



Inter-Connected Trauma Cycles From Conception to Care Provision

**Impacts of Stress, Trauma, & Coping Strategies on
Clients, Natural Care, & Service Providers**

**Presented by:
Leon Aragon & Cindy Myers**

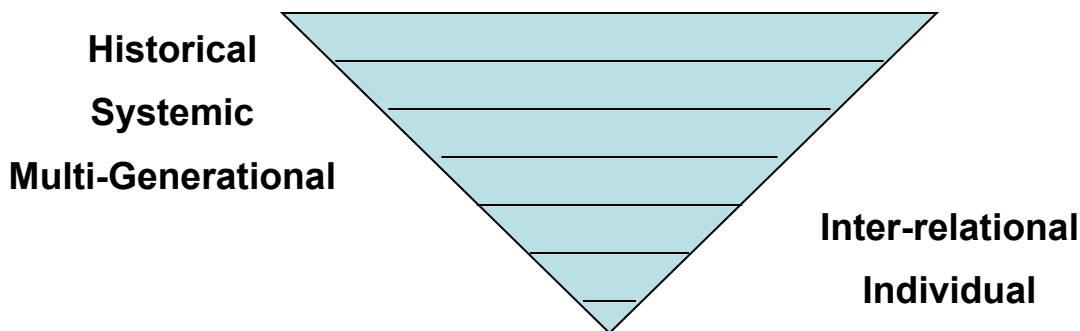
Overview: From Macro-Micro Trauma

Macro-Trauma

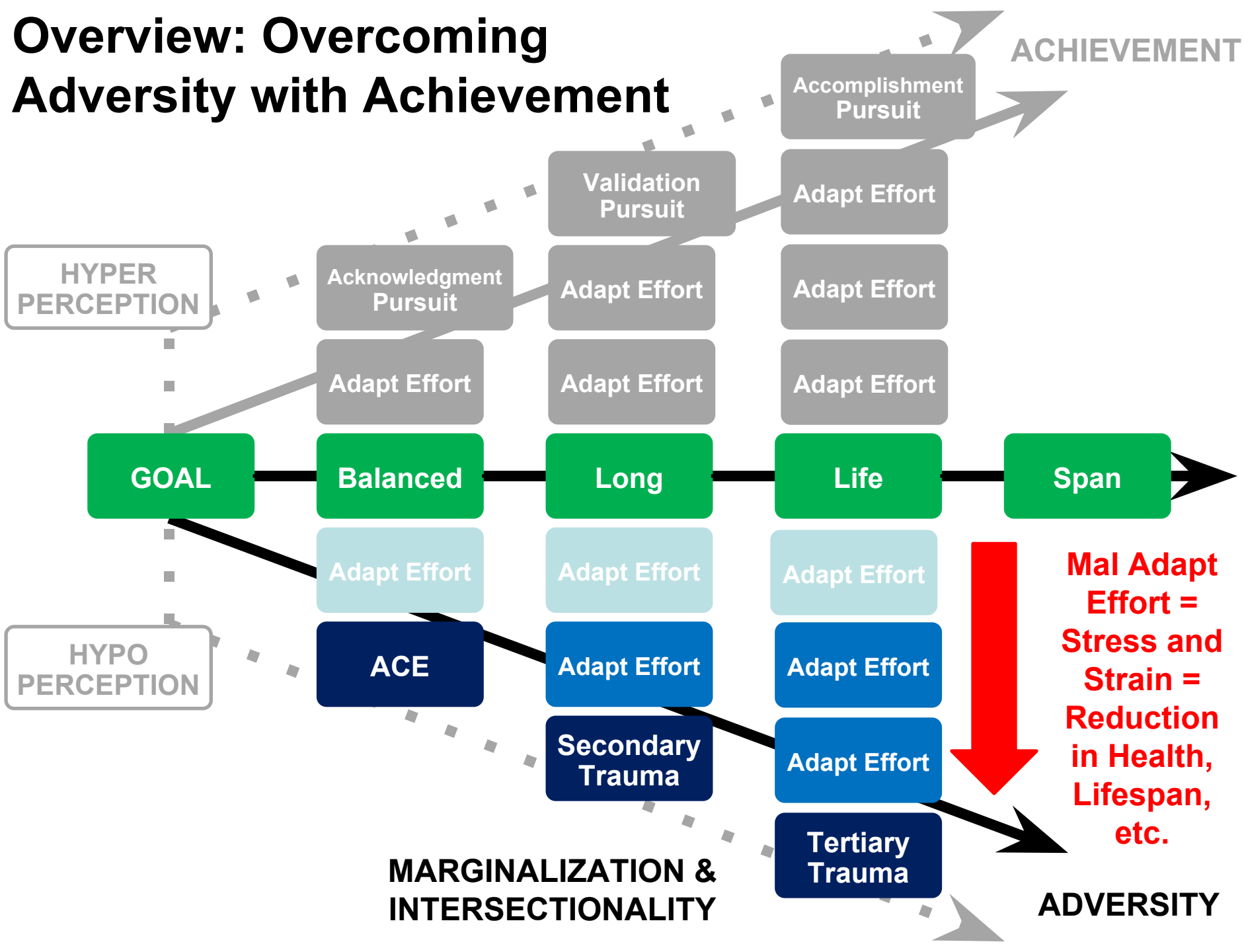
- Often seen from an environment or generalized other beyond specific individual

