

For Holding Chavez-Hood

Utah State Division of Substance Abuse & Mental Health
Trauma Informed and Gender Responsive Training Events
2009 – 2017
(Updated 1/27/17)

The Utah State Division of Substance Abuse and Mental Health (DSAMH) is dedicated to promoting the practice of trauma-informed care in the Local Substance Abuse and Mental Health Authorities. DSAMH has sponsored trainings and conferences that have focused on trauma; trauma-informed care; trauma-specific interventions and gender responsive services for Local Authority Substance Abuse & Mental Health Providers and Community Partners.

Since 2009, the Substance Use Disorders Team has sponsored an annual training event which has focused on trauma-specific interventions; trauma-informed care and gender responsive services.

On January 8-9, 2014, DSAMH invited Dr. Stephanie Covington to provide training on trauma-informed care for the Department of Human Services Directors: ***“Creating a Culture of Trauma-Informed & Gender-Responsive Care.”*** The following Divisions participated in this training event:

- Utah State Division of Substance Abuse & Mental Health
- Executive Director’s Office
- Division of Child and Family Services
- Division of Services for People with Disabilities
- Office of the Public Guardian

The training provided by Dr. Covington was based on the principles outlined in the following models:

- Community Connections: *“Creating Cultures of Trauma-Informed Care: “A Self-Assessment and Planning Protocol.”*
- SAMHSA: *A Trauma-Informed Approach*
<http://www.samhsa.gov/traumajustice/traumadefinition/approach.aspx>
- Dr. Covington’s philosophy on trauma-informed and gender-responsive services

Since Dr. Covington’s event, efforts have been made by DSAMH to provide training and technical assistance for the Local Authority Providers and community partners on trauma-informed care for organizations (*i.e. organizational transformation, culture change, policy, practice, etc.*). The training material includes the following evidenced based information from National Resources:

- Community Connections: *“Creating Cultures of Trauma-Informed Care: “A Self-Assessment and Planning Protocol.”*
<https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>
- Institute for Health and Recovery: *“Developing Trauma-Informed Organizations: A Tool Kit”*
<http://healthrecovery.org/publications/detail.php?p=30>
- SAMHSA: *A Trauma-Informed Approach*
<http://www.samhsa.gov/traumajustice/traumadefinition/approach.aspx>

DSAMH Trainer(s) For Trauma-Informed Care

Becky King, LCSW, Program Administrator, Women, Youth and Families

The conferences sponsored by DSAMH include providing funds to run the conference and the assistance of staff on the conference planning committee to select workshops and keynote presentations.

***Past Training Events Hosted by
Utah State Division of Substance Abuse & Mental Health***

Trauma Recovery and Empowerment Model & Profile Training (TREM & TREP)

Trainers: Lori Beyer, LICSW, MSWAC & Valerie Lanham, LICSW

Agency: Community Connections: <http://communityconnectionsdc.org/>

Date & Time: January 12-14, 2009 – 8:00 a.m. – 5:00 p.m.

Location: Division of Human Services (DHS) Building – 2nd Floor Conference Room

Trauma Recovery and Empowerment Model & Profile Training (TREM & TREP)

Follow-up Training

Trainer: Lori Beyer, LICSW, MSWAC

Agency: Community Connections: <http://communityconnectionsdc.org/>

Date: December 10, 2009

Location: DHS Building – 2nd Floor Conference Room

Stephanie Covington: *Helping Women Recover Training*

Presenter: Twyla Wilson Peterson, LCSW, ACSW

Agency: Center for Gender & Justice and Relational Development: <http://www.stephaniecovington.com/>

Date & Time: November 15-17, 2010 - 8:00 a.m. – 5:00 p.m.

Location: DHS Building – Room 1020 ABC

Stephanie Covington: *Beyond Trauma: A Healing Journey For Women*

Presenter: Twyla Wilson Peterson, LCSW, ACSW

Agency: Center for Gender & Justice and Relational Development: <http://www.stephaniecovington.com/>

Date & Time: November 15-17, 2010 - 8:00 a.m. – 5:00 p.m.

Location: DHS Building – Room 1020 ABC

Lisa Najavits: *Seeking Safety Training*

Presenter: Gabriella Grant, M.S., Director for California Center of Excellence for Trauma-Informed Care

Agency: Treatment Innovations: <http://www.seekingsafety.org/>

Date & Time: May 1-2, 2013 – 8:00 a.m. – 5:00 p.m.

Location: DHS Building – Room 1020 ABC

Stephanie Covington: *Creating a Culture of Trauma-Informed & Gender-Responsive Care*

Presenter: Stephanie Covington, LCSW, Ph.D

Agency: Center for Gender & Justice and Relational Development: <http://www.stephaniecovington.com/>

Date & Time: January 8-9, 2013 – 8:00 a.m. – 5:00 p.m.

Location: DHS Building – Room 1020 ABC

Lisa Najavits: *Seeking Safety Follow-up Training*

Presenter: Gabriella Grant, M.S., Director for California Center of Excellence for Trauma-Informed Care

Agency: Treatment Innovations: <http://www.seekingsafety.org/>

Date & Time: May 6-7, 2014 – 8:00 a.m. – 5:00 p.m.

Location: DHS Building – Room 1020 ABC

Trauma-Informed Organizations: Utah Board of Juvenile Justice

Presenter: Becky King, LCSW, Program Manager

Agency: DSAMH - <http://dsamh.utah.gov/>

Date & Time: October 17, 2013 – 10:00 am. – 11:00 a.m.

Location: Utah State Capitol Building

Trauma-Informed Organizations: Four Corners Behavioral Health

Presenter: Becky King, LCSW, Program Manager

Agency: DSAMH - <http://dsamh.utah.gov/>

Date & Time: December 11, 2013 - 10:00 am. – 11:00 a.m.

Location: Four Corners Behavioral Health All Staff Meeting – Castledale, Utah

Trauma-Informed Care: What's Happened to You vs. What's Wrong with You?

Christmas Box House Conference

Presenter: Becky King, LCSW, Program Manager; Michael Newman, Peer Support Program Manager

Agency: DSAMH - <http://dsamh.utah.gov/>

Date & Time: May 14, 2014 - 11:15 a.m. – 12:45 p.m. (*Presented two workshops*)

Location: Bellington Manor, Ogden, Utah

"Turning a Disability Into an Ability:" A Trauma Informed Approach

Presenters: Becky King, LCSW, Program Manager & Michael Newman, Recovery & Resiliency Peer Program Manager

Agency: DSAMH - <http://dsamh.utah.gov/>

Date & Time: August 28, 2014 – 10:00 a.m. – 11:30 a.m.

Location: DSPD All Staff Meeting – Canyon Amphitheatre

Lisa Najavits: Seeking Safety "Beginning and Advanced" Training

Presenter: Gabriella Grant, M.S., Director for California Center of Excellence for Trauma-Informed Care

Agency: Treatment Innovations: <http://www.seekingsafety.org/>

Date & Time: June 6-7, 2014 – 8:00 a.m. – 5:00 p.m.

Location: Provo Marriot Hotel

Lisa Najavits: Seeking Safety "Beginning and Advanced" Training

Presenter: Gabriella Grant, M.S., Director for California Center of Excellence for Trauma-Informed Care

Agency: Treatment Innovations: <http://www.seekingsafety.org/>

Date & Time: June 6-7, 2016 – 8:00 a.m. – 5:00 p.m.

Location: Provo Marriot Conference Center

Utah Trauma Academy

Presenter: Gabriella Grant, M.S., Director for California Center of Excellence for Trauma-Informed Care

Guest Presenters:

Prayer and Smudging Ceremony

Tyler Goddard, LCSW, and Damon Polk, CACII - Paiute Indian Tribe of Utah

Grief and Loss in a Trauma and Attachment Context

Marc Anson, LCSW, Touchstone Therapy, Inc.

Attachment, Regulation and Competency (ARC): Repairing the Traumatized Brain

Douglas Goldsmith, Ph.D, Executive Director The Children's Center

Neurofeedback – Another Patient Alternative

Shane Watt, D.C. Neurobolic Health Center

Bringing the Ivory Towers into the Swamp: Evidence Based Practices, Trauma, and the Real World

Brian Miller, Ph.D, Director, Children's Behavioral Health Primary Children's Hospital

Theoretical Underpinnings of Eye Movement Desensitization & Reprocessing Therapy (EMDR)

Leslie Brown, CMHC, EMDR Certified Therapist, EMDRIA Approved Consultant,
EMDR Humanitarian Trainer; EMDR Trauma Recovery, The EMDR Humanitarian Organization

Trauma Work with Sub Personalities

Larry Beall, Ph.D. Psychologist, Clinical Director, Trauma Awareness and Treatment Center

Alternative Therapy for Traumatic Brain Injury

Jason Smith, DC, DABCN, FABVR, FACFN

Informed Consent for Trauma Service

Laura Thompson, JD, CWLS, Office of the Utah Attorney General

Cultivating Self-Care Through Awareness, Assertiveness, and Attachment

Julie Azevedo Hanks, Ph.D, LCSW, Wasatch Family Therapy

Mindfulness: Engaging and Empowering the Body in the Healing Process

Gordon Bruin, M.A., The Younique Foundation

The Benefits of Acupuncture

Dr. Patrick Sellers, Orem Community Acupuncture

Date & Time: October 31, 2016 - November 5, 2016 (*Next Utah Trauma Academy – 2018*)

Location: Provo Marriott Hotel

The Utah Trauma Academy was created by Gabriella Grant, Director for the Center of Excellence for Trauma-Informed Care, which is based on the Office of Victims of Crime at the Department of Justice, the Trauma Academy will be a week-long professional development certificate program that can be modified with the input of attendees and professional providing the training.

