Trauma Informed Principles & Practices

Part 1: Providing Trauma Informed Services

Jes Moniz, LMFT 7/13/2023



## Disclaimers



Please take care of yourself



Presenter will avoid sharing real life detailed examples/stories and overuse of technical terminology.



Please hold questions until prompted (except for clarifying questions)



## Learning Objectives

Understand the significance of how trauma is defined.

Understand the effects of trauma on the brain, one's perspective of the world and their general functioning.

Discover the key elements of trauma-informed support, which include fostering trust, advocating choice and empowerment, and accounting for cultural factors.

Acquire strategies for effective support of clients who have experienced trauma.



## Trauma Explained

# Outline



Providing Trauma Informed Services

# What is Trauma?

According to SAMHSA, individual trauma results from an event, series of events, and/or set of circumstances that is:

-experienced by an individual as physically and/or emotionally harmful or threatening AND

-has <u>lasting adverse effects</u> on the individual's functioning and/or physical, social, emotional, or spiritual well-being.

### **EVENT**

Actual or perceived threat

Individual or community



## **EXPERIENCE**

Fight/flight/freeze/fawn

Threatening

Overwhelming

Unique

### **EFFECT**

**Social & Emotional**: lack of trust, fear, dysregulation

Mental: anxiety, depression, hopelessness, dissociation

Physical: panic attacks, risky behaviors, disease

People can live through the same event but have very different experiences and reactions

## Types of trauma

## "Big T" Trauma

- major events, normally seen as traumatic
- emotions, beliefs and physical sensations occur in both the body and mind Examples
- serious accidents
- natural disasters
- · robbery, rape and urban violence
- major surgeries/life threatening illness
- chronic or repetitive experiences e.g. child abuse and neglect,
- war, combat, concentration camps
- may cause PTSD in some people but not all

## "Small t" trauma

- overwhelming but often not seen as traumatic
- emotions, beliefs and physical sensations occur in both the body and mind
- unprocessed traumas have a long-lasting, negative effect
- can cause concentration, self-esteem & emotional regulation difficulties
- stunts and colors later perceptions
- often no intrusive imagery
- most common in neglected/abused children
- become part of a negative spiral when a Big T trauma occurs
- sometimes referred to as "complex trauma"

TRAUMA any event beyond a person's ability to master at the time

A person may withstand a big T trauma but be so weakened that it is a small t trauma that finally causes his/her coping abilities to collapse.

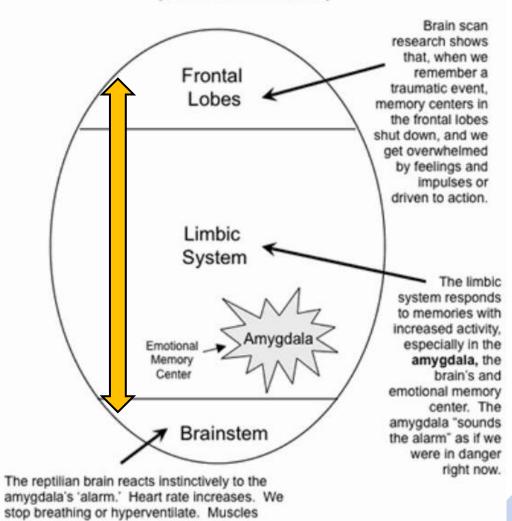
Naming "small t" experiences as traumatic, and validating them, aids recovery.

http://www.dissociative-identity-disorder.net/wiki/Trauma fb/TraumaAndDissociation



## We remember trauma less in words and more with our feelings and our bodies

[van der Kolk & Fisler, 1995]



tense. We either speed up or shut down.

A Brain that is Not Impacted by Trauma



I think I can, I think I can, I think I can!

# A Brain that is Impacted by Trauma



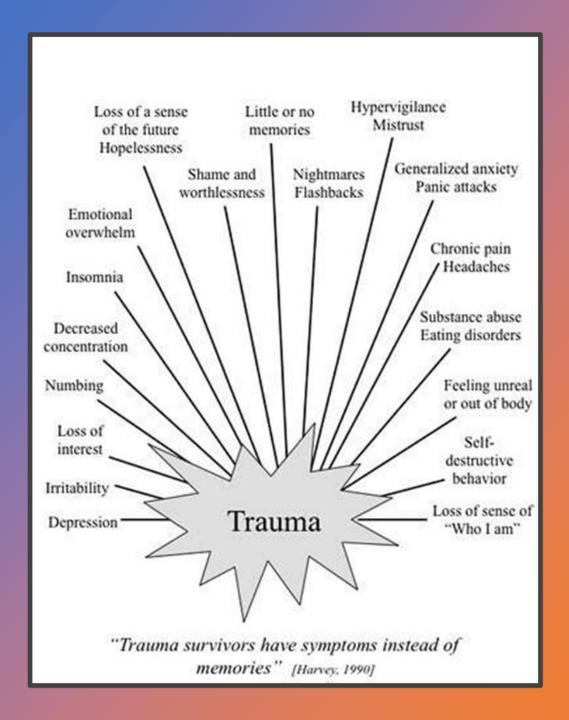
I think I can't, I think I can't, I think I can't!

