

A woman with dark hair is looking down at a tablet device. The image is overlaid with a dark blue gradient. The text is white and serif.

TRAUMA INFORMING YOUR PRACTICE

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ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
PRESENTED JANUARY 2022

LAND ACKNOWLEDGEMENT

- *Take a moment to connect with the physical land on which you stand.*
- In a spirit of truth and reconciliation, we acknowledge that we gather, occupy, and learn on the ancestral lands of the Dena'ina peoples who have persisted and stewarded this land since time immemorial. We acknowledge the painful history of genocide, forced removal, and the attempted erasure of Indigenous identities. We honor, respect, and thank the diverse Indigenous peoples still connected to the land on which we meet.
- We acknowledge the painful legacy of racism in America against many groups, especially that of Latinx and black Americans, and that many of our institutions exist due to the labor and talents of those who were enslaved and oppressed. We recognize the collective human cost of structural racism and seek to dismantle systems that serve to perpetuate inequity.

OBJECTIVES

1

Recognize signs of trauma and ways to respond in a trauma informed way.

2

Understand pillars of trauma-informed care to implement in practice.

3

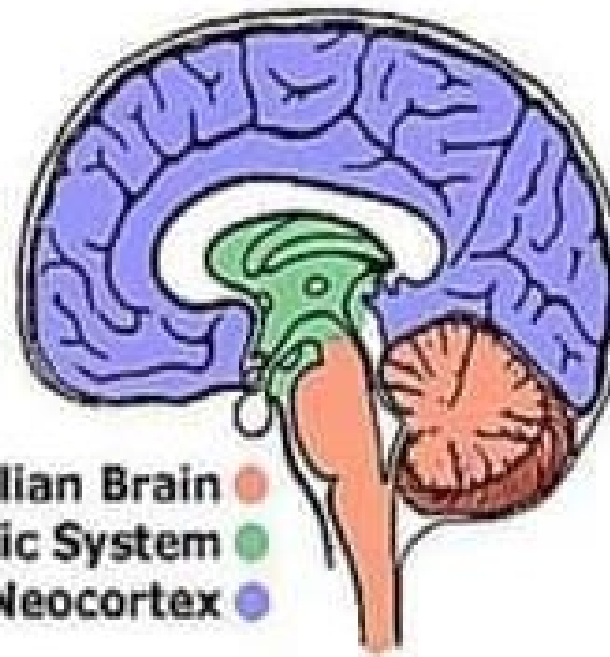
Identify ways to integrate trauma informed care into the workplace.

TRAUMA

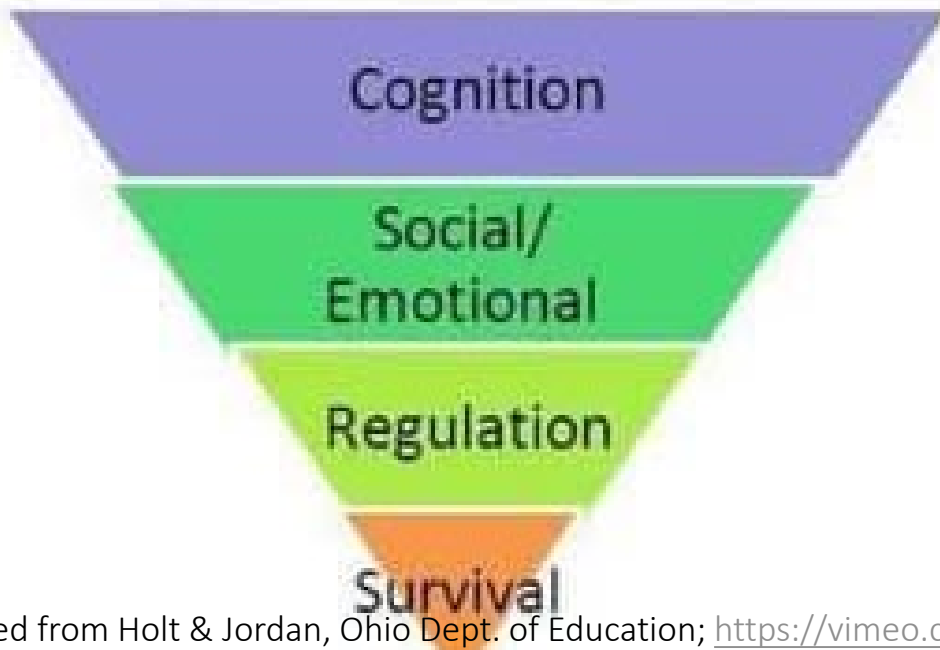
- “The excitement of the season had just begun, and then, we heard the news, oil in the water, lots of oil killing lots of water. It is too shocking to understand. Never in the millennium of our tradition have we thought it possible for the water to die, but it is true.” -- Chief Walter Meganack, Port Graham, 1989
- “Trauma is an event that is extremely upsetting and at least temporarily overwhelms internal resources.” -- John Briere, 2006
- “Trauma is a chronic disruption of connectedness.” -- Stephen Porges
- “...for trauma is a disorder of time, in which the past is never past but is constantly intruding upon the present.”

