



Trainer's Name:
Trainer's Email:


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Building Parent Strengths:
Applying Trauma Informed Skills and Reflective Practices in Home Visiting

Learning Objectives

Participants will:


1. Define "trauma" and discuss key trauma events experienced by youth and families prior to age 18.
2. Identify how trauma may affect people differently based on their ethnicity, socioeconomic status or immigration status.
3. Discuss key effects of trauma events that children and parents are at risk to develop.
4. Demonstrate skill in teaching a parent about the effects trauma can have on children and adults.
5. Define "resilience" and give examples of resilience skills that parents can build to reduce and prevent adverse childhood experiences from happening to their child.
6. Discuss how reflective listening can support parents when talking about trauma and ACEs.
7. Demonstrate skill in actively teaching attachment, self-regulation and executive functioning skills to parents.
8. Develop a self-care plan and self-regulation strategies to protect oneself from the potential ill effects of working with families who have or are experiencing trauma.



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Creating Community

- Willingness to listen
- Being a trauma steward
- What else is important for us to say out loud as we begin to create a safe learning community today?



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Creating Community



We are all connected –
“every person we meet has something in common with us
and something new to offer us”

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Reflective Practice



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Reflection Is....

...an approach designed to encourage learning
through thoughtful observation of oneself and others.

-Rebecca Parakkian, Zero to Three



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Reflection Is....

- an active process of witnessing one’s own experience in order to take a closer look at it.
- By developing the ability to explore and be curious about our own experiences and actions, we suddenly open up the possibilities of purposeful learning – derived not from books or experts, but from our work and our lives.
- **This is the purpose of reflection:** *to allow the possibility of learning through experience.*

Jay Arulaya, Center for Reflective Community Practice, MIT
www.eafrmpactua.org

Reflective Practice...

- Reflective practice has huge benefits in increasing self-awareness, which is a key component of developing a better understanding of others.
- Reflective practice can also help you to develop **creative thinking skills**.

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What can be done to help develop the critical, constructive and creative thinking that is necessary for reflective practice?

Neil Thompson, in his book *People Skills*, suggests that there are six steps:

- ❖ Read – about the topics you are learning about or want to learn about and develop
- ❖ Ask – others about the way they do things and why
- ❖ Watch – what is going on around you
- ❖ Feel – pay attention to your emotions, what prompts them, and how you deal with negative ones
- ❖ Talk – share your views and experiences with others in your organization
- ❖ Think – learn to value time spent thinking about your work

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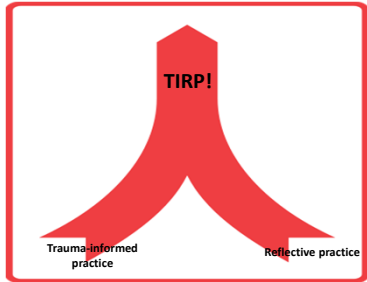


How do I Use Reflective Practice?

- Different methods can be used for reflective practice:
 - Keeping a diary or journal is an easy way to get started.
 - Should be done over a period of time that you choose to set aside about experiences that you choose to focus on, e.g.:
 - A particular patient population or clinical area
 - Use of a particular type of treatment
 - Involvement in a particular project
 - Try working on reflection with your colleagues, during peer supervision, clinical supervision or mentoring.

www.eurp.org

Trauma-Informed & Reflective



www.eurp.org

The Skill of Reflective Listening

- Why is Reflective Listening important?
- Shows that feelings matter
 - Shows that it's possible to talk about uncomfortable or complicated feelings
 - Shows that we care about the person's feelings
 - Teaches the child or adult that all feelings are acceptable, even though certain behavior is not
 - Defuses an uncomfortable situation
 - Reduces a child's or adult's urge to act out because they don't feel heard
 - Provides a vocabulary for articulating how they feel
 - Reduces whining, anger and frustration

Adapted from <http://cultureofempathy.com>

www.eurp.org

The Principles of Reflective Listening

- Listen before speaking
- Deal with personal specifics, not impersonal generalities
- Decipher the emotions behind the words to create a better understanding of the message
- Restate and clarify how you understand the message
- Understand the speaker's frame of reference and avoid responding based only on your own perception
- Respond with acceptance and empathy

