

Trauma and Resilience Informed Care Decision Tree

Process for using with a client

1) Our goal is to educate all adults and families about **Resilience** and **Adversity**

- Using Trauma Infographic from the National Council of Behavioral Healthcare we can explain what trauma is and how it affects health
- **What is resilience?** Ability to bounce back, skills that help us keep healthy mentally and physically when hard things happen
- **What is trauma?** An event that happens that makes us feel emotionally or physically like our life is threatened and can result later in impacting our health (physically, emotionally, spiritually)
- **Teaching the “handy model”:** Upstairs/Downstairs brain, “Flipping our Lid”, and importance of “connecting”, then “re-directing”

2) Educate all adults that because of how important **resilience** is, we educate everyone about resilience and help them figure out what resilience skills they already have and what ones they would like to build

Example: “Bounce Back” work in Minnesota

<http://www.bouncebackproject.org/resilience/>

<http://www.bouncebackproject.org/five-pillars/>

“Resilience is made up of five pillars: self awareness, mindfulness, self care, positive relationships & purpose.”

Frame:

“By strengthening these pillars, we in turn, become more resilient. Instead of experiencing an overwhelming downwards spiral when we encounter stress in our lives, these five pillars work together to lift us up out of the chaos we are feeling.

Obtaining and maintaining these skills takes practice. That is where Bounce Back comes in...

Our goal is to give everyone in the community – young & old – a set of tools that are quick, easy and simple to use that are proven to help make you feel better faster. We’ve all heard the saying “when life give you lemons, make lemonade.” We also know that it’s not quite that simple. Bounce Back hopes to give everyone the lemon squeezer and the pitcher so that making lemonade seems possible.”

3) Resilience interview skill and process (using the 42 resilience skills from Walla Walla, WA)

We can review resilience skills at beginning of each point of contact as well as the skills we are working to build so they can become practice

Follow the Protocols that your department and/or program have set about ACEs and Resilience Interview Case Planning

NOTE: You may identify a screening tool for trauma that is evidenced with the adult with whom you work and for the role in which you work with them

42 Ways to Build Resilience

(Taken from the Resilience Trumps ACEs Poster and Card Games
Developed in Walla Walla, www.ResiliencetrumpsACEs.org.)

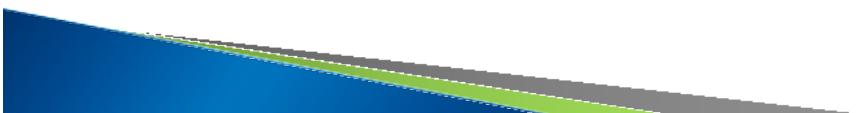
Resiliency Skills

- Showing empathy
- Developing Critical Thinking Skills
- Appreciating cultural & ethnic heritage
- Creating a sense of belonging
- Learning to accept help
- Developing Hope
- Developing Trust
- Learning Responsibility
- Practice Self Discipline
- Experience Success
- Model Problem Solving Skills
- Accept Ownership for Behavior
- Working as a team
- Learning to Solve Problems and Make Decisions
- Master a Skill
- Sense Triggers that create negative behavior
- Setting Clear Expectations and Boundaries
- Thinking ahead about consequences before acting
- Creating a Sense of Control
- Sharing something important
- Develop Communication Skills
- Helping a Friend
- Allowing Experience of Success or Failure
- Respect ability to make decisions
- Model appropriate behavior
- Learning to ask for help
- Acknowledging when I am wrong
- Learn to selfadvocate
- Give back to community
- Developing Ability to Calm Oneself
- Verbally say “I love you”
- Express Feelings
- Develop Positive Relationships
- Developing Friendships
- Developing Self Esteem
- Connecting with Others’ Feelings
- Feeling empowered to ask questions and share my ideas
- Letting others know I am available to help
- Making thoughtful choices
- Learning to show appreciation
- Following through on tasks
- Developing a Growth Perspective

