



The slide features a light gray background with blue and gold geometric patterns on the sides. At the top, the title "WIRED FOR CONNECTION" is written in a mix of blue and gold fonts, with a blue hand pointing to the right and a gold hand pointing to the left. Below the title, the text "UNDERSTANDING TRAUMA" is displayed in blue. Further down, the date "June 2024", the author's name "Carolyn Klassen", and the website "CarolynKlassen.com" are listed. The Sante Sud logo, which includes the text "Southern Health" and "Sante Sud" with a stylized human figure, is positioned in the bottom right corner.

WIRED FOR CONNECTION

UNDERSTANDING TRAUMA

June 2024  
Carolyn Klassen  
CarolynKlassen.com

Southern Health Sante Sud

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This slide has a light gray background with blue and gold geometric patterns on the sides. On the left, there is a QR code with the text "SCAN ME" below it. To the right of the QR code, the text reads: "For slides and resources, and to sign up for the 'Wired for Connection' newsletter!" followed by the URL "https://carolynklassen.com/speaking/southern-health-sante-sud-trauma/".

SCAN ME

For slides and resources,  
and to sign up for the  
"Wired for Connection"  
newsletter!

<https://carolynklassen.com/speaking/southern-health-sante-sud-trauma/>

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Heart/Soul Acknowledgement

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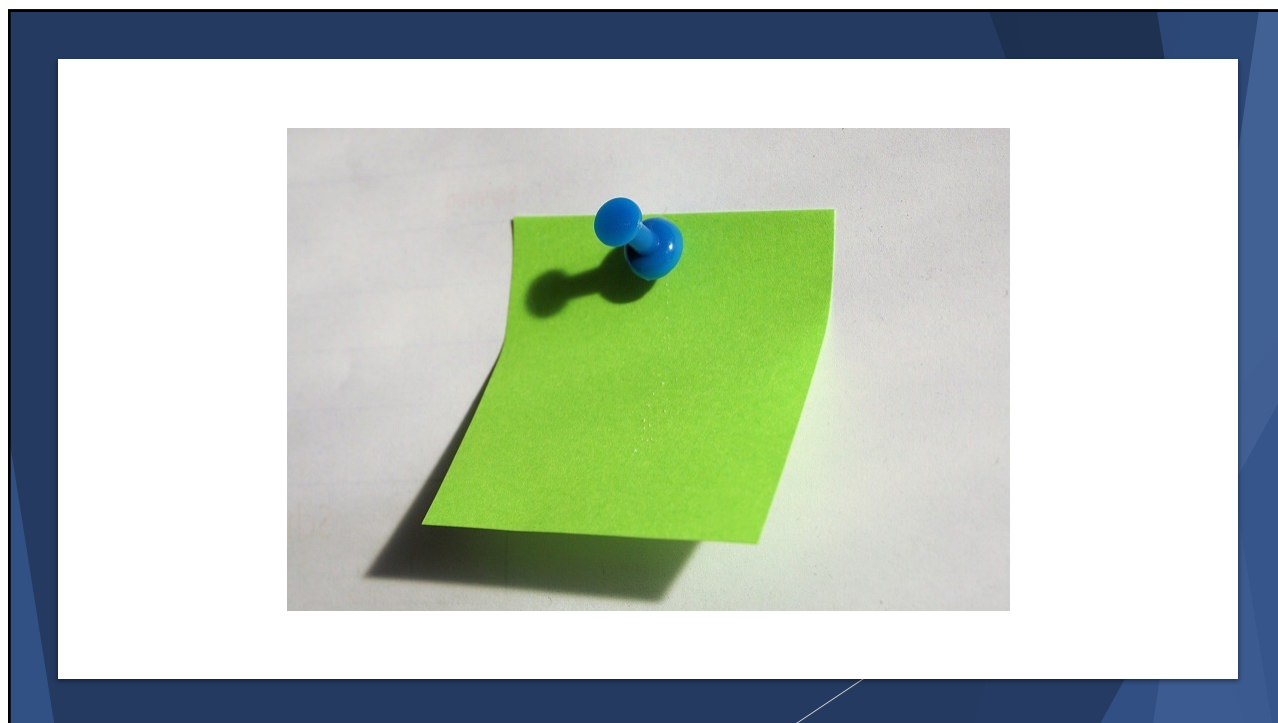
## Trauma: working from a trauma informed framework

1. Teaching about trauma
2. Understanding universal trauma informed care

Not comprehensive: focus will be on clinical understanding and clinical application

In line with experts and researchers, but will be clinically based, rather than research based

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**Trauma Warning**

- ▶ Take care of yourself
- ▶ Please

The slide features a dark blue background on the right side where the text is located. On the left, there is a large blue warning triangle icon with a white exclamation mark inside. The background has a geometric pattern of overlapping blue and grey shapes.

