

Trauma Informed Facilitator's Guide

Concepts, Tips, and Practices for Group Facilitation and Training



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Center for Trauma Informed Innovation

Remember that traumatic experiences are common

Keep in mind that every person you interact with, at any age, has potentially had stressful or traumatic events happen. Statistically speaking, across a diverse population, around 70% of people have had at least one “adverse experience” or traumatic event by the age of 18. In addition to individual adverse experiences, people of all ages may also be impacted by community and environmental traumas or stressors, including poverty, violence, racism and discrimination, natural disasters, and the COVID-19 pandemic.

Change the question in your own mind

Not every person has knowledge of or access to healing coping strategies that can help them regulate their reactions. This means that we may bring reactions or behaviors with us into interactions that may seem out of context and have very little to do with the people that are present in that moment. Do your best to refrain from judgment about what someone “should” or “shouldn’t” do in a situation, and instead try to take a curious, nonjudgmental approach. One of the foundational practices of trauma informed care is to stop asking “what is wrong with this person” and to start wondering “what happened to them that might be contributing to their reaction?”

Acknowledge the effects of the human stress response

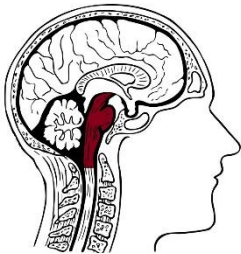
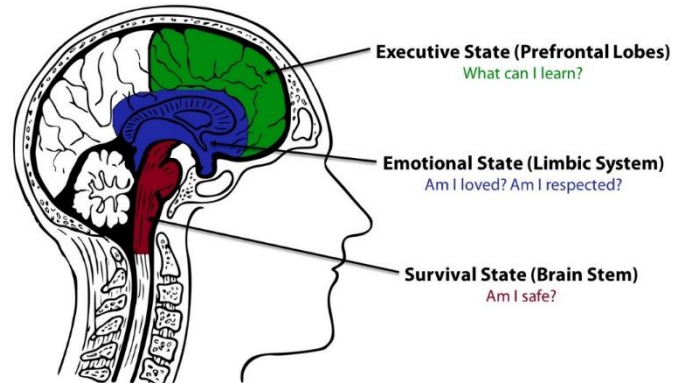
When we, as human beings, are exposed to stress and trauma, either briefly or over a long period of time, we will have a stress response. This stress response happens in the brain stem, and is often called the “fight, flight, or freeze” response or survival state. This naturally and automatically happens when we are confronted with a threat to our physical safety, even if that threat is only perceived or if something in the environment reminds the brain of a previous experience.

Sometimes, this response is triggered because we feel psychologically unsafe, which results from disconnection, disrespect, or a sense of being unloved. This occurs in the limbic system of the brain, or the emotional state. When our brains are activated in the survival or emotional states, there is very little activity in the prefrontal cortex, the part of the brain that is responsible for executive functions. Executive functions include making thoughtful or

logical choices about how to respond, understanding another person's perspective, and self-regulation of emotional responses.

An essential trauma informed practice is to identify when a person may be in their survival or emotional state, refrain from expectations that they can do executive function tasks in that moment, and do what you can to re-establish safety and connection. Once safety and connection are felt, the person will most likely be able to re-engage in executive function tasks.

The brain states model, adapted from Conscious Discipline (2001), provides a visual depiction of the human stress response, as well as how to respond.

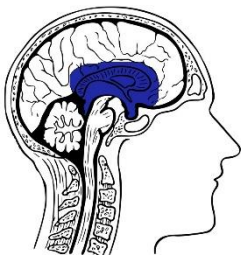


Survival State (Brain Stem)

Need: Safety

Looks like: Hiding, fighting, surrender, physical reactions

Message: Am I safe?



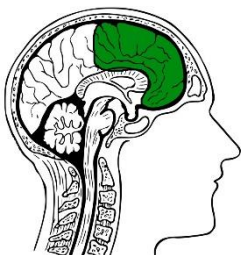
Emotional State (Limbic System)

Need: Connection

Looks like: Back-talk/sass, yelling, verbal reactions

Message: Am I loved and respected?

