

# Trauma-Informed Care

*Fostering Post-Traumatic Growth*



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Ken Kraybill, MSW  
kkraybill@center4si.com  
Center for Social Innovation/t3  
www.thinkt3.com

# Trauma-Informed Care

## Learning Objectives

*Participants will be able to:*

- Explain the difference between acute and complex trauma
- Give an example each of the biological, psychological, social, spiritual impact of trauma
- Identify two elements of the mindset and heart-set of being trauma-informed
- Describe three indicators of post-traumatic growth
- Name three ways to foster personal resilience and renewal

## **9:00 Preparation**

Centering practice  
River of resilience activity

## **9:30 Trauma-awareness**

Entering the shadows  
Definitions, prevalence, types of trauma  
ACE study findings  
Understanding trauma through a social and racial equity lens

*10:30 BREAK*

## **10:45 The pervasive impact of trauma**

Trauma and the brain  
Bio-psycho-social-spiritual impact of trauma  
Loss, grief, guilt, shame

## **11:30 Trauma-informed principles**

Trauma-informed care vs. trauma treatment  
Healing-centered principles and guidelines  
The mindset and heart-set of trauma-informed practice

*12:15 LUNCH*

## **1:00 Trauma-informed practices**

Supporting post-traumatic growth and healing  
Core skills for facilitating trauma-informed conversations

*2:15 BREAK*

## **2:30 Organizational trauma-informed practices**

Traditional vs. trauma-informed perspectives  
Practical steps for organizations to become more trauma-informed

## **3:20 Secondary traumatic stress and self-compassion**

Impact of secondary traumatic stress  
Finding resilience and renewal in our work  
Assessing and promoting self-care and team-care

*4:00 ADJOURN*

# Trauma-Informed Care Basics

How can you provide optimal care for people who have experienced trauma? In this article, we share best practices for trauma-informed care. These include understanding trauma and its effects, creating safe physical and emotional space, supporting control and choice, and integrating trauma-informed care across service systems.

Some people experience very few traumatic events in their lives. Others experience chronic traumatic stress that can potentially have a major impact on how people understand themselves, the world, and others. People who have experienced multiple traumas do not relate to the world in the same way as those who have not. They require services and responses that are uniquely sensitive to their needs.

## What makes an experience traumatic?

- The experience involves a threat to one's physical or emotional well-being.
- It is overwhelming.
- It results in intense feelings of fear and lack of control.
- It leaves people feeling helpless.
- It changes the way a person understands themselves, the world and others.

## Trauma-awareness

We know people can and do recover from trauma, and we want to provide services and environments that support healing. To be a "trauma-informed" provider is to root your care in an understanding of the impact of trauma and the specific needs of trauma survivors. We want to avoid causing additional harm to those we serve.

*What does this mean in practical terms? How is this different than business as usual? Here are some concrete practices of trauma-informed care.*

## Understanding trauma and its impact

Understanding traumatic stress and its impact is essential. Trauma survivors, particularly those who have experienced early childhood trauma/developmental trauma, often develop a set of survival skills that help them to manage past trauma. These survival strategies (like substance misuse, withdrawal, aggression, self-harm, etc.) make sense given what people have experienced. But they can be confusing and frustrating to others and often get in the way of current goals.

Without an understanding of trauma, providers may view those they serve in negative ways. Providers might describe behaviors as "manipulative," "oppositional," or "unmotivated." Yet these behaviors may be better understood as strategies to manage overwhelming feelings and situations. Trauma-informed training can help providers understand these responses and offer trauma-sensitive care.

## Promoting physical and emotional safety

Traumatic experiences often leave people feeling unsafe and distrustful of others. Creating a sense of physical and emotional safety is an essential first step to building effective helping relationships. Safe physical environments may include:

- Well-lit spaces
- Security systems; an ability for individuals to lock doors and windows

- Visible posting rights and other important information
- Culturally familiar signs and decorations
- Child-friendly spaces that include objects for self-soothing

Practices that help to create a safe emotional environment include:

- Providing consistent, respectful responses to individuals across the agency
- Asking people what does and does not work for them
- Being clear about how personal information is used
- Permitting people to engage in their own cultural and spiritual rituals
- Provide group activities that promote agency and community (e.g. movement, exercise, yoga, music, dancing, writing, visual arts)

