

Being Trauma informed, starting with ourselves

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For the Opioid Remediation Collaborative

Virtual Training

3/27/2025 10:00-1:00

#OpioidFreeFuture



The Road to Rural County Recovery

Sponsors this training

<https://ornm.com/>

Laying the groundwork

Introductions

Making it safe

- The parallel process
- Shared expectations

Taking breaks

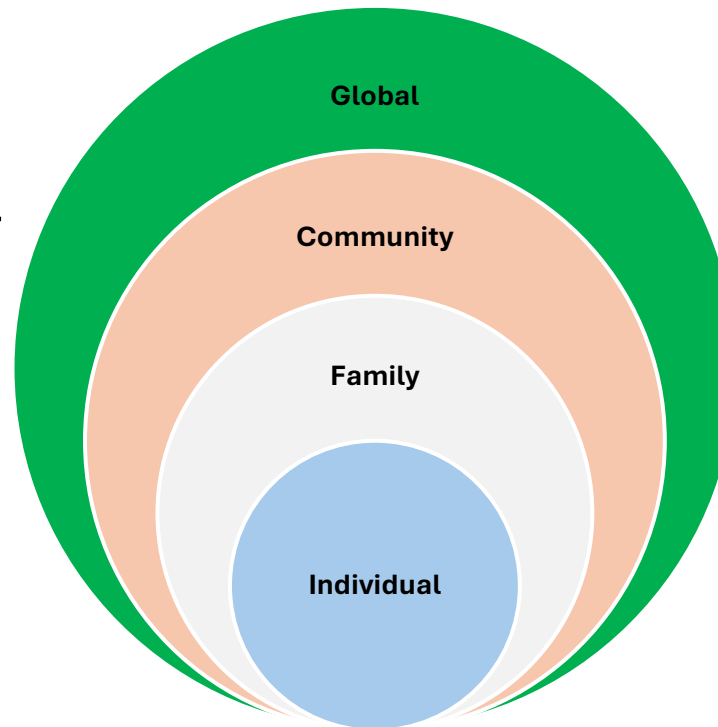
Adapting strategy



A moment of silence and reflection

Practice Model

mental illness and substance abuse impact all areas of the person's life; the success of recovery relies on engaging the inner circle as well as utilizing the communities supports and resources



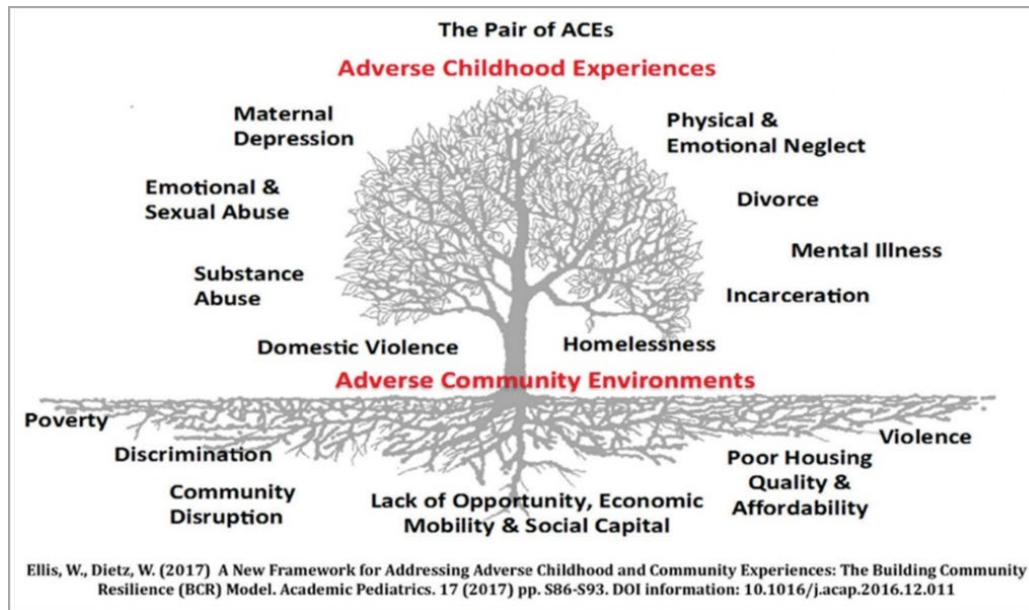
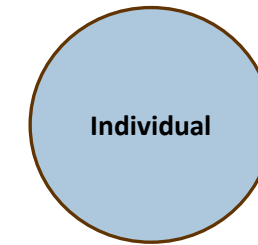
Individual: needs, strengths, resources, health, SDoH, meaningful activity, safety

Family and inner circle: needs, strengths, resources, including stability, financial, housing, food, and safety

Community context: cultural, neighborhood, education access, social services, health, spiritual, fitness, and safety

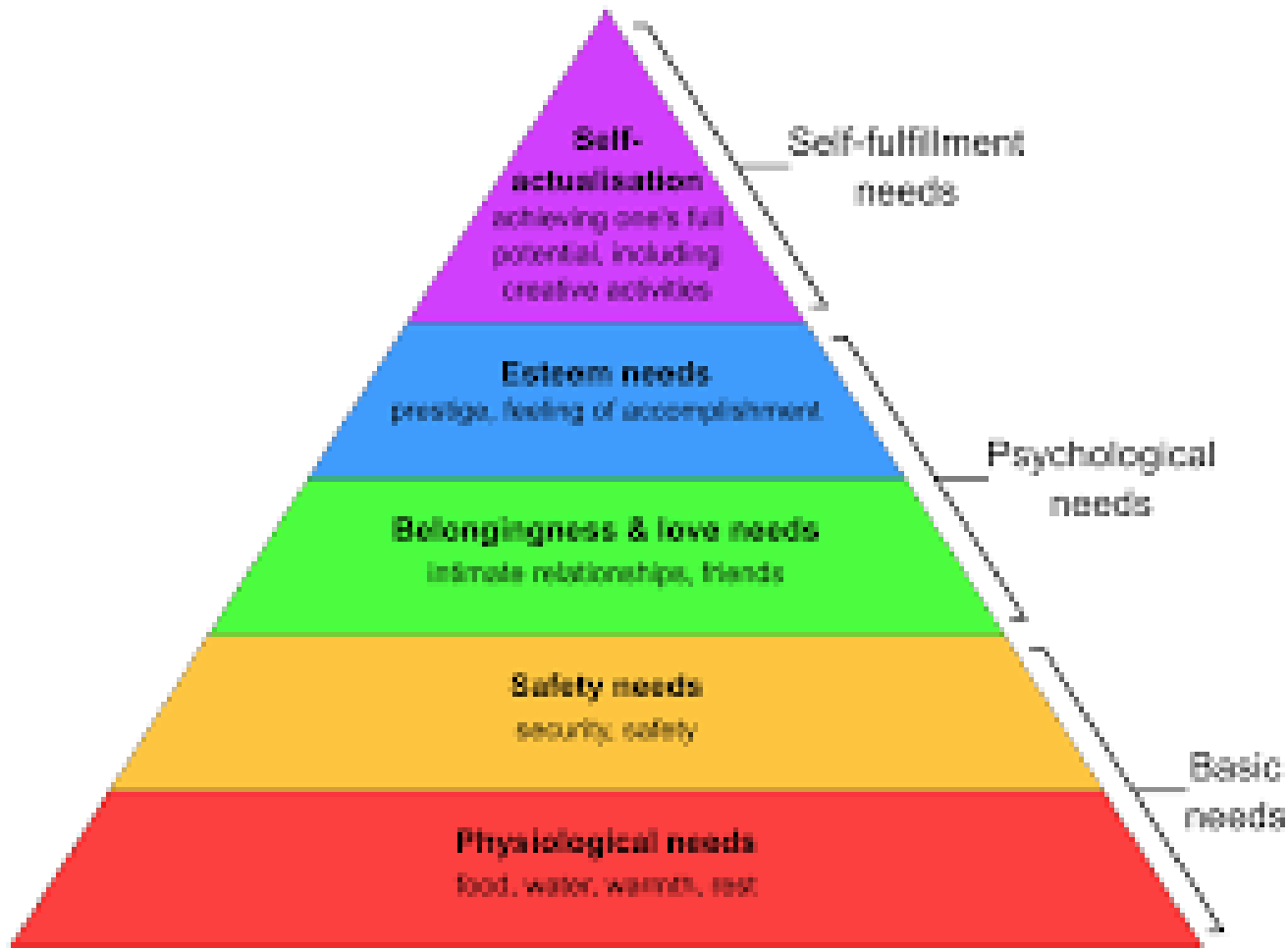
Global: Community in context of State, in context of Nation, and of world including pandemic, violence, and disaster and perceived or real threat of safety

