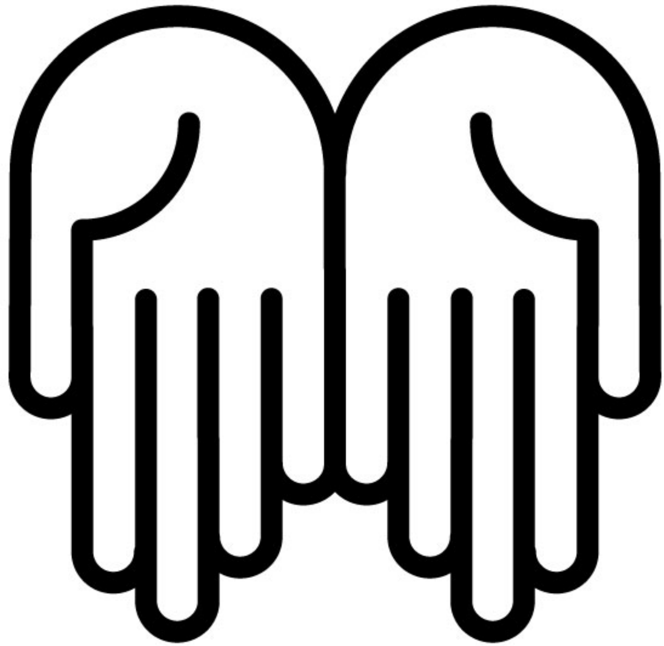

PRACTICING TRAUMA-INFORMED CARE

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-Gender pronoun: “they”

-survivor

-Trained and Consulted with organizations and universities about Transformative Justice in the UK, USA, Finland, Sweden, Germany, the Netherlands, Australia, Nepal, Vietnam and Mexico.

-Writes publications around these and other themes

Introductions

What is trauma?

Trauma:

Usually refers to either a physical injury or an emotional state of profound and prolonged distress in response to an overwhelmingly terrifying or unstable experience.

Traumatic experiences are events that threaten or violate one's safety, health, and integrity.

- **Community-wide, or personal**
- **Accidental, or intentional**
- **Someone we trust, or a stranger**
- **Being the survivor or witness**

Acute traumatic events vs. chronic traumatic situations

Acute traumatic events are typically single events and initially are accompanied by feeling intense fear and/or helplessness.

Chronic traumatic situations are persistently repeated threats or violations of safety and integrity and are associated with a complex range of emotions potentially including fear, shame, distrust, hopelessness, and numbness.

They may involve an abuse of power, or an abuse of trusted relationship, eg. Teacher or carer.

Complex trauma includes multiple traumatic experiences, typically of different types of trauma.

Traumatic stress specifically identifies emotional trauma. Traumatic stress occurs when an individual's capacity to absorb, process, and progress through a traumatic experience is overwhelmed and the fear becomes stuck.

What kinds of trauma have your clients perhaps experienced?

Working with children/students:

- Assume that there are survivors among us.
- PTSD – from immigration, instances of violence, etc.
- Acute trauma and chronic trauma (eg. Poverty, chronic stress of racial or gender discrimination.)
- Attachment or relational trauma (eg. Neglect)
- Reactions to trauma are sometimes misdiagnosed as *symptoms of attention deficit hyperactivity disorder,* because kids dealing with adverse experiences may be impulsive — acting out with anger or other strong emotions.

Some effects of trauma:

<u>Physical</u> –
Injuries, medical

<u>Cognitive</u> –
Paranoia
Hyper-vigilance
Disassociation

<u>Social-</u>
Difficulty maintaining relationships
Difficulty problem-solving
Risky behavior
Hard to plan for future

<u>Emotional-</u>
Trouble with boundaries
High emotion
No emotion/numbness

TRIGGERS

How do we define a trigger?

QUESTIONS?

CASE STUDIES?

EXAMPLES FROM OUR PROFESSIONAL CONTEXTS?

SELF REFLECTION

- What is their history?
- What is my history?
- Be aware of how they connect, and which potential triggers are present.

BREAK

NCTIC

- NCTIC supports interest in developing approaches to eliminate the use of seclusion, restraints, and other coercive practices and to further advance the knowledge base related to implementation of trauma-informed approaches.

Adverse Childhood Experiences Study (ACES)

- Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes. The study has demonstrated an association of adverse childhood experiences (ACEs) with health and social problems as an adult.

They were asked about:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

Within schools: ACEs

ACEs (including those not in study) can manifest in:

- an impaired ability to learn
- unregulated emotions
- inability to carry on social interactions
- difficulty remaining and succeeding in school
- development of lifelong physical and mental disorders
- increasing instances of incarceration

Resilience won't keep students from experiencing the traumas and challenges of life, but it will give them the tools they need to cope with and overcome them.

