

Applying Trauma Informed Care Principles in Home Visiting Practice



Stephanie Sundborg, PhD
ssund2@pdx.edu

Agenda - Welcoming

- Intent – context
 - Starting with a common language/knowledge
 - 101 and 201
 - Objectives
 - Agenda for day
- How to survive the day
 - 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

9:00-9:15	Introductions & Intent
9:15-9:30	TIC 101 – Review
9:30-10:30	Acute & Complex Trauma Impact
10:30-10:45	BREAK
10:45-11:15	Acute & Complex Trauma Impact cont'd
11:15-12:00	<i>Through a Trauma Lens –understanding WHY</i>
12:00-1:00	LUNCH
1:00-1:45	TIC Application: safety, power, value
1:45-2:30	<i>Hotspots</i>
2:30-2:45	Break
2:45-3:15	Parallel Process
3:15-3:45	<i>Red Yellow Green</i>
3:45-4:00	Wrap up

Objectives

- Reflect on how trauma and stress look in your clients
- Reframe a behavior using a trauma lens and be able to articulate at least one “Trauma Education Statement”.
- Reflect on ways you are able to manage work stress
- Explore strategies you use or can use to reduce workplace stress/trauma – and identify one you can apply (Set Two objective)
- Explore ways to apply trauma informed principals during the home visit – and identify one strategy to reduce re-traumatization during the home visit (Set Two objective)

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>)

TRAUMA SPECIFIC SERVICES VS. TIC

- Trauma Recovery/Trauma Specific Services
 - Reduce symptoms
 - Promote healing
 - Teach skills
 - Psycho-empowerment, mind-body, other modalities.

TRAUMA INFORMED CARE

- 
- Trauma Sensitive
 - Bring an awareness of trauma into view
 - Trauma lens
 - Trauma Informed Care
 - Guide policy, practice, procedure based on understanding of trauma
 - Assumption: every interaction with trauma survivor activates trauma response or does not.
 - Corrective emotional experiences.
 - Parallel process

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.

Three Es of Trauma

(SAMHSA, 2014)

- Events
- Experience
- Effects

<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Why Now? Is it a Fad?

- Enormous advances in neurobiology in the last two decades, brain imaging.
- Developmental neuroscience, interpersonal neurobiology.
- Adverse Childhood Experiences Study (Kaiser & CDC)
 - Link with mental, behavioral, and physical outcomes
 - Compelling evidence for a public health perspective

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.

Impact on children & families

- National sample – 60% of 0-17 experienced or witnessed maltreatment, bullying, or assault within year.
- One in four experience traumatic event prior to age 16
- In Head Start sample (n=113), 58% caregivers and 27% of children had 4+ ACEs.
- Sample (n=155) Head Start, 66% community violence
- Nurse Family Partnership (n=209), 41% of mothers and fathers had 2-3 ACEs.

(Costello, 2002; Blodgett, 2012; Briggs-Gowan et al 2010; Finkelhor, 2009; Shahinfar et al, 2000)

Impact on high risk adults

- High rates of sexual/physical assault among women with substance abuse challenges (up to 99%).
- Link between substance abuse and domestic violence (up to 80% co-occurrence).
- Sex work and trauma history (up to 99%)
- Public mental health clients and histories of trauma (up to 90%, most with complex trauma).

Impact on Workforce

Social Workers, Domestic Violence and Sexual Assault:

65 % had at least one symptom of secondary traumatic stress (Bride, 2007); 70% experienced vicarious trauma (Lobel, 1997).

Law Enforcement:

33% showed high levels of emotional exhaustion and reduced personal accomplishment; 56.1 percent scored high on the depersonalization scale (Hawkins, 2001).

Child Welfare Workers:

50% traumatic stress symptoms in severe range (Conrad & Kellar-Guenther, 2006).

Preschool Teachers:

30% annual turn over

<http://www.olgaphoenix.com/statistics-painful-truth-about-vicarious-trauma/>

And in HV:

- Data about work related stress is limited
 - Most studies examine client outcomes and engagement
- Relationship security with client significantly impacts job satisfaction and burnout (Burrell et al., 2009)
 - Anxious attachment leads to increased burnout
 - 16% reported that they plan to leave job in next 24 mos.
 - HV feel least competent in addressing risk for child abuse
- Empowerment leads to lower turnover (Lee et al., 2013)

What it 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 a bit mushy
- It doesn't 'focus on the negative'
 - Skill-building, empowerment
 - Recognizing strengths

Principles of Practice

With a foundation of awareness and understanding, organizations can strive to reflect three central principles of TIC, by creating policies, procedures, and practices that:

- create safe context,
- restore power, and
- value the individual.

Trauma Informed Care

Trauma Informed Care (TIC) recognizes that traumatic experiences *terrify, overwhelm, and violate* the individual.

TIC is a commitment to not 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

Value the Individual

through:
Collaboration
Respect
Compassion
Mutuality
Engagement and Relationship
Acceptance and Non-judgment

Our Work is to

- Prevent re-traumatization – triggers
 - How can you know?
- Recognize early warning signs
 - Know your work/population
- Intervene – deescalate
 - Multi-level – micro, macro

Acute Trauma Response

When Trauma Happens....

- Freeze, Flight, Fight, Fright
- Chronic Trauma, Complex trauma overtime
- Traumatic Stress – Toxic stress

How does this “look” in clients and in staff?

Negative Stress (Distress)

Tolerable

Difficult and challenging
but we react and then recover

Toxic

Chronic or repeated circumstances or events
Overwhelms coping skills
Bio-chemical response
Can change brain chemistry and function

Traumatic events

- Physical assault
- Sexual abuse
- Emotional or psychological abuse
- Neglect/abandonment
- Domestic Violence
- Witnessing abuse/violence
- War/Genocide
- Accidents
- Natural or man-made disasters
- Dangerous environment
- Witness or experience street violence
- Poverty
- Homelessness
- Historical Trauma and Current Oppression

Clients may...

- Feel unsafe
- Engage in harmful behaviors
- Tend toward anger and aggression
- Feel hopeless
- Feel helpless
- Be hyper-aroused with memory and communication problems
- Have trouble managing emotions
- Be overwhelmed, confused, depressed
- Not be able to imagine any other future

Reflection

How does trauma look in clients?

Or with staff?

Environment → Brain → Behavior

Input from the environment

- *vision, hearing, smell, taste, touch*

“In-between” stuff – mental activities

- *Perception, attention, memory, learning*



WHY



Output in the environment

- *Running, yelling, fighting, eating, listening, speaking,*

Sensory Perception – Bottom Up

Touch

- First of five senses to develop in utero and most prominent at birth
- Critical part of growth and nurturing



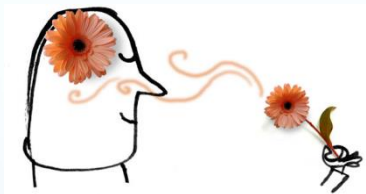
Auditory

- Can be powerful triggers
- Studies show trauma victims are more aware of oddball sounds earlier



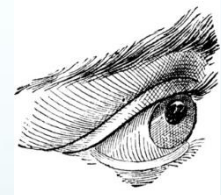
Taste

- Emotional brain area (OPFC) activated only when hungry



Olfactory (Smell)

- Can detect around 10,000 smells
- Only sensory input that is directly connected to limbic system (memory & emotion)



