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

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SENSORIMOTOR CORTEX

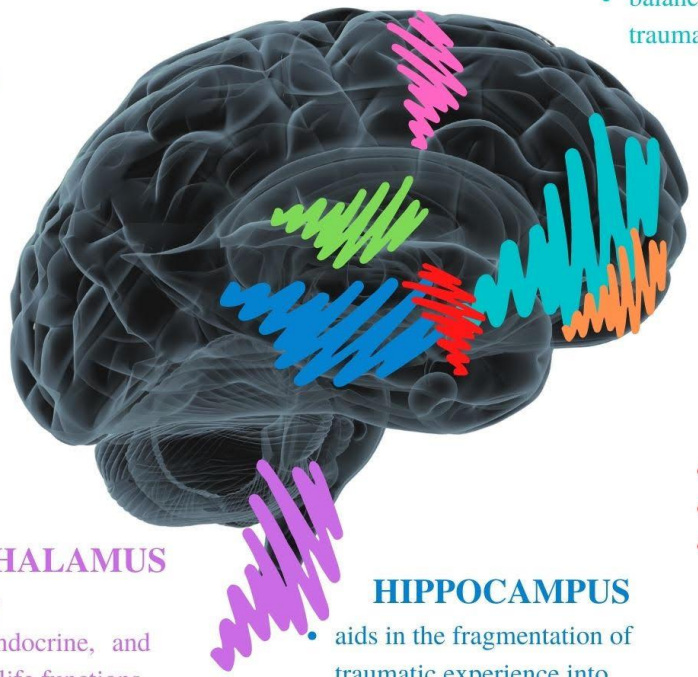
- sensory and motor function coordination
- critical to brain-body balance; in PTSD hyperactivity results in an imbalance in brain-brain coordination

PREFTONTAL 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

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



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

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

HIPPOCAMPUS

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

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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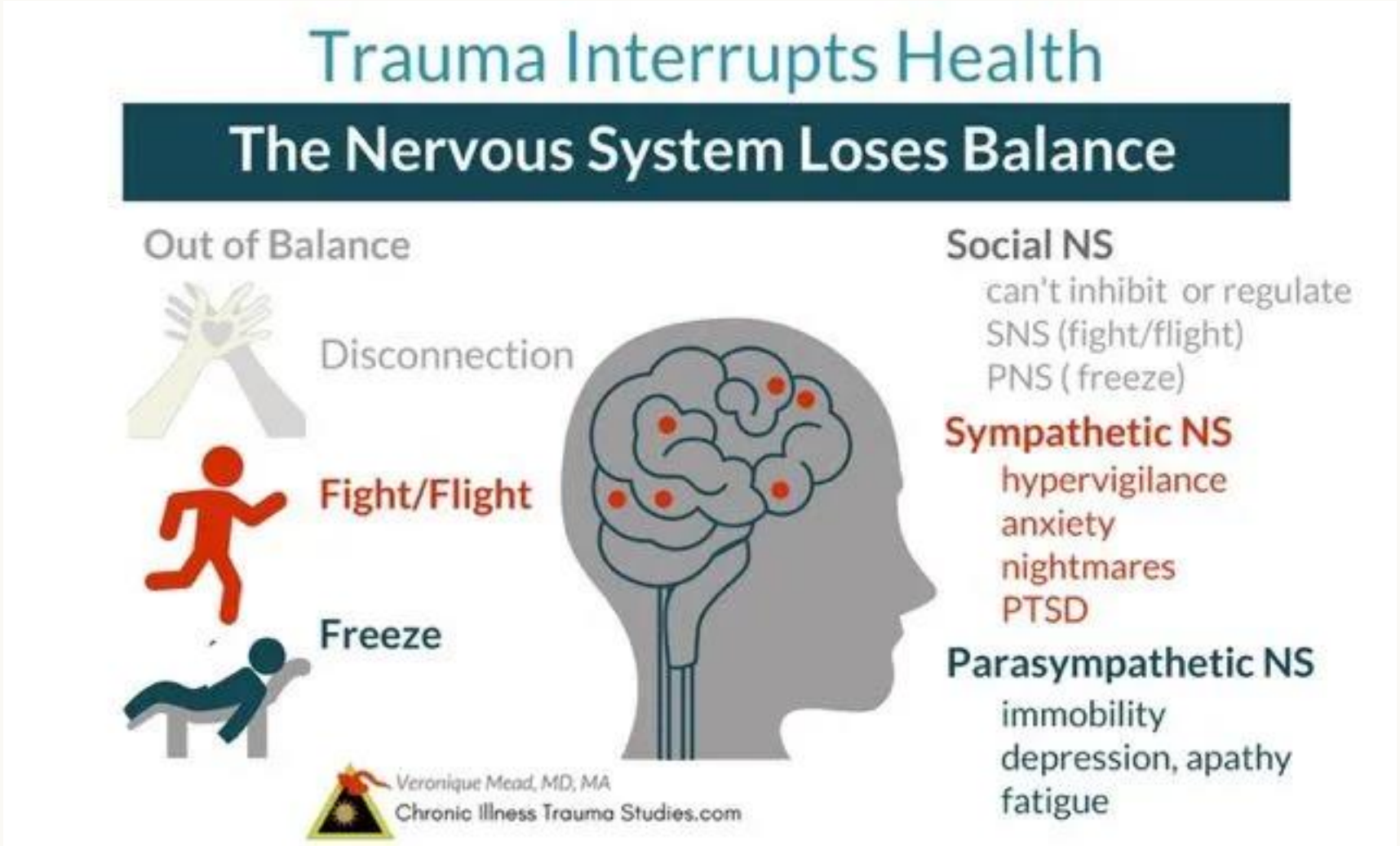
Physiological Impacts of Trauma



