

Key Concepts in Trauma-Informed Care



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THIS MORNING



- Explore what Trauma-Informed Care really means & how to Apply It
- Learn why Some People Heal Naturally and Others Don't
- Understand the Hallmarks of Traumatic Events vs. Trauma-Informed Care
- Practice Scenarios of Replication of Trauma vs. Trauma-Informed Approaches
- Hear the Guiding Principles of Trauma-Informed Care

BUCKLE
UP
BUTTERCUP



I am going to ask you to be willing...



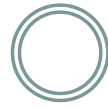
...to **stay focused** while you participate, listen & watch
...to **be attuned to each other**, as some people in this room have experienced trauma and may feel sensitive today

We need to talk about trauma today...



Please take care of yourself.

Key Concept 1:



- Adverse Childhood Events that occur in the home and out in the community affect children's brain development, emotions and physical well-being
- People with a LOT of these events in childhood are at higher risk for physical and mental health challenges than those without



Remember though:



- People w/high ACEs can and do live healthy lives...
- While others w/zero ACE can and do become addicted to substances and/or have health problems



Remember though:



- **Inequity** plays a role in ACEs and in health outcomes, due to poverty, unequal access to basic safety, high-quality medical care, childcare and chances to prosper.
- So advocating to reduce inequity is just as important as advocating for good substance abuse treatment.



How does this relate to TIC?



- So, as we understand that early traumatic experiences **can** have long term effects on physical and mental health,
- The way we view and treat clients and families, and each other, becomes more compassionate.
“We come by our stuff honestly” – E. Loughlin
- We can **screen** for and directly **respond** to traumatized individuals and families more effectively,
- And change agency policies to become more trauma-informed (e.g. support avenues re: 2ndary trauma; cultural consults)

Thus...**Trauma Informed Care** is born!

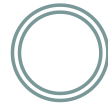


Key Concept 2:



- **Trauma-Informed Care** “an effort to create systems of care that recognize and consider the pervasive nature of trauma and promote environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.”

Said another way...



“A trauma-informed perspective asks clients *not* ‘What is wrong with you?’ but rather ‘What happened to you?’”

- Nancy J. Smyth, PhD, LCSW



Taking this even further...



“A **healing centered** approach...requires a different question that moves beyond “what happened to you” to “what’s right with you” and views those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events.”



- Shawn Ginwright Ph.D

Key Concept 3:



- Not everyone who experiences trauma is symptomatic long term...**many** heal naturally

AND

- Many who *are* symptomatic look fine to others.
- While others who are traumatized may act defensive, irritable, anxious, withdrawn, spacey, guarded/untrusting, or seem to “over-react”.



What Makes Some People Heal Naturally?



- **Secure Attachment in Early Life**

- I am worth coming back to
- I can trust people I depend on
- It's ok to feel, I can know how I feel, and I can sense how others might feel
- Repairs to important relationships happen in a timely and empathetic way
- Being close is enjoyable



What Makes Some People Heal Naturally?



- **Good access to tangible resources**
- **Positive response** after traumatic events (being believed, protected, cared for better)
- **Positive action** during traumatic events (vs. being trapped, remaining frozen)
- **Good social support**
- **Faith & cultural resources**

People who are **resilient** tend to have...