The theoretical and evidence basis for the initiative is

- **Trauma-informed:** Acknowledging the impact of trauma broadly, training all staff on its effects, and focusing program design on the three phases of trauma recovery by Dr. J. Herman.
- **Neuro-sequential:** Based on the model developed by Dr. B. Perry, the phylogenetic development of the brain, the unique effects on specific parts of the brain and related behavioral and interpersonal issues will be understood and used to develop program design and policies and procedures, including rules.
- **Safety-focused:** deep organizational commitment to increasing physical and emotional safety, including autonomy of choice, will be the primary intervention, measure of success and modality of engagement.
- **Culturally aware:** Through empowerment and choice, services will be developed to allow for personal meanings and goals to guide treatment development and success.
- **Peer-based empowerment:** Lived experience and consumer voice will be prioritized. Engagement of peers to identify practices that are harmful, counterproductive and costly will be a strong focus.

Past Conferences Sponsored by DSAMH

Critical Issues Facing Children & Adolescents Conference

Sponsored by DSAMH

Salt Palace Convention Center

October 20-21, 2010

Wednesday (October 20)

Children & Trauma – Understanding the Impact of Early Adverse Experiences

Presenter: Douglas Goldsmith, PhD – Executive Director, The Children’s Center

Time: Keynote Address - 8:00 – 9:00 a.m.

Children & Trauma: Integrating an Attachment Perspective

Presenter: Douglas Goldsmith, PhD – Executive Director, The Children’s Center

Time: 9:45 a.m. – 11:00 a.m.

What Happens After I Get Hit? Biological & Neurological Changes Associated with Children’s Exposure to Trauma

Presenter: Brooks Keeshin, MD – Child & Adolescent Psychiatrist & Pediatrician; Child Abuse Pediatrics Fellow, Cincinnati Children’s Hospital Medical Center

Time: 11:15 a.m. – 12:30 p.m.

Creating Resiliency By Confronting the Impact of Domestic Violence, Child Abuse & Trauma: A Dynamic Systemic Perspective

Presenters: Ron J. Llewelyn, PsyD – Director of Domestic Violence & Mental Health, Cornerstone Counseling Center & VOA, Utah; Andrea B. High, BS

Time: 1:40 p.m. – 3:00 p.m.

Neuroscience & Treating Adolescent Trauma: Implications for Reshaping Identity

Presenters: Laurie Laird, Med – Education Director, New Haven Residential Treatment Center; Brad Rentfro, LPC – Therapist, New Haven Residential Treatment Center

Time: 1:40 p.m. – 3:00 p.m.

Empowering The Victim of Trauma Through Restorative Justice

Presenter: Rob Butters, PhD, LCSW – Assistance Professor, University of Utah College of Social Work

Time: 3:15 p.m. – 4:30 p.m.

Thursday (October 21)

Attachment & Trauma – Bonded Frameworks for Intervention

Presenter: Richard C. Ferre, MD – Child & Adolescent Psychiatrist, Primary Children’s Medical Center

Time: 11:00 a.m. – 12:15 p.m.

Critical Issues Facing Children & Adolescents Conference
Sponsored by DSAMH
Hilton Salt Lake City Center
October 3-4, 2011

Tuesday (October 4)

The Relationship Between Trauma & Attachment and Evidence-Based Interventions to Promote Wellness

Presenter: Karen W. Malm, PhD – Director, Community Mental Health Services, Intercept / RISE

Time: 11:00 a.m. – 12:15 p.m.

Critical Issues Facing Children & Adolescents Conference
Sponsored by DSAMH
Hilton Salt Lake City Center
October 29-30, 2012

Monday (October 29)

Keynote Address

Trauma & Recovery – More Than A Story

Tonier Cain, CEO, Healing Neen, Inc.; National Association of State Mental Health Program Directors

Workshops

Trauma Screening Tools Sweeping the Nation in Primary Care

Presenter: Kristina Hindert, MD – Medical Director, The Children’s Center

Time: 10:45 a.m. – 12:00 p.m.

The Impact on Early Childhood Trauma: Utilizing NCTSN Tools to Provide Best Practice Interventions

Presenter: Douglas Goldsmith, Ph.D, Executive Director, The Children’s Center

Time: 1:00 p.m. – 2:15 p.m.

Calming the Fire & Re-Storying the Trauma: Using Neurology, DBT & Creative Therapies to Treat Complex Trauma – Part I

Presenter: Bobbie Legg, Ph.D, Clinical Director, Youth Care

Time: 2:30 p.m. – 3:30 p.m.

Trauma and Attachment – How Trauma Focused Cognitive Behavioral Therapy can Work With Young Children

Presenter: Nancy Coyne Baird, LCSW, Ph.D Candidate – Director, The Children’s Center

Time: 2:30 p.m. – 3:30 p.m.

Calming the Fire & Re-Storying the Trauma: Using Neurology, DBT & Creative Therapies to Treat Complex Trauma – Part II

Presenter: Bobbie Legg, Ph.D, Clinical Director, Youth Care

Time: 3:45 p.m. – 5:00 p.m.

Trauma-Sensitive Yoga Tools To Enhance Your Treatment

Presenter: Yael Calhoun, M.A. M.S. RTY – Executive Director, Green TREE Yoga

Time: 3:45 p.m. – 5:00 p.m.

Tuesday (October 30)

Answering the Cry of You Vicarious Trauma Through Simple Yoga Breaks

Presenter: Yael Calhoun, M.A. M.S. RTY – Executive Director, Green TREE Yoga

Time: 11:00 p.m. – 12:15 p.m.

Critical Issues Facing Children & Adolescents Conference

Sponsored by DSAMH

Marriott Downtown at City Creek

October 30-31, 2013

Monday & Tuesday (October 28-29: Pre-Conference Workshop)

Trauma Focused Cognitive Behavior Therapy – Part I & II

Presenter: Kimberly Shipman, PhD – Director, Child Trauma Program, University of Colorado School of Medicine

Time: 8:00 a.m. – 5:00 p.m.

Wednesday (10/30)

Child Trauma & It's Impact On the Family: Screening & Assessment Of The Family

Presenter: Kimberly Shipman, PhD – Director, Child Trauma Program, University of Colorado School of Medicine

Time: 9:45 a.m. – 11:00 a.m.

Pre-Schoolers & Trauma: An Overview of Child-Parent Psychotherapy

Presenter: Douglas Goldsmith, Ph.D, Executive Director, The Children's Center

Time: 1:45 p.m. – 3:00 p.m.

Do We Need Hazmat Suites? Preventing & Healing Secondary Traumatic Stress

Presenter: Brian Miller, Ph.D, Trauma Program Director, The Children's Center

Time: 3:15 p.m. – 4:45 p.m.

Thursday (10/31)

Brain in Trauma & Executive Functioning

Presenter: Brian Miller, Ph.D, Trauma Program Director, The Children's Center

Time: 3:15 p.m. – 4:45 p.m.

Thursday (October 23)

Making a Difference: A Trauma-Informed Approach for Children and Youth

Presenter: Becky King, LCSW & Michael Newman

Agency: DSAMH - <http://dsamh.utah.gov/>

Time: 2:30 p.m. – 3:30 p.m.

Utah Fall Substance Abuse Conference
Sponsored by DSAMH & CASAT
Dixie Convention Center, St. George, Utah
September 22-24, 2010

September 22 (Wednesday)

Get the 411 on Gender Responsive/Trauma Informed Treatment

Presenters: Greg Hendrix, LCSW; Kristi Johnson, LCSW; Sandra Harmon, LPC; Wendi Davis-Cox, LCSW; Meri Shadley, Ph.D, LMFT LCADC

Time: Workshop Session I – 1:15 p.m. – 2:45 p.m.

Addicted Women and Trauma

Presenter: Meri Shadley, Ph.D., LMFT, LCADC, CASAT, Professor University of Nevada, Reno

Time: Workshop Session II- 3:00 p.m. – 4:30 p.m.

Utah Fall Substance Abuse Conference
Sponsored by DSAMH & CASAT
Dixie Convention Center, St. George, Utah
September 21-23, 2011

September 21 (Wednesday)

Workshop: *What is Trauma Informed Care?*

Presenters: Shannon Cox, Department of Corrections/Adult Probation and Parole, National Institute of Corrections; Greg Hendrix, LCSW, Excel SATP Utah State Prison, Program Director

Time: Workshop II – 1:45 p.m. – 2:45 p.m.

Workshop: *Women's Trauma Informed Outpatient Treatment*

Presenter: Kristi Johnson, LCSW, Odyssey House

Time: Workshop Session III – 3:00 p.m. – 4:00 p.m.

September 22 (Thursday)

Workshop: *Trauma Informed Care: Working with Military Members and Their Families*

Presenter: Trudy Gilbert- Elliot, MS, LMFT, LADC, Nevada Air National Guard

Time: Workshop Session V – 2:00 p.m. – 3:00 p.m.

Workshop: *Women Offenders – A Trauma Informed Approach – Part I*

Presenter: Shannon Miller Cox, Department of Corrections, Adult Probation and Parole Supervisor

Time: Workshop IV – 12:45 p.m. – 1:45 p.m.

Utah Fall Substance Abuse Conference
Sponsored by DSAMH & CASAT
Dixie Convention Center, St. George, Utah
September 26-28, 2012

September 26 (Wednesday)

Mini Workshop: *Trauma-Informed Care: A Framework for Service*

Presenter: Margaret Coleman, Executive Director, Utah Domestic Violence Council

Time: Afternoon Workshop

Workshop: *Trauma-Informed Care for Adolescent Girls*

Presenter: Nanon Talley, LCSW, Division of Child and Family Services

Time: Workshop Session II – 2:15 p.m. – 3:15 p.m.

Workshop: *Trauma Informed Care: Working with Military Members and Their Families*

Presenter: Trudy Gilbert- Elliot, MS, LMFT, LADC, Nevada Air National Guard

Time: Workshop Session III – 3:30 p.m. – 4:30 p.m.

September 27 (Thursday)

Workshop: *Trauma Informed Care: Working with Military Members and Their Families*

Presenter: Trudy Gilbert- Elliot, MS, LMFT, LADC, Nevada Air National Guard

Time: Workshop Session IV – 1:00 p.m. – 2:00 p.m.

