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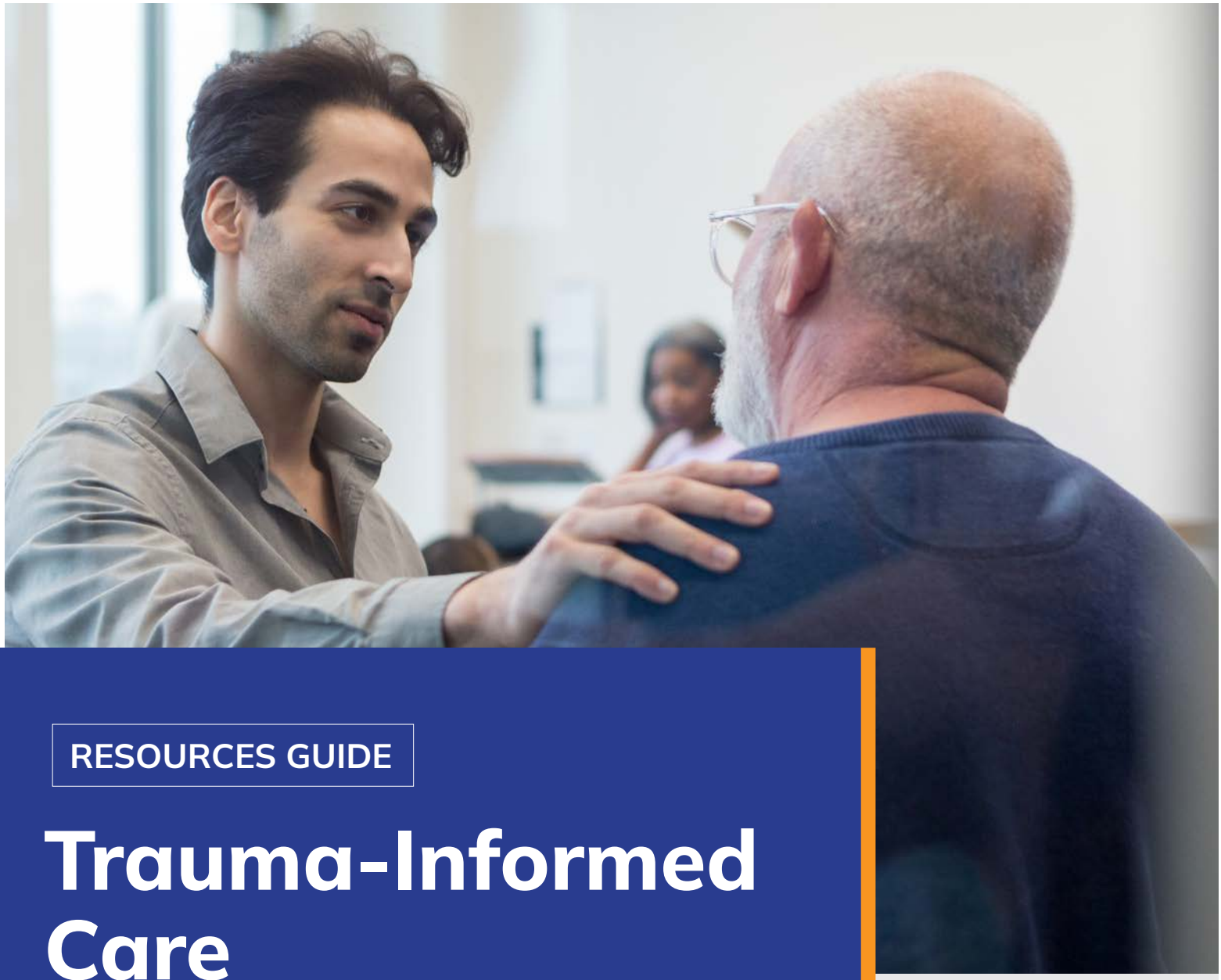


RESOURCES GUIDE

Trauma-Informed Care

WHAT'S INSIDE

- Key Trauma-Related Concepts
- 6 Guiding Principles to a Trauma-Informed Approach
- 7 Tips for Preventing Re-Traumatization
- De-Escalation Preferences Form

Experiencing a trauma can change the way a person perceives the world.

Whether trauma is caused by a single event such as a natural disaster, or by repeated or prolonged exposure to abuse, an individual's thoughts, feelings, and behaviors are filtered through their experience and perspective.

