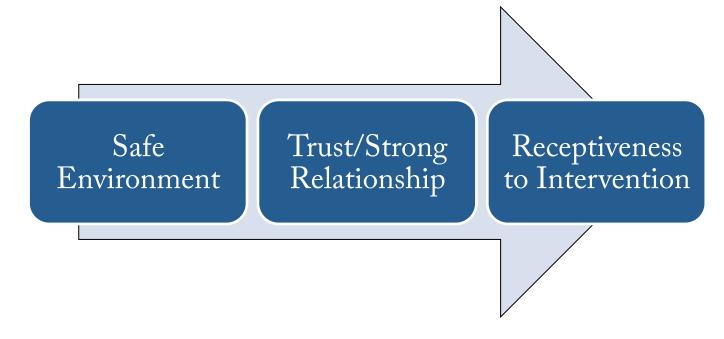
# Trauma-Informed Interventions

Week 4 Summary and References Sheet

# Creating Safe Environments

• The first step in implementing trauma-informed care is doing our best to creating a safe environment. This information can be applied to both the group and individual settings. **Safety** is key in order for youth to be able to trust, feel connected, and be receptive to our intervention.



# How do we create safety?

- By fostering emotional connectedness, trust, and authentic relationships between the youth and ourselves and among the youth themselves.
- By creating, implementing, and maintaining group (even in one on one work) agreements.
- Agreements, as opposed to rules, are agreed-upon expectations about behaviors and should be developed during and discussed during your first meeting with youth. They should *NOT* be used as a checklist.
- **PRACTICE:** After viewing the video content on agreements, take out a piece of paper and jot down all the agreements that you feel are appropriate for the youth (and in the context) that you work with. Remember, agreements are one way to create safety, which is the first, pre-emptive intervention for working with youth struggling with trauma.

## Fostering Interpersonal Safety

- Fostering interpersonal safety is a critical element of creating a safe environment. Building strong, trusting, authentic relationships is a way to for youth to feel as those your interactions will *be predictable, expectations will be transparent, and that they'll feel comfortable disclosing information to you*.
- Building authentic relationships relies on both personal relational qualities and approaches to youth engagement. Watch the video content on fostering interpersonal safety and review the personal relational qualities and youth engagement approaches below

#### Personal and Relational Qualities

- Authenticity
- Empathy
- Compassion
- Presence
- Attunement

- Skillful Self-Disclosure
- Alternative Stance on Behavioral Change

Approaches to Youth Engagement

- Basic Counseling Skills
- INCRA

# **INCRA:** Inherently Non-Clinical Relational Activity



The INCRA is an activity to help take pressure off the youth so the relationship can develop organically. It is any activity that isn't inherently a "technique" but can be highly therapeutic. There are also aspects of the INCRA critical to working with triggered youth (see below).

## Working with Triggered Youth

#### Key points:

- When working with triggered youth with trauma, it is critical to understand the Window of Tolerance. When a youth is hyper or hypo-aroused beyond the threshold of the window of tolerance, it can be difficult for them to think clearly, respond to questions, take directions, or learn new information.
- Follow the below steps in working with youth to bring them back into the window of tolerance (also called at times the "therapeutic window") (note: *This process has no guarantee and it's imperative that you approach each youth individually*):
  - 1. Bring youth back into the Window of Tolerance using a Somatically-based INCRA. Somatic INCRAs help youth come back into the window so that further intervention can be applied. Somatic INCRAs include sports, walking, dancing, anything physical and listening to music (the rhythmic movements associated with listening to music help the nervous system regulate itself).
  - 2. If mindfulness-based, a mindfulness intervention such as Hindbrain Breathing could be applied here.
  - 3. Talk therapy/emotional processing.

