

Beyond Trauma, Towards Resiliency: Theory & Practice



Presenters

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Learning Objectives

Participants will:

- Learn how two agencies collaborated to embed trauma-informed and resiliency approaches into daily practice for both clients and staffs.
- Gain knowledge of the neurobiology of trauma and its impact for neuro-sequential programming.
- Learn how to implement an array of practices that yield outcomes of resilience for survivors.
- Take away skills to build practices that create well-being and health for themselves and their clients.



Cross-Agency Collaboration



Mission, Vision & Values

Founded in 1969, Center for Community Solutions (CCS) helps more than 11,000 adults and children each year heal and prevent relationship and sexual violence.

Mission

To end relationship and sexual violence by being a catalyst for caring communities and social justice.

Vision

For all people to live full, free, expressive and empowered lives in a safe, vibrant, healthy and peaceful community.

Values

Social Justice	Integrity	Excellence	Passion
Catalyst for Caring Communities		Cultural Competence	



Mission, Vision & Values

One of the first agencies of its kind in the country, Peace Over Violence (POV) has been committed to social service, social change and social justice for 41 years. POV's innovative programs are comprehensive and include Emergency, Intervention, Prevention, Education and Advocacy services.

Mission

Building healthy relationships, families and communities free from sexual, domestic and interpersonal violence.

Vision

Our vision is a world without violence. Where no child is abused, no wife battered, no friend raped. A world without terror, without threats, without wounds from intentional actions. Where the strong provide for the vulnerable, where the vulnerable become empowered, where every kind of family is safe and secure, and girls and boys and women and men have a fair and equal chance at the pursuit of happiness in a tolerant and talented society.

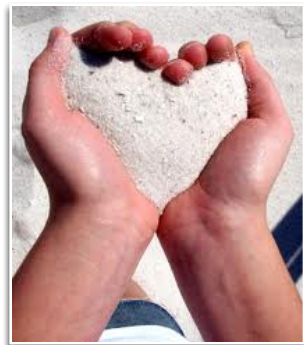


“...assimilating and liquidating traumatic experience produces a feeling of TRIUMPH.”

- *Judith Herman, Trauma and Recovery*



The Democratization of Healing

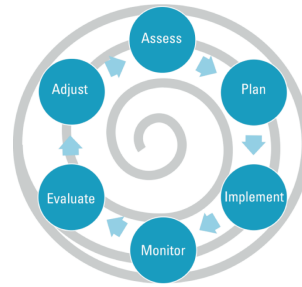


“What we want to achieve is nothing less than the democratization of healing.”

- *Patti Occhiuzzo Giggans*

The Process

- Laid the foundation for inter-agency collaboration
- Created a shared vision for the direction of the project
- Formed research teams
- Reviewed 51 mind/body/spirit/social healing modalities
- Settled on 24 modalities between both agencies
- Trained like crazy!
- Documented, observed, evaluated feedback-looped



Building the Framework

- Developed shared values and a vision for the project.
- Built a framework for collaboration and communication between POV and CCS.
- Defined the desired outcome that CCS and POV hoped to achieve through this project.
- Identified and assigned work to be done to prepare each agency to achieve the envisioned transformation, including researching best-practice trauma treatment methods and approaches.





Building Capacity CCS & POV Training

Resiliency Skills

- Community Resiliency Model (CRM)
- Trauma Resiliency Model (TRM)
- Trauma Releasing Exercises (TRE)
- Seeking Safety
- Beyond Trauma
- Dialectical Behavioral Therapy (DBT)
- Self-Defense

Neurobiology of Trauma

- Bessel van der Kolk
- Daniel Siegel
- Elaine Miller-Karas
- Stephen Porges
- Peter Levine



Building Capacity CCS & POV Training

Mindfulness, Meditation, & Imagery

- Jack Kornfield
- Daniel Siegel
- Marsha Linehan
- Jon Kabat-Zinn
- Thich Nhat Hanh
- David Emerson (TI Yoga)
- Belleruth Naparstek
- Mindfulness Awareness Research Center (MARC) at UCLA

