

# Trauma-Informed, Resilience- Oriented Engagement

TRAUMA-INFORMED, RESILIENCE-ORIENTED AND EQUITABLE SCREENING AND  
ASSESSMENT TRAINING SERIES



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Wellbeing

## Today's Presenter

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Pronouns: She/Her/Hers

*Consultant, Trauma Informed, Resilience-Oriented Services*

National Council for Mental Wellbeing



One Person talks at a time  
do not interrupt  
what happens in group  
stays in group



Wellbeing



Moment to arrive



# Overview

- Recognize the impact anxiety has on general functioning
- Identify two engagement strategies you can implement to increase the likelihood of connection
- Learn how to engage others using a compassionate approach



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# CHAT BOX

What are the most common types of stressors that you are seeing in your work these days with clients or colleagues?



# Stressors of Today

Inconsistent contact  
with others

Worries about job  
and employment

Anticipation about the  
future and Unsure how  
long this will continue??

Constant doom and  
gloom (i.e. social  
media, news, etc.)

Working All the time

Everyone's in a  
different boat

Merged rolls and  
constant multitasking  
(employee, parent,  
spouse, managing  
families, schooling)

Lack of or no  
socialization with sick  
relatives, others in  
general

Lack of control over  
the situation

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# How do we engage others during these times of STRESS???



Neil Webb  
@neilmwebb

"You are not working from home; you are at your home during a crisis trying to work."

I've heard this twice today. I think it's an important distinction worth emphasizing.

11:39 · 3/31/20 · [Twitter Web App](#)

