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Karen Johnson, MSW, LCSW
Director of Trauma-Informed Services,
National Council for Behavioral Health

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.



Karen Johnson, MSW, LCSW, Director of Trauma-Informed Services at the National Council for Behavioral Health, provides consultation, training and technical assistance to organizations, systems and communities to heighten awareness of the impact and prevalence of trauma and to promote the principles and practices of trauma-informed care.

Karen's work prior to the National Council includes over 19 years of clinical and administrative experience in child welfare and community-based mental health. She filled numerous leadership roles at SaintA in Milwaukee, where she became certified in the ChildTrauma Academy's Neurosequential Model of Therapeutics and was integrally involved in SaintA's journey to become a more trauma-informed organization. Karen spearheaded the development and implementation of housing and supportive services for former foster youth and worked to strengthen systems serving this vulnerable population.

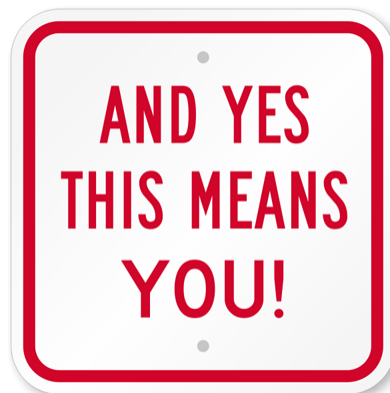
Karen is also the parent of an adult child with severe and chronic mental illness. With her joined professional and lived experiences, Karen brings a distinct perspective to mental health and addiction disorders work and is passionate about helping to move organizations towards trauma-informed approaches.

What Does Becoming Trauma-Informed Mean for Non-Clinical Staff?

The National Council for Behavioral Health
April 19, 2016

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Trauma-Informed Care Involves Everyone



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Overview

What do you need to know about trauma?

- Paradigm Shift
- Definition of trauma
- Prevalence and impact of trauma
- Human stress response
- Principles of trauma-informed care

What can you do about it?

- Build relationships
- Promote resilience
- Understand triggers
- Pay attention to language
- Understand what hurts and what helps

Compassion in our Work and World

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Polling Question

Trauma Informed Organization

The organization I work for currently embraces a trauma informed care framework:

1. Yes
2. No
3. Planned for the Future
4. I don't know

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Paradigm Shift



We begin to ask,
 “What happened to you?”
 rather than
 “What is wrong with
 you?”

We have to ask,
 “What’s strong?”
 rather than
 “What’s wrong?”

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What Do We Mean By Trauma?

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person’s physical and/or emotional well being.
- Trauma experiences often overwhelm the person’s coping resources
- This often leads the person to find a way of coping that may work in the short run but may cause serious harm in the long run
- Trauma is always defined by the individual

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Types of Trauma

- **Child maltreatment** and complex trauma
- Serious **accident** or **illness**
- **Victim/witness** to domestic, community and school violence
- Natural **disaster**, war, terrorism, political violence
- Traumatic **grief/separation**, significant loss
- **Historical** and **generational** trauma

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Trauma Shapes our Beliefs



Worldview



Spirituality



Identity

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Results in Vicious Loop



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Symptoms are Adaptations

- Drinking = self medication
 - Cutting = release of pressure
 - Isolating = avoidance of fear
 - Aggression = protecting oneself

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Polling Question

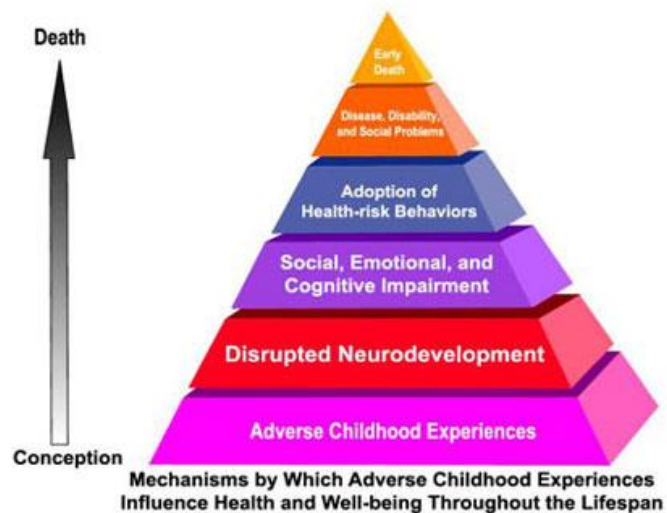
Adverse Childhood Experiences Study

I have had training on the Adverse Childhood Experiences Study:

1. None
2. Some
3. I know the work quite well

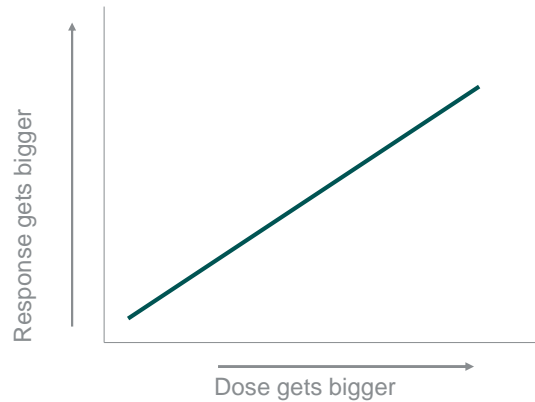
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The ACEs Study



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Dose-Response Relationship: More ACEs = More Disease



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Life-Long Physical, Mental & Behavioral Health Outcomes Linked to ACEs

- Alcohol, tobacco & other drug addiction
- Auto-immune disease
- Chronic obstructive pulmonary disease & ischemic heart disease
- Depression, anxiety & other mental illness
- Diabetes
- Multiple divorces
- Fetal death
- High risk sexual activity, STDs & unintended pregnancy
- Intimate partner violence—perpetration & victimization
- Liver disease
- Lung cancer
- Obesity
- Self-regulation & anger management problems
- Skeletal fractures
- Suicide attempts
- Work problems—including absenteeism, productivity & on-the-job injury

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Therefore, we need to exercise...



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Bottom Line

The experience of trauma in
childhood and adulthood matters!

A **quality** healthcare, human services and/or
social safety net organization is designed to
address the impact of trauma for every single
person in that organization.

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Trauma Impacts the Brain and Human Stress Response



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Survival Mode Response



=

Inability to

- Respond
- Learn
- Process

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Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and Transparency
- Collaboration and mutuality
- Empowerment
- Voice and choice

(Fallot 2008, SAMHSA, 2012)

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Safety

Physical
Psychological
Social
Moral



If you have never felt safe or remembered safety, how will you know it when it is present?

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Trustworthiness and Transparency



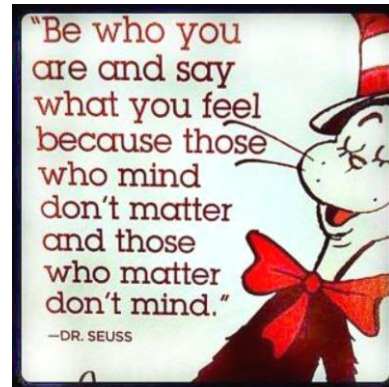
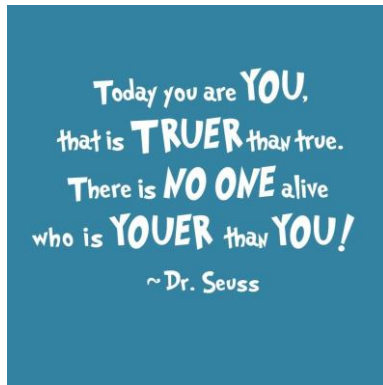
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Collaboration and Mutuality



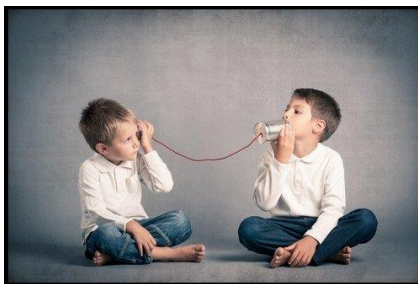
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Empowerment



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Voice and Choice



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Healing Happens in Relationships



