

Advanced Trauma Informed Care Training: Implementing Trauma Informed Care Practices When Working with Opportunity Youth

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The logo for RELAY, featuring the word "RELAY" in a bold, sans-serif font. The letters "R", "E", and "Y" are white, while the letters "L" and "A" are a solid orange color. The logo is set against a white background within a yellow rectangular frame.

Agenda

Review core principles of TIC

Assess utilizing a TIC lens

Identifying risk with a TIC lens

Safety planning with a TIC lens

Identifying Strengths with a TIC

Promote healing and collaboration utilizing a TIC lens

Conscious Intentions

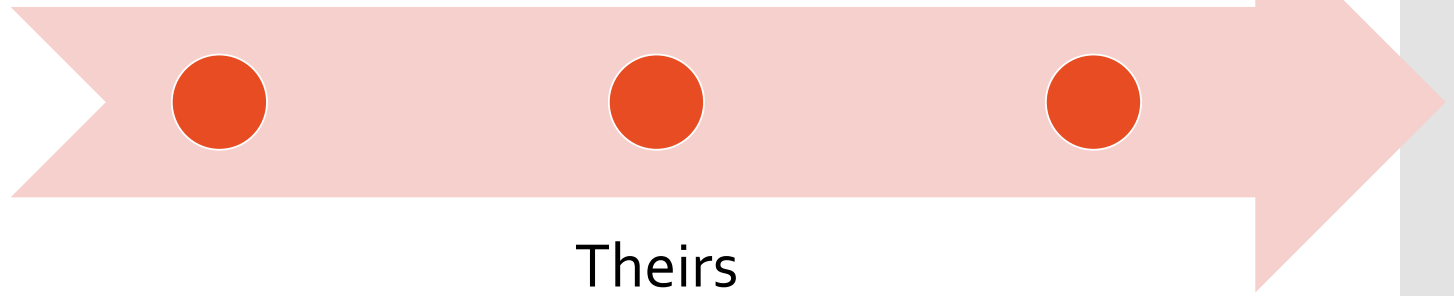


Checking
expectations

Yours

Agency/Org.

