

# SHPA

## INTEGRATING CORE COMPETENCIES IN PRACTICE

### Person Centered Trauma Awareness

January 31<sup>st</sup>, 2023

Tom Kinley

Midwest Harm Reduction Institute  
Illinois Co-occurring Center for Excellence  
Heartland Center for Systems Change  
Heartland Alliance Health



@ where true love is

Heartland Center for Systems Change

**Grateful & excited to be here with you ...**

*Thank You!*

**An overview today**

**From another vantage point**

**Already doing these – affirmation & support**

**Weave them together with a unified vision**

- **CEUs**
- **Copy of this presentation available to you**

# CEUs – change in NCRS 12.1.22

## Division of Professional Regulation

License # 159.001091 (LCSW/LSW & LCPC/LPC)

IAODAPCA #: 16124: Counselor I or II, Preventionist I or II, CARS I or II, CODP I or II or III, PCGC II, CCJP I or II, CAAP I, CRSS I or II, MAATP I or II, RDDP, NCRS I or II, CFPP II, CVSS II

*IL Association of Extended Care (IAEC)*

## notes & considerations

- Please don't hesitate to ask questions
- **Self-care** during and after; talking about trauma can be evocative
- Break at the hour

# Our objectives this afternoon ...

- ❖ *Identify & define* **4 core competencies** & **essential abilities** & why their utmost importance
- ❖ *Understand & utilize* the **integrated nature** of these
- ❖ *Heighten awareness* of how **trauma** impacts people
- ❖ *Act on awareness* of **our own** trauma & how it drives our actions
- ❖ *Identify ways* we can collaboratively in partnership with, be most supportive of participants moving from **self-preservation** toward **self-actualization**

**Identify common concepts & terminology (language) that unite us & guide us.**

*What is ... ?*

**Person centered**

**Trauma**

**Kindness**

**Shared power**



**Individualized application**

# Underlying constant goals of:

Building on attributes of a healthy, resilient work culture experience where ...

- ❖ Patients are admired.
- ❖ Staff (we) are appreciated.
- ❖ Kindness rewires the brain.
- ❖ Shared power is the antidote to trauma.

**a road map**

*How do we get there?*



**As we review today**  
please think of **your self, co-workers, friends & family**  
in addition to those we provide services to

**Taking care of YOU & each other**  
**Understanding trauma**  
**& trauma based interaction**

# Acknowledgement & Gratitude



this is uniquely difficult work – and must be

**“This work hurts on a core fundamental level” Dr Joshua Bamberger**

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# 3 Parts to keep in mind

First: What's Our Role?

Second: Trauma Awareness

Third: How We Respond

# points of consideration

- Previously TIC focused almost solely on participants
- Now trauma awareness includes staff & comprehensive organizational focus
  - everyone has & is impacted by trauma; trauma exposure in doing this work
- A time of awareness to invest in ...
  - staff care & participant care are intertwined
  - parallel process – staff care = participant care
  - self care + community care are inseparable



# Vulnerability of Staff

- Witness to trauma
- Personal lives with our own past & present trauma
- Care stress (compassion fatigue) & performance examination / evaluations
- Productivity & funding pressures, audits & liability
- Open positions, coverage, over extended
- Wounded healers ... finding the balance
- One paycheck away from ...
- Awareness brings hope & healing
- The importance of **YOU** cannot be overstated



# PART 1: Our Role

## **GETTING STARTED** **CONTEXT & ORIENTATION**

Foundations & Tools for Being Already Awesome

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# At the Heart of Our Work

- ❖ **When we begin with a PERSON CENTERED foundation**
- ❖ **Then we know people live lives with TRAUMA**
- ❖ **And if we are to respond to trauma with care & healing,  
HARM REDUCTION will be indispensable**
- ❖ **And to facilitate these, MOTIVATIONAL INTERVIEWING  
becomes our partnering conversation style**

# *Integrating* 4 Core Competencies in Practice

- ❖ **PERSON CENTERED**
- ❖ **TRAUMA AWARENESS**
- ❖ **HARM REDUCTION**
- ❖ **MOTIVATIONAL INTERVIEWING**

Interrelated, intuitively flow from each other and are integrated –

Pull on one and the rest follow

**one thought system**

Not limited to work – truly life skills and approaches



# Our 4 Competencies

➤ Are **a way of looking at & approaching the world**, a way of looking at each other – they guide our perception, thoughts & actions

➤ **The 4 Competencies guide**

- How we think
- What we see & hear
- What we do
  - Engagement –relationship building
  - Crisis Intervention & De-escalation
  - **All interventions**
  - Cultural, racial, gender, and personal humility
  - Personal awareness and self-care
  - Safety
  - Self-confidence
  - Conversations
  - Documentation



**4 competencies are the glasses we put on to enhance and correct our vision**

# What else do we need to be successful?

## Our Essential Abilities

- ❖ **Self-reflection:** self-awareness and sensitivity to those around us
  - ❖ **Empathy:** being present and caring; with admiration
  - ❖ **Welcome feedback** and input on how we're doing
- **Work Culture:** *mutual respect, mutual trust, mutual accountability*
- **Personal Qualities:** *personal integrity*; act with *intelligence* (the ability to think through a process, connect dots with understanding in a progressive positive way, present a pathway toward a desired outcome, and to make adjustments as new information is received – to articulate this); and participate with an *active level of energy*.

# CORE COMPETENCY 1

# Person Centered

Midwest Harm Reduction Institute  
Heartland Center for Systems Change

# Our Foundational Core Belief & Value

- **HUMAN RIGHTS = Human Centered Care:** civil rights, equity, non-discriminatory, anti-racist, housing, health, income, education, employment, inclusion and access ...
- **Person Centered Care:** applied individually, unique to each person, within their lived experience context
  - **THRIVING** = *self-actualization*: your best fulfilling **YOU**

# What is Person Centered?

# PERSON CENTERED

- Every one has within them an inner voice, an internal guide, an internal compass
- That inner voice over the course of life becomes **distorted, buried, forgotten, hidden, distanced from, *traumatized***
- Every **recovery and healing encounter** reflects ***“something within me came to life when I met this person”***



# Person Centered Trauma Aware

- ❖ Trauma disrupts connection to that inner voice
- **Our task is to support & affirm their hearing this internal guide of theirs, becoming familiar with and comfortable with its direction.**
- There are practices we can employ which nurtures the likelihood of this unfolding.
- Conversely, spirit breaking and dishonoring the will of another is to contribute significant long term harm.
- Caution to not replace their inner voice guide with our own



# Person centered care includes ...

- **Redefine, re-perceive all behavior as strategic to survival.** Survival, *physically, emotionally, & of one's sense of self.*
- ❖ **Admire and respect** what's brought a person to today and how they manage their day (**strengths based**)
- ❖ **Honor their inner voice ... one's *will* to be**



People start to heal the moment they  
feel *truly* seen and heard

~ Cheryl Richardson



# An orientation point for consideration ...

- In **trauma informed care** we can acquire a *trauma awareness and understanding*.
- However, it's the **person who informs us**, openly or not, with and without words, directly and indirectly, what trauma in their life is and has been.
- Which is why **person centered** is always our starting & ending place
- For which we want to be **trauma aware**.



SO WHERE DO WE GO WITH THIS?

# A GUIDE

**Understanding our role in this work**

# The Work of Healing

Framed as the art & science of making sandwiches



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or building a house



# each part is essential



# FOUNDATION SLICE

Staff: **YOU!**

It all rests on you

**What type of bread makes the best sandwich?  
Qualities of a strong slice upon which to build**



# Sandwich Substance - middle portion

**Applying our skills and knowledge**

(the work we actually do with participants)

## ❖ **4 Core Competencies**

❖ related skills and interests

❖ interventions

❖ healing

❖ **essential abilities**

❖ **how you exercise your power**



walls and rooms

# TOP SLICE OF BREAD

- Strategic vantage point
  - Covers and protects
  - Holds it all together
- Opportunities to reflect/repair – add & remove
  - Supervision
  - Team Meetings
- Support of organization(s)



roof



# the complexity of the kitchen

## our work culture



### ➤ Organizational resilience & vitality, health & wellbeing

- **Sandwiches aren't made in isolation**
- Health of environment
- Resources available
- Team work
- Self care & community care
- Being valued & mentored
- What else?



our community

# Guiding Principles of Trauma-Informed Care

Spring 2014, Volume 22, Number 2

1. **Safety** - Throughout the organization, staff and the people they serve feel physically and psychologically safe.
2. **Trustworthiness and transparency** – Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.
3. **Peer support and mutual self-help** - These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
4. **Collaboration and mutuality** - There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

## Guiding Principles of Trauma-Informed Care

Spring 2014, Volume 22, Number 2

5. **Empowerment, voice, and choice** - Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

6. **Cultural, historical, and gender issues** - The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

**What's the primary tool for doing this work?**

**And what's the vital key ingredient to our work?**

# ACTING FROM CORE VALUES

To Make Our Sandwich

using

## A TOOL WITH A PURPOSE

The Centrality of Relationship



Every task, every job, has a set of tools.  
For this work, **YOU** your *self* is the tool.



# Staff: YOU!

**You** are the **vital** & primary tool in doing this work.

Tools of other professions:  
*plumbers, electricians, Uber drivers, surgeons,  
artists, chefs ...*

**Ours can't be purchased**  
We can repair and be well kept



- **The purpose of this tool – its primary function: building a relationship creating safe space**

HOW WE BUILD  
RELATIONSHIPS

HOW DO YOU  
ENGAGE?

*1 Hint: provide something  
meaningful, tangible, wanted,  
valued*

YOU 🥰

how you present your gift

**ENGAGEMENT**

Appearance & First Impressions

reset daily & building a reputation

**Authenticity - Being Genuine**

Being fully present

Being liked/respected and the **power of influence**

**Credibility**

**Consistency** with every participant, every staff, every time



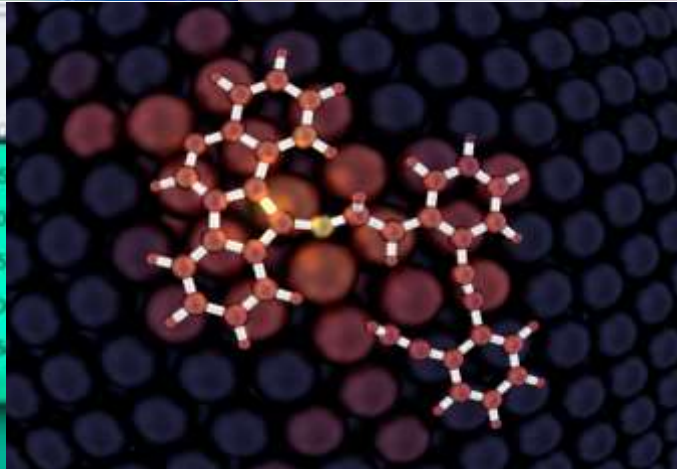


# Why is engagement so critical?



**The art & science & mystery of interacting**

# Our relationships produce a **chemical** reaction

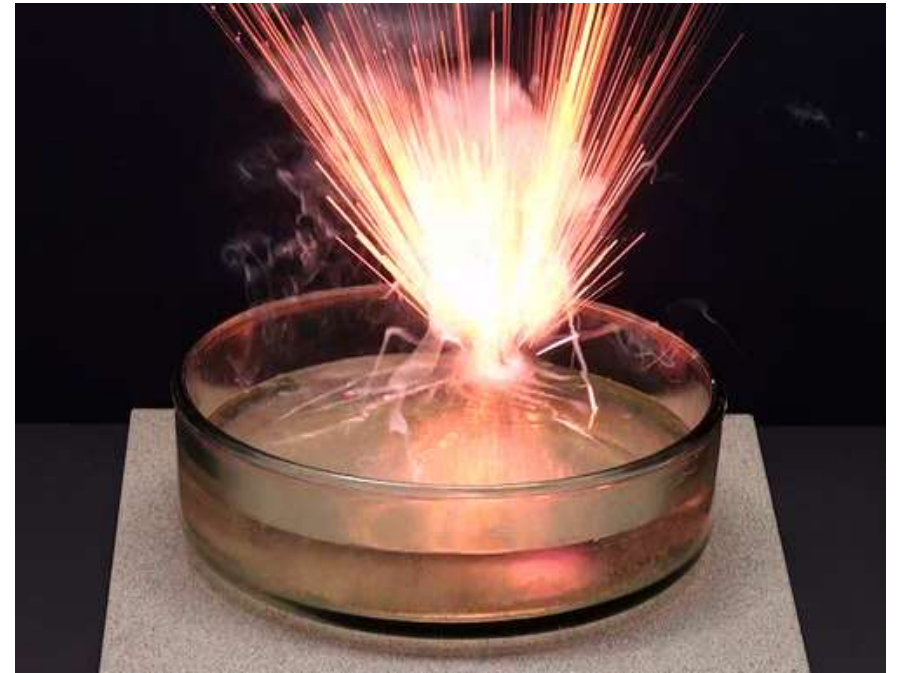


warm and comforting, launches hope,  
dissolves away fears and resistance

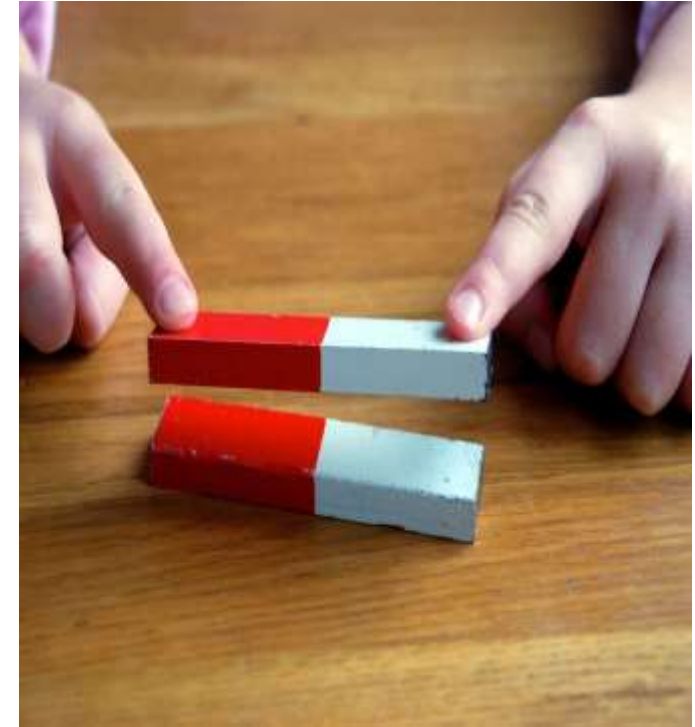




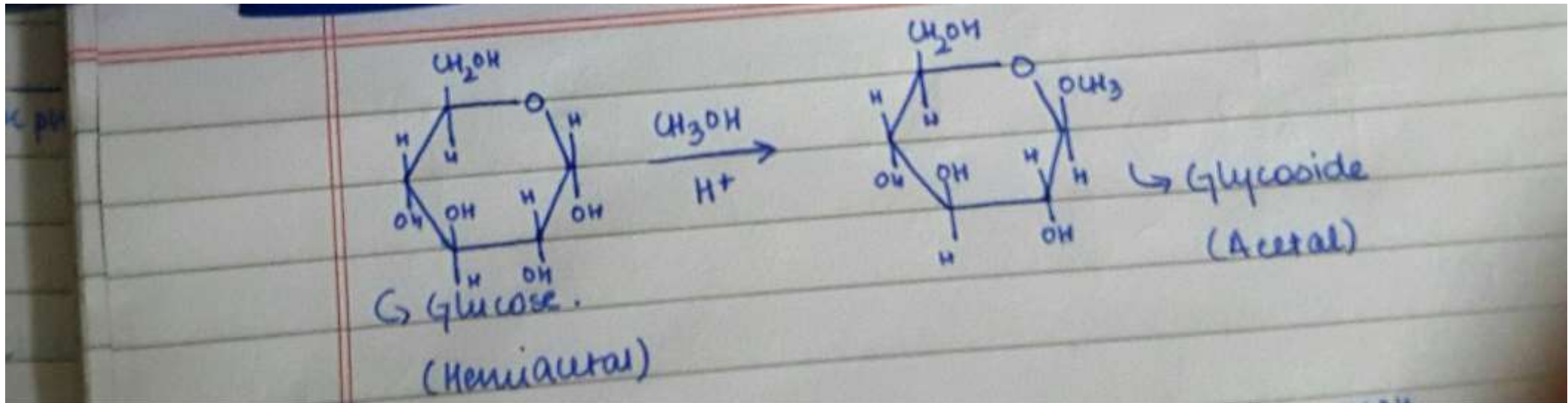
fast explosive powerful  
combustible combative



There's a **magnetism** in our relationships.  
This can **draw us in** or **push us away** from each other.

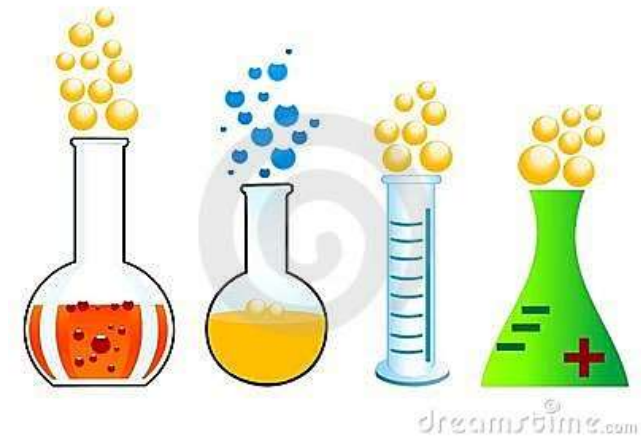


We want to be intentional, mindful to move the **interactive reaction** in the **desired direction**



The critical use of *your self*.  
**YOU** as the tool. **YOU** as a catalyst.

THIS IS THE KEY TO OUR WORK



**THE *KEY INGREDIENT* in our work  
is the quality of our relationships**

**The most valued ability & skill then is that of  
engaging, building, sustaining and nurturing  
relationships in which people thrive.**

**What do we want to accomplish with each other?**

**This determines that.**



# the quality of our relationships

Conversely, spirit breaking, dishonoring the will of another, and being oppositional & adversarial to them is to reinforce trauma, promote fear and defenses. Does harm, increases risk.

# Staff: **YOU!**

**You** are uniquely & profoundly  
**the vital tool** for doing this  
work.

*The importance of this, of **YOU**  
cannot be overstated.*



- **The purpose of this tool – our primary  
function: building a relationship  
creating safe space**

**An orienting awareness to track:**  
**How do you think you're doing?**  
**How do you come across?**

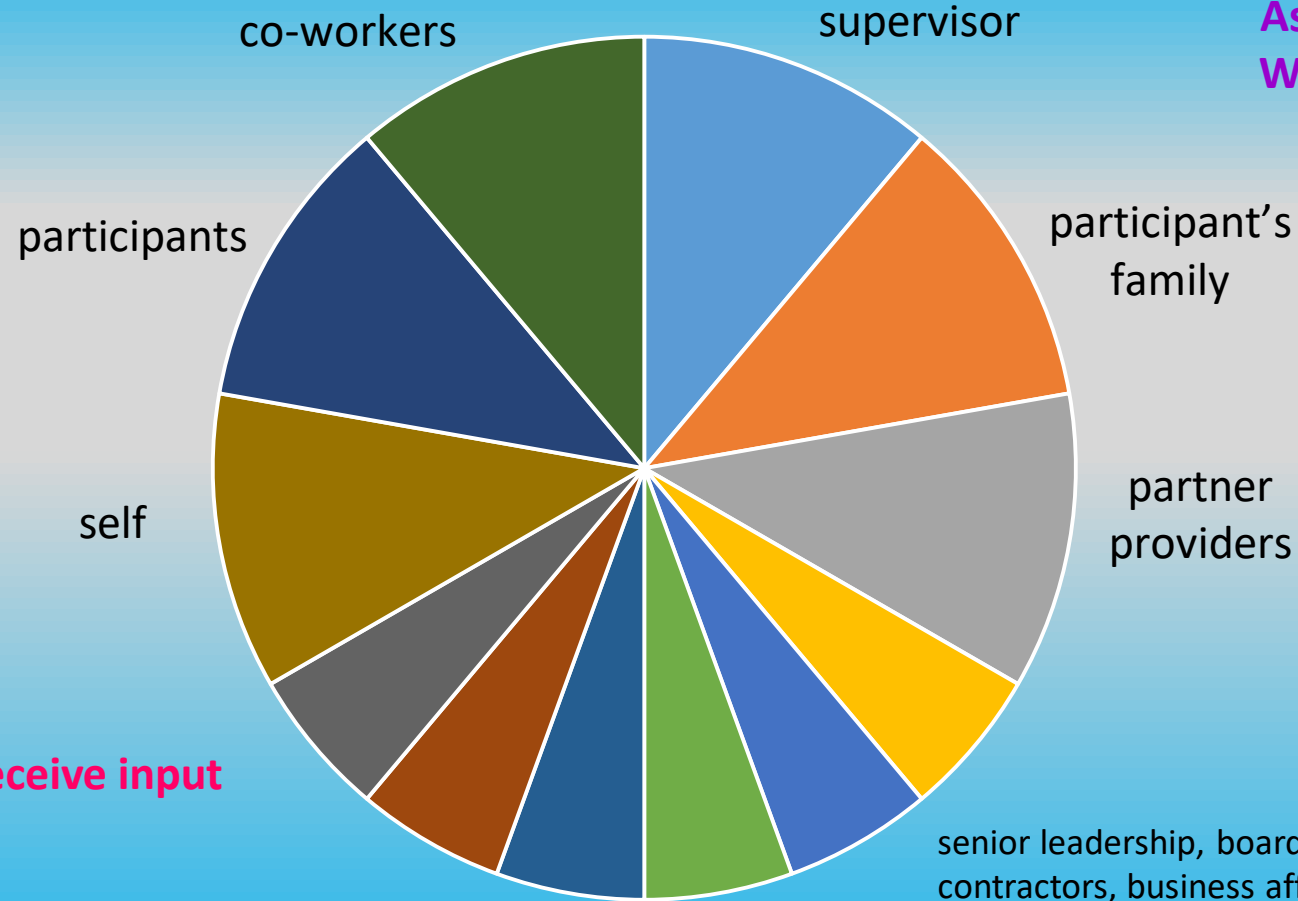
**How often do you check in on this?**  
**How well do you match your intent?**



# 360° Evaluation

*input from*

**Absolutely must have safe space  
As this is brave space work  
With a trauma background**



**Be able to Give & Receive input  
SAFELY**

In trauma work, in **ALL** the work we do ...

What's the point of having the 4 core competency  
**knowledge** and **skills**?



Why are **self-reflection** & **self-development** so  
critical and essential?

# venturing upon sacred ground

at the very heart of  
our work



- **Walk a mile in this person's shoes**
- Burial places, intimate spaces ... venturing past layers of trauma protection
- **Being (interacting) there, sharing space**, filled with emotion, thoughts, and memories – anger and rage, tears and terror, brokenness and detachment
- **Bearing witness** to personal damage from trauma, and sharing in that
- ❖ **How do we feel being in those spaces with someone?**
  - ❖ Our sensitivity & the power of presence in the face of hurt, anger & fear
  - ❖ To build safe space

# WHAT'S OUR CHALLENGE?

What makes this work so difficult?



*Yes ...*

## **The 'demands' of the job**

Meeting essential objectives & outcomes  
Program structure, licensing & audit requirements  
At times unrealistic & conflicting demands

# Extraordinary Challenges

*Two ...*

Young lives ... a work in progress; bodies & mind changing.

Adult lives ... years asserting a certain approach.

Older adults ... reflections, loss.

Complex cultural & personal uniqueness

trauma exposure

*Three ...*

## **Our own personal trauma sensitivity & responses**

Our vulnerability in feeling upset, worried, anxious,  
to harm & to harming

Four

**Countertransference** - how we get in the way

our own beliefs, biases, and judgments (reactions)

“Sorting through our own beliefs ... if we are to *avoid* a countertransferential mire of reflected negative judgments and basic misunderstandings of our patients.”

personal trauma activators

our vulnerable spots & blind spots awareness

Being on the same side of the game board instead of  
opposing & adversarial

❖ Whose needs are the focus?

Denning, 2000



A word about being  
**non-judgmental**  
**unconditional positive regard**  
**unbiased**

The near impossibility to 100% of this endeavor  
To instead be aware of and know one's judgements  
And how to account for and offset them

## In trauma work in particular ...

- **KNOW** our judgements
- What **are** my judgments? my biases & conditions? my reactions?
- Bringing unconscious to consciousness (our inner voice work)
- **Internal guide** is often unconscious ... remember **person centered** goal – support by doing one's own work

# WINDOWS & PERCEPTION



Danielle Villasana



## The Windows of Our Lives

How we perceive the world around us

What we 'look' through ...

Our eyes, ears, senses, thoughts.

