

Community Resilience & Trauma Informed Care



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Acknowledge

Portland State University is located in the heart of downtown Portland, Oregon in Multnomah County. We honor the Indigenous, people whose traditional and ancestral homelands we stand on include the **Multnomah, Kathlamet, Clackamas, Tumwater, Watlala bands of the Chinook, the Tualatin Kalapuya** and many other indigenous nations of the Columbia River. It is important to acknowledge the ancestors of this place and to recognize that we are here because of the sacrifices forced upon them. In remembering these communities, we honor their legacy, their lives, and their descendants.

Credit and gratitude to PSU's Native American Student and Community center



Promoting Prevention.
Committed to Wellness.

Hosting a Virtual Meeting Using Trauma Informed Principles[®]

Purpose. By using SAMHSA's 6 principles of trauma informed care (TIC), we offer strategies for hosting virtual meetings that promote safety, power, and value. Hosting virtual meetings and trainings with these principles in mind can foster a space where participants are present & accessible, and their exposure to activation and re-traumatization is mitigated.

Examples of activation points during virtual meetings

Compromised SAFETY	Lack of POWER	No sense of VALUE
<ul style="list-style-type: none"> Staring at an image of oneself Blurred boundaries between home & office Unclear social cues and social norms Screen fatigue Perceived or actual lack of confidentiality 	<ul style="list-style-type: none"> Limited opportunity to share one's voice, given the one-dimensional platform Lack of clarity around what choice is available in relation to ways of participating Consent is often overlooked 	<ul style="list-style-type: none"> Accessibility considerations are often missing Lack of shared presence or emotional attunement, thus limited co-regulation opportunity Often transactional, thus missing the whole person Silence is misinterpreted as lack of participation

1) Emotional & Physical Safety.

- Set up security measures, such as a secure link, password, and/or wait room, in order to ensure that only those invited to the meeting are in attendance.

Expectations:

- Limitations re: virtual and your capacity. Take what is needed.
- Write questions in the chat box: now or later I will respond.
- Translate for your setting.

Wellness:

- Do you have water or tea?
- Do you have a fidget or comfort piece to put near you?
- Feel free to move about.
- Do not have to be on video.
- Mute yourself.
- Breath.
- Right brain activity.
- Center – ground.
- Agenda and expectations.

Sharing some thoughts

- What is TIC and What it is not- getting grounded
- Application to Covid19 response
- Adding in Climate Change Impacts
- Ending with Community Resilience, Collective Community Healing

Partnering in
the Mess!..
please

Pileups of Toxic Stresses Generated by Cascading Disruptions to Ecological, Social, and Economic Systems



From Climate Psychiatry Alliance:

- Corporate and government policies that rapidly reduce greenhouse gas emissions and reinvest all monies from fossil fuels to sustainable activities.
- Community building that can resiliently withstand the suffering which is to come in the wake of increased disasters. Effective resilience can be instilled by building **supportive communities** and planning for **adaptive responses** to increased disasters, increased heat and sea level rise.
- Mental health systems are **currently unprepared** for what we will face and must be expanded and oriented to addressing the consequences of CC.
- We need to confront denial and disavowal. The use of fossil fuels and animal agriculture are the largest contributors to greenhouse gas emissions. The denial of our leaders should be confronted and we should each undertake the humbling and eye-opening task of examining our own carbon footprints.
- Everyone must become engaged in climate action. We urge everyone to join a group that is working towards these ends, whether the group be one of environmental advocacy, faith-based or a civic organization that shares these goals, is less important than joining in these efforts and gaining a feeling of being involved in saving life on the earth. Join and act. Everyone is needed.

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TRAUMA-INFORMED CARE – WHAT IS IT?

A **program, organization, or system** that is trauma-informed:

Realizes

the widespread impact of trauma and understands potential paths for recovery;

Recognizes

the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

Responds

by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively

Resist

creating traumatizing and Re-traumatization

- ✓ Can be single event
- ✓ More often multiple events, over time (complex, prolonged trauma)
- ✓ Interpersonal violence or violation, especially at the hands of an authority or trust figure, is especially damaging
- ✓ Collective, historical, generational

Event, Experience, Effect (SAMHSA)

So what is impacting us?

Trauma –

- Anything that overwhelms one's ability to cope. Can be single event. More often multiple events, over time (complex, prolonged trauma). Includes collective, historical, generational – EXPAND your definition.

