

The Werry Workforce Whāraurau National Training Day: Trauma-informed Care

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Working with Trauma: Supporting children, whānau, practitioners and organisations

Overview

- What is trauma?
- The link between trauma and behaviour
- Trauma-informed care
 - Practice implications
- Self care
- Trauma-informed organisations and systems

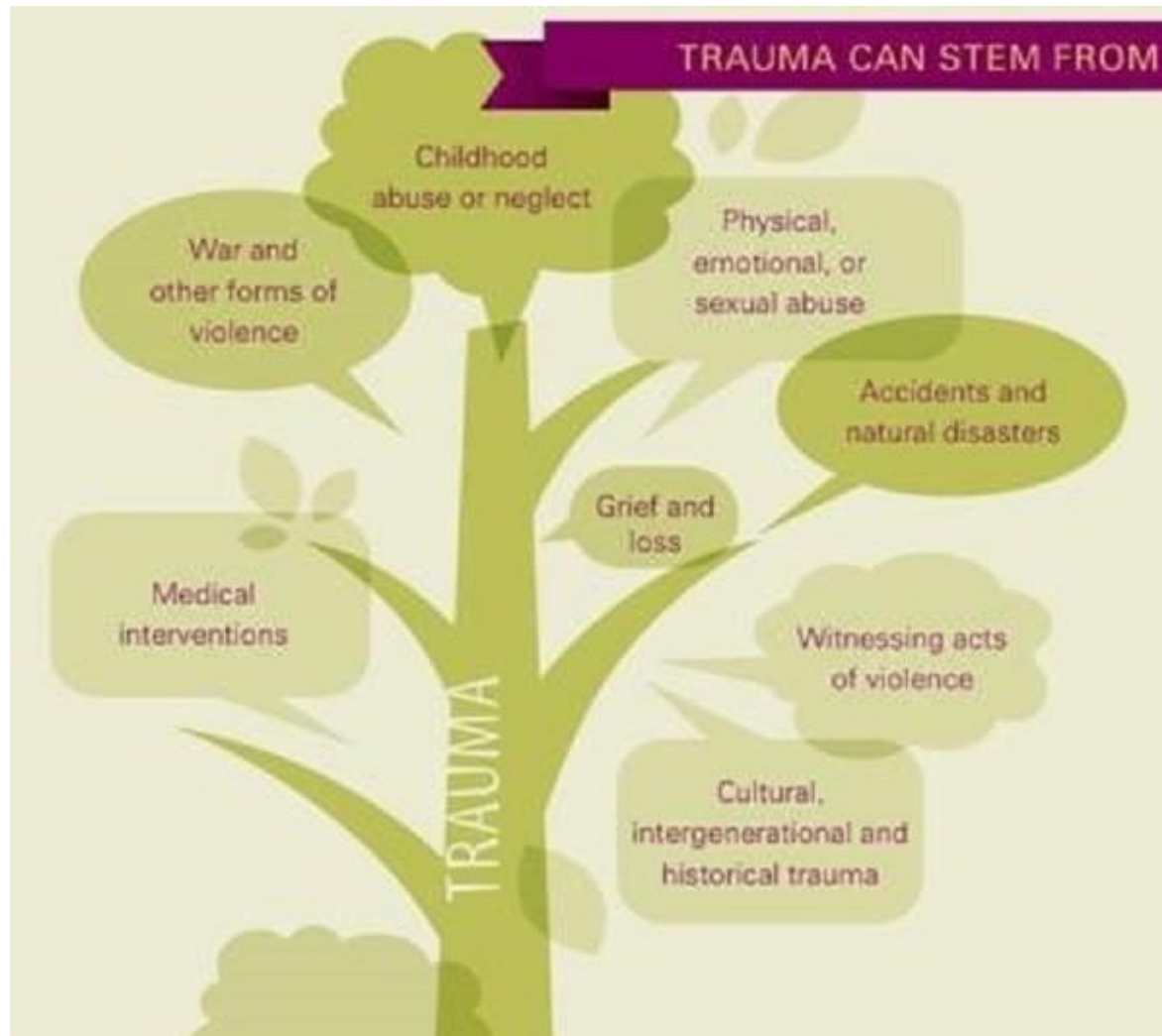


Introductory exercise

- In pairs or small groups brainstorm:
 - What are the presenting issues that lead children/young people to be referred to your service?
 - What parenting and or family/whānau issues are identified in referrals and/or assessments?



