# **Trauma-Informed Care &** Homelessness From Theory to Implementation June 29, 2016

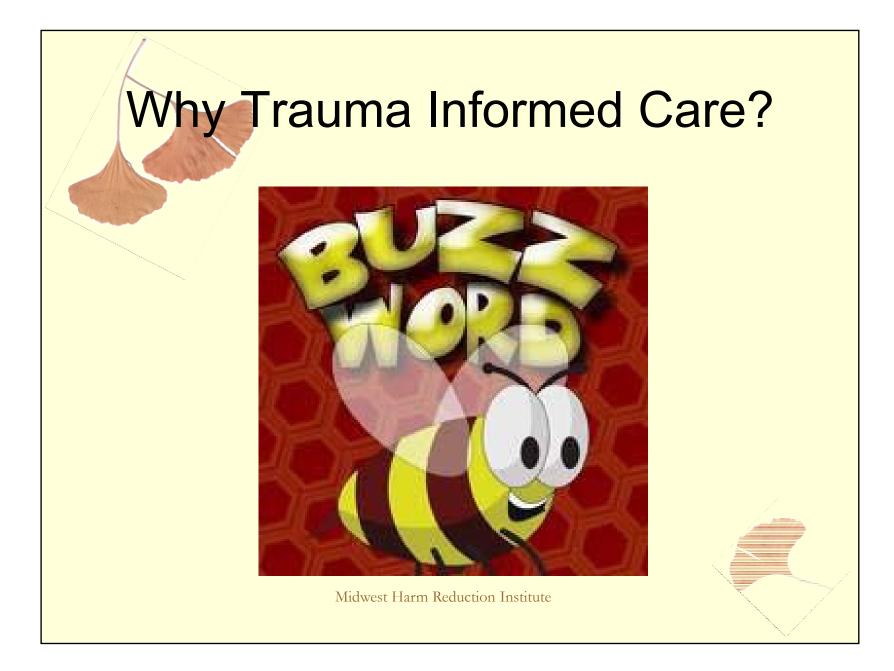


- Explore the key components of traumainformed care
- Examine what trauma-informed care looks like in everyday work
- Explore challenges of supporting traumainformed services

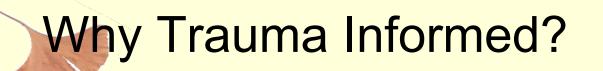
## Trauma and Homelessness

- Relationship between trauma and homelessness is bi-directional
- Homelessness can be a risk factor for retraumatization and re-victimization
- In one study of the homeless population in Washington, DC, 63% of women and 33% of men reported having been abused by an intimate partner
- Homelessness is traumatic Midwest Harm Reduction Institute

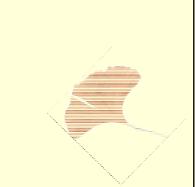
- Homelessness as a traumatic experience can lead to post traumatic effects in a number of ways.
- Substance Use
- Mental Illness including PTSD
- Chronic Health Conditions



# Traditional vs. Trauma Informed Approach Understanding trauma Understanding the consumer survivor Understand services Understanding the service relationship Midwest Harm Reduction Institute



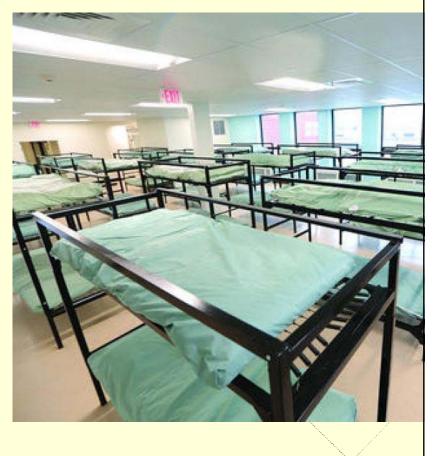
- Misunderstood or ignored signs of trauma may:
- Interfere with help-seeking
- Limit engagement into services
- Lead to early drop out
- Inadvertently re-traumatize people you are trying to help
- Other reasons?

