



# **TRAUMA 101:**

**The impacts on the individual, the family and the community**

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Taking Action to Stop Child Sexual Abuse



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**Prepared For: First Nations Telehealth Network  
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# THANK YOU FOR HAVING ME!

## What will we be covering?

- Types of trauma
- Impacts of trauma
- Related issues (i.e., substance misuse, domestic violence, mental health concerns)
- Evidence based interventions
- Key principles of trauma informed care
- NOTE:\*\*\*please take care of yourself through this discussion



# TRAUMA (Definition)

- Any experience or event beyond a person's ability to manage (each individual differs)
- Can be “Big T” or “Little T” traumas



# WHAT IS TRAUMA?

## 5 Types:

### 1. Acute Experiential Trauma

- single incident (car crash, mugging, tornado)
- Ego structure (functional part of oneself) likely to remain

### 2. Chronic Experiential/Developmental Trauma

- Early childhood trauma, incest, family violence
- Ego structure can collapse

### 3. Attachment Trauma

- Faulty caregiver “programming”

### 4. Vicarious Trauma

- Through someone else’s experience; hearing stories

### 5. Transgenerational Trauma

- Epigenetics (environment changes genetic code)
- Family/Observational learning
- CULTURAL TRAUMA



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# Types of Trauma

## “Big T” Traumas

- Major events such as serious accidents, natural disasters, life threatening illness, major surgeries, developmental/childhood experiences, war, combat, etc.

## “Little T” Traumas

- Overwhelming but not seen as traumatic that can cause negative impacts but ‘manageable’



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# Developmental Trauma

- Physical Abuse
- Neglect
- Emotional Abuse
- Sexual Abuse

**What seems to have most negative impact on a person?**



# Signs & Symptoms of Abuse

- Withdrawal from friends and/or family
- Behavioral changes (increased aggression, hyperactivity, hypervigilance, increased emotionality/crying, etc.)
- Changes in school performance
- Mood changes (depression/anxiety)
- Rebellious/defiance
- Suicidal ideation and/or self harming
- Psychosomatic complaints
- Loss of previously acquired skills/functioning



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# Physical Abuse Signs/Symptoms

- Unexplained injuries/bruising/fractures/burns
- Injuries that don't match the story
- "Hiding" body (i.e., wearing many layers and/or unusual coverings)



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# Sexual Abuse Signs/Symptoms

- Overly sexualize behaviors/knowledge beyond that which is appropriate for the child's age
- Pregnancy or STD
- Complaints of genital pain
- Sexualized play and/or attempts to “re-enact” through play
- Abuse of other children
- Statements that s/he was inappropriately touched
- Soiling of underwear beyond what would be considered ‘normal’
- Secondary enuresis and/or encopresis
- Loss of self confidence/esteem



# Adverse Childhood Experiences (ACES)

## 10 Areas of Trauma are identified:

- 1) Psychological Abuse
- 2) Physical Abuse
- 3) Sexual Abuse
- 4) Emotional Neglect
- 5) Physical Neglect
- 6) Parent/Primary Caregiver loss
- 7) Primary female figure treated violently
- 8) Substance misuse
- 9) Mental Illness
- 10) Criminality within the home



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# ACE Study: kpjrfilms.co



# ACES STUDY:

## Do you know your ACEs?

### Felitti & Anda Findings

- Adverse childhood experiences are more common than recognized/acknowledged
- Powerful relationship to adult health
- Significant relationship w/depression, suicide attempts, addictions, obesity, sexual promiscuity
- Greater ACEs score, greater propensity re: cancer, stroke, diabetes, heart disease

