

# Trauma Sensitive Care

Kim Pinkston LCPC, CADAC, BC-DMT, GL-CMA

# Objectives

- Explore the physiology of trauma
- Define ACE's
- Discuss the link between trauma and substance use
- Learn self regulation techniques

**Trauma is not the thing  
that happened but  
the effect left within us  
by our experiences...**

# How our nervous system works

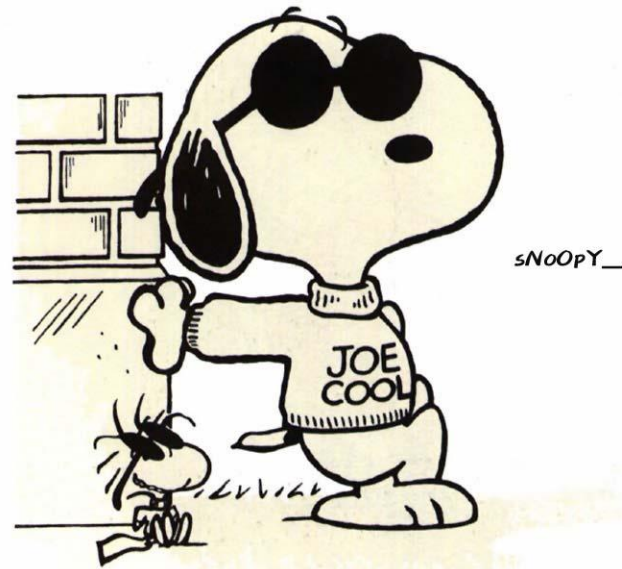
- 2 parts-Central and Peripheral
  - Central (CNS)-brain and spinal cord
  - Peripheral(PNS)-nerves throughout the body connected through the spinal cord
- 2 parts of Peripheral
  - Somatic nervous system-controls our conscious/voluntary actions
  - Autonomic nervous system-out of the realm of voluntary control-works to maintain balance in the body automatically

# The Autonomic Nervous System

- When something goes out of balance the body tries to correct the situation through the autonomic nervous system-ex: paper cut
- This system is further broken down into 2 systems
  - Sympathetic Nervous System-Fight/Flight/Freeze
  - Parasympathetic Nervous System-maintain “normal”, homeostatic state

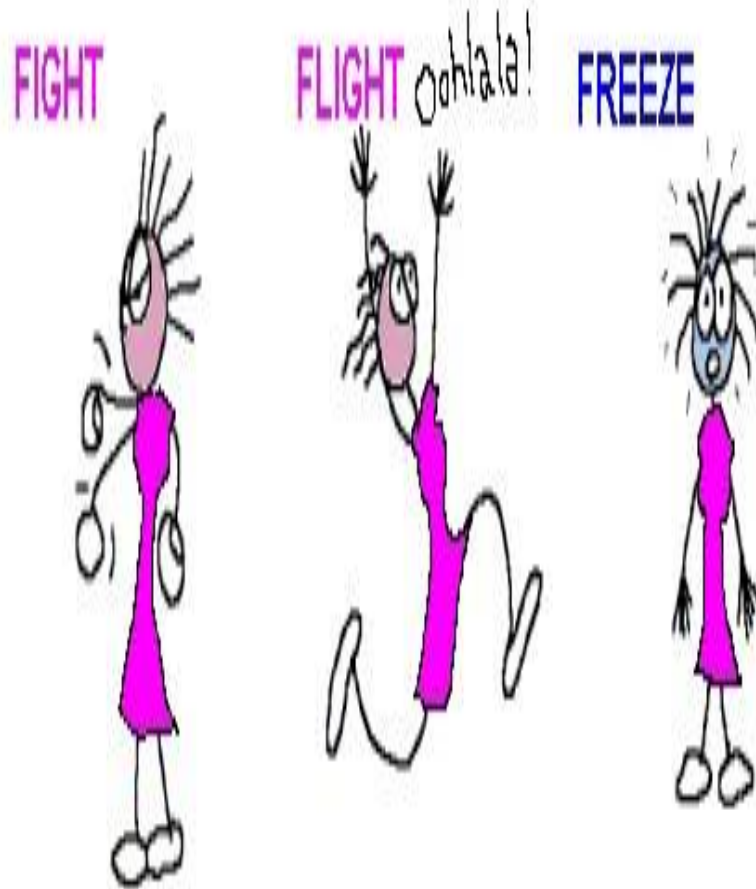
# Parasympathetic System

- Sometimes called the “cool” system
- Promotes digestion, increases insulin production, resists infection, promotes circulation through the entire body, releases endorphins, and decreases blood pressure, heart rate, and temperature.
- “normal”, calm, cool, relaxed



