

**Trauma-Informed Care: Parallel Skill Development**

<i><b>TIC Skills</b></i>	<i><b>Staff Self-Awareness</b></i>	<i><b>Partnering with Others</b></i>	<i><b>Why is this important?</b></i>
<b>Feelings' Identification &amp; Validation</b>	<ul style="list-style-type: none"> <li>I know when I am feeling tired, angry, sad, frightened, etc.</li> <li>I can read non-verbal emotional cues, e.g., eye contact, facial expression, tone of voice, body posture, movement and gestures, rhythm and rate of voice.</li> </ul>	<ul style="list-style-type: none"> <li>I am able to verbally reflect other's emotional state. "It sounds like you feel very angry about this."</li> <li>After reflecting feelings, I am able to validate the emotion. "You had to wait three days for me to return your call, and your question was really important to you. I understand why you're mad about this."</li> </ul>	People who have experienced adverse childhood events, particularly at the hands of a significant caregiver, were given contradictory messages, dismissed, ignored, silenced, abandoned, blamed, shamed, told they had no rights to feel, etc. You have repeated opportunities to offer corrective experiences.
<b>Feelings' Regulation</b>	<ul style="list-style-type: none"> <li>When I start to feel overwhelmed, I know how to bring myself back to emotional balance.</li> </ul>	<ul style="list-style-type: none"> <li>I am equipped to engage with others who are experiencing overwhelming feelings and am able to help them manage these feelings.</li> <li>I am aware of GROUNDING strategies (e.g., focus on breathing, sensory strategies, redirecting attention).</li> </ul>	A significant outcome of having an overwhelmed nervous system is emotional dysregulation. People who did not experience the mutual dance of regulation with their caregiver during developmental years, often need to learn these skills as adults.
<b>Understanding the Stress Response</b>	<ul style="list-style-type: none"> <li>I can identify my typical response to overwhelming stress.</li> <li>I catch myself when I become overwhelmed, e.g., more frustrated, controlling, punitive, reactive, less thoughtful.</li> </ul>	<ul style="list-style-type: none"> <li>I can provide others with a general introduction to the stress response, including basic information about how overwhelming stress may impact the nervous system.</li> </ul>	The nervous system's most important function is to keep us alive by alerting us to danger. Many people are under and/or over responsive to even the slightest perception of danger. Behaviors may include violence, running away, self-abuse or shutting down.
<b>Identifying and Managing Triggers</b>	<ul style="list-style-type: none"> <li>I am aware of my triggers.</li> <li>I have made a list of my triggers and have created a plan to develop skills that will help me deal with these stress reactions.</li> </ul>	<ul style="list-style-type: none"> <li>I can explain the concept of 'triggers' and am able to assist others in developing a plan to respond to these reactions and to reduce exposure when possible.</li> </ul>	The brain holds onto sights, sounds, smells, feelings, activities and body sensations from original traumatic events. These are survival based memories and can lead to seemingly inexplicable reactions.



