

Trauma-Informed Advocacy Curriculum

Objective: To implement model of “trauma informed advocacy” services to children and youth based on empowerment theory, motivational enhancement therapy, and trauma assessment to be able to provide effective services and recognize how trauma effects an individuals biological, psychological, and social functioning.

Rationale: Trauma is not an event itself, but rather a response to a stressful situation. Many factors influence reactions of trauma and individuals have unique responses to their experiences. Therefore, assessing trauma symptoms on an individual basis is important for informing service planning and effective intervention to reduce the effects of trauma on an individual’s functioning.

Learning Objectives:

1. The advocate will be able to exhibit knowledge of the dynamics of domestic violence and sexual assault, and its specific effects on children and families.
2. The advocate will be able to identify symptoms of trauma experienced by those who have experienced or been exposed to violence.
3. The advocate will be able to utilize motivational interviewing and the trauma symptom checklist for children to assess trauma symptoms experienced by a child or youth victim.
4. The advocate will be able to utilize motivational interviewing to assess the parent’s observation of their child’s symptoms using the trauma symptom checklist for parents.
5. The advocate will be able to analyze the results of their trauma assessments to be able to develop individual service planning interventions, and make appropriate referrals.
6. The advocate will be able to locate tools and interventions to utilize in order to help reduce trauma symptoms experienced in the biological, psychological, and social aspects of the child’s life.
7. The advocate will be able to utilize Motivational Enhancement Therapy in assessment, service planning, and interventions.
8. The advocate will be able to safety plan with the child and family according to their unique needs and experiences. They will also be able to utilize the safety planning post test to assure that the child will be able to identify 3 strategies for safety.

Items Needed:

1. Trauma Symptom Checklist for Children (Student Form)
2. Trauma Symptom Checklist for Parents (Parent Form)
3. Safety Planning Post-test (Youth Safety Plan)
4. Staff training Post-test and feedback.

5. Motivational Enhancement Therapy/Motivational Interviewing Information and Training
6. Information and Training on the Dynamics of Domestic Violence and Sexual Assault.
7. List of possible interventions to utilize.
8. Glossary of Terms

Introduction:

Pre-test: Give advocates each learning objective quiz to assess current knowledge.

Post-test: Give advocates post test following the corresponding lesson. Use the post-test results and role play observation to assess the knowledge and application of trauma informed advocacy.

Objective 1 Lesson: Review materials pertaining to the dynamics of domestic violence and sexual assault which may include: definitions, history of the movement, myths, power and control wheel, cycle of violence, emotional abuse, signs of abusers, characteristics of healthy relationships, effects on children, secondary victims, post traumatic stress disorder, dating violence, child sexual abuse, preventing victimization, medical issues, adult survivors of sexual assault, protective orders, and laws pertaining to violence.

Objective 2 Lesson: Information from lesson 1 should inform the advocate of the biological, psychological and social effects of violence on an individual, have the advocates name these. Then review the trauma symptom checklists for both parents and children. Have the advocates classify the symptoms according to the categories of biological, psychological, and social. In reviewing the children's checklist the advocate should recognize developmentally appropriate questions for the symptoms of trauma. For example for children symptom would be: "I think about bad things that happened." For adults: "I have flashbacks".

Objective 3 Lesson: Review materials on motivational interviewing. Then divide the students up into groups of 2 to do role plays, one person will be the advocate and the other will be the child. The advocate will utilize motivational interviewing skills that have been reviewed to ask questions to assess the symptoms of trauma located on the child checklist. Then switch places so that each person gets to practice the interviewing and assessment process. Questions should be used that are developmentally appropriate. Record these answers on the checklist,

Objective 4 Lesson: Use the same groups from above, but this time instead of a child, one student should be the parent. Utilize the same materials from motivational interviewing and the trauma symptom checklist for parents. Use adult appropriate language to interview and assess. Record these answers on the checklist.

Objective 5 Lesson: Utilizing the answers that the role of the client reported, decide which symptoms are most prominent and which are not a concern. Discuss what type of services and referrals can be made to assist the client with reducing symptoms of trauma. Develop a service or plan of action.

Objective 6 Lesson: Review the list of possible tools and interventions. Identify which of these interventions might be useful in reducing the specific trauma symptoms of concerns. For example, if the child reports having bad nightmares utilizing therapeutic art could be helpful. Or if self-esteem is low, exercises on self esteem and confidence building may be helpful. Multiple interventions will be utilized if there multiple symptoms. Using the internet or agency resources to locate other possible interventions or tools other than those provided.

