Overview of trauma informed 
Trauma infused CBT

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What is Trauma?

“At the moment of trauma, the victim is rendered helpless by overwhelming force...Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning.”

--Judith Herman, Trauma and Recovery, 1992
Core elements

- Unexpected
- Unprepared
- Uncontrollable
- Single or reoccurring event
- Secondary trauma
Traumatic Events

- Physical abuse
- Sexual abuse
- Rape
- Cultural trauma
- Witnessing violence in the home or community
- Complex grief with loss of loved ones
- Natural disasters, terrorist attacks
- Life-threatening accidents or injuries
- Caregiver neglect
Childhood trauma

• Trauma that happens in childhood at the hands of a caregiver is doubly destructive because it destroys the attachment relationship that the child would normally need to depend on to manage the trauma of the abuse.

• The resolution of attachment issues is a central component of trauma recovery.
Cultural trauma

• Occurs when members of a collectivity feel that they have been subjected to a horrendous event that leaves marks upon their group consciousness, marking their memories and changing their future identity in unchangeable ways – Alexander

• Holocaust, American slavery, Hurricane Katrina
Social process of constructing cultural trauma

• Claim making
  – Symbolic representations as members of a social group often through art, music, ritual, performance
  – Claims are carried by individuals and subgroups
    • Example, Reverend Al Sharpton is a claim carrier for the cultural legacy of trauma and continued oppression of African Americans
Claim must express

• The nature and extent of the pain
• Recognition of the victim and victim characteristics (Happened to US)
• Connect the trauma victim/group to the larger social group that they are a part of (We are different but the same, part of YOU)
• Attribution of responsibility
  – Reconciliation trials in South Africa after apartheid
Construction of cultural trauma, con’t

• The cultural group creates a shared narrative
• Identity revisions occur for individuals and the group in the “calming down” period
• The collective (and hopefully broader social group) create meaning and determine the lessons of the cultural event
• Symbology, language, performance, monuments, music, etc. are codified in remembrance of the trauma and to communicate it to next generations
Risk factors for PTSD

- Previous traumatic experiences, especially in early life
- Family history of PTSD or depression
- Female
- African American
- History of physical or sexual abuse
- History of substance abuse
- History of depression, anxiety, or another mental illness
- High level of stress in everyday life
- Lack of support after the trauma – lack of validation
- Lack of coping skills
Disparities in trauma exposure and recovery

- 50 – 85% of Americans will experience some traumatic event
- Approximately 1-9 women and 1-10 men will develop PTSD (DiGangi, et. al)
- In a sample of 34,645 adults (responders to NESARC) Roberts, et. al., (2011) found lifetime prevalence is highest among African Americans (8.7%); intermediate among Hispanics and Whites (7.0%; 7.4%) and lowest in Asians (4.0)
- Among those exposed to trauma, PTSD risk highest among African Americans and lowest in Asians when compared to Whites
- Minority groups less likely than Whites to seek treatment for PTSD with fewer than half seeking treatment
Health care disparities in trauma

• African Americans and Hispanics much more likely to experience blunt force or intrusive physical trauma, less likely to be insured, and have a higher mortality

• Higher mortality persists even when insurance coverage is controlled for (Haider, et. al., 2008)

• GLBT youth are twice as likely to experience childhood maltreatment and other forms of trauma than heterosexual youths

• Twice as likely to develop PTSD with gay women particularly at risk
Disparities in trauma and recovery

- 30-70% of risk factors associated with the development of PTSD are thought to be genetic (DiGangi, et. al., 2013)
- The effects of the interaction of the social environment and genetic predisposition is not well studied
- In their meta-analysis, half of all studies exploring genetic predisposition included found statistically significant correlations, primarily involving four genes affecting dopaminergic and serotonergic systems along the HPA axis
High Brain/Low Brain functioning

- Deep brain (reptilian) – Amygdala, hippocampus, thalamus. Fear, reaction, memory storage.
- High brain – prefrontal cortex. Developed late in evolution. Where cognition is “rational”
  - Ledoux, 2002
Self continuity

Normal sense of self in time

Fragment self/time with trauma

FIGURE 2.8. Experience of the self in a person with traumatic stress.

FIGURE 2.9. The emotional life of a person with traumatic stress.
Implicit and explicit memories

• Up until about 18 months infants process implicit memories primarily in Right hemisphere as Left/language develops
• Implicit memories (sensory and emotional)
• Explicit memory – semantic (words) and autobiographical (sense of self and continuity). Hippocampus
• Amygdala – process danger, fear. Triggers fight or flight
The impact of trauma on higher cognitive functioning

- Brain activity is centered in deep brain rather than prefrontal cortex
- Can’t process information, problem solve
- Don’t accurately perceive reality, threats, non-threats
- Can’t regulate emotion to external world
- No integration of self, time, cognition, emotions
- Dr. David Lisak Neurobiology of trauma

http://www.youtube.com/watch?v=py0mVt2Z7nc
Response to trauma

• The dialectic of trauma
  – Keep secret vs. tell
• Wish to deny/forget is true for perpetrator and victim
• Dialectic can be political
  – Catholic church
  – Doctrine that women should stay in abusive relationships
  – GLBT
Symptoms and effects

• Two general dimensions

• Intrusive symptomology
  – Re-experiencing/re-enacting traumatic event
  – Hyperarousal
  – Difficulty with affect regulation (primary symptom)
  – Rumination

• Constrictive symptomology
  – Avoidance/numbing
  – Dissociative disorders
Hyperarousal

• Problems falling or staying asleep
• Difficulty concentrating or completing tasks
• Anger and irritability
• Startle response
• Hyper-vigilant
• Panic attacks, shortness of breath or chest pain
Intrusion

