



PERSON
CENTERED
SUPPORTS
THROUGH
DISCOVERY

Presented by: Bob Sattler
SDA Partner



SDA

Our Objectives



To understand the Core Concept of Person Centered Practices

To understand Trauma Informed Discovery and why to build it into the system

To understand the basics of Trauma

How to address Trauma when it is discovered

THE CORE CONCEPT OF PERSON CENTERED SUPPORTS

A Quick Overview

It begins with learning how people want to live their life: What's **Important TO**

What is important **to** a person includes what results in feeling satisfied, content, comforted, fulfilled, and happy.

- Relationships (People to be with)
- Purpose & meaning
- Status and control (valued role)
- Culture & identity
- Rituals & routines (cultural and personal)
- Rhythm or pace of life
- Things to do and places to go (something to look forward to)
- Things to have



Within that context, **Important FOR** is addressed

What others see as necessary to help the person

- Be valued (social rules, laws)
- Be a contributing member of their community (citizenship)

Issues of health

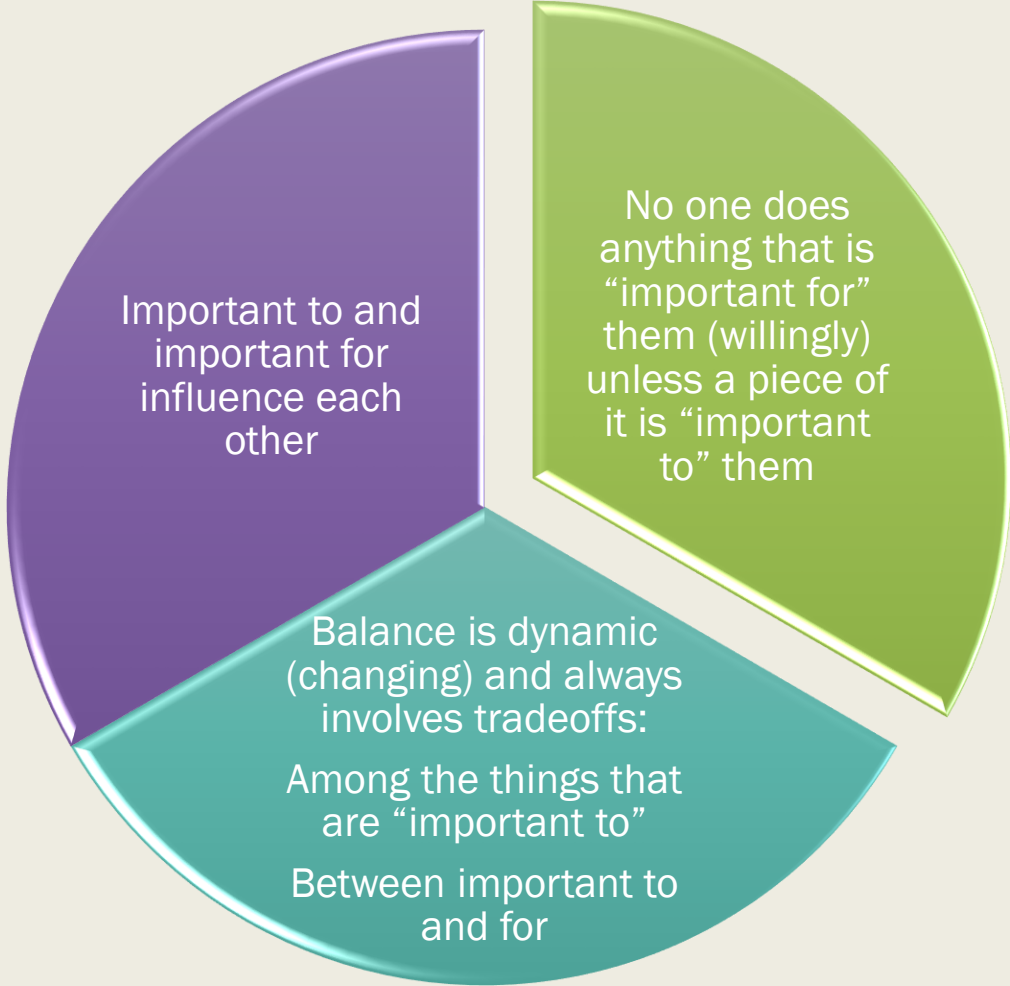
- Prevention of illness
- Treatment of illness/medical conditions
- Promotion of wellness (diet, exercise, sobriety)

Issues of safety

- Environment
- Well being (physical and emotional)
- Free from fear (threats, abuse)



