

# **TRAUMA INFORMED PRACTICE FOR DEFENDERS**

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# AGENDA

- Defining trauma & Adverse Childhood experiences
- Neuroscience of trauma
- How does trauma history manifest in our work?
- The 5 pillars of trauma informed practice within organizations and in client relationships
- Fostering a supportive work environment

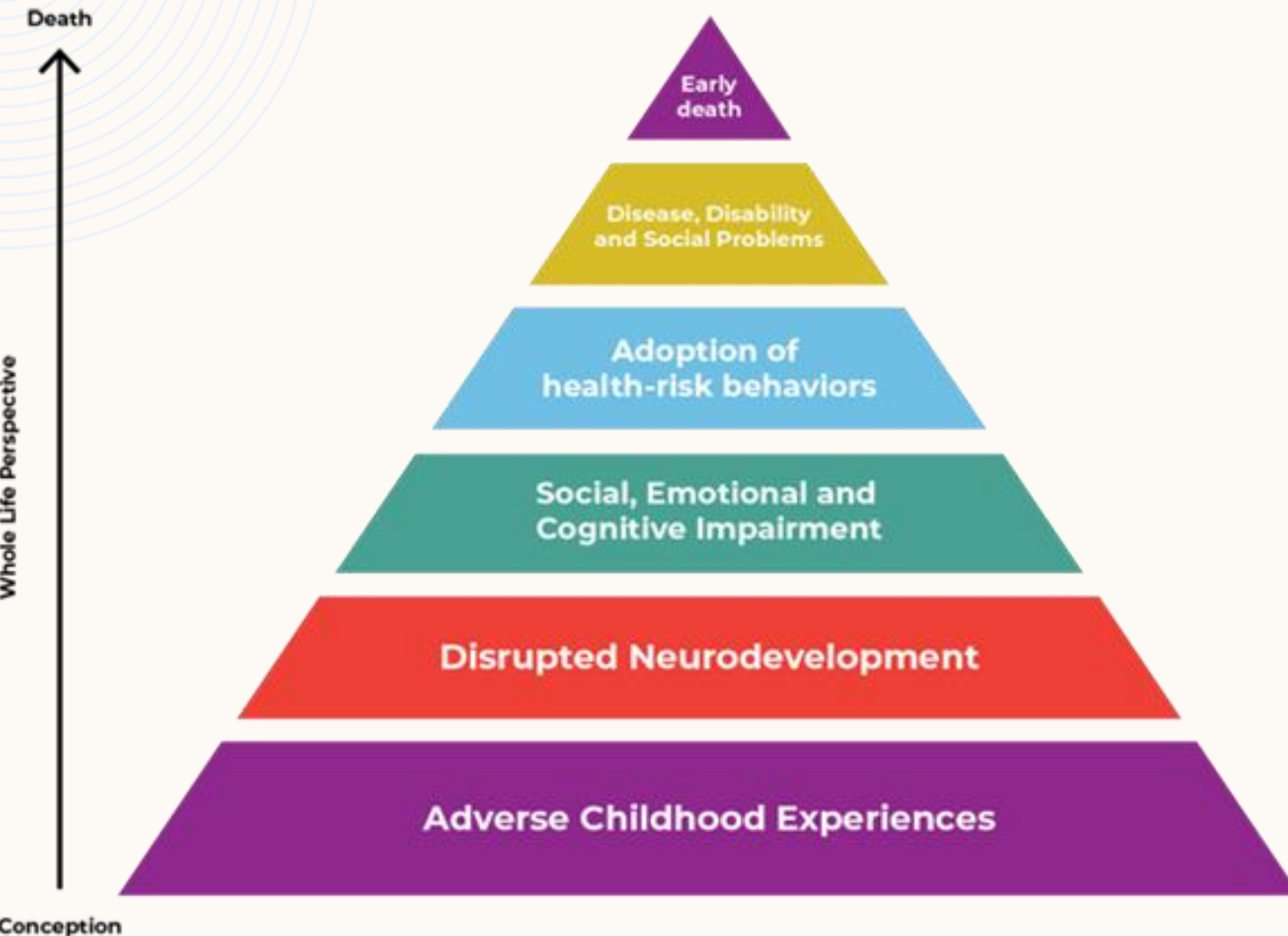
# ADVERSE CHILDHOOD EXPERIENCES (ACES)

- Physical Abuse
- Emotional Abuse
  - Sexual Abuse
- Physical Neglect
- Emotional Neglect
- Parents divorced or separated
- Domestic Violence
- Parent or caregiver addicted to drugs or alcohol
- Parent or caregiver who is depressed or mentally ill
- Household member ever been incarcerated

# IMPACT OF ACES

Linked to the following problems in adulthood:

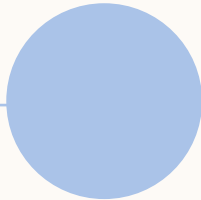
- Chronic health problems
- Mental illness
- Substance use
- Attachment disorders
- Reduced opportunity
- Impaired well-being



**TRAUMA RESULTS FROM AN EVENT, SERIES OF EVENTS, OR SET OF CIRCUMSTANCES THAT IS EXPERIENCED BY AN INDIVIDUAL AS PHYSICALLY OR EMOTIONALLY HARMFUL OR THREATENING AND THAT HAS LASTING ADVERSE EFFECTS ON THE INDIVIDUALS FUNCTIONING AND PHYSICAL, SOCIAL, EMOTIONAL, OR SPIRITUAL WELL-BEING.**

