

# Trauma Informed Care And Court:

**Improving Outcomes and Experiences**

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# Familiarity with this topic?

- 0    1    2    3    4    5    6    7    8    9    10
- None Expert

# About the Trainer

- Licensed Clinical Social Worker
- 15 years in the field of Mental Health
- 8 years working specifically with adults and children who have survived domestic and sexual violence
- Frequent trainer on topics related to trauma

# Objectives for this training:

- Increase understanding of the impact of trauma, including basic neurobiology of trauma
- Gain knowledge about the core principles of Trauma Informed Care
- Increase understanding of parallel processes for survivors of trauma and people who work with survivors
- Discuss practical tools to apply to your day to day work that can improve outcomes and experiences for us and the people to whom we provide services

# AGENDA

- Trauma Review
  - Impact of trauma and PTSD
  - Basic neurobiology of trauma
  - Risk and protective factors
- Working With Trauma - Impact
- Trauma Informed Care Principles
- **Tools I can use**
  - Space, voice, body
  - Reframing, Containment, Perspective
  - Grounding, Breathing
  - Communication and TIC

# What do we mean by “Trauma”?



# What do we mean by “Trauma”?

- Natural Disaster ----- Interpersonal
- Accidental ----- Intentional
- One Time ----- Repeated
- Stranger ----- Acquaintance ----- Caretaking System
- Experiencing ----- Witnessing ----- Learning About

An *abnormal event*



# Trauma

- Demands extraordinary coping efforts
- Is not defined by what occurs as much as *how we experience what has occurred.*
- Leads to emotional and or physical distress
- May reactivate unresolved conflicts and reactions

# How might age affect the impact of trauma?



Impact of Trauma

# Interpersonal Trauma

How might the impact of interpersonal trauma be different than say a natural disaster?

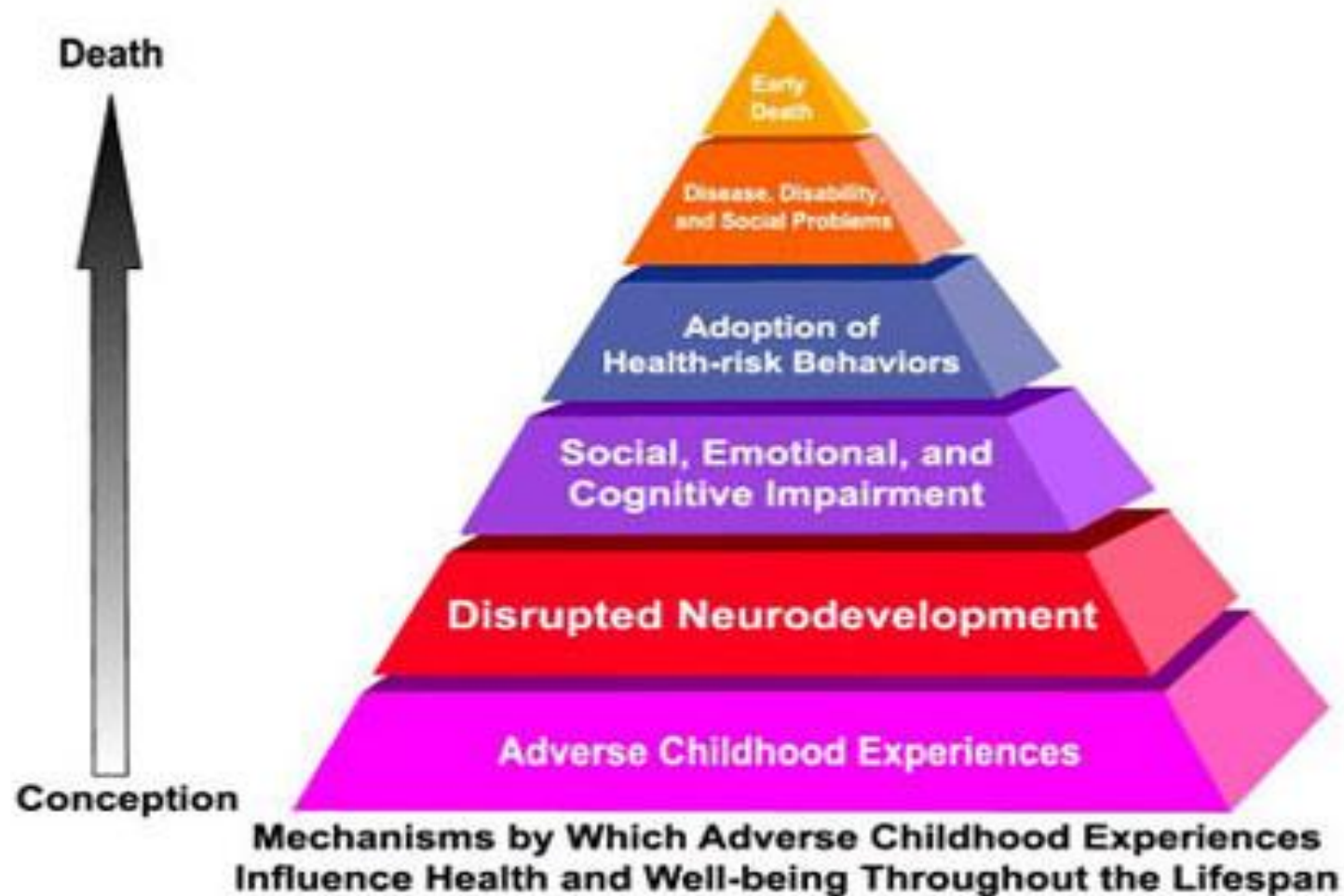
# What is the relationship between oppression and trauma?



