

# Understanding Trauma Informed Care

---

Tiffany M. Naste, LICSW  
Justice Resource Institute  
[tnaste@jri.org](mailto:tnaste@jri.org)



## Community Agreement

We are committed to making our event as accessible and inclusive as possible.

- The chat has been enabled to encourage further discussion and exploration of topics from our keynote and panel presentations. Please be respectful of our speakers and your fellow attendees in the chat.
- This event is sponsored and produced by MBHP. If you have any provider-related questions or concerns, please call **1-800-495-0086**.

## Live captions (closed captioning)

To turn on live captions: Select **More actions (...)** in the meeting controls, then select **Language and speech > Turn on live captions**.

To turn off live captions: Select **More actions (...)**, then select **Language and speech > Turn off live captions**.

# MISSION & VISION

- MPHP strives to advance health equity by improving access to behavioral health care so that all Members, regardless of social, cultural, or economic background have a fair and just opportunity to be as healthy as possible.
- Understanding Trauma-Informed Care helps us:
  - Improve access & engagement by creating experiences that feel safe, respectful, and predictable.
  - Strengthen trust through transparency and consistent communication.
  - Reduce re-traumatization by understanding behavior as a possible adaptation to stress/trauma, not 'noncompliance.'
  - Promote equity by practicing cultural humility and acknowledging historical trauma that can shape experiences.

# AGENDA

---

What is Trauma?

---

Trauma-Informed Care

---

Trauma & the Brain/Body

---

Behavior as Adaptation

---

Vicarious Trauma & Self  
Care



# WHAT IS TRAUMA?

## PSYCHOLOGICAL TRAUMA

AN EXPERIENCE OR SET OF  
EXPERIENCES THAT OVERWHELMS  
ONE'S BIOLOGICAL ABILITY TO  
COPE.

