

Person-Centered Trauma Informed Care, Part 1



The Jewish Federations®
OF NORTH AMERICA

Center for Advancing Holocaust Survivor Care

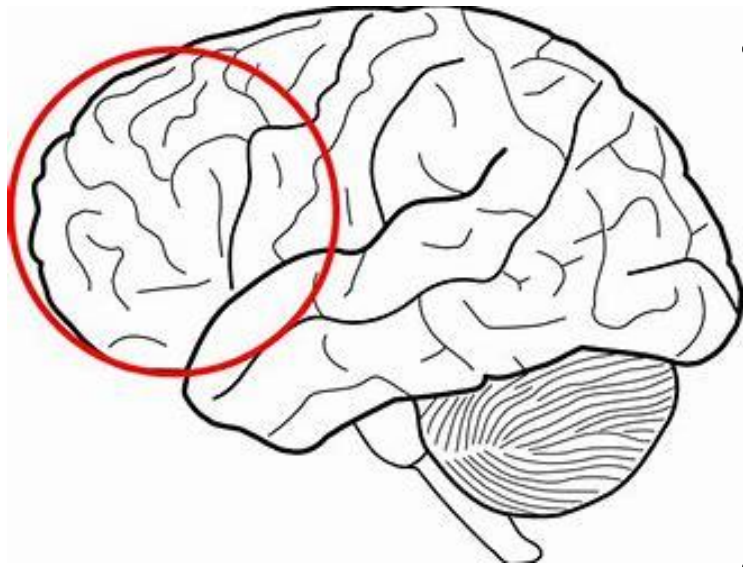
What is Trauma?

There is not a definition of “trauma” that everyone agrees with

- Exposure to an incident, or series of incidents, that is emotionally disturbing or life threatening
- Any experience that creates an undue, prolonged amount of stress on the brain
- Extreme fear/terror/horror + lack of control/perceived lack of control
 - These two conditions = very real changes in the brain at the time of the incident AND after the incident

(Neurobiology of Trauma, Dr. Christopher Wilson)

Pre-Frontal Cortex: the “Control panel” for all cognitions



- Skills are developed and remembered in this component of the brain
- This is where “thinking about thinking” happens

The brain
develops in a
use-dependent
way.

The more
often/more
intense, more
robust neural
networks



Development of “BRAIN MAPS”




Neural Connections in the brain

Creates patterns of activation

Our brains “map” to patterns of familiar:

- Doesn't know good/bad, right/wrong, fantasy/reality
- It knows patterns



Neural networks are a result of our experiences; these “maps” tell us whether something is perceived as safe or not safe

This is an unconscious process--- we often do not make associations that we can articulate

We
sometimes
refer to
these
as our
“gut
feelings”



Normal Aging Process

- Life review; lots of “down time” spent thinking about the past
- Awakening of life’s earlier losses and missing lost loved ones
- Sometimes cognitive decline can blur the distinction between the past and the present
- Neuro-anatomical changes in brain structure

New behaviors, or behaviors that have always been present but are now amplified?

- Secretly coping with their entire lives?
- Long term dormant memories that are triggered
 - Loss of independence
 - Death of a spouse or loved ones
 - Chronic illness/physical decline
 - Social isolation

Dementia

- Dementia is a reduction on cognitive ability (forgetting things, etc.); a person cannot think the way they used to, can't reason the way they used to; can't get along the way they used to (Dr. Richard Carmona, 2017)
- Dementia has similar patterns as those with PTSD.
- The odds for dementia for people with PTSD are two times as high for those without PTSD (Qureshi, et al 2010)
- Dementia does not need to be a barrier to implementation to prolonged exposure to PTSD treatment

Pairing Normal Aging Process with Trauma History

- Delayed-onset PTSD?
- Delayed onset after years of no symptoms
 - Decrease of physical and mental resilience; less able to “ward off
 - Decrease in financial and social resources; less support
- Sometimes cognitive decline can blur the distinction between the past and the present
- PTSD is associated with cognitive impairments including attention, memory, other executive functions
- “Mild cognitive decline was associated with delayed onset PTSD in war veterans and in Holocaust Survivors”*

The Boston Globe **Recognizing delayed PTSD in Holocaust survivors**

Decades after WWII, many show signs of delayed post-traumatic stress

disorder By **Scott Brown** GLOBE CORRESPONDENT June 11, 2012



INTERVENTIONS

- Be Present
- Create conditions and opportunities for rhythmic activity
- Building Relational Rewards
- Create sense of safety
- Build “Brain Gyms”
 - Help build memories!
 - Keep neural networks strong

Neuro Plasticity: Things that help people's brains build new circuits

- Healthy attachment
- Healthy experiences with others
- Having experiences validated
- Experiencing a validating environment helps to build mapping circuitry.
- Create mirror neurons; the person will pick up on this and their neurons will be mirrored

Create Purposeful Living

- Social Connectedness is maintained; dignity is maintained; they are loved.
- Pillars that maintain the neural networks throughout the lifetime; can be explained on a molecular level.
- Best intervention: that they know they are still part of this world and that they are important.

