

# **Trauma Informed and Historical Trauma Informed Care Training for Supervisors: Part 1**

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Maria Yellow Horse Brave Heart, PhD  
Associate Professor of Psychiatry & Behavioral Sciences  
Director, Native American & Disparities Research  
Division of Community Behavioral Health  
Department of Psychiatry and Behavioral Sciences  
University of New Mexico Health Sciences Center  
The Takini Institute

# Learning Objectives and Overview

- a. Distinguish five core values of trauma informed care relevant to your work setting and community.
- b. Review ways that staff and patient trauma experiences may impact quality and functioning of the workplace and your community.
- c. Summarize awareness and knowledge of trauma informed care and historical trauma informed care in approach to supervision of staff in your work setting.

## 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? How do we integrate this in supervision?

# What Is Trauma?

“trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being”

# Historical Trauma and Unresolved Grief



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

## Historical Trauma and Unresolved Grief Defined

*It is our way to mourn for one year when one of our relations enters the Spirit World. Tradition is to wear black while mourning our lost one, tradition is not to be happy, not to sing and dance and enjoy life's beauty during mourning time. Tradition is to suffer with the remembering of our lost one, and to give away much of what we own and to cut our hair short....Chief Sitting Bull was more than a relation....He represented an entire people: our freedom, our way of life -- all that we were. And for one hundred years we as a people have mourned our great leader.*

# Historical Trauma and Unresolved Grief Defined

*We have followed tradition in our mourning. We have not been happy, have not enjoyed life's beauty, have not danced or sung as a proud nation. We have suffered remembering our great Chief and have given away much of what was ours.... 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.*

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

# Intergenerational Parental Trauma

*I never bonded with any parental figures in my home. At seven years old, I could be gone for days at a time and no one would look for me....I've never been to a boarding school....all of the abuse we've talked about happened in my home. If it had happened by strangers, it wouldn't have been so bad- the sexual abuse, the neglect. Then, I could blame it all on another race....And, yes, they [my parents] went to boarding school.*

A Lakota Parent in Recovery  
(Brave Heart, 2000, pp. 254-255)

# 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



# Multiple Losses and Trauma Exposure

- Death of five family members killed in a collision by a drunk driver on a reservation road
- One month earlier, death of a diabetic relative
- Following month, adolescent cousin's suicide and the death of another relative from a heart attack
- Surviving family members include individuals who are descendants of massacre survivors & abuse in boarding schools
- Many community members comment that they feel they are always in a state of mourning and constantly attending funerals.

# Definitions

- ***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 Child of Survivors Complex re: Jewish Holocaust survivors and descendants, Japanese American internment camp survivors and descendants)

(Brave Heart, 1998, 1999, 2000)

# 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

# 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) and Japanese American internment camp survivors and descendants
- ***Loyalty to ancestral suffering & the deceased***
- **Internalization of ancestral suffering**
- ***Vitality in own life seen as a betrayal to ancestors who suffered so much***

# Video

- Insert first media clip here – link info is:
- <https://www.youtube.com/watch?v=G50iwY6YjSk>

# 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**

# 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 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**

# Vicarious or Secondary Trauma

- Experienced by staff in healthcare settings
  - Patients ill and dying
  - Hearing stories of medical trauma
  - Experiencing historical trauma themselves
  - Experiencing trauma themselves (as with the staff member surviving DV and potential for getting triggered by the patient)
  - Hearing stories of trauma from patients

# Burn Out

- “A syndrome of emotional exhaustion, depersonalization and lack of feelings of personal accomplishment” (Lee & Ashforth)
- Cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, NOT trauma-related. (American Institute of Stress)
- A concept in organizational psychology—occurs when a person’s work environment is so toxic or stressful they don’t see value in their work

# What is Trauma Informed Care?

- Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.
- Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.
- Historical Trauma Informed Care includes integration of recognition of tribal culture and history and the impact up to the present. Both must be incorporated in assessment and treatment approaches.

# Protective Factors to Prevent Compassion Fatigue & Burnout

- Team spirit/cohesion
- Sense of accomplishment
- Training
- Supervision
- Balance in life outside of work
- Connection to others
- Self-care

# 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.*



# Three Levels of Stress Response

## Positive

Brief increases in heart rate,  
mild elevations in stress hormone levels.

## Tolerable

Serious, temporary stress responses,  
buffered by supportive relationships.

