

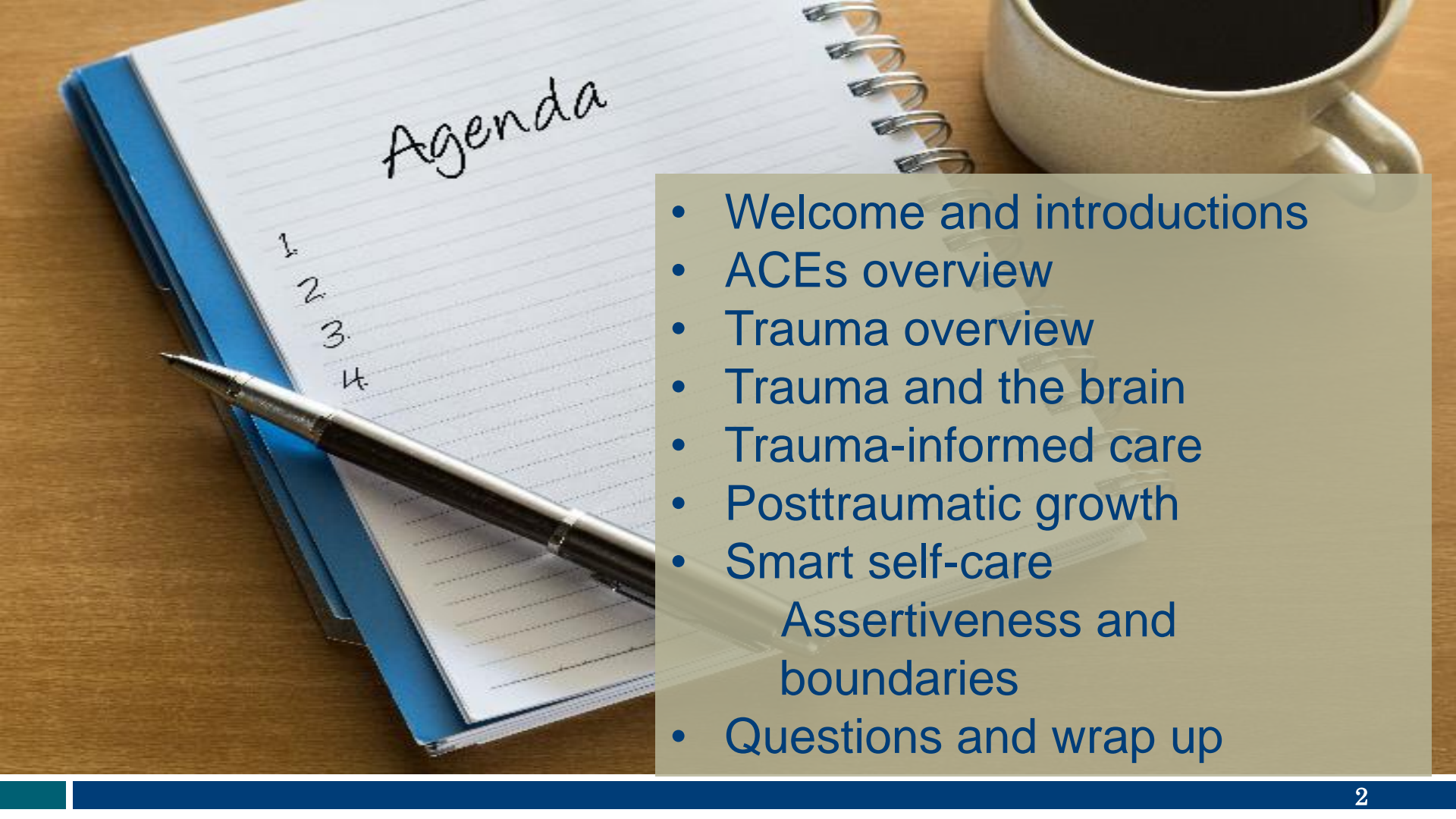
Trauma-Informed Care and Self-Care: It's All About Connection

Scott A. Webb, MSE
Trauma-Informed Care Coordinator

Donna Riemer, PMH-RN,
Nurse Consultant

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Division of Care and Treatment Services
Bureau of Prevention Treatment and Recovery

A blue spiral-bound notebook is open on a wooden surface. The word "Agenda" is written in cursive at the top. Below it, the numbers 1, 2, 3, and 4 are written vertically. A silver and black pen lies diagonally across the notebook. To the right, a white ceramic cup filled with dark coffee is partially visible.

Agenda

1
2
3
4

- Welcome and introductions
- ACEs overview
- Trauma overview
- Trauma and the brain
- Trauma-informed care
- Posttraumatic growth
- Smart self-care
 - Assertiveness and boundaries
- Questions and wrap up

“Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering.”

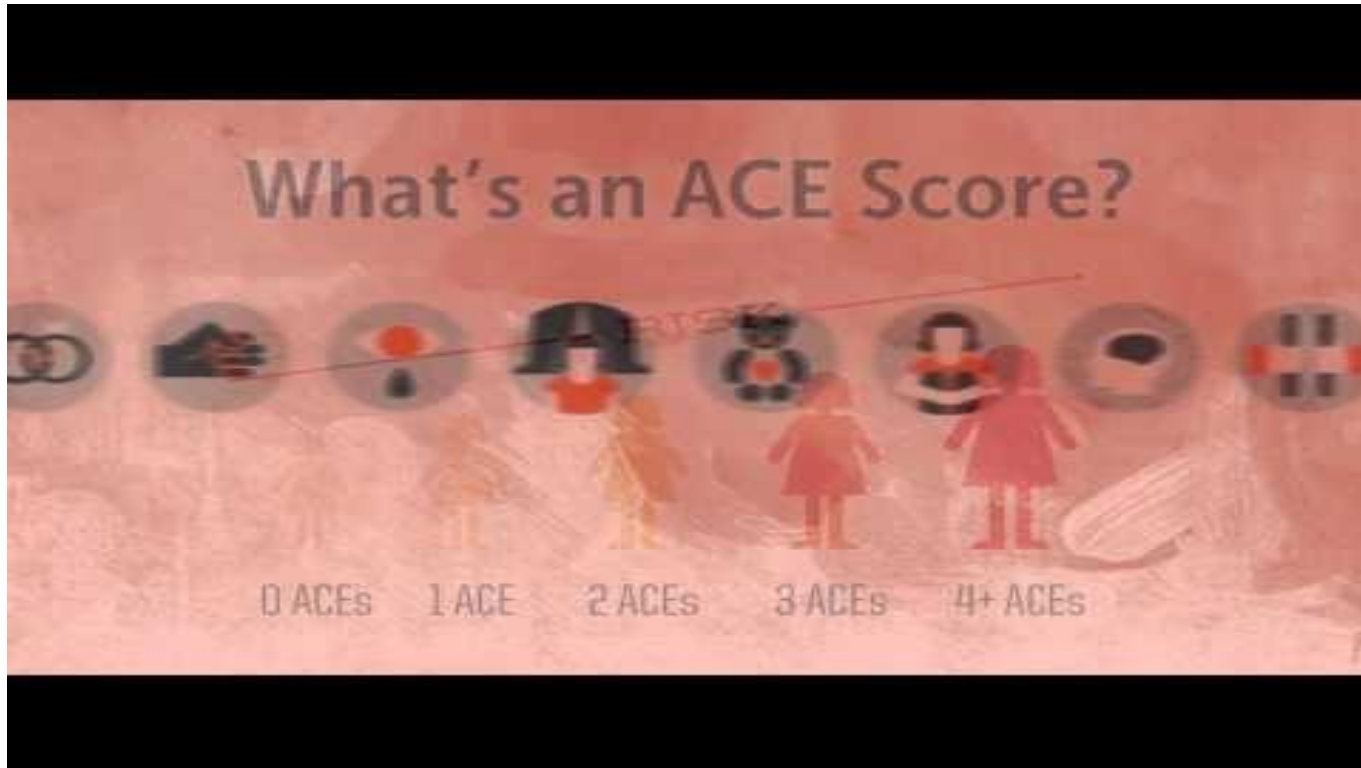
- Peter Levine

What we know...

