Risking Connection® Basic Training

PARTICIPANT PACKET

2024 Revision

Risking Connection®

TRAUMATIC STRESS INSTITUTE

Staff of the Traumatic Stress Institute
of Klingberg Family Centers
www.traumaticstressinstitute.org

KLINGBERG FAMILY CENTERS

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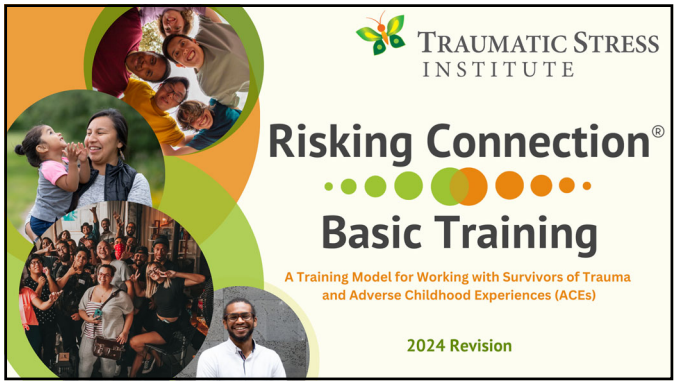
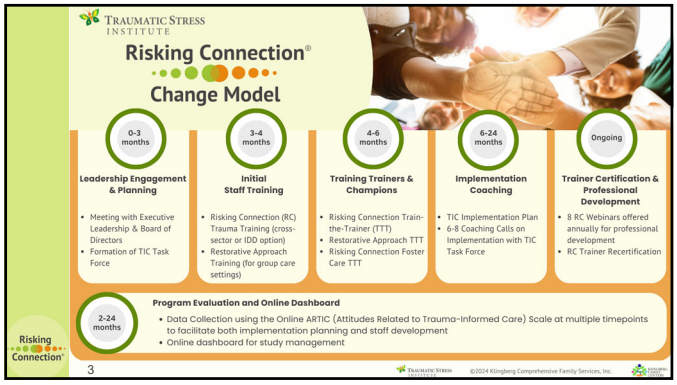
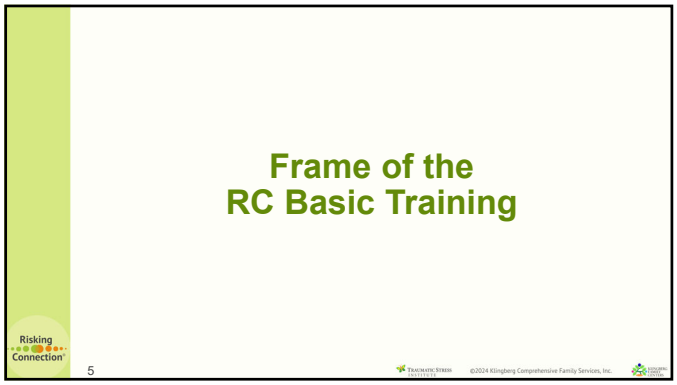
DAY 1 SLIDES

For training information, contact: tsisupport@klingberg.com







Origins of Risking Connection

- Result of a consumer trauma survivor lawsuit in 1989 in Maine
- Mental health services were making clients worse, not better
- Maine and New York launched a plan to train public mental health workers in trauma-sensitive treatment
- Traumatic Stress Institute and Sidran Institute wrote, field tested, and disseminated RC curriculum and training program

Risking Connection born of consumer advocacy

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Origins of Risking Connection

Want to know more?

When you see the symbol below, you know there's more to see. Check the QR codes in the back of your participant packet.

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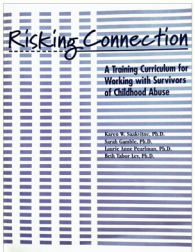
Original Authors of Risking Connection




Kay Saakvitne, Ph.D.


Sara Gamble, Ph.D.


Laurie Pearlman, Ph.D.


Beth Tabor Lev, Ph.D.

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Agreements

What agreements do you need to make this a safe learning experience?

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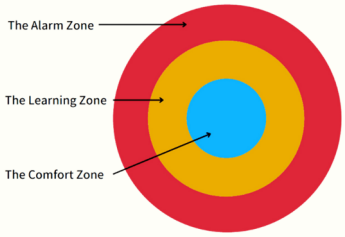
Being Comfortable with Discomfort

The *Learning Zone* Model



Source: The Commons Social Change Library

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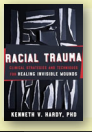
How to Effectively Talk About Race

What white people can do

- Recognize the difference between intention and impact
- Avoid comparing suffering
- Develop thick skin

What people of color (BIPOC) can do

- Stop taking care of white people
- Reclaim your voice
- Recognize and regulate strong emotions



– Kenneth V. Hardy, PhD
Author, Consultant, President of the Eikenberg Academy for Social Justice

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Content Source: Adapted from Dr. Kenneth V. Hardy

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Overview of Training: Day 1 Topics

- Definition of Psychological Trauma
- Lifelong Impact of Trauma (ACEs Study)
- Not-Trauma-Informed Model vs. Trauma-Informed Model
- Understanding and Applying the RC Trauma Framework
- Vicarious Trauma (VT)

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Overview of Training: Day 2 Topics

- Strengthening Domains of the Trauma Framework Impacted by Trauma
  - Strengthening Attachment/Tending to Frame and Boundaries
  - Strengthening Body and Brain
  - Strengthening Self-Capacities
- Exploring How We Were Parented
- Using RC principles for Collaborative Crisis Management
- Rethinking "Manipulation"
- Vicarious Trauma and Crisis

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Overview of Training: Day 3 Topics

- Dissociation and Grounding
- Noticing and Using Our Reactions to Promote RICH Relationships
- Addressing and Transforming Vicarious Trauma
- Putting It All Together
  - Indicators of an RC Approach in Programs
  - Implementing RC as an Organization
- Summary and Closing

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What a Risking Connection Approach is NOT:

- Does NOT mean an absence of limits or rules
- Does NOT mean that staff don't have or use their authority
- Does NOT mean that staff ignore challenging behaviors
- Is NOT a model that can only be employed when things are calm and we have plenty of time to intervene

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Review: Day 1 Agenda

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Definition of Psychological Trauma

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What is psychological trauma?

The "Three E's"

Event	An event, series of events, or enduring condition
Experience	Unique individual experience where the person's ability to integrate the experience emotionally is overwhelmed and they feel it as harmful or life-threatening
Effect	It negatively effects the person's mental, physical, social, emotional, and spiritual well being

SAMHSA, 2023

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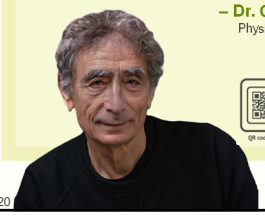
What is Psychological Trauma?

"Trauma is not what happens to you, it's what happens inside you as a result of what happened to you."

– Dr. Gabor Maté
Physician, author



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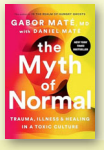

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Levels of Trauma Experience

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SAMHSA, 2023

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Racial Trauma

Definition

- Racial trauma, or race-based traumatic stress, is the cumulative effect of racism on an individual's mental and physical health.

Examples

- Vacant esteem
- Ever present anger
- Constant hypervigilance
- Racial identity confusion
- Weathering

Source: Dr. Joy Angela DeGruy

– Dr. Joy Angela DeGruy
Researcher, educator, author

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Adverse Childhood Experiences (ACEs) Study

The Lifelong Impact of Adversity and Trauma

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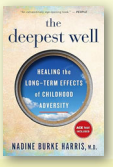
The ACEs Study

[The day I read the Adverse Childhood Experiences study] "it was like a bolt of lightning…that changed my clinical practice and ultimately my career."

– Dr. Nadine Burke Harris, M.D.
Former California Surgeon General



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Story of the ACEs Study

- Very large sample -- 17,000 adult patients at Kaiser Permanente health maintenance organization (HMO)
- Average age: 57
- High-functioning
  - Majority White
  - All had health insurance
  - All were middle and upper middle class
  - 74% attended some college

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Anda, R.F. et al., 2006

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Adverse Childhood Experiences (ACEs)

Definition: Potentially traumatic events that occur within the first 18 years of life.

ABUSE AND NEGLECT	HOUSEHOLD DYSFUNCTION
Emotional abuse	Mother Treated Violently
Physical abuse	Household Substance Abuse
Sexual abuse	Household Mental Illness
Emotional neglect	Parental Separation or Divorce
Physical neglect	Incarcerated Household Member

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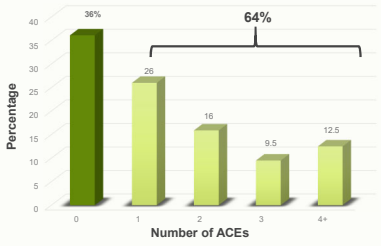
Findings: High Prevalence of ACEs

- 64% with at least 1 ACE
- 12.5% 4+ ACEs
- 25% households with substance abuse
- 25% physical abuse



Anda, R.F. et al., 2006

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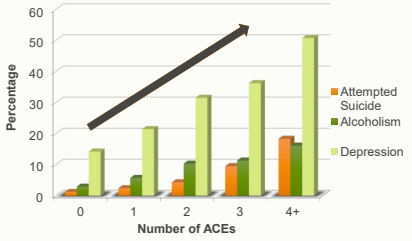
Findings: High Association to Negative Behavioral Health Outcomes

- Stunning correlations
- Linear dose-to-response relationship



Anda, R.F. et al., 1998

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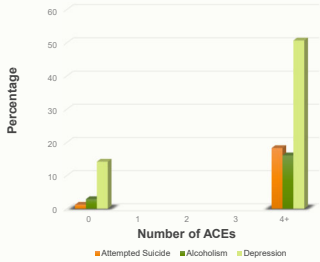
Findings: 4+ ACEs vs. 0 ACEs - Mental Health

- 6x more likely to attempt suicide
- 7x more likely to be alcoholic
- 7x more likely to have sex by 15
- 46x more likely to use injected drugs



Anda, R.F. et al., 1998

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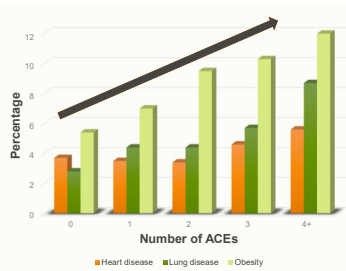
Findings: High Association to Negative Physical Health Outcomes

- Negative impacts BEYOND mental health
- Repeated stress has lifelong impact
- Physiological impact on cellular level



Anda, R.F. et al., 1998

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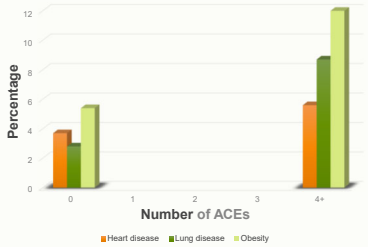
Findings: 4+ ACEs vs. 0 ACEs – Physical Health Outcomes

- 2x more likely to have heart disease
- > 2x more likely to be obese
- 2x more likely to have cancer



Anda, R.F. et al., 1998

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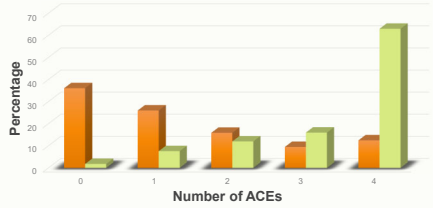
Original Sample vs. Girls in Juvenile Justice



Anda, R.F. et al., 2006
Reavis, Looman, Franco, & Rojas, 2013
Baglivio et al, 2014

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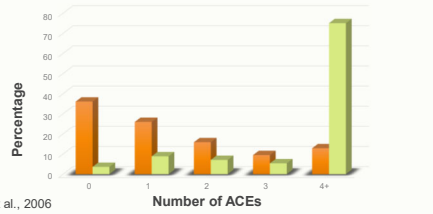
Original Study vs. Women who were Raised in Foster Care



Anda, R.F. et al., 2006
Bruskas, 2013

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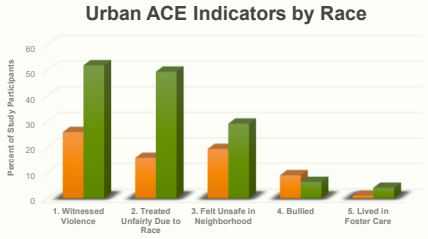
ACEs and Social Inequality



Philadelphia Urban ACE Survey, 2013

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Video: ACEs and Social Inequality

Weathering: The Impact of Racism on Pregnant Mothers

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Positive Childhood Experiences (PCEs)

- **Act as Protective Factors**
- **7 Positive Childhood Experiences**
  - Can talk to family about feelings
  - Got family support during hard times
  - Participate in community traditions
  - Feel like they belong in school
  - Feel supported by friends
  - Had 2 adults (not parents) who take an interest in them
  - Felt protected by an adult at home

Bethell, 2019

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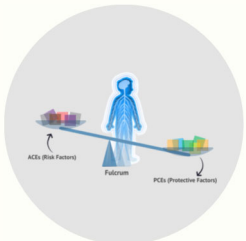

Graphic adapted from *A Balance Scale of Resilience*, Harvard University

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Why is Trauma So Important?

