




A Culture of Violence

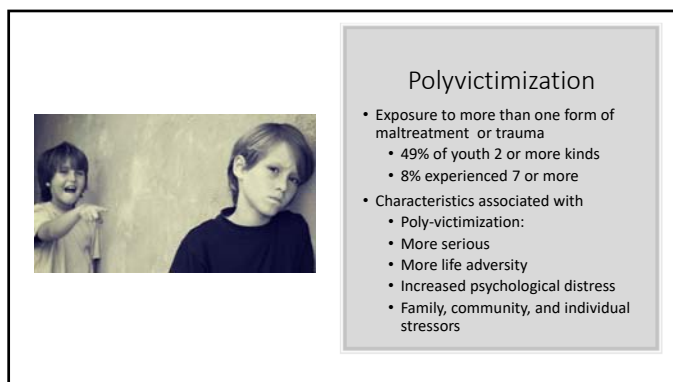
- The most violent place in the U.S. is in the home...
- Family on family violence accounts for 27% of all crime
- Acquaintance violence is about 48%
- ...though estimates suggest that less than 5% of violence in the home is reported
- ...by the 7th grade, the average child has viewed 8,000 murders and 100,000 acts of violence on television/media (Constitutional Rights Foundation, 2015)

Youth Exposure to Violence

- There are about a million substantiated cases of maltreatment in the U.S. yearly (DHHS, 2011)
- More than 1,500 children die of abuse and neglect
- 81% were parent perpetrators
- 19% involved both parents as perpetrators



IT'S TIME WE STOPPED HIDING CHILD ABUSE



Polyvictimization

- Exposure to more than one form of maltreatment or trauma
 - 49% of youth 2 or more kinds
 - 8% experienced 7 or more
- Characteristics associated with
 - Poly-victimization:
 - More serious
 - More life adversity
 - Increased psychological distress
 - Family, community, and individual stressors

The ACEs Study

CDC
<http://www.cdc.gov/ violenceprevention/acestudy/index.html>

Behavioral Risk Factor Surveillance System (BRFSS)

Research Article

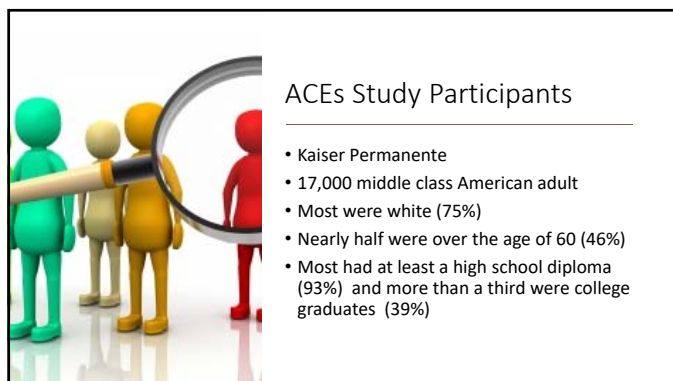
Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, Du Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. M...

Background: The relationship of health risk behavior and disease in adulthood exposure to childhood emotional, physical, or sexual abuse, and he during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 1 completed a standardized medical evaluation at a large HMO; 9,508 Seven categories of adverse childhood experiences were studied: parent sexual abuse; violence against mother; or living with household substance abusers, mentally ill or suicidal, or ever imprisoned. The r of these adverse childhood experiences was then compared to m



ACEs Study Participants

- Kaiser Permanente
- 17,000 middle class American adult
- Most were white (75%)
- Nearly half were over the age of 60 (46%)
- Most had at least a high school diploma (93%) and more than a third were college graduates (39%)

ACEs Data Collection

ACEs Survey

Behavior Surveys

Medical Status

Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

The ACEs Survey

Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Were your parents ever separated or divorced?

Was your mother or stepmother...Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

The ACEs Survey

Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?


Was a household member depressed or mentally ill, or did a household member attempt suicide?

Did a household member go to prison?

The ACEs Survey


Findings from the ACEs Study: Prevalence of ACEs

- Almost 2/3 of the participants reported at least one ACE
 - 1 ACE 26%
 - 2 ACEs 16%
 - 3 ACEs 9.5%
 - 4+ ACEs 12.4%



Findings from the ACEs Study: 3 Types of ACEs

1. Abuse
 - Physical 28.3%
 - Sexual 20.7%
 - Emotional 10%
2. Neglect
 - Emotional 14.8%
 - Physical 9.9%
3. Household dysfunction
 - Substance abuse 26.9%
 - Divorce 23.3%
 - Mental illness 19.4%
 - Domestic violence 12.7%
 - Incarceration 4.7%



Findings from the ACEs Study

- The ACE score has a “dose response” relationship to numerous health, social, and behavioral problems
- Social and behavioral problems:
 - Lack of physical activity
 - Smoking
 - Alcoholism
 - Drug use
 - Missed work

