

Trauma 101 PowerPoint User's Guide

In an effort to further the goal of creating a trauma informed state, the Trauma Informed Care Project Training Subcommittee, as part of the Trauma Informed Care Project grant received by Orchard Place Child Guidance Center, has created a PowerPoint presentation entitled *Trauma 101*. This presentation is designed to introduce individuals in all professional arenas to the impact that trauma has on the brain in both children and adults. It is the hope of this subcommittee that the information in this presentation will further the statewide conversation on trauma and continue to work toward the goal of having 100% of Iowa's population trauma-informed.

The information contained within this presentation has been carefully chosen to provide a basic level of information to individuals who may have no knowledge of the subject. The presentation is designed to take approximately one hour. The subcommittee has made this training available to the public and is comfortable with you altering the examples to better fit your situation or to the professionals you are addressing; however we request that you do not make changes to the core information (i.e. definitions, modes of treatment, etc.). Members of the training subcommittee are available for guidance if you have questions about the information contained in this presentation and how to best use it with your specific audience.

As the members of the subcommittee were developing this training the following objectives were established:

1. To assist individuals in any profession in understanding the various types of trauma, its prevalence and its impact on brain development in both children and adults.
2. To understand the role that adverse childhood experiences (ACEs) play in adult physical and mental health.
3. To leave the session with a broader perspective on the role they can play in continuing the trauma conversation with their colleagues.

If you have additional questions about this presentation please feel free to contact:

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The following is the information contained on the “notes” page for each slide.

Slide 1 – Cover Slide:

This will present basic information to help us understand what is meant by the term “trauma.”

The presentation will focus on:

- What is meant by the term “trauma”
- How the term is used by professionals – so we can have shared language and better, more precise understanding
- How traumatic events may affect people
- Understanding that the responses to traumatic events vary widely and depend on many factors

We will emphasize throughout the presentation that a person who experiences an event may or may not realize or believe that the particular event has the potential of being traumatic. This may be true, even if the person is having symptoms related to the trauma, as we will show later. In this way, it is helpful for others – family members, helpers, etc., - to inform the person that surviving a hurricane, for example, is an experience that may have, in fact, traumatized the person. This is intended to be helpful to the person in understanding his or her response. So, the information in this presentation is intended to provide useful information about what trauma is, how the term is used, and how all of us who know, care about or serve people exposed to trauma can genuinely understand and be of help

Slide Two - Overview:

Especially since the events of September 11, 2001, there is an increasing effort to make people aware of what trauma is, how it may affect individuals and how we can:

- Understand when we may be seeing the effects of trauma in another person,
- Help those who may have been hurt by trauma,
- Find appropriate resources for those who have been hurt by trauma

Slide Two – Definition Slide:

<http://www.isst-d.org/education/faq-trauma.htm>

We know from our work with children and from studies of the brain that the prolonged exposure to severe, traumatic events may cause severe and lasting effects. We also know that the neglect of appropriate caretaking can pose a traumatic threat to children. The more severe and the more chronic the stress, neglect abuse, etc., the more threat it poses to the child. Please also note that there is a distinction between WILL OCCUR and MAY OCCUR. We have already noted that events are considered traumatic based on the response of the person to the event. We also know that two people can undergo the same event and one will experience it as trauma, the other may not. This does not mean we minimize the potential effects of potentially traumatic events. It does mean that, in being precise in how we think about trauma and our language that we acknowledge each person and each child is individually and carefully considered. We do not automatically assign the term “traumatized”.

Slide Three – What is Trauma?

Marsenich, 2009.

Basically, when we say “trauma” we are referring to an event or series of events that have occurred that have caused a person to feel very threatened. One can see that this sense of being threatened may vary from person to person. For example, a young child may feel extremely threatened by a relatively small, barking dog. If the dog is moving around, barking persistently, has his mouth open, shows his teeth, moves towards the child or the child’s parent, etc. – The important fact to consider is how the child perceives this, not how innocent, small, playful or relatively harmless the dog may “objectively” or factually appear. The second thing this slide is presenting is that the term “trauma” implies a response. The event itself (the barking/jumping dog, for example) may be considered traumatic or potentially traumatic. What causes us to think in terms of trauma is the response the person has. If the person feels threatened, fearful, helpless, etc., this may result in an increased sensitivity in the person.