Visual

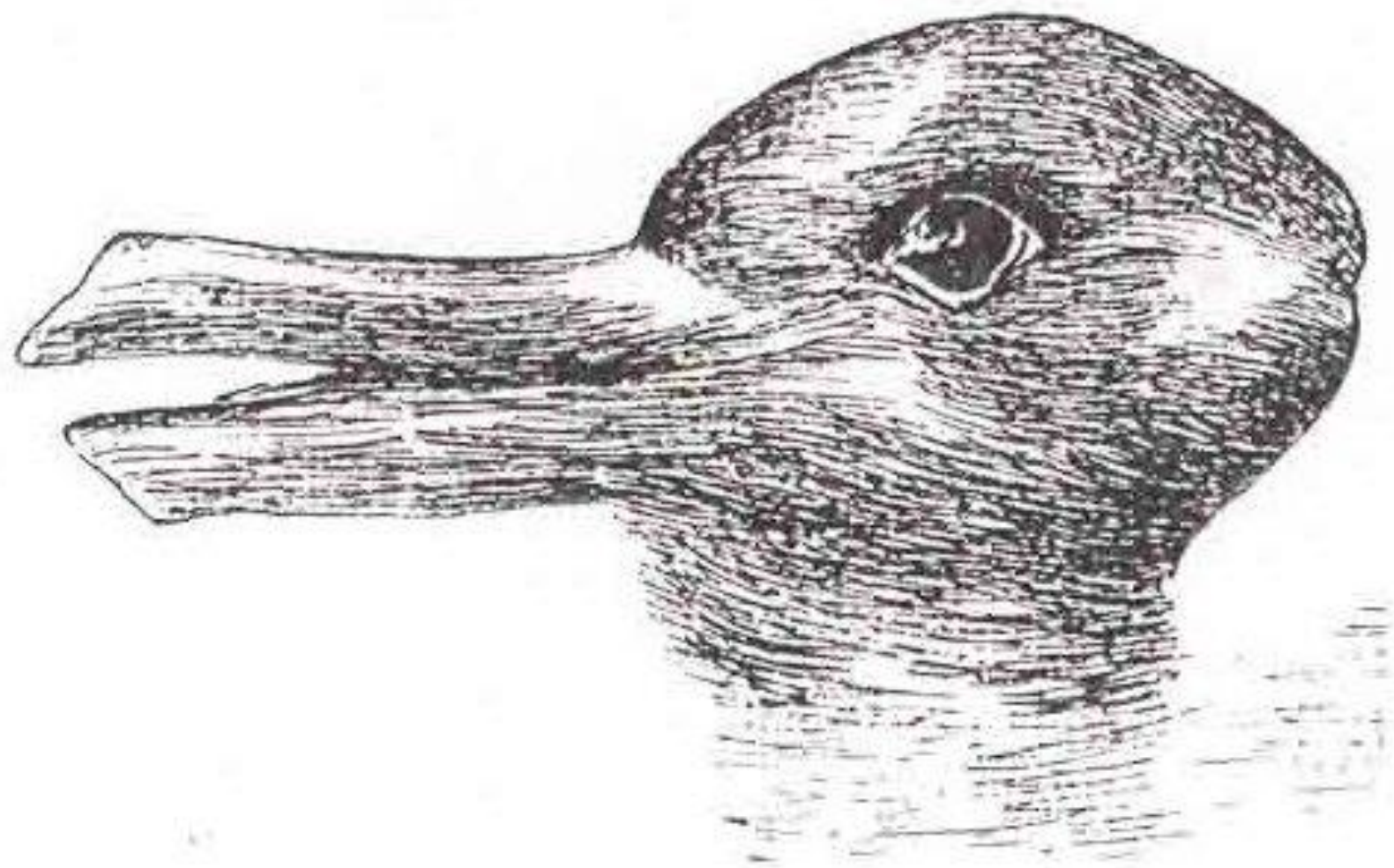
- Least accurate of all senses
- Does not reach full adult functioning until age four

Perceptual Processing – Top Down

- Pre-existing knowledge is used to rapidly organize features into a meaningful whole
- Past experiences, motives, contexts, or suggestions **prepare us to perceive** in a certain way (Perceptual Expectancy)

*“We don’t see things as they are.
We see them as we are”*

Anais Nin





Sensory / Perception... and the Trauma brain

- More sensitive to incoming sensory information – sounds are louder, smells are stronger.
- Sensory information act as triggers
- Top down input may be distorted – not available

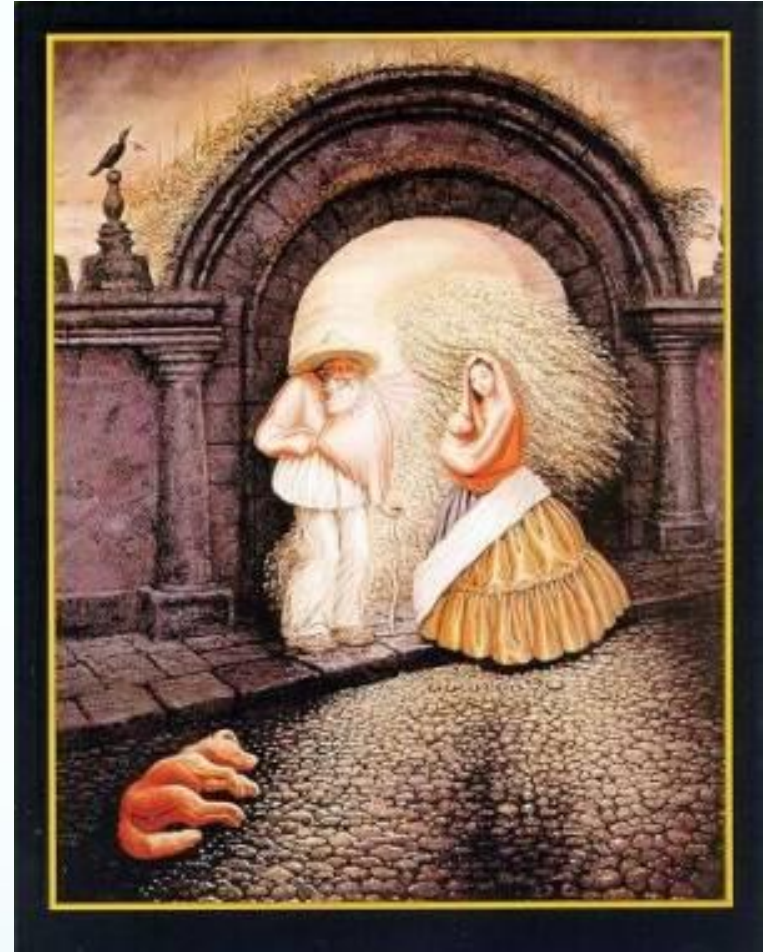
Connecting to behavior: Do you notice survivors are more aware or bothered by sensory input?

Attention...

and the Trauma brain

- Selective attention is worse in general but better for threatening stimuli
- Divided attention is better –hyper vigilance and the ability to pay attention to a lot of stimuli at once
- Sustained attention worse

Connecting to behavior: Do you notice survivors have a harder time focusing attention? Are they easily distracted?