Neuro-sequential Programming

- Judith Herman
- Gabriella Grant
- Daniel Siegel

Parenting

- Heather Forbes
- Echo Parenting



Building Capacity CCS & POV Training

Mind/Body/Spirit Awareness

- David Emerson (yoga)
- Lisa O'Shea (*Qi Gong*)
- Andrew Weil (breath-work)
- Elaine Miller-Karas (tracking)
- Peter Levine (interoception)
- David Emerson (TI Yoga)
- Babbette Rothschild
- Sharon Porter

Expressive Arts

- A Window Between Worlds
- International Play Therapy Association
- Theater of the Oppressed



The Neurobiology of Trauma

Trauma

- Understanding trauma is not just about acquiring knowledge. Its about changing the way you view the world.
- It's about changing the helping paradigm from "What is wrong with you?" to "What happened to you?"

- Sandra Bloom, 2007

Trauma

What is trauma?

- Literally a wound—psychological versus physical
- Psychological trauma occurs when a sudden, unexpected, overwhelming intense emotional blow or a series of blows assaults the person from outside.
- Traumatic events are external, but they quickly become incorporated into the mind (Terr,1990) and the body (van der Kolk,1997).

According to Judith Herman's book, *Trauma and Recovery* (1992), psychological trauma is characterized by feelings of:

- Intense fear
- Helplessness
- Loss of control
- Threat of annihilation

Trauma

Trauma is defined using eight general dimensions and six specific distinctions.

Dimensions (Wilson & Sigman, 2000)

- Threat to life of limb
- Severe physical harm or injury, including sexual assault
- Receipt of intentional injury or harm
- Exposure to the grotesque
- Violent sudden loss of a loved one
- Witnessing or learning of violence to a loved one
- Learning of exposure to a noxious agent
- Causing death or severe harm to another

Distinctions

- Physical trauma
- Psychological trauma
- Social trauma
- Historical trauma
- Ongoing trauma
- Vicarious, or secondary, trauma

Prevalence of Trauma

It is estimated that at least half of all adults in the U.S. have experienced one incident that was caused by a major traumatizing event (Briere & Scott, 2006).

For children the prevalence is believed to be even higher than that experienced in adulthood:

- Some studies have found up to 60-70% of urban youth have experienced a traumatizing event in their lives. Exposure to traumatizing events is occurring at an epidemic rate (Geffen, Griffin & Lewis, 2008).
- ACEs Study found that childhood trauma is very common ~ 70%. The average number of adverse childhood experiences is about 4.



Sexual Trauma

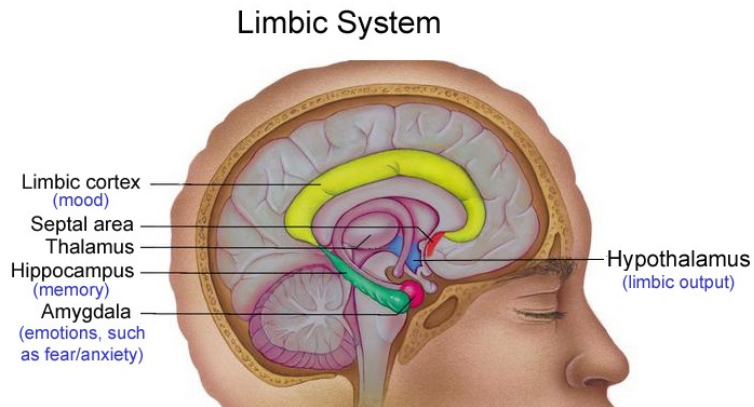
- Sexual trauma refers to one or multiple sexual violations that invoke significant distress.
- The term *sexual trauma* is recommended in response to observations that some survivors do not label their experiences as rape or assault due to familiarity with the perpetrator or the absence of force.
- Clinical observations have also suggested that *sexual trauma* may be a less stigmatizing term for some survivors and may promote healing by acknowledging the impact of the violent act on the individual's well-being.
- The term *sexual trauma* compounds the acts of violence with survivors' responses.



