Scientific Overview to trauma informed approaches

On the way to a healing centered approach

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Questions to be addressed in the talk

» What exactly are trauma informed approaches and what is the current consensus on trauma informed practices and approaches?

» Why are trauma informed approaches necessary and where are their limits?

» What are the links to psychological first aid and MH psychosocial support?

» Why a healing centered approach?

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The difference between trauma specific and trauma informed approaches

» **Traumaspecific services**: primary task address the impact of trauma and to facilitate trauma recovery. (individual and group therapies designed to ameliorate posttraumatic stress disorder symptoms (mostly psychiatry and other professional MH service providers)

» **Trauma-informed systems** and services organisations have incorporated an understanding of trauma, including its consequences and the conditions that enhance healing, in all aspects of service delivery. Any human service program, regardless of its primary task, can become trauma-informed by making administrative and service-level modifications in practices, activities, and settings in order to be responsive to the needs and strengths of people with experience of trauma.

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The traditional Western Mental health and trauma approach

» **Focussed on trauma definitions in western cultures**

» **Focussed on the individual**

» **Focussed on pathology**

» Was oblivious to the fact that some of its measures and procedures were potentially retraumatizing

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Central changes in the TI approach

The beneficiary as an expert of his or her own experience

Rather than asking, "What is your problem?" trauma-informed providers may ask, implicitly or explicitly, "What has happened to you? And how have you tried to deal with it?"

The beneficiary as an active survivor instead of a victim

Rather than adopting a stance of "Here is what I can do to help you," a trauma-informed approach asks, "How can you and I work together to meet your goals for healing and recovery?"

Focus on the healing context

In every aspect of the program's functioning, there is enhanced awareness of the ways in which trauma may have affected people coming for services.

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Why and How to become a trauma informed organisation?

Becoming a trauma informed organisation means to rethink one´s own re traumatizing contexts and conditions for both beneficiaries and staff/volunteers

Becoming trauma-informed means a shift in the culture or "paradigm" in human services

„It involves changing the ways we think—about trauma itself, about beneficiaries, about our staff and volunteers, about services, and about the services' relationship— in changing the ways we act in structuring and offering services. **Trauma moves to the center of the staff's understanding**"
(Roger Fallot,2018)

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Evidence for trauma informed approaches

Quantitative studies show the effectiveness of traumainformed approaches to service delivery (Morrissey et al., 2005).

Qualitative findings (Harris & Fallot, 2001) show positive responses to trauma-informed changes in the system of care. The most common theme, one that is echoed across various groups, is an experience of **greater collaboration and trust.**

Morrissey, J., Jackson, E., Ellis, A., Amaro, H., Brown, V., & Najavits, L. (2005). Twelve-month outcomes of trauma-informed interventions for women with co-occurring disorders. Psychiatric Services, 56(10), 1213–1222.

Harris, M., & Fallot, R.D. (Eds.). (2001). Using trauma theory to design service systems (New Directions for Mental Health Services Series). San Francisco: Jossey-Bass.

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6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Center for Preparedness and Response (CPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.
Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

| 1. SAFETY | 2. TRUSTWORTHINESS & TRANSPARENCY | 3. PEER SUPPORT | 4. COLLABORATION & MUTUALITY | 5. EMPOWERMENT VOICE & CHOICE | 6. CULTURAL, HISTORICAL, & GENDER ISSUES |

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

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TCA is about structural change: Important questions to ask as an organisation

To what extent do current service delivery policies, practices, and settings

» Ensure the physical and emotional safety of beneficiaries, staff/volunteers? **(Safety)**

» Provide clear information about what the beneficiaries, staff, volunteers may expect? Ensure consistency in practice? Maintain boundaries, especially interpersonal boundaries, appropriate for the program? **(Trustworthiness)**

» Prioritize beneficiary (staff and volunteer) experiences of choice and control? **(Choice)** Maximize collaboration and the sharing of power with beneficiaries, staff and volunteers? **(Collaboration)**

» Emphasize beneficiary, staff, volunteer empowerment? Recognize beneficiary, staff, volunteerr strengths? Build skills? **(Empowerment)**

» Include gender, cultural and other diverity aspects into your approach **(Diversity)**

» Implement the principles also to staff and volunteer support **(Peer support)**

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Challenges in Supporting our staff and volunteers

In the trauma field there is good evidence that teams characterised by a strong sense of shared purpose and strong leadership have lower rates of mental health problems.

