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# Trauma-Informed Practice Level Two

Instructor:

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## Presenter



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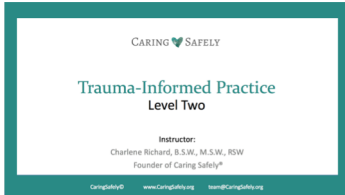
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# Workshop Materials



Access the resources reviewed during this workshop:  
<https://programs.caringsafely.org/log-in-page>



Handouts



Resources

# Learning Objectives

- ✓ A model for providing trauma-informed care for depression and anxiety
- ✓ Trauma-informed strategies for anxiety
- ✓ Trauma-informed strategies for depression
- ✓ A review of additional resources on trauma-informed practice



## Level One Review

- High prevalence of trauma. It is more likely than not that someone has experienced trauma.
- Not everyone who experiences a trauma will experience PTSD
- A hypersensitive nervous system is different from PTSD and is caused by complex trauma or chronic toxic stress (at any age).
- When chronic toxic stress happens in childhood it impacts other body systems and has long-term impacts on health.
- People who have lived through trauma and childhood adversity have also developed strengths.
- We can't expect people to let go of unhealthy coping strategies without helping them develop healthy coping strategies.

## Level One Review

- Resilience is the ability to overcome and, in some cases, benefit from challenging experiences.
- Improving resilience within a trauma-informed framework is also shown to help people overcome the impacts of Adverse Childhood Experiences. (Leitch, 2017)
- There is a strong correlation between trauma/early childhood adversity and anxiety/depression or symptoms of arousal/avoidance.

# Arousal/Avoidance

Anxiety		Depression	
Arousal		Avoidance	
Fear/Anxiety/Irritability		Depression/Hopelessness	
Sleep disturbances, Appetite changes		Procrastination/Dread/Isolation	
Impulsive/Compulsive Behavior		Blame/Relational Problems	
Poor concentration/Obsessive thoughts		Less Self-Care	
Immune problems		Rumination	

# Level One Review

**The seven principles of trauma-informed practice are:**

- Acknowledgement – recognizing that trauma is pervasive
- Safety – create safety in the relationship and environment
- Trust – build trust in the relationship
- Choice and control – recognize the person as a expert in themselves
- Compassion – have compassionate curiosity and express compassion
- Collaboration – work together (co-create goals/plans)
- Strengths-based – review internal and external strengths, resources, past successes

(Trauma Informed Practice Guide, 2013)

# Trauma-Informed Care

A trauma-informed approach to understanding and treating Anxiety Disorders

# Generalized Anxiety

Anxiety or worry about several things has occurred for at least the past 6-months. The worry is experienced as excessive and uncontrollable, is present most days, and interferes with the ability to focus on tasks.

**At least 3 of the following symptoms also need to be present for the past 6-months or longer:**

- Feeling restless, keyed up, on edge & unable to relax
- Physical tension
- Sleep disturbance. Having trouble falling asleep
- Maintaining sleep, or experiencing unsettled sleep
- Problems concentrating and focusing on a task
- Feeling irritable
- Feeling tired or exhausted easily

American Psychiatric Association. (2013).

## Panic Attack/Disorder

### Panic Attack Symptoms:

- Skipping, racing or pounding heart
  - Sweating
  - Trembling or shaking
  - Shortness of breath or difficulty breathing
  - Choking sensations
  - Chest pain, pressure or discomfort
  - Nausea, stomach problems or sudden diarrhoea
  - Dizziness, light headedness, feeling faint
  - Tingling or numbness in parts of your body
- Hot flushes or chills
- Feeling things around you are strange, unreal, detached, unfamiliar, or feeling detached from body
  - Thoughts of losing control or going crazy
  - Fear of dying

American Psychiatric Association. (2013)

## Types of Anxiety Disorders

**Social Anxiety:** It is an intense, persistent fear of being watched and judged by others. This fear can affect work, school, and your other day-to-day activities. It can even make it hard to make and keep friends.

**Specific Phobia:** Specific phobia involves marked and persistent fear and avoidance of a specific object or situation. This type of phobia includes, but is not limited to, the fear of heights, spiders, and flying.

**Post Traumatic Stress Disorder:** PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.

**Obsessive Compulsive Disorder:** is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over.

National Institute of Mental Health, 2019

## What Contributes to Anxiety

**Genetics** – if we have a family history of mental illness, we are more sensitive to developing a mental illness ourselves

**Addictions** – if we have an addiction we are more sensitive to developing a mental illness and versa

**ACEs** (Adverse Childhood Experiences) there is a higher chance of developing anxiety or depression (abuse, neglect, household dysfunction).