What do we mean by trauma?



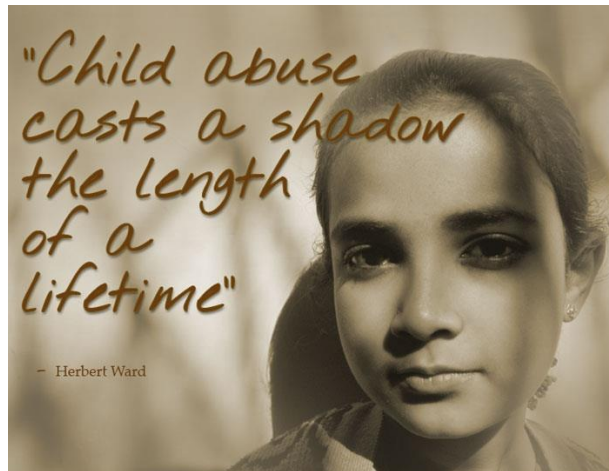
Trauma and Culture

- Trauma and culture are inter-linked
- Colonisation is a process of inter-generational traumatisation involving multiple losses
- Many interactions in mainstream organisations have re-traumatised whānau because historical trauma is not taken into account
- Pasifika families have their own stories related to migration and inter-generational impacts.
- Refugees come to this country with extensive trauma histories.
- Family history and culture shape the way trauma is experienced and responded to

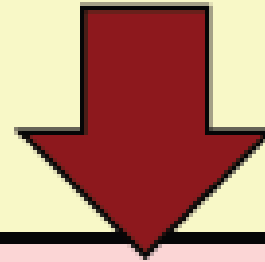
Trauma and Behaviour

Impact of Trauma

- Brain adapts to the environment
- States become traits
- Plasticity reduces over time and change is much more difficult once brain is hard-wired in early adulthood



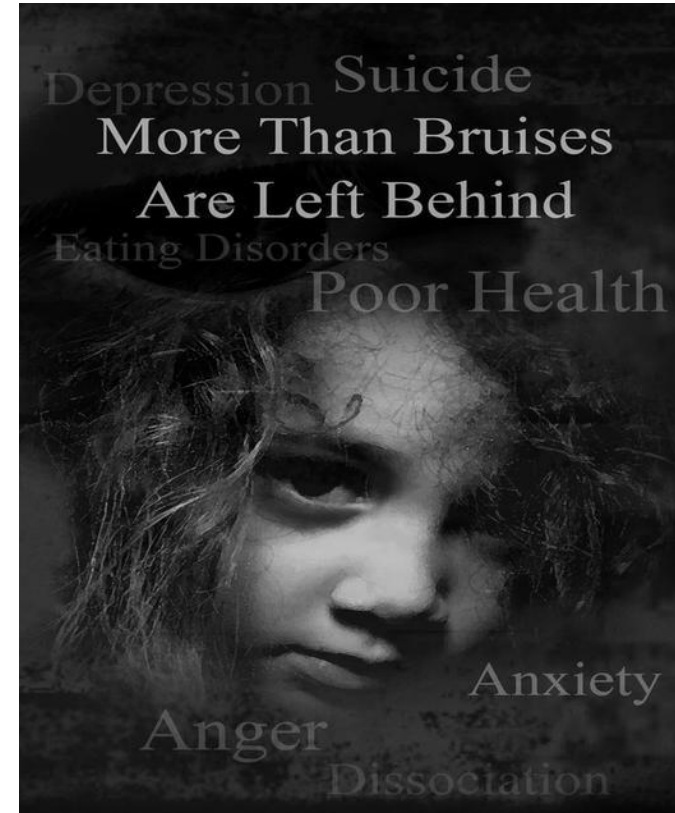
Arousal continuum



Hyperarousal Continuum	Rest <i>(M > F Child)</i>	Vigilance	Resistance	Defiance	Aggression
Dissociative Continuum	Rest <i>(F > M Child)</i>	Avoidance	Compliance	Dissociation	Fainting
Primary secondary Brain Areas	NEOCORTEX <i>Subcortex</i>	SUBCORTEX <i>Limbic</i>	LIMBIC <i>Midbrain</i>	MIDBRAIN <i>Brainstem</i>	BRAINSTEM <i>Autonomic</i>
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Mental State	CALM	ALERT	ALARM	FEAR	TERROR

