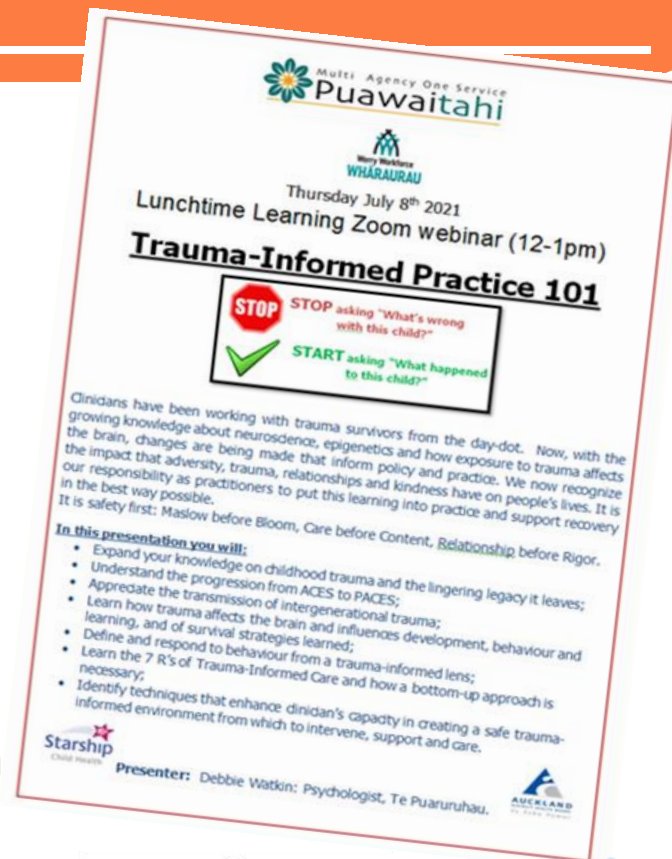


# Trauma-Informed Practice

Thursday 8<sup>th</sup> July 2021  
12 noon – 1.00pm

By Debbie Watkin  
Registered Psychologist  
Te Puaruruhau, Starship Children's Health





Talk to a  
counsellor,  
any time.

NEED TO TALK?

**1737**

free call or text  
any time

Always  
take care of  
yourself





# Trauma-Informed Practice

- The trauma-informed journey
- Trauma / Toxic stress
- ACES and PACES;
- Epigenetics & transmission of Intergenerational trauma
- The Brain and the Body
- Behaviour: adopting a trauma-informed lens;
- 7R's - the power of relationships;
- Maslow before Bloom:  
Care before Content, Love before Lesson,  
Relationship before Rigor, Connection before Correction.



# Puawaitahi

- We are a specialist multi-disciplinary team working in the area of child abuse with traumatic events.



- 3 ministries: Police, ADHB, Oranga Tamariki



# Te Puaruruhau – Starship ADHB

## MULTI-DISCIPLINARY TEAM:

- Paediatricians,
- Nurse specialists
- Social workers
- Psychologist

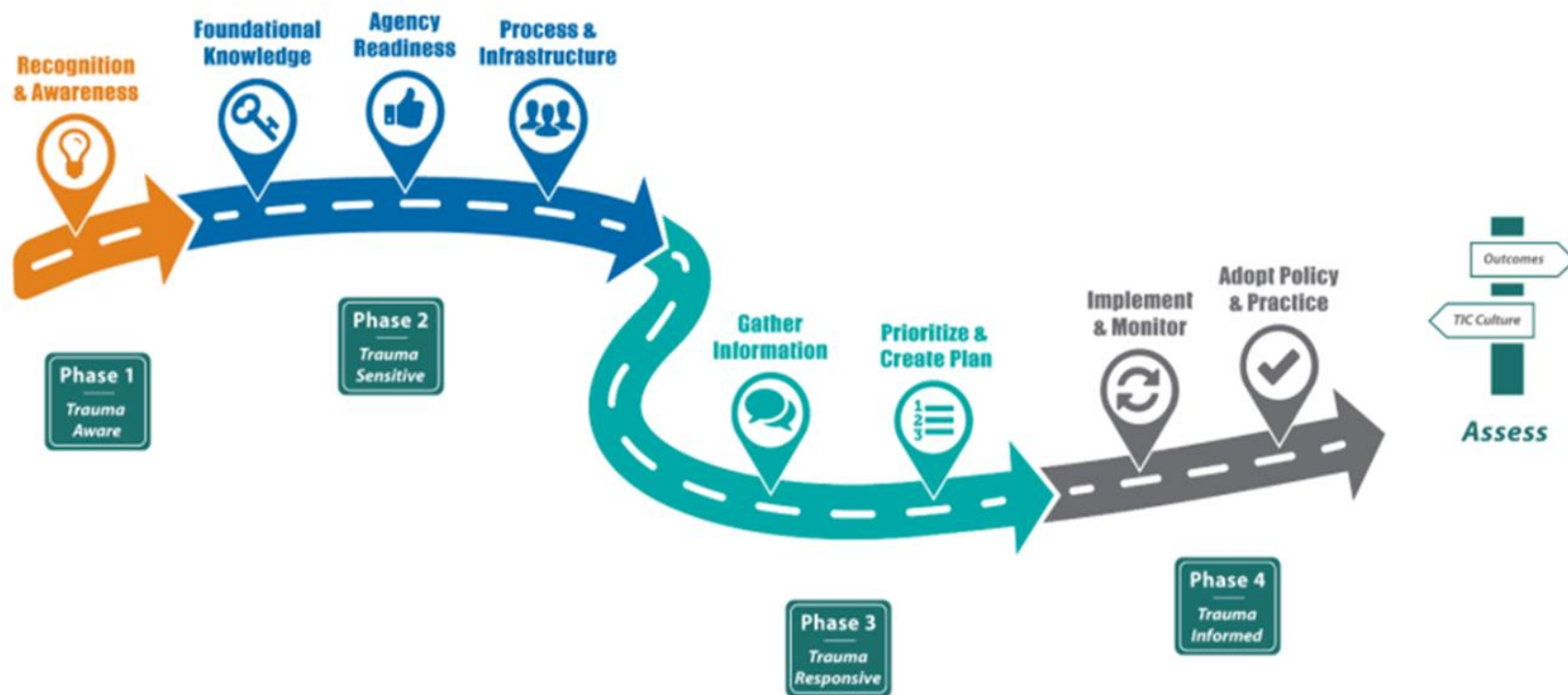


# Trauma Informed journey



# It's a Journey.....

## ROAD MAP TO TRAUMA INFORMED CARE (TIC)





# Trauma-informed practice

## Recognition and awareness

- There's no formula, no framework, and no curriculum. It's an overall way of working rather than any specific set of techniques or strategies.
- Trauma-informed practice means recognising that experiencing 'hard stuff' has the potential to leave a scar, - that some people will need more support and different types of support than others.







# Trauma-informed care

- Understanding of the impact of trauma in all levels of care and practice; for clients and staff.

We try to adopt an ACES to PACES lens:

- recognising that the impact of adversity, trauma, relationships and kindness.





# What is Trauma?





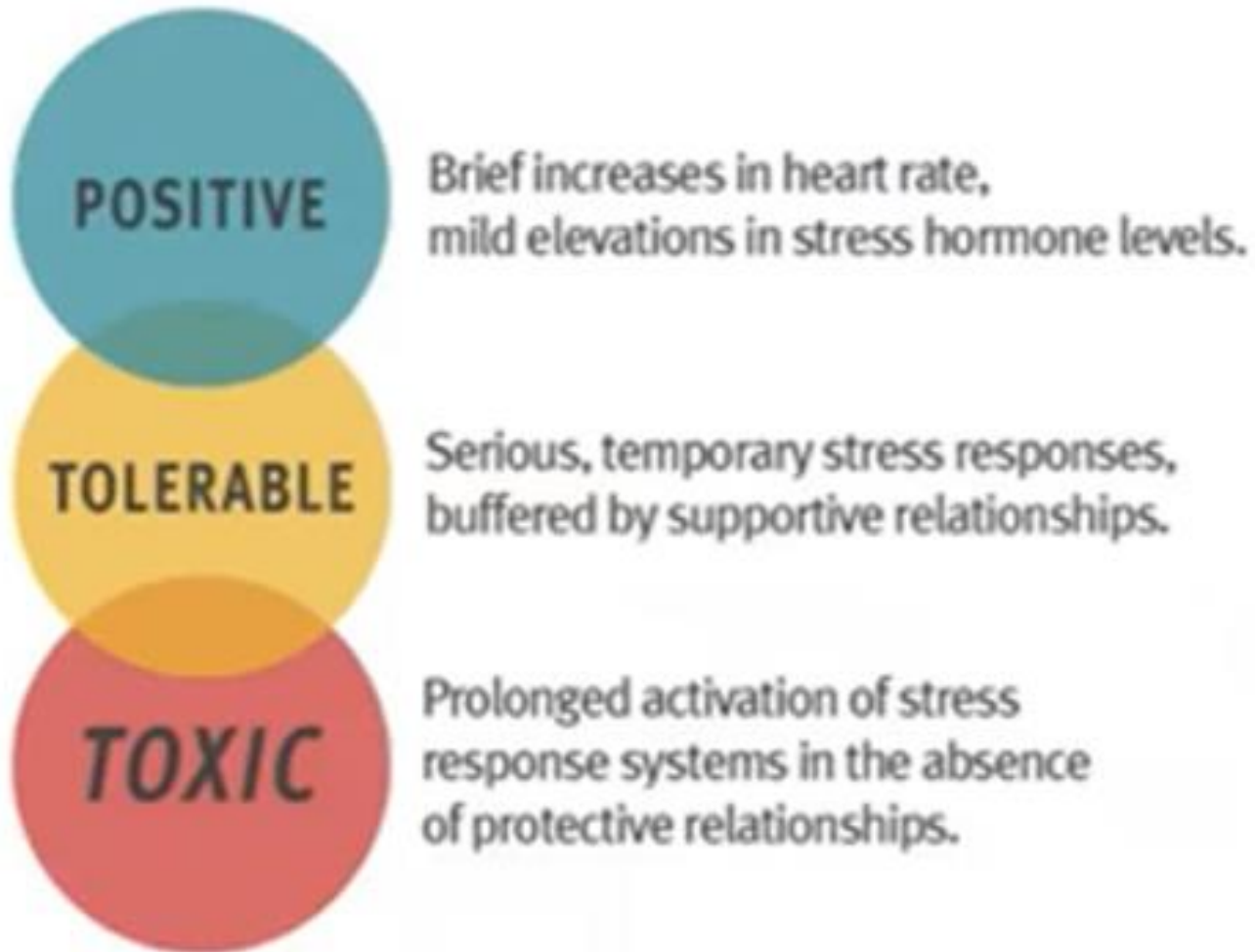
# Trauma / Toxic Stress

- A working definition:

*“- anything that you have experienced that you didn't have the resources or support to process in a healthy way”.*



