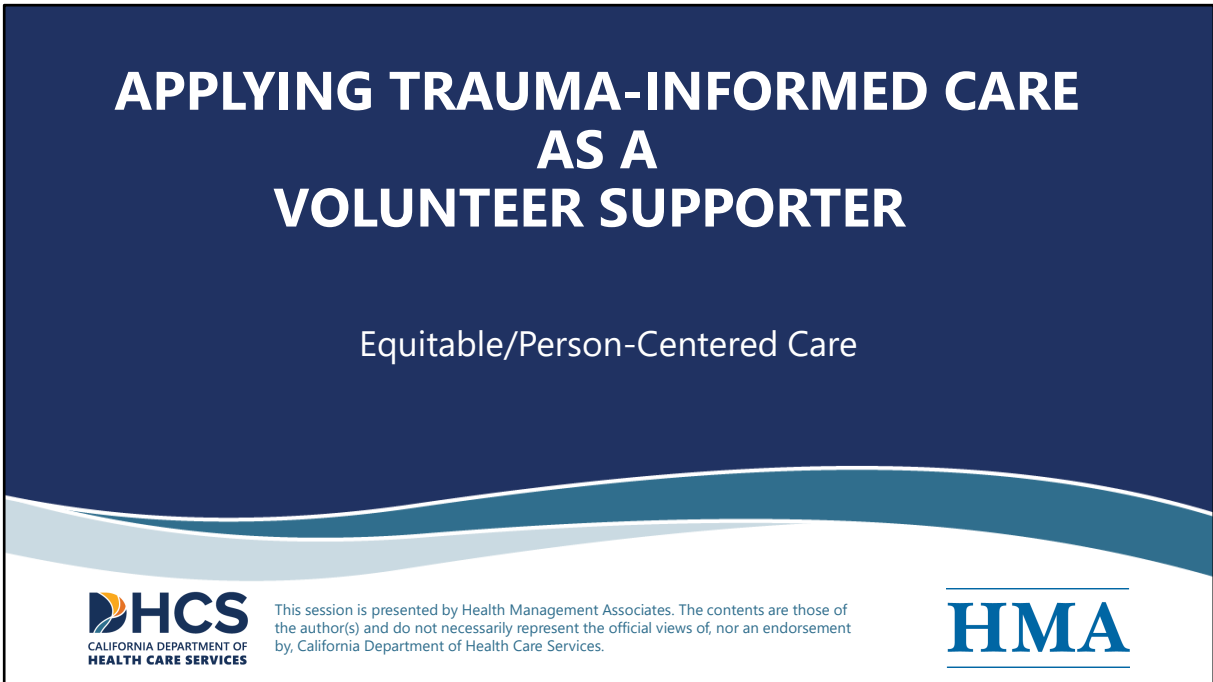




**CARE Act Training & Technical Assistance**



**APPLYING TRAUMA-INFORMED CARE  
AS A  
VOLUNTEER SUPPORTER**

Equitable/Person-Centered Care

 This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.



[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

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## Presenters



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[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Karen Louise Hill, from Health Management Associates (HMA), has more than 15 years of experience with adverse childhood experiences (ACEs) and trauma-informed care (TIC) training, implementation, and evaluation as it relates to provider operations and billing, design, communications, health literacy, precepting, mentoring, training, TIC, and curriculum development. As a Senior Consultant at HMA Karen has worked to help organizations provide TIC and crisis prevention and de-escalation techniques-based training for county employees through an evidence-based, culturally responsive, and collaborative care management model. Prior to HMA Karen worked as an Interim Vice President of Programs at the University of California, San Francisco (UCSF)/Glide Health Services where she focused on patient care and safety, providing evidence-based and patient-centered care, work organization and clinic flow, health promotion activities, and developing interagency relationships and community alliances.

Judy Martin-Holland, from Health Management Associates (HMA), has more than 20 years of experience in education and collaboration with a drive to advance diversity, equity, and inclusion (DEI). Judy is an accomplished mission-driven nurse executive leader with decades of experience in healthcare, workforce development, organizational transformation



through systems change, and developing collaborative partnerships. Additionally, Judy has proven knowledge and experience in advancing health equity, patient-provider relationships, regulation and education of the health professions (Nursing, Dentistry, Medicine, Pharmacy, Physical Therapy) and global health. Prior to HMA, Judy worked as the Associate Dean and Graduate Program Director of Masters' Entry, Master's, and Doctoral Programs in Nursing (10 years) after which she served as the Associate Dean of Diversity, Inclusion, and Community Outreach for the University of California, San Francisco (UCSF), School of Nursing.

## Agenda

### Practical Strategies for TIC

- Discuss tools that can help a supporter de-escalate situations and apply TIC in practice.

### Promoting Resiliency

- A discussion of how to promote resiliency for those supporting CARE respondents.

[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

The agenda for today's presentation is as follows:

- We will present the practical strategies for trauma informed care and discuss some tools that may help a volunteer supporter avoid and/or de-escalate negative situations by applying trauma informed strategies
- We will then move to promoting resiliency, with a providing a definition and some approaches for supporting CARE respondents and volunteer supporters

## Objectives

At the end of the session, participants will have an increased ability to:

- » List at least 3 self-care activities
- » Name at least two strategies to reduce stress
- » Describe how to promote resiliency
- » Identify CARE Act Respondent strengths

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

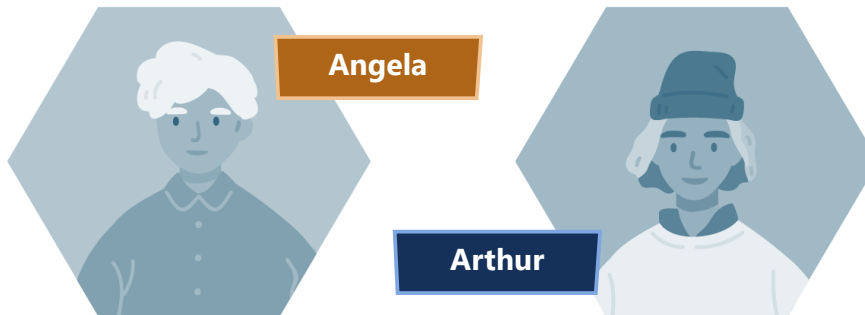
- List at least 3 self-care activities
- Name at least two strategies reduce stress
- Describe how to promote resiliency
- Identify CARE Act participant strengths



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In the first module in this series, we dove into defining the types of events, experiences, and effects of trauma. In the second module, we focused on foundational goals and principles of trauma-informed care. While we have included practical tips for engaging with individuals in a trauma-informed way, this session will focus more sharply on tools for applying TIC in practice, including how to promote resiliency for those supporting CARE respondents through the CARE process.

