

# Trauma Informed and Historical Trauma Informed Care Training for Non-Provider Staff: Part 3

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# Review Learning Objectives from Session 2

- a. Integrate awareness and knowledge of trauma informed and historical trauma informed care in working with staff or approach to supervision of staff
- b. Differentiate three domains of trauma-informed care including safety, collaboration and program procedures
- c. Summarize ways to apply trauma informed care to specific duties in the work place [case example]

## Overview:

- Brief review of definitions of historical trauma response features and compounding factors for specific trauma exposed groups: American Indian veterans and descendants

# Session 3 Learning Objectives and Overview edit

- List three ways that staff can contribute to the emotional and physical safety in a trauma informed work place
- Recognize and briefly describe practices that staff can contribute in their own unique way to the trauma informed work place and the wellbeing of others
- Review and briefly describe ways in which staff can use community based wisdom and expertise to foster trauma informed services to the community

## Overview:

- Brief review of definitions of historical trauma response features; trauma informed workplace training and environment; compounding factors for specific trauma exposed groups: American Indian veterans and descendants DVD continued

# Review: Definitions

- **Trauma** results from event/circumstances experienced as physically or emotionally harmful or threatening with lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being\*
- **Historical trauma** - Cumulative emotional and psychological wounding from massive group trauma across generations, including lifespan
- **Historical trauma response (HTR)** is a constellation of features in reaction to massive group trauma, includes **historical unresolved grief** (similar to other massively traumatized groups (Brave Heart, 1998, 1999, 2000))

\* (Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801)

# Review: Example of Traditional Cultural Perspectives on Collective Trauma and Grief

*It is our way to mourn for one year when one of our relations enters the Spirit World...tradition is not to be happy, not to sing and dance and enjoy life's beauty during mourning time....to suffer with the remembering of our lost one.... And for one hundred years we as a people have mourned our great leader... blackness has been around us for a hundred years. During this time the heartbeat of our people has been weak, and our life style has deteriorated to a devastating degree. Our people now suffer from the highest rates of unemployment, poverty, alcoholism, and suicide in the country.\**

*\*From a booklet for the Sitting Bull and Bigfoot Memorial Ride; Traditional Hunkpapa Lakota Elders Council (Blackcloud, 1990)*

# Review: Ongoing Cumulative, Multiple Losses and Trauma Exposure

- Intergenerational parental trauma traced back to legacy of negative boarding school experiences
- Constant trauma exposure related to deaths from alcohol-related incidents, suicides, heart disease, diabetes, cancer, etc.
- Surviving family members include individuals who are descendants of massive tribal trauma (e.g. massacres, abusive and traumatic boarding school placement)
- Cumulative trauma exposure – current and lifespan trauma superimposed on collective massive
- **American Indians have the highest military enlistment rate than any other racial or ethnic group – extends traumatic exposure**

*Review: Historical Trauma and Unresolved Grief Intervention*  
(HTUG) - Example of Historically and Culturally Informed Practice



Tunkasila Tatanka Iyotake, Mother Her  
Holy Door, Daughter, and Grandchild

# Quick Review of Historical Trauma Response Features

- *Survivor guilt*
- *Depression*
- Sometimes *PTSD* symptoms
- *Psychic numbing*
- *Fixation to trauma*
- Somatic (physical) symptoms
- Low self-esteem
- Victim Identity
- Anger
- Self-destructive behavior including substance abuse
- Suicidal ideation
- *Hypervigilance*
- Intense fear
- Dissociation
- *Compensatory fantasies*
- Poor affect (emotion) tolerance



# Quick Review of Historical Trauma Response Features

- Death identity – fantasies of reunification with the deceased; cheated death
- Preoccupation with trauma, with death
- Dreams of massacres, historical trauma content
- Similarities with the Child of Survivors Complex (Holocaust), Japanese American internment camp survivors and descendants but tribal cultural differences
- ***Loyalty to ancestral suffering & the deceased***
- **Internalization of ancestral suffering**
- ***Vitality in own life seen as a betrayal to ancestors who suffered so much***

