Trauma-Informed, Resilience-Oriented Engagement

TRAUMA-INFORMED, RESILIENCE-ORIENTED AND EQUITABLE SCREENING AND ASSESSMENT TRAINING SERIES
Today’s Presenter

Amelia Roeschlein DSW, MA, LMFT
Pronouns: She/Her/Hers
Consultant, Trauma Informed, Resilience-Oriented Services
National Council for Mental Wellbeing
One person talks at a time. Do not interrupt what happens in group stays in group.

www.thenationalcouncil.org
Moment to arrive
Overview

• Recognize the impact anxiety has on general functioning
• Identify two engagement strategies you can implement to increase the likelihood of connection
• Learn how to engage others using a compassionate approach
What are the most common types of stressors that you are seeing in your work these days with clients or colleagues?
Stressors of Today

- Inconsistent contact with others
- Worries about job and employment
- Anticipation about the future and Unsure how long this will continue??
- Constant doom and gloom (i.e. social media, news, etc.)
- Working All the time
- Everyone's in a different boat
- Merged rolls and constant multitasking (employee, parent, spouse, managing families, schooling)
- Lack of or no socialization with sick relatives, others in general
- Lack of control over the situation

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Anxiety is a normal human response to a stressful situation.

"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.
Survival Mode Response

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

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

During Stress
- Cognition
- Social/Emotional
- Regulation
- Survival
Stress Response

Window of Tolerance - Trauma/Anxiety Related Responses:
Widening the Comfort Zone for Increased Flexibility

- Anxiety
  - Overwhelmed
  - Chaotic Responses
  - Outbursts (Emotional or Aggressive)
  - Anger / Aggression / Rage

- Rigidity
  - Obsessive-Compulsive Behavior or Thoughts
  - Over-Eating / Restricting
  - Addictions
  - Impulsivity

Fight/Flight Response

Comfort Zone
Emotionally Regulated
Calm, Cool, Collected, Connected

Ability to Self-Soothe
Ability to Regulate Emotional State

Freeze Response
- Feign Death Response
  - Dissociation
  - Not Present
  - Unavailable / Shut Down
  - Memory Loss

- Disconnected
  - Auto Pilot
  - No Display of Emotions / Flat
  - Separation From Self, Feelings & Emotions

Causes to Go Out of the Window of Tolerance:
- Fear of...
  - Unconscious Thought & Bodily Feeling: Control, Unsafe, I do not exist, Abandonment, Rejection
  - Trauma-Related Core Beliefs about self are triggered: Emotional & Physiological Dysregulation occurs

To Stay in the Window of Tolerance:
- Mindfulness: Being Present, In Here-n-Now
- Grounding Exercises
- Techniques for Self-Soothing, Calming the Body & Emotional Regulation
- Deep, Slow Breathing
- Recognize Limiting Beliefs, Counter with Positive Statements About Self, New Choices

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National Council for Mental Wellbeing
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>DEFIANC Tantrums</td>
<td>AGGRESSION</td>
</tr>
<tr>
<td>Sense of Time</td>
<td>EXTENDED FUTURE</td>
<td>DAYS</td>
<td>HOURS</td>
<td>MINUTES</td>
<td>SECONDS</td>
</tr>
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</table>

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

Reason

Relate

Regulate

NME
childtrauma.org

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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
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 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

-Tervalon & Murray-Garcia, 1998
Cultural Humility

Practicing Cultural Humility

Ask questions in a humble, safe manner
Seek Self-Awareness
Suspend Judgment
Express kindness and compassion
Support a safe and welcoming environment
Start 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

“No Labels”

“Lazy”

“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.

Brani 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

50% of students primarily learn through doing

40% of students primarily learn through watching

100% of students benefit when they encounter information in multiple forms

10% of students primarily learn through hearing

80% of teaching is done through lecturing

*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>Identity</th>
<th>Data</th>
<th>Avoid</th>
<th>Terminology</th>
</tr>
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<tbody>
<tr>
<td>Use language that is respectful of culturally and linguistically diverse communities, first person terminology.</td>
<td>Use specific ethnic group(s) identity term to the extent possible, avoid gendered terms when possible.</td>
<td>When providing demographic and statistical information, share disaggregated data and collection methodologies, noting limitations.</td>
<td>Avoid any language that could be misunderstood as blaming or degrading, e.g., “dysfunctional families.”</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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Collaborative Documentation
Collaborative documentation is a practice where clinician and patient document together, during the session.

- Concurrently for assessments/treatment plans
- Beginning and end for ongoing sessions...
  - “first five and last five”
Collaborative Documentation

- Use patient-friendly language – or the patient’s own words whenever possible

“Patient is experiencing visual hallucinations”

“Patient states she sees purple people in her room at night”
Collaborative Documentation

- Ask clarifying questions and discuss with the patient about what’s written into their chart – this helps engage them in the process so the computer is not an intrusion

  - “You said the anxiety is worse, and you had several panic attacks this week. Is that right?”
  - “Our plan, then, is to meet again in two weeks?”
Let the patient ask questions!

- They may not understand what something in their chart means
- Great opportunity for psycho-education
- Opportunity for shared decision making
Benefits

Improves clinician quality of life:

- Avoid the chronic, “never caught up” model
- Can leave work at work!
- Higher staff morale, less “burnout” and clinicians feeling overwhelmed/anxious
Benefits
Improved clinical care/outcomes:

- Improved engagement – patients are excited about their treatment and more “empowered”!
- Continuity of work from session to session
- More focus on treatment plan and goal achievement
- Decrease length of treatment episodes
- Complements use of solution-focused, evidence-based models
- Patients get better!
- Ensures immediate patient feedback
Benefits

Supports Shared Decision-Making

Client Satisfaction

• Research shows that most clients (80-95 %) respond positively to the use of collaborative documentation
In Summary...
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

**GROUP CULTURE**
- Create & use communication agreements
- Promote group values of responsibility and engagement

**Virtual Meeting Facilitation**

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

**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
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<thead>
<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>
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<tr>
<td>C</td>
<td><strong>Connect the patient to others that may be able to meet any needs that are out of your scope of practice.</strong></td>
</tr>
<tr>
<td>A</td>
<td><strong>Ask the patient for their story</strong> and try to anticipate their needs and questions. If applicable, provide ongoing choices and support.</td>
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<tr>
<td>R</td>
<td><strong>Respectfully respond and communicate at all times</strong>, e.g., use Mr./Mrs., be validating and affirming.</td>
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<tr>
<td>E</td>
<td><strong>Ensure all patient needs are met</strong> 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
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.