# TYPES OF TRAUMA



Acute Trauma/Situational



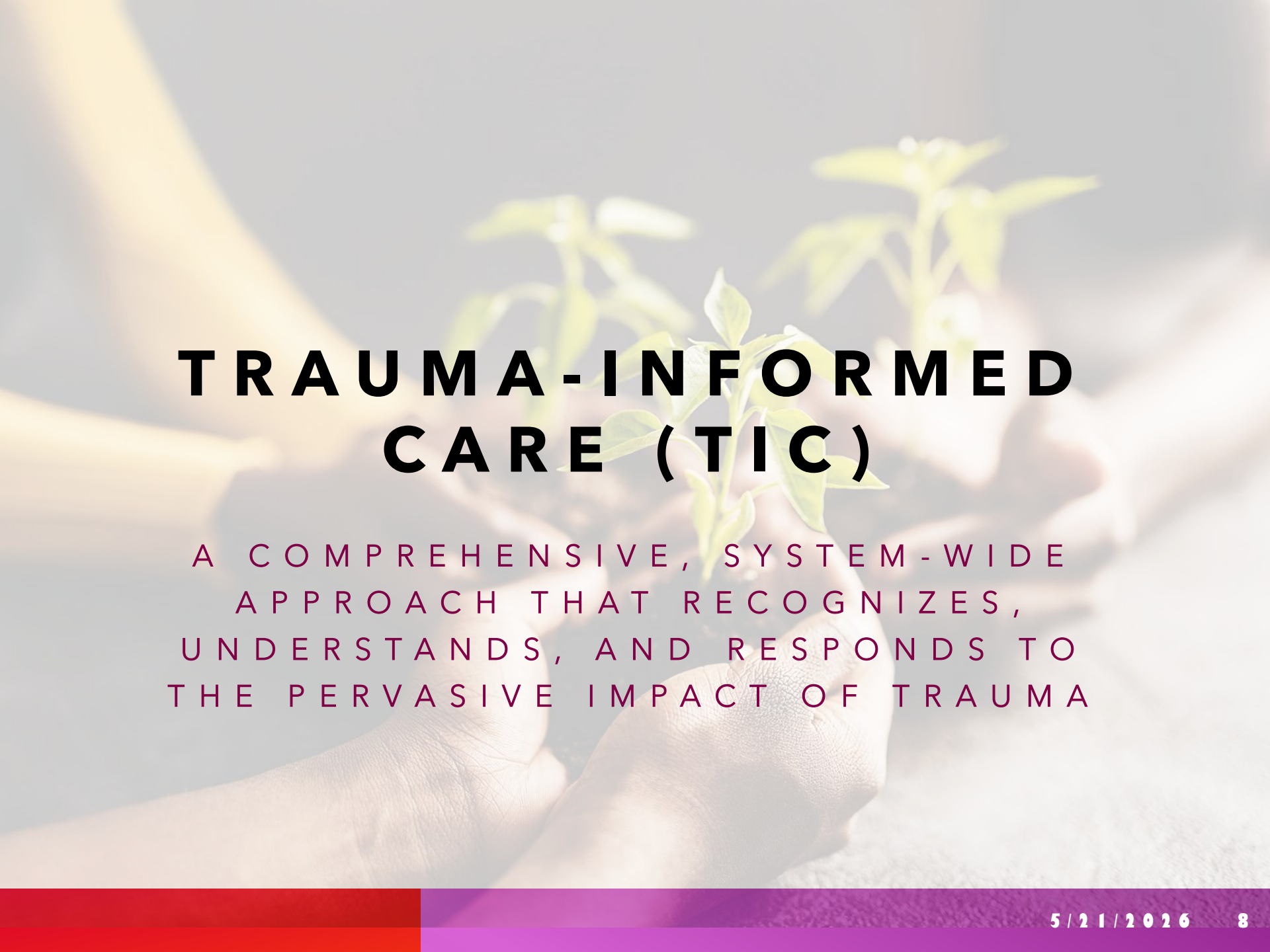
Chronic or Toxic Stress



Complex Trauma



Historical Trauma



# TRAUMA-INFORMED CARE (TIC)

A COMPREHENSIVE, SYSTEM-WIDE  
APPROACH THAT RECOGNIZES,  
UNDERSTANDS, AND RESPONDS TO  
THE PERVASIVE IMPACT OF TRAUMA

# TRAUMA-INFORMED CARE

## 6 Principles

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical & Gender Issues

## TIC looks to:

- Realize
- Recognize
- Respond
- Resist re-victimization

(SAMHSA, 2014)

# CONSIDERATIONS IN TIC



Acknowledge  
Trauma History



Practice Humility



Establish Safety  
Through  
Transparency



Empowerment via  
Choice & Control



Adapt  
Interventions

Adapted from a training by  
Nadolphia Andou,  
LICSW [andoun@healthwellcc.com](mailto:andoun@healthwellcc.com).

# APPLYING THIS TO YOUR ROLE: TRAUMA-INFORMED CARE

## Direct Care Staff:

- Offer choices whenever possible, even small ones like “Would you prefer to meet now or in 10 minutes?” Choice restores a sense of control.

## Clinicians:

- Collaborate on treatment goals rather than prescribing them. Ask: “What matters most to you right now?”

## Supervisors:

- Model the TIC principles in supervision, transparency, consistency, and shared power build trust within your team.

## Leaders:

- Audit systems and processes: Who has access? Who is left out? Are policies creating safety or inadvertently causing harm?



# **TRAUMA & THE BRAIN/BODY**

HOW TRAUMA IMPACTS THE  
BRAIN AND THE BODY

"WE ARE BIOLOGICALLY PRIMED  
TO SEEK SURVIVAL DATA"

Normal adaptations to threat:  
"stress response"

VS.

Breakdown in adaptation to stress:  
PTSD

# THE HUMAN STRESS RESPONSE CONTINUUM

STRESSOR  
(PERCEIVED THREATS TO SURVIVAL)



STRESS RESPONSE  
*(Neurobiology-Neurophysiology)*  
*(Body-Brain)*



BEHAVIORAL REACTIONS  
TO STRESS RESPONSE

ICDR All Rights Reserved Copyright 1995-2010

# STRESS RESPONSE

## Regulation of Responses

```
graph TD; A[Regulation of Responses] --> B[Sympathetic Nervous System]; A --> C[Parasympathetic Nervous system];
```

Sympathetic Nervous System  
manages normal reactions  
to fear/threats  
to promote survival  
(adrenaline)  
Flight/Fight/Freeze/Fawn

