



STRENGTHENING **T**RAUMA **A**WARENESS & **R**ESILIENCY **S**KILLS ---



STARS: A GUIDE FOR ANYONE WORKING WITH TRAUMA SURVIVORS

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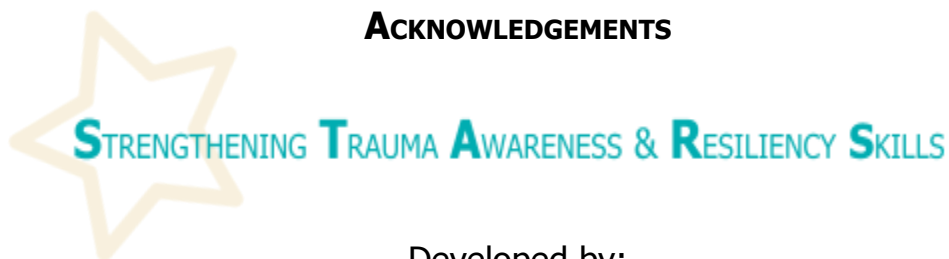
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INTRODUCTION



Welcome to the STARS Training Guide. This guide and the training that accompanies it have been developed to provide you with useful information and tools to increase your capacity to deliver trauma responsive care. Trauma Informed Care can be thought of as a movement that is increasingly being adopted in diverse service settings, including: healthcare, behavioral health services, child welfare programs, criminal and juvenile justice, schools, domestic violence programs, and homeless services. In order to advance this movement, what is needed at this moment are tools and information to respond to the impact of trauma.

How to use this guide. In this guide we offer a set of tools that you can use to: (1) facilitate *conversations about trauma*, (2) *provide information* about trauma and adversity, and (3) *support regulation* by utilizing some simple strategies. We also provide resources for making effective *referrals* to connect people to the help they need. These are skills that you can use with the people with whom you work to ensure that their history of trauma and adversity is integrated into your working relationship. In addition, we provide some useful strategies for *practicing self-care* as a provider. Hearing about peoples' experiences with trauma can be stressful and self-care is an essential skill in trauma informed care.

Before you begin. This guide was *not* developed as a structured manualized approach that has to be used in a step-by-step fashion. The tools and strategies described in this guide can be flexibly implemented. For example, some of the self-regulation strategies you will learn about may need to be used before you have conversations about trauma and adversity. The strategies and tools outlined in this guide are *not* to be confused with trauma treatment or therapy. They are tools to help you *obtain* information about trauma and adversity and to use that information to maintain engagement, deepen your working relationships, and help people in their journey to healing, recovery and building resilience.

Critical Note

The materials in this guide and the STARS training are most appropriate for working with adolescents and adults. Work with younger children would require major adaptations.

Conversations about Trauma: Creating a Holding Space

Conversations about Adverse Childhood Experiences (ACEs), past trauma or toxic stress exposure can sometimes be difficult, but having these conversations can benefit the person seeking help and the helping relationship. For the person seeking help, conversations about trauma and toxic stress can help them:

- Feel understood in the context of their experiences
- Feel supported and connected
- Create a trusting relationship with you.

For the working relationship between the provider and the person seeking help, conversations about trauma and toxic stress can:

- Deepen the relationship
- Promote trust
- Promote safety
- Make the relationship more productive

Language Matters

A rule to remember in having effective conversations about trauma is that *language matters*. In order to avoid or minimize retraumatizing, alienating, or having to repair ruptures in your relationship with the people you serve, trauma sensitive language should be used throughout your working relationship. It can be most helpful to *avoid judgment, labels and jargon*. The strategies and scripts we provide throughout this guide have been designed to avoid these pitfalls. You do not have to use the exact language we've provided, but the goal will remain the same - to help the people you serve (youth, adults, caretakers and families) feel supported.

Elements to Having Conversations

When talking about trauma - whether at the beginning, middle or end of your work with someone - keep the acronym **STAR EVENTS** in mind. The elements of STAR EVENTS are largely designed to explore and respond to the lived experiences of trauma and adversity in the lives of the people you serve.

Helpful Note

These elements do not necessarily have to be used in order, but **applying all elements helps to ensure that your conversations align with trauma informed care principles.**

S.T.A.R.	E.V.E.N.T.S.
<ul style="list-style-type: none"> • Safety • Trust • Attunement • Resilience 	<ul style="list-style-type: none"> • Empathy • Validate • Educate • Normalize • Transparency • Support

S.T.A.R.



Set up the Environment for **Safety**. The key to having meaningful conversations about trauma and adversity is safety. From a trauma sensitive perspective, safety refers to creating a space that allows a person to share openly and free from concerns about any real or perceived threats to their physical, psychological or emotional well-being. **Safety should be promoted throughout the course of your work, but especially during times where trauma is discussed.**

- **Ensure confidentiality.** This is a critical component of all work.
 - Ensure the space is private and confidential (e.g., others cannot hear your conversation).
 - Make sure that you discuss confidentiality. People exposed to childhood adversity and trauma may be even more reluctant to share their histories because the topics themselves can be taboo (i.e., incest or sexual abuse) and trauma can bring up intense feelings of shame and guilt. For younger people it can bring up fears of having authorities (e.g., Child Protective Services) involved.
- **Prepare people for the possibility of difficult or challenging topics.** This demonstrates to the person that you will try to avoid surprises. You can say:
 - *“During our work together we will talk about challenges you’ve had in your life or traumatic events that you’ve been through.”*
 - *“I realize that talking about difficult past events can be scary or uncomfortable, but it can be helpful to understand how those past events can impact you now.”*
- **Keep it simple.** The easiest way to promote safety is to inquire about it directly.
 - You can simply ask: *“Do you feel comfortable talking?”* or *“Do you feel safe talking?”*
 - If someone inquires about what you mean by safety, you can say: *“By safety, I mean do you feel physically safe - like you’re not going to get hurt coming here. But I also*

mean feeling comfortable sharing about yourself without worrying about what's going to happen with your information or that you'll be judged."

- **Use scaling questions.** Sometimes you can ask a scaling question to gauge the level of safety. For example: *"On a scale where 0 is not at all and 10 is very much, how safe do you feel right now?"* You can follow this question up with, *"Is there anything I can do to help you feel safer or more comfortable?"*
- **Avoid judgmental language.** The following are messages, direct or indirectly, to avoid during the course of your work with someone who has been exposed to trauma. Messages like these (or any version of them) can inadvertently minimize people's experiences and result in silencing them about significant events in their lives.
 - I know what you've been through.
 - It's time to move on.
 - If you continue to dwell on it, then you'll never move on.
 - Are you sure it happened that way?
 - You're damaged.
 - You're just acting out.
 - It could not have been that bad.
 - You're a survivor, so stop being a victim.
 - It could always be worse.
 - Why didn't you say anything sooner?
 - Quit being so uptight about it.
 - It's time to report what happened to the authorities.

Helpful Note

If the person does not feel safe, you can use strategies such as those shared in the section on practicing with Transparency. Additionally, keep in mind that we **never want to force a person to talk about their trauma.**

Helpful Note

In order for us to create a safe space for others to talk about their trauma, helpers must be comfortable with the topic. Our self-care section will address ways that you can practice self-care as a provider but each individual must be aware about any reservations or challenges they have about the topic of trauma.

Containment. The ability to hold and respond to another person's emotional needs and maintain a sense of safety in the working relationship is referred to as containment. When working with people who have been traumatized, conversations about adversity and trauma can be distressing. In some cases, helpers may need to help contain overwhelming emotions that may come up in care.

One strategy to promote containment is **applying the brakes**. Some people believe that talking about trauma re-traumatizes survivors. This is not accurate. People are retraumatized by being treated with disrespect, disregard or dismissiveness. However, survivors can get overwhelmed, dysregulated or highly emotional as they share about traumatic events. If this happens, it may

be most helpful to slow down your approach. Here are some tips to slow things down if the person is becoming dysregulated:

- **Stop or pause** the conversation. The person may have lost their ability to respond in the discussion so you need to get them back to the present. You can say: *"It looks like you might be getting upset by this conversation. Maybe it would be best to stop here?"* You can also offer the person some water or a break if asking the person directly to stop or pause the conversation can further dysregulate them.
- **Engage** the person in relaxation activities. Here are some grounding activities:
 - Ask the person to take a deep breath. Repeat two more times, if necessary.
- **Check in** with the person in a discussion about safety. For example:
 - Ask the person if they are feeling *"spacey"* or emotionally flooded. You may teach them the word *"triggered,"* the phrase, *"I'm not feeling safe"* or some other words to identify when they are in this state. For example, you can say, *"Whenever we're having conversations that are hard on you you can let me know you're feeling triggered or unsafe and we can stop."*
- **Ground** the person in grounding activities. Here are some examples:
 - Ask the person to connect to their body. You can say, *"Feel your feet on the ground"* or *"Feel your back and legs touching the chair or couch."*
 - Ask the person to *describe three objects* in the room or engage them in a conversation about a neutral or non-emotional topic.
 - Remind the person that they are in the room with you and that you aren't going to let anything bad happen to them.

Helpful Note

High levels of dysregulation like this could be a sign that the person may require trauma specific treatment. See our resource about making effective referrals for trauma specific treatment.



Promote Trust. A trusting relationship builds over time by being consistent and reliable in your working relationship. However, in the course of a conversation about trauma and adversity you can also build trust in a variety of ways. Consider the following in order to establish trust.

- Having open conversations about trauma and adversity can promote trust in itself. **You are essentially telling the person that this is a safe space to share about the most troubling events or experiences of their lives.**
- Trauma and adversity can come up in a variety of ways during the course of working with someone. For example:
 - The person may answer *"yes"* to a trauma related question(s) on their intake form.

- The person may make spontaneous remarks *suggesting* trauma and adversity (i.e. *“My childhood was very hard.”*), or
 - The person may share specific experiences of trauma and adversity (e.g., *“I was abused when I was a child”*).
- These instances and others represent an opportunity to have a conversation about trauma and adversity in a relatively matter-of-fact way, which can be an important and destigmatizing way to process traumatic content.
- Approach the person in a conversational and supportive manner, which can simply be achieved by **asking permission**. You can say:
 - *“You indicated on your intake form that you have experienced some trauma. Would you be willing to tell me more about that?”¹*
 - *“Is it okay if we talk about this more?”*
 - *“Do you mind me asking, ‘What did you mean when you said you had a hard childhood?’”*
- If someone questions you about why you’re asking about trauma you can provide a simple explanation. You can say:
 - *“Very often bad things can happen to people. These things can happen to us as children, teens or adults. And those things can have an impact on our lives. They can impact our physical health, mental health or our ability to get along with others.”*
- If someone is not ready to share details about their trauma or adversity, you can promote autonomy and empowerment by offering:
 - *“You can always decide whether you want to share or not and how much to share.”*
 - *“I understand why you might not be ready to share details about what happened. but I’m wondering if you would be okay with sharing how your past experiences impact you today?”*
- **Seek elaboration.** Use strategies to get more detail and deeper exploration of the person’s experience of trauma to get their subjective experience of the events, not just what they were exposed to. Seeking elaboration builds trust by letting the person know that you are interested in hearing the **whole** story.
 - **Ask open-ended questions.** Open-ended questions cannot be answered with a one-word or short answer(s) and they allow you to better understand the subjective experiences of the events that took place. Here are some examples:

Implementation Tip

Be mindful of timing. Early in the relationship you may not need to get as much detail as later in your working relationship. Use your clinical judgment to decide how much information you really need and how much the person can tolerate providing.

¹ See Appendix A for ACEs Surveys that can be used to collect this information.

- *“What was it like for you going through what you went through [Use the words and descriptors the person has used]?”*
- *“How did you feel during that time?”*
- *“What was going through your mind as you were going through those experiences?”*



Promoting **Attunement**. Attunement is being able to identify or be 'in tune' to another person's emotions and/or needs. It is knowing another person well enough where you can almost anticipate their emotions and needs and respond accordingly.

Being attuned to another is the basis of a healthy attachment. Disruptions of attachment in early childhood can lead to challenges in developing healthy relationships later on in life. For example, the person you work with may have been severely neglected or emotionally or physically abusive throughout childhood by a parent who was unable to nurture or care for them. These early experiences can also make it difficult for the person to develop healthy relationships with providers and helpers.

Helpful Note

Attunement can be challenging to achieve with people who have experienced trauma. Promoting attunement involves expressing empathy and validating the experiences of others. Please refer to the E.V.E.N.T.S. section in this guide for examples of empathy and validation.

Some keys to promoting attunement with the people you serve can often involve non-verbal communication techniques. Some of the following techniques are based on research about mirror neurons and attachment. Strategies to promote attunement include:

- **Be fully present.** Set aside distractions and focus on the person's story as they share their experiences. People who experienced the trauma of attachment disruptions may have been ignored or severely neglected during infancy or throughout childhood. Simply giving them your complete and undivided attention can be a corrective emotional experience.
- **Notice body language.** Signs that someone is uncomfortable include:
 - Fidgeting
 - Biting fingers
 - Crossed arm
- Be aware of your own body language and that of the other person. **Mirror** the other person's actions to “join” with them. For example:
 - Body language and position: Mimic their posture, activity level and even the way they sit (i.e., if they sit with their legs crossed, you sit with your legs crossed, if they have their hands on their lap, you sit with your hands on your lap).