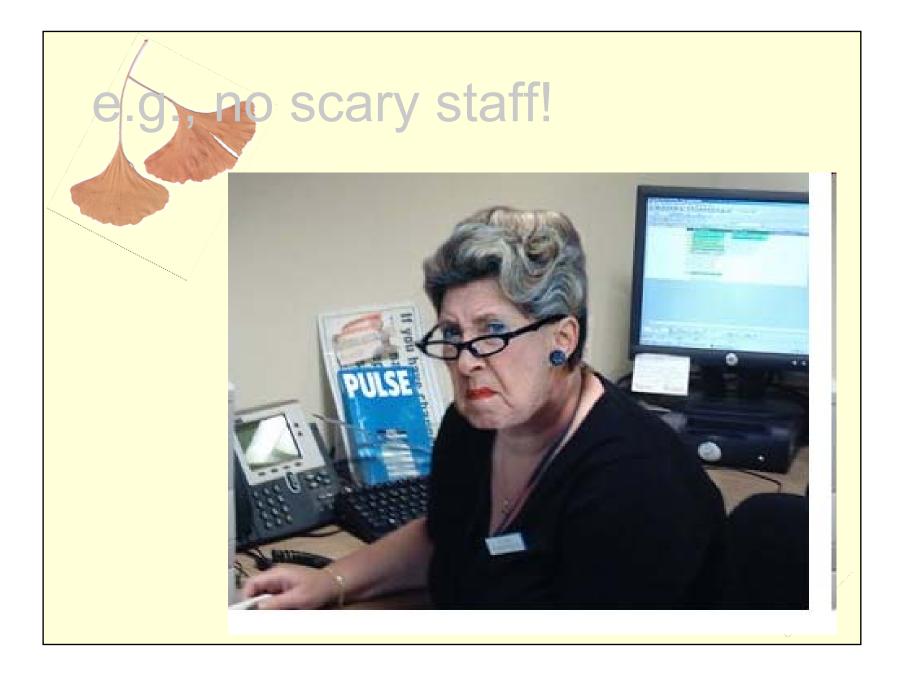


# Identifying potential risks and triggers in:

- Facilities
- Grounds
- Activities/practices
- Gender mix
- Staff attitudes
- Accommodations for children

