

# DEVELOPING TRAUMA INFORMED APPROACHES TO ADVOCACY

Overview (based on the work of the SAMHSA GAINS Center)

## Why Learn About Trauma?

By using a trauma-informed approach, victim service providers can play a key role in ensuring safety for all and helping individuals to avoid re-traumatization. With an increased understanding of trauma and its impact on behavior, advocates can support treatment of trauma and promote recovery. Learning about trauma can help advocates to be more effective in their jobs and may make their jobs easier! In developing trauma-informed responses, keep in mind that how we think about an issue will affect how we react or respond to it. An increased understanding of trauma will shape our responses.

➤ **Key Points:** Based on the nature of victim service work, it is safe to assume that everyone who comes in for services has a history of trauma. In healthcare we take “universal precautions;” in mental health care we should make “***universal assumptions of trauma.***”

## What is Trauma?

Trauma is precipitated by witnessing or experiencing powerful life *events* such as physical or sexual abuse, violence, natural disaster, historical trauma, or combat. People may experience trauma from a single event, a series of events, or a set of circumstances that result in actual physical harm, extreme threat of harm, emotional harm, or neglect. The person’s *experience* of the event helps to define it as traumatic. An event can be traumatic when it is experienced as threatening, terrifying, and/or overwhelming. Trauma exceeds the individual’s perceived ability to meet demands and may contribute to feelings of helplessness, hopelessness, anger, and revenge. Adverse *effects* may be immediate or evolve over time. The impact of trauma is pervasive, re-shaping the person’s worldview and affecting all aspects of life, including health, self-esteem, behavior, and functioning.

➤ **Key Points:** Three E’s: Trauma is the sum of the *event*, the *experience*, and the *effect*.

## Differences

It is clear that an event that is traumatic for one person may not be for another. How people respond results from an interplay of protective and risk factors in their lives. This can include genetic and biologic differences; social supports; the number of traumatic events they’ve experienced; when the event(s) took place; and the severity, duration, and/or proximity of the event(s). We also know that responses to events are affected by culture and gender. Women and men both have high levels of exposure to trauma, but what they report as traumatic and how it affects them can vary. In general, women report experiences with child sexual abuse, child abuse/neglect, and adult sexual assault while men report experiences with physical

assault, combat, accidents, weapons, and witnessing violence. Men and women often think differently about trauma experiences. Women frequently report self-blame, extreme fear, betrayal, and a shift to seeing the world as a dangerous place. Society pressures men not to see themselves as victims, so they try to ignore the trauma they've experienced; however, they often report extreme anger and a desire for revenge, contributing to a cycle of violence.

- **Key Points:** Responses to trauma are shaped by the protective and risk factors in a person's life. Culture and gender can affect the types of events reported, how the person thinks about the event, and the long-term effects on emotions, behavior, and thinking.

### Trauma's Effects

The impact of trauma is experienced throughout life and its effects are pervasive, altering various aspects of functioning. People who experience trauma may have overwhelming feelings of fearfulness, powerlessness, anger, or extreme emotional pain. Trauma survivors try to figure out how to best avoid getting hurt again. They cope and survive by adopting behaviors that may be problematic for functioning in the world. They may abuse alcohol and drugs to suppress feelings and memories; they may become aggressive in what they perceive to be self-defense even when there is no real threat; they may isolate themselves because it feels safer to be alone. Even after the abuse stops, it may be difficult to relinquish these survival mechanisms. Survivors often experience poor relationships because they have learned not to trust, to tell lies, and sex has been associated with violence rather than intimacy. The symptoms of trauma and symptoms of other mental health challenges can overlap.

- **Key Points:** The behaviors that people adopt to cope with trauma can be problematic and may contribute to new problems, including criminal behavior. By understanding the effects of trauma, advocates can help to better engage people in services and support treatment – there by supporting healing and safety.

### Trauma-Informed Responses

An improved understanding of trauma and its effects suggests a need for a shift in the traditional human services paradigm. Survivors need respect, information, connection, and hope. Developing a true collaborative relationship with the person by offering voice and choice can empower the person and help them to develop trust in the helping relationship. Responding to behavior with flexibility, sensitivity to fear, and patience are key. Ensure safety by learning how to respond to escalating behavior and by developing safety plans. SAMHSA defines a trauma-informed provider as one that: **R**earcizes prevalence of trauma, **R**ecognizes how trauma affects all, and **R**esponds by applying knowledge to practice. Key points: avoid re-

traumatizing, commit to do no harm, focus on safety, and facilitate meaningful involvement of consumers, families and survivors in planning services and programs.

- **Key Points:** Trauma-informed responses offer *respect, information, connection, and hope*; ensure safety; develop trusting helping relationships, and empower by providing voice and choice.