Individual: the self



Unique experience

- Adverse childhood experiences
- Experience of Social Determinants of Health (adverse community environments)
- Safety: physical, emotional, relational



Maslow's hierarchy of needs

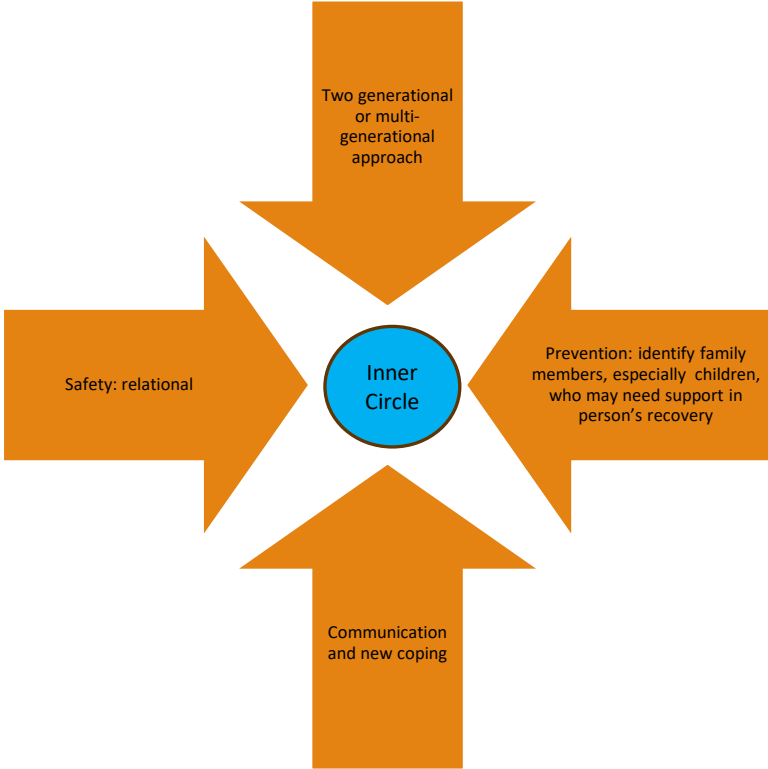
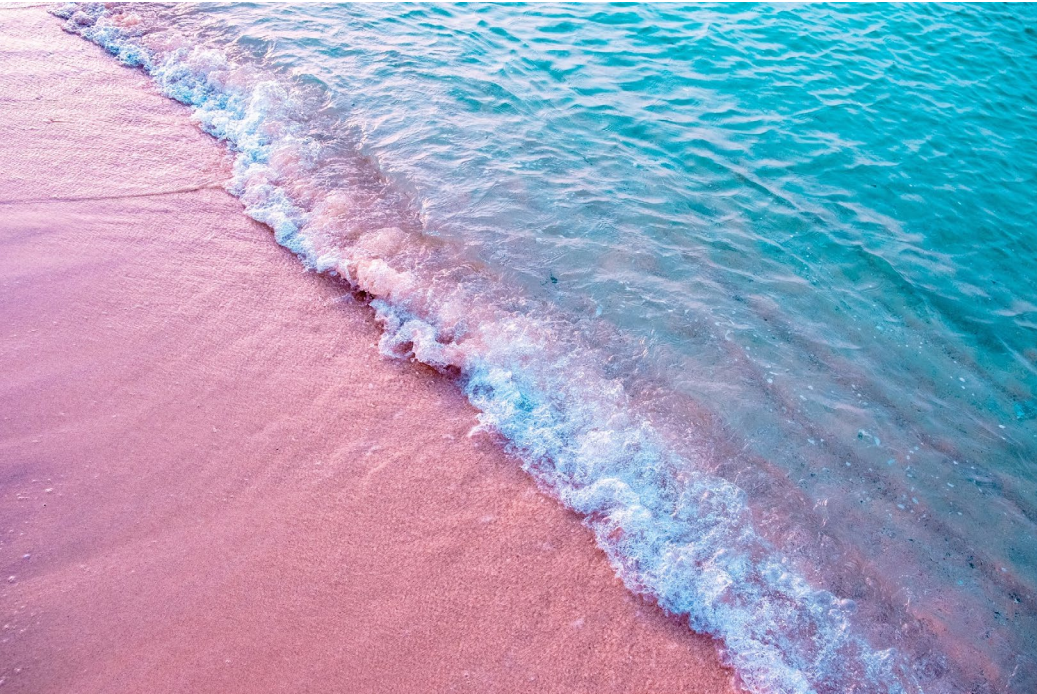
“Trauma happens in relationships, but it is also in relationships that healing occurs.” Dr. Bruce Perry

