The Handbook of Trauma-Informed Practice

ESSENTIALS

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Handbook
of Trauma-Informed Practice
ESSENTIALS
for Reaching Past the Cycle of Trauma

with Bonus Study Guide for the Film

Here/Hear to Heal:

Building Foundations of Resiliency
Through Trauma-Informed Care Essentials

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PREFACE

How this project started

Christmas Day, 2014, was a dark day for us. Two shocking murders occurred in our area involving several young people within the community. Such events are tragic wherever they may occur, but, in a small community, the ripples of grief spread deeply for we have all known and interacted at multiple times with both those murdered and those caught up in the cycle of terror, pain, and anger that led to the murders. Upon hearing of the event, my mind cycled with memories of a time, twenty years earlier, when one of the accused was about eight years old. My husband and I had picked him up hitchhiking with a man who we presumed to be the father. This man seemed to have a sharp edge about him that, even then, had made me feel nervous. Now, hearing about the murder in 2014, I wondered at how many points in that boy's life had he encountered healthcare professionals, teachers, educational assistants, or other community service providers? At how many of these points had there been possibilities for intervention and healing experiences that, cumulatively, might have changed the course of events for so many people? If only we knew what those interventions might have been, and how to do them back then. I was not thinking of "calling social services" types of interventions. Rather, I wondered about the human-to-human interactions – the ways of being with one another – that can make a young mind feel valued, heard, worthy, and simultaneously help that mind value boundaries and the

worth of other human lives. If most members of a community knew how, even during momentary points of contact, to interact with each at-risk individual in a way that moved those individuals closer towards healing, then how might the future be changed? If we had started learning and teaching such skills twenty or thirty years ago, how might have this Christmas day have turned out?

Alas, the past was done – we cannot bring the young murdered men back to life to father their children, to be there for their spouses, friends, and family, or to continue to contribute to society. But what about the future? What if change could start happening now, even with just a trickle of community-based learning of skills that can help individuals reach past their cycles of trauma? I shared this dream with the only other person at home with me for the holidays, my daughter Hannah, and within a few days we completed a proposal for the initial funding of this project.

The "Reaching Past the Cycle of Trauma©" series of films and study guides is designed to provide parents, teachers, healthcare providers, and others with practical tools that can strengthen community-based attempts to help heal from the cycle of trauma. On the surface, each short film and study guide may appear to be geared to a particular sector of society: "This Is Me Now" seems directed towards parents; "The Window of Learning" for teachers; and "Here/Hear To Heal" for physicians. However, the information presented and demonstrated in each film is pertinent for anyone, whatever their profession might be. In other words, whenever the film, handbook, or study guide uses the word "patient," one can replace these titles with "client," "employee," "student," "child," "spouse," or simply "the other person," and the concepts and tools still apply. In like manner, when we refer to "parent," "teacher," "physician," or "healthcare provider," the reader should feel free to replace these words in their mind with one that more aptly describes their own role, be it "administrator," "police officer," "nurse," "aide-worker," or "government policy-maker".

Clarifying Terms Used in this Handbook

In this document, we use the term "**parent-figure**" or the abbreviation "**MA"** (Main Attachment figure) for any adult who has a significant home-based care-taking role for an infant or youth. We will use the term "**survivor**" in honour of those who have endured trauma, knowing that some authors prefer to avoid this term. However, we recognize that survival was, or continues to be, a realty for many who have endured trauma. This survival can be a past accomplishment – in other words, the person has survived and now feels that they are thriving, healthy, and whole, having achieved the post-traumatic growth that so many yearn for. It can also be a current situation – making those who have endured past traumas feel agonizingly alone, cast into a seemingly unending struggle through a labyrinth of incomprehensible psychological or relational obstacles.

Both such situations highlight the presence of a core strength of endurance, character, and courage in the survivor that we may otherwise overlook.

In addition, the Handbook and Study Guide will use personal pronouns such as "**he, she, it, they, we**" interchangeably in terms of gender and plurality, except when referring to characters in the film, "Here/Hear to Heal". Since the self-identified gender of characters was not explored in the film, we will use the tradition of employing gender pronouns that correspond with the sex by which the character has chosen to be shown on camera. For example, a character that looks traditionally female in the film, will be referred to using the female singular pronoun in order to simplify the text in an easily understandable format.