- Emotional states - if they have high energy or are excited you increase energy and excitement. If their energy is low, match that.
- Reverse mirroring or **Modeling**. Mirroring works in both ways. You can also use mirroring to help someone regulate. If the person is dysregulated you can help them regulate by, first, recognizing their current state and modeling calm.

Making Connections

Mirroring is the basis of co-regulation, which we will be covering in the section on regulation.



Explore Resilience (and Coping)

A strengths-based conversation about trauma includes a discussion about how the person has coped in the past. Below are some skills you can use to help clients to identify past coping skills.

- **Summarize trauma impact and exposure and introduce resilience.** To explore past coping you could start by making a summary statement and follow that with some open-ended questions. For example:
 - *“You’ve been through a lot in your life [provide specifics of what they’ve shared]. We all have different ways of coping with stressful situations and memories. Can you tell me about some ways you’ve gotten through difficult times in your life?”*
- **Use their responses to this question and seek elaboration to inquire about resilience and coping.** This has the effect of keeping the person talking about coping strategies. Here are some questions you can ask:
 - *“How have these ways of coping helped you?”*
 - *“Who do you turn to when you need help?”*
 - *“Have you ever had one consistent person in your life who you trusted and supported you?”*
 - *“Do you have a best friend?”*
 - *“What are some strengths that you have or connections to people you have that have helped you heal and recover from trauma and adversity in your life?”*
- **Summarize strengths and resilience.**
 - *“So, I’ve heard you say, [repeat or summarize what the person shares with regards their strengths or how they have coped].”* You will use this also in the next session or provide an overarching summary that incorporates both the person’s exposure to trauma and adversity and their strengths.

- **Consider using a Positive Childhood Experiences questionnaire.**² Questionnaires have been developed to inquire about protective factors that may have been present in the lives of children and adolescents to counter ACEs . You may consider using this formally or simply committing some of the factors to memory and discuss.

E.V.E.N.T.S.



Expressing Empathy. Empathy is typically defined as the ability to understand and share the feelings of another person. In the context of trauma sensitive care, empathy involves ***listening to a person's story enough*** to better understand the person's experiences. If you've followed the previous suggestions - starting the conversation and promoting safety, building trust and attunement, and exploring resilience - you have the basic information you need to demonstrate and express empathy. In trauma sensitive care this means being open to listening to participants' experiences of trauma and adversity and then responding.

These are some tips for expressing empathy:

- **Summarize what you've heard and respond empathically.** You can express empathy by summarizing what you've heard: (1) any of the experiences the person has shared, (2) how it impacts them and connecting to the stated or implied feelings they've shared, and (3) what they have done in their lives to cope. As much as possible, use the language that the person has used in their descriptions of trauma, adversity and resilience.
- Empathy cannot be scripted BUT an empathic response might sound something like:
 - "You've been through so much in your life - you've shared that you were physically and sexually abused and you often had to take care of yourself because you parents couldn't be there for you. I can't imagine what you've been through, but you must've been so scared and lonely through it all. I'm sorry you've had to carry so much. No one should have to go through so much, especially as a child. All this has led to you struggling in life with being able to trust others, concentrating and being able to control your anger. I also heard that you've been able to survive all these years through your connection with your aunt and that you are really trying to focus on having a better life. Did I get that right?"



Validate Experiences. **Validation** refers to recognizing and accepting the internal experiences of another person. Validation is an acknowledgement that thoughts,

² See Appendix A for a sample Positive Childhood Experiences Questionnaire.

feelings and behaviors that another person may express are **understandable** or **make sense** at a given moment or given a person's life experiences.

Helpful Note

When you are validating a client, saying that their behavior is understandable or saying it makes sense does not mean that you are condoning or approving of their behavior.

Here are some examples of validating statements:

- *"You said that because you've been hurt in your life, it's hard for you to trust people. I can understand why it would be hard to trust others."*
- *"It makes sense that you feel low self-esteem because of what you've been through."*
- *"You say you feel angry all the time because of what you've been through. That makes sense when you've been abused or been treated unfairly in your life."*



Educate. In the course of an **initial** conversation about trauma and adversity you can educate the people you serve by helping to **connect the dots** between their past experiences and their present circumstances.

Making Connections

In the next section of the guide we will provide more detailed information about providing psychoeducation.

Common Reactions to the Experience of Trauma

Healing is supported when people are empowered to recognize their responses are common reactions to what is happening now or has happened in the past. Their reactive emotions may be a result of reverting to familiar responses out of fight, flight, or freeze. Below are some common reactions to trauma. **Reactions will vary from person to person and individuals will not experience all of these reactions, but if you're working with someone who has experienced trauma and describes any of these common reactions you can highlight them to educate the person.**

Cognitive (Thought)	Emotional (Feelings)
<input type="checkbox"/> Flashbacks/Memories/Nightmares <input type="checkbox"/> Concentration/Making decisions <input type="checkbox"/> Hypervigilance (Being on guard/Easily startled) <input type="checkbox"/> See the world and adults as unsafe <input type="checkbox"/> Self-blame <input type="checkbox"/> Low Self-esteem <input type="checkbox"/> Low Self-worth <input type="checkbox"/> Dissociation	<input type="checkbox"/> Anger/Rage <input type="checkbox"/> Fear/anxiety <input type="checkbox"/> Disgust <input type="checkbox"/> Difficulties regulating emotions <input type="checkbox"/> Loss of control <input type="checkbox"/> Irritability <input type="checkbox"/> Guilt/Shame <input type="checkbox"/> Confusion <input type="checkbox"/> Emotional Numbness

Physical (Health)	Behavioral
<input type="checkbox"/> Headaches <input type="checkbox"/> Stomachaches <input type="checkbox"/> Sleep problems <input type="checkbox"/> Cardiovascular problems <input type="checkbox"/> Joint pains/Inflammation	<input type="checkbox"/> Substance use/abuse <input type="checkbox"/> Hypersexuality <input type="checkbox"/> Self-injury/suicide <input type="checkbox"/> Engaging in abusive relationships <input type="checkbox"/> Engaging in risky behaviors
Spiritual/Existential	Interpersonal
<input type="checkbox"/> Questioning religious beliefs <input type="checkbox"/> Hopelessness about the future <input type="checkbox"/> Questioning humanity	<input type="checkbox"/> Withdrawal/Isolation/Avoidance of Others <input type="checkbox"/> Problems with attachments <input type="checkbox"/> Problems with intimacy <input type="checkbox"/> Difficulties with social relationships

- **Explore Impact.** To make the connection between reactions and trauma history, begin by **exploring the person's awareness** of their responses to stress. You can ask:
 - *"How do you think your past experiences impact you today?"*
 - *"How do you typically react to stressful situations?"*
 - *[For younger clients.]* If they have difficulty defining trauma or stress, you can say something like: *"Trauma or stress are situations or bad things that can happen to you that make you feel really scared, nervous, upset. You can have all kinds of bad things happen to you."*
 - *[For younger clients]* *"How did [name their traumatic stressor] change the way you think or feel or change some of the things you do." OR "Have you had any experiences in your life that were stressful for you?"*
- **Reframe.** If additional support is needed, you can assist in **reframing the situation** by highlighting that a person's reactions are not "abnormal" but rather predictable responses to trauma. As people share how they cope it's important to remember that they are coping in a way that helps them survive. Communicating in a **non-judgmental way** is crucially important in order to build a trusting therapeutic alliance. Here are some ways that you can **reframe**:
 - *"Did you know that this response is very common for people who have experienced trauma and toxic stress in their lives [use the words that the person has used]? For example, many people who have experienced trauma can feel hopeless or scared about the future."*
- **Highlight That Adversity Can Be Overcome.** While past or current adverse events can impact individuals, along with families and communities, we know that adversity does not

need to define or control the future. Empower individuals by stressing that adversity can be overcome with internal and external sources of supports. You can say:

- *“People who have been exposed to trauma and toxic stress are resilient; we have the ability to cope with, heal or recover from trauma and adversity.”*
- *“Being able to heal, cope or recover from trauma or extreme stress involves the individual strengths you have; connections to supportive people in your life, and; getting help from programs that can support you.”*
- *[For younger clients] “Even though bad things have happened to you, things can get better. There are people who can help you feel better and there are things we can do to help you deal with your stress or traumas.”*



Normalize the Impact or Consequences of Trauma (Not the Trauma Itself)

When we talk about normalizing we are not referring to normalizing the trauma or Adverse Childhood Experiences (ACEs). Traumatic events or ACEs are, by definition, extreme events that are perceived as threatening or overwhelming to the individual. Although prevalent and common, it is best not to try to normalize the events or circumstances. What we can normalize is the response to traumatic events. **Reactions to traumatic events are normal responses to abnormal circumstances and events.** Here are a few strengths-based, trauma sensitive ways to normalize.

De-stigmatizing. These messages attempt to reframe the problems that a person may experience are not signs of a character flaw, being crazy, being damaged or a sign of weakness. One of the mantras of trauma informed care is moving from “What’s wrong with you?” to “What happened to you?” De-stigmatizing messages align with this mantra. You could say something like:

- *“It’s important to talk about the things that happened to you because you might think that the problems you have might be because you’re a bad person or that there’s something wrong with you. You may have gotten this message often in your life. But, actually, the problems you face are the result of what happened to you.”*

Reframe (again). Again, reframing can be used to normalize people’s responses to trauma that can sometimes include unhealthy coping strategies. You can reframe to normalize by saying something like:

- *“What happened to you should never have happened, but it sounds like at times you get depressed. People who’ve experienced trauma in their lives, especially as children, can have a hard time connecting with others. That hard time connecting with others can lead to isolation and depression.”*
- *“Many people who’ve experienced trauma and adversity in their lives can turn to substances to cope and deal with the pain of their past traumas. It’s an understandable response to abnormal life events that should not have happened.”*
- *[For younger clients] “When bad things happen to someone it can change the way they think or act. It can make you feel angry or upset or have problems that you didn’t have*

before. What happened to you was horrible and not normal, but being upset by it is very normal.”



Practicing with Transparency. In trauma sensitive care, practicing with transparency means ensuring that the people you serve are informed about the practices, policies and procedures involved in your work with the goal of avoiding unnecessary confusion, frustration or annoyance. For someone who’s been exposed to severe trauma or adversity, these things can represent triggers. Here are a few things you can do to practice with transparency.

Keep clients informed about the policies and procedures. Each agency and service has its own set of procedures and policies, so it’s difficult to provide a list of everything to share but you can also be transparent. Keeping clients informed about agency policies and practices, includes:

- Information about the intake process - how long does it take, how many people might the person have to work with, what are the steps?
- Information about staff turnover - preparing the person for having new workers,
- Information about agency rules regarding missed appointments, expectations for behavior, patient rights.

Acknowledge the Challenges. It can be effective to acknowledge some of the challenges the person may face and anticipate the frustration. You can say:

- “I realize some of the things we make you do might take some time and it can get confusing or frustrating. I will try to make the process as easy as possible for you, but please let me know if and when it’s becoming too overwhelming and I’ll try to help as best as I can.”

Be prepared to “Dance with Discord.” In the course of a conversation about trauma some clients may be reluctant to talk about their trauma or adversity for a variety of reasons, including shame, fear, or lack of trust. In some cases (e.g. a parent seeking services for their child), they may even question why you’re inquiring about their experiences. This can lead to discord between you and the people you serve. Practicing with transparency means being clear about your reasons for asking about trauma. If this happens, you can **Dance with Discord and practice transparency** by:

- **Validating and empathizing.** For example: *“I can understand why it might be difficult to talk about trauma. It can bring up a lot of negative memories and pain.”* OR *“I can understand why you might*

Helpful Note

The term Dancing with Discord is preferred to Rolling with Resistance, which comes out of Motivational Interviewing. The strategies described here are consistent with MI techniques.

be wondering why I'm asking you about your personal experiences."