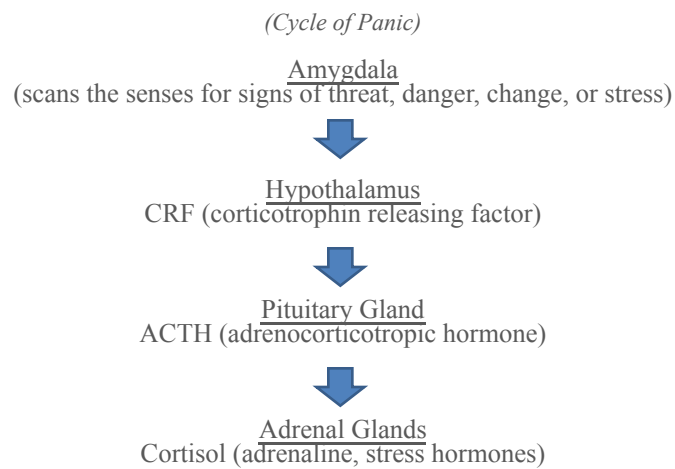
Sexual Trauma

- Survivors of childhood and adulthood sexual trauma are at high risk of posttraumatic stress disorder (PTSD).
- In a recent study, women who reported childhood sexual abuse were five times more likely to be diagnosed with PTSD compared to non-victims (Coid et al., 2003).
- Another study showed that the lifetime rate of a PTSD diagnosis was over three times greater among women who were raped in childhood compared to non-victimized women (Saunders et al., 1999).
- Survivors are also more likely to suffer from depression, suicide, and other mental health problems.

Trauma-Response—Neuroscience



Axis HPA (Hypothalamus-Pituitary-Adrenal)



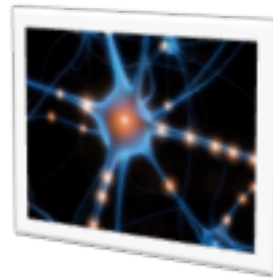
The “Stress Hormone”

- Produced by your adrenal glands, this “stress hormone” helps regulate blood pressure and the immune system during a sudden crisis (trauma).
- Chronic trauma or deregulation can keep this survival mechanism churning in high gear, having a negative effect.
- Chronically high cortisol levels can cause sleep problems, a depressed immune response, blood sugar abnormalities, abdominal weight gain, and over long periods of time, can cause damage and cell death in the brain.

Cortisol

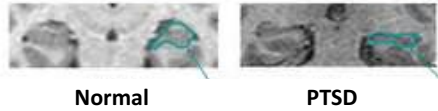
Some of this damage is immediate but most of it happens in the 48 hours following the traumatic event, when certain chemicals are released.

Cortisol is a hormone related to high stress (i.e. tummy chemical).





Hippocampal Volume Reduction in PTSD



MRI scan of the hippocampus in a normal control and patient with PTSD secondary to childhood abuse. The hippocampus, outlined in blue, is visibly smaller in PTSD. Overall there was a 12% reduction in volume in PTSD.



What is Traumatic Stress?

- The reactions someone may develop after a traumatic event due to experiencing extreme stress.
- Reactions vary considerably.
- Some people experience anxiety, fear, shock, and upset or even numbness.
- Some report disturbances in sleep with nightmares.
- These reactions can interfere with activities of daily living.

Traumatic Stress

- Since the beginning of time, mammals have responded to life-threatening events in similar ways.
- We are born with a number of innate emotions that are part of our mammalian heritage and that produce patterned and predictable responses in all of our organs, including our brain.
- Overwhelming emotions can do damage to our bodies as well as our psyches.

How does this effect our functioning....



