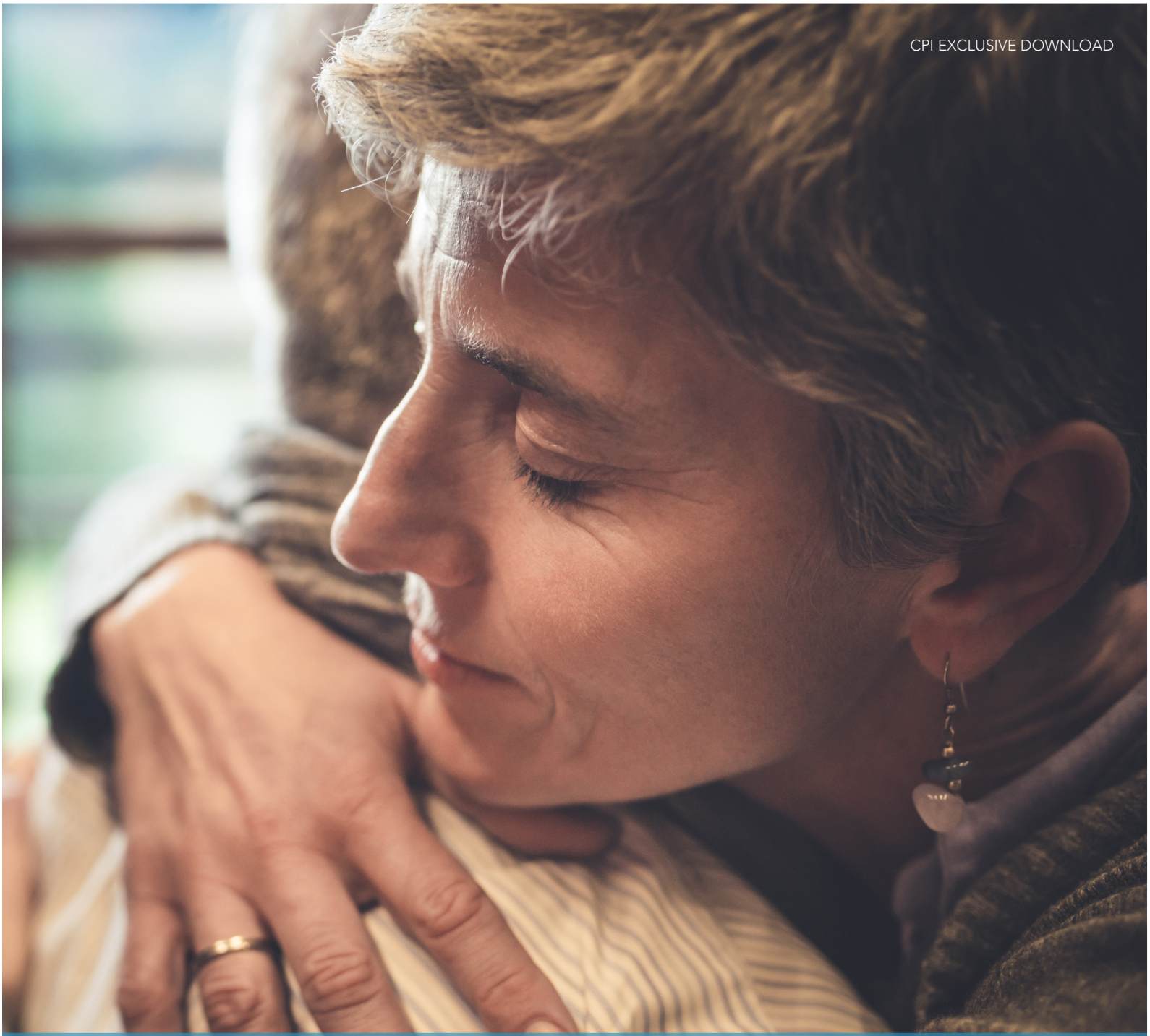