- **Promoting autonomy.** You can say: *"The decision about when or whether to talk about it is up to you."* OR *"You definitely have to share anything you're not comfortable sharing."*
- **Summarizing and Stating Your Position.** For example: *"Many things you've said make me think that you've been through some really stressful (or horrible) events and experiences. Talking about trauma can be very hard, but we know trauma can have an impact in people's lives and understanding how trauma operates can help people think about new ways of coping."*
- **Providing choices.** *"Would you be open to talking about it another time?"* OR *"If you don't feel comfortable sharing details, could you share with me how you think your past impacts you now?"*



Exploring Supports. Research shows that exposure to trauma and ACEs is associated with having fewer social supports. Conversations about trauma should also include touching on this very important topic. In the section on regulation we will further discuss social supports but for a simple conversation about trauma here are a few suggestions:

Explore Important Relationships. Research also shows that the presence of one caring and supportive person can be a protective factor for people who've been exposed to trauma and severe adversity. You can start by asking:

- *"I was wondering if you could tell me about people who have been there for you or helped you in the past. This could be a family member, a friend, a neighbor, or people in your faith community. Really anyone who has helped you in your life or even someone you know who has had your back."*
- If the person identifies someone, you can follow up by providing more education by saying,
 - *"This is what we mean by having a support system or social support. Sometimes having just one person can make a big difference, but having others can be helpful too. Can you tell me about other supportive people in your life?"*
- If the person is unable to identify someone, you can follow-up by providing education and exploring this as a potential goal. For example,
 - *"It can be difficult to be on your own. Sometimes even one person you can trust and feel supported by can make a big difference. Maybe we can work on helping you find some social supports in your life. Would this be something you'd like to work on?"*

Moving Forward: Helping People Understand their Reactions

One way to transition to **Providing Information** is to provide a summary of your discussion and ask for permission to share information. For example, you could say:

"You have been through a lot in your life. You've shared many of your traumatic experiences with me, as well as what you've done in the past to cope. You've also shared with me some of your beliefs about what causes trauma and how trauma affects you. Can we take some time to talk about this a little more? I'd like to share with you what is known about trauma from experts in the field. Would that be okay with you?"

Providing Information: Knowledge Empowers

Information can be provided to those seeking or receiving services and their families. Sharing information in trauma recovery helps people understand that:

- Trauma is an **external** event that can affect a person's well-being even long after the event has occurred
- Reactions to stress are influenced by the brain and impact both mental and physical health
- There are many common reactions to trauma
- Trauma exposure can affect several areas of functioning (e.g., social, work or community)
- Healing and recovery from trauma are possible with support
- What happened to them is more important than what's wrong with them.

Providing information has the following benefits:

- Reduces stigma
- Normalizes feelings
- Increases understanding
- Offers more control
- Acknowledges strengths
- Increases treatment participation
- Empowers individuals
- Supports trauma co-survivors
- Teaches skills for coping
- Highlights resilience

How to Provide Information

People may need assistance in order to make the connection between trauma or toxic stress and emotional / mental health. This can be achieved by focusing on the elements to provide information. The following is content to help you gain a deeper understanding of the impact of trauma. It is also information you can share with the person you are working with, along with sample statements and questions, to build engagement and foster resilience.

Elicit-Provide-Elicit (E-P-E).³ When providing information a simple strategy to use is Elicit-Provide-Elicit, which comes from motivational interviewing. Elicit-Provide-Elicit can be used when a person may be misinformed, a person lacks information, and the person is asking for information. E-P-E is also culturally responsive in that you begin by understanding people's definitions or perspectives on trauma **before** you clarify your perspective as a mental health professional. Here are the simple steps:

- Elicit. Ask an open-ended to elicit the person's perspective on the topic of trauma.
- Provide. Ask permission before providing your feedback and provide your feedback
- Elicit. Ask for a response to the information provided.



Eliciting Information and Culturally Responsive Care. By eliciting information you are expressing respect and dignity of all individuals by getting through thoughts, beliefs and practices about a particular topic. "Culture" is defined here not just by race or ethnicity, but also includes other aspects of people's identity, such as gender, sexual orientation, faith/religion, and acculturation level.

If someone has disclosed traumatic experiences in their lives, culturally sensitive trauma responsive care is about understanding beliefs about what contributes to health and illness, generally, and an individual's experience and response to trauma. In order to prepare for providing information you first want to know what the person believes about trauma - what it is, what causes it and how it affects people. Here are some questions you can ask:

- ***"What does the word trauma mean to you?"***
- ***"What kinds of help do you think would be most helpful for you at this time?"***
- ***"What do people in your life - like family, friends or others around you - say about trauma?"***



Asking Permission to Provide Information. Ask permission before providing information. Asking permission is another way to demonstrate respect for the person. You can simply say: ***"Do you mind if I share some information with you about trauma?"***

³ E-P-E is a Motivational Interviewing strategy. Miller, W. R. and Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd Edition). Guilford Press.

If you get permission to share - and you most often will - you can share information about trauma. You can choose to explain trauma in a variety of ways. Two ways to provide information include highlighting the ACEs study and using the Hand Model of the Brain.



Highlight the Impact of the ACE Study.⁴ You can use this information with anyone, but especially with adults who: (a) express a general lack of understanding about trauma and childhood adversity, (b) express negative self-evaluations when there's a known history of trauma or ACEs, or (c) may be experiencing many of the adult physical, behavioral health or social problems associated with ACEs. Here are some points to highlight about ACE's:



- Define ACEs. You can say:
 - **"ACE's stands for Adverse Childhood Experiences. These are bad things that can happen to children before the age of 18. These can include things like child abuse and neglect, having a parent with mental health problems or who use alcohol and drugs, or seeing a parent hurt one another in the home. Other ACEs include things like being bullied in school, experiencing racism and discrimination, or living in a neighborhood that has a lot of violence."**
- Explain the impact of ACEs. You can say:
 - ***"We know through research that the more of these things a person experiences in childhood, the more likely they are to suffer things like heart disease and diabetes, depression, school problems and substance use or abuse. This doesn't mean that a person will have these problems, just that it could be connected."***
- **Instilling Hope.** As you talk about the ACEs study it's important to look for opportunities to instill hope. Talking about trauma can be upsetting to people and may give them the feeling that there's nothing they can do to overcome their history. To instill hope, you can say:
 - ***"Having gone through ACEs doesn't mean that you are your ACEs. There are things you can do that help. Many people with ACEs can heal and recover. Some things that can help include talking with a counselor or therapist, meditation, exercise and healthy diets, strong connections with families and friends and many other things. The important thing is to find what works for you to reduce stress in your life"***

Describe the Relationship Between Stress and the Brain: Another form of information you can provide is information about the relationship between stress and the brain. Stress is not always a bad thing but **too much stress** can be harmful. People with toxic stress or trauma exposure often operate out of the **limbic brain** (which is in charge of emotions) and the **brain stem** (which controls basic body functions). As a result, their responses to situations may

⁴ See the handout in Appendix B to provide basic information about ACEs in plain language.

be driven by a prolonged activation of strong emotions and automatic bodily reactions. Their **cortex** (in charge of thinking) might not be functioning.

Dan Siegel's **Hand Model of the Brain**⁵ illustrates the relationship between stress and the brain. This information can be helpful when you're working with someone who is often dysregulated or talks about being easily triggered by events. The Hand Model of the Brain helps to explain this complex relationship in a very simple way. You can use the sample statements in the last column to describe the relationship.

The Illustration		You can say:
	The palm and thumb represent the Limbic brain (emotional) and the remaining 4 fingers represent the Cortex (rational). The wrist represents the Brain stem (instinctual).	<i>"If you take your hand, fold your thumb into the palm of your hand and wrap the other four fingers over the thumb you have a pretty good model of the brain. The palm of the hand and your thumb represents the part of the brain that's in charge of our emotions- that's the emotional brain. The four fingers represent the thinking part of the brain our ability to think and reason."</i>
<i>Flipping your lid</i> 	During emotional times, the cortex of some individuals is overpowered by the limbic brain and brain stem and we 'flip our lid.' As a result, the person may lose their ability to be tuned in to the situation, think rationally and be flexible.	<i>"When we are highly emotional (e.g., stressed, perceive a threat) we can 'flip our lid.' [Action: Rise the 4 fingers] The higher part of the brain does not regulate our emotions or reactions. This can happen more often for someone with toxic stress or trauma exposure as a result of the actual event or memories of the event."</i>



Elicit

The last step in Elicit-Provide-Elicit is getting the person's response to what you've shared with them. You can simply say: **"What do you think about what I've shared?"** A few additional points about eliciting.

⁵ Siegel, D. J. (2010). Mindsight: The new science of personal transformation. Bantam.

- Be prepared to answer additional questions. Hopefully, the information you provided will lead to more questions.
- Be okay with saying, “I don’t know.” If someone asks questions you’re not sure about, be honest and share the limits of your understanding and use it as an opportunity to gain more information. You can say,
 - “I really appreciate you asking this question - I’m going to talk to my co-workers and see if they have any thoughts if that’s okay with you? Also, if you’d like, we can do some research together. There can be good information on the internet if you know where to look.”
- Use this as an opportunity to think about next steps. Depending on your role and expertise, next steps can include:
 - Providing more information about coping. The next section will cover some simple regulation strategies that you can teach the person.
 - Make a referral for more intensive or trauma specific mental health services or substance abuse services, if necessary. The section on referrals provides some helpful tips in making an effective referral.



Moving Forward: Helping People Regulate Their Emotional Responses and Feel Safety

Trauma is about experiencing a life threat along with the fear and arousal that follows. Having conversations about trauma may trigger these responses and increase the need for emotional regulation. This is important because teaching strategies for self-regulation will support the person in their healing and recovery as well as their day-to-day life experiences. You can introduce Self-Regulation, the next component of STARS, by saying:

"In our work together, or in general, there may be some difficult conversations at times or you may want to make some changes that can feel overwhelming or challenging. I want to be sure you have several tools to help you manage these. If it's ok with you, I'd like to focus on understanding regulation and helping you manage yourself and your sense of safety."

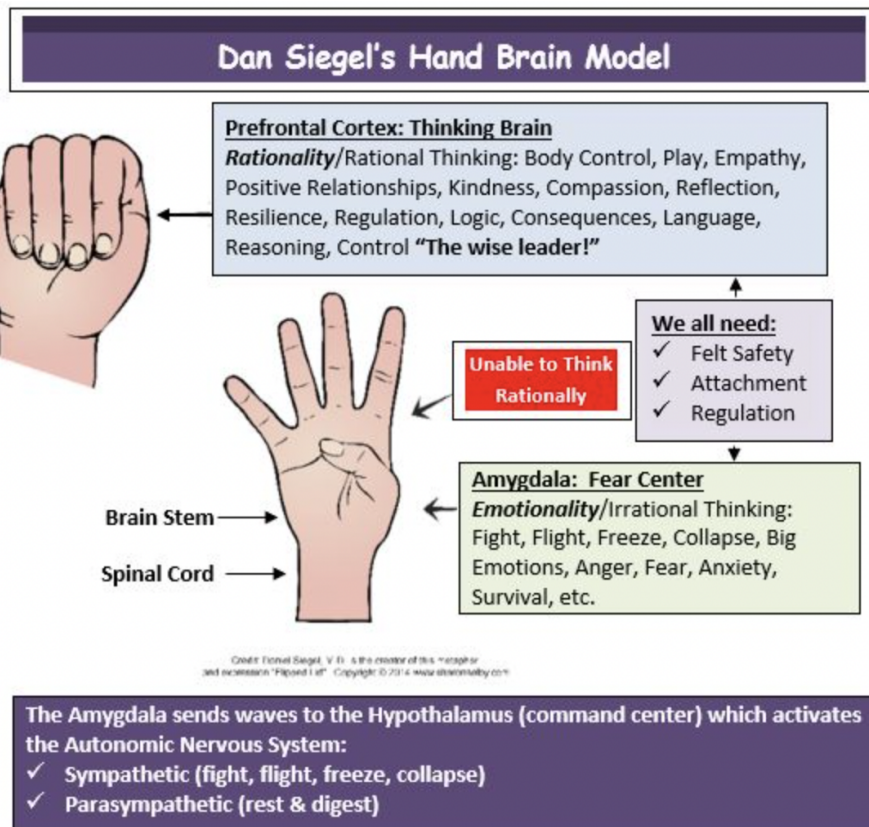
Regulation: Helping People Control Their Thoughts, Feelings and Actions

People exposed to trauma and severe adversity often have a difficult time regulating their emotions and even calming themselves down in many different situations. Self-regulation is the ability to manage and understand our own thoughts, feelings and behaviors. We learn to self-regulate from our primary caregivers. We come into the world as babies without any ability to regulate our own emotions. Babies and children rely on caregivers for regulation; for example, to help them to calm their body down before bed, to recognize hunger cues, or to help them manage their distress when they fall and scrape their knee or don't get their way. These are all examples of co-regulation, a process by which an individual (child) learns to self-regulate over time through supportive interactions with caring adults. Co-regulation is a necessary precursor to self-regulation. Because many of us do not have good experiences of co-regulation, our ability to self-regulate is often challenged. However, we know that people can learn to improve their self regulation skills, which has been shown to:

- Strengthen our connections with others
- Decrease our stress levels and help us to process experiences and information
- Support our ability to have fun and to learn from others

Note: As a provider you are not expected to act as a parent BUT you can help the people you serve develop the skills and ability to self-regulate by seeking opportunities to teach regulation skills and through your relationship with them. In the “Conversations” section, we already discussed some of the strategies that you can use (i.e. promoting safety, mirroring/modeling, practicing with transparency) that can help to build the positive, trusting relationship with your clients that can be the basis of co-regulation.

Let's go back to the hand model of the brain: The amygdala is connected to our ability to regulate.



