


The 7 Essential Ingredients (7ei) of Trauma Informed Care



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Introduction

- Why are you here?
- Why are we here?
- What is the BIG DEAL?

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What are the trends?



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**“Trauma is to mental health as
smoking is to cancer”**

-Dr. Steven Sharfstein
*Former President, American Psychiatric
Association*

Hartford Mirror

5

David Brooks...  Saint 

“When you look over the domestic policy landscape, you see all these different people in different policy silos with different budgets: in health care, education, crime, poverty, social mobility and labor force issues.

But, in their disjointed ways, they are all dealing with the same problem — that across vast stretches of America, economic, social and family breakdowns are producing enormous amounts of stress and unregulated behavior, which dulls motivation, undermines self-control and distorts lives.

Maybe it’s time for people in all these different fields to get together in a room and make a concerted push against the psychological barriers to success.”

NY Times

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The list goes on and on...


- Lawsuit in Compton
- Medical community – stress and inflammation
- Workforce
- Politics
- Your local trend(s) here

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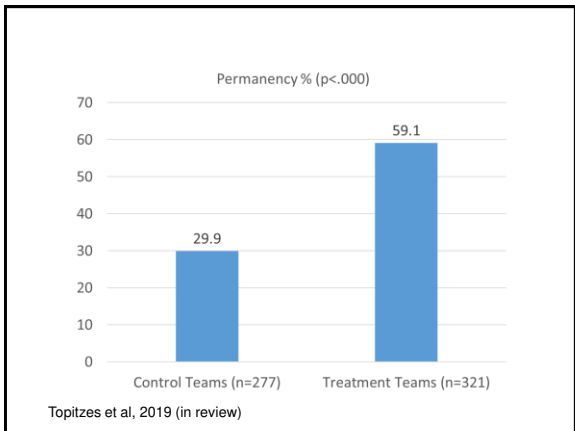
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Is there any data?



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Wow?!




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The Case for Hope...



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Outline

- Introductory Concepts
- The 7 Essential Ingredients (7ei) & How to use them
- Questions/Closing

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Learning Objectives

- To appreciate the frequency of adverse experiences in people’s lives and gain a better understanding of the social, emotional, physiological and developmental effects of trauma on people, families and communities
- To understand and respond to behavior from a trauma informed perspective
- To understand the value of developmentally informed activities to enhance regulatory capacity
- To understand techniques that can enhance relational well being for people who have experienced adversity

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Learning Objectives

- To understand ways to inspire a sense of purpose, belonging and safety with people
- To understand techniques that can enhance the capacity to care and appreciate the connection between caregiver capacity and customer outcomes
- To be motivated to start putting ingredients together in practice to enhance services to people who have experienced adversity
- To recognize that Historical/Inter-generational trauma and equity are central to understanding trauma for all people

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Environment

Natural light, green space, colors, structure, fidgets, information, “feel of the place”, customer service, curious, respect, agency culture/process, etc.
The context in which clients interact and staff work

<h4 style="color: red; text-decoration: underline;">Care</h4> <ul style="list-style-type: none"> – TI Care (7ei) – Informal Supports – Peer Support – In vivo re-scripting <p><i>What helps do when interacting with clients</i></p>	<h4 style="color: green; text-decoration: underline;">Treatment</h4> <ul style="list-style-type: none"> – Clinical Problem Solving (NMT) – Evidence Based Models (TF-CBT, PE, EMDR) – Clinical re-scripting <p><i>Referral to clinical specialist for specific Tx</i></p>
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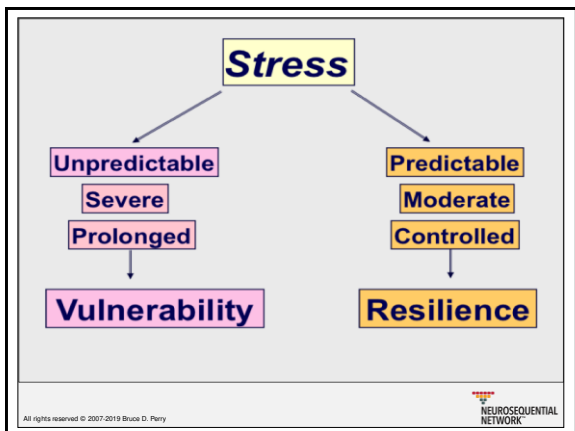
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Trauma Definition

