Creating a Trauma-Sensitive Environment

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Today's Outline

- Trauma Defined

- Tenets of Trauma Informed Care

- How to Create a Trauma Informed Environment

Trauma and Homelessness

History of Trauma Among those experiencing homelessness

- 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

- 43% were sexually molested as children, usually by multiple perpetrators.

Single Mothers Who are Homeless

- 92% Experience severe physical and/or sexual abuse. For 63%, assault was by an intimate partner

- Have 3 times the rate of PTSD (Post Traumatic Stress Disorder) (36%) and twice the rate of drug and alcohol dependence (41%)

- Mothers often are in poor physical health

  - Over 1/3 have a chronic physical health condition.

  - They have ulcers at 4 times the rate of other women.

(The National Center on Family Homelessness, 2012)

Homeless Children and Trauma

- 8% of children experience physical abuse (2x that of other children)

- 8% of children experience sexual abuse (3x that of other children)

- 1 in 30 children in America experience homelessness.

- 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

Definitions of Trauma

What is Trauma?

A **threat** to an individual or their loved one's **life** or their psychic or bodily **integrity**

1

• The individual's **coping** capacity and/or ability to **integrate** their emotional experience is **overwhelmed**

2

Adapted from Giller 1999, NCDVTMH 2012, Packard//NIWRC 2012

Examples of Traumatic Events

- Warfare
- Accidents
- Violence
- Threat of violence
- Natural disasters
- Forced displacement
- Job loss

- Serious illness
- Financial problems
- Divorce or breakup
- Death of a loved one
- Forced separation from a loved one
- Acquiring a disability

Types of Trauma

- **Acute Trauma:** Single traumatic experience
  - Ex: car accident, death of a loved one

- **Complex Trauma:** Multiple traumatic experiences
  - Ex: Repeated acts of abuse and violence

The individual's perception

Whether or not one has felt overwhelmed in previous situations

The amount of affection one received

How one was raised

No two people's experiences are the same.

What one fears

Brain Chemistry

The support system someone has or doesn't have

Internal coping mechanisms

Historical/Collective Trauma

The cumulative emotional and psychological wounding of a group of people often based on race, creed, and ethnicity

- Ex: hate crimes, chronic stressors like racism/poverty, institutional abuse/neglect, genocide
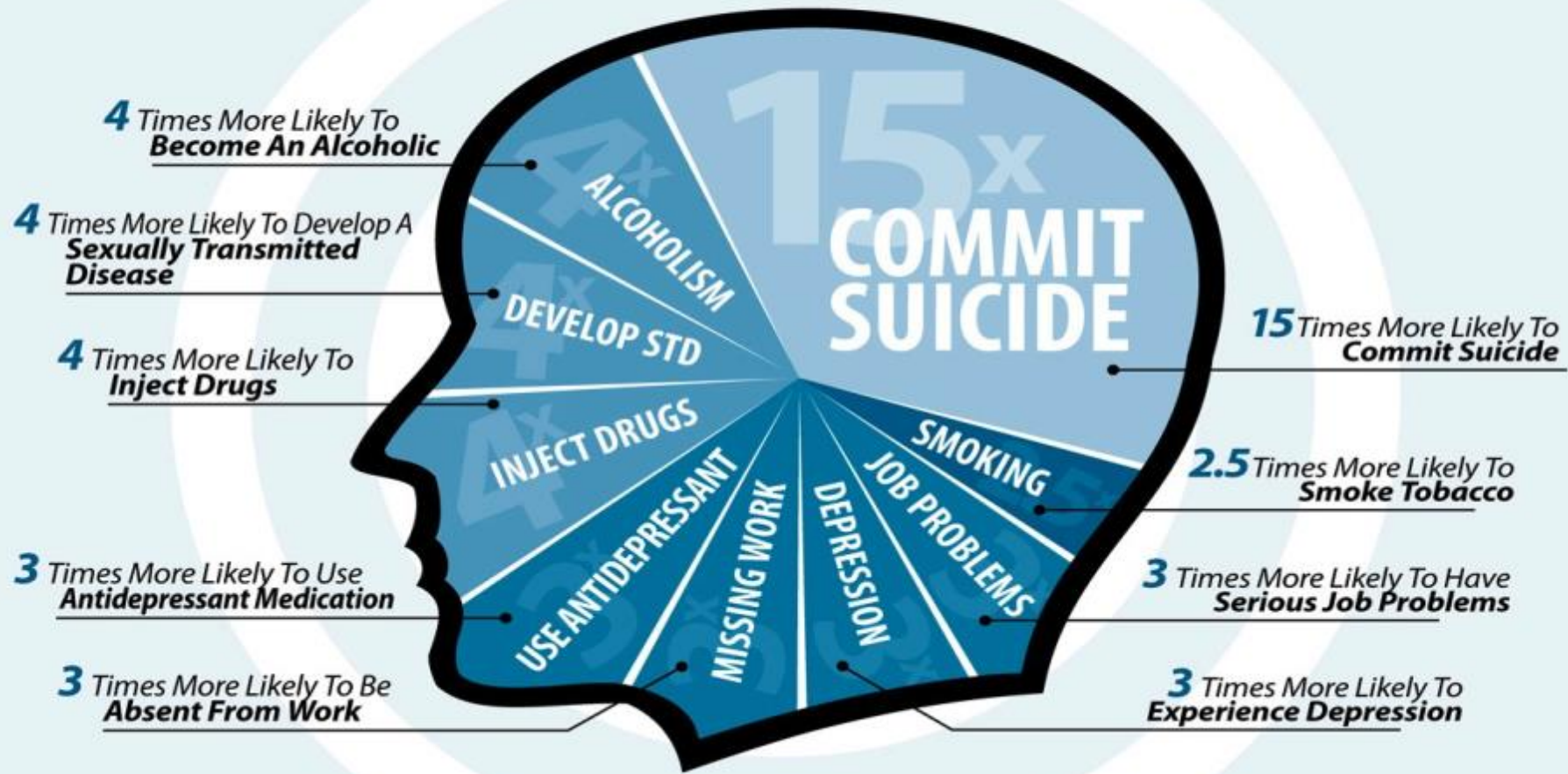- **Any abuse of power by one person/group over the community**