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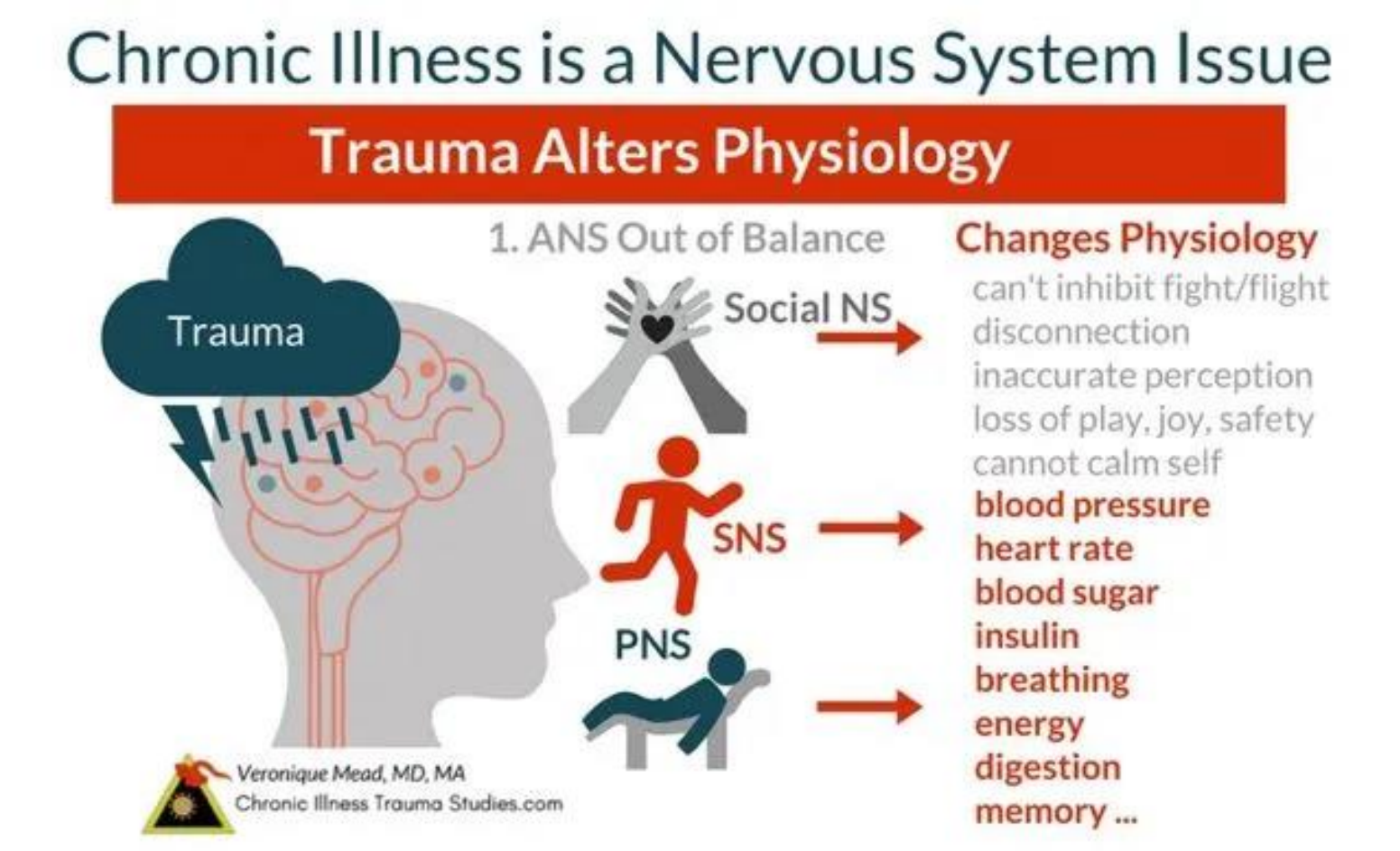

