Delivering Trauma-Informed Care in an Employment Context

A Nation That Works
Chicago, IL
October 26, 2016

Midwest Harm Reduction Institute
James Kowalsky, BA
Engagement Services & Practice Enhancement Specialist
Heartland Health Outreach

Email: jkowalsky@heartlandalliance.org
Twitter: @MidwestHRI @James_Kowalsky
Facebook: Midwest Harm Reduction Institute
Website: www.midwestharmreduction.org
Why Trauma Informed Care?
Trauma Informed Care

• A program, organization, or system that:
  – *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;
  – Seeks to actively resist *re-traumatization*.

  Substance Abuse and Mental Health Services Administration (SAMHSA)

Midwest Harm Reduction Institute
What is Trauma?
What is Trauma?

Traumatic events are:

• Sudden, unexpected, and perceived as dangerous
• Involve a threat to one’s physical or mental well-being through violence or threat of violence
• Overwhelming, make an individual unable to manage the daily business of life as a result
• Subjective, defined by the survivor’s experience
Types of Trauma

• Witnessing or experiencing a traumatic event

• **Acute traumatic stress**
  – Generally involves one time traumatic experience (car accident or natural disaster)

• **Complex trauma**
  – Prolonged or multiple traumatic events; often involving a caregiver or personal relationship (neglect, physical or sexual abuse)
Events That Can Be Traumatic

- Sexual abuse
- Severe neglect
- Physical abuse
- Domestic violence
- Witnessed violence and cruelty to others
- Community violence
- Deprivation caused by extreme poverty
- Incarceration
- War
- Natural disaster
- Loss of homeland
- Serious emotional and psychological abuse
- Repeated abandonment or sudden loss
- Rape (sexual assault)
- Substance use
- Homelessness
Adverse Childhood Experience Study (ACES)

- ACES includes Abuse, Neglect, and Household dysfunction
- 2/3 of people have experienced one
- 12.5% of people have had 4 or more
- Increases risk of health issues like heart & liver disease, depression, alcoholism
Trauma Feels Like…

https://www.youtube.com/watch?v=IJMDdT24_98

Midwest Harm Reduction Institute
Trauma and the Brain

Limbic System
- Survival behaviors
- Alerts ANS (Automatic Nervous System) to activate flight, fight or freeze response
- Amygdala manages and stores intense, emotional memories
- Hypothalamus signals body to relax when the threat passes
The Traumatized Brain

Midwest Harm Reduction Institute
PTSD: 4 Symptom Clusters

1) **Intrusion** (re-experiencing)
2) **Avoidance** (of stimuli)
3) **Hyperarousal** (aggression)
4) **Negative Cognitions and Mood**
   - Estrangement from others
   - Distorted feelings of blame, guilt, distrust
   - Diminished interest in activities
   - Inability to remember aspects of the event
Diagnostic Mnemonic: PTSD

T - Traumatic event experienced
R - Re-experiences (e.g., dreams, intrusive thoughts)
A - Arousal (e.g., hypervigilant, irritable, insomnia)
U - Unable to function (occupational, interpersonal)
M - More than a month (persistence)
A - Avoidance (of related stimuli; detachment)

(Khouzam, 2001)
What Does Trauma Look Like?

- Everyone experiences trauma differently
- Survivors who exhibit trauma symptoms usually present in one of four ways:
  - Sad
    - hopelessness and despair, feelings of isolation and withdrawal, helplessness, and low self-esteem
  - Mad
    - paranoia, feeling totally different
  - Bad
    - explosive anger and rage, hostility towards authority figures
  - I've been had
    - difficulty setting long-term goals, failure to accurately perceive danger which can go both ways, sometimes participants don’t recognize dangerous situations and other times, they jump into fight-or-flight mode when it’s not necessary
“Difficult” behaviors as traumatic responses

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Traumatic response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Interpersonal conflicts, appears agitated</td>
<td>• Irritability, restlessness, outbursts of anger or rage</td>
</tr>
<tr>
<td>• Remains in abusive relationships or is repeatedly victimized</td>
<td>• Revictimization (impaired ability to identify signs of danger)</td>
</tr>
<tr>
<td>• Cutting off from sources of support, isolates</td>
<td>• Detachment, feelings of shame and self-blame</td>
</tr>
<tr>
<td>• Complains of unfairness, feeling targetted/blamed</td>
<td>• Loss of a sense of fairness in the world</td>
</tr>
<tr>
<td>• Feeling emotionally “out of control”, unpredictable responses</td>
<td>• Affect dysregulation (emotional swings)</td>
</tr>
</tbody>
</table>

(Hopper, E.K. et al., 2010)
The Impact of Trauma

- Feelings
- Judgment
- Beliefs
- Frame of reference
- Memory & Perception
- Body & Brain
How Do We Respond?

i will face the worst in the world with the best in myself.