# Historical Trauma, Genocide and Survival: *the Elephant in the Room*

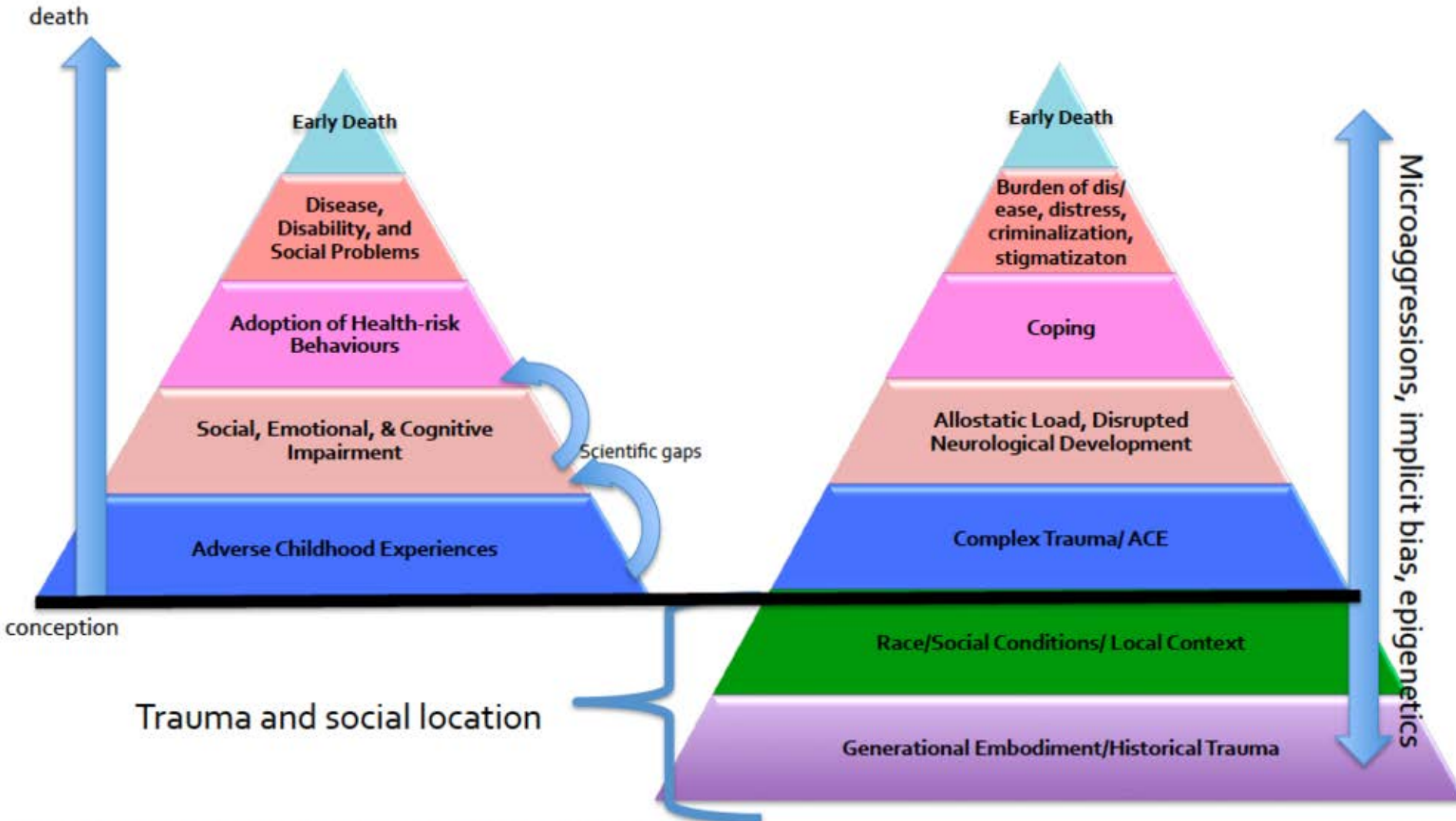
- **Congressional genocidal policy:** *no further recognition of their rights to the land over which they roam...go upon said reservations...chose between this policy of the government and **extermination**....wards of the government, controlled and managed at its discretion* (U.S. Senate Miscellaneous Document 1868 cited in Brave Heart, 1998)
- **BIA** started under the **War Department**; BIA Education Division called “Civilization Division” & IHS evolved from BIA
- **Congressional policy of forced separation** of children from family and tribe – early boarding school trauma
- **Honesty about this legacy and impact upon current relationships, mistrust, and strategies to move forward are part of trauma informed care**



