Trauma Informed and Historical Trauma Informed Care Training for Non-Provider Staff: Part 2

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Review Learning Objectives From Part 1

- a. Distinguish five core values of trauma informed care relevant to your work setting and community
- b. Examine ways that historical trauma and trauma informed care impacts the workplace and job performance in your work setting and community
- c. Detect how individuals contribute to a to a trauma informed care workplace in own setting and community informed practices

Overview:

- What is trauma? What is historical trauma? How do these affect our workplace and the people we serve? What can we do to improve our setting and help our patients and community?

Session 2 Learning Objectives and Overview

- 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

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

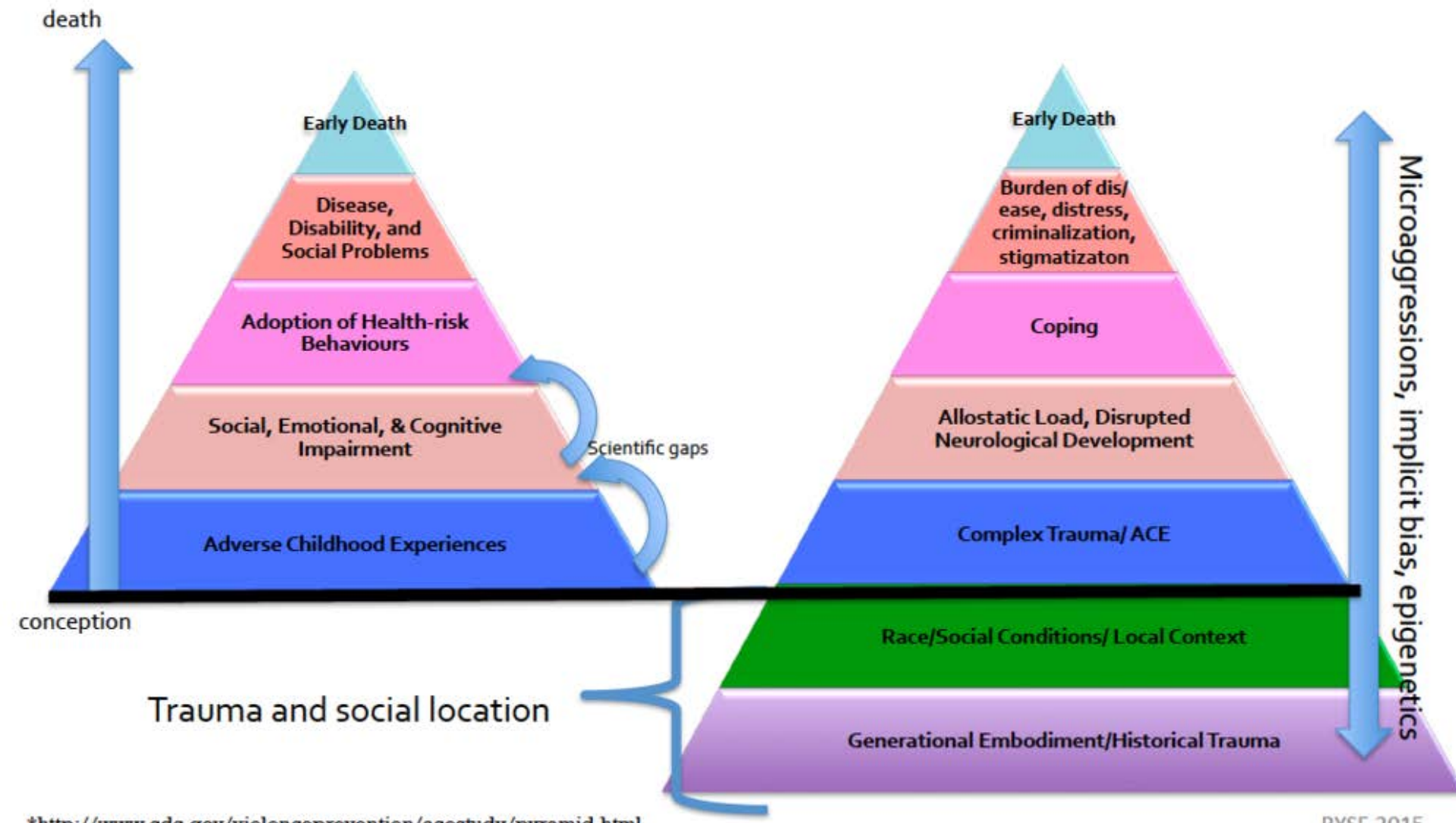
- Death identity – fantasies of reunification with the deceased; cheated death
- Preoccupation with trauma, with death
- Dreams of massacres, historical trauma content
- Similarities with the Child of Survivors Complex (Holocaust), Japanese American internment camp survivors and descendants but tribal 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