Objective 7 Lesson: Review Motivational Enhancement Therapy materials and the stages of change. From the role plays assess what stage of change the client is currently in. From this information decide what interventions or tools would be useful. For example, a client might report having nightmares but is not ready to talk about them or draw them, so it might be best to work on another symptom first such as self-esteem building. This assessment may change your service planning and interventions you decided from the previous lesson.

Objective 8: Review the safety planning materials and the youth safety plan. In your role playing groups, discuss multiple strategies for safety that are developmentally appropriate. For example: Instead of just saying call the police, show the child how to dial 911 or instead of saying stay out of confined spaces, be more specific, such as stay out of bathroom. Have the client in the role play identify 3 strategies in the post test located at the bottom of the youth safety plan.

Closure: Review highlights from the lesson through open discussion. Answer any specific questions about trauma informed advocacy. Allow discussion for how to apply to specific client scenarios that advocates may have.

Impact of Trauma

- 1) What is trauma:
 - a) An unreasonable reaction to normal events.
 - b) Response to a stressful experience in which a person's ability to cope is severely undermined.
 - c) Symptoms can be short-term or long-term
 - d) B and C
- 2) True or False: Every person experiences trauma differently.
- 3) True or False: A survivor may have trouble returning to a normal routine for an indefinite amount of time after abuse.
- 4) The following are all physical indicators of rape trauma syndrome:
 - a) Eating pattern disturbances
 - b) Emotional reaction
 - c) Sleep pattern disturbances
- 5) True or False: A feeling of isolation is an initial reaction after a sexual assault.
- 6) Which of the following dynamics or issues is the most important in understanding the impact of sexual assault upon a child victim?
 - a. The emotional involvement between the child and the offender.
 - b. The abuse of power by the offender.
 - c. The level of trust given to the offender by the child.
 - d. a, b, and c.
- 7) More than half of all perpetrators are:
 - a. Strangers to the victim.
 - b. Known to the victim.
- 8) Most sexual assault victims:
 - a. Will report the rape to police.
 - b. Will not report the sexual assault to police.
- 9) If someone is being sexually assaulted, they should:
 - a. React according to their instincts.
 - b. Fight or scream as much as they can.
 - c. Try to talk their way out of it.
 - d. Get their gun and shoot.
- 10) If a person tells you they have been sexually assaulted, it is best to:
 - a. Point out his/her mistakes so they don't make the same ones again.
 - b. Listen and reassure the person that it was not their fault.
 - c. Encourage them to try and forget about it and get on with life.
 - d. Tell them it happened because they didn't fight hard enough.

- 11) Children who are being sexually abused:
 - a. Usually tell a parent what is going on.
 - b. Usually won't reveal the abuse to anyone.
 - c. Usually stop the molestation themselves.
- 12) Most children are molested by:
 - a. A stranger.
 - b. A person they know only slightly.
 - c. A person whom they trust and care about.
- 13) Children who are sexually abused usually:
 - a. Feel at least partially to blame.
 - b. Feel that they must keep silent about the abuse.
 - c. a and b.
- 14) Child molesters are:
 - a. Male or female.
 - b. Always male.
 - c. Always homosexual.
 - d. a & c only.
- 15) If a child does not tell anyone about the abuse, it is because:
 - a. They probably didn't mind it, or may have even enjoyed it.
 - b. They may have been forced, tricked or bribed into keeping the secret.
 - c. They usually feel able to handle it themselves.
 - d. At certain ages they won't remember it.
- 16) Offenders gain access to children through:
 - a. Occupations.
 - b. Volunteer work.
 - c. Marriage.
 - d. All of the above.
- 17) Children who disclose will often recant because:
 - a. They were seeking attention by telling about sexual abuse.
 - b. They are embarrassed and not believed.
 - c. The offender confesses.
 - d. Children never recant.
- 18) The trauma experienced by a victim of child sexual abuse may be related to:
 - a. The sexual response of the victim.
 - b. Response of adults to the disclosure of the abuse.
 - c. The victim's perception of the offender and themselves.
 - d. All of the above.
- 19) The order of the cycle of violence is:
 - a) tension building, explosion/acute battering, honeymoon
 - b) grooming, trust building, battering
 - c) aggressive action, running away, starting over
 - d) none of the above

20) Children in abusive homes can experience:

- a) sleeplessness, stuttering, behavioral problems
- b) depression, stress, aggressiveness
- c) academic problems
- d) all of the above

21) True or False: Boys are less traumatized by sexual abuse than girls.