# Sympathetic Nervous System

- Fight/Flight/Freeze
- Responsible for elevated heart rate, constriction of blood vessels, promoting blood circulation to only the vital organs, raising blood pressure and muscle tension, and amplifying physical sensations
- Often called the “hot” system



# So what happens?



4 stressful situation movie.wmv



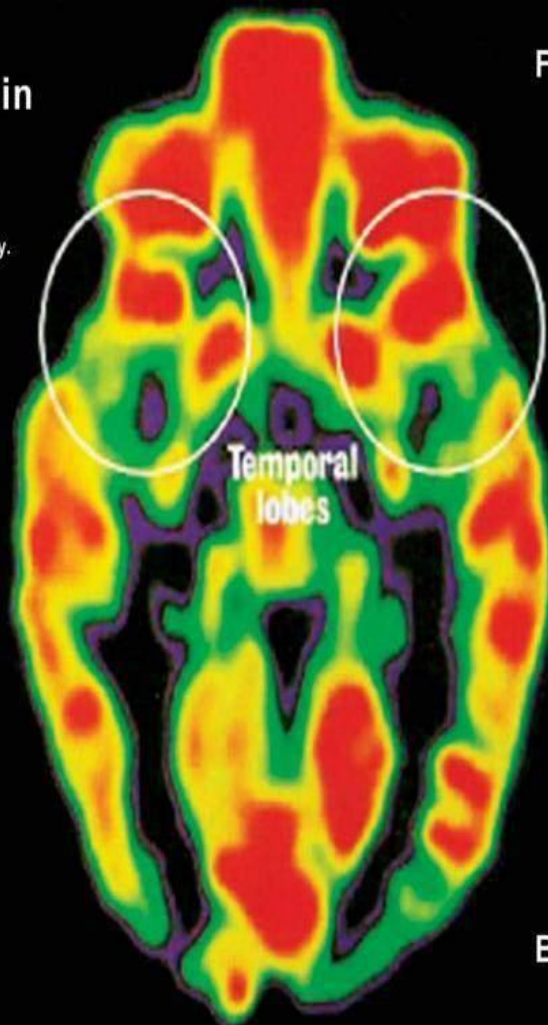
# Recover time

- When this happens it takes time for the body to recover...to process the chemicals released by the brain
- Can take 10 to 20 minutes for the body to digest the chemicals
- Military personnel example.....

# Brain injury

## Healthy Brain

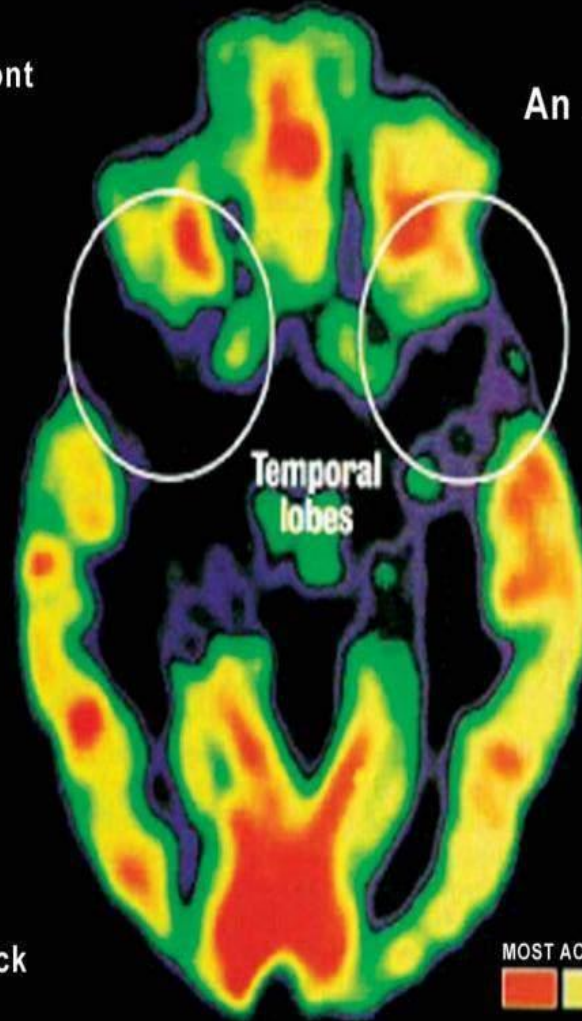
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



