



Surviving and Thriving: Trauma-Informed Care

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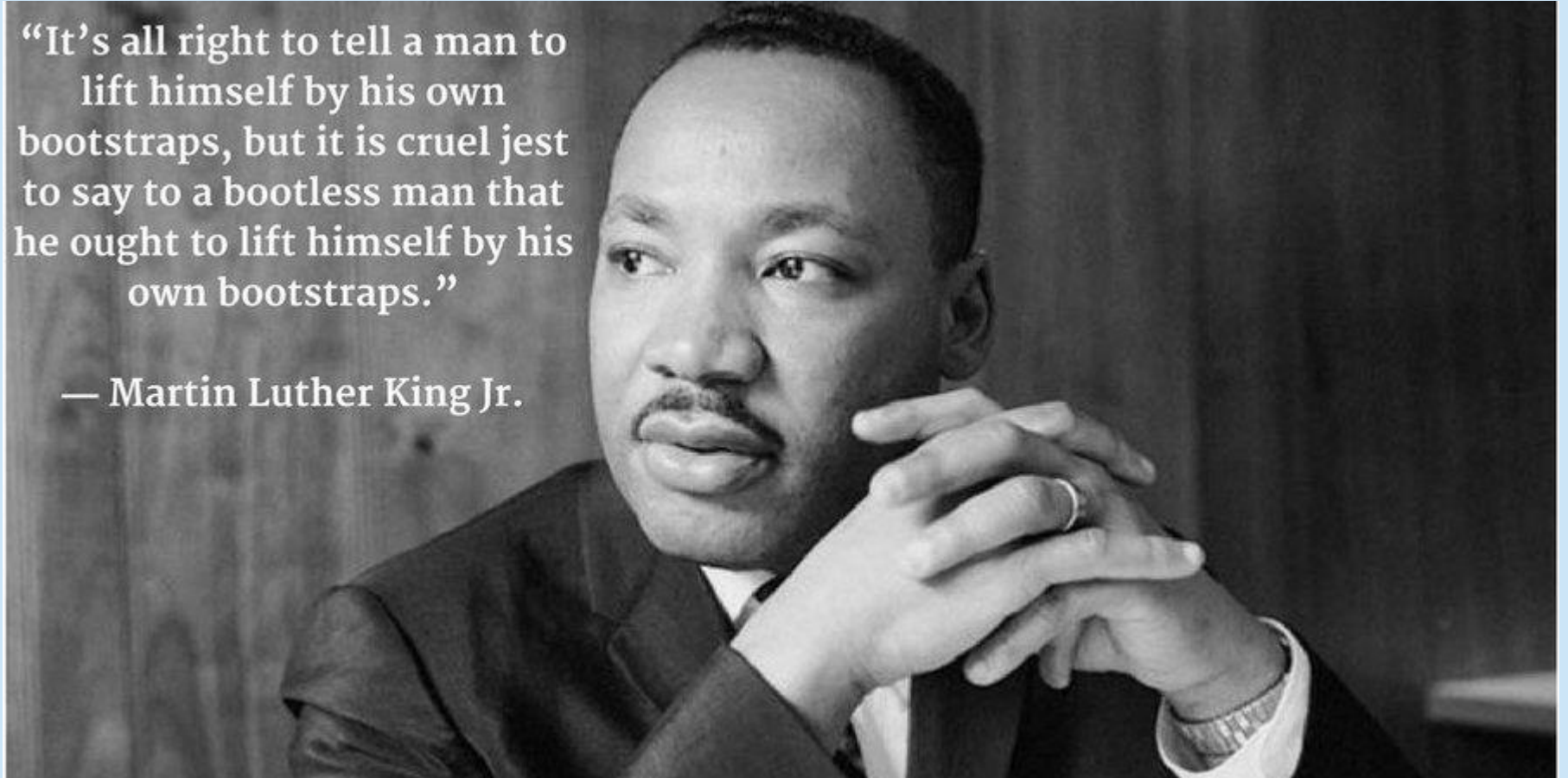
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“It’s all right to tell a man to lift himself by his own bootstraps, but it is cruel jest to say to a bootless man that he ought to lift himself by his own bootstraps.”

— Martin Luther King Jr.



Cause I Ain't Got a Pencil

by Joshua T. Dickerson

I woke myself up
Because we ain't got an alarm clock
Dug in the dirty clothes basket,
Cause ain't nobody washed my uniform
Brushed my hair and teeth in the dark,
Cause the lights ain't on
Even got my baby sister ready,
Cause my mama wasn't home.
Got us both to school on time,
To eat us a good breakfast.
Then when I got to class the teacher fussed
Cause I ain't got a pencil.



**One in four children will
experience trauma by age four.**



Definition of Trauma

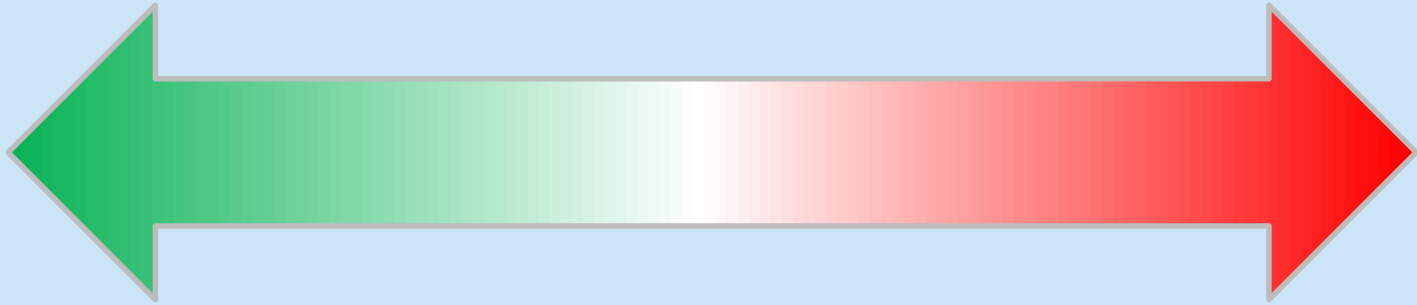
Event

Experienced

Effects

-SAMHSA definition 2014

Stress vs Trauma



Positive Stress

- Moderate
- Predictable
- Controllable

Toxic Stress (Trauma):

