

MANAGING UNCERTAINTY USING A TRAUMA INFORMED LENS



ATTUNE AND PREPARE

TO DO THIS, WE WILL...

Intention: To use a TI lens to address uncertain times

Do this by:

- **Provide a quick overview of TIC**
- **Refresh our memories about the impact of trauma on brain processing and behavior**
- **Apply TI principles to your organization**

SO REMIND ME...

WHAT IS
TRAUMA
INFORMED
CARE?

TRAUMA INFORMED CARE

“Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.”

(SAMHSA’s Concept of Trauma and guidance for a Trauma-Informed Approach, 2014
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>)

TO BE TRAUMA INFORMED

realize the widespread impact of trauma and understand potential paths for recovery;

recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and

respond by fully integrating knowledge about trauma into policies, procedures, and practices, and seek to actively **resist** re-traumatization”

TERMS

Trauma – something that overwhelms your ability to cope in the moment; event, effect, experience; threatens survival

Toxic Stress – prolonged activation of the stress response system in the absence of protective relationships

Scarcity – having less than you think you need

TRAUMA SPECIFIC SERVICES VS. TIC

Trauma Recovery/Trauma Specific Services

- Reduce symptoms
- Teach skills
- Promote healing: psycho-empowerment, mind-body, other modalities.

Trauma Sensitive

- aware

Trauma Informed Care

- Guide policy, practice, procedure based on understanding of trauma
- Corrective emotional experiences.
- Parallel process
- **Assumption: every interaction with trauma survivor activates trauma response or does not.**

WHY IS IT IMPORTANT?

Trauma is pervasive.

Trauma's impact is broad, deep and life-shaping.

Critical for those who have experienced adversity

Trauma differentially affects.

Trauma affects how people approach services.

The service system has often been activating or re-traumatizing.

PRINCIPLES OF TIC

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

Trauma Informed Care Logic Model



Assumptions

1. Human service settings are populated with people (service users and staff) with experience of past or present trauma.
2. Services and settings can be re-traumatizing for individuals when they feel unsafe or don't feel that they have control, power, choice, voice, or value.
3. Trauma informed care takes these challenges into account and creates services and settings that are safe, empowering, trustworthy, collaborative, and responsive to cultural, historical, and gender issues (based on TIC principles).

SO HELP ME UNDERSTAND....

WHY DOES
TRAUMA
HAVE THIS
EFFECT?

