




## Caring for Self

**“Don’ t ask yourself what the world needs.  
Ask yourself what makes *you* come alive.  
And go do that. Because the world needs  
people who have come alive.”**

Howard Thurman

How **Are** We Affected?



**Burnout**: Physical or emotional exhaustion, especially as a result of long-term stress.

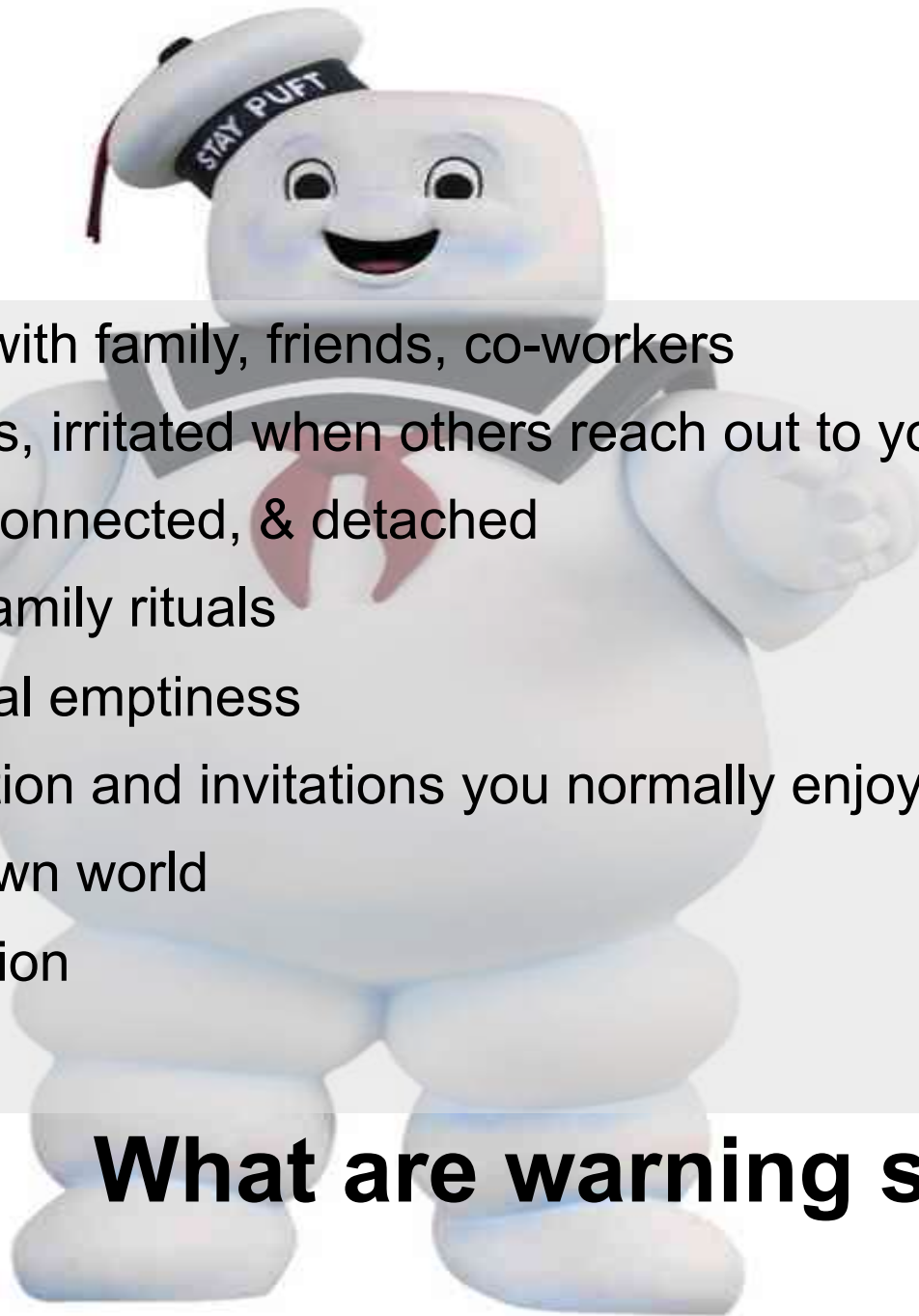
Compassion Fatigue: A state of tension and preoccupation with individual or cumulative trauma of clients.

Vicarious Trauma: The transformation or change in a helper's inner experience as a result of responsibility for an empathic engagement with traumatized clients.

“All my energy goes into just getting through my days. I don’t meditate anymore or write; that’s what I used to do at night. I don’t do anything anymore but work and go home and watch TV.”

**How has this work  
changed the way you  
see yourself, others and  
the world?**





Increased conflict with family, friends, co-workers

Sad, angry, anxious, irritated when others reach out to you

Feeling numb, disconnected, & detached

Losing interest in family rituals

Feeling of emotional emptiness

Avoiding conversation and invitations you normally enjoy

Withdrawing into own world

Prolonged exhaustion

Cynical, sarcastic

**What are warning signs?**



**Where does your  
body feel stress?**





Where do we start?

Mindfulness

**“Being aware of your awareness and paying attention to your intention.”**

**- Daniel Siegel (in *Trauma Stewardship*, p. 12)**

A dynamic photograph of a glass of milk. A thick stream of white milk is being poured from the top right into a clear glass. The milk is splashing upwards and outwards, creating a large, frothy splash in the center of the glass. Numerous small droplets of milk are suspended in the air around the splash, against a solid, vibrant blue background. The lighting is bright, highlighting the texture of the milk.

**Breathing & Exercise:  
It does a body good.**

“All things are bound together. All things connect.”  
– Chief Seattle





Which connections are most important to you? Why?

Who are the people from whom you draw inspiration?

How do you stay connected to them?

# Workplace Risk Factors for Vicarious Trauma

- Working directly with people in need.
- Hearing distressing stories/Witnessing distressing events.
- Being or feeling responsible for people but not having the resources to do your job well.
- Moving from one challenging situation to the next without time to process.
- Lack of communication within the organization.
- Agencies that don't provide adequate time off and/or overwork staff.
- Agencies that lack a supportive culture that acknowledges the difficulties of this work.



**By the time you're THIRSTY,  
you're *dehydrated.***

One thing you will do  
in the next week  
&  
in the next month  
to take care of yourself.



**What you pay  
attention to  
grows.**





What's **trauma**  
got to do with it?

Photo: Sharon Morrison



San Alfonso del Mar Crystal Lagoons

When we treat the poor as **objects**  
**of our compassion,**  
we add to their poverty and impoverish ourselves.

Adapted from Marshall Rancifer



**Lessons in  
Service**

Change is a process that happens incrementally, it's best to meet a person where they're at and walk with them to where they want to go.

First Do No Harm

# CHANGING THE NARRATIVE

Redefining the subject of the story



*Credit: Jason Henry for The New York Times*

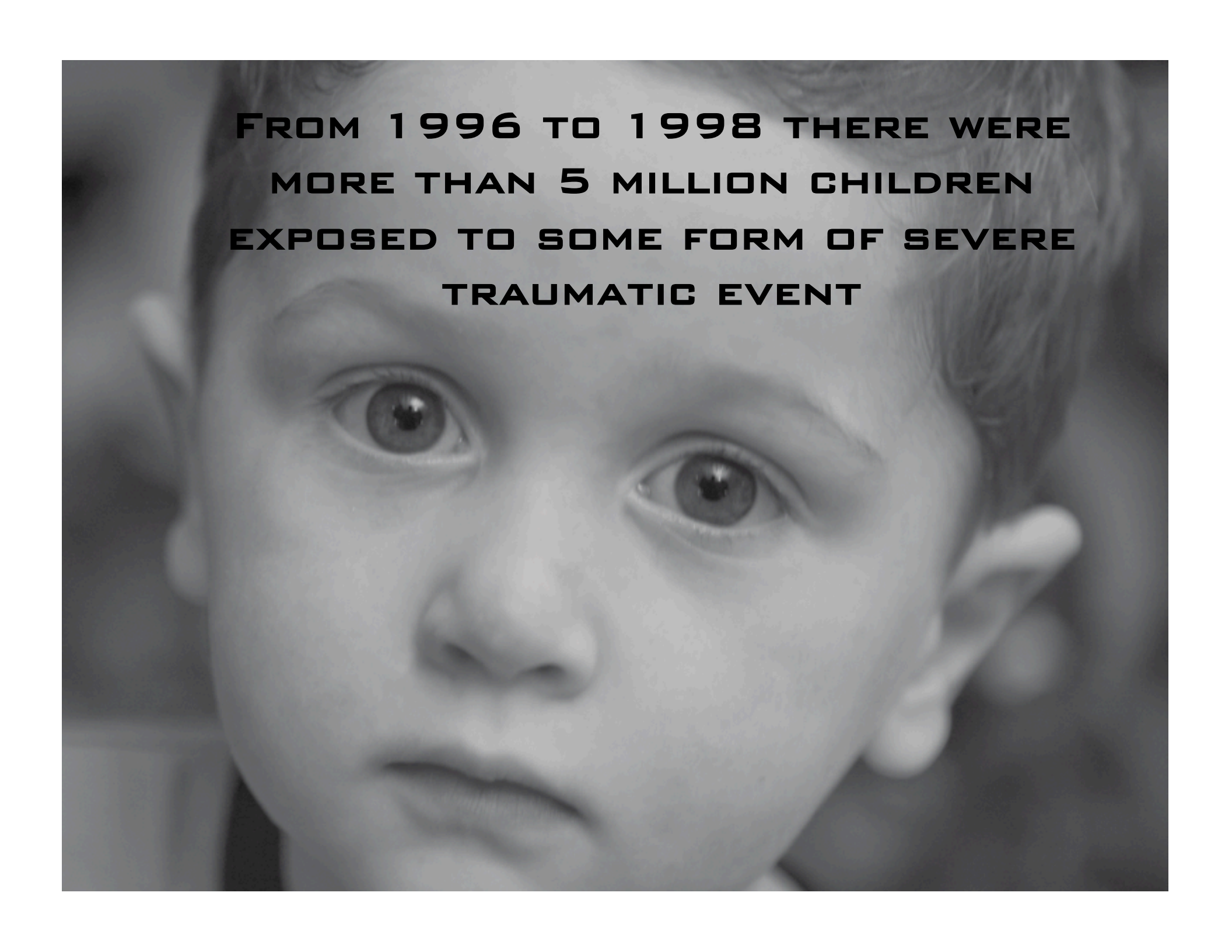


**changing the  
subject**



**What's wrong?**

**What happened?**



**FROM 1996 TO 1998 THERE WERE  
MORE THAN 5 MILLION CHILDREN  
EXPOSED TO SOME FORM OF SEVERE  
TRAUMATIC EVENT**



Children of high socioeconomic status (SES) show more activity in the prefrontal cortex than do kids of low SES when confronted with a novel or unexpected stimulus.

*Kishiyama, 2008*

**Prevalence rates for mental health disorders** are  
higher in the 15-24 age group  
than any other age group

Kessler, Nelson, McGongle, Edlund, Frank & Leaf, 1996

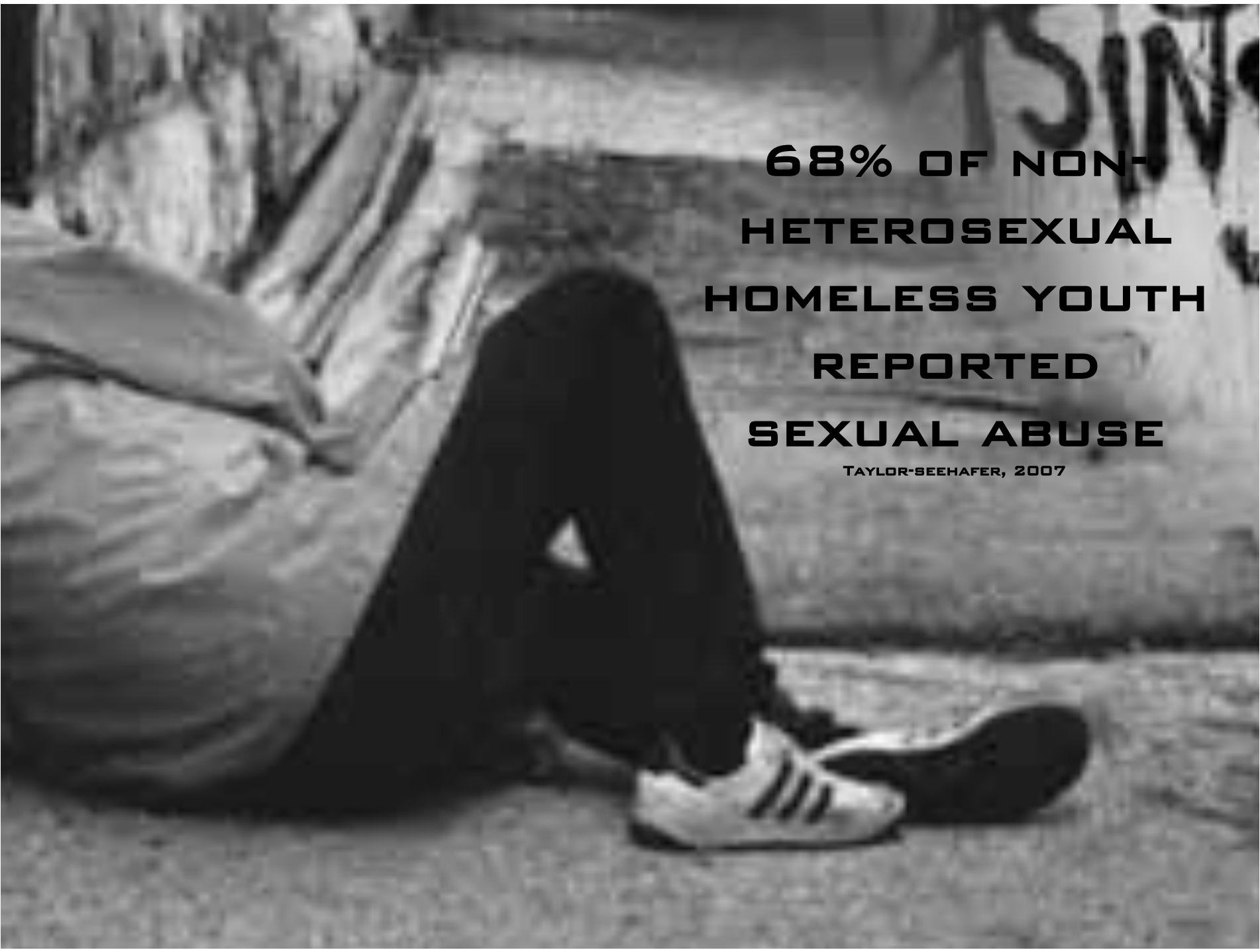
Psychologically *harmed* children  
run away from home, and the  
process of running away further  
harms them

Whitbeck & Hoyt, 1999

1995 study found that **46%** of homeless youth left home because of **physical abuse**.

