

# Trauma-Informed Care Healing-Centered Engagement



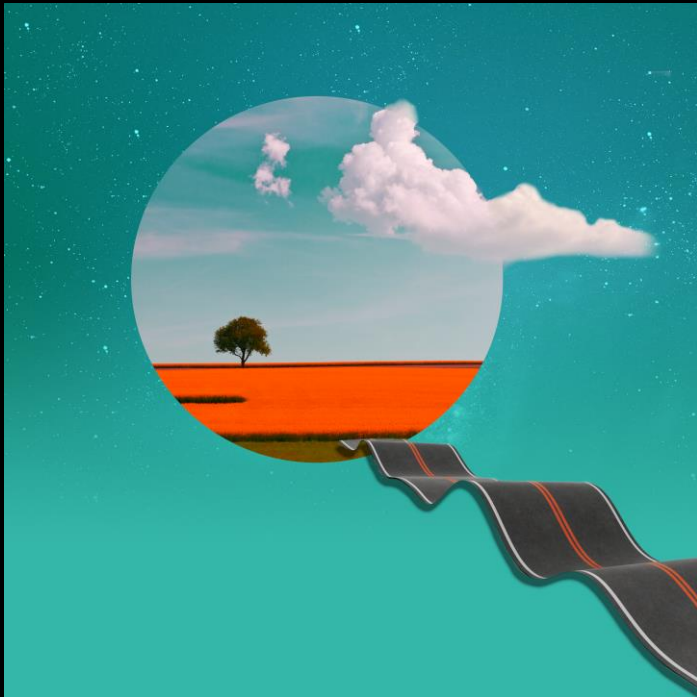
Annie Roepke, PhD (she/her) with Lake Whatcom Center | 2023

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# Activity

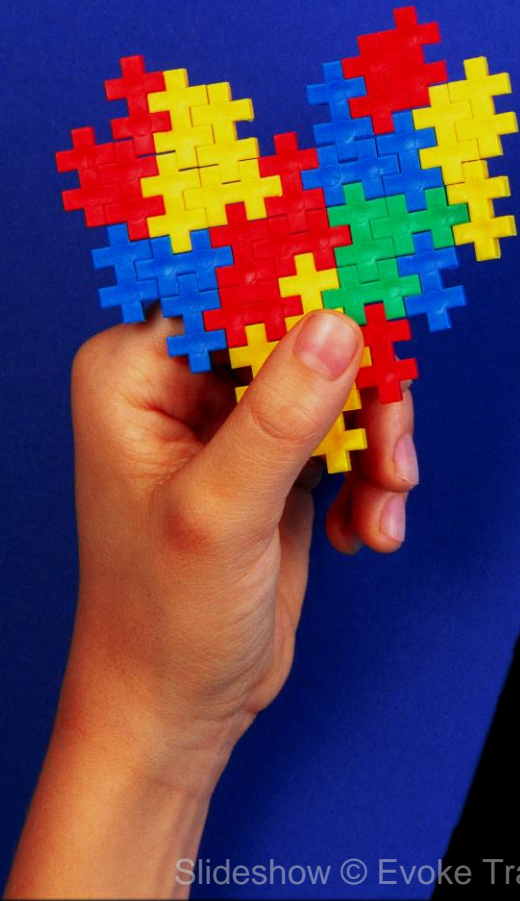


# Our roadmap



- What is trauma informed care?
- Understanding trauma
- TIC skills
- Equity and culture
- Self-care and team-care
- Wrap-up

# Three invitations:



- Take care of yourself
- Jump in and co-create this
- Share perspectives about culture & equity

# Grounding exercise



Take part if you'd like

- Why take part?
- Why not take part?

Options to adapt it

# Our roadmap

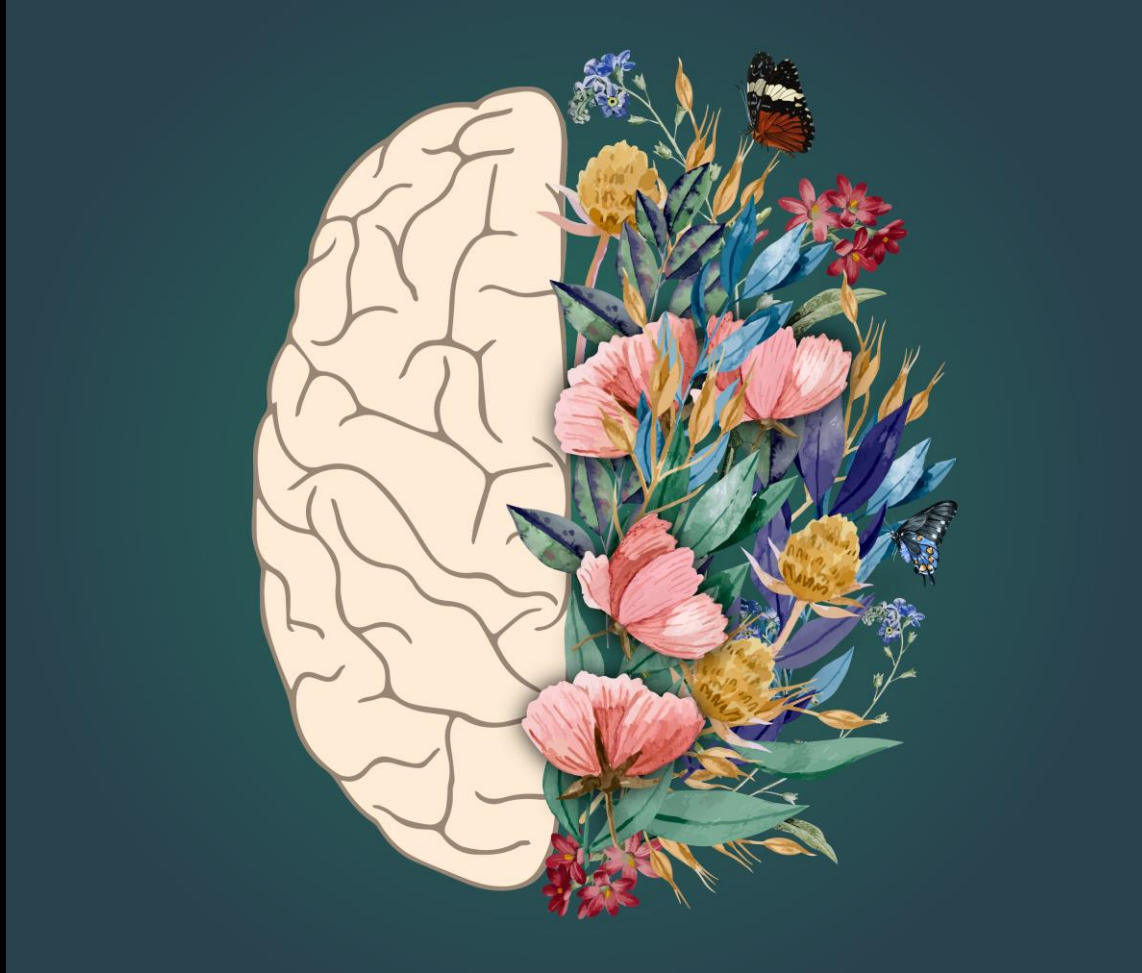


- **What is trauma informed care?**
- Understanding trauma
- TIC skills
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# What is TIC?

## What have you heard?



# Trauma-informed practice

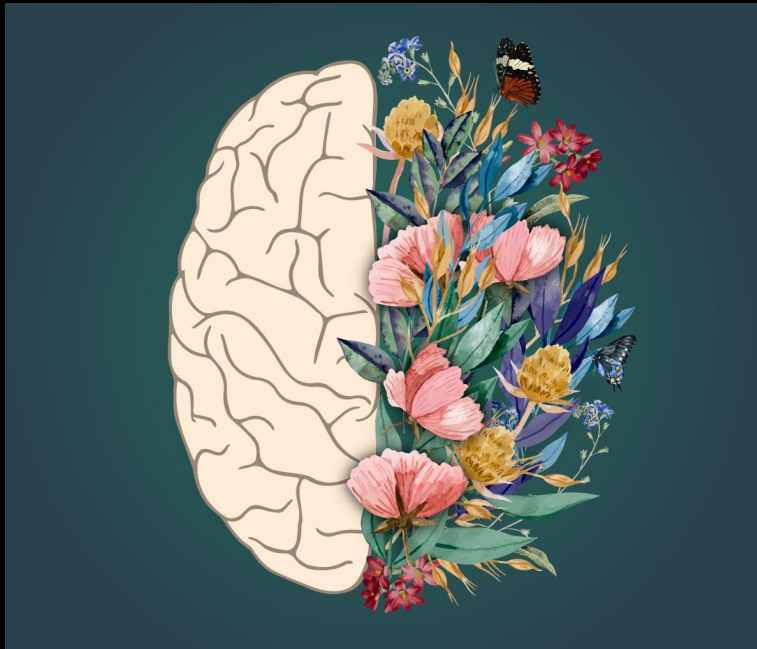


- A lens
- An approach to service delivery that involves:
  - Understanding trauma & stress responses
  - Steering clear of retraumatizing people
  - Fostering safety, trust, choice, control, healing
  - Peer support
  - Attention to culture and equity