**With what judgements, bias and clarity?**



# HOW WE SEE OURSELVES, THE WORLD, & OTHERS

What we see in others depends on the clarity of the window through which we look.



## The Task of Self Awareness & Responding to Input

The ability to know our judgements & bias

The ability to respond to feedback

To recalibrate our response and change course

Wash  
me



To see clearly **Window Cleaning** is required.

How else are we to "see" and know any one as **they** are rather than *our version* of them?

To truly become Person Centered, Trauma Aware

Merry Alpern

Merry Alpern

Again ...

WHY IS THIS *SO* IMPORTANT IN OUR WORK?



**To know how to guide another  
we first have to know and own that  
process within our selves for our selves.**

**Part of authenticity, credibility,  
knowledge. Walk the Talk.**

**Otherwise we get lost. Have little  
credibility. Why follow you?**



**A personal intimate deep challenge.**  
**Why this special work is exceptionally  
difficult.**

**Recovering our own inner calm**  
**Healing our own trauma.**

**Preparation of our self as the most effective  
tool for this work.**



**And we need each other and our participants to facilitate our development.**

**Why this is relational work.**

**It's a partnership.**

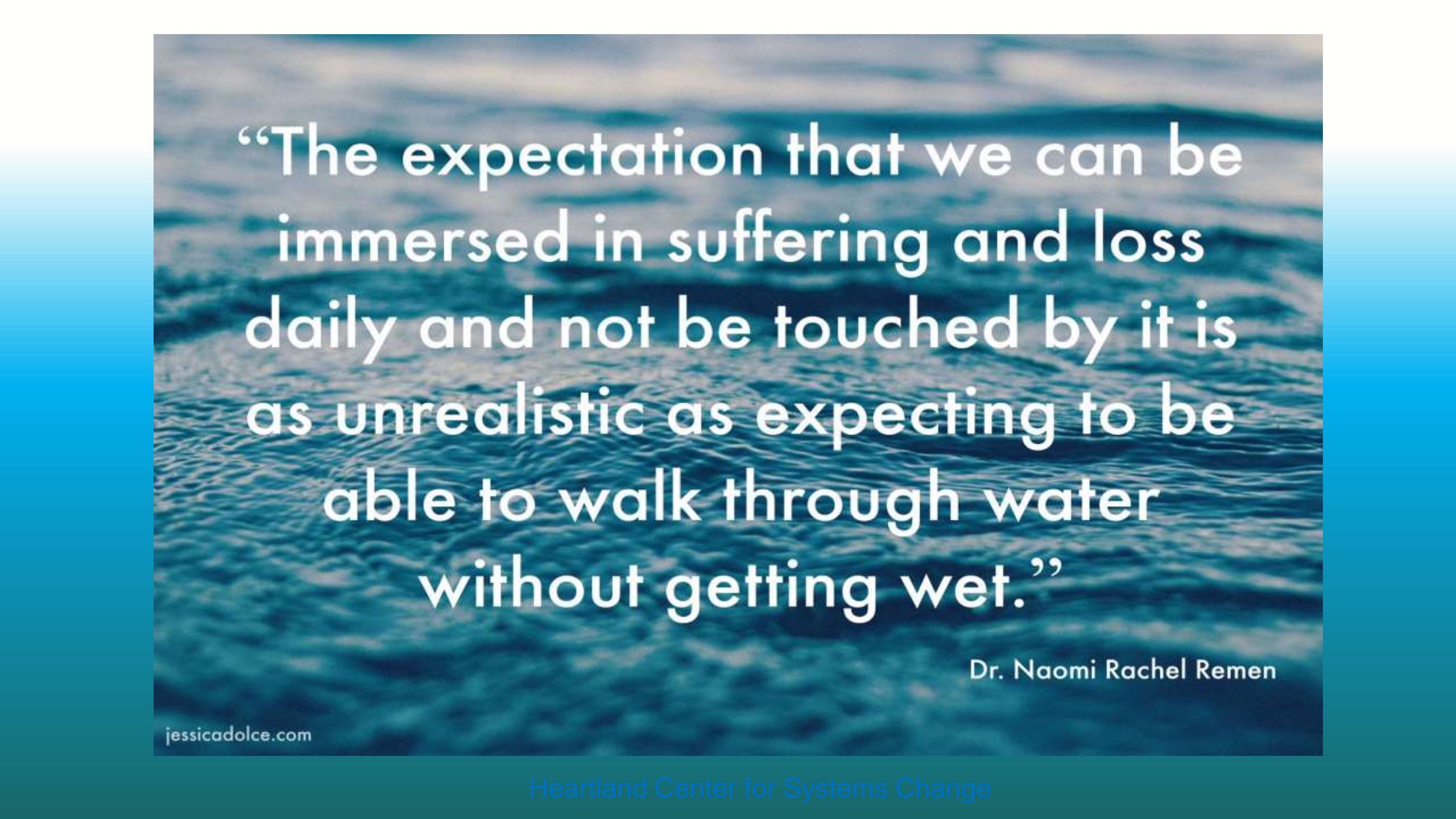
**Trauma is relational.**



**And others are our mirror**

**Doing this work correctly, at our best, has us experiencing trauma.**

**It's unavoidable & expected.**



“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Dr. Naomi Rachel Remen



# Becoming acquainted with our own trauma

## HINTS & CLUES & DEGREES OF ...

- being defensive
- avoidance
- intensified feelings
- depression & anxiety
- impatience
- self-talk
- criticism
- judgments
- rigidity
- fixation
- self-care
- self-worth
- distractions
- overly giving
- over achieving
- others?

And what does our outward behavior then look like?  
Resources of honesty, therapy, support, and friends.

# Recasting what we think of as trauma

## Childhood Trauma Isn't Just The Result Of Being Abused. It Can Also Be Due To...

- Being left to “fend for yourself” when you needed safety and security
- Having your feelings invalidated and denied whenever you sought emotional support
- Being forced to “self-soothe” alone and find an escape from your painful reality (e.g. videogames)
- Having to hide your “true self” because it wasn't accepted by those you craved to be understood by
- Having your parents consistently prioritize themselves (or their work) over yourself
- Feeling like you have to compete / prove yourself to receive the love and attention you sought



**If you can relate, please know you are worthy of love and compassion**



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THEDEPRESSIONPROJECT.COM

## What does **trauma blocking** behavior look like?

- Trauma blocking is excessive use of social media and compulsive mindless scrolling.
- Binge drinking every weekend because you are off from work.
- Excessive and mindless eating even when you are not hungry.
- Compulsive exercising to reach a goal you are never satisfied with.
- Being uncomfortable being alone resulting in staying in toxic relationships long after their expiration date.
- The feeling of being uncomfortable if you have nothing to do and the need to always have projects to do.
- Compulsive online shopping for things you do not need and going into debt.
- Becoming a workaholic and having poor boundaries at work including being available 24/7.

The Gottman Institute

# Expanding our awareness of trauma responses

## The Beginner's guide to Trauma responses

@Mindful.brains

### Fight response

- Anger outbursts
- Explosive behavior
- Controlling behaviors
- Impulsive decision making
- Pursues power and control
- Demands perfection from others

### Flight response

- Perfectionism
- Panic and anxiety
- Inability to sit still
- Obsessive and/or compulsive tendencies
- Workaholic tendencies
- Constant feelings of fear

### Freeze response

- Isolation
- Dissociation
- Frequent zoning out
- Difficulty taking actions
- Difficulty making decisions
- Fear of achieving or trying new things

### Fawn response

- Lack of identity
- People-pleasing
- Little or no boundaries
- Codependent relationships
- Feeling taken advantage of
- Prioritizing people's needs over your own

Which are familiar to our self?

# Personal trust exercise:

- Physical health history across a timeline
- Trauma history across your lifetime
  - Events
  - When, where, what occurred?
  - Impact
    - Immediate
    - Over time
  - Healing
  - Vulnerability & Sensitivity Index at this time?
- What did you learn?
- A history of changes and adaptations over time
- What may remain still hidden? What are the clues?
- What is your circle of support and care?

## Exercise 2: When and how are we most vulnerable to retraumatizing? Perpetuating the cycle.

- Experiences of frustration with or fear of ...
- Discussion list:
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
- What's fueling us in these moments?
- What's potentially being retraumatized for the participant? For our self?
- What might a non-traumatizing response look like and entail?
- What's the goal? How best to get there?

*And ...*

# Our Vulnerabilities



Lightspring/Shutterstock

- ❖ In a Hurry – competing demands
- ❖ Over Extension
- ❖ Burn Out
- ❖ Compassion Fatigue
- ❖ Vicarious/Secondary Trauma

with a cumulative effect

➤ **HOW we recognize & respond to these.**



**What doesn't kill you  
makes you stronger is  
false. Survival mode is  
trauma. And it wears  
you down.**

Dr. Ronnie Siddique #emboldenpsychology



The cure for  
burnout is not self-care.  
It is all of us caring  
for each other.

- EMILY NAGOSKI

**Self-Care & Community Care  
embraced in each other**

## **CORE COMPETENCY 2**

# **Trauma Awareness**

**Midwest Harm Reduction Institute**  
**Heartland Center for Systems Change**

# What is trauma?

# Trauma is one of the most powerful forces of life.

In some ways the most powerful in its impact and how it shapes lives and who we are. In some ways more powerful than love and kindness when we consider the time and resources these take.

Think of a car accident, whether a small scrape or complete crushing of a good portion of the car – done in an instant and costly in its repairs of skills, duration, resources. And still scars will be left.

**Trauma is a constant.** Think of simply crossing a street. We've learned to adapt often unconsciously to keep our guard up.

**Trauma events include:** poverty, community violence, personal violence, racism, oppression, illness, abuse, neglect, loss of homeland, torture, war, terror, homelessness, imprisonment, and environmental degradation. And vastly more. Inflicting profound impact & scars to one's sense of self and experiences.

**Trauma is often also more subtle**, secures itself without much fanfare and becomes embedded in our lives.

**Children are the most vulnerable.** Infancy, childhood, adolescence ... they simply don't have the tools to comprehend let alone master what's happening. And trauma shapes their neurobiology for life. **We were all once children.**

# PART 2: Trauma

## Understanding

### WHAT TRAUMA DOES

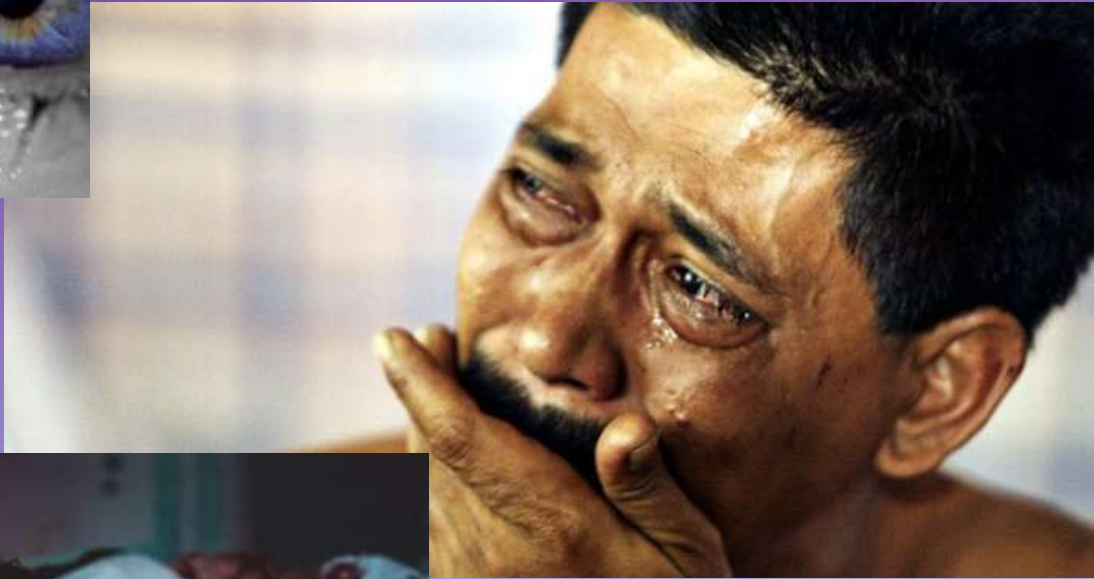
What makes its healing so difficult

# What is trauma?

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

(Substance Abuse and Mental Health Services Administration [SAMHSA], Trauma and Justice Strategic Initiative, 2012, p. 2)





**Trauma isn't what happens to you.  
It's what happens inside of you as a  
result of what happens to you.**

*- Dr. Gabor Maté*

# Traumatization Feels Like ...

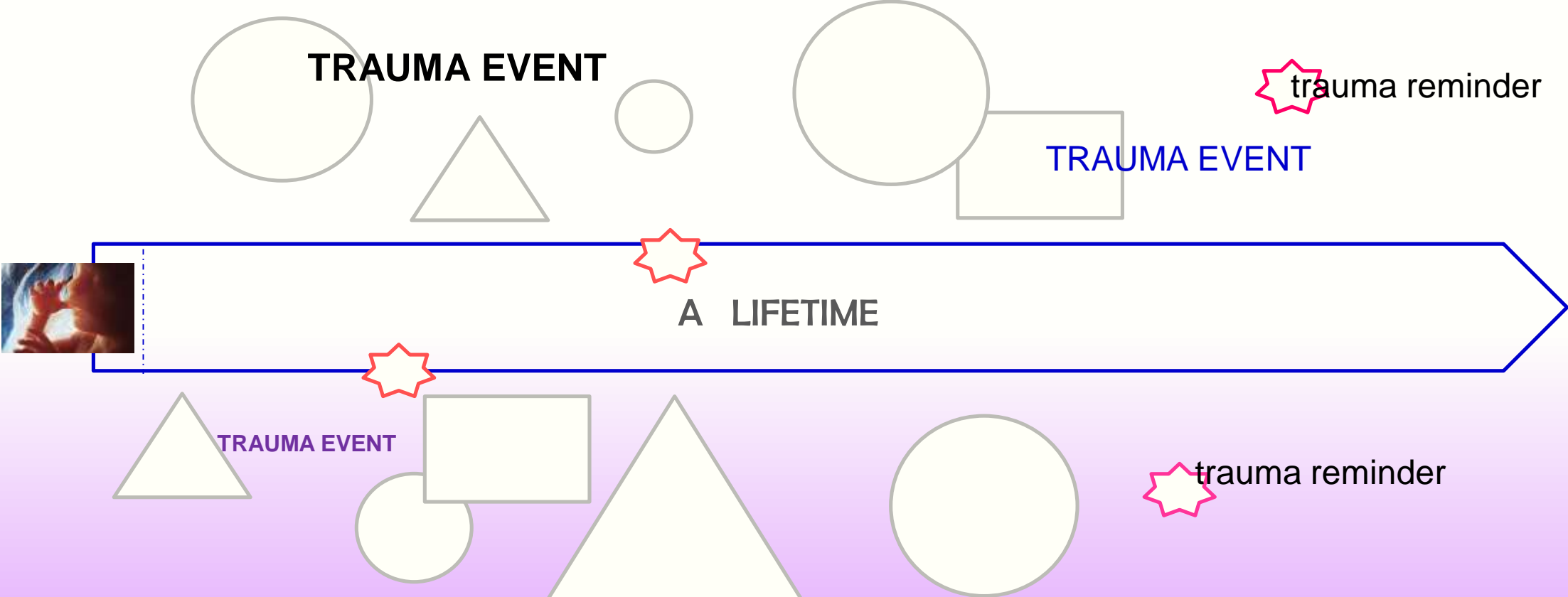
- Intense fear and/or rage
- Total helplessness
- Profound emptiness
- Loss of control
- Total disconnection
- Fear of complete destruction
- **Unique to each individual**



... and reliving this

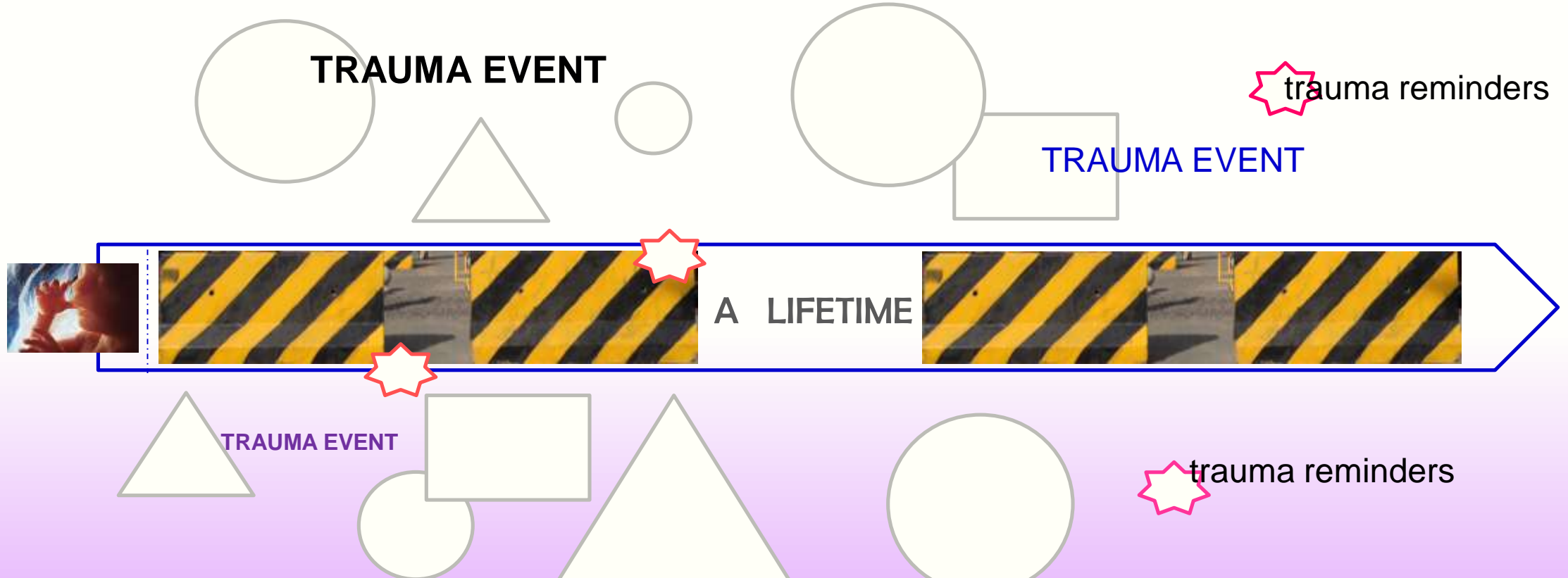


# OUR LIVES WITH TRAUMA



TRAUMA EVENTS OF VARYING INTENSITIES AND DURATIONS  
CAST VARYING LENGTHS AND INTENSITIES OF SHADOWS  
ACROSS A LIFETIME

# OUR TRAUMA



TRAUMA TEACHES US TO DEFEND & PROTECT OURSELVES  
AND BE MISTRUSTFUL OF OTHERS AND THE WORLD

Life as frequently or constantly threatening

Be on guard

Self-preservation (power, control, energy)

None of us avoids this

Universal precaution:

Respond as if it's always present

On both sides of every interaction



# We are all in & connected by an ocean of trauma

From knee deep to drowning.  
It's a difference of ...

- How deep
- How long
- How far out
- How stormy
- How rocky the coastline
- Who's there to help?



**Trauma, like grief, doesn't go away.  
Instead, like grief, we build life around it.**



# Events Which Can Be Traumatic

- Sexual abuse
- Severe neglect
- Physical abuse
- Domestic violence
- Witnessed violence and cruelty to others
- Community violence
- Deprivation caused by poverty
- Incarceration
- War
- Natural disaster
- *Trauma from traumatizing*
- **Secondary (vicarious) trauma**  
IS trauma
- Loss of homeland
- Serious emotional and psychological abuse
- Repeated abandonment or sudden loss
- Rape (sexual assault)
- Substance use
- Homelessness
- Racial Trauma
- Illness
- Micro-aggressions
- Humiliation
- Depersonalization

Not a comprehensive list

**Highly personal and intimate**

# Factors Impacting Traumatic Responses

- Previous exposure to trauma
- Duration of the trauma
- Severity of the trauma
- Age & stages of development
- Development and attachment history
- Belief system
- Prior emotional/behavioral problems
- Response from support system
- Successful fight or flight response - outcomes
- Expectation of stress
- Physical health and immune system

Not a comprehensive list

# How does trauma show up?

- Anger
- Hypervigilance
- Unresponsiveness
- Anxiety
- Emotional outbursts
- Depression
- Panic attacks
- Physical pain
- Poor concentration
- Shakiness
- Night terrors
- Lack of energy
- Physical illness
- Sleep disturbances
- Intrusive thoughts
- Compulsive behaviors
- Eating disorders
- Impulsiveness
- Isolation
- Numbness
- Sneering callousness
- General disorientation/confusion

# How trauma shows up *continued*

Participants	Staff
<ul style="list-style-type: none"><li>• Aggression</li></ul>	<ul style="list-style-type: none"><li>• Reactive – defensive – sensitive</li></ul>
<ul style="list-style-type: none"><li>• Hyperarousal</li></ul>	<ul style="list-style-type: none"><li>• Impatience</li></ul>
<ul style="list-style-type: none"><li>• Numbness, shut down, withdraw</li></ul>	<ul style="list-style-type: none"><li>• Inability to empathize</li></ul>
<ul style="list-style-type: none"><li>• Anxiety (pacing, fidgeting, anxious bowels)</li></ul>	<ul style="list-style-type: none"><li>• Need to control</li></ul>
<ul style="list-style-type: none"><li>• <b>Staff splitting</b> (meeting one's needs - go to whom you can to get what you want; strategic)</li></ul>	<ul style="list-style-type: none"><li>• Boundary violations</li></ul>
<ul style="list-style-type: none"><li>• Inability to process</li></ul>	<ul style="list-style-type: none"><li>• Intolerance</li></ul>
<ul style="list-style-type: none"><li>• Substance use issues</li></ul>	<ul style="list-style-type: none"><li>• Substance use issues</li></ul>
<ul style="list-style-type: none"><li>• Feeling persecuted</li></ul>	<ul style="list-style-type: none"><li>• Hypervigilance</li></ul>

**Not a comprehensive list – Highly individualized**

# "Difficult" behaviors as trauma responses

- Interpersonal conflicts, appears agitated
- Remains in abusive relationships or is repeatedly victimized
- Cutting off from sources of support, isolates
- Complains of unfairness, feeling targeted/blamed
- Feeling emotionally “out of control”, unpredictable responses
- Irritability, restlessness, outbursts of anger or rage
- Re-victimization (impaired ability to identify signs of danger)
- Detachment, feelings of shame and self-blame
- Loss of a sense of fairness in the world
- Affect dysregulation (emotional swings)

Labeling as **“maladaptive behaviors”** when they may be strategic, life saving, comforting, at least at one time if not still ... Even when we ‘know’ a person’s external situation, we don’t know their internal until they share that – and some may not be able to articulate this

# Changing how we see people more than looking to change them



**olivia**

@OliviaHouseman

How about instead of "attention-seeking" you use the term "support-seeking" and see how it changes your response to people talking about their mental health.

# Co-Occurring Disorders and Trauma

(SAMHSA TIP 2014)

- **SU and other risky behaviors as attempts to take control of/reverse feelings of helplessness**
- BOTH abstinence and continued substance use may increase or decrease symptoms of PTSD
- **Compassion for substance use issues is increased when practitioners believe participants are self-medicating trauma**

Substance use is self-care & can be a trauma response



**To engage in person centered trauma aware care  
it's essential we understand**

**HOW WE BECOME THE PEOPLE WE ARE**



**Knowing this then guides what we can do.  
For our self & for others.**

# Understanding & Appreciating **PEOPLE MAKING**

# Trauma is neurobiological. *Inside us.*

When you've a car and it drives fine, no problem. If however it's not driving well, it's helpful to know what's under the hood.

*Particularly* if you're in the car repair business.

So it's helpful for us to know what makes us work, how we as people function.