THE SCIENCE

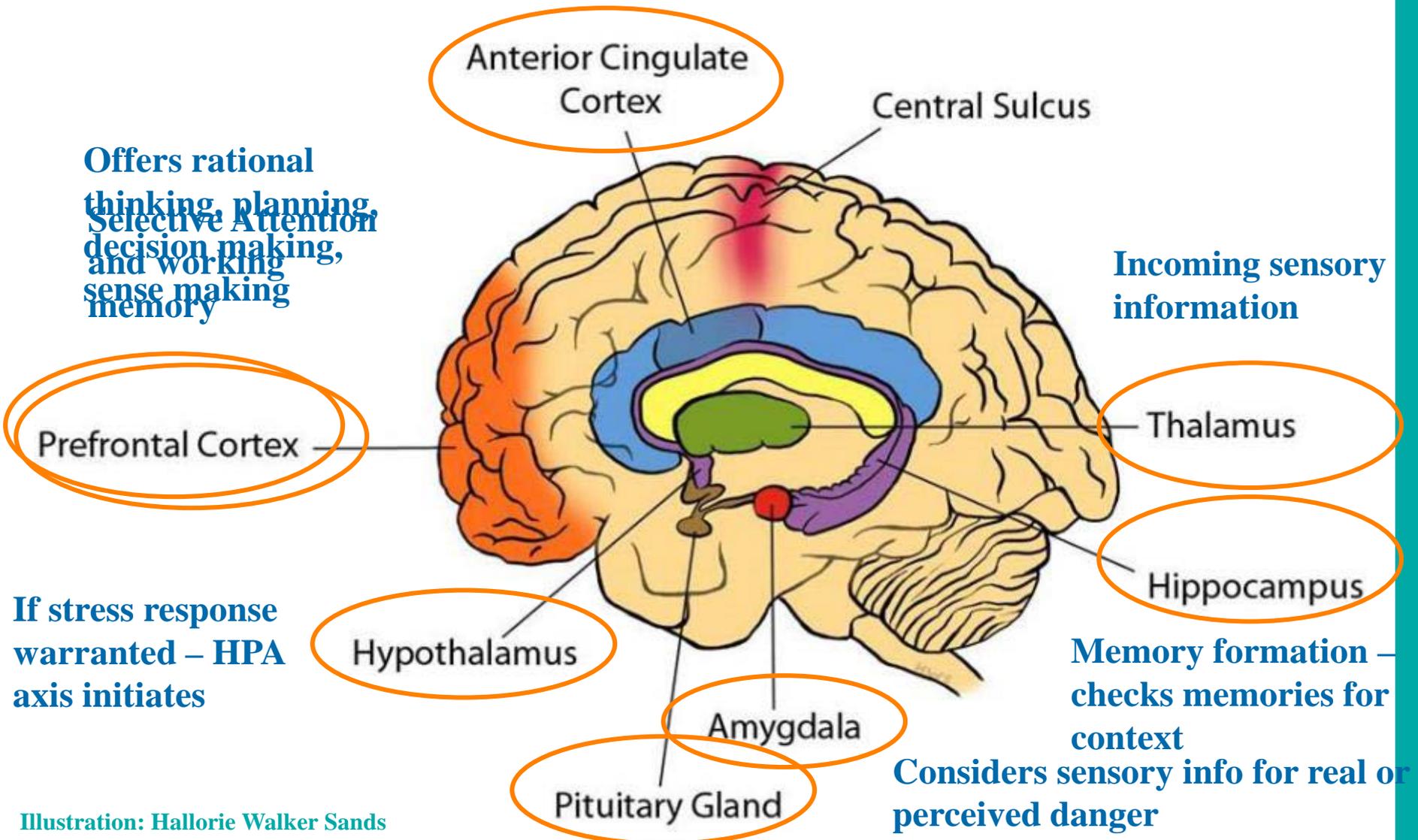
These all inform TIC

- Epigenetics
- Adverse childhood experiences
- Resilience

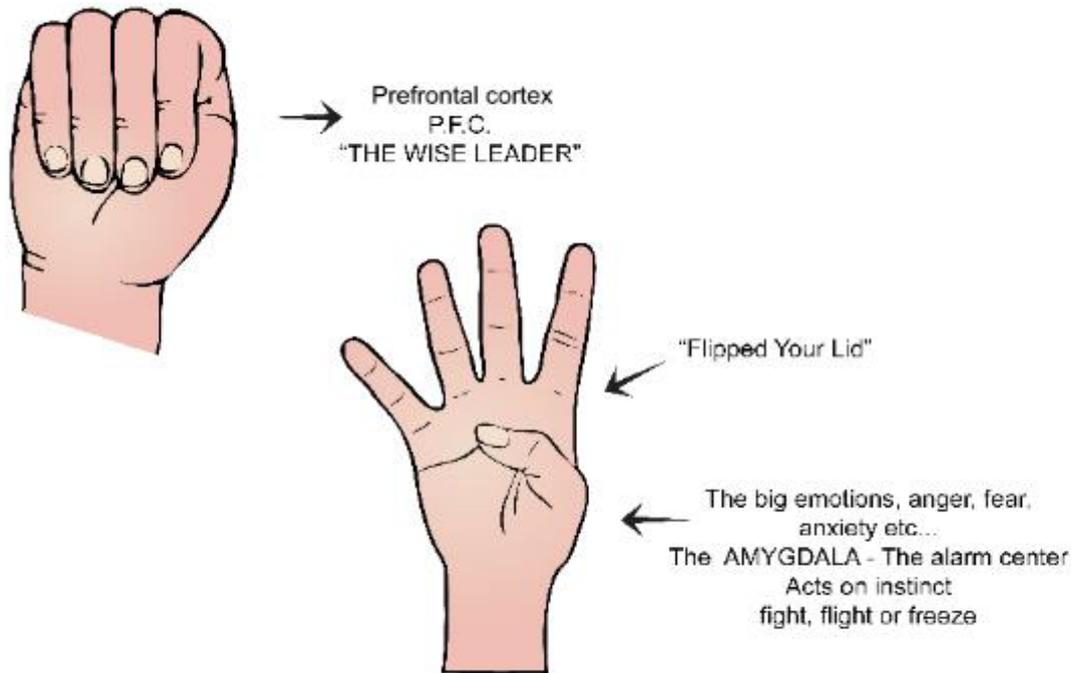
Today we will focus on

- Neurobiology

HOW IS INFORMATION PROCESSED? STRESS RESPONSE....