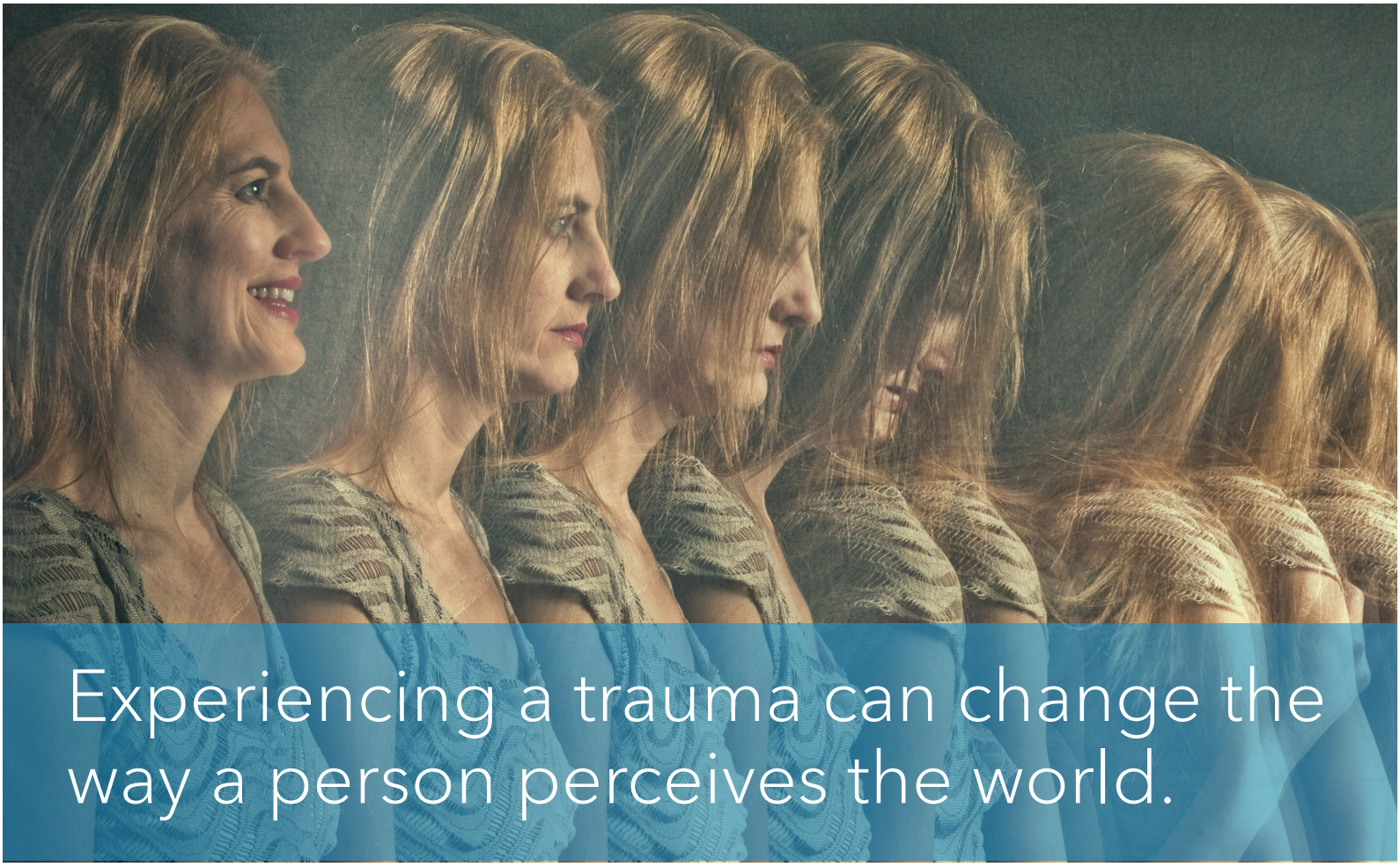