# Spectrum of Positive, Tolerable and Toxic Stress

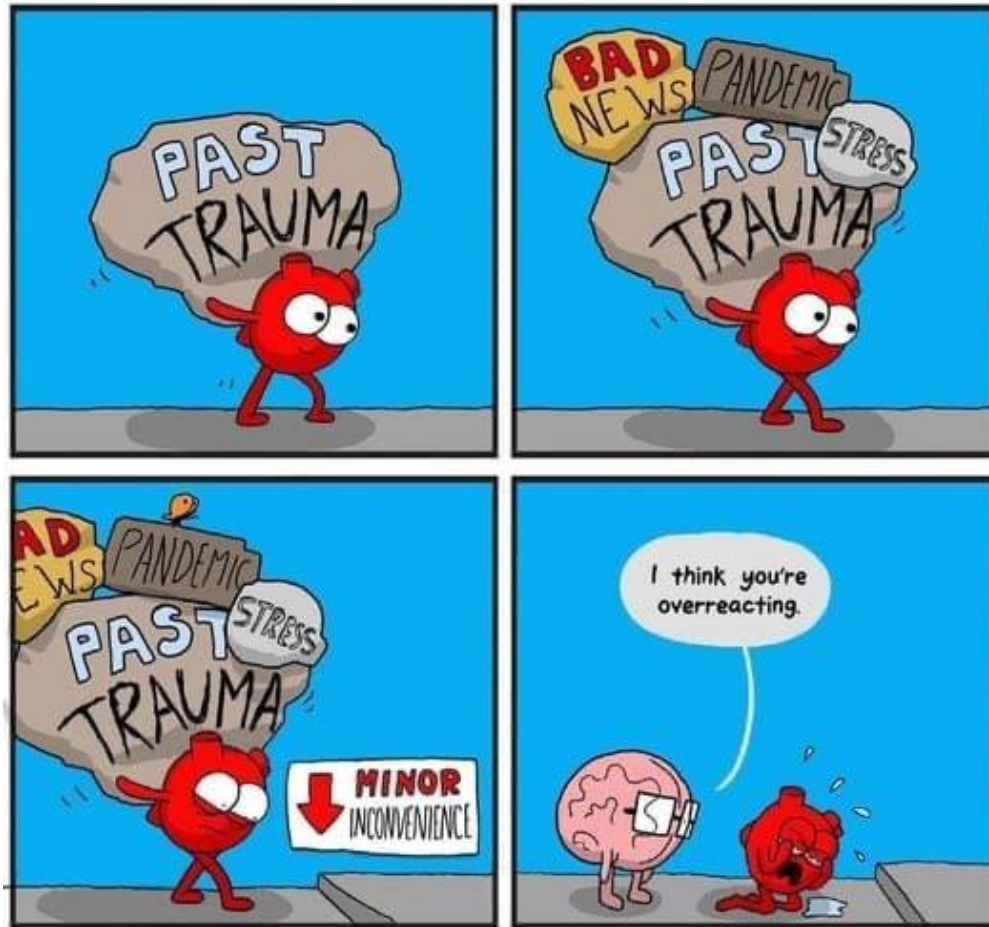




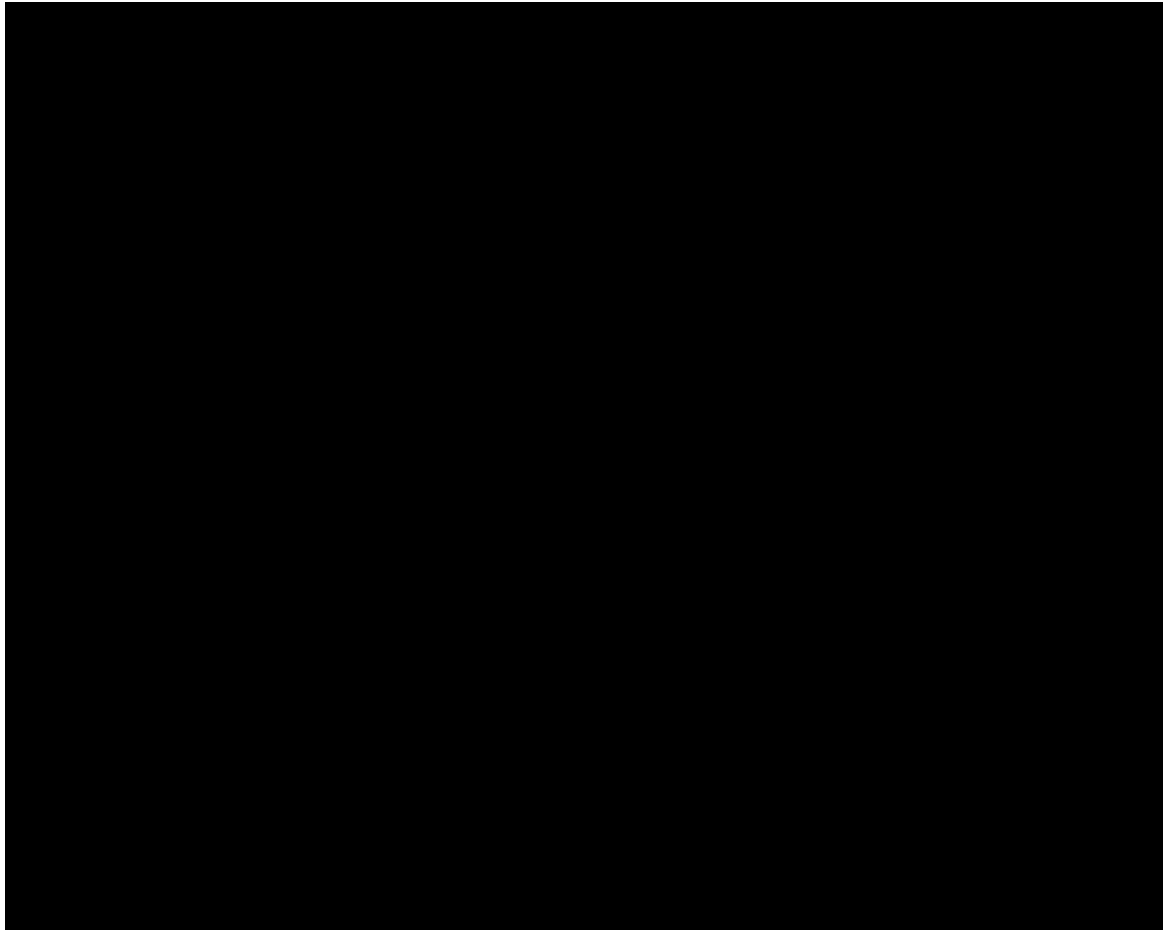
# PTSD (1980s)



# Vulnerability



# Wisdom of Trauma Movie Premiere





# ACEs study (1998)



Robert Anda, MD  
CENTERS FOR DISEASE CONTROL



Vincent Felitti, MD  
KAISER PERMANENTE

## Research Article

### Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

#### The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, PhD, Nicholasburg, MD, David L. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

**Background:** The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

**Methods:** A questionnaire about adverse childhood experiences was mailed to 13,091 adults who had completed a standardized medical evaluation at a large HMO; 9,596 (73.3%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0-7) and risk factors for the leading causes of death in adults.

More than half of respondents reported at least one, and one-fourth reported 2 or more categories of adverse childhood experiences. We found a strong relationship between the number of categories of adverse childhood experiences and the number of risk factors for the leading causes of death in adults.





# 10 Adversities

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

# What's an ACE Score?



# Trauma impacts



*Thoughts, behaviours, feelings, spiritual beliefs, relationships and physical health may reflect experiences of trauma*

To Whara Tapa Whā, which is based on the four interconnected aspects of wellbeing, provides a Māori perspective on health and offers a broad concept of wellbeing for everyone.



People's wellbeing depends on all aspects being in balance. When people experience trauma, this can impact all four aspects of their wellbeing.

## Event

Traumatic events can include experiencing or witnessing physical, emotional or sexual abuse; a serious incident; or losing a whānau member. A traumatic event can be one-off or ongoing. Multiple or ongoing traumatic events can have cumulative effects. Adverse events experienced in childhood can have impacts into adulthood. Historical events such as colonisation and migration are important to recognise and consider in the New Zealand context.

## Experience

The impact of trauma is not the same for everyone. Having support and resources can help mitigate the potential risks and negative impacts. Protective factors include strong whānau relationships, access to meaningful help, and a safe environment. Risk factors can include multiple trauma exposures, poor health, or an unsafe environment. How a person experiences trauma and what meaning it has for them is heavily influenced by their culture. Trauma isn't just experienced by individual people. Trauma can be experienced by whānau and communities as well.

## Effects

Trauma experienced earlier in life or trauma that is cumulative or ongoing is more likely to have adverse impacts. Children's development and functioning is particularly vulnerable to the impact of trauma. Trauma can have multiple effects, and affects everyone differently. However, ongoing impacts from trauma are not inevitable. It may not be obvious that someone has experienced trauma. The effects are often internalised and without the context of trauma, people's behaviour may be misunderstood. Effects of trauma depend on the resources of people, whānau and communities at that time. The effects of past and present trauma events can be passed down between generations.

- **53%** of children had experienced at least one ACE before starting school – most commonly emotional and physical abuse.
- **One in four** children had been exposed to emotional abuse - their parent criticising their child's ideas, shouting at them, or exploding with anger "very often" - before reaching school-age.
- **One in five** children were exposed to physical abuse - where their parent reported smacking their child "often or very often".
- **One in 10** parents or partners reported using illegal drugs during the first 4 years of their child's life.

Vaithianathan, (AUT, 2018)



## 2,900 in New Zealand's 2019 Family Violence Survey

- 50% of respondents reported at least one ACE  
(worse for Māori – 80%)
- One out of nine reported at least 4 ACEs,
- A person experiencing 'emotional abuse' at home as a child was nearly 3X more likely to experience violence from an intimate partner in later life.

*Fanslow, Hashemi, Gulliver and McIntosh, 2021*



# Trauma is common (2018)



**For every 10 people, including children, trauma potentially impacts:**

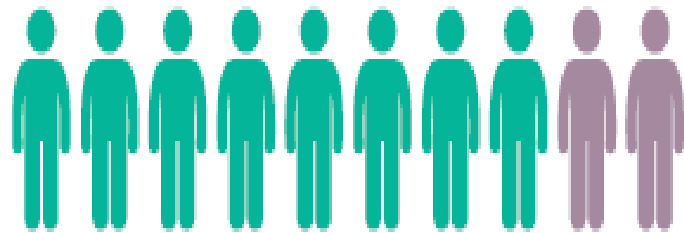
Dorsey et al., 2012; Skar et al., 2019; Walsh et al., 2019; Te Pou, 2018.



5 people in the general population



7 Māori people



8 people in prison



9 people who have accessed mental health and addiction services

### Re-enactment

Recreating the childhood dynamic expecting the same result but hoping for a different one. This strategy is doomed to failure because the need is in the past and cannot be resolved. Also you will interpret anything as confirmation that you have been betrayed once more.

### Loss of safety

The world becomes a place where anything can happen.

### Loss of self-worth

Trauma survivors can swing between feeling special—with grandiose beliefs about themselves—and feeling dirty and 'bad.' This self-aggrandizement is an elaborate defense against the unbearable feeling of being an outcast and unworthy of love.

### Loss of danger cues

How do you know what is dangerous when someone you trust hurts you and this is then your 'normal'?

### Loss of sense of self

One of the roles of the primary caregiver is to help us discover our identity by reflecting who we are back at us. If the abuser was a parent or caregiver, then that sense of self is not well developed and can leave us feeling phony or fake.

# Impacts of TRAUMA

### Loss of trust

This is especially true if the abuser is a family member or a close family friend.

### Loss of physical connection to body

Survivors of sexual and physical abuse often have a hard time being in their body. This disconnection from the body makes some therapies known to aid trauma recovery, such as yoga, harder for these survivors.

### Shame

Huge, overwhelming, debilitating shame. As a child, even getting an exercise wrong at school can trigger the shame. The child may grow into an adult who cannot bear to be in the wrong because it is such a trigger.

### Dissociation

Often, to cope with what is happening to the body during the abuse, the child will dissociate (disconnect the consciousness from what is happening). Later, this becomes a coping strategy that is used whenever the survivor feels overwhelmed.

### Loss of intimacy

For survivors of sexual abuse, sexual relationships can either become something to avoid or are entered into for approval (since the child learns that sex is a way to get the attention they crave) and the person may be labeled 'promiscuous.'


# Gateway- average ACE score = 6



- Twice as likely to suffer cancer, strokes, heart disease,
- Twice as likely to be a smoker,
- 4 times more likely to suffer depression,
- 6 times more likely to experience IPV,
- 7 times more likely to experience non-IPV,
- 12 times more likely to attempt suicide,
- 20 years less life expectancy
- 32 times more likely to have learning/behavioural issues.





