LEARNING ABOUT TRAUMA INFORMED CARE & WORKPLACE APPLICATION

Kelley Blanck, LMSW,
School of Social Work

Natalie Moser, PhD,
Department of Psychology

4/8/2022

Worklife Lunch and Learn

INTRODUCTIONS

Content organized in **3** main sections

Presentation Format

This "Space"

Taking care of yourself

Calming Strategy

Deep Breaths
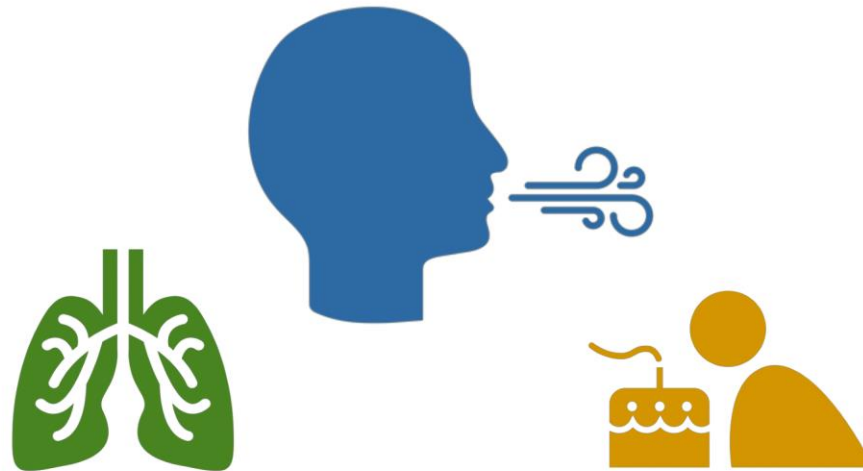
How?	Why?	When?
★ Breath deeply and slowly.	★ Reduces stress.	★ When you feel upset.
★ Breath until you feel calm.	★ Calms the body.	★ When you feel stressed.
★ Imagine blowing out birthday candles.	★ Lowers blood pressure.	★ Throughout the day.

OBJECTIVES

1

Define trauma and manifestations of trauma in the workplace.

2

Describe the principles of a trauma informed organization.

3

Define at least two of my own potential needs related to practicing in a trauma-informed manner.

Objective 1

DEFINE TRAUMA & MANIFESTATIONS OF TRAUMA IN THE WORKPLACE

NAME ONE WORD THAT YOU WOULD USE TO DESCRIBE TRAUMA

https://pollev.com/kelleyblanck934

A DEFINITION OF TRAUMA

An <u>event, series of events, or circumstances</u> experienced by an individual as <u>physically and emotionally harmful or life-threatening</u> with lasting <u>adverse effects</u> on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

SAMSHA.gov

Trauma can stem from…

SAMSHA, 2016

Post-Traumatic Stress Disorder (PTSD)

Avoid Thinking of the Trauma   **Avoid Talking of the Trauma**   **Easily Frightened**   **Negative Mood**   **Negative Thinking**   **Always on Guard**

Avoiding Places   **Avoiding Activities**   **Flashbacks**   **Cannot Concentrate**   **Aggressive Behavior**

WHAT ARE COMMON REACTIONS TO TRAUMA?

Common Emotional and Behavioral Responses to Trauma

- Denial
- Confusion
- Anger
- Fear
- Guilt
- Anxiety
- Depression
- Flashbacks to the event
- Difficulty concentrating
- Withdrawing from friends and family

Common Physical Responses to Trauma

- Insomnia or disrupted sleep
- Fatigue
- Muscle tension
- Headaches
- Chest pain
- Chronic unexplained pain or health challenges

JED

WHAT DO WE SEE?

WHAT IS UNDERNEATH?

PREVALENCE

By the time they reach college, 66 to 85 percent of youth report lifetime traumatic event exposure, with many reporting multiple exposures

- (Read et al., 2011; Smyth et al., 2008)

As many as 50 percent of college students are exposed to a PTE in just the first year of college

- (Galatzer-Levy et al., 2012)

Female college students with a history of sexual trauma are at higher risk for repeated trauma

- (Griffin & Read, 2012)

WHAT DOES TRAUMA LOOK LIKE IN THE WORKPLACE?

