



Trauma-Informed Care Basics Appendix

Appendix

Additional Breathing Exercises:

Pursed Lip Breathing

This simple breathing technique makes you slow down your pace of breathing by having you apply deliberate effort in each breath.

You can practice pursed lip breathing at any time. It may be especially useful during activities such as bending, lifting, or stair climbing.

Practice using this breath 4 to 5 times a day when you begin in order to correctly learn the breathing pattern.

- Relax your neck and shoulders.
- Keeping your mouth closed, inhale slowly through your nose for 2 counts.
- Pucker or purse your lips as though you were going to whistle.
- Exhale slowly by blowing air through your pursed lips for a count of 4.

Breath Focus Technique

This deep breathing technique uses imagery or focus words and phrases.

You can choose a focus word that makes you smile, feel relaxed, or that is simply neutral to think about. Examples include peace, let go, or relax, but it can be any word that suits you to focus on and repeat through your practice.

As you build up your breath focus practice you can start with a 5-minute session. Gradually increase the duration until your sessions are at least 20 minutes.

- Sit or lie down in a comfortable place.
- Bring your awareness to your breaths without trying to change how you're breathing.
- Alternate between normal and deep breaths a few times. Notice any differences between normal breathing and deep breathing. Notice how your abdomen expands with deep inhalations.
- Note how shallow breathing feels compared to deep breathing.
- Practice your deep breathing for a few minutes.
- Place one hand below your belly button, keeping your belly relaxed, and notice how it rises with each inhale and falls with each exhale.
- Let out a loud sigh with each exhale.
- Begin the practice of breath focus by combining this deep breathing with imagery and a focus word or phrase that will support relaxation.
- You can imagine that the air you inhale brings waves of peace and calm throughout your body. Mentally say, "Inhaling peace and calm."
- Imagine that the air you exhale washes away tension and anxiety. You can say to yourself, "Exhaling tension and anxiety."

Lion's Breath

Lion's breath is an energizing breathing practice that is said to relieve tension in your chest and face.

- Come into a comfortable seated position. You can sit back on your heels or cross your legs.
- Press your palms against your knees with your fingers spread wide.
- Inhale deeply through your nose and open your eyes wide.
- At the same time, open your mouth wide and stick out your tongue, bringing the tip down toward your chin.
- Contract the muscles at the front of your throat as you exhale out through your mouth by making a long "ha" sound.
- You can turn your gaze to look at the space between your eyebrows or the tip of your nose. Do this breath 2 to 3 times.

Resonant or Coherent Breathing

Resonant breathing, also known as coherent breathing, is when you breathe at a rate of 5 full breaths per minute. You can achieve this rate by inhaling and exhaling for a count of 5.

Breathing at this rate maximizes your heart rate variability (HRV), and reduces stress.

- Inhale for a count of 5.
- Exhale for a count of 5.
- Continue this breathing pattern for at least a few minutes.

Humming Bee Breath

The unique sensation of this breathing practice helps to create instant calm and is especially soothing around your forehead. Some people use humming bee breath to relieve frustration, anxiety, and anger.

- Choose a comfortable seated position.
- Close your eyes and relax your face.
- Place your first fingers on the tragus cartilage that partially covers your ear canal.
- Inhale, and as you exhale gently press your fingers into the cartilage.
- Keeping your mouth closed, make a loud humming sound.
- Continue for as long as is comfortable.

Anchor Breathing

- Imagine being on a boat, feeling calm, and safe.
- Attached to the boat is an anchor. It keeps you there, where you want, and happy.
- Our bodies, like the boat, also have anchors, and they can help us focus.
- Our belly, our nose and mouth, and our chest and lungs can help us feel grounded.
- With your hands on your chest, breathe in deeply.
- Breathe out slowly.
- Feel your ribs rise and fall.
- As your mind wanders, gently bring it back to the anchor point.

Using Questions to Build Connection

Useful Questions for Dialogue Facilitation Resource

Things to keep in mind when posing the following questions: those receiving them may not speak English as a first language, so please keep in mind your pace of speaking, and the words you use, (for example, colloquialisms); please be sensitive to disability issues (for example, using the words “stand” or “hear”)

Exploratory Questions—Probe basic knowledge

- What do you think about _____?
- How does _____ make you feel?
- What bothers/concerns/confuses you the most about _____?
- What are some ways we might respond to _____?