Adapted from <http://cultureofempathy.com>

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Practicing Reflective Listening



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Transitioning to Trauma



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Defining Trauma:

*Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional or spiritual well-being.*

SAMSHA definition 2014

www.samhsa.gov

Trauma/Trauma-Informed Care (TIC)

Definition of trauma (the three "Es"):

- Event(s)
- Experience of the event(s)
- Effect

Definition of a trauma-informed approach (the four "Rs"):

- Realize
- Recognize
- Respond
- Resist retraumatization

SAMHSA

www.samhsa.gov

TIC from an Organizational Perspective

- Trauma-Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.
- Trauma-Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

www.samhsa.gov

*The experience of adults and caregivers of the youth...
are often no different*

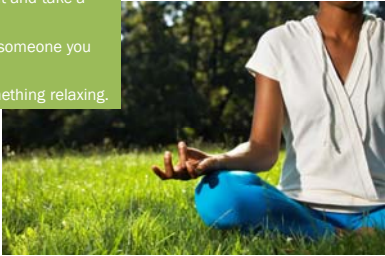
They are often trauma survivors, too



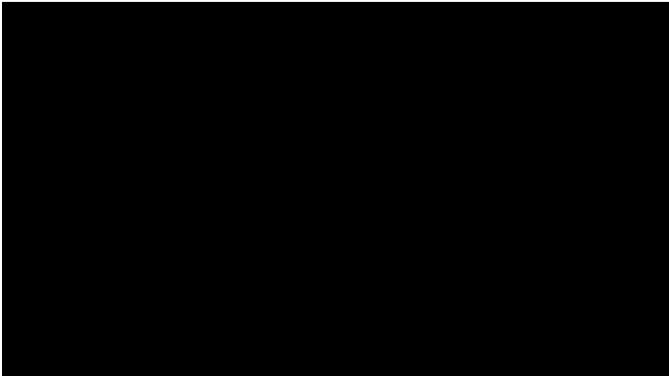
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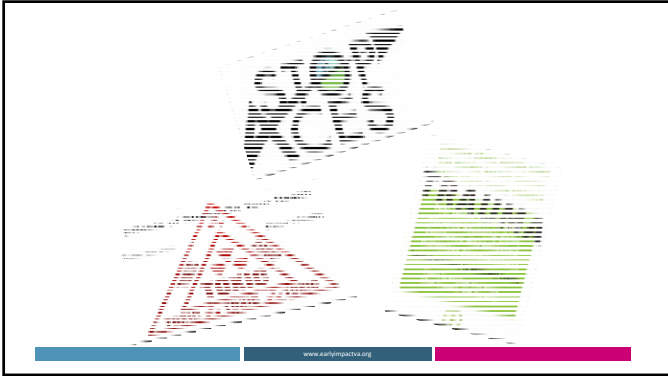
Self-Care Alert!

- Step out and take a break.
- Talk to someone you trust.
- Do something relaxing.




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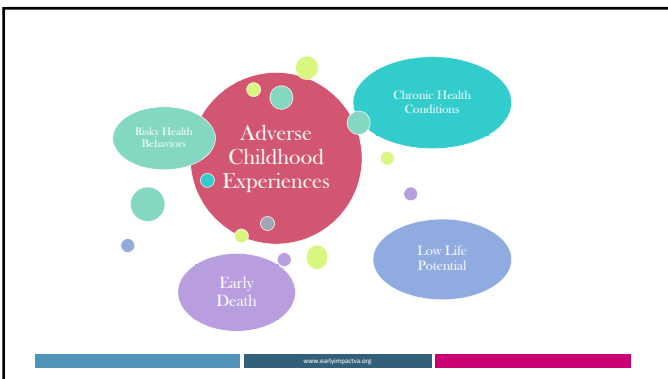


Adverse Childhood Experiences

- **Adverse Childhood Experiences** are events or experiences, some can be positive but most are negative experiences, that are stressful or traumatic.
- These include abuse, neglect, witnessing domestic violence, or experiences in the home such as crime, parental conflict, mental illness or substance abuse.
- ACEs have been found to be strongly related to challenges in development and a wide range of health problems across the lifespan.



