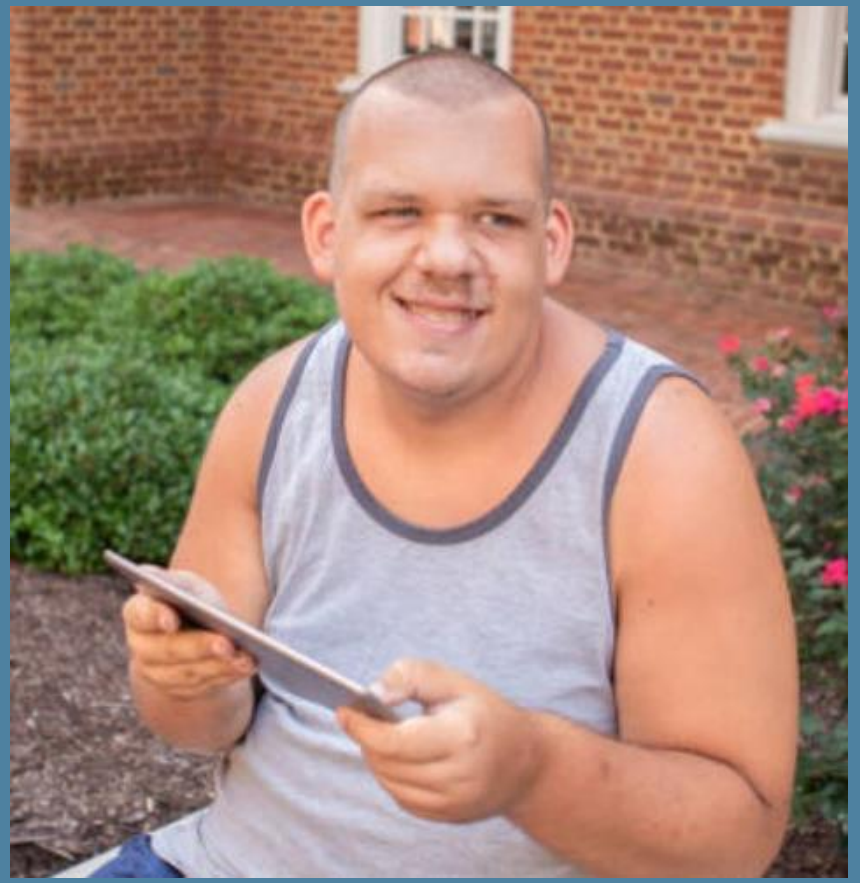

Trauma-Informed Care

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What is Trauma?

Emotional response that results from exposure to an incident or series of events that is emotionally disturbing or life-threatening and has lasting effects on mental, physical, emotional, social and spiritual well-being. (SAMSHA, 2014)

Examples

- Physical, sexual and emotional abuse
- Childhood neglect
- Violence in the community
- Natural or human-made disasters and forced displacement
- Sudden, unexplained separation from a loved one
- Poverty and discrimination

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Big “T” and Little “t” Trauma

Big T

Events such as

- Natural disasters
- Physical assault
- Sexual Assault
- Death
- Horrible Accidents

Trauma comes in all sizes.
Can be caused by a single event
OR
through the impact of ongoing abuse.

Little t

Events such as

- Being bullied or excluded
- Repeated rejection
- Name calling
- Lifetime of people trying to “fix you”
- Being discredited or ignored
- Living it situations where you lack control
- Extended hospitalizations
- Abandonment by family, relatives, friends

How does trauma affect us?

Trauma overwhelms a person's coping capacity and has long-term effects on their functioning and well-being. Trauma can not only affect our Resident's, but family, friends, and the staff in the homes.

Can cause normal, protective responses to be activated regardless of whether these threats are real or perceived.

- **Fight**
- **Flight**
- **Freeze**

Trauma-Related Definitions

Amygdala
Part of the brain that stores our emotional memories. It flashes whenever it sees something that looks like it will bring harm.

