







# How Our Brains Respond to Stress and Trauma

Connecting with People in Crisis Through a Trauma-Informed Lens

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# Presenters



**Eve Fitch, MSW, LISW-S**



**Arianna Mellinger, LCDC-1, RSPS**

# Mobile Crisis Response Services

*Mobile crisis services provide rapid response, individual assessment, and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis with de-escalation and stabilization techniques that reduce the immediate risk of danger and subsequent harm and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement.*



# A New Direction for Mobile Crisis Services

- » Change mobile crisis services so that the response is more resolution-focused and works to provide relief to people in crisis in the community.
- » Support people in crisis where they are, while using the least restrictive means necessary.



# A New Direction for Mobile Crisis Services

- » Mobile crisis response services should be:
  - Person-centered
  - Trauma-informed
  - Equity-driven
  - Brief intervention: de-escalation and resolution focused
  - Working from a lens of least restrictive interventions
  - Culturally responsive, linguistically appropriate, and accessible

# Learning Objectives

At the conclusion of the training, participants will be able to:

- » Describe the impact trauma has on individuals' and families' bodies, minds, and relationships.
- » Demonstrate key tasks in delivering the new Medi-Cal Mobile Crisis Services benefit.
- » Summarize key trauma-informed research studies detailing trauma across the lifespan and its impact on the developing brain.
- » Review the 4Rs of a trauma-informed approach.



# Learning Objectives Continued

At the conclusion of the training, participants will be able to:

- » Learn to implement trauma-informed care through a person-centered and family-centered approach.
- » Identify signs that one's own trauma response has been activated in the field.
- » Understand lived experience with lessons from the field.

**Trauma is a part of our daily lives, and it's more common than most people think.**



# What is Trauma?

- » Trauma is an emotional and physiological response to an event or circumstance (e.g., loss, injury, abuse; living with someone who has a mental, physical, or substance use disorder (SUD); discrimination, poverty, natural disaster).

# Let's Talk About Trauma



# Intrauterine Insults



# Event-Based Trauma



# Complex Developmental Trauma and Toxic Stress



# Who is Affected by Trauma?

Trauma has no boundaries regarding age, gender, socioeconomic status, race, ethnicity, or sexual orientation.

It is commonly experienced by both adults and children, especially among people with mental and substance use disorders.

Mobile crisis response services can support an individual's/family member's resilience while mitigating the long-term effects of trauma.

- Although trauma can occur at any age, it has particularly debilitating long-term effects on children's developing brains<sup>1</sup>


Sources:

