Now What?

APPLYING NEAR SCIENCE TO FAMILY PLANNING SERVICES
Agenda

Describe resilience building and trauma sensitive approaches

Discuss strategies for integrating trauma sensitive practices in FP services

Discuss secondary traumatic stress and strategies to address STS
Let’s Get on the Same Page
What’s Happening in Michigan?

• Results from the 2016 MI Behavior Risk Factor Surveillance System
• 8 ACE categories, 3 community ACEs, 6 support questions
• Impact of ACEs and social supports on health outcomes
Prevalence of Adverse Childhood Experiences by Number

- None: 34.1%
- 1 ACE: 23.0%
- 2-3 ACEs: 24.8%
- 4+ ACEs: 18.2%

Prevalence of Community Adverse Childhood Experiences by Number

- None: 53.2%
- 1 Community ACE: 26.3%
- 2 Community ACEs: 14.5%
- 3 Community ACEs: 6.0%

Prevalence of Social Support by Type

- Family stood up for you in difficult times: 82.3%
- Felt supported by friends: 81.6%
- Felt belonged at high school: 72.6%
- Adults took genuine interest: 68.6%
- Could talk with family about feelings: 62.4%
- Enjoyed participating in community traditions: 59.7%
Prevalence of Health Outcomes by Number of Adverse Childhood Experiences

- None
- 1 ACE
- 2-3 ACEs
- 4+ ACEs


*In past 30 days

**Ever told by a doctor that they had a depressive disorder
Prevalence of Health Outcomes by Level of Social Support

- **Low social support**
- **High social support**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Low Social Support</th>
<th>High Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>14+ Activity limitation days*</td>
<td>19.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td>14+ Poor mental health days*</td>
<td>28.6%</td>
<td>9.2%</td>
</tr>
<tr>
<td>14+ Poor physical health days*</td>
<td>26.8%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Depression*</td>
<td>40.6%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Fair or poor health</td>
<td>34.7%</td>
<td>13.9%</td>
</tr>
</tbody>
</table>


*In past 30 days

**Ever told by a doctor that they had a depressive disorder**
No Routine Checkup in Past Year by Number of Adverse Childhood Experiences and Level of Social Support

- Low social support
- High social support

- None: 20.8%, 20.6%
- 1 ACE: 38.9%, 26.0%
- 2-3 ACEs: 28.2%, 25.0%
- 4+ ACEs: 38.0%, 21.9%

Ever Diagnosed with a Depressive Disorder by Number of Adverse Childhood Experiences and Level of Social Support

- Low social support
- High social support

<table>
<thead>
<tr>
<th>None</th>
<th>1 ACE</th>
<th>2-3 ACEs</th>
<th>4+ ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.2%</td>
<td>31.7%</td>
<td>35.8%</td>
<td>51.7%</td>
</tr>
<tr>
<td>10.9%</td>
<td>13.6%</td>
<td>23.6%</td>
<td>39.5%</td>
</tr>
</tbody>
</table>

THINKING
Vicious Cycle
Adversity is amplified with each turn around the loop

Degree of Well-Being

Time

ACEs
ACE-Attributable Problems
Adult Adversity

Adaptation
Reject-Eject Societal Response

Struggle
Virtuous Cycle
Flourishing is amplified with each turn around the loop

- ACEs
- Fewer ACE-Attributable Problems
- Adaptation
- Adult Flourishing
- Right-Fit Engagement

Flourish: Steady, Strong, Continuous Growing into Well-being
Resilience

Ability to successfully confront challenges & bounce back from setbacks.

Resilience can be nurtured & recaptured
Core Protective Factors

Capabilities
- Self-regulation
- Focus
- Self-efficacy
- Adaptive skills

Attachment & Belonging
- Mutual support
- Learning together
- Ceremonies/rituals
- Group activities
- Opportunities to give

Community Culture
- Community reciprocity
- Social bridging
Three Principles to Improve Outcomes for Children & Families

In What Ways Could Toxic Stress/ACEs Be a Factor for Those Seeking FP Services?
DOING
Trauma & Sensory Friendly Environments

- Routines/ consistency
- Choices
- Clear, firm limits for inappropriate behavior
- Sensitive to environmental cues that can trigger reactions
- Anticipate difficulties and provide additional supports
- Provide warnings
- Understand trauma re-enactment
Creating Safety

- Provide choice & control
- Be curious not analytical
- Clear expectations
- Shared group values
- Clear boundaries
- Visual stimulation
- Use music
- Modulate tone of voice
- Regulate speaking tempo
- Smaller non-verbals
- Model breathing
- Transition rituals

Creating a Safe Space: Integrating a Trauma-Informed Approach into your TPP Program, OAH Webinar, April 30, 2015
Identify Trauma Related Needs

- What’s wrong with you? NO
- What happened to you? MAYBE
- How are you? YES
- What’s your stress level? YES
- How can I help? YES
Handling Disclosures of Trauma

Be prepared
• Expect disclosures
• Know agency policies & protocols
• Know state reporting laws
• Discuss confidentiality & reporting requirements
• Have referral info available

After disclosure
• Acknowledge & validate
• Remind about confidentiality & reporting requirements
• Follow up & stay connected

JSI Research and Training Institute, http://rhey.jsi.com
“Slowly, I have come to see that Asking, and Listening, and Accepting are a profound form of Doing.”

