Trauma-Informed Resilience Oriented Approaches

Webinar Series
Part 1
September 2, 2020
Today’s Presenter

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Consultant
National Council for Behavioral Health
When I was a boy and I would see scary things in the news, my mother would say to me, “Look for the helpers. You will always find people who are helping.” To this day, especially in times of “disaster,” I remember my mother’s words and I am always comforted by realizing that there are still so many helpers – so many caring people in this world.

Fred Rogers
Overview

- Brief overview of trauma
- Historical trauma
- Human stress response
- Embracing regulation to support individuals and ourselves
Impact of Trauma

• Perception of trauma varies among individuals
• Trauma is something that **overwhelms our coping capacity**
  • Affects the whole self
  • Physical
  • Emotional
  • Intellectual
  • Spiritual
Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACE) and adolescent health. Retrieved from https://www.cdc.gov/violenceprevention/acestudy/
Life-Long Physical, Mental & Behavioral Health Outcomes Linked to ACEs

- Alcohol, tobacco & other drug addiction
- Auto-immune disease
- Chronic obstructive pulmonary disease & ischemic heart disease
- Depression, anxiety & other mental illness
- Diabetes
- Multiple divorces
- Fetal death
- High risk sexual activity, STDs & unintended pregnancy

- Intimate partner violence—perpetration & victimization
- Liver disease
- Lung cancer
- Obesity
- Self-regulation & anger management problems
- Skeletal fractures
- Suicide attempts
- Work problems—including absenteeism, productivity & on-the-job injury
ACEs are not Destiny

- Hardships often prepare
- Ordinary people for an
- Extra ordinary destiny
“Resiliency is the capability of individuals to cope successfully in the face of significant change, adversity, or risk. The capacity changes over time and is enhanced by protective factors in the individual and environment.”

(Stewart et al., 1997)
Historical Trauma
Intergenerational (Historical) Trauma

“Cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.”
Intergenerational/Historical Trauma Events

- Genocides
- Slavery
- Pandemics
- Massacres
- Prohibition/destruction of cultural practices
- Discrimination/Systemic prejudice
- Forced relocation
Intergenerational (Historical) Trauma Effects

Symptoms of Historical Trauma
- Violence and Suicide
- Depression
- Anxiety
- Substance Abuse
- Loss of Concentration
- Loss of Sleep
- Fear and Distrust
- Shame
- Discomfort around white people
- Anger

Resilience
This, too, shall pass.
Microaggressions are everyday experiences of discrimination, racism, and daily hassles that are targeted at individuals from diverse racial and ethnic groups (Evans-Campbell, 2008). Health disparities, substance abuse, and mental illness are all commonly linked to experiences of historical trauma (Michaels, Rousseau, and Yang, 2010).
Cultural Humility is another way to understand and develop a process-oriented approach to competency.

“the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”

Hook et al, 2013

-Tervalon & Murray-Garcia, 1998
Cultural Humility

Practicing Cultural Humility

Ask questions in a humble, safe manner
Seek Self-Awareness
Suspend Judgment
Express kindness and compassion
Support a safe and welcoming environment
Start where the patient is at

- Lisa Boesen
The Human Stress Response
Continuum of Stress

**POSITIVE STRESS**
Mild/moderate and short-lived stress response necessary for healthy development

**TOLERABLE STRESS**
More severe stress response but limited in duration which allows for recovery

**TOXIC STRESS**
Extreme, frequent, or extended activation of the body’s stress response without the buffering presence of a supportive adult

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Intense, prolonged, repeated and unaddressed

Social-emotional buffering, parental resilience, early detection, and/or effective intervention

ACEs Connection Presentation, 2018
Hierarchy of Brain Development

Cortex

Abstract Thought
Concrete Thought
Affiliation
“Attachment”
Sexual Behavior
Emotional Reactivity
Motor Regulation
“Arousal”
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Temperature

Limbic

Midbrain

Brainstem

Bruce Perry 2002

Perry, B. and Szalavitz, M. 2006, 2017
# Arousal Continuum

Adapted from Dr. Bruce Perry’s

*The Boy Who Was Raised as a Dog*

<table>
<thead>
<tr>
<th>Internal State</th>
<th>CALM</th>
<th>ALERT</th>
<th>ALARM</th>
<th>FEAR</th>
<th>TERROR</th>
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</thead>
<tbody>
<tr>
<td>Cognitive Style</td>
<td>ABSTRACT</td>
<td>CONCRETE</td>
<td>EMOTIONAL</td>
<td>REACTIVE</td>
<td>REFLEXIVE</td>
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<tr>
<td>Regulating Brain Region</td>
<td>NEOCORTEX Cortex</td>
<td>CORTEX Limbic</td>
<td>LIMBIC Midbrain</td>
<td>MIDBRAIN Brainstem</td>
<td>BRAINSTEM Autonomic</td>
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<tr>
<td>Dissociative Continuum</td>
<td>REST</td>
<td>AVOIDANCE</td>
<td>COMPLIANCE Robotic</td>
<td>DISSOCIATION Fetal Rocking</td>
<td>FAINTING</td>
</tr>
<tr>
<td>Arousal Continuum</td>
<td>REST</td>
<td>VIGILANCE</td>
<td>RESISTANCE Crying</td>
<td>DEFIANCE Tantrums</td>
<td>AGGRESSION</td>
</tr>
<tr>
<td>Sense of Time</td>
<td>EXTENDED FUTURE</td>
<td>DAYS HOURS</td>
<td>HOURS MINUTES</td>
<td>MINUTES SECONDS</td>
<td>NO SENSE OF TIME</td>
</tr>
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</table>
Survival Mode Response

