



Good Afternoon

**Trauma- Informed
Systems and Practice
Hennepin County
Teen Parent Connection**

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Workshop Goals

1. *You will be able to describe how trauma experiences **shape teen parents' ways of seeing and coping** with the world, including how they respond to their own child.*

2. *You will know the **core features of Trauma Informed Child Welfare Systems** and gather ideas for how this network can apply these principles to the work you each do.*

3. *We will use **Trauma Informed Practice strategies** as we think about the teens we know, their impact on us and how we can together support their **posttraumatic growth**.*



Part One

Understanding Trauma in all Its Forms

*“Suddenly it seems that everyone is talking about **trauma**, from Maine refugee resettlement to Philadelphia schools, Joplin, Missouri housing rebuilds to Hawaii women’s prisons. Trauma is no longer an concept of interest only to Mental Health.... **Trauma Informed Care is beginning to look like a social movement....**”*

SAMHSA.Gov

Two faces of Stress

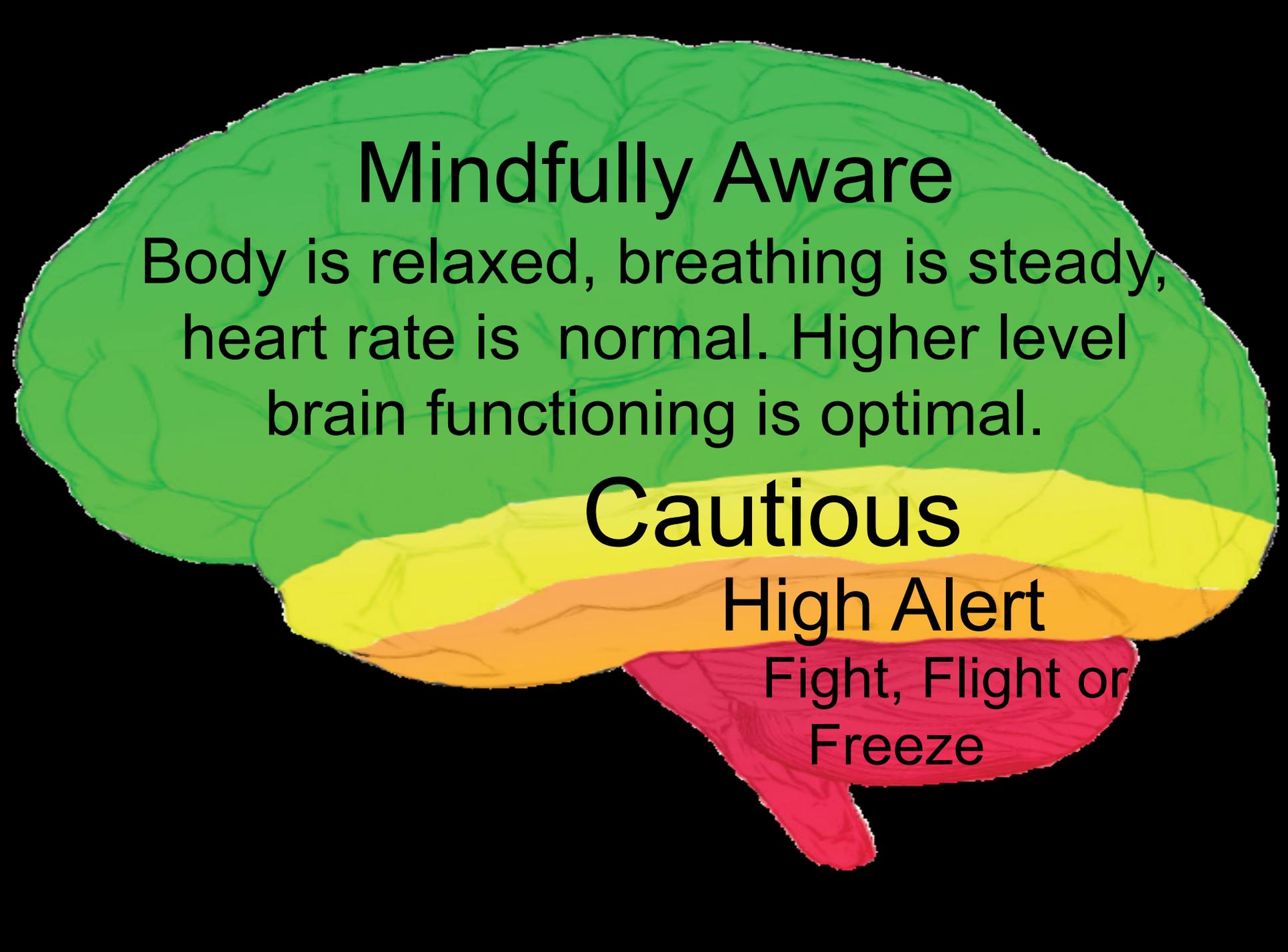


“Good Stress”

- *A challenge is in front of us*
- *All our skills are focused on making it through a hard or interesting thing*
- *Feel excitement, energy, worry and contentment all at once*
- *Body has surge of energy and strength- heart rate up!*

“Toxic Stress”

- Too much stress is flooding through out bodies, overwhelming ability to think, do, cope
- Lose skills- can't do what you know
- React with Fight, Flight, Freeze
- Body is feeling threat, fear, anger, despair
- Allostatic Load- Prolonged toxic stress impacts body, brain and development



Mindfully Aware

Body is relaxed, breathing is steady, heart rate is normal. Higher level brain functioning is optimal.

Cautious

High Alert

Fight, Flight or Freeze

What is Trauma?

Stress—Grief and Loss— Trauma

- Always been part of human experience- responses to profound stress/sorrow/threat/loss, named by culture and context:

“The Troubles” Trail of Tears

Fading Sickness

Shell Shocked

Battered Woman Syndrome

Boarding Schools for “Re education of Children, including Pregnant Teens

What has been our history of naming how people change following upheaval and suffering?