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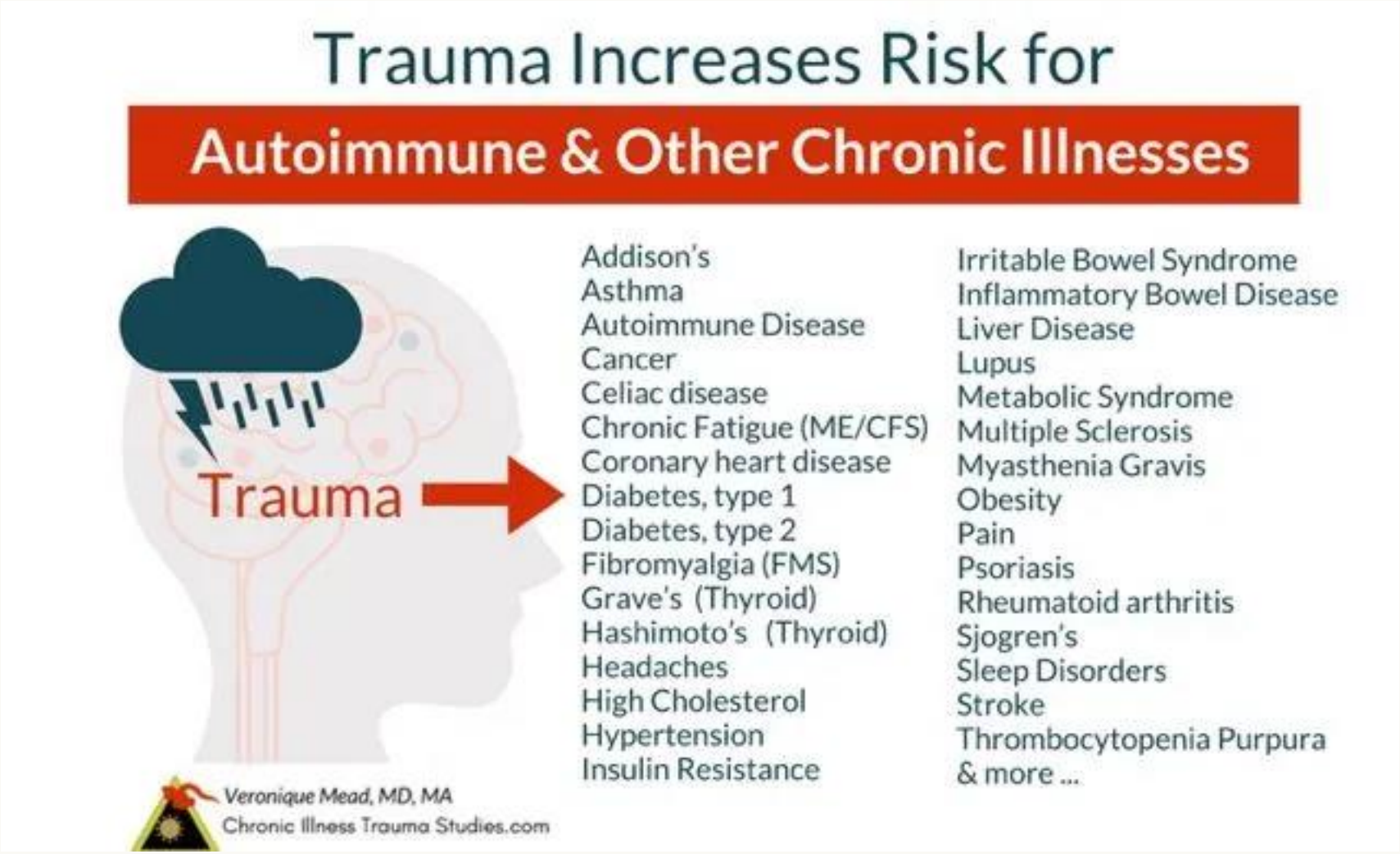

