



“TRAUMA-INFORMING” YOUR PRACTICE

LUCÍA GRAUMAN NEANDER, PHD
ANTHC BEHAVIORAL HEALTH



AGENDA

1. Signs & Symptoms of Trauma
2. Trauma-Informing your Practice
3. Q & A

OBJECTIVES

- Participants will have the ability to explain the correlation between trauma and substance use disorders.
- Participants will be able to describe implications of historical and contemporary trauma against Alaska Native people.
- Participants will demonstrate the ability to recognize signs of trauma and provide a therapeutic response to the patient.

DISCLOSURE

- No conflict of interest to disclose.



Responses to trauma can vary from person to person, from minor disruptions in an individual's life to debilitating responses.

SIGNS & SYMPTOMS OF TRAUMA

Physical	Emotional/Cognitive	Spiritual	Interpersonal	Behavioral
<ul style="list-style-type: none"> • Unexplained chronic pain or numbness • Stress-related conditions (e.g., chronic fatigue) • Headaches • Sleep Problems • Breathing Problems • Digestive Problems 	<ul style="list-style-type: none"> • Depression • Anxiety • Anger Management • Compulsive and obsessive behaviors • Dissociation • Being overwhelmed with memories of the trauma • Difficulty concentrating, feeling distracted • Fearfulness • Emotionally numb/flat • Loss of time and memory problems • Suicidal thoughts 	<ul style="list-style-type: none"> • Loss of meaning or faith • Loss of connection to self, family, culture, community, nature, or a higher power • Feelings of shame, guilt • Self-blame • Self-hate • Feeling completely different from others • No sense of connection • Feeling like a 'bad' person 	<ul style="list-style-type: none"> • Frequent conflict in relationships • Lack of trust • Difficulty establishing and maintaining close relationships • Experiences of re-victimization • Difficulty setting boundaries 	<ul style="list-style-type: none"> • Substance use • Difficulty enjoying time with family/friends • Avoiding specific places, people, situations (e.g., driving, public places) • Shoplifting • Disordered eating • Self-harm • High-risk sexual behaviors • Suicidal impulses • Gambling • Isolation • Justice system involvement

(Arthur et al., 2013)

THE IMPACT OF TRAUMA

- Trauma symptoms can interfere with an individual's
 - Sense of safety
 - Sense of self
 - Self-efficacy
 - Ability to regulate emotions
 - Ability to navigate relationships
 - Responses to situations (over-reactance or under-reactance)

(Arthur et al., 2013)



All behavior serves a function.

FUNCTION OF TRAUMA RESPONSES

Trauma symptoms/responses occur because they were once adaptive at or around the time of a trauma.

FUNCTION OF TRAUMA RESPONSES

Trauma symptoms and responses can continue to occur in settings outside of traumatic situations where they may not be particularly helpful.



TRAUMA INFORMING YOUR PRACTICE



WHAT DOES IT MEAN TO TRAUMA-INFORM YOUR CARE?

Heightened awareness and deliberation to the work you do.

Altering/adding to your practices to provide a more comfortable experience for your patients.

SHIFT AWAY FROM A DEFICIT PERSPECTIVE

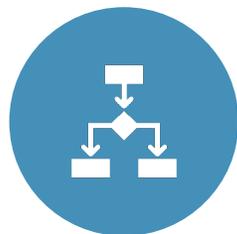
FROM (Deficit Perspective)	TO (Trauma-Informed & Strengths-Based)
What is wrong with this person?	What has this person been through?
Symptoms	Adaptations
Disorder	Response
Attention seeking	The individual is trying to connect in the best way they know how
Borderline	The individual is doing the best they can given their earlier experiences
Controlling	The individual seems to be trying to assert their power
Manipulative	The individual has difficulty asking directly for what they want
Malingering	The individual is seeking help in a way that feels safer

(Arthur et al., 2013)