- 1) Exposure to an event or series of events that *threatens/harms physical or emotional integrity* of the individual or someone close to them
- 2) *Overwhelms* the person's ability to respond
- 3) Adaptations create significant *difficulty in functioning*

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Differential Diagnosis

Client Paul, age 13

<p>Axis I:</p> <ul style="list-style-type: none"> • ADHD • Mood Disorder NOS • PTSD • RAD • Intermittent Explosive Disorder • Disruptive Behavior Disorder NOS • Depressive Disorder NOS <p>Axis II:</p> <ul style="list-style-type: none"> • Sensory Processing Disorder – Deferred • Learning Disorder • Other Health Impairment • Mixed Expressive receptive/ Language Disorder • Executive skills dysfunction • Developmental coordination disorder 	<p>Medications</p> <ul style="list-style-type: none"> • Vyvanse • Seroquel • Intuniv • Zyrtec • Flonase • Buspar • Also tried...39 other medications <p>“In my 30 years of practice as a board certified and adolescent psychiatrist, Paul ranks as one of the top 10 most disturbed children I have treated in an outpatient basis. His adoptive parents, on the other hand rank as one of the most educated, caring and devoted parents in my practice”</p>
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18

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Historical/Intergenerational Trauma

- Boarding Schools
- Slavery/Jim Crow
- Holocaust
- Others?



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19

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Trauma Informed Care

7 Essential Ingredients (7ei)

1. Prevalence
2. Impact
3. Perspective Shift
4. Regulation
5. Relationship
6. Reason To Be
7. Caregiver Capacity

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#1 Prevalence Overview


- How often does this happen?
- For whom?
- How does it compare?
- What about your population?

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The ACE Questionnaire



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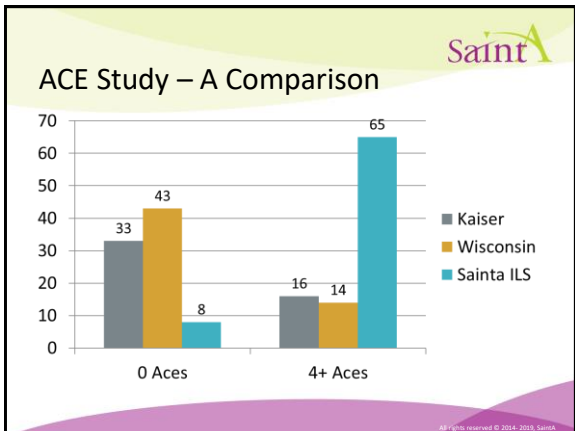
ACE Study



Household dysfunction	Kaiser	WI	ILS
• Substance abuse	27%	26%	62%
• Parental separation/divorce	23%	24%	62%
• Mental illness	19%	16%	42%
• Violence between adults	13%	16%	31%
• Incarcerated household member	5%	7%	50%
Abuse			
• Psychological /Emotional	11%	29%	54%
• Physical	28%	17%	42%
• Sexual	21%	11%	27%
Neglect			
• Emotional	15%		54%
• Physical	10%		42%

Center for Disease Control and Prevention 1995-97 ** WI CANPB, 2018, *Saints, 2014. © All rights reserved © 2014-2018, Saint.

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24

Urban ACE Indicators			
Indicator	Philadelphia Study	White	Black
Witnessed violence in the neighborhood	40.5%	25.9%	52%
Felt discrimination based on race or ethnicity	34.5%	15.8%	49.5%
Adverse neighborhood experience, feeling unsafe/not trusting one's neighbor	27.3%	19.3%	29.2%
Bullied	7.9%	9%	6.4%
Lived in foster care	2.5%	1%	4.1%

Public Health Management Corporation Philadelphia Urban ACE Study, 2013

25



Adverse Childhood Experiences (ACEs) – Context

YES


- Exposure
- Home
- Retrospective
- High scores increase risk for outcomes

NO

- Frequency
- Intensity
- Support
- Timing
- Community/other events
- Pre-existing factors (epigenetics, etc.)