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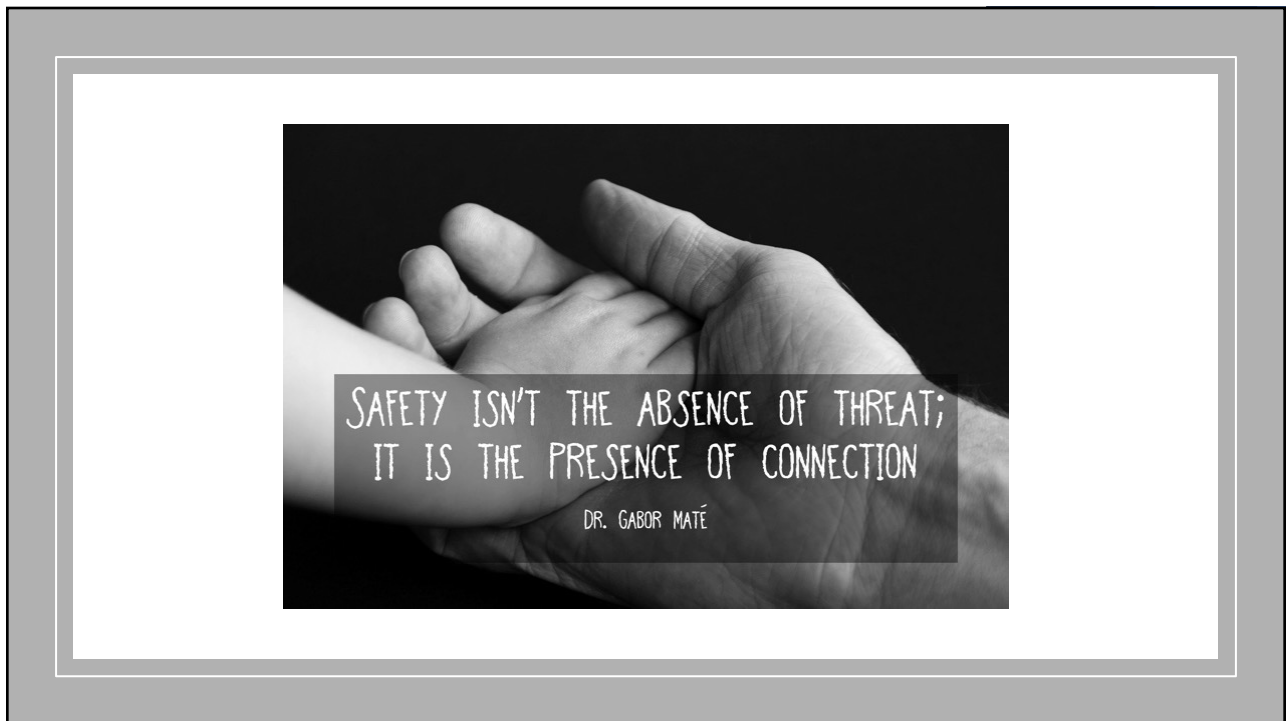
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## Biological effects of sympathetic nervous system arousal

- ▶ Pupils dilate
- ▶ Muscles tense
- ▶ Heart rate acceleration
- ▶ Blood constriction in core, dilation in limbs and near heart
- ▶ Secrete epinephrine, cortisol and norepinephrine
- ▶ Inhibits digestive and intestinal motility, decreased saliva
- ▶ Inhibits reproductive functions (i.e. sexual response)
- ▶ Increased respirations
- ▶ Inhibits immunity
- ▶ Glucose release
- ▶ Reduced perception of pain

...can take 10-20 minutes to return to stasis

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## Biological symptoms of dorsal vagal shutdown –freeze and faint/collapse

- ▶ Numbness
- ▶ Dissociation
- ▶ Overwhelm
- ▶ Depression
- ▶ Immobility
- ▶ Reduced heart rate
- ▶ Blood pressure dip
- ▶ Temperature regulation decreases
- ▶ Lowered immune response
- ▶ Less social awareness of eye contact, intonation

“The emergency brake” shutdown

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# Prefrontal Cortex is taken off line

We lose our intellectual capacity

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## Biological realities of ventral vagal nervous system—"tend and befriend" and "rest and digest" –parasympathetic system

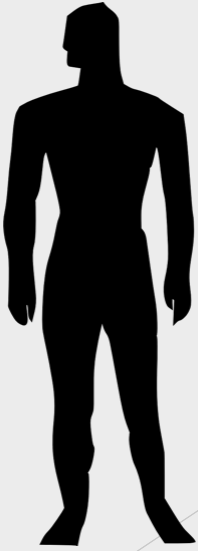
- ▶ "Open heart"
- ▶ Ability to nuance energy-"window of tolerance"—facial expression, vocalization, listens well
- ▶ Good digestion
- ▶ Good immune function
- ▶ Muscles relax
- ▶ Decrease cholesterol
- ▶ Increase serotonin
- ▶ Stimulates reproductive functions
- ▶ Mental and emotional flexibility

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**BECAUSE  
TRAUMA IS  
STORED IN THE  
BODY ...**

