Restorative Practices & Trauma Informed Approaches in the Social Service Setting

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Welcome & Introductions

- About me
- My passion for exploring the impact of profound experiences of childhood trauma
- Our process here today. This must be a safe place for sharing, learning and supporting. Please use fidgets, eat chocolate, take breaks, take care of yourself and one another.
- Prevalence of trauma and likelihood that some amongst of have had these experiences.
- Who is in the room? Please briefly describe a hard situation you have experienced in your workplace.
- Put on your glasses.
When little people are overwhelmed by big emotions, it’s our job to share our calm. Not join their chaos.

~ L. R. Knost
What is Trauma Informed Care?

Trauma Informed Care recognizes that traumatic experiences terrify, overwhelm and violate the individual. It is a commitment to not repeat these experiences and, in whatever way possible, to restore a sense of safety, power, and worth.
Trauma Informed Care

- Commitment to Trauma Awareness
- Understanding the Impact of Historical Trauma
Agencies demonstrate Trauma Informed Care with Policies, Procedures and Practices that:

- **Build Dignity and Safety**
  Through: physical safety, trustworthiness, clear and consistent, boundaries, transparency, predictability, choice.

- **Restores Power**
  Through: choice, empowerment, strength’s perspective, skill building

- **Promotes Autonomy**
  Through: collaboration, respect, compassion, mutuality, engagement and relationship, acceptance and non-judgement
Observe your surroundings

You are a young, single mother of three children, all under the age of 5 years old. You come to your local social service agency because you are without a place to stay. You do not have any income at the moment and your food stamps ended because you didn’t get the renewal notification, due to not getting your mail regularly. You’re tired, hungry and ready to give up. The woman at the reception desk lets you know that you need to fill out the 20 page application and the wait to see someone is about an hour. You begin to cry and scream at the woman that she is worthless at her job, you threaten to report them all for being corrupt, and you do not notice your children screaming and crying as well.

What are the triggers in this situation? Consider triggers for both the consumer and the helper.
Common Triggers Related to Trauma

- Perception of a lack of power or control
- Unexpected change
- Feeling threatened or attacked
- Feeling vulnerable or frightened
- Feeling shame
- Feelings of deprivation or need
- Intimacy and positive attention

Blaustein and Kinniburgh. Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency. 2010

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What can we do?
Promote resilience.

- Resilience is “the capacity for adapting successfully and functioning competently, despite experiencing chronic stress or adversity following exposure to prolonged or severe trauma.” [Deep Brain Learning, Larry Brendtro and Martin Mitchell.]

- Resilience = the interaction between biology (internal predisposition) and environment (external experiences).

- *Toxic stress can become Tolerable stress*
(National Scientific Council on the Developing Child, Center on the Developing Child at Harvard University, 2015)
Promoting Resilience

Ginsburg’s “7 Cs” or Essential Building Blocks of Resilience include:

1. **Competence** – encouraging the feeling that “I have skills and I have abilities.”
2. **Confidence** – encouraging a willingness to take chances.
3. **Connection** – assuring a sense of belonging; feeling supported by others.
4. **Character** – teaching children to operate with a sense of “right and wrong” and personal integrity.
5. **Contributing** – showing that the world is a better place because of them; teaching that “people care about what I say and do.”
6. **Coping** – giving children a selection of positive strategies for working through challenges.
7. **Sense of Control** – promoting the feeling that choices can be made; taking responsibility is important and empowering.
Bottom up approach

https://www.youtube.com/watch?v=FOCTxcaNHeg&list=PLxIld8__iAa506h_fLKYwLVbKykZu_neV

The Child Trauma Academy Channel
Environmental Considerations

- Meet basic needs first (i.e. sleep, eating, physical health, safety, & social support.)
Environmental Considerations: Sight

- Lighting
- Calming environment - neutral & low key
- What’s on your workspace?
- What are covering the walls of your workplace?
Environmental Considerations: Physical senses

- Cold & heat
- Block input (headphones, blankets, indoor tents)
- Be aware of the influence of smells
Environmental Considerations: Taking back ownership

- Establish routine
- Ritual, predictability, & routine.
- Visual guides.
- Re-establish a sense of control - grounding & anchoring the experience.
- Strengthening of what is intact.
- Influencing the meaning that is made of the event.
- Humor
Revisit the case study

- Meet with the participants at your table
- What is most “triggering” in your workspace related to this mom’s experience?
- What can you remove from your “workspace” in order to remove potentially triggering stimuli?
- What changes could you make in your process with consumers in order to maximize your chances for meeting them where they’re at?
- How can you balance the need for paperwork/process with her need for connection and safety?
Just breathe.