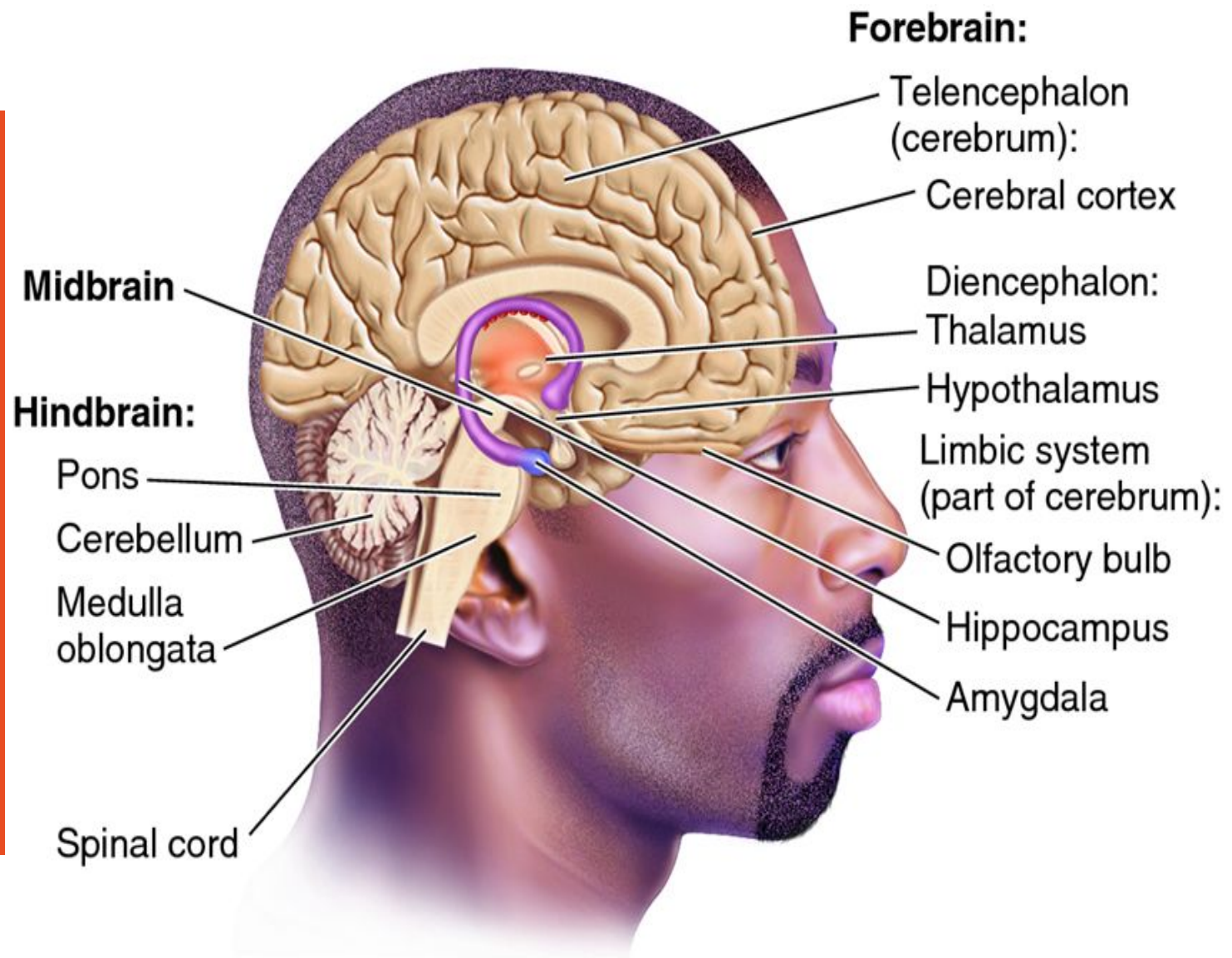
Theirs



What is
trauma?

the response to a deeply distressing or disturbing event that overwhelms an individual's ability to cope, causes feelings of helplessness, diminishes their sense of self and their ability to feel the full range of emotions and experiences.

The Brain



Trauma vs. PTSD

WHAT IS A NORMAL
TRAUMA vs. **PTSD** ?
RESPONSE

IMMEDIATELY FOLLOWING A TRAUMA
it's normal to experience:



PTSD OCCURS WHEN A NORMAL
trauma response becomes chronic.

Core Principles of TIC

Awareness: Everyone knows the role of trauma

Protect/Safety: Ensuring physical and emotional safety

Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries

Choice: Respect and prioritize youth choice and control

Collaboration: Maximizing collaboration and sharing of power with the youth

Empowerment/Redirect: Prioritizing empowerment and skill-building

Safety



Choice



Collaboration



Trustworthiness



Empowerment



Definitions

Ensuring physical and emotional safety

Individual has choice and control

Making decisions with the individual and sharing power

Task clarity, consistency, and Interpersonal Boundaries

Prioritizing empowerment and skill building

Principles in Practice

Common areas are welcoming and privacy is respected

Individuals are provided a clear and appropriate message about their rights and responsibilities

Individuals are provided a significant role in planning and evaluating services

Respectful and professional boundaries are maintained

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

Core Principles of a Trauma-Informed Approach



Safety

Throughout the organization, patients and staff feel physically and psychologically safe



Trustworthiness & Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



Collaboration

Power differences — between staff and clients and among staff — are leveled to support shared decision-making