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Prevalence

- What is the cost?
\$124,000,000,000*
- How does it compare?
 - Autism**
 - Childhood Obesity***
 - Toxic Stress



*Fang et al, 2012**CDC***Ogden et al, 2014

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Prevalence - Application



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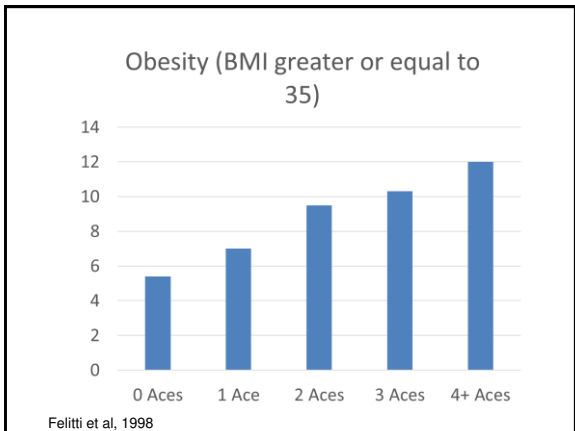
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#2 Impact Overview

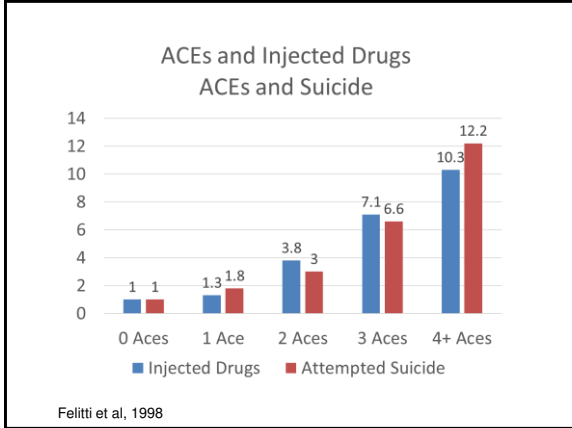
- Impact of ACEs
- Toxic Stress
- Stress Response
- Triggers/Epigenetics
- World View

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30



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ACE Attributable Problems Saint

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- **20 year decrease in life expectancy (ACE score 6+ vs 0)****

CDC, 1995-1997; **Brown et al., 2009

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Toxic Stress* and the Body Saint

*Harvard Center for the Developing Child

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Classic trauma symptoms

Re-experiencing symptoms:

- Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts.

Avoidance symptoms:

- Staying away from places, events, or objects that are reminders of the experience
- Feeling emotionally numb
- Feeling strong guilt, depression, or worry
- Losing interest in activities that were enjoyable in the past
- Having trouble remembering the dangerous event.

Hyperarousal symptoms:

- Being easily startled
- Feeling tense or "on edge"
- Having difficulty sleeping, and/or having angry outbursts.

NIH

34

Arousal and Dissociative Stress Response



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35

Arousal Signs

- Increased vigilance
- Impulsive actions and reactions
- Defiance
- Aggression
- Anxiety
- Exaggerated response
- Increased sympathetic response (HR, muscle tone, breathing)
- Eye blink
- Pupils dilate
- Bladder relaxes
- Digestion inhibited
- External focus – threat
- Internal cues – not prioritized
- Increased peripheral circulation

NIH

36


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Dissociative Signs

- Withdrawal
- Compliance
- Detached from present (reenacting experiences/engaging with internal world/ talking to self)
- Losing time, memory or skills
- Seeming “spaced out” or in a fog
- Lack of connection to body or feeling pain
- Cutting/ Self harming
- Increased parasympathetic activity (vagal) – HR decreases
- Eye blink & eye roll
- Pupil constriction
- Bladder contracts
- Digestion stimulated
- Internal focus – minimize injury
- Decrease in peripheral circulation

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Signs in older youth/adults (chronic exposure)



- Anhedonia
- Numb
- Cynical
- Constantly seeking pain
- Helplessness
- Emotional response (sensitivity) is gone
- Others?

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Evident in clues from the body


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Trauma Triggers

- The smell of alcohol, cologne, things burning
- Being pinned down
- Raised voice
- Unexpected loud noise
- Others?




