

Trauma-Informed Resilience Oriented Approaches

Webinar Series
Part 1
September 2, 2020



Today's Presenter

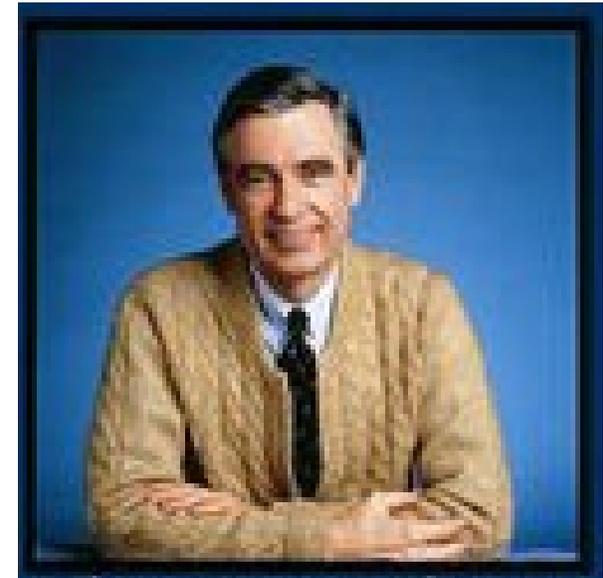


Karen Johnson, MSW, LCSW
Consultant
National Council for Behavioral Health



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**