Findings from the ACEs Study:
Possible Risk Factors

- Physical and mental health
 - Severe obesity
 - Diabetes
 - STDs
 - Heart disease
 - Cancer
 - Stroke
 - COPD
 - Broken bones
 - Depression & suicide attempts
- A person with 4 or more ACEs has a life expectancy 20 years shorter than someone with none

BEHAVIOR				
 Lack of physical activity	 Smoking	 Alcoholism	 Drug use	 Mixed work

PHYSICAL & MENTAL HEALTH				
 Severe obesity	 Diabetes	 Depression	 Suicide attempts	 STDs
 Heart disease	 Cancer	 Stroke	 COPD	 Broken bones

The ACE score likely captures the cumulative (neuro)developmental consequences of traumatic stress

Everybody Has A Story?

Sam's ACEs

Sam's mom and dad...

Sam's Dad & The Downward Vortex of Violence

Sam's Mom's Childhood Experiences

Surviving ACEs: Sam's Mom

- Dealing with the impacts...

PTSD = Exposure +

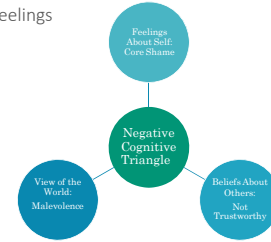
Re-experiencing

Avoidance

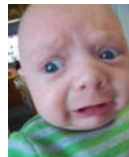
Hypervigilance

And last but not least...

- Negative thoughts and feelings



Sam's Experiences



ACEs and Neurodevelopment: Sam's Story Begins

- Overdeveloped fear response system
- Inability to use relationships for safety & regulation
- Lack of development of the prefrontal cortex



Understanding Sam's Brain Development

- Brain development is...
 - Sequential & hierarchical (bottom up and inside out)
 - Use dependent development
 - Shaped by experiences

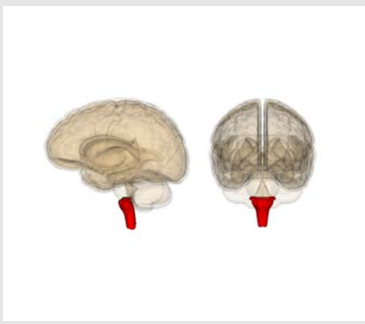
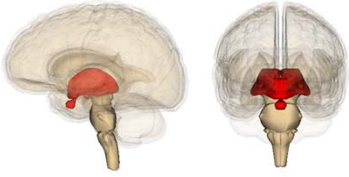


It involves the creation of a complex web of neural networks or associations - "Neurons that fire together, wire together"

A Deeper Look at Sam's Brain Development

Sam's Behavior from A Neurobiological Perspective: Early Brain Development

- The **brainstem** and adaptive functioning:
 - Breathing
 - Heart rate and blood pressure
 - Sleep, wake, consciousness
 - Eating, drinking, satiety
 - Toileting
 - "Activities of Daily Living or ADLs"

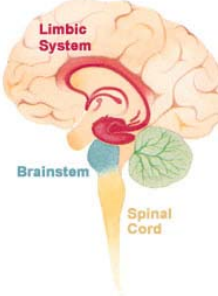



The Diencephalon

Motor & Attention



Limbic System

- Primary role is self & species preservation
- Emotion center of the brain or the "feeling and reacting brain"
- Regulates autonomic & endocrine function
- Sets our level of arousal
- Involved in motivation and reinforcing behaviors



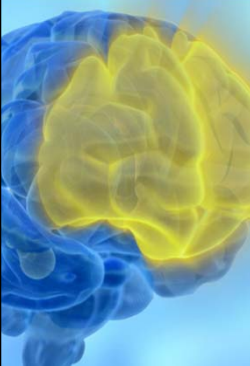
The Amygdala

- "Fear center" of the brain
- Stimulation = behavioral arousal & rage reactions
- Attentional, emotional, and social processes

Hippocampus

- Critical role in short-term memory & memory retrieval
- Involved in learning & spatial memory
- Lesions of the hippocampus affect new learning but not old memories
- Allows us to learn new surroundings & retrieve directions



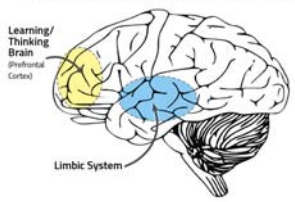
Prefrontal Cortex

- Executive functioning
- Learn from consequences
- Plan for the future
- Think about one's behavior
- Have empathy for others
- Start and stop behavior

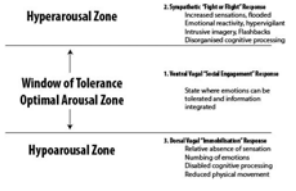
Development of the Prefrontal Cortex:

“Use It or Lose It”

Survival Mode: Flight/Fight/Freeze
 Frontal lobe (Prefrontal cortex) goes offline
 Limbic system / mind and lower brain functions take over



Window of Tolerance



Hyperarousal Zone

- 1. Sympathetic "Fight or Flight" Response
- Increased sensations, flooded emotional reactions, hypervigilant intrusive imagery, fluid back
- Disorganized cognitive processing

Window of Tolerance Optimal Arousal Zone

- 1. Ventral Vagal "Social Engagement" Response
- State where sensations can be tolerated and information integrated

Hypoarousal Zone

- 1. Dorsal Vagal "Immobilization" Response
- Relative absence of sensation
- Numbing of emotions
- Disabled cognitive processing
- Reduced physical movement


Adapted from Ogden, Wilkins, & Pyno, 2006, p. 27; 22; Courten, Felton & Niles, 2016, p. 2

The Stress Response System via Polyvagal Theory (Porges)

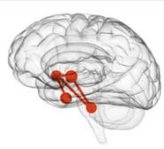
- Ventral vagal parasympathetic (safety)
 - The default mode of arousal
 - “Rest and digest”
 - Slows the fear response and allows for connection and co-regulation
- Sympathetic (hyperarousal)
 - Danger or play and joy
 - Overrides the ventral vagal
 - Results in bodily changes (increased heart rate, mobilization, rage & panic)
- Dorsal vagal parasympathetic (hypoarousal)
 - Life threat or deep rest and contemplation
 - Overrides sympathetic
 - Activated by helplessness and shame/humiliation

Chronic Activation of Stress Response System: The Kindling Effect

- Hyper-sensitivity
- Hyper-arousal



FEAR CIRCUITRY







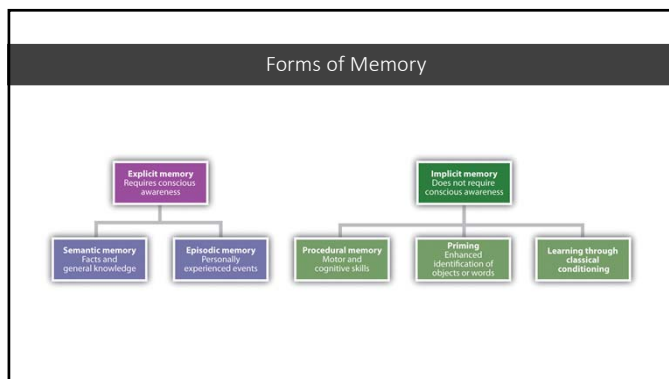


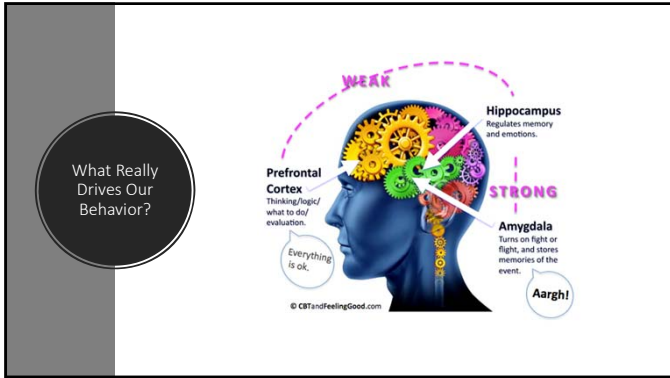
Neglectful Experiences & Lack of Brain Integration

What Sam Remembers: Implicit Memories

- Brain regions and memory formation
- Memories for external AND internal events
- Physiological reactions
- Emotions/feelings (“emotional tagging”)
- Automatic





Making the Implicit Explicit: How it Happens

A collage of images illustrating the concept of making the implicit explicit: a crying baby, a woman holding her stomach, the text "I AM HUNGRY", and a close-up of a stomach.



Sam as a Young Boy

- **Problems with body functions** (sleeping, eating, toileting)
- **Sensory sensitivities** – easily upset by noise, touch, tastes, and busy spaces
- **Developmental delays** (speech, motor, social skills, exploration & play)
- **Health problems** (asthma, headaches)
- **Emotional difficulties:**
 - Irritable, angry often
 - Hard to comfort/sad a lot

A collage of images related to Sam as a young boy: a close-up of a sad face, a solid orange square, a photo of a young boy with arms crossed, and a solid dark purple square.


Sam as a Young Boy

- **Challenging behaviors:**
 - Defiant and aggressive
 - Overactive
 - Problems paying attention
 - Reckless
- **Relationship difficulties:**
 - Distant/not connected
 - Plays alone
 - Overly friendly with strangers
- **Trauma responses** (nightmares, trauma play, spacing out, on edge)


A collage of images related to Sam as a young boy: a photo of a boy being aggressive, a photo of a boy sitting at a desk, a solid dark blue square, and a photo of a boy with arms crossed.