## How Trauma Impacts Memory

Explicit Memory	Semantic	Temporal Lobe & Inferior Parietal Lobe	<ul> <li>Memory of general knowledge and facts.</li> <li>Trauma can prevent these types of memories from forming properly.</li> </ul>
	Episodic	Hippocampus	<ul> <li>Memory of events or experiences.</li> <li>Trauma fragments the sequence of events of the experience.</li> </ul>
Implicit Memory	Emotional	Amygdala	<ul> <li>Memory of emotions felt during an experience.</li> <li>An overactive amygdala might send fear signals when there is no perceived threat, resulting in experiencing the emotion without context, flashbacks, etc.</li> </ul>
	Procedural	Striatum	<ul> <li>Memory of how to perform tasks.</li> <li>Trauma can change patterns of procedural memory and can prevent new habits from forming.</li> <li>This may affect behavior without realizing why (e.g., freezing during test taking).</li> </ul>

How Does Trauma Impact Our Functioning?





- Trauma can cause people to:
  - have difficulty remembering events
  - describe events in a non-linear fashion
  - relive traumatic events over and over
  - exhibit extreme emotions
  - Have little sense of future
- Many become somewhat stuck in the developmental age where the trauma occurred
- Trauma is sometimes stored in the body

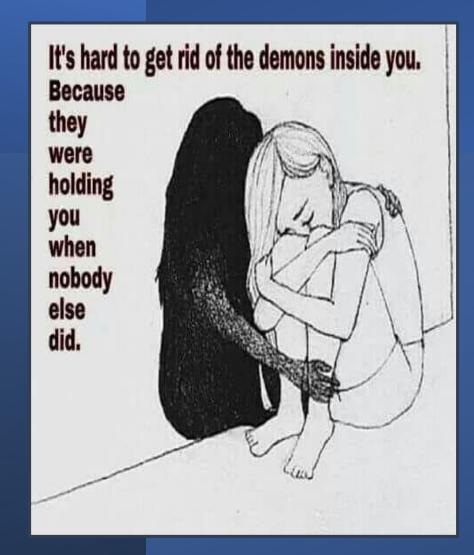
"After a traumatic experience, the human system of selfpreservation seems to go onto permanent alert, as if the danger might return at any moment."

Judith Lewis Herman, Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror

Some who have experienced trauma develop an inadequate stress response system, experience emotional dysregulation and attachment or relational problems.

This can lead to maladaptive behaviors which are coping strategies (e.g., substance use, sexual risk, violence, etc.)

These behaviors are "self-protective"





# How Trauma Complicates Providing Services

- Survivor may be frustrated with the "system" and resources available
- Survivor may not show up to appointments on time (or at all) and may not respond to voice messages
- Survivor may not be able to tell a linear story of what happened
- Survivor may need more time and care from the service provider

How might trauma change a person's worldview?

#### Hero/Rescuer (Victim)

"I need to protect others, so they do not feel what I feel."

"Everyone else matters more than me."

#### Secretly:

"Others accept me when I take care of them."

"I feel a huge weight on my shoulders."

"I wish someone would rescue me, but I do not want to feel weak."

#### Hero/Rescuer (Perpetrator)

"I am mighty and powerful."

"I know what is best for you."

"You need me."

#### Secretly:

"I am less worthy, smaller, weaker, but don't want you to know that."

"Please don't leave me!"

#### Perpetrator

"I am bigger, better, smarter and stronger than you."

#### Secretly:

"I feel smaller, less worthy, dumber and weaker, but I don't want to feel that way!"

## Trauma Roles

Triangle

#### Victim

"I'm powerless"

"I'm not worthy"

"Please rescue me!"