90K Retweets 331K Likes

Anxiety is a normal human response to a stressful situation

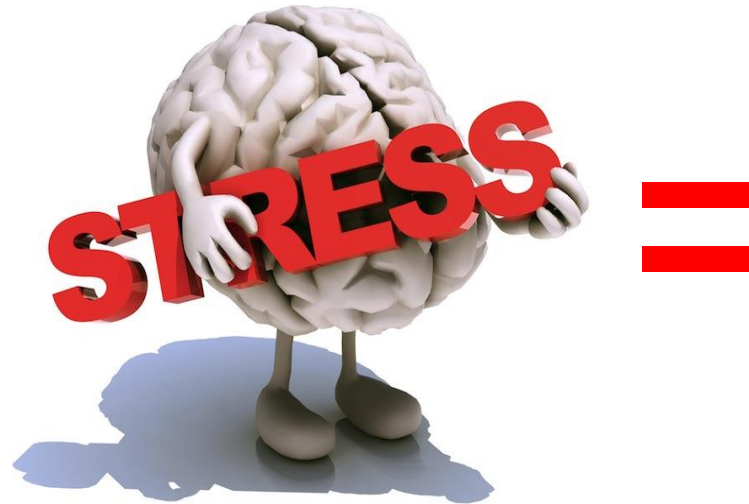


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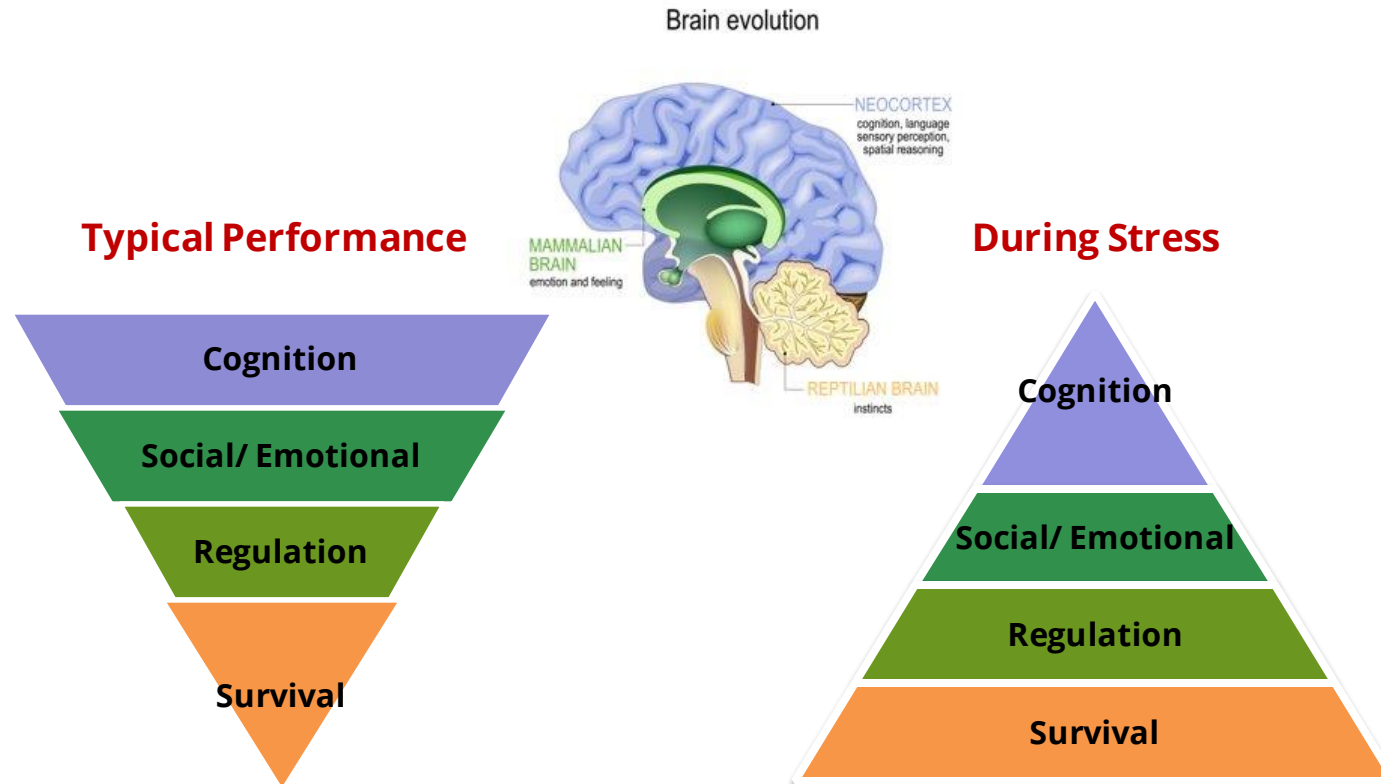
# Survival Mode Response