Utah Fall Substance Abuse Conference
Sponsored by DSAMH & CASAT
Dixie Convention Center, St. George, Utah
September 25-27, 2013

September 25 (Wednesday)

Keynote Presentation

Title: *Trauma & Recovery*

Presenter: Tonier Cain – Consumer Advocate and Consultant

Time: 10:00 a.m. – 11:15 a.m.

Workshop: *Do We Need Psychological Hazmat Suits – Managing Secondary Trauma*

Presenter: Brian Miller, Ph.D, Director, Trauma Program for Families and Young Children, Children’s Center Center

Time: Workshop Session I – 12:15 p.m. – 1:30 p.m.

Workshop: *Trauma Informed Care: Working with Military Members and Their Families*

Presenter: Trudy Gilbert- Elliot, MS, LMFT, LADC, Nevada Air National Guard

Time: Workshop Session II – 1:45 p.m. – 3:00 p.m.

September 26 (Thursday)

Workshop: *Transforming Trauma Into Hope*

Presenter: Amy Peden, MSC, CMHC,

Time: Workshop Session V – 2:00 p.m. – 3:15 p.m.

Workshop: *Trauma-Informed Organizations*

Presenter: Becky King, LCSW, Program Manager, DSAMH

Time: Workshop Session VI – 3:30 p.m. – 4:45 p.m.

September 27 (Friday)

Keynote Presentation

Title: *Trauma & Recovery*

Presenter: William Kellibrew – Consultant, SAMHSA’s National Center for Trauma-Informed Care

Time: 8:30 a.m. – 10:00 a.m.

Utah Fall Substance Abuse Conference
Sponsored by DSAMH & CASAT
Dixie Convention Center, St. George, Utah
September 24-27, 2012

“Trauma and Substance Abuse: The Connection”

Gabriella Grant, M.A., Director for the California Center of Excellence for Trauma-Informed Care

“Working with Elder with Trauma Histories”

Gabriella Grant, M.A., Director for the California Center of Excellence for Trauma-Informed Care

“Trauma Informed Services: An Overview”

Gabriella Grant, M.A., Director for the California Center of Excellence for Trauma-Informed Care

Generations Conference
Sponsored by DSAMH
Salt Palace Convention Center
April 19-20, 2010

Monday (April 20)

Workshop: *Trauma Informed Care: Bridging the Gap*

Presenters: Dallas Earnshaw – Superintendent, Utah State Hospital

Linda Mabey, DNP – Executive Director, University of Utah Women’s Resource Center

Time: 10:00 a.m. – 11:15 a.m.

Generations Conference
Sponsored by DSAMH
Salt Palace Convention Center
March 28-30, 2012

Wednesday (March 28)

Workshop: *Secondary Treatment Concepts for Individuals with Cumulative Trauma*

Presenters: Dallas Earnshaw – Superintendent, Utah State Hospital
Linda Mabey, DNP – Executive Director, University of Utah Women’s Resource Center

Time: 10:00 a.m. – 11:15 a.m.

Thursday (March 30)

Workshop: *Cultural Stress, Distress, and Trauma Among Refugees*

Presenters: Laura M. Bennett-Murphy, Ph.D – Professor, Westminster College; Seong-In Choi, Ph.D, Assistance Professor, Westminster College

Time: 1:15 p.m. 2:30 p.m.

Friday (March 31: Utah Veterans & Families Summit)

Workshop: *Sexual Trauma & Domestic Violence – In and Out of the Military Culture – Interventions for Front-Liners*

Presenter: Breeze Hannford, LCSW – Military Sexual Trauma Program Coordinator, VA Salt Lake City Health Care

Time: 1:45 p.m. 3:00 p.m.

Generations Conference
Sponsored by DSAMH
Salt Palace Convention Center
April 15-16, 2013

Monday (April 15)

Workshop: *Looking Back: The Impact of Adverse Childhood Experiences & Adult Mental Health*

Presenter: Douglas Goldsmith, Ph.D, Executive Director, The Children’s Center

Time: 9:30 a.m. – 10:45 a.m.

Workshop: *Women, Substance Abuse and Trauma – The Unique Cycle*

Presenter: Wendy McArthur, APC – Clinical Director, Odyssey House of Utah

Time: 11:00 a.m. – 12:00 p.m.

Workshop: *Using Dialogue to Transform Historical Trauma*

Presenter: David Derezotes, LCSW, Ph.D – Professor, University of Utah College of Social Work

Time: 2:30 p.m. – 3:30 p.m.

Tuesday (April 16)

Workshop: *Trauma-Focused DBT: Validation Essentials*

Presenter: Michael W. Tragakis, Ph.D – Clinical Psychologist, Salt Lake VA Medical Center

Time: 9:30 a.m. – 10:45 a.m.

Workshop: *Trauma, Recovery and Empowerment of Women*

Presenters: Nancy Harmon, LPC – Valley Mental Health; Susan Mitchell, LCSW, Alcohol & Drug Director, Valley Mental Health; Stacey Rich, LPC – Valley Mental Health

Time: 1:30 a.m. – 2:45 a.m.

Workshop: *Simple Yoga for Compassion Fatigue, Self-Care & Trauma – Sensitive Yoga Breaks for Clients*

Presenter: Yoel Calhoun, MA, MS – Executive Director, Green TREE Yoga

Time: 3:00 p.m. – 3:45 p.m.

**Generations Conference
Sponsored by DSAMH
Salt Palace Convention Center
April 7-8, 2014**

Monday (April 7)

Workshop: *Treatment of Trauma: A Developmental Re-Enactment Model*

Presenters: Ron J. Llewelyn, PsyD – Clinical Psychologist, University of Phoenix; Sarah Nolan, MSW – Valley Mental Health

Time: 3:45 p.m. – 5:00 p.m.

Tuesday (April 8)

Workshop: *DSM-V Assessment and Treatment of Trauma*

Presenter: Harrison Weinstein, Ph.D – Clinical Psychologist, Salt Lake City VA Health Care System

Time: 9:30 p.m. – 10:45 a.m.

Workshop: *Cognitive Processing Therapy & Prolonged Exposure For Psychological Trauma*

Presenter: Robin Lange, Ph.D. – Chief Executive Officer, Utah Center for Evidence Based Treatment

Time: 1:00 a.m. – 12:15 p.m.

Workshop: *The Big Picture When Trauma Strikes Couples: Cognitive Behavioral Conjoint Therapy for PTSD*

Presenters: Jeff L. Kilpatrick, LCSW, BDG – Salt Lake City VA Healthcare System; Justyn Manley, CSW – PTSD Specialist, Salt Lake City VA Healthcare System

Time: 2:45 a.m. – 3:45 p.m.

Future Training Events

Lisa Najavits: *Seeking Safety “Beginning and Advanced” Training*

Presenter: Gabriella Grant, M.S., Director for California Center of Excellence for Trauma-Informed Care

Agency: Treatment Innovations: <http://www.seekingsafety.org/>

Date & Time: May 24-25, 2016 – 8:00 a.m. – 5:00 p.m.

Location: Provo Marriott Conference Center

Stephanie Covington: *Helping Men Recover Training*

Presenters: Stephanie Covington, Ph.D, Dan Griffin, Ph.D, Dan Griffin, Ph.D

Agency: Center for Gender & Justice and Relational Development: <http://www.stephaniecovington.com/>

Date & Time: October or November 2017 – 8:00 a.m. – 5:00 p.m.

Location: Provo Marriott Conference Center

The Neurobiology of Trauma:

Trauma's effects on the brain and nervous system development and functioning

**California Center of Excellence
for Trauma Informed Care**

Gabriella Grant • Director
California Center of Excellence for Trauma Informed Care
Santa Cruz • California • November 2016

Disclaimer

- I am not a neurobiologist! This is a layperson's understanding of brain functioning based on published research. I use information from
 1. The Amazing Brain by the Trauma Academy by Dr. Bruce Perry
 - http://childtraumaacademy.com/amazing_brain/index.html
 2. The Body Keeps the Score, Bessel van der Kolk
 3. Janina Fisher's Trauma Informed Stabilization Treatment
 4. Dr. Stephen Porges, The PolyVagal Theory
 5. Harvard University Center for the Developing Child

Q&A

- Define trauma according to SAMHSA:
- A) "Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning."
- B) "Interactionist perspective:" person and situation.
- C) "Psychic trauma occurs when a sudden, unexpected, overwhelming intense emotional blow or a series of blows assaults the person from outside. Traumatic events are external, but they quickly become incorporated into the mind"
- D) "Trauma results from event experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects functioning and well-being."
- E) "Traumatization occurs when both internal and external resources are inadequate to cope with external threat"

Q&A

- Define universal precautions:
- A) Everyone has trauma.
- B) Treat and protect everyone equally.
- C) Take a thorough assessment of trauma history with everyone.
- D) Force disclosure.

Q&A

- What are two mechanisms that convert early childhood adversity into biomedical disease?
- A) Traumatic brain injury and psychosis.
- B) Bloodborne pathogens and environmental toxicity.
- C) GMO foods and gluten
- D) Unsafe behaviors and neuro-dysregulation.

Q&A

- What specific effects does chronic neuro-dysregulation have on the human body?
- A) Suppression of the immune system
- B) Activation of pro-inflammatory molecules
- C) Both of the above.
- D) None of the above.



Bodily functions like breathing, circulation, digestion respond to the emotions we actually feel, not to moral precepts. The body sticks to the facts.

- Alice Miller
The Body Never Lies: The lingering effects of hurtful parenting, pg. 33

Mental Health Science

Clinicians and neuroscientists propose a new umbrella discipline they call "mental health science" to marry the benefits of both disciplines by clinicians and neuroscientists working together to understand and improve psychological treatments.