- **MENTAL HEALTH:** ACEs change how you see the world

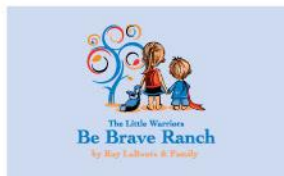
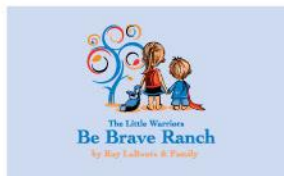
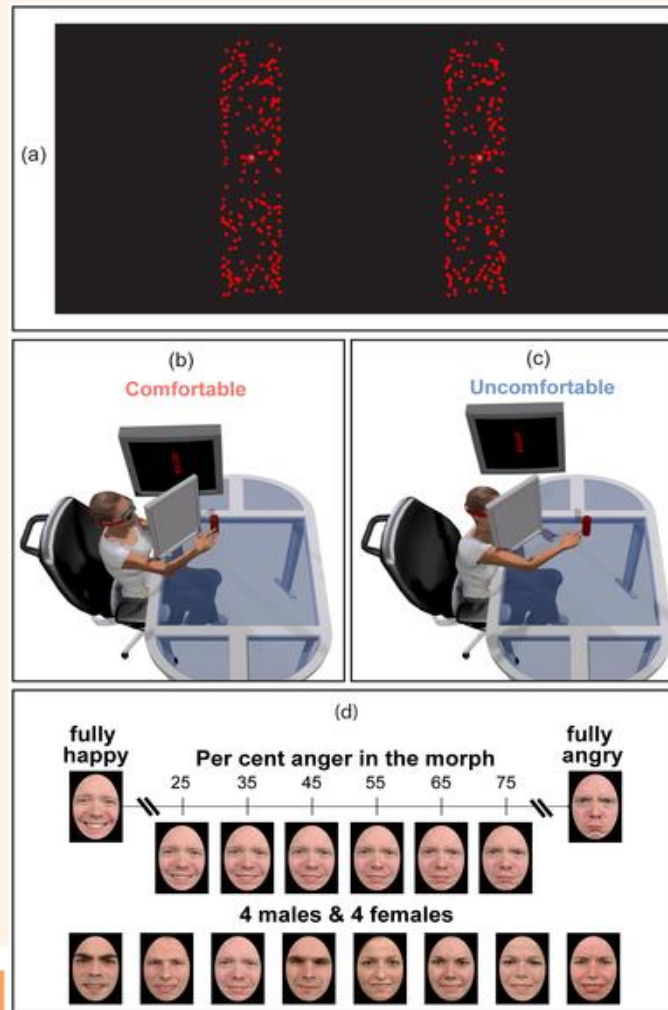


Figure 1. Random dot rod, action settings and facial stimulus set.



Fantoni C, Gerbino W (2014) Body Actions Change the Appearance of Facial Expressions. PLoS ONE 9(9): e108211. doi:10.1371/journal.pone.0108211  
<http://journals.plos.org/plosone/article?id=info:doi/10.1371/journal.pone.0108211>

# ACES- change how you see the world

Pollak & Kistler, 2001

- At 50%...happy to fearful shift

**Question: Where is the 50% (halfway) mark?**

- “non-traumatized” children
- ACE children=see anger

**Experiences change:**

**Brain Development**

**Gene Expression**

**Stress Hormones**



# HOW DOES TRAUMA IMPACT OUR CHILDREN?

- **SENSITIVE/CRITICAL PERIODS**
- **EXPERIENCES (Nature vs. Nurture)**
  - Michael Meaney Experiments
  - Genetic Make-up (i.e., alleles)
- **NEGLECT and ABUSE**
  - Quality and Quantity of interactions
- **MALNUTRITION**
  - Growth and development (i.e., physical, brain, etc.)
- **MEMORIES**
  - Hyperarousal and PTSD (signaling the brain's fear response)
- **STRESS**
  - Chronic Stress
  - ACE Study (Anda & Felitti, 1998-2010)



# HOW BRAINS ARE BUILT

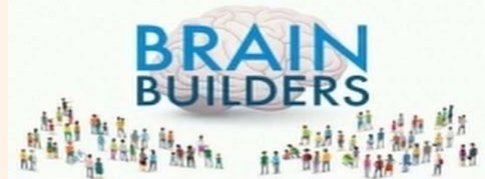


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# Key Considerations:

## 1. The Core Story and the Neuroaffective Relational Framework:

### 1. Brain Biology:

- Bottom up and back to front
- Critical periods and brain plasticity

### 2. Toxic Stress

- Care for the Caregiver

### 3. Serve and Return

- Attachment
- “Watch...Wait...Wonder...”