PILLARS OF TRAUMA-INFORMED CARE



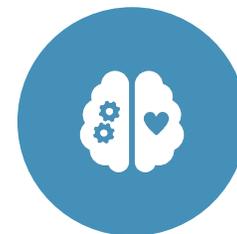
PATIENT
EMPOWERMENT



CHOICE



COLLABORATION



SAFETY



TRUSTWORTHINESS

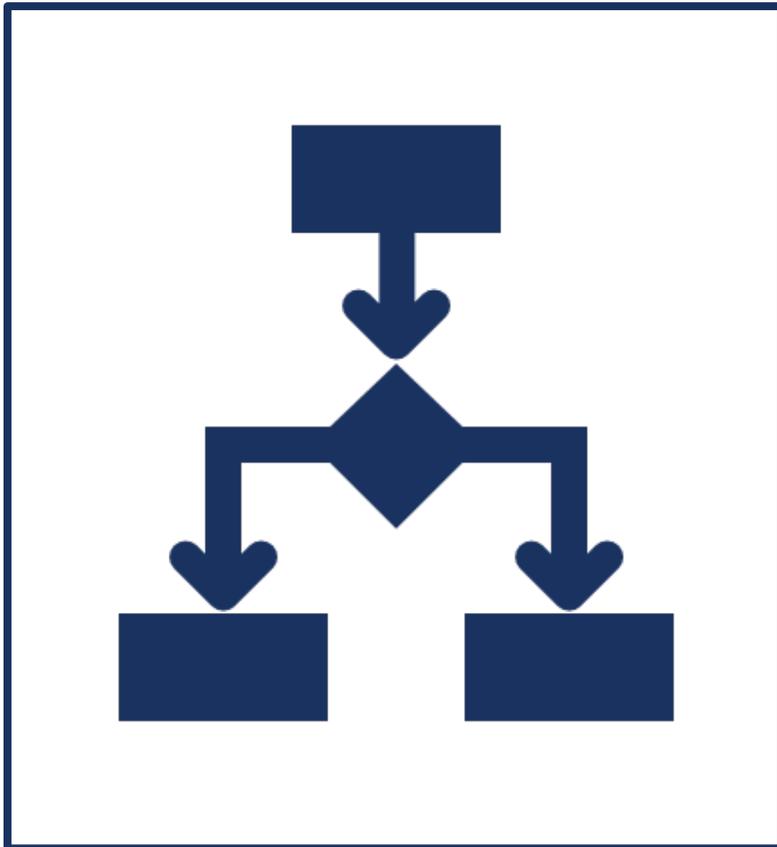
(Arthur et al., 2013)

PATIENT EMPOWERMENT



- Ensure informed consent
- Brainstorm ways to eliminate barriers
- Focus on strengths
- Provide genuine positive reinforcement
- Offer hope

PATIENT CHOICE



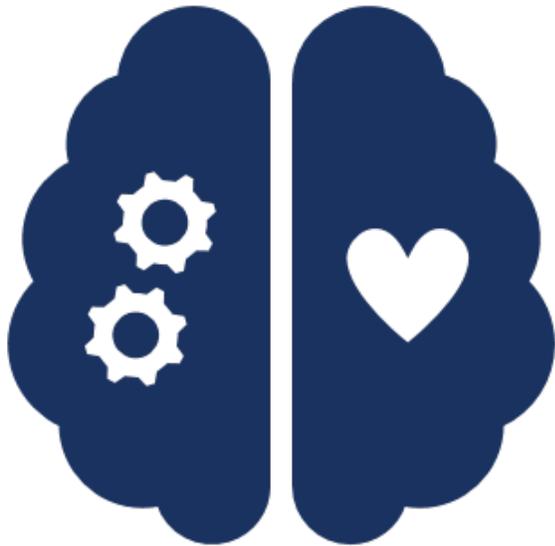
- Attend to patient's immediate needs
- Focus on patient's priorities or hopes for treatment
- Book another appointment if necessary
- Provide choice in provider (i.e., gender, age, background, experience, personality)

COLLABORATION



- Equalize power imbalances (allow clients to call you by your first name, humor, avoid jargon)
- Allow the expression of feeling without fear of judgment
- Ask questions on a need-to-know basis
- Ask permission before asking a difficult question or starting a procedure
- Have print information available

SAFETY



- Environment
- Provider
 - Allow patient to have close access to the door
 - Calm and gentle tone
 - Provide an overview of the procedure before you commence
 - Provide multiple opportunities for a patient to ask questions
 - Be consistent
 - Provide warm handoffs to other providers

TRUSTWORTHINESS



- Allow a support person to be present
- Do not make promises you cannot keep
- Follow through on your word in a timely manner
- Acknowledge and take responsibility for miscommunication
- Respect patient confidentiality
 - Use kind words when speaking about the patient with others
- Grounding strategies

NEXT STEPS TO TRAUMA-INFORM YOUR PRACTICE

- If trauma-informed care resonates with you and you feel you are already doing it, try to find ways to increase it.
- Think of one behavior you would like to increase in your work with patients and start there.

REFERENCES

- Arthur, E., Seymour, A., Dartnall, M., Beltgens, P., Poole, N., Smylie, D., ... & Jasiura, F. (2013). Trauma-informed practice guide. *Victoria: BC Provincial Mental Health and Substance Use Planning Council.*
- Heller Key, K., Schumann, J., Kramer, C., & Schiller, L. (2019). *Implementing Trauma-Informed Care: A Guidebook.* LeadingAge Maryland.
- Kimberg L., Wheeler M. (2019) Trauma and Trauma-Informed Care. In: Gerber M. (eds) *Trauma-Informed Healthcare Approaches.* Springer, Cham. https://doi.org/10.1007/978-3-030-04342-1_2



QUESTIONS