

Trauma Informed Care: PISC 2023

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Trauma Informed Care

New Trauma Informed Care Team

Improving MI Practices

MiFAST

Training

Idea of "Connecting Paradigms"

Other Support as Requested



NEAR Science

<u>N</u>eurobiology

Epigenetics

ACES

Resilience

How Trauma Affects the Mind



Views of Self

I am incompetent
I am damaged
I should have reacted
differently



Views of the World

The world is dangerous

People cannot be trusted

Life is unpredictable



Views of the Future

Things will never be the same

What's the Point

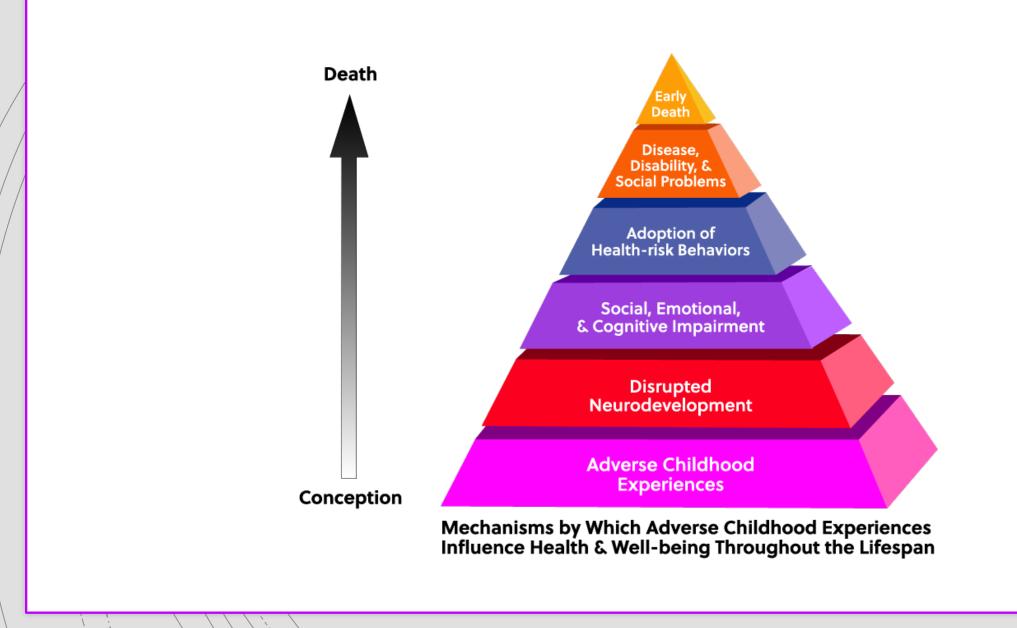
It is hopeless

3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



Next Up: ACES



Trauma in Different Populations

Race, Ethnicity and Trauma

Individuals with Disabilities

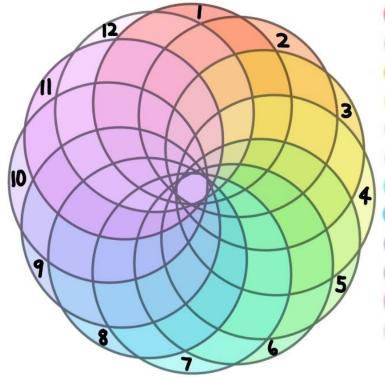
Trauma and Substance Use

Children and Youth

LGBTQ Community

Veterans

INTERSECTIONALITY



- 1 Race
- 2 Ethnicity
- 3 Gender identity
- 4 Class
- 5 Language
- 6 Religion
- 7 Ability
- 8 Sexuality
- 9 Mental health
- 10 Age
- 11 Education
- 12 Body size

(... and many more ...)

Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

- Kimberlé Crenshaw -

Overlap of various social identities and how they contribute to systematic advantages and disadvantages experienced by an individual

Intersectionality Reflection Questions

Utilize the following reflection questions to begin thinking more concretely about the impact of the work your organization does and whose needs and experiences need to be centered.