### Non-Protective Bystander

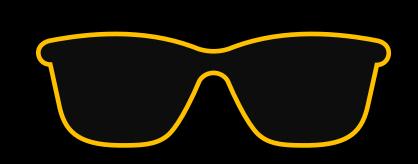
"See no evil, hear no evil, do no evil."

#### Secretly:

"I'm scared"

"I'm powerless, so what's the point?"

Jes Moniz, LMFT Rev. 3.28.23



Cool story bro, but what now?

What can I do to help?

## Roles

- What role do you play?
- What role are you supposed to play?
- How do you ensure your client knows and sees you in the role you are supposed to be in?
- What healthy roles should exist in a person's life?

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## Trauma Roles Triangle

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"Please rescue me!"

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Jes Moniz, LMFT Rev. 3.28.23

## Core Principles of Trauma Informed Support



Individual trauma results from an event, series of events, and/or set of circumstances that is <a href="mailto:experienced by an individual">experienced by an individual</a> as physically and/or emotionally harmful or threatening...

Importance of the Definition of Trauma

Why is the underlined part so important?



**Safety:** Respect and attentiveness by all personnel who interact with the client (reception, staff that pass by the waiting area, staff assigned to client, etc.).



**Trust/Stability:** This involves conveying information clearly, being consistent, and stable (be on time to sessions, avoid cancelling or rescheduling)

When trauma has shaped you, try not to confuse who you had to become with who you can be.

Dr Thema Bryant Davis

## **Choice & Empowerment**

We do not give client's a choice. It already belongs to them.

Inform clients of their rights and responsibilities.

Empowerment also involves recognizing their strengths and skills and building on them to create and instill a sense of hope.

Adapted from Trauma-Informed Care (TIC) / Solution-Focused Approach chart, Green, Krause & Muto (2010).

"No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest."

— Judith Lewis Herman, Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror

## Collaboration

Remembering that clients have a choice, the provider is there to help guide or inform when necessary, but as much as possible work WITH the client in goal setting, service/treatment planning and deciding interventions that could be used.

**Shift of Perspective:** Instead of asking "What is wrong with this person?" try asking, "What has happened to this person?" Then convey this to your client.

- Reduces provider's bias from interfering with service
- Reduces stigma, self-judgment

**Language:** Using terms that are comfortable for your clients, "everyday" language versus legal or clinical jargon (unless that happens to be more comfortable for your client to use).

Adapted from Trauma-Informed Care (TIC) / Solution-Focused Approach chart, Green, Krause & Muto (2010).



# Cultural Considerations:

## ADDRESSING Framework

Can you think of other dimensions of culture are not included here?

Cultural characteristic	Power	Less power
Age and Generational Influences	Adults	Children, adolescents, elders
Developmental Disability	Temporarily able-bodied	Individuals with disabilities
Disability Acquired  Later in Life	Temporarily able-bodied	Individuals with disabilities (e.g., multiple sclerosis or dementia caused by stroke)
Religion and Spiritual Orientation	Christians	non-Christian
Ethnicity/Race Identity	White or Caucasian	Persons of color
Socioeconomic Status	Owning & Middle Class (access to higher ed.)	People of lower status because of occupation, education, income, or rural habitat
Sexual Orientation	Heterosexuals	Gay, lesbians, and bisexual people
Indigenous Heritage	Non-native	Native
National Origin	U.S. born	Immigrants, refugees, and international students
Gender	Male ing Cultural Complexities in Practice: A Fr	Women, transgender, and intersex people

Hays, P. A. (2001). Addressing Cultural Complexities in Practice: A Framework for Clinicians and Counselors. Washington, D. C.: American Psychological Association.

\*Please note: The influences and examples of corresponding minority groups provided within the A.D.D.R.E.S.S.I.N.G. model are applicable within United States and Canada.

### **Cultural characteristic**

Age and Generational

Influences

Developmental

Disability

**Disability Acquired** 

Later in Life

Religion and Spiritual

Orientation

**Ethnicity/Race Identity** 

Socioeconomic Status

**Sexual Orientation** 

**Indigenous Heritage** 

**National Origin** 

Gender

Cultural Considerations:

ADDRESSING Framework

Each person is comprised of many different cultures, some which may have conflicting values, beliefs.

## **Cultural Considerations:**

## ADDRESSING Framework

### Potential Exercise:

Write down how you identify in each category.

Then write how your client identifies.

• Ask yourself how do you know your client identifies this way?

### Compare:

- look for commonalities & differences
- Identify potential blind spots
- Consider who has the power and decide how to shift power appropriately to better support your client.

