Trauma-Informed Resilience-Oriented Engagement

Indiana DMHA
TI-ROSC
April 13, 2021
Today’s Moderators

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Moment to Arrive
Learning Objectives

1. Recognize the impact anxiety has on general functioning

2. Identify two engagement strategies you can implement to increase the likelihood of connection

3. Learn how to engage others using a compassionate approach
# Stressors of Today

<table>
<thead>
<tr>
<th>No contact with others</th>
<th>Worries about job and employment</th>
<th>Anticipation about the future and Unsure how long this will continue??</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant doom and gloom (i.e. social media, news, etc.)</td>
<td>Working All the time</td>
<td>Everyone's in a different boat</td>
</tr>
<tr>
<td>Merged rolls and constant multitasking (employee, parent, spouse, managing families, schooling)</td>
<td>Lack of or no socialization with sick relatives, others in general</td>
<td>Lack of control over the situation</td>
</tr>
</tbody>
</table>
How do we engage others during these times of STRESS???

"You are not working from home; you are at your home during a crisis trying to work."

I've heard this twice today. I think it's an important distinction worth emphasising.

11:39 · 3/31/20 · Twitter Web App

90K Retweets 331K Likes

Anxiety is a normal human response to a stressful situation
Survival Mode Response

Inability to
• Respond
• Learn
• Process
Impact of Stress on Brain Energy

Brain evolution

Typical Performance
- Cognition
- Social/Emotional
- Regulation
- Survival

During Stress
- Cognition
- Social/Emotional
- Regulation
- Survival
Relational Contagion
A calm, regulated adult can regulate a dysregulated person.

BUT
A dysregulated adult can NEVER calm anyone.
Arousal Continuum

<table>
<thead>
<tr>
<th>Internal State</th>
<th>CALM</th>
<th>ALERT</th>
<th>ALARM</th>
<th>FEAR</th>
<th>TERROR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Style</td>
<td>ABSTRACT</td>
<td>CONCRETE</td>
<td>EMOTIONAL</td>
<td>REACTIVE</td>
<td>REFLEXIVE</td>
</tr>
<tr>
<td>Regulating Brain Region</td>
<td>NEOCORTEX Cortex</td>
<td>CORTEX Limbic</td>
<td>LIMBIC Midbrain</td>
<td>MIDBRAIN Brainstem</td>
<td>BRAINSTEM Autonomic</td>
</tr>
<tr>
<td>Dissociative Continuum</td>
<td>REST</td>
<td>AVOIDANCE</td>
<td>COMPLIANCE Robotic</td>
<td>DISSOCIATION Fetal Rocking</td>
<td>FAINTING</td>
</tr>
<tr>
<td>Arousal Continuum</td>
<td>REST</td>
<td>VIGILANCE</td>
<td>RESISTANCE Crying</td>
<td>DEFIANCE Tantrums</td>
<td>AGGRESSION</td>
</tr>
<tr>
<td>Sense of Time</td>
<td>EXTENDED FUTURE</td>
<td>DAYS HOURS</td>
<td>HOURS MINUTES</td>
<td>MINUTES SECONDS</td>
<td>NO SENSE OF TIME</td>
</tr>
</tbody>
</table>

Adapted from Dr. Bruce Perry’s 
*The Boy Who Was Raised as a Dog*
Sequence of Engagement

Reason

Relate

Regulate

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Impact the Lower Brain

- Rhythmic
- Respectful
- Rewarding
- Repetitive
- Relational
- Relevant
Trauma is a risk factor for Substance Abuse

Substance Abuse is a risk factor for Trauma
Gabor Mate’s Definition of Addiction

Any behavior that is associated with:

- Craving and temporary relief
- Long-term negative consequences

*That a person is unable to give up*

Early emotional loss is the template for all addictions
“If you knew how excruciatingly uncomfortable it is to live in my own skin, you would understand why I do not want to be present in my body and in this world.”

- Anonymous
Addiction and the Brain

As Gabor Mate notes in his book, *In the Realm of Hungry Ghosts*, those with substance use disorder “self-medicate to soothe their emotional pain – but more than that, their brain development was sabotaged by their traumatic experiences.”

SHAME

Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging – something we’ve experienced, done, or failed to do makes us unworthy of connection. *Brene Brown*
“An addict needs shame like a man dying of thirst needs salt water.”

-Terrence Real
Trauma-Informed Care Values
Engage Others in a Meaningful Way

Safety
Trustworthiness and Transparency
Empowerment, Voice and Choice, Peer Support, Collaboration and Mutuality
Cultural, Historical and Gender Issues
Cultural Humility

Cultural Humility is another way to understand and develop a process-oriented approach to competency.

“the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”
Hook et al, 2013

Aspiring to develop partnerships with people and groups who advocate for others

Lifelong commitment to self-evaluation and self-critique

Desire to fix power imbalances where none ought to exist

-Tervalon & Murray-Garcia, 1998
Cultural Humility

Practicing Cultural Humility

A sk questions in a humble, safe manner
S eek Self-Awareness
S uspend Judgment
E xpress kindness and compassion
S upport a safe and welcoming environment
S tart where the patient is at

- Lisa Boesen
How to Assess: Culturally Sensitive Trauma-Informed Care

QUESTIONS PROVIDERS SHOULD ASK

**LISTEN**

...for variations in understanding. Ask:
- What is your understanding of what’s happened?
- What is worrying you the most?
- What does your family think about it?