Open-ended Questions—that don’t require a detailed or specific kind of response

- What is your understanding of _____?
- What do you want to know about _____?
- What is the first thing you think about in relation to _____?
- What are some questions you have about _____?
- State one image/scene/event/moment from your experience that relates to _____?

Challenge Questions—Examine assumptions, conclusions, and interpretations

- What can we infer/conclude from _____?
- Does _____ remind you of anything?
- What principle do you see operating here?
- What does this help you explain?
- How does this relate to other experiences or things you already knew?

Relational Questions—Ask for comparisons of themes, ideas, or issues

- Do you see a pattern here?
- How do you account for _____?
- What was significant about _____?
- What connections do you see?
- What does _____ suggest to you?
- Is there a connection between what you’ve just said and what _____ was saying earlier?

Cause and Effect Questions—Ask for causal relationships between ideas, actions, or events

- How do you think _____ relates or causes _____?
- What are some consequences of _____?
- Where does _____ lead?
- What are some pros and cons of _____?
- What is likely to be the effect of _____?

Extension Questions—Expand the discussion

- What do the rest of you think?
- How do others feel?
- What did you find noteworthy about this comment?
- How can we move forward?
- Can you give some specific examples of _____?
- How would you put that another way?

Hypothetical Questions—Pose a change in the facts or issues

- What if _____ were from a different _____, how would that change things?
- Would it make a difference if we were in a _____ society/culture?
- How might this dialogue be different if _____?
- What might happen if we were to _____?
- How might your life be different if _____?

Diagnostic Questions—Probe motives or causes

- What brings you to say that?
- What do you mean?
- What led you to that conclusion?

Priority Questions—Seek to identify the most important issue

- From all that we've talked about, what is the most important concept you see?
- Considering the different ideas in the room, what do you see as the most critical issue?
- What do you find yourself resonating with the most?
- If you had to pick just one topic to continue talking about, what would it be?

Process Questions—Elicits satisfaction/buy-in/interest levels

- Is this where we should be going?
- How are people feeling about the direction of this dialogue?
- What perspectives are missing from this dialogue?
- Everyone has been _____ for awhile, why?
- How would you summarize this dialogue so far?
- How might splitting into groups/pairs affect our discussion?

Analytical Questions—Seek to apply concepts or principles to new or different situations

- What are the main arguments for _____?
- What are the assumptions underlying _____?
- What questions arise for you as you think about _____?
- What implications does _____ have? (for _____?)
- Does this idea challenge or support what we've been talking about?
- How does this idea/contribution add to what has already been said?

Summary Questions—Elicit syntheses, what themes or lessons have emerged?

- Where are we?
- If you had to pick two themes from this dialogue, what would they be?
- What did you learn?
- What benefits did we gain today?
- What remains unresolved? How can we better process this?
- Based on our dialogue, what will you be thinking about after you leave?
- Let me see if I understand what we've talked about so far... What have I missed?
- Ok, this is what I've heard so far... Does anyone have anything to correct or add?

Action Questions—Call for a conclusion or action

- How can we use that information?
- What does this new information say about our own actions/lives?
- How can you adapt this information to make it applicable to you?
- How will you do things differently as a result of this meeting?
- What are our next steps?
- What kind of support do we need as we move forward?
- How does this dialogue fit into our bigger plans?

Evaluative Questions—Gauge emotions, anxiety levels, what is going well or not

- Is there anything else you would like to talk about?
- How are you feeling about this now?
- What was a high point for you? A low point?
- Where were you engaged? Disengaged?
- What excited you? Disappointed you?

Closing Exercises & Practices

3-2-1

Practicing humble inquiry, ask participants to draw on what they have learned and explored using the following questions:

- Three things you learned, examined or had the opportunity to press into
- Two things that resonated with you
- One question you still have.

Writing Debrief

At the close of a live learning session, set aside 10 minutes for the group to respond in writing to a few specific questions.

- At what moment were you most engaged?
- At what moment were you most distanced?

Verbal Debrief

At the close of a live learning session, set aside 10 minutes for the group to discuss the following questions:

- What action that anyone in the room took did you find most affirming or helpful?
- What action that anyone in the room took did you find most puzzling or confusing?
- What surprised you most?

So What

Have each participant answer the questions:

- What have you learned from this group that will matter to you in one year?
- In three years?
- Five years?

Extra! Extra! Read All About It!

Invite participants to create a newspaper headline featuring all they learned, examined, explored during the live session.