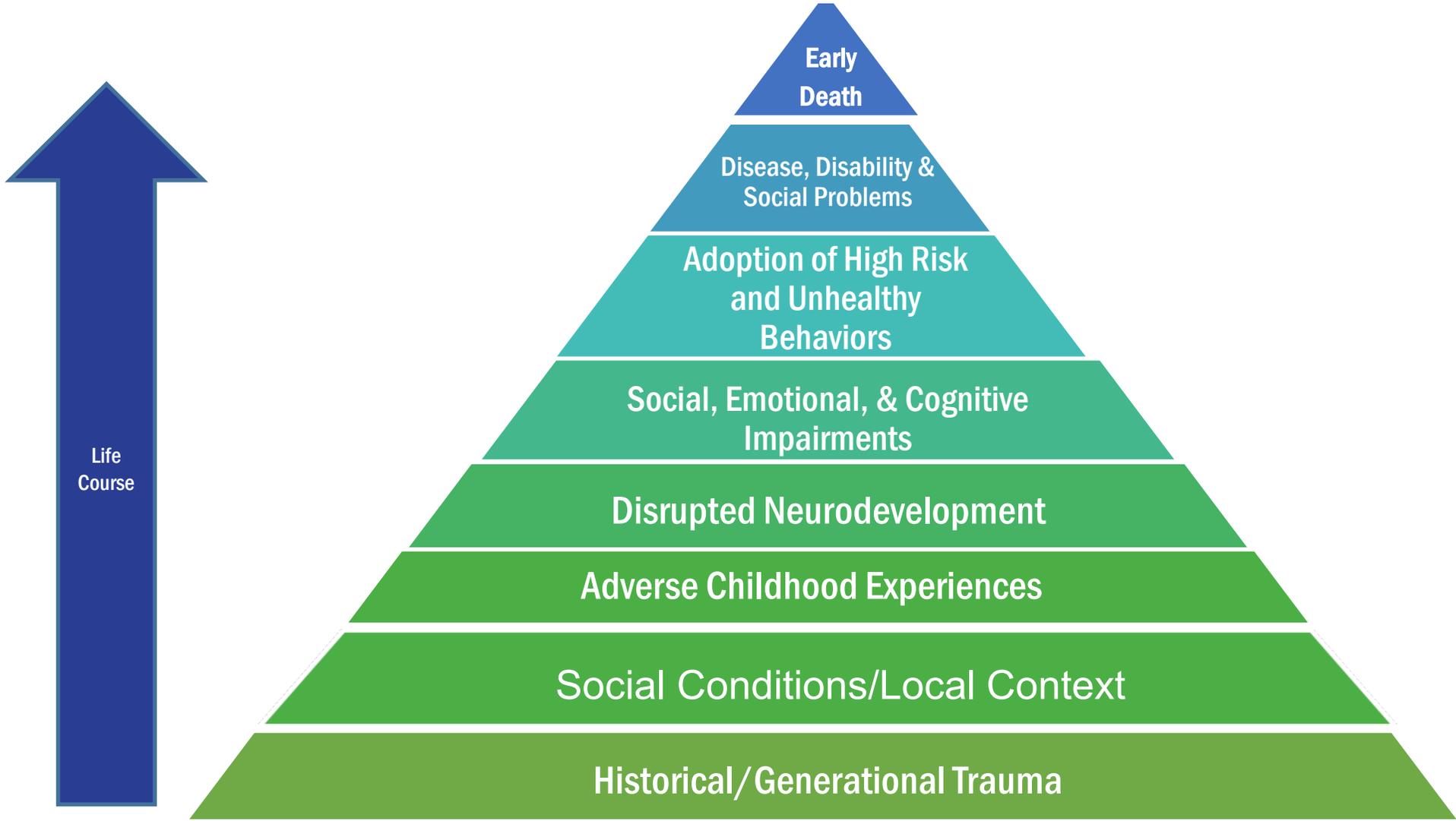




Impact of Trauma

- 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





Resiliency

“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

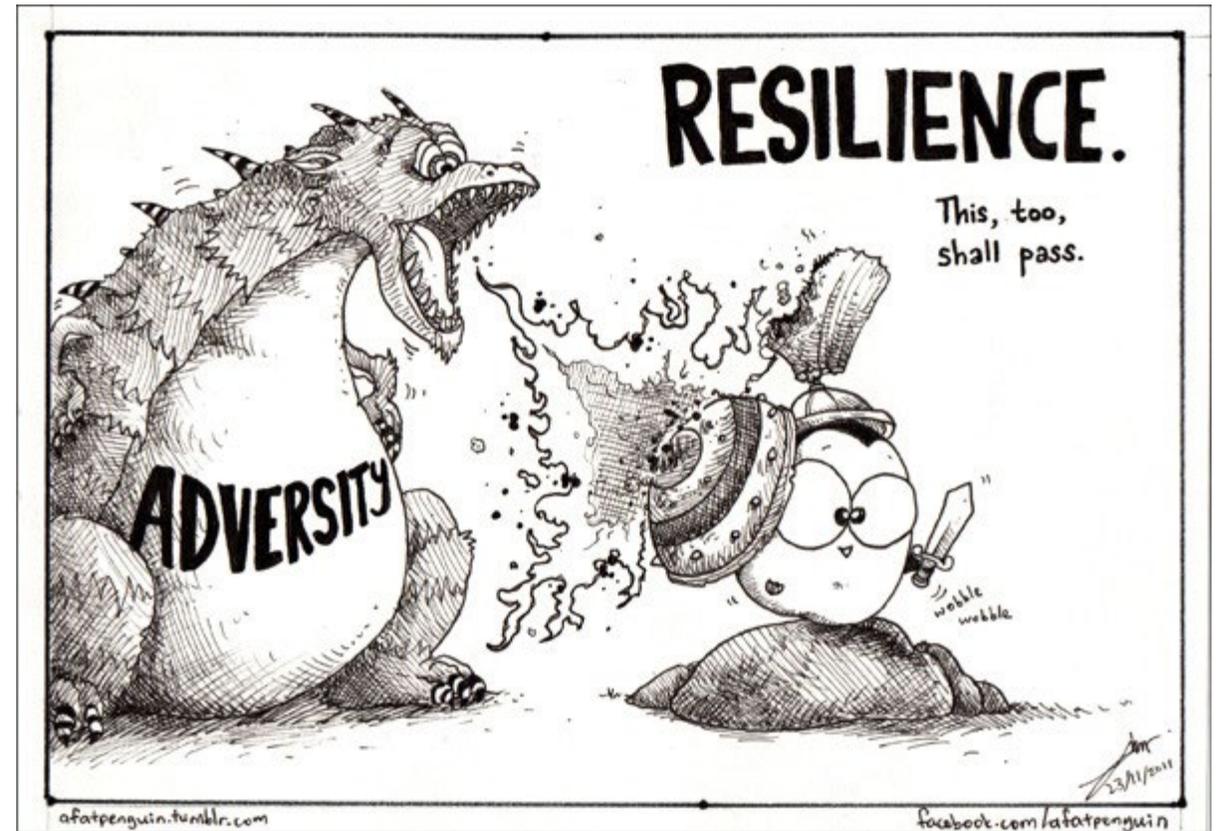
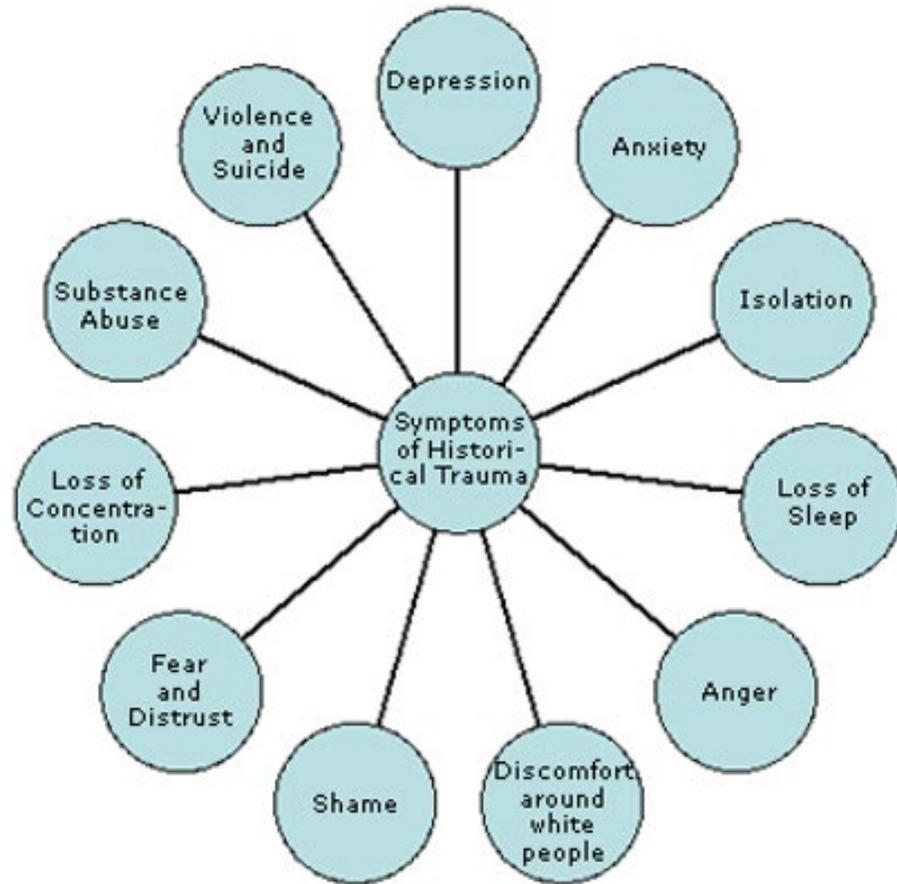


