



Welcome to Today's Webinar



Alixe Bonardi

abonardi@hsri.org

NCAPPS Co-Director at HSRI



Bevin Croft

bcroft@hsri.org

NCAPPS Co-Director at HSRI

Thank you for joining us to learn about Trauma and person-centered practices.

This webinar series is sponsored by the National Center on Advancing Person-Centered Practices and Systems. NCAPPS is funded by the Administration for Community Living and Centers for Medicare & Medicaid Services.

NCAPPS webinars are free and open to the public.



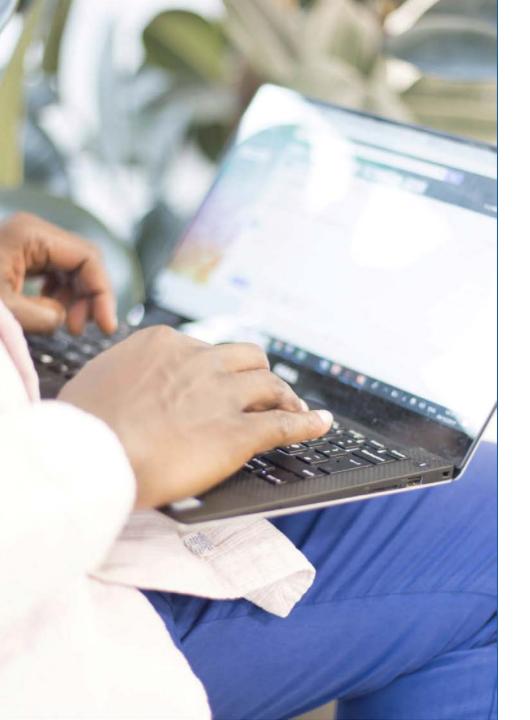


Webinar Logistics

- Participants will be muted during this webinar. You can use the chat feature in Zoom to post questions and communicate with the hosts.
- Toward the end of the webinar, our speakers will have an opportunity to **respond to questions** that have been entered into **chat**.
- The webinar will be live captioned in English and Spanish. To access the Spanish captions, please use this link:

https://www.streamtext.net/player?event=HSRI-SPANISH

 This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.



Feedback and Follow-Up

- After the webinar, you can send follow-up questions and feedback about the webinar to NCAPPS@acl.hhs.gov (Please note that this email address is not monitored during the webinar.)
- The recorded webinar, along with a pdf version of the slides and a Plain Language summary, will be available within two weeks at NCAPPS.acl.gov. We will also include questions and responses in the materials that are posted following the webinar.

Meet Our Speakers



Karyn Harvey



Tanya M. Richmond



Aimee Day-Ortiz



Cathy Cave

Karyn Harvey



Trauma and People with Intellectual Disabilities



Trauma -The Elephant in the Room

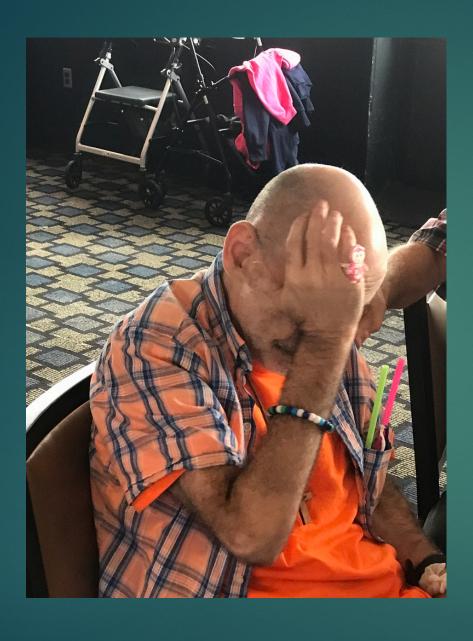


Sources of Trauma for Individuals with IDD

- Report on Abuse of People with Disabilities 2013 Spectrum Institute
- •Over 70% of people with Disabilities report being victims of abuse- 90% of them said it was on multiple occasions
- •Only 37% reported the abuse to the authorities Sexual Abuse _
- Hingsberger 8 out of 10 females sexually abused more than
 once with developmental disabilities Males 6 out of 10

NPR – People with IDD are 7 times more likely to be sexually abuse than those without disabilities

