Train the Trainer TIC

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AGENDA

- > Welcome and Introduction
- Review Trauma 101 Training, (evaluate the comments and suggestions)
- > Morning Break
- Basics on "How to Present an Engaging Training"
- Review Client and Staff Surveys (common themes)

- **➤** Burning Questions/Hot Spots
- Lunch: Provided by Mill Creek
 Pub
- Group Exercise (Practice what you learned)
- > Afternoon Break
- Wrap Up (next steps, Q & A, evals)

Grant Overview

Trauma Informed Care Overview

Common Language A trauma informed organization, program, or system

- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- ► Realizes the widespread impact of trauma and understands potential paths for recovery;
- ► Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- ► Seeks to actively *resist re-traumatization*.

Traumatic Events

- ▶ Physical assault
- ▶ Natural or man-made disasters
- ▶ Dangerous environment
- ▶ Witness or experience street violence
- ► Rape/Sexual abuse
- ► Emotional or psychological abuse
- ► Neglect/abandonment
- ▶ Domestic violence/witnessing abuse or violance
- ► Historical Trauma and Current Oppression
- ▶ War/Genocide
- Accidents

The ACE Study

- ▶ 17,400 Kaiser enrolled adults.
- ► ACE score cumulative based on 10 experiences in childhood.
- ▶ Includes but not limited to physical trauma.
- ► Two-thirds of sample had a score of 1 or more.
- ▶ More than 10% had score of 4 or more.
- ► Cumulative effect profound.

The Cumulative Impact

- ► ACE study (scores 0-10)
 - Score of 4 or more:
 - ► Twice as likely to smoke
 - ▶12 times as likely to have attempted suicide.
 - ▶ 7 times as likely to be alcoholic.
 - ▶10 times as likely to have injected street drugs.
- ► Linear relationship with:
 - ► Mental health disorders, prostitution, early criminal behavior, substance abuse.
 - ▶ Physical health problems, early death.

Adverse Childhood Experiences www.ACEstudy.org)



The Missing Base

- ► ACEs are not equally distributed in the population
- ► Model does not take into account
 - **▶**Poverty
 - ► Current and past community trauma
 - ► Institutionalized oppression
 - ► Micro-aggression
 - Intergenerational transmission of trauma
 - ► Trauma inflicted by systems

Trauma Overwhelms

- ► ACEs are not equally distributed in the population
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Through a Trauma Lens

- 1. Seems spacey or "out of it." Has difficulty remembering whether or not they have done something.
- 2. Complains that the system is unfair, that they are being targeted or unfairly blamed. Combative with authority.
- 3. Makes appointments but doesn't show up; compliant on the surface but not 'engaged.'
- 4. Doesn't tell the truth.
- 5. Changes their mind about what they want and can't make up their mind.

Trauma Informed Care

- ► Takes the trauma into account.
- Avoid triggering trauma reactions and/or traumatizing the individual.
- Adjust the behavior of counselors, other staff and the organization to support the individual individual's coping capacity.
- ► Allow survivors to manage their trauma symptoms successfully so that they are able to access, retain and benefit from the services.

Making it possible for consumers to participate in their own care.

What it doesn't mean

- ► It doesn't mean excusing or permitting unacceptable behavior.
 - ► Supports accountability, responsibility
- ► It doesn't mean just being nicer
 - ► Compassionate care vs TIC
 - Compassionate yes, but not a bit mushy
- ► It doesn't 'focus on the negative'
 - ► Skill-building, empowerment
 - ► Recognizing strengths

What is required?

- ► Secure, healthy adults;
- ▶ Good emotional management skills;
- ► Intellectual and emotional intelligence;
- ► Able to actively teach and be role model;
- ► Consistently empathetic and patient;
- ► Able to endure intense emotional labor;
- ► Self-disciplined, self-controlled, and never likely to abuse power.

The Reality

- ▶ We have a workforce that is under stress.
- ▶ We have a workforce that absorbs the trauma of the consumers.
- ▶ We have a workforce populated by trauma survivors.
- ▶ We have organizations that can be oppressive.
- ► All of this has an impact
 - ► We have organizations that come to resemble the people we're trying to help.

TIC in a Nutshell

- ▶ Recognition that trauma creates fear, powerlessness, and sense of worthlessness.
- ► Commitment wherever possible to avoid repeating those experiences.
- ► INSTEAD, in whatever way possible:
 - ► Create safe context
 - ► Restore power
 - Support self-worth; value the individual

The Foundation

- Trauma Awareness; Organizational Commitment
 - ▶ Trauma education and training for all staff;
 - ▶ Hiring, management, and supervision practices;
 - ▶ Policies and procedures for referral, intake, termination;
 - Recognition of vicarious trauma and the appropriate care of staff;
 - Universal precaution and/or universal screening;
 - ► Knowledge of effective trauma recovery services;
 - ► Advocacy within the agency and with partner agencies/systems.
- Understanding of the impact of historical trauma and all forms of oppression
 - Ongoing training for all staff
 - Ongoing inclusion of consumer voice
 - Procedures and practices that promote and sustain accountability

Did you have the opportunity to try at least one thing you can do to reduce retraumatization in your work?

A Culture of TIC

- ► Involves <u>all</u> aspects of program activities, setting, relationships, and atmosphere (more than implementing new services).
- Involves <u>all</u> groups: administrators, supervisors, direct service staff, support staff, and consumers.
- ► Involves making trauma-informed change into a more informed way of thinking and acting .
- ► Commitment to an ongoing process of selfassessment, review, hearing from consumers and staff, openness to changing policies and practices.

