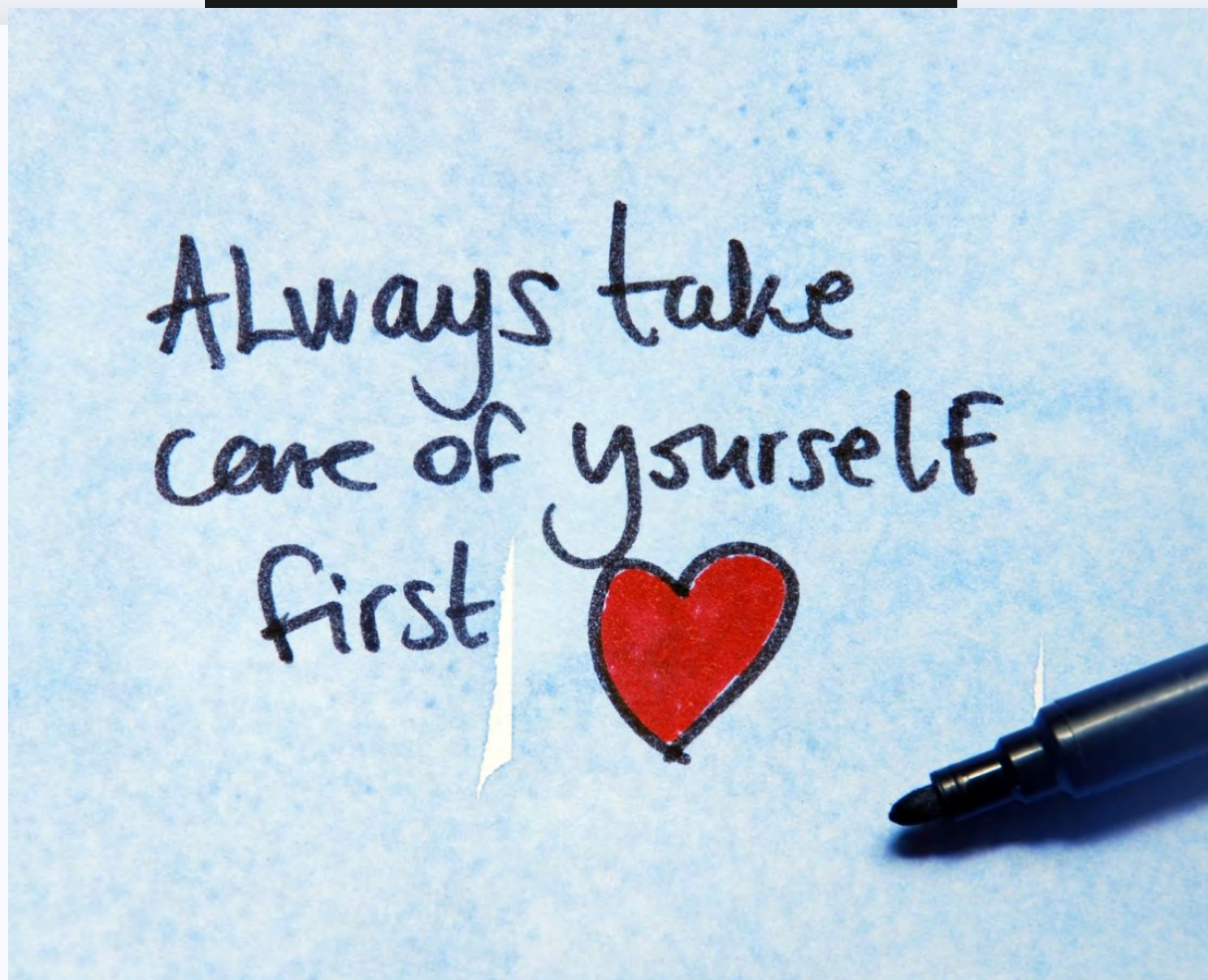


WHAT DOES IT REALLY MEAN TO BE TRAUMA INFORMED?

MELISSA MCGINN, LCSW





Take a Break if you need it!

