

Overview of Trauma-Informed, Resilience-Oriented Principles

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Today's Presenter



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National Council for Mental Wellbeing

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Let's take a minute....

NSI Strategies

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Sometimes the first step in getting started is giving ourselves permission. Maybe you need to give yourself permission to:

- 01.** Stay open minded
- 02.** Give yourself the time you need
- 03.** Make a list of questions

Or if you're doing this in a group setting, permission to:

- 01.** Show up to the group meetings
- 02.** Ask for what you need
- 03.** To pass during group sharing
- 04.** Ask for more time

Write your permission slips below or on a sticky note.
Feel free to have more than one.



Overview

- Becoming Trauma-Informed in Your Daily Work



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Grieving her best friend



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?”

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Whose lens do you look through?





Becoming Trauma-Informed and Resilience-Oriented in Our Daily Work

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What are the Benefits of Adopting Trauma-Informed, Resilience-Oriented Approaches?

- Increases safety for all
- Improves the social environment
- Cares for the caregivers
- Improves the quality of services
- Reduces negative encounters and events
- Creates a community of hope, healing and recovery
- Increases success and satisfaction at work
- Promotes organizational wellness
- Improves the bottom line



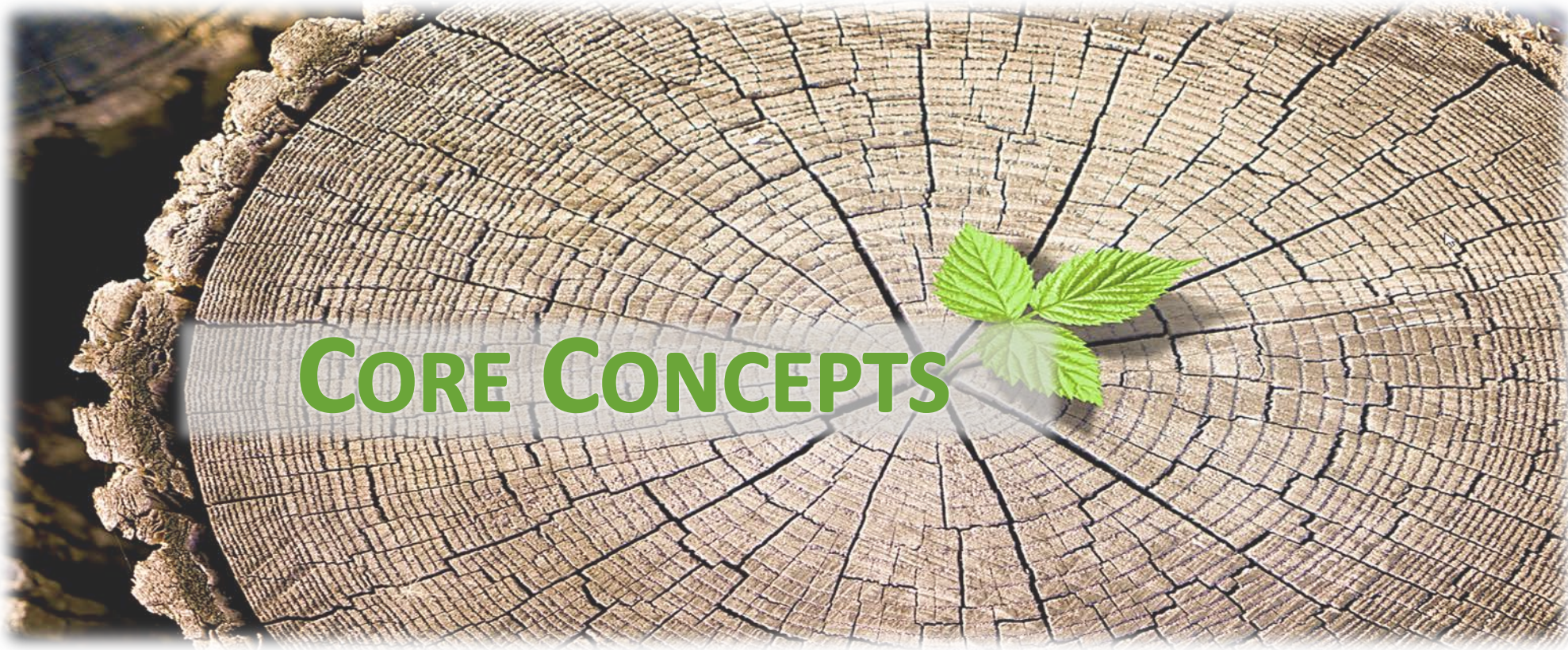
SAMHSA's 8 Dimensions of Wellness



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Trauma Informed, Resilience Oriented Care





core values

The principles that guide our decision-making!

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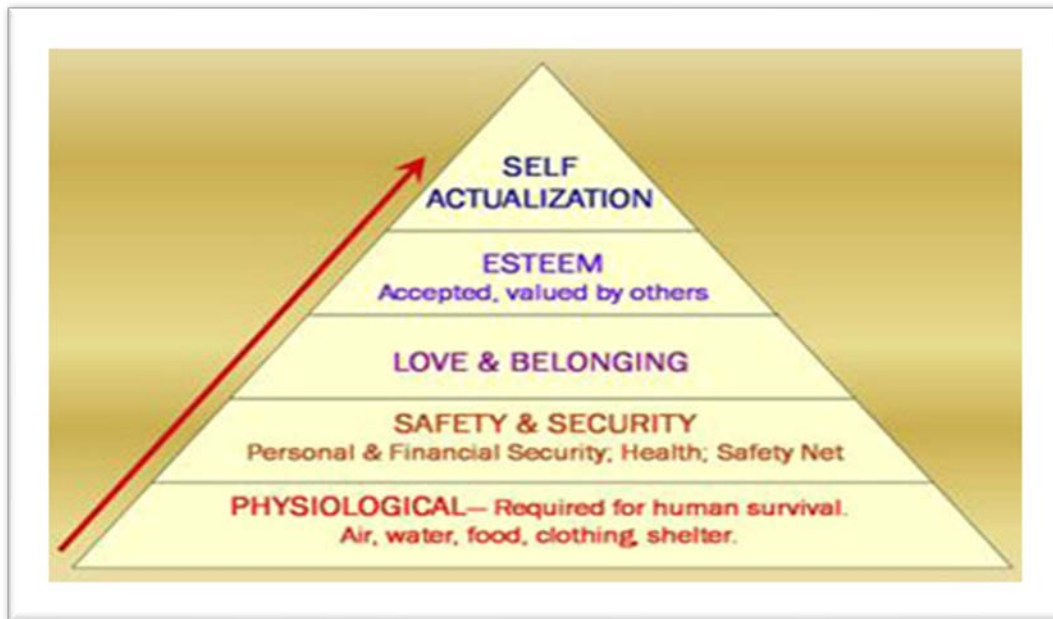
The infographic displays six pillars of trauma-informed care, each represented by a numbered ribbon and a circular icon. The background is a word cloud of trauma-related terms.

Number	Pillar
1	Safety
2	Trustworthiness & Transparency
3	Peer Support
4	Collaboration & Mutuality
5	Empowerment, Voice & Choice
6	Cultural, Historical & Gender Issues

Word Cloud Terms: trauma, anxiety, stress, fear, threat, horror, terrified, collapse, moody, upset, alarm, worry, sleepless, frightened, anxious, trouble, outburst, sorrow, damage, anguish, emotional, depression, nightmare, torture, negative, breakdown, stress, danger, hysteria, hurt, strain, nervous, disaster, derangement, panic, darkness, terrified.



What Does Safety Mean?