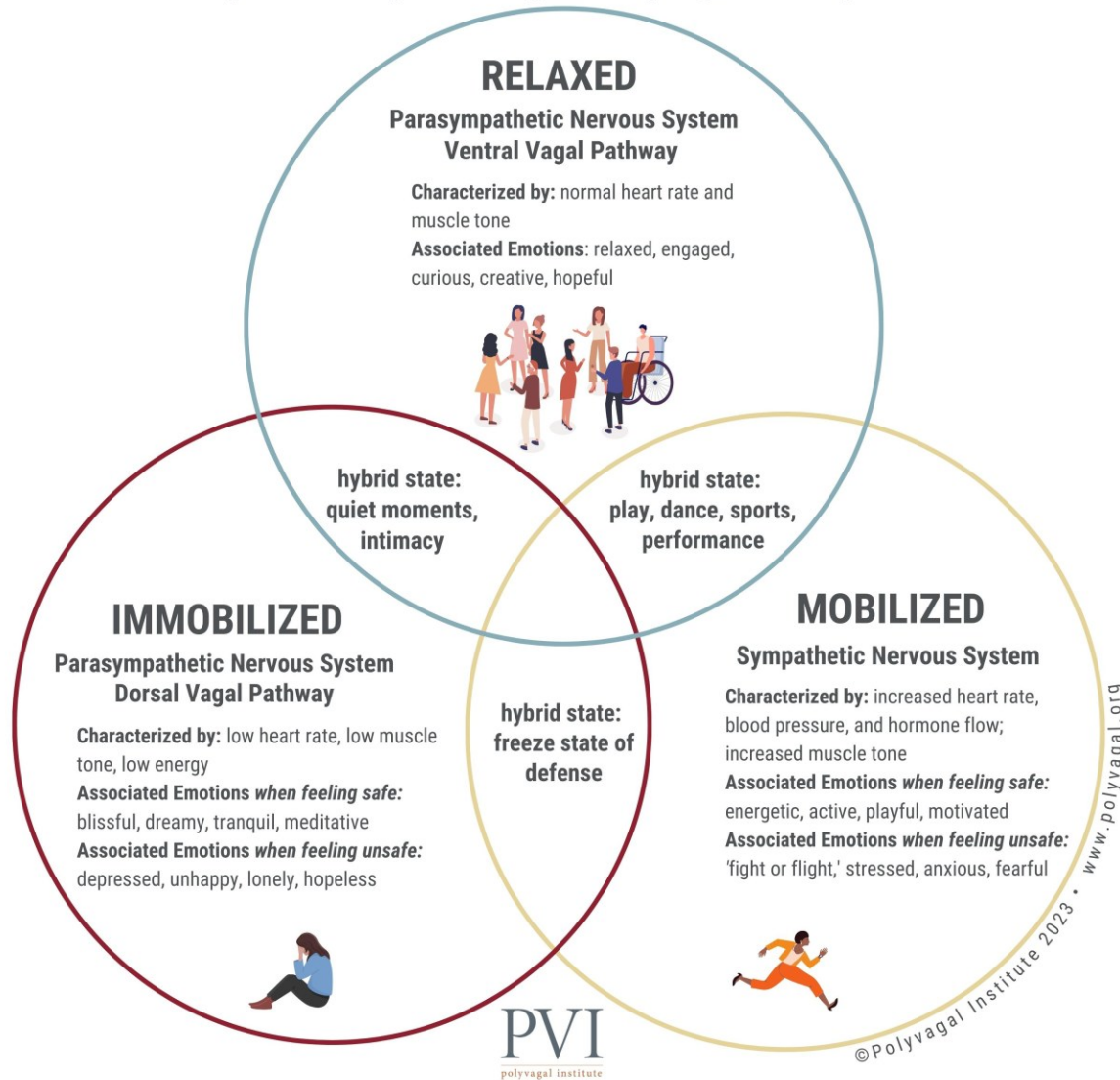
Parasympathetic Nervous system  
Responsible for stopping these  
responses so we can rest & regenerate  
and recognize when we are safe  
(serotonin)