Historical/Collective Trauma

- "Adverse community experiences - an aggregate of trauma experienced by community members or an event that impacts a few people but has **structural and social traumatic consequences**. Collective trauma can break social ties, communality, and undermine previous supportive resources...

- "A collective feeling they have been subjected to a horrendous event that **leaves indelible marks upon their group consciousness**, marking their memories forever and changing their future identity in fundamental and irrevocable ways.' Cultural trauma not only **highlights trauma at a community level** but also the necessity of **community level intervention** to deal with trauma collectively."

Trauma and the Brain

Way Our Brain Functions

Visual Cortex

Thalamus

LeDoux's sub-cortical "Shortcut"

DANGER!!

Amygdala

Response: Heart Rate, Muscles, etc.

cf. p. 56 of LeDoux's Scientific American article, June, 1994.
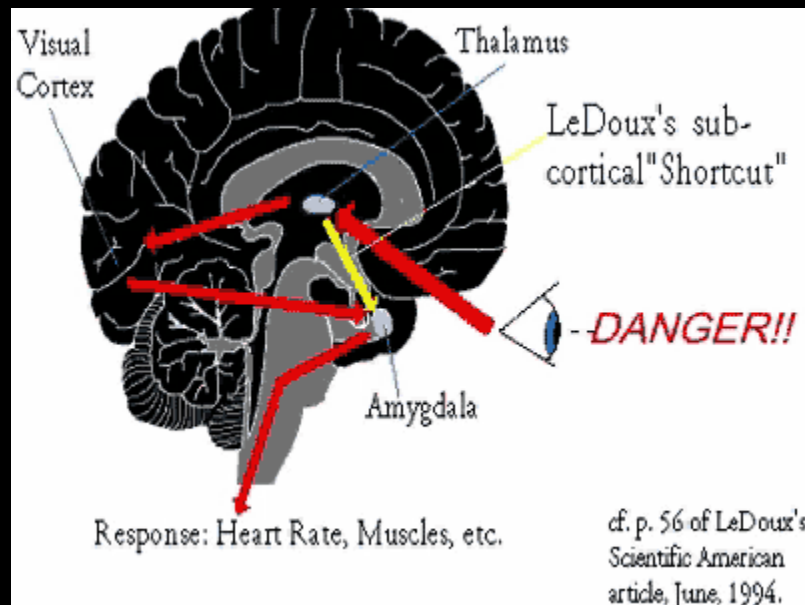
Limbic part of our brain = doing part of brain – how we react – it regulates our response to threats, danger and emotion.