- Overwhelming
- Unpredictable
- Uncontrollable

-Dr. Bruce Perry, MD, PhD

Key Components of Trauma-Informed Care

Respond to the need
rather than
react to the behavior.

What does this person need right now?

- Attention
- Power and control
- Boundaries and safety
- Tension release
- Structure and limits
- Soothing and regulation

What does this person need right now?

- Approval and validation
- Connection
- A protector
- Acknowledgement of pain
- Physical need met (e.g., rest or food)
- Co-regulation

Key Components of Trauma-Informed Care

Ask the question...

“What happened to you?”

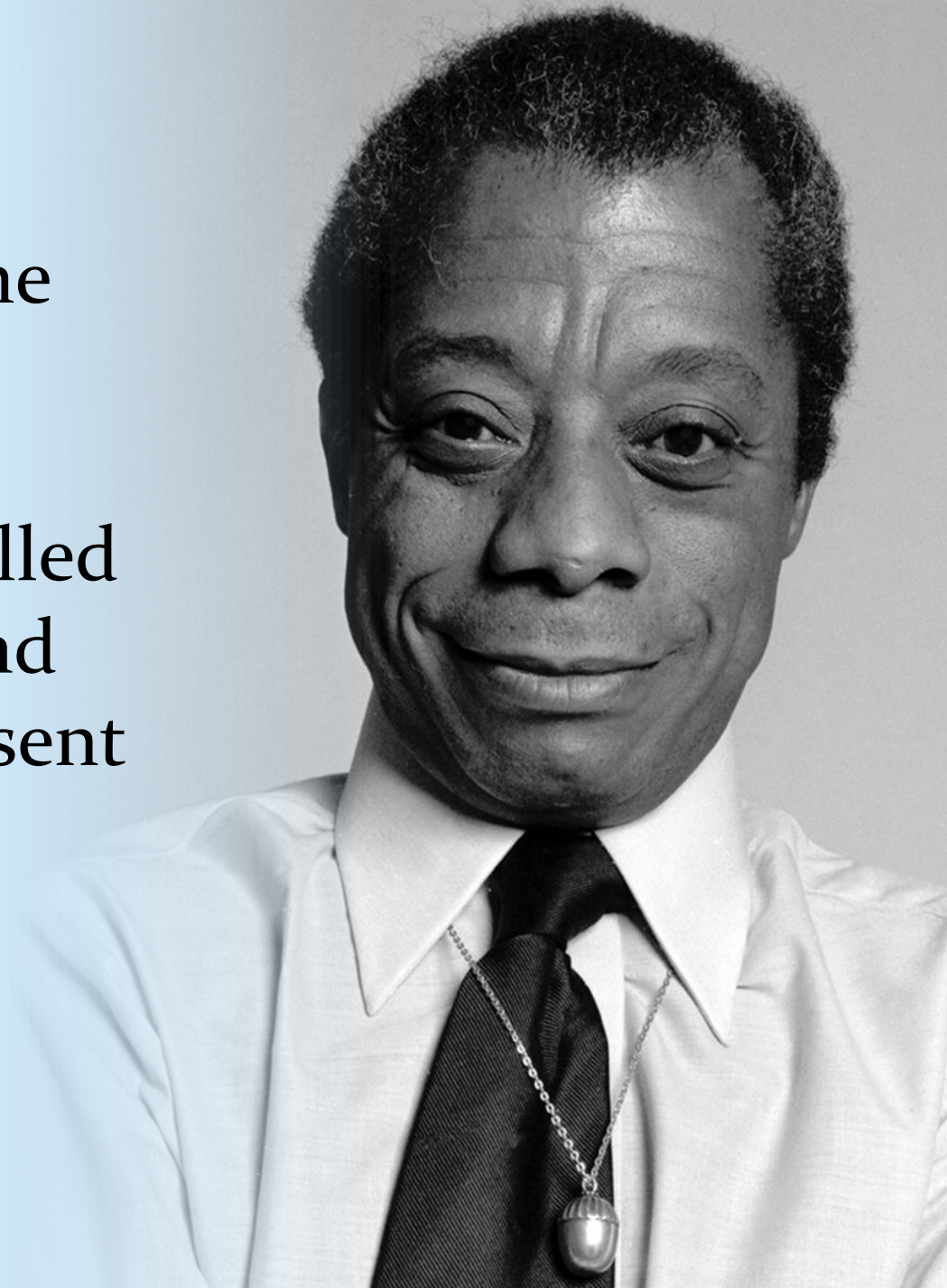
(Instead of “what is wrong with you?”)

Key Components of Trauma-Informed Care

We must have empathy and compassion
for the story we haven't yet heard.

“...The great force of history comes from the fact that we carry it within us, are unconsciously controlled by it in many ways, and history is literally present in all that we do.”