- 1. What representation of marginalized groups do you have inside of your organization?
- 2. What communities are the focus of your organization?
- 3. How do the systems at play further marginalize both groups?

MITEET OF BOMESVBS Rich

Not always comfortable to think about...

- How close are you to the center on the wheel of power/privilege for each category?
- What about the individuals you serve?
- What about your leadership team?
- What do you think this has to do with trauma?

Resilience

The ability to survive and at times thrive despite facing difficult life circumstances such as trauma and poverty. Resilience can also be seen as coping skills utilized to navigate various situations and scenarios and should be acknowledged and affirmed when engaging with an individual.



What is the difference?

- Trauma Aware
- Trauma Informed
- Trauma Specific

A program, organization, or system that is trauma- informed:

REALIZES the widespread impact of trauma and understands potential paths for recovery;

RECOGNIZES the signs and symptoms of trauma in individuals, families, staff, and others involved with the system;

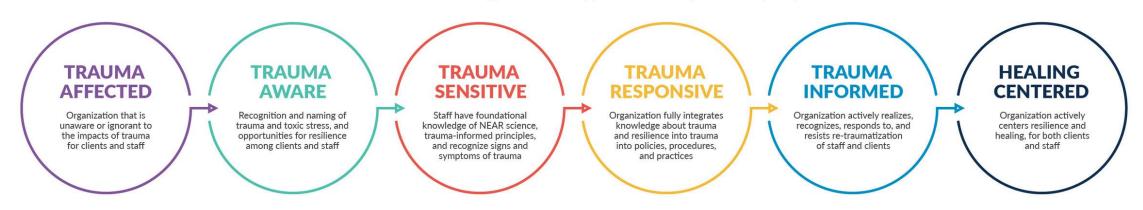
RESPONDS by fully integrating knowledge about trauma into policies, procedures, and practices;

and seeks to actively **RESIST**

re-traumatization."

ROADMAP TO HEALING

This graphic illustrates the spectrum of organization types when considering the level of trauma-informed and healing-centered approaches they currently implement.





What Is Trauma Informed Care (TIC)

A trauma-informed approach to care incorporates realization of trauma and the significant effects trauma can have on an individual, family, organization and community; recognizes the signs of trauma; responds universally in a trauma-informed way with practices embedded throughout the entire organization or community; and resists retraumatization that at times can be triggered by unintended stressful and toxic environments.

Defining a Trauma-Informed Approach

- Recognizes the pervasiveness and impact of trauma and victimization
- Ensures that this understanding is incorporated
- Provides guidance on and actively works to decrease re-traumatization while supporting resilience, healing, and well-being
- Fosters an awareness of what we, as service providers, bring to our interactions
- Recognizes ongoing and historical experiences of discrimination and oppression, and works to address social conditions that perpetuate abuse, trauma, discrimination, and disparities

NCDVTMH (2018) Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations

www.NationalCenterDVTraumaMH.org



Trauma Lens = Shift in Thinking

Instead of "What's wrong with you?" ask "What happened to you?"

Instead of "What is your diagnosis?" try "What is your story? What brought you here?"

Instead of "What are your symptoms?" ask "How have you coped and adapted?"

Instead of "How can I best help or treat you?" ask "How can we work together to figure out what helps?"

Instead of "Here is what you need to work on" ask "How can I support changes in your behavior that will benefit you?"

