

Trauma Informed and Historical Trauma Informed Care Training for Supervisors: Part 3

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Review of Learning Objectives from Part 2

- a. Integrated awareness and knowledge of trauma informed care and historical trauma in the approach to supervision of staff in the work environment
- b. Applied knowledge of three domains of trauma-informed care including safety, collaboration and program procedures to foster development of trauma informed care in the work place
- c. Summarized approaches to facilitate staff training in trauma informed specific to their job duties

Overview:

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

Overview from Part 2 continued:

Trauma informed supervision

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

Learning Objectives for Part 3

- Examine ways that supervisors can support the importance of everyone's role in the implementation and maintenance of a trauma informed workplace
- Integrate knowledge of cultural differences and traditional tribal relationships into supervision within the work setting
- Explain three ways that trauma informed supervision can support the development and enhancement of safety in a trauma informed agency

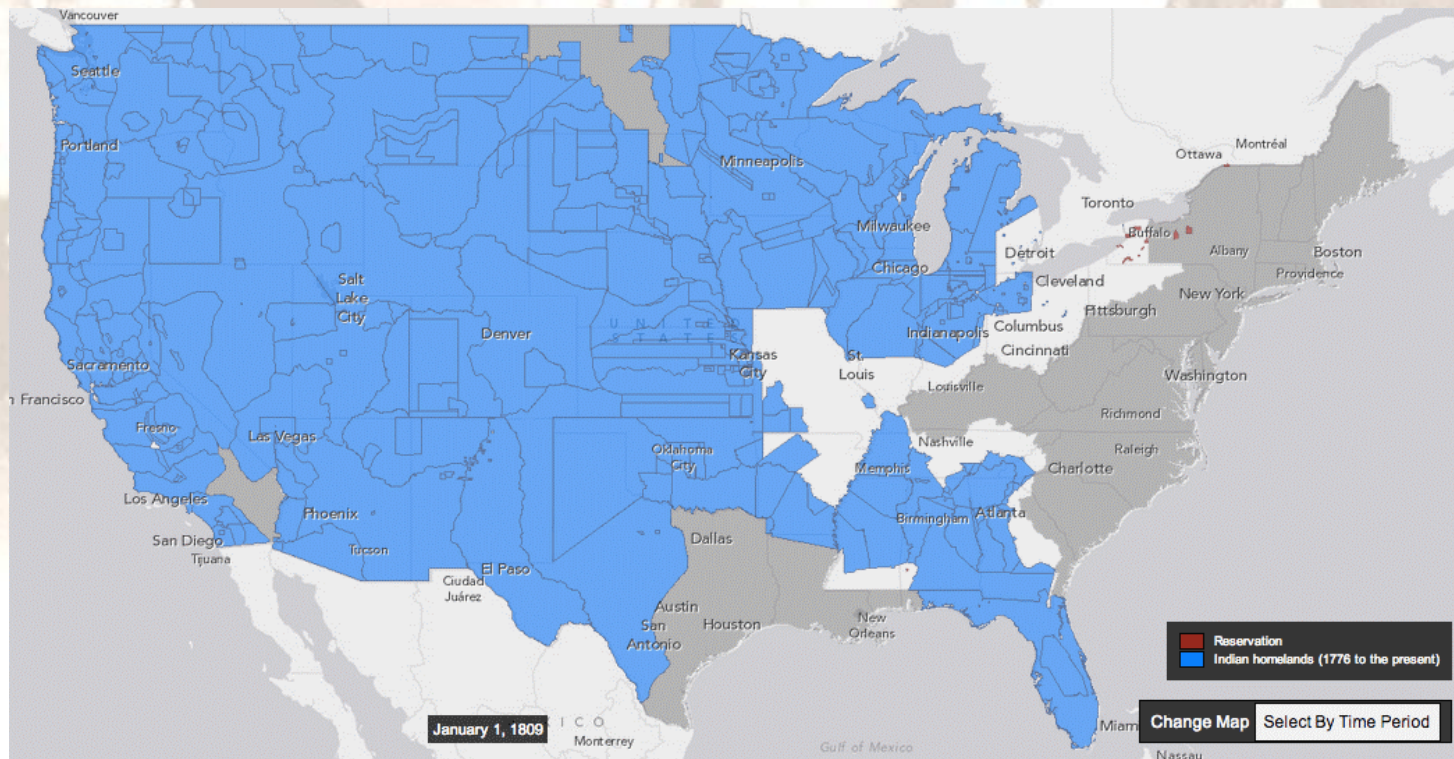
Overview:

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



http://www.slate.com/blogs/the_vault/2014/06/17/interactive_map_loss_of_indian_land.html

Review: Historical Trauma and Unresolved Grief Takini Network/Institute



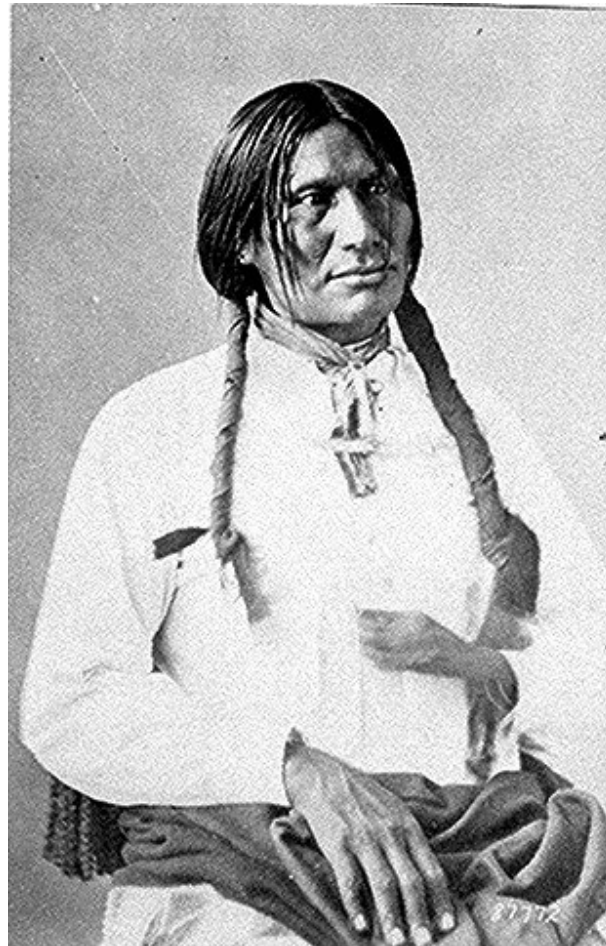
Tunkasila Tatanka Iyotake, Mother Her
Holy Door, Daughter, and Grandchild

Review HT Theory & Intervention Development

- 1976 – began clinical practice & *psychoanalytic training*
- 1981 - *ceremony* to ask for help for our people to heal from the historical trauma
- 1992 – First version of HTUG (doctoral dissertation)
- 1996 – 2004 - Designed Lakota parenting curriculum incorporating HTUG components; SAMHSA grants including CMHS-funded Lakota Regional Community Action Grant on Historical Trauma
- 2009 – HTUG selected as Tribal Best Practice by First Nations Behavioral Health Association, Pacific Substance Abuse & Mental Health Collaborating Council, and SAMHSA
- University of Denver GSSW faculty 1992 through 2006; operated Takini Network in Rapid City, SD from 1998 through 2003
- Joined faculty as Associate Professor at Columbia January 2007 through September, 2010 and UNM October 2010 to present
- NIMH funded HTUG study just ended June 30, 2017

Tatanka Iyotake & Sitanka Wokiksuye
Sitting Bull Memorial & Bigfoot Memorial Ride

