Trauma Responsive Custody

Do: Display welcome slide #1 prior to participants entering the room.

Intro: Welcome

Say: Welcome participants to the training. Introduce self and training team. Have participants introduce themselves, identify their job function and one interesting thing about themselves.

Do: Display Objectives slides #2 and #3 and read to participants.

OBJECTIVES

At the conclusion of this module, participants will be able to:

- Define Trauma
- Explain key terms associated with trauma
- Identify strategies that support traumatized youth
- Understand trauma’s impact on the brain and potential future health problems
OBJECTIVES contd..

- Utilize OARS skills as an engagement strategy with traumatized youth
- Understand the importance of collaboration among all professionals when working with traumatized youth
- Understand Learned Helplessness, Parallel Process and Vicarious Trauma and how they contribute to the need for Self Care for staff
- Develop a Self Care Plan

Ask: What are some of the things that are missing from these Objectives? Look for references to PTSD, trauma reenactment, specific treatment approaches, etc..

Say: These omissions are intentional. This training is designed to address some specific aspects of trauma that direct care staff encounters when working with traumatized youth, rather than to provide a comprehensive training on all aspects of this complex subject.

Do: Display and read Agenda slides #4 and #5 to participants.

AGENDA

- Welcome, Objectives, Agenda
- Trauma and associated terms
- NPJS Speaks: Dr. Lisa Boesky
- The ACE Study: Dr. Nadine Burke Harris
- Trauma History VS Criminal History
Anticipatory Set:

Do: Display and read slide #6 “It’s Just Common Sense That...” and say as you read the bullets on the slide “Would you agree?”

Do: Display and read slide #7 But Traumatized Youth Frequently
But Traumatized Youth Frequently..

- Put themselves in situations of danger
- Hurt themselves
- Get into and stay in relationships with hurtful people
- Are frequently unable to discern who is to be trusted
- Don’t seem to learn from experience
- Have been hurt by people who were supposed to love them
- Frequently hurt the people they love the most
- Don’t remember the worse experiences of their lives

Say: If you think about the youth that you work with, do any of the descriptions on the slide sound similar to behaviors and characteristics you see in those youth? Look for yes.

Ask: Can you think of a few specific examples? Get a few examples and be prepared to prime the group with an example of your own.

Instructional Input

Say: Let’s look at a few definitions so that we are operating from a common understanding.

Do: Display and read slide #8 What is Trauma?

What is Trauma?

- Trauma is a psychologically distressing event outside the range of usual human experiences. In traumatic situations, the person experiences or witnesses an immediate threat to self or others, often followed by serious injury or harm. Trauma often involves a sense of fear, terror, and helplessness (Dr. Bruce Perry, 2004. Child trauma Academy).

- Traumatization occurs when both internal and external resources are inadequate to cope with external threat.
Ask: What are some of the traumatic events that youth who you have worked with have experienced? Get a few responses.

Do: Display and read slide #9 Common Traumatic Events Among Incarcerated Youth and compare with responses from group.

### Common Traumatic Events Among Incarcerated Youth

- Witnessing Violence/Death of another
- Extreme parental neglect
- Physical, sexual, emotional abuse
- Domestic violence
- Removal from home
- Out of home placement
- Raised in squalor
- Victim of sex trafficking, prostitution
- Locked in cages, cars, closets etc.
- Being shot or stabbed

Say: Another couple of terms that describe trauma are:

Do: Display and read slide #10 Chronic Stress/Complex Trauma

### Chronic Stress/Complex Trauma

**What is Chronic Stress?**
Chronic stress is an overwhelming external element that impacts a person’s sense of daily safety.

**What is Complex Trauma?**
Exposure to multiple traumatic events, often of an invasive, interpersonal nature.
Examples- Alcoholic abusive parent in the home, Repeated domestic violence and sexual abuse.
Say: Another related term is

Do: Display and read slide #11 Interpersonal Trauma to participants and briefly discuss before clicking a second time to display the question “What if the people who were closest to you and responsible for your well-being were also your most fearsome enemies?”

![Interpersonal Trauma Slide]

Do: get a few responses.

Say: When a person experiences chronic stress and complex trauma, particularly of an interpersonal nature some changes occur in the person’s brain.

Do: Display and read slide #12 The Brains of Traumatized Children.

![The Brains of Traumatized Children Slide]

Do: After reviewing slide #12
Say: Let’s look a little more closely at Hypervigilance and an accompanying phenomenon that is frequently displayed among youth in our facilities.

Do: Show and read slide #13

**Hypervigilance Definition**

Hypervigilance is an enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behaviors whose purpose is to detect threats.

Say: Often Hypervigilance is accompanied by Hostile Attribution.

Do: Display and read slide #14 Hostile Attribution. Ask for examples where they have seen Hostile Attribution in their residents and be prepared to offer an example of your own.

**Hostile Attribution**

The interpretation of neutral or even helpful acts by others as threatening or aggressive.
Say: Let’s look deeper into the impact that trauma has on our youth. In order to do that, we are going to show a video of Dr. Lisa Boesky.

Do: Show NPJS Speaks: Dr. Lisa Boesky’s video clip- Part One.

Do: Following video clip display slide #15 and ask the processing questions on the slide.