A collage of images related to Sam's experience of himself: a photo of a boy's face, a cartoon character saying "I HATE PEOPLE.", a thinking face emoji, and a photo of a boy looking thoughtful.

Sam's Experience of Himself

Social Neuroscience:
How Relationships Shape the Brain



Caregiving Depends on Caregiving

- A caregiver's ability to provide a sense of safety for children—to observe, mirror, and co-regulate for them—is reliant upon their own brain development
- When caregiver did not receive loving interactions, pleasure reward system and mirror neuron systems are compromised
 - Interactions with their own child are not as pleasurable
 - Ability to mirror, empathize, co-regulate their child is compromised



ACEs, Attachment, & Caregiving

- Lack of pleasure
- Inability to recognize, tolerate, and respond to distress (avoidance)
- Core shame (worthless mother)
- Avoidance
- Lack of reflective capacity



Reactions to Sam: Remembering without Remembering

"Self-concept is developed through what we see in our caregiver's eyes." (Dan Hughes, Ph.D.)

"You are just like your dad..."



The Development of Self-Concept: What Is Reflected Back By Caregivers?



“You love to run!”


“You are sad”

“You are so amazing”

Sam’s Relationship with His Mother



- Impaired attachment
- Lack of attunement
- Inability to co-regulate

“The ability to use another human to feel safe”



Attachment

- All species have a biological drive to survive
- “Survival and protection”
- Vulnerable infants rely on a caregiving adult in order to survive
- The caregiver response to infant/young child dependence is crucial to the development of healthy attachment


Attachment

- Caregivers and infants have characteristics and behaviors that developed to maximize survival
- Neurotransmitters
- Cues and signals

Attunement

- Building block of attachment
- Interactive in nature and occurs synchronously
- Assists to make sure that needs are met in the relationship
- It can be taught!

“The process of paying attention to, reading each other’s non-verbal cues and responding appropriately...” (Perry, 2001).





- Our brain is able to attune with others in large part due to “mirror neurons”
- By reading cues (non-verbal behaviors) our mirror neurons assist our brains in replicating the same firing of neurons

Attunement & Mirror Neurons

Mirror Neuron Functions

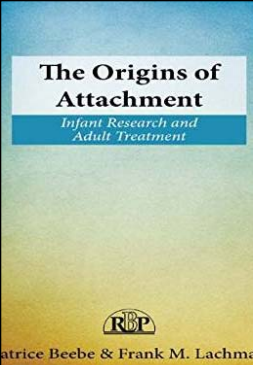
1. Imitation
2. Prediction and intent
3. Attunement or emotional resonance




Attunement and Safety

- Our safety as young children is dependent upon our caregivers ability to make us feel safe
- We feel safe when our caregivers accurately read our cues and meet our needs for regulation
- We use our caregiver as secure base for exploration of the surroundings (proximity seeking) (Bowlby)

The Power of Attunement: Still Face

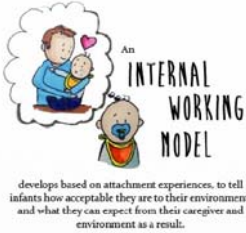
Understanding the Roots of Attachment Problems

- Beatrice Beebe – The Origins of 12-Month Attachment
- Caregiver responses to infant distress (4 months)
 - Affect recognition
 - Co-regulation
- The follow-up
 - Strange Situation at 12 months
 - The Adult Attachment Interview
- The importance of distress
- “Being known by the caregiver”


Development of the Internal Working Model

- Repeated interactions with caregivers teach the child about the world, especially about safety and fear
- We develop our (implicit) beliefs about ourselves, others, and the world based on our experiences with caregivers that include physiological, emotional, and cognitive elements

“Summations of thousands of experiences with caretakers that become unconscious reflexive predictions of the behaviors of others” (Cozolino, 2006)



Emotional, Social, & Cognitive Delays and or Impairments



- **Emotional**
 - Identification, modulation, & expression
- **Social**
 - Attunement, attachment, & social skill development
- **Cognitive**
 - Language development
 - Use of executive functioning

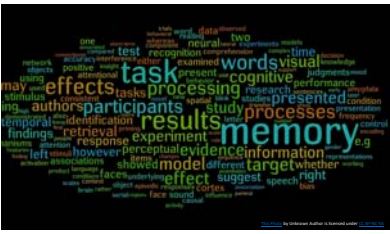


Understanding Sam's Behavior:
Emotional Impacts of Trauma

- Poor self-worth
- Self-blame
- Sense of hopelessness
- Perceived lack of control
- Emotional numbing
- Lack of motivation

