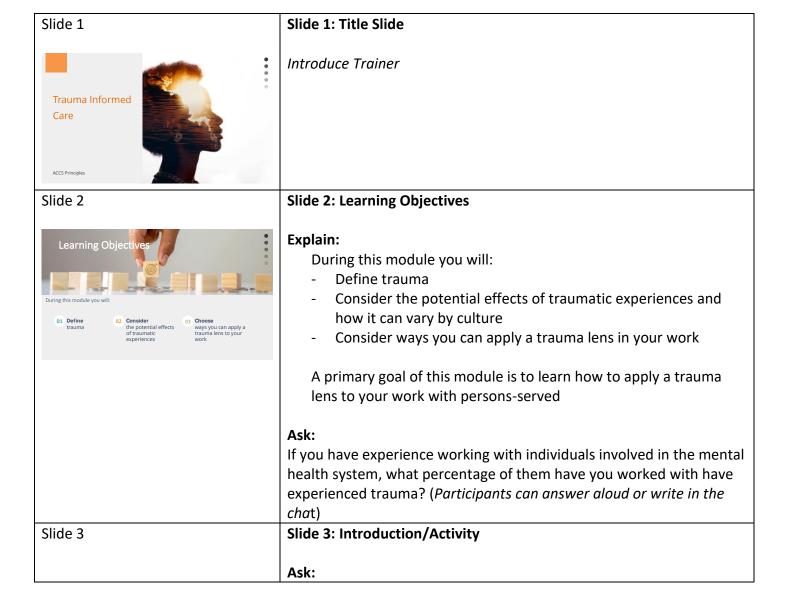
# Trauma Informed Care Facilitator Guide

# This module has:

- Handouts (3):
  - o Immediate and Delayed Reactions to Trauma
  - Strengths-Based Questions
  - o Team Discussion
- Breakout Activity (1):
  - o Team Discussion



If you have experience working with individuals who have experienced trauma, what kind of traumatic events had they experienced? (Participants can answer aloud or write in the chat) Activity · Have you ever worked with individuals who have experienced trauma? If so, what traumatic experiences had they experienced? Slide 4: Activity Slide 4 Activity What types of traumatic Ask: events do you think might have been What types of traumatic events do you think might be most common experienced commonly among persons served by ACCS? among persons served by ACCS? (Participants can answer aloud or write in the chat) Slide 5: What is Trauma? Slide 5 What is Trauma? Explain: An **Event** you Experience that We define trauma as an Event someone Experiences that has a has a negative Effect on you negative Effect on them (the 3 Es) (3 Es) • The EVENT is perceived by the person to be shocking, scary, or dangerous. • The EXPERIENCE is felt in the body. Sensations include quick, shallow breathing; racing heartbeat; sweaty palms; heaviness in body; change in alertness - - Fight or Flight sensations ("The Body Keeps the Score") • The EFFECT could be acute (an expected traumatic stress response) or the EFFECT could be chronic/persistent. Effects that last beyond a month after the incident would be considered PTSD Explain that you will break down the 3 E's in more detail

Slide 6: E #1: Traumatic Event

Explain:

Slide 6



- A traumatic event is defined as an event, series of events, or set of circumstances that is experienced by an individual as emotionally or physically harmful or life threatening.
  - Trauma can have lasting effects on an individual's functioning as well as their mental, physical, emotional, social, and spiritual well-being

#### Slide 7

# Abuse and neglect Domestic violence Community violence Painful or frightening medical procedures Care accident Loss or separation Natural disasters War Forced displacement Poverty Human trafficking Racial (individual and systemic) and intergenerational traumas

# **Slide 7: Examples of Traumatic Events**

# **Explain:**

Traumatic events can include, but are not limited to these examples on the slide (*read slide*)

#### Ask:

Do you think this list is missing any traumatic events?

