Trauma-Informed Care Basics
Facilitator Guide
Module 3:
Understanding Trauma-Informed Care

South Southwest (HHS Region 6)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

Module Three: Understanding Trauma-Informed Care – Collective Learning Session

Objectives:

- Identify the four key assumptions in a trauma informed approach.
- Discuss the six SAMHA trauma-informed care principles.
- Identify ways they can implement a trauma-informed care approach.

Facilitators Guide

Review the content from the Understanding Trauma-Informed Care web-based module. Remember that the purpose of collective learning session is to supplement the independent learning and create a space where you can contextualize the learning to the setting you work in. Having said that, not all content will be covered, rather the time together is used to integrate learning using discussion, problem-based learning (practice), and dynamic learning generated by the participants and the experiences, identities, and roles that they bring.

Use an inclusivity first mindset. Use nametags or virtual naming tools for participants to provide their pronouns. Provide information regarding safe access to bathrooms, knowledge of when breaks will take place, dietary needs, accessibility, and information that helps them make decisions and helps increase their own feelings of comfort, trust and safety in the learning space. Prior to coming together for the first time, you can send out a group norms survey to build consensus and inclusivity.

All participants should have completed Module Three: Understanding Trauma-Informed Care independently.

The timing and content map provides flexible guidance for carrying out the live session. 90 minutes has been allocated for this collective learning session, however the time parameters suggested can change based on a variety of factors.

The live sessions take the shape of a three-part process in which the participant is asked to:

1) Reflect. Either through internal investigation or in pairs through discussion.
2) Explore. By examining a problem space through group discussion using their own observations, lived experience, and knowledge gained.
3) Build community. Cultivate a space to integrate, embody and/or question these findings.

TIME	GOALS	ACTIVITY
10 mins	• Sets the tone, slowing everyone down mindfully. • Provide connection to body/breath.	**Setting:** Please find a quiet, comfortable place to sit. Position yourself in a way that your bones are supporting the muscles and you don't need any effort to remain in one position for the whole exercise. To do this, try keeping your back straight and gently supported, with your shoulder blades slightly dropped and your chin gently tucked toward your chest. **Healing, Affectionate, Breathe, Credit given to Center for Mindful Self-Compassion:** • Take 3 slow easy deep breaths to relax and let go of whatever burdens you're carrying. Then let your eyelids gently close, or partially close, which ever makes you more comfortable. If you wish, put your hand over your heart, or wherever it is comforting for you, to remind yourself that you are bringing not only attention, but kind attention, to your experience and to yourself. • Now finding your breath, wherever you can feel it most easily. Perhaps at the tip of the nose, the belly, or perhaps as a gentle movement of your whole body? Letting yourself notice the simple sensation of breathing. Just feeling your breath for a while. • Your mind will naturally wander away from the sensation of the breath every few seconds. Don't worry about how often your mind wanders. Gently returning to the feeling of your breathing when you notice that your mind has wandered, like escorting a puppy or a child gone astray. • See if you can incline toward your breathing as you might incline toward a child or a beloved pet, with curiosity and tenderness. • Letting your body breathe you. There is nothing you need to do. • Noticing how your breath nourishes your body even when you're not paying any attention to it. • Now feeling your whole body breathe, gently moving with the rising and falling of the breath, like the movement of the sea. • Or, if you like, allowing your body to be rocked by your breath, back and forth, like a baby being soothed and caressed. • Giving yourself over to your breath, letting yourself become your breath, gently rocked and soothed, back and forth. Now, take a moment and savor the stillness of your body. Thanking yourself for this moment and slowly and gently open your eyes.
REFLECT		
10 mins	• Recap of the web-based module through open discussion.	**Review & Recap:** The Understanding Trauma-Informed Care module talks specifically about how trauma-informed care supports healing, resilience and hope. The module asserts that developing a better understanding of the multi-level trauma-informed approach is critical to preventing re-traumatization and supporting trauma survivors. In addition to exploring the 4R's the module describes the trauma-informed care principles, as proposed by SAMHSA. The module asserts that developing a better understanding of how these principles look can help us identify ways to support them throughout our organizations and systems. The module uses examples of what environmental and staff wellness changes can do to support TIC. This leads to asking participants what might work in their own agency or organization. **Examples of Action questions that can be used:** • 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?

