

Understanding Trauma Informed Care

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**“The world as we have created it
is a process of our thinking.
It cannot be changed
without changing our thinking.”
— Albert Einstein**

What is Trauma?

- **Intro: SOME TRUE-FALSE QUESTIONS ABOUT TRAUMA:**
 - LINK:
<https://uploads.documents.cimpress.io/v1/uploads/e9d0cea3-afae-4e28-8566-b6fc91f730bf~110/original?tenant=vbu-digital>

Trauma-informed care seeks to:

- (1) realize the widespread impact of trauma** and understand paths for recovery;
- (2) recognize the signs and symptoms of trauma** in clients, families, and staff;
- (3) integrate knowledge about trauma** into policies, procedures, and practices; and
- (4) actively avoid re-traumatization.**

*(Adapted from the Substance Abuse and Mental Health Services Administration's "**Trauma-Informed Approach.**")*

Types of Trauma



Reactions to trauma



Physical



Psychological/Emotional



Cognitive



Behavioral



Spiritual

Physical responses to Trauma

Change in appetite

Change in sleep

Chest palpitations

Dizziness

Fatigue

Headaches

Increased Heart Rate

Muscle Tension

Nightmares/Night Terrors

Shallow, rapid breathing

Stomach Upset

Sweating/Rapid Pulse

Psychological and Emotional Responses

Anger towards others involved

Anger/rage

Depression

Emotional Rollercoaster

Fear

Fear of ongoing victimization

Fearing what others think

Feeling helpless/hopeless

Feeling powerless/worthless

Feeling unsafe/vulnerable

Guilt/Frustration

Loneliness

Sadness

Shock or numbness

Cognitive Responses

Confusion

Difficulty Concentrating

Difficulty Making Decisions

Difficulty Remembering

Distorted Thoughts

Flashbacks

Intrusive Images

Role-playing the event

Slowed thinking

Thinking the world is unsafe

Thoughts about dying

Too many thoughts at once

Behavioral responses

Alienation from family/friends

Angry outbursts

Changes in sexual activity

Clinging to people

Conflict/doubts in relationships

Critical of others

Crying

Decreased energy

Difficulty trusting

Disruption of daily routine

False generalizations about others

Fear of being alone

Inability to perform easy tasks

Increased use of alcohol, drugs or medication

Irritability

Sense of aloneness

Strong reactions to small change

Withdrawal from others

Spiritual responses



Despair



Feeling life is meaningless



Loss of faith



Questioning old beliefs



Sense of the world being changed



Spiritual doubts



Withdrawal from place of worship or community

Complexity

- **“Complexity is the expectation, not the exception”**
 - Dr. Ken Minkoff - Comprehensive, Continuous, Integrated System of Care Model (CCISC)
<http://kenminkoff.com/ccisc.html>

