

Trauma-informed Care with Rural Populations

Who is Me?

- Thomas Pitts, RA(OR), LPC(ID)
- Graduated with Master of Counseling in 2024, junior clinician
- Background in addiction studies
- Crazy enough to also have Master of Mathematics (2017)
- Provide general mental health care and behavioral health at VFHC along OR/ID border
- Help people manage and recover from GAD, MDD, PTSD, others as appropriate
- Developing professional identity as a psychosomatic therapist and trauma-informed intimacy coach (under construction)



Who is you?

- Work in healthcare or provide healthcare
- Work with the patient in any capacity
 - Medical providers
 - Dental providers
 - Mental health/Behavioral health providers
 - Community health workers, peer support
 - Nursing staff
 - Front desk staff
 - Management, quality assurance
- Want to provide more humanistic, more compassionate, and more individualized healthcare, or any sort of care

Informed Consent

- Talks about trauma can be activating and bring up yucky feelings
- Remember you can get up, move around, get a drink, attend to your own needs
- Some questions may be difficult to answer.
- If things get too hard, you can always skip a question
- You and others may make emotionally vulnerable disclosures.
- Please be mindful that we treat others' vulnerable disclosures within this space as **confidential** as best we can

What be Trauma?

What be Trauma?

- In our modern context, the word trauma has entered the realm of pop psychology, much like OCD and ADHD
- A common understanding is that trauma is bad, but consider how you might answer the following questions...
 1. Where does trauma come from?
 2. What happens for someone with a heavy trauma background?
 3. How can we notice trauma in others?
 4. Why is it important for us to be able to notice trauma in others?
 5. Is it possible to recover from trauma? If so, how?

What be Trauma?

1. How do **you** define trauma?
2. What's a time you have seen **someone else** struggle with trauma?
3. What's a time that **you** have struggled with trauma?
 - Please be mindful of yourself and your partner as you share this one
 - If you don't feel comfortable answering, feel free to skip this one

What be Trauma?

- The Stress Response
 - You gonna get killed
 - What you gonna do about it?
 - Activate super powers!
- Adaptive response
 - Sympathetic activation
 - Fight, Flight, Freeze
 - Survive, yay!
 - Time for cooldown, rarely employed
- Trauma? No cooldown from the stress response, deal with it
- (Turns out the body can't deal with it, super powers activate is exhausting and damaging)

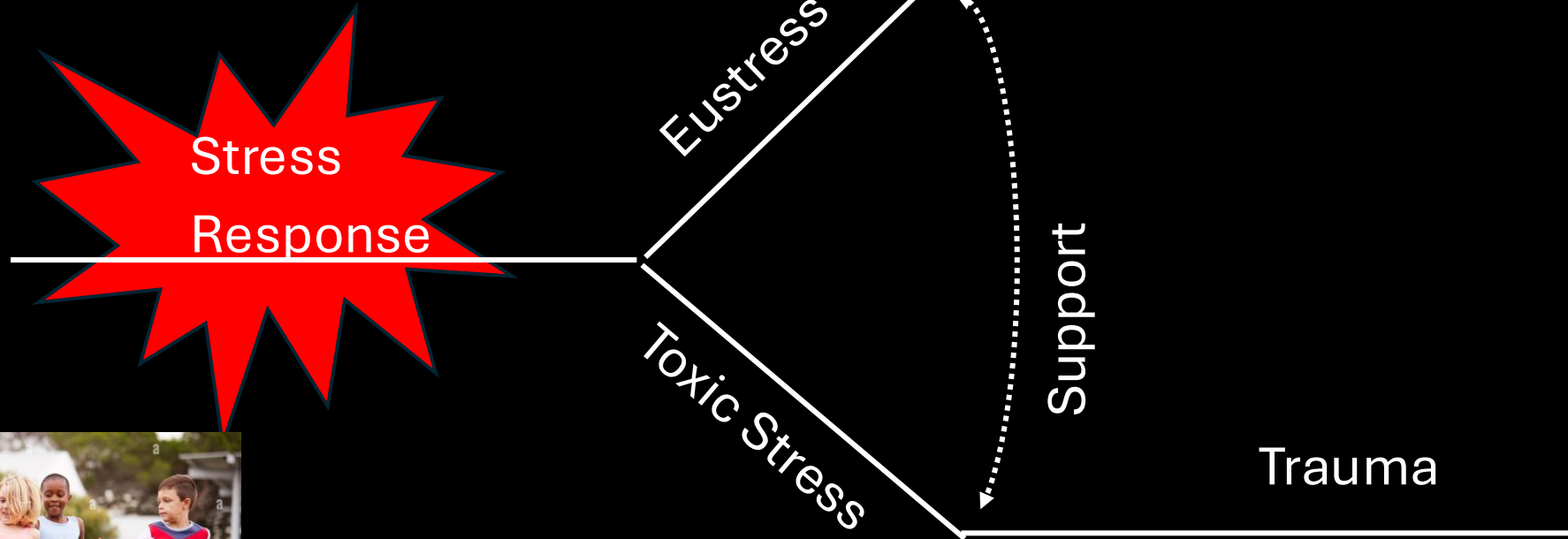


The Tiger!