Frontal Cortex - thinking part of our brain used for planning, problem solving and organizing.

Neurological and Psychosocial Impacts- hormones

- Hormonal system that reacts to stress and trauma by releasing the chemical cortisol.

- Prolonged release of cortisol is toxic to the brain, and causing decreased size in children who experienced trauma.

(Putnam, 2006)

Impact on Brain
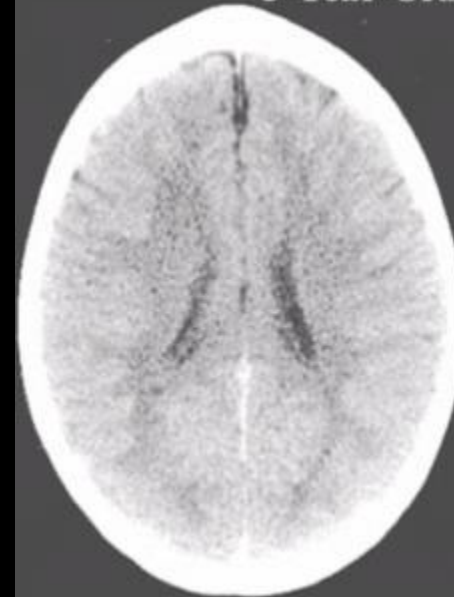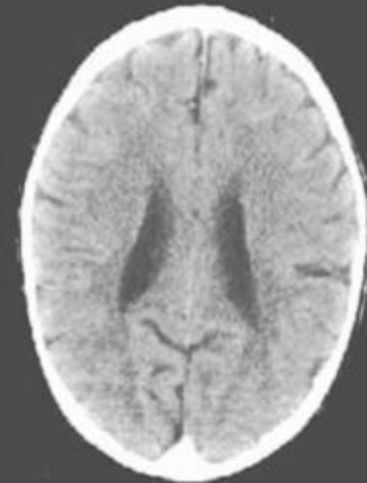
Stress Hormone- cortisol

- Affect areas of the brain involved in learning and memory – frontal cortex

- Affect areas of the brain involved in emotions and self-control - limbic

- Children who are stress reactive are at risk for behavior problems, school failure, and health problems

Trauma Video

Toxic Stress Derails Healthy Development

Trauma responses – short-term

- Numbness

- Anxiety

- Anger

- Helplessness

- Startle responses

- Difficulty concentrating

- Distortion of time and space

- Memory problems

- Withdrawal and apathy

- Loss of self-efficacy

- Despair about humanity

Trauma responses – long-term

- Depression

- Anxiety

- Grief reactions

- Emotional detachment

- Nightmares

- Persistent fatigue

- Hyperarousal

- Flashbacks

- Social relationship disturbances

- High-risk behaviors

- Loss of purpose

- Reestablishing priorities

Substance Abuse and Mental Health Services Administration (US)

Common Diagnoses Post-Trauma

- Anxiety (specific phobias, separation anxiety, generalized)

- Oppositional Defiant Disorder

- Attention Deficient Disorder

- Major Depressive Disorder

- Sometimes ADD/ADHD is diagnosed but it's actually just stress

- PTSD – when one experiences a traumatic event are not able to control their stress/anxiety response by psychologically and physiologically

Tenets of 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

Systems 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.**

- Guarino, NCFH

Principles of trauma-informed approach

Safety	Trustworthiness & transparency	Peer support
Collaboration & mutuality	Empowerment, voice, & choice	Cultural, historical, & gender lenses

-SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Tenants of TIC: examples

- Trauma awareness

  - Training and education for consumers and staff

- Emphasis on safety

  - Emotional and physical – Be aware of triggers.

- Opportunities to rebuild control

  - Allow choice for consumers. Create predictable environments that allow consumers to rebuild a sense of efficacy and personal control over their lives. Involve consumers in the design and evaluation of services. sit across from client.

- Strengths-based approach

  - Focused on the future and utilize skill building to further develop resiliency

How to Create a Trauma-Informed Environment

Client Interactions

Effective Trauma Informed Care

- Includes:
  - A shift in perspective
  - A shift in language
  - A shift to strategic communication and connection
  - A shift to inclusiveness
  - A shift to recognizing vicarious trauma
  - A shift to emphasize self-care

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.