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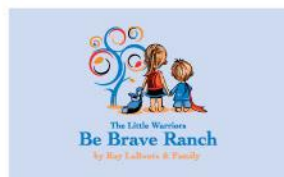
## 2. Explore how a strong foundation is laid

- “Strategies” ...consider Maslow’s Hierarchy of Basic Needs First (Sleep, eating, etc.)
- Review the impact of stress and toxic stress
- Self-regulation and co-regulation
- Explore the idea of the Parenting Pyramid

## 3. Examine how the brain gets built

- Highlight the importance of caregiver-child relationships
- The “Triune Brain”: Sensory/Emotional/Executive

## 4. Implications for caregivers & the community



# Types of Stress

- POSITIVE STRESS/EUSTRESS
  - Implications are typically “positive”
- NEGATIVE STRESS
  - Can be managed for shorter periods
- TOXIC STRESS
  - Impacts on MEPS



# Toxic Stress Origins

- Unresolved mental health issues
- Unresolved addictions
- Domestic violence
- Hospitalizations
- Financial Stressors
- Environmental Stressors
- Loss of Culture



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# BIGGEST “take-away”?

If the trauma is not addressed within the community AND for the individual, there will likely be very little changes...things are further likely to worsen

- “Hurt people, unfortunately tend to hurt people...”



# Wounded Healer

- Term created by Carl Jung
- The “analyst”/helper is compelled to treat patients because s/he is “wounded” himself/herself.
- Research has shown that approximately **74% of counselors and therapists have experienced one or more wounding experiences**, often leading to career choice
- Importance to understand Transference and Countertransference Principles



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# STRESS CONTINUUM & TOXIC STRESS



# What are the Differences?

## Compassion Fatigue

Profound physical and emotional exhaustion developed by caregivers

Gradual Erosion that eventually impacts our compassion for others and self

## Vicarious Trauma

A significant change in oneself as a worker within trauma situations as a result of your involvement in working with other(s) trauma story (ies)

## Burn-Out

Physical and/or mental break down or collapse caused by over work and stress; usually due to prolonged stress

## PTSD

A mental health condition that is triggered by experiencing gross stress; develops after a terrifying ordeal involving physical and/or emotional harm of self or other(s)



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# BRAIN BIOLOGY

- Understanding the brain helps you understand your children, yourself, your family & community
  - Responding more effectively as a caregiver supports development and attachment
  - “scientific” parenting helps you shape your child’s brain
    - This can also be applied at the community level!
- BUT, HOW??