Suggestions: Focus groups, walkthroughs

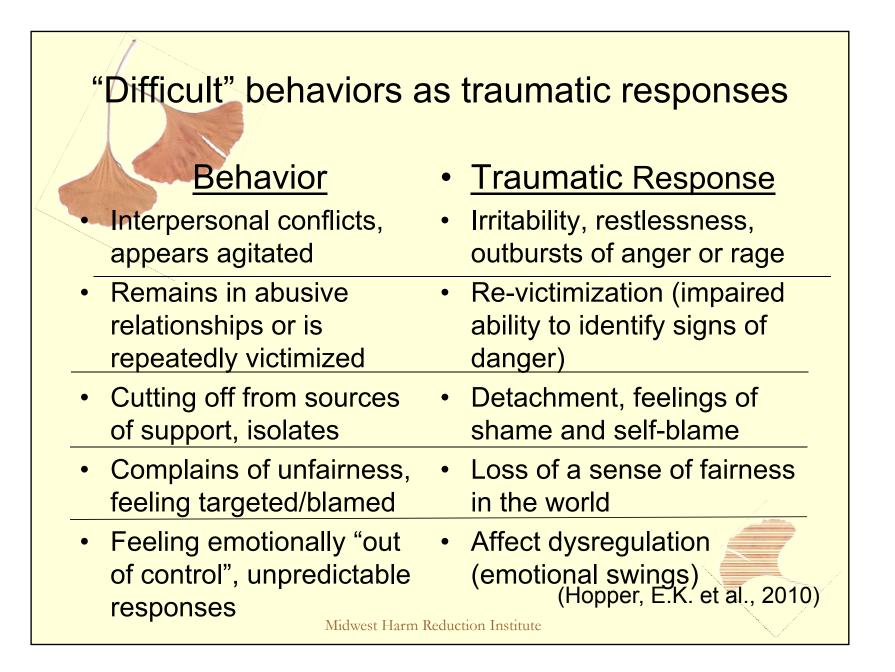


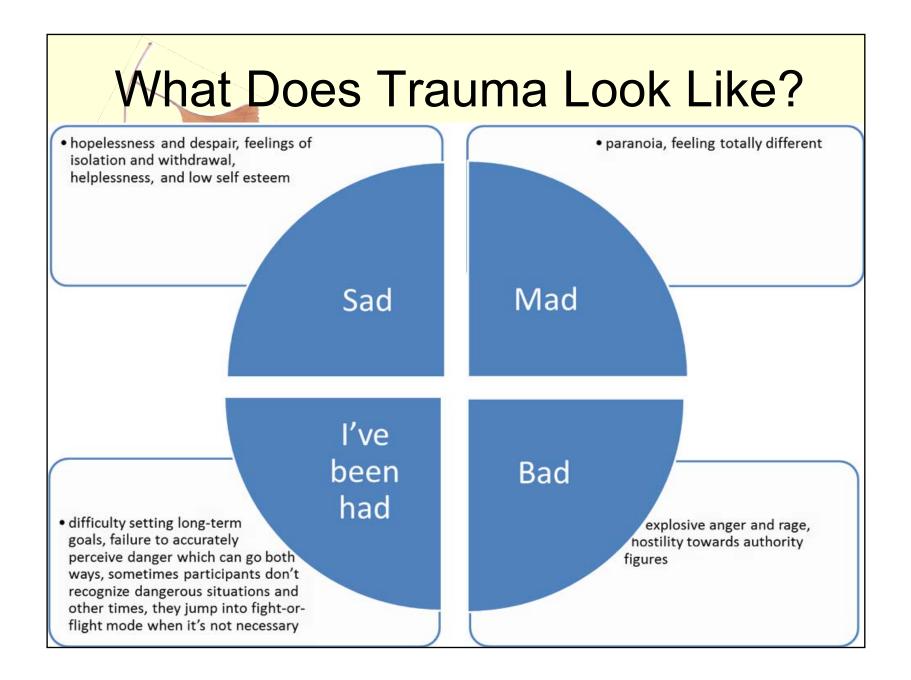


## Trauma-Informed vs. Trauma-Specific Services

 Trauma-informed services <u>acknowledge</u> <u>trauma</u>, its impact, interpersonal impact, and multiple paths to recovery – and account for this in all aspects of service delivery

 Trauma –specific services <u>directly</u> address the impact of trauma on people's lives and facilitate recovery

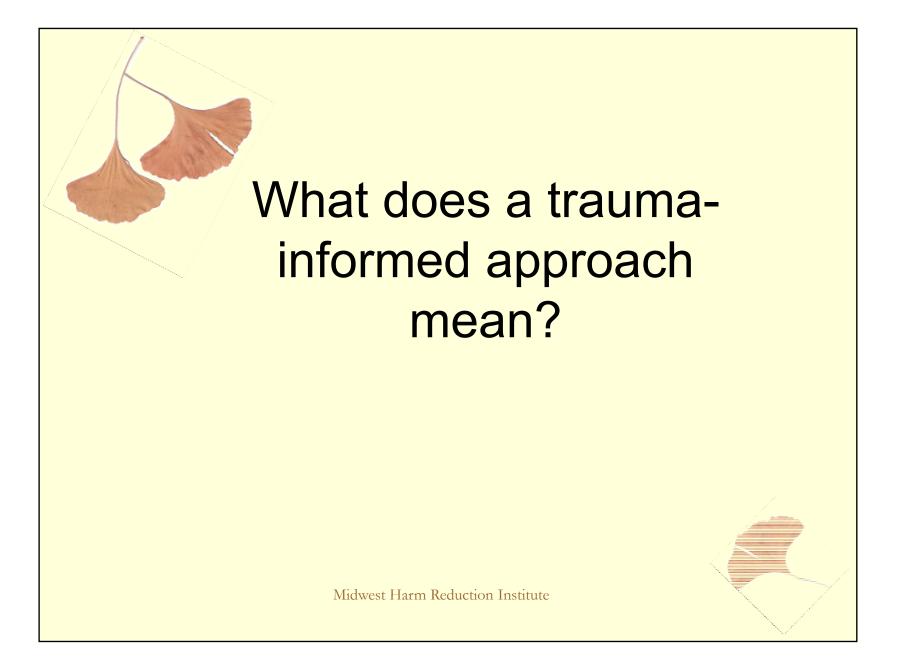














#### Safety and Containment

- Know how to apply the brakes
- Establish safety where ever possible
- Begin with the body
  - Health needs (sleeping, eating)
  - Regulation of bodily functions
    (attunement to and management
    of symptoms of post-trauma effects)
- Regulate affect
- Identify and increase resources
- Oasis breaks from traumatic response
- Anchor grounding resource
- Safe place ideally an actual place client has visited