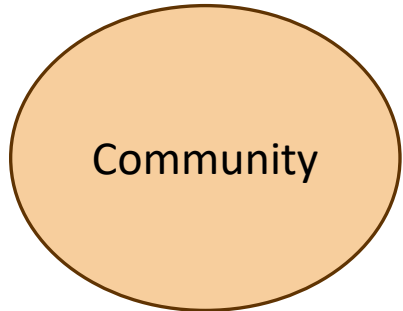


Family

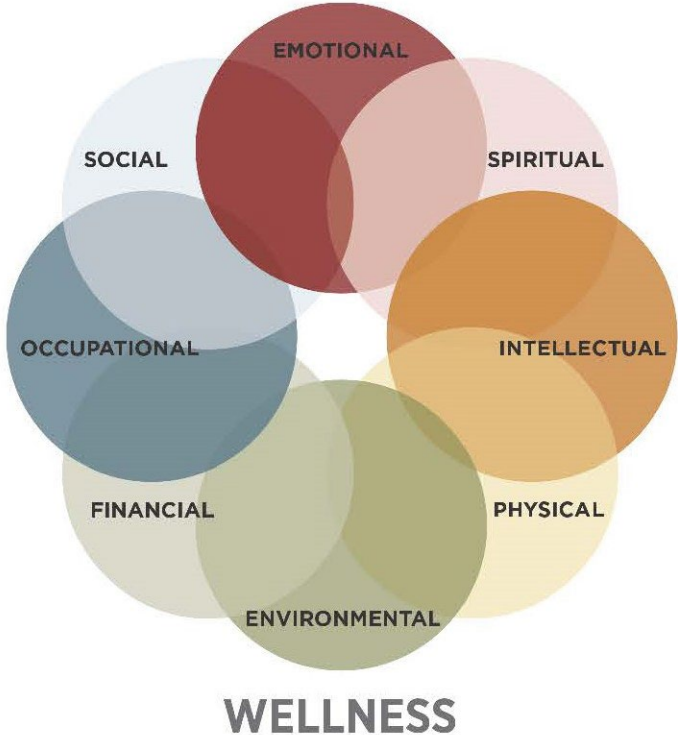
Family: the support system

Each domain has a 'nervous system'





Community: belonging



- Meaningful activity
- Resources
- people (social support, capital)
- interests, exercise, religious or faith-based, civic, educational
- Safety: physical, environmental, relational
- Recovery communities and activities

|



Global: the water we swim in



[16.5% of US population](#) has a diagnosable Substance Use Disorder (46.3 million people)

1 in 4 adults in US has had a mental health disorder in the past year

The Pandemic increased isolation, SUD, depression, anxiety, and suicidality including among healthcare workers

Environmental changes are impacting 85% of the world's population

Gun violence: 6 in 10 adults see gun violence as a very big problem

Conflict and war

Loneliness as public health crisis



Our Epidemic of Loneliness and Isolation

Key takeaways from the U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community

Humans are wired for social connection, but we've become more isolated over time

Social connection is as essential to our long-term survival as food and water. But today, loneliness is more widespread than other major health issues in the U.S. Our epidemic of loneliness and isolation is a major public health concern.

Social connection significantly improves the health and well-being of all individuals

Social connection reduces the risk of premature mortality. It can predict better physical and mental health outcomes and ease stress. Higher levels of connection can influence health-related behaviors. Educational and economic achievement are even impacted by connection.

Social connection is vital to community health and success

Socially connected communities enjoy better population-level health. They are more prepared for — and resilient in the face — of disaster situations. They also experience greater economic prosperity and reduced levels of crime and violence.

Together, we can advance social connection and improve our nation's public health

Fostering social connection requires that we each commit to our relationships and communities. Our actions today can create sustainable changes to society and bring better health to all.

We all have a role to play in supporting social connection. Learn how you can take action by reading the advisory at: surgeongeneral.gov/connection



Office of the
U.S. Surgeon General



Types of Trauma

There are three main types of trauma: Acute, Chronic, or Complex

Acute trauma results from a single incident.

Chronic trauma is repeated and prolonged such as domestic violence or abuse.

Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

Other types

- Historical and Intergenerational Trauma

- Vicarious Trauma

Children don't get
traumatized
because they are
hurt. They get
traumatized
because they're
alone with the hurt.

Dr. Gabor Mate



First 1000 days...highest return on investment

Infant Mental Health is a continuum from
Promotion- Prevention-Treatment

IT'S ALL ABOUT THE BABIES!

Helping resolve the relationship
between caregiver and baby.

The field of Infant Mental
Health includes multidisciplinary
approaches to enhancing the social and
emotional competence.

Homevisiting; early childhood education;
quality childcare; proactive primary care

If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.

Nelson Mandela

 quote fancy



What is trauma

American Psychological Association [defines trauma](#) as: [An] emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.



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PTSD

- Isolated traumatic incidents tend to produce discrete conditioned behavioral and biological responses to reminders of the trauma, such as are captured in the PTSD diagnosis.



Chronic Trauma

- Chronic trauma interferes with neurobiological development and the capacity to integrate sensory, emotional and cognitive information into a cohesive whole.

Complex Trauma

The traumatic stress field has adopted the term “Complex Trauma” to describe the experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and early-life onset.

Complex trauma is often caused by loved ones and caregivers, creating a disruption in the attachment process. The traumas often happen at key developmental stages which can lead to disruptions in development (intellectual, social, emotional)



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In order to “process” their traumatic experiences these children first need to develop a safe space where they can “look at” their traumas without repeating them and making them real once again.

BvdK

Individual exercise...5 minutes



QUESTIONS

Take a minute. Turn off your cameras. Sit quietly, comfortably. Tune into your mental and physical state. Breathe. Find your 'safe space' inside and let it soothe any distress you feel.

What can you do today if feelings get stirred up?

How did it feel to do this exercise?

Attachment

- A special enduring form of emotional relationship with a specific person
- Involves soothing, pleasure, and comfort
- The loss, or threat of loss, of the person evokes distress
- The child finds security and safety in the context of the relationship

- Child Trauma Academy


Attunement

- Reading and responding to the cues of the other
- Synchronous and interactive
- Helps prevent mismatch between need and provision beginning at infancy
- Intention: deliberate tuning into the needs of another

ATTUNEMENT CAN BE TAUGHT

Vicarious trauma

“secondary, or indirect, traumatic exposure is not limited to mental health providers. Anyone who **repeatedly** and **empathically** engages with traumatized individuals can be at risk for distress and impairment due to indirect exposure to others’ traumatic material.”

A photograph of a lion walking towards the camera in a savanna setting. In the background, a zebra is visible, slightly out of focus. The scene is bathed in warm, golden light, suggesting late afternoon or early morning.

symptoms include: denial of clients’ trauma, over-identification with clients, no time and energy for oneself, feelings of great vulnerability, experiencing insignificant daily events as threatening, feelings of alienation, social withdrawal, disconnection from loved ones, loss of confidence that good is still possible in the world, generalized despair and hopelessness, loss of feeling secure, increased sensitivity to violence, cynicism, feeling disillusioned by humanity, disrupted frame of reference, changes in identity, world view, and spirituality, diminished self-capacities

Historical trauma



Historical trauma: The psychological effects of forced relocation, assimilation, and other traumas inflicted on Indigenous peoples linger today. Indigenous peoples are confronting the trauma, learning the accurate history, and reconnecting with Indigenous spiritual practices and culture to assist the healing journey—but continuing discrimination and ongoing trauma hinder that progress.

Intergenerational Trauma: The intergenerational and unconscious grief from the historical trauma experienced by Indigenous peoples is passed from generation to generation due to forced relocation, land dispossession, and loss of spiritual practices, language and culture. If not addressed and identified accurately, depression, anxiety, PTSD, and substance use can be outward manifestations of the intergenerational trauma and unresolved historical grief.