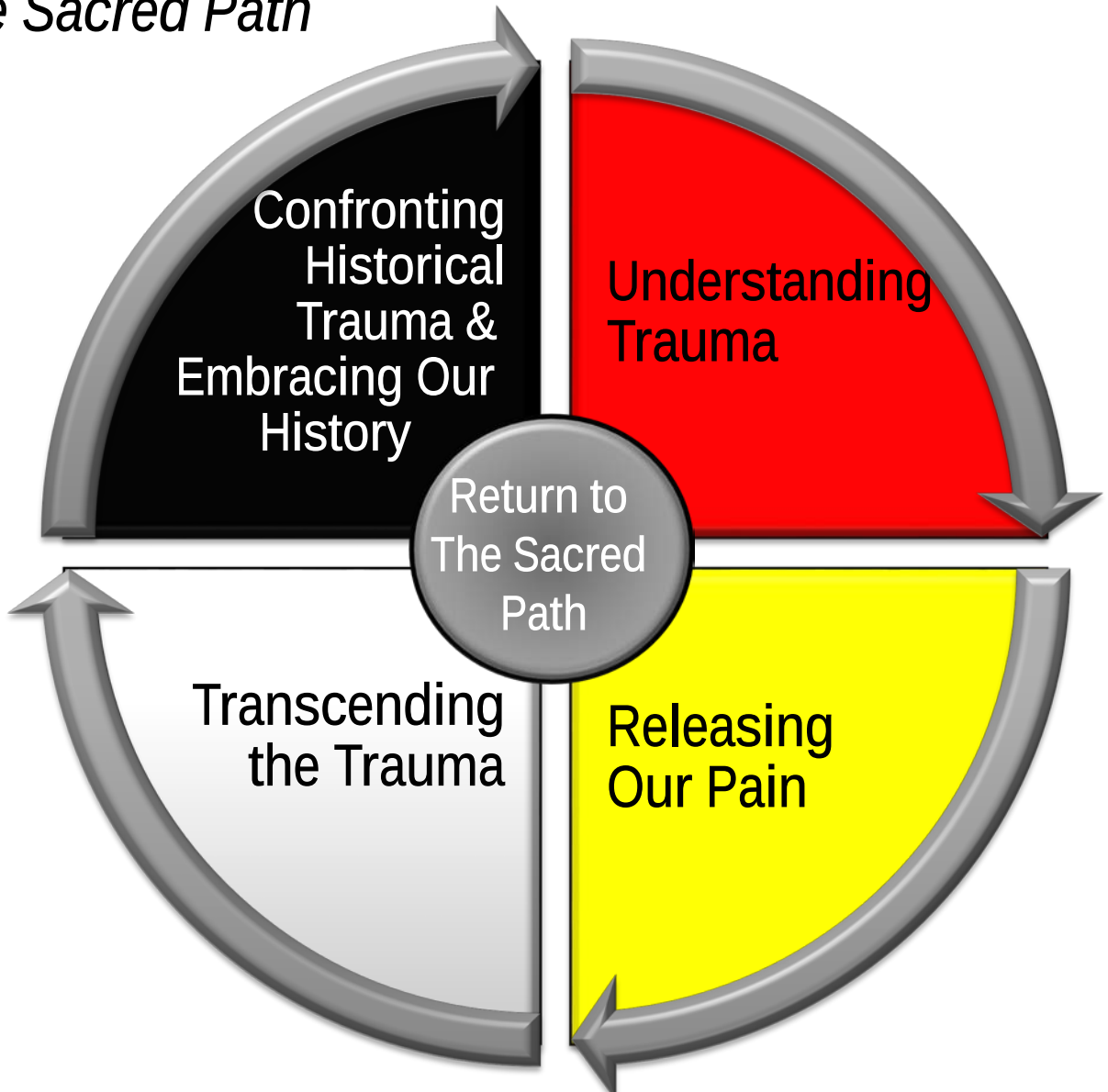
*http://www.cdc.gov/violenceprevention/acestudy/pyramid.html