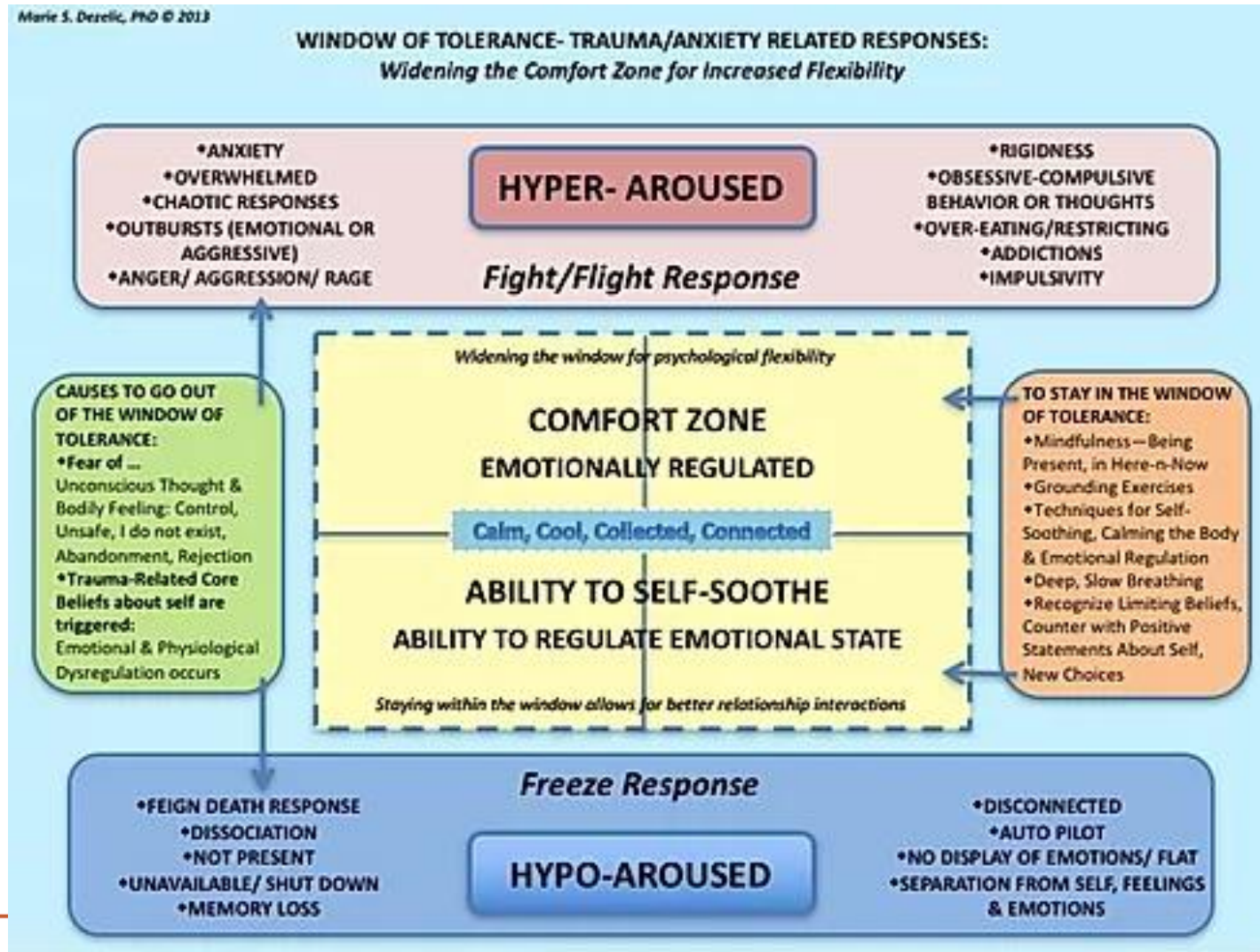
Inability to

- Respond
- Learn
- Process

# Impact of Stress on Brain Energy

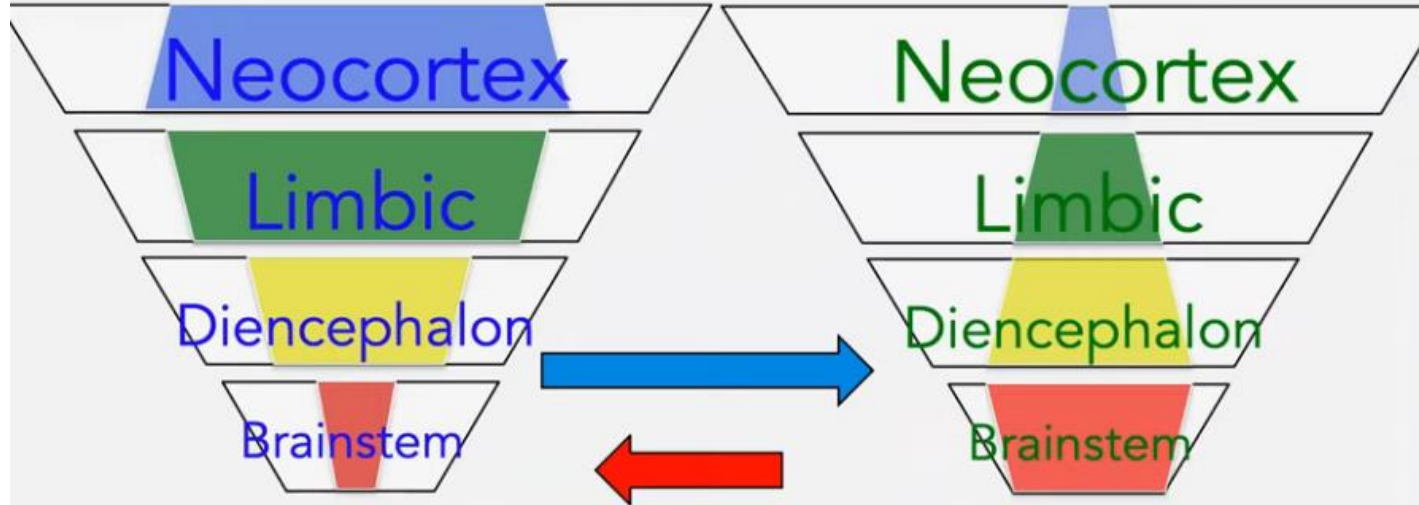


# Stress Response



# Relational Contagion

*A calm, regulated adult can regulate a dysregulated person.*



**BUT**

*A dysregulated adult can NEVER calm anyone.*

rights reserved © 2002-2020 Bruce D. Perry

NEUROSEQUENTIAL  
NETWORK™



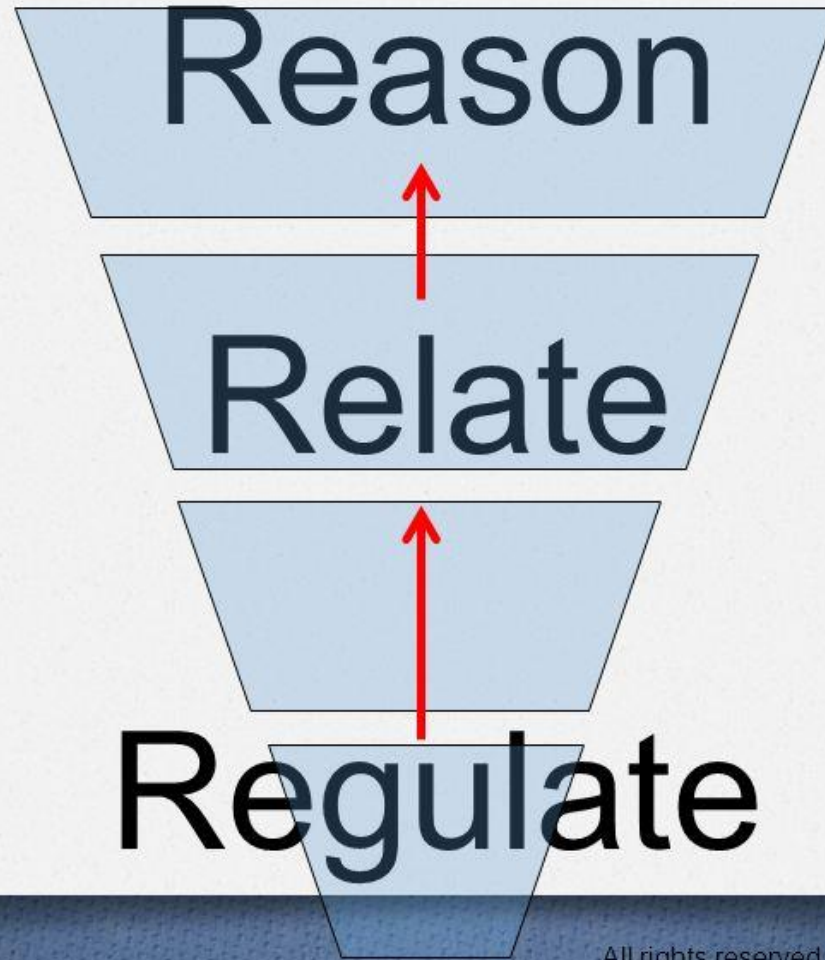
# Arousal Continuum

<i>Internal State</i>	CALM	ALERT	ALARM	FEAR	TERROR
<i>Cognitive Style</i>	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
<i>Regulating Brain Region</i>	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
<i>Dissociative Continuum</i>	REST	AVOIDANCE	COMPLIANCE Robotic	DISSOCIATION Fetal Rocking	FAINTING
<i>Arousal Continuum</i>	REST	VIGILANCE	RESISTANCE Crying	DEFIANCE Tantrums	AGGRESSION
<i>Sense of Time</i>	EXTENDED FUTURE	DAYS HOURS	HOURS MINUTES	MINUTES SECONDS	NO SENSE OF TIME

