

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

No 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



How do we engage others during these times of STRESS???



Neil Webb
@neilmwebb

"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 emphasizing.

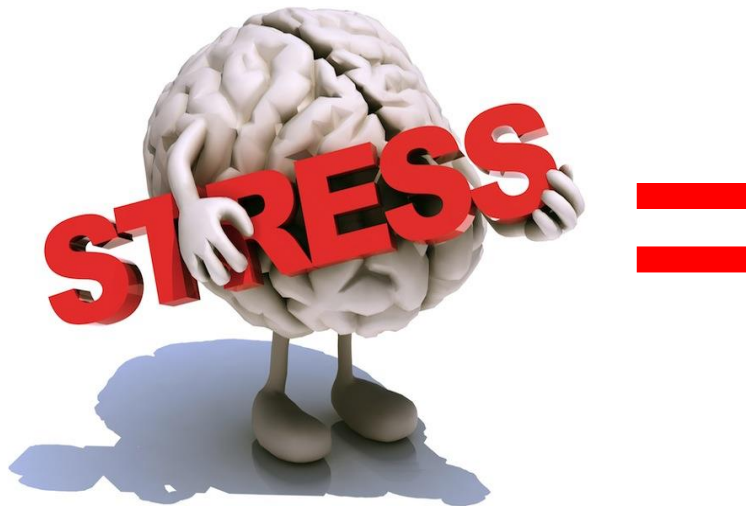
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90K Retweets 331K Likes