We need each other.



Adverse childhood experiences



<https://www.youtube.com/watch?v=cckFkcfXx-c&t=26s>

Adverse childhood experiences

- Are common
- Are passed generation-to-generation
- Have a cumulative effect
- Are NOT destiny



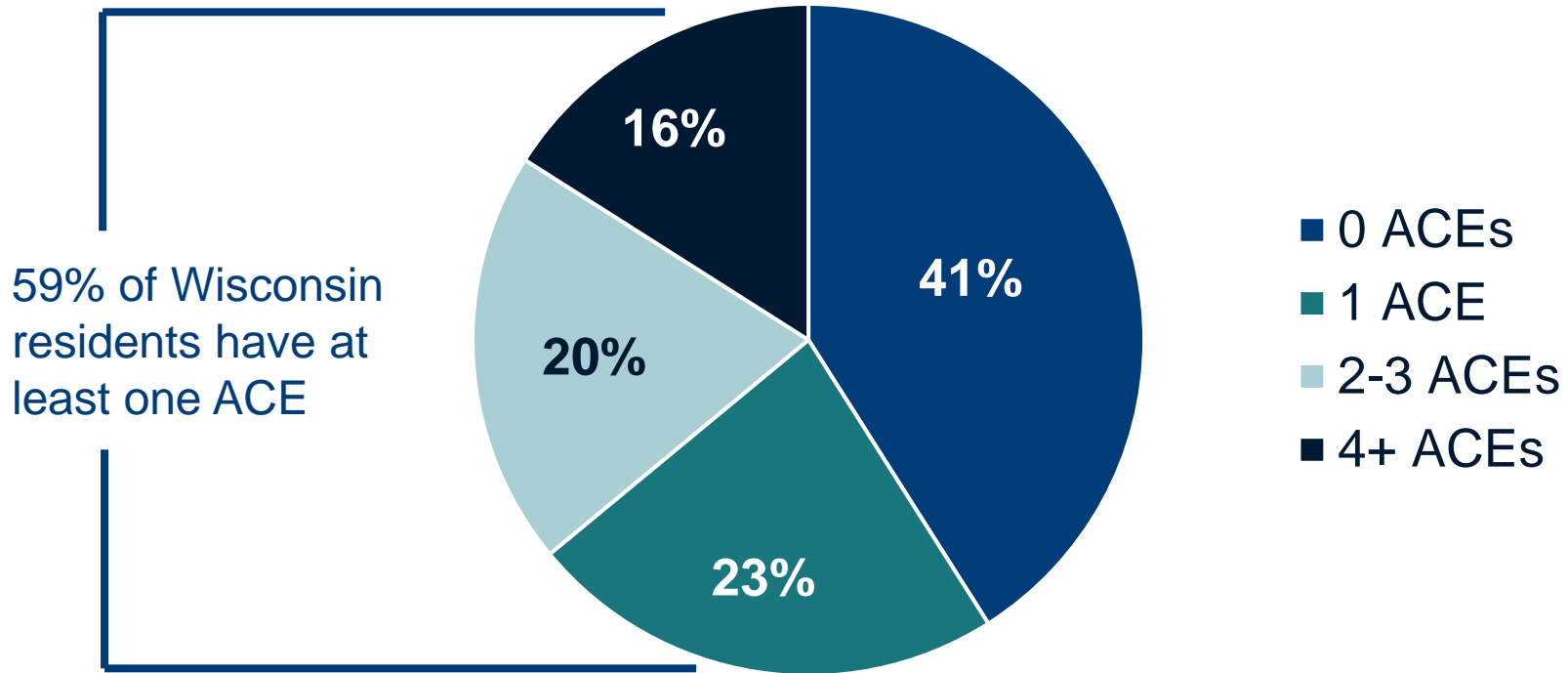
Framing the issue

16% of the U.S. adult population report four or more ACEs
209,128,094 people 18+ years of age
16% of 209,128,094 is...

33,128,095 people

Sources: Centers for Disease Control and Prevention, 2019 | U.S. Census Bureau, 2020

Wisconsin ACE scores



Source: 2015-2018 Behavioral Risk Factor Survey

Four or more ACEs = Tipping point

Compared to people with no ACEs, those with an ACE score of four or greater have increased risks for:

- Chronic obstructive pulmonary disease: 390% greater risk
- Sexually transmitted infections: 240% greater risk
- Smoking: Twice as likely
- Cancer: Twice as likely
- Heart disease: Twice as likely
- Suicide attempts: 12 times more likely
- Alcoholism: Seven times more likely
- Injecting street drugs: Ten times more likely

Trauma Defined



Trauma

- A wound
- More about the reaction than the event
- Subjective
- It is about the moment–illness of not being alive in the present–dead in the present (Bessel van der Kolk, MD)
- Disease of disconnection (Judith Herman, MD)
- An experience laid down in sensations (Flashbacks are just as horrifying as the original trauma)
- Lives in the body
- Affects relationships

Trauma

- The trauma stories we hear are cover stories—trauma is so bad, can't fully describe it
- No words for the experience, but the emotions are there
- Desertion is such a big part of trauma
- Betrayal
- You question your place in the world (trauma worldview)
- After you have been traumatized you live in a different universe

Types of trauma

- Acute
- Complex
- Historical
- Sanctuary
- Vicarious
- Collective



Collective trauma

- A situation that elicits psychological trauma “violates the familiar ideas and expectations about the world of an individual or society, plunging them into a state of extreme confusion and uncertainty.”
- Examples:
 - ◆ War
 - ◆ Mass violence
 - ◆ Genocide
 - ◆ Pandemics

Source: Aydin, 2017

Re-traumatization

A situation, attitude, interaction or environment that replicates the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them.

- It can be obvious, or not
- It is usually unintentional
- It is always hurtful

Source: Dr. Anna Institute

Going through trauma common

About 6 of every 10 men (or 60 percent) and 5 of every 10 women (or 50 percent) experience at least one trauma in their lives

Source: National Center for PTSD, 2020

Going through trauma common

- **Ninety one percent** of behavioral health consumers have been exposed to a traumatic event.
- **Sixty nine percent** of behavioral health consumers have experienced multiple exposures for longer periods of time.

Source: Silje K . Floen, Ask Elklit, 2007

Emotional and cognitive reactions to trauma

- Foreshortened future – Trauma affects one's beliefs about the future via loss of hope, limited expectations about life
- Emotional dysregulation – Difficulty regulating emotions
 - ◆ Anger
 - ◆ Sadness
 - ◆ Shame
 - ◆ Panic

Emotional and cognitive reactions to trauma

- Numbing – Emotions become detached from thoughts, behaviors, and memories
 - Dissociation: Cutting yourself off from the pain
- Hard for traumatized people to filter out what is irrelevant
- Triggers and flashbacks – External stimulus that is a reminder to a trauma survivor of a specific traumatic experience
 - A trigger can be a person (or approach), place, date, smell, sight, texture, etc.