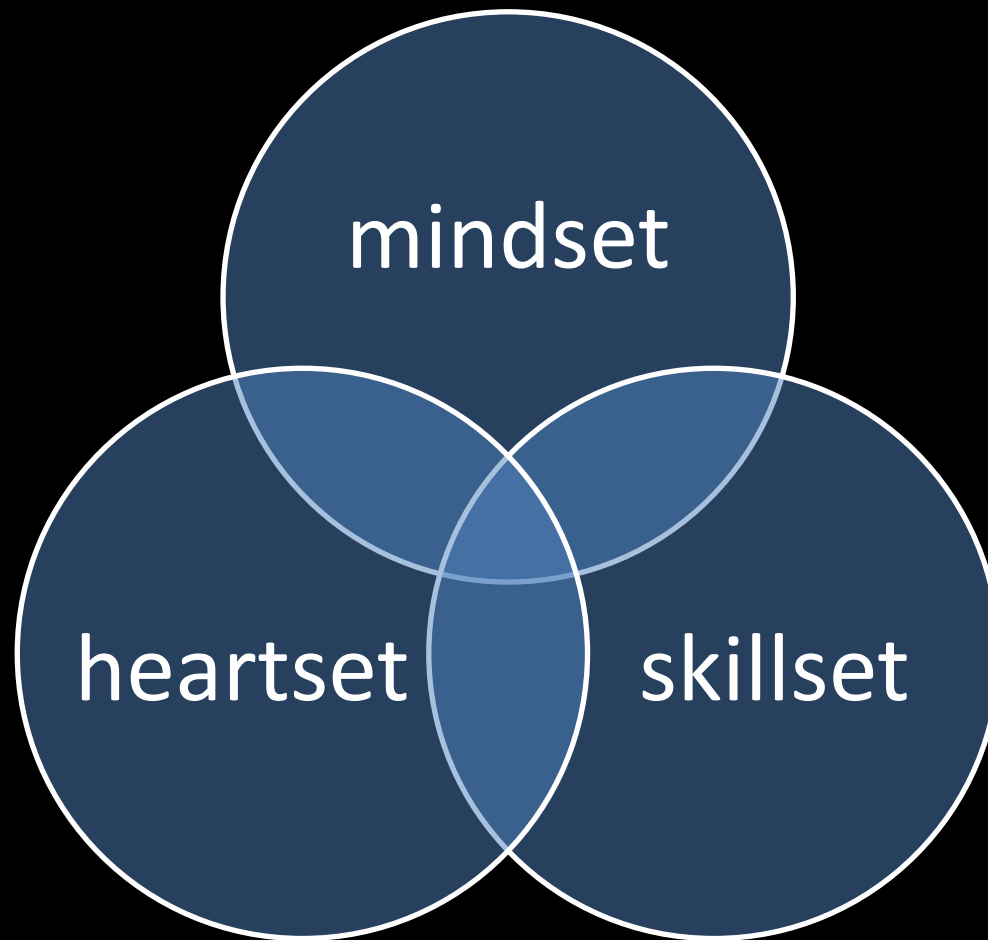
# The 4 Rs:

A trauma-informed provider/organization...



- Realizes the impact of trauma
- Recognizes the signs and symptoms of trauma
- Responds in its policies & practices
- Resists re-traumatization

# Trauma-informed care





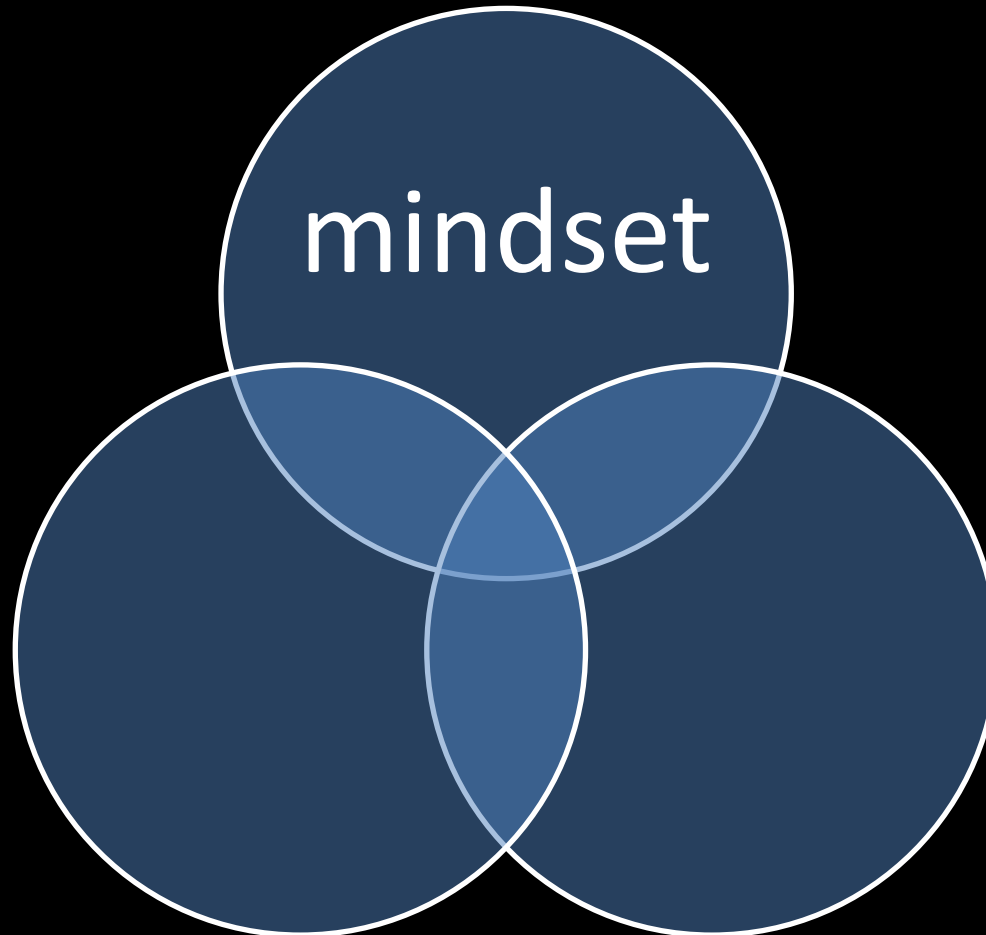
“What is WRONG with them?!!”

“What might have happened to them...”

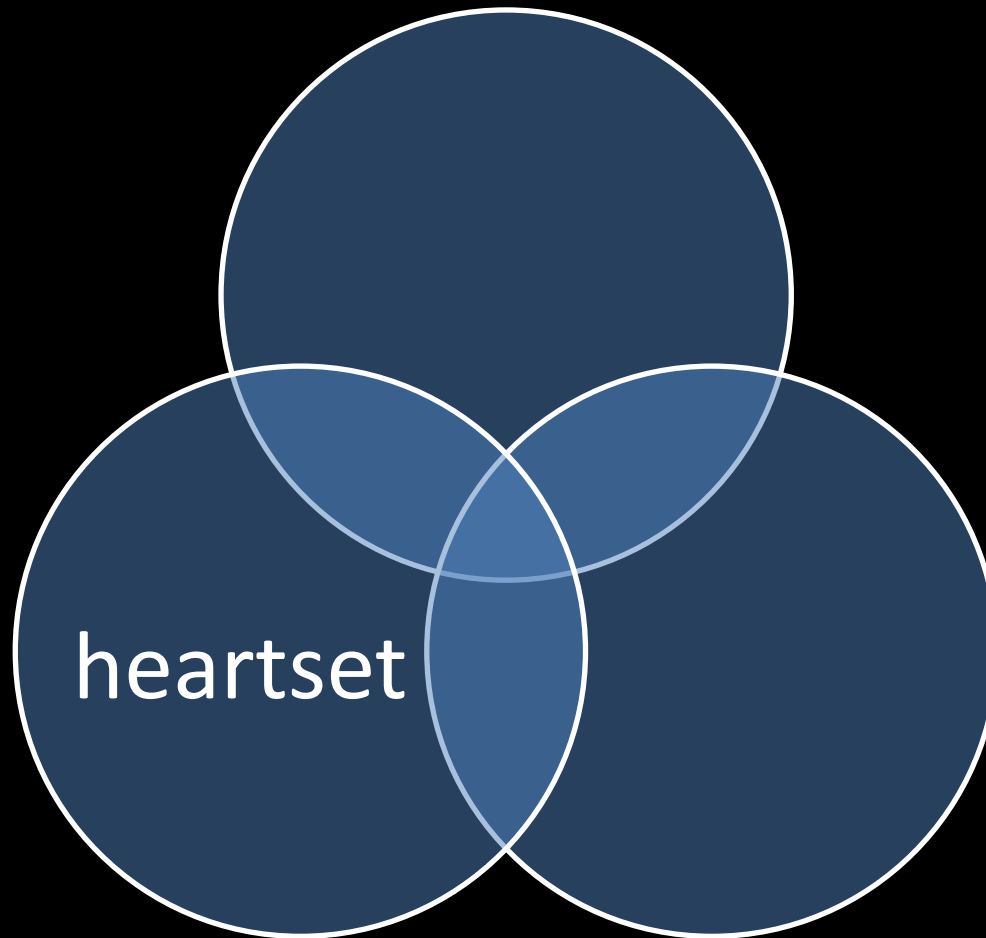
“...and how did they creatively and  
intelligently adapt to survive?”