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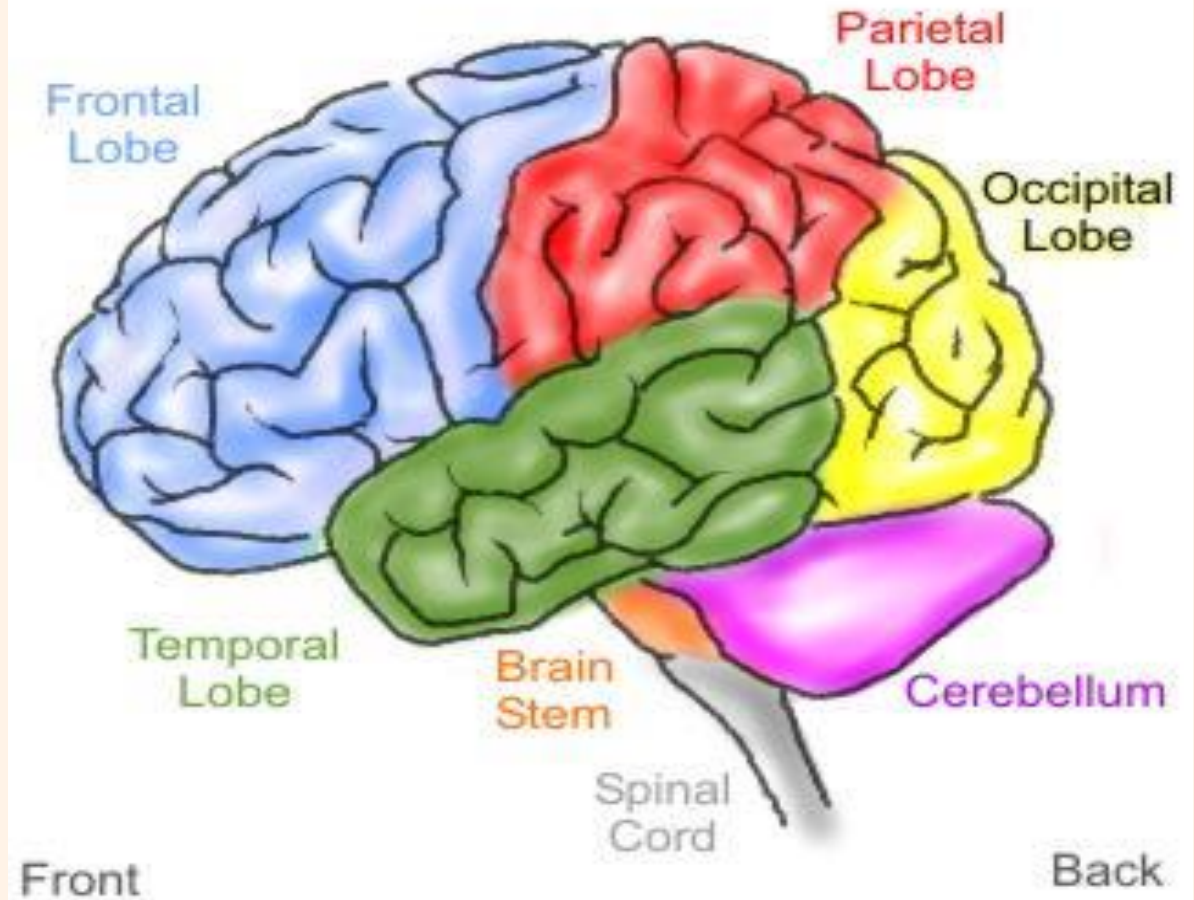
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# BRAIN ARCHITECTURE