Virtual Options

Metaphors

Invite participants to use chat box to apply a metaphor to the live session

Gallery Walk

Using google slides or ideafliip, invite participants to create a visual representation of all they have discussed that day.

Sequence It

Use ideafliip and invite participants to use virtual sticky notes to write one thing they enjoyed, learned from, experienced.

TIC Principles Case Studies:

Behavioral Health

Susan, a client, is a new resident of the shelter. She has resided there for a few days and still hardly looks up while her two young children cling to her tightly. She was living in a car for a couple of weeks during the summer after losing her apartment. Susan and her children were unable to access bathroom and shower facilities and, therefore, arrived at the shelter wearing clothes that were turned inside out and covered in sweat. After three days, she and her children still had not showered or changed. Other residents are beginning to complain to the staff.

One of the shelter workers, Jennifer, approaches Susan and in a friendly voice says, “Hi, my name is Jennifer, what’s yours?” while extending her hand. Susan doesn’t look up or make any motion to indicate that she sees Jennifer standing there. Jennifer continues, “I know it has been hot out there. Maybe you and the kids would like to use the shower.” Susan becomes immediately angry and starts to raise her voice saying, “I don’t need a damn shower and neither do my kids.” She gets up off the couch where she was sitting and storms toward her room.

At a staff meeting later that day, staff members Cheryl, Jennifer, and Maureen disagree about how best to approach Susan. Cheryl says the shelter should call the mental health emergency services team to conduct an assessment. Her belief is that Susan probably has some sort of psychiatric problem. Maureen wonders if Susan was taking medication and has stopped. She also suggests that the new resident is withdrawing from drugs and that is why she is a bit edgy and withdrawn. Jennifer wants to ask what is making Susan so angry. Is she frightened? Does she feel unsafe? Did something happen?

Maureen and Cheryl disagree with Jennifer’s approach. They think that only professionals should ask Susan about her anger. They feel unqualified to ask her in-depth questions about her life. In addition, Maureen and Cheryl are concerned that Susan will scare the other residents and children. They express uncertainty about whether the shelter should have admitted her at all or if she would be better served by the mental health system.

- 1a. Who is thinking in a trauma-informed way?
- 1b. What makes their approach trauma-informed?
- 2a. Who is approaching Susan more traditionally?
- 2b. What makes this approach traditional?
- 3a. What might have been going on that could explain Susan’s response?
- 3b. What other relevant questions can you think of to ask Susan?
- 3c. What might be some possible remedies or alternative ways of addressing this issue?

Child Welfare

Rachel is a 14-year-old who was removed from her home due to extreme safety issues.

Brittany is the emergency foster care mom where Rachel's CPS worker brings her. Brittany welcomes Rachel the same way she welcomes every child that comes to her home. She shows Rachel the room she'll be staying in and points out the welcome basket on the bed.

"The baskets include toiletries, fuzzy socks, a blanket and anything else you might need."

Rachel sees there is a TV and DVD player in the room. That helps her feel a bit better as she often falls asleep to music videos. After giving Rachel a little time to get settled, they take a walk to the local Shake Shack. Brittany tells Rachel, "I have found that most kids can find things on the menu that they like, and it gets us out of the house in a neutral area where we can just get to know each other."

When they get back to the house, Brittany gives Rachel a tour, pointing out a few things along the way. "We have nightlights in the halls and bathroom. There are pads and tampons in the basket on the sink in case the need arises." She also shows Rachel the game closet as they have frequent game nights. Rachel also sees the crayons, markers and coloring books in the closet and smiles, she likes to draw and color for stress relief. Brittany also introduces her cat, Millie, and Rachel reaches down to pet her. Lastly, she points out the snack closet. Rachel sees it is not full of super-healthy things. Brittany says, "I make healthy foods with dinner and have healthy snacks in the fridge, but this is to offer some comfort and some feelings of home."

Brittany asks Rachel if she can do a load of laundry for her. Rachel, like a lot of kids, came with her dirty clothes in a trash bag. She also tells Rachel, "We give everyone that stays an easier way to carry their belongings, so here is a duffel bag of your very own. You can take it with you when you leave." Brittany knows that a lot of times the clothes haven't been washed in a long time and so she uses an odor remover in the wash to help remove some of the odors. Brittany and all the kids in the home wind down the evening with some TV and then before you know it, it's time for lights out. Brittany tells Rachel, "I've found that a lot of the kids don't like to sleep under the sheets and blankets on the bed, so feel free to check out the supply of blankets available to help you get cozy and have a good night's sleep."