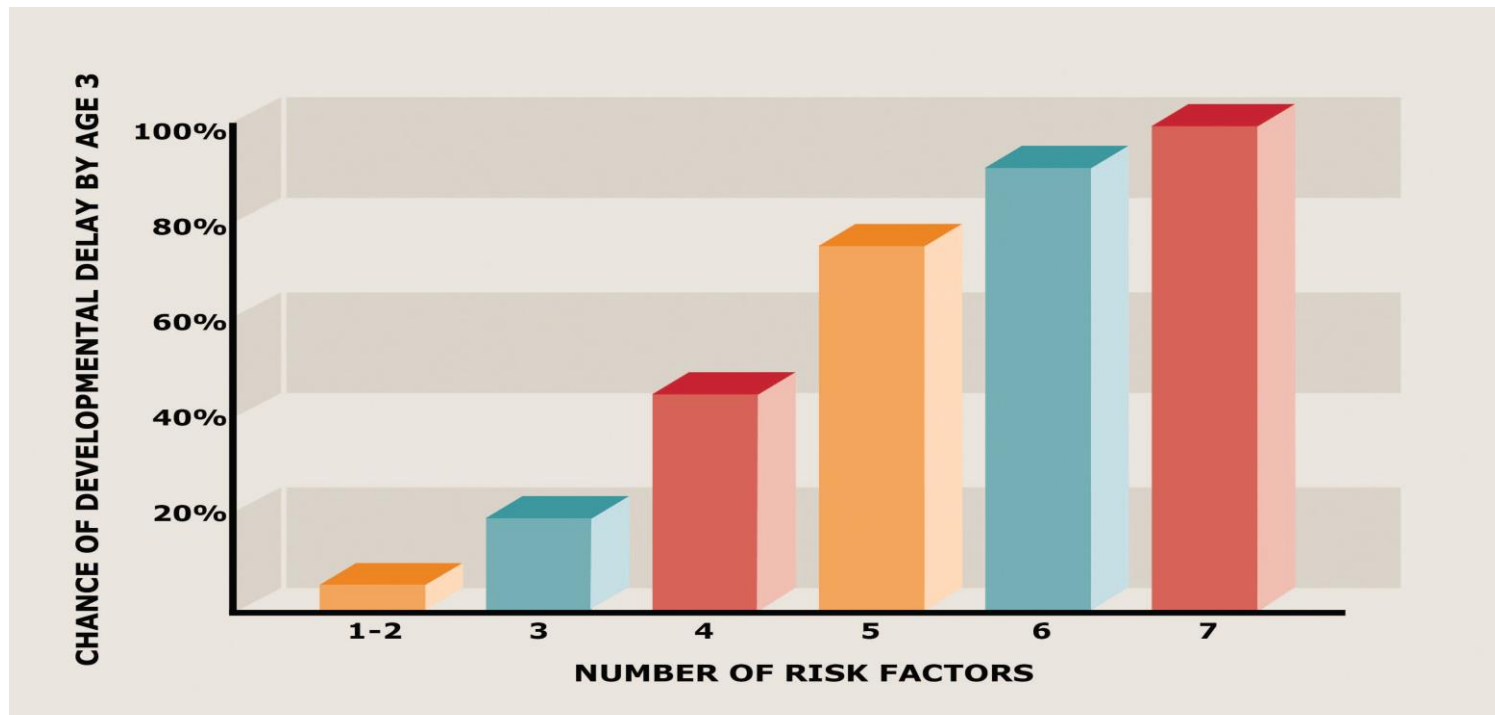


ODD, RAD, PTSD, CD  
ADHD, SPD, FASD, PDD, TBI...  
LETS JUST GO WITH  
“COMPLEX TRAUMA”

HEATHER T. FORBES, LCSW

# ACES - impact on development

**90-100** 90-100% CHANCE OF DEVELOPMENTAL DELAYS WHEN CHILDREN EXPERIENCE 6-7 RISK FACTORS



Center on the Developing Child  HARVARD UNIVERSITY

Source: Barth et al. (2008)

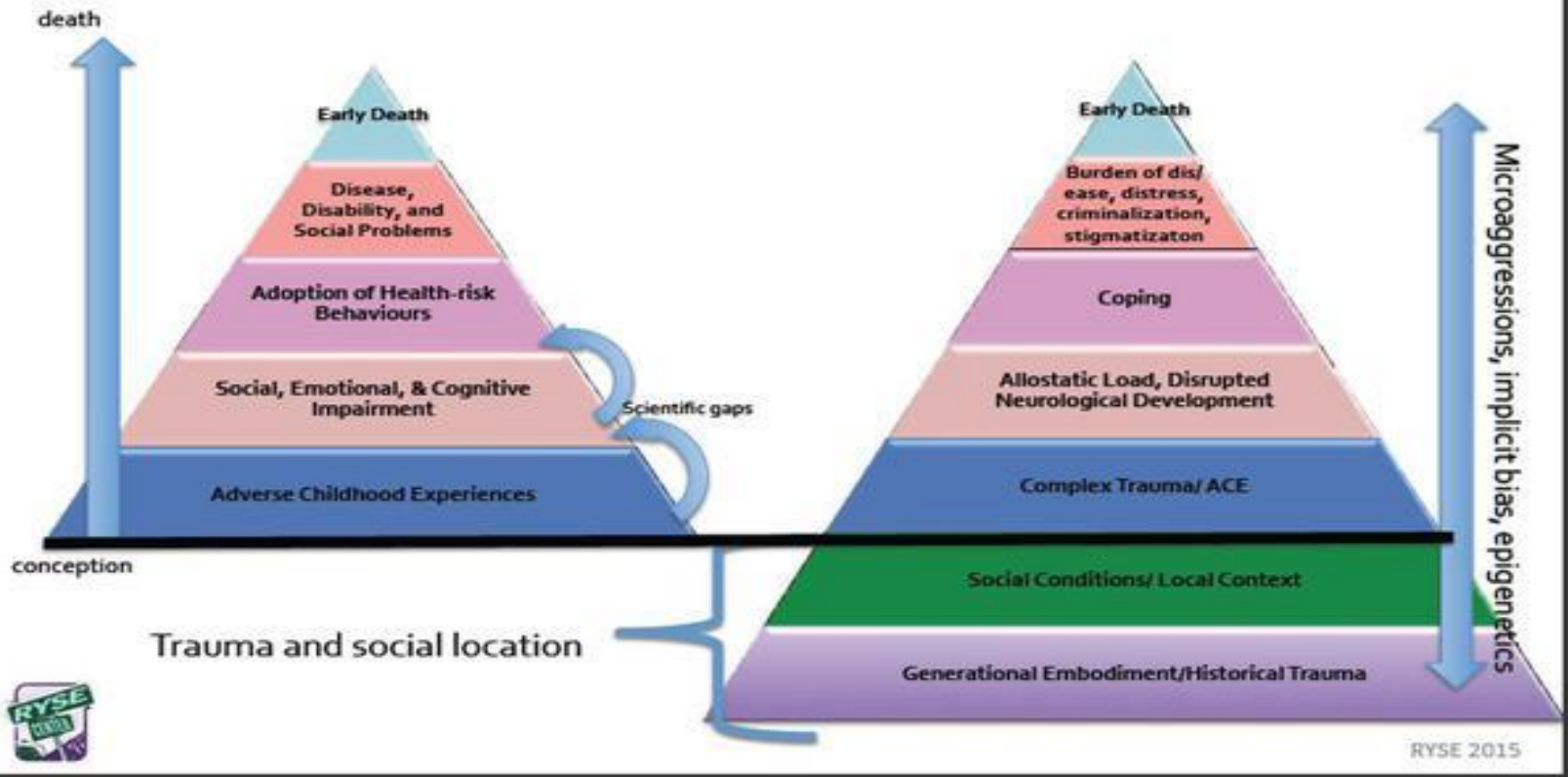
# Adding layers to ACES



## Trauma and Social Location

Adverse Childhood Experiences

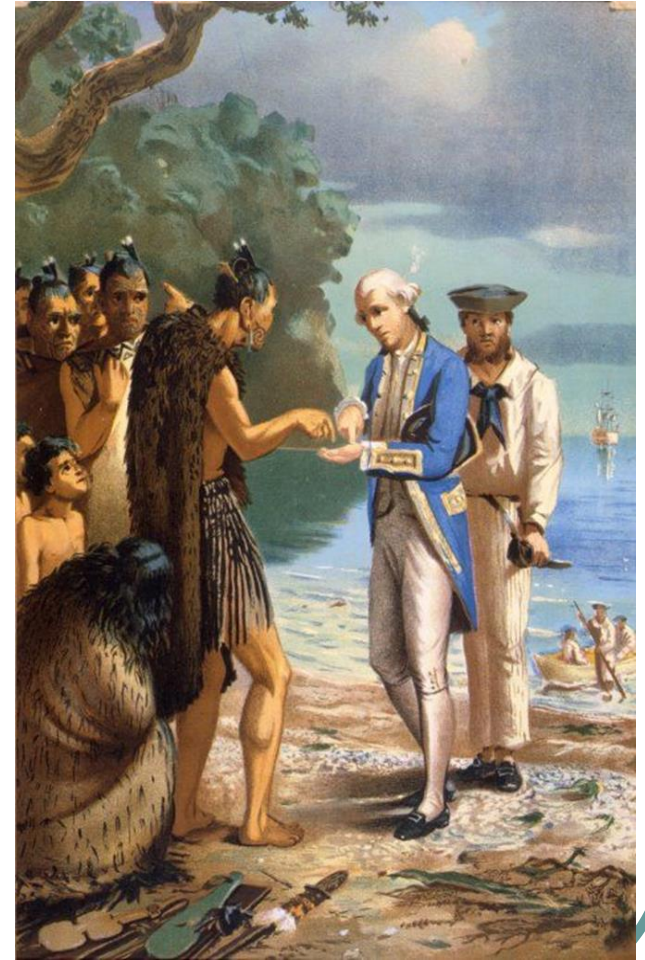
Historical Trauma/Embodiment



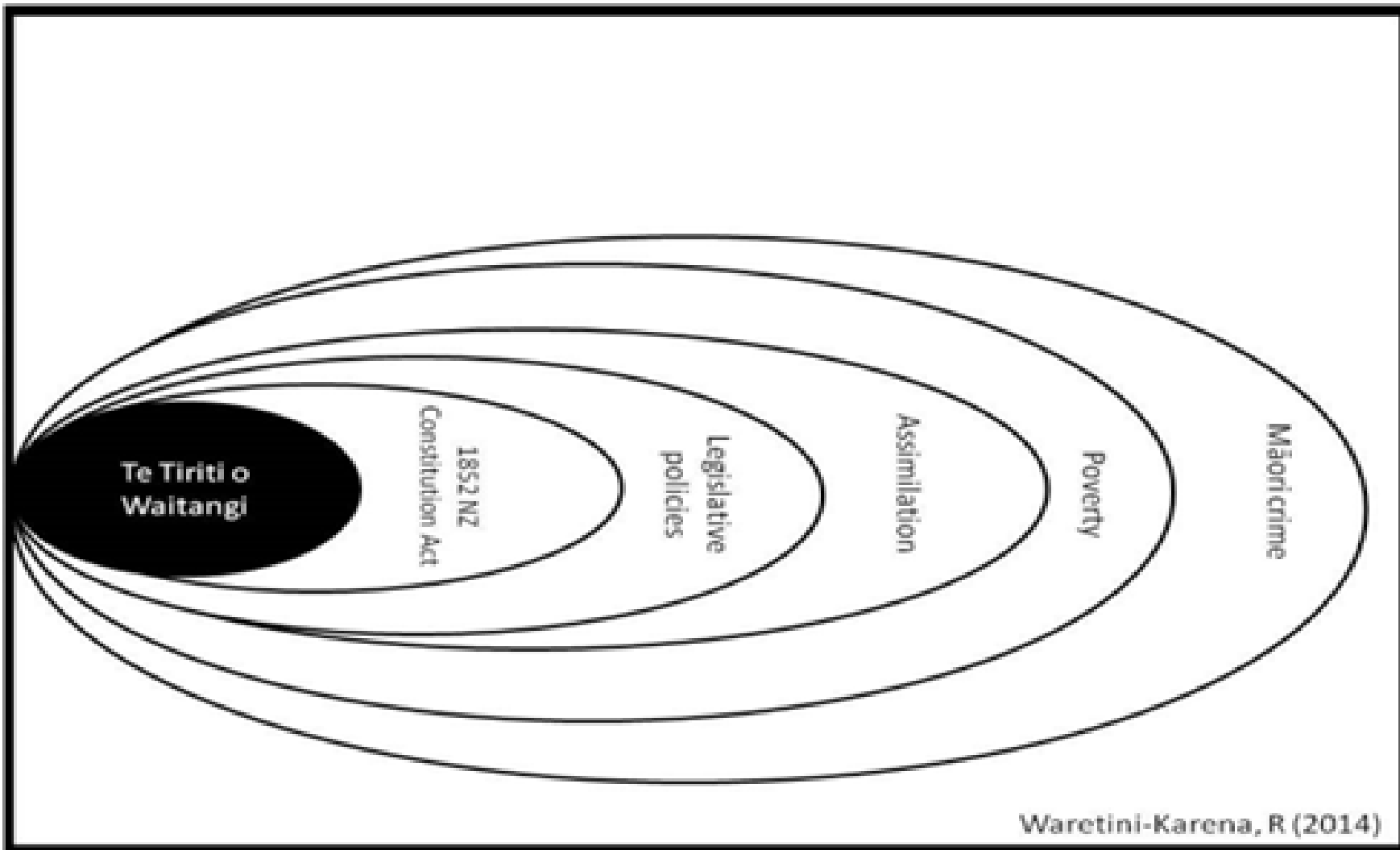
# Colonisation in Aotearoa

At the macro level, Maori experienced oppression, cultural genocide, land displacement and alienation. They also experienced economic destruction leading to intergenerational poverty.

