

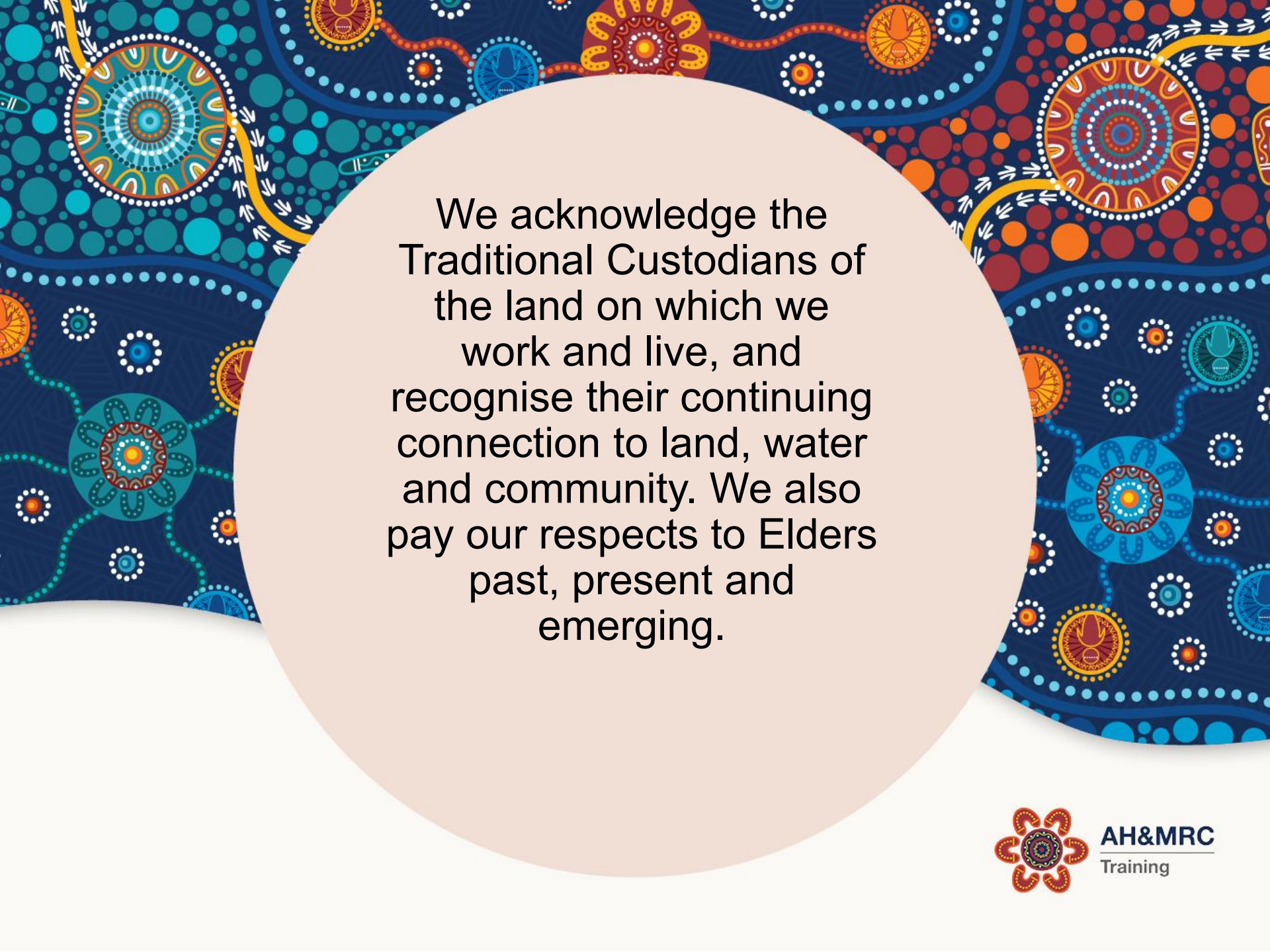


Culturally Informed Trauma Integrated Practice

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We acknowledge the
Traditional Custodians of
the land on which we
work and live, and
recognise their continuing
connection to land, water
and community. We also
pay our respects to Elders
past, present and
emerging.