Adapted from Dr. Bruce Perry's  
*The Boy Who Was Raised as a Dog*



# Sequence of Engagement

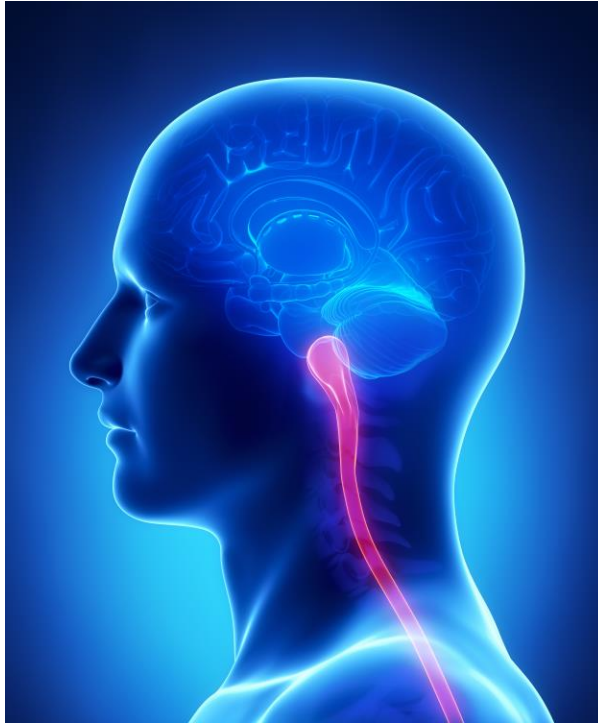


# Impact the Lower Brain

Rhythmic

Respectful

Rewarding



Repetitive

Relational

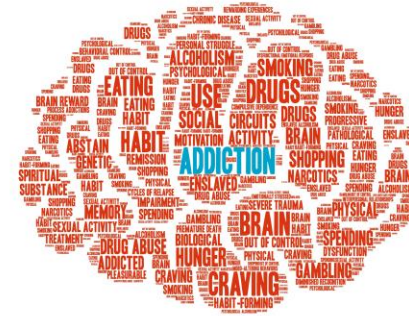
Relevant

Trauma is a risk factor for Substance Abuse



Substance Abuse is a risk factor for Trauma

# Gabor Mate's Definition of Addiction




*Any behavior that is associated with:*

- Craving and temporary relief
- Long-term negative consequences

*That a person is unable to give up*

**Early emotional loss is the template for all addictions**

# Trauma-Informed Care Values Engage Others in a Meaningful Way



*Safety  
Trustworthiness and Transparency  
Empowerment, Voice and Choice, Peer  
Support, Collaboration and Mutuality  
Cultural, Historical and Gender Issues*



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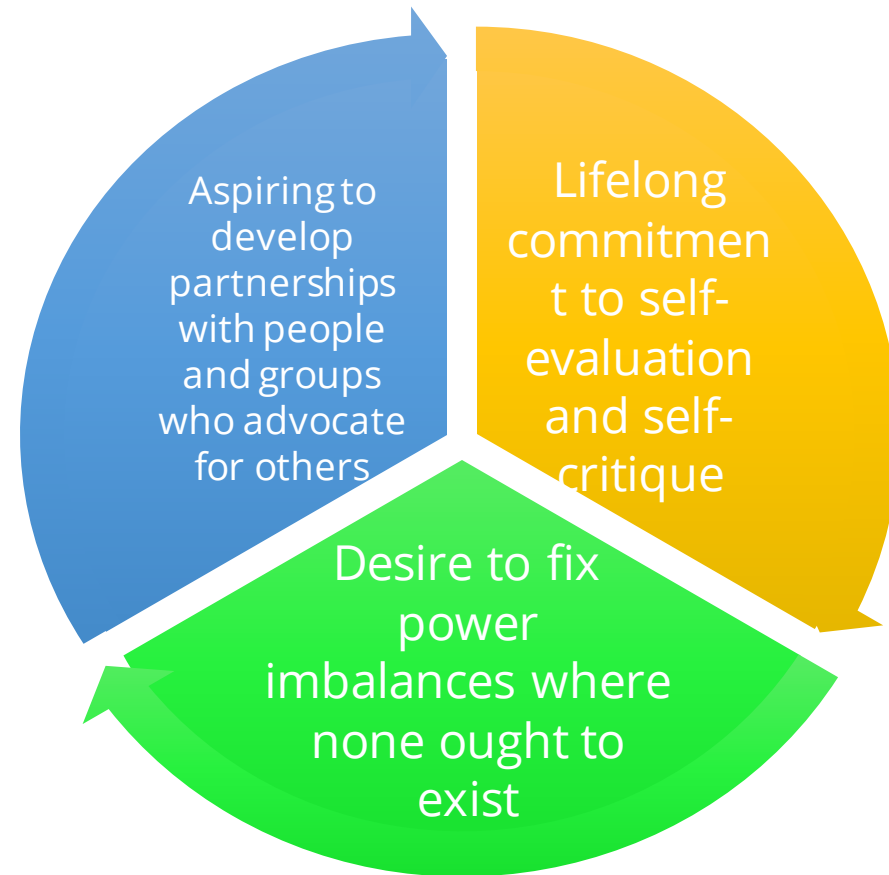




# Cultural Humility

***Cultural Humility*** is another way to understand and develop a process-oriented approach to competency.

“the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”  
Hook et al, 2013



# Cultural Humility

## *Practicing Cultural Humility*

*A*sk questions in a humble, safe manner

*S*eek Self-Awareness

*S*uspend Judgment

*E*xpress kindness and compassion

*S*upport a safe and welcoming environment

*S*tart where the patient is at

- Lisa Boesen

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# How to Assess: Culturally Sensitive Trauma-Informed Care

...QUESTIONS PROVIDERS SHOULD ASK

## LISTEN

...for variations in understanding. Ask:

- What is your understanding of what's happened?
- What is worrying you the most?
- What does your family think about it?

## BE OPEN

...to involving other professionals. Ask:

- Who do you normally turn to for support?
- Who else should be involved in helping your child?
- Are you open to outside referrals and resources?

