Beyond Trauma-Aware

Trauma-Informed Care, Community ACEs, and Post-Traumatic Growth

Dr. DeQuincy Lezine, PhD

May 8, 2026
9:00AM – 1:30PM

ATA

PATHWAYS TO WELLNESS
MEDICATION CLINICS
IMPROVING THE QUALITY OF LIFE

Disclosures

- No conflicts of interest to report.
- No financial disclosures to report.

Learning Objectives

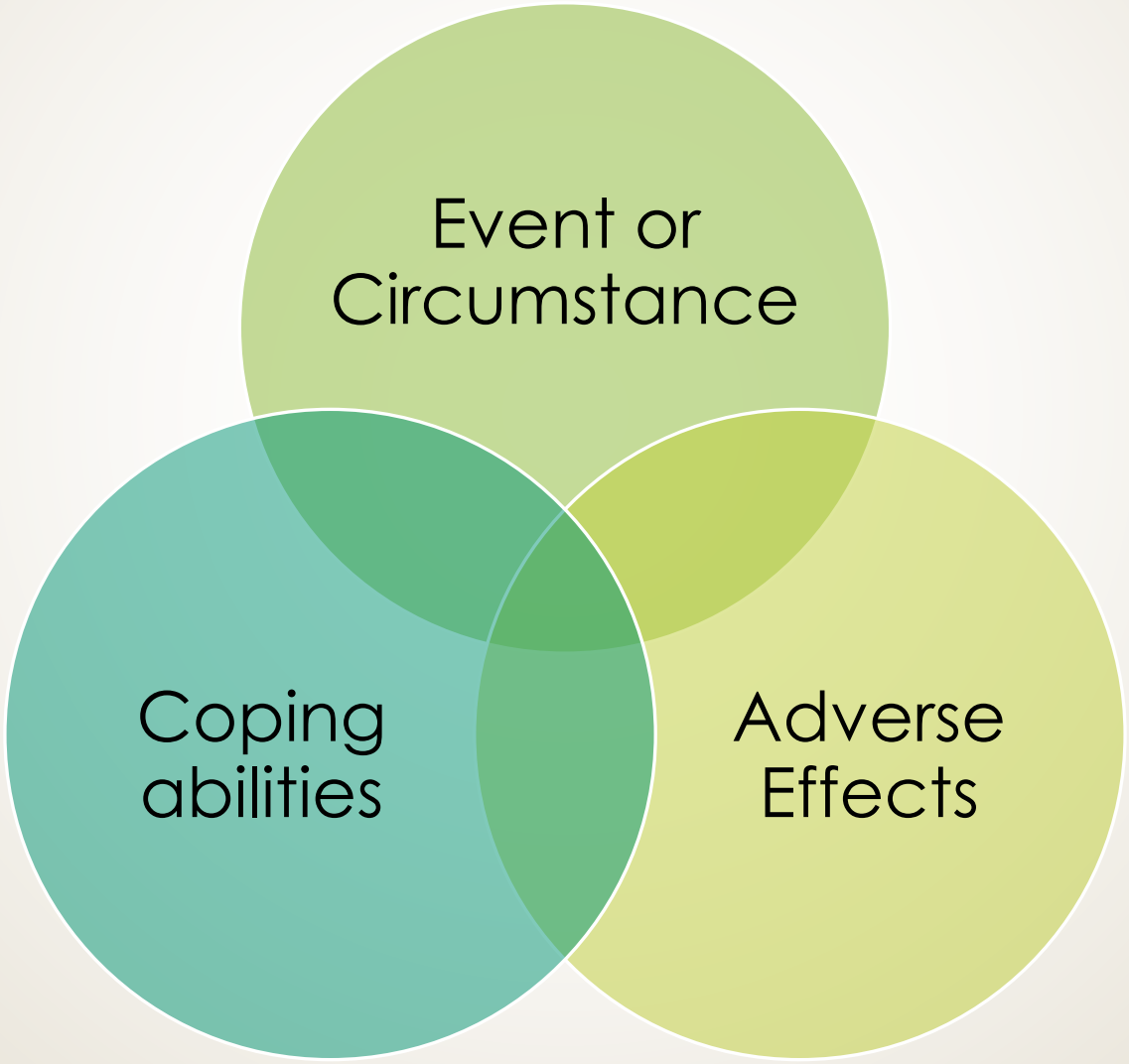
- Identify 4 common trauma response patterns.
- Identify 1 way the Pair of ACEs contributes to trauma experiences.
- List 4 practical clinical strategies that can counter trauma impacts in-session.
- List 3 conditions that could support post-traumatic growth.

