

TRAUMA 101

FACILITATOR MANUAL



 Advocate Health Care
Now part of  ADVOCATEHEALTH



Supported by a grant from the Chicago Department of Public Health Office for Violence Prevention.

Trauma 101 Facilitator Workshop

Facilitator Manual

Slides	Learning Objectives	Notes	Key Teaching Points
		<p>Music playing as participants gather</p>	
<p>Understanding Trauma and Resilience 101 <small>A Wisdom Sharing Workshop Developed by The Courage to Love in Action Collaborative</small></p> 	<p>Welcome Introductions Project Background</p>		
<p>Workshop Goals</p> <p>Participants will leave the program with increased awareness and ability to:</p> <ul style="list-style-type: none"> • Discuss the crucial role healthy relationships (personal, interpersonal, systemic and structural) play in organizational well-being (Hospitality) • Define trauma and toxic stress • Understand the impact of trauma and toxic stress on our behavior, our bodies, families, and communities • Apply practices that support the power of positive social connection to protect and heal trauma and toxic stress • Apply practical skills for practicing trauma-informed care 	<p>Participants will leave the program with increased awareness and ability to:</p> <ul style="list-style-type: none"> • Discuss the crucial role healthy relationships (personal, interpersonal, systemic and structural) play in organizational well-being. (Hospitality) • Define trauma and toxic stress • Understand the impact of trauma and toxic stress on our behavior, our bodies, families, and communities • Apply practices that support the power of positive social connection to protect and heal trauma and toxic stress 	<p>Review the goals of the training</p>	

Slides	Learning Objectives	Notes	Key Teaching Points
	<ul style="list-style-type: none"> Apply practical skills for practicing trauma-informed care 		
	Relationship Building	Energizer Examples: <ul style="list-style-type: none"> Palm Tree, Elephant, Jello 25 Count 	Trauma, healing, and resilience are all rooted in relationships. Part of the skill and practice of trauma-informed care is making time forgetting acquainted and building relationships.
	Relationship Building	Ice Breaker Example: Have you ever...? (Participants stand up or popcorn answers)	
<p>“The nature of living and loving is the act of reciprocity....What if it is the guest who gives to the host and it is the host who receives from the guest each time she sets her table to welcome and feed those she loves? To be the guest and the host simultaneously is to imagine a mutual exchange of gifts predicated on respect and joy.”</p> <p><small>- Terry Tempest Williams, When Women Were Birds</small></p>	Centering and Inspiration	Ritual Example Mindfulness Hospitality Quote	<p>Being centered and grounded in mindfulness and wholeness is also essential for trauma-informed practice.</p> <p>Trauma-informed care is not just about knowing content and facts. It is about the intentional practice of relationality.</p> <p>Do not skip over taking time in your workshop to provide ways for people to connect and get to know each other.</p>

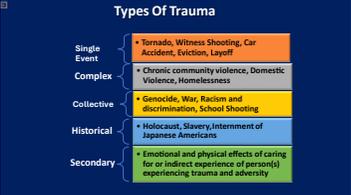
Module 1: What is Trauma/Toxic Stress?

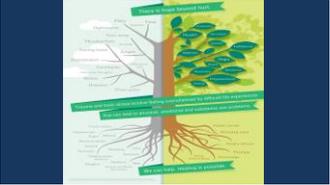
	<p>Desired Outcomes. Learners will be able to:</p> <ol style="list-style-type: none"> 1. Define trauma utilizing SAMSHA's three Es 2. Understand that the experience of trauma is common 	<p>The US Office of Substance Abuse, Mental Health and Addiction defines trauma as an event, series of events or set of circumstances that is experienced by an individual as physically, emotional harmful or life-threatening that is experienced and results in long-term effects on an individual's functioning and mental, physical and/or spiritual well-being. It is commonly called the 3 Es.</p>	<p>Trauma may be defined using SAMSHA's utilizing SAMHA's 3 E's framework</p> <ul style="list-style-type: none"> • An event or set of circumstances occurs • The event is experienced as harmful or life-threatening • The experience may influence the physical, emotional, and/or spiritual well-being of an individual, organization or society.
	<p>Learners will be able to: Explain key findings of the Adverse Childhood Experience Study (ACES) & its limitations</p>	<p>We will now view a short TED talk that features Dr. Nadine Burke. In this video she will provide a short history of the Adverse Childhood Experience Study called the ACES study which initiated the exploration of our current understanding of trauma and its importance to human well-being and thriving.</p> <p>Invite participants to identify what is meaningful to them regarding trauma.</p> <p>Question: What resonated with you?</p>	<ul style="list-style-type: none"> • Exposure to early childhood adversities or trauma can have short and long-term impacts on our health and well-being • This exercise invites everyone to explore their connection to the topic of trauma and its risk factors. • It also seeks to help learners understand that the experience of trauma is not "others or them people". It is US.
<p>Exercise: Walk Around Brainstorm</p>		<p>Walk Around Brainstorm</p>	<ul style="list-style-type: none"> • The experience of trauma is common