CPI EXCLUSIVE DOWNLOAD

Trauma-Informed Care Resources Guide

cpi educate. empower. enrich.



Experiencing a trauma can change the way a person perceives the world.

Whether trauma is caused by a single event such as a natural disaster, or by repeated or prolonged exposure to abuse, an individual's thoughts, feelings, and behaviors are filtered through their experience and perspective.

Increasing your awareness about the trauma a person has experienced and the impact it has on them can help you when they become anxious or disruptive.

As you sharpen your understanding of their experience, your relationship will strengthen, and that rapport can make your interventions more successful.

When you have the trust of someone who exhibits challenging behavior, you know how to reach them, how to communicate with them, and what will help them calm down.

This guide will give you:

- Deeper awareness about key trauma-related concepts.
- A greater understanding of trauma's effects on behavior.
- 7 tips for preventing re-traumatization.
- A helpful De-Escalation Preferences Form.
- Resources to explore the subject further with your staff.

A TRAUMA-INFORMED PERSPECTIVE ASKS "**WHAT *HAPPENED* TO YOU?**" INSTEAD OF "**WHAT'S *WRONG* WITH YOU?**"

Defining Terms

TRAUMA
An event or series of events, an experience or prolonged experiences, and/or a threat or perceived threats to a person's well-being. The individual's daily coping mechanisms can be negatively impacted by trauma. Subsequent behavioral responses to daily life may be filtered through this perspective.

TRAUMA-INFORMED CARE
A framework of thinking and interventions that are directed by a thorough understanding of the profound neurological, biological, psychological, and social effects trauma has on an individual—recognizing that person's constant interdependent needs for safety, connections, and ways to manage emotions/impulses.

TRIGGERS
Signals that act as signs of possible danger, based on historical traumatic experiences and which lead to a set of emotional, physiological, and behavioral responses that arise in the service of survival and safety (e.g., sights, sounds, smells, touch).

Triggers are all about one's perceptions experienced as reality. The mind/body connection sets in motion a fight, flight, or freeze response. A triggered individual experiences fear, panic, upset, and agitation.

TRAUMA CAN SERVE AS A FILTER, OR LENS, THROUGH WHICH A PERSON VIEWS THE WORLD. THINK OF SUNGLASSES: YOU PUT THEM ON AND EVERYTHING IS SHADED DIFFERENTLY. TRAUMA CAN HAVE THAT TYPE OF EFFECT ON HOW A PERSON PERCEIVES THEIR WORLD.

Trauma Types

There are three main classifications of trauma.

Acute trauma (Type I) results from exposure to a single overwhelming event.

Examples: Rape, death of a loved one, natural disaster

Characteristics: Detailed memories, omens, hyper-vigilance, exaggerated startle response, misperceptions or overreactions

Complex trauma (Type II) results from extended exposure to traumatizing situations.

Examples: Prolonged exposure to violence or bullying, profound neglect, series of home removals

Characteristics: Denial and psychological numbing, dissociation, rage, social withdrawal, sense of foreshortened future

Crossover trauma (Type III) results from a single traumatic event that is devastating enough to have long-lasting effects.

Examples: Mass casualty school shooting, car accident with fatalities involved, refugee dislocation

Characteristics: Perpetual mourning or depression, chronic pain, concentration problems, sleep disturbances, irritability

TRAUMATIZATION OCCURS WHEN INTERNAL AND EXTERNAL RESOURCES ARE INADEQUATE FOR COPING.

THESE TRAUMA TYPES ARE DEFINED BY TERR, L. C. (1991). CHILDHOOD TRAUMAS: AN OUTLINE AND OVERVIEW. AMERICAN JOURNAL OF PSYCHIATRY, 148 (1), 10-20.

Vicarious/ Secondary Trauma and Compassion Fatigue

Also known as compassion fatigue, vicarious/secondary trauma is a process through which one's own experience becomes transformed through engagement with an individual's trauma.

That is, trauma may not only impact the individual who experienced it. It can also impact those around them, including you as the staff member.