**17%** left because of **sexual abuse**.

U.S. DHHS, 1995



**68% OF NON-  
HETEROSEXUAL  
HOMELESS YOUTH  
REPORTED  
SEXUAL ABUSE**

TAYLOR-BEEHAFFER, 2007

**60%** among juvenile and adult  
street prostitutes report a history of caretaker  
sexual abuse

Silbert & Pines, 1981; MacLean, Embry, & Cauce, 1999

Over 50% of young people surveyed living in shelters and on the streets report their **parents told them to leave** or knew they were leaving and **didn't care.**

RYAN & KELLEY, 2012

Sexually abused runaways are more likely to have **multiple sexual partners**, more likely to be subsequently **victimized** when on their own, and more likely to engage in survival sex

Silbert & Pines, 1981



As many as 43 percent of homeless adolescent males and 39 percent of adolescent females report being assaulted with a weapon while living on the streets.

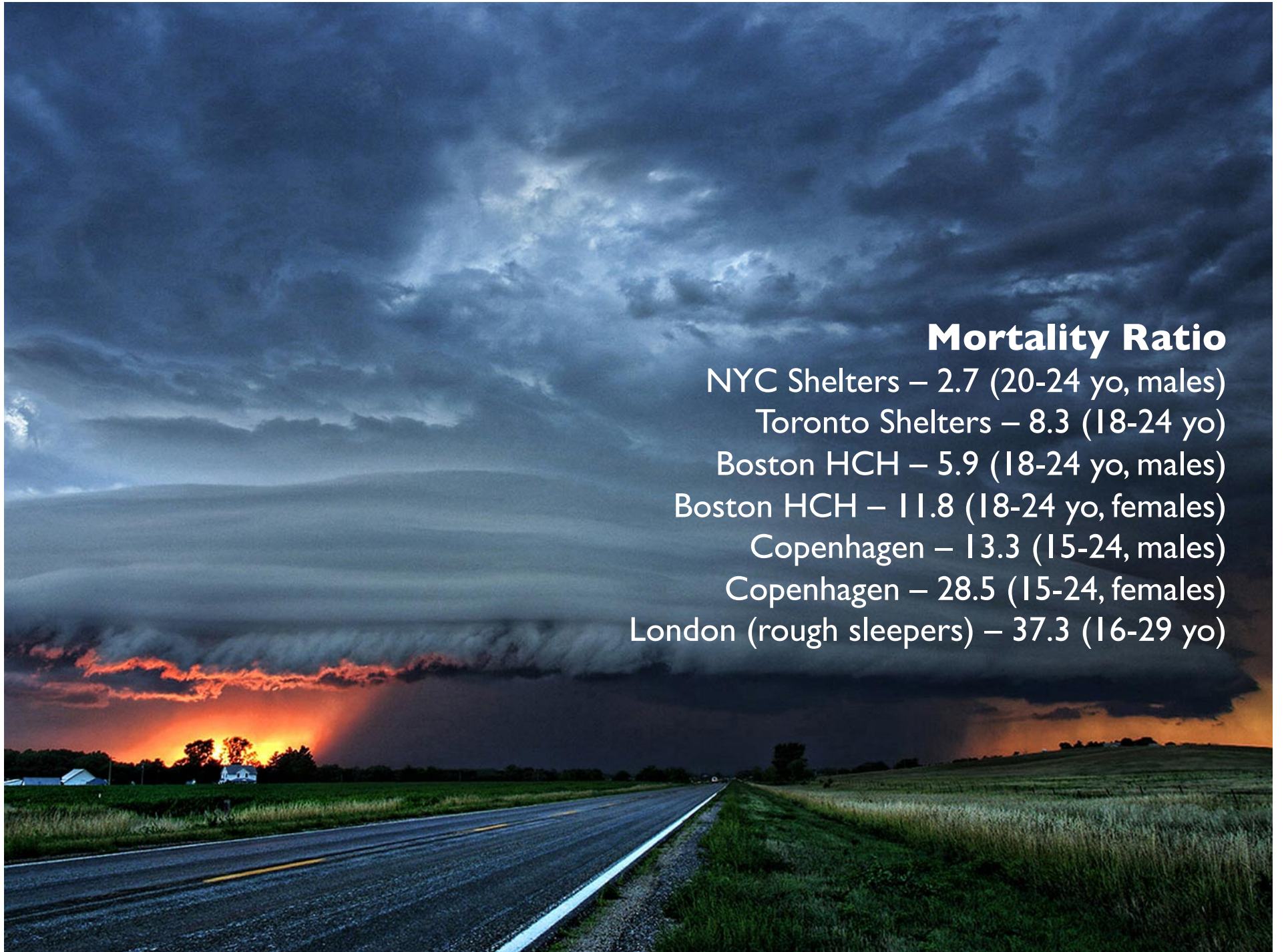
Whitbeck & Simons, 1990

“When you’re homeless and you’re entrenched in the homeless lifestyle, without housing and without stabilization, it’s hard to get out of it. **It is hard** to get homeless youth off of alcohol and drugs when they are **not getting their basic needs met.**”

Slesnick, 2008

**RUNNING AWAY AND  
PERIODS OF  
HOMELESSNESS INTERRUPT  
OR OTHERWISE MODIFY THE  
TIMING, CONTEXT, AND  
COMPLETION OF THE  
FUNDAMENTAL  
DEVELOPMENTAL TASKS**

ECCLES, 1993



## **Mortality Ratio**

NYC Shelters – 2.7 (20-24 yo, males)

Toronto Shelters – 8.3 (18-24 yo)

Boston HCH – 5.9 (18-24 yo, males)

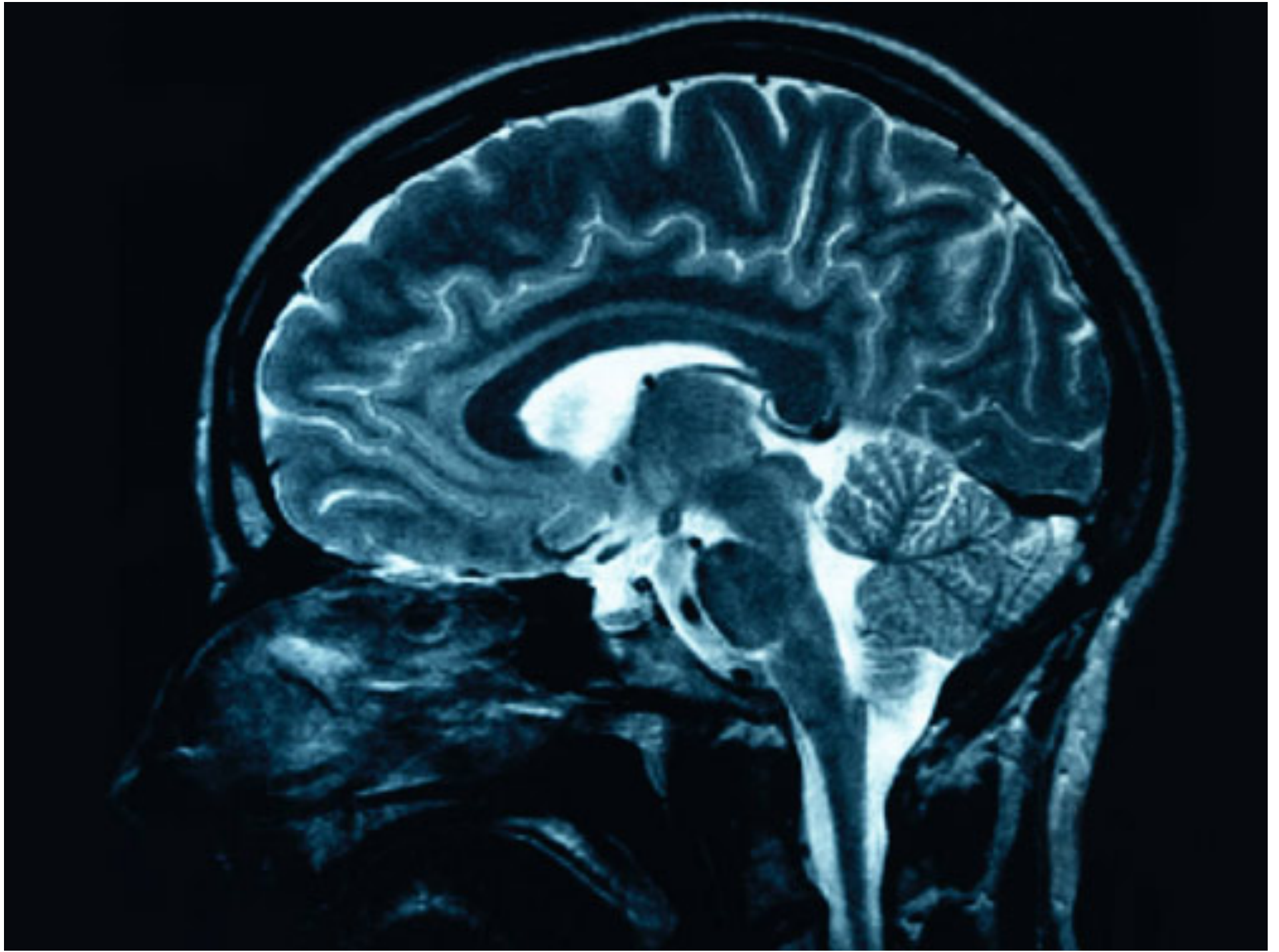
Boston HCH – 11.8 (18-24 yo, females)

Copenhagen – 13.3 (15-24, males)

Copenhagen – 28.5 (15-24, females)

London (rough sleepers) – 37.3 (16-29 yo)