Understanding Sam's Behavior:
Social Impacts

- The aggressive stance
- Poor attunement capacity
- Lack of social skill development
- Problems with empathy
- Mistrust


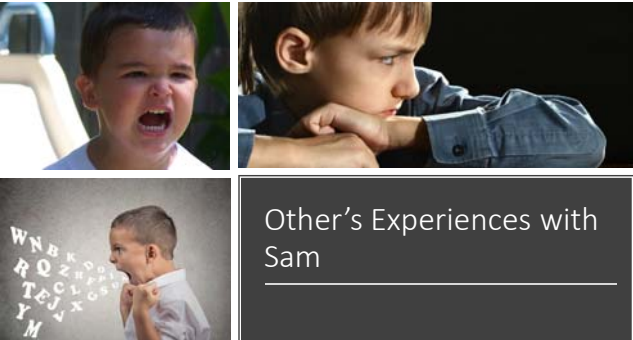



Understanding Sam's Behavior:
Cognitive Impacts

- Difficulties with attention
- Problems managing impulses
- Language and communication skill deficits
- Problem-solving capacity impaired
- Unable to organize material sequentially
- Lack of understanding of cause-and-effect

Sam's teachers all say that he is "capable" but does not "apply" himself. He is unmotivated and "lazy."


Is it learned helplessness?

Other's Experiences with Sam

Re-Enactment

- The habit of recreating old relationships with new people
- We like familiarity
- It's consistent with our beliefs about ourselves





"I know exactly how you feel."

- Emotion contagion leads to parallel experiences for others
- Facilitated by mirror neurons
- Can happen when we employ empathy

Emotion Contagion

Common Reactions to Traumatized Youth

- Urges to reject the child
- Abusive impulsive towards the child
- Emotional withdrawal and depression
- Feelings of incompetence/helplessness

Sam's Experiences with Others

And Sam... *The progression of CORE SHAME*

- Not prepared adaptively
- Unable to understand and express emotions – meltdowns, aggression
- Behavior repulsive to peers and adults
- Poor attunement and social skills
- Disengage prefrontal cortex
 - Stop behavior
 - Start behavior
 - Think about oneself and others
 - Learn from experiences and consequences
 - Make meaning of experiences

Responses to Sam's & His Family: Shame & Blame

- He doesn't remember (don't speak the unspeakable - shame)
- You don't protect your child (and aren't capable/worthy)
- Focus on behavior, pathology, & diagnosis
- Siloed systems & misdirected intervention

Explaining Sam's Behavior: He Must Be Bi-Polar

- Hyperarousal
- Aggressive
- Extreme temper tantrums
- Sleep problems
- Rapid shifts in mood
- Hypersexuality

Trauma and Student Mental Health: PTSD

- Most children with complex trauma symptoms will NOT meet the full criteria for PTSD
- According to large studies, about 95% of children with traumatic stress symptoms will not meet PTSD criteria
- Trauma symptoms are often misdiagnosed as other DSM diagnoses and treated in a way that is not effective because it does not address the root of the problem

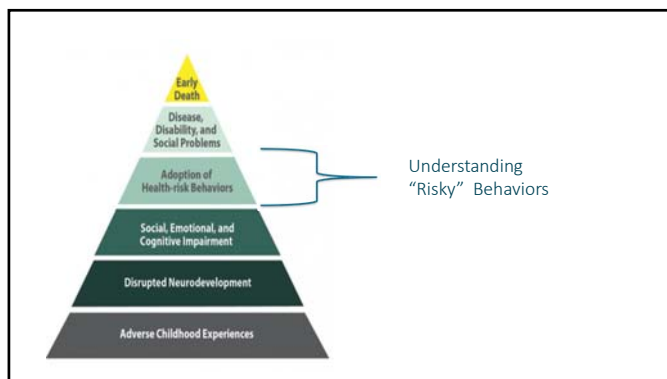
Symptom Overlap with Child Trauma & Mental Illness (AACAP, 2010)

DSM Diagnosis	Overlapping Symptoms
Bipolar Disorder	Hyper-arousal & anxiety which mimic hypomania, traumatic reenactment mimicking aggressive or hypersexual behavior; and maladaptive attempts at cognitive coping as in pseudo-manic statements
ADHD	Restless, hypoactive, disorganized, and/or agitated activity; difficulty sleeping, poor concentration, and hyper-vigilant motor activity
ODD	Predominance of angry outbursts and irritability
Panic Disorder	Striking anxiety & hyper-arousal on exposure to feared stimuli, sleep problems, hypervigilance, and & increased startle reaction
MDD	Self-injurious behaviors - avoidant coping with traumatic reminders, social withdrawal, affective numbing, and/or sleep difficulties
Substance Abuse	Use of substances to numb or avoid trauma reminders
Psychotic Disorder	Severe agitation, hypervigilance, flashbacks, sleep disturbance, numbing and/or social withdrawal, unusual perceptions