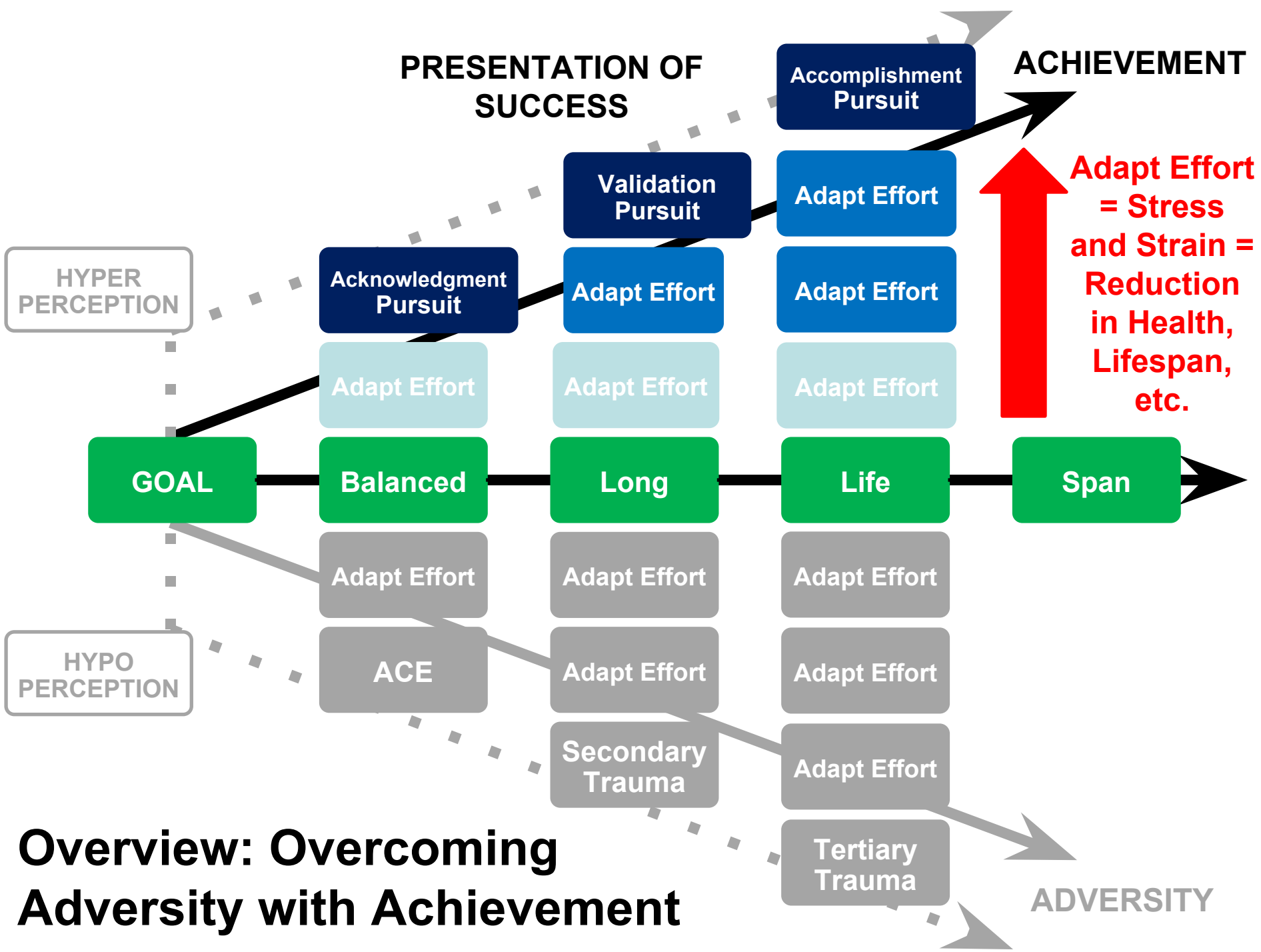
Micro-Trauma

- Often seen as directly from another individual or individuals



Overview: Overcoming Adversity with Achievement





Three Learning Objectives

1. Neurological effects of Stress & Trauma on early brain development of clients (ex. Children)
2. Development of coping strategies and effects on natural care providers (ex. Family, Foster Parents, etc.)
3. Addressing early childhood trauma & coping strategies' impacts on service professionals (ex. Educational & Clinical Service Providers, etc.)