Increasing your awareness about the trauma a person has experienced and the impact it has on them can help you when they become anxious or disruptive.

As you sharpen your understanding of their experience, your relationship will strengthen, and that rapport can make your interventions more successful.

When you have the trust of someone who exhibits challenging behavior, you know how to reach them, how to communicate with them, and what will help them calm down.

This guide will give you:

- Deeper awareness about key trauma-related concepts.
- A greater understanding of trauma's effects on behavior.
- 6 Guiding Principles to a Trauma-Informed Approach.
- 7 tips for preventing re-traumatization.
- A helpful De-Escalation Preferences Form.
- Resources to explore the subject further with your staff.

> **A trauma-informed perspective asks "What happened to you?" instead of "What's wrong with you?"**

Defining Terms

Trauma

An emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea.

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.

Triggers

Signals that act as signs of possible danger, based on historical traumatic experiences and which lead to a set of emotional, physiological, and behavioral responses that arise in the service of survival and safety (e.g., sights, sounds, smells, touch).

Triggers are all about one's perceptions experienced as reality. The mind/body connection sets in motion a fight, flight, or freeze response. A triggered individual experiences fear, panic, upset, and agitation.

mental trauma

is one of the most-common psychological health conditions.

> **Trauma can serve as a filter, or lens, through which a person views the world. Think of sunglasses: You put them on and everything is shaded differently. Trauma can have that type of effect on how a person perceives their world.**

Trauma Types

There are three main classifications of trauma.

Acute trauma results from exposure to a single overwhelming event.

- **Examples:** Rape, death of a loved one, natural disaster.
- **Characteristics:** Detailed memories, omens, hyper-vigilance, exaggerated startle response, misperceptions or overreactions.

Chronic trauma results from extended exposure to traumatizing situations.

- **Examples:** Prolonged exposure to violence or bullying, profound neglect, series of home removals.
- **Characteristics:** Denial and psychological numbing, dissociation, rage, social withdrawal, sense of foreshortened future.

Complex trauma results from a single traumatic event that is devastating enough to have long-lasting effects.

- **Examples:** Mass casualty school shooting, car accident with fatalities involved, refugee dislocation.
- **Characteristics:** Perpetual mourning or depression, chronic pain, concentration problems, sleep disturbances, irritability.

> **Traumatization occurs when internal and external resources are inadequate for coping.**

Guiding Principles to a Trauma-Informed Approach

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), has developed six principles that help guide a trauma-informed approach.

CPI *Nonviolent Crisis Intervention*® 2nd Edition: Trauma Training provides a deeper dive into each of these concepts as it relates to the trauma-impacted individuals in your care.

1 Safety
The physical setting provided is safe, and the interpersonal interactions further promote that sense of safety.

2 Trustworthiness and Transparency
The organization's operations and decisions are made based on trust and transparency. The trust of individuals served is built and consistently maintained.