#### Slide 8

# E #2: Defining Experience

- · Contributing Factors Include:
- How the individual labels the event
- Availability of social supports
   Degree of powerlessness
- Intersecting identities
   How the individual is disrupted physically an
- How the individual psychologically
   Cultural difference



# Slide 8: E #2: Defining Experience

# **Explain:**

- An event may be traumatic to one person but to not another.
- Some of the contributing factors for different individual experiences are:
  - How the individual labels the event
  - Availability of social supports
  - Degree of powerlessness
  - Intersecting identities:
    - Explain: this may be due to age; race/ethnicity; immigration status; religion; gender identification; sexual orientation; disability status
  - How the individual is disrupted physically and psychologically
  - Cultural differences

#### Slide 9

# Slide 9: Persons Served May Experience Multiple Traumas

# **Explain:**

Persons-served might experience multiple traumas regularly due to their circumstances, such as:



- chronic mental health conditions,
- lack of natural supports,
- financial stressors,
- housing instability / inadequacy,
- lack of access to care,
- reactions from the public to their cultural background or sexual orientation.

ACCS can help address those by working with the individual to develop a treatment plan that best suits them and their needs

#### Ask:

 For example, how or why might the experience of siblings who were both removed from an abusive home be different?

(Elicit a few responses from participants)

 Why might an impending hurricane be triggering for one person, but not for another?

(Elicit a few responses from participants)

#### Slide 10



#### Slide 10: Culture and Trauma

# Explain:

- Cultural differences can exist in the perception and interpretation of the trauma event, the meaning one gives to the traumatic event, and beliefs about control over the event.
- Some traumas may have greater impact on a given culture because those traumas represent something significant for that culture or disrupt cultural practices or ways of life
- Culture determines acceptable responses to trauma and shapes the expression of distress. For example, some families and cultural groups are less comfortable responding to personal questions about emotional distress
- In addition to shaping beliefs about acceptable forms of helpseeking behavior and healing practices, culture can provide a source of strength, unique coping strategies, and specific resources.

#### Slide 11

#### Slide 11: E #3: Adverse Effects







# Explain:

#### Adverse Effects:

- May be immediate or delayed
- Duration of the effects may be short or long-term
- Can impact the victim, their family system, an organization, or community's sense of safety and trust

#### Facilitator Note:

State that when trauma affects an organization sometimes it can organize its procedures around that trauma and that is not an effective reaction.

#### Slide 12

#### Common Responses to Trauma







# Slide 12: Common Responses to Trauma

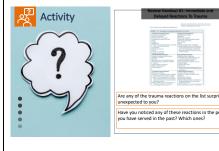
# **Explain:**

This slide presents various ways in which trauma can manifest

#### **Facilitator Instruction:**

Read through slide

#### Slide 13



# Slide 13: Activity/ Reviewing Handout #1

Provide Handout: Immediate and Delayed Reactions to Trauma

#### **Explain:**

Review handout and explain this is a list of more examples of immediate and long-term effects of trauma.

#### Ask:

- Have you noticed any of these reactions in the people you have served in the past? Which ones?
- Are any of the trauma reactions on the list surprising or unexpected to you?

(Participants can answer aloud or write in the chat)

#### Slide 14

# Slide 14: A Trauma Informed Approach (Four R's)

#### **Explain:**

What are the "Four R's" of the trauma-informed program, organization, or system?



- Realizes
  - Realizes widespread impact of trauma and understands the potential paths for recovery.
- Recognizes
  - Recognizing signs and symptoms of trauma in persons served, staff, families, and other who are involved with the system.
- Responds
  - Fully integrating knowledge about trauma into practices, procedures, and policies.
- Resists
  - o Seeks to actively resist re-traumatization.