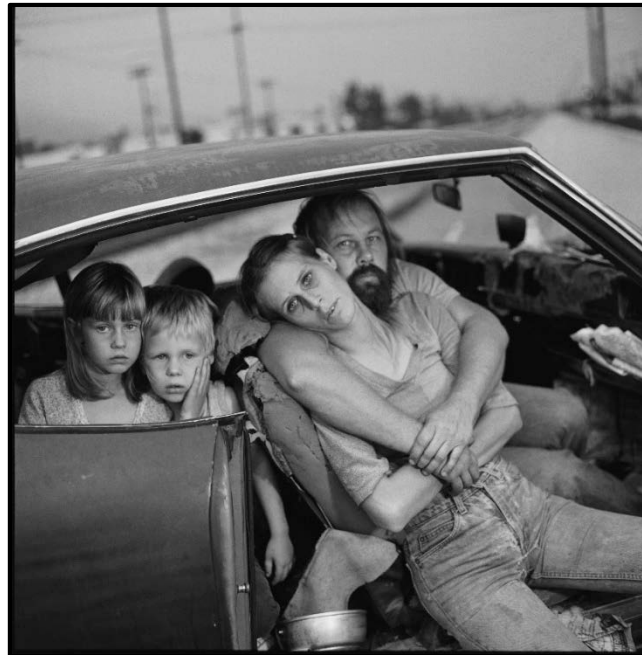


- Close, contingent relationships
- Flexible character, e.g., willingness to try new practices, able to let go of resentment, accepts uncertainty & human limitation
- Buffering personal beliefs
- Reflective practices (yoga, meditation, prayer, journaling)
- Find and/or create consistent safety as time went on
- Trauma-focused therapy or other forms of healing when needed

Keep in mind...



*When trauma doesn't end,
it becomes challenging to remain resilient*

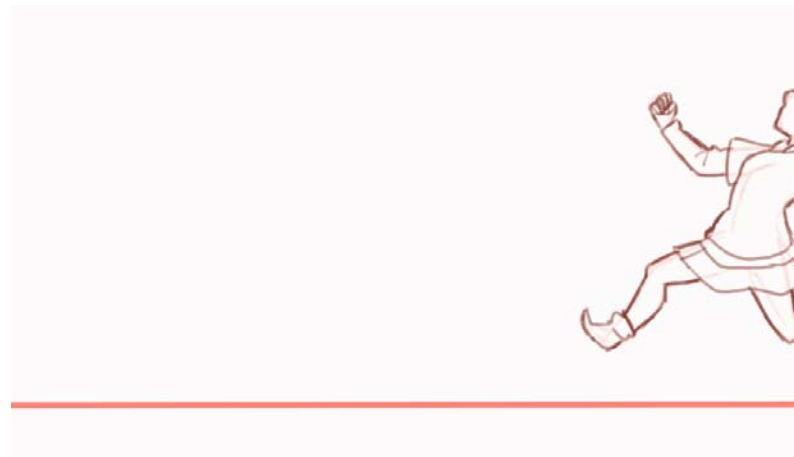


Why do some people stay traumatized?



- Limited or no access to resources
- Chronic neglect, abuse, dismissive parenting in early childhood
- ↑**Severity** of the event(s) and/or **perception of threat** during it; chronic exposure to trauma
- Poor social support inc. being blamed
- **Visual/vivid remembrances**
- Past substance abuse, mental health problems, severe trauma that wasn't dealt with

Avoidance is a GREAT short-term strategy!



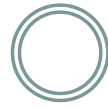
Tends to keep people traumatized long term!

Introducing: **Ray**



- 30y.o. Mexican-American man. Very bright & caring
- Severe PA & SA by stepfa from 8-13y.o. Abuse inc. drugging, injury and humiliation
- No contact w/bio-fa; mo alc until 2014; close rela w/mat g'mo and cousins
- Inpt SUD tx 4yrs. ago after OD on heroin & OxyContin
- ACE score: 5

Key Concept 4:



- Traumatic experiences have components in common: Hallmarks of Trauma
- Care providers, managers and systems at times replicate these Hallmarks, which can cause re-traumatization and discouragement.

Hallmarks of Traumatic Experience



- Powerlessness – Being Forced/Coerced to Do Things
- Suddenness and Unpredictability
- Violation of Privacy
- Secrecy
- Captivity
- Cruelty
- Thwarted Attempts at Escape
- Rescue or Lack of Rescue
- Abandonment



Hallmarks of Traumatic Experience



- Injustice and/or Abuse of Power
- Being Humiliated &/or Treated Like You Are Disgusting
- Threat or Harm After Period of Trust-Building
- Voice has no Impact
- “Optionless options”
- Signs or Expressions of Pain are Ignored or Used Against You
- Information you Share is Used Against You, Being Blamed For Causing Your Own Victimization

Trauma-Informed Care



Is about doing the opposite of that



From the front door through your entire program.