		<p>Post 5 sheets of flip chart paper on the walls with the following headings:</p> <ul style="list-style-type: none"> Community Family Nature Organization Miscellaneous <p>Have learners brainstorm various sources of traumas that can occur in these settings. Then have each participant take a marker and move from sheet to sheet putting their ideas on each category.</p> <p>Question: What can we say about trauma based upon what you see?</p> <p>Question: Is there anyone in the room who has not experienced at least 1 of the traumas or adversities listed on the flipcharts.</p> <p>(Be sure to leave the flip chart paper up on the wall as participants will use them to brainstorm healing centered approaches for each category)</p>	<ul style="list-style-type: none"> • When we observe unhealthy behavior, it is the result of “bad” things happening to the person or a people. It doesn’t mean that the person is bad. A bad thing happened to them. • Trauma can happen in a variety of settings including their settings
<p>Adverse Childhood Experiences (ACE) Study</p> <ul style="list-style-type: none"> • 1997—Kaiser Permanente and CDC • Robert Anda and Vincent Felitti • 17,337 participants • Solidly middle class, insured • Average age = 57 • 10 Questions about Adverse Childhood Experiences (ACEs) 		<p>Limitations of ACES</p> <p>Between 1995- 1997 CDC and Kaiser conducted population study utilized a 10-question survey of</p> <ul style="list-style-type: none"> • 17, 337 participants • Middle class white insured • Average age of 57 	

		<p>The study was designed to examine the relationship between childhood experiences and health outcomes.</p> <p>The ACE questionnaire included experiences of:</p> <ul style="list-style-type: none"> • Physical, sexual or verbal abuse. • Physical or emotional neglect. • Separation or divorce. • A family member with mental illness. <p>A family member addicted to drugs or alcohol.</p> <p>These adversities are a reflection of the quality of interpersonal relationships which are shaped by the environment in which we reside.</p> <p><u>Limitations of ACES</u></p> <p>The study's population was not representative of the diversity in US population in that the study participants were primarily:</p> <ul style="list-style-type: none"> • white • middle class • insured • Therefore, the results cannot be generalized to those who are not participants in the study i.e. urban, people of color, those with low-income 	
--	--	--	--

<p>ACE Scale: Improved by Adding Additional Adversities</p>  <p>Expanded ACEs Property Victimization Peer Victimization Community Violence Socioeconomic Status Someone close with a serious illness Below average grades Parents always arguing Lack of good friends Historical trauma (racism, etc.)</p> <p>Putting Children on a Healthy Path Children's Hospital of Philadelphia Dr. Roy Wade</p>	<p>Learners will be able to: Explain how Dr. Roy Wade’s Philadelphia Study expands our understanding of trauma</p>	<p>Our understanding of ACES was expanded by Dr. Roy Wade, a pediatrician and researcher in Philadelphia who studied the risk factors that are associated with trauma. He explored a diverse population of children living in an urban environment who had different experiences than the middle-class insured population in the original ACES.</p>	<p>The experience of adversity and the risk factors that result in trauma are common among those who are well resourced and those who are disenfranchised. They are a reflection of our relationship with ourselves and others-- interpersonally, socially i.e. public policy that creates poverty and the economic gap in the US.</p>
 <p>Levels of Stress</p> <p>• We all experience stress • It can be good and/or bad</p> <p>POSITIVE NORMAL STRESS WE ALL EXPERIENCE BUT RESOLVES QUICKLY</p> <p>TOLERABLE LONGER LASTING STRESS CAN IMPACT OUR HEALTH THROUGH PHYSICAL AND EMOTIONAL WEAR AND TEAR</p> <p>TOXIC EXCESSIVE STRESS WITHOUT SUPPORT</p>	<p>Learners will be able to: Explain the relationship between the types of stress and trauma</p>	<p>There are three levels of stress— positive stress, tolerable stress and toxic stress.</p> <p>Positive stress may be intense but resolves quickly. We recognize that the experience of stress is normal and healthy. It helps us respond to threats. For example, we are walking through the forest, and we spot a bear, if you’re like me, you will experience stress. If I simply take flight when I encounter the bear and my stress level returns to normal, we call it positive stress.</p> <p>Tolerable Stress, last longer and does not have a long-term impact on my emotional, physical and spiritual well-being. health is tolerable. Examples of tolerable stress include grief, job loss, or loss of a loved one due to divorce, separation or death.</p> <p>Toxic Stress is unhealthy. If we encounter this same bear in the forest and when you go home, you</p>	<ul style="list-style-type: none"> • There are 3 types of stress. • Positive stress is a gift that allows us to respond to danger or threats to our well-being. It helps us restore a sense of safety or connection. • Stress is toxic when the body responds as if there is a threat when no threat exists. We feel disconnected