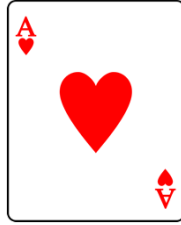
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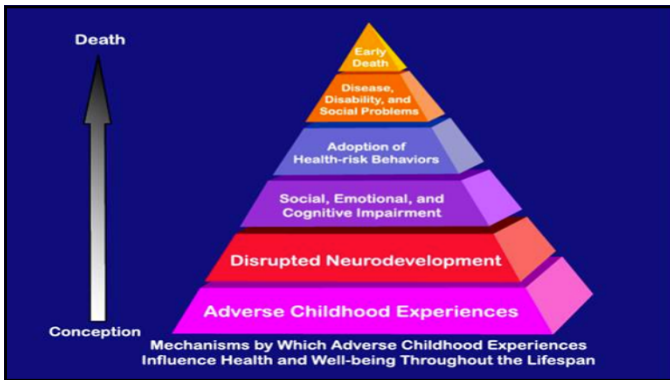
10 "factors" or areas of focus:

Prior to the age of 18, did you experience...

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Physical neglect
5. Emotional neglect
6. Mother treated violently
7. Household substance use
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member



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Negative Coping Mechanisms

- Smoking
- Severe obesity
- Suicide attempts
- Alcoholism
- Drug abuse
- 50+ sex partners
- Repetition of original trauma
- Self Injury
- Eating disorders



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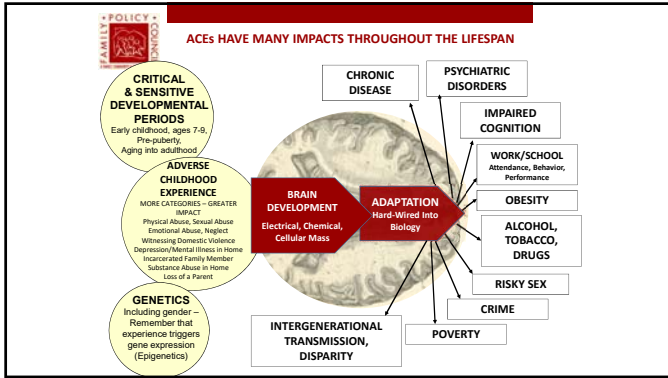
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

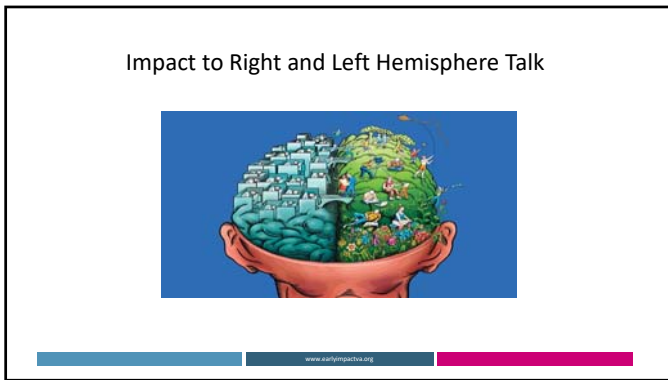
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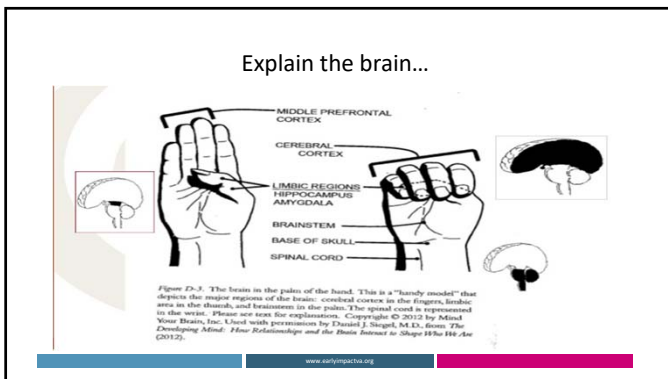
ACE Score	Risk
4	<ul style="list-style-type: none"> - 260% more likely to develop COPD - 500% more likely to develop alcoholism - Females are 500% more likely to become victims of domestic violence. - Females are almost 900% more likely to become victims of rape - 242% more likely to smoke - 222% more likely to become obese - 357% more likely to experience depression - 443% more likely to use illicit drugs - 1133% more likely to use injected drugs - 298% more likely to contract an STD - 1525% more likely to attempt suicide - 555% more likely to develop alcoholism
6	<ul style="list-style-type: none"> - 250% more likely to become adult smoker - A male child with an ACE score of 6 has a 4,600% increase in the likelihood that he will become an IV drug user later in life - More likely to die 20 years younger than a person with no ACEs
7	<ul style="list-style-type: none"> - Adult suicide attempts increased 3,000% - Childhood and adolescent suicide attempts 5,100% - 5,000% more likely to develop hallucinations - Increased the risk of suicide attempts 51-fold among children/adolescents - Increased risk of suicide attempts 30-fold among adults