“Can I see their suffering and  
their strengths?”

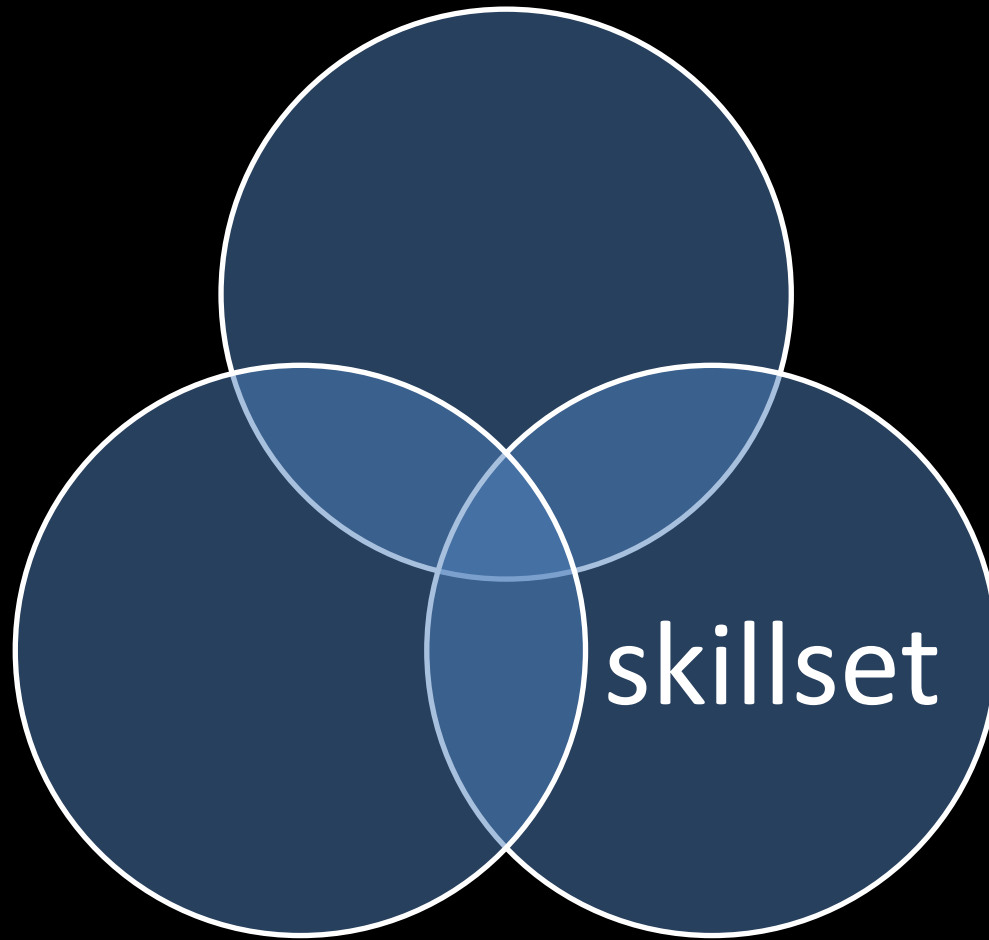
Seeing challenging behaviors as coping efforts;  
Understanding impact of trauma;  
Attitudes about the helping relationship







Safety, trust, choice, collaboration, empowerment\*...  
empathy and being kinder than strictly necessary

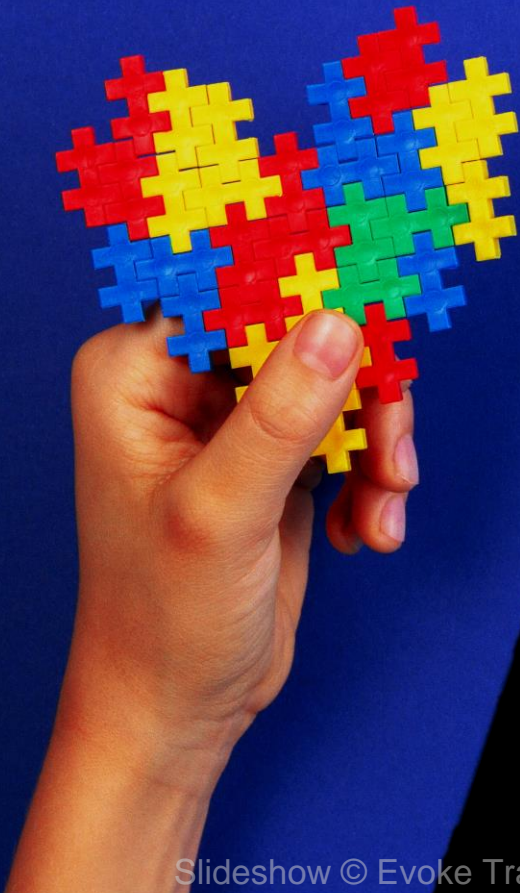


Many!

# TIP is not:



- Not a type of therapy
- Not discussing trauma in depth
- Not a specific checklist
- Not defining people by their trauma history
- Not about pathologizing an individual, group, or culture



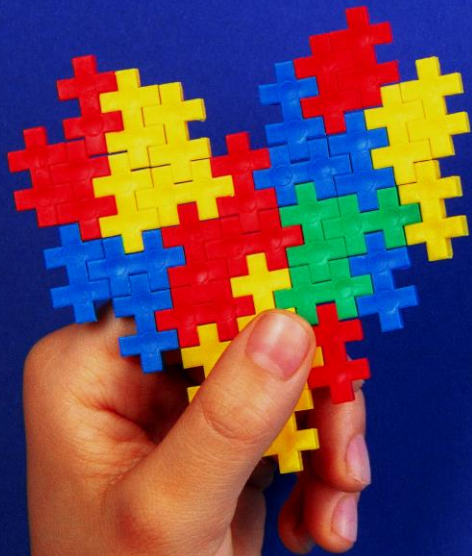
*The Future of Healing:  
Shifting from Trauma-  
Informed Care to  
Healing Centered  
Engagement*

Dr. Shawn Ginwright

- “...I explained the impact of stress and trauma on brain development and how trauma can influence emotional health. As I was explaining, one of the young men in the group named Marcus abruptly stopped me and said, “I am more than what happened to me, I’m not just my trauma”. I was puzzled at first, but it didn’t take me long to really contemplate what he was saying... The term ‘trauma informed care’ didn’t encompass the totality of his experience and focused only on his harm, injury and trauma. For Marcus, the term ‘trauma informed care’ was akin to saying, you are the worst thing that ever happened to you.”

-Shawn Ginwright, Ph.D.

# Why TIP?



- Your reasons?
- Trauma is common
- It affects our thinking & relating... and if/how we engage in services
- TIP can improve outcomes
- TIP can make staff AND those we serve more satisfied
- We have our own history
- To align intent & impact

(Hales et al., 2018)





intent

What are some  
ways that our  
well-intended  
efforts to help  
could actually  
harm, trigger, or  
retraumatize  
someone?

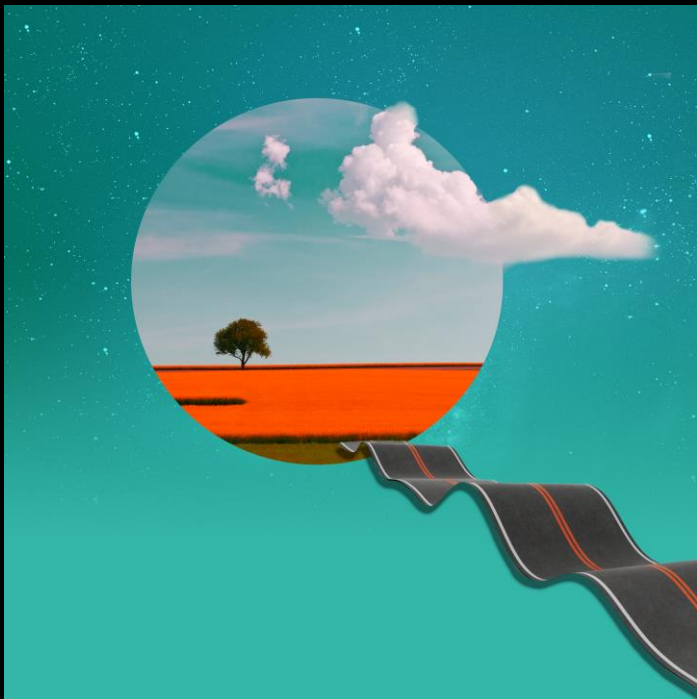


impact

# Resist retraumatizing

- What are some ways that our well-intended efforts to help could actually harm or retraumatize someone?
  - Unwanted advice → feel coerced, powerless
  - Intensive questioning → invasive
  - Unwanted physical touch → unsafe
  - Reassurance ('it's not a big deal') → invalidated, gaslit
  - Microaggressions meant as 'compliments' → degrading
  - 'One right way' attitude → feeling unseen, unheard
  - Leaving our lane (e.g. doing therapy) → negative experiences, avoidance

# Our roadmap

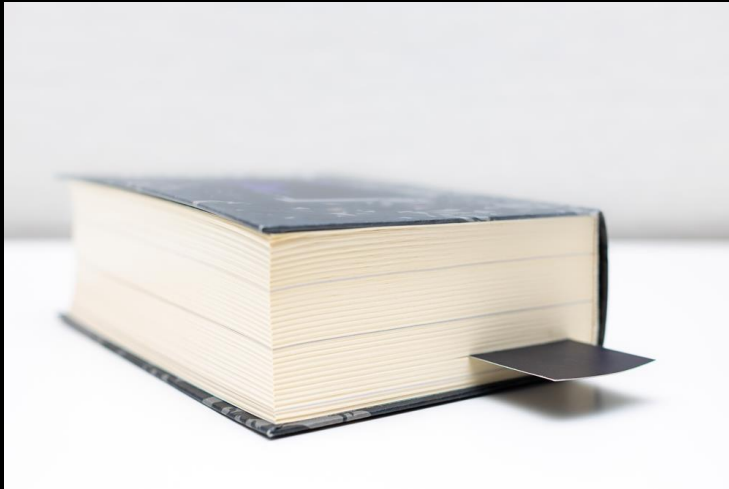


- What is trauma informed care?
- **Understanding trauma**
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# Understanding Trauma



# Trauma



DSM-5: “Exposure to actual or threatened death, serious injury, or sexual violence”

– Direct or indirect

What’s missing?