**Circle Skills that You Have Now
Tell A Story of How You Have Used This Skill**

ACE SCORE	HEALTH RISKS BASED ON POPULATIO HEALTH TRENDS * Does not represent your individual story
4	<ul style="list-style-type: none"> - 260% more likely to develop COPD - 500% more likely to develop alcoholism - Females are 500% more likely to become victims of domestic violence. - Females are almost 900% more likely to become victims of rape - 242% more likely to smoke - 222% more likely to become obese - 357% more likely to experience depression - 443% more likely to use illicit drugs - 1133% more likely to use injected drugs - 298% more likely to contract an STD - 1525% more likely to attempt suicide - 555% more likely to develop alcoholism
6	<ul style="list-style-type: none"> - 250% more likely to become adult smoker - A male child with an ACE score of 6 has a 4,600% increase in the likelihood that he will become an IV drug user later in life - More likely to die 20 years younger than a person with no ACEs
7	<ul style="list-style-type: none"> - Adult suicide attempts increased 3,000% - Childhood and adolescent suicide attempts 5,100% - 5,000% more likely to develop hallucinations - Increased the risk of suicide attempts 51-fold among children/adolescents - Increased risk of suicide attempts 30-fold among adults

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy



Behavior Wheel Work
“Responding to the Needs, not Reacting to the Behavior”

At- Risk Health Behaviors

Health Coping Behaviors with New Strategy

RESILIENCE SKILL	Resources Needed to Build/Practice	Time Period You Want to Start Building This Skill

How to Manage Trauma

Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness. Extreme stress overwhelms the person's capacity to cope. There is a direct correlation between trauma and physical health conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure.

TRAUMA CAN STEM FROM

Childhood abuse or neglect

Physical, emotional, or sexual abuse

War and other forms of violence

Accidents and natural disasters

Grief and loss

Witnessing acts of violence

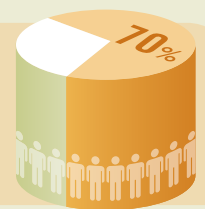
Medical interventions

Cultural, intergenerational and historical trauma

TRAUMA

HOW COMMON IS TRAUMA?

70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That's **223.4 million people.**



In public behavioral health, **over 90%** of clients have experienced trauma.

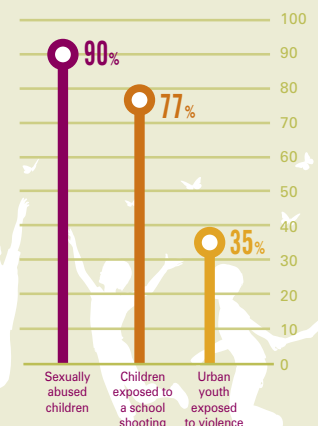
Trauma is a risk factor in nearly all behavioral health and substance use disorders.

In the United States, a woman is **beaten every 15 seconds**, a forcible rape occurs every 6 minutes.



More than **33% of youths** exposed to community violence will experience Post Traumatic Stress Disorder, a very severe reaction to traumatic events.

Nearly all children who witness a parental homicide or sexual assault will develop Post Traumatic Stress Disorder. Similarly, 90% of sexually abused children, 77% of children exposed to a school shooting, and 35% of urban youth exposed to community violence develop Post Traumatic Stress Disorder.



Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

*People can and do
recover from trauma*



SYMPTOMS OF TRAUMA CHECKLIST

- Headaches, backaches, stomachaches, etc.
- Sudden sweating and/or heart palpitations
- Changes in sleep patterns, appetite, interest in sex
- Constipation or diarrhea
- Easily startled by noises or unexpected touch
- More susceptible to colds and illnesses
- Increased use of alcohol or drugs and/or overeating
- Fear, depression, anxiety
- Outbursts of anger or rage
- Emotional swings
- Nightmares and flashbacks — re-experiencing the trauma
- Tendency to isolate oneself or feelings of detachment
- Difficulty trusting and/or feelings of betrayal
- Self-blame, survivor guilt, or shame
- Diminished interest in everyday activities

HOW TO TALK TO YOUR DOCTOR

- Make your doctor aware that you have experienced trauma, past or recent
- Help them understand what is helpful to you during office visits, i.e., asking permission to do a procedure, staying as clothed as possible, explaining procedures thoroughly, or having a supporter stay in the room with you
- Ask for referrals to therapy and behavioral health support