Agenda

- Foundations for “Trauma-Informed”
- Trauma Pathways
- The ‘Pair of ACEs’
- Trauma-Informed Care (TIC) Practices
- Protective factors considered
- Possibilities for Post-Traumatic Growth (PTG)

Foundations

Trauma as a Multi-Level Concept



Trauma vs Trauma

- Trauma (broad SAMHSA framework):
  - Event, series, or circumstances
  - Lasting adverse effects
  - Overwhelms coping

- Trauma (narrow DSM diagnosis):
  - "actual or threatened death, serious injury, or sexual violence"

Traumatic Stress

- Post-Traumatic Stress Disorder – after trauma, at least one month of:
  - Intrusive symptoms
  - Avoidance behavior
  - Negative changes in mood and thoughts
  - Changes in arousal level and reactivity
- Acute Stress Disorder (like PTSD but 3 days to one month)

Trauma, Chronic Stress, and Complex Trauma

- Acute trauma
- Chronic stress or adversity
- Complex / developmental trauma

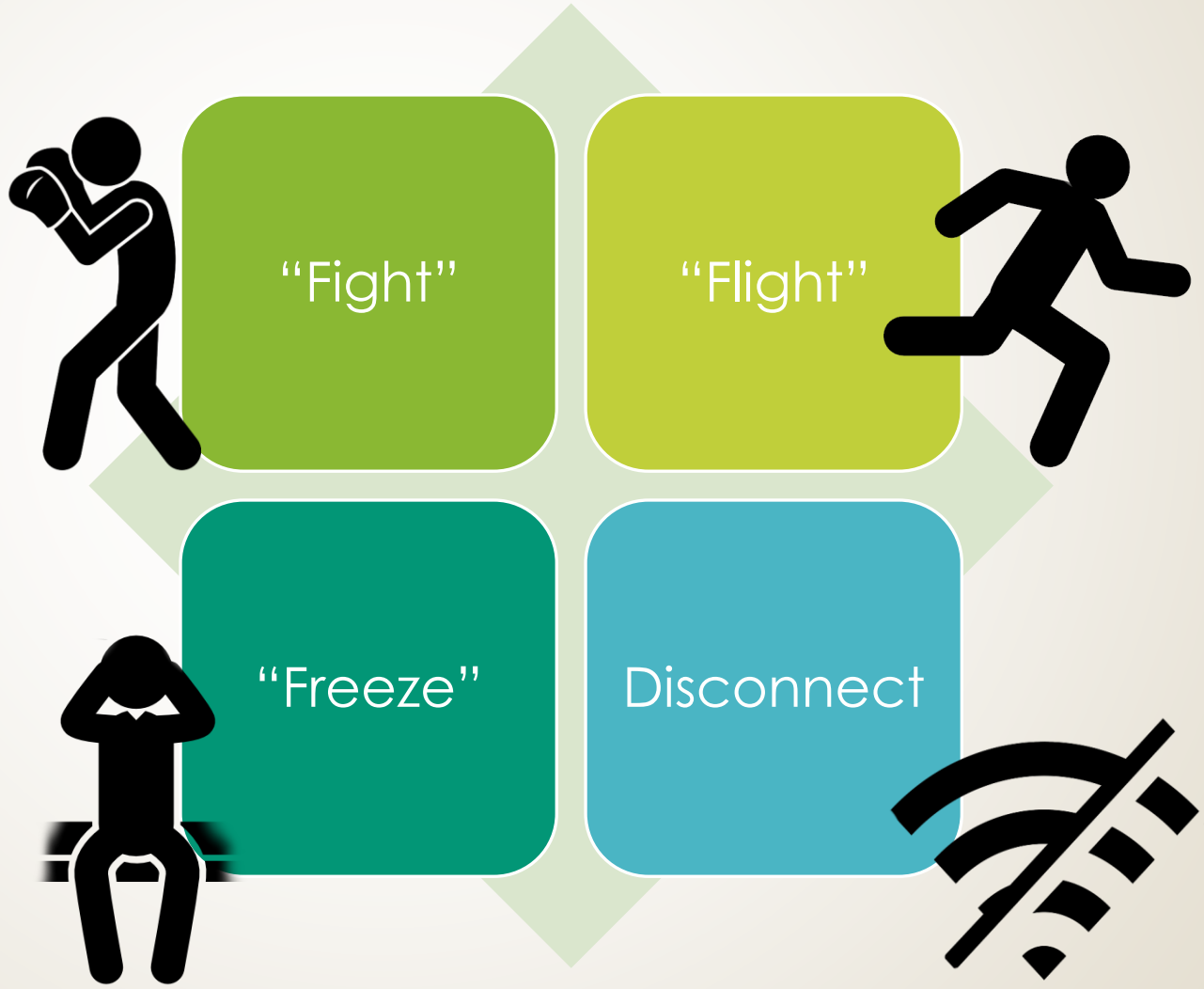
Developmental Context

- Early exposure can shape regulation