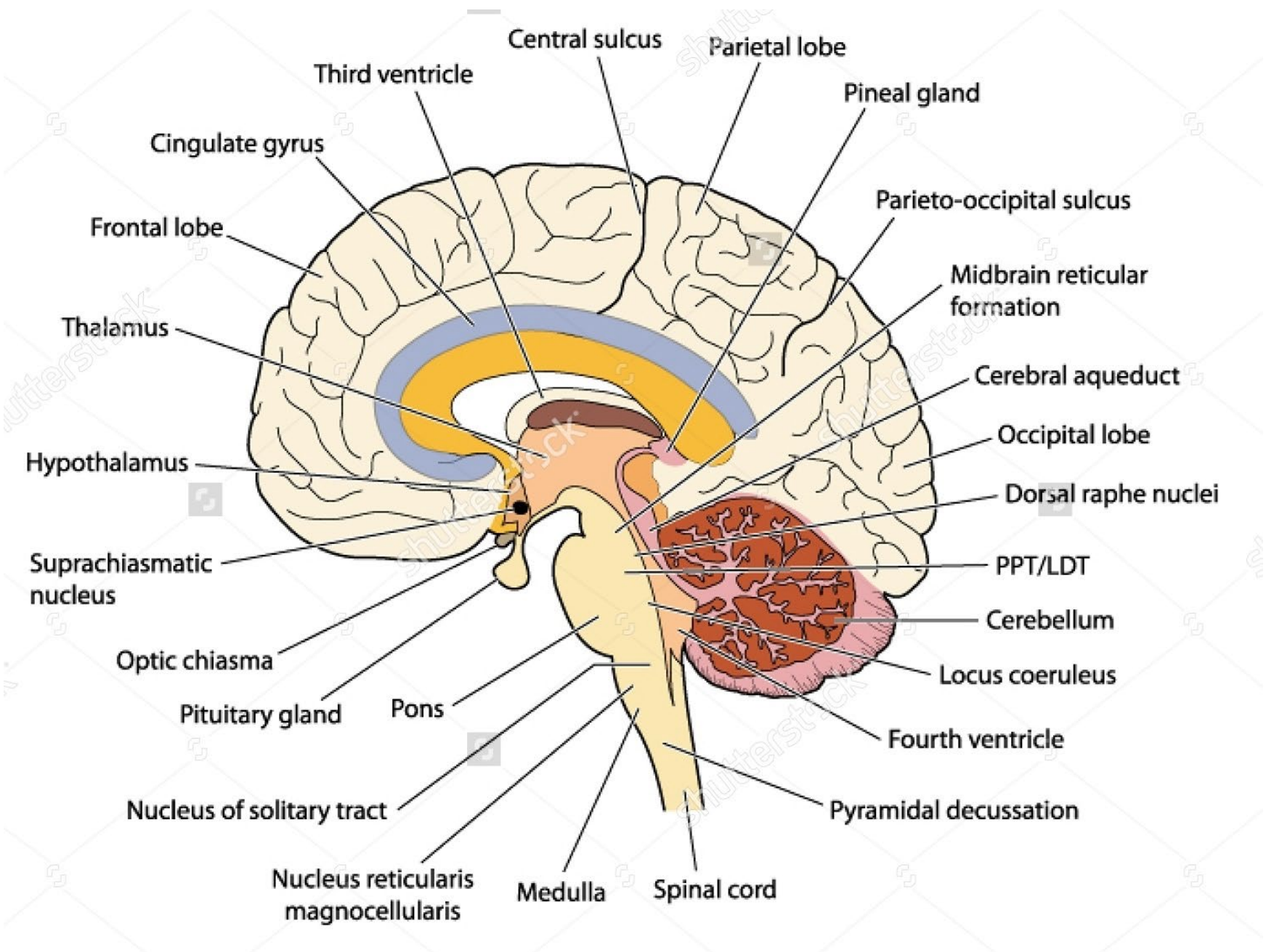
<sup>1</sup>Felitti, V. J., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14, 245-258

<sup>2</sup> <https://www.samhsa.gov/trauma-violence>



# Let's Talk

- How does understanding trauma and all the ways it can manifest (physiologically, emotionally, behaviorally, developmentally, cognitively, interpersonally, and spiritually) benefit mobile crisis responders?
  - How does understanding trauma support the person in crisis?
- 
- How does understanding trauma support family members and loved ones? How does it support school and group-home staff?
  - How does this knowledge translate into mobile crisis team practice?



# Sequential Development of the Brain

Abstract Thought  
Problem solving  
Affiliation  
Attachment  
Sexual Behavior  
Emotional Reactivity  
Motor Regulation  
Sleep  
Digestion  
Blood Pressure  
Heart Rate  
Respiration  
Body Temperature



# Consider the Stress

## Three Levels of Stress Response

### Positive

Brief increases in heart rate,  
mild elevations in stress hormone levels.

### Tolerable

Serious, temporary stress responses,  
buffered by supportive relationships.