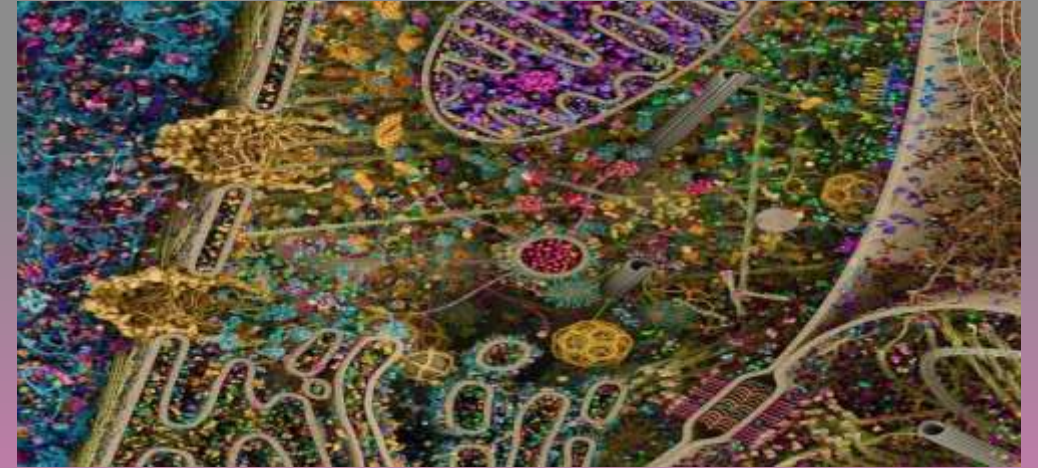
**... WHAT'S UNDER OUR HOOD?**



# Our Brain

Understanding what makes us **human**

*If I had your brain ...*



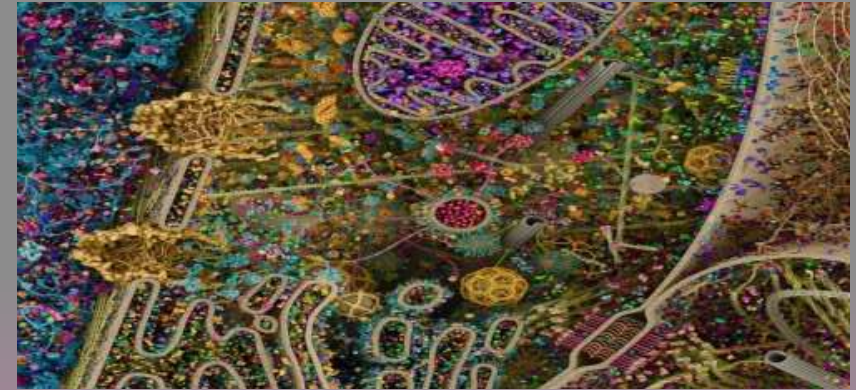
## WHAT HAPPENS INSIDE

- We cannot do more than our brain is doing
- Compassion, patience, understanding, collaboration
  - Admiration, appreciation  
(doing the best they can in that moment)

# Our Brain

Understanding what makes us human

why this is important



## WHAT HAPPENS INSIDE (continued)

- Relationships *literally* are a chemical reaction (we feel it)
  - How we can impact healing & growth



Being human is largely a matter of our brain

**How does the brain work?**

**How does it make us who we are?**

**Programming the human computer**

**Our *original & permanent* operating system**



# OPERATING SYSTEMS



Windows 11.22H2



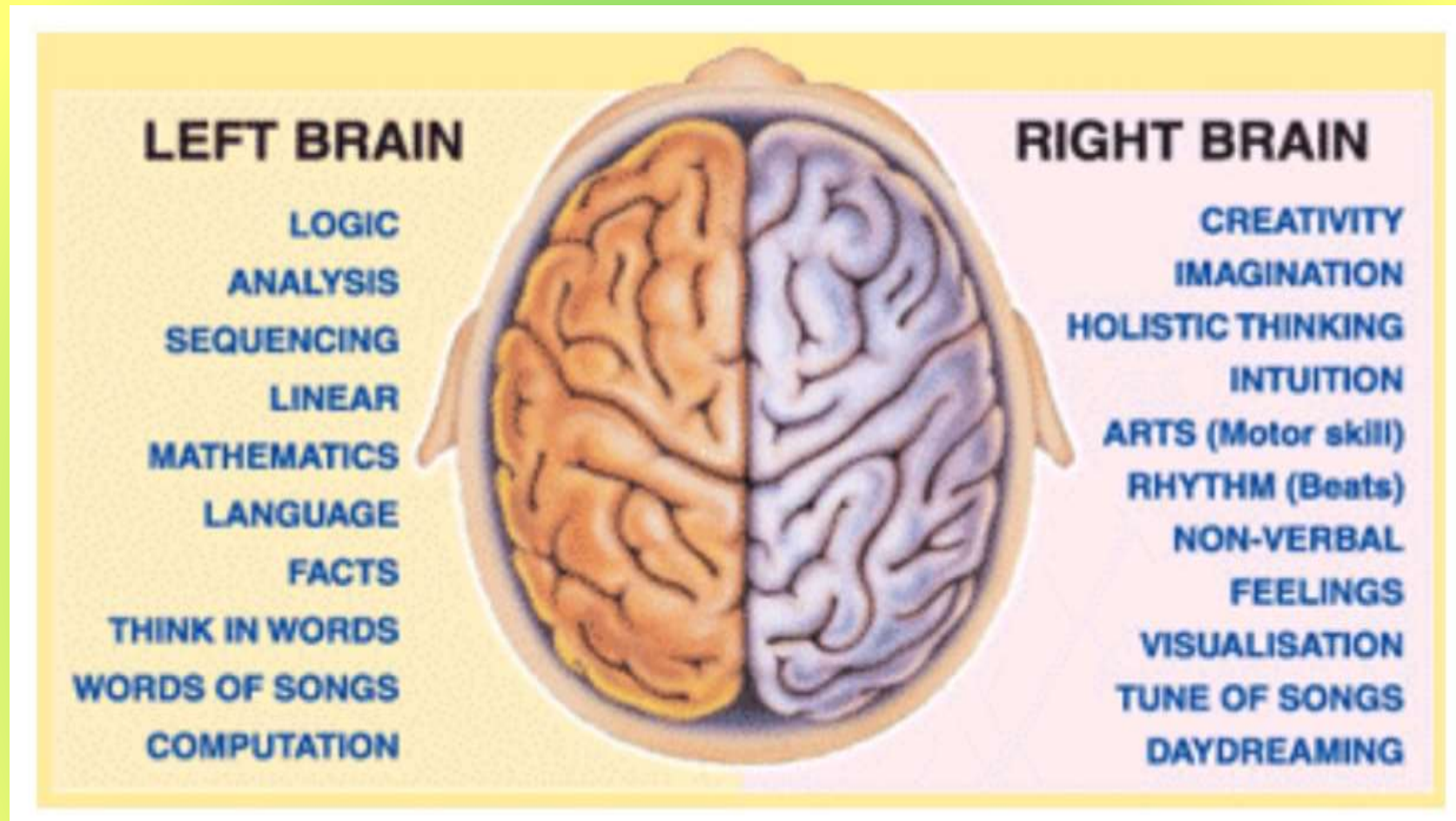
iOS16.0.3



Human Brain (your name) OS1.xx

NEURODIVERSITY





Most are familiar with this aspect – brain hemispheres.

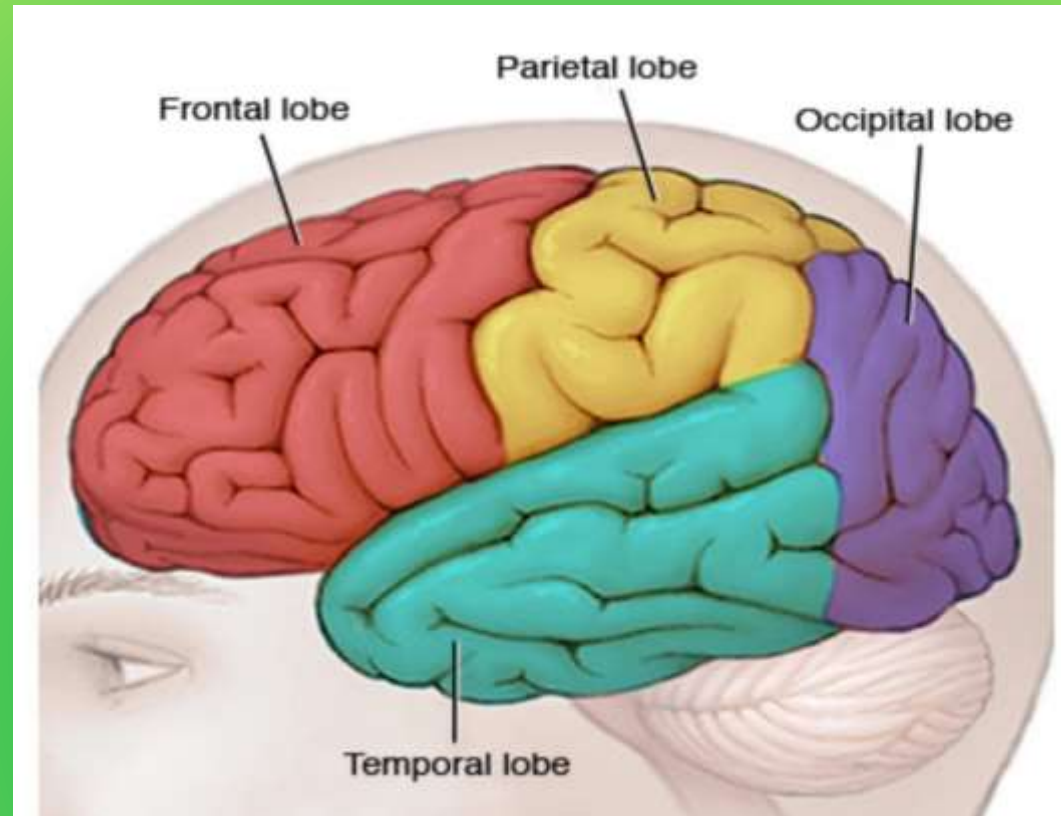
Schizophrenia for example impacting left brain/cognition differently than right brain/artistry

# Our Brain

a simple guide to

## What makes us human

*If I had your brain ...*



**Occipital:** vision

**Temporal:** hearing/auditory, memory, meaning, language, emotion, and learning

**Parietal:** sensory discrimination, sensory integration, goal-directed voluntary movement, some language functions

**Frontal:** logic, problem solving, judgment, creativity, reasoning, emotions, planning, part of speech, and personality

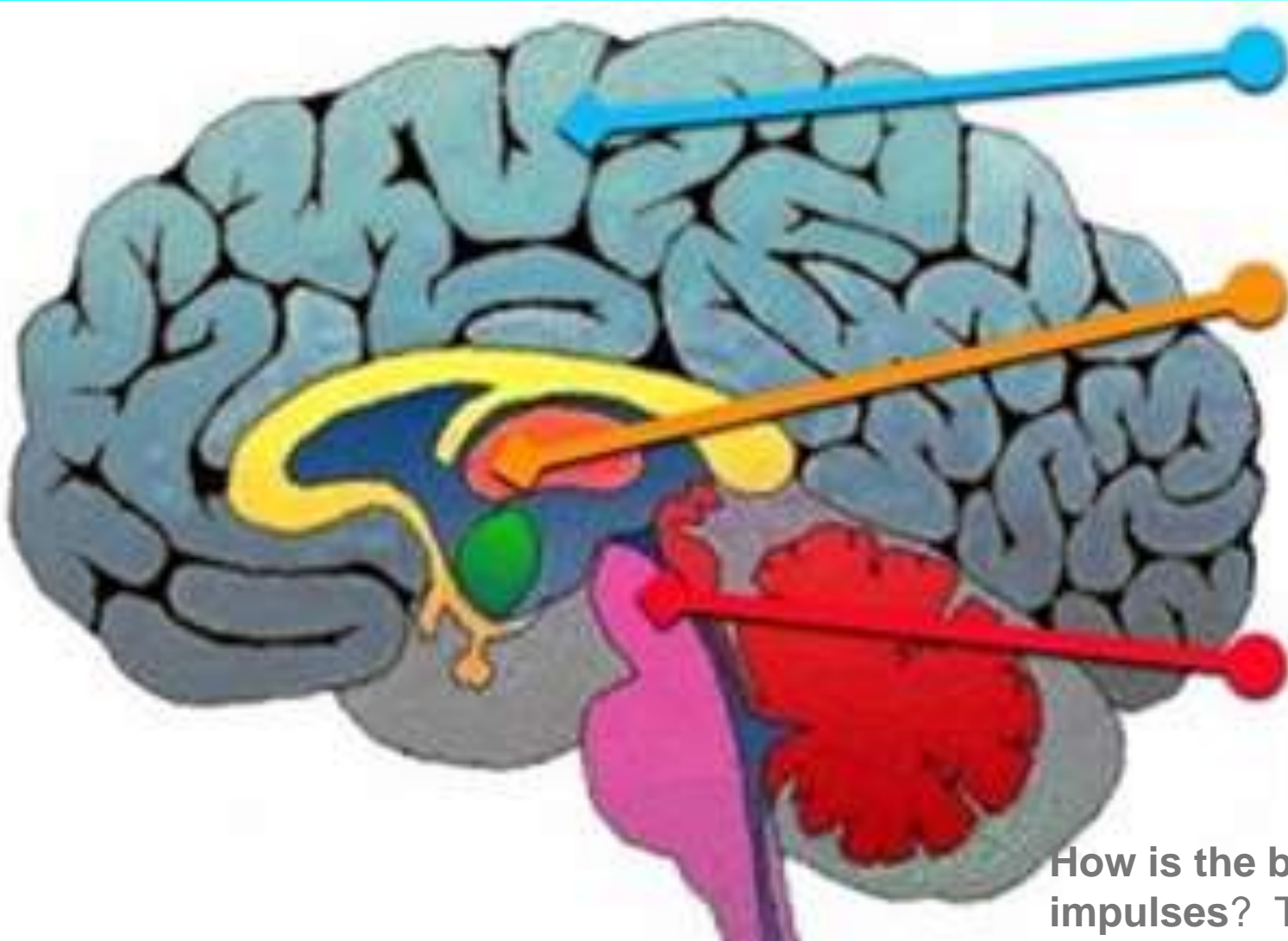
**diencephalon:** orientation in space/time

**cerebellum & brain stem:** **fight/flight, feed/breed**

**NEURO PLASTICITY** & our **OPERATING SYSTEM** (OS) ... security patches/updates; rewiring, reprogramming



# Activating The Trauma Parts



**NEOCORTEX**  
reason

**LIMBIC**  
emotion

**PRIMITIVE**  
instinct, survival

- ❖ **Fight**
- ❖ **Flight**
- ❖ **Feed**
- ❖ **Breed**

How is the behavior we see linked to these impulses? Trauma taps into survival. Trauma impacts the ability of executive functions and the neocortex to balance and moderate instinct, emotion, and action.

# Trauma evokes a **survival** response.

Hardwired, programmed, designed to survive. Instinctual.

Then we learn behaviors which act on the FFFB instinct.

- ❖ **Fight** – verbal, aggression, violence, argumentative, posturing, challenging ...
- ❖ **Flight** – disappear, withdraw, disengagement, isolation, level of listening, absent, stoic, silence, **freezing, fawning** ...
- ❖ **Feed** – eating disorders, excess and starvation, comfort food, body chemistry amending, substance use ...
- ❖ **Breed** – intimacy boundaries violation, verbal, imagery, when fused with fight, cultural shaping, desire, wishes and wants ...

# FFFB threat intensity scale

our internal home security system

full activation – hyper arousal

on a 24 hour patrol  
external & internal cues

**Panic**

NEUROBIOLOGY INTENSITY

**Activates**

*Prompts, nudges*

Arouses, alert

**duration & frequency ?**

In back ground watching

low arousal – soft vigilance

# Programming Our Operating System

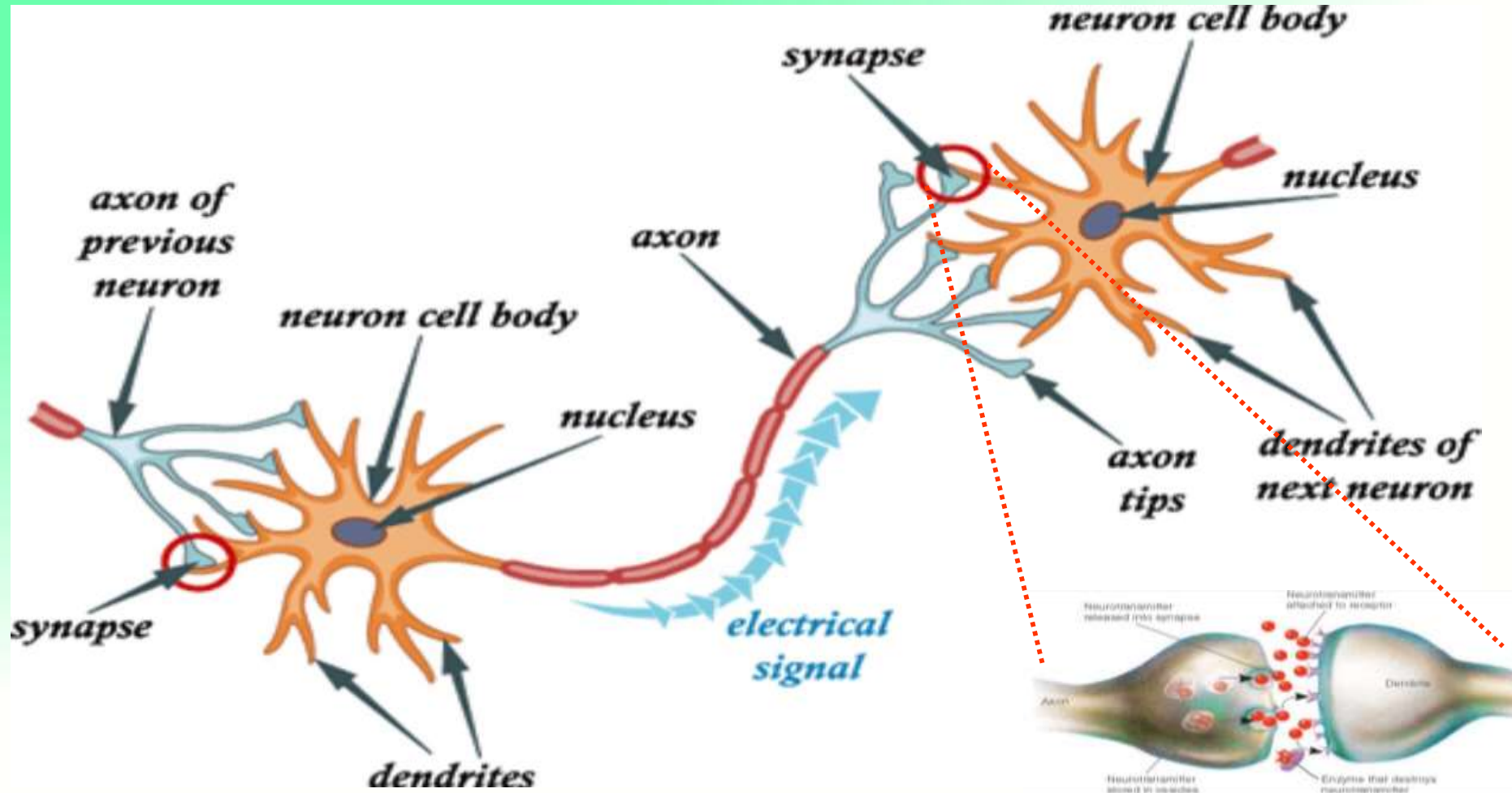
*OS 1 stays with us for life*

# 86 billion neurons & their connections (multi-lane highways and a few pathways)

Brain & age:

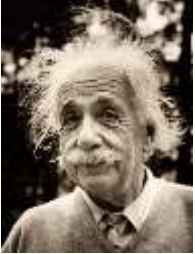
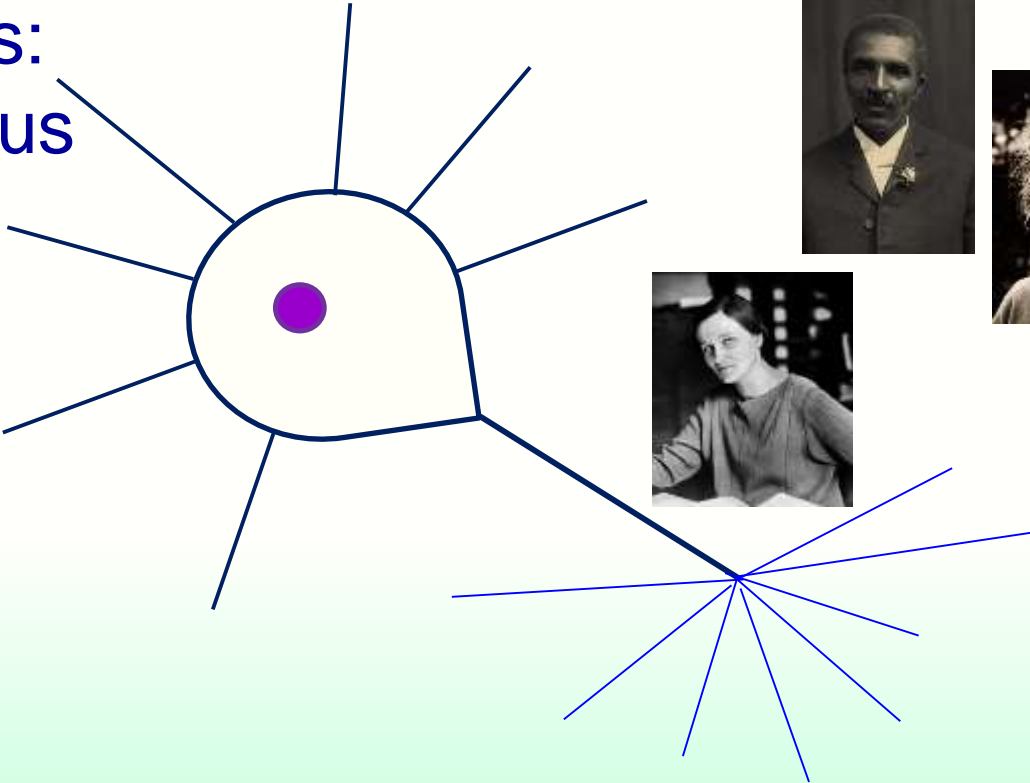
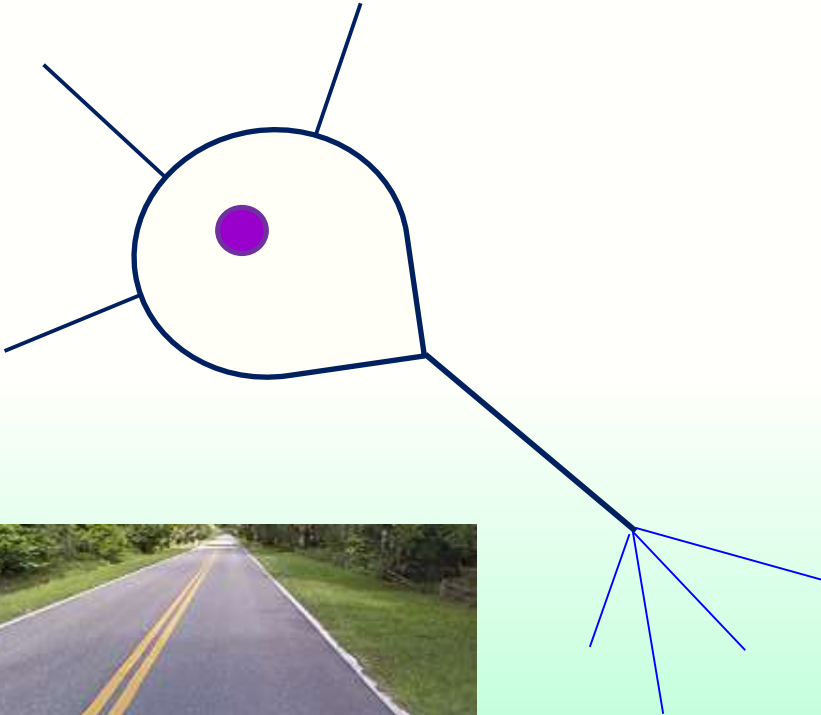
prenatal to birth to 3, 16, 24, 32, 52 ...

and when/what interruptions and changes occur.



