“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?
What are warning signs?

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

Ammerman S, Stanford University Department of Pediatrics, Division of Adolescent Medicine, Packard Children’s Hospital, Palo Alto, CA
Optimal Developmental Experience

- Cortical = 12
- Limbic = 8
- Midbrain = 6
- Brainstem = 4

20
10
2.0
Between Stimulus and Response

(LeDoux, 1996)
Between Stimulus and Response

(LeDoux, 1996)

Taken from work of Joseph E. LeDoux, PhD
Between Stimulus and Response

Sensory Thalamus \[ \rightarrow \text{Very Fast} \rightarrow \text{Amygdala} \]

(LeDoux, 1996)
Between Stimulus and Response

Stimulus → Sensory Thalamus → Cortex → Hippocampus → Amygdala → Response

Cortex

Hippocampus

Sensory Thalamus

Amygdala

Response

(LeDoux, 1996)

Taken from work of Joseph E. LeDoux, PhD
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 ≥1
58.5% of sample w/ ACE score >4

Larkin & Park, 2014
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)
Trauma
In the Traumatized Brain

Between Stimulus and Response

Cortex

Hippocampus

Sensory Thalamus

Amygdala

Stimulus

Response

(LeDoux, 1996)
In the Traumatized Brain

Between Stimulus and Response

Cortex

Hippocampus

Sensory Thalamus

Amygdala

Stimulus

Response

(LeDoux, 1996)

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)
On the street the real trick is staying alive.
$1.7-2.3$ million
“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
we are neurological hardwired to bounce back
CASE STUDY
integration?
integration

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
Intervention Strategies

Between Stimulus and Response

- Social Environmental Intervention
- Sensory Thalamus
- Cortex
- Hippocampus
- Neuroregulatory Intervention
- Psychopharmacology
- Very Fast
- Slower
- Psychotherapy

(LeDoux, 1996)

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…”

who?

what?

why?

how?
Integrating a trauma-informed approach
Mindset and heart-set of trauma-informed approach
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
EVOCATION - 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
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

- Heartland Alliance: Midwest Harm Reduction Institute (Chicago, IL): [http://www.heartlandalliance.org](http://www.heartlandalliance.org)