1. Uncover the neurobiological mechanisms of existing psychological treatments.
2. Neuroscience is providing "unprecedented" insights that can relieve dysfunctional behavior—practitioners can use those insights to create new and improved psychological treatments.
3. The next generation of clinical scientists and neuroscientists should work more closely together.

Emily A. Holmes, Michelle G. Craske & Ann M. Graybiel, *Nature Magazine*, 2014

Developmental traumatology

- Aim is to unravel the complex interactions between an individual's genetic [and epigenetic] constitution, their unique psychosocial environment and the proposed critical periods of vulnerability for and resiliencies to maltreatment experiences and to determine how such factors may influence changes in biological stress systems and brain development, thus leading to the known serious consequences of early life stress [later in life].

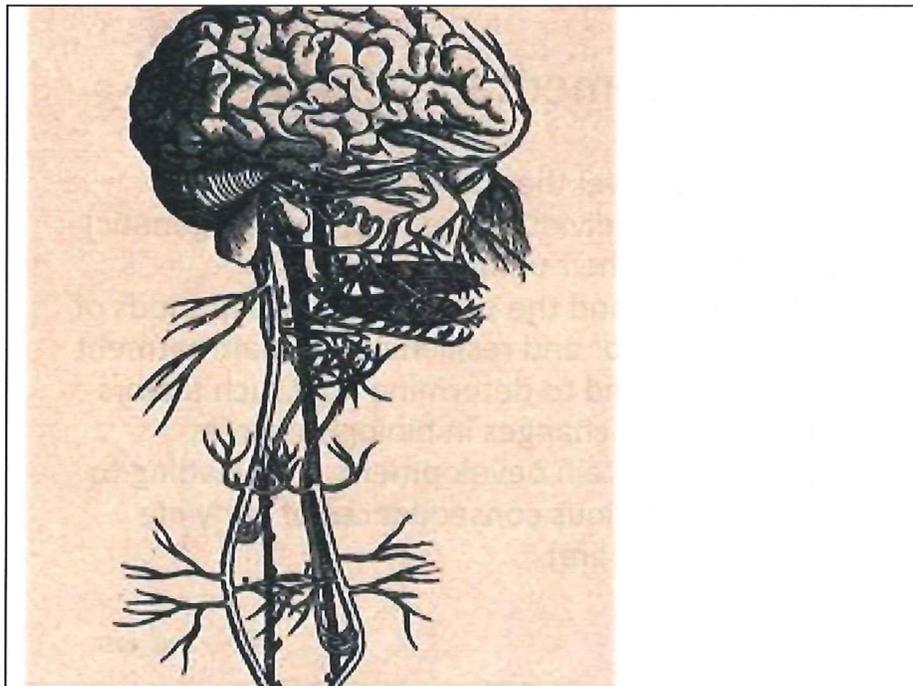
Teicher et al., 2010

...and the brain

“Without understanding the basic principles of how the brain develops and changes, we cannot expect to design and implement effective interventions.”

Bruce Perry, M.D.

11



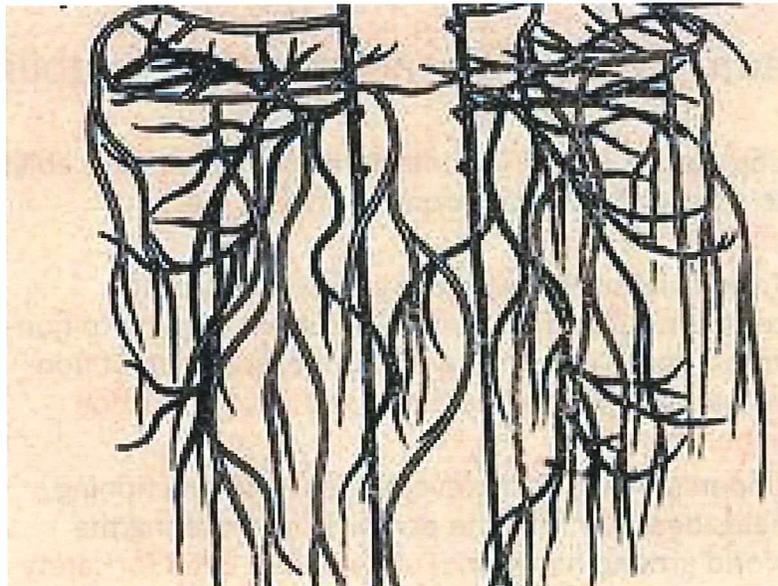
...the nervous system...

“If treatments are unable to shift the client to a calmer physiological state, then access to the psychological mechanisms and processes that have been the bases of psychotherapy may not be efficiently available.”

The PolyVagal Theory

Dr. Stephen Porges

2011



Trauma...

“Many problems of traumatized children can be understood as efforts to minimize objective threat and to regulate their emotional distress. Unless caregivers understand the nature of such re-enactments they are liable to label the child as “oppositional”, ‘rebellious”, “unmotivated”, and “antisocial”. “

Bessel van der Kolk
Developmental trauma disorder

Trauma/PTSD ≈ neurological disability

- Complex trauma/PTSD interferes with a person’s ability to store and retrieve information. (**Memory impairments**)
- Trauma interferes with the interpretation and communication functions of the brain, leading to non-verbal communication and misinterpretation of non-verbal signals. (**Interpersonal and communication impairments**)
- Understanding brain development and functioning helps decipher how the person is interpreting the world around him/her. (**Fundamental need for safety to function now**)

SAMHSA

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as **physically or emotionally harmful or threatening** and that has **lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.**
- www.samhsa.gov/traumajustice/traumadefinition/definition.aspx



Adult disease

- ACEs are related to adult disease by 2 etiologic mechanisms:
 1. Conventional risk factors that are actually attempts at self-help through largely non-conscious, unsafe strategies. Unsafe behaviors
 2. The effects of chronic stress as mediated through chronic hypercortisolemia, pro-inflammatory cytokines and other stress responses on the developing brain and body systems, dysregulation of the stress response, and pathophysiological mechanisms yet to be discovered. Neuro-dysregulation

"The Relationship of ACEs to Adult Medical Disease, Psychiatric Disorders and Sexual Behaviors: Implications for healthcare," Felitti and Anda in *The Impact of Early Life Trauma on Health and Disease*, Lanius, 2010

Visceral homeostasis

Measure: Heart rate variability

- Stress is observed when behavior becomes disorganized and homeostatic processes are disrupted.”
 - Porges, The PolyVagal Theory, 2010, pg. 63
- Homeostasis reflects the regulation of internal viscera and stress reflects the subjugation of internal needs in response to external needs.
 - Porges, The PolyVagal Theory, 2010, pg. 67
- Individuals exhibiting problems of homeostasis will have the greatest stress vulnerability.
 - Porges, The PolyVagal Theory, 2010, pg. 68

PTSD = nervous system dysregulation

- PTSD is associated with limbic instability alterations in the HPA (hypothalamic– pituitary–adrenal) axis and the sympatho-adrenal-medullary axes
 - affecting neuroendocrine and immune functions
 - central nervous system effects resulting in pseudo-neurological symptoms and disorders of sleep–wake regulation
 - result in autonomic nervous system dysregulation. (Gupta, 2013)

Trauma and the immune system

- Stress exposure affects the neurotransmitter systems, the neuroendocrine system and the immune system. (Porges, 2011)
- Immune dysregulation and inflammation associated with trauma histories. Mechanism via global and gene-specific DNA methylation. (Smith, et. al., 2011)

Trauma impairs the immune system

- Childhood neglect 4x increased risk of autoimmune disorders
- Sexually abused women 6x increased risk for autoimmune disorders
- Vietnam War veterans 3.3x increased risk for autoimmune disease.
- Stress suppresses the immune function, significantly increases risk for infections, tumors and death. (Porges, 2011)

Chronically stressful emotional patterns could induce inflammatory disease in the gut through the mediation of the psycho-immunological super-system and the activation of pro-inflammatory molecules by stress.

Gabor Mate
*When the Body Says No:
Exploring the Stress-Disease Connection*, pg. 138

Trauma and epigenetics

- Epigenetic modifications, such as DNA methylation, can occur in response to environmental influences to alter the functional expression of genes in an enduring and potentially, intergenerationally transmissible manner.
- Support includes
 - recent findings of stress-related gene expression
 - in utero contributions to infant biology
 - the association of PTSD risk with maternal PTSD and
 - the relevance of childhood adversity to the development of PTSD.

Yehuda, 2009

Super-utilizers

- (1) Early-life instability and traumas, including parental loss, unstable or violent relationships, and transiency, informed many participants' health and health care experiences;
- (2) Many "high utilizers" described a history of difficult interactions with health care providers during adulthood;
- (3) Over half of the participants described the importance to their well-being of positive and "caring" relationships with primary health care providers and the outreach team.
- According to the Centers for Medicare and Medicaid, 1% of all patients -- the super utilizers -- are responsible for 22% of all health spending.

TABLE 1 Health Problems at Entry to Foster Care⁴¹

Problem or Condition	%
Chronic or untreated physical health condition	35–45
Birth defect	15
Mental health problem	40–95
Developmental/educational:	
Developmental delay in child <5 y	60
Special education placement/academic underachievement	45
Significant dental conditions ^a	20
Family problems ^b	100
Reproductive health issue risks (eg, pregnancy and sexually transmitted infections)	100

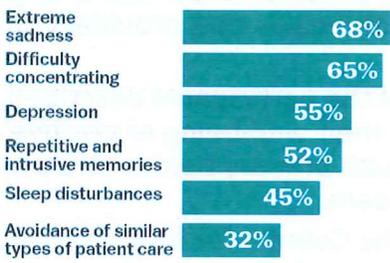
Health Care Issues for Children and Adolescents in Foster Care and Kinship Care
COUNCIL ON FOSTER CARE, ADOPTION, AND KINSHIP CARE
2015

^a Data are from Starlight Pediatrics, personal communication. Sangeeta Gajendra, DDS, MPH, Eastman School of Dentistry, Clinical Chief of Community Dentistry, Rochester NY, 2002.

