

## Trauma Informed Approaches with Nutrition Education

Dr. Martie Gillen  
Associate Professor and Extension Specialist  
University of Florida  
Family, Youth and Community Sciences

Research Affiliate  
Florida State University  
Florida Institute for Child Welfare

**UF** | IFAS Extension  
UNIVERSITY OF FLORIDA

grow · shop · cook · eat  
Family Nutrition Program

## Session Outline

- Trauma and trauma informed care
- Adverse childhood experiences (ACEs)
- Brain development
- Trust-Based Relational Intervention (TBRI)

## WHAT IS TRAUMA?

“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 life threatening and that has lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2014).

## WHAT IS TRAUMA INFORMED CARE?

- Also referred to as trauma informed approach.
- Approach for engaging people with histories of trauma that recognizes the symptoms and the role that trauma has played in their lives (SAMHSA, 2014).
- It can be implemented in nearly any type of service or educational setting, organization, or system and is not limited to organizations and professionals who primarily work with high-risk populations (SAMHSA, 2014).

## WHAT IS TRAUMA INFORMED CARE?

"A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatization" (SAMHSA, 2014).

UF IFAS Extension  
UNIVERSITY OF FLORIDA

## WHY TRAUMA INFORMED CARE?

- Many people have experienced adverse events.
- "Using practices that are sensitive to these potentially traumatic experiences, regardless of whether clients or practitioners are aware of them or their consequences, can reduce potential distress for individuals, help them feel safe, and reduce the chances that they will be re-traumatized" (Small & Huser, 2019).

UF IFAS Extension  
UNIVERSITY OF FLORIDA

## TRAUMA INFORMED CARE EXTENSION EXISTING PROGRAMS

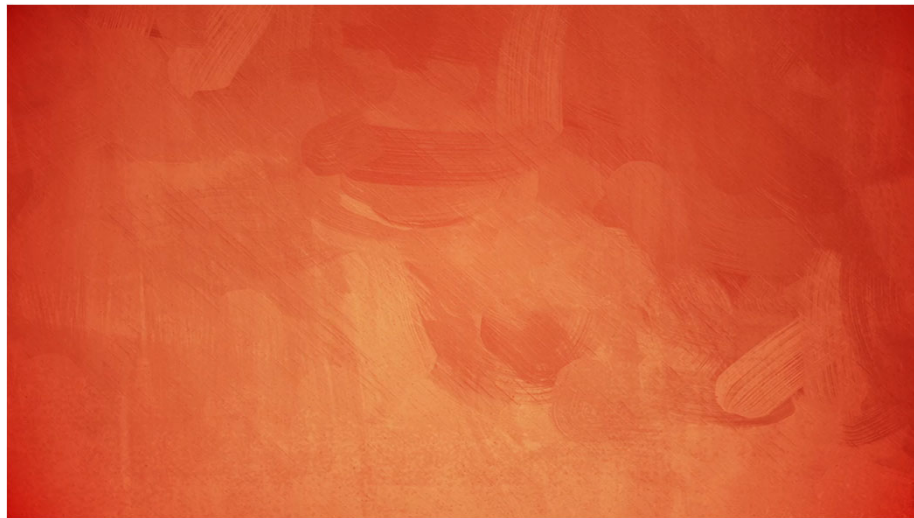
### **Apply trauma informed lens to existing Extension programming and adapt programs as needed**

- General service delivery approach
- Simple modifications to existing program designs
- Being mindful of what we bring to relationships when teaching and at work with colleagues
- Strategies to promote felt safety among participants
- Choose activities that highlight participants' existing strengths
- View behavior as communication
- Limit questions that ask learners about their childhood experiences