# TRAUMA RESPONSES



@RYANTHEHOLISTICHEALTHCOACH

# Autonomic Nervous System States per Dr. Stephen Porges' Polyvagal Theory



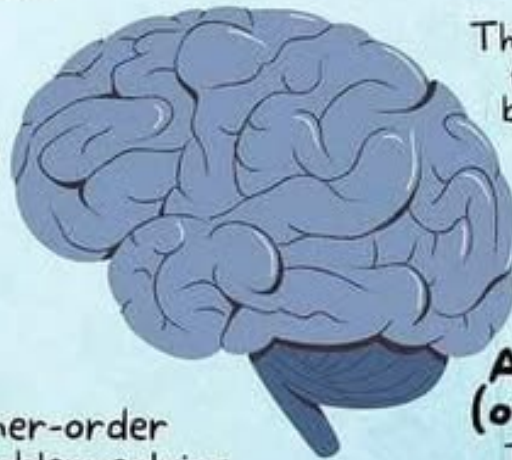
# HOW Trauma IMPACTS THE BRAIN

Trauma can alter the structure and functioning of the brain.



## Ventromedial Prefrontal Cortex (shrinks)

This area is responsible for mood and emotion regulation & rational thought.



## Hippocampus (shrinks)

This area is responsible for differentiating between the past & present.



## Amygdala (overactive)

This area is responsible for responding to stress.

It causes higher-order processes like problem-solving to become underfunctioning, while processes geared towards defense become overactive.

@laci.mcgarry

# TRAUMA STATES

## Which State Are You In?

Survival State (Brain Stem)	Emotional State (Brain Stem)	Safe State (Prefrontal Lobes)
<ul style="list-style-type: none"><li>Hyper-focused</li><li>Feels a sense of threat</li><li>Cannot tolerate ambiguity</li><li>Fear dominates decision-making</li><li>Lost sense of competence<ul style="list-style-type: none"><li>- Creates misperception, ambiguity, &amp; defensiveness</li></ul></li></ul>	<ul style="list-style-type: none"><li>- Reactive to threats &amp; upset</li><li>- Limited ability to see another's point of view<ul style="list-style-type: none"><li>- Keeps us on autopilot</li></ul></li><li>- Words &amp; tones match those of key authority figures from childhood<ul style="list-style-type: none"><li>- Resorts to habitual behaviors</li></ul></li></ul>	<ul style="list-style-type: none"><li>- Open to learning new information</li><li>- Able to plan &amp; problem-solve<ul style="list-style-type: none"><li>- Able to see future consequences of current actions</li></ul></li><li>- Feels calm &amp; peaceful<ul style="list-style-type: none"><li>- Able to choose actions &amp; override reactions</li></ul></li></ul>

@the.love.therapist

- Two people can experience the same situation and be in different states
- Consider the state a person is in when you are expecting them to accept support and/or connect
- How might you be able to help someone go from survival or emotional to safe?

When it feels disheartening to  
learn that trauma changes the  
brain, remember that healing  
changes the brain too.

- Poppy Leigh

@sarkifylife

# APPLYING THIS TO YOUR ROLE: TRAUMA & THE BRAIN

## Direct Care Staff:

- When someone can't follow instructions or seems "difficult," remember their thinking brain may be offline. Respond with calm, not correction.

## Clinicians:

- Prioritize regulation before processing. A person in survival mode cannot engage in therapeutic work, meet them where they are neurologically.

## Supervisors:

- Recognize that staff also experience dysregulation. High-stress environments impact the same brain systems, check in on your team's capacity.

## Leaders:

- Design environments that reduce threat cues. Lighting, noise, wait times, and communication styles all send signals to the survival brain.

# BEHAVIOR AS ADAPTATION



UNDERSTANDING BEHAVIOR  
THROUGH A TRAUMA-INFORMED  
LENS

# SHIFTING THE LENS

*We change outcomes when we change our perspective.*

- Behavior is not random, it is adaptive
- It develops to help a person cope, survive or meet a need
- When we shift our lens, our responses change

*'What is wrong with this person?'*



*'What happened and what need is being met?'*



# VIEWING BEHAVIOR AS ADAPTATION

*Behaviors make sense when we understand the context*

- *Not asking for help > Fear of rejection or learned self-reliance*
- *Hypervigilance > Need for safety*
- *Aggression > Protection, control, or feeling heard*
- *Avoiding appmts > Fear, mistrust, or past negative experience*
- *Substance use > Coping, escape, or regulation*
- *Not taking meds > Control, fear, or prior experiences*
- *Self-harm > Emotional regulation or relief*
- *Distrust of systems > Rational response to historical and ongoing institutional harm*