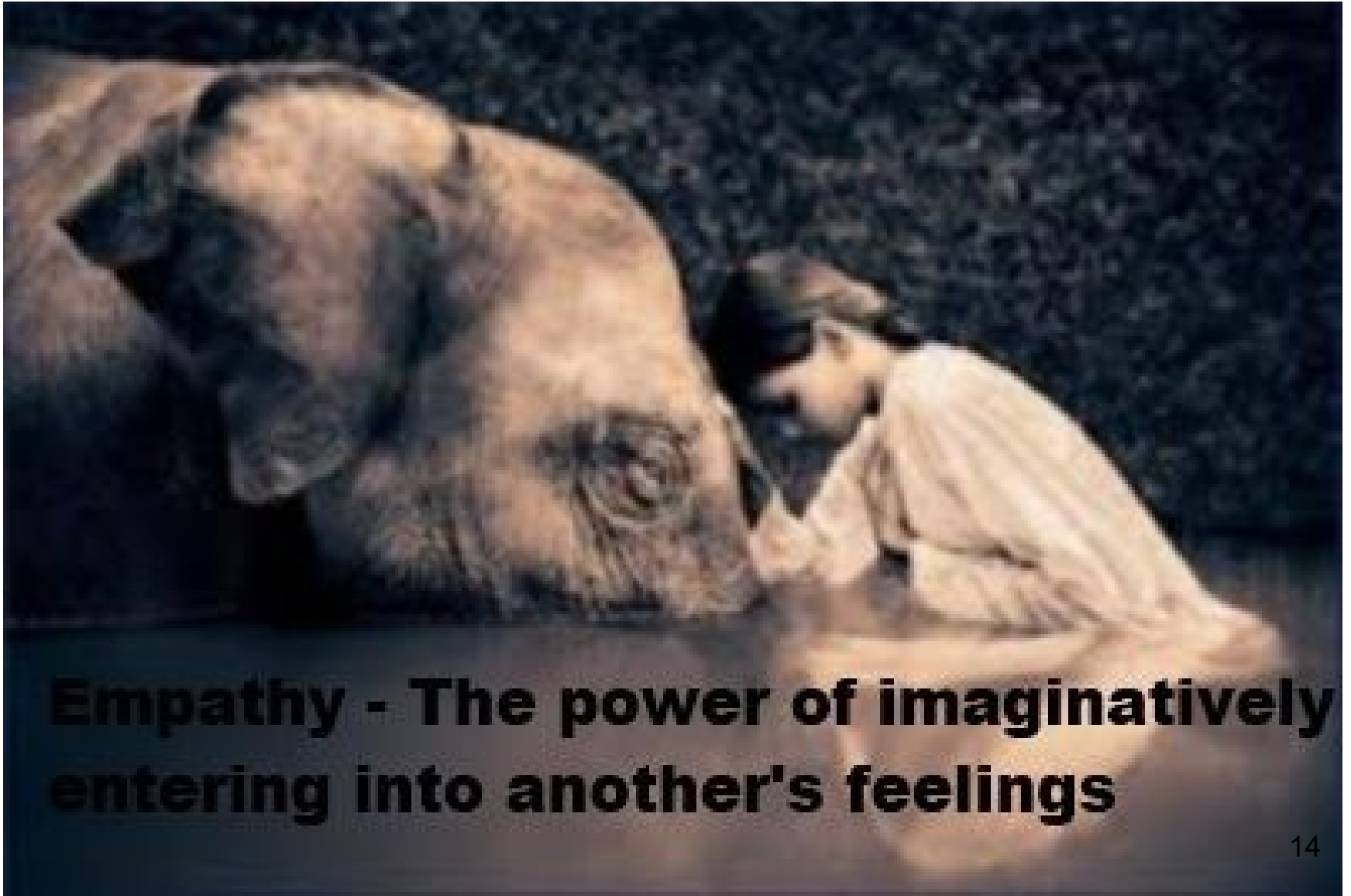
Think about our clients....

Think about what many people have endured (or are still enduring right now) –

- ▶ Abuse
- ▶ Poverty
- ▶ Loss of loved ones
- ▶ Disability
- ▶ Injury
- ▶ Pain
- ▶ Hunger
- ▶ Rejection
- ▶ Isolation
- ▶ Homelessness
- ▶ Incarceration
- ▶ Injustice
- ▶ Sickness
- ▶ Oppression
- ▶ Persecution
- ▶ Mental Illness
- ▶ Addiction



EMPATHY



Empathy - The power of imaginatively entering into another's feelings

ACTIVITY – What is it like when YOU ARE THE CLIENT?

- Are you ever late?
- If you have children have, they ever acted up or misbehaved in public?
- Did you fill out all the paperwork beforehand?
- Do you ever have questions that could be perceived as annoying?
- How do you feel when staff are short or rude?
- How do you react when you feel rushed or dismissed?
- Are you ever anxious about why you are there?
- Do you always want to be there?
- Have you ever felt like an “outsider” or that someone does not understand or respect your beliefs or culture?
- Are you in a bad mood sometimes or just stressed?
- Do you follow through with all the recommendations?

WHAT DO WE EXPECT OF OUR CLIENTS?

