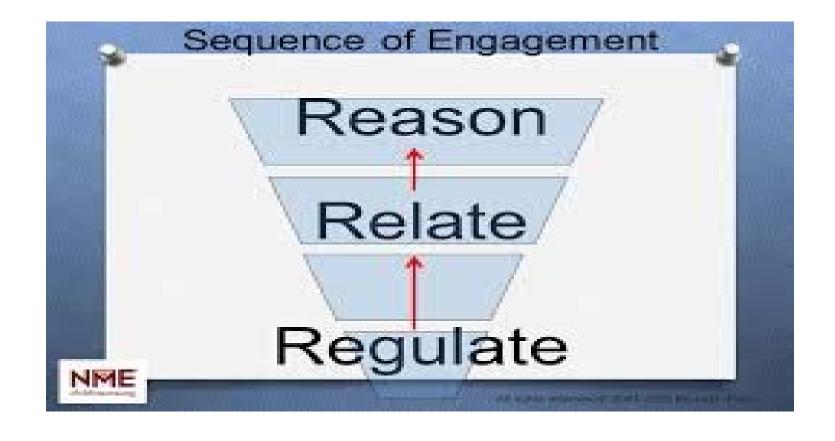




The Intimacy Barrier









Regulate:

- Sensory regulating activities: (we all do this!)
 - Appropriate touch, massage, rocking
 - Dance, exercise, walking, marching
 - Play-doh
 - Music, singing, drumming,
 - Drawing
 - Playing catch/other ball games
 - Sand/water play
 - Occupational Therapy ideas



Relate:

- Respect the intimacy barrier: mind your facial expression and proximity/stature.
- Don't overpower the child with threats, consequences, or lectures.
- Connect with their inner child.
- Active listening, empathy, validating & reflecting statements.



Relate:

- Oxytocin: Love & bonding hormone. Helps calm, soothe, regulate, and organize a triggered nervous system. Predictable, patterned, consistent oxytocin release repairs nervous systems disorganized by insecure attachment relationships.
- Dopamine: Relational reward and motivation neurochemical.
- Cortisol: Hormone released during stress-perceived threat.
 Perpetuates dysregulated nervous systems.
- Mirror Neurons: co-regulation. "Be their amygdala."



Relate:

- Oxytocin & Dopamine: Released during loving, carring, nurturing, empathic, safe interpersonal interactions.
- Cortisol: Released during confrontational, overpowering, punitive, frightening interpersonal interactions.
- Is my intervention/interaction with this child going to produce cortisol or oxytocin?



Reason:

- Collaborative problem solving
- Empathy building/perspective taking
- Verbal processing
- Cognitive restructuring
- etc



Thank You!

Questions?