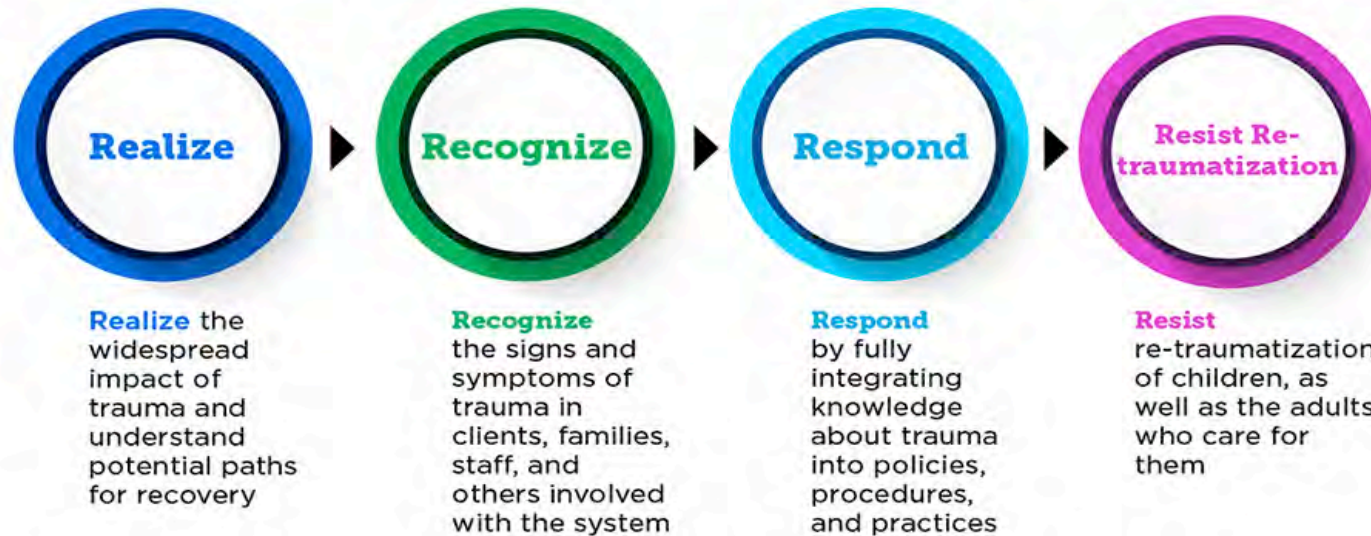
GOALS FOR TODAY

1. Understand SAMHSA's 4 R's to Trauma Informed Practice
2. Understand how to apply a trauma informed lens in a variety of settings / systems.
3. Understand how to avoid / resist re-traumatizing

What is a Trauma-Informed Approach?

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist **re-traumatization**.

