

VIRTUAL LEARNING CLASSROOM

Session 3: Overview of Trauma Informed Care
(TIC) and Motivational Interviewing (MI)



Meet Your Facilitators



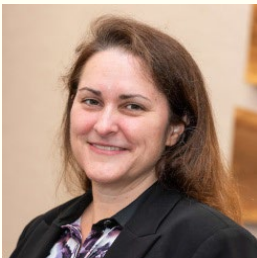
Nicole LaCorte-Klein, MA, CRC

Training Consultant at Atlas Research, Nicole brings years of experience providing job placement, vocational case management and direct service to individuals who are homeless. Nicole has provided technical assistance to HVRP, SSVF and other Veterans Administration staff for years, offering her experience as both direct service provider and trainer.



Cori Di Biase

NVTAC Project Director at the Manhattan Strategy Group, Cori has provided services and consultation to support veterans and civilians in employment for more than twenty years. Cori prides himself on serving the staff and leaders who have dedicated themselves to serving our country.



Cindy Borden

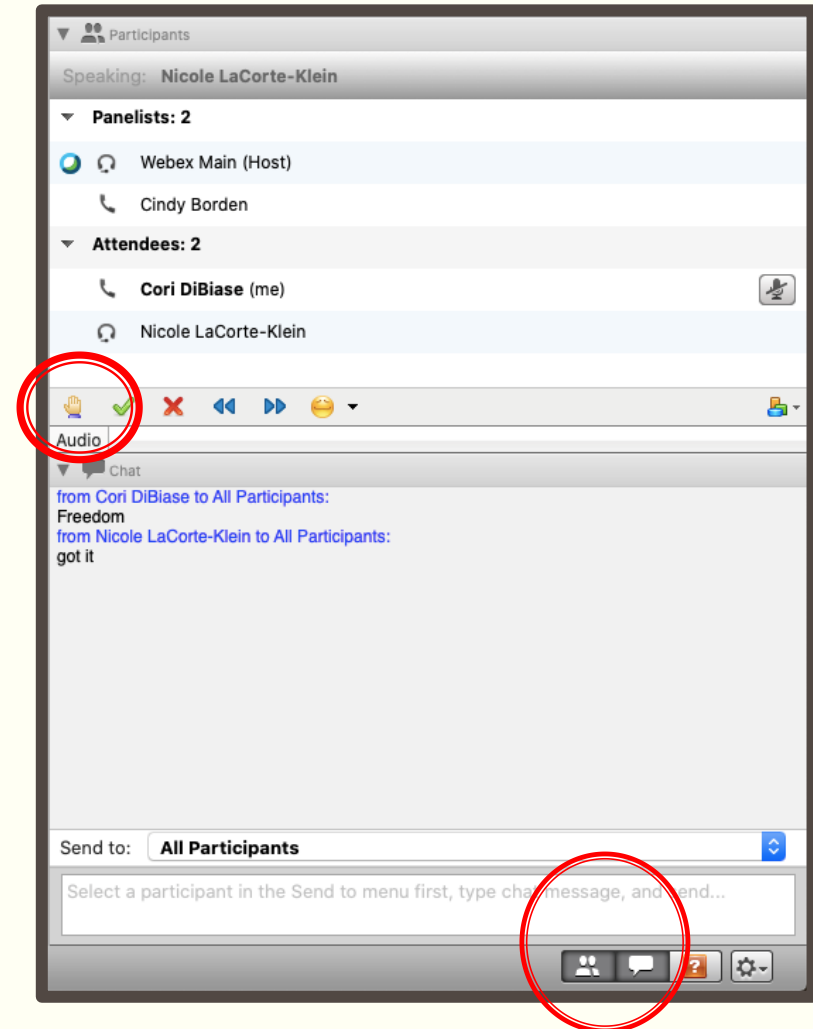
As the Director of Technical Assistance and Training for the National Coalition for Homeless Veterans (NCHV), Cindy conducts training, develops resources, and provides intensive coaching in program design and implementation to veteran service organizations. Cindy brings more than 20 years of experience in both direct service and technical assistance to help organizations increase capacity and improve services.



We want to hear from you! Mac Version

If you have a question, and want to speak, **raise your hand** to get your mic unmuted.