## What Contributes to Anxiety

**Trauma:** If we experienced trauma (trauma that happened repeatedly for a period of time) such as violence in the home, childhood abuse, relationship abuse, war, severe persistent bullying or a one time trauma.

**Medications:** certain medications/supplements can make us feel agitated or anxious. Talk to a pharmacist/physician

**Chronic psychological stress:** Such as school, work, caregiving, unemployment, health issues.

# Anxiety Assessment

**Most commonly used screening tool in primary care:**

GAD 7 complete online to see scores.

Free Downloadable Paper Version



Scores are suggestive and do not mean diagnosis.

# The Cycle of Anxiety

1. Anxiety Event

**Long Term:**  
Increase in physical symptoms, worry, avoidance. Lose confidence in ability to cope.

Begin to scan for danger. Physical symptoms intensify. Focus narrows to self.

Escape or Avoid

**Short Term: Relief**



## Interrupt the Cycle of Anxiety



Confront the anxiety provoking situation without an avoidance strategy.



Short term increase in symptoms of anxiety and then a decrease.

Confidence increases in your ability to manage anxiety in a healthy way.

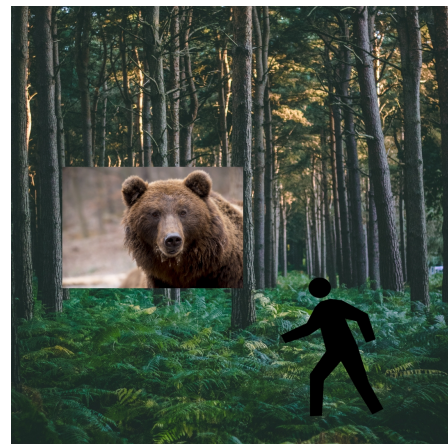


Use healthy coping strategies to reduce anxiety so it's manageable.



## Review - The Stress Response

- The Stress Response is also known as the Fight or Flight (or freeze) response.
- Brain perceives threat and stress response is activated to help us survive.
- Increase of stress hormones and sugar into blood stream, increase heart rate, pupils dilate, blood leaves extremities and moves to core organs.
- The brain doesn't want to waste energy on digestion or reproductive systems so it shuts them down.



## Common Stressors

- A psychological threat is a thought. Thoughts are extremely powerful.
- What are causes of stress and worry in the people you work with?



## Strategy #1

Educate people about the impact of ACEs, what contributes to anxiety and how the stress response works:

- Teach **Human Stress Response** and Warning Signs



## Strategy #2

Help people develop personal awareness of their own nervous system, stress response and early warning signs:

- Teach Human Stress Response and **Warning Signs**



## Strategy #3

Teach people strategies for self-regulation and how to trigger the parasympathetic branch of the nervous system:

- Teach Deep Breathing Vs. Shallow Breathing
- Teach Extended Exhale



## Strategy #4

**Help people recognize what types of thinking patterns contribute to their anxiety:**

- Teach Awareness of Negative Thoughts



## Strategy #5

**Teach people how to interrupt the thought patterns that contribute to distress:**

- Teach Sensory Grounding: Pictures on the Wall



## Strategy #6

Teach people how to trigger the parasympathetic branch of the nervous system with a progressive muscle relaxation practice:

- Teach Progressive Muscle Relaxation



## Resources for Clients

[The Dialectical Behavior Therapy Skills Workbook for Anxiety](#) By: Alexander Chapman et al.

[The Mindfulness and Acceptance Workbook for Anxiety](#) By John P. Forsyth et al

[Calming the Emotional Storm](#) By: Sherry Van Dijk

[Mood Gym](#) – Free Online Self-Help for Depression and Anxiety



# Trauma-Informed Care

A trauma-informed approach to understanding and treating Mood Disorders

# Types of Depression

**Seasonal affective disorder:** This type of depression is usually affected by the weather and time of the year.

**Postpartum depression:** This occurs in women, following the birth of a child. About 13 per cent of women will experience this type of depression. Symptoms of depression men during postpartum period. Tends to develop later than women. Begin screening around 4-5 months.

**Premenstrual Dysphoric Disorder:** Up to 12% of women experience. A severe extension of PMS symptoms. Impacts daily functioning, work and relationships.