(American Psychiatric Association, 2013)



**Stressor** > coping resources

- Overwhelm
- Event, experience, effects

“Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning... Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.” - Judith Herman





“Trauma almost invariably involves not being *seen*, not being *mirrored*, and not being *taken into account*.”

*Bessel van der Kolk*

# Some types of trauma



- Acute vs. chronic
- Adult vs. developmental
- Vicarious vs. direct
- Victimization vs. “natural” disasters
- Being harmed vs. moral injury
- Individual vs. collective, historical, intergenerational, system-induced, racism-based, insidious

See: Drs. Maria Yellow Horse Brave Heart, Lillian Comas-Díaz, Robert Carter, Resmaa Menakem

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# Race-based traumatic stress (RBTS)

- “the **mental and emotional injury** caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes... In the U.S., Black, Indigenous People of Color (BIPOC) are most vulnerable due to living under a system of white supremacy... unlike PTSD, RBTS is not considered a mental health disorder. RBTS is a mental injury that **can occur as the result of living within a racist system** or experiencing events of racism.”

(Mental Health America, 2023)

# Taraji P. Henson on racism-based stress and trauma



Recommended video; content notice, options

[https://www.youtube.com/watch?v=I\\_j1wMoSxjg](https://www.youtube.com/watch?v=I_j1wMoSxjg)

# Historical trauma:

## Dr. Maria Yellow Horse Brave Heart

(Hunkpapa/Oglala Lakota)



*“The cumulative emotional and psychological wounding over one’s lifetime and from generation to generation following loss of lives, land and vital aspects of culture”*

# Historical trauma:

## Dr. Maria Yellow Horse Brave Heart

### Historical Loss Scale

- 36%: daily thoughts about the loss of traditional language
- 34%: daily thoughts about the loss of culture
- 24%: angry regarding historical losses
- 49%: disturbing thoughts related to these losses
- 46%: daily thoughts about alcohol's impact on community
- 22%: discomfort with White people
- 35%: distrustful of the intentions of the dominant White culture due to the historical losses the Native American people had suffered (Whitbeck et al., 2004)



# weRnative:

## A Native perspective on historical and intergenerational trauma

- Recommended video:

<https://www.youtube.com/watch?v=1TxA-cZbeGA>



When was the last time you interacted with  
someone who has experienced trauma?

TODAY

# Trauma is very common!

- Trauma (per DSM-5):
  - 70% 1+ events
  - 30% 4+ events
- Adverse childhood experiences (ACEs):
  - 69% 1+ events
  - 21% 4+ events

(Benjet et al., 2016; Cronholm et al., 2015)



# Impact of trauma



What does trauma  
steal from us?



# Trauma and the body

- At least 5 of the top 10 leading causes of death are linked to ACEs

(CDC, 2021)



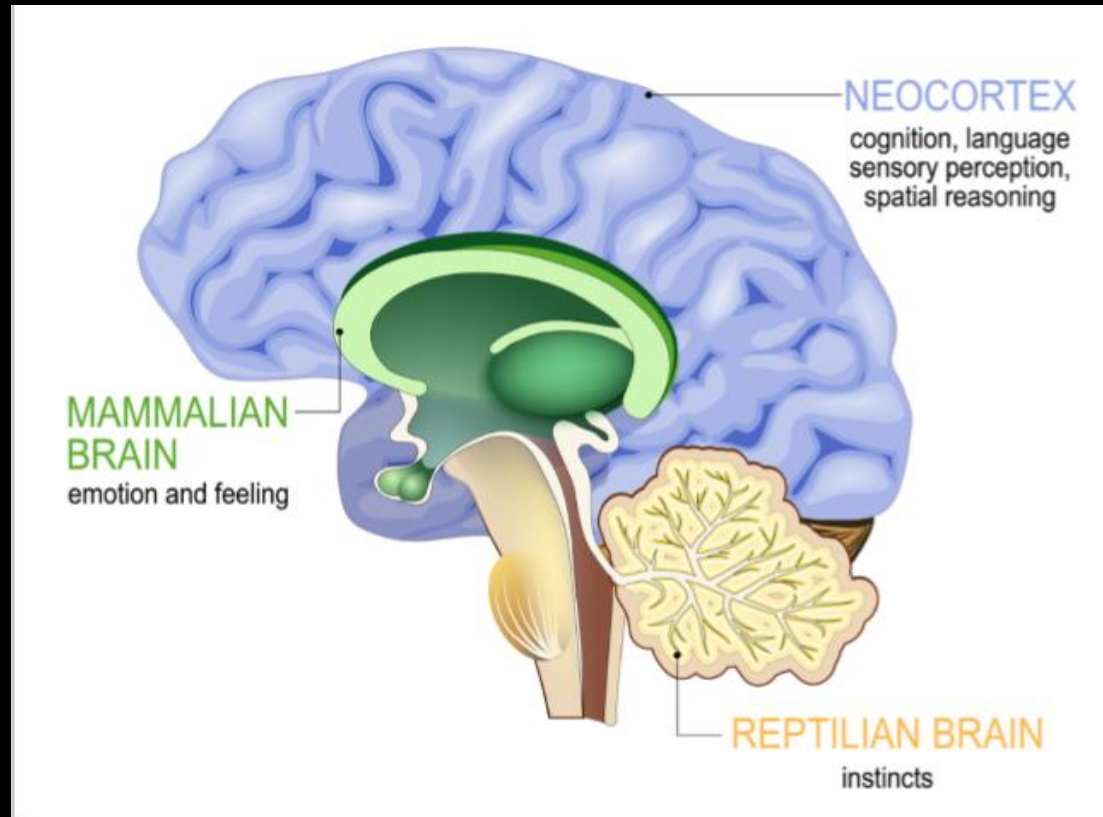
# Trauma and the body

- Racism and discrimination are a public health issue!
- Linked to cardiovascular problems, diabetes, more

“Lose weight and then come back if it’s still an issue.”

(CDC, 2021)

# Trauma and the brain




“flipping our lid”

↓ prefrontal cortex, ↑ amygdala



# Some possible trauma-related reactions



Overwhelming emotions  
Avoidance (topics, appointments, places)  
Negative view of self, others, world  
Irritability  
Strong reactions to unsolicited advice  
Risk-taking  
So-called “non-compliance” with care  
Shortened or hopeless view of future  
Isolating self  
Emotionally numbed/shut down  
Need for control  
Not expressing true opinion/feeling

Strong reactions to ‘triggers’  
Uneven engagement in care  
Strong startle response  
Chronic pain

Indecisiveness  
Poor sleep, fatigue, and nightmares  
Fear of being abandoned  
Harmful use of substances/alcohol  
Difficulty concentrating or remembering  
Depression  
Anxiety, worry, panic  
Difficulty trusting; not offering information  
Chaotic relationships  
Reactions to authority figures  
Being or looking unmotivated

Shame



# window of tolerance



# Trauma and the mind



Trauma increases risk:

- Mental health challenges and addictions (up to 14x)

Epigenetics, “unmasking”

(Bonoldi et al., 2013; Fernandez et al., 2015; Mandelli et al., 2015; Porter et al., 2020)

# Trauma and the mind



- PTSD\*
  - Intrusive thoughts
  - Avoidance
  - Mood & cognition
  - Hyperarousal/reactivity
- Survival response; alarm system

(Bonoldi et al., 2013; Fernandez et al., 2015; Mandelli et al., 2015; Porter et al., 2020)

# Complex PTSD

- Not recognized in DSM-5, but added to ICD-11 (2018)
- Related to chronic, relational, developmental trauma
- Classic PTSD symptoms, plus:
  - affect dysregulation
  - negative self-concept
  - difficulties in relationships
- May respond to similar treatments (?)

(Cloitre, 2020; Karatzias, 2019)

# Trauma and Relationships



What are some ways that trauma can impact our ability to be in positive relationships?

How can this show up in the work we do with people?