# Trauma and Social Location

## Adverse Childhood Experiences\*

## Historical Trauma/Embodiment



\*<http://www.cdc.gov/violenceprevention/acestudy/pyramid.html>

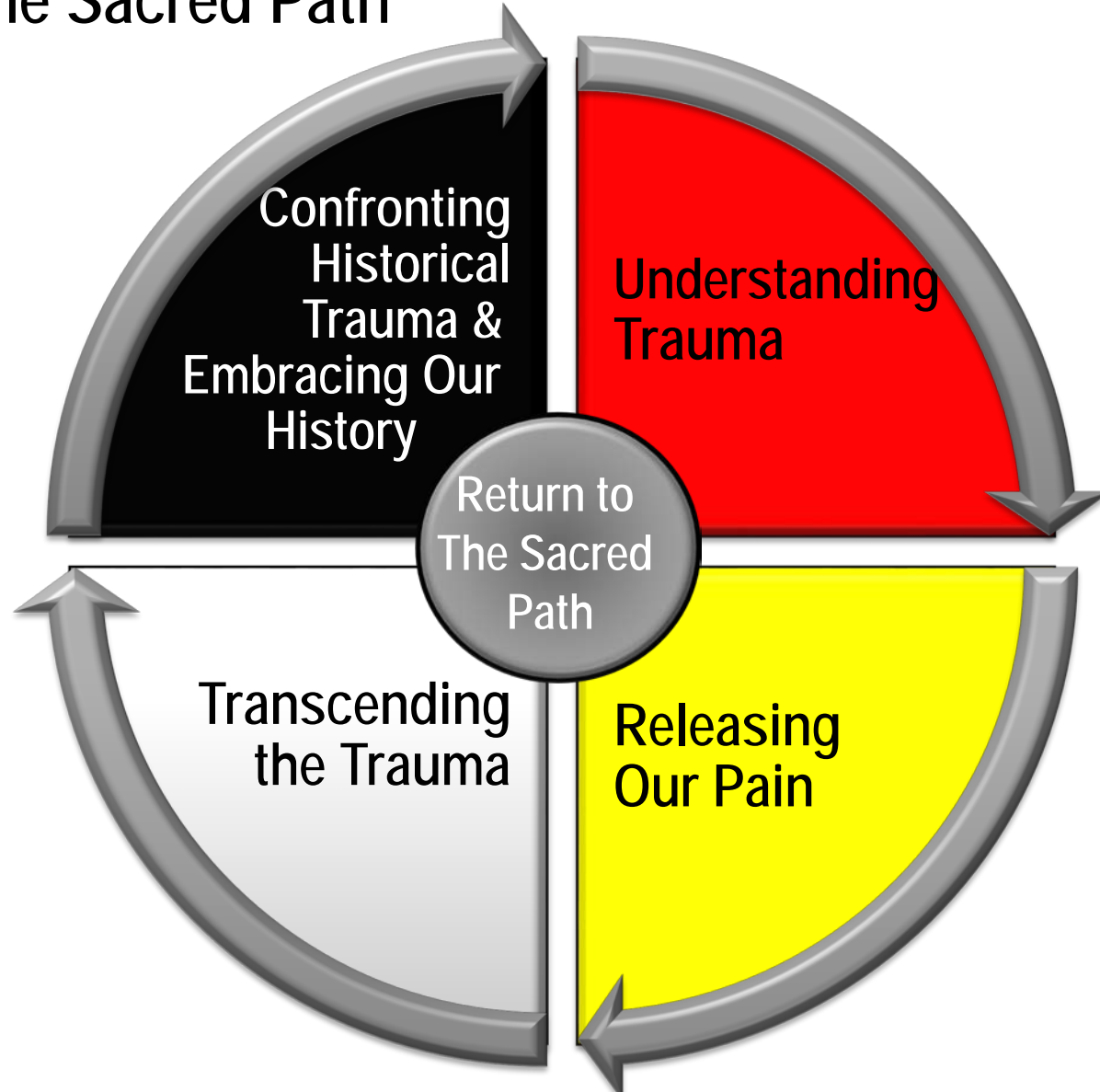
*Review: Historical Trauma and Unresolved Grief Intervention*  
(HTUG) - Example of Historically and Culturally Informed Practice