Regions of the Human Brain



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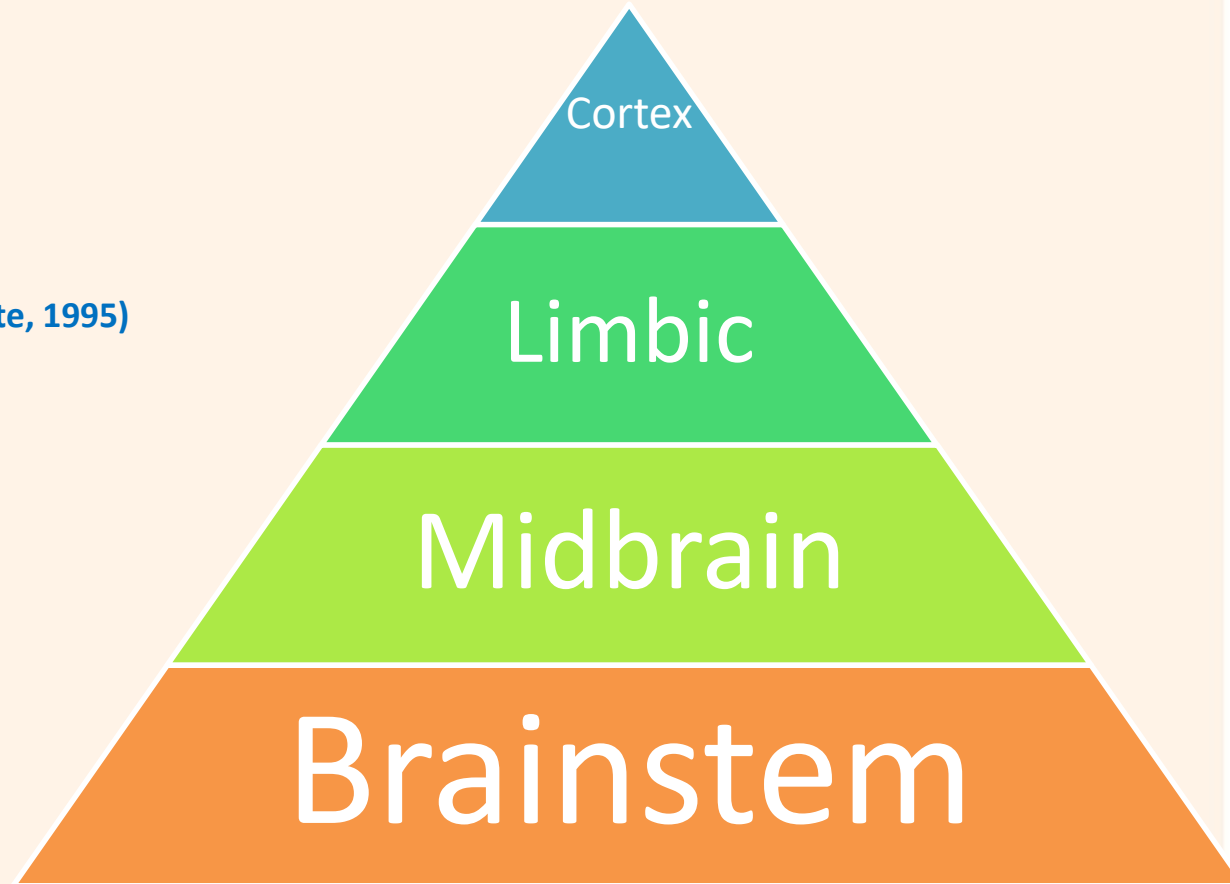


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# BRAIN DEVELOPMENT-

Brain growth occurs sequentially from the “bottom up”

(Perry, Pollard, Blakely, Baker & Vigilante, 1995)



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# The Brain 101

## BOTTOM UP & BACK TO FRONT PROCESSING

### THE REPTILIAN BRAIN:

- This is the oldest part of the brain
- Controls the body's vital functions (i.e., heart rate, breathing, body temperature, balance), Includes the main structures found in a reptile's brain: the brainstem and the cerebellum.
- The reptilian brain is reliable but tends to be somewhat rigid and compulsive.



# Responses to Trauma

## 5 TRAUMA RESPONSES

PHYSIOLOGICAL REACTIONS:  
THE 5 F'S

### AUTONOMIC NERVOUS SYSTEM

Hyperarousal, alarmed / startled.

Increases heart rate, blood pressure, breathing.

### FIGHT

Physical aggression: attacker may be smaller / weaker.

Verbal aggression, e.g., saying "no".

[traumadissociation.com](http://traumadissociation.com)

### FLIGHT

Running, bawking away or hiding.

If there is somewhere to escape to or hide.

### PARASYMPATHETIC NERVOUS SYSTEM

Hypoarousal, dissociation.

Metabolic shutdown, numbing. Hiding behaviors.

### FREEZE

Tonic immobility. Involuntary response.

Less chance of injury.

### FLOP / FAWN

Collapse and play dead.

After freeze fails, conserves energy, wounds heal.

### FRIEND

Trauma bonding (attach) / Stockholm Syndrome

Social engagement. Prolonged or infant trauma.