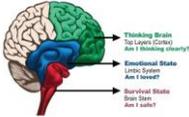
		<p>still experience a high level of stress when no bear is present.</p>	
		<p>When we experience stress, the body releases cortisol, the stress hormone. Increases in cortisol cause the body to have 1 of 3 responses to a perceived threat--fight, flight or freeze.</p> <p>The response is toxic when the cortisol levels remain high even when there is no real threat.</p>	
	<p>Learners will be able to: Describe the primary types of trauma</p>	<p>There are 5 primary types of traumas.</p> <ul style="list-style-type: none"> • Single event—single event i.e. tornado • Complex—chronic community violence, homelessness • Collective—intergenerational trauma experienced by a group i.e. racism, genocide • Historical—intergenerational trauma holocaust, slavery • Secondary—the indirect effects of caring for trauma victims. <p>The primary types reveal that trauma can be the result of direct exposure to trauma as a single or complex events. It can also be a collective (collective and historical) as well indirect experience.</p> <p>The science of epigenetics which recognizes that trauma can alter our normal genes and that the altered genes are transmitted the to the next generation and shows up in our responses to stress and our capacity to self-regulate when faced with stressors.</p>	<ul style="list-style-type: none"> • There are 5 primary types of traumas • Single, complex and collective traumas are wounds that are experienced by an individual or group. • Historical trauma is the result of experiences of our ancestors • Secondary trauma is indirect and results from caring for persons that are experiencing trauma(s).

 <p>The diagram illustrates the Adversity Tree, a conceptual model where the roots represent historical and community-level adversities, the trunk represents individual and family-level adversities, and the canopy represents childhood adversities. The canopy is divided into Abuse (emotional, sexual, physical), Neglect (physical, emotional), Substance abuse, Parental separation, Domestic violence, Mental illness, and Incarceration. The roots are divided into Adverse community environments (Poverty, Community violence, Discrimination, Lack of educational, job, and opportunity, Police brutality, Mass incarceration, Genocide, Forced displacement, Holocaust) and Adverse collective historical experiences (Slavery, Mass incarceration, Genocide, Forced displacement, Holocaust).</p>		<p>The adversity tree provides an image of viewing the relationships between an adverse environment and adverse childhood experiences.</p>	
 <p>Learners will be able to: Realize that trauma or hurt co-exist with resilience and hope.</p>		<p>It is important to remember that the hurt of trauma co-exists with resilience and the capacity to hope.</p> <p>As we discuss hurt and trauma, please remember that we are present today, because we possess the seeds of hope and resilience.</p>	<p>No matter our history or experiences in life, remember that we possess the seeds of resilience given to us by our ancestors and the supportive relationships that we've experienced throughout our development and growth.</p>