^b By definition, because that is why they are in foster care.

Doctors and nurses are the "second victims" of medical errors

Symptoms reported by doctors and nurses involved in patient safety investigations

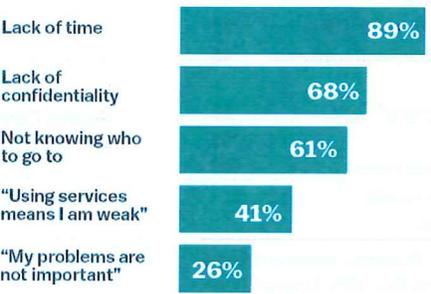


SOURCE: Journal of Quality and Safety in Health Care **Vox**

Vox, 2016

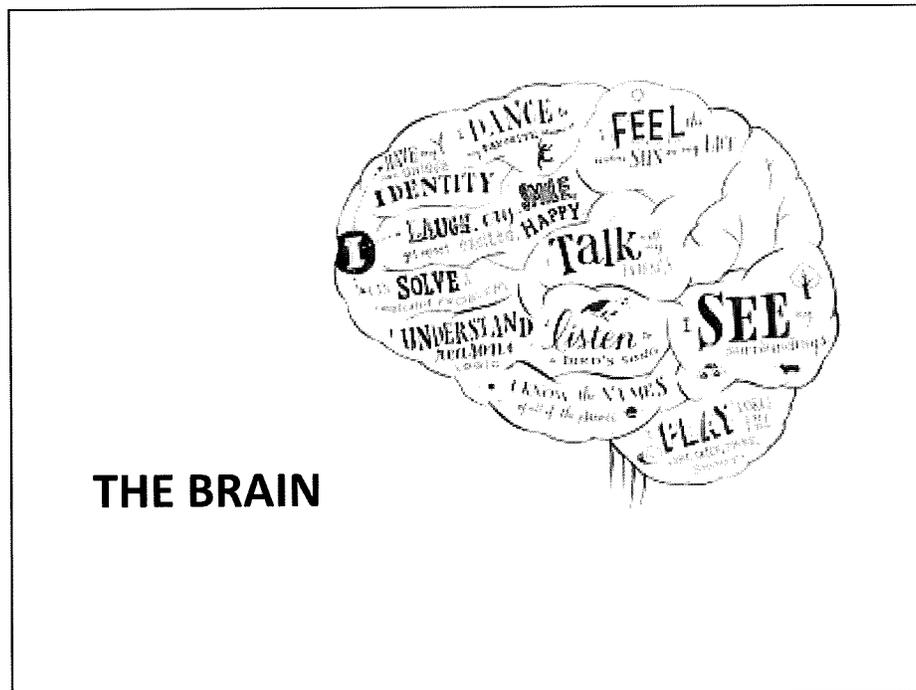
The barriers to seeking help

Percentage of doctors who "somewhat agree" or "strongly agree" that these are barriers to seeking help



SOURCE: Journal of Quality and Safety in Health Care **Vox**

Vox, 2016



Goal of Brain Development

“The goal of brain development is to produce an organism that is well suited to the demands of the environment.”

Teicher, Tomoda & Andersen, 2006

Brain rules

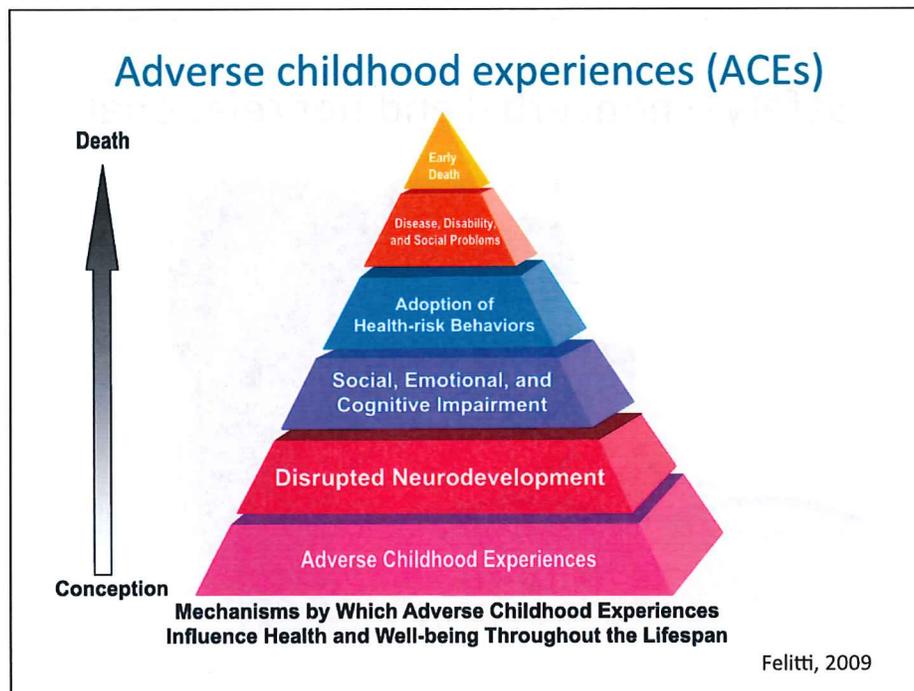
- The human brain is very plastic: Capable of changing in response to patterned, repetitive activation. **Born to learn new skills**
- Once organized, the brain is less responsive or less plastic to the environment. **Harder to re-learn**
- The brain changes in a use-dependent fashion. **Use it or lose it and what fires together, wires together**
- To change the brain (learn new skills), the experience has to activate the part of the brain that controls the function. **Actual use over discussion of use**

Threat alarm

- Raised in an environment of persistent threat, the child will have altered arousal baseline:
 - Traumatized children remain in a physiological state of persistent alarm.
 - Internal state of calm rarely obtained.

Perry, The Amazing Brain

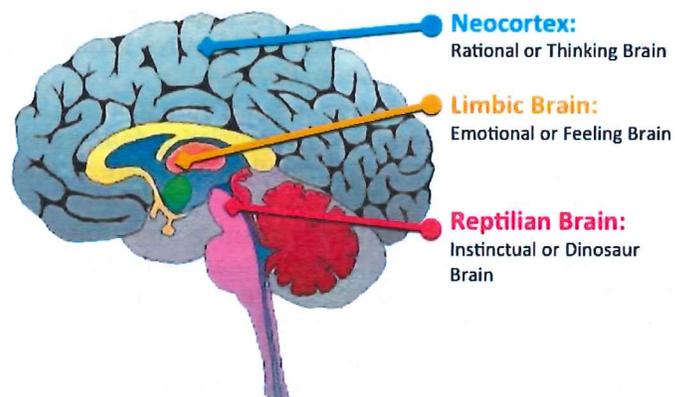
www.childtraumaacademy.com/amazing_brain/index.html

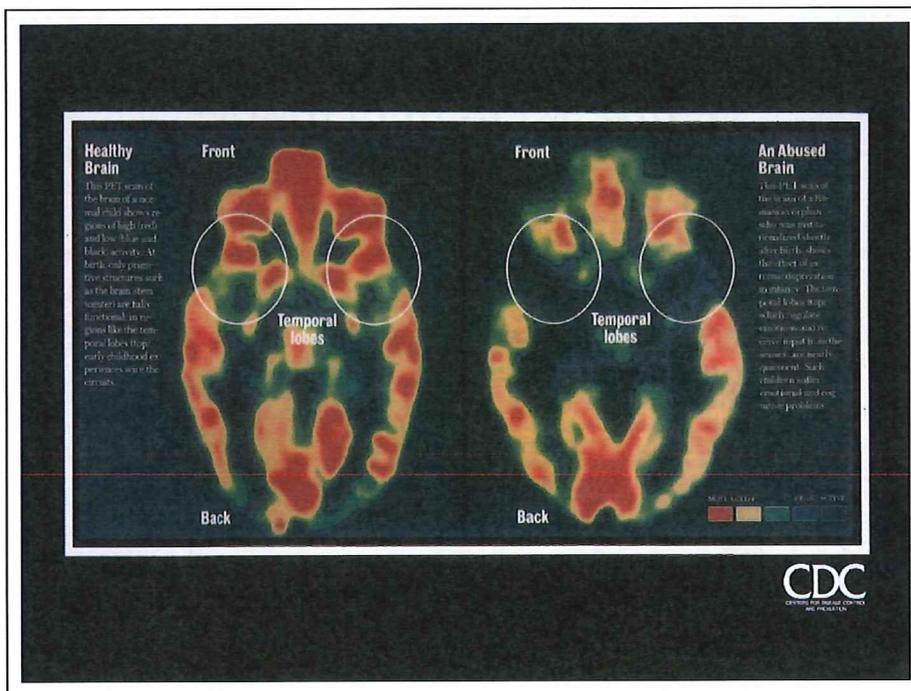


Neurosequential Model of Therapeutics (Perry)

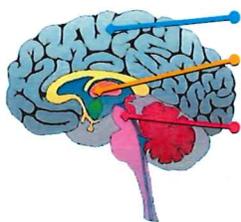
- Developmentally sensitive, neurobiologically informed approach to clinical work, **not a specific therapeutic technique or intervention.**
- The idea is to start with the lowest (in the brain) undeveloped/ abnormally functioning set of problems and move sequentially up the brain as improvements are seen. **Bottom up**
- Examples for brainstem stimulation include dance, music, or massage, especially for children whose persisting fear state is so overwhelming so their brainstem is regulated by safe, predictable, repetitive sensory input. **Self-regulatory**
- An example of a limbic intervention is positive, nurturing, predictable interactions with safe peers, teachers, and caregivers, to bond with others via increased positive relationships or therapeutic relationships. **Interpersonal**
- An example of cortical interventions is narrate in a time sequential manner to understand personal history or consequences. **Cognitive**

