Archived Webinars

Webinar Title: Understanding and Addressing Complex Trauma in DV/SA Settings
Recorded: Thursday, November 29, 2018
Facilitator: Kathleen Guarino (American Institutes for Research)
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This webinar was part of SCCADVASA’s Trauma Informed Systems Change Project, an effort to build healthy, resilient communities across South Carolina by engaging in system-wide evaluation and capacity building for improving outcomes to vulnerable, trauma-exposed clientele.

Description:

Exposure to chronic childhood trauma, particularly trauma that occurs in the context of caregiving relationships, can have profound effects into adulthood. Exposure to early trauma, including experiencing and witnessing violence, increases risk for mental health and substance abuse issues and puts women at greater risk for continued violence. This webinar explores the issue of complex trauma and its effects across the lifespan, including the intersection between complex trauma, DV, mental health and substance abuse. Participants will learn about the effects of complex trauma and frameworks and strategies for supporting survivors with complex trauma in DV/SA settings.

Learning Objectives:
Webinar participants will:
1. Understand the effects of complex trauma across the lifespan.
2. Recognize the signs of complex trauma in their daily work with survivors.
3. Learn strategies for supporting survivors with complex trauma that can be
Learning Objectives

1. Understand the effects of complex trauma across the lifespan.
2. Recognize the signs of complex trauma in your daily work with survivors.
3. Learn strategies for supporting survivors with complex trauma that can be incorporated into daily practice, programming, and procedure.
The term **complex trauma** refers to:
- exposure to multiple traumatic events from an early age, often interpersonal in nature within caregiving relationships and
- the immediate and long-term effects of these experiences over development.

**Potentially Traumatic Adverse Childhood Experiences**

The three types of ACEs include:

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional
  - Mental Illness

- **HOUSEHOLD DYSFUNCTION**
  - Incarcerated Relative
  - Mother treated violently
  - Substance Abuse

Other forms of cumulative adversities that may result in similar developmental impacts include:
- Poverty and ongoing economic challenge
- Community violence and inability to escape
- Homelessness
- Ongoing experiences of racism, discrimination, and disenfranchisement
- Human rights violations
- War and combat involvement or exposure
- Displacement, refugee status, and relocation

Repetitive, prolonged, cumulative stressors can also occur later in life.
Adverse childhood experiences are common.

As the number of ACEs increases, so does the risk for negative health outcomes.
Intersection: ACEs and Domestic Violence

In DV settings, you are often working with co-occurring and past trauma in addition to DV.

- Among survivors of DV, rates of early childhood adversity (e.g., abuse) are common.
- Women exposed to adverse experiences in childhood (e.g., physical and sexual abuse, exposure to violence) are at greater risk for victimization by intimate and non-intimate perpetrators in adulthood.
- More than one-third of children exposed to domestic violence have 4 or more other ACEs

(Al-Khowayri et al., 2010; Roberts et al., 2011; Ferguson et al., 2008; National Center on Domestic Violence, Trauma & Mental Health; Cohen et al., 2015; Dube et al., 2012)

Intersection: ACEs and Dating Violence

In a nationally representative sample, ACEs were predictive of physical dating violence, accounting for more than one half of dating violence victimization (53%) and perpetration (56%).

(Miller et al., 2011)

Effects of Complex Trauma
Brain Development

- Develops from the bottom up.
- Early childhood is period of greatest growth. It is estimated that the brain makes 700 to 1,000 new connections per second in the first few years of life.
- At 80% of adult size by age 3.

Brain Development

Limbic System

- Emotional control center of the brain
- Determines how we feel about an experience (pleasurable, frightening)
- Memory formation
- Alarm center

Brain Development

Cerebral Cortex

- Latest to develop (mid-late 20's)
- Responsible for
  - Reasoning
  - Planning
  - Organization
  - Decision-making
  - Problem-solving
  - Attention
  - Judgement
  - Self-regulation
  - Cooperation
  - Perspective
Brain Development

- Connections streamlined over time via “pruning” process—reducing connections that aren’t used
- Thinking brain and emotional brain become better coordinated.
- Continue development into early adulthood.
- Period of increased plasticity or ability to change based on experiences and sensitivity to the effects of environment and experiences on development of various skills

Influences on Brain Development

**Genes** provide the blueprint for brain development, and help form brain cells and build connections between different parts of the brain. How these plans unfold depends on environmental factors and personal experiences.