Say: Another way of understanding the profound impact that trauma has on people’s lives is revealed by looking at the Adverse Childhood Experiences (ACES) Study.

Do: Display and present slides #16 and #17 to describe the ACE Study.
**Overall Findings**

- More than half the people were exposed to at least one adverse childhood experience
- One out of four was exposed to two different types of adverse childhood experience
- One out of 16 was exposed to four or more types of adverse childhood experience
- Adverse Childhood Experiences were associated with a variety of social, health, and mental health problems in later life

**Do:** Read the last bullet of slide #17-Adverse Childhood Experiences were associated with a variety of social, health, and mental health problems in later life.

**Say:** To take an in depth look at those social, physical health and mental health problems we are going to watch a TED talk by Pediatrician DR. Nadine Burke Harris and her experience with the ACE study.

**TED Talk**

How Trauma Affects Health Across a Lifetime: Dr. Nadine Burke Harris
Do: Play presentation Ted Talk (Dr. Nadine Burke Harris) - *How ChildhoodTrauma Affects Health Across a Lifetime* - 16 minutes

Do: Show slide #19 following the TED talk and ask the processing questions.

- **What is your reaction to Dr. Harris’s presentation?**
- **Do you notice similarities to the youth in your custody?**
- **How might this information be useful?**

**Break: 15 minutes**

**Following the break**

**Ask:** What questions or comments do you have about anything that we talked about before the break?

**Do:** Display and read slide #20 Trauma History VS Criminal History. The first 5 bullets on the slide appear at individual clicks. Allow minimal time for discussion of each.

**Trainer Note:** We’re just trying to establish an opposing view point that is valid so that we can ultimately establish a mutual purpose in that we all want the same things for these youth like having them return to the community as contributing citizens leading successful lives with no more delinquent acts.
Trauma History vs. Criminal History
Wait a minute......

• Don’t these kids owe a debt to society?
• What about the trauma they caused in other people’s lives?
• Are we just supposed to forget about all of that and baby them?
• What about the victim’s rights?
• What is the purpose of rehabilitation?

Say: There is a punitive aspect to our work. The youth in our facilities have committed crimes and our legal system is designed to respond to that. Equally true is the fact that we are not going to punish the trauma symptoms and related dysfunctional behaviors out of our youth. Trauma recovery requires targeted treatment in an environment that supports trauma recovery.

DO: Display and read slide #21 “Okay I get it,” Read each bullet and

Say: That’s what we are going to explore in the rest of the training today.

Okay I get it, Trauma leads to some seriously bad outcomes, what do you want me to do?

• Provide Safety
• Engage With Youth
• Collaborate With Treatment Staff
• Coach Emotion Management Skills
• Provide Hope-Future Focus
• Take Care of Yourself!!!!!!!!
**DO:** Provide a brief description of each of the 6 bullets and tell participants that we will be looking at them each individually.

**Say:** First let’s look at the primary feature in a Trauma Responsive environment that must exist in order to conduct effective trauma treatment.

**DO:** Display slide #22 Safety

![Safety Slide]

- **Physical**
  - Nonviolence
  - Boundaries
  - Learning to spot danger

- **Psychological**
  - Safety with oneself, in one’s own thoughts & feelings

- **Social**
  - Safety with others

- **Moral**
  - The ability to differentiate right from wrong as defined by universal principles (moral intelligence)

**Say/Ask:** What are the aspects of physical safety? Get a few responses. At a click Nonviolence appears.

**Say:** By nonviolence we mean that the value system on the living unit supports nonviolent means for resolving conflict.

This does not mean that physical restraints won’t happen, or that staff cannot be assertive in providing structure and adherence to program rules. It means that violent acts won’t be tolerated and that alternative means to aggression are valued and used in resolving conflict.

**Do:** At a click Boundaries appear.

**Ask:** How are boundaries related to physical safety?

**Do:** Look for boundaries establish what behaviors are acceptable and unacceptable.

**Do:** At a click Learning to Spot Danger appears. Refer back to Hyper arousal and hostile attribution discussion earlier

**Do:** Move discussion to Psychological Safety

**Ask:** What are the aspects of Psychological Safety? Look for responses that are on the slide.
**Do:** At a click the aspects of Psychological Safety appear.

**Do:** Move discussion to Social Safety.

**Ask:** What are the aspects of Social Safety? Look for Safety with others

**Do:** At a click Moral comes up.

**Ask:** What are the aspects of Moral Safety? Look for the ability to differentiate between right and wrong.

**Do:** At a click the aspects of Moral Safety appear.

**Say:** A safe environment is absolutely necessary for meaningful trauma work. With that in mind, let’s go a little deeper on how safety can be provided.

**Safety Activity**

**DO:** Give each table one of the 4 domains of safety and ask them to list as many ways as they can think of can to provide for safety in their assigned domain.

**Say:** I am going to give each table group one of the 4 domains of safety to work on. Assign a recorder to write your group’s responses on newsprint and a reporter to report your findings to the large group. Your assignment is to list as many ways as you can think of to provide for safety in your assigned area. You will have 15 minutes to develop your lists.