For less commonly known terms referred to in this document, a glossary is provided at the end. Additionally, terms introduced by this Handbook that carry key concepts will be highlighted along the way.

Special Acknowledgments

The creation of these films, study guides, and handbooks has been an intensive undertaking spanning six years since the proposal for the initial funding was first written, on New Year's Eve, 2014. Since then, many minds have been recruited and many hands have helped. All of them deserve thanks, but due to space limitations, I highlight here some of the key individuals and organizations whose contributions were critical. I would like to thank the Joint Standing Committee on Rural Issues and John Wieland for their financial contributions; the Bella Coola General Hospital and Clinic, Sharon Carroll, Rhonda Elliott, Dr. Amber Bacenas, William Findlay, and Dr. Ross Brown for their support throughout the project. Thanks also goes to the many volunteers in Bella Coola who participated in the filming, as well as to elected Nuxalk Chief at the time, Wally Webber; former Nuxalk Health Director Peter Tallio; former local Child and Youth Mental Health Worker Sandy Van Horn; and formal School District 49 Principal Jeremy Baillie for their advocacy. I am also grateful to Sarah Buydens, Alexandra Gillis, and Hannah Le Bouder for their meticulous reviewing of this handbook and study guide; to Hilary Pryor, for her artistic skill and patient perseverance; and to my husband, Pierre Le Bouder, for his un-wavering support. Above all, thanks to the 'One' who has heard us and supported us throughout this project.

Finally, I wish to dedicate this handbook to Dr. Sandra Wieland, with whom we started this project, and in whose memory we strive forward. Dr. Wieland was, what one might call, a Master Therapist and Educator. She tutored many younger therapists in the skills of working effectively with trauma and dissociation while providing therapy for some of the most severely traumatized children on Vancouver Island. Dr. Wieland's insight, the wisdom of her teaching, and her patient modelling of how to "be" with others shifted my understanding of Trauma-Informed Care in a pivotal and empowering manner. Many others have also benefited from her techniques. In 2013, she was awarded the Cornelia B. Wilbur Award by the International Society for The Study Of

Trauma And Dissociation in recognition for her outstanding clinical contribution to the treatment of dissociative disorders. I am deeply grateful for her dedication to this project. Even during the most difficult of circumstances, she stayed with us.

About the Film Title: "Here/Hear to Heal"

Recent times has seen some controversy regarding the use of the word "to heal" when referring to the role of healthcare providers. All of us involved in Health care, whether we are administrators, front-line professionals, community workers, or support-services workers, intersect with individuals searching for healing. Some patients (clients) may be hoping to heal from medical or surgical diseases. Others seek healing from psychological **"dis-ease"** such as from depression, anxiety, or the anguish caused by grief, abuse, neglect or other forms of trauma.

Healthcare providers are also often on their own journey of healing, be it for themselves or for family members, friends, or co-workers. To heal is part of the universal human journey of growth and connection, a destination for which many of us yearn during an existence that is punctuated by times of distress, misunderstandings, conflicts, hurts, and loss. We are all, in some sense, "here to heal".

KEY TERM:

DIS-EASE

Any sense of a 'lack' of ease (distress, discomfort, lack of well-being) in one's body, emotions, thoughts, or in one's urges.

The world of Western Modern Medicine has traditionally approached healing with an overwhelmingly didactic, data-oriented, theory-driven, linear paradigm.[1] Ask the right questions, notice the proper signs, prescribe the correct medications, then one should arrive at healing, or so runs the underlying premise that suffuses our work and training. Bedside manner is popularly viewed, following a Cartesian dualism between brain and body, as an ideal that is ethical and moral, but separate from the therapeutic path towards healing of the body and brain. In recent years, healthcare has moved further into this formula. More and more, the path to healing seems reducible to entering data about a patient's symptoms and signs into an algorithm or app from which a printout of recommended treatments is produced. Yet, even within this type of healthcare paradigm**, the first step to healing disease is still to see, hear, hold and value** – adequately hearing the patient's symptoms and life parameters; seeing the body's signs; recognizing the value of the data, and holding it in mind enough in order to come up with a possible route forward. The ability to see, hear, hold in mind, and value others adequately is one of our greatest tools in the practice of medicine, or of any other profession. It is not just good bedside manners, for it can often determine whether our journey with our patient will lead to their healing or not.