Impact of Trauma



[www.ACEstudy.org](http://www.ACEstudy.org)



# Research shows many of us hold a myriad of positive illusions



- I am above average
- The world is basically a just place
- Bad things are more likely to happen to someone else (or only to bad people)

These illusions are shown to make us happier, healthier, and higher functioning. At least in the short term (Taylor et al., 1992). In the long term a more realistic view of self and environment has been shown to be more adaptive (Robins & Beer, 2001) (Yang, 2009) (Robins & John 1994).



For a Trauma survivor, especially in the acute stages of healing, these illusions may have been shattered. They may now believe:

- Bad things are likely to happen to ME
- The world is not a safe place
- There is no such thing as justice
- No one can really be trusted

They may even have a greatly reduced life expectancy for themselves. This shift can make it extremely difficult just to function daily in the world they now see. And the hardest part is that what they now see is *a more accurate view of the world*.

This is sometimes called a ‘**Trauma-based world view**’. I like to call it ‘**Traumavision**’ – remember this when we talk about vicarious traumatization.



Physical

“the thought of food makes me want to gag.”

Emotional

“I keep bursting into tears for no reason.”

Cognitive

“There is nothing to look forward to.”

Social

“I can’t stand being around lots of people.”



*A normal reaction*

To abnormal events

# Trauma Work and PTSD

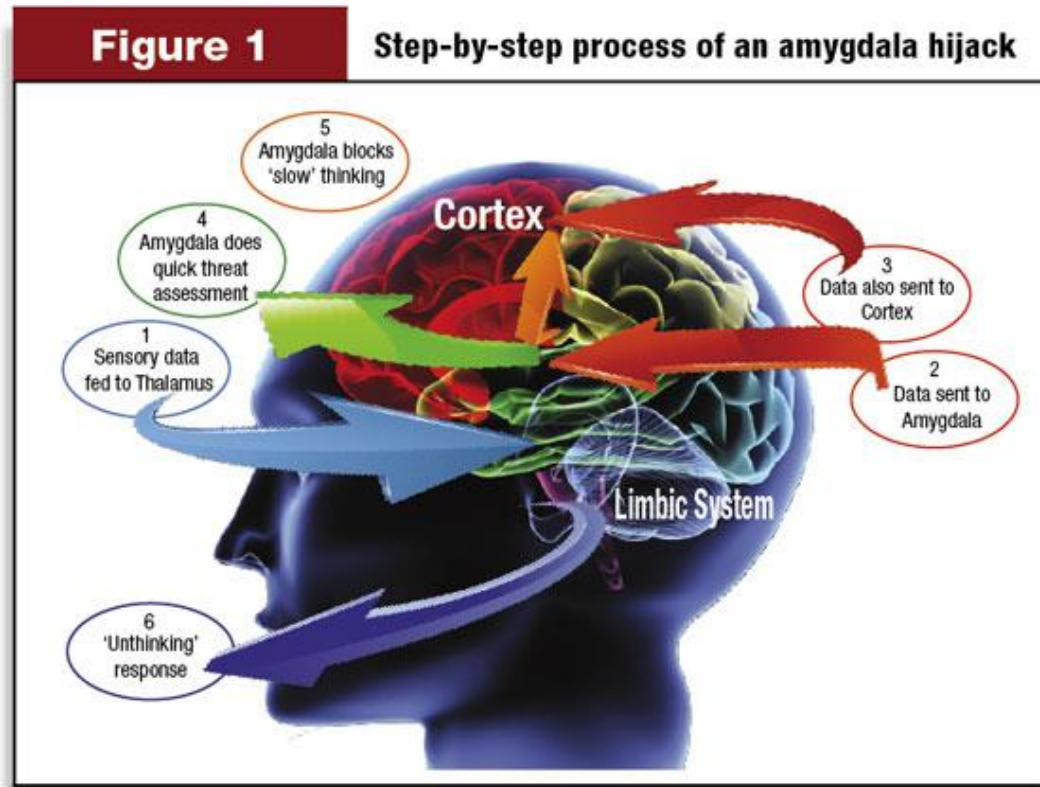
- **DSM V**

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
  1. Directly experiencing the traumatic event(s).
  2. Witnessing, in person, the event(s) as it occurred to others.
  3. Learning that the traumatic event(s) occurred to a close family member or friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
- **4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).**
- Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

# Parallel Experiences, Parallel Processes

- Numbness
- Anxiety
- Depression
- Difficulty regulating emotions
- Physical/health impacts
- Irritability, anger
- Fear, difficulty trusting
- Avoiding calls, clients
- Taking work home
- Poor performance or attitude
- Feeling helpless or ineffective
- Not seeking support
- Difficulty trusting co-workers, management
- Lack of supervision or debriefing
- Excessive caseloads, paperwork
- Culture of crisis
- Culture of not using PTO or taking breaks
- Culture of scarcity
- Increasing rigidity and reactivity

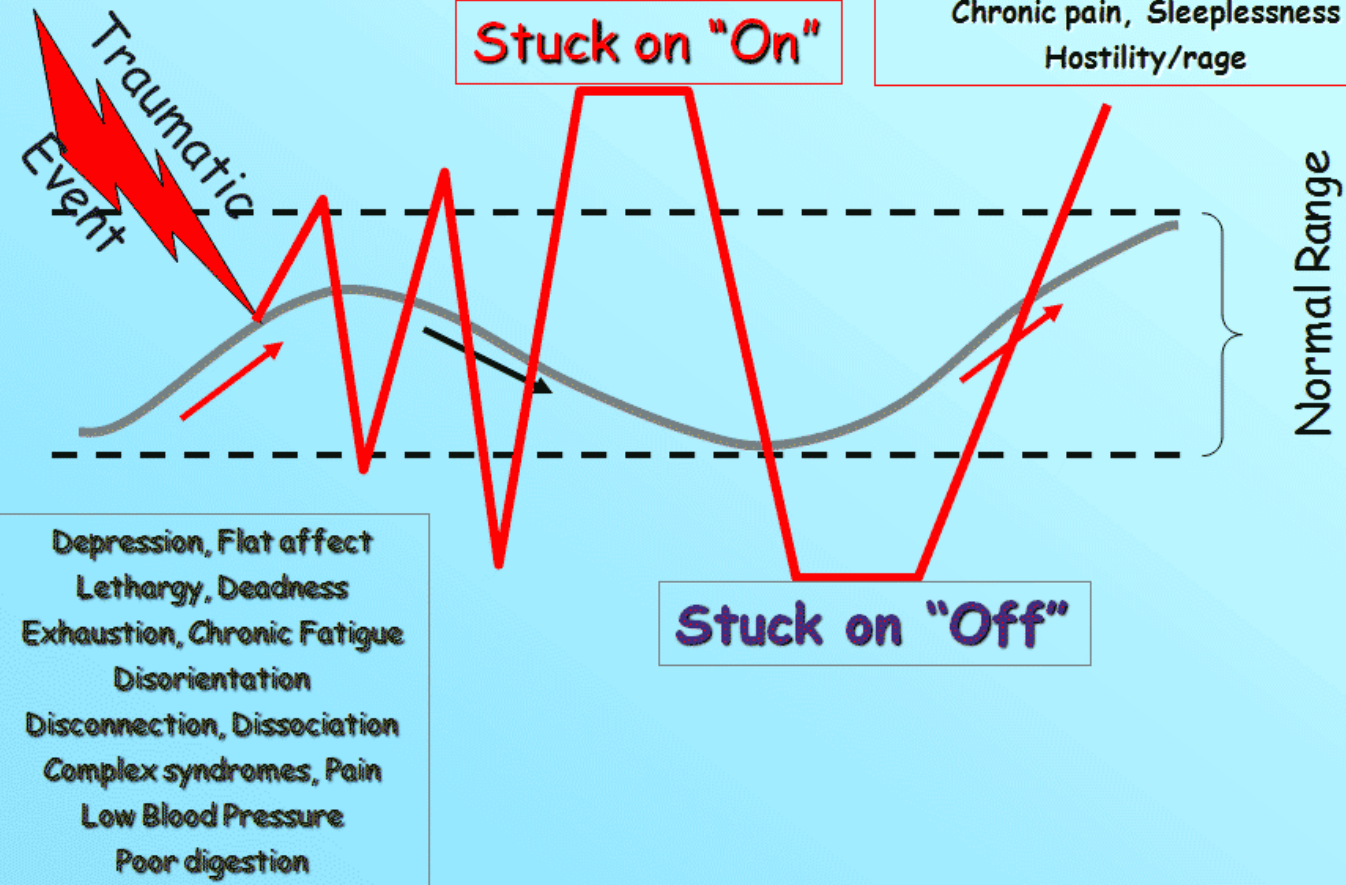
# Fight, Flight, Freeze, (or Tend and Befriend)