Trauma

One word- Many Descriptions

- SAMHSA 's Trauma and Justice Strategic Initiative (2012)
 - Trauma results form an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening and has lasting adverse effects one in the individual's functioning and physical, social, emotional or spiritual well-being.
 - Can affect individuals, families, groups, communities specific cultures and generations.
 - Generally overwhelms an individual or community's resources to cope, igniting the "fight, flight, "freeze" reaction at the time of events, producing a sense of fear, vulnerability, helplessness

*“One does not have to be a combat soldier or visit a refugee camp in Syria or the Congo to encounter trauma. **Trauma happens to us, dear friends, our families, and our neighbors.** Research by the Centers for Disease Control and Prevention has shown that one in five Americans was sexually molested as a child, one in four was beaten by a parent to the point of a mark being left on their body, and one in three couples engages in physical violence. A quarter of us grew up with alcoholic relatives and one of eight witness their mother being beaten or hit”.*



Bessel Van Der Kolk M.D.

Prologue to The Body Keeps the Score c. 2014



Trauma

Influences- Effects

- Not just the event itself but the individual's experience
- Biological, Gender Socioeconomic, Culture, Race Influences/Differences
- Victims of interpersonal violence -statistically greater risk of additional interpersonal traumas
- *Presence or lack of Social Support- most powerful determinant of lasting effect*

Childhood Trauma and Neglect

- A traumatized child experiences *Survival-in-the-Moment* states in specific definable moments.
- A social environment that is not able to help the child regulate those *Survival-in-the-Moment* states

Labels- Mislabeled

- Defiant
- Disrespectful of authority
- Out of Control
- Controlling
- Loner
- Manipulative
- ADHD
- Addict- Drugs/Sex/Food
- Oppositional Defiant
- Moody- Depressed
- Borderline (BPD)
- Bipolar
- Sometimes...PTSD



Trauma Continuum



- **Acute**- single traumatic event, limited in time
- **Multiple**- Layered traumatic experiences
- **Prolonged Family Violence- Complex**- Introduced in 2003 to help multidisciplinary service professionals better understand and respond to...“**cascading interplay** between exposure to child abuse/neglect at early ages and **adaptions** one makes developmentally
- **Historical/Colonization**- forced disconnection from cultural practices, families, ethnic cleansing, enslavement
- **War**- exposure to living in ongoing violence- arbitrary arrests, armed conflicts, shortage of necessities, executions, systematic rape

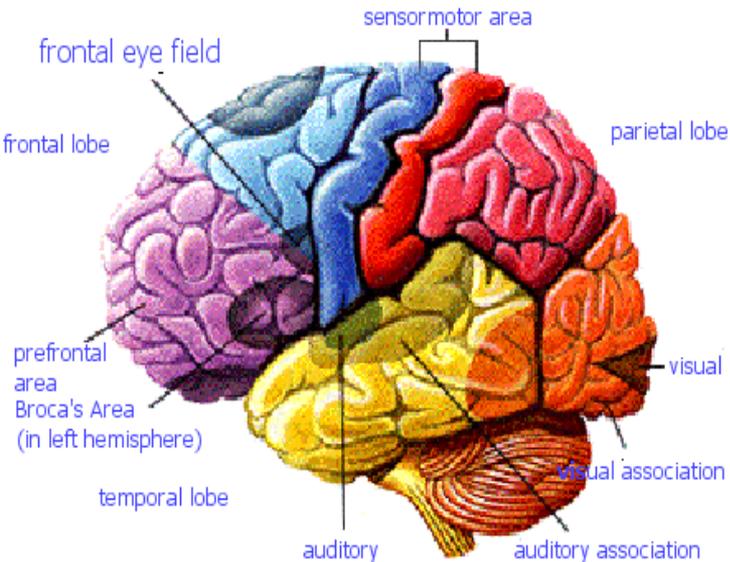
Trauma is compounded when systems that are supposed to be protective, further harm

New Paradigm for Child Welfare/Juvenile Corrections- —Complex Trauma



- ❖ Shapes developing brain's architecture **to accommodate stress exposure. Toxic Stress-** prolonged activation of body's stress response systems in absence of buffering, **protective relationships.**
- ❖ PTSD diagnosis (DSM 5- exposure to or threatened death, serious injury, sexual violence) does not capture core features of disturbance
- ❖ Prioritizes certain skills relevant to survival - keeping attention of attachment figures
- ❖ Children and adults hold a host of diagnoses to try to **capture maladaptation or lagging skills in behavior**, emotion, social interaction, and mental capacity- often misdiagnosed. Have label in society as **“Bad Kid in Needing Consequences”**

Chronically Dysregulated People



- **Overdeveloped alarm signals in limbic brain**
- **Hyper-arousal of mid-brain from chronic stress**
- **Underdeveloped perspective taking in orbital frontal region responsible for reasoning and executive functioning**

Survival = Having Alarm System & Surveillance Camera

❖ Threat-----!!

- ❖ Amygdala- our fire alarm initiates sympathetic nervous system response in 7 synapses of a second
- ❖ Adrenaline and cortisol prepare body for protective action and then return to balance as threat passes



Window of Tolerance for Stress- Polyvagal theory

Hyperarousal:

Flight/fight response

Fear energies- all about getting out

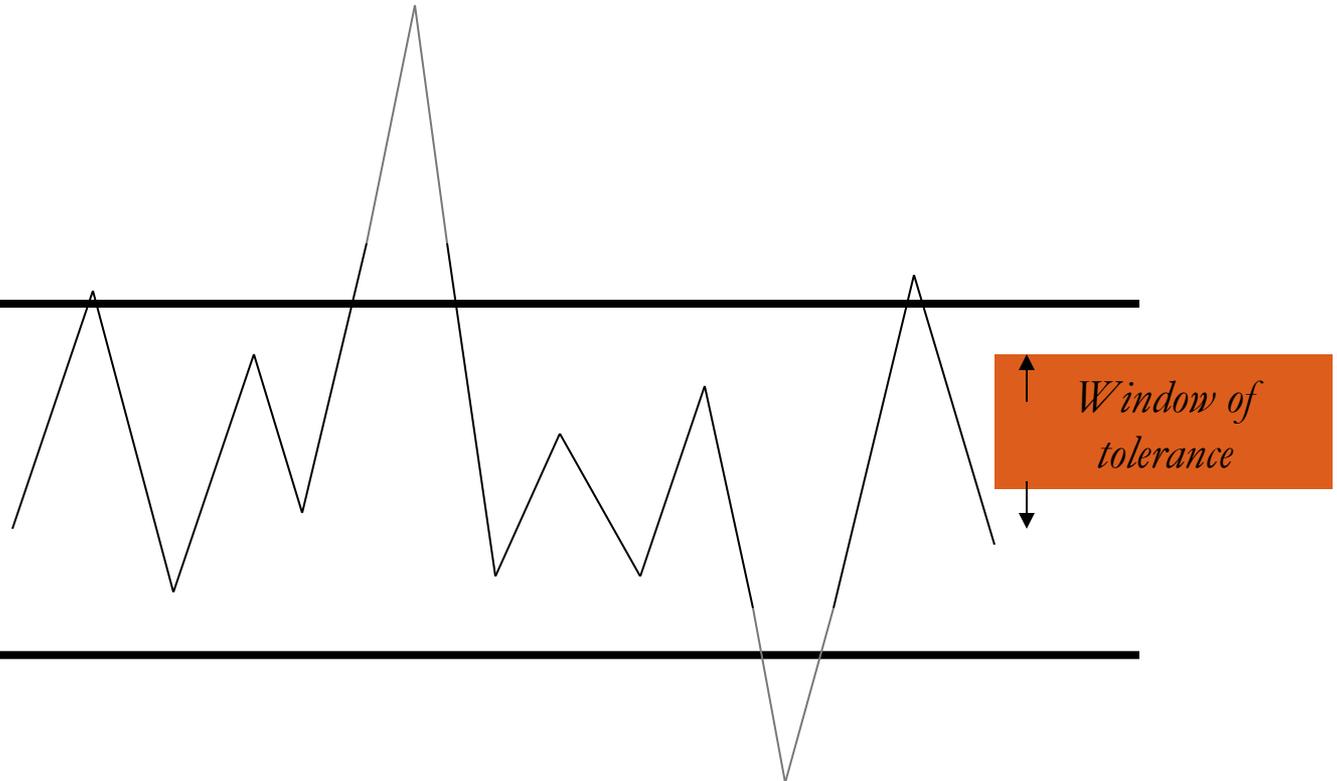
Optimal arousal:

When we are with others in a safe way

When learning CAN Happen

Hyporarousal:

Immobilization response- shut off, put fear in different part of self so not have to feel



Impact – Children in Foster Care

Complex Trauma Effects

(CNN news April 17, 2014)

- ❑ 1 in 5 will become homeless after 18
- ❑ Half will be employed at age 24
- ❑ < 3% will earn a college degree
- ❑ 71% of young women will be pregnant by age 21
- ❑ 1 in 4 will have experienced PTSD at twice the rate of US war veterans
- ❑ Higher risk for moving back into government systems- juvenile detention to prison
- ❑ Indicators of Child Well-being- Child Welfare Information Gateway <http://z.umn.edu.kmi>

A Trauma Brain is Poised for Battle

(Louis Cozolino and Noel Larson 2006)

- All systems of your brain become shaped to protect and defend you
- Your social neurons are trying to predict when others will become dangerous- get ready
- Your mirror systems defend vs. cooperate
- Your natural pull to other people is a battle plan, not a way of connecting
- Your mood regulator is biased toward fear, stay alert, vs. knowing how to chill



Lifelong impact of Complex Trauma

Neurobiology- Learned stress responses

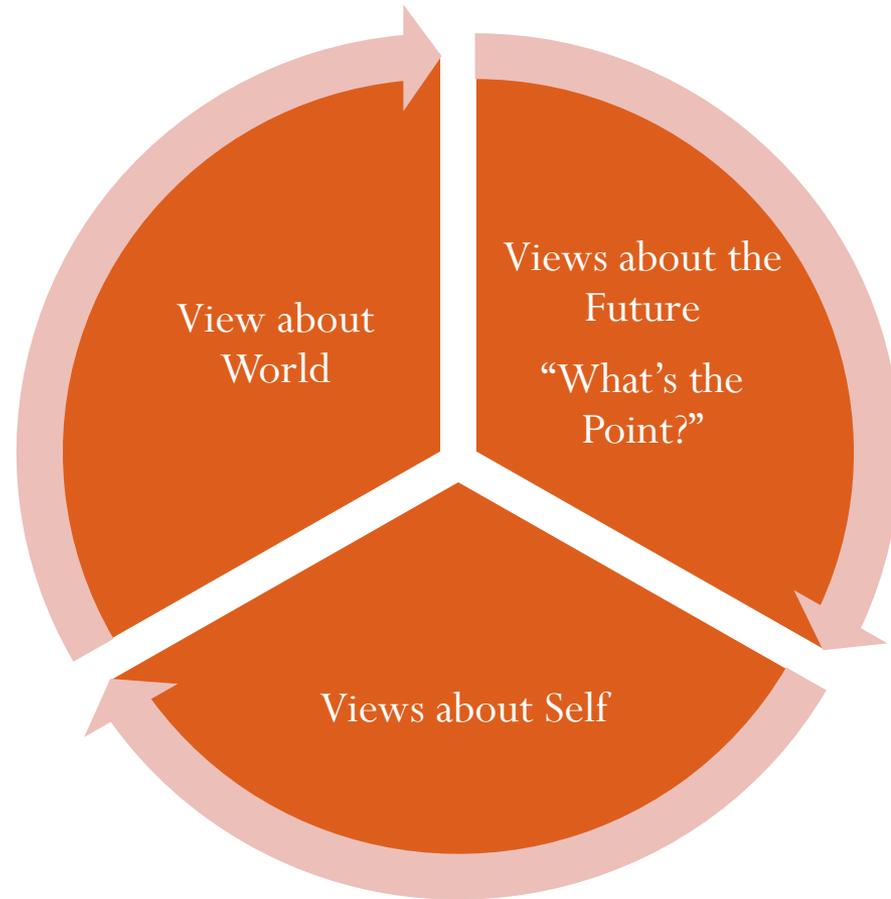
- I am stressed all the time, so I get upset easily
- I have a hard time calming down once I am upset
- My danger sensors fire easily and often
- I just need to move around
- I get sick a lot
- Feelings inside my body trigger me.



