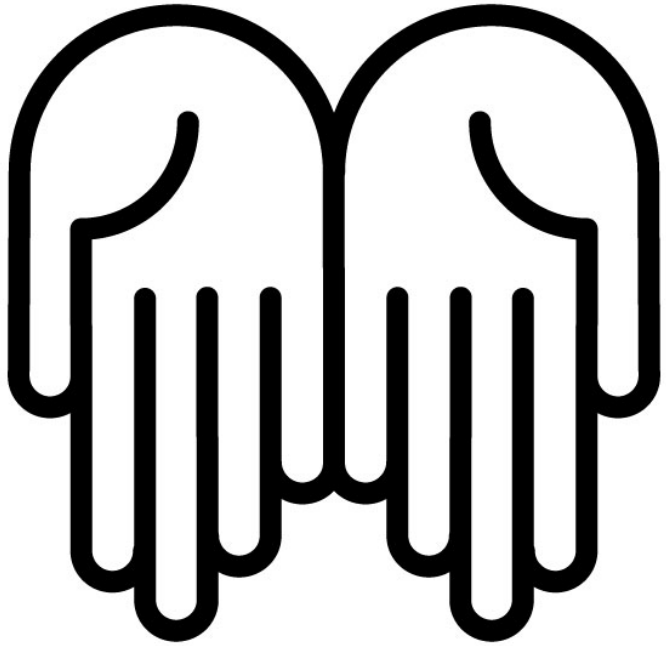

PRACTICING TRAUMA-INFORMED CARE

Anna Vo

-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, eg. 1 in 4 girls and 1 in 6 boys are sexually abused before the age of 18
- 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:

Physical –
Injuries, medical

Cognitive –
Paranoia
Hyper-vigilance
Disassociation

Social-
Difficulty maintaining relationships
Difficulty problem-solving
Risky behavior
Hard to plan for future

Emotional-
Trouble with boundaries
High emotion
No emotion/numbness

1. Trauma Informed Care

Common/Traditional View	Trauma-Informed View
Students choose behavior and need consequences	Students want to do well but lack the skills or have learned bad behavior patterns
Characterizes student behavior negatively (i.e. manipulative)	Characterizes student behavior constructively (i.e. needs calming strategies)
Uses labels to describe students ("EBD")	Reframes behavior to identify strengths
Authoritarian	Collaborative
Minimizes coping strategies	Behavior is communication and serves a function
Academics focused	Whole-student focused
Student should already know the expectations	Teaches and re-teaches expectations using differentiation
Creates systems that make students work for support	All students receive support regardless of their needs
Staff-centered environment	Student-centered environment
Uses jargon with parents and non-educators	Uses language so that all can understand

How Thinking and Attribution Change with Trauma-Informed Care

SURVIVOR DOES	ATTRIBUTION BY NON-TIC	TIC ATTRIBUTION
Gets mad “easily” (also a judgment).	Always wants his/her own way.	Understanding that fear underlies anger. Asks what is scaring the survivor.
Does not want to change clothes for bedtime.	Refuses to follow the rules. Challenges caregivers.	Survivor fears for her/his safety. Feels best (safer) with street clothes on.
Now has boundary issues, and wants too much physical touching & hugs.	Acts like a baby, is manipulating, doesn’t know limits for affection.	Needs reassurance including healing touch and closeness.
Acts uninterested, does not pay attention or is disobedient & defiant.	Has become obstinate and likes to challenge authority.	Seeks safety in isolation, often feels overwhelmed and keeps to self.
Is disobedient, always breaking the rules.	Always seeking attention. Likes to challenge the rules.	Seeks support and help. Rules sabotage healing.

Embraces understanding of the role trauma plays in life of survivors/clients served.

Knowledgeable about the effects of trauma upon survivors both short- and long-term.

Familiar with concept of triggers, learns each client's triggers

Embraces philosophies of "do no harm," kindness in interactions & R-E-S-P-E-C-T.

Uses healing modalities to actually improve safety and feeling of safety. (no pretending one is safe while in custody, for example)

Enhances choice, options, expression of feelings, empathy, consideration, honesty.

Allows carer, when in doubt to say, "I don't know, and I will find out."

Good supervision invites reflection, consideration of alternative perspectives, imagined "do-overs" and no-fault explorations.

TIC Recommendations
Do's and Don'ts

Do	
Invite conversation	Allow silence
Allow expression of emotions	Stay with survivor in their pain
Ask "What can I do for you now & later	Say "I don't know" (answering, "why did this happen to me" etc.)
Ask what has brought comfort in the past and if this can be accessed now.	Reflect and clarify to be sure you understand
Offer options to feeling better & healing that you can cause to be available (talk to a therapist, ASAP, go for a walk, get ice cream!)	Ask, "what should I ask you?"

TIC Recommendations
Do's and **Don'ts**

Don't	
Demand eye contact	Get too close
Talk too much	Ask too many questions
Make promises you cannot keep (I'll make sure you are safe.)	Use platitudes (this will make you stronger later)
Say, "you should be over this by now," or "you have to forgive the perpetrators(s) so you can start to heal."	Touch without spoken permission
Talk about your own trauma…keep the focus on the survivor.	Ask survivor to tell you about the traumatic incident(s)

BREAK

TRIGGERS

How do we define a trigger?

QUESTIONS?

+

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.

Eg. 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

Impact of Cumulative ACES & Social Dysfunction[1]

- Lower educational, occupational attainment.
- Increased social service costs.
- Increased medical costs.
- Shortened life span.
- Increased risk for HIV, teen pregnancy, maternal depression[2].
- Intergenerational transmission of ACES to offspring.