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"Paper Tigers & Resilience"







All is not lost – Reasons to Hope

- Resiliency buffers the effects of trauma!
- Resilience – positive adaptation despite adversity
- Social support and resources are protective factors that build resiliency at any age
- Safety can be created from multiple sources and a little may go a long way
- Brain development is far more dynamic than we used to think
- Language and cognition can form a buffer to effects of trauma

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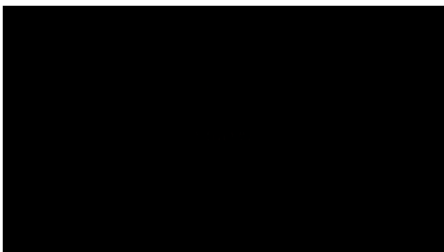
Home Visiting and Resiliency

- Providing support and resources to build resiliency are key activities in evidence-based home visiting programs
- Increasing knowledge of development and support for parenting increases parents' sense of competence and increases resilience
- Cross-generational outcomes of home visiting programs are evidence of increased resilience

Kathy Carson, Public Health, Seattle & King County
Laura Porter, Washington State Family Policy Council
June 16, 2011

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In Brief: What Is Resilience?



Resilience Trumps ACEs!



Trish Mullen, Chesterfield Community Services Board

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What can we do?

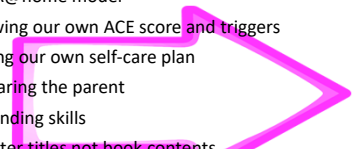
- Educate our workforce about ACEs and developmentally sensitive periods
- Use evidence-based interventions whenever possible
- Evolve screening practice for ACEs as a definition of our risk
- Assess the value of adopting a trauma focus in our work with targeted populations
- Adoption and adaptation of practice can occur within existing capacity and with new resources

Kathy Carson, Public Health, Seattle & King County
Laura Porter, Washington State Family Policy Council
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Learning Pathway as We Move Forward

- NEAR@home model
- Knowing our own ACE score and triggers
- Having our own self-care plan
- Preparing the parent
- Grounding skills
- Chapter titles not book contents
- Focusing on Resilience Factors



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NEAR Toolkit

Neuroscience
Epigenetics
Adverse Childhood Experiences (ACE) Study
Resilience Research

We are calling this science: **NEAR**
Home visiting professionals are uniquely positioned to talk with parents about **NEAR** – especially about how their ACE histories may be impacting their lives and may influence their parenting

www.earlyonset.org

NEAR Toolkit Explained

The toolkit is based on a theory of change with five core elements:

- Preparing
- Asking
- Listening
- Affirming
- Remembering

These core elements are essential for success and reflect a process for improving the service of home visiting, as well as the systems that support home visitors and the families they serve.

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Preparing for the Conversation

(pages 17-18)

Some expert home visitors find it helpful to tell the client that on the next visit they will be discussing some private, sensitive information. If not possible to ask in advance, ask at the start of the visit. Ask the client to think about who should be present and how to be private.

The ACEs questionnaire generally should not be completed with the client's older children or her parents present. The home visitor should use professional judgment to decide who else can overhear or participate in the ACEs questionnaire and subsequent discussion.

Near@Home Toolkit January 2016



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Preparing for the Conversation (cont.)