Sam's Adolescent Development

The Adolescent Brain


- Increased reward drive (lower dopamine levels)
- Dramatic frontal lobe development:
 - Cognitive control
 - Emotion regulation
 - Gist thinking
 - Self understanding
 - Social functioning
- Increased emotional sensitivity – “bottom up superhighway”
- Negative bias



Poor Functioning, Chronic Adversity, Lack of Supports and Risky Behavior

Coping with overwhelming emotions and experiences	Accommodating for pain and discomfort	Seeking love, affection, and connection
Obtaining pleasure stimulus	Feeling like belonging	Self-harm, risky sexual practices, and substance abuse


What do we know about NH JJ-Involved Youth?: Results from the Stress and Resources Survey



- Conducted by the Dartmouth Trauma Interventions Research Center
- Youth Results:
 - Traumatic Exposure:
 - At least one trauma (95.2%)
 - Mean # of traumas (5.63)
 - Trauma Impacts:
 - Positive screen for PTSD (45.7%)
 - Depression screen positive (49.4%)
 - Substance abuse positive screen (61.2%)
 - Comorbidity – at least one disorder (80.3%)
 - 2 or more disorders (48.6%)
 - 3 disorders (26.3%)


Where is Sam at now?

- Polyvictimization
- Compromised development
- Limited resources
- Chronic activation of the SRS
- Neuroceptive process
- Disability
- Social problems

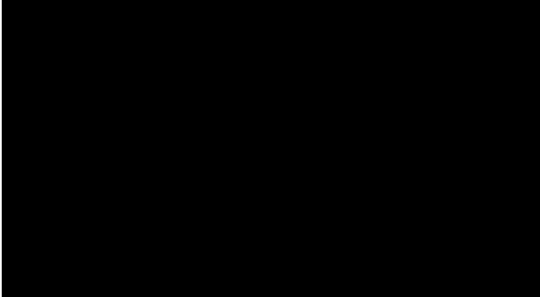


Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

The Impacts of Polyvictimization & Bias





Complex Trauma & Misdiagnosis




Trauma Sensitive Interventions




Sam's Story
Retold


What about therapists?

- The Partners for Change project: An Example
- The limits of time
- The nature of the relationship
- Pressures to change behavior and COWs



Typical Fears & Concerns

- It will be traumatizing to bring up past experiences of trauma
- The youth will "fall apart"
- "I won't know how to react"
- The person you are asking is sometimes the one who caused trauma



The College Student Study

College students who report traumatic experiences

Screening for PTSD symptoms

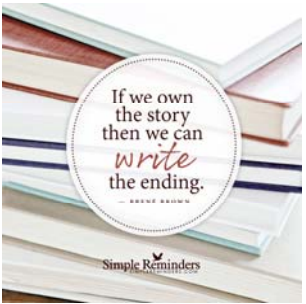
Random assignment to 1 of 4 conditions

Re-screening at the 3-month period

The results – what do you think?


Owning Your Story

#metoo




Why Talk About Trauma?

- It helps with healing
- Reduce shame
- Normalize behavior
- Change the perceptions and behaviors of others
- You might be the only one who asks
- It can change brains!




Building the “Flock” Response




Disorder versus Distress

Adopt the Trauma Lens

Disorder: A manifestation of a behavioral, psychological, or biological *dysfunction* within the individual.

Distress: *normal* human response to overwhelming stress & sustained through continued response to stress.



ACEs Pyramid*


death

conception

How can ACEs shift the frame from disorder to distress?

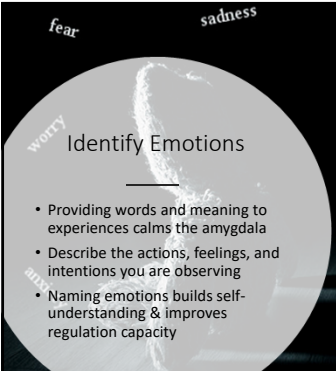
*http://www.cdc.gov/violenceprevention/acestudy/gyramid.html

RYSE 2015



Speak the Unspeakable

- “The gold is in the shadows”
- You don’t have to be a therapist to be therapeutic
- Know where to refer



Name It to Tame It

Identify Emotions

- Providing words and meaning to experiences calms the amygdala
- Describe the actions, feelings, and intentions you are observing
- Naming emotions builds self-understanding & improves regulation capacity

Frame Benign Intentions




You are...