- Trauma is a public health epidemic
- Roots of poor health in childhood trauma are unrecognized
- Physiological impact of chronic stress/trauma
- Addressing trauma and promoting resiliency prevents health problems throughout life span
- Trauma-informed care is a pathway to better outcomes

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Definition of Trauma-Informed Care (4Rs)

Being trauma-informed is an approach where all levels of a system:	
REALIZE...	the pervasive impact of ACEs and trauma
RECOGNIZE...	the signs of trauma in clients
RESPOND...	by applying the principles of TIC to all areas of the system
RESIST RETRAUMATIZATION...	provide service that heals rather than make things worse

(SAMHSA, 2014; SAMHSA, 2023)

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Principles of Trauma-Informed Care: Safety, Empowerment & Collaboration

- Healing cannot happen without safety.
- Empowerment and collaboration challenge survivors' expectations about relationships.
- Survivors often fight desperately for control or passively comply.
- Survivors benefit most when they **participate actively** in their care and **have control over** decisions that affect them.

SAMHSA, 2014

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Break Time

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Trauma-Informed Care: A Paradigm Shift

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Trauma-Informed Care: A Paradigm Shift

Non Trauma-Informed	Trauma-Informed
	

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Paradigms: Underlying Assumptions

What's wrong with you?

What happened to you?

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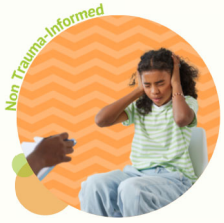
Paradigms: Underlying Assumptions

Focus only on changing negative behavior

View negative behavior as adaptive, exists for a reason



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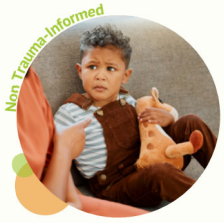
Paradigms: Underlying Assumptions

Primary agent of change is punishment/reward

Primary agent of change is relationships



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Paradigms: Underlying Assumptions

The treater is the expert	The treater is a collaborator
Non Trauma-Informed	Trauma-Informed

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Paradigms: Underlying Assumptions

Treater's strong feelings are unprofessional/weak	Treater's strong feelings are inevitable impact of work
Non Trauma-Informed	Trauma-Informed

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Exercise: Paradigms Role Play

You are meeting a client for the first time.
Role play through:

- a non trauma-informed lens
- a trauma-informed lens

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The RC Trauma Framework

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RISKING CONNECTION® TRAUMA FRAMEWORK

The Impact of Childhood Traumatic Experiences/ACEs

DISRUPTION	ACTIVATION	REACTION
Attachment Body & Brain Self-capacities Inner Connection Worthy of Life Feelings Management	CURRENT STRESSOR ONGOING STRESSORS Racism, Discrimination, Historical Trauma, Poverty, Exposure to Violence	1 Intolerable Feelings 2 Acts to Relieve Feelings 3 Retreats, or hurts self or others Symptoms are Adaptations they help in the moment,but hurt in the long run

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Terrence, Tina, and Tim

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The Impact of Trauma on Attachment

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RISKING CONNECTION® TRAUMA FRAMEWORK

The Impact of Childhood Traumatic Experiences/ACEs

DISRUPTION	ACTIVATION	REACTION
Attachment	CURRENT STRESSOR	1 Intolerable Feelings
Body & Brain	ONGOING STRESSORS	2 Acts to Relieve Feelings
Self-capacities (Inner Connection, Worthy of Life, Feelings Management)	Racism, Discrimination, Historical Trauma, Poverty, Exposure to Violence	3 Retreats, or hurts self or others
		Symptoms are Adaptations — they help in the moment,but hurt in the long run

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Attachment Under Normative Conditions

- Attachment is an essential part of being human.
- Attachment is the foundation for regulation and stress management.
- From early relationships, children develop expectations (templates) about the nature of relationships.

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Attachment under Normative Conditions

Attachment is an innate biological response to stress.

- Danger/vulnerability
- Physiological arousal
- Heightens attachment needs
- Child sends distress signal

- Draws attention of caregiver who re-establishes closeness and protection
- Reunion reduces physiological arousal and emotional distress
- Return to regulated calm state

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Attachment under Normative Conditions

- This process happens thousands and thousands of times during normal development.
- Children, over time, begin to learn to regulate their own distress.
- An adult's ability to manage distress is rooted in attachment in childhood.
- Children benefit from attachment bonds to the history and culture of their racial, ethnic, and spiritual groups.

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Attachment and Attunement

- Babies grow and develop connections in their brains through attunement
- Necessary at all stages of life
- Sense of being seen and known
- Matching of affect, tone, pace, distance
- Promotes calming and soothing
- Develops ability to know self and to self-regulate

The Inevitable "Rupture and Repair" of Attunement is Critical to Secure Attachment

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Exercise: Attunement

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Videos: Attunement

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Video: "Still Face" Experiment

Based on Research by Edward Tronick, Ph.D.

"Still Face" with Moms

"Still Face" with Dads

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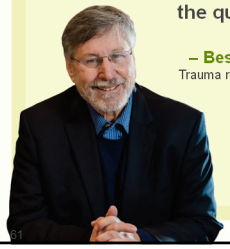
Trauma and Attachment

"It's impossible to discuss trauma… without addressing the quality of…attachment."

– Bessel van der Kolk, M.D.
Trauma researcher, professor of psychiatry at Boston University



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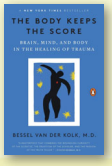

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Trauma and Attachment

1. Trauma with secure attachment

   *"**Secure attachment is the antidote to trauma.**" (Allen, 1995)*

2. Trauma with insecure attachment

3. Trauma at the hands of attachment figures

   *"**Attachment trauma**" (Allen, 2001)*

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Symptoms Rooted in Impaired Attachment

- Distrust of others
- Always pleasing others to avoid conflict (fawning)
- Avoiding connection/withdrawn
- Aggression to push people away or test them
- Difficulty calming down when stressed
- Belief that a mistake means the end of the relationship

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Terrence, Tina, and Tim: Attachment

What are Terrence's/Tina's/Tim's assumptions about relationships?

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The Impact of Trauma on the Body and Brain

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RISKING CONNECTION® TRAUMA FRAMEWORK

The Impact of Childhood Traumatic Experiences/ACEs

DISRUPTION	ACTIVATION	REACTION
Attachment	CURRENT STRESSOR	1 Intolerable Feelings; 2 Acts to Relieve Feelings; 3 Retreats, or hurts self or others
Body & Brain	ONGOING STRESSORS: Racism, Discrimination, Historical Trauma, Poverty, Exposure to Violence	Symptoms are Adaptations: they help in the moment,but hurt in the long run
Self-capacities: Inner Connection, Worthy of Life, Feelings Management		

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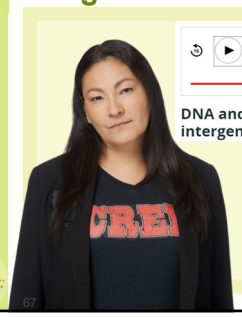
Podcast: DNA and the Impact of Intergenerational Trauma



Unreserved
DNA and the impact on intergenerational trauma
6:19 / 6:19

DNA and the impact on intergenerational trauma

Rosanna Deerchild
Writer, poet and radio host

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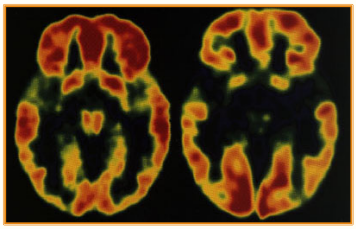
Trauma Harms the Brain and Body

Images of Brain Activity



Non-institutionalized Child | Institutionalized Orphan

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The Brain and Body Can Adapt & Heal

Experiencing caring, attuned relationships causes the brain to change and recover.

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Threat Response of a Regulated Brain

Something's wrong!?

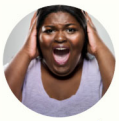
Am I safe?

I'll check it out…

The Body Reacts:
- Extreme alertness
- Non-essential bodily functions stop
- Focused thinking to assess danger

Safe!
Body calms, often with help of supportive others

Danger!
If threat is real, body goes into fight, flight, or freeze



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Threat Response of Dysregulated Brain

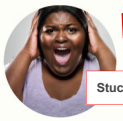
Something's Wrong? YES!

Small stressors activate the full threat response

- Extreme alertness, racing heart, underlying fear, defensive stance
- Non-essential bodily functions stop

CAN' T THINK

Survival fight, flight and/or freeze responses



Stuck in "on"

Rollercoaster from "on" to "shut down"

Numb, "shut down"

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Symptoms Rooted in Impaired Body & Brain

FIGHT *or* **FLIGHT**

- Anger and rage
- Aggression toward self or other
- Need to blame or judge

- Panic and anxiety
- Emotional withdrawal
- Avoidance
- Running away

If you can't fight or flee, you…FREEZE

- Numbness
- Dissociation
- Terror
- Somatic symptoms (fatigue, pain, problems with digestion, etc.)

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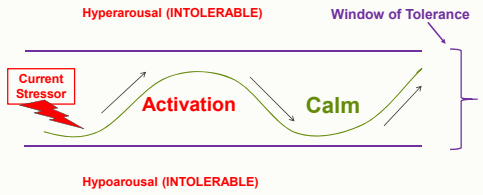
Threat Response of Regulated Brain



Siegel, 1999

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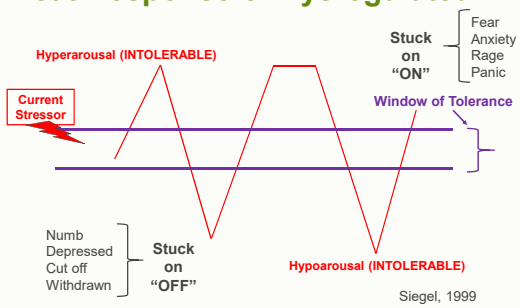
Threat Response of Dysregulated Brain



Siegel, 1999

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Events that Narrow the Window of Tolerance

- **Childhood adversity and trauma**
  Childhood abuse, neglect, poverty
- **Shock trauma**
  Loss of loved ones, car accident, natural disaster
- **Chronic stress**
  Lack of sleep, over-working, discrimination

Stanley, 2019

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Summary: Body and Brain

Traumatized people:

- Get stuck in the threat response
- Overreact to seemingly small stressors
- Cannot think when stuck in "on"
- Have a narrow window of tolerance
- Struggle to relax, sleep, and have fun

Over time:

- **Many** repetitions **do** change brain connections
- People **can** develop the ability to calm down, think, and problem solve when upset

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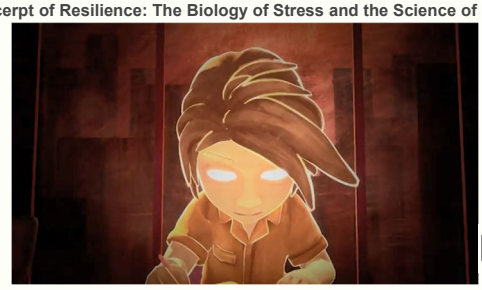
Video: The Biology of Toxic Stress

Excerpt of Resilience: The Biology of Stress and the Science of Hope



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Terrence/Tina/Tim: Body and Brain

- Would Terrence/Tina/Tim be prone to fight, flight, or freeze when activated by a stressor?

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Lunch

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The Impact of Trauma on Self-Capacities

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RISKING CONNECTION® TRAUMA FRAMEWORK

The Impact of Childhood Traumatic Experiences/ACEs

DISRUPTION	ACTIVATION	REACTION
Attachment	CURRENT STRESSOR	1 Intolerable Feelings; 2 Acts to Relieve Feelings; 3 Retreats, or hurts self or others
Body & Brain	ONGOING STRESSORS: Racism, Discrimination, Historical Trauma, Poverty, Exposure to Violence	Symptoms are Adaptations: they help in the moment,but hurt in the long run
Self-capacities: Inner Connection, Worthy of Life, Feelings Management		

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The Three Self-Capacities

Self-Capacities allow a person to stay connected to - and grounded in - one's sense of self, even when experiencing strong feelings.

Self-Capacities
- Inner Connection to Others
- Worthy of Life
- Feelings Management

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The Three Self-Capacities

Self-Capacities
- **Inner Connection to Others**
- Worthy of Life
- Feelings Management

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Self-capacities: Inner Connection to Others

Inner Connection is the ability to form connections with positive others…

…AND…

…to hold onto that connection and feel comforted when the other is not physically present

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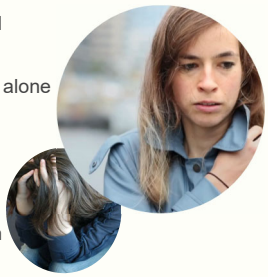
How It Feels When Inner Connection is Impaired

- The mind contains hostile or critical voices
- When upset, one feels desperately alone
- Small distances feel huge
- Separations are felt as forever
- Feel panic to get and hold attention



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Symptoms Rooted in Impaired Inner Connection

- Extreme reactions to small separations
- Extreme behaviors to keep others engaged and avoid separation
- Putting self at risk to maintain connections and not be alone

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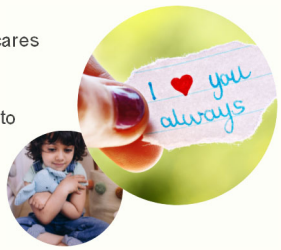
When Inner Connection Is Strong

- One can soothe self when alone
- One can think of someone who cares and gain comfort
- One can use transitional objects to gain comfort
- One can be alone without feeling lonely



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Video: Christian the Lion

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The Three Self-Capacities

Self-Capacities

- Inner Connection to Others
- Worthy of Life
- Feelings Management

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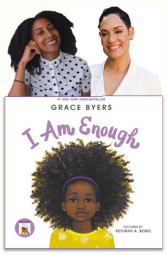
Self-capacities: Worthy of Life

The ability to hold onto a sense of oneself as deserving and worthwhile.



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Worthy of Life: Guilt versus Shame

GUILT is feeling that you are a worthwhile person who has done something wrong

SHAME is feeling that you are, at your core, a worthless person, without redemption

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Worthy of Life: A Shame-Based Person

Shame-based clients find it intolerable to be visible or exposed because others will see the hateful inner core they feel within themselves.

