## Trauma Informed Care

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### **Training Objectives**

### Participants will....

- Discuss trauma and how it effects both ourselves and those we serve
- Establish a goal of becoming "even better" in our interactions and support to those we serve
- Recognize that self-care and self-awareness are essential
- Today is not only to learn but to teach, receive, and to give, and to be open to new ideas for healing and trauma-reduction.
- What do you want to get out of today?

### Philadelphia Fast Facts

- Philadelphia has the highest rate of poverty of the largest major U.S. cities at 25.7% (Houston, TX, Phoenix, Los Angeles, CA ,Dallas Tx, Chicago, IL, New York, NY, San Antonio, TX, and San Diego, CA)
- Median income 34, 000
- Philadelphia is a "deep poverty" city defined as household income half the poverty line or less (i.e. 12,000, 13,000, 14,000, etc.)

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What is Trauma?  Results from event(s) that cause intense fear and suffering. These often lead to ongoing psychological and physical symptoms  Reminders of the trauma stimulate memories (sometimes re-experiencing known as flashbacks). These reminders are called triggers, as they trigger the recollection of event(s)	
Fight, Flight, or Freeze Reactions	<del>,</del>
At the time when people experience traumatic events, a number of physiological changes immediately occur in their bodies. It is important to note that individuals do not control these instinctive reactions to signs of danger. Rather, it is a part of the way that our body is wired to respond to perceived danger and keep us safe. These changes are often characterized as "fight, flight,	
or freeze" reactions.  *It's important to recognize that individuals usually do not consciously "choose" their particular fight, flight, or freeze response.	
Fight, Flight, or Freeze Reactions	
Fight – The person decides to "fight back" in the face of traumatic events. Fighting back may take the form of physical or verbal resistance. A good example of this is the fight response of soldiers in combat.	
Flight- In the face of trauma, the person's reaction is to flee the situation. The body mobilizes to leave the traumatic experience. Nature provides many examples of animals fleeing dangerous situations.	
Freeze- This traumatic response involves a shutting down of physical reactions to the violence that is occurring. Survivors may have feelings of being unable to move and/or may instinctually "freeze" to endure the trauma.	7

# Adverse Childhood Experiences (ACEs)

Adverse childhood experiences are a SIGNIFICANT risk factor for substance use disorders and can impact prevention efforts Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse, and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders.

# Adverse Childhood Experiences (ACE's)

ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's life span

### ACEs include:

- > Physical, sexual, emotional abuse
- Physical and emotional neglect
- Intimate partner violence
- Mother treated violently
- Household mental illness
- > Parental separation or divorce
- Incarcerated household member

### Trauma's Physical Effects



# Let's Put this Info to Use

Take ten minutes to complete the ACE Questionnaire

Remember your score and destroy your completed questionnaire

### **Scoring ACEs**

The ACE Score can range from "0", meaning no exposure to the ten categories of child abuse and trauma investigated by the Study, to "10", meaning exposure to all ten categories.

Researchers found the higher the ACE Score, the greater the <u>risk</u> of experiencing poor physical and mental health, and negative social consequences later in life.

# What is Trauma Informed Care (TIC)

Trauma Informed Care - Trauma-informed care views service provision through a lens of trauma. It involves having a basic understanding of trauma and how trauma impacts survivors, understanding trauma triggers and unique vulnerabilities of trauma survivors, and designing services to acknowledge the impact of violence and trauma on people's lives. Finally, a trauma-informed approach is sensitive and respectful: advocates seek to respond to traumatized individuals with supportive intent and consciously avoid re-traumatization.

When mood, verbalization, and conduct occurs that seems to reflect the effects of trauma in a student, TIC individuals are trained to reflect upon this as a function of the trauma.