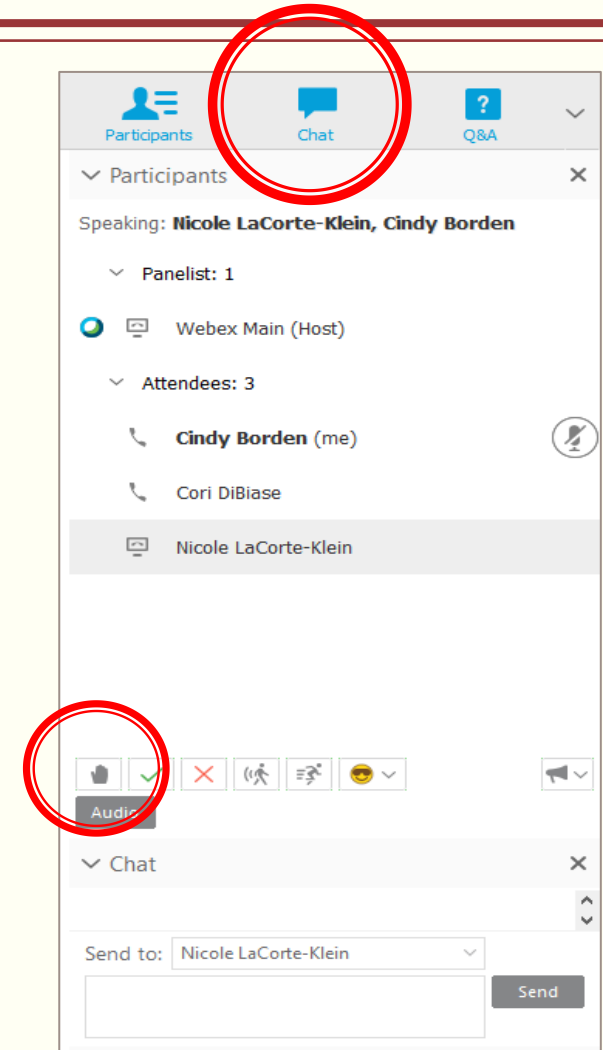
If you don't want to speak, **use the chat box** to share thoughts, question and observations with **all attendees!**



We want to hear from you! – PC Version

If you have a question, and want to speak, **raise your hand** to get your mic unmuted.

If you don't want to speak, **use the chat box** to share thoughts, question and observations with **all attendees!**



Housekeeping- New Registration Process

- Email Contact@NVTAC.org to be added to the VLC series listserv.
- You will receive an email from messenger@webex.com for each session
 - Link to Registration form
 - Calendar invite
 - Email reminders 24 and 1 hour prior to each session
- After filling out the form, you will receive another email with your session invite link, calendar invite, & instructions to sign on.
- Please reach out to Contact@NVTAC.org with any questions.





TRAUMA-INFORMED CARE

The Basics

What is Trauma?