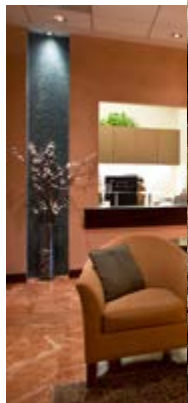
“a physically safe environment, although necessary, was not sufficient. So there had to be other kinds of safety, which I have termed psychological safety, social safety, and moral safety.”

-Sandra L. Bloom, *Creating Sanctuary*, 2013

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Physical Safety



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Psychological Safety



“The ability to be safe within oneself, to rely on one’s ability to self-protect and keep oneself out of harm’s way.”

-Bloom, 2013

If you have never felt safe or remembered safety, how will you know it when it is present?

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Social Safety

“The sense of feeling safe with other people...There are so many traumatized people that there will never be enough individual therapists to treat them. We must begin to create naturally occurring, healing environments that provide some of the corrective experiences that are vital for recovery.”

-Bloom, 2013



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Moral Safety

The never-ending quest for understanding how organizations function in the healing process

- An attempt to reduce the hypocrisy that is present, both explicitly and implicitly
- A morally safe environment struggles with the issues of honesty and integrity

-Bloom,
2013

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Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust among clients and family members, among staff, and others involved with the organization.



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Peer Support and Mutual Self-Help



Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery, healing and maximizing a sense of empowerment.



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Collaboration and Mutuality

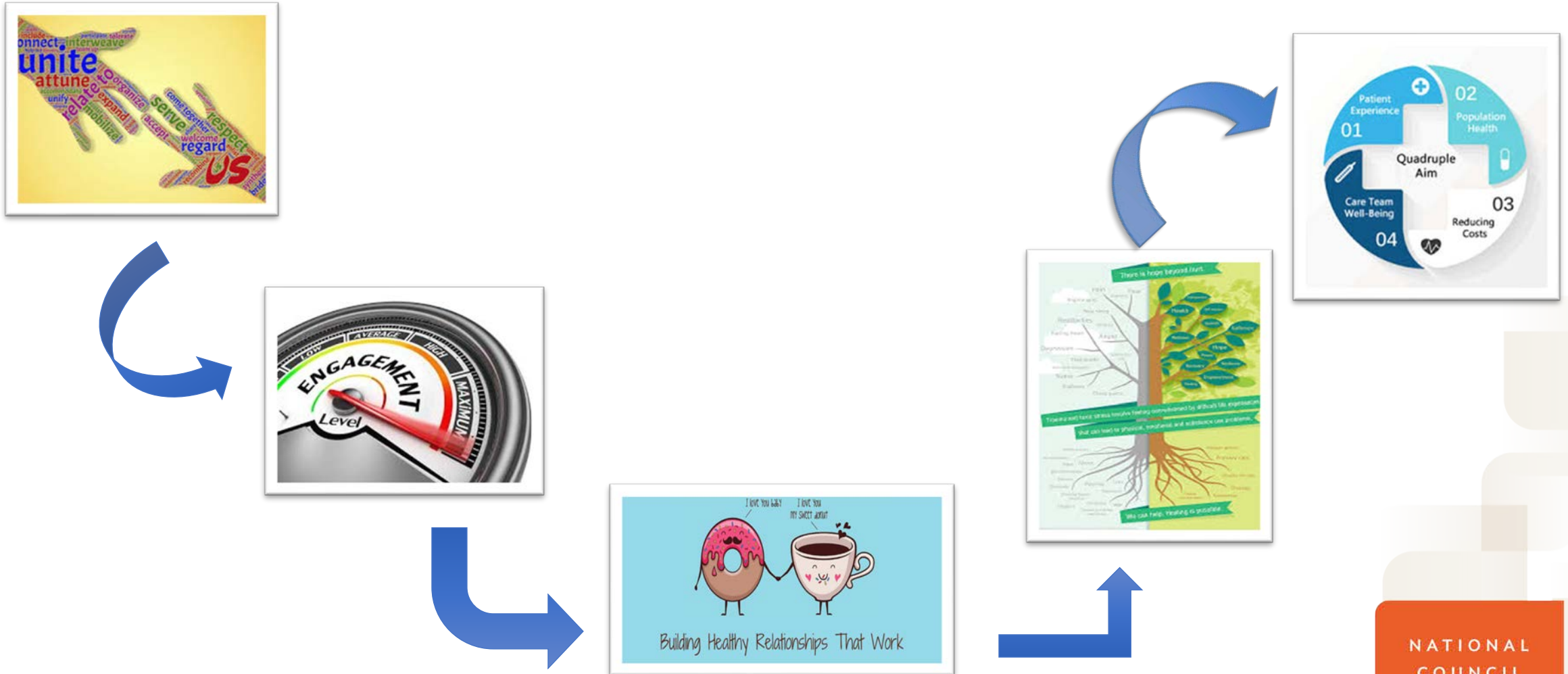


Collaboration and Mutuality

There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach.



Outcomes of Collaboration and Mutuality



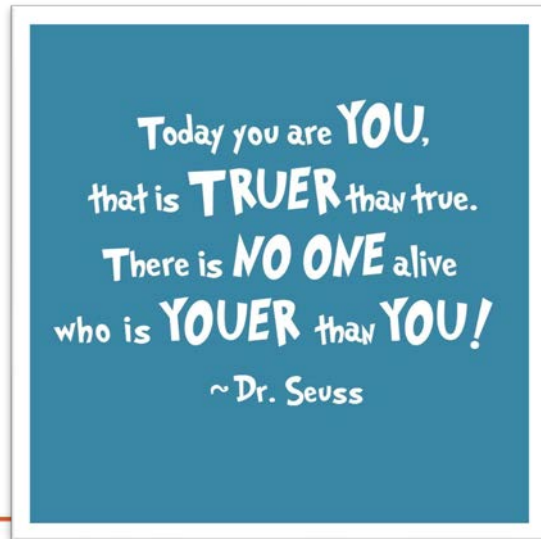
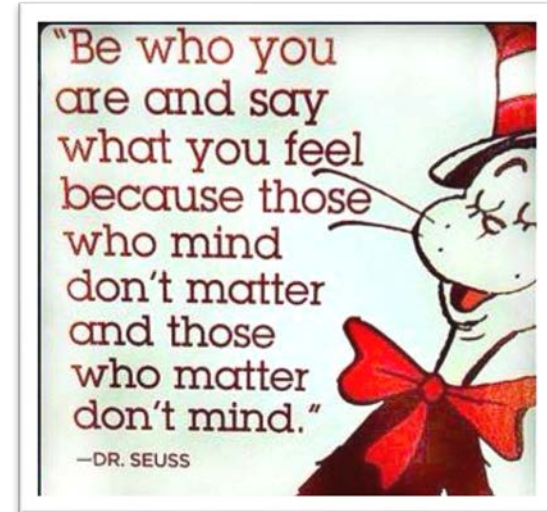
Empowerment, Voice and Choice

Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people services in resilience and in the ability of individuals, organizations and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf



Empowerment, Voice and Choice



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Cultural, Historical and Gender Considerations

Actively moves past cultural stereotypes and biases

- Based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.