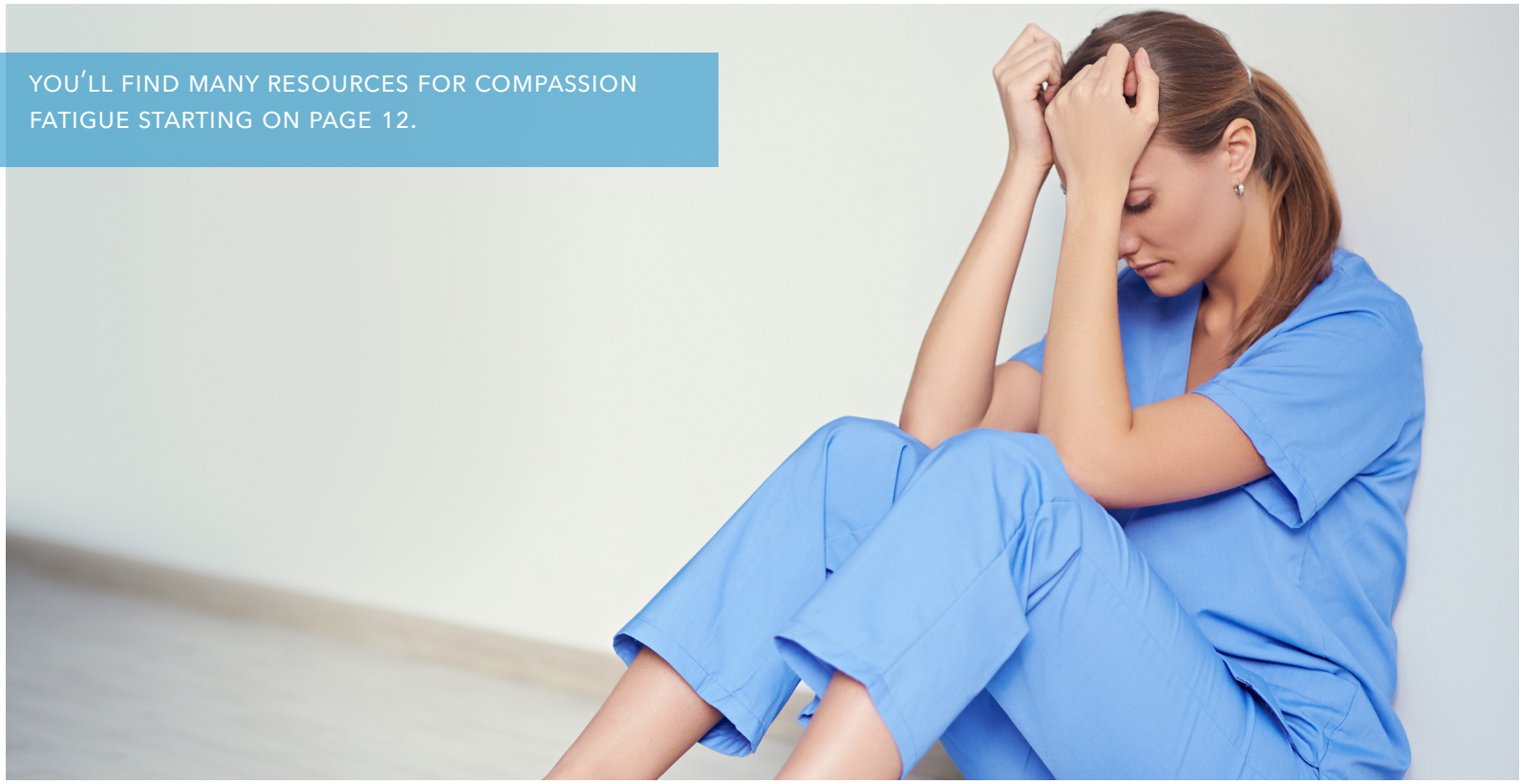
Signs of Compassion Fatigue:

- Reduced sense of efficacy at work
- Concentration and focus problems
- Apathy and emotional numbness
- Isolation and withdrawal
- Exhaustion
- Jaded, bitter pessimism
- Secretive addictions and self-medicating

Risk Factors for Compassion Fatigue:

- Being new to the field
- Having a history of personal trauma or burnout
- Working long hours and/or having large caseloads
- Having inadequate support systems

YOU'LL FIND MANY RESOURCES FOR COMPASSION FATIGUE STARTING ON PAGE 12.



The Effects of Trauma on Behavior

An example: You approach a client to join the group in an icebreaker to welcome someone new. It appears your client is finishing up an earlier task. You ask, "Want to play?" while touching their shoulder lightly. The person turns suddenly and strikes out at you, screaming, "Get away from me! Don't touch me!"

How would you look at this through a trauma-informed lens?

Think about:

- What type of trauma could be at play here?
- What are some possible triggers? They could be obvious or subtle.
- How could you respond in a trauma-informed way?

MODEL A PERSON-CENTERED, STRENGTH-BASED APPROACH TO WORKING WITH CLIENTS. THIS WILL HELP CREATE A CULTURAL SHIFT IN HOW STAFF AND CLIENTS INTERACT.

7 Tips for Preventing Re-Traumatization

1. Learn as much as you can.
Collect data and screen for trauma histories. Use the De-Escalation Preferences Form on the following pages.

2. Grow your skill of attunement.
That is, develop your capacity and the capacity of staff and clients to accurately read each other's cues and respond appropriately.

3. Look for the causes of behaviors.
Seek to understand the function of behaviors and what the behaviors are communicating. What you might view as a frustrating behavior may actually be a coping mechanism attempt. If your response is not trauma-informed, it could play right into causing the individual to feel less safe and even more disconnected.