Influences on Brain Development

**Environmental factors** include level of exposure to toxic substances such as lead, mercury, pesticides, and drugs like alcohol, nicotine, and cocaine that can disrupt early brain development.
Influences on Brain Development

**Personal experiences**
include quality of parent-child relationships, degree of support and connection in families, schools, and communities, and exposure to stress and adversity.

Types of Stress Responses

- **POSITIVE**
  - Brief increases in heart rate, mild elevations in stress hormone levels.
  - (e.g., meeting new people, dealing with frustration, going to the doctor, overcoming fears).

- **TOLERABLE**
  - Serious, temporary stress responses, buffered by supportive relationships.
  - (e.g., death or illness of loved one, accident, divorce).

- **TOXIC**
  - Prolonged activation of stress response systems in the absence of protective relationships.
  - (e.g., chronic abuse, neglect, witnessing/experiencing violence in families and communities).

Effects of Complex Trauma

- Emotional brain is over-reactive, constantly in survival mode.
- This leads to changes in the body that include elevated baseline heart rate, body temperature, and level of anxiety, as well as changes in hormone levels.
- Results in being constantly on guard for potential threat, mistrustful of others, and overly reactive to trauma reminders.
Effects of Complex Trauma

- Thinking brain is underdeveloped (smaller structures, fewer connections).
- Difficulties with learning, concentrating, processing and remembering new information, acquiring new skills, regulating emotions, and connectedness.

Pet Scans PTSD vs. Non-PTSD show decreases in frontal lobe activity (cognitive thought) and increased activity in midbrain/“emotional brain” right brain

Children exposed to toxic stress invest long-term energy into surviving instead of thriving.
Effects of Complex Trauma

Complex trauma reactions can be misunderstood and misdiagnosed as other issues such as ADHD, bipolar disorder, oppositional-defiant disorder, and reactive-attachment disorder.

Need for different diagnoses to fully capture: Complex PTSD, Developmental Trauma Disorder.
Effects of Complex Trauma

- Mental health issues
- Substance abuse
- Chronic health issues (pulmonary disease, autoimmune disorders)
- Risky sexual behaviors
- Risk for violence in adulthood (e.g., IPV)
- Smoking
- Suicide attempts
- Unemployment
- Housing instability
- System involvement (justice, child welfare)

Effects of Complex Trauma: Families

- Mental health and substance abuse issues that interfere with relationship-building.
- Increased risk for negative interpersonal patterns such as abuse, neglect, and domestic violence.
- Difficulty tolerating reading their child’s cues and tolerating their stress reactions.
- Trouble recognizing safety issues.
- Unrealistic expectations of children.
- Difficulty with role (e.g., role reversals).
- Disorganized relationships, difficulties with attachment, dysregulated family systems.
- Intergenerational effects

Source: The Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse
What we know . . .
Childhood trauma often goes unrecognized and untreated.
“Although childhood trauma experienced by individuals may be core to their condition and central to their healing, it has seldom been addressed or viewed as a central issue in the treatment of adults within public mental health settings.”

Cusack et al., 2007

Effects of Complex Trauma in Service Systems

- Difficulty following through
- Avoids meetings with staff
- Isolates
- Interpersonal conflicts
- Difficulty managing emotional responses
- Seems spacey or “out of it”
- Complains of aches and pains
- Has difficulty trusting/feels targeted
- Has on-going substance abuse problems
- Remains in an abusive relationship or is victimized repeatedly
- Struggles with significant mental health and/or substance abuse issues

Jennifer is particularly difficult to work with. In meetings at the program she is often either “shut down” or defensive, angry and verbally aggressive. She frequently splits staff members, making the same request of multiple people, hoping to get the answer that she is looking for.

Staff feel that they have tried to help her many times, and yet, Jennifer refuses to take the initiative to do what is needed to meet her goals. When she does accept help, she does not appear appreciative of the support and can become angry again as soon as something does not go right.
How you view Jennifer’s behaviors will influence how you respond.

