A Trauma-Informed Lens Changes What You See

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Where Compassion Meets Action
Fontenelle House
Consultation and Training
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Carnegie Library
Livermore, California
Founded 1911
What I Hope We Can Do in this Hour

▪ Know the definition of trauma and related concept of toxic stress
▪ Understand the significance of the Adverse Childhood Experiences Study for community institutions such as the Library
▪ Understand the principles of resilience, recovery and healing, and how the Library can act in accordance with these principles
▪ Offer ideas for follow up and continued exploration
“A Trauma Informed Lens Changes What You See”
“Burlington, Vermont”

In this lovely free public library
only library I ever met
that loans out garden tools
as well as books
rakes & long handled clippers
from large buckets by the counter
I sat in a peaceful room
with citizens I will never know
reading about far away war
war I am paying for
war I don’t want and never wanted
& put my head down
on the smooth wooden table
wishing to weep loudly or quietly
it did not matter
in the purifying presence of
women & men
shovels & hoes
devoted to growing

Naomi Shibab Nye
What is Trauma?

Exposure to extreme stressor
- threatened death or serious injury directly
- witnessing event (involving death, injury or threat)
- learning about event experienced by a loved one

Response to the event
- intense fear, helplessness or horror
- In various ways it is re-experienced
  - e.g., nightmares, intrusive thoughts of the event, feeling detached from others, dissociation, sleep trouble, startle response, etc.
Varied Forms of Traumatic Events

Being the victim of or the witness to:

- Domestic Violence
- Child Maltreatment
- Street or community violence such as assaults, shootings, stabbings, witness to homicide – by familiar persons or strangers
- Traffic accidents resulting from drunk/impaired driving
- Animal bite or attack
- Act of Terrorism
- Other?
Prevalence in children

Almost half the nation’s children have experienced at least one or more types of serious childhood trauma, according to a new survey on adverse childhood experiences by the National Survey of Children’s Health (NHCS).

This translates into an estimated 34,825,978 children nationwide, say the researchers who analyzed the survey data.

Research and Treatment Center, Medical University of South Carolina

Note that not all children who experience a trauma will necessarily develop a trauma disorder. But they are at increased risk, may need monitoring, and may benefit from psychoeducational or preventive interventions.
Prevalence in Adults

- In the United States, 61 percent of men and 51 percent of women report exposure to at least one lifetime traumatic event, and
- 90 percent of clients in public behavioral health care settings have experienced trauma.
- If trauma goes unaddressed, people with mental illnesses and addictions will have poor physical health outcomes and ignoring trauma can hinder recovery.

SAMHSA/Federal Substance Abuse and Mental Health Services Administration
Post Traumatic Stress Disorder

The development of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience:

- Markedly stressful to almost anyone
- Usually experienced with intense fear, helplessness, and terror
- Single or repeat episodes
- Persistent more than a month after the event
- Significant impairment in life functions

Note that not every person who experiences a traumatic event will develop symptoms of PTSD.
STRESS IN CHILDHOOD
Three Types
Stress is a mental, physical, or biochemical response to a perceived threat or demand. Stress is a natural and inevitable part of childhood. But the type of stress can make a difference in the impact on a child’s brain and body, as well as potential effects that can last a lifetime.

POSITIVE STRESS
Normal, typical childhood experiences
- Child care drop off and pick up
- Playground injuries
- Losing a game
- No buffering support necessary
- Temporary, mild elevation in stress hormones
- Brief increase in heart rate and blood pressure
- Increased resilience and confidence
- Coping skills development

TOLERABLE STRESS
More complicated, scary, challenging, and long lasting
- Natural or manmade tragedy
- Parents’ divorce
- Poverty
- Death of a loved one
- Caring adult buffers stress
- More severe, continuing cardiovascular and hormonal response
- Adoption and recovery likely, but potential for lasting physical or emotional damage

TOXIC STRESS
Severe, long-lasting, uncontrolable, and/or frequent stress
- Physical, sexual, or mental abuse
- Neglect
- Exposure to violence
- Severe economic hardship
- No adult buffers child from stress
- Prolonged activation of stress response system
- Disrupted development of brain circuits
- Immune system depression
- Possible lifelong changes, such as:
  - Heart disease
  - Alcoholism
  - Memory, learning, multitasking difficulties
  - Anxiety/depression
  - Cancer

Sources:
http://developingchild.harvard.edu/resources/reports_and_working_papers/working_papers/wpd1
Adverse Childhood Experiences Have Life Long Health Consequences

ACES OVERVIEW VIDEO

https://www.youtube.com/watch?v=ccKFcFxX-c&t=18s
The ACES PYRAMID

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Trauma and Social Location

Adverse Childhood Experiences

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health Risk Behaviours
- Social, Emotional, & Cognitive Impairment
- Adverse Childhood Experiences