Offers gender responsive services

Leverages the healing value of traditional cultural connections

Incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served;

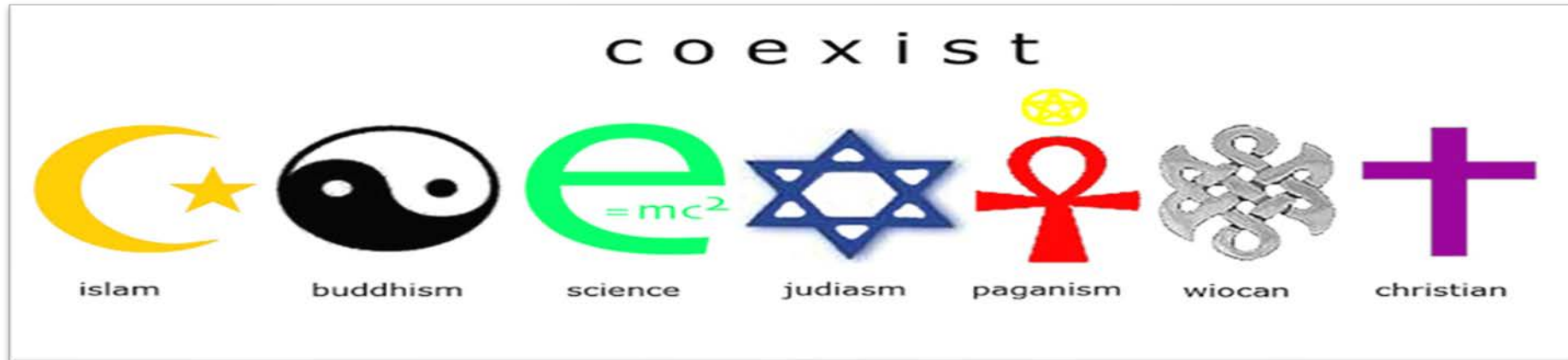
Recognizes and addresses historical and intergenerational trauma



Adapted from: Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf



Cultural, Historical and Gender Issues



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What is a Trauma-Informed, Resilience-Oriented Approach?

Realizes

- Realizes widespread impact of trauma and understands potential paths for recovery and **IDENTIFIES** programs and best practices proven to build resiliency at both individual and systemic levels

Recognizes

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system and **INOCULATES** the system culture from the effects of stress and trauma **proactively** rather than reactively by having a strategic plan

Responds

- Responds by fully integrating knowledge about trauma into policies, procedures, and practices and **INSTILLS** a shared vocabulary and skills for resiliency into every aspect of the life of the system

Resists

- Seeks to actively resist re-traumatization and **IMPROVES** the health of the entire system by promoting healing, restoration, health and growth in ongoing ways

From SAMHSA's Concept Paper

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What Does a Trauma-Informed, Resilience-Oriented Organization Include?

Safe, calm, and secure environment with supportive care

System-wide understanding of trauma prevalence, impact and trauma-informed care

Cultural competence, Cultural humility, Diversity, Equity and Engagement

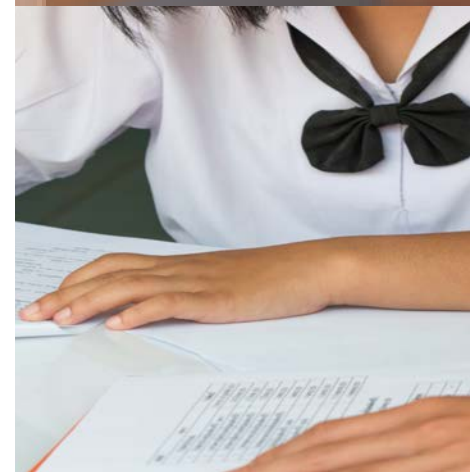
Persons served and staff voice, choice and advocacy

Recovery-oriented, person-driven, trauma-specific services

Healing, hopeful, honest and trusting relationships



EVERYONE



Culture is...the shared values, traditions, arts, history, folklore, and institutions of a group of people that are *unified by* race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any *other cohesive group variable*. *Singh, 1998*



Culture is...the *communication and interaction guide* of any cohesive group of people
Sockalingam, 2019

