Trauma Informed Care: A Restorative Approach

Relational Framework and Skills for Working with Survivors of Traumatic Experiences based on Risking Connections Curriculum

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Risking Connections: A Training Curriculum for Trauma Informed Care

The mission of Risking Connections is to help people recover from traumatic experiences through RICH® relationships—those hallmarked by Respect, Information Sharing, Connection, and Hope, and in so doing to reduce the time, trauma, and costs of healing for all involved.
The development of a RICH relationship occurs between the treater and the survivor. Who is considered the treater? Everyone involved in the client’s treatment can be a RICH relationship treater!

- Therapist
- Social Worker
- Teacher
- Maintenance Worker
- Peer Support Person
- Case Manager
- Administrative Assistant
- Community Support
- Wrap Facilitator
- Care Coordinator
- Managers
- Support Staff
RICH Relationships are based on the premise that the healing occurs within human relationships.

One of the main tenets of Risking Connections training is the therapeutic alliance between the therapist/counselor and the survivor. It is a dual process that allows the client to navigate new behaviors in a safe environment/relationship, while reinforcing that **ALL** relationships are not going to result in traumatic experiences.

An alliance suggests that the client/family are doing the best that they can and that the symptoms are adaptations to manage their lives. Moreover, it gives the client empowerment to promote change in their own lives. This is a different perspective than those given in traditional models of treatment.
Trauma Framework is different from traditional models.

Various Traditional Models:
* Focus on controlling unwanted or maladaptive behaviors
* Control collaboration in treatment
* Professional considered expert and dictates treatment
* Presume a mind/body split and that abuse does not affect the body as it affects the mind, vice versa
* Hold a “disease” perspective
* Vicarious Trauma experienced by treaters is not usually addressed and treaters are affected are often considered weak.

Trauma models:
* Focus on understanding maladaptive behaviors
* Collaboration in treatment
* Professional acts as a partner and views the client as the expert
* Recognizes the entire individual
* Vicarious Trauma experienced by treaters is acknowledged and considered an integral piece of working with the client
If physical diseases were treated like mental illness...

I get that you have food poisoning and all, but you have to at least make an effort.

You just need to change your frame of mind. Then you’ll feel better.

This is why the medical model should be the medical model....
Risking Connections
Trauma Informed Framework

Based on constructivist self development theory

- Emphasizes the healing power of the relationship between the treater and survivor
- Views symptoms as adaptations
- Maintains that crisis can be managed and eventually reduced through the development of feeling skills
- Views the person of the treater as an essential part of the healing process
Purpose of Today’s Presentation:
Focus on the person of the treater as an essential part of the healing process and engaging in a RICH relationship

The alliance of the treater and the survivor is the single most important factor in working with traumatized clients. Without an alliance—techniques will not work.

Human relationships are the key to the healing process.
(This is not an endorsement for GEICO. Strictly used as an example.)
Goal 1: Building a growth promoting relationship.

Promoting a collaborative healing relationship between you and the client is the **most important** aspect of trauma healing. In order to be therapeutic, a relationship will need to be built with a RICH foundation. We start to utilize language changes in how we view behavior—instead of asking, “What is wrong with you?” we are asking, “What happened to you?” We start introducing new words that could help them normalize their thoughts, feelings, and behaviors.

Empowerment and collaboration are the primary goals of this relationship.

Our shift in use of stereotypical words and phrases will change how the client views themselves and how we view each individual client. What are some examples of the stereotypical phrases that we use, which could be negative to a client?
Goal 2: Learning about trauma, healing, and oneself.

Psychoeducation around trauma and its effects, including stress and maladaptive behaviors, help the client understand their own responses. Teaching skills to manage harmful behaviors and giving information for other resources allows the client to try different avenues to reach healing and understanding.

You are offering clients a trauma framework with which to understand their experiences. This is where different interventions would be beneficial to the session and utilizing different stress reducing techniques. Moreover, providing psychoeducation around developmental milestones and developmental theory will help the client identify where they may have been “stalled” and can pinpoint where they want to begin their work.

REMINDER: The intervention will not work, unless the RICH relationship/therapeutic alliance is present. The trauma client will need to feel support and empowered to take the challenge of trying new skills, new thoughts, etc.
Goal 3: Understanding with Empathy

While giving information to the client, we are also encouraging them to “cut themselves some slack.” Clients tend to be very hard on themselves for not being like others and may even blame themselves for the trauma that occurred. There is usually a lot of negative self-talk and thoughts that we, as treaters, may not know about and we will need to help the client challenge those thoughts. The purpose of this goal is to help the client understand his/her experiences, so that the client gains respect for themselves and diminish shame, self-hatred, and maladaptive behaviors.