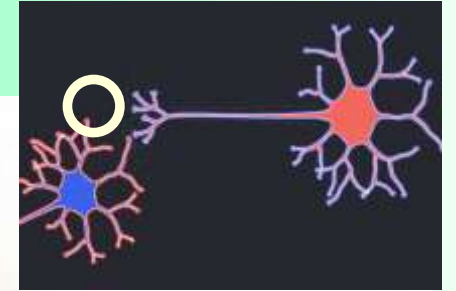
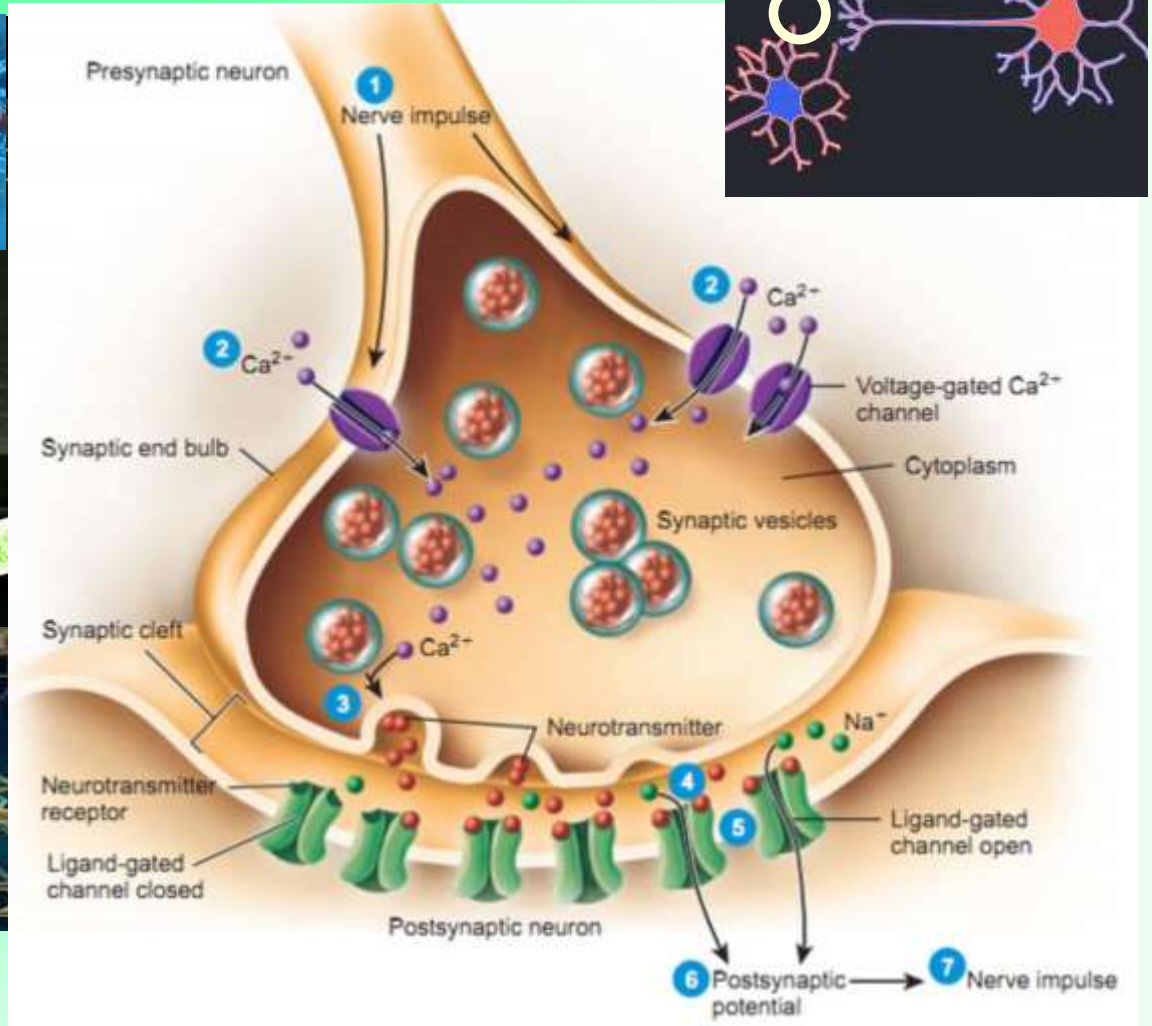
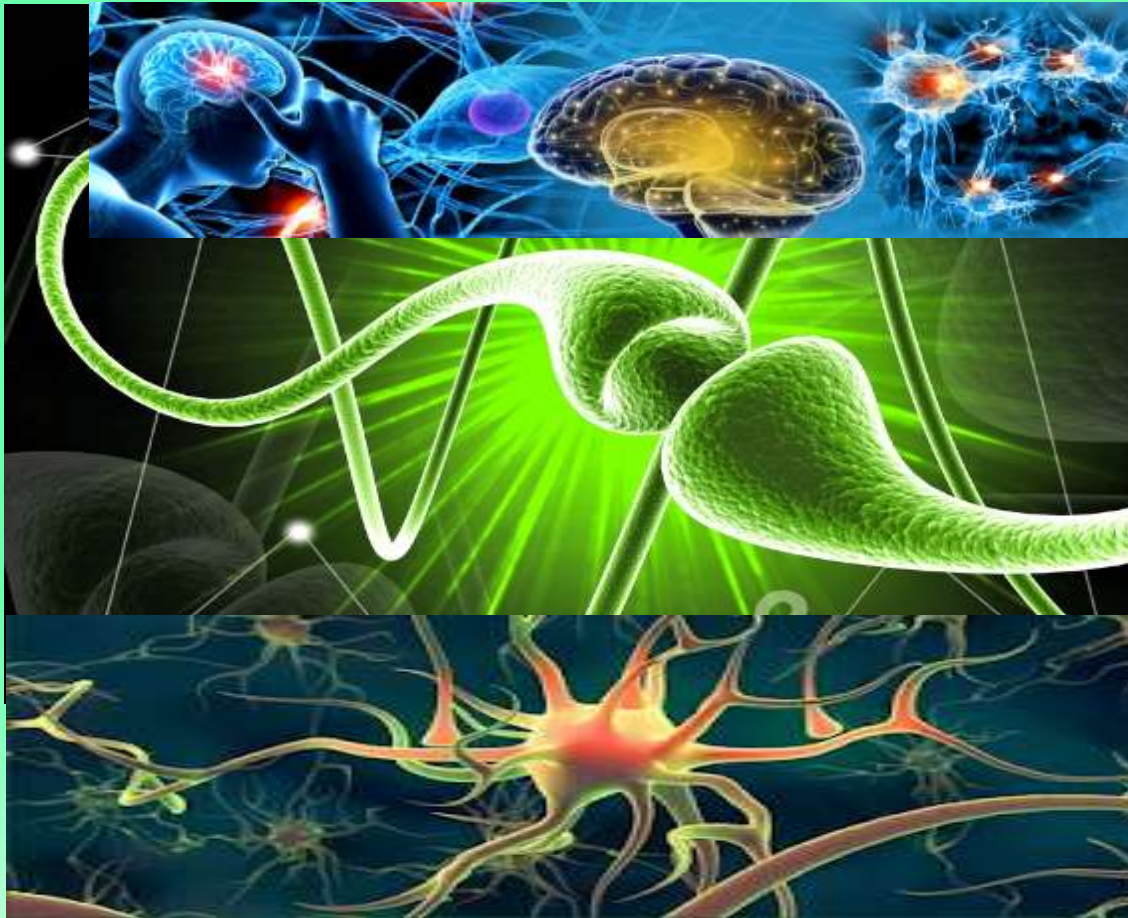


# of connections between brain cells:  
neural network *different* for each of us



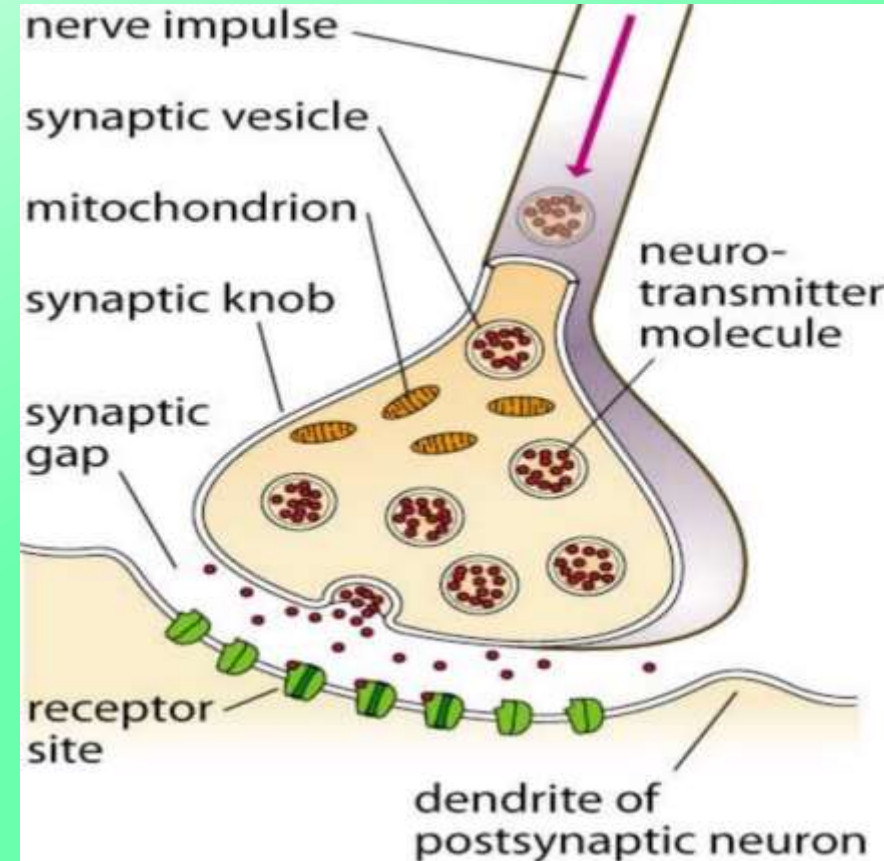
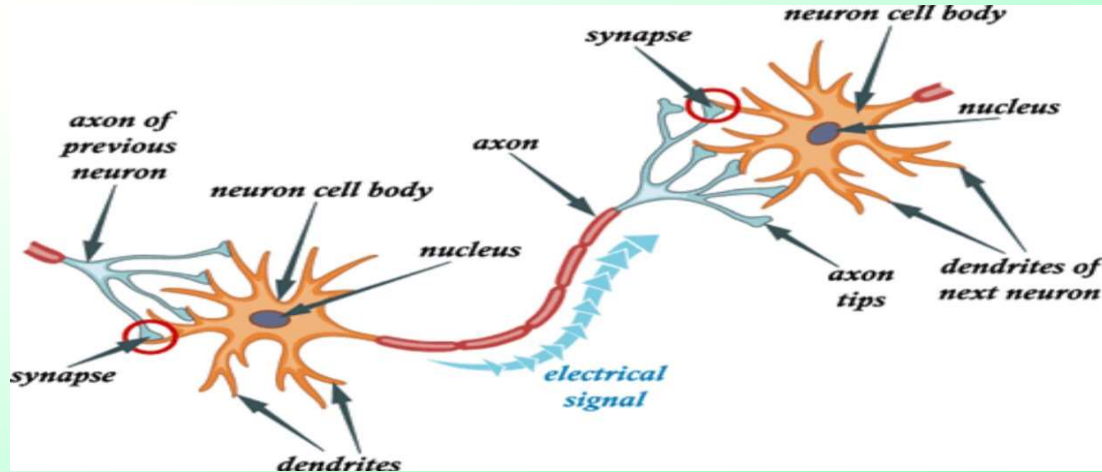
# neurotransmitters & the synaptic gap & receptor sites

electrical charge of ions = nerve impulses





# 86 billion neurons & their connections



**LIFE** takes place here

Mental illness takes place here

Medications do their work here

Substance use takes place here

Joy, pleasure, pain and sorrow take place here

Relationships take place here

**NEURODIVERSITY**

# The beginning: building the structures of who we become



**Ounce of Prevention Chicago** now known as **Start Early** (thank you to Carie Bires)

Illinois Co-occurring Center for Excellence  
Heartland Center for Systems Change

# Programing Our Original Operating System



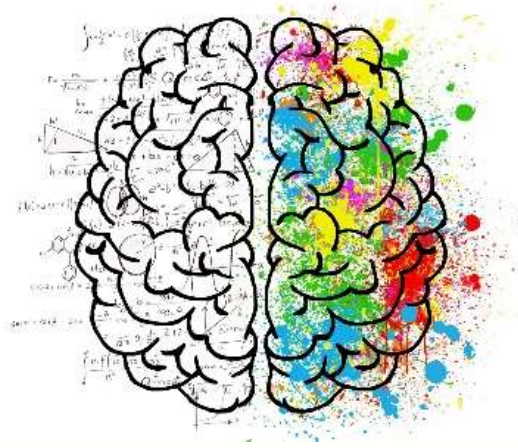
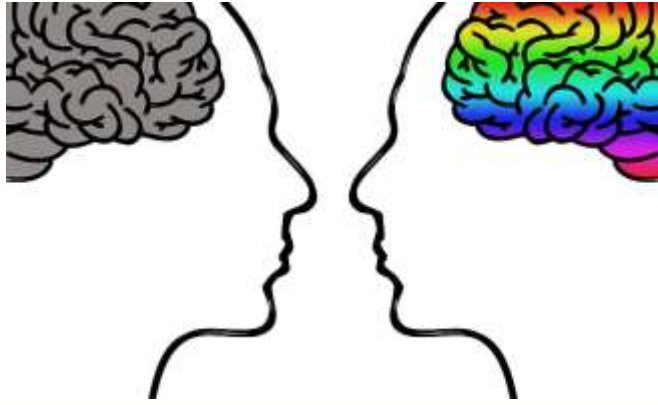
**Our shared first trauma.**

From security to overwhelming chaos.

The massive neuro wiring response to manage this.

**Rapprochement** & object constancy (relationship)

**Egocentrism** (self-perception)



A child's brain develops faster from birth to age 5 than at any other time of life. More than **one million new neural connections are formed every second** in the first few years of life.



StartEarly.org





The cooing and short sounds a parent makes and exchanges with their infant baby are a vital part of shaping neural networks.

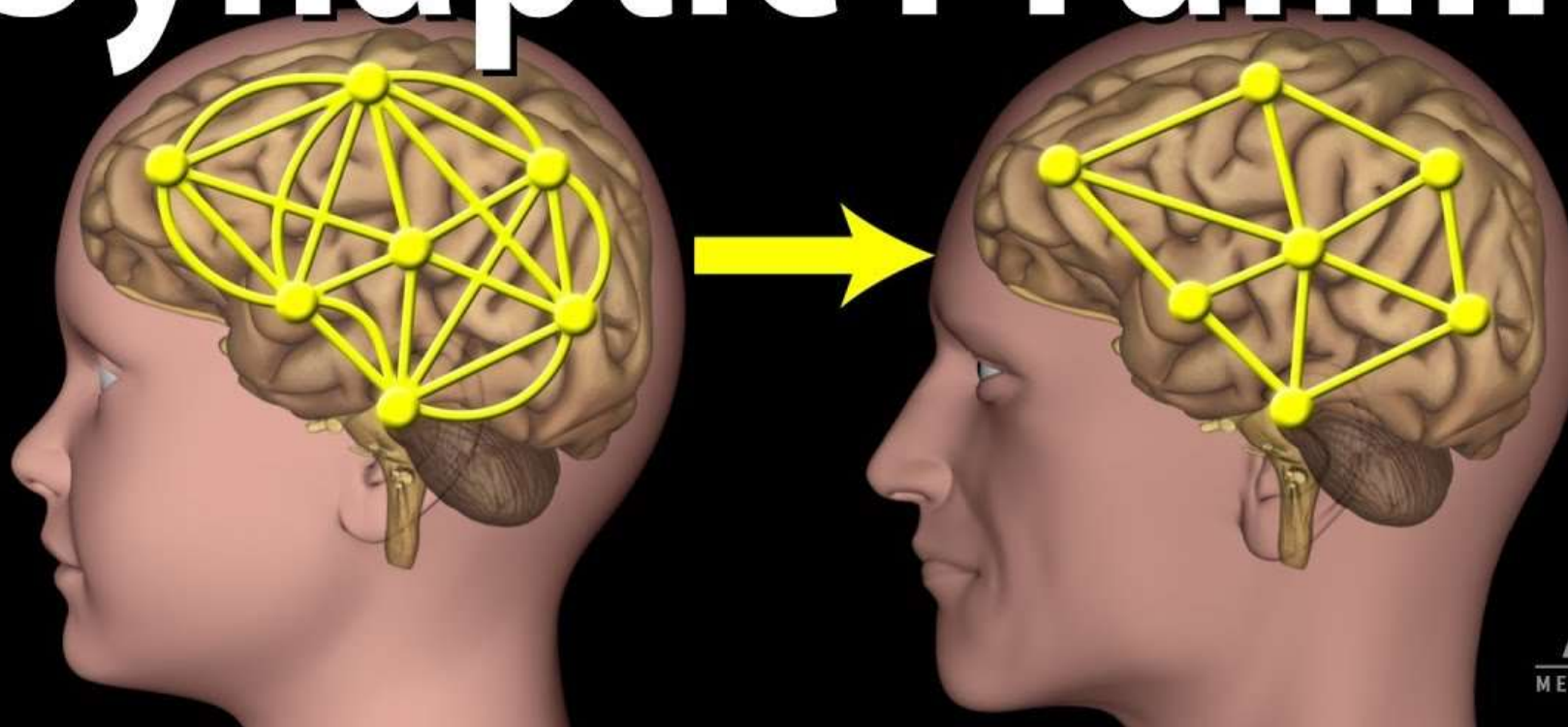
When this is disrupted, when it's absent, lacking, or drowned out, when there are loud, harsh, frightening noises instead ... our original operating system is impacted, and shapes who we are across our life time.

Optimal times for brain development.  
Language & math – when missed difficult to go back to install.



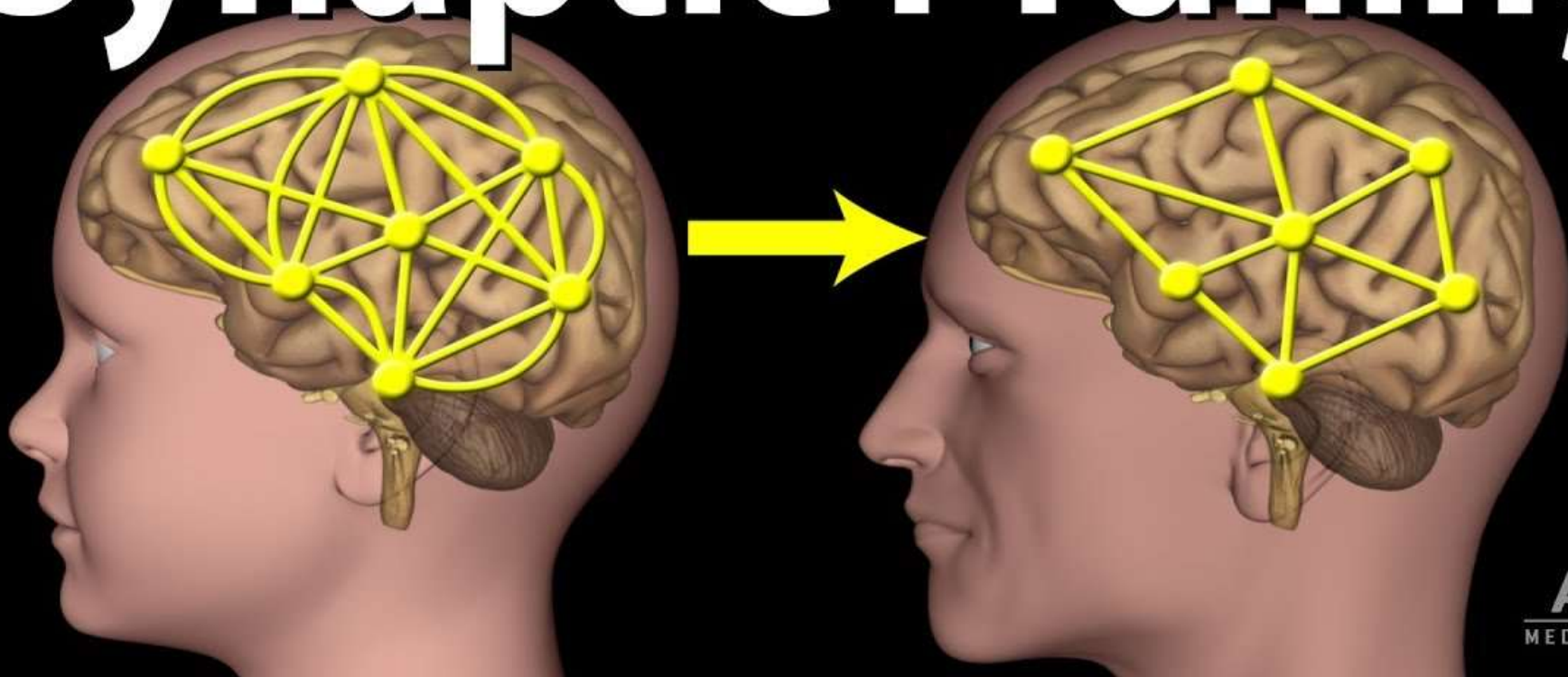


# Synaptic Pruning



**Alila**  
MEDICAL MEDIA

# What is Synaptic Pruning?



**Alila**  
MEDICAL MEDIA

# Brain Growth in first 24 - 60 months

Two PRUNING Events: 4-6 years old and again in late adolescence

36 weeks gestation

Newborn

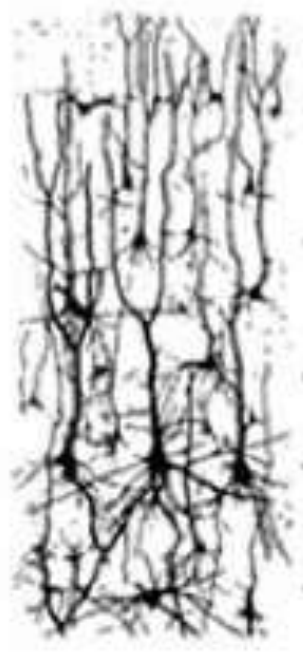
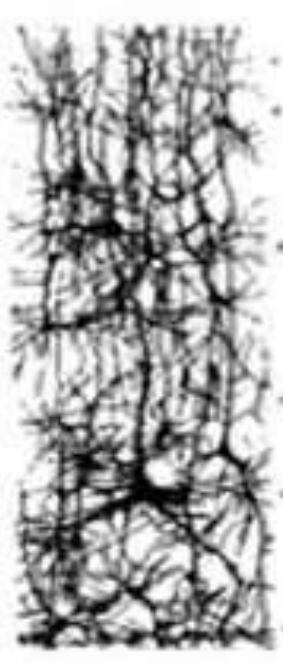
3 months

6 months

2 years

4 years

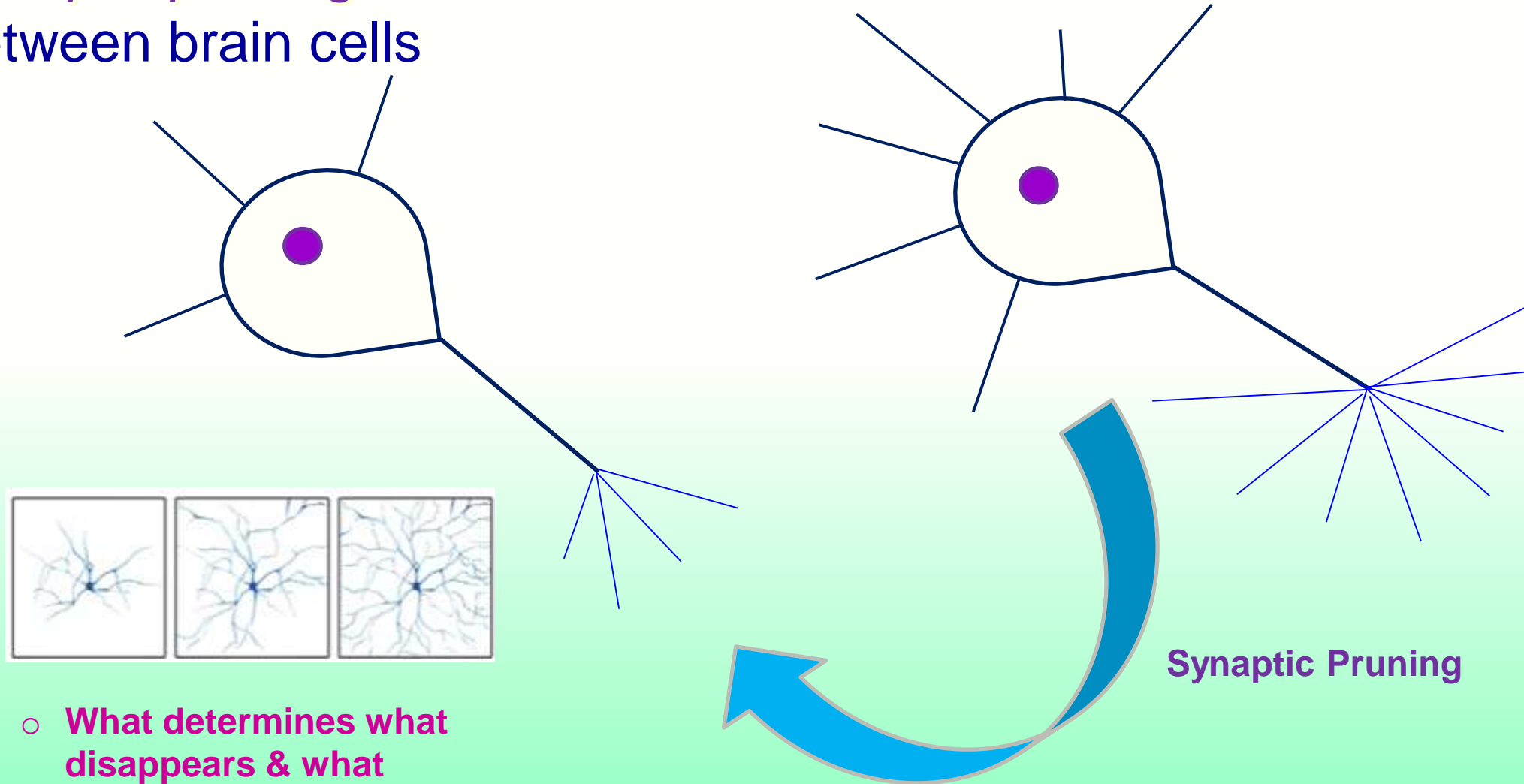
6 years



**Synapse Formation**

**Synaptic Pruning**

# *Synaptic pruning* **decreases** # of connections between brain cells



- **What determines what disappears & what stays?**

*Synaptic connections disappear ...  
So what wiring is left & what does it result in?*

**What's left is what's most used.**

*Survival mode trauma responses or  
nurtured, cultivated, confident critical thinking?*

**And sets our original operating system used for life**



The “**opportunity gap**” is measurable as early as 9 months of age. On average, children from under-resourced communities enter kindergarten 18 months behind their more advantaged peers; and no school system can remediate this gap on a large scale.