THE INVISIBLE SUITCASE

Adapted from NCTSN.org

RISK FACTORS VS. PROTECTIVE FACTORS

Individual

Risk Factors
- History of mental health conditions
- Children with few friends
- Children who start sexual activity early

Protective Factors
- Having a mentor/role model
- Having positive friendships

Family

Risk Factors
- Frequent moves
- Families with low income
- Families with young or single parents

Protective Factors
- Housing stability
- Feeling close to parents
- Caregivers meeting basic needs of children

Community

Risk Factors
- High rates of violence or crime
- Easy access to drugs and alcohol
- Low community connection with neighbors

Protective Factors
- After school programs
- Neighbor relationships

Objective 2

WORKING TOWARDS A TRAUMA-INFORMED WORKPLACE

The Four Rs of Trauma-Informed Care

Realize the widespread impact of trauma and understand potential paths for recovery

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

Respond by fully integrating knowledge about trauma into policies, procedures, and practices

Resist re-traumatization of children, as well as the adults who care for them

USING TRAUMA–INFORMED CARE PRINCIPLES IN OUR WORK INCLUDES:

PROMOTING **SAFETY** FOR COMMUNITY, STUDENTS, FACULTY AND STAFF

PROMOTING **TRUSTWORTHINESS** FOR COMMUNITY – STUDENTS, FACULTY AND STAFF
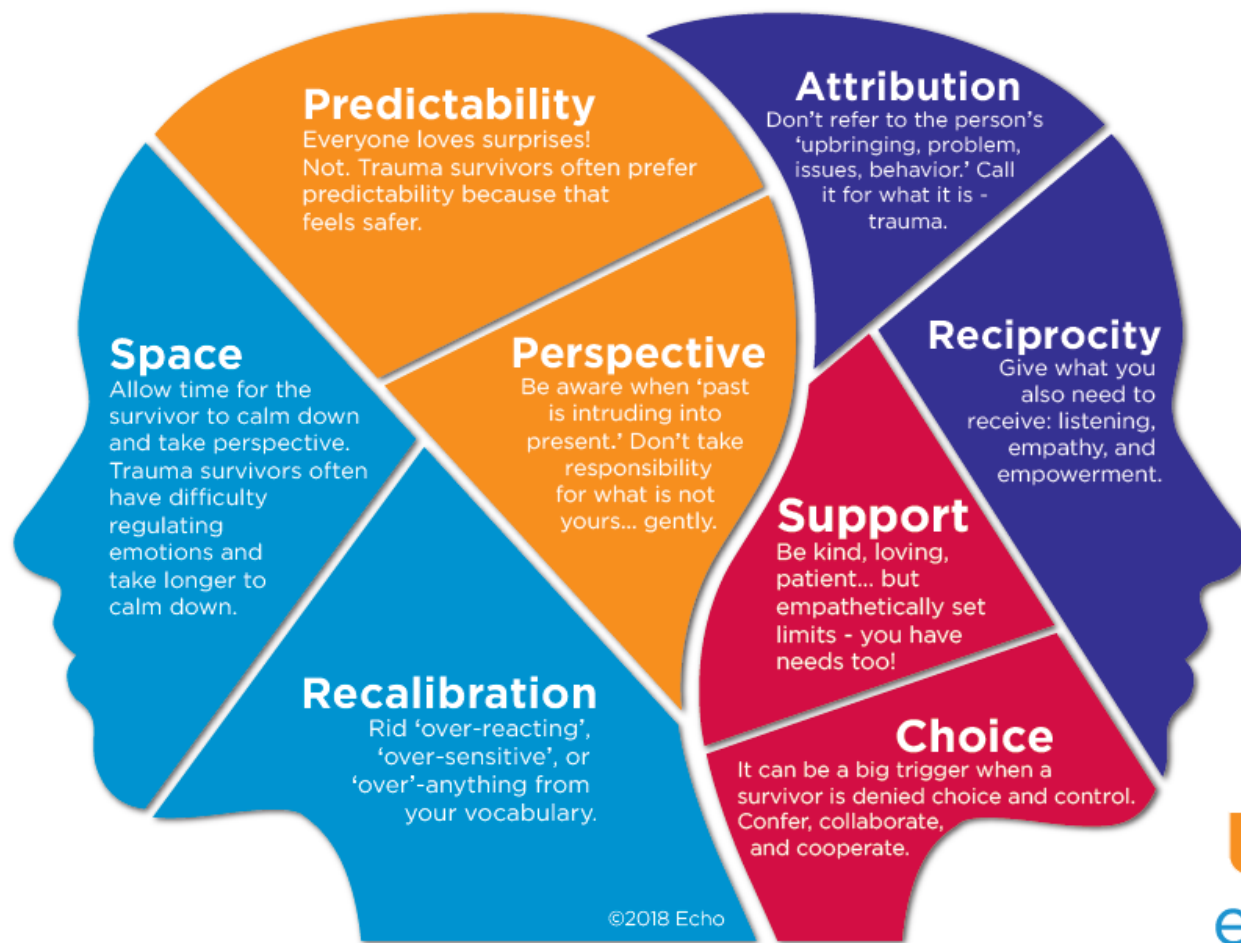
OFFERING **CHOICE** TO STUDENTS, FACULTY AND STAFF

INCLUDING **COLLABORATION** WITH COMMUNITY, STUDENTS, FACULTY AND STAFF

EMBRACING **EMPOWERMENT** OF COMMUNITY, STUDENTS, FACULTY AND STAFF

MSU TSTN

How to Support Someone
Who Has Experienced Trauma

Predictability
Everyone loves surprises! Not. Trauma survivors often prefer predictability because that feels safer.

