

Taking a trauma informed approach to family engagement



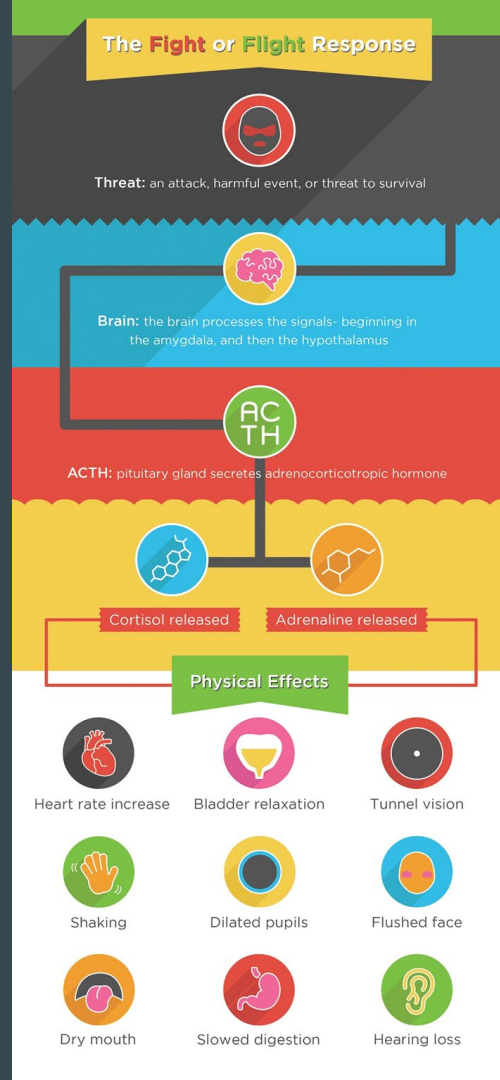
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What is trauma?

“The lasting emotional impact of a terrible event.” APA

- Anything that activates our system’s fight/flight/freeze/fawn response & does not adequately resolve
- Big “T” and little “t” Trauma - Acute, Chronic, Complex
- Key Markers of PTSD:
 - Intrusive symptoms
 - Avoidance
 - Negative Thoughts & Mood
 - Heightened or Altered Arousal State
 - Dissociation



Who Has Trauma?

- Most modern Trauma specialists will state that everyone has experienced a trauma at some point in their lives
- **5% of American Adults will experience PTSD in a given year (va.gov) 3% of Americans meet criteria for PTSD (Karatzias, et al. 2018)**
- 4-6% of Women reported Acute Post Partum PTSD, and studies have found up to 16% displayed clinically significant symptoms of PPPTSD. (Dekel, 2017).



The Definition of Trauma is Also expanding to include collective traumas such as the pandemic, generational traumas such as genocide & slavery, and secondary trauma hearing about a traumatic event that happened to a loved one

What is Trauma-Informed Care?



The Common Thread is that
Your safety, belonging or value
Are perceived as at risk & You
are unable to cope with that
stress

Realize

Recognize

Respond

Resist

For An EDHI Family?



Acute Traumas Might Look Like:

Birth Trauma

Diagnosis Trauma

Medical Trauma

Assaults & Accidents

Sudden Loss

Natural Disasters

Chronic Traumas Might Look Like:

Financial Stress

Conflict at Home

Caregiver Fatigue

Medical System Fatigue

Social Stigma

Traumatic Grief

Complex Traumas Might Look Like:

Systemic Racism

Chronic Illness

Attachment Trauma

Child Abuse

Ableism

Global Pandemic

Example 1: Z



- Z is a 2 year old boy who was implanted at 11mo and had brain surgery at 2
- Mom reported that she noticed Z was becoming increasingly anxious before falling asleep & experiencing nightmares, and was associating sleeping away from home with fear
- Mom believes that the repeated experiences falling asleep and waking up somewhere else or in pain contribute to Z feeling afraid to sleep
- Z's mother asked EI and the Public Health Nurse for support, wondering if she has done the right thing and how she can help him through this when he does not yet have language to understand or express himself

Example 2: K



- K was diagnosed with mild/moderate hearing loss at 3 months old after a prolonged stay in the NICU
- EI has had a difficult time engaging with parents
- When a Parent Guide gets ahold of them, they are told “We don’t think she really needs any treatment. She seems fine and we just want things to go back to normal”
- When the EI assessment occurs, K’s parent is adamant there is nothing “wrong” with her, and states they don’t want her to be “different” or “weird” from the other kids.