The Four Rs of Trauma-Informed Care





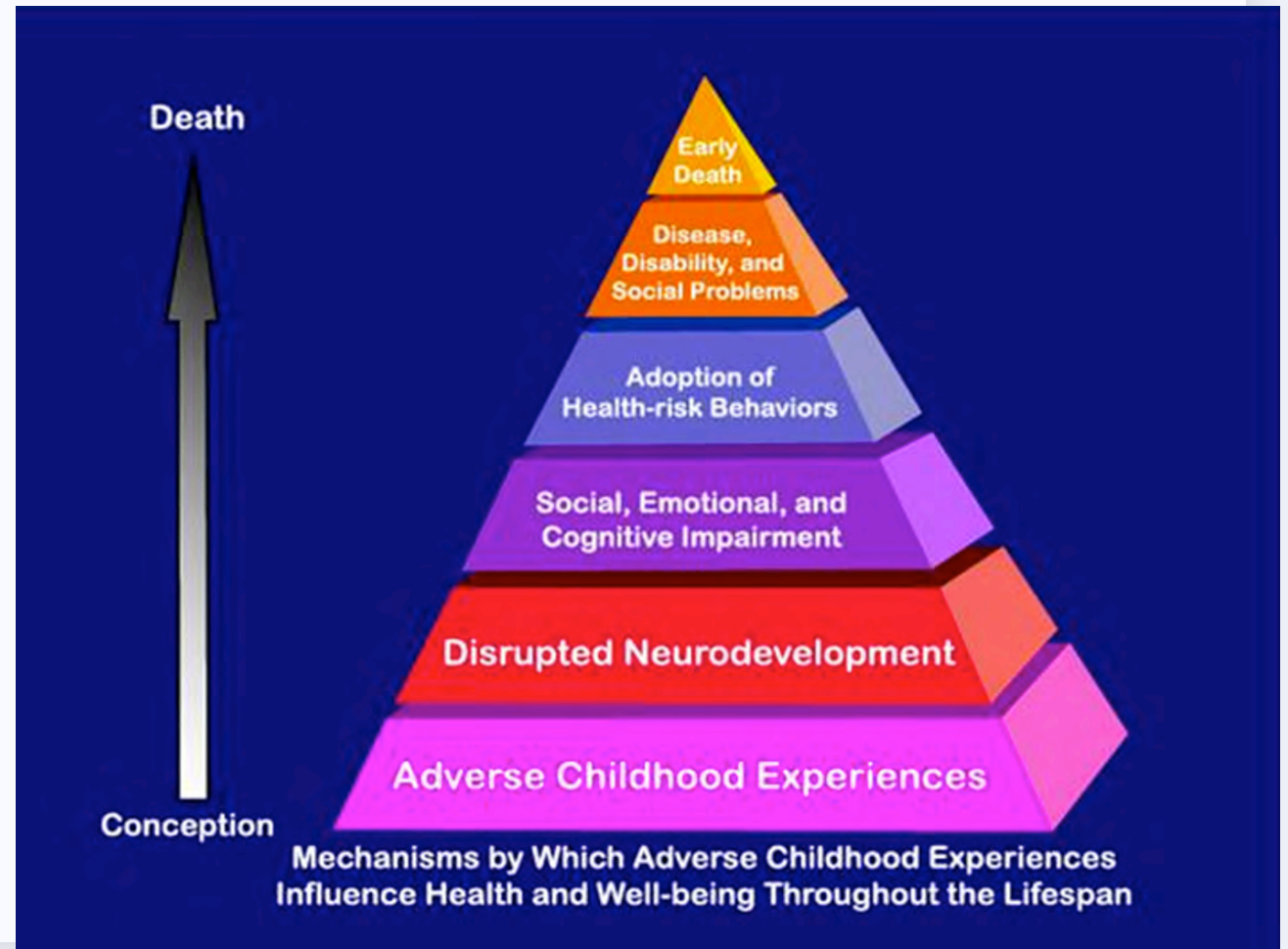
Realize that there are a wide range of **potentially traumatizing events**, and understand the **prevalence** and **widespread impact** of how trauma can affect individuals, families, groups, organizations, and communities.

Behaviors are understood in the context of coping strategies designed to survive adversity.

Adverse Childhood Experiences (ACEs) Study

- Emotional, physical and sexual abuse
- Emotional and physical neglect
- Mother treated Violently
- Household substance abuse
- Household mental illness
- Parental separation/divorce
- Incarcerated household member
- Witnessing violence/abuse
- Homelessness

The **higher** the **ACE score**, the **more impact** on health and well being **over time**.



Traumatic Events may also include:



- Serious Accident or Illness (NICU stay)
- Victim and/or Witness to Violence
- Natural/Manmade Disasters
- Homelessness
- Attachment disruption (Foster Care/Adoption)
- Substance Use Disorder (personal/familial)
- Colonization/Forced displacement
- Vicarious Trauma
- Sudden or violent loss of a loved one
- Military Family-Related Stressors (deployment)
- Oppression, Racism, Sexism, Discrimination

Historical and Systemic Trauma



[Learn more...](#)

TRAUMA PASSED DOWN FOR GENERATIONS?

Did you know trauma can hurt you, even if you didn't experience it? Children whose parents have had traumas in their lives can be affected "inter-generationally". Chronic trauma not only alters behaviour but can also change your genes. In Indigenous communities today, some are suffering from intergenerational trauma effects.