Vincent J. Felitti, M.D.
Enhance Well-Being & Resilience

Stay engaged & connected
Address basic needs
Follow the client’s lead
Encourage connections-peers, family, community
Focus on strengths & abilities
Teach coping & calming skills, e.g. mindfulness
Start at the Bottom: Regulate

• Manage your own reactions
• Recognize that behavior is communicating feelings or loss of control
• Validate emotion then guide toward calm
  • Limit questions
• Reorient to the present
  • Focus on immediate environment
Next Step Up: Relate

“Social support is the most powerful protection against becoming overwhelmed by stress & trauma. The critical issue is reciprocity: being truly heard and seen by the people around us, feeling that we are being held in someone else’s mind and heart”

Van der Kolk, 2014, The Body Keeps the Score
Relate

• Tone of **voice** and volume?
• Relational needs? What **communication modes** will support them?
• **Body language** to support a relationship?
• **Positive** communication
• **Listen** without trying to solve
• **Avoid** trying to make it better
At the Top: Reason

- **Reframe** negative behavior as growth opportunity
- **Review** strategies used and consider need for modified/new strategies
- **Support** autonomous decision-making and independent functioning
- **Emphasize** student’s ability to make changes
- **Foster** hope
- **Celebrate** healthy insights and change
- **Provide** pro-social opportunities and encourage restorative practices, community interaction and support
- **Focus** on future strategies

Adapted from Adolescent Health Workgroup, 2013
Questions to Identify Coping Skills

How are you managing?

What are you doing that helps?

Is there something else you want to do?
Partnerships to Increase Continuity & Coordination

Know your community partners

Help make the connection

Follow up
Secondary Traumatic Stress (Compassion Fatigue)

Secondary trauma or vicarious trauma is the *emotional duress that results when an individual hears about the firsthand trauma experiences of another*. Its symptoms mimic those of post-traumatic stress disorder (PTSD).

National Child Trauma Stress Network, [http://www.nctsn.org/resources/](http://www.nctsn.org/resources/)
Secondary Traumatic Stress

Self = most important tool

STS = occupational hazard

Attention to STS = using Personal Protective Equipment

Allows us to care for others effectively
What Is Your ACE Score?
It is not if a staff person will experience secondary traumatic stress...

...it is when will a staff person experience secondary traumatic stress
Caring for FP Providers – Three Levels

- Personal
- Interpersonal
- Organizational
Prevention/Intervention Strategies

Learn about secondary traumatic stress & self-care
Safety procedures at work
Utilize supervision
Maintain healthy work-life balance
Develop self-care plans
Use a buddy system
Be proactive, utilize risk assessment tools
Utilize counseling services as needed
Secondary Trauma Affects Our Organizations

- Decreases Quality of Services
- Leads to Staff Turn Over
- Creates A Negative Feedback Loop Among All Staff
- Increases Costs For Recruiting & Training New Staff
Strategies to Prevent Secondary Trauma

General Wellness
Organizational Culture
Education and Training
Reflective Supervision
Trauma Informed Care: Key Assumptions

**Realize:** understand trauma & its impact

**Recognize:** signs of trauma & its prevalence

**Respond:** use & connect to trauma informed interventions

**Resist:** avoid re-traumatization

SAMHSA, *The Concept of Trauma and Guidance for a Trauma Informed Approach.*
Trauma Informed Care: Key Principles

- Safety
- Collaboration
- Voice & Choice
- Trustworthiness
- Peer Support
- Cultural, Historical & Gender Issues
How Will You Incorporate a Trauma-Informed Approach in Your Work?
Resources

ACE Interface, Core Protective Factors, Vicious and Virtuous Cycles, [www.aceinterface.com](http://www.aceinterface.com)

Adverse Childhood Experiences Study, [www.cdc.gov/violenceprevention/acestudy](http://www.cdc.gov/violenceprevention/acestudy)

Center for the Developing Child – Harvard University, Building Adult Capacities; Three Principles to Improve Outcomes for Children and Families; Building Core Capabilities for Life. Accessed at [www.developingchildharvard.edu](http://www.developingchildharvard.edu)

Michigan Department of Health & Human Services, Trauma Toxic Stress Website, [www.michigan.gov/traumatoxicstress](http://www.michigan.gov/traumatoxicstress)

National Child Traumatic Stress Network, [www.nctsn.org](http://www.nctsn.org)

Thank You For Your Time!

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muellerm1@michigan.gov
www.michigan.gov/traumatoxicstress