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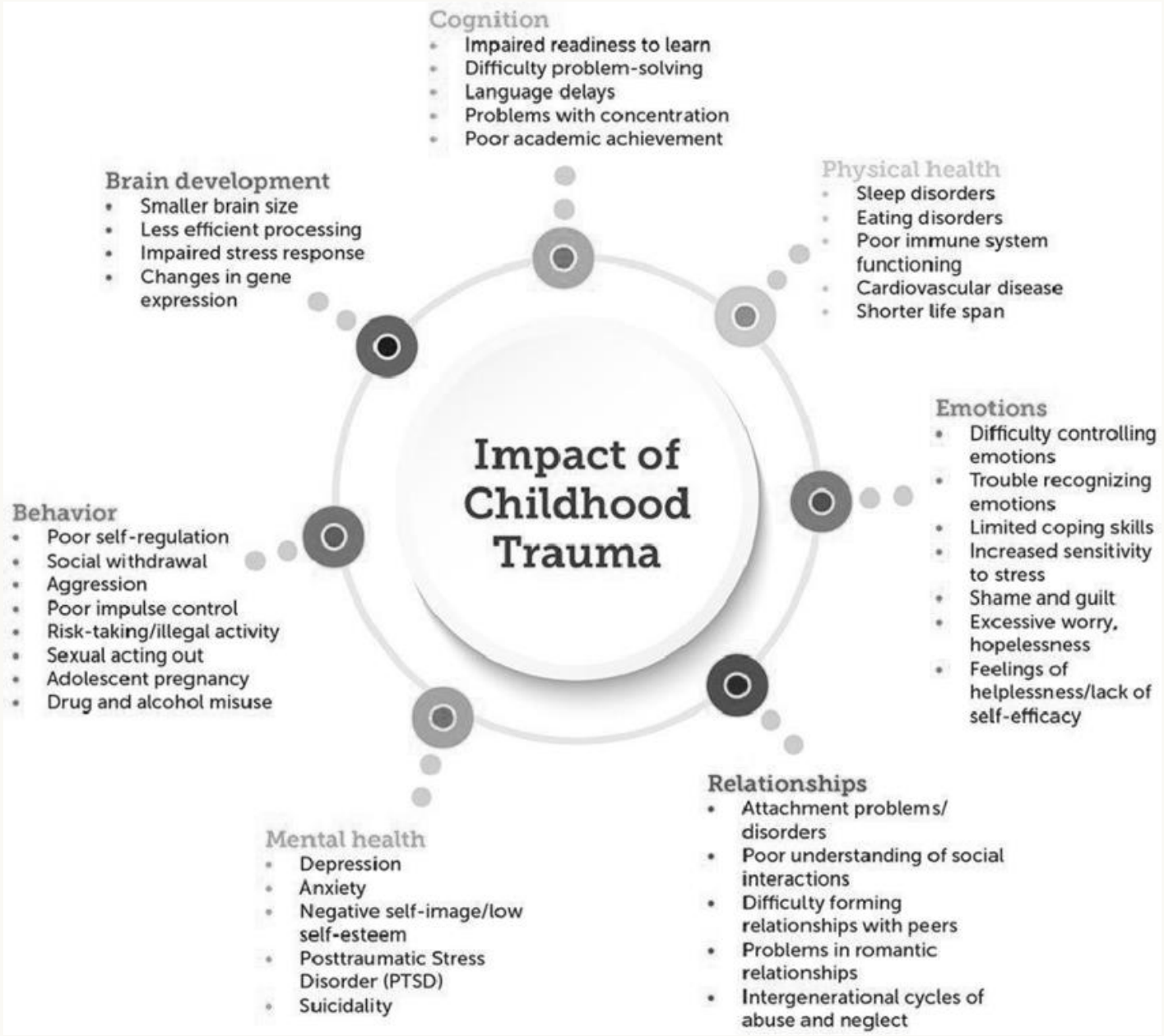