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# Historical Trauma & Unresolved Grief Tribal Best Practice (HTUG) – Key elements:

Return to the Sacred Path



# Historical Trauma Intervention Research & Evaluation (1992 - 2003)

- **Reduction in sense of feeling responsible to undo painful historical past**
- **Less shame, stigma, anger, sadness**
- **Decrease in guilt, increase in joy**
- **Improved valuation of true self and of tribe**
- **Increased sense of personal power**
- **Increased sense of parental competence**
- **Increase in use of traditional language**
- **Increased communication with own parents and grandparents about HT**
- **Improved relationships with children, parents, grandparents, and extended kinship network**
- **Increased pride in being ones tribe and valuing own culture**

# Wakiksuyapi (Memorial People)

- Takini Network/Institute as *Wakiksuyapi*, carrying the historical trauma but working on healing
- For the Lakota, specific *tiospaye* (extended kinship network) or bands may carry the trauma for the Nation, i.e. those most impacted by Wounded Knee Massacre
- We are descendants of traditional warriors and survivors, including 1890 Wounded Knee Massacre descendants; we are children of World War II Marine, Army, and Navy veterans; Takini includes Vietnam veterans and involving Korean War, OEF/OIF veterans
- Application to specific groups within tribal communities such as American Indian and Alaska Native veterans and their families

# Case Example Reminder: Trauma Informed Supervisor

- **Patient presents as demanding**, critical of staff and of the facility. The receptionist comes to the supervisor and shares her discomfort with patient and asks if the therapist can see the patient without all the paperwork being completed as normally required.
- The supervisor is aware that the receptionist is a survivor of domestic violence and that she might find the patient intimidating or may feel threatened.
- The supervisor intervenes and talks with the patient. As the supervisor comes from a military family, he is comfortable and quickly establishes a rapport, asking the patient about his military service. The patient relaxes and the supervisor arranges for the therapist on call to see the patient quickly.



# Reminder: Understanding Traumatized Patients & Trauma Informed Staff

- Patient's need for control and irritability was related to the PTSD; need for control may cause patient to be demanding - he felt so out of control in combat situations and being controlling alleviated some anxiety
- When some people feel helpless, out of control, scared, they may lash out to appear stronger and reduce their sense of fear and weakness
- Trauma triggers, secondary trauma, vicarious trauma and compassion fatigue
- **Need for control is attempt to avoid or cope with anxiety**

# Reminder: 5 Principles/Values of Trauma-Informed Care (modified from CCTIC)

- Safety
- Trustworthiness
  - Making tasks clear
  - Maintaining appropriate boundaries (such as being respectful)
  - Be consistent, keeping your word to patients and co-workers
- Choice
  - Prioritizing consumer /patient choice and control
- Collaboration
  - Between clinicians, staff, and consumers/patients
  - Providers emphasizing working together on goals, not top down (and staff can have a part in that as part of a team)
- Encouragement
  - Recognizing strengths
  - Skill building