Impact of trauma on brain development

- Brain adapts to a state of fear-related elevation leading to adaptations in emotional, behavioural and cognitive functioning in order to survive
- Persistent trauma leads to:
 - Hypervigilance
 - Hyperarousal/hypoarousal
 - Anxiety
 - Elevated heart rate
 - Elevated levels of stress related hormones
 - Impulsivity



Implications: Children

- Trauma impacts on every aspect of children's development
- Early experience has life-long implications
 - Prevention and early intervention are the key to achieving positive outcome
- Behaviour is children's primary means of communication and is often reacted to without considering what is driving the child's response
- Chronological and developmental age differ and children may move between different developmental levels – a trauma lens changes our understanding of this

Implications: teenagers

- Contrary to popular opinion it is not too late for effective intervention
- Brain development that occurs during adolescence creates a window of opportunity
- However by this age the focus tends to be on making teens accountable for their actions
- Need to recognise that behaviour may be trauma-based
- In which case different strategies are needed

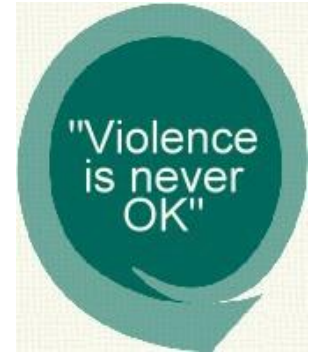
Implications: Adult victims

- Highly likely to be dissociating
 - Survival mechanism
 - Reduced capacity for empathy
 - Limited access to cognition
- Parents are unlikely to be consistently available to children
- Children's emotions may be a trigger for unresolved issues eliciting a defensive response



Implications: Perpetrators

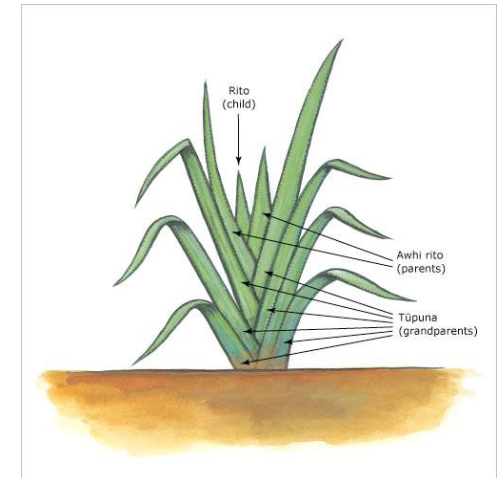
- More likely to be hyperaroused
- Operating out of lower level of brain – survival, highly reactive
- Limited access to prefrontal cortex
- Limited capacity to understand the intentions of others
- Limited capacity for empathy
- Emotional reactions of others may be experienced as a threat, eliciting threatening responses
- Supporting them to understand their impact on others can be a way of motivating change



**I want to
stop using
violence**

Working with children, families and whānau

- All family members may have experienced trauma – trauma informed care is inclusive of children and their parents/caregivers
- A trauma lens changes our understanding of the origin of difficulties and what is needed to address these difficulties
- Working for change is a journey of healing and recovery for all family and whānau members



Activity

- Go back to the list you developed in the first activity and consider these presenting issues through a trauma lens
- What issues/questions does this generate in terms of current response and service delivery?



Trauma-informed Care

Trauma-informed care

- *Realises* the widespread impact of trauma and understands potential pathways for recovery;
- *Recognises* the signs and symptoms of trauma in clients, families, staff, and others in the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist *re-traumatisation*



Trauma-informed Care

“...a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper, Bassuk & Oliver, 2010).”