Disenfranchised grief –

- experience when there a loss that is not or cannot be openly acknowledged, socially sanctioned or publicly mourned – (Doka, K)

Toxic Stress –

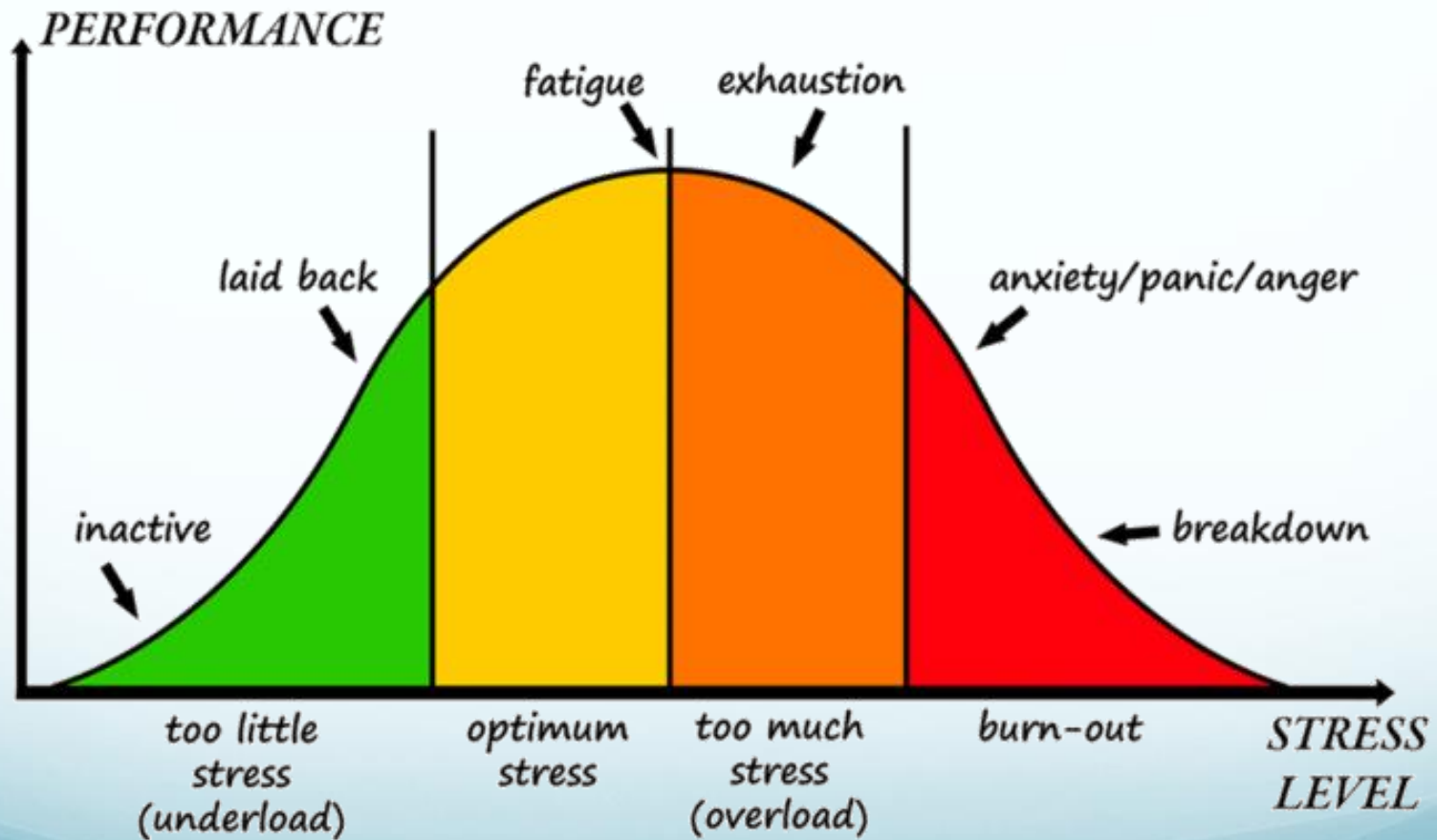
- prolonged activation of the stress response system with no buffer.