**DO:** After 15 minutes conduct the report outs of each group’s work then process the activity with the following questions:

1. What was it like to talk about safety?
2. How are the items on your list like some of the things that you already do on your units?
3. How can you use this information when you get back to your facility

**LUNCH**

**Segue into Engagement**

**Say:** Safety is the foundation of Trauma Responsive Custody. Effective Engagement is the means through which positive growth and change occurs in that environment.

**Do:** Show and read Slide Engagement Definition slide #23

**Ask:** Why do you think Engagement is important when working with traumatized youth in custody? Look for the single most important asset that contributes to resiliency in youth is a relationship with a positive caring adult. That type of relationship requires skillful engagement.
To obtain and hold the attention of, to interlock or mesh, to involve oneself or become occupied; participate.

Say: To further clarify and contrast engagement and disengagement we are going to look at a couple of video clips. The first one is from the movie Cool Hand Luke. We think it demonstrates a level of detached engagement or disengagement.

Do: Show chapter 2 “Yes Cap’n” and chapter 3 “The Rules” of the Cool Hand Luke DVD. Process with the following questions:
Ask: What were your thoughts and feelings as you watched the clip?

Ask: On a scale of 1 to 10 with 1 representing disengagement and 10 representing very engaged how would you rate the engagement between the prisoners and the guards? Look for very low 2 or 3.

Say: Next we are going to look at a clip from the movie called Remember the Titans. This movie represents a different level of engagement.

Do: Show video clip Remember the Titans. Chapter 6 “Setting the Rules”

Ask: What were your thoughts and feelings as you watched the clip?

Ask: On a scale of 1 to 10 with 1 representing disengagement and 10 representing very engaged how would you rate the engagement between the coach and the football team? Look for higher 6 or 7.

Ask: Which engagement style do you think would be more conducive to positive growth and change for traumatized youth in your facility? Look for Remember the Titans clip.

Say: While the coach in Remember the Titans was very engaging and had a very positive impact on the team what would have increased the level of engagement between the coach and players? Look for the communication between the coach and players was almost entirely one way. The coach spoke and the players listened. Two way communications is much more engaging.

Say: A set of skills borrowed from Motivational Interviewing offers an effective method for engaging others. It uses the acronym O.A.R.S

Do: Display slide #25

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**Engagement Strategy**

**O.A.R.S.**

- Open-ended questions
- Affirmations
- Reflective Listening
- Summaries

Say: Those of you who are familiar with Active Listening Skills will see some similarities to these OARS Strategy.

Do: Display and read slide #26 Open-ended Questions
Open-ended Questions

• Can’t be answered with ‘Yes,’ ‘No,’ or other specific response (e.g., ‘St. Louis’)
• Draw the other person into the discussion
• Avoid an ‘interrogation-style’ interview

Keep the spirit...

• Inquiry, understanding, and joining with the other person

Ask: How are open ended questions useful in engaging others? Look for they draw people into the conversation, they show that you are interested in knowing more, etc.

Do: Show and read slide #27 Affirmations.

Affirmations

• Recognize a person’s strengths, assets, positive attributes, and successes.
• Communicate that you recognize their hard work and good qualities.
• Anchor the other person to their strengths and resources.
• Build momentum for growth and change.
• Show understanding of struggles or feelings.
• Help build rapport.

MUST be delivered as genuine, believable.
Ask: How are Affirmations useful in engaging others? Look for they connect people to their strengths, they build rapport etc.

Do: show and read slide #28 Reflective Listening.

Ask: How can reflective listening be helpful in engaging? Look for it ensures people that they are being heard, it can help clarify feelings, etc.

Reflective Listening

Statements that:

• Repeat, or rephrase a person’s statements; clarifying that you have it right.
  • I hear you saying...
• Paraphrase a person’s statements.
  • It sounds like...
• “Read beneath the surface” of the person’s statements to reflect an unstated emotion or meaning.
  • So you’re feeling...

Do: Show and read slide #29 Summaries.

Ask: How can summaries be useful? Look for assure people that you understand and are following the thread of the conversation etc.
Summaries

Reflections that:

• Are useful for transitions, or after a lot of information has been covered
• Highlight salient points, pulls together all information about a topic
• Can be a way to highlight contrasting thoughts/feelings on a topic that the youth has identified over the course of the discussion

• We’ve covered a lot; let me just see if I have it right…
• So, on the one hand I hear you saying XX, and at the same time you think YY…

Engagement Demonstration

Do: Demonstrate the use of the OARS skills with a co-trainer or volunteer from the participant group by using a “real play” as opposed to a role play. In this “real play” the trainer will demonstrate the OARS skills while the other person speaks about something of a relatively minor nature that is actually occurring in their life. The co-trainer or volunteer should be offered a few minutes to prepare or be prepared in advance with an appropriate topic which will be discussed for 5 to 7 minutes while the trainer demos the OARS skills. Conduct the demo in the front of the room. Debrief demo by asking participants to identify the skills they observed.

Optional Engagement Activity

Do: Divide participants into pairs to practice using the OARS skills by using their own “real plays”. Allow 5 to 7 minutes for each practice. The trainers should circulate among the pairs during the practice and offer encouragement, suggestions and feedback. Following the practice trainer processes the practice by asking:

What was it like to use the OARS skills?

What was it like to be listened to when someone was using the OARS skills?

How will these skills be useful when working with our youth?