1990 – 100 years later



Takini

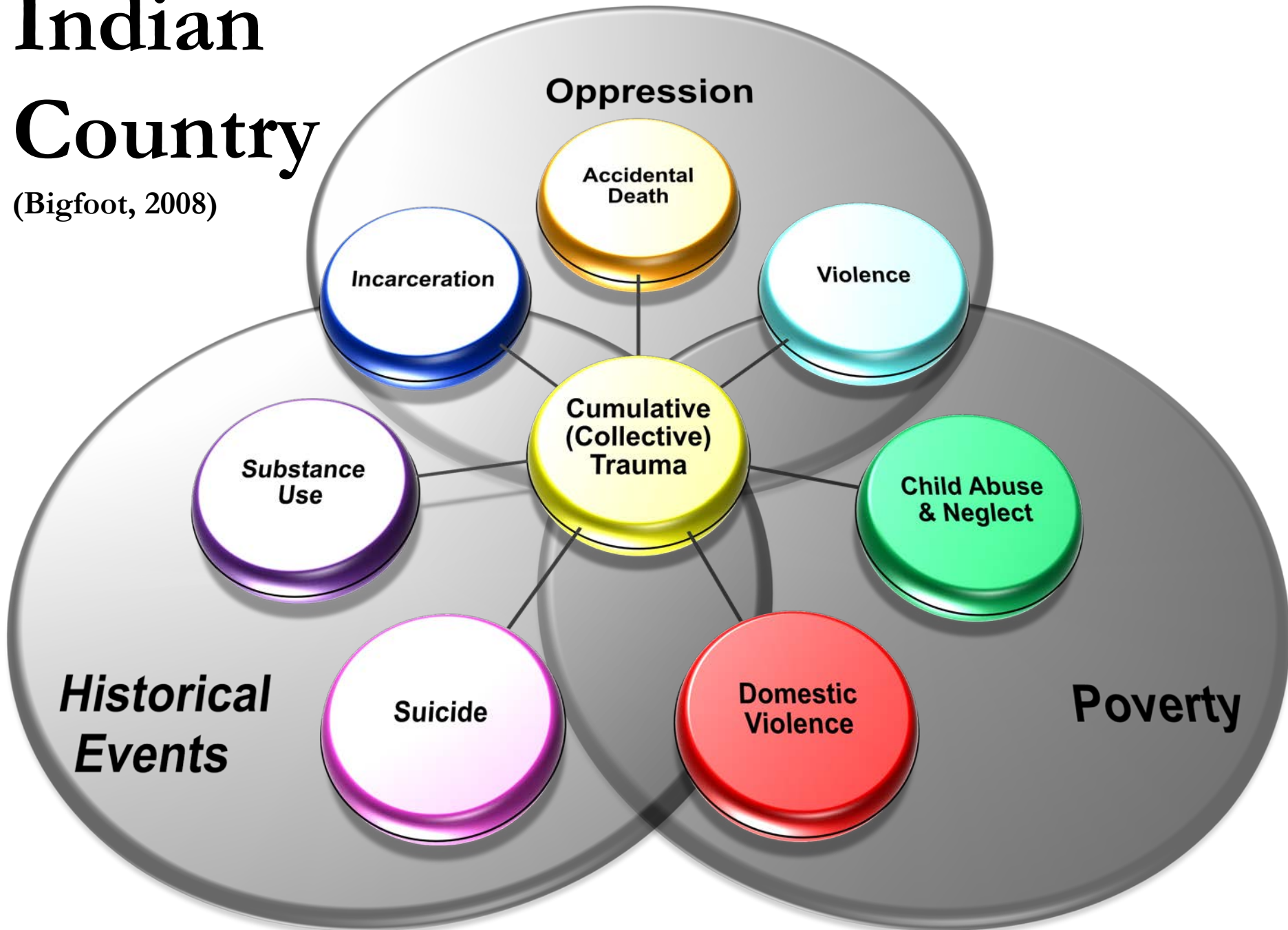


Spontaneous Testimonies at the End of the Four Days of the first HTUG in 1992

- Sitanka Wokiksuye Rider – *I sacrificed to wipe the tears of the people but until today, no one had wiped my tears*
- Expressions of transformative experience
- We formed a kinship network
- Own experience – further solidified my commitment to this sacred path; asked by Lakota elder to lead the people in this historical trauma healing work and have maintained this commitment
- **As therapists, providers, healers, we need to help to wipe our tears**

Indian Country

(Bigfoot, 2008)



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 Response Features

- *Survivor guilt*
- *Depression*
- Sometimes *PTSD*
- *Psychic numbing*
- *Fixation to trauma*
- Low self-esteem
- Victim Identity
- Anger
- Poor affect (emotion) tolerance
- Intense fear
- Self-destructiveness
- Suicidal ideation
- *Hypervigilance*
- Dissociation
- *Compensatory fantasies*
- *Loyalty to ancestral suffering & the deceased*
- *Vitality in own life seen as a betrayal to ancestors who suffered so much*

Reminder: Vicarious, Secondary Trauma, Compassion Fatigue & Burn Out

- Hearing stories of trauma from staff, who hear this from patients, witnessing their suffering; prolonged exposure to others' trauma, and may lead to compassion fatigue and/or burnout (vicarious trauma)
- Emotional exhaustion, lack of empathy, feeling numb, and withdrawal associated with increased workload and institutional stress
- At times toxic or stressful work environment, not seeing value in one's work or not feeling important or that one is contributing
- Carrying historical trauma oneself, getting triggered from hearing trauma of others

a) Examine ways that supervisors support the importance of everyone's role in the implementation and maintenance of a trauma informed workplace