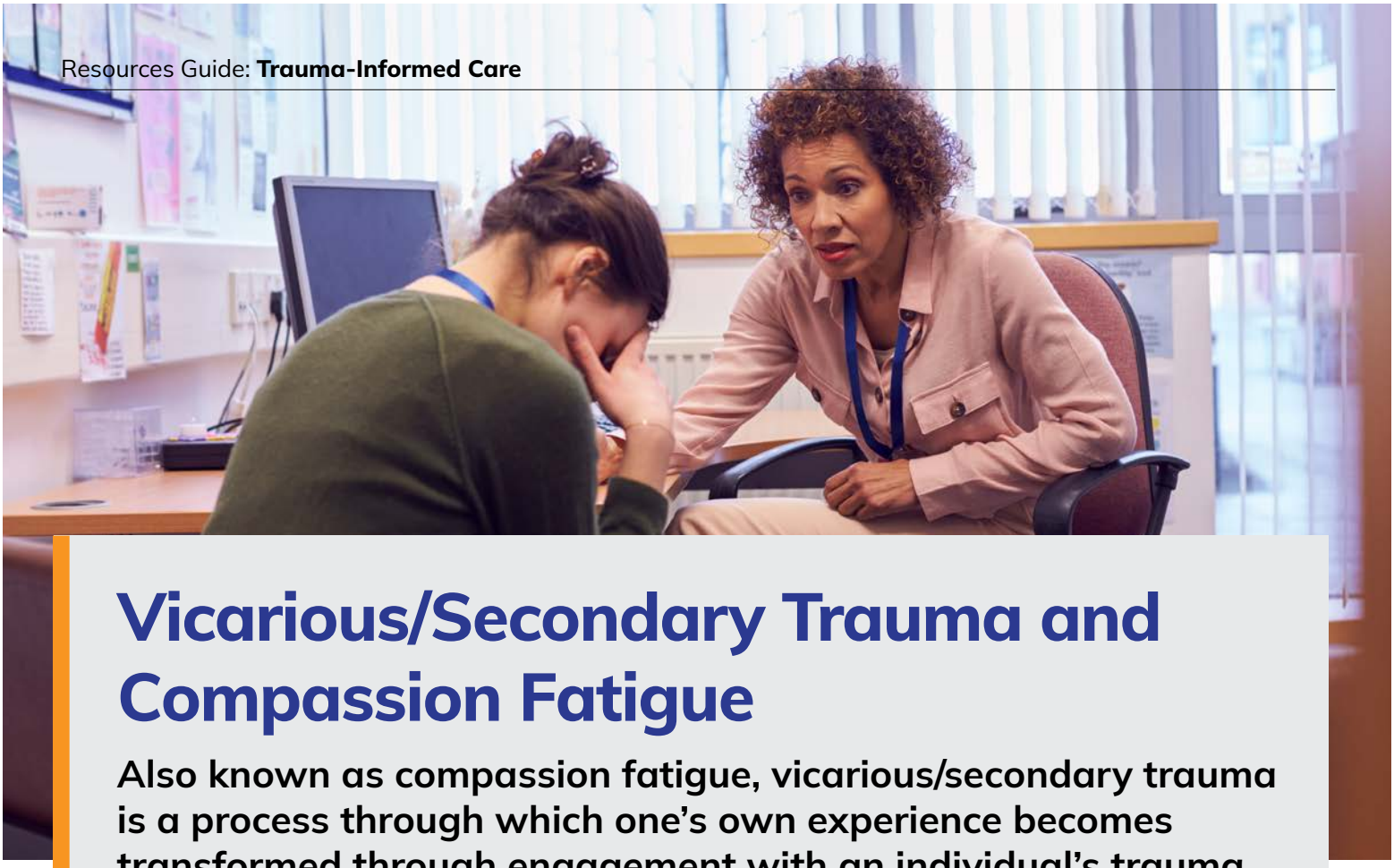
3 Peer Support
Peer support is a key vehicle for establishing safety, building trust, enhancing collaboration, and utilizing lived experience to promote recovery and healing.

4 Collaboration and Mutuality
The effectiveness of mutual decision-making and sharing of power is harnessed. This concept highlights the role everyone in an organization plays in providing trauma-informed care.

5 Empowerment and Choice
A focus on recognizing, empowering, and building upon the strengths and experiences of trauma-impacted individuals.

6 Cultural, Historical, and Gender Issues
The organization makes an effort to move past cultural stereotypes and biases; utilizing policies, protocols, and processes that respond to racial, ethnic, and cultural needs.

> *"Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level."*
>
> *(Source: CDC)*



Vicarious/Secondary Trauma and Compassion Fatigue

Also known as compassion fatigue, vicarious/secondary trauma is a process through which one's own experience becomes transformed through engagement with an individual's trauma.

That is, trauma may not only impact the individual who experienced it. It can also impact those around them, including you as the staff member.

Signs of Compassion Fatigue:

- Reduced sense of efficacy at work.
- Concentration and focus problems.
- Apathy and emotional numbness.
- Isolation and withdrawal.
- Exhaustion.
- Jaded, bitter pessimism.
- Secretive addictions and self-medicating.

Risk Factors for Compassion Fatigue:

- Being new to the field.
- Having a history of personal trauma or burnout.
- Working long hours and/or having large caseloads.
- Having inadequate support systems.

> **You'll find many resources for compassion fatigue starting on page 12.**

The Effects of Trauma on Behavior

An example: You approach a client to join the group in an icebreaker to welcome someone new. It appears your client is finishing up an earlier task. You ask, "Want to play?" while touching their shoulder lightly. The person turns suddenly and strikes out at you, screaming, "Get away from me! Don't touch me!"

How would you look at this through a trauma-informed lens?