- Attachment can be disrupted
- Developmental timing matters
- Long-term effects are possible

Trauma Burden is Unevenly Distributed

- Exposure is not random
- Social conditions have impacts
- Violence and instability accelerate
- Inequity or disparity shapes burden

Common trauma response patterns



What it Looks Like Clinically

- Irritability
- Withdrawal
- Numbing
- Somatic distress
- Disorganization

Common clinical misreadings

- “Calm” may be shutdown
- “Angry” may be fear + protection
- “Distracted” may be dissociation
- “Guarded” may be mistrust

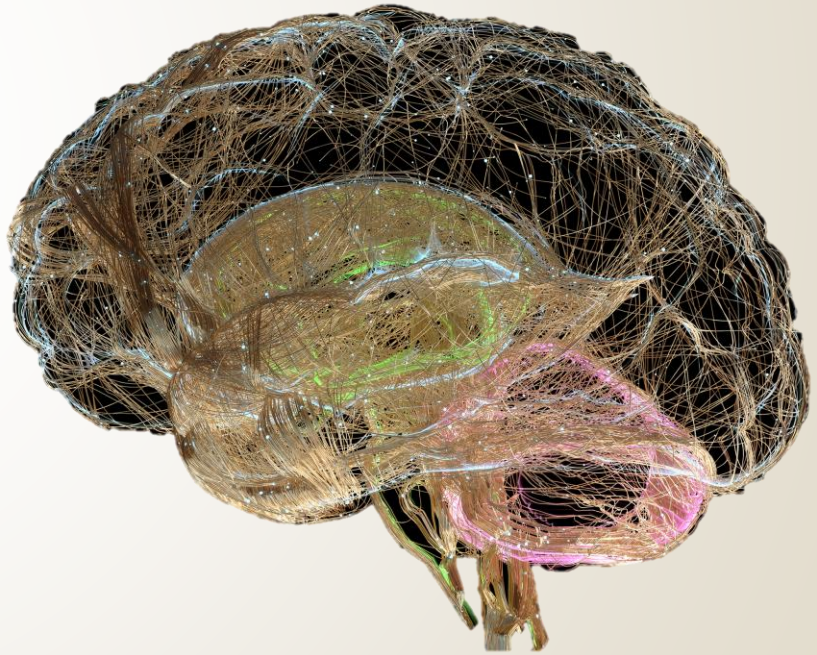
Foundations Recap

- Trauma is broader than PTSD
- Chronic adversity matters
- Development matters
- Adaptation is not pathology alone

Traumatic Pathways

Stress Physiology

- HPA-axis involvement
- Autonomic arousal
- Hyperarousal or blunting
- Homeostasis can be disrupted



Allostatic load

- Cumulative wear and tear
- Repeated activation harms
- Chronic adversity can embed biologically

