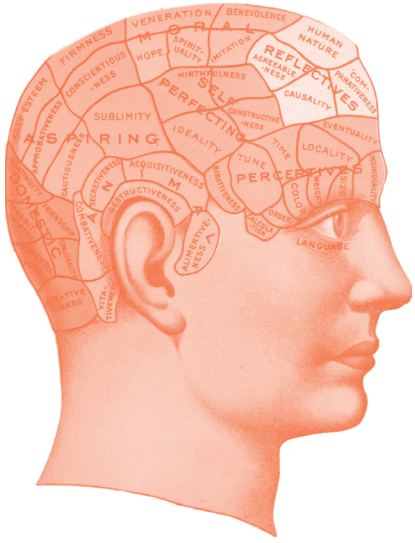
KITSAP strong

Improving the well-being and educational attainment of Kitsap residents, through a focus on empowerment and equity, the prevention of ACEs, and the building of resilience.

ACEs

Adverse Childhood Experiences are traumatic experiences from abuse, neglect, witnessing violence to household dysfunction. They can negatively impact our health throughout the lifespan.



Epigenetics

The expression of our genetic code can change in response to experiences (positive or negative), and some of these adaptations can be inherited by future generations.

Neuroscience

The study of the structure and function of the brain and nervous system.

Executive Function & Self-Regulation

The set of mental skills that helps us manage information, avoid distractions, and achieve goals; composed of working memory (ability to hold, process, and use information), inhibitory control (ability to control impulses and emotions), and mental flexibility (identify alternative options or solutions to tackle a problem).

Toxic Stress

Prolonged, frequent, and/or extreme stress can alter how our brain/body develop & function

Hope

Hope is one of the top predictors of well-being throughout the lifespan. Requires a future-oriented vision/goal both Agency thinking (motivation, belief) and a viable Pathway (process, plan for obtaining a desired goal).

Resiliency

Is built over time through relationships with "caring and competent" people

- can transform a potentially toxic event into a tolerable one, &
- is shaped by our accumulation of experiences, both good & bad, and our continuous development of adaptive coping skills.

Social Emotional Learning

The process through which children/adults acquire & effectively apply the knowledge, attitudes, and skills necessary to:

- understand and manage emotions
- set and achieve positive goals
- feel and show empathy for others
- establish and maintain positive relationships, and
- make responsible decisions.

Safety

Involves setting & keeping appropriate boundaries. SAFETY is taking care of your body and your whole self; physically (safe in your body & in the world), psychologically (safe with yourself), socially (safe with other people), and morally (safe with a guiding value system).

Trauma-informed Care Key Principals

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, & Choice
- Cultural, Historical, & Gender Issues

Trauma-informed Pathway

- Realize the prevalence of trauma
- Recognize how it affects all individuals: customers, professionals, neighbors
- Resist re-traumatization
- Respond by telling everyone, & acting in your own sphere of influence

Positive Stress
Mild/ moderate and short-lived stress response necessary for healthy development.

Tolerable Stress
More severe stress response but limited in duration which allows for recovery.

Toxic Stress
Extreme, frequent, or extended activation of the body stress response without the buffering presence of supporting adult.

Social-emotional buffering, parental resilience early, and or effective intervention

Intense, prolonged, repeated and unaddressed

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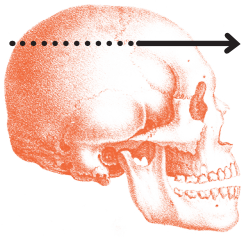
NEUROBIOLOGY TAKEAWAYS

By: Julie Rosenzweig, PhD

Trauma Informed Care Regional Research Institute -2013 Adapted by Stephanie Sundborg

Our brains are malleable. Neural pathways can reconnect or grow. This plasticity is primarily seen in a few brain areas including the hippocampus, which is important for learning and memory.

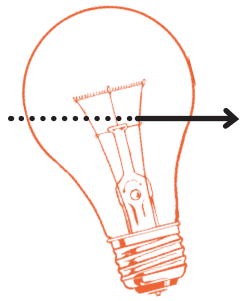


Brain development is use-dependent. What we use gets stronger.

The areas of the brain focused on survival act first and faster than our thinking brain. One important structure is the amygdala, which as the "first responder" initiates the reflexive stress response.

A stress response, although involuntary and automatic, can be based on a learned emotional association, referred to as fear conditioning. The amygdala is a primary brain structure involved in forming and storing fear-conditioned memories.

The amygdala (fight, flight, freeze or appease) in trauma survivors is hyper-vigilant - scanning for danger, seeing danger, sensing threat, reacting to perceived threat or danger. This is (among other things) exhausting.

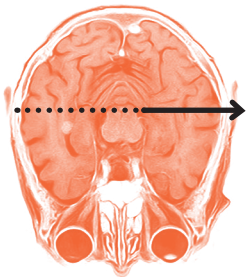


Trauma stress events, especially layers of trauma over time, strengthen our survival neural networks making them quicker to respond.

Memories of trauma are both implicit (activate emotions and senses) and explicit (activate pictures and stories of what happened). Implicit trauma memories are stronger than explicit memories.

Memory involves repackaging fragments of sensory information into a coherent whole. Because the brain areas that provide context are often not working well in traumatic situations, these detached sensory fragments can illicit a stress response even in the absence of threat.

Feeling connected and safe using the right hemisphere precedes reflecting and problem-solving using the left hemisphere.



When we feel threatened or scared, our brains move resources away from thinking and towards survival. Trauma informed or trauma specific work is about reducing the experience of threat (emotional regulation) and restoring the capacity of the prefrontal cortex (thinking, problem solving, planning, inhibiting).

Every interaction the survivor has with a provider system (physical space, intake, case managers or clinicians, assessment procedures and questions, rules and policies, etc.) has the potential either to activate the trauma response or not. When we fail to re-activate the trauma response, we invite the frontal lobe back on line and enhance emotional regulation and rational thought/ behavior. Positive interactions, which create safe context and connection are foundational to changing maladaptive brain patterns.

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