



Foundations of Trauma Informed Care

Mandy Davis & Ana Hristić

Agenda - Welcoming

- Intent – context
 - Starting with a common language/knowledge
 - Everyone has a role
 - FILTER
- How to cope with our time
 - Personal reflection, small group, large group – engage as feels helpful to you
 - Respect others – limit distractions
 - Care of self
 - Experience – you are the expert in your system
 - Your role – your job today

**BE
GENTLE:
New
territory
ahead**

Agenda

- Review what is Trauma Informed Care
- Application of Trauma Informed Cared
- Parallel Process

**BE
GENTLE:
New
territory
ahead**

WHAT IS TRAUMA INFORMED CARE?

What is Trauma?

- Can be single event.
- More often multiple events, over time (complex, prolonged trauma).
- Interpersonal violence or violation, especially at the hands of an authority or trust figure, is especially damaging.
- Structural violence - ways in which social structures harm or otherwise disadvantage individuals – including experiences of systemic oppression, 'isms, poverty
- Collective, historical, generational
- Event, Experience, Effect (SAMHA)

Types of Trauma

- Abuse
- Neglect
- Unexpected, sudden death
- War
- Assault
- Domestic violence
- Witnessing violence
- Racism, islamophobia, gender violence, hate crimes

Some terms to think about:



The diagram consists of three overlapping circles stacked vertically. The top circle is teal and labeled 'POSITIVE'. The middle circle is yellow and labeled 'TOLERABLE'. The bottom circle is red and labeled 'TOXIC'. Each circle overlaps with the one below it.

POSITIVE

Brief increases in heart rate,
mild elevations in stress hormone levels.

TOLERABLE

Serious, temporary stress responses,
buffered by supportive relationships.

TOXIC

Prolonged activation of stress
response systems in the absence
of protective relationships.

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's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>)

What TIC doesn't mean

- It doesn't mean excusing or permitting/justifying unacceptable behavior
 - Supports accountability, responsibility
- It doesn't mean just being nicer
 - Compassionate yes, but not mushy
- It doesn't 'focus on the negative'
 - Skill-building, empowerment
 - Recognizing strengths
- It doesn't mean just training.
 - Workforce wellness policies
 - Changing procedures
 - Changing physical environments

Why is it important?

- Trauma is pervasive.
- Trauma's impact is broad, deep and life-shaping.
- Trauma differentially affects the more vulnerable.
- Trauma affects how people approach services.
- The service system has often been activating or re-traumatizing.

APPLICATION OF TRAUMA INFORMED CARE

SAMHSA's Concept of TIC

<u>3 E's of Trauma</u>	<u>4 R's Key Assumptions</u>	<u>6 Key Principles</u>	<u>10 Implementation Domains</u>
<ol style="list-style-type: none">1. Events2. Experience3. Effects	<ol style="list-style-type: none">1. Realization2. Recognize3. Responds4. Resist Re-traumatization	<ol style="list-style-type: none">1. Safety2. Trustworthiness and Transparency3. Peer Support4. Collaboration and Mutuality5. Empowerment, Voice, and Choice6. Cultural, Historical, and Gender Issues	<ol style="list-style-type: none">1. Governance and Leadership2. Policy3. Physical Environment4. Engagement and Involvement5. Cross Sector Collaboration6. Screening, Assessment, and Treatment Services7. Training and Workforce Development8. Progress Monitoring and Quality Assurance9. Financing10. Evaluation

Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4844. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Six Key Principles of a Trauma Informed Approach

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues

Trauma Informed Care

Trauma Informed Care (TIC) recognizes that traumatic experiences *terrify, overwhelm, and violate* the individual. TIC is a commitment not to repeat these experiences and, in whatever way possible, to **restore a sense of safety, power, and worth**

Commitment to Trauma Awareness

Understanding the Impact of Historical Trauma

Agencies demonstrate Trauma Informed Care with Policies, Procedures and Practices that

Create Safe Context

through:

Physical safety

Trustworthiness

Clear and consistent boundaries

Transparency

Predictability

Choice

Restore Power

through:

Choice

Empowerment

Strengths perspective

Skill building

Promote Self Worth

Collaboration

Respect

Compassion

Mutuality

Engagement and

Relationship

Acceptance and Non-

judgment

Implementing TIC

- OHA Policy
 - In effect last July 2015. Started to audit summer 2016.
 - Demonstrate a plan for becoming more TI.
- Becoming trauma informed is often a collection of small adjustments that begin to shift organizational culture.

So what do we do about it?