Hand Brain Model. Retrieved from <https://www.frontiercommunity.com/single-post/2018/10/25/soul-bird-tools>. Copyright 2015 by Sharon Selby



Self-Regulation and Feeling Safe are Connected

To support self-regulation, we need to support a sense of feeling safe and of neuroception. Neuroception is our body's internal surveillance - the sensing of safety or danger. Cues of danger may be from the external environment, inside your body, or from our perception of something. This sensing is brought into the nervous system through our 5 (or 6) senses. We automatically adjust to safety or danger within our autonomic nervous system through this process of neuroception. We can bring awareness and compassion to our body with neuroception. We can learn to understand our triggers and feelings and bring ourselves back to safety. It begins and ends with FEELING safe. We are in an ongoing autonomic /automatic

conversation: between us and ourselves; between us and others; and between us and the world around us.⁶

WE SCAN AND EXPERIENCE SAFETY THROUGH:	WE SCAN AND EXPERIENCE DANGER THROUGH:
<ul style="list-style-type: none">● Gentle eye contact (safe and soft)● Audible and accessible voice● Safe space● Being in close proximity to others who feel safe	<ul style="list-style-type: none">● Lack of eye contact● Low or unaccessible voice● Defensiveness● Avoidance of those around us

Feeling a sense of safety in yourself, as a provider, is the first step in co-regulation and supporting self-regulation with those we work with. Tune into your own feelings of safety; engage in self-compassion and curiosity.

Getting input from the person will help you collaboratively understand their cues of safety and danger. When you notice the person getting upset, stressed or dysregulated you can help them connect and feel safe by asking:

“What can we do right now to help you feel safe?” or “What does safety look like for you right now?” or “Let’s practice telling yourself that you are safe right now.”

With automatic co-regulation we can feel safe to connect and create trusting relationships, which is the foundation of our therapeutic relationship.

One of the first steps in self-regulation is self-awareness - noticing that you are getting upset or that you are not feeling safe. You can help the people you serve by talking to them about this.

You can ask the person:

- *“How do you know when you are feeling stressed, or upset? What thoughts go through your mind? Where do you feel it in your body? What do you say to yourself?” OR*
- *“What do you do to make yourself feel less stressed or to feel better?”*

The Window of Tolerance

Window of tolerance is a term used to describe the “zone of arousal” in which a person is able to function most effectively and thrive. When people are within this zone, they are typically able to readily receive, process, and integrate information and respond to the demands of everyday life without much difficulty.

⁶ Deb Dana, The Weekend University, November 28, 2020, *Polyvagal Theory and Trauma* [video]
<https://www.youtube.com/watch?v=M-SVdQ-CHkA>

How much stress can you endure before you feel unsafe or as if you're in danger?

If you go through your window of tolerance you enter into survival states of hyper and then hypo arousal.

Hyper-arousal (flight and fight), is experienced by feeling hyper vigilant, anxiety, and or panic.

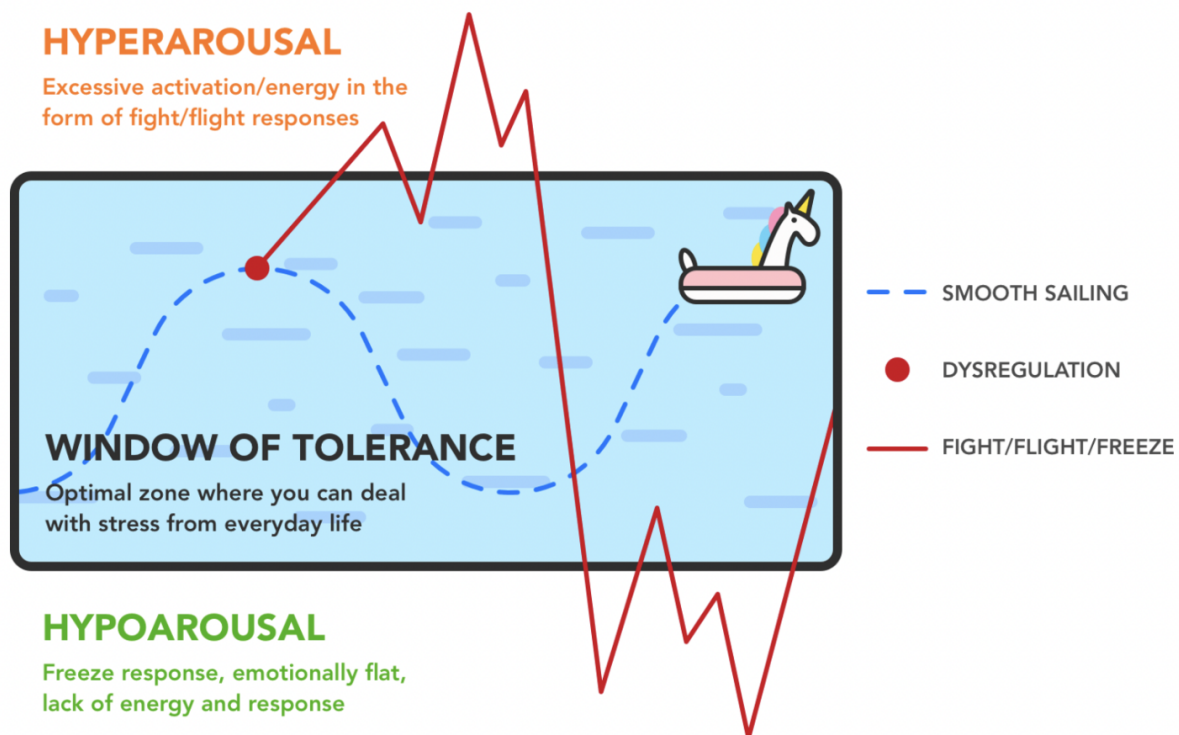
Hypo-arousal (freeze or fawn response), is experienced through emotional emptiness, depression, numbness, or paralysis.

The size of your 'window of tolerance' is affected by the amount of trauma you have experienced or have yet to process.

The image below can be helpful to begin to identify where the person you are working with is and how to think about 'optimal states' also known as 'smooth sailing'.

Critical Note

The "fawn" response is a stress response wherein the victim of abuse can become highly compliant or pleasing of their perpetrator. This is a survival response to remain safe from abusers and is often seen among victims of child abuse or survivors of domestic violence.



Window of Tolerance. Retrieved from <https://www.mindmypeelings.com/blog/window-of-tolerance>. Copyright

2020

It can be most helpful to think about what areas of ourselves require the most support for regulation.

Area to Support	How to Support It
1. The Body - with movement, breathing, play, etc. Breathing is the only automatic process we can manipulate consciously	<p>You can introduce breathing activities by saying, <i>"Breathing and engaging the senses can help our emotional brain from taking over. Remember, the hand model of the brain. These activities can help you pause long enough to be able to engage your thinking brain."</i></p> <ul style="list-style-type: none"> • Simple breathing - Breathe in for 4 (pause); Breathe out for 4 (pause) • Focus on breathing - Feel your breath go in and out • Paced breathing - Breath in deep for 8 secs; hold for 2 secs; slowly breathe out for 3 secs • Body Scans
2. The Window of Tolerance- We need safe relationships to widen our window of tolerance or strengthen our distress tolerance.	<p>Do you move to fight, flight, freeze, or fawn when scared? ? A starting point to identify which you go to, ask yourself:</p> <ul style="list-style-type: none"> • "What makes you feel the safest if you're really scared: running, fighting, or shutting down?" <p>You can ask "Do you have one safe relationship in your life?" Self-soothing activities can also support distress tolerance such as singing, humming, and any other activities that engage your vagus nerve.</p>
3. Connecting and establishing co-regulation- Curiosity and Compassion can help calm us and strengthen our ability to regulate and co-regulate.	<p>You can support co-regulation by creating a sense of safety to connect with you as the provider. You can also explore other connections to strengthen and support the person.</p> <p>You can say <i>"Social supports are the people in our lives that we turn to when we need help, comfort, and to feel loved and connected"</i> or <i>"Research shows that social supports can help people who are stressed from becoming depressed and anxious."</i></p>



Timing is Flexible

You can practice these and other regulation strategies with yourself and the person you are working with at the very **beginning** or at the **end** of your meetings as a ritual.

Conducting self-regulation and co-regulation activities can be very useful at **any point** when the person you're working with is distressed or overwhelmed. Remember to connect regulation to **safety**. For example, you can say:

- *"Feeling safe is one of the most important aspects of our time together. And this means that I always want you to feel safe here."*
- *"It seems like you're really getting upset right now. What can we do to help you feel safe?"*

Other Helpful Tools⁷



Mindfulness supports regulation and can help people practice and train themselves to be present in the moment. Focused breathing is one example of mindfulness which can start with just 3 to 5 minutes at a time. To guide someone through this, you can say:

1. *Find a position you can sit in comfortably for a few minutes.*
 2. *Begin to notice your breathing. Breathe in and out. Notice the air as it goes in and as it goes out.*
 3. *Focus on your breathing and stay in this moment.*
 4. *If you notice your mind wandering, that's ok, just bring your attention back to your breathing.*
 5. *Be kind to your wandering mind. Don't judge yourself or the thoughts that are coming into your mind. They are only thoughts that come and go. Let go of your thoughts. Let go of things you have to do later today. Simply let your thoughts arise and pass by. Bring your mind back to your breathing.*
- [Take moments to allow for silence]



Social Support Resourcing is a way to help participants build their resilience by creating an internal "team of supports" that they can carry with them as they navigate challenges and adversity in their lives. Supports are people that are nurturing, wise, and/or protective. Here are different ways to engage a person in Social Support Resourcing:

Identifying Natural Social Supports. When we need help during stressful times there are people in our lives who support us in different ways. To identify these people, you can ask:

- *"Who can you turn to when you need emotional support - to connect with someone who loves and cares about you and who you trust?"*
- *"Who do you turn to get help with things you need like money for the basics, help with childcare, or transportation?"*
- *"Who do you turn to for advice, suggestions or information?"*

⁷ Additional Mindfulness Exercises are in Appendix C

- *“Who do you turn to help build you up when you’re down: who can remind you of your strengths?”*
- *“Who do you turn to when you want to relax, have fun and laugh?”*
- *“Who’s the person you trust the most in your life?”*

Positive Resourcing.⁸ Sometimes people are isolated or limited in the supports they have in their lives. Another way of thinking about social support is to build them internally, which is called Positive Resourcing. Positive resourcing is helpful when we are getting anxious, stressed out, depressed OR when we need to perform a new task that might be stressful. In stressful situations, we often need nurturance, wisdom, or protection. We sometimes identify better ways of dealing with stress by asking ourselves, “What would _____ do in this situation?”

- Helping People Create an Internal Team of Helpers:
 - Three categories of help/ego strengths
 - Nurturance - e.g. being able to nurture and be nurtured by others
 - Wisdom - e.g. being knowledgeable, creative, make good decisions
 - Protection - e.g. being able to protect and be protected by others
 - Ask participants to provide definitions of what these things mean.
 - Alternatively, identify characteristics that the person thinks would be helpful.
 - Identify people who you like who embody nurturance, wisdom and protection or some other characteristic they feel would be helpful in their life.
 - Choose: people you know, historical figures, characters from fiction, religious figures, characters from popular culture (i.e. movies).

⁸ See Appendix C for additional materials on teaching regulation

Moving Forward: Helping People Regulate Their Emotional Responses and Feel Safety

In some cases, discussions about trauma and adversity may lead to the possibility that the person may want to seek specific behavioral health services or other sources of support. This may lead to a discussion about referrals for such services. You can introduce Referrals, the next component of STARS, by saying:

"I hope that talking about trauma and adversity can help you move forward in your life. There are many things you can do to get help for this as well as other challenges you may be experiencing. How would you feel about talking to someone about what you've shared with me?"

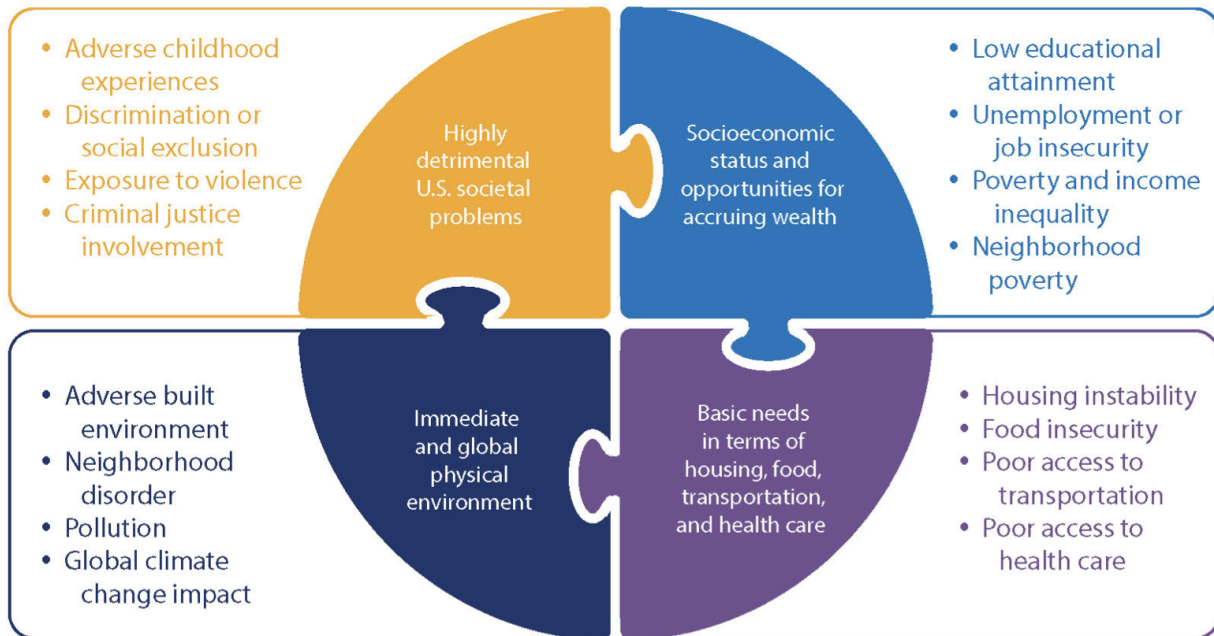
Referrals: Connecting People to the Supports and Services They Need

The decision to make a referral is a critical component in helping people identify and recognize the need for intervention or know that there are issues beyond their capacity to handle. Understanding that the people you are working with may also be experiencing other hardships is important not only to strengthen your relationship but to fully attend to *all* the concerns that may be impacting mental health wellness.