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Intergenerational Trauma and Epigenetics

- What gets passed to the next generation?
- How does it get passed?
- Implications...



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Black/White Maternal Mortality US

Infant deaths per 1,000 live births

Year	White	Black	Hispanic	All races
'90	~8	~16	~6	~10
'00	~6	~14	~5	~9
'07	~5	~13	~4	~8

Maternal deaths per 100,000 live births

Year	White	Black	Hispanic	All races
'90	~5	~22	~8	~12
'00	~4	~20	~7	~11
'07	~3	~18	~6	~10

Preterm birth rate (under 37 weeks)

Year	White	Black	Hispanic	All races
'90	~10	~18	~12	~14
'00	~9	~17	~11	~13
'08	~8	~16	~10	~12

Very low birthweight (less than 3 lbs, 4 oz)

Year	White	Black	Hispanic	All races
'90	~0.8	~2.5	~1.2	~1.5
'00	~0.7	~2.3	~1.1	~1.4
'08	~0.6	~2.1	~1.0	~1.3

Source: NPR (Alyson Hurt)/Center for Disease Control and Prevention

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"The reasons for the black-white divide in both infant and maternal mortality have been debated by researchers and doctors for more than two decades. *But recently there has been growing acceptance of what has largely been, for the medical establishment, a shocking idea: For black women in America, an inescapable atmosphere of societal and systemic racism can create a kind of toxic physiological stress, resulting in conditions — including hypertension and pre-eclampsia — that lead directly to higher rates of infant and maternal death.* And that societal racism is further expressed in a pervasive, longstanding racial bias in health care — including the dismissal of legitimate concerns and symptoms — that can help explain poor birth outcomes even in the case of black women with the most advantages."

Villarosa, NY Times, 2018

43

Impact on Worldview

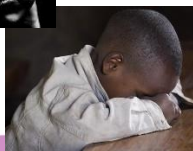


Typical Development vs. Developmental Trauma

- | | |
|--------------------------------------|-----------------------------|
| • Humans = safe | • Humans = threat |
| • Relational tolerance | • Relational sensitivity |
| • Bad things – “accidents” | • Bad things – “on purpose” |
| • Risk is + reinforced | • Risk is – reinforced |
| • Prioritize opportunities to thrive | • Prioritize safety |
- THESE ARE ADAPTIVE!**


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Impact

45


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Prevalence and Impact Application exercise



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#3 Perspective Shift Overview

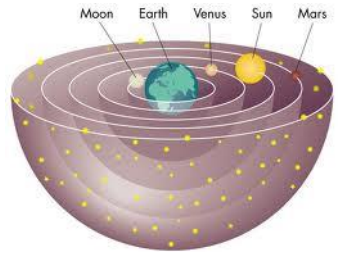
- Identify perspective
- New biology
- Perspective as an intervention
- Traditional vs. TIC

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What is perspective?



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What is perspective shift?




The first image shows a loaf of bread from a top-down perspective, appearing as a flat, rectangular shape with green herbs on top. The second image shows a person's mouth from a side profile, with a hand holding a red pill just above the lips, illustrating a different perspective of the same object.

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Perspective Shift




A black silhouette of a person walking through a doorway. The person is seen from the side, and their shadow is cast on the floor. The doorway is a vertical rectangle, and the person is walking through it, illustrating a perspective shift.

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Mirror Neurons*




A photograph of a dog yawning. The dog's mouth is wide open, showing its teeth and tongue. The background is a textured, light-colored wall.

Rizzolatti, G, 2011


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Polyvagal Theory*


- More validation that what you feel/how you say things matters more than what you say



*Porges, S

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What is implicit bias?

“Implicit bias is the brain’s automatic, instantaneous association of stereotypes and attitudes with particular groups (Dovidio & Gaertner, 2004). These biases exist beyond our conscious awareness and are often contrary to our conscious values and ideals. In fact, implicit bias is a greater predictor of our behavior than our conscious values. “

MacFarlane et al, 2016

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How powerful are they?

Find out your bias(es)...

<https://implicit.harvard.edu/implicit/selectatest.html>

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Perception: How do we view kids?

