

Trauma-Informed Care for the Provider: Understanding and Recognizing Trauma in Families and its Impact on You

Minnesota Coalition for Targeted Home Visiting

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Context for this Webinar

- Kick-off to a Winter/Spring series that will delve into these and related issues
- Pre-training webinars
 - Child-development
 - Impact of trauma
- In-person interactive sessions and follow-up
 - Strategies to use in real-world sessions
 - Understanding our perceptions and potential 'blind spots'
 - Reflective supervision/consultation concepts
- Stay tuned for more details!



Plan for our time together

- Introduction/review of types of trauma with a specific focus on you, the home visitor.
- Define secondary traumatic stress/compassion fatigue and its impact
- Understand who is at risk
- Identify protective factors for home visitors
- Identify preventative strategies and resources to promote our own resilience
- The need for and characteristics of 'trauma-informed' systems
- Poll Everywhere: <https://pollev.com/katielingras801>



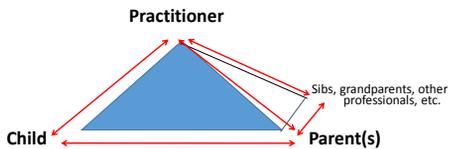
Who are we and where are we from?
(Poll Everywhere)



Starting with a story

A home visitor tells her supervisor that her visits with a toddler and her mother are very distressing to her because the mom speaks so harshly to the child and the toddler always cries and clings to the home visitor when it is time to leave.

The Need for Multiple Perspectives



- What's it like to be this child?
- What's it like to be this parent?
- What's it like to be the practitioner (you)?
- What does your presence mean to the family?
- How are you attending to all the relationships?

Considering the multiple perspectives – especially that of the home visitor (you!)



Secondary Trauma/Compassion Fatigue: The Takeaway Message



"We have an obligation to our clients, as well as to ourselves, our colleagues and our loved ones, not to be damaged by the work we do."

Saakvitne & Pearlman (1996)
from NCTSN website

Defining Trauma



What do we mean by 'trauma'?

- Events that are *perceived* as threatening the life or physical integrity of a child or someone important to that child;
- Causing an overwhelming sense of terror, helplessness, and horror;
- Producing intense physical effects such as a pounding heart, rapid breathing, trembling;
- And completely overwhelming the child's available coping strategies.



NCTSN The National Child Traumatic Stress Network

What do we mean by 'trauma'?

- **Acute trauma** —single events, e.g. car accident, dog bite, medical procedures
- **Direct abuse and/or neglect**
 - Physical abuse—assault, being beaten
 - Sexual abuse—including inappropriate exposure
 - Deprivation of basic needs—perceived as trauma by young children dependent on adults for care
- **Witnessing violence**
 - Domestic violence
 - Community violence
- **Separation from important people**
- **Historical trauma**
 - Cumulative emotional and psychological wounding of an individual or generation caused by a traumatic experience or event
 - Genocide, racism, forcible removal of children from their families
 - "Blood/collective memory"; example of transgenerational trauma



The Trauma/Stress Continuum

- **"Positive" stress** actually promotes development.
- **"Tolerable" stress** is related to something that happens (not ongoing) and can be managed with social support.
- **"Toxic" stress/trauma**—excessive, prolonged activation of the brain's stress response system that overwhelms and interferes with development.
- High levels of stress de-activate the problem-solving part of the brain and activates the part of the brain which **triggers automatic 'survival' behavior.**



Key Components of a Trauma Lens

- Trauma impacts development, especially regulation!
- Trauma and toxic stress impact bodily sensations.
- Trauma triggers: Memory of trauma is encoded differently—by body sensations and feelings.
- Rebuilding the Protective Shield: Healing from trauma needs to occur within the context of relationships.



The need for a stress/trauma lens to understand children, their parents and ourselves



We don't need to figure out the trauma: We need to be aware of how trauma arousal (stress biology) and memory affect the present. (Gearity)

**What *happened* to you?
VERSUS
What's *wrong* with you?**

Trauma impacts the multiple lenses we use to inform our responses:

-  **The developmental lens.**
 - Trauma can make development go 'off track'.
 - The developmental stage of a child impacts how trauma impacts the child.
-  **The attachment lens.**
 - Secure attachment relationships can buffer the effects of trauma.
 - Trauma can obstruct the relationship between a child and caregiver.
-  **The stress/trauma lens.**
 - Behavior can be understood using a trauma lens.
 - Trauma impact neurobiology.
-  **The social and cultural lens.**
 - Historical trauma has impact across generations.
 - Cultural strengths can support healing from trauma.
 - Consideration of our own perceptions and implicit biases

Impact on Parenting



Trauma *anywhere* within the system impacts the whole system.