Trauma &

Brain Development



Typical Development



Developmental Trauma



TRAUMA ON THE BRAIN

Changes to Brain Structures

Early trauma can impact the development of the brain and progression throughout the lifespan. Early maltreatment / abuse linked to:

- Smaller cerebrum
- Larger CSF volumes
- Overall brain is smaller.
- Smaller prefrontal cortex
- Smaller corpus callosum
- Impact on limbic structures: Hippocampus & Amygdala
- Anterior cingulate cortex

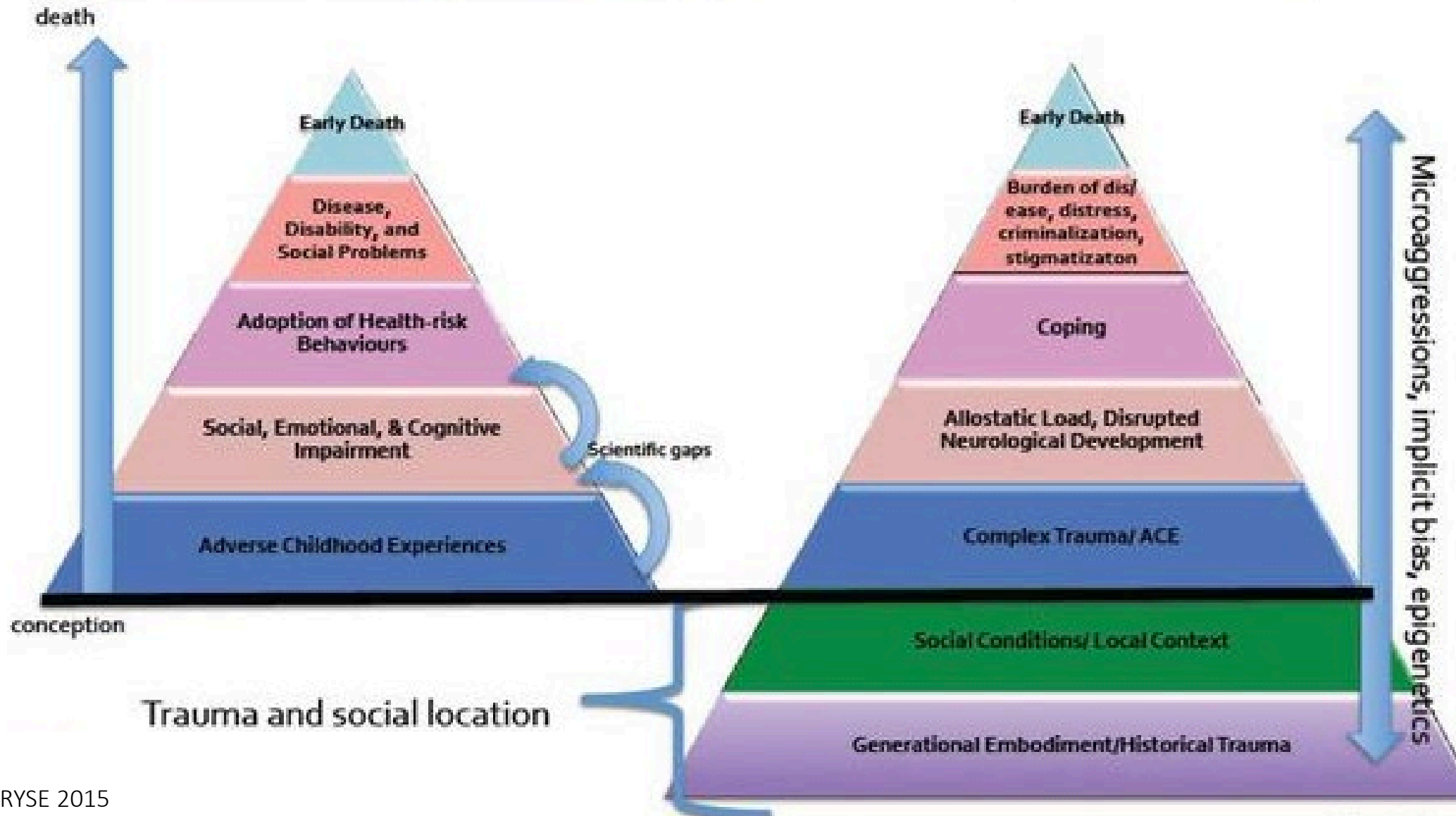
Increase danger response cause:

- Hypervigilance to danger / threat cues.
- Lack of ability to read and respond to neutral or positive emotional cues.
- Chronic physiological over arousal and / or reactivity.
- The survival response becomes the default reaction
- Disruptions of higher order brain functions, namely executive functions that help kids plan, inhibit and regulate
- Difficulties with learning and memory.

Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment



THINK ABOUT YOUR OWN EXPERIENCES

Think of a time that was particularly stressful, but not traumatic, in your life.

Revisit this period as an observer watching the events unfold and then ask yourself, “What made this time particularly stressful?”

It is likely that a part of your answer will include the difficulty of managing one situation before another circumstance came along demanding your time. Stressful times denote being bombarded with many things at one time, perceived or actual, without sufficient time or ability to address them emotionally, cognitively, spiritually, and/or physically. The same goes for trauma—rapid exposure to numerous traumas one after another lessens one’s ability to process the event before the next onslaught. This creates a cumulative effect, making it more difficult to heal from any one trauma.

Responses to trauma can vary from person to person, from minor disruptions in an individual's life to debilitating responses.

“...the brain is modified by stress in a potentially adaptive way... exposure to substantial levels of childhood maltreatment nudges the brain along alternative developmental pathways to facilitate reproduction and survival in what appears to be a malevolent and stress filled world. Psychopathology may emerge due to the mismatch between the world the brain was modified to survive in and the world it finds itself in during subsequent developmental stages.”

-Dr. Teicher

CASE ILLUSTRATION

“As far back as I can remember someone was abusing me: my brother, my father, my distant mother. By the time I was 12, I was falling into abusive relationships with men, many who took advantage of a young desperate girl. I had begun to treat myself as I had been treated, as unimportant outside of giving people what they wanted from me. To cope with the memories and repeated traumas, I was using drugs supplied by people who professed to love me.”

Source: Alonso-Marsden & Kriechman (2020). Introduction to Seeking Safety [Presentation]; SAMHSA, TIP 57, 2014.