## If the “switch” flips a lot it can get stuck, or create a ‘sprinkler’ effect

- If it is stuck in ‘on’ then I may feel like my brain is telling me I am in danger all the time, even when my ‘thinking brain’ tells me a person or situation is safe.
- If it is stuck in ‘off’ then I may not feel that I am in danger, even when my ‘thinking brain’ is telling me that something or someone is very risky. Sometimes the switch will go back and forth getting stuck in ‘on’ and ‘off’.

# Symptoms of Un-Discharged Traumatic Stress



# Trauma and the body

- Trauma can be stored in the body
  - (Dr. Watson, 'I know my arm isn't broken right now, but it feels like it is')
- Implicit memory vs. explicit memory, process memory – “Stinky Swiss cheese” memory of trauma
- Senses (external perception), muscle memory, internal perceptions (like racing heart, nausea, confusion), even balance and orientation to gravity
  - The Body Remembers – story (head turn to look at X-ray)

# Trauma Narrative (Activity)





# Risk Factors/ Protective Factors

- Why do some develop PTSD and others don't?
  - Risk factors
    - Severe, repeated traumatic events
    - Early childhood trauma
    - Poverty
    - Oppression
    - Parents who had PTSD
    - Family history of psychiatric problems
    - Pre-existing psychiatric symptoms/diagnosis
    - Prior trauma
    - Life stressors



# Protective Factors

- Able to **help or protect others** at the time
- Supportive **response to disclosure** or help-seeking
- **Support network** (people, or organizations, churches, online, etc.)
- **Education** (formal and about trauma and PTSD and coping)
- **Resources** (financial, family, creative, personal, emotional, etc.)
- **Internal locus of control** (I, not my environment, determine outcomes. Can be disrupted by Learned Helplessness.)
- **Belief system** – religious or not, ability to make meaning out of the experience and potentially see it as a possible factor in growth



When we're working with trauma, every interaction matters. Not just for the people we're working with but for ourselves, our organizations, our institutions, our communities.



# Trauma's Impact – Ripples in a Pond

- Burnout
- Countertransference
- Vicarious Trauma



# Burnout

- Burnout is not a matter of weakness or poor attitude. It is a problem of the social environment of the workplace caused by “major mismatches” between the nature of the person doing a job and the nature of the job itself, or between the (*perceived*) demands of the job and the (*perceived*) resources available to do the job.

(Maslach & Leiter, 1997; Eric Gentry, PhD Traumatologist)

# Countertransference

- Our reactions - Feelings of the helper about the person they are helping
- When the person you are helping reminds you of someone or something in your own life, your feelings about that other person or thing are projected onto the person you are helping

(story about client studying to be a counselor)

# Vicarious Trauma

- Symptoms resemble those of PTSD
  - Recall that witnessing or even hearing about trauma can be enough
  - Re-experiencing, Avoidance, Arousal
- Severe enough to be disruptive to functioning

(story of person applying for disability)

# Vicarious Trauma

Risk/Protective factors include:

- pervasiveness
- cumulative exposure
- trauma history
- personal experiences
- belief/system of meaning
- resources
- boundaries
- level of self-care
- knowledge about trauma





# Trauma-Informed lens

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*rather than asking*

What's wrong with you?