- Utilize traditional Native values such as the *Woope Sakowin* (Lakota Seven Laws), only one example which are but common values for many other tribes (see next slide)
- Maintain awareness of what is going on with staff, appreciate their important contributions to the functioning of the whole unit, e.g. maintenance is crucial to the environmental climate for the clinic as well as behavioral health supervisors to effective treatment for patients, and anyone one else contributing to the operation of the facility.
- Establishing a safe, emotionally healthy and supportive environment helps everyone in the workplace and ultimately the patients.
- Taking steps to attend to everyone's emotional and physical health needs ensures optimal functioning, improved efficiency, and care.
- Awareness of complex trauma, and focus on compassion for all staff as well as patients and community members

Example of Traditional Native Values: Woope Sakowin (7 Laws of the Lakota)*

- Wacante Ognake - Generosity
- Wowaunsila – Compassion
- Wowayuonihan – Respect
- Wowacin Tanka - To Have a Great Mind
- Wowahwala – Humility, State of Silence, To be humble
- Woohitike – Courage, Bravery, Principal, Discipline
- Woksape – Wisdom, Understanding
- **Tiblo* B. Kills Straight (some versions differ slightly but core values similar)

More ways that supervisors support importance of everyone's role in a trauma informed workplace

- Recognizing everyone's accomplishments at all levels, even small things, expressing appreciation for ideas, thoughtful gestures, enthusiasm, etc.
- Sharing and modeling for staff – let others know if you are out of sorts and why so they do not personalize a change in attitude or behavior. Staff may often think they did something wrong
- Schedule times for fellowship, coffee or tea breaks, show concern for staff and how they are doing both on and off the job
- Empathy!

b. Integrate knowledge of cultural differences and traditional tribal relationships into supervision within the work setting

- Maintain awareness of perceived discrimination - relationship with increased depression (Whitbeck)
- Microaggressions can include instances of being racially profiled, experiences of discrimination, being stereotyped, being intentionally or unintentionally excluded, hearing racist comments, etc.
- May be associated with lowered self-esteem
- In stressful work situations, this becomes more common – people can regress under stress

Integrating knowledge of cultural differences and traditional tribal relationships into supervision & work setting

- Use knowledge of cultural differences and traditional tribal relationships in supervision within the work setting
- Sensitivity to stereotyping, assumptions, and any offensive language, discern/differentiate tribal humor from offensive stereotyping
- Watch for assumptions, stereotypes, undermining comments – “they aren’t very smart, they are lazy, they are all drunks, etc.”
- Awareness of historical tribal relationships – example assigning a Crow patient to a Lakota clinician, or a Navajo therapist to work with a Ute patient, etc. but simultaneously don’t assume they cannot work together!

Objective 3. Ways trauma informed supervision supports development and enhancement of safety

- Unconsciously bring our past into the workplace
- Reenact family dynamics and traumatic histories in work and personal relationships [unconscious attempt to recreate and master trauma]; supervisor as the “parent”
- We get triggered, may have compassion fatigue
- *Supervision as a parallel process* – for behavioral health providers, as we present a case we unconsciously bring in dynamics with the patient into the supervision– *this is normal! Understanding this and using this in supervision help in comprehending the dynamics of a case and the therapeutic relationship*