Think about:

- What type of trauma could be at play here?
- What are some possible triggers? They could be obvious or subtle.
- How could you respond in a trauma-informed way?

> **Model a person-centered, strength-based approach to working with clients. This will help create a cultural shift in how staff and clients interact.**

7 Tips for Preventing Re-Traumatization

1. **Learn as much as you can.**

   Collect data and screen for trauma histories. Use the De-Escalation Preferences Form on the following pages.

2. **Grow your skill of attunement.**

   That is, develop your capacity and the capacity of staff and clients to accurately read each other's cues and respond appropriately.

3. **Look for the causes of behaviors.**

   Seek to understand the function of behaviors and what the behaviors are communicating. What you might view as a frustrating behavior may actually be a coping mechanism attempt. If your response is not trauma-informed, it could play right into causing the individual to feel less safe and even more disconnected.

4. **Use person-centered, strength-based thinking and language.**

   Help staff shift from a deficit-based mindset to a strength-based mindset. Instead of looking at how a person is "a victim" or "damaged," we can view them as a survivor. Focus on what they can do, and not on what they cannot do.

5. **Provide consistency, predictability, and choice-making opportunities.**

   Meet the person where they are, in a way they understand. Consistency and predictability provide feelings of safety for the individual, helping to reduce anxiety. And by providing choice-making opportunities, you allow that person to have control. All of this can go a long way to empower the person.

6. **Always weigh the physiological, psychological, and social risks of any physical interventions.**

   Be sure to choose the least-restrictive option possible in every situation.

7. **Debrief.**

   Prioritize debriefing after any crisis. This will help you find patterns and triggers—and prevent crises from reoccurring. It will also help you help the person foster resilience and develop successful coping skills.

> **Common functions of behavior include access, avoidance, and meeting a sensory or emotional need.**

De-Escalation Preferences Form

This form is a guide to help you gather information and develop personalized de-escalation strategies. Person-centered, trauma-informed de-escalation strategies are powerful prevention tools to help you avert difficult behaviors, and avoid restraint and seclusion. Use this form to develop strategies that are unique to your environment and to the patients and colleagues you're surrounded by.

Name: _____

Date: _____

1. It's helpful for us to be aware of the things that can help you feel better when you're having a hard time. Have any of the following ever worked for you? We may not be able to offer all these alternatives, but I'd like us to work together to figure out how we can best help you.

- ❑ Listening to music.
- ❑ Reading a newspaper/book.
- ❑ Sitting by the waiting room, lobby, etc.
- ❑ Watching TV.
- ❑ Talking with a peer.
- ❑ Walking the halls.
- ❑ Talking with staff.
- ❑ Calling a friend.
- ❑ Having your hand held.
- ❑ Calling your therapist.
- ❑ Getting a hug.
- ❑ Pounding some clay.
- ❑ Punching a pillow.
- ❑ Physical exercise.
- ❑ Writing in your diary/journal.
- ❑ Playing a computer game.
- ❑ Using ice on your body.
- ❑ Breathing exercises.
- ❑ Putting your hands under running water.
- ❑ Going for a walk with staff.
- ❑ Lying down with a cold facecloth.
- ❑ Wrapping up in a blanket.
- ❑ Using a weighted vest.
- ❑ Voluntary time out in a quiet room.
- ❑ Voluntary time out (anywhere specific?):

  _____

- ❑ Other:

  _____

2. Is there a person who's been helpful to you when you've been upset?

❑ Yes ❑ No

If you are not able to give us information, do we have your permission to call and speak to:

Name: _____ Phone: _____

❑ Yes ❑ No

If you agree that we can call to get information, sign below:

Signature: _____

Date: _____

Witness:_____

Date: _____

3. What are some of the things that make it more difficult for you when you're already upset? Are there particular "triggers" that you know will cause you to escalate?

❑ Being touched.

❑ Being isolated.

❑ Door open.

❑ People in uniform.

❑ Loud noise.

❑ Yelling.