4. Use person-centered, strength-based thinking and language.
Help staff shift from a deficit-based mindset to a strength-based mindset. Instead of looking at how a person is "a victim" or "damaged," we can view them as a survivor. Focus on what they can do, and not on what they cannot do.

5. Provide consistency, predictability, and choice-making opportunities.
Meet the person where they are, in a way they understand. Consistency and predictability provide feelings of safety for the individual, helping to reduce anxiety. And by providing choice-making opportunities, you allow that person to have control. All of this can go a long way to empower the person.

6. Always weigh the physiological, psychological, and social risks of any physical interventions.
Be sure to choose the least-restrictive option possible in every situation.

7. Debrief.
Prioritize debriefing after any crisis. This will help you find patterns and triggers—and prevent crises from reoccurring. It will also help you help the person foster resilience and develop successful coping skills.

COMMON FUNCTIONS OF BEHAVIOR INCLUDE ACCESS, AVOIDANCE, AND MEETING A SENSORY OR EMOTIONAL NEED.

De-Escalation Preferences Form

This form is a guide to help you gather information and develop personalized de-escalation strategies. Person-centered, trauma-informed de-escalation strategies are powerful prevention tools to help you avert difficult behaviors, and avoid restraint and seclusion. Use this form to develop strategies that are unique to your environment and to the individuals in your care. After clinical review, incorporate the following information into a client's behavior support or treatment plan.

Name: _____

Date: _____

1. It's helpful for us to be aware of the things that can help you feel better when you're having a hard time. Have any of the following ever worked for you? We may not be able to offer all these alternatives, but I'd like us to work together to figure out how we can best help you.

- ☐ Listening to music.
- ☐ Reading a newspaper/book.
- ☐ Sitting by the nurses' station/principal's office, etc.
- ☐ Watching TV.
- ☐ Talking with a peer.
- ☐ Walking the halls.
- ☐ Talking with staff.
- ☐ Calling a friend.
- ☐ Having your hand held.
- ☐ Calling your therapist.
- ☐ Getting a hug.
- ☐ Pounding some clay.
- ☐ Punching a pillow.
- ☐ Physical exercise.
- ☐ Writing in your diary/journal.
- ☐ Playing a computer game.
- ☐ Using ice on your body.
- ☐ Breathing exercises.
- ☐ Putting your hands under running water.
- ☐ Going for a walk with staff.
- ☐ Lying down with a cold facecloth.
- ☐ Wrapping up in a blanket.
- ☐ Using a weighted vest.
- ☐ Voluntary time out in a quiet room.
- ☐ Voluntary time out (anywhere specific?):

  _____

- ☐ Other:

  _____

2. Is there a person who's been helpful to you when you've been upset?

□ Yes □ No

If you are not able to give us information, do we have your permission to call and speak to:

Name: _____ Phone: _____

□ Yes □ No

If you agree that we can call to get information, sign below:

Signature: _____

Date: _____

Witness: _____

Date: _____

3. What are some of the things that make it more difficult for you when you're already upset?

Are there particular "triggers" that you know will cause you to escalate?

□ Being touched.

□ Being isolated.

□ Door open.

□ People in uniform.

□ Loud noise.

□ Yelling.

□ A particular time of day (when?): _____

□ A time of the year (when?): _____

□ Specific scents (please explain): _____

□ Not having control/input (please explain): _____

□ Others (please list):

_____

_____

4. Have you ever been restrained?

□ Yes □ No

When: _____

Where: _____

Please describe what happened:

5. Do you have a preference regarding the gender of staff assigned to respond during a crisis?

□ Female staff

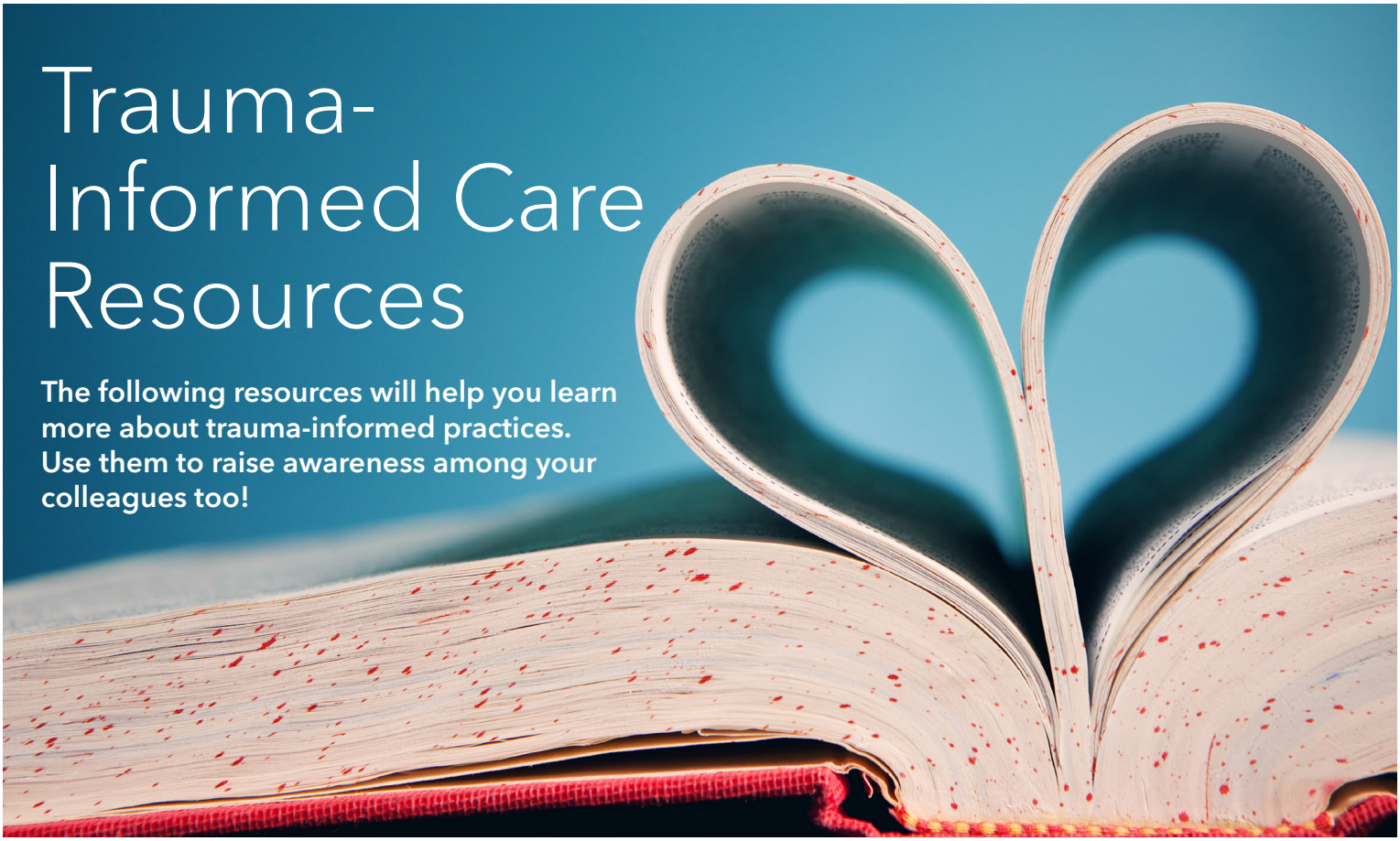
□ Male staff

□ No preference

6. Is there anything that would assist you in feeling safe here? Please describe:

ADAPTED FROM SAMHSA'S ROADMAP TO SECLUSION AND RESTRAINT FREE MENTAL HEALTH SERVICES, 2006

Trauma-Informed Care Resources



The following resources will help you learn more about trauma-informed practices. Use them to raise awareness among your colleagues too!

BOOKS

The Comfort Garden: Tales From the Trauma Unit
amzn.to/2fBeIL6

By Laurie Barkin, RN, MS. A personal account of working as a psychiatric nurse at San Francisco General Hospital.

Helping Traumatized Children Learn Volumes I and II
bit.ly/2fVtqAs

Landmark publications from the Massachusetts Advocates for Children's Trauma and Learning Policy Initiative.

Managing Change With Personal Resilience
bit.ly/2eWKPUE

By Mark Kelly, Linda Hoopes, and Daryl Conner. Outlines 21 keys to being resilient in turbulent organizations.

One-Minute Trauma Interventions
bit.ly/1yt13HM

By Caelan Kuban and William Steele. A TLC product published by The National Institute for Trauma and Loss in Children.

Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience Through Attachment, Self-Regulation, and Competency
bit.ly/1yt1phu

By Margaret E. Blaustein and Kristine M. Kinniburgh. Provides a flexible framework for working with kids and their caregivers.