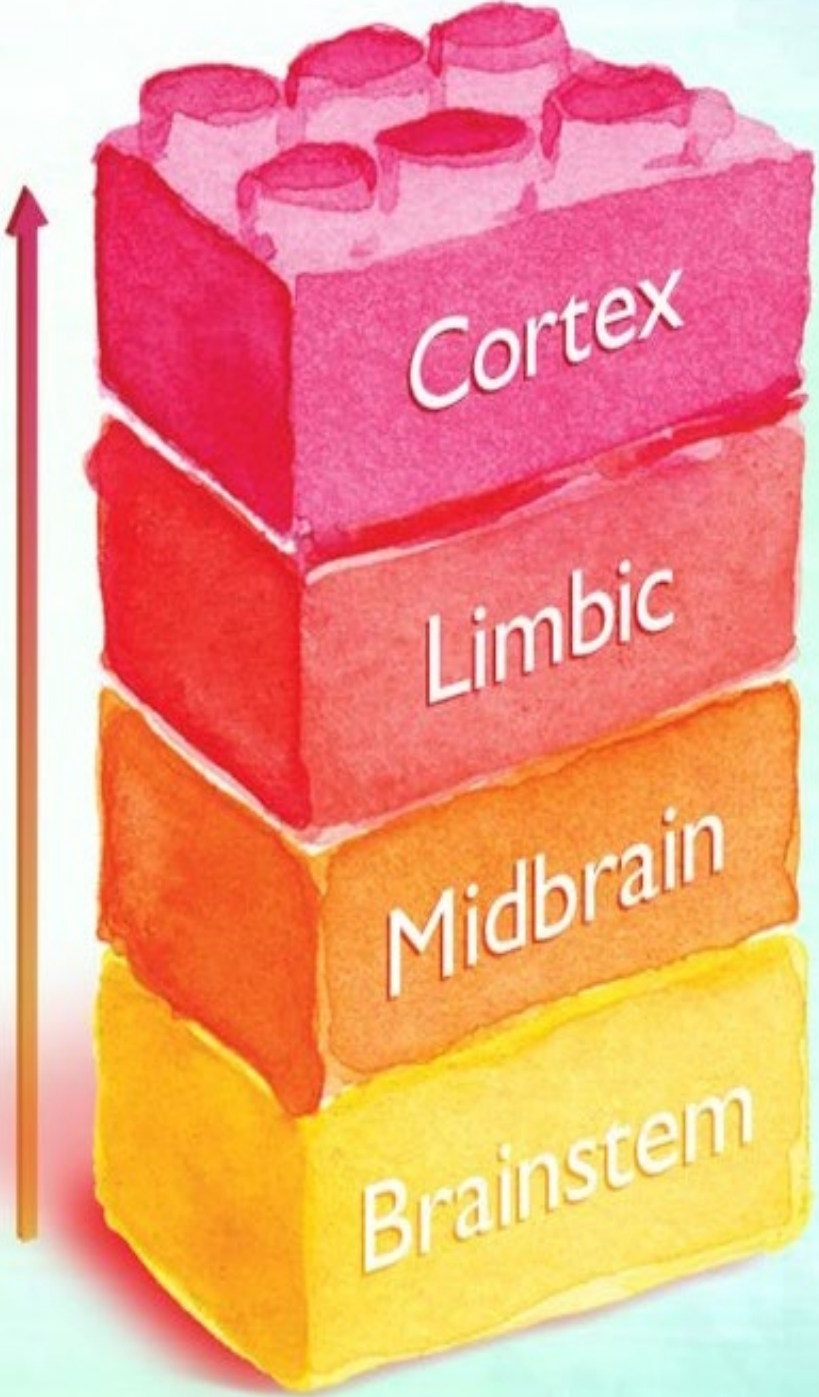
### Toxic

Prolonged activation of stress response systems  
in the absence of protective relationships.

# Stress Response



- Relaxed
- Engaged
- Alarmed
- Fight or Flight
- Panic



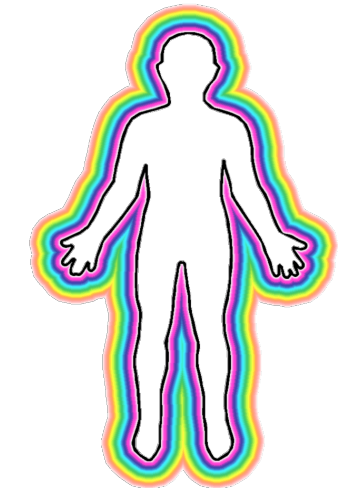
**Relaxed**

**Engaged**

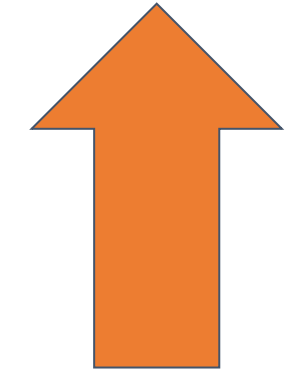
**Alarmed**

**Fight or Flight**

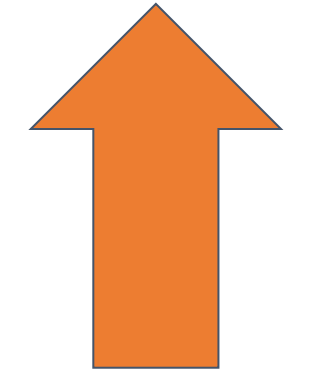
**Panic**



**Reason**




**Relate**



**Regulate**

# Let's Talk

- Based on what we have learned about stress responses, what brain state do we anticipate an individual might be experiencing as we engage?
- 
- In almost all crisis episodes, there is an elevated stress response that is separate from an individual's chronic condition or diagnosis. Stress responses are normal and can be addressed by taking action to calm and regulate the person/family in crisis.

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# Break Time

5-minutes



# What Happens When Multiple Stress Response Cycles are Activated?

Think of a time when you responded to a person in crisis who experienced a traumatic event or think about a personal experience of crisis.

