# Trauma-Informed Care and MDT's

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This presentation is based upon original materials containing contributions from the Children's Health Foundation, Amy Stoeber, PhD, and others under the sponsorship of the Children's Health Foundation.

# Overview

- MDT's as a Trauma-Informed Team
- Resilience
- Resilience Interventions for MDT's
- De-escalation Techniques – a TI approach
- Self-Care
- Questions

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# Questions from Keynote?

Core Assumptions help – we're all on the same page

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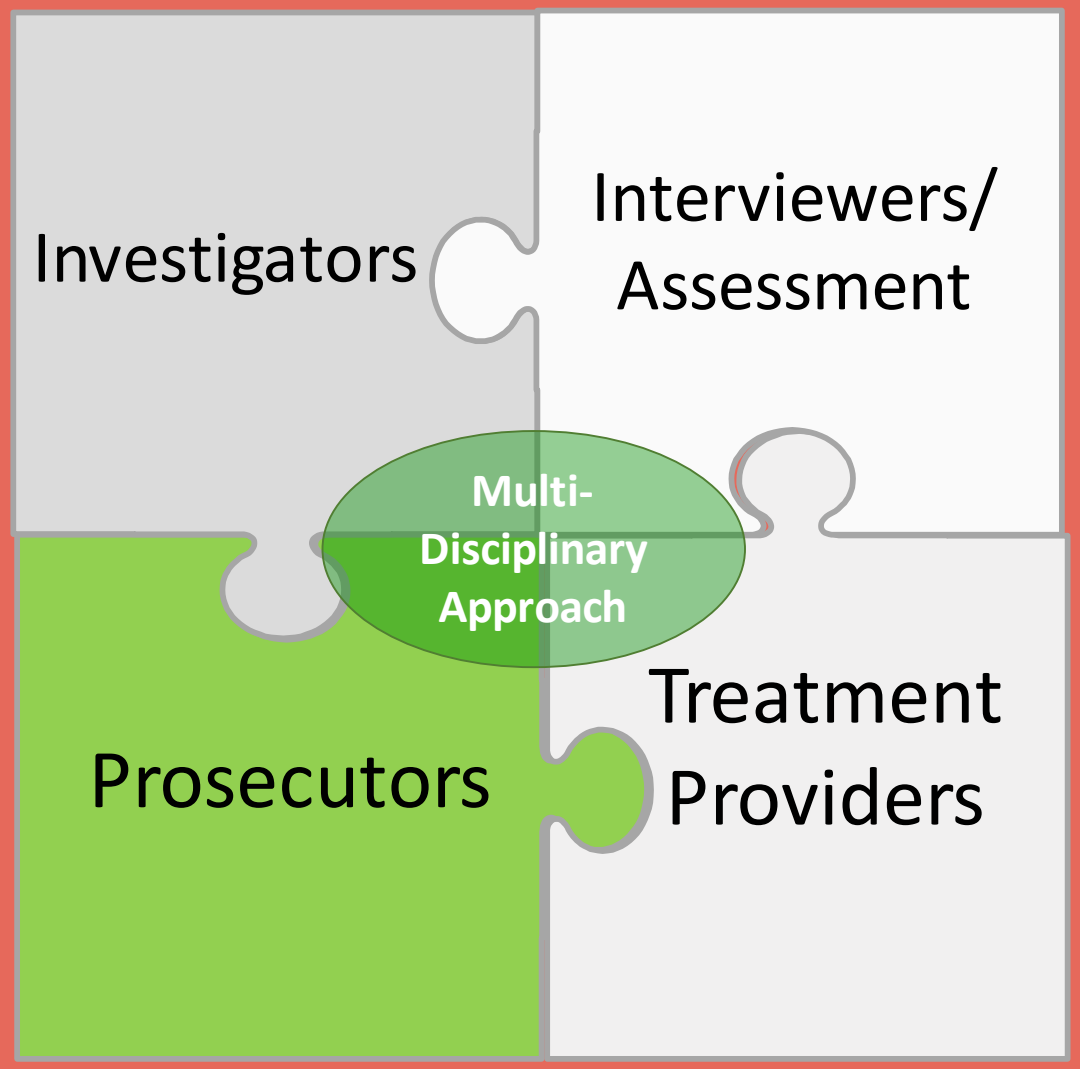


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# Compassion-Informed Care (aka, Trauma-Informed Care)

Compassion-Informed Care is a commitment:

- To recognize trauma and know what it looks like
- To avoid triggering or increasing the trauma
- To restore safety, strength and self-worth of the individual
- *To treat* all people with *compassionate and respectful care*

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# Why should Teams Practice Compassion-Informed Care?