Implementing a Comprehensive Trauma-informed approach - SAMHSA

- ***Patient empowerment***: Using individuals' strengths to empower them in the development of their treatment;
- ***Choice***: Informing patients regarding treatment options so they can choose the options they prefer;
- ***Collaboration***: Maximizing collaboration among health care staff, patients, and their families in organizational and treatment planning;
- ***Safety***: Developing health care settings and activities that ensure patients' physical and emotional safety; and
- ***Trustworthiness***: Creating clear expectations with patients about what proposed treatments entail, who will provide services, and how care will be provided.⁸

Trauma informed care: Social-Emotional Environment

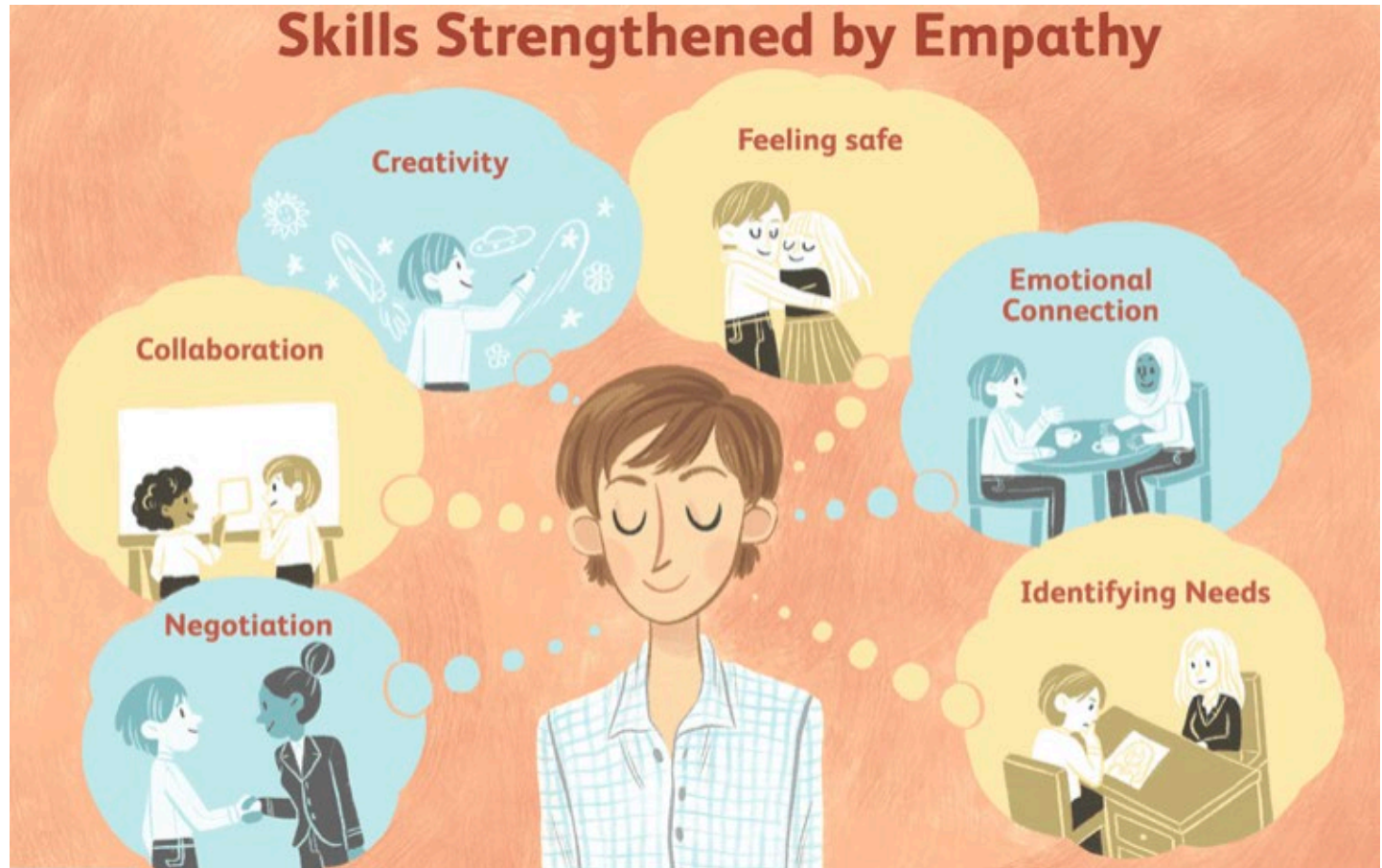
- Welcoming patients and ensuring that they feel respected, supported, and involved - **ENGAGEMENT.**
- Ensuring staff maintain healthy interpersonal boundaries and can manage conflict appropriately.
- Keeping consistent schedules and procedures.
- Offering sufficient notice and preparation when changes are necessary.
- Maintaining communication that is clear, consistent, open, respectful, and compassionate.
- Being aware of how an individual's culture affects how they perceive trauma, safety, and privacy.
- Involving clients in the treatment process (Giving them a “voice”)
- Patience for the patients
- **NONJUDGEMENTAL EMPATHY (MI)**