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Symptoms Rooted in Impaired Worthy of Life

A shame-based person:

- Attacks those that expose their "badness."
- Acts to display or confirm the image of themselves.
- Invites rejection. Distrust affection ("If you knew the real me, you wouldn't like me.")

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Symptoms Rooted Impaired Worthy of Life

A shame-based person….

- Is paralyzed when there are problems in relationships
- Attacks weakness wherever they see it
- Struggles to take responsibility

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Worthy of Life: A Shame-Based Person

The antidote to shame is:

Connection

Be aware of shame-activating situations and respond with empathy.

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The Three Self-Capacities

Self-Capacities

- Inner Connection to Others
- Worthy of Life
- Feelings Management

Feeling Awareness | Feeling Identification | Feeling Modulation | Feeling Expression

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Self-capacities: Feelings Management

The ability to soothe oneself when having strong feelings.

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Self-Capacities: Feelings Management

Feelings Management

Feeling Awareness	Feeling Identification	Feeling Modulation	Feeling Expression
Awareness of bodily signs and sensations of distress and calm	Learning the words associated with feelings	Using strategies to move from high to low distress	Using skills to express feelings constructively

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Feelings Management: Co-regulation

Specific feelings management skills are taught – usually within relationships.

- A person becomes regulated in the presence of regulated others
- Treaters must keep themselves calm
- Treaters model feelings management

Image courtesy of Beth Tyson Trauma Consulting, www.bethtyson.com

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Symptoms Rooted in Impaired Feelings Management

- Push down feelings altogether
- Flooded with feelings
- Extreme behavior to get rid of strong feelings
- Depression and anxiety

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Exercise: Self-capacities

If Self-Capacities Could Speak, What Would They Say?

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Current and Ongoing Stressors

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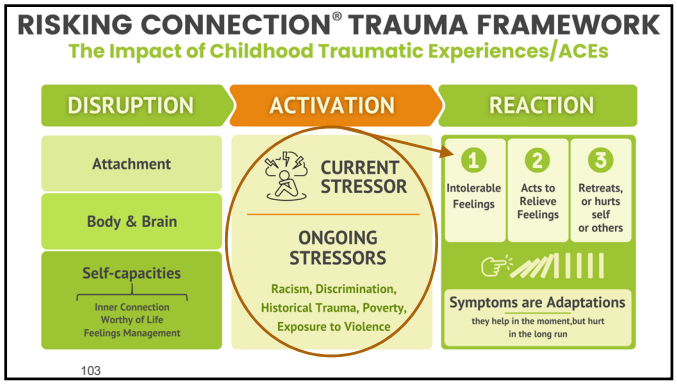

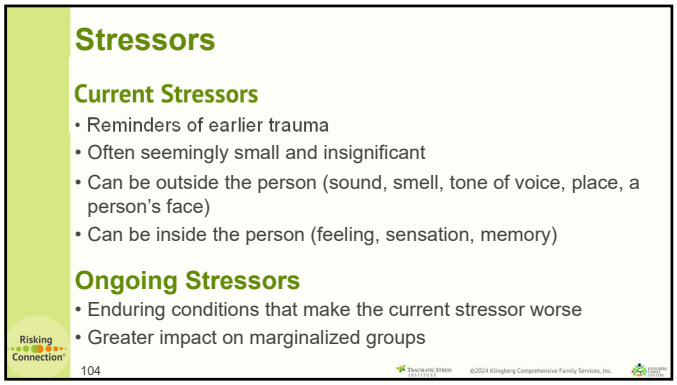

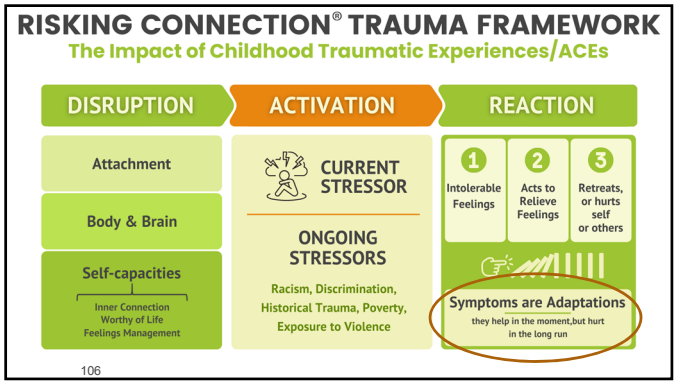

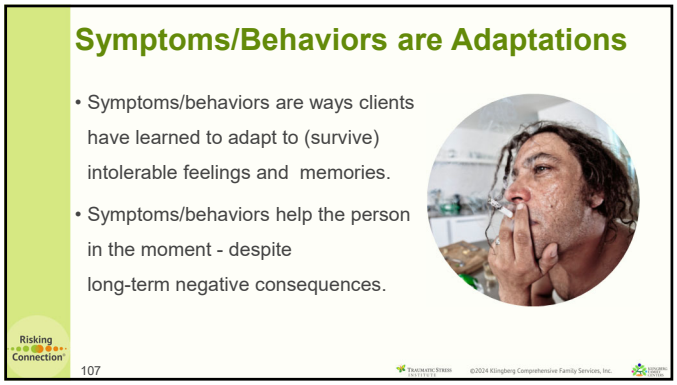

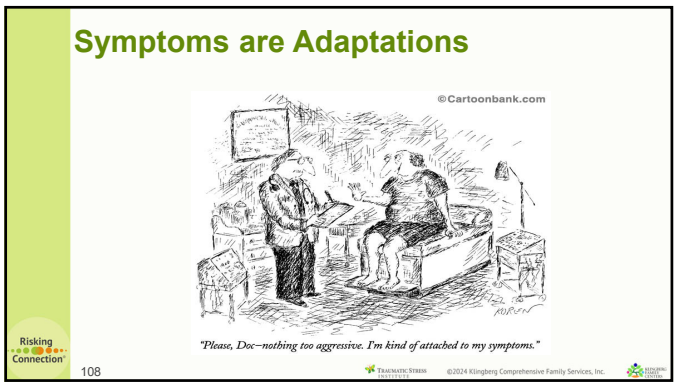

Implications of Viewing Symptoms as Adaptations

- Strength-based
- Helps treater not take negative behavior personally
- Reduces shame and blame
- Allies treater with person to solve problems together
- Assumes that at any moment, person is doing the best they can

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Video: Why I am Rude

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Review: Terrence, Tina, and Tim

- How is Terrence's/Tina's/Tim's behavior adaptive?
- How does it help in the moment?
- How does it connect to the past?

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Review: Terrence, Tina, and Tim

- What does Terrence/Tina/Tim need to heal?



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Break Time

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Exercise: Applying the Trauma Framework

Find **Worksheet: Symptoms Are Adaptations and Self Capacities** in your participant packet

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Introduction to Vicarious Trauma (VT)

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Vicarious Trauma

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VT: How this Work will Change You

- Vicarious Trauma (VT) refers to the negative changes in the helper as a result of empathically engaging with and feeling responsible for traumatized clients.
- The hallmark of VT is a disrupted sense of hope and meaning.

Originators of the VT Concept

Kay Saakvitne, Ph.D.

Laurie Pearlman, Ph.D.

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Vicarious Trauma

- VT is an inescapable effect of trauma work; an occupational hazard.
- It is neither the fault of the person, nor a result of "weakness" on the part of the treater.
- VT damages hope and optimism, which are essential gifts we bring to our work.

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Vicarious Trauma

- The single most important factor in the success or failure of trauma work is the attention paid to the needs of the treater.
- Addressing VT is an ethical imperative.

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How VT Changes Us

VT can impact:

- Our core sense of meaning and hope
- Our identity and worldview
- Our core beliefs about safety, trust, esteem, control, and intimacy
- Our own ability to manage feelings
- Our bodily feelings including our sexuality

VT may impact BIPOC staff (staff from marginalized groups) differently.

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Exercise: Vicarious Trauma

- Write down 3 signs of vicarious trauma that you are aware of in yourself.
- Write down 3 ways in which you are positively impacted by the work you do. What benefits do you experience from the work?

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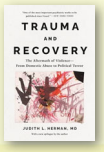
Vicarious Trauma

Recovery has to take place in relationships. When people feel reconnected [to others]…then the shame and isolation are relieved, and that creates [space] for healing.



- Dr. Judith Herman
Psychiatrist, researcher, professor at Harvard Medical School

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Wrap Up and Feedback

- What worked well about today? What did you like? What kinds of things should we keep?
- What didn't work? What kinds of things should we get rid of?
- What do you need from this training before it ends?

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DAY 1 HANDOUTS

2024 Revision

Handout: Terrence and the Trauma Framework

Terrence (he, him), a bi-racial sixteen-year-old, was born when his mother Shayla was 17. His father Terry had a violent temper and there was much violence in the home. Shayla often felt furious with Terrence because his cries made Terry mad, and he took it out on her. She kept telling Terrence to be quiet, smacking him when he cried loudly. Unable to cope, she sent Terrence to live with his Aunt Sharon who was stressed with her own four children. Sharon mostly noticed Terrence when she was mad at him for fighting with one of her children.

One day when Terrence was upset, he told his teacher about Sharon's boyfriend selling drugs. The family all blamed Terrence for the boyfriend being arrested and the kids being placed in state custody. Terrence has been in five foster homes and hospitalized twice. He has been admitted to residential.

Yesterday, his regular teacher was out sick for the second day. Halfway through the morning, the substitute told him to quiet down when he actually was not talking. When she called on him to solve a math problem, Terrence was quiet, then started insulting her which escalated to him throwing a chair and leaving the room.

Handout: Tina and the Trauma Framework

Tina (she, her), age 23, who identifies as a woman of color,had a difficult childhood. Tina did not know her own father, and she observed a lot of violence from her mother's boyfriends. Tina mostly tried to hide and not ask for anything, because her mother was usually so sad. At age fourteen, when one of the boyfriends trafficked her to men that were mostly White, Tina was removed from her home. After two foster home stays, Tina was returned to her mother only to be removed again.

Six months ago, Tina's daughter Nicole was born. She so much wants to be a good mother for Nicole. However, she wonders if she can ever be. Nicole's father Danny is around sometimes, turning out to be more of a problem than a help.

Tina has just received a call that Miss Brown, a different CPS worker from her usual one, is coming for a visit. This is just not the right time, especially because she had a fight with Danny this morning. Nicole is fussy, and the house is a mess. However, the woman insisted on coming anyway.

When Miss Brown, who is White, gets there, Tina is sullen and irritated. Miss Brown presents a brochure for a new parenting program. She is surprised when Tina pushes the brochure aside and yells, "I don't need any f…ing parenting program! I just need for all of you people to leave me alone!"

Handout: Tim and the Trauma Framework

Tim (they, them), age 35, has worked in accounts payable at your organization for 2 years. They are well-liked, meticulous, and driven at work. Tim was born in the US, but their mom was living in the US undocumented. When Tim was 10, she was deported to Mexico, leaving them with their alcoholic and verbally abusive uncle. Soon after her deportation, their mom became sick with cancer. Tim only saw her once before she died.

Two years ago, Tim's partner was diagnosed with a chronic medical condition and can no longer work due to the condition. They have 2 children, ages 10 and 5. Tim has been late to work 4 times in the last 2 weeks, missed an important deadline, and made a critical error that required a day for other staff to correct.

When Tim arrived at work, they had a harsh-sounding message on their voicemail from their new boss Mark who is White saying he needed to meet with Tim. Tim immediately felt a pit in their stomach and thought, "Isabella (their old boss) never talked to me that way." In the meeting, after Mark asked about their weekend, he said, "I need to talk with you about this error. It was not good." After being silent, Tim got up, began walking out, and said, "You just don't get it, do you? I don't need to take this from you. This is BS."

(Scenario idea adapted from Hillsides. Thanks!!)

WORKSHEET: TERRENCE/TINA/TIM AND THE RISKING CONNECTION® TRAUMA FRAMEWORK

Childhood Traumatic Events/ ACEs

TERRENCE	TINA	TIM
Witnessing violence	Witnessing violence	Separated from mom
Physical abuse and Neglect	Sexual abuse	Loss of mom
Removed from parents	Removed from parents	Verbal abuse
Moving many times	Moving many times	Living with an alcoholic

DISRUPTION

Attachment

What are Terrence's/Tina's/Tim's assumptions about relationships?

Body & Brain

Would Terrence/Tina/Tim be prone to fight, flee, or freeze when triggered by stress?

Self-capacities

Inner Connection to Others

TERRENCE - Unreliable adults in his life. New environments. Mistrusting of systems. He feels alone & is more reactive.
TINA - When a different worker visits, she feels more alone and is more reactive.
TIM - When their new boss meets with them, they feel more alone and reactive.

Worthy of Life

TERRENCE - When he can't answer questions, he feels shame and gets aggressive to hide feeling unworthy.
TINA - When CPS worker insists on visiting, she feels shame and unworthy and yells to cover shame.
TIM - When confronted with an error, they cover their shame with anger.

Feelings Management

TERRENCE - Not aware body is activated, doesn't have words or skills to manage shame and anger, so blows up.
TINA - Not aware body is activated, doesn't have words or skills to manage her shame and anger, so blows up.
TIM - Highly stressed, not aware their body is activated, can't access skills to calm down, and may lack skills to express feelings constructively.