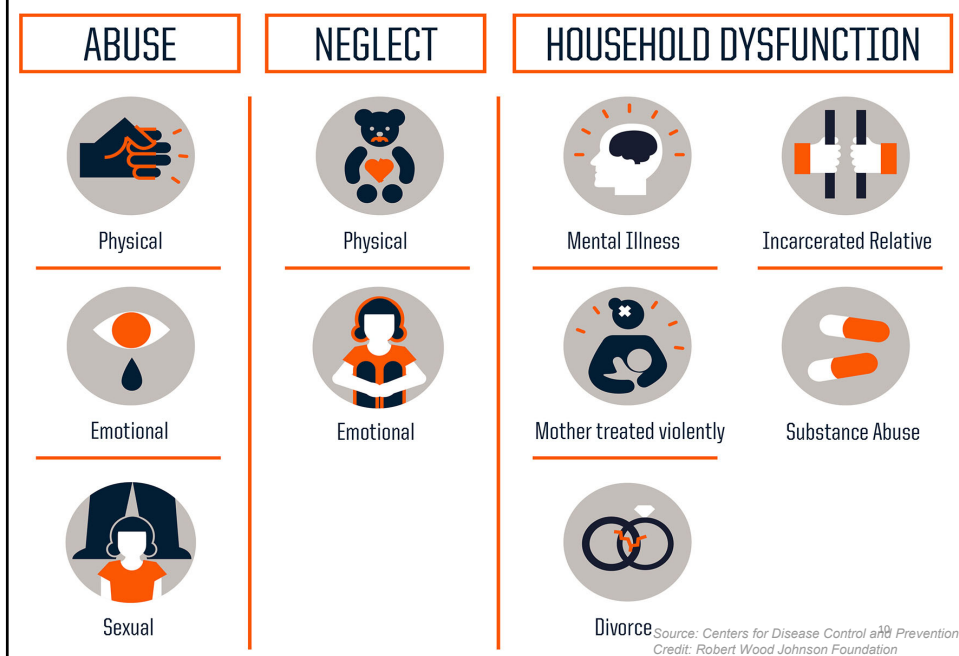


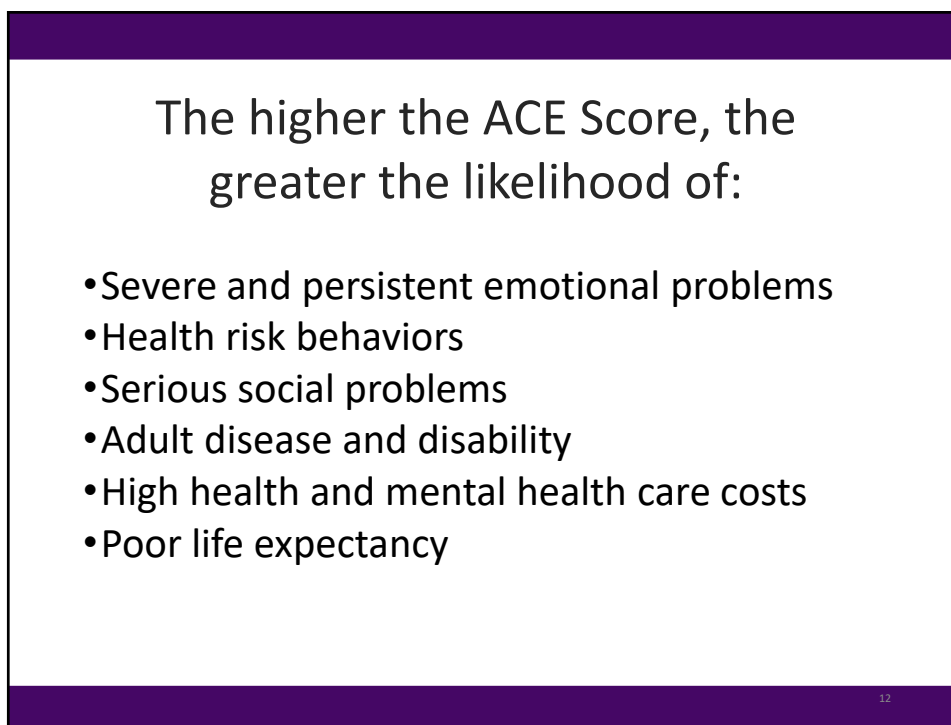
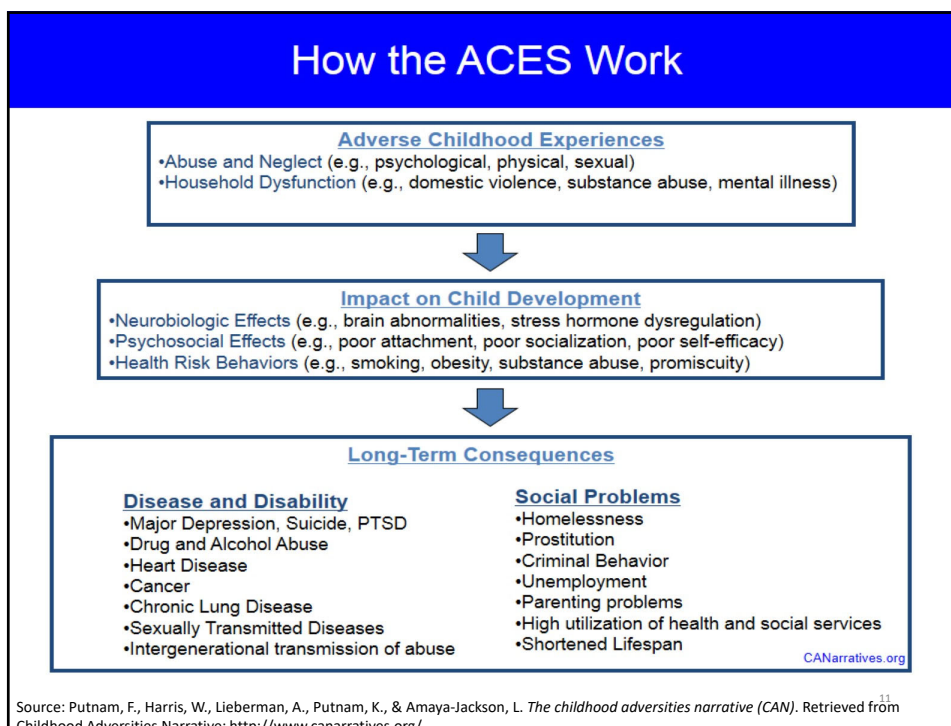
## Adverse Childhood Experiences (ACEs)