Important To and For are connected



As we think about balance



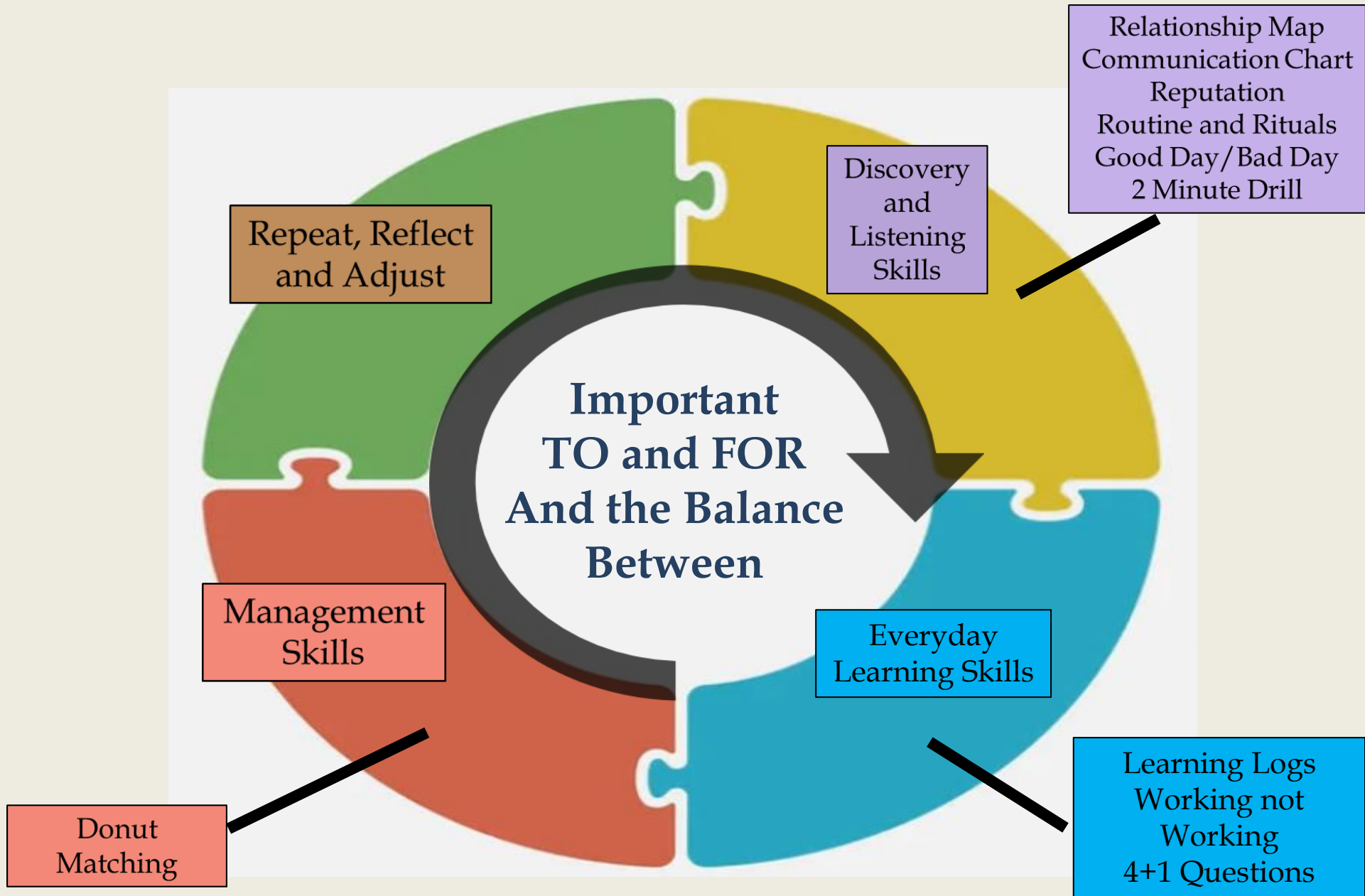
Dead and happy
are incompatible



Alive and
miserable is
unacceptable



For people who
present significant
risks to others we
also need to
remember that we
have obligations to
the public as well as
to the people we
serve



A Shift In Our Approach

Power OVER

- Assuming the person needs help
- You know best, making choices for a person without asking
- Answering questions for a person with you
- Bribing to get someone to do what you want
- Using shame or fear to manage behavior “Why would you do such a thing? ”
- People talking about the person as if they aren’t in the room
- Punishes the person for making mistakes

Power WITH

- Redirecting questions to the person when others ask you or someone else
- Ask don’t assume a person needs help
- Positive comments, helpful statements, and praise for actions “Wow, that is great work”
- Listening and asking “please tell me more” or “I am listening take your time”
- Promoting chances for making choices and decisions
- Asking what made it a bad day – paraphrase back “It’s hard when people misunderstand us”

Power Over language

Labels

Levels of support
(high/low function,
diagnosis)

Capabilities (non-
verbal/ambulatory,
“the feeders”)

Control

Permissive (let,
allow, give)

Directive (tell,
prompt, should)

Objectify

Ownership (my
guys/gals, my
program)

Objects (fed,
toileted, dressed)

Jargon

Human Service
Speak (acronyms,
Community,
Behavior, Outing,
Appropriate)

Child Like
(nicknames,
“stranger danger,”
potty)

Power With language

Introduces

Strengths/Gifts/
Talents

Capabilities
(doesn't use words
to communicate)

Shares responsibility

Autonomy (share,
decide, select)

Requests (ask,
remind, could/
would)

Equity

Partnership
(people I work
with/support)

Supportive (help
eat, use restroom,
get ready for the
day)