# MAKING THE SHIFT IN PRACTICE

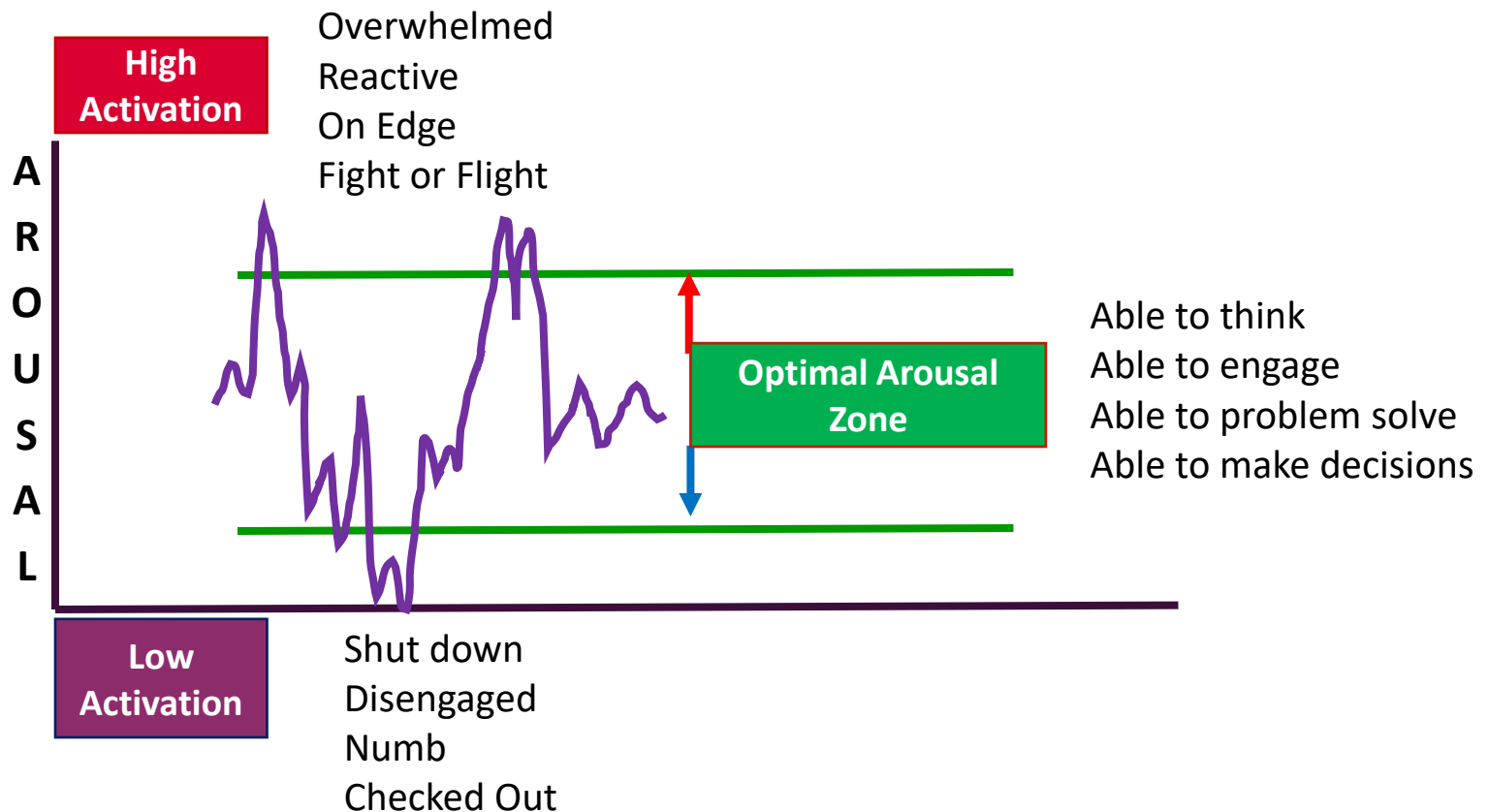
## Making the shift in practice

- Behavior is often a person's attempt to meet a need
- Our role is to understand before we intervene
- Curiosity leads to more effective & compassionate responses
- When people feel understood, they are more likely to engage

## Ask yourself:

- What might this behavior be helping them do?
- What need could be underneath this?