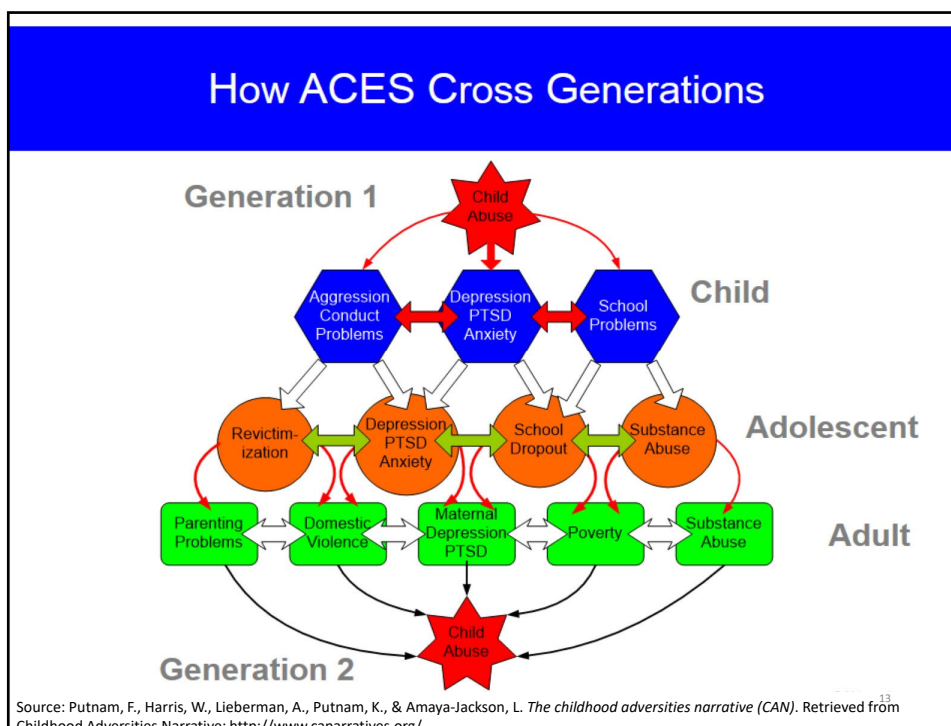
# What is the Adverse Childhood Experiences (ACE) Study?