**BE OPEN**

...to involving other professionals. Ask:
- Who do you normally turn to for support?
- Who else should be involved in helping your child?
- Are you open to outside referrals and resources?

**RESPECT**

...different communication practices. Ask:
- Who typically makes the decisions about your child?
- What information should be shared with your child?
- Is there anyone else you would like me to talk to?
Be Attentive to All Language

“Lazy”

“No Labels”

“Naughty”

“Non-compliant”

“Manipulative”

“Jargon”
Empathy

The ability to understand and share the feelings of another

I feel with you, I am with you

Sympathy

I feel for you. I see you over there and that sucks, so I am glad I'm over here.

In order to empathize with someone’s experience, you must be willing to believe them as they see it, and not how you imagine their experience to be.

Brené Brown

But what about when you have to engage virtually?
Top 5 Virtual Technology Tips

1. Create guides with visuals to the platforms you use.

2. Don’t assume anything: make everything explicit, even the small stuff.

3. Technology can make even the most confident feel incompetent, and/or frustrated.

4. Age doesn’t mean anything.

5. Digital equity is foundational: don’t assume everyone has wifi, hotspots, or a safe and quiet place to learn or teach.
Attendee Priming

• Preparation Email
  – Calendar Reminder
  – Clarity of what kind of technology or interaction you are expecting
  – Pre-Learning Opportunities

• Gather Pre-Learning Data
  – Calendar Reminder
  – Clarity of what kind of technology or interaction you are expecting

• Settings Matter
Establishing Norms

One Remote - All Remote
Plug in and Stay Put
Cameras On
Use a parking lot
One Mic
Level Setting....

- Expect and accept a lack of closure
- Ask for clarification even more than you typically do
- Avoid multitasking
Comfort With Using Technology

Dry Test Runs

When Technology Fails

- Preparation is key
- Narrate out loud
- Back up plans
- Transparency
VARK: LEARNING STYLES & THEIR IMPACT

*All statistics from a 2013 University of Illinois study*
Facilitation Theory

- Realness
- Acceptance
- Empathy
# Culturally Responsive Virtual Engagement

<table>
<thead>
<tr>
<th>Language</th>
<th>Use language that is respectful of culturally and linguistically diverse communities, first person terminology.</th>
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<tbody>
<tr>
<td>Identity</td>
<td>Use specific ethnic group(s) identity term to the extent possible, avoid gendered terms when possible.</td>
</tr>
<tr>
<td>Data</td>
<td>When providing demographic and statistical information, share disaggregated data and collection methodologies, noting limitations</td>
</tr>
<tr>
<td>Avoid</td>
<td>Avoid any language that could be misunderstood as blaming or degrading, e.g., “dysfunctional families.”</td>
</tr>
<tr>
<td>Terminology</td>
<td>Use terms such as “family member” or “care provider” instead of “mom or dad” to interrupt heteronormativity and other assumptions about family structures</td>
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REMEMBER

The best solutions aren’t always technical ones.

Breathe though it. Technology is ripe for blunders, mistakes, and challenges.
**Facilitator Self Awareness**
- Maintain an attitude of hospitality
- Attend to your own comfort and confidence

**Task**
- Disseminate an agenda with clear outcomes
- Use precise verbal communication to compensate for lack of visual

**Group Culture**
- Create & use communication agreements
- Promote group values of responsibility and engagement

**Group Process/Technology**
- Maximize the technology; test and rehearse to avoid the unexpected
- Use intentional strategies to encourage active participation
With Us, Not For Us

• Impact of Trauma on Family
• Recognize basic needs
• Understand the family’s structure, hierarchy, roles, rules
• Eliminate “should”
• Be present
• Practice Cultural Humility
• Understand your own biases
• Get support
<table>
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<tr>
<th>T</th>
<th><strong>Take the time</strong> to introduce yourself, your role and explain what you will be doing. Set realistic expectations and goals for your time with them.</th>
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<tbody>
<tr>
<td>I</td>
<td><strong>Intently listen</strong> to their story and/or request. Be patient and persistent.</td>
</tr>
<tr>
<td>C</td>
<td><strong>Consistently and mindfully be aware of the language you use</strong> when responding to the client’s story and/or request.</td>
</tr>
<tr>
<td>C</td>
<td>Connect the patient to others that may be able to meet any needs that are out of your scope of practice.</td>
</tr>
<tr>
<td>A</td>
<td>Ask the patient for their story and try to anticipate their needs and questions. If applicable, provide ongoing choices and support.</td>
</tr>
<tr>
<td>R</td>
<td>Respectfully respond and communicate at all times, e.g., use Mr./Mrs., be validating and affirming.</td>
</tr>
<tr>
<td>E</td>
<td>Ensure all patient needs are met before exiting, make warm handoffs/referrals when possible. <strong>Follow through</strong> with what you say you will do.</td>
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Daily Translation of a Culture of Compassion to Self and Others

• Be patient and persistent.
• Convey respect.
• Be validating and affirming.
• Read others needs and respond accurately.
• Set realistic expectations and goals.
• Provide ongoing choices and supports.
• Follow through with what you say you will do.
• Provide consistency; minimize surprises.
Questions & Answers
Evaluation

Please provide your feedback on the meeting at the link below.

Scan the QR code or type the URL into your browser.

https://www.surveymonkey.com/r/TIROEngagement
References


• Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.