Traditional View	Trauma Informed View
Acting out	Emotionally dysregulated
Anger management problems	Scared / fight, flight, freeze response
Willful and naughty	Adaptive patterns of behavior
Manipulative	Seeking to get needs met
Uncontrollable	In need of skills to self-regulate
Off task/ not paying attention	Hypervigilant or dissociative adaptations
Pushing buttons	Negative template or worldview
In need of consequences to motivate	In need of effective intervention to heal

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Perception: How do we view adults?

Traditional View	Trauma Informed View
Non-compliant, disrespectful	Scared, seeking control
Lazy	Feels helpless
Uncaring, disengaged	Overwhelmed, disenfranchised
Manipulative	Seeking to get needs met
Angry	Survival adaptation
Delayed/ "slow"	Dissociative
System distrust	Historical trauma

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- 
- ### Concrete strategies
- Miracle question*
 - Change tense (past, present, future)
 - Exceptions
 - Strengths or resiliency focus
 - Address bias (intention/attention/time, increase positive contact)**
- *Howes, 2010, **Hammond, 2015
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So, how do you change your perspective?



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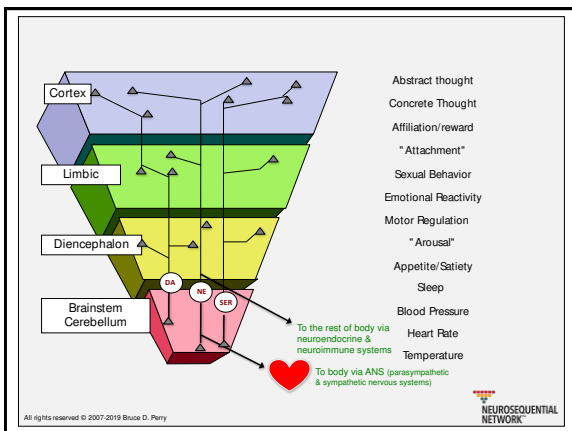
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#4 Regulation Overview


- Neurodevelopment 101
- State dependent functioning
- Regulation interventions

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59



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Hyperarousal Continuum	Rest (M > F, A > C)	Vigilance	Resistance	Defiance	Aggression
Dissociative Continuum	Rest (F > M, C > A)	Avoidance	Compliance	Dissociation	Fainting
Primary secondary Brain Areas	NEOCORTEX Subcortex	SUBCORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Mental State	CALM	ALERT	ALARM	FEAR	TERROR

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Adaptive Dysregulation

- Brain/body response driven by experience
- Fear/stress response or safety/calm response – which systems are exercised?
- What is the outcome when fear, stress response and survival are themes?

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What is regulation?







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Associations

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Regulation Associations




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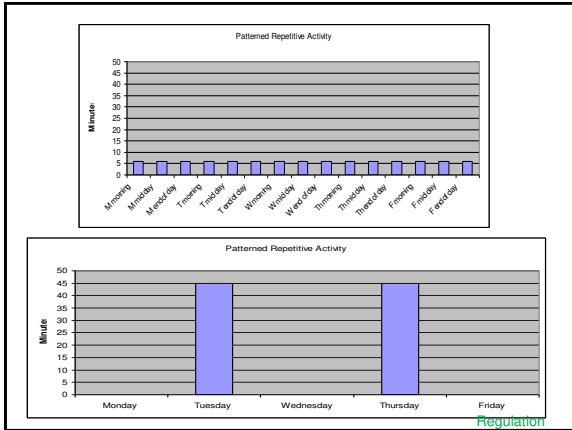
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Sensory based activities

- Touch: Weighted vests/ blankets; Massage/ pressure, fidgets
- Sound: Music, silence
- Sight: Pictures, videos, lava lamps, fish tanks, beach
- Smell: Candles, lotion, aromatherapy, cooking
- Taste/ oral: Sucking through a straw (applesauce, milkshake etc.)
- Vestibular: Swinging, rocking, pogo stick
- Proprioception / Movement: Swimming, walking/running, jumping, crab walk

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Application - Regulation



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#5 Relationship Overview

- Creating a template
- Safety
- Attunement
- Consequence
 - Sequencing
 - Withholding relationship