[1]IOM (Institute of Medicine) and NRC (National Research Council). 2013.
New Directions in child abuse and neglect research. Washington, DC: The National Academies Press.
[2]http://www.movingbeyonddepression.org/

Implications of Cumulative ACES

- "Dose-Effect" – increasing ACES increases the number of problems.
- Child maltreatment victims have 2-7 times higher risk of being re-victimized in the future compared with non-victims[1].
- Preventing future ACES in previously traumatized children is an important intervention.
- Systems that serve traumatized children – e.g., child protection, juvenile justice, mental health – should include trauma screening & prevention interventions.

[1]Finkelhor et. al (2007). Re-victimization patterns in a national longitudinal sample of children and youth. Child Abuse & Neglect 31:479-502.

Synergy

A principle finding of recent work is the extent to which two or more adverse experiences interact so that the risk of a psychological disturbance following is multiplied, often many times over.

John. Bowlby, The origins of attachment theory, 1988

Synergistic ACES Increase Complex Adult Psychopathology[1]

- People who experience one ACE are statistically likely to experience two or more ACES.
- **Synergy** is the interaction of two or more ACES so that their combined effect is greater than the sum of their individual effects.
- **Complex Adult Psychopathology** is defined as having diagnoses crossing 2 or more DSM diagnostic categories (Mood, Anxiety, Substance Abuse or Impulse Control).

[1]Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Addressing ACES Offers Critical Public Health Opportunities[1]

- ACES are the most preventable cause of serious mental illness.
- ACES are the most preventable causes of drug and alcohol abuse in women.
- ACES are the most preventable causes of HIV high-risk behavior (IV drugs, promiscuity).
- ACES are a significant contributor to leading causes of death (heart disease, cancer, stroke, diabetes, suicide).

[1]IOM (Institute of Medicine) and NRC (National Research Council). 2013. *New Directions in child abuse and neglect research.* Washington, DC: The National Academies Press.

Costs of Cumulative & Synergistic ACES

- Human suffering borne by victims & their families.
- Economic costs borne by society.
- Social costs borne by society.
- Intergenerational transmission of childhood adversity borne by future society.

Prevention & Treatment Costs

- Are prevention & treatment programs cost-effective?
- High quality home visiting child abuse prevention programs have been found to return ~ $3.00/dollar of cost[1].
- Evidence-based child trauma treatments such as Parent-Child Interaction Therapy (PCIT) return $3.64/dollar cost[1].

[1]Benefits and Costs of Early Intervention and Prevention Programs, Sept, 2004. http://www.wsipp.wa.gov/rptfiles/04-07-3901a.pdf.

What More Can We Do?

Adopt a Public Health approach to Child Maltreatment and other ACEs by:

1. Screening for ACEs in systems that serve children and families.
2. Building capacity to prevent & treat child trauma.
3. Increasing access to trauma-informed services for children & families.
4. Integrating and enhancing programs to target synergistic ACEs with highest cumulative risks.
5. Integrating trauma services across family-serving systems.

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

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

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

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.”

… ACTIVITY!

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.

CASE STUDIES

- **What trauma might be present for the following case studies?**
- Emotionally
- Physically
- Cognitively
- Socially

- **What are the participants' potential survival skills?**
- **What are the next steps and things to consider with a trauma-informed lens?**

CASE STUDIES

Ada is a second grade student who is a newcomer from Nepal. She is non-verbal at school, and reads at a Kinder level. She lives with her mom in an apartment complex, and her mom works long hours and does not speak English. Ada has indicated that she does not like her mom's boyfriend, and wrote down during class about him "hurting" her and her mom. When asked about it further, Ada does not speak. She often will not eat her food during mealtimes at school.

CASE STUDIES

Olivia is unemployed and the main carer of her boyfriend's 2 children, aged 6 and 11, along with her own child, aged 3. Her boyfriend Jesus works long hours and typically starts sleeping when the children get home from after-school care. The rent of their apartment just got raised, and they have 4 days left to find a new house. Olivia is about to lose her benefits, and has trouble accessing funds from Jesus. She is in a constant state of panic in regards to where they will live, how to feed the 3 children, and now that the new school year has started, how to buy winter clothes that they are growing out of, and school supplies. She has relies on public transportation.

CASE STUDIES

Lucero has tried to report a case of intimate partner violence at the police station. She is 24, and has one child, aged 5. She was asking for a female officer. She is now on the phone to you at the crisis line.

CASE STUDIES

Darnell has been in the juvenile justice system for 4 years, for various charges, and has little contact with his biological parents. He is trying stay away from marijuana and alcohol, and asked to find avenues to apply for PCC. He has been diagnosed with a disability.

CASE STUDIES

Sara is trying to visit her family on the reservation, but her employer is not giving her enough time off to travel, and spend time there. She is worried about losing her current position as she did lose her previous positions. She is worried about not making this month's rent. She has contacted you at the Tenant's Union to ask about the legalities of her current housing situation.

CASE STUDIES

Tekiyah is in counselling due to the recent death of her partner, who passed away from a heroine overdose. She is 18, and she was relying on him financially. She spends a lot of her counselling time talking about possible new partners.

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
- Anger
- 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

At Work

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

At Home

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*
- *traumainformedcareproject.org/*
- samhsa.gov/nctic
- acestudy.org

Anna.quocanh.vo@gmail.com