- A history of trauma impacts the parent-child relationship;
- Parents may perceive US as 'dangerous,' untrustworthy—



What is that like for us, as home visitors?

A history of trauma may make it difficult for a parent to:

- **Recognize what is safe** and what is unsafe, and keep himself/herself and the children from harm;
- **Stay in control of his/her emotions**, especially in stressful situations with the children;
- **Deal with stress** in healthy ways;
- **Trust other people**—more likely to respond consistent with past negative experiences



Families need us to be *Regulating Partners*...

- We all need regulating partners
 - We learn to regulate our arousal, emotions, and behaviors in the context of relationships
 - It is through our intentionally predictable, non-judgmental, compassionate relationships with parents that we can become their regulating partner/secure base/safe haven so they can be that for their children.
- What does this look like?
 - Are curious and wonder—*What does that behavior feel like on the inside?*
 - Are able to take the perspectives of everyone involved—child, parent, other children, staff.



Parallel process: We offer to be the parent's co-regulating partner (secure base, safe haven)....



Parenting and Unmanageable Stress or Trauma: When WE becomes ME

Parents under too much stress feel like they are fighting for survival, and sadly, they experience their children as the threat to their well-being.

(Hughes & Baylin 2012)



What does that mean for us, as home visitors?

The impact of trauma on us as providers: Defining secondary traumatic stress/compassion fatigue





"I'm right there in the room, and no one even acknowledges me."

Empathy as our best asset, but also our greatest liability

With great power, comes great responsibility...



We need to keep this in mind as we move into talking about secondary traumatic stress.

We are great providers because we can empathize but empathy also may put us at risk for internalizing experiences and secondary traumatic stress

Secondary Traumatic Stress

- Secondary Traumatic Stress: Emotional duress that results when an individual hears about the firsthand trauma experiences of another.
- Symptoms resemble post-traumatic stress disorder (PTSD)
 - Re-experiencing personal trauma, notice an increase in arousal, avoidance reactions related to the indirect trauma exposure.
- Broad (possible) symptoms:
 - Changes in memory and perception
 - Alterations in their sense of self-efficacy
 - Depletion of personal resources
 - Disruption in their perceptions of safety, trust, and independence

Secondary Trauma/compassion fatigue: A partial list of symptoms (NCTSN)

Alterations in self-efficacy:

- Loss of creativity
- Loss of reflective capacity
- Anger and cynicism
- Minimizing feelings (ours and/or others')
- Defensive reactions
 - Inability to listen to or avoidance of clients
 - Insensitivity to violence

Secondary Trauma/compassion fatigue: A partial list of symptoms (NCTSN)

Depletion of personal resources:

- Difficulty embracing complexity
- Poor boundaries and protective urges
- Overwhelmed and discouraged; hopelessness
- Guilt
- Social withdrawal
- Diminished self-care



**Secondary Trauma/compassion fatigue:
A partial list of symptoms (NCTSN)**

Disruption in perceptions of safety, trust, and independence:

- Being “triggered” by reminders of our own history
- Survival coping
- Hypervigilance
- Physical ailments
 - Sleeplessness, chronic exhaustion



‘Burnout’ versus ‘secondary traumatic stress’

Child Trauma Academy (2002)

http://www.childtraumaacademy.com/cost_of_caring/

Burnout

- “A state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations.”
- Reduced feelings of personal accomplishment
- Begins gradually and becomes progressively worse

Secondary traumatic stress

- “The natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other”;
- The stress resulting from wanting to help a traumatized or suffering person.
- Can occur following exposure to a single traumatic event involving empathic interaction with a traumatized person;

Studies found that...

Dmytryshyn, et al. (2015)

- *In contrast to burnout...rather than withdraw, those experiencing compassion fatigue responded by attempting to give even more of themselves to assist their clients until they are at the point at which they can no longer function.*
- *Those who were empathic were at higher risk for compassion fatigue...*



Some reasons we may be at increased risk for STS:

- **Empathy** is one of our most valuable tools, but it leaves us vulnerable to internalizing the trauma-related pain of others;
- **Insufficient recovery time** to replenish our reserves when we listen to hard stories over and over;
- **Unresolved personal trauma** which may be triggered/reactivated by working with others who have experienced trauma;
- **The vulnerability of the children and families** with whom we work evokes strong biological/emotional reactions;
- **Isolation and systemic fragmentation:** New research and clinical wisdom identify the importance of group cohesiveness to regulate individual stress reactions;
- **Lack of systemic resources**—lack of public & systemic investment in front line services for at-risk children and families.