POTENTIAL RESPONSES TO TRAUMA

Physical	Emotional/ Cognitive	Spiritual	Interpersonal	Behavioral
<ul style="list-style-type: none"> • Unexplained chronic pain or numbness • Stress-related conditions (e.g., chronic fatigue) • Headaches • Sleep Problems • Breathing Problems • Digestive Problems • Greater startle response • Somatization • Long-term health effects (i.e., heart, liver, autoimmune, chronic obstructive pulmonary disease) 	<ul style="list-style-type: none"> • Depressed, sad, anxious, angry, guilt, shame, denial, fear • Mood swings • Compulsive and obsessive behaviors • Dissociation • Overwhelmed with trauma memories • Difficulty concentrating • Easily distracted • Emotionally numb/flat • Loss of time • Memory problems • Suicidal thoughts • Rumination • Distorted time/space • Intrusive memories 	<ul style="list-style-type: none"> • Loss of meaning or faith • Loss of connection to self, family, culture, community, nature, or a higher power • Feelings of shame, guilt • Self-blame, or self-hate • Feeling completely different from others • No sense of connection • Feeling like a 'bad' person • Intense use of prayer • Loss of self-efficacy • Despair about humanity, • Disruption of belief system • Cynical, disillusioned 	<ul style="list-style-type: none"> • Frequent conflict in relationships • Lack of trust • Difficulty establishing and maintaining close relationships • Experiences of re-victimization • Difficulty setting boundaries • Reliance on relationships for self-regulating 	<ul style="list-style-type: none"> • Difficulty enjoying time with family/friends • Avoiding places, people, situations • Impulsivity • Argumentative • Apathy • Withdrawal • Disordered eating • Suicidal impulses • Gambling • Isolation • Self-harm • Substance use • High-risk sexual behaviors • Justice system involvement

The Impact of Trauma

- Trauma symptoms can interfere with an individual's
 - Sense of safety
 - Sense of self
 - Self-efficacy
 - Ability to regulate emotions
 - Ability to navigate relationships
 - Responses to situations (over-reactance or under-reactance)

POST-TRAUMATIC STRESS DISORDER

Diagnostic criteria for PTSD:

- A. Traumatic experience
- B. Intrusive Re-experiencing
- C. Avoidance
- D. Cognition and Mood
- E. Arousal and Reactivity
- F. Duration: more than 1 month

Other types of trauma an individual may experience outside of the DSM-5:

- *Historical trauma* involves cumulative emotional and psychological wounding from massive group trauma across generations
- *Complex trauma* involves exposure to prolonged or multiple trauma, and complex symptoms that may not meet DSM 5 criteria (listed in the ICD-10: Complex trauma and complex traumatic stress)
- *Vicarious trauma* involves prolonged exposure to others' trauma, and may lead to compassion fatigue and/or burnout

TRAUMA AND CULTURE

Impact of Culture

- Likelihood of types of traumas
- Perceptions of trauma and meaning making
- Acceptable responses to trauma and expression of distress and symptoms through behavior, emotions, thinking
- Perceptions of what qualifies as a legitimate health concern and which symptoms warrant help
- Influences beliefs about acceptable forms of help-seeking behavior and healing practices
- Culture provides a source of strength, unique coping strategies, and specific resources.

Culture-Specific Stress Responses

- May not match diagnostic criteria.
- Culture-specific symptoms and syndromes can involve physical complaints, broad emotional reactions, or specific cognitive features.
- Culture-bound syndromes are typically treated by traditional medicine and are known throughout the culture.
- Cultural concepts of distress include:
 - Ataques de nervios
 - Nervios
 - Susto
 - Taijin kyofusho

FUNCTION OF TRAUMA RESPONSES

In Summary

- All behavior serves a function.
- Trauma symptoms/responses occur because they were once adaptive at or around the time of a trauma.
- Trauma symptoms and responses can continue to occur in settings outside of traumatic situations where they may not be particularly helpful.

TRAUMA INFORMING YOUR PRACTICE

BASE OF TRAUMA INFORMED CARE

Four “Rs”: *Realize, Recognize, Respond, Resist re-traumatization*

- 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 clients, 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**.

PRINCIPLE 1: THE IMPACT OF ADVERSITY IS NOT A CHOICE.

Adverse or difficult life experiences affect all of us in ways that are more about neurophysiology and less about character than most of us have supposed.

PRINCIPLE 2: UNDERSTANDING ADVERSITY HELPS US MAKE SENSE OUT OF BEHAVIOR.

We cannot fully understand behavior or respond to it effectively without understanding prior adverse experiences.