## RESPECT

...different communication practices. Ask:

- Who typically makes the decisions about your child?
- What information should be shared with your child?
- Is there anyone else you would like me to talk to?

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# Be Attentive to All Language



“Non-compliant”

“Manipulative”

*“Naughty”*

“Lazy”

blah blah blah blah. Blah blah blah blah blah. Blah  
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**Jargon**

# Empathy

The ability to understand and share the feelings of another

*I feel with you, I am with you*

# Sympathy

*I feel for you. I see you over there and that sucks, so I am glad I'm over here.*

Brown, B. (2018). *Dare to lead: Brave work. Tough conversations. Whole hearts.*  
New York: Random House.

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In order to empathize with  
someone's experience, you must be  
willing to believe them as they see it,  
and not how you imagine their  
experience to be.

Brené Brown



# But what about when you have to engage virtually?



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# Top 5 Virtual Technology Tips



1. Create guides with visuals to the platforms you use.



2. Don't assume anything: make everything explicit, even the small stuff.



3. Technology can make even the most confident feel incompetent, and/or frustrated.



4. Age doesn't mean anything.



5. Digital equity is foundational: don't assume everyone has wifi, hotspots, or a safe and quiet place to learn or teach.



# Attendee Priming

## Preparation Email

- Calendar Reminder
- Clarity of what kind of technology or interaction you are expecting
- Pre-Learning Opportunities

## Gather Pre-Learning Data

- Calendar Reminder
- Clarity of what kind of technology or interaction you are expecting

## Settings Matter

Is your organization a current member of the National Council for Behavioral Health? For a full list of our members, please check our website: <https://www.thenationalcouncil.org/about/membership/members/>

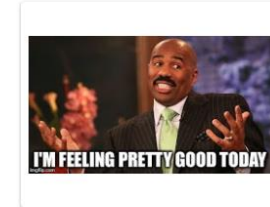
- Yes  
 No

How is your organization supporting African American team members self-care during this time?

What do you wish your organization was doing to support African American team members at this time?

What questions do you have about this topic that you hope to discuss in this session?

How are you feeling today? \*



Happy



Sad



Homesick/lonely

Other:



Stressed



# Establishing Norms

One Remote-  
All Remote

Plug in and  
Stay Put

Cameras On

Use a parking  
lot

One Mic

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# Level Setting....



Expect and accept a lack of closure



Ask for clarification even more than you typically do



Avoid multitasking

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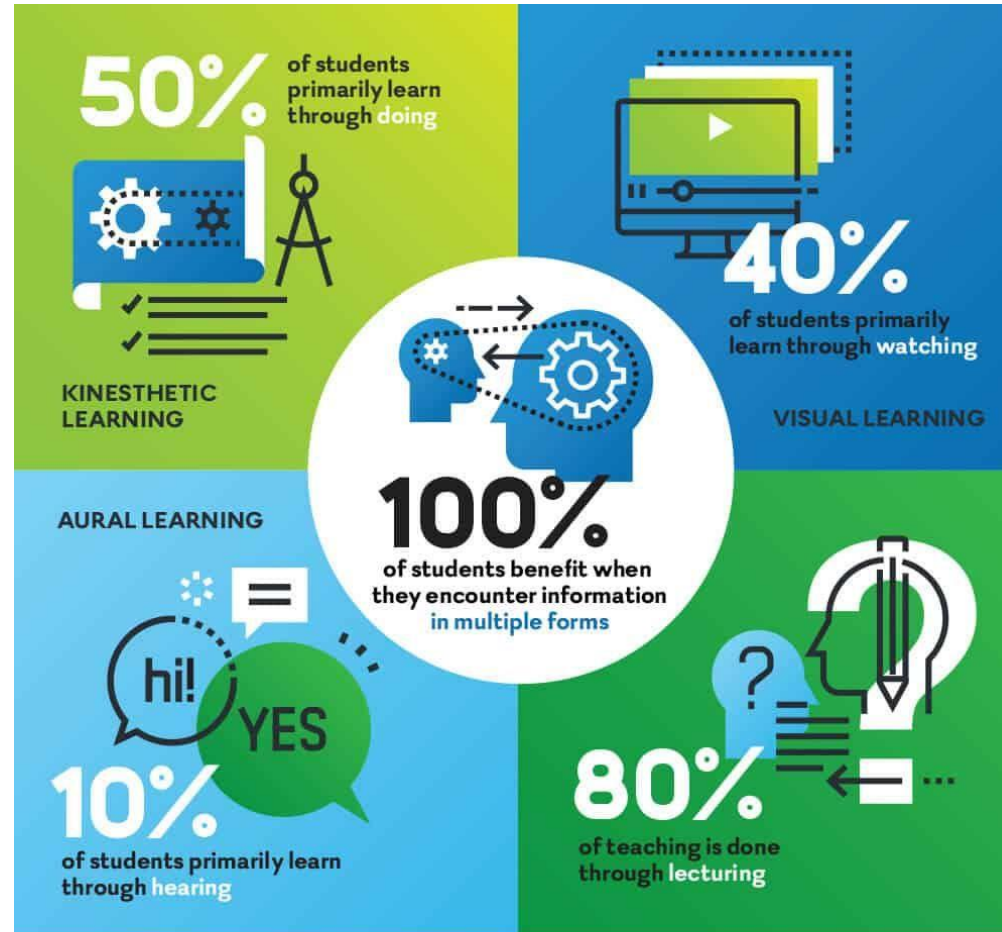
# Comfort With Using Technology