Perspective Shift:
Viewing Behaviors Through a Trauma Lens

Face Value Viewpoint

- Manipulative - "working the system"
- Resistant
- Unmotivated
- Disorganized; missing appointments, meetings, etc
- Self-sabotaging
- "Zoning out"
- Inability to engage

Trauma-Informed Viewpoint:

- 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.

NCFH

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.

• Avoid power struggles or asserting your authority.

• Resist being unstructured and unorganized. Their brains already feel this way enough.

Trauma informed case management examples:

- Environment:

    Sit across from client

    Create a welcoming and soothing, clutter free environment

    Bring the outside in

- Consider involving clients in:

    Program evaluations

    Providing input for policy changes

    Rules and policies for housing

Trauma Informed Steps

- Have your agency complete the trauma tool kit and make changes.

- Seek trauma informed education through trainings, articles, and staff discussion

- Craft a written statement expressing commitment to the trauma informed approach which all staff and board members will sign to be posted where clients can see

- Form a task force of board members, staff and former clients to evaluate all written policies, information, and procedures. Implement task force suggestions

- Adjust intake and case management process to include information about client history, triggers, creating a safety plan.

- Providing client training on the effect of trauma and how they can better understand themselves in order to heal.

Physical Environment

Safety: physical and emotional

- Physical safety of building, grounds, parking area.

- Policies for gaining access to the building

- Privacy – physical space, communications, with resident input

- Policies in advance for unsafe situations

- Materials, posters, etc. don't contain triggering images

- Housing structures, service models that minimize potential for traumatic conflict

Adapted from National Center on Domestic Violence, Trauma and Mental Health (NCDVTMH)

Safety: DV shelter examples

- In group shelter:
  - Lockable space?
  - Availability of beds all day?
  - Security system?
  - Shared family space?
  - More private accommodations for particularly vulnerable residents, such as transgender folks?
  - Confidential location?

Culture, empowerment, trustworthiness

- Space is physically accessible

- Materials and décor reflect diversity of community served

- Procedures for obtaining **and responding to** input from residents on accessibility, inclusivity, cultural relevance, physical and emotional safety of the physical space

- Minimal rules, especially for DV survivors

- Maximal resident choice in decisions that affect them and their families (DV security example)
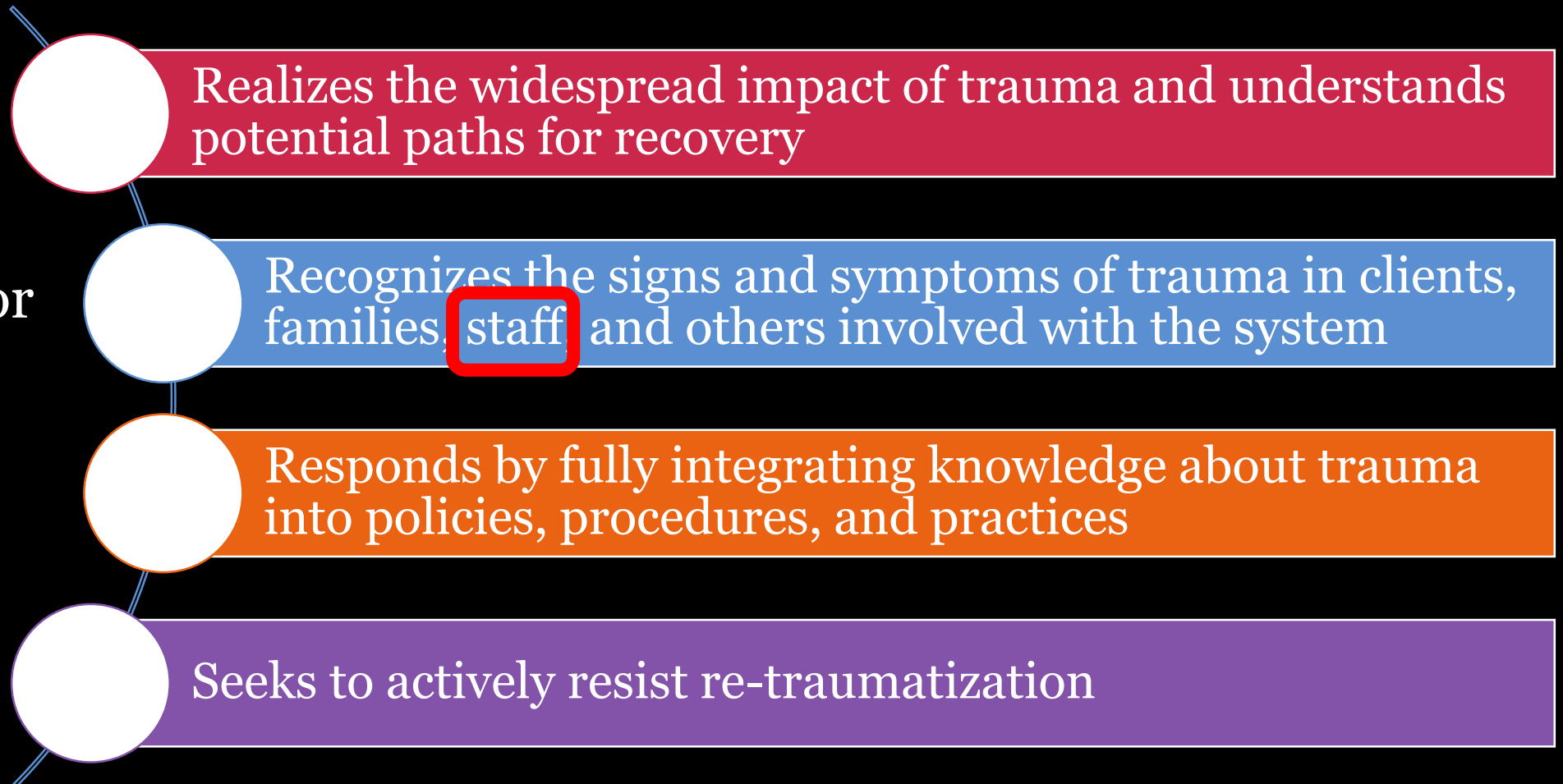
Organizational