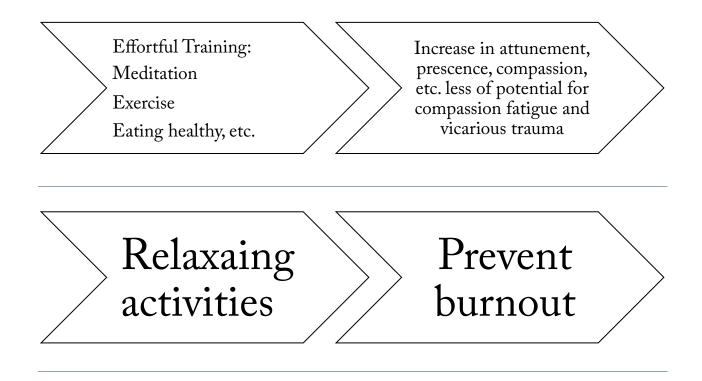
There are many ways to implement the above interventions and they should not always be used as presented. However, one key is that the somatic INCRA is most (but not always) effective in bringing youth back into the window of tolerance. Once there, mindfulness or other exercising might be applied depending on your style/adult role and the youth themselves.

## Mindfulness as an Intervention for Youth Key Points

- Mindfulness is present-moment awareness with an attitude of non-reactivity/non-judgment
- Mindfulness can be cultivated via meditation or informal mindfulness (by simply practicing the qualities above in any activity)
- Mindfulness is **NOT** about relaxation, calming down, or attaining some blissful, peaceful state of mind. It is about observing experience as it is; whether positive and peaceful or negative and distressing.
- Mindfulness-based meditations can be effective in helping triggered youth who're traumatized. After implementing an INCRA (if youth is highly triggered), rely first on **Somatic Mindfulness** techniques, which are techniques that rely less on abstract instructions and metacognition and more on body movements (i.e., deep breathing, mindful movement) without as much thinking (or instructions on what to do with the mind).
- If you wish to use mindfulness as an intervention, please make sure to seek training from a qualified mindfulness teacher and most importantly put the time in to create and maintain your own mindfulness practice.

## Personal Growth and Self-Care

- *Self-care* is a much-needed practice when working with youth who've been impacted by trauma. It's necessary in order to *prevent burnout, compassion fatigue, and vicarious trauma*. Make sure to watch the bonus materials on self-care from the BARs Online course when you have the time.
- Self-care can be thought of as practices that on the one hand rejuvenate and feel relaxing, and on the other hand take effortful training. For example, mindfulness meditation can bring about a relaxing feeling at times, but can also be quite hard at others (try meditating for 15-30 minutes).



## **Implicit Bias**

- Implicit bias refers to the unconscious biases we hold. Everyone has implicit biases and they have the potential to affect how we work with youth given the inherent power structures we as adults hold with youth (let alone other potential issues of power and privilege depending on who you are).
- A great way to conceptualize power and privilege is through the ADDRESSING acronym, which stands for Age, Disability, Disability (cognitive), Religion, Ethnicity, Socio-economic Status, Sexual Orientation, Indigenous Background, National Origin, and Gender.
- The reason why it's important to practice awareness of implicit bias is because if we commit to deeper self-knowledge at the core level (implicit, unconscious bias) then we will have a stronger hold on how we show up and interact with the youth. This will help us regulate our feelings; frustrations, implicit biases, and how we engage youth. This will ultimately help us serve youth better.

# References

#### Developing Safe Environments and Interpersonal Relationships Resources:

- Bugental, J.F.T.. (1999). Psychotherapy isn't what you think: Bringing the therapeutic engagement into the living moment. Zeig Tucker.
- Himelstein, S. (2013). *A mindfulness-based approach to working with high-risk adolescents*. New York, NY: Routledge.
- Himelstein, S., & Saul, S. (2015). *Mindfulness-based substance abuse treatment with adolescents: A 12-session curriculum.* New York, NY: Routledge.
- Rosenberg, L. (1998). Breath by breath: The liberating practice of insight meditation. Boston, MA: Shambhala.
- Yalom, I. D., (2009). The gift of therapy: An open letter to a new generation of therapists and their patients. New York, NY: Harper Collins.

#### Window of Tolerance Resources:

- Porges, S. (2011). The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation. New York, NY: Norton.
- Ogden, P. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York, NY: Norton.
- Van Der Kolk, B. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. New York, NY: Viking.

#### Resources on Implicit Bias:

• Kirwan Institute for the Study of Race and Ethnicity (important for understanding our own biases and how they impact our interactions with youth and their trauma adaptations) www.kirwaninstitute.osu.edu

Hays, P. A. (2008). Addressing cultural complexities in practice, assessment, diagnosis, and therapy (2<sup>nd</sup> Ed.). Washington, DC: American Psychological Association.