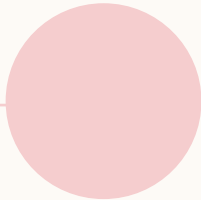
~SAMHSA's Trauma and Justice Strategic Initiative

# TYPES OF TRAUMA



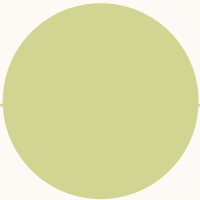
## SINGLE INCIDENT TRAUMA

- Fire
- Natural disaster
- Car accident
- Sexual assault



## DEVELOPMENTAL/ COMPLEX TRAUMA

- Sexual abuse
- Physical abuse
- Neglect
- Early life onset
- Pervasive



## COLLECTIVE/HISTORICAL/ STRUCTURAL TRAUMA

- Slavery
- Holocaust
- Police violence
- Institutional racism, homophobia, misogyny and discrimination based on any identity

# **STATISTICS ON TRAUMA/ACES IN INCARCERATED POPULATION**



# REACTING TO THREATS TO SAFETY

We become flooded  
with stress hormones  
(ADRENALINE &  
CORTISOL)

Heart rate increases

Blood pressure goes  
up

Breathing gets  
quicker

Eyes widen and scan  
for danger

Blood flows to the  
large muscles of the  
body, preparing for  
action

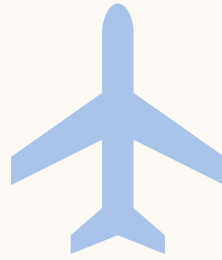