Safety – nonverbal and nonrelational





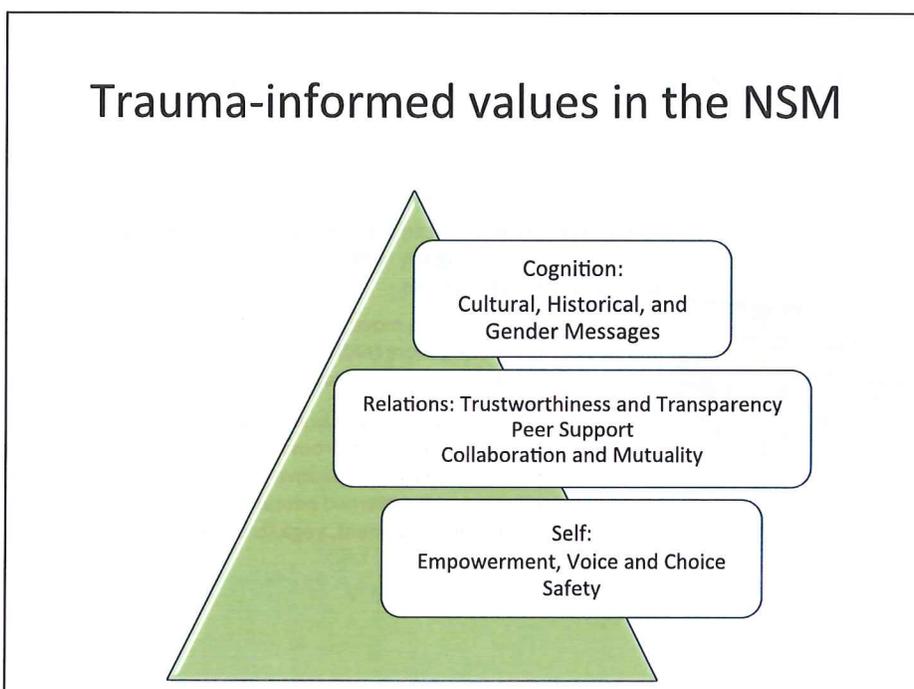
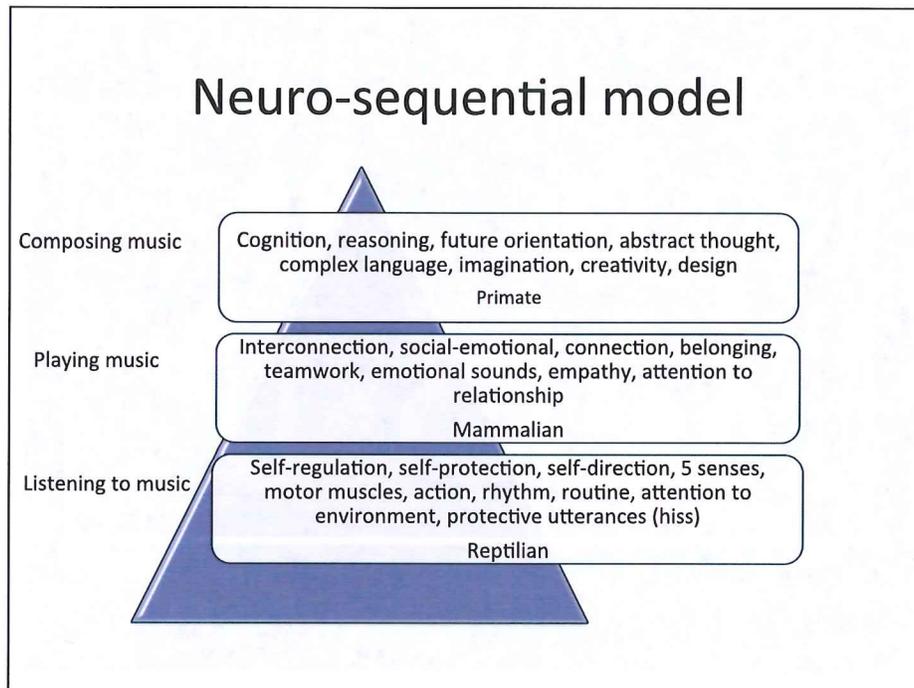
Neurosequential Model of Therapeutics for Children



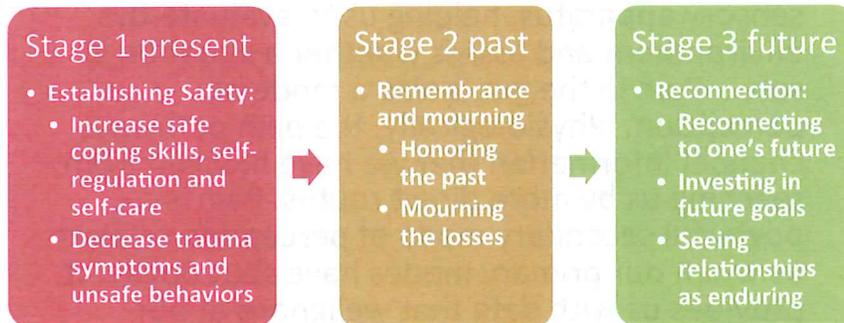
Therapeutic techniques can then be more verbal and insight oriented (cortical) using any variety of cognitive-behavioral or psychodynamic approaches.

Therapeutic work can then move to more relational-related problems (limbic) using more traditional play or arts therapies and to improve fundamental dyadic relational skills.

Focus first on the poorly organized brainstem/diencephalon and related self-regulation, attention, arousal, and impulsivity Using any variety of patterned, repetitive somatosensory activities to provide these brain areas patterned neural activation necessary for re-organization: music, movement, yoga (breathing), and drumming or therapeutic massage.



Stages of Trauma Recovery



Judith L. Herman, 1992

Neurobiology of the brain

- **MacLean's Triune Brain Model**

THE THREE BRAINS



Communication channels

- “Gut feelings are an important part of the body’s sensory apparatus, helping us to evaluate the environment and assess whether a situation is safe....Pain in the gut is also a mode of perception. Physiologically, the pain pathways channel information that we have blocked from reaching us by more direct routes. Pain is a powerful secondary mode of perception to alert us when our primary modes have shut down. It provides us with data that we ignore at our peril.”
– Maté, pg. 152

- Specific investigation of the literature suggests that the PNS, virtually independent of the SNS, regulates homeostatic processes and would be most sensitive to stress.

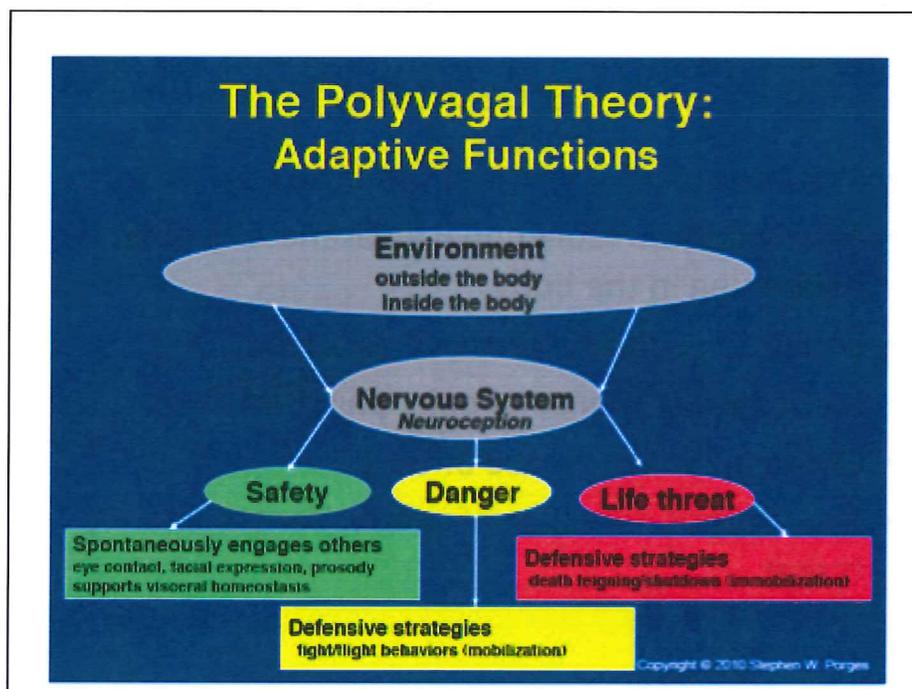
- The vagus and its branches account for approximately 80% of the parasympathetic nervous system, which makes up 80% of the sensory apparatus.

Perceptions

- Proprioception – sense of self in space
- Interoception – functional awareness of what is happening in the body
- Equilibrioception – sense of balance
- Nociception – sense of pain, pain threshold
- Chronoception – sense of time
- Neuroception – sense of safety, danger and life threat

Polyvagal theory – Dr. Stephen Porges

- Part of the current revolution in trauma treatment (present, body-centered, safety-focused, action oriented vs. past-focused talk therapy)
- Fills gaps in traditional simple Autonomic Nervous System model as it applies to trauma
- Mammalian vagal system more complex:
 - Primitive dorsal vagal freeze/shut down system
 - Mammalian ventral vagal social engagement system
 - Vagal brake on sympathetic arousal
 - Neuroception



Neuroception

- The constant, continuous, non-conscious appraisal of **safety**, **danger** and **life threat**.
- Largely outside the realm of awareness and language and inherent in our biology from birth
- Tracking and scanning processes can become overly sensitized to danger and life threat and un-oriented to safety and connection.