Back to **Ray**



Hallmarks: Being forced to do things, harm after period of trust-building, violation of privacy, lack of rescue, treated like he was disgusting, expressions of pain were used against him.

- *How might this affect him - if he was a client - in his contact with your agency?*

Imagine **Ray** at 15y.o.



Hallmarks: Being forced to do things, harm after period of trust-building, violation of privacy, lack of rescue, treated like he was disgusting, expressions of pain were used against him.

- *How might this affect him - if he was a client - in his contact with your agency? How might this affect him at school?*

So let's come up with it!



- **Let's come up with as many Hallmarks of Trauma-Informed Care as we can in 5 minutes**
- Work from your list of Hallmarks of Trauma, thinking about what the OPPOSITE would be!

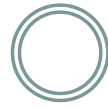


Hallmarks of Trauma-Informed Care



- Having influence, input, volition
- Transparency, planning and predictability
- Respecting privacy on all levels (except during extreme crisis)
- Avoiding situations where clients feel trapped
- Being benevolent, thoughtful about power differences
- Anticipate triggers (e.g., July 4)
- Step in when you need to; encourage client to empower
- Listen & inquire re: client's needs; be careful not to "set up" client
- Be worthy of trust!
- No sudden departures
- Explore real options

When Might Trauma Therapy Be Needed



- Not getting better after 3 months post-trauma
- Relentlessness of symptoms
- Significant impairment in functioning
- Change or deterioration of behavior, inc suicidality, depression, easily triggered, super jumpy, avoiding people/places, sleeplessness
- Is the past *Haunting* the person?



Key Concept 5:



- Organizations in our communities can create a trauma-informed network that “holds” all members of the community with respect & dignity
- Medical clinics, mental health & substance use treatment, schools, courts, sports, law enforcement, housing programs...*all of us can do this!*



Trauma Replications in Organizations



Trauma-Informed Care in Agencies/Clinics

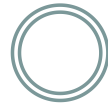


A program, organization, or system that is trauma-informed:

- Routinely screens for trauma exposure
- Uses culturally appropriate assessment & treatment
- Considers impact of traumatic stress on mental & physical well-being
- Attempts to strengthen resilience & protective factors;
- Addresses trauma that parents, caregivers & family have experienced as well
- Maintains environment of care for staff that minimizes, addresses & treats secondary traumatic stress, & increases staff resilience.”

- from Alameda County Trauma-Informed Care

Examples of Replication of Trauma Cues



- Using the Hallmarks of Trauma sheet again
- For each case example that follows, we'll identify what it replicates, and
- How to approach this kind of situation in a more trauma-informed way



Examples of Replication of Trauma Cues



- E1: Manager calls mtg of counselors and announces a new format for office visits that involves shorter appointments and higher client numbers expected, then gives a few minutes for feedback and doesn't write down any of it.
- What might this replicate?
- How would you approach this kind of situation in a trauma-informed way?

Examples of Replication of Trauma Cues



- E2: Man in very early recovery is late for intake appt. You have a graduate student with you. Client seems suspicious of everything you tell him, keeps asking the student (who is the same ethnic background as he is) for clarification. You ask client to follow you to another office, where you close the door and continue intake.
- What might this replicate?
- How would you approach this kind of situation in a trauma-informed way?

Examples of Replication of Trauma Cues



- E3: You work w/a client whose 8y.o. dau was SA'd by client's ex-bf. Client confides in you that her dau must have lied re: SA, because she seems “fine, and I gave him sex whenever he wanted”. This triggers you re: your own past abuse, and makes you angry. You tell client that SA often happens “*right under the nose of moms like her.*”
- What might this replicate?
- How would you approach this kind of situation in a trauma-informed way?

