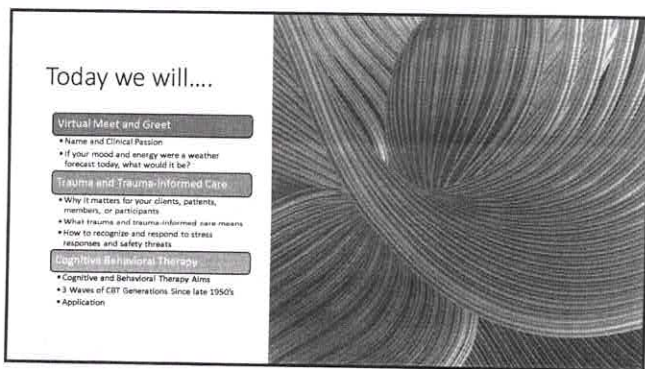


1



2



3


Throughout...

Awareness of yourself and your body.

- Pay attention to your heart rate.
- Pay attention to the tension in your muscles and physical discomfort.
- Pay attention to your thought content.

Use of your breath


- Longer exhales to decrease heart rate.
- Longer inhales to increase heart rate.



4

Why Understanding Trauma is important?"


- 70% of Adults in the U.S.A. have experienced at least one traumatic event in their lives (National Council for Behavioral Health)
- Trauma has an impact on behaviors and internal experiences (emotions and body) that are targeted by Cognitive Behavior Therapy models.
- Allows for realistic expectations and effective selection and use of interventions.
- Trauma Impacts Several Areas:
 - Cognition and Thinking
 - Biology and Health
 - Identity and Self-Concept
 - Behavioral Control
 - Affect Regulation
 - Attachment
 - Dissociation



5

Trauma is the body's reaction to a loss of safety

Safety Types



- Physical**
The integrity of the physical body. Is your body safe? Is there either food and shelter?
- Sexual**
The integrity of the self in the sexual context. Can you express yourself freely?
- Moral**
The integrity of values and basic needs. Are your values aligned with your intentions and actions?
- Psychological/Mental**
The integrity of thoughts and opinions about yourself and/or others. Are your thoughts and opinions helpful, encouraging, and compassionate?

6

Stress Response

Starting in the brain, stress sends information to the rest of our body responsible for emotional processing. Then, a distress signal is sent to our hypothalamus (our control center), which sends the information to the rest of our body through the autonomic nervous system (ANS). The ANS controls involuntary bodily functions and has two divisions:

| Sympathetic | | Parasympathetic | |
|--------------|---------------|--------------------|-------------------|
| Fight | Flight | Freeze/Fawn | Regulation |
| | | | |

When real or perceived loss of safety occurs..

7


Sympathetic Branch of the Autonomic Nervous System

Sympathetic

Fight

When in Fight mode, you may notice feelings of anger, irritation, or frustration while finding difficulty relating to others in your surrounding.

You may also notice some changes in your body, such as dry mouth, changes to vision, racing thoughts, sweaty palms, tense muscles, and an increased heart rate.




8

Sympathetic

Flight

When in Flight mode, you may notice feelings of fear, anxiety, panic, or worry while feeling as if you are "rushing around."

You may also notice some changes in your body, such as dry mouth, changes to vision, racing thoughts, sweaty palms, tense muscles, and increased heart rate.



Sympathetic Branch of the Autonomic Nervous System

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Parasympathetic Branch
Sympathetic Branch of the Autonomic Nervous System

Parasympathetic

Freeze

When in Freeze mode, you may notice feelings of depression, dissociation, hopelessness, or brain fog while attempting to behave from your surroundings.

You may also notice some changes in your body, such as a decrease in heart rate, low motivation, increase in sleep, numbing of facial expressions, and lower core temperature.