#### A Trauma-Informed Approach Means:

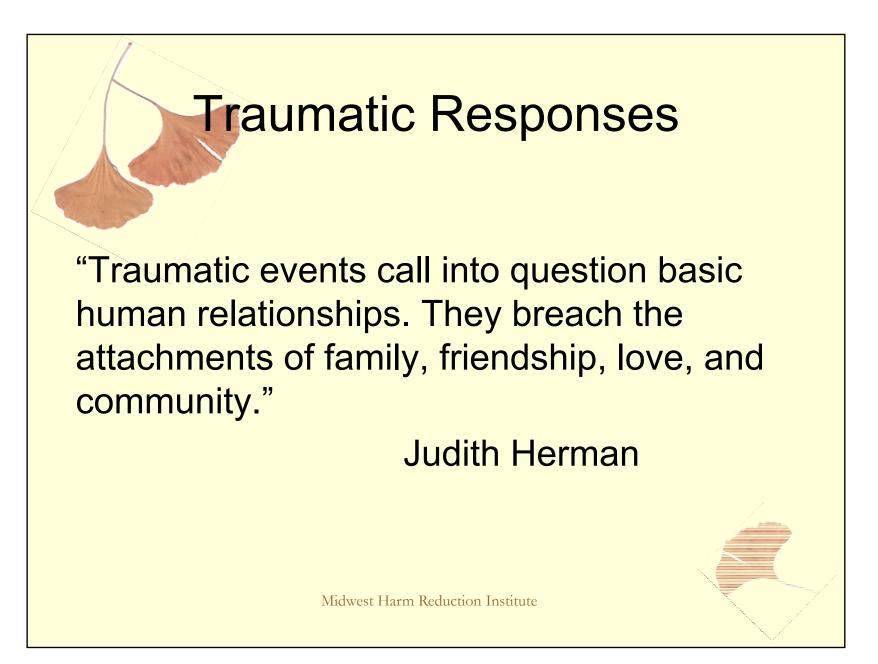
- Being available to hear about individuals' experience of trauma.
- Developing plans with trauma history in mind so that re-traumatization is kept to a minimum.
- Recognizing and respecting when a participant is not ready to discuss trauma experiences or other aspect of their lives.

#### A Trauma-Informed Approach Means:

- Offering trauma-informed interventions or access to such services.
- Assessing and planning for current safety needs.
- Acknowledging participants' resilience as survivors and building on these skills.
- Providing participants opportunities to master their trauma experiences such that daily activities are not as impacted – create options

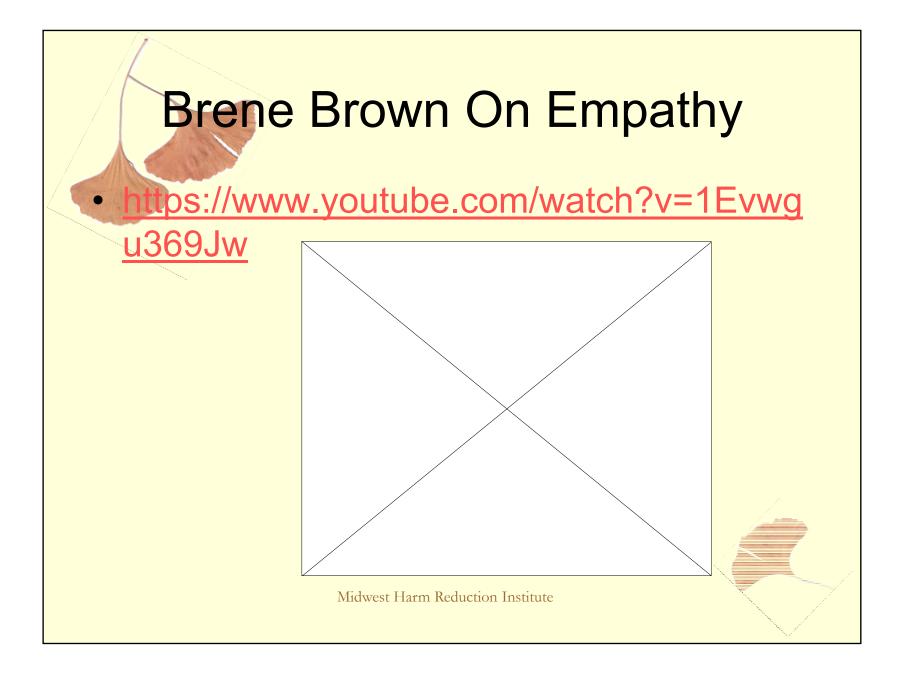
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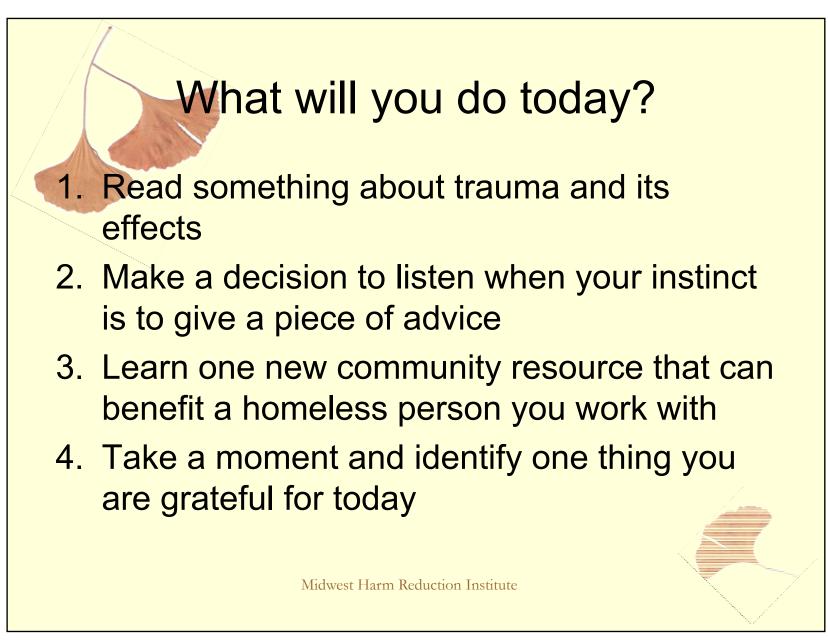
- Recognizing the signs and symptoms of secondary, vicarious trauma and developing mechanisms to support staff.
- Revising policies and procedures to reduce barriers to providing services.
- Employing people with lived experience