### **Supporting control and choice**

Situations that leave people feeling helpless, fearful, or out of control remind them of their past traumatic experiences and leave them feeling re-traumatized. Ways to help individuals regain a sense of control over their daily lives include:

- Teach emotional self-regulation skills such as altering breathing and heart rate
- Keep individuals well informed about all aspects of their care
- Provide opportunities for input into decisions about how a program is run
- Give people control over their own spaces and physical belongings
- Collaborate in setting service goals
- Assist in ways that are respectful of and specific to cultural backgrounds
- Maintain an overall awareness of and respect for basic human rights and freedoms

### **Integrating care across service systems**

Becoming trauma-informed means adopting a holistic view of care and recognizing the connections between housing, employment, mental and physical health, substance abuse, and trauma histories. Providing trauma-informed care means working with community partners in housing, education, child welfare, early intervention, and mental health. Partnerships enhance communication among providers and help minimize clients' experiences of conflicting goals and requirements, duplicated efforts, and or of feeling overwhelmed by systems of care. It helps build relationships and resources to provide the best quality of care possible.

Becoming trauma-informed means a transformation in the way that providers meet the needs of those they serve. The ideas above are only a beginning. Change happens as organizations and providers take these ideas, as well as their own, and use them to evaluate and adapt their approaches to care.

Adapted from *Trauma-Informed Care 101*, Homelessness Resource Center for Social Innovation  
<http://homeless.samhsa.gov/Resource/View.aspx?id=46857&g=ComResPosts&t=423>

## **Complex Post Traumatic Stress Disorder (C-PTSD)**

Complex Post Traumatic Stress Disorder (C-PTSD) is a condition that results from chronic or long-term exposure to emotional trauma over which a person has little or no control and from which there is little or no hope of escape, such as in cases of:

- Childhood/domestic emotional, physical or sexual abuse
- Repeated violations of personal boundaries
- Long-term objectification
- Exposure to gaslighting/mental abuse and false accusations
- Long-term exposure to inconsistent, push-pull, splitting or alternating raging and Hoovering behaviors
- Long-term taking care of mentally ill or chronically sick family members
- Entrapment, kidnapping
- Slavery or enforced labor
- Long term imprisonment and torture
- Long term exposure to crisis conditions

When people have been trapped in a situation over which they had little or no control at the beginning, middle or end, they can carry an intense sense of dread even after that situation is removed. This is because they know how bad things can possibly be. And they know that it could possibly happen again. And they know that if it ever does happen again, it might be worse than before.

The degree of C-PTSD trauma cannot be defined purely in terms of the trauma that a person has experienced. It is important to understand that each person is different and has a different tolerance level to trauma. Therefore, what one person may be able to shake off, another person may not. Therefore, more or less exposure to trauma does not necessarily make the C-PTSD any more or less severe.

C-PTSD sufferers may "stuff" or suppress their emotional reaction to traumatic events without resolution either because they believe each event by itself doesn't seem like such a big deal or because they see no satisfactory resolution opportunity available to them. This suppression of "emotional baggage" can continue for a long time either until a "last straw" event occurs, or a safer emotional environment emerges, and the damn begins to break.

The "Complex" in Complex Post Traumatic Disorder describes how one layer after another of trauma can interact with one another. Sometimes, it is mistakenly assumed that the most recent traumatic event in a person's life is the one that brought them to their knees. However, just addressing that single most-recent event may possibly be an invalidating experience for the C-PTSD sufferer. Therefore, it is important to recognize that those who suffer from C-PTSD may be experiencing feelings from all their traumatic exposure, even as they try to address the most recent traumatic event.

This is what differentiates C-PTSD from the classic PTSD diagnosis - which typically describes an emotional response to a single or to a discrete number of traumatic events.

## **Difference between C-PTSD & PTSD**

Although similar, Complex Post Traumatic Stress Disorder (C-PTSD) differs slightly from the more commonly understood and diagnosed condition Post Traumatic Stress Disorder (PTSD) in causes and symptoms. C-PTSD results more from chronic repetitive stress from which there is little chance of escape. PTSD can result from single events, or short-term exposure to extreme stress or trauma.

Therefore, a soldier returning from intense battle may be likely to show PTSD symptoms, but a kidnapped prisoner of war who was held for several years may show additional symptoms of C-PTSD. Similarly, a child who witnesses a friend's death in an accident may exhibit some symptoms of PTSD but a child who grows up in an abusive home may exhibit the additional C-PTSD characteristics shown below.