## Dry Test Runs

## When Technology Fails

- Preparation is key
- Narrate out loud
- Back up plans
- Transparency

# VAR K: LEARNING STYLES & THEIR IMPACT



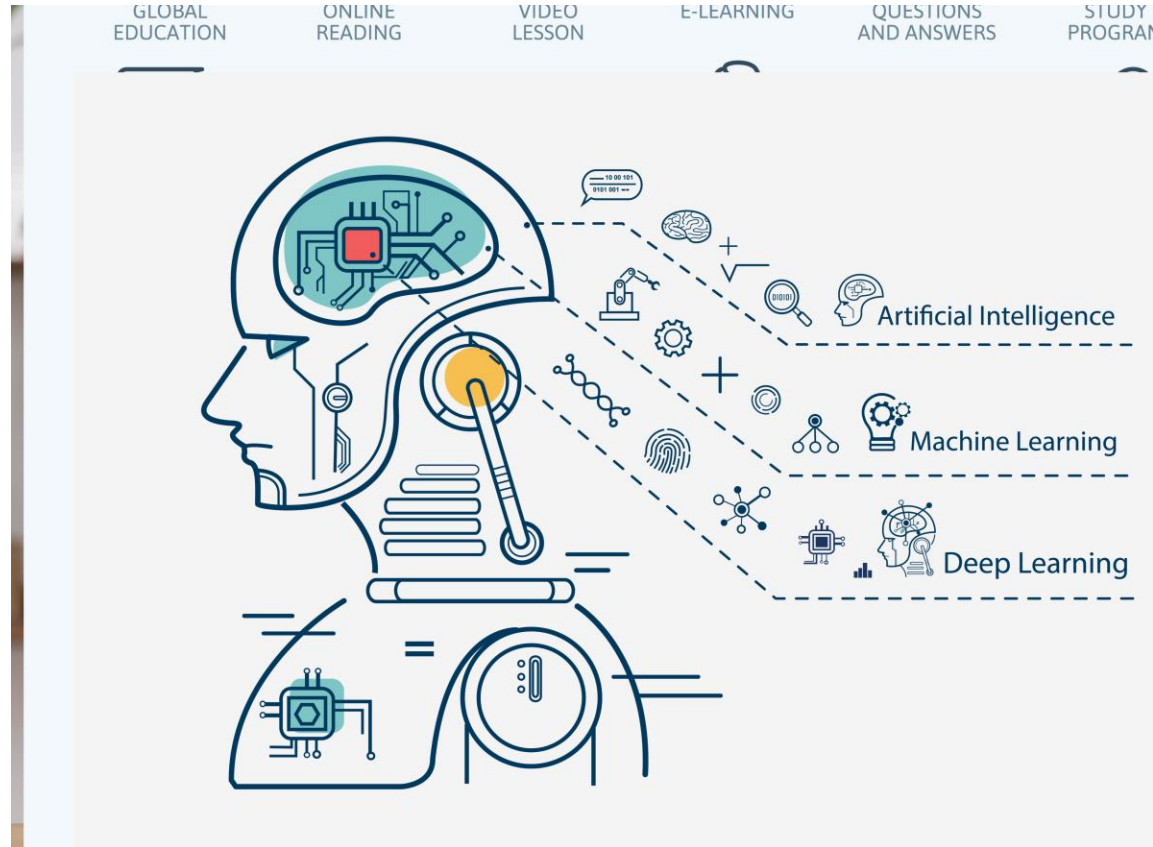
\*All statistics from a 2013 University of Illinois study