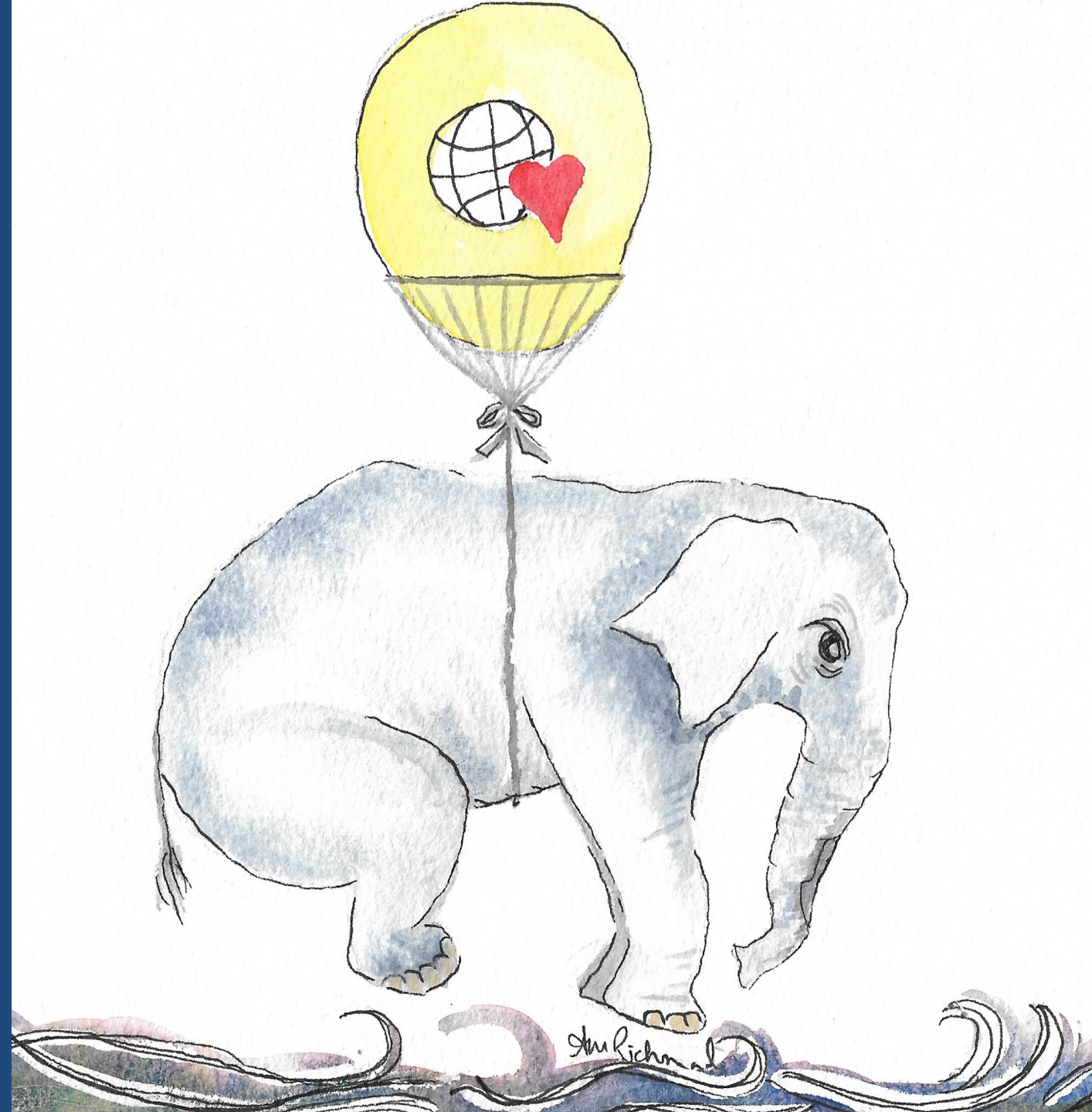
Respectful

Every day language
(Mall, movies,
theater, Olive
Garden,
screaming, hitting)

Adult Like
(preferred name,
being safe,
restroom)

Trauma Informed Systems

There is an increasing focus on the impact of trauma and how service systems may help to resolve or exacerbate trauma-related issues. These systems are beginning to revisit how they conduct their business under the framework of a trauma-informed approach.



Assume Trauma

We are all experiencing
losses and disruptions

The differences are in

- *Severity*
- *Impact*
- *Support received*



What we are hearing:



From those who live in group settings -

- My friends, those I share my home with, leave for the hospital and don't come back

From those who work in these settings -

- I am going into people's homes; I worry about what I bring to the home and what I bring home to my family

But we are also hearing that some of those who use services are showing "remarkable resilience"