Create Authenticity

*“Each of us is perfectly formed
given the experiences we
have endured”*

**“There are four kinds of
people in the world:**

**Those who have been caregivers;
those who currently are caregivers;
those who will be caregivers;
and those who will need caregivers.”**

**Rosalynn Carter
Former First Lady**

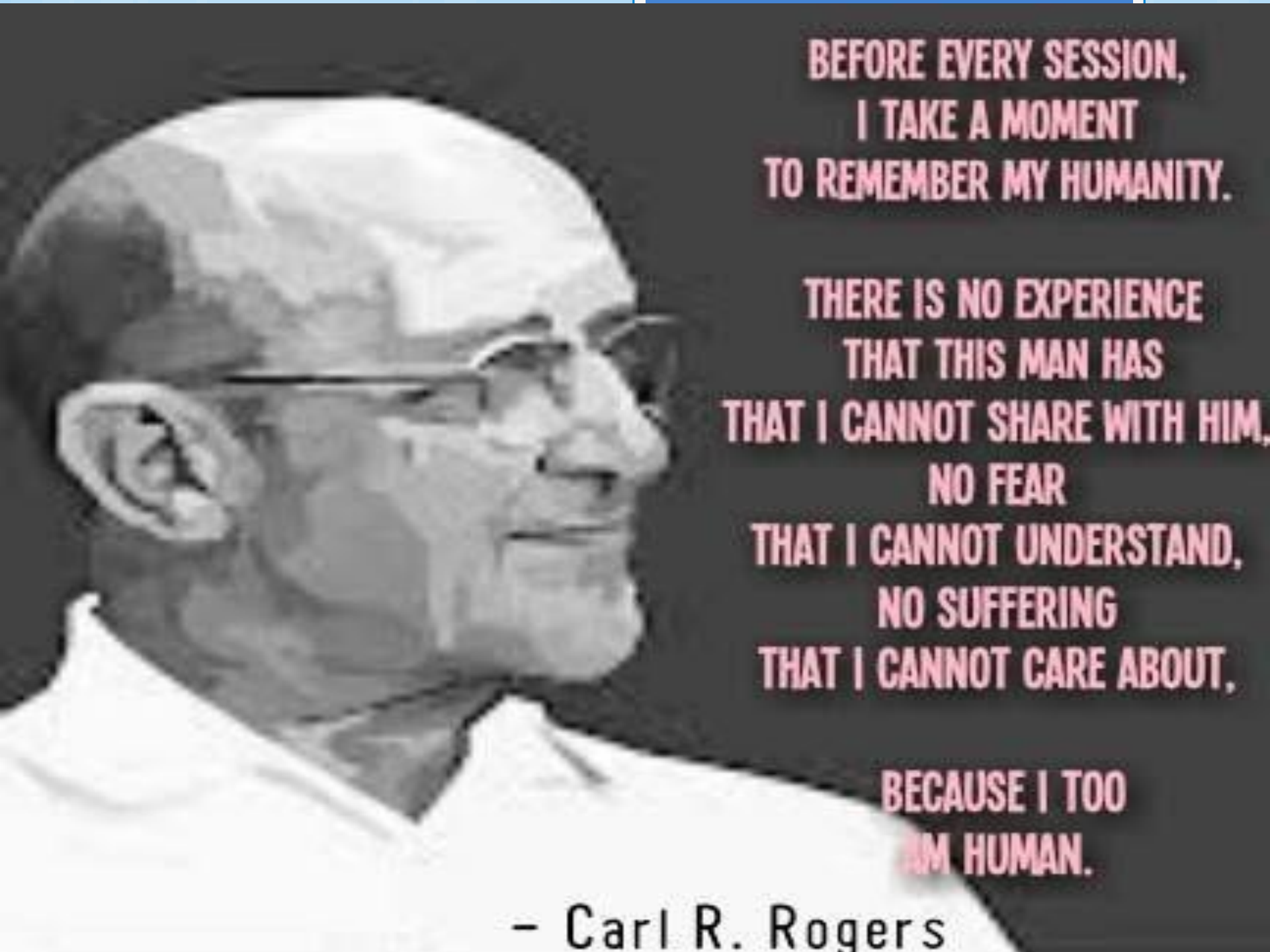
"It is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried."

