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# TIC NEWS



## Remember, Trauma Informed Care is a PROCESS, not a program!

### Taking current practice to TIC:

#### *Relationships*

\* Staff are mentors and teach skill building while being aware how trauma impacts residents. Staff manage own affect, read resident cues, and consistently respond to residents to provide safety and to support healthy development.

#### *Safety*

\* Goal to maintain safety, de-escalate and learn from self-management.  
\* TIC views safety first, while at the same time minimizes re-traumatizing residents

#### *Accountability*

\* Being TIC does NOT mean abandoning accountability, TIC assumes that accountability is maintained.

## ***SAFETY FIRST!***

### *Safety and the System*

Part of Trauma Informed System transformation rides on the three following ideas:

1. Safety (in all senses) must be available and constant, at and between all levels of power/authority within the system.
2. Staff to staff interactions must reflect this intentional consciousness of trauma.
3. Staff to Policy interactions must assure safety and protection across all levels.

*Safety is the MOST important aspect of any service system that works with violence and trauma!*

*No other concept or function is more important!*

*Systems need to create space for the individual to safely struggle, to attempt with partial success, and to find triumph in big and small accomplishments.*

*Patience....lifetime of adaptive survival skills are not replaced in days or months.*



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- ◆ Safety is more than physical protection.
- ◆ Safety in the form of relationships.
  - \* The adult or caregiver must be strong enough for the traumatic behaviors and the strain of their expectations.
  - \* The adult or caregiver must be strong enough to face and deal with the truth...a truth, that when kept secret, becomes larger and more overwhelming for the child and adult.
  - \* The adult or caregiver must be strong enough to work through their own "stuff" in order to be balanced and grounded enough for the child to lean on and gain trust in over time.
- ◆ Safety is an emotional space.
  - \* The adult or caregiver must have self control of their own emotions.
  - \* The adult or caregiver must be willing to exhibit emotions that are uncomfortable without losing control.
  - \* The adult or caregiver must have a full repertoire of emotions, including shades and colors , to model for the trauma victim.
  - \* The adult or caregiver must have the vocabulary to define and name the emotions that they are demonstrating.
- ◆ Safety is about the environment.
  - \* The space that the trauma victim occupies must have clear rules about entrance and exit.
  - \* The space should be arranged to provide ready distancing from trespass and real or perceived threat.
  - \* The environment should have a personal touch.
  - \* The space should be conducive to calming, moderate stimuli, harm minimal, and homey.
  - \* It is important to remember that kids with a history of trauma, require greater personal space.

**DISSOCIATIVE/AROUSAL BALANCE**

Dissociation		Arousal	
Females	>	Males	
Young Children	>	Older Children	
Torture/Pain	>	Observer	
Inescapable Helplessness	>	Action Active Role	

BD Perry MD, PhD

**The Adaptive Balance:** The primary adaptive response to threat appears to vary. Dissociation is more common in younger children, females and during traumatic events that are characterized by pain or an inability to escape. A hyperarousal response is more common in older children, males and when the trauma involves witnessing or playing an active role in the event. Most will use a combination of these two responses.