WORKSHEET: TERRENCE/TINA/TIM AND THE RISKING CONNECTION® TRAUMA FRAMEWORK

ACTIVATION

CURRENT STRESSOR

TERRENCE – Called out, accused, insecure housing, safety
TINA – Worker showing her brochure, inadequate resources
TIM – Boss brings up mistake they made, feeling unsupported

ONGOING STRESSORS

Racism, Discrimination, Historical Trauma, Poverty, Exposure to Violence

TERRENCE – Chronic poverty, insecure housing, navigating system to get needs met
TINA – History of racism – sexual exploitation, White men trigger
TIM – History of racism, mom deported by immigration

REACTION

1. **Intolerable Feelings**

TERRENCE – Intolerable shame
TINA – Intolerable helplessness, frustration, and shame
TIM – Intolerable stress, and shame

2. **Acts to Relieve Feelings**
3. **Retreats, or hurts self or others**

How is Terrence's/Tina's/Tim's behavior (insulting teacher and throwing a chair; yelling at the worker; walking out of meeting) adaptive?

How does it help in the moment? How does it connect to the past?

Symptoms are Adaptations

they help in the moment,but hurt in the long run

What does Terrence/Tina/Tim need to heal?

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Handout: If Self Capacities Could Speak, What Would They Say…

WHEN IMPAIRED	WHEN STRONG
Inner Connection to Others I'm all alone in the world It's terrifying to be alone I feel empty inside I can't feel you when you aren't right here **PLEASE** don't leave me If you leave, you're **NEVER** coming back I'll do **ANYTHING** to make you stay	**Inner Connection to Others** Someone loves me She is thinking of me When I'm upset, I can think of you and I feel strong in my body You're ALWAYS with me, even when we're not together When I'm upset, I remember what you told me I'm alone, but I'm not lonely
Worthy of Life I'm not like you, or anyone else I'm bad, worse than bad No one could love me because I'm unlovable I always have a knot in my stomach I won't let you see how hideous I am Don't make me look bad, or you'll be sorry Everyone already knows I'm bad, so I'll just act that way I screwed up **AGAIN**, there's nothing I can do	**Worthy of Life** I am loveable I am touchable I deserve good things I deserve to live I screwed up, but I'm an okay person I'll say I'm sorry and it'll be okay The knot in my stomach goes away when I remember everyone screws up sometimes
Managing Feelings I don't know what I'm feeling I don't want to feel This feeling is too much for me I'll never stop feeling this way I can't stand it I don't know what to do I've **GOT** to get rid of this feeling	**Managing Feelings** I'm having a sensation, a feeling That feeling has a word I can survive this feeling It is just a feeling I have small feelings I have big feelings I can make my feelings smaller I can talk about my feelings with someone and feel better

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Worksheet: Symptoms Are Adaptations and Self Capacities

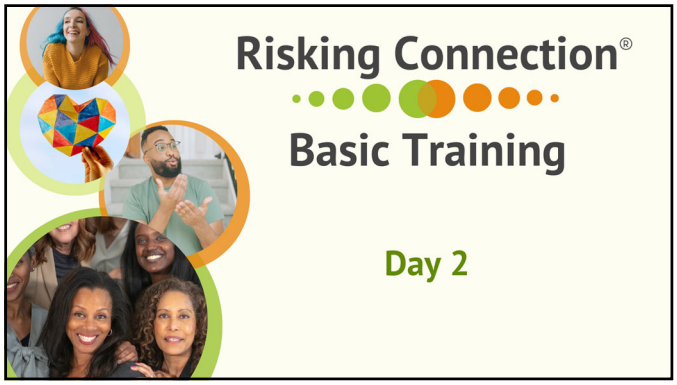
1. Describe a symptom/behavior of a client that is difficult to understand and/or difficult to manage.

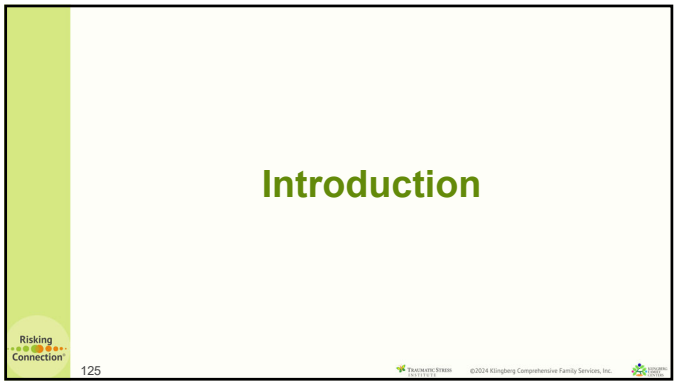
2. How might that symptom/behavior be adaptive for that client? What problem might it solve in the moment? Be as specific as possible.

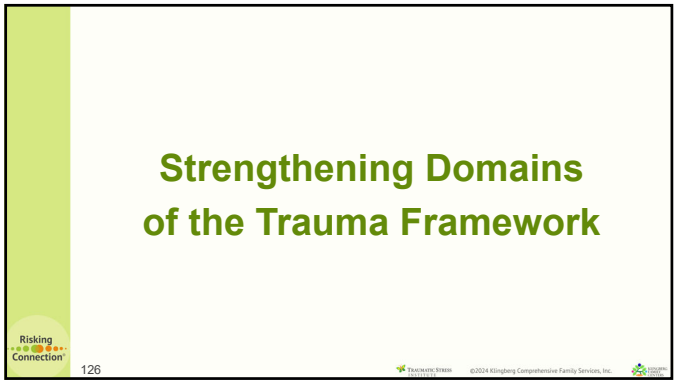
3. What are some possible ways the client might learn to solve that same problem with less negative long-term consequences?

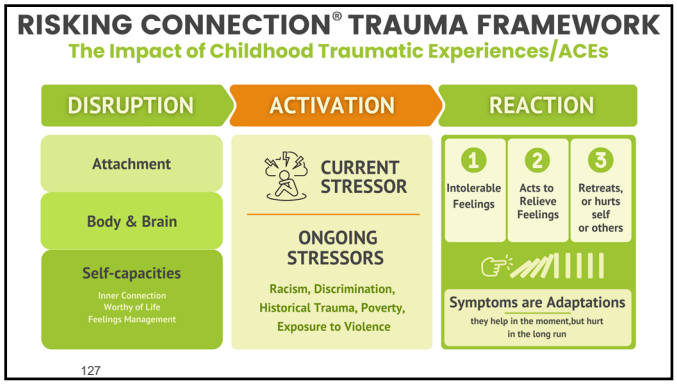
4. What might the symptom/behavior tell you about impairments in the 3 self-capacities (Inner connection to others; Worthy of Life; Feelings Management)?

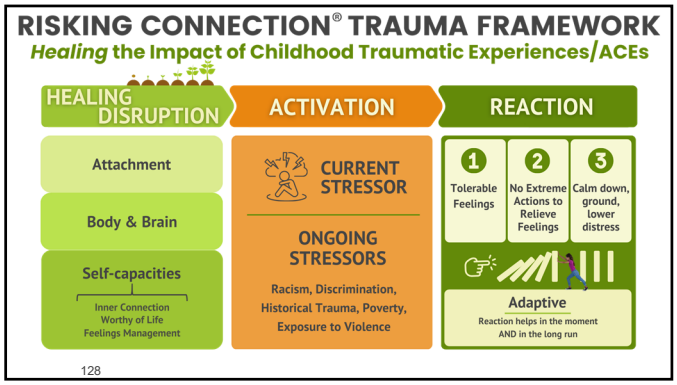
DAY 2 SLIDES

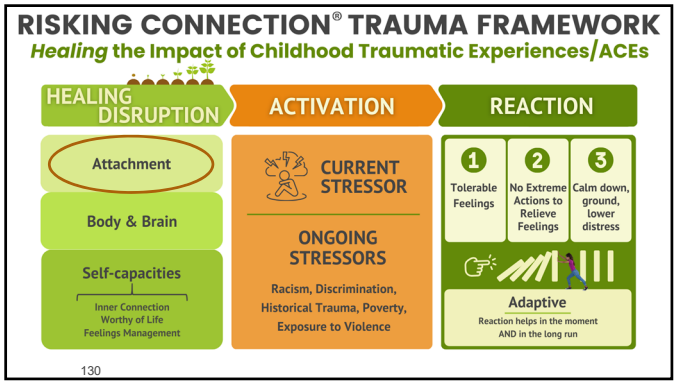












Why is a Healing Relationship So Important?

- People with trauma/ACE histories can learn that the present is different from the past
- It is the treater's most important source of influence

People can learn about **Rupture and Repair.**
Inevitable breaks in relationships can be repaired.

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A RICH® Relationship: The Key to Healing

These four components define a relationship that is healing, whether it lasts five minutes or five years.

Respect
Information
Connection
Hope

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Exercise: RICH Relationships

Respect
Information
Connection
Hope

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Video: RICH in Action

Teacher Barry White, Jr. connects with his students

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Tending to Frame and Boundaries

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What is the Frame?

The frame describes the conditions within which the treater and survivor will work together.

It Includes:

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Importance of Frame to People Suffering ACEs/Trauma

- The essence of interpersonal abuse is violation of boundaries
- Therefore, traumatized people often have little sense of what appropriate boundaries are
- Abused people often expect to have their boundaries violated, especially by authority figures

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Frame and Boundary Dilemmas

- For many boundary issues, there's no agreement in the field.
- No boundary policy can cover all situations that arise.
- Crossing boundaries often arise from good intentions of staff.
- Survivors are used to boundary violations. They expect them and may even seek them out.

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Importance of Frame and Boundaries

Being clear about the frame and boundaries in a relationship is part of creating safety and showing respect.

When in doubt about a boundary decision, TALK ABOUT IT with your team!

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Strengthening the Body and Brain

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RISKING CONNECTION® TRAUMA FRAMEWORK

Healing the Impact of Childhood Traumatic Experiences/ACEs

HEALING DISRUPTION	ACTIVATION	REACTION
Attachment Body & Brain Self-capacities Inner Connection Worthy of Life Feelings Management	CURRENT STRESSOR ONGOING STRESSORS Racism, Discrimination, Historical Trauma, Poverty, Exposure to Violence	1 Tolerable Feelings 2 No Extreme Actions to Relieve Feelings 3 Calm down, ground, lower distress Adaptive Reaction helps in the moment AND in the long run

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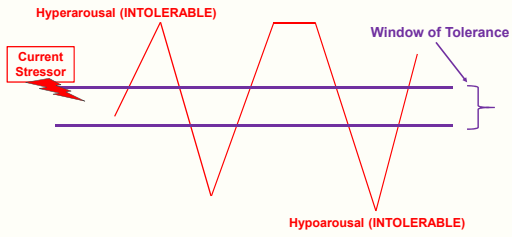
Dysregulated Body and Brain



Siegel, 1999

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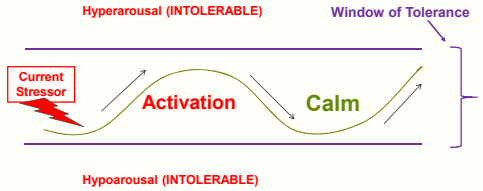
Regulated Body and Brain



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Siegel, 1999

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Strategies to Strengthen Body and Brain

- Sensory Interventions
- Rhythmic activities that are rewarding and relational
- Mindfulness, meditation, yoga, breathing
- Exercise and nutrition

POW WOW SWEAT

A Coeur d'Alene Tribe community initiative
Learn More

Scan It!

QR code is in your participant packet

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Sensory Interventions to Prevent or Decrease Distress

Vision	Hearing	Smell
• Sunsets and sunrises • Picture books • Looking through colored sunglasses • Candle flame	• Sound (white noise, waves, rain) • Music • Singing • Guided meditation	• Scented lotion or candles • Essential oils • Herbs/spices • Herbal tea or coffee
Touch	**Taste**	**Movement**
• Weighted blanket • Chewing ice • Using stress ball or fidget toy • Brushing skin	• Sucking sour candy or mints • Eating lollipop • Chewing straw • Chewing gum	• Lifting weights • Rocking in rocker • Bouncing on exercise ball • Cleaning

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Rhythmic Activities

Examples:
- Patty cake
- Swings – pushing or side-by-side
- Bouncing on exercise ball
- Hula hoop
- Walking in tandem
- Drumming together
- Exercise classes
- Jump rope
- Dancing games

Treater's Role:
- Structure activity for success
- Maximize pleasure and joy
- Keep the beat
- Stay interactive

Perry, B.D. (2009)

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Exercise: Guided Mindfulness

Choose One:

- Compassion Meditation

- Contact Points Exercise

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Break Time

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Strengthening Self-Capacities

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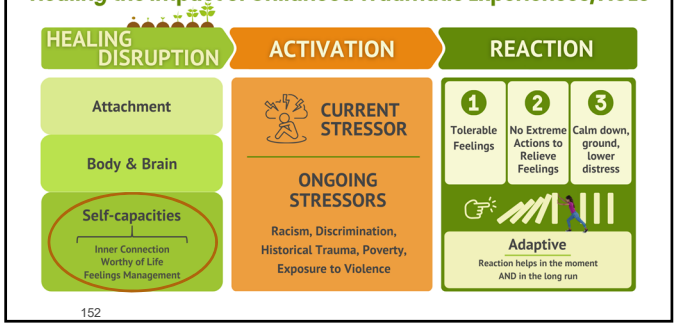

152

Inner Connection to Positive Others

Because:

- People with histories of trauma tend not to have internalized a sense of loving others
- And they often experience separation (even brief) as intolerable loneliness and abandonment

Our goals are to:

- Provide a safe relationship that survivors can internalize over time
- Help survivors practice holding onto connection with caring others when they are not physically present
- Use concrete transitional objects to symbolize the connection

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Strategies to Build Inner Connection

- Tell person you'll be thinking about them
- Reference a song or book you both like
- Hang pictures of loved ones in person's room
- Give person a small object (stone, stuffed animal) to help remember you care
- Write a note or create something together to use as a transitional object
- Make a calendar to track when you will be back from vacation

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Worthy of Life

Because:

- Survivors often feel that they are unworthy, unlovable, or untouchable.
- And connection and empathy diminish shame.