[Psychiatry.org - Indigenous People](https://www.psychiatry.org/indigenous-people)

Childhood Trauma

Protective factors:

Non-exploitive, protective adults who listen

Family dinner

Adults who believe

Regular routine

School without bullying

Faith based and other communities

Sports

The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years and younger, see the DSM-5 section titled “Posttraumatic Stress Disorder for Children 6 Years and Younger” ([APA, 2013a](#))

[PTSD DX:](#)

1. **Exposure** to actual or threatened death, serious injury, or sexual violence by directly experiencing the traumatic event; Witnessing, in person, the event; Learning that the traumatic event occurred to a close family member/friend; *Experiencing repeated exposure to traumatic events (first responders)*
2. **Presence** of 1 or more: distressing memories (in children younger than 6, repetitive play); distressing dreams (children frightening without recognizable content); dissociative reactions (children trauma reenactment play); intense distress with exposure
3. **Avoidance** of stimuli associated with traumatic events; avoidance of memories, thoughts, feelings, external reminders
4. **Negative alterations in cognitions and moods:** no one can be trusted; I am bad; fear, anger, shame, detachment, numbness, amnesia
5. Marked alterations in **arousal and reactivity:** irritable behavior, angry outbursts, reckless or self-destructive bx, hypervigilance, problems with concentration, sleep problems

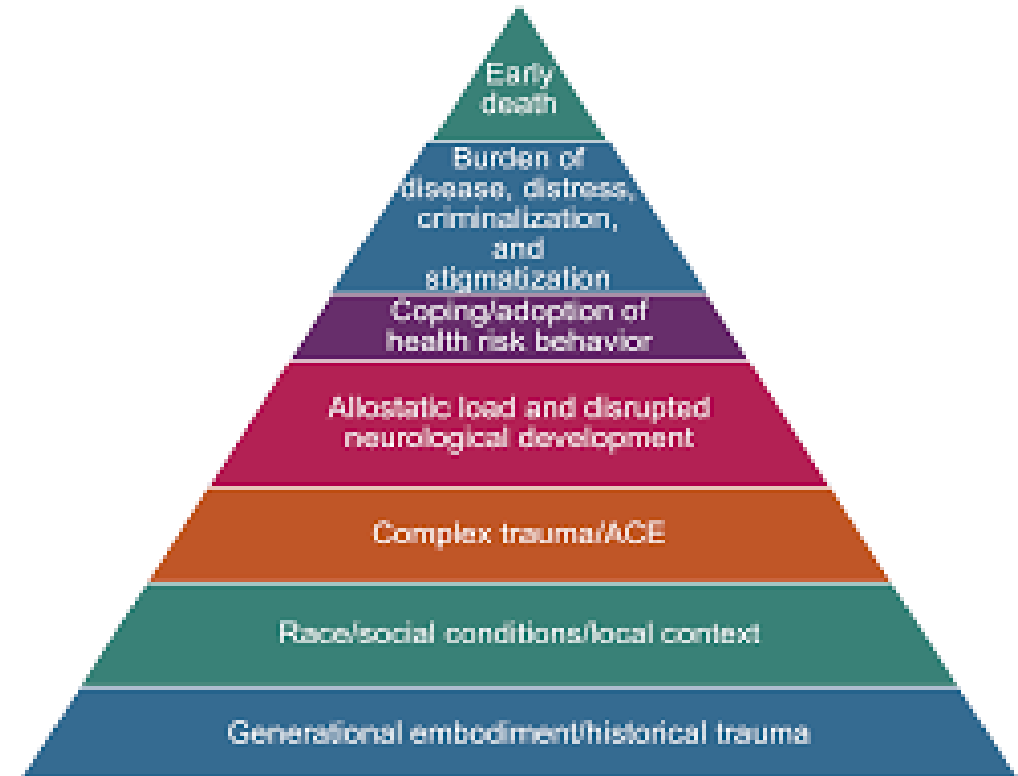
ACE's: Impact of trauma

In the Adverse Childhood Experiences (ACE) study by Kaiser Permanente and the CDC

The study unequivocally confirmed earlier investigations that found a highly significant relationship between adverse childhood experiences and depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity, and sexually transmitted diseases.

The effects of ACEs can add up over time and affect a person throughout their life.

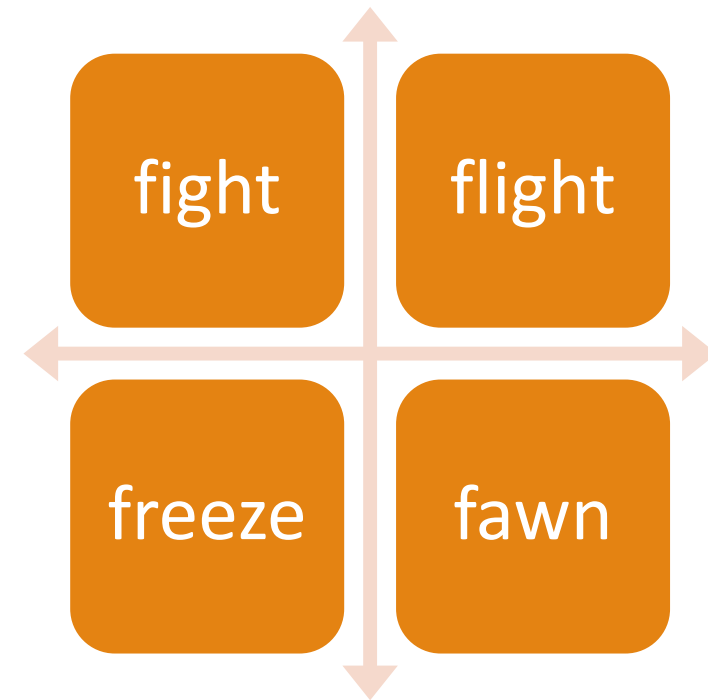
Children who repeatedly and chronically experience adversity can suffer from TOXIC STRESS.



How trauma might show up...

A traumatic experience becomes encoded as a traumatic memory and is stored in the brain via a pathway involving high levels of activity in the amygdala, making recall of the traumatic event highly affectively charged.