Neocortex

Limbic

Midbrain

Brainstem

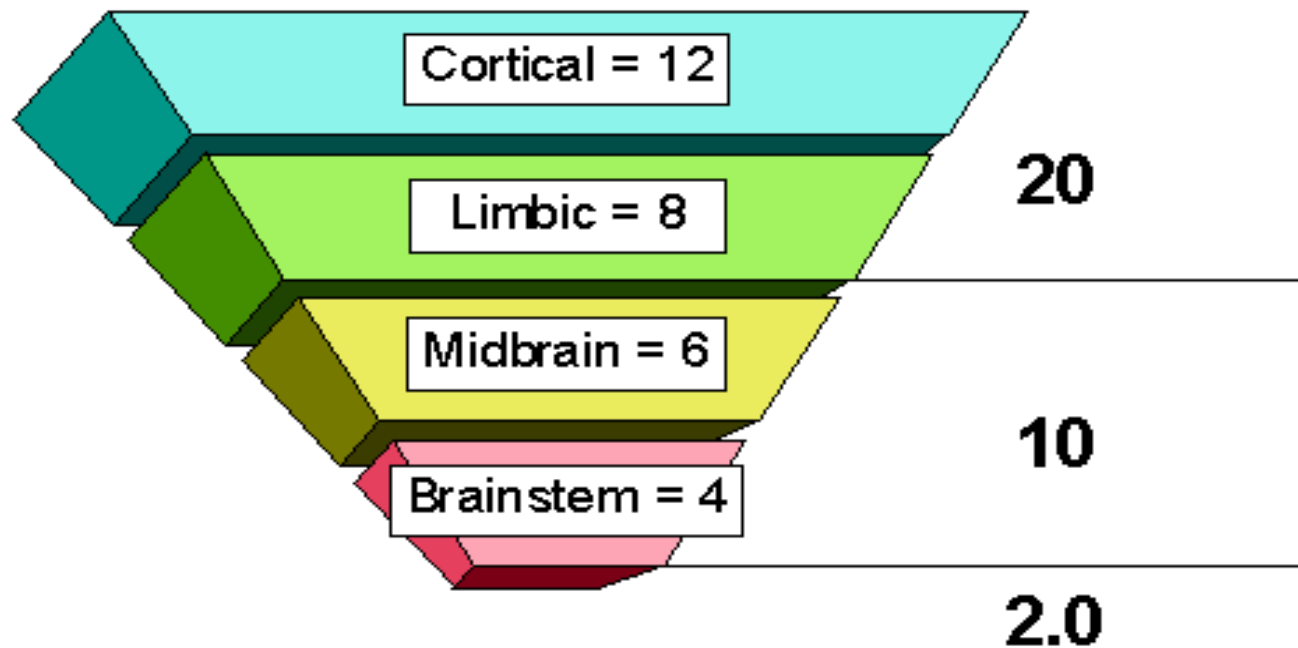
## STAGES OF ADOLESCENCE

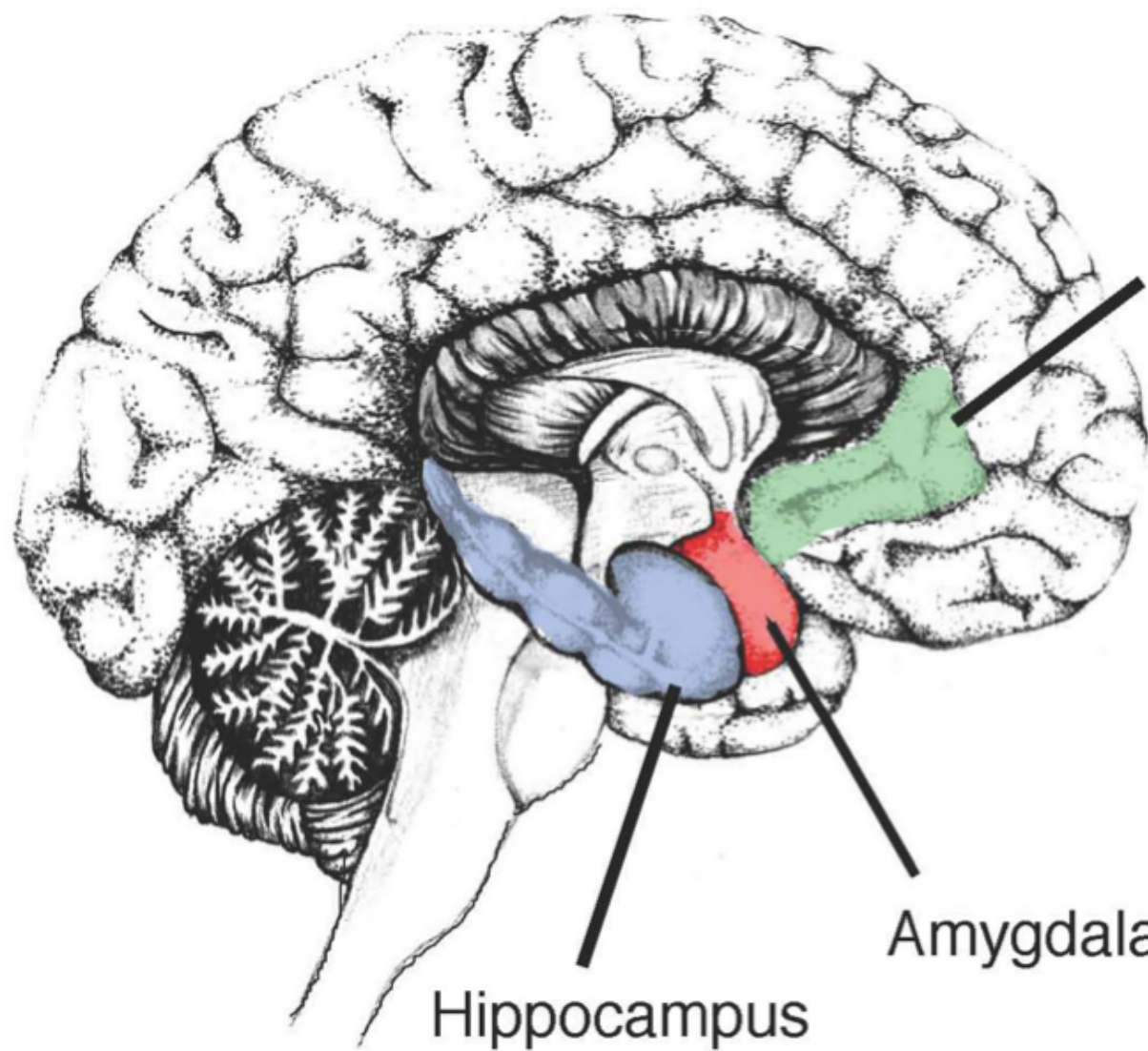
Phase of Development	Key Development Issues
Early (Ages 10-13)	Onset of puberty; more activities with peers outside of family; cognition concrete
Middle (Ages 14-17)	Peer group of high importance; independence/dependence ambivalence vis-à-vis family/adults; risk-taking/exploratory behaviors; cognition starts to become abstract
Late (Ages 18-24)	Identity formation: comfort with and wholeness of “Who I Am” initiating work/career goals; cognition is abstract
Transitional (Ages 25-??)	Psychosocial capacities – such as impulse control, emotion regulation, delay of gratification, and resistance to peer influence

*Ammerman S, Stanford University Department of Pediatrics, Division of Adolescent Medicine, Packard Children's Hospital, Palo Alto, CA*



## Optimal Developmental Experience





Prefrontal  
Cortex

Amygdala

Hippocampus

# Between Stimulus and Response

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Stimulus



*(LeDoux, 1996)*

# Between Stimulus and Response

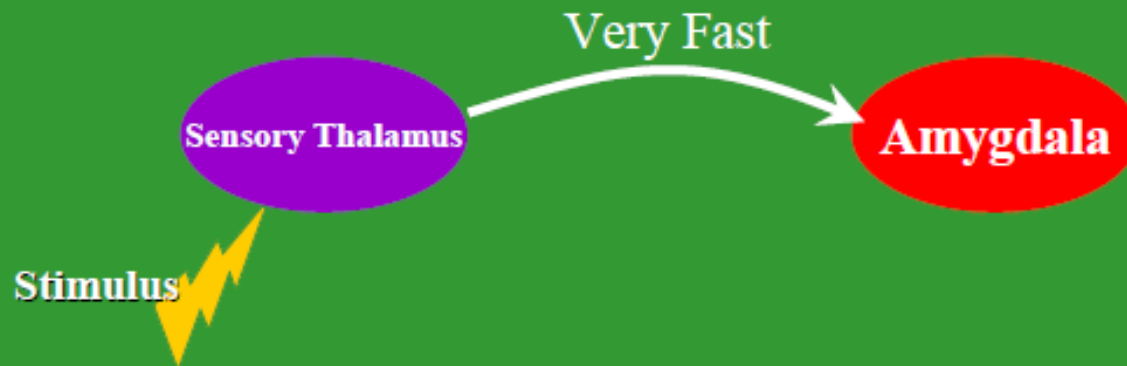
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*(LeDoux, 1996)*

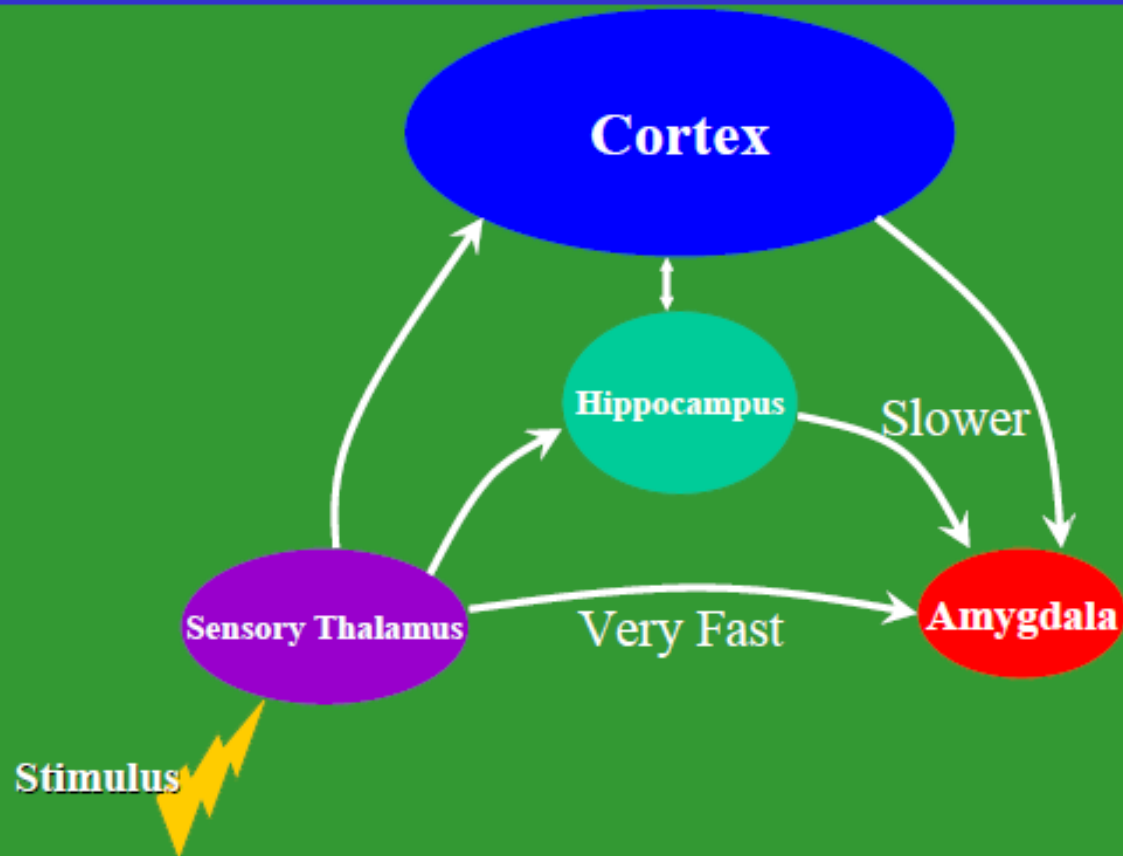
# Between Stimulus and Response

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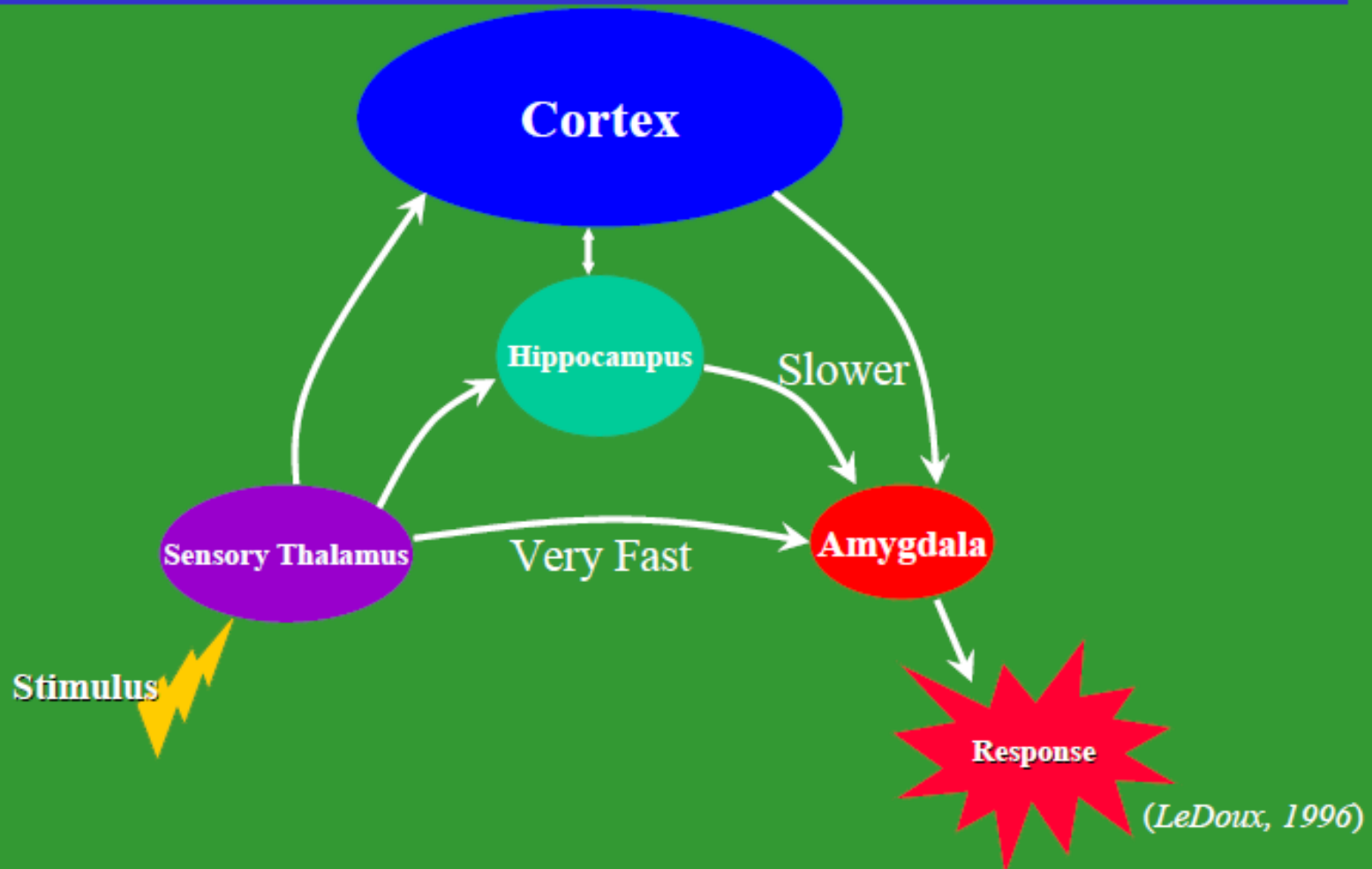
*(LeDoux, 1996)*