Scarcity –

- having less than you think you need (time, money, resources, space, food) (Mullainathan & Shafir)

INTRAPERSONAL:

STRESS CURVE



Have you been experiencing:

- Difficulty with attention
- Difficulty with memory
- Changes in your sensory input and experience
- Difficulty with emotional regulation
- Difficulty with future orientation and hope
- Physical, mental, spiritual, emotional, sexual, relationship changes

Trauma Specific v. Trauma Informed

- Trauma Recovery/Trauma Specific Services
 - Reduce symptoms
 - Promote healing
 - Teach skills
 - Psycho-empowerment, mind-body, other modalities.
- Trauma Sensitive
 - Bring an awareness of trauma into view
 - Trauma lens
- Trauma Informed Care
 - Guide policy, practice, procedure based on understanding of trauma
 - Corrective emotional experiences.
 - Parallel process – workforce wellness
 - Assumption: every interaction with trauma survivor activates trauma response or does not.

WHY DO THE WORK?



TRAUMA IS PERVASIVE



TRAUMA IS BROAD, DEEP AND LIFE SHAPING



SERVICE SYSTEMS CAN REACTIVATE OR RETRAUMATIZE



TRAUMA IMPACTS HOW PEOPLE ENGAGE



WE CAN METHODS FOR PREVENTING ADVERSITY AND MITGATING THE IMPACTS OF TRAUMA

TRAUMA-INFORMED CARE

TIC IS NOT ABOUT	TIC IS ABOUT
excusing or justifying unacceptable behavior	supporting accountability & responsibility
just being “nicer”	practicing compassion
focusing on the negative	focusing on skill-building, strengths based, & healing centered care
the ‘end all, be all’	committing to a process
Attending just another training	transforming spaces, practices, procedures & policies; a culture shift
moving away from work related to diversity, equity, inclusion or resilience	inclusion of and partnership with other frameworks
something “new”	learning from many culturally specific programs

Guiding Principles of Trauma Informed Care

SAMHSA's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014
<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Safety

Throughout the organization, staff and the people they serve feel physically and psychologically safe.

Trustworthiness and transparency

Organizational operations and decisions are conducted with transparency and the goal of building trust among staff, clients, and family members of those receiving services.

Peer support and mutual self-help

These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

Collaboration and mutuality

There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

Empowerment, voice, and choice

Organization aims to strengthen the staff, client, and family members' experience of choice and recognizes that every person's experience is unique and requires an individualized approach. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

Cultural, historical, and gender issues

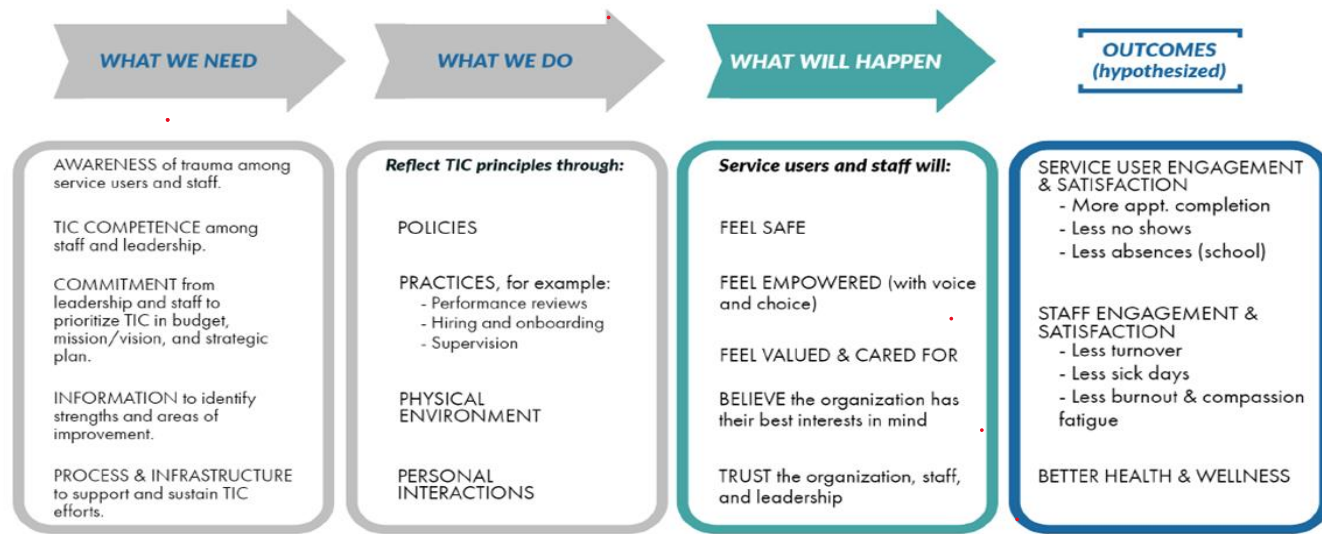
The organization actively moves past cultural stereotypes and biases, offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Trauma-Informed Logic Model