Exploring the Social Determinants of Health

People who have experienced trauma and adversity in their lives may not only have been impacted by what happened in their homes, but are also impacted by the broader communities in which they lived. They may have been impacted by poverty, poor schooling, substandard housing, low quality healthcare, and violence in the community to name a few. In addition, people with histories of severe trauma may have multiple service needs such as social, housing, vocational, and/or behavioral health services. For these reasons we need to be aware of the social determinants of health. Social determinants of health (SDOH) are all the non-biological factors - the conditions in which people are born, live, learn, play, work, and age - that impact overall health and well-being across the lifespan.⁹ Some examples include access to quality health care and nutrition; safe and stable housing; and educational and employment opportunities. On their own, SDOH are risk factors that can lead to increased hardships and stressors when there is inadequate or unequal access across these social and economic areas. Due to their impact on behavioral health, they have also been referred to as the Social Determinants of Mental Health.

⁹ Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public health reports* (Washington, D.C. : 1974), 129 Suppl 2, 19–31.
<https://doi.org/10.1177/003335491412915206>



Sixteen Categories of Social Determinants of Mental Health, in Four Broad Buckets from Rotter, M & Compton, M. T. (2021). [The Social Determinants of Mental Health: A white paper detailing promising practices and opportunities at the New York State Office of Mental Health.](#)

Adverse Childhood Experiences (ACEs) and SDOH are also interconnected and impact mental health. Toxic stress from childhood adversity can lead to a weakened immune system, difficulty forming healthy relationships, or keeping a stable job. These can lead to physical health problems, poor support systems, and financial hardship, respectively.

Behavioral health services can support individuals in a holistic manner by inquiring about any concerns or extreme stress across the social and economic factors. You can begin to explore these areas by saying:

- *“We know there are a lot of things that impact mental health and physical health. For example, sometimes the neighborhood we live in can be a source of stress or it may be not having enough healthy food to eat or experiencing discrimination.”*
- *“I hope that talking about trauma and adversity can help you in some way. There are other things that can contribute to your health but also many things that can help you cope and heal. How would you feel about talking about these different ways of seeking help?”*
- *“There are other things that can contribute to your health. For example, if we are having financial challenges, it can affect how many times a day we eat or what we eat. And this can lead to worry, stress or depression. Likewise, an unhealthy diet can increase the risk for some health conditions, which can then make the worry or stress worse.”*

Help People Make an Informed Decision about What Helps. There are some questions you can ask to help people figure out what might help them deal with their history of exposure to trauma as well as other sources of extreme stress. You can ask:

- *“What kinds of help do you think would be most useful to you at this time?”*
- *“Are there other kinds of help that your family, friends, or other people have suggested?”*

Elements to Introduce Referrals

Once you have explored areas of concerns and discussed them with the participant, it’s up to them to accept or decline the referral. Your role is to provide the information about the services (e.g., support groups, mental health or medical care, spiritual or religious counseling, housing or food assistance, job searches) that are available so that they can make an informed decision about pursuing whatever services are best for them. The following are some suggestions for having discussions with the people you serve about what can help them to recover and heal.



Do Some Research

Determining there is a need without providing support can cause more harm. A good strategy for connecting people to services is to reach out and inquire, in advance, about the service providers in your community. This is some information you can try to collect:

- Know the competencies of the person or agency you are referring to. Are they knowledgeable and experienced in the areas of need for the individual? Do they have experience treating people with trauma?
- Inquire about referral and intake processes and how long it takes to get an appointment? Who will they meet with first? Do they have flexible hours and remote or telehealth visits?
- Whenever possible, meet with providers or visit the locations so you can speak personally about the agency.

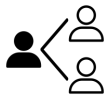
Resource Mapping. Create a visual representation (e.g., a list, directory, guide, or map) from the research you conduct that identifies available community services . You can include the location and type service and information about eligibility and other details so individuals can quickly assess for themselves which supports are feasible for them. If you work or are connected to an agency that provides other services, be sure to include these internal and external supports to encourage helpful connections. Resource mapping is an ongoing process and should be updated regularly.

Explore Barriers to Getting Services. The decision to seek help can be a difficult one for many people. Some reasons that people don’t seek services include being fearful of being re-traumatized or concerns the providers will not understand. Even if someone is open to getting services, it can be helpful to explore potential barriers and collaboratively plan how to manage these. You can ask:

- *“What would get in the way of you being able to get services? How can we manage these?”*

Examples of barriers can include:

- **Concrete barriers:** Access to insurance, time, transportation, child care (for caregivers), language or cultural barriers, or too many other priorities (e.g. school, work commitments)
- **Attitudinal barriers:** These can often be greater obstacles to effective referrals than concrete barriers.
 - Some trauma-based attitudinal barriers for someone with past histories of trauma can include:
 - Negative expectations. Examples:
 - “I was always sent to the counselor at school and it never helped.”
 - “Nobody can help me.”
 - Social pressures. Examples:
 - “My husband would not want me to get help.”
 - “My mother doesn’t believe in therapy.”
 - Strong negative emotions:
 - “I’m afraid of what will happen to me if I tell someone what happened.”
 - “I tried to go to the housing office, but I just got pissed off because I had to wait the whole day and nobody could answer my questions.”
 - To inquire about these, you can ask:
 - “Have you ever seen a {fill-in, e.g., housing case manager} to get help?”
 - If so, “What was that like for you?”



Preparing People for a Referral

Have a “What to Share” Conversation . Prepare the person for the intake process and that they may have to provide a great deal of history and information.

- If you’ve been able to make contact with the referral source and obtained the information above, then you can simply share that information with the person you are referring to.
- If you have not been able to get the information from referral sources, here is some basic information to share with the person you are referring:
 - Let them know that the process will usually involve: (a) making an appointment, (b) completing questionnaires, (c) possibly having an interview with an intake worker and/or additional meetings to get background of the problem(s).
 - Help the person prepare to share information about their trauma and/or concerns that might be relevant to getting help. You can ask, “What are you comfortable sharing when you seek help?”
 - Advise people that getting help and seeing results may take time.

Providing Information Directly to the Referral Agency. In some cases, it might be helpful to provide some information to a referral agency. In these cases, it would be important to get a ***consent to release information*** to be able to speak to the referral source.

- You can ask the person you are referring to let you know what information they would be “okay” with you sharing and information they don’t want shared.

Consider Continuum of Support

- Offer choices with information to help the individual make an informed decision.
- Help them make the appointment, rather than making it for them. This can be more empowering for the person. You can do what is called a ***“warm referral”*** - calling the provider with the person who is seeking services.
- People who have never sought help or who are extremely vulnerable might want you to go with them as an advocate or as support on their first visit. This might be especially crucial for younger people. Provide this opportunity if necessary and possible, or help them identify someone they trust who can go with them.

“What to Expect Conversation” - Who, What, When, Where

- Problem-solve when there are waitlists.
- Pay attention to practical considerations (e.g., transportation, hours, insurance, copays).
- Give them time to ask questions and talk them through the referral process.
- Pay attention to preferences of the individual being referred; for example, a provider’s gender, ethnicity, language, and age). You can ask:
 - *“Sometimes providers misunderstand each other because they come from different backgrounds or have different expectations.”*
 - *“Have you been concerned about this and is there anything that we can do to provide you with the care you need?”*



Follow-Up

- Know when their first visit is and consider a reminder call to wish them well.
- Follow-up after their first visit and perhaps once more to be sure that the referral was successful. Again, you can request a ***consent to provide information*** to be able to follow-up directly with the referral source.¹⁰

¹⁰ For additional resources on introducing referrals, please refer to Appendix D.



Moving Forward: Practicing Self-Care

The tools and strategies provided in STARS are intended to help you feel more comfortable and competent about having discussions about trauma and adversity with the people you serve. Those conversations about trauma can be stressful for you as a provider. Self-care is an important aspect of being able to continue your efforts at being trauma responsive, whether you are just beginning your journey your work or have many years of experience. The next section of the STARS Guide, Self-Care, will focus on helping you: (a) identify the degree to which your work may be affecting you physically, emotionally or spiritually and (b) steps to creating a self-care plan that works for you.

Self-Care: An Essential Skill in Trauma Informed Care

Self-care is any act we do *deliberately* to take care of our mental, emotional, physical and spiritual health. In this complex world, we often have to take steps to practice self-care.

Working in the mental health field can be very challenging and even more so when we spend a great deal of time working with children, youth and adults who have been exposed to trauma. Self-care can help us find the balance needed in life to stay healthy, maintain relationships and get our work done. These self-care skills can be used by you, as service providers but some can also be used with the people you serve.¹¹

Elements to Self-Care

- * Self-assessment / Reflection * Identifying What Helps * Planning * Coping Strategies *
- * Living Out Our Values * Developing Workplace Satisfaction *



Step 1. Self-assessment / Reflection:

An important **first step** in practicing self-care is to start with a self-assessment and reflection. This step is like taking your temperature. Go to Appendix E and complete the ***Are Your Stressed*** and ***Are Your Burning Out*** questionnaires. After you're done, complete the table below.

Self-Assessment: Stress and Burnout		
Instructions: Record your score for each assessment in the section below and circle the rating to which your score falls.		
Are You Stressed?	Score_____	1-6 = Few Hassles 7-12 = Pretty Good Control 13-17 = Be careful/Plan 18+ = Stressed out. Take steps
Are You Burning Out?	Score_____	0-25 = You're doing well 26-35 = Make a maintenance plan 36-50 = Burnout is possible. 51-65 = You're burning out. Over 65 = Seek help.

¹¹ For additional resources on self-care, please refer to Appendix E.

Reflection Questions: Do you have any concerns? What did you notice as you completed the questionnaires? What did you think? Did you feel anything in your body?



Step 2. Identify Areas for Change

Whether your self-assessment indicates that you are overly stressed or experiencing burnout, a self-care plan may be helpful. The second step in self-care planning is identifying some of the changes you may want to make in your life.

Self-Care Strategies: There are many self-care strategies. Jason Newell¹² identifies 6 domains of professional resilience with corresponding suggested strategies (see below).

There are many strategies you can implement to practice self-care. Two important points to keep in mind as you select strategies. First, there is **no “one size fits all”** strategy that works: you need to find what works for you. Second, what works for you may not be on this list. Appendix E has an expanded list of self-care strategies organized in six (6) categories: cognitive, emotional, behavioral, spiritual, interpersonal and physical.

Domain	Focus	Suggested Strategies
Biological	Focus on physical health and well-being	<ul style="list-style-type: none">● Balanced diet and nutrition● Adequate sleep● Exercise● Moderation in alcohol use● Using mental health and health days
Interpersonal	Focus on families and friends	<ul style="list-style-type: none">● Maintain professional boundaries● Healthy work/home balance Using adaptive coping skills● Anxiety reducing strategies● Seek professional help
Organizational	Focus on healthy work habits	<ul style="list-style-type: none">● Seeking organizations that align with your values and aspirations● Ongoing professional development

¹² Newell, J. (2019). An ecological systems framework for professional resilience in social work practice. *Social Work*, 65(1), 65-73.

		<ul style="list-style-type: none"> ● Active participation in supervision ● Supportive relationships with colleagues ● Setting realistic goals and objectives ● Using breaks for non-work activities ● Celebrating work successes ● Maintain realistic expectations for client outcomes
Familial	Focus on relationships with friends and family	<ul style="list-style-type: none"> ● Ongoing support from family and friends ● Participation in non-stressful family events ● No-tech family time ● Participating in childrens' activities ● Catch-up with close friends ● Caring for family pets
Spiritual	Focus on the non-material aspects of life	<ul style="list-style-type: none"> ● Attending faith-based services ● Engaging in positive forms of self-expression
Recreational	Focus on non-work related activities	<ul style="list-style-type: none"> ● Engage in creative activities ● Cooking ● Sporting activities ● Entertainment (e.g., movies, music) ● Any activities that foster the use of joy, humor and laughter

Core Values Clarification. Core values are the beliefs that a person or organization operates from. Sometimes self-care can involve a more profound examination of the degree to which you are living a life consistent with your core values. Engaging in things (work or personal activities) that go against one's core values and beliefs can often lead to **moral injury**.¹³ Newell suggests that you should seek to work in an organization that aligns with your core values. The same goes for your personal life. **Appendix E** includes an extensive alphabetized list of core values for you to examine and consider, as well as a sheet for you to list your personal core values.

