Rewriting the Trauma Narrative: Opportunities for Individuals, Communities and Systems

Nancy D. Spargo, A.M., LCSW
Expectations

• Decisions are all yours!
  – Where you sit
  – What you share
  – Participating in activities
  – Viewing/ listening to potentially provocative material
  – Attending to your needs
Who defines trauma?

• An event is deemed traumatic by the individual experiencing it.
Traumatic Stress

• The Physical and Emotional Responses to Events that:
  – Threaten or Are Perceived to Threaten Life or Physical Integrity
  – Self or Important Others

• Physical and Emotional Responses Include:
  – Terror, Helplessness, and Horror
  – Rapid Heart Rate, Trembling, Dizziness
Why Should We Care?

- Trauma is pervasive
- The impact is broad and diverse
- Trauma effects are deep and life shaping
- Trauma is often self perpetuating
- Trauma is cumulative
- Trauma effects our communities
- We inadvertently re-traumatize people
Types of Trauma

- Oppression
- War Experience
- Natural Disaster
- Interpersonal Violence
- Childhood Abuse/Neglect
- Accidents
- Community Violence
- Accidents
- Childhood Abuse/Neglect
- Interpersonal Violence
- Community Violence
- Oppression
Prevalence

• ACE Study 1998
  – Indicators include the following:
    • Experience physical, sexual or emotional abuse
    • Experience physical or emotional neglect
    • Witnessing domestic violence in the home
    • Living with a family member who abuses drugs and/ or alcohol, is mentally ill, or who was imprisoned

• Philadelphia Urban ACE Study 2013
  – The additional indicators were added:
    • Experiencing racism
    • Witnessing violence
    • Living in an unsafe neighborhood
    • Living in foster care
    • Experiencing bullying
Results

• 68% experienced at least 1 of the original 9 indicators
• 58% experienced at least 1 of the 5 urban indicators
• 81% experienced at least 1 of the total 14 indicators
• 45% experienced at least 1 of each type of indicator
Small group exercise

• Given the prevalence in Philadelphia 3 years ago, find a partner and discuss the following:

  – How can we make more people aware of the prevalence?

  – What ideas do you have that would decrease the stigma and shame of trauma?
Impact of Child Traumatic Stress

• Depends on Multiple Factors
  – Age and Developmental Stage
  – Perception of the Danger
  – Victim vs. Witness
  – Relationship to Victim or Perpetrator
  – Past Trauma Experiences
  – Overall Adversities in Environment
  – Presence/Availability of Adults

David Finkelhor
Traumatic Grief and Loss

- Loss of Relationship
- Meaning
- Loss of Innocence
- Trust
- Physical Health
- Sexual Functioning
- Unable to Manage Emotions
- Unable to Complete Mourning
- Sense of Safety
- Problem Solving
- Moral Clarity
- Loss of Role Model
- What Should Have Been
- Unable to Parent
- Letting Go of the Past
- Desire to Parent
Grief Reactions Versus Trauma Reactions

**Grief**
- Does not attack or disfigure our identity
- Guilt expresses regrets
- Dreams tend to be of the deceased
- Sadness is the generalized reaction
- Grief reactions stand alone
- Grief reactions are generally known to others
- Pain is related to the loss

- A child’s anger is not usually destructive

**Trauma**
- Changes our identity
- Guilt expresses self blame
- The client dies in the dreams
- Terror is the generalized reaction
- Reactions generally also include grief
- Trauma reactions are largely unknown to others
- Pain is related to the terror and overwhelming sense of powerlessness, as well as a fear for safety
- Anger often becomes assaultive in children

*trauma-informed Practices with Children and Adolescents by William Steele and Cathy A. Malchiodi*
Trauma and the Brain

• Arousal Continuum
  – Calm
  – Aroused
  – Alarm
  – Fear
  – Terror

• Increased threats produce
  – Regressed thinking
  – Decreased concentration
  – Increased anxiety
  – Focus on non-verbal cues vs. verbal cues
  – Dissociation
After a Traumatic Event Happens

Pre-Traumatic Personality

“Going on with Normal Life” Part of Self

This left brain part of self “carries on” with normal life and often has no memory of what happened

Traumatized Part of Self

This right brain part of self holds memories of what happened and the survival responses

Van der Hart, Nijenhuis & Steele, 2006; Fisher, 2003
But when more than one trauma happens…

The traumatized Part of the Self becomes compartmentalized: separate parts evolve reflecting all the different survival strategies needed in a dangerous world.