Trauma and the Body

- When discussing trauma, one must use a mind/body paradigm.
- Adults report many somatic symptoms of stress.
- Children who have suffered chronic trauma, abuse and neglect often suffer from a multitude of physical disorders not directly related to whatever injuries they have suffered.
- We know that chronic trauma/stress has a direct relationship to heart disease, cancer, chronic lung disease, skeletal fractures, liver disease, diabetes, and chronic pain. For sexual trauma, ailments include lower back pain, chronic yeast infections, gynecological complaints, vaginal pain, and sexual dysfunctions.

Stored in the body...

- While your brain sends the signals to your body—its important to know that you have a **PHYSICAL** body reaction to trauma.
- This is not “all in your head.”
- Your body has a direct reaction and can even store memory of the trauma in your muscles.



Trauma and Spirituality



- Spirituality is a personal experience with many definitions.
- Spirituality might be defined as “an inner belief system providing an individual with meaning and purpose in life, a sense of the sacredness of life, and a vision for the betterment of the world.”
- Other definitions emphasize “a connection to that which transcends the self.” The connection might be to God, a higher power, a universal energy, the sacred, or nature.
- Researchers in the field of spirituality have suggested three useful dimensions for thinking about one’s spirituality:
 - Spiritual beliefs
 - Spiritual practices
 - Spiritual experiences

Trauma and Spirituality

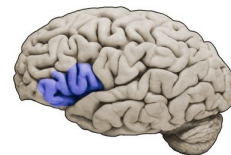
- Evidence suggests that trauma can produce both positive and negative effects on the spiritual experiences and perceptions of individuals.
- These effects may change as time passes and a person moves further away from the acute phase of trauma recovery.
- On the positive side, some individuals experience increased appreciation of life, greater perceived closeness to God, increased sense of purpose in life, and enhanced spiritual well-being even following devastating events such as disasters and rape.
- For others, trauma can be associated with loss of faith, diminished participation in religious or spiritual activities, changes in belief, feelings of being abandoned, or punished by God, and loss of meaning and purpose for living.



Trauma and Memory

- The body and brain react to and record trauma in a different way than we have traditionally been led to believe.
- When trauma occurs, the prefrontal cortex will frequently shut down, leaving the more primitive portions of the brain to experience and record the event.
- The more primitive areas of the brain do a great job of recording experiential and sensory information, but they don't do very well recording the kinds of information many professionals have been trained to obtain.
- Most interview techniques have been developed to interview the more advanced portions of the brain (prefrontal cortex) and obtain specific detail/peripheral information such as the color of a shirt, description of the suspect, time frame, and other important information (Strand, 2013).

“I just can't find the words...”



Decreased activity in Broca's area of the brain:

- Broca's area is related to speech.
- When experiencing trauma, access is limited and it may be difficult to speak.
- Some believe that this is why children struggle to use words to explain their traumatic experiences and use play instead.

The Impact of Trauma

- One of the enduring effects of unresolved trauma is dominance of the fear-driven back of the brain stem.
- Fear-driven people are anxious, hyper-vigilant, and avoidant.
- They do what it takes to flee and avoid whatever makes them unhappy or uncomfortable.
- They are rarely far from the very feelings and events they fear, and often participate greatly in producing the very thing they fear.

A “Normal” Reaction to Trauma...

It is important to know and understand there is NO “normal” way to react to trauma.

Here are some of the many possible reactions to trauma:

- Crying
- Laughing
- Silence
- Anger
- Illness
- Fatigue
- Sleep
- Depression



Acting Out.....

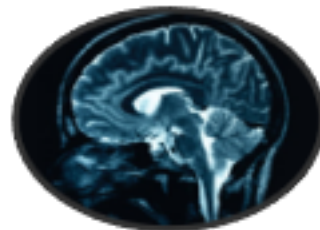
Children and adults can “act out” or can “act in.”