Fight flight freeze fawn (submit)

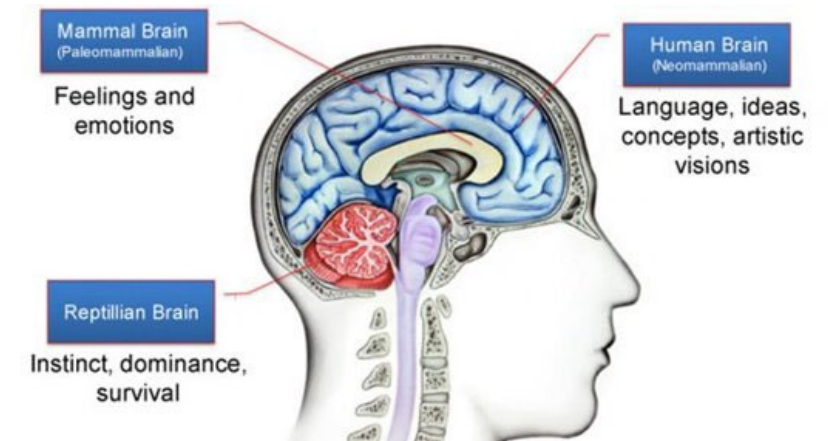
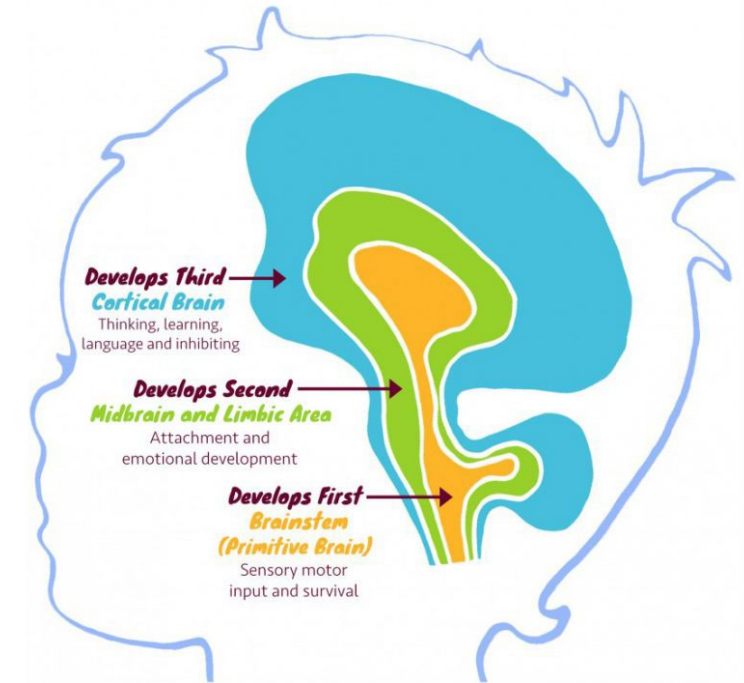




Ventral Vagus Nerve (polyvegal theory)

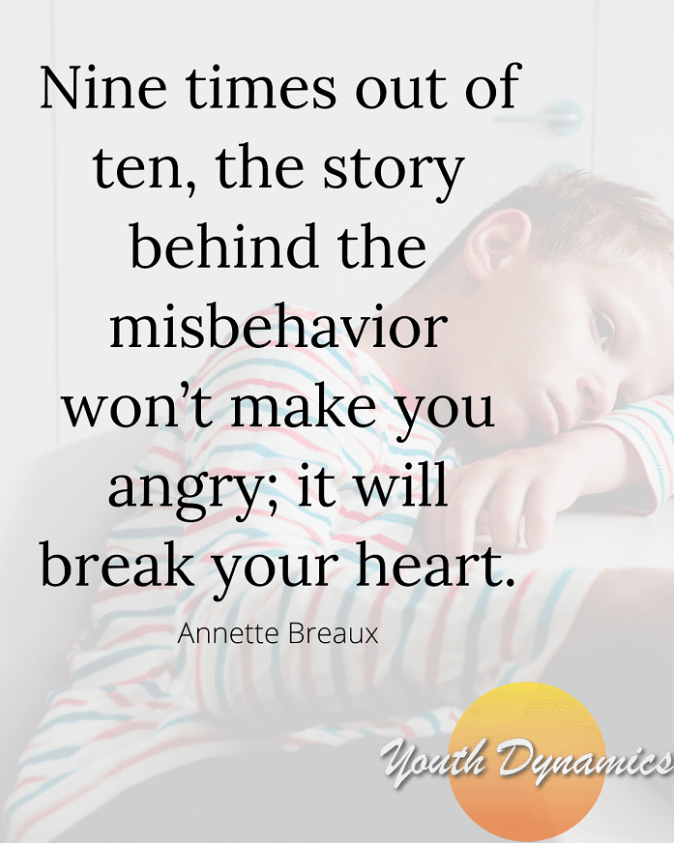
Neurobiological development and impact

- Traumatic experiences are stored differently in the brain and body
- Trauma floods the body with adrenaline and cortisol and literally deteriorates organs overtime
- The neocortex limits blood flow to the reptilian brain for survival.
- The brain is use dependent and develops from the back (survival) to the front (empathy and higher functions).



Pain based behaviors

- Externalizing behaviors towards others and internalizing behaviors toward self are manifestations of trauma. They are pain-based behaviors.
- Social-emotional development isn't just taught or coached. It's achieved by being in relationship with a child. Co-regulating and modeling the expression and management of difficult moments.
- **Social-emotional development** includes the child's experience, expression, and management of **emotions** and the ability to establish positive and rewarding relationships with others (Cohen and others 2005).
- Put your own mask on first! Emotionally regulating yourself is half the task.



Nine times out of ten, the story behind the misbehavior won't make you angry; it will break your heart.

Annette Breaux



Trauma bonds

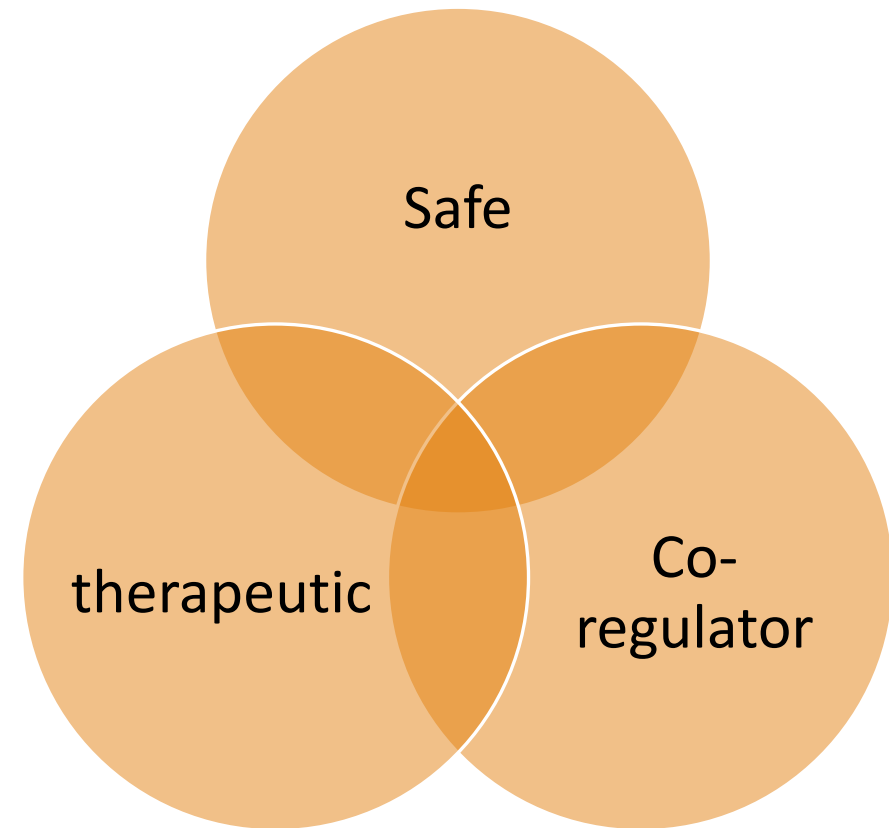
Feelings of attachment and dependence contribute to a trauma bond, as can a pattern of abuse and remorse. A child will turn to the abusive person for comfort, even if they were the one who caused the pain. The neurobiochemical response between love and violence gets hardwired.