» In **leadership** relational and decisional justice seem to be very important, a flexible change between collaborative and authoritative leadership depending on the task **(trustworthiness)**
  - Therefore **structures that allow for more staff and volunteer involvement** (dialogue, contextualisation, use of resources, participation) enhance wellbeing and mental health **(empowerment)**

» Additionally a **strong protection structure is crucial**
  - Facing more and more violence and aggresion towards helpers a structure of protection as well as training in how to deal with **aggression and viole**nce seems crucial **(Safety)**

E.g. Anderson, L., et al., Prospective associations of perceived unit cohesion with postdeployment mental health outcomes. Depression and Anxiety, 2019. 36(6): p. 511521.

See also: Kreh et al, 2022, Kreh, et al 2020

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Psychological First Aid and MH Psychosocial Support include social and cultural factors as well as strenghths

» **Psychological First Aid**: a service that shall help people affected by adverse events (including trauma) to cope with the adversities in the acute phases by making optimal use of resources

» **Psychosocial Support**: a community oriented approach that shall enhance resilience and wellbeing of individuals, families and communities in the face of adversities and trauma in all phases of crises and disasters

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Critique of TCA came fom the humanitarian field

Yoder-Maina (2019), Ginwright (2018) and Ayindo (2022)

» Trauma-informed approaches are incomplete, due to their **overly focus on individual suffering**. With the focus on the individual, they often overlook the systemic root causes and the trauma-inducive environment in which individual traumatization takes place.

» Moreover, the focus on individual symptoms carries the **danger of victimizing and not seeing the resilience** and wellbeing that is also part of the individual as well as ignoring the more systemic, political root causes of trauma (Ginwright 2018).

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Therefore they argue for a shift from trauma centered to healing approaches

While the trauma-informed approaches describe the shift from focusing on the question of **"What is wrong with you?"** to the question **"What happened to you?"** (Herman 1992, SAMHSA 2014).

The shift from a trauma-informed lens to a healing-centered lens means a change from looking at **"What happened to you?"** to a focus on **"What is right with you?"** (Ginwright 2018).

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Healing centered approach

Ginwright (2018, 3) describes healing-centered approaches as a "**holistic approach that involves culture, spirituality, civic action and collective healing**".

These ideas are very near to our IFRC approach to MHPSS

We can easily agree on this central understanding

"*A healing centered approach focuses on strengths, advances a vision of collective forms of healing and re-centers culture as central to wellbeing. A healing-centered approach views those that are or were exposed to trauma as "agents in the creation of their well-being rather than victims of traumatic events"*
(ibid. 2018, 4).

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Healing centered and trauma-informed approaches (Ayindo 2022 as cited by Yoder-Maina 2022, 34)

Healing-Centered
(Holistic, multi-cultural, organic, civic action)

Trauma-Informed
(Links healing to systemic/structural justice and the collective and builds on Indigenous cultural knowledge & resources)

Psychosocial Support
(Links healing to family and other social factors)

Mental Health
(Healing is individualized, intra-psychic)