- Positive interactions which communicate safety and connection are foundational to changing unproductive brain patterns.
- Every interaction the survivor has with a provider system has the potential of
 - adding to the trauma experiences,
 - reactivation of trauma memories,
 - or providing a sense of safety and enhancing emotional regulation.

Examples

Principle of TIC	What does it look like?
Safety	
Trustworthiness & Transparency	
Peer Support	
Collaboration & Mutuality	
Empowerment, Voice & Choice	
Cultural, Historical & Gender Issues	

Create Safe Context

Physical Safety

- What does physical space look like?
- Where and when are services?
- Who is there/allowed to come?
- Attend to unease.

Is there anything I can do to help you feel more safe?

Examples

- Lighting
- Bathrooms
- Exits/entrances
- Signage about what to expect, where to go...
- Home visiting plans.
- End with “what’s next” - predict
- Vicarious trauma prevention plans
- Space for self-care
- Training
- Scripts

Create Safe Context cont...

Emotional Safety

- Clear & consistent boundaries
 - Be able to state and model
 - Allowed to speak up re: vicarious trauma
- Transparency
 - Explain the “why”
 - Eligibility written out and explained
- Predictability
 - What next?

Examples

- What is your role?
- Saying no.
- Access to records
- Access to job expectations before hire
- Psy eval prep

Restoring Power

- **Empowerment**
 - Advocate, model
 - May need to do for first
- **Choice**
 - As much as possible
 - 3 options
- **Strengths Perspective (trauma)**
 - Focus on the future
- **Skill building**
 - Every encounter

Things to think about

- Learned Helplessness
- Competence & confidence
- 3 choices
- Relationships not used as threat
- Frontal lobe
- Peer Support

Value the Individual

- **Respect**
 - Life experience valued
- **Collaboration**
 - Referrals, teams, meetings
- **Compassion**
 - Not an excuse but an explanation
 - Self Care
- **Relationship**
 - Modeling, boundaries, learning, partnering
 - Supervision

Things to think about

- Structure to have voices heard
- Acknowledgement
- Giving voice to –
- Advocating for...

What I say...

- I wonder if.....
- I notice.....
- In times of stress it is difficult for our brains to retain information so to make sure we are on the same page can you repeat back
- Accessing services can sometimes feel traumatizing
- I am getting ready to
- Is there a way to make this more comfortable, safe, successful
- Is that your understanding.....

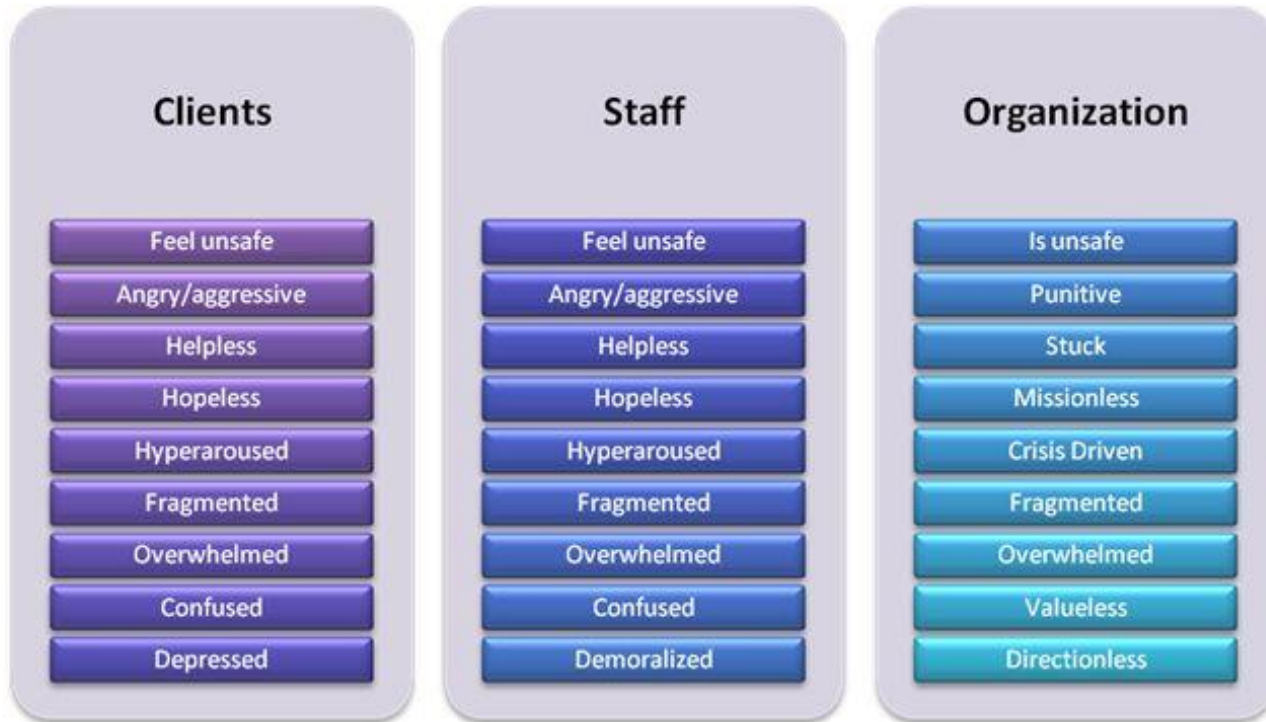
Examples:

- Intake forms
- Rules that don't have a "why" attached
- Assessing trauma & related skills – timing, skills to support
- Trauma education
- Scripts for response
- De-escalation protocols - practiced
- Vacation policies
- Hiring scenarios
- TIC statement from agency
- Supervision
- FEEDBACK

HotSpots

- What may cause activation from first point of contact to exit for those you serve? (contributes to the behavior)
- Think about the first point of contact for the family.
 - What are you doing well to promote safety, power, value?
 - What could be improved?

PARALLEL PROCESS WITHIN TRAUMA INFORMED CARE



PARALLEL PROCESS

Adapted from Bloom, S. Sanctuary Model

Parallel Process in TIC

“When two or more systems – whether these consist of individuals, groups, or organizations – have significant relationships with one another, they tend to develop similar affects, cognition, and behaviors, which are defined as parallel processes.”

Kenwyn Smith *et al.*, 1989

Popularized by Sandra Bloom, Sanctuary Model

What is required to Provide TIC?

- Secure, healthy adults;
- Good emotional management skills;
- Intellectual and emotional intelligence;
- Able to actively teach and be role model;
- Consistently empathetic and patient;
- Able to endure intense emotional labor;
- Self-disciplined, self-controlled, and never likely to abuse power.

The Reality

- We have a workforce that is under stress.
- We have a workforce that absorbs the trauma of the consumers.
- We have a workforce populated by trauma survivors.
- We have organizations that can be oppressive.
- All of this has an impact
 - We have organizations that come to resemble the behavior we're trying to help.

Concepts

- **Secondary Traumatic Stress:** used to describe professional workers' subclinical or clinical signs and symptoms of PTSD that mirror those experienced by trauma clients, friends, or family members; a gradual erosion of empathy, hope, and compassion – the very tools we use in our work – toward self and others
- **Vicarious Trauma:** the cumulative effect of working with survivors of trauma and includes cognitive changes resulting from empathic engagement and a change to your worldview; the impact changes affect, tolerance, perception of personal control and freedom, beliefs about self and others, sensory memory, imagery, and interpersonal relationships in the provider
- **Burnout:** the cumulative psychological strain of working with many different stressors; often manifests as a gradual wearing down over time; leads one to believe that they are not meant for this type of work, feeling of being ineffective, callous, negative, emotional absence, sarcastic and “stuck”; a defensive response to chronic dissatisfaction with work-related issues

Self reflection



Protective Factors

- Team spirit
- See change as a result of your work
- Training
- Supervision
- Psychoeducation on these topics
- Balanced caseload

Risk Factors

- Your history
- Consumers' stories
- Always empathatic
- Lack of experience
- Workload
- Case load
- Isolation

HotSpots

- What may cause activation from first point of contact to exit for you? (contributes to the behavior)
- Think about the first point of contact for you.
 - What is your supervisor/agency doing well to promote safety, power, value?
 - What could be improved?

Strategies

- Reduce isolation – connecting with others
- Say hello to each other
- Peer consultation groups
- Knowledge – book groups – questions in meetings
- Bring the positive back to consciousness
- Feedback from consumers
- Limit exposure
- Rituals
- Wellness – vicarious prevention plans

INDIVIDUAL

Self-Care &

ORGANIZATIONAL

**Workforce
Wellness**



Workforce Wellness

Individual Level

Organizational Level

Emotional Wellness
Social Wellness
Physical Wellness
Professional Wellness

Concepts

- **Compassion Satisfaction:** the satisfaction that is derived from doing work that helps others, and it has been found to protect against the development of CF/STS in helping professionals
- **Vicarious Resilience:** a process “characterized by a unique and positive effect that transforms helping professional in response to client trauma survivors’ own resilience
- Prevention & resilience are built when individual and organizational workforce wellness practices become routine.
- Wellness can be contagious!
- Be hard on systems, be soft on people.