Victims of domestic violence and child sexual exploitation, high occurrence in CISC, manipulates this response.

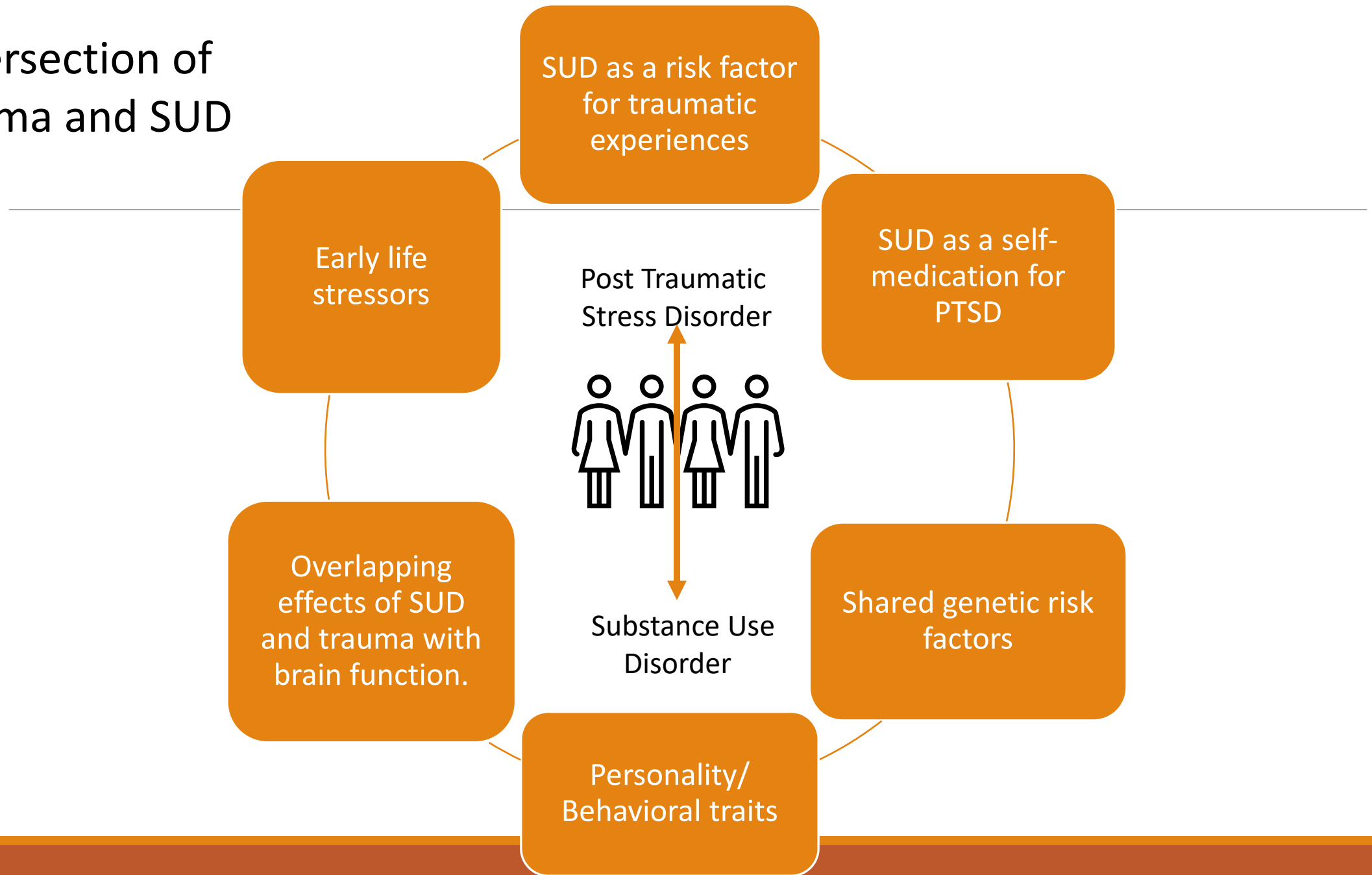
[Identifying & Overcoming Trauma Bonds - The Hotline](#)

[What is trauma bonding? - Ivison Trust](#)

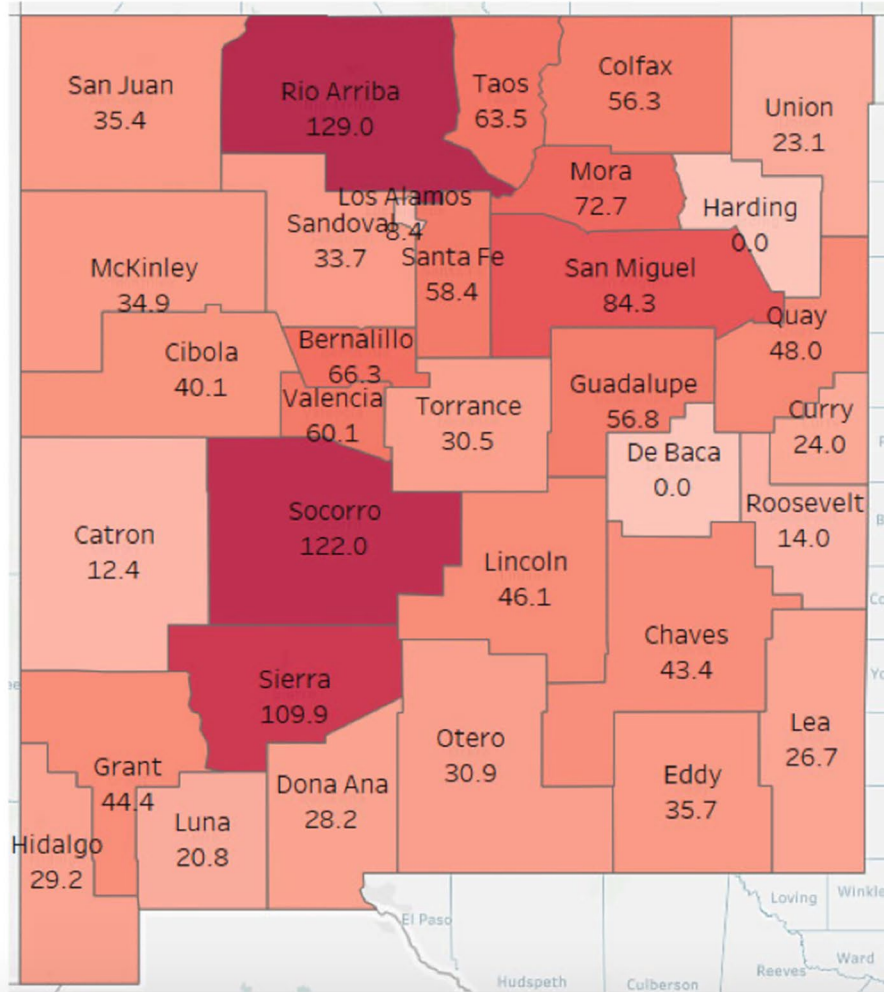
The antidote: Intentional therapeutic relationship
That the ADULT is responsible to create, maintain, teach,
and coach