Trauma Informed Care builds protective factors that increase resilience

Close relationships/connections

Sense of purpose/meaning

Opportunities to connect socially

Support in times of need

Treatment with providers that are well trained/competent with trauma

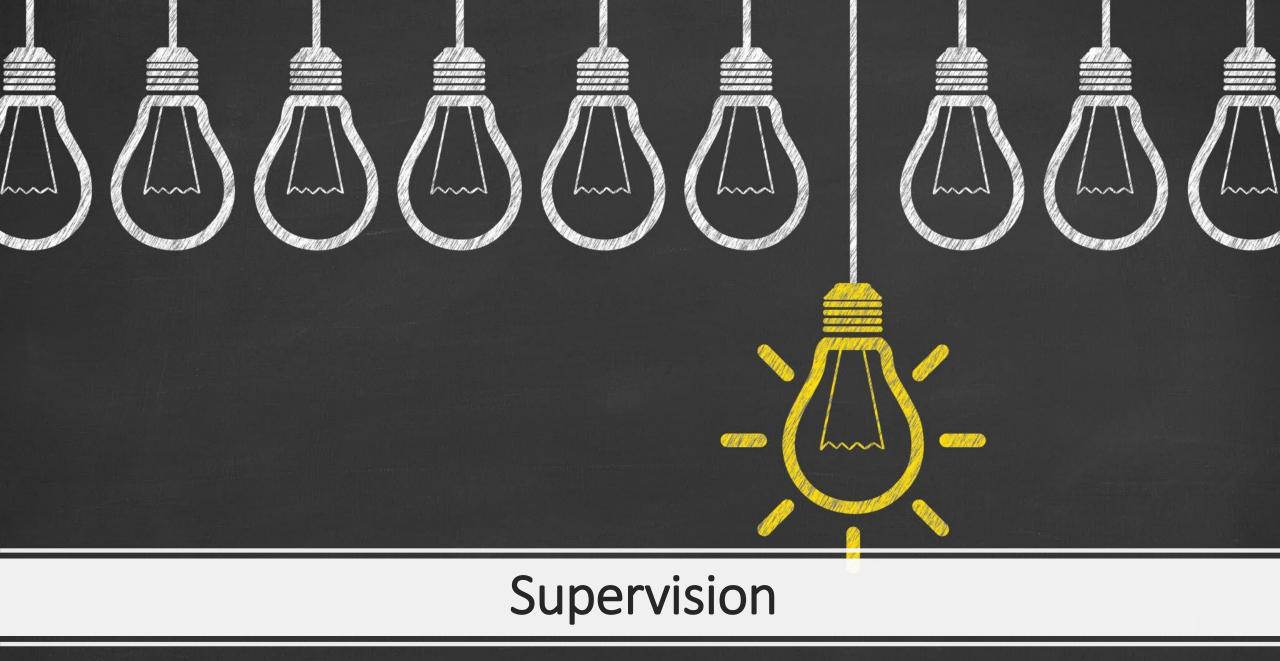
6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Center for Preparedness and Response (CPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.



Trauma Informed Supervision The ultimate goal of supervision is to **help** workers provide individuals with the best possible services.Supervisors provide a combination of administration, education, and support (Tsui, 2005). Supervision is typically viewed as a partnership...Supervision is not something that is done to a person, but is done with a person. It requires active participation from both the supervisor and supervisee. Supervision creates the space to discuss how an advocate's role fits with the mission of the center, explores training needs, and provides ongoing support to avoid the negative impacts of vicarious trauma.

Reflective Supervision

- Reflection means stepping back from the immediate, intense experience of hands-on work and taking the time to wonder what the experience really means.
- The concept of collaboration (or teamwork) emphasizes sharing the responsibility and control of power.
- Neither reflection nor collaboration will occur without regularity of interactions.

Traditional supervision focus on clinician skills
Reflective supervision focus on clinician experiences

MiFAST Reviews

Six Domains
Reviewed for
Strengths and
Opportunities

Domain 1. Program Procedures and Settings

Domain 2. Formal Services Policies

Domain 3: Trauma Screening, Assessment, and Service Planning

Domain 4: Administrative Support for Program-Wide Trauma-Informed Services

Domain 5: Staff Trauma Training and Education

Domain 6: Human Resources Practices