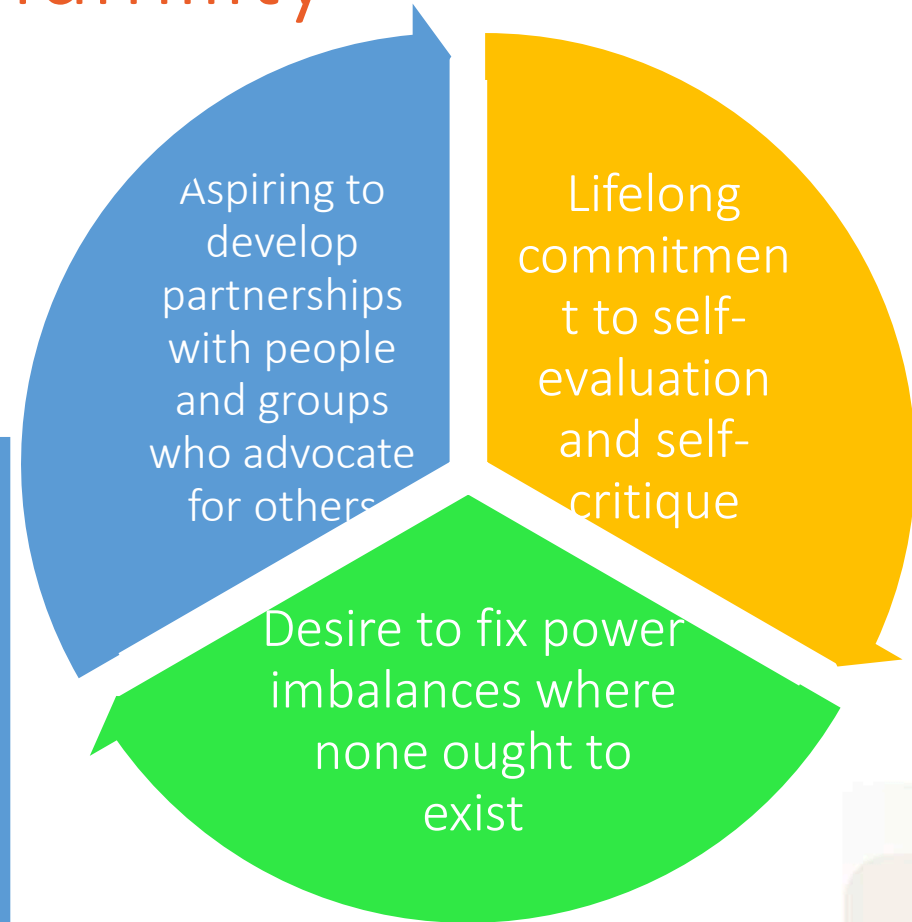


Cultural Humility

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



intersectionality noun



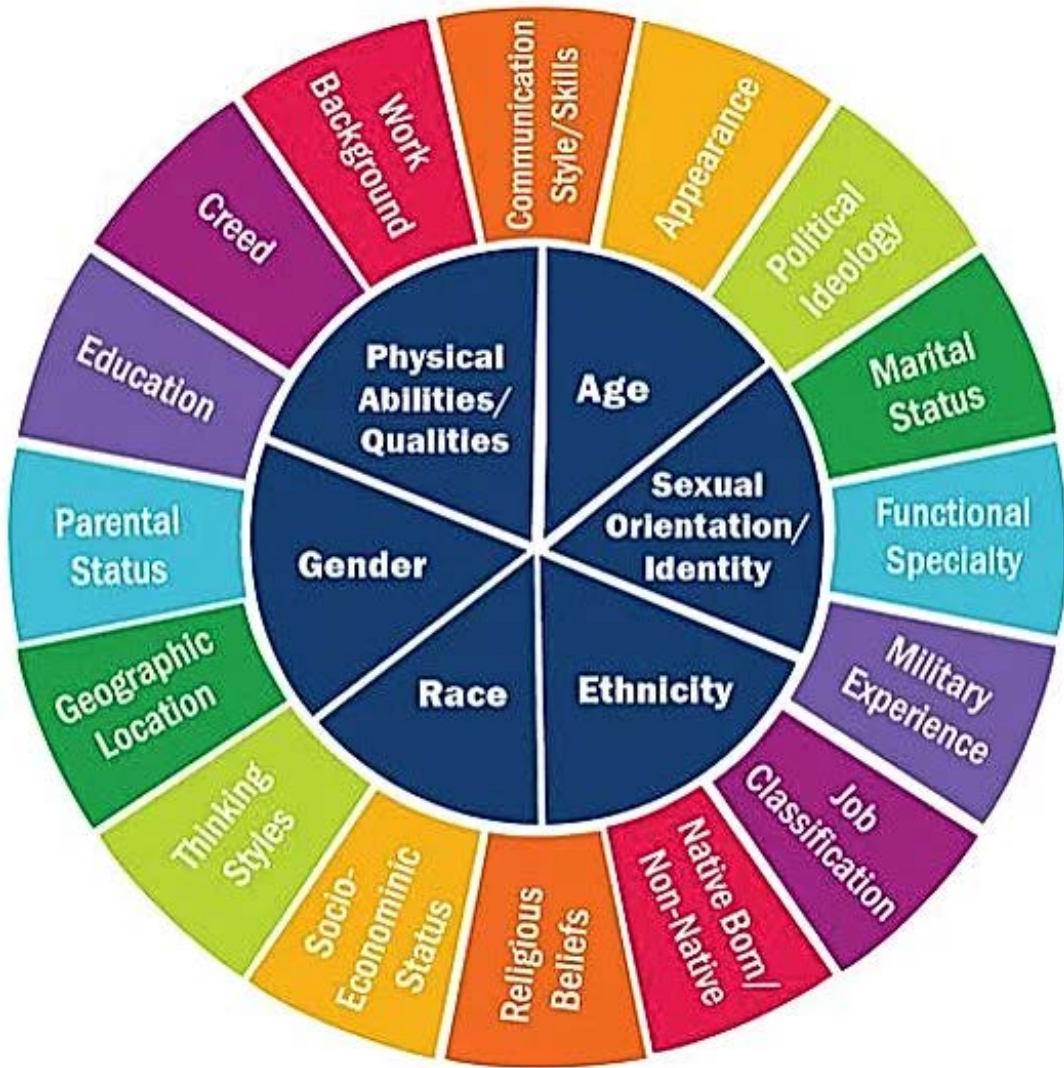
in·ter·sec·tion·al·i·ty | \ ,in-tər-,sek-shə-'na-lə-tē  \

Definition of *intersectionality*

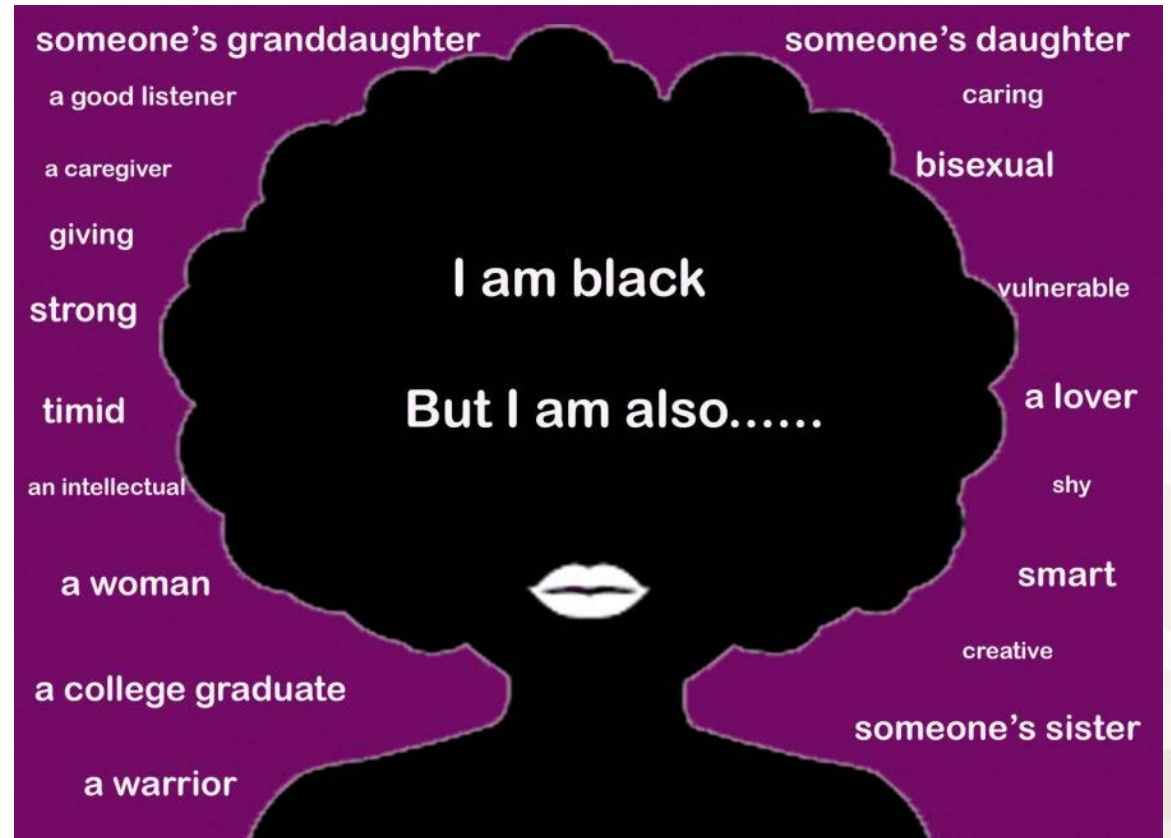
: the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or [intersect](#) especially in the experiences of marginalized individuals or groups

// [Kimberlé] Crenshaw introduced the theory of *intersectionality*, the idea that when it comes to thinking about how inequalities persist, categories like gender, race, and class are best understood as overlapping and mutually constitutive rather than isolated and distinct.

— Adia Harvey Wingfield



Reference: <https://pcnicagad.wordpress.com>



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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

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How to Assess: Culturally Sensitive Trauma-Informed Care

...QUESTIONS PROVIDERS SHOULD ASK

LISTEN

...for variations in understanding. Ask:

- What is your understanding of what's happened?
- What is worrying you the most?
- What does your family think about it?

BE OPEN

...to involving other professionals. Ask:

- Who do you normally turn to for support?
- Who else should be involved in helping your child?
- Are you open to outside referrals and resources?

RESPECT

...different communication practices. Ask:

- Who typically makes the decisions about your child?
- What information should be shared with your child?
- Is there anyone else you would like me to talk to?

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We need to have...