Trigger
Something that occurs that sets off a certain reaction of behavior. When something reminds an individual of a traumatic experience, it can trigger them to re-experience, or re-live the trauma over again.

Anything can be a trigger. sights, sounds, smells, or tactile. Be aware of your Resident's triggers. Staff that are aware of their Residents trauma history is alert to triggers in the environment, which will help them to be responsive in a trauma-informed care approach.

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How does trauma affect us?

Not everyone that are exposed to trauma may experience long-term health problems.

Protective Factors

- Parental knowledge of child development growing up
- Healthy family-resident attachments
- Social connections
- Social and emotional competence

Trauma-Related Definitions

Protective Factor:
Social conditions or personal attributes that help lessen the risk of trauma for an individual, family or community.

Toxic Stress
Strong, frequent, and/or prolonged adversity that stimulates the body's natural protections against stress and can have long-term negative impacts neurologically, psychology, and to physical health.

Allostatic Load
Wear-and-tear on body from toxic stress that can lead to poor health and health risk behaviors

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How does exposure to trauma affect an individual's health?

Research shows there is a link between traumatic experiences and have a greater chance of physical and behavioral health problems. These can include:

- Chronic lung and heart diseases
- Liver diseases, viral hepatitis, and liver cancer
- Autoimmune diseases
- Sexually transmitted infections
- Depression and other mental health conditions

How does Childhood Trauma affect Neurobiology

Before age five, children's brains are in a critical period of development. Positive experiences can lead to healthy brain development, while negative experiences can promote unhealthy brain development. Prolonged trauma can decrease the volume of areas of the brain responsible for cognitive functions such as short-term memory, emotional regulation, and higher cognitive functions.

Which Populations are more at risk for experiencing trauma?

Members of historically marginalized populations appear to have a disproportionately higher prevalence of trauma. These include, but are not limited to

- Members of low-income communities
- Ethnic and racial minorities
- Individuals with disabilities
- LGBTQ+ individuals
- Women and girls

How does trauma affect risk behavior?

Those with trauma exposure often develop coping mechanisms to help alleviate the hurt they feel as a result of trauma. Sometimes these strategies evolve into health risk behaviors (eating unhealthy foods, overeating, or tobacco/alcohol/drug use)

How can you help Residents heal trauma?

Create a safe, caring, inclusive environment for all Residents.

Being Trauma-Informed acknowledges that understanding of Resident's life experiences is the key to delivering effective care. Through Trauma-Informed Care, you can help Residents begin to address their traumatic experiences and start the healing process.

It has the potential to

- Improve Resident engagement
- Improve Health Outcomes

It also may help avoid Resident and staff burnout and turnover.

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Trauma-Informed Care

Realize

Realize widespread impact of trauma and understand path to recover

Recognize

Recognize the signs and symptoms of trauma.

Seek

Seek to put knowledge about trauma into practice.

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The 4 Cs for Creating a Trauma-informed Environment and Care

Calm

- Pay attention to how you are feeling when you are caring for the patient. Breathe deeply and calm yourself to model and promote calmness for the Resident, yourself, and your co-workers.
- Practice calming exercises (deep breathing, grounding) with Residents.
- Cultivate an understanding of trauma and its effects to promote a calm, patient attitude toward others.

Contain

- Model healthy relationship boundaries and earn trust by behaving reliably.
- Monitor Residents' emotional and physical responses to education and inquiry about trauma.

Care

- Practice self-care and self-compassion while caring for others.
- Share messages of support when Residents disclose trauma or trauma symptoms.
- Normalize and de-stigmatize trauma symptoms and harmful coping behaviors.
- Adopt behaviors and practices that minimize and mitigate power differentials to reduce trauma and structural violence.

Cope

- Emphasize coping skills, positive relationships, and interventions that build resilience.
- Connect Residents and families with community organizations to increase social support and access to necessary resources.

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Felisha's Story

Felisha has a moderate disability and limited functional skills.