- Van der Hart, Nijenhuis & Steele, 2006; Fisher, 2003
Trauma-Organized Individual

- Restoring Sanctuary by Sandra Bloom and Brian Farragher, 2013
Social Justice Work and Trauma

“When issues are addressed as if they are not connected, we miss opportunities”
-Forward Through Ferguson, 2015.
Inadvertent Re-Traumatization

- Education
  - Discipline
  - Suspensions and Expulsions
- Healthcare
  - Primary
    - Medical Procedures Require a Lack of Space, Loss of Control
  - Behavioral
    - Screen for Trauma and Provide no Services
- Childcare
  - Time Outs and Neglect/Abandonment
- Homelessness
  - Disempowerment
- Domestic Violence
  - Vulnerabilities in Admissions
- Child Welfare
  - Lack of Partnership
Poverty: From Crisis to Crisis

“Families living in urban poverty encounter multifaceted risks associated with the hardship of depleted resources, burdens of high stress and incivilities, and exposure to multiple traumas.”
(Collins, K. et al., 2010)

Courtesy of Amy Stark
Undocumented Immigrant and Refugee Traumas: Complexities of Exile and Entry

- War Trauma
- Civil Unrest and Poverty
  - Threats in Exile/Refugee Camps
- Traumatic Loss
- Entry into New Country
  - Cultural Shifts
- Threats in Traveling with a Smuggler

Racism: Cumulative and Chronic

Traumatic stress in workplace/institutions/social:
- microaggressions
- discrimination
- police brutality

Links between race and place:
Community Loss Index
(Lebron et al., 2015) (Abramovitz, M. & Albrecht, J. (2013).)
LGBT Oppression

Marriage equality victory has not created equal rights across our social and institutional systems.

While sexual minorities comprise only 3.5% of the population, 30% of reported hate crimes each year involve sexual orientation based violence. (Stotzer, 2012)

Increased rates of rape, dating violence, bullying, and suicide attempts for youth. (Child Trends)

Decreased access to housing, jobs, healthcare, religious communities, and family support. (Human Rights Campaign)

Micro-aggressions and chronic stressors in workplace and social settings, much like racism.
Criminal Justice

• Childhood Trauma
  – More Behavioral Concerns in School, Misinterpreted Criminally
  – School to Prison Pipeline

• Re-traumatization
  – Jail Time Pending Trial
  – Solitary Confinement
  – Abuse within Prison
  – No or fewer Available Services
  – Court Proceedings
  – Mass Incarceration of People of Color

Courtesy of Amy Stark
Education

• Relationships and Attachment
• Neurobiology of Trauma
  – Cognitive Impact
• Behavior Management
  –Suspensions and Expulsions
• Academic Performance
  – Resilience
• Vicarious Trauma
Healthcare System

- Deficit Oriented
- Pathologizing
- Professional Expertise
- Improper Diagnoses
- Barriers to Access
- Chronic Disease Model
Mapping Trauma

ACCUMULATED COMMUNITY LOSS

A accumulated losses  
B foster care placements  
C incarcerations  
D unemployment  
E long-term hospitalizations  
F premature deaths  
G foreclosures

(Abramovitz, M. & Albrecht, J., 2013)
Exercise

• In small groups, identify examples of how systems created to help actually re-traumatize people.
  – Homeless
  – Child Welfare
  – Education
  – Healthcare
  – Behavioral Health
  – Domestic Violence

• Report out to the entire group.
Path to Recovery

• Emotional Regulation
  – Utilize Expressive Outlets
  – Predictability
  – Feeling Understood
  – Available Resources for Protection
  – Reasonable Expectations
• Open Communication
  – Authenticity
• Effective Decision Making
  – The Role of Power
• Reciprocity
  – Everyone Has Something to Give
• Democracy
  – Everyone’s Voice Counts
• Practice
  – Everyone is Both Student and Teacher
• Nonviolence
Strengths-Based Thinking

• Looking for the positives
• Building on strengths/ Using assets
• Creating hope
• Reducing stigma and shame
• Bringing us together/ Connecting
Components of a trauma-informed Response

- Introduce Choice and Control
- Be Transparent
- Create Partnerships
- Be a Witness Rather than an Analyst
- Maintain Safety
- Look for the Strengths
Messaging of a trauma-informed Response

– The World IS safe
– People CAN be trusted
– Your own thoughts and feelings are justified; you CAN keep yourself safe
– Crisis, danger and loss are NOT the norm
– You ARE worthy
– You can heal
Promoting Well Being in a trauma-informed Response

- Strengths Based
- Empowerment, Voice and Choice
- Behavior
- Emotional
- Spiritual
- Cognitive
- Somatic
Developing a Community Response

• Collective Community Capacity
  – Productive Partnerships and Coalitions

• Community Network
  – Mobilize Residents
  – Include the People Affected by the Problems

• Effective Community Change Strategies
  – Establish Shared Goals
  – Make Good Use of Data

• http://www.npr.org/sections/health-shots/2015/03/10/377566905/a-sheriff-and-a-doctor-team-up-to-map-childhood-trauma
Recommended Responses to Experiences with Trauma

• Do’s
  – Pay attention
  – Listen quietly
  – Accept and respect their feelings
  – Give their feelings a name
  – Acknowledge their fantasy wishes
  – Show empathy

• Don’ts
  – Deny their feelings
  – Give advice
  – Ask too many questions
  – Defend the other person
  – Pity them
  – Interpret their feelings
Developing the Plan

• In order to make intentional change, we have to set realistic goals for what we are willing and able to do.
• Let’s begin to create the plans that each one of us can implement.
  – Individual/ Personal
  – Organizational
  – Community at Large
Contact Information

Nancy D. Spargo, AM, LCSW
Chief Executive Officer/ Co-Founder
St. Louis Center for Family Development
Nancy.spargo@stlcfd.com
314-750-4077