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Trauma Info	rmed Care	N
Trauma Informed Care is		
However, it is best if it	eeded after a trauma has occurred. t occurs at all times	
<ul> <li>Principles are practice interactions</li> </ul>	s that are recommended in ALL	
<ul> <li>A model of thinking a</li> </ul>	nd acting	·
<ul> <li>Safety, trustworthines</li> <li>collaboration, empower</li> </ul>	s/transparency, peer support, erment voice and choice, cultural, issues	
historical, and gender	issues	-
smaller impact and lar	s of the many small and large, and	
others have experience	ed and how these have effected	
wellbeing, social inter	s of the many small and large, and rger impact traumas ourselves and ed and how these have effected emotions, physical, and mental action, and beliefs.	
		#
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Trauma Info	rmed Care	
Tradilla IIIIO	inica care	-
Trauma informed of	are (TIC) includes familiarity	
with the impact of t	trauma on the student	-
Signs include:	on the student	
Jigiis include.		-
Hypervigilance	Hopelessness	
Numbing	Helplessness	
Heightened/dulled emotions	Anger/rage	
Anxiety	Mood changes	
Depression	Isolation	
Suicidality	Sadness	
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### Traditional View vs Trauma Informed View Traditional Paradign Trauma informed Paradigm Students are hurt and suffering Students are sick, ill or bad Student behaviors are immoral and need to be punished Student behaviors are survival skills developed to live through the trauma but are maladaptive to normal society Students can change and stop disruptive behavior if they only had the motivation Students need support, trust and safety to decrease maladaptive behaviors Manage or eliminate student behaviors Provide opportunities for students to heal from their trauma Staff should come to work every day at their best and perform to leadership expectations Leaders need to create strong organizational culture to combat trauma and stress associated with work with the traumatized clients

### Trauma Informed Care Principles

- Embrace understanding of the role trauma plays in life of students/clients served
- Knowledge about the effects of the trauma upon students both short- and long-term.
- Familiar with concept of triggers, learns each students triggers
- Embraces the philosophies of "do no harm", kindness in interactions and RESPECT

# How Thinking and Attribution Change with Trauma Informed Care

Student Does	Attribution by NON- TIC	TIC Attribution
Gets mad "easily (judgement)	Always wants his/her own way	Understanding that fear underlies anger. Ask what is scaring the student
Now has boundary issues and wants too much physical touching & hugs	Acts like a baby, is manipulating, doesn't know limits of affection	Needs reassurance
Acts uninterested, does not pay attention or is defiant	Has become obstinate and likes to challenge authority	Seeks safety in isolation often feels overwhelmed and keeps to self
Is disobedient, always breaking the rules	Always seeking attention. Likes to challenge the rules	Seeks support and help. Rules sabotage healing

# Invite conversation Allow silence Always allow expression of emotions Ask "What can I do for you now and later' Ask what brought comfort in the past and if this can be accessed now Offer options to feeling better that are available immediately to the student ( talk to counselor, take a walk, go to office, mindfulness lounge, etc.) Allow silence Stay with the survivor in their pain "why did this happen to me", etc.) Reflect and clarify to be sure you understand Ask, " what should I ask you?"

Don't	
Demand eye contact	Touch without spoken permission
Talk too much	Ask too many questions
Make promises you can't keep	Get too close
Say "you should be over this by now" or "you have to forgive the perpetrator(s) so you can start to heal"	Use platitudes (this will make you stronger later)
Talk about your own trauma	Ask student to tell you about the traumatic incident(s)

Trauma Informed	
T – Thinking R – Realization A– Assessment U– Understanding M– Method A– Administration	

### Trauma Informed Care

# Lets Simplify

# TIC: Changing How We View Students

Viewing Students Behavior via our Trauma Lenses

"What's wrong with you?"

Can be answered with "I can't find my way out of the pain"

New question:

"What happened to you?"

Ask, then listen with your whole body. Silently sending the message: I honor and respect you and will work to better understand you

### Daily Examples of TIC

Don't

Ignore students when they come to programming.

Do

Greet students and spend a minute acknowledging their attendance

\*Display Caring

### TIC: In Practice

- Lack of resilience and or feeling traumatized may be exhibited as outburst or disruptions feeling detached, numb, or passive, frequent daydreaming or struggling with internal confusion
- By understanding and adopting a TIC approach we (staff) can avoid taking misbehavior personally and can CHOOSE to get to know the students and interact with them in a caring, calm, and supportive way instead of the traditional view.