- Improved customer care/service and client experience
- Improve quality of service to all families
- Increased successes and satisfaction at work
- Creates a community of hope, healing and recovery
  - For the victim, but also for the organization and staff
- Promotes organizational wellness
- Less Burn Out!

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# Help for the Child/Family

| Guide for treating children and families with Traumatic Stress (DEF Protocol) | | |
|---|---|---|
| D: | Distress: Decrease it | • Treat pain<br>• Pay attention and listen to the child<br>• Ask about fears<br>• Reassure |
| E: | Emotional Support: Encourage it | • Encourage closeness of parent to child<br>• Empower parents<br>• Use outside resources, as needed |
| F: | Family: Foster it | • Find strengths<br>• Utilize coping resources<br>• Encourage them to seek help from their inner circle<br>• Teach them how to have and model self-care |

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Modified from Children's Hospital of Philadelphia DEF Protocol

# What does Compassion-Informed Care look like?

| | | |
|---|---|---|
| **Show Empathy:** | Acknowledge the situation as traumatic. This DOES NOT EXCUSE ABUSIVE BEHAVIOR, BUT VALIDATES THE EXPERIENCE | • Scattered<br>• Victim may be non-linear in information sharing<br>• Fighting<br>• Impatience<br>• Chronic cycles of abuse |
| | Recognize that some parents come from a background which hasn't prepared them for advocating: | • Lack of a good parent role model<br>• History of trauma or abuse themselves<br>• Relationship issues that the group may not be aware of |
| | **Instead of asking "What's wrong with this family", ask "How can I help this family?"** | |

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# What does Compassion-Informed Care look like?

| | | |
|---|---|---|
| **Show Respect:** | Acceptance and non-judgment: | • Have an open mind as you are speaking with victims and families<br>• You may not know their full story/trauma |
| | Avoid all prejudice: | • Race<br>• Religion<br>• Socioeconomic status<br>• Age of parents<br>• Sexual orientation |
| | Build relationships: | • Between the parents and their children<br>• Between staff and families<br>• Remember siblings and parents names, remember family interests |

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# What does Compassion-Informed Care look like?

| | | |
|---|---|---|
| ***Support* for the child and family:** | Encourage the victim, and let them know that they are not to blame when bad things happen out of their control | |
| | Give children and families choices | • trauma= loss of control<br>• family needs vs. organization needs |
| | Know your *resources*: have a network of trauma-informed counselors and agencies for referrals | • Know providers trained in trauma |
| | Focus on positivity and strengths in parents and families | • Tell children what they CAN do not what they SHOULDN'T do |
| | Make sure you are able to speak in the families native language | |

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# What does Compassion-Informed Care look like?

| | | |
|---|---|---|
| **Provide *Safety*:** | Physical safety: | • Calm<br>• Comfortable<br>• Smiles on staff and providers |
| | Emotional safety: | • Ask questions, and listen to the child<br>• Be sensitive to trauma triggers<br>• It is OK to set limits on behavior<br>• Be predictable<br>• Be trustworthy |
| ***Support Staff*** | • Provide a safe place for the child to talk about what happened<br>• Support your staff if parents are becoming heated with them<br>• Encourage communication amongst your staff<br>• Set limits with families and how they treat your staff | |
| | Clinicians can be proactive in stressful moments through: | • Anticipatory guidance<br>• Teaching positive parenting<br>• Be a role model |

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# How can systems begin to implement Compassion-Informed Care?

- Understand trauma risk factors and the physical and emotional presentation of trauma
- Adopt a compassion (trauma) informed perspective when meeting with victims and families
- Educate Team members about how to recognize and respond to child's needs- both emotional and physical
- Ask parents how they are doing and let them know that their stress levels are part of your concern
- Learn ways to model, encourage, and partner with families to optimize resilience

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# Tips and Tricks for CIC - Reminders

- Assume that everyone may have had trauma in their past or currently (including your co-workers)
- It doesn't just mean being nicer, it means truly caring about people, but also knowing when to set up boundaries
- Set up common language that is used around your group, e.g., "How can we help them?"
- Explain the "why"

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# Questions? Reflection

Do I treat families and victims in a trauma-informed way?