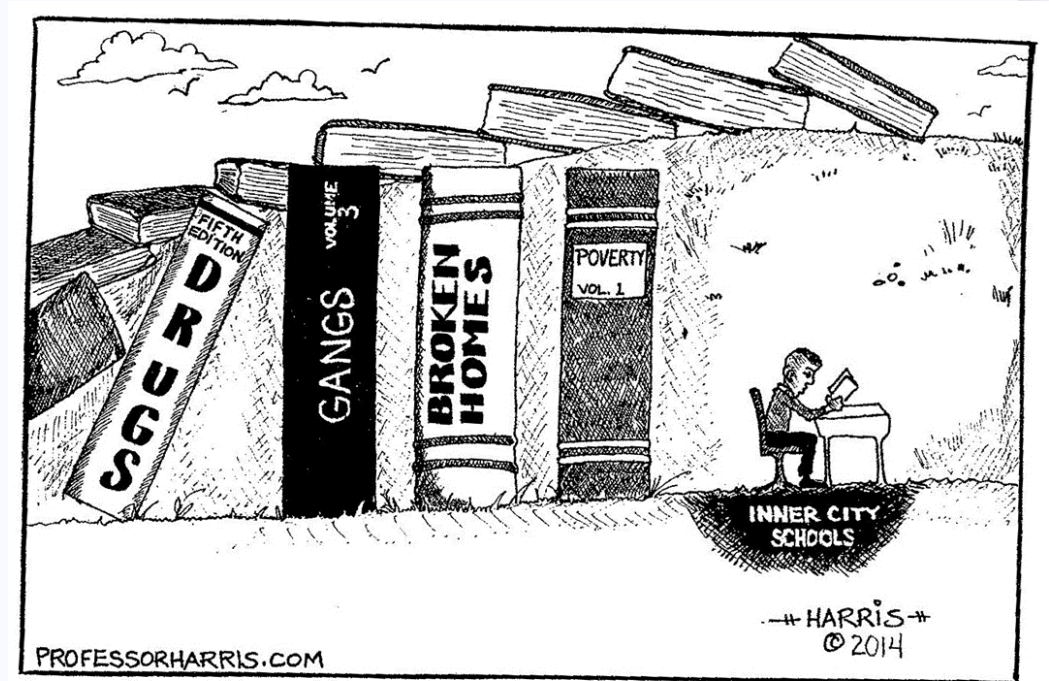
Submitted by Amanda Bent, Coordinator - Robertson Institute for Community Leadership

Historical and Systemic Trauma

Historical trauma is multigenerational and collective trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people such as slavery, the Holocaust, and the forced migration and violent colonization of Native Americans.

Systemic trauma relates to practices and procedures implemented by institutions or their leaders that directly or indirectly cause harm to particular individuals or specific groups of people. These practices and policies perpetuate inequality, injustice, marginalization, exploitation and oppression of certain groups.

- o **School to Prison Pipeline** – Zero Tolerance school policies
- o Black students are 3 times more likely to be suspended or expelled than white students
- o Students who are suspended are more likely to drop out of school, limiting economic opportunities



Trauma is not just the “big T’s”





Recognize the signs and symptoms of trauma in our clients, families, staff / colleagues, organization, community and ourselves.

Recognize that behavior can be a response to trauma and could be a method for coping or protection.

Screenings or assessments can provide information and/or background information about client

Possible Signs and Symptoms of Trauma

- Often think the worst of self and others
- Pervasive feelings of FEAR and ANXIETY
- Difficulty trusting others/caring adults - perceived as threats
- Rarely *feel* safe
- High need for control
- Difficulty managing emotions and stress
- Hypervigilance
- Response to stress continues to be Fight-Flight-Freeze
- Change and transition can be difficult
- Challenges with problem solving, learning and memory
- Sensory issues - Sensitive to touch, loud noises, strong smells
- Peer conflicts and difficult maintaining healthy relationships
- Issues with substance use
- High risk, problematic behaviors

