

CRIJ 5365—Module 10 (Trauma Informed Services):

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Trauma-Informed Services:

- “One of the philosophies of advocacy that has particular application for those working in residential programs is that of trauma-informed services. Women arriving in shelter have likely experienced traumatic stress, often repeatedly. While everyone experiences daily stress, traumatic stress involves someone experiencing overwhelming circumstances that have threatened their physical or mental well-being and left them feeling vulnerable, helpless, afraid and out of control. This also can negatively affect their relationships and beliefs. Trauma survivors might have many triggers that are re-traumatizing, or make them feel again that they are in the danger of a past traumatizing event. Some of these triggers cannot be anticipated by shelter staff, such as a specific smell or sound. However, other triggers are more common, such as a lack of control....Survivors’ responses to triggers or methods of coping with flashbacks are misunderstood. What might appear as a relapse from sobriety or a ‘manipulation of the system’ could be a survivor’s approach to managing her anxiety and meeting her basic needs...This situation could be an opportunity for advocates to recognize the trauma and discuss...healthier coping (strategies)” (MCADSV, n.d., p. 13).

- [Source: Missouri Coalition Against Domestic and Sexual Violence (nd). *How the earth didn't fly into the sun: Missouri's project to reduce rules in domestic violence shelters*. Jefferson City, MO: Missouri Coalition Against Domestic and Sexual Violence. Retrieved from www.in.gov/cji/files/VS_How_The_Earth.pdf.]

- Trauma is not just a fleeting event.
- It can change how survivors views themselves and the world around them.
- This, in turn, may affect how survivors cope with (and process) their victimization.
- Trauma can actually impact brain functioning.
- [Source: Harris, M. and Fallot, R. (Eds.) (2001). *Using Trauma Theory to Design Service Systems*. New Directions for Mental Health Services. San Francisco: Jossey-Bass.]

- Given the myriad, negative mental health outcomes experienced by victims of crime, support for trauma informed services has been growing.
- Despite the lack of a universally-accepted definition, “at minimum, (such) services endeavor to do no harm—to avoid retraumatizing clients,” or faulting them for normative reactions to victimization (Hopper, Bassuk, and Olivet, 2009, p. 131).
- [Source: Hopper, E.K., Bassuk, E.L., and Olivet, J. (2010). Shelter from the storm: Trauma informed care in homeless settings. *The Open Health Services and Policy Journal*, 3: 80-100.]

A Trauma Informed Approach...

- Understands the role that trauma plays in the survivor's life.
- Understands survivors' various coping strategies.
- Involves responding in an accommodating and empathetic way.
- Is sensitive to triggers (in order to avoid re-victimization).
- Is flexible, individualized, and accommodating.
- Is empowerment-based, maximizing *the survivor's own* participation in the process.
- [Source: Harris, M. and Fallot, R. (Eds.) (2001). *Using Trauma Theory to Design Service Systems*. New Directions for Mental Health Services. San Francisco: Jossey-Bass.]

Values Informing Trauma-Informed Care:

- Safety—Will I be physically *and* emotionally safe with you?
- Trustworthiness—Can I trust you to tell me the truth?
- Choice—Will I have the right to make decisions?
- Collaboration—Will you tell me what to do or will you work with me?
- Empowerment—Will you support me to find and use my voice?
- [Source: Harris, M. and Fallot, R. (Eds.) (2001). *Using Trauma Theory to Design Service Systems*. New Directions for Mental Health Services. San Francisco: Jossey-Bass.]

- TIC is a strengths-based approach which regards the client-advocate relationship as a partnership (Harris and Fallot, 2001.)
- It also involves *perspective-taking*, or *consideration of the client's worldview*.
- If aspiring victim service professionals are properly educated on TIC principles and practices, theoretically, they will be able to provide more optimal programming.

Restoring SAFETY, CHOICE & CONTROL-- The OVC's Definition of Trauma Informed Care (TIC):

- The Office for Victims of Crime defines “trauma informed care” (TIC) as “(interventions) delivered with an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on **restoring the survivor’s feelings of safety, choice, and control**” (<https://www.ovc.gov/model-standards/glossary.html>.)
- [Source: <https://www.ovc.gov/model-standards/glossary.html>.]

Maximizing Client Safety:

- Creating a *safe* environment entails providing adequate security and a therapeutic space for healing.
- Making clients feel *emotionally-safe* requires a proper understanding of trauma, environmental triggers, and survivors' complex needs.

Maximizing Client Choice:

- Providing *choices* may be accomplished by offering survivors an array of voluntary services and the resources they require for making informed decisions.
- It “allows survivors to drive goal-planning” (Guarino et al, 2009, p. 17).
- It also respects clients’ rights to privacy and self-determination, acknowledging them as the *experts on their experiences*.
- [Source: Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org.]