## How Can We Provide Support?



[Slide Image Description: This slide shows icon images of individuals that represent Angela and Arthur.]

Remember Angela and Arthur? In this training we will revisit both Angela and Arthur and apply strategies to support them using TIC and resiliency-building approaches.

Angela's situation:

- 46 yrs. old. She has a 17 & a 22 year old. They are not on good terms. Perhaps due to the Angela's mental health condition and living situation or partner.
- History of early adversity (absent father, domestic violence in the home)
- Spanish is her first language
- Has schizoaffective disorder, type 2 diabetes, high blood pressure, and smokes cigarettes
- Currently hearing voices and experiencing paranoia and is not currently connected with mental health or medical treatment
- She is in an abusive relationship and has experience numerous assaults
- Evicted from low-income housing related to her symptoms and intermittently stays in shelters (where she is now)
- Hospitalized on a 5150 in the past 4 months
- A "5150" refers to a 72-hour involuntary psychiatric hospitalization when someone is evaluated to be gravely disabled or a danger to themselves/others

- Family-member filed a petition for CARE court, and through the court and BH assessment process she was found to meet eligibility criteria
- Approved Connie (a friend), to be her supporter

**Arthur's situation:**

- 29 years old self-identified gay male from a religiously devout and conservative family
- Reports verbal and physical abuse from family due to his sexual identity
- Has schizoaffective disorder, eating disorder, depression, asthma, vapes, alcohol and ecstasy use
- When he "uses" he becomes violent and hears voices and was recently jailed after a fight
- He has approved Sam (a cousin) to be his volunteer supporter
- Arthur's strengths: creativity (likes to paint, draw and doodle) and he has a faith tradition that has given him hope

Keep in mind that both Angela and Arthur likely have many strengths, and it's important to continue identifying and reminding them what they are.



**The Three E's**

For more information, visit [SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach](#).

**DHCS | HMA**

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[Slide Image Description: This slide shows an image of an individual holding their knees with three colored boxes that list the three E's.]

We talked about this in prior trainings, and let's touch base on it again here.

People are more complex than what you see. Consider how trauma and events can affect us; they are layered. The negative or disturbing events of our lives begin to layer and intersect with each other to create what we refer to as "complex trauma." This trauma can derail our progress because it often touches on the very core of our being.


We may never understand someone or know all of the things that have been hurtful to another person; remember to ask ourselves and look through the lens of "I wonder what happened..." rather than "what is wrong with you."

A few things to keep in mind before we turn to practical strategies:

- Remember the 3 E's: Events, Experiences, and Effects.
- However, we can't linger there because we must move to bolstering strengths and building the capacity for resilience.
- The importance of tapping into empathy.
- The importance (and difficulty) of building trust. For many of the individuals you are



supporting, trust has been broken by those in authority figures and those they are close with (e.g., medical community, police, politicians, educators, friends and others)



### Strategies for a Trauma-Informed Approach

- » Anticipate & reduce triggers
- » Use cultural humility
- » Focus on cross-cultural communication
- » Take a strengths-based approach
- » Use trauma-informed listening skills
- » Hold space for others

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[Slide Image Description: This slide shows icons of connected colored cogs with a list of strategies for a trauma-informed approach.]

In the following slides, we are going to talk about strategies that you can use to be responsive to someone's past trauma.

These include:

- Anticipate & reduce triggers
- Use cultural humility
- Focus on cross-cultural communication
- Take a strengths-based approach
- Use trauma-informed listening skills
- Hold space for others

As we look through these slides, consider what it looks like for Arthur and Angela. And consider what it could look like for someone that you are supporting through the CARE process.

## Anticipate & Reduce Triggers

**As the supporter, you can also be triggered by stress and trauma! Keep in mind how you can apply these strategies yourself.**

Image adapted from Overview: [A Tiered Clinical Response Framework for Addressing Toxic Stress.](#)

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[Slide Image Description: This slide shows a circle that says stress busters with additional colored circles surrounding it that have icons depicting various stress relievers.]

Often, we think that to address trauma, we need complicated interventions. However, it can be much simpler. Consider the following to anticipate and reduce triggers:

- **Quality sleep:** the room should be the right temperature, not too brights, not too noisy, ideally with a decent bed; we cope better when rested and our cortisol levels are lower. Understandably, this can be a challenge for individuals with unstable housing.
- **Balanced nutrition:** consume real food that is minimally processed. However, eating food available on the street or without good teeth can be challenging.
- **Physical activity:** engaging in some active movement, even as little as five minutes intermittently during the day, makes a difference in stress and mood.
- **Mindfulness practices:** the ability to center your mind, shutting out the negativity, and knowing how to “self sooth in positive ways” are essential. These are practices that can present challenges for those internally stimulated.
- **Experiencing nature:** going to parks and nature; water can be especially healing for many.
- **Mental and physical healthcare:** we must try to find balance. Our physical health can affect our mental health, and vice versa.
- **Supportive relationships:** fostering supportive, nurturing relationships that encourage

positive actions and wellness activities.

These are strategies and techniques that are based in science. They help to relax and reduce our "flight or fight" protective instincts when we are triggered or feel threatened. Anticipate what might make the CARE respondent you're supporting feel stressed and help them reduce the triggers (either beforehand or in the moment).

Keep in mind that everything we will be discussing here applies to you as a supporter as well and the CARE respondent you are supporting.

## Cultural Humility

### What is cultural humility?

- » The ability to put your culture, values, assumptions aside; be other-oriented (or open to the other)



For more information on cultural humility, view the [American Psychological Association article](#) and the [Cultural Humility video](#).



### What does it look like?

- » Recognizing that others are the expert of their own culture, values, and beliefs
- » Asking others to share their experiences, knowledge, and resources so that you can support their well-being
- » Collaboration and learning from each other
- » Lifelong commitment to reflection & self-evaluation; the ability to be humble and flexible

[Slide Image Description: This slide shows an image of an individual looking at another smiling individual. The definition and examples of cultural humility are included.]

In the last module, we talked about how someone's cultural context can impact how they experience and respond to trauma. An important tool for TIC is **demonstrating cultural humility**, or the ability to center and empower someone else's experience and culture.