[traumadissociation.com](http://traumadissociation.com)

source: Schore, 2009; Lodrick 2007



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# Cont' d

## THE LIMBIC BRAIN:

- Emerged in the first mammals
- Records memories
  - Difference between “explicit memory” (personal and general facts that are conscious) and “implicit” memory (out of our conscious memory and is non-linguistic)
- Responsible for emotions
- The main structures of the limbic brain are the hippocampus, the amygdala, and the hypothalamus.
  - These areas exert such a strong influence on our behaviour.



# Cont' d

## THE NEOCORTEX

- First assumed importance in primates and culminated in the human brain with its two large cerebral hemispheres that play such a dominant role.
- These hemispheres have been responsible for the development of human language, abstract thought, imagination, and consciousness.
- The neocortex is **flexible** and has almost infinite learning capabilities
- The neocortex is also what has enabled human cultures to develop.

The logo for 'Little Warriors' features a stylized, colorful character that looks like a warrior or a knight, holding a sword and a shield. The character is set against a blue background.

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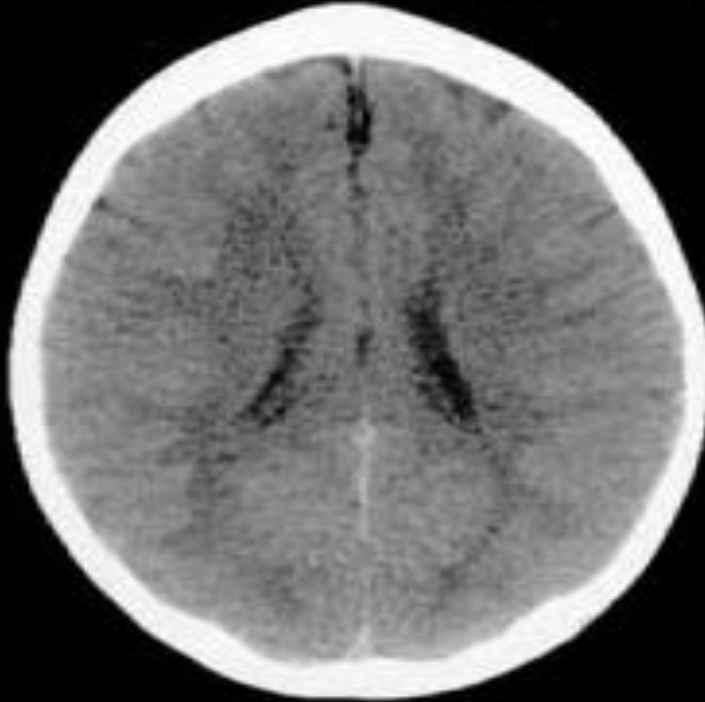
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# Trauma & the Brain

3 Year Old Children



Normal



Extreme Neglect



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Bruce, Perry (2002). "Childhood Experience and Expression of Genetic Potential." Brain and Mind. pp. 79 .



# When Core Needs are Not Met...

- Predictable psychological and physiological symptoms result, having negative impact on:
  - Self-regulation
  - Sense of self
  - Self-esteem