Intersection of Trauma and SUD

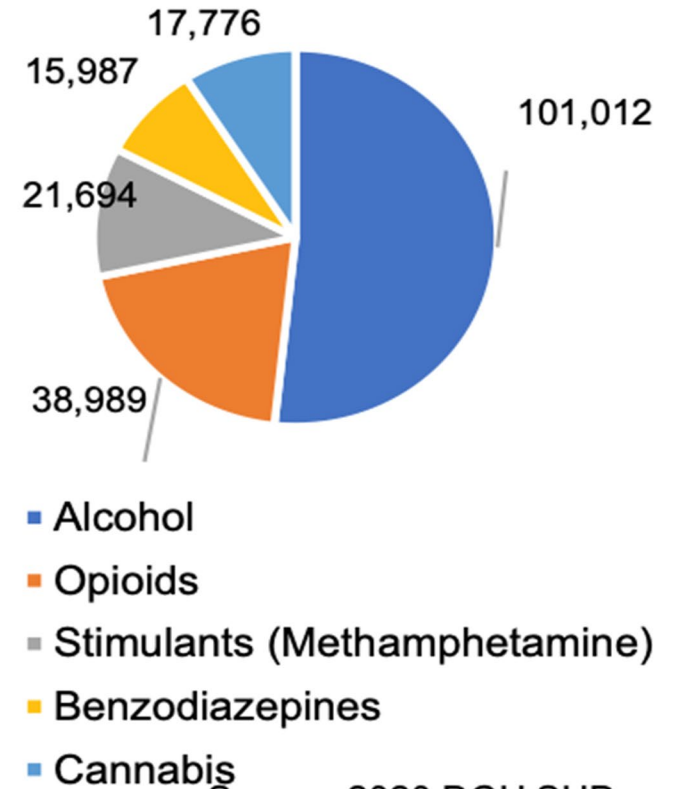


**Figure 1. County Overdose Death Rates
2021**
(deaths per 100 thousand people)



Source: NM DOH Bureau of Vital Records and Health Statistics death data; UNM/GPS

**Chart 7. New
Mexicans Living
with
Substance Use
Disorders**



Source: 2020 DOH SUD Treatment Gap Analysis

Elderly

More than 3.9 million elderly American adults age 65 or older (7%) struggled with past-year substance use disorder in 2022. about 2.3 million (4.1%) had an alcohol use disorder and about 1.8 million (3.2%) had a drug use disorder

Seniors are more likely than the general population to suffer from mood disorders, memory problems, lung and heart conditions, and chronic illnesses, all of which can be worsened by the effects of substances.

People 50 and over who misuse opioids or benzodiazepines experience much higher rates of suicidal ideation (25%) compared to those who don't misuse these drugs (2%).

Break 10 minutes



The 3 pillars of trauma informed practice

Safety

**The first imperative is creating
a safe place**

- ⑤ Physical safety
- ⑤ Emotional safety
- ⑤ Relational safety
- ⑤ Cultural safety





All roles, all the time, all ages

Relational Safety provides:

Reliability

Predictability

Availability

Honesty

Consistency



Emotion Regulation

- Understand how emotions work
- Use the skills to manage our emotions instead of being managed by them,
- Reduce how vulnerable we are to negative emotions (media can play a negative role)
- Build positive emotional experiences

Young children and children and sometimes adults with trauma need co-regulation, which comes from attachment and attunement.



The (therapeutic) Relationship

To be therapeutic an adult must be

Safe

Emotionally regulated

Sober

Kind

Clear (developmentally appropriate)

Consistent

Emotional Safety

Emotional Safety is not just a feel-good emotion. It arises from the activation of the social engagement nerve, the ventral vagus nerve. This is the part of our nervous system that soothes and restores use.

It prompts us to turn to others for comfort, guiding us toward physical proximity, touch, a soothing voice and familiar face.

When we engage with others who are safe when we are activated, we can reduce our worry, tension and vigilance and feel present, grounded [Dr. Lindsay Gibson](#)

Emotionally immature parents take a toll on their children. They are sometimes so wrapped up in their own issues they neglect the child's needs. Children are often expected to make the parent feel better.

This leads to being other focused, and even to feel self doubt or shame over the child's needs and wants.

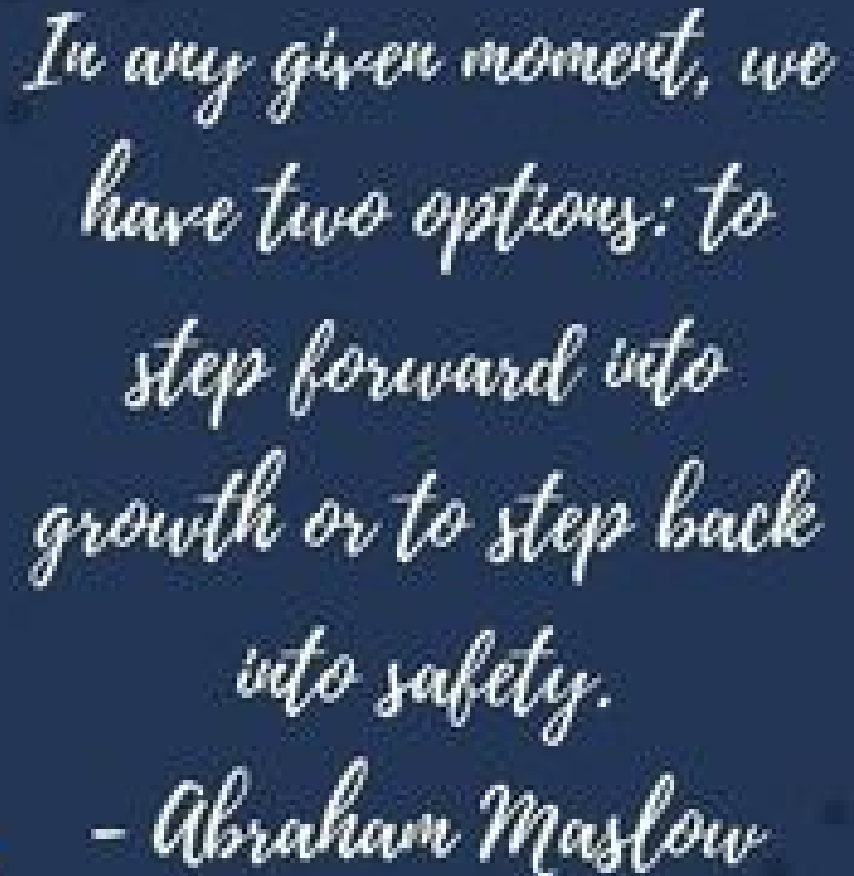
The key is developing an 'observer self' that nudges us when we are not present. One good way to stimulate this 'oversight' is to be curious about the other.