How Neurobiology Fits In

- Threat circuitry findings
- Cortisol changes
- Inflammation associations
- Epigenetics as an emerging area

Psychological Pathways

- Fear conditioning
- Shame and self-blame
- Threat appraisals
- Avoidance
- Dissociation

Relational Pathways

- Trust disruption
- Attachment injury
- Expectation of danger
- Relational withdrawal or overdependence

The Clinical Presentation

- Mood symptoms
- Anxiety symptoms
- Substance coping
- Somatic burden
- Interpersonal difficulty

Case 1: Sam

- 34 y/o male, father of two
- Referred via EAP
- Presenting symptoms
  - Low mood
  - Irritability
  - Difficulty with concentration
  - Anxiety episodes
  - Increased alcohol use
  - Headaches
  - Muscle tension
  - Emotional distancing at home

Pathways Recap

- Biological underpinnings
- Psychological routes
- Relationship variables
- Context considerations

Pair of ACEs

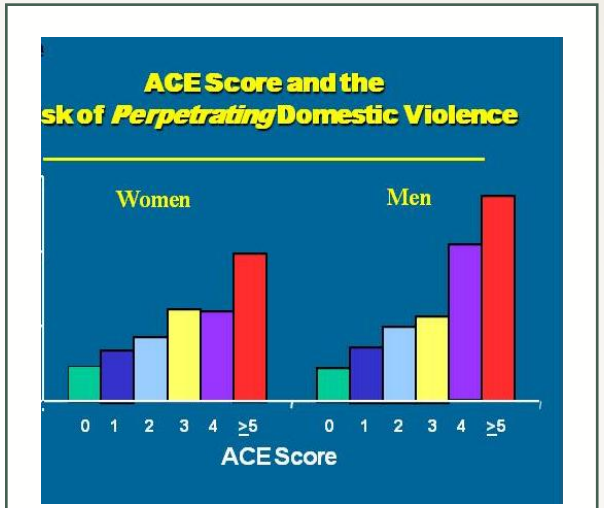
Adverse Childhood Experiences (ACEs)

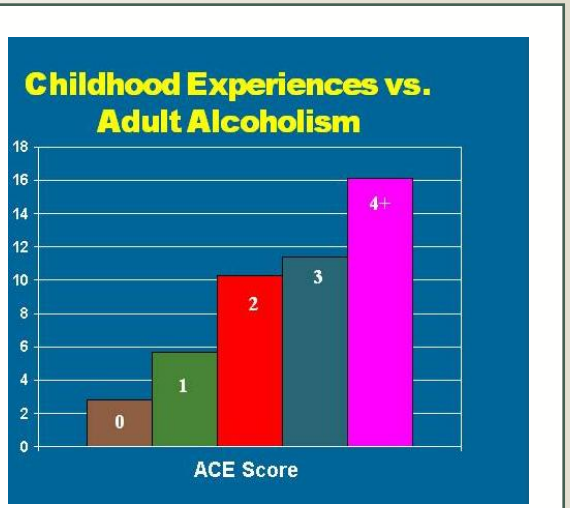
- Physical, Sexual, or Emotional Abuse
- Physical & Emotional Neglect
- Homelessness
- Family Environment
  - Substance Abuse
  - Domestic Violence
  - Maternal depression
  - Divorce
  - Mental Illness
  - Incarceration