Examples of Replication of Trauma Cues



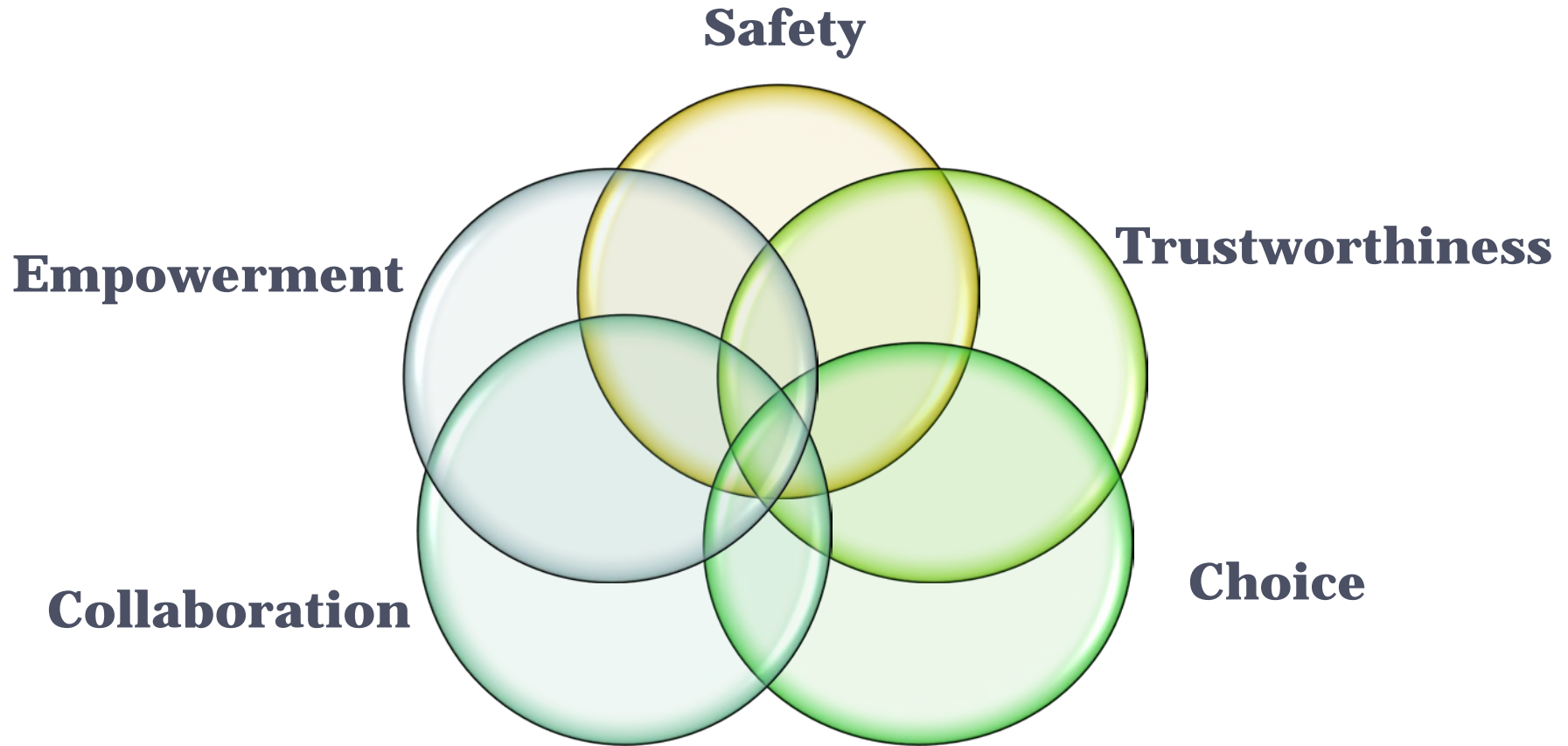
- E4: You tell your supervisor that the behavioral health team needs more *clinical supervision*, since your clients are complicated and from many different cultural backgrounds. Your supervisor says they'll bring it up at the upcoming management meeting. Four months later, you ask them again, and they say "Oh yeah....we didn't get to it yet."
- What might this replicate?
- How would you approach this kind of situation in a trauma-informed way?