StartEarly.org





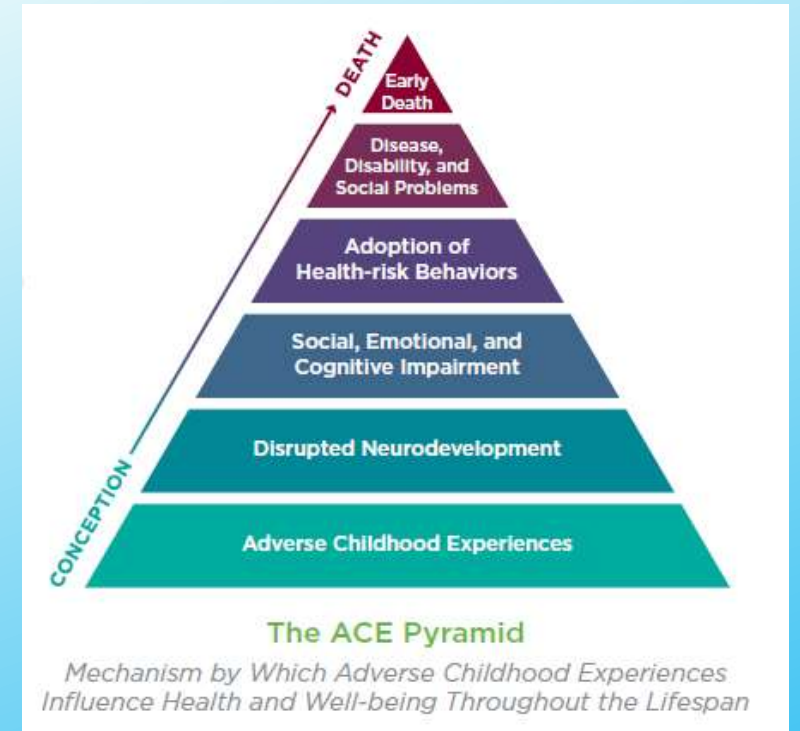
Children in households with low socioeconomic status experience **neglect** at about **seven times** the rate of other children. In some circumstances, poverty is construed as neglect, such as when housing is inadequate. In other situations, **poverty is a direct contributor to child endangerment as it compounds parental stress**. In a recent presentation, Chapin Hall Senior Policy Fellow Clare Anderson described the link between poverty and child neglect, its impact on **racial disproportionality** in the child welfare system, and the critical role that federal economic support programs have had on decreasing child maltreatment cases.

- Chapin Hall (2020)

# Adverse Childhood Experience Study (ACES)

- 2/3 of people have experienced one
- 12.5% of people have had 4 or more
- Increases risk of physical health issues (heart & liver disease, lung disease, HIV & STIs, obesity)
- Increases high risk behaviors (smoking, substance use, sexual behavior)

Take the ACE Quiz: <http://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>



Prior to these,  
foundations of **SOCIAL LOCATION:**  
cultural impacts, poverty, geography ...  
**Social Conditions** – Local Context  
**Generational Embodiment** – Historical Trauma

**THE TRAUMA PYRAMID**

# Complex Post-Traumatic Stress Disorder (CPTSD)

The reason children are vulnerable to forming CPTSD is that children do not have the cognitive or emotional skills to understand what is happening to them.

For those who are older, **being at the complete control of another person** (often unable to meet their most basic needs without them), coupled with no foreseeable end in sight, can break down the psyche, the survivor's sense of self, and affect them on this deeper level.

— Lilly Hope Lucario (severe and multiple complex trauma survivor)

# Complex PTSD

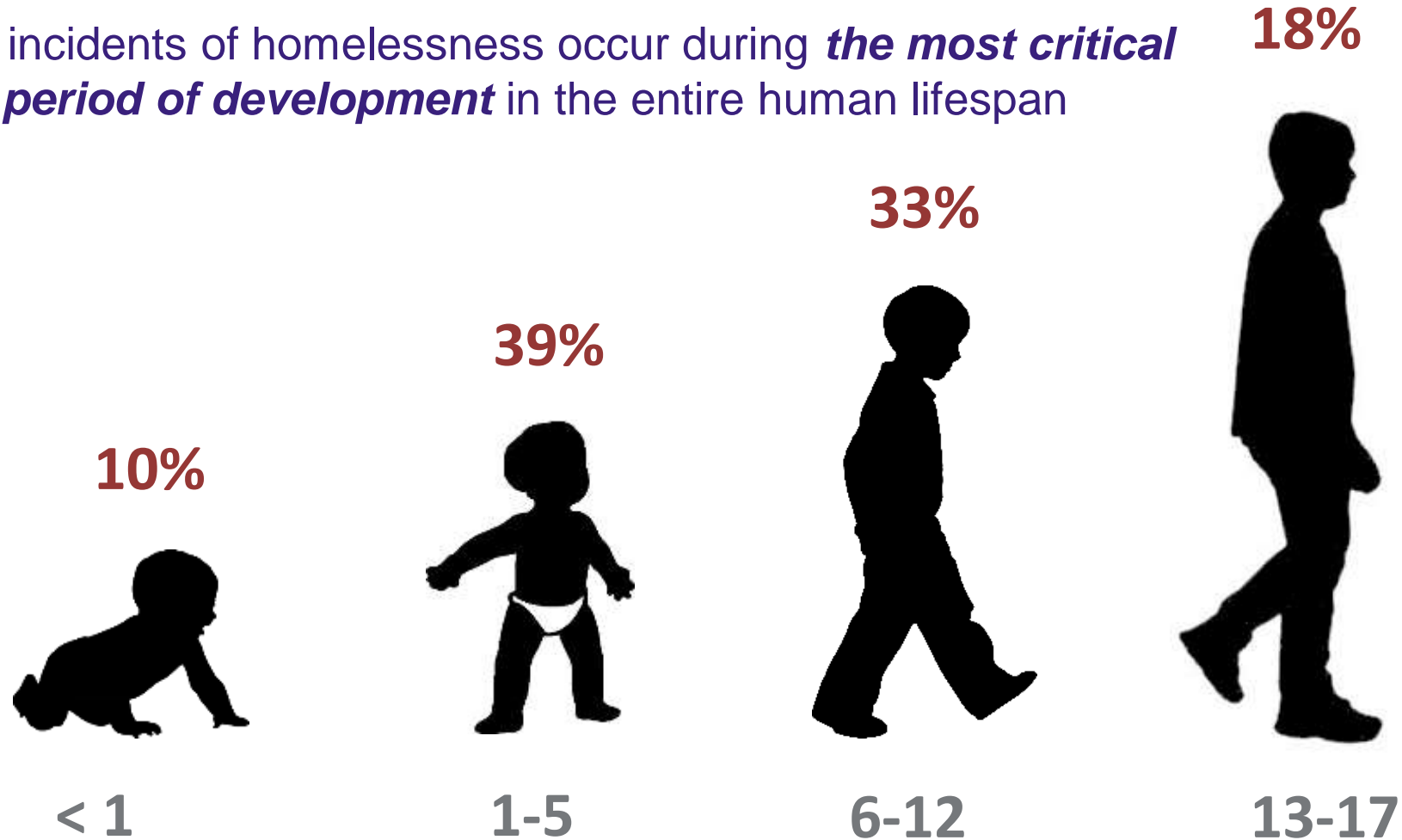
1. Deep fear of trust
2. Terminal aloneness
3. Emotional regulation
4. Emotional flashbacks
5. Hypervigilance about people
6. Loss of faith
7. Profoundly hurt inner child
8. Helplessness and toxic shame
9. Repeated search for a rescuer
10. Dissociation
11. Persistent sadness and suicidality; survivor's remorse
12. Muscle armoring

- Lilly Hope Lucario



# Ages of Children Experiencing Homelessness

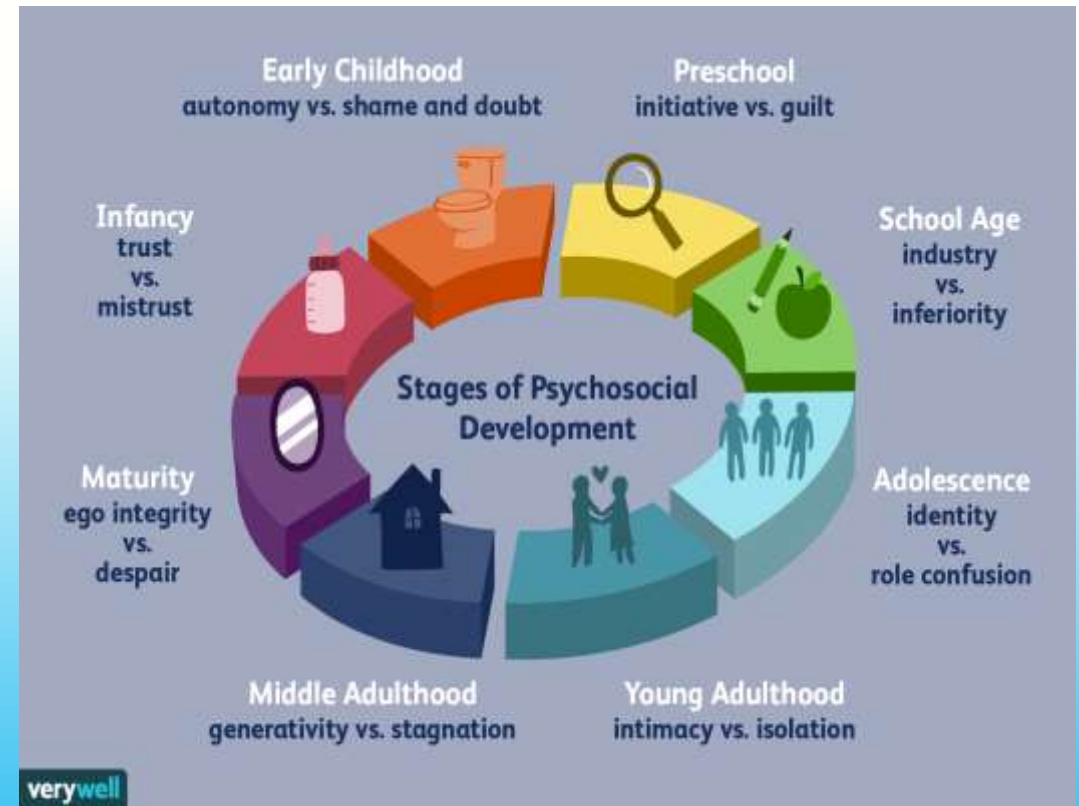
Most incidents of homelessness occur during *the most critical period of development* in the entire human lifespan



HUD data: children in homeless shelters

# Trauma and Developmental Stages

- Dependence, Counter Dependence, Independence, Interdependence
- 8 Stages of Psychosocial Development (Erikson)





**Egocentrism *for* infant/childhood survival & self as  
strong tool.**

**Trauma translates this to you did this, it's your fault,  
you're bad.**

**Shame & blame reminders.**

**Self hatred expressed over a lifetime.**

**My fault. Get what I deserve.**

**How to change this?**

# How Childhood Trauma Leads to Addiction

## Gabor Maté



<https://youtu.be/BVg2bfqblGI>

Heartland Center for Systems Change

# AND THIS IS JUST OUR *EARLY YEARS*

add to this ...

✓ **MORE TRAUMA**

&

✓ Reinforce **ORIGINAL OPERATING SYSTEM**  
across time

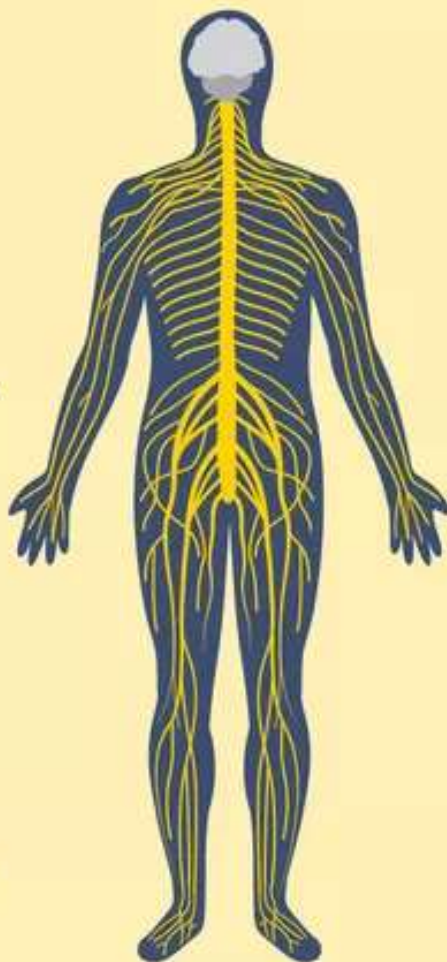
# What Does the Peripheral Nervous System Do?



Connects the central nervous system to the organs, limbs, and skin



Allows the brain and spinal cord to receive and send information to other areas of the body

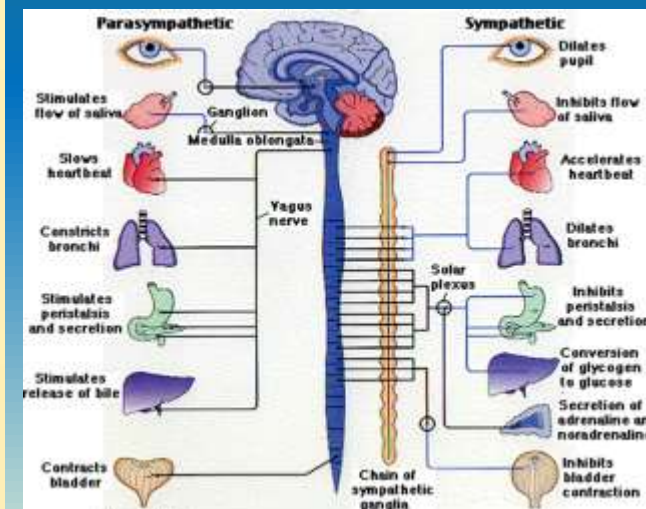
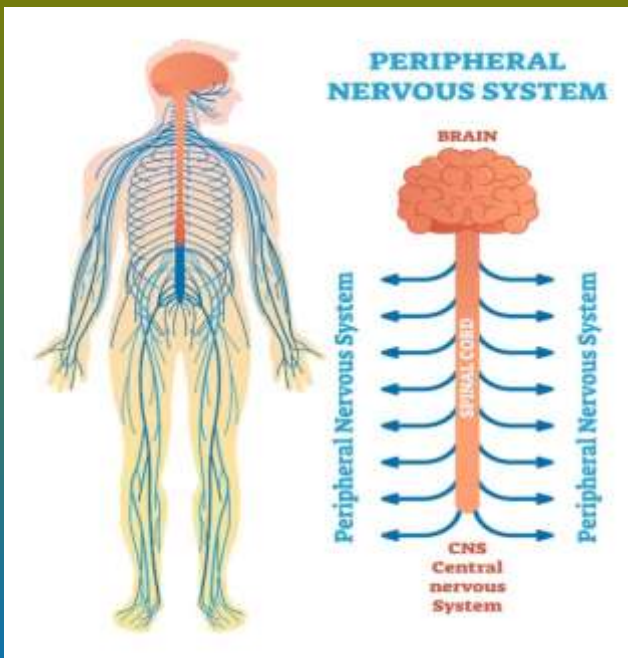


Carries sensory and motor information to and from the central nervous system



Regulates involuntary body functions like heartbeat and breathing


verywell



When we internalize trauma ... **The health care costs of trauma and its physical toll on people**



# Our Own Fight/Flight Activation

- *Managing our adrenalin and cortisol build up; become toxins*
- It's there and reactive, intended to activate our attention
- Unreleased and built up over time affects health 
  - sleep, headaches, stomach aches, vulnerable to illness, snap at people, inability to concentrate, fatigue, depression ... what else?
- Mental health is body health
- **Breathe deep & exhale** – mindful complete whole breath cycle
- **Hydrate** – internal laundry
- **Body scan** – consciously relax each muscle, stretch
- Other approaches? To clear our head, body & spirit ...

# What is Generational Trauma?

- Trauma transferred from the **parent to the child**
- Trauma transferred **within the community**

Enslavement and slavery, civil and domestic violence, sexual abuse, and extreme poverty are also sources of trauma that can be transferred to subsequent generations

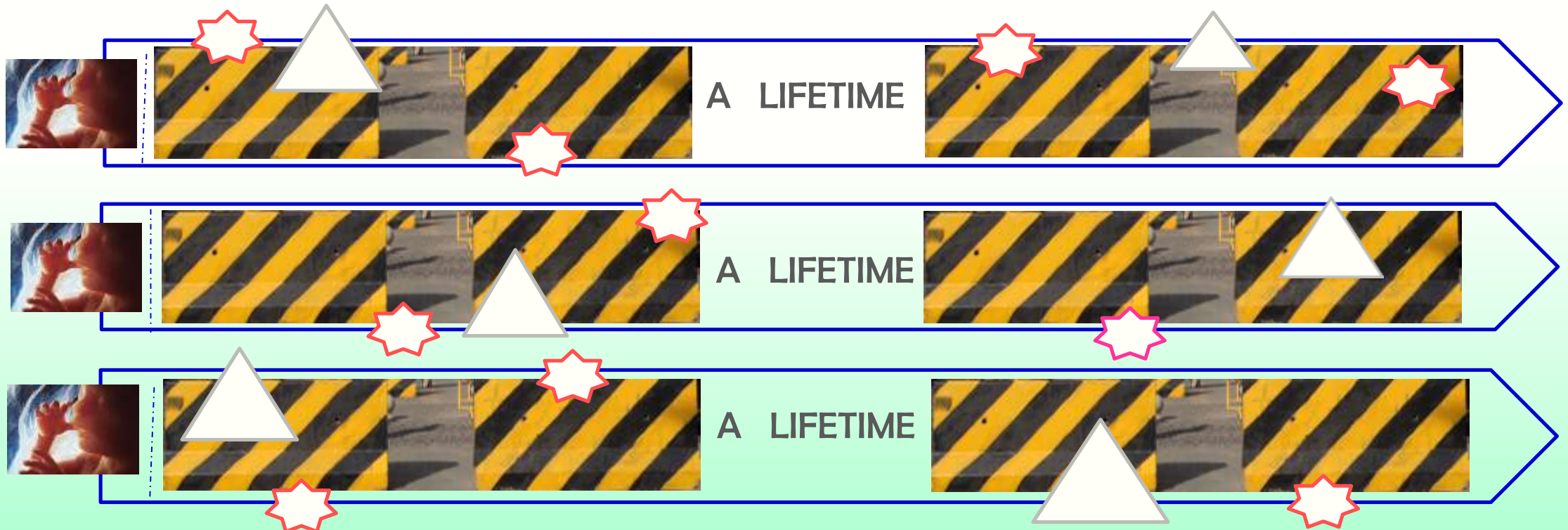
**Cultural Trauma** is an attack on the fabric of a society, affecting the essence of the community and its members

**Historical Trauma** cumulative exposure of traumatic events that affect an individual and continues to affect subsequent generations.

**Intergenerational Trauma** occurs when trauma is not resolved subsequently internalized, and passed from one generation to the next



# TRAUMA MULTIPLIED: Intergenerational, Historical, Cultural



- ❖ Unrelieved, unaddressed, trauma accumulation over generations, lifetimes, multiplies, magnifies, amplifies
- ❖ Passes along & builds up with new trauma over generations
- ❖ The wounds, sensitive scars that burden & need protecting ... we see in our worlds in various expressions
- ❖ **We can begin to change this with trauma awareness & care**
- ❖ **Ensure all families are not living in & raising children in survival mode**



# Racism as a serious public health threat in America (Center for Disease Control)

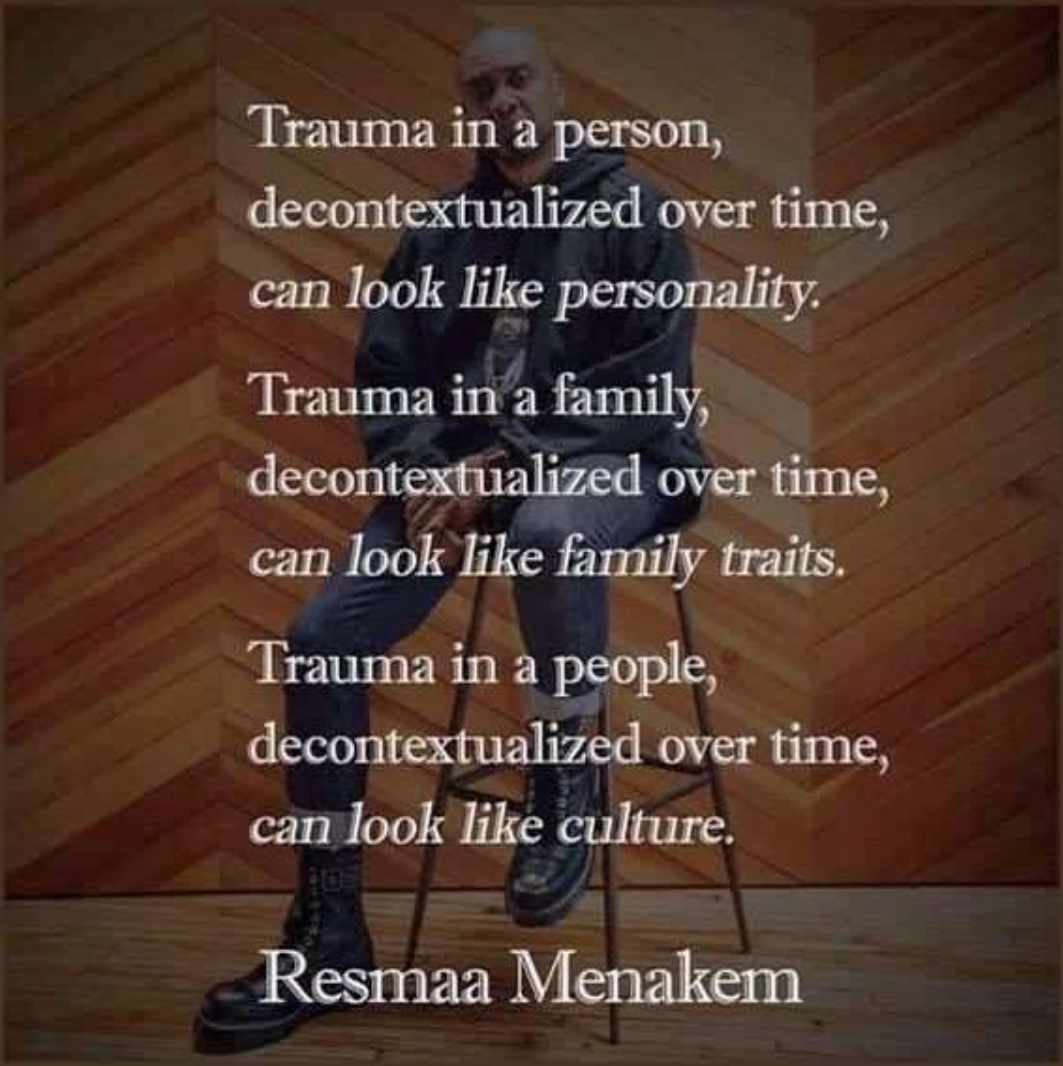
220 African Americans prematurely die each day in the United States.  
Imagine that as an airline filled with 220 passengers crashing every day every year.

– Dr. David Williams, Harvard Researcher & Professor of Public Health



- Not socio-economic, education, nor DNA related
- “Weathering” stressor erosion of discrimination on a person of color
- BIPOC world wide studies using a 9 point discrimination scale predictive of health impacts indicates less well cared for

<https://www.cbsnews.com/video/60-minutes-disease-black-americans-covid-19-2021-04-18/>

A man with a beard, wearing a dark hoodie and jeans, is sitting on a wooden stool. He is positioned in front of a wall with a chevron wood panel pattern. The text is overlaid on the image.

