

Becoming Trauma Informed

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Agenda

- Why become trauma informed?
- What is TIC?
- The Trauma Informed Lens
 - Role plays
- What communities are doing to incorporate TIC into their agency/community.

What is Trauma/Stress?

Something life-threatening or frightening that you see or that happens to you.

- Overwhelming
- Involves a threat
- Feel a loss of control
- Feel helpless and fearful
- Interferes with relationships and beliefs.

Homelessness and Trauma



History of trauma among the homeless

- Almost a quarter are vets – single adults.
- More likely to have experienced all categories of trauma, particularly sexual and physical abuse.
- More vulnerable to violent victimization while homeless
 - - 22% report being assaulted while being homeless
- 1/5 experienced homelessness as a child
- 92% of women experienced severe physical and/or sexual abuse over their lifetime. For 63%, assault was by an intimate partner.
- 43% were sexually molested as children, usually by multiple perpetrators.
- 8% of children experience physical abuse (2x that of other children)
- 8% of children experience sexual abuse (3x that of other children)



Homeless children and trauma




- 1 in 30 children in America experience homelessness. Current number is 1.5 million
- 51% are under the age of 6
- Homeless children experience overwhelming loss: a sense of place, friends, pets, important possessions, and self
- Homeless children experience disrupted relationships; parental health problems cause lack of normal development
- Violence, hunger, and lack of access to school and healthcare

Children and adults may be diagnosed with depression, ADHD, oppositional defiant disorder, conduct disorder, anxiety disorder, and reactive attachment disorder.



Guarino, NCFH



“Although childhood trauma experienced by individuals may be core to their condition and central to their healing, it has seldom been addressed or viewed as a central issue in the treatment of adults within the public mental health settings.”



- Traumatic Experiences can have a significant impact on day-to-day survival and quality of life.
- Systems designed to assist people who have experienced trauma can sometimes re-traumatize the people they serve by recreating situations or experiences that leave people feeling helpless, vulnerable and out of control in ways that mimic past traumatic experiences.

The ACE (Adverse Childhood Experiences) Study

- Kaiser Permanente and the CDC completed a decade long study looking at the effects of ACE's over the lifespan.
- 17,000 people participated – the largest study of it's kind ever done on the subject.
- HMO members studied:
 - 80% White, including Hispanic
 - 10% Black
 - 10% Asian
 - 50% Men, 50% women, 62% ages 50 and older.

Adverse Childhood Experiences include:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- Physical neglect
- Emotional neglect
- A household member who is an alcoholic or a drug user
- A household member with serious mental health problems
- A mother treated violently
- A household member being imprisoned
- Both biological parents absent

The study revealed almost 2/3 of those surveyed had suffered at least one adverse childhood experience, and more than 1 in 5 reported 3 or more experiences.