Adapted from: [Key Ingredients for Successful Trauma-Informed Care Implementation](#)

April 2016 | By Christopher Menschner and Alexandra Maul, Center for Health Care Strategies

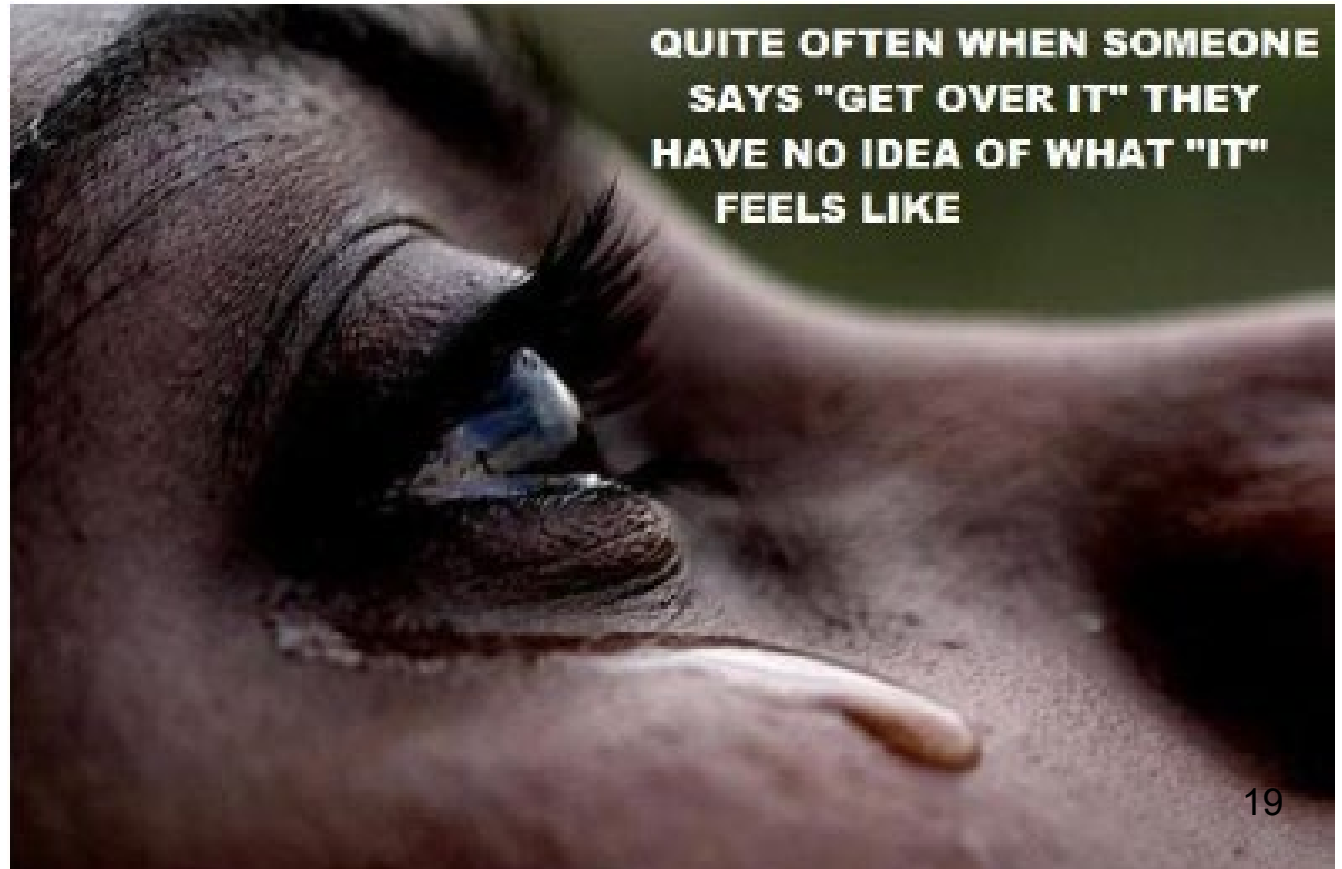
EMPATHY

Empathy is the capacity to understand or feel what another person is experiencing from **within their frame of reference**, that is, the capacity to place oneself in another's position



EMPATHY

Sometimes people can more easily empathize with **things we can see** (like physical disabilities) rather than things that are **not so visible** (like MH, emotional disturbance, trauma, SUD)



EMPATHY

- **Mental health and substance use disorders are diseases, like cancer, diabetes** – Compare how we view people with those disorders compared with substance use and mental health disorders
- **Empathy empowers you** – The more you understand who you are working with, the more effective you are. This is true in all types of human interactions

EMPATHY

Empathy without Agreement – We can empathize even when we do not agree

Empathy does NOT mean we're giving approval.
And this might be what we misunderstand the most..
You don't have to be on the same page politically.
You don't have to have the same values or beliefs.

**Frankly, you don't even have to like someone
to show them empathy.**

How we may unintentionally cause our clients to relive their trauma: The importance of words and relationships



WHAT HURTS

- > Interactions that are humiliating, harsh, impersonal, disrespectful. critical, demanding, judgmental

WHAT HELPS