The next morning, she makes cinnamon rolls. Saying, "these are super easy to make in the morning and I've yet to find a kid who doesn't like cinnamon rolls for breakfast." While waiting for breakfast, Rachel spots the different magnets on Brittany's fridge. She's happy to see a few supporting LGBTQ+ and BLM. Rachel also sees a box on the table with Conversation Cards in it. Brittany says, "They are fantastic to prevent lulls in conversation at dinner time and allows everyone to get out of their heads and think about something else other than what's going on in their lives at that very moment. Plus, we get to learn about each other."

- 1a. Do you see any trauma-informed principles in this scenario?
- 1b. What makes this approach trauma-informed?
2. What are other relevant items to offer or questions to ask can you think of?

Criminal Justice

Criminal Justice Corrections Employee – Ms. Jones has been employed with corrections for 15-years, she loves her job and for the last 5-years has been working in the Law Library as a librarian. As the Law Librarian she works with inmates in filling out forms, locating books and resource materials they might request, she has helped many proofread their appeals petitions and been the notary public for inmates. Over the course of 5 years, Ms. Jones has worked with and interacted with inmate Smith while he has been working on his mother's death and all the legal paperwork associated with her trust and will. While he's been incarcerated a family member was attempting to sell all the property and pocket the profits directly and not through probate. Ms. Jones comes into work Monday morning and finds inmate Smith in the law library, he's been crying and shared that he just feels down and overwhelmed, he just found out his brother passed; his brother had been helping him with all the legal claims. Ms. Jones sits grabs some tissues and sits quietly with inmate Smith for several minutes modeling calm, deep breaths. When she notices him calming down, she says, "I am sorry for your loss and that you have been going through such a difficult time."

1. Is this a trauma-informed response?
2. What other actions or relevant questions can you think of?
3. What might be some possible remedies or alternative ways of addressing this issue?

Education

John is an 8yo, Latino boy attending Capybara elementary. It's a Title 1 school so, breakfast is provided for all the school children. However, John is often late to school and instruction has already begun so he doesn't get to eat until lunch time. John and his family were recently evicted from their home and are living in the family's car. An old neighbor lets them shower in his house, but sometimes it's hard to get there. John was an A student until recently. Now he's often daydreaming or falling asleep in class. The counselor has checked in with him but since the family doesn't have a phone, she has not been able to get a hold of his parents.

The next day when John arrives, the school receptionist calls out, "John, you're late again. Here, you need to take this letter to your mother." She waves an envelope in his direction. John reluctantly takes the envelope and stuffs it into his backpack. As he's leaving the office, he hears the receptionist say to a teacher, "I doubt his mother will read it, if he even gives it to her. We should just call CPS."

Later that afternoon, John's counselor calls him into her office. She greets him with a smile and tells him she is very happy to see him. She offers him a bottle of water and a granola bar. While he eats the snack, she tells him she wants to help and has some information for his mother that might help the family. John starts to cry and says, "You're just going to call CPS so they can take me away." The counselor tells John that she cares about him and helps him take some deep breaths to calm down. When he is calmer, she says, "I don't want to see you taken from your family John, I understand why you feel scared about that. It is very important that I talk to your mom, so we can see how we can best help. The letter you got this morning is just a note asking your mom to get in touch with me. It has my phone number and email information on it. Do you think you could ask her to call me, or come see me?" John agrees to ask his mom and to show her the letter.

1a. Who is thinking in a trauma-informed way?

1b. What makes their approach trauma-informed?

2a. Who is approaching John more traditionally?

2b. What makes this approach traditional?

3a. What might have been going on that could explain John's response?

3b. What are other relevant questions you can think of to ask John?

3c. What might be some possible remedies or alternative ways of addressing this issue?

Health Care

Scenario 1:

Jane, a mother of three, has scheduled a routine follow up for herself as well as a well-child annual physical for two of her children with their family care provider during morning office hours. The mother misses her appointments; however, shows up just prior to the start of the afternoon appointments. The afternoon schedule is full, and the lobby is crowded with other patients checking in for their appointments at the front desk next to where the mother is standing with her children.