# Between Stimulus and Response



*(LeDoux, 1996)*

# Between Stimulus and Response







# A Trauma Event...

- Occurs outside of the realm of usual experience
- “Involves exposure to actual or threatened death, serious injury, or sexual violence” (DSM -5, page 271)
- Overwhelms coping systems
- Results in vulnerability, terror, loss of control, and helplessness
- Interferes with relationships
- Shatters belief systems

# Common Causes of Traumatic Stress

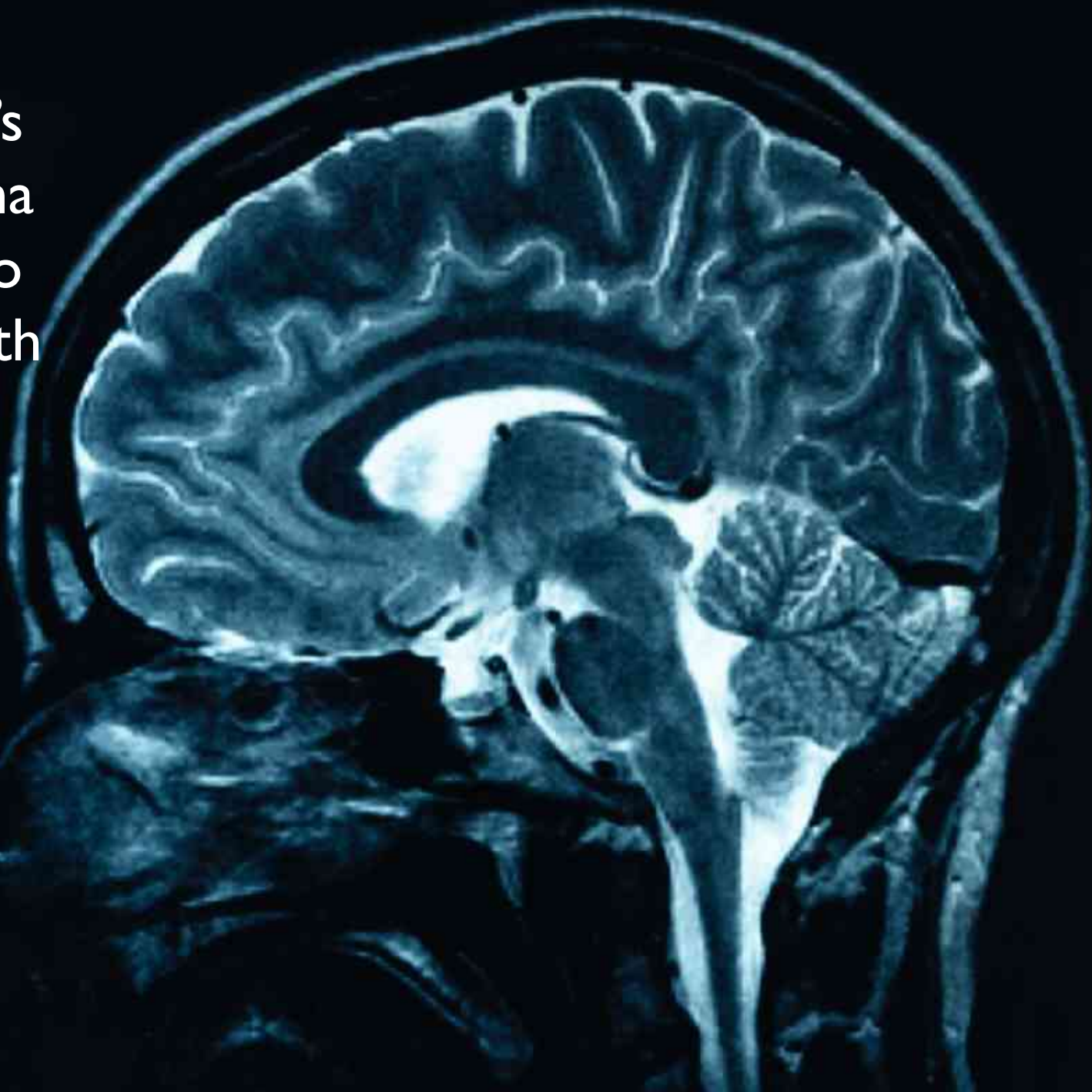
- Unexpected loss of a loved one
- Accidents
- Catastrophic illness
- Military combat
- Interpersonal violence
- Disasters
- Insidious trauma (e.g., racism)
- Historical trauma (e.g., Native communities, slavery)

# Toxic Stress

“...strong, unrelieved activation of the body’s stress management system in the absence of protective adult support. Without caring adults to buffer children, the unrelenting stress caused by extreme poverty, neglect, abuse, or severe maternal depression can weaken the architecture of the developing brain, with long-term consequences for learning, behavior, and both physical and mental health.”

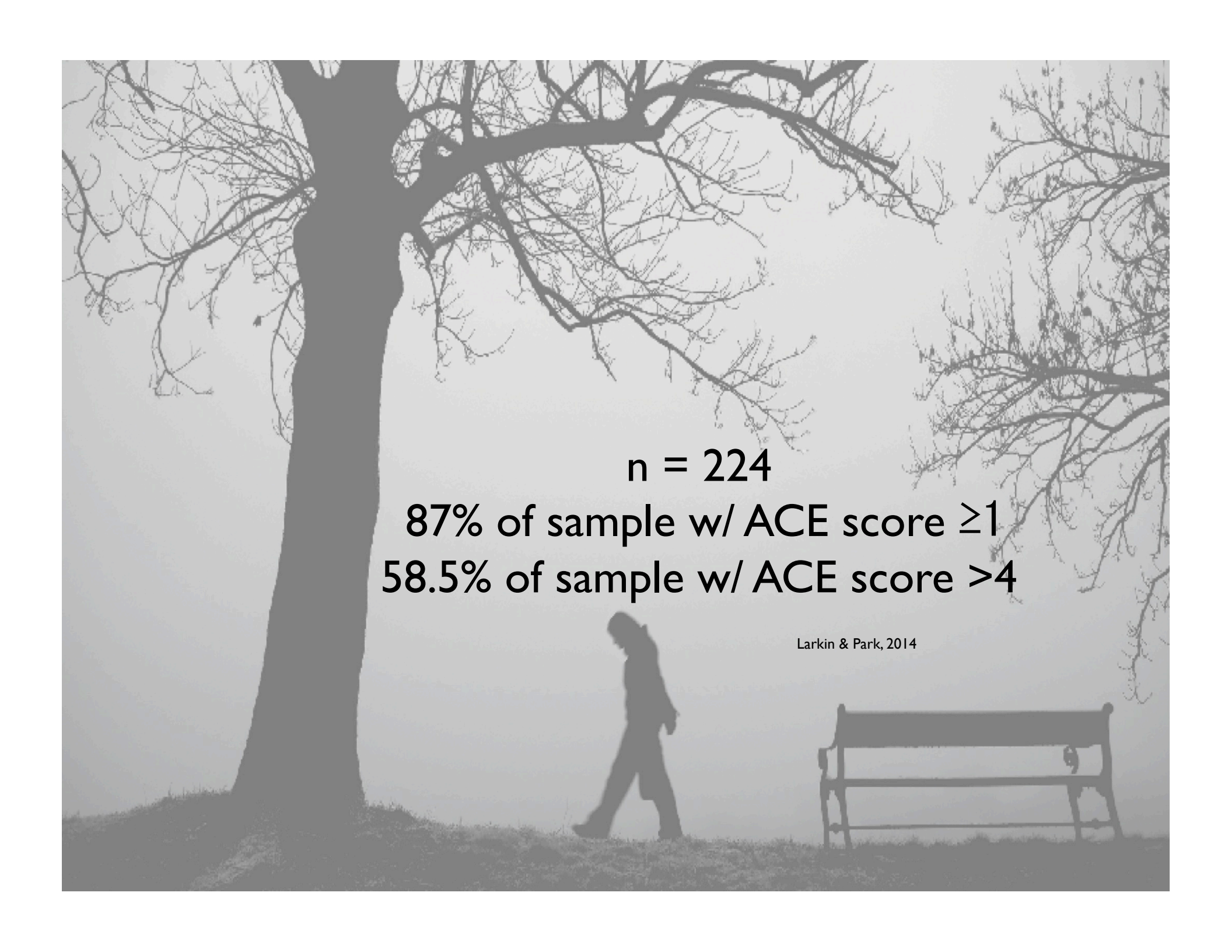
— Center for Developing Child, Shonkoff et al., 2012

what's  
trauma  
got to  
do with  
it?



# **Adverse Childhood Experiences**

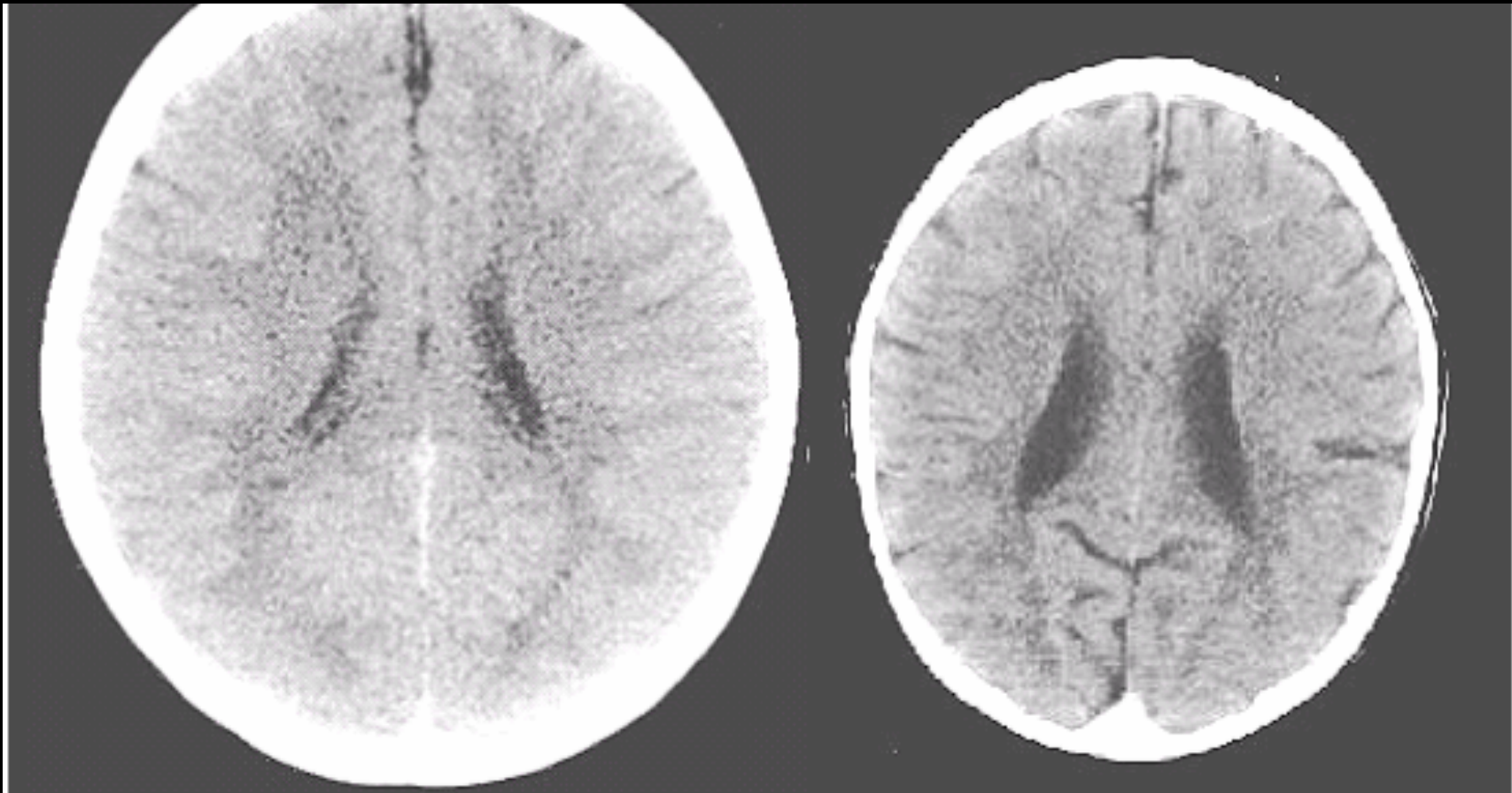




**n = 224**

**87% of sample w/ ACE score  $\geq 1$**   
**58.5% of sample w/ ACE score  $>4$**

Larkin & Park, 2014



**NORMAL**

**EXTREME NEGLECT**

Source: Perry, BD., 2002, Childhood Experience and the Expression of Genetic Potential:What Childhood Neglect Tells Us About Nature and Nurture, *Brain and Mind* Vol 3: pp 79-100.