How deep is the mud?

Depends on who you ask.

We all go through the same stuff differently.



TIC Materials/resources used

- ► Diane Yatchmenoff, PhD, Regional Research Institute, Portland State University
- ► Regional Research Institute, Portland State University
- ► Harris, M., & Fallot, R. (2001).

COMMENTS & SUGGESTIONS

Improvements:

- ✓ More time
- ✓ More practice
- ✓ Handouts (email presentation prior to the training)
- ✓ More time for small group activities
- ✓ More group discussion
- More in-depth conversations on how to handle difficult situations
- ✓ More Info on specific topics, i.e. ACE, neurobiology, etc.
- ✓ Breaks/snacks

COMMENTS & SUGGESTIONS CONT.

Other Trainings:

- ✓ Self-Care
- Cross agency/department training
- ✓ Goal setting/coaching
- ✓ Trauma 102 and on
- ✓ How agencies can change
- ✓ Oppression/Poverty/Minority/Cultural Knowledge
- ✓ Addressing communication barriers within the agency as well as with clients and how it can be improved

How to Present an Engaging Training

Successful Training

- ► What is the objective
- ► What benchmark performance looks like
- The content and extent of training needed
- The level of support for prospective training

Successful Training

What most learners want:

- 1. Need to know why (what's in it for them)
- 2. Care more about accuracy than speed
- 3. Want relevant, immediately applicable solutions
- 4. Fall back on their own experience
- 5. Need demonstrated respect
- 6. Established credibility
- 7. Provide opportunities for application

Successful Training

- Define your audience and the best way to reach them
- ► Identify if the training is the answer
- ► Train select team of high-performing staff and let them train everyone else
- ► Provide outline of objectives
- ► Host training during off-peak hours, evenings, etc.
- ► Conduct training on site rather than off site
- Partner

Address All Learning Styles

Learning Style	Traits
Visual/Special	 See clear pictures in their minds Read maps, diagrams easily Draw, build, design
Auditory/Musical	 Works best with sound in background Sing or hum while working Make songs our of random sounds
Kinesthetic/Physical	 Learn by touching Strong gross and fine motor skills Cannot sit still for long period of time
Logical/Mathematical	 See patterns quickly Find or seek logical explanations Perform mathematical functions easily

Address All Learning Styles

Learning Style	Traits
Linguistic/Verbal	Have strong vocabularyEnjoy writing and/or readingListen well
Social/Interpersonal	Ask for and offer ideas freelyLove working with othersServe as cheerleaders
Solitary/Interpersonal	Know and rely on their own strengthsPrefer working aloneSet private goals

Q & A

Use Questions to:

- Check for understanding
- Provoke discussion
- Emphasize key points
- Encourage thought
- Lead to more questions

Encourage questions fro participants:

- At the of each segment
- If someone appears confused
- When small group begin talking
- By allowing them time to approach privately

Q & A

Field answers with confidence:

- ▶ Be prepared, anticipate where the material can be controversial
- Actively listen; consider content, tone and implication
- Don't get defensive; don't justify; explain
- Verify you understand the question
- Answer directly, concisely, and to the point
- Deliver the answer to the whole group not just the asking individual
- Check to see if your response was understood
- If you do not know the answer say it
- If you will be covering the topic later, explain
- ▶ If it doesn't relate to the group, suggest to discuss individually during the break

Q & A

Ask questions that elicit responses:

- Plan them in advance, and know what you're looking for
- ► Keep questions short
- ► Try to ask open-ended questions
- If possible, use the participants names
- ▶ Pause and wait for a response (5 seconds rule)
- ► Rephrase when answers don't reflect what you were expecting
- ▶ Don't be condescending when reacting to participants' responses
- ▶ Be prepared to encourage to expand
- ► Ask the group for feedback to see if others agree with the provided response

Training Delivery

Use visual aids

- Projector and flip charts combination
- Use images that clearly illustrate your point
- Short, simple text

Create a positive learning environment

- ► Tell them what to expect
- Gadgets and devices
- Start time, end time, breaks
- Demonstration of respect
- Lighting, sound, furniture, technical equipment, temperature, amenities

Measure the results

Construct a training survey

What are our clients saying...

- Staff is openly critical of other staff and client
- Not taking clients' concerns seriously
- Some talk down/belittle clients
- Ned more assistance when sent out to search for housing (ghost hunting through two states)
- Some don't feel enough compassion from staff
- Some feel staff don't take enough time to get to know them (or their situation)
- ► Sometime not all staff is on the same page (different information, rules, enforcement, etc.)
- ► Shelter challenges: access to kitchen amenities; working appliances; safety: clients and staff; trust issues with both other clients and staff

Burning Questions/ Hot Spots

Practice what you learned

Wrap Up

- Q & A
- Next Steps
- **Evals**

Additional Trainings Available

- **►** Understanding Conflict
- ▶ Documentation
- ► TIC Supervision
- ► Self-Care
- ► How to Deal with Change (7 Little Habits that Can Change Your Life)

"When we honestly ask ourselves which person in our lives means the most to us, we often find that it is those who, instead of giving advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a warm and tender hand. The friend who can be silent with us in a moments of despair or confusiohn, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares.

-Henri J.M. Nouven, The Road to Daybreak: A Spiritual Journey