Reminders or triggers

- Lack of control
- Threats or feeling threatened
- Witnessing assaults
- Isolation
- Being told what to do (directive approach)
- Lack of privacy
- Removal of clothing (medical exams)
- Feeling vulnerable or rejected
- Being touched or watched
- Loud noises
- Darkness
- Intrusiveness
- Being locked in a room
- Condescending looks
- Separation or loss
- Transitions or disruptions in routine

Trauma disrupts brain development

- Person experiences trauma
- Brain and body become overwhelmed; nervous system is unable to return to equilibrium
- Trauma goes untreated; person stays in “stress response” mode
- Cues continue to trigger trauma (examples: loud noises, smells, textures)
- Person reacts to trauma cues from a state of fear

Common stress responses

Fight – Goal is self-preservation and protection from pain through *conflict*

Irritability, anger, aggression, disagreeability

Flight – The intent of flight is protection from pain through *escape*

Chronic worry, perfectionism, avoiding, overworking

Freeze – An attempt to self-preserve through *dissociation*

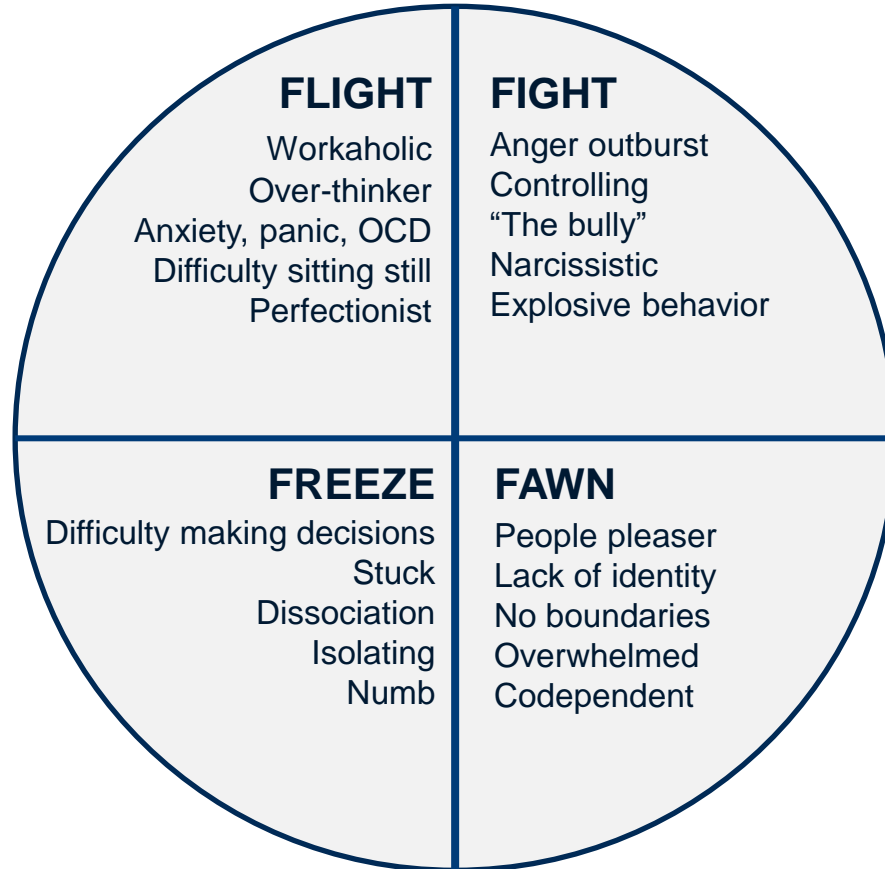
Feeling stuck, procrastination, dissociation, inaction, shame