Module 2: Impact of Trauma and Toxic Stress

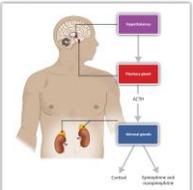
 <p>What do we know about how trauma (and love) impact our bodies and our behaviors?</p>	<p>Transition to next module</p>	<p>This is a transition slide to introduce the next module which focuses on the impact of our experiences on our bodies, behaviors, and communities.</p>	
 <p>The child may not remember, but the body does!</p>		<p>Read the slide: The child may not remember, but the body does.</p> <p>Our bodies absorb the experiences we have. Our experience literally gets under our skin. In this section, we'll explore in more depth how this happens.</p>	<p>All of our experiences—stressful and loving—have an impact on our bodies minds, spirits, families, and communities.</p>
	<p>Learners will be able to: Understand that trauma, stress, and adversity affect our bodies.</p>	<p>The Adverse Childhood Experiences study, as well as studies looking at other kinds of trauma and adversity, have found that there are direct and significant links between adverse experiences and rates of mental and physical health issues.</p> <p>Review the slide and note some of the health issues that are related, such as (or any of the health concerns that are of interest to you).</p> <ul style="list-style-type: none"> Smoking Alcoholism Diabetes Depression Stroke Heart Disease 	<p>Remind learners: Not everyone who experiences trauma, stress, or adversity will have poor health outcomes! Trauma simply increases the risk that a person faces.</p>

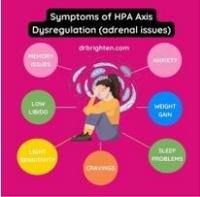
<p>WHAT IMPACT DO ACEs HAVE?</p> <p>As the number of ACEs increases, so does the risk for negative health outcomes</p>  <p>0 ACEs 1 ACE 2 ACEs 3 ACEs 4+ ACEs</p>	<p>Learners will be able to: Understand the relationship between the number of experiences of adversity a person has and their health risks.</p>	<p>There is a “stair-step” relationship between the number of ACEs or other experiences of adversity a person has, and their risk for poor health outcomes.</p> <p>The more experiences of stress and trauma that a person has, the more likely a person is to experience challenges to their physical and mental health.</p>	
<p>Out of 100 people...</p>  <p>With 0 ACEs 1 in 10 smokes 1 in 69 use alcoholics 1 in 480 use IV drugs 1 in 14 has heart disease 1 in 96 attempt suicide</p> <p>With 1-3 ACEs 1 in 9 smokes 1 in 9 use alcoholics 1 in 43 use IV drugs 1 in 7 has heart disease 1 in 22 attempt suicide</p> <p>With 4+ ACEs 1 in 6 smokes 1 in 6 experience alcoholism 1 in 30 use IV drugs 1 in 6 has heart disease 1 in 5 attempt suicide</p>	<p>Learners will be able to: Understand the data about the health risks of ACEs</p>	<p>Review the data on this slide. Highlight just a few of the health conditions impacted by trauma. For example, you could highlight:</p> <ul style="list-style-type: none"> • Huge differences in risk for substance use—alcohol and drugs. 1 in 480 IV drug use (0 ACEs) versus 1 in 30 IV drug use (+6 ACEs) • Huge difference in suicide attempts. 1 in 96 suicide attempts (0 ACEs) versus 1 in 5 suicide attempts (6+ ACEs) <p>Smoking and behavioral health contribute to many of the health issues that are impacted by trauma.</p>	<p>Remind learners: Not everyone who experiences trauma, stress, or adversity will have poor health outcomes! Trauma simply increases the risk that a person faces.</p>
<p>On average, people with 6 or more ACEs are at risk of dying 20 years earlier than their peers who have not experienced these adversities.</p>		<p>This is a sobering statistic. This brings home just how deeply our experiences get under our skin. All of the health issues we have reviewed contribute to early death for people who have experienced 6+ ACEs.</p>	<p>Remind learners: Not everyone with 6 or more ACEs will die 20 years earlier, but there is an increased risk of low life expectancy. AND...there are many things that help to buffer stress and adversity that can protect and heal!</p>