Learning how to cope with adversity is an important part of healthy child development.

What does it mean to be strong, resilient, or come back from bad experiences?

- -Knowing how to navigate stress and use tools to help you cope
- -Being able to step back from your emotions when things get hard
- -Coming back after bad experiences and helping your kid do the same

CRISIS

War
Terrorism
Natural disasters
Deaths
Injuries
Unexpected events that cause fear
Accidents

CRISIS

Eg. LEADING UP TO AND SINCE THE ELECTION

CRISIS

Elementary school-age children are likely to display Symptoms such as these following a crisis:

- **Difficulty concentrating**
- **Complaints (headaches, stomach problems)**
- **Sleep disturbances (nightmares, fear of the dark)**
- **Repeated telling/acting out of the event**
- **Withdrawal**
- **Increased irritability**
- **Increased anxiety**
- **Depression, guilt, anger**

CRISIS
How Can Families Support Bereaved Students?

- **Talk about the loss** (helps children talk about it too)
- **Give children important facts** at an age-appropriate level
- **Ask questions** to find out their understanding
- **Be prepared to discuss** repeatedly the same details
- **Help children understand the death**, without false reasoning
- **Create structure and routine** for stability and predictability
- **Acknowledge that it takes time** to mourn and that it is a process
- **Take advantage of community resources** such as counseling if they are not developing strategies to cope with grief and loss

CRISIS
How Can Schools Help Bereaved Students?

- **Unconditional acceptance of the variation of grief reactions**
- **Discussion about the loss and associated thoughts and emotions** (helps children talk about it too)
- **Strategies to promote coping in the future (community building, talking about it, etc)**
- **First aid strategy such as debriefing** help students feel less alone more connected to their classmates (if they share experiences)
- **Understanding of the grief** within the context of the family
- **Group counselling**, or community-building circle, happening regularly (to build predictability)
- **Individual counseling**

SHORT TERM EFFECTS OF TRAUMA

Research has shown that children and youth manifest trauma symptoms in a number of ways, including:

- poor self-regulation and social skills
- difficulty with impulse control
- affects memory, language development, and writing

FIGHT (externalizing behaviors - aggression, anger, hyperactivity, trouble concentrating)

FLIGHT (social isolation, avoidance of others and sitting alone, running away)

or **FREEZE** (disassociation, constricted emotional expression, unresponsive, distant, overcompliance and denial of needs)

- exposure to violence is associated with:
    - decreased IQ and reading ability
    - lower grade point average
    - increased days of school absence
    - decreased rates of high school graduation

- Affects ability to manage emotions, energy states, behavior and attention
- When there's trauma or too much stress for too long, we can develop a "hair-trigger" response-

  like the leaf falling on the car hood that sets off the car alarm

- Slight touch and neutral facial expressions or emotions can be seen as threatening

QUESTIONS?

Trauma-sensitive schools

1. Acknowledge the pervasiveness of trauma and adversity in the lives of students
2. Act accordingly by developing policies, processes & practices that integrate knowledge about traumatic stress
3. In individual interactions - make strong connections, eg. use names, be observant, express that you are paying attention, make them feel individual and welcomed
4. Practice universal precaution

What is the most trauma informed way to talk to families?

APPROACH // TRIGGERING // RE-TRAUMATISING

- Might being asked particular questions be upsetting for parents?
- Can you hear when you are upset? What happens to your brain?
- Can you learn or retain information as well when you are triggered?
- How might being asked these questions as a parent differ from being asked these questions as an individual?
- Some parents who face severe stress may compensate for violent events by offering increased nurturing and protection of their children.
- Many parents may not recognize how early trauma can affect their parenting and how they react to stressful situations.
- Increasing parents' awareness about the effects of Trauma/ACEs can help them to understand their own lives and make healthier choices and help prevent intergenerational trauma.

Children have a great capacity to be resilient

PROMOTING RESILIENCY – through a child’s community, institutions, family and peers, and internally.

WHAT WE CAN DO:

-be a constant or consistent role model or presence in the child’s life, to promote secure attachment and give sustainable meaningful support

-being present as teachers or admin staff in our interactions

-opportunities to master Social Emotional Learning

-provide a high quality school / education environment

-promote school readiness

-emphasize knowledge of child development

-promote access to recreation, provide well-rounded curriculum

-parental mental health

-increase access to resources

-promote culture of self-care

-promote safety

-promote Voice & Choice (allow students to determine their curriculum or options through the day)

"Decades of research in the behavioral and social sciences have produced a rich knowledge base (about resilience). …

The single most common finding is that children who end up doing well have had at least one stable and committed relationship with a supportive parent, caregiver, or other adult."