[1] McGilchrist, 2009

Every great healthcare provider, communicator, collaborator, manager, advocate, scholar, expert, or teacher[2] conveys to others that they see them, hear them, and value them. This may sound like a simple task, but is in fact extremely difficult to accomplish when we are stressed, discouraged, angry, tired, pressed for time, or frustrated. In addition, it is not enough to just see, hear, and value others. We must also be able to ***convey*** this seeing, hearing, and valuing to both their conscious and subconscious mind in order for them to feel safe with us, in order for us to create safety in connection. This may sound like an easy task to those parts of our brain that understand theory – broadly speaking, the left brain.[3] In reality, though, it can be very difficult to accomplish.

We have all had interactions wherein our best intentions to see, hear, and value another person has been derailed when our mood has suddenly dropped or our stress levels have escalated. For example, we may approach someone at work intending to have an enjoyable and perhaps even

> FOR OTHERS TO FEEL SAFE WITH US, THEY NEED TO BE ABLE TO FEEL US WITH THEM, SEEING, HEARING AND VALUING THEIR EMOTIONS AND NEEDS, EVEN WHEN THEY APPEAR TO BE "MIS-BEHAVING" AND EVEN WHEN WE ARE MAINTAINING PREDICTABLE BOUNDARIES AND LIMITS

bonding conversation only to find the interaction turning sour after a disagreement arises and we feel criticized, blamed, or attacked. Or we may have found it difficult to empathize with the emotional state of another person when we are physically exhausted, hungry, depressed, worried, in pain, or struggling with any other form of physical or psychological dis-ease.

It should be an essential component for any "Trauma-Informed Practice Education Curriculum" to teach the processes that are happening at these critical moments, and how to shift them so that the potential for experiencing true "safety in connection" can occur. It is also important for trauma-competent practice to understand what the human brain might require in order to sense that safety in connection – regardless of one's gender, occupation, race, or the circumstances of the interaction.

The Canadian Medical Protective Association (CMPA) advises, "Physicians should be aware of their communication style, as well as the emotions involved – their own and their patients" (CMPA Perspective, March 2017, p. 5). This is especially true if we are aiming for a Trauma-

[2] CanMeds Roles, see page 12

[3] Daniel Siegel's term, "Left Brain Mode" (2012), probably gives a more accurate representation of what is described here as simply the *left brain.*

Informed Practice, because the best of our intentions can be derailed by stress, triggers, time-pressures, negative moods, or challenging interactions. However, once we are aware of our emotions, and their effects on our communication style, how can we shift them back in order to create safe and effective communication? Tools for developing such skills is the focus of this "Reaching Past the Cycle© " series of films, courses, and documents. These tools are applicable to anyone who works with the public, not just physicians. Police officers, for instance, could benefit from such skills to de-escalate potentially dangerous encounters. Teachers could apply this learning to gain more cooperation from students who might be labelled as "defiant". Policy-makers may use the frameworks for building more resilience, more teamwork, and less burnout in their organizations. Parents could find the techniques helpful for rearing psychologically healthy children. Whatever our work, role in life, or personal situation, we can all apply some of these "Trauma-Informed Care Essentials" in order to better hear others, hear ourselves, and heal.

This abridged document is meant to provide information for people who enjoy reading, and details essential foundational concepts for trauma-informed care.

For those who prefer visual and/or interactive methods of learning, or for skill-building, please inquire about the DVDs, courses, seminars, and workshops provided by Beyond the Cycle of Trauma Institute (Beyond-the-cycle-of-trauma.org)

Email: info@beyond-the-cycle-of-trauma.org

CanMeds Learning Criteria Fulfilled

This Handbook and study guide addresses all CanMeds Criteria.