Say: We have talked about safety and looked at how to provide safety. We have discussed engagement and practiced some skills associated with engagement. The third area we want to look at involves collaboration between direct care staff and treatment staff.

Ask: How would you define collaboration? Get a few responses.

Do: Display and read slide 30 Collaboration definition.
**Collaboration**

To work together in a joint effort.

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**Ask:** Why is collaboration important in working with traumatized youth in custody? Look for a multidisciplinary team is indicated as the approach of choice in working with traumatized populations. In order for that team to be most effective a collaborative effort of all the disciplines represented in the group is required.

**Do:** Show slide #31 Collaboration Direct Care Staff and Treatment Staff Activity

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**Collaboration Direct Care Staff and Treatment Staff Activity**

- What do you need from each other?

- How do you get it?
Say: We are going to explore this a little more deeply with an activity. In your groups, respond to the questions on slide #31. (Note to Trainer: if possible arrange groups to have a treatment staff in each group, or an administrative staff who might represent the interests and needs of treatment staff.) In each group you will need a recorder and reporter. The recorder will record on newsprint. You will have 15 minutes to finish the activity.

Do: After 15 minutes conduct report outs.

Ask: What was it like to talk about collaboration? How many of these things do you do already? How can you use this information back at your facility?

Say: We have talked about safety, engagement and collaboration. Any effective work with trauma survivors requires that the workers possess a degree of emotional intelligence. Emotional intelligence could be training in of itself. We are going to touch briefly here on it in this training.

Ask: Could anyone describe what we mean by emotional intelligence. Get a few responses.

DO: Display and read slide #32 Emotional Intelligence. Each bullet will display at a click. After reading each bullet-

Ask: How will this be helpful in working with traumatized youth?

Emotional Intelligence

- Awareness of your own emotions
- Awareness of how your emotions/behaviors can impact others
- Ability to manage your own emotions
- Ability to identify emotions others may be experiencing
- Can help others identify and manage their emotions
Emotionally Intelligent Trauma Responsive Custody Seeks to Help Youth:

- Name, understand and manage their emotions
- Manage anxiety
- Discuss their feelings
- Change the way they think about people and situations
- Find acceptable solutions to their problems
- Learn interpersonal and communication skills

**Do:** Each bullet will display at a click. After each bullet-

**ASK:** How would this be helpful to traumatized youth?

**Say:** Let’s take another look at Dr. Lisa Boesky’s video on Trauma.

**Do:** Show NPJS Speaks: Dr. Lisa Boesky video Part 2.

**Do:** Display slide #34 and process using the questions on the slide.

**NPJS Speaks: Dr. Lisa Boesky**

- What is your reaction to Dr. Lisa’s presentation?

- Does your facility currently use any of the strategies Dr. Lisa mentioned?

- How might this information be useful?
Say: Another aspect of trauma that is prevalent among our youth is Learned Helplessness.

Do: Show and read slide #35 Learned Helplessness Definition

**Learned Helplessness**

Definition: belief that despite all one’s efforts, positive change or escape from something negative is impossible. This belief persists despite the actual circumstances.

Ask: Do any of the youth on your unit display Learned Helplessness? How about the staff? Look for Yes.

Say: Let’s look at some of the causes of Learned Helplessness.

DO: Show slide #36 and read Causes of Learned Helplessness
Causes of Learned Helplessness

• Learned helplessness can result from one traumatic event.

• More often, learned helplessness comes from consistent exposure to trauma during which one feels a lack of control.

Say: The inescapable shock experiments demonstrate the process of developing Learned Helplessness and some of the results.

Do: Show and read slide #37 Inescapable Shock

Inescapable Shock
Animal Experiments

• Animals were obviously distressed
• Unable to escape - unable to learn
• Unable to get along with other animals
• Increased cancers and aggression
• Had to be dragged from their cages

Say: Experiments were conducted with dogs in which they were placed in a cage and essentially anything they did—move, eat, drink, resulted in them receiving a mild shock. They were unable to get away from the shock no matter what they did. The dogs in the cage were intolerant of each other, highly aggressive with each other and
over time developed cancers. Eventually the experimenters took the lid off the cage. The walls of the cage were low enough the dogs could easily jump out. They did not. In fact they had to be physically dragged form their cages. The dogs had evidently been conditioned that no matter what they did it was wrong, and would earn them an electrical shock. Similarly, some traumatic events where bad things occur seemingly without cause and the person has no control over those events, the individual often displays signs of learned helplessness, i.e. starts to do less and less of everything, develops a sense of fatalism-no matter what I do it’s not going to change anything. The parallel for our traumatized youth is that from their state of learned helplessness they don’t see alternatives, are frequently are unwilling to try different things and have a general sense of helplessness.

Say: Learned Helplessness can be overcome.

DO: display and read slide #38 Overcoming Helplessness

![Slide: Overcoming Helplessness]

Say: Overcoming Learned Helplessness generally requires active intervention i.e. pulling someone out of his or her cage. Treatment sometimes focuses on providing opportunities to rehearse effective coping strategies. In one of the early slides we pointed out that trauma survivors often remain in hurtful relationships and bad situations, that is largely a function of Learned Helplessness. Helping survivors to establish effective coping strategies and then rehearsing those strategies has been shown to be effective in changing brain chemistry so that more effective behaviors become possible.