# Relationships



- Trust & vulnerability
- Power & authority
- Boundaries
- Reactivity/'Triggers'
- Shame
- Avoidance

# Activity



# Reasons for hope



What keeps you hopeful?  
40 developmental assets  
Neuroplasticity  
Healing & recovery  
Cultural / community strength  
Posttraumatic growth



Stress-Related Growth

# Posttraumatic Growth

Adversarial Growth

Benefit-Finding

Altruism Born of Suffering

PTG: **Positive change** experienced as a result of the **struggle** with a major crisis or trauma



Relationships  
Personal strength  
Appreciation of life  
New possibilities  
Spirituality

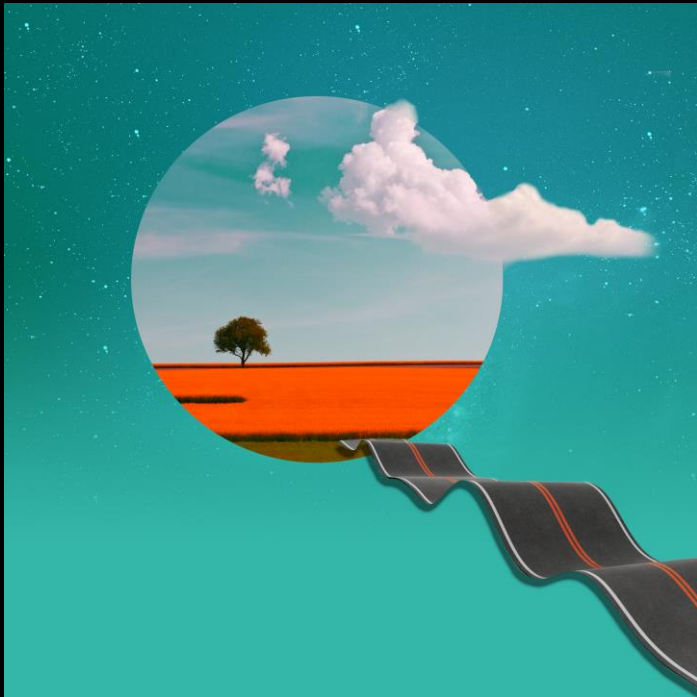


(Tedeschi & Calhoun, 1996)

# Grounding break?



# Our roadmap



- What is trauma informed care?
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# 6 Pillars of TIC:



Safety

Trust

Collaboration

Choice/empowerment

Peer support

Attention to EDI

# Breakout:

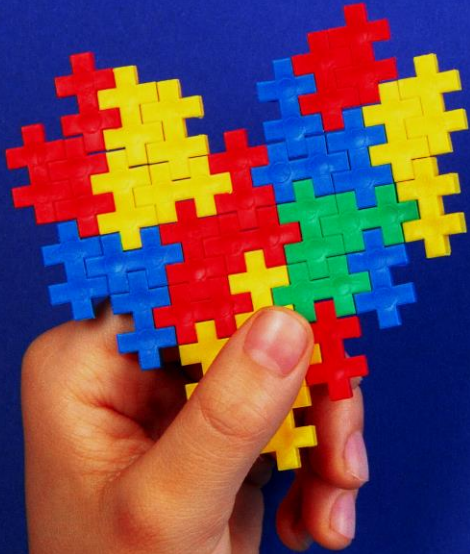


What are some things you say and do to build trust, safety, & empowerment in your work?

What aspects of LWC are trauma informed?



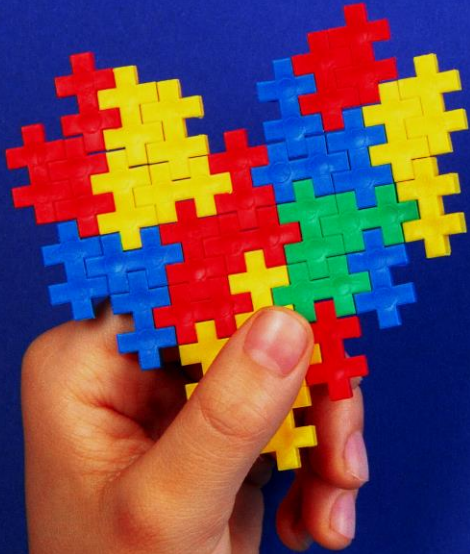
# Some things to do



- *offer as much choice as possible*
- *explain procedures*
- *be transparent*
- *educate the person about their rights*
- *keep our word whenever possible*
- *own it when we make mistakes, microaggressions...*
- *(usually) don't touch people*
- *respect privacy, boundaries*

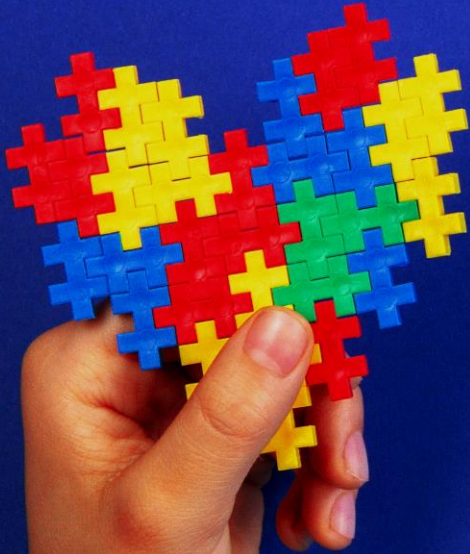


# Some things to say



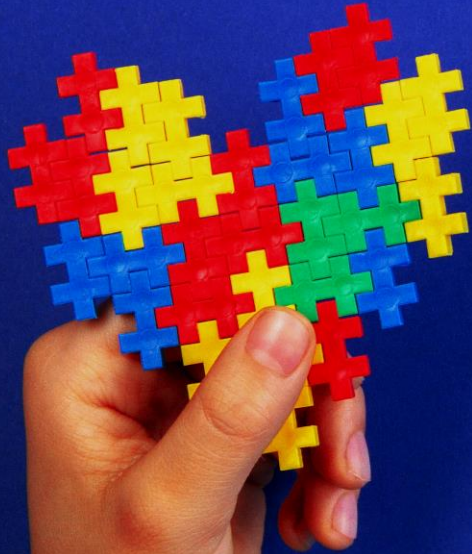
- *“Welcome! Thanks for coming in today. I’m glad to be working with you.”*
- *“I’m [x], what name do you go by?”*
- *“What questions do you have about this program?”*
- *“How would you like to use our time?”*
- *“I like to write notes during these meetings, because what you’re saying is important and I want to remember it right. You’re welcome to look at my notes if you want.”*
- *“I’m sorry.”*

# Some things to say



- *“What do you think would help?”*
- *“How can I support you with that?”*
- *“I’m so sorry to say we can’t do X, but would Y or Z be helpful?”*
- *“What concerns do you have?”*
- *“What are you most interested in knowing about X?”*
- *“Would it be OK if I...?”*
- *Why **NOT** “I’m a safe person/this is a safe place?”*

# Some ideas for the environment:



- *Comfortable chairs, various sizes*
- *Position of chairs*
- *Reading material: different types, languages, levels*
- *Culturally appropriate décor/art*
- *Inclusive bathrooms*
- *Respectful/thoughtful signage*
- *Tea, coffee, water*
- *Stress squeezers, etc.*
- *Vibe: Home or institution?*
- *What's playing on the TV?*
- *How does intake form ask about gender, pronouns, etc.?*



# Trauma-informed communication skills



- Non-verbal
- Verbal

# Verbal communication



- Validation
- Open-ended questions
- Affirmations
- Reflections
- Sandwich method for advice (ask-offer-ask)

# *TIC & the Recovery Model*

- What is the recovery model? Where did it come from?
  - Video (6min) – content notice

# TIC & the Recovery Model

- Outsider movement → established systems of care
- “For many people with mental illness, the concept of recovery is about **staying in control of their life** rather than the elusive state of return to premorbid level of functioning... argues against just treating or managing symptoms but focusing on building **resilience** of people with mental illness... hope and a strong belief that it is possible for people with mental illness can regain a **meaningful life... identity... the social domain, power and control...**”

(Jacob, 2015)

# CHIME model of recovery



- <https://www.youtube.com/watch?v=ml8-DDbWXOE>
- Connectedness
- Hope
- Identity
- Meaning
- Empowerment

(Jacob, 2015)



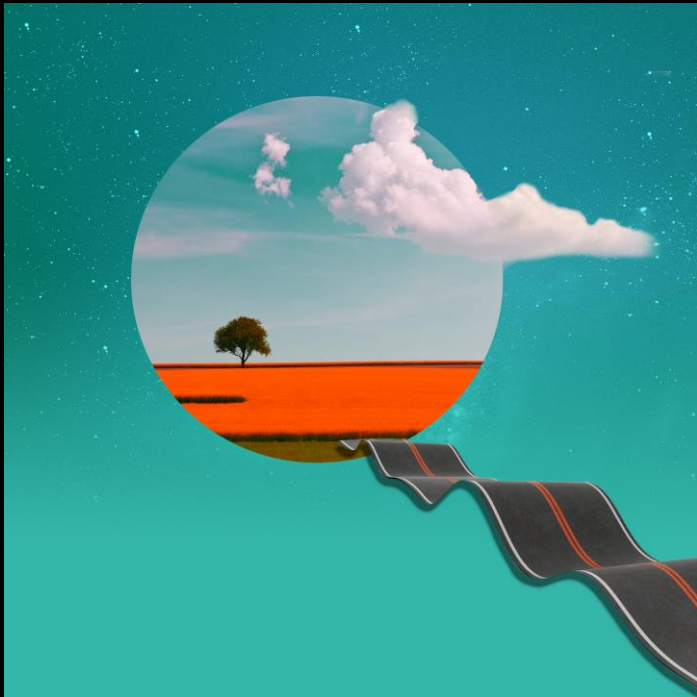
# Making connections



- What similarities do you see between the recovery model and TIC?