¹³ Moral injury is **the distressing psychological, behavioral, social, and sometimes spiritual aftermath of exposure to such events** (3). A moral injury can occur in response to acting or witnessing behaviors that go against an individual's values and moral beliefs.



Step 3. Develop the Plan

There are two types of self-care planning: Maintenance Self-Care Plan and Emergency Self-Care Plan.

A ***maintenance self-care plan*** can involve some minor (but significant) changes you want to make to reduce your levels of stress, prevent burnout or live life according to your values.

An ***emergency self-care plan*** may be necessary when we are overly stressed or burning out. For example, if you scored in the “Danger Zone” (13-17) or higher on the stress questionnaire OR “You’re a Candidate for Burnout” (36-50) or higher on the burnout questionnaire you should strongly consider developing an emergency self-care plan. If possible, you may want to consider developing this with a supervisor and/or trusted colleague.

To start with some basic self-care planning, Appendix E has some materials developed by Newell to develop an action plan. It includes a template for comprehensive planning. Write out the changes you want to make on the template for comprehensive planning, including the strategies you want to implement. For each area of change, you can complete an action plan with specific goals, objectives and a timeline.



Emergency Self Care: As we mentioned, sometimes self-care planning requires a more thorough plan. Appendix E outlines an Emergency self-care planning worksheet that walks you through a series of questions that can help you identify specific goals and objectives.

Appendix A

Questionnaires and Assessments

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents ever separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of birth: _____

Your Name: _____ Relationship to Child: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion

CYW Adverse Childhood Experiences Questionnaire Teen (ACE-Q) Teen

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of birth: _____

Your Name: _____ Relationship to Child: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked them to touch that person's private parts in a sexual way that was unwanted, against your child's will, or made your child feel uncomfortable
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/him primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was detained, arrested or incarcerated
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion
- Your child experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend)

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Teen Self-Report

To be completed by Patient

Today's Date: _____

Your Name: _____ Date of birth: _____

Many children experience stressful life events that can affect their health and development. The results from this questionnaire will assist your doctor in assessing your health and determining guidance. Please read the statements below. Count the number of statements that apply to you and write the total number in the box provided.

Please DO NOT mark or indicate which specific statements apply to you.

1) Of the statements in section 1, HOW MANY apply to you? Write the total number in the box.

Section 1. At any point since you were born...

- Your parents or guardians were separated or divorced
- You lived with a household member who served time in jail or prison
- You lived with a household member who was depressed, mentally ill or attempted suicide
- You saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put you down in a way that scared you OR a household member acted in a way that made you afraid that you might be physically hurt
- Someone touched your private parts or asked you to touch their private parts in a sexual way that was unwanted, against your will, or made you feel uncomfortable
- More than once, you went without food, clothing, a place to live, or had no one to protect you
- Someone pushed, grabbed, slapped or threw something at you OR you were hit so hard that you were injured or had marks
- You lived with someone who had a problem with drinking or using drugs
- You often felt unsupported, unloved and/or unprotected

2) Of the statements in section 2, HOW MANY apply to you? Write the total number in the box.

Section 2. At any point since you were born...

- You have been in foster care
- You have experienced harassment or bullying at school
- You have lived with a parent or guardian who died
- You have been separated from your primary caregiver through deportation or immigration
- You have had a serious medical procedure or life threatening illness
- You have often seen or heard violence in the neighborhood or in your school neighborhood
- You have been detained, arrested or incarcerated
- You have often been treated badly because of race, sexual orientation, place of birth, disability or religion
- You have experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend)

Positive Childhood Experiences Survey¹⁴

When you were growing up, during the first 18 years of life:

1. Did you have at least one caregiver with whom you felt safe? Y___N___
2. Did you have at least one good friend? Y___N___
3. Did you have beliefs that gave you comfort? Y___N___
4. Did you like school? Y___N___
5. Did you have at least one teacher who cared about you? Y___N___
6. Did you have good neighbors? Y___N___
7. Was there an adult (not a parent/caregiver or the person from #1), who could provide you with support or advice? Y___N___
8. Did you have opportunities to have a good time? Y___N___
9. Did you like yourself or feel comfortable with yourself? Y___N___
10. Did you have a predictable home routine, like regular meals and a regular bedtime? Y___N___

Total yes: _____

¹⁴ Items are from the Benevolent Childhood Experiences Scale (Narayan, et al., 2018)

Appendix B

Informational Resources for Conversations about Trauma: Creating a Holding Space

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother Treated Violently



Substance Abuse



Divorce

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE

Physical Abuse 28.3%

Sexual Abuse 20.7%

Emotional Abuse 10.6%

NEGLECT

Emotional Neglect 14.8%

Physical Neglect 8.9%

percentage of study participants that experienced a specific ACE

HOUSEHOLD DYSFUNCTION

Household Substance Abuse 26.9%

Parental Divorce 23.5%

Household Mental Illness 19.4%

Mother Treated Violently 12.7%

Incarcerated Household Member 4.7%

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke

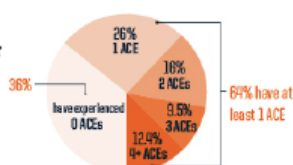


COPD



Broken bones

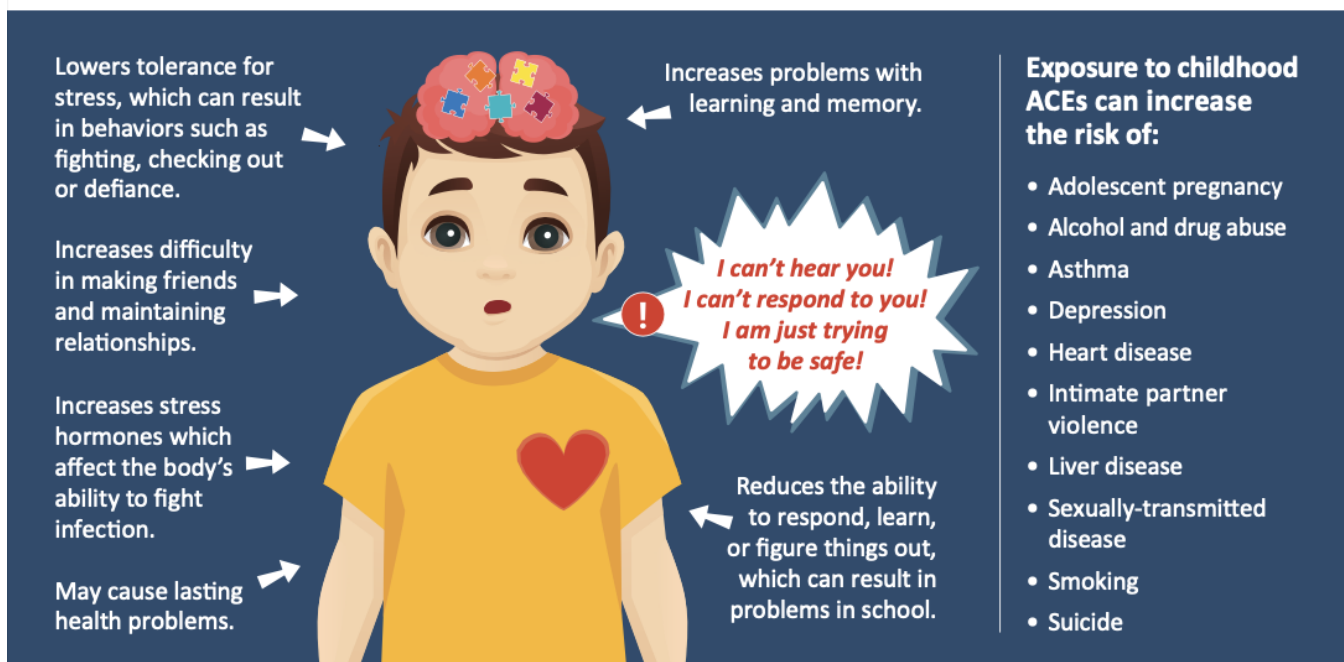
Of 17,000 ACE study participants:



Adverse Childhood Experiences

Understanding ACEs

ACEs (Adverse Childhood Experiences) are serious childhood traumas that can result in toxic stress. Prolonged exposure to ACEs can create toxic stress, which can damage the developing brain and body of children and affect overall health. Toxic stress may prevent a child from learning or playing in a healthy way with other children, and can cause long-term health problems.



ACEs (Adverse Childhood Experiences) can include:

- Abuse: Emotional / physical / sexual
- Bullying / violence of / by another child, sibling, or adult
- Homelessness
- Household: Substance abuse / mental illness / domestic violence / incarceration / parental abandonment, divorce, loss
- Involvement in child welfare system
- Medical trauma
- Natural disasters and war
- Neglect: Emotional / physical
- Racism, sexism, or any other form of discrimination
- Violence in community

! SURVIVAL MODE RESPONSE

Toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority.

Parents and caregivers can help. **Turn over to learn about resilience.**



Help children identify, express and manage emotions.



Create safe physical and emotional environments. (home, school, community, systems).



Understand, prevent and respond to ACEs.



“...One of the biggest myths that we have to bust is that if you have experienced childhood adversity, there’s nothing we can do about it.”

– Nadine Burke Harris, MD, MPH, FAAP, Surgeon General of California

What is resilience?

Research shows that if caregivers provide a safe environment for children and teach them how to be resilient, that helps reduce the effects of ACEs.

What does resilience look like?

Having resilient parents and caregivers who know how to solve problems, have healthy relationships with other adults, and build healthy relationships with children.

Building attachment and nurturing relationships:

Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child’s physical and emotional needs.

Building social connections.

Having family, friends, neighbors, community members who support, help and listen to children.

Meeting basic needs:

Provide children with safe housing, nutritious food, appropriate clothing, and access to health care and good education, when possible. Make sure children get enough sleep, rest, and play.


Learning about parenting, caregiving and how children grow:



Understand how caregivers can help children grow in a healthy way, and what to expect from children as they grow.




Building social and emotional skills:

Help children interact in a healthy way with others, manage emotions, communicate their feelings and needs, and rebound after loss and pain.

Resources:

 [National Parent Helpline](#)
1-855-4A PARENT
(1-855-427-2736)

 [Number Story](#)
 [ACEs Too High](#)

 [PACES Connection](#)
 [Resource Center](#)
 [Parenting with PACES](#)



Special thanks to the Community & Family Services Division at the Spokane (WA) Regional Health District for developing and sharing the original parent hand-out.

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WITH
SUPPORT
FROM



Parenting to prevent and heal ACEs

(Adverse Childhood Experiences)



Donna Jackson Nakazawa, *Childhood Disrupted: How Your Biography Becomes Your Biology & How You Can Heal*

"The main point is this: No matter how old you are – or how old your child may be, there are scientifically supported and relatively simple steps that you can take to reboot the brain, create new pathways that promote healing, and come back to who it is you were meant to be."

NURTURE & PROTECT KIDS AS MUCH AS POSSIBLE



Be a source of safety and support.

MOVE AND PLAY

Drum. Stretch. Throw a ball. Dance. Move inside or outside for fun, togetherness and to ease stress.

MAKE EYE CONTACT

Look at kids (babies, too). It says, "I see you. I value you. You matter. You're not alone."

SAY, "SORRY"

We all lose our patience and make mistakes. Acknowledge it, apologize, and repair relationships. It's up to us to show kids we're responsible for our moods and mistakes.



GIVE 20-SECOND HUGS

There's a reason we hug when things are hard. Safe touch is healing. Longer hugs are most helpful.



SLOW DOWN OR STOP

Rest. Take breaks. Take a walk or a few moments to reset or relax.

HUNT FOR THE GOOD



When there's pain or trauma, we look for danger. We can practice looking for joy and good stuff, too.

BE THERE FOR KIDS

It's hard to see our kids in pain. We can feel helpless. Simply being present with our kids is doing something. It shows them we are in their corner.

HELP KIDS TO EXPRESS MAD, SAD & HARD FEELINGS

Hard stuff happens. But helping kids find ways to share, talk, and process helps. Our kids learn from us.



KEEP LEARNING

Understand how ACEs impact you and your parenting.

More tips & resources for parents on back.

Support for parents with ACEs

"The best thing we can do for the children we care for is to manage our own stuff. Adults who've resolved their own trauma help kids feel safe." —Donna Jackson Nakazawa



"Learning about ACEs is a start but sometimes we need more. Many people with ACEs have never had their pain validated. Understanding that there exists a biological connection between what they experienced in childhood, and the physical and mental health issues they face now, can help set them on a healing path, where they begin to find new ways to take care of themselves, and begin new healing modalities."

