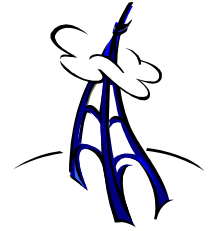


Trauma and Healing in the Lives of People with Disabilities



Shirley Paceley and Teresa Tudor
CQL Webinar
June 2, 2015

Blue Tower Training



- Training, consulting, resource development..
- Self-advocacy; violence prevention, response and intervention; safety, healing, justice; collaborations; inspirational keynotes; healthy sexuality, systems change, etc.
- Disability agencies, self-advocates, victim services, adult protective services, criminal justice, parent groups, advocacy organizations, etc.
- Community, state, national, international.

Before we begin

- Let's create an environment where we can all feel safe



In the words of survivors



What is Trauma?

- What comes to mind when you hear the word trauma?

What is Trauma?

- “Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.”

SAMHSA 2014

Trauma -1

- An event overwhelms my ability to cope.
- War, adverse childhood experiences, violence, disasters, accidents, etc.
- Overloads the brain stress response
- Every person reacts differently
- Can have lasting effects on physical, psychological, social and spiritual well-being
- Widespread

Trauma - 2

- The earlier in life, the more damaging the consequences
- People are resilient and can recover even severe trauma; with supports healing is possible.
- Can impact the core of one's identity

Trauma - 3

- Big T trauma
- Little t Trauma
- Little traumas can accumulate and be as damaging as bigger traumas
- A response more intense than a situation warrants is often trauma-based

The Little t's Add Up

- A lifetime of people trying to fix you
 - The trauma of people calling you names
 - The trauma of invalidation
 - The trauma from extended hospitalizations
-
- Complex trauma

Trauma is pivotal

- Trauma can change:
 1. A person's core identity
 2. Relationships with others
 3. General health
 4. A person's future path



Trauma Responses -1

The Three F's

- Fight
- Flight
- Freeze

FIGHT



FLIGHT



FREEZE



Trauma Responses - 2

- Created for safety and survival
- Worked when younger and in danger
- May cause problems now in many life areas
- May be viewed as a “behavior”
- May be viewed as part of a person’s diagnoses

Trauma Effects

- Lack of Sense of Safety
- Disconnected
- Powerlessness



Triggers/Reminders

- Something that triggers a memory of a trauma
- Can be internal or external
- May result in a trauma response
- May result in re-experiencing the event
- The person and/or others in the environment may not recognize what is happening

We did what we had to... in order to survive

- Coping skills may no longer serve us well
- “It is better to have bad breath than no breath at all”
- Can you imagine the person without the problem behavior?
- The question is not, “What’s wrong with you?”
but “What happened to you?”

Prevalence Data - 1

- People with disabilities experience sexual assault and other crimes more than twice the rate for people without a disability. People with developmental disabilities are at greatest risk.

Bureau of justice Statistics, National Crime Victimization Surveys,
2007 -- 2012

Prevalence Data - 2

- Other studies have indicated that:
 - As many as 90% of people with developmental disabilities will experience sexual assault in their life time.
 - Crime rates against people with disabilities is higher in institutional, segregated settings including schools and group homes.

- We need to presume the clients we serve have a history of traumatic stress & exercise “universal precautions.”

Modas, 2004

Risk Assessment/Screening

- How do we know if the individual has a history of trauma?
- What areas of your assessment would lend itself to discussing trauma? Health, Safety, Supports.
- What indicators may be present that indicate past trauma or current abuse?

When someone tells you what happened....

- Trust factor
- The problem with “just ignore it”
- Most likely to tell when no one else is present
- Recanting doesn't mean it didn't happen
- Start by Believing



www.startbybelieving.org

Responding to disclosures--1

- Provide Privacy
- Explain Options
- Support Choices
- Ensure Safety

DO

Believe
Respect
Support
Assist

DON'T

Doubt
Judge
Blame
Punish

Responding to disclosures--2

- **SAY:** I believe you. I'm sorry this happened to you.
- **ASK:** How can I help you? What do you need right now?
- **TELL:** We have a crisis center in town that can help you .
- **HELP:** Would you like to call them? I can help you with that.
- **PROTECT:** What would make you feel safe right now? Let's make a safety plan.