*asking*

What happened to you?

And what is happening to you now (from your perspective)?

Trauma informed: it's about the perspective we bring and the way that we treat people

- An understanding of the pervasiveness and impact of trauma.
- And a commitment to developing the knowledge and skills necessary to minimize retraumatization, support healing and resiliency, and address the root causes of violence.
- The term *trauma informed* was first coined by Maxine Harris and Roger Fallot in 2001.
- This definition is from the National Center for Domestic Violence, Trauma, and Mental Health <http://www.nationalcenterdvtraumamh.org/>

# Core principles of trauma-informed systems of care

- Safety
- Trustworthiness
- Transparency
- Partnership, collaboration
- Empowerment
- Choice, self-determination
- Mutual self-help
- Resilience, strengths-based
- Inclusiveness

# Core principles of trauma-informed systems of care

- Safety: Physical and emotional safety.
- Trustworthiness: Maximizing trustworthiness, maintaining appropriate boundaries.
- Transparency: clear communication and expectations, making tasks clear.
- Partnership, collaboration: Sharing of power with consumers. Consumer is the expert on their experience. Integrating care.
- Empowerment: Prioritizing consumer empowerment and skill-building. Relationships heal. Recovery is possible.
- Choice, self-determination: Prioritizing consumer choice and control.
- Mutual self-help: Parallel processes.
- Resilience, strengths-based: Behaviors may be adaptive responses to trauma.
- Inclusiveness: Equity and accessibility in services and spaces.

# Outcomes in helping situations

- 40% Life and situation
- 15% What we do
- 30% **How we are**
- 15% Hope and expectations

Norton (1997), Miller (2000)

# Strategies to minimize or reduce trauma responses — from Rachel White-Domain, JD with NCDVTMH

- Physical space
- Voice and body
- Breaks, pause
- Self-soothing (for them and us)
- Explaining expectations and roles
- Note taking and documentation
- Contact with Respondent (perpetrator or party in conflict, their support people)

# Trauma Informed Spaces

- What aspects can you control?
- Chair placement?
- Access to doors?
- Direction people have to face? Are people behind them?
- Emphasizing or reducing power differential?
- Promoting safety? (physical and emotional)
- Is a virtual tour available? Can you offer that people can come look at the space ahead of time?
- What about promoting trustworthiness, transparency, partnership, empowerment, choice, mutual self-help, resilience, and inclusiveness?

# Supportive Voice in Crisis

- A calm voice is the best tool you've got. It's more powerful than you think
- Keep your **volume** low
- Watch your **tone**
- Watch your **cadence**
- These things may be more important than anything you actually say



# Supportive Body in crisis

- Be aware of your **posture** and **body language**
- **Proxemics** – how close you are, are you blocking the way out?
- **Kinesics** –
  - is your stance aggressive or supportive? Side angle, head tilt.
  - Are your hands visible? What are they doing?
  - Be aware of your facial expressions.
  - Notice **mirroring** – can you use it? Maybe sit down? Smile?

# Reframing

- That thing they're doing? (pen clicking, fidgeting, looking around and not making eye contact, slow to respond/minimal response and shut down, questioning what you tell them, seeming disinterested, seeming substance impaired, raising their voice/getting angry)
  - Could it be a way they are self-soothing or trying to stay safe?
  - Could it be a way that in the past they were able to stay safe when facing a (perceived) threat?

# Containment



- Retelling – practicing ‘Putting On The Brakes’
- When to use:
  - If you have a time limit and specific task they need finished
  - If you can see that someone is getting visibly extremely distressed when talking about what happened (thinking of the brain model – ‘lid is about to flip’)
  - If you’re working with someone who has or may have a TBI (traumatic brain injury)

# Gentle ways to help put on the brakes

- “I know that talking about something like this can sometimes cause a person to start to feel some of the difficult feelings again. You have already been through a lot, and I don’t have to know everything that happened to offer you support today.”
- “[Name], I need to interrupt you for just a second. I really want to respect both of our time today. I know you have a lot going on, and I also have another appointment. What would be most helpful for us to focus on right now so that we can make the best use of your time?”