Historical Trauma/Embodiment

- Early Death
- Burden of disease, distress, criminalization, stigmatization
- Coping
- Allergic Load, Disrupted Neurological Development
- Complex Trauma/ACE
- Social Conditions/Local Context
- Generational Embodiment/Historical Trauma

Trauma and social location

Conception

Death

Microaggressions, implicit bias, epigenetics

RYSE 2015
# The Truth About ACEs

## What Are They?

**ACEs** are **Adverse Childhood Experiences**

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Neglect</th>
<th>Household Dysfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Mental Illness</td>
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<tr>
<td>Emotional</td>
<td>Emotional</td>
<td>Incarcerated Relative</td>
</tr>
<tr>
<td>Sexual</td>
<td>Mother treated violently</td>
<td>Substance Abuse</td>
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<tr>
<td></td>
<td>Divorce</td>
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</tbody>
</table>

The three types of ACEs include:
## How Prevalent Are ACEs?

The ACE study revealed the following estimates:

### Abuse

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>23.3%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>20.7%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

### Neglect

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Neglect</td>
<td>34.8%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>9.9%</td>
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### Household Dysfunction

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Violence Abuse</td>
<td>26.9%</td>
</tr>
<tr>
<td>Parental Divorce</td>
<td>23.3%</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>10.8%</td>
</tr>
<tr>
<td>Mother Treated Violently</td>
<td>12.7%</td>
</tr>
<tr>
<td>Encarcerated Household Member</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Of 17,000 ACE study participants:

- 28% have experienced 0 ACEs
- 26% have experienced 1 ACE
- 10% have experienced 2 ACEs
- 9% have experienced 3 ACEs
- 1% have experienced 4 ACEs
- 0.6% have experienced at least 5 ACEs
WHAT IMPACT DO ACES HAVE?

As the number of ACES increases, so does the risk for negative health outcomes.

Possible Risk Outcomes:

**Behavior**
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

**Physical & Mental Health**
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones
“Many of the most common causes of death and disability in this country may be linked to adverse emotional experiences in childhood”

What Does Trauma Do to the Brain?
Trauma activates the survival mechanisms in the Limbic System of the brain

Amygdala organizes entire body response
- Preparation for FIGHT, FLIGHT or FREEZE

Sympathetic nervous system ascendant
- blood pressure increases
- heightened heart rate
- release of adrenaline
- digestion slows
Children's brains develop from the bottom up.

© www.beaconhouse.org.uk
Threat Perception System: “Fear Driven Brain”

Filtering System: What to pay attention to – difficulty focusing or concentrating

Body Sensing System: dampening of physical sensations; gut feelings; heartache
Chronic Stress

- Stress hormones keep the brain in a ‘state of alarm’
- Priority given to survival
- Tendency to over interpret negative stimuli
- Emotional dysregulation -- hyper-vigilance, jumpiness, irritability
- More difficult to integrate emotional and cognitive functions of the brain
- Attachment, or connection to others, can be disrupted well into the future
Resilience Scene

https://www.youtube.com/watch?v=Z4CD6jyWw2A
Symptoms, Signs, and Signals: Behavior Emanating from Trauma Exposure

- **Behavioral**
  - agitation, irritability, hostility, hypervigilance, self-destructive behavior, or social isolation

- **Psychological**
  - flashback, fear, severe anxiety, or mistrust

- **Mood**
  - loss of interest or pleasure in activities, guilt, or loneliness; difficulty regulating emotions

- **Sleep**
  - insomnia or nightmares

- **Also common**
  - emotional detachment or unwanted thoughts
What is a Trigger?

Conscious or Unconscious

• Activates the memory of a traumatic event
• Re-experiencing the event with much of its original power

Activated by some connection to the traumatic event

• Visual
• Auditory
• Sensory – touch, smell or movement
Resilience, Recovery and Healing from Trauma
Resilience

The positive capacity to cope, adjust to, or recover from stress and negative life events.

All people are born with resilience; it can be nurtured and recaptured if lost.

Coupled with neuroplasticity, great things can happen.
“If Trauma Is Transgenerational, So Are Resilience and Post-Traumatic Growth”

Odelya Gertel Kraybill
Good News

“Neuroscience, the scientific study of the biology of the brain, has made great strides over the past decade in revealing that remarkable changes occur in the brain during the second decade of life. Contrary to long-held ideas that the brain was mostly grown up – “fully cooked” – by the end of childhood, it is now clear that adolescence is a time of profound brain growth and change.”

Weinberger, Elvevag, & Giedd, 2005
Exception to the Rule….  