Post traumatic growth

(Judith Herman) trauma recovery is thought to occur in three main stages:

safety and stabilization,
remembrance and mourning,
reconnection and integration.

In addition to these stages, ***it is also possible to grow from tragedies in our lives and from losses we experience.***



In any given moment, we
have two options: to
step forward into
growth or to step back
into safety.
- Abraham Maslow

“Who is on the team matters less than how the team members interact, structure their work, and view their contribution”

[Google research on teams](#)

Teaming builds resiliency in workforce; it is trauma informed

Five Essentials for Workplace Mental Health & Well-Being

Centered on the worker voice and equity, these five Essentials support workplaces as engines of well-being. Each Essential is grounded in two human needs, shared across industries and roles.



Components

Creating a plan with all workers to enact these components can help reimagine workplaces as engines of well-being.

Protection from Harm

- Prioritize workplace physical and psychological safety
- Enable adequate rest
- Normalize and support mental health
- Operationalize DEIA* norms, policies, and programs

Connection & Community

- Create cultures of inclusion and belonging
- Cultivate trusted relationships
- Foster collaboration and teamwork

Work-Life Harmony

- Provide more autonomy over how work is done
- Make schedules as flexible and predictable as possible
- Increase access to paid leave
- Respect boundaries between work and non-work time

Mattering at Work

- Provide a living wage
- Engage workers in workplace decisions
- Build a culture of gratitude and recognition
- Connect individual work with organizational mission

Opportunity for Growth

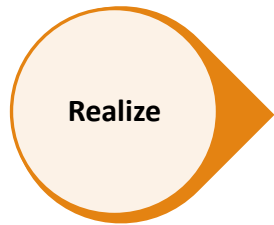
- Offer quality training, education, and mentoring
- Foster clear, equitable pathways for career advancement
- Ensure relevant, reciprocal feedback

*Diversity, Equity, Inclusion & Accessibility

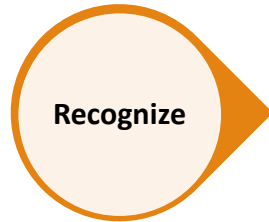


Trauma Informed Organizations

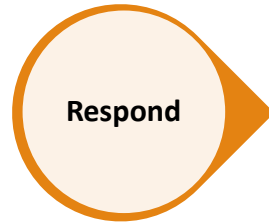
Adapted in part [Research Brief 61 - SAMHSA Trauma Care.pdf \(nchv.org\)](#)



Realize the widespread impact of trauma and understand potential paths for recovery



Recognize the signs and symptoms of trauma in clients, families, staff, and other involved with the system



Respond by fully integrating knowledge about trauma into policies, procedures, and practices



Resist Re-traumatization
As people interact with you or your organization

Trauma Reducing Environments

Trauma Competent behavioral health services

Service providers who have specialized training in practices that reduce symptomology and increase skills, coping, and positive relationships (may be evidence based)

They recognize the need for self care, including supervision or peer consultation, to prevent vicarious trauma

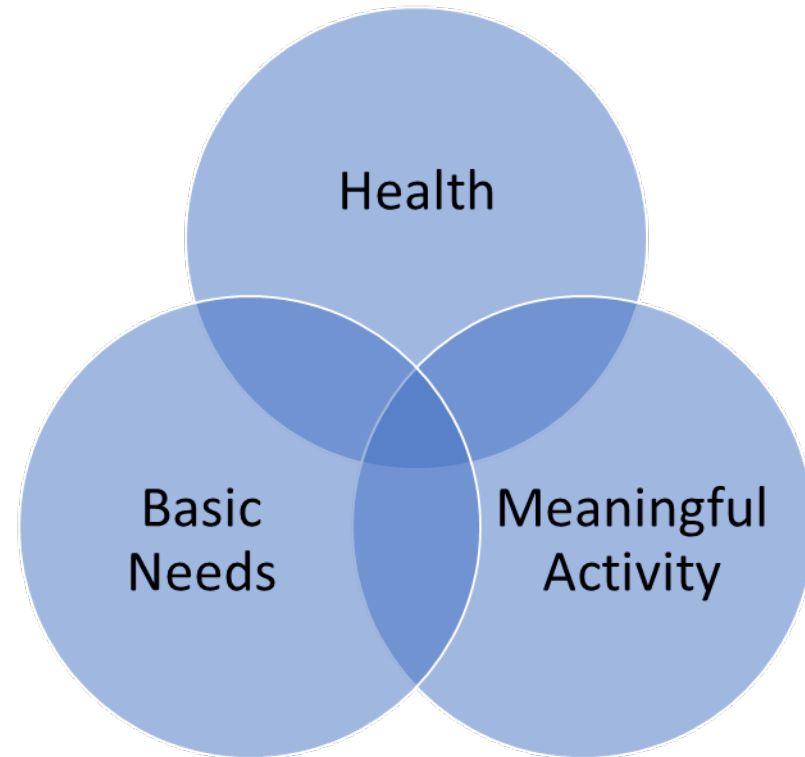
They practice creating a safe environment and utilize emotion regulation strategies that are strengths based

They honor the person's culture and encourage relational healing



Trauma Responsive

To respond with
the appropriate
sense of urgency



What can you do when someone is having a traumatic response...



- Cold paper towel on neck, face
- Offer water, a seat, offer a pillow for their lap
- Attune: measure your breathing, breath deep both so you are regulated and so you mirror for the person calm breathing
- Say, 'take a second, I can see you are upset'
- Validate that they are having a reaction, don't validate the content
- Soothe, distract
- Once they are better regulated remind them this is their community and you are there for their healing
- Offer a referral to a therapist
- Thumbs: what are your tricks of trade?

The importance of debriefing

Trauma informed agencies support their own and recognize that vicarious trauma effects all of us at some times.

Using the de-briefing after groups: the importance of leaving it here, making visible any pain so it won't be carried alone.



Compassion fatigue

<https://traumastewardship.com/>

Helplessness, being
extremely tired, and feeling
overwhelmed

Disorientation or confusion


Frustration, cynicism, or
anger and irritability

Physical effects such as
shortness of breath,
increased headaches, heart
palpitations, trouble falling
asleep, or muscle tension.

May have all, a few or
none. Severity will likely be
different among teams.

Don't ignore compassion fatigue

Compassion fatigue can lead to a range of psychiatric conditions, including hypochondria, dissociative disorders, mood disorders (e.g., anxiety and clinical depression), addictions (including smoking, alcohol, drugs, and gambling), eating disorders, and personality disorders.



Compassion fatigue is insidious. As a person's ways of thinking, feeling, and behaving change, and these changes impact physical and mental health, the person's ability to carry him/herself well through each day — including within the communities — deteriorates.

Group conversation

What kinds of things might I do differently after this training?

What are your ideas?

What questions remain?