# THE MODULATION MODEL/ENERGY LANGUAGE



# WHEN ENERGY IS HIGH

## What it looks like:

- Yelling or aggression
- Fast/Rapid talking
- Pacing
- Arguing or refusing

## What helps:

- Stay calm
- Use fewer words
- Give space if needed
- Offer simple, limited choices
- Focus on safety

You are helping to bring the energy down

# WHEN ENERGY IS LOW

## What it looks like:

- Withdrawn
- Not responding
- Low energy
- Avoiding

## What helps:

- Gentle check-ins
- Give time
- Offer support, not pressure
- Use simple, inviting language
- Re-engage slowly

You are helping to bring the energy up

# WHY THIS MATTERS

- When energy is too high, people can't think clearly
- When energy is too low, people can't engage

Behavior often reflects where someone is on this modulation map

Our goal is not control, it is helping people return to a place where they can engage

# PUTTING IT INTO PRACTICE

Tools you can use:

Reflect

Validate

Normalize

Offer Choice

Stay calm



Where is the energy?



What might be underneath?



What response will help shift it?

# BEHAVIOR IS COMMUNICATION

- All behavior communicates something:
  - A need
  - A feeling
  - A response to stress or threat

Our role is not to just manage behavior, it is to understand what is being communicated.



# APPLYING THIS TO YOUR ROLE: BEHAVIOR AS ADAPTATION

## Direct Care Staff:

- Before labeling behavior as “noncompliant” or “resistant,” ask: “What might this person be protecting themselves from?”

## Clinicians:


- Use a strengths-based lens that honors the resilience behind survival behaviors, especially for people navigating systemic barriers.

## Supervisors:

- Help your team reframe challenging interactions. Shift team language from judgment to curiosity, this is a culture change.

## Leaders:

- Ensure that policies around expectations account for trauma and systemic inequity. Punitive responses often recreate the very dynamics people are trying to survive.



# **VICARIOUS TRAUMA & SELF-CARE**

THIS WORK IMPACTS US TOO!

# LET'S CHECK IN



How many of you have:

- Left work feeling more exhausted than expected?
- Replayed an interaction in your head later?
- Felt tense/stressed/exhausted before even starting your workday?

These are common and important signals!

# WHAT IS VICARIOUS TRAUMA?

- VT is the impact of being exposed to others' trauma over time.
- It can affect:
  - How we think
  - How we feel
  - How we see others and the world
  - Our sense of safety

This is NOT a sign of weakness; it is a natural response to doing this work.

# NOW WE ADD...

---

Financial stress

---

Medical stress

---

Work/home life balance disruptions

---

Caregiver/parent workload

---

Social unrest in our communities/world

# THE ROLE OF BOUNDARIES: COST OF CARING




- Part of what draws people to this work is a profound sense of empathy.
- It can be hard to maintain that empathy when you are witnessing trauma on a regular and continuous basis.
- Without support and boundaries:
  - We can become overwhelmed
  - It can be harder to stay present and effective

Goal is not to care less but to care in a way that is sustainable!

# WHAT CAN HAPPEN WITHOUT SELF CARE



## Signs of compassion fatigue

@doodledwellness 

You feel burdened by the suffering of others

You are complaining more often

You are more likely to blame the person than their situation

Lower ability to empathize with someone

Difficulty concentrating

Withdrawing from pleasurable activities and other people

Feeling hopeless or powerless

Emotional exhaustion

Increased irritability or frustration

# COGNITIVE FATIGUE IS REAL.

Constantly overthinking everything, but forgetting everything, trying to make what feels like a million decisions every day, whilst trying to keep everyone else's needs in mind, but always worrying that you've made the wrong decision. Yep, that'll do it.

DR. MICHAELA DUNBAR



# SIGNS OF IMPACT

- You might notice:
  - Feeling on edge, reactive, or overwhelmed
  - Feeling numb, shut down, or disengaged
  - Difficulty concentrating or making decisions
  - Physical symptoms (sleep issues, fatigue, headaches)
- We all move through different states

This is your stress response, not weakness or a personal failure.