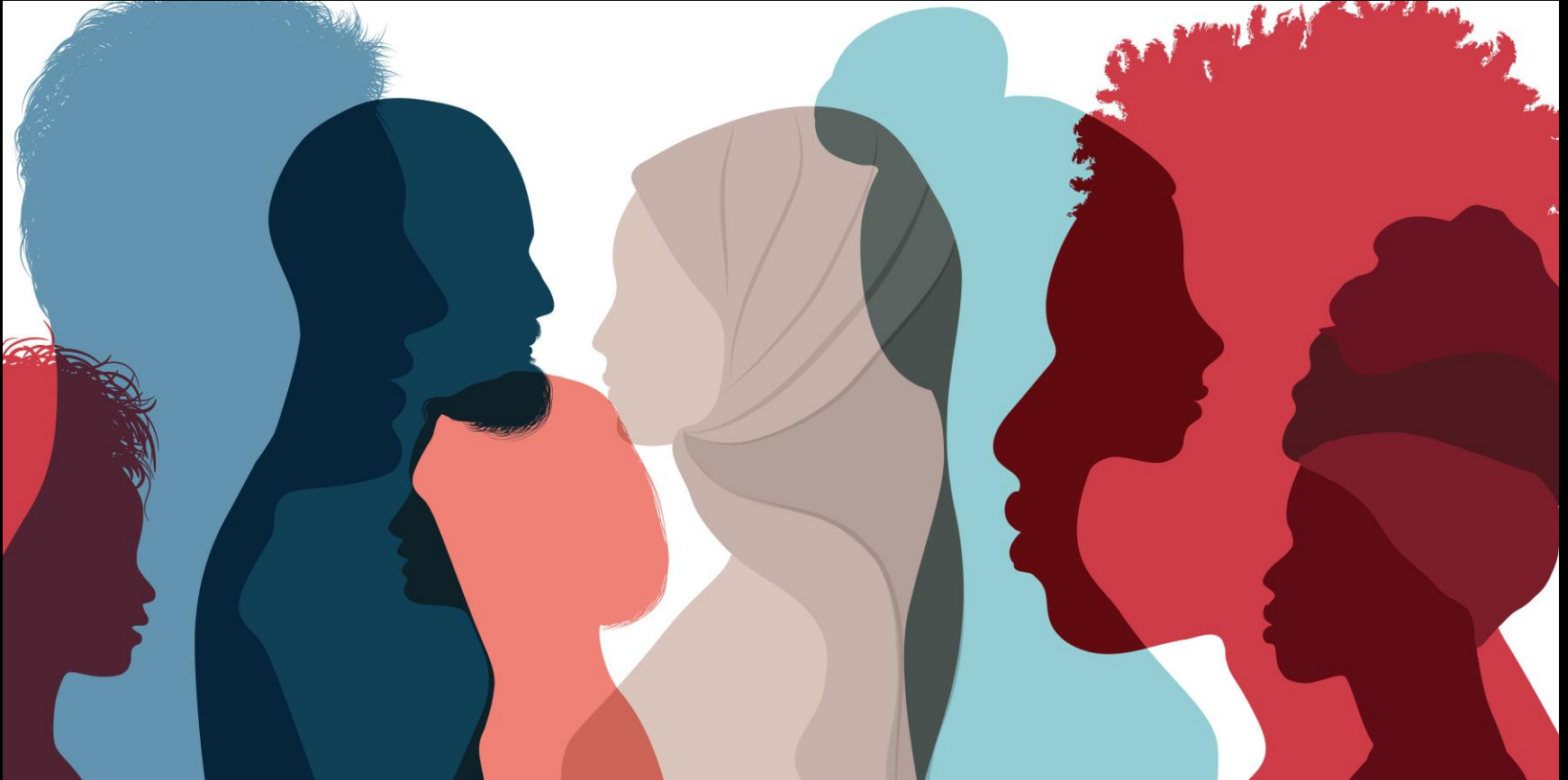
“Trauma-informed care traces its roots to multiple sources, but it owes a particular debt to the early mental health consumer/survivor/ex-patient movement in the 1970s and 80s... the foundation on which trauma-informed care was built. Trauma-informed approaches are as much about social justice as they are about healing.” (NCTIC)

# Our roadmap



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- **Equity and culture**
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# Cultural responsiveness & equity



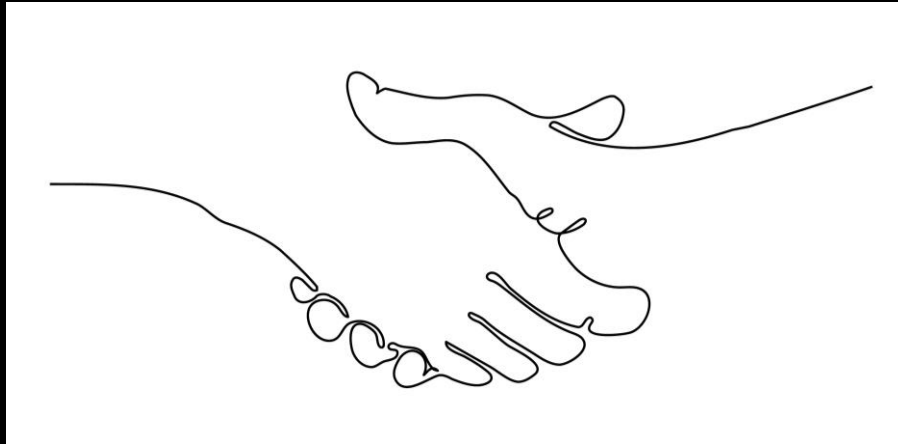
What thoughts and feelings come up  
for you as we get ready to talk about  
diversity, equity, inclusion...  
race, racism, privilege, gender,  
oppression...  
?

# Equity, diversity, inclusion (EDI)



- **Diversity:** the presence of differences
- **Inclusion:** diverse people of all identities actually feel and are welcomed, valued, respected
- **Equity:** ensuring that access, resources, and opportunities are provided for all to succeed and grow, especially for those who have been historically excluded

# Courageous conversations



- stay engaged
- expect to feel discomfort
- speak your truth
- expect and accept a lack of closure

# Combining a TIC lens & an equity lens

- Attention to ‘cultural, historical, and gender issues’ is often included in core of TIC
- “You can’t be trauma-informed without being anti-racist; you can’t be anti-racist without being trauma-informed” (Kevonya Elzia)
  - What does this mean to you?



# Combining a trauma-informed lens & an equity lens

- Racism and other oppression creates trauma
  - Personal level and system level
- Crucial that we foster healing vs. retraumatization
  - Individual level and system level