Fawn – An attempt at self-preservation and safety through *placation*

People pleasing, conflict avoidance, difficulty saying no and setting boundaries

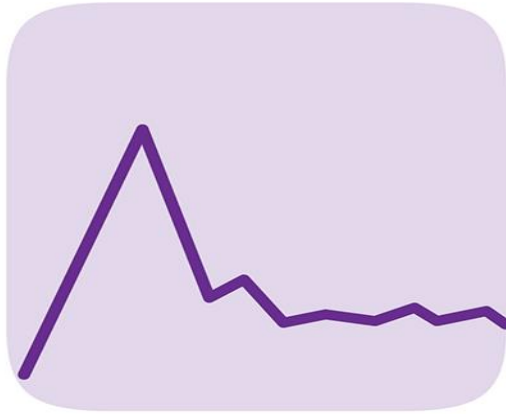
Adapted from: Astrid Burke, 2020

Trauma responses



Types of stress responses

POSITIVE



**A normal and essential part
of healthy development**

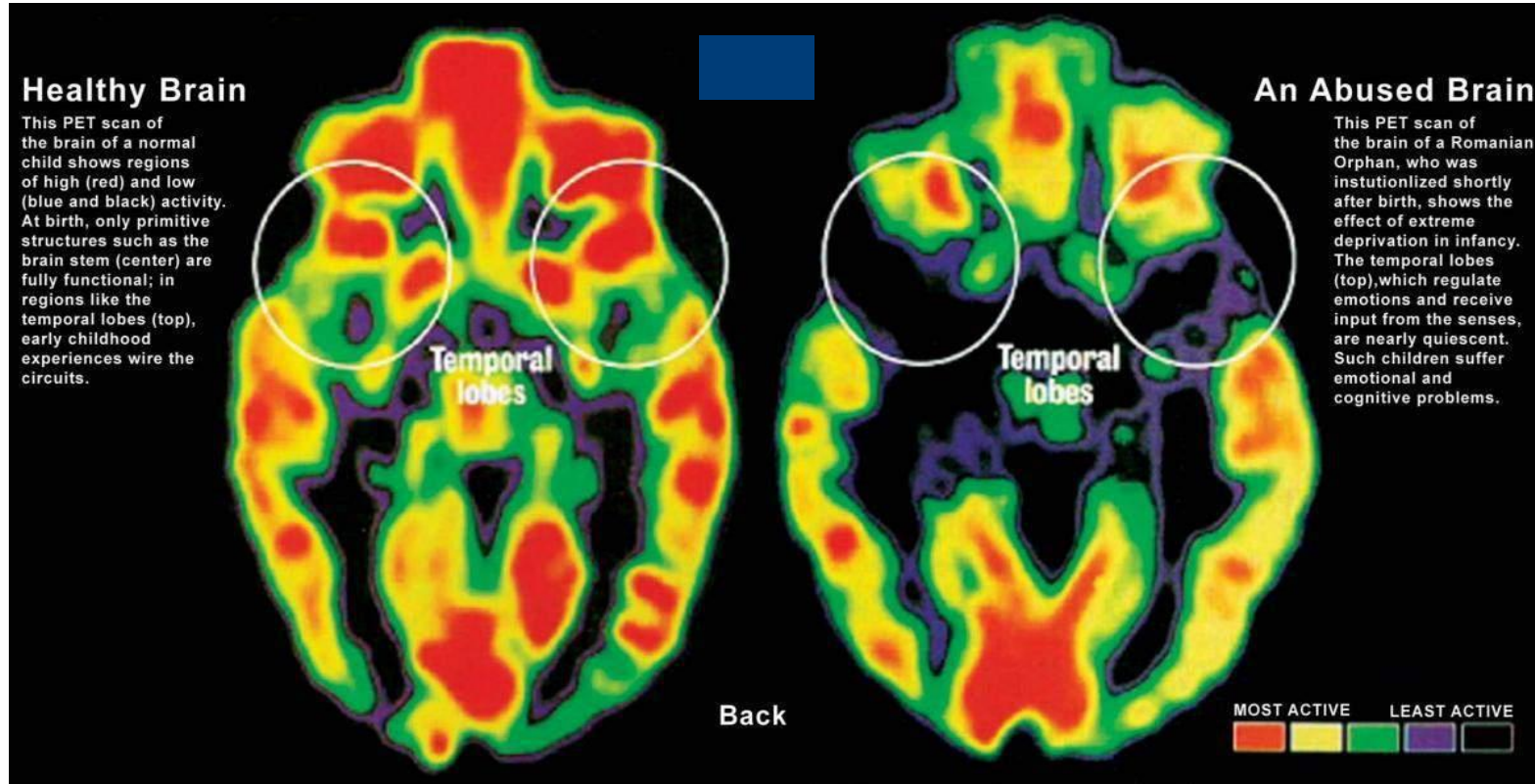
EXAMPLES

*getting a vaccine,
first day of school*

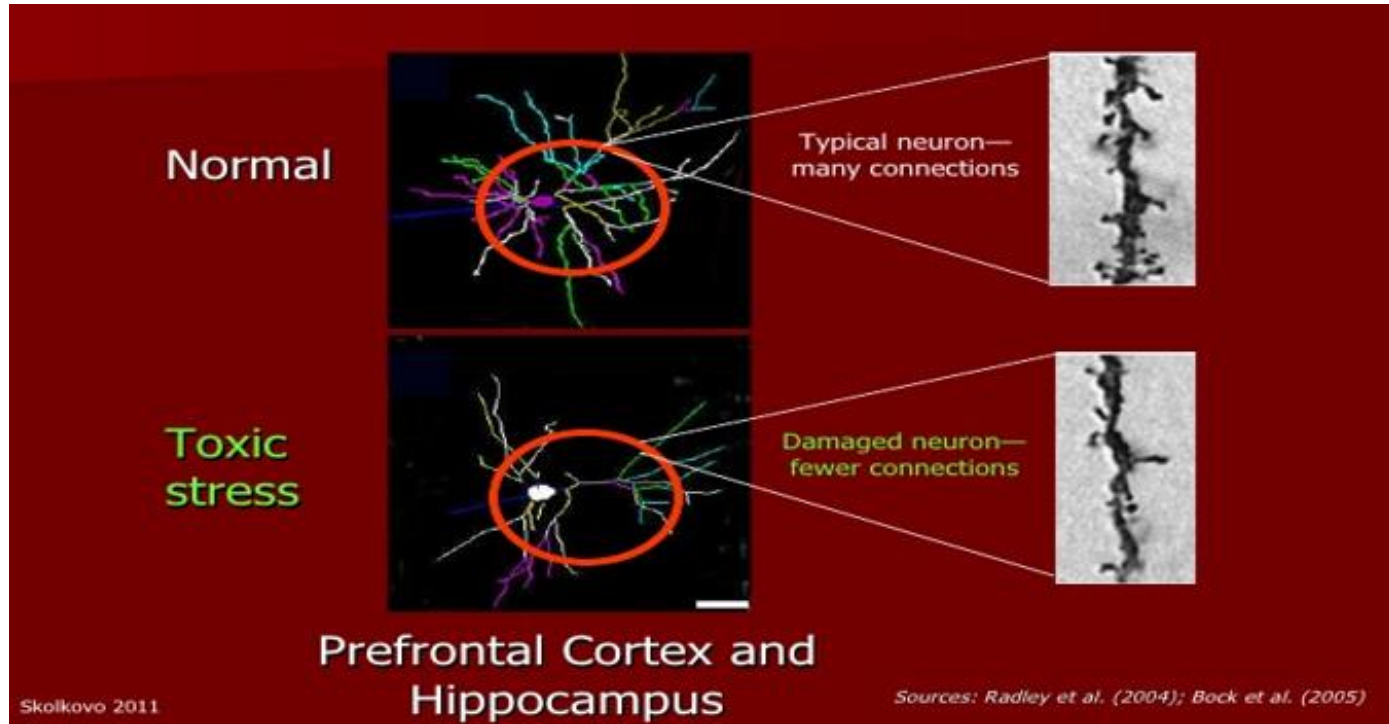
TOLERABLE

TOXIC

Brain development



Toxic stress changes brain architecture



Triune brain

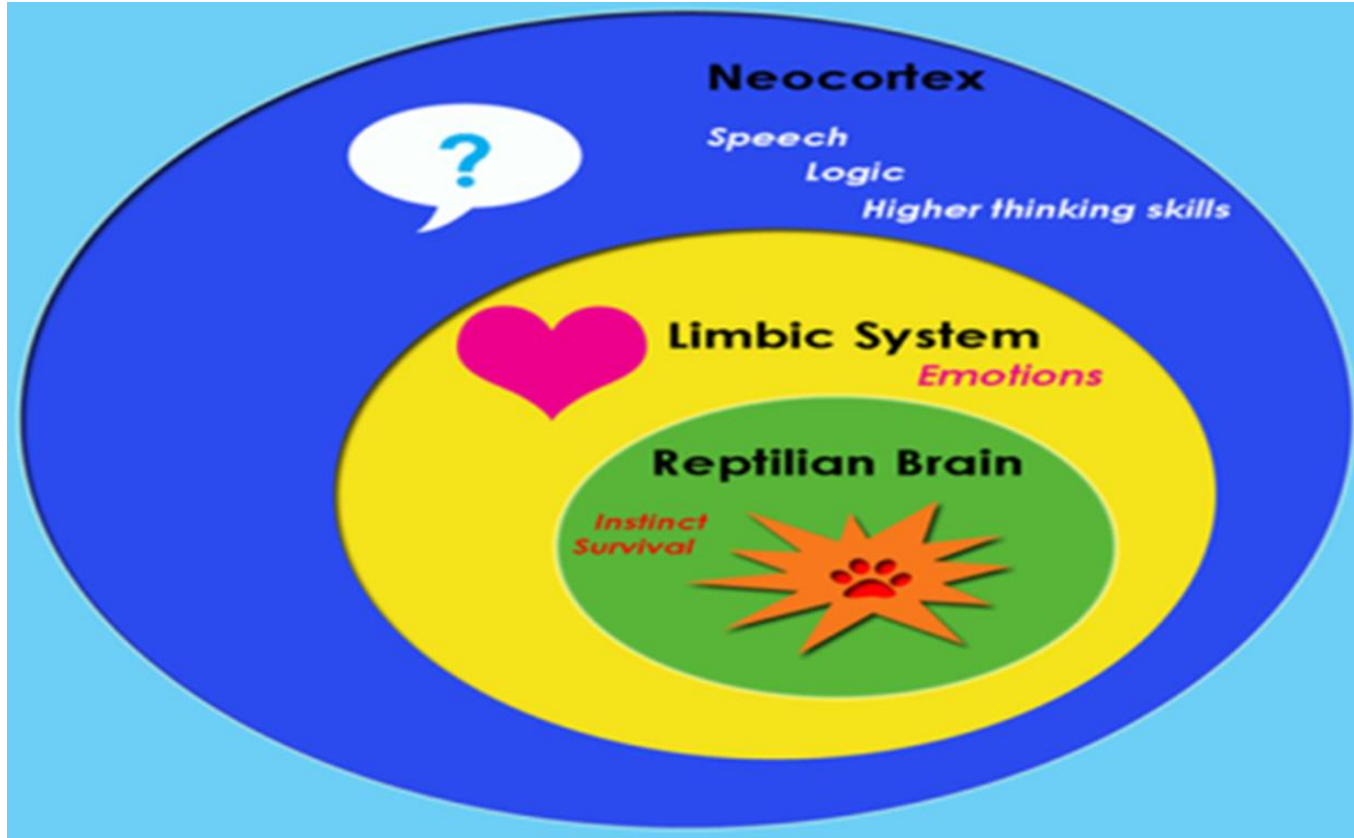


Illustration: The Triune Brain, by Lchunhori at English Wikipedia

Being Trauma-Informed



Why trauma-informed care?

“We are a traumatized field working with traumatized clients, sending them to a traumatized recovery community.”

