Trauma Informed vs Trauma Specific Services Transcript

Video transcript for SHARE.

TI vs TS Services

Trauma Informed is a cultural experience. It is changing the way you act, the way you think, and the way you see the world. To really get into what that means is we start taking all of those things we know about trauma, the things that create the trauma lens, that we understand symptoms and experiences and how trauma can affect behavior and life stories; and we start applying that lens to every part of an organization. We think about what it's like to walk into a front door. We think about what the lobby is set up like, that if you are experiencing symptoms, then maybe you are hyper-vigilant because of all the bad, scary, and ugly things that have happened to you. So, is there a place that you can keep your back protected, or that you can see the door and know the ways in and out? Or, maybe you are experiencing hyper arousal and you need a way to ground down. So, how do we set up the lobbies? What is our paperwork like? Are we asking questions that might trigger, but are we also making sure that we adequately screen for a trauma history to know if that might be part of the reason why things are happening the way they're happening.

Being trauma informed should start at the front door and go through the entire system from the top down. If you're the CEO, are you looking at how does trauma affect your organization and are you making sure that the people that work in your organization have the training and support that they need? And, then, are you looking at policies and procedures through the trauma lens and how they affect the people that you serve? Being trauma informed truly is about changing the entire system and changing the culture in the way that we view ourselves, our friends, our families, our neighbors, our coworkers, and then ultimately the people that we serve.

The difference between being trauma informed and having trauma specific services is trauma informed is something anyone can do, no matter what their role, and, in fact, everyone should do. And, the theme that you've heard throughout this training is that understanding trauma is going to help you as much in your personal life with yourself, your friends, family, neighbors and coworkers as it's ever going to help you with the people that we serve and work with. But, then, we do want to serve people and give them the very best treatment there is available; and that's shy there is trauma specific services. These are services and models that were created to treat the symptoms someone may experience with trauma, to help them get through that trauma story and do what we talk about: to discover a way to have hopeful endings in their life, to create

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safety, instill hope, and build resilience. And, that's why you want to have your staff trained in the right models so that we can help give people the options.

(Change of speakers to Kirby Bewley—Senior Therapist, NorthCare CMHC)

I'm a big believer in customer service as well; and, if we have people who have experienced trauma and they are reaching out, just simply with a phone call and they are not greeted warmly or kindly, that's going to immediately give them a perception about our agency and then maybe it's not such a safe place to go. But, when we answer the phone, if we are welcoming, if we are kind, then that's going to help bring them in to get that help. They're reaching out, and we want to be reaching out to them as often as they do that. So, then, for the other staff, the higher execs, the people who maybe work in administration and aren't doing that as much, well, one, I feel like we can go back to working with your coworkers and the things that they've experienced.

If you have a therapist that has had some secondary trauma going on and someone from billing wants to come and talk with them, then that interaction may look a little bit different if it's not trauma informed interaction. Now, with our exec team, they do make a lot of decisions about what we do in our agency. And, so, they are representative. They see a vision; they make sure that we have the things that we need to get our job done. And, if they do not have that trauma informed vision and lens as well, then it may be about we're not getting the support that you might need in a trauma informed agency. There's going to be a congruence there, and it's not going to be the people working on the front lines, the therapists, the case managers, the rehab workers, all those people trying to be trauma informed without that support from their exec team. It's not uncommon for people to go into a helping profession because they have been helped before in their lives. A lot of times that is where some of that healing and some of that passion comes from is because they have seen the benefit of it and they believe in it. And so, the people we are working with could have experienced trauma in the past. Most likely it's not going to be broadcasted out there but we need to be aware of it. And, so, we may be triggering our coworkers without realizing it; and that makes it a not so great place to work. So, not just paying attention to the people that we are helping but the people who are helping us help them. So, when you work in an environment like this, it is not uncommon to have that secondary trauma and that is absolutely something that you have to be focused on as well.

I think one of the great things to do in a trauma informed agency is to also have the awareness of that, and say, "Okay, this is a situation, a story, a memory, that someone shared with you that could also be traumatizing to you." So, how do we in our agency support the therapist and the helpers that are hearing these things to know, "Yeah, you worked with someone to process through their trauma; you're experiencing that too. What can we do to help you? How can we set up our environment, our support systems,

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our management team to be the support system that you need as well as you are helping these other people walk into this deep, kind of intense part of their memories?

One of the things that we'll talk about a lot when we're looking at hyper-vigilance is how the room is set up to making sure that that person knows that they have maybe an exit if they need it; or sometimes we have someone who wants to leave the door cracked open a little bit. And, that's okay. That can help them stay focused in that environment instead of constantly having it go through their mind, "Am I safe? Or, am I not safe?" When we're looking at maybe some hyper arousal, having a trauma informed lens can help develop some empathy with the people that you're working with. If you have someone who is, you know, fidgety or they're getting up and they're getting down or maybe they're even a little aggressive with the words that they're saying. If you are looking at them through the idea of they have come from a place where they have developed this need to try and protect themselves, it changes it a little bit. It's easier to not get so defensive at them or to try and say, "You need to sit down. You need to just sit down; just focus on me. Let's get through this appointment." It helps with building that patience a little bit. I know in our environment downstairs, in our lobby, we've tried to set up different areas where people can be and they can feel safe—so, putting their back against a wall, being able to see the door, sitting at maybe a round table with their family members, being able to sit and watch their kids play in more of a contained area so their kids aren't running around and getting in, you know, getting into things that they probably shouldn't. But, it's helping provide that safety.