Learning Objective One

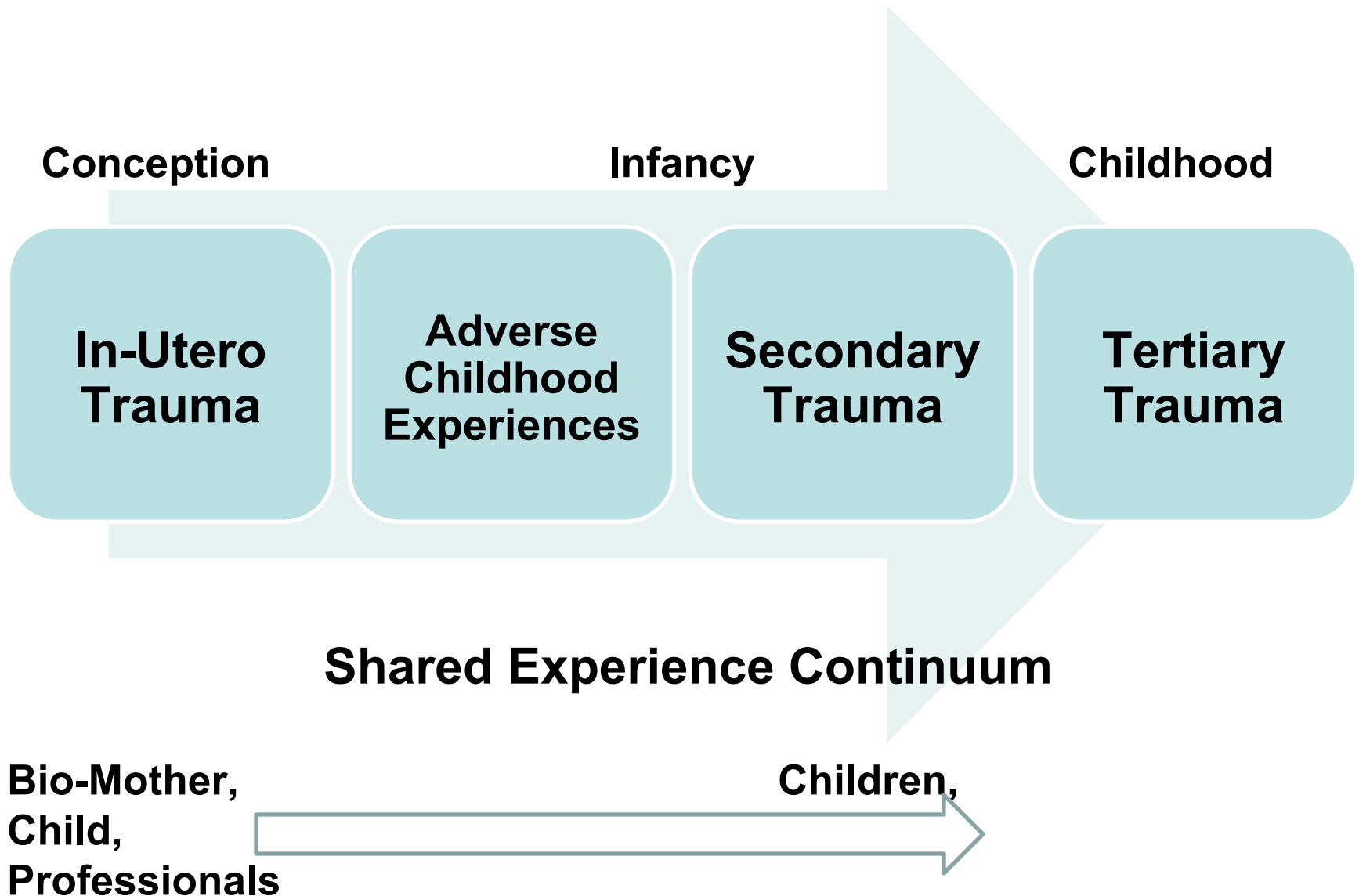
Neurological effects of Stress & Trauma on early brain development of clients:

- Before birth, infants are affected by stress as some studies are suggesting that stress in the womb can affect a baby's temperament and neurobehavioral development.
 - *For example Infants whose mothers' experienced high levels of stress while pregnant, particularly in the first trimester, show signs of more depression and irritability.*
- To address the neurobehavioral development of stress and trauma in early childhood, we must identify stressors in the social environment & reactions that are either adaptive or maladaptive.
- To examine of the process of infancy bond formation as early examples of social and emotional development, the quality of the infant-parent attachment is a powerful predictor of a child's latter social and emotional skills.

Learning Objective One

- Advances in developmental biology and neuroscience are building a strong evidence base that supports new approaches to health centered on the early experiences and exposures in the first years of life.
 - Positive early experiences and exposures foster optimal brain development.
 - Conversely, negative experiences and exposures impair brain development through cumulative damage over time or impaired development of the brain architecture during sensitive developmental periods.
- The impact of what occurs may include cognitive impairment and behavioral disorders, both of which influence:
 - Emotional
 - Physical
 - Cognitive
 - Behavioral
 - Social
 - Developmental