# The allegory of the garden

by Dr. Camara Jones



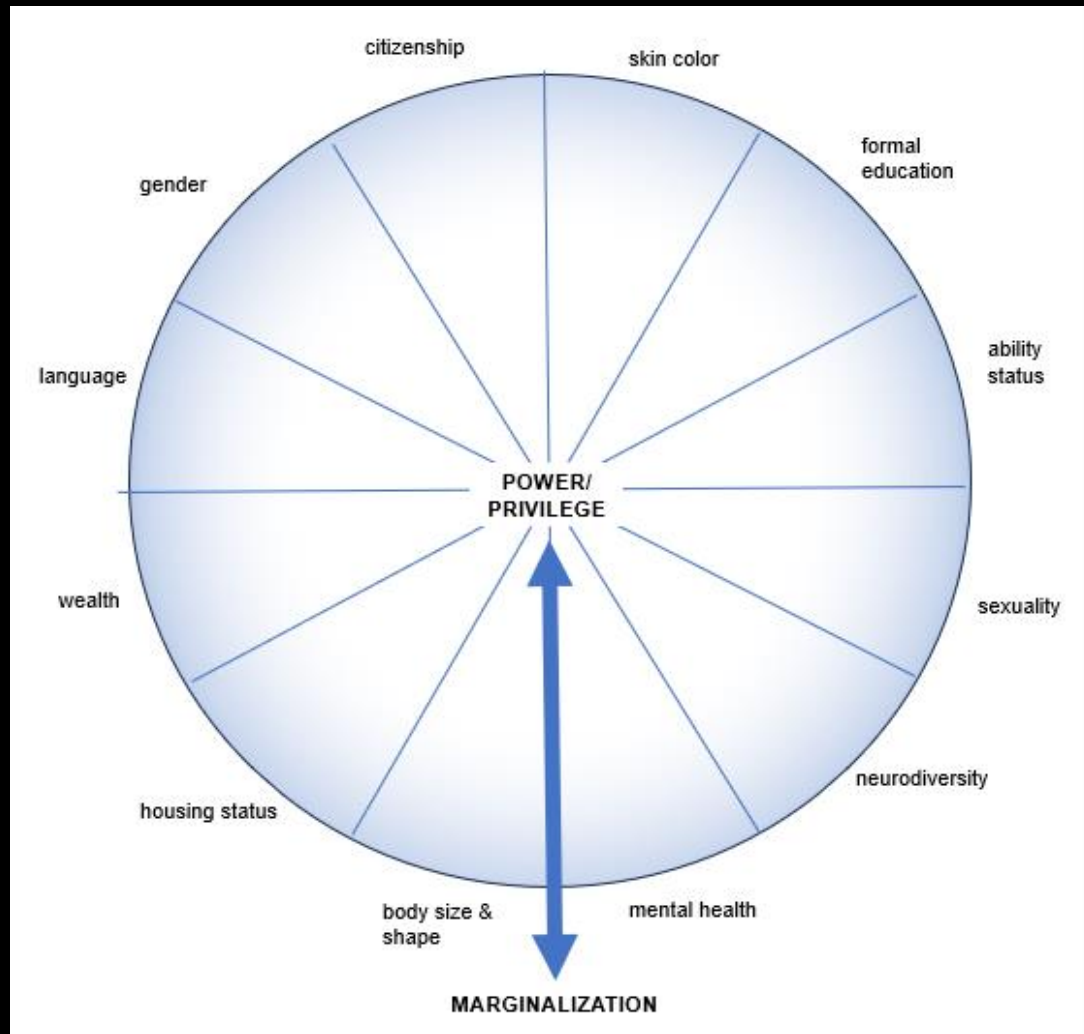
# 4 pitfalls

adapted from Fong & Lease (1997)

- 1) **Unintentional racism** (by well-intentioned providers avoiding or bungling topic)
- 2) **Power dynamics** (may be exaggerated when the provider is part of the dominant group and the other person is not)
- 3) **Trust and vulnerability** (vulnerable people encouraged to trust providers, when they may have little reason to do so)
- 4) **Communication issues** (differing styles, misunderstandings)

# The wheel of power and privilege:

[https://www.thisishowyoucan.com/post/wheel\\_of\\_power\\_and\\_privilege](https://www.thisishowyoucan.com/post/wheel_of_power_and_privilege)



# Breakout

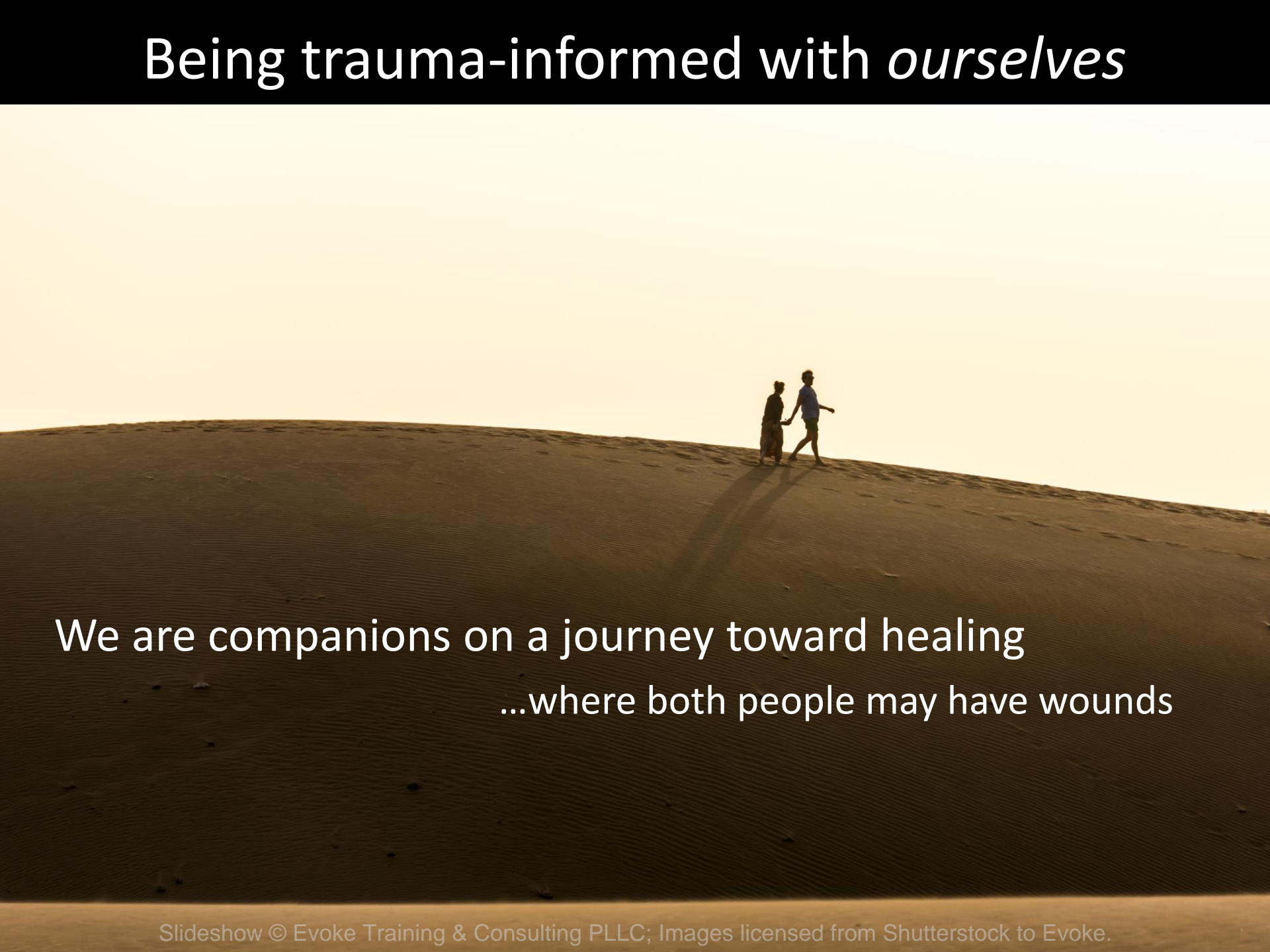
- What can we do to be actively anti-racist, anti-oppressive, and culturally responsive?
  - Think about your different identities... how can you can work in a good, trauma-informed way with someone with different identities (especially identities connected to marginalization or trauma)?

# Our roadmap



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# Being trauma-informed with *ourselves*

A photograph of two people walking on a large sand dune at sunset. The sun is low on the horizon, creating a warm, golden glow. The two figures are silhouetted against the bright sky, and their long shadows are cast on the sand. The dune's surface is covered in fine, horizontal ripples.

We are companions on a journey toward healing  
...where both people may have wounds



# The wounded healer: ancient myth, modern research



(Barr, 2006)

# Survivor mission

- Therapists who have experienced similar challenges as clients are (often) more deeply engaged in their work



# A double-sided coin



Drive, Empathy, Skills

Over-engagement  
Vicarious trauma



# Burnout, vicarious trauma, & compassion fatigue



- Burnout:
  - Emotional exhaustion
  - Depersonalization
  - Feeling of low accomplishment

# Vicarious / Secondary Trauma



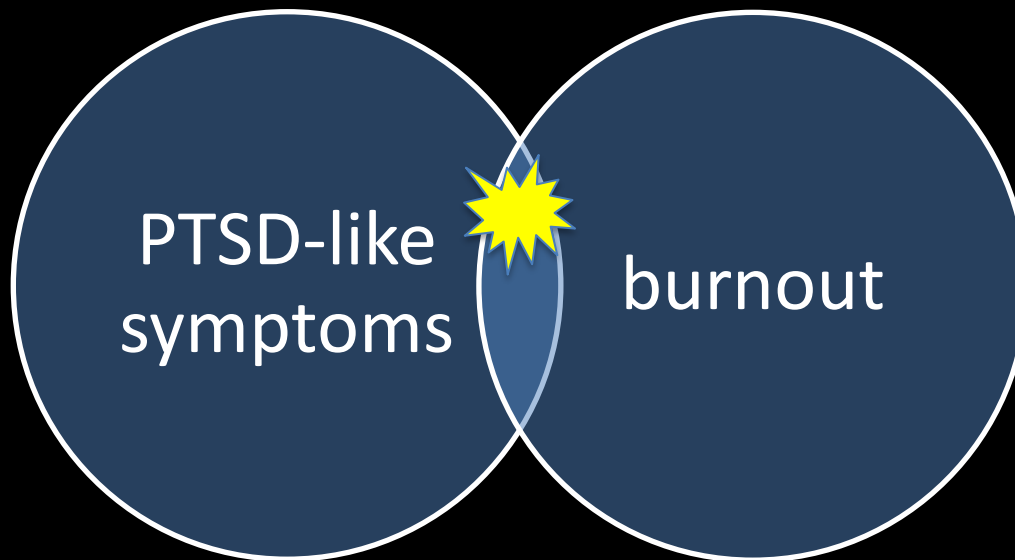
Being exposed to someone else's trauma

- Witnessing it happen
- Hearing about it
- Seeing the aftermath

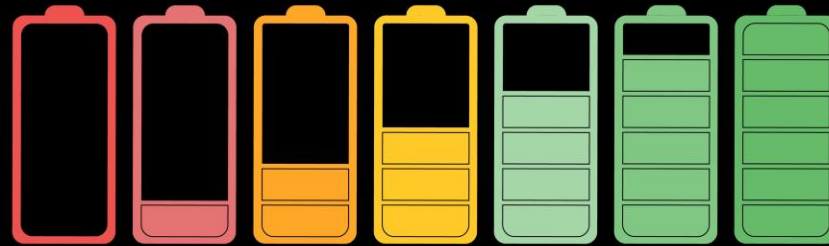
May or may not lead to traumatization  
(secondary traumatic stress)

# Compassion fatigue

*“stress resulting from exposure to a traumatized individual. CF has been described as the convergence of secondary traumatic stress (STS) and cumulative burnout” (Cocker & Joss, 2016)*



# Compassion fatigue



- Taking on the suffering of those we help
- Empathy battery running out
- Can involve PTSD-like symptoms
- Issues with safety, trust, intimacy, control, self-esteem, hope



“You need to do more self-care!”