- > Interactions that express kindness, patience, reassurance, calm and acceptance and listening
- > Frequent use of words like PLEASE and THANK YOU
- > Language and choice of words matters – Person first language

How we may unintentionally cause our clients to relive their trauma: The importance of our attitudes and beliefs

WHAT HURTS

- > Asking questions that convey the idea that “there is something wrong with the person”
- > Downplaying or disregarding a person’s struggles

WHAT HELPS

- > Asking questions for the purpose of understanding what harmful events may contribute to current problems
- > Recognizing that mental health, substance use and physical health *symptoms* may be a person’s way of coping with trauma
- > *Cultural Humility, Equity and Inclusion*
- > *MI SKILLS – OARS and REDS*



Adapted from National Council for Mental Wellbeing

Cultural Humility Is:

- A personal **lifelong commitment to self-evaluation and self-critique** whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities
- Recognition of power dynamics and imbalances, a desire to **fix those power imbalances and to develop partnerships with people and groups**
- Personal and institutional accountability**

*Yeager, Katherine A., and Susan Bauer-Wu. 2013. "[Cultural Humility: Essential Foundation For Clinical Researchers](#)". *Applied Nursing Research* 26 (4): 251-256

Motivational Interviewing Skills

OARS:

- Open ended questions
- Affirmations
- Reflective Listening
- Summaries

Maintaining a Therapeutic Alliance

Principles (supports consonance)

