



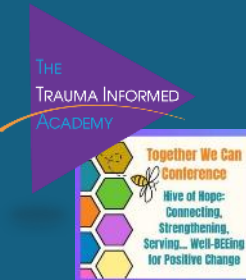
# Strategies to Avoid Re-traumatization

Institute 9



# Welcome | Introductions | Norms

- Glad you're here
- Your Facilitator
- Your Institute
- You
- Three hours, with two 15-minute breaks
- Stay on the journey
- Participate
- Ask questions



# Learning Objectives



## Understand the Impact of Trauma

Recognize universality of experience with unique reactions; who is impacted; how they may be impacted—even though each person has a different pattern of impact.



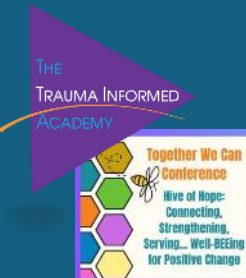
## Describe Trauma-Informed Care Principles

Explore the principles of trauma-informed care and how they can be integrated into everyday practices to create safe and supportive environments for children and families.



## Implement Strategies to Prevent Re-traumatization

Discover practical strategies and best practices for preventing re-traumatization during interactions and interventions, ensuring that all support provided promotes healing and resilience.





# Consider this...

## Universal Exposure

- Natural disasters
- Accidents
- Medical crises
- Relational issues
- Major losses
- Structural “-isms”
- ACEs





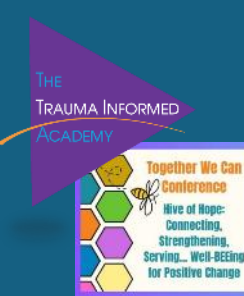
## Consider this...

### Universal Exposure

- Natural disasters
- Accidents
- Medical crises
- Relational issues
- Major losses
- Structural “-isms”
- ACEs

### Unique Reactions

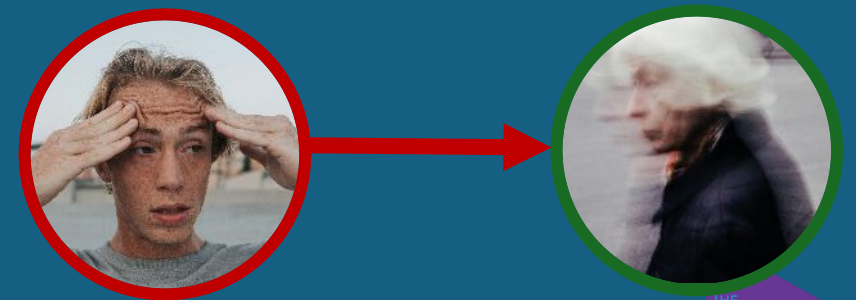
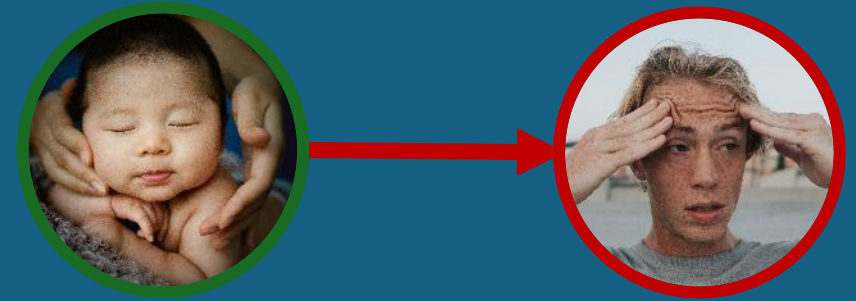
- One-time or chronic
- Age
- Development
- Kin and friends’ responses
- Expectations
- Previous history
- Epigenetics (and more)





# ACES > AEXLS™

- **ACES > 0-18**
  - Limited set of events
  - Used for a research study
  - Childhood onset
- **AEXLS > 18-99**
  - **Any** overwhelming event (including ACEs)
    - Causing fear of death, injury, or insanity
  - Lived experience
  - Adult onset



THE  
TRAUMA INFORMED  
ACADEMY

Together We Can  
Conference  
Hive of Hope:  
Connecting,  
Strengthening,  
Serving... Well-BEING  
for Positive Change



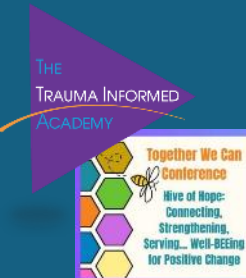
# 1 Exercise

## Group A

- Discuss these questions:
  1. How might believing in “universal exposure with unique response” change how you think trauma?
  2. What effect would that have on your work?