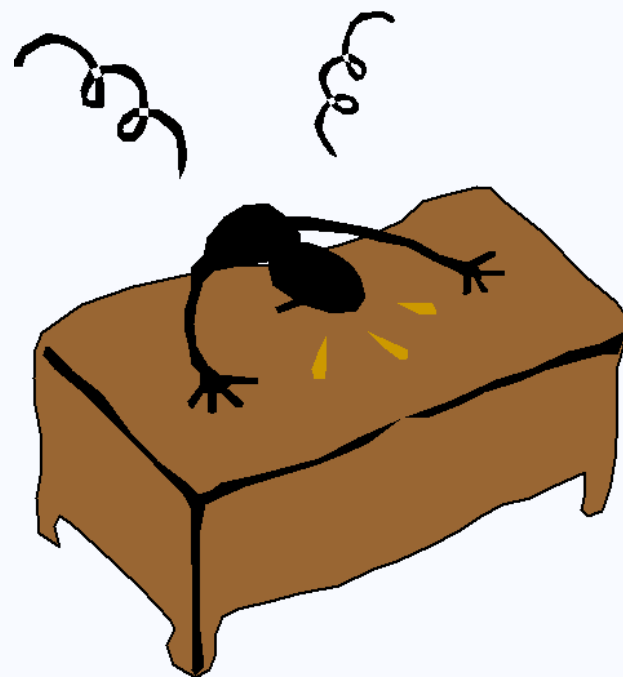


Recognize...

Think about some of the behaviors that the people you serve demonstrate. How could these be coping strategies due to adversity?



RECOGNIZE HOW WE, OUR STAFF, AND OUR COLLEAGUES ARE EXPOSED TO TRAUMA AT WORK.....



RECOGNIZE THE SIGNS



Van Dernoort Lipsky



Respond by applying the principles of a trauma-informed approach to all areas of practice.

Reshaping policies, procedures and practices

Change in language, approach, how we view behavior and **being curious**.

Taking care of ourselves.

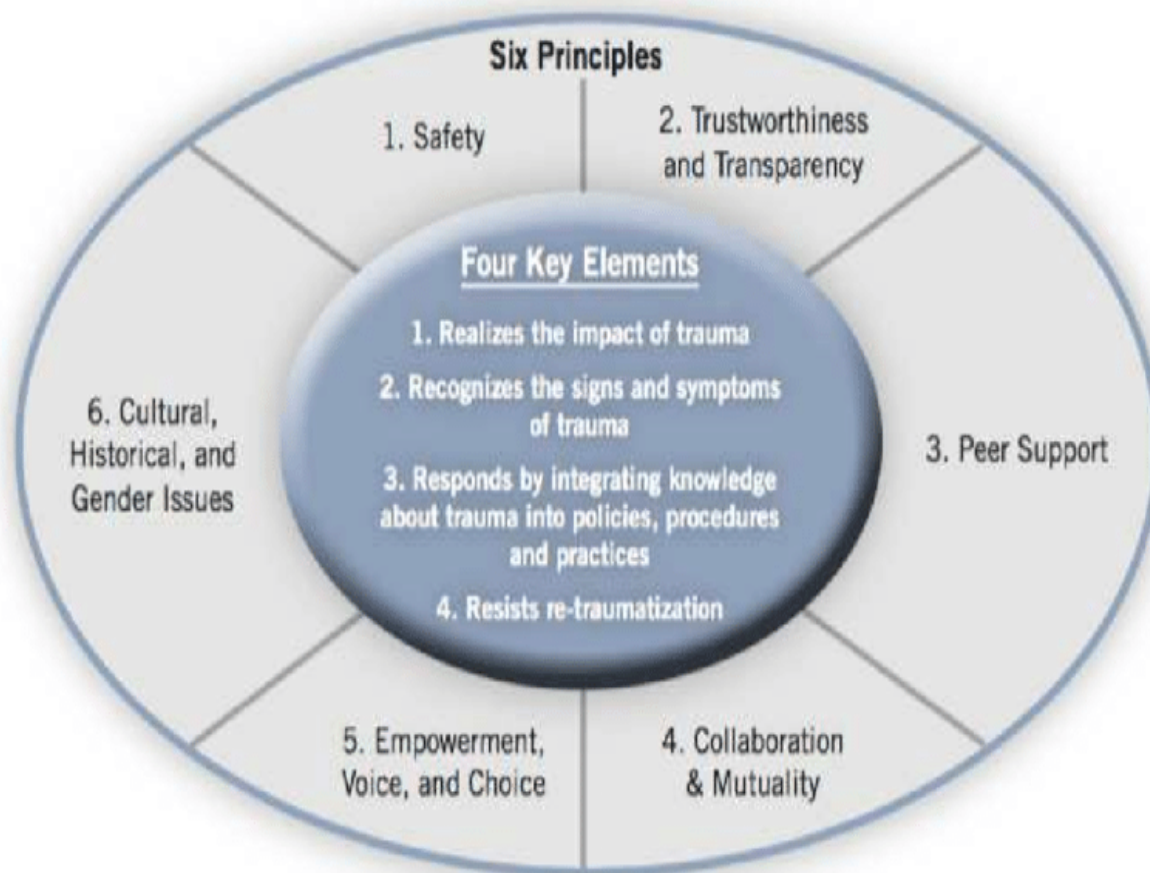
Promoting protective factors and building individual resilience.