### **C-PTSD - What it feels like**

People experiencing C-PTSD may feel uncentered and shaky, as if they are likely to have an embarrassing emotional breakdown or burst into tears at any moment. They may feel unloved, or that nothing they can accomplish is ever going to be "good enough" for others.

Sometimes people living with C-PTSD may feel compelled to get away from others and be by themselves, so that no-one will witness what may come next. They may feel afraid to form close friendships to prevent possible loss should another catastrophe strike.

People who suffer from C-PTSD may feel that everything is just about to go "out the window" and that they will not be able to handle even the simplest task. They may be too distracted by what is going on at home to focus on being successful at school or in the workplace.

### **C-PTSD characteristics**

How it can manifest in the victim(s) over time:

- Rage turned inward: Eating disorders. Depression. Substance/Alcohol misuse. Truancy. Dropping out. Promiscuity. Co-dependence. Doormat syndrome (choosing poor partners, trying to please someone who can never be pleased, trying to resolve the primal relationship)
- Rage turned outward: Theft. Destruction of property. Violence. Becoming a control freak.
- Other: Learned hyper vigilance. Clouded perception or blinders about others (especially romantic partners) Seeks positions of power and / or control: choosing occupations or recreational outlets which may put oneself in physical danger. Or choosing to become a "fixer" - Therapist, Mediator, etc.
- Avoidance - The practice of withdrawing from relationships with other people as a defensive measure to reduce the risk of rejection, accountability, criticism or exposure.
- Blaming - The practice of identifying a person or people responsible for creating a problem, rather than identifying ways of dealing with the problem.
- Catastrophizing - The habit of automatically assuming a "worst case scenario" and inappropriately characterizing minor or moderate problems or issues as catastrophic events.

- "Control-Me" Syndrome - This describes a tendency which some people have to foster relationships with people who have a controlling narcissistic, antisocial or "acting-out" nature.
- Denial - Believing or imagining that some painful or traumatic circumstance, event or memory does not exist or did not happen.
- Dependency - An inappropriate and chronic reliance by an adult individual on another individual for their health, subsistence, decision making or personal and emotional well-being.
- Depression - when you feel sadder than your circumstances dictate, for longer than your circumstances last, but still can't seem to break out of it.
- Escape to Fantasy - Taking an imaginary excursion to a happier, more hopeful place.
- Fear of Abandonment - An irrational belief that one is in imminent danger of being personally rejected, discarded or replaced.
- Relationship Hypervigilance - Maintaining an unhealthy level of interest in the behaviors, comments, thoughts and interests of others.
- Identity Disturbance - A psychological term used to describe a distorted or inconsistent self-view
- Learned Helplessness- Learned helplessness is when a person begins to believe that they have no control over a situation, even when they do.
- Low Self-Esteem - A common name for a negatively-distorted self-view which is inconsistent with reality.
- Panic Attacks - Short intense episodes of fear or anxiety, often accompanied by physical symptoms, such as hyperventilating, shaking, sweating and chills.
- Perfectionism - The maladaptive practice of holding oneself or others to an unrealistic, unattainable or unsustainable standard of organization, order, or accomplishment in one particular area of living, while sometimes neglecting common standards of organization, order or accomplishment in other areas of living.
- Selective Memory and Selective Amnesia - The use of memory, or a lack of memory, which is selective to the point of reinforcing a bias, belief or desired outcome.
- Self-Loathing - An extreme hatred of one's own self, actions or one's ethnic or demographic background.
- Tunnel Vision - The habit or tendency to only see or focus on a single priority while neglecting or ignoring other important priorities.

### **C-PTSD causes**

C-PTSD is caused by a prolonged or sustained exposure to emotional trauma or abuse from which no short-term means of escape is available or apparent to the victim. The precise neurological impact that exists in C-PTSD victims is not well understood.

### **How providers can help**

Little has been done in clinical studies of treatment of C-PTSD. However, in general the following is recommended:

- Removal of and protection from the source of the trauma and/or abuse.
- Acknowledgement of the trauma as real, important and undeserved.
- Acknowledge that the trauma came from something that was stronger than the victim and therefore could not be avoided.

