Session Outline

- Trauma and trauma informed care
- Adverse childhood experiences (ACEs)
- Brain development
- Trust-Based Relational Intervention (TBRI)
WHAT IS TRAUMA?

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2014).

WHAT IS TRAUMA INFORMED CARE?

• Also referred to as trauma informed approach.
• Approach for engaging people with histories of trauma that recognizes the symptoms and the role that trauma has played in their lives (SAMHSA, 2014).
• It can be implemented in nearly any type of service or educational setting, organization, or system and is not limited to organizations and professionals who primarily work with high-risk populations (SAMHSA, 2014).
WHAT IS TRAUMA INFORMED CARE?

"A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization” (SAMHSA, 2014).

WHY TRAUMA INFORMED CARE?

• Many people have experienced adverse events.
• “Using practices that are sensitive to these potentially traumatic experiences, regardless of whether clients or practitioners are aware of them or their consequences, can reduce potential distress for individuals, help them feel safe, and reduce the chances that they will be retraumatized” (Small & Huser, 2019).
TRAUMA INFORMED CARE
EXTENSION EXISTING PROGRAMS

Apply trauma informed lens to existing Extension programming and adapt programs as needed
• General service delivery approach
• Simple modifications to existing program designs
• Being mindful of what we bring to relationships when teaching and at work with colleagues
• Strategies to promote felt safety among participants
• Choose activities that highlight participants’ existing strengths
• View behavior as communication
• Limit questions that ask learners about their childhood experiences

Adverse Childhood Experiences (ACEs)
What is the Adverse Childhood Experiences (ACE) Study?

3 Types of ACEs

<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>
</tr>
<tr>
<td>Emotional</td>
<td>Emotional</td>
<td>Incarcerated Relative</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td>Mother treated violently</td>
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<tr>
<td></td>
<td></td>
<td>Substance Abuse</td>
</tr>
</tbody>
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Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation
The higher the ACE Score, the greater the likelihood of:

- Severe and persistent emotional problems
- Health risk behaviors
- Serious social problems
- Adult disease and disability
- High health and mental health care costs
- Poor life expectancy
ACEs in California

• ACEs are common
  • ACEs affect every community in California.
  • 61.7% of adults have experienced at least one ACE and one in six, or 16.7%, have experienced four or more ACEs.
  • In some counties, over 75% of residents have at least one ACE.
  • Even in counties with the lowest prevalence of ACEs, 1 out of every 2 residents, or 50%, has one or more adverse experiences in childhood.

Source: Let’s Get Healthy California
Risk Factors

• **Difficult pregnancy**
  - Can be for reasons including medical, drugs/alcohol, crisis or other trauma.
  - Can be due to persistent, high level of stress throughout pregnancy.

• **Difficult birth**
  - A difficult or traumatic birth is risky for many reasons (e.g., perhaps the newborn was briefly without oxygen, leading to mild neurological insult).

• **Early hospitalization**
  - Children who experience early hospitalization often experience painful touch rather than nurturing, comforting touch in the first days of life.
Risk Factors

• **Abuse**
  • Children from abusive backgrounds know to always be on guard. Their brains have been trained to be *hyper vigilant* to the environment around them.

• **Neglect**
  • The message sent to a child from a neglectful background is ‘you don’t exist.’
  • Children from neglectful backgrounds often suffer from the most severe behavioral problems and developmental deficits.

• **System Effects**
  • Neighborhoods, schools, environmental

• **Natural or Man-Made Traumas**
  • Any number of traumas in the child’s life (witnessing an extreme event, for example) can cause the child’s *developmental trajectory* to change in response.

Protective Factors

• Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact.

• Protective factors may be seen as positive countering events.

Protective Factors in Families

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children
- Nurturing and attachment

Source: Strengthening Families 101

Positive Stress
The body’s normal and healthy stress response to a tense situation/event.

Example:
First day of school or work.

Tolerable Stress
Activation of the body’s stress response to a long-lasting or severe situation/event.