Anxiety is a normal human response to a stressful situation



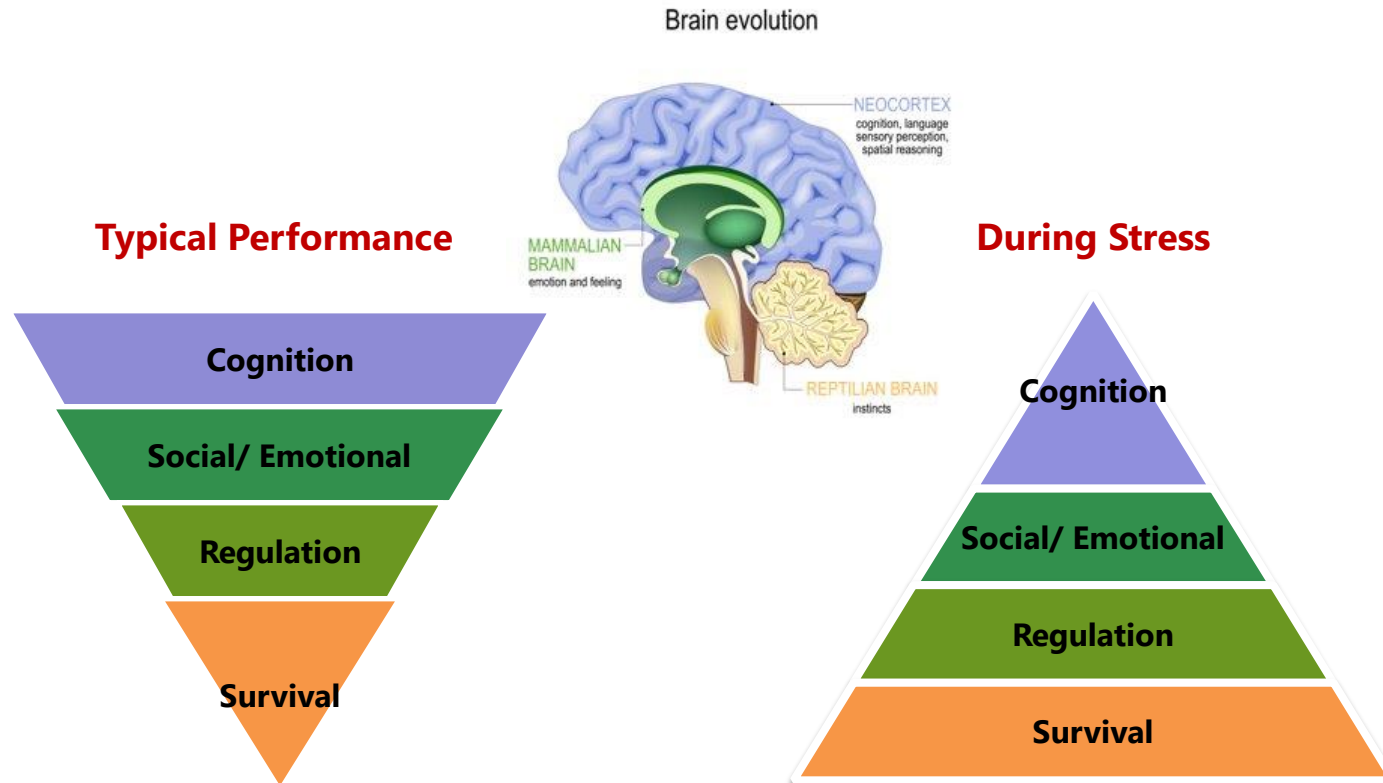
Survival Mode Response



Inability to

- Respond
- Learn
- Process

Impact of Stress on Brain Energy



Neocortex and Prefrontal Cortex (PFC): Executive Functioning

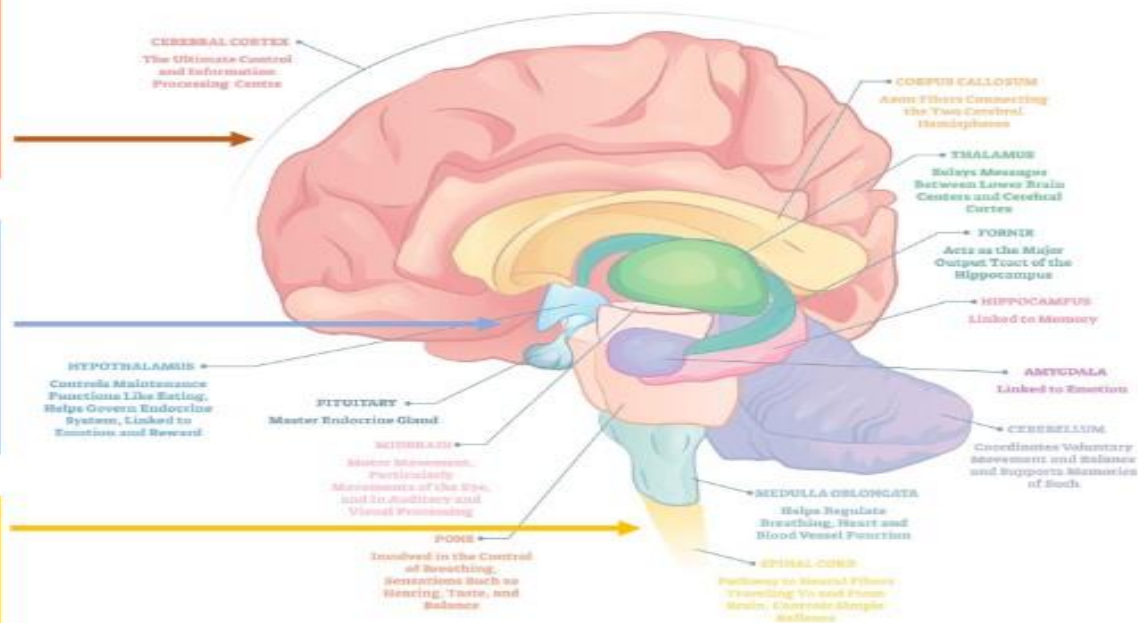
What can I learn?

Limbic System: Emotions and Memory

Am I loved?

Brain Stem: Appraisal & Survival Functions

Am I safe?