In the above example, a person may:

- grow older and continue to be fearful of small or any and all dogs
- may remain fearful and not remember why,
- or be embarrassed about the fear,
- or be worried that others will laugh at something that seems so commonplace and inconsequential, etc.

An observer who understands trauma will realize that the fear the person shows is communicating something important in the person’s history

- Whether the person understands the fear himself,
- Whether he remembers it
- Whether he is embarrassed by it or
- Whether he denies or minimizes it

Slide Four – What is Trauma?

We know from our work with children and from studies of the brain that the prolonged exposure to severe, traumatic events may cause severe and lasting effects. We also know that the neglect of appropriate caretaking can pose a traumatic threat to children. The more severe and the more chronic the trauma, the more the threat to the child. Please also note that there is a distinction between WILL OCCUR and MAY OCCUR. We have already noted that events are considered traumatic based on the response of the person to the event. We also know that two people can undergo the same event and one will experience it as trauma, the other may not. This does not mean we minimize the potential effects of potentially traumatic events. It does mean that, in being precise in how we think about trauma and our language, that we acknowledge that each person and each child is individually and carefully considered. We do not automatically assign the term “traumatized”

Slide Five – What is Trauma?

This slide is self-explanatory. It reminds us that people distinguish between intentional events and events that are beyond our control. Events that are viewed as intentional attack our sense of trust in others, our sense of order and organization. This can have profound and long lasting adverse effects on the individual. Remember, however, that the meaning of the experience of trauma lies with the individual. Although this slide addresses what often occurs an individual *may or may not* be overwhelmed by any event.

Slide Six – What is Trauma?

The information on this slide is taken from information provided by Elizabeth Hopper, Ph.D. Trauma Center at JRI

First, we will consider different examples of what is meant by the term “trauma.” When we hear the term, remember that it may refer to experiences that are personal and/or private – examples are provided in the slide. Also recall, that a person who has one or several experiences of trauma in his or her background may not speak about it with others for many reasons. Also, as with the example of domestic violence, a person may not realize that having personally experienced or witnessed this is something that could be considered trauma. Other examples of trauma may include events that are public and known by others. There are many examples of this in current events. Again, remember that people vary in their understanding and appreciation of the term trauma. Someone who was caught in the ravages of Hurricane Katrina may not think of this as trauma. Likewise, a person listening to the story of someone who survived the Hurricane may not think of this as trauma because it was public and many people were involved

Slide Seven – What is Trauma?

What is perceived as trauma/traumatic may vary from individual to individual. When you look at this slide, what do you see? You may see a vase or you may see two profiles, facing one another. Both answers would be correct, although they differ. Further, it may take you a long or short time to see the image you did not originally see. The point of this, again, is that the perception of the individual who has had the experience is very important and determines whether that person has been overwhelmed, or “traumatized”.

Slide Eight – Prevalence:

No notes on this slide. Information is provided on the slide.

Slide Nine – Prevalence:

This slide is addressing the fact that the effects of trauma linger. The experience of trauma may weaken a person’s ability to cope over the long term, as well as “overwhelming the person’s capacity to cope” in the short term. In such instances, a compassionate perspective may be helpful since many of these individuals need assistance, rather than punishment.

Slide Ten – Prevalence (ACE Study):

The study was designed to simultaneously assess consumer exposure to multiple types of abuse, neglect, domestic violence, and types of serious household dysfunction such as substance abuse. The study also included a look at a large group of high priority health issues found in adolescence through adulthood.

Specifically, the Adverse Childhood Experiences were:

- Exposure to emotional, physical or sexual abuse
- Emotional or physical neglect
- Alcoholic, drug user, in household
- Mental illness or suicide in household
- Mother treated violently
- Household member imprisoned
- Contact sexual, serious physical, or emotional abuse

Slide Eleven – ACEs Conceptual Framework:

Vertical arrow on side that indicates from birth to death. ACEs disrupt neurodevelopment that then impact the rest of the triangle.