Our goals are to:

- Communicate in every way the survivor is worthy and lovable.
- Avoid situations the person finds shaming.
- Encourage sharing what is shameful.

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Strategies to Build Feelings of Worthiness

- Make opportunities for survivors to participate in activities they enjoy and do well
- Notice survivors doing things well – even very small things
- Set a goal of making 5 affirming comments for every limit-setting one
- Get person involved in helping others

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Feelings Management

Because:
Survivors were never taught about feelings and how to soothe themselves.
And they often associate strong feelings with danger.

Our goals are to:
Teach them strategies for managing and regulating strong feelings.
Model managing our own strong feelings.

Remember Co-regulation!
Survivors learn to regulate feelings
in the presence of regulated others.

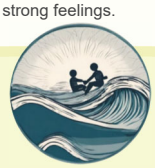

Image courtesy of Beth Tyson Trauma Consulting, www.bethtyson.com

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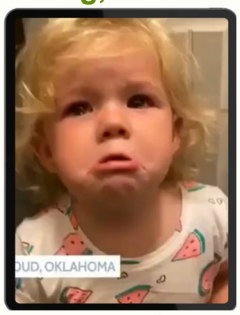
Video: "I'm strong, I'm beautiful"



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Self-Capacities: Feelings Management

Feelings Management

Feeling Awareness	Feeling Identification	Feeling Modulation	Feeling Expression
Awareness of bodily signs and sensations of distress and calm	Learning the words associated with feelings	Using strategies to move from high to low distress	Using skills to express feelings constructively

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Strategies to Build Feeling Awareness

Language of Sensation

Solid, relaxed, warm, calm, grounded, alive, energized, open, free, unstruck, smooth, settled

Tight, dizzy, burning, fuzzy, hot, numb, dull, shaky, nothing, cold, sharp, clammy, sweaty, foggy, nauseous, goose bumpy, blocked, tense, butterflies, wobbly, tired, stuck, thick, itchy, fidgety, suffocated, frozen, breathless, blank, floaty, empty, hollow, deadened, absent, heart pumping

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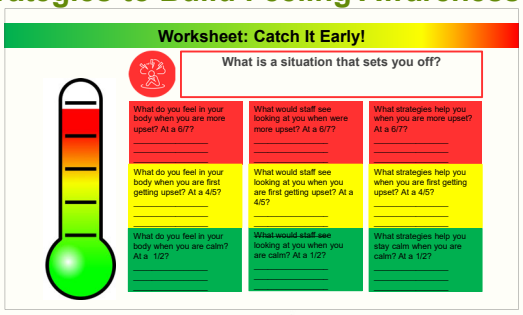
Strategies to Build Feeling Awareness



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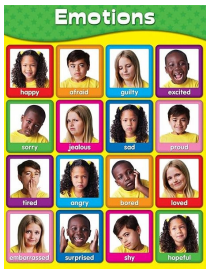
Strategies to Build Feelings Identification

- Help survivors learn feeling words and connect them to bodily sensations.
- Teach survivors that feelings are different from actions.



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Strategies to Build Feelings Modulation

- Use sensory objects related to: touch, hearing, seeing, smelling, tasting/chewing.
- Continually work on strategies to make strong feelings more tolerable (draw feelings, distract oneself, use physical activity, etc.)
- Designate a "Chill Room" or "Sensory Room"
- Help client create a "Calm Down Kit" or "Sensory Kit"
- Dialectical Behavior Therapy (DBT) skills

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Strategies to Build Feelings Expression

- Help survivor to use words, not actions, to express their feelings
- Teach person the difference between constructive and destructive expression of feelings
- Help person to use "I" statements
- Encourage written expression as well as verbal expression

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Strategies for Feelings Management

Pause	Notice & Explore	Name	Use Resources to Modulate	Express

Scan It!

QR code is in your participant packet

Adapted from: https://www.hope-wellness.com/

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Exercise: Strengthening Self-Capacities

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Video: The Client's Experience of the System

Option 1: ReMoved 3 (Child in Child Welfare System)

See next slide for Option 2: Jade (Racial Trauma of Teen in School System)

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Video: The Client's Experience of the System

Option 2: Jade (Racial Trauma of Teen in School System)

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Lunch

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Exploring How We Were Parented

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Exercise: Exploring How you were Parented

- List 3 ways you think your parents/guardians did a good job of parenting you.
- List 3 ways you parent or would parent differently from how you were parented.
- List 2 things you learned growing up about managing problem behavior.
- How does management of problem behavior at your agency compare to what you learned growing up?

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Using RC Principles for Collaborative Crisis Management

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Collaborative Model for Crisis Management

- Many of the major failures in services with trauma survivors occur in our responses to crises.
- The survivor's participation in – and anticipation of – crisis is essential.

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Collaborative Crisis Management

What To Do:

- **Before the Crisis**
- **During the Crisis**
- **After the Crisis**

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Before the Crisis

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Before the Crisis

Strengthen Attachment, Body and Brain, and Self-Capacities When Things Are Calm

The best long-term way to prevent crises is to seize every opportunity to:

- Build relationships
- Regulate the nervous system
- Teach self-capacities

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Before the Crisis

Create Crisis Prevention Plans

The more we collaborate to anticipate crises, the less often crises take us and clients by surprise.

Crisis Prevention Plans ask:

- What upsets you?
- What are the first signs that you're getting upset?
- What helps you when you're upset?
- What doesn't help?

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Before the Crisis

Create Safety Plans for Treaters

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Before the Crisis

Self-awareness is important to preventing crisis

We ask ourselves:

- What can pull me into a power struggle?
- How do I manage my fear and anxiety in situations?
- How might gender, racial, or ethnic bias impact what I see as a crisis?

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During the Crisis

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During the Crisis: Four Principles

1. Stay calm yourself
2. Remember that symptoms are adaptations
3. Stay RICH®
4. Focus only on calming, not on consequences

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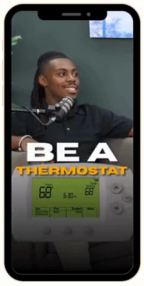
During the Crisis – Stay Calm Yourself

- Use calming techniques (e.g., deep breathing, count to 10, etc.)
- Watch your body language
- If you feel dysregulated, get help or switch out
- Remember: Don't take the behavior personally

Co-Regulation: People become regulated in the presence of regulated others.



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During the Crisis – Remember Symptoms are Adaptations

If you don't truly believe that problem behaviors are adaptive, you're more likely to:

- Personalize the behavior
- Engage in avoidable power struggles

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During the Crisis – Stay RICH ®

- **Respect:** Validate their emotional experience; watch your tone, posture, eye contact.
- **Information:** Inform them of what is happening, your intentions, what you need from them, what will happen next; offer choices; offer ideas for self-soothing.
- **Connection:** Offer yourself as a connection. Bring in others connected to the person
- **Hope:** Offer hope that together you can get through this. Remind them of previous successes.

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During the Crisis – Focus ONLY On Calming

- Discuss consequences LATER
- Validate, validate, validate (validation doesn't necessarily mean agreement)
- Don't hurry resolution
- Offer choices

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Exercise: During the Crisis – Trainer Role-Play

Practicing principles of crisis management during the crisis

Question: To what extent does the treater display the 4 principles of crisis management? Remember:

1. **Stay calm yourself**
2. **Symptoms are adaptations**
3. **Stay RICH®**
4. **Focus only on calming, not consequences**

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Exercise: During the Crisis – Participant Role Plays

Practicing principles of crisis management during the crisis

Question: To what extent does the treater display the 4 principles of crisis management? Remember:

1. **Stay calm yourself**
2. **Symptoms are adaptations**
3. **Stay RICH®**
4. **Focus only on calming, not consequences**

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Break Time

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After the Crisis

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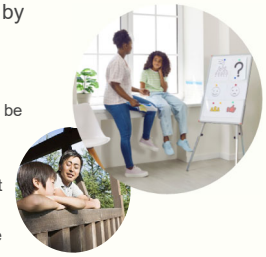
After the Crisis

Work to **repair the relationship** by talking with the person about the incident.

- Express belief that the relationship can be fixed
- Acknowledge that it's hard to talk about
- State your belief that something can be learned from the crisis



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Exercise: After the Crisis Role-Play

Repairing the relationship – after the crisis

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Rethinking Manipulation

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Rethinking Manipulation

What distinguishes manipulative behavior from other behavior?

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Rethinking Manipulation

How do we feel when we have been successfully manipulated – especially if known by others?

Who else feels that way much of the time?

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Rethinking Manipulation

Why can it be difficult for survivors to ask directly for what they want?

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Rethinking Manipulation

What can we do when we feel manipulated?

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Vicarious Trauma (VT)

The Impact of Managing the Crisis

Holding On to Hope

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The Impact of Managing Crisis on the Treater

Contributing Factors:

- Listening to life stories of survivors
- Managing life-threatening crises
- Realizing that, at times, the stakes are quite literally life and death
- Expectations about our power to control people's actions

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Video: VT and Compassion Fatigue

Portraits of Professional Caregivers. Their Passion. Their Pain.

Caregiversfilm.com

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VT: What Gives Us Hope

- A Map - The RC Trauma Framework
- Noticing successes
- Loving your work
- Listening to and reclaiming your body

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VT: What Gives Us Hope

Vicarious Transformation

The positive growth and transformation of treaters **as people**, as a result of the work they do.

– Pearlman, L.A. & Saakvitne, K.W. (2012)

Compassion Satisfaction

"The pleasure you derive from being able to do your work well…to help others through your work…to contribute to the work setting or…to the greater good of society."

– Stamm, B.H. (2009)

201

Video: Vicarious Transformation and Compassion Satisfaction

Portraits of Professional Caregivers. Their Passion. Their Pain.

Caregiversfilm.com

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Exercise: Success Stories

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Wrap Up and Feedback

- **What worked well about today? What did you like? What kinds of things should we keep?**
- **What didn't work? What kinds of things should we get rid of?**
- **What do you need from this training before it ends?**

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DAY 2 HANDOUTS

2024 Revision

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Worksheet: Assessing and Strengthening Self Capacities

1. **Describe a recent crisis with a particular client:**

2. **Assessment of Self-Capacities (Feeling Skills):**

   Place a check mark beside the self-capacity that this client needs to strengthen. Briefly explain how the crisis shows impairment in this self-capacity.

   ☐ Inner Connection to Others (The ability to feel connection to a loving other when s/he is not present)

   ☐ Feeling Worthy of Life (The ability to hold onto a sense of oneself as deserving and worthwhile)

   ☐ Managing Feelings (The ability to soothe oneself when having difficult feelings)

3. **Strategies for Strengthening the Self-Capacities for this client:**

   For each self-capacity that is impaired (checked above), describe 1 or 2 strategies you could use to strengthen the self-capacity.

   ☐ Inner Connection to Others

   ☐ Feeling Worthy of Life

   ☐ Managing Feelings (Feeling Awareness; Feeling Identification; Feeling Modulation; Feeling Expression)

Handout: Individualized Crisis Prevention and Management Plan (ICPMP) -- (for Youth)

Client Section

1. **What makes me feel really scared, upset, angry or sad and could cause me to have a problem?**
   Too much noise. Yelling. When a lot of people are talking it makes me upset. Being told "no." No structure or routine. I get scared when I feel lonely. I get scared when I call my mom and dad and they don't pick up the phone. Bedtime is hard for me.

2. **Are there people from certain groups that you react strongly to?**
   White people that disrespect me and try to tell me what to do, especially White men.

3. **What might I think or feel first when I am getting upset?**
   I feel mad, sad, nervous, excited. My head feels hot and my ears might turn red. Clench my teeth. My heart beats fast and sometimes hurts.

4. **What might I or others notice or what might I think or feel when I am getting REALLY upset?**
   I pace, yell, say mean things, isolate in my room, refuse to follow directions, refuse to talk, repeat the same thing/question over and over again. Threaten and punch. I may "zone out" and clench my teeth.

5. **What kind of things do I sometimes do or say when I am VERY upset?**
   I swear and throw things. I kick, yell, pinch, and threaten to bite.

6. **What is important to know about me when you are helping me and I am REALLY upset or sad or scared? (medical conditions, etc.)**
   I don't like to hurt people but I sometimes do when I'm sad or angry or threatened. I might try to pinch you.

7. **What are some things that help me calm down when I get upset?**
   Individual attention, removal from situation, distraction. Talking about movies and telling jokes. I like to read and be read to. Asking if I need a hug. I like to be wrapped up in a blanket like a cocoon. I like my back rubbed- it calms me down.

8. **What does NOT help when I am starting to get upset, angry, sad, or scared?**
   Confrontation. Yelling. A lot of talking. Being told about consequences. Being in groups. Too many people around me talking to me.

9. **If staff have to restrain me or put me in a quiet room because I could be dangerous to myself or someone else, what helps me get through it?**
   Verbalizing simple directions in a firm, calm, nurturing voice, validating my thoughts/feelings. Seeing staff through the window or at the door of the quiet room. Distractions like talking about books, movies and jokes.

10. **What else do I want you to know about me?**
    That I have trouble sleeping and like a back rub, bedtime story, being wrapped in my blanket.