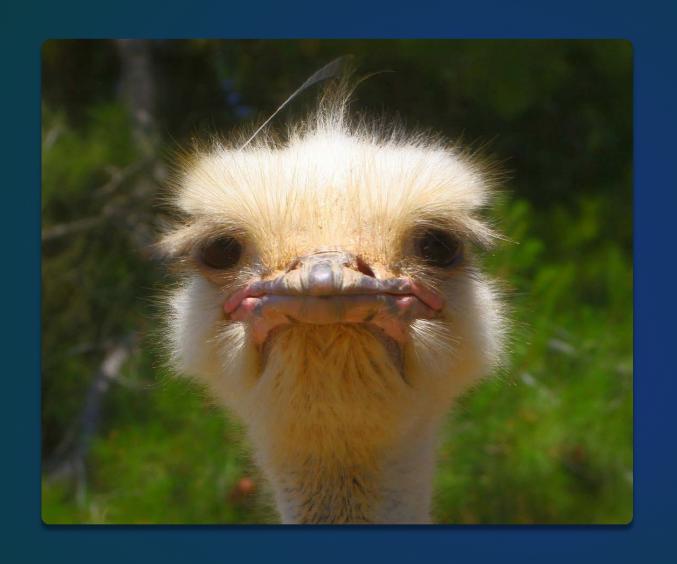
Bureau of Justice Report - 2017



TRAUMA OF EXCLUSION

BETRAYAL TRAUMA





Healing Happens

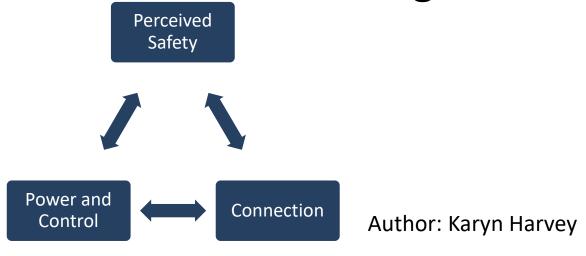
Tanya M. Richmond







- What does safety mean to the person?
- Where and how does the person need power and control?
- What connections contribute to healing?







- The plan facilitator has to have a basic understanding of trauma and access to knowledgeable professionals who answers questions and give advice
- Adding trauma informed questions to the discovery process is effective (done by trained facilitators)



When people feel responsible for handling some situation in which they are, in fact, largely helpless, a dangerous combination of feelings is created: responsibility plus helplessness leads to abuse.

Richard Farson Management of the absurd, 1996, p. 154

Cautions



- Assume trauma but -
 - Don't seek to uncover trauma unless you are trained to respond to it
 - Understand the impact
 - Identify the things that set people off and how to talk about them
 - Learn with the person about the support that works
- Remember that those who provide support may also be trauma survivors

Remember



 Developing a great plan that is not implemented is another trauma



We have learned: Plans that are trauma informed and implemented make a difference





A Change in Support

- Trusted support person replaced
- Changes in behavior
 - o Cursing/yelling
 - o Hitting
 - o Running away
 - Not wanting to play with friends
 - Self-injurious behaviors

Leading to...

- Threats to harm others
- Restraints being used at school
- Increased aggressive behaviors at home

A Typical Response

- Functional Behavior Analysis
- Behavior Intervention Plan
- Creating goals to force him to interact with others

The Little "t"

My own definition of trauma kept me from realizing what happened

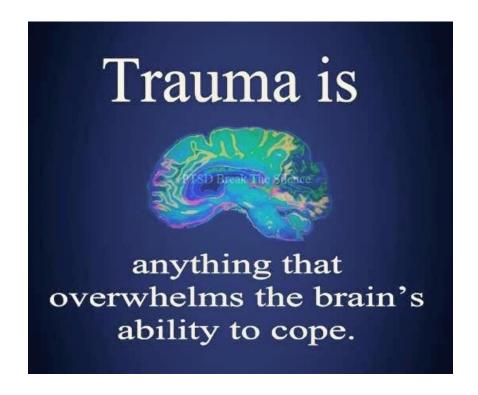
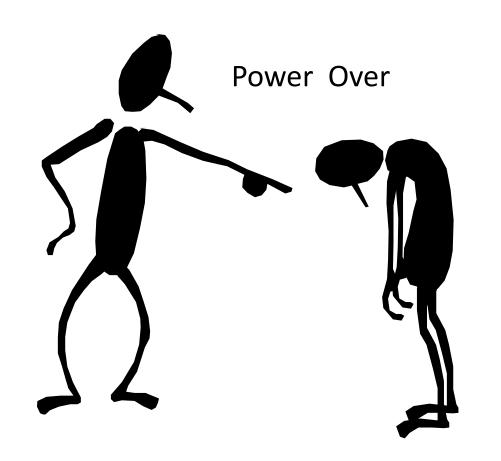