Cultural characteristic	Power	Less power
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# Cultural Considerations:

# Addressing Culture

## If/when appropriate, talk about cultural differences:

- Address and validate your client's feelings about similarities and differences.
- Ask if your client has concerns and what they are.
- Let them know the options available and your willingness to be a support person.

### **Never force trust:**

- Saying, "You can trust me," might be something your client's abuser has said or what the system has promised. It does not help to shift power.
- Instead try informing them what your role is and how you will try to help. You might also say something like, "I hope in time you will be able to trust this is a safe space for you. If you feel comfortable, please let me know if there is anything that I suggest or do that you disagree with or do not understand".
- What other ways can you think of to build trust?

# Providing Trauma Informed Services

## Goals of Trauma Informed Services

1

Reduce trauma experienced by client(s).

2

Affirm client(s) and avoid victim-blaming.

3

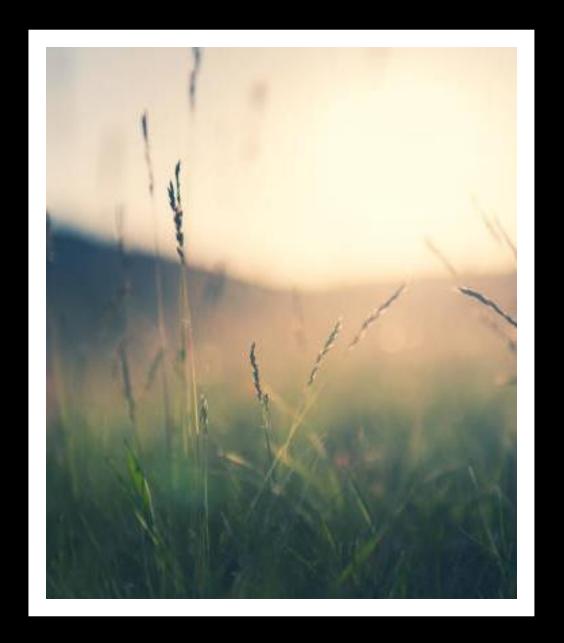
Be clientcentered. 4

Effectively connect the client to resources.

- ☐ Set appropriate boundaries (fences, not walls)
  - □ Remove yourself and your client from the Trauma Roles Triangle
  - ☐ Be calm, direct and supportive
  - □ Express appropriate empathy and acknowledge their experience (empathy versus sympathy, empathy versus pity)
  - ☐ Set aside time for the intake, explain timeframe
  - □ Do not promise something outside of your control



- ☐ Assume a history of trauma without asking
- □ Neutral facial expressions
- ☐ Be aware of your body language, use mirroring
- ☐ Active listening
- ☐ Silence is ok, sometimes it is necessary



☐ Learn about your clients apart from their trauma.

Play: What makes your inner child light up?

Glimmers: The opposite of a trigger

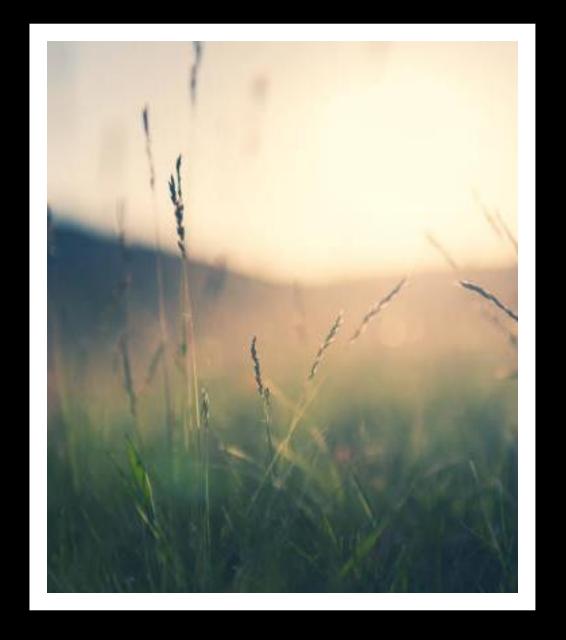
Joy: - 💢 -What lights' you up? Figuring Out
Who Are You
Outside The
Trauma

What brings you meaning?

Passion: What do you really care about?

What are your core values?

- □ Validate your clients and use validating language:
  - "I respect the steps you've taken"
  - "I know this is hard, but it is important"
  - "We can take a short break any time, just let me know."
  - "This is not your fault."
- □ Practice non-judgmental responses that encourage clients to continue talking
- Acknowledge and thank your client for sharing the traumatic event
- ☐ Be a guide shining a light and hold hope for your client until they can hold it for themselves.