Inability to Respond, Learn or Process

Navigating services and systems can be like playing chess in a hurricane.
Embracing Regulation to Support Individuals and Ourselves
Regulation

The basic strategy for quieting our lower brain

“Regulation gives us the ability to put time and thought between a feeling and an action.” Bruce D. Perry
Regulate

Three ways to regulate:

1. Top down – use our cortex
   - Pause between a stimulus and action
   - Journaling
   - Repeating core beliefs – “This will not last forever”

2. Bottom up: somatosensory, rhythmic, repetitive interventions
   - Walking and other exercise
   - Focused breathing
   - Music and dance

3. In relationship with other people

Regulate, Relate, Reason

What might be causing the behavior?

**Internal or external cause or stimuli we have little control over**

- An unmet need
- Loss of personal power and need for control
- External activating stimuli in the environment
- Internal activating stimuli such as intense anxiety or fear
- Delay in critical skills
Get Curious
Not Furious
Trauma-Sensitive Practices Change Discipline

No assumption that student is willfully disobedient
All behaviors have purpose/function
  Safety and emotions are considered as possible functions of behavior
  Accept that behaviors have triggers.
Re-traumatization is prevented
Challenging experiences are considered opportunities to teach skills

*Let go of belief that you have to give a negative consequence*
Strategies for preventing further escalation

- Remain respectful and non-judgmental
- Seek to gather more information
  - How can I help?
  - What do you need?
- Actively listen for the unmet need
- Reflect and clarify to be sure you understand
- Allow for silence
- Allow expression of emotions
- Always empower
Empathy

The ability to understand and share the feelings of another

What is like to be the other person?
How can I become more curious about the individual?
Extreme Behavior:
Things to Remember when
Nothing seems to work

1. The behavior is not about us!
2. Separate the problem from the person
3. Resist reacting
4. There is always another way
5. Power struggles can be avoided and often result in no winners
6. Extreme behavior is challenging for everyone.
If behavior escalates

• Remain calm and centered
• Avoid talking too much
• Give individual their space
• Respectfully set limits
  — Clear and simple
  — Reasonable
  — Enforceable
• Ask for help
Remember - Sequence of Engagement

• Regulate – physical calming strategies needed for the brainstem and midbrain
• Relate – focused on the relationship
• Reason – focused on reasoning and solving problems

Regulation Strategies

- Breathing
- Movement
  - Walk & Talk
- Trigger identification
- Take a break/Safe spot
- Mindfulness
- Yoga techniques
- Music
- Sensory breaks
- Grounding techniques
- Journaling
Grounding Exercise

- Hold a pillow, stuffed animal or a ball
- Place a cool cloth on your face, or hold something cool such as a can of soda
- Listen to soothing music
- Put your feet firmly on the ground
- FOCUS on someone’s voice or a neutral conversation.
- 5-4-3-2-1 Game
Breathe

SQUARE BREATHING

1 2 3 4
breathe in for 4 seconds

4 3 2 1
hold for 4 seconds

4 3 2 1
breathe out for 4 seconds

1 2 3 4
hold for 4 seconds
Let’s Practice
Scenario #1

Juan is repeatedly late to your class, which is right after lunch. When he casually strolls in 10 minutes late, you inform him that he needs to go see his counselor to get a pass to come into your class. Juan throws down his backpack on the floor, makes a huge scene and yells, “You never made me go to my counselor before. Why you trippin’ today?”

What do you do?
Scenario #1

Destiny’s instructors report that she can be pretty rigid and concrete in her thinking at times. Tonight, the chore schedule in the dorm did not get updated because an RA called in sick. Destiny can be heard from another hall shouting, “I’ve been mopping the bathrooms and halls every day this week! I’m sick of this [bleep]!”

What do you do?
Remember
You are doing the best you can
and it is enough
Karen Johnson
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Trauma-Informed Resilience Oriented Approaches

Webinar Series
Part 2
September 10, 2020
Overview

- Organizational resilience
- Boundaries
- Expectations
- Staff culture
- Self-care
The ability to maintain our physical, emotional and mental well-being while responding compassionately to people who are suffering.

The ability to experience pleasure from doing the work.
We begin to ask, “What happened to you?” rather than “What is wrong with you?”

We have to ask, “What’s strong?” rather than “What’s wrong?”