- Did you observe any fight, flight, freeze, or fawn responses?
- What were the short and long-term results of that experience?
- How did that impact the person, family, or community?
  - Consider the physical, psychological, social, and spiritual effects.

# Types of Dysregulation



## Dissociation

- Avoidance Behaviors/Daydreaming
- Inattentive/Disengaged
- Self-Harm
- Self-Sabotage
- Ignoring Others
- Head Down/Hood Up
- Withdrawn/Struggle to Connect
- "I Don't Care" Attitude
- Substance Use/Abuse
- Sleeping

## Hypervigilant

- Argumentative/Accusatory
- Irritable/Short Tempered
- Impulsive
- Quick to Startle/Reactive
- Can't Sit Still
- Hyperactivity
- Rudeness
- Ignoring Others
- Leaving Without Permission
- Verbally or Physically Aggressive

# Let's Explore Your Stress Response

- » Take a few minutes and put in the chat box the biological, psychological, social, and spiritual signs that you are experiencing stress.
  - Which signs tend to show up first?
  - Which are the hardest to manage?
  - Who tends to notice your signs first? you or someone else?
  - How do you ground yourself?
  - What kind of support do you need at work? at home?

**When trauma is unaddressed, it increases the risk of mental health disorders, substance use, and chronic physical issues.**



# ACEs: Adverse Childhood Experiences

The largest lifespan study ever done to examine the health and social effects of adverse childhood experiences over the lifespan of 17,000 participants was completed by Vincent J. Felitti, M.D. and Robert F. Anda, M.D.

