Trauma Informed and Historical Trauma Informed Care Training for Supervisors: Part 2

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Review of Learning Objectives from Part 1

a.   Distinguished five core values of trauma informed care relevant to your work setting and community.

b.   Reviewed ways that staff and patient trauma experiences may impact quality and functioning of the workplace and your community.

c.   Summarized 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?

Learning Objectives for Part 2

a.   Integrate awareness and knowledge of trauma informed care and historical trauma in the approach to supervision of staff in the work environment

b.   Apply 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.   Summarize approaches to facilitate staff training in trauma informed specific to their job duties

Overview:

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

Overview 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**

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)

From: http://www.slate.com/blogs/the_vault/2014/06/17/interactive_map_loss_of_indian_land.html
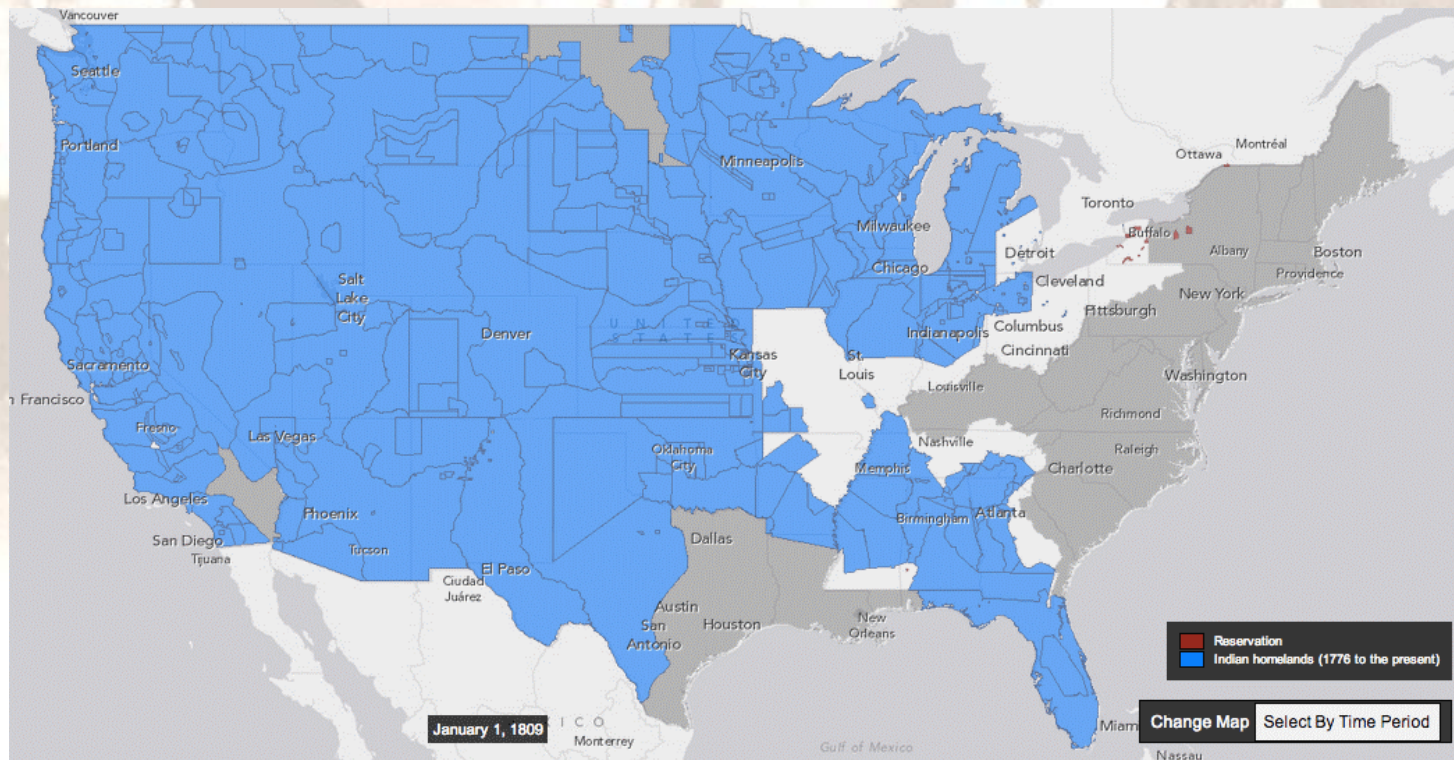
Review: Historical Trauma and Unresolved Grief
Takini Network/Institute