Ask: What evidence of Learned Helplessness have you seen among the youth at your facility? Get a few responses.

Ask: How have you tried to help those youth? Get a few responses.

Say: Another important phenomenon to consider particular with working with traumatized populations is called Parallel Process.

DO: Show and read slide #39 Parallel Process in Our Species.
Ask: What would parallel process look like in an environment where Learned Helplessness was the norm among the youth?

Look for everyone in the environment would begin to develop a similar attitude.

Ask: Do you think staffs are immune to the impact of Parallel Process when working with traumatized youth? Look for -No.

Say: Let’s look at how this parallel process manifests itself in our facilities.

Do: Show and read slide #40 Parallel Process in Organizations
Parallel Process in Organizations

In organizations like ours, parallel process means a complex interaction among *traumatized* youth, *stressed* Staff and *pressured* organizations.

**Examples of Parallel Process with Trauma Symptoms**

- **In Our Youth:**
  - Increased Aggression
- **In Our Staff & Programs:**
  - Increase Coercion, Seclusion, Restraint, Restrictions, Blaming

*Do:* Display and read the next 3 slides #42, #43 and #44 as examples of Parallel Process with Trauma Symptoms and ask questions like do you see evidence of this in your facilities after each slide.
Examples of Parallel Process with Trauma Symptoms

- **In Our Youth:**
  - Hyper-arousal, Hyper-vigilance

- **In Our Staff & Programs:**
  - Running From Crisis to Crisis
  - Lack of Planning
  - Managing Like Your Hair is on Fire

**Say:** Parallel process is not all about bad news.

**Do:** Show and read slide #45 The Good News: It Works Both Ways
Let’s do an activity that anchors the idea of Parallel process in your workplace.

Do: display and read #46 Activity Slide.

**ACTIVITY**

At your table groups discuss the following question, be prepared to report your ideas to the large group.

How can you create positive Parallel Process on your unit?

**NOTE TO TRAINER:** In setting up the activity it might be useful to offer an example of the positive effects of Parallel Process. Use your own example or possibly ask: Have you ever seen the effect that one positive energetic staff can have on a group of youth? What often happens when they enter the living area?

Do: Allow ten minutes for group discussion.

Do: After ten minutes conduct table group report outs. Thank group for their work.

Ask: How would you describe your best staff. Get a few responses.
**Say:** I am going to ask you all to imagine yourselves as supervisors for a few minutes, Yup you have all been promoted. Now I am going to show you a couple of slides that describe two staff members on your unit. As the supervisor on that unit I want you to answer some questions about these staff.

**Do:** Then show and read slide #47 on Unit 1 Year

![Staff One on Unit for 1 Year](image)

**Staff One on Unit for 1 Year**
- Consistently on time often early to get a “feel” for the unit
- Has not called in sick
- Engages effectively with some of the most difficult youth on the unit
- Volunteers for Special Projects
- Willingly accepts Overtime
- Intervenes early and appropriately when problem seems imminent
- Is routinely neat and appropriately dressed

**Ask:** As the unit supervisor what would you predict for this staff? Look for: they will be successful, we want them to mentor other staff coming in, possibly promotion, someone might say- “Where do I find ten of these folks for my unit?”

**Say:** Let’s look at staff two.

**Do:** Show and read slide #48 Staff Two on Unit 4 Years
Ask: As the unit supervisor what would you predict for this staff? Look for: nothing good, the restraints and excessive force will get them fired, time and attendance issues could get them fired, staff like this are destructive to the team. Acknowledge responses then,

Say: If I told you that staff one and staff two are the same person, what would you say happened to that person?

Do: Show and read slide#49 Vicarious Trauma explain slide by drawing from the group that the person underwater will drown by saving the other person she is holding up if she doesn’t take care of her own need for air.

Ask: How might the woman pictured in the slide be similar to staff two?
Say: Let’s take a closer look at Vicarious Trauma.

Do: Show and read slide #50 Vicarious Trauma definition.

Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical, and spiritual well-being.

Ask: Has anyone heard of Vicarious Trauma? It has other names.

Do: Show and read slide #51 with the other terms for Vicarious Trauma.
Vicarious trauma
Secondary Trauma
Traumatic Stress
Compassion fatigue
Contact victimization
Co-victimization
Traumatic counter-transference
Indirect trauma

BURNOUT!!!!

Say: Here is what Vicarious Trauma looks like.

Do: Show and read slide #52 Vicarious Trauma symptoms slide (Saakvitne & Pearlman, 1996)

Do: As you read through the list give examples as appropriate and at the end

Ask: Does this sound like anyone you know or look like?

Say: If you recall our discussion earlier about Parallel Process and then think about the items on this slide, what impact do you think that vicarious trauma could have on the environment and people in your facility? Look for: not good, if staffs are cynical and disconnected we could expect the same from youth, that whole thing about Learned Helplessness would feed into this everyone would start to look like staff two in our example.
Say: There are factors that increase your individual risk from Vicarious trauma

Do: Show and read #53 Individual Risk Factors for Vicarious Trauma

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Say: We have painted a pretty grim picture of the effects of Parallel Process and Vicarious Trauma in our facilities. There are also protective factors against Vicarious Trauma

Do: Show and read slide #54 Individual Protective Factors Against Vicarious Trauma

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Ask: Which of the items listed on the Protective Factors slide do you have the most control over? Look for: Self Care
**Ask:** What do you think is meant by “conscious actions” Look for: people are aware that they are doing it, they might have a plan

**Ask:** What do you think is meant by ongoing? Look for: dealing with the effects of Vicarious Trauma is a process.

**Say:** Everyone who works with traumatized populations are susceptible to Vicarious Trauma and mitigating the impact of Vicarious Trauma is a process rather than an event.