Safety

- I feel unsafe because bad things have happened to me
- I am alert to danger
- I worry that you cannot keep me safe. Maybe you are dangerous

Cognitive Triad of Traumatic Stress



Trauma affects Functioning

5 Pathways of Difficulty



- **Executive Skills**- difficulty with planning, organization, logical consequences
- **Language Processing Skills**- misunderstands language, literal thinking, limited feeling awareness
- **Emotional Regulation Skills**- difficulty organizing self when feeling strongly, irritable, reactive, can't label or express feelings or state needs
- **Cognitive Flexibility Skills**- difficulty with accepting alternative plans, good/bad concrete thinking
- **Social Skills**- misreads cues, unaware of how affect others, base of distrust vs. drawing in others for help



Part Two

Impact – Teens who Become Parents

What do you see?

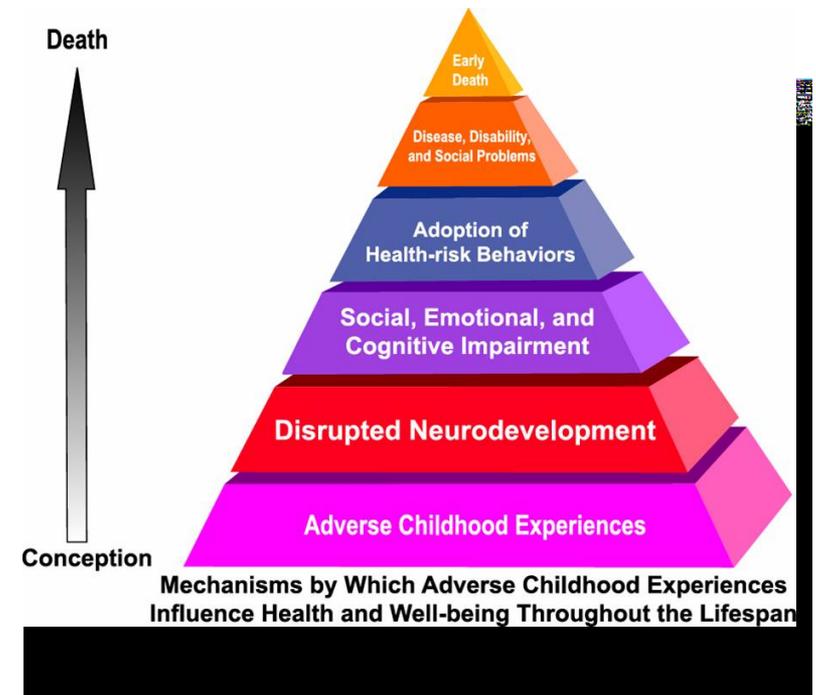
*How does trauma shape the behavior
of youth we know?*

*What can you predict as risks to a baby of a parent with any
form of trauma, especially complex, developmental trauma?*

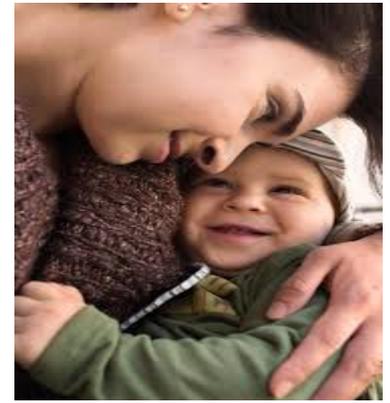
Adverse Childhood Experiences Study

Who lived through 1 or more ...

- Had only one or no parents due to divorce, separation
- Emotional or physical neglect
- Household substance abuse
- Household mental illness-chronic depression, etc.
- Incarcerated household member
- Recurrent physical or emotional abuse
- Mother being treated violently
- Sexual abuse



Form a Group of Three



- Introduce yourself and the hat you wear in working with adolescent parents. Think of one youth you know.

Share with group:

- What do you think her/his ACEs score is?
- What signs of trauma, in any of its forms, do you see within your youth's **actions**, or **thinking**, or way of **relating**, or **view of her/himself**.
- **What do you like about this teen and what is hard, for you.**

Attachment Disruption or Complex Trauma Impact on Youth, on Parenting?

Themes

- Belief that people leave- there is no relational safety
- Chronic grief/loss
- Extreme discomfort with dependency or vulnerability emotions
- Limited capacity to see things from other's view
- Loss of self when with other or need to control

Potential Negative Impact on Parenting

- See baby as extension of self
- All or nothing thinking- Fight potential helpers
- Extended family not a resource
- Discomfort with baby's dependency /developmental needs
- Love for child has expectation of grief/loss
- Interpersonal drama with peers can make baby invisible
- Fight/Flight survival states can create neglect/abuse risk for child

Impact of Sexual Abuse/Assaults?

(20% of women, 16% of men experienced sexual abuse as children)

Themes?

- Confusion around love, sex, own value- “tainted”
- Avoid relationships or pursue many
- Powerlessness easily triggered
- Feel responsible- shamed
- Trust violated
- Self harming behaviors
- Numbing behaviors- sex, drugs, food
- Sabotage good relationships
- Chronic Physical and Emotional Pain

Potential Negative Impact on Parenting

- Over or under protective of baby- can ‘t read risk or “overthink”
- Difficulty touching, showing affection to baby- fear
- Need to numb stronger than caregiving responsibility
- Isolate-not seek help or disappear easily
- Empathy thwarted, cannot accurately “see” child - dissociate
- Suicide attempts, hospitalizations disrupt baby’s attachment

Historical or Poverty Trauma Impact

Themes

- Distrust of authority/systems
- Skills for survival not fit mainstream expectations
- Cannot speak of traumas- “do not talk about it”
- Vigilance to micro/macro aggression- police, immigration officer, employer, teacher
- Survival in moment trumps future orientation



Potential Challenges to Parenting/Service s

- Learned Survival Response (silence loud child with hit or overfeed child) trumps service provider teachings
- Cannot engage with formal services outside of own group- traumas triggered
- Loyalty to family needs outweighs individual-education/saving- counter to service provider values



Part Three

Trauma Informed Systems for Teen Parents

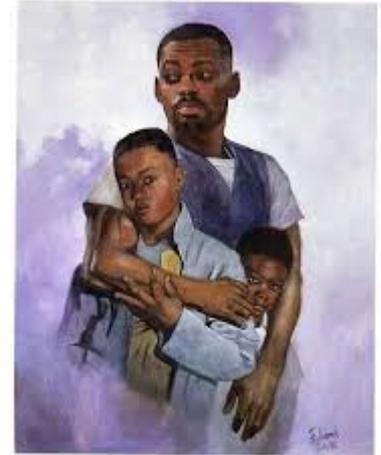
How are We Doing as a Coordinated System of Support- Medical and Mental Health Care, Early Childhood and Teen Education, Housing, Economic Assistance, Work Readiness, Extended Family Engagement Parent Mentoring and Youth Empowerment?