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# Facilitation Theory



Realness

Acceptance

Empathy

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# Culturally Responsive Virtual Engagement

Language	Identity	Data	Avoid	Terminology
Use language that is respectful of culturally and linguistically diverse communities, first person terminology.	Use specific ethnic group(s) identity term to the extent possible, avoid gendered terms when possible.	When providing demographic and statistical information, share disaggregated data and collection methodologies, noting limitations	Avoid any language that could be misunderstood as blaming or degrading, e.g., “dysfunctional families.”	Use terms such as “family member” or “care provider” instead of “mom or dad” to interrupt heteronormativity and other assumptions about family structures



# Collaborative Documentation

# What is Collaborative Documentation?

*Collaborative documentation* is a practice where clinician and patient document together, during the session.

- ▶ Concurrently for assessments/treatment plans
- ▶ Beginning and end for ongoing sessions...
  - ▶ “first five and last five”





# Collaborative Documentation

- ▶ Use patient-friendly language – or the patient’s own words whenever possible

“Patient is experiencing visual hallucinations”

“Patient states she sees purple people in her room at night”

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# Collaborative Documentation

- ▶ Ask clarifying questions and discuss with the patient about what's written into their chart – this helps engage them in the process so the computer is not an intrusion
  - “You said the anxiety is worse, and you had several panic attacks this week. Is that right?”
  - “Our plan, then, is to meet again in two weeks?”



# Collaborative Documentation

Let the patient ask questions!

- They may not understand what something in their chart means
- Great opportunity for psycho-education
- Opportunity for shared decision making



# Benefits

Improves clinician quality of life:

- Avoid the chronic, “never caught up” model
- Can leave work at work!
- Higher staff morale, less “burnout” and clinicians feeling overwhelmed/anxious



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# Benefits

Improved clinical care/outcomes:

- Improved engagement – patients are excited about their treatment and more “empowered”!
- Continuity of work from session to session
- More focus on treatment plan and goal achievement
- Decrease length of treatment episodes
- Complements use of solution-focused, evidence-based models
- Patients get better!
- Ensures immediate patient feedback



# Benefits

Supports Shared Decision-Making

Client Satisfaction

- Research shows that most clients (80-95 %) respond positively to the use of collaborative documentation



# In Summary...

# REMEMBER

The best solutions aren't always technical ones.



Breathe though it.  
technology is ripe for  
blunders, mistakes,  
and challenges.

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***FACILITATOR SELF AWARENESS***

- Maintain an attitude of hospitality
- Attend to your own comfort and confidence

***TASK***

- Disseminate an agenda with clear outcomes
- Use precise verbal communication to compensate for lack of visual

**Virtual Meeting Facilitation*****GROUP CULTURE***

- Create & use communication agreements
- Promote group values of responsibility and engagement

***GROUP PROCESS/TECHNOLOGY***

- Maximize the technology; test and rehearse to avoid the unexpected
- Use intentional strategies to encourage active participation

# With Us, Not For Us

- Impact of Trauma on Family
- Recognize basic needs
- Understand the family's structure, hierarchy, roles, rules
- Eliminate “should”
- Be present
- Practice Cultural Humility
- Understand your own biases
- Get support



# TIC CARE

**T** **Take the time** to introduce yourself, your role and explain what you will be doing. Set realistic expectations and goals for your time with them.

**I** **Intently listen** to their story and/or request. Be patient and persistent.

**C** **Consistently and mindfully be aware of the language you use** when responding to the client's story and/or request.

**C** **Connect the patient to others that may be able to meet any needs that are out of your scope of practice.**

**A** **Ask the patient for their story** and try to anticipate their needs and questions. If applicable, provide ongoing choices and support.

**R** **Respectfully respond and communicate at all times,** e.g., use Mr./Mrs., be validating and affirming.

**E** **Ensure all patient needs are met** before exiting, make warm handoffs/referrals when possible. **Follow through** with what you say you will do.

# Daily Translation of a Culture of Compassion to Self and Others

- Be patient and persistent.
- Convey respect.
- Be validating and affirming.
- Read others needs and respond accurately.
- Set realistic expectations and goals.
- Provide ongoing choices and supports.
- Follow through with what you say you will do.
- Provide consistency; minimize surprises.







Questions & Answers

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Hellebuyck, M., Nguyen, T., Fritze, D., & Kennedy, J. (2017). Mind the workplace(pp. 1-25, Rep.). Alexandria, VirginiaVA: Mental Health America. <https://www.mentalhealthamerica.net/mind-workplace-2018>

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