Trauma in a person,  
decontextualized over time,  
*can look like personality.*

Trauma in a family,  
decontextualized over time,  
*can look like family traits.*

Trauma in a people,  
decontextualized over time,  
*can look like culture.*

Resmaa Menakem

@janicza

# Encultured Systemic Trauma

- **Racism**
  - Anti-Blackness; BIPOC
  - Immigration and countries of origin
  - Faith based
- **Sexism & Misogyny**
- **Rape Culture**
- **LGBTQIA+** depersonalization
- **Socioeconomic Class. Nationality.**
  - Exclusion and internalized mindset; self worth
- **Illness**
  - SMI, DD, Autism Spectrum, HIV/AIDs,
  - disfigurements, missing limbs ...
- **Age**
- **Attitudes of “you did this to yourself” “you brought this upon yourself and your family”**

# The Criminalization of Trauma

- **Systemic trauma – trauma responses to trauma responses**
- With little to no understanding or options ...
- **What happens when we begin to ‘criminalize’ trauma response?** Develop systems of oppression & opposition? Economic, education, class, cultural, political ...
- Over generations? Over race, poverty, discrimination ...
- The scope of healing, restoration, and prevention needed
- What would trauma aware policies, laws, & incarceration look like?

## Trauma from The War on Drugs (War on People)

- The longest, costliest, ongoing war
- \$ and lives
- The trauma of war
- Stigma & propaganda; judgment & misinformation; skewed perception & treatment
- Who are the casualties?

*the first one thousand days*

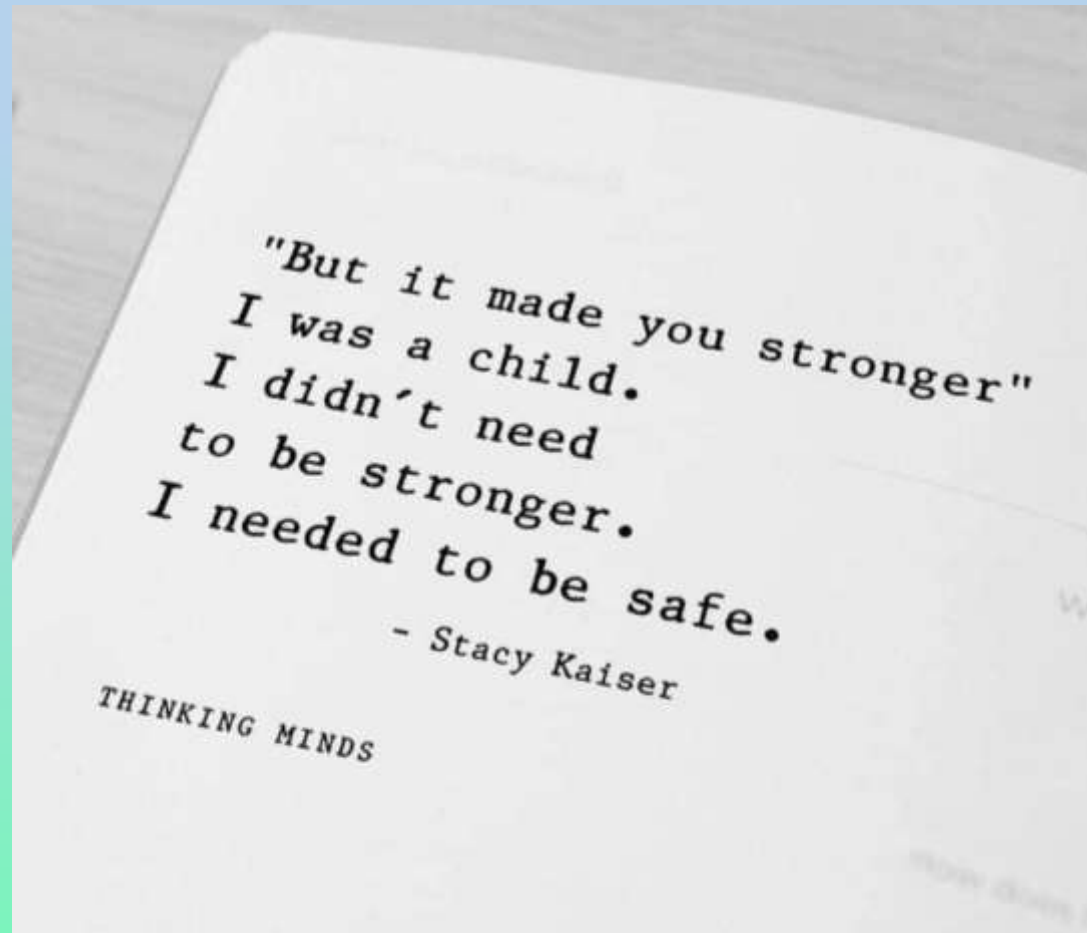
*the first 18 years*

## Using what we know about trauma, care, guidance, support ...

- ❖ Provide for an environment of safety & security for families & communities (*external & internal*)
- ❖ Remove survival mode existence
- ❖ Relieve trauma responses – generational, historical, cultural
  - ❖ *what's inside of us*
- ❖ Utilization of individual, parental & community power from self-preservation & defense to self-fulfillment & in raising children
- ❖ Healing one's own trauma activation
- ❖ Anti-Racism. Eradicate Anti-Blackness. Equity. Political Power. Economic & Housing & Healthcare & Income & Education Access ...

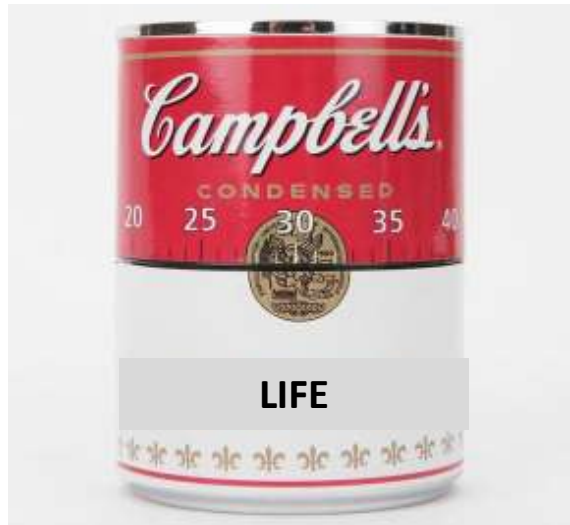
*And then we're asked to fix this person ... and quickly*







What percent of your anxiety would dissolve overnight if you knew that no matter what you would always have housing, food, and healthcare?



# Nutrition Facts

2 servings per container

**Serving size** 1 cup (237mL)

**Amount per serving**

**Calories** **160**

**% Daily Value\***

**Total Fat** 4g **6%**

Saturated Fat 0.5g **3%**

Trans Fat 0g

**Cholesterol** 0mg **0%**

**TRAUMA** **100%**

**Total Carbohydrate** 24g **8%**

Dietary Fiber 8g **32%**

Total Sugars 5g

Includes 0g Added Sugars **0%**

**Protein** 7g

Vitamin D 0mcg 0%

Calcium 29mg 3%

Iron 1mg 4%

Potassium 521mg 11%

\* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

# Domains of Trauma Impact

## the whole person

- **Body & Brain:** Fight/Flight/Freeze/Fawn response
  - Additional core brain impulses of feed, breed also impacted
- **Memory & Perception:** fragmented, difficulty with concentration; rapid or delayed cognition
- **Judgment:** insight, perspective, ability to see and weigh consequences, ability to set boundaries
- **Beliefs:** what it means to feel safe, have trust, have self esteem, feel connected, feel in control of our lives
- **Frame of Reference:** identity, worldview, spirituality
- **Feelings:** ability to identify and manage feelings, ability to connect to others
- **Relationships:** how we perceive and interact, with self and others

- Saakvitne et al., 2000

## PART 3: What We Can Do

**What are we to do?  
How do we respond?**

# ACTING WITH TRAUMA AWARENESS

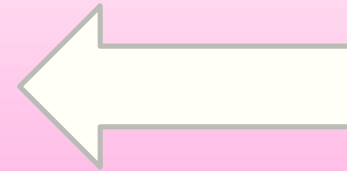
From trauma awareness to healing, resiliency & thriving.

Our **skills sets** to get there

**ONE: NAVIGATING TRAUMA**

**TWO: HARM REDUCTION**

**THREE: MOTIVATIONAL INTERVIEWING CONVERSATIONS**



+ Our team & supervisory supports / self-care + community care for ourselves

*Our own healing work*



# Inner Voice Presence & Connection

"If we carry  
intergenerational trauma  
(and we do) then  
we also carry  
intergenerational wisdom.  
It's in our genes  
and in our DNA."

-Kazu Haga

**RESILIENCE**  
is built into the cells of our bodies.

Like trauma, resilience can ripple outward, changing the lives of people, families, neighborhoods, and communities in positive ways.

Also like trauma, resilience can be passed down from generation to

**GENERATION**

– RESMAA MENAKEM  
Therapist, Healer, & Author

spectrum of trauma – spectrum of resiliency

**If a person is alive ...  
If a person is meeting with you  
they're resilient.**

**This is strengths based awareness & admiration  
*crucial* to healing & growth.**



embolden\_psych



SOMETIMES THIS  
IS WHAT  
RESILIENCE  
LOOKS LIKE.



... as well as rage

## TRAUMA-INFORMED CARE

**A framework of thinking and interventions** that are directed by a thorough understanding of the profound **neurological, biological, psychological, and social effects trauma has on an individual** – *recognizing that person's constant interdependent needs for safety, connections, and ways to manage emotions/impulses.*

**Universal precautions** means we assume a trauma history is present with all individuals we interact with and that we interact with them in a trauma-informed manner.

Crisis Prevention Institute, TIC Resource Guide

**all individuals = ourselves too**

# Trauma Informed Care

- A program, organization, or system that:
  - **Realizes** the widespread impact of trauma and understands potential paths for recovery
  - **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
  - **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
  - Seeks to actively **Resist Re-traumatization**.

Substance Abuse and Mental Health Services Administration (SAMHSA)

**Exercise universal precautions**

# **What is neuroplasticity and why is it so important?**



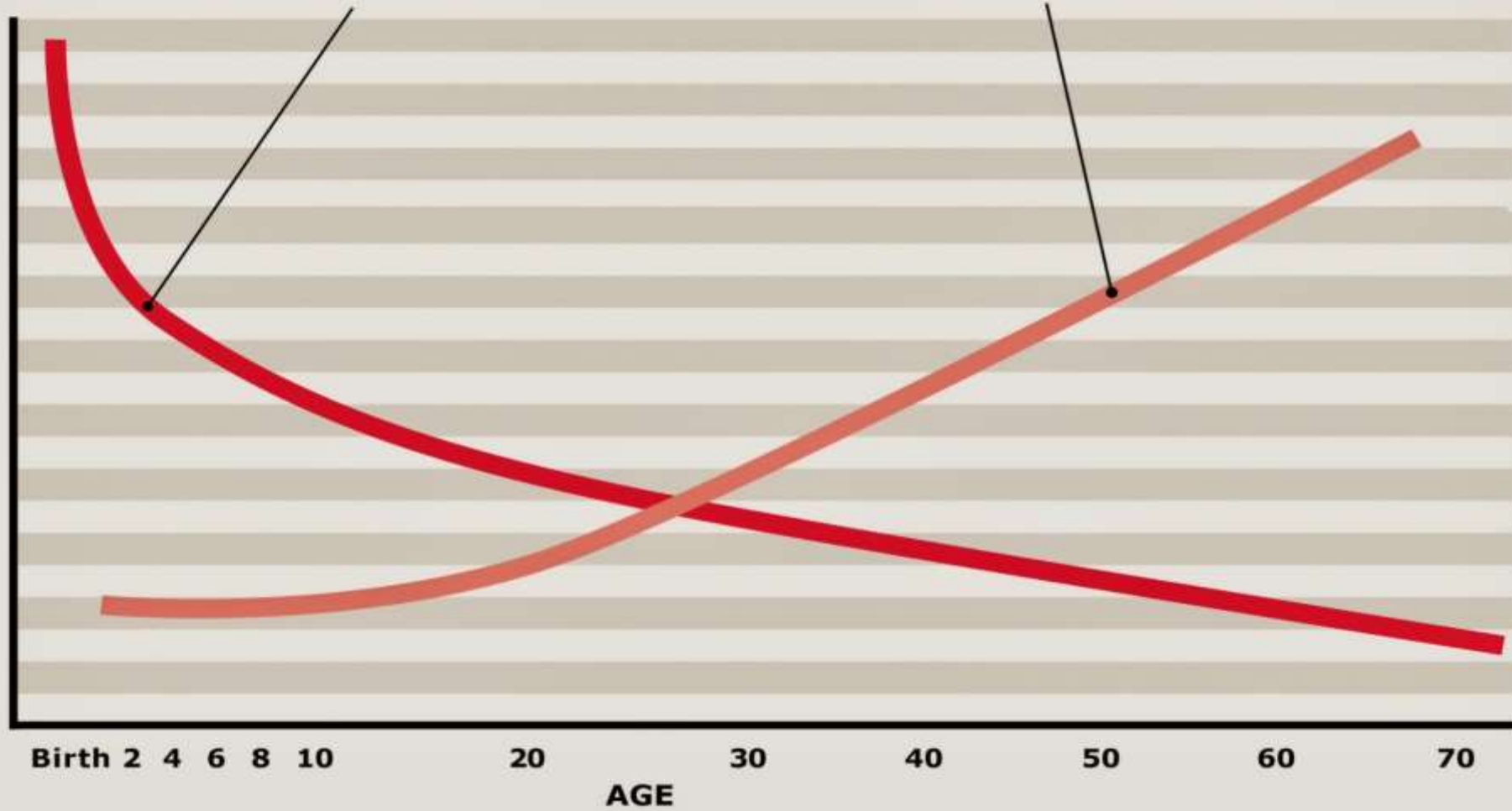
# neuroplasticity

- **Kindness and acceptance literally rewire the brain**
- Over time, it takes the responses down different neural pathways than the usual automatic route and response
- Releases different neurotransmitters
- **Conversely being critical, shaming/blaming, disliking, *reinforces* that perceived threat and *strengthens* the usual route and response**

(cholesterol study example)

**The Brain's Ability to Change  
in Response to Experiences**

**Amount of Effort  
Such Change Requires**



Start Early.org

Many severe trauma survivors will never fully heal, let alone come to believe they were 'right where they were supposed to be' when the traumas occurred. Not everything is about 'the courage to heal.' Some people have been too deeply traumatized and simply cannot utilize their will in those ways. It takes all that they have, and more courage than many of us can imagine, just to keep going. Until we get that, I mean truly get that, we will not create the kind of compassionate world we all need.

**JEFF BROWN**

# Trauma Responses

**Traumatic events call into question basic human relationships.** They breach the attachments of family, friendship, love, and community.

- Judith Herman

# Trauma and Relationship

Recognize that since trauma most often occurs in **relationship**, healing and recovery must also occur in relationship

- Schilling, 2010

you with yourself, you with your coworkers, you with participants

# Establishing Safety

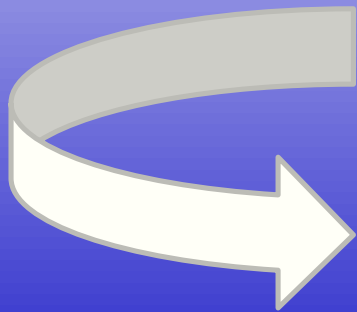
Trauma robs the victim of a sense of **power** and control; **the guiding principle of recovery is to restore power and control to the survivor.** The first task of recovery is to establish the survivor's **safety.**

- Judith Herman



# Trauma Directs Ones Use of Power

- **Self-preservation**
- **Self-defense/protection**
  - **Self-care**
- Threat, Fear, Pain & Suffering reduction, internal and external
  - Managing
  - Survive



**Transform to Thriving, Self-Actualizing** *(How?)*



# Minimize threat. Creating **Safe Spaces** and a healing pause to build within

from stimulus-response to  
stimulus - **PAUSE** - *new response*

**Emotional intelligence** is the ability to **recognize** your emotional reaction to something, **evaluate** the thoughts that led to those emotions, and make **intentional choices** about how you respond. People using less emotional intelligence tend to skip that middle step

Jason Aten, Inc. 12.27.20

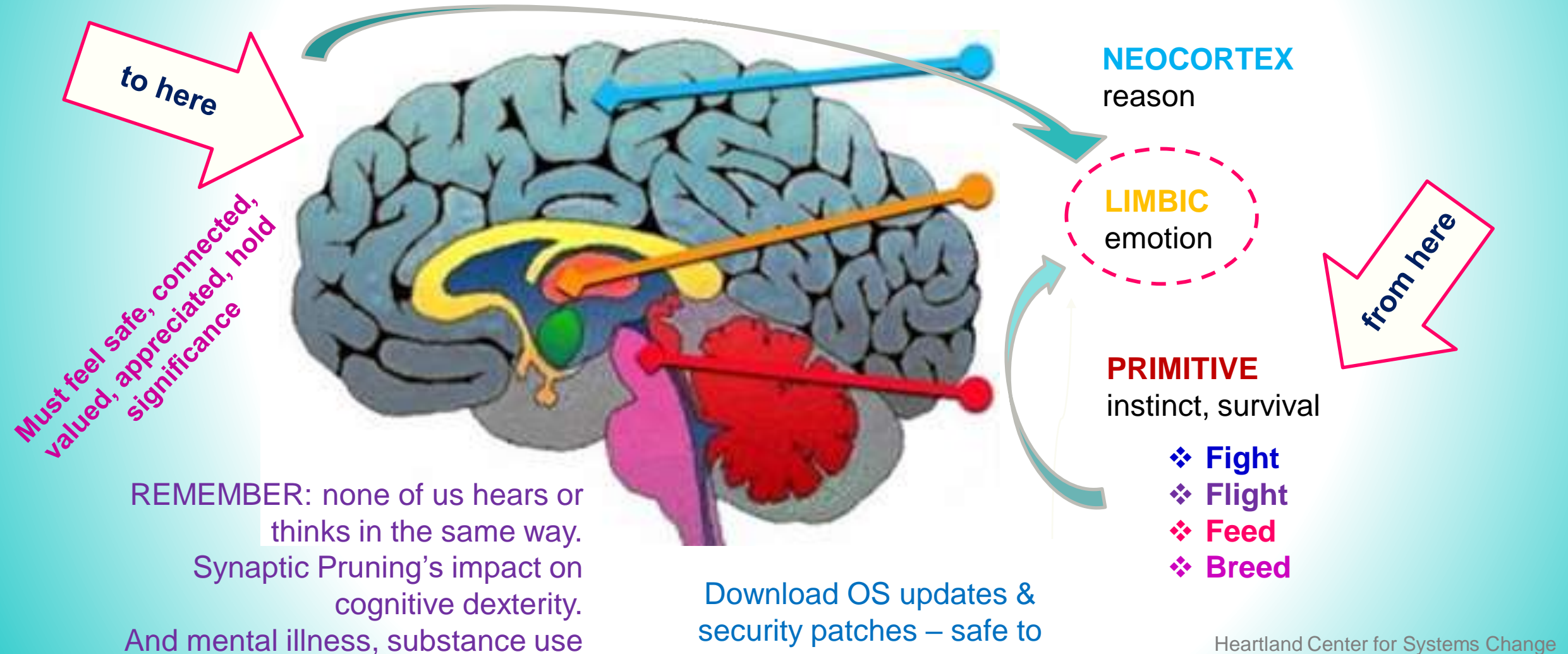
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# TRAUMA AWARENESS & CARE: what happens inside of us

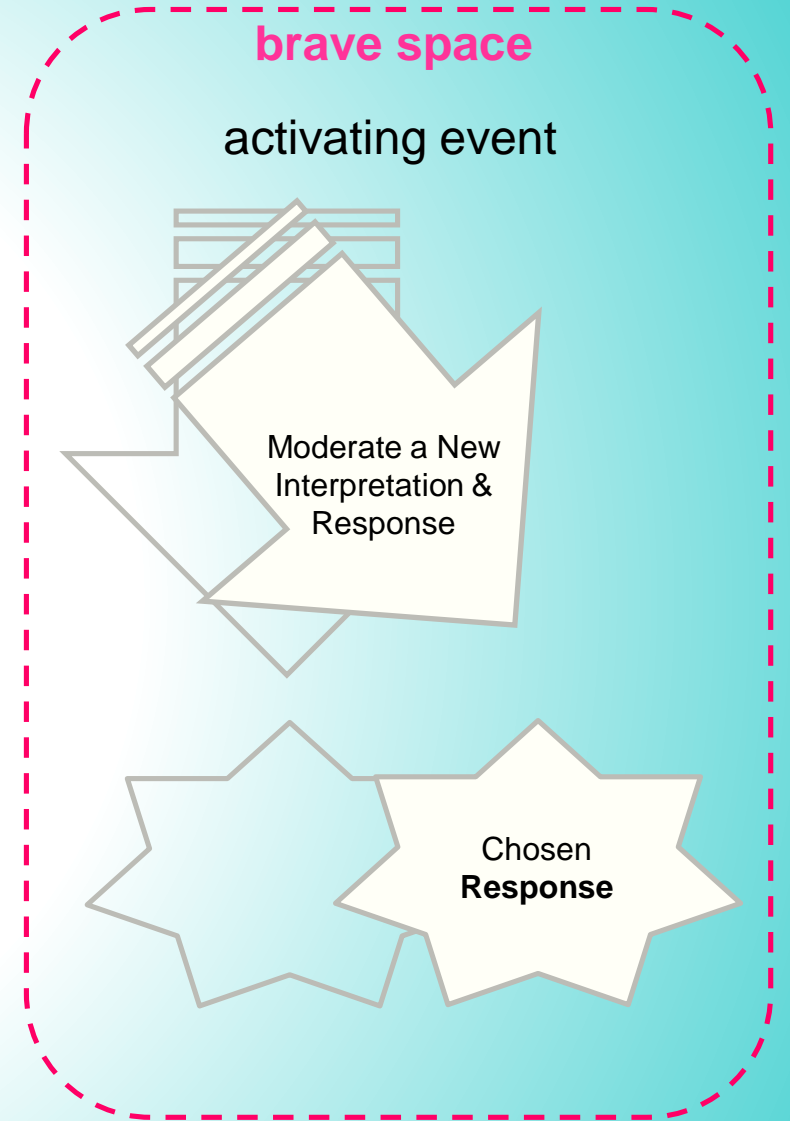
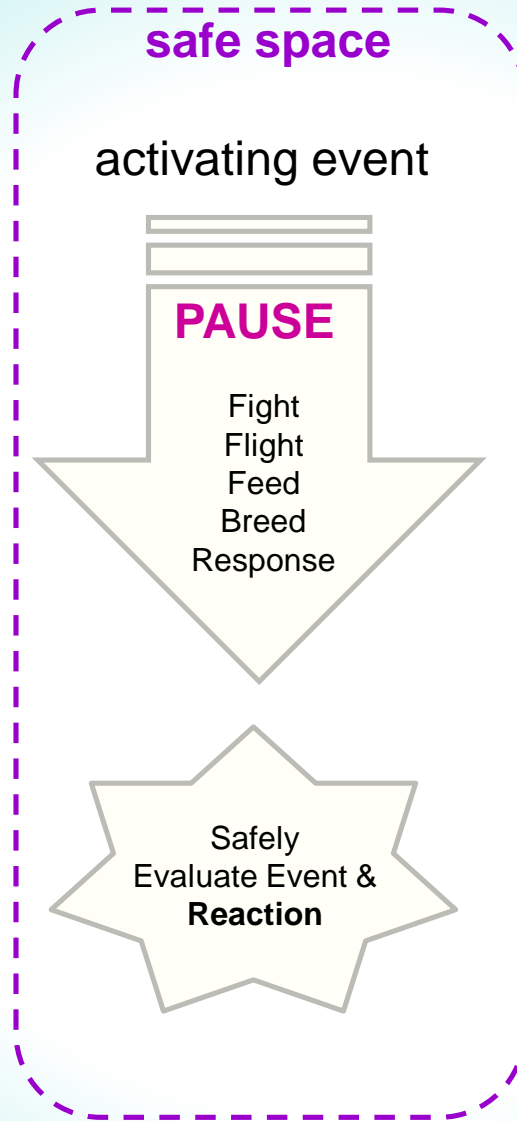
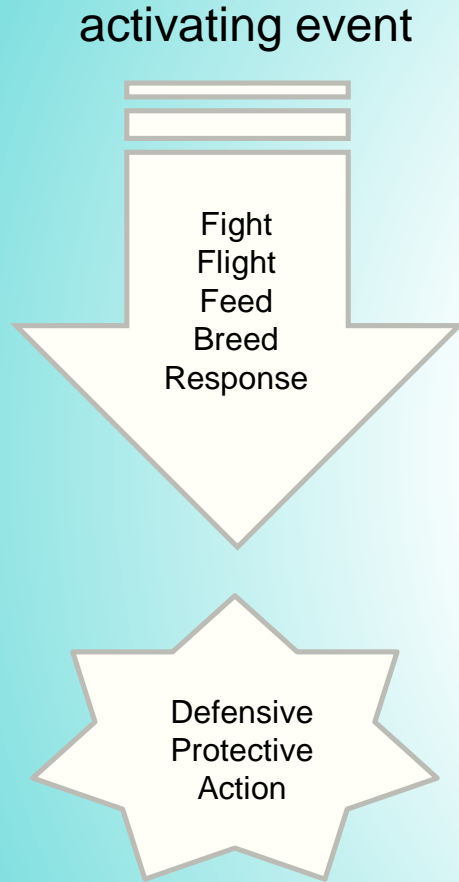
Between **feeling a threat**, rather than reactive defense response, **build in a pause**