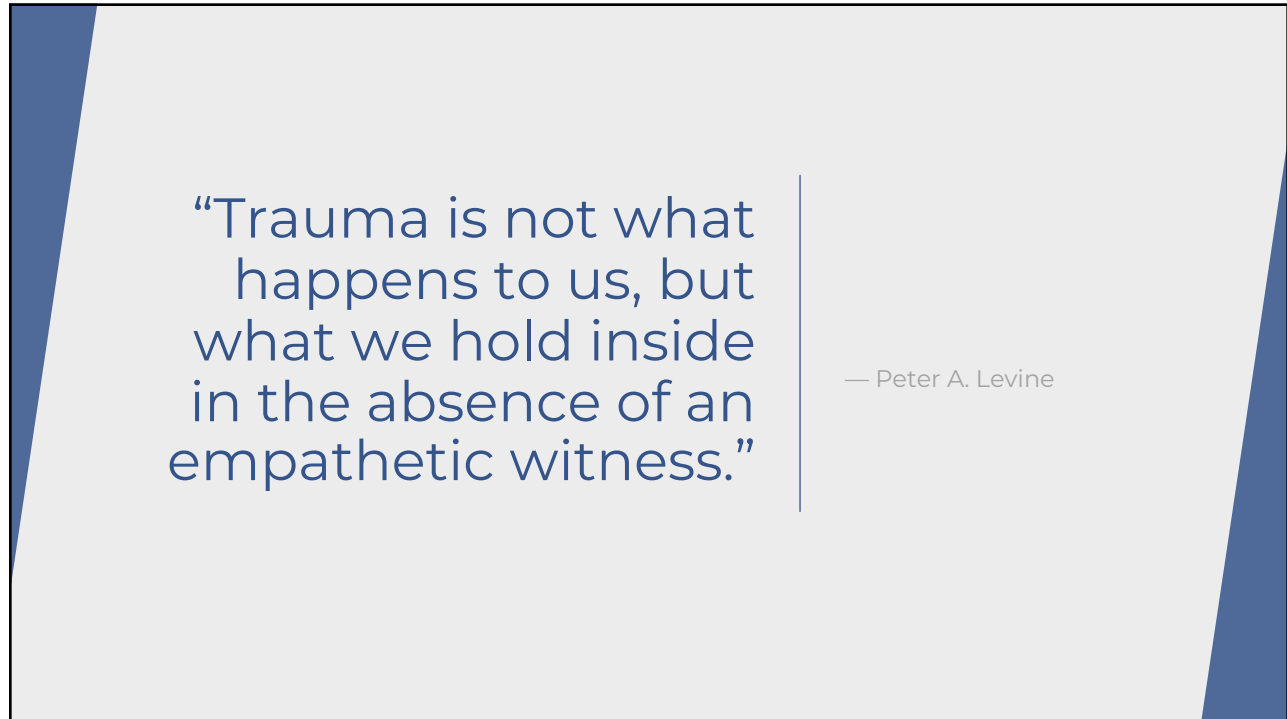
Allied health are uniquely able  
to notice it, be impacted by it,  
and influence it.



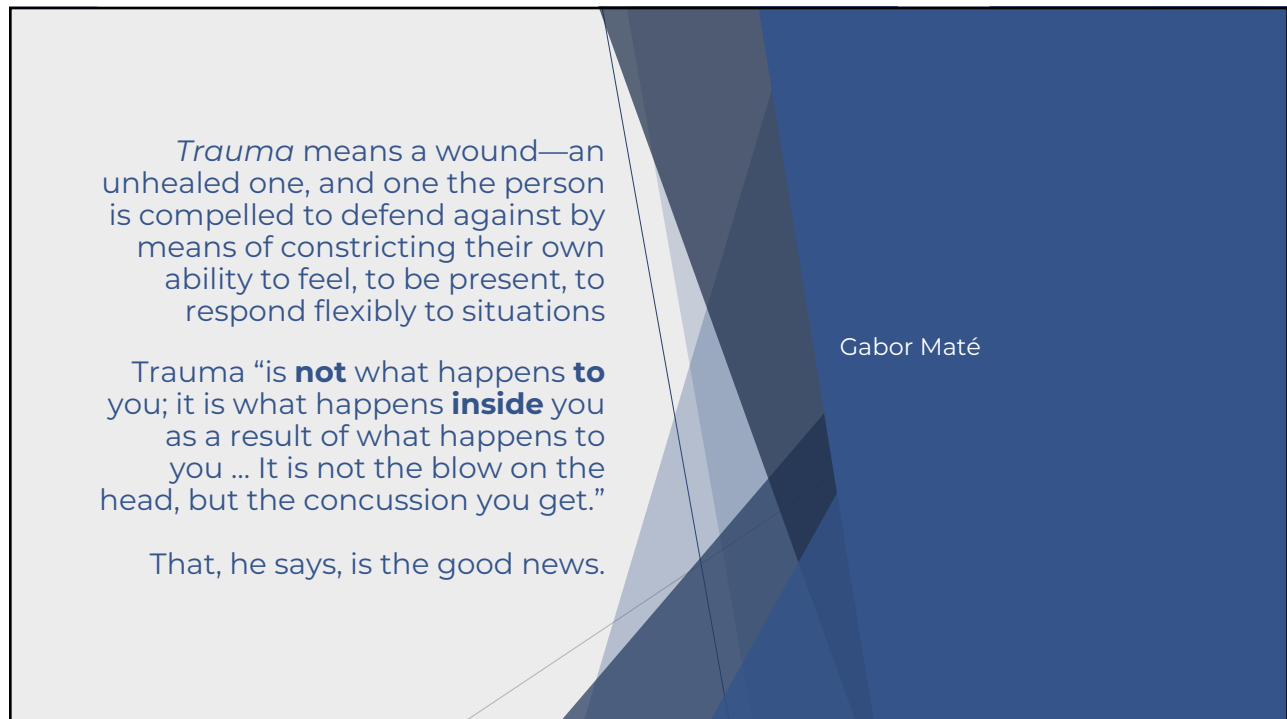
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What is trauma?

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“Too much, too fast and/or for too long”

EMDR Roy Kiessling,  
EMDRIA

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### Trauma:

- ▶ Is subjective
- ▶ We are not able to judge if something will be/is traumatic or not.



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# Trauma Response types

Flight, Fight, Freeze (Shut Down), Fawn/Appease

What do these look like clinically?