Trauma Informed Programming- Galvanizing a Cross Sector Call To Action from Local to Federal Levels 1990s to 2016

- ❖ Sanctuary Model of Recovery in MH/CD
 - ❖ National Child Traumatic Stress Network's *Learning Collaborative*
 - ❖ National Council on the Developing Child
 - ❖ Adverse Childhood Experiences study
 - ❖ SAMHSA- declares trauma and justice a priority- 2005
 - ❖ *An Approach*
 - ❖ *A Philosophy*
 - ❖ *A Cultural Change in the Way Current Practices Are Delivered*
- in:*
- ❖ *Schools, Treatment Centers, Primary Care, Child Welfare, Veterans Services, Shelters and Housing, Workplaces and Organizations*

Trauma Informed Care Is....

Moving from “What is Wrong with You”
To
“What’s happened to You?”



Two Parts:

1. To recognize impact of past and current traumas in lives of people with whom we are working so we can create service plans that honor survival skills and support their ability to positively function and cope.
2. To design services to accommodate vulnerabilities of trauma survivors, so services can be delivered in way that will not re-traumatize, but actually facilitate their participation and successful completion of our programs (Harris and Falot 2001)

Core Principles of a Trauma Informed Service Culture (Beyer 2010)

- ❖ **Safety:** Ensuring physical and emotional safety for those we serve- “*do no harm*”
- ❖ **Trustworthiness:** Maximizing trustworthiness, making tasks clear, maintaining appropriate boundaries
- ❖ **Choice:** Prioritizing consumer (teen parent) choice and control over own recovery/ use of services
- ❖ **Collaboration:** Maximizing collaboration and sharing of power with consumers
- ❖ **Empowerment:** Identifying what teen parents are able to do for themselves: prioritizing building skills that promote health and efficacy in their world- helping teens find inner strengths needed to heal/cope with impact of too much traumatic stress.

Prioritizing that Teens Find Their Voice - are our Service Consultants

(David Freeman 2001)

Darlene's Story

“ I like it when people ask me what I want, particularly if I am taken seriously when I speak out. My old treatment team hated me. I argued with them all the time, and sometimes I got violent and threw things at them. The main problem was that we always disagreed, and I never got what I wanted. The old team reminded me of my family. They acted as if they knew what was best for me, but never asked how I felt or what I wanted. Believe me, I will fight tooth and nail against people who remind me of them. I care about being respected and I demand to be taken seriously.”



Trauma Informed Systems of Child Welfare

National Child Traumatic Stress Network

- ❖ Maximizing teen and baby's sense of safety
- ❖ Assist teen parent in reducing overwhelming emotion
- ❖ Help teen parent make new meaning of their trauma history and current experiences
- ❖ Address impact of trauma and subsequent changes in teen's behavior, development and relationships
- ❖ **Coordinate services with other agencies**
- ❖ Utilize comprehensive assessment of teen's trauma experiences and their impact on behavior to guide services
- ❖ Support and promote positive and stable relationships
- ❖ Provide support and guidance to teen's family and caregivers
- ❖ Manage professional and personal stress as service providers

Traditional way vs/ Trauma Informed Way

Traditional Way

- ❑ Teen and her problems are the same
- ❑ Problems have life of own
- ❑ No trauma assessment
- ❑ Staff in service programs reinforce power and control
- ❑ Focus on rule compliance
- ❑ Disciplinary action and removal for “offenses” and crises.
- ❑ Bodily pains of teen seen as “excuses” to leave
- ❑ Services end abruptly due to “non compliance”

Trauma Informed Way

- ❑ Collaborate with teen parent to determine which services delivered first
- ❑ Understand whole individual and context in which behavior makes sense
- ❑ Help teen structure and organize his/her experiences
- ❑ Recognition of primary and co occurring trauma diagnosis
- ❑ Assess for traumatic histories and symptoms
- ❑ System power/control is minimized-constant attention to teen’s culture/community
- ❑ Staff understand function of behavior of coping adaptations
- ❑ Services end when teen parent has increased skills, capacities

We Work in Changing Times

Tom Woll MCCA Study Guide Jan. 22, 2013

Care Rules- the old way

- What we permit we promote
- Consequences are the central learning tool
- Take a stand: a rule is a rule
- Don't play favorites: treat everyone the same
- Never back down
- Never allow a lie to go unchallenged
- Birth family contact only makes things worse
- All behavior is the same
- All routines need to be the same

Healing Rules- trauma informed

The highest goal is to build self-confidence and self-esteem

Sometimes "benign neglect" works best

Efforts to earn rejection must be denied patiently

We teach emotional regulation by practicing emotional regulation

If it can't be carried back to the community, it isn't real

Family buy in and support makes everything possible

We work for successive approximations toward the goal

Take one day at a time: each day is a new start

We need to have tolerance for ambiguity

Not all behavior is intentional: some behavior is adaptive

So Trauma is not in an Individual but is embedded in families/communities?

What About When:

- ❖ Social environments (families, schools) react to teen parent's "survival in moment" escalation, often by becoming reactive too, creating a vicious cycle of stress activation?
- ❖ Services are geared to address (fix) one aspect of a complex issue- education, medical, housing, mental health, etc.?
- ❖ There is no time to collaborate across programs- each program has its own assessment and service plan?



