

# Trauma-Informed, Family-Centered Practices Training Series



## Module 1 What is Trauma?



Foundation for a  
Healthy St. Petersburg



# Module 1. What is Trauma?

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## MODULE 1. WHAT IS TRAUMA?

Dr. LaDonna Butler, licensed mental health counselor and Associate Program Director at the University of South Florida's Family Study Center in St. Petersburg, FL, examines the causes and consequences of trauma, particularly childhood trauma, in the context of a family-centered practice. A trauma-informed human service agency should be guided by family-centered practice, that is, intentionally engaging all relevant adults responsible for the child's care and upbringing to strengthen the child's broader system of care. Providing family-centered, trauma-informed care means staff at all levels of the organization (1) understand the complexities of trauma; (2) acknowledge trauma's lasting adverse effects on a child's physical, social, emotional, and/or spiritual functioning and well-being; and (3) work with the child's multiple coparenting adults to build their mutual understanding of the child's needs and assure consistency in care and responsiveness as the child recovers.

This module defines and illustrates many forms of trauma and describes physiological reactions to trauma. The potential impact of trauma on a child's physical, behavioral, cognitive, and socio-emotional development is examined, as are longer-term consequences of adverse childhood experiences in adulthood. How to screen for and assess trauma are also addressed.

Dr. LaDonna Butler, a licensed mental health counselor, is Associate Program Director at the University of South Florida St. Petersburg's (USFSP) Family Study Center and an Adjunct Faculty member in Psychology at USFSP. From 2018-2020 she served as the Family Study Center's Learning & Development Facilitator for the Foundation for a Healthy St Petersburg sponsored-project "Trauma-Informed Infant-Family Mental Health" and served as principal investigator for an expansion of that initiative, "Reckoning with Race & COVID-19 in Infant-Family Mental Health." She is currently leading "Opioid-Affected Youth Initiative: Aiding Drug Impacted Children in Out-of-Home Care," a joint project of Family Study Center and the Pinellas County Department of Human Services. Dr. Butler sits on multiple local boards including the Healthy Start Coalition of Pinellas Inc., Pinellas Ex-offender Re-entry Coalition, and NAMI (National Alliance on Mental Illness) Pinellas. In addition, she is Executive Director and CEO of The Well for Life, an alternative healing space serving individuals in need of mental health counseling, wellness, and self-care resources. Dr. Butler has an EdD in Counselor Education from Argosy University and Master's degrees in Human Services and in Mental Health Counseling.

## DEFINING TRAUMA & TRAUMA-INFORMED CARE

(Timestamp 00:01:46 - 00:05:07)

### TRAUMA . . .

is an event, series of events or set of circumstances experienced as physically and/or emotionally harmful or threatening AND has lasting adverse effects on the individual's physical, social, emotional, and/or spiritual functioning and well-being. Trauma events overwhelm a person's capacity to cope and can elicit feelings of:

- |         |         |
|---------|---------|
| * _____ | * _____ |
| * _____ | * _____ |
| * _____ | * _____ |

### TRAUMA-INFORMED CARE (TIC) . . .

is a commitment not to repeat the traumatic experiences that terrify, overwhelm and violate the individual. TIC commits to restoring feelings of safety, power and self-worth in whatever ways are possible. The two foundations of TIC are:

1. \_\_\_\_\_ 2. \_\_\_\_\_

### TRAUMA-INFORMED CARE POLICIES, PROCEDURES & PRACTICES

CREATE SAFE CONTEXT via	RESTORE POWER via	BUILD SELF-WORTH via
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.		5.
6.		6.

## TYPES OF TRAUMA

(Timestamp 00:05:08 - 00:09:22)

TYPE OF TRAUMA	DEFINITIONS & EXAMPLES
<b>Acute</b>	Definition:  Example:
<b>Chronic</b>	Definition:  Example:
<b>Complex</b>	Definition:  Example:
<b>System-Induced</b>	Definition:  Example:
<b>Multigenerational</b>	Definition:  Example:

# TRAUMA & TOXIC STRESS

(Timestamp 00:09:23 - 00:11:03)