“Flipping One’s Lid”



Credit: Daniel Siegel, M.D. is the creator of this metaphor and expression "Flipped Lid". Copyright © 2014 www.sharonelby.com

Challenges with:

- Memory
- Communication
- Sensory regulation
- Executive functioning
- Regulation

In Survival Mode –
assessing threat
constantly

WHEN TRAUMA HAPPENS....

Central Nervous System becomes unbalanced

Parasympathetic
Nervous Sys:
Rest and Digest



Sympathetic NS:
Arousal system
Fight or Flight

INDIVIDUALS MAY...

- Feel unsafe
- Engage in harmful behaviors
- Tend toward anger and aggression
- Feel hopeless or helpless
- Continue unhelpful patterns of behavior
- Feel hyper aroused with memory and communication problems
- Have trouble managing emotions
- Be overwhelmed, confused, depressed
- Not be able to imagine any other future
- And will disengage

BRAIN AND BODY FUNCTION

Attention can be a problem

- Amygdala in survivors is hyper-vigilant – scanning for real or perceived threat. **Incoming sensory information is really important, but can also be triggering.**
- Attentional control from frontal lobe is decreased – perseverate, fixate, trouble concentrating

Memory is impaired – damage to hippocampus due to excess cortisol

- Working memory (short term) is impaired
- Long term (explicit) memory (hippocampus) – facts, stories, pictures – impaired
- Long term (implicit) memory (amygdala – acute trauma) often clear and sharp

BRAIN AND BODY FUNCTION

Communication is challenging: dominance of RH

- Decreased verbal (left hemisphere) – hypersensitive to nonverbal (right hemisphere) – prone to misinterpret.

Executive Function is impaired

- Planning, decision making, self-regulation, weighing the severity of a situation, prioritizing – and other EF are worse.

Beliefs are affected

- Changes your sense of self, others, world
- Relational disturbance
- Blame

Physical symptoms can result

- Pain, sleep, immune system all can be affected

The Experience

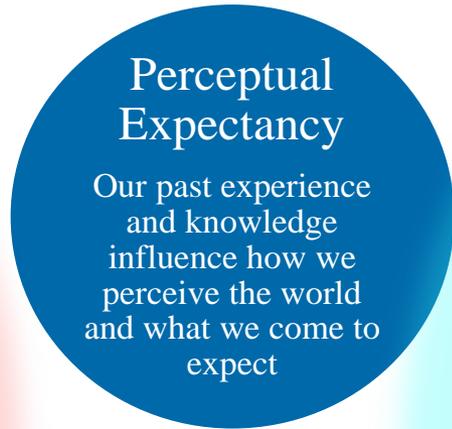


Parents /families



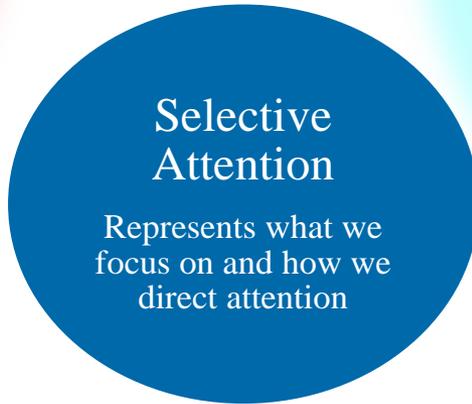
Staff

What is the situation? Is it traumatizing?

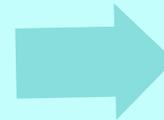
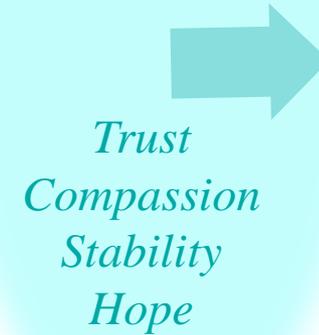


Environment

Communication Strengths focus



What is the lens we use?
What is our narrative?



What does this environment look like?
• How are these concepts reflected?

The BIG PICTURE

**Influenced by expectations and
prior experiences**

*“We don't see things as they are.
We see them as we are”*

Anais Nin

AS YOU REFLECT ON A STATE OF UNCERTAINTY

WHAT FEELINGS
ARE EXPERIENCED?