Discrimination/Systemic
prejudice



Forced relocation

Intergenerational (Historical) Trauma Effects





Historical Trauma Perpetuated Today

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).

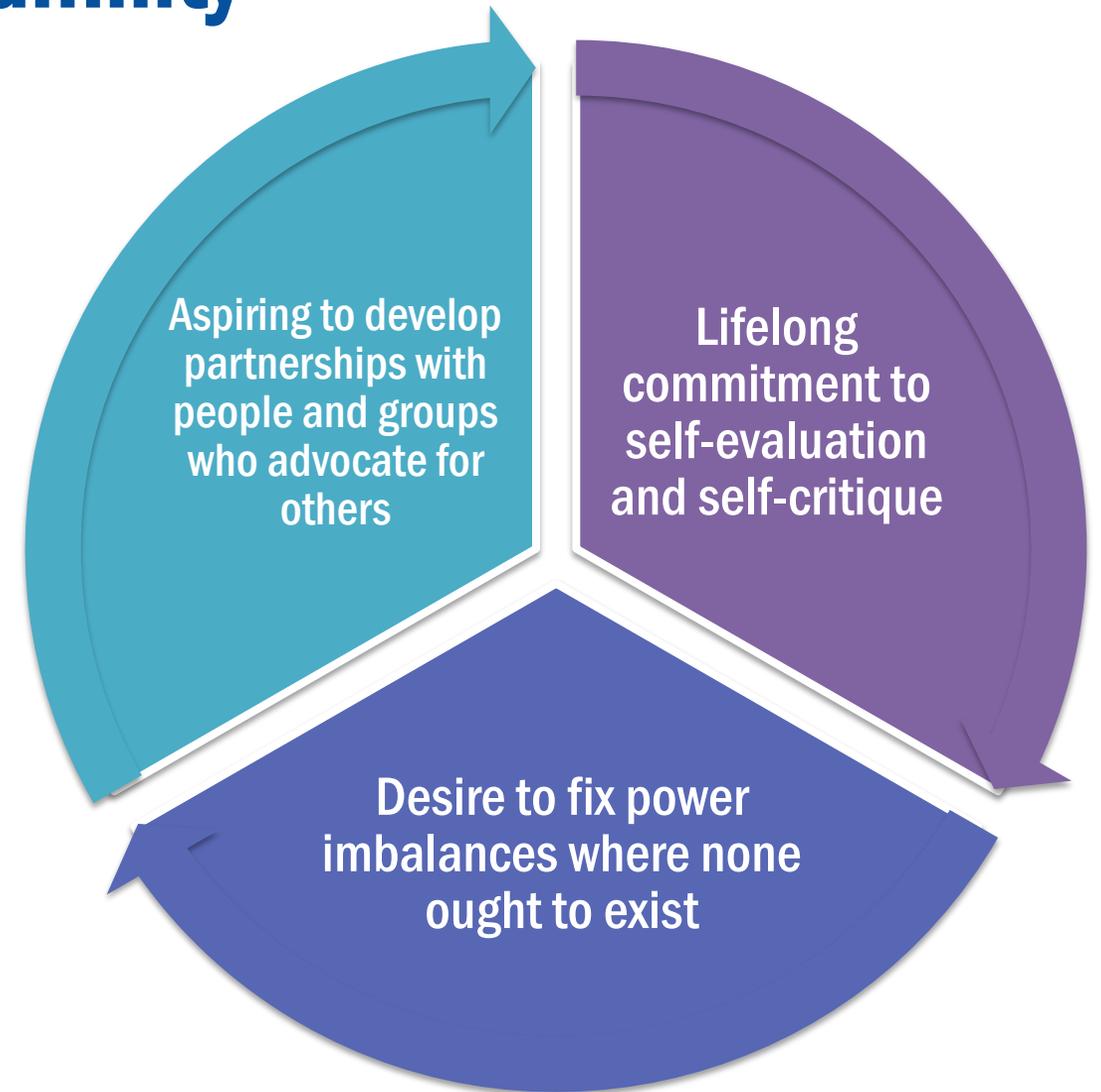
Cultural Humility

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

*A*sk questions in a humble, safe manner

*S*eek Self-Awareness

*S*uspend Judgment

*E*xpress kindness and compassion

*S*upport a safe and welcoming environment

*S*tart where the patient is at

- Lisa Boesen

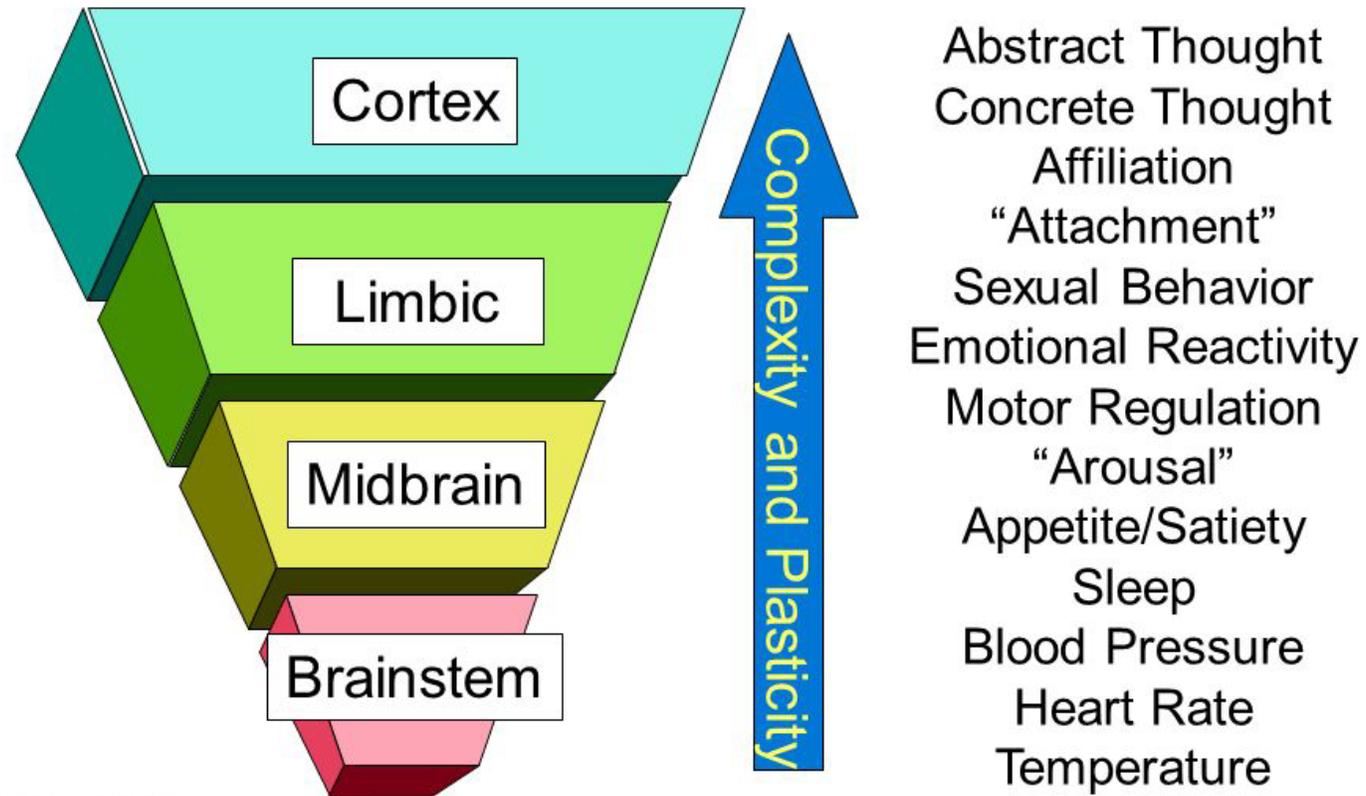