(don't pretend you weren't scared, yummy human, 10/10 spook)

What be Trauma?

Body can't tell difference
between Tiger and scary humans
(humans are in fact scary)



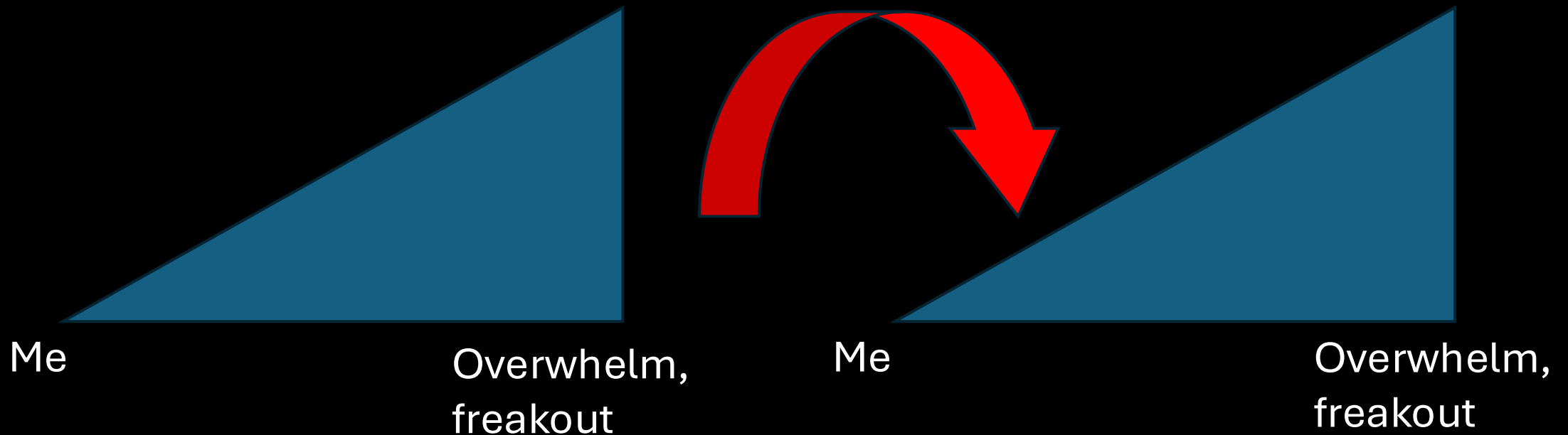
Individualized; normal response to abnormal situation

What be Trauma?

Not an event; a reaction

Best friend killed in front of me
in freak chainsaw accident

Sound of chainsaw



Why Trauma-informed Care?

Why Trauma-informed Care?

- What does it mean to be trauma-informed?
(becoming another pop psychology term)
- How does being trauma-informed help the patient/client?
- What can happen if we don't care? What does *not* trauma-informed care look like?
(throw all that trauma-informed stuff out the window)

Why Trauma-informed Care?

- We don't want to be the patient's tiger
 - We need to convey complex information
 - You think **you** can pay attention with a tiger snarling in the room? You think **they** can?
 - A fight/flight/freeze pt is an unsafe pt (and a scary pt for us, stress contagious)
- We are helping the pt's body heal
 - Stress makes just about every body problem worse
 - Hypertension, diabetes, weight change, substance use
 - Setting ourselves up for failure (pt is emotionally overwhelmed, is combative or easily offended, more likely to complain, less likely to return)



The Tiger!

(yummy human be yummy, y'know?
Good luck not being a snack.)

Why Trauma-informed Care?

- Out of control stress response is embarrassing
 - The pt deserves dignity and reasonable accommodation
- We are not powerless in the face of trauma
 - You have more power than you think
 - You can help someone turn off their super powers when they can't!
 - You may be the first person who has ever helped the pt this way
 - Develop high rapport quickly
 - Establish safety
 - Surprised by pt gratitude
 - We feel safer too



The Tiger!

(you still yummy...)

How do Trauma-informed Care?

How do Trauma-informed Care?

- What do you right now to practice trauma-informed care?
- What does your agency/clinic/organization do to practice trauma-informed care?
- How do you think your organization could improve?

How do Trauma-informed Care?