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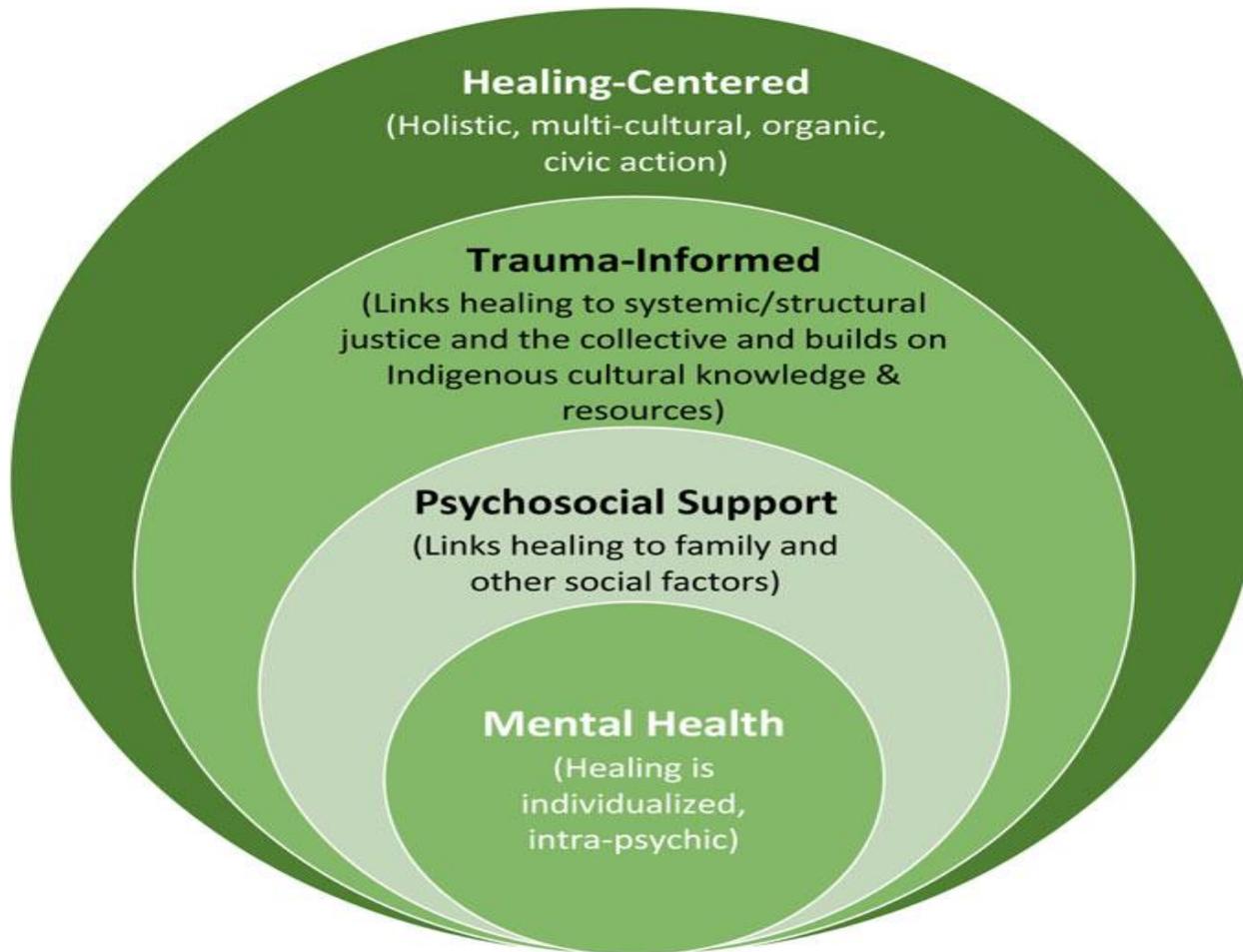
PFA and MHPSS as Multilevel Approaches

» Both PFA and MHPSS are multilevel approaches that can be delivered by lay people as well as professionals, they both focus on social aspects and strenghths and therefore fit well into a healing centered approach

» Basic principles of delivery are the evidence based Hobfoll elements

- Safety, Connectedness, Self and Collective Efficacy, Calm and Hope

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Trauma in PFA and MHPSS

» In Red Cross Organisations we have been avoiding the use of the word trauma in order to distance ourselves from professional trauma specific service providers as well as from the traditional MH Approach (talking about trauma in Western cultures; individual, pathological) **see ENPS meeting Sweden 2008, Stephen Joseph**

» **A healing centered approach is the natural outcome if we merge MHPSS and TCA**

» A healing centered approach allows for a better link between the more basic and community oriented MHPSS approach and the professional MH approaches on top of the pyramid

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What can we learn from the trauma informed approach?

We need **more basic trauma training** in order to establish a **healing context**

Without loosing our strenghths oriented culturally sensitive community based approach!

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Challenges regarding additional Training Needs

What we already have been teaching our staff and volunteers for many years

» Create a safe environment
» Build a strong relationship
» Always act **with** the person not for the person or to the person
» Identify and strengthen resources
» Know about trauma and a good healing environment
» Make use of a community oriented and cluturally sensitive approach
» Use a resource oriented approach

Where we still have gaps in training

» **Neurophysiological basics, embodied and relational self**

- E.g. how to help (bebeficiaries, staff, volunteers) to recognize activation states in self and others and how to step on brakes (teach basic calming techniques on all levels- cognitive, physical, social and neurobiological)

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Scientific background of TIA

» The development of trauma-informed approaches is underpinned by **neuroscience** (Van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005).

- Central is the knowledge about the three parts of the brain (upper, central, lower) and their different functions in stress reaction and management.

» In recent years research has shown the **close link between physical, psychological and social processes**.

- We have learned how the evidence based use of very basic stress management techniques and psychoeducation in a collaborative manner as well as the provision of a good environment can support any individual and group in coping with adverse life events and circumstances.

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Embodied relational self

Siegel (2012) argues that the mind is an embodied and relational regulatory process of energy and information flow.

» This view of the mind departs from the (western) cartesian separation between body and mind.

» Instead of viewing the mind as separated from and superior to the body, the mind emerges from the bodily functions and relationships.

» In this understanding I do not own my mind, but who I am is interdependent on others and deeply shaped by my early relational experiences as well as my genes.