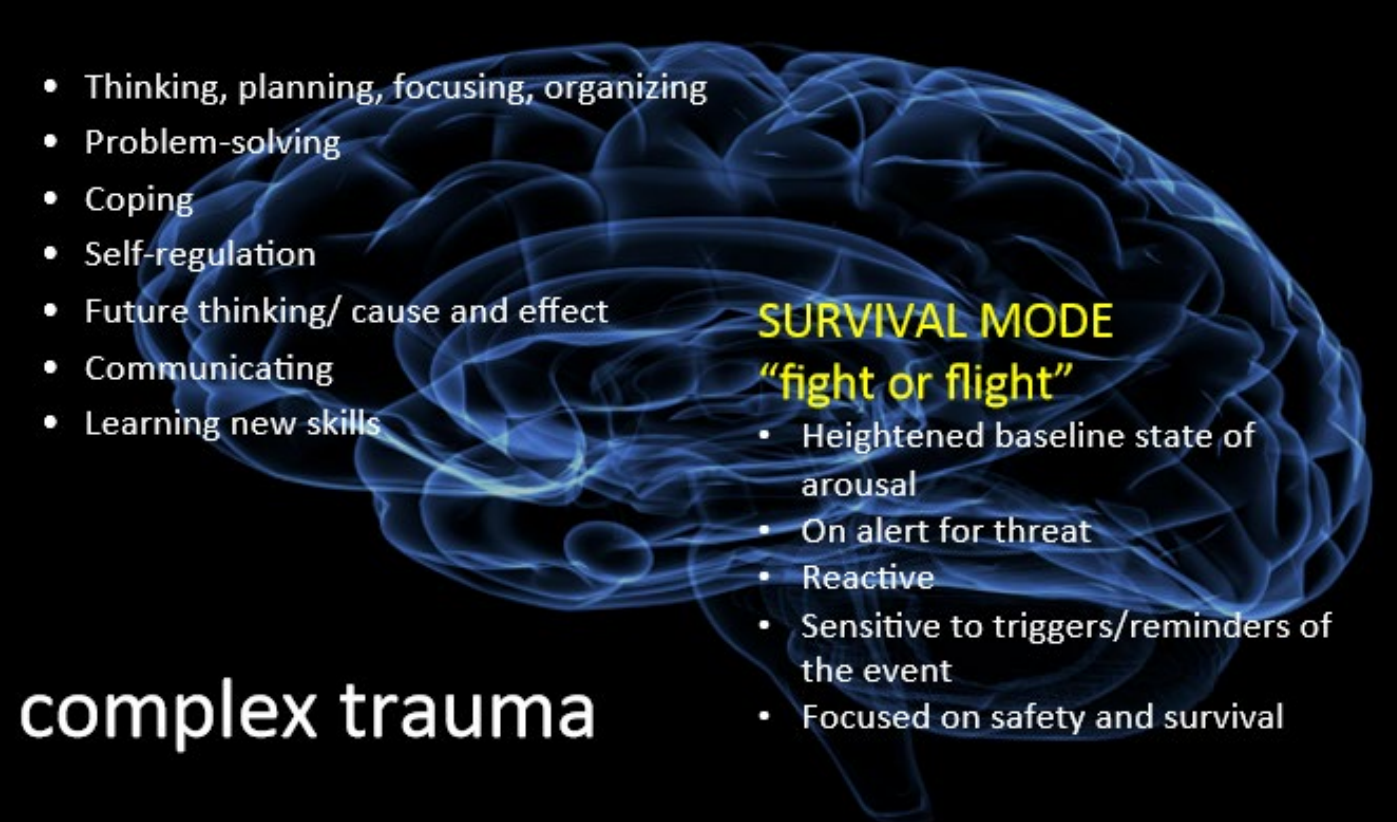
- *Trauma* is an event, series of events, or circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening.
- An event becomes *traumatic* when it **overwhelms** our ability to cope with the situation and leaves people feeling unsafe, helpless, vulnerable, and out of control.
- Traumatic stress: “After a traumatic experience, the human system of self-preservation seems to go onto **permanent alert**, as is the danger might return at any moment.”

Source: SAMHSA, 2014; Herman, 1992; Macy et al., 2004)



Reactions to Trauma

- Feelings of guilt and shame
- Aggressive behavior
- Suicidal thoughts



• Thinking, planning, focusing, organizing

• Problem-solving

• Coping

• Self-regulation

• Future thinking/ cause and effect

• Communicating

• Learning new skills

SURVIVAL MODE
“fight or flight”

- Heightened baseline state of arousal
- On alert for threat
- Reactive
- Sensitive to triggers/reminders of the event
- Focused on safety and survival

complex trauma

Source: Kathleen Guarino, American Institutes for Research

Trauma Responses – FIGHT, FLIGHT, FREEZE

The effects of trauma cover multiple domains of the human experience:

- Difficulty following through
- Avoiding meetings
- Isolating
- Interpersonal conflict
- Easily agitated, angry, aggressive
- Seems “out of it”
- Aches and pain
- Difficulty training
- Substance use and abuse
- Abusive relationships
- Repeated victimization

Survival Strategies

Trauma survivors develop strategies to manage but those strategies may be misinterpreted by others.

What behaviors do you see from participants?

Type your answer in the Chat box and press "enter"

Possible Triggers

- Loud noises
- Small/confined spaces
- Personal questions
- Paperwork
- Change in Case Mgr.
- Authority
- Uncertainty
- Chaotic environment
- Lack of privacy
- Potential loss of benefits
- People of a certain gender

Trauma-Informed Care

SHIFT in Perspective

From	To
What's wrong with you?	What happened to you

SHIFT in Practice

From	To
How can I fix you?	What do you need?

Trauma-informed care is a framework for policies, practices, and culture that is separate from trauma services – which are the interventions or treatments used.

Trauma-Informed Practice

“Meeting clients in a safe, collaborative, and compassionate manner; preventing treatment practices that retraumatize people with histories of trauma who are seeking help or receiving services; building on the strength and resilience of the client in the context of their environments and communities; and endorsing trauma-informed principles in agencies through their support, consultation, and supervision of staff.”

