



# Trauma-Informed Primary Care: Fostering Resilience and Recovery



For the trainer:

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**National Council for Behavioral Health. *Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care.* 2019.**



# Trauma-Informed Primary Care: Fostering Resilience and Recovery



## Responding to Crisis in a Trauma-Informed Manner



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## 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.*



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## Survival Mode Response



Inability to

- Respond
- Learn
- Process



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## What's Sitting in the Room from Trauma



Fear  
 Anger  
 Defiance  
 Difficulty forming relationships  
 Physical Illness  
 Guilt  
 Sleep problems  
 Perfectionism  
 Persistent irritability  
 Shame  
 Hyperarousal  
 Inattention  
 Need to control

Difficulty concentrating  
 Aggression  
 Low self-esteem  
 Disrupted Mood  
 Avoidant behavior  
 Dissociation  
 Traumatic grief  
 Sensory sensitivity  
 Trauma re-enactment  
 Depression  
 Regressive behavior

Mistrust



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**We need to have...**





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## 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)



**EVERYONE**







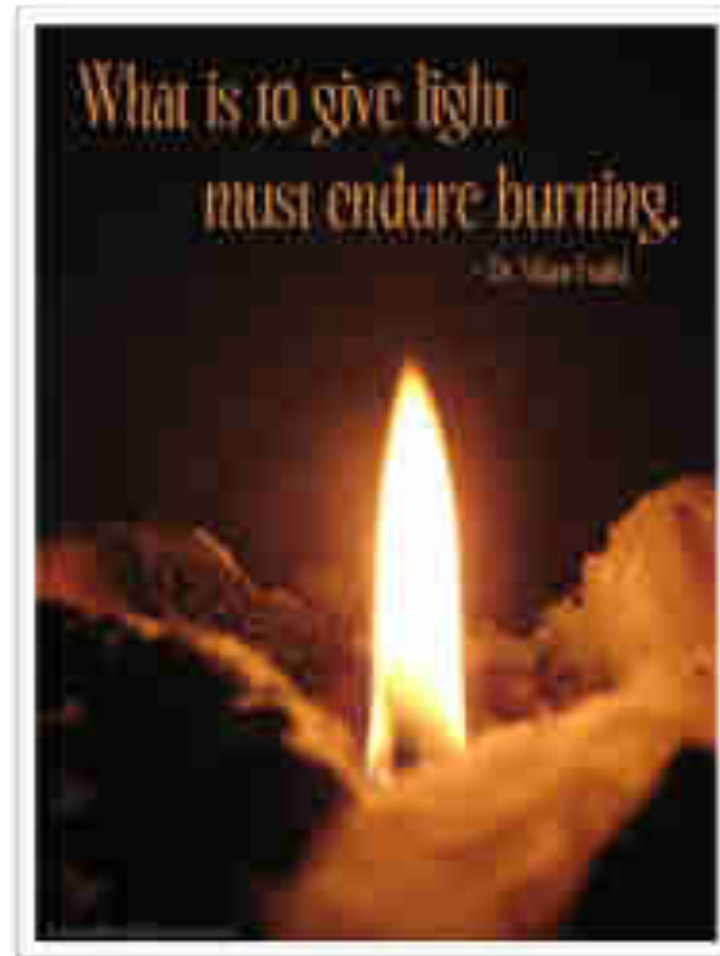
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**What inhibits caregivers from  
being trauma responsive?**



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## What might be causing the behavior?

Internal or external cause or stimuli  
we have little control over

- 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



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## 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



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## Empathy

The ability to understand and share the feelings of another



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**Get Curious  
Not Furious**





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**Motivational interviewing (MI)**  
is a collaborative conversation style  
for strengthening a person's own  
motivation and commitment to change.

*-Miller & Rollnick, 2012*

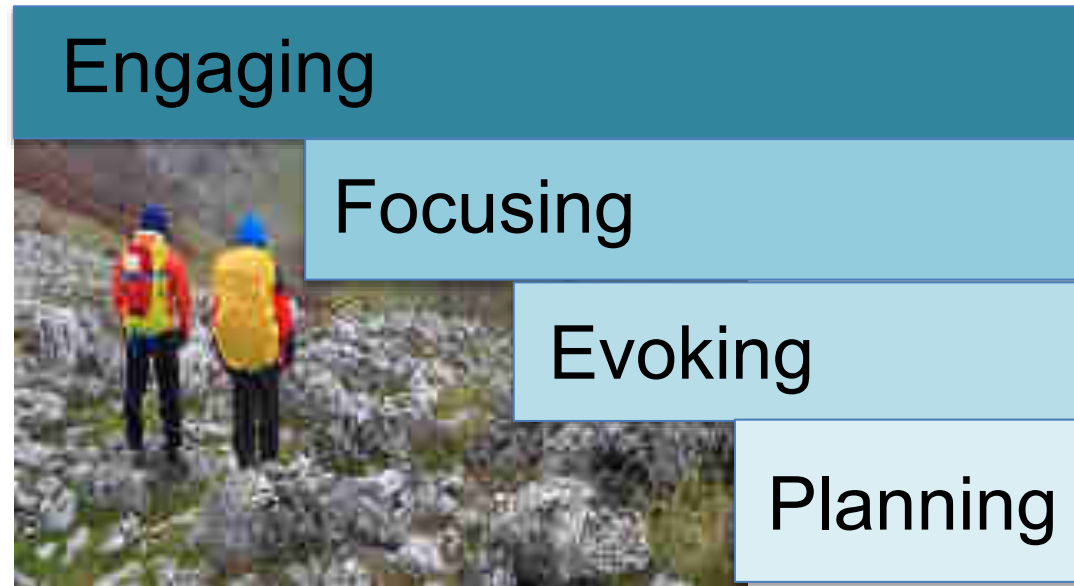




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## The MI Process



*Resistance ...or discrepancy?*






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## The Spirit of Motivational Interviewing



Skill 	Examples	Crisis considerations
Open-Ended Inquiry	<ul style="list-style-type: none"> <li>• What are you feeling right now?</li> <li>• How have you been coping?</li> </ul>	Broad questions may be too vague. One question at a time. Avoid “why”.
Affirmations	<ul style="list-style-type: none"> <li>• You’ve been persistent in finding a solution.</li> <li>• Forgiveness is important to you.</li> </ul>	Builds protective factors. Growth mindset.
Reflections	<ul style="list-style-type: none"> <li>• You’re really frustrated with the process.</li> <li>• A lot of things have happened and you want to be able to trust again.</li> </ul>	Developing insight. Pause to allow processing.
Summary	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?	Invite client to give summary.

# Arousal Continuum

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

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



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## 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



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**Try it now!**

1. Discuss a case example
2. Practice using MI Spirit and skills.
3. How do these strategies support the principles of trauma informed care?