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Parasympathetic Branch
Sympathetic Branch of the Autonomic Nervous System

Parasympathetic

Regulation

Within the Parasympathetic branch of our body's Autonomic Nervous System, there are two nerves: The Vagus Nerve is where you find the Freeze and Panic responses. The Sacral Vagus Nerve is where you find your regulated state.


When in Regulation mode, you may notice an increase in your sensory eye and vestibular. You may also notice movement in your hand and eyes, stable heart and slow flow, stabilized breathing, and an ability to express a range of emotions.



11

Stress Responses, Trauma and the Brain

Center on the Developing Child at Harvard University



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• The limbic system is 9x faster than the prefrontal cortex.

• When the limbic system is activated, regulation should be supported prior to expectations of higher functioning.

"Thinking about Thinking"
Higher Reasoning
Executive Function

Prefrontal Cortex
9 Functions of the Prefrontal Cortex:

1. Empathy
2. Insight
3. Response Flexibility
4. Emotion Regulation
5. Body Regulation
6. Morality
7. Intuition
8. Artword Communication
9. Fear Modulation

Limbic Brain

1. Fight, Flight, freeze stress response
2. Thinks, "Am I safe? Do people want me?"
3. Emotions live here

Two Centers for Processing Stimuli

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Types of Trauma and Chronic Stress

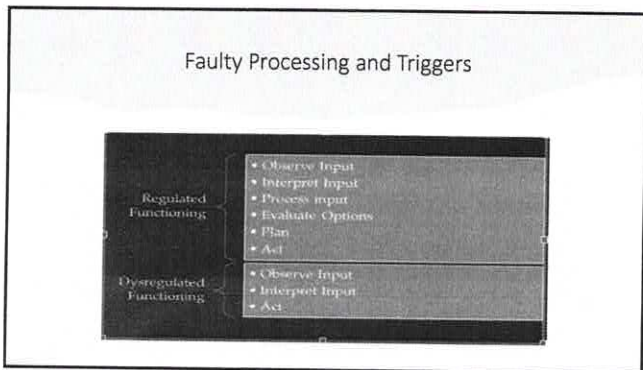
| | | |
|---|---|--|
| <p>1) Acute trauma results from a single incident with a start and end date.</p> | <p>2) Chronic trauma is repeated and prolonged such as domestic violence or abuse.</p> | <p>3) Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.</p> |
| <p>4) Developmental Trauma are the experiences of trauma prior to the age of six, often interpersonal in nature.</p> | <p>5) Intergenerational Trauma is the transmission of post-traumatic stress symptoms and adaptations to offspring.</p> | <p>6) Historical Trauma is the post-colonial distress following colonization of indigenous people by European settlers and the subsequent inequities and disparities.</p> |

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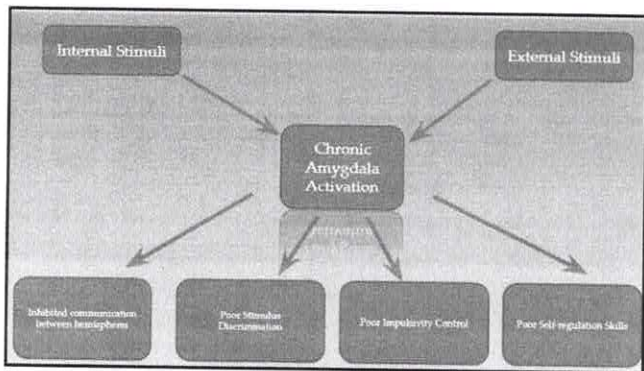
Triggers, Trauma, and Chronic Stress

- The brain develops in a sequential, bottom-up fashion.
- Brain maturation occurs at different rates for different people.
 - The extent of development within the lower and upper regions are positively correlated.
- Maturation Processes
 - Pruning and Expansion
 - Experience-dependent
 - Experience-expectant
 - Use-dependency