-James Baldwin, 1965

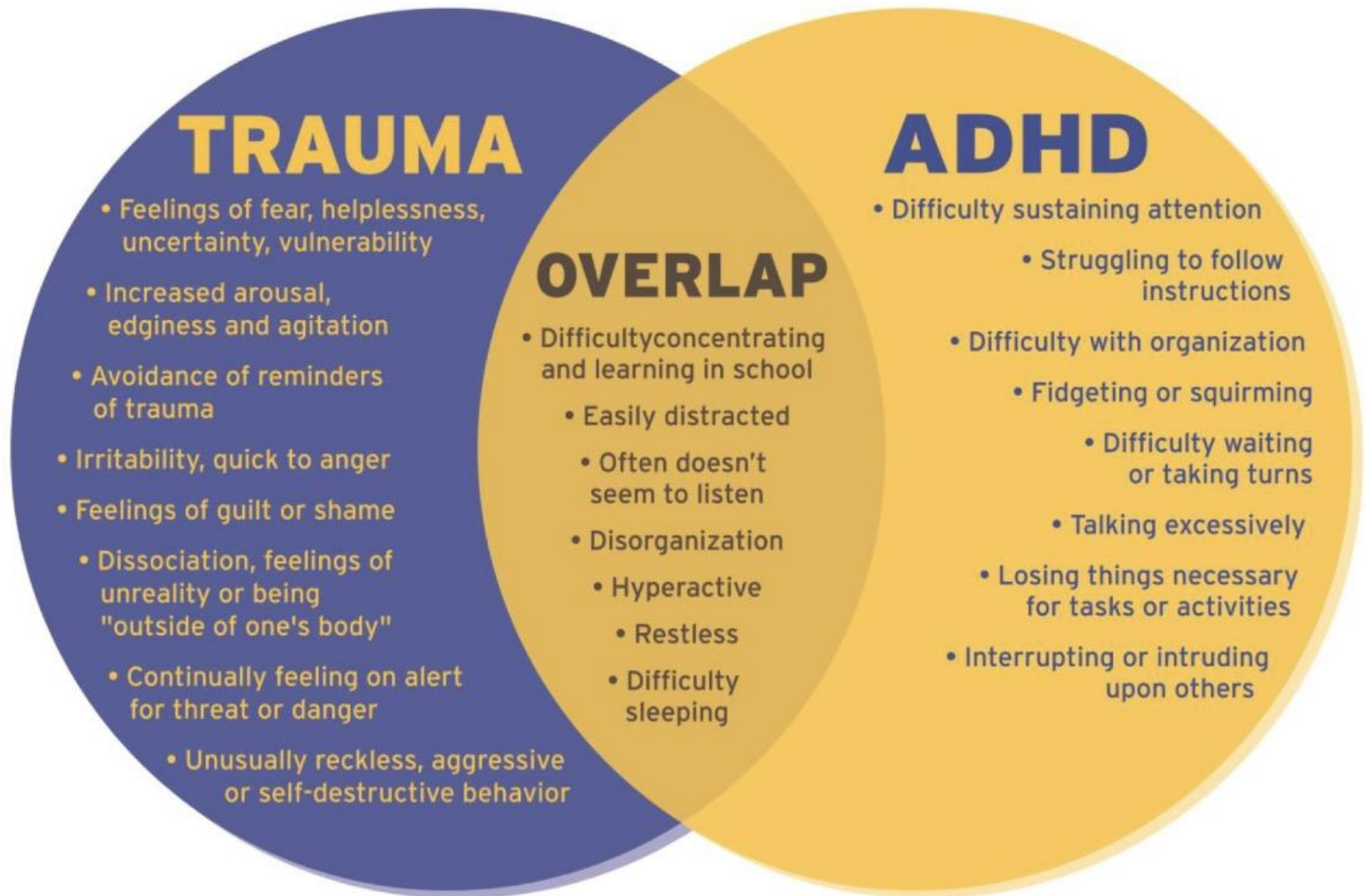


Possible Signs and Symptoms of Trauma

- Self-destructive behavior
- Suicidal behavior
- Withdrawal or social isolation
- Irritable or aggressive behavior
- Depression and/or anxiety
- Hyper-arousal or exaggerated startle response

Possible Signs and Symptoms of Trauma

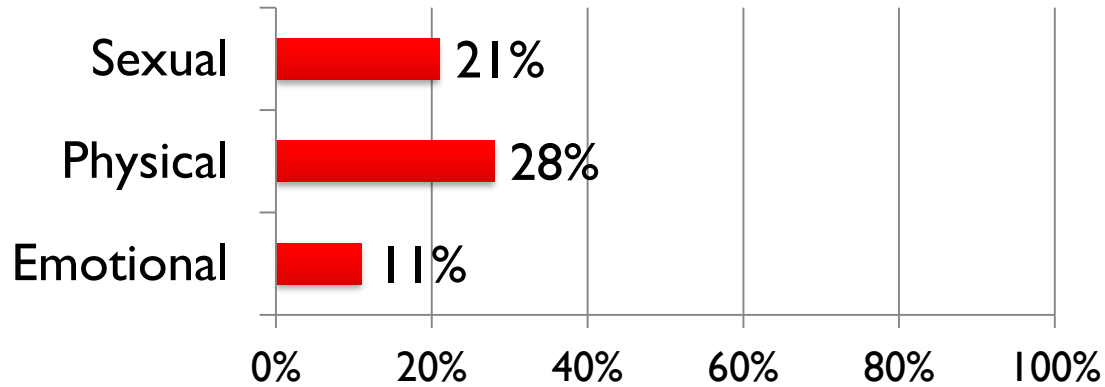
- Perfectionism
- Avoidance of trauma-related thoughts or feelings
- Intrusive memories of the event or nightmares about the event
- Poor concentration and memory
- Hyperactivity