Slide Twelve – Impact of Trauma:

E. Hopper, 2009. Trauma Theory and Yoga-Based Interventions for Trauma Survivors.

When a person is faced with an event that is potentially traumatizing (that overwhelms or causes a sense of great threat) the brain automatically helps the person prepare to survive the threat by changing the focus of attention. Think of this example: You are in a new city for an event and go to dinner with several friends who are traveling with you. It is very enjoyable and you are relaxed and happy. You go to a nearby gift shop you saw earlier and tell your friends you will catch up with them later in the hotel. After you find a delightful souvenir for someone back home, you happily start back for the hotel. You begin to realize it is a bit dark and you have made a wrong turn in the new city. You then notice there are very few people on the street. You suddenly hear a quiet voice behind you ask, “Are you lost?” Your brain will make you focus all your attention on your current situation in order to help you survive. You will no longer think about dinner, your friends, the lovely new city, your wonderful souvenir. You essentially will freeze- even if momentarily - so you can quickly/automatically respond – turn around, (fight) run away, (flight) shout for help, etc. Your brain has focused your attention on your survival, and in this way turned your attention to the most important thing that is happening to you – you feel threatened

That is what is meant that flexible, rational thought is less possible – Fear will make the brain move from thinking to feeling to reacting. If we fear that we cannot escape through fight or flight, we may submit in order to survive

Slide Thirteen – Impact of Trauma:

E. Hopper, November 2009

This slide reminds us that being repeatedly exposed to this degree of stress will change you. Your body's alarm system (the stress response system) is run by your brain and your brain will automatically react to what it perceives as threat in order to help keep you alive and surviving

In the example above –

If the person is repeatedly exposed to this degree of fear and helplessness, the person becomes more sensitive to feeling anxious – sensing threat. So, the over sensitive alarm system will begin to function differently. The person may begin to respond to stress in an unusual or unexpected way. A person may seem to over react to something that looks “neutral” (panic when hearing a siren, etc.) OR a person may seem strangely insensitive to usual signs of threat (perhaps freeze for too long or begin to submit due to feeling helpless).

Slide Fourteen – Impact of Trauma:

No notes on this slide. Information is provided on the slide.

Slide Fifteen – Models of Treatment:

E. Hopper, Ph.D. Trauma Center at JRI

Professionals who are striving to help individuals who have been exposed to and harmed by trauma use this basic model of treatment. Safety is the first order of business. Please note that these phases may develop in treatment out of this exact sequence and they often overlap. The main point is that SAFETY is the primary objective.

Slide Sixteen – Phase One:

No notes on this slide. Information is provided on the slide.

Slide Seventeen – Phase Two:

No notes on this slide. Information is provided on the slide.

Slide Eighteen – Phase Three:

This slide demonstrates that the Reconnection phase means there are various ways in which a person achieves a consistent and strengthened sense of self: The individual will have either a firm, clear sense of self restored OR will develop a new sense of self that has either come to an acceptance of what has occurred AND/OR will integrate the experience in a way that is helpful to him or her. The person will have the experience of relationships of many types and meaning that are beneficial to him or her.

Slide Nineteen – Trauma Informed Care:

No notes on this slide. Information is provided on the slide.

Slide Twenty – Resiliency:

No notes on this slide. Information is provided on the slide.

Slide Twenty One – Protective Factors

No notes on this slide. Information is provided on the slide.

Slide Twenty Two – Environment

These are environmental protective factors.

Slide Twenty Three – Behaviors

Coping strategies that are avoidant in nature are often negative coping mechanisms: such as abusing alcohol or other drugs to avoid thinking of trauma versus a positive coping mechanism such as spending time with family.

Slide Twenty Four – Resiliency as a Trait

No notes on this slide. Information is provided on the slide.

Slide Twenty Five – Post-Traumatic Growth

It is important to note:

- There is NO implication here that traumatic events are good.
- Simply because there is growth that does not mean there has not been suffering in the past nor that there will not be suffering in the future.

Slides Twenty Six through Twenty Seven – References:

No notes on this slide. Information is provided on the slides.

Slides Twenty Eight Through Twenty Nine – Resources:

No notes on this slide. Information is provided on the slides.