If the need for connection is unmet, the Survival State may activate



Executive State (Prefrontal Lobes)

Need: Problem-solving opportunities

Looks like: Wisdom, unlimited skills

Message: What can I learn?

If the need for connection and safety are unmet, the Executive State is not active

Be aware of common trauma triggers

It can be difficult to predict what might trigger someone's stress response, as each person has unique experiences. Sometimes, people are aware of some of their triggers and can either avoid them or apply a coping strategy to manage their response. Often, triggers and the way someone responds are unexpected. Though this is not a comprehensive list, these are some common trauma triggers to keep in mind:

- Loud or abrupt noises
- Smells
- Tone of voice or language/terminology
- Glaring lights or darkness
- Having to repeat one's story multiple times
- Fast movements of others
- Being ignored, dismissed, or mocked
- Small spaces, crowds, or chaotic environments
- Being touched
- Removal of or denial of privileges
- Anniversary dates

Pay attention to nonverbal indicators of discomfort or distress

Signs of discomfort or distress are not always easily observable. Initially taking time to structure safety and build a connection with participants allows you the space to observe changes in behavior. Mindfully checking in throughout your time together will not only reaffirm safety and trust, it also provides an opportunity to reconnect, thus soothing an activated stress response. Remember that triggers are often unknown, though being aware of a participant's history and noting if a particular topic could be stressful may help you monitor the impact of the discussion. The following list contains some common indicators of discomfort or distress for a person of any age, whether they have a history of traumatic experiences or not. This is not a comprehensive list, and it is important to note that these are not always signs of distress either.

- Rapid heart rate and breathing
- Holding breath or sudden change in breathing pattern
- Sudden flooding of strong emotions
- Facial tension, such as pursed lips, clenched jaw, narrowed eyes, furrowed brow
- Sweating
- Muscle stiffness, muscle tension, and inability to relax
- Cringing, flinching, or pulling away
- Trembling, shaking, or extreme restlessness
- Pacing, muttering, or other signs of agitation
- Staring vacantly into the distance, being unable to focus or respond to instructions
- Being unable to speak

Take care of yourself

It may also be helpful to remember that your brain operates the same way, so if you find yourself having difficulty with executive function tasks, pause and evaluate if you need to re-establish safety and connection for yourself. Emotions and moods are contagious – you may pick up on others' anxiety or distress, or others may embody your anxiety or distress, often without conscious awareness. Engaging in self-care as a means to bring calm into situations can help prevent escalation, can establish trust and safety, and can help protect you from compassion fatigue.

Self-care is more than just relaxing at the end of a long, hard day. Some self-care is preventative: what do you need to begin from a place of intention, clarity, and well-being and enhance your sense of calm? Some self-care happens in the moment, when the stress response is activated or we feel overwhelmed: what grounding techniques can you do to mindfully reset yourself to a place of calm? And some self-care happens after we have had a stressful interaction or at the end of the day: what are routine transitions to release stress that you can establish so your body and mind can reset and relax? Making a plan and routinely practicing your self-care strategies when you are not stressed helps your brain recall and use those strategies when you are stressed.

Key Practice

Box breathing, or square breathing, helps calm your nervous system and return your breathing to a relaxed rhythm. It can also clear your mind and improve your focus.

- Sit in a chair, stand, or lie down on your back with one hand on your chest and one hand on your stomach.
- Breathe as you would normally for a minute, observing the rise and fall of your chest and stomach. If you notice your chest rising while your stomach does not, your breathing is more shallow. Try to breathe in a way that expands your abdomen as well.
- Breathe in counting to four slowly. Feel the air enter your lungs.
- Hold your breath, counting to four slowly.
- Slowly exhale through your mouth, counting to four slowly.
- Repeat breathing in for 4, holding for 4, exhaling for 4 for at least 30 seconds.

The Principles of Trauma Informed Care

The foundational principles of a trauma informed perspective are **safety, trustworthiness, choice, collaboration,** and **empowerment**. Keep in mind the impact of inequity, the various contexts of trauma, and acknowledgement of power differentials as you consider how you can integrate these principles into your interactions with individuals, groups, and families. Several suggested practices are listed under each principle below:



Safety

Ensure physical and emotional safety, recognizing and responding to how racial, ethnic, religious, gender or sexual identity may impact safety across the lifespan.

