

Basic Trauma Education and Core Principles

Kari Whitelaw &
Sonya Sethi-Rankin



OBJECTIVES

- Provide a framework to help understand what it means to be trauma informed
- Understanding the impact of trauma on emotional development and reactivity for anyone working with people who have been traumatized
- Understanding trauma informed principles and how they are used to inform practice of service providers and settings



Trauma has a wake - its impact extends to families, significant others, the community, health care and social systems, and society overall



What is your understanding of Trauma

People living with trauma are...?

Behave...?

Look like...?

Seen as...?

Need...?

-

TRAUMA

Canadian Mental Health Association

- ▶ Something is traumatic when it is very frightening, overwhelming and causes distress.
- ▶ Trauma is often unexpected, and many people say that they felt powerless to stop or change the event
- ▶ Traumatic events may include crimes, natural disasters, accidents, war or conflict, or other threats to life.
- ▶ It could be an event or situation that you experience yourself or something that happens to someone we care about



Trauma

These events can undermine or damage people's

- Sense of safety
- Self and self efficacy
- The ability to regulate emotions and navigate relationships

People who have experienced trauma often feel

- Terror
- Shame
- Helplessness
- Powerlessness
- Confusion

Prevalence of Trauma

Trauma knows

- ▶ No boundaries;
- ▶ No cultural group, ethnic background, lifestyle
- ▶ No educational or socio-economic background is spared

- ▶ Assumption that trauma is always in the room
- ▶ All staff need to know to be trauma-informed



Examples of how trauma may be present...

- ▶ Substance abuse and heavy smoking
- ▶ Depression and anxiety
- ▶ Eating and sleep disorders
- ▶ Poor self-esteem
- ▶ Phobias and panic disorders
- ▶ Suicidal behaviour and self-harm
- ▶ Reactivity
- ▶ Distorted perceptions of situations
- ▶ Social Withdrawal

Trauma responses can be misinterpreted as....

- ▶ Lack of motivation
- ▶ Resistance or defiance
- ▶ Aggression, lying, attention seeking, manipulation, trouble making
- ▶ Symptoms of mental illness
- ▶ Dramatic
- ▶ Difficult

Trauma Informed Service

- ❑ We approach our work with the understanding of how common trauma is among those we serve
- ❑ Recognize how challenging it may be to establish a therapeutic connection
- ❑ Recognize how critical pacing may

The therapeutic relationship takes time to build. Trust, consistently, understanding and boundaries are essential.

Working in a trauma-informed way does not necessarily require disclosure of trauma

Forms of Trauma - External

- ▶ War
- ▶ Victim of crime
- ▶ Sudden death of loved one
- ▶ Loss due to suicide
- ▶ Sudden and unexpected loss: job, housing, relationship
- ▶ Living in extreme poverty
- ▶ Natural disasters
- ▶ Accidents

Forms of Trauma - Interpersonal

- ▶ Childhood abuse
- ▶ Sexual assault
- ▶ Historical trauma
- ▶ Loss due to homicide
- ▶ Torture and forcible confinement
- ▶ Elder abuse

Trauma Types

3 Main Classifications of trauma defined by Terr, L.C.(1991)

Childhood Traumas: An Outline and Overview. American Journal of Psychiatry, 148(1),10-20

Acute Trauma - results from a single overwhelming event

Characteristics: detailed memories, hyper vigilance, exaggerated startle response, misperceptions or overreactions

Complex Trauma - results from extended exposure to traumatizing situations

Characteristics: denial and psychological numbing, dissociation, rage, social withdrawal

Crossover Trauma - results from a single traumatic event that is devastating enough to have long-lasting effects

Characteristics - perpetual mourning, chronic pain, concentration problems, sleep disturbances, irritability



Trauma affects the whole person

Physical

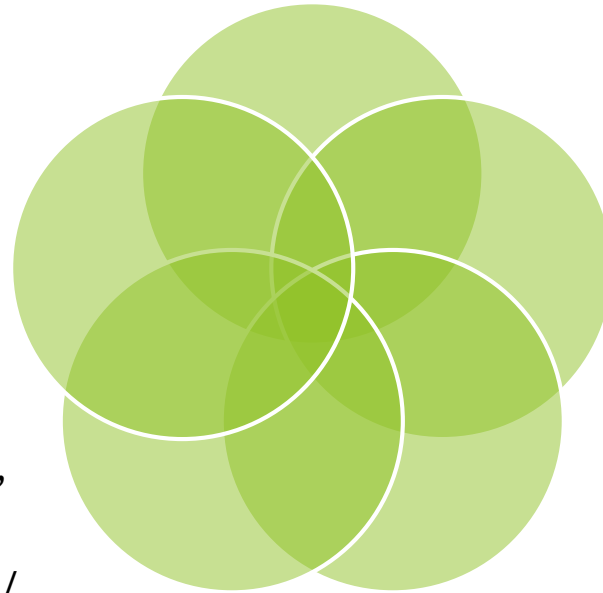
Eating, sleep, pain,
energy, headaches,
anxiety/panic

Behavioural

Self-harm, substance
use, isolation, self-
destructive, suicide
attempts

Emotional

Depression, crying,
hopelessness,
vulnerability,
fearful, compulsive/
obsessive, irritable,
angry, numb



Cognitive

Memory, decisions,
concentration,
distracted, withdrawal,
suicidal thinking,
overwhelmed

Spiritual

Guilt, shame, self-
blame/hatred, damaged,
questioning ...