WEBSITES AND ARTICLES

3 Keys to Help Staff Cope with Secondary Trauma
bit.ly/2eFYDSr

Hearing the shocking stories of our clients can have a devastating effect. This article offers antidotes.

12 Ways to Help a Developmentally Traumatized Child
bit.ly/2fGkZEl

When a kid with trauma explodes like the Tasmanian Devil, here's how to get them back on track.

CDC's Adverse Childhood Experiences (ACEs) Study
acestudy.org

Info on the landmark study that measures 10 types of childhood traumas and their effects on health.

ChildTrauma Academy
childtrauma.org

Features Dr. Bruce Perry's books, resources, and training offerings.

WEBSITES AND ARTICLES CONTINUED

Compassion Fatigue: Could It Be Compromising Your Professionalism?
bit.ly/2eO0fNq

For those who excel at taking care of others, but put themselves last on the priority list.

From Complex Trauma to Triumph: How a Woman With DD Makes It on Her Own
bit.ly/2fVfMgI

What this woman with developmental disabilities accomplished is incredible, especially in light of her trauma.

How to Help People Handle Trauma
bit.ly/2fotPqO

Strategies for attuning your own emotions can help you care for people who carry the weight of trauma.

How Schools Can Help Students Recover From Traumatic Experiences
bit.ly/19A8tma

A helpful toolkit from the Rand Corporation for supporting long-term recovery.

How Therapeutic Writing Can Help Crisis Workers
bit.ly/2fGbatD

One night, unable to sleep, a psych nurse found catharsis from the intensity of her patients' tragedies.

Incorporating Trauma-Sensitive Practices
bit.ly/2fG5jT1

Tools for schools from the Wisconsin Department of Public Instruction.

Is Trauma-Informed Care Just Another Buzzword?
bit.ly/2fVrDeU

A movie about a doctor in 1980s East Germany shows how important trauma-informed care is.

Life, Unrestrained
bit.ly/2g1Aafp

An informative article about professor Elyn Saks' battle with schizophrenia and the trauma of being restrained.

National Institute for Trauma and Loss in Children
bit.ly/1xP4m1j

Resources and training from TLC, the National Institute for Trauma and Loss in Children.

National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint
samhsa.gov/nctic

Offers resources to help health care workers develop trauma-informed practices.

Personal Resilience: How to Be Resilient When You're a Caregiver
bit.ly/2fG3mrJ

Dr. Linda Hoopes of Resilience Alliance on how to flex your seven resilience muscles.

Roadmap to Seclusion and Restraint Free Mental Health Services
bit.ly/2fKfRkh

SAMHSA's training support for preventing seclusion and restraint for people with mental illness.

Resources for School Personnel
bit.ly/1Cp78ZL

Resources from the National Child Traumatic Stress Network. Take special note of the Child Trauma Toolkit and the Psychological First Aid manual.

Supporting Children and Families Under Stress: Resilient and Trauma-Informed Schools
bit.ly/1xtx0Vf

A slide presentation from Audra Langley, Ph.D., of the UCLA Semel Institute for Neuroscience and Human Behavior.

There's No Such Thing as a Bad Kid in These Schools
bit.ly/1EUC2Y8

A great article on what makes elementary schools in Spokane, WA trauma-informed.

This High School Is Trauma-Informed, and Suspensions Dropped 85%
bit.ly/2eO29gY

An account of how this school lowered suspensions, expulsions, and written referrals.

Trauma Center
traumacenter.org

Features the work of Dr. Bessel van der Kolk at the Justice Resource Institute.

Unrestrained, Episode 20 With Guest Laurie Barkin_
bit.ly/2eO5EUq

Podcast with nurse Laurie Barkin, who worked in psychiatry for 22 years and suffered secondary trauma.

THANK YOU!
We hope you found this resource helpful.

Please feel free to share this guide with a friend or colleague.

WANT TO SEE A SHIFT TO A TRAUMA-INFORMED LENS?

WATCH THIS VIDEO
bit.ly/2fVx8ud

ABOUT CPI
The Crisis Prevention Institute trains professionals in person-centered, trauma-informed strategies to prevent and manage difficult behavior nonviolently. The strategies in this guide offer a sneak peek into CPI's course on Trauma-Informed Care.

HAVE QUESTIONS? WE'RE HERE FOR YOU!
Give us a call at 888.426.2184 or email info@crisisprevention.com

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