Example 3: B

- B's parents are a biracial white/Latina couple who recently moved to a predominantly white area of the US
- Upon initiating services with all new providers, B's Latina parent reported two different instances of being asked if she was the nanny when she joined her husband at an appointment
- B's mother also reported repeated incidents of surprise and fact-checking when she would present with an Anglo last name, or speak fluent English with providers
- B's mother reported these microaggressions resulted in feelings of anger, resentment towards providers and reduced desire to engage in services



SAHMSA 6 Principles of Trauma Informed Care: #1 SAFETY

For Clients

Physical & Psychological

Ability to remain in control of their environment

Ability to avoid fear, pain or discomfort (particularly for kids)

For Employees

Feeling capable of performing their duties with physical safety

Identifying and asking for safety need to be met by administration



Principle 2: Trustworthiness & Transparency

Clients:

- Roadmaps
- Willingness to Engage Difficult Topics
- Appropriate assessment
- Follow Through



Employees:

- Predictability
- Accountability
- Follow Through

Common
Complaint
“It’s probably just
Fluid”

Principle 3: Peer Support



Clients -

Connecting with other families

Hands & Voices

Local & Online Resources

Employees -

Meetings with space for feedback

Communal gathering areas

Team bonding events

Principle 4: Collaboration & Mutuality

Common
Complaint
“No One Even
Mentioned ASL To
Us”

Clients -

Making clear roles, availability & methods of access

Eliciting parent & child feedback (One Sheet)

Reviewing all options clearly & respecting choice

Employees -

Involving members at every level in trainings & committees

Having a clear input format set up

Requesting Feedback & Followup



Principle 5: Empowerment & Choice

Clients -

Focusing on strengths & expanding opportunities

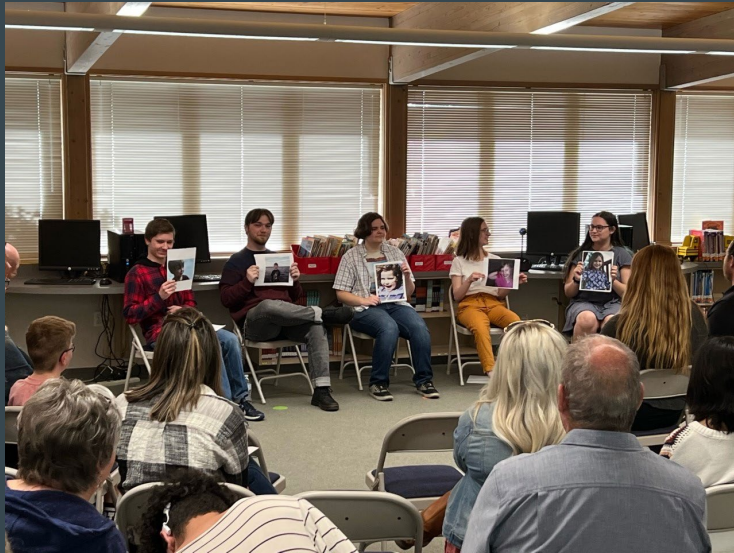
Creating opportunities for choice & expression

Employees -

Opportunities for growth & development

Collaborative evaluation of job description

Person-centered policies on PTO, other benefits



Principle 6: Cultural, Historical & Gender Issues

Clients -

Intake forms that are responsive to cultural & gender identity

Staff awareness of important cultural & historical factors that impact clients

Proactive vs Reactive policies on access & equity

Appropriate resources & referrals available

Employees -

Appropriate DEI training for ALL staff

Recognition, Openness & Welcoming of employee identity



Revisiting Our 3 Scenarios:

#1 Z

Quote from Parent:

unfortunately no one really helped us through this. The one thing I didn't like that people would say is: "Kids are so resilient. He won't even remember it." Yes, he's resilient. But he does remember it. And though he won't remember it the way we did, everything we go through is a part of our experience and contributes to who we become. So to discredit his experience by saying, "He won't remember it," is showing a great deficit in compassion. I would urge providers to listen with compassion and learn appropriate responses to parent's hurts and struggles. I know sometimes it's hard to know what to say, and these kinds of phrases just come out. So instead, I hope, Stephanie, you can help equip providers with better words when they don't know what to say. Phrases like, "Wow, that sounds really difficult. I'm not sure how I can help, but let me look into it and see what I can find."

- Transparency & Follow Through
- Collaboration & Mutuality
- Peer Support
- Appropriate Referral

A greater understanding of trauma by the provider might have contributed to better resources for supporting this family with Z's concerns

"I know how hard it is to soothe a child when the brain is registering danger! What makes him feel safe? How can we integrate more of this into his experience? Are there ways I can support this during our time together?"

#2 - K

- Medical System Fatigue
- Birth Trauma/Medical Event Trauma
- Cultural or Social Trauma around being “different”
- Emphasize Choice & Accessibility
- Clear & Collaborative Roadmapping
- Peer Support & Normalizing Language



**Think
About
System
Regulation**



3 - B

B's Mom shared about a meaningful moment:

“One of the providers who had asked if I was a nanny pulled me aside later to apologize. I appreciated that she did it one on one, and really took accountability that what she did wasn't ok. She told me she would understand if I preferred to work with a different provider. I chose to stay with her because my daughter seemed like to her, but that moment and her ability to put my feelings and needs first over her own pride really helped to repair our relationship”

- Trust & transparency, willing to have the hard conversation
- Choice & Collaboration
- Awareness of Microaggressions & Appropriate Referral



Thank you!



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Citations:

[SAHMSA Key Ingredients for Successful Trauma Informed Care Implementation](#)

[SAHMSA's Trauma Informed Approach: Key Assumptions & Principles](#)

Thank you to Z and B's families for sharing their experiences!