Selective Attention

- <http://viscog.beckman.uiuc.edu/grafs/demos/15.html>
- <http://www.youtube.com/watch?v=Ahg6qcgoy4&feature=related>

Memory...

and the Trauma brain

- Declarative memory is usually impaired – damage to hippocampus (considerations: flashbulb memory and state dependent learning)
- Working memory is usually not great – frontal lobe activation is decreased
- HOWEVER - Implicit memory is strong for threatening stimuli

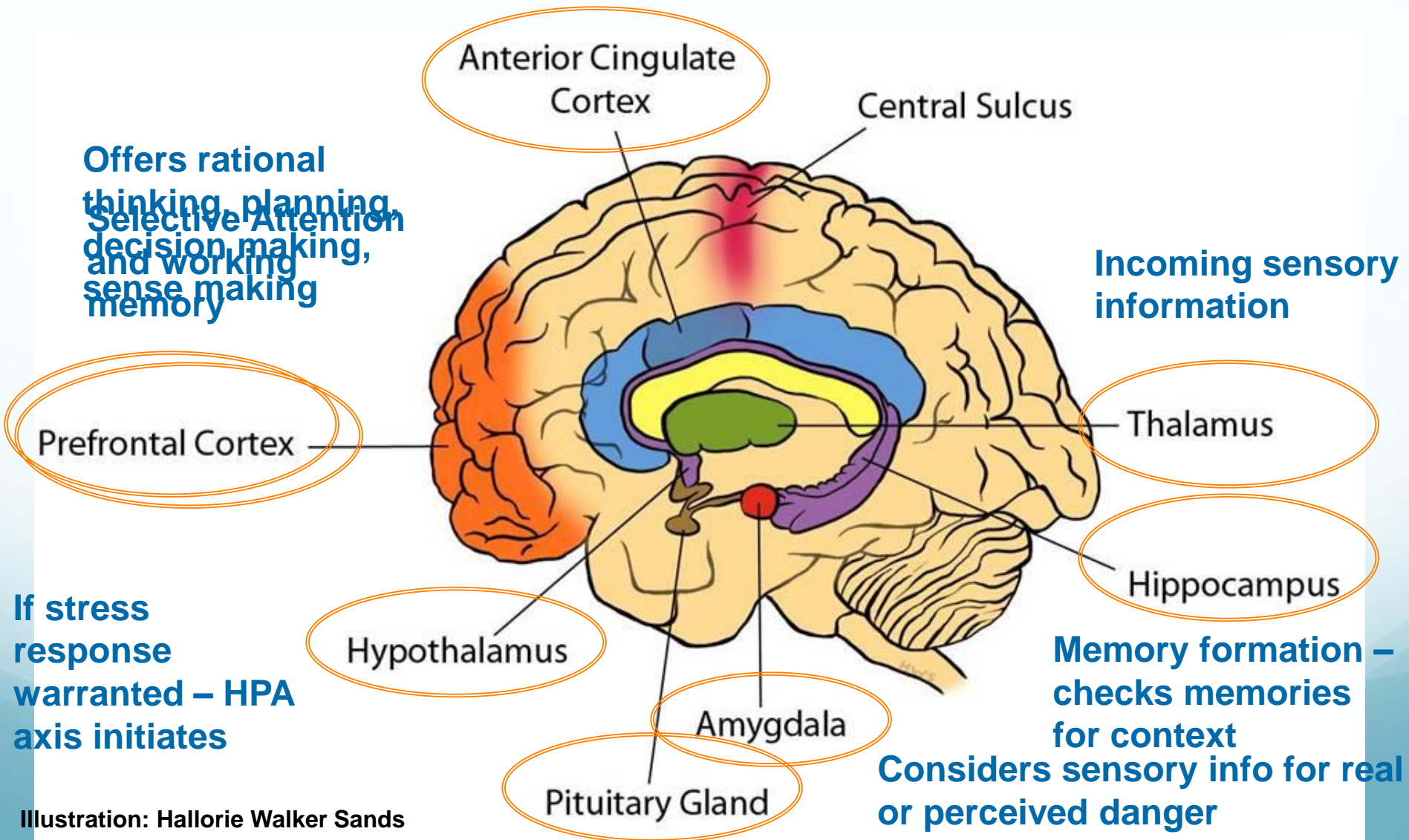
Connecting to behavior: Do survivors forget appointments, treatment plans, what was discussed last time? But, is their memory for threat situations or details good?

Executive Function... and the Trauma brain

- Frontal lobe function is impaired – affecting judgment, decision making, planning, reasoning
- Poorer attention and impulse control
 - performance on stroop test with trauma related words
 - Anxiety related, perseverative loops

Connecting to behavior: Do survivors persevere, fixate?
Do they show problems with impulse control? Struggle with making decisions or planning

Stress Response....