Looking at Jennifer with our trauma glasses on:

- Overwhelmed
- Triggered
- Constantly on the lookout for danger
- Mistrustful of others due to her history of abuse
- Terrified of success
- Frozen
- In “fight” mode
- Getting her needs met in ways that have worked in the past

Words that we might use to describe Jennifer if we take her behaviors at face value without factoring in the impact of trauma:

- Manipulative
- Lazy
- Entitled
- Resistant
- Unmotivated
- Disrespectful
Handout: Recognizing the Effects of Complex Trauma

Addressing Complex Trauma

“There is no such thing as a ‘bad’ response; there are only adaptive responses.”
– Stephen Porges

How do you create a healing environment for survivors of complex trauma?
Trauma Concepts to Inform Practice

- Social engagement system: Regulates eye contact, facial expression, tone of voice, and language. Influences social expression and communication and experiences (ways of connecting, engaging, forming relationships).
- In danger, older systems are activated (shutdown and fight-or-flight)
- Your physiological state influences emotional expression, quality of communication, and ability to regulate body and behaviors.

Effects of Complex Trauma

- Off-line
  - Chronic Threat
- Overactive
  - "Emotional Brain"

Trauma Concepts that Can Inform Practice
Trauma Concepts that Can Inform Practice

**Window of tolerance:** Optimal zone of arousal where a person is able to thrive in daily life.

- **Steps and Prayers:** Our World.
  - **Steps:** This means that it feels safe to you.
  - **Prayers:** This means that you feel safe to you.

- **WIND OF TOLERANCE:**
  - **Steps:** This means that you feel safe to you.
  - **Prayers:** This means that you feel safe to you.

- **How to Work with Your Practitioners:**
  - **Steps:** This can help you stay open, connect, and don't even help you.
  - **Prayers:** This can help you stay open, connect, and don't even help you.

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**Hyperarousal:** Anxious, agitated, angry, out of control. "Fight" mode

- **HYPERAROUSAL:**
  - This is when you feel extremely nervous, angry, or even out of control. (Addition of the warning label on the red flag means that you feel important. You don't feel important.

- **DYSREGULATION:**
  - This is when you feelsters and agitated. You may feel sensation varieties of anger, you don't feel out of control, but you feel important.

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**Hypoarousal:** Shutting down, freezing (e.g., tired, unfocused, dazed, blank)

- **DYSREGULATION:**
  - This is when you lose in your feel. The you're checking things, like feel the things you may be doing at the moment.

- **HYPERAROUSAL:**
  - This is when you feel important, you don't feel the things you may be doing at the moment.

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Handout: Understanding the Window of Tolerance

Understanding the Window of Tolerance

Trauma Concepts that Can Inform Practice

Trauma and Attachment

<table>
<thead>
<tr>
<th>Secure Attachment</th>
<th>Insecure Attachment (Trauma)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure &quot;container&quot;</td>
<td>Lack of caregiver availability and predictability</td>
</tr>
<tr>
<td>Provides for basic needs and safety</td>
<td>Lack of safety and security</td>
</tr>
<tr>
<td>Freedom to explore and learn, positive view of self, adults seen as caring and trustworthy</td>
<td>Diminished ability to cope and to develop trusting relationships, poor sense of self, adults seen as not dependable</td>
</tr>
<tr>
<td>Neural pathways related to social engagement and connection are strengthened</td>
<td>Nervous system responses associated with fear and survival are heightened</td>
</tr>
</tbody>
</table>

Organizational Application

Trauma- Reactive vs. Trauma- Responsive
Organizational Considerations

What does an organization look like when operating from a regulated, balanced place (i.e., within its optimal zone/window of tolerance)?

“Thinking brain”

Organizational Considerations

Flexible
Engaged internally and externally
Hopeful
Connected and curious about the bigger picture
Regulated
Creative
Empathic

“thinking brain”

Organizational Considerations

What does the organization look like in survival mode (dysregulated, outside the window of tolerance)?

What situations/pressures trigger survival responses?

“Emotional brain”
Organizational Considerations

- Increasingly rigid
- Closed
- Suspicious/threatened
- Competitive
- Fractured
- Isolated
- Reactionary
- Cynical

What is needed to cultivate balance (to help the agency stay regulated and not trauma-reactive)?