Do other members of my MDT practice a trauma-informed approach?

How can I improve my technique or approach?

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# Resilience

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# Features of Resilience

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# Ginsberg's 7 C's of Resilience

(Adapted from Ken Ginsberg, MD & AAP)

Competence
Confidence
Connection
Character
Contribution
Coping
Control

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# 3 Core Assumptions for Professionals

1. Victims must feel that professionals are communicating with them from a ***non-judgmental stance***.
2. Remind victims and families that you have a ***shared goal*** with them.
3. Create ***"we" language***.

Adapted from Blaustein and Kinniburgh (2010)

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# Resilience Tools

- PSO
- Circle of Support
- Family Strengths
- Flipping your Lid
- Self-Care

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# Present, Supportive "Other" - PSO

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# How Do We Really Listen

- Whole Body Listening  - Nonverbal cues
- Lay down your goals
- Validate
- Empathize
- Don’t personalize
- Support
- Respond to your fears and the other’s fears
- Ask for the help you need or ask how you can help

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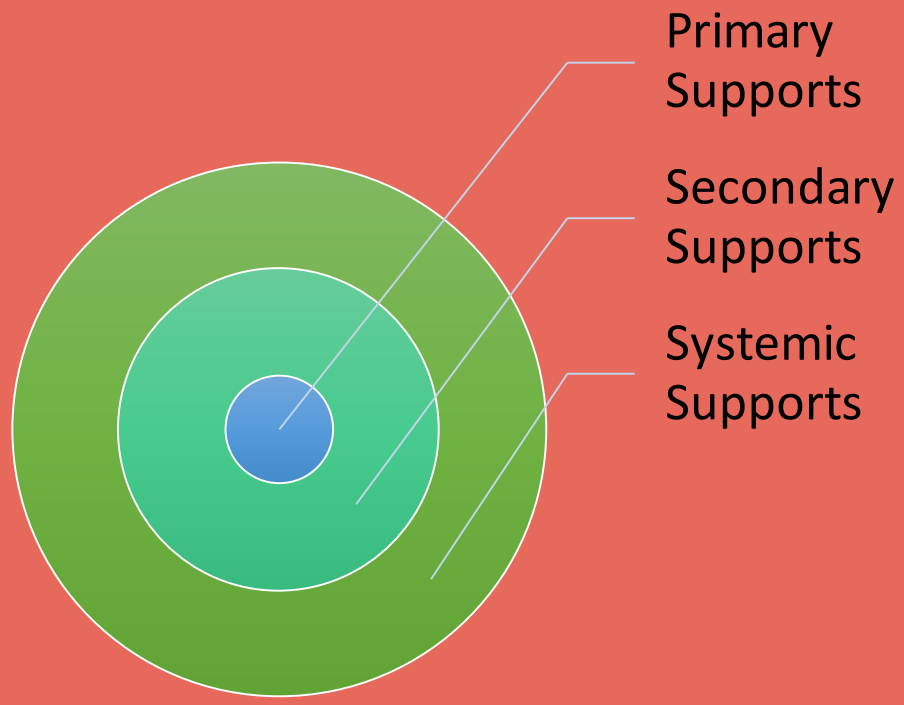
# Circle of Support

(adapted with permission from Kim Davis IIDC)