PRINCIPLES THAT GUIDE TRAUMA-INFORMED CARE

PRINCIPLE 3: PRIOR ADVERSITY IS NOT DESTINY.

In an environment of safety and support, change, healing and better lives are possible.

What does it mean to trauma-inform your care?

Altering/adding to your practices to provide a more comfortable experience for your patients which has the potential to:

- Increase likelihood patients' will take care of their health
- Help change patients' perspectives on the health care system and its providers
- Increase likelihood patients will return for care
- Make you feel good to have had positive and genuine connections with patients

SHIFT AWAY FROM A DEFICIT PERSPECTIVE

“Trauma-informed care embraces a perspective that highlights adaptation over symptoms and resilience over pathology.” - Elliot et al., 2005, p. 467

FROM (Deficit Perspective)	TO (Trauma-Informed & Strengths-Based)
What is wrong with this person?	What has this person been through?
Symptoms	Adaptations
Disorder	Response
Attention seeking	The individual is trying to connect in the best way they know how
Borderline	The individual is doing the best they can given their earlier experiences
Controlling	The individual seems to be trying to assert their power
Manipulative	The individual has difficulty asking directly for what they want
Malingering	The individual is seeking help in a way that feels safer

Pillars of Trauma-Informed Care



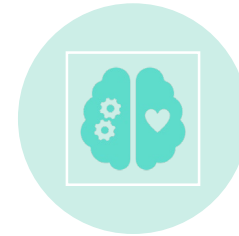
PATIENT
EMPOWERMENT



CHOICE



COLLABORATION



SAFETY



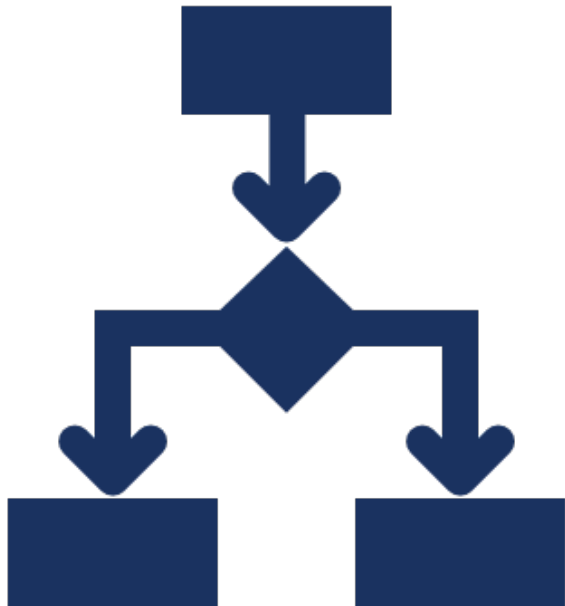
TRUST-
WORTHINESS

Patient Empowerment



- Ensure informed consent
- Brainstorm ways to eliminate barriers
- Focus on strengths
- Provide genuine positive reinforcement
- Offer hope

Patient Choice



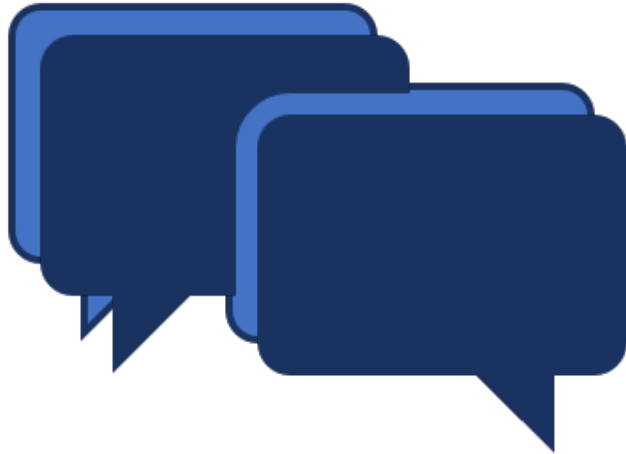
- Attend to patient's immediate needs
- Focus on patient's priorities or hopes for treatment
- Book another appointment if necessary
- Provide choice in provider (i.e., gender, age, background, experience, personality)