- Loss of eye contact
- Detaching/becoming numb
- Becoming angry for no reason
- Tantrums
- Bedwetting or regression
- Wanting to “hit” something
- Skipping work or school
- Drinking or using drugs (avoidance)
- Not wanting to be touched
- Depression



PTSD Symptoms

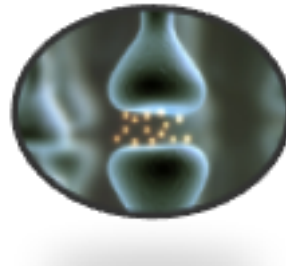
- Re-experiencing
- Reliving event through nightmares
- Reliving event through flashbacks
- Memory “triggered” by any of the five senses
- Anxiety, panic attacks
- Trouble sleeping and concentrating



What is Neuroplasticity?

Changes in neural pathways and synapses which are due to changes in behavior, the environment, and neural processes, as well as changes resulting from bodily injury.

Neuroplasticity has replaced the formerly held position that the brain is a physiologically static organ, and explores how—and in which ways—the brain changes throughout life.

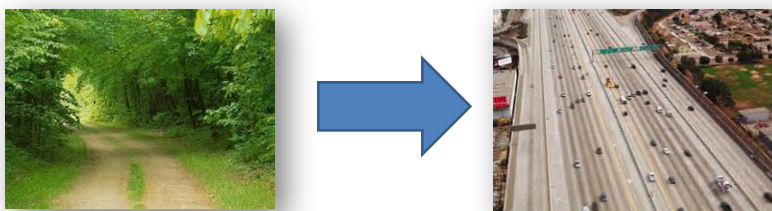


Negative and VERY POSITIVE!



- The more often neural pathways fire, the stronger the connections will become.
- This is the basis of all learning and memory formation.
- “Neurons that fire together, wire together.”
- The big implication here is that if our brain changes itself based on our experiences, then by changing our experiences, we can actively re-shape our brains.

■ Creating new pathways....

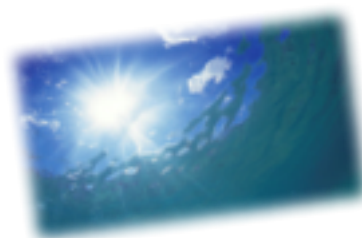


Just like your brain created new pathways every time it experienced trauma or was triggered, your brain can, through experience and practice, create new and more useful pathways.

■ *Why is this so important to know?*

If we can pay attention to our clients and meet them where they are functioning, we can better help them to feel understood, heard, and ultimately heal their trauma without being re-traumatized by misunderstanding.

Because if the brain retains the ability to be changed as a result of trauma, it will also have the ability to heal...



Trauma Informed Care (TIC)

- An organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma on the well-being and behavior of survivors.
- TIC emphasizes physical, psychological, social, and moral safety for both consumers and providers.
- TIC helps survivors rebuild a sense of control and empowerment.

Essentials of Trauma Informed Care

- Connect—focus on relationships
- Protect—promote safety and trustworthiness
- Respect—engage in choice and collaboration
- Redirect (teach and reinforce)—encourage skill-building and competence

(Hummer, Crosland, & Dollard, 2009)

Trauma Informed Care Intervention

“There is no more effective neurobiological intervention than a safe relationship.”

- Bruce Perry, MD



- The relationship works to bring the brain back into regulation.
- Safe, predictable, and consistent relationships.