Source: SAMHSA

SAMHSA's Six Principles of TIC

- Safety – both physical and psychological
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Culture, Historical, and Gender Issues

Go Forward

Trauma-Informed Practice

- Provide support and services without retraumatizing participants
- Our desire to help may undermine their sense of safety, trust and control which are essential to their recovery
- Understand how our experiences shape our perceptions and responses.
- Build on the strength and resilience of the veteran.

Trauma-Informed Practice

- Design policies, practices, and spaces to promote environment and emotional safety.
- Use Motivational Interviewing to engage participants.
- Provide opportunities for skill-building and mastery
- Rebuild control by emphasizing client choice
- Empower participants to make decisions
- Remember: the participant is the expert in his/her life experience.

STAGES OF CHANGE

Where are your Veterans when they come into your program?

The Transtheoretical Model (TTM)

- Uses the Stages of Change which is the heart of TTM
- Includes Self-Efficacy which reflects the level of confidence the Veteran has in maintaining his/her desired change
- Behavior change is a process that takes place over time
- Stages are both stable and open to change
- Helps individuals to set realistic goals

Motivation and the Stages of Changes

Stages of Change:

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance



Stages of Change – Quick Overview

Stage of Change	Description	Practitioner Response
Precontemplation	Unaware of the need for change; unable or unwilling to change.	Establish rapport; Explore risks & rewards of current circumstances; Meet immediate needs.
Contemplation	Ambivalent; Uncertain.	Weigh Pros and Cons; Talk about work, without forcing choices.
Preparation	Considering options; Asking questions; Expressing willingness to change.	Explore options; Set goals; Clarify roles – your role, and the veteran's.
Action	Taking steps toward change.	Provide support and services; actively plan and assess; 'Celebrate or Recalibrate' as goals are met, or not.
Maintenance	Some goals have been met; Significant change has begun.	Review and revise goals, as needed; provide support, as agreed.

Question....

Why *don't* people change...
even when faced with
serious negative
consequences?

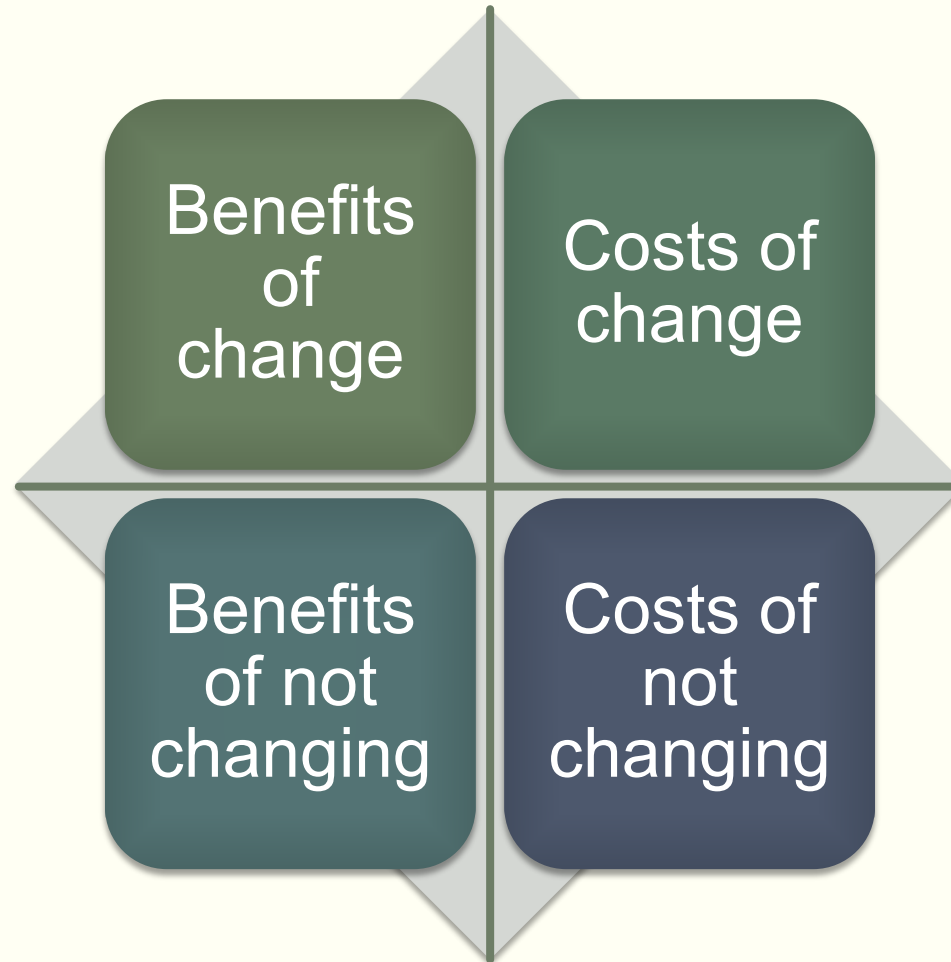
Question....