Empowerment

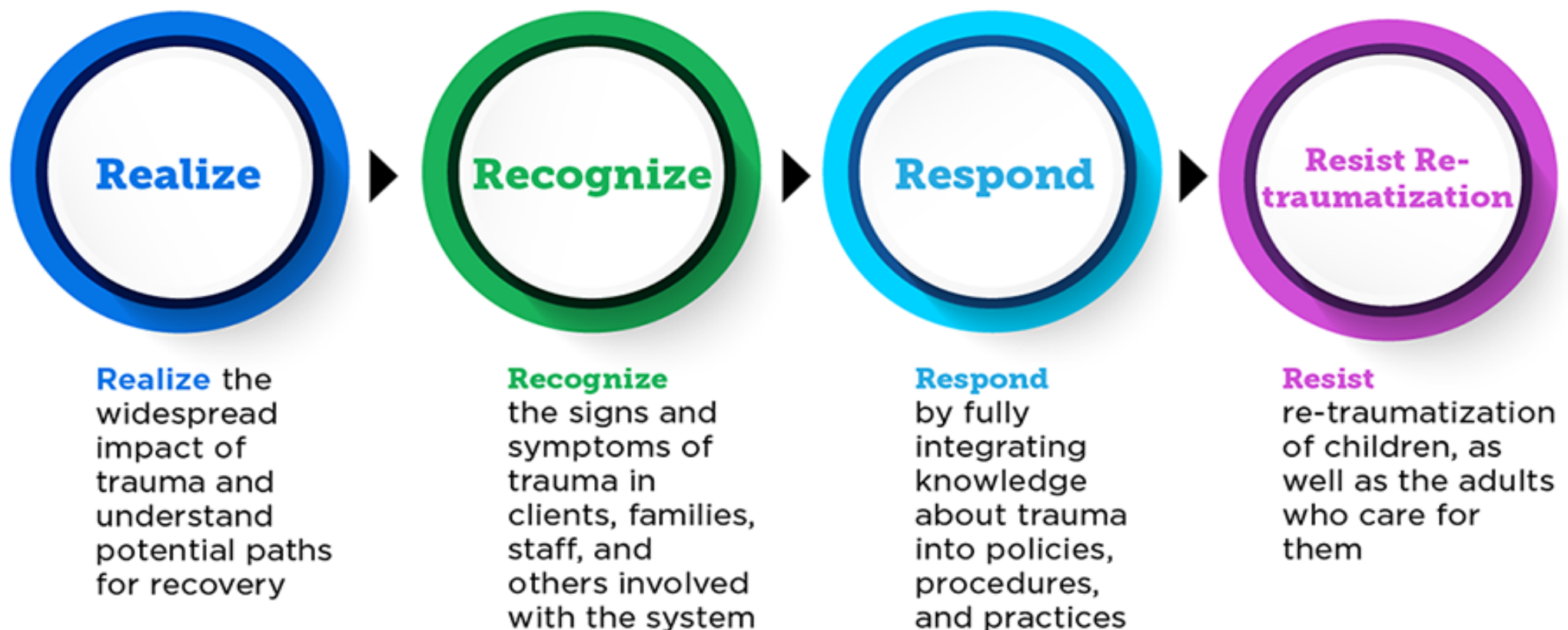
Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma



Humility & Responsiveness

Biases and stereotypes and historical trauma are recognized and addressed

The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.



Retraumatization



WHAT HURTS?

SYSTEM

(POLICIES, PROCEDURES, "THE WAY THINGS ARE DONE")



HAVING TO CONTINUALLY RETELL THEIR STORY



BEING TREATED AS A NUMBER



PROCEDURES THAT REQUIRED DISROBING



BEING SEEN AS THEIR LABEL
(I.E. ADDICT, SCHIZOPHRENIC)



NO CHOICE IN SERVICE OR TREATMENT



NO OPPORTUNITY TO GIVE FEEDBACK ABOUT
THEIR EXPERIENCE WITH THE SERVICE DELIVERY

RELATIONSHIP

(POWER, CONTROL, SUBVERSIVENESS)