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Trauma Experiences

Traffic Accidents

Natural Disasters

Child Abuse

Sexual Abuse

Physical Abuse

Emotional Abuse

Colonisation/War

Torture/Neglect

DV / FV

Different types of Trauma



THALAMUS

- processes sensory information when alerted by the amygdala.
- A break down encodes sensory memory and freezes time during traumatic experience.
- fragments traumatic memory; impossible for victim to have a trauma narrative during recall
- Flashbacks are sensory: images, sounds, physical sensation, and terror or helplessness

SENSORIMOTOR CORTEX

- sensory and motor function coordination
- critical to brain-body balance; in PTSD hyperactivity results in an imbalance in brain-brain coordination

PREFRONTAL CORTEX

- observes what is happening; predicts what will happen; makes a conscious decision
- in PTSD the PFC is deactivated defaulting to subcortical survival: startle, hyper vigilance, cowering, fight/flight, emotional reactivity
- balance with mPFC and amygdala critical for trauma healing

ORBITOFRONTAL CORTEX

- executive functioning
- decrease in volume in PTSD

AMYGDALA

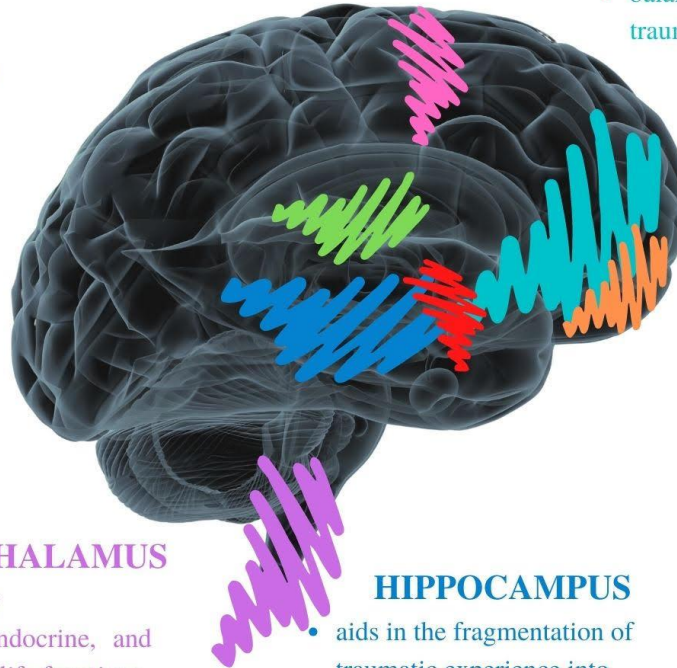
- the fear center
- warns us of impending danger
- activates the body's stress response: stress hormones (cortisol & adrenaline), nerve impulses, increases blood pressure, heart rate, oxygen intake
- prepares fight or flight for survival

HIPPOCAMPUS

- aids in the fragmentation of traumatic experience into emotional traces and fragmented sensory: images, sounds, and physical sensation

BRAIN STEM & HYPOTHALAMUS

- controls energy levels of the body
- coordinates the heart, lungs, endocrine, and immune systems sustaining basic life functions
- orchestrates a whole-body autonomic nervous system response to fear or threat



written information obtained from Van der Kolk, B. (2015). The body keeps the score: Brain, mind, and body in the healing of trauma (Illustrated ed.). Penguin Books



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Physiological Impacts of Trauma

Trauma Interrupts Health

The Nervous System Loses Balance

Out of Balance



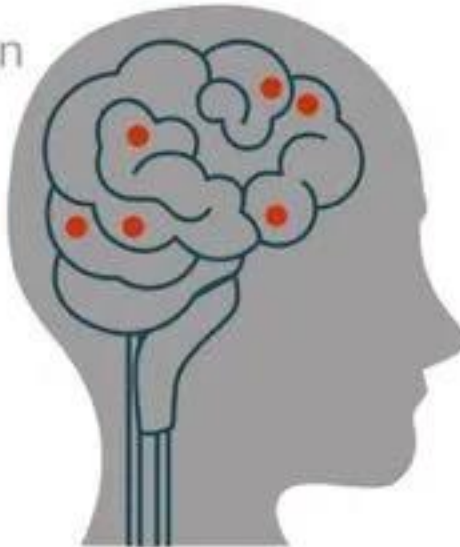
Disconnection



Fight/Flight



Freeze



Social NS

can't inhibit or regulate
SNS (fight/flight)
PNS (freeze)