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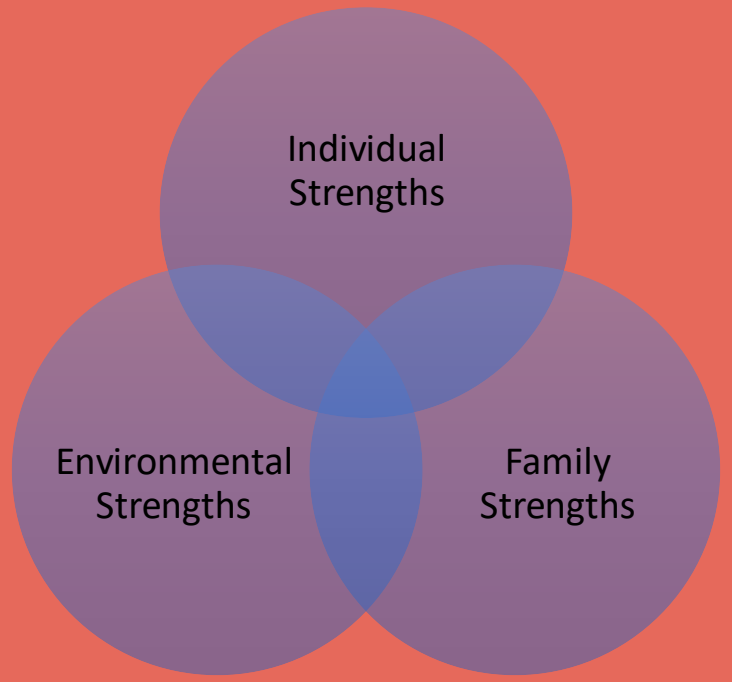
# Family Strengths Inventory

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# Building on Strengths: Individual Strengths

- **Relationship**: to be a friend and relate well with respect, empathy, compassion
- **Optimism:** expecting a positive future
- **Flexibility:** ability to change in order to cope with situations
- **Competence:** being good at something
- **Perseverance:** not giving up
- **Creativity:** personal expression and problem solving
- **Spirituality:** personal faith in something greater
- **Character:** a clear sense of right and wrong and a desire for justice
- **Humor:** a positive coping mechanism which combats stress
- **Independence:** the ability and strength to avoid following unhealthy people or situations

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# Building on Strengths: Family Strengths

- **Routines and Rituals** – We have routines that we can count on and rituals we make sure to honor
- **Communication** – We respect each other's thoughts and opinions and communication misgivings
- **Mutual Respect for Each other** – We respect each other as individuals
- **Value of Member Strengths** – We each have inherent strengths that we contribute to the whole
- **Recognizing/Celebrating Successes in Our Family** – We notice when we've had accomplishments and celebrate those with each other
- **Celebrating Our Culture** – We have a strong sense of culture and/or ethnicity that we celebrate
- **Shared Family Goals/Family Loyalty** – We know our common goals and values as a family and we express loyalty to each other.
- **Managing Crises Together** – We manage crises fairly well and stick together through tough times
- **Spiritual Well-being of Family** – We have a sense of spirituality or religion that our family practices together

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# Building on Strengths: Environmental Strengths

- **Strong parental figure**
- **A supportive adult:** family member, teacher, community worker
- **A reliable group of friends:** knowing that someone is on my team
- **Connection:** with peers, in school, in community
- **Contribution:** service to others in words or deeds, altruism
- **Strong cultural identity and ethnic pride**

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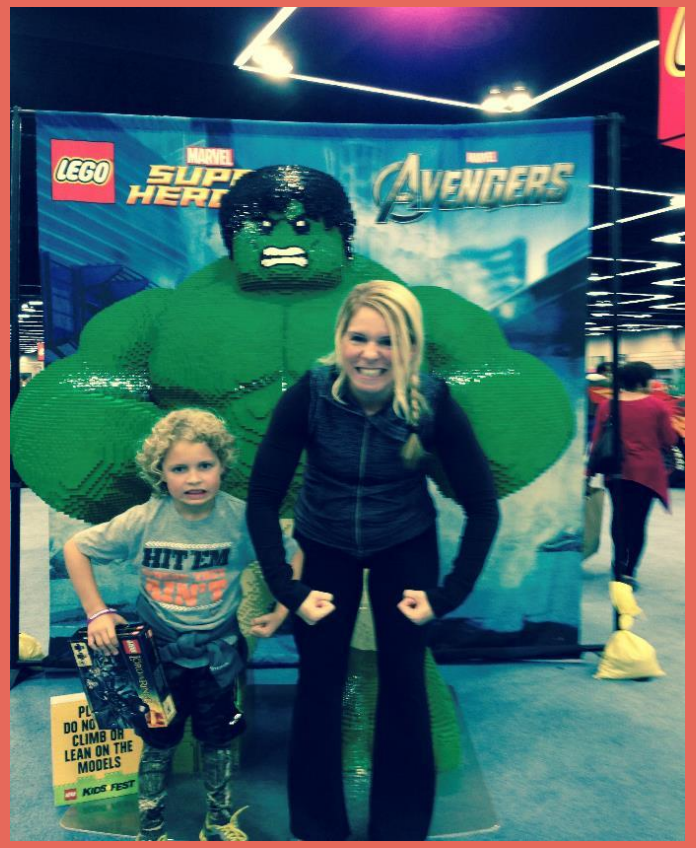
# How do we find strengths in families?