Paradigm Shift
SAMSHA’s Trauma Informed Care Principles

- Safety
- Trustworthiness & transparency
- Peer support
- Collaboration & mutuality
- Empowerment, voice & choice
- Cultural, historical & gender issues

Substance Abuse and Mental Health Services Administration. 2014
What is a Trauma-Informed Approach

<table>
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<tr>
<th>Realizes</th>
<th>Recognizes</th>
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<tr>
<td>Realizes widespread impact of trauma and understands potential paths for recovery</td>
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<td>Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system</td>
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<th>Responds</th>
<th>Resists</th>
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<td>Responds by fully integrating knowledge about trauma into policies, procedures, and practices</td>
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<td>Seeks to actively resist re-traumatization</td>
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Substance Abuse and Mental Health Services Administration. 2014
EVERYONE
Building Resilience
Individual and Organizational

- **Expectations**
  - Realistic ones for yourself
  - Realistic ones for others

- **Boundary Setting**
  - Know what you want/can say ‘yes’ to

- **Staff Culture**
  - Connecting with colleagues in a way that heals & helps

- **Self-Care**
  - Mind
  - Spirit
  - Strength
  - Heart

https://compassionresiliencetoolkit.org/
Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging – something we’ve experienced, done, or failed to do makes us unworthy of connection.  

*- Brene Brown*
Expectations
Unclear, Hidden or Unrealistic Expectations
Drive Compassion Fatigue

https://compassionresiliencetoolkit.org/
“Without boundaries, you will act, sleep, work, groan, feel used and fulfill basic responsibilities rather than make choices to live and love fully, to work hard and nobly, to fulfill your purpose and to contribute passionately to your world.”
Tips for Setting Compassionate Boundaries

1. Know what you want to say “Yes” to in your life (values and priorities).
2. Be proactive. Have “meetings” to discuss boundaries. Structure offers safety for both sides.
3. Just say it! Don’t make them guess. Use simple and direct language.
4. Reinforce by pointing out the violations IN THE MOMENT.
5. Give explanations that are specific, relevant to the other person, and offer shared solutions.
6. Back up your boundary with action. If you give in, you invite people to ignore your needs.

https://compassionresiliencetoolkit.org/
Set a boundary with a colleague that complains too much about what you cannot control:

“I am working on showing up with good energy for my clients, I find that talking too much about what I can’t control makes that hard for me. Let’s switch topics.”

https://compassionresiliencetoolkit.org/
Boundary language examples

To respond to angry client:
“I want to work with you to figure this out. It will be hard if our brains are not calm enough to think. How about we take a 5 minute break.”

To say no to extra commitments:
“Although our team goals are really important to me, I need to discuss what can come off my plate or what I can do in a different manner in order to take on anything new. I am working on how to balance my family’s needs and my workload.”

https://compassionresiliencetoolkit.org/
Staff Culture

What do you want to be able to say about the culture of the staff in your organization?
Empathy

The ability to understand and share the feelings of another

*I feel with you, I am with you*

Sympathy

*I feel for you. I see you over there and that sucks, so I am glad I’m over here.*

Empathy Skills

1. Take another’s perspective – listen to a person’s story and honor it as truth
2. Be nonjudgmental
3. Understand another person’s feelings
4. Communicate your understanding of that person’s feelings
5. Mindfulness (Kristin Neff)

Braving Trust

• **B**oundaries
• **R**eliability
• **A**ccountability
• **V**ault
• **I**ntegrity
• **N**onjudgement
• **G**enerosity

Asking for Help

Be smart enough to know when you need help and brave enough to ask for it.
Taking Care of Ourselves
Self-Compassion

• Self kindness: When I mess up, do I talk to myself like I talk to someone I love?
• Common humanity: Our struggles are everyone’s struggles. We are not alone
• Mindfulness

Kristin Neff – The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength and Thrive
A Break for our SPIRIT

When do you feel most alive, most like yourself? What are you doing?
What or with whom are you surrounded?
Provider Resilience App
Please provide your feedback on the meeting at the link below.

Scan the QR code or type the URL into your browser.

Webinar 2

https://www.surveymonkey.com/r/HumanitasWebinar2
Questions & Discussion
References

- Compassion Resilience Toolkit, retrieved from [https://compassionresiliencetoolkit.org/](https://compassionresiliencetoolkit.org/).
- Robert Wood Johnson Foundation (2013) *Health Policy Brief: Patient Engagement. People actively involved in their health and health care tend to have better outcomes—and, some evidence suggests, lower costs.* [https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf404446](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf404446)
References

• Stevens, J. (2018). ACEs Connection Presentation.
• Trauma 101- https://youtu.be/1pNwHMjPrxY
• Trauma-informed Care Guiding Principles - https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html
TIP 57: Trauma-Informed Care in Behavioral Health Services

Assists behavioral health professionals in understanding the impact and consequences for those who experience trauma. Discusses patient assessment, treatment planning strategies that support recovery, and building a trauma-informed care workforce. Inventory#: SMA14-4816

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Thank You!