Trauma Transfer Time Line



Learning Objective Two

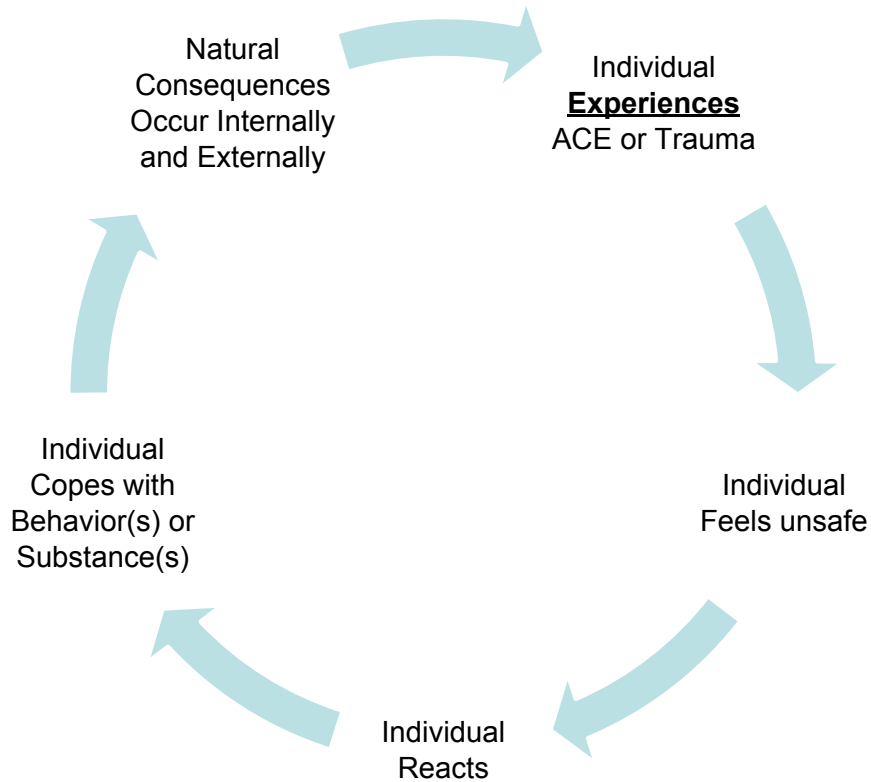
Early childhood development of coping strategies & effects on natural care providers (ex. family, foster parents, etc.)

- To explore the connection of early coping strategies during developmental stages and latter expression of adaptive and maladaptive behaviors & culture.
 - Attachment and Avoidance
 - Addiction and Abstinence
- As we learn more about the relationship of early childhood development and adverse childhood experiences (ACE), service providers recognize the need to understand the link between stress and trauma as it relates to social environments.

Trauma Replication Cycle

Trauma of Origin:

Conception – Infancy – Adverse Childhood Experiences



Natural Consequences Occur Internally and Externally

Individual **Reminded or Re-experiences** ACE or Trauma

Individual Copes with Behavior(s) or Substance(s)

Individual Feels unsafe

Individual Reacts

Trauma Reoccurrence or Transfer:

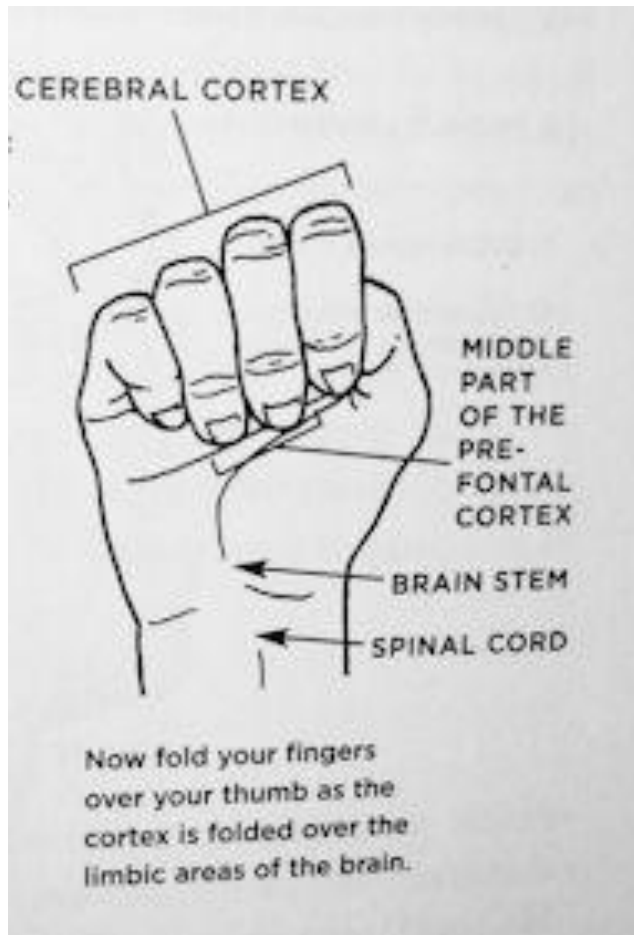
Adolescence - Adulthood - Parenthood

Learning Objective Two

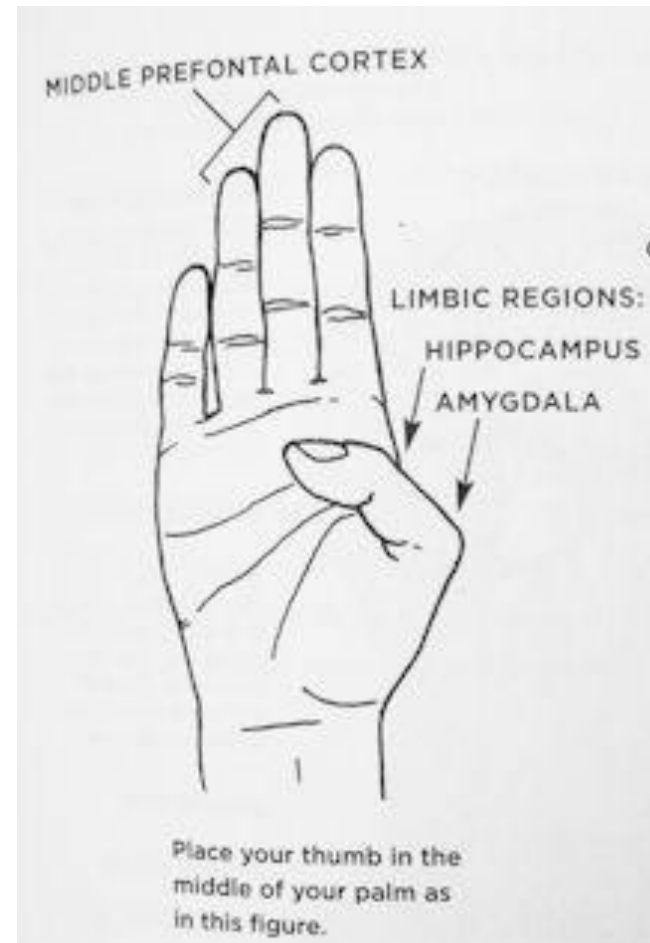
- The skills needed to cope with stressful events, chronic adversity, and to regulate emotions (including emotions that arise in response to stress) are fundamental and pervasive aspects of development that emerge over the course of childhood, adolescence, and young adulthood.
- To identify coping strategies of parents and guardians created during the early developmental stages that have lasting effects on children.
- Ways Childhood Trauma can affect how Parenting:
 - Imitating
 - Overreacting
 - Projecting
 - Recreating
 - Being Defended
 - Getting Triggered
 - Listening to a Critical Inner Voice

Exercise: Hand Model of the Brain

Under Normal Conditions



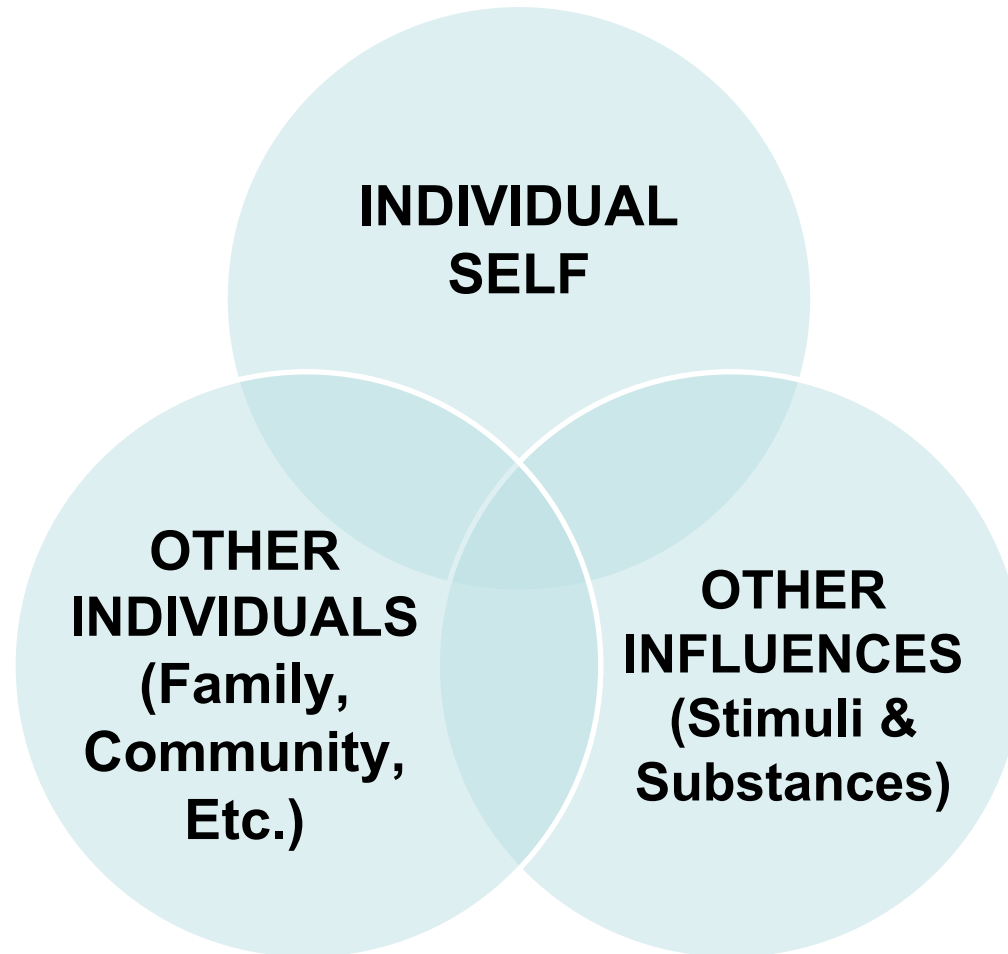
Under Stress or Duress



Trauma's Impact on Relationships

Trauma Impacts can Tilt Individuals in forms of:

- **INDIVIDUAL SELF**
 - Isolation
 - Disassociation
- **OTHER INDIVIDUALS**
 - Trauma Bounding
 - Enmeshment
- **OTHER INFLUENCES**
 - Substances – Addiction
 - Stimuli – Risky Behaviors



Impacts of Trauma on: Clients, Families, & Providers

Physical Impacts

(Pain, Aches, Tension, Nausea, Soreness, Fatigue, Sensitivity, Fever)

Cognitive Impacts

(Pessimism, Horn-Halo effect, All or Nothing Thinking, Concreteness, Oppositional Defiance, Fear of Authority, Threat Focus)

Emotional Impacts

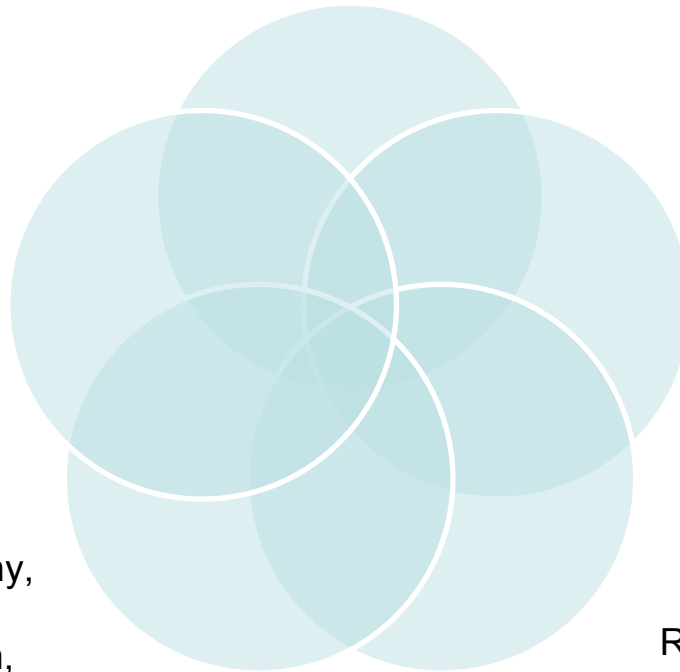
(Helplessness, Hopelessness, Anxiety, Depression, Agitation, Anger, Guilt, Shame)

Spiritual Impacts

(Forsakenness, Apathy, Doubt, Disbelief, Confusion, Rejection, Existential Crisis, Abandonment)

Social Impacts

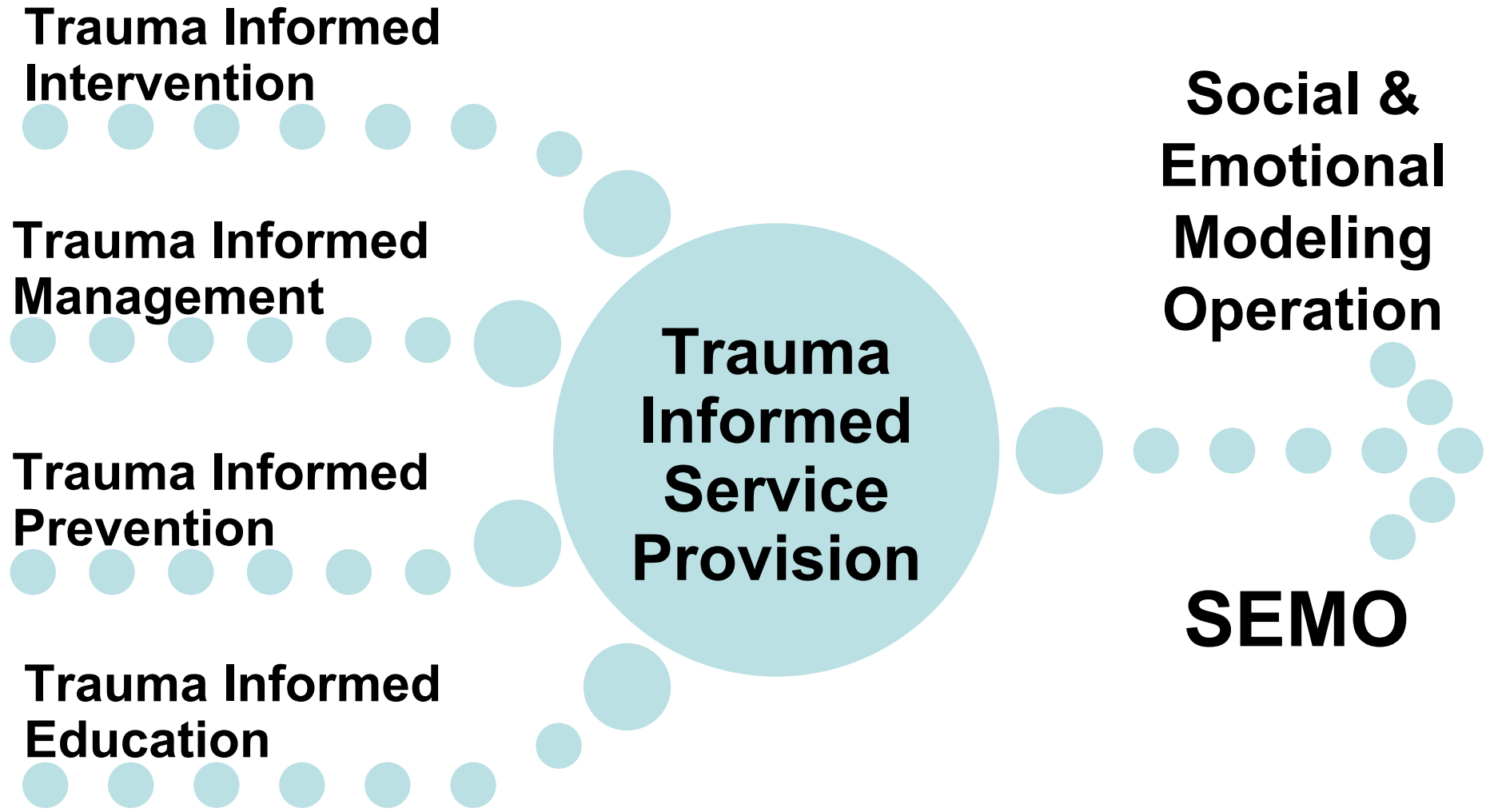
(Withdrawal, Isolation, Hyper-Vigilance, Risky Behaviors, Coping Behaviors, Substance Use, Disassociation)