**Persistent Depressive Disorder (Dysthymia):** Symptoms of depression last more than 2 years. May have periods of less intense symptoms.

## What Contributes of Depression

**Genetics** – if we have a family history of mental illness, we are more sensitive to developing a mental illness ourselves

**Addictions** – if we have an addiction we are more sensitive to developing a mental illness and versa

If we experienced **ACEs** (Adverse Childhood Experiences) there is a high chance of developing anxiety or depression (abuse, neglect, household dysfunction).

If we have certain **physical medical conditions**, such as diabetes, there is a high chance of developing depression

If we experienced **complex trauma** (trauma that happened repeatedly for a period of time) such as violence in the home, childhood abuse, relationship abuse, severe persistent bullying.

If we have **complex grief** that goes unresolved.

Certain **medications** can make us more sensitive to developing depression

Chronic psychological stress

## Assessment

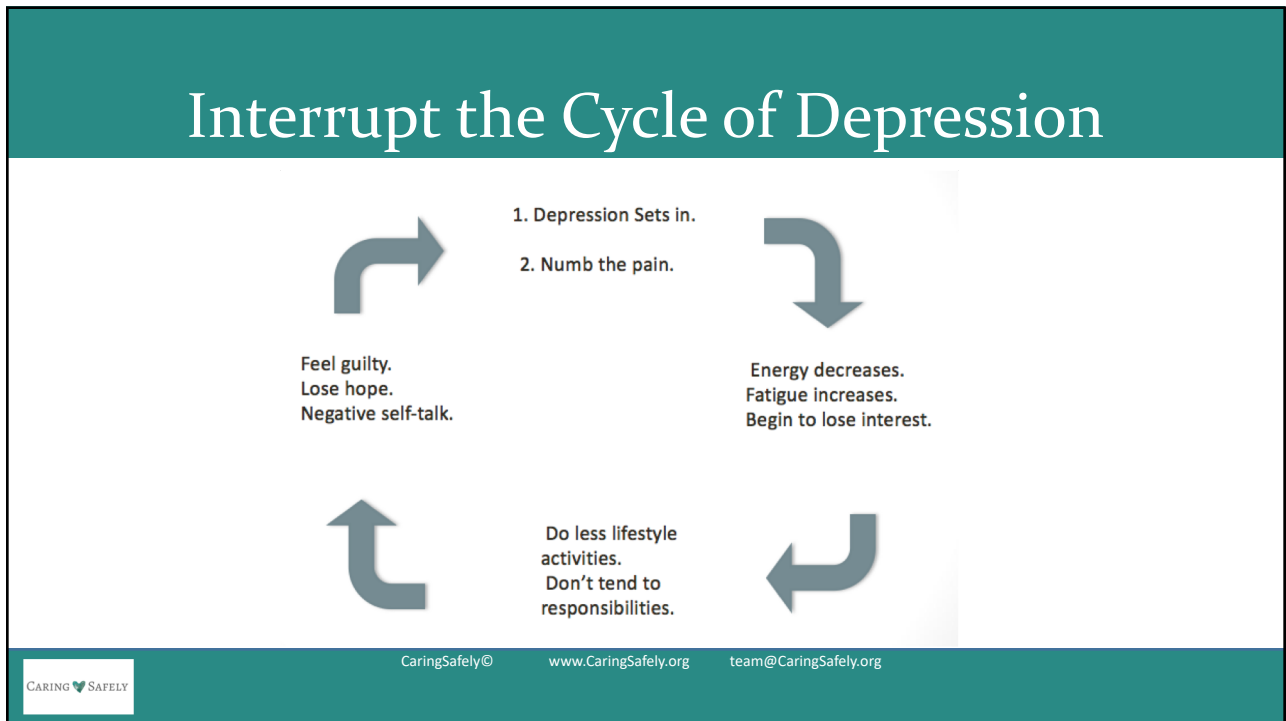
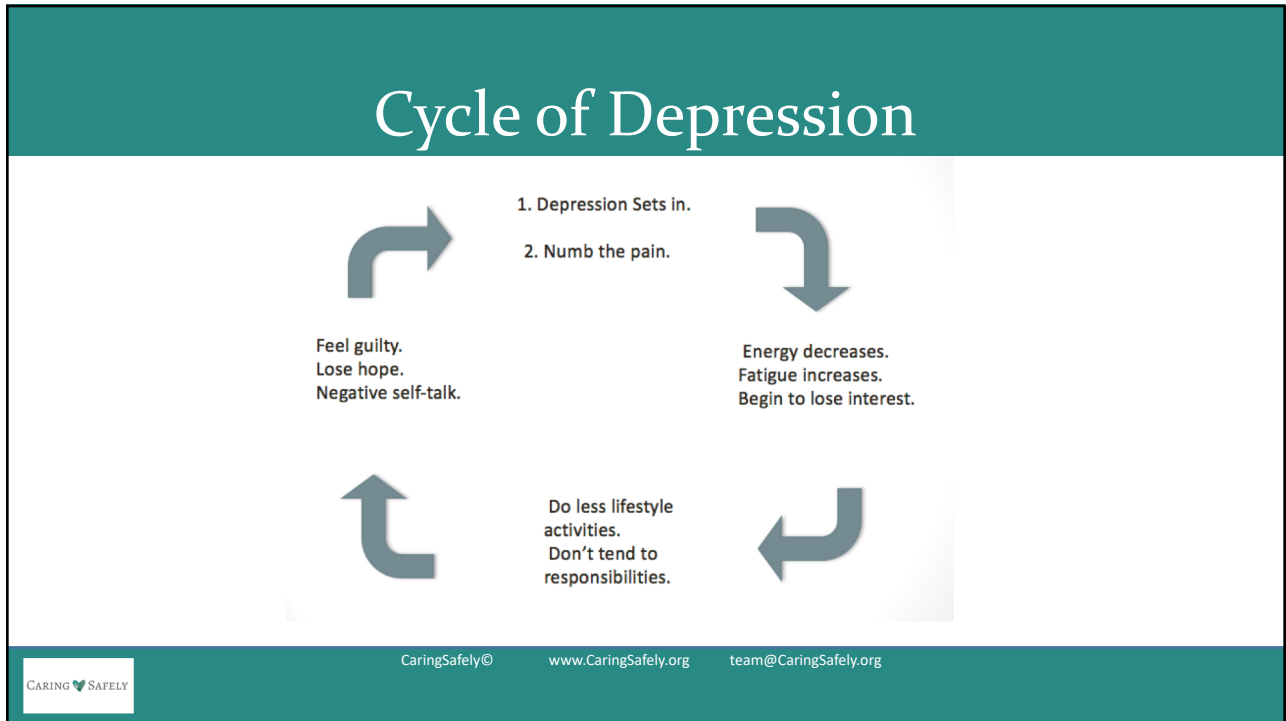
Most commonly used screening tool in primary care:

[Free Patient Health Questionnaire 9 \(PHQ9\)](#) complete online to see scores.



Free Downloadable Paper Version

Scores are suggestive and does not mean diagnosis.





## Strategy #1

**Help people develop personal awareness for symptoms of aversion:**

- Teach My Warning Signs
  - What do you notice your mood is getting low?
  - What kinds of thoughts/stories go through your mind?
  - What does this feel like in your body?
  - What type of urges do you get?
  - What type of behaviours do you engage in?
  - What are your triggers for low mood?



## Strategy #2

**Help people identify what types of thinking patterns contribute to low mood:**

- Teach Awareness of Negative Thoughts
  - Which one do you do the most often?
  - What is the impact of having that thinking pattern?
  - Approaching thoughts with curiosity and no judgement
  - Getting flexible with thinking patterns
  - What are other possibilities?



## Strategy #3

**Teach people how to interrupt the thought patterns that contribute to distress:**

- Teach Sensory Grounding 5-4-3-2-1
  - 5 Things you can see
  - 4 Things you can feel (without moving)
  - 3 Things you can hear
  - 2 Things you can smell (or like the smell of)
  - 1 Thing you can taste (or like the taste of)



## Strategy #4

**Teach people the power of gratitude to shift their thoughts from something negative to something they are grateful for:**

- Teach Gratitude Lists and Journaling



## Strategy #5

**Help people create a plan to do something healthy and helpful when they notice their warning signs for low mood:**

- Teach Take a Quick Action
  - What helps when your mood is low?
  - What is the easiest thing you can do to stop your mood from dropping?
  - What is the most loving/nourishing thing you can do for yourself?



## Strategy #6

**Help people create a behavioural activation plan to put all their strategies together:**

- Teach Putting It All Together



## Resources for Clients

[The Dialectical Behavior Therapy Skills Workbook](#) By: Matthew McKay et al.