<b>Reframing Symptoms / Problem Behaviors as Coping Strategies</b>	<ul style="list-style-type: none"> <li>I have examined many of my 'problem' behaviors, (e.g., procrastination, alcohol use, over-eating, TV escapism, smoking) and see how they might be viewed as coping strategies.</li> </ul>	<ul style="list-style-type: none"> <li>I think about troubling behavior through a lens of curiosity: <ul style="list-style-type: none"> <li>'how does this behavior make sense?'</li> <li>'how might this behavior serve the person?'</li> <li>'what might have happened to this person to make this a logical response?'</li> </ul> </li> </ul>	<p>For some people, the price of living through adversity includes anxiety, numbness, overwhelming feeling states, restlessness, amnesia, flashbacks, nightmares, etc. There can be many 'problem behaviors' that are actually solutions to the above feelings. One example is using stimulants to up-regulate or depressants to down-regulate.</p>
<b>Responding to Trauma Disclosures</b>	<ul style="list-style-type: none"> <li>I have completed an ACE screen.</li> <li>I am comfortable talking about my past, including those things that might be considered traumatizing.</li> <li>I would be willing to see a therapist trained in trauma specific interventions if the situation came up.</li> </ul>	<ul style="list-style-type: none"> <li>I am able to hear others talk about emotionally painful events without becoming overwhelmed by my own feelings.</li> <li>I am able to respond to disclosures with compassion and do not respond by trying to 'fix' the person or insist that they see a therapist.</li> <li>I am aware of therapists who have been trained to provide trauma specific therapy.</li> </ul>	<p>Many events that cause trauma are highly stigmatizing. People become accustomed to keeping secrets believing they were somehow to blame; or that if others knew what had happened, the victim would be judged as culpable or damaged. Having one's story heard by someone who is supportive, compassionate and willing to listen can be a very healing experience.</p>
<b>Use of Open and Respectful Communication</b>	<ul style="list-style-type: none"> <li>I have compassion for myself even when I make mistakes.</li> <li>I listen with compassion.</li> <li>I strive to fuel connection &amp; hope vs. isolation &amp; anger.</li> <li>I avoid language that induces fear, guilt &amp; shame.</li> </ul>	<ul style="list-style-type: none"> <li>I use non-judgmental/non-shaming language, ex: 'she's having a hard time getting her needs met' vs. 'she's manipulative and attention seeking'</li> <li>I use person first language, ex: 'person who cuts himself' vs. 'cutter'</li> <li>I use motivational interviewing techniques.</li> </ul>	<p>Many trauma experiences are dehumanizing, leaving people feeling shame and internalized judgment. Judgmental or 'clinical' language may reinforce these beliefs. This language also allows staff to put clients in an 'other' category, ex: 'this person is very different from me.' This type of distance may prohibit the formation of a therapeutic/healing relationship.</p>



<b>Setting Appropriate Boundaries</b>	<ul style="list-style-type: none"> <li>• I mean it when I say ‘yes’ and ‘no.’</li> <li>• I know my ‘uh oh’ or warning signals of ‘danger ahead.’</li> <li>• I know and acknowledge when my boundaries have been violated or when I violate the boundaries of others.</li> <li>• I don’t talk disparagingly about other people and instead go directly to that person when I have a problem.</li> </ul>	<ul style="list-style-type: none"> <li>• I inform clients about the extent and limits of confidentiality.</li> <li>• I don’t talk to clients about other clients.</li> <li>• I understand why clients may not initially want to share information.</li> <li>• When I ‘vent’ about feelings towards a client with other staff, I do so respectfully and focus on my reactions vs. the client’s behavior.</li> </ul>	<p>People with histories of interpersonal trauma have had physical and/or emotional boundaries violated. People who were supposed to be trustworthy may have committed incomprehensible acts. People may respond in a variety of ways, e.g., set no boundaries, set very rigid boundaries, isolate.</p>
<b>Appreciation</b>	<ul style="list-style-type: none"> <li>• I have a regular practice of ‘appreciation’ which helps to balance my nervous system and promotes hope in the face of hardship.</li> </ul>	<ul style="list-style-type: none"> <li>• I don’t force false hope on the people I work with, but I use opportunities to point out strengths, what is going well and the person’s capacity to cope.</li> </ul>	<p>The survival brain becomes preoccupied with pain &amp; danger but can be distracted when redirected and reminded of pleasure, fun, security, belonging, joy, beauty, humor, etc.</p>
<b>Reason for Being</b>	<ul style="list-style-type: none"> <li>• I have a deep connection to things that are important to me.</li> <li>• Most of the time, I believe my life has purpose and meaning.</li> </ul>	<ul style="list-style-type: none"> <li>• I am able to talk to other people about what makes them unique and to help them connect with activities that promote a sense of hope and value.</li> </ul>	<p>People who live with an onslaught of pain and loss begin to question life’s meaning. Life appears hopeless, disconnected and without purpose.</p>
<b>Self-Soothing &amp; Stress Management</b>	<ul style="list-style-type: none"> <li>• I have a self-care / WRAP plan.</li> <li>• My supervisor provides me with opportunities to discuss the emotions connected to my job.</li> <li>• I take time away from work to connect with friends, family and meaningful activities.</li> </ul>	<ul style="list-style-type: none"> <li>• I understand the people who live with a history of complex trauma may have become accustomed to a high level of drama and that changing this pattern may take time and patience.</li> <li>• I can help others create a self-care/ wellness/WRAP plan.</li> </ul>	<p>It is extremely difficult to change habitual ways of dealing with stress. During a crisis, people revert to old ways of coping; pre-identified, accessible tools are necessary to change old patterns.</p>

