

Childhood Trauma:

Out of the Darkness

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A thought about sensitivity

- There maybe those among us today who have experienced both trauma and addiction.
- What we talk about may bring up feelings and/or memories
- Let us be sensitive in our discussions today
- We will be as empathic as possible and it is important to keep yourself feeling safe.

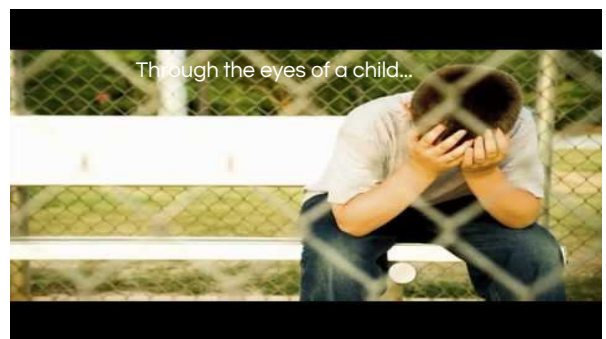
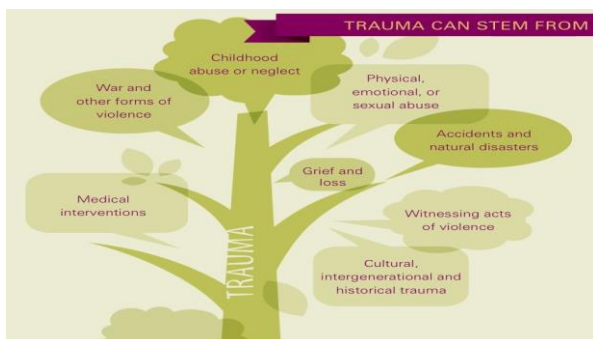
Trauma-Informed Approach

According to SAMHSA's concept of a trauma-informed approach, "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;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- *Seeks* to actively resist *re-traumatization*."

Concept of Trauma and Guidance

<http://www.samhsa.gov/trauma/concept/2016/11-09/2016-11-09-004.pdf>



What does this all mean?

Research on Homelessness and Trauma

Numerous studies conducted during the past decade identify domestic violence as a primary cause of homelessness in the U.S., particularly women and children.

A recent study in Massachusetts found that 92% of homeless women surveyed had experienced severe physical and/or sexual assault at some point in their lives-60% by age 12. As a result, women also suffer from emotional symptoms including (47%) major depression, (45%) substance abuse and (39%) PTSD.

Studies show that (90%) of homeless men experienced trauma including (89%) having co-occurring disorders.

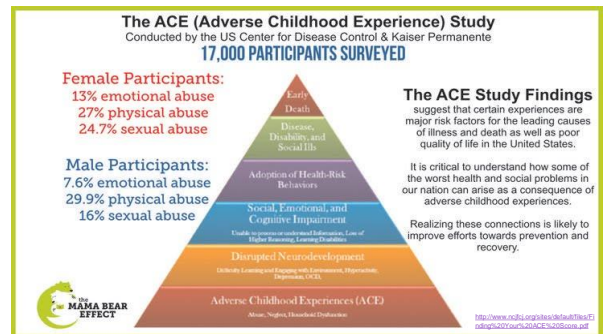
Research indicates high rates of childhood and adult trauma among incarcerated persons. Rates of physical, sexual, and emotional trauma were over (44.7%).

Data demonstrates that 24% of incarcerated men and 50% of women report being abused as a child.

Currently 25-50% of the homeless population has a history of incarceration.

Correlation between Addiction and Childhood Trauma: A look at the research..

- The Yale team studied 175 patients being treated for substance abuse and healthy controls, and conducted a brain scan on the participants. Members of both groups included individuals who had reported being abused as children.
- Those who had been abused showed reduction in brain-cell volume in the hippocampal complex, areas of the brain involved in emotion and memory processing and in regulating learning.
- Substance abusers with lower brain volumes specifically in these trauma-affected areas showed greater severity of addiction relapse than those with higher volume in these regions and those with low trauma histories.



Therefore...

"We need to presume the clients we serve have a history of traumatic stress and exercise 'universal precautions.'"

(Hodas, 2004).