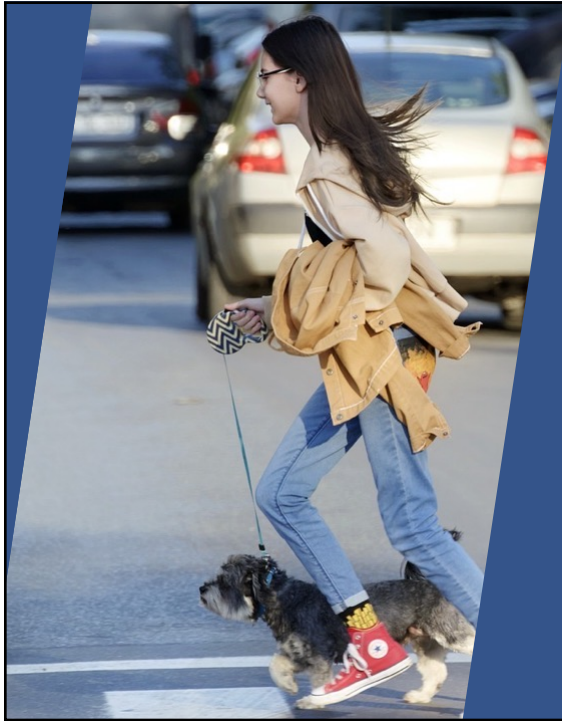
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## Fight

- Being adversarial on the phone or at the appointment
- Belligerent—angry about appointments
- Rolling eyes, huffing deeply
- Disagreeing with you
- Being offended and demanding an apology at something you've said/done (and you may have done it a dozen times before without issue)
- Rejecting empathy

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## Flight

Getting out of the appointment as quick as possible.

Leaving early

A lifestyle that isn't just busy, it's frenetic and relentless

Running away from issues and problems by focusing on someone else's problems

"Look! Squirrel!"

Not even showing up

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## Freeze

Distracted

Blank stares

Short or no responses

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## Shut down

- Lack of motivation
- “lazy”
- Slow moving
- Difficulty getting out of bed
- Difficulty accomplishing basic tasks (even desired ones)
- May be recognized clinically as “depression”

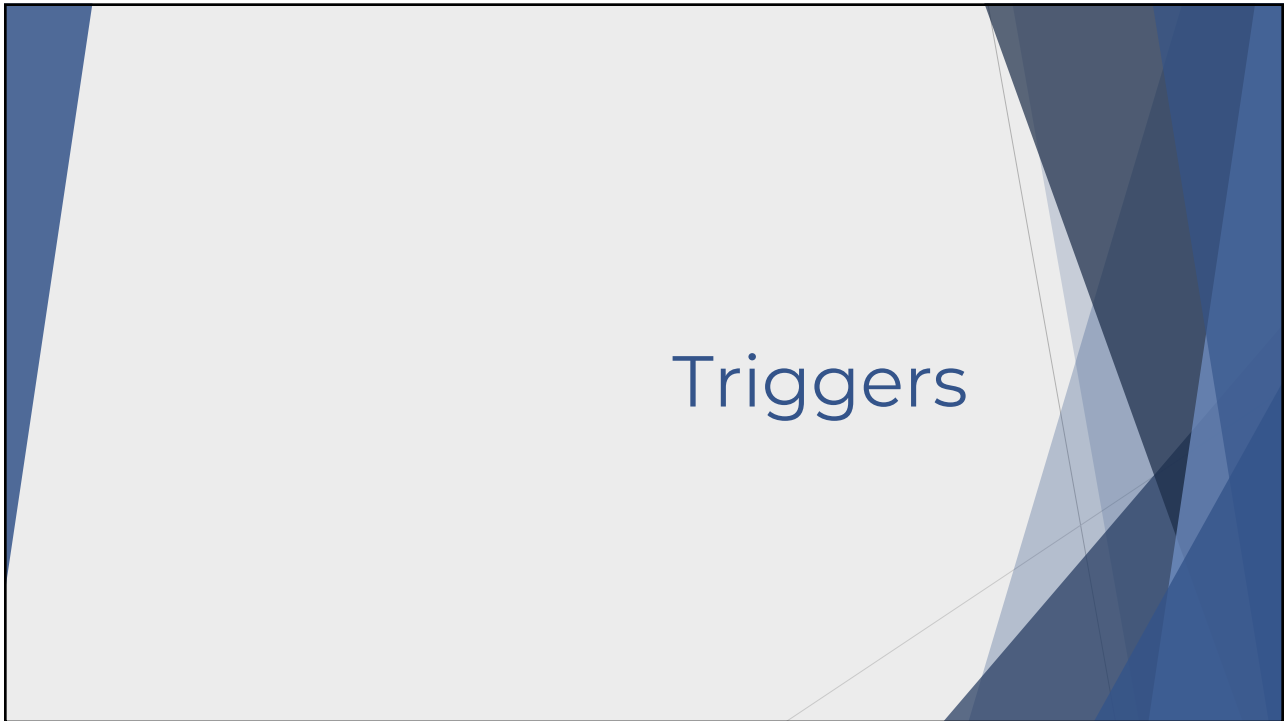
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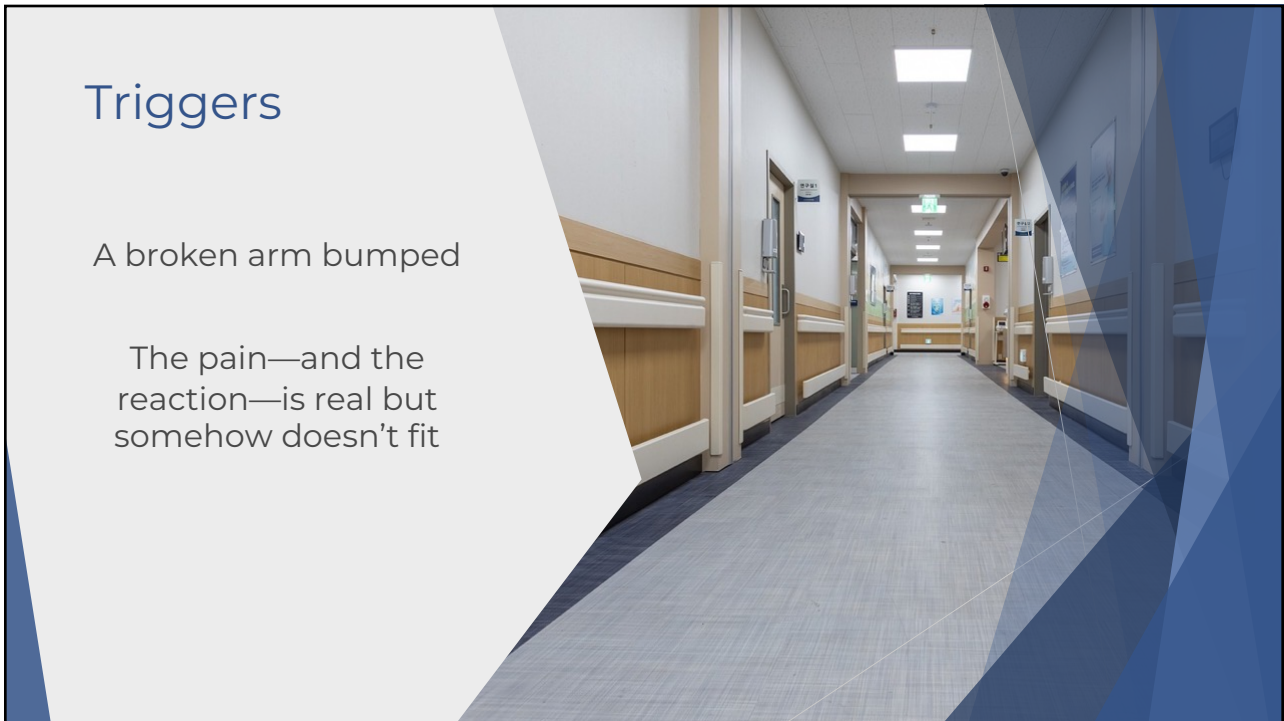
## Appease/Fawn