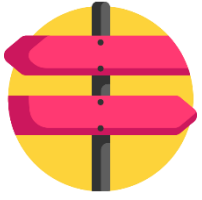
- Use a respectful and compassionate manner to support belonging
- Speak in a calm, caring tone
- Take time to familiarize the person with the surroundings and available resources and supports
- Actively listen without judgment
- Ensure inclusive and equitable treatment for everyone



Trustworthiness

Foster genuine relationships and practices that build trust, make tasks clear, maintain appropriate boundaries and create norms for interaction that promote reconciliation and healing. Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships. This includes acknowledging and mitigating internal biases and recognizing the historic power of majority populations.

- Ask the person how you can help them
- Listen to understand the perspective and experience of the person
- Tell the person what to expect and how long it will take
- Explain all instructions in terms the person can understand
- Do what you say you are going to do; apologize if you are not able to or if you made a mistake



Choice

Maximize choice, addressing how privilege, power, and historic relationships impact both perceptions about and ability to act upon choice.

- Allow the person to decide where to sit or stand in the room
- Give choice for where difficult conversations will be held
- Provide as many choices as you can without compromising safety
- Seek consent and explain rationale for actions and instructions
- Make sure you can follow through with choices provided



Collaboration

Honor transparency and self-determination, seeking to minimize the impact of the inherent power differential while maximizing collaboration and shared responsibility for making meaningful decisions.

- Be inclusive and equitable in sharing information
- Listen to understand and not necessarily respond or “fix”
- Allow the person to problem-solve independently, offering support when needed
- Provide opportunities to take on leadership roles
- Acknowledge individual and shared responsibilities



Empowerment

Encourage self-efficacy, identifying strengths and building skills which lead to individual pathways for healing while recognizing and responding to the impact of historical trauma and oppression.

- Ask “What happened to you” rather than “What is wrong with you?”
- Pay attention to body cues; many survivors have been conditioned to be passive and defer to authority, so may not disclose distress
- Take time with the person so they feel genuinely heard
- Ask the person what they need to meet their goals
- Model and build self-confidence, celebrating all accomplishments, large or small

*Definitions from the Missouri Model for Trauma Informed Approaches,
developed by the Missouri State Trauma Roundtable, 2018*

Applying the Principles as a Facilitator

Start with mindfulness and a community meeting

The opening mindfulness practice is a way to center participants, bringing them all together – minds catching up to bodies – in order to be fully present and focused on the task. As a facilitator, you can lead a mindfulness practice from a script, encourage a pause to breathe deeply, or use a recorded practice from an app or website.

Key Practice

Try a three-breaths centering exercise to begin a gathering:

1. On the first slow breath in and out, notice the air enter through your nostrils, into your lungs, and then out through your mouth.
2. On the second breath, scan through your body and take note of what feels tense or relaxed, or how you are feeling overall.
3. On the third breath, ask yourself “What is important now?” to prepare yourself for this time together.

Community meetings set the intention for goals to be accomplished and give participants insight into what may be driving certain behaviors, thus allowing for participants to build connections. Facilitators can structure community meetings in various ways, depending on the group’s familiarity and preference or the timing of a session. It may be as simple as a brief check-in question for participants to identify what they are feeling or their mood – consider creatively structuring these questions to increase engagement, such as identifying current state as a color, animal, weather pattern, or location.

The community meeting can also be structured so that each participant asks the next person these three questions:

- What are you feeling?
- What is your goal for today (or for this time together)?
- Who can you ask for support if you need it?

Remind participants that the community meeting is not a time for deep processing, and that checking in after the session with someone who is struggling is important. As the facilitator, model asking if you can check in with the person after the session, and ensure you follow through to build trustworthiness.

Establish community agreements

Build a safe and collaborative learning community by taking time to establish an agreement that protects the shared space and embodies the principles of trauma informed care. Honoring personal agency and structuring collective expectations is an integral part of creating an environment where participants feel respected, included, and most importantly safe.

One strategy to initiate a community agreement is to ask participants to respond to a prompt such as this:

What will...

- help us accomplish our goals?
- foster a sense of safety?
- encourage open communication and honesty?
- nurture learning and personal growth?