- Step 1: Take care of yourself
 - Stress is contagious! You are impacted by the pt's distress
 - It's easy to think poorly of the pt; you may think the pt is being deliberately annoying, obstinate, purposely unhelpful, trying to create problems for you
 - Actually off in stressed out land and brain not at 100% and wants to take you with
 - If you are finding your own stress response activating, step out and regulate
- Step 2: Notice the signs of trauma activation
 - Body symptoms: Elevated heart rate, shallow/rapid breathing, sweating
 - Mind symptoms: High anxiety, panic, anger, overwhelm, collapse, disassociation, hypervigilance, oversensitivity to environment
 - Social symptoms: Suspiciousness; sensitivity to criticism; irritable/obstinate; silence/no talking; difficulty listening, retaining healthcare information, asking informed questions

How do Trauma-informed Care?

- Step 3: Help the pt co-regulate
 - Calm, even tone, use simple words
 - “Calm down”, “don’t panic”, and “it’s all going to be okay” are lies
 - “I see you, it feels dangerous right now, I want to help you feel safe” much more helpful
 - Establish safety (pretend is okay), present moment 900%
 - If you are the tiger, don’t take it personally and get out, **otherwise**
 - Help the pt get to a private area “Let’s get you somewhere peaceful”
 - Name unsafety: “It feels scary right now. It’s too much.”
 - In private area, help regulate breathing (as best you can, “follow my breathing”)
 - Slow it way, way, way, way, way down. And then slow it down more.
 - “Right in this moment, you are safe. Right in this moment, you are loved.” (body, mind/social)
 - “You might feel embarrassed right now. What’s happening right now is okay. We can wait until you feel better.”
 - Humor is also great! Humor interrupts the stress response. (Dad jokes encouraged, with apology)
 - Give choice and distraction
 - “Would you like some water?”; “It’s okay if you need to leave. It’s also okay to stay here.”
 - “We have some stress balls and fidgets. I’m going to leave one here for you.”

How do Trauma-informed Care?

- Straight and simple
 - Be patient and don't take it personally. Their trauma is not your fault.
 - Let trauma be weird (yes, they were traumatized by someone who looks/sounds/smells just like you, too bad for you)
 - If you're the tiger, get out of there
 - If you're not the tiger, help co-regulate (every human's superpower!)
 - Be extra nice!
 - Don't lie. "Yes, it's going to be difficult for awhile. I don't know when this will get better, but I will sit with you until then."
 - Let adult be baby, be nice to baby
 - Slow way, way, way, way, way down. And then slow down some more.
 - Breathe, super duper slow and regular

Bonus Round: How do trauma therapists fix it?

- Talk therapy already sorta weird, but we talk all nice and this helps
- **Trauma therapy** be extra weird
 - EMDR: Jedi mind trick, rhythm and vomit
 - Brainspotting: Stare at the magic wand and vomit
 - Somatic experiencing: I touch you the right way and you vomit
- Common thread: I get you one foot in, one foot out
 - Foot in kicks up the trauma and does the yucky
 - Foot out keeps the safety and keeps you and me together in the room
 - Both together lets us make the tiger **magically** smaller

Questions?

- Top ten takeaways, turn them into slides
 1. We can all help the client navigate trauma activation, and this helps both staff and the patient
 2. Trauma activation can make the pt appear hostile, unmotivated, morose, or labile
 3. Trauma informed care includes watching for trauma and working to withhold judgement by noticing our own activation and helping everyone to soothe.
 4. Trauma informed care is a team effort; many hands working to identify activation makes for a light load
 5. Trauma informed care looks different for different roles; a PSR has a different role than a nurse than a PA/MD than an LPC/LSCW
 6. Broadly speaking, trauma activation falls into one of the three categories of fight/flight/freeze.
 7. The stress response is a natural and adaptive process; trauma involves maladaptation, generally resulting from a harmful context/environment
 8. Trauma activation shuts down logical processing and problem solving and heightens emotional intensity and lability
 9. Trauma is a normal reaction to an abnormal situation
 10. Trauma reprocessing is a psychotherapeutic technique that helps the patient to reduce the magnitude of the automatic stress response to a past, traumatic stimulus
 11. Traumatic stimuli can look like anything, and often come in the form of environmental stimulus (a location), social stimulus (a person), or sensory stimulus (smell, sight); e.g., a trauma response to tall white men with beards, especially exacerbated in grocery stores
 12. High amounts of trauma can reduce the window of tolerance and make otherwise small stimuli much more aggravating; for example, a woman speaking from a position of power (e.g., specialist knowledge) could remind a patient of a hurtful relationship with mom in which mom told child she knew everything and threatened physical harm when contradicted.