# **Safety for Staff—Ensuring Physical and Emotional Safety**

- *“To what extent do the program’s activities and settings ensure the physical and emotional safety of staff members? How can services be modified to ensure this safety more effectively and consistently?”*

# Safety for Staff—Ensuring Physical and Emotional Safety

- Do staff members feel physically safe? Do staff members provide services in areas other than the office? If so, what safety considerations are important?
- Do staff members feel emotionally safe? In relationships with administrators and supervisors, do staff members feel supported?
- Is the physical environment safe--with accessible exits, readily contacted assistance if it is needed, enough space for people to be comfortable, and adequate privacy?
- Do staff members feel comfortable bringing their clinical concerns, vulnerabilities, and emotional responses to client care to team meetings, supervision sessions or a supervisor?
- Does the program attend to the emotional safety needs of support staff as well as those of clinicians?

# **Trustworthiness for Staff—Maximizing Trustworthiness through Task Clarity, Consistency, and Interpersonal Boundaries**

- ***“To what extent do the program’s activities and settings maximize trustworthiness by making the tasks involved in service delivery clear, by ensuring consistency in practice, and by maintaining boundaries that are appropriate to the program? How can services and work tasks be modified to ensure that tasks and boundaries are established and maintained clearly and appropriately? How can the program maximize honesty and transparency?”***

# Trustworthiness for Staff

- Do program directors and all supervisors have an understanding of the work of direct care [and other] staff? Is there an understanding of the emotional impact (burnout, vicarious trauma, compassion fatigue) of direct care and how this can affect all staff? How is this understanding communicated?
- Is self-care encouraged and supported with policy and practice?
- Do all staff members receive supervision that attends to both patient and staff concerns in the context of supervisory relationship? Is clinical supervision clearly separated from administrative supervision that focuses on such issues as paperwork and billing?
- Do program directors and supervisors make their expectations of staff clear? Are these consistent and fair for all staff positions, including support staff?
- Do program directors and supervisors make the program's mission, goals, and objectives clear?

# Trustworthiness for Staff

- Do program directors and supervisors make specific plans for program implementation and changes clear? Is there consistent follow through on announced plans? Or, in the event of changed plans, are these announced and reasons for changes explained?
- Can supervisors and administrators be trusted to listen respectfully to supervisees' concerns—even if they don't agree with some of the possible implications?

# Trauma Informed Training

- ***Key Question: “To what extent have all staff members received appropriate training in trauma and its implications for their work?”***
- General education (including basic information about trauma and its impact) for all employees with a primary goal of sensitization to trauma-related dynamics and the avoidance of retraumatization.
- Staff members have received education in a trauma-informed understanding of unusual or difficult behaviors. (One of the emphases in such training is on respect for people’s coping attempts and avoiding a rush to negative judgments.)
- Staff members have received basic education in the maintenance of personal and professional boundaries (e.g., confidentiality, dual relationships, sexual harassment).
- Staff members have received training in basic coping skills for trauma survivors, including psychoeducational framing of trauma-related experiences and coping responses, grounding and emotional modulation techniques, and safety planning,
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# Encouraging Self-Care

- Create daily schedule with breaks for rest, exercise, connection with coworkers, other self-care activities
- Support staff in recognizing their value and need to nurture themselves, increasing commitment to self-care.
- **Connection** to self, to others, and to something greater than the self. Connection decreases isolation, increases hope, diffuses stress, and helps counselors share the burden of responsibility for client care.
- *Utilize traditional Native symbols and practices for calming, soothing, uplifting, “emotional containers” such as smudging, songs, prayers, healing and strengthening symbols, spaces, etc. [added re: Native perspectives]*

# Military Service, PTSD, and Healing

- DVD Presentation: *Oyate Wiconi Kte Cha Lechel Echu Kun Pi : We Do This So That the People May Live*. Great Plains IHS Division of Behavioral Health
- As you are watching, think of the 5 Core Values of Trauma Informed Care choice, collaboration, encouragement, safety, and trustworthiness
- Also note traditional values exemplified in the video of these Native veterans and think of the importance of supporting those values
- Example: *Woope Sakowin* – Lakota Seven Laws; such tribal principles are strengths, foster resilience, and healing. Think of such values in your own tribal community and how to build on them to build a trauma informed care system in your work setting.