Digestion stops

Hearing attunes to  
possible sounds of  
danger

# THE STRESS RESPONSE



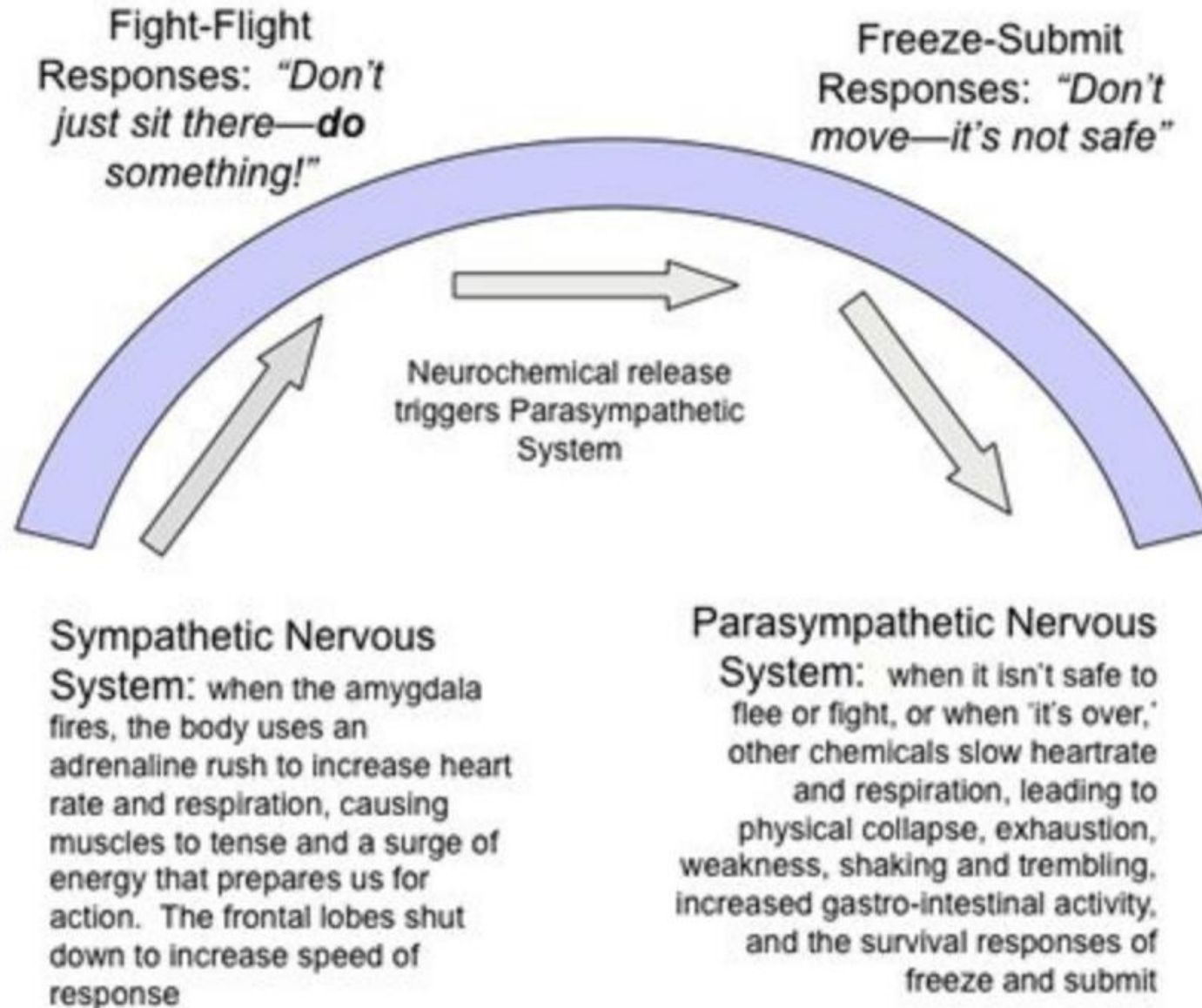
1. Fight

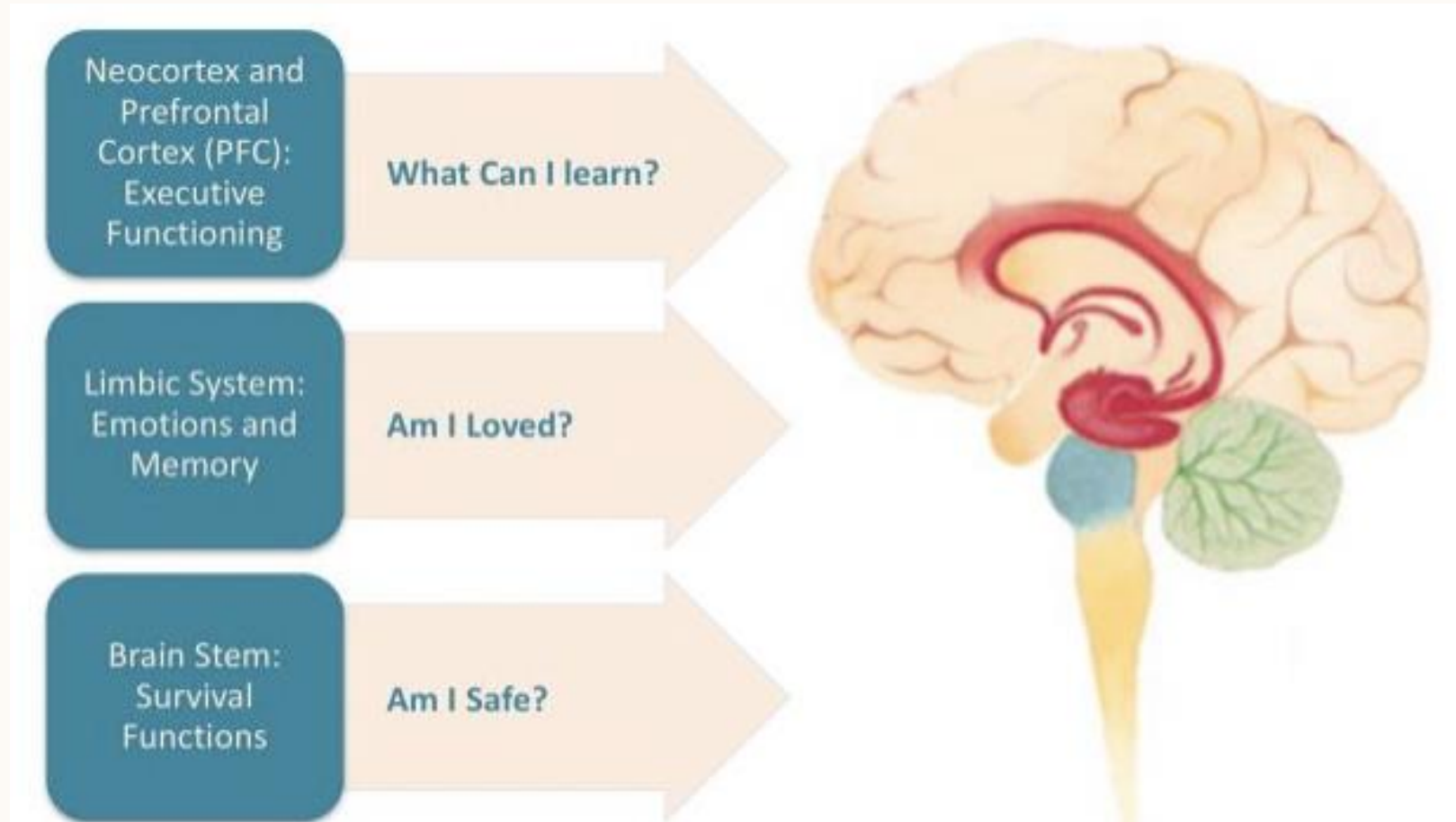


2. Flight



3. Freeze





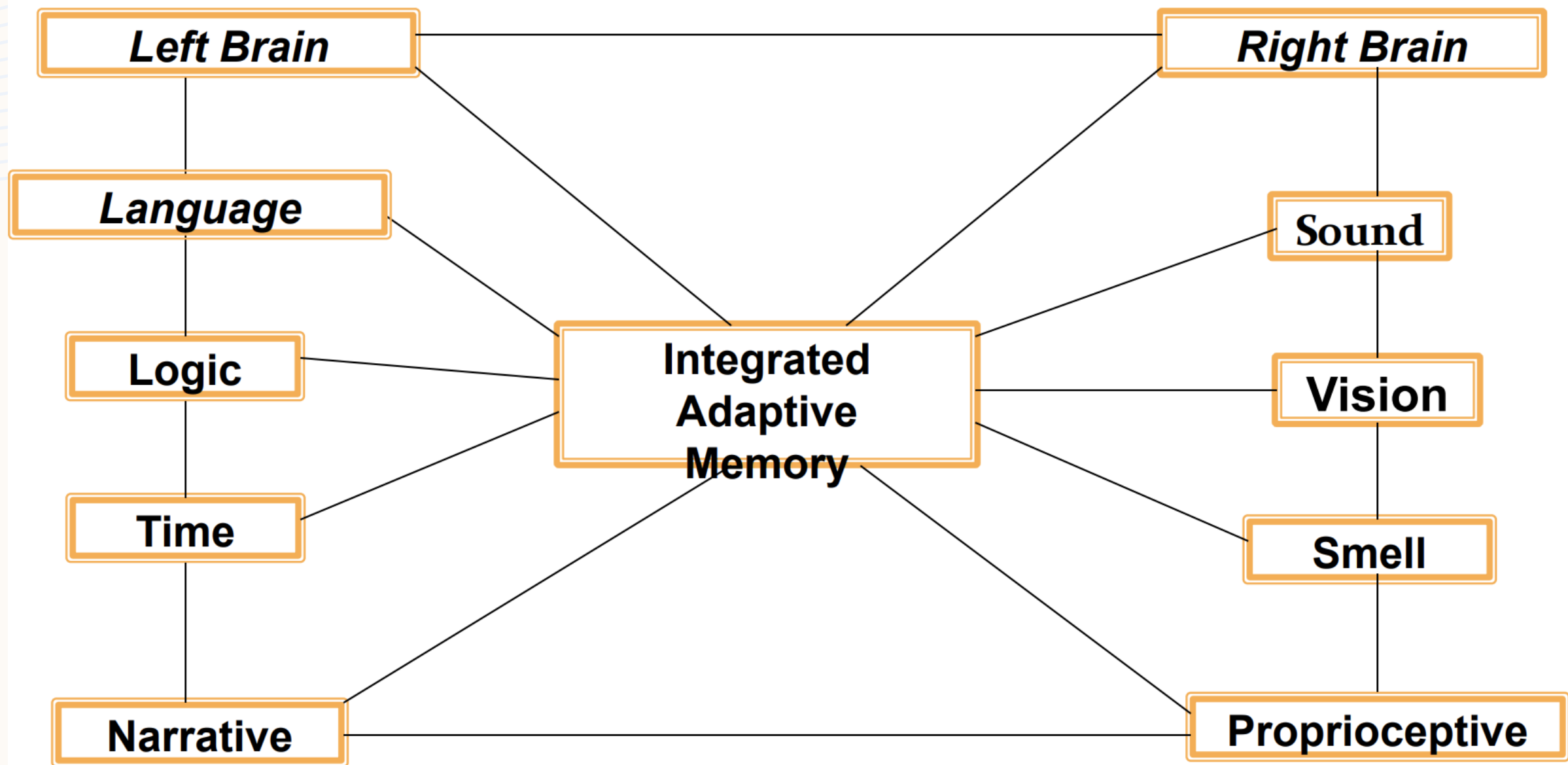
# TRAUMATIC MEMORY STORAGE



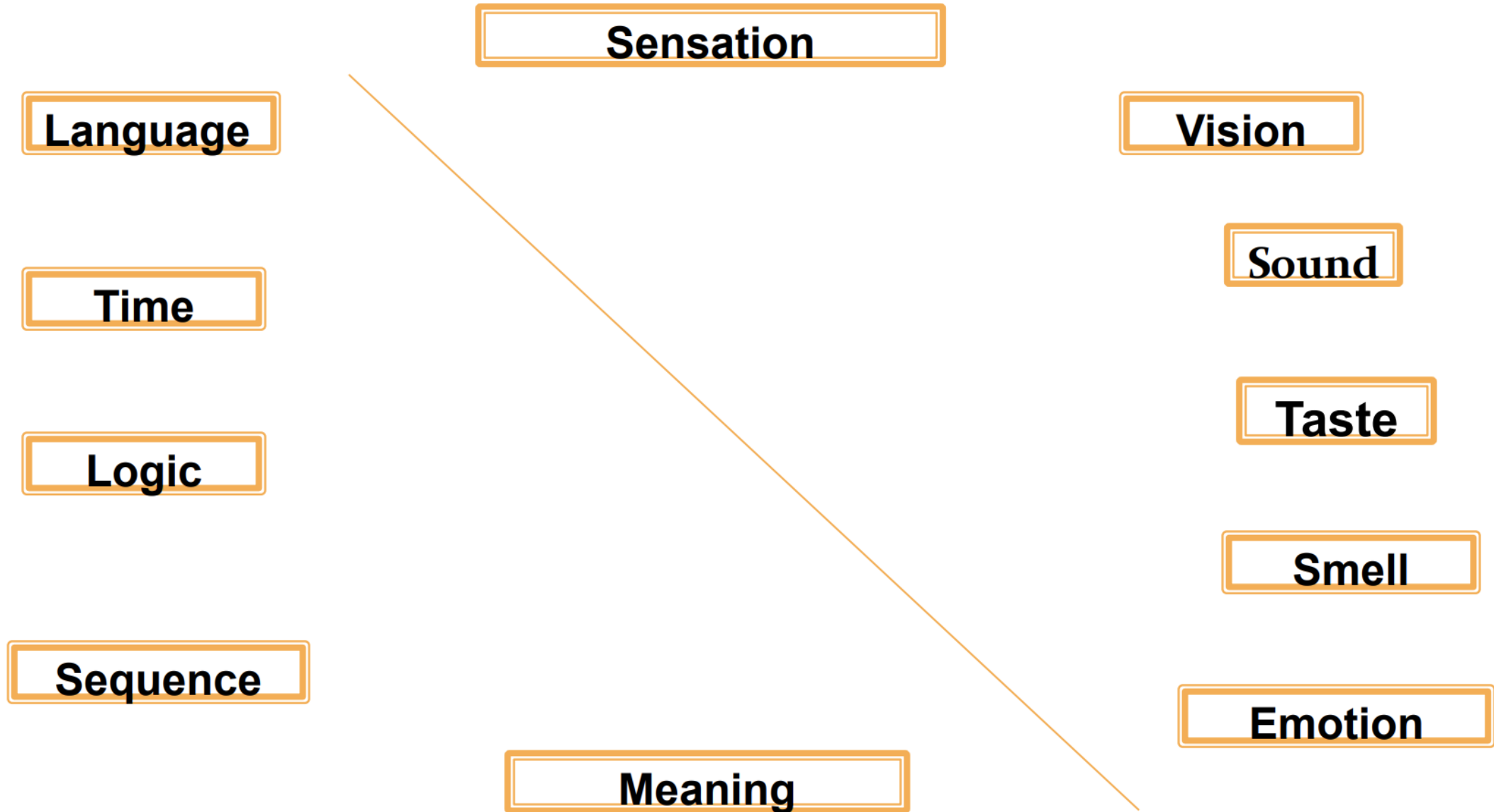
The brain stores information differently during a traumatic event than it does during a neutral or positive event