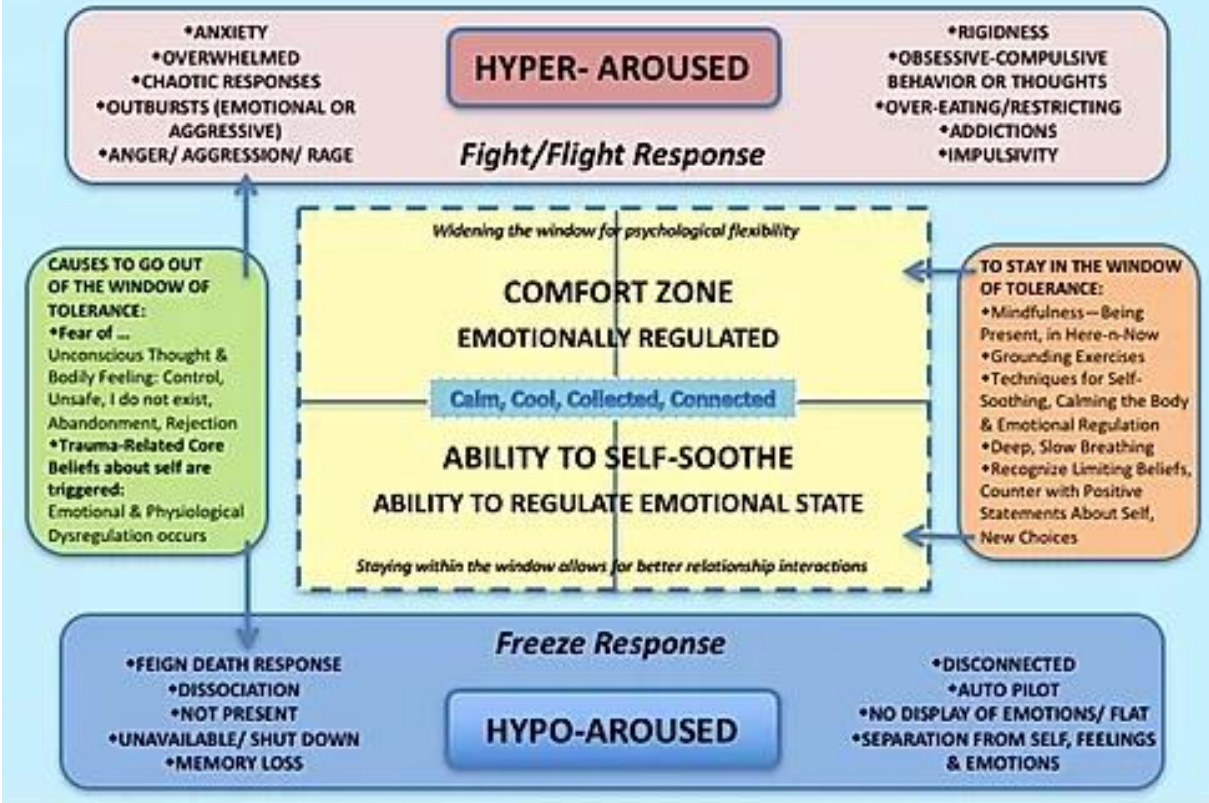
<https://drarielleschwartz.com/neurobiology-traumatic-memory-dr-arielle-schwartz>



Stress Response

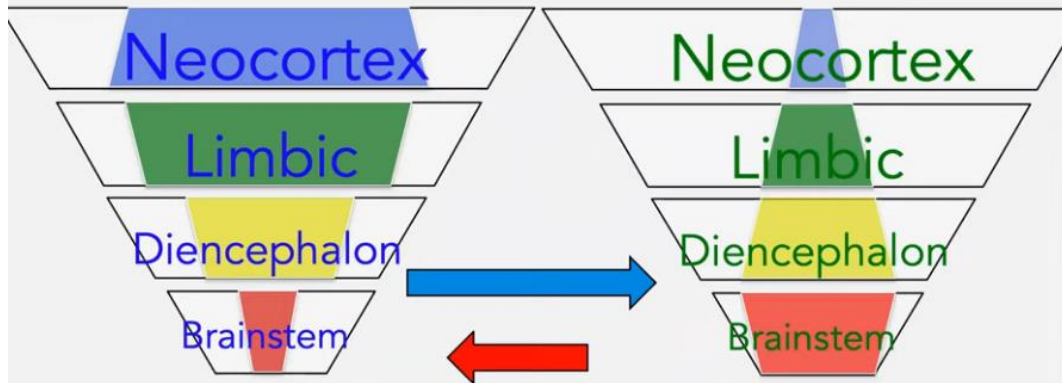
Marie S. Deselle, PhD © 2013

WINDOW OF TOLERANCE- TRAUMA/ANXIETY RELATED RESPONSES:
Widening the Comfort Zone for Increased Flexibility



Relational Contagion

A calm, regulated adult can regulate a dysregulated person.



BUT

A dysregulated adult can NEVER calm anyone.