❑ A particular time of day (when?): _____

❑ A time of the year (when?):_____

❑ Specific scents (please explain): _____

❑ Not having control/input (please explain): _____

❑ Others (please list):

_____

_____

4. Have you ever been restrained?

❑ Yes ❑ No

When: _____

Where: _____

Please describe what happened:

_____

_____

_____

_____

_____

_____

_____

_____

5. Do you have a preference regarding the gender of staff assigned to respond during a crisis?

❑ Female staff ❑ Male staff ❑ No preference

6. Is there anything that would assist you in feeling safe here? Please describe:

_____

_____

_____

_____

_____

_____

_____

Additional Trauma Resources

At Crisis Prevention Institute, the *Care, Welfare, Safety, and Security*SM of your patients and colleagues is our top priority. Beyond our training programs for health care professionals, we want to ensure you're armed with the knowledge and confidence you need to handle any challenges that come your way in the safest, most effective way possible. The following resources will help you learn more about trauma-informed practices.

BOOKS

The Comfort Garden: Tales From the Trauma Unit

By Laurie Barkin, RN, MS. A personal account of working as a psychiatric nurse at San Francisco General Hospital.

Helping Traumatized Children Learn Volumes I and II

Landmark publications from the Massachusetts Advocates for Children's Trauma and Learning Policy Initiative.

Managing Change With Personal Resilience

By Mark Kelly, Linda Hoopes, and Daryl Conner. Outlines 21 keys to being resilient in turbulent organizations.

Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience Through Attachment, Self Regulation, and Competency

By Margaret E. Blaustein and Kristine M. Kinniburgh. Provides a flexible framework for working with kids and their caregivers.

WEBSITES AND ARTICLES

3 Keys to Help Staff Cope with Secondary Trauma

Hearing the shocking stories of our clients can have a devastating effect. This article offers antidotes.

12 Ways to Help a Developmentally Traumatized Child

When a kid with trauma explodes like the Tasmanian Devil, here's how to get them back on track.

CDC's Adverse Childhood Experiences (ACEs) Study

Info on the landmark study that measures 10 types of childhood traumas and their effects on health.

ChildTrauma Academy

Features Dr. Bruce Perry's books, resources, and training offerings.

Compassion Fatigue: Could It Be Compromising Your Professionalism?

For those who excel at taking care of others, but put themselves last on the priority list.

From Complex Trauma to Triumph: How a Woman With DD Makes It on Her Own

What this woman with developmental disabilities accomplished is incredible, especially in light of her trauma.

How to Help People Handle Trauma

Strategies for attuning your own emotions can help you care for people who carry the weight of trauma.

How Schools Can Help Students Recover From Traumatic Experiences

A helpful toolkit from the Rand Corporation for supporting long-term recovery.

How Therapeutic Writing Can Help Crisis Workers

One night, unable to sleep, a psych nurse found catharsis from the intensity of her patients' tragedies.

Incorporating Trauma-Sensitive Practices

Tools for schools from the Wisconsin Department of Public Instruction.

CONTINUED ON THE NEXT PAGE >

WEBSITES AND ARTICLES CONTINUED

Is Trauma-Informed Care Just Another Buzzword?

A movie about a doctor in 1980s East Germany shows how important trauma-informed care is.

Life, Unrestrained

An informative article about professor Elyn Saks' battle with schizophrenia and the trauma of being restrained.

National Institute for Trauma and Loss in Children

Resources and training from TLC, the National Institute for Trauma and Loss in Children.

National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint

Offers resources to help health care workers develop trauma-informed practices.

Personal Resilience: How to Be Resilient When You're a Caregiver

Dr. Linda Hoopes of Resilience Alliance on how to flex your seven resilience muscles.

Resources for School Personnel

Resources from the National Child Traumatic Stress Network. Take special note of the Child Trauma Toolkit and the Psychological First Aid manual.

Supporting Children and Families Under Stress: Resilient and Trauma-Informed Schools

A slide presentation from Audra Langley, Ph.D., of the UCLA Semel Institute for Neuroscience and Human Behavior.

There's No Such Thing as a Bad Kid in These Schools

A great article on what makes elementary schools in Spokane, WA trauma-informed.

This High School Is Trauma-Informed, and Suspensions Dropped 85%

An account of how this school lowered suspensions, expulsions, and written referrals.

Trauma Center

Features the work of Dr. Bessel van der Kolk at the Justice Resource Institute.

Unrestrained, Episode 20 With Guest Laurie Barkin

Podcast with nurse Laurie Barkin, who worked in psychiatry for 22 years and suffered secondary trauma.

A Safer Facility Starts Here.

> Contact us for more information at **crisisprevention.com** or call **800.558.8976**.

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