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“Childhood trauma including abuse and neglect is probably the single most important public health challenge … a challenge that has the potential to be largely resolved by appropriate prevention and intervention”

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

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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).

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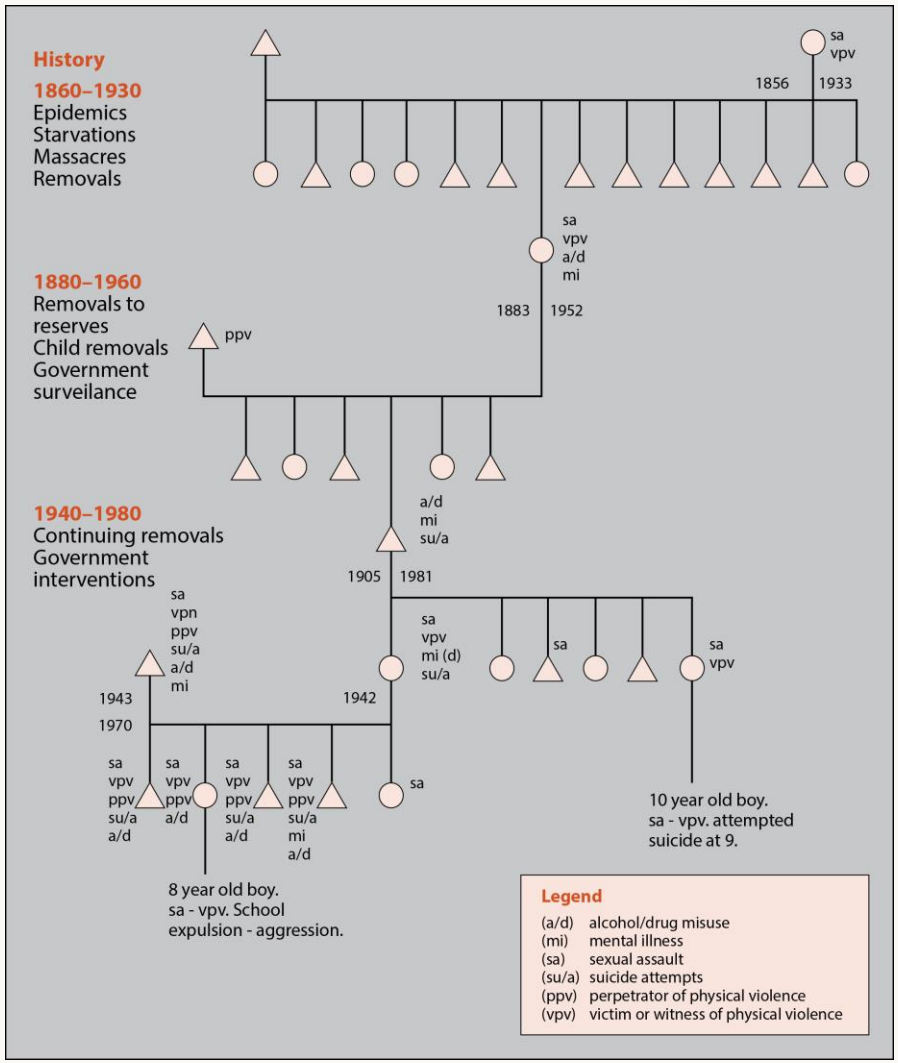
Colonisation as Traumatisation