Sympathetic NS

hypervigilance
anxiety
nightmares
PTSD

Parasympathetic NS

immobility
depression, apathy
fatigue



Veronique Mead, MD, MA
Chronic Illness Trauma Studies.com

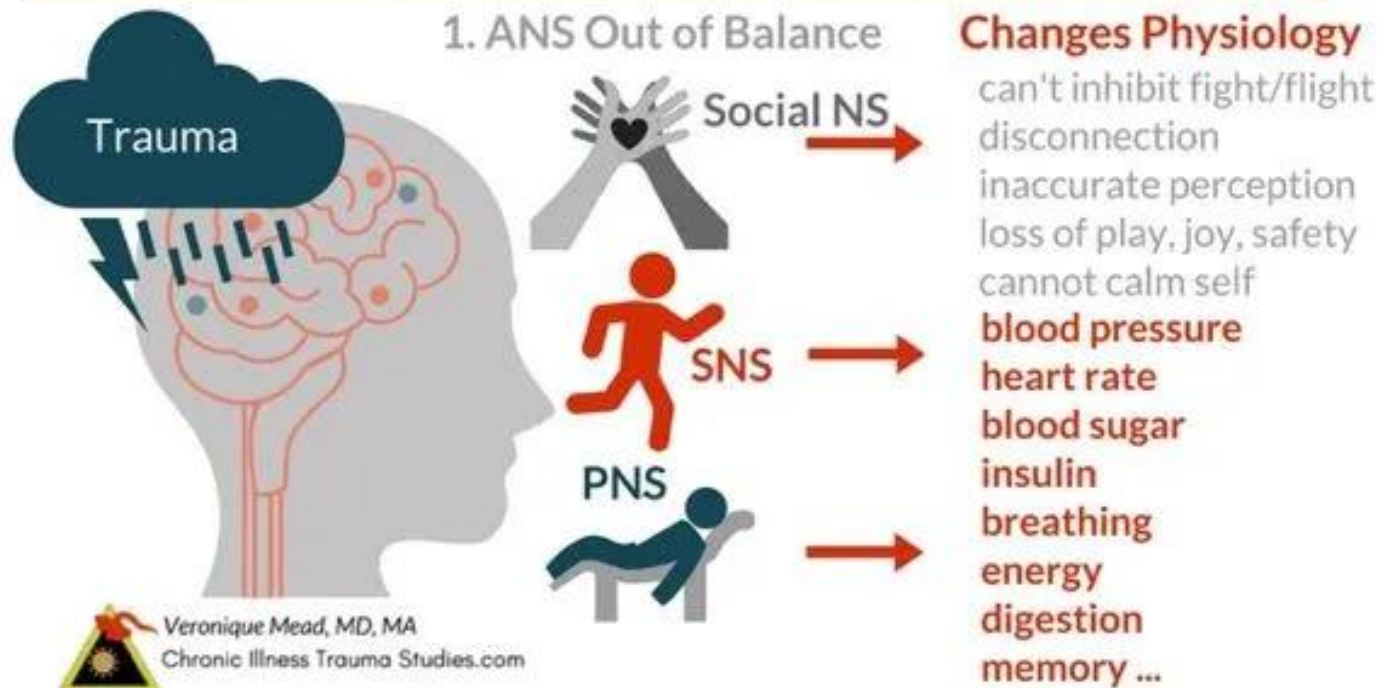


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Physiological Impacts of Trauma

Chronic Illness is a Nervous System Issue

Trauma Alters Physiology



Physiological Impacts of Trauma

Trauma Increases Risk for Autoimmune & Other Chronic Illnesses



Addison's
Asthma
Autoimmune Disease
Cancer
Celiac disease
Chronic Fatigue (ME/CFS)
Coronary heart disease
Diabetes, type 1
Diabetes, type 2
Fibromyalgia (FMS)
Grave's (Thyroid)
Hashimoto's (Thyroid)
Headaches
High Cholesterol
Hypertension
Insulin Resistance

Irritable Bowel Syndrome
Inflammatory Bowel Disease
Liver Disease
Lupus
Metabolic Syndrome
Multiple Sclerosis
Myasthenia Gravis
Obesity
Pain
Psoriasis
Rheumatoid arthritis
Sjogren's
Sleep Disorders
Stroke
Thrombocytopenia Purpura
& more ...