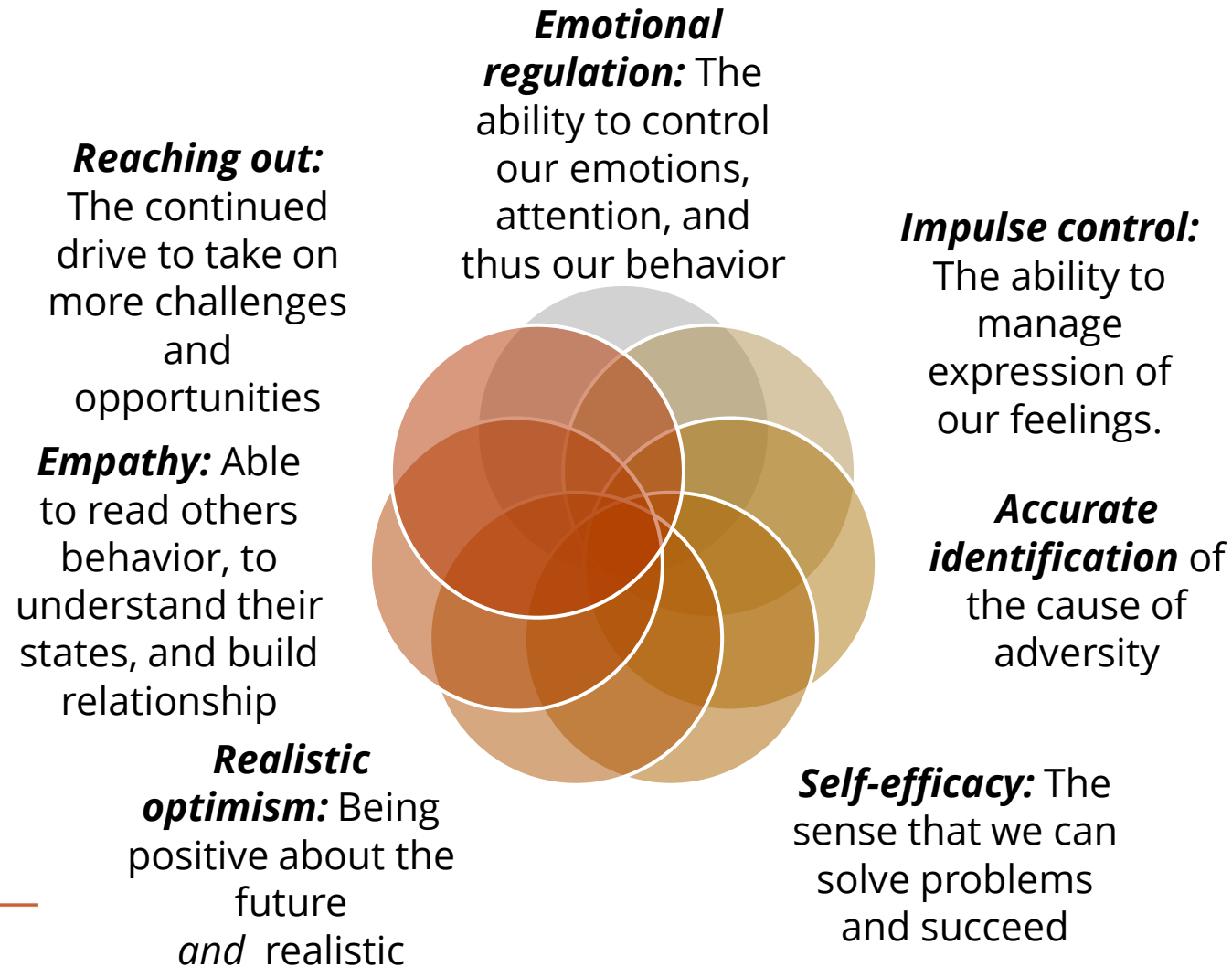


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Resilience: *Ability to adapt well to stress, adversity, trauma or tragedy*





- | | |
|---|--|
| ➤ Make Connections | ➤ Nurture a positive view of yourself |
| ➤ Look for opportunities for self-discovery | ➤ Avoid seeing crises as insurmountable problems |
| ➤ Accept that change is a part of living | ➤ Move toward your goals |
| ➤ Take decisive action | ➤ Keep things in perspective |
| ➤ Maintain a hopeful outlook | ➤ Take care of yourself |

American Psychological Association, 2018

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Build Protective Factors

Behaviors, characteristics and qualities inherent in some personalities that will assist in recovery after exposure to a traumatic event

- Environment
- A reliable support system (friends, family)
- Access to safe and stable housing
- Timely and appropriate care from first responders
- Behaviors
- Good self care, such as sleeping at least 8 hours a night
- Eating nutritious foods
- Exercise
- Practicing good boundaries
- Using positive coping mechanisms vs. negative coping mechanisms



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Be Attentive to All Language



“Non-compliant”

“Manipulative”

“Naughty”

“Lazy”

blah blah blah blah. Blah blah blah blah blah. Blah
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Jargon

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Language Matters

Vocabulary reinforces feelings and beliefs

Helps guide behavior

Leads to greater options for acting

Allows us to be able to recognize resilience in self/others



Three Statements of Resilience

I Have...

a recognition of what is available

I Am...

a recognition of my value

I Can...

a recognition of mastery, sense of the future



-Strengthening the Human Spirit by Edith Grotberg, PhD 1995



Build Relationships

Honor voice and choice
Partner with people
Request feedback
Ensure comfort



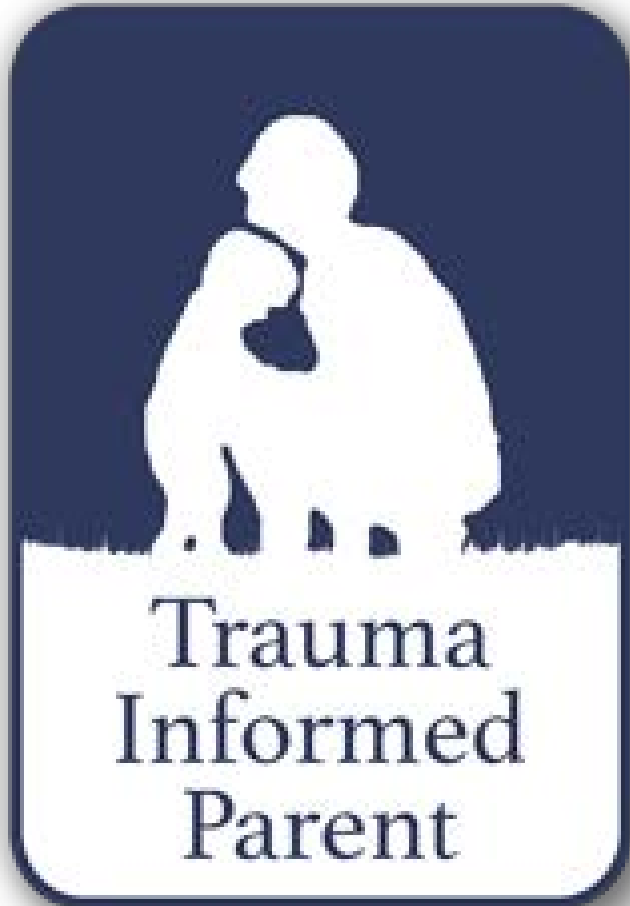
“Keep the Human in Human Services”

-Dr. Pat Deegan

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Teach Trauma-Informed Parenting



Identify trauma triggers

Be emotionally and physically available

Respond, don't react

Avoid physical punishment

Don't take behavior personally

LISTEN

Help child learn to relax

Be consistent and predictable

Be patient

Allow some control

Encourage self-esteem

Take Care of Yourself

<https://www.childwelfare.gov/pubPDFs/child-trauma.pdf>



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TALK

less ..

LISTEN

more ..