- Cultural humility is...
  - The "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]".
- What does it look like?
  - Recognizing that others are the expert of their own culture, values, and beliefs
  - Asking others to share their experiences, knowledge, and resources so that you can support their well-being
  - Collaboration and learning from each other
  - Lifelong commitment to reflection & self-evaluation; the ability to be humble and flexible

Consider how approaching the role of the supporter with cultural humility would impact

Angela's experience in the CARE process. Not only would you, as her supporter, be aware of her racial, ethnic, and linguistic groups, but you would also be aware of other characteristics (including her trauma) that have shaped her needs, preferences, and beliefs. As you communicate a positive attitude toward her culture(s), you can build trust and rapport. Demonstrating cultural humility can help you acknowledge your own limitations in understanding culture and better enable you to understand Angela's experience.

Cultural humility is a guide that emphasizes understanding power relationships and cultural identities. Cultural humility is being flexible enough to engage in self-reflection and self-critique. Understand that all cultures deserve our respect.

Admit when you don't know the culture or social context of a CARE respondent. Use resources that broaden understanding of cultures in the communities you serve. Recognize that the CARE respondent is the expert of his/her own culture, values, and beliefs. Put assumptions aside when working with them. Ask them to share their own experiences, knowledge, and resources so that you can support their health and well-being.

## Focus on Cross-Cultural Communication



For more information on cross-cultural communication, view the [Collaborative Framework article](#), the [Communication Theory blog post](#), and the [Healthforce Center at UCF blogpost](#).

### What is cross-cultural communication?

- » The communication between individuals that belong to different cultures

### What does it look like?

- » Learn about the CARE respondent's cultural norms regarding personal distance, gestures, eye contact, and posturing
- » Become familiar with communication styles
- » Don't make assumptions; let them teach YOU!

[Slide Image Description: This slide shows an image of an individual with their arm around another individual's shoulders. The definition and examples of cross-cultural communication are included.]

Given the connection between culture and trauma, it's important to use cross-cultural communication skills. Even if you consider yourself a part of their culture groups, remember that there are many influences on someone's culture that you may never know.

A few things to keep in mind:

- Learn about the CARE respondent's cultural norms regarding personal distance, gestures, eye contact, and posturing
- Become familiar with their communication style
- In particular, do not make assumptions that because an individual is from an ethnic or racial community, they are aligned with presupposed cultural norms. Let the individual teach YOU!

Example questions could include:

- What kind of food do you like to eat? What type of music do you like?
- How do you prefer that we discuss difficult news, if it ever comes up?
- I want to make sure I understand when you're uncomfortable. How will you let me know





if you are getting upset?



## Cross-Cultural Communication: RESPECT

<b>R</b> Respect	Understand how respect is shown
<b>E</b> Embrace Humility	Recognize we are all different
<b>S</b> Sociocultural Context	Recognize what impacts decisions
<b>P</b> Participation	Learn participation preferences
<b>E</b> Empathy	Express concerns, share experiences
<b>C</b> Concerns and Fears	Prompt concerns and apprehensions
<b>T</b> Trust/Therapeutic Alliance	Trust must be earned

For more information on cross-cultural communication, view the [Collaborative Framework article](#), the [Communication Theory blog post](#), and the [Healthforce Center at UCF blogpost](#).

[Slide Image Description: This slide shows the acronym RESPECT with each of its associated words listed with their definitions.]

### One approach to cross-cultural communication is the RESPECT Framework

- **Respect.** Become familiar with communication styles. Understand how respect is shown in the individual cultures and show respect through verbal and nonverbal communications. Learn to listen. Become comfortable with silence.
- **Embrace humility.** When working with other people, even if you are of the same ethnicity and/or race, recognize that we are all different.
- **Sociocultural context:** Recognize how many factors affect decisions: affiliations, culture, language, gender, gender roles, education, socioeconomic status, values, community, family, sexuality, social organization (e.g., matrilineal), geographic location, etc.
- **Participation:** Appreciate that people may have different expectations, perspectives, and attitudes. Take time to discuss and understand these aspects, as well as the role and level of participation an individual prefers.
- **Empathy:** Express, verbally and nonverbally, the significance of concerns so that they feel you understand. If possible, share some of your own experiences.
- **Concerns and fears:** Prompt concerns and apprehensions about mental and physical health care and social service systems.
- **Trust/Therapeutic alliance:** Commit to behaviors that enhance an effective partnership;



recognize that trust is not inherent, and you must earn it.



## Remember Implicit Biases?

**A bias is a tendency, an inclination, or a prejudice toward or against something or someone; one person or a group compared to another. Implicit bias is a form of bias that occurs automatically and unintentionally.**



We all have implicit biases, and bias is a normal part of human functioning.

Accept that racial and other biases exist, and those biases may affect your day-to-day interactions, attitudes, and behaviors toward others.

People respond to our thoughts and behaviors toward them.

For more information on bias and behavior, view the [Implicit Bias article](#).

[Slide Image Description: This slide shows the definition of implicit bias with icons of three building blocks that have arrows pointing towards examples of implicit biases.]

In the first session on foundational principles to trauma-informed care, we talked about how implicit bias can be a form of trauma.

As a reminder, a bias is a tendency, an inclination, or a prejudice toward or against something or someone; one person or a group compared to another. Implicit bias is a form of bias that occurs automatically and unintentionally.

There are a few building blocks to understand about implicit bias that will enable you to better counter these very natural (but harmful) tendencies.

- We all have implicit biases, and bias is a normal part of human functioning.
- Accept that racial and other biases exist, and those biases may affect your day-to-day interactions, attitudes, and behaviors toward others.
  - Remember, our biases infuse and impact our thoughts and behaviors toward others.
- People respond to our thoughts and behaviors toward them.

## Address Implicit Biases

**First, you will need to recognize existing implicit biases and then accept responsibility to identify and understand them.**

### Habit-Breaking Routine

- Be curious!
- Avoid interrupting
- Monitor your non-verbal behavior
- Do this regularly

### If/Then Planning

- Consider your goal
- Think about the obstacles
- Frame what you will do about the obstacles as if-then statements
- The link between the cue (the "if") and the action (the "then") will help you change your behavior or response

### Mindfulness

- Keep your attention on and in the present moment so you can recognize a stereotypic thought before you act on it
- Stop; focus on what's happening and how you are reacting

For more information on if/then thinking, view the [Bringing Automatic Stereotyping Under Control article](#). For more information on mindfulness, view the [Mindfulness Practice article](#).