- Nodding and smiling always as the default response (and then follow through may or may not happen)
- Cooperating with everything you ask or say while in the appointment—and not giving you the information that what you are suggesting is impossible or inappropriate
- Allowing themselves to be hurt by you and not telling you (and then you've become an unsafe person)
- Telling you that they followed the program or took the medication (even though they didn't—and you know it)

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## Discussion

- ▶ What triggers you?  
What hooks you?  
What sets you off?
- ▶ How do you notice  
you are triggered?



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## Triggers are a form of projection

- ▶ The feelings are real but not based on the present
- ▶ Triggers are a trauma response.
- ▶ They are difficult to understand because they are an outsized reaction (or undersized reaction) to something that is happening now.
- ▶ One of the F/F/F/F responses will happen.
- ▶ **Generally, not with insight that it is a trigger.**

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## Triggers

The memory isn't acting as a memory.

The trauma is being re-experienced.

The past is present

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## Triggers

- ▶ Present themselves in your practice regardless of where you practice.



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## Triggers

- ▶ Do not politely announce themselves as "triggers"
- ▶ They express themselves as trauma response: flight, fight, freeze, fawn/appease
- ▶ A posture of generosity and clinical awareness holds open the possibility of triggers
- ▶ Hint: (beginning of trauma informed care)



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## The Day to Day of living with trauma

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## Symptoms of living in trauma

- Shame
- Anxiety and guilt
- Feeling helpless or vulnerable
- Low self-esteem
- Depression
- Higher chances of suicide
- High rates of heart disease
- Substance abuse
- Relationship troubles
- A hard time controlling aggressive feelings
- Extreme reactions to stress
- Damaged cultural identity (the sense of belonging to a larger group)
- Hypervigilance

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This slide features a dark silhouette of a leafless tree on the left side against a light background. The right side has a light gray background with blue geometric shapes. The text is in a blue font.

Types of trauma-**Developmental** trauma:

What happens during the time of development, over the years.

What did we learn about how safe our world is?  
What are the implicit messages about our value?

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This slide has a dark blue background on the left and a light gray background on the right. The text is white. On the right, there is a graphic of an orange t-shirt with the text 'Every Child Matters' in white, set within a teal circle.

Cycle of trauma from residential schools lasts for generations

Every Child Matters

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Developmental trauma: not only what happened but what **didn't** happen

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## Adverse Childhood Experience (ACE) scores

- ▶ Five are personal
- ▶ Five are related to other family members
- ▶ Doesn't ask about many experiences that could be traumatic for children
- ▶ Doesn't track for mitigating resource factors.
- ▶ Doesn't account for this: the most common factor among children who show resilience is at least one stable and responsive relationship with a supportive adult.

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## ACES inventory implications

- ▶ people with an ACE score of 4 are twice as likely to be smokers and seven times more likely to be alcoholic.
- ▶ a score of 6 or higher actually places you at risk of dying- up to 20 years prematurely
- ▶ the odds of seriously considering suicide or attempting suicide in adulthood increased more than threefold among those with three or more ACEs.
- ▶ People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, and more autoimmune diseases.