This happens because of changes in the activity of the sympathetic and parasympathetic nervous systems and shifts in brain activity when under perceived threat



# Not- Normal Memory Integration



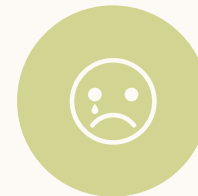
# WHEN WE CAN'T CALM DOWN



Changes in  
concentration



Changes in  
sleep/eating patterns



Changes in mood:  
sad, irritable, fearful



Can't stop  
thinking/talking  
about the event



Need to make  
meaning of what  
happened

# **TRAUMA RESPONSES AKA SYMPTOMS**

1. Re-experiencing (intrusion)
2. Avoidance
  1. Behavioral avoidance
  2. Chemical avoidance
  3. Intra-psychic avoidance
3. Alterations in cognition and mood
4. Changes in arousal and reactivity

# ***Hyperarousal***

Hyperaware or vigilant  
Overly quick or intense reactions  
Feeling a lack of emotional safety  
Overwhelming emotions

***Window of  
tolerance***

Able to think and feel  
at the same time

# ***Hypoarousal***

Shut down, flat or numb  
Hard to think, disconnected  
Feeling shame, can't say 'no'

# THREE E'S TO THINK ABOUT WHEN LOOKING AT TRAUMA

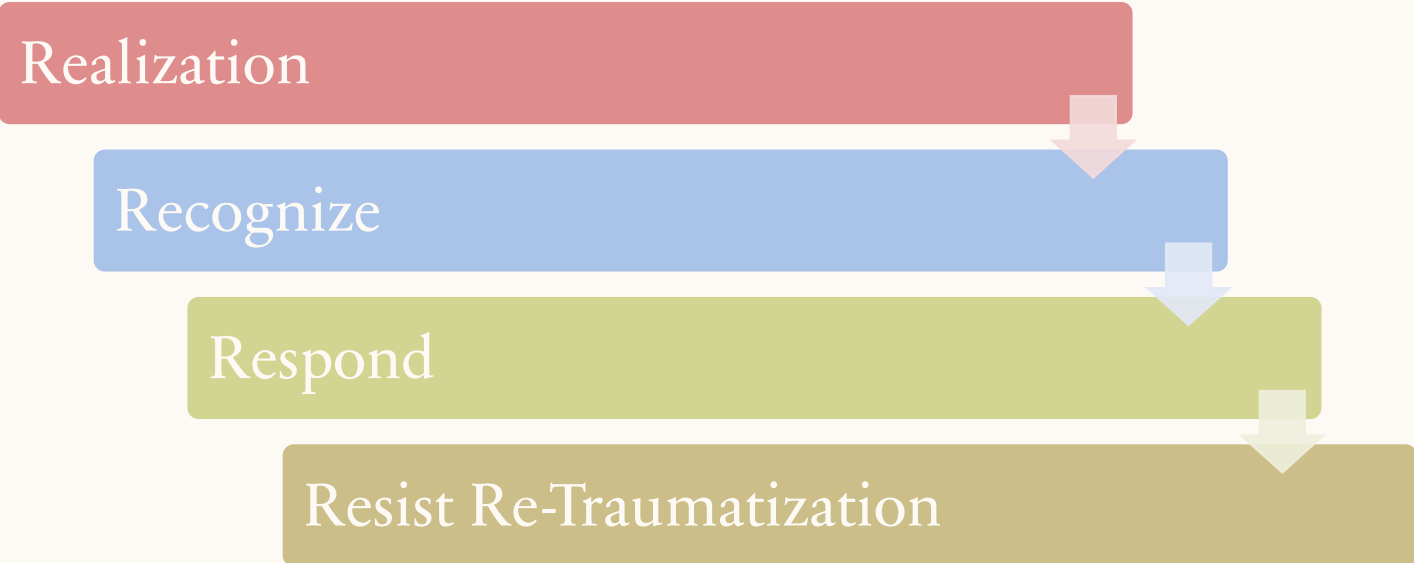
Events

Experience

Effects

# FOUR R'S TO REMEMBER TRAUMA INFORMED CARE

Realization



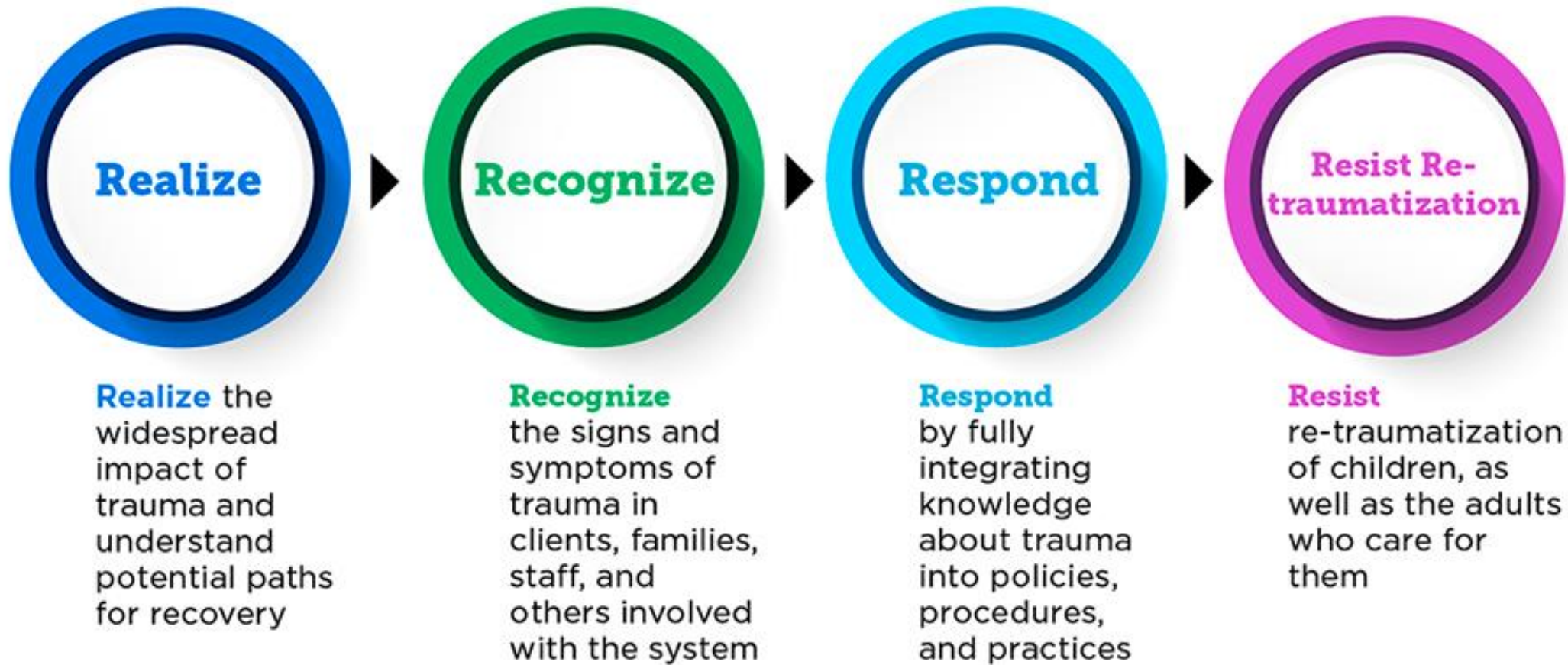
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graph TD; A[Realization] --> B[Recognize]; B --> C[Respond]; C --> D[Resist Re-Traumatization]
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Recognize

Respond

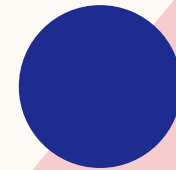
Resist Re-Traumatization

# The Four Rs of Trauma-Informed Care



# **FIVE PILLARS OF TRAUMA INFORMED CARE**

1. Safety
2. Transparency and Trustworthiness
3. Choice
4. Collaboration
5. Empowerment



# SAFETY

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- Explain our roles in the case
- Encourage clients to ask questions
- Build rapport before diving into big questions
- Explain why you are asking certain questions
- Use frequent check-ins through the interview
- Leave the client grounded before leaving
- Good boundaries/strategic self disclosure
- Asking preferred name/pronouns
- Be mindful of having them share traumatizing stories

# TRANSPARENCY AND TRUSTWORTHINESS

Show consistent behaviors

Follow through with what you say

Communicate expectations

Use language clients understand

“Teamsplitting” responses

Have the team try to use the same language

# CHOICE



Ask questions vs telling them



Plan their visits and phone times with them



Choice to share



Recognize autonomy



Motivational  
Interviewing

“a collaborative, person-centered form of guiding to elicit and strengthen motivation for change”  
(2009, William R. Miller.  
Motivational Interviewing.)