- Dan Griffin

ACEs among social workers

Survey of 5,540 licensed social workers in 13 states

- Mean ACE score was 2.1
- More than 23.6 percent reported exposure to four or more ACEs
- ACEs were negatively associated with wellness and workplace issues like physical health, mental health, substance use, tobacco use, sleep issues

Source: Steen, Senriech, Lala Ashenberg Straussner, 2020

Do no harm

“The very first requirement in a hospital is that it should do no harm.”

- Florence Nightingale

“We need to presume the clients we serve have a history of traumatic stress and exercise universal precautions by creating systems of care that are trauma-informed.”

- Gordon R. Hodas, M.D.

Key considerations for addressing trauma

- Relationship building (Creating safety, establishing rapport)
- Forming connections
- Self-care (Knowing how and when to self-regulate)
- Peer-to-peer interaction
- Teaching coping and emotional self-regulation
- Teach link between trauma and mental health and substance use disorders
- Motivational interviewing

We have to go there – trauma screening and assessment

Screening – Need to determine whether a person has a history of trauma and any trauma-related symptoms

- Mainly obtains answers to “yes” or “no” questions
- Examples:
 - ◆ “Has this client experienced trauma in the past?”
 - ◆ “Does this client at this time warrant further assessment regarding trauma-related symptoms?”

Source: Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

We have to go there – trauma screening and assessment

Assessment – Determines and defines presenting struggles to develop an appropriate treatment plan and make an informed and collaborative decision about treatment placement. It also determines the nature and extent of the client's problems.

Source: Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Trauma assessment

- Client responds to written questions
- Could involve a clinical interview
- Can require more than a single session to complete
- Use multiple avenues to obtain necessary information
 - ◆ Self-assessment tools
 - ◆ Past and present clinical and medical records
 - ◆ Structured clinical interviews

Source: Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services

Discussion question

Why do many in the helping professions forsake screening and assessing for trauma?

Assessments for traumatic disorders

List of all measures for trauma:

https://www.ptsd.va.gov/professional/assessment/list_measures.asp

Trauma-Informed Care

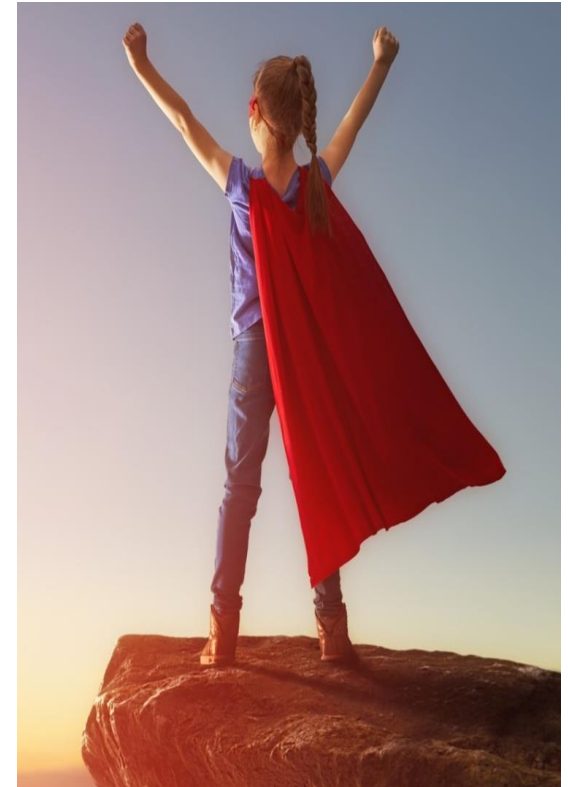


What is trauma-informed care?

- Acknowledges the pervasiveness of trauma
- Focused on how trauma may affect an individual's life and their response to support services
- Safety for all
- Atmosphere of trust
- Compassionate collaboration

What is trauma-informed care?

- Strengths-based
- Aims to avoid re-traumatization
- Recognition that many “negative” behaviors are simply coping skills
 - These coping skills come from a place of **adaptation** and **survival**
- Strives to maximize choices for the survivor and control over the healing process
- Seeks to be culturally competent




Source: Alvarez and Sloan, 2010

Trauma-informed care

- Is not an intervention to address posttraumatic stress
- Is not a “flavor of the day” approach
- Is not age limited

Paradigm shift



“What’s wrong
with you?”

“What happened
to you?”

“What’s right
with you?”

Paradigm shift

Traditional

- People are bad
- People need to be punished
- People just don't care
- We need to stop making excuses for people's bad behavior and choices

What is wrong with you?

Trauma-Informed

- People are suffering
- People need an effective intervention
- Many people care but lack understanding and skills
- We need to learn how trauma impacts a child's and adult's development

What happened to you?

Resiliency-Informed

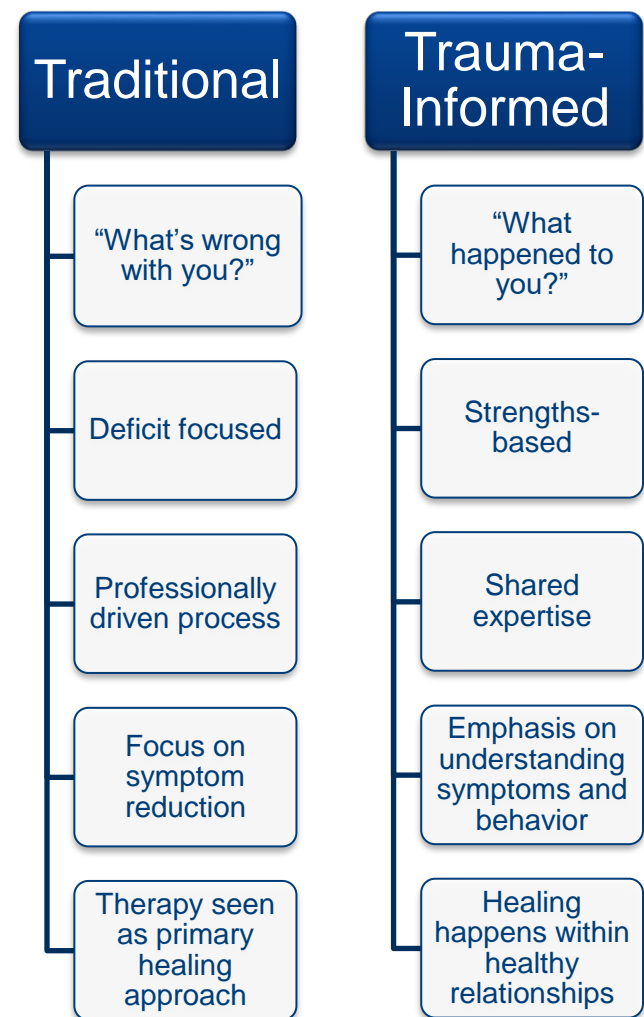
- People are resilient
- People need our compassion as they learn new skills
- Any person can learn self-regulation skills based on science
- We need to learn how skills of well-being can reduce suffering

What is right with you?

What are your strengths?

A comparison of two systems

A trauma-informed system is one that seeks collaboration and partnership with those seeking services. It is **relational**.