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Processing and Trauma

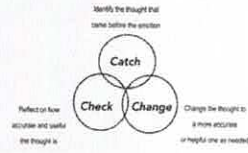
| Put each step in chronological order | Number each step using 1 (first) and 7 (last) |
|---|---|
| Your client's brain assesses and determines the threat is real based on their past experiences of being invalidated. It makes them feel stupid and ashamed. | |
| Their thinking brain comes back online to help calm their body. | |
| You are interacting with a client and you provide an interpretation of the client's thoughts and their impact on their life. Emotional brain takes over and thinking brain is off-line. | |
| Emotional brain activates the flight, fight, freeze, fawn response. They react by angrily stating that they "hate it when people try and tell me that what I am thinking is wrong!" | |
| Your client's thinking brain recognizes and states that there is a safety threat present. | |

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What is Cognitive Behavioral Therapy?

- Hybrid of Cognitive Therapy and Behavioral Therapy with an aim to change thoughts that are creating affect, influencing behavior and activating physiological responses.
- **Cognitive therapy** focuses on changing the thought maintaining conditions or challenges
- **Behavioral Therapy** focuses on providing strategies to change behavior

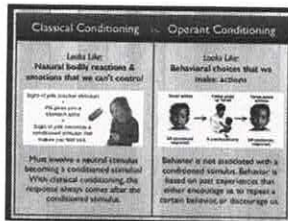
THE 3 C'S OF COGNITIVE BEHAVIORAL THERAPY



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1st Wave of CBT: Behavioral Therapy

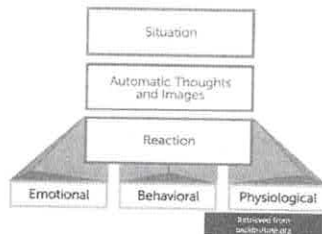
- Late 1950's into 1960's, traditional Behavioral Therapy
- Created to understand and treat psychological issues
- Addressed perceived deficits of psychoanalytic theory and therapy
- Focus: Use of classical and operant conditioning principles to change behavior



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2nd Wave: Cognitive Behavioral Therapy

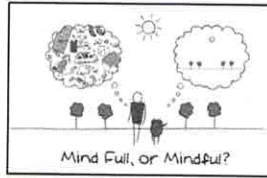
- Late 1960's through 1990's
- Goal is to identify, challenge, and change unhelpful cognitions, called distorted thinking errors, thought to cause the problem behaviors
- Thoughts considered to play a significant role in interpretation of the situation and their behavioral and emotional responses



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3rd Wave of CBT: Acceptance Based Models

- 1990's through present day
- No longer assumes the distressing symptoms must be changed in content or frequency to change well-being or functioning
- Focus is now on changing behavior and the quality of life by taking a different relationship with the thoughts
- Includes the principles of CBT with the inclusion of eastern religious and philosophical practices (i.e. mindfulness)
 - Mindfulness is the act of being present and aware of the moment-to-moment experience



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Acceptance-Based Model One

- Mindfulness Based Stress Reduction (MBSR)**
- Developed by Jon Kabat Zinn for chronic pain and stress related medical conditions
 - Mindfulness requires full awareness of moment-to-moment stimuli
 - Belief that reactivity and stress are normal internal conditions that is reduced with an increase in mindfulness
- Common Strategies**
- Body scan
 - Mindful task engagement
 - Eating a raisin with mindfulness of the sensory sensations (taste, texture, smell)



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Acceptance-Based Model Two

- Mindfulness Based Cognitive Therapy (MBCT)**
- Created by Zindel Segal, J. Mark Williams, and John Teasdale as an adaptation to MBSR
 - Aim to prevent depressive relapses
 - Assumes the enhancement of awareness will allow for experience of thoughts and feelings without judgement
 - Present awareness disrupts the pattern of being drawn into automatic reactions (i.e. self-blame, ruminative thoughts)