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

Review: Example of Traditional Cultural Perspectives on Collective Trauma and Grief – Carrying the Trauma

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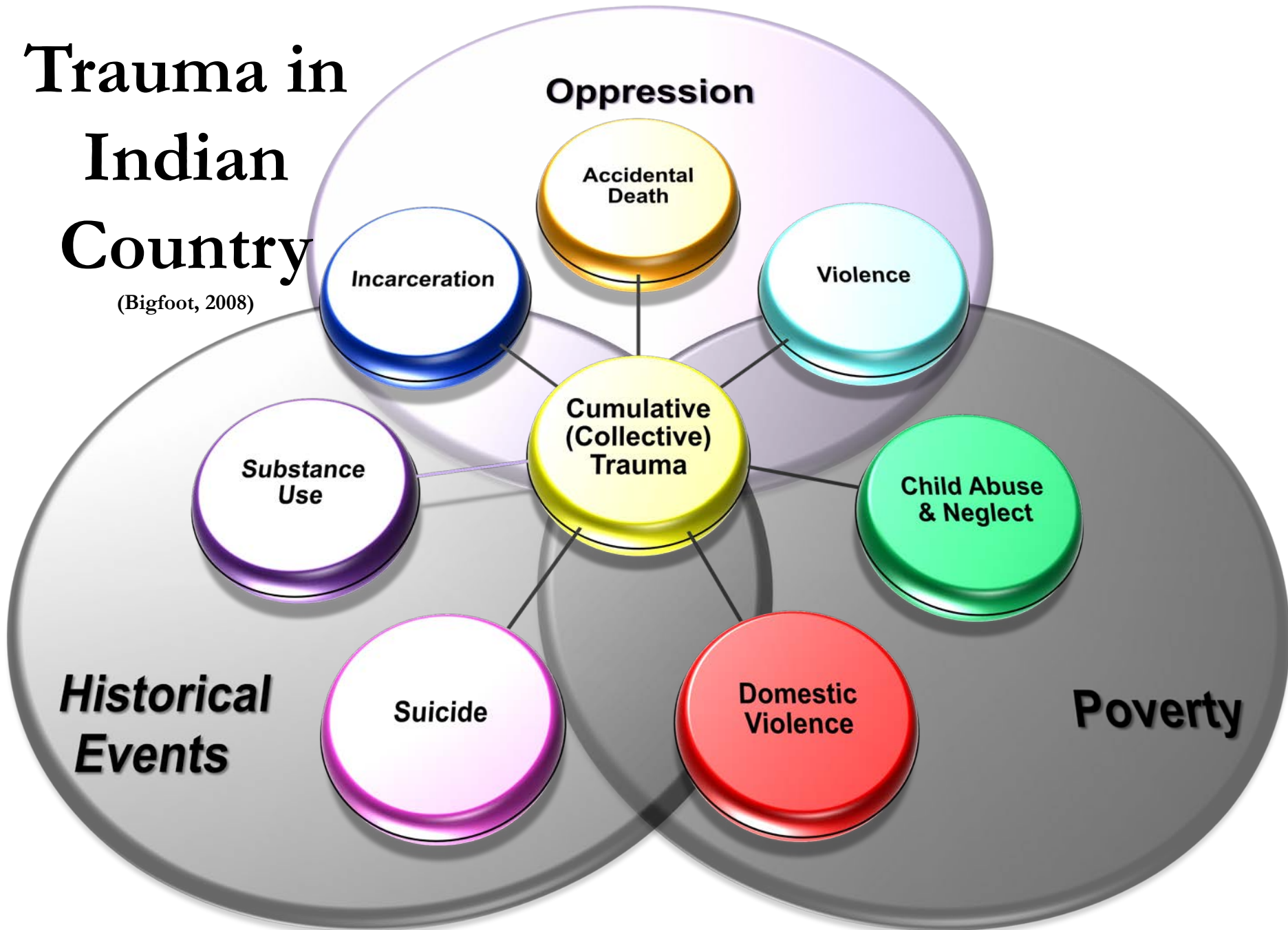
*From a booklet for the Sitting Bull and Bigfoot Memorial Ride; Traditional Hunkpapa Lakota Elders Council (Blackcloud, 1990)