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Build Relationships

Honor voice and choice
Talk less
Listen more
Partner with people
Request feedback
Ensure comfort



“Keep the Human in Human Services”

Dr. Pat Deegan

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Move from Compliance to Impact

- Both are very important
- Compliance (funding, outcomes, regulations, risk management) allows us to do the work
- Impact makes the difference in our work

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Teach about Trauma

Provide psychoeducation about how trauma works

- Trauma reaction is a usual response to an extreme situation
- Trauma reaction is not an illness
- Triggers, hyper arousal, flash backs are common

Offer people opportunities to reflect on their experience

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Understand and Teach about Triggers

Definition: An external event that causes internal discomfort or distress

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Understand the Mind/Body Connection



Promote Resilience

Ability to adapt well to stress, adversity, trauma or tragedy



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Promoting Resilience Involves Teaching



Language Of Resilience

- Vocabulary reinforces feelings and beliefs
- Helps guide behavior
- Leads to greater options for acting
- Allows us to be able to recognize resilience in self/others

Three Statements of Resilience

I Have...

= safety & security: core for developing resilience

I Am...

= safety & security: core for developing resilience

I Can...

= mastery, sense of future

*Strengthening the Human Spirit by Edith Grotberg, PhD
1995*

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Be Attentive to All Language



“Non-compliant”

“Manipulative”

“No show”

“Resistant”

blah blah blah blah. Blah blah blah blah blah. Blah
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Understand What Hurts and What Helps? The importance of relationships

WHAT HURTS?

- Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, judgmental

WHAT HELPS?

- Interactions that express kindness, patience, reassurance, calm and acceptance and listening
- Frequent use of words like PLEASE and THANK YOU

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The importance of our attitudes and beliefs

WHAT HURTS?

- Asking questions that convey the idea that “there is something wrong with the person”
- Judgments and prejudices based on cultural ignorance
- Regarding a person’s difficulties only as *symptoms* of a mental health, substance use or medical problem

WHAT HELPS?

- Asking questions for the purpose of understanding what harmful events may contribute to current problems
- Understanding the role of culture in trauma response
- Recognizing that *symptoms* are often a persons way of coping with trauma or are adaptations

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Become a Trauma-Champion



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We all matter!

Every contact with a client and with each other will affect us in one of two ways

1. Contribute to a safe and trusting healing environment

OR

2. Detract from a safe and trusting environment

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4

Compassion in our Work and World



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“That which is to give light must endure
burning” - Viktor Frankl

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The stresses of our own work and lives make trauma a personal concern

- None of us are immune to traumatic experiences in our own lives.
- All of us work in human services where people are struggling with many challenges that are often overwhelming.
- It's important to be aware of how these experiences may challenge our own emotional resources.

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4



"Empathy? Compassion? I have medication for that."

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Self Appraisal Bias

'Most professionals are BLIND to their own state of burn-out, compassion fatigue or vicarious trauma. While they concur that it is problematic, they can't see it.'

Michelle Salyer,
Purdue University –



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What To Do?

We need to prioritize self-care at the individual, professional and organizational levels

Laure van Dernoot Lipsky
Trauma Stewardship

<http://traumastewardship.com/listen-watch/tedx-washington/>

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Personal

- Exercise
- Maintaining medical appointments
- Reading
- Adequate rest
- Creative projects
- Socializing
- Exposure to the arts/performance
- Spa/wellness treatment
- Healthy eating
- Hobbies

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Professional

- Pursue development opportunities
- Take breaks
- Maintain regular supervision meetings
- Arrange group lunches or other meetings with coworkers
- Balint Groups
(<http://americanbalintsociety.org/>)

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Organizational

- Staff education and training
- Staff supervision
- Effective communication
- Comfort room for staff
- Celebration of successes

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5

Caregiver Health

When is the last time you experienced JOY at work?



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Provider Resilience App



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Web Resources

www.self-compassion.org

www.mentalhealthrecovery.com

www.proqol.org/CProQOL Compassion Fatigue

www.intentionalpeersupport.org

http://www.balintinternational.com/downloads/Balint_in_a_Nutshell.pdf

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Thanks for joining us!

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