# Practice in pairs

- What's a phrase you could use in your own words that would feel authentic to help someone put on the breaks?
- Take Turns:
  - 1) One person start retelling
  - 2) Second person offer a 'Putting on the brakes' phrase

# Perspective



# Taking a step back

- Distraught or irate, the feeling underneath is **helplessness**
- Intense emotion can turn into an intense personal interaction, taking a step back to consider context can lower intensity
- Normalizing and empathizing, letting folks know they are not alone, that other survivors are experiencing the same struggle. Even just 'Wow, that sounds really hard.' Or 'You are definitely not the only person going through something like this right now.'

# Taking a step back

- Framing within the big picture - What we know about ' \_\_\_\_\_ ' is...
  - 'What we know is that a lot of folks can feel overwhelmed when they come to court, and it can be hard to focus or take in information.'
  - 'What we know about trauma is that it can make it really hard to function or sleep, much less do something that's really hard anyway like coming to court.'
  - 'Even though we really try to make the court process clear and easy to follow, we know that it can often feel confusing and frustrating for folks.'



# How do you see folks present in crisis?

- Pairs – take turns
- 1) Give an example of what you might see most often in your work (this can be imaginary – someone in the courtroom, at the window, on the phone)
- 2) Offer a response that validates and connects to the big picture

# Grounding



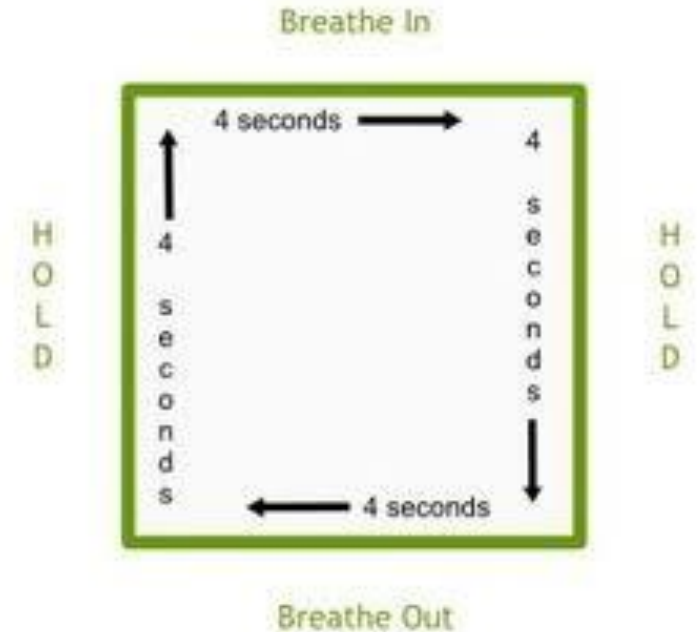
- Connects you to the present, your physical body, your physical environment, **helps you detach and distance from emotional pain**
- Listing things, counting in patterns, naming objects in the room (Mental Grounding) – like in the show Jessica Jones
- Tensing and relaxing muscles, feeling textures and temperatures of things around you, holding a mug of hot tea e.g. (Physical Grounding)
- Thinking of your favorite things, visualizing a safe place that feels calm and soothing to you (Soothing Grounding)

Grounding at Court – asking easy questions, observing the room, talking about facts, compliment their shoes, giving folks papers to hold, what else??

# Other physiological responses connected to the limbic brain

- Breathing – Deep breath initiates parasympathetic nervous system (specifically the out breath), signals safety to the brain, breathe into belly
- ‘Square Breathing’ 4-4-4-4
- 5 in nose, 5 out mouth; 6 in, 4 hold, 8 out
- Make noise with the out breath, make it as long and slow as possible
- Breathing colors (color you feel most calming comes in, color connected to ‘yucky’ feeling comes out)

These are more for you (depending on the role and relationship), but modeling breathing may be helpful – mirror neurons!



# Note taking and documentation

- Ask permission first if you can before taking notes
- And/Or if possible explain what you are documenting, what it will be used for, and who will have access
- And/Or let them know what you wrote down

Helps with trustworthiness, transparency, partnership, and choice

# Explain what to expect

Remember if their lid is 'flipped' or close to 'flipping' it may be very difficult to quickly take in or retain information. Finding a balance between not overwhelming with information but explaining and telling what to expect

- Use clear, simple language
- Be clear about limitations, roles, and risks/realities
- Describe places, processes, timelines, what to expect (Who is allowed in the room? What security processes will happen? What does a 'typical' proceeding look like?)
- Give information in *more than one way* if you can – verbal and visual and written. Show maps, pictures, write down directions or instructions or show visually where to find things

How would you tell a friend what to expect? 'Ok, you're going to go in and there will be a window on the right, you're going to walk up to...'