Example:
Loss of family member, but with supportive buffers in place.

Toxic Stress
Prolonged activation of the body’s stress response to frequent, intense situations/events.

Example:
Witnessing domestic violence in the home, chronic neglect.

Source: Joining Forces for Children [http://www.joiningforcesforchildren.org/what-are-aces/](http://www.joiningforcesforchildren.org/what-are-aces/)
Stress in Childhood

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.

Positive Stress
Mild stress in the context of good attachment.
- Temporary, mild elevation in stress hormones & brief increase in heart rate
- No buffering, no support necessary
- Increased resilience and confidence
- Development of coping skills

Tolerable Stress
Serious, temporary stress, buffered by supportive relationships.
- More severe, continuing cardiovascular and hormonal response
- Presence of a buffering, caring adult
- Adaptation and recovery with some possibility for physical/emotional damage

Toxic Stress
Prolonged activation of stress response system without protection.
- Prolonged activation of stress response system & disrupted development of brain and immune system
- No adult/buffer
- Lifelong consequences:
  - Heart disease
  - Alcoholism
  - Memory & learning difficulties
  - Anxiety/depression
  - Cancer

Exhibit 1 – Functions of Brain Regions

- Cortex: Abstract Thought, Concrete Thought, Affiliation, Attachment, Sexual Behavior, Emotional Reactivity
- Limbic: Motor Regulation, Arousal, Appetite/Satiety, Sleep, Blood Pressure
- Midbrain: Heart Rate, Body Temperature
- Brainstem: Higher, Lower

Bruce D. Perry, M.D., Ph.D., www.ChildTrauma.org
Flip the Lid (Hand Model of the Brain)

Make a Fist with your thumb tucked inside your fingers. This is a model of your brain.

**Thumb** = Midbrain (Stem & Limbic) = Emotional Brain. This is where emotions and memories are processed. This is where the fight, flight & freeze is triggered.

**Fingers** = Cerebral Cortex = Rational Brain. Houses our ability to think and reason.

**Fingernails** = Prefrontal Cortex = Problem-Solving

When something triggers us, we are prone to “Flip our Lid” which means the Prefrontal Cortex (Fingernails) have a very poor connection with the Midbrain (Thumb), and we’re not able to access the logical, problem-solving part of our brain. Our emotions are overriding our ability to think clearly.


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Upstairs Brain

- Allows us to think before we act
- Decision-making
- Control over emotions & body
- Focus/concentration
- Empathy
- Self-awareness

Downstairs Brain

- Allows us to act before we think
- Fight/Flight response
- Emotional reactions
- Bodily functions

TRAUMA INFORMED CARE EXTENSION PROGRAM AREA

Trust-Based Relational Intervention (TBRI) – working with Texas Christian University to create an Extension program that county faculty could teach.

Relationship model:
1. Connecting principles address relational and attachment needs, focusing on awareness, engagement, and attunement
2. Empowering principles address the ecological (external/environmental) and physiological (internal/physical) needs
3. Correcting principles teach self-regulation and appropriate boundaries, and promote healthy behaviors

TRAUMA INFORMED CARE EXTENSION PROGRAM AREA

- Trust-Based Relational Intervention (TBRI)
  - Great relationship practices for everyone
    - Parents
    - Partner/spouse, adult children, co-workers, volunteers, etc...
  - Great information for Extension volunteers who work with 4-H
  - Activities for kids and adults
    - Mindfulness, self-management and coping, empathy, using their voice, sensory needs, nutritional needs, attachment skills, physical activity needs, behavioral needs with correction strategies
“Learning stick... sorry for any delay”.

Then I asked myself a tough question: Would I have been just as patient if the sign hadn’t been there?

What’s your biggest takeaway from this presentation?
References

- Barth et al. (2008). Credit: Center on the Developing Child at Harvard University.
- The Anna Institute. [https://www.theannainstitute.org/](https://www.theannainstitute.org/)
QUESTIONS OR COMMENTS

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