Trauma-Informed Care

- No matter what our role, if we are working with people we have the potential
 - To open the door to recovery and healing
 - Or be a barrier that keeps people stuck
- We may not have a mandate to engage in long-term or therapeutic work but by recognising the impact of trauma we can:
 - Help parents understand the link between trauma and behaviour
 - Introduce parents to strategies that support healing and recovery for themselves and their children
 - Be a source of information about what is available
 - Support people by making referrals

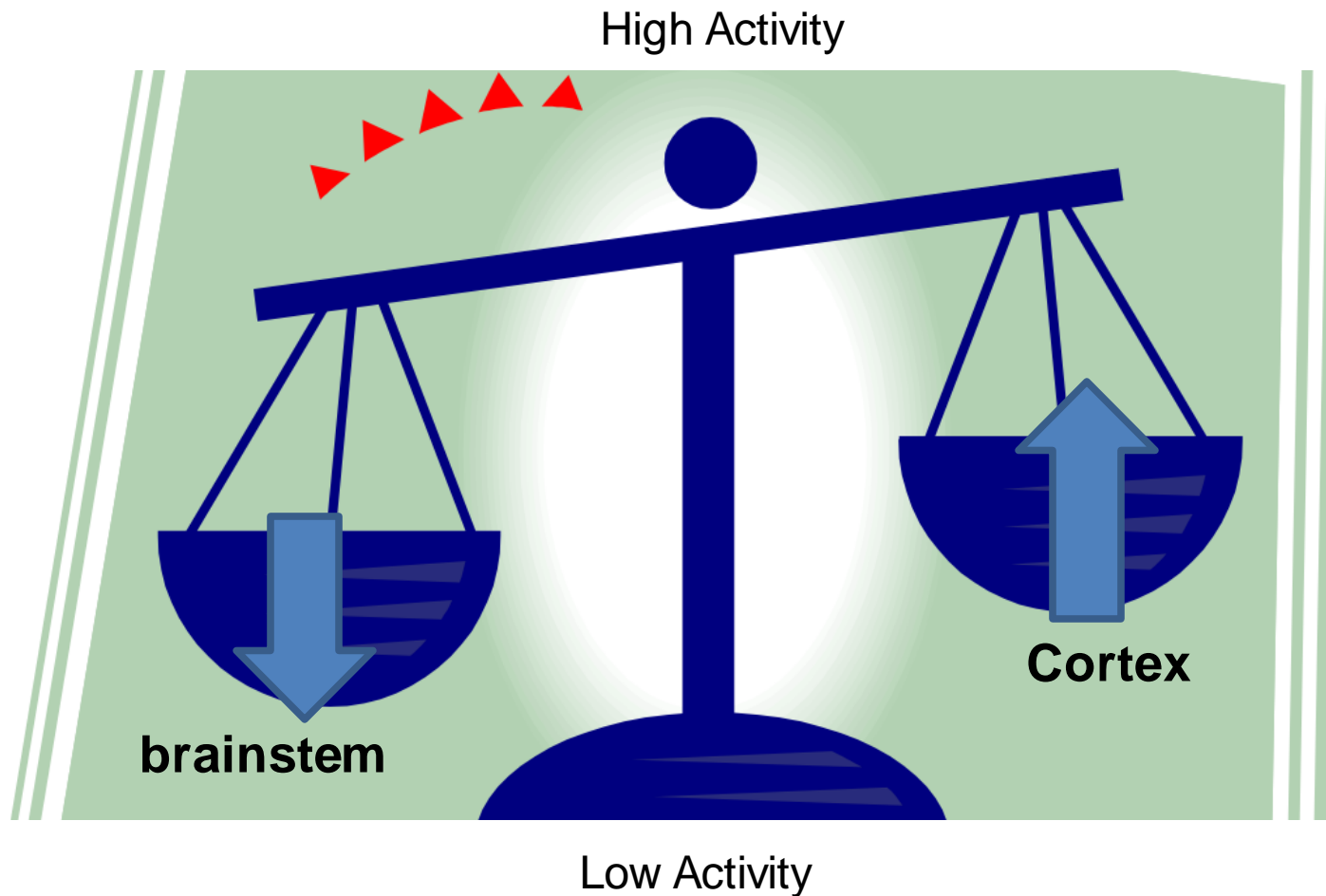
Practice Implications: Children

- Recognition that children are being exposed to trauma is the first step
 - Creating opportunities for safe disclosure
 - Routinely asking about trauma/secrets during assessment
 - Considering the impact of parental behaviour
 - Motivating parents to make change
- Intervention strategies need to be informed by principles of neurobiology
 - Relationships are the key to change
 - Regulation of stress response is the critical first step
 - Sensory strategies and play therapy are more appropriate than 'talking therapies'

Practice Implications: Teenagers

- Models of intervention have been based on cognitive-behavioural theory – heavy reliance on reasoning
- Cannot access the cortex unless the brain stem is calm
 - Need to feel safe
 - Need adult support to self regulate when aroused
- Will have internalised a negative self image and need others to believe in them
- Cultural identity and belonging are critical to healing and recovery
- Relationships are the key to change