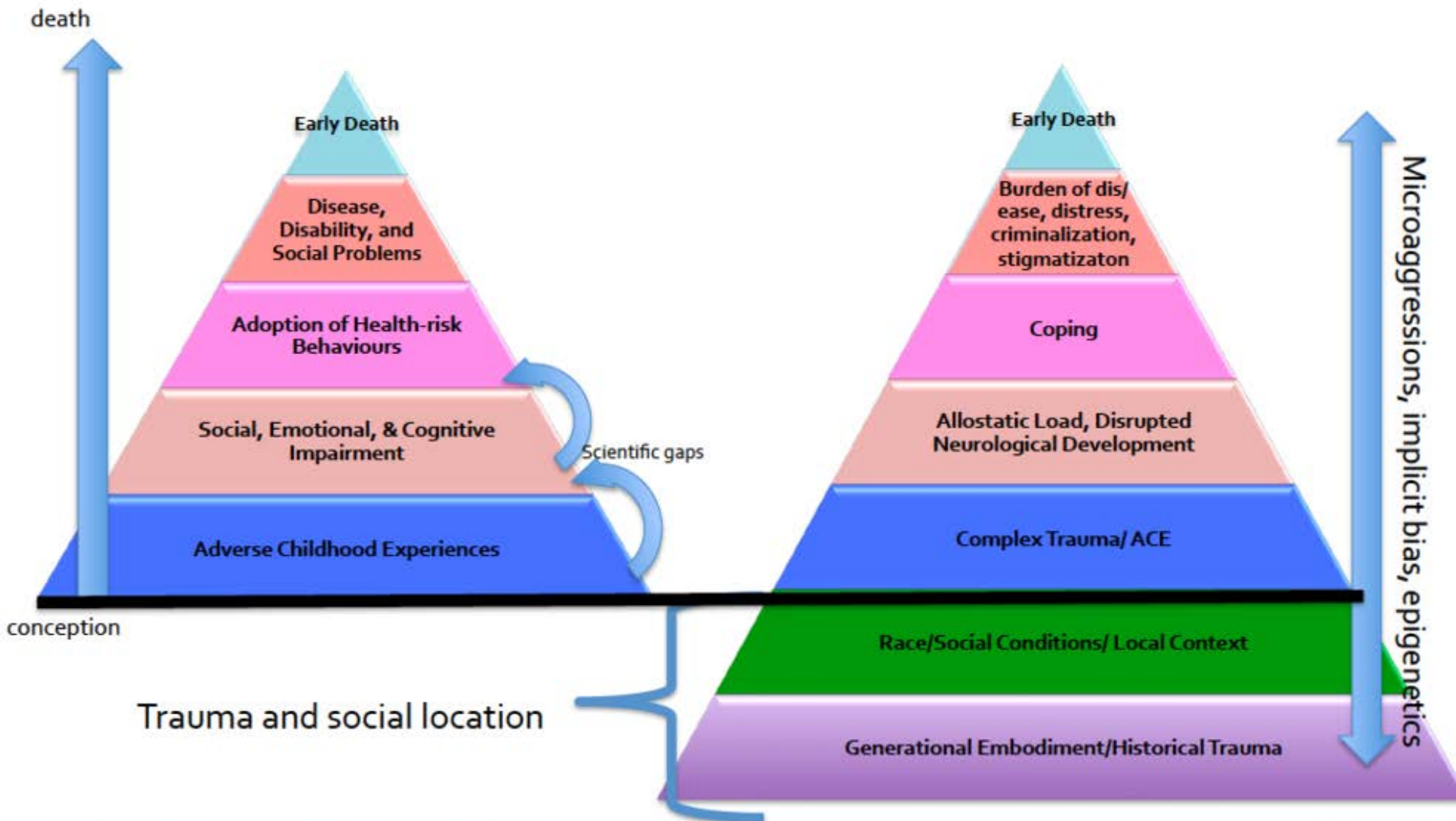
## Toxic

Prolonged activation of stress response systems  
in the absence of protective relationships.

# Trauma and Social Location

## Adverse Childhood Experiences\*

## Historical Trauma/Embodiment



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

# Effects of Childhood Abuse on Healthcare Behaviors

- Avoidance of care
  - Decreased access of pap smears and mammography (childhood sexual abuse)
  - Delay in seeking treatment
  - Decreased adherence to treatment
  - **Avoidance can be related to fear and complex identification issues, behavioral health issues, with family members who have or died from an illness**
- Overutilization of care
- Trauma reactions while receiving medical care

# 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)

# Summary

- There are several types of trauma
  - **Historical trauma** involves cumulative emotional and psychological wounding from massive group trauma across generations
  - **Complex trauma** involves exposure to prolonged or multiple trauma, and complex symptoms that may not meet DSM 5 criteria
  - **Vicarious trauma** involves prolonged exposure to others' trauma, and may lead to compassion fatigue and/or burnout

# Why Institute Trauma Informed Care?

- Benefits
  - Better clinical care for all patients
  - Improves patients' adherence with visits/treatment
  - Better health outcomes for our patients
  - Improves health and wellness and the working environment for clinicians, staff, and management
  - Improves ability to understand and/or work with the community

# 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

# Creating a Safe Context-Physical Safety

- How is physical safety of patients and staff ensured?
  - Physical space
  - Who is allowed to come there
  - When and where are services offered



# Safety



- ***Provide culturally appropriate symbols of safety in the physical environment.*** These include paintings, posters, pottery, and other room decorations that symbolize the safety of the surroundings to the client population. Avoid culturally inappropriate or insensitive items in the physical environment.