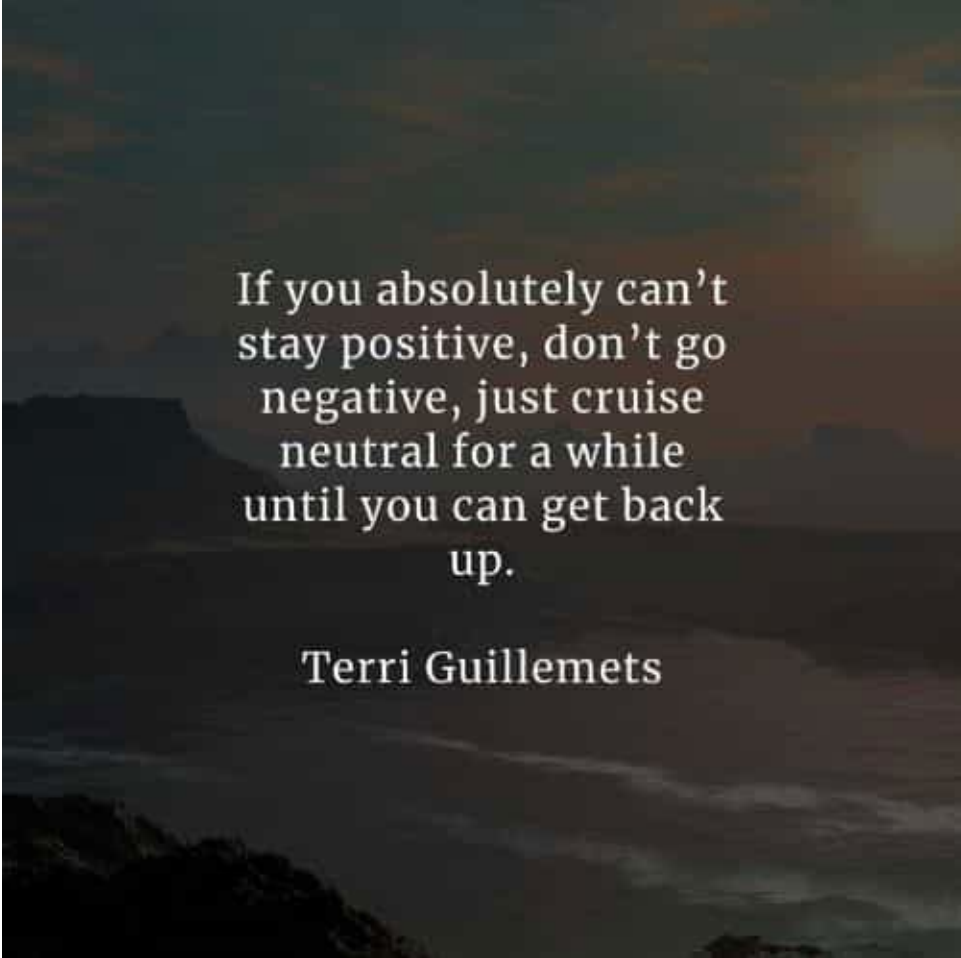
DO: Express empathy
Develop discrepancy (Decisional Matrix)
Role with resistance
Support self-efficacy

Traps (creates dissonance)

DON'T: Argue, disagree, challenge
Analyze, explain, direct
Judge, criticize, blame, label
warn, try to persuade with logic