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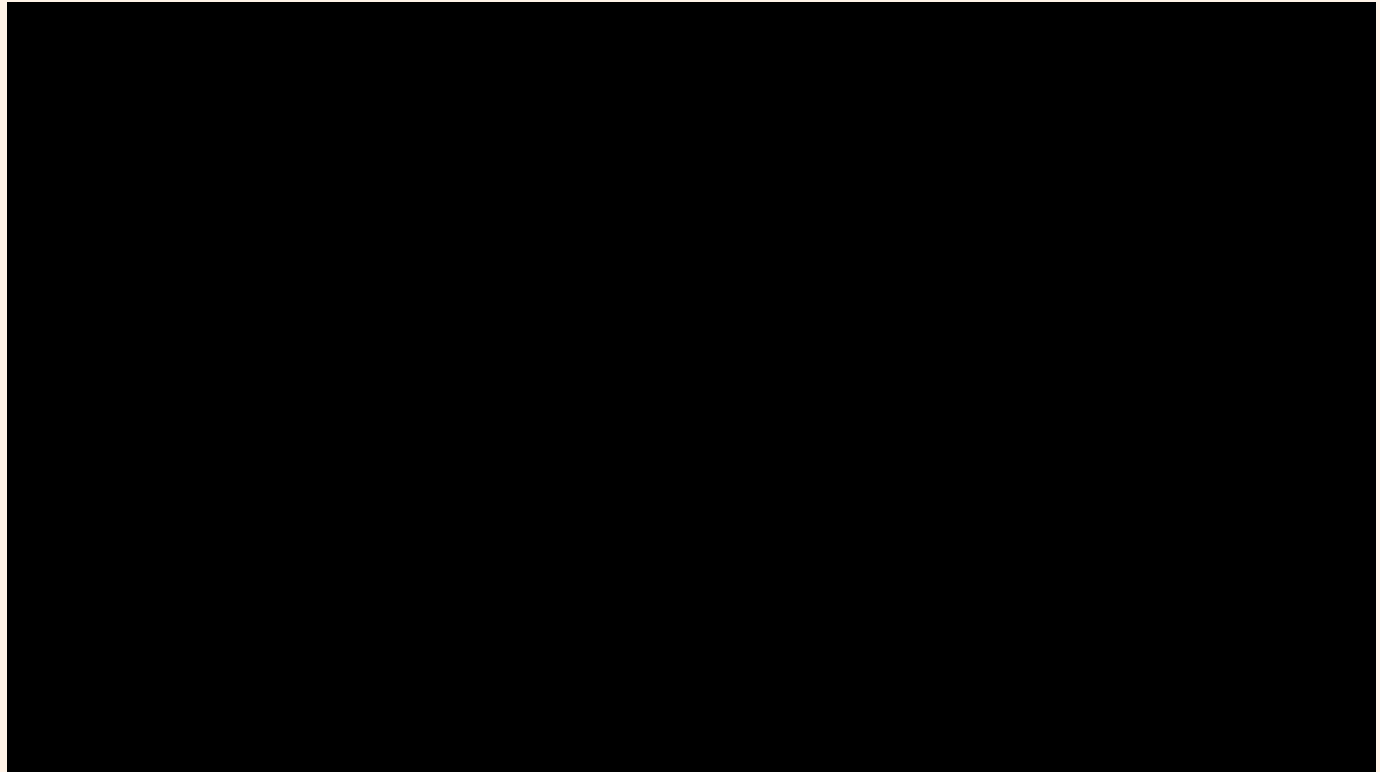
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# What Happens When There is Toxic Stress in the Family &/or Community?

- Medical disruption(s)
- Wartime
- Familial Disruptions
  - MH and/or Substance abuse
  - Lack of Parenting Template
  - Cultural implications
    - (i.e., due to Residential Schools, etc.)



# Paper Tigers



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# Animal Research Studies

- Orphan elephants (Allan Shore and others)
  - Similarities to humans
    - Similar brain structuring to humans (large hippocampus (memories and processing of emotions)
      - Also have ‘spindle cells’ (thought to be associated in humans to self and social awareness as well as empathy)
    - Grieving/nightmares/sleeplessness
    - Similar PTSD symptoms under chronic stress situations
      - Unusual level of aggression
      - Less resiliency factors
        - » Poor stress regulation
        - » Disturbed attachment, poor social communication and emotional deficits



# Developmental Trauma – what behaviors show as symptoms?

## Children/Teens:

### *Boundary* concerns:

- personal space
- strangers (frozen watchfulness to indiscriminate sociability)
- rage
- bizarre lying and/or ‘stealing’
- Manipulative
- Emotionally ‘phony’/as if behaviors
- Sexual touch and promiscuity



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# RESULT OF REGULATION

## CHALLENGES:

- In-attention to task
- Poor impulse control
- Limited frustration tolerance
- Poor balance of emotions
- Sleep disturbances
- Poor self-calming strategies
- Intolerance to change
- Anxiety
- Low Mood
- Feeding problems



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# What 'helps' to recover from Trauma?