Key Components of Complex Trauma Intervention

1. **Safety**: physical & psychological
2. **Relational Engagement & Attachment**: working models
3. **Self-Regulation**: body, emotion, behavior
4. **Positive Experiences and Competency**: creativity, pleasure, achievement
5. **Trauma Integration**: meaning-making, integration

(Spinazzola, 2010)
Safety

“The first task of recovery is to establish the survivor’s safety. This task takes precedence over all others, for no other therapeutic work can possibly succeed if safety has not been adequately secured.” - J. Herman

Safe Environments

How do you create a physical and emotional environment that is most conducive to survivors being able to remain within and expand their window of tolerance?

Social-Environmental Needs of People with Trauma Histories

<table>
<thead>
<tr>
<th>Sense of Safety</th>
<th>physical &amp; psychological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td>enforceable personal boundaries</td>
</tr>
<tr>
<td>Choice</td>
<td>options</td>
</tr>
<tr>
<td>Control</td>
<td>client centeredness</td>
</tr>
<tr>
<td>Acceptance</td>
<td>nonjudgmental attitudes</td>
</tr>
<tr>
<td>Mattering</td>
<td>to be heard and validated</td>
</tr>
<tr>
<td>Empathy</td>
<td>to be understood by another</td>
</tr>
<tr>
<td>Space</td>
<td>opportunities for privacy &amp; solitude</td>
</tr>
</tbody>
</table>

Establishing Safe Physical Environments

Components of a Safe and Welcoming Physical Environment

• Physical spaces that are well lit and well-maintained.
• Locks on doors.
• Clearly marked exits.
• Create a calming atmosphere (e.g., lighting, plants, music).
• Designating a “quiet room” or quiet spaces where possible.
• Reflect the talents and cultures of the people you serve in your environment (e.g., artwork).
• Child-friendly spaces (if applicable).
• Focus on how you initially welcome people (what the entrance looks like, how the space is set up, language/tone on signs or instructions).
• Paying attention to how you orient people to your physical space.

Staff exercise:

Ask your staff to do the following:

Picture your organization’s physical space. Focus on a place where you frequently meet with survivors. What do you see? Notice the physical layout of the room. What about the room’s security? What about privacy? What does the overall atmosphere convey?

Draw the space that you just envisioned, with any additions or changes you would make to the space to make it more welcoming or safe for survivors.
Establishing Emotional Safety

Information Sharing

• The organization reviews rules, rights, and grievance procedures with consumers on a regular basis.
• Organizational information (e.g., policies, procedures, services, requirements) is available in the languages of the people served.
• Organizational information is easy to read (low literacy, pictures).
• Consumer rights are posted in places that are visible.
• Material is posted or available about traumatic stress (e.g., what it is, how it impacts people, trauma-specific resources).

Privacy and Confidentiality

• The organization informs consumers about the extent and limits of privacy and confidentiality (e.g., the kinds of records that are kept, where they are kept, who has access to this information, when the program is obligated to report information to child welfare or police).
• Staff does not talk about consumers in common spaces.
• Staff does not discuss the personal issues of one consumer with another consumer.
• There are private spaces for staff and consumers to discuss personal issues.
• Consumers who have violated rules are approached in private.
• When applicable, the organization obtains permission from consumers prior to giving a tour of their space (e.g., person notified of date, time, and who will see the space).
Open and Respectful Communication

- The organization uses “people-first” language rather than labels (e.g., “People who are displaced” rather than “displaced people”).
- Staff uses motivational interviewing techniques with consumers (e.g., open-ended questions, affirmations, reflective listening).
- Rules are enforced in respectful ways (e.g., expectations about room/apartment checks are clearly written and verbalized and checks are done in a manner that ensures as much control as possible for the survivor).
- Determine the least intrusive ways to be in a survivor’s space.
- Staff asks about previous experiences with service providers and systems.

Consistency and Predictability

- The organization has regularly scheduled meetings with consumers.
- The organization provides advance notice of changes in the daily or weekly schedule.
- The organization has structures in place to support staff consistency with consumers across roles and shifts (e.g., trainings, staff meetings, shift change meetings, and peer supervision).