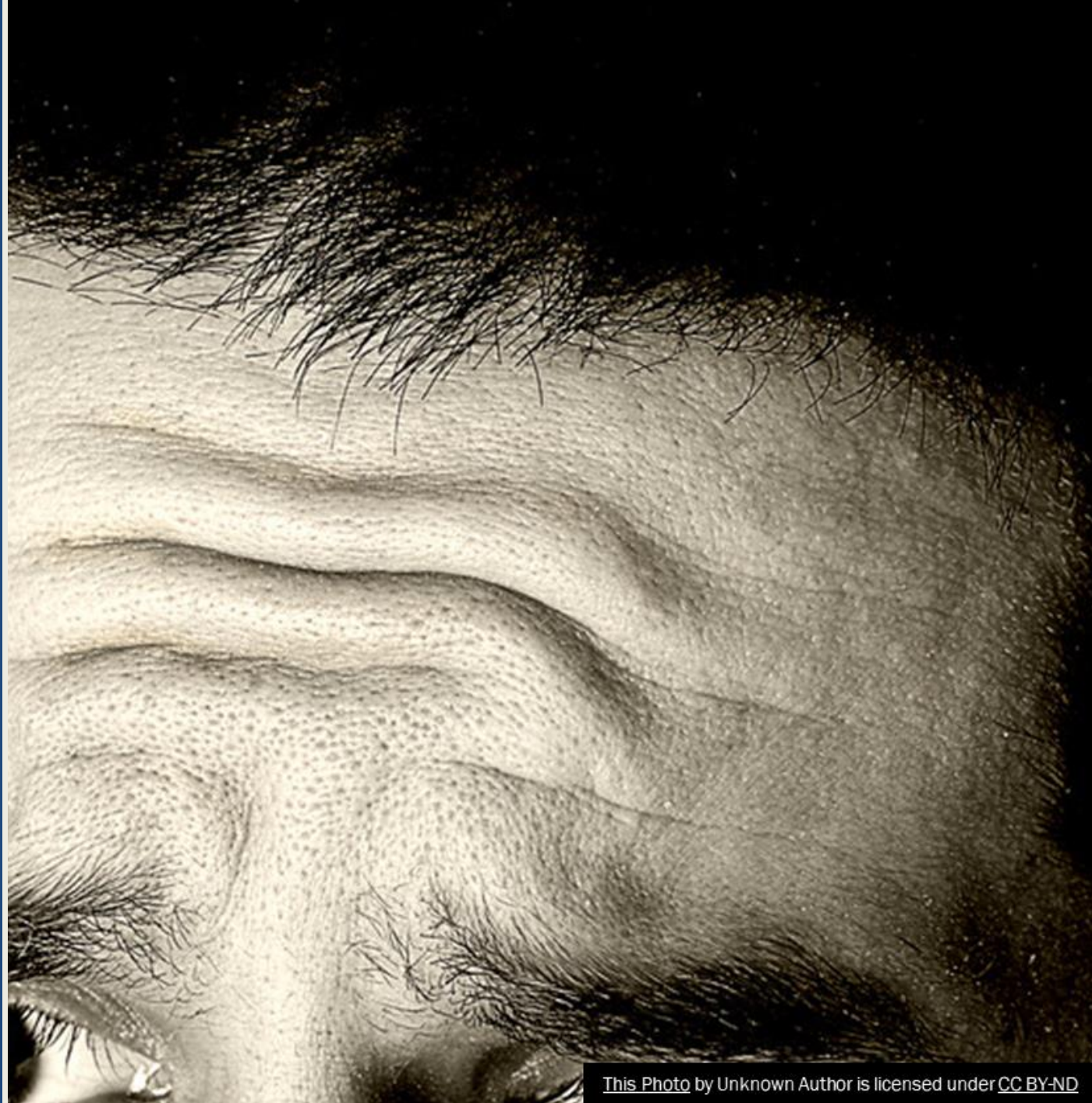
And, we are hearing from staff and colleagues that they are also experiencing trauma (direct and vicarious).

TRAUMA BASICS

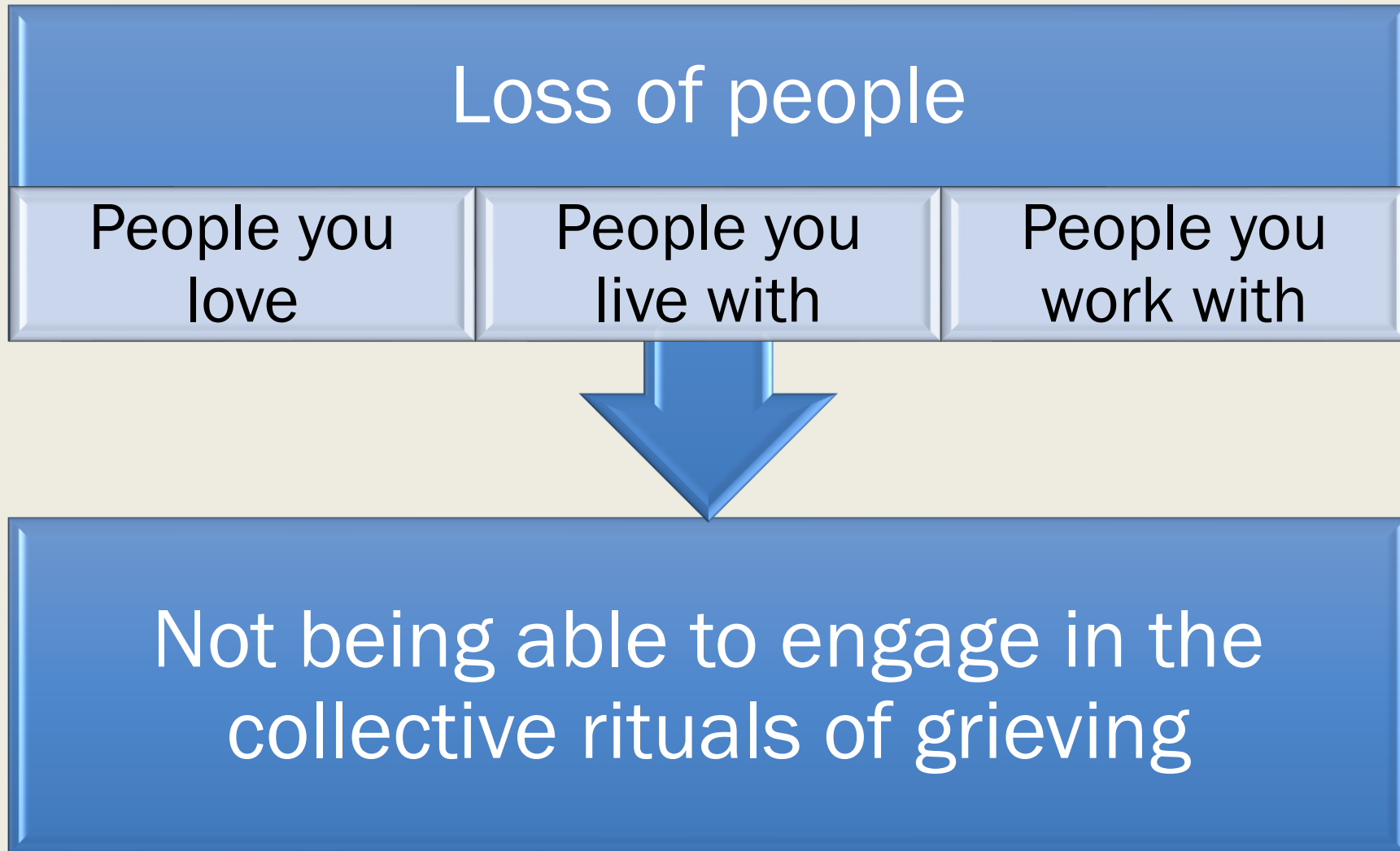
What we need to know from a System Perspective