# Trauma Informed Services: How to Ask Questions

- ☐ One question at a time and clarify what you do not understand
- □ Explain in advance why you are asking about a difficult subject.
- ☐ Try not to ask "why" questions as they are often felt as victim-blaming. If necessary, explain why you are asking.
- ☐ Open ended vs. closed ended questions



# Trauma Informed Services: How to Ask Questions

### **Close-Ended Questions**

Yield yes or no responses

#### **Pros**

- Help obtain specific information quickly (helpful for immediate crisis)
- Help when the speaker is too upset to talk.

#### Cons

- too many can lead the person to become defensive
- takes longer to get info if you need to ask too many followup questions

### **Open-Ended Questions**

Allow the speaker to provide more info

#### Pros

- Can help build rapport by allowing speaker time to share their story, emotions, etc.
- Might help get information you didn't know to ask for

#### Cons

- May take up more time
- Responses may include more info than needed
- May cause overwhelm for both you and client

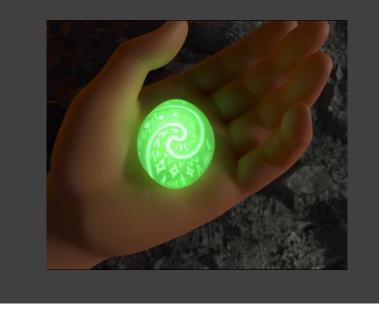




## SPOILER ALERT!

The following slides will recap important parts of the Disney movie, Moana.









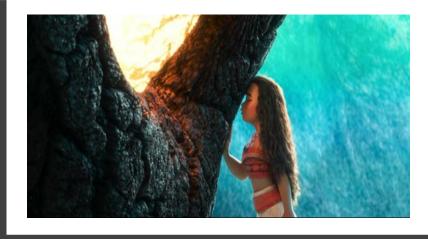














"I know your name.

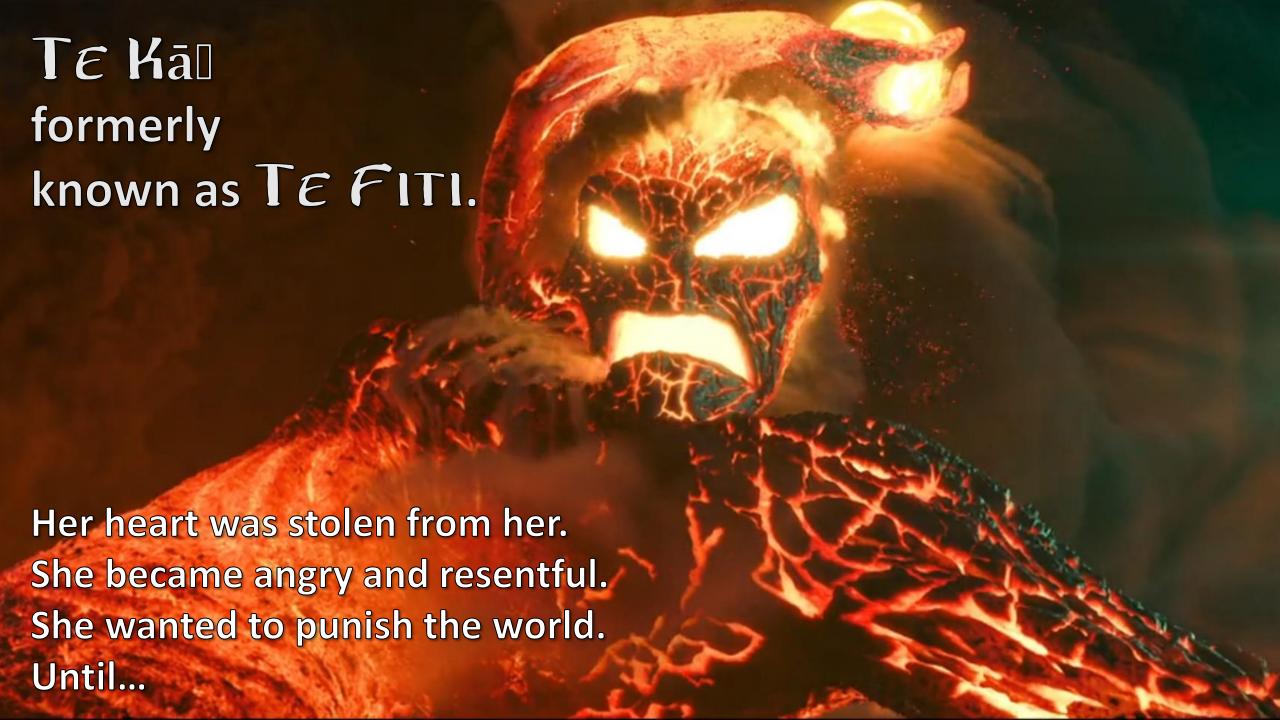
They have stolen the heart from inside you, but this does not define you.