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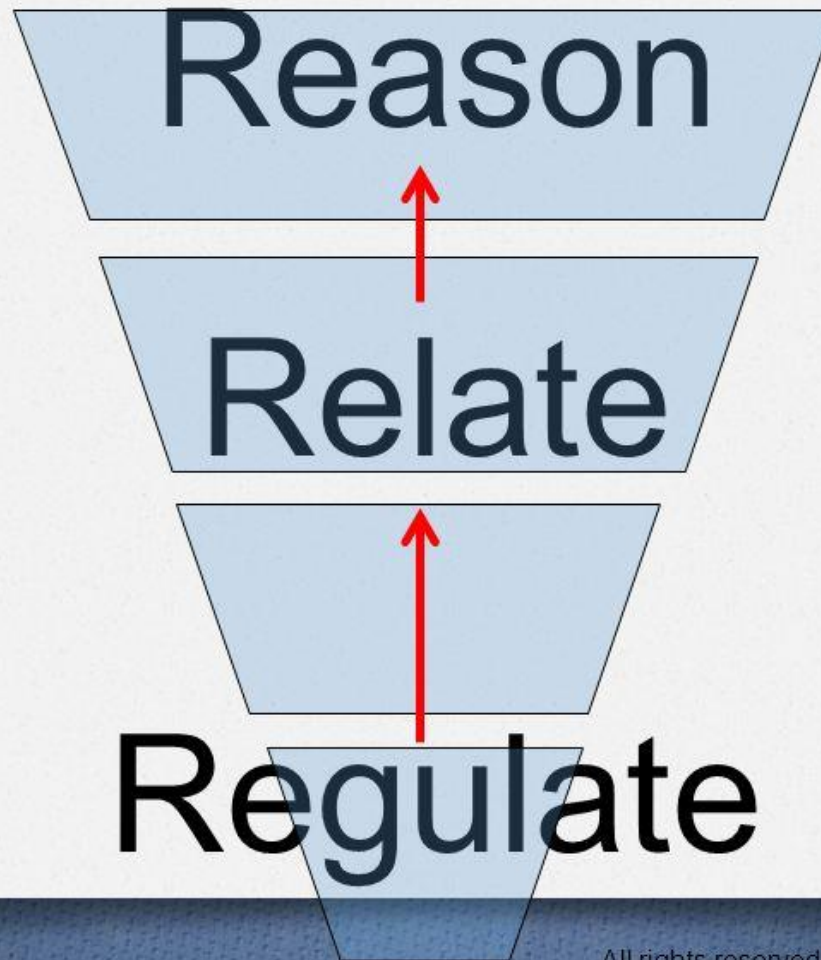
NEUROSEQUENTIAL
NETWORK™

