

# Trauma Informed Considerations: Childhood Influences Impacting Abusive Choices

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Allies in Change  
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## Trauma informed care vs. trauma specific services

- Some people mistakenly use trauma informed care and trauma specific services synonymously, but they are actually quite different from each other
- Trauma specific services are typically psychological interventions that are intended to directly address and heal the consequences of trauma in the individual
- Trauma informed care is a more general way of providing any sort of services (e.g., legal, social, governmental, etc.) that considers how trauma survivors may respond differently than “normal” or “expected” and makes accommodations for them, when possible

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## Trauma Informed Care (TIC)

- Definition: “An understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate so that these services and programs can be more supportive and avoid re-traumatization.” -Substance Abuse Mental Health Services Administration (SAMHSA)

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### TIC Goals

- Increase desired outcomes
- Reduce re-traumatization
- Provide corrective emotional experiences/trauma recovery

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### The 4 R's of TIC

- A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma to clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatization.

-SAMHSA

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### The 4 R's of TIC

- Realization
  - Trauma exists and can affect groups as well as individuals
  - Trauma survivors may have different coping strategies that need consideration
- Recognize
  - The signs of trauma, which can vary greatly from person to person

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## The 4 R's of TIC

- Respond
  - Applying a trauma informed approach
  - Examples:
    - Staff training
    - Agency self-evaluation
    - Operationalizing in agency policies and procedures
    - Making accommodations
- Resist re-traumatization
  - Monitor self and others for triggering experiences

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## CARES model of TIC

- Collaboration
- Autonomy
- Respect
- Empathy
- Safety

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## 3 key tenants of TIC

- As outlined by Mandy Davis . . .
- 1. Create safe context
  - Physical safety
  - Trustworthiness
  - Clear and consistent boundaries
  - Transparency
  - Predictability
  - Choice
  - Examples:
    - Signage
    - Seating/room arrangement
    - Explaining the "whys"
    - A non-triggering environment (e.g., not too crowded, noisy, etc.)

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### 3 key tenants of TIC

- 2. Restore power
  - Choice
  - Empowerment
  - Strengths perspective
  - Skill building
  - Example:
    - Offering choices, at least 3, if possible

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### 3 key tenants of TIC

- 3. Value the individual
  - Respect
  - Compassion
  - Mutuality
  - Engagement and relationship
  - Acceptance and non-judgment
  - Examples:
    - Making specific referrals
    - Life experience valued
    - Flexibility

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### 6 key principles (SAMHSA)

- 1. Safety
  - Physical and psychological safety in the agency space
- 2. Trustworthiness and transparency
  - Be as clear as possible about reasons for policies, procedures, decisions, etc.
- 3. Peer support
  - This refers to trauma survivors
  - Utilize the stories and lived experiences of trauma survivors

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### 6 key principles (SAMHSA)

- 4. Collaboration and mutuality
  - Partnering and leveling of power differences among staff and between staff and clients
  - Everyone on staff, not just therapists has a role to play (“one doesn’t have to be a therapist to be therapeutic”)

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### 6 key principles (SAMHSA)

- 5. Empowerment, voice, and choice
  - Individuals’ strengths and experiences are recognized and built upon
  - Taking a compassionate stance
  - A belief in the primacy of the clients, their resiliency, and ability to heal/recover
  - Shared decision making whenever possible including planning and goal setting
  - Facilitate recovery rather than control recovery
  - This applies to how staff as well as clients are treated

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### 6 key principles (SAMHSA)

- 6. Cultural, historical, and gender issues
  - Eliminate any prejudice or stereotyping
  - Practicing of cultural humility

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### Cultural Humility in 5 minutes

- Acknowledges that there are too many cultures to know every one well
- Instead of trying to learn everyone else’s culture, instead become introspective and insightful about your own
- Then be careful not to make cultural assumptions or impositions about anyone else (i.e., humility)

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### Cultural Humility in 5 minutes

- Becoming open and “unlearning” things
- Focuses on intercultural exchange
- Deemphasizes differences/separation, instead focusing on our common humanity while acknowledging we are all unique and different
- Deemphasizes cognitively “knowing” someone else’s culture
- Stepping into/being a part of—being with people rather than simply understanding them
- It is an on-going and evolving process

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### Cultural Humility in 5 minutes

• “Cultural humility incorporates a lifelong commitment to self-evaluation and critique, redressing the power imbalances . . . And to developing mutually beneficial and non-paternalistic partnerships.”

-Tervalon & Murray-Garcia, 1998

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### Other qualities consistent with TIC

- Being curious
- Making agreements
- Being relational

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### To sum it up . . .

- Think of Trauma Informed Care as really good customer service where you do everything you can to help the person feel welcome, safe, and accommodated
- It also involves flexibility—being able to flex policies and procedures to accommodate the particular needs of the individual
- It also requires humility (including cultural humility) on the part of the agency to not presume to know what is going to work best for any particular client and to be willing to make adjustments to standard operating procedures to accommodate these clients

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### To sum it up . . .