Relationship
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Relational Associations



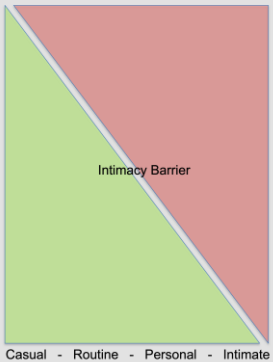

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History of Relational Interactions



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Safety

- Predictable structure
- Consistency
- Types of safety
 - Physical safety
 - Emotional Safety
 - Moral Safety*



*Bloom, S

Relationship
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Attunement

- Convey intention through the face and the body
 - Eyes
 - How is the child responding to your eyes – avoiding, embracing, intermittent?
 - Tone of voice
 - Soft, fast, rhythmic
 - The interplay between theirs and your gestures/movement
 - Posture
 - How close? How engaged to be?

Relationship

73



Hyperarousal Continuum	Rest <i>(M > F, A > C)</i>	Vigilance	Resistance	Defiance	Aggression
Dissociative Continuum	Rest <i>(F > M, C > A)</i>	Avoidance	Compliance	Dissociation	Fainting
Primary secondary Brain Areas	NEOCORTEX <i>Subcortex</i>	SUBCORTEX <i>Limbic</i>	LIMBIC <i>Midbrain</i>	MIDBRAIN <i>Brainstem</i>	BRAINSTEM <i>Autonomic</i>
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Mental State	CALM	ALERT	ALARM	FEAR	TERROR


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Application – Relationship



Relationship

75

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#6 Reason To Be Overview

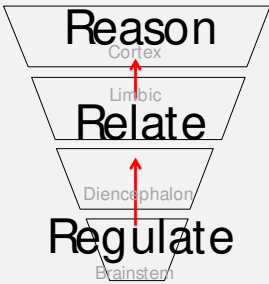
- Purpose
- Finding Meaning
- Consumer Driven
- Resilience



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Sequence of Engagement



Reason
Cortex

Limbic

Relate

Diencephalon

Regulate
Brainstem


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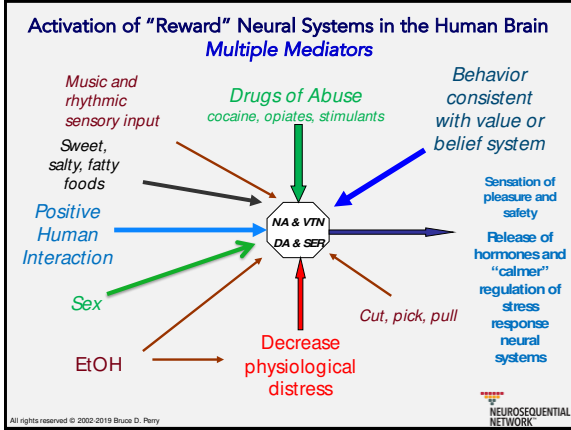
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Purpose



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Connection

- Family
- Community
- Culture
- Spirituality

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Consumer Driven

- Seek out and leverage strengths
- Stay curious & humble
- Shared humanity

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Resilience

- Nature vs. Nurture
- **Competent** & Caring
- Macro perspective



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Reason to Be - Application




Reason To Be
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#7 Caregiver Capacity Overview

- A quiz
- Secondary trauma....
- ...something more?
- Capacity Enhancers
 - Balance
 - Gratitude
 - Our Regulation Plan
 - Justice



Caregiver Capacity
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10 Questions to Assess Caregiver Capacity 

- Has your circle of friends changed from when you started the job to now?
- Does the TV remote get stuck on SVU, etc. when channel surfing or do you actively avoid?
- Has your significant other ever told you to get off the phone while at an important event for your kids?
- Do you have a habit of staying up late to make sure you are "good and tired" or do you take anything to help yourself fall asleep?
- Have you seen your Dr in the past year for chest pain, non-specific digestive issues, or general anxiety?
- Do you allow your child to go to the bathroom at the YMCA without making sure it is safe?
- Do you often get sick (flu/cold) while on vacation?
- Do you struggle to remember specific dates/events (Johnny's baseball game was last Tuesday at 5:00) but do remember general themes (Johnny was upset because he got yelled at by his coach)?
- Have you ever remembered at 5:00 that you had to go to the bathroom at 12:00 and forgot?
- Have you ever gotten upset when forced to make a simple choice - i.e., where do you want to eat tonight?