Form another Group of Three



- ❖ Discuss your experiences with the model of Trauma-Informed Practice and the reality of collaboration between service providers- Gaps?
- ❖ Do you have a systematic way of determining trauma exposure and impact? How is trauma knowledge incorporated into Service Agreements with Teens/Families?
- ❖ Do you actively involve Teen's Collaboration? How do you build Buy In to Services? What happens when teen isolates, refuses, goes against program rules?
- ❖ How is your organization deal with staff stress in serving teens with trauma histories?



What Themes Are we Hearing? What are the Barriers to Coordination? What are 1st Steps to Dealing with Trauma Realities?

Trauma Learning Is Powerful

- If we want our clients to learn something else, how do we do this?
- They need to experience something else.
- They need to experience it over and over again so they can count on it
- As adults interacting with youth, we are part of their ‘not so evidence based” experiment. We are their learning laboratory.
- When they interact with us, what do they want to learn?



A Trauma Informed Organization...

- ❖ Do all staff receive training on traumatic stress and how it affects child development?
- ❖ Asks about trauma, right in intake
- ❖ Honors cultural differences in how people understand and respond to trauma
- ❖ Helps clients/consumers make safety plans for self and children
- ❖ Helps consumers identify triggers of dangerous things that have happened to them and helps them manage feelings
- ❖ Trains all staff in positive de escalation strategies- including front desk, bus drivers, etc.
- ❖ Provides an intentional and safe environment for staff and consumers
- **Completes a Trauma –Informed Organizational Self Assessment-**
 - National Council for Behavioral Health
 - Chadwick Center’s Trauma System Readiness Tool.

Post-Traumatic Growth

Regulating Environments
Regulating Relationships



- **When child/adult has someone who helps them manage what is overwhelming, that child/adult can begin to explore her world through trial and error, take risks and form a coherent view of self and the world.**
- **Resilience is the ability to respond adaptively to challenge, strengthened by tie to at least one other**

Service Plans- Trauma Informed Way

- See Youth's Behavior as Functional in Complex Systems-
- Recruit a great Service Team
- Ask Youth to tell their and their child's Story and then get her/his attention by.... "And what do you need me to do?"
- Ask about Safety and Threats to Safety- past/present
- Discover and track Trauma Triggers/Stress Reactions
- Engage Youth's Social Network in Service Plan
- Educate about Trauma Patterns
- Expect Survival Defenses- Keep Going



Activating a Growth Process

- When _____ is exposed to _____ (description of perceived threat), she or he responds by _____(description of survival states). This pattern can be understood through past experiences of _____(description of past trauma to inform Survival States).

(Trauma Systems Therapy- Saxe, Ellis, Brown 2015)

- Ricky Greenwald's Map Out a Problem Guide

(Treating Problem Behaviors 2009)

Washington Trauma Informed Schools

Heart of Learning and Teaching: Compassion, Resilience and Academic Success in 2011

Rules for the Adults

How Do we Use Ourselves along a Teen?

- Always Empower, Never Disempower
- Provide Unconditional Positive Regard
- Maintain High Expectations- and Assist with Lagging Skills
- Check Assumptions, Observe and Question
- **Be a Relationship Coach**
- Provide Guided Opportunities for Helpful Participation

Use “Yes Brain” vs activate “No Brain”



Trauma Assessment Tools

- What do you use now?
- How effective are they at getting at trauma's effects?
 - CASI
 - Strengths and Difficulties Questionnaire

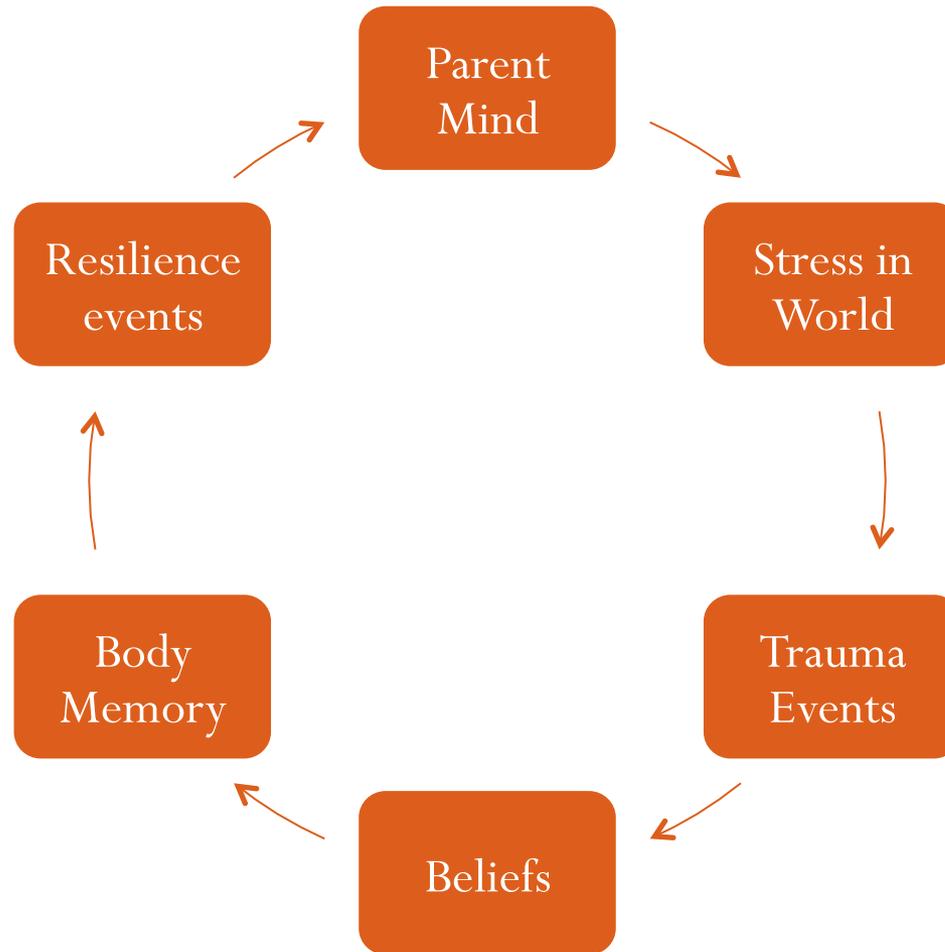
Other Options?