[Slide Image Description: This slide shows an orange box with the first way to address implicit biases. Three light blue boxes list the other ways to address implicit biases.]

In order to address implicit bias, you must first acknowledge and accept the existence of implicit bias, its manifestations, and its impact. This isn't the same as stigmatizing bias. Stigmatizing bias (rather than acknowledging its existence) is counterproductive. We must acknowledge that biases exist and commit to accept responsibility to identify our biases and to understand them. Feelings associated with guilt and blame slow and/or interfere with efforts to effectively identify, acknowledge, and address our biases.

Thinking back to our previous discussion of Implicit Biases, we'll remind you of a couple of strategies to help mitigate or tap down your implicit biases as you take on the work of being a supporter:

- Implicit biases are a normal part of human functioning and self-protection. The harm comes when we automatically apply our biases, which come from our instantaneous judgments and assumptions of individuals who are unlike ourselves. Often, we don't take a beat to assess context and question why we feel or are responding to others in that way.
- So, we must first accept that racial, gender, and other biases exists, and those biases may affect your day-to-day interactions with those around us.

Consider the following ways to address implicit bias.

### Use a Habit-Breaking Routine

- Be curious!
- Before discounting someone else’s idea or thinking, ask about what they considered when they were making decisions or during the development of their ideas
- Avoid interrupting
- Monitor your non-verbal behavior (STOP rolling eyes, loud sighing, etc.)
- Do this regularly. It is an iterative process, meaning we are never done with self-examination

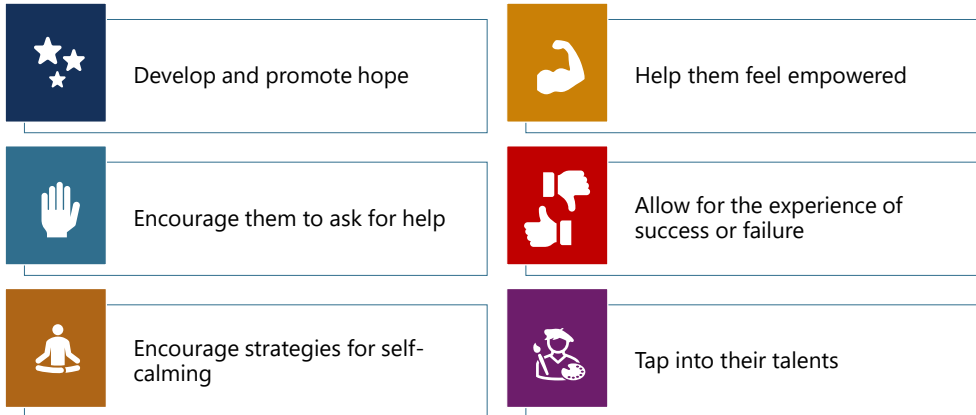
### If/Then Planning:

- We all have habits and behaviors we wish we could change. But just being aware of a bad habit isn’t enough.
- Let’s say Arthur has trouble getting his thoughts or speech organized to communicate what’s going on – especially if he is triggered. To you, it sounds like gibberish. Although you hate admitting to these thoughts, you are concerned what he is saying does not make any sense. You do not know anyone who talks like Arthur does AND is able to successfully accomplishing anything.
- Normally, you become frustrated and either interrupt his speaking, or begin trying to convince him to follow your plan or do what you say.
- By using **If/Then Planning** – you think ahead. Make a goal before the situation arises and decide what you will do.
  - Start by making a goal (e.g.,, “I want Arthur to know that I want to hear him and support him in this process.”) and the obstacles you expect to face along the way (“I struggle to believe he is being logical and to wait for him to finish speaking”).
  - Next, frame what you will do about the obstacles as if-then statements. To address your impatience with Arthur’s disorganized speech, for example, you could tell yourself: “*If* I start to feel uncomfortable that Arthur is not getting to the point, *then* ”I’ll ask him take a few deep breaths, drink some water, and slow down,” or “I’ll ask him if we can go for a quick walk outside or listen to some music for a bit.”
- If/Then Planning allows you to think ahead, interrupts negative thinking and out-of-control assumptions, and predicting the future (e.g., “this will never work because he acts this way”). If/Then Planning allows you to focus on bringing about a more positive outcome.
- Planning is KEY. Identify your goal and strategy for response BEFORE the episode happens. Then, incorporate it right away.
- Eventually the link between the cue (the “if” part of the statement) and the action (the “then”) will become strong enough to help you change your behavior or response; controlling your bias.

### Mindfulness

- Keep your attention on and in the present moment so you can recognize a stereotypic thought before you act on it.
- Take the time to tame your thoughts and feelings by remaining present in the current moment. Don't just react; stop and focus on what's happening and how you are reacting. This can allow you to act compassionately toward Arthur during his time of need.

## Take a Strengths-Based Approach



For more information on the strength-based approach, see [Strengths-Based Approach for Mental Health Recovery](#).

[Slide Image Description: This slide shows colored icons representing six ways to take a strengths-based approach.]

In the past, the medical model has focused on what is *wrong* with people who behave outside of the “norm,” or those living with serious mental illness. A strengths-based approach, however, relies on drawing out strengths and abilities in someone to help them increase their quality of life. This approach focuses on building confidence and hope in an individual, and the focus is kept on what someone can do (rather than what they can’t do or what their symptoms are or what difficulties they face).

For example: **Arthur** may feel hopeless about controlling his emotions or situations. As his supporter, you can make sure he knows there are people who care about him and are willing to help. This helps to instill hope and makes it easier for people to ask for help. We also know that Arthur is creative, and he likes to paint and draw. You could bring him art supplies or encourage him to explore other creative outlets. If he’s stressed about an upcoming meeting, have him draw what the experience will feel like. Point out situations where Arthur has handled stress before and ask him to go over how it felt and what he did to cope.

Alternatively:



**Angela** may get very depressed when after reaching out to her older children, she gets rejected. She does not know how to make amends, and they may not be able to risk being disappointed again. You can help by problem-solving with her and suggesting she connect with her mental health provider who may be able assist in the reunification process or help Angela process her feelings. There is always hope that the situation can change.

Taking a strengths-based approach can include:

- Develop and promote hope
- Help them feel empowered
- Encourage them to ask for help
- Allow for the experience of success or failure
- Encourage strategies for self-calming
- Tap into their talents

## Use Trauma-Informed Listening Skills



» Develop and use your listening skills when you're having conversations with the CARE Respondents

Be attentive and patient

Reword

Ask clarifying questions

Be able to summarize what you heard

[Slide Image Description: This slide shows colored icons of two individuals with comment boxes above them. Four colored boxes to the side list trauma-informed listening skills.]