Survivor Involvement

- The organization provides survivors with regular opportunities to express their needs and concerns (directly and indirectly).
- Survivors identify their treatment needs and goals.
- Survivors are involved in developing agency programming.
- Survivors have opportunities to co-lead/lead activities.
- Survivors have opportunities to evaluate the organization and offer suggestions for improvement in anonymous and/or confidential ways (e.g., suggestion boxes, regular satisfaction surveys).
- People with similar lived experiences are involved in program development.
- People with similar lived experiences are recruited for agency boards.
- People with similar lived experiences are employed by the agency.
Identifying and Reducing Trauma Reminders and Re-traumatizing Practices

Trauma Reminders

**Trauma reminders:** Reminders of past traumatic experiences that automatically cause the body to react as if the traumatic event is happening again in that moment.

- Responses can appear confusing and out of place and be misunderstood by others.
- People with histories of complex trauma may have more reminders and they may be more complex or nuanced.

- Loud noises
- Physical touch
- Smells
- Authority figures and limit-setting
- Chaos or uncertainty
- Particular spaces (e.g., bedrooms, bathrooms or areas that are less monitored)
- Changes in routine
- Witnessing violence between others
- Emergency vehicles and police or fire personnel
- Emergency drills
- No locks on doors
- Lack of privacy
Trauma Reminders/Triggers

- Times of year
- Transitions/times of uncertainty and unpredictability
- Lack of choice regarding quiet and communal space
- Inability to move freely in the space or ability to go outside.
- People of a particular gender
- People from a particular cultural group
- Locked spaces or being confined
- Threat of loss of benefits
- Threat of other system involvement
- Being asked personal questions that remind you of difficult experiences.
- Filling out paperwork.
- A case manager leaving.
- A child’s behaviors.
- Separation from love ones and pets

Mapping Trauma Reminders Activity

1. Take photos of your service environment (lobby, office, residential spaces).
2. Share photos with staff and asked them to identify potential triggers for survivors in each picture. Consider not just the physical space, but what you might be doing with people that could be triggering (e.g., having a difficult conversation, conducting an assessment).
3. Identify possible opportunities for minimizing trauma reminders or anticipating possible reminders ahead of time and preparing survivors.

Mapping Triggers Activity

Reception Area (examples)
- Noise
- Large groups of people
- Not being greeted or clearly informed about what to expect

Office Area (examples)
- Feeling like you can’t get out
- Having to talk with a stranger about personal things
- Reminders of negative employment experiences

Hallway (examples)
- Confined space
- Doorways
- Feeling trapped or confused
Retraumatizing Practices

Service systems designed to help people who have experienced trauma can sometimes re-traumatize the people they serve by recreating situations or experiences that mirror or replicate past trauma causing survivors to experience a similar level of distress in the present (e.g., situations that leave people feeling helpless, vulnerable and out of control).

Retraumatizing Practices

- Employing harsh or shaming practices.
- Rigid rules.
- Telling people what to do.
- Allowing environments to become chaotic, disorganized, unpredictable or unsafe.
- Minimizing survivor voice in services.
- Treating survivors disrespectfully.
- Unannounced room or apartment checks.
- Privacy violations
- Using physical touch without permission
- Not being clear on expectations and what is happening next.

What does your agency currently do well to recognize and reduce retraumatizing practices? What could you do better?
Trauma-Informed Crisis Prevention and Intervention

- Survivors with histories of complex trauma may be more easily set off.
- Providers consider ways to avoid/prevent crisis (what usually sets people off, how can you set-up the environment in such a way that it reduces the likelihood of escalation).
- Providers learn to identify early warning signs and ways to support de-escalation via choice, space, calm tone)
- Providers debrief with survivors post-crisis and work to identify patterns and strategies for preventing future problems.

Handout: Navigating Crises
Relational Engagement & Attachment

“Trauma compromises our ability to engage with others by replacing patterns of connection with patterns of protection.” – Deb Dana

(The Polyvagal Theory in Therapy – Deb Dana)

Effects of Early Trauma

• Difficulty trusting others. Assume that people will not meet your needs and you will have to find ways to best survive.
• Trouble tolerating close relationships, understanding how to connect and stay connected.
• Misreading/misunderstanding people’s behaviors and responses (e.g., raised voice or assertive tone as aggression; rescheduling a meeting or missing a call as rejection).
• Attempting to engage others in patterns of relationship from the past (e.g., abusive, sexualized, dramatic, intense).
• Struggles maintaining boundaries (e.g., over-sharing or asking for more than provider can offer; having unrealistic expectations of another person).