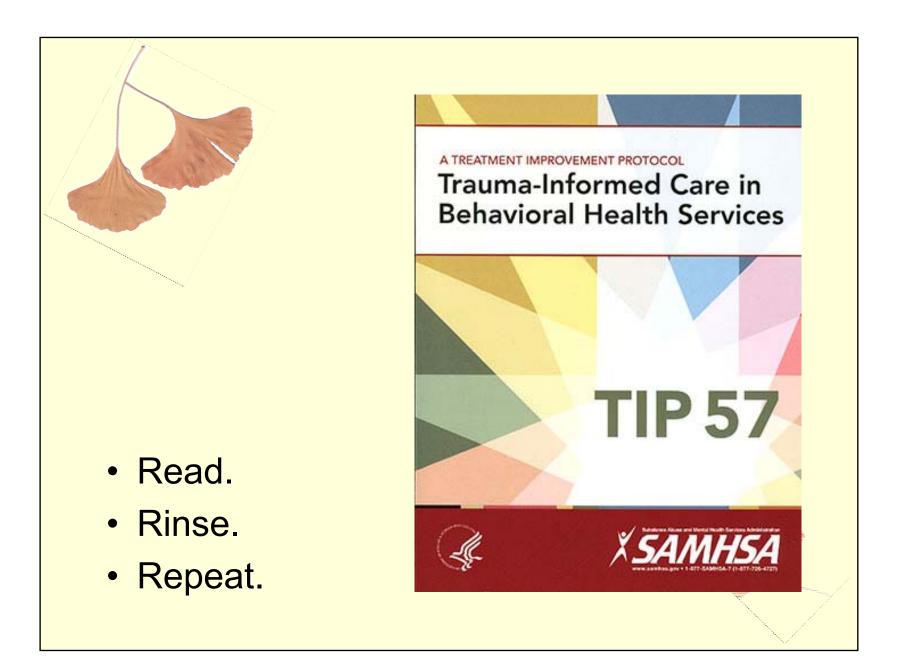




"Opinion is really the lowest form of human knowledge. It requires no accountability, no understanding. The highest form of knowledge...is empathy, for it requires us to suspend our egos and live in another's world. It requires profound purpose larger than the self kind of understanding." — Bill Bullard







Seeking Safety

- Lisa Najavits
- Both trauma-informed and trauma-specific
- Integrated trauma and substance use disorder treatment
- Present-focused, not exposurebased
- Skill based, group or individual model, manual and group process