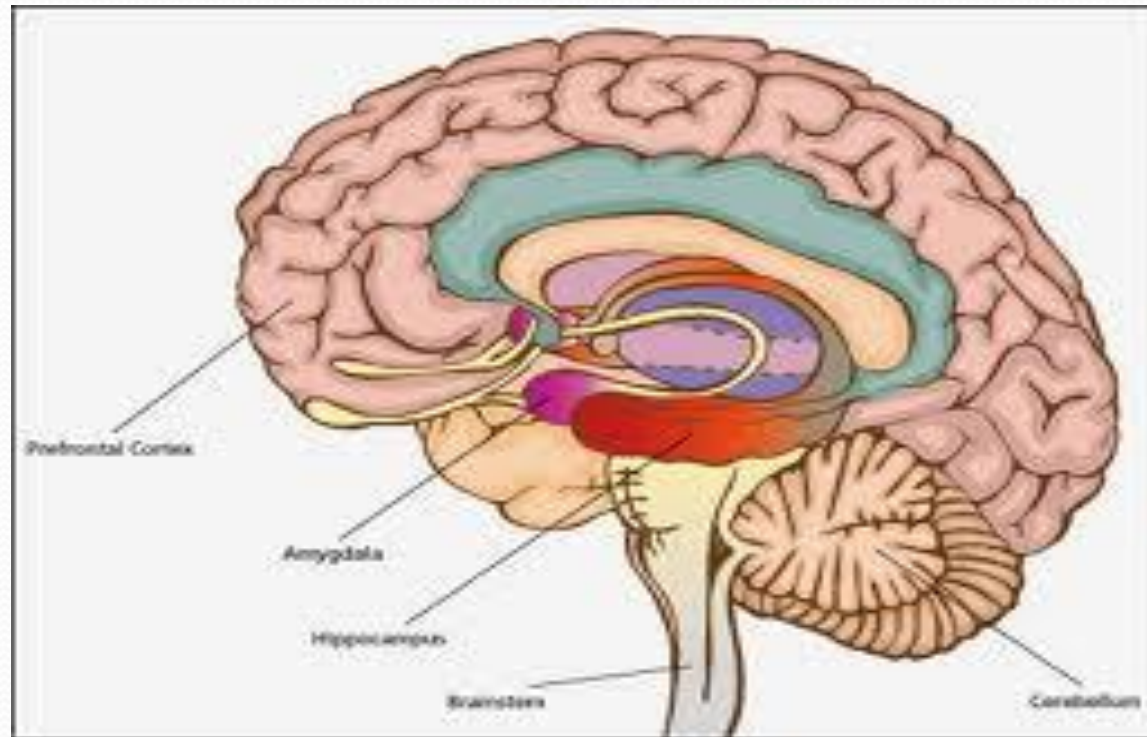
Trauma survivors have adopted survival skills that have helped them manage their trauma in the past.

These strategies make sense given what people have experienced, even if they are confusing to others or are seen as getting in the way of current goals.

- Guarino, NCFH

BRAIN STRUCTURE AND FUNCTION

- Prefrontal Cortex – Logic, thinking, language, self-awareness.
- Limbic System – Emotional memory, fear, pleasure, feeling
- Brain Stem – Sensing and acting



Symptoms of trauma

- Irritability
- Tearfulness
- Anxiety and/or fear
- Difficulty sleeping
- Changes in Appetite
- Hypervigilance
- Avoiding situations that remind us of the experience

● Guarino - NCFH



Fight, flight or freeze responses

- Aggression
- Defensiveness
- Substance use
- Fleeing
- Self-harm
- Avoiding appointments
- Avoiding situations
- Refusing to talk
- Spacing out during conversations
- Displaying emotions that don't match the current situation.
- Exiting a program
- Anxiety
- Isolating