- Acknowledgement of the "complex" nature of C-PTSD - that responses to earlier traumas may have led to decisions that brought on additional, undeserved trauma.
- Acknowledgement that recovery from the trauma is not trivial and will require significant time and effort.
- Separation of residual problems into those that the victim can resolve (such as personal improvement goals) and those that the victim cannot resolve (such as the behavior of a disordered family member)
- Mourning for what has been lost and cannot be recovered.
- Identification of what has been lost and can be recovered.
- Program of recovery with focus on what can be improved in an individual's life that is under their own control.
- Placement in a supportive environment where the victim can discover they are not alone and can receive validation for their successes and support through their struggles.
- As necessary, personal therapy to promote self-discovery.
- As required, prescription of antidepressant medications.

*Adapted from <http://outofthefog.website/toolbox-1/2015/11/17/complex-post-traumatic-stress-disorder-c-ptsd>*



## **Selected Recovery-Oriented Principles and Guidelines**

- Engage in continual learning about types, causes, prevalence, and impact of trauma *and* strengthening of trauma-informed knowledge and skills
- Develop a recovery-oriented “mindset and heart-set” focusing on partnership, acceptance, compassion, and evocation in all areas of providing care and services
- Make every effort to ensure physical and emotional safety for guests and staff
- Integrate bio-psycho-social-spiritual care approaches
- Create spaces and opportunities for self-regulation, quieting, expressing emotions
- Provide opportunities for guests to engage in awareness and mindfulness practices – e.g., stretching, yoga, meditation
- Provide opportunities for robust physical exercise and play
- Promote healing through creating healthy connections and a sense of community with staff and others
- Recognize that recovery can and does happen
- Focus on strengths, resilience, and recovery. Recognize “negative” behaviors as adaptive
- Minimize possibilities of triggering behaviors and re-traumatization
- Maximize personal choice and self-determination in all communications and actions
- Practice cultural humility and responsiveness by seeking to understand each person in the context of their life experiences and cultural background
- Solicit input and involve people seeking services in designing and evaluating services
- Address secondary traumatization for staff and promote self-care

*Compiled from multiple sources*

# Organizational Trauma-Informed Care

In the space provided, explain how your agency currently integrates each principle into daily practice, and how it might more fully integrate practices related to this principle.

## **1. Understanding Trauma and Its Impact**

Ensuring that all staff are aware of the impact of traumatic stress and recognize that many behaviors and responses that seem ineffective and unhealthy in the present represent adaptive responses to past traumatic experiences.

*How does your agency integrate this principle into daily practice?*

*How might your agency more fully integrate practices related to this principle?*

## **2. Promoting Safety**

Establishing a safe physical and emotional environment where basic needs are met, safety measures are in place, and provider responses are consistent, predictable, and respectful.

*How does your agency integrate this principle into daily practice?*

*How might your agency more fully integrate practices related to this principle?*

## **3. Ensuring Cultural Responsiveness**

Respecting diversity within the program, providing opportunities for people receiving services to engage in cultural rituals, and using interventions specific to cultural backgrounds.

*How does your agency integrate this principle into daily practice?*

*How might your agency more fully integrate practices related to this principle?*

## **4. Supporting Control, Choice, and Autonomy**

Helping people regain a sense of mastery over their daily lives. Keeping them well informed, providing opportunities to make daily decisions and create personal goals.

*How does your agency integrate this principle into daily practice?*

*How might your agency more fully integrate practices related to this principle?*

## **5. Sharing Power and Governance**

Sharing power and decision-making across all levels of an organization including daily decisions and the review and creation of policies and procedures.

*How does your agency integrate this principle into daily practice?*

*How might your agency more fully integrate practices related to this principle?*

## **6. Integrating Care**

Maintaining a holistic view of people receiving services and their process of healing, addressing bio-psycho-social-spiritual dimensions, facilitating communication with and among service providers and systems.

*How does your agency integrate this principle into daily practice?*

*How might your agency more fully integrate practices related to this principle?*

## **7. Promoting Healing through Healthy Relationships and Practices**

Establishing safe, authentic, restorative relationships and offering opportunities and practices to promote healing.

*How does your agency integrate this principle into daily practice?*

*How might your agency more fully integrate practices related to this principle?*

## **8. Believing that Recovery is Possible**

Understanding that recovery is possible for everyone regardless of how vulnerable they may appear, instilling hope by providing opportunities for involvement at all levels of the system and establishing future-oriented goals.