What is Trauma?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



Big T Trauma



Little t's Pre-Trauma Conditions

- according to Bessel van der Kolk




- Not being able to predict what is going to happen
- Being isolated
- Being immobile
- Loss of a sense of safety
- Loss of a sense of purpose

There is also “secondary trauma”


- When you are asked to address issues where the need exceeds the capacity to effectively respond you experience a kind of trauma
 - *Medical staff during a COVID spike*
- But also –*
 - *Anyone who has to frequently compromise because what is available does not match what is needed*



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OVER TIME
“LITTLE T” CAN HAVE THE SAME IMPACT AS “BIG T”
WHILE SECONDARY TRAUMA HAS A CORROSIVE
EFFECT ON THOSE EXPERIENCING IT AND ON THE
SYSTEMS THEY WORK IN



What we will see with some: Symptoms of PTSD

Re-experiencing –
Re-occurring
thoughts – Dreams
– Flashbacks

Hyper-vigilance –
Rituals – phobias-
Freezing –
Dissociating

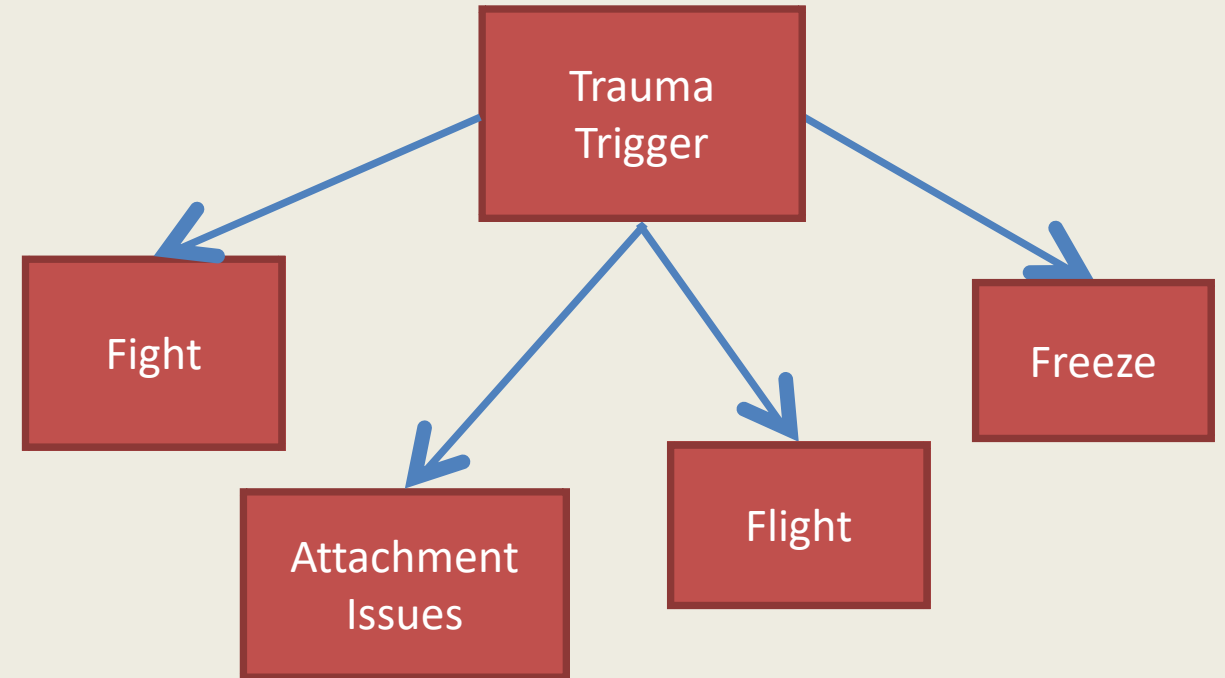
**Negative
Alterations in
Cognition and
Mood - Sense of
Impending Doom**

Hyperarousal -
Easy to startle – full
of fear – Explosive-

Trauma Responses

Trigger Response – Something happens in the present that reminds the person of the negative past – person goes into fight, flight or freeze mode:

Thinking he or she is in danger!



