

The International Journal for Direct Support Professionals

TRAUMA-INFORMED SUPPORT FOR DIRECT SUPPORT PROFESSIONALS

By: Karyn Harvey and Tanya Fritz

What were you thinking? We've all asked this question of ourselves or someone else when their actions don't make sense or seem out of sync with the situation at hand. The reality, however, is that they probably weren't thinking. They were feeling. You see, when we take in information, we are not just rationally processing the facts. Our emotions and memories play a significant role in how we interpret our experiences. This is why one person may shrug off a remark by a co-worker and another may immediately feel their skin warm and their heart start beating harder, as they feel betrayed or disrespected. If our experiences and memories suggest that something is a threat, our bodies and brains may shift into an automatic reaction to protect ourselves. The challenge is that not everything we feel is a threat, really is. And that's when our actions can get us in trouble!

The Brain 101

So how does this happen? First off, our brains are incredible! They are plastic, meaning they can be molded and changed over time, and the way they develop is guided by the world in which they are developed. We are hardwired for survival, and our brains adapt to the environment around us. If our childhood was unpredictable or dangerous, our brains become masters at scanning for the slightest sign of danger. This adaptation keeps us alive in our childhood – it is a gift. It can also be a real challenge for us in our adult relationships and the workforce. Because you see, the issue isn't the way our brain adapts – the issue is when our adaptations no longer match the environment for which they were designed.

Let's use the example of packing for a vacation to paint a picture of how this works. Let's say I told you we were going to the Bahamas. You would likely pack your suitcase with shorts, flip-flops, swimming suits, and a great beach hat. You are ready to roll! But what if the plane changed course and you ended up landing in the Arctic. How are you feeling about your suitcase now? Everything in your suitcase still has value, just probably not for this journey. It's not a bad swimsuit – it just needs to be replaced with something more fitting for the environment you are entering. This is similar to what happens when an individual has learned it is dangerous to trust anyone, that if they don't look out for themselves nobody will, or that others are out to hurt them. This may have truly helped them survive in the past, but when they

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enter a safe, nurturing environment where connection, trust, and collaboration are necessary, these same behaviors are no longer useful. Just like re-packing the suitcase, we can help others slowly replace old behaviors with new ones. We need to not shame them for their normal adaptive responses, rather we need to normalize them and support the person as they learn to re-pack their suitcases with items that will help them thrive in their current environment. This is not a quick or easy task, as all of us are inclined to fall back into old patterns when we are stressed.

So, let's take a closer look at how this can play out. Our emotional brain, the limbic system, is constantly scanning new stimuli for danger. Within the limbic system is the amygdala – we will call her Amy. Amy is on constant lookout for danger. I picture her with binoculars at the top of the lighthouse, scanning for any potential risks that may be coming our way. Right beside Amy is the hippocampus, the memory center of the brain that we will refer to as the Hippo. This means that, as Amy is scanning, she is getting lots of input from the Hippo based upon our previous experiences. Like a backseat driver, Amy is constantly getting the attention of our Cerebral Cortex – the thinking brain. At every turn, Amy suggests to our thinking brain to slow down, watch out, or make a quick U-turn. Our thinking brain is typically able to provide rational data that calms Amy enough to keep her from taking over. It can point out that the sound on the window isn't someone breaking in, but rather a branch hitting the window due to the storm outside. It can calm Amy by reminding her that the last time the boss wanted to speak with her, it was to get input on a new policy – not to fire her. In these moments, we can stay regulated. In other words, we think before we act. But, sometimes, Amy is yelling so loudly “DANGER, DANGER,” that she takes over. In these moments, our thinking brain can even go offline, and Amy takes the driver's seat. Unfortunately, Amy isn't always the best driver! We become dysregulated and flip our lid. Our need to survive trumps all. We may feel like we are fighting for our life. These moments happen to all of us but, when we have experienced high levels of trauma in our past, it is even more common.

The moment our lid flips because we feel unsafe, we can shift into a default behavior of fight, flight, freeze, or fawn. We may be ready to fight for ourselves by going on the offense or the defense. Or we may find ourselves quickly stepping back or avoiding the situation as a way of fleeing from the danger. For some, we simply freeze up. We may be overcome by a sense of powerlessness and hopelessness. And for others, we shift directly into trying to protect ourselves by defusing the conflict and regaining safety through “people-pleasing” behaviors. If you take a moment, you can probably think of situations with co-workers, yourself, and those you support that illustrate each of these automatic responses.

How to provide trauma-informed support

When we recognize that these behaviors are a result of feeling unsafe, we can shift our response. Rather than joining them in their dysregulation, we can seek to help them feel safe and calm, so their thinking brain can come back online. We realize that their behaviors are not necessarily a reaction to the situation at hand or us, but rather a pain-based reaction to past hurtful experiences. We can move from a desire to judge and punish, to a goal of understanding and supporting. We can use this lens of safety to look at situations from a different perspective. And when we recognize that we all have moments where we flip our lids, we can be proactive in taking care of ourselves in ways that help us feel safe and increase our ability to handle the inevitable bumps in the road. A few concrete examples of ways you may do this include:

- Take a deep breath, making your exhale a few seconds longer than your inhale the moment you notice yourself becoming dysregulated.
- Stay curious a moment longer with a co-worker, parent, or community partner when you feel yourself becoming defensive, by simply asking them to tell you more about what they are saying.
- Help shift the person you are working with into the present, by engaging their senses. Ask them to physically describe what they are feeling in their body, walk them through their five senses by asking them to tell you five things they see, four things they feel, three things they hear, two things they smell, and one thing they can taste right now. Or you can simply invite them to look outside and begin describing everything they can see.
- Practice recognizing and naming emotions, getting as specific as possible, e.g., are you mad, or resentful, or betrayed, or jealous? Our emotions are important signals for what we need in our lives.
- Practice different breathing techniques such as square breathing, belly breathing, or extended exhaled breathing when everyone is calm, so that they are available to you when someone becomes dysregulated.
- Ensure that you connect with the person before you correct by practicing Dr. Bruce Perry's sequence of engagement: Regulate, Relate, Reason. Creating safety for the individual is the best way to ensure that your relationship with that person lasts another day, so that you can continue to support and coach them. Dr. Perry suggests that, if you want to reason with someone, you need the other person to feel safe and connected to you. Being able to engage with the person depends on a minimal level of regulation in the person with whom you're trying to communicate. Regulating yourself is also important to have a chance of helping the other person be regulated, connecting with them, and communicating with them.
- Take care of yourself by setting boundaries, practicing self-care, challenging the stories you make up in your head, and engaging in things that fill your cup. As educator Jean Clarke says, "A person's needs are best met by people whose needs are met."

What is trauma?

The way the brain reacts and develops is a critical element of understanding trauma-informed care. In our field, much more can be done to ensure that we are understanding the impact of trauma on those we support and our workforce. We can start by understanding what trauma is. Trauma is an event that is experienced in a way that has adverse effects on our ability to cope with stress and build relationships in the future. Simply stated, trauma is anything that overwhelms our ability to cope. Trauma changes our brains in predictable ways and the impacts on our well-being physically, mentally, and socially are well documented. Trauma is common.

Nearly 75% of direct support professionals experienced one of the ten traumatic experiences defined by the Adverse Childhood Experiences Study, with 30% experiencing four or more. Similarly, we know that those with disabilities experience significantly higher levels of abuse, neglect, and other traumatic events. Once you realize how common trauma is in the field of developmental disabilities and what a strong predictor it is, it becomes clear that we need to better recognize and respond to trauma in a way that supports healing. Trauma is not an issue of "us" and "them." Trauma impacts nearly all of us.

How do we keep Amy out of our driver's seat?

How do we calm "Amy" when she has taken the driver's seat and wants to veer the car out of control, telling us we are in danger and pushing our panic button? With our rational mind offline, we can't always calm ourselves once Amy has taken charge. The key then becomes how to

keep Amy out of the driver's seat. A big piece of that is to work on our recovery from whatever challenges we may have faced in this life.

A wonderful mentor and renowned scholar, Dave Hingsburger, taught us that relationships are a critical piece of healing. People thrive when they have relationships. Studies show that relationships both protect us against the effects of present trauma, as well as help us to heal from our past traumatic experiences. This applies both to people with disabilities, as well as those of us who support them. Having friends we trust, people we can turn to, even a significant other with whom we can share our lives are all important aspects of healing. The more isolated we are, the more the past may haunt us. The more the past haunts us, the more easily triggered we might be by an emotionally difficult situation. In other words, the more likely it is that we will let Amy take the driver's seat.

In the difficult work world of the direct support professional, isolation come easily. Having co-workers with whom you can speak, face-to-face interaction with your boss, and connections with your team are all very important to combat isolation. Connections, both personal and professional, are key.

Self-care is also a critical part of healing. What helps each of us to feel calm, to release stress, and to let go of tension is different for everybody. Many people find that exercise is critical. Others find creative activities stress-relieving, still others find spending time in nature to be rejuvenating. We know ourselves and know our keys for stress relief. Those working with people with trauma often absorb the trauma without realizing it. Self-care, in this work, becomes essential.

Sometimes, when the day-to-day struggles become overwhelming, self-care is just not enough. Many have found therapy to be helpful when past demons raise their head and current stressors become difficult to bear. Most employees have an EAP program that can provide between four to five sessions with a qualified mental health professional that are private and confidential. Others have sought assistance covered by health care outside of their EAP program. Therapeutic supports can be essential in getting through critical times.

Finally, there are times when a break is needed. No one can do it all, all the time. Often DSPs are asked to work multiple shifts, demands are real, and money is needed, so the work is taken – but it takes its toll. There are times when stepping away is critical. Decompressing, relaxing, and recharging are critical for us all and even more important when the work is charged with emotional demands.

In her book *Trauma Stewardship*, Laura van Dernoot Lipsky talks about the impact of trauma exposure. She discusses how being exposed to the sufferings and traumas of others impacts us and, most particularly, impacts the people working directly with those who have been traumatized. She emphasizes that self-care is not just important, it is survival. Getting help when needed, stepping back when needed, and daily activities that replenish the self are all critical to the ability to be able to continue with sound mental health in this challenging line of work. Knowing ourselves, working with ourselves, and meeting our mental health needs are the foundation of being able to enjoy the work we do without being overtaken by the stress or trauma in the lives of those we support. Knowing and handling our own trauma is another key factor.

Summary

Trauma-informed support means not only supporting others as they heal from their trauma and move into the present, but also focusing on one's own healing as well. An awareness of self, one's strengths, and one's triggers, as well as the signs and symptoms of our own emotional wear and tear is essential. Helping others begins and ends with helping ourselves.

About the authors

Karyn Harvey has worked as a clinician in the field of intellectual disabilities for over 30 years. She has her Ph.D. in Applied Developmental Psychology from the University of Maryland. She has published articles about therapeutic interventions with individuals with intellectual and developmental disabilities (IDD), workbooks for individuals with IDD and two books. Her first book, *Positive Identity Development* was published in 2009 and *Trauma – Informed Behavioral Interventions*, published in 2011. Her third book, *Trauma and Healing* will be released in 2021 by AAIDD. She is the director of program development and training for the Park Ave Group practice where she does both individual and group therapy. In addition, she regularly conducts trainings on trauma informed care and coping with Covid for both state and individual organizations throughout the US and Canada.

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