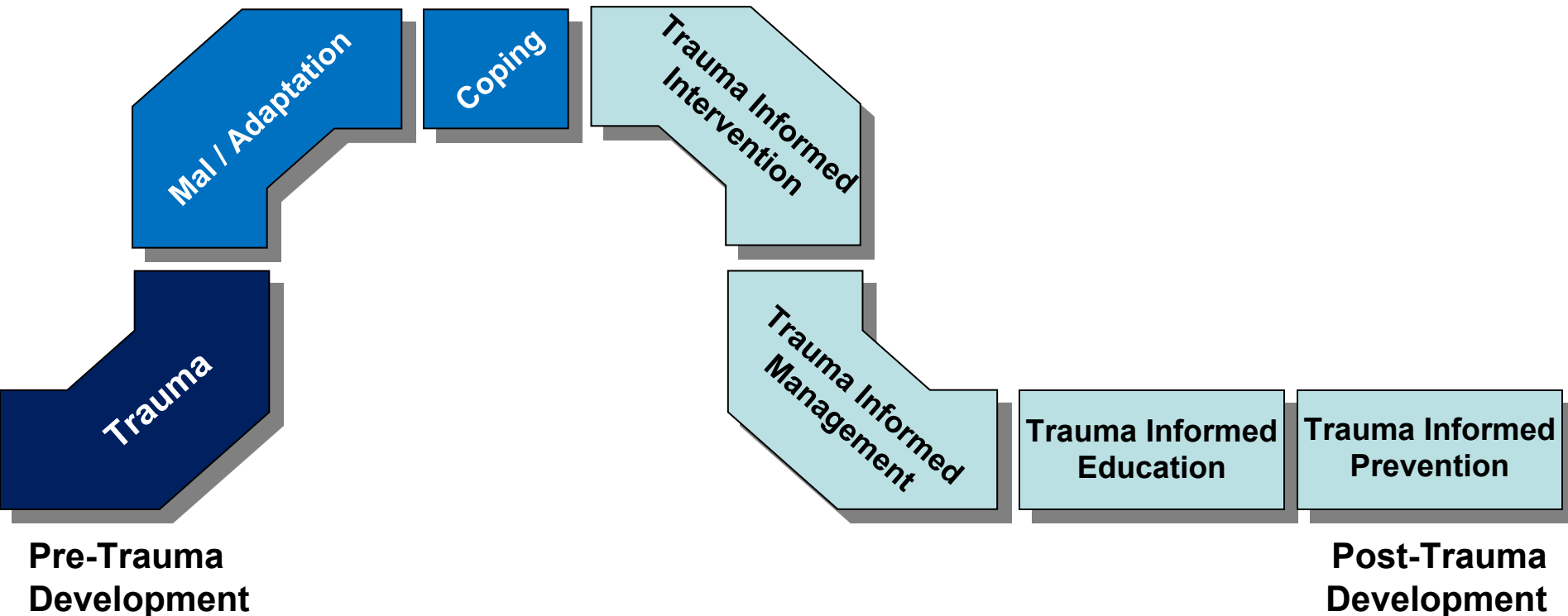
Learning Objective Three

- As service providers, understanding the interplay of these factors on the child, their family and themselves and staff is becoming increasingly important.
- Stress and Secondary Trauma can affect the relationships within organizations, staff's households, and the community.
- The need for Trauma Informed Service Provision (TISP) starts with the understanding of early childhood trauma.
- Through understanding the foundation of stress and Trauma and its impacts on relationships, attachment, and behaviors will provide greater buffers on Secondary and Tertiary trauma exposure to:
 - clients,
 - families,
 - service providers, &
 - the community at large.