The Human Stress Response



Continuum of Stress



Hierarchy of Brain Development



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

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



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

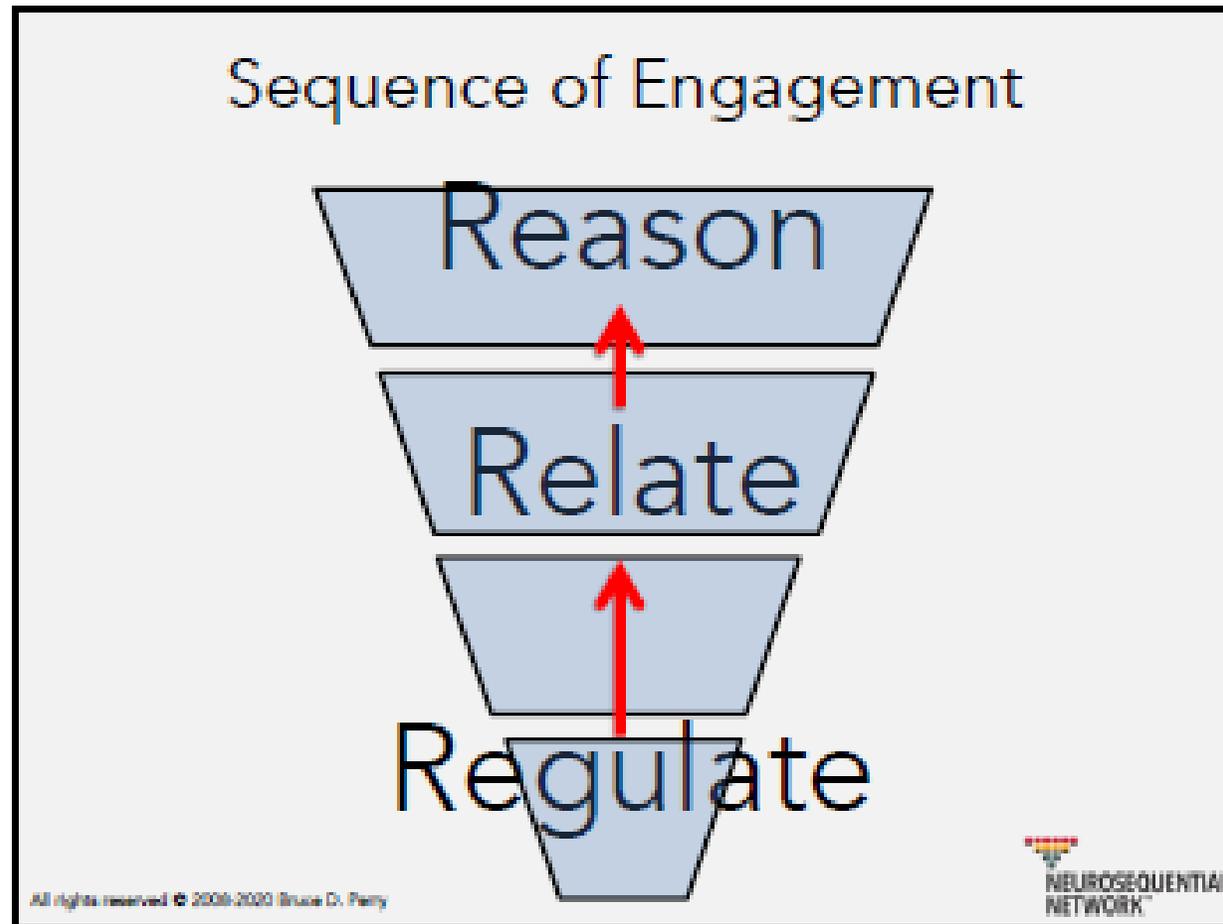
Walking and other exercise

Focused breathing

Music and dance

3. In relationship with other people

Regulate, Relate, Reason



Perry, B. (2020). Neurosequential Network. Retrieved from <https://www.neurosequential.com/covid-19-resources>.

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