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**

Trauma in Indian Country

(Bigfoot, 2008)

Oppression

Accidental Death

Incarceration

Violence

Cumulative (Collective) Trauma

Substance Use

Child Abuse & Neglect

Historical Events

Suicide

Domestic Violence

Poverty

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*

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

- Hearing stories of trauma 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

- Occurs when a person's work environment is so toxic or stressful they don't see value in their work

- Carrying historical trauma oneself, getting triggered from hearing trauma of others

Complex Trauma

- Not a DSM 5 diagnosis but planned for inclusion in ICD-11
- DSM IV field trial showed that 92% of people with complex PTSD/Complex Trauma also met diagnostic criteria for PTSD
- **PTSD doesn't cover the intricacy of complex trauma nor historical trauma**
- Found in people who have experienced multiple, chronic or prolonged traumas
- Complex trauma congruent with Historical Trauma Response but HTR includes generational prolonged and repeated trauma exposure
- Symptoms may include dissociation, anger, depression, change in self concept, change in response to stressful events, irritability, frozen/restricted, flashbacks, altered perceptions/beliefs – similar to features of HTR

Complex Trauma and Historical Trauma

- Complex trauma - prolonged, repeated trauma in which the person was "in a state of captivity" physically or emotionally (Herman, 1997).

- Early reservation days and POW designation for some tribal groups, massacres, colonization, forced separation of children from families and tribe, may be emotionally experienced as a legacy of living in a state of captivity.

- Treatment involves need for person to regain sense of control and power, and work in interpersonal relationships – many AIAN face repeated disruption in sense of agency and experiences collectively of powerlessness related to past and ongoing oppression, e.g. DAPL which has been triggering for AIAN

Perceived Discrimination and Microaggressions

- Perceived discrimination - relationship with increased depression (Whitbeck)

- Microaggressions (term coined by Chester Pierce, MD; further development by D. Wing Sue, PhD) can include instances of being racially profiled, experiences of discrimination, being stereotyped, being intentionally or unintentionally excluded, hearing racist comments, etc.

- Associated with historical trauma response, PTSD symptoms, and depression (preliminary research of Dr. Karina Walters (Choctaw) U of WA; associated with lowered self-esteem

Intergenerational Traumatic Grief

- Federal prohibition against practice of traditional Native spirituality limited bereavement resulting in unresolved grief across generations

- Dominant societal view of Natives as "savage" and unfeeling – dehumanizing, invalidating grief

- Acute grief which persists becomes unresolved, prolonged, complicated

- Modern multiple losses & cumulative traumatic losses superimposed upon collective generational trauma

Review: 5 Principles/Values (domains) 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

Trauma Informed Supervision – Awareness is Key!

- **We bring our past into the workplace – not conscious**

- **We often reenact our family dynamics and traumatic histories in work and personal relationships [unconscious attempt to recreate and master trauma]**

- **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***

- **Importance of self-care and attending to ones own trauma history and work those through – owe it to our patients and ourselves!**

Establishing Sense of Emotional Safety with Patients and Supervisees: Applying Trauma Informed Care Approaches

- Calm, slow voice

- Non judgmental language – *with supervisees*

- Private, confidential space for patients and supervisory sessions – attend to lack of soundproof offices – use white noise machines outside doors and if needed inside to muffle sounds between walls and outside office door

- Consider patient's and supervisee's physical/emotional boundaries

- Consider touch – caution -it might be triggering especially for survivors of sexual abuse – safe thing is to not initiate touch [in some support groups, hugging may be normal so discuss in supervision]

How trauma may impact patients and 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**

Case Example Review: Understanding Traumatized Patients

- Patient's need for control was related to the PTSD

- Irritability

- Getting triggered – may be having flashbacks

- 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

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)

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

HT Informed Care Perspectives for Native Veterans

- **Traditional societies for both Native men and women helpful in reclaiming sense of self and sacredness**

- **Importance of purification for those returning from war for reintegration into society and to release the traumatic exposure, combat stress; attend to spiritual beliefs about sacredness of life, death and war (Black Elk – painting faces black to hide from the Creator)**

- **Releasing the historical trauma through healing and reclaiming traditional protective values and practices**

- **Can combine HTUG key components with culturally adapted evidence based practices or empirically supported treatments**