Front

## An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



MOST ACTIVE    LEAST ACTIVE

A color scale legend for PET scan activity levels. It consists of five colored squares in a row: red, yellow, green, blue, and black. The red square is labeled 'MOST ACTIVE' and the black square is labeled 'LEAST ACTIVE'.

# Sympathetic Dominance

- The body is bathing in stress hormones
- When we are in the fight/flight/freeze zone we are not thinking. The frontal lobe is shut down
  - Low/no self awareness
  - Low/no self evaluation
  - Low/no ability to self regulate
  - Low/no ability to establish goals and obtain them
  - Poor self-image
  - React rather than respond
  - Self-centered/narcissistic in behavior
- The brain flips its lid (hand demo)

# What happens?

- Cognition-little to none
- Impulsive
- No future
- Don't think before you act
- Environmentally reactive

When people are in survival mode they are not looking at the scenery



# The body in Sympathetic Dominance

- Anger
- Aggression
- Defensiveness
- Impulsivity
- Irrational
- Poor focus
- Sleep disturbances
- Tantrums
- Hitting
- Fidgety
- Anxiety
- Irritability
- Delays in reaching milestones

# The body-cont.

- Stuck
- Dissociation
- Emotional numbing
- Distraction
- Self soothing
- Emotional and psychological distancing
- Sad
- Withdrawn
- Whining
- Sulking
- Clingy
- Reluctant to explore

# ACE's

- Adverse Childhood Experiences
- Abuse-physical, sexual, emotional
- Neglect-emotional, physical
- Household dysfunction-domestic violence, substance abuse, mental illness, household member incarcerated, marital separation/divorce
- Remember, however, we don't need to know the specifics of the trauma to work trauma sensitive





# Neuroplasticity

- The brain can change
- Neuro pathways can be change or re-established
- Relationships help to rebuild the damaged areas of the brain.
  - Relationships with others
  - Relationships within self

# The relationship between trauma and substance use

- Research shows high rates of substance use by those who have experienced trauma and high rates of trauma experiences in those that use substances
- 2 things to consider
  - Many use substances to cope with the anxiety associated with trauma exposure
  - Those that use substances often put themselves in situations where they are apt to experience trauma

# Problem 1-coping

- Research has show that experiencing a traumatic event increased the chance of developing a substance use problem.
- Trauma feelings include anxiety, depression, hopelessness, and grief.....drugs help to cope with these difficult emotions
- Drugs help to cope with the exhaustion and feeling overwhelmed by the bodies continues state of arousal
- Drugs may also help battles feelings of isolation or feeling “different” due to past experiences
- Use of drugs pro-longs/delays recovery from the trauma
- “The effects and negative consequences of one compounds the problems of the other.” (NCTSN toolkit)

# Problem 2-Risky behaviors

- Substance users are more apt to put themselves in risky situations, like buying or selling drugs, where incidents of physical or sexual abuse/assault are prevalent.
- When intoxicated people tend to make bad decisions and put themselves in bad situations...like driving drunk where they run the risk of serious injury.
- Some research shows that those who are already using drugs are less able to cope with traumatic events and their effects as a result of impaired functioning due to substance use.