Medical Expert ✓

- Understand better how our patients' past experiences shape their current compliance to healthcare, and what we might be able to do to help them in their journey toward healing. Due to the large prevalence of trauma, understanding how to work better work with this population contributes to our effectiveness as a medical expert.
- Learn paradigm shifts that help us maintain a positive and hopeful attitude toward the challenges this population may present for us healthcare providers.
- Learn physiologically-based tools for patient-centered assessment and management.
- Improve your ability to address complex clinical situations, difficult interactions, or situations generating despair or frustration in our patients/clients, co-workers or us.
- Improve our understanding of the symptoms and signs of dissociation and trauma.

Communicator✓

- Enhance our ability to develop rapport, trust, and ethical therapeutic relationships with patients and families with a trauma history.
- Learn tools that increase one's Window of Receptivity to the viewpoints of patients, families, colleagues and other professionals.
- Learn tools to increase your Window of Effectiveness as communicator, and as a synthesizer of information, thus enhancing your ability to develop a common understanding with others of issues and plans.

Collaborator✓

- Learn tools to improve one's ability to return to one's Window of Effectiveness for collaborative team-based, patient-centered care.
- Learn a framework for shifting tense interactions into positive ones.

Manager✓

- Learn practical on-the-job mindfulness and mentalization techniques that help increase effectiveness in leadership, problem-solving, and management.
- Learn a framework to read and to effectively respond to an employee, colleague, patient, or family member who is reacting with anger or distress.

Health Advocate✓

- Learn core health needs of patients with a history of Adverse Childhood Experiences or Complex Trauma in order to formulate appropriate responses as part of patient care, or when addressing community health needs.
- Understand the role of trauma as a key determinant of health within communities.
- Learn skills and approaches that can help promote the health of individual patients, communities and populations.

Scholar✓

- Use this resource for self-directed study, or for teaching Trauma-Informed Practice, Complex Trauma, Resiliency, Communication, and Reflective Practice.

Professional✓

- Learn tools and skills to nourish the self-care required for our continued commitment to patients, profession, and society for a sustainable, self-reflective, and professional practice.
- Gain core knowledge that can be used in profession-led regulatory societies, or community enhancement projects, to help communities and institutions reach past the cycle of trauma.

2

Reaching Beyond Words

The human brain – the fountain of our experiencing self – is molded first and foremost by our interactions with other people and with the world around us. Scientific and social research has delineated a mountain of evidence indicating that the most influential of these interactive experiences for healthy brain development[4] and our long-term physical health[5] is, in fact, the infant's relationship with its Main Attachment figure (MA) – traditionally, the 'mother figure'. It also, significantly, is

[4] Gerhardt, 2015
[5] Felitti 1998

influenced by whether that MA feels well, is safe and securely supported in their (often, her)[6] own life and environment, and received healthy interactions with their MA or other supportive adults when they were younger.[7] This is true across many mammalian species, from mouse and rats[8] to monkeys and chimpanzees.[9] In other words, the development of a resilient self, one who also senses peace within, is accomplished without the need for understanding literal words. Rather, it requires having enough experiences of a key adult in our life being consistently and dependably able to make us feel seen, heard, valued, and held in their mind even **before** we had learned the socially ideal behaviour for expressing our emotions and needs[10], and yet who could do this without neglecting the important structure, limits and boundaries that humans need to feel secure and safe. Not surprisingly, recurrent studies show that the younger we are when we have such supportive experiences, and the more consistently they occur, the more resilient and

> *"*
>
> *ALL EMOTIONS ARE VALID EVEN IF THE BEHAVIOUR IS NOT YET IDEAL*
>
> *WIELAND 2017*

healthier the mind and body grows.[11]

Trauma-informed Practice (or Care), in its *essence*, seeks to create an interaction with others that is non-toxic to the brain, body, heart, and mind, and which, simultaneously, contributes positively to the healing journey. The benefits of this type of interaction are meant for both the "other" (the patient, learner, colleague, client, child, staff, employee, or any member of the public) and for the practitioners themselves. This ideal sounds simple enough on paper, but the effects of trauma on the developing brain and body make effective Trauma-Informed Care more challenging to master than what words alone can teach. It can be extremely difficult, for example, to remain calm without displaying some degree of defensiveness in one's voice or facial expressions when faced with a triggered individual who is aggressively yelling at us or accusing us of some misperceived evil intent. Reading books or hearing explanations of the importance of compassion, empathy, and respect in Trauma-informed Practice may help us understand the process. However, it does not train our subconscious brain – that natural part of humans that