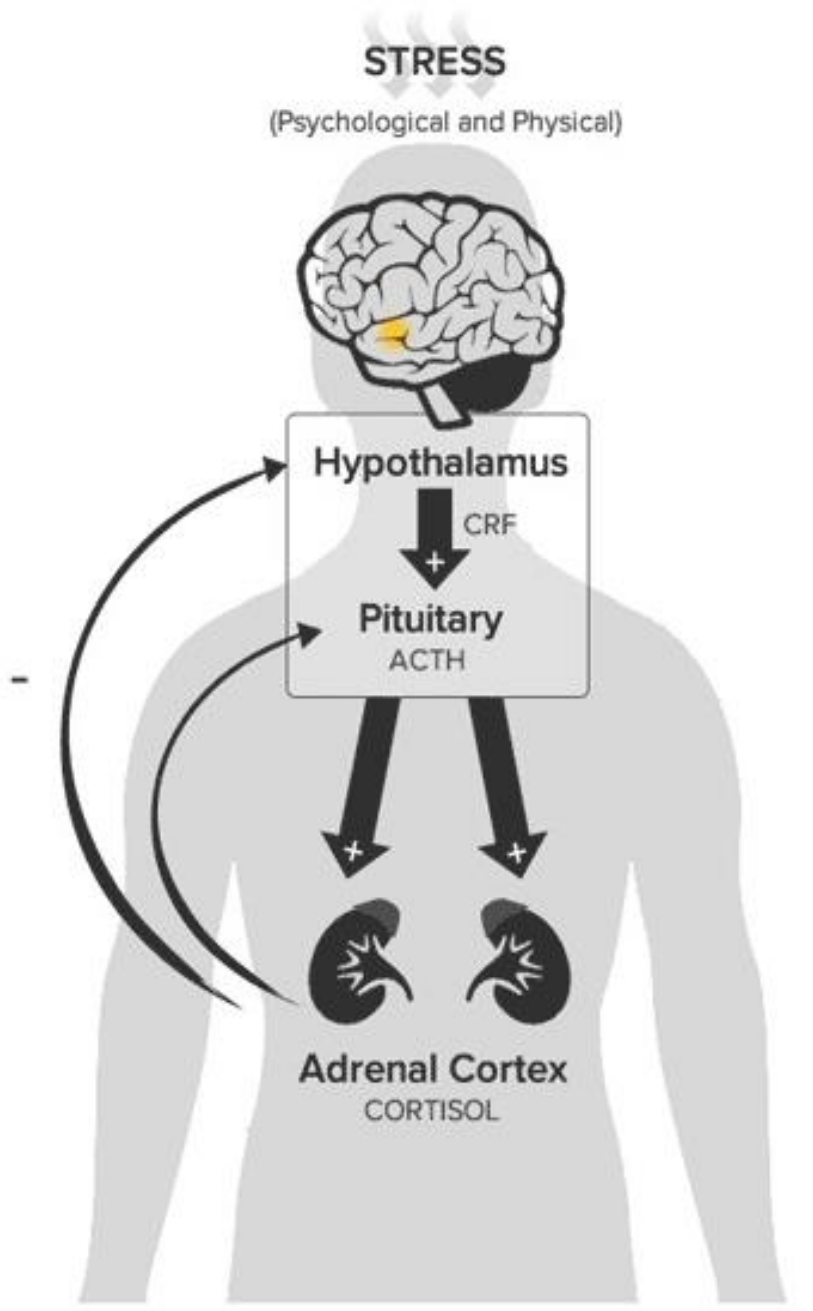
Sympathetic Nervous System

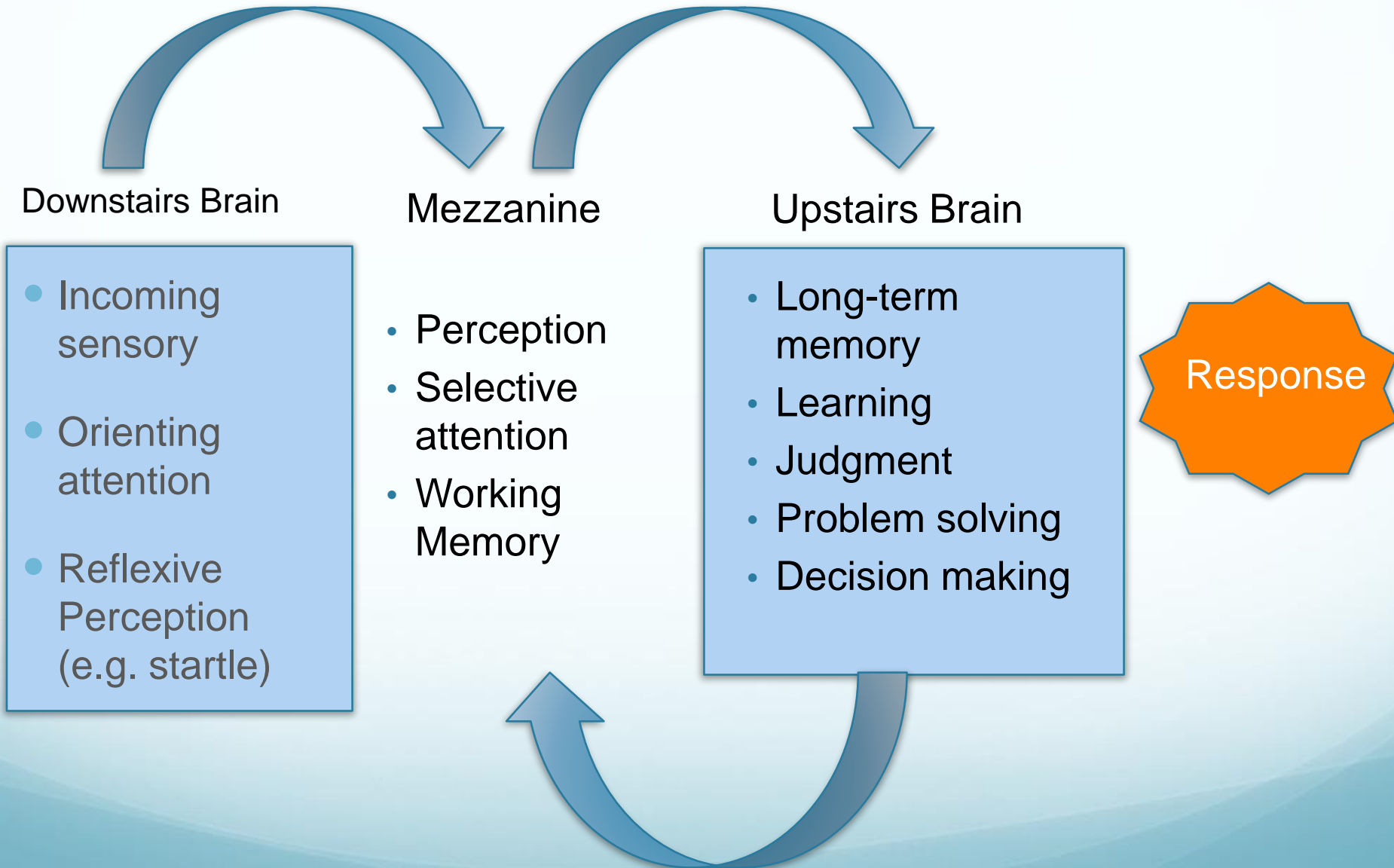
SAM sys (Sympathetic Adrenal Medullary)

- **Releases Adrenaline**
- Fast (milliseconds)
- Electrical
- Designed for occasional use
- Routes through spinal cord

HPA Axis (Hypothalamus – pituitary – adrenal)