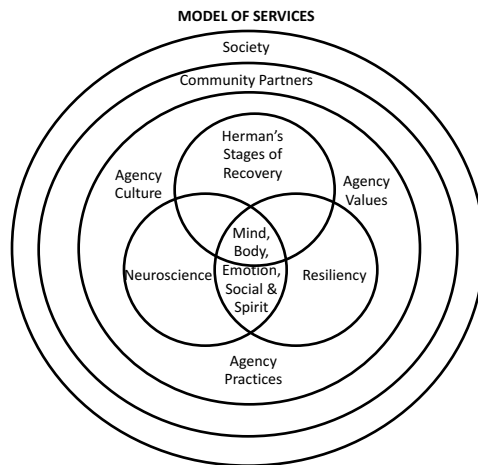
Trauma Informed Methods

 TRIUMPH

Trauma
Resiliency
Integration
Using
Multiple
Pathways to
Healing

TRIUMPH

TRAUMA RESILIENCY INTEGRATION USING MULTIPLE PATHWAYS TO HEALING



Our Inspirations

Empowerment Model

Three-Stage Model of
Trauma & Recovery

Mindfulness Therapies and Practice

Body-Mind-Spirit Approaches

Bilateral Stimulation Techniques



TRIUMPH Service Principles

1. Strengths-based assessment is conducted with an understanding of trauma.
2. Foundation of safety.
3. Stabilization of nervous system through self-regulation and resiliency.
4. Work with clients (as advocates, therapists, attorneys, hotline counselors, etc.) from this foundation of strength, safety, and stability.



CCS & POV Core Competencies

- Therapeutic Relationship
- Empowerment
- Community Resiliency Model Skills
- Self-Regulation Skills
- Mindfulness
- Trauma-Informed Services
- Neurobiology of Trauma
- Risk Assessment
- Motivational Interviewing
- Self-Defense
- HIPAA



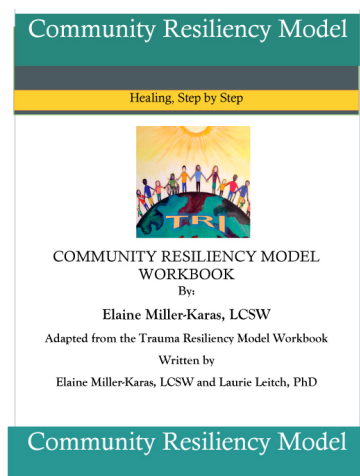
Core Competencies

- Why did we choose to focus on these as core competencies?
- How can these skills be applied by people in different roles within our organizations?

receptionist	advocate	counselor
attorney	shelter staff	educator
hotline counselor	emergency responder	

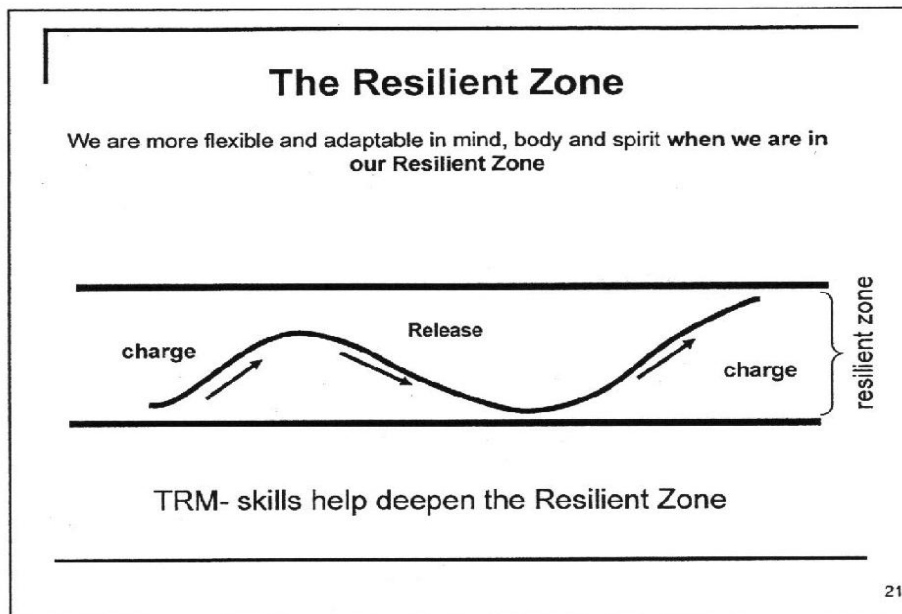
Community Resiliency Model Skill-Building