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Cognition

- Impaired readiness to learn
- Difficulty problem-solving
- Language delays
- Problems with concentration
- Poor academic achievement

Brain development

- Smaller brain size
- Less efficient processing
- Impaired stress response
- Changes in gene expression

Physical health

- Sleep disorders
- Eating disorders
- Poor immune system functioning
- Cardiovascular disease
- Shorter life span

Emotions

- Difficulty controlling emotions
- Trouble recognizing emotions
- Limited coping skills
- Increased sensitivity to stress
- Shame and guilt
- Excessive worry, hopelessness
- Feelings of helplessness/lack of self-efficacy

Relationships

- Attachment problems/disorders
- Poor understanding of social interactions
- Difficulty forming relationships with peers
- Problems in romantic relationships
- Intergenerational cycles of abuse and neglect

Mental health

- Depression
- Anxiety
- Negative self-image/low self-esteem
- Posttraumatic Stress Disorder (PTSD)
- Suicidality

Behavior

- Poor self-regulation
- Social withdrawal
- Aggression
- Poor impulse control
- Risk-taking/illegal activity
- Sexual acting out
- Adolescent pregnancy
- Drug and alcohol misuse

Impact of Childhood Trauma



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“Childhood trauma including abuse and neglect is probably the single most important public health challenge ... a challenge that has the potential to be largely resolved by appropriate prevention and intervention”

(van der Kolk, 2007, p. 224).

Childhood Trauma

Violation of a child's sense of safety and trust, of self-worth, with a loss of a coherent sense of self; can trigger emotional distress, shame, grief, self harm and other destructive behaviours;

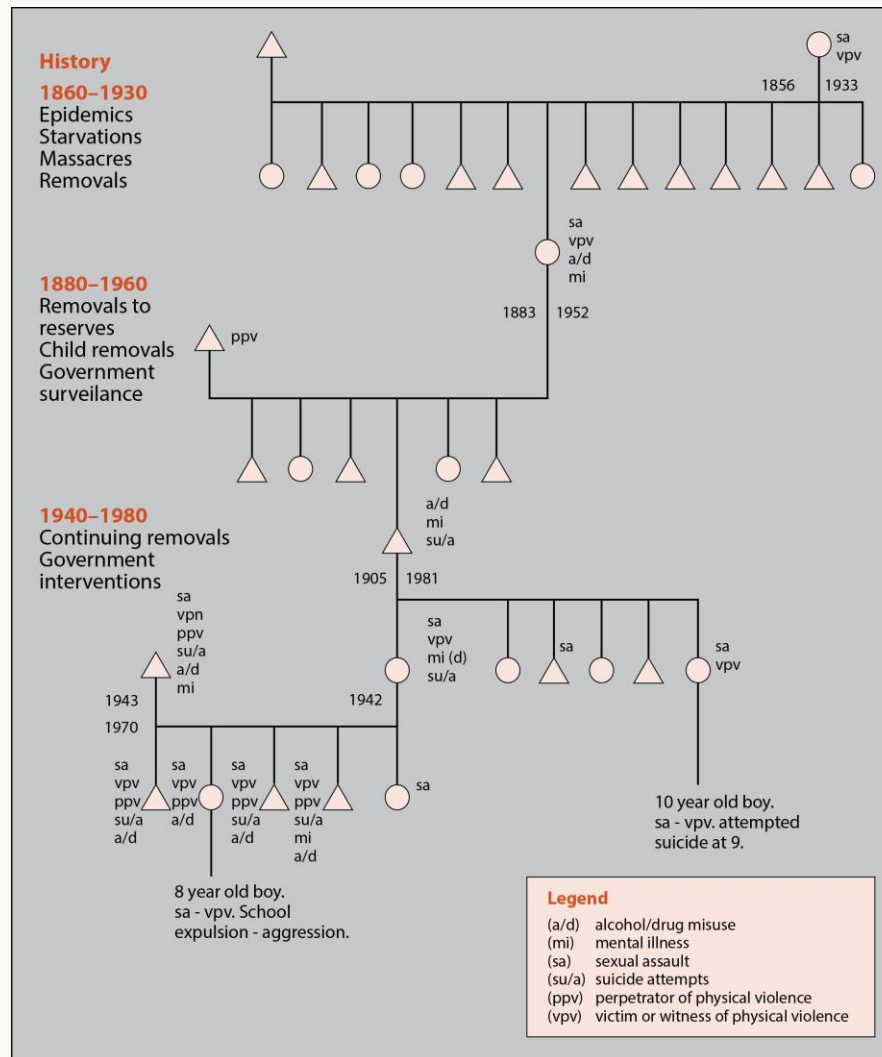
In adolescents – this can result in unmodulated aggression, difficulty negotiating relationships with caregivers and peers,

