Strengthening Hope And Resilience Everyday

Creating SHAREd Spaces

What is Trauma?

"Trauma comes from any experience where we feel *too much* pain, be it physical or emotional ~ when we are *too scared, too anxious, too worried, too ashamed*. These intense forms of emotions and experiences leave a lasting impression on our mind and body.

Trauma causes actual changes in how our brain and heart grow and function, so emotional trauma is now known to be a physical injury because important parts of our body have been affected.

The symptoms of trauma are completely natural and are our mind and body's way of calling for help.

Trauma can cause people to make unsafe choices. And these unsafe choices are usually made as an attempt at relief, to try to regulate, or to feel better.

When people can understand that the symptoms of trauma are natural and even to be expected, they can begin to forgive themselves, to understand that they are not bad or crazy, simply injured and affected by experiences in their environment."

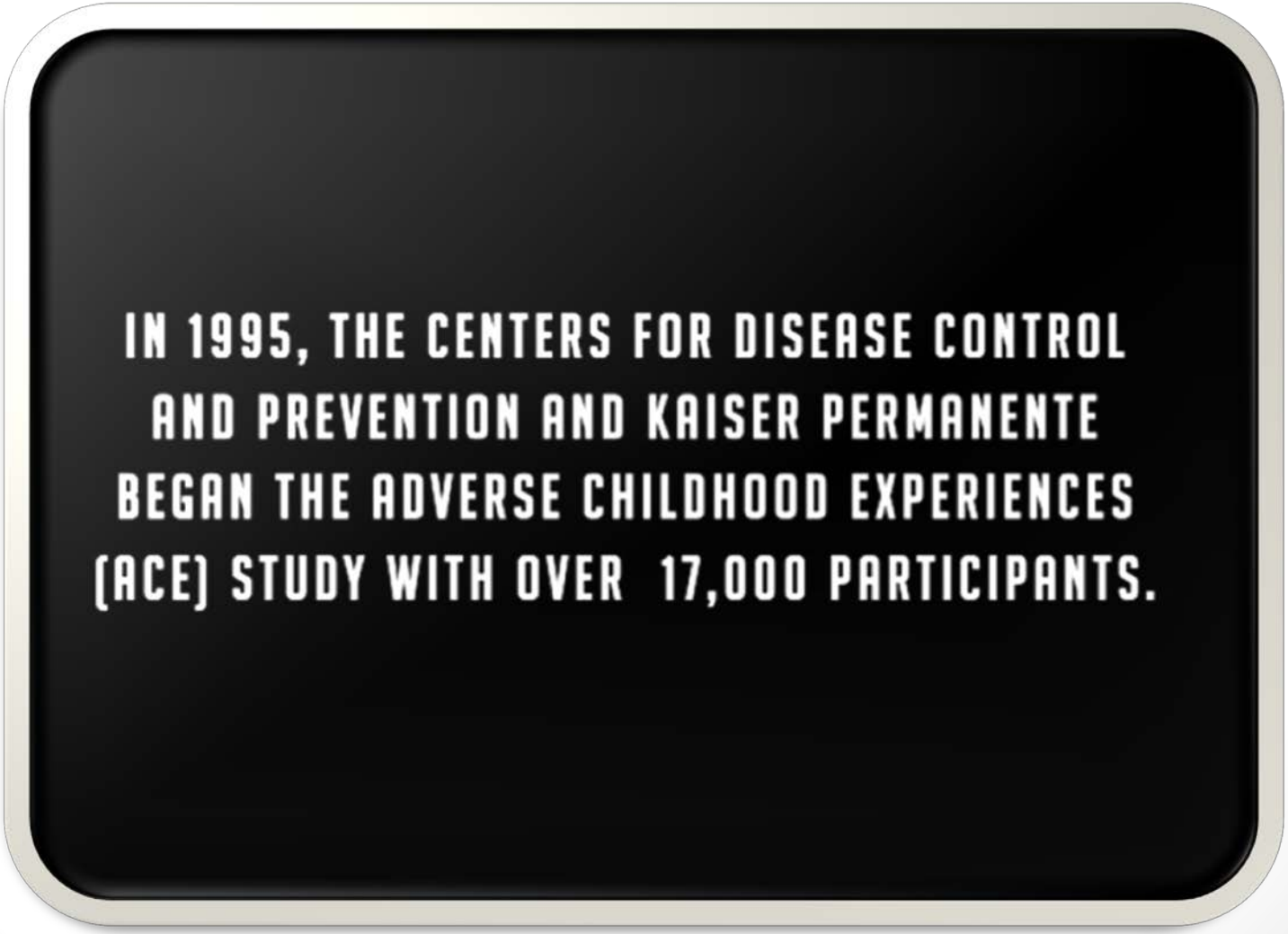
Jeremy's quote

*Sources of Trauma

Before we go *any* further…

*The ACE Study

The ACE Study



Childhood Adversity by Categories

(18 years or younger)

Abuse

- Psychological (by parents)
- Physical (by parents)
- Sexual (by anyone)
- Emotional neglect
- Physical neglect

Household

- Substance Abuse
- Mental Illness
- Parental separation/divorce
- Mother treated violently
- Imprisoned household member

The ACE Study

Adverse Childhood Experiences play a significant role in determining the likelihood of the ten most common causes of death in the United States.