# Creating a Safe Context-Emotional Safety

- Are staff, patients, and providers able to speak up?
- Is the system/people in it perceived as trustworthy?
  - How are patients greeted at the door?
  - Are boundaries clear and consistent?
  - Transparency
  - Confidentiality
  - Predictability

# Ways to Help Sense of Emotional Safety

- Calm, slow voice
- Non judgmental language
- Explain need for obtaining sensitive information
- Ensure private space for interview/examination
- Consider patient's physical/emotional boundaries
- Consider touch-it might be triggering

# 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.

# 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



# Culture Shift – Increase Awareness

- Incorporate knowledge about trauma into all aspects of services
  - Not just for patients we know have experienced trauma
  - Workplace is a 2<sup>nd</sup> home in essence and people bring in family history and issues into the workplace – usually not a conscious process
- Minimize re-victimization
  - Do no harm/ non maleficence
  - Awareness that the service system (IHS, medical, dental) has been re-traumatizing to people at times

# 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***

# Video

This is the one from the Cleveland Clinic

# Next Session

- **Bringing ones past into the workplace**
- **Getting triggered, compassion fatigue, addressing self-care**
- **Supervision as a parallel process**
- **Importance of self-care**
- **Trauma Informed Care Assessments**

# Websites

- ACES Connection

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

- ACES Too High

[www.acestoohigh.com](http://www.acestoohigh.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/>

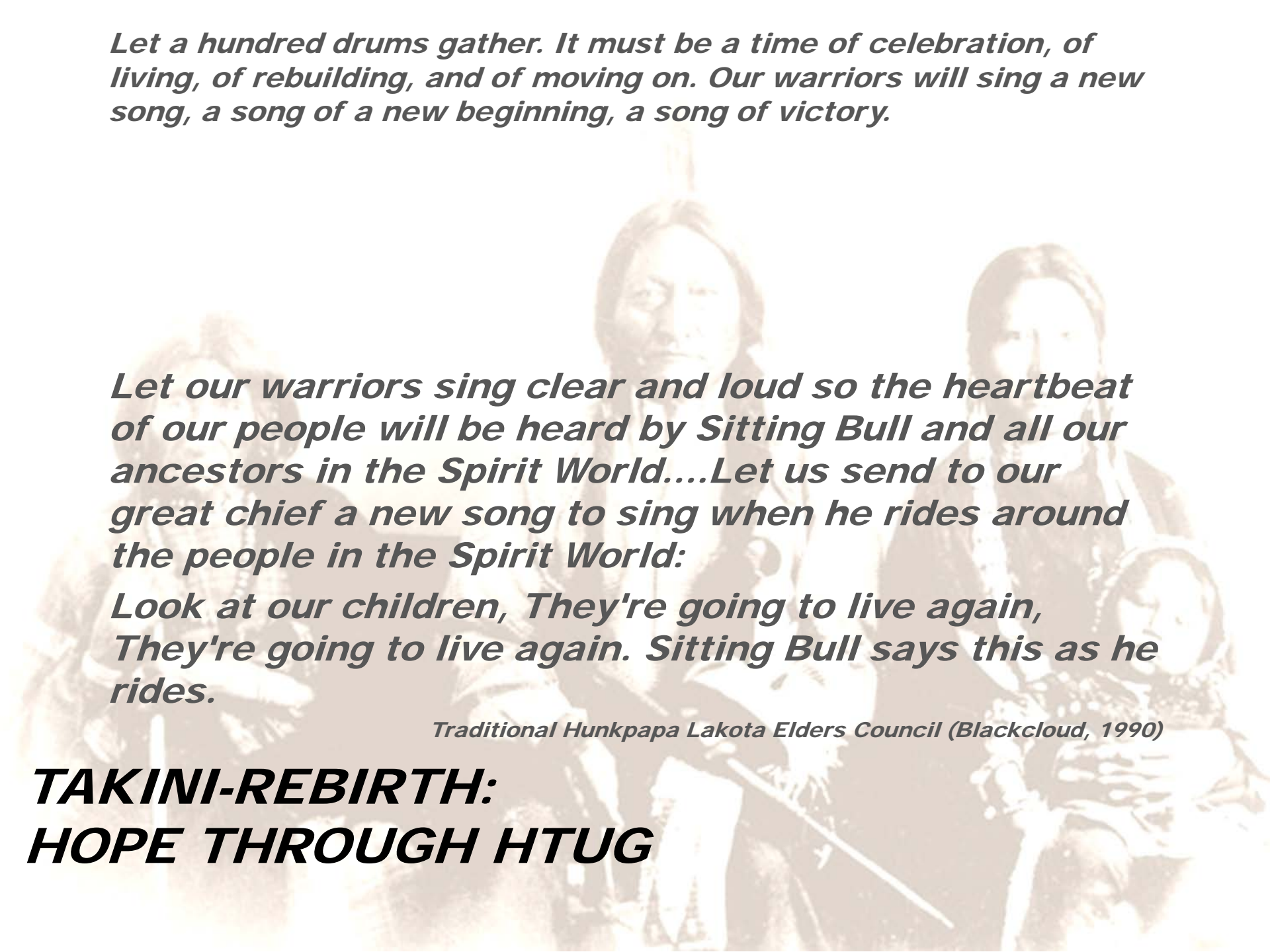
- SAMHSA National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)

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

- SAMHSA National Child Traumatic Stress Initiative (NCTSI)

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

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*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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