Other considerations for increased risk for STS:

- **Female gender** — More empathic? Juggling more home life?
- **Young age and/or fewer years of experience**
- **Dose of exposure**
- **Incongruence of values** between the employee and the workplace
- **Workload**, including caseload complexity, documentation
- **Lack of control** — e.g. of outcomes, scheduling
- **Lack of reward** — e.g. low wages, low status
- **Feeling professionally compromised** due to inadequate training

And let's think about who we serve as HVs:

- Home visiting programs typically focus service provision on vulnerable families who have less access to financial resources and social support such as young, disadvantaged mothers and their infants.
- Families may be experiencing a range of challenges, including intergenerational poverty, trauma, poor mental and physical health, substance abuse and intimate partner violence, isolation and limited parenting experience/knowledge/skills.
- Cultural/systemic/societal barriers and marginalization

Similarities and differences between home visitors' and clients' lives/experiences

- Client circumstances may be a contrast to the home visitor's current life circumstances (guilt?), experiences (perspective?), or beliefs (biases?)
- Client circumstances may also be similar to our own which can be triggering
- Examples: **Poll Everywhere**
- Think, name, and discuss in supervision

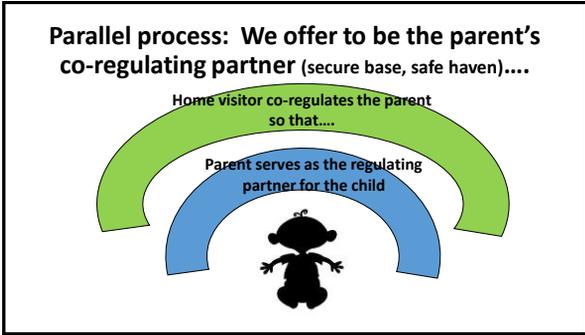
Poll Everywhere

- Have you ever had an experience that was very similar /different...
- One word to describe...

And we know that the HV-client relationship is the central instrument of change, but...

- This 'deeper engagement' with clients in the intimate context of home visiting often results in a heightened sense of connection and the potential for increased worrying about clients.
- This can lead to doubt about our effectiveness in the face of overwhelming problems ("Did I do enough?"); and
- And can result in difficulty maintaining boundaries between work and home.





- Home visitors help families regulate and manage stress by offering:**
- **Predictability**
 - I will come when I say I will be there;
 - I will be fully present when I am with you;
 - I will not promise you more than I can deliver.
 - I will have clear boundaries and limits.
 - **Controllability**
 - You can decide whether to participate in the program and I will schedule when it works best for you (to the extent possible).
 - I will follow your lead whenever possible.
 - **Social supports—RELATIONSHIP, RELATIONSHIP, RELATIONSHIP!**
 - I will offer you the experience of a predictable, nonjudgmental relationship.
 - I will work with you to enhance your relationship with your child.



But who is OUR regulating partner...?

Study by Dmytryshyn, et al. (2015), of home visiting PHNs (NFP) identified two primary strategies to manage the stresses and emotional responses related to their work:

1. **Reflective supervision**
 - "Active, deliberate process of self-inquiry"
 - "The importance of the supervisory role to the support and professional development of the [home visitor], the main intervention of the program, cannot be overstated."
2. **Informal peer debriefing**
 - Offers both validation (someone who really 'gets it'); and
 - Learning opportunities, including development of perspective

AND..."Recognizing that clients are responsible for their own decisions."

Protective factors that promote resilience for home visitors



Working towards “Compassion satisfaction”

The positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one’s work makes a meaningful contribution to clients and society.



We have the *Strengthening Families* protective factors for families...

For Parents:

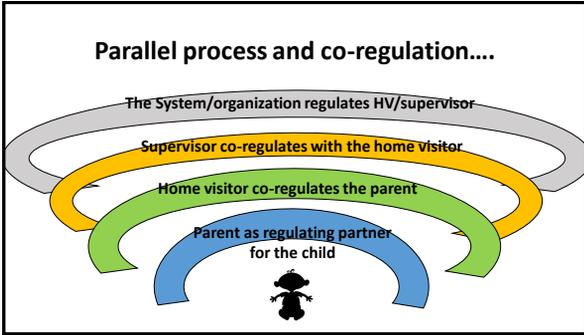
1. Parental resilience
2. Social connections
3. Knowledge of parenting & child development
4. Concrete support in times of need

For Children:

5. Well-being and support for social and emotional development

But what are protective factors for the provider??