Mission and core values

- Mission statement includes commitment to trauma-informed services

- Policies and procedures for interacting with clients reflect all tenets of trauma-informed care

Trauma-informed approach

A program, organization, or system that is trauma-informed:

-SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Realizes the widespread impact of trauma and understands potential paths for recovery

Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Seeks to actively resist re-traumatization

Trauma-informed internal policies: Physical safety

- Proactively developed, written procedures for accommodating safety needs of staff

  - Leave policies related to domestic violence, sexual assault, other acute trauma – **not** a vacation.

- Clear definitions of what constitutes an unsafe situation for residents that consider resident voices, racism, homophobia, transphobia, etc. Clear procedures for how to respond to unsafe situations, including methods for de-escalation.

- Proactively seek employee input on physical safety, including in orientation and supervision

Trauma-informed internal policies: Emotional safety

- Privacy and confidentiality

- Door closing

- Policies and procedures for staff conflict resolution and for filing grievances that consider power dynamics within agency hierarchy

- Diversity in all levels of staff, not just front-line

- Debriefs, time, space, other supports for managing vicarious trauma

Trauma-informed internal policies: Emotional safety, continued

- **Self-care is not the sole responsibility of staff; it must be supported by the agency structure and policies.**

- Policies that support staff self-care: flexible hours, paid vacation, paid family leave, manageable workload, opportunities for professional development, etc.

- Provide regular and ongoing training for all staff on trauma, including vicarious trauma, as well as trauma-informed care

Trauma-informed internal policies: Trustworthiness and transparency, collaboration and mutuality, empowerment, voice, and choice

- Staff with less organizational power should have input in decisions, policies, and procedures that affect them

- Clear delineation of who has what decision-making power and why

- Staff at all levels should have time within their workload to reflect upon agency processes and make recommendations for improvements

- Consistency in application of agency policies across staff

- Staff confidentiality and privacy is respected as much as possible

Trauma-informed internal policies: Culture, historical, gender lens

- Staff should be representative of community, including marginalized populations, across all levels of hierarchy

- Staff should all receive training on oppression and how to build racial and all forms of equity

- All decisions should be made considering how the decision will impact more advantaged folks differently from less advantaged folks

- Recognize that racism, sexism, ableism, homophobia, transphobia, etc. etc. etc. cause **both** individual **and** collective/historical trauma for staff, residents, all of us. Can't be trauma-informed without considering impacts of these traumas.

Questions???

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