



FOUNDATIONS OF TRAUMA INFORMED CARE WORKBOOK

2023 Edition

traumainformedoregon.org



Purpose. This workbook accompanies the Foundations of Trauma Informed Care videos at <https://traumainformedoregon.org/foundations-of-tic-videos/>. Viewers are encouraged to choose their own adventure with this resource. Follow along independently or engage a larger group and use the workbook questions as discussion prompts.

Background. The journey to becoming trauma informed requires deep inquiry and a commitment to growing on individual, interpersonal, and organizational levels. This workbook is designed to support the multi-layered learning process and has been created to accentuate an intentional focus on equity, resilience, and skill-building opportunities throughout. All questions and suggested activities are optional.

Welcome

Reflective Questions

Safety – *We acknowledge that safety looks and feels different to everyone.* What does safety feel like in your body? How do you signal to yourself that you are in a safe environment?

ACTIVITY: *Breathing techniques are a more accessible way to signal safety to the nervous system.*

4-7-8 Breathing – Exhale completely through your mouth to get ready. Then, inhale through your nose for a count of four seconds. Hold your breath for seven seconds. Exhale through your mouth for eight seconds. Repeat as desired.

Seeking Alignment– In one minute, write as many words you can think of about trauma-informed care. You will reference this later.

1. Trauma & Toxic Stress

 <https://traumainformedoregon.org/foundations-of-tic-videos/#stress>

Toxic Stress – Who are your supportive relationships? At home? At work?

APPLIED LEARNING: Cultural Context – *Through your worldview, examine how you relate to trauma at each level.*

Individual: How has trauma influenced your physical, mental, emotional, or spiritual capacities?

Relational: How does trauma shape your relationships?

Structural: How is trauma held in your community? In your place of work? In societal laws?

Cultural: What are some of your cultural influences that shape the way you make meaning and heal from trauma?

Overview – What reflections do you have around an expanded definition of trauma that includes toxic stress, plus a systemic, historical, and cultural context? Strengths? Limitations? Benefits?

2. Intro to Trauma Informed Care (TIC)

 <https://traumainformedoregon.org/foundations-of-tic-videos/#introduction>

APPLIED LEARNING: *Rate your organization on a scale of 1 - 10 in each 'R,' 10 being as trauma informed as it gets.*

"A program, organization, or system that is trauma-informed:

- ___ Realizes the widespread impact of trauma and understands potential paths for recovery;
- ___ Recognizes the signs of trauma in clients, families, staff, and others involved with the system;
- ___ Responds by fully integrating knowledge about trauma into policies, procedures, and practices;
- ___ Seeks to actively Resist re-traumatization."

- Substance Abuse & Mental Health Service Association (SAMHSA)

Do you believe that trauma informed care is important in your specific role? If so, why?

What is an example of a space, a procedure, a practice, or a policy that seems trauma informed?

Reflective Question – After reviewing the six principles of TIC, can you identify ways you are already practicing at least three of these principles in your workplace?

3. Examples of Principles Applied

 <https://traumainformedoregon.org/foundations-of-tic-videos/#principles>

[No workbook exercises are necessary for this section]

4-6. The Science of Trauma (Parts 1-3)

▶ <https://traumainformedoregon.org/foundations-of-tic-videos/#science-1>

▶ <https://traumainformedoregon.org/foundations-of-tic-videos/#science-2>

▶ <https://traumainformedoregon.org/foundations-of-tic-videos/#science-3>

APPLIED LEARNING: **Trauma & the Brain** – *There are four functions of the brain impacted by trauma and toxic stress.*

Sensory Awareness – *When in an activated state, the senses become heightened. Imagine your work-place through the five senses (visual, olfactory/smell, taste, touch, auditory). Are there any changes you could make that might better support someone who is activated by lessening sensory input?*

Executive Functions – *Survivors and stressed brains may have more challenges with impulse control and decision-making. How can we use this information to adjust our expectations of others and ourselves?*

Memory – *Trauma can impair memory of facts, information, and working/short-term memory. What are ways we can anticipate these challenges and adjust our behaviors to accommodate them?*

Attention – *Sustained attention can be challenging for a stressed brain, while divided attention can come more easily. How might this trauma response be misinterpreted?*

APPLIED LEARNING: *Reflect on how trauma impacts our brain functioning:*

Relational: How can you support someone who is experiencing activation? In general? In your role at work?

Organizational: Can you name one strategy that worked for you to re-engage after experiencing an activation on the job?

TIC Lens – Neurobiology: What are some necessary adjustments needed in your work setting to ensure a “whole brain” environment?

APPLIED LEARNING: Completing the Stress Cycle – How can the behaviors shown to complete the stress cycle be incorporated into your work, both formally (policies, procedures) and informally?

Physical Activity: _____

Deep Breathing: _____

Positive Social Interaction: _____

Laughter: _____

Big Cry: _____

Creative Expression: _____

Long Hug/Affection: (**NOTE:** *It is better to save this one for when you get home from work.*)

TIC Lens – Neurobiology: How can you contribute to a culture of healing and regulation in your relationships? How do these attributes show up in larger spaces, like work environments or groups you belong to?