# Consider this....

- 71% of teenagers in treatment for substance use also reported a history of trauma (Funk, McDermeit, Godley, and Adams, 2004)
- 14% of adolescents in Outpatient for marijuana met criteria for PTSD (Diamond, Panichelli-Mindel, Shera, Dennis, Tims, and Ungemack, 2006)
- 29.7% of males and 24.4% of females who meet criteria for PTSD also meet criteria for substance use disorder (Kilpatrick, Ruggiero, Acierno, Saunders, Resnick, and Best, 2003)
- 13.5% of males and 24.8% of females who meet criteria for substance use also meet criteria for PTSD.

# 4 steps to treating trauma

- Establish therapeutic relationship and safety
- Psychoeducation and skill building
- Integration and Desensitization
- Posttraumatic growth and resilience

*CCTP program (certified clinical trauma professional)*

*Dr. Robert Rhoton and Dr. Eric Gentry*

# Therapeutic relationship

- Empathy, warmth, genuineness, customer service all play a part in developing the therapeutic relationship.
- Know my name know me-wall exercise
- 2 x 10 exercise
- Safety is key
  - Connection helps to create feelings of trust and safety



# Are you in danger now?

- Don't use the word "could"
- We use our history and past learning to perceive danger.
- "I am safe" versus "I feel safe"
- Outside danger versus Inside danger
  - Outside-real environmental threat
  - Inside-fear resultant from intrusive symptoms of past traumatic experiences
- Addicted survivors are used to resolving internal danger with drugs. We need to help lower their arousal and develop awareness into the source of the fear

# Triggers

- One idea to help resolve the source of this fear is to focus on triggers
- Identifying triggers for substance use is a common goal on treatment plans. Remember to add reminders of previous trauma and loss to this list
- Reminders and trauma memories are triggers....addressing these can begin the process of the client reconciling painful past experiences.
- “In traumatized youth, reminders of past traumas and losses can trigger a range of emotional and behavioral problems including physiological hyperarousal, hypervigilance, avoidance, numbing, angry outbursts, and substance craving.” (toolkit)
- As you have the client focusing attention on these triggers be sure to have them in a relaxed muscle body

# Grounding techniques to develop and maintain safety within self

- Progressive Relaxation
- Autogenics-a process of using internal dialogue to self-soothe
- 3-2-1 Sensory Grounding
- Safe-Place Picture with anchoring and transitional object

# Self Regulation vs Relaxation

- Teaching a relaxed muscle body and to maintain it...not just use it when you need it.
- Memory is always effected by the state you recall it in
- If you are relaxed when you recall a traumatic memory there is a dissonance there and the memory begins to be integrated into this state...thus reducing the usual arousal

# Relaxed Muscle Body

- Diaphragmatic Breathing
- Body Scan/Wet Noodle
- Peripheral Vision
- Pelvic Floor Release

# Diaphragmatic Breathing



# Body scan/Wet Noodle

- Body Scan
  - Relax every muscle head to toe and toe to head
  - If need....tighten tense muscles for 5 seconds then release (progressive relaxation)
- Wet Noodle
  - For 5 seconds relax ALL muscles
- Do this 200 times a day.....it only takes a couple seconds

# Peripheral Vision

- Focus on a spot straight ahead
- Keeping your focus, widen your field of view and notice what you see in your peripheral vision
- Peripheral vision forces you into the parasympathetic nervous system



# Relaxing the Pelvic Floor

- Find 4 points- Anterior Superior Iliac Spine (ASIS) and Ischial Tuberosities (Sit bones)
- Imagine these 4 points pushing outward and the muscles in-between softening



# Practice time!

- Activity 1-make eye contact with a partner for 1 minute. Use the self-regulation techniques we just learned to remain at ease
- Activity 2-tell your partner about an embarrassing moment—both of you use the self-regulation techniques to remain at ease—after 1 minute switch

# Closing

- Say one thing that you learned today that will help you better connect with the clients



# Bibliography

- CCTP 2-day online training conducted by Dr. Robert Rhoton and Dr. Eric Genrty
- 2-day Resilience Team Training conducted by Naperville CUSD 203
- Understanding Links Between Adolescent Trauma and Substance Abuse-a toolkit for providers-The National Child Traumatic Stress Network