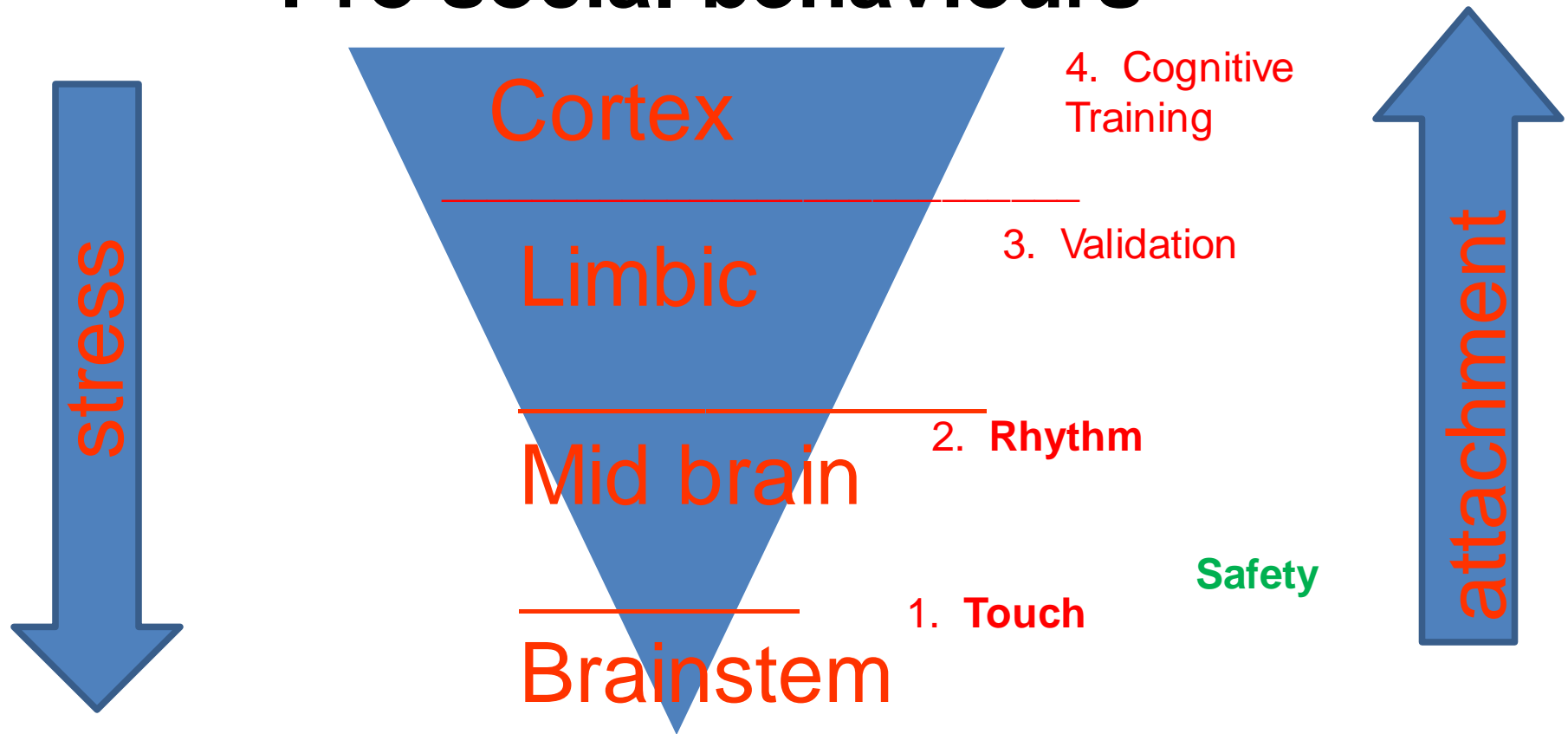
Interaction between parts of the brain



To really be using your cortex, your brainstem needs to be calm

Responding to challenging behaviours

Pro social behaviours



Survival/reptilian behaviours

Practice Implications: Parents with unresolved trauma

- Assessment processes need to create safe spaces for disclosure of past trauma
- Prompts and screening questions are needed
- Change will not be possible without positive relationship experiences and safety
- Have to be able to access and address the emotions against which they are highly defended (unconscious)
- Important to balance building confidence and coping strategies with exploration of past
- Healing journey – recovery will take time and people may move in and out of therapy
- Cultural connection is an important aspect of this journey