What is meant by a 'trauma-informed' system?

A program, organization, or system that is trauma-informed:

- **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; and
- **Seeks to actively resist re-traumatization**

SAMHSA (2014)

Essential elements for worker resilience in trauma-informed systems NCTSN.org

- Recognition of **the impact of STS on the workforce**;
- Recognition that **exposure to trauma is a risk of the job** of serving traumatized children and families;
- Understanding that **trauma can shape the culture of organizations** in the same way that trauma shapes the worldview of individuals;
- Understanding that **a traumatized organization is less likely to effectively identify its clients' past trauma** or mitigate or prevent future trauma;
- Development of the capacity to translate trauma-related knowledge into meaningful action, policy and improvements in practices.

Individual Strategies for Prevention and Self-Care



What do you do for self-care?

(Poll Everywhere)

Self-care strategies for preventing/mitigating STS

Child Trauma Academy (2002) http://www.childtraumaacademy.com/cost_of_caring/

Physical	Psychological	Emotional	Workplace
Sleep well	Self-reflect	See friends	Take breaks
Eat well	Read for pleasure	Cry	Set limits
Exercise	Say "No"!	Laugh/Humor	Get peer support
Walk/Jog	Smile	Praise yourself	Get supervision
Dance	Solitude	Meditate	Use vacation time
Others?	Gratitude	Mindfulness	Others?
	Leave work at work	Journal/blog	
	Others?	Others?	

Additional strategies for building individual resilience and addressing STS

- Use supervision to address STS
- Increase self-awareness of STS
- Maintain a healthy life-work balance
- Develop and implement plans to increase personal wellness and resilience
- Continue individual training on risk reduction and self-care
- Use employee assistance programs or counseling services as needed
- Participate in a self-care accountability 'buddy system' NCTSN.org



More self-care tips for home visitors... (Be intentional—small changes can have big payoffs)

- **Regularly take stock of what's on your plate**—What have you taken on in your work and your overall life? What would you most like to change?
- **Take a 'trauma survey'**—what are you exposed to? e.g. news & current events? Your client caseload? Stories of co-workers? Violent media/movies?
- **Find time for yourself** everyday—Take a lunch break, just sit & do nothing for 20 minutes, listen to music for 10 minutes.
- **Learn to ask for help** at home and at work
- **Have a transition ritual** from work to home and/or between home visits www.compassionfatigue.ca



'Organizing language' (and self-talk) can be useful to us as well as to the client

- *This is hard, but we can figure this out together.*
- *I've been thinking about you since I saw you last...*
- *Why do you think s/he reacts that way?*
- *So what gives you the energy to keep going?*
- *I hear you asking for help, but I worry that if I give a suggestion you might feel like I am criticizing or judging you — will you tell me if it feels like that?*



*** See Useful Phrases handout ***

'Reflective Supervision Guidelines/Standards

- Poll Everywhere:
 - How many have reflective supervision?
- Discussion: How do you use what you already have to get to more supports



Remember the story from the beginning?

- A home visitor tells her supervisor that her visits with a toddler and her mother are very distressing to her because the mom speaks so harshly to the child and the toddler always cries and clings to the home visitor when it is time to leave.
- What happens when she goes back to her office?

Ending with a story

- When the agency makes the commitment to be trauma-informed and help prevent STS...
- ...Responses from all levels
- The home visitor returns to her office and runs into agency Director in the hall. Seeing that home visitor looks distressed, the director stops her and asks if she's okay. When the home visitor replies she just came from a difficult visit, the director walks her back to her supervisor's office to make sure she's available to talk. In supervision, the home visitor discussed the case but also related how much it meant to her that the director had shown an interest in her experience.

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Resources

- National Child Traumatic Stress Network www.nctsn.org
 - *Secondary Traumatic Stress*
 - *Secondary Traumatic Stress: A Fact Sheet for Child Serving Professionals*
- Child Trauma Academy. (2002). *The cost of caring*. www.childtraumaacademy.com/cost_of_caring/
- Mathieu, F. (2007). *Transforming compassion fatigue into compassion satisfaction: Top 12 self-care tips for helpers*. www.compassionfatigue.ca
- Mindfulness apps: Insight Timer; Aura; Stop, Breathe & Think; Head Space; Calm