Authentic communication is essential when establishing, building, and maintaining trust. It is easy to not truly listen when people are speaking. However, most people know when you are not paying attention or really hearing them. So here are some listening skills you can use.

- Be **attentive** and **patient**. You can help organize the conversation but allow the CARE respondent to lead it as much as possible.
  - We are unable to listen and communicate skillfully when we are doing something else.
  - Allow for some discomfort and awkwardness. Don't feel like you have to jump in immediately and given them time to gather their thoughts.
  - Consider narrating your own pauses. Comments like "I'm just thinking about what you just shared..." or "I want to sit with that, for just a minute. It sounds so important, what you just said." This can help convey we are still with the other person and show them that we aren't judging them, but really listening.
- **Reword** what the CARE respondent says without making any of your own comments or judgements. For example:

- “It sounds like what you are saying is...” or “What I hear you saying is...” “am I right?”
- “It sounds like you would like to talk with your housing coordinator about a problem.”
- Ask **clarifying questions**. For example:
  - “Did you want to speak with your housing coordinator today or sometime this week?”)
- Make **summary statements**. For example:
  - “Let me make sure I understand you. You would like to talk with your housing coordinator about a problem you are having as soon as possible. Is that right?”

These are all skills that let the other person know that you are listening and at least trying to understand.

## Hold Space for Others

» **Holding space** means to be with someone without judgment. To practice empathy and compassion. To accept someone's truth, no matter what it is. To come in neutral.

What might "holding space" for Angela look like?



For more information on holding spaces for others, view this [What it Really Means to Hold Space for Someone](#) video.

[Slide Image Description: This slide shows an image of an individual sitting on a couch talking to another individual. Additionally an explanation of holding space for others is given.]

When we are "holding space" for someone, we do this without judgment. To donate your ears and heart without wanting anything back. To practice empathy and compassion. To accept someone's truth, no matter what it is. Embrace with two hands instead of pointing with one finger. To come in neutral. Open. For them and not you.

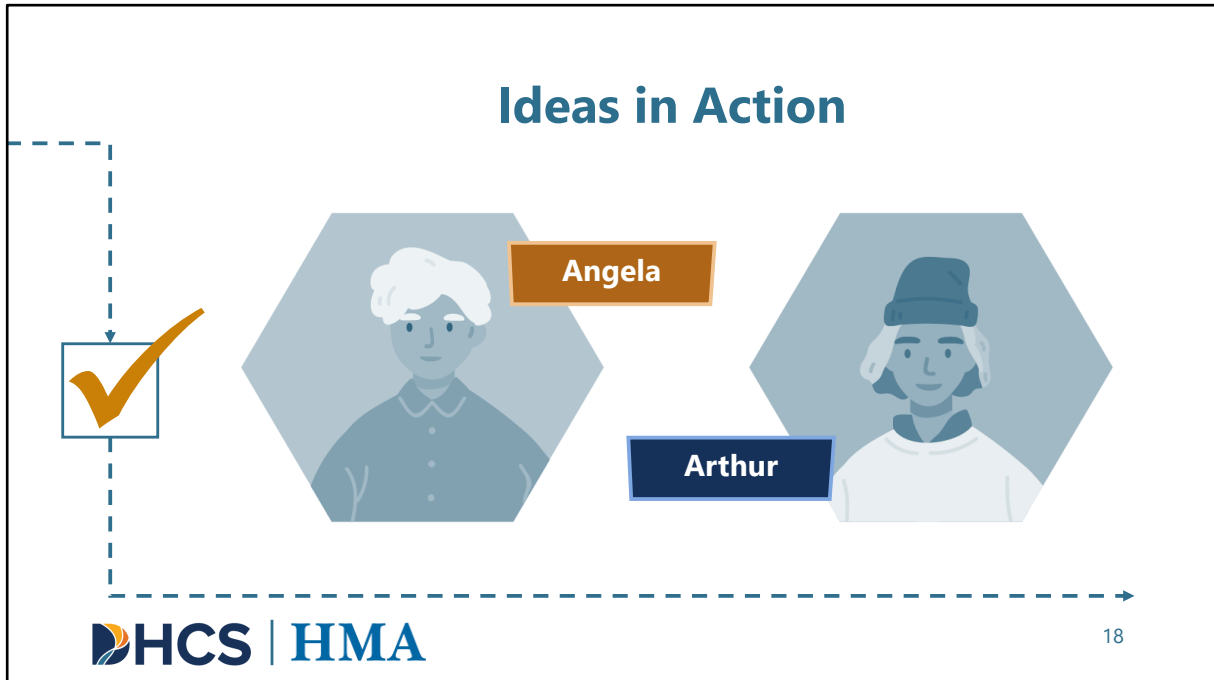
Holding space means to put your needs and opinions aside and to allow someone to just be themselves.

Examine and hold our individual biases in check. Those we are supporting may not make choices we agree with, but we must respect their choices. It is OK to say, "I respectfully disagree but honor that it is your choice."

We talked about some of the implicit biases you may have about Angela. What would holding space for her to be herself look like?

- Accepting how her reactions to stressful situations are a defense mechanism to past trauma.

- Supporting her own choices instead of steering her toward a pre-determined decision.
- Listening to her needs, preferences, and beliefs.
- Not confronting her about her symptoms but acknowledging how it must feel.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Let's discuss potential situations with Angela and Arthur and how we might apply some of the strategies and skills we just discussed..

As a supporter, you meet with **Angela**. She has agreed to see her primary care provider about her physical health conditions and the appointment is in two days. You are talking with her on the phone, and she is beginning to sound as if she is not going to her appointment when she says, "I have that appointment with the doctor about my blood pressure. But I think it is better and the office is really far, how will I get there any way."

Ask clarifying questions to get more information without judgement or telling Angela what to do.

1. "You think your blood pressure is better? Tell me more about that."
2. "Your doctor's office is far away. How have you been able to get there in the past?"

**Ideas in Action for Angela:**

- We understand that medical appointments are a source of stress for Angela.
- We don't lecture her or become directive.