[The Mindfulness and Acceptance Workbook for Depression](#) By Patricia Robinson and Kirk Strosahl

[The Happiness Trap: How to stop struggling and start living](#) By: Russ Harris

[Mood Gym](#) – Free Online Self-Help for Depression and Anxiety



## Additional Strategies

Teach people how to assert themselves in a healthy and respectful way.

- Teach USE Model of Communication
  - Understand
  - State
  - Explain



## Additional Strategies

### Help people build their support network

- Teach Stress Management Plan
- Teach Support Map



## Review - Building Resilience

### Ways to build resilience:

- Self-trust
- Self-compassion
- Self-regulation
- Limit setting
- Communicating needs and desires
- Accurate perception of others (particularly if you have a history of ACEs/Trauma).

Leitch, L. (2017)

## Review - Help People Build Resilience

- **Help people recognize warning signs of arousal/avoidance**
- **Help people understand that there are reasons they are having the experiences they are having so they don't blame themselves**
- **Help people think of and try healthy and helpful coping strategies for distress**
- **Help people learn how to communicate in assertive ways**
- **Help people learn how to set and maintain boundaries**
- **Help people access resources in their community**
- **Help people increase the number of supportive people in their lives**
- Help people learn how to increase their trust in themselves
- Help people learn how to assess the intentions of other people
- Help people learn how to increase compassion for themselves

## Lifestyle Goals/Strategies

- Nutrition and healthy meals
- Exercise
- Meditation
  - Decreases cortisol levels,
  - Balance immune system
  - Improve cognitive functioning
  - Decreases Inflammation
  - Reverses narrowing of the arteries
  - Decreases stress symptoms
  - Improve quality of life
  - Enhances healthy sleep

## Help People to Identify What is Not Helpful

Teach people that it's just as important to know what is not helpful, as it is to know what is helpful, when coping with arousal/avoidance.

- People often do things to escape pain. Sometime these are things that are not helpful such as:
  - Alcohol/Drugs, Self-Harm, Risky Sexual Behavior, Spending Money, Gambling, eating too much or not eating at all, starting arguments, avoiding people/situation
- It's important to write out why these are not helpful in the long term. Write out the long term consequence of choosing a non-helpful coping strategy.



## Help People Improve Lifestyle Practices

- Healthy Sleep Patterns - **Handout on Sleep Hygiene**
- Regular Moderate Exercise (30 minutes of sweaty) Watch for over exertion and increase in anxiety.
- Eating healthy meals – regularly through day
- Reducing alcohol/drugs
- Connecting with loved ones
- Connecting with nature
- Spirituality/Religious connection
- Meditation



## Teach People How to Ask for Support

- Often friends/family are scared because they don't understand arousal or avoidance. Their behaviors may not seem rational, or helpful, but they may not know any other way to act.
- Finding a way to explain to them what is helpful, when you are feeling low, can help everyone get through the difficult moments.
- Explain to them what helps you when you are around other people, this may be to focus on a new topic, do something distracting, or that sometimes you need to be alone, but that you are safe.
- Explain to them what helps when you are alone, maybe it's a phone call, text, playing a game or something else.

## Teach Family Members How They Can Help

- Ask them to tell you what is helpful and see if you can find an easy way to communicate that when they are feeling anxious.
- Encourage daily functioning (eating, sleeping, movement, connection with people, working/school, doctors appointments, meds).
- Attend a family support program for someone with mental health concerns.
- Know that anxiety/panic will pass and things like deep breathing and sensory grounding can help it pass more quickly



## Teach Family Members How They Can Help

- Have emergency information in case you need it. Ask your doctor what your options are if you feel your loved one is going to harm themselves – usually emergency services.
- Seek support for yourself. Community mental health programs often have support for family members of people with mental illness.
- You may want to learn more about suicidal ideation. There are many myths that scare people into not talking about thoughts of suicide. Take a class such as [SafeTalk](#) which helps people learn how to recognize and response to thoughts of suicide.

Click link below for international listing of suicide hotlines:

<http://www.suicide.org/international-suicide-hotlines.html>

## Resources for Working With Children

Blaustein, M.E., & Linniburgh, K. M. (2010). Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation and competency. New York, NY, US: Guilford Press.

Youth.gov (n.d.). *Implementing a trauma-informed approach for youth across service sectors*. Retrieved from:

[https://youth.gov/docs/Trauma\\_Informed\\_Approach\\_508.pdf](https://youth.gov/docs/Trauma_Informed_Approach_508.pdf)

Palix Foundation (June 2014). *Toxic Stress*. Retrieved from:

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