Demonstrated outcomes showing adolescent links to suicide, alcoholism and other drug misuse, sexual promiscuity, physical inactivity or over activity, smoking and obesity;

Adults with a childhood history of unresolved trauma are more likely to develop: heart disease, cancer, stroke, diabetes, skeletal fractures, and liver disease; and finally

People with childhood histories of trauma make up almost our entire criminal justice populations (2007, pp. 226-227).

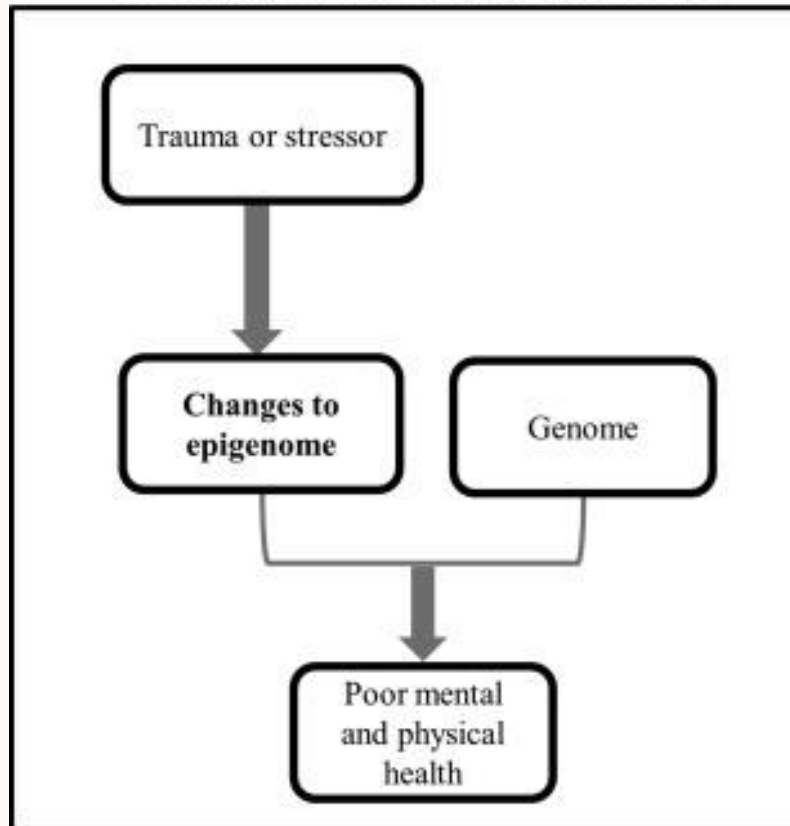
Colonisation as Traumatisation



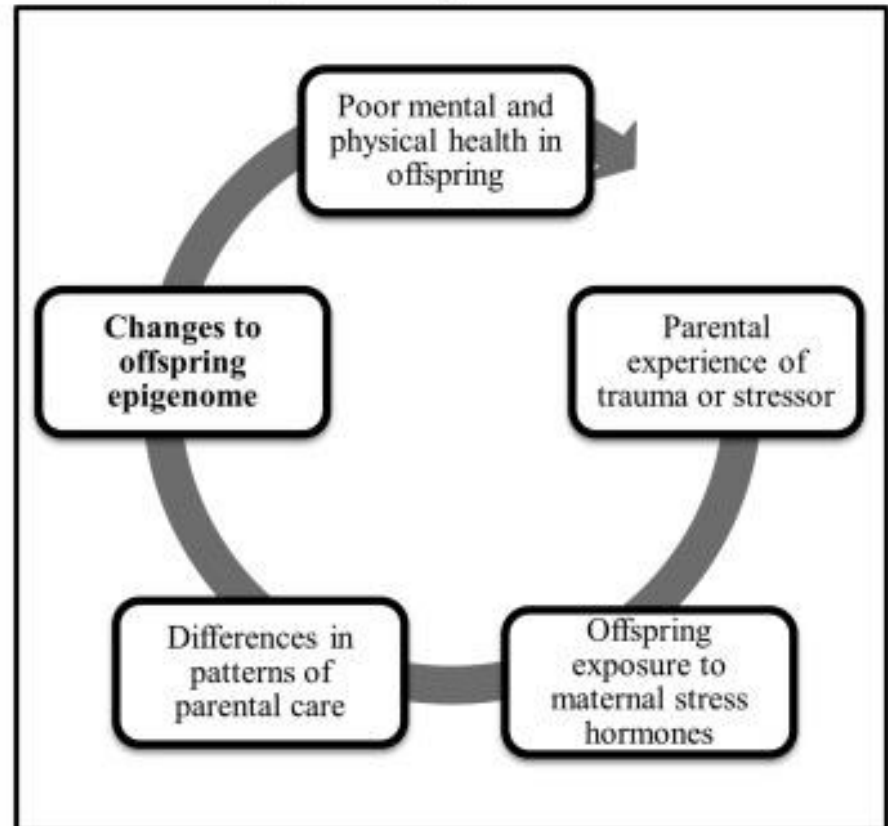
Intergenerational Trauma

Biological Pathways for Historical Trauma to Affect Health

Pathway 1: Individual experience



Pathway 2: Intergenerational effects



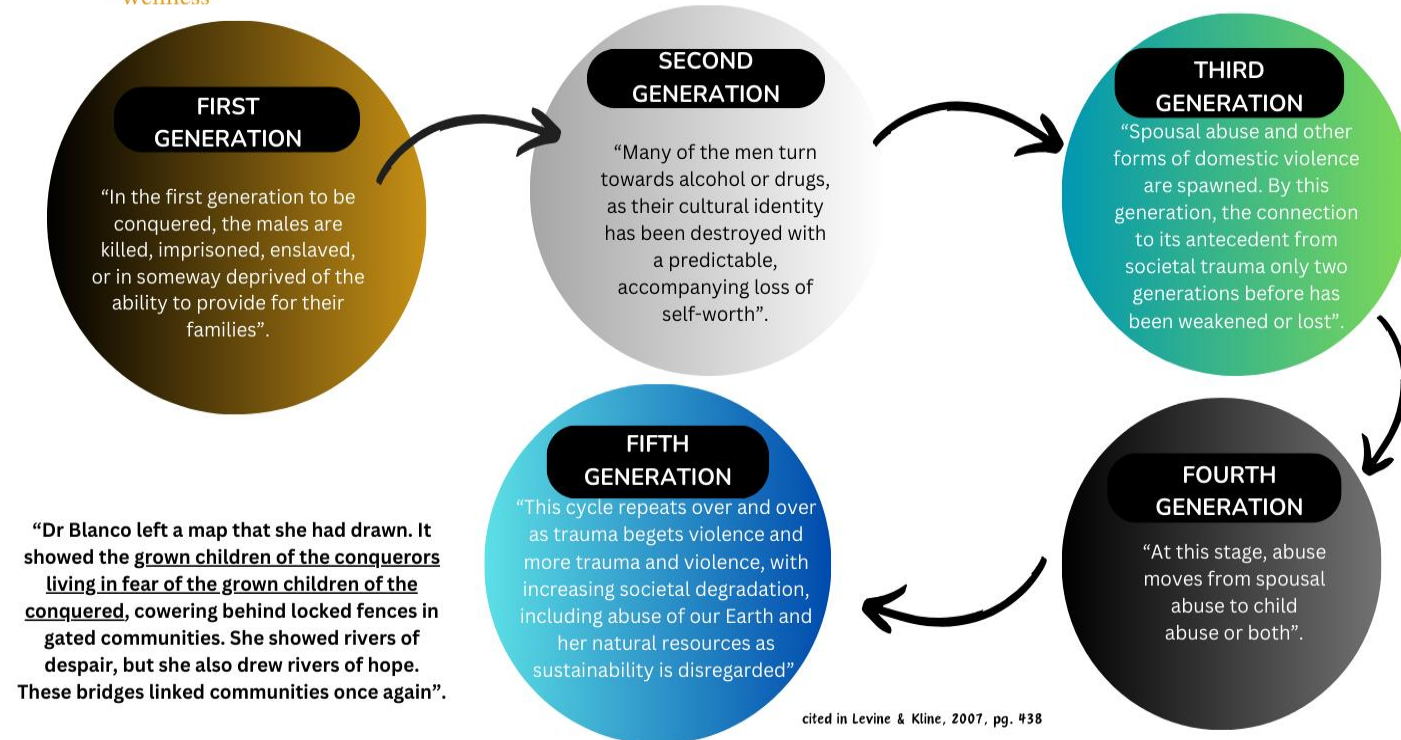
Intergenerational Trauma

- Salzman and Halloran (2004), describe the destruction of cultural worldviews which have sustained Indigenous peoples for millennia;
- a collective experience across diverse cultures and peoples:
- the Yup'ik of Alaska; Navajos and Athabaskan Indians; Hawai'ian Natives; Māori in New Zealand, and Aboriginal Australians,