- Plan for the NEAR discussion to be the main content of the visit and introduce it early in the visit.
- On the day of the NEAR visit, the home visitor asks the client if this is a safe day to discuss sensitive, personal information. If in doubt, delay until another visit. Clients have expressed appreciation for being asked.

WHY:

- This trauma-sensitive approach avoids surprises, demonstrates respect for client, and promotes her self-efficacy by offering a choice.

CONSIDERATION:

- Privacy should be considered as a part of safety. It might not be safe for her partner or friends to hear this conversation.

Near@Home Toolkit January 2016

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Preparing for the Conversation (cont.)

WHAT:

- The home visitor needs to feel calm and self-regulated, and able to be fully present with the client. If the home visitor is having a bad day, is not feeling well, or the home environment doesn't feel safe, consider postponing the NEAR discussion. Consider balancing the day so that some visits are likely to be lighter in content.

WHY:

- The home visitor's state of mind is critical for a safe and respectful NEAR visit. People with a trauma history, whether ACEs or other trauma, will be very sensitive to a home visitor who is not fully present.
- **As many home visitors themselves contend with significant ACEs history, they too are sensitive and may have unintentional emotional responses to the discussion if they are engaging it in while under personal stress.**

Near@Home Toolkit January 2016

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Asking (pages 19-20)

"Part of my job is to help you know about and use the latest, best scientific findings on how to be the best parent you can be. And right now, the big breaking news is that our brains are powerfully affected by the stuff that happens to us, especially when we are little and our brains are growing and changing so much and so fast every day."

The most important take-a-way here is that you should always ASK the family for permission to speak about difficult topics.

Near@Home Toolkit January 2016

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Listening (pages 21-24)

WHAT:

After you have asked, "How have these experiences affected you?" wait, wait, wait. Thirty to sixty seconds of waiting for her response can seem like forever.

ALWAYS LISTEN!!!

Listening is the critical intervention! You honor her life story through your spacious listening. Self-regulation and being fully present is vital at this moment.

Home visitor responses such as chattering to fill the silence, flipping papers or changing the topic suggest a need for support and reflective supervision.

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Accepting and Affirming (page 25)

We must accept what our families give and affirm their feelings when sharing in difficult areas.

"Thank you for thinking about these difficult experiences. This is hard work! We can talk more about this on another visit." (Pause) "Are you ready to have some fun now? Do you want to try this new activity I brought for you and your baby?"

"We hope all parents can learn about the science of stress and brains. Maybe you have friend or sister you can share this pamphlet and information with."

What examples do you have of "Accepting & Affirming"?

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Remembering (page 26)

WHAT:

Find a strategy to remind yourself to be sure on the next visit to check in on the NEAR process.

If during the NEAR home you didn't respond to her in the way you wished you had, revisit it. It is better to repair than to avoid talking about NEAR because you feel you don't have the skills.

WHY:

Messing up presents a golden opportunity for repairing and strengthening the relationship. Acknowledge that everyone can mess up. This is an opportunity to model healthy relationships.

CONSIDERATIONS:

Even the most skilled, experienced home visitor will have an opportunity to practice repairing the interaction or relationship. Reflective supervision is crucial support. *"In our last visit when we talked about your history, I wish I had given you more time to talk. I'm sorry I rushed you. Would you like to talk about it some more now?"*

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Practice, Practice, Practice!



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What is your ACE Score?



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Helping parents voice what happened to them and what is strong about them....

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Screening with Parents...

www.earlyimpactva.org

“Setting the Stage”



www.earlyimpactva.org

Partnering with Parents

Apps for Raising Happy, Healthy Children
By Linda Burgess Chamberlain PhD, MPH



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Starting the Interview Opening with Resilience



- Show the deck of cards or poster
- Highlight 42 resilience factors vs. 10 adversity factors
- Using the deck of cards, magnet approach, poster or listing of resilience factors
- Begin brief Resilience Interview as indicated on handout

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Resilience Cards

- | | |
|---|---|
| • Showing empathy | • Hope |
| • Critical thinking skills | • Trust |
| • Helping appreciate cultural & ethnic heritage | • Sense of belonging |
| • Sense of belonging | • Letting child know you are available for help |
| • Learning to accept help | |