- ...worthwhile and wanted
- ...capable
- ...safe

I am


- ...available and won't reject you
- ...responsive and won't threaten you
- ...will help protect you from danger

Provide the Disconfirming Experience

“Empathy is a strange and powerful thing. There is no script. There is no right way or wrong way to do it. It is simply listening, holding space, withholding judgment, emotionally connecting, and communicating that incredibly healing message of ‘you’re not alone.’” (Brown, p.81)

Empathy





Know the Signs and Symptoms

Remember the Suitcase



Know Your Buttons



Share Control When Possible

Identify Triggers

TRIGGERS

Share What You Know About Trauma Theory

KNOWLEDGE IS POWER.

FRANCIS BACON

INSPIRATIONEVERLASTING.COM

Convey Hope

"Everything that is done in the world is done by hope."


the helper

Working with complex trauma: taking care of the "helper"

The Self as Tool

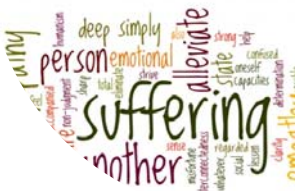
Attunement & Emotion Contagion

- The downside to emotional attunement...
- We are susceptible to being infected by the negative feelings of others
- The upshot...
- We have the power to impact the emotions of others



- Working with traumatized individuals has an impact on other people such that they experience the same thoughts, emotions, and behaviors (parallel processes)

- Compassion Satisfaction
- Secondary Traumatic Stress
- Vicarious Traumatization
- Compassion Fatigue
- Empathy Fatigue
- Burnout



Definitions of Work-Related Stress

- What is trauma?
 - Repeated or extreme indirect exposure to aversive details of events, usually in the course of professional duties (e.g., professionals repeatedly exposed to details of child trauma).
 - Overwhelms our capacity cope
 - Results in subsequent changes to the brain and body that are often unrecognizable without intentional focus

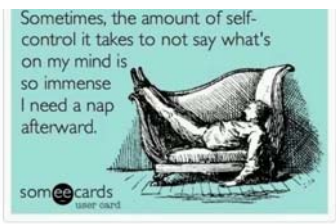
Can Our Work be Traumatizing?

16 Common Consequences of Trauma Exposure

Helplessness and hopelessness	The feeling that you can never do enough (scarcity)	Hypervigilance	Diminished creativity – less flexible thinking
Inability to embrace complexity and "taking a stand"	Minimizing – the comparison of suffering	Chronic exhaustion/Medical problems	Avoidance/inability to listen

16 Common Consequences of Trauma Exposure

9. Moments of dissociation
10. Sense of persecution
11. Guilt
12. Fear and personal vulnerability
13. Anger and cynicism
14. Numbing and decreased empathy
15. Addictions, including overworking
16. Grandiosity: an inflated sense of importance related to one's work



- Organizations, like individuals, are living, complex, adaptive systems. They are vulnerable to stress, particularly chronic and repetitive stress.
- The system itself can be a highly reactive, traumatizing system without enough services and supports to assist the workforce in responding effectively.
- Promoting system resilience means implementing strategies and practices designed to assist those working within the child welfare system in managing the occupational hazard of trauma exposure, and addressing the impact of secondary traumatic stress in a systematic way.


Organizational Stress



Reflective Practice


- A way to use thinking about reactions and experiences to learn and grow
- Reflective practice is developing self-awareness AND other-awareness

“Reflective capacity refers to being aware of one’s own personal thoughts, feelings, beliefs, and attitudes as well as understanding how these practices affect one’s behaviors and responses when interacting with others.”



(Tomlin, Weatherston, & Pavkov, 2014, p. 71)



A Common Myth



I can separate myself and my work.

People Bring Themselves: What’s in Your Suitcase?

- People bring a past and a present to anything they do
 - Their schemas and beliefs
 - Their stigma beliefs
- Their social support systems
 - Positive support
 - Negative support
- Their history of trauma and illness
- Their families and close others
- Their economic situation

Reflection: The Key to Transformation

- Attachment experiences and implicit reactions can become explicit through repeated opportunities for reflection
- The more times we make connections between reactions and previous experiences, the more control we have over them
- The things that are most difficult to look at cause to AVOID
- As a result, we must be brave and non-judgmental



Key Concepts of Trauma-Informed Care (TIC)

3 Key Elements:

- **Realize** the prevalence of trauma
- **Recognize** how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- **Respond** by putting this knowledge into practice

3 Ways of Intervening:

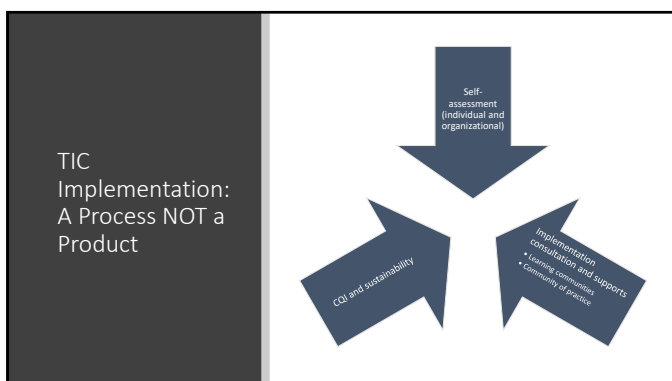
- Trauma-informed care/approach
- Trauma-specific interventions
- Trauma specific services