**Ask:** What are your thoughts about this definition?

**Do:** Show and read slide #56 Self Care Why is it important?

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**Self Care**

**Why is it important?**

- In order to help others, we must first take care of ourselves – the airline motto: put your oxygen mask on before assisting others.
- Many of us come to the field as helpers because we have faced our own traumas or problems. This can make us more vulnerable.
- We can only help ourselves and our agency manage the risks if we identify them.
Do: Show and read slide#57 One Approach to Self-Care

One Approach to Self Care

- The Professional Quality of Life Scale (ProQOL-R IV) is a way to measure how satisfied workers are with their jobs providing help to others.
- It is also a way to measure their distress from exposure to traumatized people.
- Understanding these factors can help workers make a plan to cope with their reactions to working with traumatized youth.

Do: Direct participants to turn to the Self Care section of their Participant Manual and complete the Pro QOL-R IV Instrument and the Self Care Plan then show and read slide # 58.

Trainer Note: Completion of the Pro QOL-RIV Instrument requires approximately 45 minutes. The Self Care Plan can be completed in about 20 minutes. If time is an issue the Self Care Plan can be completed in the training and the Pro QOL-R IV instrument assigned as independent work after the training.

Do: Show and read slide #58 Self Care How do you do it?

Self Care
How do you do it?

- Determine your risk factors for vicarious trauma/ compassion fatigue as well as your level of satisfaction with your work.
- Make a plan for how you might manage stress or protect yourself from the impacts of exposure to the trauma of those you help in your job.

Do: Following completion of the instrument(s) debrief as follows.

Ask: What was it like to complete the instrument(s)?

Are there any self care strategies that you’d like to share with others?
**Do:** Reiterate the importance of self care in effectively working with traumatized youth. Thank the participants for their work.

**Do:** show slide #59 Goodbye

**Do:** Conclude the training
Trauma Responsive Custody

Welcome
OBJECTIVES

At the conclusion of this module, participants will be able to:

- Define Trauma
- Explain key terms associated with trauma
- Identify strategies that support traumatized youth
- Understand trauma’s impact on the brain and potential future health problems
• Utilize OARS skills as an engagement strategy with traumatized youth
• Understand the importance of collaboration among all professionals when working with traumatized youth
• Understand Learned Helplessness, Parallel Process and Vicarious Trauma and how they contribute to the need for Self Care for staff
• Develop a Self Care Plan
• Welcome, Objectives, Agenda
• Trauma and associated terms
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• The ACE Study: Dr. Nadine Burke Harris
• Trauma History VS Criminal History
AGENDA

• Engagement/OARS
• Collaboration
• Emotional Intelligence
• NPJS Speaks: Dr. Lisa Boesky
• Learned Helplessness, Parallel Process and Vicarious Trauma
• Self Care
It’s Just Common Sense That...

- People avoid things that scare them
- People avoid pain
- If somebody hurts you, you get away from them
- We can generally tell who can be trusted and who can’t
- People learn from their experience
- Parents love their children
- You don’t hurt people you love
- People remember anything that is really terrible
But Traumatized Youth Frequently..

- Put themselves in situations of danger
- Hurt themselves
- Get into and stay in relationships with hurtful people
- Are frequently unable to discern who is to be trusted
- Don’t seem to learn from experience
- Have been hurt by people who were supposed to love them
- Frequently hurt the people they love the most
- Don’t remember the worse experiences of their lives
What is Trauma?

- Trauma is a psychologically distressing event outside the range of usual human experiences. In traumatic situations, the person experiences or witnesses an immediate threat to self or others, often followed by serious injury or harm. Trauma often involves a sense of fear, terror, and helplessness (Dr. Bruce Perry, 2004. Child trauma Academy).

- Traumatization occurs when both internal and external resources are inadequate to cope with external threat.
Common Traumatic Events Among Incarcerated Youth

- Witnessing Violence/Death of another
- Extreme parental neglect
- Physical, sexual, emotional abuse
- Domestic violence
- Removal from home
- Out of home placement
- Raised in squalor
- Victim of sex trafficking, prostitution
- Locked in cages, cars, closets etc.
- Being shot or stabbed
Chronic Stress/Complex Trauma

**What is Chronic Stress?**
Chronic stress is an overwhelming external element that impacts a person’s sense of daily safety.

**What is Complex Trauma?**
Exposure to multiple traumatic events, often of an invasive, interpersonal nature.
Examples- Alcoholic abusive parent in the home, repeated domestic violence, sexual abuse.
Interpersonal trauma refers to the traumatic events that occur between people.