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## Preconscious/ Precognitive trauma

You don't need language to remember pain



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Historical trauma  
Multigenerational trauma  
Blood Memory

Ask me about mice and cherry blossom smell!

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Memory in trauma

- ▶ Explicit
- ▶ Implicit

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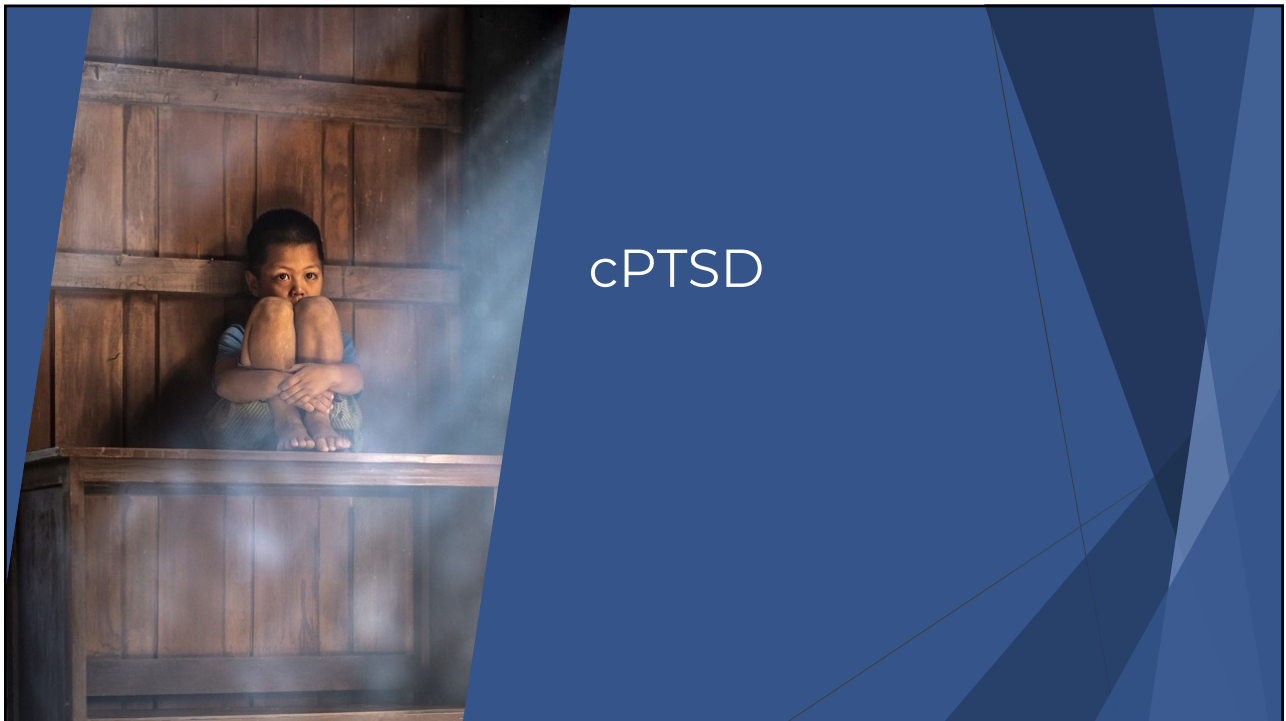
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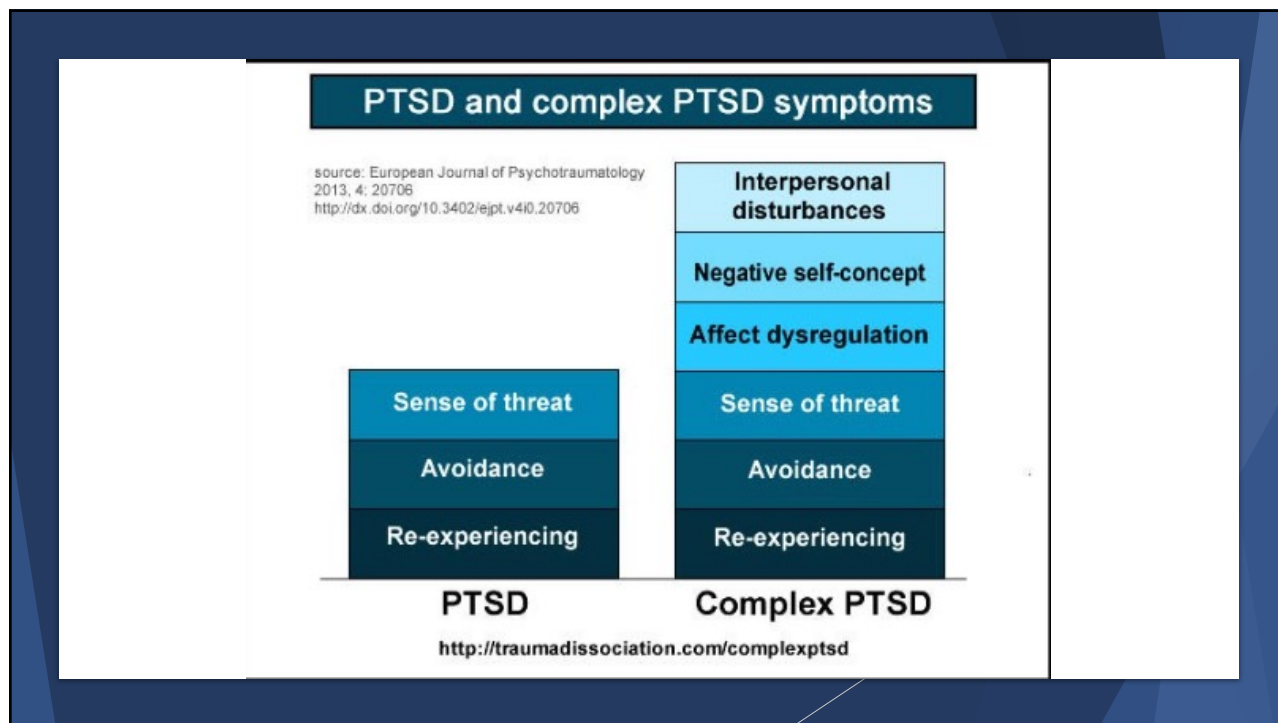
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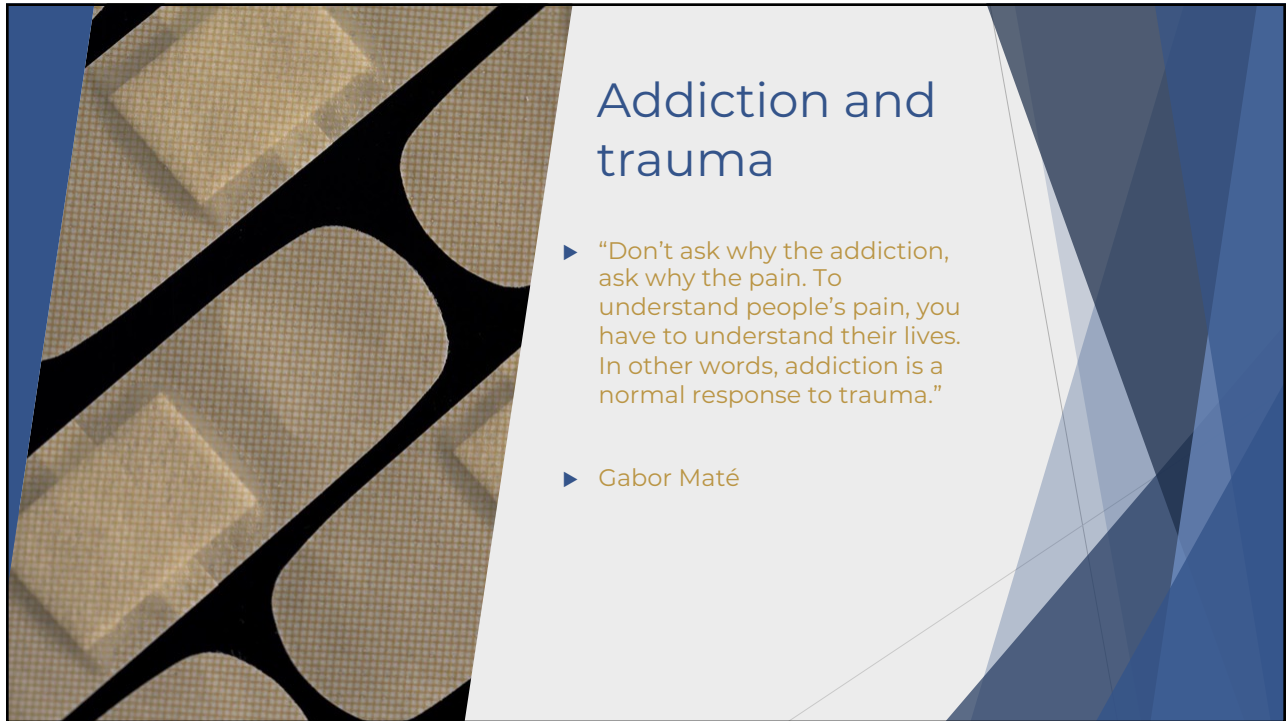
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# Addiction and Trauma