RESPONDING TO TRAUMA

What we can do as a System

Feeling safe
is as
important
as being
safe



What People Need Most

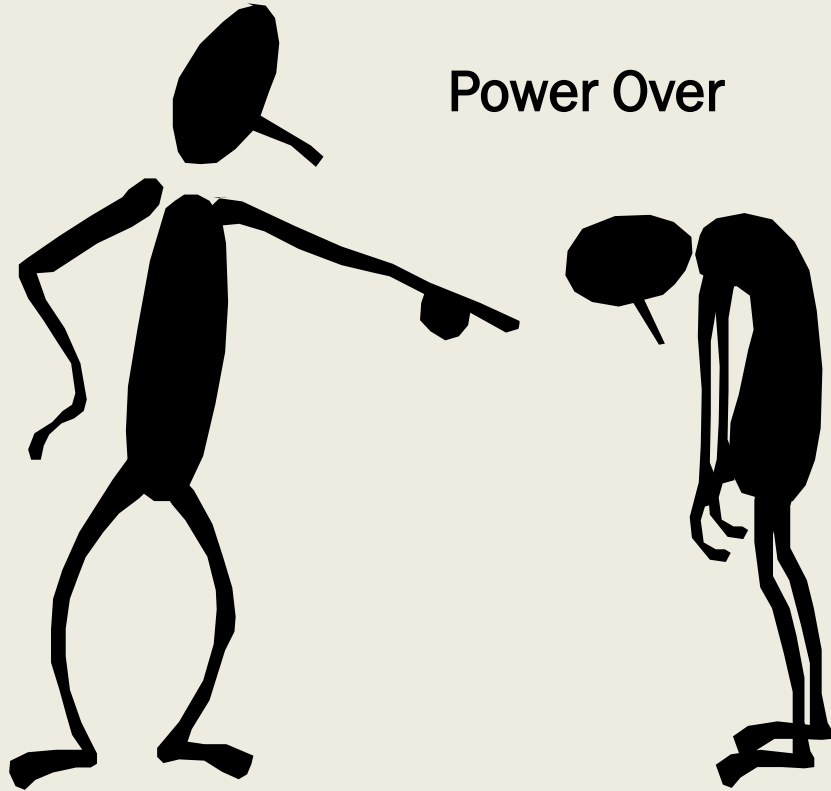
- Sense of Safety
 - Understanding
 - Support
 - Kindness
 - Empathy
 - Avenues for Engagement
 - HOPE!
- [Brené Brown on Empathy vs Sympathy - YouTube](#)



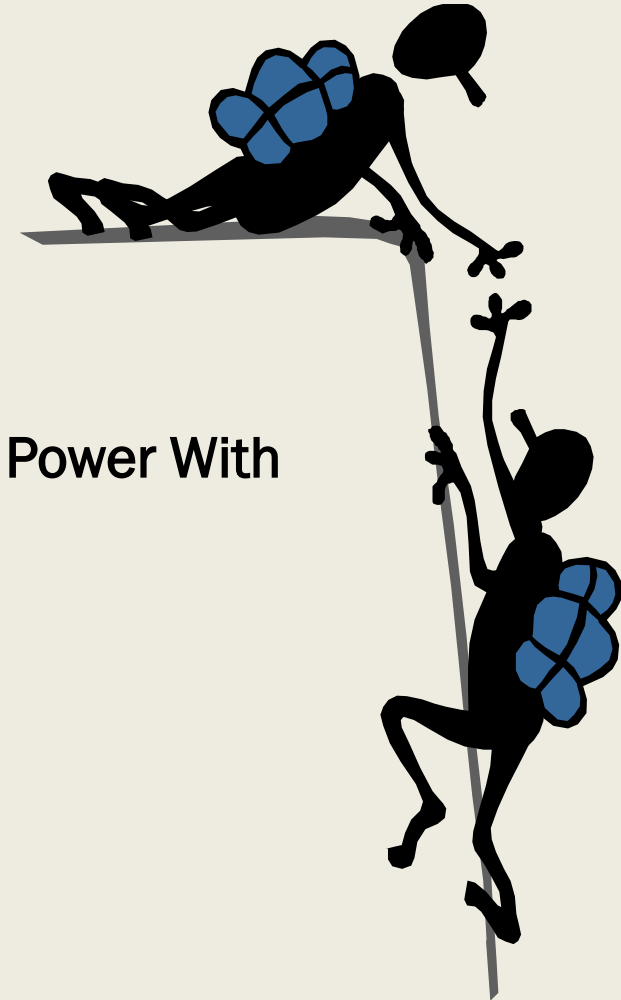


Fixing vs. Supporting

Power Over



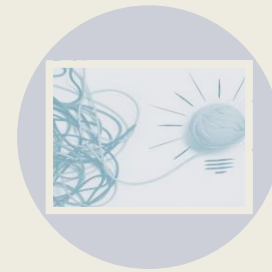
Power With



What can we do about trauma?