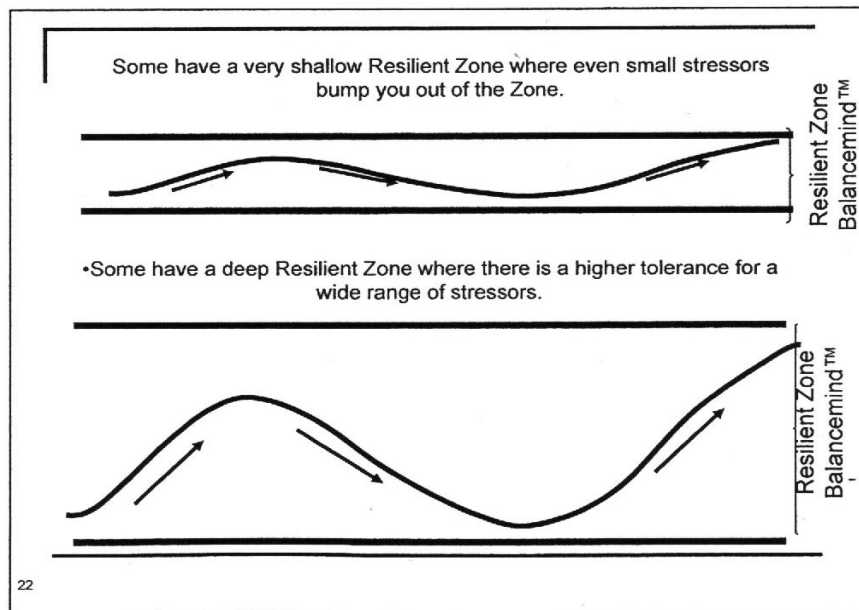
Community Resiliency Model (CRM)



Community Resiliency Model

- Our response to trauma and stress impacts our nervous system.
- Stress and trauma symptoms are natural biological reactions, *not* mental weakness.
- Observation of sensations and knowledge of the nervous system improve self-regulation.
- These skills help us come to center & balance.
- By building our own resiliency, we are better able to model and teach our clients resiliency skills.



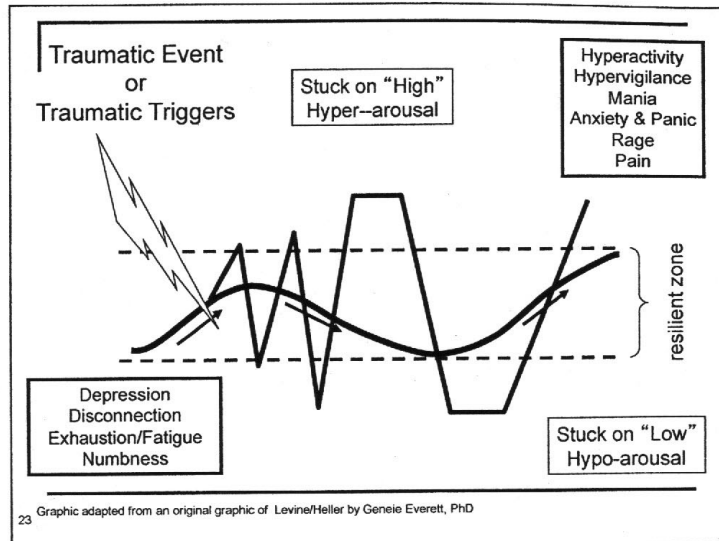


Why deepen our resilient zone?

- In the resilient zone, we think more clearly, handle emotions better, and manage sensations inside our bodies.
- We can handle stress and stressful events with more tolerance.
- We can bounce back to our resilient zone and return to the normal rhythm and flow of our nervous system more easily.
- Bounce back to feel our “best self” more often.



Resilient Zone



Tracking

- Body Sensing: Recognizing and monitoring what is happening within our bodies as we experience a situation.
- Work with **BODY SENSATION**: Noticing heart rate, pace of breathing, muscle tension, pain, body temperature, energy flow, and the movement of sensations.

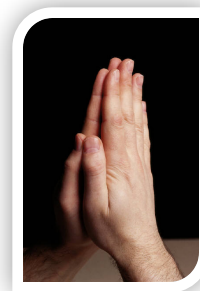
Learning a New Language

Focus is on sensations within the body.