# Risk factors for burnout

- Ideals vs. work demands
- Workplace policies
- Workplace politics
- Lack of appreciation
- Lack of control
- Short-staffing
- Long hours &/or taking tasks home
- Documentation demands
- Bureaucracy
- Lack of support from team
- Lack of support from supervisor
- No opportunity for advancement
- Racism, inequity, bias
- Personal factors (e.g., perfectionism, self-criticism, isolation, sleep loss)

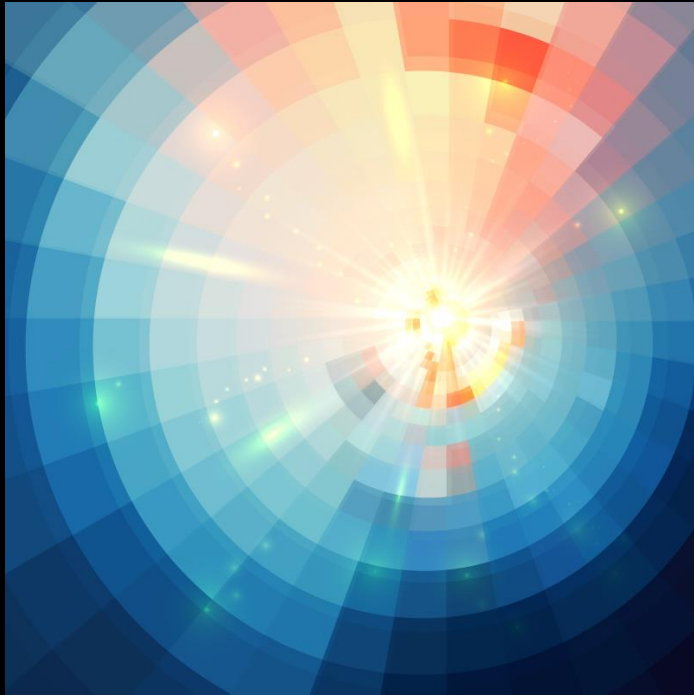


# Risk factors for compassion fatigue

- Working closely with those impacted by trauma
- Stressful / unsupportive workplace
- Less experience/training
- Delivering bad news
- Personal history of trauma
- Isolation
- Lack of coping skills

(Sinclair, 2017; Sorenson, 2016)

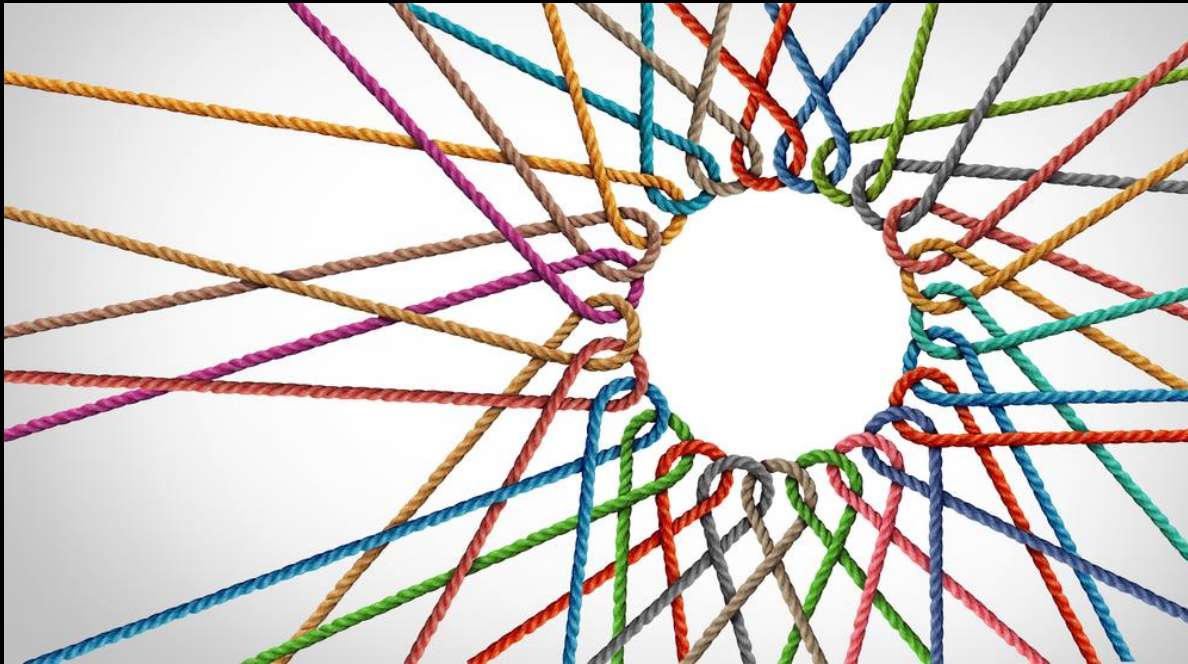
# What can be done?



- System level
- Team level
- Personal level

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# 1. You deserve to work in a system that works.



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## 2. You deserve team care (not just self care!)



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# Team care

- You and your team know better than I do!
- Monitoring workloads
- Job crafting
- Autonomy/control
- Getting the training you want/need
- Supportive management
- Employee resource groups
- Self-care \*during\* work hours
- Making meetings manageable
- Frequent appreciation
- Re-inspiring regularly with positive stories
- Openly discussing burnout (e.g., 1-5 rating system)



# Team care



- How does your team care for each other?
- How has your leadership supported the team?

### 3. You deserve self-care (or whatever we want to call it!)





# Activity: Self-Care Index

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# Self-Care Index

Below you will see 20 forms of self-care. For each, first rate how important it is to you (0-10). Then, rate how it's currently going (0-10). Finally, subtract the two numbers to come up with the 'difference.' The higher the 'difference' score, the more you might benefit from investing some time, energy, or support into that particular aspect of your life.

## 1. Sleep

How important is this to you? 0----1----2----3----4----5----6----7----8----9----10

How are you currently doing? 0----1----2----3----4----5----6----7----8----9----10

Difference = \_\_\_\_\_

## 2. Exercise

How important is this to you? 0----1----2----3----4----5----6----7----8----9----10

How are you currently doing? 0----1----2----3----4----5----6----7----8----9----10

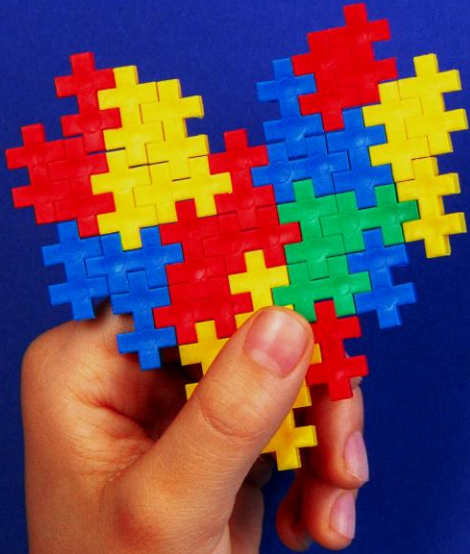
Difference = \_\_\_\_\_

## 3. Food & hydration

How important is this to you? 0----1----2----3----4----5----6----7----8----9----10

How are you currently doing? 0----1----2----3----4----5----6----7----8----9----10

# Wrap Up



- One thing you learned?
- One skill/action you'll try out?
- One thing you want to learn more about?

# Resources & References

- *SAMHSA TIP 57 on TIC*: <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- *Helping* – Edgar Schein
- *Listening Well* – Bill Miller
- *Motivational Interviewing* – Miller & Rollnick
- *Connecting Paradigms: A Trauma-Informed & Neurobiological Framework* – Bennett
- *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies* – Resmaa Menakem
- Greater Good Science Center: <https://greatergood.berkeley.edu/>
- NMAAHC self-care toolkit: <https://nmaahc.si.edu/learn/talking-about-race/topics/self-care>
- Feel free to contact me ([ann.marie.roepke@gmail.com](mailto:ann.marie.roepke@gmail.com)), or check out my podcast (*Psychological Resilience in the Time of Coronavirus*)

# Thank you! Take care.

Thanks to: YOU lovely people, Kelly Allred, Ken Kraybill