Van Horn, K. (2018). Realizing brain potential: a trauma-informed curriculum adapted with permission from the work of Bruce D. Perry and the Child Trauma Academy. North Wales, PA: Lakeside

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

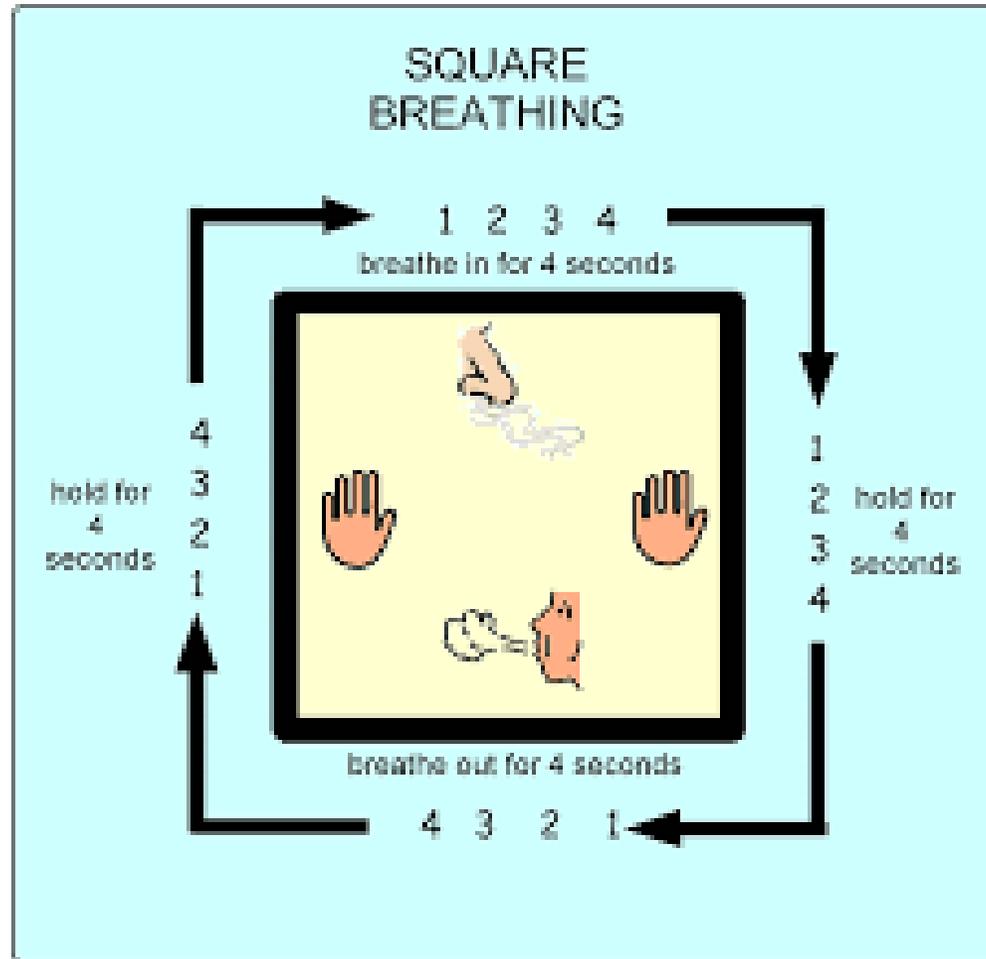


FOCUS on someone's voice or a neutral conversation



5-4-3-2-1 Game

Breathe



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**



Questions & Discussion

Contact Information

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Trauma-Informed Resilience Oriented Approaches

Webinar Series
Part 2
September 10, 2020



Today's Presenter



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Overview

- **Organizational resilience**
- **Boundaries**
- **Expectations**
- **Staff culture**
- **Self-care**





Compassion Resilience

*The ability to
maintain our
physical, emotional
and mental well-
being while
responding
compassionately to
people who are
suffering*

Compassion Satisfaction

*The ability
to
experience
pleasure
from doing
the work*

Paradigm Shift



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?”