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Secondary Trauma

- Signs that it may be "getting to you"
- Emotionally "numb"
- On edge, agitated
- Withdrawn
- Inability to concentrate, poor short term memory recall
- Impaired immune system
- Not willing to talk about it – "they won't understand"

Pulido & Naturale, ISTSS Presentation, Caregiver Capacity November 2011
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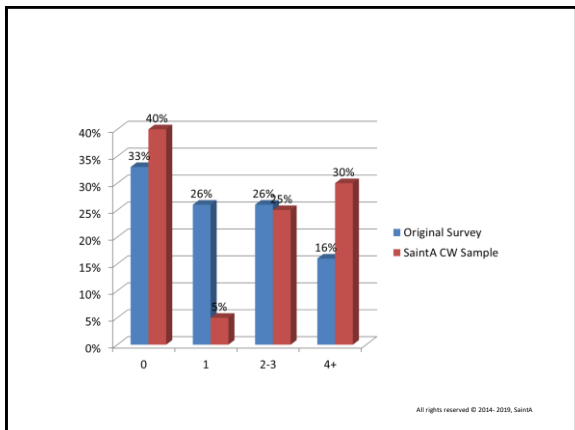


Is it just STS?

- Primary trauma
- Primary trauma history
- Vicarious process
- Burnout
- Media scrutiny
- Structural

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Capacity Enhancers

- Exercise
- Wellness
- Nutrition
- Mindfulness/meditation
- Support
- What else....?

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Balance

Did List:

- ✓ managed crisis; client and staff debriefed successfully
- ✓ helped CM find therapist
- ✓ provided effective unscheduled supervision with John
- ✓ did 2 days of e-mail (thorough)
- ✓ created fun in hallway
- ✓ got memo to CEO within an hour

To Do List:

- last week's e-mail
- report for board
- case notes for CSP client
- schedule meeting with Katy
- read grant memo
- f/u with Julie

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Complaints and Gratitude




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Justice/Resolution/Meaning



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Structural Changes

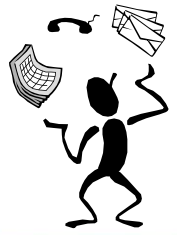
- Caseload, classroom size, ratio of staff/kids, patients per physician, etc.
- Supervisor/Staff ratios
- Mandated vs. agency imposed additional duties, initiatives, etc.
- Meeting necessity/efficiency

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94


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Application–Caregiver Capacity




Caregiver Capacity
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95


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Closing



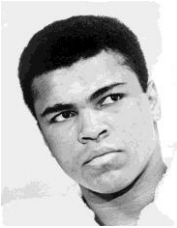
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96

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1964


- Civil Rights act signed
- The Beatles
- Cassius Clay
- Cost of a house – 13k
- **42%** smokers*



*CDC, 2014


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2012


- President Obama re-elected
- Maroon 5
- London Olympics
- Cost of a house – 146k
- **18%** smokers*



*CDC, 2014

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98

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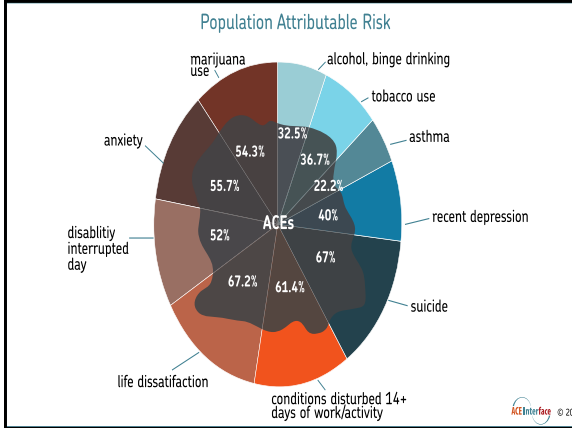
42% to 18% = 8,000,000 Lives*



*JAMA, 2014

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99



100

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101


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102



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