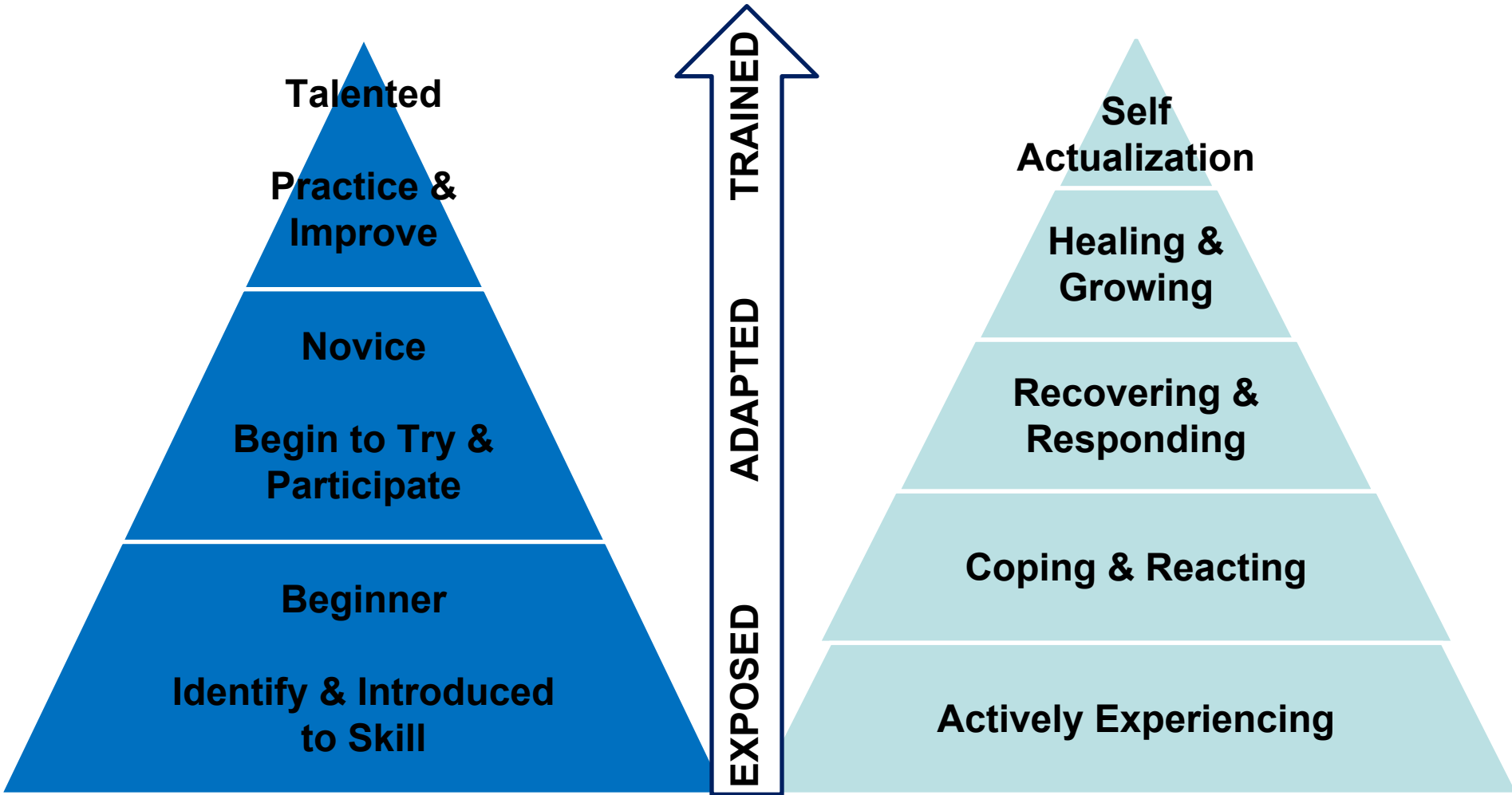
How TISP forms a SEMO



How SEMO Utilizes TISP for Healing and Continuous Improvement



SEMO Skill Development: Restoring Relationships



References

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Leon Aragon, LCSW has worked in medical, school based, and clinical outpatient & inpatient social work field since 2010 in urban, rural, and Tribal settings serving several populations to include: Native Americans, Hispanics, Immigrants, Children, Adolescents, Adults, Elders, Veterans, Developmentally Delayed, Individuals with TBI, and Reintegrated Citizens with individual, couple, family, and group therapies along with strategic community prevention work as a clinician, case manager, presenter, program director, and grant writer.

Cindy Myers, LCSW, LADAC has worked in residential, and clinical outpatient social work field since 2010 in urban, rural, and Tribal settings serving several populations to include: Native Americans, Hispanics, Immigrants, Children, Adolescents, Adults, Elders, Veterans and Reintegrated Citizens with individual, couple, family, and group therapies along with strategic community prevention work as a clinician, case manager, presenter, program director, and grant writer.

Tandemly they have: started, developed, and implemented Strategic Prevention Frameworks (SPF); implemented SAMHSA sponsored Trauma Informed Care services for Native Americans, women, adolescents, and youth to address Trauma at varying levels; written for and been awarded for of millions of dollars of program development; and ***now working on publication through Kendall Hunt in 2019 for Higher Education and Professional Training.***

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