- Resilience/Strengths timeline
- Structured Interview for Disorders of Extreme Stress- (SIDES-A)
- Child and Adolescent Needs and Strengths- CANS trauma comprehensive
- Stanford Acute Stress Reaction Questionnaire
- Child Stress Disorders Checklist-NCTSN

Pediatricians- ACES Family Health History, ACES screening tool, Parental ACES screening tool, Bright Futures Pediatric Intake Form



“Storyboard” History/Observations



Trauma Focused Therapy



- ❑ What is sharable is bearable-relationship based
- ❑ Jumpstarts acquisition of developmental skills missed with survival as focus- **“Posttraumatic Growth”**
- ❑ Creates shifts in affective and cognitive neurological processing through **DOING & EXPERIENCING**
- ❑ Shifts way memory is stored to create different behavioral responses in present life
- ❑ Food analogy- upsetting is digested, bit by bit
- ❑ Organize events into a story, something you grow from, even if scars remain

Service Map- Greenwald's Fairy Tale Model

- I see your strengths- You are the one who can slay the dragon. We need to know all about this dragon.
- Need to identify a “princess” something important enough to enter scary woods for or things aren't changing
- Need to get a personal trainer to get strong enough for journey- learn skills, build fence around village for attacks, get village working with you as back up team
- Find dragon- slay dragon (trauma processing)
- Relapse prevention- learn to compost vs. dump garbage that attracts more dragons



Specific Teen Parent Service Goals?

- Help teens identify and manage their reactions to trauma-related triggers in their current lives- stress **regulation skills for self and baby**
- Help teens replace maladaptive coping skills with positive ways to interact with places/people and solve problems - **Social Skills to Keep Positive Network**
- Help teens build **self awareness** in positive self talk and **tell their healing story** with words, art, movement etc.
- Help teen see **baby's need for safety-security** and use experiential ways to model, practice and reinforce with repetition
- Help teen risk trying, make mistakes, **feel effective as a parent, step by step**



Facilitate Cultural Healing

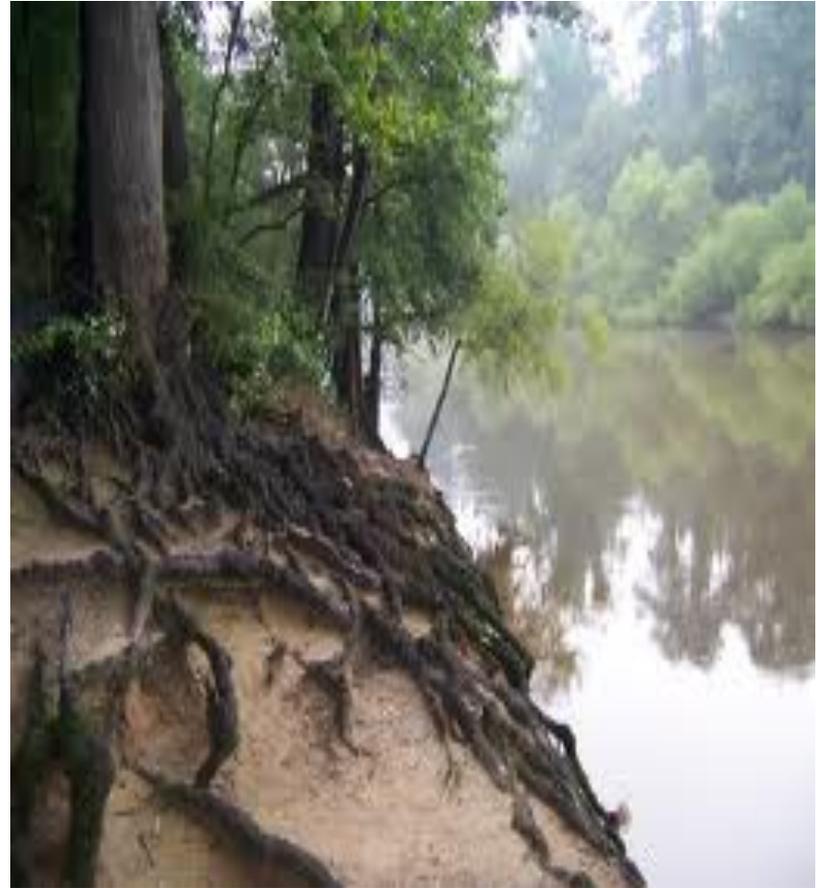
- Telling one's story in improv, dance, rap, art, drum circles, making garden (van der Kolk research)
- Working alongside an elder to learn Healing Ways – Resilience in face of Historical Trauma
- Assess Spirit Damage
- **Teen Parent Circle of Security-** preparing the next generation



Part 4- Trauma Informed Practice is Support for Practitioners in the Field

Supervisors- Managers

- **Be in attachment terms a “Secure Base”** for staff. Hold and regulate their stress so they can sort and reflect.





Part Three

Trauma Informed Systems for Teen Parents

How are We Doing as a Coordinated System of Support- Medical and Mental Health Care, Early Childhood and Teen Education, Housing, Economic Assistance, Work Readiness, Extended Family Engagement Parent Mentoring and Youth Empowerment?

Our Context- Front Lines of Trauma Intervention

- We are caring for society's most vulnerable
- Demands our emotional labor in face of adversity
- Working in homes, schools involuntary clients
- Public mistrust of “worker”
- Intense scrutiny when tragedies occur
- Invisible otherwise in media- public awareness



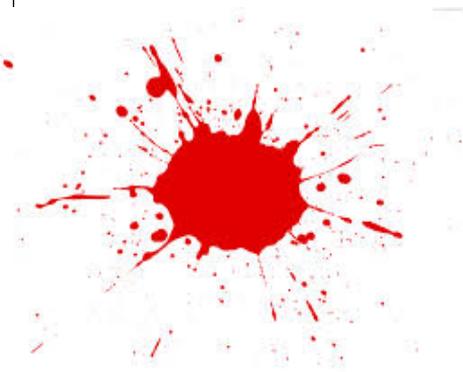
Trauma Work Intensifies the Need for Resilience

“There is a cost to caring for and about traumatized people. It is a transformation in the self of the helper that comes about as a result of engaging empathically with traumatized people and feeling responsible to help.”