Trauma Informed Care Logic Model



ASSUMPTIONS



- Our service settings are populated with people (service users and staff) with experience of past and present trauma.
- Services and settings can be re-traumatizing for individuals when they feel unsafe or don't feel that they have control, power, choice, voice, or value.
- Applying the principles of TIC can prevent and mitigate the impact of harm.

COVID 19 Application

Considerations for Organizations:

- more black and white,
- attention is more narrowly focused on the immediate here and now,
- difficulty planning or thinking ahead,
- difficulty regulating our emotions,
- less able to make decisions.

COVID-19 Considerations for a Trauma Informed Response for Work Settings (Organizations/Schools/Clinics)

Purpose

The purpose of this document is to provide trauma informed considerations for work settings as we all navigate the uncharted territory and response to novel Coronavirus (COVID-19). We will refer to organizations in this document, but this includes schools, clinics, and other places where services are provided. The following considerations are grounded in the principles of trauma informed care (see [SAMHSA Guidance for a Trauma Informed Approach](#) for more information). We invite you to use the same framework as you are making decisions and communicating to staff.

Rationale

For most people, COVID-19 will be associated with increased uncertainty and stress. When we are under acute stress we are more likely to be operating from the survival areas of our brain, which means that our thinking becomes much more black and white, our attention is more narrowly focused on the immediate here and now, we start to have difficulty planning or thinking ahead, we have difficulty regulating our emotions, and we become less able to make decisions. Stressful times are associated with threats to our safety and a loss of power and control. A trauma informed approach can help reduce or prevent a trauma response.

Considerations

In addition to using the TIC principles to guide our work moving forward, it's important to keep these general TIC practices in mind.

- **Support regulation**—when stressed, people have a harder time managing emotions and staying regulated. Build in time for regulation practices like breathing, grounding exercises, and movement. Model the calm behavior you want staff to mirror.
- **Prioritize relationships.** Social support and connection can actually buffer a stress response. During times of stress, it's important to find ways to connect and support each other.
- **Explain the why** behind decisions. Understanding why something (like a policy or practice) is happening can give people a sense of control and decrease a stress response.
- **Help staff know what to expect** to the extent possible. In uncertain times, having any amount of certainty or predictability is helpful. We aren't suggesting that you provide answers that you don't have; however, sharing information when it's available will decrease stress.
- **Reframe behaviors.** It's important to remember that emotional regulation and impulse control are more difficult during times of stress. People may not be showing up as their best selves during this period of fear and chaos. We need to

Through policy, procedures, & practices:

- **Support regulation:**

- when stressed, people have a harder time managing emotions and staying regulated. Build in time for regulation practices like breathing, grounding exercises, and movement. Model the calm behavior you want staff to mirror.

- **Prioritize relationships.**

- Social support and connection can actually buffer a stress response. During times of stress, it's important to find ways to connect and support each other.

- **Explain the why behind decisions.**

- Understanding why something (like a policy or practice) is happening can give people a sense of control and decrease a stress response.

- **Help staff know what to expect to the extent possible.**

- In uncertain times, having any amount of certainty or predictability is helpful. We aren't suggesting that you provide answers that you don't have; however, sharing information when it's available will decrease stress.

- **Reframe behaviors.**

- It's important to remember that emotional regulation and impulse control are more difficult during times of stress. People may not be showing up as their best selves during this period of fear and chaos. We need to give everyone grace and realize that challenging **behaviors are a reflection of the stress we are under. We need** to all exercise patience and understanding. Give people the benefit of the doubt.

Communication reminders:

- The source matters. What is our history? New manager may have to work harder?
- Consistency of message across messengers.
- Clear and direct information. Acknowledge where there are gaps. If you don't they will get filled with mis-information.
- Multiple methods. Have at least one in writing and accessible to return to.
- More frequent – less duration.
- Have a communication plan that includes where, what, who, when.
- Have others be your “spotters”.