Barbara, the front desk person verifies Jane and children's insurance and sees that the family has Medicaid services. This creates irritation for Barbara as she is aware that they are doing a favor for this family by even providing medical services at such a cheap rate and believes the family is taking advantage of the system. Barbara then looks into past appointments and sees that this is the third "no-show" for Jane in the last year and the second "no-show" appointment for one of the children. Barbara becomes even more frustrated and informs Jane that having 3 "no-show" appointments in 1 year is grounds for termination of patient care and she will have 2 weeks to find another provider, and if Jane needs care in the next two weeks she can just go to the ER where she can show up "whenever you want." Barbara then lets Jane know that their provider is booked 3 weeks out and even though the children may continue to come to the clinic, they will have to reschedule. Jane asks if there is anyway the children could be seen today as she really needs paperwork for school completed for the children by her provider by tomorrow. Barbara dysregulates and loudly replies "You had an appointment today and did not choose to keep it! That was your choice! I am not going to ask the all these people around you to wait because you think you can come in here anytime you want. You should be thankful we even take Medicaid!"

Scenario 2:

Sara greets the family and says, "oh no! It looks like all of your appointments were for this morning. Were you thinking the appointments were for this afternoon?" Jane replies, "No, we were aware. We just couldn't make it, but we are here now and need to be seen." Sara sees that the family is on Medicaid and also sees that Jane has missed appointments in the past for herself and her children. Sara asks, "Did anything happen this morning? Are you all okay?" Jane responds, "Oh yes! We are all fine. I don't have a car and my sister was supposed to come pick us up this morning and bring us here, but she never showed up and didn't respond to my texts. I finally was able to call a friend who was free during their lunch break to come get us and bring us here. My children have paperwork for school that needs to be completed by tomorrow. We really need to be seen. I am sorry." Sara responds, "No worries! That must have been very frustrating this morning and I also have small children. Not having a vehicle would be very difficult. Let's move over to this office area where you all can have a seat and I can work on helping you today." Jane replies, "Thank you so much! It is difficult. I am so glad you understand" and smiles. Sara states that the provider has a full schedule for the afternoon but

will go back and speak with her and asks for the paperwork that the children need completed for the school. Sara returns in just a few minutes after speaking with the family's provider and states that the provider would be able to add Jane on to the schedule today if she is able to wait another 30 minutes as the follow-up visit should not take very long. For the children, Sara states that the provider was also able to have the nursing staff complete the forms based upon information from the charts and the paperwork is completed. Jane is happy and states, "Thank you so much! I was worried about that." Sara then states that the children could have their physicals today, but because of the length of the visits they could either wait until the end of the day today or reschedule when the slots are available. Jane gladly replies, "Oh, we can definitely reschedule. I really just needed the paperwork completed by tomorrow and do want the children to get their annual visits in, but they are doing fine and those can wait until you have openings." Sara starts to look for the next openings and as she is looking states, "I also have good news that you may not be aware of. Your insurance services will pay for transportation to your medical appointments for you and your children. Were you aware of that?" Jane replies, "What?? No one has ever told me that. That is wonderful news! I tell you, today was just awful this morning and I thought for sure I was going to miss another appointment, but this day is turning out to be pretty great for me. I just love this office and hope you all never close this place! I have never had a doctor's office who cares so much for me and my family" and she starts to tear up.

1a. Who is thinking in a trauma-informed way?

1b. What makes their approach trauma-informed?

2a. Who is approaching Jane more traditionally?

2b. What makes this approach traditional?

3. What might have been going on that could explain Barbara's response?

IDD

Tina's sisters are seeking services for Tina. Growing up, Tina lived with her mother. Her mother decided to home school Tina because Tina was having some trouble in school with the other students. Tina moved in with her sisters after her mother passed away.

Tina has successfully lived with her two older sisters for 5 years. Tina enjoys word search, jigsaw puzzles, watching cooking shows and going to 'dayhab' every day because she can watch cooking shows there. She also likes to talk with people. She is able to take care of her room, her daily hygiene, and one household chore – setting the table.

Tina has cognitive challenges, has chosen to stop taking her medications, and has a history of experiencing psychosis. Tina's sisters report their father was verbally abusive towards their mother and Tina may have witnessed this abuse when she was a child.

There has been a major change in the household – a new baby. Tina says her sister is not paying attention to her. Recently, Tina has started making threats against her sister and is making threatening gestures like she is going to choke her.

1. In a trauma-informed approach, who else should be included to understand Tina's experience?
2. What are some other questions that might be helpful to ask?
3. What are some possible remedies or ways of addressing the issues identified in this scenario?