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently

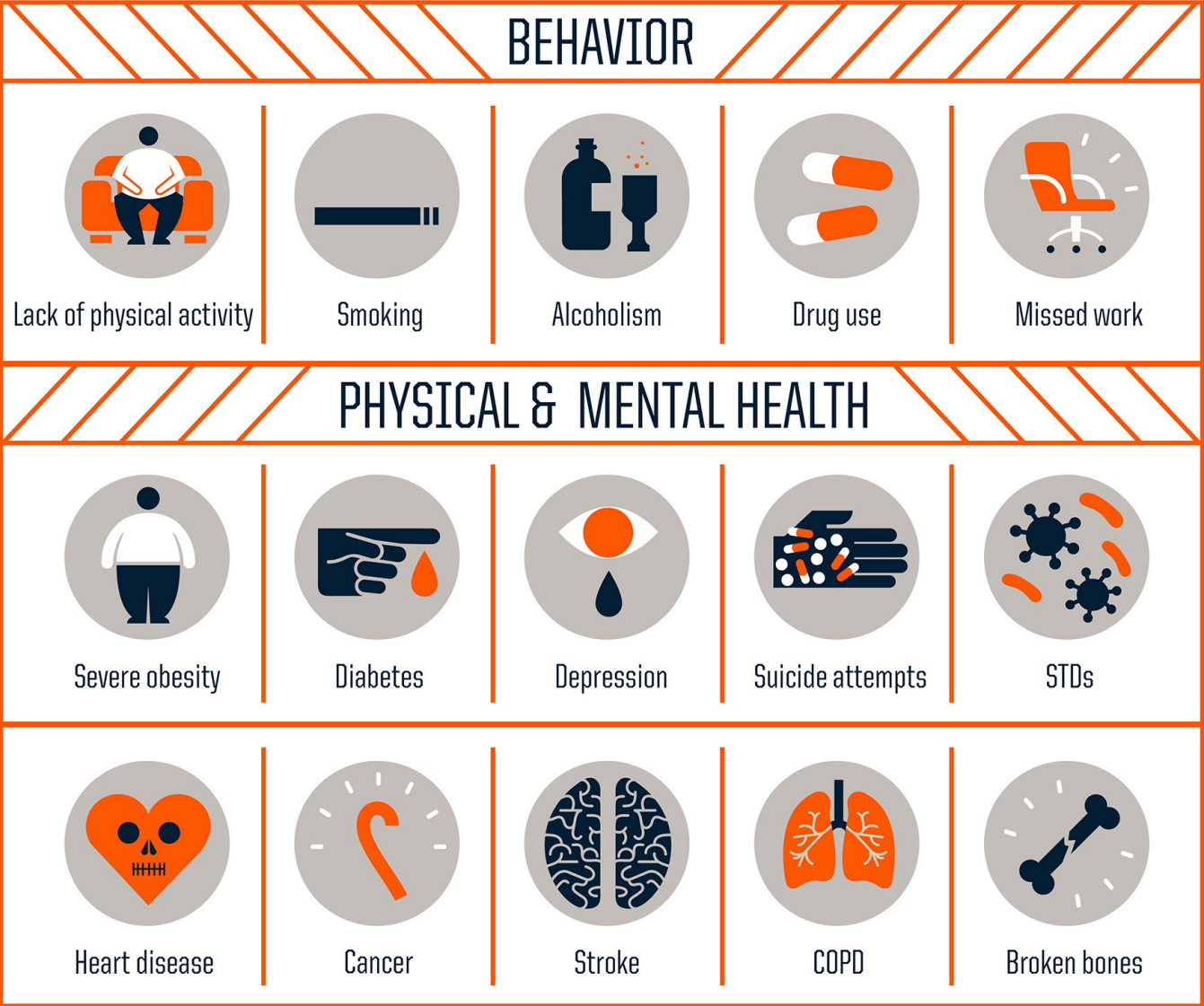


Substance Abuse



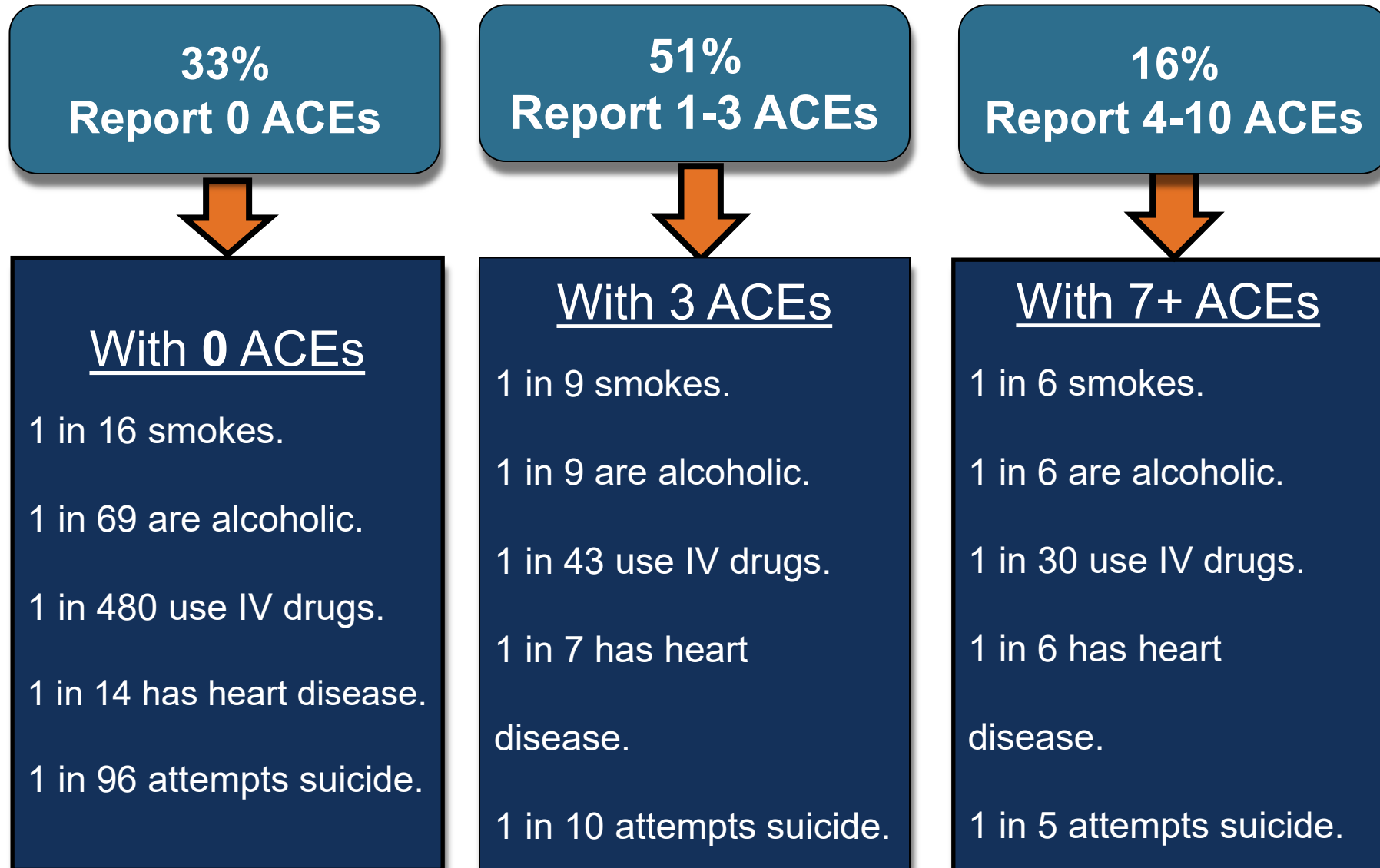
Divorce

# ACEs Possible Risk Outcomes



Source: Centers for Disease Control and Prevention  
Credit: Robert Wood Johnson Foundation