Not - How are you feeling?

Not - Description or telling the story.

Not - Interpretation or blame or meaning.



What are you sensing on the *inside*?

Where are you sensing it?

Re-directing:

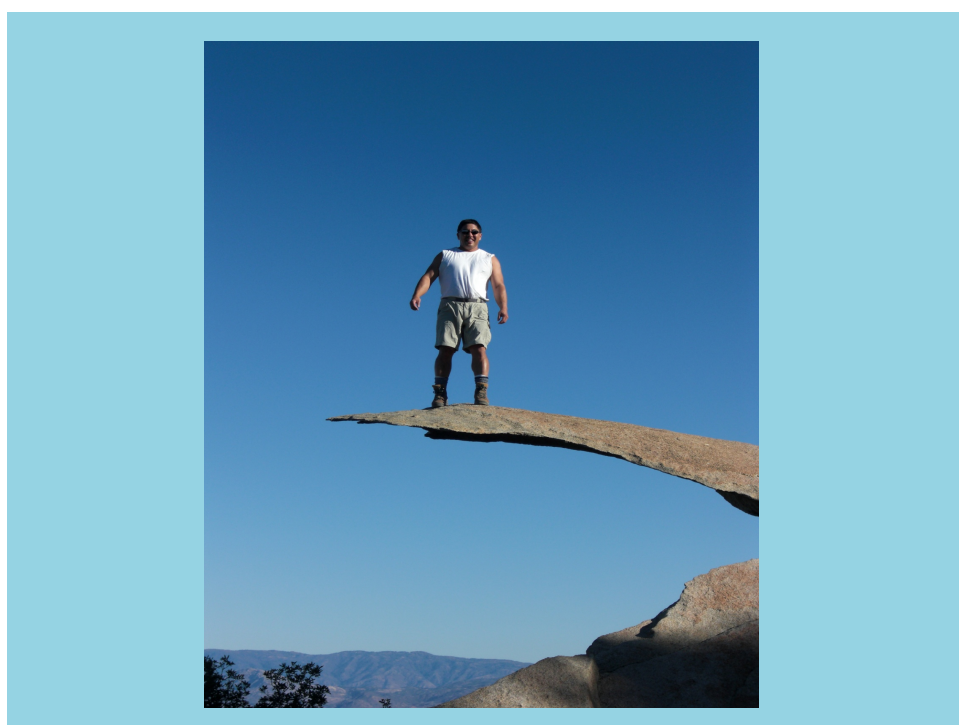
When a person responds with “I feel excited” you can ask
“where in your body do you sense that excitement?”.

Tracking Skills Practice



As you view the following slides, answer the following questions:

- What are you sensing or noticing on the inside?
- What do you notice about your breathing, heart rate, temperature?
- Are any of the sensations changing?
- Is the sensation, pleasant, neutral, or unpleasant?



Resourcing



Using positive things in your life to bring balance back to the nervous system.

Internal Resources

-- What gives you joy or brings you strength?

Values: kindness, compassion, humor, faith

Characteristics: strong legs/ back, good sleeper, straight spine, healthy heart, intelligence



External Resources

A person, place, animal or spiritual belief that sustains or nurtures you.

- Positive experiences
- People we know, love, admire
- Places that offer peace or safety
- Skills
- Hobbies
- Animals we love



Grounding



- The direct contact of the body with the ground or with something providing support to the body (chair, floor, wall).
- Helps us stay in the present moment.
- When we are stressed or triggered by trauma, we are knocked out of our resilient zone and out of balance.
- Grounding brings us back to center or in balance; back to resilient zone.

■ Grounding & Resourcing Practice



■ Benefits of Resiliency Practice

- Staff who learn to self-regulate operate from position of strength to help clients.
- Self-care increases.
- Staff model resilience for one another and clients.
- Staff teach resiliency skills from a foundation of personal knowledge and experience.



Where Are We Now?

Where Do We Want to Be?

Questions???



For more information

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