<p>Trauma has a significant impact in many parts of our lives.</p> 	<p>This is a transition slide to talk about all the parts of us that trauma impacts</p>	<p>Trauma impacts us at many levels—body, mind, spirit, relationships, family, community.</p>	<p>Remind people that even though we are talking about the impact of trauma, love and care also impact the mind, body, spirit, and relationships.</p> <p>It's important to hold these 2 things together—experiences of trauma AND experiences of love both affect our bodies and behaviors</p>
<p>How does it work?</p> <p>Brain</p>  <p>Hormones</p> <p>Genes</p>	<p>Learners will be able to: Understand the 3 systems that trauma (and love) can impact. Neurobiology Hormones Genes</p>	<p>Trauma (and love) affect at least 3 systems in our bodies: Brains (Neurobiology) Hormones Genes</p>	
<p>Neurobiology—How Our Brains are Set Up</p>  <ul style="list-style-type: none"> • Thinking Brain (Top Layer Cortex) and Thinking Ability? • Emotional State (Limbic System) and Impact? • Survival State (Brain Stem) and I safe? <ul style="list-style-type: none"> • Trauma (and Love) Affects Brain Functions • Sensory awareness • Attention • Memory • Executive Functioning 	<p>Learners will be able to: Understand the 3 parts of our brain and how they work together to regulate our perceptions and emotions</p>	<p>3 parts to our brain that regulate our perceptions and emotions:</p> <ol style="list-style-type: none"> 1. Brain Stem: this is the Survival Brain (sometimes called the “Reptilian Brain”) <ul style="list-style-type: none"> Key Question this part of our brain asks: Am I safe? 2. Limbic System: This is the Emotional Brain. This is where our emotions and behaviors are processed <ul style="list-style-type: none"> Key Question this part of the brain asks: Am I loved? 3. Neocortex: This is the Thinking Brain (sometimes called the Executive Brain.) This is where decision-making, problem-solving, conscious thought, inhibition control. <p>These three parts of the brain work together to regulate our behavior, especially in stressful times.</p>	<p>Do not feel like you have to become an expert on the brain. The main points are:</p> <ul style="list-style-type: none"> • 3 parts of the brain • The functions they have • They work together to regulate our feelings and behaviors.

		<p>When we are in a peaceful, integrated state of being, our thinking brain is in charge and assesses and manages stress and the feelings that arise in response.</p>	
<p>The Hand Model of the Brain</p> <p>Our fingers are our upstairs brain and our thumb and our palm is our downstairs brain.</p> <p>Our brain works best when the upstairs (thinking) and downstairs (emotional) brain work together by sending messages to each other.</p> <p>When we experience big emotions, our upstairs thinking brain tries to tell our downstairs brain to sit tight. This means that it is hard for our upstairs brain to help our downstairs brain to stay calm.</p> <p>When we flip our lid, we need to get our upstairs and downstairs brain talking to each other again so that our upstairs brain can calm our downstairs brain down. We need our upstairs brain to hug our downstairs brain!</p> <p>Dan Siegel</p>	<p>Learners will be able to: Understand how to use the hand model of the brain to demonstrate how the brain</p>	<p>Display the slide, but use your own hand and your own words to talk through the Hand Model of the Brain.</p> <p>Hold your hand out, palm forward. Point to the base of your thumb and palm. This is the Brain Stem/ Survival Brain.</p> <p>Fold your thumb over your palm. This is your Limbic System/ your Emotional Brain</p> <p>Fold your fingers over your thumb. This is your Neocortex or Thinking Brain.</p> <p>When all 3 are connected, the Thinking Brain is in charge of assessing whether the “bear” is a real threat, whether you should be afraid, and what you should do about it.</p> <p>The thinking brain and the emotional brain are connected and can talk to each other to handle the stressful situation.</p> <p>NEXT SLIDE</p>	
	<p>Learners will be able to: Understand how trauma can disrupt communication between the thinking brain and the emotional brain.</p>	<p>When someone has experienced trauma in their history, it is very easy for their thinking brain and emotional brains to get disconnected. The emotional brain can't hear what the thinking brain is telling it about the threat that the Survival Brain is perceiving.</p>	

		<p>Have participants use their own hands to demonstrate: Fingers over the thumb=Thinking Brain is connected. Fingers up and thumb exposed = Thinking Brain is disconnected. When the Survival Brain perceives a threat, it tells the Emotional Brain to run, fight, or freeze. If the emotional brain is disconnected from the thinking brain, it can't check with the rational, problem-solving part of the brain to work out a solution. So then Emotional Brain is in charge and either comes blasting out, or shrinks up and tries to hide, or tries to run away. When the Thinking Brain and the Emotional Brain aren't talking to each other, it's called Flipping Your Lid.</p> <p>NEXT SLIDE</p>	
		<p>Flipping Your Lid is like when you go from feeling happy and confident or peaceful...</p> <p>NEXT SLIDE</p>	
		<p>...to this! It only takes a second for someone to flip their lid.</p> <p>Has anyone ever felt that way?</p> <p>Point out the character by the window.</p> <p>NEXT SLIDE</p>	<p>Do not linger on this slide. The explosion of anger by the cartoon character may be overwhelming for some.</p> <p>Move to the next slide as you discuss how flipping the lid can also make someone withdraw or shut down.</p>

