

Key Messages about Trauma

“When we recognize that nearly everyone we serve has experienced some form of trauma, we know, without a doubt, that we need to provide services in a new way.

That one piece of information changes everything.”

~ Shirley Pacey

What is trauma?

- An emotional response to a disturbing event.
- Occurs when an event overwhelms the ability to cope.
- Trauma can occur with one large incident, an accumulation of smaller events or a combination of events.
- Each person reacts differently to a specific event. There is no ‘right’ or ‘wrong’ way for a person experiencing trauma to react. What is trauma to one person is not necessarily trauma to another person; comparison and judgment need to be avoided.
- Trauma can have lasting effects on a person’s physical, emotional, social and spiritual well-being.
- The earlier in life that trauma is experienced, the more lasting the consequences.

Trauma is widespread

Many people with disabilities have endured a lifetime of trauma. These may include:

- The lifetime of people trying to fix them
- A lifetime of people calling them names
- A lifetime of invalidation (e.g., being ignored, left out, never having a voice)

Everyone reacts differently, but these events can accumulate and cause PTSD (Post Traumatic Stress Disorder). These events can change a person's core identity. They can impact the person's relationship with self and others.

Many people with disabilities also experience physical and/or sexual assault; some by multiple perpetrators and for extended periods of time. Many people experience seclusion, restraint and neglect which can be traumatic or retraumatizing.

Trauma can also occur due to: extended hospitalizations; separation from primary relationships at an early age; frequent moves in foster care or residential placements; betrayal; institutionalizations; significant medical procedures; aversive 'treatment' procedures. (Davie Pitonyak)

Trauma Responses

When people feel threatened, they typically respond in one of three ways: Fight, flight or freeze.

- These responses help the person to survive in the best way they can.
- The responses work when threatened and in danger, but may not work so well in everyday situations.
- Over time, these responses can cause problems in many life areas.
- These responses can result in life long patterns of addiction, hoarding, depression, tactile defensiveness, etc.
- These responses may be viewed as 'behavior' or 'symptoms' of a person's diagnosis.

- Sometimes, the 'solution' to these responses (e.g., behavior programs which employ power over the person) can retraumatize the person.

Effects of Trauma

- Lack a sense of safety
- Feel disconnected from others (and maybe self)
- Feel powerless
- May experience grief over the many losses endured
- The person may attempt to present a role of power in order to cover up personal vulnerability

Triggers

- A trigger is something that elicits a memory of trauma.
- A trigger can be internal or external
- A external trigger may be through any of the senses: sight, sound, smell, touch, taste
- A trigger may be an emotional response which is similar to the feelings during the traumatic event(s)
- The person may or may not experience a visible trauma response
- The person and others in the environment may not know what is happening

People are resilient and can recover even severe trauma with supports.

- The survivor is the expert on how they feel.
- It is hard to give up a behavior that kept them safe in the past.

- Ask the person what you can do to make them feel more comfortable and how you can best work with them. Get to know the person.
- To heal the person needs: safety, empowerment and connections with others
- Maintain boundaries. Examples: Ask the person what name they want to be called and respect that. Ask permission before touching the person or their personal possessions. Always ask before assisting with personal care activities. Increase visual and physical boundaries when assisting with personal care activities. Do not proceed until you are given permission to do so by the person. If the person is unable to give you verbal or any other type of consent; pause after your request to give them some time to process your request, and then proceed carefully while watching closely for any signs of distress or discomfort.
- Be aware of 'doing with' the person rather than 'doing for' the person
- Survivors need an opportunity to tell their stories. This does not mean that every staff should be trying to pry information out of people receiving services. Everyone needs one or two safe people to be with. Create opportunities for people to express themselves in a safe time and place and with a person they feel safe with.
- People have a right to privacy, so everyone does not need to know or discuss their stories. When we treat everyone as if they have a trauma history, we do not need to know who does and who doesn't. It is a form of universal precautions.
- The person can learn to identify, avoid and/or manage triggers.
- The person can learn grounding activities and self-soothing actions, with support. Grounding activities bring the person back to the current time and place.

- The family and support staff can learn to support the person in learning and using grounding activities.

Staff Role in Trauma Responsiveness

“No intervention that takes power away from the survivor can possibly foster his or her recovery.” Judith Herman

- Our responsibility is to notice OUR thoughts and actions.
- Can you imagine the person without the problem behavior? If you cannot see the gifts, talents, and contributions of the person, how will you help them to learn to see those things?
- The question is not “What’s wrong with you?”. The question is “What has happened to you?” and “How can I help you?” and “What’s strong in you?”
- Ask yourself: “How can I make this person feel safe and valued?” (Health Care Associates)
- Create an environment that puts the people we serve at ease; where they feel safe
- Listen. Be present. Convey gentleness. Convey acceptance. Pay attention to verbal and nonverbal communication
- Confront power issues; communicate with peers; set up a culture where you work together to be trauma-informed and person-centered.
- Re-evaluate programs. Are they coercive? Do they include ‘power over’ strategies? Do they address the inner causes of ‘behavior’?
- Learn the indicators of trauma
- If someone tells you he/she has experienced trauma, including bullying, you can tell the person: “I am sorry that happened to you. I believe you. It was not your fault. Thank you for trusting me with this.” You can ask: “How

can I help you?" "What do you need right now?" DO NOT: Judge, blame, doubt, or punish. DO NOT TELL SOMEONE TO JUST IGNORE IT. In cases of criminal activity, the person should be given options regarding reporting to law enforcement. In situations where a person's current health may be compromised, provide options for appropriate health care. Follow your agency policies and in cases of sexual assault or domestic violence. offer the person an advocate from victim services.

- Be respectful when retelling someone's story. Tell their story only when necessary, with their knowledge and permission and in the way you would want your story told.

Trauma-Informed Organizations

- Maintain a Trauma-Informed Culture; teach and foster Trauma-Informed Interactions with ALL people within the organization: staff, families, visitors and persons served.
- Consider trauma in policies, procedure, practices, intake, screening, service planning, employee training, self-advocate training and environmental factors
- Employees understand that 'symptoms' and 'behaviors' may be an adaptation to trauma
- Behavioral supports take into account trauma history and healing
- Confront power, prevent violence and coercion; work to equalize power between employees and persons served
- Understand the importance of not retraumatizing persons receiving services
- According to SAMHSA (Substance Abuse Mental health Services Administration), the elements of a Trauma-Informed Approach are: safety; trustworthiness and transparency; collaboration and mutuality; empowerment;

- voice and choice; peer support; resilience and strengths-based; inclusiveness and shared purpose; cultural, historical and gender issues; and change process.
- Work collaboratively with the community victim services agencies (i.e., rape crisis center; domestic violence agency), local mental health centers, counseling centers and support groups.

“How wonderful it is that no one has to wait a single moment before starting to improve the world.” Anne Frank.

What you do makes a difference!

.