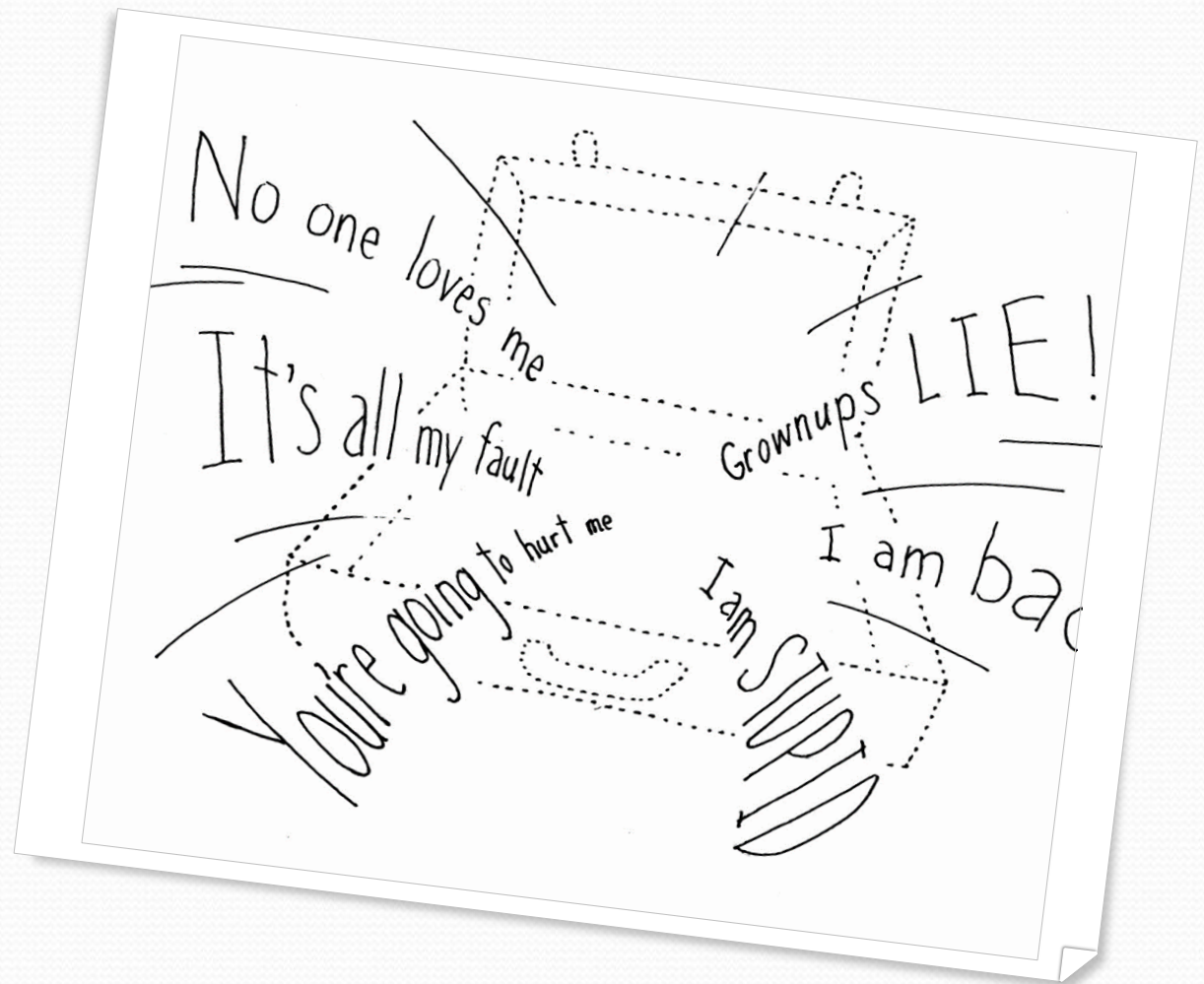


Snakes and sticks

- Everything we expect and belief about ourselves, others and the world is based in our experiences.
- Imagine you were walking through your yard and saw a snake. How would you react?
- How would you react walking through that same part of your yard for the next few days?
- Imagine if you saw a stick in the yard in the same place a week later?
- This is our brain's stress response to keep us safe

Invisible Suitcases: What are they?

Families come with overwhelming negative beliefs and expectations. Understanding this is critical to understanding effects of trauma and building therapeutic relationships.



Invisible suitcase Part 1

Time to move!

Role Play

What are Triggers?



A trigger is something that sets off a “memory tape” or a flashback transporting the person back to the event of his/her original trauma.

Identifying and reducing triggers

- Triggers can happen in the following forms:
 - Sight, Sound, Taste, Smell, or Feeling.

In the case of physical and/or sexual abuse:

- Someone who resembles or has similar traits as the original abuser.
- Anything that sounds like anger, pain, or fear (i.e. crying/screaming)
- Anything that resembles the smell of the abuser (i.e. alcohol, tobacco, after shave, perfume)
- Anything resembling the abuse – Standing too close, Certain physical touch, Being approached in a certain way.
 - Psych Central – U of Alberta Sexual Assault Center

Trauma Informed Care



Trauma Informed Care Defined

“Trauma-Informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both survivors and providers, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