15 mins	• Provide an exploration question for the dyad (groups of two). • Hold space for how this topic shows up in the person. • Practice modeling what it feels/looks like to hold a gentle open space for how stress, adversity or trauma shows up.	**Dyads: Four Key Assumptions** Invite participants to engage in discussion with a partner. Randomly assign so that people can get diverse learning experience from this activity. The goal of this activity is to support participant's understanding of the four key assumptions. Provide participants a copy of the four key assumptions. This can be found in the appendix. Ask participants to engage in a brief discussion with their partner, each taking 5 minutes each to examine how their language and experience with these concepts have shaped their understanding. Use these questions as guidance for the discussion: • What are the ways you see the four key assumptions play out in your agency or organization? • What can happen when agencies and organizations do not engage the four key assumptions?
EXPLORE		
20 mins	• Use problem-based learning to integrate a case study specific to the system or organization the learners are familiar with • Provide participants with a case study to examine in groups	**Case Study: The Six Trauma-Informed Care Principles** Provide participants with a case study from the list below. See appendix and provide each group of three to four participants a copy of the case study you have chosen. Process the questions that arise. Case study scenarios found in the appendix: • Behavioral Health • Child Welfare • Criminal Justice • Education • Health Care • IDD
		Brain Break: Self-Hug In the Understanding Trauma module, participants practiced self-holding. Another similar technique is the self-hug. It can provide comfort and a way to soothe yourself. Invite participants to put one arm across their chest with their hand in the opposite arm pit. Invite them to take the other arm over the top of their first arm, with their hand on the opposite shoulder/upper arm, like they are hugging yourself. Ask them to switch arms to see which position feels best. They can squeeze their arms close to their body, if that feels comfortable.
BUILD COMMUNITY		
15 mins	• Integrate learning through a group exercise • Use liberating structures exercise	**Group Learning Activity: Implementing Trauma-Informed Care** Materials for In-Person Learning: • Flip Chart Paper • Markers Materials for Virtual Learning: • Google Jamboard

		Instructions: Prime participants by revisiting the fact that experiencing a trauma can make someone feel out of control. Often times, this is what happened during the trauma, a sense of loss of control and power. Ask participants to take the following questions into their groups and break them into groups of 3-4: • How can we help restore someone's feelings of power, voice and choice? This can be from the point they approach the building or service area and beyond. • Ask participants to reflect on voice, choice, and control and their work. In what ways can you help a survivor of trauma and people who experience stress and adversity have more voice, choice and control when they are in and around the building where they are receiving services? For example, if I work in the cafeteria I may ask questions regarding their needs and wants, providing as much choice so they can voice their needs. **Collective Learning Experience:** Bring participants together to discuss what came up in their groups. What are some insights that occurred across all groups? What are some considerations for how systems can be more responsive to the person's lived experience? This will plant the seeds for further insight on implementing trauma-informed practices in later modules. **Group Process Questions:** • What did you discover? Highlight some of the commonalities, while also connecting participants to their own experience of protective factors in their own lives. The processing of the prompt should take approximately 7 - minutes.
10 mins	• Brings the learning together.	**Group Process: Tying It Together** **Liberating Structure – TRIZ** Take a moment to consider all the things that people and organizations can do which would be the opposite of trauma-informed care. Develop an exhaustive list, acknowledging that some of it may sound ridiculous. Now what can we do to enact the opposite? Create the list together. Take a moment to answer any questions or comments about the content that was covered in the collective learning session.
5 mins	• Close the loop effectively and with calm.	**Check-Out Closing** Closing a collective learning session allows participants to process their learning and the facilitator to check-in on the participants. This particular check-out practice is called So What. Practicing humble inquiry, ask participants to draw on what they have learned and explored using the following questions: • What information and exercises did you find most affirming or helpful? • What information or exercises did you find most puzzling or confusing? • What surprised you most?
		Optional Understanding Trauma-Informed Care Homework: Embodying Trauma-Informed Care in Practice Invite participants to reflect on what they have learned throughout the six modules. • What are the values, characteristics and trauma-informed skills you want to embody in your work? • What are some things that resonated? • How does this honor your own lived experience?

TIC Principles Case Scenario – 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?

Jennifer

1b. What makes their approach trauma-informed?

Jennifer’s approach was more sensitive, kind and gentle; looking for the why of the behavior. Asking questions. Not judgmental. Not making assumptions

2a. Who is approaching Susan more traditionally?

Cheryl and Maureen

2b. What makes this approach traditional?