# Example of Community Based Wisdom – Traditional Values

## Woope Sakowin

(7 Laws of the Lakota)

- Wacante Ognake - Generosity
- Wowaunsila – Compassion
- Wowayuonihan – Respect for all of Creation
- Wowacin Tanka - To Have a Great Mind
- Wowahwala – Humility, State of Silence, To be humble – no one is above another
- Woohitike – Courage, Bravery, Principles, Discipline
- Woksape – Wisdom, Understanding

# Staff Support and Well-Being

- Support and care for entire staff
- Follows the same 5 principles as used with patients:
  - Safety, trustworthiness, choice, collaboration, encouragement
- In order to care for others we need to function well ourselves
  - Able to teach, role model, not be reactive, self-controlled, never abuse power
  - Minimize vicarious/secondary trauma

# Steps to Creating a Trauma Informed System

- Culture shift
  - Not just new information or services
  - New way of thinking and acting
- Involves **everyone**: administrators, supervisors, line staff, clinicians, patients, families
- Begin with small steps
- Use the same principles we use with patients
- Empathy for everyone – patients, staff, providers! ***Walk in another's moccasins***

# Websites

- ACES Connection

<http://www.acesconnection.com/>

- ACES Too High

[www.cestoohigh.com](http://www.cestoohigh.com)

- International Society for Traumatic Stress Studies (ISTSS)

[www.istss.org](http://www.istss.org)

- The National Council for Behavioral Health

<https://www.thenationalcouncil.org/topics/trauma-informed-care/>

- National Child Traumatic Stress Network (NCTSN)

<http://www.nctsn.org/>

# Websites-continued

- PTSD: National Center for PTSD (US Department of Veterans Affairs)