- We just listen with compassion and empathy and restate what we think we heard.
- We may allow for silence and let her think about what she is saying.
- We then ask another questions that helps her feel empowered. You know she can get to an appointment since she has been there before and can do it again. You are there to go with if needed. You don't offer solutions yet. You give her a chance to tell you how she managed to travel the distance in the past.
- The trauma informed listening and communication included: a) restating, b) clarifying questions, c) empathy, and d) holding space without judgement.

**Arthur:**

As Arthur's supporter you are discussing his upcoming CARE plan hearing. He is thinking of skipping it. He is currently in recovery and not using alcohol or drugs. He is thinking more clearly today but his anxiety makes him reluctant to go to court. He gets scared.

You know that Arthur does not like to be dictated to or forced into decisions; however, if you listen and let him talk, he usually makes his decision, especially when he is thinking clearly. Arthur says "I am going to this free exhibit in the park and then to do some of my own art. I feel very creative today."

Ask clarifying questions to get more information without judgement or telling Arthur what to do.

1. "Sounds like you feel like painting or drawing today. Will you do that before your court date at 3pm?"
2. Arthur says "I have not been in trouble, and I am not drinking. I really don't think I have to go to court."
3. "Arthur am I hearing you correctly: you are going to miss your CARE plan hearing?"
4. Use of Silence
5. Arthur thinks about it and says, "if you will go with me, I think I should go."

**Ideas in Action for Arthur:**

- We understand that the last court date was difficult for Arthur, and he is embarrassed about it.
- Again, we don't lecture or become directive. We know that Arthur often makes his decisions for himself.
- We just listen with compassion and empathy and restate what we think we heard.
- We remember that stressful situations, real or imagined, are triggers, and drawing is how Arthur calms himself.
- We use silence.
- We restate and summarize to give him a chance to think about his choices.
- We then ask another question that helps him feel empowered.
- The trauma informed listening and communication included: a) restating and b) clarifying questions, c) empathy and d) holding space without judgement.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

Resiliency is the ability to come back from adversity; the capacity to withstand or to recover quickly from difficulties; toughness.

Some examples we hear include:

*"The remarkable resilience of so many institutions." "Supporting individuals to overcome adversity and build resilience." "Our business has shown strong resilience during these unprecedented times"*

Dorado, J., & Dolce, L. (2016). Transforming stress and trauma fostering wellness and resilience: trauma-informed systems initiative. In (Comp.), (pp. 1-52). : UCSF-San Francisco General Hospital.



## Self-care & Resiliency for Volunteer Supporters

“One of the hardest, yet most important parts of being a caregiver, is taking time to attend to self-care. It is self-care that restores energy and builds that capacity to give care, yet it is often neglected.”



The Dance of Caring: A Caregiver's Guide to Harmony

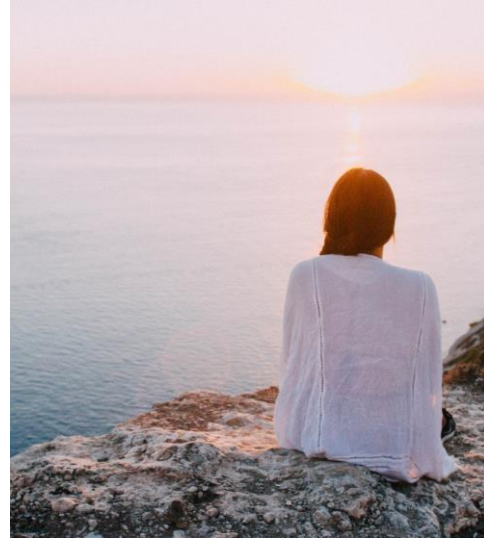
[Slide Image Description: This slide shows an image of an individual handing a box of food to another individual. A quote from The Dance of Caring: A Caregiver's Guide to Harmony is displayed in a purple box.]

Self-care and resiliency are important for people serving as a supporter.

“One of the hardest, yet most important parts of being a caregiver, is taking time to attend to self-care. It is self-care that restores energy and builds that capacity to give care, yet it is often neglected.” – The Dance of Caring: A Caregiver's Guide to Harmony

## Self-Monitoring Mindfulness

- » Pay attention to being here, now.
- » Be aware of what's going on in your mind.
- » Adopt a curious, open, and accepting orientation toward your own experiences in the present moment.



[Slide Image Description: This slide shows an image of an individual looking at a sunset. Three bullets list ways to practice self-monitoring mindfulness.]

There may be situations and times when conversations and/or experiences between you and the CARE respondent are difficult.

- Pay attention to the immediate experience and allow for increased recognition of mental events in the present moment.
  - What are you thinking? What are you smelling?
  - What does your body feel like? What are you experiencing?
- Adopt a curious, open and accepting orientation toward your own experiences in the present moment.

It is important to be mindful and address your feelings and their feelings. You may at times need get help to process, so remember asking for help is a strength.

## I'M SAFE Checklist

 <b>I</b>	=	<b>Illness</b>
 <b>M</b>	=	<b>Medication</b>
 <b>S</b>	=	<b>Stress</b>
 <b>A</b>	=	<b>Alcohol and Drugs</b>
 <b>F</b>	=	<b>Fatigue</b>
 <b>E</b>	=	<b>Eating and Elimination</b>

I'M SAFE Checklist adapted from the [Agency for Healthcare Research and Quality tool](#).

[Slide Image Description: This slide shows the acronym I'M SAFE with each letters associated meaning and an icon to represent each.]

An important step of self monitoring means that we take time or hold space for ourselves. It can be helpful to regularly run the I'M SAFE checklist and make sure YOU are OK. When we are juggling work, life, health, family and supporting others, we can forget ourselves. The result is fatigue and less than optimal responses and decision making.

I'M SAFE Checklist:

**I**=Illness - Am I feeling so bad that I cannot perform my duties?

**M**=Medication - Are medications I am taking affecting my ability to provide support?

**S**=Stress - Is there anything, such as a life event or situation at work, that is creating a stress response?

**A**=Alcohol and Drugs - Is my use of alcohol or drugs affecting me such that I cannot provide support?

**F**=Fatigue - Am I too tired?

**E**=Eating and Elimination - Has it been considerably longer than normal since I have eaten or used the restroom?

## Recognize & Avoid Burnout


**What causes burnout?**

- » Gradual exposure to commitment strain
- » Loss of hope
- » Lack of progress
- » Accumulation of intensive contact

**What does burnout feel like?**

- » Overwhelm
- » Emotional irritability, lack of empathy, changes in mood
- » Interpersonal and communication problems
- » Self-medicating

To learn more about burnout, see the [Maslach Burnout Inventory](#).