Assumption that anger equals mental health issues. Other residents complaining – are they understanding trauma; traditional approach is not connected; tic is more connected, meeting needs (not fear based) vs. investigational. Having more concern for comfort of other residents vs. meeting immediate needs (which would help make her safe)

3a. What might have been going on that could explain Susan’s response?

Feeling unsafe (if approach is sensitive but with an agenda, they will still see that pressure) If approach is to connect it will be met with better reception. Maybe she doesn’t feel safe leaving children with strangers while showering.

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

__ How can we be of assistance?

__ Is there anything I can help you with right now?

__ What is important for me to know?

__ How have things been going for you here?

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

Tell the individual a bit about yourself as a way to make them comfortable. Conversational vs questioning. Basic needs question – water, food. Having a list of what's available to allow choice. Empower them by meeting needs before asking other questions.

TIC Principles Case Scenario – 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?

choice options, tour/orientation as welcome, neutral meeting place for connection; touched on guiding principles, saying it out loud so she didn't have to ask, inclusivity. Not demands. Attitude shift. No "Here are the rules to live here".

1b. What makes this approach trauma-informed?

covered each of the principles; asking permission; offering what we think is beneficial with freedom to accept or decline

2. What are other relevant items to offer or questions to ask can you think of?

watching for cues, but also asking specific questions or opportunities to acknowledge likes/dislikes; reading emotional cues. Am I making you comfortable?

TIC Principles Case Scenario – 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? Yes – with him in the moment; validates where he is/feeling
2. What other actions or relevant questions can you think of?

   May depend on the response you get to lead to next action/words; (what can do and can't do). Not feeling sorry for. Acknowledging what is. Opportunity to offer resources – but not until the person is in the right mindset. Being able to be with someone in discomfort. Provide a safe space within your defined role.
3. What might be some possible remedies or alternative ways of addressing this issue?

   Boundaries; therapeutic use of self; implied touch. Evidence suggests life experiences shared within reason can help with connection; not feeling shamed.

TIC Principles Case Scenario - 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 him mom and to show her the letter.

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

John's counselor

1b. What makes their approach trauma-informed?

Greets with a smile, connecting, not judging. Has resources to help. Calms him down, gives him something to eat. Private space. Waits until he's calmed, in the right mind state to hear what she is saying. Moving back and forth between process and content. Opportunity for the child to say, no I can't do that.

2a. Who is approaching John more traditionally? Secretary

2b. What makes this approach traditional?

Assuming, judging, expressing her frustration and making him fearful. Very first words are punitive, not trying to ask what's going on. Person doesn't feel safe waving an envelope. Co-escalating.

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

He's met with judgement and punishment, puts him in limbic or brainstem. Can't receive information due to fear.

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

What is the best way for me to get this information to your mom? Is she coming to pick you up? Would you like to see if we can get you something to eat before you start your day? Talking with John about him not being punished, but that this is out of concern for him. John are there any other concerns or needs I might be able to help you with right now?

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

Why is the secretary giving the letter and not the counselor? Is secretary trauma-informed? Gather information in a way that seeks to help. What is each level doing to make sure that they are trying to meet needs. Counselor to check in with the teacher to see how the children are being supported.

TIC Principles Case Scenario – 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?

Sara, scenario 2

1b. What makes their approach trauma-informed?

Concerned, no judgement. Asking open questions. Perspective taking of what mom experiencing, empathy. Validates feelings. Recognizing barrier and offering solution. Moved to a private space to talk. Balance of accommodating what they can without unreasonable expectations, realistically.

2a. Who is approaching Jane more traditionally? Barbara

2b. What makes this approach traditional?

frustration due to insurance standards/monetary loss, disrupting schedule. Not staying focused on person's needs, but rather on the cost to the agency.

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

Medicaid tends to be a difficult population, they live pre-occupied, higher addiction rates, no-shows. Culturally we have a behavior focus rather than look for the needs behind the behavior.

TIC Principles Case Scenario - 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?
   Tina and both sisters, other adults in the household

2. What are some other questions that might be helpful to ask?
   What happened before you noticed the behavior change? What was is like before the baby? What if any barrier to staying on her medication?

3. What are some possible remedies or ways of addressing the issues identified in this scenario?

   Having new baby is drawing attention away from Tina. What can the family do to help make adjustment? (make change more obvious recent stopping meds, not caring for self, not doing chore; baby born 3 months, decline was in last few weeks). Working with Tina to include in care of baby, how can she get her meds, sharing attention with Tina. Support in the house.