HELPFUL COPING STRATEGIES

- Acknowledge that you have been through traumatic events
- Connect with others, especially those who may have shared the stressful event or experienced other trauma
- Exercise — try jogging, aerobics, bicycling, or walking
- Relax — try yoga, stretching, massage, meditation, deep muscle relaxation, etc.
- Take up music, art, or other diversions
- Maintain balanced diet and sleep cycle
- Avoid over-using stimulants like caffeine, sugar, or nicotine
- Commit to something personally meaningful and important every day
- Write about your experience for yourself or to share with others

ASK YOUR HEALTHCARE PROFESSIONAL ABOUT TREATMENTS

TRADITIONAL TREATMENTS

Cognitive Behavioral Therapy
Eye Movement Desensitization and Reprocessing (EMDR) Therapy
Talk Therapy
Exposure Therapy
Group Therapy

ALTERNATIVE TREATMENTS

Energy Processing
Hypnotherapy
Neuro-Linguistic Programming
Massage Therapy
Pet or Equine Therapy
Trauma and Recovery Peer Support Groups
Wellness Recovery Action Planning (WRAP)



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

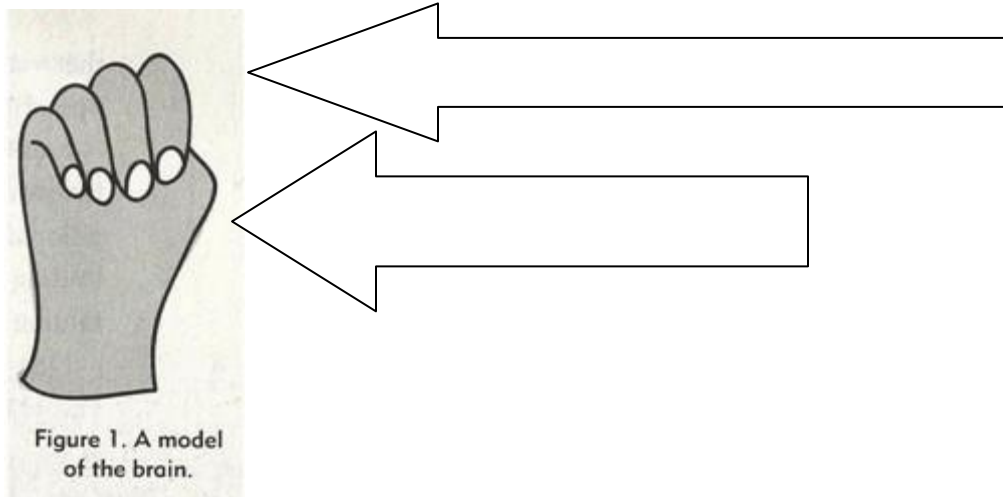


For more information, interviews, and research on trauma check out the National Council's magazine edition on the topic

www.TheNationalCouncil.org

Hand Model of the Brain-Dr. Dan Siegel

Make a fist with your thumb tucked inside your fingers. This is a model of your brain; your fist is the brain and your wrist and forearm are the spinal cord.