# BEHAVIOR IS COMMUNICATION FOR US TOO

- Our behavior communicates something.
  - Irritability > overwhelmed
  - Avoidance > depleted/exhausted
  - Overworking > trying to keep or maintain control

Instead of asking 'What's wrong with me? We should be asking, 'What might I be needing right now?'

# IDENTIFYING & RETHINKING SELF CARE

- What comes to mind when you hear self-care?
- How much do you prioritize self care?
- What are some barriers to effective self care?

Self-care is about what helps you stay regulated, supported, and able to continue doing this work.



# NOT ONE-SIZE-FITS-ALL

Self care looks different for everyone.

- It is shaped by:
  - Identity, culture, values
  - Time, access, and resources
  - Responsibilities outside of work
  - Personal preferences
- Barriers can include:
  - Time and workload
  - Financial constraints
  - Caregiving responsibilities
  - Workplace expectations
  - Cultural beliefs about rest and productivity
  - Racism, discrimination, and systemic barriers to accessing self-care resources

# DOMAINS OF SELF CARE



- Physical
- Cognitive
- Emotional
- Social
- Spiritual
- Financial
- Environmental
- Others??

# SMALL, PRACTICAL WAYS TO SUPPORT YOURSELF

- Taking a pause between interactions/meetings/sessions
- Stepping outside or changing your environment briefly
- Talking something through with a colleague
- Setting small boundaries where you can
- Noticing when you need a reset

*Small, consistent actions matter!*



# VICARIOUS RESILIENCY

Vicarious resilience is more likely to develop with ....

- Increased self-awareness
- Healthy self-care practices
- Client-inspired hope
- A capacity for resourcefulness



work  
within.



**Vicarious Resilience** is the **positive transformation** and **empowerment** in **helping professionals** that results from exposure to the resilience of other's through empathetic engagement with their stories and experiences.

# HELPFUL QUESTIONS TO ASK YOURSELF...

- What is most meaningful to me?
- Who or what do I want to nurture most?
- What would I regret not spending time on?
- What do I return to even as life gets busy?
- What nourishes me?
- What impact do I hope to leave behind?



[www.mindfulnessandhealthinstitute.org](http://www.mindfulnessandhealthinstitute.org)

# CONSIDERATIONS



- Self Care is really individualized, as we all experience the world in different ways and have developed different coping strategies
- Focus on what makes sense for you and consider how you can incorporate this now and in the future

# COLLECTIVE & ORGANIZATIONAL CARE

Supporting staff is not just an individual responsibility.

- What helps:
  - Supportive supervision
  - Team connection and check-ins
  - Realistic expectations
  - Flexibility when possible
  - Feeling seen, heard, and valued
  - Culturally responsive practices and equitable access to support

*TIC includes how we support each other.*

# APPLYING THIS TO YOUR ROLE: VICARIOUS TRAUMA AND SELF- CARE

## Direct Care Staff:

- Your well-being matters. Notice your own stress signals and use even small moments of reset, a breath, a walk, a check-in with a colleague.