# Out of 100 people...

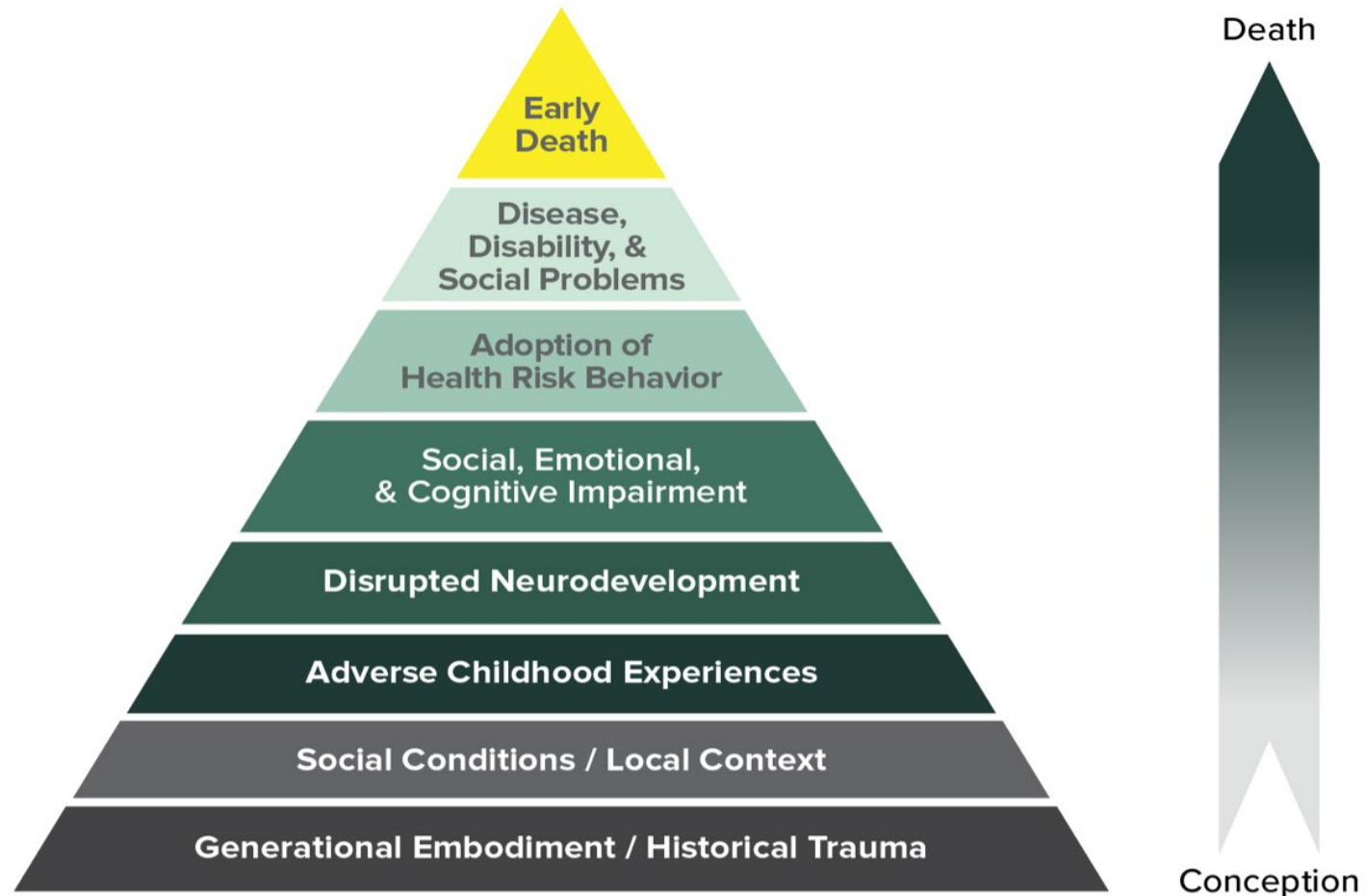




# Odds of Having a Serious Health Condition and Correlated ACEs

Health Condition	0 ACEs	1 ACEs	2 ACEs	3 ACEs	4+ ACEs
Arthritis	100%	<b>130%</b>	<b>145%</b>	<b>155%</b>	<b>236%</b>
Asthma	100%	115%	118%	<b>160%</b>	<b>231%</b>
Cancer	100%	112%	101%	111%	<b>157%</b>
COPD	100%	120%	<b>161%</b>	<b>220%</b>	<b>399%</b>
Diabetes	100%	128%	132%	115%	<b>201%</b>
Heart Attack	100%	148%	144%	<b>287%</b>	<b>232%</b>
Heart Disease	100%	123%	<b>149%</b>	<b>250%</b>	<b>285%</b>
Kidney Disease	100%	-17%	164%	179%	<b>263%</b>
Stroke	100%	114%	117%	180%	<b>281%</b>
Vision	100%	<b>167%</b>	<b>181%</b>	<b>199%</b>	<b>354%</b>

# Trauma, Mental Health, and Substance Use



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

# ACEs and Health Disparities Data

- » Children of different races and ethnicities do not experience ACEs equally. Nationally, 61% of Black, non-Hispanic, and 51% of Hispanic children have experienced at least one ACE, compared to 40% of non-Hispanic children.<sup>1</sup>
- » Lowest rate of reported ACEs (23%) was among Asian children.<sup>1</sup>
- » Other populations that are most likely to experience ACEs are people with low incomes and limited education as are people who identify as gay, lesbian, bisexual, transgender, or are questioning their gender or sexuality (the LGBTQIA+ community).<sup>2</sup>

Source: <sup>1</sup> <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>

<sup>2</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3553068/>

# Historically Marginalized Populations

- » There is compelling and consistent epidemiological evidence for a graded relationship between ACEs score and juvenile justice system contact in the United States.
- » How can mobile crisis teams use this information to help support those in crisis?

# Health Disparities and Trauma Care

- » Although trauma has no boundaries, it does have a disproportionate impact on marginalized populations, such as LGBTQIA+ folks, people of color, and people with low incomes.
- » Gaining access to trauma-informed resources and care is more difficult for these populations.
- » Impacts are even greater when considering intersectionality and the combination of social locations (e.g., age, gender identity, race, SES).

# Largest ACEs Study to Date

In 2019, CDC scientists analyzed data from more than 144,000 adults in 25 states and found:<sup>1</sup>

