

Trauma-Informed Care

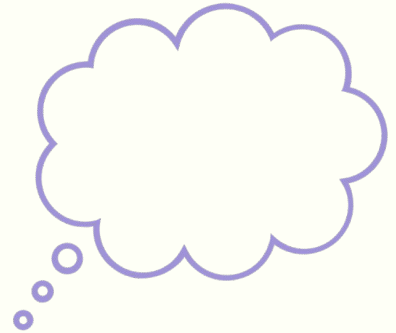


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Collaborative Solutions

A Few Asks

- Save questions until the end, unless needed for clarification and/or immediate understanding
- Be open to thinking about concepts with a different perspective
- Take note of any emotions or reactions that pop up for you



Considerations

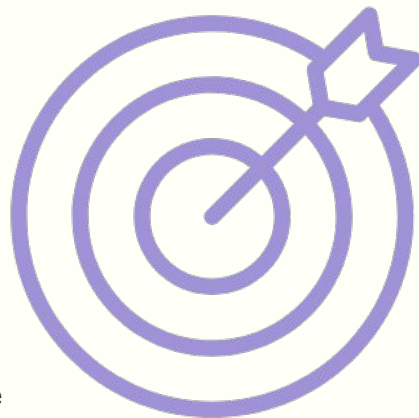
Before delving into this topic, here are a few things to consider:

- What is your experience of trauma? Personally, interpersonally, professionally, etc.
- With what peers and/or colleagues can I process and discuss what I learn?
- How can I approach people who've experienced trauma with respect, understanding, and empathy?



Objectives

- Define trauma and trauma-informed care
- Understand the various impacts of trauma on individuals
- Recognize the signs of trauma
- Detail the 4 R's of trauma-informed care
- Begin to envision how to integrate trauma-informed care into your work and life
- Understand the importance of self-care, collaboration, and creativity in the process of implementing trauma-informed care
- Consider shifting your view of trauma from a lens of pathology to one of curiosity





“Curiosity over judgment and assumptions is at the root of trauma-informed care.”



— Jaime Hunn

Definitions

- **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, and/or spiritual well-being. Trauma can also be experienced systemically or collectively, due to events and experiences such as historical oppression, natural disasters, and social injustice.
- **Trauma-informed care:** An approach to providing services and support that realizes the widespread impact of trauma, recognizes the signs and symptoms of trauma in others, responds by integrating this knowledge into practices, and actively resists re-traumatization.

Both definitions derived from SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

Definitions

- **Adverse childhood experiences (ACEs)**: A set of potentially traumatic events and/or experiences that occur during childhood and adolescence which correspond to various health outcomes. Note that this measure is not inclusive of collective traumas such as discrimination and oppression, as well as other childhood experiences identified as traumatic such as being bullied.
- **Pathology**: The study of abnormal or disordered psychological processes, behaviors and conditions.
- **Resilience**: An individual's ability to adapt, recover, and/or grow in the face of adversity or trauma.

Many discussions of trauma exist within a framework of pathology. While it is important to acknowledge the negative impacts that arise from trauma, it is equally important to identify the ways that people cope, recover, and thrive despite what they've experienced.

Health impacts of trauma

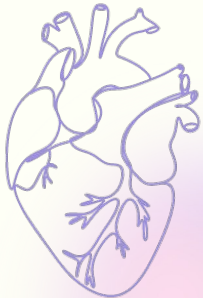


- A high ACEs score directly correlates to an increased risk of various physical health concerns, such as: chronic lung and heart diseases, liver disease and cancer, autoimmune diseases, sexually transmitted infections, mental health and substance use-related diagnoses
- Trauma can result in hormonal imbalances affecting systems within the body such as the thyroid, adrenal glands, and reproductive hormones
- There is a connection between trauma and chronic inflammation which can impact pre-existing health conditions
- If trauma occurs early in life and/or lasts a long time, the effects are more persistent - the limbic system is primed to remain on alert and people may startle easier, have trouble accurately reading faces and social cues, have difficulty sleeping, and tend to avoid situations that increase stress

Other impacts of trauma

Physiological

Elevated stress hormones, heart rate, blood pressure changes, immune system suppression, digestive disturbances, inflammation, neurological changes, changes to the brain



Behavioral

Avoidance, social withdrawal, hypervigilance, flashbacks, emotional dysregulation, substance use/misuse, aggression, nightmares and sleep disturbances, loss of interest, difficulty concentrating, self-harm



Interpersonal

Isolation, difficulty forming and maintaining healthy attachments, unhealthy communication skills, codependency, being in unhealthy or abusive relationships, struggling to trust others



How trauma can show up



Physiological

Being more prone to illnesses and struggling to recover from being sick

Loud noises triggering increase in heart rate and blood pressure

Difficulty maintaining consistent eating schedule due to digestive problems

Behavioral

Disengaging in services offered because they are re-traumatizing

Struggling to regulate one's emotions after conflict with a staff member

Someone often appearing very tired due to regular sleep disturbances and nightmares

Interpersonal

Not trusting staff members despite attempts to build relationships

Struggling to identify and express one's emotions

Isolating oneself during a group activity

Shifting our view on trauma

Through a different lens...