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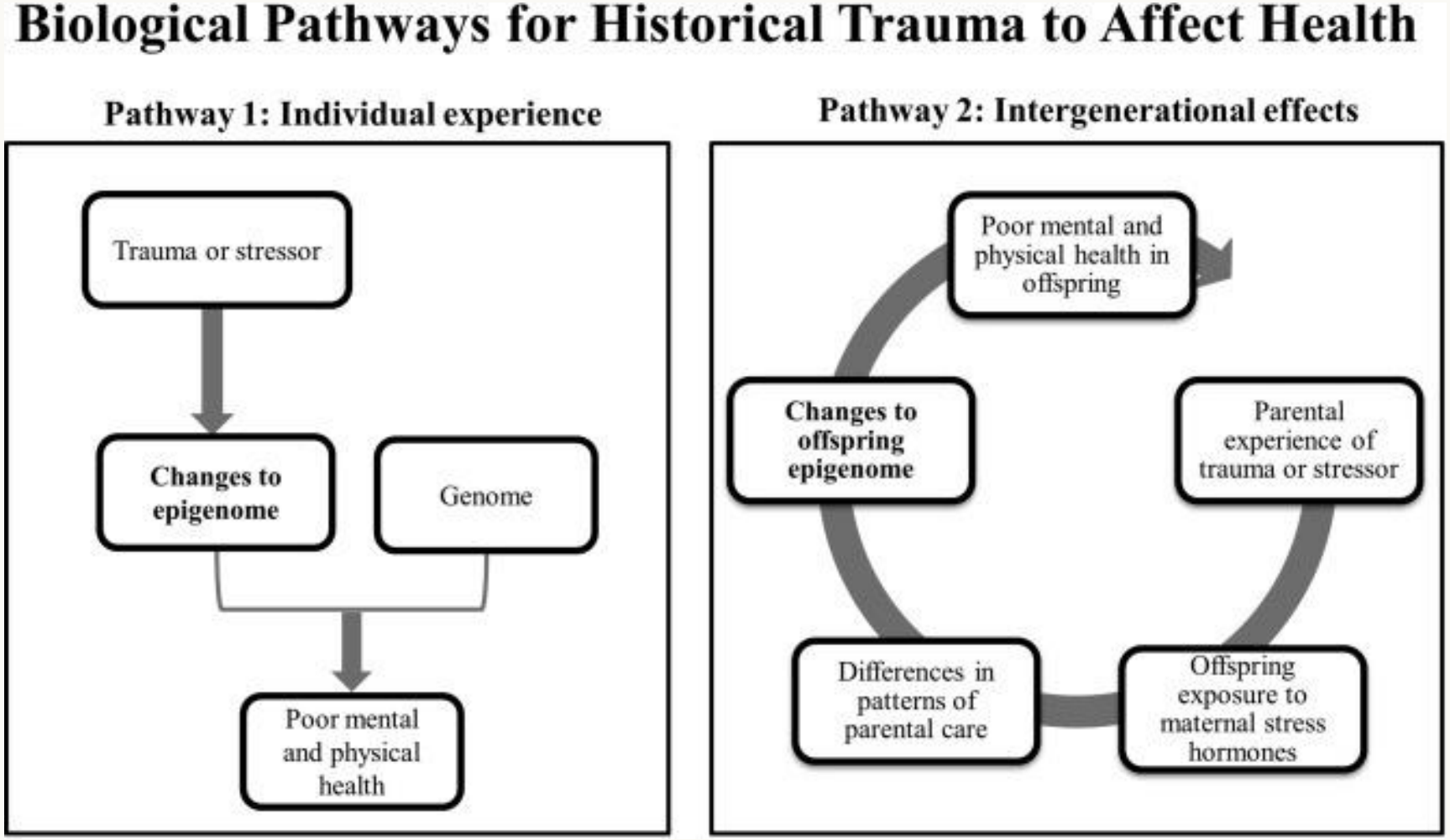
Intergenerational Trauma



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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).