- TIC is excellent modeling of how to be respectful, compassionate, and relational with others in general
- For some it is (still) a provocative idea to treat abusive partners with compassion and respect and/or to apply TIC principles in working with them
- But in treating abusive partners this way we model for and challenge them to behave these same ways in their own lives with their loved ones

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Allies in Change  
 Group for abusive men who are  
 childhood trauma survivors  
 AKA  
 Externalizers  
 AKA  
 Emotionally Intense Men

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**Origins of the group for Emotionally Intense (EI) abusive men**

- Initially offered in 2006 and has been run continually since then
- Originally designed/developed by Chris Wilson, Psy.D. who had significant experience/training in batterer intervention, Dialectical Behavior Therapy, forensic work, and trauma work
- We currently offer two of these specialized groups, one of which also blends in parenting information

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**Emotionally intense abusive partners**

- Most abusive men are quite controlled and discrete in their abusive behavior and may even be quite calm when being abusive and controlling
- However, there is a subset of abusive men who are more prone to affective flooding and rage—less discrete and controlled abusive behavior which corresponds with emotional distress
- Many of these abusive men are also childhood trauma survivors

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## Types of abusive men

- Family only
  - Psychologically Distressed/Dependent
  - Criminal/Generally Violent
- Source material: Holtzworth-Munroe, A. & Meehan, J.C. (2004). Typologies of men who are maritally violent: Scientific and clinical implications. *Journal of Interpersonal Violence*, 19(12), 1369- 1389

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## Types of abusive men

### Psychologically Distressed/Dependent

- Cyclical pattern
- Greater enmeshment/dependency
- More prone to jealousy
- More likely to have a history of childhood abuse
- Mood swings, higher levels of depression
- More impulsive (e.g., more property abuse, public abuse)
- Intermittent remorse
- At greatest risk of committing murder-suicides
- 25% of all abusive men

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## Common qualities of referrals for Emotionally Intense (EI) group:

- History of childhood trauma
- Untreated PTSD/complex trauma, often with some dissociation
- Currently in significant psychological distress
- History of suicidality and/or psychiatric hospitalization
- Impulsive abuse/rage (e.g., property abuse, self-abuse, and/or abuse in public)
- Overly dependent/enmeshed
- Jealousy issues
- Stalking behaviors
- More prone to Axis II issues (i.e., Borderline PD) and co-occurring disorders
- Emotionally needy/demanding with probation officer (and others)

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### Curriculum of EI group

- Standard Allies in Change curriculum plus . . .
- Regular use of grounding/centering techniques including mindfulness and breathing
- Heavier emphasis (especially early on) on emotion regulation and management skills
- Dialectical Behavior Therapy (DBT) skills
- Attention to and acknowledgement of additional work that childhood trauma may require beyond the group

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### Emotion regulation skills

- Greater emphasis on:
  - Self-awareness
    - Physiological
    - Cognitive (i.e., negative self-talk)
    - Emotional
  - Mindfulness/non-judgmental self-awareness practices
  - Self-management
    - Self-soothing skills
    - Conscious breathing
    - Time-outs
    - Grounding exercises
    - Self-compassion

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### Dialectical Behavior Therapy (DBT) skills

- Greater focus and attention given to DBT skills to manage their distress including:
  - Radical acceptance
  - Wise mind
  - Acting opposite
  - Right vs. effective
- This is not intended to be a replacement for formal DBT treatment, which some group members may need

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## Attention to childhood trauma

- While childhood trauma may be touched on in regular groups, it is more frequently mentioned and taken into consideration in the EI group
- It is consistently made clear that their trauma history neither excuses nor justifies their abusive behavior
- It is emphasized that while they are not responsible for their trauma, they are responsible for effectively managing their trauma

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## Attention to childhood trauma

- Basic education on what a trauma response is and how this may play a role in their abusive behavior
- More time spent on identifying their emotional triggers—circumstances which are most likely to elicit trauma responses (and possibly abusive behavior)
- Encouragement to seek out additional therapeutic services (often through other agencies) to do additional work on their trauma and co-existing psychological issues

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## Distinctive aspects of facilitation of the EI group

- Slightly smaller group size (averaging 6-9 rather than 7-10) because more group members tend to need more time/space
- Closer monitoring of group members' emotional distress and prioritizing the immediate addressing and managing of it over curriculum teaching
- Group facilitators are more psychologically minded
- More knowledgeable about personality disorders and how to manage them

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## Distinctive aspects of facilitation of the EI group

- On the lookout for affective flooding which is addressed as it occurs
- More knowledgeable about suicidality and how to manage it
- Comfort with experiencing and appropriately managing transference/counter transference which is more common
- Calm, gentle facilitation style

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## Effectiveness/legitimacy of this group format?

- While abusive partners who are trauma survivors can do fairly well in a well run regular group, they typically find the EI group to be more responsive and a better fit
- There tends to be greater cohesion among the men in the group and a greater sense of comradery and support
- Their trauma issues and management of their trauma issues are more regularly and effectively addressed in this group
- While there has been no formal outcome research, the cohesiveness, positive group member response, and distinct energy have all been validating of offering this specialized group over the past 10 years

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## Other materials online

- One pager by Fernando Mederos on addressing trauma issues in group with abusive partners
- What is trauma informed care?
- SAMHSA guide on TIC
- A checklist for agency TIC
- An excellent website with tons of TIC hand-outs and materials (or just go to [traumainformedoregon.org](http://traumainformedoregon.org)): <http://traumainformedoregon.org/resources/resource-s-organizations/#FullList>

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