Staff Section:

11. **Known Crisis Management Risk Factors: (asthma or other physical health status/medical risk, disabilities or limitations, medications, size, boundaries, abuse history, dissociation, etc.)**
    Bob has a difficult time during transitions and especially after a transition back to the unit from home. Bob had heart surgery about 1.5 years ago and has a pacemaker. Bob also has a history of having difficulty around bedtime and needs extra support around this time.

12. **Are there any prohibitions or modifications to isolations, seclusions, holds and restraints based on current medical and/or physical conditions? If so, what are they?**
    The following are current recommendations from his Cardiologist:
    1. *The left arm should be restricted above his head during any type of restraint.*
    2. *"If Bob is truly out of control, then his primary safety should be considered as he can potentially injure his pacemaker and the wire during his active period of being out of control."*
    3. *Everything possible should be done to protect his arms from hyperextension and from direct trauma to the pacemaker area. "If there is any concern that his pacemaker was injured or that there was a problem then he can be brought directly to the emergency room and a chest x-ray can be obtained to check the pacemaker wire and see if there is any obvious fracture."*

12. **Are there any prohibitions or modifications to isolations, seclusions, holds and restraints based on history of trauma and/or other psychological risk factors? If so, what are they? *See Above.***

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HANDOUT: THE SAFETY TOOL – THE MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH (for Adults)

Client Name _____ Date_____

Do you have a history of:

Losing control	Feeling unsafe	Restraint or seclusion
Assaultive behavior	History of trauma	Self injurious behaviors
Suicidality	History of incarceration	

Describe_____
_____

Staff: Interview patient using tool or provide to patient depending on pt. preference

What are some of the things that make it more difficult for you when you're already upset? Are there particular "triggers" that will cause you to escalate?

Being touched		Being isolated	
Bedroom door open		People in uniform	
Particular time of day (when?)		Time of year (when?)	
Loud noise		Yelling	
Not having control/input(explain)		Being around men, women (which?)	
Other: (please list)			

It is important to consider what things might help you to feel better when you are having a hard time and think you might lose control. These are some possible suggestions. We may not be able to offer all of these choices but we would like to work together to figure out how we can best help.

Voluntary time out in your room		Reading (what?)	
Voluntary time out in the quiet room		Watching TV	
Sitting by the nurse's station		Pacing the halls	
Talking with another patient		Calling a friend	
Talking with staff		Exercise	
Punching a pillow		Putting hands in cold water	
Writing in a diary/journal		Putting ice on wrists	
Deep breathing exercises		Writing on arm with red marker	
Wrapping up in a blanket		Lying down with cold face cloth	
Listening to music		Other: please list	
Going for a walk with staff (if privs allow)			

IF PATIENT IS RESTRAINED DURING HOSPITALIZATION, REVIEW TOOL & USE THE PATIENT COMMENT FORM TO REASSESS FOR NEW TRIGGERS AND COPING STRATEGIES

Have you ever been restrained in a hospital or other setting?

	Physically/Mechanically	Chemically
When?		
Where?		
What happened?		

IF PATIENT IS AT RISK OF RESTRAINT:

Inform patient of the organization's policy on restraint/seclusion (check) yes ☐ no ☐

If you are in danger of hurting yourself or someone else, we may need to use a physical (holding), mechanical (restraining you to a bed), or chemical (giving you medication to calm you down). We may not be able to offer you all of these but we would like to know what you would prefer.

Quiet room or area		Open door seclusion	
Closed door seclusion		Chemical restraint	
Walking leg Walking wrist		Hand mittens	
4 point restraint			

Is there anything that would be helpful to you during a restraint? For ex., gender of staff, talking to someone during restraint, other. Describe.

_____

_____

We may be required to give you medication if physical restraints aren't calming you down. Would you like to discuss what medication you might prefer with your doctor? (Y/N)

If a person engages in serious ongoing self-injurious behaviors (cutting, banging, biting, burning, swallowing objects), refer to team psychologist for extended plan.

Medical conditions or physical disabilities that might place person at greater risk:

Comments/Additions:

_____

_____

_____ _____ _____

Date Patient Signature Staff Signature

INCORPORATE INTO THE TREATMENT PLAN
GIVE COPY OF TOOL TO THE PATIENT

Form adapted from MA DMH Task Force on the Restraint and Seclusion of persons who have been physically and sexually abused (1996)

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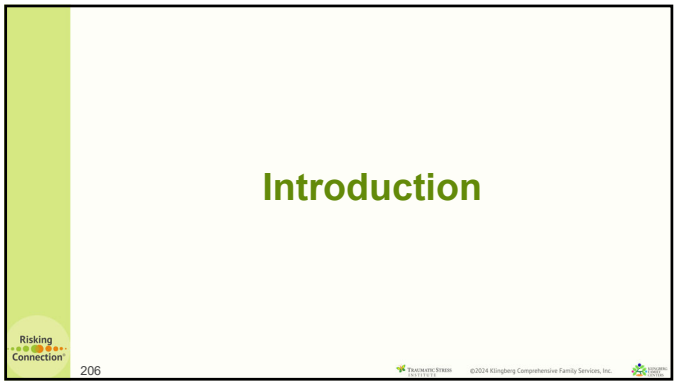
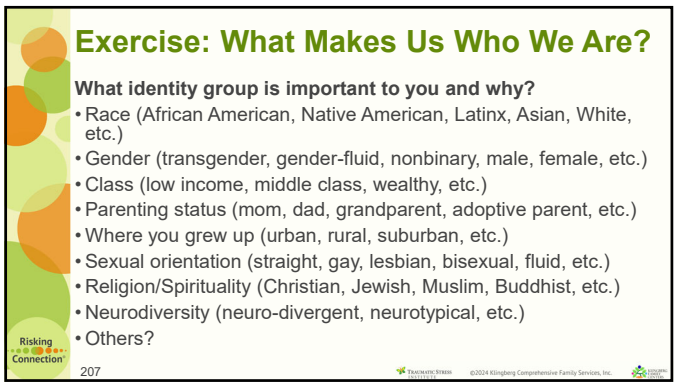
DAY 3 SLIDES





Exercise: Letter to Kay

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Dissociation and Grounding

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Dissociation

An instinctual and protective separation from the present moment.

- There is a continuum from mild to problematic
- It's a biological survival response to danger and overwhelm
- Problematic dissociation is a hallmark of post-traumatic reactions

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How Problematic Dissociation Develops

- An instinctual survival response to danger and situations that are overwhelming
- Associated with the freeze response. Freeze in your body, flee in your mind.
- With chronic trauma, becomes a way of coping with all stress.
- Involves a suspension of critical thinking or mature judgment.

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Signs of Dissociation You May Notice

- An obvious change in awareness, consciousness, or mental state (like "spacing out").
- A flashback, when a client seems to relive a traumatic experience with vivid intensity.
- Forgetting a troubling event or large gaps in memory.
- A change in identity, such as when a client speaks in a different voice or behaves like a different person.

"I wouldn't be alive without dissociation. I'm so appreciative that I was able to create parts…that helped me survive."

- Paula (Marich, 2023)

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Responding to Flashbacks

Ground the person:

- Speak calmly to orient to the here and now
- Validate their fear
- Connect the person to the treater and the safe context of the setting

Promote greater awareness of activating stressors:

- When not in a flashback, discuss the cue that produced the flashback (sensation, sight, sound, word, stress, smell, etc.)

Develop a flashback intervention protocol

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Grounding

Reconnects the person to her/his body and reorients the person to the present.

The Four "W's"

- **Who** they are, who you are
- **Where** they are now
- **When** it is now: day, time, year
- **What** is happening now, what is the context

Directed Awareness

"Do you hear my voice?"
"Can you feel your feet on the ground?"
"Do you see the painting on the wall?"

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Grounding

Firmly plant each foot on the ground, one at a time.

Take three deep breaths; release each slowly.

Stretch your upper body.

Shake out your legs.

Visualize a safe or protected place.

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Break Time

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Noticing Our Reactions

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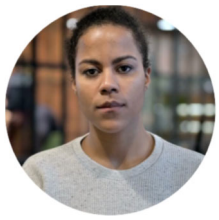
What Reactions We Must Notice

- Our feelings, thoughts, and physical responses to the person
- Our secondary reactions to the uncomfortable feelings evoked by that person



Our reactions are a normal part of the work.

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Exercise: Noticing Our Reactions

- **Option 1 - Jackie and Yolanda (youth setting)**

See next slide for adult setting

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Exercise: Noticing Our Reactions

- **Option 2 - Sonja and Dot (adult setting)**

see previous slide for youth setting

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Why We Have These Strong Reactions

- Our responses to the person's extreme behaviors and symptoms
- The way our own personal issues overlap with that of the person we're helping
- Our own biases about gender, race, sexual orientation, class, etc.
- The degree of our VT at the time

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Common Reactions

We can feel:

Protective or parental toward them	Exhausted by them
Helpless in face of their challenges	Blaming toward them
Angry for how the person is treated	Not caring about them
Angry at them for their behavior	Inspired by them
Loving toward them	Disbelieving of what they are saying
Played or manipulated by them	Sexually turned on by them

Having Reactions Is Not a Problem.
It's What You Do With Them that Matters.

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How Our Reactions Help Our Work

- It can help you know the person better when YOU experience strong feelings that the person has felt in can't yet feel or often feels but can't express.
- It can help you empathize with how others in the client's life often feel.

Our reactions are a window into important information about the person.

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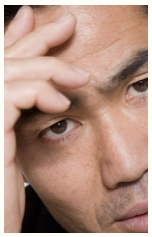
When Our Reactions Are a Problem

Our reactions are a problem when they:

- Interfere with understanding the person
- Prevent us from responding in a therapeutic or RICH way



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Reactions that Can Create Problems

Over-Identification: "I understand because you're just like me."

Blaming: "It must have been her fault." "He doesn't want to get better."

Distancing: "He's hopeless, people like that never change," or, "She gets on my every nerve."

Denial: "What they are saying couldn't be true."

Unexamined Bias: "He's a gang banger."

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Using Our Reactions as a Tool

Three Steps:

- Notice them
- Understand them
- Employ them to make the relationship stronger

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Exercise: Noticing Our Reactions

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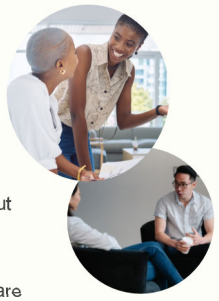
Supervision

Supervision should:

- Be RICH
- Be for all staff, not just clinicians
- Discuss actual people served, not just administrative tasks
- Be a safe, confidential place to talk about your reactions to clients (and those you work with)
- Attend to VT and give support for self-care



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Addressing and Transforming Vicarious Trauma

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VT: How this Work will Change You

Vicarious Trauma (VT) refers to the negative changes in the helper as a result of empathically engaging with and feeling responsible for traumatized clients.

The hallmark of VT is a disrupted sense of hope and meaning.

Originators of the VT Concept

Kay Saakvitne, Ph.D.

Laurie Pearlman, Ph.D.

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VT: How this Work Will Change You

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet…We burn out not because we don't care but because we don't grieve. We burn out because we've allowed our hearts to be so filled with loss that we have not room left to care."

– Rachel Naomi Remen, M.D.

Physician, clinical professor of family and community medicine at the University of California

Scan It!

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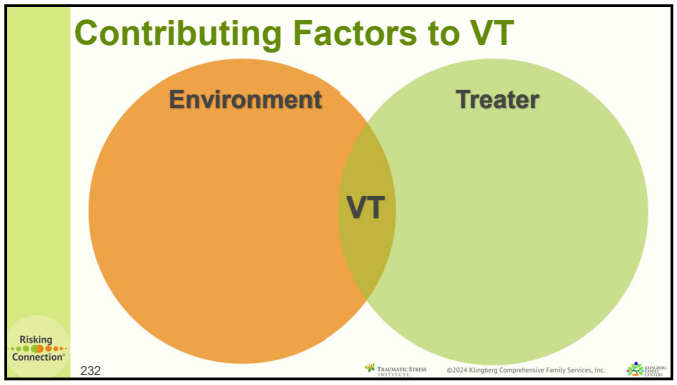

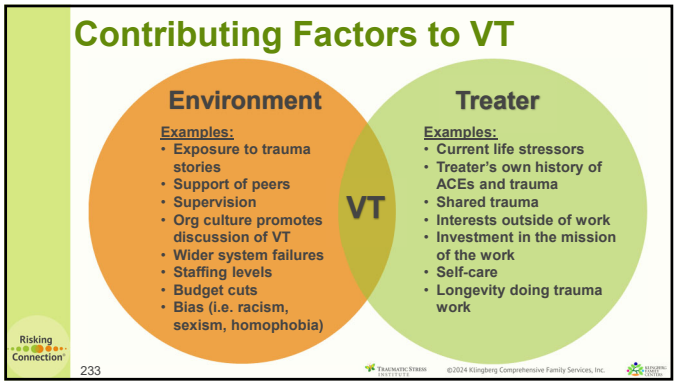

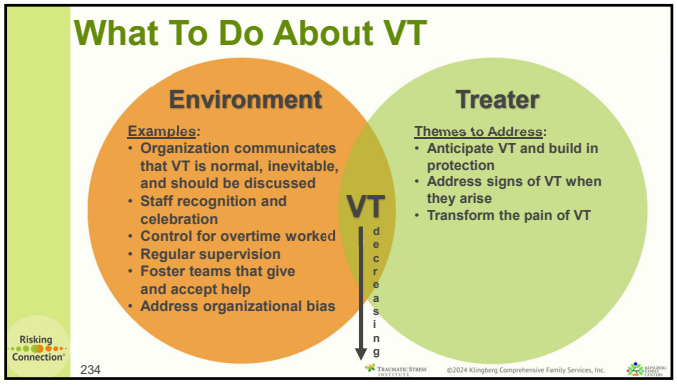

The ABCs of Protecting Against VT

Awareness

- Be attuned to one's needs, limits, emotions, resources
- Heed all sources of information—thoughts, feelings, bodily signs, intuition
- Practice mindfulness and acceptance

Balance

- Between work, play, and rest

Connection

- To oneself, to others, and to something larger

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Addressing VT When It Builds Up

Self-care

Self-nurture

Escape

Community

Celebration

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Transforming the Pain of VT

The pain of VT often leads us to search for hope and meaning.