NOT BEING SEEN / HEARD



VIOLATING TRUST



FAILURE TO ENSURE EMOTIONAL SAFETY



NON COLLABORATIVE



DOES THINGS FOR RATHER THAN WITH

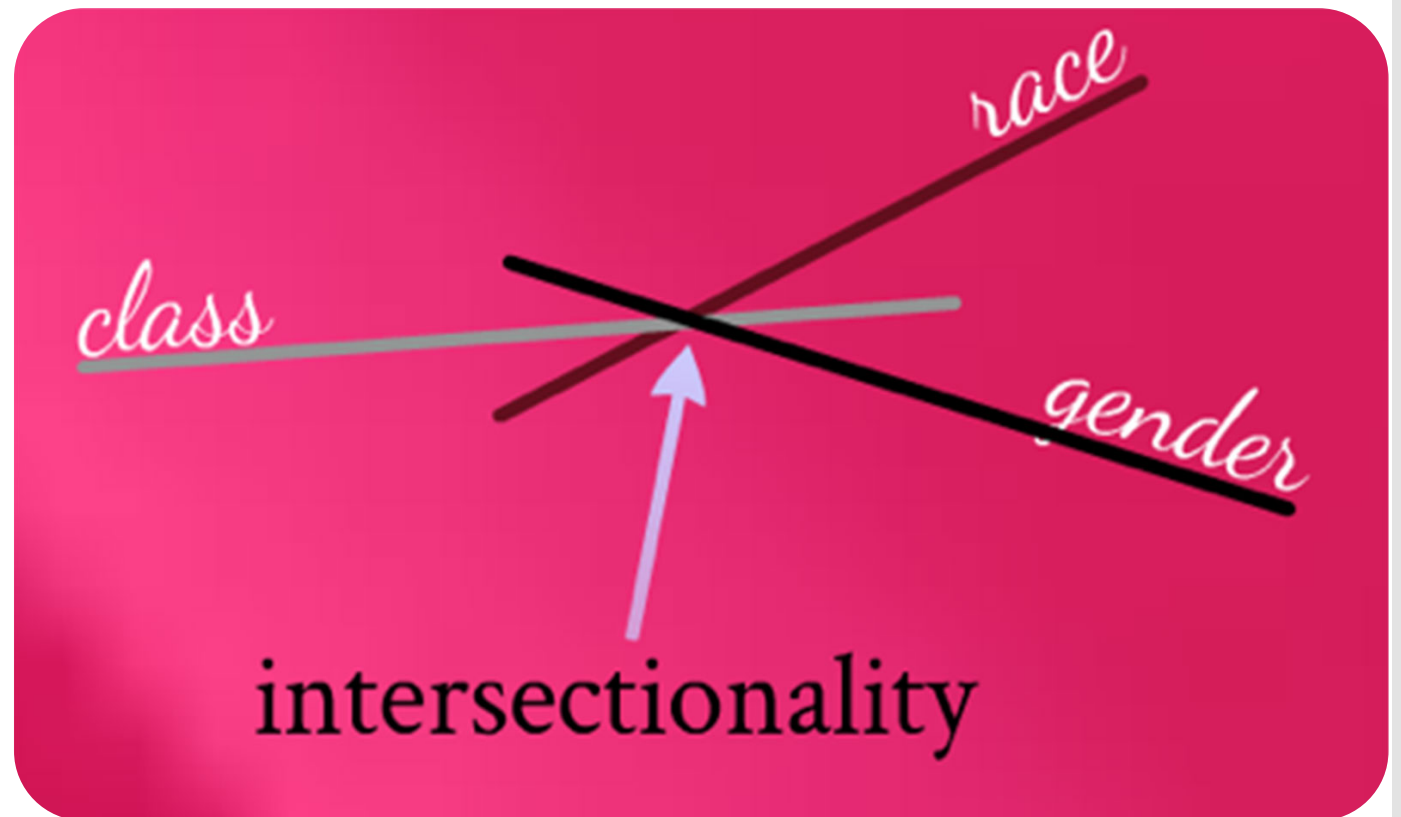


USE OF PUNITIVE TREATMENT, COERCIVE
PRACTICES AND OPPRESSIVE LANGUAGE

What do you need to be
aware of?