Application

- Before Arriving: **(predict, transparent, safety)**
 - Prepare for physical health – staff feel good about procedures for self and other
 - Prepare staff with information needed and hear their worries
 - Communicate with parents about protocols, how to ask questions/concerns, predict possible issues (clingy, don't want to leave, other youth stories)
- During Service: **(regulate, relate, predictable, consistent, peer support)**
 - Be front and center and prepared to guide – don't leave things up to figure out.
 - Have “words” for non stigmatizing correction of protocols – CONSISTEN across staff - programs
 - Open and closing rituals – to regulate and to relate
 - Have safety protocols in several ways, verbally explained, acted out, on the walls (sesame street?)
 - First Day: Speak about COVID19. Have you heard of this? What do you know about it? Do you see things different around this space? “there is a lot of information out there for us here at [] we are going to” Words to help each other “if you see you can say.....”
 - Incorporate regulation – rhythm, movement, meditation.
 - Offer space for 1:1 regulation need. “get the wiggles out”
 - *come up with a dance for saying hello or for showing your happy. Incorporate sign language
- After:
 - Note how things went – assess
 - Check in on your own regulation – staff check in
 - Note any concerns
 - Communicate with caregivers

Thinking always about what is next....

Healing, Restoring, Repairing

- Being seen and heard – unique experiences and different “what feelings do you associate with stay home stay safe?” “what was a thorn, rose, bud”
- Feeling left behind, abandoned. “Did you feel abandoned by people, organizations, state...”
- Grief and Loss - how can you bring this in the space? Loss of loved ones, birthday parties,
- Post Trauma Growth – What are learnings we want to take forward. What would you want to do differently.

The Case for Community Resilience

Resilience and Post Traumatic Growth

- Resilience – capacity to recover, to return to previous state, quickly recover or return
- Post Traumatic Growth – Positive change that an individual experiences as a result of the struggle with a traumatic event

(Calhoun & Tedeschi, 2000)

CLIMATE IMPACTS



Medical and Physical Health

- Changes in fitness and activity level
- Heat-related illness
- Allergies
- Increased exposure to waterborne and vector-borne illness

Mental Health

- Stress, anxiety, depression, grief, sense of loss
- Strains on social relationships
- Substance abuse
- Post-traumatic stress disorder

Community Health

- Increased interpersonal aggression
- Increased violence and crime
- Increased social instability
- Decreased community cohesion

“In every case, the one that had stronger social ties, a more-inclusive and responsive government, a community narrative of facing challenges and overcoming them, was the one that responded well and recovered.”

Doug Irving

<https://www.rand.org/blog/rand-review/2020/07/stress-accumulates-in-marginalized-communities.html>

ROAD TO RESILIENCE

Building Stronger, More Sustainable Communities



DISASTER DILEMMA

DISASTERS MORE COMMON
DISASTER COSTS INCREASING
NEW DISASTERS EMERGING



COMMUNITY RESILIENCE MINDSET

I have skills I can use in a disaster to help others.



If something unpredictable were to happen, I can count on my community.

My community is not immune to disasters.



CONNECT: MODEL OF RESILIENCE STRATEGIC PLANNING



RESILIENCE VS PREPAREDNESS

HOW DO I DEAL WITH THIS?

RESILIENCE

RELATIONSHIP BASED	PLAN BASED
WHOLE COMMUNITY	GOVERNMENT AGENCIES
LONG TERM	SHORT TERM
ONGOING	DISASTER CENTERED
BASED ON STRENGTHS	RISK FOCUSED
BROADLY DEFINED	NARROWLY DEFINED
SUSTAINABLE DEVELOPMENT	BUILD BACK THE SAME