“The opposite of addiction isn’t sobriety, the opposite of addiction is connection”

Johann Hari

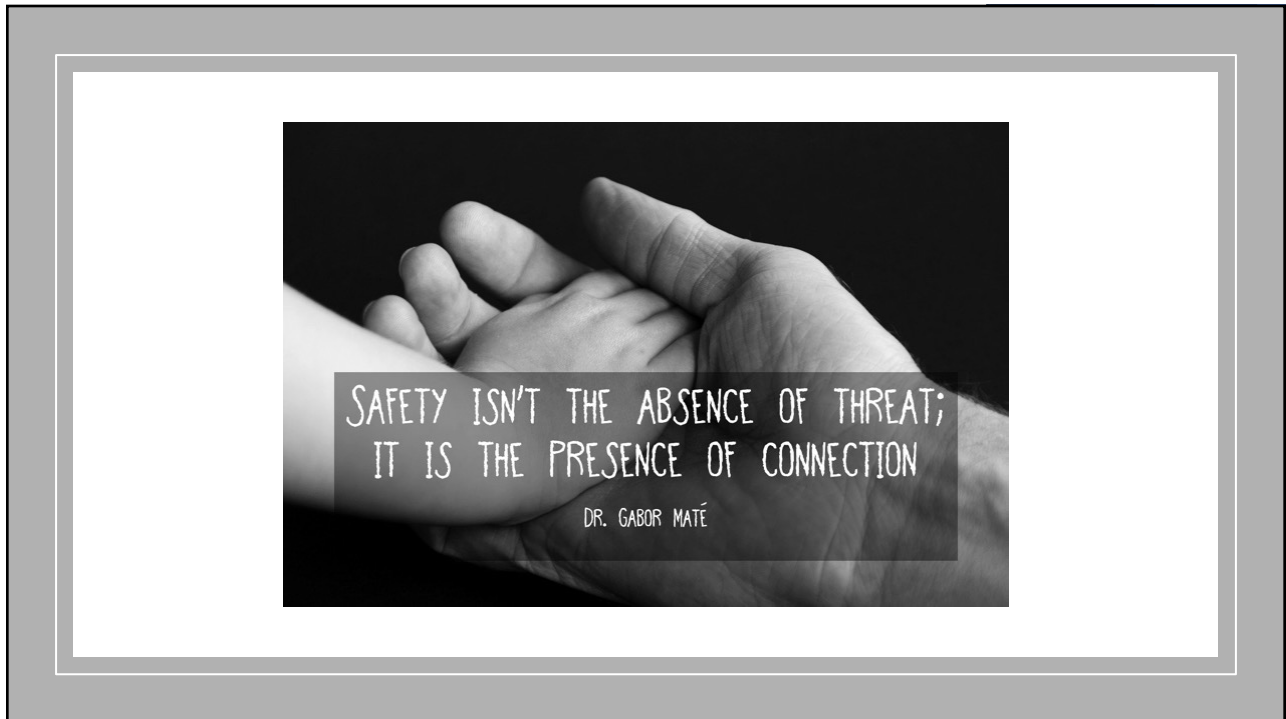
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## Addiction and trauma