Key Principles of Trauma-Informed Approach

1. Safety
2. Trustworthiness and transparency
3. Collaboration and mutuality
4. Empowerment
5. Voice and choice
6. Resilience and strengths based

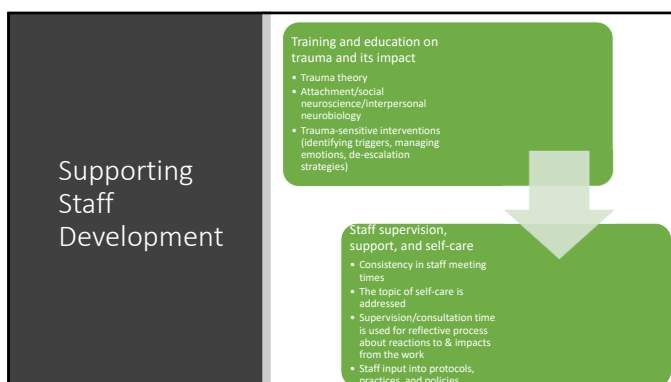
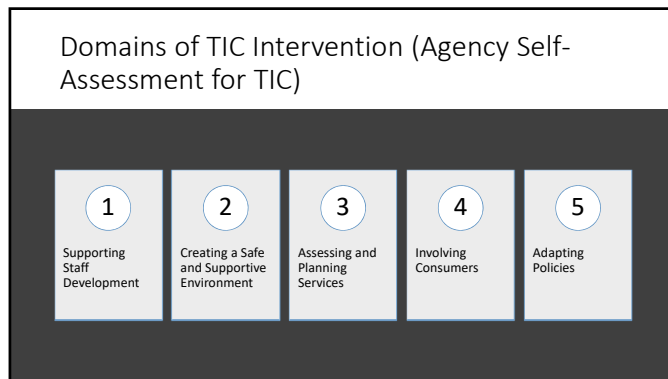
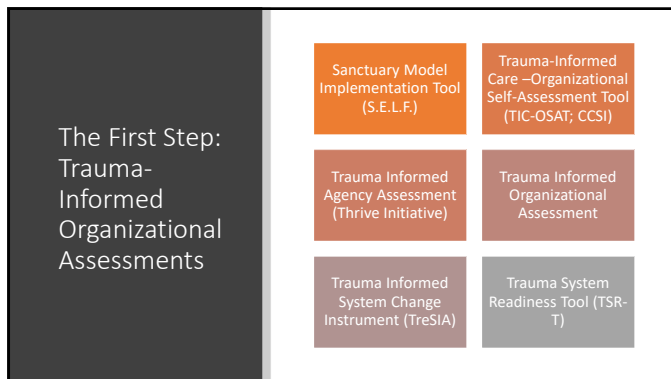
TIC Implementation: A Process NOT a Product

1. Initial planning
 - Garnering administrative commitment
 - Developing a workgroup
 - Assuring stakeholder involvement
 - Identifying “trauma champions”
 - Developing awareness of scope (several year process)
2. The kickoff training event
 - 1-2 days minimum
 - Content:
 - TIC principles
 - STS and staff self-care




The First Step: Trauma-Informed Organizational Assessments

Agency Self-Assessment (TI Care Project)	Attitudes Related to Trauma Informed Care (ARTIC; Traumatic Stress Institute)	Creating Cultures of TI Care (CCTIC; Fallot)
National Council for Behavioral Health: Trauma Informed Care Organizational Self-Assessment (Levinston-Johnson)		Professional Quality of Life (ProQOL)



Creating a Safe and Supportive Environment

- Safety in the physical environment
- Establishing a supportive environment
 - Information sharing
 - Cultural competence
 - Privacy and confidentiality
 - Safety and crisis prevention planning
 - Open and respectful communication
 - Consistency and predictability



Assessing and Planning Services

- Intake assessments include a focus on culture and strengths
- Inquires are made about traumatic experiences and impacts
- Processes are transparent and respect privacy/confidentiality
- Goal setting and planning are done collaboratively
- Trauma-specific services and interventions are available or referred to

Consumer Involvement

- Opportunities to participate in evaluations
- Serve in an advisory capacity
- Feedback is sought



Adapting Policies

- Specific statement about the agencies commitment to TIC
- Addresses threats to staff and consumers
- Includes crisis response planning
- Outlines professional conduct such as behavior toward consumers



Thank You!

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