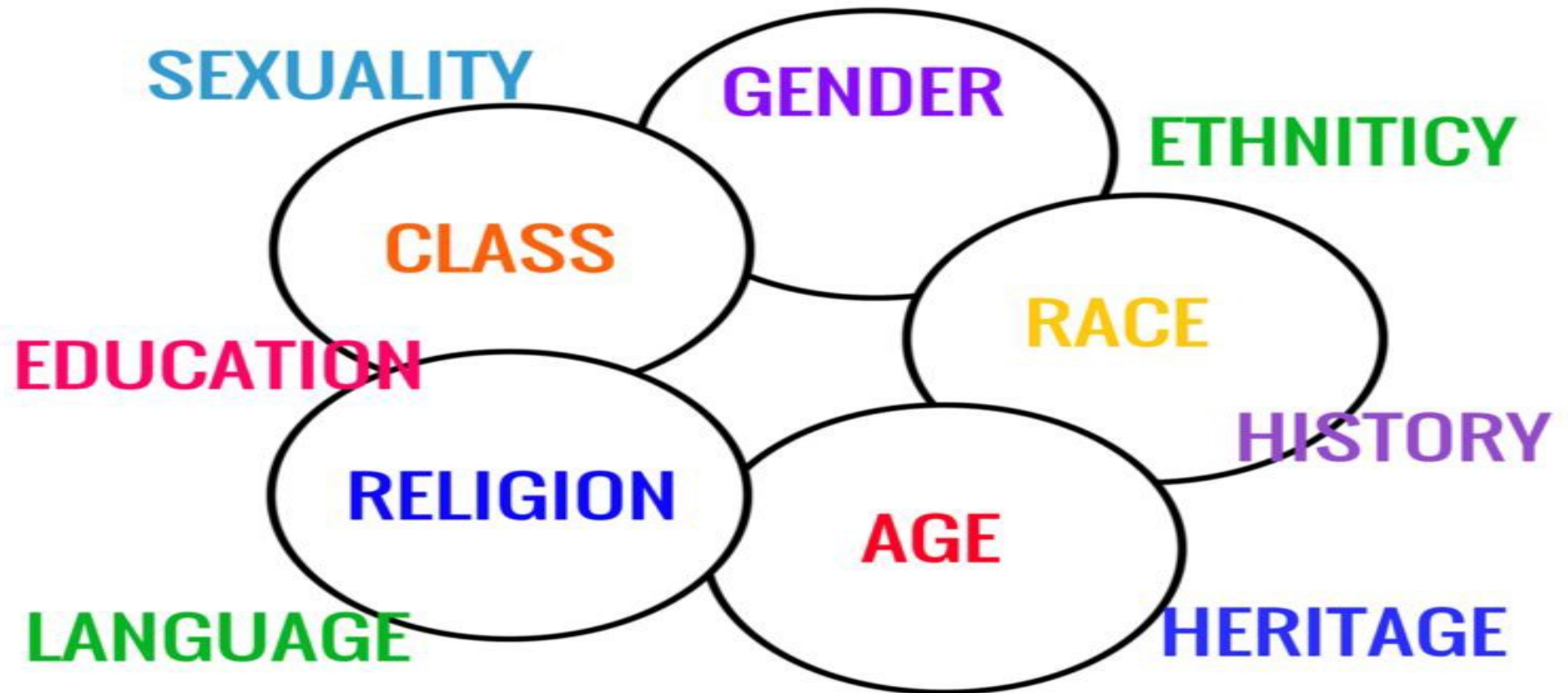


Understanding
Trauma Informed
Care with an
Intersectionality
Lens



intersectionality

INTERSECTIONALITY



"overlapping or intersecting social identities and related systems of oppression, domination, or discrimination."

Positioning
yourself

Cultural Humility Principles

1. Lifelong commitment to learning and critical self-reflection

2. Desire to fix power imbalances within provider-client dynamic

3. Institutional accountability & mutual respectful partnership based on trust

Direct practice skills and techniques

1) Assessing and engaging with a TIC lens

Reduce opportunities for guilt when assessing basic needs

Victim blaming (self and community) means a victim may struggle to tell you what they need because they feel selfish or shameful asking

The mind in crisis may not be able to fully explain what it needs to feel safe

Share basics so they don't have to ask you; be aware of how you present

Check your perception vs their lived reality

Who's truth are you centering during assessment (the agency? Yours? The funder?)

When
assessing

Time to slow down:

- Physically closed off
- Won't make eye contact
- Change in tone
- Shift the kinds of questions
- If you have enough for the moment, end the session
- Check in with them throughout the session

Asking Questions

Open ended

- They are your expert in that moment. Tell them that.
- When using open-ended questions, the control of the conversation switches over to the person being asked
- the question
- Save technical questions for the end when open-ended is exhausted.
- “Tell me more about”, “I’d like to go back to when you said...”

Avoid phrases
like...

"I don't understand..."

"Help me understand..."

"I still don't get it..."