Six key principles to a trauma-informed approach



Safety



Trustworthiness
and Transparency



Peer Support



Collaboration
and Mutuality



Empowerment
Voice and
Choice



Cultural,
Historical, and
Gender Issues

- External spaces
- Internal spaces
- Policy considerations

- Predictable structure
- Clear guidelines
- Clear and reassuring messages from leaders and staff

Physical Safety

Psychological Safety

Social Safety

Moral Safety

- Program schedule available and accessible
- Tolerate differences in others
- Violations of safety dealt with within entire community

- Program principles clear to everyone
- Ethical issues/conflicts exposed and resolved
- Authority exercised in just manner

Value-based practice: Safety

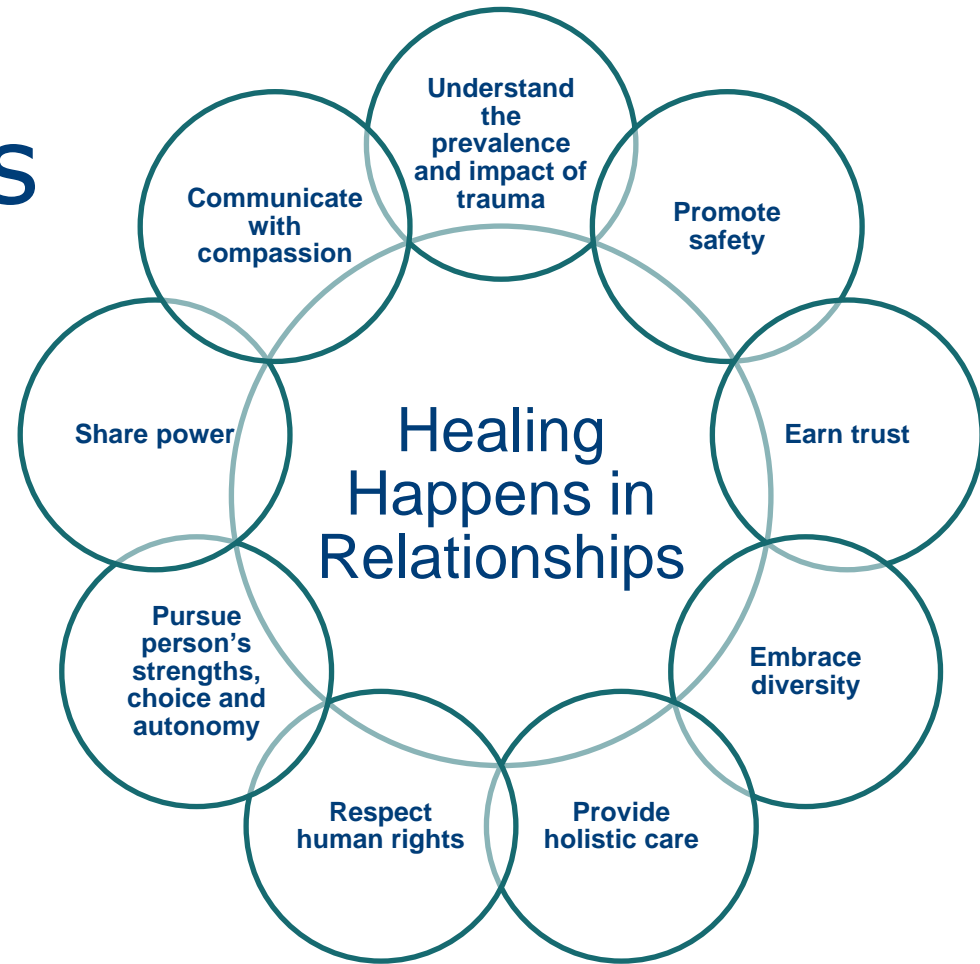
- Create a service environment that is welcoming and calming
- Maintain respectful physical and emotional boundaries
- Provide a safe place to talk
- Be open to outside parties, advocacy, and clinical consultants
- Ask about current abuse and address current risks to safety

Source: Falloot and Harris, 2002

Wisconsin's TIC guiding principles

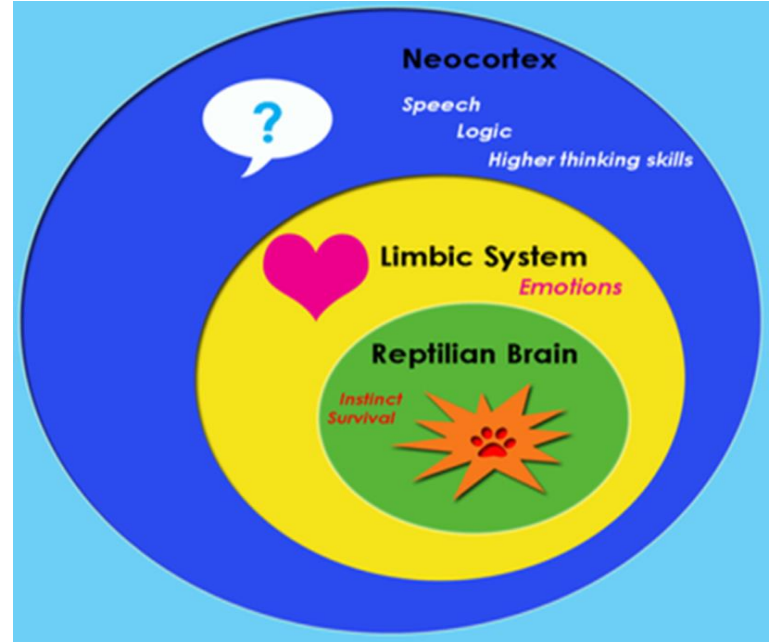
“The oldest medicine in the world is love and compassion.”

VADM Vivek Murthy, M.D.
United States Surgeon General



Top down, bottom up

- Top-down approach deals with a person's thought process
- Primary focus of therapy
- “What is wrong with your thinking and how do we fix it?”



Strategies for regulation – Top down

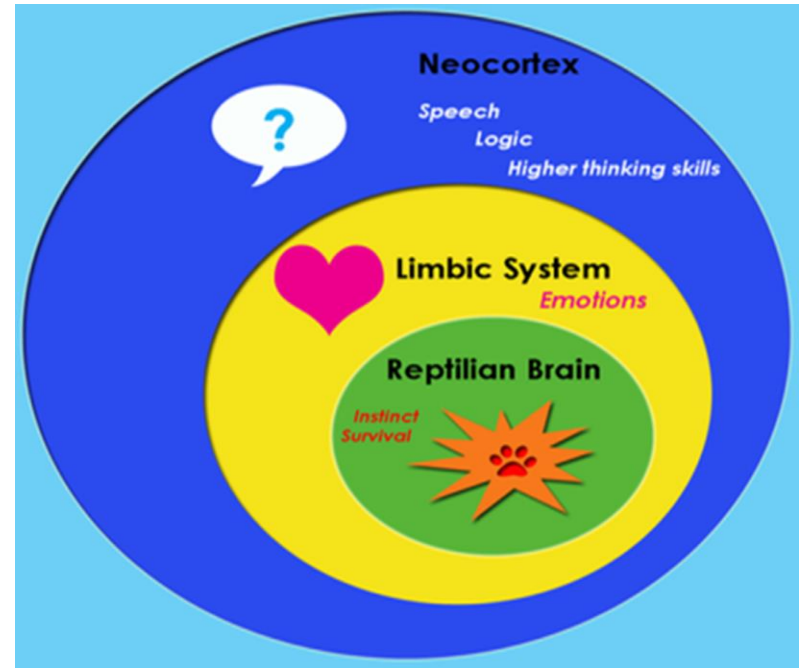
- Neocortex
- Limbic
- Reptilian



- Journaling
- Self-compassion
- Mindfulness
- Reflection
- Healthy boundaries
- Gratitude practices
- Problem-solving
- Pause between stimulus and action

Top down, bottom up

- Bottom-up interventions are very effective to address trauma
- Assumes you must first recognize and soothe feelings
- Targets the primal part of the brain (reptilian, limbic)



Source: National Council for Mental Wellbeing, 2021

Strategies for Regulation – bottom up

- Neocortex
- Limbic
- Reptilian



- Focused breathing
- Grounding exercises
- Calming spaces
- Sensory and calming tools
- Exercise and movement
- Music
- Visual calming exercises
- Alternative workstations