<https://www.ptsd.va.gov/>

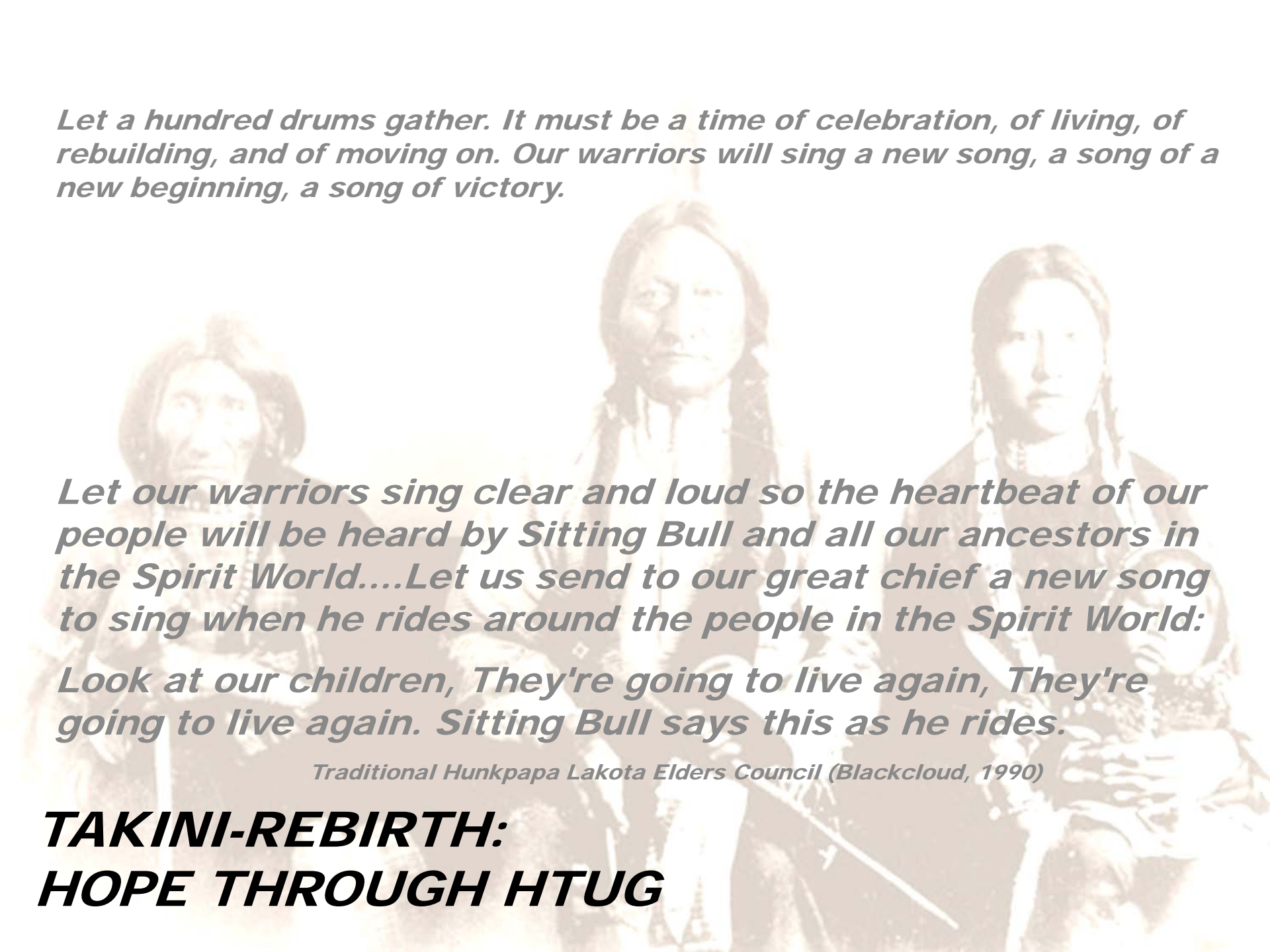
- SAMHSA National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)

<https://www.samhsa.gov/nctic>

- SAMHSA National Child Traumatic Stress Initiative (NCTSI)

<https://www.samhsa.gov/child-trauma>

**Acknowledgement:** Video clips contributed by Rashmi Sabu, MD, UNM Department of Psychiatry and Behavioral Sciences

A faded, sepia-toned photograph of three Lakota warriors in traditional dress, including feathered headdresses and beaded jewelry, standing side-by-side. The image is semi-transparent, serving as a background for the text.

*Let a hundred drums gather. It must be a time of celebration, of living, of rebuilding, and of moving on. Our warriors will sing a new song, a song of a new beginning, a song of victory.*

*Let our warriors sing clear and loud so the heartbeat of our people will be heard by Sitting Bull and all our ancestors in the Spirit World...Let us send to our great chief a new song to sing when he rides around the people in the Spirit World:*

*Look at our children, They're going to live again, They're going to live again. Sitting Bull says this as he rides.*

*Traditional Hunkpapa Lakota Elders Council (Blackcloud, 1990)*

**TAKINI-REBIRTH:  
HOPE THROUGH HTUG**



# Celebration of Survival



# Celebration of Survival



# Celebration of Survival



# Relevant Recent HT Publications

- Brave Heart, M.Y.H., Elkins, J., Tafoya, G., Bird, D., & Salvador (2012). *Wicasa Was'aka: Restoring the traditional strength of American Indian males. American Journal of Public Health, 102 (S2), 177-183.*
- Brave Heart, M.Y.H., Chase, J., Elkins, J., & Altschul, D.B. (2011). Historical trauma among Indigenous Peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs, 43 (4), 282-290.*
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