For the prefrontal cortex thinking brain to begin moderating the primitive brain reactivity

❖ **Bring the prefrontal cortex thinking “back online”**

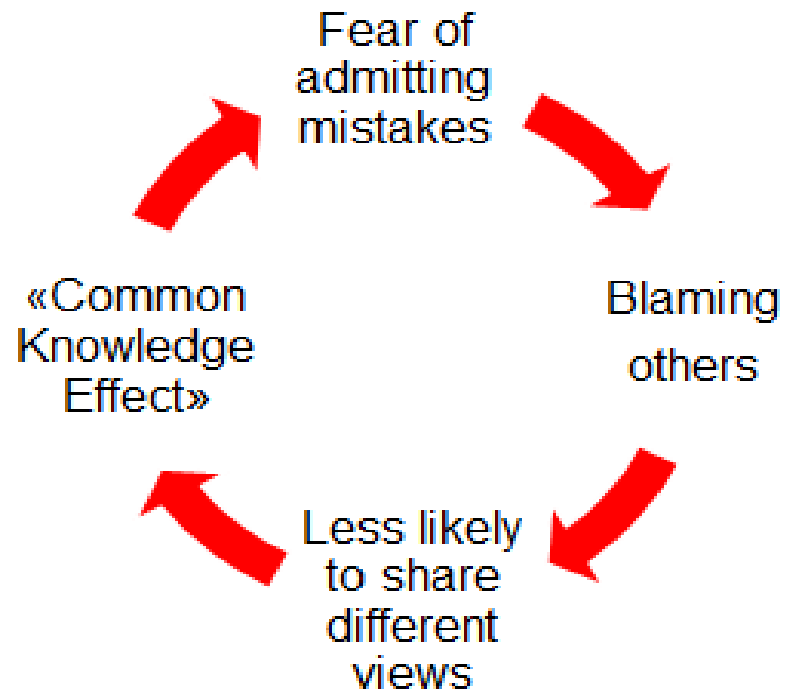


# BUILDING NEW NEURAL PATHWAYS

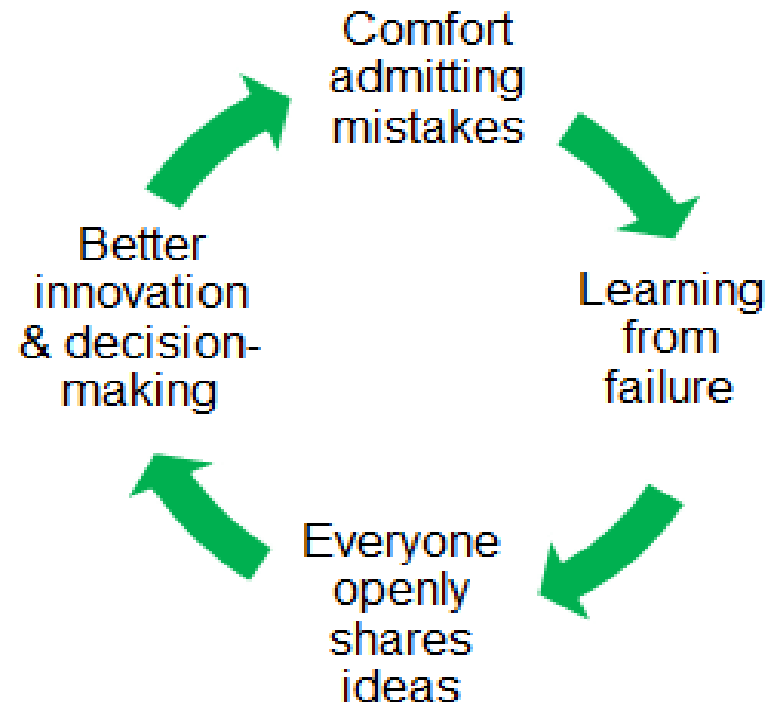


for clinical practice, supervision, and life ...

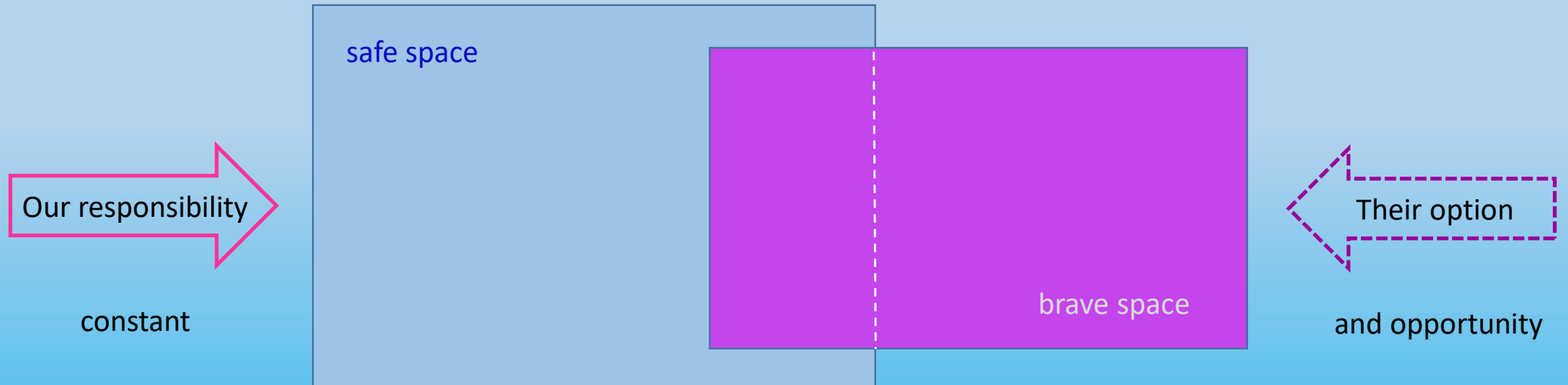
## Psychological Danger



## Psychological Safety



# safe space brave space fluidity: the growth zone



Safe space allows and supports the courage to try brave new ways  
and appreciates fear & the need to re-armor

**How does our work culture reflect and uphold this?**





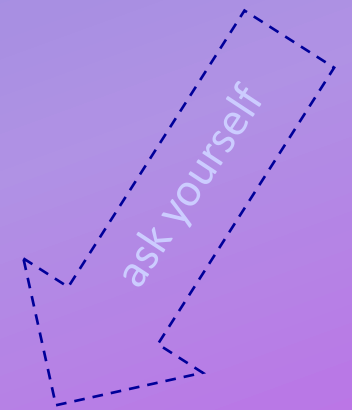
embolden\_psych



Feeling safe in someone's energy is a different type of intimacy. That feeling of peace and protection is really underrated

Dr. Ronnie Siddique

Again, that energy aura, what people feel when you walk in a room or engage with them. First impressions & over time Imagine crisis work, de-escalation work ...



[How safe do people feel with you?](#)

**TRAUMA IS  
HEALED THROUGH  
SAFE RELATIONSHIPS**

@mastinkipp

**What are the 4 Ingredients to our  
creating Safe Space?**

*Building safe space requires*

# KINDNESS

*/'kɪn(d)nəs/* **noun**

1. Lending someone  
your strength **of seeing THEIR strengths**  
instead of reminding them  
of their weakness.

!TheMindsJournal



*Activates* different neural pathways & NTs

*Building safe space requires*

# KINDNESS also as UNDERSTANDING TRAUMA

- ❖ POWER DYNAMICS
- ❖ THE PROCESS OF HEALING
- ❖ TRAUMA ARMOR & DEFENSES

**TRAUMA AWARE KINDNESS**  
**POWER DYNAMICS**



# TRAUMA AWARENESS POWER DYNAMICS

- Trauma is power related
- All relationships come pre-packaged with power differentials
  - based on position, gender, race, SE class, education, religion, age ...
- Pre-set trauma response activator / reminders
- Habitual protective reactions (self-care) to power
  - efforts to equalize that differential
- **ROLE AWARENESS**
  - staff to participant
  - supervisor to supervisee
  - employer to employee

**SHARED POWER  
is the antidote**

**What is *shared power*?**  
**What are some examples?**

# Shared Power

Amplify the lesser power position's power

- **To place the decision/choice with the other person (Person Centered)**
  - **my power in service to *your* power**
    - Tell me about you
    - What do YOU want to accomplish?
    - What do YOU want to do?
    - How do I support YOU?
- **I follow the other person's lead**
- **I elevate their voice, support them in their choice**
- **As the relationship develops, collaboration** with the choice always the participants and without fear of my response (Motivational Interviewing use)
- **Disagreements, transparency, and safety**
  - and when limit setting *must* occur (incarceration example)

**TRAUMA AWARE KINDNESS**  
**THE PROCESS OF HEALING**

# TRAUMA AWARENESS THE PROCESS OF HEALING

- Any movement toward healing activates trauma
- Stages of trauma healing are also trauma response activators
- The very healing process 'relives' trauma
- Healing is more difficult than remaining defended
- Kindness over time can lower defenses which becomes vulnerability

**Admiration, respect, being there, sharing the space,  
witnessing, understanding, affirming, honoring inner voice  
are the antidotes**

# HEALING TRAUMA

- Understanding the ‘traditional’ therapy journey
  - considerations of ego strengths, insight, emotional and cognitive, support circle ...
- The importance of **witness**
  - I believe you, I see you, you’re not to blame & the guilt of being a victim, I’ll go with you ...
- “**Revisit the crime scene**” (shades of trauma reminders and retraumatized)
  - new vantage point as an **adult** and with a ‘friend’, a chance to be present and reshape-update the event with new tools



# STAGES OF HEALING

❖ **Terror**

❖ **Rage**

❖ **Grief**

❖ **Vulnerability & the Unknown**

- The overwhelming consuming nature of each stage & the auto response to defend
  - The need for ego strengths, insight, support system to undertake this
    - Feels as if reliving & unprotected

# The fear & avoidance of vulnerability

- Little chick breaking out of shell
- Life is a process of shell making, growth & feeling confined, breaking out, vulnerability, making a new shell ... repeat
- Shells initially feel safer - eventually stuck in confining shell
- Kindness may initiate the shell beginning to break
  - and why sometimes people resist kindness

# HEALING TRAUMA

- Why would anyone want to do this? Why would anyone undertake this? sometimes life pushes it ...
- Ironically, kindness and acceptance, can be activators for trauma responses ... allows for 'letting a guard down'
  - ❖ We can ***expect & anticipate*** these responses, and ***normalize*** them.



And it often falls on YOU who sees  
& can influence

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# HEALING TRAUMA (continued)

- **Focus on Coping Tools** – another key route & option: to contain & ‘seal off’ the memory(s) as much as possible, to *not* revisit, with intentionality and mindfulness
- Awareness of this process and its undercurrent in people’s lives, and **‘normalize’** and **reassure** as much as possible  
*(I’m here, I understand, it’s ok ... not the trauma but the process)*
- Use **grounding tools**
- The importance of our healing **presence** (our own difficult work)

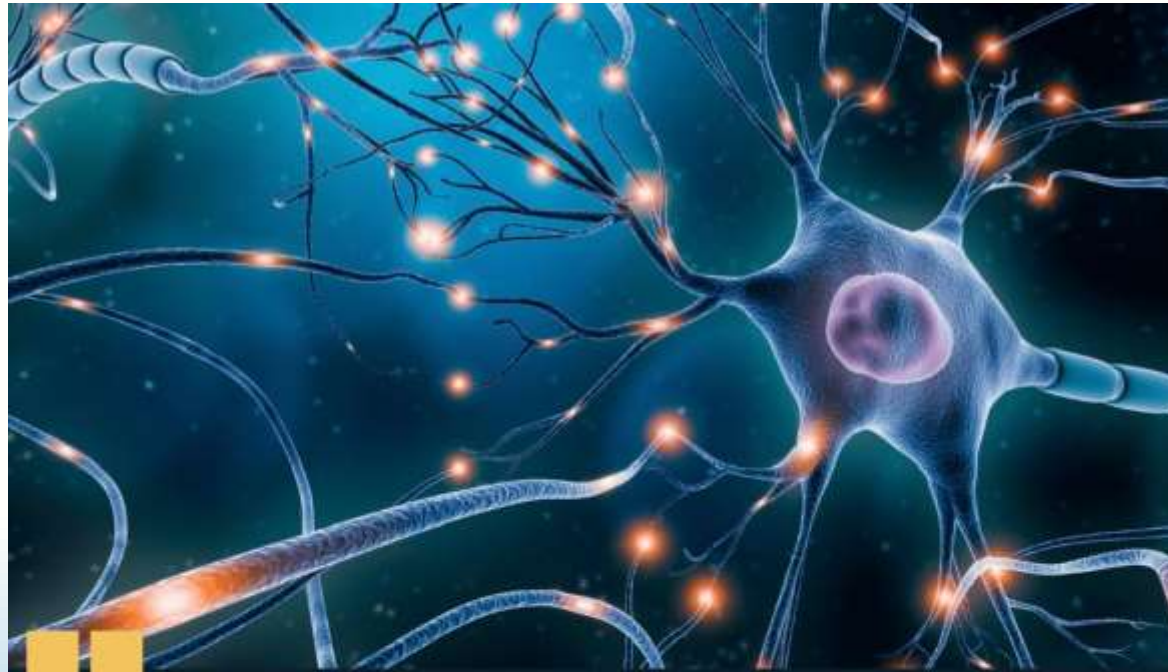
**TRAUMA AWARE KINDNESS**  
**TRAUMA ARMOR & DEFENSES**  
**Protective Gear**

**Recognition of  
& non-threatening responses, with shared power  
are the antidotes**

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# Trauma Response Sensitivity Reminders



”

“When people start reliving their trauma, the timekeeping part of the brain that tells you, *that was then* and *this is now*, tends to go offline.”

~ Bessel van der Kolk, MD



# Trauma Reminder Sensitivity

## Traumatic events & activator formations

- Sometimes trauma/abuse has taken place inside a house or small room
- Being in **a home or a small space** may become a reminder
- Again, a person may not know why or be able to articulate this
- When we house someone, not only is it change to adjust to, particularly if homelessness has been for a long period of time, and/or occurs frequently
- We can keep in mind also then housing itself may be a trauma response activator
- As **mask wearing or dental work** may recall abuse or suppression

# Trauma Reminder Sensitivity

## Traumatic events & activator formations

- Each person incorporates their *own* unique response to manage a trauma experience(s).
- **One coping mechanism** to address trauma, particularly as a child, is to ‘remove’ one’s self from the event (variation of flight-survival).
- This may take the form of focusing on something in the environment – a corner of the room, a pattern on a rug or blanket, a light or shadow, something out a window ...
- Years later a person may see a corner, pattern, light/shadow ... and a memory comes back, usually unconsciously ... and ‘relives’ the event
- There may be overwhelming terror, grief, rage ... without the person or an observer knowing why (**trauma activator**)
- We never know just how “everyone is fighting a hard battle ... so be kind”

# A Crucial Trauma Awareness

in experience of & for our role

Shame comes from trauma.

Shame is trauma.

There is no upside to shame.

**We can unshame.**

# 1<sup>st</sup>: **RECOGNIZE TRAUMA ARMOR & DEFENSES** *& as a crucial means of self-preservation*

## Traumatic Responses

- **We find a way to defend ourselves; our armor of self-protection and regaining power**
- **When threat is perceived, protective defenses are activated**
  - **What trauma armor & defenses do you see?**
  - **How do you think threat is perceived?**



**2<sup>nd</sup>:** Recognize *our* trauma response to their trauma response – our own protective gear reactions.

**And how this gets activated.**

**Perpetuating the Cycle: Interactive  
Trauma Activation & Re-traumatization.**

**Trauma armor goes on, defenses go up  
when threat is felt.**

**On both sides.**

**We are interconnected.**

## 3<sup>rd</sup>: Recognize trauma responses

And provide a response back which reduce & minimize being a **trauma activator** and is **without threat.**

# Transform our experience of threat

---

How we feel threatened &  
How we threaten

Trauma can be contagious  
Resiliency can be contagious

The absence of threat best neutralizes trauma responses.

Knowing too our position as staff is a pre-established activator.

While keeping everyone safe

Heartland Center for Systems Change

❖ Our prior attention to &  
preparation for BEFORE an  
activation situation.  
And leaning from.

Our responsibility is to  
minimize the *likelihood* and *degree* of **our**  
**trauma response** to **their** trauma response  
while staying safe

# Remembering what we know about trauma





# How we respond can impact the outcome



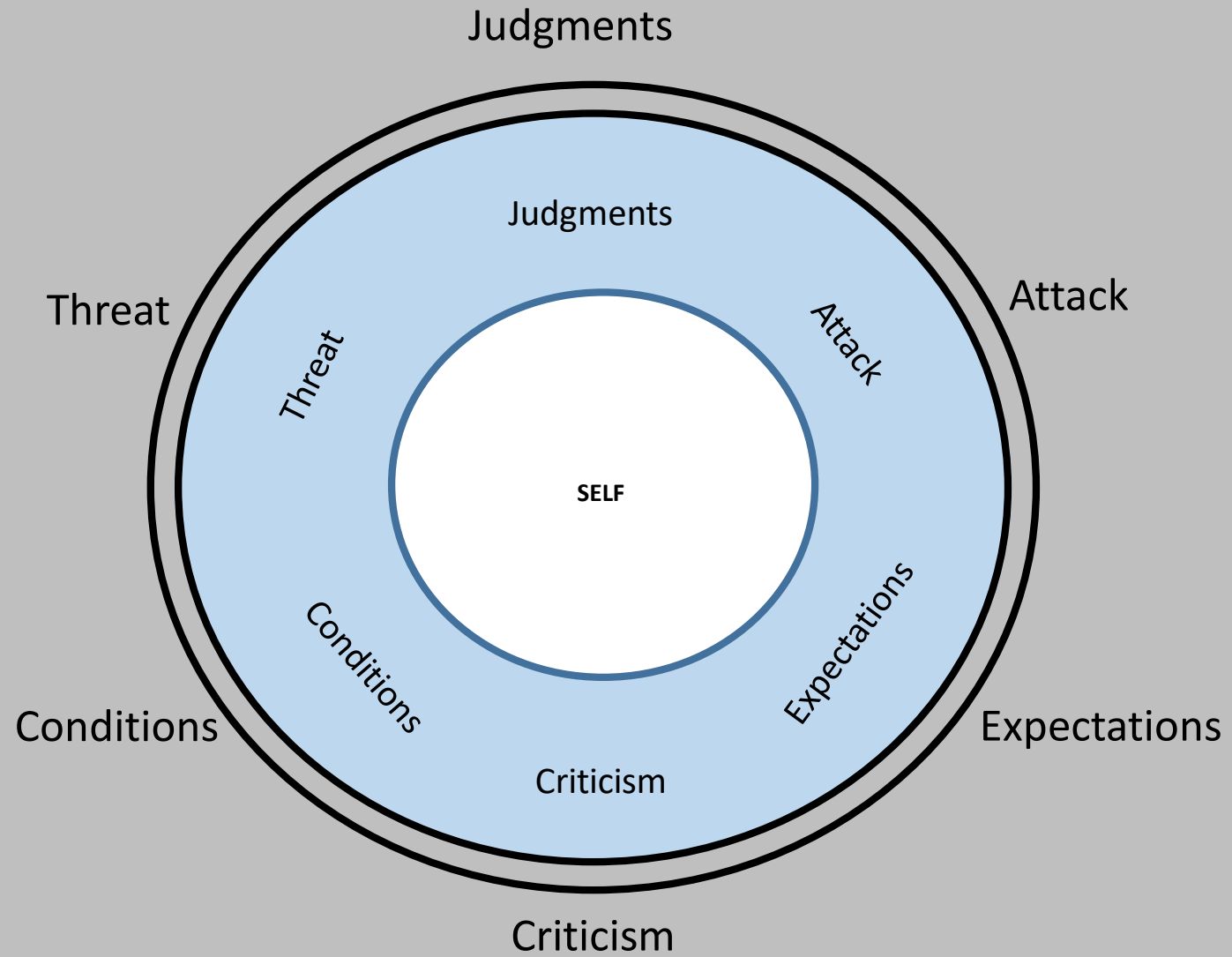
“People may hear your words, but they feel your attitude.”