Collaboration



- Equalize power imbalances (allow clients to call you by your first name, humor, avoid jargon)
- Allow the expression of feeling without fear of judgment
- Ask questions on a need-to-know basis
- Ask questions in a respectful manner
- Ask permission before asking a difficult question or starting a procedure
- Have print information available

Examples of Collaborative Statements



- "I would like to understand your perspective."
- "What is most important for you and what should we start with?"
- "It is important to me to have your feedback every step of the way. Please let me know how I am doing as your provider."
- "Please let me know if at any time you would like a break or if something feels uncomfortable for you. You can choose to pass on any question."

VIGNETTE

Empowerment

Choice

Collaboration

Safety

Trust-worthiness

Dr. Melissa Jones, a provider in the Redwood Health System Adult Medical Clinic, has a new patient, Mr. Eric Johnson, who looks nervous and smells of alcohol when she greets him. Dr. Jones, who has reviewed his chart, sees that his blood pressure and diabetes are poorly controlled and that he has untreated hepatitis C. Having been trained in providing trauma-informed care, she assumes that so many poorly controlled medical problems and alcohol use may have their roots in childhood trauma. She calms herself before entering his room. After she listens without interruption to his concerns and elicits that he began drinking alcohol at age 10, she gently reflects, “In my experience, when a patient tells me that he began drinking at age 10, it is often because he was experiencing very difficult things during childhood. We are just meeting each other for the first time today, so we don’t need to go into those details right now. I do want you to know that I am open to discussing those things in the future or referring you to a counselor who specializes in helping people who have had difficult or painful circumstances in childhood if you think that would be helpful.”

VIGNETTE

Pillars of Trauma Informed Care

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Collaboration

Strengths-Based

Choice

Safety



Environment

- Keep areas well lit
- Keep noise in waiting areas low
- Use welcoming language/signage

Provider

- Allow patient to have close access to the door
- Calm and gentle tone
- Clear thorough communication
 - Provide an overview of the procedure before you commence
 - Provide multiple opportunities for a patient to ask questions
- Be consistent
- Provide warm handoffs to other providers

EXAMPLES OF CREATING A SAFE ENVIRONMENT

Physical Environment

- Keeping parking lots, common areas, bathrooms, entrances, and exits well lit
- Ensuring that people are not allowed to smoke, loiter, or congregate outside entrances and exits
- Monitoring building egress points
- Security personnel inside and outside of the building
- Low noise levels in waiting rooms
- Welcoming language on all signage
- Clear access to the door in exam rooms and can easily exit if desired
- Include culturally appropriate symbols of safety

Social-Emotional Environment

- Welcoming patients and ensuring that they feel respected and supported
- 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 consistent, open, respectful, and compassionate
- Being aware of how an individual's culture affects how they perceive trauma, safety, and privacy

Trustworthiness



- Allow a support person to be present
- Do not make promises you cannot keep
- Follow through on your word in a timely manner
- Acknowledge and take responsibility for miscommunication
- Respect patient confidentiality
 - Use kind words when speaking about the patient with others
- Grounding strategies
 - What have you found to be helpful to calm down and get focused when you're feeling anxious?
 - What makes it worse?
 - What can I do to best support you when you are upset?

VIGNETTE

Empowerment

Choice

Collaboration

Safety

Trust-worthiness

Dr. Melissa Jones notices that after she reflects about the possibility that Mr. Johnson could have experienced “very difficult things in childhood”, he gets tears in his eyes, starts breathing much more quickly and sweating, and stares blankly at the wall. Dr. Jones has noticed that her remarks have triggered an emotional reaction. She also does not want to be forceful about asking Mr. Johnson to trust her upon their first meeting when he may have been hurt (and, thus, his trust betrayed) by a caregiver when he was a child; she wants to model earning his trust over time. She pauses and inquires, “Mr. Johnson, I wonder if we could both take a deep breath and allow ourselves to feel the weight of our bodies sinking into the healing energy of the earth. Let’s feel our feet connecting firmly and solidly to the floor.” After she and Mr. Johnson take a few deep breaths together, she explains, “I want this clinic to feel like a safe and healing place for you, so that you always feel like you can return for further appointments. Coming to a clinic can feel frightening for many people. Please let me know if there are things that I could do to help you feel as safe as possible here. And, please let me know if I could introduce you to one of our behavioral health clinicians who can support people in coping with stress, painful experiences, and feeling safer.”