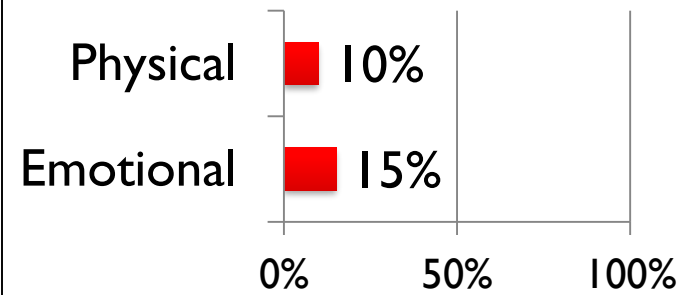
ACES- Adverse Childhood Experiences

1. Emotional Abuse
2. Physical Abuse
3. Sexual Abuse
4. Emotional Neglect (feeling unloved and unwanted)
5. Physical Neglect (including poverty)
6. Parental Separation or Divorce
7. Domestic Violence
8. Substance Abuse in Family
9. Mentally Ill Family Member
10. Incarcerated Family Member

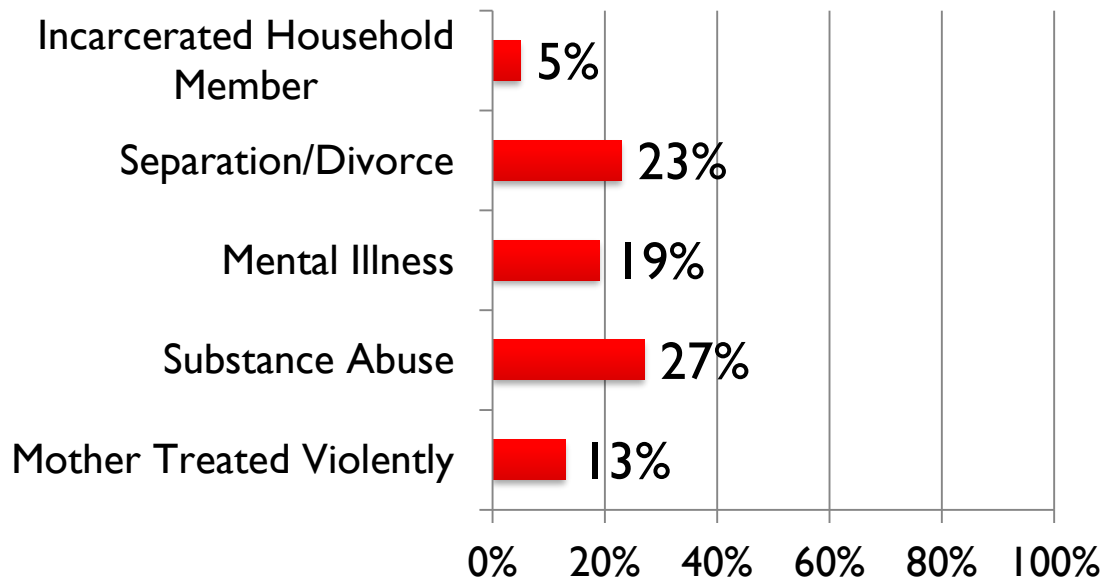
ABUSE



NEGLECT



Household Dysfunction



Risk Associated with Trauma

Shift from an ACE Score of 0 to 4

- **242% more likely to smoke**
- **222% more likely to become obese**
- **357% more likely to experience depression**
- **443% more likely to use illicit drugs**
- **298% more likely to contract an STD**
- **555% more likely to develop alcoholism**

Risk Associated with Trauma

Shift from an ACE Score of 0 to 4:

- **Nearly 400% increase in the risk of emphysema or chronic bronchitis**
- **1200% increase in the likelihood of suicide**