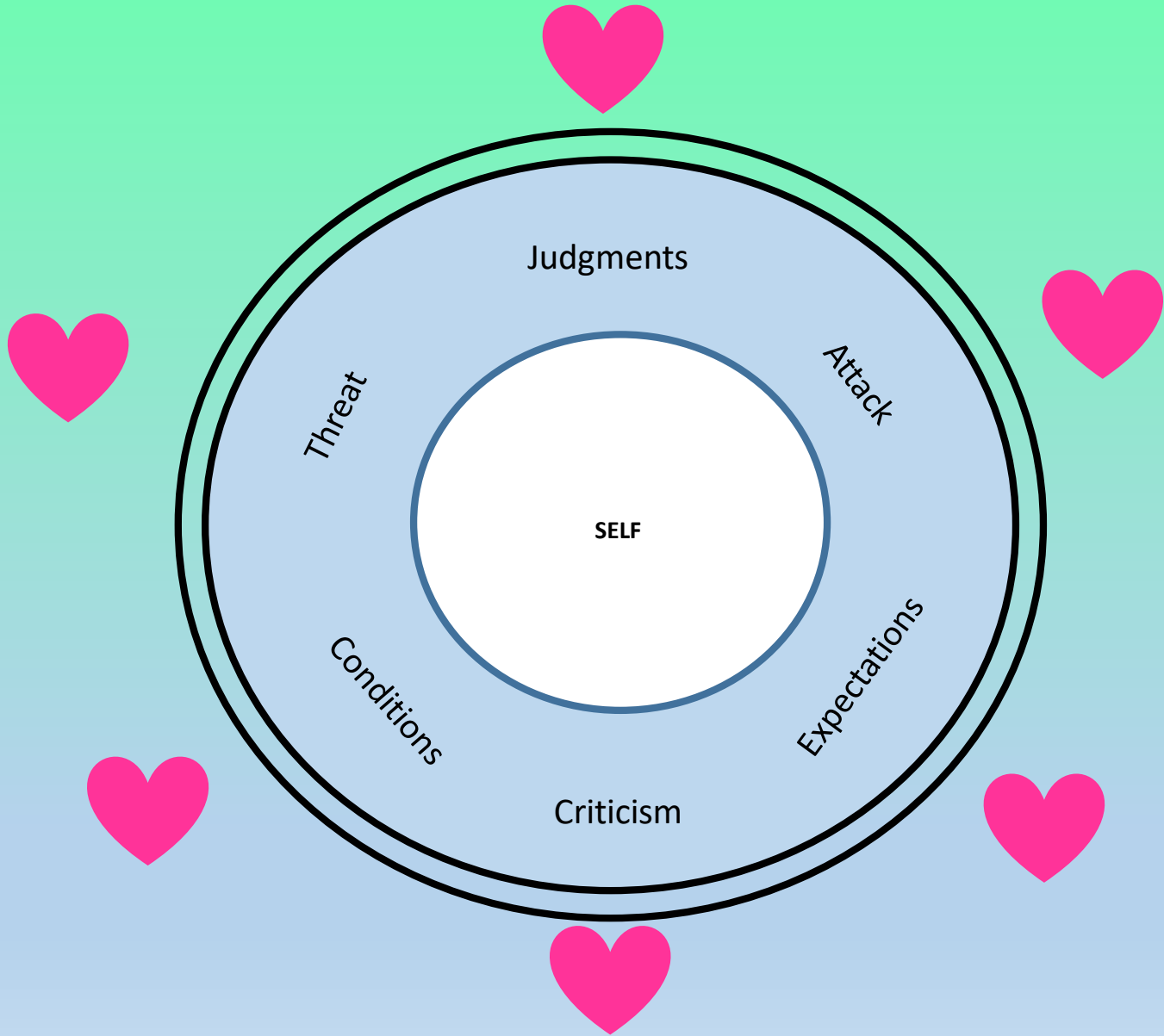
John C. Maxwell

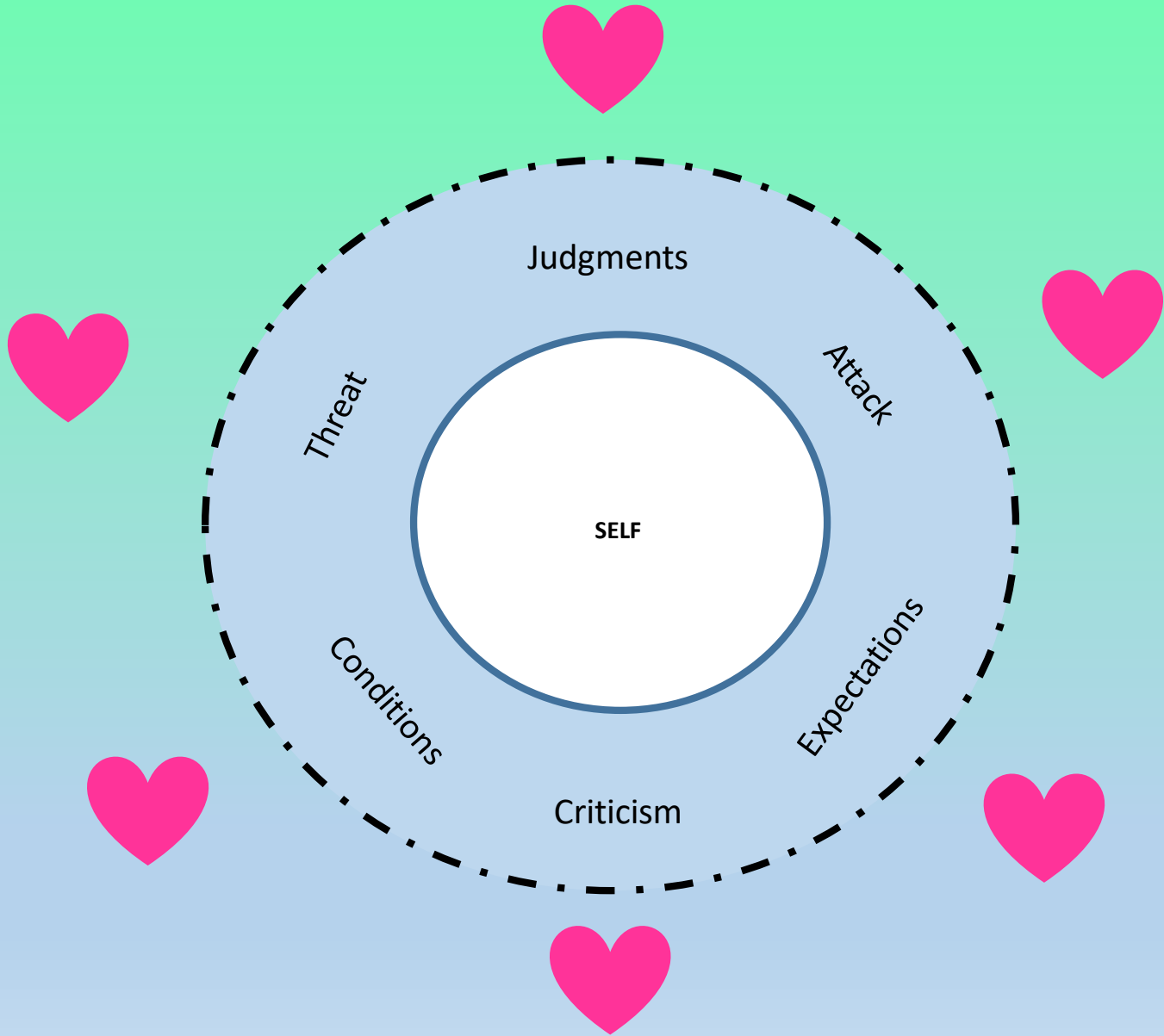


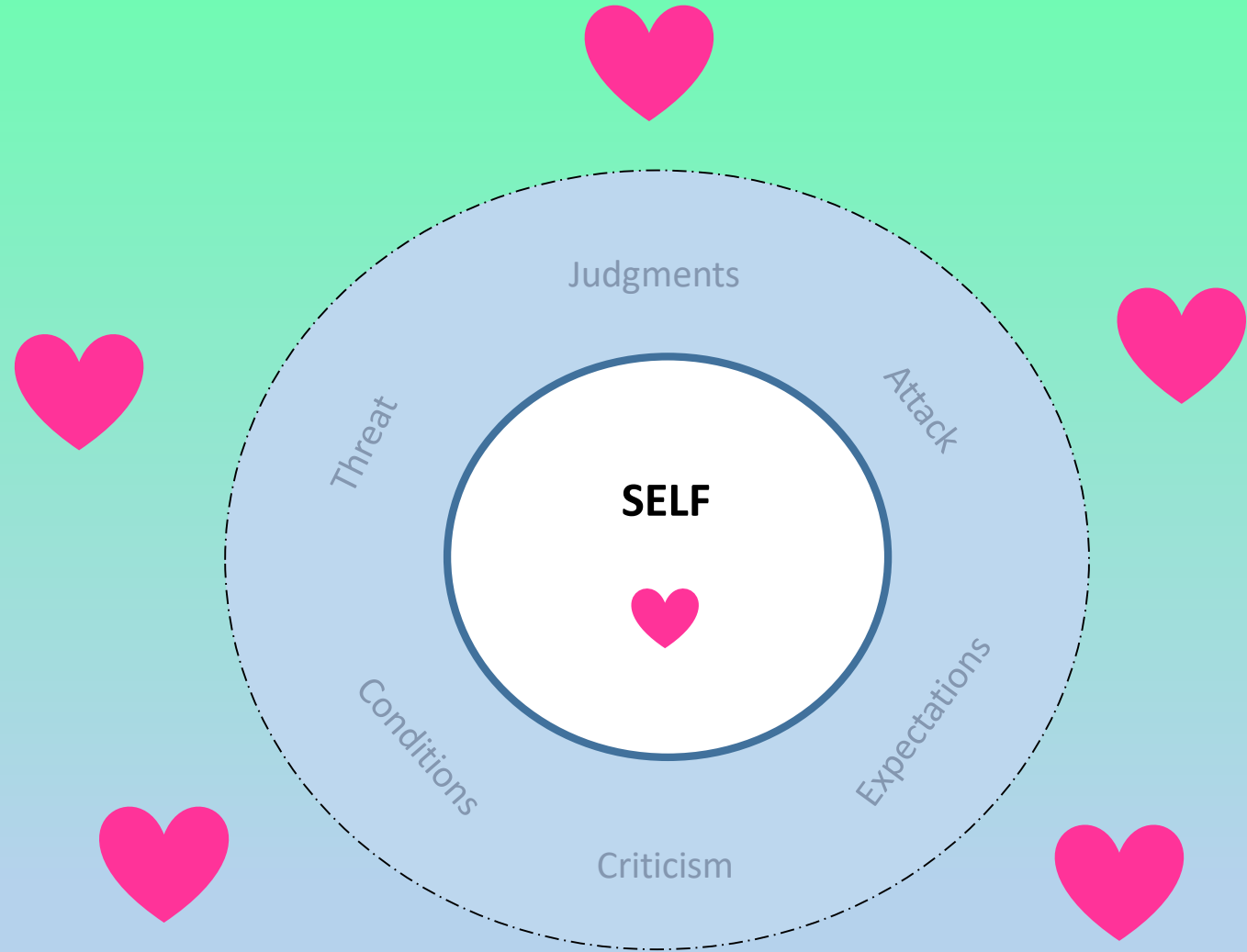
I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Maya Angelou











“Working with people **‘where they are’** rather than **‘where they should be’**”

I don't need you to change to be a 'better version', more valued, more affirmed.

I admire & respect you as you are.

If there are quality & safety of life changes YOU want to make, you've my support.

I want you to be safe & prosper as fully as you want to and can.

Our world is better with you in it so please stay alive. How might I be of support with that too?



**Partnering** within a person's *own unique*  
trauma,  
self-care,  
& strengths profile.

And how external 'controls' & expectations  
interface in this framework.

**In *every* relationship  
guide the chemistry toward  
partnership & collaboration.**

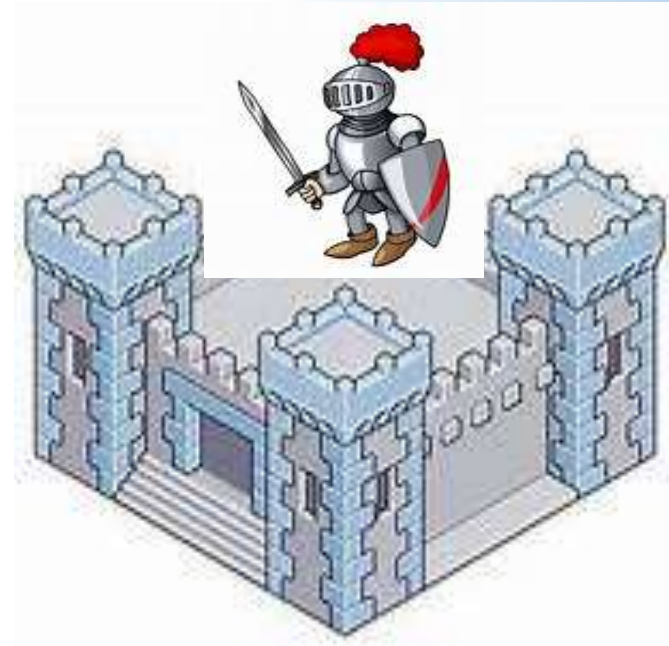
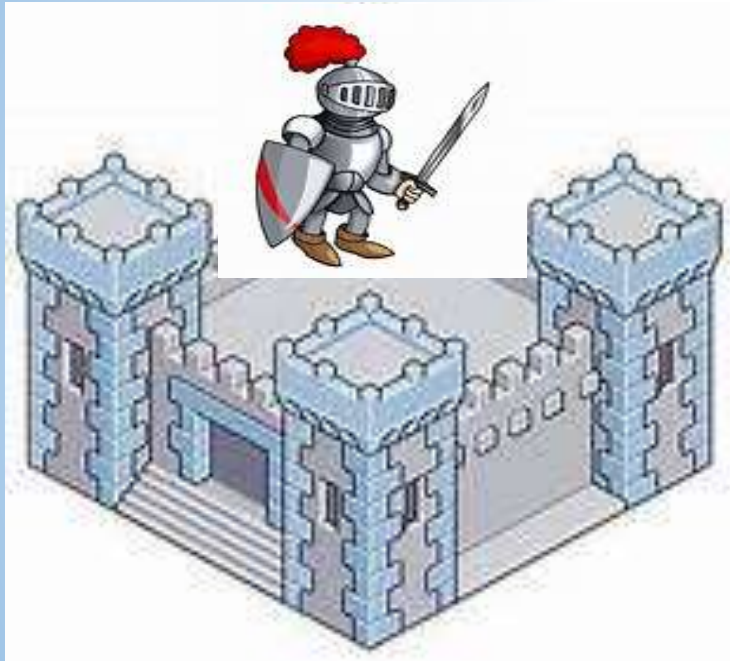
**Why shared power is the key.**

**How do we best build for this?**

Compassion is not a relationship between the healer and the wounded. **It's a relationship between equals.** ONLY when we know our own pain well, can we be *present* with the pain of others; compassion becomes real when we recognize that **shared experience.**

Pema Chodron, *On Compassion*  
#EmboldenPsychology

# Where relationships usually begin what trauma teaches us, programs us



So, how do we get to this?



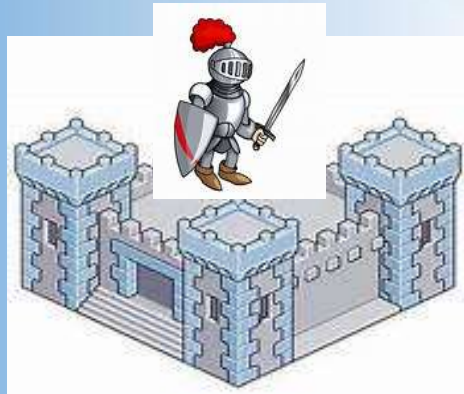
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# vulnerability

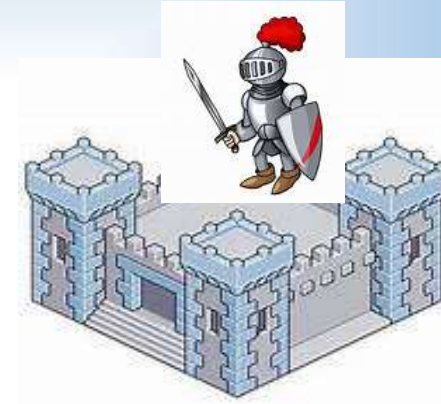




So to remember,  
on both sides ...



this



is this



# Building Trust



Nothing is more important than EMPATHY for another human being's suffering. Nothing—not career, not wealth, not intelligence, certainly not status. We have to feel for one another if we're going to survive with dignity.

— Audrey Hepburn

# Setting the stage

Practitioner **empathy** may be the **most important nonspecific factor** influencing treatment outcome, and it is **absolutely critical** to the technically correct employment of motivational interviewing...

*& any intervention*

Wallace, 2005, p. 144

# Brene Brown On Empathy

<https://youtu.be/1Ewgu369Jw>

Midwest Harm Reduction Institute

# Therapeutic Empathy

- Empathy is:
  - the ability to **accurately** understand the person's meaning & experience
  - the ability to reflect that **accurate understanding** back to the person, verbally & non-verbally
- Being wholly present
  - honoring the occasion to be present
  - with admiration & respect
  - with no agenda, no fixing, no changing, filtering judgment
  - sharing in the feelings & thoughts of that moment

# How Do We Respond?

❖ We should expect to be tested – trust is to be earned.

We work to establish relationships with participants who may have been humiliated, hurt, and betrayed by those who are supposed to be counted on for safety and protection.

❖ What are the challenges in engaging participants *when providers have proven untrustworthy in the past?*

❖ And why it's so important to DO NO HARM



# What to do

- **Develop trust** – *the burden is on us* – trust client to lead treatment (person centered)
- Fill a need, give **tangible demonstration of care**
- Elicit information carefully (focus on current problems, tell about drugs rather than drug use, take great interest in the details)
- Teach stress/distress reduction techniques
- Help clients manage affect
- Manage countertransference & *vicarious* trauma (activation)
- Use supervision & team work

# Building Trust

- **Patience** (remember impatience is our trauma response)
- Distrust is learned and to be *respected*
- Own your mistakes, acknowledge them
- Understand there is a power differential
- Be on the same side of the chess board
- Fill a need, give tangible demonstration of care
- Share reasonable and consistent boundaries with our participants – external and internal
- Be the opposite of the person enacting harm

# What *NOT* to do

- Denning & Little 2012

- Remove person's drugs (*or other coping mechanisms*)\* until we understand the meaning and purpose, and *with* their participation
- Remove ourselves from our clients due to behavior (are we truly present *or* here though absent?)
- Require people to tell their story - *or* think we know it

\* “denial” (precontemplation) for example as a critical coping tool

## Belief in the Human Spirit *Strengths Based*

“I have consistently found if one dwells on the negative side of a patient’s personality, one is unable to change behavior except for the worse. But if one looks for the **positive side** (*which is always there*), **contact is established**, and one can then motivate the patient to use their developing consciousness to solve their problems with the world.”

Andrew Weil, *The Natural Mind*

# Building and Keeping a Strengths Focus

when we talk about ourselves, clients, our team  
an outlook & feedback balance

❖ 4 likes

❖ 1 wish

## **BEGIN with ADMIRATION**

for participants, for surviving  
for staff, for taking on this work

Not doing so is our own trauma scarring

**Affirm Everyone's Value, Worth & Contribution**

**To believe in and see the wholeness of the person  
at all time**

**person centered, inner guide  
always present**



When we understand & enact  
Person Centered, Trauma Awareness ...

**Then Motivational Interviewing is about listening to  
the inner voice**

**And Harm Reduction is about directing power**

# showing up

Our work may not always save a life

Our work isn't about fixing people

Our work at its heart is about ...

**Filling each moment we're with an individual with confirmation as to their inherent value & worth**

**Affirm, affirm, affirm.** As trauma layers are shed, thriving emerges.

And we do this celebrating a personal history and cultural context, from surviving to thriving.

As well **cultivate our own affirmation & care for ourselves.**

**THIS** is difficult work – developing one's *self* to do this work.

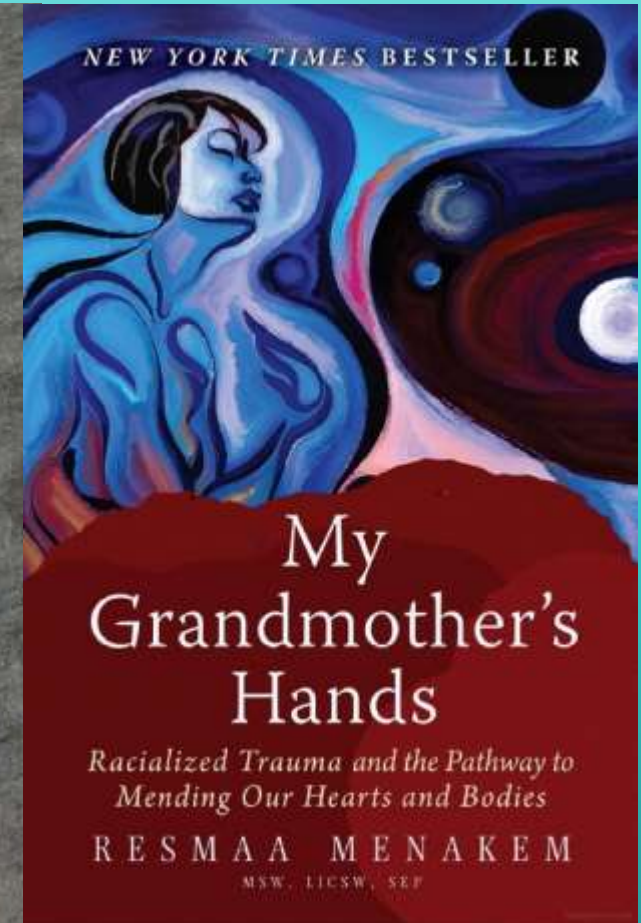
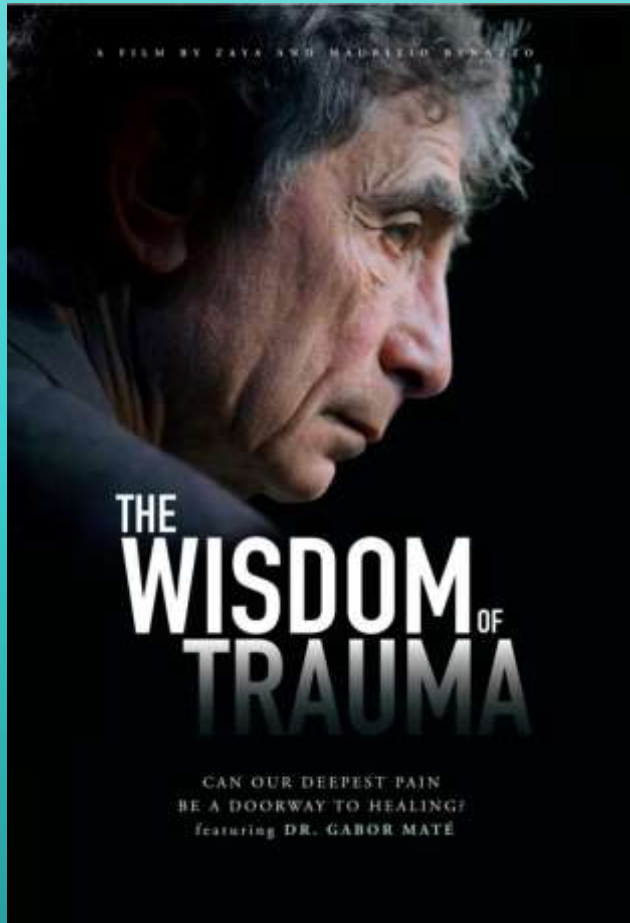
# This work is **HARD!**

- Bearing witness to harm
  - Micro:
    - Behavioral choices
    - Interpersonal violence
    - Death and loss
  - Macro:
    - Poverty (those around us and our own)
    - Structural violence
    - Punitive systems

# Managing Trauma Exposure in this Work

- Noticing our feelings, address (don't avoid)
  - Communication, supervision and debriefing
  - Self-care: how do we recharge?
  - Not just self-care, community care, support, and treatment
  - Remind yourself why you do this work
  - Find pleasure in the work
  - Celebrating our small victories
- **Community care is self care.** None of us are alone.  
We can look after each other..


perspectives on trauma & healing








The author of **IN THE REALM OF HUNGRY GHOSTS**  
**GABOR MATÉ, MD**  
with **DANIEL MATÉ**  
**the**  
**Myth**  
**of**  
**Normal**  
**TRAUMA, ILLNESS & HEALING**  
**IN A TOXIC CULTURE**

**LIFE**  
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101 TIPS  
FOR EMERGING JUSTICE LEADERS  
Second Edition  
  
**RESMAA MENAKEM & JUNE DAVIDSON**

"Fascinating... a thought-provoking journey into emotional science!"  
— *Wall Street Journal*  
**HOW EMOTIONS**  
**ARE MADE**  
  
*The Secret Life of the Brain*  
"A singular book, remarkable for the freshness of its ideas and the  
boldness and clarity with which they are presented." — *Scientific American*  
**LISA FELDMAN BARRETT**



Remember: the compassion warrior, a peaceful but determined person who is dedicating their life to the benefit of all—should always be a little broken-hearted.

Broken-heartedness is not something that we are trying to get away from. We want to be broken-hearted at times, because that leads to empathy. And empathy leads to catharsis. And catharsis leads to joy. Joy is another way of saying love or giving.

We cannot experience genuine joy or love if our heart is not open.

Photo: From elephant journal, for whom I now have the privilege of writing.

Dr. Ronnie Siddique, Embolden Psychology



## kintsukuroi

(n.) (v. phr.) "to repair with gold"; the art of repairing pottery with gold or silver lacquer and understanding that the piece is more beautiful for having been broken

**Healers need not be perfect**

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**Ravenous Butterflies**



23h · 🌐

"All the flowers of the tomorrows are in the seeds of today."


Indian Proverb

Ysabel Lemay





Heartland Center for Systems Change

A black and white photograph of a person standing on a pier extending into the ocean. The person is silhouetted against the horizon. The sky is overcast. The text 'You can be the change you want to see in the world.' is overlaid in white on the left side of the image.

You can be the change you  
want to see in the world.

Carl Pullein



# for follow up & additional information ...

**Tom Kinley** | Field Support & Systems Change Facilitation

*Pronouns: he/him/his*

**Heartland Alliance Health | A Partner of Heartland Alliance**

**Midwest Harm Reduction Institute**

**Illinois Co-occurring Center for Excellence**

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BIO: Tom Kinley (he/him/his) brings 42 years of experience in collaborative partnerships supporting individuals experiencing mental illness, substance use, poverty, homelessness, law enforcement encounters and incarceration, gender/sexual orientation discrimination, neglect and abuse. For 35 years Tom served with Thresholds in Chicago; 25 of those as Program Director to the Dincin Center for Recovery. The Center provided a low barrier, open door, open campus, 11 hrs. every weekday, with 3 warm meals daily, and Center and community based outreach support, including individual and group, formal and informal, services. Throughout his tenure, Tom oversaw program development and change management, inclusive of residential, employment, social, education, and integrated healthcare services. He provided supervision, mentorship, direct client care, and facilitated a weekly Family Support Group. Tom also spent two years in a small town rural setting providing support services to those living with mental health, substance use, and homelessness experiences. For the past four years Tom has been with Heartland Alliance Health in Chicago, first, managing a SAMHSA/SUPR Cooperative Agreements to Benefit Homeless Individuals grant, promoting efforts for needed support services being easily accessible to youth and families experiencing homelessness in Illinois. This work included facilitating the Illinois Interagency Council on Homelessness (ICH) in its efforts to reduce service barriers and promote state oversight in coordinating all aspects of eliminating homelessness and housing insecurity. Tom presently provides field support and systems change facilitation under Heartland's Midwest Harm Reduction Institute / IL Co-occurring Center for Excellence / Heartland Center for Systems Change (MHRI/ICOCE/HCSC). He has a particular passion for ensuring staff have the support and care necessary for engaging in supportive partnerships with those who live with mental health and substance use challenges. He has a MA in Teaching which lends itself well to what he sees at the heart of his work. Tom grew up biracial in Japan, which he still considers home, and has a personal interest in psycho-spiritual practices and applications. He lives with his partner of twenty three years, who runs her own business in women's fashion sales, in a lakeside dune land fixer-upper home with three trouble making cats just outside of Chicago.