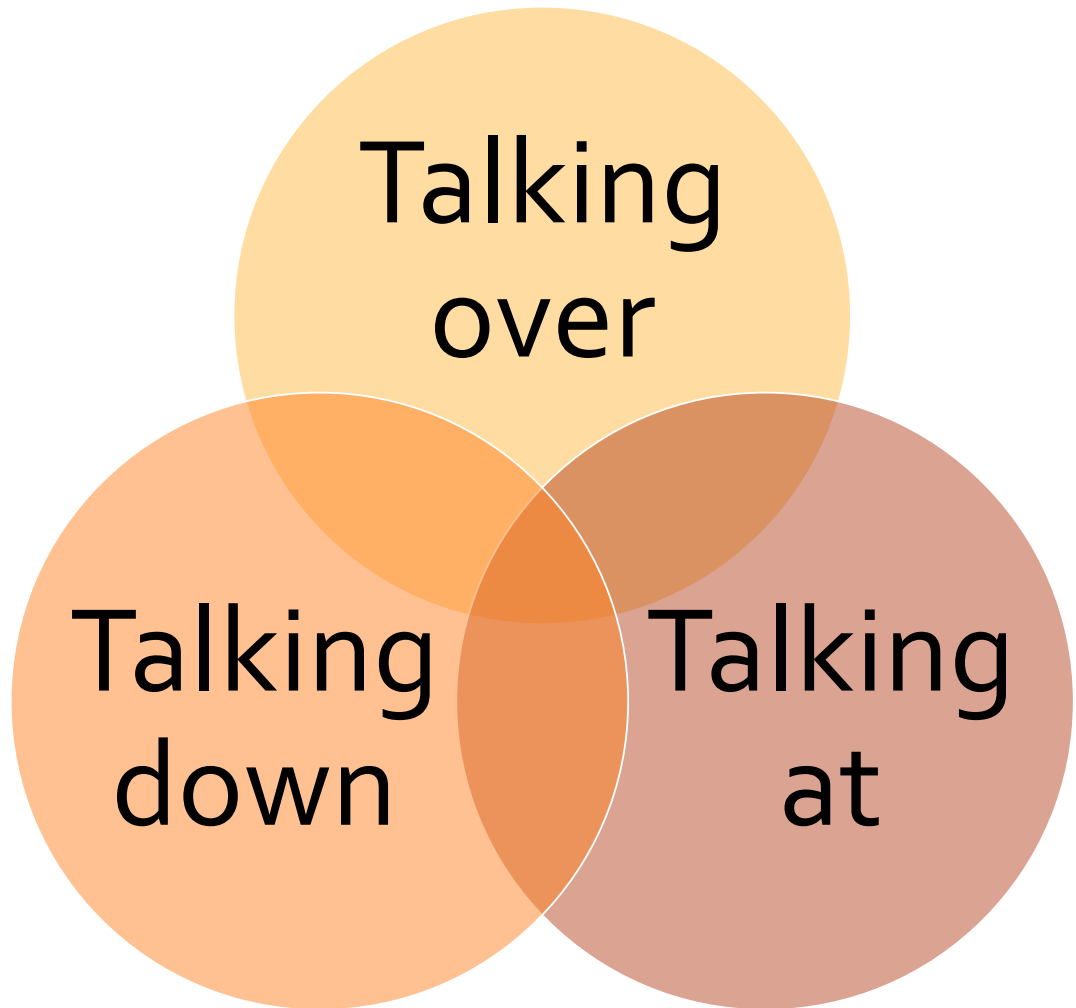
"But why...?"

Try phrases
and questions
like...

“What was it like for you to...”

“Walk me through your
experience of what happened
when you...”

Also avoid...



Validate lived and living experiences

Let their experience
be their experience
with your
minimizing,
overriding or
explaining the pain
or challenge away.



Validate, validate
and validate



I did not say agree,
agree and agree

2) Identify risk

Risk: A situation that may pose a danger or has posed a danger in their past.

- Ask questions that are nonjudgmental
- Example: being targeted and/or harassed , past suicidal ideation and/or attempts
- Additional examples: Trans youth of color, lack of financial means, social isolation, etc.

Breakout
Group
Discussion

What do you see at your organizations/programs?

- What are some examples of risk that you have seen with those you serve?