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(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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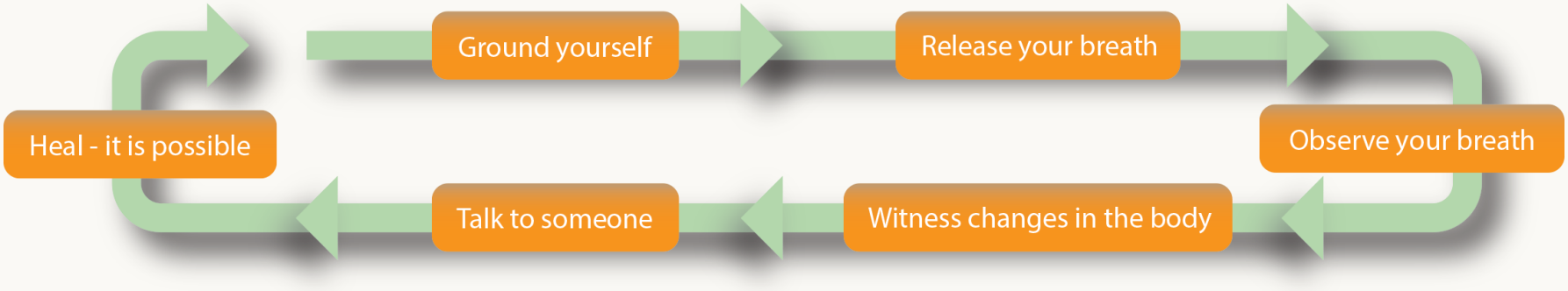
Self Care – Managing Triggers



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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

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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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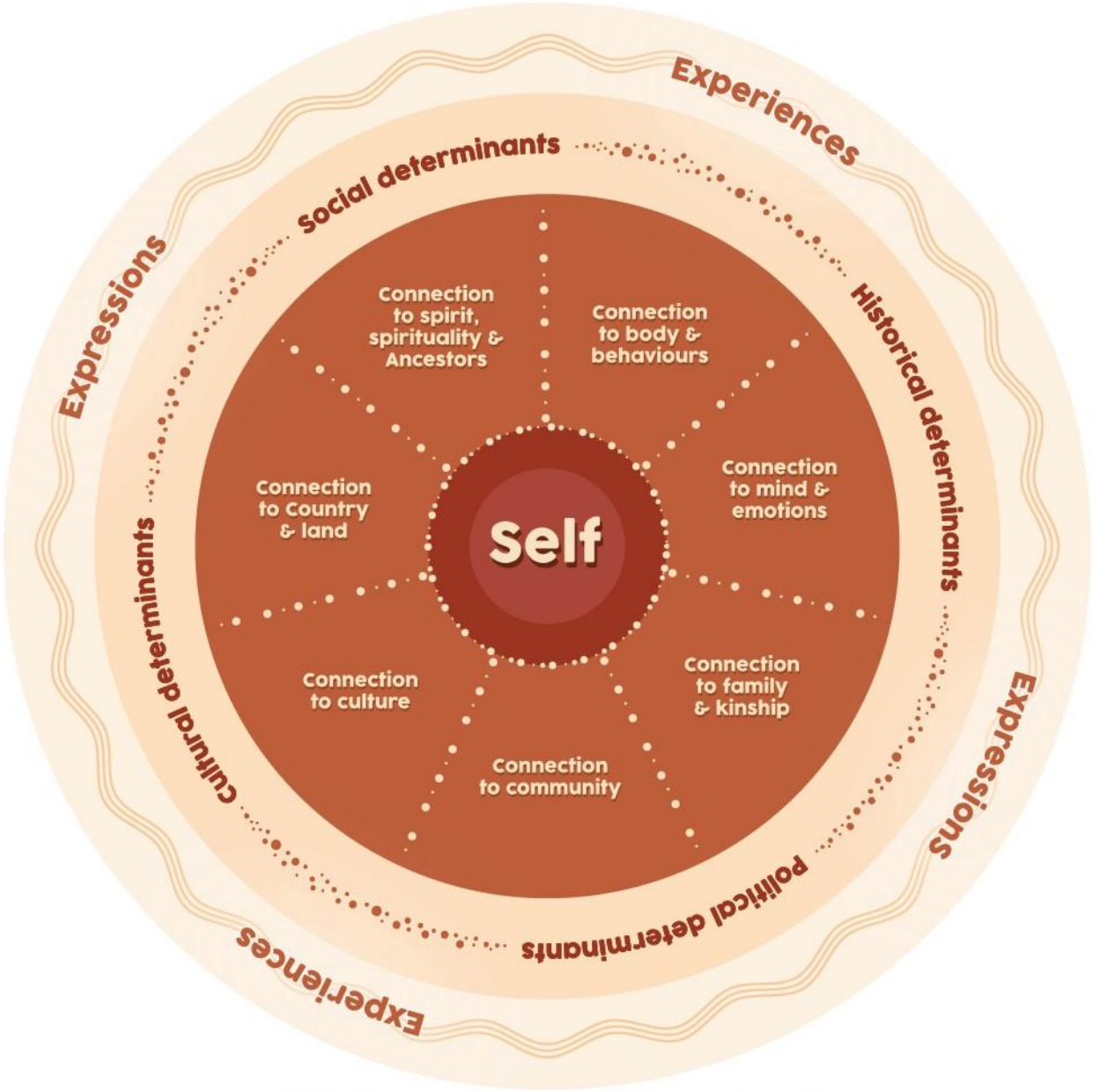