Trauma Informed Supervision

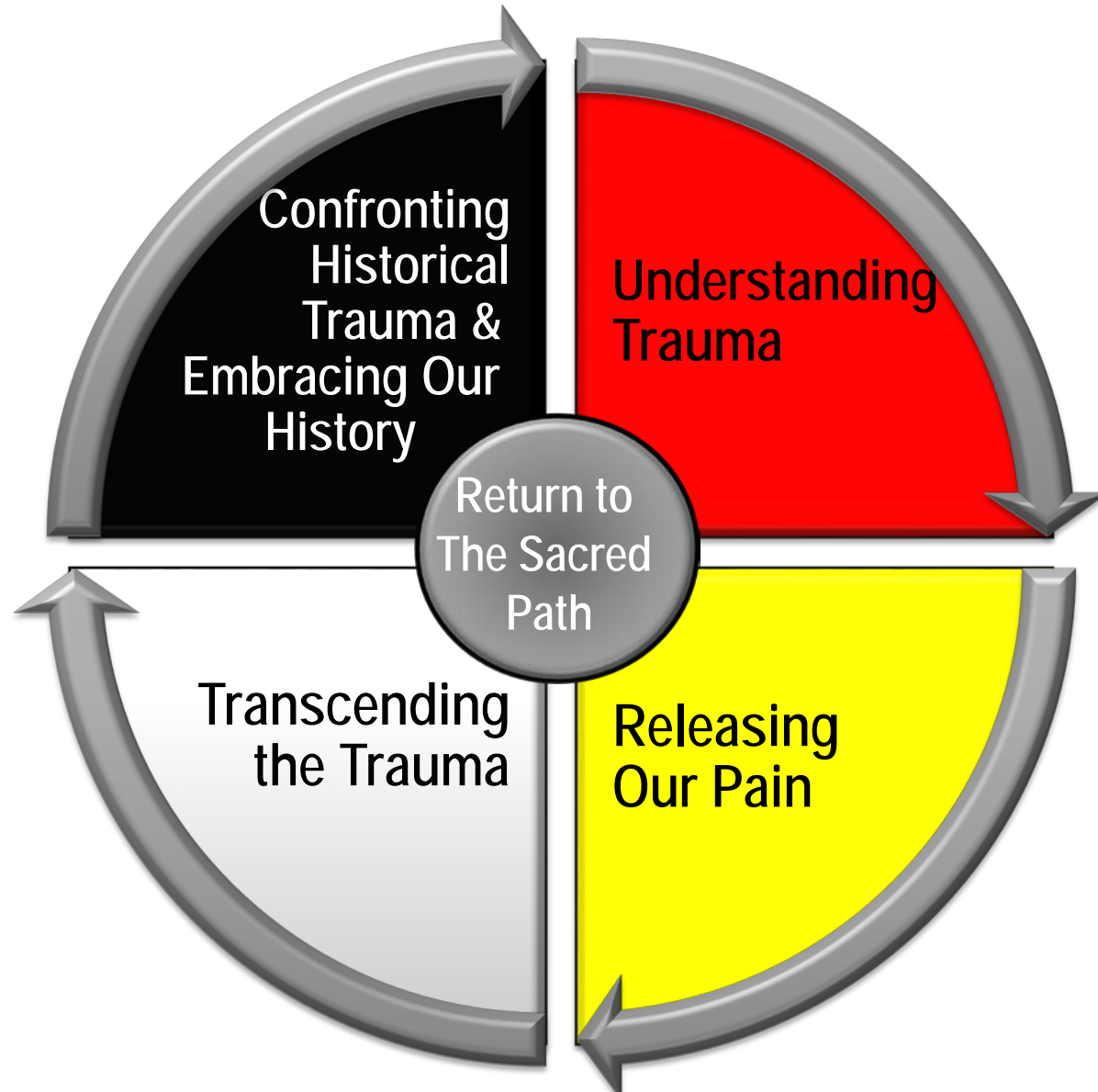
- Trauma informed care includes addressing providers or supervisors own needs and healing, consciousness of the reality that staff WILL re-enact family dynamics in the workplace UNLESS they have consciousness of their own vulnerable spots and talk about it in a supportive supervisory relationship
- Strengths can also be pitfalls – perfectionism, self-sacrificing, passionate and committed – can also be at risk for being overextended, taking on too much, working to exhaustion
- Know oneself and encourage supervisees to do the same – concept of an observing ego (recommended)
- Traumatized populations – challenging work but important, can trigger staff; important to understand this and build in consistent and empathic supervisions with clear expectations and re-visiting, re-negotiating expectations regularly

*Oyate Wiconi Kte Cha Lechel Echu Kun Pi : We Do This
So That the People May Live – Part 2*

Trauma Informed Use of Self in Supervision

- As you watch or listen to the DVD clips, pay attention to your own reactions, your thoughts, what you observe about traditional Native values, the complexity of historical trauma and the relationship with the military and enacting traditional responsibilities to protect the land and the people
- Notice historical trauma features and PTSD symptoms.
- Think about your own experience in your setting with veterans, PTSD symptoms, and impact upon supervision.
- Note the strength and resilience in the midst of trauma symptoms.