Strategies for Fostering Connection

1. Create space.
2. Listen.
3. Stay attuned.
4. Support control and choice.
5. Be consistent and persistent.
6. Identify strengths and celebrate successes.
7. Know yourself.
8. Be honest and authentic.
9. Demonstrate cultural awareness and responsivity
Create space.

- Provide a warm welcome, wherever and however you meet survivors.
- Invite people to be themselves without expectation or judgement.
- Show genuine interest.
- Invite people to share their perspective and story without being questioned or corrected.
- Avoid appearing hurried or impatient.
- Start by relating and engaging before addressing bigger issues.

Listen.

- **Open-ended questions** offer space for youth to tell their story. Examples include: What was that like?; Help me understand…; and How would you like things to be different?
- **Affirmations** recognize and validate strengths and behaviors that may lead to positive change such as, “That took a lot of courage to…” “One of your real strengths is your ability to…” “I appreciate you sharing that difficult information with me.”
- **Reflective Listening** involves closing the communication loop to make sure you understand youth accurately. Includes repeating or rephrasing and paraphrasing what a youth is saying and reflecting a person’s feeling: “So you want to do…” “So you feel…” “It sounds like you….” Reflective listening includes repeating or rephrasing what someone has said; paraphrasing what they said; and/or reflecting the feelings associated with what they said.

Stay attuned.

- Learn to notice when a person is moving into a survival state (changes in behavior, mood).
- Know when to stop and help a survivor come back into a calmer and more connected state (e.g., pausing and breathing, offering space, moving around).
- Pay attention to the words, tones, movements, or environmental stimuli that trigger changes in emotional states for survivors.
- Identify patterns related to a survivor’s level of regulation and dysregulation in the context of your interactions.
Stay attuned.

- Share what you are noticing with the survivor and ask for their thoughts and agreement or disagreement about what you are noticing.
- When a person is in survival mode, prioritize helping them regulate over giving advice or stating consequences.
- Validate survivor responses as effective survival strategies that make sense in context.
- Avoid distractions that can break the connection and send the person back into survival mode (e.g., external distractions or internal thoughts and worries).

Support choice and control.

- Invite survivors to collaborate in determining when and where to meet, so that they and staff both feel safe and free of distractions; encourage youth to share information about the words, tones, and environmental stimuli that might potentially trigger a trauma response, so that steps can be taken to avoid any of these triggers.
- Allow survivors to control the pace of your interactions.
- Allow survivors the opportunity to end a conversation or interaction that feels uncomfortable.
- Assist survivors in regaining a sense of emotional control if they start to shift into survival mode.

Support choice and control.

- Provide a variety of options and choices to survivors whenever possible.
- Offer space for survivors to make decisions about how they want an interaction to go.
- Respect a survivor’s right to make their own decisions, even if these decisions are at odds with a desired outcome.
- Assist survivors in exploring their purpose and vision for the future.
- Challenge survivors to reflect on their lives and decisions in a way that feels empowering instead of judgmental.
Be consistent and persistent.

- Ensure consistent responses to survivors.
- Following through on what you say you will do.
- Using crises as opportunities to continue to show up and to build trust.

Identify strengths and celebrate successes.

- Find ways to point to a survivor’s strengths in your regular interactions.
- Identify strengths that feel honest and genuine to your experience with a particular survivor.
- Help survivors to define what success looks like to them.
- Recognize and celebrate successes, both small and large. In congregate settings, find ways to celebrate in community.

Know yourself.

- Understand your own trauma-related triggers and being aware of which particular clients or situations may be difficult for you.
- Notice signs of disengagement or desire to disconnect (e.g., feeling bored, thinking of other things, avoiding meetings/calls) and developing strategies for regaining your focus.
- Know when to step back or step out of an interaction with a survivor that is not productive or restorative.
- Acknowledge and attend to your biases.
- Incorporate personal and professional strategies for supporting resilience.
Be honest and authentic.