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[Slide Image Description: This slide shows an image of an individual with their head in their hands at a table. The causes and examples of burnout are given.]

The work of supporting can be taxing, and burnout or mental and emotional fatigue is a true threat. Recognize as early as possible that you are burning out.

**There are several factors that cause burnout. They can include:**

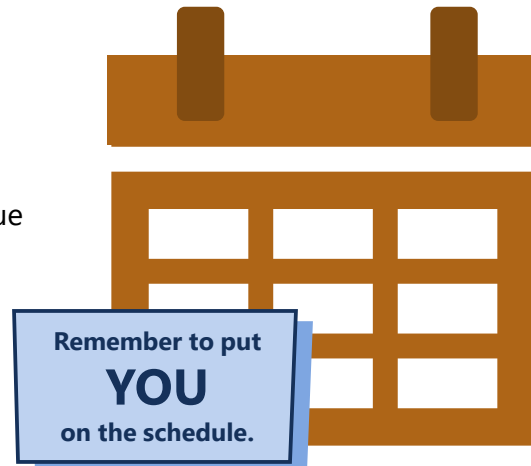
- Gradual exposure to commitment strain
- Loss of hope
- Lack of progress
- Accumulation of intensive contact

**What does burnout feel like?**

- Overwhelm: feeling like you can't accomplish what you need to
- Behavioral: emotional irritability, lack of empathy, problems with mood and feeling helpless
- Interpersonal and communication problems: feeling like you just want to quit or stop and not keeping your commitments, overly negative or critical
- Self-medicating: Using more alcohol, cigarettes, or drugs just to relax and cope

## Self-care as a Volunteer Supporter

- » Reduce your own stress levels
- » Put safety first
- » Celebrate wins
- » Mourn the challenges
- » Take time to enjoy something you value
- » Give yourself a break
- » Unplug from technology
- » Ask for help



[Slide Image Description: This slide shows an icon image of a calendar with a list of ways to practice self-care as a volunteer supporter.]

Remember secondary or vicarious trauma is when it did not happen to you, but you heard about it or witness it and it effects you. These types of trauma can add up and affect us emotionally and if we are not careful, we can try to protect ourselves in ways that are not helpful.

Some things you can do:

- Reduce your own stress levels
- Put safety first
- Celebrate wins
- Mourn the challenges
- Take time to enjoy something you value
- Give yourself a break
- Unplug from technology - We have to monitor how much social media and negative news we consume; this can really affect us. Particularly when you have very little control of the world around you.
- Ask for help

This might seem strange, but our lives have gotten so busy that if things are not in a calendar we can easily overlook. Schedule time for yourself; put it on the calendar and keep your commitment to your wellness.

What are your priorities?

- Set a realistic goal
- Schedule it first
- Fit everything else in after
- Find your Happy Place!

## Self-Care On the Spot (SOS) Planning



- » A favorite music playlist
- » Aromatherapy
- » Stepping away from the situation
- » Squeezing a ball
- » Taking a brisk walk
- » A 3-minute stretch break
- » Short meditation
- » 3 minutes of deep breathing

[Slide Image Description: This slide shows an icon of a clipboard that says SOS with a checklist. Next to the icon is a list of self-care on the spot planning ideas.]

We are spending a lot of time on self-care because we want you to continue supporting effectively without it taking too much of a toll on you personally.

One thing for you to do is to create an SOS list, or a list of at least five safe, effective self-care tools that help you calm down. When you're feeling overwhelmed or triggered (or you know you're about to be triggered), you can use your strategies to help you in the moment.

SOS ideas:

- A favorite music playlist
- Aromatherapy
- Stepping away from the situation
- Squeezing a ball
- Taking a brisk walk
- A 3 min stretch break
- Short meditation
- 3 min of deep breathing

## Cultivating Gratitude

**Benefits**

- Physical** Stronger immune system, lower blood pressure
- Psychological** More alert, awake, optimistic, and happy
- Social** More helpful, generous, and compassionate; less lonely and isolated

» Consider a gratitude journal  
» Ask yourself: what are you grateful for?

For more information on gratitude, see [The Science of Gratitude white paper](#).

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[Slide Image Description: This slide shows three colored blocks that describe the physical, psychological, and social ways to cultivate gratitude. Additionally, an icon of a book is shown with the gratitude journal consideration.]

The benefits of acknowledging and cultivating gratitude are rooted in research.

- Gratitude allows us to celebrate the present
- Gratitude blocks toxic, negative emotions
- Grateful people are more stress resistant

How can you acknowledge and cultivate gratitude? Keep a Gratitude Journal:

- List 5 things that you are grateful for once per week
- Count each positive daily

Perhaps you don't have time to journal or list 5 items. Instead, each morning you can name one thing you are grateful for, and each night you can reflect on what you are grateful for. Whether big or small, it all counts.

Perhaps the interaction with the CARE respondent went so much better than you anticipated. Perhaps it didn't go quite as well, but you handled it well and then got support for you and your CARE respondent.





Consider: what are you grateful for?

## Resilience Building Blocks

Thinking ahead about consequences before acting

Setting clear expectations and boundaries

Letting others know you are available to help

Developing positive relationships

Developing self esteem

Expressing feelings

Acknowledging mistakes

Developing communication skills

Developing critical thinking skills



For more information on resilience [Resilient Individuals article](#) and [UCSF's Collaborative Approach study](#).

[Slide Image Description: This slide shows an image of stairs down to shore. To the side of the photo are nine blue boxes that list resilience building blocks.]

On this slide you see a list of building blocks for resilience for you and the CARE respondent, including:

- Thinking ahead about consequences before acting
- Setting clear expectations and boundaries
- Letting other know you are available to help
- Developing positive relationships
- Developing self esteem
- Expressing feelings
- Acknowledging mistakes
- Developing communication skills
- Developing critical thinking skills

## Adaptive Behaviors



[Slide Image Description: This slide shows colored icons that depict seven adaptive behaviors.]

We are coming to the close of our TIC models; here is a list of some of the strategies and approaches we have discussed:

- Keeping scheduled appointments
- Following an agreed upon CARE plan or agreement
- Contributing and participating in self-care
- Seeking assistance when needed
- Open to respectful guidance and feedback
- Knowledgeable about self-care strategies and implementing as needed
- Seeking safety
- A path to wellness and stability

**Ideas in Action**

What are you currently doing that you will **STOP** doing because it isn't working?