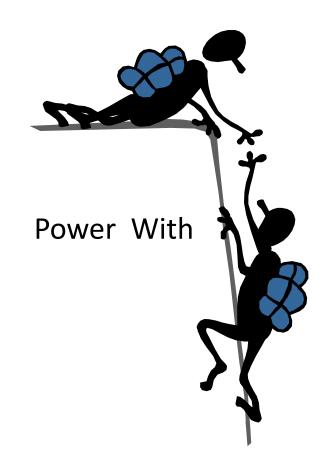
Image credit: PTSD Break the Silence

I Began To Listen And Ask

What's Really Bothering You?

Learning about Support

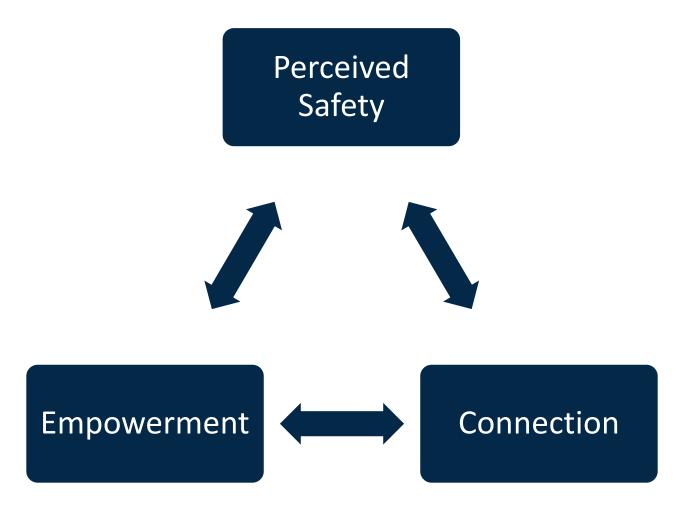




Fixing vs. Supporting



Ingredients Necessary for Post Traumatic Recovery



Credit: Dr. Karyn Harvey

Meet Tyl

What's Important To Me At School

Being in comfortable clothes

Not being rushed

Rocking/movement helps me focus

Sharing my stories

Spending time with my friends



Great Things About Ty

He's kind, smart , funny, artistic, friendly, imaginative and adventurous

How to Support Me

Use a calm voice

Listen to my stories

Use positive reinforcements

Frequent breaks help me focus

Inform me of changes in schedule

Use a timer or give me verbal reminder of time left to complete a task



Before trauma informed supports

Meet Ty

What's Important To Me At School (makes me happy, comforted, fulfilled)

Being called Ty, not Christopher. Having the power to make choices.

My backpack staying with me. Having a relationship with teachers/peers.

My phone, chargers and headphones. Being included in classroom. Teachers/friends

saying hi when I walk in. Being valued/respected/acknowledged.

Sharing knowledge of current interests Knowing that I'm part of a team.

(geography & languages) Not feeling rushed.

Being early to classes, I worry if I think I'm late. My independence & privacy.

How to Support Me

Speak in a calm voice and tone. Warn Explain the reason behind rules, especially me if stern voice will be used. social rules.

Warn me of changes in schedule & why If I have a rough day remind me that I'm still a things are happening. good person/student.

Be discreet if you need to correct me.

Timer/verbal reminders of time left to complete a task/transitions are helpful.

Bad weather worries me. Remind me that I'm safe.

High fives and praise helps me feel valued.

Great Things

Empathetic

Artistic/creative

Strong memory

Self-advocate

Friendly

Helpful/Problem

Solver

Respectful

Responsible

Enjoys learning & working with others



Access to quiet space if the room is loud. I use deep breaths & headphones/music to decompress.

Don't touch my stuff without asking my permission first.

Follow through with promises.