1. Ask them
2. Observe them
3. Name the strength
4. Grow
   - Help them grow in that strength and build new ones

*Adapted from Nan Henderson's Resiliency in Action*

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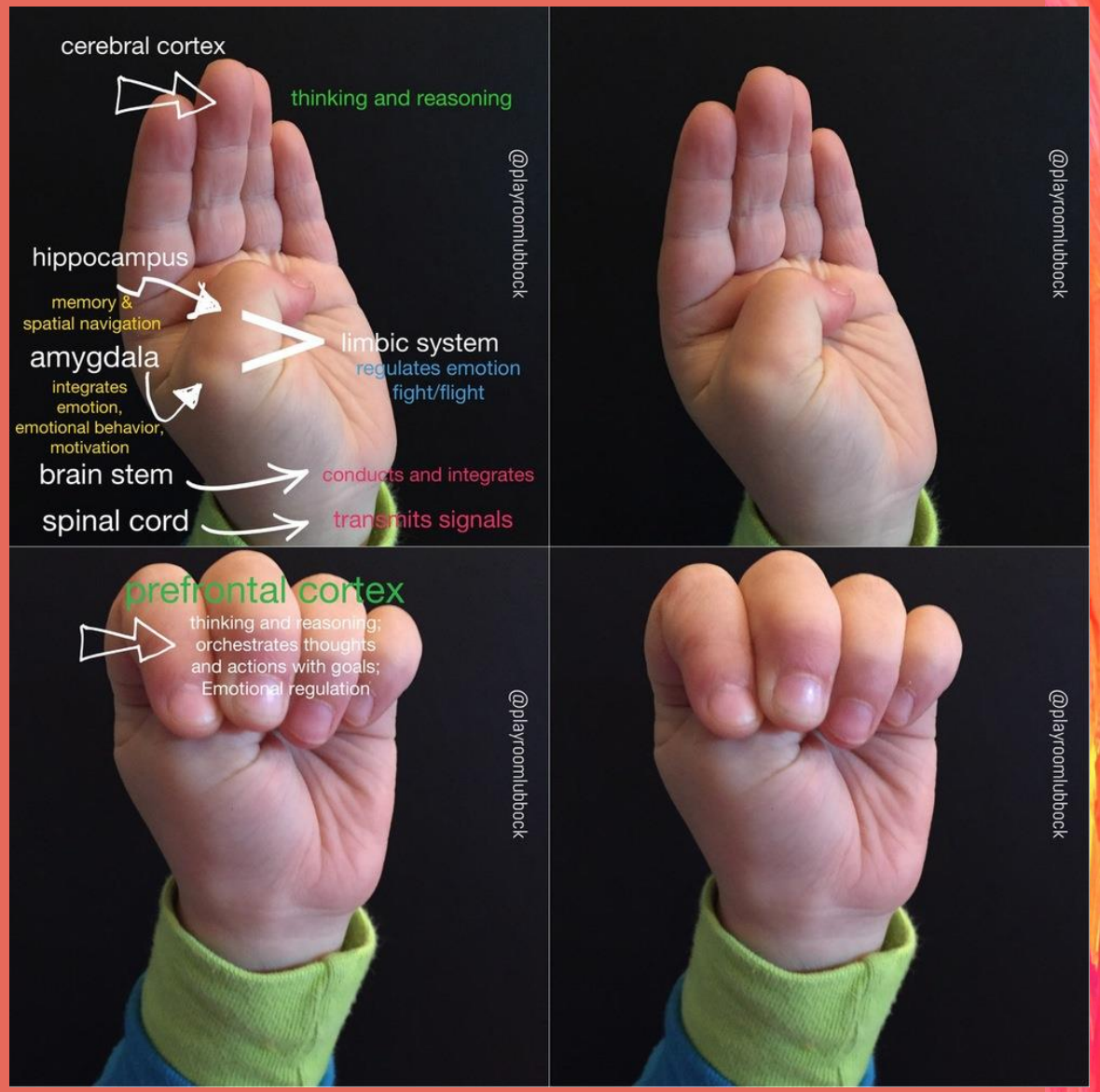
# When We Lose IT!