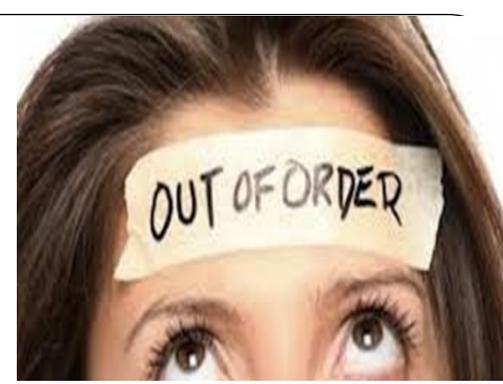
What Can Child Welfare Workers Do about Vicarious Trauma- Laurie Ann Perlman in CW360 Secondary Trauma and the Child Welfare Workforce Spring 2012

“ In the same way that oils splatter on the painter’s shirt or dirt gets under the gardener’s nails, trauma work has an impact.”

Jon Conte in forward to Trauma Stewardship:
An Everyday Guide to Caring for Self while Caring for Others



Responses to Secondary Trauma



- **Warning signs, including:**

- A sense that I can never do enough (“**My to do list is a mile long**” or “**It doesn’t matter what I do, I never seem to be making a dent in my pile**”)
- Deliberate Avoidance (“**I leave my email box full**” or “**I don’t return phone calls**”)
- Inability to empathize (“**I feel emotionally asleep, numb or apathetic**”)
- Grandiosity: (“**If I don’t do this, no one will!**” or “**No one can do it as well or the same way I do**”)

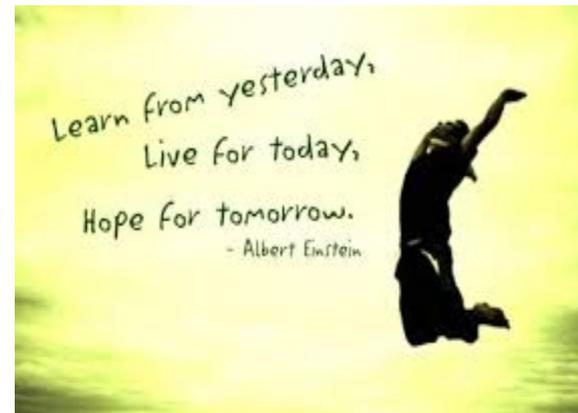
We Need What Our Clients Need



- Safe and trusting environment
- Reliable Trauma focused supervision- **a place to reflect and get perspective**
- Permission to have strong negative feelings
- **Have supervision be interested in you** vs. just knowledgeable
- Permission for self care

Supervision as Source of Hope and Play

- Staff celebrations and rituals
- Going to bat for staff within larger structures
- Gather staff together to laugh, play or spill the stress
- Build stress release spaces, yoga, a place to breathe
- Carrying hope when staff can't see it
- Be “Trauma Champions in your Setting- “How are we Doing, folks?”



Reflective Supervision



“Process Problem Solving”

- ❑ Make room in sup hour for take a “10 thousand feet view” of self interacting with client
- ❑ Is not therapy- focus is on what is happening between self and client using **Regularity, Reflection, Collaboration**
- ❑ Safe place to explore, “what is snagging me?”
- ❑ “Slice it thinner” Use silence Let hour move from “reporting events” to impact of client on staff and staff on client
- ❑ Note staff’s struggle, themes, hold their pain, help them see next steps –
- ❑ Use beginning and ending ritual to preserve this time, space

Resilience Words New Zealand Social Worker Survey

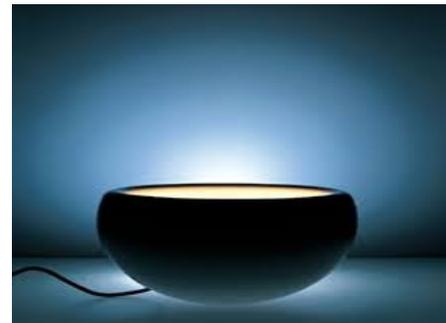
“If Social Work is so stressful, why do practitioners continue to survive and thrive?”



- Flexible
- Robust
- Elastic
- Perseverance
- Keep on Keeping on
- Taking responsibility for your own learning
- Humor
- Managing Self in the Work Life Balance
- Bounce Back

Cultivating Optimism in Outlook

- Do I intensify or dampen my own internal experience or what I hear?
- I can choose how I engage, hold and think about what I read or see.
- I can practice Role Clarification- where can I have best impact?
- I have choices around how I make meaning.
- I can see own trauma triggers as a gift- bit of self still working it through so can see trauma with larger lens- expand narrative
- See my defenses as that which that protect me and can make choices about when to use.



Targeted Micro Self Care

Ashley Davis Bush Psychotherapy Networker May/June 2015

- Do you..
 - Pause between sessions, meetings, classes with a 5 minute meditation?
 - Do progressive muscle relaxation?
 - Have pictures up that inspire you workspace?
 - Wring out stress from your body at the end of the day?
 - Recall your own circle of care?
 - Practice Breathing- Make the Square or 4-7-8
 - Use Guided Imagery as pull into driveway?
 - Tap on pressure points as wake in night with client story?
 - Sing, dance, read poetry, make music
 - Pray, write, laugh, cuddle, play?

Trauma Informed then is.....

What are we going to do differently?

- Do Service Delivery with eye for *safety* of staff and clients
- Have “*Trauma Champions*” who bring back information and inspire others.
- Have a designated “*CRAP*” *afternoon* (conflict resolution and problem solving)
- Recognize *skills both staff and clients use to cope with world*, within cultures, families and communities
- Ask staff regularly how *organizational culture* affects their capacity to stay committed to the mission.
- **Celebrate human resilience**, adaptation and healing on a regular basis, both consumers and staff through *recognition days*.



“Life will break you. Nobody can protect you from that, and living alone won’t either, for solitude will also break you with its yearning. You have to love. You have to feel. It is the reason you are here on earth. You are here to risk your heart. You are here to be swallowed up.

And when it happens that you are broken, or betrayed, or left, or hurt, or death brushes near, let yourself sit by an apple tree and listen to the apples falling all around you in heaps, wasting their sweetness. Tell yourself that you tasted as many as you could”.

Louise Erdich- The Painted Drum