- Slow (minutes)
- Chemical
- Reflects perception
- **Releases cortisol**

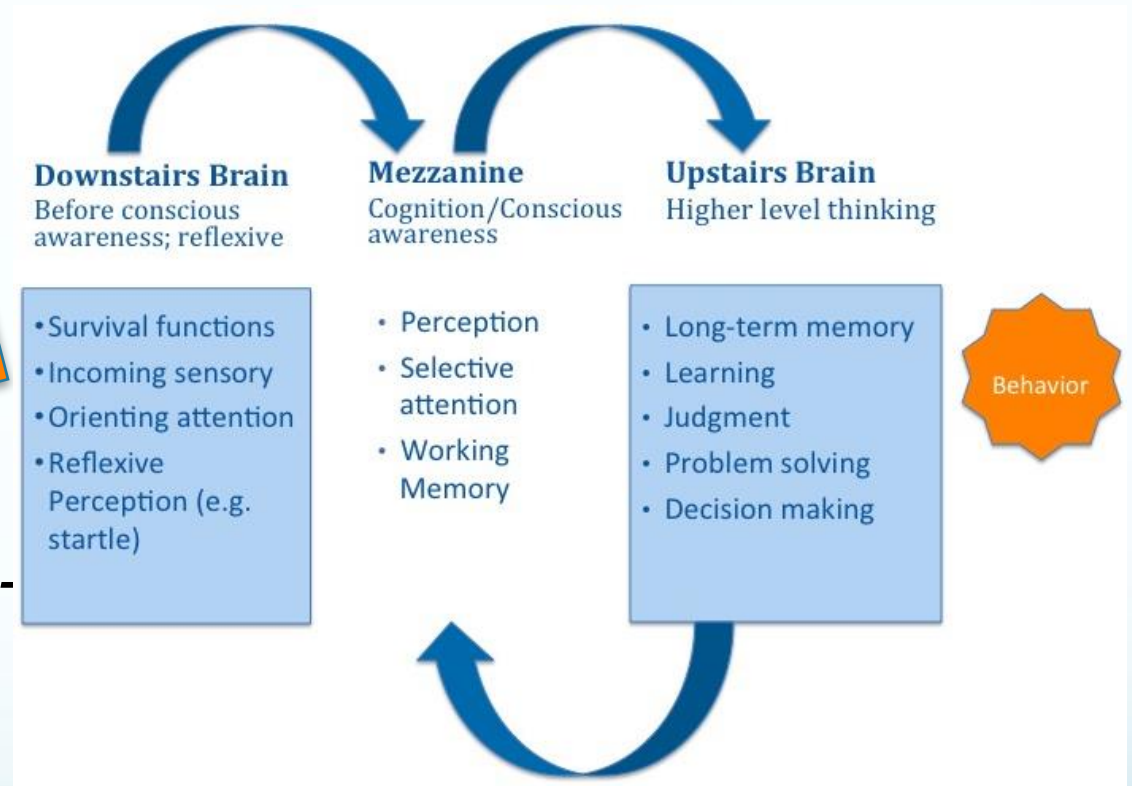




Opportunity to help
navigate, control, filter
sensory input

What to expect

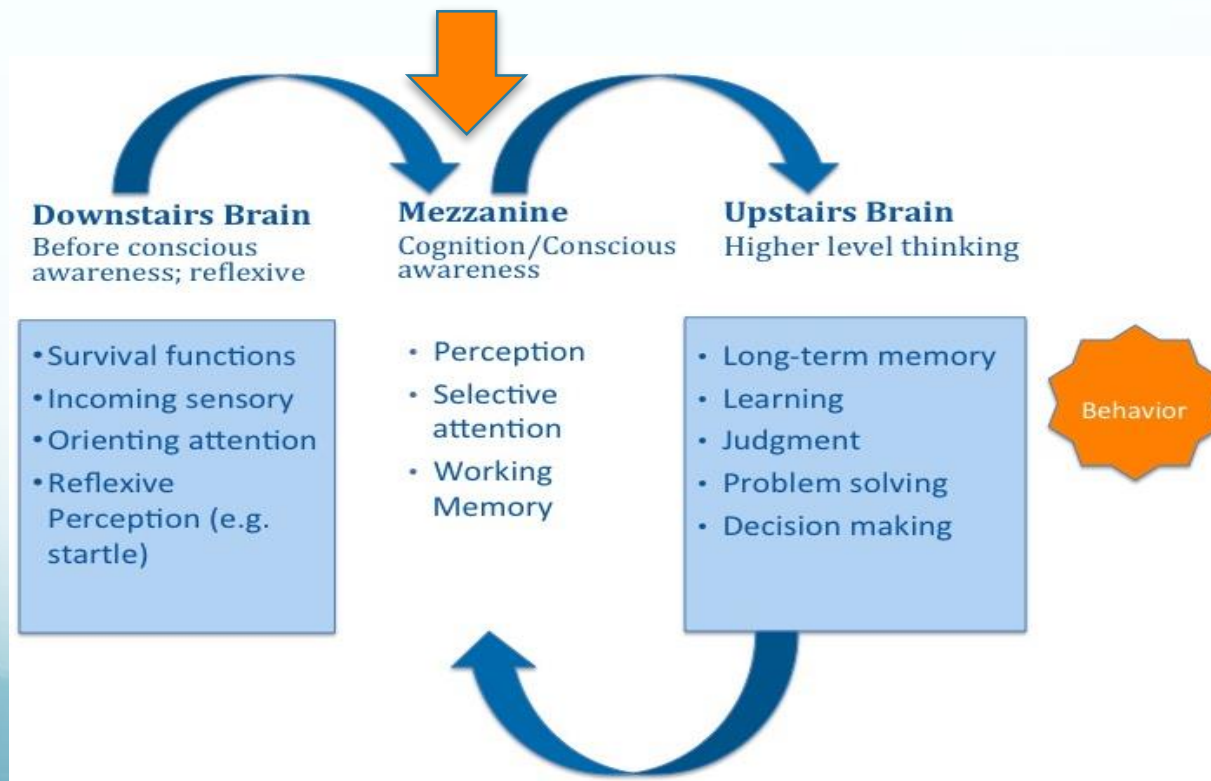
*“With the construction -
we know the noise in
the waiting area can
be loud...perhaps
you’d like to bring
headphones...”*

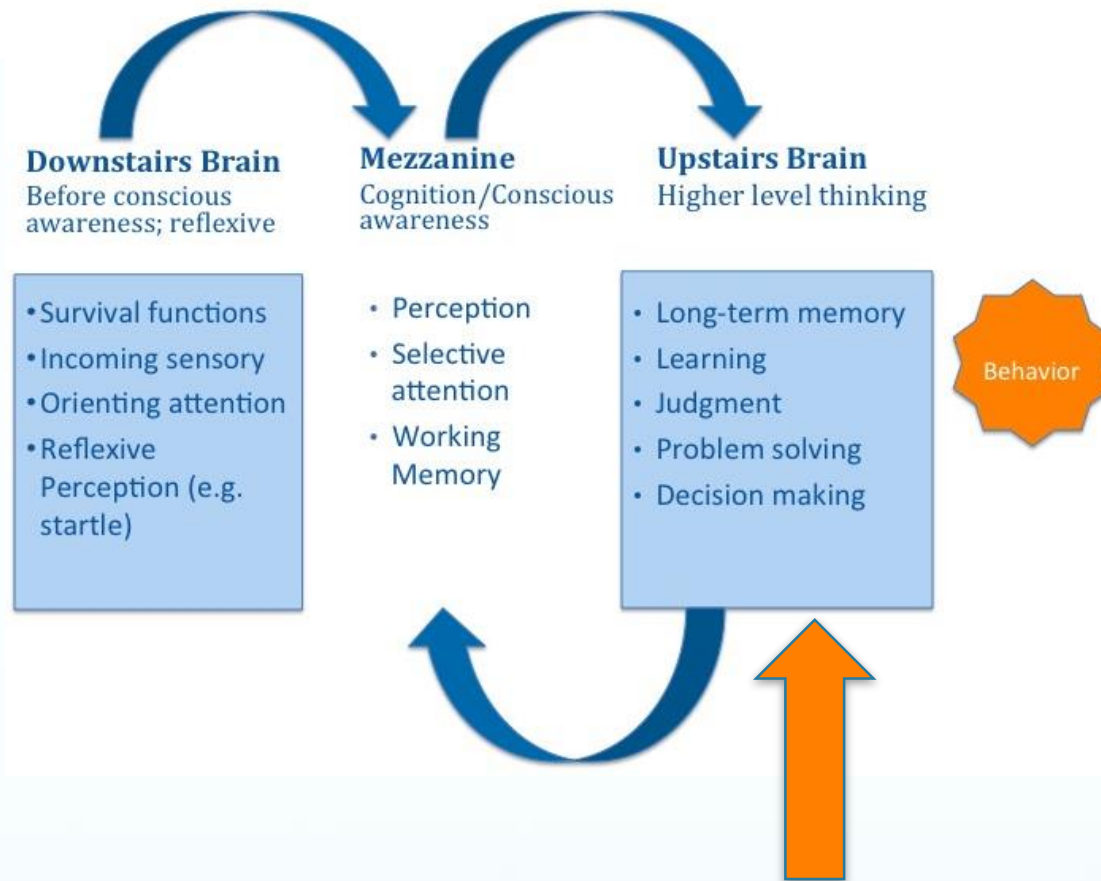


Opportunity to make sure attention is focused? Perception isn't distorted? Info is getting into short term memory?

“With so much going on in this room, I know it can be difficult to stay focused on me, but if you could give me your attention for just a few minutes...”

“I know I just gave you a lot of information, can you tell me your understanding of next steps”





Opportunity to shape experience / context, and memory formation

“Remember last time this happened, you were able to XYZ”

Right Hemisphere

- Dominant at birth
- Sensory experiences
- Emotional regulation
 - RH plays bigger role in processing emotion
 - Left involved in emotional content of words
 - RH emotional content of words and tone of voice
 - RH production of facial expressions
- Relational hemisphere – focused on attachment

Left Hemisphere

- Develops slower ~ 18-24 months
- Contains the language areas
- More logical, analytical, and sequential
- Focuses on details – construct complex theories and narratives

Left-right hemisphere integration

Children with abuse histories have a less developed corpus callosum.

- Inability to integrate left and right brain
- more compartmentalizing and less available for analysis and change (especially through language)

Mirror neurons

- Your brain is active when it does the task and also in the same way when it witnesses a task.
- Empathy
- Caution – need experience
- <https://www.youtube.com/watch?v=k2YdkQ1G5QI>

Break



Brain Chemicals and Stress

- Too much is bad, too little is bad
- Reduced number of receptors
- Chemicals can provide protection or damage
 - Anxiogenic pathways— produces anxiety
 - Anxiolytic pathways – relieves anxiety
- Corticotropin releasing hormone (CRH) **
 - Elevated levels – result from early life stress – but dependent on it
 - Has both anxiolytic pathways and anxiogenic pathways
 - Involved in HPA Axis, memory, reward, neurovegetative functions (sleep, appetite, sex)



Cortisol and other Brain Chemicals

Norepinephrine (NE)

- Alertness / arousal / attn
- fight/flight (SAM sys chemical)
- Solidifying threat memories

Cortisol

- fight/flight (HPA axis chemical)
- Damages hippocampus (memory)
- Needed to shut off stress response – neg feedback loop
- Lower levels in PTSD
- Inhibits serotonin (anxiolytic) receptor expression. *

Serotonin (5HT): Anxiogenic and Anxiolytic pathways

- Dampen norepinephrine firing
- Reduces sensory stimulation into amygdala – only in presence of cortisol
- Reduced levels in PTSD, depression
- *Fetal and postnatal inhibition-may lead to anxiety

Cortisol and other Brain Chemicals

- GABA (benzodiazepine)
 - Inhibitory NT – reduces excitatory activity
 - Reduces hyperarousal and re-experiencing /
 - Impaired in PTSD
- Endogenous Opiates
 - Analgesic
 - Related to dissociative symptoms
 - Acute stress response elevates secretion of opioids
 - Chronic stress response may lead to lower concentration of opioids

Oxytocin

decr. anxiety

**incr. attachment
and bonding**

It's Complicated

When Trauma Happens....