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Resilience Cards

- | | |
|-----------------------------|--|
| • Learn responsibility | • Family meetings |
| • Teach self-discipline | • Clear rules and expectations |
| • Establish consequences | • Help a child learn to express feelings |
| • Model problem-solving | • Accept ownership for behavior |
| • Share something important | |

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Resilience Cards

- Work as a team
- Learn to show appreciation
- Master a skill
- Assign a responsibility
- Develop communication skills
- Sense triggers that create negative behaviors
- Help a friend
- Allow experience of success or failure

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Resilience Cards

- Verbally say "I love you"
- Express feelings
- Experience success
- Develop friendships
- Develop self-esteem
- Attach to caring adult
- Learn to solve problems



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"Talk to me about your skills"

- Get them (parents) to share 2 to 3 resilience skills that are on the cards
- Have them tell a story that includes the use of one of the skills



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Practice

- Partner with a “buddy” and set the stage for your interview
- Move through the checklist and prepare the individual in the “parent” role for discussing family/children strengths
- What worked?
- What was hard?

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Resilience and ACEs Building What is Strong

- Pick an ACE you experienced
- For every adversity, there are resiliency skills you can build
- One of your goals as we work together and link you to services is to build in these areas

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Bad Chapter Titles (change)

- Note that the transition is going to happen now to the “bad” chapter titles
- If you are doing the ACEs questionnaire, present them with it at this point
- Offer options
 - Can be asked the questions
 - Can read the questions
 - Can listen to a recording of the questions
- First, give the number
- Remember the ground rules

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Closing with "Good" Chapter Titles

- Talk to me about the best things that have ever happened to you
- Make a list of good things
 - Time you felt happy
 - Time you felt excited
 - Time you felt supported

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"What about me?"



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Addressing Home Visitors Personal Trauma

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Self-Care Resources



Available through the National Center on Family Homelessness

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Vicarious Trauma

Refers to the reaction a person has as a result of exposure to a traumatized person's story and traumatic stress reactions.

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Traumatizing events staff in Home Visiting have experienced ?

Suicide/ Attempted suicide	Seeing medical injury and neglect	Poverty
Domestic Violence	Hearing about Sexual Violence	Seeing signs of physical abuse
Intervening in an assault	Being assaulted	Self-injurious behavior

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Effects of Vicarious Trauma

- Dreaming, re-experiencing, or continually thinking about the event
- Trouble sleeping
- Being frequently reminded of the event
- Being avoidant
- Feeling anxious or fearful
- Feeling depressed



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Vicarious Trauma Warning Signs



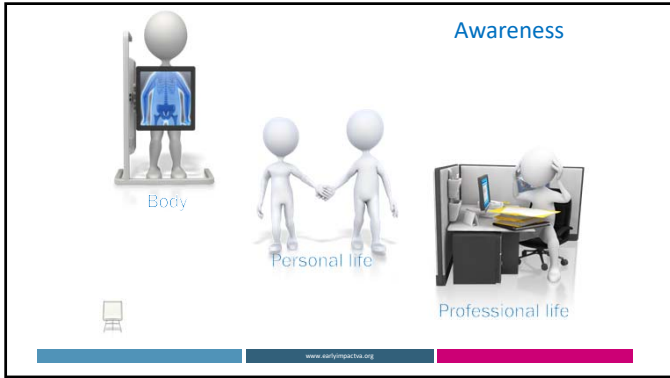
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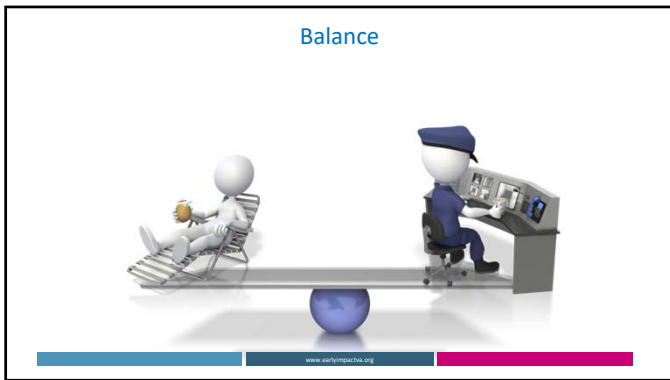
The A-B-C's of Self-Care