Mandatory reporting


- Tell the person that you are a mandatory reporter
- Offer to report with them
- Offer an advocate
- Keep person informed
- Engage person in follow-up

Grounding Activities

- Five Senses—Stephanie Covington
- Breathing
- Heart Chart
- WRAP
- Mood Board



Heart Chart

-  Things that help

-  Things that hurt

Healing and Recovery

HOW WE
WANT
GRIEF TO
WORK



HOW GRIEF
ACTUALLY
WORKS



To Heal...



A diagram within a black rectangular border. It contains three light blue rounded rectangular boxes. The box labeled 'CONNECTION' is at the top center. The box labeled 'SAFETY' is on the left side, below 'CONNECTION'. The box labeled 'EMPOWERMENT' is on the right side, below 'CONNECTION'.

CONNECTION

SAFETY

EMPOWERMENT

Expanding our reach

- People with disabilities who identify as LGBT
- People who do not appear to be hurting



Service Planning--1

- **Safety first**—physical and emotional
- **Empowerment**—real choice and power
- **Connections**—recovery can only take place in the context of relationships, it cannot occur in isolation. (Herman, 1997).

Service Planning--2

- Five Elements of Psychological well-being
 - 1. positive emotion
 - 2. engagement
 - 3. relationships
 - 4. achievement
 - 5. meaning**
- Martin Seligman (2011)

Service Planning--3

- Therapy
- Crisis Prevention—know the triggers; anniversaries; positive people; what makes person feel safe.
- Positive identify and happiness plan—what roles are important to the person; ways to build self-esteem; increase accomplishment and meaning
- Karyn Harvey, 2012

Trauma-Informed Services--1

- Do not re-traumatize
- Remember that the survivor is the expert on their own life
- Ask person what will help feel more comfortable and how you can best work with them
- Remember it is hard to give up a behavior that kept you safe in the past
- Maintaining boundaries contributes to a sense of safety
- Healing happens in relationships
- Requires us to pay attention to ourselves

Trauma-Informed Services--2

- Survivors need an opportunity to tell their stories..... “When the truth is finally recognized, survivors can begin their recovery.” Judith Herman
- Staff understand ‘symptoms’ may reflect an adaptation to trauma
- Confront power, prevent violence and coercion, and work together for change

- Behavior



- Emotion



- Trauma

Shifting our view of 'Behaviors'

- Managing behavior vs. helping the person to cope with trauma
- Do we want to promote healing or provide consequences?
- Ex: Van ride to workshop

Behavior Programs

“No intervention that takes power away from the survivor, can possibly foster his or her recovery.” Judith Herman

Changing Climate--1

Lisa doesn't like the way the bus driver looks her up and down. When she tells staff, they tell her that Bill's a nice man and she shouldn't say unkind things about him

Changing Climate--2

Identification of Problem: Acting out
Create Service Plan to address behavior



Result: Punishing survival behavior
No healing

Opportunities: Talk, Explore

- Overhear staff blaming Lisa
- Initiate investigation
- Change bus route
- Reporting to Bill's supervisor
- Talking with Lisa about her feelings
- Asking Lisa what she wants to happen

Trauma-Informed Approach

- Three key elements:
 - 1) realize the prevalence of trauma;
 - 2) recognizing how trauma affects all individuals with the program, organization or system, including its own workforce; and
 - 3) responding by putting this knowledge into practice.

SAMHSA

INTAKE & SCREENING

REFERRALS

POLICIES & PRACTICES

RELATIONSHIPS

SERVICE PLANNING

ENVIRONMENTAL FACTORS

STAFF TRAINING

TRAINING SELF-ADVOCATES

Resources

- www.illinoisimagines.com
- www.accessingsafety.org under resources:
“A Practical Guide for Creating Trauma Informed Disability, Domestic Violence and Sexual Assault Organizations”
- www.samhsa.gov/nctic
- Karyn Harvey book-“Trauma Informed Behavior and Interventions: What works and what doesn’t”
- WRAP – Wellness Recovery Action Planning

Relationships heal and....



What you do matters



You matter

QUESTIONS



Speaker Contact Information

- Shirley Paceley
- 217-875-8890
- spaceley@maconresources.org
- www.bluetowertraining.com
- Teresa Tudor
- 217-558-6192
- Teresa.Tudor@illinois.gov





OCT 20-21
St. Louis, MO



www.c-q-l.org/Conference



OUTCOMES:

The Gateway To Quality

CQLSM

CQL | The Council on
Quality and Leadership

2015
CONFERENCE