activity

**Traumatic stress  
is different from  
other kinds of  
stress.**

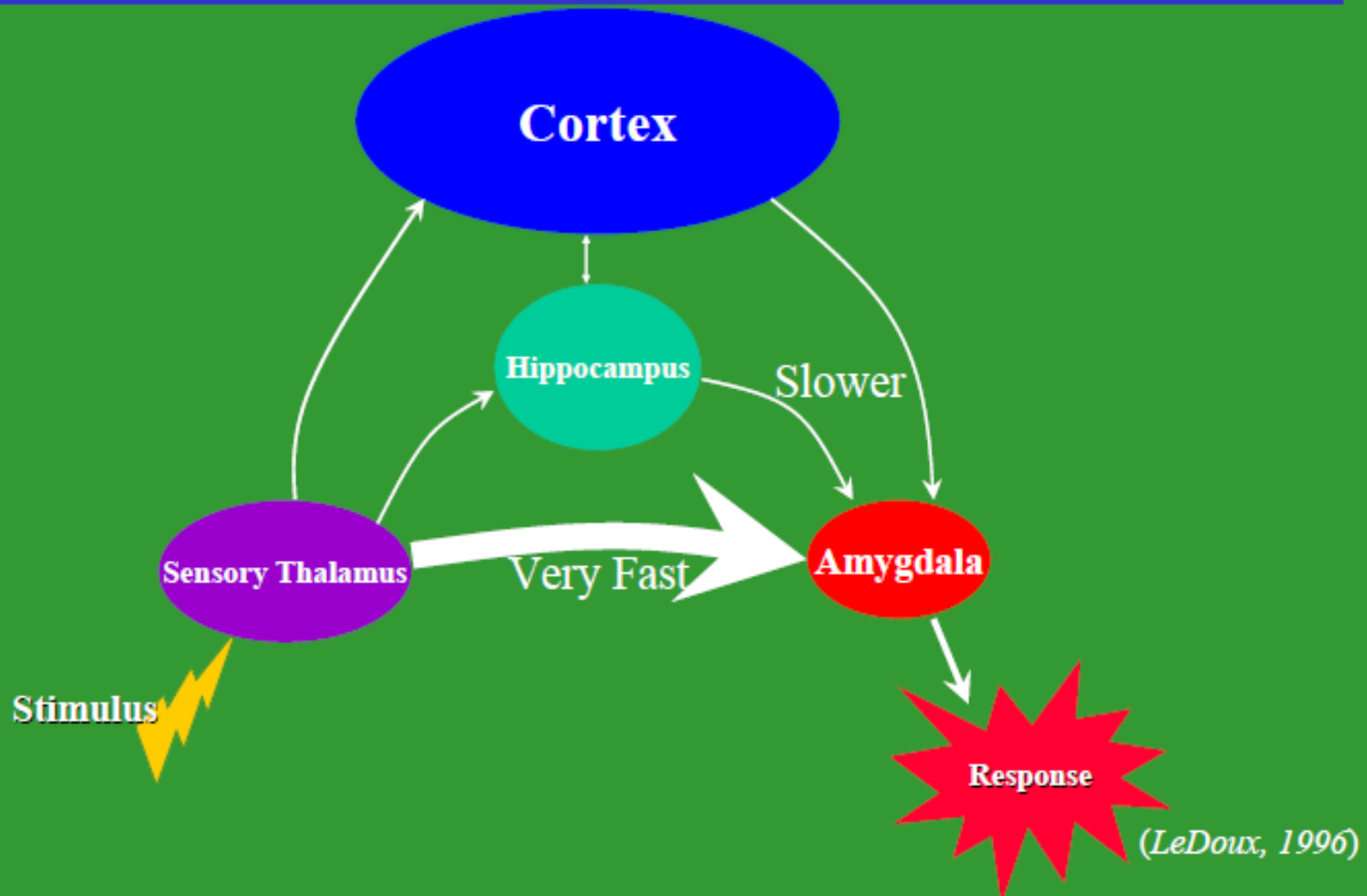
“Traumatic events **overwhelm the ordinary systems of support/care** that give people a sense of **control, connection, and meaning.**”

– Judith Herman, *Trauma and Recovery* (1997)



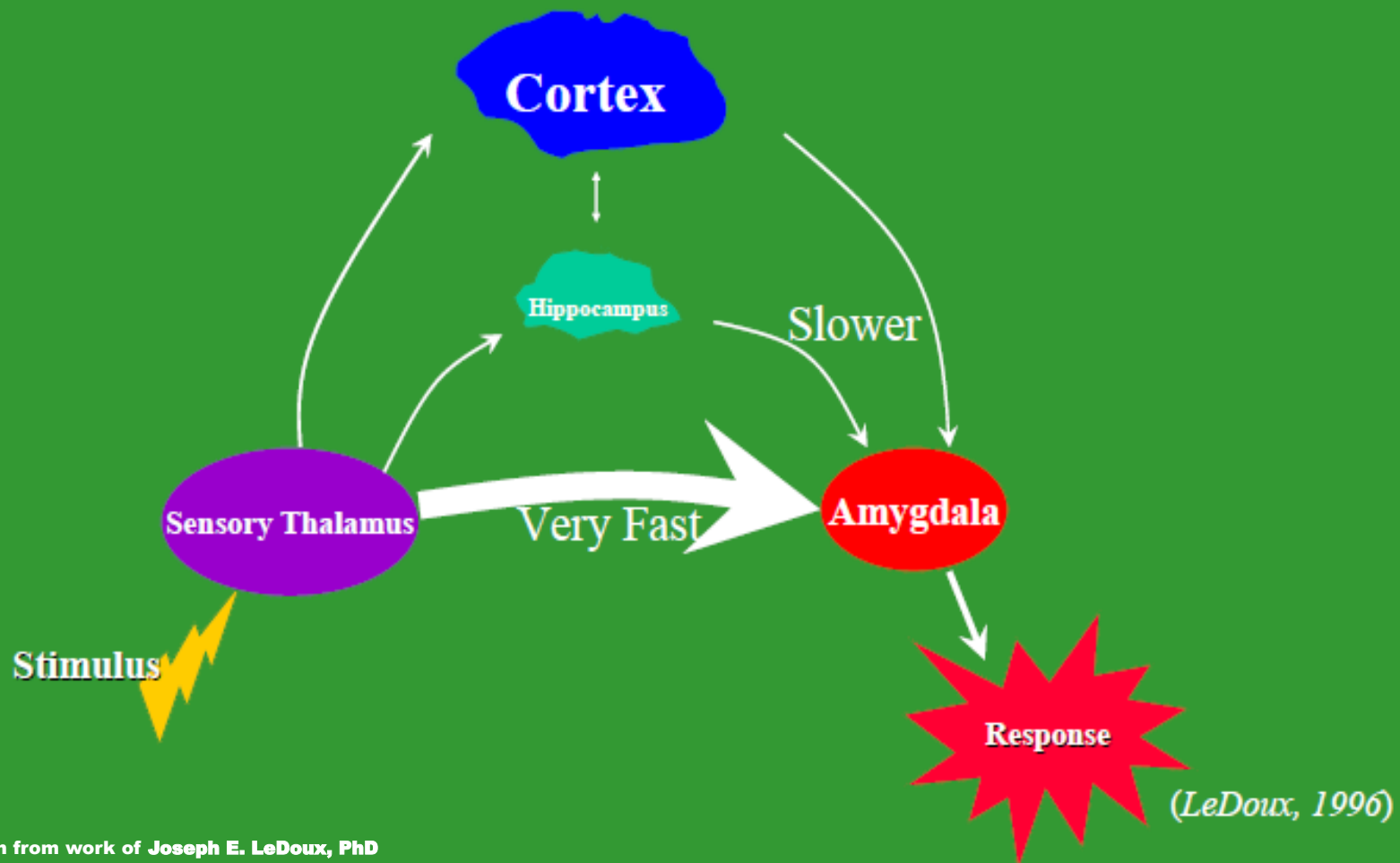
# In the Traumatized Brain

## Between Stimulus and Response



# In the Traumatized Brain

## Between Stimulus and Response



Taken from work of Joseph E. LeDoux, PhD



Hans Selye

“It is ~~not stress~~  
that kills us, it  
is our **reaction**  
to it”