Examples of Replication of Trauma Cues



- E5: You're set to meet a 25y.o. client who is homeless and transgender. Client no-shows. You look at their folder and see they've cancelled and no-showed w/other workers before. You decide not to follow up with them, as they clearly have poor follow-through.
- **History:** Client was sexually abused as a child, and two years ago raped at the park, so they're nervous about meeting new people *if they have to be alone with them.*

Guiding Principles of Trauma-Informed Care



from Fallot & Harris (handout in packet)



TRAUMA UNDERSTANDING



SAFETY



CULTURAL HUMILITY & RESPONSIVENESS



ANTI-RACISM & ANTI-OPPRESSION



COMPASSIONATE RELATIONSHIPS



COLLABORATION & EMPOWERMENT



RESILIENCE & HEALING

Summarizing...



- You cannot possibly know every person's trauma history
- You CAN know the Hallmarks of Trauma and try to avoid doing them
- You CAN know the Guiding Principles of TIC and apply them to your agency & community
- THIS is Trauma-Informed Care on the ground!



Harmony Program



- Tone is set *across the board* of sensitivity to trauma & its effects, inclusion of cultural differences, ALL staff & clients respected, valued (gossip & splitting among staff is discouraged), importance of finding creative solutions to vicarious trauma/burnout and other staff needs, high value re: compassion for all.

Harmony Program



- Physical environment reflects the people served, materials in multiple languages and in straight-forward language, poster re: safe place for all, staff is bilingual and/or can access interpreters easily, staff is well-trained to be welcoming, respectful & trauma-informed with all consumers.

Harmony Program



- Support staff-members are treated as respectfully as the clinicians, never scoffed at or “reamed”, offered input and options, given opportunities to further their education/training and participate in meetings about potential changes and challenges in the organization.

Harmony Program



- Clinical staff are treated as adults with expertise, offered regular clinical consult, in-service training *and* small budget for professional development, authentic support for self-care and debriefing severe crisis, function in teams w/frequent peer & supv consult. Changes & challenges in funding/program req are transparent. Concerns are *heard and addressed*.

Harmony Program



- Supervisors are encouraged to model transparency & vulnerability (w/o overdo), meet regularly w/other supvs, do continuing ed, do their *own* supv and/or therapy as needed, and managers *notice* when a supv is “raw” or “crispy”.

Harmony Program



- Managers have a clear mission around TIC across the board. They spearhead & actively support TIC, fight for funding, legislation & consumer/community involvement around the connection btwn trauma and health outcomes. They have avenues to debrief crises.

10 Stages to Creating a Trauma-Informed Agency



1. Commit to creating a trauma-informed agency.
2. Create an initial infrastructure to initiate, support and guide changes.
3. Involve key stakeholders, including consumers who have histories of trauma.

10 Stages (continued...)



4. Assess organization's readiness re: policies, procedures and operations.
5. Develop organizational plan to implement agency-wide TIC.
6. Create collaborations btwn providers and consumers, and among providers and community agencies.

10 Stages (continued...)



7. Put the organizational plan into action.
8. Reassess the implementation of the plan.
9. Implement quality improvement.
10. Institute practices that support sustainability, such as ongoing training, feedback loops, etc.

From TIP 57: Trauma-Informed Care in Behavioral Health Services

Final Questions? Comments?



*Please take a moment to complete an evaluation –
it is so helpful to have your feedback.*



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