—Donna Jackson Nakazawa



WITH SUPPORT FROM



Family Hui.
A Program of Lead4Tomorrow

Thanks to Donna Jackson Nakazawa for allowing ACEs Connection to paraphrase her research. Please add your logo on the front and share freely.

Resiliency and Protective Factors

Information for Families

RESILIENCY is the ability to “bounce back” or return to being positive and healthy after a stressful situation or bad experience.



BOUNCING BACK

Resilient people are able to handle stress or “bounce back” due to their own emotional strength, courage and discipline or because they have come across people or activities that encouraged the development of their resilience. These internal and external conditions are called “protective factors” and these “factors” or “buffers” are more powerful than past trauma or current stress.



RESILIENCE IS IMPORTANT

Resilience is a buffer against the negative impact of traumatic events or Adverse Childhood Experiences (ACEs) such as: abuse, neglect, bullying, poverty, witnessing violence, household substance abuse or mental illness, discrimination and family separation. How we handle these stressful experiences impacts our success in life.

Resilient people thrive regardless of their current or past circumstances. Some people are naturally more resilient than others. However, **everybody has the potential to be a resilient person**. We can build resilience in ourselves and families.





RESILIENCE TRUMPS ACEs!

Parents, teachers & caregivers help children by:

- Understanding the impact of ACEs.
- Creating safe and caring environments at home, in schools, and in the community.



FIVE PROTECTIVE FACTORS

- **Having resilient parents** who are problem solvers and have the ability to maintain a positive attitude when facing challenges.
- **Having nurturing parents** who pay attention to a child's emotional and physical needs and offer support when needed.
- **Having basic needs met** by parents who seek help when having trouble providing access to safe housing, nutritious food, appropriate clothing and healthcare for their child.
- **Having positive interactions and relationships** with family, friends, or neighbors who are willing to help and listen.
- **Having parents who understand child development** and how they can help their child grow in a healthy way.

WE BUILD OUR RESILIENCE BY:

- Practicing positive thinking.
- Focusing on personal strengths.
- Setting goals & working to achieve them.
- Not comparing ourselves to others.
- Not worrying about what others think.
- Never thinking of ourselves as a victim.
- Maintaining healthy relationships.
- Taking care of our mind and body.

WE HELP CHILDREN BUILD RESILIENCE BY:

- Having a positive attitude.
- Having healthy relationships.
- Expressing our emotions appropriately.
- Spending time playing with our children.
- Building their self-esteem.
- Paying attention to our children's needs
- Encouraging and supporting our children.



Resources:

211 Info Community Resources
<http://211info.org/>

Washington County Educational Resources
[http://www.co.washington.or.us/HHS/ChildrenYouthFamilies/Children's Trust Fund](http://www.co.washington.or.us/HHS/ChildrenYouthFamilies/Children's%20Trust%20Fund)
<http://ctf4kids.org/>

Center for the Study of Social Policy
<http://www.cssp.org/reform/strengtheningfamilies>

Futures Without Violence
<http://www.futuresWithoutViolence.org>

Mind Tools
www.mindtools.com

Resilience Trumps ACEs
www.resiliencetrumpsaces.org

Resiliency in Action
<https://www.resiliency.com/>



7/2015

Appendix C

Resources to Regulation: Helping People Manage Their Thoughts, Feelings and Behavior

WINDOW OF TOLERANCE AWARENESS WORKSHEET

Identify, recognize the symptoms you experience and build awareness



For **HYPERAROUSAL**, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- Abnormal state of increased responsiveness
- Feeling anxious, angry and out of control
- You may experience wanting to fight or run away

HYPERAROUSAL

- | | | | |
|-------------------------|--------------------------|-------------------------|-----------------------------------|
| <input type="radio"/> — | Anxiety | <input type="radio"/> — | Addictions |
| <input type="radio"/> — | Impulsivity | <input type="radio"/> — | Over-Eating |
| <input type="radio"/> — | Intense Reactions | <input type="radio"/> — | Obsessive Thoughts/Behaviour |
| <input type="radio"/> — | Lack of Emotional Safety | <input type="radio"/> — | Emotional Outbursts |
| <input type="radio"/> — | Hyper-Vigilance | <input type="radio"/> — | Chaotic Responses |
| <input type="radio"/> — | Intrusive Imagery | <input type="radio"/> — | Defensiveness |
| <input type="radio"/> — | Tension | <input type="radio"/> — | Racing Thoughts |
| <input type="radio"/> — | Shaking | <input type="radio"/> — | Anger/Rage |
| <input type="radio"/> — | Rigidity | <input type="radio"/> — | Physical and Emotional Aggression |
| <input type="radio"/> — | _____ | <input type="radio"/> — | _____ |
| <input type="radio"/> — | _____ | <input type="radio"/> — | _____ |



For **HYPOAROUSAL**, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- Abnormal state of decreased responsiveness
- Feeling emotional numbness, exhaustion, and depression
- You may experience your body shutting down or freeze

HYPOAROUSAL

- | | | | |
|-------------------------|-----------------------------------|-------------------------|--------------------------------------|
| <input type="radio"/> — | The feeling of being disconnected | <input type="radio"/> — | Decreased Reactions |
| <input type="radio"/> — | No Display of Emotions | <input type="radio"/> — | Shame/Embarrassment |
| <input type="radio"/> — | Auto-Pilot Responses | <input type="radio"/> — | Depression |
| <input type="radio"/> — | Memory Loss | <input type="radio"/> — | Difficulty Engaging Coping Resources |
| <input type="radio"/> — | Feign Death Response | <input type="radio"/> — | Low Levels of Energy |
| <input type="radio"/> — | Numbness | <input type="radio"/> — | Can't Defend Oneself |
| <input type="radio"/> — | Disabled Cognitive Processing | <input type="radio"/> — | Shutdown |
| <input type="radio"/> — | Reduced Physical Movement | <input type="radio"/> — | Can't Say No |
| <input type="radio"/> — | _____ | <input type="radio"/> — | _____ |
| <input type="radio"/> — | _____ | <input type="radio"/> — | _____ |

Mindfulness Practices



What is mindfulness?

Mindfulness is a mental state achieved by focusing one's awareness on the **present** moment, while acknowledging and accepting, *without judgement*, one's feelings, thoughts, and bodily sensations.

How to talk about mindfulness with participants:

Share with the participants that...

1. Mindfulness is a life skill that can benefit people in many ways. When we pay attention to the present, as well as what is happening around us at the present moment, we can improve many areas of our lives.
2. Practicing mindfulness can improve (1) focus and awareness, (2) develop self-control, (3) improve problem solving, (4) decrease stress and anxiety, and (5) increase feelings of patience, compassion, and kindness.

Four simple and engaging mindfulness exercises:

Every moment of your life presents an opportunity to be mindful. Mindfulness can be practiced anytime, anywhere, no matter what you are doing. Following are four mindfulness exercises that best fit a group work setting...



1. Focused Breathing

- a. For this exercise, you will guide everyone to focus on their breath for 3 minutes.
- b. This exercise can be done standing up or sitting down, and pretty much anywhere at any time.
- c. Set a timer if you would like.
- d. Start guiding everyone through the breathing exercise. Encourage participants to:
 - Sit in a comfortable position.
 - Close your eyes and breathe in and out slowly
 - At first, one breath cycle should last for approximately 6 seconds-- 3 seconds in and 3 seconds out.
 - Breathe in through your nose and out through your mouth, letting the breath flow effortlessly in and out of the body.
 - Repeat this and instruct everyone to slow their breathe down, breathing in for 4 seconds and 4 seconds out, then 5 seconds, and so on.

e. Encourage participants to:

- Let go of your thoughts. Let go of things you have to do later today. Simply let thoughts arise and pass by and focus all of your attention on your breath.
- Purposefully watch your breath, focusing your sense of awareness on its pathway as it enters your body and fills you with life.
- Practice thanking your breath, your body, and your entire self.
- After three minutes has passed, invite participants to open their eyes and come back together as a group.
- Thank participants for participating in the exercise.



2. Body Scan

a. For this exercise, you will guide everyone to become in tune with their body through a body scan.

- Instruct participants to begin by sitting in a comfortable position.
- Invite them to close their eyes and bring their attention to their body.

b. Begin guiding everyone through the body scan. Encourage participants to:

- Sit in a comfortable position.
- Notice your body wherever you're seated, feeling the weight of your body on the chair.
- Take a few deep breaths.
- Notice your feet on the floor, notice the sensations of your feet touching the floor. Notice the weight, pressure, vibration, and heat. Squeeze your toes and then let them release everything, fully softening them.
- Notice your legs against the chair. Notice the pressure, pulsing, heaviness, lightness. Squeeze your butt and then release everything, fully softening it.
- Bring your attention into your stomach area. Is it tense or tight? Flex your stomach and then release everything. Let it soften.
- Take a few deep breaths.
- Notice your hands. Are your hands tense or tight? Squeeze your hands into fists and then release everything, fully relaxing them.
- Notice your arms. Feel any sensation in your arms. Squeeze your shoulders up to your ears then fully release the tension, letting your shoulders completely fall.
- Notice your neck and throat. Take a deep breath that you feel through your throat.

- Notice your jaw. Notice your face. Squeeze your facial muscles and then release the tension, letting everything be completely relaxed. Let your face be soft.
 - Notice your whole body present.
 - Take one more deep breath.
- c. Invite participants to open their eyes and come back together as a group.
 - d. Thank participants for participating in the exercise.



3. Music Mindfulness

- a. For this exercise, you will guide everyone through opening their ears and listening in a non-judgmental way.
- b. Begin by selecting a piece of music that no one or few people are familiar with. The genre does not matter. **Pick anything!**
- c. Begin guiding everyone through the listening exercise. Encourage participants to:
 - If you have headphones and can listen to the song on your own device, queue up the song and put on your headphones.
 - Sit in a comfortable position.
 - Close your eyes.
 - Try not to get drawn into judging the music by its genre, title or artist name before it has begun. Instead, ignore any labels and neutrally allow yourself to get lost in the journey of sound for the duration of the song.
 - Begin the song
 - Allow yourself to explore every aspect of the track. Even if the music isn't to your liking at first, let go of your dislike and give your awareness full permission to climb inside the track and dance among the sound waves.
 - Explore the song by listening to the dynamics of each instrument. Separate each sound in your mind and analyze each one by one.
 - Hone in on the vocals: the sound of the voice, its range and tones. If there is more than one voice, separate them out.
 - Listen intently and allow yourself to become fully focused on the sound you are hearing. Don't think, hear.
 - Continue to get lost in the music and notice where you go without judgement.
- d. When the song concludes, invite participants to open their eyes and come back together as a group.
- e. Thank participants for participating in the exercise.



4. Goal Visualization

- a. For this exercise, you will lead everyone to open up space in their mind for their goals to form. You will lead participants through 3 minutes of visualization and 5 minutes of journaling.
- b. Participants will need a piece of paper and a writing utensil.
- c. Begin guiding everyone through the goal visualization. Encourage participants to:
 - Sit in a comfortable position.
 - Close your eyes.
 - Take a deep breath.
 - Think about everything you imagine for yourself in the coming year.
 - Imagine yourself in the life you want a year from now.
 - What time do you wake up? Do you rise naturally or to an alarm clock?
 - Where are you? What does the space feel like? Is anyone with you?
 - What is the temperature like where you live?
 - How do you spend your day?
 - Are you excited to start your day?
 - What are you wearing that day? How does what your wearing make you feel?
 - What are you eating that day? Where does your food come from?
 - What are you doing for pure joy? What is making you smile?
 - How do you feel when you go to bed at night?
- d. After three minutes has passed, invite participants to open their eyes when they are ready.
- e. Instruct participants to silently record what they can remember from their visualization exercise for 5 minutes.
- f. Share that if they would like, they can journal as follows:
 - 1 year from now I will...
 - 6 months from now I will...
 - 3 months from now I will...
 - 1 month from now I will...
 - 1 week from now I will...
 - Today I will...
- g. After five minutes has passed, invite participants to stop writing and come back together as a group.
- h. Thank participants for participating in the exercise.

Ten free apps for mindfulness:

1. Headspace: Meditation & Sleep
2. Calm
3. The Mindfulness App
4. Simple Habit Daily Meditation
5. Insight Timer
6. Breathe: Meditation & Sleep
7. 10% Happier: Meditation
8. Stop, Breathe & Think
9. Aura: Sleep & Mindfulness
10. Relaxation Melodies: Sleep Sounds

Others:

Appendix D

Resources to Referrals

Finding **MENTAL HEALTH CARE** that Fits Your **CULTURAL BACKGROUND**



What is Cultural Background?

Culture is a particular group's beliefs, customs, values and way of thinking, behaving and communicating. Cultural background affects how someone:

- Views mental health conditions
- Describes symptoms
- Communicates with health care providers such as doctors and mental health professionals
- Receives and responds to treatment

What is Cultural Competence?

