

Hosting a Meeting Using Principles of Trauma Informed Care

Preparing for the Meeting

- Have water and healthy snacks available- try to limit processed sugar
- Have fidget toys
 - Helps with focus
 - Have a few options- too many though can be a distraction
 - Basket on the table or few piles- Accessible to all
 - Options: Rubber bands, crayons and paper, stress balls, play dough, pipe cleaners
- Room Environment
 - Be mindful of space- too big or small?
 - Ensure there is access to the door
 - Seating- not too close
 - Temperature
 - Outside distractions
 - When variables can't be controlled- debrief the group on what things may come up

Starting the Meeting

- Description of expectations and reminders about caring for yourself
 - Length of meeting
 - Moving around to be comfortable- standing, walking, stretching
 - Directions to restrooms
 - Break times, however can leave when needed
- Right brain activity
 - Icebreaker or sharing
 - People can connect before moving into content
 - Remind people that they can "pass"
 - Model the game to set clear expectations
 - Activities should not include touching or revealing personal trauma information

During the Meeting

- Think about materials
 - Many formats as possible: paper, screen, etc.
 - Provide in advance
- Language
 - Explain acronyms
 - Have a list of frequently used acronyms on the wall
 - Reflect on the choice of words that you use
- Take breaks
 - Have scheduled breaks

Common Acronyms

ACEs	Adverse Childhood Experiences study	OHA	Oregon Health Authority
AMH	Addictions and Mental Health Services	OHSU	Oregon Health & Science University
BHC	Behavioral Healthcare	OJD	Oregon Judicial Department
CCO	Coordinated Care Organization	OPS	Oregon Pediatric Society
CSEC	Commercial Sexual Exploitation of Children	OSH	Oregon State Hospital
DHS	Department of Human Services	OYA	Oregon Youth Authority
GOBHI	Greater Oregon Behavioral Health, Inc.	PSU	Portland State University
HYC	Homeless Youth Continuum	RRI	Regional Research Institute
NAMI	National Alliance on Mental Illness	SBHC	School-Based Health Center
NARA	Native American Rehabilitation Association	SOC	System of Care
OCCAP	Oregon Council of Child and Adolescent Psychiatry	TIC	Trauma Informed Care
OFSN	Oregon Family Support Network	TIO	Trauma Informed Oregon
OFYC	Oregon Foster Youth Connection	VOA	Volunteers of America

Helpful Definitions

- **Trauma** is an overwhelming event or events that contribute to a person becoming helpless, powerless and creating a threat of harm and/or loss. “Traumatization occurs when both internal and external resources are inadequate to cope with external threat” (Van der Kolk, 1989).
- **Trauma Informed Care** incorporates three key elements: (1) *realizing* the prevalence of trauma; (2) *recognizing* how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) *responding* by putting this knowledge into practice by implementing services that are trauma informed, training staff and responding to participants with a trauma sensitive approach.
- **Trauma Specific Services** are evidence based and best practice treatment models that have been proven to facilitate recovery from trauma. Examples: Addiction and Trauma Recovery Integration Model (ATRIUM), Risking Connection, Sanctuary Model, Seeking Safety, Trauma Recovery and Empowerment Model (TREM and M-TREM).
- **Retraumatization** is a situation, attitude, or environment that replicates the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them. Usually system based.
- **Vicarious Trauma (VT)** is a process of cognitive change in sense of self and world, resulting from empathetic engagement with person who has a trauma experience or trauma background. This could be providers, mentors, peer support, family, friends, etc.
- **Secondary Traumatic Stress** involves the behavior and emotions resulting from knowing about a traumatic event experienced by a significant other or by supporting an individual who has experienced trauma.
- **Activated** describes when the stress response system has been agitated by an environmental or human engagement.
- **Parallel Process** is when two or more systems (whether these consist of individuals, groups or organizations) that have significant relationships with one another develop similar affects, cognition, and behaviors-both positive and negative.

The contents in this document have been adapted from the following sources:

1. Berzoff, J., & Kita, E. (2010). Compassion Fatigue and Countertransference: Two Different Concepts. *Clinical Social Work, 38*.
2. Van der Kolk, B. A. (1989). The compulsion to repeat the trauma. *Psychiatric Clinics of North America, 12*(2), 389-411.
3. Substance Abuse and Mental Health Services Administration. (2012). SAMHSA’s Working Definition of Trauma and Principles and Guidance for a Trauma Informed Approach.