VIGNETTE

Pillars of Trauma Informed Care

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Trust

Grounding

Safety

Choice

What might you be bringing to this relationship?

- What are my underlying assumptions about the experience of those with trauma and how people recover? How might this belief influence my work with others?
- What particular responses or behaviors of those I am assisting might trigger me? How do I know when this is happening? How will I respond?
- How do my cultural background and personal experiences of diversity influence my interactions with to others? What am I bringing to the relationship?
- There may be some experiences in my life that could influence by ability to provide trauma-informed care. How am I managing? What am I noticing in my body? Are there areas in my life that I need to pay more attention to? Who can I turn to for support?

TRAUMA INFORMED ORGANIZATIONAL CULTURE

CULTURE OF SAFETY AND
HEALING.

ORGANIZATIONAL, CLINICAL,
& INDIVIDUAL WELLNESS.

“ Trying to implement trauma-specific clinical practices without first implementing trauma-informed organizational culture change is like throwing seeds on dry land.

--Sandra Bloom, MD,
creator of the Sanctuary
Model

”

PREVENT COMPASSION FATIGUE & BURNOUT

Impact on Providers

- Burnout
- Compassion fatigue
- Secondary traumatic stress
- Vicarious or secondary trauma
- Re-traumatization

Impact on Organizations

- High turnover
- Poorer client experiences
- Negative feedback loop
- Increased costs
- Fewer resources for organizational mission

TRAUMA- INFORMED ORGANIZATIONS

Organizational

- Lead and communicate about the transformation process
- Engage patients in organizational planning
- Train clinical as well as non-clinical staff members
- Create a safe environment
- Prevent secondary traumatic stress in staff
- Hire a trauma-informed workforce

Clinical

- Involved patients in the treatment process
- Screen for trauma
- Train staff in trauma-specific approaches
- Engage referral sources and partner organizations

ENCOURAGE WELLNESS

Staff Wellness

Follows the same 5 principles as used with patients:
Safety, trustworthiness, choice, collaboration, encouragement

- Peer collaboration, team spirit and cohesion
- Sense of accomplishment
- Maintaining a balance, setting clear limits and boundaries
- Connection to self, others, and culture
- Self-care!
 - Make time for breaks, rest, play, work, exercise, etc.

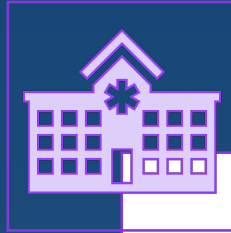
Organizational Wellness

- General wellness is encouraged and incentivized.
- Organizational culture that support peer collaboration, manageable caseloads, and sufficient mental health benefits.
- Education that create awareness of chronic emotional stress and the importance of self-care.
- Supervision and consultation that facilitate staff wellness (e.x., reflective supervision).
- Prevention strategies for secondary trauma can be intertwined with the current infrastructure (e.x., staff meetings, education, case consultations and group case discussions, group support, debriefing sessions as appropriate, supervision).

CONCLUSION



- People can heal; deep cycles of violence can be broken; ACEs in children can be reduced; and entire communities can benefit by addressing trauma in adults.



- The problems faced by most of our patients can be more effectively treated if care becomes genuinely trauma-informed.



- TIC holds the potential to transform the caregiving experience by creating safe environments and supporting providers to be healers (not just treaters).

NEXT STEPS TO TRAUMA- INFORM YOUR PRACTICE

- You are likely already implementing trauma-informed aspects into your care
- If trauma-informed care resonates with you and you feel you are already doing it, try to find ways to increase it
- Think of one behavior you would like to increase in your work with patients and start there

LEARN MORE

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QUESTIONS

Thank you!

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