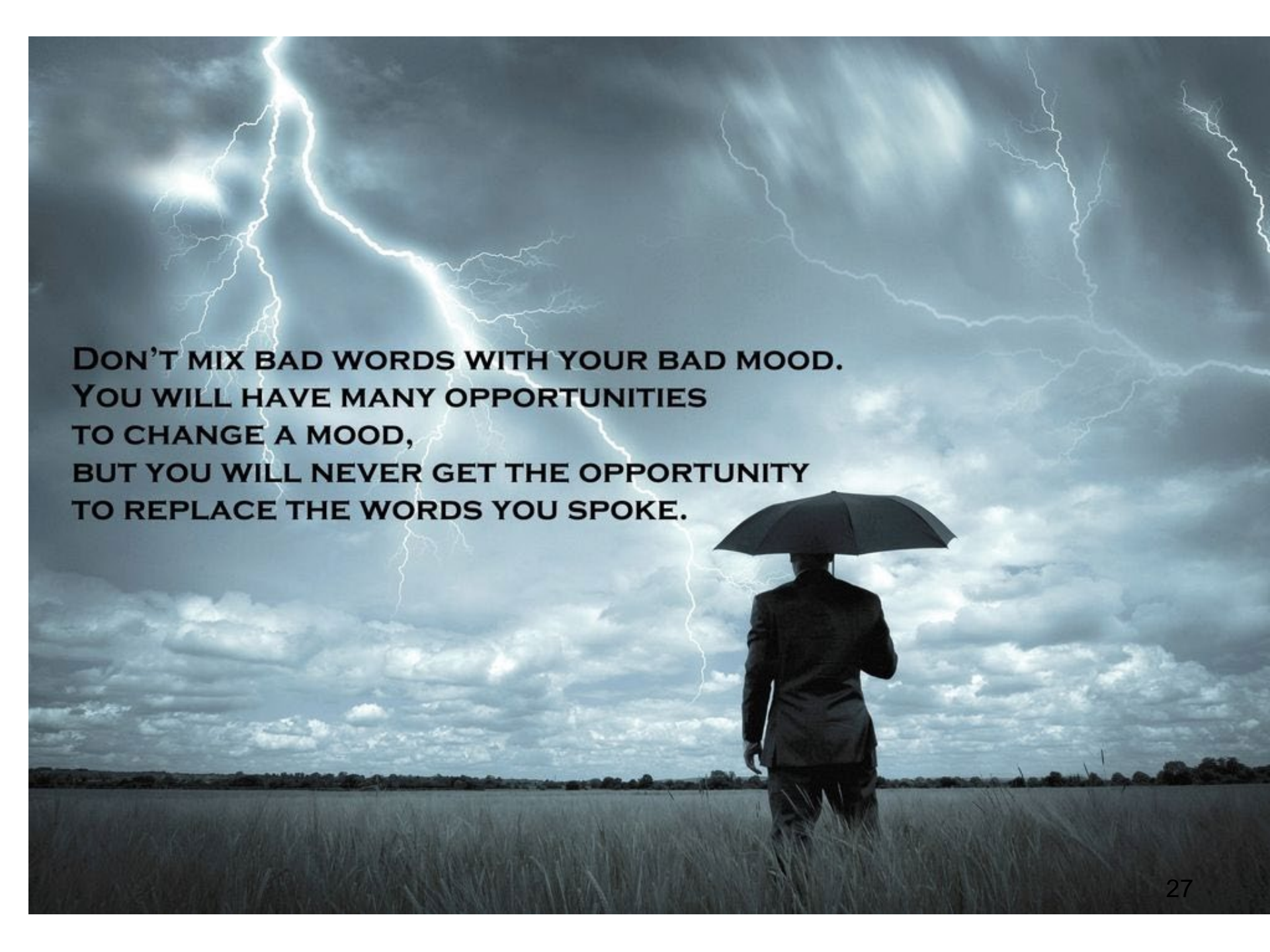
Engagement: Attitude Adjustment -

- Staying positive, encouraging, empathetic even when faced with negative situations, attitudes and circumstances
 - Again: Its not personal...Check your negativity at the door



If you absolutely can't stay positive, don't go negative, just cruise neutral for a while until you can get back up.