(Dr Rawiri Waretini-Karena, 2014)



# Pūtaketanga Model (Dr Waretini-Karena)





# Canada and Australia

## A CHILD IS WAITING



...the ... ..

... ..

... ..



MISSING AND MURDERED: FINDING CLEO

MISSING AND MURDERED: FINDING CLEO

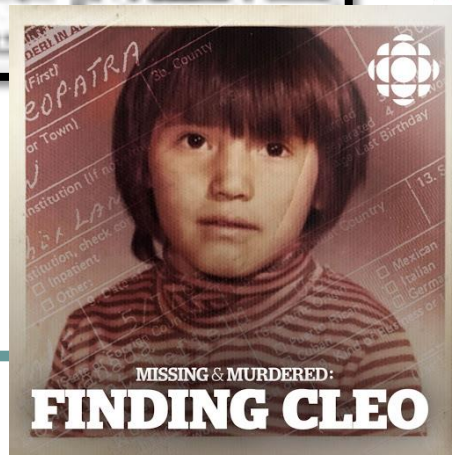
MISSING AND MURDERED: FINDING CLEO

## DAWN RAIDS THE UGLY REALITY



# Aboriginal

Bringing cultural compensate Mail past apology government personal mum white lost  
 Tasmania Trevorrow state rights told P.G removed suffering Land young  
 boys Netta day offers  
 Many language guide Free taken away members homes  
 parents NIT mother Report family abuse 13/2/2008  
 years months girls people  
 just Movie Community never South today culture back Australian Bruce life - Sydney  
 Australia institutions found compensation history  
 Home first know families children  
 Read more at [www.CreativeSpirits.info](http://www.CreativeSpirits.info)





# Cultural considerations

**THE UNIVERSITY OF AUCKLAND**  
**PUBLIC POLICY INSTITUTE**  
Te Whare Raukōwhiri Kōwhiri

Policy Briefing  
1/2021

## ACEs and Cultural Considerations in Aotearoa New Zealand

Eileen Joy and Liz Beddoe  
University of Auckland

**Introduction**  
The Adverse Childhood Experiences (ACEs) checklist was first conceptualised as the result of an attempt to understand links between childhood experiences and long-term health outcomes.

**Key Questions:**  
Does the cultural application of Adverse Childhood Experiences (ACEs) checklists in the Aotearoa New Zealand context replicate and reinforce inequalities?

It is important to understand that this initial research was undertaken with a US-based population sample consisting of mostly white, average to well-off, insured patients within a medical setting, and that the questions developed for the checklist were not the result of a rigorous review to select those variables most likely to predict health outcomes. Using such populations, with limited samples, as a 'norm' from which to judge global populations is a noted shortcoming of a growing body of research showing some global generalisability for the ACEs checklist fails to adequately account for the often entangled effects of colonisation.

Within the original ACEs checklist, for example, respondents are asked 'Were you ever in prison?', and there are substantial associations between parental incarceration and child outcomes. However, a simple equation between parental incarceration and child outcomes obscures the impact of racism in considering other factors such as experiences of racism, and, critically, it individualises a larger societal problem.

**New Zealand**  
In Aotearoa New Zealand, much like many other colonised nations, the Indigenous population (Māori) experience differential incarceration rates. These rates are differentially impacted by ethnicity, concentration of incarceration obscures the impact of racism in considering other factors such as experiences of racism, and, critically, it individualises a larger societal problem.

Prison Population by Ethnicity  
Chart Description  
Māori: 11.6%  
European: 10.7%  
Other: 4.8%

NZ Department of Corrections, 2018

@PolicyAuckland  
www.ppi.auckland.ac.nz



## Weaving together knowledge for wellbeing

Trauma informed approaches

Recognising, understanding and responding to trauma in an informed way leads to positive outcomes for people and whānau in Aotearoa

What you do every day makes a difference

TE RAU ORA  
LeVa  
Matu o Raki  
Wherry Whānau WHĀRAURAU  
Te Pou o te Whakaaro Nui



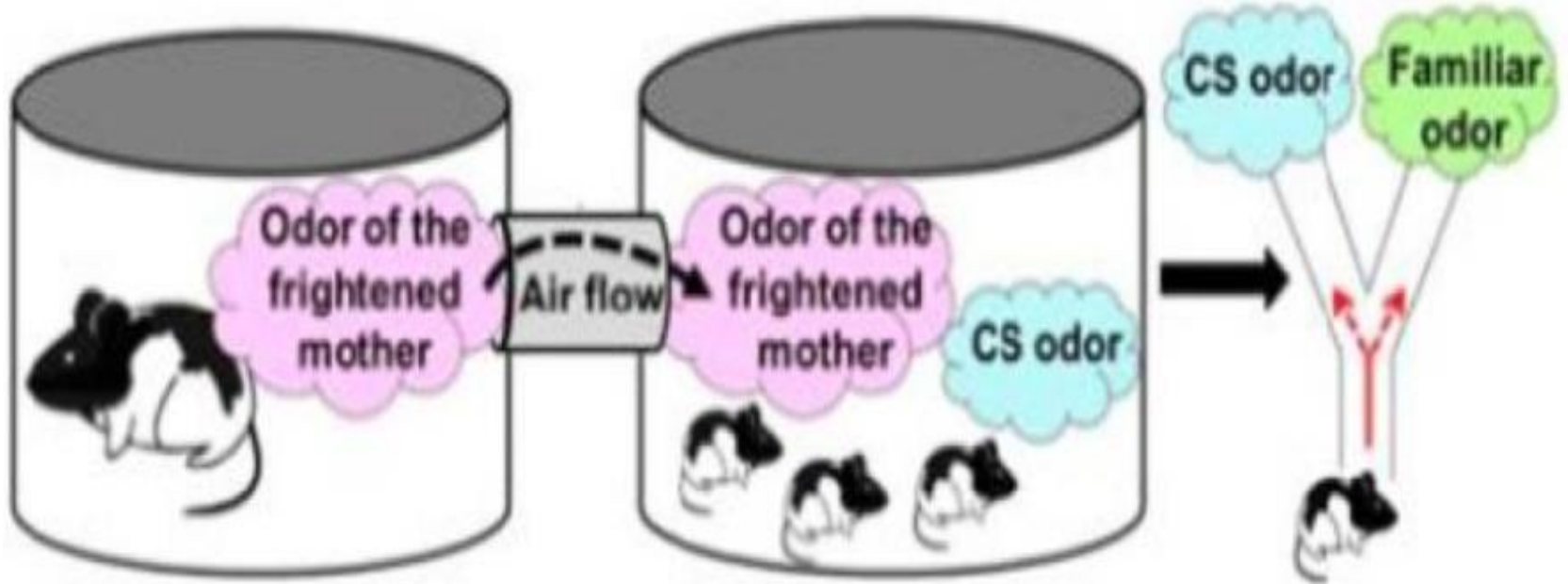
## KIA HORA TE MARINO

Trauma Informed Care for Māori

*Let the water be understood  
Let the sun be felt in the ground  
Let the stars map where our ancestors' pathways*



# Epigenetics - the genetic imprint



Dias & Ressler, 2013  
Emory University in Atlanta Georgia

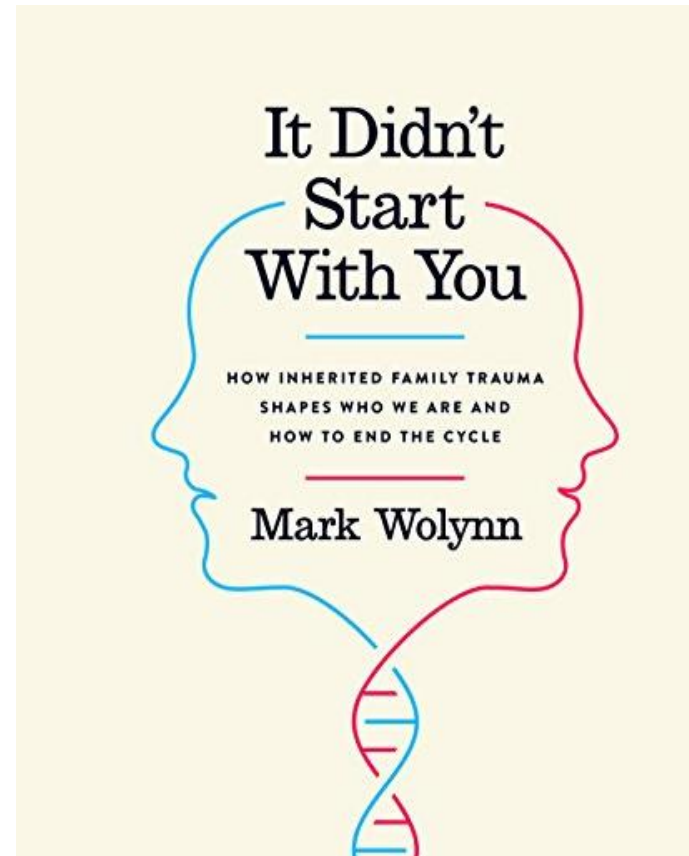




# Trauma leaves a scar – “like fossils in our genome”



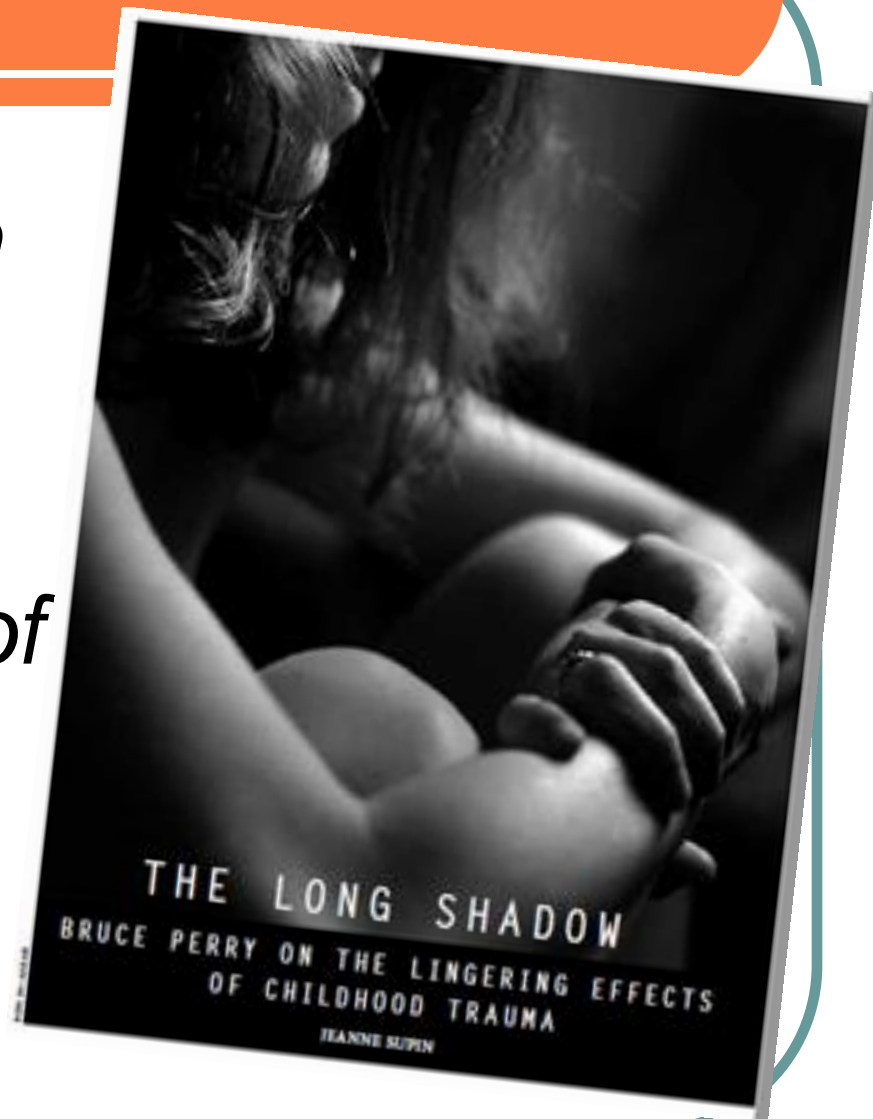
# Epigenetics & Inherited trauma





*“A child can be taken out of the trauma, but its not so easy to take the trauma out of the child”.*