Arousal Continuum

<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

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

Sequence of Engagement



Impact the Lower Brain

Rhythmic

Respectful

Rewarding

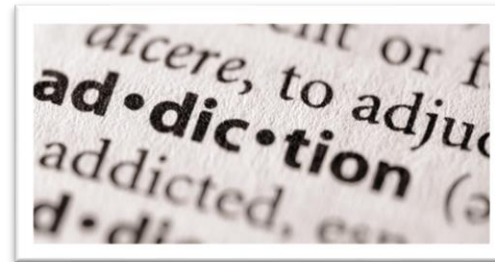


Repetitive

Relational

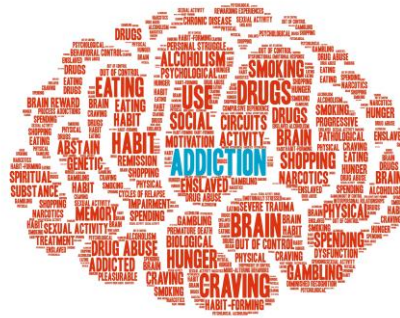
Relevant

Trauma is a risk factor for Substance Abuse



Substance Abuse is a risk factor for Trauma

Gabor Mate's Definition of Addiction

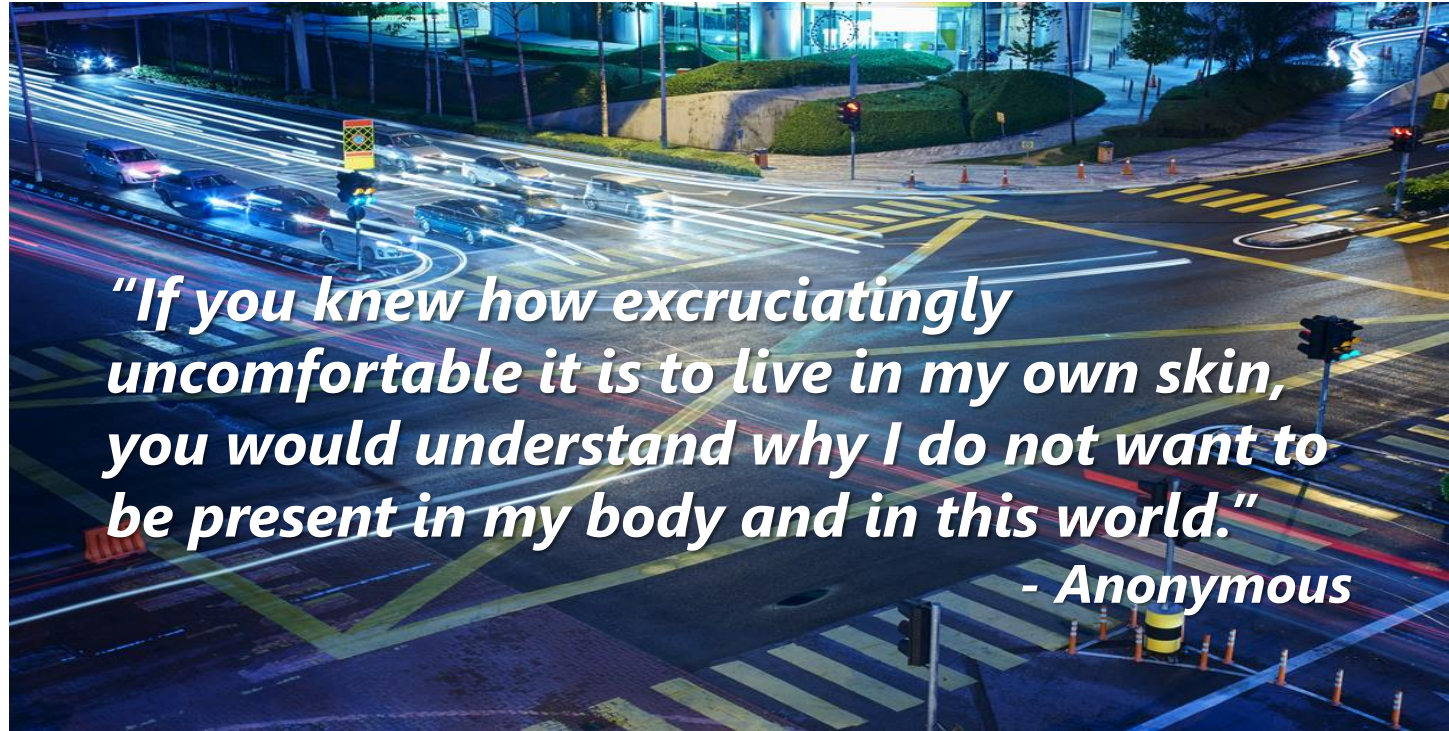


Any behavior that is associated with:

- 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

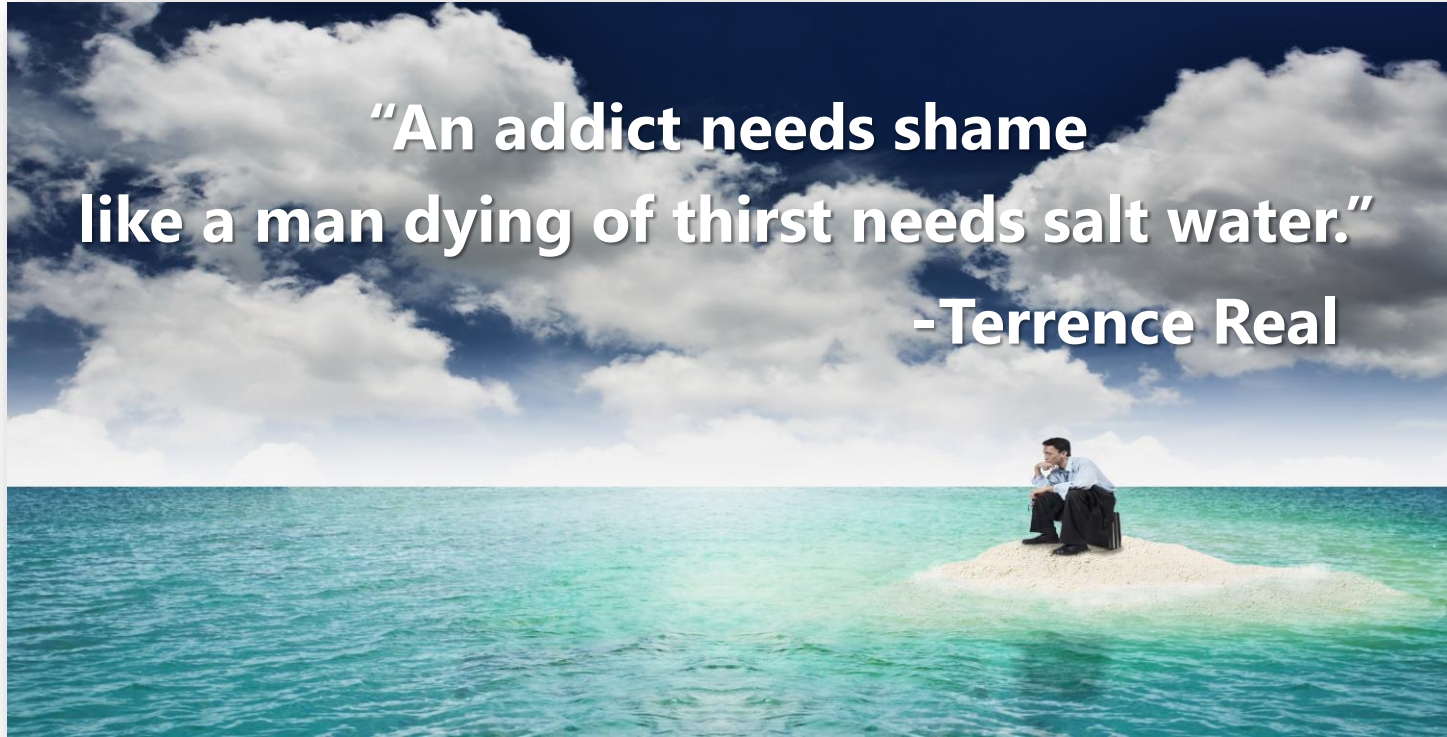
“self-medicate to sooth their emotional pain – but more than that, their brain development was sabotaged by their traumatic experiences.”

-Mate, Gabor, MD. (2010). In the Realm of the Hungry Ghosts. Berkley, CA: North Atlantic Books. Print. page 203.