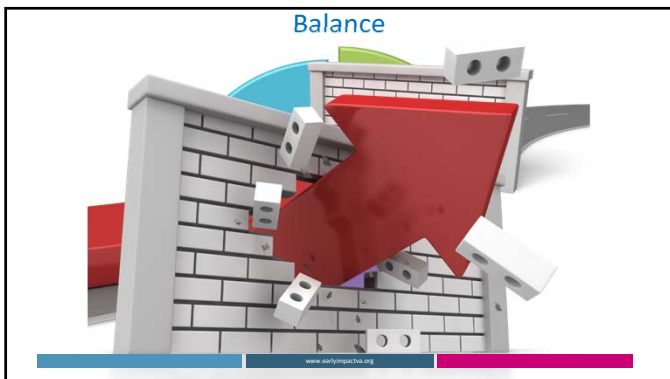
- Awareness
- Balance
- Connection



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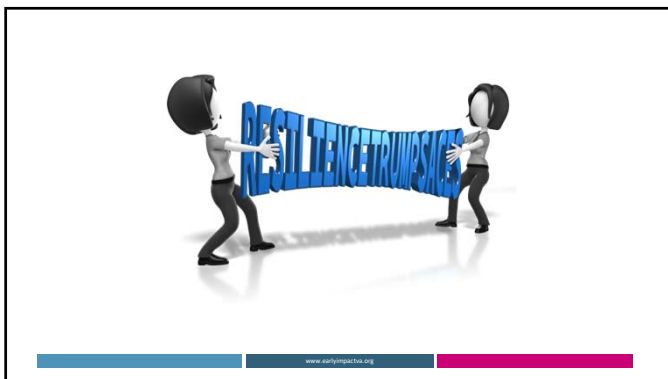




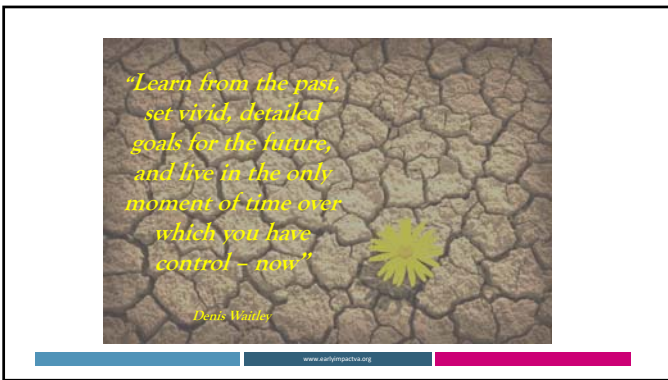
Top 10 Signs You're Too Stressed

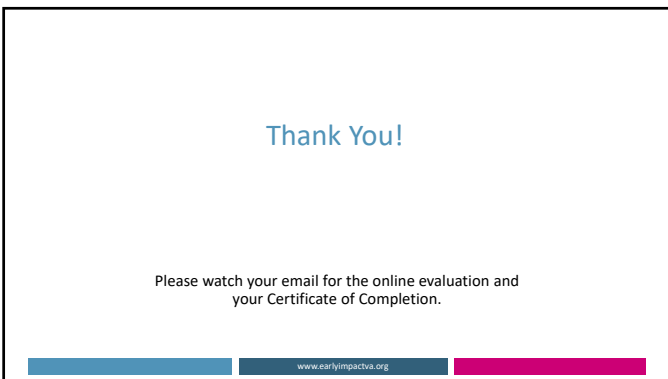
- You fake calls from your child's school so you have an excuse to go home.
- When you pull out your Blackberry for the tenth time, your child threatens to throw it out the window.
- You listed Starbucks as your emergency contact.
- You pencil in your bathroom breaks.
- Case files have become "light bedtime reading."
- Your best friends think you have moved away because they have not heard from you in so long.
- You consider Red Bull part of a balanced diet.
- You fall asleep during trips to the dentist's office because it's the only time you put your feet up.
- It takes you six days of vacation to begin to relax and six minutes in the office to forget you took one.

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FOR MORE INFORMATION ABOUT THE
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