*How does your agency integrate this principle into daily practice?*

*How might your agency more fully integrate practices related to this principle?*

# Finding Resiliency and Renewal in Our Work

*“In the event that oxygen masks may be needed, place the mask over your own face before assisting others.”*

Providing care for people with trauma histories involves bearing witness to tremendous human suffering, and wrestling with a multitude of complex and agonizing issues helping to address their needs. At the same time, we have the privilege of becoming partners in extraordinary relationships, marveling at the resiliency of the human spirit, and laying claim to small but significant victories. Such is the nature of this work that it can drain and inspire us all at once.

Despite the rewards inherent in the work, it inevitably exacts a personal toll. By listening to others' stories and providing a sense of deep caring, we walk a difficult path. Yet we do so willingly, knowing that first we must “enter into” another's suffering before we can offer hope and healing. It is interesting to note that the word *care* finds its roots in the Gothic “kara” which means, “lament, mourning, to express sorrow.”

Caring can become burdensome, causing us to experience signs and symptoms of what the literature variously calls compassion fatigue, secondary traumatic stress, or vicarious traumatization. The impact is compounded by the frustrations of trying to provide help in the face of multiple barriers to care, including inadequate resources and structural supports for people. To feel weighed down by these circumstances is not unusual or pathological. It is, in fact, a quite normal response.

The “treatment of choice” for diminishing the negative effects of this stress is to seek resiliency and renewal through the practice of healthy self-care. Self-care is most effective when approached with forethought, not as afterthought. In the same manner that we provide care for others, we must care for ourselves by first acknowledging and assessing the realities of our condition, creating a realistic plan of care, and acting upon it. Though many providers practice self-care in creative and effective ways, we all sometimes lose our sense of balance, and fail to provide the necessary care for ourselves with the same resoluteness that we offer care to others.

To better understand what self-care is, here are three things it is *not*:

**1) Self-care is *not* an “emergency response plan” to be activated when stress becomes overwhelming.** Instead, healthy self-care is an intentional way of living by which our values, attitudes, and actions are integrated into our day-to-day routines. The need for “emergency care” should be an exception to usual practice.

**2) Self-care is *not* about acting selfishly.** Instead, healthy self-care is about being a worthy steward of the self – body, mind, and spirit – with which we've been entrusted. It is foolhardy to think we can be providers of care to others without being the recipients of proper nurture and sustenance ourselves.

**3) Self-care is not about doing more, or adding more tasks to an already overflowing “to do” list.** Instead, healthy self-care is as much about “letting go” as it is about taking action. It has to do with taking time to be a human being as well as a human doing. It is about letting go of frenzied schedules, meaningless activities, unhealthy behaviors, and detrimental attitudes such as worry, guilt, and being judgmental or unforgiving.

The following ABCs of self-care can provide a useful guide in reflecting upon the status of your own practices and attitudes.

**AWARENESS** Self-care begins in stillness. By quieting our busy lives and entering into a space of solitude, we can develop an awareness of our own true needs, and then act accordingly. This is the contemplative way of the desert, rather than the constant activity of the city. Thomas Merton suggests that the busyness of our lives can be a form of “violence” that robs us of inner wisdom. Too often we act first without true understanding and then wonder why we feel more burdened, not relieved. Parker Palmer in *Let Your Life Speak* suggests reflecting on the following question: “Is the life I am living the same as the life that wants to live in me?”

**BALANCE** Self-care is a balancing act. It includes balancing action and mindfulness. Balance guides decisions about embracing or relinquishing certain activities, behaviors, or attitudes. It also informs the degree to which we give attention to the physical, emotional, psychological, spiritual, and social aspects of our being or, in other words, how much time we spend working, playing, and resting. I once heard it suggested that a helpful prescription for balanced daily living includes eight hours of work, eight hours of play, and eight hours of rest!

**CONNECTION** Healthy self-care cannot take place solely on one’s own. It involves being connected in meaningful ways with others and to something larger. We are decidedly interdependent and social beings. We grow and thrive through our connections that occur in friendships, family, social groups, nature, recreational activities, spiritual practices, therapy, and myriad other ways. Often times, our most renewing connections can be found right in our midst in the workplace, with co-workers and with the individuals to whom we provide care.

There is no formula of course for self-care. Each of our “self-care plans” will be unique and change over time. We must listen well to our own bodies, hearts, and minds, as well as to the counsel of trusted friends, as we seek resiliency and renewal in our lives and work.