What is Active Listening

- A skill, developed over time and improved with practice
- Requires listening to understand, not listening to respond
- Includes listening with all your senses, being fully present in the conversation
- Includes active exploration and interest in what the speaker is sharing with you
- Conveys your investment in the relationship with the speaker



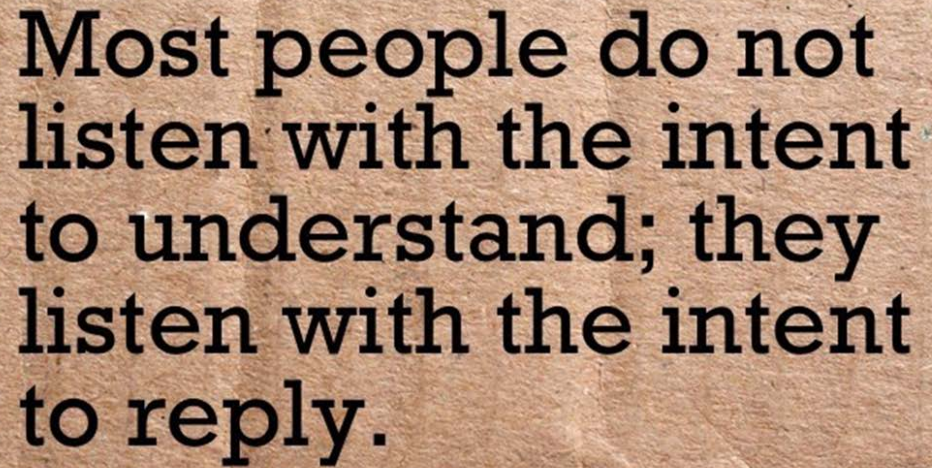
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Step 1

Active Listening starts with

Reflective Listening



Most people do not listen with the intent to understand; they listen with the intent to reply.

Words: Stephen R. Covey / Image: Marc Wathieu

1. Listening to understand
2. Paraphrasing what was heard
3. Verifying what you think you heard

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Reflective Listening

“What I hear you saying is....”

“Is that Correct?”

Yes - “Is there anything you’d like to add?”



No - “What did I miss?”



- Continue process until the speaker has nothing else to add
 - Do not provide any response to what is said
 - Including non-verbal responses



Step 2

Now that we've heard, we need to respond with

Active Listening

1. Responding to what we heard
2. Not sharing your opinion if it wasn't asked for
3. Not answering questions that weren't asked

Only respond to what you heard the speaker say



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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.



In order to empathize with
someone's experience, you must be
willing to believe them as they see it,
and not how you imagine their
experience to be.

Brené Brown



<https://tinybuddha.com/fun-and-inspiring/in-order-to-empathize-with-someones-experience/>

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What Hurts and What Helps?

The importance of relationships

WHAT HURTS?

Interactions that are
humiliating, harsh,
impersonal, disrespectful
critical, demanding,
judgmental

WHAT HELPS?

Interactions that
express kindness,
patience, reassurance,
calm and acceptance
and listening

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The importance of the physical environment

WHAT HURTS?

- Congested areas that are noisy
- Poor signage that is confusing
- Uncomfortable furniture
- Separate bathrooms
- Cold non-inviting colors and paintings/posters on the wall

WHAT HELPS?

- Comfortable, calming, and private treatment and waiting areas.
- Furniture is clean and comfortable
- No wrong door philosophy
- Integrated restrooms
- Messages conveyed throughout that are positive and hopeful

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The importance of our attitudes and beliefs

WHAT HURTS?

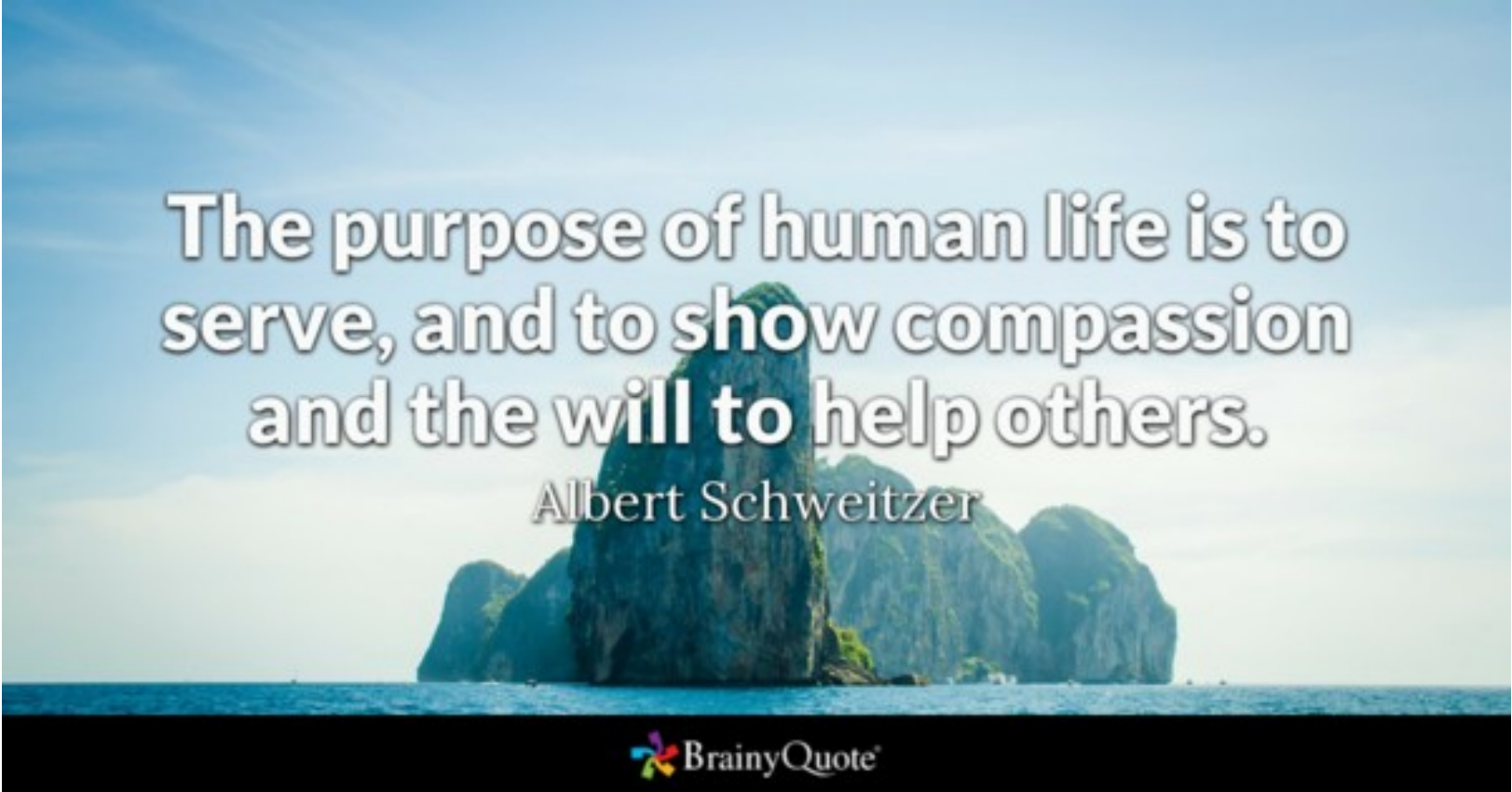
- Asking questions that convey the idea that “there is something wrong with the person”
- Judgments and prejudices based on cultural ignorance
- Regarding a person’s difficulties only as *symptoms* of a mental health, substance use or medical problem

WHAT HELPS?

- Asking questions for the purpose of understanding what harmful events may contribute to current problems
- Understanding the role of culture in trauma response
- Recognizing that *symptoms* are often a person’s way of coping with trauma or are adaptations

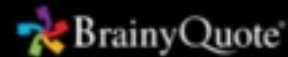
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The purpose of human life is to
serve, and to show compassion
and the will to help others.

Albert Schweitzer



Compassion in Our Work and Our World

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Staff/Treaters

Often have their own traumatic histories

Seek to avoid re-experiencing their own emotions

Respond personally to others' emotional states

Perceive behavior as personal threat or provocation



Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary Traumatic Stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

Compassion fatigue, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material.

Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.