22) The “intervention” in crisis intervention is:

- a) telling a victim what they should do next
- b) finding ways to cope with the anxiety or stress
- c) re focusing the client on what you think the issue is
- d) all of the above

23) Active listening includes:

- a) looking away, re wording statements, and breaking silences
- b) refocusing on what you think client needs using their own statements
- c) attending, paraphrasing, clarifying, and perception checking
- d) clarifying, distracting, avoiding, and rephrasing

24) Attending is:

- a) focusing on the survivor
- b) having relaxed posture
- c) having natural eye contact that shows genuine interest
- d) all of the above

25) Paraphrasing is:

- a) rewording a victims statements to what you think they mean
- b) repeating a victims messages using similar but fewer words
- c) repeating exactly what a victim says
- d) none of the above

26) Clarifying is useful to:

- a) Make victims statements more clear
- b) To allow helper to make sense of victims statements
- c) For helper to assume what the victim means based on their own experiences
- d) A and B.

- 27) True or False: It is ok for advocates to give legal advice to clients.
- 28) True or False: Advocates are mandatory reporters
- 29) True or False: It is important that an advocate states their own opinion when a client chooses an option that the advocate does not believe is in their best interest.
- 30) A survivor has the right to complete confidentiality except in which circumstances:
- a. Her attorney requests the information.
 - b. She is lying.
 - c. When a court orders the information be released.
 - d. When her family is concerned about her.
- 31) If a child reveals any kind of abuse to someone, that person should:
- a. Investigate the allegation to determine if it is true.
 - b. Get as many details as possible from the child.
 - c. Report what he/she knows to Child Protective Services and/or the police.
 - d. All of the above.
- 32) An example of ethical behavior is:
- a. An advocate sharing information about her/his own abuse with a survivor.
 - b. Getting together with the survivor as friends outside of the Crisis Center.
 - c. Giving the survivor advice on the best course of action.
 - d. Providing the survivor with all relevant information to assist her/him in making an informed choice
- 33) A survivor may need all of the following from an advocate **except**:
- a. Trust
 - b. Clarification of the current situation
 - c. Realistic guidance and support
 - d. Motherly advice
- 34) True or False: Every client has the right to self-determination and to have ultimate control over their healing.
- 35) True or False: One of the most supportive things you can do for a survivor of sexual assault is to believe her or him.
- 36) The stages of change are:
- a. The direction a counselor takes when working with a victim of trauma.
 - b. A series of six stages in the course of changing a problem.
 - c. This course is either taken on their own or with the assistance of a therapist/counselor.
 - d. B and C
- 37) True or False: The same skills/approach are needed for each stage of change.

38) True or False: Resistance can occur when a counselor is using strategies inappropriate for a client's current stage in change.

39) Effective Motivational Approaches are:

- a. Giving advice, removing barriers, providing choice, decreasing desirability, practicing empathy, providing feedback, clarifying goals, and actual helping.
- b. Increasing desires, limiting choices, clarifying problems, removing barriers, practicing sympathy, and mandating goals.
- c. Asking questions, limiting access, assessing limits, utilizing weaknesses, setting goals, decreasing coping mechanisms, and increasing parenting skills.
- d. Assessing, interviewing, probing, planning, avoiding, and giving advice.

40) The effective ingredients of brief counseling interventions:

- a. Assessing, questioning, probing, telling, and directing.
- b. Feedback, responsibility, advice, menu, empathy, and self-efficacy.
- c. Self-determination, responsibility, assessment, sympathy and advice.
- d. Mandatory service, responsibility, reliability, empathy, and directing.

41) True or False: It matters not only whether a person interacts with a counselor but what the counselor does during their exchange.

42) Confrontational styles tend to:

- a. Force compliance
- b. Evoke resistance
- c. Calm the client
- d. Soothe anxiety

43) Empathetic styles tend to:

- a. Evoke resistance
- b. Decrease resistance
- c. Have better long-term change.
- d. B and C

Glossary of Terms

1. Trauma- is not an event itself, but rather a response to a stressful situation.
2. Trauma Informed Advocacy- assessment of individual's unique trauma symptoms to service plan for clients to effectively reduce symptoms that are biological, psychological, and social.
3. Empowerment-process by which individuals and groups gain power, access to resources and control over their own lives. In doing so, they gain the ability to achieve their highest personal and collective aspirations and goals (Robbins, Chatterjee, & Canda, 1998, p.91).
4. Biological- physical effects or symptoms as a result of trauma.
5. Psychological- emotional symptoms or mental health concerns as a result of trauma.
6. Social- role functioning and interaction within the environment as a result of trauma.
7. Motivational Enhancement (ME)—is based on the Transtheoretical Model of Behavioral Change, developed by Dr. James Prochaska and his colleagues of the URI Cancer Prevention Research Center, and has been used extensively to promote behavioral change in a variety of ways—including smoking cessation and alcohol and other drug treatment.
8. Intervention-tool, tactic, or action used to intervene.
9. Symptom- a sign or indication of something.
10. Advocate- a supporter, a person who is in favor.
11. Assessment- an evaluation.