- Naming of the experience(s)
- Validation of the trauma(s)
- 'Witnessing'/acknowledgement by others
- Release of cognitive distortions related to trauma(s)/experiences that produce shame, guilt, fear, etc.,.....



# WHAT ARE PROTECTIVE FACTORS FOR THE COMMUNITY

- **Maslow's Hierarchy**
  - basic needs met, followed by love and belongingness, etc.)
- **Importance of young people AND Elders**
  - Both are motivated and empowered
- **Community Supports**
- **“1 Key Role Model” concept**
- **Bio-Psycho-Social-Spiritual Needs are addressed**





# MULTI-MODAL APPROACHES TO COUNSELLING/THERAPY

## KINESTHETIC:

- ❖ Touch/Closeness
- ❖ Movement Exercises
- ❖ OT and Sensory work
- ❖ Brain Gym
- ❖ Body Work (i.e., yoga)
- ❖ Sports
- ❖ Dance, etc.



## VISUAL:

- ❖ Expressive modalities (clay, playdough, etc.)
- ❖ Role playing; “copy me”, acting
- ❖ Art (drawing, painting, etc.)
  - Not focusing on perfection



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# AUDITORY:

- ❖ Music
- ❖ Singing
- ❖ Drumming
- ❖ Stories and therapeutic metaphors
- ❖ Progressive Relaxation (especially bedtime)



# OLFACTORY & GUSTATORY:

- ❖ Tastes and related sensitivities
- ❖ Smells
- ❖ Cooking



# Solution-Focused at the Community Level

## What can be done?

- Become Trauma-Responsive and Informed
- Community Gathering (dancing, singing, drumming, etc.)
- Traditional Healing Parenting with Elders and mentors
- Active Sports and Arts
- A clear “position” on how to address the “triggers” within the individual(s), the families, and ultimately the larger community
- Bio-Psycho-Social-Spiritual-Approach

- (i.e., as identified within the Medicine Wheel)



# Trauma Informed Approach (SAMHSA)

- Adapted from Substance Abuse and Mental Health Services Administration (SAMHSA)
  - 1) Realizes the impact of trauma and understands potential for recovery
  - 2) Recognizes signs and symptoms of trauma in clients, patients, staff, families, as well as within the larger “system”, including across systems
  - 3) Responds to trauma by integrating concepts into policies, procedures and practices
  - 4) Seeks to actively resist re-traumatization



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# 6 Critical Elements for Trauma Informed Practice – TIP (SAMHSA)

- 1) Safety
- 2) Trustworthiness & Transparency
- 3) Peer Support
- 4) Collaboration
- 5) Empowerment, Voice & Choice
- 6) Culture, History, and Gender Sensitive



# Overview of Trauma Informed Services

- **Challenges “traditional” assumptions of how we should provide services**
  - How do we provide services/intervention/care?
  - Move from caretaker role to collaborator role
  - How ‘healthy’ is our own organizational culture? (transparent?, holistic?, creative?, responsive?, etc.)
- **Responsive to the impact(s) of trauma**
  - Acknowledges trauma as being pervasive and a universal experience
  - Supports understanding and awareness of trauma (bio-psycho-social-spiritual domains)
- **Emphasizes safety (across all domains) for BOTH clients/patients and service providers**
- **Recognizes interrelationship between trauma, substance misuse and abuse, mental health, early childhood experiences, etc.**
- **Supports concept of resiliency and client/patient centred care**
  - clients/patients supported to be part of their own ‘solution’, empowered to re-build a sense of control in their own lives
  - Strengths based





# Thoughts on What YOU Can Do?

- How can you be more trauma-informed at home?...at work?.....In the community?
- What changes can be made versus what's wrong and failing? (Hope based)
- What is working REALLY well and could be enhanced?
- Take care of self!!!
- Other thoughts?



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# Questions?

# Thanks for your time! 😊



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