Vagal brake

- Infants who have difficulties in regulating the vagal brake (i.e., decreasing cardiac vagal tone) during social/attention tasks later in life have difficulties developing appropriate social interactions requiring reciprocal engagement and disengagement strategies.
- When sympathetic tone (threat) drives the body in an unsustainable way, physiology demands some respite and it often comes in the form of shut-down.
- Unmyelinated dorsal vagal system results in the following nonconscious, automatic responses:
 - Freezing
 - Speechlessness
 - Dissociation
 - Involuntary Defecation
 - Involuntary Urination
 - Fainting
 - Shock
 - Sense of Effort (difficulty to move)
 - “I don’t know”

Neuroceptive Invalidity

- Victims of abuse have state regulation difficulties with a bias toward behavioral states that are self-protective. This potential vulnerability to be defensive may result in difficulties feeling safe with others and in developing trusting social relationships (Porges, pg. 240)
- A history of abuse may “tune” the nervous system to be cautious and prepared for defensive fight-or-flight behaviors, even when real dangers do not exist. (Porges, 239)
- It is possible that neuroception of the [social] environment provides an invalid indicator for individuals with [complex trauma]. Thus, rather than being calm in the presence of another “nonthreatening” human, the ANS is regulated to a state that supports fight and flight as the social defense system. (Porges, 236)

Safety, self-protection, self-regulation

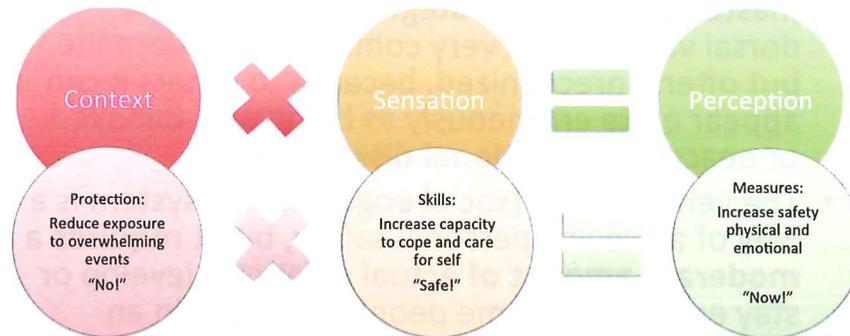
ACTIVELY BUILDING SAFETY SKILLS

- Relational interventions are contraindicated and mastered defense strategies will be used. A dorsal vagal shift is very common in modern life, but often unrecognized, because to others it can appear quite erroneously as being well-behaved or peaceful. **“Functional dissociation”**
- The ventral-vagal (social engagement) system is a way of achieving personal safety, but it **requires a moderate amount of actual safety** to develop or stay employed. Some people are stuck in an unsafe Catch-22!

“Children learn to regulate their behavior by anticipating their caregivers’ responses to them.”

- van der Kolk; Schore 1994

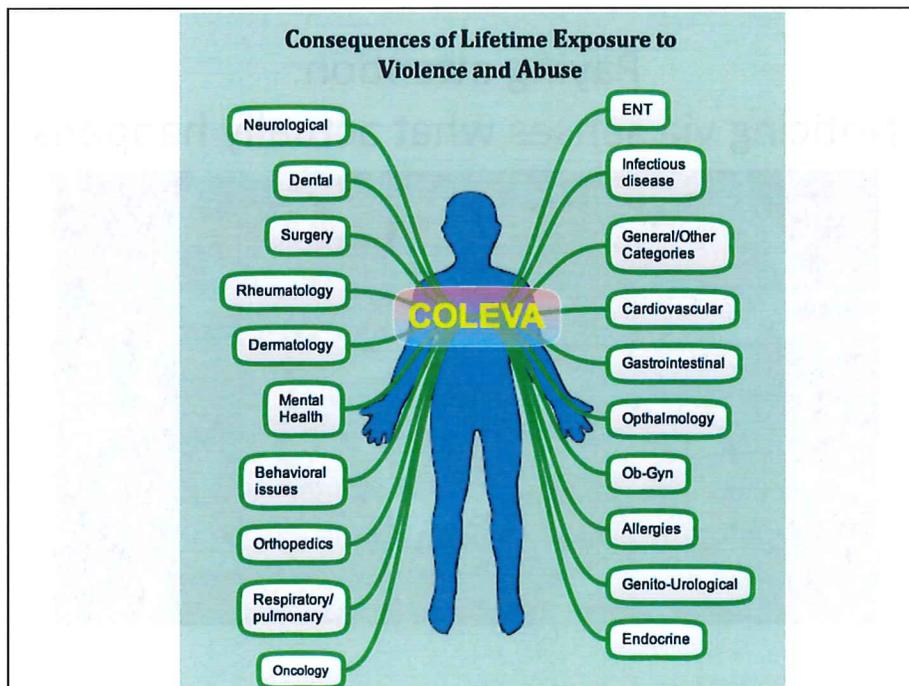
Treatment is neurobiological



Once traumatized people learn to reorient themselves to the present they can experiment with reactivating their lost capacities to physically defend and protect themselves.

Van der Kolk, 2006

- Based on the NSM and the Polyvagal theory, science and practice—including non-Western approaches to trauma healing—are coalescing to recognize the key role of self-regulation as a cost-free, often available method to promote healing, safety, connection and health. Several examples of self-regulatory techniques will be offered and demonstrated, including grounding, EFT, and mindfulness. Aspects to consider related to trauma will be emphasized.

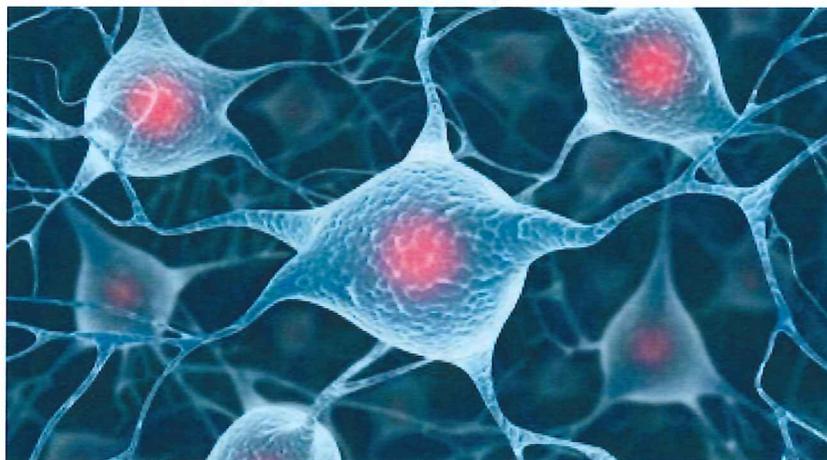


Essential nutrients

- Alimentation (Vitamins, minerals, protein, etc.)
- Water, fluids
- Fresh air, oxygen
- Movement, muscle fatigue
- Sleep, rest
- Shelter
- Clothing
- Needed medical attention
- Sunshine
- Safety

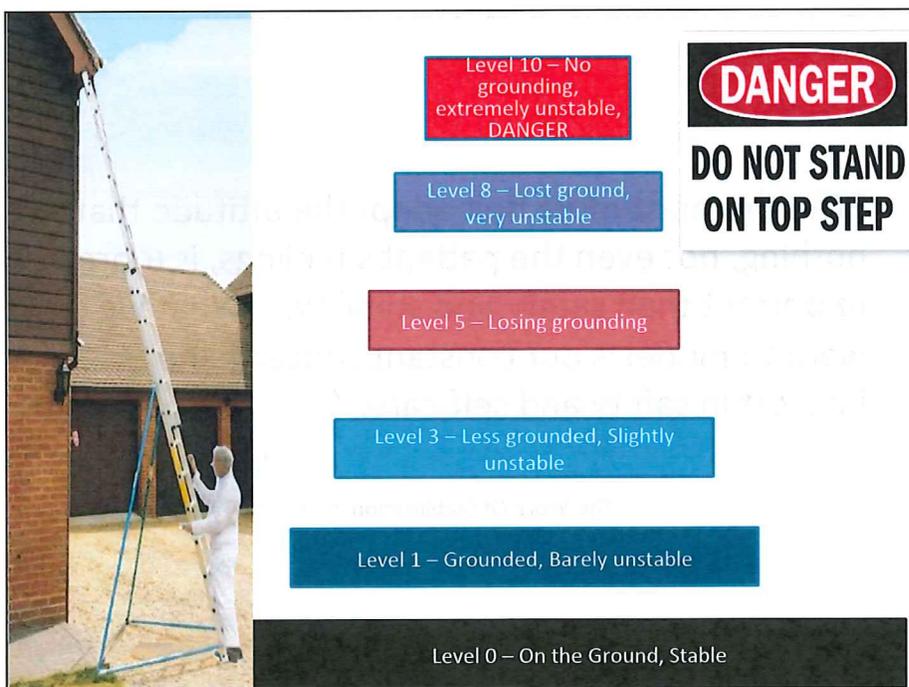
Paying attention:

Noticing **via senses** what actually happens



Intense emotions: Grounding

- Detaching from overwhelming emotional pain.
- Useful when someone experiences flashbacks, overpowering sadness, dissociation, aggression, desire to flee or fight.
- Useful for when experiencing conflict, judgment, time-crunch, fear of being blamed.
 - Present-focused. **Here, now**
 - Externally focused. **Physical, real, outside self**
 - Concrete, categories, movements and thoughts to calm, soothe and help detach from emotional pain. **Distraction, detachment**
- Good for children when having temper tantrums, crying fits, hard time breathing, overwhelmed



Safety, connection, autonomy, interdependence

SAFE CONNECTIONS

“The therapist must first adopt the attitude that nothing, not even the patient's feelings, is more important than safety and stability.... What we want to model is our constant concern and interest in safety and self-care. ”

- Janina Fisher

The Work Of Stabilization In Trauma Treatment, 1999

Safe connection

- Safety, security, stability of this person
- Invitational
- Radical informed consent
- Focus on safely meeting needs
- Coping skills vs. feelings processing
- Grounding, anchoring, self-regulation
- Multiple formats, repetition, practice, handouts
- Balance empathy and accountability

- In the course of successful recovery, it should be possible to recognize a gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory, from stigmatized isolation to restored social connections.
- Judith Herman, "Safety" in Trauma and Recovery, pg. 155

Build active safety skills

- Use the *Safe Coping Skills* sheet.
- Practice self-regulatory skills via scripts and fun activities.
- Distinguish between *physical and emotional* safety.
- *Measure reductions in unsafe behaviors* and use that to assess program's effectiveness w/client.
- Relate all *unsafe behaviors to the person* (do not hold other people's safety as more important).
- Use *Seeking Safety* as a staff development program.
- Use the *Danger Assessment* when domestic violence involved.