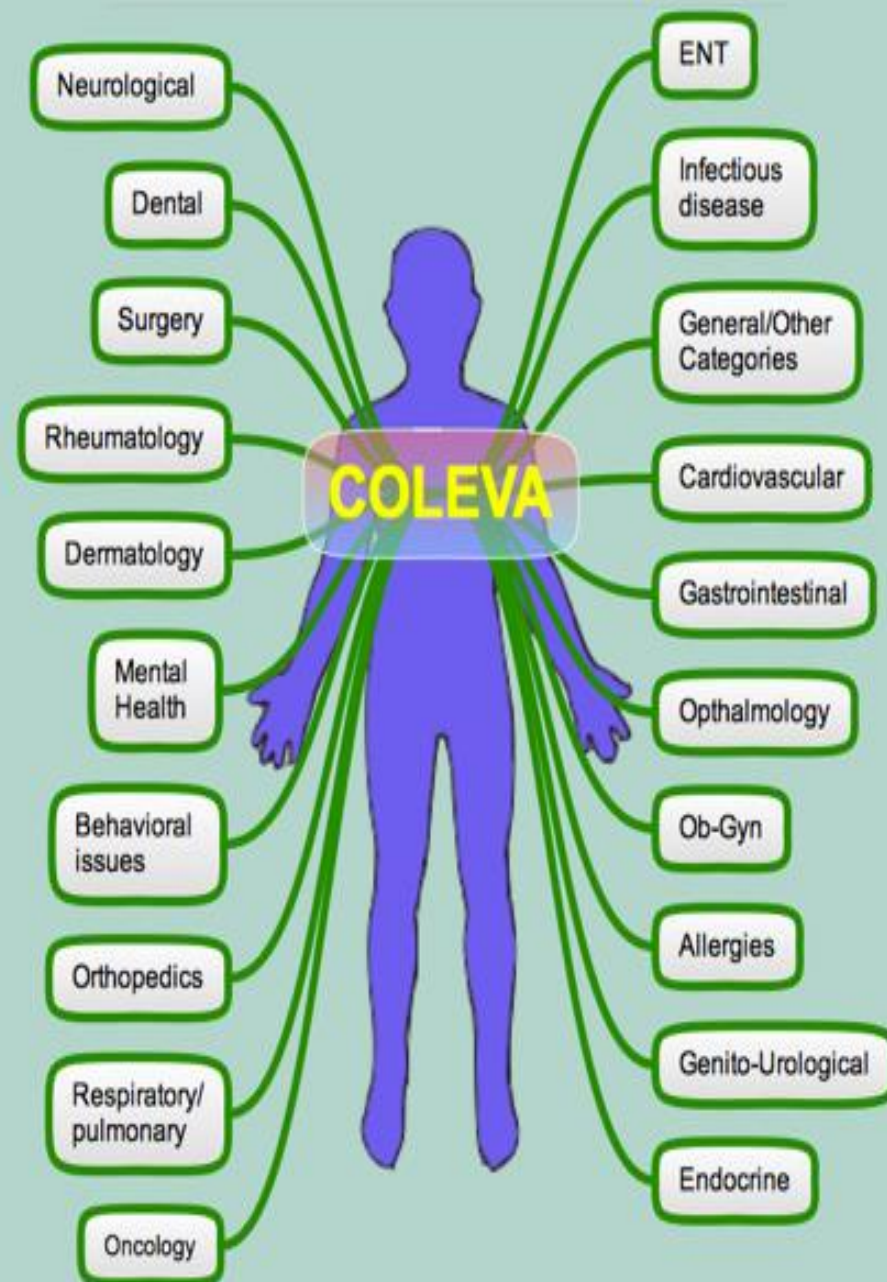
Risk Associated with Trauma

On average, people with an ACE score of 6 or higher will have a lifespan shortened by 20 years.

Increased loads of childhood trauma (ACE score) is correlated with problems with:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

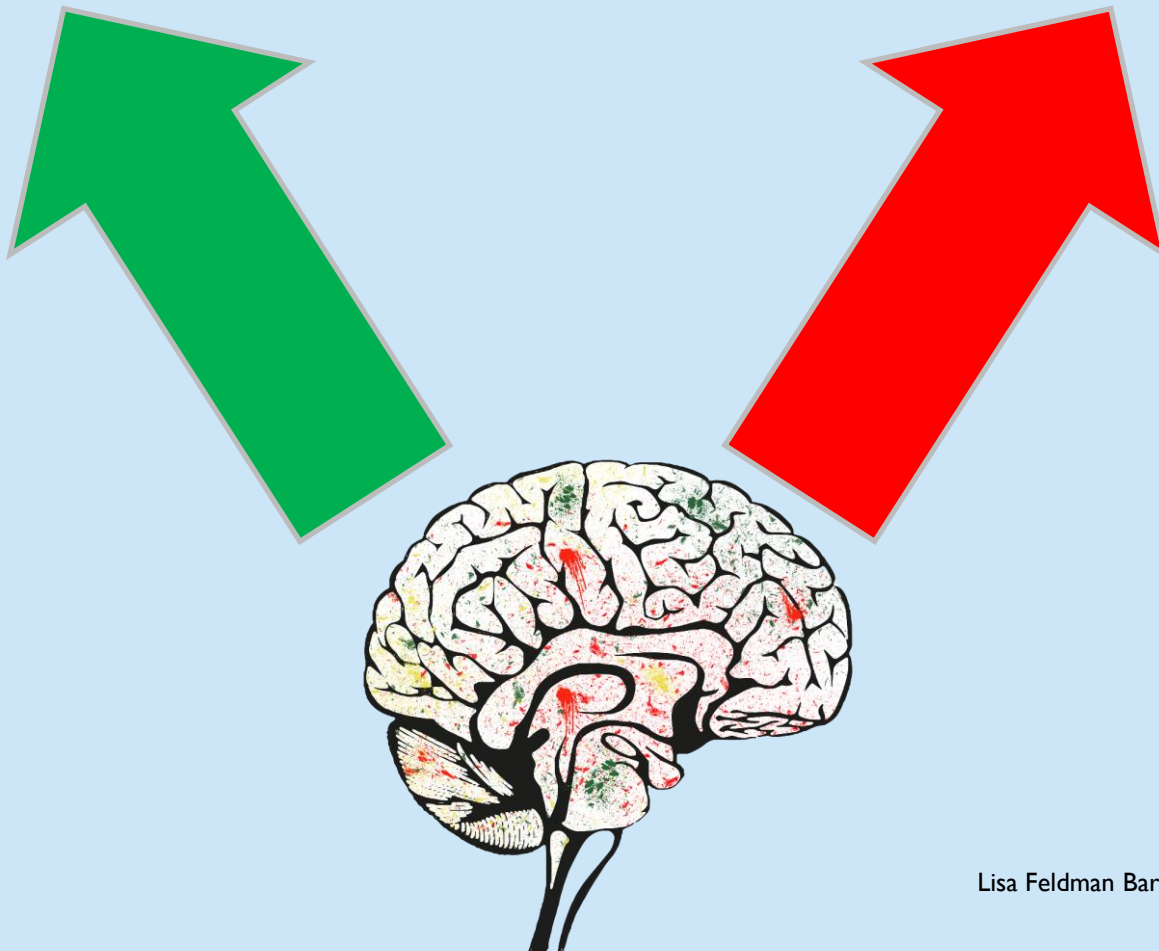
Consequences of Lifetime Exposure to Violence and Abuse



Predictive Processing Theory

Safety

Threat



Safety Networks

Asks - Am I safe?
Or... am I under threat?