- ▶ “Don’t ask why the addiction, ask why the pain. To understand people’s pain, you have to understand their lives. In other words, addiction is a normal response to trauma.”
- ▶ Gabor Maté

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SAFETY ISN'T THE ABSENCE OF THREAT;  
IT IS THE PRESENCE OF CONNECTION

DR. GABOR MATÉ

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## Trauma is binary:

- ▶ stay or go,
- ▶ yell or submit
- ▶ run or endure
- ▶ Attend dangerous situation or stay away
- ▶ Trauma response is subcortical
- ▶ Trauma is "on or off"
- ▶ Trauma lacks nuance

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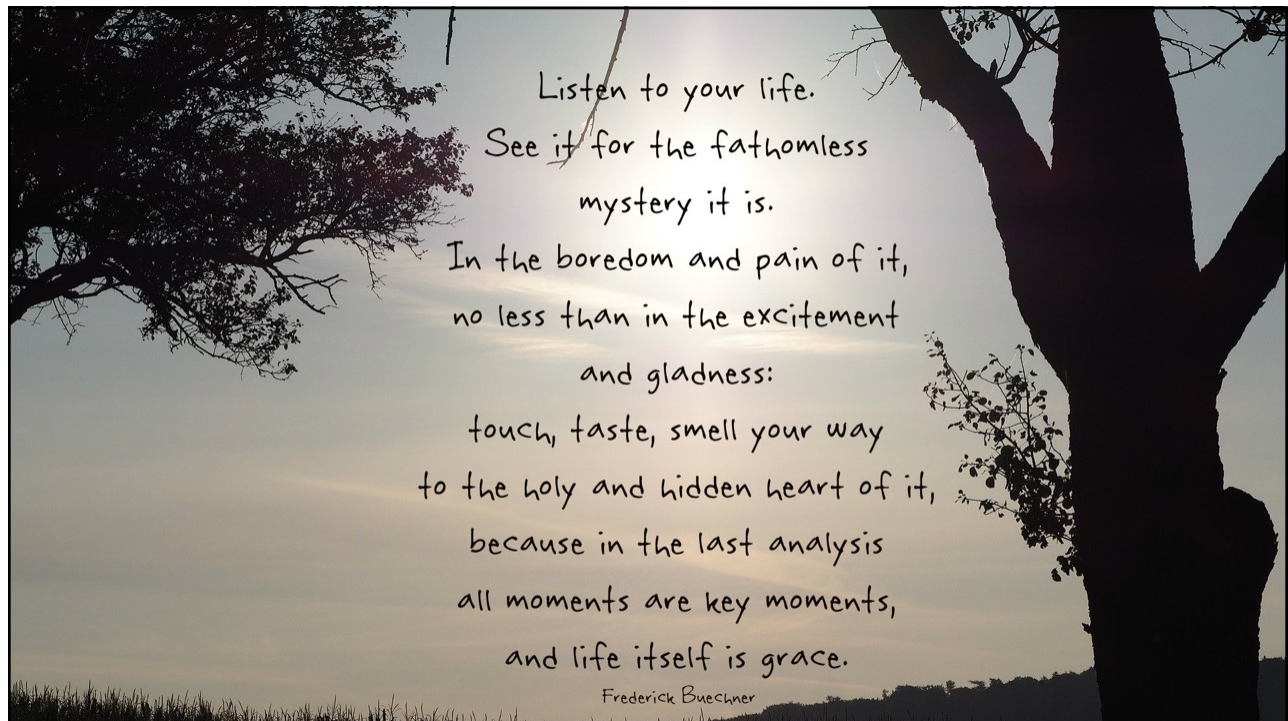
## Trauma cannot:

- ▶ Advocate for themselves by explaining the dilemma
- ▶ Name the pain
- ▶ Explain the anxiety
- ▶ Negotiate to find a mutual solution
- ▶ Notice that you aren't the perpetrator
- ▶ Hear that your desire to help is sincere and trustworthy
- ▶ Understand that some discomfort in a visit may lead to positive outcomes in the future.

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