- 61 percent of adults experienced at least one ACE.
- 16 percent of adults have experienced four or more ACEs.
- Women and several racial and ethnic minority groups are at greater risk for experiencing a higher number of ACEs.
- Preventing childhood trauma could result in the prevention of:
  - 1.9 million cases of coronary heart disease (the leading cause of death in the US)
  - 2.5 million cases of obesity or overweight
  - 21 million cases of depression
  - 1.5 million students from dropping out of school

# ACEs are NOT Destiny...



# Resilience

Protective factors  
that counter the  
risk factors  
endangering our health.





# 5 Skills of Resilience



- Sense of Hope
- Perseverance
- Moments of Success
- Self-Regulation
- Connections to Community

# 8 Ways to Increase Your Hope

Look back on past wins.

Instill hope in others.

Look for the "third door".

Filter your inputs.

Pray or meditate.

Create "if then" scenarios.

Frame failure as feedback.

Instill hope in others.

Benjamin Hardy,  
Ph.D.

# Let's Talk

How can resilience skills be integrated into crisis intervention and crisis planning?



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# Break Time

5-minutes

# Person-Centered and Family-Centered Trauma-Informed Care in Mobile Crisis Response



The goal is to provide a care experience that focuses on the person and the family accessing crisis services.



Rapport and trust building must be at the forefront of every crisis interaction.

(Ongoing throughout intervention)

# SAMHSA's Six Principles of the Trauma-Informed Approach

Safety

Trustworthiness  
and  
Transparency

Peer Support

Collaboration  
and Mutuality

Empowerment

Cultural,  
Historical, and  
Gender Issues

# The 4-Rs of a Trauma-Informed Approach and How They Support Building Responsive Services



Realization



Recognize



Respond



Resist re-traumatization

# Asset-Based Language Approach

## Asset-Based

- Strengths-based
- Explores opportunity
- Affirms diversity

## Deficit-Based

- Focuses on weaknesses
- Highlights inadequacies
- Emphasizes "differences"

- Shifts language and mindsets away from deficit-based and pathology-focused thinking.
- Moves conversation toward strength-building and hope-filled language, building trusting relationships. For example, instead of {depressed person} use {person with depression}.