Felisha has spent the majority of life in numerous living facility.

Felisha prefers communicating through signs, gestures, and behaviors.

Felisha was bullied by other residents and staff at a home in the past.

Felisha was sexually assaulted by a family member during a leave of absence in the past.

Felisha engages in self-injurious behaviors regularly.

There are instances of Felisha attacking other residents and staff that were deemed "un-provoked".

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Felisha’s Story

Because she was abused for years by those who were supposed to be caring for her, Felisha does not trust anyone.

She would test the staff that were taking care of her and try to cause them to quit.

It often would involve violence.

Felisha was also labeled as "aggressive towards others".

Most staff did not want to work with her because of her “bad attitude” and challenging behaviors.

Until Georgia.

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Felisha's Story

Georgia worked with another individual that was sexually abused and was not run off by Felisha's behavior.

Georgia noticed that when other staff reacted negatively to Felisha, it only reinforced Felisha's behavior.

Georgia was patient and went out of her way to show kindness and respect to Felisha, despite the challenging behavior.

- Georgia was consistent and approachable.
- She did not take it personally when she tried to "test" her.
- She truly liked Felisha and that came across genuinely.

Felisha was able to see that Georgia was not scared of her and that she cared about her.

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Felisha's Story

Georgia **did not** tell Felisha what she had to do or what she needed to do.

Instead, she tried to give Felisha choices.

This showed Felisha how to advocate for herself, instead of relying on challenging behavior.

Felisha's behavior started changing

- Smiling
- Laughing
- Reduced aggressive behavior
- Nightmares started decreasing
- Limited self-injurious behavior

Georgia did not focus on, or ask Felisha, "*what is wrong with you*?" Instead, she approached Felisha by asking, *"what has happened to you?"* The goal was not to fix Felisha or her behaviors.

Goal

Address Felisha's past trauma by supporting her and helping her to feel safe and valued.

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Trauma Informed Care Approach

Do not assume that behaviors are due to a person's diagnosis.

Behavior lets us know what is going on with someone and it's often up to us, as direct support workers, to figure out what they may be unable to tell us.

If you focus solely on an individual's behavior instead of the individual's mental wellness, this can greatly reduce the chances of helping the person achieve a better quality of life.

When a Resident is feeling unsafe and is responding to a trigger, this can

- Be a crisis for the Resident
- Result in challenging behavior

The Resident is re-living the trauma, it is **not** time to try to negotiate.

"If you stop doing that now, I will take you out on an outing."

Interventions like restraint can make the resident feel fearful, overpowered, and out of control. Staff that participate in restraint can also feel trauma.

Using a trauma-informed care approach will help prevent situations where crises occur.

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Trauma Informed Care Approach

In a trauma informed care approach, you show each Resident respect and dignity. You help Residents to feel safe and accepted in ways that help them to move forward with their lives and have a new level of hope each day.

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Handling Triggers

Shelly is working with Brian. She knows he got lost in the woods at night and was not found for over 24 hours. This was a traumatic experience for Brian. They are watching a movie together and there is a scene in the woods, Shelly knows she will acknowledge it and may:

Acknowledge the fear and empathize

Offer a calming comment and/or reassurance. “You are safe here with me.”

Respect the individual's feelings and try to offer choices to the individual.

Offer to take a break or let him choose a different movie option.

Be Patient

If he gets upset, it may take some time to help support him. If he is not able to communicate, it may take some time to help support the him. If he cannot communicate verbally or has severe disabilities, Shelly will need to make sure he feels safe, and his other needs are met. For example, Shelly should not assume Brian is traumatized and turn off the movie without making sure first.

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Calming

A person having a trauma response needs to feel safe and supported. You can help them calm down by:

- Listening to the Resident's feelings
- Being present and unafraid with them
- Being patient and undemanding
- Not engaging in power struggles
- Offering a calming alternative situation or stimulation like deep breathing, music, or other sensory experiences

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Signs and Symptoms of Trauma

Their symptoms may appear to be solely behavioral problems, but the Resident experiencing them often does not respond to medication or traditional behavioral intervention.