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

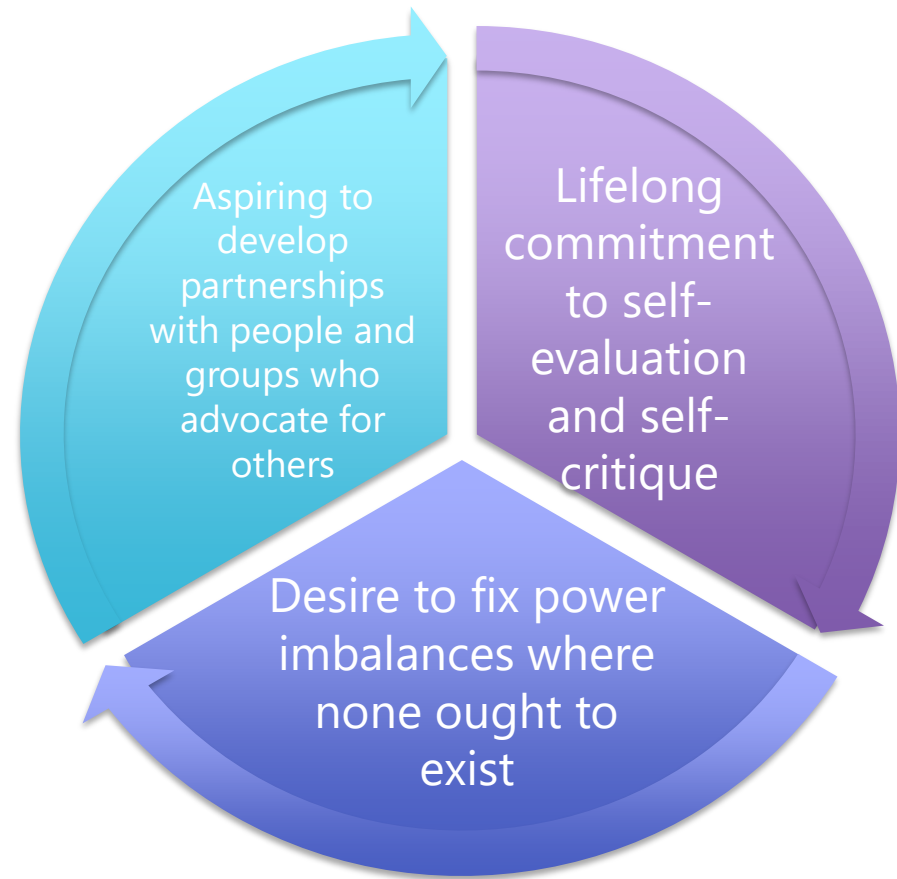


*Safety
Trustworthiness and Transparency
Empowerment, Voice and Choice, Peer
Support, Collaboration and Mutuality
Cultural, Historical and Gender Issues*

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



-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



“Non-compliant”

“Manipulative”

“Naughty”

“Lazy”

blah blah blah blah. Blah blah blah blah blah. Blah
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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.

Brown, B. (2018). *Dare to lead: Brave work. Tough conversations. Whole hearts.* New York: Random House.

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



<https://tinybuddha.com/fun-and-inspiring/in-order-to-empathize-with-someones-experience/>

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.



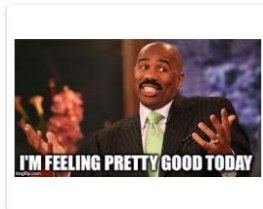
4. Age doesn't mean anything.



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

Attendee Priming

How are you feeling today? *



☐ Happy



☐ Sad



☐ Homesick/lonely

☐ Other:



☐ Stressed

Is your organization a current member of the National Council for Behavioral Health? For a full list of our members, please check our website: <https://www.thenationalcouncil.org/about/membership/members/>

☐ Yes

☐ No

How is your organization supporting African American team members self-care during this time?

What do you wish your organization was doing to support African American team members at this time?

What questions do you have about this topic that you hope to discuss in this session?