Cultural competence is the behaviors, attitudes and skills that allow a health care provider to work effectively with different cultural groups. Finding culturally competent providers is important because they understand the essential role that culture plays in life and health. A culturally competent provider includes cultural beliefs, values, practices and attitudes in your care to meet your unique needs.

Tips for Finding a Culturally Competent Provider

Research Providers

- Contact providers or agencies from your same cultural background or look for providers and agencies that have worked with people who have a similar cultural background.
- Ask trusted friends and family for recommendations.
- Look online or ask for referrals from cultural organizations in your community.
- If you have health insurance, ask the health plan for providers that fit your cultural background.



Ask Providers These Questions

- Are you familiar with my community's beliefs, values and attitudes toward mental health? If not, are you willing to learn about my cultural background and respect my perspective?
- Do you have experience treating people from my cultural background?
- Have you had cultural competence training?
- Are you or members of your staff bilingual?
- How would you include aspects of my cultural identity, such as age, faith, gender identity or sexual orientation, in my care?



Other Things You Can Do

- Tell the provider about traditions, values and beliefs that are important to you.
- Tell the provider what role you want your family to play in your treatment.
- Learn about your condition, particularly how it affects people from your culture or community.
- Look around the provider's office for signs of inclusion. Who works there? Does the waiting room have magazines, signs and pamphlets for you and your community?



Resources for Identifying People's Needs

Sources on the importance of identifying needs

[The Social Determinants of Health: Connecting the Dots](#)

This self-paced learning module provides a basic understanding of the social determinants of health and the impact of the environment on our overall well-being.

[The Social Determinants of Mental Health: Implications for Clinical Practice](#)

In this panel discussion, presenters emphasize that understanding an individual's Social Determinants of *Mental* Health (SDOMH) can help uncover social and behavioral factors that impact their health and they also explore strategies for reducing health disparities.

[Taking Control of Your Mental Health: Tips for Talking with Your Health Care Provider \(NIMH\)](#)

When a decision to speak to a mental health provider has been made, it can be empowering to feel prepared. This fact sheet below provides five tips to help prepare and guide individuals on how to talk to health care providers about your mental health and get the most out of their visit.

Screening for needed support and services

American Academy of Family Physicians and The EveryONE Project

- [Guide to Social Needs Screening](#)
- [Social Needs Screening Tool](#)

Centers for Medicare & Medicaid Services (CMS)

- [Accountable Health Communities \(AHC\) Health-Related Social Needs \(HRSN\) Screening Tool](#)

National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, and Oregon Primary Care Association

- [Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences \(PRAPARE\) instrument](#)

Sources of Community Support

[Food Assistance Programs](#)

This webpage from the USDA provides information on food assistance programs for certain individuals and groups. Sample programs include SNAP, WIC, the National School Lunch Program and more.

* Remember to do some research: You can search for local food assistance programs in your community such as food pantries, soup kitchens, and local application centers.

[Understanding the Role of Family Peer Advocates: A Panel Discussion](#)

This panel presentation provides an overview of Family Peer Support Services (FPSS). Panelists discuss the history and impact of FPSS as well their experiences with FPSS from a provider and family perspective.

[Why Youth Peer Advocates](#)

In this two-part series, the value and importance of Youth Peer Advocate is discussed through the lens of multiple groups.

Appendix E

Resources to Self-Care

Are You Stressed?

Individual Stress Level Assessment

(This test is not meant to replace a clinical assessment. These questions are intended to help you judge how you are doing. If you score as stressed, you should take steps to reduce the amount of stress in your life and you may also need to seek professional help.)

Answer These Twenty Questions: Yes or No

1. Do you frequently neglect your diet?
2. Do you frequently try to do everything yourself?
3. Do you blow up easily and often?
4. Do you frequently seek unrealistic goals?
5. Do you frequently fail to see the humor in situations others find funny?
6. Do you frequently and easily get irritated?
7. Do you frequently seem to make a "big deal" of everything?
8. Do you frequently complain that you are disorganized?
9. Do you tend to keep everything inside?
10. Do you frequently neglect exercise?
11. Do you have few supportive relationships?
12. Do you often get too little rest?
13. Do you frequently get angry when you are kept waiting?
14. Do you often ignore stress symptoms?
15. Do you frequently put things off until later?
16. Do you frequently think there is only one right way to do something?
17. Do you often fail to build relaxation into every day?
18. Do you frequently find yourself spending a lot of time complaining about the past?
19. Do you often find yourself racing through the day?
20. Do you often feel unable to cope with all you have to do?

Add 1 Point for each Yes Answer

Interpret Your Score

- Scores of 1-6 = Few Hassles
- Scores of 7-12 = Pretty Good Control
- Scores of 13-17 = Danger Zone. Watch out!
- Scores of 18+ = Stressed Out. Take steps to reduce the stress in your life now.

Adapted from materials retrieved 6/22/2010 from http://www.lessons4living.com/stress_test.htm

Are you burning out?

Have you noticed changes in yourself over the past 6 months?

Assign a number from 0 (for no or little change) to 5 (for a great deal of change) for each of the following questions. (This test is not meant to replace a clinical assessment.)

- _____ 1. Do you tire more easily? Feel fatigued rather than energetic?
- _____ 2. Are people annoying you by telling you, "You don't look so good lately"?
- _____ 3. Are you working harder and harder and accomplishing less and less?
- _____ 4. Are you increasingly cynical and disenchanted?
- _____ 5. Are you often invaded by a sadness you can't explain?
- _____ 6. Are you forgetting things (appointments, deadlines, personal possessions)?
- _____ 7. Are you increasingly irritable? More short-tempered? More disappointed in the people around you?
- _____ 8. Are you seeing close friends and family members less frequently?
- _____ 9. Are you too busy to do even routine things like making phone calls or reading reports or sending out Christmas or other cards?
- _____ 10. Are you suffering from physical complaints? (e.g., aches, pains, headaches, a lingering cold)
- _____ 11. Do you feel disoriented when the activity of the day comes to a half?
- _____ 12. Is joy elusive?
- _____ 13. Are you unable to laugh at a joke about yourself?
- _____ 14. Does sex seem like more trouble than it's worth?
- _____ 15. Do you have very little to say to people?

What Your Total Means

0-25: You're fine.

26-35: There are things you should be watching.

36-50: You're a candidate for burnout.

51-65: You are burning out.

Over 65: You sound burned out; a situation that may be threatening to your physical and mental well-being.

Don't let a high total score alarm you, but pay attention to it. Burnout is reversible, no matter how far along it is.

(Developed from materials downloaded on 10/9/2007 from <http://sarbc.org/ciss8.html> where it was adapted from The Freudenberger Burnout Scale.)

Emergency Self-Care Worksheet

Why do I need to do this? It is very hard to think of what to do for yourself when things get tough. It is best to **have a plan ready** for when you need it.

What should be in it? You need to consider 3 general areas: what to do, what to think, and what to avoid.

1. Make a list of what you can do when you are upset that will be good for you.

a. What will help me relax?

For example,

- Breathing, Muscle relaxation, Music
- Reading for fun, watching a movie
- Exercising, Taking a walk

b. What do I like to do when I'm in a good mood? _____

- List all the things you like to do so you remember what they are when you need to think of something to do.

c. What can I do that will help me throughout the day? _____

For example,

- Avoid too much caffeine if feeling anxious
- Remember to breathe
- Watch my thoughts
- Stay in the moment

d. Other: What else do YOU need to do that is specific to YOU? _____

2. Make a list of people you can contact if you need support or distraction.

For example, your best friend, other friends, sibling, parent, grandparent, other relative, therapist, priest/minister/rabbi/imam, etc.

a. Divide the list of people into categories by asking yourself the following questions:

- Who can I call if I am feeling depressed or anxious?
- Who can I call if I am lonely?
- Who will come over to be with me if I need company?
- Who will listen?
- Who will encourage me to get out of the house and do something fun?
- Who will remind me to follow my self-care plan?
- Other:

3. Next, make a list of positive things to say to yourself when you are giving yourself a hard time.

Example of negative self-talk:

- “I got a B- on the paper; that proves that I shouldn’t be in graduate school.”
CHANGE to: “That is a good grade. I will work on getting a better one.”
- “I do not understand research methods, I am so dumb.” CHANGE to: “A lot of students are having a problem with this course. Maybe we should start a study group to help each other.”
- “I can’t get all this work done. I should just drop out.” CHANGE to: “I will develop a schedule so that I can get this all done.” “I can check with other students for ideas.” “I can get some feedback from the professors that might help me do the assignments.”

You get it. Try to think about what you would say to a client with the same struggling and apply it to yourself.

4. Next, make a list of who and what to avoid when you are having a hard time.

Example of people to avoid:

- My boy(girl)friend broke up with me. I will not call my sister as she always hated him. She’ll be happy he’s gone.
- I didn’t get my assignment in on time and I’m worried about my grade. I will not call my dad. He is a stickler for doing things in advance so that they are never late. He’ll just give me a hard time.
- I am discouraged about my grades. I won’t call my best friend because she’ll just tell me not to worry about it and to quit school if it’s such a hassle.

You get this too. Not everyone can be supportive or helpful with every situation. Go to the ones who can be supportive about the specific issues you are dealing with.

Examples of things to avoid:

- I should not stay in the house all day.
- I should not stay in bed all day.
- I should open the shades and let the light in.
- I should not listen to sad music.
- I should not drink too much alcohol.
- Other:

Again, you get it.

5. Write this plan on a 3x5” card. Keep it in your purse/wallet (and on your phone if you can). Look at it often. Add any good ideas to it whenever you can. USE IT!

(Prepared by Elaine S. Rinfrette, PhD, LCSW-R)

LIST OF VALUES

Accountability	Future generations	Power
Achievement	Generosity	Pride
Adaptability	Giving back	Recognition
Adventure	Grace	Reliability
Altruism	Gratitude	Respect
Ambition	Growth	Resourcefulness
Authenticity	Harmony	Responsibility
Balance	Health	Risk-taking
Beauty	Home	Safety
Being the best	Honesty	Security
Belonging	Hope	Self-discipline
Career	Humility	Self-expression
Caring	Humor	Self-respect
Collaboration	Inclusion	Serenity
Commitment	Independence	Service
Community	Integrity	Simplicity
Compassion	Initiative	Spirituality
Competence	Intuition	Sportsmanship
Confidence	Job security	Stewardship
Connection	Joy	Success
Contentment	Justice	Time
Contribution	Kindness	Teamwork
Cooperation	Knowledge	Thrift
Courage	Leadership	Tradition
Creativity	Learning	Travel
Dignity	Legacy	Trust
Diversity	Leisure	Truth
Environment	Love	Understanding
Efficiency	Loyalty	Uniqueness
Equality	Making a difference	Usefulness
Ethics	Openness	Vision
Excellence	Optimism	Vulnerability
Fairness	Order	Wealth
Faith	Nature	Well-being
Family	Parenting	Wholeheartedness
Financial stability	Patriotism	Wisdom
Forgiveness	Patience	
Freedom	Peace	Write your own:
Friendship	Perseverance	_____
Fun	Personal fulfillment	_____

COURAGE *works*
BRAVER LIVING | LOVING | LEADING

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Living Your Values



In addition to assessing your levels of stress, another important aspect of self-care is to ensure that you're living your life according to your values. With increased stress and responsibility, we often lose sight of our values. This can be particularly true if we are experiencing compassion fatigue, secondary or vicarious trauma or burnout. Here is a simple exercise to help reflect on your core values.

Reflect: *What do you notice about your core values? Are they all similar? Are there some differences?*

Choose 3 to 5 core values and write down some actions you can take to live by these values.

List your core values here:	List actions you can take to live these values:
1. _____ 2. _____	1. _____ 2. _____
1. _____ 2. _____	1. _____ 2. _____
1. _____ 2. _____	1. _____ 2. _____
1. _____ 2. _____	1. _____ 2. _____
1. _____ 2. _____	1. _____ 2. _____

Ecological Systems Framework for Holistic Self-Care



Newell, J M. (2017). *Cultivating professional resilience in direct practice: A guide for human service professionals*. Columbia University Press. New York, N.Y.

Blank Template for a Comprehensive Plan of Self-Care

Self-Care Domain	Suggested Strategies
Biological	
Interpersonal	
Organizational	
Familial	
Spiritual	
Recreational	

Newell, J M. (2017). *Cultivating professional resilience in direct practice: A guide for human service professionals*. Columbia University Press. New York, N.Y.

Sample Self-Care Plan-Personal Table

PHYSICAL GOALS	OBJECTIVES	TIMELINE
1.		
2.		
3.		
4.		
5.		
INTERPERSONAL GOALS	OBJECTIVES	TIMELINE
1.		
2.		
3.		
4.		
5.		
ORGANIZATIONAL GOALS	OBJECTIVES	TIMELINE
1.		
2.		
3.		
4.		
5.		
SPIRITUAL GOALS	OBJECTIVES	TIMELINE
1.		
2.		
3.		
4.		
5.		
RECREATIONAL GOALS	OBJECTIVES	TIMELINE
1.		
2.		
3.		
4.		
5.		

Cultivating professional resilience in direct practice: A guide for human service professionals. Columbia University Press. New York, N.Y

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