### **Systems May Re-Traumatize**

Policies and procedures in various systems have the potential to re-traumatize because most of them are not written with the trauma survivor in mind. This can happen in the justice system, treatment systems, and human service systems. Victim services providers can help individuals anticipate challenges and develop coping skills, support and advocate for them, and encourage trauma-informed approaches in the various systems.

- **Key Points:** Victim service providers can make a difference! They can help individuals avoid being re-traumatized and they can advocate for systems change. Support and advocacy can be as important as accessing trauma treatment.

### **STEPS and TIPS**

#### **Organizational Assessment (based on work of NCDVTMH):**

- ▶ Are environmental adaptations necessary?
  - Calm, warm colors
  - Quiet spaces
  - Desk lamp
  - “White noise” barrier
  - Rearrange group room to allow ease for victims to move around if needed
- ▶ Are rules and policies trauma-informed?
- ▶ Are survivors given information about the traumatic effects of abuse?
- ▶ Are survivors given opportunities to discuss how they have responded and coped with the trauma?
- ▶ Are survivors linked to other service providers in the community when necessary?
- ▶ Are there procedures in place to address vicarious trauma and burnout?

#### **Neurobiology (based on work of Janine D’Anniballe, Ph.D.)**

The following chemicals, hormones, and neurotransmitters are impacted by trauma:

- ▶ Catecholamines (epinephrine and norepinephrine) - responsible for fight/flight

- When chronically increased – damage to memory, rational thought, hypervigilance, inability to distinguish danger signals
- ▶ Corticosteroids (glucocorticoids, cortisol) – control energy and immune system
  - When chronically low – reduced immune functioning (lupus, Graves disease, fibromyalgia, rheumatoid arthritis)
- ▶ Opioids – prevent pain, inhibit memory consolidation
  - Levels increased (equivalent to 8 mg of morphine), flat affect
- ▶ Oxytocin – inhibits memory consolidation, promotes good feelings
  - Increased levels – memory impairment, bonding to perpetrator
- ▶ Serotonin – involved in emotion and mood
  - When levels are low – depression, problems with anger control, OCD, and suicide
- ▶ Dopamine – responsible for arousal, alertness, attention and motivation
  - Drugs like cocaine, heroin, opiates, nicotine, and alcohol increase levels
- ▶ GABA – tied to anxiety

### **Tips to improve neurobiological effects of trauma:**

- ▶ Pet therapy and massage
  - Relationship (bonding and positive attachments) assists with:
    - Release of oxytocin & re-wire frontal cortex
    - Balancing sympathetic and parasympathetic systems
  - Safe physical contact assists with:
    - Decrease in cortisol and increase in limbic bonding
- ▶ Meditation
  - Increases attention span, focus and memory
  - Thickens cortex and restores synapses
- ▶ Yoga
  - Controlled breathing
  - Similar results to ECT & anti-depressants
  - Increased GABA levels (also seen in alcohol use)
- ▶ Exercise
  - Rebalances melatonin to improve sleep cycle
  - Release endorphins
  - Promotes tryptophan
  - Enhances mood
- ▶ Sleep
  - Increases serotonin and dopamine
- ▶ Diet
  - Eat food high in fiber, low in sugar, lean protein and high complex carbohydrates every 2-3 hours
  - Avoid stimulants (high sugar and processed foods)

- If blood sugar drops, brain signals danger and releases adrenaline
- TIP: eating egg before bed keeps blood sugar level
- ▶ Neurobiotics
  - Engage and exercise brain (e.g. cross word puzzles)
  - Learn new things (e.g. take dance lessons)
  - Include senses in everyday tasks (e.g. get dressed with eyes closed)
  - Involve two or more senses (e.g. listen to music while smelling flowers)
  - Break routines (e.g. write name with non-dominant hand)
- ▶ Counseling
  - Relationship
  - Individual or group
  - Trauma Focused CBT
  - EMDR
  - Parent-Child Psychotherapy
- ▶ Psychotropic Medication

### Self-care

It is important for victim service providers to take time to take care of themselves to prevent burn-out and vicarious trauma. Self-care is an ethical imperative as it allows providers to protect themselves so they are able to effectively assist individuals who have experienced trauma (Pearlman and Caringi, 2009). Some self-care strategies include:

- ▶ Supportive relationships
- ▶ Setting and maintaining boundaries
- ▶ Manage caseloads
- ▶ Nourish mind, body, and spirit
- ▶ Nutritious diet
- ▶ Healthy sleep routines

### References:

D' Anniballe, J. (2012). Understanding the neurobiology of trauma: Implications for working effectively with adults and adolescents.

Pearlman, L.A. & Caringi, J. (2009). Living and working self-reflectively to address vicarious trauma. In Courtois, C.A. & Ford, J.D. eds., *Treating complex traumatic stress disorders: An evidence-based guide*. New York: The Guilford Press.