Creating regulation routines

- Create opportunities to learn about self-regulation in a curious way.
- Build associations intentionally.
- People do not have control over their emotions but can learn to manage their responses- intervention & support should focus on the response more than the emotion.
- Co-regulation!!

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Auto regulation is the ability to self regulate alone without other people. It is the ability to calm oneself down when arousal rises to the upper limits of the window of tolerance and also to stimulate oneself when arousal drops to the lower limits.

Interactive (psychobiological) regulation involves the ability to utilize relationships to mitigate breaches in the window of tolerance, and to stimulate or calm oneself.
How do we increase our ability to regulate?

- Put on your oxygen mask first- regulate yourself before you attempt to support someone else in regulating.
- Respond, not react
- Education and depersonalization (normalizing responses, depersonalizing behaviors/reactions)
- Identify difficult situations
- Monitor your skills (tune into your reactions)
- Self-care and support

https://www.youtube.com/watch?v=4A6Bu96ALOw
What helps to restore self-regulation capacities?

- Heavy work
- Play
- Deep pressure
- Breathing
- Meditation
- Exercise/Movement

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Regulation Tools

- Fidgets/theraputty
- weighted blankets
- music & sounds
- pinwheels/bubbles
- rainstick
- books
- mindful coloring
- movement, yoga, walking
- cooking, gardening, crafts
Case Study

You are working with a woman who self-identifies as having horrific experiences of trauma as a child, and as a result she was diagnosed with PTSD. She presents as hyper-vigilant of her surroundings which looks like eyes darting quickly, failure to make eye contact when meeting, rapid breathing and jumps easily at noises you may not even notice. She comes to you often in “crisis”. On a Friday afternoon, she comes to you because she has not completed all of the items she identified for herself to complete that day. She is breathing quickly, talking fast and shares she doesn’t know how she can continue this way. You notice yourself talking quicker than normal, trying to go through her list and tackle some of the items for her so they can be checked off.

PAUSE: What should you do? Form small groups and come up with a plan of action to address this “crisis” that considers the TIC model.
Establishing & Upholding the rules

- Regulate, replace, repair, & return to routine
- 15 second feedback
- Praise can be triggering- keep it brief, specific, genuine, & affirming
- You don’t have to know someone’s story, know what happened in order to help them

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Process considerations

- Intentional use of language (separate behavior from character)
- A stance of curiosity
- Notice & reset to developmental age rather than chronological age
- Reinforce what is working & help replace undesired behaviors
- Help people understand more deeply why what they are doing is working & generalize that skill
- Instill a sense of agency, control & competency
- Tell the truth
- Less talking - more doing
Talk through some case examples

- Case Example 1: You are meeting with a new client and telling them the paperwork they have to complete in order to qualify for services. Client becomes enraged and yells at you that you’re worthless at your job. Consider TIC framework: how do you respond? What is the priority here?

- Case Example 2: A client you’re working with has identified wanting therapy to address their history of “bad stuff”. You support your client in identifying a therapist and setting up the appointment. Your client repeatedly no shows. How do you respond?

- Case Example 3: A client you’re working with wrings their hands, fidgets, and can’t sit still every time you are meeting. You’re trying really hard to achieve some of their goals with them but these behaviors are distracting. What is the need and how do you respond?
Sometimes the strength within you is not a big fiery flame for all to see; it is just a tiny spark that whispers ever so softly "You got this. Keep going."
Recommended Resources:

National Child Traumatic Stress Network (NCTSN): [www.NCTSNET.org](http://www.NCTSNET.org)

Child Trauma Academy, Bruce Perry, MD: [www.Childtraumacademy.org](http://www.Childtraumacademy.org)

The Trauma Center at the Justice Resource Institute: [www.jri.org](http://www.jri.org)

Center on the Developing Child, Harvard University: [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

Center on the Social and Emotional Foundations for Early Learning (CSEFEL): [http://csefel.vanderbilt.edu](http://csefel.vanderbilt.edu/)

References


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Garland, Teresa. *Self-Regulation Interventions and Strategies: Keeping the body, mind and emotions on task in children with Autism, ADHD or Sensory Disorders.*

Hanson, Rick and Richard Menduis. *Buddha’s Brain: The practice neuroscience of happiness, love, & wisdom.*


References


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Snel and Kabat-Zinn. *Sitting Still like a Frog.*

Teater, Martha and John Ludgate. *Overcoming Compassion Fatigue: A practical resilience workbook.*

van Dernoot Lipsky, Laura and Connie Burk. *Trauma Stewardship: An everyday guide caring for self while caring for others.*