**Bruce Perry**

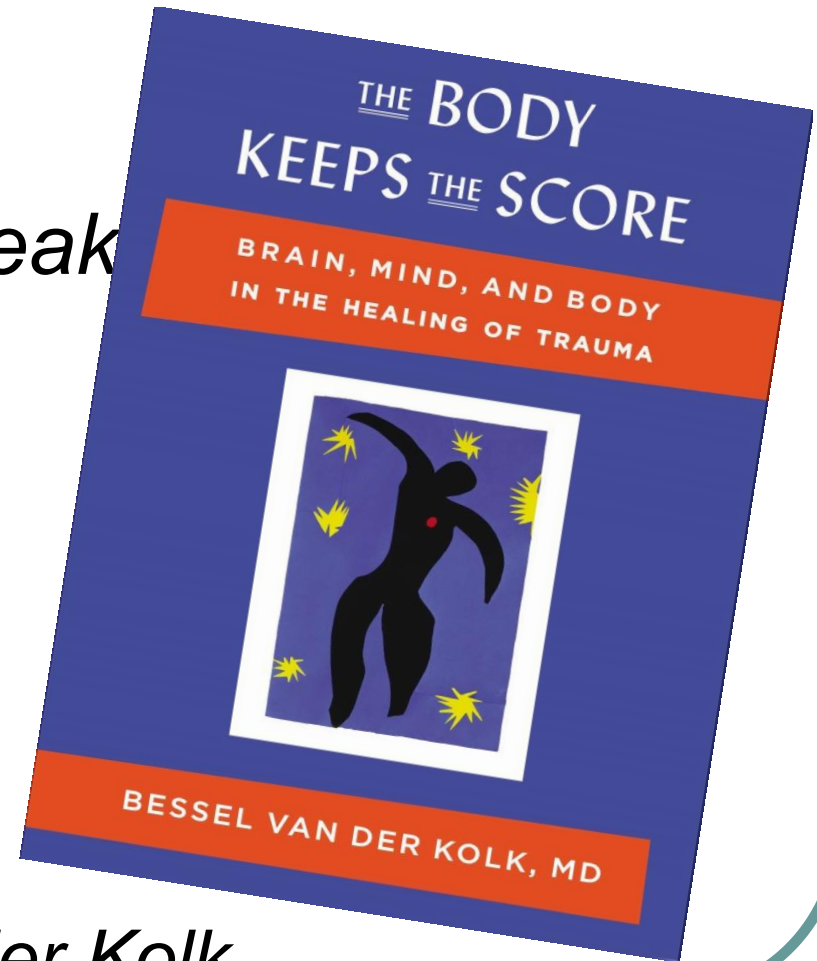




# Developmental Trauma Disorder

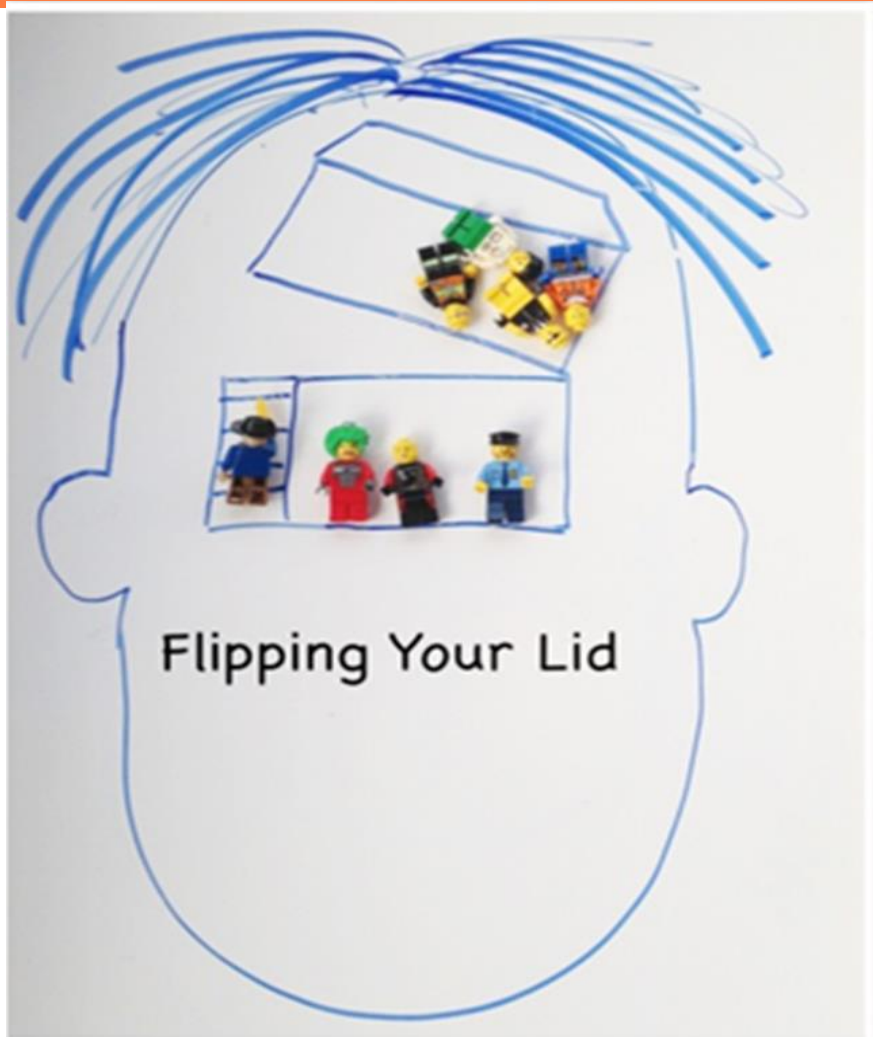
## Trauma:

*“It lives in the heart break  
and the gut-wrench.”*



*Bessel Van der Kolk*

# ‘Flipping their lid.’



Dan Siegal



# ACEs in Pandemic - stress related traumas

Social distancing  
Working from home  
Schooling from home  
Stress on supply chains  
Fears about financial stability  
Figuring out how to slow down  
Discovering more about your true self  
Upholding your social contracts with integrity  
Levelling up efficient ways to keep clear and calm  
Discerning what information can be trusted as accurate



**These new stresses/traumas can pick at the scabs of former traumas.**



# Trauma-Informed



**STOP** asking "What's wrong with this child?"



**START** asking "What's happened to this child?"

Adverse Childhood Experiences

## How Knowing About ACEs HELPS

Dr. Burke Harris describes one woman's reaction to learning about ACEs:

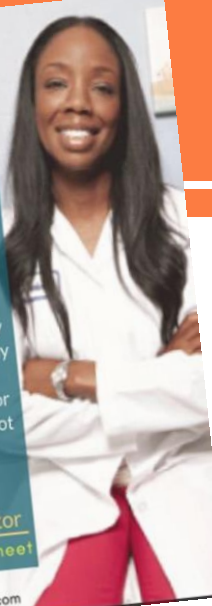
"These are tears of pure, unadulterated joy." "Why joy?" ... "Because I understand now why I am this way. I understand why my siblings are this way. I understand why my mother raised us the way she did. I understand that I can break this cycle for my children and I understand that I'm not a victim, I'm a survivor." p. 178

Nadine Burke Harris, MD *The Deepest Well* p.178

Educate Your Doctor

Free Downloadable ACEs Fact Sheet

Veronique Mead, MD, MA  
Chronic Illness Trauma Studies.com



Oprah

Adverse Childhood Experiences

## "ACEs are a game changer"


Unless you fix the trauma ... the hole in the soul...where the wounds started, you're working at the wrong thing.... [The ACE story is] HUGE ... and I've done a lot of stories in my life."

Oprah Winfrey on an interview she prepared for CBS 60 minutes

Educate Your Doctor

Free Download ACEs Fact Sheet

Veronique Mead, MD, MA  
Chronic Illness Trauma Studies.com




# Unlocking Us

PARCAST | Spotify

WHAT HAPPENED TO YOU?  
CONVERSATIONS ON TRAUMA, RESILIENCE, AND HEALING  
BRUCE D. PERRY, M.D. with OPRAH WINFREY

**OPRAH WINFREY & DR. BRUCE D. PERRY**

May 5, 2021

**Brené with Oprah Winfrey and  
Dr. Bruce D. Perry on Trauma, Resilience, and  
Healing**



# Behavior is like an iceberg

What you see...

Am I safe?  
Am I loved?  
Do I matter?  
I feel angry.  
I feel sad.  
I feel scared.  
I feel hungry or tired.  
I am feeling overwhelmed.  
I have developmental delays.  
I can't communicate any other way!  
I feel overstimulated. I have sensory needs.  
I need understanding or help!

(What they're really saying)



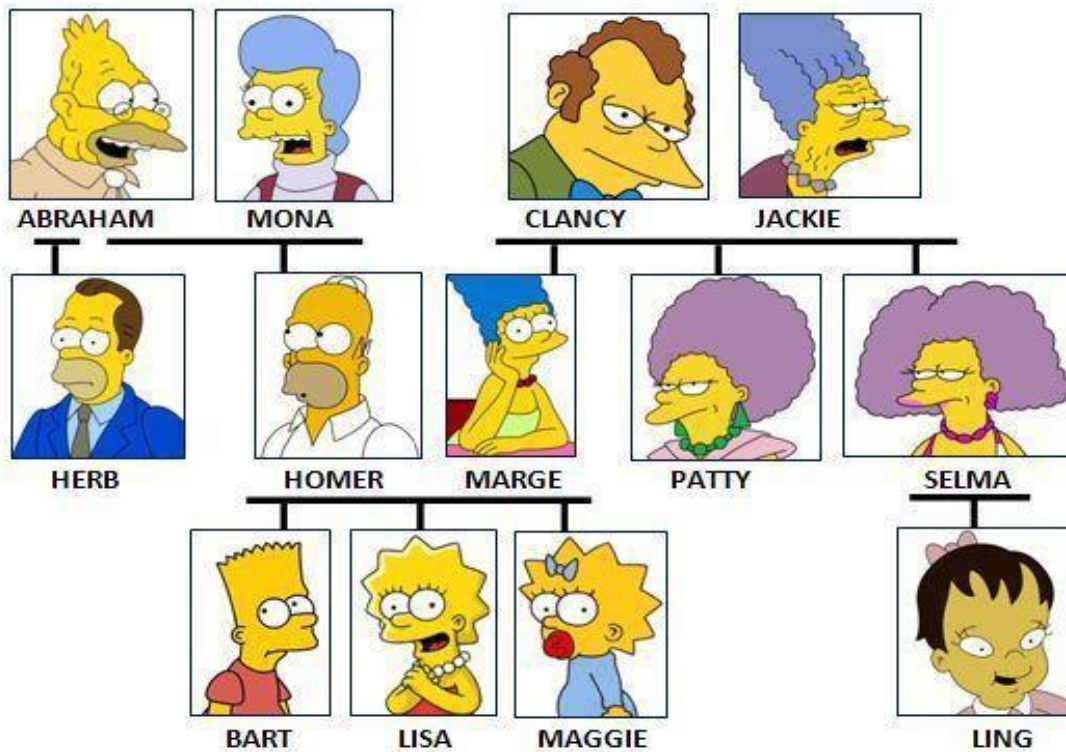
A new lens.





# Consider family history

## THE SIMPSONS



**WHEN IT FEELS DISHEARTENING TO LEARN  
THAT TRAUMA CHANGES THE BRAIN,  
REMEMBER THAT HEALING  
CHANGES THE BRAIN, TOO.**

---



**BrainPower**  
Neurodevelopmental Center LLC



# ACES to PACES.

**PACES**  
Connection  
formerly ACESConnection

**PREVENT**  
ACEs

**HEAL**  
trauma

**BUILD**  
resilience

**JOIN** the  
movement

PACES = Positive & Adverse Childhood Experiences



**PACES** = **P**ositive & **A**dverse **C**hildhood **E**xperiences



# 7 Positive Childhood Experiences

① Ability to talk with family about feelings



② Felt Experience that family is supportive in difficult times



③ enjoyment in participation in community traditions



④ Feeling of belonging in high school.



⑤ Feeling of being supported by friends



⑥ having at least two non-parent adults who genuinely care.