Practice Implications: Parents and young people who perpetrate trauma

- Knowledge of how the brain works and the impact of trauma on the brain allows perpetrators to make the connection between their own past and their present behaviour
- Capacity to regulate stress is an important precursor to change – need to learn new strategies
- Must be able to recognise emotional states in order to manage them
- Positive relationship experiences provide the environment in which change can happen
- Healing journey – takes time and lapses are to be expected
- Cultural connection is an important aspect of this journey

Components of trauma-informed care

- Working knowledge of brain development
 - Impact of trauma
 - Link between behaviour and brain
 - Theory of mind
- Understanding the link between intuition (right brain) and analytical reasoning (left brain)
- Understand the limitations of cognitive approaches



Components of trauma-informed practice: Relationship

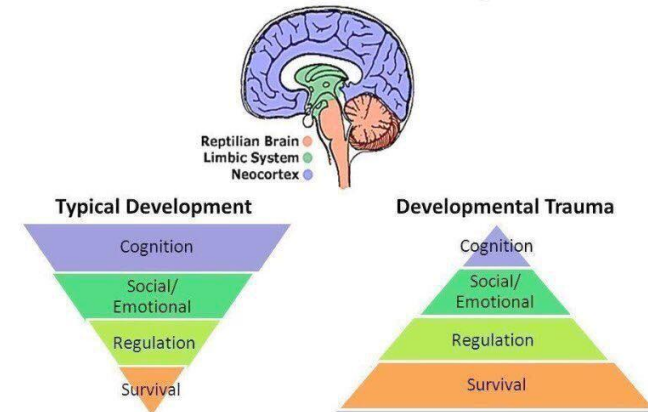
- Relationships are the key to working for change with children, traumatised adults and traumatising adults
 - Relationship skills are fundamental to trauma-informed practice
- Therapeutic relationships make brain-to-brain connection (mirror neurons) possible
 - Opportunity to learn new skills, new behaviours and new ways to regulate emotion
 - Possible to learn about empathy and understanding the intentions of others
- Relationships, relationships, relationships are the key to working for change with children, traumatised adults and perpetrators of violence



Practice Frameworks: Theory

- To practice in a trauma-informed way our frameworks need to include:
 - A primary focus on relationship and the creation of a safe space – relational theories and models
 - Knowledge of neuroscience, attachment, resilience and the impact of trauma
 - Understanding of cultural difference
 - Impact of colonisation
 - Indigenous theory
 - Impact of migration

Trauma & Brain Development



Adapted from Holt & Jordan, Ohio Dept. of Education

Māori solutions to Māori issues

Never mind Don Brash's views on Māoridom, here are the thoughts of five Māori thinkers to mark Waitangi Day. By Carmen Parahi.



Practice Framework: Models

- Strengths-based approaches
- Narrative approaches
 - Attention to language
 - Use of metaphor and story-telling
- Empowerment models
- Indigenous Models
- Culturally appropriate models
- Strategies for self-regulation
 - Mindfulness
 - Therapeutic approaches that do not rely solely on talking and cognition
- Critical reflection and reflexive, transformative practice



Self Care

Self Care

- Working in a relational way with a trauma focus has a cost:
 - Secondary trauma
 - Vicarious trauma
 - Compassion Fatigue
 - Burn-out
- Adverse impact on:
 - Our work
 - Ourselves
 - Our families and whānau

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Rachel Remen, *Kitchen Table Wisdom*

Self care

- To be effective in our work with others we need to be taking care of ourselves
 - Being mindful of our health and stress levels
 - Living healthy
 - Thinking about our stress-coping strategies
 - Talking to colleagues, friends and family
 - Maintaining work/life balance
 - Supervision/mentoring
- The impact of our work is, however, often cumulative and it takes conscious effort to be self aware and prioritise self care



Factors impacting on ability to look after ourselves

- Gender
 - Dominant culture positions caring as a female domain
 - Places high stress on women as they try to juggle competing priorities
 - Can be exacerbated by expectations that we will be peacemakers and put others before ourselves
 - Does not leave a lot of room for self care
 - Men are not expected to show emotion and
 - High value is placed on the ability to cope
 - This also does not leave much room for self care