## Life events & experiences that may cause TRAUMA in children & adults.

- |          |           |
|----------|-----------|
| 1. _____ | 10. _____ |
| 2. _____ | 11. _____ |
| 3. _____ | 12. _____ |
| 4. _____ | 13. _____ |
| 5. _____ | 14. _____ |
| 6. _____ | 15. _____ |
| 7. _____ | 16. _____ |
| 8. _____ | 17. _____ |
| 9. _____ | 18. _____ |

## Circumstances & experiences that may cause TOXIC STRESS in children & adults.

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

## ADDITIONAL TYPES OF TRAUMA

(Timestamp 00:11:04 - 00:11:13)

TYPE OF TRAUMA	DEFINITIONS & EXAMPLES
<b>Natural</b>	Definition:  Example:
<b>Human-Caused</b>	Definition:  Example:
<b>Political Terror/War</b>	Definition:  Example:
<b>Individual</b>	Definition:  Example:
<b>Group</b>	Definition:  Example:
<b>Community</b>	Definition:  Example:
<b>Mass</b>	Definition:  Example:
<b>Interpersonal</b>	Definition:  Example:
<b>Developmental</b>	Definition:  Example:
<b>System-Oriented</b>	Definition:  Example:

# THINKING ABOUT TRAUMA

(Timestamp 00:11:14 - 00:14:07)

**What kind of traumatic EVENT occurred?**

Personal Resilience Drainer

Continuing Chronic Event

Critical Incident

**How SEVERE are the side effects of the trauma?**

Mild

Moderate

Extreme

**How was the trauma EXPERIENCED?**

Directly

Indirectly

Cumulatively

**Notes & Thoughts**



# PHYSIOLOGICAL REACTIONS TO TRAUMA: THE 5 F's

(Timestamp 00:14:08 - 00:16:25)

Via the **autonomic nervous system**, the body experiences increases in

---

---

---

which causes the traumatized person to:

Fight

Flight

Via the **parasympathetic nervous system**, the body experiences

---

---

---

which causes the traumatized person to:

Freeze

Flop/  
Fawn

Friend

## PERSONAL REFLECTION: MY EXPOSURE TO TRAUMA

(Timestamp 00:16:26 - 00:18:42)

How might my exposure to trauma, either direct or indirect, impact my professional ability to:

- Connect with adult clients?
  
- Connect with child clients?
  
- Process information?
  
- Solve problems?
  
- Make decisions?

What strategies might help me cope with trauma exposure at work?

- ★
  
- ★
  
- ★
  
- ★

# CHILDHOOD TRAUMA & EMOTIONAL REGULATION

(Timestamp 00:18:43 - 00:21:27)

## CHILDHOOD TRAUMA . . .

refers to the physical and emotional responses to event(s) that threaten the life or physical and/or emotional integrity of the child or the child's attachment figures. An infant can become distressed as a result of their *caregiver's fear and hyperarousal* rather than to the threat itself.

## SELF-REGULATION . . .

is a person's ability to manage attention and emotions well enough to complete tasks, organize behavior, control impulses, and solve problems constructively. When children struggle with self-regulation, it is difficult for them to sit still, concentrate, and participate in learning activities. \*

## CO-REGULATION . . .

is defined as warm and responsive adult-child interactions that provide the support, coaching, and modeling children need to understand, express, and modulate their thoughts, feelings, and behaviors. Co-regulation requires teachers and providers to pay close attention to the cues children send and to respond consistently, sensitively and supportively. \*

## DYSREGULATION . . .

refers to a poorly managed, excessive or inappropriate emotional response to a situation. A child experiencing emotional dysregulation may react with a temper tantrum, anxiety or depression. Emotional dysregulation usually resolves itself as a child learns self-regulation skills and strategies. Emotional dysregulation that continues into adulthood can lead to a lifetime of problematic relationships, poor school and job performance, substance abuse, self-harm, eating disorders and suicidal thoughts or attempts. \*\*

\* Murray et al. (2015) as cited in Goldman Fraser (2017).

\*\* Cuncic (2021).

## PERSONAL REFLECTION: EMOTIONAL REGULATION

- How does your ability to self-regulate your own thinking and emotions change over the course of a typical workday? What changes that ability?
  
- When faced with an emotionally dysregulating situation, how do you typically react? Is it an effective strategy?
  
- Think about a time you noticed a baby's or child's indicators of dysregulation. What did you do to help them to co-regulate?
  