- Be honest about your professional commitment, about the boundaries of that relationship, and about the inevitable end of the relationship.
- Be clear about what survivors can expect from you and be careful about what you promise.
- Pay attention to how you engage with survivors, including your physical proximity, emotional closeness, and level of personal information that you share.
- Consider self-disclosure carefully. Ask yourself when self-disclosure might be appropriate and when it could be misunderstood, and consider the intention behind the disclosure.
- Recognize that mistakes will happen in relationships. Be honest about your mistakes and work through them as you model what it looks like to make repairs when connections are disrupted.

Culturally Responsive Practices

- Learn about the historical experiences within systems of the survivors served.
- Consider the effects of historical and racial trauma.
- Participate in rituals that put people at ease (e.g., ceremony, food)
- Express being willing to learn.
- Acknowledge differences.
- Look to understand the meaning of life, suffering, healing.
- Provide opportunities for people to share their stories.
- Ask if a person wants others family members present.
- Ask about spiritual supports.
- Use culturally relevant terms to explain things.
- Be aware of culture-specific rules of communication (e.g., eye contact, integration of food into meetings, touch, body language, pace of conversation).
- Say hello and goodbye in a person's language.

Culturally Responsive Practices

- Be aware of what questions you are asking and the stigma or taboo associated with various topics (e.g., mental health, sexuality, abuse, violence).
- Accept and respect the cultural roles of various family members in the family unit (e.g., elders, male/female roles, etc.).
- Understand parenting/discipline practices.
- Understand the role of other family members in an individual's decision-making.
- Have access to tools/methods of interacting with those with limited English proficiency
  - Using visual aids, gestures, and physical prompts
  - Access to a trained bilingual translator
  - Printed material, whenever possible, in the language of origin
Strategies for Supporting Self-Regulation

- Educate survivors (and their children) about the effects of stress and traumatic stress on the brain and body.
- Teach survivors (and their children) self-regulation techniques such as breathing exercises, muscle relaxation, journaling, other mindfulness practices.
- Encourage nonverbal means of expression such as music, art, dance, and yoga.
- Help survivors expand their emotional vocabulary and their capacity to identify physical sensations related to particular feelings.
- Provide positive support when someone having difficulties with self-regulation (e.g., trauma-informed crisis prevention and de-escalation techniques are employed).
- Help survivors identify potential situations or experiences that lead to feeling overwhelmed and struggling to manage emotions.

Strategies for Supporting Self-Regulation

- Provide opportunities for survivors to practice ways of coping with potentially stressful experiences.
- Foster an environment that supports self-regulation for survivors (e.g., calm, respectful, attuned to youth’s needs).
- Integrate routines and rituals that are designed to promote self-regulation (e.g., morning or evening rituals in residential programs, opening and closing rituals to meetings, regular use of mindfulness practices).
- Ensure that survivors have access to trauma-specific clinical interventions as needed.
- Staff receives ongoing training on managing emotional reactions and behaviors using techniques such as mindfulness strategies.
Mindfulness

- Builds more connections between areas in the brain.
- Slows down reactivity (thoughts, feelings, emotions, and responses).
- Lower levels of psychological distress (anxiety, depression, anger, worry).
- Influences areas of brain associated with regulating attention, awareness, and emotion.
- Greater ability to control emotional brain (limbic areas) by engaging thinking brain (cortex).
- Greater activity in regions of brain associated with self-awareness.
- Evidence of therapeutic effects on stress-related conditions (psoriasis, type 2 diabetes, fibromyalgia, rheumatoid arthritis, back pain, other pain conditions).

Positive Experiences & Competency
Human Dimensions of Resilience

Handout: Building Skills to Foster Resilience

Trauma Integration
Trauma Screening and Assessment

Consider screening and assessing for different types of trauma and adversity across the lifespan:

- Adversity and trauma in childhood and adolescence (e.g., ACE questionnaire)
- Community violence
- Lack of supports, opportunities, economic distress
- Racial trauma or trauma related to identification with a particular cultural group
- Historical trauma
- Systemic trauma (trauma associated with system involvement)
- PTSD and related disorders (Depression, Anxiety, Substance Abuse)
- Complex trauma symptoms

Cultural Considerations

- Depression and PTSD may be expressed somatically (empty, heavy-headed, insomnia, fatigue).
- May use different words to describe depression or trauma.
- Spiritual beliefs and practices vs. psychological problems (common to talk about seeing a spirit, communicating with God).
- Paranoia vs. realistic fear coming from oppressive/violent environments and/or regimes.
- Understanding the historical, sociopolitical, cultural, and gender experiences related to mental health.
- Consider the unique needs of particular groups (e.g., LGBTQ, women of color, immigrants/refugees).