Dan Siegel's Model of Flipping Your Lid

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# De-escalation Strategies: When Nothing Else is Working

- What are some assumptions we should make about angry or oppositional people?
- What do you need when you're upset or frustrated with progress or access to support?
- What is your story you carry with you every day?

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# Laying Down Goals

- Why we lay down goals

**Review of Core Assumptions**

- Parents do well when they can
- Shared Goals – not one agenda
- Creating space allows value to the relationship

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# Coffee Talk: What are Your Barriers for Your MDT Team?

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# Case Studies

MB:

- Grew up in Mississippi
- Highly religious family
- Perpetrator was a respected youth leader
- One incident of sexual assault at age 14
- Disclosed to a safe adult one year later

- Considerations?

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# Case Studies

JB

- 7 years old, multiple sexual assault encounters over a period of time
- Perpetrator was a family member
- Police came to question and she remembers feeling “scared of them”
- Mom was pregnant at the time
- Had to wait a long time for evaluation at CAC
- Short sentence b/c victim was not allowed to testify

Considerations?

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# How do we care for ourselves?

Self-Care

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# Circles of Risk: Helping Helpers

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# Triad of Wellness

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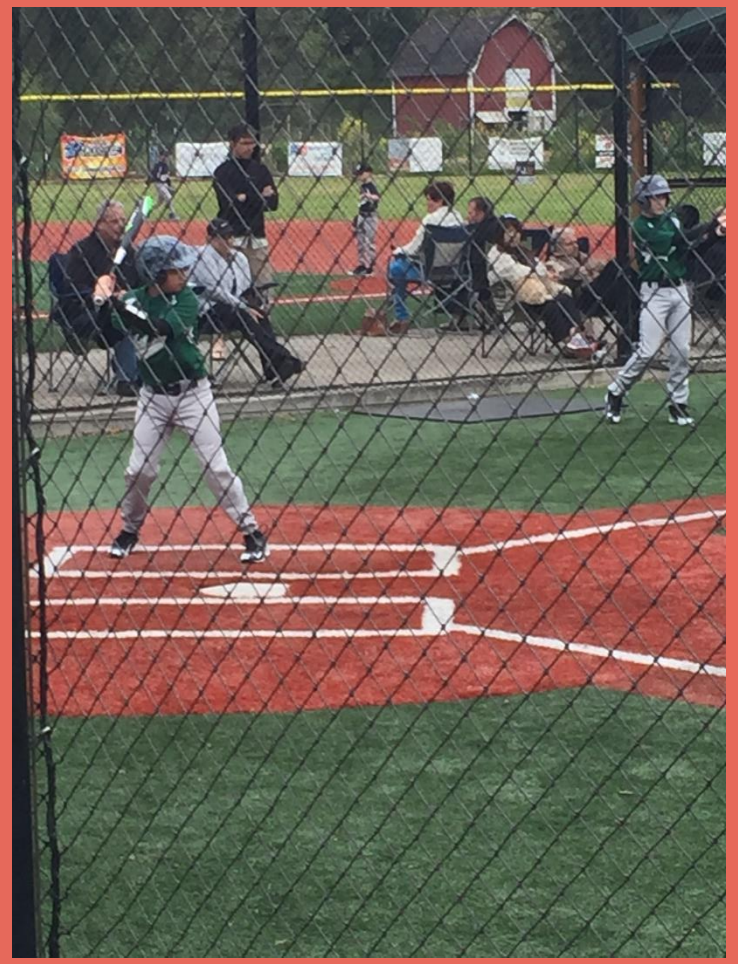
# Self Care: The Baseball Analogy



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# Knowing Your Own Story

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# Reminders

- Core Assumptions are important
- Resilience is not just coping, it's much broader – relationships matter
- Remember what Compassion Informed Care looks like
- Advocate for clients
- Use these interventions prescriptively
- Self-Care is important

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# Thank you! Questions

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