Notice this...

"Life-or-death", forever,
never-ending

Permanent, never changing

Dissociation

Self-labels, self-diagnosis ("I
am...")

Freeze when threatened

"Freak out" when informed

Terror

Move to this...

"Here-and-now", right now

Possible, changeable,
attemptable

Awareness

Schemas, information ("Have
you noticed...")

Action when threatened

Options when informed

Safety

(Adapted from Fisher, 2003)

Radical informed consent

- Rights-based
 - Constitution and the Survivors' Bill of Rights
- Invitational
 - “Are you willing” “Could it be helpful?”
- Now (present focus)
 - You can consent or remove consent every session/day
- Ask for agreement (not understanding)
 - Do you agree to these rules? No? What's the disagreement?
- Choices – simple and clear and Constitutional
 - You do not have to answer these questions

Trauma Survivors' Bill of Rights: all about consent

*A Recovery Bill of Rights
for Trauma Survivors*

By Thomas V. Maguire, Ph.D.

BY VIRTUE OF YOUR PERSONAL AUTHORITY YOU HAVE THE RIGHT TO...

- Manage your life according to your own values and judgment.
- Direct your recovery, answerable to no one for your goals or progress.
- Gather information to make intelligent decisions about your recovery.
- Seek help from many sources, unhindered by demands for exclusivity.
- Decline help from anyone without having to justify the decision.

TO GUARD YOUR PERSONAL BOUNDARIES YOU HAVE THE RIGHT TO...

- Speak or remain silent, about any topic and at any time, as you wish.
- Choose to accept decline feedback, suggestions, or interpretations.
- Ask for help in healing, without having to accept help with everything.
- Be touched only with, and within the limits of, your consent.
- Take action to stop

Observe the Constitution

Avoid self-incrimination and protect others from self-incrimination

- Clients involved in the dependency and delinquency systems may choose not to share information with advocates, court personnel, and mental health professionals to protect themselves or others.
- Attorneys and other advocates may choose not to ask about past experiences or request screenings or assessments for fear of uncovering information that could be used against their client.
- Advocates can give copies of trauma-focused guides or handouts to all clients rather than single out particular youth (see <http://www.nctsn.org> for some examples).

Pilnik, L., & Kendall, J. R. (2012)
Victimization and Trauma Experienced by Children and Youth: Implications for Legal Advocates
Moving From Evidence to Action: The Safe Start Series on Children Exposed to Violence Issue Brief #7.
Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

- Among patients with high rates of trauma load, retention level increased from 29% to 80% when education about alcohol and trauma was added to treatment as usual. (Dore, 2012)

The limits of talk

“The imprint of trauma doesn’t ‘sit’ in the verbal, understanding, part of the brain, but in much deeper regions - amygdala, hippocampus, hypothalamus, brain stem -which are only marginally affected by thinking and cognition... then to do effective therapy, we need to do things that change the way people regulate these core functions, which probably can’t be done by words and language alone.”

Van der Kolk
The Body Keeps Score

Art Therapy



Group healing

- B van der Kolk recommends choral singing as trauma tx.
- NADA protocol for ear acupuncture.
- Many non-Western cultures have healing traditions that activate and use physical movement and breath:
 - Yoga, chi qong, meditation, and tai chi, all of which claim to regulate emotional and physiological states.
- Trauma-informed yoga shown to reduce PTSD symptoms (Emerson, 2009)
- Working with sensation and movement has been extensively explored in many techniques:
 - mindfulness, focusing, sensory awareness, Feldenkrais, Rolfing, the F.M. Alexander Technique, body–mind centering, somatic experiencing, Pesso-Boyden psychotherapy, Rubenfeld synergy, Hakomi, and many others.
- Self-defense classes, kick-boxing, dance and theatre also work in similar ways.

WHAT WE TEACH

Capacitar offers simple effective wellness skills such as:

- Body movement
- Acupressure for pain & stress
- Fingerholds for emotions
- Breathwork & visualization
- Emotional Freedom Tapping.

Capacitar.org



USA: Domestic Violence



Rwanda: HIV/Trauma



Northern Ireland: Trauma Counselors

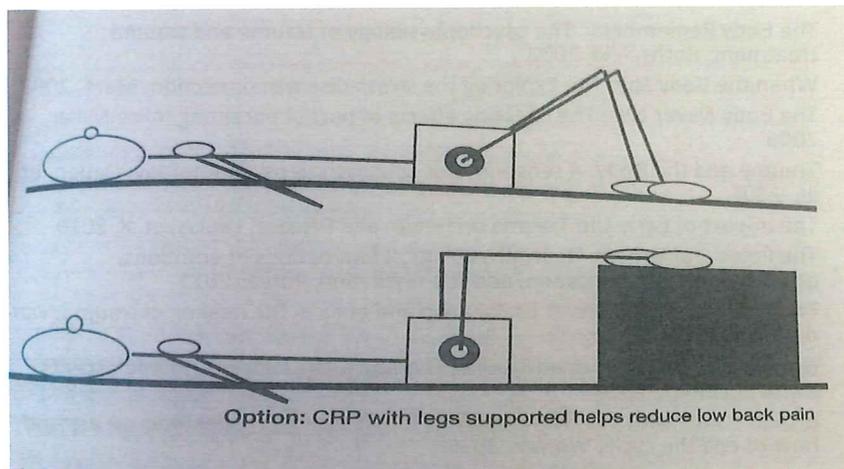


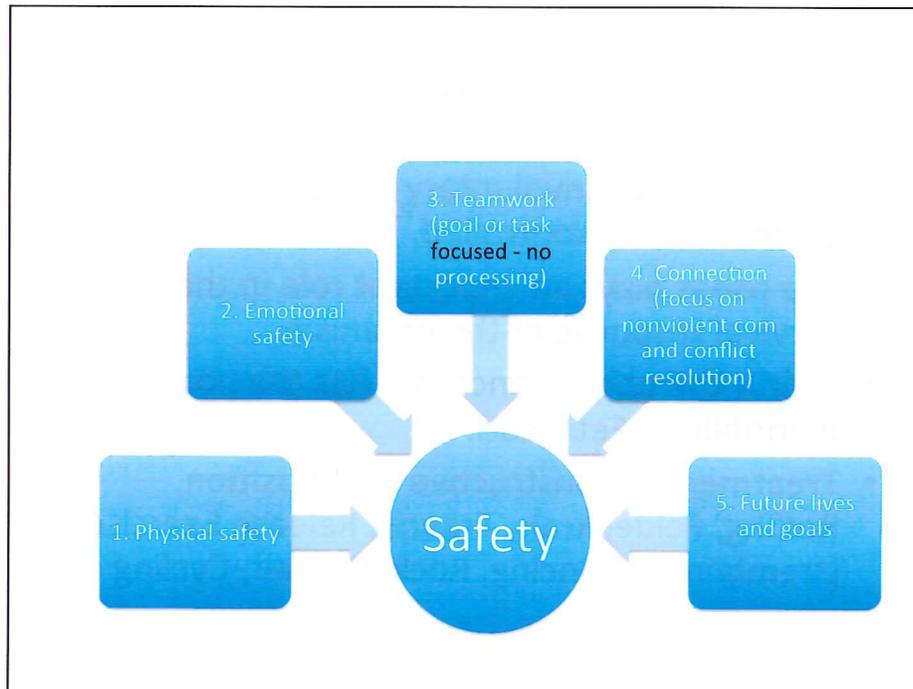
El Paso/Juarez: Border Outreach

Psoas

- Considered an involuntary muscle, it cannot be consciously controlled.
- The psoas plays an important role in the survival response of the organism.
- Fear is the only instinct that has the power to immobilize. Fetal curl.
- Treatments: Constructive Rest Position, Rolfing, Feldenkrais, Trauma Release Exercises (trembling), Dancing, Rocking chair, Cycling

Constructive Rest





Bibliography

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- When the Body Says No: Exploring the stress-disease connection, Maté, 2003
- The Body Never Lies: The lingering effects of hurtful parenting, Alice Miller, 2006
- Trauma and the Body: A sensorimotor approach to psychotherapy, Ogden, et al., 2006
- The Impact of Early Life Trauma on Health and Disease, Lanius, et al. 2010
- The PolyVagal Theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation, Porges 2011
- The Body Keeps the Score: Brain, mind and body in the healing of trauma, van der Kolk, 2014
- Neurobiologically Informed Trauma Therapy with Children and Adolescents, Linda Chapman, 2014
- It Didn't Start with You: How inherited family trauma shapes who we are and how to end the cycle, Wolynn, 2016

Recommended reading

- Brain Rules, John Medina
- Boy Raised as a Dog, Bruce Perry
- The Brain that Changes Itself, Norman Doidge
- Developmental Traumatology, Part 2: Brain Development. M.D. De Bellis, M.S. Keshavan, D.B. Clark, B.J. Casey, J.N. Giedd, A.M. Boring, K. Frustaci and N.D. Ryan in Biological Psychiatry, May 15, 1999.
- Wounds That Time Won't Heal: The Neurobiology of Child Abuse, Martin H. Teicher in Cerebrum, Fall 2000.
- McLean Hospital: www.mcleanhospital.org

Youtube videos

- Comparison of the sympathetic/parasympathetic nervous systems
 - <https://www.youtube.com/watch?v=1JTz5WQDWd4>
- Gabby's grounding video
 - <https://www.youtube.com/watch?v=88AuyGF2J3I>
- PolyVagal Theory – Dr. Stephen Porges
 - <https://www.youtube.com/watch?v=MKkDAOW2yd4>

Thank you!

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- 916-267-4367

California Center of Excellence

for Trauma Informed Care