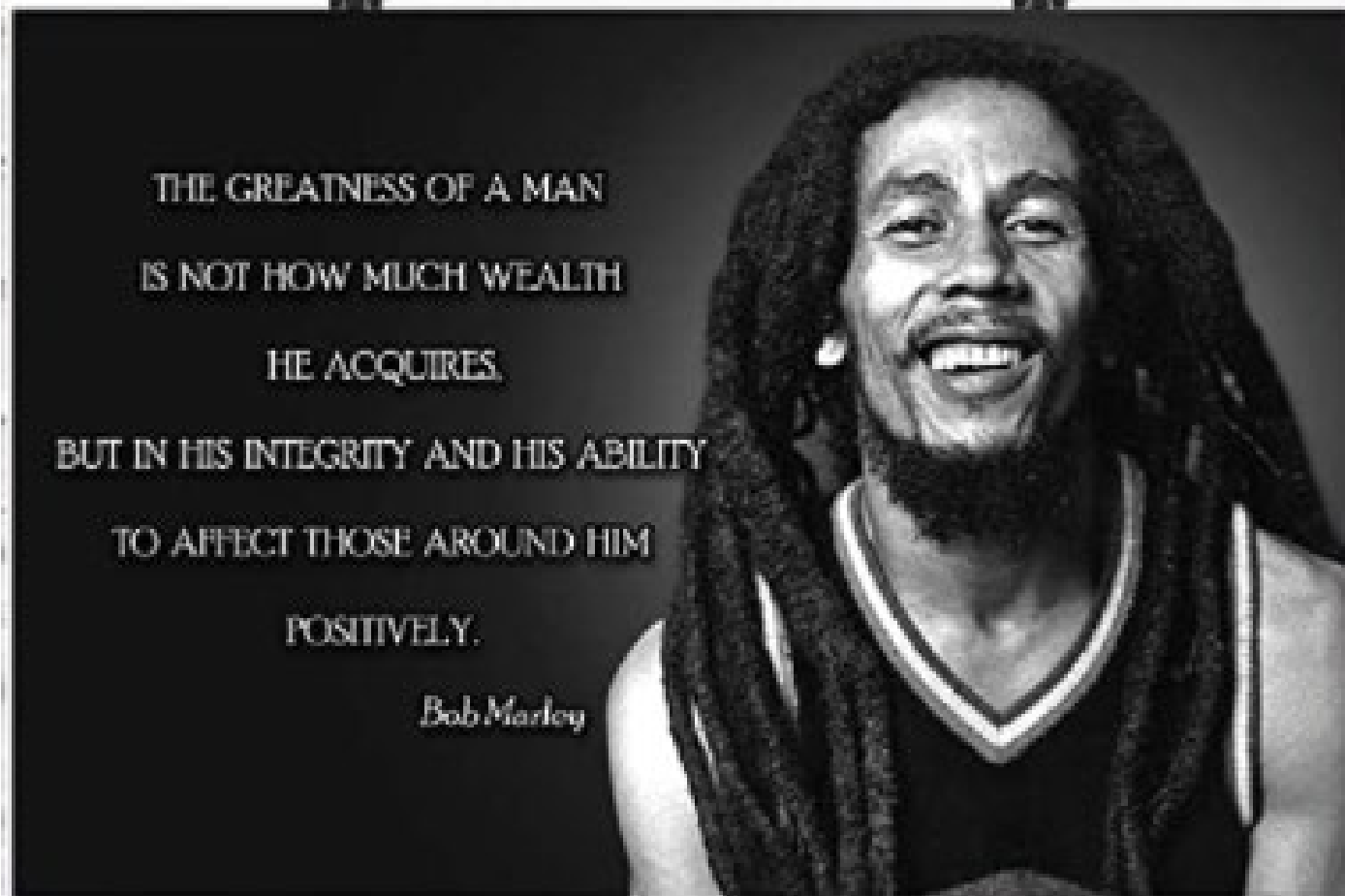
Terri Guillemets

A man in a dark suit stands in a field of tall grass, holding a black umbrella. He is facing away from the camera, looking towards a dramatic, stormy sky filled with dark, heavy clouds and several bright, jagged lightning bolts. The overall mood is somber and reflective.

**DON'T MIX BAD WORDS WITH YOUR BAD MOOD.
YOU WILL HAVE MANY OPPORTUNITIES
TO CHANGE A MOOD,
BUT YOU WILL NEVER GET THE OPPORTUNITY
TO REPLACE THE WORDS YOU SPOKE.**

Engagement: Attitude Adjustment (Cont.) -

- Staying positive, encouraging, empathetic even when faced with negative situations, attitudes and circumstances
 - Learn to be non-judgmental even when you feel judgmental. (Empathy)



FIVE TIPS

FOR NONJUDGMENTAL LISTENING

- 1 Reflect on your own **state of mind**.
- 2 Adopt an **attitude** of acceptance, genuineness and empathy.
- 3 Use **verbal skills** to show that you're listening.
- 4 Maintain **positive** body language.
- 5 Recognize **cultural differences**.

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*Information provided by
the MHFA curriculum.



Conclusion, Questions, Final Discussion



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