- Chronic Trauma, Complex trauma overtime
 - Central Nervous system becomes unbalanced

Parasympathetic
Nervous Sys:
Rest and Digest



Sympathetic NS:
Arousal system
Fight or Flight

Just Breathe
Julie Bayer Salzman & Josh Salzman (Wavecrest Films)

Just Breathe

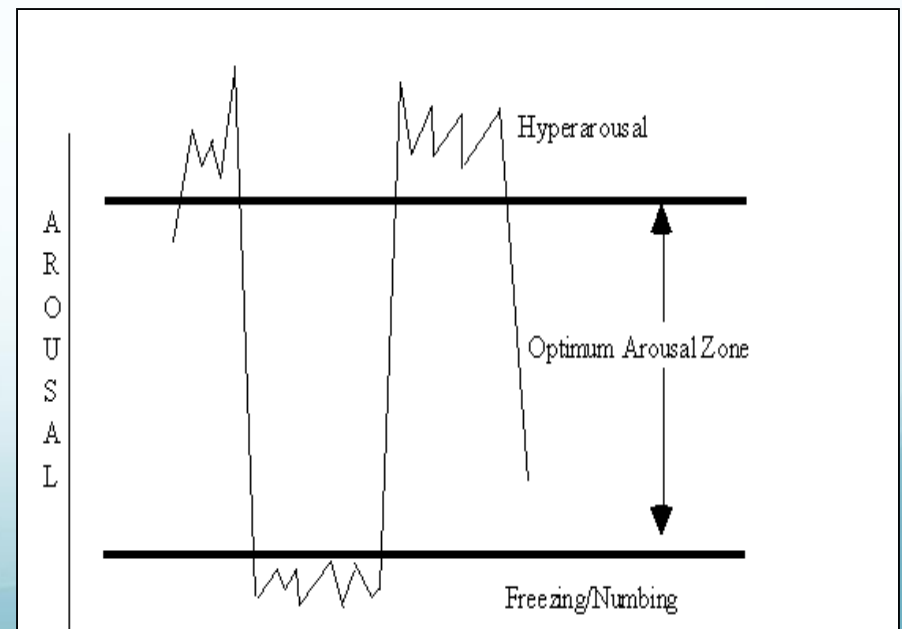
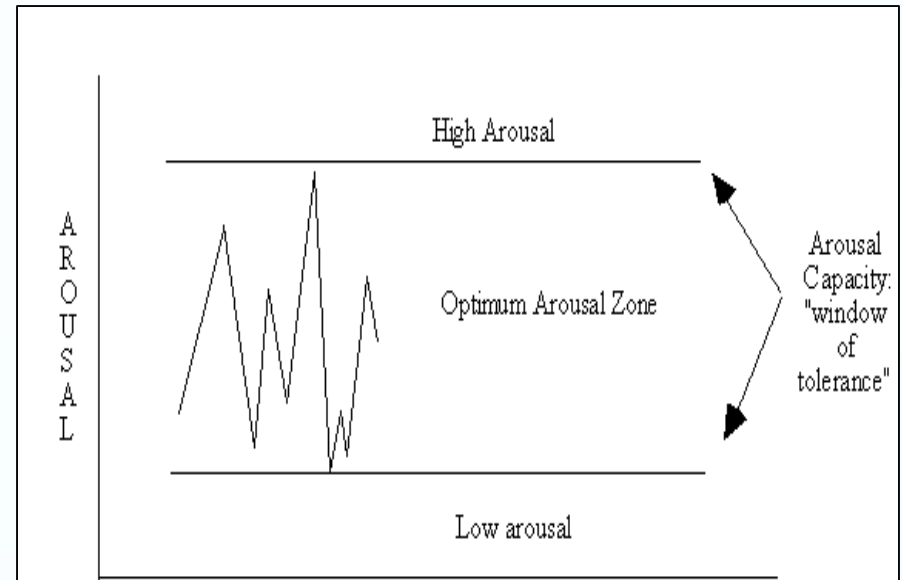
Arousal Zones

“Within this zone, a person can contain and experience affects, sensations, and thoughts and can process information effectively without disrupting the functioning of the system.”

(Ogden & Minton, 1999)

“Poor tolerance for arousal is characteristic of traumatized individuals.”

(Van der Kolk, 1987)



Impact of Trauma

- Relational
 - Love – fear - need
 - Emotional Reactions
 - Feelings – emotions, regulation
 - Alteration in consciousness
 - Hypervigilance
 - Psychological and Cognitive Reactions
 - Concentration, slowed thinking, difficulty with decisions, blame
 - Behavioral or physical
 - Pain, sleep, illness, substance abuse,
 - Beliefs
 - Changes your sense of self, others, world
 - Relational disturbance
- Fight, Flight.....&
Freeze
Tend and Befriend (Taylor,
et al)

pay attention to how this intersects with getting basic needs met

Neurobiology Take Aways

- Simple to complex – Survival mechanisms act first and faster than the thinking brain.
- When we are threatened – brain moves resources away from thinking toward survival.
- **Our brain learns patterns. Fire-together-wire-together.**

Neurobiology Take Aways

- Attention can be a problem:
 - Amygdala in survivors is hyper-vigilant – scanning for real or perceived threat; attentional control from frontal lobe is decreased
- Communication is challenging: dominance of RH
 - Decreased verbal (left hemisphere) – hypersensitive to nonverbal (right hemisphere) – prone to misinterpret.
- Memory is impaired – damage to hippocampus due to excess cortisol:
 - Explicit memory (hippocampus) – facts, stories, pictures – impaired
 - Implicit memory (amygdala – acute trauma) often clear and sharp

So help me understand....

What are the effects of chronic stress?

“Toxic stress in early childhood is associated with persistent effects on the nervous system and stress hormone systems that can damage developing brain architecture and lead to lifelong problems in learning, behavior, and both physical and mental health.”

National Scientific Council, Center on the Developing Child at Harvard University

Chronic effects

Altered Brain Function:

- The under activation of some areas of the brain (e.g. pfc and hippocampus) and the over activation of other areas (e.g. amygdala) create persistent brain patterns.

Altered Brain Chemicals:

- Brain compensates for excess chemicals by reducing numbers of receptors. Brain wants balance. This compensatory mechanism can lead to decrease in brain chemicals.
 - Chemicals involved: Adrenaline, Serotonin, Dopamine, Endogenous Opioids, Oxytocin, adrenal corticosteroids (e.g. cortisol)



So help me understand....

What can we learn from the Adverse Childhood Experiences (ACE) study?

ACE score includes:

- Lack of nurturance and support (emotional neglect).
- Hunger, physical neglect, lack of protection (homelessness).
- Divorce in the home.
- Alcoholism or drug use in home.
- Mental illness or attempted suicide among household members.
- Incarceration of household member.

Two-thirds of sample had a score of 1 or more; ~1 out of 6 had score of 4 or more.