[6] Partners, and how they support the Mother Figure, have a vital role in this brain development of the child.
[7] Schore 2019, Siegel 2012
[8] Szyf and Meaney, 2004
[9] Groundbreaking work in this regard for primates were done in the laboratory by Harry Harlowe and in the field by Jane Goodall.
[10] Wieland, 2017
[11] Siegel, resiliency studies, Harvard men's study?

reacts automatically when it senses itself attacked. In other words, education beyond just reading or hearing words is a required element for developing effective Trauma-Informed Practice.

Nobody can learn to ride a bike by only hearing or reading instructions on how to ride a bike. At the very least, they must observe a bike being ridden by someone else at least once in their life. Humans need experiences and practice to learn new behaviours that require nuanced balance. In like manner, learning the *essentials* of Trauma-Informed Care requires more than just understanding the theory of 'caring', 'being 'nice', 'respectful', or 'being attuned'. It requires, at the minimum, the following components:

1. **Understanding the basic foundation of Trauma-Informed Care:**
   These fundamentals are not the typically espoused "Pillars/Principles of Trauma-Informed Care." What the effective core foundations are explained in the chapters on Trauma-in-a-Nutshell and the Triple eS Framework.
2. **Observing and experiencing how these essential factors are applied to self and "others" in challenging day-to-day situations:**
   Ultimately, experiencing how another adult stays **with** us, dependably and nonjudgmentally, during our own time of anger, need, or distress is an indispensable way to learn trauma-competent care.[12]
3. **Practicing these principles enough to become adept at navigating unpredictable, potentially conflictual, situations while still providing Trauma-Informed Interactions:**
   This should be done ***after*** one has had an opportunity to observe and experience the type of behaviours and responses that one is aiming for.
4. **Having supportive constructive feedback while learning the skills mentioned in the above points:**
   This feedback should be another route by which the instructor models Trauma-Informed Care to the learner.

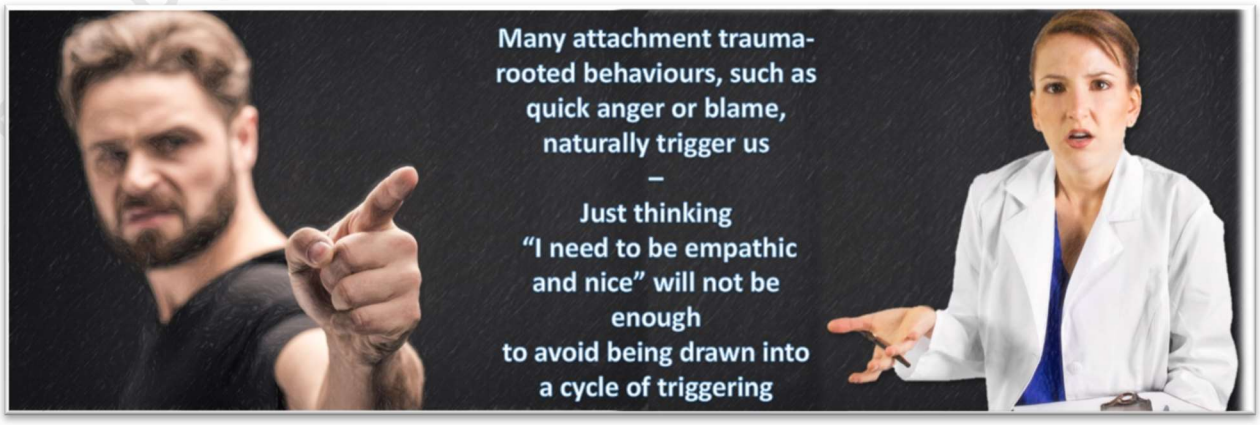
To achieve this type of learning, we at Beyond the Cycle of Trauma Institute use a multimodal form of learning to cover each of these requirements. First, to better see and experience the sort of interactions that are conducive to trauma-informed practice, trauma-competent care, and healing, we have made short films that model sample appropriate responses to a variety of challenging situations. One of these short films, "Here/Hear to Heal", is aimed at healthcare providers and uses the setting of a remote clinic and hospital practice as a backdrop. Learning the material in this Handbook may be deepened by watching this film. The film's study guide,