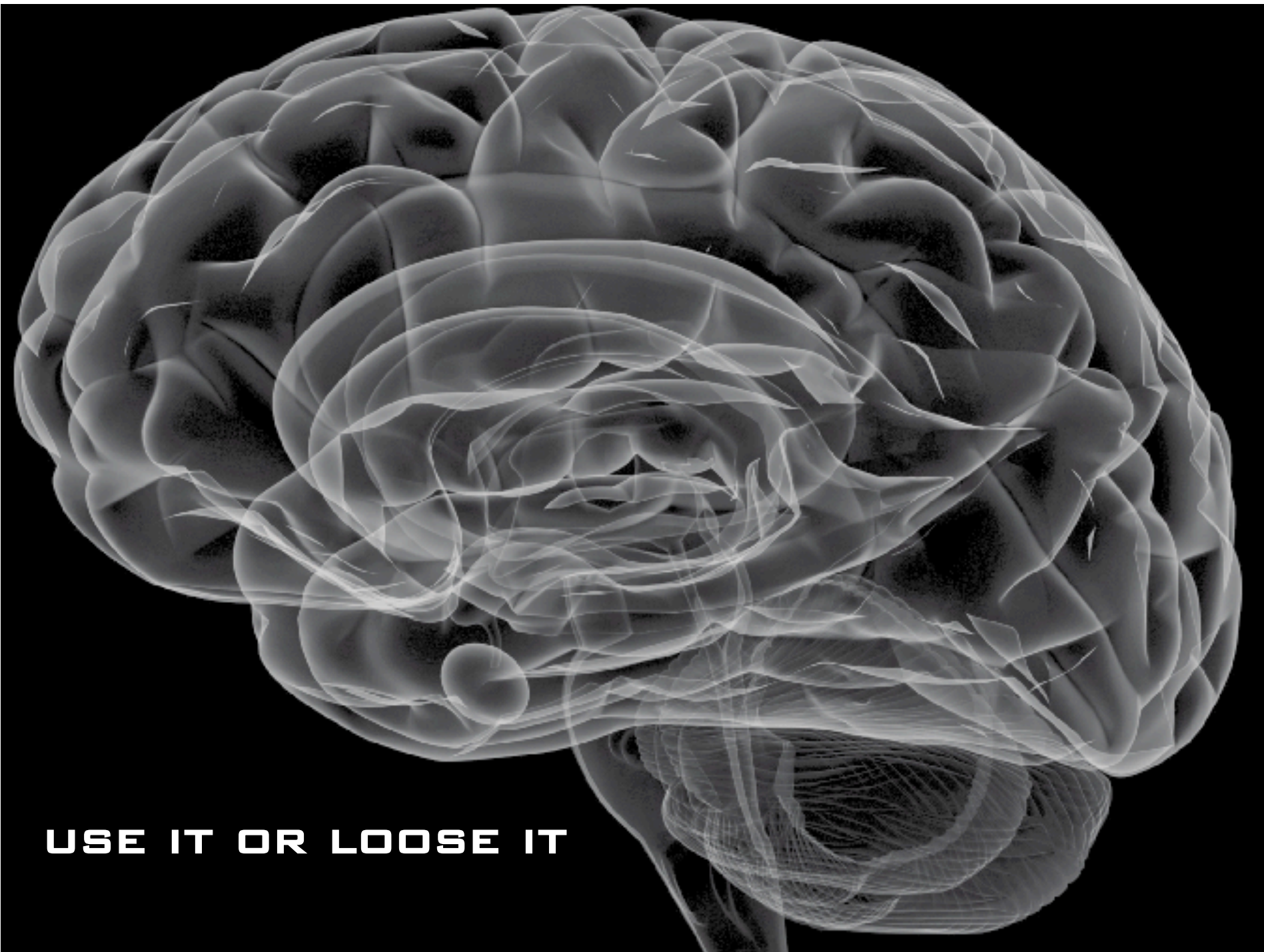
**FLIGHT**

**FRIGHT**

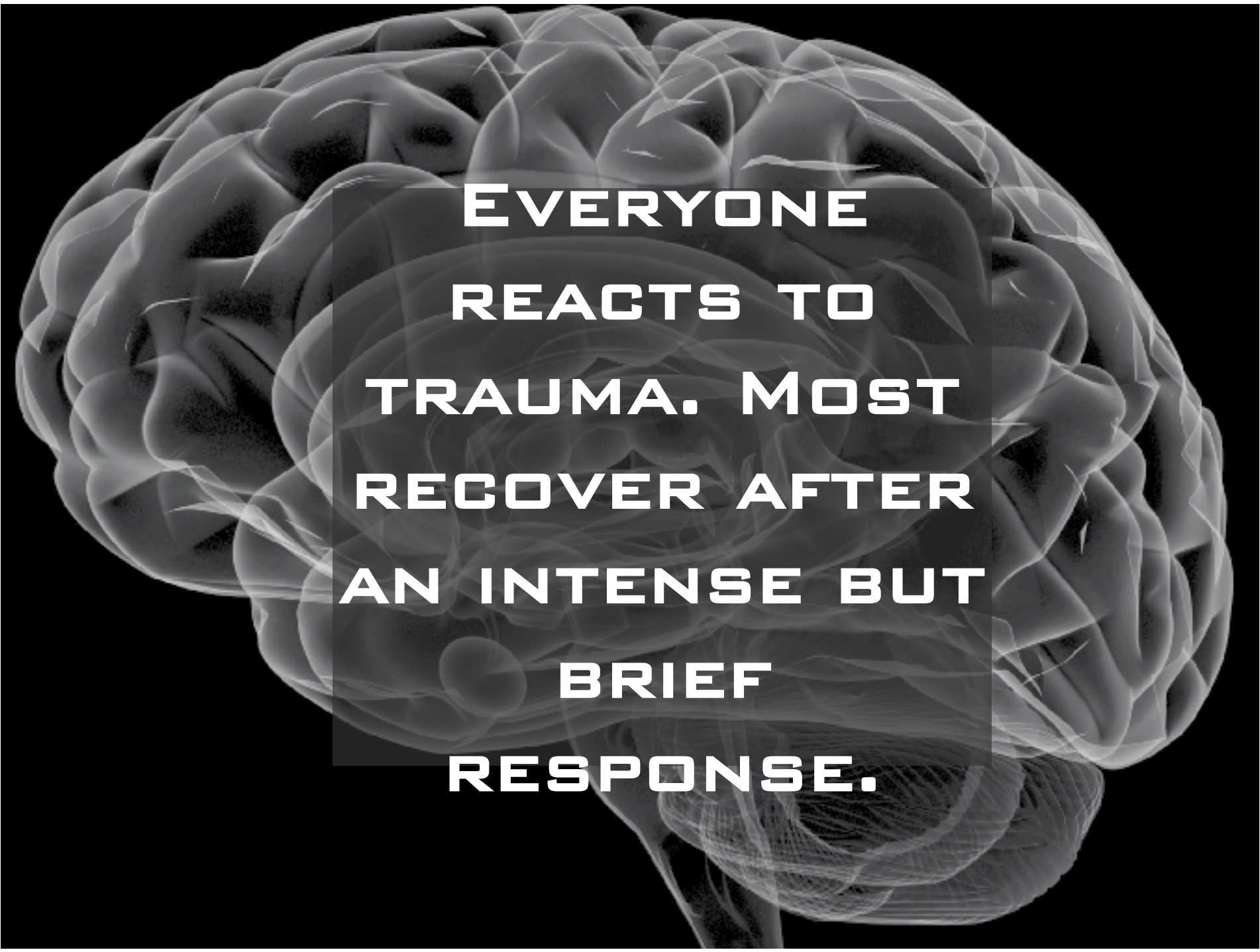




**FREEZE**



**USE IT OR LOOSE IT**



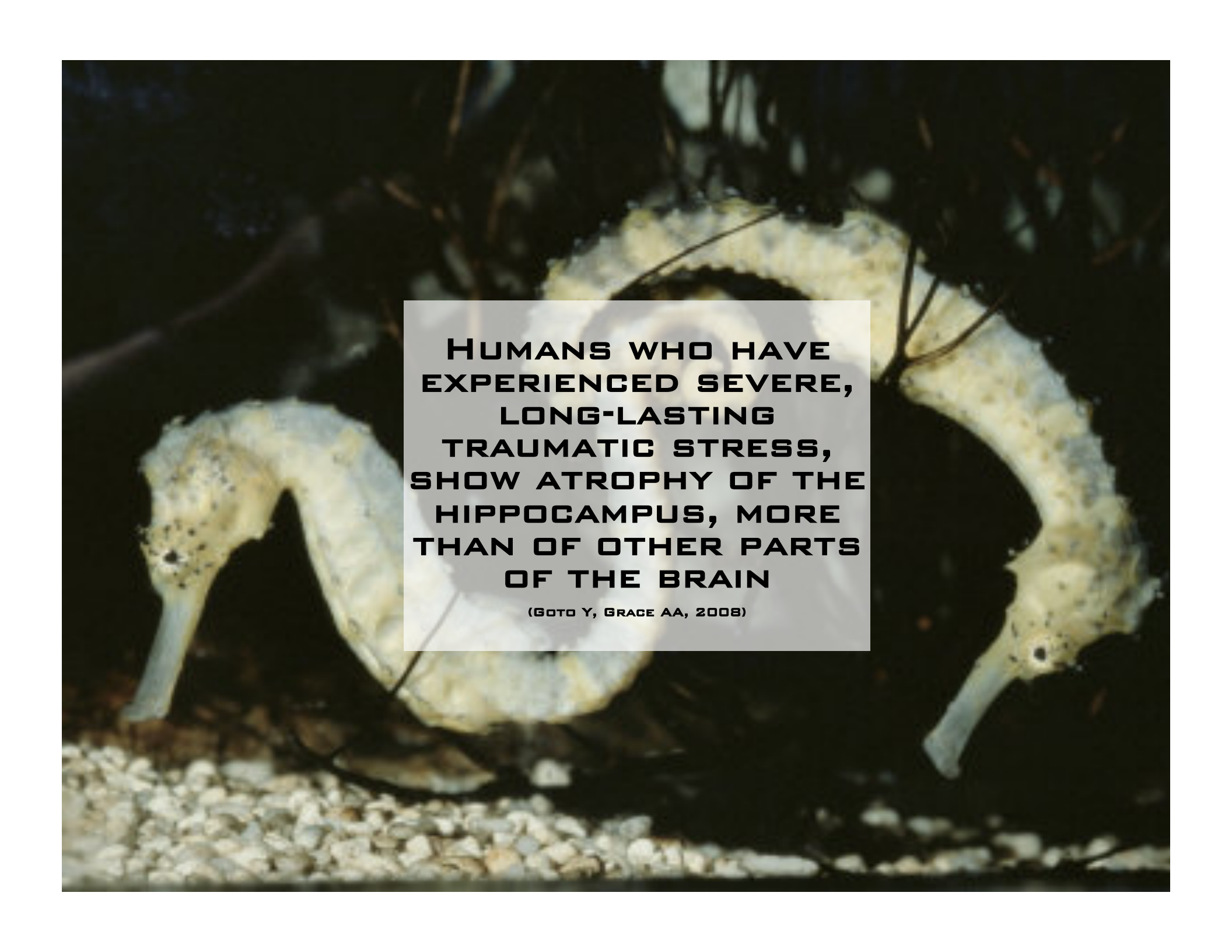
**EVERYONE  
REACTS TO  
TRAUMA. MOST  
RECOVER AFTER  
AN INTENSE BUT  
BRIEF  
RESPONSE.**

**RUNNING AWAY AND PERIODS OF  
HOMELESSNESS INTERRUPT OR  
OTHERWISE MODIFY THE  
TIMING, CONTEXT, AND COMPLETION OF  
THE FUNDAMENTAL DEVELOPMENTAL  
TASKS**