		<p>He is having a reaction, as well. What do you think is going on with him?</p> <p>Flipping our lid doesn't always look like anger. Sometimes, when we flip our lid, we withdraw or shut down emotionally.</p>	
<p>Pair and Share</p> <ol style="list-style-type: none"> 1. Think about what makes you flip your lid. 2. Share a couple of examples of things that make you flip your lid. 3. Can you tell when you are ready to flip your lid? What do you feel? How do you know? 		<p>Pause for discussion: Pair and Share: Ask participants to pair up with someone near them. Tell them:</p> <ol style="list-style-type: none"> 1. Think about what makes you flip your lid. 2. Share a couple of examples of things that make you flip your lid. 3. Can you tell when you are ready to flip your lid? What do you feel? How do you know? <p>Discuss in the larger group. Ask for a few examples. Ask: What did they learn about themselves through the discussion?</p>	
<p>The Impact of Stress on Our Hormones and Physiology</p>		<p>Transition Slide to discussion about the Hormonal System</p>	
<p>The "HPA" system regulates our hormones. It's how our bodies process our experiences.</p>  <p><small>Slide courtesy of Leah Porter, ACS instructor</small></p>	<p>Learners will be able to:</p> <ul style="list-style-type: none"> • Understand what the HPA System is and how it functions • Understand how to teach the hormonal impacts of trauma 	<p>Our brain also stimulates our hormonal system.</p> <p>There are 3 primary hormonal organs in our bodies:</p> <ul style="list-style-type: none"> • Hypothalamus 	<p>Do not feel like you have to be an expert on the hormonal system and know every detail. The main point to make is that our hormonal system pumps out stress hormones when we are facing adversity or trauma and that is why people who have</p>

		<ul style="list-style-type: none"> • Pituitary • Adrenal <p>The hypothalamic-pituitary-adrenal (HPA) axis is a communication system between these three organs. It's crucial for your body's stress management.</p> <p>These endocrine system organs create a feedback loop of hormones to enact and regulate your body's stress reaction.</p> <p>They release stress hormones (like cortisol) that rev up our engines to help us in stressful situations. Stress hormones help us when we see a bear...but keep our "engines revving" even when the bear is not there, or when the bear is constantly growling in the background.</p>	<p>experienced a lot of stress and trauma often experience health issues.</p>
		<p>So you can see why rates of diabetes, heart disease, hypertension and other chronic illnesses would be higher in people who carry a lot of toxic stress in their bodies.</p>	
<p>Intergenerational Impacts</p> <p>Experiences that we have can turn our genes on or off, affecting how our bodies function.</p> <p>We pass those modified genes on to our children.</p> <p>The study of this phenomena is called Epigenetics.</p>		<p>These effects can be passed down across generations, as well, through a process called epigenetics.</p>	<p>Epigenetics just means how our experiences affect how our genes function.</p>

	<p>Learners will be able to: Understand the basics of epigenetics—how experiences affect the way our genes function.</p>	<p>We carry the experiences of our ancestors—both the struggle and the strength and resilience—in our bodies.</p>	<p>Remind participants that the good experiences, the strengths, the resilience, the grit gets passed down in our genes, just like trauma does.</p>
		<p>Here’s another way to think about how your body might have been affected by what your grandmother and mother experienced.</p> <p>When she was a baby in her grandmother’s womb, your mother already had all the eggs inside of her that she would ever have. So the egg that became you was also inside your grandmother’s body.</p> <p>When she was pregnant with your mother, your grandmother held 3 generations in her body.</p> <p>Earlier we talked about the range of experiences that can be traumatic— Interpersonal (like ACEs); Community (like what Dr. Roy Wade found in his study in Philadelphia); Historical/Collective—experiences that affect whole populations—slavery, genocide, war, famine, etc. Intergenerational—experiences that are passed down through families.</p> <p>Ask: What do you think this means for the health and well-being of our</p>	