## 3 Types of ACEs



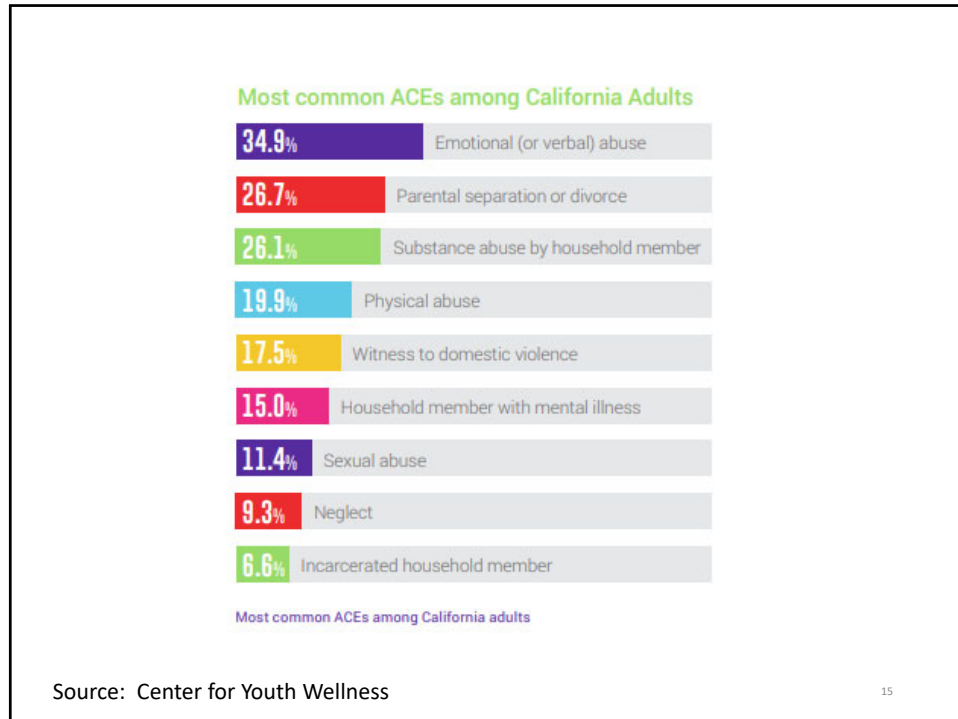




## ACEs in California

- ACEs are common
  - ACEs affect every community in California.
  - 61.7% of adults have experienced at least one ACE and one in six, or 16.7%, have experienced four or more ACEs.
  - In some counties, over 75% of residents have at least one ACE.
  - Even in counties with the lowest prevalence of ACEs, 1 out of every 2 residents, or 50%, has one or more adverse experiences in childhood.

Source: Let's Get Healthy California



**TBRI**  
PRACTITIONER

## Risk Factors

- **Difficult pregnancy**
  - Can be for reasons including medical, drugs/alcohol, crisis or other trauma.
  - Can be due to persistent, high level of *stress* throughout pregnancy.
- **Difficult birth**
  - A difficult or traumatic birth is risky for many reasons (e.g., perhaps the newborn was briefly without oxygen, leading to mild neurological insult).
- **Early hospitalization**
  - Children who experience early hospitalization often experience *painful* touch rather than *nurturing, comforting* touch in the first days of life.



## Risk Factors

- **Abuse**
  - Children from abusive backgrounds know to always be on guard. Their brains have been trained to be *hyper vigilant* to the environment around them.
- **Neglect**
  - The message sent to a child from a neglectful background is '**you don't exist.**'
  - Children from neglectful backgrounds often suffer from the most severe behavioral problems and developmental deficits.
- **System Effects**
  - Neighborhoods, schools, environmental
- **Natural or Man-Made Traumas**
  - Any number of traumas in the child's life (witnessing an extreme event, for example) can cause the child's *developmental trajectory* to change in response.

17

## Protective Factors

- Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact.
- Protective factors may be seen as positive countering events.

SAMHSA <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>

## Protective Factors in Families



Source: Strengthening Families 101

19



Source: Joining Forces for Children <http://www.joiningforcesforchildren.org/what-are-aces/>

20

## Stress in Childhood

Stress is a natural & inevitable part of childhood, but the TYPE of stress can make a difference in the impact on a child's brain & body.

“ STRESS is a mental, physical or biochemical response to a perceived threat or demand ”

**Positive  
Stress**

Mild stress in the context of good attachment

---

Temporary, mild elevation in stress hormones & brief increase in heart rate

---

No buffering support necessary

---

Increased **RESILIENCE** and confidence  
Development of coping skills

www.70-30.org.uk  
@7030Campaign

**Tolerable  
Stress**

Serious, temporary stress, buffered by supportive relationships

---

More severe, continuing cardiovascular and hormonal response

---

Presence of buffering caring adult

---

Adaption and recovery with some possibility for physical/emotional damage

**Toxic  
Stress**

Prolonged activation of stress response system without protection

---

Prolonged activation of stress response system & disrupted development of brain and immune system