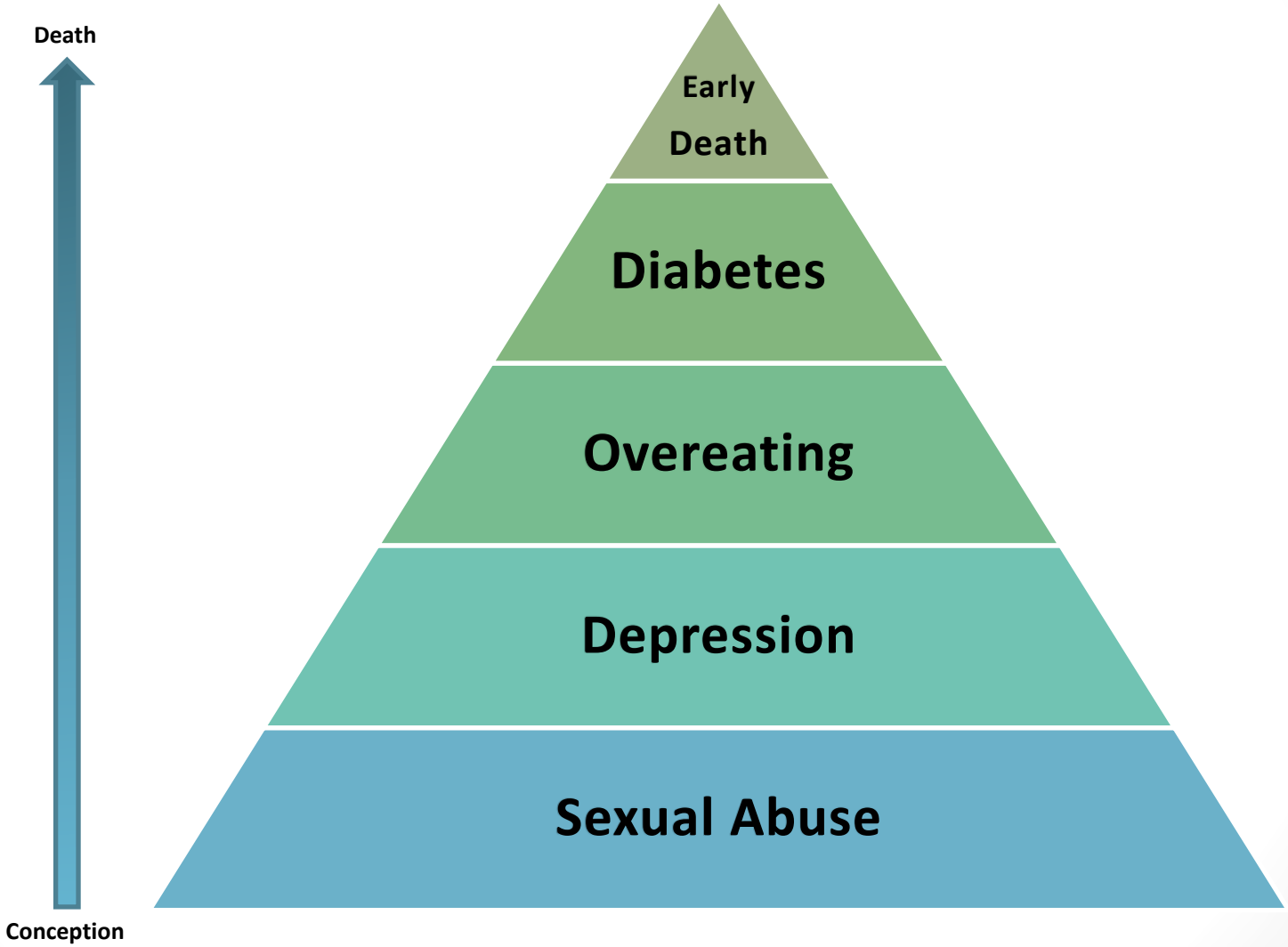
ACE Score of 0 –

Majority of adults have few, if any, risk factors for these diseases

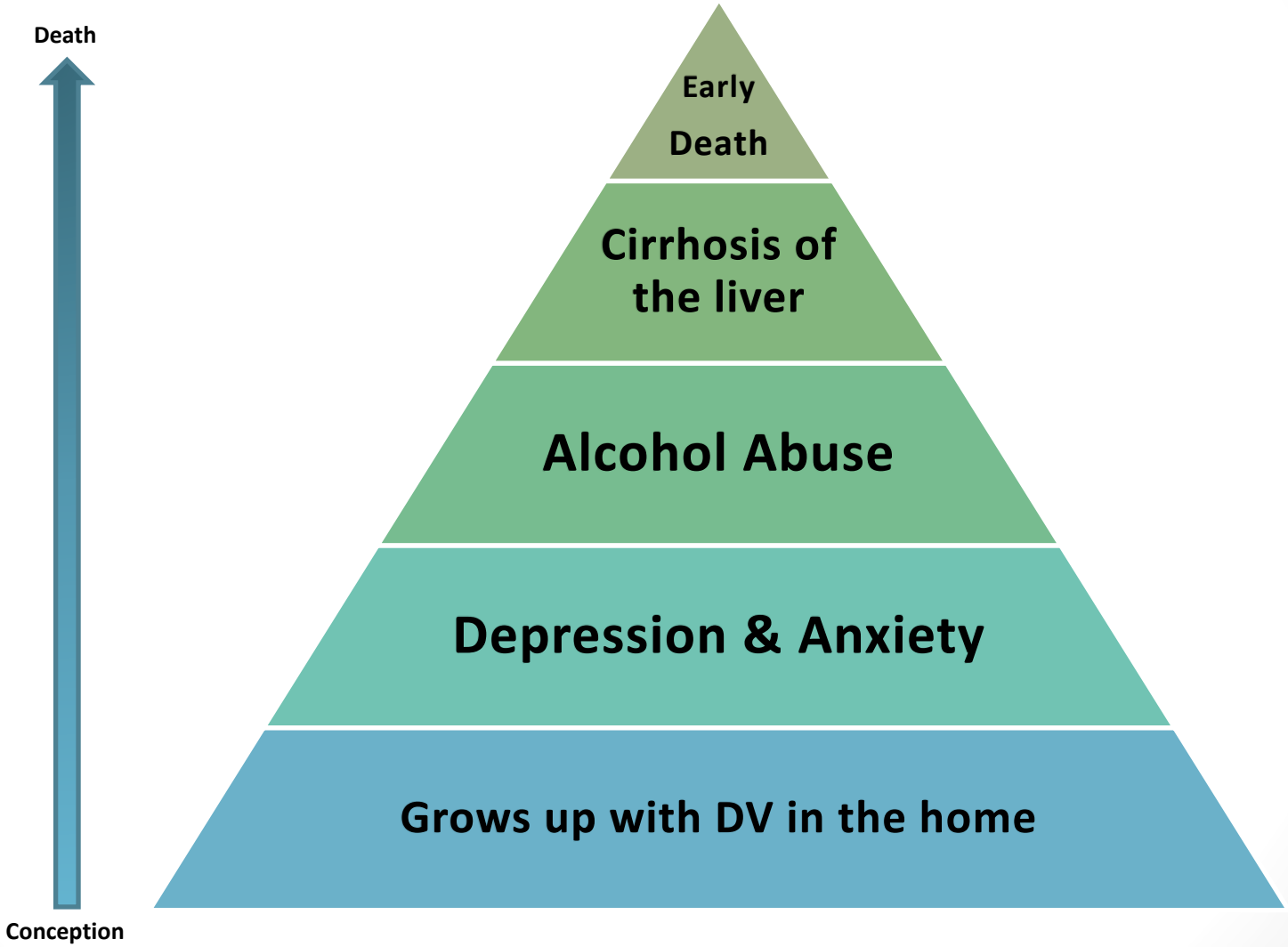
ACE Score of 4 or more –

Majority of adults have multiple risk factors for these diseases.

The ACE Study



The ACE Study



Who Do You Know?

Childhood Adversity by Categories

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ACE Impact

A child with 4 or > ACEs:

250% increase of *sexually transmitted disease,* which increase with score

ACE Impact

A child with 4 or > ACEs:

390% more likely to develop *COPD*

ACE Impact

A child with 4 or > ACEs:

460% more likely to suffer from *depression*

ACE Impact

A child with 4 or > ACEs:

1,220% increase in *suicide attempts*, with increased ACE scores that went up to a **3,000 – 5,100%** increase

ACE Impact

A male child with 6 ACEs has a
4,600%
increased risk of *adult IV drug use*.

NEN
HEALING
TM

*Developing Our Trauma Lens

And not only about those whom our systems serve

It is NOT:

"What is wrong with you?"

It IS:

"What happened to you?"

~Or~

What didn't happen to/for you?

If we focused on what was *wrong* what might we say?

- She is addicted to Drugs
- She is mentally ill
- She is engaging in Prostitution
- She is homeless
- She is “system dependent”
- She is hopeless
- She is unable to stay sober
- She is difficult to work with
- She is depressed
- She is angry