- Increased empathy
- Enhanced perspective
- Adaptability
- Development of creative coping skills
- Heightened emotional intelligence
- Value of community and social supports

Research suggests that between 30 and 70% of individuals who experienced trauma also report positive change and growth coming out of the traumatic experience.

With this in mind, we can acknowledge the ways that people adapt, grow, and change in response to trauma they've experienced.



Prevalence



- There is a strong correlation between people who have experienced homelessness and people who have experienced trauma
- The experience of homelessness itself is often traumatic, as it can involve a lack of safety and stability and a disconnection from community, but this is also deeply individual
- Accurate statistics around the prevalence of trauma are difficult to find, but some suggest that 80% of people experiencing homelessness have also experienced life-altering trauma at some point in their lives
- What's important to note is that more likely than not you are interacting with people who've experienced trauma on a consistent basis

Trauma-informed care



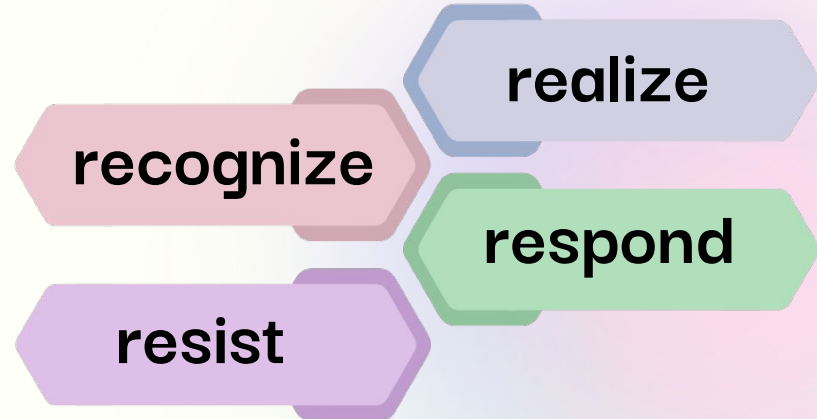
Trauma-informed care integrates the knowledge of the widespread impact of trauma into all aspects of an organization - through service delivery, policies and procedures, organizational culture, communication on all levels, etc.

Some of the key principles to a trauma-informed approach include:

1. Safety
2. Trustworthiness and transparency
3. Collaboration and mutuality
4. Empowerment, voice, and choice
5. Cultural humility

The 4 R's of trauma-informed care

- **Realize** the prevalence of trauma and how it can affect families, groups, organizations, communities, and individuals
- **Recognize** the signs and symptoms of trauma and understanding how this impacts someone's behaviors, emotions, relationships, and responses
- **Respond** to this through applying a trauma-informed approach to all areas of practice
- **Resist** re-traumatization through promoting a culture of empowerment, autonomy, and respect and refraining from actions and/or practices that trigger people



Trauma-informed care in homelessness services



Applying trauma-informed care within your organization begins with educating staff on trauma's impact (**realize**) so that they can acknowledge the signs and symptoms of trauma within clients (**recognize**).

Implementing the tenets of trauma-informed care throughout your organization's policies, procedures, and services (**respond**) provides a way to hold your organization and its staff accountable to preventing re-traumatization (**resist**).

Creating safe and supportive environments

Empowering choice and collaboration

Relationship and rapport building

Cultural humility

Equity and inclusivity

Transparency

Not one size fits all



- People who have experienced trauma are not a monolith
- People's responses, experiences, and needs related to trauma are deeply individual
- Trauma-informed care must be adaptive and creative
- Approaches should consider someone's cultural background and personal history
- We can also tailor interventions to be mindful of someone's strengths and coping skills

What considerations might you add to this list?

Some aspects to consider:

Cultural sensitivity

Personal triggers

Communication style

Goals

Strengths

Practical strategies



Let's consider a trauma-informed approach to assessment and screening:

At a resource center for queer and trans youth, we would conduct an intake with youth who were new to the space. This would involve approaching the youth, briefly introducing ourselves, and then asking to move to a different room to conduct the intake where we would ask a series of questions, some of which were tied to traumatic experiences and/or were triggering for many youth.