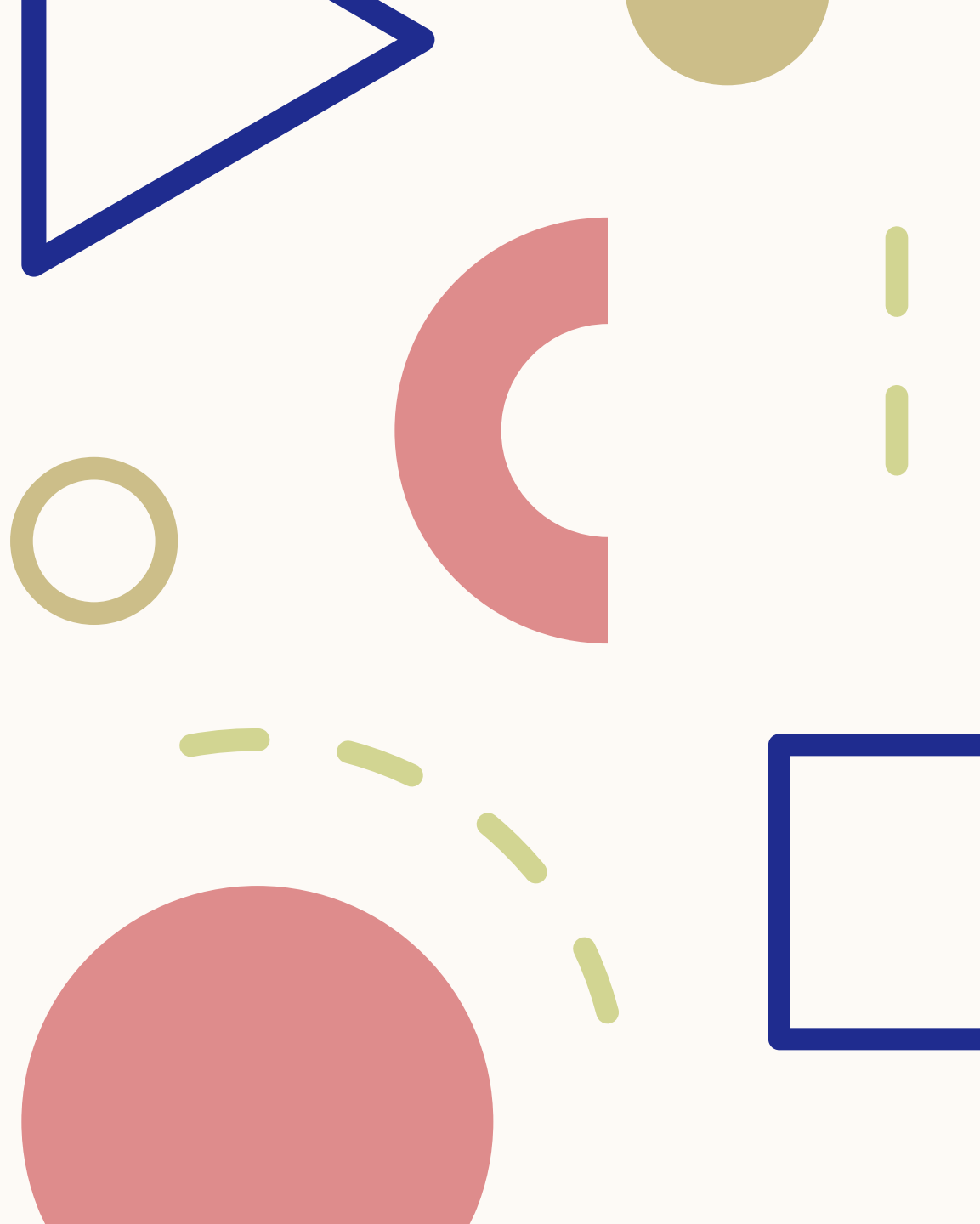
# COLLABORATION AND MUTUALITY



- Sharing legal documents
- Asking for feedback
- Asking clients if they have concerns or apprehensions about anything
- Utilize their support system
- Help them to cope with decision that might be challenging
- Express gratitude

# EMPOWERMENT

- Recognize strengths
- Recognize all of a person's feelings
- Reflective Listening
- Open-ended questions
- Paraphrasing



## Choice

- **Listen** to what the person wants
- If there is a **choice** – **give it**
- Always explain clearly and transparently **what will happen next**
- **Validate** any concerns as understandable and normal

## Safety

- To engage with you, people must **know that they are safe**
- Consider the **wider impact** of your actions
- **Ask what they need to feel safe** and how you can create a safe environment for them
- Keep the **person informed**
- **Do what you say you will do**, when you say you will do it

## Trust

- Be **transparent** and do what you say you will do (consistency)
- **Explain** what will happen next
- **Don't gossip**
- Give relaxed, unhurried and **focused attention** - listen effectively
- **Don't overpromise** – always manage expectations



## Empowerment

- **Validate people's feelings** and engage with them in a non-judgemental manner
- **Listen to what they need** and ensure they are signposted or referred to appropriate support
- **Do not take over** – encourage and empower people to take positive action themselves (with your support if they want it)