- all having experienced similar physical, social, behavioural and psychological symptoms (eg high rates of suicide, alcoholism, accidental deaths and intentional deaths, and layers of loss, grief and trauma (p. 233).



Merida Blanco, PhD – Cultural Anthropologist

“The Price Society Pays for Ignoring Cultural Trauma” South America



(Merida Blanco cited in Levine, 1997).



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Common dialogue of Trauma

How can I heal, when I
am always in survival
mode?

If I was to tell you my story, I
would break into a thousand
pieces, and you would never
be able to put me back
together again

What is wrong with
me?
I don't know how to get
through this!

How do I fix the pain I
have caused others
while I was in pain
myself?

How do I find silence
within me, when my
body and my mind is
always screaming?



**Trauma reactions are NORMAL responses to
ABNORMAL situations**

“What’s wrong with you?”

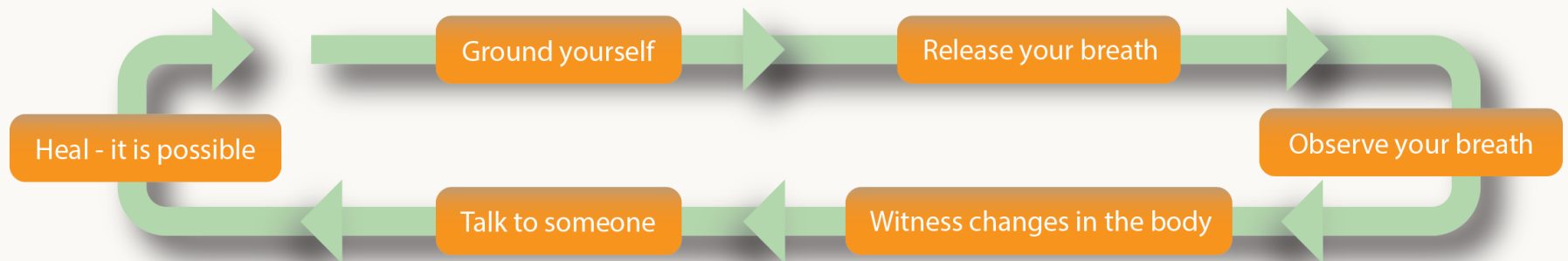
to

“What has happened to you?”



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Self Care – Managing Triggers



Core Principles

1. Understand trauma and its impact
2. Promote safety
3. Ensure cultural competency
4. Support client control
5. Share power and governance
6. Integrate Care
7. Support relationship building
8. Enable recovery



Key Assumptions

1. Realise – Widespread impacts of trauma
2. Recognise – Signs and symptoms
3. Respond – by fully integrating knowledge about trauma into policies and practices
4. Resist - Re-traumatisation of clients and staff
5. Rebuild – Connections to community, kin country, mind and body

How do we rebuild?

Finding and telling our stories

Making sense of our stories

Feeling the feelings

Moving through the layers of loss and grief

Taking ownership of choices

Strengthening cultural & spiritual identities

Regulation begins
when safety is felt

Healing begins when
stories are told



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SEWB Diagram adapted from Gee et al., (2014)



Communities of Care

Communities of Care is the name given to groups of people who live together in small communities, who care for each other, and who work together to meet their own needs, change their own circumstances.