Expect it to be present



Understand the causes

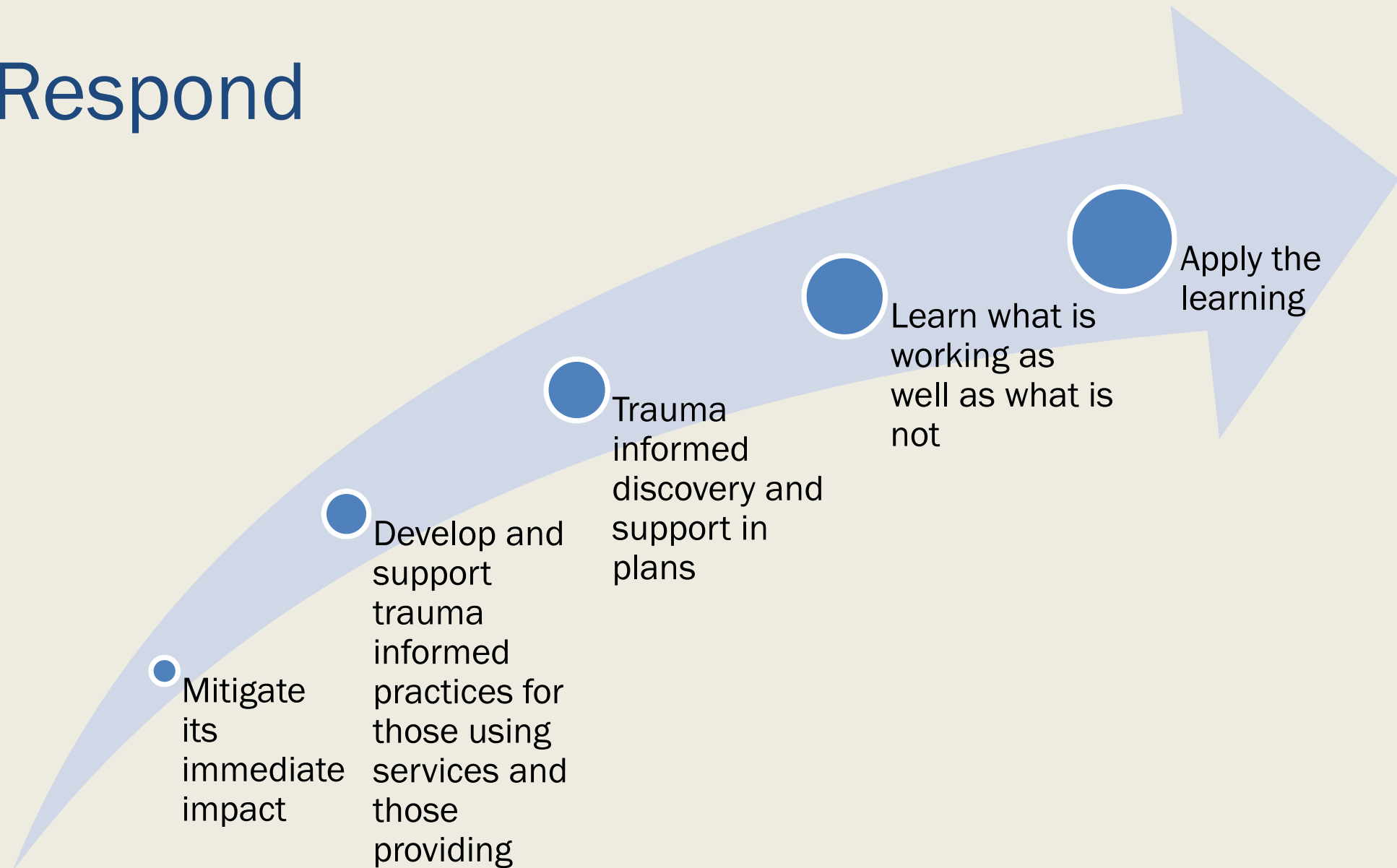


Recognize the impact
- short term and long term



And...

Respond



Mitigate the impact



Addressing

Addressing loss and grief

- Teaching how to support those who are grieving
- Learning and understanding the stages of grieving

Building

Building resilience

- Incorporating resilience building activities into day to day efforts
- Understanding the power of optimism

Listening

Listening to those doing the support and responding to concerns

Teach the difference between a Trauma Response vs. a Behavioral Response

Trauma Response



Triggered in an irrational manner



Overreaction to small event



Emotion-based



Does not serve the person well



Does not move the person forward

Behavioral Response



Has a purpose and intent



Deliberate – acting on environment to get response



Intent is important in identifying the response



Goal is to get something they want, can move them forward



You can often identify the antecedent

Offer treatment for PTSD

For those who use services, look to the professionals who have used and adapted treatments

Use their learning to have effective treatment accessible

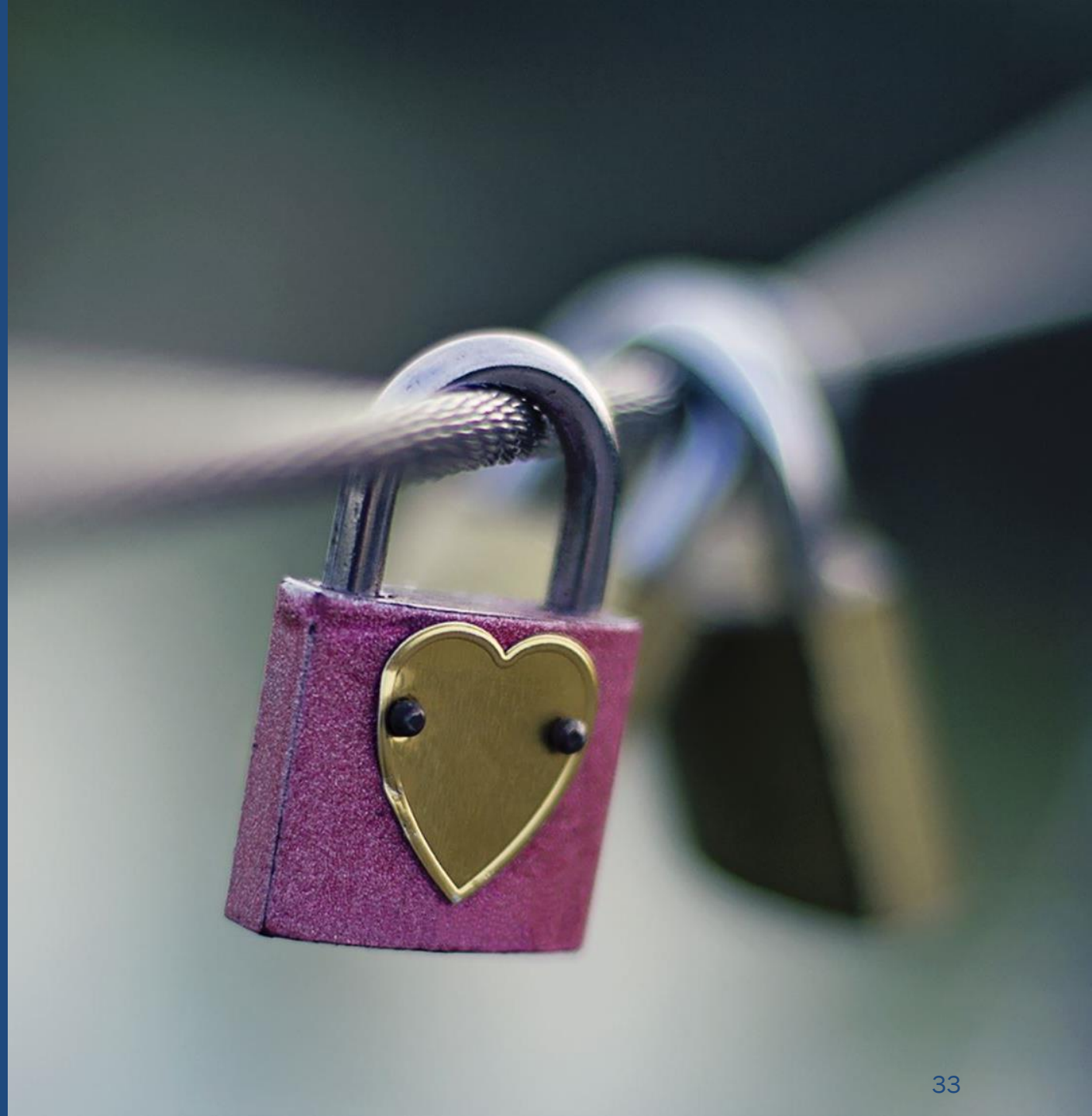
Offer treatment and support for those who provide services