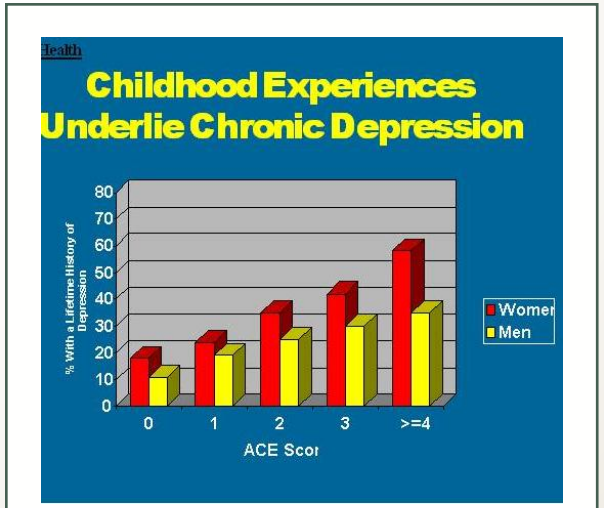
CDC Report on ACEs

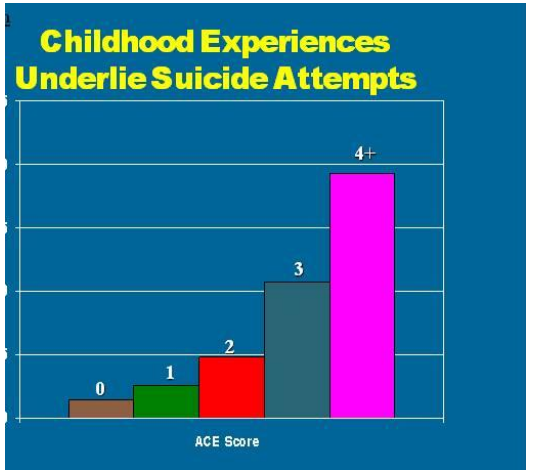
https://www.cdc.gov/aces/media/pdfs/ACEs-Strategic-Plan_Final_508.pdf

ACES Research









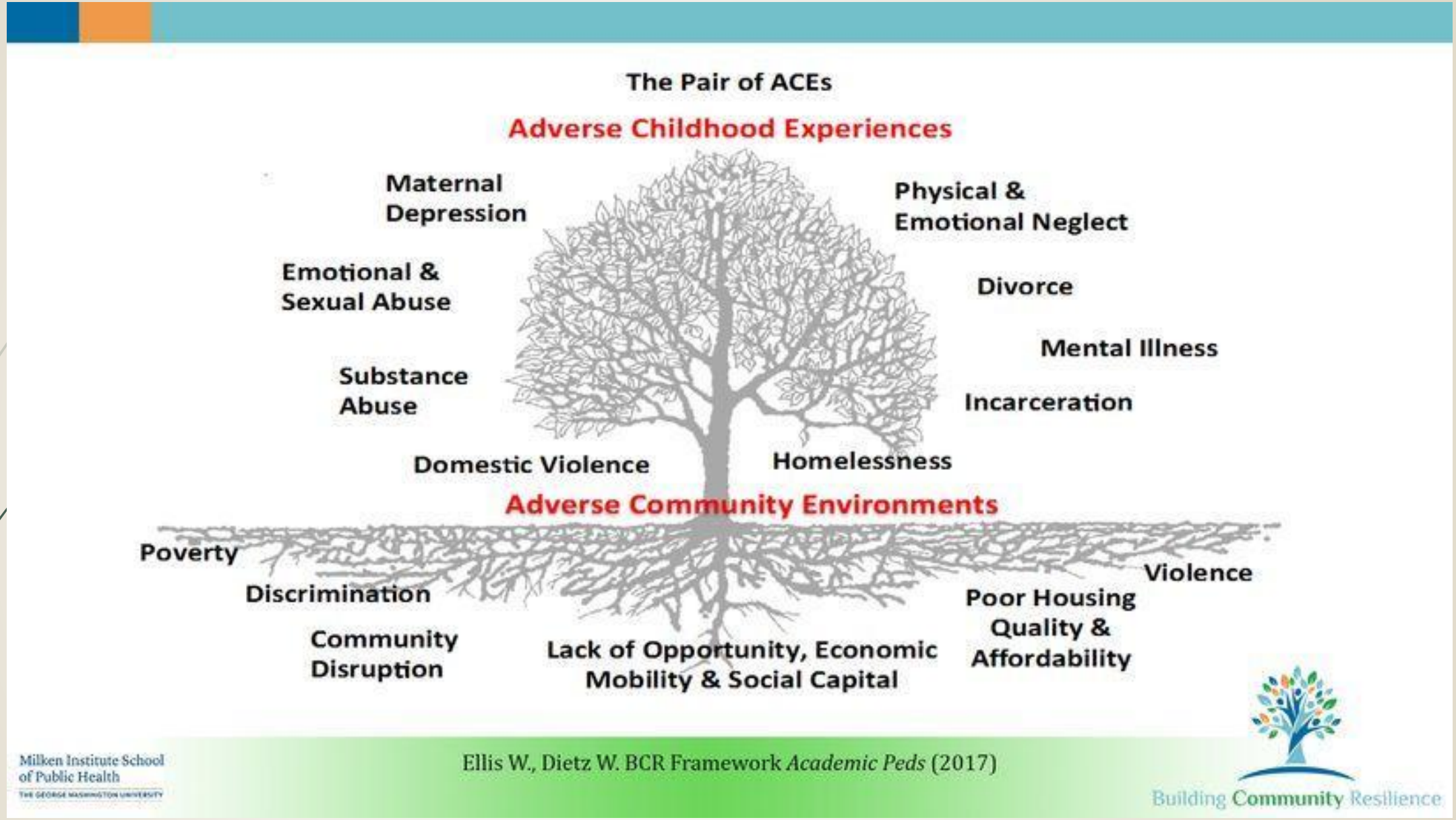
https://www.pacesconnection.com/blog/got-your-ace-resilience-scores