[12] Ultimately, the best way to learn trauma-informed care is to repeatedly experience another adult staying **with** us, dependably, nonjudgmentally, and without role reversal, during our own times of need or distress.

which is included with this Handbook, fuses the points modelled in the film with the concepts explained in the Handbook. To address the other requirements, we have developed a series of presentations, workshops, and courses where the interaction of the *presenter/instructor* with the participants is a valuable "unspoken" part of the learning.

LEARNING HOW TO MANAGE OUR OWN NATURAL, AUTOMATIC HUMAN REACTIONS IS ***ESSENTIAL*** FOR TRAUMA-INFORMED & TRAUMA-COMPETENT PRACTICE

Whether we are healthcare providers, teachers, police-officers, judges, administrators, parents, spouses, or community workers of any type, we tend to come into our work with ideals and hopes of contributing to the well-being of others without creating harm. In realty, doing so can be extremely difficult because we, ourselves, are still human – we have natural emotional reactions to difficult interactions, as well as subconscious expectations of others' intentions and how they should respond to our actions. Yet, hurt people can hurt other people. Interpersonal trauma can engender survival behaviours that our society perceives or labels as negative, aggressive, resistant, defiant, or manipulative. When encountering such behaviours, it is easy and natural for us to be pulled into a cycle of triggering that perpetuates the cycle of trauma. For instance, we may become discouraged, angry, cynical, or we may even burn out when we frequently encounter behaviour that we sense as resistance towards our attempts to "help". At other times, the "other" may react to us with trauma-rooted fear, anger, or defensiveness even when we are interacting at our best. Such reactions may in turn trigger our own fears, anger, or defensiveness. The cycle then continues.



In such stormy instances, how can we quickly regain calm, soothe our own emotional hurt caused by the difficult interaction, and resume a peaceful interaction with the "other" such that both parties can continue to reach past the cycle of trauma? Learning a method of noticing our natural internal reactions in order to shift them out of the triggered state will be essential if we hope to deliver Trauma-Informed interactions in many real-life situations.

This Handbook, its accompanying Study Guide, and the film "Here/Hear to Heal" aim to deliver and demonstrate frameworks to help us accomplish these goals. In the first part of the Handbook, we will demonstrate how current popular constructs of the "principles of trauma-informed practice" can, in many situations, trigger or retraumatize outside of a psychotherapeutic relationship. We will then introduce an alternative framework that is portable, easy to remember in stressful situations, and that can guide us in real-time to quickly problem solve interactions that are not proceeding smoothly.

We will then proceed to introduce more practical tools that can aid in front-line delivery of trauma-informed practice. We will explain why such tools are helpful based upon the way our brain and body respond to trauma and to difficult situations – in other words, based upon the neurobiology of trauma.

Some of these tools are demonstrated in the film "Here/Hear to Heal". The Study Guide points the viewer of the film to concepts in the Handbook that are modelled in the film; challenges the reader to see how it can be applied in other situations; and gives sample exercises and questions for a preceptor using scenes from the film for teaching. Finally, the Handbook will close with sample difficult situations that one might commonly encounter in the healthcare setting, and provide some troubleshooting options for the reader. These concepts and skills are further enhanced by the content of our interactive courses.

In summary, because we are all humans who will, at times, react in biologically-defined ways during difficult interactions with others (see SECTION C of this handbook), effective Trauma-Informed Practice cannot be adequately learned by simple phrases like "have empathy" or "be nice" or "give choices." Learning trauma-competent behaviours requires understanding the fundamental factors behind trauma, the factors behind healing, as well as having repeated opportunities to view or experience the essential principles of Trauma-Competent Care in action. As one learns this material, one may find these ***essential skills*** seeping past one's workplace and into a ***Trauma-Informed Living*** that one can apply to one's personal life as well. Let's now begin this journey of reaching beyond the cycle of trauma, together.