RESPOND BY USING....

- The six principles are infused into the work and within the system.
 - No specific set of procedures or practices

6 principles of trauma-informed care





ADDITIONAL THINGS TO CONSIDER:

- Openly explaining processes/procedures
- Using clear and effective communication
- Monitor your body language, tone of voice, proximity
- Notice non-verbal cues
- Pacing
- Be true to your word and follow through on your commitment
- Schedules, routines, structures, rituals
- Maintain healthy boundaries
- Refrain from judgment and demonstrate empathy
- Representation in the room/environment (materials, images, etc.)







**Resist Re-
traumatization**

Whenever possible we want to lessen the amount of stress on those we serve.

We want to avoid adding additional stress.













We want to be aware that our actions / practices / policies may cause additional trauma or could trigger painful memories and potentially re-traumatize our clients and ourselves.



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 REQUIRE 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 |

RESILIENCE



Recovery is possible...Resilience!

Resilience is the ability to overcome adversity.

Factors that increase resilience include:

- **A strong relationship with at least one competent, caring individual**
- Feeling connected to a positive role model/mentor
- Having talents/abilities nurtured and appreciated
- Feeling some control over one's life--competence
- Having a sense of belonging to a community, group or cause larger than oneself--greater meaning





♥ Resilience

TRUMPS ACEs ♠



- Attachment to a Caring Adult
- Giving a Child Choices
- Showing Empathy
- Developing a Sense of Control
- Accepting Ownership for Your Behavior
- A Sense of Belonging
- Developing Self-esteem
- Modeling Appropriate Behavior
- Having Clear Rules and Expectations
- The Ability to Calm Oneself
- Expressing Feelings

<https://criresilient.org/>



Quick Recap--Trauma-Informed Approach

- Shift from focusing on what's wrong to what's happened
- Less focused on negative behaviors and more curious about what's contributing to them
- Promote and build protective factors, rather than focus on risk factors
- Recognize the potential for our systems to re-traumatize and actively work towards implementing new practices and policies to address this
- Address impact of trauma exposure on staff and self
- Create safe (physically and emotionally) working environments for staff and clients
- Allow clients and staff to have a voice and choice, creating opportunities for feedback and leadership

ANY QUESTIONS OR COMMENTS?





We welcome everyone to join us as a place to learn and grow together in becoming trauma-aware, sharing techniques and learning .

For more information:

Eastern Shore Healthy Communities' Resilient & Trauma-Informed Communities Work Group

Contact: Patti Kiger

kigerpg@evms.edu

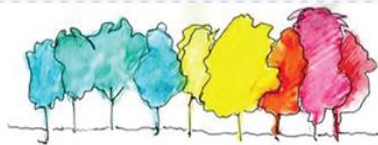
THANK YOU FOR COMING!

Melissa McGinn, MSW, LCSW

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State Coordinator for Virginia's Trauma Informed Community Networks

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Greater Richmond
Trauma-Informed Community Network