## Group B

- Discuss this question:
  1. What shifts occur when you choose to think about AEXLs—Adverse Experiences Across Life—instead of ACEs?
  2. Think about the children and families you work with. If it’s AEXLs instead of ACEs, how does that change things?



# Understand the Impact of Trauma







# The Impact of Trauma: Who Is Affected?

- **A better question:** Who is not affected by trauma?
  - Direct / indirect
  - Generational

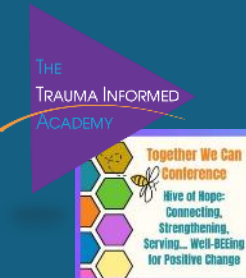




# The Impact of Trauma: How are People Affected?

Difficulty:

- Making choices (often labeled poor judgment)
- Processing more than 3 steps of instruction
- Recognizing they're feeling, naming, and regulating feelings
- With receptive and expressive communication
- Feeling safe in the world
- Feeling they belong or are worthy
- With nuances, complementarity, going beyond polarized ideas





# The Impact of Trauma: How are We Affected?

Physical issues:

- GI trouble (like IBD)
  - Musculoskeletal issues
  - Headaches and stomachaches in children
  - Compulsions or addiction
  - Hoarding
  - Sleep disturbance
- ...and more.



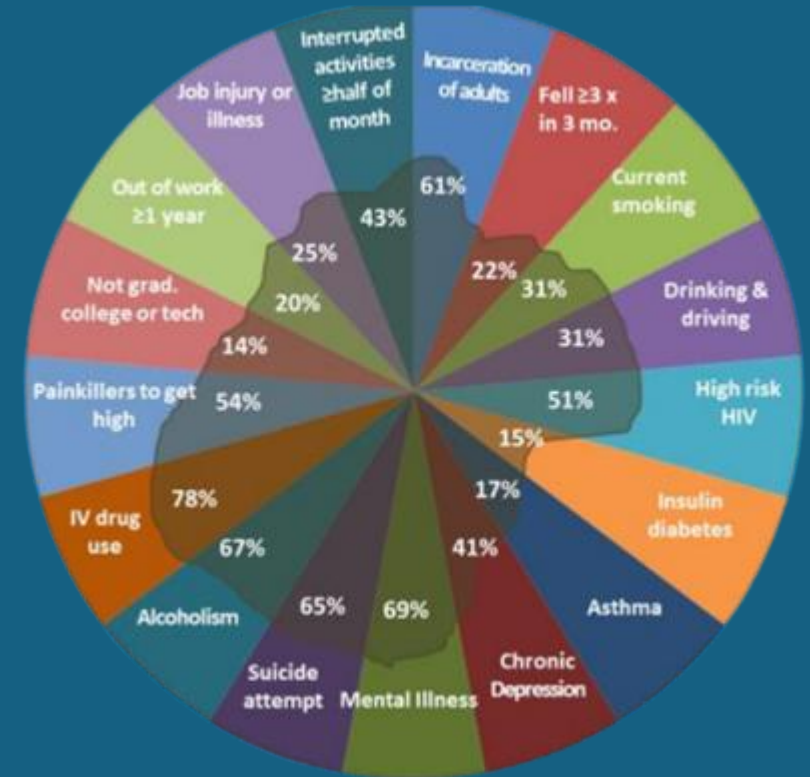
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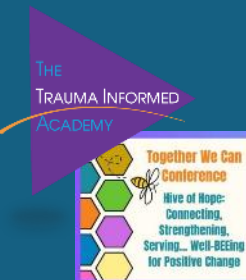


# The Physical Impact of Trauma

- Increased chance of early death
- Higher risk of cancer, heart disease
- Higher risk of lung disease, autoimmune disorders, allergies
- Greater incidence of addiction to something
- Neurobiological changes



Population Attributable Risks from The Pinetree institute





# The Psychological Impact of Trauma

- Lessened trust in one's instincts
- Self-doubt
- Inability to take action
- Limits on topics and areas of study or thinking
- Focus on survival over all else
- Neurobiological changes that can impact memory, connections, cognition



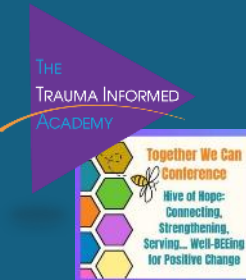
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# The Emotional Impact of Trauma

- Over- or under-emotional
- Blunting of affect (flat)
- “Stuck” emotionally at the age of first incident
- May only know one or two names of feelings
- Very quick to anger or rage
- Disconnection from strong feelings
- Anxiety
- Difficulty with attachment





# Other Impacts of Trauma

- Social
- Sexual
- Work and Career
- Spirituality, faith, religion
- Difficulty with authority