- 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

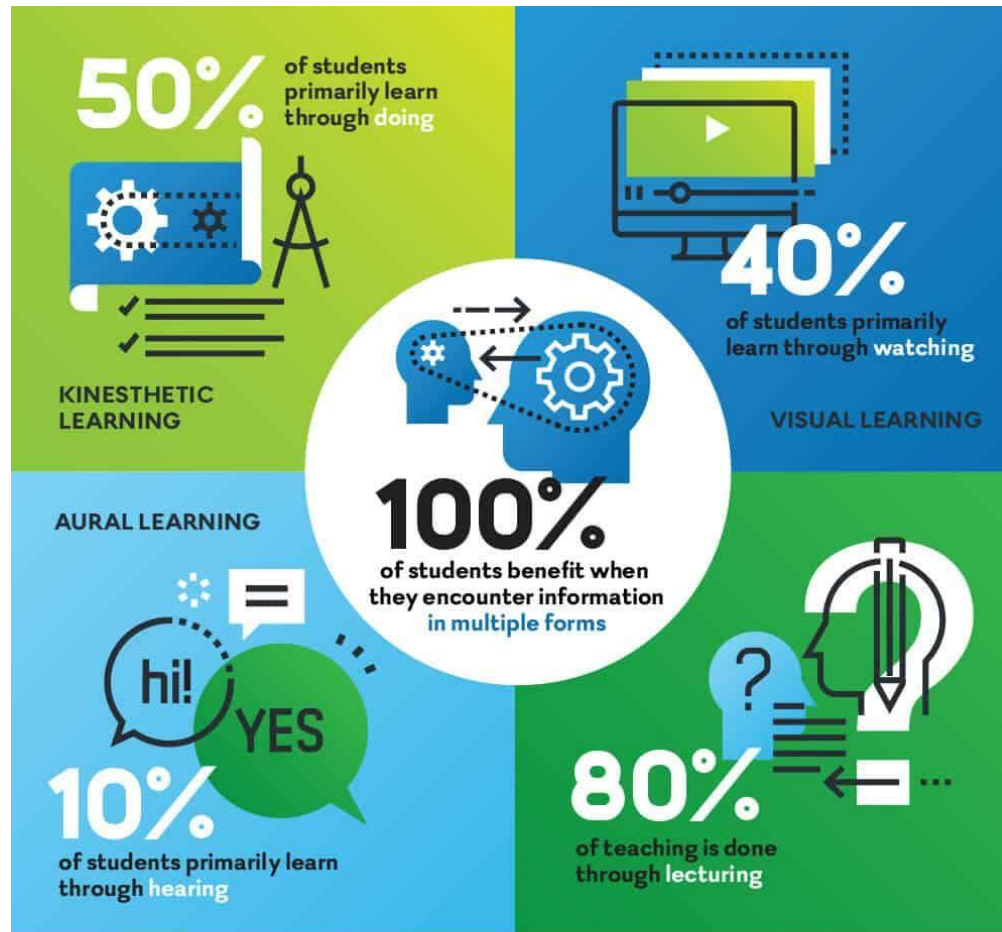
Comfort With Using Technology

Dry Test Runs

When Technology Fails

- Preparation is key
- Narrate out loud
- Back up plans
- Transparency

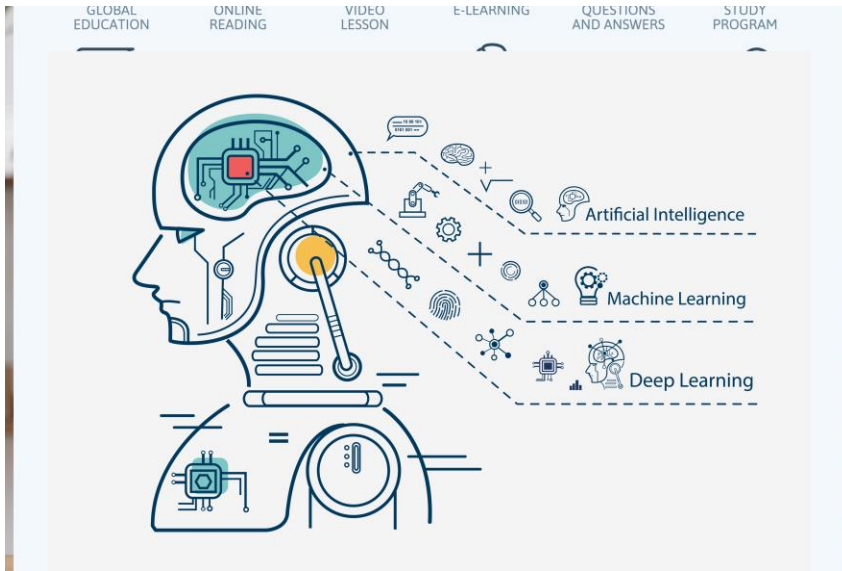
VAR K: LEARNING STYLES & THEIR IMPACT



*All statistics from a 2013 University of Illinois study

ClearTouch
INTERACTIVE

Facilitation Theory



Realness

Acceptance

Empathy

Culturally Responsive Virtual Engagement

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

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

Virtual Meeting Facilitation

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



TIC CARE

T	Take the time to introduce yourself, your role and explain what you will be doing. Set realistic expectations and goals for your time with them.
I	Intently listen to their story and/or request. Be patient and persistent.
C	Consistently and mindfully be aware of the language you use when responding to the client's story and/or request.
C	Connect the patient to others that may be able to meet any needs that are out of your scope of practice.
A	Ask the patient for their story and try to anticipate their needs and questions. If applicable, provide ongoing choices and support.
R	Respectfully respond and communicate at all times , e.g., use Mr./Mrs., be validating and affirming.
E	Ensure all patient needs are met before exiting, make warm handoffs/referrals when possible. Follow through with what you say you will do.



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>

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