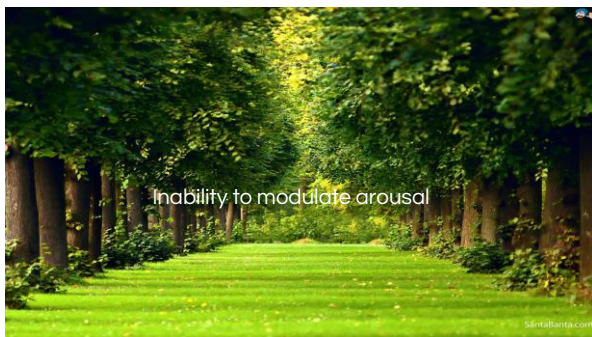
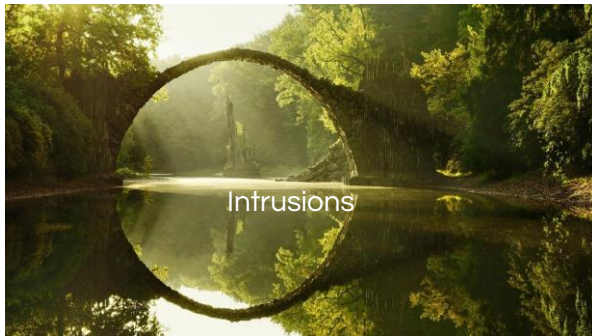


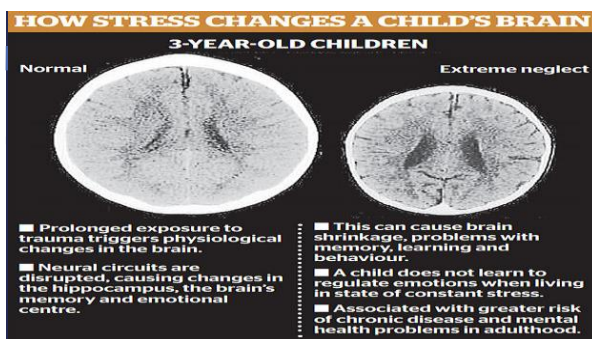
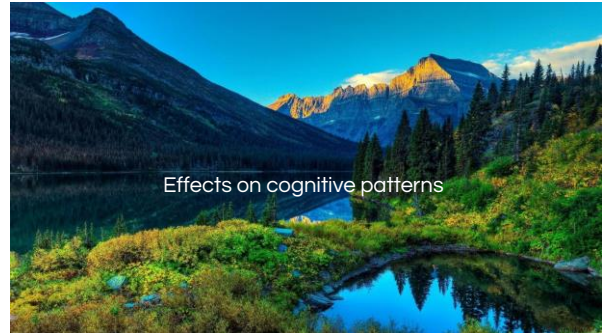
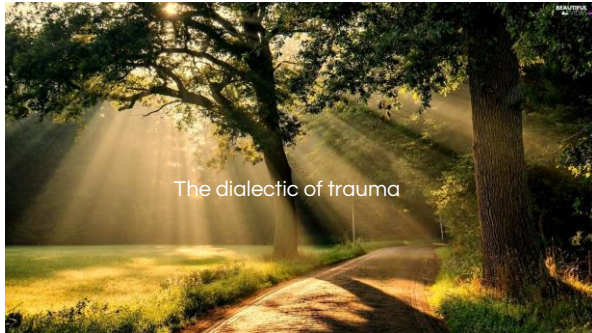
Experiences that follow acute trauma...

- Sadness, grief, helplessness, emptiness
- Guilt about one's angry impulses
- Fear that one will become destructive
- Guilt about surviving
- Shame
- Fear that the trauma will be repeated
- Intense anger at the source of trauma

Posttraumatic symptoms...

- Intense fear
- Persistent re-experiencing of the event (nightmares, flashbacks)
- Avoidance of anything associated with the trauma
- Numbing, self-medicating
- Increased arousal (irritability, hypervigilance)