Perceived Safety

- Being called Ty not Christopher (trigger)
- Speak in calm voice and tone, provide notice if you will raise voice or quickly check back after to tell him he is safe. (trigger)
- Access to quiet space and items he's identified that help him calm down (music, deep breaths)
- Know how to support him if there's bad weather outside (trigger)
- Listen when he tells us he's feeling unsafe
- Value his privacy

Connections

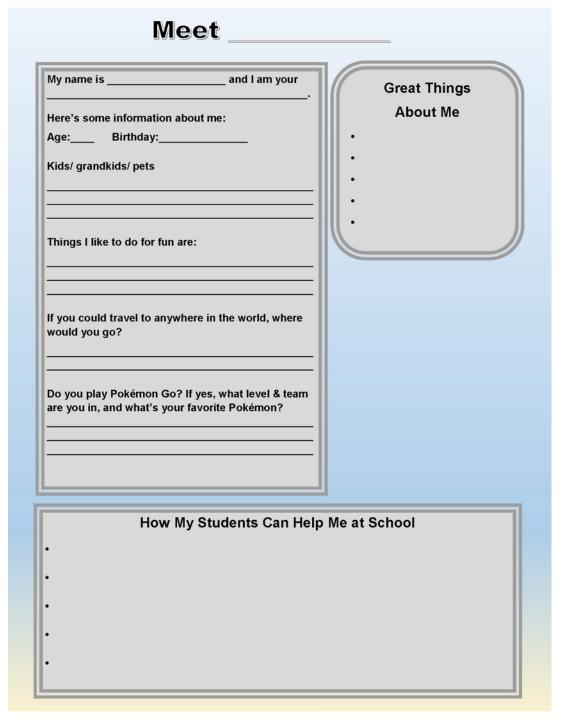
- Building relationships with students, teachers and staff
 - Greetings & praise
 - Included in the classroom
 - Rough day- remind him he's a good person
- Establishing trust
 - Keeping promises/following through with actions
 - Listening to him/acknowledging feelings
 - Ask before touching his things
 - Honor his routines and rituals

Empowerment

- Teaching him how to identify his feelings and provided a way to communicate them
- Helping him think through problems rather than fixing them for him
- Positive behavior supports, lots of praise
- Discovered what makes him feel respected
- Emphasis on supporting/teaching vs. punishing
- Included in ARD meetings, at home we talk about goals/plans
- Behavior is communication

What helps Ty have a good day in your classroom?

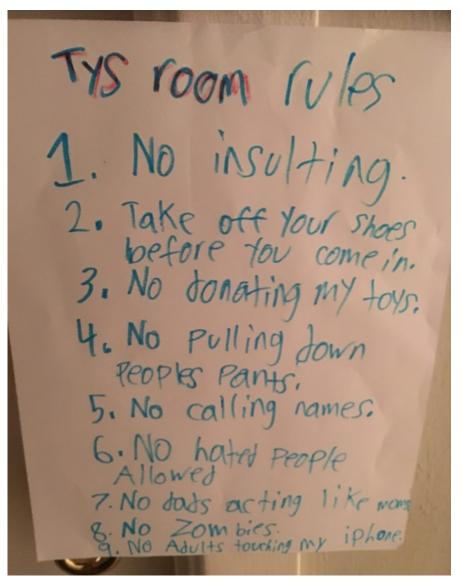
A relationship based on getting to know each other. He is going to ask personal questions about you and your family. Answering them allows Ty to get to know you and will allow the relationship to be two-sided since you will know way more about him than he about you in the beginning



It's not just what he says

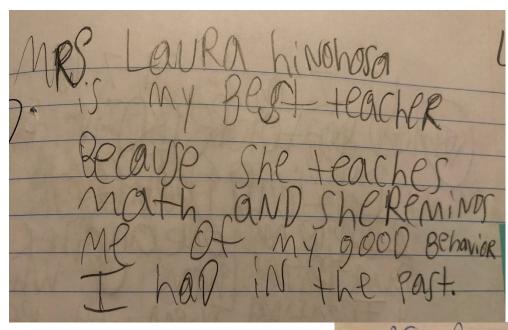


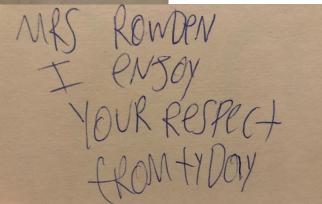
What do you think is important to Ty based on this drawing?