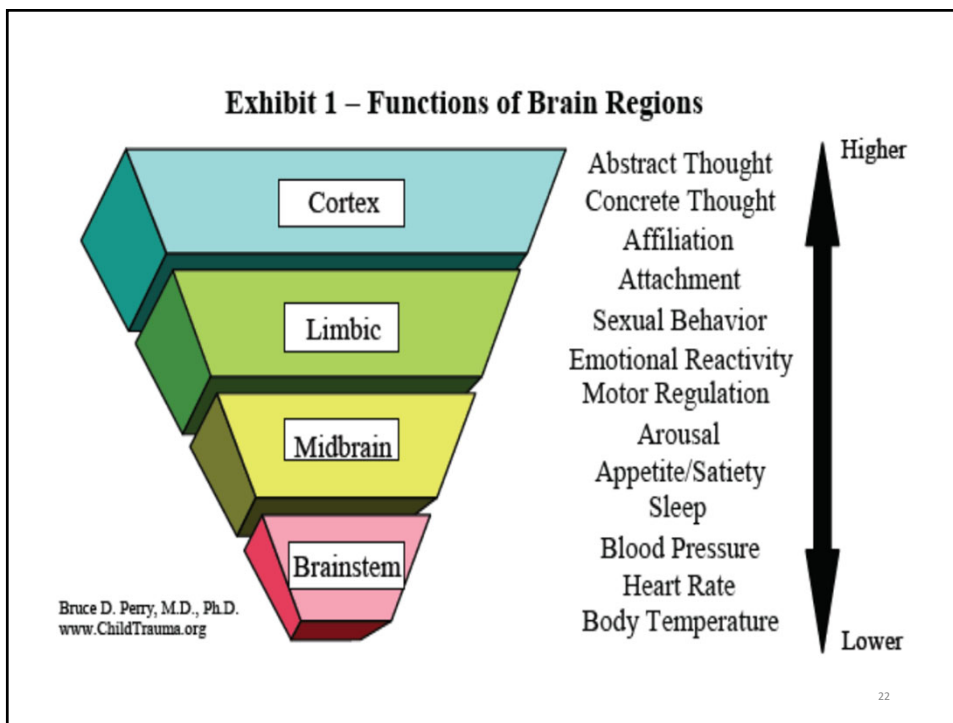
---

No adult buffers

---

Lifelong consequences:  
- Heart disease  
- Alcoholism  
- Memory & learning difficulties  
- Anxiety/depression  
- Cancer

21



## Flip the Lid (Hand Model of the Brain)

Make a Fist with your thumb tucked inside your fingers. This is a model of your brain.



Figure 1. A model of the brain.

**Thumb** = Midbrain (Stem & Limbic) = Emotional Brain. This is where emotions and memories are processed. This is where the fight, flight & freeze is triggered.

**Fingers** = Cerebral Cortex = Rational Brain. Houses our ability to think and reason.

**Fingernails** = Prefrontal Cortex = Problem-Solving

When something triggers us, we are prone to "Flip our Lid" which means the Prefrontal Cortex (Fingernails) have a very poor connection with the Midbrain (Thumb), and we're not able to access the logical, problem-solving part of our brain. Our emotions are overriding our ability to think clearly.



Figure 2. Flipping your lid.

Source: Siegel, D. & Bryson, T. (2011). *The Whole Brain Child*.

23

## Upstairs Brain

Allows us to think before we act  
 Decision-making  
 Control over emotions & body  
 Focus/concentration  
 Empathy  
 Self awareness



## Downstairs Brain

Allows us to act before we think  
 Fight/Flight response  
 Emotional reactions  
 Bodily functions

Source: Siegel, D. & Bryson, T. (2011). *The Whole Brain Child*.

24

## TRAUMA INFORMED CARE EXTENSION PROGRAM AREA

**Trust-Based Relational Intervention (TBRI) – working with Texas Christian University to create an Extension program that county faculty could teach.**