- Carl Rogers



Defining what it means to be “Person-Centered”

- ▶ **Person-centered care** is a way of providing **care** to people in which the unique **person** and their preferences are emphasized.
- ▶ Instead of the problem or disease, the expected symptoms and challenges, and the lost abilities of the person, **person-centered care** focus on just that, the person, their individual strengths, preferences, needs and desires.



BEFORE EVERY SESSION,
I TAKE A MOMENT
TO REMEMBER MY HUMANITY.

THERE IS NO EXPERIENCE
THAT THIS MAN HAS
THAT I CANNOT SHARE WITH HIM,
NO FEAR
THAT I CANNOT UNDERSTAND,
NO SUFFERING
THAT I CANNOT CARE ABOUT,

BECAUSE I TOO
AM HUMAN.

- Carl R. Rogers

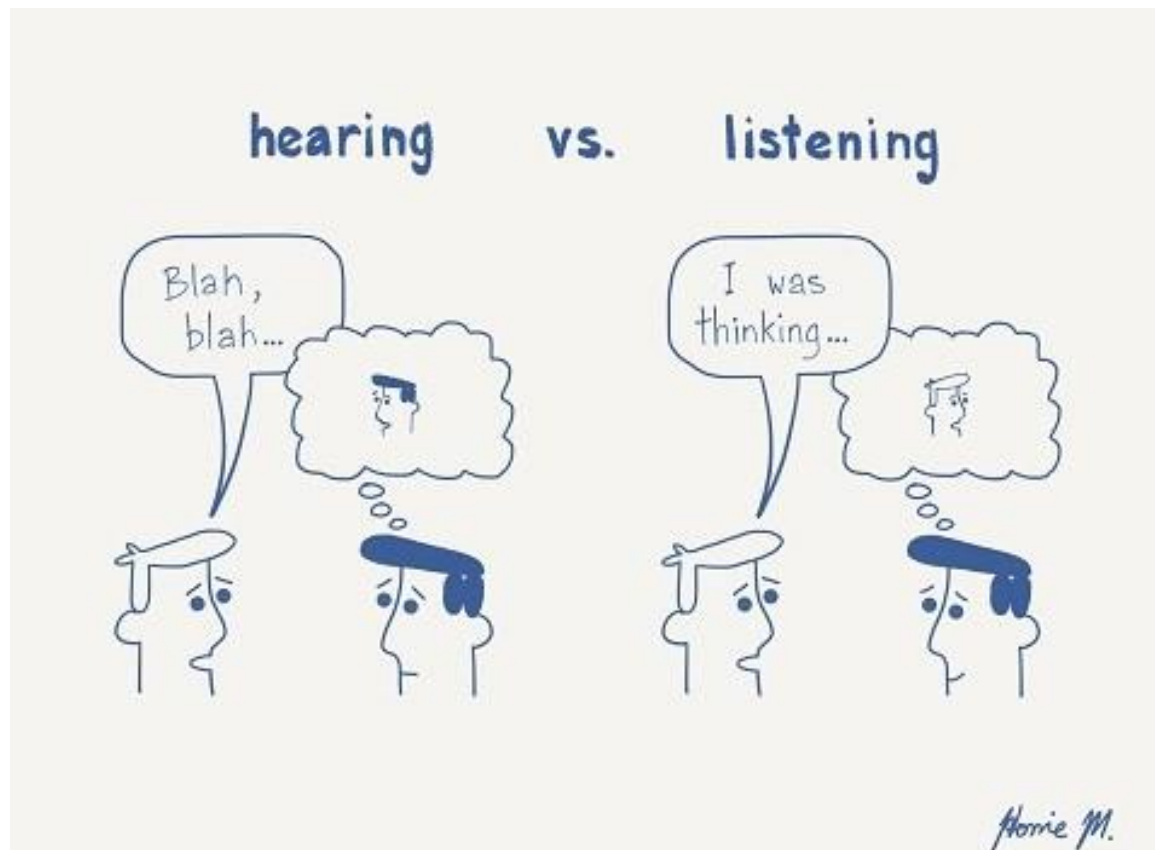
Person Centered Trauma Informed means:

- Understanding that the person in front of us has experiences and needs that we may never fully understand

Person Centered Trauma Informed means:

- Honoring these experiences, and providing dignity in their ability to express their preferences

Listening to Understand Goes Beyond Just Hearing



Listening is paying attention with the intention of understanding

Person Centered Trauma Informed means:

- Truly Accepting that each of us
“*is perfectly developed given
the experiences that we have
endured*”



*“We can’t change the past,
but we can understand it.*

*Understanding helps raise
the likelihood of better care”.*

**“Your interpretation
guides your intervention”**