Trauma-Informed Assessment Processes

- Consider the gender and cultural background of the survivor and the person conducting the assessment.
- Consider the best context and timing to ask about trauma history.
- Provide a private space for assessment.
- Offer options for how, where, and when assessments are conducted.
- Let survivors know what to expect.
- Use a conversational style.
- Emphasize survivor's right to stop at any time.
- Pay attention to body language that may indicate a survivor is feeling overwhelmed.
- Consider varying questions so that difficult questions are balanced by more neutral or calming questions.
- Assess for strengths and resilience factors.
- Support staff in their concerns related to asking trauma-specific questions.
Examples: Formal Measures

- Adults-PTSD Checklist (PCL) - 17 items, 5-10 minutes
- Clinician Administered PTSD Scale for DSM-5 (CAPS-5) – Gold standard for PTSD diagnosis.
- Trauma Symptom Inventory (TSI)
- TSCC-Trauma Symptom Checklist for Children- (ages 8 to 16)
- UCLA Posttraumatic Stress Disorder Reaction Index
- Parent Stress Inventory (PSI) - measure degree and sources of parental stress – parent, environment, child.

Complex Trauma Assessment Domains

Questions to Consider

- How does your program currently assess for different types of trauma exposure and symptoms?
- What factors do you need to consider when determining how to assess for trauma (e.g., context, program type, access to services, state of relationship)?
- What steps (if any) would you like to take related to trauma screening and assessment?
- What changes would your program need to make to your screening/assessment process to ensure a trauma-informed approach.
Trauma-Informed Service Plans

Include:
• Potential trauma reminders for survivors
• Strategies that are helpful during times of stress (e.g., transitions) and potential triggering situations.
• Goals for addressing trauma-related issues and needs and fostering strengths.

Trauma-Specific Services:
Interventions that are designed to directly address the impact of trauma. Specific treatments for mental health issues resulting from trauma exposure.

PTSD
Best Practices

• Cognitive Behavioral Therapies: Prolonged Exposure, Cognitive Processing Therapy
• Eye Movement Desensitization Reprocessing (EMDR)
• Medication
• Sensorimotor approaches
• Seeking Safety – co-occurring

PTSD
Adults
Some cognitive behavioral interventions have been modified or designed for DV survivors and for particular groups of DV survivors.

Interventions developed or adapted for children exposed to domestic violence:
- Child-Parent Psychotherapy
- Community-Based Group Interventions for Women and Children Exposed to Intimate Partner Violence
- Kids’ Club and Moms Empowerment
- Project Support (home visitation)
- Theraplay
- Trauma-Focused Cognitive Behavioral Therapy


Parenting Support

- Encourage parental involvement.
- Acknowledge the stress of parenting in public while managing other stressors.
- Support parent control and choice during meetings and interactions.
- Model healthy interactions and with parents and children.
- Be mindful of avoiding playing a parental role.
- Encourage the use of similar routines and rituals.
- Strengthen relationships through enjoyable parent-child activities (family nights, joint parent/child groups and activities such as cooking or drawing).
- Provide parent education on trauma and its’ impact on children.
- Understand and balance culturally-specific parenting practices with knowledge about healthy child development and support in the face of stress (e.g., physical punishment).

Improving the caregiver-child relationship, safety, psychoeducation.


Attachment, Regulation and Competency (ARC Framework):
https://arcframework.org

Strengthening Family Coping Resources -
The National Child Traumatic Stress Network
www.nctsn.org/

U.S. Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration’s National Center for Trauma-Informed Care
www.samhsa.gov/nctic/

National Center for PTSD
http://www.ptsd.va.gov

International Society of Traumatic Stress Studies
https://www.istss.org

Thank you for the work that you do and for your time today.

For more information, please contact:
Kathleen Guarino, LMHC
kguarino@air.org

To learn more about our trauma work visit our website at
http://www.air.org/resource/trauma-informed-care-service-systems