Now for some good news: Posttraumatic growth

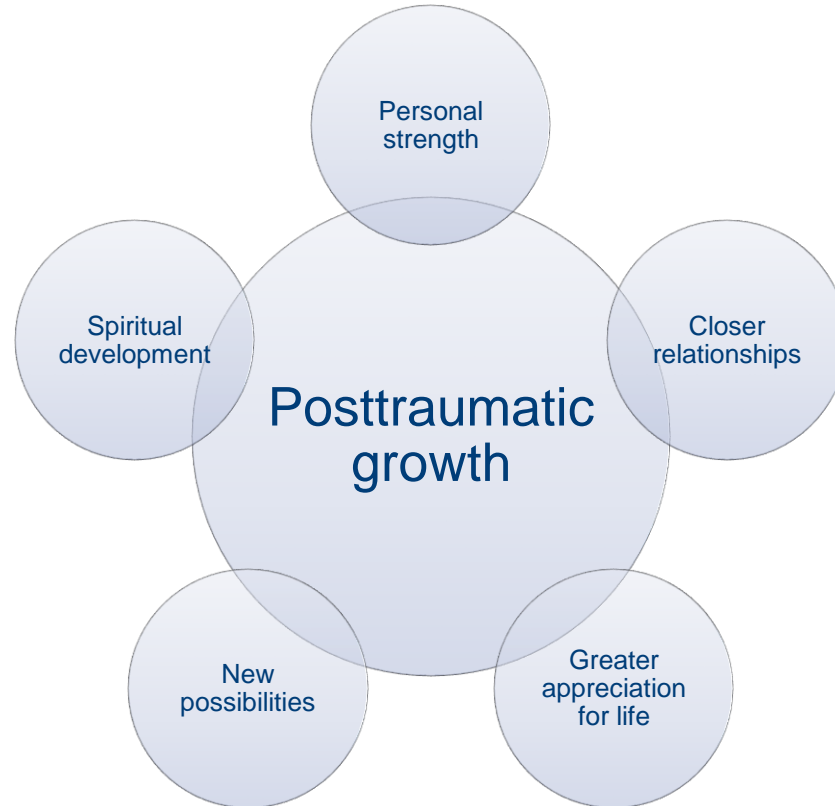
The experience of individuals whose development, at least in some areas, has surpassed what was present before the struggle with crises occurred. The individual has not only survived, but has experienced changes that are viewed as important, and that go beyond the status quo.

Source: Tedeschi and Calhoun, 2004

Posttraumatic growth

- 30 to 70 percent of people who experience trauma also report positive change and growth coming out of the traumatic experience.
- There are a number of things that people who have experienced trauma and subsequent growth identify that was significant to their struggle. These include:
 - ◆ Having relationships where they felt nurtured, liberated, and validated.
 - ◆ Experiencing genuine acceptance from others—a therapist, close friend, family member, spiritual leader, and/or mentor.

Five domains of posttraumatic growth



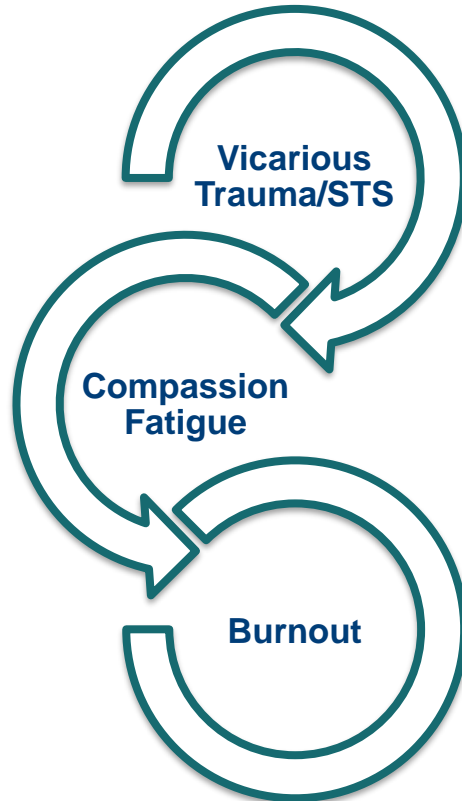
Source: ECHO
(Tedeschi and Calhoun, 2004)

The Importance of Self-Care

Putting on
your own
oxygen mask
first



Downward spiral



Vicarious trauma

The emotional residue of exposure that caseworkers have from working with people as they are hearing their trauma stories and become witness to the pain, fear, and terror that trauma survivors have endured.

Source: American Counseling Association, October, 2011

Compassion fatigue

The overall experience of emotional and physical fatigue that social service professionals experience due the chronic use of empathy when working with clients who are suffering in some way.



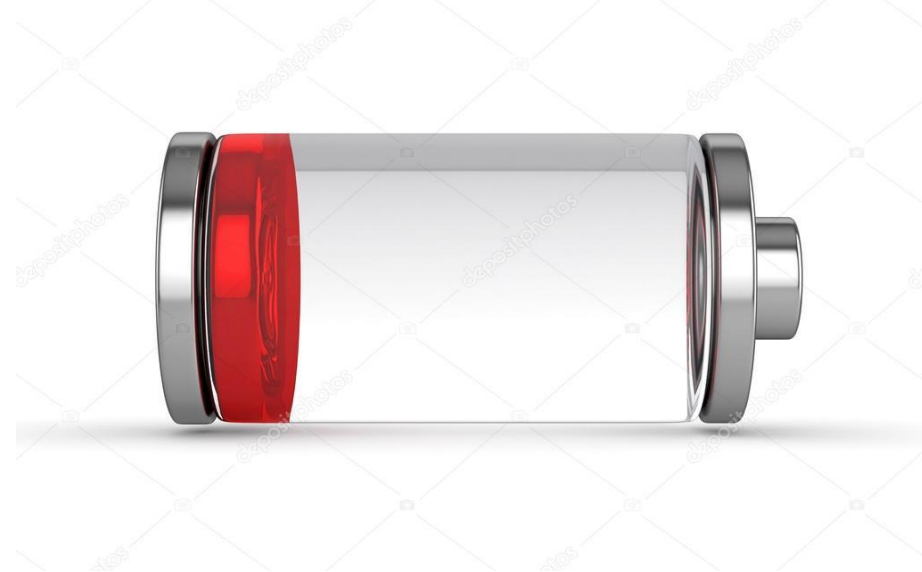
Source: Figley, 2002b; Rothschild & Rand, 2006

Burnout

Overwhelming emotional exhaustion, depersonalization, and feelings of professional insufficiency

- Emotional exhaustion: A state that occurs when a practitioner's emotional resources become depleted by the chronic needs, demands, and expectations of their clients, supervisors, or organizations.
- Depersonalization: The negative, cynical, or excessively detached responses to coworkers or clients and their situations.

Source: Maslach, 1998



You wouldn't let this happen to your phone...

Don't let this happen to you either

Self-care is a priority, not a luxury!

“True self-care is not salt baths and chocolate cake, it is making the choice to build a life you don’t need to regularly escape from.”

-Brianna Wiest

Self-Care

A stack of seven smooth, dark grey stones is arranged on a light-colored bamboo mat. The background is softly blurred, showing white flowers with yellow centers. The overall scene conveys a sense of calm and relaxation.