		families, organizations, and communities?	
<p>Our Experiences Impact Our Behaviors</p>  <p>Behavior is <i>adaptive</i>, not wrong</p> <p><small>Slide by Laura Pappas, PhD, MEd, Director, National Center for the Assessment of Schoolchildren, NCS, LLC</small></p>		<p>One important idea to keep in mind is that our behaviors often reflect the environment that we've gotten used to.</p> <p>Behaviors that seem problematic to us may be a way that people have learned to get by in stressful environments.</p> <p>This diagram shows us how we adapt to the environment in which we are raised.</p> <p>If we are raised in a difficult environment that feels dangerous with lots of toxic stress, we may be easily activated into the fight, flight, or freeze modes. This works well when conditions in life are tough.</p> <p>If we are raised in a safe, peaceful and nurturing environment, we may be more focused on cooperation and keeping relationships peaceful. This works well when conditions in life are fairly stable.</p> <p>The problem comes when the world we are expecting doesn't match the world that we are actually in.</p>	

 <p data-bbox="338 152 449 204">Good News! Trauma never has the last word!</p>		<p data-bbox="905 102 1297 232">Trauma is not the only reality. All of our systems—brain, hormones, genes--also respond to love, care, respect, and joy.</p>	
---	--	--	--

Slides	Learning Objectives	Notes	Key Teaching Points
Module 3: The Impact of Love			
<p>The Impact of Love Promoting Resilience</p>	<p>Transition Slide In this Module, learners will be able to:</p> <ol style="list-style-type: none"> 1. Build Awareness and knowledge of what resilience is. 2. Build awareness, knowledge, and skills in healing centered philosophy and practices. 3. Build knowledge of the crucial function of healthy relationships for people's well being. 		
 <p>Defining Key Terms</p> <ul style="list-style-type: none"> • Hospitality • Resilience • Healing-Centered 			
<p>Hospitality</p> <p>Hospitality consists of little acts that make space for the growth and nurture of healthy relationships and alleviate the effects of trauma and toxic stress. At its best, hospitality is reciprocal rather than hierarchical. It is circular in its give and take.</p> <p><i>At the service organization level hospitality can result in policies, practices, systems and structures that promote positive staff attitudes, staff retention/loyalty, improvement in staff performance, customer loyalty.....</i></p>			<p>Note the importance of making the connection between authentic hospitality and promoting resilience, fostering a healing centered environment and approach. Point out the reciprocal nature of authentic hospitality</p>
<p>Resilience</p> <p>Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, spiritual and behavioral flexibility and adjustment to external and internal demands.</p> <p><small>(Adaptation of the American Psychology Association's Definition)</small></p>			

Slides	Learning Objectives	Notes	Key Teaching Points
<p>Healing-Centered Approach</p> <p>"Healing-Centered" approach is holistic involving culture, spirituality, civic action and collective healing. It views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively." (Shawn Ginwright)</p> <p>The focus is on wellness and transforming the policies, systems and structure that cause harm.</p>			
 <p>RISK FACTORS ARE NOT PREDICTIVE FACTORS BECAUSE OF PROTECTIVE FACTORS Dr. Carl Bell</p>			
<p>Healing Factors</p> <ul style="list-style-type: none"> • Protective Factors – processes and relationships that prevent trauma and lessen the effects of trauma. (Examples: Existence of a sense of safety provided by healthy family relationships, organizational programming, practices and policies which recognize individual contribution) • Resilience Factors – processes and relationships that address trauma when it occurs by promoting resilience. (Examples: The infusion of practices such as mindfulness, asset identification, affirmations, resources for employee assistance) 			<p>Protective factors are like a shield that prevents or lessens trauma.</p> <p>Resilience factors are like a “pouring in” of positive matter that counteracts trauma.</p> <p>Point out the elasticity of our brains and spirit.</p>
 <p>Healing Happens in Relationships</p> <p>"Social support is the most powerful protection against becoming overwhelmed by stress and trauma. The critical issue is reciprocity: being truly heard and seen by the people around us, feeling that we are held in someone else's mind and heart." <small>Van der Kolk, 2014, The Body Keeps the Score</small></p>			<p>Emphasize necessity of a holistic approach to relationship (interpersonal, systemic, structural, community and self</p>
<p>What Can You Do Today?</p>	<p>Identifying Assets</p>	<p>Popcorn answers to: What can you personally do to promote resilience?</p> <p>What can your organization do?</p> <p>Revisit the Walk Around Signs and have them post assets that can alleviate or prevent trauma in</p>	