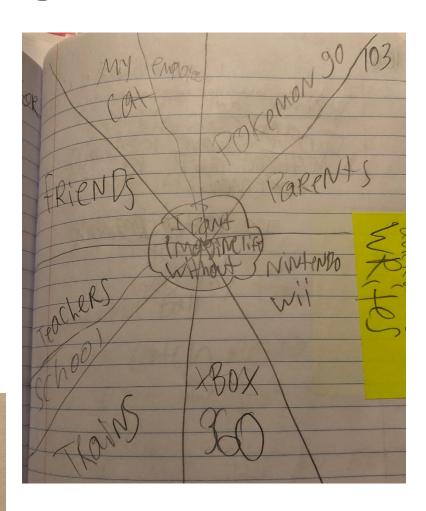


Is there an underlying theme to his room rules?

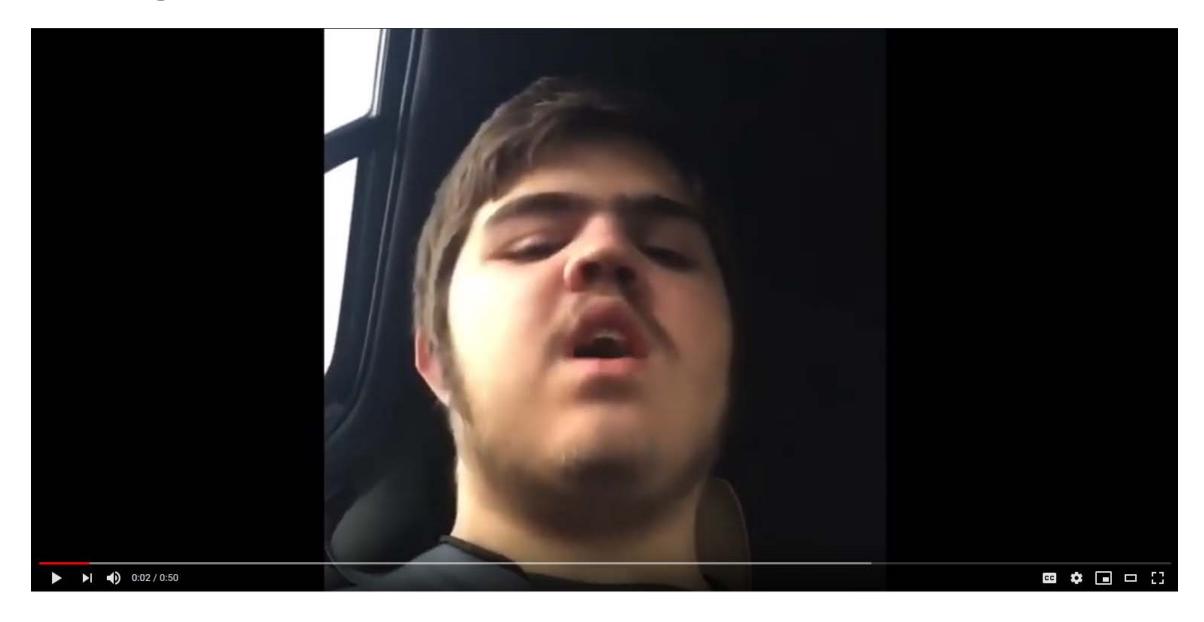
How Do I Know It's Working?