Survival Instinct

Fight – confront, attack
(words or fists)

Flight – run, hide, escape

Freeze – shut down, numb

Our body's alarm and arousal system



Connection Networks

Asks - Am I connected?

Or... am I alone?

Desperate attempt to connect

- unhealthy relationships
- poor boundaries

Sabotage of relationships

- isolate
- disconnect

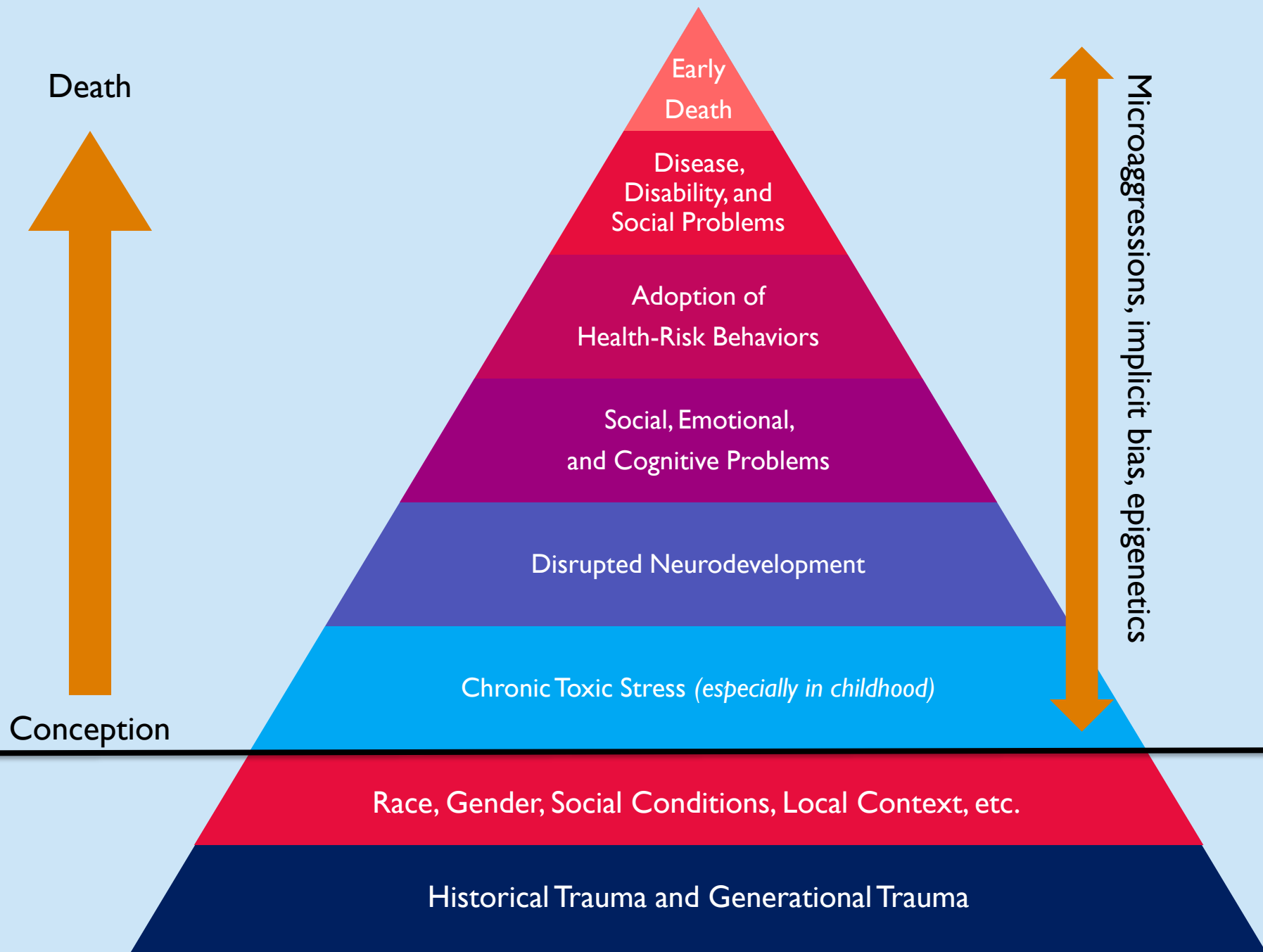


In order to function...

Am I safe?

Am I connected?