People responding to trauma are often misunderstood.

A person experiencing trauma and is in pain and needs support.

Core Principle: Safety

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Ensure residents and staff should feel physically and psychologically safe.

How can we do this?

Ask What Happened to you? How are you feeling? Instead of "What's wrong with you?"

Communicate that you are a safe person and that you are there for them.

- Reassure and be honest.
- Establish safety by controlling factors in environment to avoid triggers.
- Let them know what you are doing.
- Practice calming techniques.
- Make sure there are extra supports in place when possible.
- Let them know what to expect.

Walk with Me. Talk with me.

Helps the Resident walk away from the triggering event and share their feelings.

Allow them to deal with it verbally, if possible, instead of behaviorally.

Even those who cannot communicate verbal can be comforted by a supportive staff member that understands them and can help them walk away from a difficult situation.

Core Principle: Trustworthiness and Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust.

Resident can trust staff when routines and rituals are established with them and are consistent. Residents develop trust with the staff when they can view the staff as reliable.

How can we do this?

- Follow through with what you say and do, and if you don't, take responsibility
- Make expectations clear
- Provide clear information about when, where, and by whom services will be provided
- Be on time
- Avoid tricking or trying to catch Residents

Core Principle: Peer Support

Resident's peers and mutual self-help them move beyond their past traumas and can also help them to be stronger in the present. Peers refers to individuals who have lived experiences of trauma (trauma survivors).

Help the Resident build the skills for positive relationships with peers, other Residents, and staff to help them recover, heal and achieve future success.

How can we do this?

- Build resilience by fostering social networks with trusted peers
- Encourage to connect and share stories of risk and resilience with peers they trust

Core Principle: Collaboration and Mutuality

Power differences – between staff and Residents and other support staff – are leveled to support shared decision making.

Consider the Resident's strengths and goals. Collaborate on a plan of action to help the Resident heal and move forward.

How can we do this?

- Support in developing hopefulness, optimism and belief in their abilities
- Encourage to believe that they are valuable and capable
- Share power
- Ask about a Resident’s goals or priorities
- During emotional times, ask “How can I support you right now?”

Core Principle: Empowerment, Voice, and Choice

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Resident and staff strengths are recognized, built on, and validated. This includes a belief in resilience and ability to heal from trauma.

DO NOT tell a Resident that they do not have to take a shower only to have them find out later that it was not optional. Instead, give them choices. Do they want to take a bath instead? Do they want to take the shower that night instead of when they wake up in the morning?

The more people can have real positive choices and power, the less they will resort to negative disruptive behaviors to regain control.

How can we do this?

- Support them in making decisions for themselves by offering real options
- Provide them opportunities to learn new skills based on their likes and interests
- Appreciate where the Resident is coming from and do not fear them or the trauma they faced
- Give honest and frequent praise

Core Principle: Cultural, Historical, and Gender

Biases and stereotypes (based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed.

Historical Trauma: multigenerational trauma experiences by a specific cultural, racial or ethnic group.

How can we do this?

- Reflect upon, respect, and respond to the unique needs and characteristics of the Resident
- Create activities to reflect upon family histories without judgement or guilt
- Spending time getting to know and respecting the makeup, priorities, beliefs, practices and culture of each resident

Stages of Recovery

Safety and Stabilization

Help the Resident regain internal and external control to reestablish their basic sense of safety and trust.

Remembrance and Mourning

Allows the Resident to reconstruct and tell their story of trauma in minute detail. Bear witness to the client's experiences to help them find the strength to heal. Patience is important during this step. Do not rush the Resident. Let them tell their story in their own time.

Reconnection

Allowing the Resident to redefine themselves in the context of meaningful relationships. This allows them to bring closure to their experiences and learn that these events do not determine who they are. Regardless of what else happens to them, they always have themselves.