Examples include:

What if the people who were closest to you and responsible for your well being were also your most fearsome enemies?

child relationship
The brains of traumatized children become hyper-vigilant, focusing on non-verbal cues of possible threat. They are in a persistent state of arousal and anxiety.
Hypervigilance

Hypervigilance is an enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behaviors whose purpose is to detect threats.
Hostile Attribution

The interpretation of neutral or even helpful acts by others as threatening or aggressive.
What is your reaction to Dr. Lisa’s presentation?

Do you notice similarities to the youth in your custody?

How might this information be useful?
The Adverse Childhood Experiences (ACE) Study

- A decade-long and ongoing collaboration between Kaiser Permanente’s Department of Preventive Medicine in San Diego, California, and the United States Centers for Disease Control and Prevention.

- With 18,000 participants, this is the largest study of its kind that’s ever been done to examine the health and social effects of adverse childhood experiences over the lifespan (18,000 participants).

- Studies of traumatized individuals often tend to focus on specific demographic groups (poor and/or minority populations). These populations are included in the ACE Study, and so are “average, middle-class” people: the majority of participants were 50 or older (62%), were white (77%), and had attended college (72%).
Overall Findings

- More than half the people were exposed to at least one adverse childhood experience.
- One out of four was exposed to two different types of adverse childhood experience.
- One out of 16 was exposed to four or more types of adverse childhood experience.
- Adverse Childhood Experiences were associated with a variety of social, health, and mental health problems in later life.
TED Talk

How Trauma Affects Health Across a Lifetime:
Dr. Nadine Burke Harris

- [Nadine Burke Harris](https://www.youtube.com/watch?v=QJr-Hghr0bI) on How childhood trauma affects health across a lifetime « ACEs Too High.html
• What is your reaction to Dr. Harris’s presentation?

• Do you notice similarities to the youth in your custody?

• How might this information be useful?
Trauma History vs. Criminal History

Wait a minute......

• Don’t these kids owe a debt to society?
• What about the trauma they caused in other people’s lives?
• Are we just supposed to forget about all of that and baby them?
• What about the victim’s rights?
• What is the purpose of rehabilitation?
Okay I get it, Trauma leads to some seriously bad outcomes, what do you want me to do?

- Provide Safety
- Engage With Youth
- Collaborate With Treatment Staff
- Coach Emotion Management Skills
- Provide Hope-Future Focus
- Take Care of Yourself!!!!!!!
Safety

• **Physical**
  Nonviolence
  Boundaries
  Learning to spot danger

• **Psychological**
  Safety with oneself, in one’s own thoughts & feelings

• **Social**
  Safety with others

• **Moral**
  The ability to differentiate right from wrong as defined by universal principles (moral intelligence)
ENGAGEMENT

To obtain and hold the attention of, to interlock or mesh, to involve oneself or become occupied; participate.
Engagement VS Disengagement

Cool Hand Luke

VS

Remember the Titans
Engagement Strategy

O.A.R.S.

- Open-ended questions
- Affirmations
- Reflective Listening
- Summaries
Open-ended Questions

• Can’t be answered with ‘Yes,’ ‘No,’ or other specific response (e.g., ‘St. Louis’)
• Draw the other person into the discussion
• Avoid an ‘interrogation-style’ interview

Keep the spirit...

• Inquiry, understanding, and joining with the other person
Affirmations

- Recognize a person’s strengths, assets, positive attributes, and successes.
- Communicate that you recognize their hard work and good qualities.
- Anchor the other person to their strengths and resources.
- Build momentum for growth and change.
- Show understanding of struggles or feelings.
- Help build rapport.

**MUST** be delivered as genuine, believable.
Reflective Listening

Statements that:

• Repeat, or rephrase a person’s statements; clarifying that you have it right.
  • *I hear you saying*...

• Paraphrase a person’s statements.
  • *It sounds like*...

• “Read beneath the surface” of the person’s statements to reflect an unstated emotion or meaning.
  • *So you’re feeling*...
Summaries

Reflections that:

• Are useful for transitions, or after a lot of information has been covered

• Highlight salient points, pulls together all information about a topic

• Can be a way to highlight contrasting thoughts /feelings on a topic that the youth has identified over the course of the discussion

  • We’ve covered a lot; let me just see if I have it right...
  • So, on the one hand I hear you saying XX, and at the same time you think YY...
Collaboration

To work together in a joint effort.
Collaboration Direct Care Staff and Treatment Staff Activity

• What do you need from each other?

• How do you get it?
Emotional Intelligence

- Awareness of your own emotions
- Awareness of how your emotions/behaviors can impact others
- Ability to manage your own emotions
- Ability to identify emotions others may be experiencing
- Can help others identify and manage their emotions
Emotionally Intelligent Trauma Responsive Custody Seeks to Help Youth:

- Name, understand and manage their emotions
- Manage anxiety
- Discuss their feelings
- Change the way they think about people and situations
- Find acceptable solutions to their problems
- Learn interpersonal and communication skills
NPJS Speaks: Dr. Lisa Boesky

• What is your reaction to Dr. Lisa’s presentation?

• Does your facility currently use any of the strategies Dr. Lisa mentioned?

• How might this information be useful?
Learned Helplessness

Definition: belief that despite all one’s efforts, positive change or escape from something negative is impossible. This belief persists despite the actual circumstances.
Causes of Learned Helplessness

• Learned helplessness can result from one traumatic event.