Trauma Lens Exercise – Think of a behavior of a person that you tend to have a slightly difficult time with.

1. What is the challenging behavior/event?

2. What does a non-trauma informed lens say about this person or behavior?

3. What do we know about trauma and toxic stress that may shed light on this person's behavior?

4. What strategies might you consider in responding to this behavior, now that you're wearing the trauma lens?

ACEs – What are the potential pros and cons of routine ACEs screening? Why?

7. Workforce Wellness

 <https://traumainformedoregon.org/foundations-of-tic-videos/#workforce-wellness>

APPLIED LEARNING: **Stress Curve** – Thinking about your own experience with stress, how do you know when you are “in the orange”? What do you do to return “from the red?”

Moving Beyond “Self-Care” – You are invited to make notes about which items resonate on an individual and an organizational level:

Emotional Wellness:

Social Wellness:

Physical Wellness:

Professional Wellness:

8. Implementation of TIC and Closing

 <https://traumainformedoregon.org/foundations-of-tic-videos/#implementation>

APPLIED LEARNING: Application of TIC –

ACTIVITY: *Part 1* - Brainstorm a list of potential activation points for both service users and service providers at your organization under each of the following categories.

1. POLICIES	2. PROCEDURES	3. PRACTICES	4. PHYSICAL SPACE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part 2 – In the spirit of resisting re-traumatization, circle the areas above that you may be able to influence change.

APPLIED LEARNING: TIC as Culture Change: The work of implementing TIC is deeply influenced by organizational change management literature. While we are nearing the end of the learning prompts, the following questions are designed to help you navigate the new beginning of TIC culture change. Below are the Four P’s of Managing Transitions, which are inspired by Bridges’ text, *Managing Transitions: Making the Most of Change*.

PURPOSE: What do you think is the purpose of trauma informed care? Take a couple moments to yourself to jot down some of your thoughts.

PICTURE: *Take a few minutes to dream into this next activity.* Image your program, organization, or system has no barriers to becoming trauma-informed and visual how it feels and looks fully actualized in your setting. Name one sensory/felt experience that feels different. Write about it as if it has already become:

PLAN: Culture change can seem like a monumental task. There are many ways you can approach this process though. Making a step-by-step plan can help tremendously! The video shares many resources that may help you along the way (SAMHSA's Implementation Domains, & TIO's Logic Model and Roadmap). What are the next steps you are planning to take toward your goals?

PART:

Intrapersonal: What are strategies that support your balance? What resonated most as your part in this work?

Interpersonal: What does it look like for you to use a trauma lens in your everyday interactions?

Organizational: Think about your sphere of influence. What are some ways in which you can operationalize meaningful change within the larger system context?

It can be useful here to think about the six principles of TIC. Under each principle, can you find one way you might be able to create change on an individual and/or organizational level?

1. Safety: _____
2. Trustworthiness & Transparency: _____
3. Peer Support: _____
4. Collaboration & Mutuality: _____
5. Empowerment, Voice, Choice: _____
6. Cultural, Historical, & Gender Responsiveness: _____

Closing

Feedback Questions

What worked well?

What would you have liked to see done differently?

What did we miss? What would you like to see included in this material?

GLOSSARY

Burnout: The physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work.

Compassion Satisfaction: Pleasure from being able to do one's work well, helping others through work, positive feelings about colleagues and contributing to the work setting or greater good of society.

Disenfranchised Grief: The grief that is not openly acknowledged, socially accepted or publicly mourned.

Epigenetics: The study of how our behaviors and environment can cause heritable changes that affect the way our genes work.

Historical Trauma: The cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences.

Historical Unresolved Grief: The result of historical trauma that has not been sufficiently acknowledged, expressed, or otherwise addressed.

Intergenerational Trauma: A term used to describe the effects of trauma being passed from one generation to the next.

Neuroplasticity: The ability of the brain to reorganize itself, both in structure and how it functions.

Parallel Process: When two or more systems have significant relationships with one another and develop similar affects, cognition, and behaviors.

Post Traumatic Growth: Positive change experienced as a result of the struggle with a major life crisis or a traumatic event.

Post Traumatic Slave Syndrome: A theory explaining adaptive survival behaviors in African American communities throughout the United States and the Diaspora.

Resiliency: The ability to cope with stress & adversity; navigating and negotiating resources to sustain well-being meaningfully on both individual and collective levels.

Secondary Traumatic Stress: When providers exhibit symptoms similar to Post Traumatic Stress Disorder (PTSD) without having necessarily been exposed to direct trauma themselves.

Trauma Informed Care (TIC): An approach, based on the knowledge of trauma, aimed at ensuring environments and services are safe, empowering, and healing for service recipients and staff.

Trauma Specific Services (TSS): Programs, interventions, and therapeutic services aimed at treating the symptoms or conditions resulting from a traumatizing event(s).

Vicarious Resilience: The process in which service providers may experience positive influences, such as hope and increased self-efficacy, through their work with trauma survivors.

Vicarious Trauma: The profound shift in worldview that occurs in service providers when they work with individuals who have experienced trauma.