- She is “noncompliant”
- She has low self worth
- She is dangerous to self

If what if we focused on *what happened* to her?

- She was sexually, physically, emotionally abused as a child
- She was neglected as a child
- She witnessed substance abuse & violence in her home and neighborhood
- She was raped, abused, and beaten as an adult
- She was imprisoned multiple time
- She lost custody of her children

What didn't happen to/for her?

- No loving parent to care for her or protect her
- She wasn't taught how to provide basic care for herself
- She wasn't allowed to have friends or play outside with others
- She wasn't allowed to attend school
- She wasn't afforded a safe environment to grow up in
- She wasn't allowed to be a child/have a childhood

Developing Our Trauma Lens

Would You be Able to?

Universal Precautions in Trauma Informed Care

Given the extremely high prevalence rates of trauma among persons served in substance use disorder, mental health, and other human service settings

&

Given that a person may not always be able to communicate/disclose their trauma histories

&

Given that we do not wish to do further harm, and we want to create environments that are supportive

We need to presume the clients we serve have a history of trauma and to exercise "universal precautions."

Developing Trauma Informed Systems that can Support People in the Community, SAMHSA

Universal Precautions in Trauma Informed Care

Numbers of clients that have suffered a trauma:

- Children
- Youth
- Adults

Number of staff/coworkers who have suffered a trauma:

- Direct trauma
- Indirect trauma

Your own history:

- Direct trauma
- Indirect trauma

Impact of Trauma on World View

- The world is an unsafe place to live in
- Other people are unsafe and cannot be trusted
- The person's own thoughts and feelings become unsafe
- The person anticipates continued crises, danger, and loss
- Lack of belief in self-worth and capabilities

Homelessness and Traumatic Stress Training Package, p.90

Impact of Trauma on Services

- Lack of trust in providers/systems
- Inappropriate responses
- Difficulty asking for and accepting help
- Difficulty sustaining long-term relationships
- Few coping and problem solving skills

Homelessness and Traumatic Stress Training Package, p.94

Trauma Informed Services

Trauma Informed Services

Trauma informed organizations, programs, and services have a basic understanding of ***how trauma affects the life of the person seeking services***

Trauma Informed Services

A trauma informed culture creates a ***safe*** environment for people to journey towards recovery and seeks to **avoid re-traumatization**

ASKING FOR CHANGE GROUP ACTIVITY

- Everyone find one individual whom you do not personally already know and stand beside them, each participant needs atleast one partner.