You're not just encountering people on their worst day

- You're witnessing people *survive* their worst day

- You're witnessing **perseverance** and **resilience**

# Vicarious Resilience

- A process that occurs naturally alongside with vicarious traumatization.
- Empowerment of the trauma worker through interaction with survivor's stories of resilience.
- Trauma workers may find their ability to reframe negative events and their coping skills enhanced through work with trauma survivors.

Hernandez, P., Gangsei, D., & Engstrom, D., 2007. Vicarious Resilience: A New Concept in Work With Those Who Survive Trauma. *Family Process*, 26 (2), 229-241.



# Posttraumatic growth?

- **What is *posttraumatic growth*?** It is positive change experienced as a result of the struggle with a major life crisis or a traumatic event. Although we coined the term *posttraumatic growth*, the idea that human beings can be changed by their encounters with life challenges, sometimes in radically positive ways, is not new. The theme is present in ancient spiritual and religious traditions, literature, and philosophy. What is reasonably new is the systematic study of this phenomenon by psychologists, social workers, counselors, and scholars in other traditions of clinical practice and scientific investigation.
- <https://ptgi.uncc.edu/what-is-ptg/> - UNC Charlotte Dept. of Psychology



# Carey's client

- It's not just about the outcome. ***It's about what it felt like while we were getting there.***
- Distinguishing between court outcome and being believed (was it proved beyond a reasonable doubt vs. did they believe YOU/did it happen)
- Thinking about social media – ppl find info quickly, can be inaccurate. Better to hear it from you first and you can correct inaccurate info
- Info they learn they may think applies to any/all other proceedings they are involved in – can help to clarify that it is (family vs. civil vs. criminal)  
When one matter is resolved, clarifying that this does not resolve other pending matters – people may be genuinely confused about what/when they need to show up for

# Parallel Experiences, Parallel Processes

- Connected to network of support, get needs met
- Increased healthy coping strategies
- Flexibility, creative problem solving
- Increased Self-compassion
- Healthy, congruent emotional expression and ability to regulate, contain
- Adaptable, able to take risks, grow
- Connected to supervision, team support
- Effective boundaries on time and work
- Flexible, creative interventions/solutions
- Compassion for self and clients
- Consistent self-care
- Experience of growth and learning, connection to work
- Shared organizational values, mission and vision
- Clear and open communication
- Flexible and adaptive policy and response
- Equitable and effective services
- Culture of collaboration
- Culture of growth and learning

# What do ya do?

- Hold a vision in mind
- Have a belief system
- Clarify one's sense of meaning and purpose
- Ask for help
- Develop rituals and daily practices
- Be creative
- Have a sense of humor
- Learn more about it
- Get supervision
- Plan breaks and time off
- Spend time in nature

- Be present
- Set boundaries
- Avoid unhealthy isolation
- Use relaxation
- Exercise
- Learn about you
- Sleep and eat well
- Put movement in your day (yoga, dance, walks, stretching)
- Increase support systems
- Diversify strategies
- Get professional support



# How we are

- How do you help bring your best, most present self into the room with the people you serve?
- What do you do for yourself in (or to prevent) emotional crisis?
- Do you have daily practices?

# Take away commitment

- 3 ways you can practice being trauma informed with litigants
- 3 ways you would like to receive support from your team/coworkers
- 3 ways you can offer support to others on your team/coworkers

# Did your knowledge of this topic increase?

- 0    1    2    3    4    5    6    7    8    9    10
- None Expert

# Resources

- <http://www.nationalcenterdvtraumamh.org/trainingta/trauma-informed-legal-advocacy-tila-project/>
- <http://www.traumainformedcareproject.org/>
- <http://www.courtinnovation.org/>
- <http://traumastewardship.com/>
- Trauma Stewardship by Laura Van Dernoot Lipsky
- <http://sanctuaryweb.com/TheSanctuaryModel.aspx>
- <http://www.traumacenter.org/index.php>
- Trauma and Recovery by Judith Herman

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