Factors impacting on ability to look after ourselves

- Culture/Worldview
 - Includes understandings about the human dimension, the natural environment, and values and beliefs
 - Provides the framework within which we live our lives
- Dominant culture places high value on paid work as a measure of achievement and standing in the community
 - Can lead to the prioritisation of work above all else and
 - Sharp demarcation between public and personal aspects of our lives
 - Understanding the intersection between personal and public is essential if we are to understand the importance of self care in both spaces

Factors impacting on ability to look after ourselves

- Tangata whenua often have dominant culture expectations imposed on them that can be a source of tension when trying to balance work and whānau/cultural obligations
- Tauīwi minority groups such as Pasifika may face similar tensions
- Culture/worldview is also a rich resource when considering wellbeing, wellness and self care



What works for me?

- A focus on trauma-informed care has drawn attention to a range of strategies:
 - Meditation
 - Mindfulness
 - Yoga
 - Self-regulation through breathing and other techniques
- Some people prefer more active pursuits such as running, swimming, team sport, working out
- Other activities that support us in self care include craft, art, music, gardening and spending time with children
- The most important thing is that these are enjoyable activities and not another burden that we place on ourselves

The spiritual dimension of self-care

- Historically the dominant culture has tended to equate spirituality with religion
- Participation in faith communities can be an important dimension to self care but it is not the only way to access the spiritual dimension
- Indigenous cultures have a long tradition of healing through connection with nature
 - These can be quiet activities based on being with nature and paying attention to the sensory experiences of sight, sound, smell, taste and touch or
 - More active pursuits such as hunting and diving

Activity

- Rate your self-care practice from 0 (not at all) to 10 (consistently prioritise)
- List the activities that promote your self-care
- Identify any barriers to self-care
 - In your workplace
 - In your personal life
- Identify any changes you would like to make



Organisational Dimension: Trauma-informed systems

Trauma-informed systems

- It is very difficult to implement trauma-informed care and practice self-care in isolation
- Recognition that staff wellbeing (kaimahi ora) is the key to trauma-informed care is at the heart of becoming a trauma-informed workplace
- Key components in the workplace include:
 - An environment where there is permission to talk about stress, trauma and self care
 - High quality supervision that creates a safe space in which to address the impact of trauma on ourselves and our work
 - Flexible approaches that allow people to engage in self care
 - An inclusive culture that celebrates difference
 - An environment that creates space for celebration and humour

Trauma-informed systems

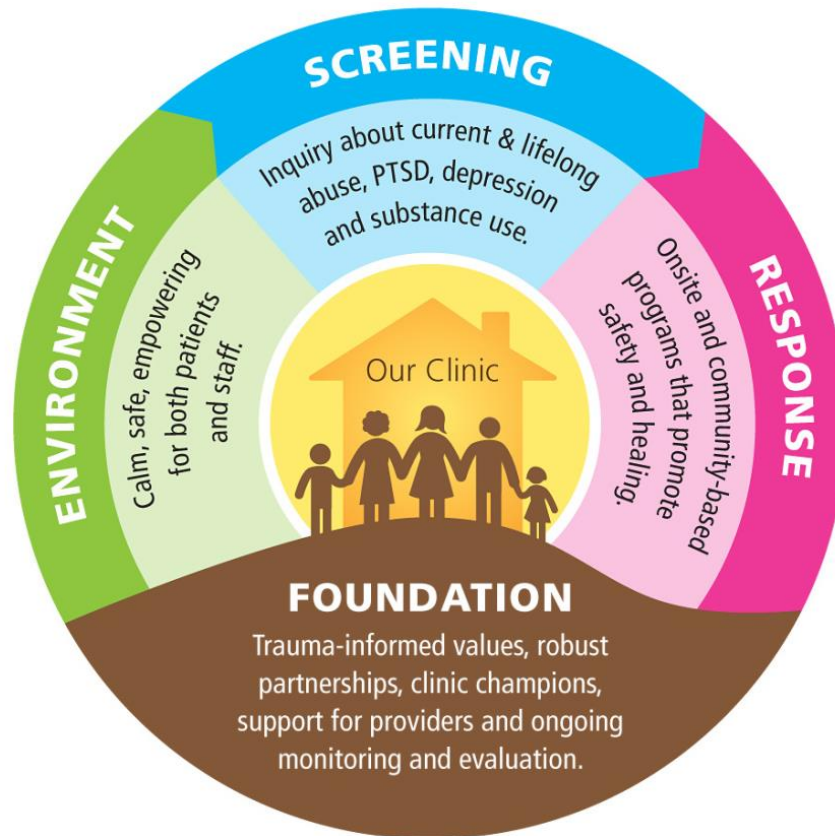
- Managers and team leaders can look after staff by:
 - Building friendly teams
 - Paying attention to the physical environment of the workplace
 - Recognise staff effort and show gratitude for their contribution
 - Encourage staff to take annual leave and discuss self-care in team meetings
 - Taking a proactive approach to workload management
 - Supporting staff to be involved in social change/community education and outreach as a way of keeping trauma material in perspective
 - Providing continuing education and professional development opportunities