**ECCLES, 1993**



**PRUNING**

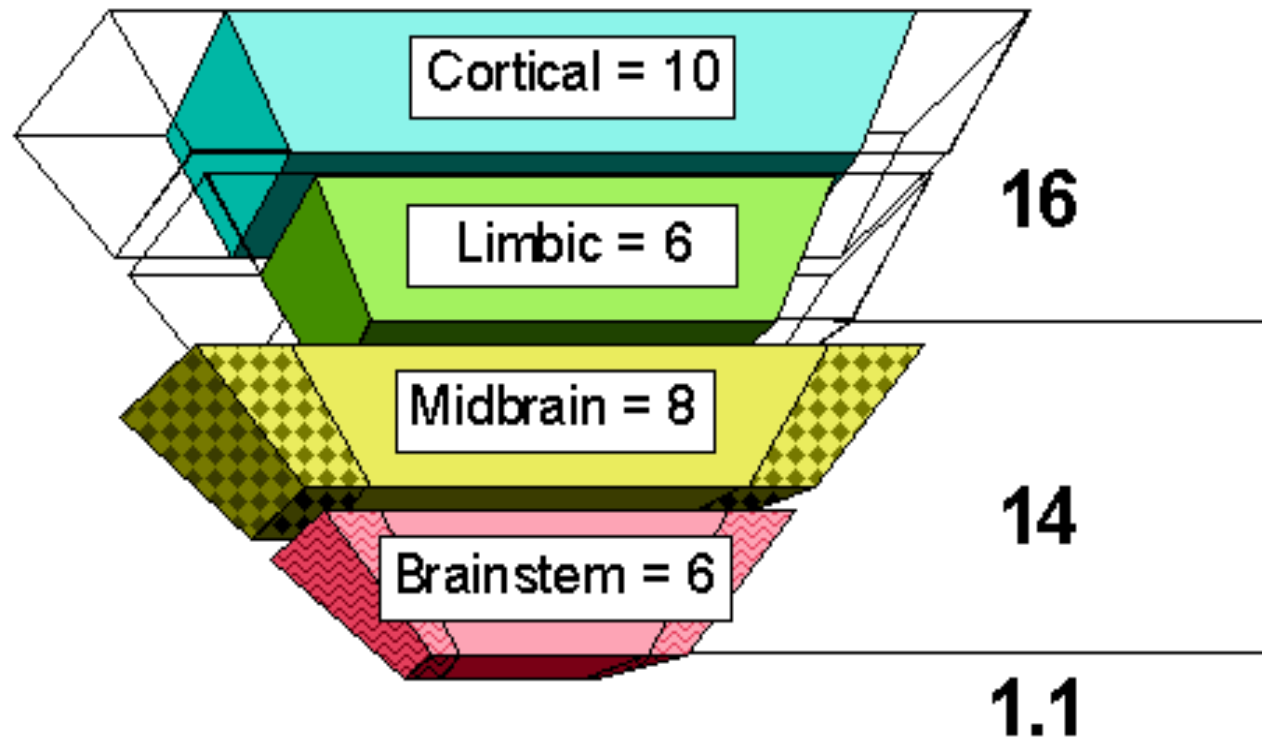


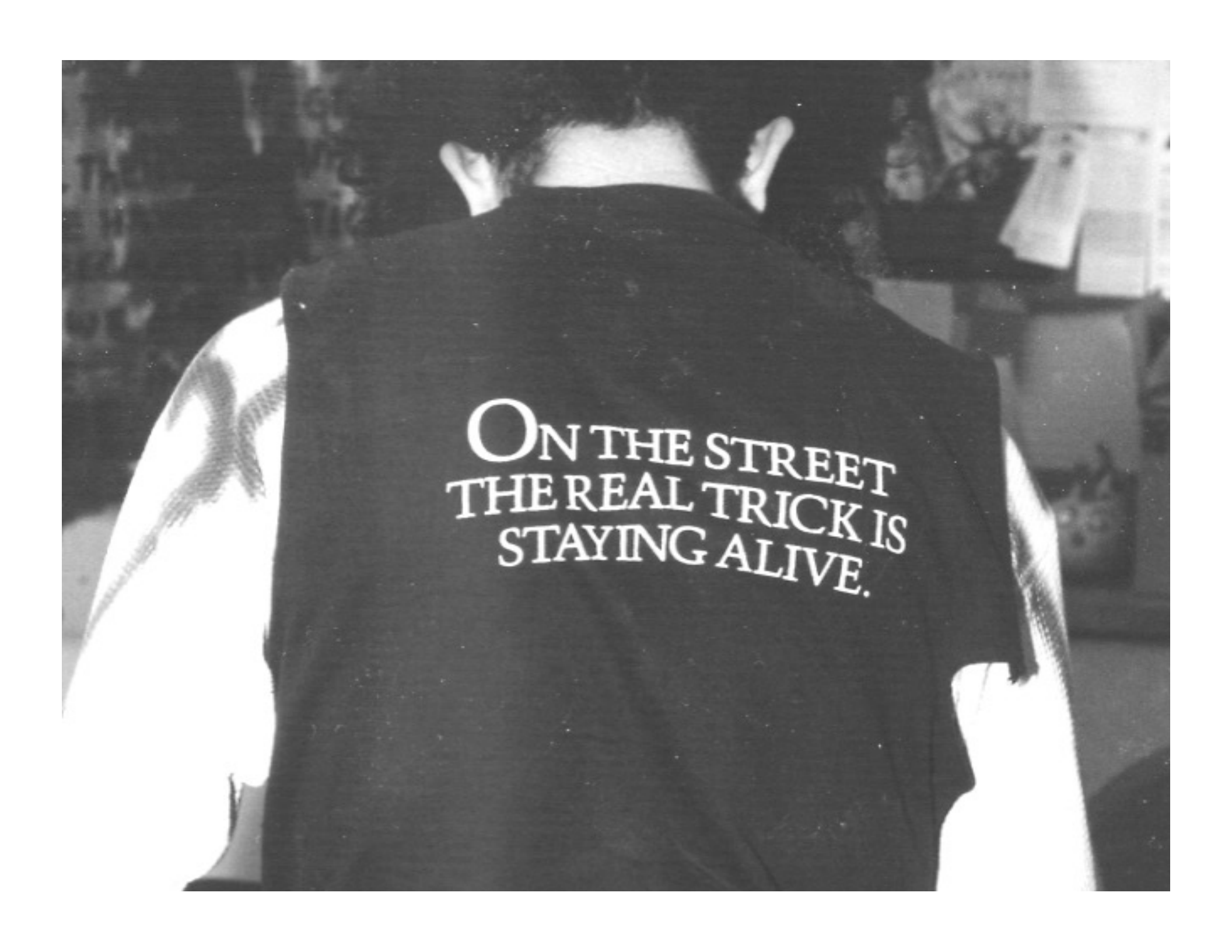
**HUMANS WHO HAVE  
EXPERIENCED SEVERE,  
LONG-LASTING  
TRAUMATIC STRESS,  
SHOW ATROPHY OF THE  
HIPPOCAMPUS, MORE  
THAN OF OTHER PARTS  
OF THE BRAIN**

**(GOTO Y, GRACE AA, 2008)**



## Neglect and Trauma





ON THE STREET  
THE REAL TRICK IS  
STAYING ALIVE.

**\$1.7-2.3 million**



Christine Hanlon, 2007

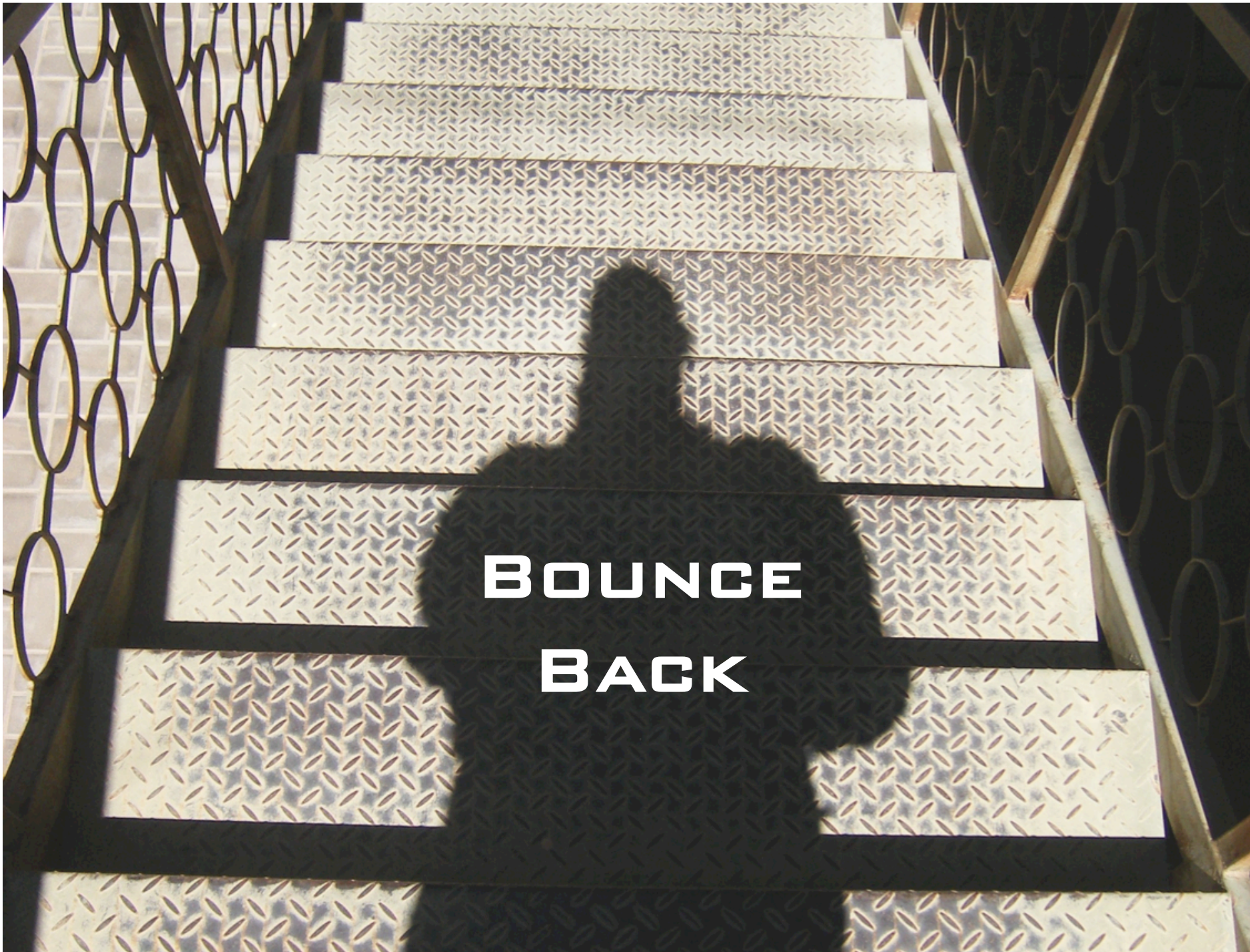
**“They believed in me and that gave me strength to begin to believe in myself at a time when I was still so incredibly vulnerable.”**

*Laurie Ahern,  
Leading the Way: Pioneering a Future Without Violence:  
An Interview with Laurie Ahern,  
SAMHSA's Homelessness Resource Center, 2007*





**RESILIENCY**



**BOUNCE  
BACK**



**we are neurological hardwired to *bounce back***

# CASE STUDY





integration?



# in·te·gra·tion

*in(t)ə'grāSH(ə)n/*

*noun*

noun: integration; plural noun: integrations

the process by which a

**well-balanced**

**system becomes whole**

# alignment

**Genetic,  
Prenatal and  
Neuro-  
developmental  
Factors**

**Social-  
economic  
environment**

**Attachment  
and  
Relational  
Patterns**



Neocortex

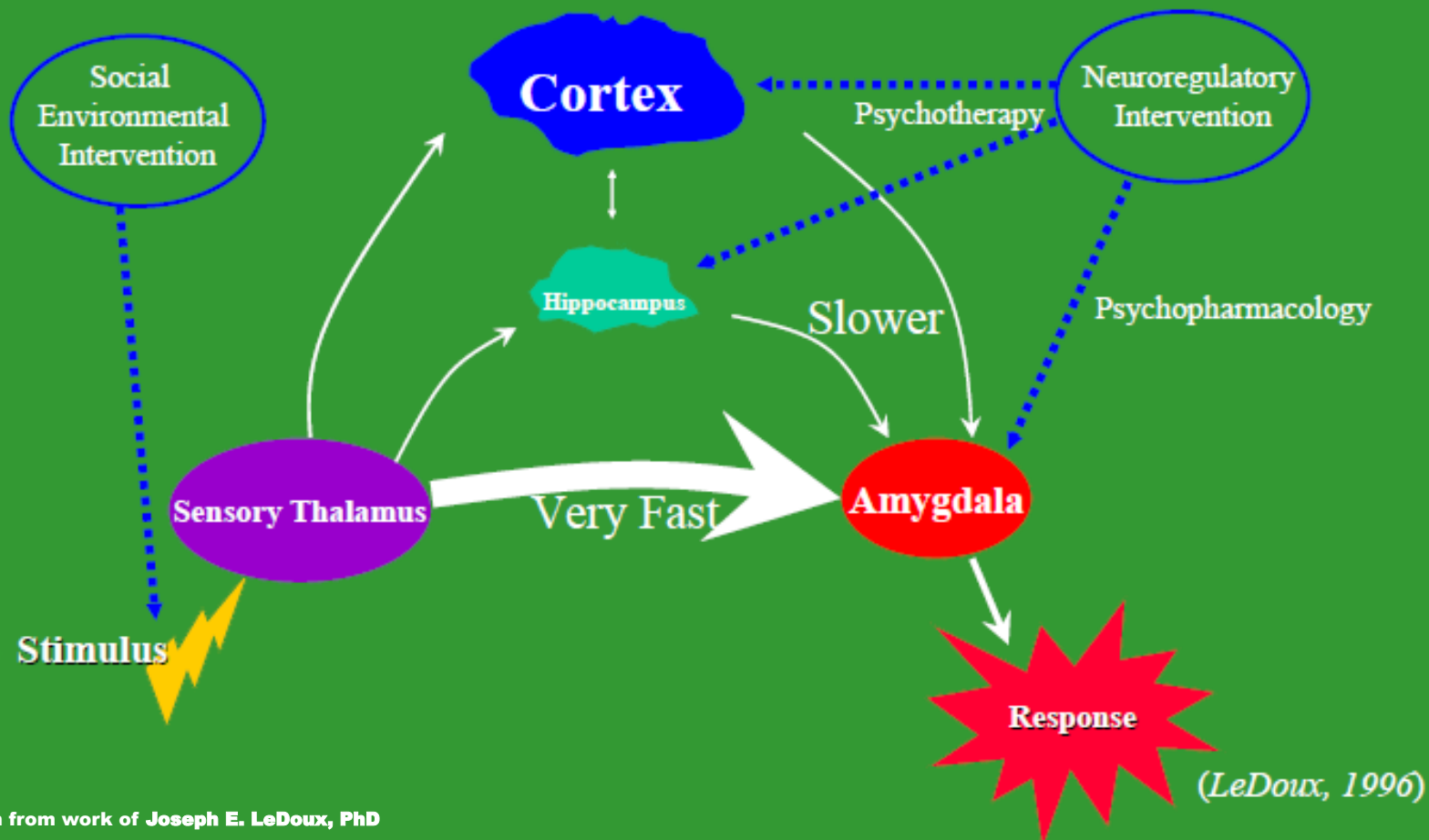
Limbic

Midbrain

Brainstem

# Intervention Strategies

## Between Stimulus and Response



Taken from work of Joseph E. LeDoux, PhD

“Understanding, anticipating, and responding to the issues, expectations, and special needs [that each trauma-survivor may have]. At minimum, trauma-informed services should endeavor to do no harm...”

Jahn Moses, D., Glover Reed, B., Mazelis, R., & D'Ambrosio, B. (2003). *Creating trauma services for women with co-occurring disorders: Experiences from the SAMHSA women with alcohol, drug abuse and mental health disorders who have histories of violence study*. Delmar, NY: Policy Research Associates (Women and Violence Coordinating Center).