Depending on the time available and how frequently the group will meet, you may wish to use a previously-established set of agreements and ask the group for any revisions or additions before requesting collective agreement. Examples include adaptations of the Four Agreements by Don Miguel Ruiz and Norms for a Safe and Brave Space by Floyd Cobb and John Krownapple.

Community Agreement, adapted from the Four Agreements by Don Miguel Ruiz

- Be impeccable with your word
 - Speak with integrity, in the direction of truth and love
 - Avoid using your words to speak against yourself or to gossip
- Resist taking anything personally
- Assume best intentions
 - Find the courage to ask questions and to express what you need or want
 - Communicate as clearly as you can to avoid misunderstandings
- Always do your best

Norms for a Safe and Brave Space, adapted from Floyd Cobb & John Krownapple

Patience: Take time to build shared language and understanding

Empathy: Try on peers' perspectives and feelings

Listening: To understand, not to respond

Openness: Take risks and practice vulnerability

Consider potential triggers

As you prepare for each session, consider where the potential exists for a participant to be reminded of or share traumatic experiences. Keep in mind that these triggers are not always expected, but having thought through it will help you respond mindfully should something occur. For some sessions, you may find it helpful to state up front the possibility that some of the discussion might remind the participants of difficult, stressful, or traumatic times in their lives, and they might want to talk about that with someone. Give specific instructions with choices for participants who experience triggers in the session.

Structure safety and cultivate brave space for difficult conversations

Structuring safety within a session does not mean avoiding difficult topics. Some things need to be voiced and acknowledged, especially relating to causes of trauma, including issues relating to inequity, inaccessibility, lack of diversity, and racism. As the facilitator, staying engaged, while modeling and encouraging distress tolerance, is essential to the practices of structuring safety that allow for agency-building and resistance to harm. Keep in mind that in these difficult conversations, many viewpoints may exist and some may want to jump to solutions before all of those viewpoints have an opportunity to be shared. Accept, and encourage acceptance from the group, that ambiguity and uncertainty are normal. Utilize the community agreement to structure a space where all are supported to be brave in sharing their experience and work through the challenges of those conversations together.

Facilitate coping with triggers

Encourage mindful sharing of these experiences, affirming that each person consider how what they share helps the learning of the group and how it could be received by others. Establishing routines of grounding and self-care during the sessions (for example, start the meeting with mindfulness, model deep breathing, and/or take brain breaks) can help to normalize using those strategies when someone does become triggered. If a participant shares a traumatic experience with a lot of detail, be aware of how it is affecting the others. Keeping a compassionate stance can be helpful – we all have a need to be heard and validated and to receive attention.

Be aware of group impact

Allowing some space to discuss may be helpful, but at times it can be harmful to your overall group. Depending on the relationship you have with the participant or their need to talk about it more, you may be able to suggest talking about it after the session. If you have an additional staff member or leader with you, one of you could provide support to the individual while the rest of the group continues. Use this strategy with caution, as being removed from the group can be perceived as a punishment, and this may erode trust.

Pay attention to language

Be aware of the language that you use to refer to individuals, identities, and their living situations, and encourage participants to do the same, in order to increase a sense of safety and trust in the group. Strive for antiracist, anti-ableist, inclusive language that avoids demoralizing or disempowering people. And if you mess up, model humility and learning by acknowledging your mistake without excessive apologizing and identifying what you will do differently next time. Refer to resources such as these from Simon Fraser University:

Glossary of Inclusive and Antiracist Writing Terms:

<https://www.lib.sfu.ca/about/branches-depts/slc/writing/inclusive-antiracist-writing/glossary-terms>

Communicator's Guide:

<https://www.sfu.ca/communicators-toolkit/guides/editorial-style-guide/language-and-grammar/inclusive-language.html>

Refer a participant for additional support when needed

You are encouraged to identify what resources are available for support if someone may be in crisis. If you need to refer a participant for additional support, be collaborative and transparent in the process, and offer to check in with them as appropriate for your role. Identifying this process before it is ever needed will reduce frustrations and anxiety for everyone involved.

As you may have observed in reading the above, much of being trauma informed is in prevention. Setting expectations, practicing strategies for resilience, and creating an environment of safety must happen from the beginning.