- **HTUG reduces stigma and empowers American Indian/Alaska Native and First Nations communities through acknowledging the collective trauma across generations**

  - © Maria Yellow Horse Brave Heart, PhD; 5/10/13

Trauma Informed Use of Self in Supervision

- Trauma narratives of patients or supervisees may be triggering particularly if one has own trauma history

- Developing comfort with one's own reactions and working on healing from one's own trauma is essential

- **Awareness of trauma is helpful rather than harmful** (avoidance is worse as one can "act out" by not listening to, shutting down emotionally, becoming judgmental, and interfering with the supervisory relationship and employees or patient's well-being)

- Trauma informed care includes addressing providers or supervisors own needs 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

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): Key Elements:
Return to the Sacred Path
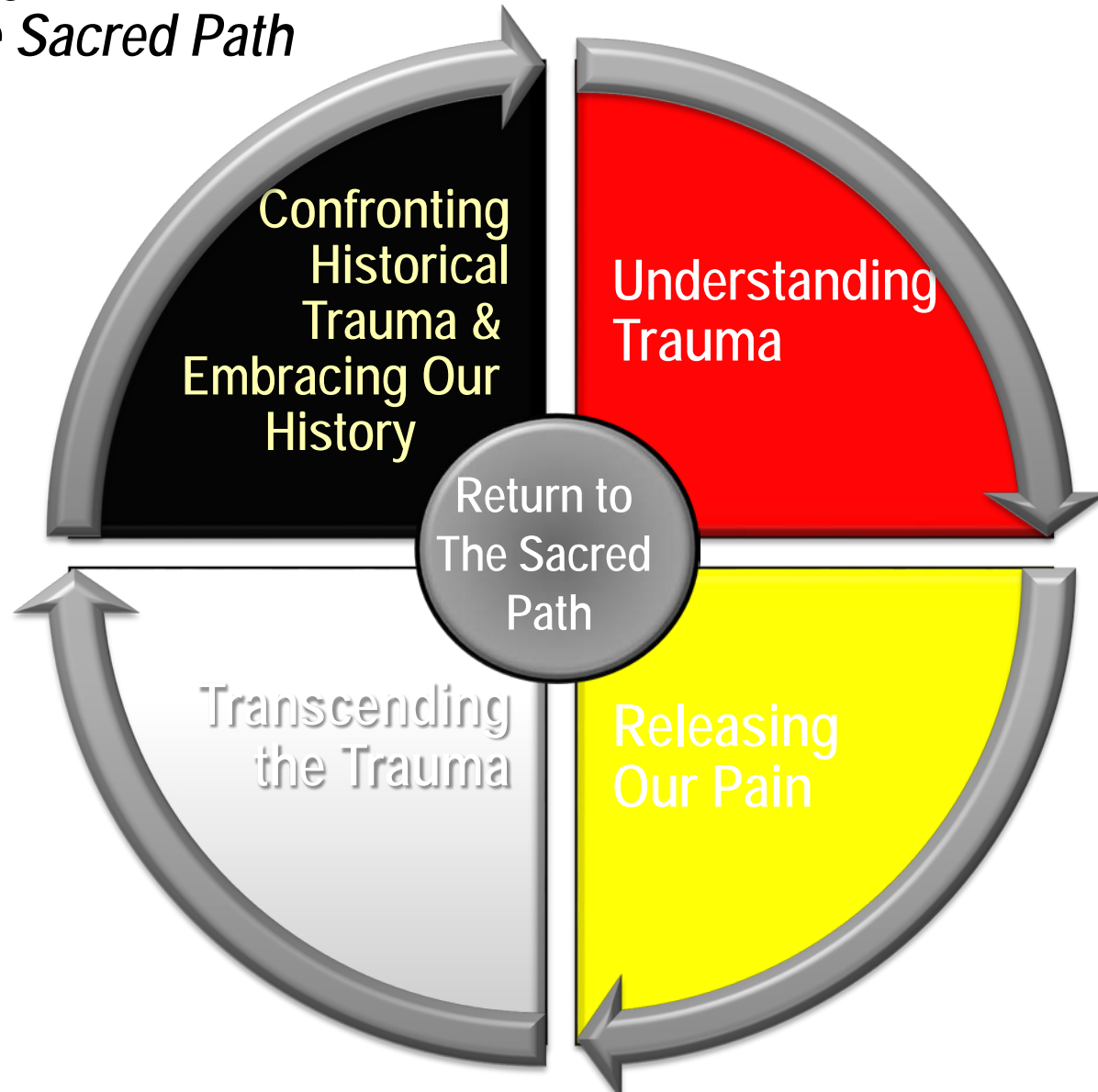
Websites