- **Privacy** refers to: “the right of the individual to decide what information about (him or herself) should be communicated to others and under what circumstances” (Westin, 1970).
- **Self-determination** is: “an ethical principle in (victim advocacy and) social work that recognizes the rights and needs of clients to be free to make their own...decisions” (Barker, 2003).
- In terms of ***variety***, services should be **accessible, flexible, and responsive to population needs** (ex. culturally-relevant and trauma-specific, addressing co-occurring mental health and substance abuse disorders, etc.)
- [Sources: Barker, R.L. (2003). The social work dictionary (5th ed.). Washington, DC: NASW Press; and Westin, A.F. (1970). *Privacy and Freedom*. New York: Athenium]

- In terms of cultural relevance:
- “Because trauma may have different meanings in different cultures, and because traumatic stress may be expressed differently within different cultural frameworks, it is important for providers within a trauma-informed system to work towards developing cultural and linguistic competence” (Hopper et al., 2010, p. 86).
- [Source: Hopper, E.K., Bassuk, E.L., and Olivet, J. (2010). Shelter from the storm: Trauma informed care in homeless settings. *The Open Health Services and Policy Journal*, 3: 80-100.]

- **In terms of substance abuse:**

- The correlation between victimization and substance abuse is well-established.
- As previously noted, services should be accessible, flexible, and responsive to population needs (ex. trauma specific, addressing co-occurring mental health and substance abuse disorders, etc.)
- Trauma informed care acknowledges the differential impact of trauma on survivors' lives and requires service providers to respond in an empathetic fashion.
- Rather than penalizing clients for self-medicating with intoxicants during their shelter stay, staff should assist residents in identifying treatment options and healthier coping mechanisms, *thereby providing them with resources to make informed decisions.*

- According to the Office for Victims of Crime's (OVC) professional standards for service providers, “Programs should have sufficient experience, training, supervision, materials, and outreach to provide competent service delivery based on the characteristics of (their client populations). This includes services for...clients with...substance abuse (issues)” (https://www.ovc.gov/model_standards/program_standards_1.html.)
- Additionally, per HHSC guidelines, programs are prohibited from “screening clients out” on the basis of addiction.
- [Source: https://www.ovc.gov/model_standards/program_standards_1.html.]

- With respect to the concept of choice and the provision of *trauma specific* services, generally, more attention to trauma awareness (ex. trauma reactions, triggers, and coping mechanisms, etc.) within domestic violence organizations is needed.
- This can be accomplished through: 1.) staff training, supervision and self care; and 2.) conversations with clients about the *myriad* ways survivors respond to trauma (ex. normalizing their crisis reactions, etc.).
- [Source: Hopper, E.K., Bassuk, E.L., and Olivet, J. (2010). Shelter from the storm: Trauma informed care in homeless settings. *The Open Health Services and Policy Journal*, 3: 80-100.]

Maximizing Client Control:

- Empowering clients, or allowing them to regain a sense of self-efficacy and *control*, is reflected in programming focused on survivor strengths.
- Such programming requires a commitment by the agency to minimize shelter rules and avoid replicating the power dynamics characteristic of clients' prior, abusive relationships.

Suggestions from the *Long Journey Home* Handbook Include:

- __Properly welcoming new residents and providing them with a tour.
- __Ensuring that residents' physical needs (ex. food, clothing, medical care, etc.) are met.
- __Having clean blankets and linens on hand. "People who are having a difficult time reliving previous traumatic experiences often have a physiological response. Frequently they have decreased body temperature and feel cold" (Prescott et al, 2008, p. 13).
- __Formulating working definitions of physical and emotional safety. "Use the definitions to lead group discussions with (clients)" and to identify and address concerns (Prescott et al, 2008, p. 13).
- [Source: Prescott, L., Soares, P., Konnath, K., and Bassuk, E. (2008). *A long journey home: A guide to creating trauma-informed services for mothers and children experiencing homelessness*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; and the Daniels Fund; National Child Traumatic Stress Network; and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov.]

- ___"Incorporat(ing) living, colorful, and beautiful items such as fish tanks and plants and using plants as a natural barrier to break up small spaces and provide privacy" (Prescott et al, 2008, p. 15).
- ___Decorating the space with colorful and inspirational wall art.
- ___Providing comfortable seating.
- ___Providing clients with round-the-clock access to healthy snacks.
- ___Providing adequate lighting both indoors and out. "Dark places can remind women of places where assaults took place. Many will need to leave lights on to begin to relax, rest, and/or sleep. Use incandescent rather than pulsing high-intensity office lights (fluorescent lights have a pulse to them and are difficult for people who have head trauma or epilepsy)" (Prescott et al, 2008, p. 15).
- [Source: Prescott, L., Soares, P., Konnath, K., and Bassuk, E. (2008). *A long journey home: A guide to creating trauma-informed services for mothers and children experiencing homelessness*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; and the Daniels Fund; National Child Traumatic Stress Network; and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov.]

Activity--Review the Following Source for Additional Suggestions on Ways to Provide Trauma-Informed Care in Shelter Environments:

http://webcache.googleusercontent.com/search?q=cache:naBelNX9HQMJ:www.traumacenter.org/products/pdf_files/shelter_from_storm.pdf+&cd=2&hl=en&ct=clnk&gl=us

*Note: For safety reasons, some of the suggestions for homeless shelters do not apply to domestic violence programs (ex. allowing visitors, etc.).

Activity—Questions to Consider:

- 1.) Earlier on the ED Forum, you were asked to consider a scenario in which a hypothetical client was exited for missing a chore. What might a trauma informed intervention have looked like instead?
- 2.) One of the powerpoints in a prior module addressed substance abuse issues. How might you apply principles of trauma informed care when intervening with clients struggling with addiction?

Activity—View Video on Trauma Informed Approaches to Working with Survivors:

- <https://www.youtube.com/watch?v=teTApTq4shk>