BREAK

What is *not* being trauma-sensitive

- ➢ Excusing, permitting or justifying unacceptable behavior
  - ○ supports accountability, responsibility
- ➢ Just being nicer
  - ○ Compassion vs. kindness
- ➢ Not “focused on the negative”
  - ○ Skill-building, empowerment
  - ○ Recognizing strengths

Approaches: “What happened to you?” vs “What is wrong with you?”

“Diagnozing”, reducing their experience, accusations, savior behaviors.

Children mean well and will try hard to do well when they can.

Cultural competency around trauma

Eg. Post-war or refugee situation, potential triggers (violence, jokes, religious or cultural references) understanding socio-political circumstances, understanding generational and historic trauma.

- Dealing with people in uniform, positions of authority, or anyone examining/interrogating client
- Mistaking resilience for pathology, eg. survival techniques used to navigate a landscape of PTSD (like a parent acting cautious/distant)
- Survivors of recent violence – feelings around safety, trust, movement at night, being alone, vs being with a safe person, or a stranger.
- Respect one's desire to avoid a situation.

- **The DSM-V includes nine culturally specific presentations of mental disorders; one is Cambodian, others are Latino, Japanese, and Chinese. The Cambodian one is the "khyal attack." Khyal is thought to be a sort of malevolent wind that can wreak havoc in the body, blinding and even killing - the triggers for which might be worry, fright, standing up, riding in a car, or going into a crowded area.**
- (1) *cultural syndromes*: "clusters of symptoms and attributions that tend to co-occur among individuals in specific cultural groups, communities, or contexts . . . that are recognized locally as coherent patterns of experience" (p. 758); (2) *cultural idioms of distress*: "ways of expressing distress that may not involve specific symptoms or syndromes, but that provide collective, shared ways of experiencing and talking about personal or social concerns" (p. 758);
- Gendered approaches, ie. Hysteria, gas-lighting, "over-emotional", etc.

ANY EXAMPLES OR QUESTIONS?

Over the next couple of slides, please take note of any situations you may have noticed in your professional context.

SECONDARY TRAUMATIC STRESS (STS):

- Feeling helpless/hopeless (feel like you're not doing enough)
- Morale (eroding morale)
- Hyper-vigilance
- Exhaustion
- Avoidance
- Cynical humour, or cynicism
- Externalising, "blaming??"
- Blind spots
- Dogma
- Addiction
- Numbing

- **Burnout**

is “a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations

- **Compassion Fatigue**

is “the emotional distress one may experience when having had close contact with a trauma survivor”

- **Vicarious Trauma**

is “the transformation in the self that results from empathic engagement with traumatized clients”

Professional Impact of STS

- **Job Tasks**

Decrease in quality/quantity, increased mistakes, perfectionism

- **Morale**

Loss of interest, negative attitude, detachment, decrease in confidence

- **Interpersonal**

Withdrawal from colleagues, poor communication, staff conflicts, impatience

- **Behavioral**

Exhaustion, absenteeism, irritability, frequent threats to resign or quit, overworking

- **Silencing Response**

Wishing one would get over it, seeing clear signs of trauma and ignoring it, fearing what someone will say whenever they come to talk with you, using anger or sarcasm towards someone when they are manifesting trauma related symptoms

Managing STS

Building awareness

Avoid “self care” avoidance

Build and maintain connections

Know your “triggers”

Finding Inspiration: what motivates you?

Reflective Practice Skills

Building a sense of safety

Using observation as a tool

Focus on the process

Conscious use of self

Explore differences

Regulation of emotion

Relationship, Rupture, and Repair

Specific Self Care Tools

<u>At Work</u>
Scents (lavender, sage, citrus)
Stretching, getting fresh air
Breathing, mindfulness
Knowing your limits
Increasing awareness
Taking a time out
Music
Supervision, support from co-workers
Self-care buddy
Humor
Vacations
Transition to home - leave it at the office

<u>At Home</u>
Exercise, eat healthy
Develop/increase personal wellness plan
Support from family and friends
Professional support
Vacations
Music
Breathing, mindfulness
Attend to spiritual relationships
Visualization
Humor

LAST QUESTIONS?

RESOURCES

- *traumainformedoregon.org*
- ***traumainformedcare**project.org/*
- samhsa.gov/nctic
- acestudy.org