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

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

- Individual comes in for behavioral health treatment as well as overall healthcare. Patient presents as demanding, critical of staff and of the facility, complains about the intake process and the waiting area, paces, impatient, refuses to answer questions at the reception desk and states that he will only speak to “the doctor”. Staff patiently explains the intake or triage process and the need to get some information first. Pt is resistant to sharing symptoms and medical history. Patient impresses intake staff as being highly intelligent from the way he is communicating. Pt does state that he is coming to IHS because the VA is not helping him, they don’t understand him and he “wants to see an Indian doctor.”

Case Example

- 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 waiting room is full and there are many patients waiting to be seen.
- What should the supervisor do? What is supervisee's responsibility? Put yourself in the shoes of each person.
- What thoughts do you have, what reactions to this description, what are you visualizing?
- How can you support your staff member in this situation AND engage the "challenging" patient?
- What past experiences come to mind as you are talking with your supervisee? What might the supervisee be feeling?

Case Example – Being Trauma Informed

- 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.
- With this information and the supervisor's awareness of trauma informed care, he recognizes that the receptionist is vulnerable given her own personal history and that a supportive supervisor understands that staff also need to be supported in doing their jobs.
- 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.

Example: Understanding Traumatized Patients

- Patient's need for control was related to the PTSD
- Irritability
- Getting triggered
- Change in environment can be disruptive
- Need for control may cause patient to be demanding, upset with schedule changes or change in the environment – reason - he felt so out of control in combat situations and controlling the sessions 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

How such patients may impact the staff

- **If staff do not understand PTSD symptoms it is easier to get triggered, to feel frustrated, anxious, angry, experience some of the same symptoms as the patient**
- **Trauma triggers, secondary trauma, vicarious trauma and compassion fatigue are concepts to review**
- Change in environment can be disruptive to patients **but changes may be welcome to staff if they are improvements**
- **Need for control is attempt to avoid or cope with anxiety**

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

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]*

Posttraumatic Stress Disorder

- Involves exposure to “actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways”
  - Direct experience
  - Witnessing the event occur to others
  - Learning that the event occurred to a family member or friend
  - Experiencing “repeated or extreme” exposure to details of the traumatic events (can include occupational exposure e.g., first responders)

Trauma Informed Reminders

- Trauma reactions can be triggered by sudden loud sounds, tension between people, certain smells, casual touches
- Exposing one's history can manifest in the client as feeling vulnerable and unsafe.
- Sudden treatment transitions or changing provider, can evoke feelings of abandonment
- Trauma survivors generally value routine and predictability.
- Strive to maintain a soothing, quiet demeanor. Clients who have been traumatized may be more reactive even to benign or well-intended questions.

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.

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

Choice

- Are patients able to choose
  - Their treatment provider?
  - Time/date of follow up appointments?
  - Type of treatment?
  - Who comes to appointments with them?
  - Location of services?
  - Emergency management?
- How can we maximize patient choice?

Collaboration

- How can we do with rather than do for or do to?
- Are treatment plans decided upon collaboratively?
- Is patient feedback incorporated into the treatment?
- Encourage patient to collaborate
- Develop peer support services
- Involve peers in the organizational structure

Encouragement

- How do our services recognize patients strengths and build patients' skills?
- What is their understanding of what they need/what service are they seeking?

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.acestoohigh.com

- International Society for Traumatic Stress Studies (ISTSS)

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

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.
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