What about this process does not feel trauma-informed?

Power dynamics

Lack of transparency

Lack of youth choice

Uncomfortable environment

Lack of youth voice

Different solutions and needs



Even two people who have had a similar traumatic experience might have different needs around what would feel supportive to them.

For example, if two youth in the same program were both severely bullied throughout their time in school, feeling excluded might be a trigger for them.

For one of these youth, their response might be to shut down and isolate themselves from peers and service providers. For the other, their response might be to yell at a peer for not including them and kick a piece of furniture in the space.

How might we respond to these different reactions?

What happens when you mess up?



- We are human and even when we are actively operating from a trauma-informed care perspective, we can still say or do things that are triggering to others
- What makes the difference is how we respond
- Acknowledge it, apologize, hold space for emotions and reactions, honor their needs

Consider this scenario:

A case manager has strong rapport with a client and they are having a lighthearted conversation about a resume the client has been procrastinating on. The case manager makes a joke, but this immediately reminds the client of their emotionally abusive parent and their demeanor changes.

Practical strategies on an organizational level



- Having a policy or position statement that includes a commitment to trauma-informed principles and practices
- Collaboration and shared decision-making is a key part of leadership style
- Clients and staff are encouraged to provide suggestions, feedback and ideas, and a structured and transparent process is in place for this
- Staff are encouraged to discuss ethical issues associated with defining personal and professional boundaries
- Job descriptions include knowledge, skills and abilities to work with people affected by trauma
- There is a clearly defined point of responsibility for implementing trauma-informed services. This may involve a trauma “initiative,” committee or working group that includes consumers and is fully supported and endorsed by leadership

Opportunities to collaborate

- Trauma-informed care can present a valuable opportunity to collaborate with people with lived experience/expertise (PLEE)
- Integrating trauma-informed care into an organization is a process, it doesn't happen overnight
- Throughout the process, how can you involve the YAB and PLEE?
- When you are unsure of something, consult with the YAB and PLEE and practice humility



Barriers



Potential barriers to implementing trauma-informed care might include:

- Lack of knowledge and training
- Constraints related to time and/or resources
- Conflicting values or organizational culture
- Moral injury, burnout, and vicarious trauma
- Misalignment with funding sources and their priorities
- Challenges related to measuring and evaluating effectiveness
- Resistance to change

Are there any other barriers you foresee?

Self-care and trauma exposure response



- Service providers who work with people who've experienced trauma are susceptible to trauma exposure response/vicarious trauma through their exposure to others' traumatic experiences
- This is "the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet" (van Dernoot Lipsky, 2010)
- Self-care is an integral part of trauma-informed care as both a preventative and reactive measure
- Self-care has become commercialized; it is much more than bubble baths and face masks
- Part of trauma-informed care can be integrating these practices into organizational culture to ensure this isn't an individual responsibility or expectation

"Self-care is not self-indulgence, it is self-preservation." - Audre Lorde

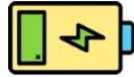
Types of Self-Care

Physical



Sleep
Stretching
Walking
Exercise
Nutrition
Yoga

Emotional



Stress Management
Coping Skills
Compassion
Therapy
Journaling

Social



Boundaries
Support System
Positive
Social Media
Communication
Friends

Spiritual



Time Alone
Meditation
Prayer
Nature
Sacred Space

Personal



Hobbies
Creativity
Goals
Identity
Authenticity

Space



Safety
Healthy
Environment
Stability
Clean Space

Financial



Saving
Budgeting
Money
Management
Paying Bills
Boundaries

Work



Time
Management
Work
Boundaries
Breaks

On the horizon



Some have advocated for a shift from trauma-informed care to healing-centered engagement.

Healing-centered engagement is a concept that's rooted in many of the same principles as trauma-informed care, however it explicitly centers both the collective nature of trauma and the importance of fostering resilience.

It is also culturally grounded and rooted in the political nature of trauma.

References and resources



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

<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>

The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement.

<https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

Trauma-Informed: A resource for service organizations and providers to deliver services that are

trauma-informed. https://med-fom-learningcircle.sites.olt.ubc.ca/files/2013/10/Trauma-informed_Toolkit.pdf

Understanding the Effects of Trauma on Health.

<https://www.chcs.org/media/Fact-Sheet-Understanding-Effects-of-Trauma-1.pdf>

Thanks!



Any questions?

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