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Staff Trauma

Secondary Trauma

The presence of PTSD symptoms by at least one indirect exposure to traumatic material/events.

Example: A staff witnessing a Resident in crisis.

Vicarious Trauma

Change in staff resulting from empathetic engagement with the Resident. This can be the result of repeatedly being exposed to other people's trauma.

signs: invasive thoughts of client's situation/distress, disturbed sleep, problems managing personal boundaries, taking on too great a sense of responsibility, loss of concentration or loss of pleasure in everyday activities.

Staff can be traumatized by the things they witness at work. It is important for you to be centered, prepared, and fully aware so you can approach these situations with insight and compassion.

Self-Care

You may find yourself traumatized after a difficult behavior or event.

You may be horrified by the past experiences Residents share with you.

You may be actively dealing with your own past trauma.

Employment Assistance Programs (EAPS)

HelpNet

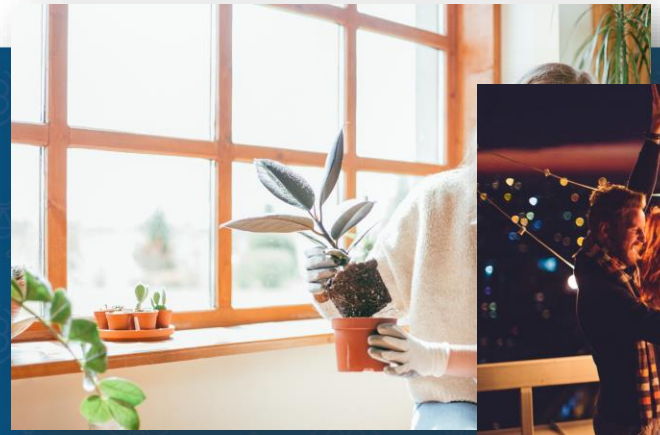
Need help? Want to discuss stresses and concerns, or just learn more about a healthy lifestyle? HelpNet can help anytime! If you're in the Kalamazoo area, call 800-523-0591. If outside the Kalamazoo area, call 800-969-6162. Check out all of the resources they have available at HelpNetEAP.com

HelpNet is available 24/7/365 and free of charge to all Beacon staff.

It is important to practice self-care and find ways to release stress. This can include

- Exercise and sports
- Hobbies like cooking, gardening, video games or listening to music
- Spending time with family and friends

Remember that your team can be a source of self-care, when they are supportive of each other and attentive to each other's level of stress.



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Re-traumatization

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Re-traumatization occurs when a person re-experiences a previously traumatic event, either consciously or unconsciously.

This can be caused by stressors that are similar to the environment or circumstance of the original trauma. This can be

- Smells
- Imagery
- Physical Space
- Memory
- Lighting
- Relationships (new or old) that mimic the previously traumatic one

Even if it has been years since the traumatic event occurred, symptoms can resurface suddenly or periodically if the person is exposed to reminders of the original event.

Who Can Experience Re-traumatization?

Re-traumatization can happen to anyone who has experienced a traumatic event. This includes those who may have developed or been at risk of developing PTSD, including:

- Refugees and asylum seekers.
- Domestic violence or human trafficking.
- Students who have experienced mass shootings.
- People who have been incarcerated.
- Veterans or active-duty military service members who have survived combat.
- People who have witnessed other forms of interpersonal or mass violence.

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Symptoms of Trauma or Re-traumatization

According to the Substance Abuse and Mental Health Administration, symptoms of re-traumatization may vary from person to person but, generally include one or more of the following:

- Flashbacks and nightmares
- Anxiousness or fear
- Difficulty concentrating
- Trouble sleeping
- Fatigue
- Social isolation and avoidance
- Overall intense negative emotions
- Inability to control emotions
- Strong physical reactions to triggers

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When can re-traumatization happen?