Working with people who have suffered teaches us about:

- Courage and human resilience
- Possibility of transformation
- Gratitude in our own lives
- Power of hope

Creating meaning in our lives and work helps us endure and transform VT.

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Transforming the Pain of VT

From Vicarious Traumatization

To Vicarious *Transformation*

"Vicarious transformation describes the positive growth and transformation of treaters as people, as a result of the work they do."

– Pearlman & Saakvitne, 2015

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Transforming the Pain of VT

"There is a privilege working with people on the edge of life. The view from the edge of life is so much clearer."

– Rachel Naomi Remen, M.D.
Kitchen Table Wisdom: Stories that Heal

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Lunch

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Training Evaluation

Please complete before the end of the training!

241

Exercise: Addressing and Transforming VT

Worksheet: Addressing and Transforming Vicarious Trauma

242

Video: What To Do About VT

Portraits of Professional Caregivers. Their Passion. Their Pain.

Closed Caption/Subtitle version

243

Putting It All Together

244

Exercise: Indicators of Trauma-Informed Staff Behavior

245

Break Time

246

Exercise: Option 1

Implementing RC as an Organization

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Exercise: Option 2

My Personal Contribution to a

Trauma-Informed Work Environment

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Summary and Closing

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Summary of the Training

- Adversity and trauma are common and can have a lifelong impact. But hope exists for trauma survivors.
- One can't discuss trauma without including the trauma of racism and other isms.
- Symptoms and behaviors are adaptations clients use to survive current problems (even if they also create more problems).
- RICH relationships are critical to healing.
- When clients learn to rely on others, calm their body and brain, and manage feelings, symptoms and crises lessen.
- Effective treaters are self-aware and notice their reactions to clients.
- Vicarious trauma changes the person of the treater; we must work to transform the negative impact of trauma work

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Exercise

Goodbye and Closing Ritual

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TRAUMATIC STRESS INSTITUTE

Thank you for attending

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Basic Training

2024 Revision

www.traumaticstressinstitute.org

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DAY 3 HANDOUTS

2024 Revision

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Handout: Letter to Kay

Dear Kay,

Let's see – What would I like you to tell the staff members that work with kids in foster care? There is so much. It all seems trite, commonsensical and basic, until you've lived with the absence of such things.

Treat the kids with love, respect and honesty.
Love – includes being open and curious, non-judgmental and holds the assumption of each child's inherent value and worth. Respect – means try to understand, ask genuine questions, and truly listen. Honesty – speak your truth as your truth, from your heart, not from a place of authority.

Know that their life experiences may have been different and unusual, but they are not of a different species. They think, they feel, they hear, they see, and they are always striving to learn (just like you).

Going back in time I might have said please KNOW that I am good and that I am worthwhile because I, am not so sure. Know that I am trying all the time even when you have no evidence that I am. Yes, I am defended. Know that negativity is easier for me to handle than respect and kindness. I will try to defeat you, prove you wrong because kindness is especially dangerous to me. It creeps into the microscopic cracks in my armor and awakens the hope I have worth and deserve love. The pain of that hope can be excruciating!

So, be kind, but don't expect gratitude or a quick response from me. Know that your kindness keeps the cracks open, perhaps widens them, increasing the chances of my one day dismantling my defenses, my armor. That will only happen when I am able to experience the world as safe. Then, I may remember and greatly appreciate your effort.

Please do not shame me! Model behaviors, speaking as you go. E.g. – We set the table like this. Not – You don't know how to set the table??? You haven't changed your underwear??

Don't assume that because I am a 9- or 15-year-old thatI know basic social mores. I may not! I am not stupid, dirty, bad or anything. It is just that I haven't had that particular experience. Be specific. Teach me, have books around. I may act as though I don't care, I may laugh it off, but I am listening and I will practice on my own time. So, don't take my behavior personally.
Understand that I may have the wisdom of a 90-year-old and the confusions of a 2-year-old at the same time.

Stigma

Be aware that these children face incredible, unacknowledged prejudice every day.
Often when people hear that a child is in DSS or DYS, they immediately place them in an "other" category. NO thoughts as to the why, just an immediate shift to "other". Other is always a "less- than" category. In our society such children are unwanted and at the very bottom of the class system.

Teachers assume that you are dumb or that you cheat, that you are not to be trusted, that you steal and swear.

If you are a girl it is assumed that you are sexually promiscuous or certainly available. Forty-year-old men feel free to hit on you.

As recently as this year an elementary school principal admitted in public that she resents the fact that kids in foster care use up her teachers' time and energy, that they use school resources – "they are after all, often behind and needy – AND they are transient!!"

A group of locals wrote a letter to the zoning board asking that an eight-foot fence be erected around an intergenerational community that would include children being adopted from the child welfare system. The fence would protect the town from the children!!

This, the third thing, is the most important and the most difficult to explain. I appeared normal, I was smart but ----------!

You see, no one ever explained why I moved so often. Each move was random and unexplained – Each experience was complete unto itself. People simply disappeared and were never mentioned again, whole towns ceased to exist. I didn't know geography. Schools had no connection one to the other. I had disconnected pods of memory. It was as though each time and place had never been.

Reality just shifted.

Nothing was related to anything else. Each place and its people had its own rules, its own culture. I was reinvented with each move. People became abstractions. Names were to be forgotten. Only the now was real and for the moment.

I was always alone.
I had little contact with siblings, or parents. I didn't know if my mother was alive or dead. I didn't know where all my siblings had gone. Social workers were not to be trusted! They were usually strangers who told us how lucky we were. They never shared information.

There was no witness to my having been! I doubted my own existence. I might have been an imagined entity, unreal. My sense of self was disjointed — there was no sense of a continuous me.

There was little to document my history or my growth. I had no photos, no person to remember with me.

I wish that I could have been prepared for the moves ahead of time, that there had been conversation about the where and why of each move. I wish that the past could have been acknowledged in some way as I headed into each future. I wish someone could have helped me build the connections which could have led me to a sense of a permanent continuous self.

How could that have been done?
Talking, naming, explaining would have helped. It might have helped if someone had been interested enough to keep a record or to have asked me about my past experiences, not in an interview way, but out of genuine interest in where I had been, what I'd done, who I'd known, who knew me.

E.g. Do you remember where you lived when you were five? Tell me about it. Even small questions like have you always like mashed potatoes-suggest that I had had a past and that that past had continued to the now. Such questions might have allowed me to know that I had existed before and that therefore- I did exist in the now. It sounds weird, but reality was shaky- it could shift at any time. And all the time no one noticed my distress.
I had no anchor.

I wish that children who face such moves could have at the very least a scrapbook of their journey, with pictures of their family and the other people in their life. The scrapbook would include pictures of the child in the world — proof that he/she existed in time and space.

I had little sense of what I looked like. Some families said I was big, dark or light or—? I was always different from them. It was all comparative and relative. At age seventeen I found out that I was of average size and complexion.

Without the constants of place and people, time becomes indefinite and reality ceases.

Imagine the peek-a-boo game without the “here I am”! If I don’t know where you’ve gone, or if you are, or if you were—than, where am I? Do I exist? Who or what am I? At seven and eight years old I was trying to figure it out.

For me it was a repetitive, terrifying game of peek-a-boo with no one there. It was accompanied by a sense of physical displacement, a shifting of reality and self.

So, if you can, listen — not for pathology, not for abuse, but listen and ask questions which might anchor the child in the present by acknowledging their past. Help them to build the bridges within themselves — bridges to a continuous, continuing self.

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Worksheet: Noticing Our Reactions To Traumatized Youth

Read the following scenario and answer these questions:

- How do you imagine the treater is feeling in this situation?
- Describe two ways in which the treater's feelings in this scenario could be problematic (get in the way of a RICH relationship)?
- Describe two ways the treater could employ their feelings in this scenario to be helpful (promote a RICH relationship)?

1. **Lucinda (she/her)** is your teenage outpatient client. She has seemed engaged and motivated and very pleased when you made a positive report to her parents and school last week. In a routine call with her mother to discuss payment, you mentioned how glad you were that Lucinda was participating in the school play. You missed seeing her in session the last couple weeks but are glad she is participating in activities. You learn that Lucinda has been telling you that she is in a play (which she is not) and telling her mother she is with you, when in fact she has been spending the time with her boyfriend.

2. **Darnel (they/them)** is agitated, angry and out of control. They're usually so delightful, but this afternoon the smallest thing is setting them off and you dread the evening. You learn that their mother promised them she would visit today and bring them new earbuds. She never came and never called. You could just scream at her! She doesn't have to deal with the results of her irresponsibility - you do. How could she have a great teen like this and not want to see them?

3. **Samantha (she/her)** is just the cutest 4-year-old. You know she lost her parents when she was two. She is cooperative and always pleasant. Something about her just warms your heart. You find yourself wondering if you should investigate your school's policies about staff becoming foster parents for the kids in your classroom. And you cannot believe the way Trina keeps bullying Samantha - something has to be done about that girl.

4. **David (he/him)** is such a challenging boy. He can't even eat right -- he shovels food into his mouth. He is angry and constantly yells. He cannot tell anyone what he is thinking or feeling. He just accuses staff of being out to get him. He is always angry at you and yet seems to stay next to you all the time. You understand that he was severely abused in his past, but you are really at your wit's end with him. Maybe this is the wrong placement for him. Everything that seems to work with other kids doesn't work with him.

Risking Connection®

Worksheet: Noticing Our Reactions To Traumatized Adults

Read the following scenario and answer these questions:

- How do you imagine the treater is feeling in this situation?
- Describe two ways in which the treater's feelings in this scenario could be problematic (get in the way of a RICH relationship)?
- Describe two ways the treater could employ their feelings in this scenario to be helpful (promote a RICH relationship)?

1. **Darnell (he/him)** is a frequent client at the harm reduction program. Lately Darnell seems more interested in the safe use education you offer and asked if you could help him get a referral and appointment for medical care for a chronic injury. You were really pleased with this increased engagement and Darnell's willingness to ask for support. After some extra effort, you managed to get a referral and appointment for Darnell. Yesterday you were driving to the office and saw Darnell hanging out in an alley with a few other people while Darnell was scheduled to be in the medical appointment you helped arrange.

2. **Lucinda (she/her)** is a patient in the sexual and reproductive health program. Lucinda is usually engaged and social, but at this appointment is withdrawn and teary. You learn that Lucinda's estranged partner promised to meet for lunch today to talk. The partner never came and never called. You think of a similar experience you had with someone recently. Lucinda rarely asks for anything, and today is so sad. You don't understand how Lucinda's partner could disappoint Lucinda like this.

3. **Samantha (she/her)** is a client in the WIC program. You know Samantha has had great misfortune in life - orphaned at a young age and became the surrogate parent, while still a teenager, to three younger siblings. Samantha managed to work, take care of the siblings, and attend the city college part-time. Now as a new parent, Samantha is working hard to raise a healthy and happy baby. You appreciate how hard Samantha has worked to change her situation. The company where Samantha worked recently went out of business, and Samantha now has no steady source of income. Your family owns a business that employs people with Samantha's skills. You find yourself wondering if you should investigate your agency's policies about clients becoming employees of a staff member's family business.

4. **David (they/them)** is a client at the outpatient clinic. They are such a challenging patient. They hate leaving the reservation to receive treatment for their diabetes. They are not compliant with treatment and prefer to treat their diabetes with their traditional healing from Elders. When you ask them what those healing ways are, all they do is yell and accuse staff of making them sicker. They are always angry at you and yet they never miss an appointment. You understand that medical staff have been dismissive of their traditional healing in the past. You are really trying to blend their traditional healing with treatment offered at the clinic, but you are at your wit's end. Everything that seems to work with other patients doesn't work with them. Maybe we should stop seeing them.

Risking Connection®

Worksheet: Noticing Our Reactions To Those We Work With

Read the following scenario and answer these questions:

- How do you imagine the colleague of the person described is feeling in this situation?
- Describe two ways in which the colleague's feelings in this scenario could be problematic (get in the way of a RICH relationship)?
- Describe two ways the colleague could employ their feelings in this scenario to be helpful (promote a RICH relationship)?

1. **Linda (she/her)** is a new employee hired in the business office where you work. You were very happy to have the extra help and volunteered to help onboard and train Linda, however Linda does not seem to be responding well to training. Each time you tell Linda something new, Linda responds, "I already know how to do that!" Linda seems to have all the answers. If you point out a mistake or correct Linda's work, Linda becomes very defensive and irritated. You are beginning to dread coming to work, and you don't know what to do. You think about telling your supervisor about Linda but are uneasy about doing so because Linda is very nice around your supervisor, who does not seem to see any problems.

2. **Taneisha (they/them)** is a college intern where you work in the office. One of your favorite things about your job is that you get to interact with interns as they come in and out of the office. Recently Taneisha has been going out of their way to come and visit you. They are such a sweet person and, from what you have heard, their life has been filled with tragedy. Today, Taneisha told you that one of your colleagues was harsh with them. You've sometimes wondered about the impatient tone your colleague uses with younger staff and interns, especially BIPOC staff. Taneisha told you not to tell anyone because they want a good reference from this internship. You want to help them do the right thing.