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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*

Warning Signs

Thinking the worst in every situation
Reacting disproportionately
Never taking a vacation
Forgetting why you do your job
Decreased performance at work
Constantly not getting enough sleep
Increased arguments with your family
Decreased social life



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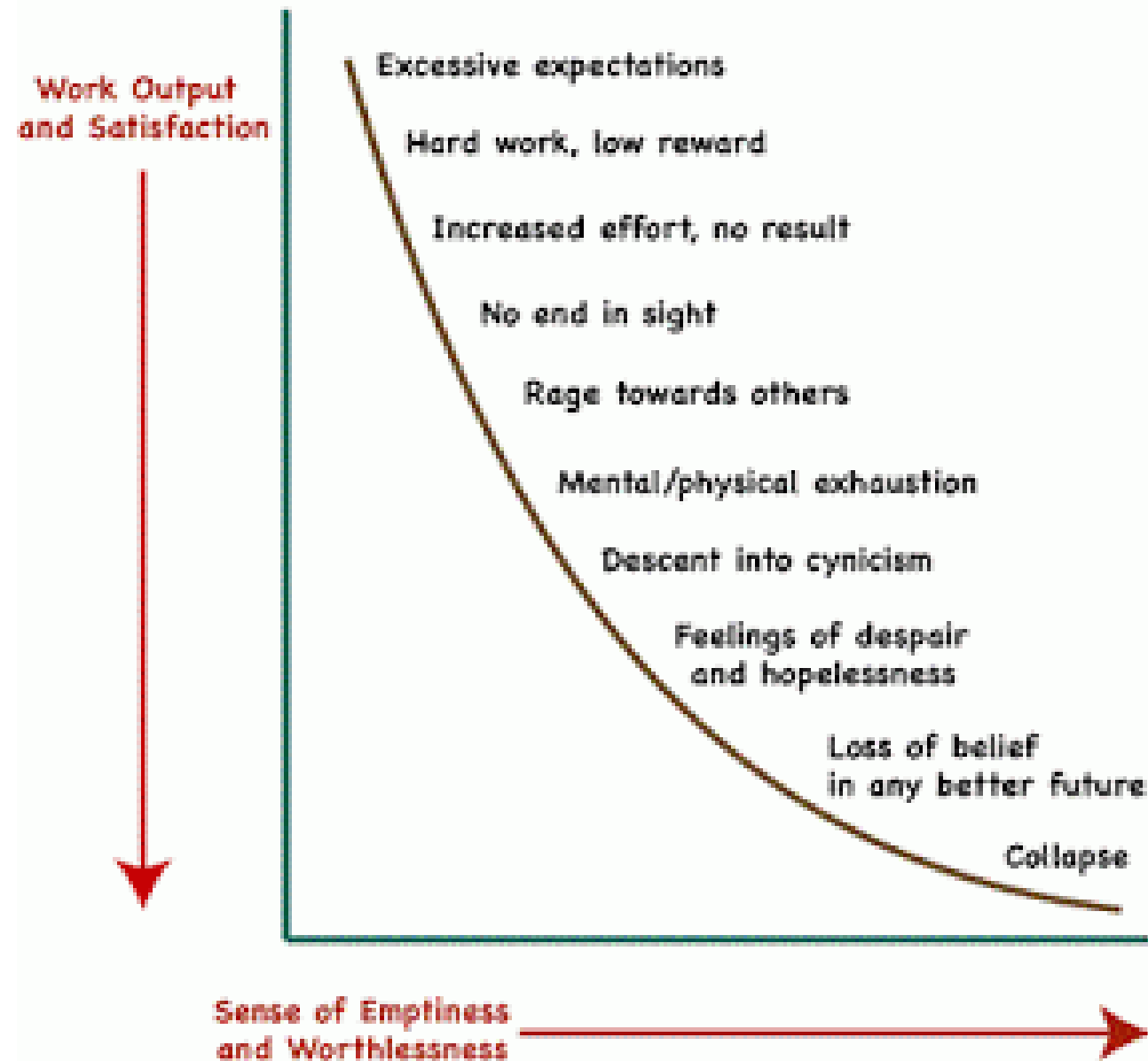
Employee Burnout is Becoming a Huge Problem in the United States



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THE BURNOUT CURVE



Is “burnout” an ethical problem?



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How can we respond?

By creating a Culture of Compassion

committed ethical
understanding kind
motivated open excellence
innovative focused
growth accepting meaningful
compassionate
creative encouraging
integrity inclusive
loving compassion



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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/>



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Expectations

Unclear, Hidden or Unrealistic Expectations Drive Compassion Fatigue

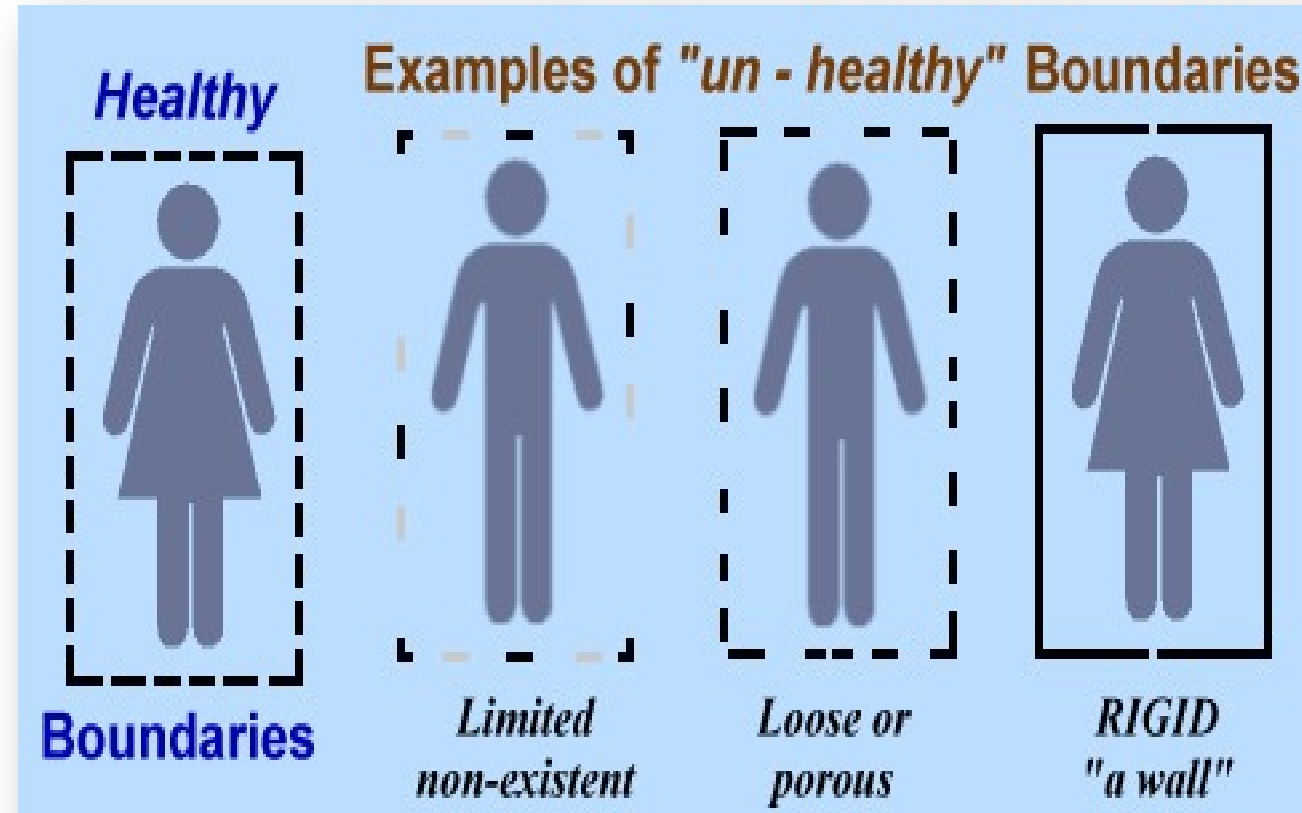


Taking Care of Ourselves



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.”