Which regions of the brain are affected

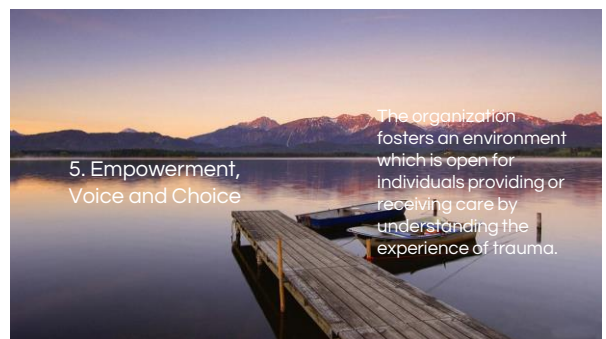
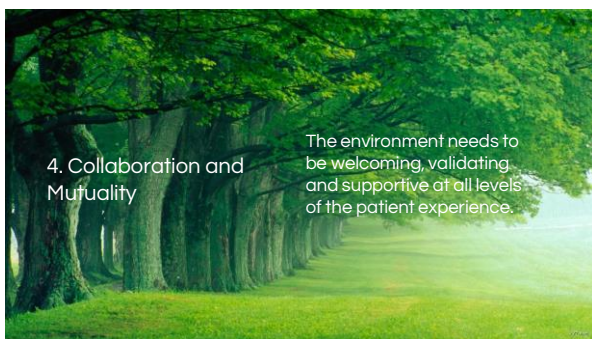
Severe and prolonged childhood trauma has been demonstrated to potentially damage:

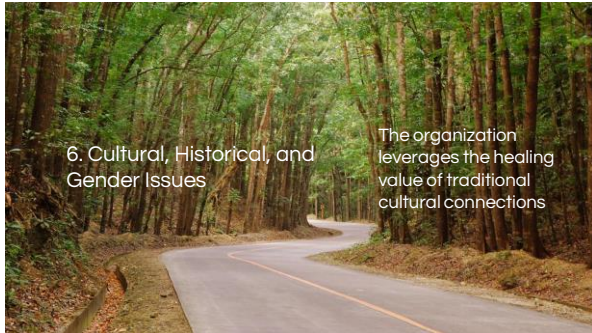
- ✓ The cortex (function of the cortex is to facilitate rational thinking).
- ✓ The hippocampus (the function of the hippocampus is, in part to facilitate the regulation of emotions).
- ✓ The amygdala (the function in regulating emotions becomes oversensitive or overactive)

Six Principles of Trauma-Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues

Trauma-Informed Care in Behavioral Health TIP 57
<http://www.samhsa.gov/traumainformedcare/tip57-041606a1a-0019.pdf>





Spirituality and healing

Someone with a religious belief may need:

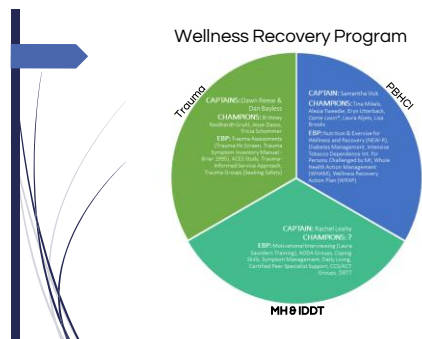
- a time, a place and privacy in which to pray and worship
- the chance to explore spiritual concerns
- to be reassured that the psychiatrist will respect their faith
- encouragement to deepen their faith
- sometimes – to be helped with forgiveness.

Healing your spiritual self:
<http://www.recovery.ca/recovery/taking-care-of-your-spiritual-self/>

What difference can spirituality make?

Patients say that they gained:

- better self-control, self-esteem and confidence
- faster and easier recovery (often through healthy grieving of losses and through recognizing their strengths)
- better relationships – with self, others and with God/creation/nature
- a new sense of meaning, hope and peace of mind. This has enabled them to accept and live with continuing problems or to make changes where possible.



Trauma-Specific Interventions

- [Addiction and Trauma Recovery Integration Model \(ATRIUM\)](#)
- [Essence of Being Real](#)
- [Risking Connection®](#)
- [Sanctuary Model®](#)
- [Seeking Safety](#)
- [Trauma, Addiction, Mental Health, and Recovery \(TAMAR\)](#)
- [Trauma Affect Regulation: Guide for Education and Therapy \(TARGET\)](#)
- [Trauma Recovery and Empowerment Model \(TREM and M-TREM\)](#)

Resources

[Trauma Symptom Inventory TSI®](#)
[Trauma Symptom Inventory TSI®](#)
[SAMHSA Trauma-Informed Care in Behavioral Health Services](#)
[ACE Questionnaire](#)
[Seeking Safety](#)
[Trauma Recovery Skills](#)
[International Society of Trauma](#)
[The National Center for Trauma-Informed Care](#)
[How to Implement Trauma-Informed Care in Behavioral Health Services](#)
[Trauma-Informed Care](#)

References

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