AS YOU REFLECT ON A STATE OF UNCERTAINTY

WHAT BEHAVIORS
ARE SEEN?

A TRAUMA LENS

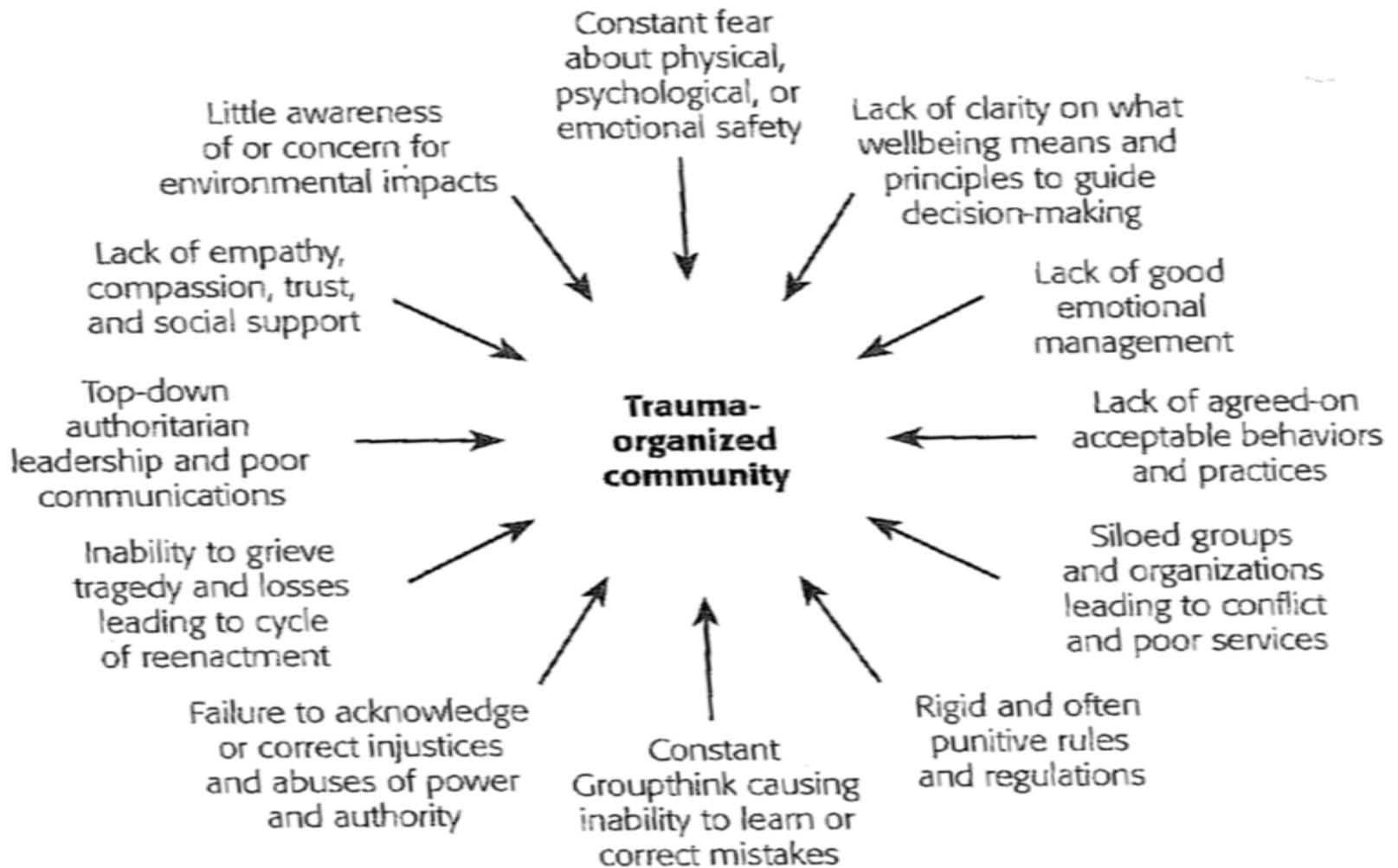
What might the NON Trauma informed system say about this person?

Using a trauma lens – what else could be going on? What is the purpose/benefit of that behavior?