#### Slide 15



Slide 15: What Integrated Teams Can Do To Help Realize & Recognize the Person's Experience

#### Explain:

•Understand emotional reactions by asking about and responding to specific behaviors (sleep and eating patterns, jitters, etc.) [facilitator provide examples as appropriate]

Listen to and incorporate the person's terms for what they are experiencing into discussion and treatment planning [facilitator provide examples as appropriate

#### Slide 16



Slide 16: Transitions

# **Explain:**

Transitions (e.g., arrest or jail, return to the community, change in residence) can be scary and can trigger a trauma response – but our approach can help if we are aware that persons-served may be really scared

#### Slide 17



Slide 17: Breakout Activity –Team Discussion

(7-minute breakout + discussion)

# Refer to Handouts:

- Strengths-based questions,
- o Team Discussion

#### **Facilitator Instructions:**

- **Explain:** This exercise will ask them to pretend they are members of the integrated treatment team assigned to Mae. This is the first encounter from any members of your team with Mae.
- **Read out loud the scenario** from the slide and refer them to the Team Discussion Handout.
- **Provide handout:** Team Discussion & Strengths- Based Questions.
- Separate into groups of 3 to 5 (if there are few attendees create groups of two) and ask each group to pick a recorder & reporter for the later discussion.
- Instruct groups to discuss:
  - How a team member (or members) should approach Mae in a first encounter to transition her into your program. How would you collaborate with her in her treatment planning?
  - Using a strengths-based approach, how might you approach her to:
    - Ensure physical/Emotional safety
    - Establish Trust
    - Offer choices
  - Refer them to the Strengths-Based Questions Handout to help with the second question.
- **Breakout for approximately 7 minutes** to discuss these questions.
- Bring the groups back together for discussion and review.

#### Facilitator Notes:

*Group responses may include:* 

- Meeting at a mutually-agreed upon location that is private, safe, and has good lighting
- Be mindful and track any possible trauma reactions she may be having then make adjustments in current conversation
- Being upfront, honest, and transparent
- Review the team's availability, accessibility, and on-call procedures
- Avoid judgment language
- Explore "what happened to you" as opposed to "what's wrong with you"
- Review the various groups, helpers, and resources ACCS has to offer; ask what they think might be helpful
- Explore which goals she might like to start with
- Explore what supports she currently has and ways to increase those supports
- Explore strengths, accomplishments, and what's been working for her so far

# Slide 18



What Does it Mean to be Resilient?

ocial Resilience Mode

#### Slide 18: What does it mean to be resilient?

# **Explain:**

The picture of the tree represents the ability of an individual to bend, but not break, to bounce back, and to "adapt well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress"

It's important to point out that being resilient doesn't mean that a person won't experience difficulty or distress. It means that even when stimulated/triggered, a highly resilient person can still remain connected to others, still keep their thinking deliberate, and be responsive rather than reactive. Even if they become dysregulated by a stressful event, they have the skills to recognize those sensations inside of them and use coping skills to calm themselves.

Social resilience is the ability for the team or program to grow together, problem-solve together – it is powerful when everyone as a team is collectively resilient

# Slide 19



Slide 19: Ways the integrated treatment team can help personsserved strengthen resilience:

#### Read slide:

- Assist with accepting and working through the distressing situation
- Help them connect to others who have been able to overcome similar situations
- Increase overall support network
- Teach healthy emotion regulation / distress tolerance skills
- Assist with problem-solving by using strengths-based questions
- Offer new opportunities / experiences
- Empower them to gain independence

Slide 20

Slide 20: Methods for Empowering ACCS Persons Served

Facilitator Note:



Provide examples about how to help persons-served gain independence, thereby promoting resiliency. Read examples from the slide.

# Ask:

What have you done to empower persons you have served or are serving?

What is one approach you could use to help Mae increase her independence and promote her resiliency? (*Have them write this in the chat*)

How could a team member empower a person served who comes from a different culture, like Mae who is Korean, or an individual who is LGBTQ? What is an approach you could take?

 Potential responses: Give Mae information about a Korean community health center or similar networks and suggest she make an appointment. Pair a person served with a peer specialist who is also LGBTQ and can provide them with information about how to connect with a community.

#### Slide 21



What is one take-away from today that you will share with someone else?

Slide 21: Closing Activity

# Ask:

Ask participants to share one take-away from today that they will share with someone else after the training.