Why **do** people change?

Motivation is key to change....

And the Veteran's self-motivation is greatly influenced by the provider

Decisional Balance



The Change Process

- Ambivalence is normal
- Resistance happens; not a force to overcome
- The Veteran is an ally, not an adversary
- Recovery, change, growth are intrinsic to human experience

Six Kinds of Change Talk: DARN CAT

1. **D**esire
2. **A**bility
3. **R**easons
4. **N**eed
5. **C**ommitment
6. **A**ction (CURRENT MOVEMENT)
7. **T**aking Steps

Six Kinds of Change Talk: DESIRE

Desire – Statements about preference for change

“I *want* to find a job...”

“I would *like* to...” “I *wish*...”

Remember...

Evocative Questions

Ask for Elaboration

Looking Back/Moving Forward

On a scale of 1-10 how important is this...

Values Questions

Six Kinds of Change Talk: ABILITY

Ability - Statement about capability

“I can quit drinking at any time...”

“I might be able to...”

Remember...

Evocative Questions

Ask for Evaluation

Ask for Examples

Look Back or Forward

Six Kinds of Change Talk: REASONS

Reasons - Specific arguments for change

“I would probably feel better if I...”

“I need to have more energy to play with my kids.”

“I think I’m getting too old for living on the streets”

“Quitting smoking would be good for my health”

Remember...

Evocative Questions

Ask for Evaluation

Ask for Examples

Look Forward

Query Extremes

Six Kinds of Change Talk: NEED

Need - Statements about feeling obliged to change

“I ought to...” “I have to...”

“I really should go to this outpatient program...”

Six Kinds of Change Talk: COMMITMENT

Commitment - Statements about the likelihood of change.

“I promise ...” “I will...”

“I intend to...”

Lower levels of commitment:

“I will think about...” “I’ll consider it”

“I plan to...”

Six Kinds of Change Talk: ABILITY or ACTIVATION

“I’ve erased the dealer’s phone numbers from my contact list, and I am getting a new cell phone number so they can’t contact me anymore”...

Six Kinds of Change Talk: TAKING STEPS

Taking steps - Statements about an action taken

“I actually went out and...” “This week I started...”

Taking some steps toward change:

“I quit smoking for a week, but then started up again.”

“I walked up the stairs today instead of taking the elevator.”

Source Six Kinds of Change Talk: Community Care of North Carolina.



MOTIVATIONAL INTERVIEWING

Motivational Interviewing

Major Principles: RULE

- Resist the righting reflex
- Understand motivation
- Listen
- Empower the individual

Motivational Interviewing: Evoking and Strengthening Change Talk

Open Questions

Affirmations

Reflective Listening

Summaries

Motivational Interviewing is not a series of techniques for doing therapy but instead is a way of being with patients.”

-William Miller, Ph.D.

Open Ended Questions VS Closed Ended Questions

Open

- “Tell me more about that.”
- “How would you like to spend your time here?”
- “What would be the benefits of making this change?”
- “What’s next for you?”
- “What have you tried before to make a change”

Closed

- “Do you smoke?”
- “Did you have a good relationship with your last boss?”
- “Are you taking your medications as prescribed?”
- “Are you interested in returning to work?”
- “Do you want to research that training program?”

Open Ended Questions VS Closed Ended Questions...Type in the Chat Box

Close-Ended Questions	Open-Ended Questions
Has it been difficult to change?	
Have you tried to make any changes this week?	
Do you think you need to make a change in your life?	

Affirmations

You can empower a Veteran by helping them recognize their strengths and see themselves more positively. By offering positive affirmations, you build a Veteran's confidence (or self-efficacy).