3. **Matt (he/him)** is a good friend and co-worker of yours, but now that you have been promoted, you are supervising him and other people that you've worked with and gone out partying with. This definitely feels awkward and an adjustment for everyone. It is especially awkward because Matt seems to be expecting that you will give him some slack because of your friendship. He often comes in late, and he smiles at you and says, "Rough night - you know how it is."

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Worksheet: Addressing and Transforming Vicarious Trauma (VT)

I. Protecting Against VT in Daily Life – The A, B, Cs

Awareness

What types of clients or situations activate your VT? How can you proactively protect yourself from those impacts?

How do you know when VT has built up to the point that it needs attention? What do you notice in your body? What changes do you notice in your day-to-day life? What thoughts or beliefs do you notice?

What strategies could you use to enhance your awareness of VT? (mindfulness, meditation, journaling, examining how much is on your plate).

Balance

How could you enhance your pleasurable and/or meaningful activities outside of work?

How do you know when your caretaking becomes compulsive?

How could you gain more control over your work schedule?

Connection

How might you increase your sense of connection to yourself? To others? To something larger?

II. Addressing VT When It Builds Up

Reduce Exposure to Trauma Material

How can you reduce exposure to trauma material? (avoid news, limit exposure to details of client trauma, limit trauma in movies/TV/social media)

Self-Care, Self-Nurture, Escape, Community, Celebration

What self-care activities in these areas can you increase when your VT builds up?

III. Transforming the Pain of VT

What is meaningful to you about your work? What are you most proud of about your work? What rewards do you find in the work?

How does your work provide you with gratitude for what you have in your life?

How have you, or how might you, grow as a person because of your work?

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Worksheet: Indicators of Trauma-Informed Staff Behavior

Directions: Rate how often your staff currently display the behavior in your program with clients and with co-workers. Put NA if the behavior is "not applicable" to your work.

1	2	3	4	5	NA
Staff **very rarely** display this behavior		Sometimes		Staff **always** display this behavior	Not Applicable

Staff Behavior In the Program	Current Practice
1. Staff display an attitude of "the person is doing the best they can" **rather than** believing a person is acting out on purpose (i.e. "he is acting this way because he wants to;" "she's not motivated;" "if he can choose to act up, he can choose not to")	
2. Staff explore the problem (i.e. "what's going on?, what's wrong?") **rather than** immediately talking to the person about consequences.	
3. Staff engage in active listening (i.e. listen carefully, restate the problem, empathize with feelings and needs).	
4. Staff avoid comments that could be shaming (i.e. insist the person do things that stretches her ability too much; isolate person; deliver consequences in front of peers).	
5. Staff avoid power struggles (i.e. arguing with person, proving person wrong).	
6. Staff refer to a person in descriptive ways **rather than** using negative labels (i.e. manipulative, borderline, troublemaker).	
7. Staff value flexibility in managing behavior **rather than** strict following of rules.	
8. Staff feel comfortable discussing issues of race with clients and colleagues.	
9. When a person is upset, staff mainly work to help the person calm down.	
10. Staff talk with their peers and supervisors about their strong positive and negative reactions to others in order to build and sustain RICH relationships.	
11. Staff ask peers for help, or allow peers to help, when they get stuck trying to manage a person's behavior.	
12. Team members work well as a team (i.e. manage conflict, care for each other, avoid splits between job groups such as managers and workers, clinicians and direct care workers)	

What are 2 things you/your team could do in the short term to move staff behavior in the direction of trauma-informed care:

1. _____

2. _____

Risking Connection®

Worksheet: My Personal Contributions to a Trauma-Informed Work Environment

Directions: Reflect on the following questions. Write down your responses. Share what you are comfortable disclosing to a partner or small group.

1. **RICH.** What are the ways you personally embody RICH with clients and co-workers?

   Show **RESPECT**

   Provide **INFORMATION**

   Offer **CONNECTION**

   Instill **HOPE**

2. **Feelings Management**

   Feelings Awareness. How do you know you are activated by an emotion or feeling?

   Feelings Identification. What are the dominant emotions/feelings you experience at work? (can be occasionally or daily)

   Feelings Modulation. How do you regulate your strong emotions while at work?

   Feelings Expression.

   How do you (might you) express your feelings when a colleague is not regulated?

   How do you express your feelings when you believe you have been disrespected or you disagree with a policy or procedure? (say nothing, complain to someone outside work, talk to a co-worker, speak directly to person involved, etc)

3. **Conflict Resolution**

   What do you do to promote a safe environment for you and your colleagues to make mistakes, learn, and have difficult conversations?

   What are ways you strengthen connection with colleagues with whom you have disagreements?

4. **Learning.** What did you learn about how you might contribute even more to a trauma-informed work environment by completing this worksheet?

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QR Codes - Supplemental Resources for the Curious

Slide 1

Introduction

Website. Resource on territory acknowledgement, a way that people insert an awareness of Indigenous presence and land rights in everyday life. Contains both how-to and discussions.
URL: https://native-land.ca/resources/territory-acknowledgement/

Slide 8

Origins of Risking Connection

Video. Heartfelt message from Dr. Kay Saakvitne, co-creator/lead author of the Risking Connection curriculum, about its beginnings.
URL: https://vimeo.com/899828690?share=copy

Slide 12

How to Effectively Talk About Race

Video. Dr. Kenneth Hardy's talk, *How To Effectively Talk About Racism*. His most recent book is entitled *Racial Trauma: Clinical Strategies and Techniques for Healing Invisible Wounds.*
URL: https://vimeo.com/719261581

Slide 20

What is Psychological Trauma?

Website. Dr. Gabor Maté, whose most recent book, *The Myth of Normal,* is displayed on the slide.
URL: https://drgabormate.com/

Slide 21

Levels of Trauma Experience

PDF publication. Image adapted from page 3 of SAMHSA's *Practical Guide for Implementing a Trauma-Informed Approach,* 2023.
URL: bit.ly/3QAMuTa

Slide 22

Racial Trauma

Website/Book. *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing* by Dr. Joy Angela DeGruy. Understanding the lingering psychological and social impact of enslavement in the U.S.
URL: https://www.joydegruy.com/

Risking Connection®

QR Codes - Supplemental Resources for the Curious (cont.)

Slide 24

The ACEs Study

TED Talk Video, *How childhood trauma affects health across a lifetime* by Dr. Nadine Burke Harris. Her book is also displayed on the slide: *The Deepest Well: Healing the long-Term Effects of Childhood Adversity.*

URL: https://youtu.be/95ovIJ3dsNk?si=UovwarMmHOTAZM7Z

Slide 25

Story of the ACEs Study

Websites. Learn more about ACEs on PACEs Connection. You can sign up free to join their blog list, as well as share your own information in this trauma-informed community.

URL: https://www.pacesconnection.com/blog/aces-101-faqs

Slide 36

Positive Childhood Experiences (PCEs)

Website. Slide image adapted from *InBrief: The Science of Resilience,* Center on the Developing Child, Harvard University.

URL: https://developingchild.harvard.edu/resources/inbrief-the-science-of-resilience/

Slide 38

Definition of Trauma-Informed Care (4Rs)

PDF publication. Slide image developed using pages 9-10 of SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach,* 2014.

URL: bit.ly/4h7iVDO

Slide 56

Attachment Under Normative Conditions

Video. Circle of Security International created the best parenting guide ever, and it's only about 4 minutes long. Helps caregivers understand children's needs simply and effectively.

URL: https://vimeo.com/122770192

Slide 61

Trauma and Attachment

Video. Dr. Bessel van der Kolk, whose book is displayed on the slide: *The Body Keeps the Score.* Also can check out his website at: https://www.besselvanderkolk.com/

URL: https://youtu.be/iTefkqYQz8g?si=f3cQ1ADprFOLXFHe

QR Codes - Supplemental Resources for the Curious (cont.)

Slide 67

DNA and the Impact of Intergenerational Trauma

Podcast. Rosanna Deerchild is a journalist, poet, and host of *Unreserved*, a CBC podcast sharing Indigenous culture & conversation. Her book is also displayed: *calling down the sky*
URL: https://www.cbc.ca/radio/unreserved

Slide 77

Video: The Biology of Toxic Stress

Video. *The Biology of Toxic Stress* is a short section of a longer documentary entitled *Resilience*. You can rent or buy *Resilience* via YouTube (for as little as $1.99).
URL: https://youtu.be/hOfDLyPbv-o?si=8o-nCqUvOUQmAx_C

Slide 90

Self-capacities: Worthy of Life

Children's Book. Actor, activist, and writer Grace Byers and illustrator Keturah A. Bobo teamed up to make this declaration that speaks to the "worthy of life" concept.
URL: https://www.harpercollins.com/products/i-am-enough-grace-byers?variant=33007327248418

Slide 91

Worthy of Life: Guilt versus Shame

Ted Talk video, *Listening to shame* by Dr. Brene Brown, a researcher and storyteller on the toxic nature of shame.
URL: https://www.ted.com/talks/brene_brown_listening_to_shame

Slide 122

Vicarious Trauma

Radio story. Features Dr. Judith Herman, psychiatrist & author of *Trauma and Recovery: The Aftermath of Violence-from Domestic Abuse to Political Terror*. From *Here & Now,* NPR
(content warning: contains discussion about violence and sexual abuse)
URL: https://www.wbur.org/hereandnow/2023/05/16/judith-herman-abuse-survivors

Slides 144-5

Dysregulated Body and Brain/Regulated Body and Brain

Video. *The Window of Tolerance*. Description of/deeper reflection on the WOT and its effects. Created by Beacon House Therapeutic Services and Trauma Team, UK.
URL: https://youtu.be/nZnJMyNT620?si=XG2bf7EmSh92LBQj

Risking Connection®

QR Codes - Supplemental Resources for the Curious (cont.)

Slide 146

Coeur d'Alene - POWWOW SWEAT

Strategies to Strengthen Body and Brain

Website/videos. The Coeur d'Alene Tribe is in the RC community. They created Powwow Sweat - an exercise routine incorporating traditional dance - as part of an initiative called Qhest Life that strives to honor tradition while increasing wellness and connection.
URL: https://qhestlife.com/pow-wow-sweat

Slide 149

RC Compassion Meditation

Exercise: Guided Mindfulness

Audio. These two audio recordings are part of the RC Basic training, but you can listen to them anytime. TSI offers free RC Monthly Mindfulness sessions.
← URLs: Compassion bit.ly/3PbDCmF or Contact: bit.ly/4c0XMtr →

RC Contact Points Exercise

Slide 165

Feelings Management

Strategies for Feelings Management

Website blog. *Learning How to Connect Emotions and Body Sensations*. Connecting these two can help us better understand what's going on within us.
URL: https://www.hope-wellness.com/blog/learning-how-to-connect-emotions-and-body-sensations

Slide 231

VT: How this Work will Change You

Book. *Kitchen Table Wisdom: Stories that Heal* by Dr. Rachel Naomi Remen. About the tradition of shared experience, which shows us life in all its power and mystery.
URL: https://www.rachelremen.com/

Dr. Rachel Naomi Remen

Risking Connection®

Risking Connection Training Evaluation

Date:	**RC Training Type: RC BASIC TRAINING**
Agency Name:	

Please rate the quality of the following:

	Low (1)				High (5)
1. PowerPoint slides & handouts	1	2	3	4	5
2. Role play and group activities	1	2	3	4	5
3. Video content	1	2	3	4	5

Course Objectives

Please rate degree to which course met these objectives.

Participants will:	Low (1)				High (5)
1. Identify and explain the components of the trauma framework	1	2	3	4	5
2. Describe the 4 characteristics of a RICH relationship and why frame and boundaries are critical for trauma survivors	1	2	3	4	5
3. Describe ways to manage crises before, during and after the crises	1	2	3	4	5
4. Explain why it is important to notice their reactions to individual clients	1	2	3	4	5
5. Identify ways that adversity and trauma impact people of color differently	1	2	3	4	5
6. Discuss the impact of vicarious trauma on treaters and how to address and transform it	1	2	3	4	5

Trainers

Please rate your experience with the trainers:

RC Trainer #1 Name:_____	Low (1)				High (5)
1. Spoke clearly and understandably	1	2	3	4	5
2. Generated audience participation	1	2	3	4	5
3. Showed knowledge of & passion for subject	1	2	3	4	5
4. Exemplified RICH –Respect, Information, Connection & Hope	1	2	3	4	5
5. Created safe & inclusive learning environment	1	2	3	4	5

Comments:

_____

_____

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RC Trainer #2 Name:_____	Low (1)				High (5)
1. Spoke clearly and understandably	1	2	3	4	5
2. Generated audience participation	1	2	3	4	5
3. Showed knowledge of & passion for subject	1	2	3	4	5
4. Exemplified RICH – Respect, Information, Connection & Hope	1	2	3	4	5
5. Created safe & inclusive learning environment	1	2	3	4	5

Comments:

_____

_____

RC Trainer #3 Name:_____	Low (1)				High (5)
1. Spoke clearly and understandably	1	2	3	4	5
2. Generated audience participation	1	2	3	4	5
3. Showed knowledge of & passion for subject	1	2	3	4	5
4. Exemplified RICH –Respect, Information, Connection & Hope	1	2	3	4	5
5. Created safe & inclusive learning environment	1	2	3	4	5

Comments:

_____

_____

Feedback for the Future

How useful was the content of this CE program for your practice or other professional development?

How much did you learn as a result of this CE program (was there a skill you learned or a concept that resonated with you)?

Would you recommend this training to a co-worker or colleague? Why or why not?

What could we do to improve this program?