⑦ feeling safe and protected by an adult at home



the relationship  
btwn PCE's & good  
mental health is  
"DOSE RESPONSIVE"

the more a child gets,  
the better adult health

# Balancing ACEs with HOPE

(Healthy Outcomes from Positive Experiences)



HOPE

HEALTHY OUTCOMES  
FROM POSITIVE EXPERIENCES

# Four Building Blocks of HOPE



- Opportunities for **social and emotional growth**
- **Social and civic engagement** to develop a sense of belonging and connectedness
- **Safe, equitable, stable environments** for living, playing and learning at home and school
- **Relationships** within family, with other children and adults through interpersonal activities

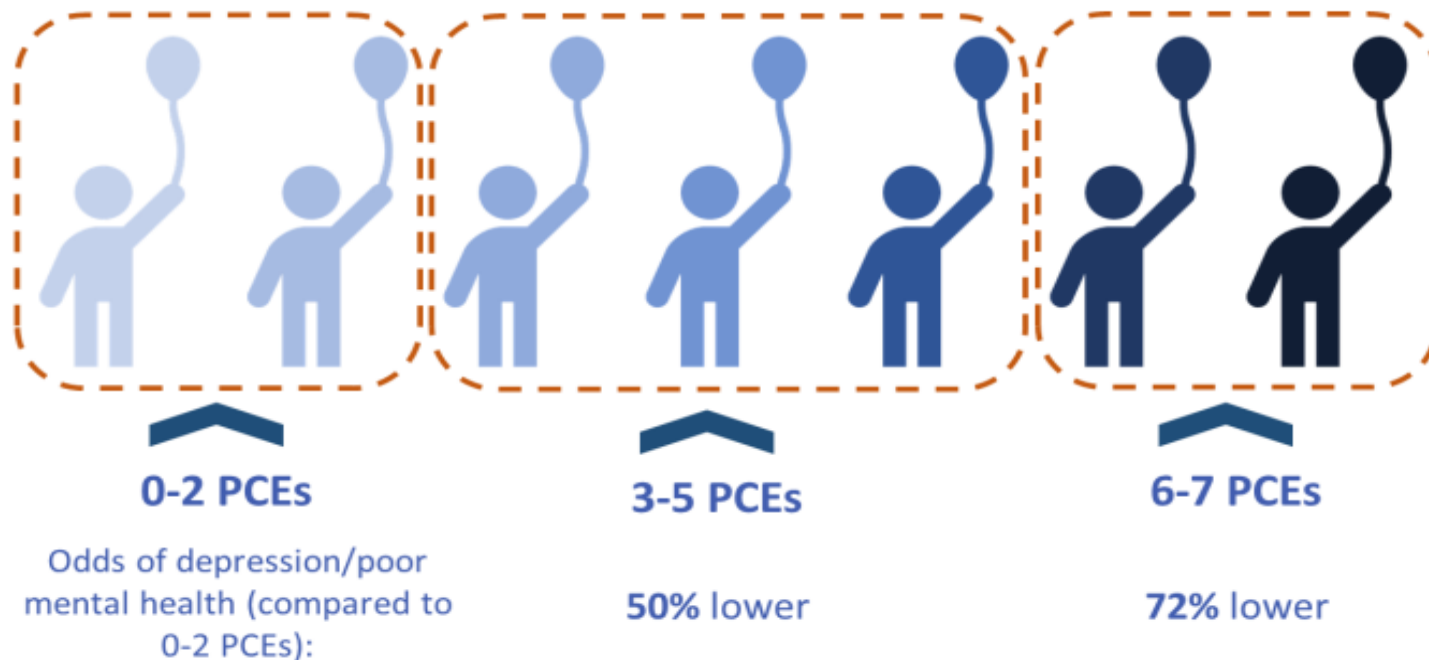




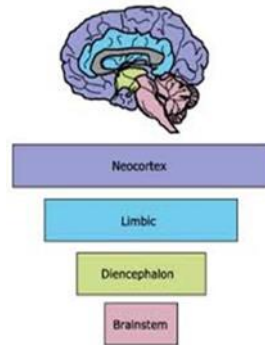
# Positive childhood experiences buffer against the negative lifelong health effects caused by exposure to ACEs.

## PCEs protect adult mental health


The study found that positive childhood experiences (PCEs) show a dose-response relationship with adult mental and relational health—in other words, for those with exposure to ACEs, those with more PCEs showed better lifelong mental and relational health than those with fewer PCEs.



# Neuro-sequential model of the developing brain.



Dr Bruce Perry  
[childtrauma.org](http://childtrauma.org)

  
**Beacon House**  
Therapeutic Services and Trauma Team

The diagram shows a child's head in profile with three colored regions representing the developing brain:

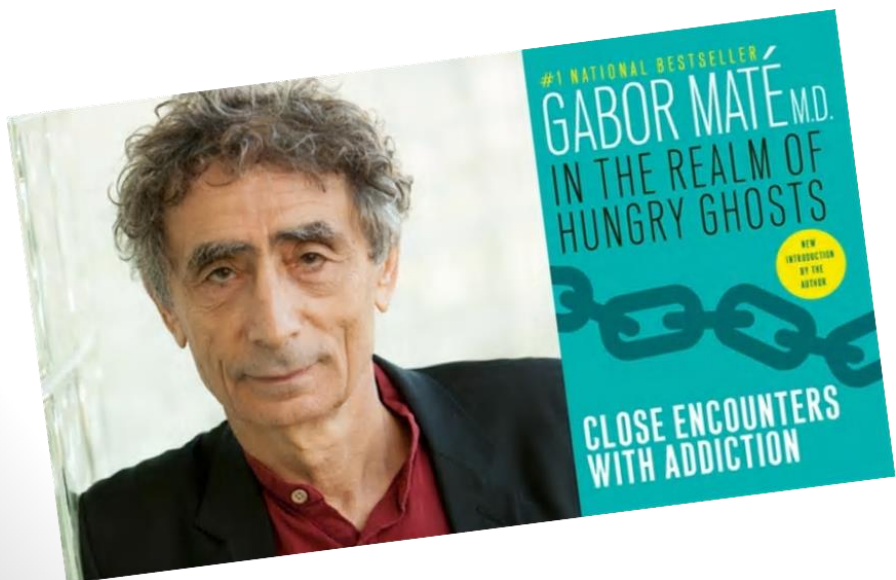
- Develops First**  
**Brainstem (Primitive Brain)**  
Sensory/motor and survival
- Develops Second**  
**Limbic Brain**  
Attachment and emotional development
- Develops Third**  
**Cortical Brain**  
Thinking, learning and inhibiting

↑ Children's brains develop from the bottom up. ↑

© [www.beaconhouse.org.uk](http://www.beaconhouse.org.uk)

# Yes, Safety IS the treatment.

*“But - safety is not just the absence of danger,  
- it’s the presence of a connection”.*



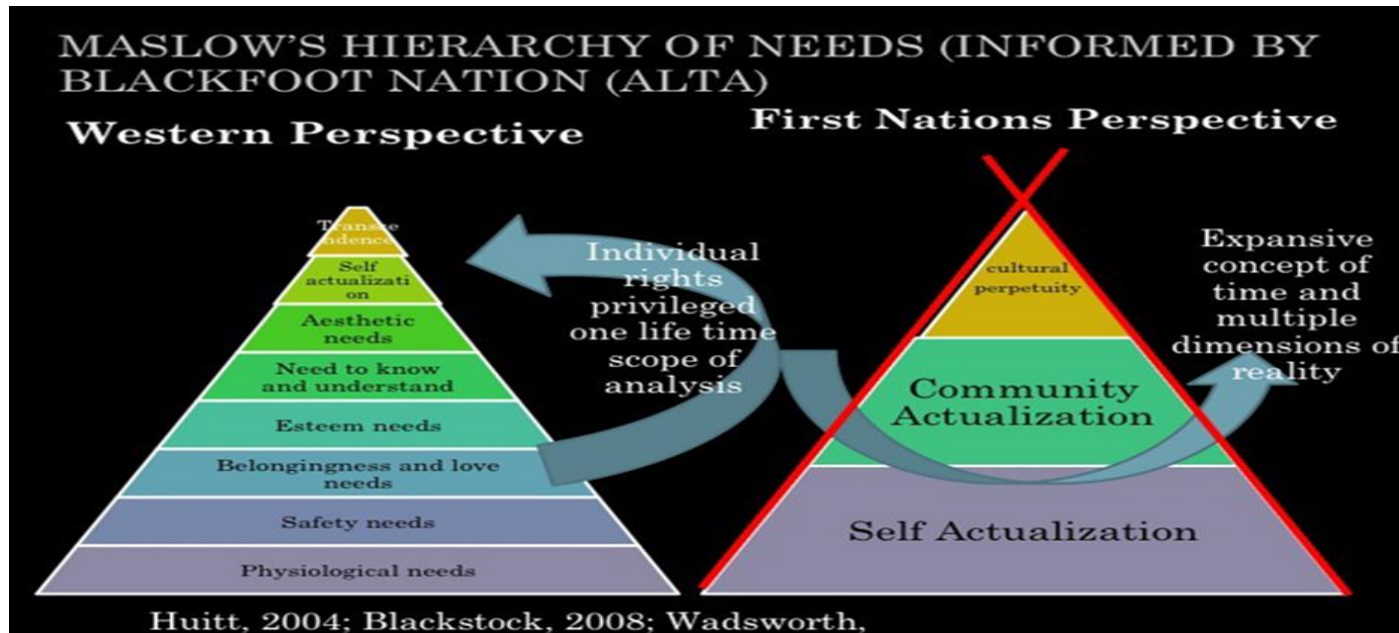
Gabor Mate



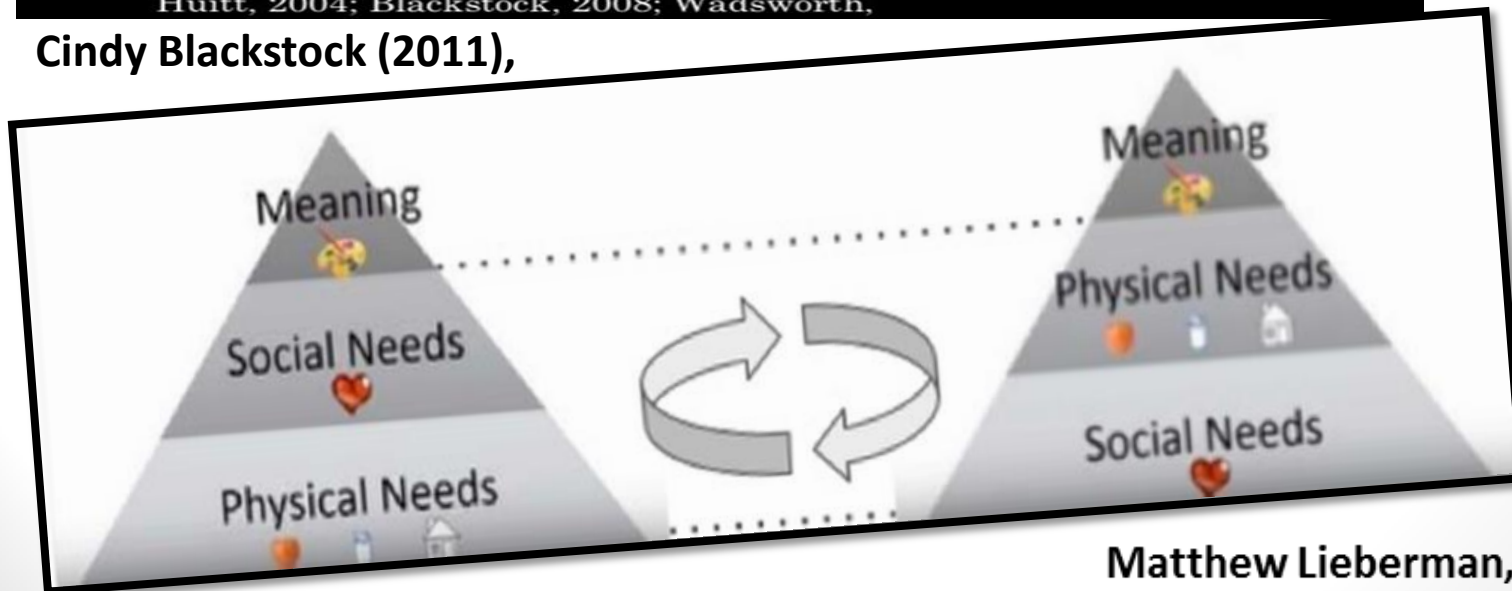
# Maslow's hierarchy of needs!