Triggers and Trauma Reactions

Could be a...

- Sound
- Sight
- Touch
- Smell
- Feeling

...which reminds the person of a traumatic experience

A trigger can set off a trauma reaction - a mind/body reaction

Individuals may or may not be aware of triggers

What do we know that makes a difference?

Trauma Informed Care Framework

The principles of trauma-informed practices help staff members to understand and effectively work with trauma responses

Should be applied universally - in ANY setting where people receive services

The focus is on understanding the impacts of trauma and creating safety

Trauma Informed Care

A framework of thinking and interventions that are directed by a thorough understanding of the profound neurological, biological, psychological, and social effects trauma has on an individual - recognizing that person's constant interdependent needs for safety, connections, and ways to manage emotions/impulses













Working in a trauma informed way will improve one's knowledge, skills and practice over time



Retraumatization



WHAT HURTS?

SYSTEM (POLICIES, PROCEDURES, "THE WAY THINGS ARE DONE")	RELATIONSHIP (POWER, CONTROL, SUBVERSIVENESS)
 HAVING TO CONTINUALLY RETELL THEIR STORY	 NOT BEING SEEN / HEARD
 BEING TREATED AS A NUMBER	 VIOLATING TRUST
 PROCEDURES THAT REQUIRED DISROBING	 FAILURE TO ENSURE EMOTIONAL SAFETY
 BEING SEEN AS THEIR LABEL (I.E. ADDICT, SCHIZOPHRENIC)	 NONCOLLABORATIVE
 NO CHOICE IN SERVICE OR TREATMENT	 DOES THINGS FOR RATHER THAN WITH
 NO OPPORTUNITY TO GIVE FEEDBACK ABOUT THEIR EXPERIENCE WITH THE SERVICE DELIVERY	 USE OF PUNITIVE TREATMENT, COERCIVE PRACTICES AND OPPRESSIVE LANGUAGE

Trauma Informed Practices can...

- ▶ Reduce frustration
- ▶ Improve communication
- ▶ Enhance the quality of the relationship
- ▶ Increase work satisfaction

Investing in integrating a trauma informed perspective does not create more work but can instead make the work easier, and more satisfying.

Safety Practices

- ▶ Signage is welcoming and indicates cultural sensitivity
- ▶ Private spaces are provided as needed and monitored
- ▶ Information about setting/programming and expectations are clear
- ▶ Questions from people are responded to promptly
- ▶ Ask about their definition of safety
- ▶ Introductions
- ▶ Mutual expectations have been developed and widely available
- ▶ Respond to trauma-based responses with empathy and calm respectful demeanor

CHOICE

- ▶ Understand the connection between choice, control and safety
- ▶ Provide as many real choices as possible about service options and linkages
- ▶ Understand the **IMPACT** of enhanced choice and control



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COLLABORATION

- ▶ Relational approaches for respectful and compassionate care
- ▶ The connections made within the therapeutic relationship can be restorative. When staff recognize that a individual is an expert in their own life and collaborate with them they are able to share power and strengthen the therapeutic relationship.

(Trauma Matters,2013)



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Collaboration Practices

- ▶ Meet people where they are at. People are offered the opportunity to participate in identifying their needs and case planning
- ▶ Recognizing non-verbal feedback that may indicate they are uncomfortable with the current situation
- ▶ Flexibility is key
- ▶ Changing mindset - instead of what is wrong with this person to what happened to this person?
- ▶ The more you understand about the individual, the more equipped you are to support them in managing trauma responses and symptoms.

TRUSTWORTHINESS

- ▶ Patience
- ▶ Respect
- ▶ Clear boundary guidelines
- ▶ Consistency



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Because interpersonal trauma often involves boundary violations and abuses of power, it is particularly important that the roles and boundaries of the staff team are clear, consistent, and predictable.

(Trauma Matters, 2013)

Trustworthiness Practices

- ▶ Each person is provided with clear information about service provision
- ▶ Informed consent has been fully explained
- ▶ Staff do frequent check-ins with people
- ▶ All staff act consistently in all interactions with people
- ▶ Commitments made to people are always kept
- ▶ Boundary guidelines and staff conduct themselves accordingly

EMPOWERMENT

- ▶ Focusing on peoples capacity for personal growth is the primary building block for change
- ▶ Crucial role for self-efficacy
- ▶ Emphasizing hope, optimism and resilience
- ▶ Dignity



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Empowerment Practices

- ▶ Recognizing small steps to changing behaviours
- ▶ Feedback from people is incorporated in the empowerment process - house meetings, advisory committees, focus group participation
- ▶ Staff understand and act on a range of skills necessary to empower people who have experienced trauma
- ▶ If an individual is treated with dignity and respect, they feel like they matter. Dignity and respect can increase a person's self esteem, self efficacy and build a healthy therapeutic relationship.

Trauma Lens



NO AWARENESS



LACK OF EMPATHY



TRAUMA INFORMED



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