Misbehavior

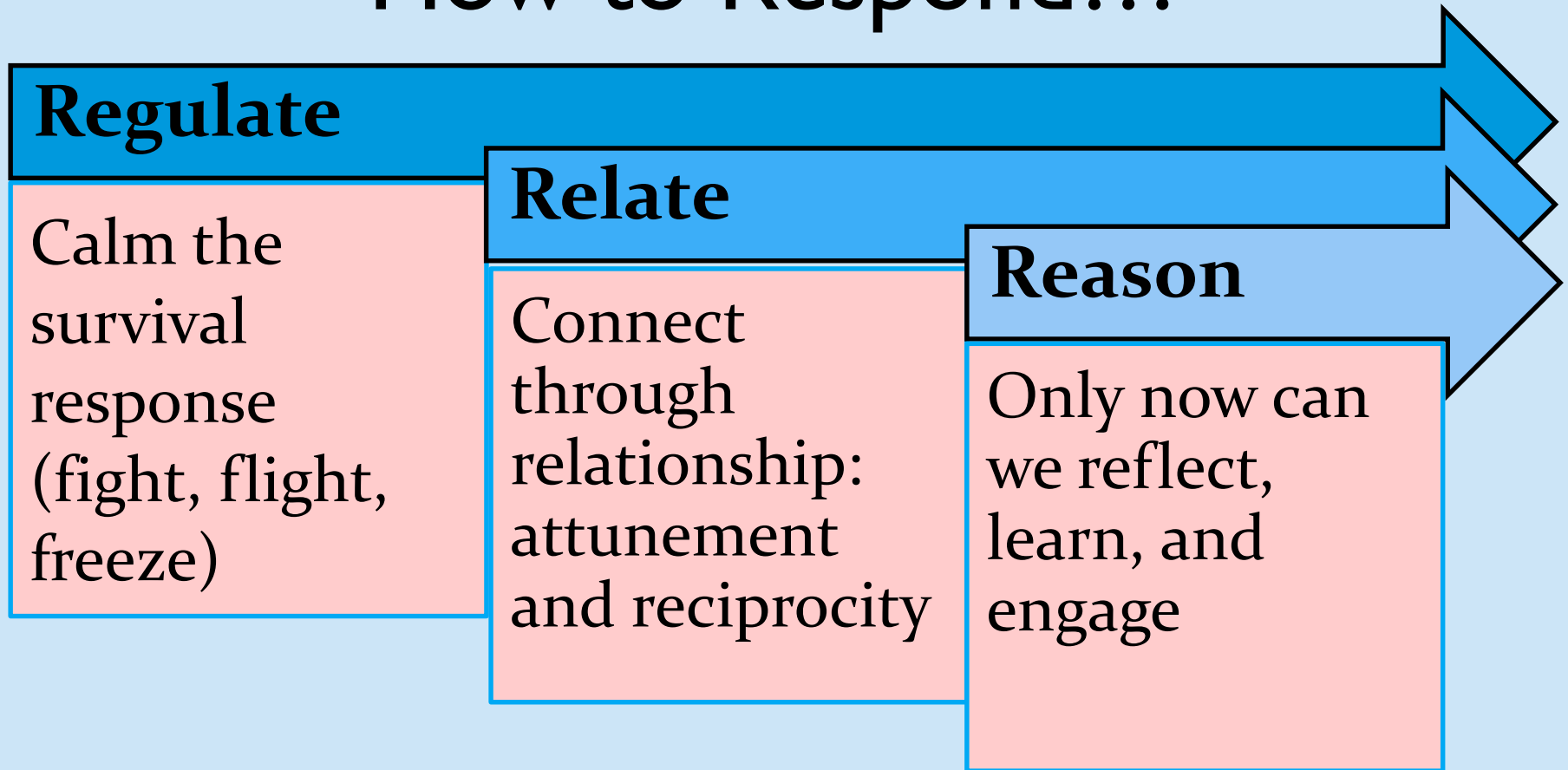
or...

Regulation Problem?

Stress Behavior?

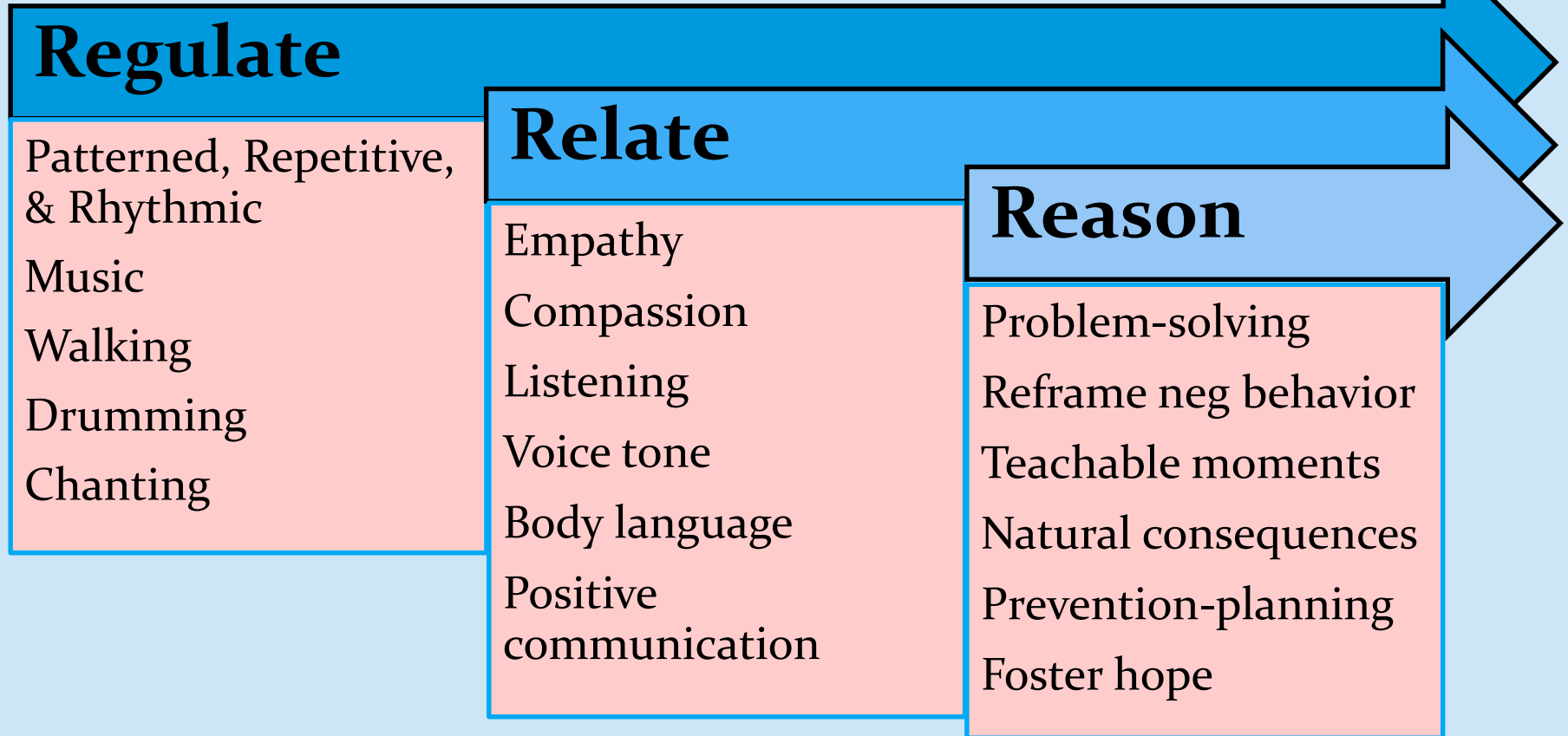
Skill That Was Never Learned?