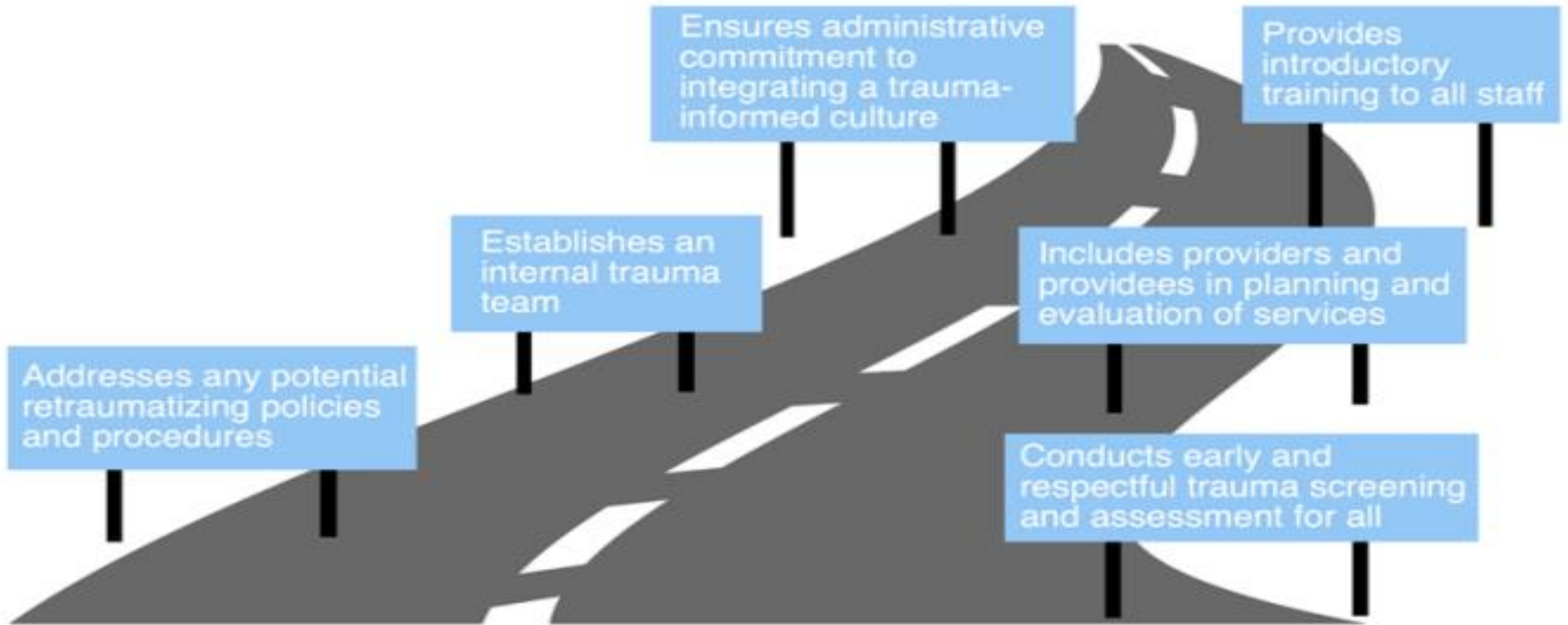
## Collaboration

- **Ask what they need** and be clear about what will happen and what they have control over or choice in, and empower them where possible
- **Understand local services** and support agencies so that you can suggest places they may wish to go to access help

# The Road to Trauma-Informed Care (TIC)

*Trauma-Informed Care calls for a change in organizational culture, where an emphasis is placed on understanding, respecting and appropriately responding to the effects trauma at all levels.*

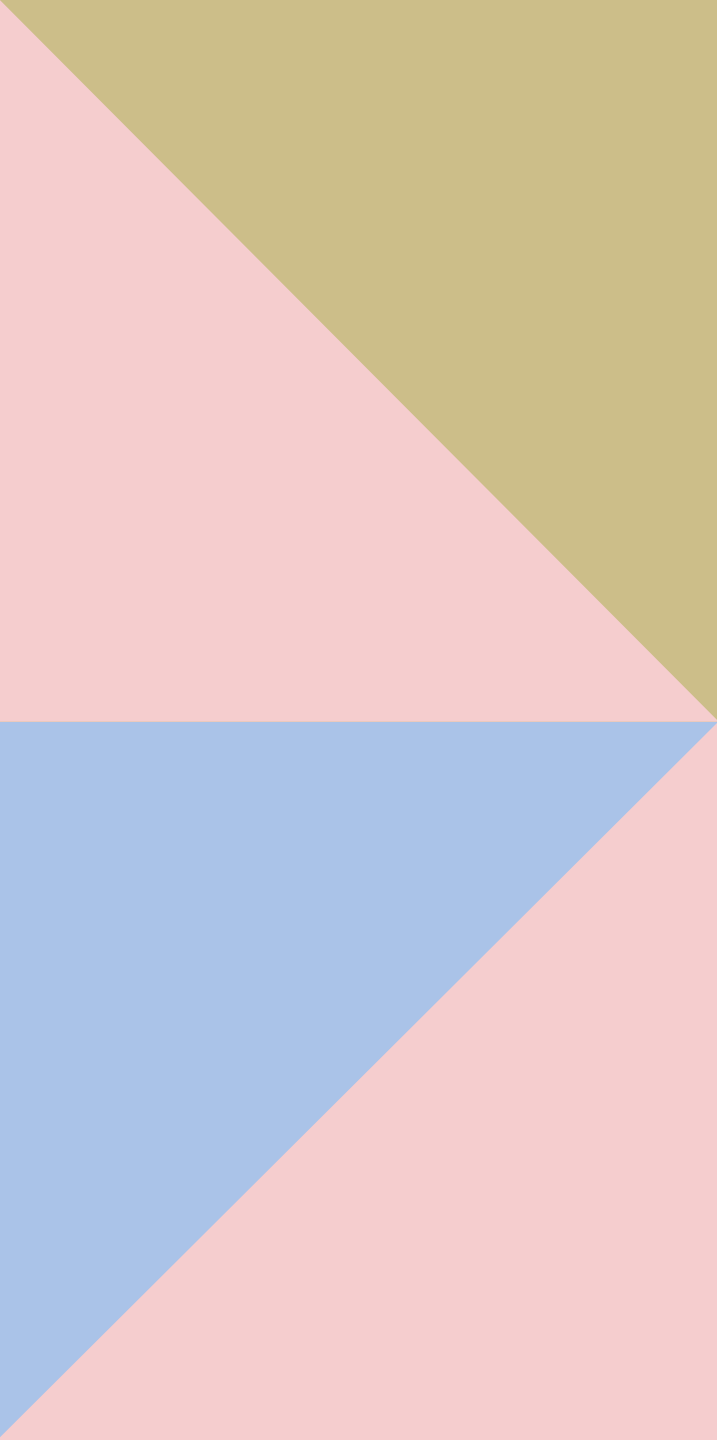
(Bloom, 2010)



(Fallot & Harris, 2001)

# MORAL INJURY

“Moral injury is the distressing psychological, behavioral, social, and sometimes spiritual aftermath of exposure to such events (3). A moral injury can occur in response to acting or witnessing behaviors that go against an individual's values and moral beliefs.”



# **MORAL INJURY VS BURNOUT**

“Don’t ask yourself what the world need. Ask yourself what makes you come alive and then go and do that, because what the world needs, is people who have come alive.” – Howard Thurman

“Forgive yourself every night, recommit every morning.” – Jeff Li