PREPAREDNESS

HOW DOES MY COMMUNITY GET THERE?
BUILD RESILIENCE

DEVELOP AND TEST A STRATEGY

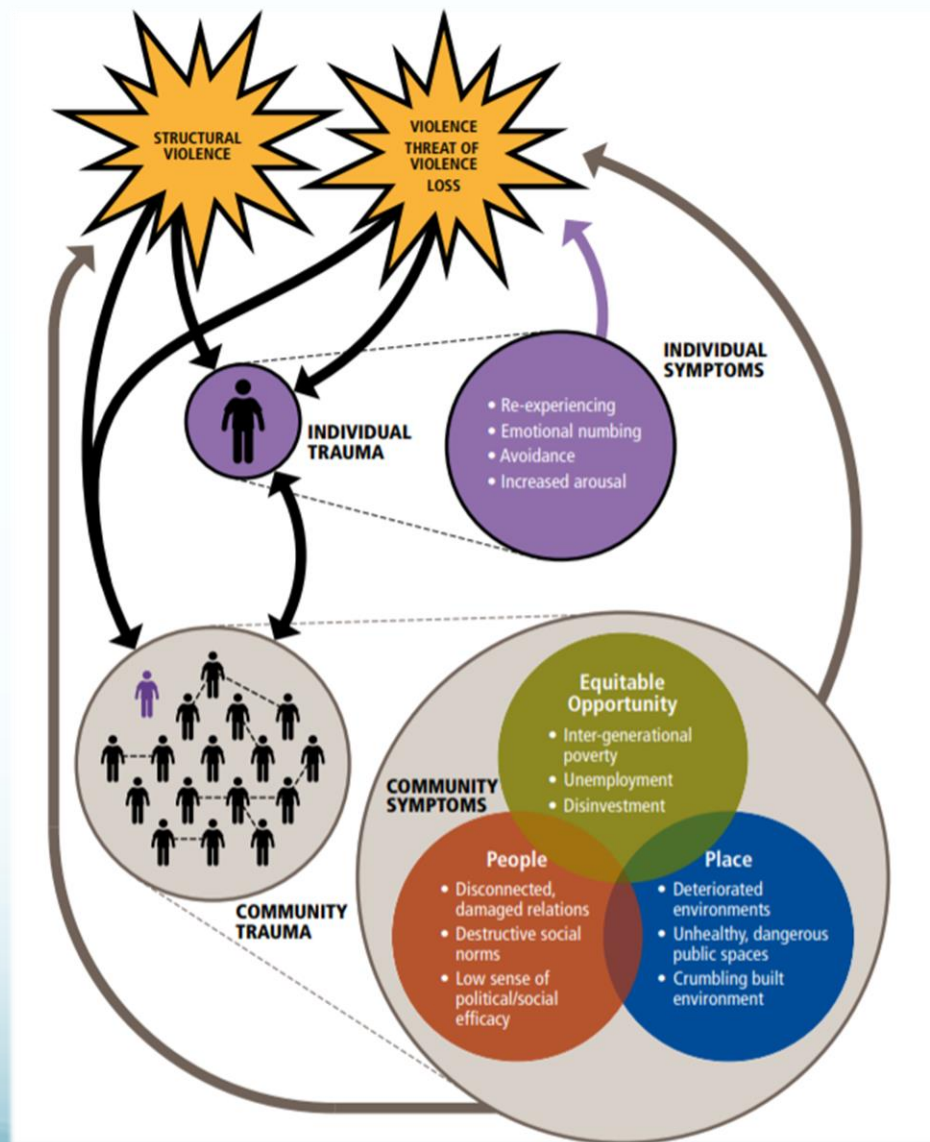
LEVELS OF RESILIENCE

WELLNESS
ACCESS
EDUCATION
ENGAGEMENT
SELF-SUFFICIENCY
PARTNERSHIP
QUALITY
EFFICIENCY



For more information, please visit www.rand.org/resilience-in-action.html

Adverse Community Experience



A couple of things

- Healthier Together Oregon (SHIP, also CHIP)
- Community Based Organizations COVID19 funding
- Mutual Aid recognition
- ITRC policy proposal on climate change and