• Often lack verbal narrative and context – vivid sensations and images
• Thought and dream intrusion, stimulus intrusion
• Reenactment – why?
  – Disguised
  – Attempt at healing and integration?
  – Social learning – Identification with aggressor?
Re-experience and re-enacting

- Through play
- Violent/aggressive behavior
- Sexual behavior inconsistent with expected Development
- Risk taking behavior
Constriction

- Surrender as a self-defense
- Disassociation and detachment
- Withdrawal
- Amnesia
- Restricted range of affect
- Avoidance behavior
- Altered states of consciousness
- Numbing – psychological or drugs/alcohol
Disconnection

• From self - the damaged self, shame, guilt
• From human relationships
• No sense of safety, stability in world. Disconnected, fractured sense of predictability and order
Avoidance behaviors

- Making efforts to avoid thoughts, feelings, conversations, people, or places that remind them of the trauma.
- Restricted range of emotions/Numbing of emotions
- Feeling detached from others
- Dissociation
- Substance Abuse
- Loss of interest in activities you used to enjoy
Dissociative Disorders

• Marked by a dissociation from or interruption of a person's fundamental aspects of waking consciousness (such as one's personal identity, one's personal history, etc.).
• All of the dissociative disorders stem from trauma.
• Coping mechanism -- the person literally dissociates himself from a situation or experience too traumatic to integrate with his conscious self.
• Dissociative Identity Disorder (Multiple Personality Disorder)
• Dissociative Amnesia
• Dissociative Fugue
• Depersonalization Disorder
Fundamental stages of recovery

- Establishing safety
- Reconstructing the trauma story
- Restoring connection between survivors and community
Safety

- Safety: Individual
  - Provide structure and consistency, be trustworthy
  - Set limits and boundaries, keep them. You will be tested
  - Encourage the client to exercise autonomy, power and control in safe ways
  - Teach body control and self-soothing techniques
- Safety: Environment
  - Restraining orders, safety plans, shelters, etc.
  - Access and strengthen social support
  - Report – but prepare client for response of police and potential revictimization by system
- Why are women and children put in shelters? Why aren’t perpetrators forced to wear tethers with alarms if they violate restraining orders?
- Intervene to keep connect, rather than cycle of aggression and withdrawal of social support
Construction of the Trauma Narrative

• Remembrance and Mourning
• VALIDATION
• Encourage expression of feelings through art, play, conversation and story-telling because of difficulty with cognitive and linguistic integration
• Research shows right and left brain integrative exercises promote healing
• Honor the individual’s sense of coherence which will be incoherent for a period of time
Post-traumatic Growth

• Perception of self
  – Survivor vs. victim
  – Self-reliance
  – Recognition of vulnerability

• Interpersonal Relationships
  – Self-disclosure and emotional expressiveness
  – Compassion and giving to others

• Philosophy of Life
  – Altered priorities and greater appreciation
  – Existential themes and meanings
  – Spiritual development
  – Wisdom
# Models of Growth and Recovery

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<thead>
<tr>
<th>Author</th>
<th>Herman</th>
<th>Tedeschi &amp; Calhoun</th>
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<th>Wozniak &amp; Allen</th>
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<td><strong>Seeking Safety</strong></td>
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<td>- Emotional and physical safety</td>
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<td>- Dialectic of abuse and trauma</td>
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<td><strong>Perception of self</strong></td>
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<td>- enhanced feelings of personal strength and self-reliance</td>
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<td><strong>Changes in self-perception</strong></td>
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<td><strong>Cognitive reappraisal of violent relationship</strong></td>
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<td><strong>Improved coping, self-esteem</strong></td>
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<td>- Decreased emotional reactivity (improved affect regulation?)</td>
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<td>- Awareness of personal contributions to unhealthy relationships, resolution of guilt and self-shame</td>
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<td><strong>Stage II</strong></td>
<td><strong>Remembrance and Mourning and constructing the trauma narrative</strong></td>
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<td><strong>Changes in relationships</strong></td>
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<td>- Emergence through liminality</td>
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<td>- Rejoining the community</td>
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<td>- creating new community with like women</td>
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<td>- Seeking new relationships</td>
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<td>- Letting go of past unhealthy relationships</td>
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<td><strong>Stage III</strong></td>
<td><strong>Reconnection</strong></td>
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<td><strong>Interpersonal relationships</strong></td>
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<td>-strengthening bonds with others</td>
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<td>-Improved boundary setting</td>
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<td><strong>Philosophy of life</strong></td>
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<td>-Priorities and appreciation for life</td>
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<td>-Recognition of new possibilities</td>
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<td><strong>Life goals</strong></td>
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<td>Spirituality or religious beliefs</td>
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<td>- compassion towards abuser</td>
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<td>-desire to help others</td>
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<td>-developing meaning from relationship</td>
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<td><strong>Reestablishing hope for the future</strong></td>
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<td>- Creating and finding future</td>
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<td>- Reawakened spirituality</td>
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<td>- Shared and personal healing rituals</td>
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Resources


• National Child Traumatic Stress Network- http://www.nctsn.org/resources/audiences/parents-caregivers/treatments-that-work
• Trauma Informed Cognitive Behavioral Therapy - http://tfcbt.musc.edu/resources.php?p=2
• SAMSHA National Center for Trauma Informed Care - http://www.samhsa.gov/nctic/default.asp
• The Center for Culture, Trauma and Mental Health - http://www.semel.ucla.edu/cctmhd
• ACES Connections Historical trauma and microaggressions http://acesconnection.com/notes/Historical_Trauma_%26_Microaggressions