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the TRIANGLE of WELL-BEING

RELATIONSHIPS
The sharing of energy
and information flow

MIND
The self-organizational regulation
of energy and information flow as
well as our consciousness and the
subjective feeling of being alive

BRAIN
The embodied
mechanism of energy
and information flow
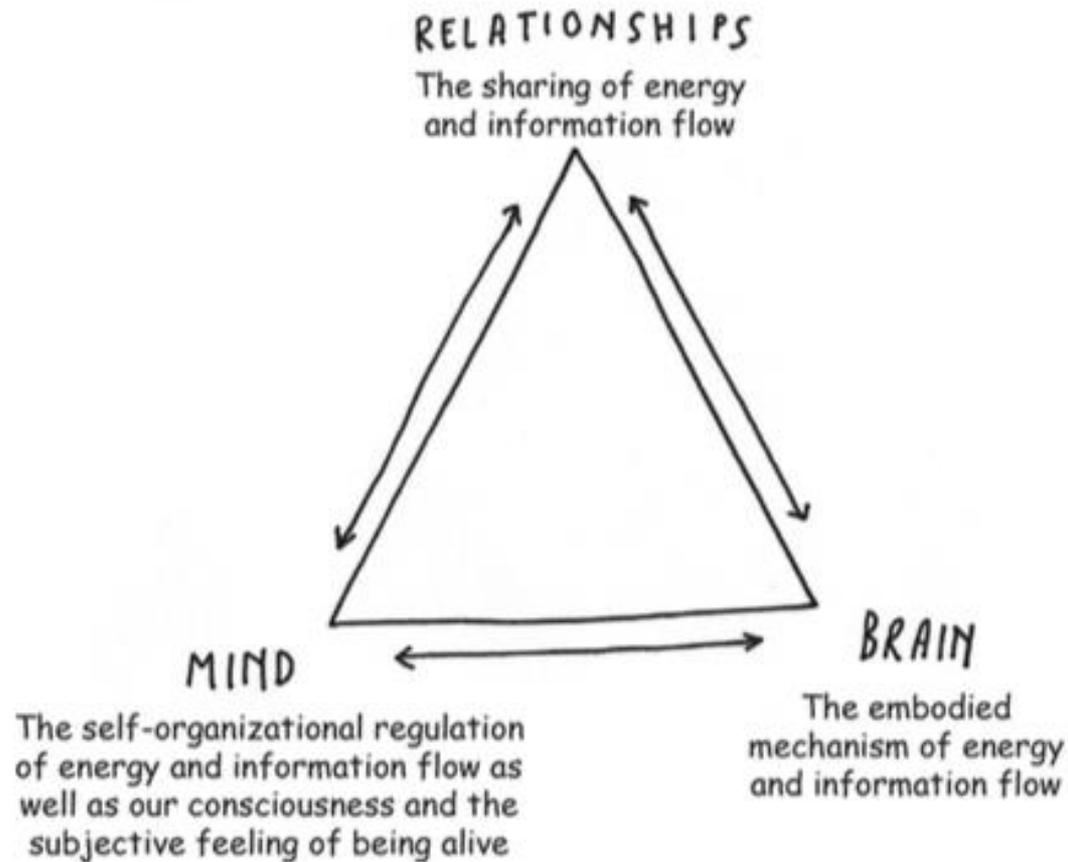
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Link to the program

Workshops: Trauma informed practices – practical experiences

» **Classical grounding** Ea Suzanne Akasha, Technical advisor, IFRC PS Centre

» **Self-esteem shield exercise as a psychosocial intervention** Nigar Gadashova, MHPSS focal person, Azerbaijan Red Crescent Society

» **Dance/movement practices: the body as mediator** Andreia Horta, MHPSS focal person, Portuguese Red Cross

» **Memorializing and its practical implications** Shona Whitton, Technical advisor, IFRC PS Centre

» **Post-Migration Stressors over time during the treatment of PTSD** Lena Yohanes, Social worker and Mahmoud Shawish, Healthcare counselor, Swedish Red Cross Treatment Centre for Persons Affected by War and Torture, Malmö

» **Finding balance within stress regulation through body awareness** Patricia Rocca, Physiotherapist, Swedish Red Cross Treatment Centre for Persons Affected by War and Torture, Malmö

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What do we have to do?

» **Incorporate recent research** on trauma and stress management into our trainings at all levels

- Interpersonal neurobiology, Basic stress management techniques, understanding stress reaction and management on a neurophysiological level, resource use and stress management in times of distress….

» **Incorporate trauma informed care principles into our organisational structures** in order to make staff and volunteers benefit

- Assessment of gaps in safety, trustworthiness, collaboration, choice, empowerment and gender, historical and cultural issues regarding staff and volunteer managament

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Thank you for your attention

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