What haven't you done that you will **START** doing because it may work?

What are you already doing that you will **CONTINUE** doing because it works well?

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[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

**Ideas in Action:**

What are you currently doing that you will STOP doing because it isn't working?

- Judging people before I know them
- Assumptions

What haven't you done that you will START doing because it may work?

- Start scheduling time for myself
- Run my I'M SAFE Checklist
- Reflecting on my biases
- Recognizing the importance of culture

What are you already doing that you will CONTINUE doing because it works well?

- Honing my active listening skills

## In Summary

- » TIC means approaching an individual with cultural humility and empathy, centering the individual.
- » Creative strategies are required to promote resilience and apply TIC principles, including the core value of empathy.
- » This work includes self-care, self-reflection, and mindfulness.
- » This work also requires planning, collaboration and communication.



[Slide Image Description: This slide shows an icon of a magnifying glass with Angela and Arthur in the middle. A summary of this presentation is listed.]

### In Summary:

- TIC means approaching an individual with cultural humility and empathy, centering the individual.
- Creative strategies are required to promote resilience and apply TIC principles, including the core value of empathy.
- This work includes self-care, self-reflection, and mindfulness.
- This work also requires planning, collaboration and communication.

## Objectives

At the end of the session, participants will have an increased ability to:

- » List at least 3 self-care activities
- » Name at least two strategies reduce stress
- » Describe how to promote resiliency
- » Identify CARE Act Respondent strengths

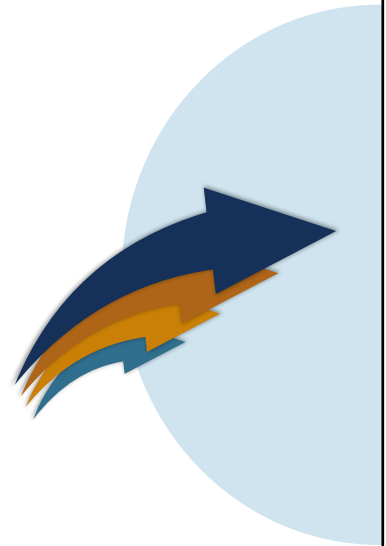
[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

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- Describe how to promote resiliency
- Identify CARE Act Respondent strengths

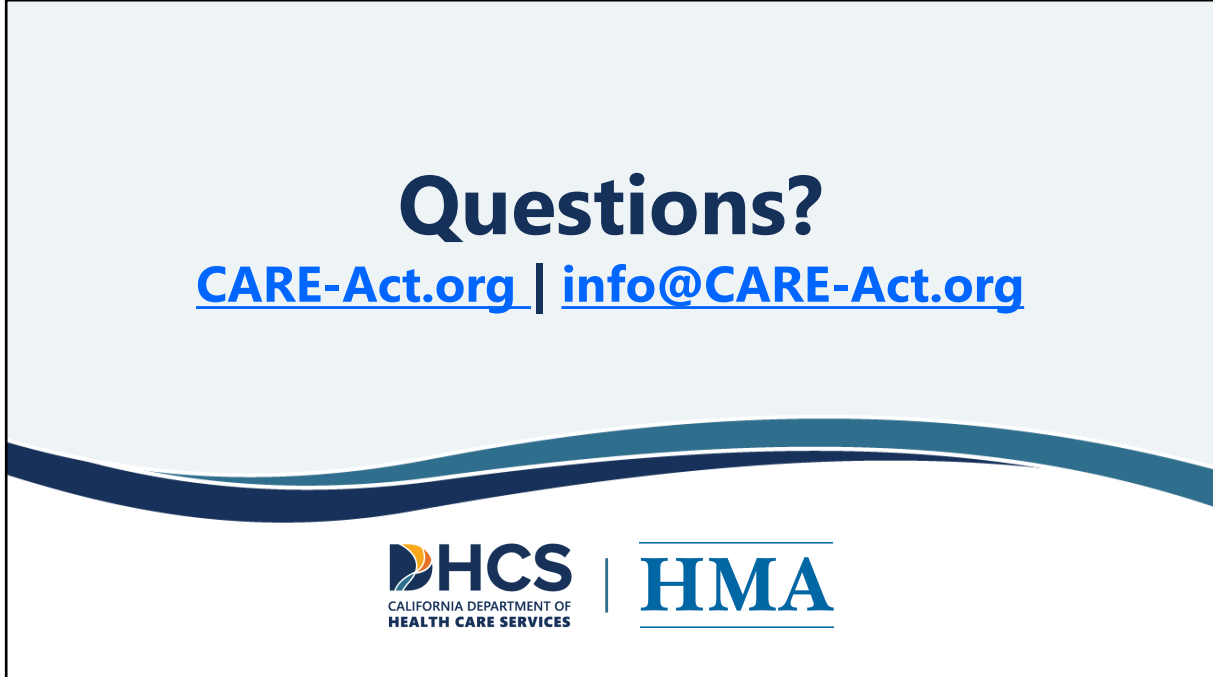
## Next Steps

- » Visit [CARE-Act.org](https://www.care-act.org) for resources (including recordings of past trainings) and to submit questions/TA requests.
- » Review additional topics in this training series:
  - Part 1: Foundations of Trauma-informed Care
  - Part 2: Goals & Principles of Trauma-informed Care





[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact [info@CARE-Act.org](mailto:info@CARE-Act.org) with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.



**Questions?**  
[CARE-Act.org](https://www.care-act.org) | [info@CARE-Act.org](mailto:info@CARE-Act.org)

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[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is [CARE-Act.org](https://www.care-act.org) and our email address is [info@CARE-Act.org](mailto:info@CARE-Act.org).



## Resources

- » Trauma Informed Care Implementation Resource Center [Closing Health Gaps for LGBTQ+ Individuals with Affirmative Care Webinar](#)
- » Trauma Informed Care Implementation Resource Center [Centering Anti-Racism in Trauma-Informed Care Webinar](#)
- » Center for Health Care Strategies [Cultural Humility: A Key Element of Trauma-Informed Care](#)

[Slide Image Description: This slide shows a list of resources relevant to the training.]

- Trauma Informed Care Implementation Resource Center [Closing Health Gaps for LGBTQ+ Individuals with Affirmative Care Webinar](#)
- Trauma Informed Care Implementation Resource Center [Centering Anti-Racism in Trauma-Informed Care Webinar](#)
- Center for Health Care Strategies [Cultural Humility: A Key Element of Trauma-Informed Care](#)