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

Realizes

- Realizes widespread impact of trauma and understands potential paths for recovery

Recognizes

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

Responds

- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

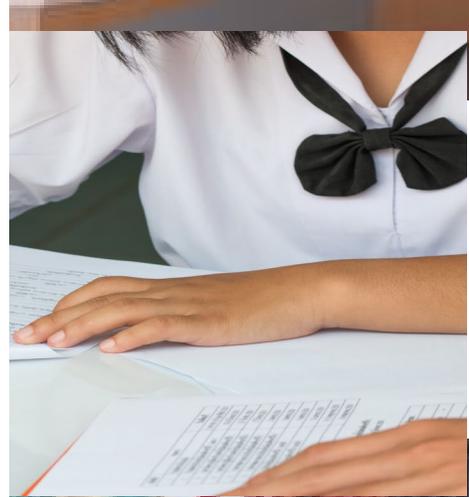
Resists

- Seeks to actively resist re-traumatization

Substance Abuse and Mental Health Services Administration. 2014

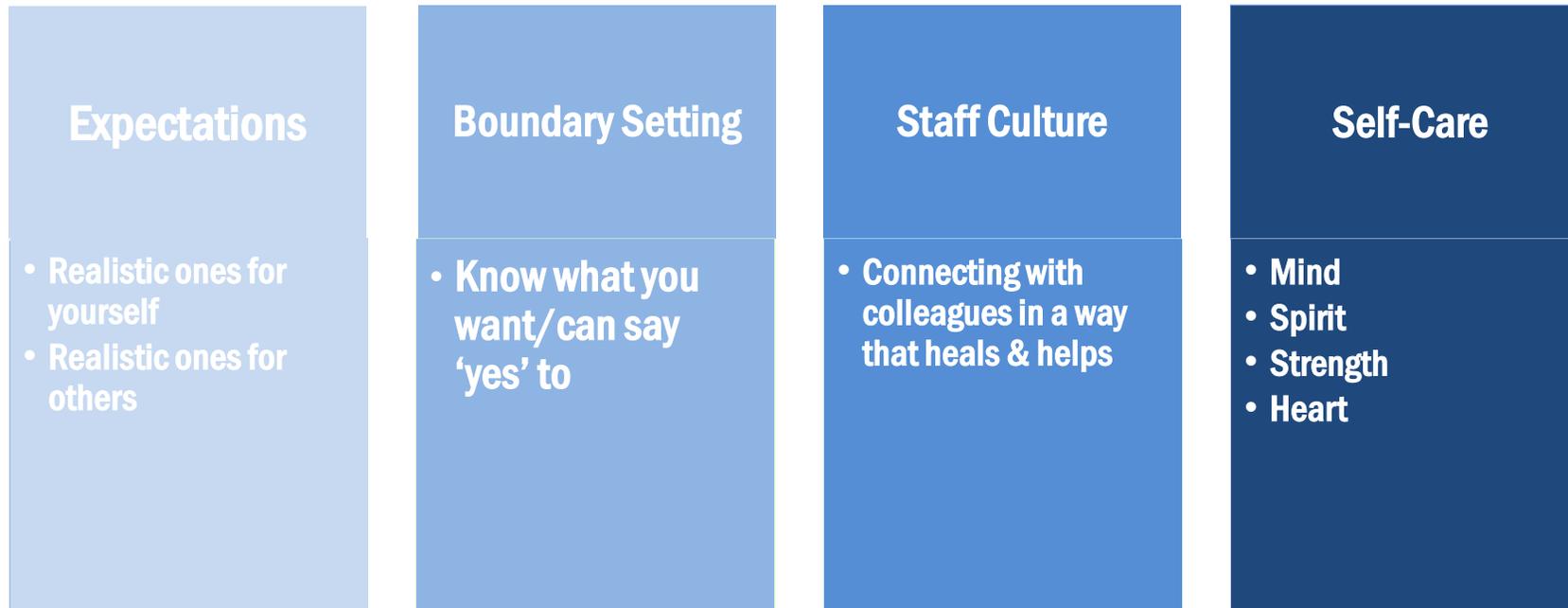


EVERYONE



Building Resilience

Individual and Organizational



Compassion  Resilience

<https://compassionresiliencetoolkit.org/>



SHAME

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

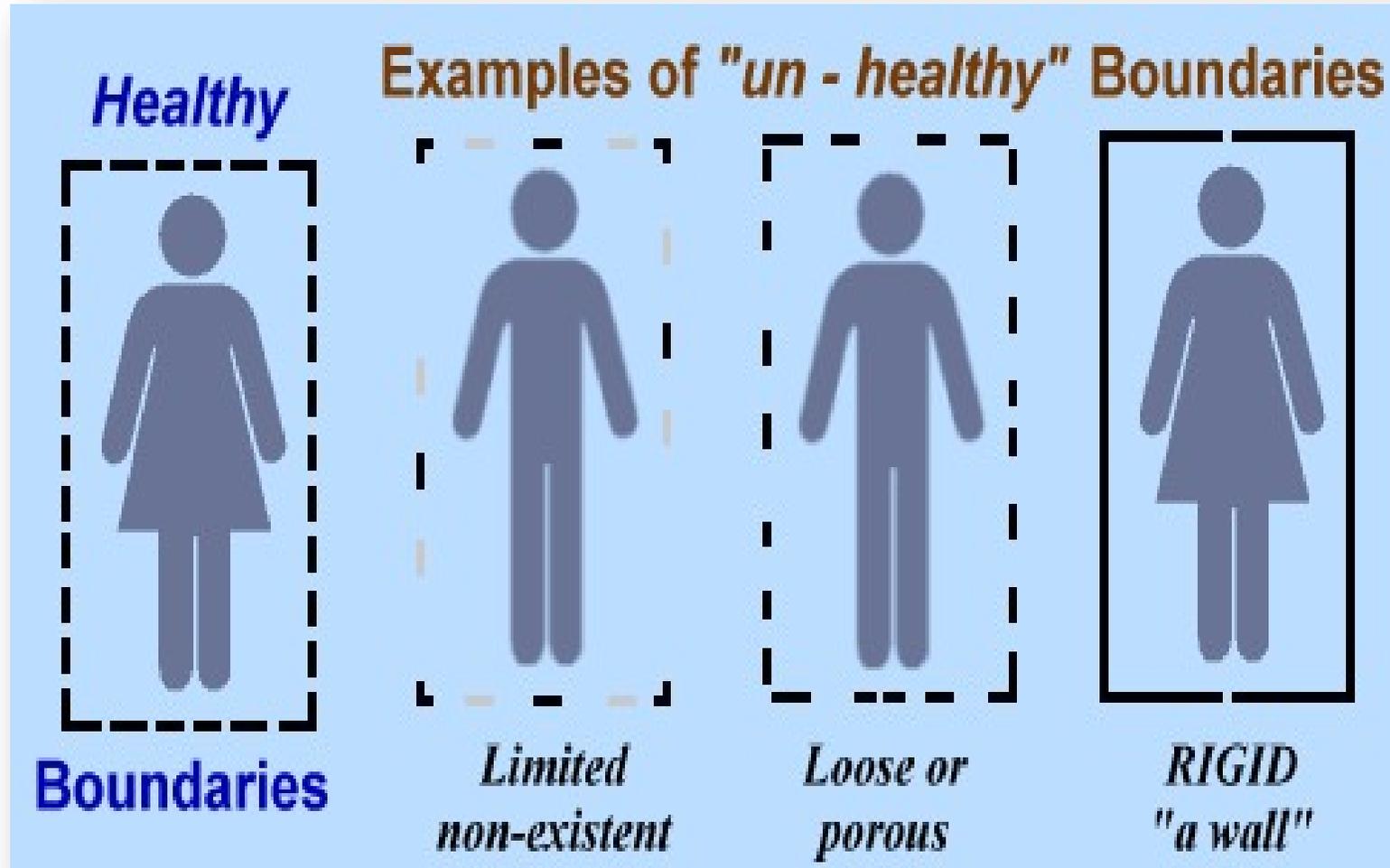
Unclear, Hidden or Unrealistic Expectations Drive Compassion Fatigue





Boundaries

“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.



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.”



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.”

Staff Culture



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

Compassion  Resilience
TOOLKIT

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH



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.*

Brown, B. (2018). *Dare to lead: Brave work. Tough conversations. Whole hearts.* New York: Random House.



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

Brown, B. (2018). *Dare to lead: Brave work. Tough conversations. Whole hearts.* New York: Random House.



Asking for Help



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

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- 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

SAMHSA TIC TIP



[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!