Communities of Practice



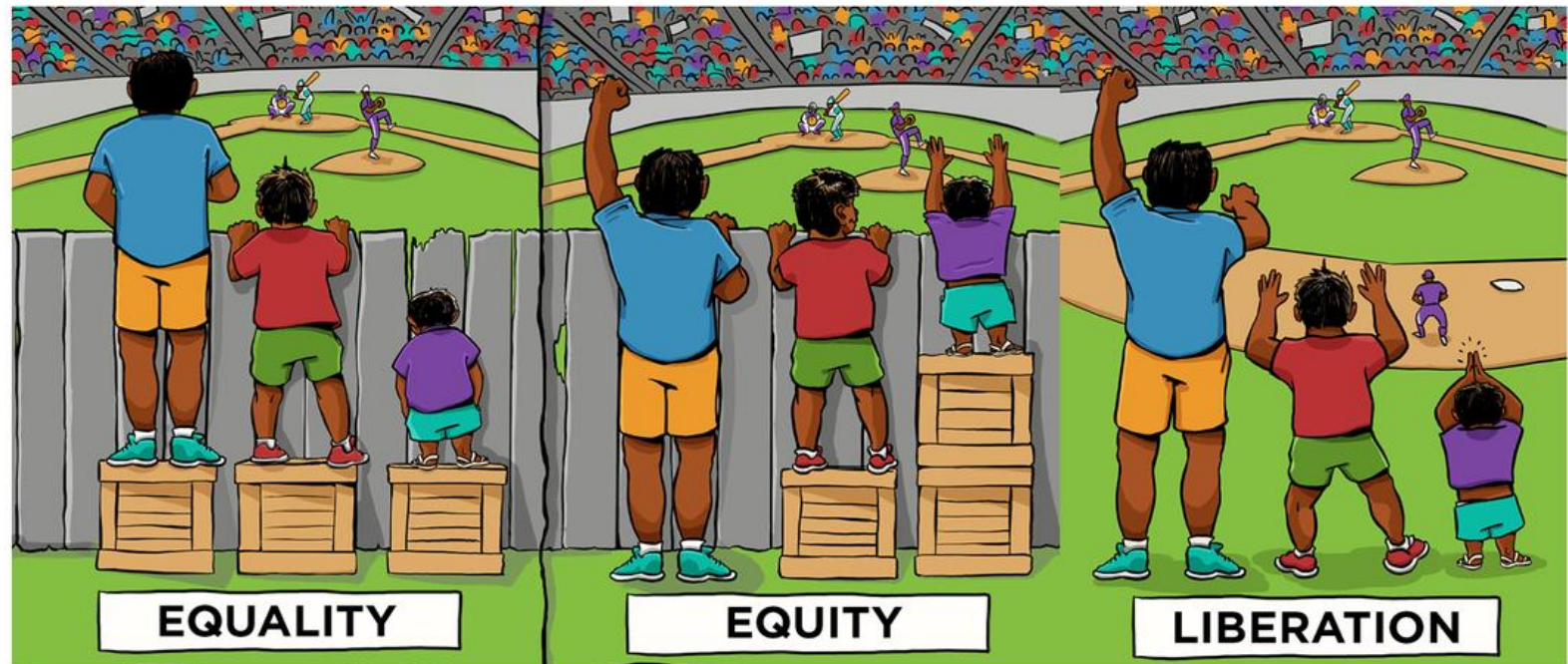
- Communities of Practice are the collection of people who engage on an ongoing basis in some common endeavour generally through professional practice.
- In this case we are referring to the group of practitioners who are employed to deliver services to our communities. They may be doctors, health workers, mental health workers, teachers, etc. They may be non-Aboriginal and Aboriginal people.

Self-Reflective Practice

Inner Reflections

- What is the *Story* that makes me who I am?
- How could the history of colonization, country and community help me to understand myself in that bigger story?
- How can I use these skills to work with others?
- You may not know much, but where and how can you start?
- What personal skills qualities and values do you bring to the workplace in order to maintain cultural proficiency in the organisation?

Don't just tell a different version of the same story.
Change The Story!



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