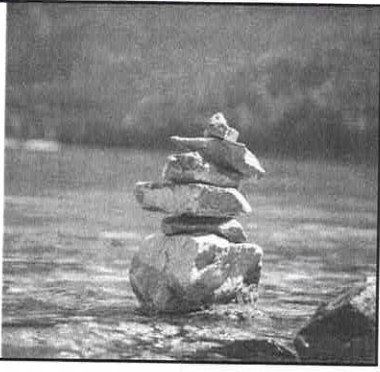


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Acceptance Based Model Three

Dialectical Behavioral Therapy (DBT)

- Developed by Marsha Linehan due to frustration with traditional CBT and challenges with patients who experience chronic suicidal ideation
- Uses the term dialectic to convey the tension between the therapist's job to provide validation of the painful internal experience and facilitate changes in attitude and behavior
- Strategies facilitating change process:
 - Levels of validation, psychoeducation, exposure strategies, direct confrontation, implicit and explicit contingency management, and core mindfulness skills




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Acceptance Based Model Four

Meta-cognitive Therapy

- Created by Adrienne Wells
- Psychological disorders are linked to the activation of dysfunctional patterns of cognitions, termed *cognitive-attentional syndrome (CAS)*.
- *Cognitive Attentional Syndrome* is characterized by inflexible self-focused attention and perseverative ruminative thinking patterns.
- Beliefs are centered on metacognitive notions of usefulness of the worry-based thinking styles (i.e. paying attention to fix danger to avoid harm)
- The goal is to counter CAS patterns.
- Treatment of GAD, PTSD, OCD, Social Anxiety Disorder




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Acceptance Based Model Five

Acceptance and Commitment Therapy (ACT)

- Expanded Beck's notion of distancing from thoughts. Earliest form called comprehensive distancing.
- Goal is to increase one's psychological flexibility or their ability to choose actions aligned with their values and goals and decrease their unhelpful avoidance of internal experiences.
- Believes the goal of changing and eliminating the internal experience often reinforces or exacerbates the challenge.
- Key Terms and concepts that guide use of model.



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Acceptance and Commitment Therapy

- Can be supplemental to existing goals and treatment plans being used.
- Can promote bilateral integration with use of mindfulness and body-based strategies and metaphors
- Allows for flexibility of treatment plan.
- Validates the painful, unjust, and uncontrollable circumstances of life.

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Four Components of Trauma-Informed Care

- Realize**
 - Trauma doesn't discriminate
- Recognize**
 - Stress responses are everywhere
- Respond**
 - Promote healing with responses
- Resist**
 - Culture, policies and procedures causing harm

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Seven Commitments of Trauma-Informed Care

- Growth and Change**
All change creates loss but human intention can change the future
- Democracy**
Complex problems require complex responses
- Neuroscience**
Physical, psychological, social and moral safety
- Emotional Intelligence**
Human behavior makes sense if we have information
- Social Learning**
Mistakes happen and we must learn from them
- Open-communication**
Information is the flow of life, so communication must be open and direct
- Social Responsibility**
Social justice is key to peaceful, nonviolent society

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5 Simple Steps

1. Notice your stress responses and current distress levels.
2. Assess for safety threats and stress responses of clients/others.
3. Choose an intervention.
4. Implement the intervention.
5. Repeats steps as necessary.



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Trauma-informed care in practice

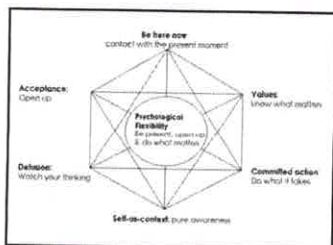
- Recognition that stress responses may impair ability to engage clients and have "success" with interventions/programs.
- Helps to guide implementation of adaptations and selection of interventions.
- Helps to guide conceptualization of client/program presentation.
- Provides predictability and choices to enhance sense of safety and control.
- Assists professionals in managing vicarious trauma and burnout.




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Let's practice with ACT: 6 Core Processes

Helps clients to create a new relationship with their internal experiences that historically have been avoided, minimized, or ignored.



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Practice Using Skills

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