# Maybe, Maslow got it wrong!

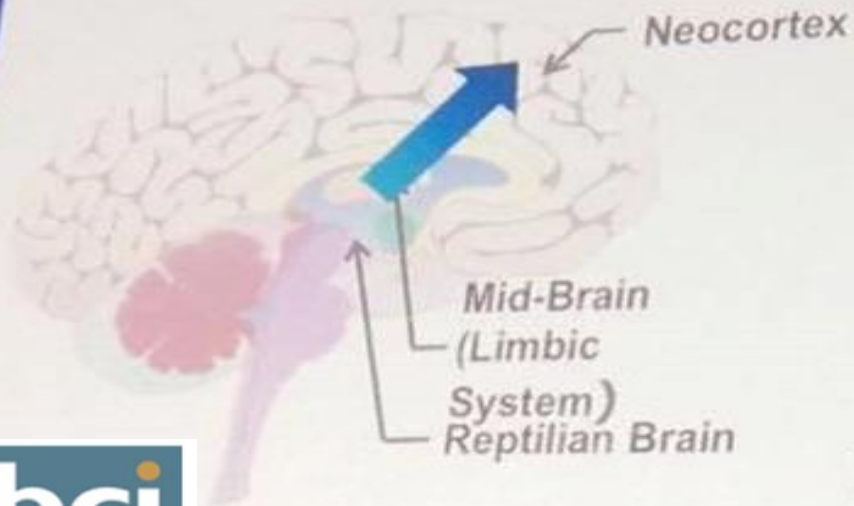


Cindy Blackstock (2011),



# Ineffective.....

## Bottom-Up Control



2

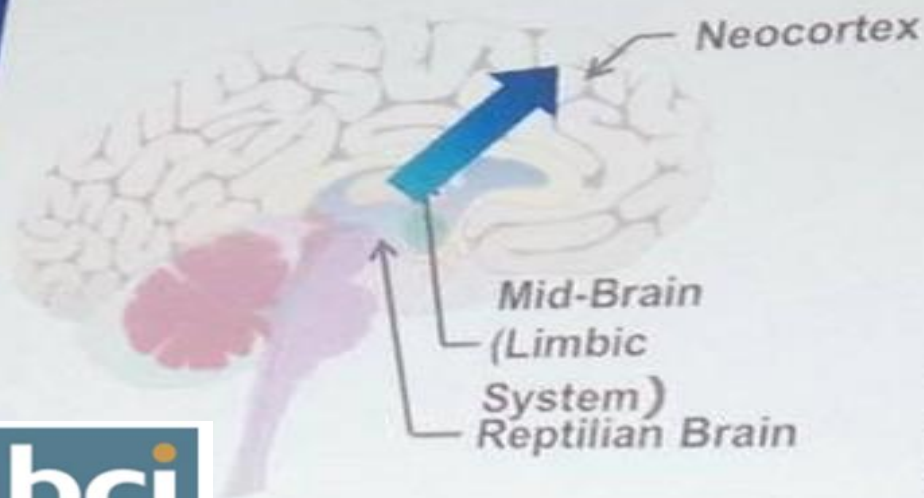
### Ineffective:

1. Excessive questioning
2. Lecturing
3. Giving logic
4. Asking to make a better choice
5. Comparing
6. Promising a prize/reward
7. Standing over the child
8. "Encouraging"
9. Reacting
10. Raising your voice
11. Ignoring
12. Threatening
13. Adding points to a point chart
14. Time-out
15. Minimizing
16. Giving rational thinking
17. Expressing anger



# Effective.....

## Bottom-Up Control



2

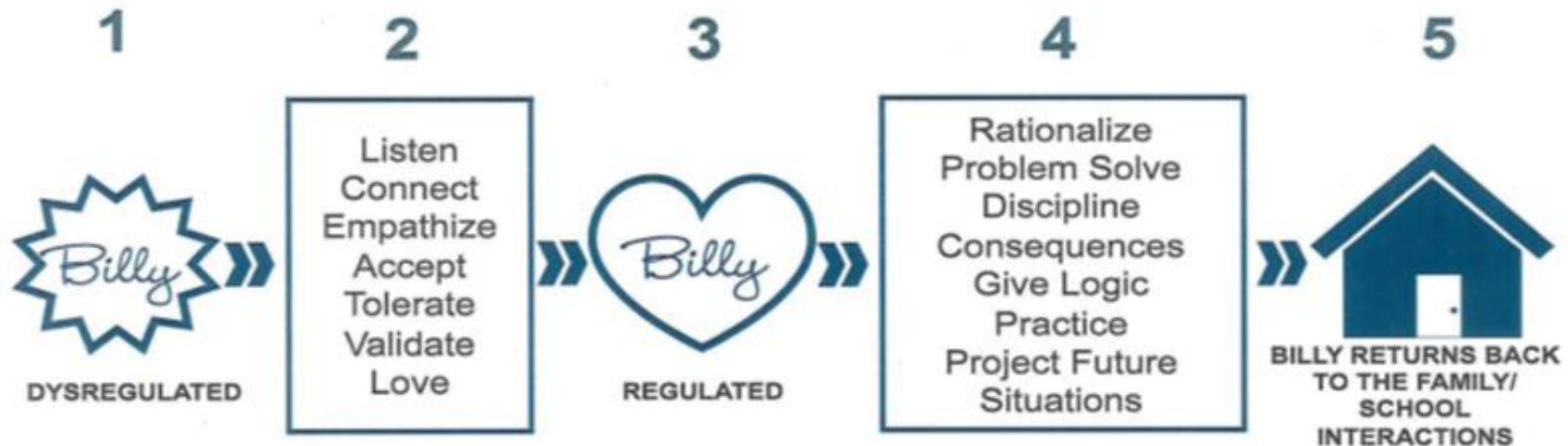
### Effective:

1. Connecting
2. Slowing down
3. Understand
4. Breathing
5. Time-in
6. Gentle touch (*sometimes*)
7. Regulating
8. Sitting
9. Quieting
10. Joining
11. Maximizing
12. Expressing Passion
13. Relating
14. Supporting
15. Exploring
16. Empathy
17. Validating
18. Accepting
19. Engaging
20. Apologizing





# Beyond Consequences Sequence



**Empathy → Boundaries → Choices**



# Protective factors:

- “beating the odds” – from GUiNZ
  - Of the whole cohort, 790 children were identified as being at greatest risk. Of these children, 164 experienced no observed ACEs at all.
  - Within that group of 164, the protective factors fell into the following domains:
    - Positive parent-partner relationship (40%),
    - Family finances (22%),
    - Parent health and wellness (15%),
    - Community or neighbourhood (13%), and
    - Parent-child relationship (13%).

# MITIGATING ACES

## PROTECTIVE AND COMPENSATORY EXPERIENCES

PACEs — Protective and Compensatory Experiences — are known to act as buffers or insulators against childhood trauma, as well as promote healing. A person with an ACE score of 4 who had no PACEs may have a very different outcome from someone with an ACE score of 4 who had a loving grandmother, teacher or coach.



**The most prominent PACE is the unconditional love of a parent or mentor. Others include:**



**Having at least one best friend**



**Mindfulness**



**Exercise or physical activity**



**Hobbies or clubs**



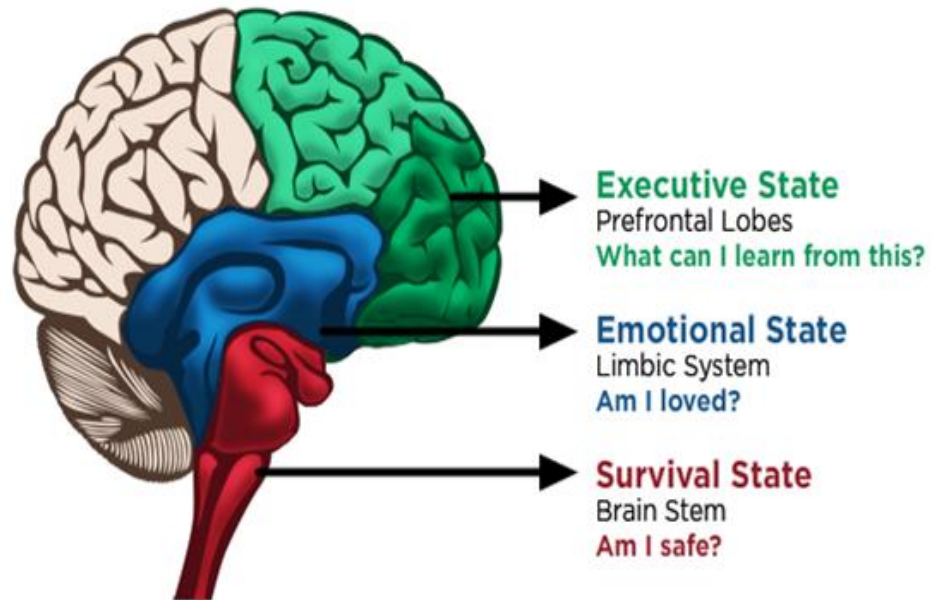
**A school that provides resources**



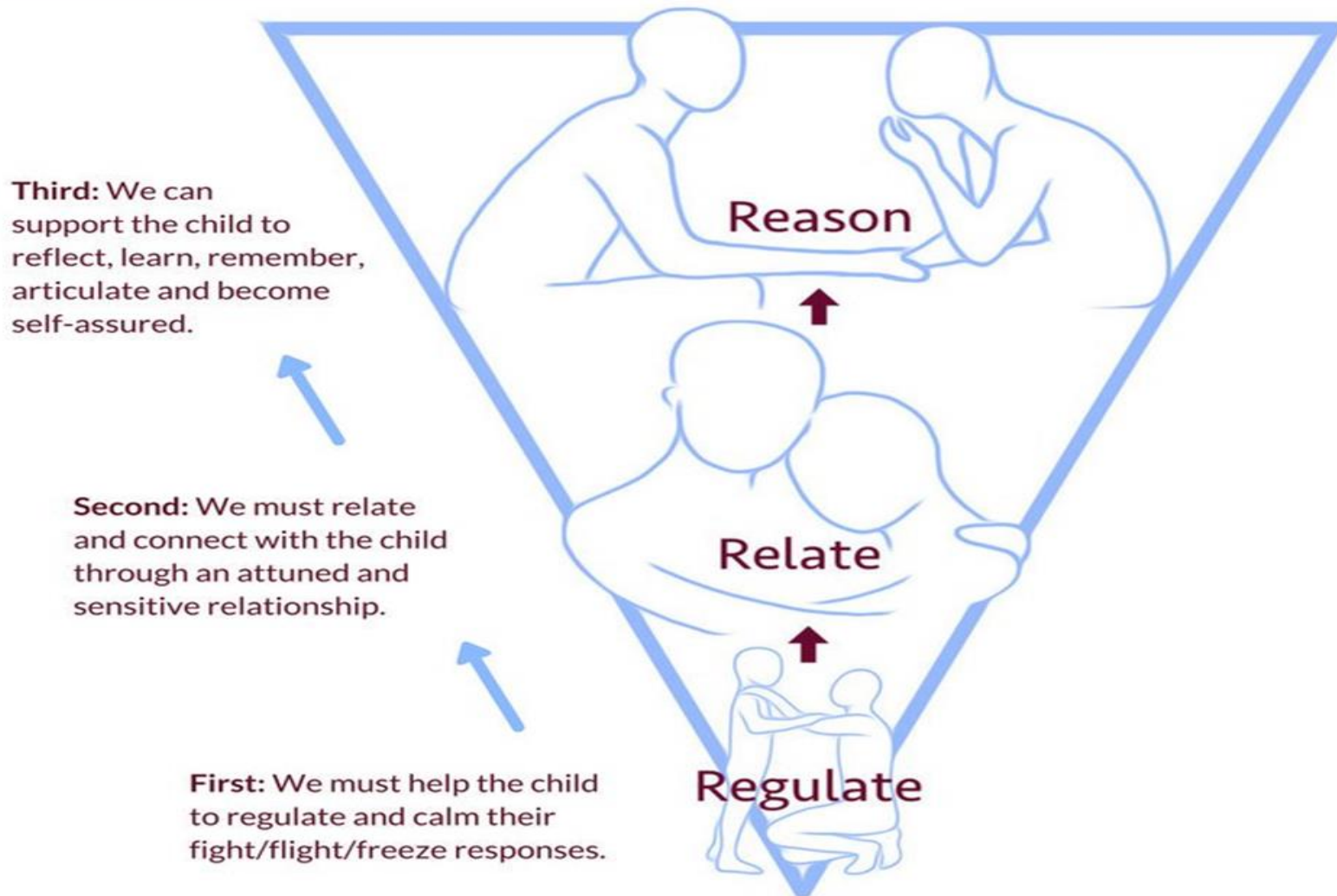
# Emotional Safety

– Seven essential R's for Trauma-Informed Care.

- Relationships
- Routine
- Repetition
- Rhythm
- Ritual
- Regulation
- Rules



Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.