This is not who you are.

You know who you are."



Moana singing to Te Kā

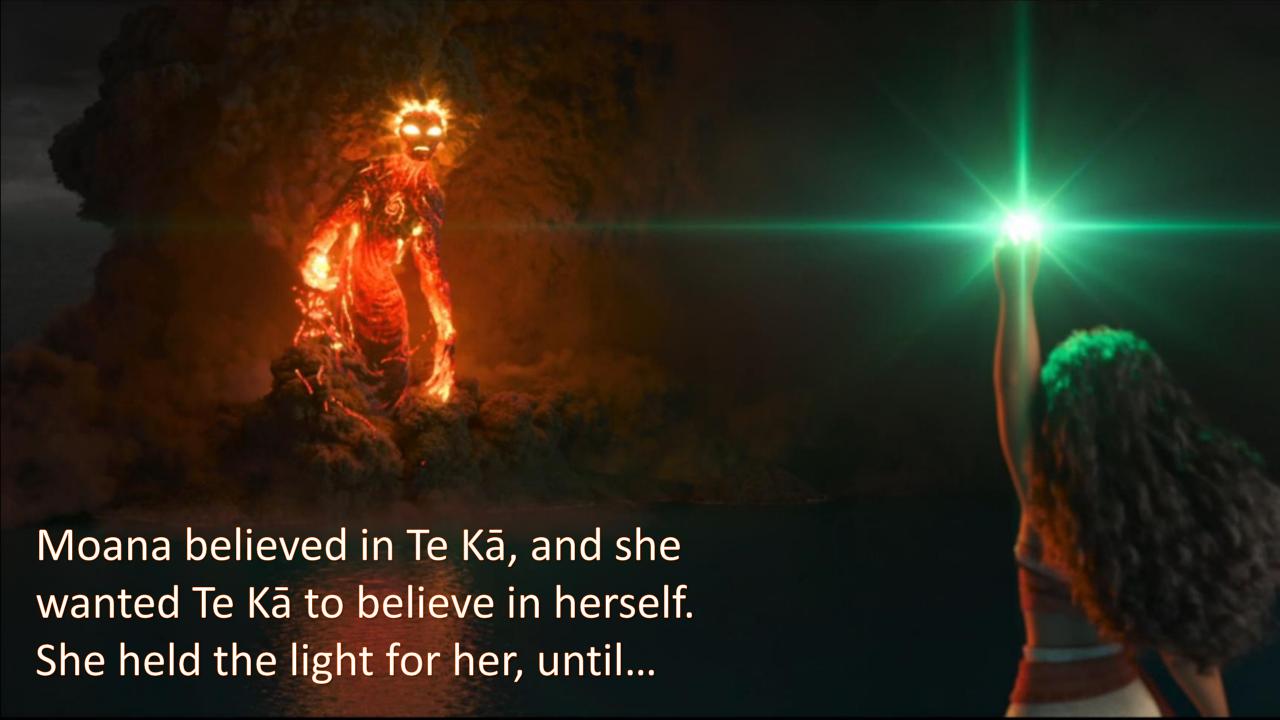


Moana saw Te Kā's anger for what it was, a manifestation of her pain and emptiness



Moana also realized who **Te Kā** really was apart from her anger. She realized **Te Kā** may have lost sight of herself in all the darkness. And so....













- $\Delta$  Moana made an effort to see through Te Kā's anger.
- $\Delta$  She had compassion, showed empathy and validated her.
- $\Delta$  She held the hope that Te Kā had lost.
- $\Delta$  Moana was calm, direct and supportive. Her body language was confident but inviting.
- Δ Moana acted as a mirror, reflecting all the strength and beauty that she saw in Te Kā.
- $\Delta$  She let Te Kā know that her anger did not define her.
- $\Delta$  In doing all of this she also removed herself and Te Ka from the trauma roles triangle.
- Δ In the moments where heal and grow. their heads touch, she allowed for silence which created space for Te Kā to heal and grow.