Midwest Harm Reduction Institute
“Trauma robs the victim of a sense of power and control; the guiding principle of recovery is to restore power and control to the survivor. The first task of recovery is to establish the survivor’s safety.”

Judith Herman
Maslow’s Hierarchy of Needs

Self-actualization
- morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts

Esteem
- self-esteem, confidence, achievement, respect of others, respect by others

Love/Belonging
- friendship, family, sexual intimacy

Safety
- security of body, of employment, of resources, of morality, of the family, of health, of property

Physiological
- breathing, food, water, sex, sleep, homeostasis, excretion

Midwest Harm Reduction Institute
Safety and Containment

• Know how to apply the brakes
• Establish safety where ever possible
• Begin with the body
  – Basic health needs
  – Regulate bodily functions
• Regulate affect
• Identify, increase resources
• Oasis – breaks from traumatic response
• Anchor – grounding resource
• Safe place – ideally an actual place client has visited

Adapted from a training by S. Bernero, Roots Counseling and Training Solutions
Trauma-Informed Emphasizes

- **Respect**
  - Validates experience, reduces shame
  - Prioritize safety, choice and control
  - Normalizes behaviors in a non-judgmental way
  - Emphasizes resiliency in human responses to stress

- **Information** – Resources, Empowerment & Control through skill development

- **Connection** – Healing power of relationships

- **Hope** – for participant and providers alike

(Saakvitne et. al, 2000)
Building Trust

• Patience
• Distrust is learned and to be respected
• Own your mistakes, acknowledge them
  – Be the opposite of the perpetrator
• Understand there is a power differential
• Setting reasonable and consistent boundaries with our participants

Midwest Harm Reduction Institute
Trauma-Informed Employment Support

• Discuss common responses to trauma and its impact on health and well-being

• Identify possible triggers in the workplace

• Increase resources for managing painful or disruptive feelings

• Develop community partnerships with providers equipped to treat trauma

• Reflect on the impact of secondary trauma

(National Center on Domestic Violence, Trauma & Mental Health)
I can't believe I work this hard to be this poor.
A TRAUMA EXPOSURE RESPONSE

- Feeling Helpless and Hopeless
- Grandiosity: An Inflated Sense of Importance Related to One’s Work
- Addictions
- Inability to Empathize/Numbing
- Anger and Cynicism
- Fear
- Guilt
- Sense of Persecution
- Dissociative Moments
- A Sense That One Can Never Do Enough
- Hypervigilance
- Diminished Creativity
- Inability to Embrace Complexity
- Minimizing
- Chronic Exhaustion/Physical Ailments
- Inability to Listen/Deliberate Avoidance
Trauma Impacts our Work

“Evaluating our response to trauma exposure is critical, because how we are impacted by our work in the present directly affects our work in the future.”

Laura van Dernoot Lipsky

Midwest Harm Reduction Institute
You are here.
Grounding Exercise Text

Introduction to Grounding: For this exercise, remember to keep your eyes open, look around the room as much as you like. Get into a comfortable position, put your feet flat on the floor, pull your back off the chair, and let your arms rest at your side.

(Mental Grounding) You are here. Today is _______. The date is _______ and you are located in _______. You are safe.

(Physical Grounding) Begin by noticing your body. Notice the way your feet can feel the floor, wiggle your toes and press your heels down to really notice it. Notice the places where your body touches the chair, notice what it feels like, describe it in your head…

(Mental Grounding) Look around the room and notice how many colors can you see in this room. Try to avoid making judgments about the colors you see, just notice that it is there and move on to the next one.

(Physical Grounding) Stretch your arms forward or above your head, whichever feels more comfortable for you. Notice where you feel the stretch, relax your arms.

Midwest Harm Reduction Institute
References

Harris, M. & Fallot, R. “Using Trauma Theory to Design Service Systems”. New Directions for Mental Health Services Spring 2001; Number 89.


ACE Study, CDC Website: http://www.cdc.gov/violenceprevention/acestudy/index.html


Midwest Harm Reduction Institute
Resources


• Workplaces Respond, supporting workers in response to violence: http://www.workplacesrespond.org/


• Matt’s Mumblings, blog on trauma and social services: http://coldspringcenter.org/mattsmumblings/