• More often, learned helplessness comes from frequent exposure to trauma during which one feels a lack of control.
Inescapable Shock

Animal Experiments

- Animals were obviously distressed
- Unable to escape - unable to learn
- Unable to get along with other animals
- Increased cancers and aggression
- Had to be dragged from their cages
Overcoming Helplessness

• Requires active intervention (pulling someone out of his/her “cage”)

• Learn and practice new skills

• Practicing skills can change biochemistry so new behaviors become possible

• Provide hope and future focus
Parallel Process in Our Species

• Parallel Process refers to the fact that human beings tend to act like the humans around them are acting.

• Our actions are similarly affected by the actions of people around us. Sometimes we notice this, and sometimes we don’t.

  i.e. When we talk about setting a tone, we’re referring to parallel process --we know that the way we act has a great influence on the way people around us will act.
Parallel Process in Organizations

In organizations like ours, parallel process refers to a complex interaction among youth, staff, organizations, and the social & economic environment around us.
Parallel Process in Organizations

In organizations like ours, parallel process means a complex interaction among traumatized youth, stressed Staff and pressured organizations.
Examples of Parallel Process with Trauma Symptoms

• In Our Youth:
  - Increased Aggression

• In Our Staff & Programs:
  - Increase Coercion, Seclusion, Restraint,
    Restrictions, Blaming
Examples of Parallel Process with Trauma Symptoms

• In Our Youth:
  - Hyper-arousal, Hyper-vigilance

• In Our Staff & Programs:
  - Running From Crisis to Crisis
  - Lack of Planning
  - Managing Like Your Hair is on Fire
Examples of Parallel Process with Trauma Symptoms

• In Our Youth:
  - Impaired Problem Solving

• In Our Staff & Programs:
  - Short-Sighted Problem Solving
  - Follow the Loudest Voice
  - Formulaic Solutions to Complex Problems
  - Quick Fixes
The Good News: It Works Both Ways

Just as negative issues and energy can transmit through all levels of an organization, so can positive actions and intentions -- parallel process works both ways, and if we know that we can use it to help recover from client problems, staff problems, and leadership problems.
ACTIVITY

At your table groups discuss the following question, be prepared to report your ideas to the large group.

How can you create positive Parallel Process on your unit?
Staff One on Unit for 1 Year

- Consistently on time often early to get a “feel” for the unit
- Has not called in sick
- Engages effectively with some of the most difficult youth on the unit
- Volunteers for Special Projects
- Willingly accepts Overtime
- Intervenes early and appropriately when problem seems imminent
- Is routinely neat and appropriately dressed
Staff Two on Unit 4 Years

- Time and Attendance is becoming increasingly problematic
- Is involved in many restraints
- Has been cited for excessive use of force twice
- Openly states “this work is senseless, these kids are thugs!”
- Just wants to do the shift and go home
- Often looks disheveled, says can’t sleep anymore
- You suspect substance abuse
Vicarious Trauma and Self Care
Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical, and spiritual well-being.
Vicarious trauma

Secondary Trauma

Traumatic Stress

Compassion fatigue

Contact victimization

Co-victimization

Indirect trauma

Traumatic counter-transference

BURNOUT!!!!
Vicarious Trauma
(Saakvitne & Pearlman, 1996)

- No time, no energy
- Disconnection
- Social withdrawal
- Sensitivity to violence
- Cynicism
- Despair and hopelessness
- Nightmares
- Disrupted frame of reference
- Changes in identity, worldview, spirituality
- Diminished self-efficacy
- Impaired ego resources
- Disrupted schemas
- Alterations in sensory experiences – symptoms of PTSD
Individual Risk Factors for Vicarious Trauma

- Past history of trauma
- Too much mandatory overtime
- Poor respect for boundaries
- Too many youth who are trauma survivors
- Less experience
- Too much exposure
- High % traumatized youth, particularly sexually abused youth
- Too many negative outcomes
Individual Protective Factors Against Vicarious Trauma

- Supervision and consultation
  Debriefing of critical incidents and physical restraints
- Resolution of one’s personal issues
- Strong ethics
- Knowledge of trauma theory
- On-going training
- Competence in working with our youth
- Awareness of the potential and impact of Vicarious Trauma

- Good physical, emotional, social, spiritual self-care
Self Care

The conscious ongoing actions that trauma workers engage in to mitigate the effects of Vicarious Trauma
Self Care
Why is it important?

• In order to help others, we must first take care of ourselves – the airline motto: put your oxygen mask on before assisting others.

• Many of us come to the field as helpers because we have faced our own traumas or problems. This can make us more vulnerable.

• We can only help ourselves and our agency manage the risks if we identify them.
One Approach to Self Care

• The Professional Quality of Life Scale (ProQOL-R IV) is a way to measure how satisfied workers are with their jobs providing help to others.

• It is also a way to measure their distress from exposure to traumatized people.

• Understanding these factors can help workers make a plan to cope with their reactions to working with traumatized youth.
Self Care
How do you do it?

• **Determine your risk factors for vicarious trauma/compassion fatigue** as well as your level of satisfaction with your work.

• **Make a plan for how you might manage stress or protect yourself from the impacts of exposure to the trauma of those you help in your job.**
Good Bye