# When the System is not practicing a TIC approach

It's about the experience you create in your interactions with the student and the behaviors you model to your colleagues

Eventually healthy habits begin

# **TIC Scenarios**

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Students are working on an assignment and all look frustrated and tired. The instructor notices this:

Don't & Do's?

### Scenarios Do's & Don'ts

Don't' treat minor infractions with major reprimands,

### DON'T

Instructor: (says sternly) okay, you all look like you would rather not be here. It's time to change your attitude and get finished with the assignment. Let's go!

Do focus on motivation and encourage students to stay engaged.

Instructor: You all look like you need a break. Everyone stand up, let's take a moment to stretch and move around a bit. Reach your arms up, now touch the floor. Are we ready to get back to work?

### **Scenarios**

A student is talking to a teacher about something that is bothering her. The teacher is not making eye contact and is looking at her computer.

Don't & Do's

Scenarios Do's & Don'ts	
Don't:	
Don't ignore students efforts to problem solve	
Don't disregard the importance of body language and non-verbal actions on your part	
Lack of eye contact when student is talking Closed body, crossed arms when student is talking Turning away and walking off while student is talking Rolling eyes when walking by and hearing students talking	. <del> </del>
*Watch body language	*
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Scenarios Do's	
Do pay careful attention to what message your body language and non-verbal behavior sends to students	=
Do:	<del></del>
<ul> <li>Making eye contact when student is talking</li> <li>Open body language, leaning in when student is</li> </ul>	-
talking - Actively listen nodding while student is talking - Looking interested and displaying a pleased look	÷
	¥
Scenario	
6 000	-
Conflict between students – 3 volunteers needed	<u></u>
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Scenario Do's & Don't	
Don't Don't discount the importance of teaching students successful conflict resolution when instances occur	
Do: Create opportunities for students to successfully resolve conflicts *Display Calmness	
Closeout	
We unpacked some "heavy" topics and explored trauma and how it impacts the students we	
serve.	:
Before we conclude please participate in a mindfulness exercise	
	<u> </u>
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Thank You	3
Thanks for having me, I hope you enjoyed yourself and found the training useful. Please complete the	:
program survey	
If you have questions see contact info below: Allison Gibbs, LCSW	
Email: therapyconciergellc@gmail.com Voice& Text: 267–666-8083	-
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# Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score ra hbr 10 24 06

### While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household <b>often</b> Swear at you, insult you, put you down, or h	
or	•
Act in a way that made you afraid that you n	night be physically hurt?
Yes No	If yes enter 1
2. Did a parent or other adult in the household often	
Push, grab, slap, or throw something at you?	
Ever hit you so hard that you had marks or v Yes No	were injured?  If yes enter 1
3. Did an adult or person at least 5 years older than y Touch or fondle you or have you touch their <b>or</b>	
Try to or actually have oral, anal, or vaginal Yes No	sex with you?  If yes enter 1
4. Did you often feel that  No one in your family loved you or thought  or	you were important or special?
<del></del>	reel close to each other, or support each other?  If yes enter 1
5. Did you <b>often</b> feel that	
You didn't have enough to eat, had to wear of	dirty clothes, and had no one to protect you?
Your parents were too drunk or high to take Yes No	care of you or take you to the doctor if you needed it?  If yes enter 1
6. Were your parents <b>ever</b> separated or divorced?  Yes No	If yes enter 1
103 110	if yes enter i
7. Was your mother or stepmother:  Often pushed, grabbed, slapped, or had som	ething thrown at her?
Sometimes or often kicked, bitten, hit with or	a fist, or hit with something hard?
Ever repeatedly hit over at least a few minutes. No	tes or threatened with a gun or knife?  If yes enter 1
8. Did you live with anyone who was a problem drin Yes No	iker or alcoholic or who used street drugs?  If yes enter 1
9. Was a household member depressed or mentally i Yes No	ll or did a household member attempt suicide?  If yes enter 1
10. Did a household member go to prison?  Yes No	If yes enter 1
Now add up your "Yes" answers:	This is your ACE Score

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# Pocket Guide to Trauma Informed Care

- Understand Triggers
- Build Relationships (be genuine)
  - Give Youth Sense of Control

\*Remember it's about the experience you create in your interactions with the student

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