SEWB Diagram adapted from Gee et al., (2014)

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?

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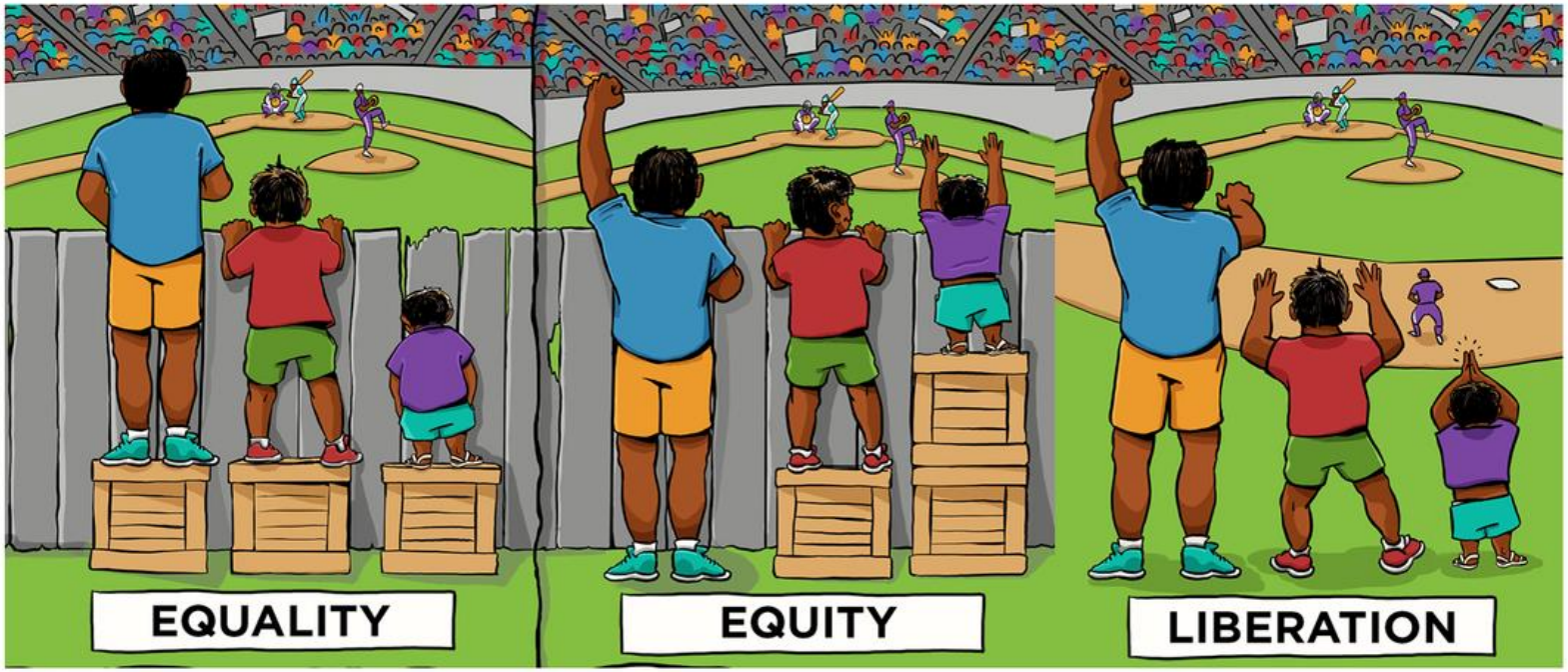
Don't just tell a different version of the same story.

Change The Story!



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