Slides	Learning Objectives	Notes	Key Teaching Points
		the events they have listed previously	
 <p>Rather than... What's wrong with you?</p>			Emphasize the need to change from judgmental mindset to a curious mindset
 <p>The Science of Thriving H.O.P.E. Healthy Outcomes from Positive Experiences</p>			
<p>Trauma Responsive Communities</p> <p>6 R's</p> <ul style="list-style-type: none"> Realize Recognize Respond Resist Re-Traumatization Repair Resilience <p>Trauma Informed Principles</p> <ul style="list-style-type: none"> Safety Trustworthiness Choice Collaboration Empowerment Cultural, Historical, & Issues  <p><small>(Adapted and cited with adaptation by Chicago-based Trauma Informed Congregation Network)</small></p> <p><small>Advocate Health Care Survivor Health Care New York ADVOCATE-ENACT</small></p>			Emphasize the importance of the Principles, in particular the <i>collaboration with</i> instead of <i>service to</i> or for and the importance of being aware of and sensitive to the context/application of cultural, historical issues.
<p>A Framework for a Trauma Conscious and Healing Engaged Culture--The 6 Rs</p> <p>Realize. People at all levels of congregation have a basic realization about trauma and understand how trauma can affect individuals, families, groups, organizations, and communities.</p> <p>Recognize. People in the organization recognize the signs of trauma and the practices of resilience and HOPE.</p> <p>Respond. Actively practice what we know brings healing and resilience in all areas of the congregation.</p> <p>Resist Re-Traumatization. Be gentle with each other, apply relational healing modes, especially in situations of conflict or disruption.</p> <p>Repair. Acknowledge ways in which our faith communities have been sources of trauma through abuse, judgement, rejection and abasement and actively work to repair relationships.</p> <p>Resilience. Trust the power and wisdom of our scriptures and spiritual practices to cultivate resilience and well-being across all ages.</p> <p><small>13</small></p>			
<p>Relational Healing Model</p> <ul style="list-style-type: none"> Survivor as an expert on themselves <ul style="list-style-type: none"> Focus on collaboration and decreased dependence on an all-powerful expert Symptoms as adaptations rather than pathologies <ul style="list-style-type: none"> How does this behavior help this person? Boost Self-Capacities <ul style="list-style-type: none"> Feeling worthy of Life Managing feelings Carrying sense of positive connection with another The relationship itself is the healing intervention The "person" of the helper matters <ul style="list-style-type: none"> Do your own work. Build self-awareness. Attend to vicarious trauma <p><small>(Risking Connection in Faith Communities, Sidran Institute)</small></p>			Emphasize the need to consider how the person's behavior may be helping the person to adapt (give an example: e.g. a person who is adverse to touch may be reacting to previous physical abuse)

Slides	Learning Objectives	Notes	Key Teaching Points
 <p>Positive experiences of social connectedness nurture our self-capacities</p> <p>Self-Capacities</p> <ul style="list-style-type: none"> • Feeling worthy of life • Managing and modulating feelings • Carrying sense of positive connection with others, even in their absence <p>When we ↑ Self-Capacities, we ↓ Crisis</p> <p><small>Adapted from Wiring Connections in Public Communities, Sabina Iltis et al.</small></p>			<p>People need a sense of belonging and worth.</p> <p>When we increase people’s sense of worthiness, connection, and stability, it reduces crisis and “lid flipping.”</p>
 <p>GESTURES THAT CAN HEAL</p> <p>As a facilitator, being able to connect to, you could be an essential skill. This infographic provides the steps to help you do this.</p> <ol style="list-style-type: none"> 1. LISTEN: Listen to what people are saying. 2. CONNECT: Connect with people who are struggling. 3. CELEBRATE: Celebrate the successes of your community. 4. ENGAGE: Engage people in your community. 5. PRACTICE: Practice your skills. <p>5 Healing Gestures: https://changingmindsnow.org/gestures</p>			
<p>Self Care</p> <p>A necessary essential for your effectiveness and sustainability</p> 			<p>Vicarious trauma is real and can lead you to providing harm rather than collaborative healing</p>
			<p>There must be a balance in all of these areas.</p>
<p>Resilience Tree adapted from Building Community Resilience</p> 			<p>Emphasize the importance of the soil of healthy systems, structures, communities.</p>