3) Safety Planning

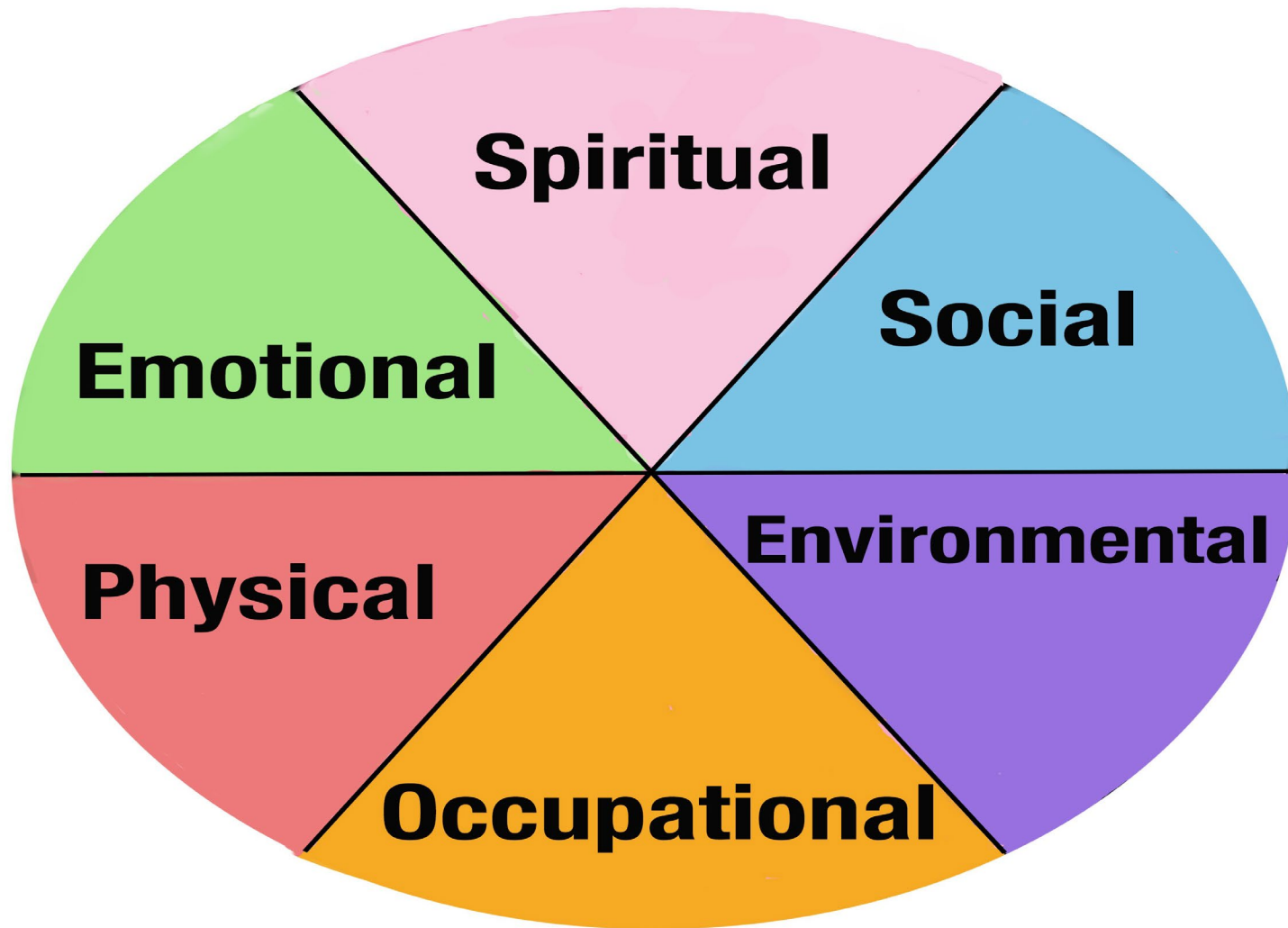
Recognizing power and privilege views of safety and what that means for you and them

- Youth driven get to know their story as it relates to the services that you are providing or linking them to. And how they move through those services (inside and outside of your program)
- Realistic (i.e. don't make promises you can't keep)
- Come up with a plan that's workable and feasible
- Be authentic , intentional and genuine
- Action item and sharing of task
- Avoid, rescuing and hijacking