# Components of Successful Person-Centered and Family-Centered Trauma-Informed Care



Provide **psychological safety** for all involved.



Provide **transparency** around decision-making and relationship-building that is focused on earning **trust**.



Promote **peer support** and **collaboration** among all involved.



**Connect by** listening to understand, being empathic, and building rapport.



Spotlight a person's **strengths, choices, and self-determination**.



Recognize and address **historical traumas and cultural and gender stereotypes and biases** impacting the person/family in crisis.

# How Do You Know When Rapport Has Been Established?

- » The person receiving care expresses, through verbal expression, body language or engagement, a sense of feeling respected and heard, as well as meaningfully engaging in crisis care interventions, decision making, and safety planning.
- » There is attunement between you and the person you are caring for.
- » There is an environment where everyone can speak, express feelings, and be heard.
- » Building rapport and trust requires:
  - Validation
  - Empathy
  - Compassion
  - Understanding
  - Being authentic
  - It MUST be about the person and family in crisis.

# Brief Relief and Resolution-Focused Strategies



# Let's Talk About Mirroring



# Co-Regulation



# Some Signs and Symptoms of Vicarious Trauma



Difficulty managing your emotions



Difficulty accepting or feeling okay about yourself



Difficulty making good decisions



Problems managing the boundaries between yourself and others (e.g., taking on too much responsibility, having difficulty leaving work at the end of the day, trying to step in and control other's lives)



Problems in relationships



Physical problems such as aches & pains, illnesses, accidents



Difficulty feeling connected to what's going on around and within you



Loss of meaning and hope

# Mental Preparedness for Crisis Response and How to Manage Feeling Activated in the Field



**Response and range of severity varies for everyone.**



**Trauma reduces your window of tolerance.**

The smaller the window, the more likely stressors are to cause dysregulation (emotionally and/or physically).



**Develop your own action plan.**

Engage in your own emotional regulation plan.

Acknowledge your feelings and responses.

Focus on the here and now.

Remind yourself that it is a human response to trauma; you will get through it, and it will pass.

# Supporting Your Team and YOURSELF!



Reach out to your team and supervisor when you need support.



Team cohesion is vital and builds over time.

Become familiar with one another's strengths and areas of need to provide support.



Whenever possible, meet with your team and supervisor to debrief on crisis calls.

Have a check in system.




Have a wellness plan.


Have a wellness plan to recharge and stay healthy (e.g., support system, personal therapist, physical activity, hobbies, spiritual community, etc...)





# Staying Healthy at Work

- 
- » Healthy workday habits:
    - Create a morning wellness routine.
    - Be sure to eat and take breaks.
    - Decompress.
    - Check in with team members.
  - » Characteristics that contribute to a healthy workplace:
    - An organizational culture focused on person-centered care over productivity or other performance metrics; robust management skills and practices to overcome bureaucracy; opportunities for employee professional development and self-care. (Rollins et al., 2021)




## Staying Healthy at Work Continued

- » Modulating leadership style
- » Flexibility with schedules while meeting the demands of service
- » Programed check-ins for wellness and prioritizing employee overall wellness
- » Team members have agency and are regularly asked for viewpoints
- » What would you add or takeaway from this list? What do you need?

# Let's Talk

Think about a multidisciplinary mobile crisis team; how does knowledge of trauma, resilience, and the inclusion of those with lived experience support the person in crisis?



# Lived Experience with Lessons from the Field



Peer Specialist Perspective/Experiences

# Review of Today's Learning Objectives

- Describe the impact trauma has on individuals' and families' bodies, minds, and relationships.
- Demonstrate key tasks in delivering the new Medi-Cal Mobile Crisis Services benefit.
- Summarize key trauma-informed research studies detailing trauma across the lifespan and the impacts on the developing brain.
- Define and implement trauma-informed care through a person and family centered approach.
- Review the 4Rs of a trauma-informed approach.
- Identify signs that one's own trauma response has been activated in the field.
- Understand lived experience and lessons from the field.

**Questions?**



# Researchers Referenced

- » Dr. Dan Siegel
- » Dr. Bruce D. Perry
- » Dr. Bessel VanderKolk
- » Dr. Jack Shonkoff
- » Eric Jensen
- » Dr. Stuart Ablon
- » Dr. Nadine Burke Harris