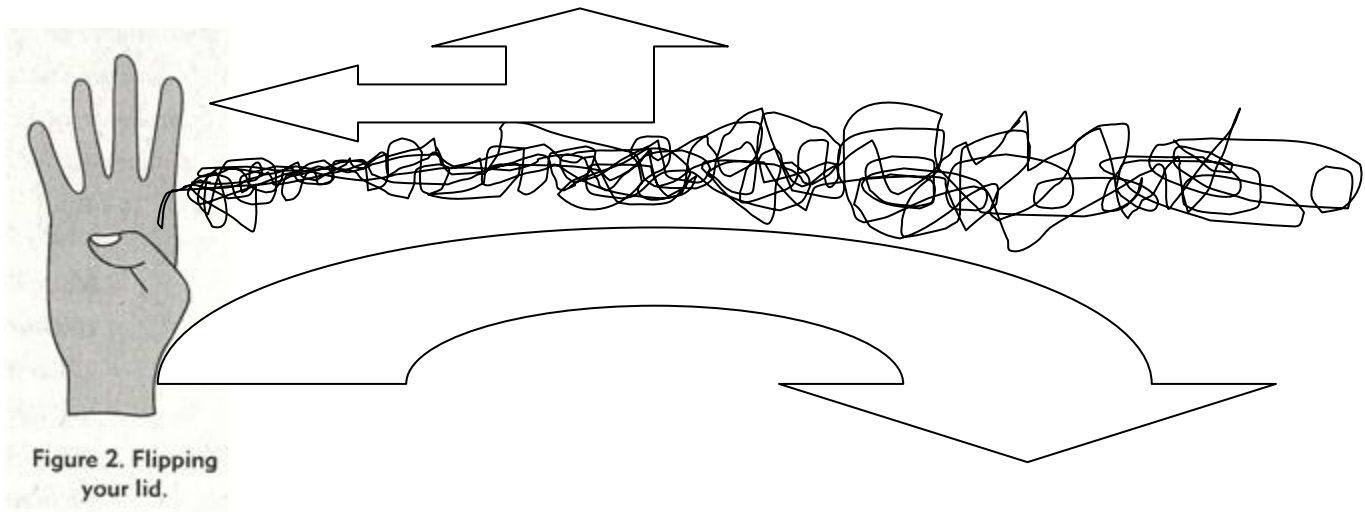


Your thumb, tucked in the middle of your fist, is the midbrain. This is where our emotions and memories are created and processed, as well as where the fight-or-flight reflex is triggered. The midbrain is our “emotional brain.”

The back of your hand and fingers, encasing everything, is the cerebral cortex. This is where higher functioning occurs. This part of our brain allows us to think logically, act with kindness and empathy, and it houses our reasoning and problem-solving abilities. The cortex is our “rational brain.”

The brain is set up to communicate with itself. It sends messages from section to section about what our bodies are feeling and needing. So, when a child screams, “NOOOO!” and lashes out to hit because he is angry, a parent’s brain interprets this data as, “Hmm, I don’t like this, and I need to be treated differently.” Only we don’t always react so calmly, right?

Take another look at your brain-fist. See where your fingernails are? This is the logic and reasoning part of the brain that kicks into gear when we have a problem to solve. But sometimes the emotional brain (thumb) and the rational brain (fingers) don't communicate so well. The emotions of the midbrain are simply too overwhelming, our fight-or-flight reflex triggers, and we "flip our lids." Now make all four of your fingers stand straight up. Flip.



See your fingertips now? See how far away from the midbrain they are? When we "flip our lids," our rational brains have a very poor connection with our emotional brains. Our feelings are intense, and we're not able to access the logical, problem-solving part of our brain. In order to restore our rational brain to its coherent state, we need to calm our anger and ease our fears (close fingers over thumb again).

Of course, our brains don't actually change shape like this, but this simple demonstration is a valuable tool in understanding how they function during emotionally charged situations. Both children and adults experience flipped lids. But as the human brain isn't fully mature (all parts communicating effectively) until the mid-twenties, children flip their lids much more often. They need a lot more help "re-connecting" the rational brain with the emotional brain—that is, calming down—and learning how to respond to strong emotions.

<https://www.youtube.com/watch?v=DD-lfP1FBfk>

Reflective Listening Skills

Why they are important?

- Show that feelings matter
- Show that it is possible to talk about uncomfortable or complicated feelings
- Show that we care about the child's feelings
- Teach the child that all feelings are acceptable, even though certain behavior is not
- Defuse an uncomfortable situation
- Reduce a child's urge to act out because the child feels heard
- Teach the child a vocabulary for articulating how they feel
- Reduce whining, anger and frustration

Basic Skills?

- Listening before speaking
- Deal with personal specifics, not impersonal generalities
- Decipher the emotions behind the words, to create a better understanding of the message
- Restate and clarify how you understand the message
- Understand the speaker's frame of reference and avoid responding based only on your own perception
- Respond with acceptance and empathy

From <http://cultureofempathy.com>