TRAUMA EDUCATION STATEMENT:

What we know about toxic stress is __*[that trauma survivors often started using substances]*__ because/to *[either prevent feeling greater pain, to feel something, or because it was forced onto them]*

FIGURE 11.1 Common traits of trauma-organized communities



Source: Adapted from Bloom, S. (2013). *Destroying Sanctuary & Restoring Sanctuary*. Oxford: Oxford University Press; Doppelt, B. (2003). *Leading Change Toward Sustainability*. Sheffield, U.K.: Greenleaf Publishing.

SO NOW WHAT?

APPLYING THE PRINCIPLES

BEHAVIOR & COMMUNICATION HIERARCHY



Understanding and accepting
alternative explanation for behaviors

Lid is flipped

Adjust behavior and communication
in response.

Prioritize de-escalation, regulation,
building trust and creating safety

Lid is not flipped,
but prevention is
key

Use techniques to prevent lids from
flipping

Prioritize empowerment, collaboration,
and creating self-worth

NOT ONLY ABOUT WHAT BUT HOW – SAFETY FIRST

Flipped lid

The key is to regulate and promote sense of safety

Remember: Right hemisphere dominant

- sensitive to non-verbals like tone, body language and gestures

Display open and body language

Use facial expression to convey empathy

Match and mirror (eye contact, interaction)

Avoid judgmental and/or shaming words and body language

REMEMBER THE WHY

Safety –

- If I feel unprotected I can only focus on threats

Transparency –

- If I don't know what is happening I have to rely on my experiences & interpretation

Trustworthiness –

- If I don't feel like you have my back I will create my own protection

Peer Support –

- I need to know it is not just me; witness

Collaboration -

- Reduces isolation & the narratives that follow

Voice & Choice –

- One size does not fit all; better resource use

Culture –

- Informs what can be helpful and healing to me

History –

- If you don't get what has happened you can't know what is needed

How can you recommend to actualize these principles? Examples of how it is happening or ideas you have.

How can collaboration be promoted during a time of chaos or stress?

How can transparency be promoted.....

SAFETY: PHYSICAL & PSYCHOLOGICAL

- **Space for regulation**
- **Right brain activity**
- **Practice response for perceived danger**
- **Reach out to families – supports**
- **Food and water**
- **Affinity group space**

TRANSPARENCY & TRUSTWORTHINESS

- **Regular updates**
- **Multiple modalities**
- **Rules of engagement**
- **Explain the why**
- **Review board – how decisions are made**
- **How conflict is managed**

PEER SUPPORT

- **Offer affinity space**
- **Support gatherings (space, time, food)**
- **Tech supported peer groups**
- **Peer supervision**

COLLABORATION

- **Across dpt learning**
- **Find ways to see feedback about needs**
- **Institute questions like “what do you need from...” “have you asked....” “ who else can be helpful.....”**
- **Shared decision making (thumbs up....)**
- **Offer logistical help**

VOICE AND CHOICE

- **Suggestion boxes**
- **Time to talk scheduled**
- **Give feedback**
- **Offer for things to be piloted vs no**
- **Listening does not mean needing to make it better**
- **Offer choices**

CULTURE

- **Ask how culture can be present**
- **Talk about individual culture, program cultures, organizational culture**
- **Ack impact of the world and culture**
- **Talk about it**

HISTORY

- **Historical context of your program, building**
- **Context of those you serve and co-workers**
- **Context of these current events**

AND DON'T FORGET

The importance of restore and repair
when things don't go as intended.

SUMMARIZING

Awareness

Understand the prevalence of trauma and the potential impact it has on behaviors.

Be aware of potential triggers

Be aware of self-biases

Regulation

Communicate and behave in ways that promote safety, trust, and collaboration.

Be on the watch for parallel process

Reflection

Reflect on interactions. Repeat or restore and repair as needed.

AGAIN

Positive interactions which communicate safety and connection are foundational to changing unproductive brain patterns.

Every interaction the survivor has with a provider system has the potential of

- adding to the trauma experiences,
- reactivation of trauma memories,
- or providing a sense of safety and enhancing emotional regulation.

- 1. In one word – why do you do this work?**
- 2. What is one thing from your culture that is helpful to pull on in times of toxic stress?**
- 3. What is one thing you can do to promote stability in the uncertainty?**

THANK YOU!

Mandy Davis

madavis@pdx.edu

Trauma Informed Oregon website

traumainformedoregon.org

