Becoming a More Trauma-Informed Organization

Improving Trauma-Informed Care & Services for Diverse Populations:
NJ Statewide Network for Cultural Competence

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What is trauma?

- Emotional, psychological, physical wounding
- Individual trauma results from:
  - An event, series of events, or set of circumstances
  - Experienced by an individual as physically &/or emotionally harmful or threatening, & that has lasting adverse effects
  - Effects on the individual’s ability to take action &/or physical, social, emotional or spiritual well-being
- Traumatic reactions occur when neither resistance nor escape is possible

trauma

violence abuse suicide crime war murder assault disaster sexual abuse family violence

fear terror shame guilt nervous haunting panic avoidance disconnected numbness powerlessness normal reactions to abnormal events

There is healing and hope after trauma. Ask for help.

www.Trauma-informed.ca
What is trauma?

• Traumatic events can be shocking & terrifying
• Can include interpersonal violence
  – Physical & sexual assault
  – Domestic violence
  – Child abuse or neglect
  – Witnessing of violence
  – Institutionalization
• Trauma often involves betrayal by trusted person or institution
How Humans Function

• Survival is the primary function of our nervous system
• Our nervous system is evaluating risk & safety automatically & all the time
• The question of “Am I safe?” is processed by the body, mostly unconsciously, throughout our lives
Trauma Impacts the Nervous System

• The Amygdala is our threat detector
  – Centrally located in the brain to quickly review incoming information for threat & safety from various senses
  – Operates automatically before we think about it
  – Its job is “neuroception,” determining whether situations or people are safe, dangerous, or life threatening
  – It becomes over-reactive when we have experienced a lot of trauma, especially if experienced early in life
How does trauma impact us?

• Each component of the ordinary response to danger tends to persist in an altered & exaggerated state long after the actual danger is over.

• Traumatic events produce profound & lasting changes in physiological arousal, emotion, cognition, & memory/body, mind & spirit.

• Trauma shapes & informs our perception of self, interactions with others, & our view of the world.

• Often results in isolation, disconnection, learned helplessness, humiliation, shame, rage, self-loathing, guilt, & adverse physical conditions including addiction.
Common response: Fear Trumps Logic
Defensive, Protective, Closed

- Communication for survival
  - Me against you, us against them
- Fight or flight
  - Hypervigilance
  - Defensive
  - Save yourself
  - Scared, angry, anxious
- Freeze
  - Hide
  - Shut down
  - Disconnect
  - Depressed, numb, depleted, stuck
  - Worthless, ashamed
  - Terrified, hopeless, helpless
Body Up Healing

- The brain functions from the most primitive functions to the most complex.
- The most primitive systems are activated only when the more evolved structures fail.
- The body is the archive of our life’s history.
- The threat response & the relaxed response to events are processed in the body.
- Calm physiological responses by being present & connected (mutual relationships).

Healing doesn’t mean the damage never existed. It means the damage no longer controls our lives.

~ Unknown ~
Shifting out of threat response

• Track where we get stuck
  – Recognize where we get stuck & what it looks & feels like

• Learn to shift
  – Consciously bring breathing to a deeper, non-agitated state
  – Engage in physical exercise
  – Place yourself in a comforting space/situation
  – Comfort yourself with familiar & positive memories, things, people
Recovery

• A process of change in which individuals & communities work to develop a sense of well-being while striving to achieve their full potential

• Beliefs
  – Healing from trauma is possible
  – The healing experience can be transformative
Who is impacted by trauma?

- 20% of girls are sexually abused before adulthood
- 80% of women in jail/prison have been abused
- 60% of all children age 10-17 report being exposed to violence (50% assaulted; 32% bullied)
- 17% of women will be sexually assaulted in their lifetime
- 40% of African-American, 33% of Latina, & 40% of South Asian, women report sexual or physical abuse
Adverse Childhood Experiences Study

- Largest public health crisis study examining health & social effects of adverse childhood experiences throughout the lifespan (17,421 participants)
- Adverse experiences
  - Physical & sexual abuse, emotional & physical neglect, growing up in a home where mother was treated violently, there was substance abuse, criminal activity, a mental health diagnosis, &/or parental separation/loss
- 66% of women reported at least one childhood experience involving abuse, violence, or family strife
- 25% exposed to 2 categories, 6.25% exposed to 4 categories
- 22% sexually abused as children
Adverse childhood experience on adulthood

- Adverse childhood experiences determine the likelihood of the 10 most common causes of death
- With an ACE score of 0, the majority of adults have few, if any, risk factors for these diseases
- With an ACE score of 4 or more, the majority of adults have multiple risk factors for these diseases or the diseases themselves
Strong relation of ACE to:

- Smoking
- COPD
- Hepatitis
- Heart disease
- Diabetes
- Obesity
- Alcoholism
- Other substance abuse
- Depression
- Attempted suicide
- Teen pregnancy
- Teen paternity
- STD
- Occupational injuries
- Poor job performance
- Job/school absences
Why do we need to be “trauma informed?”

• Families we work with have faced/face trauma
• Many actions & responses (coping strategies) that seem ineffective & unhealthy in the present are adaptive responses to past traumatic experiences
• The impact of trauma is often experienced across the lifespan & across generations
What is “trauma informed?”