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Feeling Connected in the Work Place

“The need to belong is often overlooked in the workplace. We don’t do enough to facilitate connection, while we often implement programs, systems, and structures that have a tendency to alienate and cause divisiveness.”

“The impact of failing to create a sense of belonging with our employees not only affects how much they enjoy their work; it has a significant effect on their ability to be productive.”

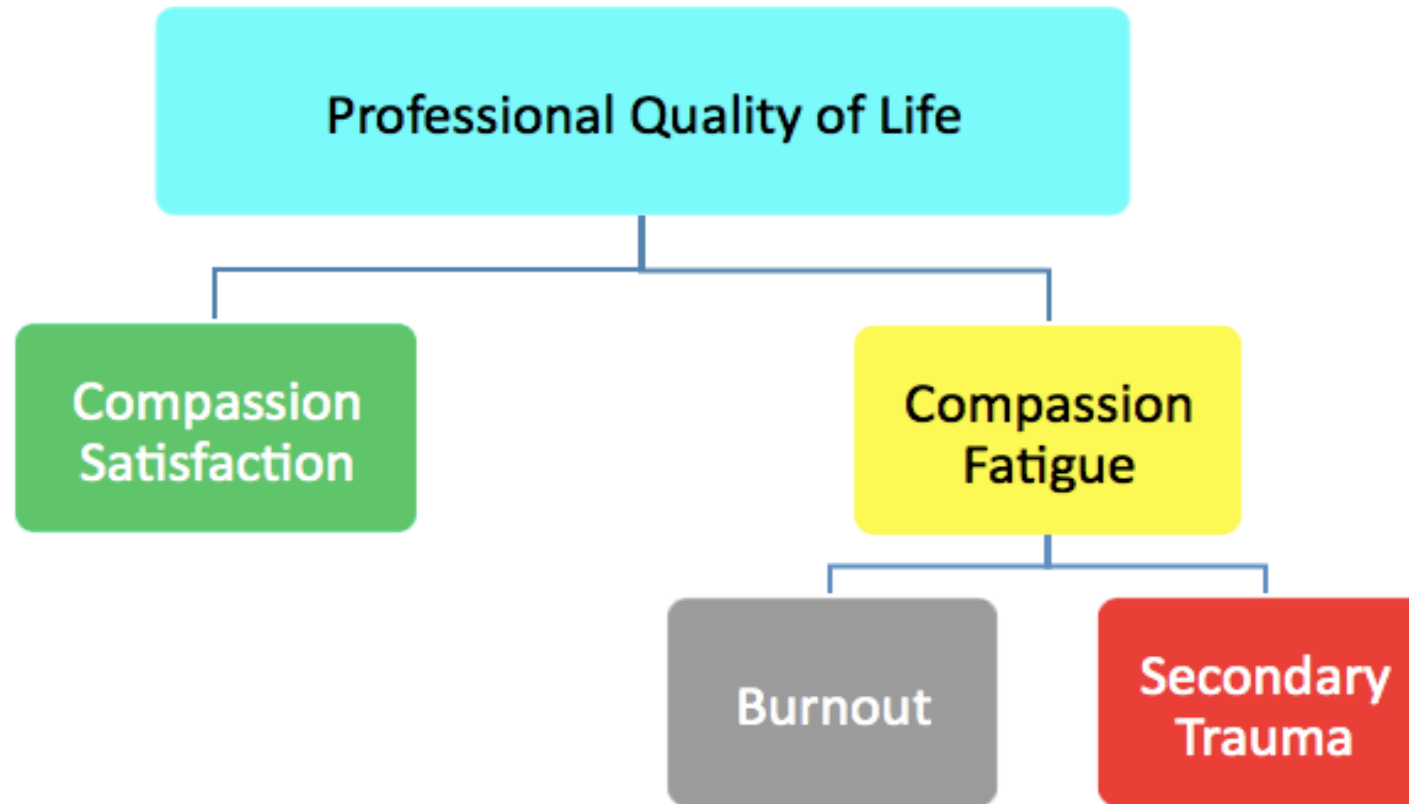


Why Belonging Is Key in Today's Workplace, Switch and Shift, July 2016

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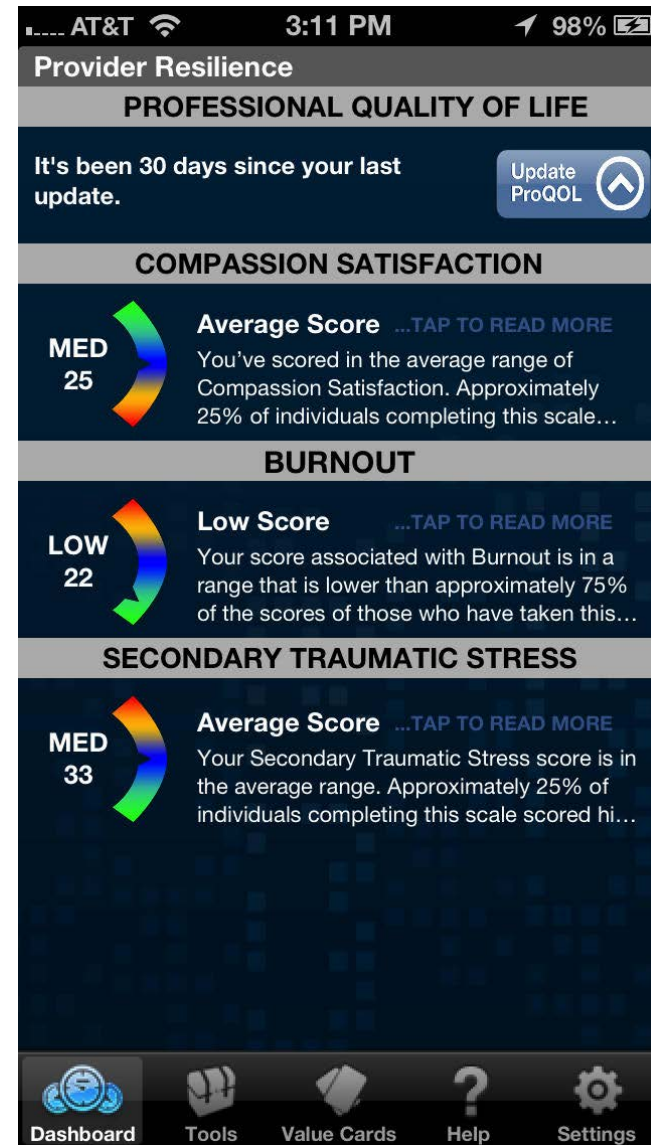
Professional Quality of Life Model



Copyright Beth Hudnall Stamm (2009)



Provider Resilience App



Asking for Help



Recognize our Humanity



We're all just trying to survive

We frequently observe misplaced Coping Strategies

We are all part of the problem therefore we can all be part of the Solution





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Questions & Discussion



Resources

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

Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Annals of Behavioral Medicine : A Publication of the Society of Behavioral Medicine*, 40(2), 10.1007/s12160-010-9210-8. <http://doi.org/10.1007/s12160-010-9210-8>

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

Trauma-informed Care in BH Services - <https://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>





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

[View All New Products](#)

Link to Us

Get and use our easy-to-use widgets, APIs, and banners on your website to offer your visitors access to free behavioral health resources.

[View Tools and Widgets](#)



Contact Information

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Thank You!

