LEARNING ABOUT TRAUMA INFORMED CARE & WORKPLACE APPLICATION

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INTRODUCTIONS
Content organized in 3 main sections
  Presentation Format
  This “Space”
  Taking care of yourself
Calming Strategy

Deep Breaths

How?
- Breath deeply and slowly.
- Breath until you feel calm.
- Imagine blowing out birthday candles.

Why?
- Reduces stress.
- Calms the body.
- Lowers blood pressure.

When?
- When you feel upset.
- When you feel stressed.
- Throughout the day.

Find more resources at https://goalbookapp.com
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.
DEFINE TRAUMA & MANIFESTATIONS OF TRAUMA IN THE WORKPLACE
NAME ONE WORD THAT YOU WOULD USE TO DESCRIBE TRAUMA

https://pollev.com/kelleyblanck934
DEFINITION OF TRAUMA

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

SAMSHA.gov
Trauma can stem from...

- Childhood Abuse and Neglect
- Grief and Loss
- Medical Intervention
- Physical, Emotional, and Sexual Abuse
- War & other forms of violence
- Accidents & Natural Disaster
- Cultural, intergenerational & historical
- Witnessing acts of Violence

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
WHAT DO WE SEE?
WHAT IS UNDERNEATH?
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

I’m concerned about job security

I’m concerned about my health

I’m concerned about safety

No one is supporting me

I distrust the system

Adapted from NCTSIN.org
RISK FACTORS VS. PROTECTIVE FACTORS

**Individual**
- History of mental health conditions
- Children with few friends
- Children who start sexual activity early
- Having a mentor/role model
- Having positive friendships

**Family**
- Frequent moves
- Families with low income
- Families with young or single parents
- Housing stability
- Feeling close to parents
- Caregivers meeting basic needs of children

**Community**
- High rates of violence or crime
- Easy access to drugs and alcohol
- Low community connection with neighbors
- After school programs
- Neighbor relationships
Objective 2

Working Towards a Trauma-Informed Workplace
The Four Rs of Trauma-Informed Care

**Realize**

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

**Recognize**

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

**Respond**

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

**Resist Re-traumatization**

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

This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA’s concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
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 it feels safer.

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

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

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

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.

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

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

Reciprocity
- Give what you also need to receive: listening, empathy, and empowerment.
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
• 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)
• Current Members:
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Thank you to previous Steering Committee members: Jason Moser, Tana Fedewa, Kelly Schweda, Amanda Taylor, Jessica Martin
What are some unique issues that you are experiencing in the workplace that might be related to trauma?

How might work teams be re-traumatized (how might the workplace stir up trauma symptoms or reactions)?

How can you integrate knowledge about trauma into your work with coworkers and teammates?


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