# **Additional Resources**

**Trauma-Informed Care 101** 



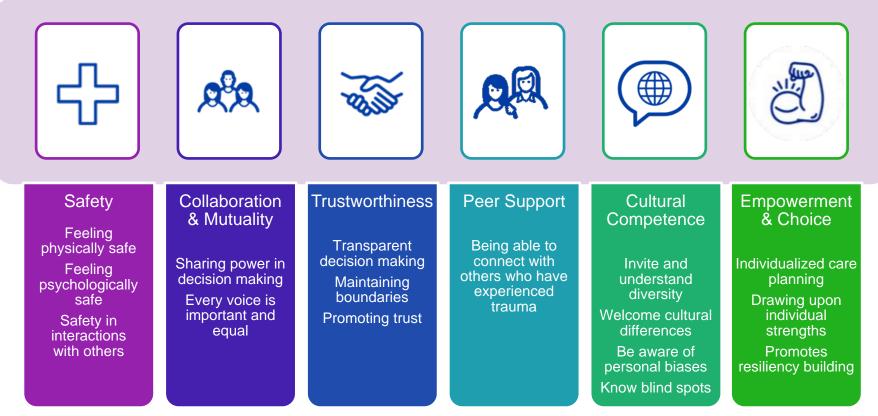
## Preventing Secondary Traumatization in Helping Professionals

The key is to reduce risk and enhance protective factors.

- Provide regular trauma-informed supervision that is relationally based.
- Supervisors should raise questions on boundaries on a regular basis. Supervisors' openness is vital in assisting staff manage intense feelings.
- Trainings that raise awareness of secondary traumatic stress (i.e. Boundaries, Self-Care)
- Encourage staff to explore their own trauma histories
- Encourage physical activity and teach mindfulness strategies (i.e. Self-Care training)
- Regular scheduled team debrief sessions, offering a dedicated safe environment where staff can talk about their fears and worries

## **SAMHSA Principles of Trauma-Informed Care**





Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

## **Deeper Awareness Shifts our Approach**





### **Trauma Affected**

Organizations impacted by stress, operating in silos, avoidant of issues and isolated in their practices or service delivery. These organizations can be trauma inducing.

- Reactive
- Reliving/retelling
- Avoiding/numbing
- Fragmented
- · Authoritarian leadership

### **Trauma Inducing**



### Trauma Informed

These are organizations that develop a shared understanding and language to define, normalize, and address the impact of trauma on clients and workforce.

- Understanding of trauma and healing
- Shared language
- Trauma-informed skills to use with patients and each other

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Trauma Reducing

Growth- and prevention-oriented

Trauma-specific therapies

Relational leadership

### **Trauma Responsive**

Organizations where policies, procedures, services and treatment all include an understanding of and response to trauma.

Reflective

Collaborative

Sources:

Recommended citation: Missouri Model: A Developmental Framework for Trauma-Informed Approaches, MO Dept. of Mental Health and Partners (2014),

https://dmh.mo.gov/trauma/MO%20Model%20Wo rking%20Document%20february%202015.pdf

Women, HIV, and Opiate Use Disorder, Bringing healing to the center of care: An Integrated Trauma Informed Behavioral Health Approach, https://www.chcs.org/media/ATC-National-Webinar\_060319.pdf, slide 24

## Recognize: What Does the Impact of Trauma Look Like?

## **Common Signs and Symptoms of Trauma**

- Headache, backache, stomachache
- Flashbacks or frequent nightmares
- Sensitive to or easily startled by noise or being touched
- Difficulty trusting and / or feelings of betrayal
- Always expecting something bad to happen
- Not remembering periods of your life



- Finding yourself in situations where others abuse or take advantage of you
- Lack of concentration, irritability, sleep problems, feeling numb
- Excessive watchfulness, anxiety, anger, shame, or sadness
- Emotional swings and/or outbursts of anger
- Sudden sweating and / or heart palpitations

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

## **Brief Resiliency Scale**



Instructions: Check one box for each statement to indicate how much you disagree or agree with each of the statements.

5		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
1.	I tend to bounce back quickly after hard times.	1	2	3	4	5	S A
2.	I have a hard time making it through stressful events.	5	4	3	2	1	q d
3.	It does not take me long to recover from a stressful event.		2	3	4	5	(
4.	It is hard for me to snap back when something bad happens.	5	4	3	2	1	
5.	I usually come through difficult times with little trouble.	1	2	3	4	5	
6.	I tend to take a long time to get over set-backs in my life.	5	4	3	2	1	

### Scoring the Brief Resiliency Scale

Add the scores for each of the six questions and divide by six to determine the overall BRS score.

	/ 6 =	
(Total Score)	(BRS Score)	

BRS score	Interpretation
1.00-2.99	Low resilience
3.00-4.30	Normal resilience
4.31-5.00	High resilience

Source: Smith, B.W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P. and Bernard, J. (2008). The Brief Resilience Scale: Assessing the Ability to Bounce Back. International Journal of Behavioral Medicine, 15, 194-200.