- Think about a time you noticed an adult client's indicators of dysregulation. What did you do to help them to co-regulate?

**As providers, we must self-regulate  
in order to co-regulate with the  
children and families we care for.**

## THE EFFECTS OF TRAUMA ON CHILDREN

(Timestamp 00:21:28 - 00:28:13)

	EXAMPLES
<b>Attachment &amp; Relationships</b>	Lack of trust, feeling unsafe, difficulty creating and maintaining significant healthy attachments
<b>Physical Health: Body &amp; Brain</b>	
<b>Emotional Responses</b>	Difficulty in self-regulating, easily triggered, guarded demeanor, emotionally numb, difficulty in self-soothing
<b>Dissociation</b>	
<b>Behavior</b>	
<b>Thinking &amp; Learning</b>	
<b>Self-Concept &amp; Future Orientation</b>	
<b>Economic Impact</b>	

# LONG-TERM OUTCOMES OF CHILDHOOD TRAUMA

(Timestamp 00:28:14 - 00:29:10)

**RISKY BEHAVIORS**

- 1.
- 2.
- 3.
- 4.

**PHYSICAL HEALTH**

- 1.
- 2.
- 3.
- 4.

**MENTAL HEALTH**

- 1.
- 2.
- 3.

**MATERNAL HEALTH**

- 1.
- 2.

**OPPORTUNITIES**

1. Education
2. Occupation
3. Income

**RELATIONSHIPS**

- 1.
- 2.

# FACTORS AFFECTING RESPONSES TO TRAUMA

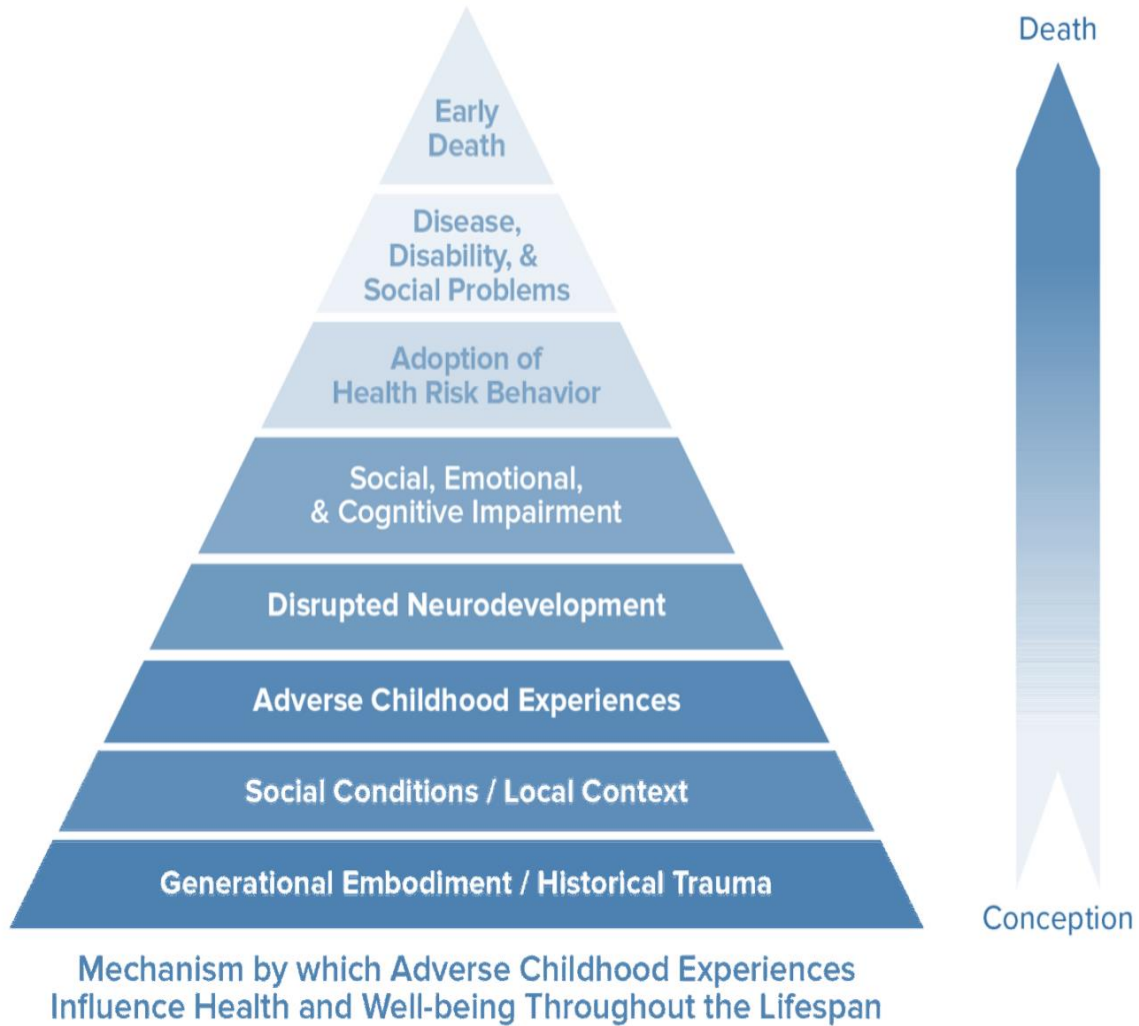
(Timestamp 00:29:11 - 00:36:09)