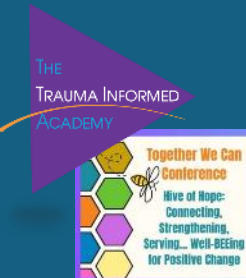
## 2 CASE Exercise

### Group A


- Use case labeled “Group A”
- Read
- Answer the questions at the end of the case
- Be prepared to discuss what you learned

### Group B


- Use case labeled “Group B”
- Read
- Answer the questions at the end of the case
- Be prepared to discuss what you learned







# Trauma-Informed Care Principles

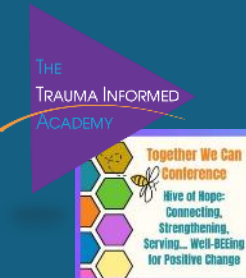




# WARNING: Becoming Trauma Responsive may be Subversive

- Walks the talk of trauma informed
- Shift from power-over to power-with
- Replaces labeling with descriptions
- Requires exceptional relational skills
- Diminishes transactional relationships

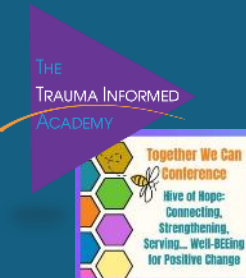
...it's all about **power** and how it's constructed and used.





# Principles of Trauma Informed Care

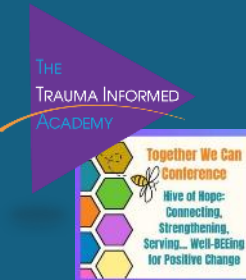
- Use current research
- Foster collaboration and mutuality
- Empower people
- Give people choices and help them learn how to make choices
- Respect culture, gender-based, and historical perspectives





# Principles of Trauma Informed Care


- Acknowledge what drives systems
- Social Determinants of Health matter
- Reduce risks, increase safety
- Be trustworthy and transparent
- Engage peer support
- Avoid retraumatization

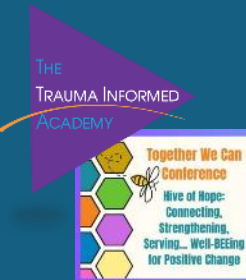




## 3 CASE Exercise

### Group A and Group B

- Use the Case you were working on.
- Go to Whova and pull up the slide show.
- Look at the slides with this icon: 
- Reframe the case through the trauma-informed lens.



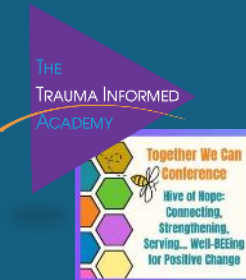
# Reducing the Risk of Re-traumatization





## What is Retraumatization?

- The state evoked by exposure to dynamics, events, or other reminders of a past traumatic experience.
- The act of causing someone to re-experience something traumatic.
- The consequence of applying transactional, power-over, coercive behavior in a relationship with a survivor.

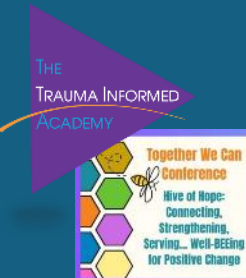




# What is the State of Being Retraumatized?

- The **state** evoked by exposure to dynamics, events, or other reminders of a past traumatic experience.

STATES	
Feelings similar to past	Flooded with feelings
Experience similar to past	Intrusive visual images
Cold sweats	Immobile or dissociated
Retreat / Fight in present	Unable to respond, choose
Frozen	Overwhelming memories
Overstimulated	Dysregulated, out of control







## What Act may be Retraumatizing?

- The **act** of causing someone to re-experience something traumatic, an action or interaction.

ACTIONS	
Asking person to do something that happened during the traumatic event	Exposing others to restimulating material as images, stories, sounds
Not offering choices	Demanding instead of asking
Defining others' reality	Pushing change on them
Bullying	Gaslighting
Touching the other person	Missing invisible risks
Displays of visuals	Exposure to smells





## What is Retraumatization as a Consequence?

- The **consequences** of coercive, or “power-over,” relationships.
- Like actions, may be accidental, deliberate, or unthinking.

Retraumatization as a Consequence: Initiators	
You will, you better, you must	Remember what will happen if...
Assumptions	Believing the worst about people
Lack of awareness of risks	Believing you know what is best <b>for</b> others
Keeping someone stuck in the past	You don't want to lose points...
Jumping to conclusions	Person as “thing”

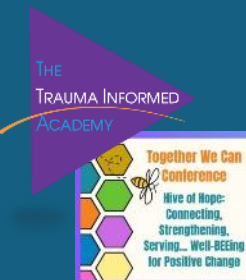




## 4 CASE Exercise

### Group A and Group B

- Review your cases.
- Identify states that indicate the person may be being retraumatized; actions that may be retraumatizing, and consequences that hint of coercion or power-over
- Be prepared to report out.