ACE Screening Cautions

- Consent matters
- Stigma risk
- Retraumatization risk
- Response pathway needed

What ACE scores do not mean

- Not a diagnosis
- Not a prognosis
- Not severity
- Not timing
- Not the whole story



The Pair of ACEs

Adverse Community Experiences

- Community violence
- Racism and discrimination
- Housing instability
- Foster care and system burden
- Poverty-related stress

Discrimination: Potential Trauma Pathway

- Chronic vigilance
- Threat anticipation
- Mistrust and disengagement
- Downstream health effects

Case 2: Mary

- 27 y/o female, mother of 5 y/o
- Home health aide, nursing student
- CPS: "noncompliance with service plan"
  - Tardiness
  - Missed conferences
- Observations
  - Often late to sessions
  - Appears guarded, short responses
  - Skeptical of 'The System'
  - Prior treatment notes: "resistant… noncompliant… hostile… unmotivated…"

Anti-deficit Formulation Questions

- What burdens are operating here?
- What protections are operating here?
- What is adaptive in context?
- What strengths may bias hide?

Pair of ACEs Recap

- Consider Adverse Childhood Experiences
- Also consider Community context
- Think about the cumulative traumatic stress

Trauma-Informed Care

Trauma-Informed Care (TIC)

- Is NOT
  - A single script
  - A trauma-specific therapy
- It IS
  - A framework and stance
  - Designed to reduce retraumatization

SAMHSA's 4 Rs

- Realize
- Recognize
- Respond
- Resist retraumatization

TIC Principles as Practices

- Safety
- Transparency
- Collaboration
- Choice
- Empowerment
- Cultural responsiveness

Strategy 1: predictive framing

- Explain what will happen
- Name transitions
- Reduce surprise
- Support regulation

Strategy 2: Permission-based Inquiry

- Ask before moving deeper
- Offer limited choice
- Respect pacing
- Maintain direction

Strategy 3: Transparent Rationale

- Explain why you are asking
- Reduce shame
- Reduce confusion
- Build trust

Strategy 4: Regulation-Sensitive Pacing

- Slow the pace
- Narrow the focus
- Do not flood
- Stay clinically purposeful

You do not need the full trauma story

- TIC is not forced disclosure
- Ask what is clinically needed
- Avoid repeated retelling
- Protect dignity

Non-punitive Response to Dysregulation

- Behavior may be protection
- Reduce shame
- Maintain accountability
- Stay calm and clear

What TIC is not

- Not trauma-specific treatment
- Not permissiveness
- Not endless openness
- Does not address symptoms directly

TIC Outcomes: Known and Unknown

- Stronger for staff knowledge/attitudes
- Some process and safety gains
- Patient outcomes mixed or limited

Beyond Awareness: Treatment Options

- TIC is just a start
- Gold-Standard level care:
  - Cognitive Processing Therapy (CPT)
  - Prolonged Exposure (PE)
- Good support for Trauma-Focused CBT (TF-CBT), especially for youth
- EMDR has high level of support for some contexts