Key Concepts

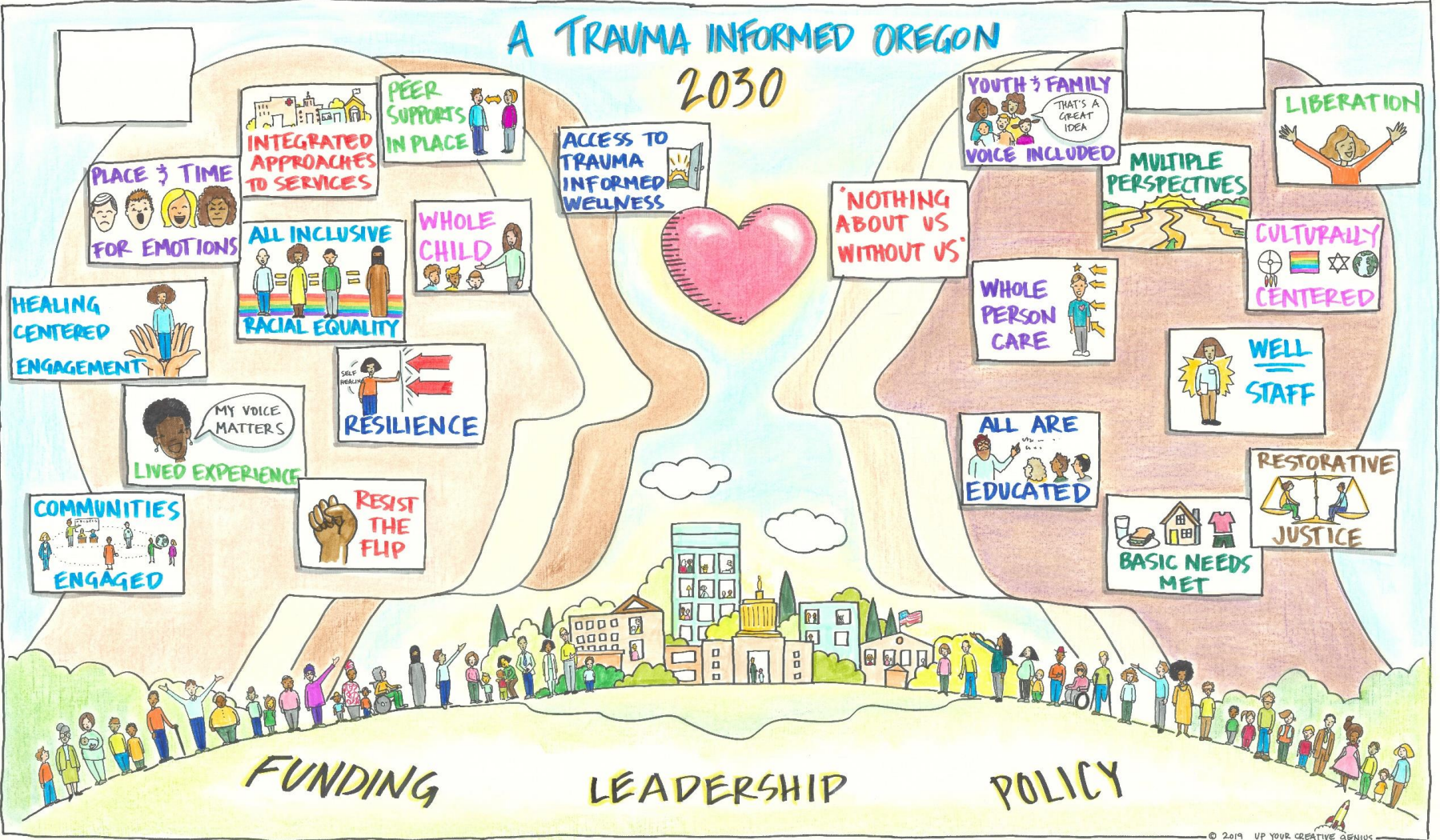


Reflections

- TIC can help by adding in the impact of toxic stress on engagement and honoring multiple pathways for healing.
- What are we learning right now – how is this being documented?
- Did you know what to do? What others needed to do? Why or why not?
- Shift from disaster response to community resilience but... that includes impact of prolonged, accumulated, uninterrupted toxic stress–
- What policies do we need to have or change to support this? (new codes for climate related stress, collaborating with mutual aid groups, funding mutual aid groups).

A TRAUMA INFORMED OREGON

2030



Influenced by expectations and
prior experiences

*“We don't see things as they are.
We see them as we are”*

Anais Nin

Climate Change Connection

- We need people to be engaged –
- We need groups and local organizations to be engaged –
- Toxic Stress impacts engagement
- Include healing spaces in recovery
- Include in preparedness behavioral health supports and acute stress response
- Include climate change impacts into our ‘why’
- Include in our preparedness in organization and in families
- Train up neighbors
- Identify policies that are barriers (meds, beds)
- Advocate for beyond acute response

Hierarchy



Understanding and accepting
alternative explanation for behaviors

Lid is flipped

Adjust behavior and communication
in response.

Prioritize de-escalation, regulation,
building trust and creating safety

Lid is not flipped,
but prevention is
key

Use techniques to prevent lids from
flipping

Prioritize empowerment, collaboration,
and creating self-worth