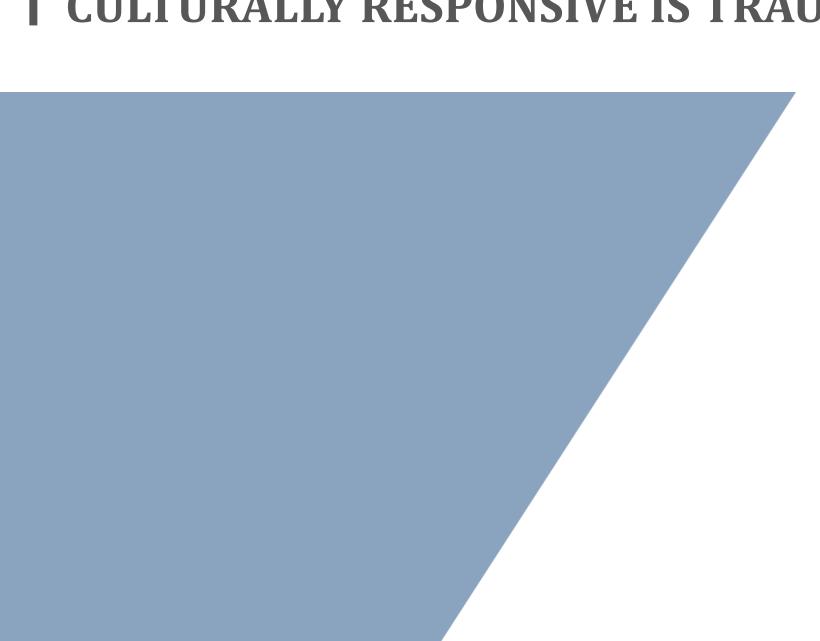
A Strong Self-Advocate



Cathy Cave



PERSON CENTERED IS CULTURALLY RESPONSIVE CULTURALLY RESPONSIVE IS TRAUMA-INFORMED







We don't see things as they are; we see things as we are.

Anais Nin

Culture is What Unifies Us

Integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

U.S. Department of Health and Human Services, Office of Minority Health (Adapted from Cross, 1989



Identity and Culture are Complex

- Without conversations that continue over time there are only myths, assumptions and stereotypes
- Often, these conversations do not occur or the information sits on our intake forms
- Person centered thinking involves curiosity about identity,
 experience, belonging, growth and healing

Culture Matters

1

In what we experience and the sense we make of it

2

What we find helpful and healing

3

Whether or not we feel respected and understood

4

If we feel someone is being genuine

Culture Also Influences

How behavior is interpreted by others

- So much is misunderstood when trauma is part of the picture
- The likelihood of trauma being part of the picture is extremely high for individuals, families, providers and communities

Making Sense of Traumatic Experiences

Individual



Collective and Historical



Experience Can Impact Connection



Navigating the Impacts

- Don't assume trauma is in the past
- Are there rules, norms and behavioral expectations for how people "should "respond when under siege
- Who's rules are these? Where did they come from?
- How does planning bolster individual resilience and lessen isolation?
- How does planning support healing?

Different Approaches

Assumptions of Privilege

- Who is included or excluded?
- Who makes decisions?
- What are the messages?
- Who is judged...
 - Worthy?
 - Innocent?
 - Complicit?
 - Capable?

Cultural Humility

A lifelong process of self-reflection and self-critique that encourages the development of respectful partnership with others through a process of exploring similarities and differences between one's own and other people's priorities, goals, and capacities.

Hunt, 1998

Cave 2014

Person Centered Support for Healing

- Attend to culture; not necessarily as a goal, but as a presence in people's lives and source of resilience
- Incorporate mind-body approaches to address dysregulation (skills for self-regulation and co-regulation)
- Create opportunities for relationships that remain in tact across doubt, distance and time
- Incorporate peer support models





Healing from trauma, like healing from a physical injury, is a natural human process. Healing is possible.

Richard Mollica

Resources

 Linda M. Hunt, "Beyond Cultural Competence: Applying Humility to Clinical Settings" (2001) & Melanie Tervalon, Jann Murray-Garcia, "Cultural Competence vs. Cultural Humility" (1998)



Questions?

Upcoming NCAPPS Activities

- NQF Listening Session: This Thursday, November 21st, 2:00-3:00pm EST, NCAPPS is holding a virtual listening session to provide their feedback about NQF's interim report on Person Centered Planning and Practice.
 - Join us via zoom: https://zoom.us/j/186899044
- December's NCAPPS Webinar: December 17, 2019, 2:30-4 PM, EST,
 "Finding the Balance: Person-Centered Supports that Honor Safety and Dignity of Risk"
- NCAPPS Brain Injury Learning Collaborative: Now accepting team
 applications in our non-competitive process. Due by December 16th.
 Reach out to our project coordinator Connor Bailey (cbailey@hsri.org) for more information.

Real-Time Evaluation Questions

- Please take a moment to respond to these seven evaluation questions to help us deliver high-quality NCAPPS webinars.
- If you have suggestions on how we might improve NCAPPS webinars, or if you have ideas or requests for future webinar topics, please send us a note at NCAPPS@acl.hhs.gov

Thank You.

Register for upcoming webinars at

ncapps.acl.gov

NCAPPS is funded and led by the Administration for Community Living and the Centers for Medicare & Medicaid Services and is administered by HSRI.

The content and views expressed in this webinar are those of the presenters and do not necessarily reflect that of Centers for Medicare and Medicaid Services (CMS) or the Administration for Community Living (ACL).