This is also the time when we help the client understand that their behaviors do not define who they are. Their behaviors may be maladaptive, but that does not make the client “bad” or “wrong.”
Therapeutic Alliance
Your Most Important Tool

It challenges how traumatized children view relationships

It re-sculpts brain pathways

It decreases children’s sense of isolation

Clients learn that the present is different from the past

Clients learn that there will be breaks in a relationships.
Guiding principle with how we interact in relationships

R.I.C.H Relationships
Respect

Follow through on your commitments
Show interest
Connect and reconnect
Give privacy and space
Ask for and listen to opinions
Listen to life stories
Validate feelings
Make time
Be present and interested
Collaborate
Be accountable
Promote autonomy
Model conflict resolution
Be humble
Be supportive

Do your share
Mentor
Give trust and be trustworthy
Be a team player
Be professional
Take ownership
Inspire
Be assertive
Allow vulnerability
Establish healthy boundaries
Recognize strengths
Know your own limits
Honor confidentiality
Information

Explore what is available in the community
Make resources and posters available
Provide Handouts
Ask a peer for support
Ask questions
Have conversations
Share information with each other
Bring in other supports
Be inclusive
Let youth know their rights
Maintain confidentiality
Teach Consent
Give reminders and encourage repetition
Practice skills
Model appropriate body language
Pamphlets
Collaborate and Consult

Answer questions
Learn about resources and help with referrals
Be engaged in meetings
Go for Coffee
Attend training
Mentor
Share resources
Debrief in a safe way
Use the Intranet
Shift change
Read the newsletter
**Connection**

Introduce yourself
Do things together
Show you care
Be enthusiastic and sincere
Be respectful
Be there both physically and emotionally
Be a role model
Do check-ins and check-outs
Have an open door policy to talk about things
Turn away from the screen
Lean in
Reduce distractions
Be on time
Engage in small talk and socialize
Attend team building adventures and exercises
Celebrate each other
Formal recognition of accomplishments and good stuff

- Give and be able to receive constructive feedback
- Be mindful of body language
- Find a common ground or interest
- Use humor
- Be kind and welcoming
**Hope**

Appreciate individual potential  
Provide structure and guidance  
Teach emotional language  
Teach self-regulation  
Explore hopes and dreams  
Help set and achieve goals  
Validate the experience  
Make people feel worthwhile and deserving  
Help people overcome obstacles  
Be consistent and maintain connection  
Celebrate small successes  
Help reframe negative thinking  
Build on strengths  
Explore fears and worries  
Infuse positive energy  
Be empathic  

Be aware of a person’s sense of time  
Allow grieving  
Encourage healthy choices  
Cultivate new experiences  
Encourage bravery  
Foster healthy relationships
Boundaries
Very important in working with survivors of childhood trauma. Vary according to each particular relationship. Can be social in nature, such as physical closeness, touch, personal information, and/or language. Can be a rule and a boundary at the same time, ex. We will not have a social or sexual relationship.

Two Dimensions: Closeness and Mutuality

Closeness: degree of relational distance
- Enmeshed
- Intimate
- Familiar
- Casual
- Professional
- Formal
- Detached

Mutuality: degree of power to define boundaries

Boundary maintenance ALWAYS falls on the person with the most powerful individual in the relationship.
Give information about treatment options and talk about the frame of your work with the client.

Roles—Define your role as the treater and not the DHS worker, parent, police officer, AND especially not the role of friend. You are a resource, a concerned person, and team member.

Rules—You must let the client know about the usual mandated reporting rules, rules about responsibility, and inappropriate sexual/social contact. May include behavioral limits for the client and ensuring safety for both you and the client. Rules are stated, negotiated, and agreed upon, in the initial session.
Client’s Voice
Encourage your client to voice his or her feelings about the relationship.

Ask for the client feedback after each session. (Utilizing a scale like Client Directed Outcomes or Session Rating Scale.)

Listen for the client’s OWN assessment of his/her own strengths vulnerabilities

CDOI Scales
It is important that the client gives feedback on your relationship and treatment style. If you talk too much or cut the client off, then it could potentially lead to rule and boundary violations, not to mention end of treatment.

Using a tool like a session rating scale helps give the client voice to their treatment.

Ex. You go to your local doctor. You have sinus pressure, runny nose, watery eyes, and a headache. You tell the doctor that you think you may have a cold or sinus infection. The doctor tells you, well, I think you need a few tests and x-rays because you could have a broken foot. Would you feel like the doctor actually listened to what YOU thought was going on with YOUR body?
Vicarious Trauma

The treater will be affected by the client. In what ways can a treater be affected by their client’s traumatic experiences?

- Sleep Disturbances
- Mood Disturbance
- Lack of Appetite
- Irritability
- Increased appetite or emotional eating
- Lack of fulfillment in personal life
- Recurrent Intrusive thoughts
- Treater guilt
- Depressive Symptoms
- Physical Ailments

How do we start the dialogue between us as treaters/colleagues? This is the parallel process that occurs in trauma informed care.

Do you have a current process in place to address vicarious trauma? Name some avenues that you have addressed your vicarious trauma.

What can you do differently in moving forward in trauma informed care?
THANK YOU FOR YOUR ATTENTION AND TIME!

To schedule a Risking Connection training, contact:
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