- Realizes the widespread impact of trauma
- Recognizes that “symptoms” are often adaptive coping mechanisms
- Resists re-traumatization
- Responds by integrating knowledge about trauma into policies, procedures, practices, & settings
Qualities of a Trauma-Informed System

• Intentionality: Action rooted in “knowing”
• Mutuality: Healing happens in relationships
• Commonality: We all have a story
• Potentiality: Healing is possible for all
Trauma Informed Practice

• Reframes the conversation from “what’s wrong with you” to “what happened to you”
• Acknowledges the many pathways to recovery
• Recognizes healing happens in relationships
• Focuses on the person, not the label
• Incorporates an understanding of the impact of trauma on the body
• Creates conditions for safety, healing, recovery
• Incorporates the wisdom, experience & expertise of women with lived experience in all aspects of the work
Elements of Trauma Informed Environment

• Physical environment
  – Confidentiality/privacy
  – Accessibility
  – Appearance
  – Climate

• Supportive environment
  – Transparency
  – Consistent/predictable
  – Resources availability
  – Clear expectations
  – Cultural sensitivity

• Inclusive environment
  – Voice
  – Choice
  – Language (Person-First; everyday non-clinical)

• Relational environment
  – We all have a story
  – Boundaries
  – Balanced
  – Authentic

Supportive Environment
Assessing our Environment

• Each group will be assigned a section of the organizational self-assessment

• As you review, discuss:
  – To what extent do we do this now?
  – Why is it important?
  – How can we implement this more effectively?
  – Who can help us?
Supporting Trauma-Informed Relationships in Our Work Together
Objectives

• Identify elements of trauma informed relationships in the workplace
• Identify knowledge, skills and values of trauma informed staff
• Strengthen core competencies for trauma informed staff within our own organizations
"Self-care is never a selfish act - it is simply good stewardship of the only gift I have, the gift I was put on earth to offer to others."

- Parker Palmer

Be careful how you are talking to yourself because you are listening.

~Lisa M. Hayes

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**Things to Remember:**

**Things to Remember:**

- I will be okay. Life will get better.
- I look nice today! Yay!

When no one is comforting you, you can comfort yourself.
When no one is kind to you, you can be kind to yourself.

**Things to Remember:**

**Things to Remember:**

- I am lovely and deserve happiness.
- I can do it! And you bet I will!

When no one is validating you, you can validate yourself.
When no one believes in you, you can believe in yourself.

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When one is out of touch with oneself, one cannot touch others. – Anne Morrow Lindbergh,

*Gift from the Sea*

www.lifecoachingwithang.com
Spheres of Influence & Control

What you can control
What you can influence
Everything else
Supporting Staff Through Change

When moving to a trauma informed organization, staff roles, responsibilities, knowledge, skills, and values are continually

- Reviewed
- Reflected upon
- Revised (as needed)

What does this mean for you as staff &/or as supervisors?

What is your experience with change?
We are In this Together

In Trauma-informed organizations, staff develop intentional working relationships where

- New knowledge
- Practices
- Courage
- Commitment can develop

"Alone we can do so little; together we can do so much."
- Helen Keller

Adapted from Margaret Wheatley
Trauma-Informed Relationships in the Workplace are Built On

- Understanding Trauma and its Impact
- Promoting Safety
- Ensuring Cultural Sensitivity & Reciprocity
- Supporting Choice and Control
- Sharing Power
- Sharing Leadership
- Mutually Respectful and Trusting Relationships
- Integrating Compassionate Self Observation (Self Care)
- Believing Healing and Recovery is Possible
Core Competency Framework

Source: Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Professionals - SAMHSA
Core Competency Framework

Provides an opportunity to:

• assess the strengths and training needs of staff (both individual and team)
• encourages continuous conscious growth
Core Competency Framework

Interconnection of:

"We are not what we know but what we are willing to learn."

– Mary Catherine Bateson
Core Competency Framework

**Knowledge** is defined as that what needs to be known to be effective. It may be acquired via:

- Research findings
- Study of best practices
- Feedback from peers and program participants
Core Competency Framework

- **Skills** are specific proficiencies and techniques that enable staff to work with efficacy and intention
  - They are what someone does
Values are the principles and beliefs that underlie our work. They are made manifest through actions and interactions with colleagues and peers/participants.
Mapping Tool on Core Competencies for Trauma-Informed Staff

Vickie Hutchinson
Assessing Ourselves

• Complete the self-assessment
• Find a partner
  – I discovered about myself:
  – I was surprised at:
  – I want to learn more about:
  – I need help to:
Reviewing Core Competencies

“How Do You Know What You Know?”

• Vignettes, Scenarios, Case Studies
• Observation
• Feedback from peers and program participants
• Feedback from Team Members
• Prompts in Supervision
• Self-Assessment
• Annual Performance Reviews
• Storyboards
Taking Action

Peers

Organization

Staff and colleagues
What is Our Role in Creating Change?

What is the role of the leader? What are the leaders’ tasks?
Where do you look for leadership? Who are the leaders in your organization?

How does change happen? How does change happen in your organization? Give examples.

You as a leader...When have you taken on a leadership role? Why did you step forward? Who were your allies? What did you learn about leadership? About change?
Taking Action

• What is the first thing you are going to do when you get back to work?
• Who else needs to be involved to make this happen?
• Who are your allies?
• Who do you have to inform about your intentions?
Feedback