*Fasten your seatbelts and enjoy the ride!*

*Ken Kraybill*

# Self-Assessment Tool: Self-Care

How often do you do the following? (Rate, using the scale below):

5 = Frequently

4 = Sometimes

3 = Rarely

2 = Never

1 = It never even occurred to me

## Physical Self Care

- Eat regularly (e.g. breakfast & lunch)
- Eat healthfully
- Exercise, or go to the gym
- Lift weights
- Practice martial arts
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when you're sick
- Get massages or other body work
- Do physical activity that is fun for you
- Take time to be sexual
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips, or mini-vacations
- Get away from stressful technology such as pagers, faxes, telephones, e-mail
- Other:

## Psychological Self Care

- Make time for self-reflection
- Go to see a psychotherapist or counselor for yourself
- Write in a journal
- Read literature unrelated to work
- Do something at which you are a beginner
- Take a step to decrease stress in your life
- Notice your inner experience - your dreams, thoughts, imagery, feelings
- Let others know different aspects of you
- Engage your intelligence in a new area - go to an art museum, performance, sports event, exhibit, or other cultural event
- Practice receiving from others
- Be curious
- Say no to extra responsibilities sometimes
- Spend time outdoors
- Other:

### **Emotional Self Care**

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Treat yourself kindly (supportive inner dialogue or self-talk)
- Feel proud of yourself
- Reread favorite books, review favorite movies
- Seek out comforting activities, objects, people, relationships, places
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in a constructive way
- Play with children
- Other:

### **Spiritual Self Care**

- Make time for prayer, meditation, reflection
- Spend time in nature
- Participate in a spiritual gathering, community or group
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nontangible (nonmaterial) aspects of life
- Be open to mystery, to not knowing
- Identify what is meaningful to you and notice its place in your life
- Sing
- Express gratitude
- Celebrate milestones with rituals that are meaningful to you
- Remember and memorialize loved ones who have died
- Nurture others
- Contribute to or participate in causes you believe in
- Read inspirational literature
- Listen to inspiring music
- Other:

### **Workplace/Professional Self Care**

- Take time to eat lunch
- Take time to chat with co-workers
- Make time to complete tasks
- Identify projects or tasks that are exciting, growth-promoting, and rewarding
- Set limits with clients and colleagues
- Balance your caseload so no one day is "too much!"
- Arrange your workspace so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs
- Have a peer support group
- Other:

Adapted from Saakvitne, Pearlman, and Traumatic Stress Institute Staff, *Transforming the Pain: A Workbook on Vicarious Traumatization*, 1996.

## Selected Resources: Trauma-Informed Care

ACES Connection Resources Center <https://www.acesconnection.com/g/resource-center/blog/resource-list-topic-trauma-informed-practice>

Bassuk, E.L., Olivet, JO, Winn, LP, & Nichols, K. (2014). *Safety in Support: An Interactive eBook on Trauma-Informed Care*. Available from the ibooks library.

Center for Social Innovation. (2015). *Measuring Trauma-Informed Care in Human Service Organizations: How to Use the TICOMETER*. Available by contacting info@thinkt3.com.

Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3, 80-100.

National Child Traumatic Stress Network  
[www.nctsn.org](http://www.nctsn.org)

National Council for Behavioral Health. *Trauma-Informed Behavioral Health Care Trauma-Informed Care Organizational Self-Assessment*  
<http://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare>

Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

SAMHSA National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint <http://www.samhsa.gov/nctic>

t3 (think. teach. transform.)

Resource for trauma-informed care training and implementation supports  
[www.thinkt3.com](http://www.thinkt3.com)

The Trauma Center at Justice Resource Institute  
<http://www.traumacenter.org>

Through a Darker Lens: The Trauma of Racism in Communities of Color  
<https://www.pathwaysrtc.pdx.edu/pdf/fpS1507.pdf>

van der Kolk, Bessel. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Viking



## **This work...**

exhilarating  
and exhausting

drives me up a wall  
and opens doors I never imagined

lays bare a wide range of emotions  
yet leaves me feeling numb beyond belief

provides tremendous satisfaction  
and leaves me feeling profoundly helpless

evokes genuine empathy  
and provokes a fearsome intolerance within me

puts me in touch with deep suffering  
and points me toward greater wholeness

brings me face to face with many poverties  
and enriches me encounter by encounter

renews my hope  
and leaves me grasping for faith

enables me to envision a future  
but with no ability to control it

breaks me apart emotionally  
and breaks me open spiritually

leaves me wounded  
and heals me

*Ken Kraybill*