**who?**

**how?**

**what?**

**why?**

**exercise**



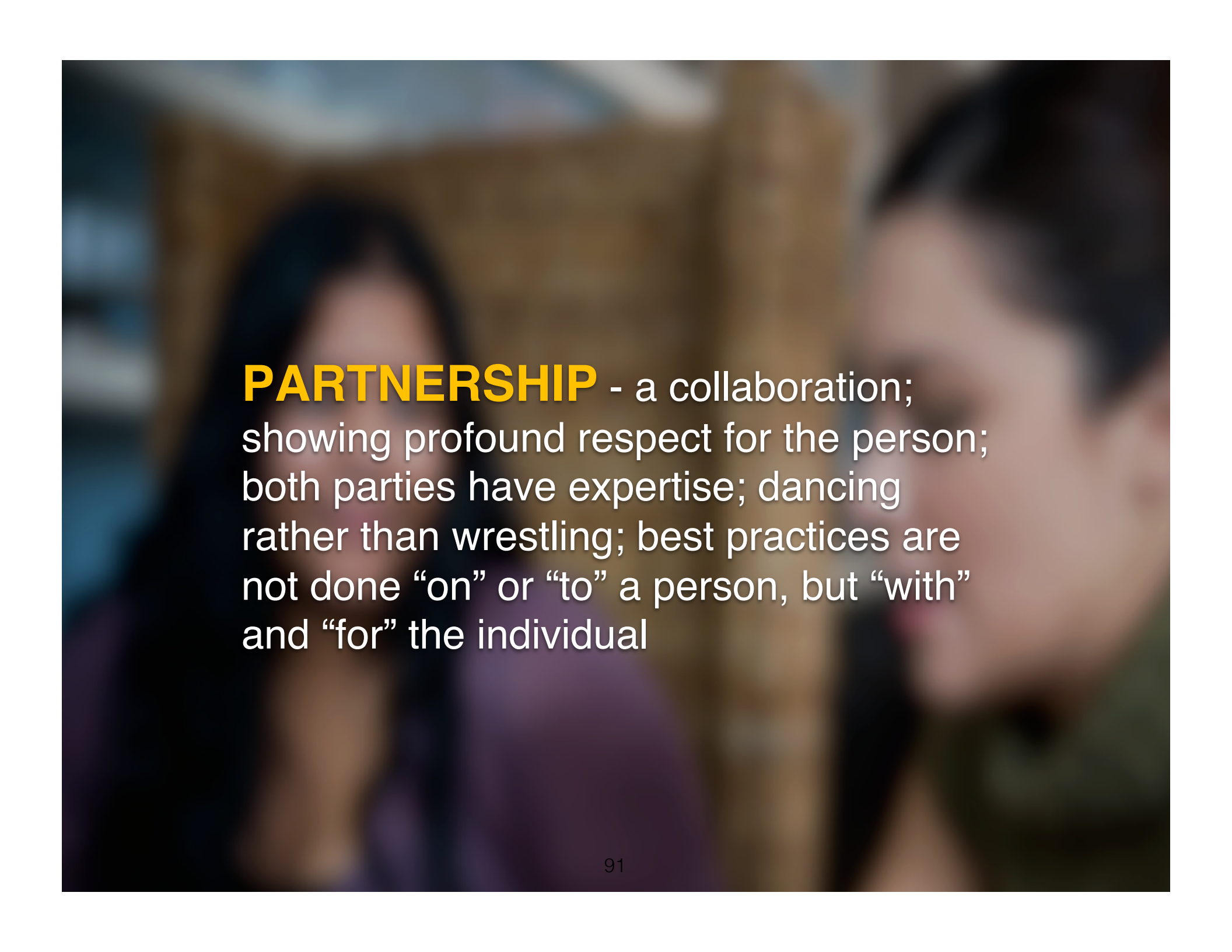


A blurred background image showing two people, likely a woman and a man, engaged in a conversation. The woman is on the left, and the man is on the right. The image is out of focus, emphasizing the text overlay.

# **Integrating a trauma-informed approach**

A blurred background image showing a group of people, possibly in a meeting or classroom setting. The focus is on the text overlay.

# **Mindset and heart-set of trauma-informed approach**

A blurred background image showing a group of people, possibly in a social setting, with warm tones and soft lighting. The focus is on the text in the foreground.

**PARTNERSHIP** - a collaboration;  
showing profound respect for the person;  
both parties have expertise; dancing  
rather than wrestling; best practices are  
not done “on” or “to” a person, but “with”  
and “for” the individual

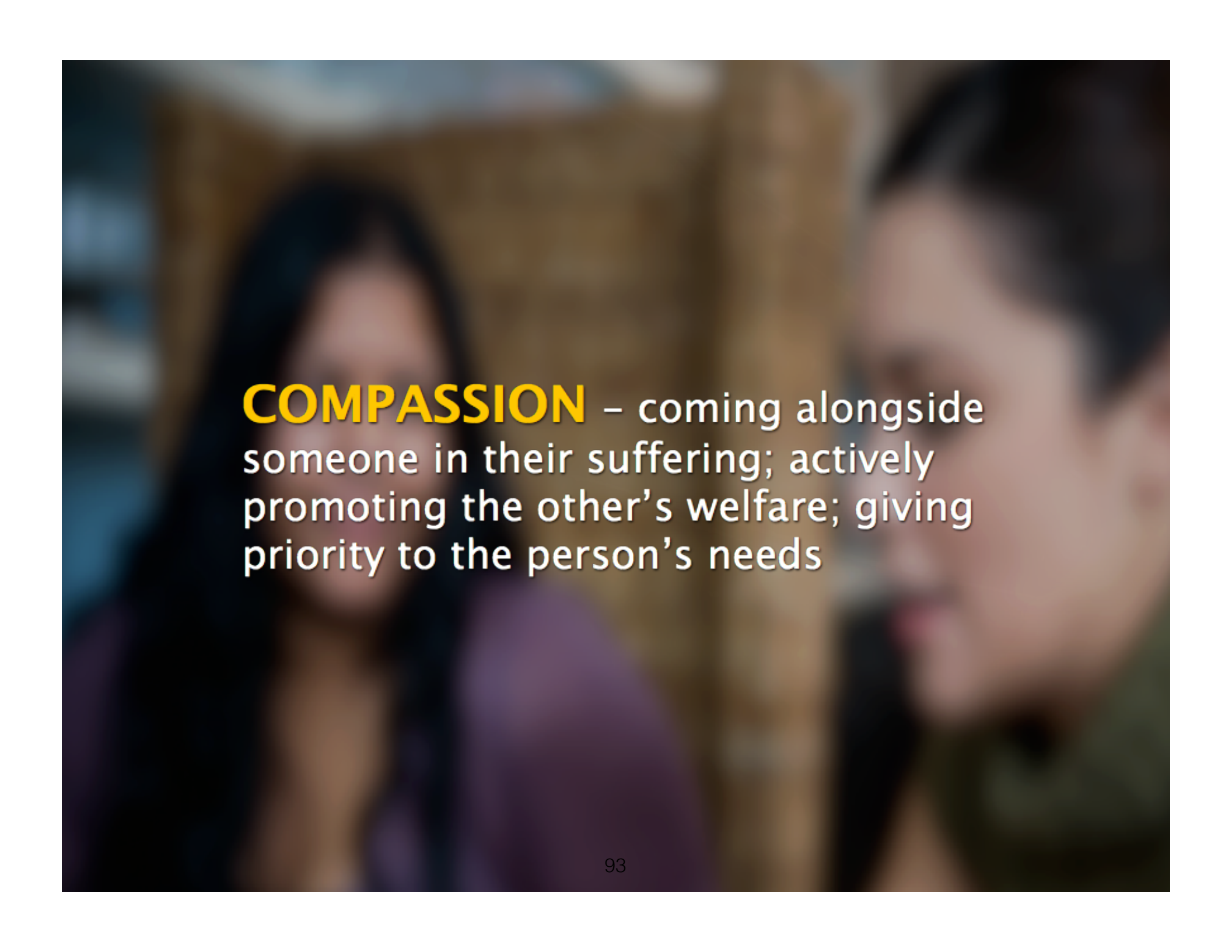
## **ACCEPTANCE**

Prizing person's **inherent worth**  
and **potential**

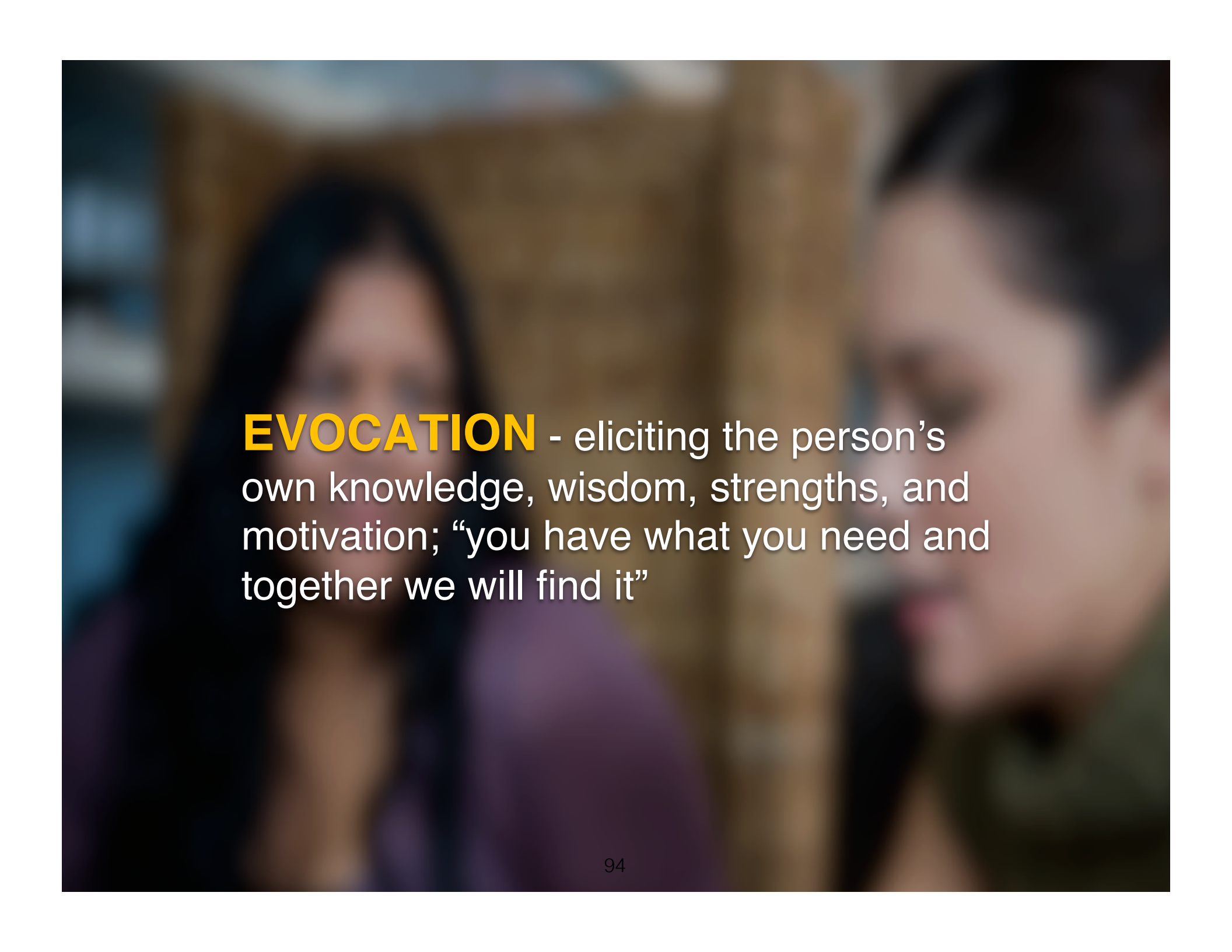
Providing accurate **empathy**

Supporting **autonomy**

**Affirming** strengths



**COMPASSION** – coming alongside someone in their suffering; actively promoting the other’s welfare; giving priority to the person’s needs

A blurred background image showing two people, likely a woman and a man, smiling and looking towards each other. The image is out of focus, emphasizing the text overlay.

**EVOCAATION** - eliciting the person's own knowledge, wisdom, strengths, and motivation; “you have what you need and together we will find it”

# Operationalizing

- **Low hanging fruit**
  - Where are you already practicing “trauma informed?”
- **Translational tools**
  - Harm reduction
  - Housing first
  - Recovery focused
  - Supportive autonomy (strength-based approaches)
  - Humbly secure
- **Assurances**
  - Guide posts and organizing principles
- **Partnerships**
  - Complementary
  - Aligned through shared philosophy, vision, values
  - “Gap” filling

# Operationalizing

- **Recovery model**

- “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2010)

- **Consumer/client involvement**

- Offer opportunities for decision making, transparency, and allowing client to define success
- Supportive decision-making and brain functions
- Celebrate success collaboratively

- **Support staff development**

- Inventory current challenges, knowledge & success
- Consider response in context of holistic HR



A hammer with a nail is shown in a desert landscape under a bright sky. The hammer is positioned vertically, with the nail pointing upwards. The background features rolling sand dunes and a clear blue sky with a bright light source, possibly the sun, creating a lens flare effect.

# Trauma Aligned Practices

- Relationship guided
  - Peer providers/ambassadors
  - Motivationally enhanced
- Harm reduction aligned
  - Flexible hours
- Trauma aware
  - Trauma trained, holistic team
  - Developmental appropriate services & supports
- Technology enhanced
  - Social media
- Long term focused
  - Strengths based
  - Housing first
  - Instruments & measures


**Flipping  
the  
switch**





## Trauma-Informed Organizational Toolkit:

<http://www.familyhomelessness.org/media/90.pdf>



**38% OF SOCIAL  
WORKERS EXPERIENCE  
MODERATE TO HIGH  
LEVELS OF SECONDARY  
STRESS**

**CORNILLE & MEYERS, 1999**



**mirror neurons**

**answer the  
call**



“What do we live for; if it is  
not to make life less difficult  
for each other?”

*T. S. Eliot*

# Literature Cited & Resources

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- Heartland Alliance: Midwest Harm Reduction Institute (Chicago, IL): <http://www.heartlandalliance.org>
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<http://www.desc.org/documents/DESC%20VAT%20WIMHRT%20final%20report%20031510.pdf?formkey=dFV3bIJTM2pIMTJ2Qno2bmt3ZWINZEE6MQ>