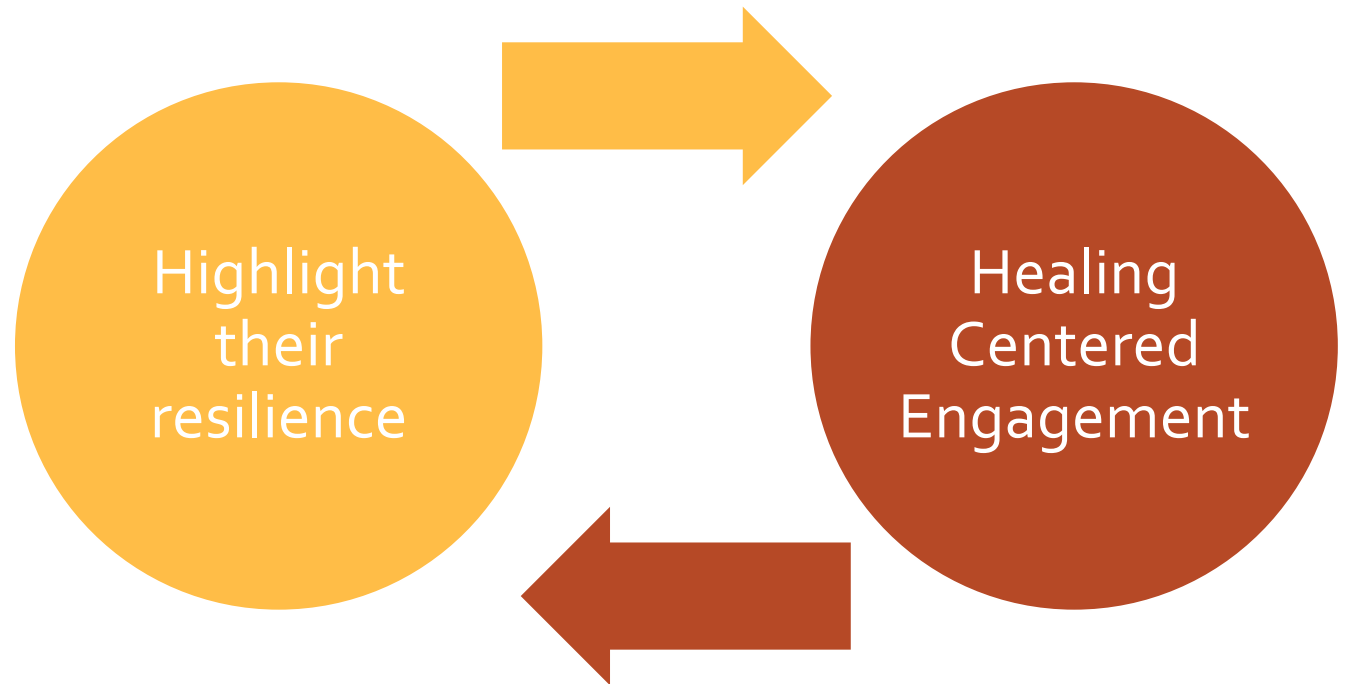
4) Identifying Strengths

Protective factors

What's been working for them?



5) Promoting Healing and Collaboration



COLLABORATION

- Support networks
- Social Context
- Manage perceptions

VISION

- Purpose, goals & congruence

COMPOSURE

- Regulate Emotions
- Interpretation bias
- Calm and in control

REASONING

- Problem solving
- Resourcefulness
- Anticipate & plan

HEALTH

- Nutrition, sleep & exercise

TENACITY

- Persistence
- Realistic optimism
- Bounce back

THE SIX DOMAINS OF RESILIENCE

1. Healing from trauma is found in an awareness and actions that address the conditions that created the trauma in the first place.

2. The pathway to restoring wellbeing can be found in culture, building a healthy identity, and a sense of belonging, supported by rituals and stories.

**Healing Centred
Engagement**

3. Go beyond treating emotional and behavioural symptoms, build on collective strengths and possibilities.

4. Supports the wellbeing of those practitioners supporting the community healing.

Let's practice

Remember
your steps

Assessing

Safety
planning

Identify
strengths

Identify risk

Collaboration

Vignette 1

Victor 21 yrs. old

Victor is a 21-year-old Latino male currently residing in Van Nuys with his biological mother and a younger sister (age 5). His mother told him that he has to leave in a week if he doesn't have a job. He was released from prison last week (after serving 3 years for possession and selling of illegal substances). While in jail he contracted COVID-19 and was isolated/quarantined for two weeks from general population. Victor has a history of sexual abuse, physical abuse and substance abuse. Victor was referred to your program for assistance.

- You are currently in a zoom meeting with Victor for an initial meeting...
- Based on what you learned today, how would you begin working with him? Specifically, discuss your approach, techniques and skills used.

Discussion

zoom
BREAKOUT ROOMS

Vignette 2
Tee Tee 18 yrs. old

Tee Tee is an 18 yrs. old (her birthday was last Friday) transgender Latina woman. In the past she engaged in survival sex work to support herself financially. She is in an intimate partner abusive relationship at this time. She dropped out of school two years ago due to harassment and multiple physical altercations/assaults.

- You are currently in a zoom meeting with Tee Tee for an initial meeting...
- Based on what you learned today, how would you begin working with her? Specifically, discuss your approach, techniques and skills used.

Discussion

zoom
BREAKOUT ROOMS

Vignette 3 Darrius 24 yrs. old

Darrius is a 24 yr. old African American male who is a former foster youth (residing in over 8 different placements from 10-18 yrs. old). He has a 4 year old daughter who is currently living with her maternal grandmother. Two years ago his bio. Brother was murdered outside of Darrius' apartment. Currently, was taking college classes at LACC and working part-time at the Shoe Palace at the mall prior to COVID-19. Currently he has been laid off.

- You are currently in a zoom meeting with Darrius for an initial meeting...
- Based on what you learned today, how would you begin working with him? Specifically, discuss your approach, techniques and skills used.

Discussion

zoom
BREAKOUT ROOMS

In closing...

What are you going to
take away from this
training?

Questions



Thank you!

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