FACTORS IMPACTING A CHILD'S RESPONSES TO TRAUMA	
<b>Individual Factors</b>	<ul style="list-style-type: none"> <li>▪ Age &amp; stage of development</li> <li>▪ Temperament, personality, strengths, vulnerabilities &amp; coping skills</li> <li>▪ Previous exposure to trauma</li> <li>▪ Cultural understanding of the traumatic event</li> </ul>
<b>Environmental Factors</b>	<ul style="list-style-type: none"> <li>▪ Access to resources, supports &amp; safety</li> <li>▪ The behaviors &amp; attitudes of caregivers or first responders after the event</li> <li>▪ Community's values, attitudes, cultural &amp; political beliefs</li> </ul>
<b>Event Factors</b>	<ul style="list-style-type: none"> <li>▪ The intensity, frequency &amp; duration of the traumatic event</li> <li>▪ Previous exposure to trauma &amp; persistence of threats</li> <li>▪ Level of fear, humiliation, physical violence &amp; bodily violation</li> <li>▪ Physical &amp; psychological proximity to the event or perpetrator</li> <li>▪ The intention behind the threat (i.e., unintentional vs. intentional)</li> <li>▪ Whether support is offered soon after the traumatic event</li> </ul>
<b>Caregiver's Factors</b>	<ul style="list-style-type: none"> <li>▪ The attachment &amp; relationship of child &amp; caregiver prior to the traumatic event</li> <li>▪ Mental health status &amp; trauma history</li> <li>▪ Additional contextual variables such as homelessness, racism, substance abuse, cultural beliefs &amp; community support</li> </ul>

**Notes & Thoughts**

# THE ACE PYRAMID

(Timestamp 00:36:10 - 00:45:43)



Centers for Disease Control & Prevention, <https://www.cdc.gov/violenceprevention/aces/about.html>

## Notes & Thoughts



# HOW CHILDHOOD TRAUMA AFFECTS HEALTH ACROSS A LIFETIME

## by NADINE BURKE HARRIS

September 2014, TedMed, San Francisco, <https://www.youtube.com/watch?v=95ovIJ3dsNk>

Dr. Nadine Burke Harris is a pediatrician and the founder and CEO of the Center for Youth Wellness. In this 16-minute presentation, Burke Harris describes how, after learning about the ACE Study, she came to view trauma's effects on health outcomes as a public health problem. She briefly discusses key study findings and outlines specific strategies aimed at preventing, screening and healing the impact of ACEs and toxic stress.

### ADVERSE CHILDHOOD EXPERIENCES ARE COMMON.

\_\_\_\_\_ % of study participants reported at least one ACE.

\_\_\_\_\_ % of study participants reported four or more ACEs.

### IMPAIRED BY ACEs

#### BRAIN STRUCTURE & FUNCTIONS

- 1.
- 2.
- 3.
- 4.

#### BODILY SYSTEMS

- 1.
- 2.
- 3.

*In general, the higher a person's ACE score, the worse are their health outcomes.*

### SCREENING, PREVENTION & HEALING STRATEGIES

- 1.
- 2.
- 3.
- 4.
- 5.

- 6.
- 7.
- 8.
- 9.
- 10.

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