- Follow instructions carefully

- Discuss –
- How did it feel to have someone stare at you for periods of time? What feelings or thoughts emerged?
- How did it feel to be asked to make fast changes? What complications did you notice?
- How long did it take you to take steps to undo those changes?
- How do you think our clients feel when they come to our agency/office for their first meeting?

Why this is important

- The engagement process is crucial to keeping our clients involved in services that will help them live better lives and heal from their trauma and prevent future complications.

- Be patient, understanding and open to differences of each of your clients, as they all have different viewpoints when they sit down with you.

The principals of Trauma Informed Case Management

- **SAFETY: Ensure physical and emotional safety by securing sessions in client approved/decided areas (Home, community vs just at the office or clinical setting)**
- **TRUSTWORTHINESS: Enforce and respect established boundaries, be consistent and be clear and concise about tasks and expectations**
- **CHOICE: Client choice, client voice at all opportunities**
- **COLLABORATIION : Share “power” and serve as a consultant**
- **EMPOWERMENT: Help develop problem solving and self regulation skills, validate concerns and emotional responses as survival skills and not manipulative behaviors**

How to be "Trauma Informed" during the engagement phase

- Utilize your Trauma Lense to understand current behaviors, attitudes and concerns are due to a root cause that may stem from traumatic experiences in their past
- Asking about trauma using strength centered questioning methods
- Be mindful of how questions are framed and the language used, focus on "person first"
- -Make sure your "client" wants to be referred to as a client, patient, person, etc.
- Make every feasible and measureable step to avoid re-traumatization (Gender, power plays, etc)
- When asking about trauma, be sure to explain why you are asking and what that information will be used for

Trauma Informed Services

Everyone in the organization should know basic trauma informed principles

*Trauma Informed Services

Because as with *all* cultural change,

it begins in us and with us

http://ok.gov/odmhsas/Mental_Health_/SHARE/index.html

Trauma comes from many sources in our communities. From natural disasters to interpersonal violence, the effects of trauma ripple through our lives, homes, and neighborhoods. Our vision is to foster a trauma informed healthcare system in Oklahoma that prioritizes safety, hope and resiliency in everything and for everyone.

We understand that change begins with each of us. That when we can understand the effects of trauma, and that they are completely natural and even to be expected, we can help ourselves and those we love to heal. We believe that understanding trauma is just the beginning and with trauma informed and specific services we can all discover hopeful endings.

SHARE isn't just a name, but a philosophy. We want to create a community that shares stories of hope, shares ideas and resources for building resilience, and above all shares the information and tools necessary to create safety, in our lives and in our communities. SHARE will help to battle the stigma of trauma through helpful resources and education and change the mantra from being told or asked "What is wrong with you?" to being asking "What happened to you?" as well as What didn't happen to or for you?" We hope that you will enjoy the journey and continue to travel with us on the SHARE website.

SHARE: SHARE is more than another program or policy. It's about changing culture, battling stigma, and creating community. Learn a little more about SHARE and how you can SHARE too!

TRAUMA INFORMED AND TRAUMA SPECIFIC SERVICES: What does being trauma informed mean? What are trauma specific services? What does that look like?

HOPE AND RESILIENCE: Stories are powerful. Sharing yours can spark hope. Hearing others can change lives. Everyone has a story, most are just waiting to be heard.

"Trauma is just the beginning" is a free three hour e-learning covering basic trauma informed principles. This training is available to all levels of disciplines.

View/Sign Up For Our Training:

GO TO TRAINING PORTAL

SHARE
"Trauma Is Just The Beginning"
Video Transcripts

Resource for
Children, Youth and Family

Resource for
Adults and Families

Resource for
Professionals

Resource for
Trainers

Questions?

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~ODMHSAS~

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