Historical Trauma & Unresolved Grief Tribal Best Practice (HTUG) –
*Return to the Sacred Path – designing our own trauma informed
care models*



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/>

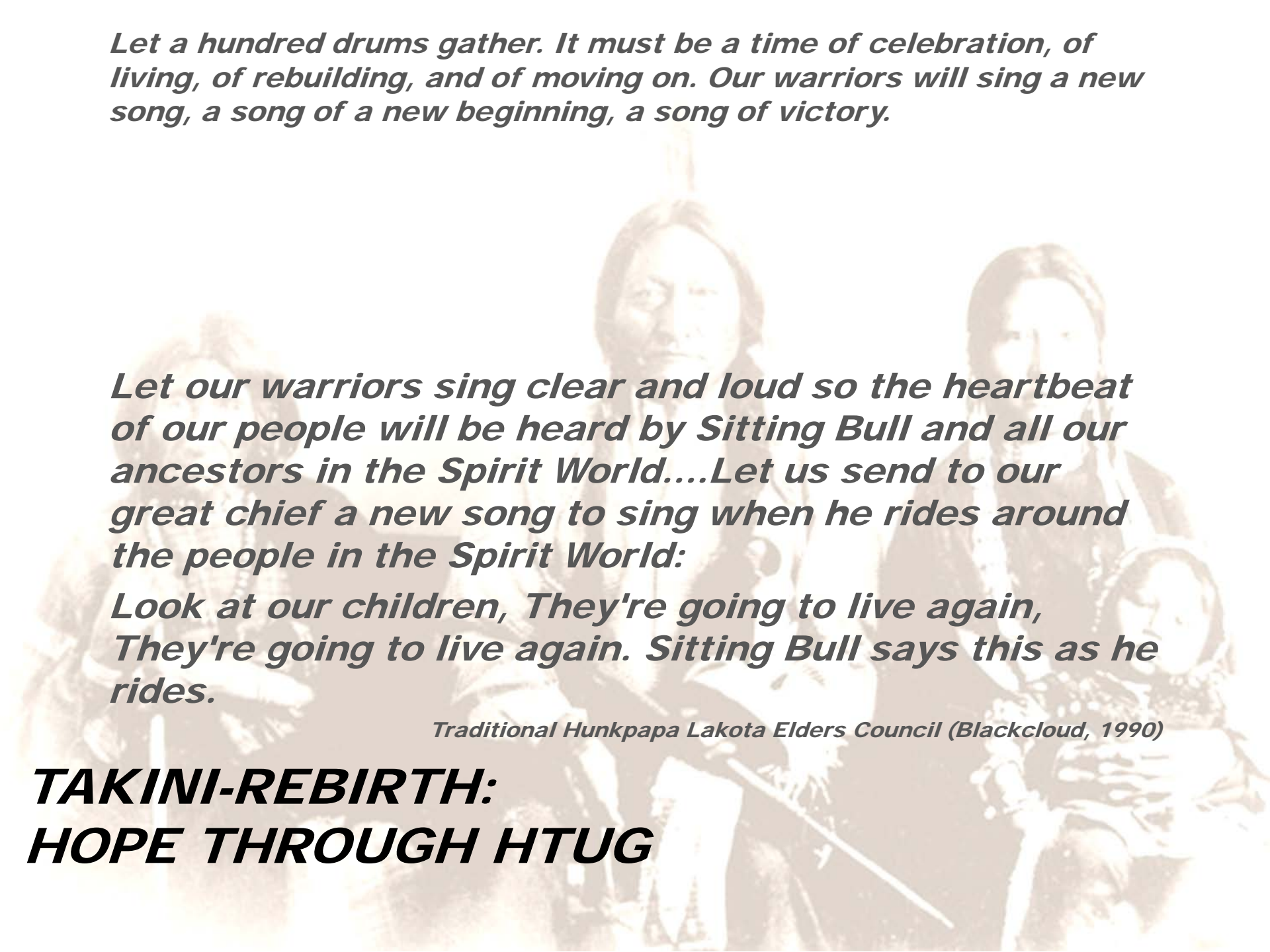
- National Child Traumatic Stress Network (NCTSN)

<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.
- 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.
- Brave Heart, M.Y.H. & Deschenie, T. (2006). Resource guide: Historical trauma and post-colonial stress in American Indian populations. *Tribal College Journal of American Indian Higher Education*, 17 (3), 24-27.
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