Provide “healing environments”

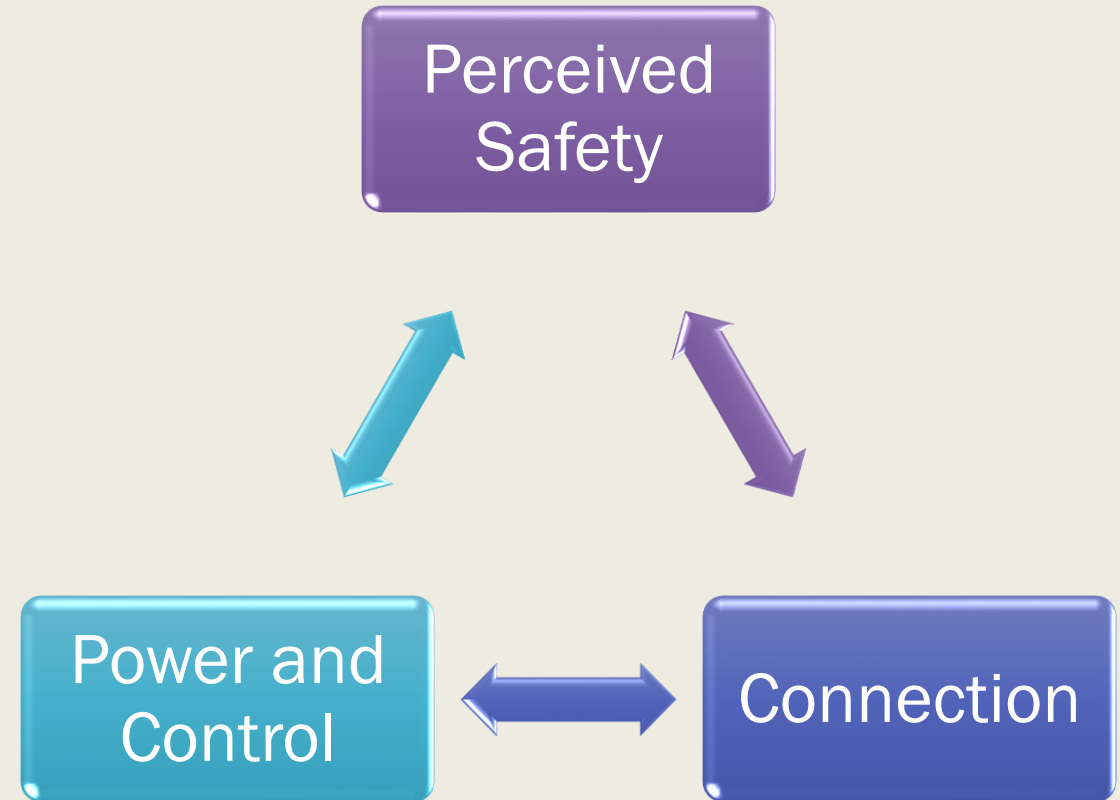
Help people be in settings
where the person:

- *Feels safe*
- *Has key elements of control*
- *Supportive relationships*



In planning: Adding Trauma Informed Discovery

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



From Dr. Karyn Harvey

What are we learning?

Addressing trauma requires:



Education and training



Mitigation and treatment



Settings that support recovery

How we respond now can help diminish trauma effects later...



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MAKING THE CHANGES NEEDED IN
POLICY AND PRACTICE TAKES TIME...

DEVELOPING CAPACITY TAKES TIME...

WE NEED TO START TODAY!

For more information

- Bob Sattler
 - bob@sdaus.com
- Tanya Richmond
 - tanya@sdaus.com
- www.sdaus.com