Trauma-informed systems – client experience

- The physical environment is important
 - people with trauma histories are highly attuned to potential threat
 - Location, entrance, and waiting areas need to be considered to create safe and welcoming spaces
- Referral, assessment and record-keeping processes need to be reviewed for possible trauma triggers
- Language is important in every aspect of service delivery

Trauma-informed systems

Trauma-informed Primary Care

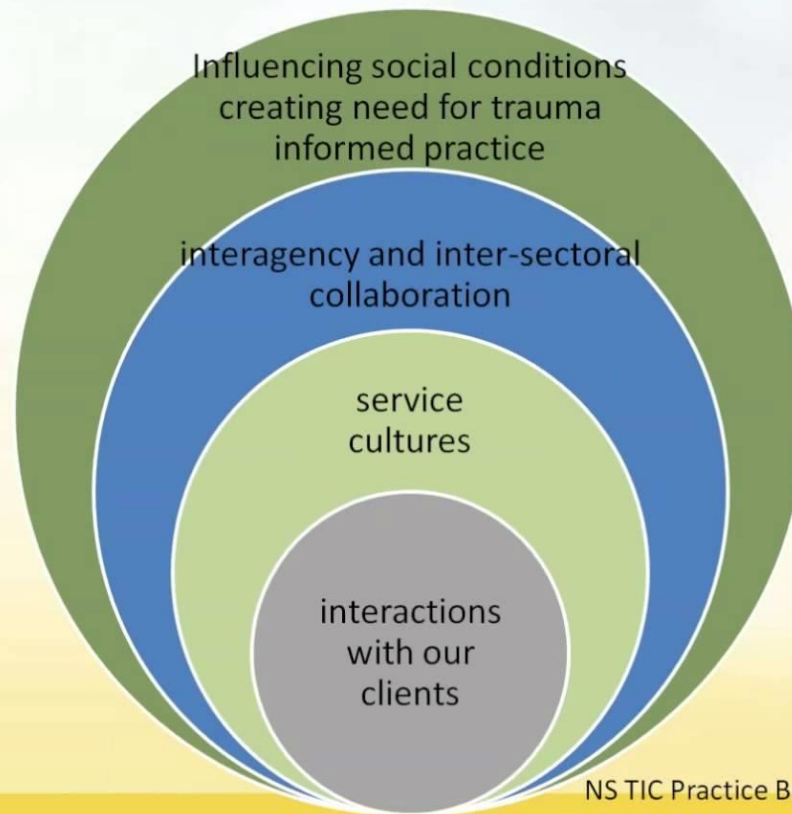


Activity

- Rate your workplace on a scale from 0 (not at all) to 10 (all the time) on the extent to which self-care is promoted and actively facilitated
- Rate your workplace on a scale from 0 (not at all) to 10 (all the time) on the extent to which your workplace creates safe and trauma-informed space for clients
- Identify changes that would improve your workplace
- How could you initiate this process?

Wider Implications

Trauma
informed
practice and
policy are
relevant at all
of these levels



NS TIC Practice Brief, 2015

Conclusion

- There are four key dimensions to trauma-informed practice:
 - Knowledge
 - Skills
 - Self-care
 - Trauma-informed work environments
- Trauma-informed practice is not an add-on or another new fad – understanding trauma highlights that many of our current activities are misdirected
- Current practices need to be reviewed to ensure that our interventions are *not* retraumatising service users and *are* facilitative of the healing and recovery that leads to transformative change