- Kathleen Guarino, NCFH



THE NATIONAL CENTER ON
Family Homelessness

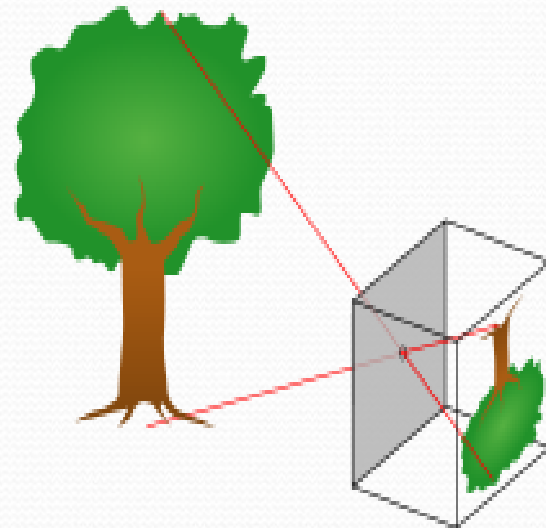
Language: Person Centered

- The emphasis is on the **person**, defining them as **who they are** and not a current experience:
 - Homeless person -> Person experiencing homelessness or “in transition”

This language shift allows room for the individual to be recognized not as the “sum of their situation”, but as **people who are growing, changing, and shifting**. It also serves to remove some of the stigma they are frequently experiencing.

Becoming trauma informed means learning how traumatic experiences impact the whole person – the way they think, feel, respond, and act.

Learning how to interpret client's responses and behaviors can be enhanced by viewing them through a **trauma lens**.



Viewing client behaviors through a trauma lens



Judgement/Heirarchical lens

- Manipulative
- Resistant
- Unmotivated
- Entitled
- Disorganized
- Self-sabotaging
- Missed appointments
- What is wrong with you?

The Trauma-Informed Lens

- Overwhelmed
 - Triggered
 - Constantly on the lookout for danger
 - Mistrustful of others due to abuse history
 - Getting needs met using strategies that worked in the past.
 - What happened to you?
- National Center on Family Homelessness

Principles of Trauma Informed Care

- ❖ Recovery is possible
- ❖ Healing happens in Relationships
- ❖ Ensure cultural competence
- ❖ Promote safety
- ❖ Support client control, choice and autonomy.
- ❖ Share power and governance
- ❖ Integrate care. What does this mean?

De-escalation tactics

- ❖ Give person undivided attention. Use eye contact and pay attention to body language.
- ❖ Be non-judgmental. Watch your body language and tone. It will calm them.
- ❖ Focus on person's feelings. "That must be pretty scary"
- ❖ Allow silence. Ask a question. Then wait.
- ❖ Clarify Messages: "Is this what you mean?" Ask questions.
- ❖ Manage triggers: identify, remove trigger or remove person from the trigger – which ever is easier.
- ❖ PRACTICE!

Invisible suitcase Part 2

Role Play with TIC



Lessons learned from perspectives of client and provider

Case Example:



- Traditional : Hierarchical
- Trauma-Informed: Shares power, decreases hierarchy
- *“In our agency, we need to set certain rules, and clients have to follow them. It may not always seem fair, but my boss tells me what I have to do, and I have to tell my clients what they need to do.”*

Other important facets of TIC

Vicarious Trauma

- *“Vicarious Trauma is the process of personal change that happens because you care about other people who have been hurt and feel committed and responsible for them. Over time this process can lead to changes in your psychological, physical and spiritual well-being.”*
- http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf

Self – Care!

- *An intentional way of living by which our values, attitudes and our actions are integrated into our day-to-day routines. Taking care of the WHOLE person – body, mind and spirit.*
- Self care is burn out prevention
- ABCS of Self Care:
 - Awareness
 - Balance
 - Connection

Community work: Wake County

- Trauma Informed Tool Kit/Assessment
 - Conduct within agency and develop individual goals and plans.
- Develop a trauma sub committee – Wake County efforts with HSS
 - Goal: 80% of agencies will be trauma informed using community approved best practices and standards
 - Materials for use for staff and clients: BE KIND Campaign.
 - Training and education for providers and clients
- ACES's screenings and film: Resiliency.

Other National efforts:

- Florida “first trauma informed city”, Goal: increase awareness of issues facing members in our community who have been traumatized to promote healing”
 - Local housing authority – training for all staff training on “Why are you yelling at me when I’m only trying to help you?”
 - Staff at elementary school

whatworksforhealth.wisc.edu/program.php?t1=20&t2=6&t3=82&id=624 – Trauma Informed Communities

Brainstorm in small groups

What can you do to incorporate TIC into your community?

Action steps.