### **Relationship model:**

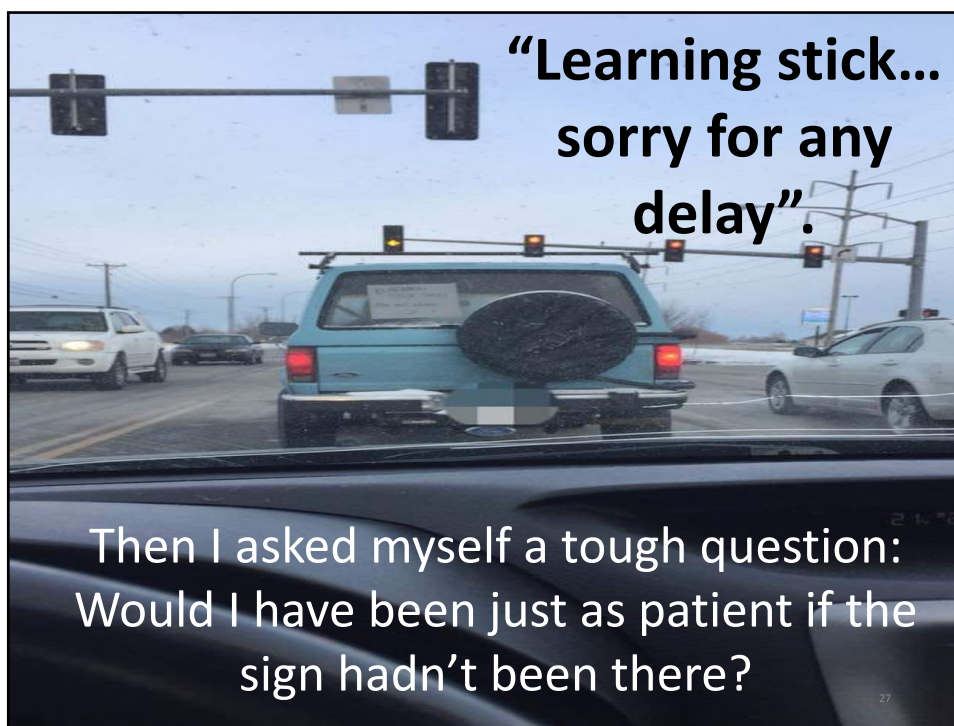
1. Connecting principles address relational and attachment needs, focusing on awareness, engagement, and attunement
2. Empowering principles address the ecological (external/environmental) and physiological (internal/physical) needs
3. Correcting principles teach self-regulation and appropriate boundaries, and promote healthy behaviors



## TRAUMA INFORMED CARE EXTENSION PROGRAM AREA

- **Trust-Based Relational Intervention (TBRI)**
  - Great relationship practices for everyone
    - Parents
    - Partner/spouse, adult children, co-workers, volunteers, etc...
  - Great information for Extension volunteers who work with 4-H
  - Activities for kids and adults
    - Mindfulness, self-management and coping, empathy, using their voice, sensory needs, nutritional needs, attachment skills, physical activity needs, behavioral needs with correction strategies





What's your biggest takeaway from  
this presentation?

## References

- Barth et al. (2008). Credit: Center on the Developing Child at Harvard University.
- CDC. (2016). Adverse Childhood Experiences (ACEs). <https://www.cdc.gov/violenceprevention/acestudy/index.html>
- Felitti, V. & Anda, R. (2010). The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease.
- Perry, B. (2002). Childhood experiences and the expression of genetic potential: What childhood tell us about nature and nurture. *Brain and Mind*, 3, 79-100.
- Pynoos, R. S., Steinberg, A. M., Layne, C. M., Liang, L., Vivrette, R. L., Briggs, E. C., & ... Fairbank, J. A. (2014). Modeling constellations of trauma exposure in the National Child Traumatic Stress Network Core Data Set. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(Suppl 1), S9-S17.

29

## References

- Robert Wood Johnson Foundation. (2013). The Truth About ACEs Infographic. <https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html>
- SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf)
- SAMHSA. (2017). Adverse Childhood Experiences. <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>
- Siegel, D. & Bryson, T. (2011). *The Whole Brain Child*.
- Small, S. & Huser, M. (2019). An extension educator perspective on trauma-informed care. *Journal of Extension*, 57(1). <https://www.joe.org/joe/2019february/rb7.php>
- The Anna Institute. <https://www.theannainstitute.org/>
- Thompson, R. A., & Nelson, C. A. (2001). Developmental science and the media: Early brain development. *American Psychologist*, 56(1), 5-15.
- Trust-Based Relational Intervention (TBRI). Practitioner Workbooks. Karyn Purvis Institute of Child Development. Texas Christian University.

30

## **QUESTIONS OR COMMENTS**

**Dr. Martie Gillen**  
**3025A McCarty D**  
**Email: [mgillen@ufl.edu](mailto:mgillen@ufl.edu)**  
**Office phone: 352-392-0404**

 **UF** IFAS Extension  
UNIVERSITY OF FLORIDA