People, not programs, change people.  
-Bruce Perry



# The Great Rat-Switcheroo



**RADIOLAB**

**WNYCSTUDIOS**



Michael Meaney and Frances Champagne

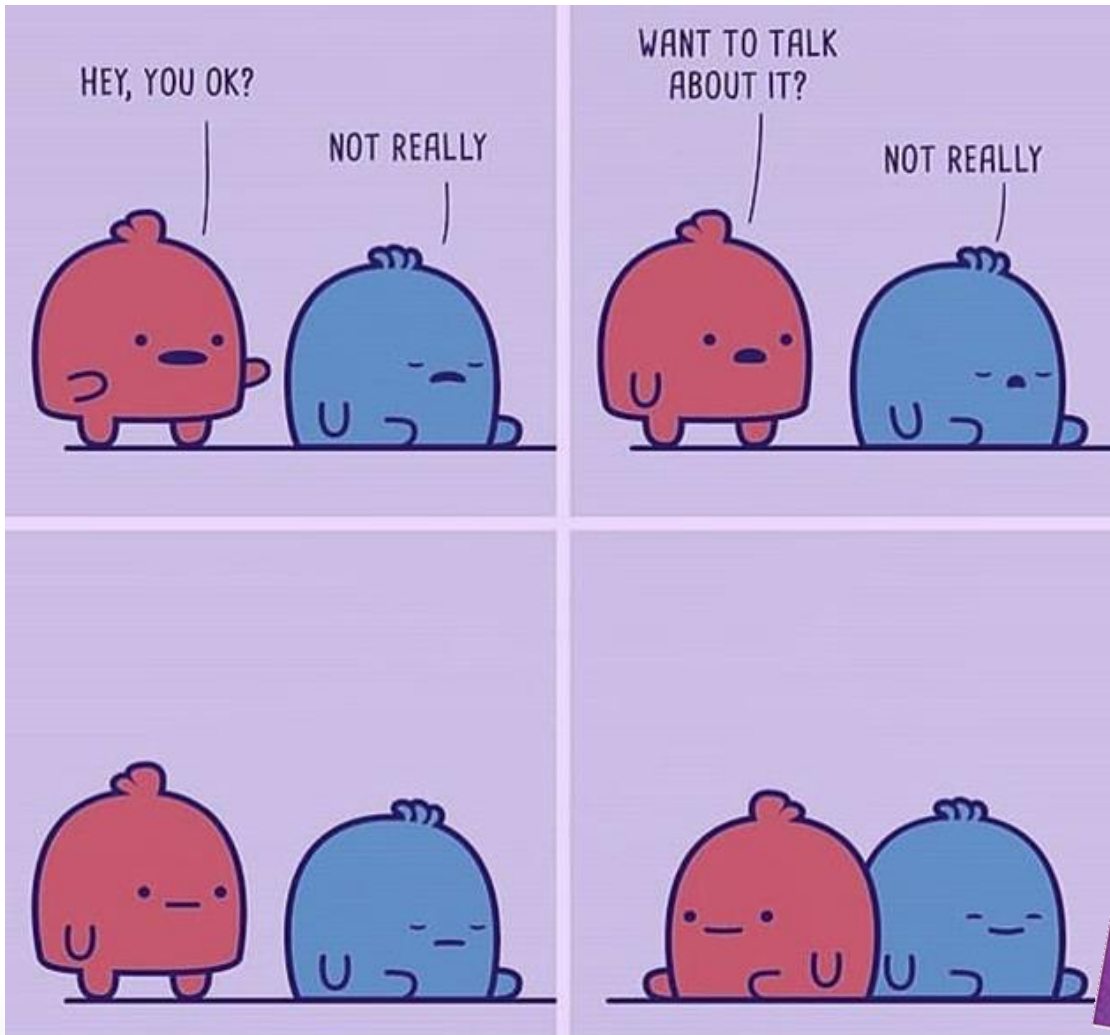




Helping with early brain development is child's play – 'Peek-a-boo'.



“Don’t just do something, sit there”.



# Sensory Ideas





# Trauma Informed Practitioners

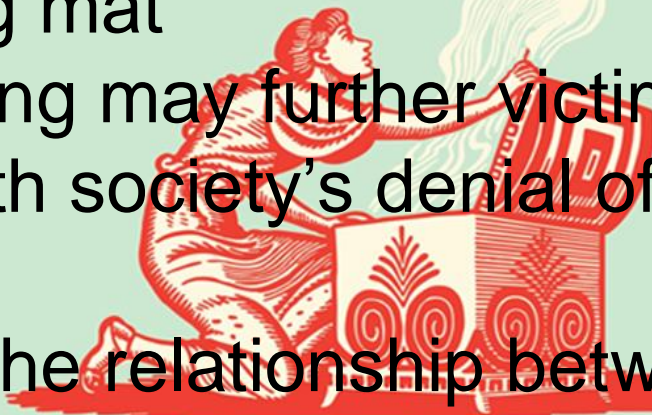
- Good emotional management skills;
- Secure, healthy adults;
- Intellectual & emotional intelligence;
- Able to actively teach & role model;
- Consistently empathetic and patient;
- Able to endure intense emotion;
- Self-disciplined, self-controlled, and never likely to abuse power.



# Myth of Pandora's box



- Create a safe space to screen for a range of both trauma events and positive events  
**ACES → PACES,**
- Don't be frightened to ask questions,
- Offer active listening and offer support,
- Maximize the persons choice and control
  - 'Talking mat'
- Not inquiring may further victimize the client and collude with society's denial of either prevalence or impact,
- Consider the relationship between trauma and health – your own and your clients.



# The Reality

- We are a workforce that is under stress.
- We can be reactive, fatigued, numbed, overwhelmed & emotive.
- We are a workforce that absorbs the trauma of the children.
- We are a workforce populated by trauma survivors.
- We have organisations that can be oppressive.
- All of this has an impact on all of us.

*“We are at risk of becoming organizations that come to resemble the very behavior we’re trying to help”.*

Sandra Bloom



# About a Nurse

allnurses.com



*“Mom’s shift must’ve gone better today.  
She made it closer to the bed before  
falling asleep.”*



# Vicarious trauma - the need for self-care.



# Trauma responses:

- the expectation, not exception.

Trauma is not what happened to you, but what happens inside you.

These trauma responses are normal responses to abnormal situations. They need to be seen as the expectation, not the exception.



Who is at risk?

anyone who cares, who has insufficient time for recovery and/or healing, feels disconnected or has limited resources.

What is your protection?  
What armour do you wear?



Understand that all coping strategies have a protective role in helping you stay safe: even denial, humour and minimising. These assist with emotional regulation and impulse control.

Trauma affects us all as individuals and as a team.





# Trauma-Informed values

Build strength and hope by adopting:

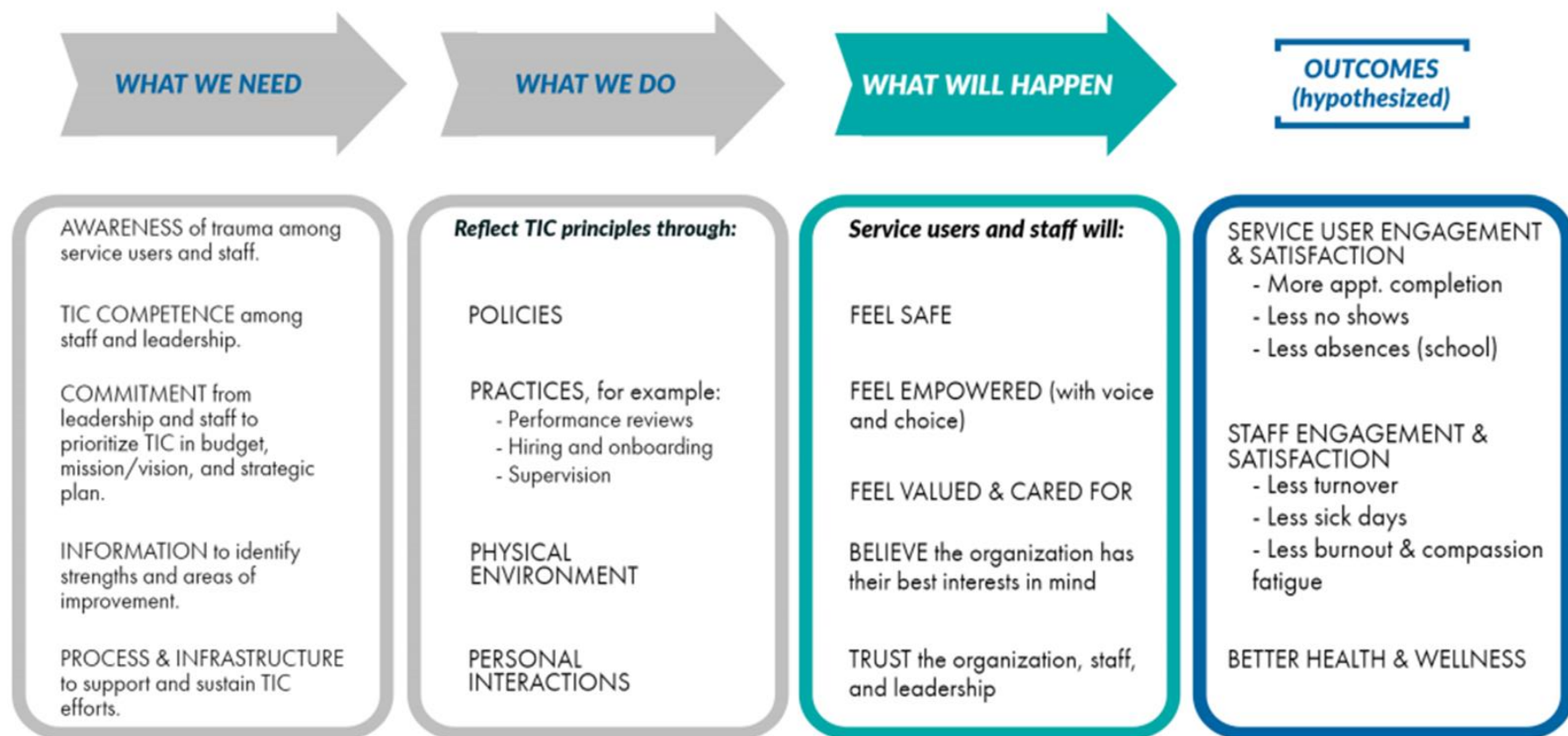
- Respect
- Manaaki
- Hope
- Wellbeing
- Whanaungatanga
- Partnership





- **Reduce isolation** – stay connected with others;
- **Talk to someone** - say hello, watch out for them;
- **Develop peer consultation/support groups;**
- **Increase knowledge** – access supervision & training;
- **Feedback from clients** - validation and affirmation;
- **Limit exposure** - balance caseload;
- **Rituals** – go for walks;
- **Wellness** – vicarious prevention plans.

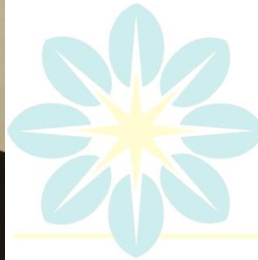
# Trauma Informed Care Logic Model



## Assumptions

1. Human service settings are populated with people (service users and staff) with experience of past or present trauma.
2. Services and settings can be re-traumatizing for individuals when they feel unsafe or don't feel that they have control, power, choice, voice, or value.
3. Trauma informed care takes these challenges into account and creates services and settings that are safe, empowering, trustworthy, collaborative, and responsive to cultural, historical, and gender issues (based on TIC principles).

# Te Puaruruhau



*Waiho I te toipoto, kaua I te toirua*  
**Let us keep close together, not wide apart.**



# The mustard seed

- *“Think big. Start small”.*



*“From little things, big things grow!”*



# Have a cup of tea.

## Being Trauma-Informed is about:

Being aware, knowing the signs, seeing the signs, watching out for each other, noticing each other, offering help, having access to supervision, care, kindness and cups of tea.



## Mantras for self-talk and self-care:



She/ he's hurting  
It's not about me  
I am good enough  
She/ he's on his own journey  
This is hard, but I can do it



Upset - cup of tea

Weak - cup of tea

Lonely - cup of tea

Sinned - cup of tea

Worried - cup of tea

Anxious - cup of tea

Unhappy - cup of tea

In danger - (quick) cup of tea

Depressed - cup of tea

Lack of Faith - cup of tea

Need Courage - cup of tea

Need Direction - cup of tea





**Kia hora te marino,  
Kia whakapapa pounamu te moana,  
Kia tere te karohirohi.**

*Let the calm be widespread,  
Let the sea glisten like the greenstone,  
Let the sun's rays dance across your pathway.*