So, another thing with the hyper arousal that happens a lot of times for our families—adults and children—that we work with is the harmless desire to have something to fiddle with. We'll call it a manipulative or a grounding technique, but it's something that they can physically touch in their hands. And, by having little things, whatever it is—a pillow, magazines in the waiting room can be a great one for adults, toys for the kids—that gives them the ability to stay grounded and to stay focused in that setting instead of them just having to sit there and experiencing that anxiety. It helps them cope and get through that moment.

One of the other things that we're really mindful of is the consistency with the rooms that we bring our families into. So, if you want to develop that stable trauma-informed environment, then you're going to want something that's pretty similar, that's open, that's welcoming. If you're constantly moving people from room to room or from person to person, then that makes it hard for them to feel safe. My favorite part of my job is building relationships. That's why I got into the field that I did. I love people; I love learning about them, and I love having a relationship with them. So, whether they're my client or whether they're my coworker, as I start to build that relationship, that's what I look forward to on my days at work. I look forward to seeing my coworkers and checking

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in with them and knowing how they're doing in their own growth here in the agency or in their personal lives. But, then I also love building those relationships with my families and knowing when I go downstairs, we've got that there. We can pick up; we can say, "Hey, how was your…spelling bee last weekend? Tell me about that." I get excited for them. So, yeah, I just like that, that part of my job.

But, I think the thing that gives me hope is that I am also a trauma survivor; and, so, I know what it's like to go through the process and I know what it's like to see the change on the other side. So, that's a big thing; and it gives me hope in remembering that. I think the other thing that would give me hope is in the relationships and in the things that I see. So, I may have heard one too many stories at one point in my life, but then I get to see all the other parts of the stories where there has been change. And, it's hard when you're new and you're starting out in a job like this, whether you're a case worker or a therapist because you're in the beginning stages with all of the people that you're working with. It's hard to not have the stories to look back on; but the longer you're in this field --and I know they talk about burnout but--you start to build this filing cabinet of these stories that you've heard and the changes that you've seen in your lives and especially if you're looking back and saying, "Okay, well, I'm having a really hard time with this client today," but on this other side I can go back and say, 'These are the changes that were happening." That is just…that's just an encouragement to see that.

When we talk about culture, a lot of times the way we identify culture is through like the dinner language—the way we sound, the way we speak. I know a lot of times when I travel to other states, people can very distinctly guess where my home is, and I love that. I love that my culture is a part of who I am, that dialect. So, the words we use are just as important as the policies and procedures we set up; and part of that is also what we say about people. We don't want to say, "What's wrong with you?" In fact, that's the one question that we want to eliminate because that is what they've heard their entire lives. Everywhere they've gone, whether it's that they're too withdrawn or they are struggling with numbing out and the different ways they do that, whatever symptoms and how they have manifested in behaviors, they've been asked, "What's wrong with you" by friends, by family, by professionals. So, we don't want to be the very next person to look at them and say, "What's wrong with you?" We want to ask a couple of questions. The first thing we want to ask is "What happened to you? What is your trauma story? What are those things and those experiences you bring to us? " And, when we know that, that's going to help us create an even stronger trauma informed environment. It then lets us know that the reason they struggle with engagement is because every single time they've had an interaction with someone, they were taught that trust is punished. So, it makes complete sense now that they would have a hard time trusting me. So, I want to know what happened to you, what's your story? And,

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then tie that in with how you see the world around you; and understand that what you believe about yourself and what you believe about me comes from those experiences.

The second question I want to ask you is “What didn’t happen to or for you?” For me personally, that’s almost more important than the first question. So, some really pragmatic examples of what that means, that “What didn’t happen to or for you?” It’s not just that you had an abusive caregiver. It is that you’ve never had a caregiver who’s loved you, played with you, or protected you. It’s not just that you may have been sexually assaulted or molested or raped but that you never got to know what it was like to have that first innocent kiss, to have that first sexual experience. It’s not just the things that happened to you but what are those life things that you missed because of that—whether it is that your buddies talk about, “Well, you know, when we were all in high school” and you don’t have that shared memory and shared experience that’s considered the cultural norm? To just those fundamentals of knowing what it’s like to have a healthy relationship with a care-giver, and that’s why all of a sudden we start to understand it makes so much more sense when we meet you for the first time that you might have a reason to distrust when I say I’m here to help. So, as part of our culture, we want to change the way we speak and stop asking, “What’s wrong with you” and start asking, “What happened to you” or “What didn’t happen to or for you?”

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