Protective Factors

Looking Beyond Trauma

- Trauma alone is an incomplete picture
- Buffers and Protection are important too
- Don't neglect chances to strengthen Protection
- Part of thinking beyond the focus on deficits

Positive Childhood Experiences (PCEs)

To find out what positive childhood experiences you have, answer the following questions. How much or how often during your childhood did you:

1. feel able to talk to your family about feelings;
2. feel your family stood by you during difficult times;
3. enjoy participating in community traditions;
4. feel a sense of belonging in high school;
5. feel supported by friends;
6. have at least two non-parent adults who took genuine interest in you; and
7. feel safe and protected by an adult in your home.

What PCE Findings Support

- Dose-response protective associations
- Lower odds of poor adult mental health
- Remains after accounting for ACEs
- Not as well-researched as negative ACEs (yet)

Community and Cultural Strengths

- Kinship networks
- Spiritual resources
- Cultural identity
- Collective care
- Community meaning

Case 3: Mark

- 52 y/o male, divorced, veteran
- Father of 3 adult children
- PCP noted high blood pressure was possibly stress-related
- Presenting
  - Sleep issues
  - Restlessness
  - Uncertainty
- Community
  - Military / Veterans
  - Church

Strengths-Forward Assessment Questions

- Who has been steady?
- Where do you feel most respected?
- What helps you regain footing?
- What traditions, groups, or practices give you strength?

Protective Factors Recap

- Protection is clinically relevant
- Protection can be strengthened
- PCEs buffer risk on average
- Strengths should be assessed

Post-Traumatic Growth

Why We Often Focus on Deficits

- Symptoms are easier to measure
- Systems reward risk management
- Liability concerns dominate
- Growth gets marginalized

What PTG is NOT

- Not symptom reduction
- Not “toxic positivity”
- Not universal
- Not morally required

Classic PTG domains

- Personal strength
- Relating to others
- New possibilities
- Spiritual/philosophical change
- Appreciation of life

How Disruption Opens the Way

- Assumptions can break
- Identity can loosen
- Priorities can shift
- Reconstruction can follow

PTG Measurement Cautions

- Distress and growth can coexist
- Perceived growth ≠ actual change
- Cross-sectional bias is common
- Avoid forced narratives

Condition 1: Dignity and Validation

- Pain must be recognized
- Shame must be reduced
- Personhood must be preserved
- Growth cannot be demanded

Condition 2:
Agency, Choice, and Authorship

- Reclaiming decision-making
- Not defined only by injury
- Future authorship
- Values-based direction

Condition 3:
Supportive Relationships and Community

- Social support
- Witnessing and being witnessed
- Belonging
- Community connection

Additional contributors to PTG

- Meaning-making
- Reflection
- Hope
- Spirituality
- Values clarification
- New actions

Strategies for Supporting PTG

- Make room for meaning without demanding it
- Notice identity shifts
- Support agency and authorship
- Ask future-oriented questions with care

Iatrogenic Counters to PTG

- Permanent damage language
- Cynicism about growth
- Recognizing / Attention on pathology alone
- Forced positivity

Holding pain and possibility

- Validate suffering
- Do not impose growth
- Stay open to change
- Support authorship

Culturally Responsive PTG

- Meaning is culturally shaped
- Growth may be collective
- Spiritual meaning may matter
- Justice-oriented reorientation may matter

Final Recap

- 4 response patterns
  - Fight / Flight / Freeze / Disconnect
- Pair of ACEs
  - Adverse Childhood / Community Experiences
- TIC strategies
  - Predictive Framing
  - Permission-based inquiry
  - Transparent rationale
  - Regulation-sensitive pacing
- PTG support
  - Dignity and validation
  - Agency, choice, and authorship
  - Supportive relationships and community

Closing Summary

- Recognize potential past harm
- Reduce retraumatization
- Strengthen protection
- Stay open to healing and possible transformation

DeQuincy Lezine, Ph.D.

Contact: drlezine@livedexp.academy