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When talking to a trauma survivor, it is important to remember the purpose of the conversation or evaluation; try not to deviate from that purpose if possible. Symptoms of re-traumatization can arise whenever someone is thinking about the event, even if they have not been prompted to think about it, so avoiding the conversation won't necessarily prevent re-traumatization. However, there are a few situations that can set off stressors according to the Anna Institute:

- **Evaluations from clinicians or providers where they ask a client to retell a story about a traumatic experience.**
- **Interviews with reporters or journalists who are covering traumatic events.**
- **Conversations with caregivers who want to provide support in the aftermath of a traumatic event.**
- **Discussions in which emotional boundaries are not respected or people are made to feel like they are not being believed.**
- **Situations in which people are asked to undress or change clothes in front of other people.**
- **Situations where physical restraint or isolation are used as a means of control.**
- **Anniversaries of traumatic events.**
- **Retelling of similar traumatic stories, either in the news or entertainment media.**

Tips for Mitigating Re-Traumatization

Avoid Extensive Interviews	Asking questions may take a while to get the information you need but, once a Resident has felt re-traumatized, they need time to recover and heal before proceeding. Try shorter conversations over a span of time.
Establish Routine	For recurring conversations or events about the same topic or in the same physical space, create a routine to provide safety and familiarity.
Identify Potential Triggers	Have the Resident describe or write out things that make them feel safe and unsafe.
Prioritize Consent	When possible, let the other person know they don't have to answer questions that make them feel uncomfortable or upset.
Keep an Open Mind	Avoid making assumptions or skipping questions that you may think you know the answer to. Understand that this may be the first time the Resident feels comfortable enough with someone to share their story.
Make Space to Relax	Try using breathing or mindfulness exercises as discussed with the Clinical Team.
Be Transparent	When tasks require physical examinations or contact between parties, ask for permission before touching the Resident. Explain every action before performing it.
They Know Themselves Best	Make sure people feel believed and ask them how they want to be helped. Make the effort to understand. You want to avoid secondary trauma and establish a day-to-day practice of conscientiousness.

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Developing Resiliency Skills

Resiliency is the ability of an individual, family, or community to cope with adversity and trauma and adapt to challenges or change.

Individual resilience was historically thought to be fixed to factors like genetics and temperament. However, we now understand that those factors are affected by experiences. Support development of resilient traits based on their strengths. Use what they already have to strengthen weaker areas.

- Providing the presence of a safe, stable, nurturing caregiver that is consistently present in their life. Facilitate and maintain as much of a calm, supportive, and non-judgmental environment as possible.
- Build a sense of self-efficacy to help build their belief in their own capacity to feel, think, motivate themselves, and behave to help them cope with life's challenges.
- Help build a sense of perceived control.
- Provide opportunities to strengthen adaptive skills and self-regulatory skills.
- Mobilize sources of faith, hope, and cultural traditions.
- Provide educational materials about trauma and resilience and ensure they are accessible.

Developing Resiliency Skills

- Accept Residents and families as they are – be aware and respect their cultural heritage, home life, and past experiences.
- Give support and encouragement, whether or not they have a "difficult" or "easy" temperament. We all need support and encouragement. Telling a Resident or family they are doing something right can build trust.
- Understand their reality – know what experiences they are having and their developmental level.
- Invite them to reach out to peers, providers, and groups to widen positive social support. Help them make friends, find groups, or learn where to look for help.
- Model constructive thinking and problem solving. Use opportunities to work through problems with them by asking questions.
- Seek their strengths. Look for and verbally reinforce all they are good at doing.
- Assist them in self-awareness and reflection. This can be done by asking them what they think and trying to understand what they are saying.

Some Characteristics of Resilient Behavior

- Viewing setbacks as impermanent.
- Reframing setbacks as opportunities for growth.
- Recognizing cognitive distortions as false beliefs. These are things we convince ourselves are true which reinforce negative thinking.
- Managing strong emotions and impulses.
- Focusing on events you can control.
- Not seeing yourself as a victim.
- Committing to all aspects of your life.
- Having a positive outlook on the future and developing a growth mindset.

Additional Resources

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