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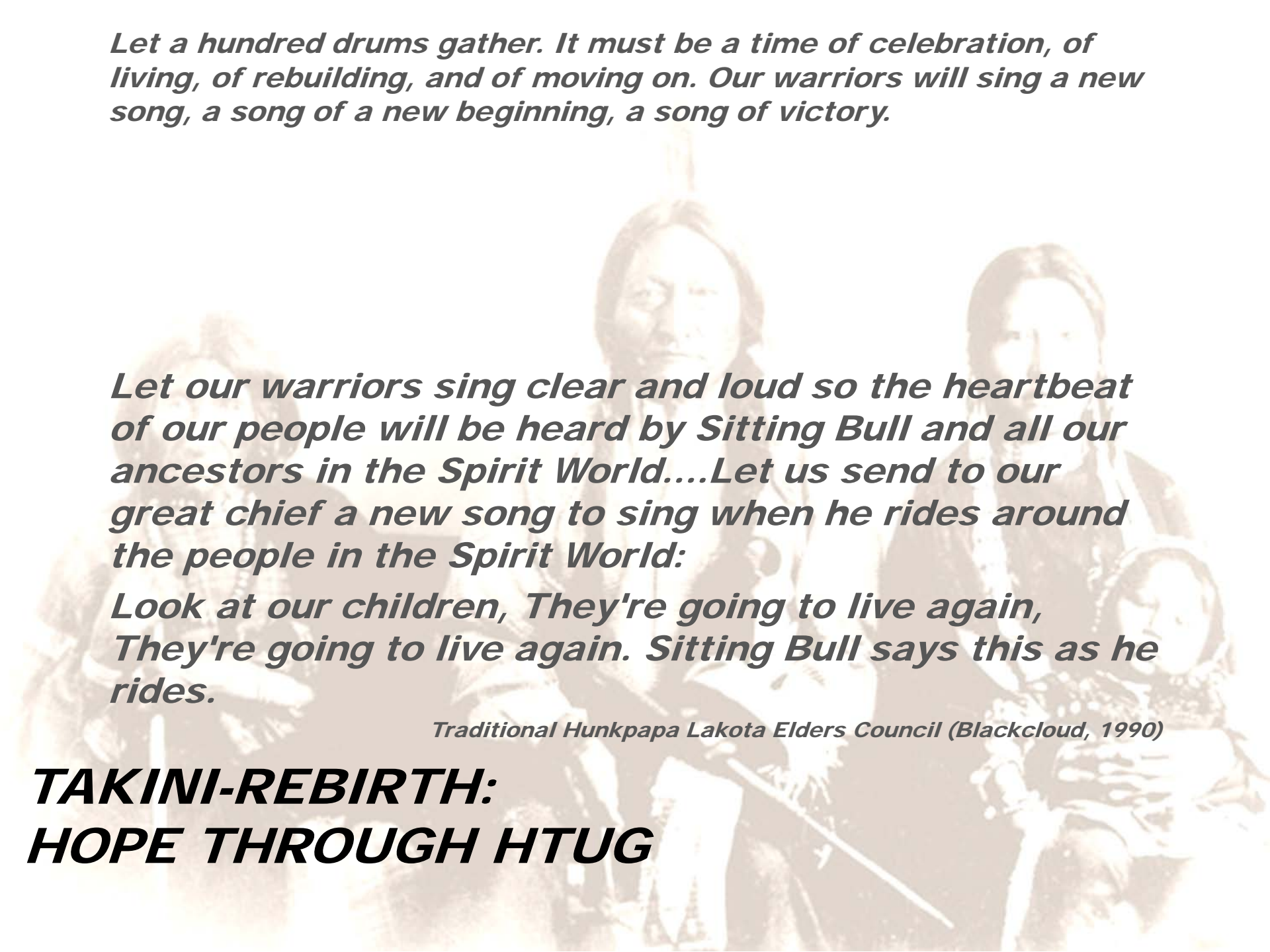
- SAMHSA National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)

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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