- **Proper nutrition**
- **Rest**
- **Exercise**
- **Avoid drugs and alcohol**
- **Enjoyable activities**
- **Setting limits**
- **Reach out to those you trust**
- **Journal thoughts and feelings**

Self-care

Feel good self-care

- Laughing
- Massage
- Deep breathing
- Drinking more water
- Proper nutrition
- Exercise
- Enjoyable activities
- Rest

Smart self-care

- Being vulnerable
- Avoiding toxic relationships
- Developing strategies to address being over-reactive
- Being aware of personal numbing out
- Defining failure or success
- Establishing assertive communication processes and creating healthy boundaries

Source: Krause, 2017

Assertiveness vs. aggressiveness

- **Assertiveness** is the quality of being self-assured and confident without being aggressive. It means respectfully expressing your needs.
- **Aggressiveness** is characterized by or tending toward unprovoked offensives, attacks, invasions, or the like; making an all-out effort to win or succeed; competitive.

Assertiveness vs. aggressiveness



Being assertive

Finding your style

An acquaintance asks for a favor. You've helped this person many times before and you're getting tired of it. How to respond?

- Passive: "Sure, I'd love to help."
- Aggressive: "I'm tired of your whining and neediness. You never do anything for yourself."
- Assertive: "I'm not going to be able to help this time."

Being assertive

Plan response ahead of time

- “Let me get back to you on that.”
- “I need to check my calendar.”
- “I have a schedule conflict.”
- “I won’t be able to, I have plans.”

Being assertive

- Don't let guilt get in the way

Saying no to the person is not rejecting them

- Use positive self-talk (Examples?)
- Take time to breathe (4,7,8 breathing)
- Embody an assertive stance

Stand up straight, rolling your shoulders back. Maintain regular eye contact and a neutral facial expression.

Being assertive

- Rehearse with someone you trust
 - ◆ Write down what you want to say before you say it
 - ◆ Ask for feedback on how you are coming across: Shy? Hostile?
 - ◆ How might the other person feel about what you say?
- Believe in your worth (Balanced sense of self worth)
- Start small
- Get outside help (therapist)
- Set actionable boundaries

Source: Cindy Lamonthe, 2019

Importance of boundaries

- Many mental health issues (depression, anxiety disorders, shame issues, marital and relationship problems) find their root in conflicts with boundaries.
- Boundaries are essential to healthy relationships and, really, a healthy life. Setting and sustaining boundaries is a skill.

Source: Dana Gionata, Ph.D., 2016

Boundaries defined

Boundaries define us...

- They define what is me and what is NOT me
- Shows where I end and someone else begins
- Leads to a sense of **ownership**
- Leads to a sense of **freedom**

Ten ways to build and Preserve better boundaries

- Name your limits – Identify your physical, emotional, mental, and spiritual limits
 - ◆ What can you tolerate and accept?
 - ◆ What makes you feel uncomfortable and stressed?
- Tune into your feelings – especially feelings of discomfort or resentment
- Be direct – With some, maintaining healthy boundaries doesn't require clear direct dialogue. With others, it does.

Ten ways to build and preserve better boundaries

- Give yourself permission – We might feel guilty by speaking up and saying no; especially to a family member.

Boundaries are not just a sign of a healthy relationship; they're a sign of self-respect.

- Practice self-awareness – Boundaries are about honing in on your feelings and honoring them.

Find yourself slipping with your boundaries? Ask: “What’s changed?” “What am I doing or what is the other person doing?” Mull over your options.

Ten ways to build and preserve better boundaries

- Consider your past and present: How you were raised along with your role in in your family? Were you a caretaker? Did you always focus on others letting yourself get drained emotionally or physically?
- Make self-care a priority: Give yourself permission to put yourself first

Ten ways to build and preserve better boundaries

- Seek support
- Be assertive
- Start small: Start with a small boundary not threatening to you.



Consider a written self-care plan!

Self-Care Assessment

The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days. When you are finished, look for patterns in your responses. Are you more active in some areas of self-care? Do you tend to ignore others? Are there items on the list that hadn't even occurred to you? Listen to your internal responses and dialogue about self-care, and take note of anything you would like to prioritize moving forward.

Rate the following areas according to how well you think you are doing...

3 = I do this well (e.g., frequently)
2 = I do this OK (e.g., occasionally)
1 = I barely or rarely do this

0 = I never do this
? = This never occurred to me

Physical Self-Care

- | | |
|---|--|
| <input type="checkbox"/> Eat regularly (breakfast, lunch, and dinner) | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Get regular medical care for prevention | <input type="checkbox"/> Eat healthily |
| <input type="checkbox"/> Get medical care when needed | <input type="checkbox"/> Get massages |
| <input type="checkbox"/> Take time off when sick | <input type="checkbox"/> Take vacations |
| <input type="checkbox"/> Wear clothes I like | <input type="checkbox"/> Get enough sleep |
| <input type="checkbox"/> Do some fun physical activity | <input type="checkbox"/> Do some fun artistic activity |
| <input type="checkbox"/> Think positive thoughts about my body | <input type="checkbox"/> (Other) _____ |

Psychological Self-Care

- | | |
|---|---|
| <input type="checkbox"/> Take day trips or mini-vacations | <input type="checkbox"/> Make time for self-reflection |
| <input type="checkbox"/> Have my own personal psychotherapy | <input type="checkbox"/> Write in a journal |
| <input type="checkbox"/> Make time away from technology/internet | <input type="checkbox"/> Attend to minimizing life stress |
| <input type="checkbox"/> Read something unrelated to work | <input type="checkbox"/> Be curious |
| <input type="checkbox"/> Notice my thoughts, beliefs, attitudes, feelings | <input type="checkbox"/> Say no to extra responsibilities |
| <input type="checkbox"/> Engage my intelligence in a new way or area | <input type="checkbox"/> Be okay leaving work at work |
| <input type="checkbox"/> Do something at which I am not expert | <input type="checkbox"/> (Other) _____ |

Emotional Self-Care

- | | |
|---|---|
| <input type="checkbox"/> Spend time with people whose company I enjoy | <input type="checkbox"/> Love myself |
| <input type="checkbox"/> Stay in contact with important people in my life | <input type="checkbox"/> Allow myself to cry |
| <input type="checkbox"/> Re-read favorite books, re-view favorite movies | <input type="checkbox"/> Give myself affirmation/praise |
| <input type="checkbox"/> Identify and seek out comforting activities/places | <input type="checkbox"/> Find things that make me laugh |
| <input type="checkbox"/> Express my outrage in social action or discussion | <input type="checkbox"/> (Other) _____ |

Questions?



Resources



Self-Care Resources

Working While Mourning: How to grieve while on the job

<https://www.nbcnews.com/better/lifestyle/working-while-mourning-how-grieve-when-you-re-job-ncna995946>

Reconnecting With Compassion- Krista Tippett

https://www.ted.com/talks/krista_tippett_reconnecting_with_compassion?referrer=playlist-how_and_why_to_forgive

Why We All Need To Practice Emotional First Aid- Guy Winch

https://www.ted.com/talks/guy_winch_why_we_all_need_to_practice_emotional_first_aid

Self-Care Resources

How To Be Your Best Self In Times Of Crisis- Various Speakers

https://www.ted.com/talks/susan_david_how_to_be_your_best_self_in_times_of_crisis?referrer=playlist-the_importance_of_self_care&language=en

Self-Compassion in Difficult Times- Kristen Neff, PhD

https://www.youtube.com/watch?v=HoqSvlakeSQ&list=RDLVHoqSvlakeSQ&start_radio=1&rv=HoqSvlakeSQ&t=20

Three Components of Self Compassion- Kristen Neff, PhD

<https://www.youtube.com/watch?v=11U0h0DPu7k>

Thank you!



Scott Webb, MSE

scott.webb@dhs.wisconsin.gov

Donna Riemer, PMH-RN,

donna.riemer@dhs.wisconsin.gov

Join the Resilient Wisconsin email list

Visit resilient.wi.gov to sign up to receive email notices for trauma-related research, resources, training opportunities, etc.