For the trainer:

Please note this slide deck is not a train the trainer presentation with fully developed scripts and exercises. These slides and accompanying notes are offered as suggestions. Slides may be used separate from the slide deck and in a different order than how they are currently presented.

If slides are used, please use the citation below and maintain all original citations found on the slides.

Responding to Crisis in a Trauma-Informed Manner
What is Trauma?

Definition (SAMHSA Experts 2012) includes three key elements:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as overwhelming or life-changing and that has profound effects on the individual’s psychological development or well-being, often involving a physiological, social, and/or spiritual impact.
Survival Mode Response

Inability to
- Respond
- Learn
- Process
What’s Sitting in the Room from Trauma

- Fear
- Anger
- Defiance
- Difficulty forming relationships
- Physical Illness
- Sleep problems
- Perfectionism
- Shame
- Inattention
- Need to control
- Hyperarousal
- Perseverative

- Guilt
- Persistent irritability
- Dissociation
- Trauma re-enactment

- Mistrust
- Traumatic grief
- Sensory sensitivity
- Depression

- Difficulty concentrating
- Aggression
- Low self-esteem
- Disrupted Mood
- Avoidant behavior

- Need to control
- Mistrust

- Depression
- Regressive behavior
We need to have...
Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and Transparency
- Collaboration and mutuality
- Empowerment
- Voice and choice
- Respect for cultural, historical and gender differences

(Fallot 2008, SAMHSA, 2012)
What inhibits caregivers from being trauma responsive?
Trauma-Informed Primary Care:
Fostering Resilience and Recovery

What is to give light
must endure burning.
—Dr. Mary Thomas
What might be causing the behavior?

- An unmet need
- Loss of personal power and need for control
- External activating stimuli in the environment
- Internal activating stimuli such as intense anxiety or fear

Internal or external cause or stimuli we have little control over
Strategies for preventing escalation

• Remain respectful and non-judgmental
• Seek to gather more information
  How can I help? What do you need?
• Actively listen for the unmet need
• Reflect and clarify to be sure you understand
• Allow for silence
• Allow expression of emotions
• Always empower
Empathy

The ability to understand and share the feelings of another
Get Curious
Not Furious
Motivational interviewing (MI) is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.

-Miller & Rollnick, 2012
The MI Process

- Engaging
- Focusing
- Evoking
- Planning

Resistance ...or discrepancy?
The Spirit of Motivational Interviewing

Partnership

Evocation

Compassion

Autonomy
<table>
<thead>
<tr>
<th>Skill</th>
<th>Examples</th>
<th>Crisis considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>O</strong>pen-<strong>E</strong>nded Inquiry</td>
<td>• What are you feeling right now? • How have you been coping?</td>
<td>Broad questions may be too vague. One question at a time. Avoid “why”.</td>
</tr>
<tr>
<td><strong>A</strong>ffirmations</td>
<td>• You’ve been persistent in finding a solution. • Forgiveness is important to you.</td>
<td>Builds protective factors. Growth mindset.</td>
</tr>
<tr>
<td><strong>R</strong>eflections</td>
<td>• You’re really frustrated with the process. • A lot of things have happened and you want to be able to trust again.</td>
<td>Developing insight. Pause to allow processing.</td>
</tr>
<tr>
<td><strong>S</strong>ummary</td>
<td>Sometimes the stress is too much. It’s been really hard to stay sober and you want your kids back. Where should we go from here?</td>
<td>Invite client to give summary.</td>
</tr>
</tbody>
</table>
## Arousal Continuum

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

<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>
TI-MI Applications

- 24-year-old Male
- Scheduled Out patient Treatment each week, inconsistent attendance
- Diagnosis: Anxiety D/O and Marijuana Dependence
- No family contact
- Couch surfing since lost apartment 2 months ago
- Lost job 3 months ago due to losing temper with customer
- Shows up at clinic demanding to talk to PCP on Wed at 1pm, missed Tues appt
- Girlfriend broke up with him this morning
1. Discuss a case example
2. Practice using MI Spirit and skills.
3. How do these strategies support the principles of trauma informed care?