Reframe behaviors or concerns as evidence of strengths, for example:

"So many people avoid seeking help. It says a lot about you that you are willing to take this step."

"You've had a setback, but you are really trying. Look at the progress you are making."

Affirmations Activity

- Based on the veteran identified earlier

Reflective Listening

You can empower a Veteran by helping them recognize their strengths and see themselves more positively. By offering positive affirmations, you build a Veteran's confidence (or self-efficacy).

Reframe behaviors or concerns as evidence of strengths, for example:

"So many people avoid seeking help. It says a lot about you that you are willing to take this step."

"You've had a setback, but you are really trying. Look at the progress you are making."

Reflective Listening

What it is:

- Repeating back what is said with a spirit of warmth and empathy
- A statement to double check what you have understood, verify that you got it right
 - Leads to further elaboration
 - Lets them know you are listening

What it is not:

- Adding new information
 - Asking questions
 - Giving directions
 - Giving advice
 - Telling how you identify
 - Fixing
 - Changing the person
 - Making them happy
 - Telling them what to do
 - Making a referral

Amy R. Krentzman, MSW, PhD, & Margaret M. Higgins, JD

Listening and Reflecting...

Veteran says:

“I really wish I could feel better. I’ve tried those medications and they seem to make me feel worse. I don’t know what to do.”

You say:

“You really don’t like how you’re feeling right now.”

“You feel like your’e between a rock and a hard place.”

“So far the medications haven’t worked for you and you’d really like to find a way to feel better.”

“If you could find something that made you feel better, you’d be all in.”

Summarizing

Summarizing a Veteran's storyline can help him or her get motivated to make a change by helping them see the bigger picture. This process can help you call the Veteran's attention to the most important elements of your conversation.



Summarizing Starters and Invitation Enders

- Let me see if I understand so far...
- Here is what I've heard. Tell me if I've missed anything.
- What you've said is important
- I value what you say
- Did I hear you correctly?
- We covered that well. Now let's talk about...
- In summary...
- Did I miss anything?
- If that's accurate, what are the other points to consider?
- Anything else you want to add or correct?

HOMework FOR WEDNESDAY... BE PREPARED TO SHARE!

- Bring examples of Veterans who have been challenging....identify:
- What stage is the Veteran in?
- What was the situation the Veteran had that was the most challenging?
- After what we discussed today (Monday), what could be done differently?

References

- Gold, M. (2015). *Motivational Interviewing: A Guide for Medical Trainees*. New York, NY: Oxford University Press
- Jani, A. (n.d). Motivational interviewing skills & techniques: Examples, tips and tools. Retrieved August 8, 2017, from <http://surroundhealth.net/Topics/Education-and-Learning-approaches/Behavior-change-strategies/Articles/Motivational-interviewing-skills-techniques-Exempl.aspx>
- Kruszynki, R., Kubek, D.M., Evenden, J. (2012). MI Reminder Card (Am I Doing This Right?). Cleveland, OH: Center for Evidence-Based Practices at Case Western Reserve University.
- Krentzman, A. R., MSW, PhD, & Higgins, M. M., JD. (n.d.). Reflective Listening: The Heart of Motivational Interviewing. Retrieved August 8, 2017, from <https://www.cascw.org/portfolio-items/reflective-listening-module/>
- MINT- Excellence in motivational interviewing. (2014). *Motivational Interviewing Training New Trainers Manual*. Retrieved August 8, 2017, from http://www.motivationalinterviewing.org/sites/default/files/tnt_manual_2014_d10_20150205.pdf
- *Motivational Interviewing: Listening for CHANGE TALK*. [PowerPoint slides]. Community Care of North Carolina.
- Rawson, R., PH.D. (2008). *Motivational Interviewing* [PowerPoint slides]. UCLA Integrated Substance Abuse Programs
- Virginia Tech Continuing and Professional Education

Questions?

E-mail questions to:

contact@nvtac.org



Continue the conversation at:

nvtac.org/nvtac-knowledge-network/

Contact Information

**Cori Di Biase-Dallas Region
Manhattan Strategy Group
cdibiase@manhattanstrategy.com**

**Cindy Borden-Atlanta, San Francisco and Philadelphia
Regions
NCHV
cborden@nchv.org**

**Nicole LaCorte-Klein- Boston and Chicago Regions
Atlas Research
nlacorteklein@atlasresearch.us**