Attribution
Don't refer to the person's 'upbringing, problem, issues, behavior.' Call it for what it is - trauma.

Space
Allow time for the survivor to calm down and take perspective. Trauma survivors often have difficulty regulating emotions and take longer to calm down.

Perspective
Be aware when 'past is intruding into present.' Don't take responsibility for what is not yours... gently.

Reciprocity
Give what you also need to receive: listening, empathy, and empowerment.

Support
Be kind, loving, patient... but empathetically set limits - you have needs too!

Recalibration
Rid 'over-reacting', 'over-sensitive', or 'over'-anything from your vocabulary.

Choice
It can be a big trigger when a survivor is denied choice and control. Confer, collaborate, and cooperate.

©2018 Echo

echo
www.echotraining.org

Objective 3

DEFINE AT LEAST TWO OF MY OWN PERSONAL NEEDS RELATED TO PRACTICING IN A TRAUMA-INFORMED MANNER

RESOURCES

MSU TRAUMA SERVICES AND TRAINING NETWORK

https://tstn.msu.edu/resources/index.html

UNIVERSITY OF BUFFALO THE INSTITUTE ON TRAUMA AND TRAUMA-INFORMED CARE

https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html

THE TSTN @MSU

HISTORY & PROGRESS

- Spring 2018: SW and Psych met in response to campus sexual abuse scandals with mutual interest in supporting survivors.

- Fall 2018 and Spring 2019: Campus-wide summits to build a collaborative network of educators, researchers and service providers and explore ways to collaborate

- Fall 2019 Workshop: Institute for Trauma and Trauma Informed Care/University of Buffalo

- 2019-2020, 2020-2021, 2021-2022 Faculty Learning Communities – MSU Academic Advancement Effort

DEPARTMENTS/UNITS THAT HAVE PARTICIPATED IN TSTN

Multi-Racial Unity Living Experience-Inter-Cultural Aide	MSU Extension	Psychology	Center for Survivors	Neighborhood Student Success Collaborative	College of Human Medicine Dean's Office	Dow STEM Scholars	Human Development & Family Studies
Alumni Office	Writing, Rhetoric & American Cultures	Employee Assistance Program	MSU Police	Residence Education & Housing Services	Institute for Health Policy	Child & Youth Institute	Relationship Violence & Sexual Misconduct
Recreational Sports and Fitness Services	Communication Arts & Sciences	Prevention, Outreach & Education Department	MSU Veterinary Social Work Services	MSU Counseling & Psychiatric Services	College of Human Medicine	School of Social Work	Student Parent Resource Center
		MSU Safe Place	Center for Community Engaged Learning	Fostering Academics, Mentoring Excellence (FAME)			

MSU TSTN STEERING COMMITTEE

- Current Members:
  - Alytia Levendosky, Psychology levendo1@msu.edu
  - Cheryl Williams-Hecksel, Social Work   will1534@msu.edu
  - Deborah Miller, Human Development and Family Studies thoma328@msu.edu
  - Dukhae Sung, Counseling and Psychiatric Services dhsung@msu.edu
  - Kelley Blanck, Social Work   kblanck@msu.edu
  - Kimberly Steed-Page, Student Parent Resource Ctr steedkim@vps.msu.edu
  - Lydia Weiss, Prevention, Outreach and Education weisslyd@msu.edu
  - Natalie Moser, Psychology   mosern@msu.edu

Thank you to previous Steering Committee members: Jason Moser, Tana Fedewa, Kelly Schweda, Amanda Taylor, Jessica Martin

SOURCES

Cabrera, O. A., Hoge, C. W., Bliese, P. D., Castro, C. A., & Messer, S. C. (2007). Childhood adversity and combat as predictors of depression and post-traumatic stress in deployed troops. American journal of preventive medicine, 33(2), 77-82.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. American Journal of Preventive Medicine, 14,245-258.

Haney, C. (2003). The psychological impact of incarceration: Implications for post-prison adjustment. Prisoners once removed: The impact of incarceration and reentry on children, families, and communities, 33, 66.

SOURCES

Williams, M. B., Zinner, E. S., & Ellis, R. R. (1999). The connection between grief and trauma: An overview. When a community weeps: Case studies in group survivorship, 3-22.

www.samsha.org   www.nctsn.org   http://www.rememberingtrauma.org

Weinstein, Wolin and Rose (2014) Trauma Informed Community Building: A Model for Strengthening Community in Trauma Affected Neighborhoods, Health Equity Institute

Wolff, N., & Shi, J. (2012). Childhood and adult trauma experiences of incarcerated persons and their relationship to adult behavioral health problems and treatment. *International journal of environmental research and public health*, *9*(5), 1908-1926.