How to Respond...



From the work of Dr. Bruce Perry and his
Neurosequential Model of Therapeutics
www.neurosequential.com

Our tools include...



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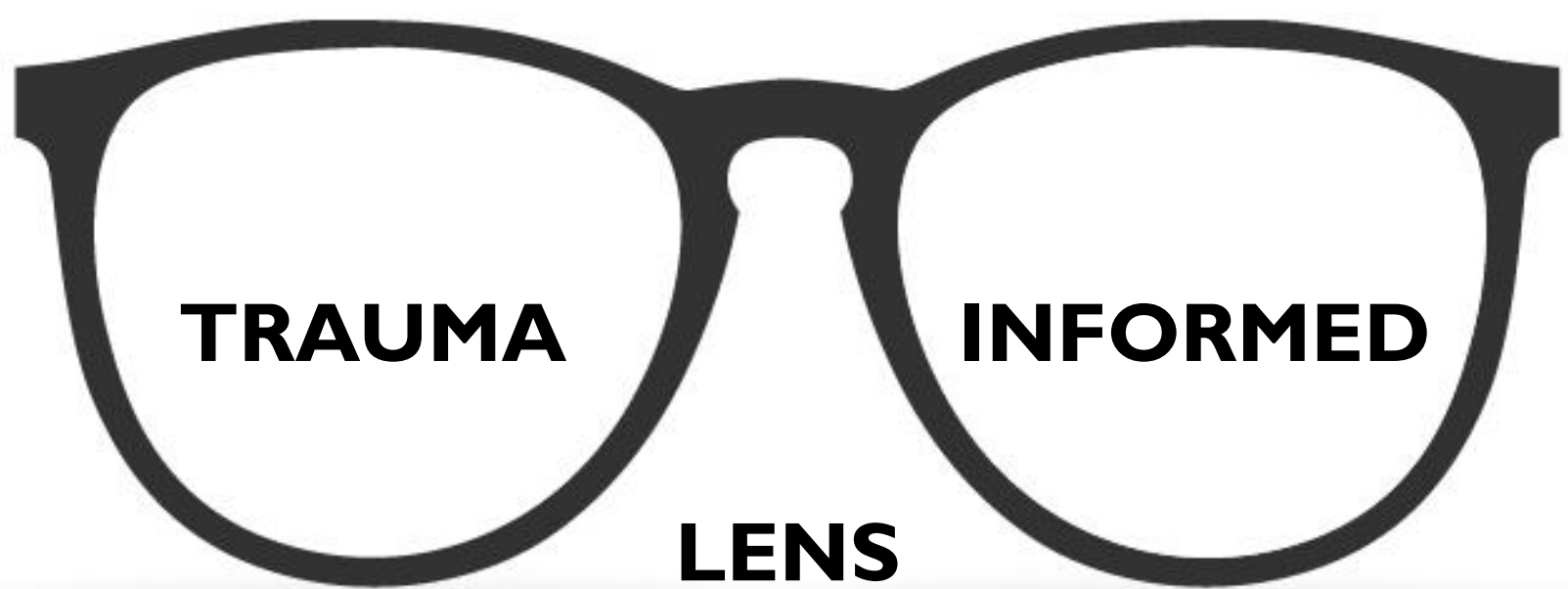
Building Blocks to Resilience

- Attachment
- Regulation
- Competence and Self-Esteem
- Gratitude
- Hope



Trauma-Informed Responses

- “It makes sense that you are feeling this way.”
- “Help me understand how you feel.”
- “Let’s talk about ways I can help you if you are ready.”
- “I’m sorry that happened. This is not your fault.”
- “I care about you. How can I help?”
- “I am here for you when you are ready for help.”



How does the
trauma-informed lens
change the way you see a person?

Definition of a trauma-informed approach

- **Realize** the widespread impact of trauma
- **Recognize** the signs and symptoms of trauma in others
- **Respond** with fully-integrated policies, procedures, and practices
- Actively seek to **resist re-traumatization**

Review

- The impacts of trauma create barriers to health and functioning.
- Respond to the need rather than react to behavior.
- Ask “what happened to you.”
- Reframing behavior helps us better address it.
- Brain networks: Safety→Connection→Learning
- Brain states: Regulate→Relate→Reason
- Resilience is not rocket-science but must be intentional.

What will
you do
differently?





ChildSavers

Thank you for all that you
do for our community!

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