In Oregon (n=4,000): 62% at least 1; 16% four or more (BRFSS, 2011)

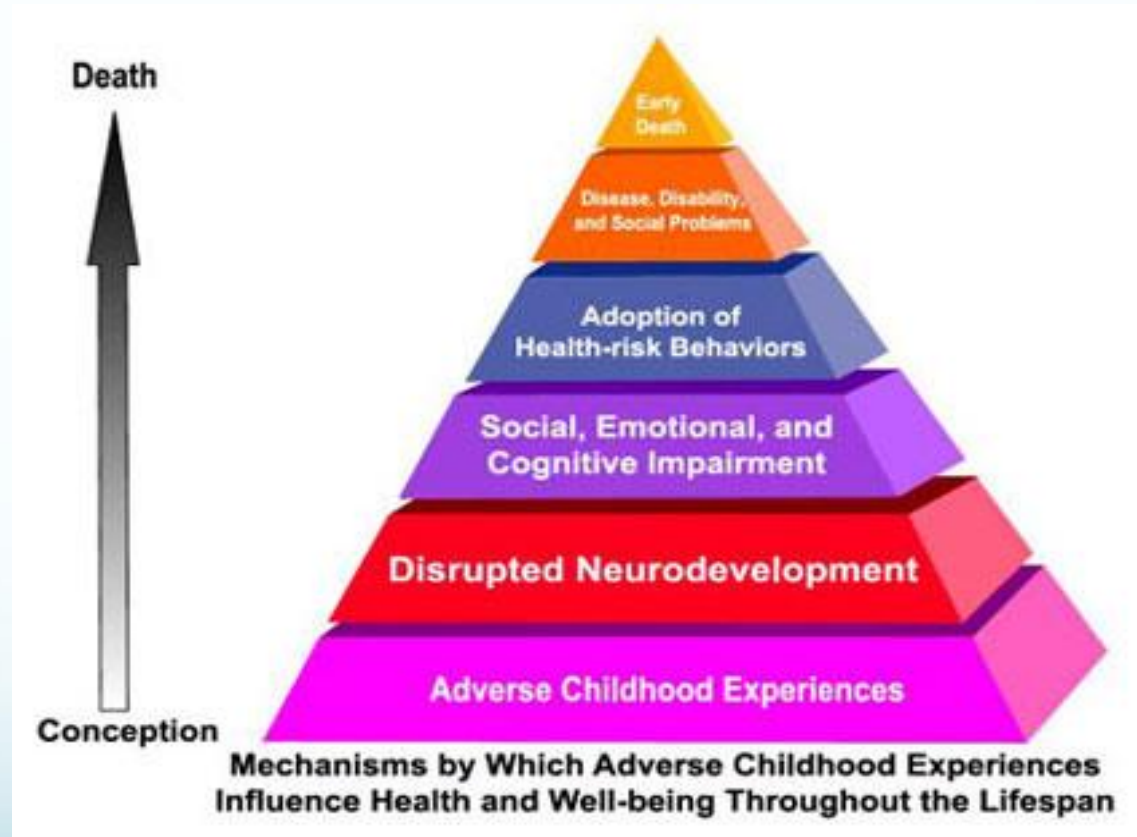
Demographic Categories		Percent (N = 17,337)
Gender		
	Female	54%
	Male	46%
Race		
	White	74.8%
	Hispanic/Latino	11.2%
	Asian/Pacific Islander	7.2%
	African-American	4.6%
	Other	1.9%
Age (years)		
	19-29	5.3%
	30-39	9.8%
	40-49	18.6%
	50-59	19.9%
	60 and over	46.4%
Education		
	Not High School Graduate	7.2%
	High School Graduate	17.6%
	Some College	35.9%
	College Graduate or Higher	39.3%

Adverse Childhood Experiences

(www.ACEstudy.org)

ACE study (scores 0-10)

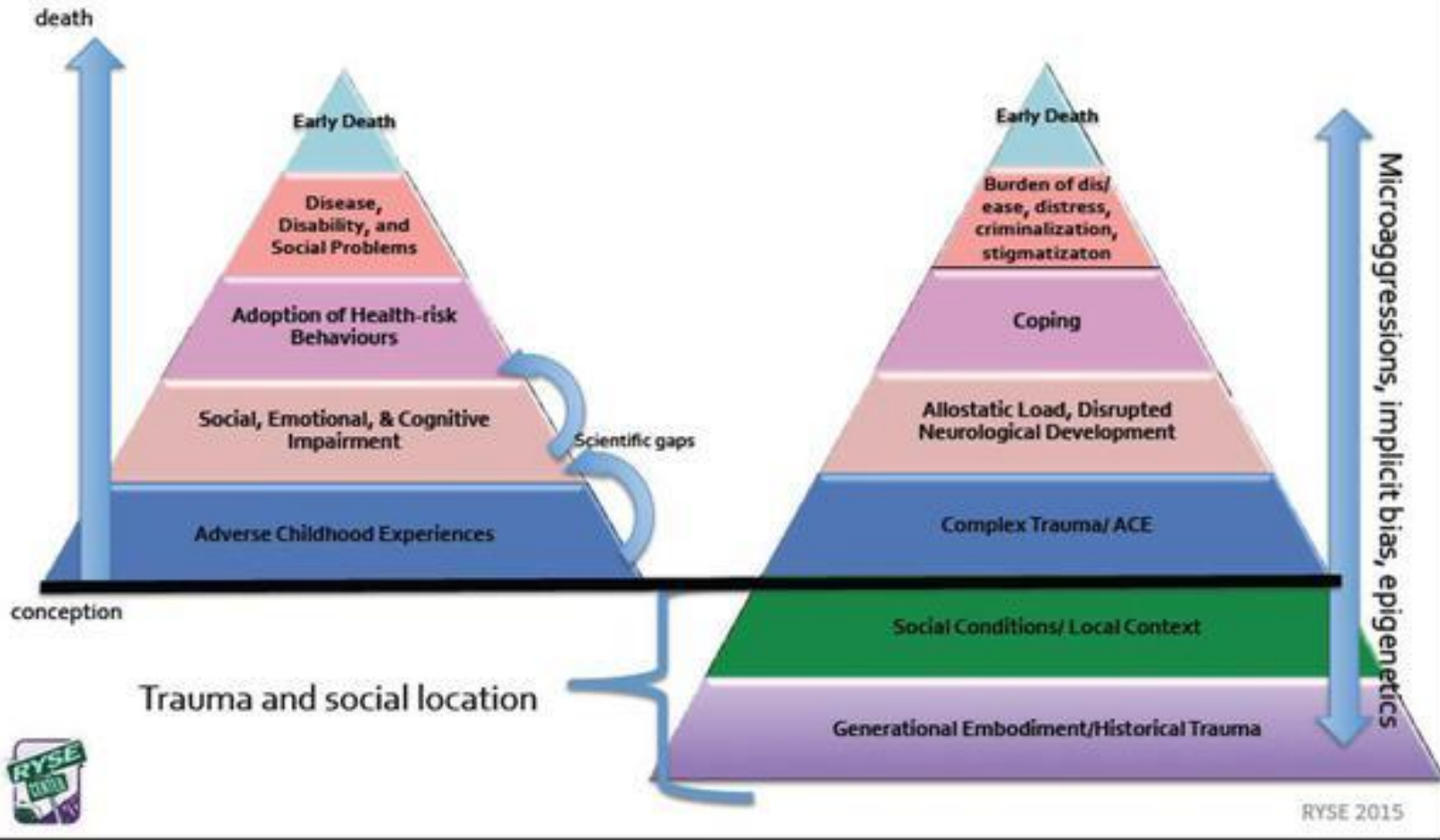
- Score of 4 or more: ~ 1 out of 6 adults
 - 2x as likely to smoke
 - 12x as likely to have attempted suicide.
 - 2x as likely to be alcoholic.
 - 10x as likely to have injected street drugs.
- Score highly correlated with:
 - Prostitution, mental health disorders, substance abuse, early criminal behavior.
 - Physical health problems, early death.



Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment



<http://www.acesconnection.com/blog/adding-layers-to-the-aces-pyramid-what-do-you-think>

(Epi)Genetics

Prenatal stress can affect HPA axis function

- Early care (tactile) leads to a reduction of CRH neurons in hypothalamus (Karsten & Baram, 2013) – must be recurrent
- Early and chronic abuse is associated with permanent sensitization of HPA axis

Trans generational Transmission of Trauma

- Lower cortisol levels in mothers and babies of mothers who developed PTSD following World Trade Center attacks
- In rats, exposure to high levels cortisol prenatally (3rd trimester) associated with low birth weight, hypertension, glucose intolerance as adults

Take Aways

- Our brains change and welcome change.
- 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.

Activity

Through a trauma lens...
writing education statements

A Trauma Lens

What might the NON Trauma informed system say about this person?

Using a trauma lens – what could be going on?

- 1.
- 2.
- 3.

TRAUMA EDUCATION STATEMENT:

What we know about trauma is ___*[that trauma survivors often started using substances]*___ **because/to** *[either prevent feeling greater pain, to feel something, or because it was forced onto them]*

Trauma Informed Care

The Foundation

- **Trauma Awareness**
 - Trauma education and training for all staff;
 - Hiring, management, and supervision practices;
 - Policies and procedures for referral, intake, termination;
 - Recognition of vicarious trauma and the appropriate care of staff;
 - Universal precaution and/or universal screening;
 - Knowledge of effective trauma recovery services;
 - Advocacy within the agency and with partner agencies/systems.
- **Understanding of the impact of historical trauma and all forms of oppression**
 - Ongoing training for all staff
 - Ongoing inclusion of consumer voice
 - Procedures and practices that promote and sustain accountability

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>

Non-Trauma informed services

- Consumers are labeled as manipulative, needy, disabled, attention seeking
- Misuse or overuse of displays of power-keys, security, demeanor
- Culture of secrecy – no advocates, poor staff monitoring
- Unrealistic expectations
- A focus on client/staff compliance vs collaboration
- An unreasonable expectation that service recipients must show interest and motivation first

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

- Your building (lighting, bathrooms)
- Location of the home visit
- 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
- Psy eval prep
- Unexpected home visits
- Unexpected meetings
- Public correction

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...

Examples:

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

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....

A Culture of TIC

- Involves all aspects of program activities, setting, relationships, and atmosphere (more than implementing new services).
- Involves all groups: administrators, supervisors, direct service staff, support staff, and consumers.
- Involves making trauma-informed change into a new routine, a new way of thinking and acting .
- Commitment to an ongoing process of self-assessment, review, hearing from consumers and staff, openness to changing policies and practices.

What difference does it make?

- Consumers can participate in their own care.
- Consumers (and staff) gain skills for self-regulation and self-advocacy.
- Consumers (and staff) can remain engaged even when there are bumps in the road.
- The work is more rewarding.
- Vicarious trauma/worker stress is reduced.

I think applying TIC principles in practice will:

- Improve our desired outcomes (dependent on system)
- Decrease vicarious trauma or compassion fatigue
- And support trauma recovery by
 - Reducing re-traumatization
 - Providing “corrective emotional experience”
 - Educating others

Hotspots

Example trigger words/phrases – for Home Visitor

- “How many home visits did you complete?”
- “You need to ask about IPV by the 2-3 visit”
- “Why did you do _____?”
- “Can I meet with you?”
- Reimbursement
- Assessment

Break



Parallel Process

Trauma Stewardship

Laura van Dernoot Lipsky

- https://www.youtube.com/watch?v=tAKPgNZi_as

Our early childhood program opens at 6 a.m. and closes at 6 p.m. One day, everything went wrong.

- *A child tried to put a shoe down the toilet.*
- *The keys to the kitchen were lost.*
- *The milk was sour.*
- *The sprinklers went off while the children were playing on the lawn, and there weren't enough dry clothes for everyone. It was just a rotten day.*
- *One mother called and said she would be late.*

The teacher who usually closed was ill, so another teacher had to stay. It had been a 12-hour day and she was tired. She held the child in her lap in a rocking chair to wait. When the mother finally arrived, she looked at the teacher and said, "Oh, what I wouldn't give for a job like yours where I could sit all day and rock." —

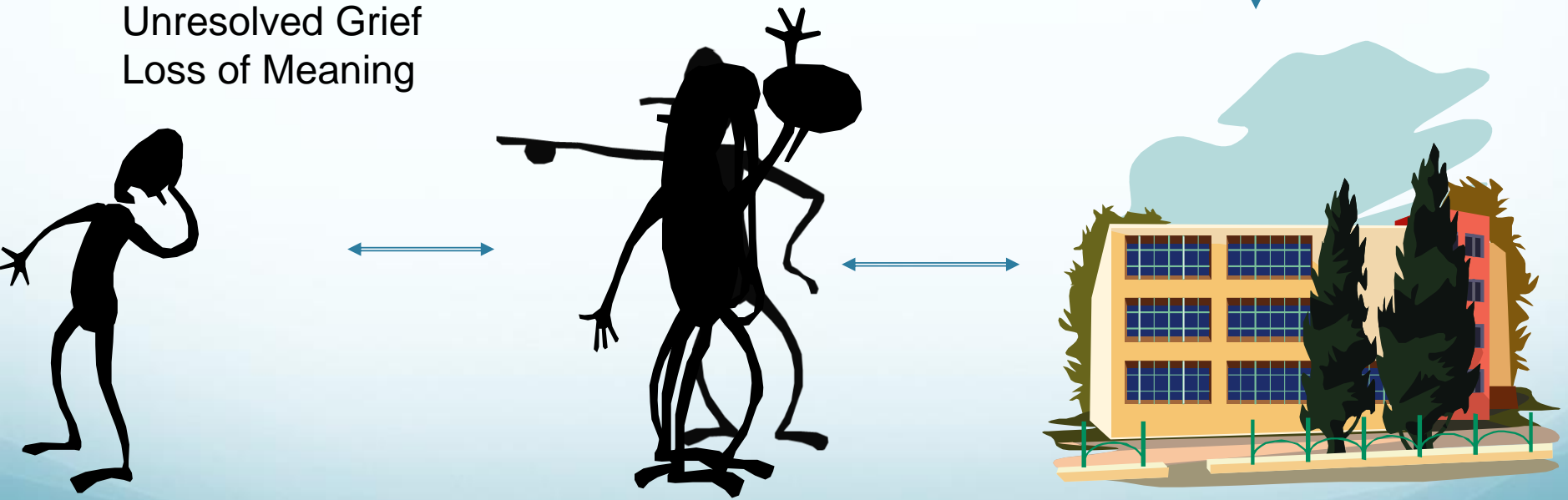
What is required to Provide TIC?

- 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.

Safety
Emotional Management
Dissociation
Systematic Error
Authoritarianism
Impaired Cognition
Impoverished relationship
Disempowered –Helplessness
Increased Aggression
Unresolved Grief
Loss of Meaning



Adapted from Sandra Bloom's Sanctuary Model

Concepts

- **Professional Burnout**

- Multi-state exhaustion resulting from chronic exposure to suffering – progressive, ind-pop-org; emotional exhaustion, depersonalization, reduced sense of accomplishment

- **Vicarious Trauma**

- A process of cognitive change resulting from empathic engagement with TS; change in sense of self and world – safety, trust, control, spiritual beliefs

- **Secondary Traumatic Stress**

- Behaviors and emotions resulting from knowing about a T event experienced by a significant other or helping a TS; PTSD

- **Compassion Fatigue**

- Syndrome = combo of STS and PB

Adapted from Berzoff & Kita (2010)

Risk Factors

- Your history
- Consumers' stories (CSA vs cancer)
- Always empathetic
- Lack of experience
- Workload
- Case load
- Isolation

Protective Factors

- Team spirit
- See change as a result of your work
- Training
- Supervision
- Education & Information on these topics
- Balanced caseload
- SIT through education

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

Wrap Up

Stephanie Sundborg: ssund2@pdx.edu

Trauma Informed Oregon website

traumainformedoregon.org