Studies of intergenerational transmission consistently show that only about ONE THIRD of those who experience early maltreatment will proceed to maltreat the next generation of children……
Resiliency Studies Help Us Understand Why

**SOURCES OF RESILIENCE**
- Parental Resilience
- Social Connection
- Parenting Knowledge
- Understanding of Social and Emotional Development
- Concrete Support in Times of Need
• The most important element of resilience is the availability of supportive and nurturing relationships
• For children, the availability of a stable caregiver who can buffer and moderate stress is a critical factor
• But even in the absence of parental support, the presence of other supportive adults is an immense protective advantage
### Trauma Recovery Principles

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<th>Principle</th>
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<tr>
<td>Create circle of safety</td>
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<tr>
<td>Reduce physiological reactivity</td>
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<tr>
<td>Create a narrative of the experience – make sense of what it means</td>
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<tr>
<td>Gradual exposure to de-fuse traumatic triggers</td>
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<tr>
<td>Generalization of skills to everyday life</td>
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<tr>
<td>Healing of relationships</td>
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Why Libraries Matter

TRAUMA INFORMED CARE PRINCIPLES
Trauma Informed or Trauma Specific?

You do not need to be an expert in trauma.

The expertise you do possess can be helpful to those who have experienced trauma, if it is accessible to them.

You will not usually know whether a person has experienced trauma, or what it was.

There may never be any overt discussion.

You can offer a supportive and attuned relationship.

Trauma Specific services are those specifically designed to engage and promote recovery. Learn where these services exist and help your clients get connected with them if the situation arises.
Universal Precautions

Responding as though everyone you interact with may be impacted by a traumatic event. It will not hurt those who haven’t been, but it will make all the difference to those who have.
Lydia: This was my home for that year, and I felt like I belonged. I belonged, and I was safe here. And I believe that was partially due to your influence, for me.

Mrs. Stephenson: Oh, oh. Aww! I can't-- I give your parents all that credit. I knew, but I-- we just-- no! It's your mom and dad.

Lydia: And I really do give them so much credit, but my memories from that time are all of you treating me so well. And I felt so important here. I felt like you thought that I was just the greatest, and it just means so much.

Mrs. Stephenson: Aww, I just think that's wonderful.

Interviewer: Do you remember knowing about the family situation when they were in?

Mrs. Stephenson: I didn't know the exacts of the family situation. We just knew. We just knew. They were here every day. It was obvious.

“This American Life: The Room of Requirement”

December 28, 2018
Principles of Trauma Sensitive Care

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
The Four R’s to Trauma Informed Care

• **Realize** the prevalence of trauma
• **Recognize** how trauma affects all individuals, programs, organizations, and systems
• **Respond** by putting this knowledge into practice
• **Resist Re-traumatization** of patients and staff
The Three R’s: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.

First: We must help the child to regulate and calm their fight/flight/freeze responses.

Second: We must relate and connect with the child through an attuned and sensitive relationship.

Third: We can support the child to reflect, learn, remember, articulate and become self-assured.

Heading straight for the ‘reasoning’ part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

www.beaconhouse.org.uk
Bibliotherapy

“The use of reading materials for help in solving personal problems or for psychiatric therapy”
What Does Trauma Mean to Us?

We are drawn to make sense of what happens; to try to understand why it happened, and what can we do so it does not happen again?

Not just the realm of mental health professionals, but of artists, writers, philosophers and theologians.
Achilles went on grieving for his friend killed in battle... all-conquering sleep refused to visit him....as memories crowded in on him, the warm tears poured down his cheeks...”
Adverse Childhood Experiences

- Maternal Depression
- Emotional & Sexual Abuse
- Physical & Emotional Neglect
- Divorce
- Mental Illness
- Incarceration
- Homelessness
- Domestic Violence
- Incarceration
- Poverty
- Discrimination
- Community Disruption
- Lack of Opportunity, Economic Mobility & Social Capital
- Poor Housing Quality & Affordability
- Violence

Ellis W., Dietz W. BCR Framework Academic Peds (2017)
What Next?

Continue dialogue in your library

Evaluate current practices (“Developing Trauma Informed Organizations” Toolkit

Identify strengths and gaps

Develop a plan to attain “trauma competency” as a community organization
The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.

- Naomi Rachel Remen
Questions and Comments
Resources
ACES Connection: Trauma Informed Libraries

https://www.acesconnection.com/g/trauma-informed-libraries
This American Life

The Room of Requirement

https://www.thisamericanlife.org/664/transcript
The Evil Hours

A Biography of Post-Traumatic Stress Disorder

David J. Morris

"Unflinching and compassionate ... A must-read." – Alice Sebold
THE BODY KEEPS THE SCORE
BRAIN, MIND, AND BODY IN THE HEALING OF TRAUMA

BESSEL VAN DER KOLK, M.D.

“A MASTERPIECE THAT COMBINES THE BOUNDLESS CURiosity
OF THE TRUTH TELLER.” —JEFFREY HERMAN, M.D.
Developing Trauma-Informed Organizations

A Tool Kit

https://kpjrfilms.co/resilience/
Community Resilience Initiative: “Resilience Trumps ACES”

https://criresilient.org/