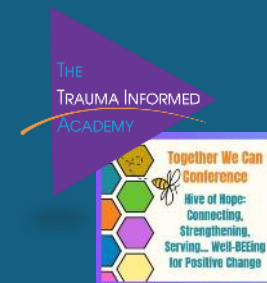
# Reducing the Risks of Retraumatization

## Dynamic:

- Power issues

## Consider:

- How to be collaborative in an authoritarian or vertical structure?
- Who talks about power—the power of relationship versus role, positional power and earned power?
- Where do people have choices and how can the optimized for all?





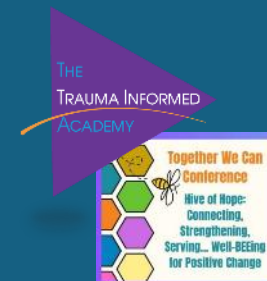
# Reducing the Risks of Retraumatization

## Dynamic:

- Competition for “whose trauma is the worst”

## Consider:

- What happens if you switch from event-named basis to impact basis?
- Why might people compete for the “worst” anything?
- How might it help people to shift to an inclusive “universal exposure, unique reaction” perspective?
- Who trains us to look for the worst?





# Reducing the Risks of Retraumatization

## Dynamic:

- Use of diagnoses and labels to describe a person

## Consider:

- How might it impact a person if you talked about problematic behavior instead?
- What is the difference between “He has PTSD” and “He’s easily startled and sometimes has nightmares about things that have happened.”
- When you refer to people by a label (“victim,” “perpetrator,” “borderline” etc) what does it do?





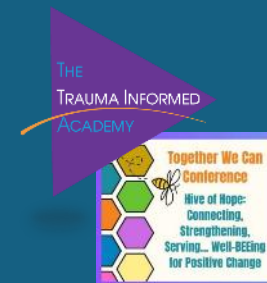
# Reducing the Risks of Retraumatization

## Dynamic:

- Focus on symptoms, pathologies

## Consider:

- How might it help to identify, assess and talk about strengths?
- What would care look like if assessments of health were used along with those that identify pathology? ([authentichappiness.com](http://authentichappiness.com))





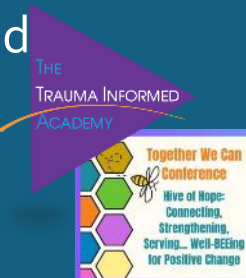
# Reducing the Risks of Retraumatization

## Dynamic:

- “They’re just manipulating us so they can get what they want.”

## Consider:

- What if they’ve learned it’s safer to “ask sideways”?
- How might this be more about how you feel in the moment than what they are doing?
- When you’re overtired, burned out, not caring for yourself adequately how much easier is it to take things personally?
- Where in your day will you take time to build yourself up?







# Reducing the Risks of Retraumatization

## Dynamic:

- Major difference between areas used by workers (nicer) and clients (not as nice)
- Separate bathrooms, kitchens, etc.
- Consider travel paths, doors next to bathrooms, and even colors (whether or not you can change them)

## Consider:

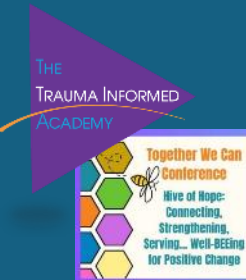
- What message does it send when the space for the people who receive care is not as nice as the reception area?
- What traumatic impacts might this reinforce?
- How might you increase the calm and soothing elements of your physical space/

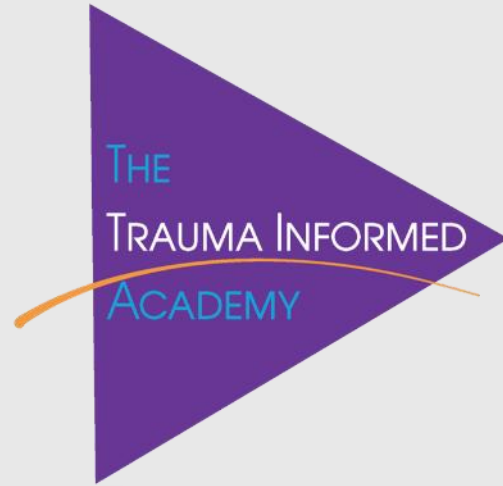




## More on Reducing Retraumatization

- Remember to consider what is happening from their point of view.
- Suspend your judgments (yes, it's hard). It helps no one to demonize anyone.





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