## Clinicians:

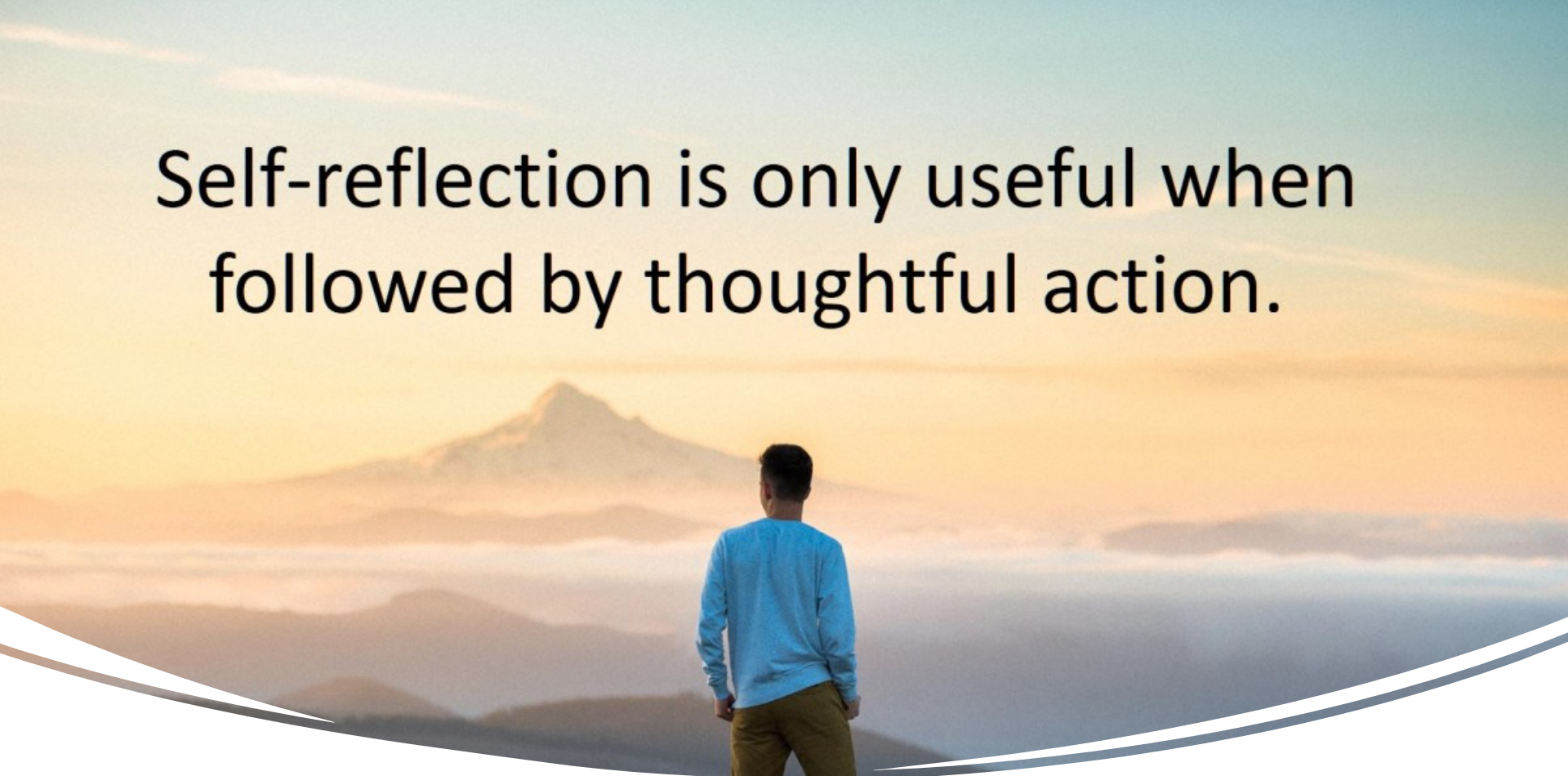
- Vicarious trauma is not a personal failure; it is the cost of empathic engagement. Seek supervision, peer support, and your own care intentionally.

## Supervisors:

- Build self-care into team culture, not just individual responsibility. Normalize conversations about impact and create space for processing.

## Leaders:

- Organizational self-care means adequate staffing, manageable caseloads, and policies that support rest and recovery. Equity applies to your workforce too.



Self-reflection is only useful when followed by thoughtful action.

## **REFLECTION**

- What resonated with you from this conversation?
- /What feels most relevant to your work?
- Where do you need additional support?

# RESOURCES

- Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): SAMHSA (US); 2014. (TIP Series, No. 57.) Chapter 1&2, Building a Trauma-Informed Workforce. <https://www.ncbi.nlm.nih.gov/books/NBK207194/>
- Blaustein, M. E., & Kinniburgh, K. M. (2019). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency* (2nd ed.). Guilford Press. [Home - ARC Framework](#)
- Porges, S. W. (n.d.). *Polyvagal theory*. Polyvagal Institute. <https://www.polyvagal institute.org/polyvagal-theory>
- Ballout S. (2025). Trauma, Mental Health Workforce Shortages, and Health Equity: A Crisis in Public Health. *International journal of environmental research and public health*, 22(4), 620. <https://doi.org/10.3390/ijerph22040620>