

# Trauma-informed Care and Chronic Homelessness

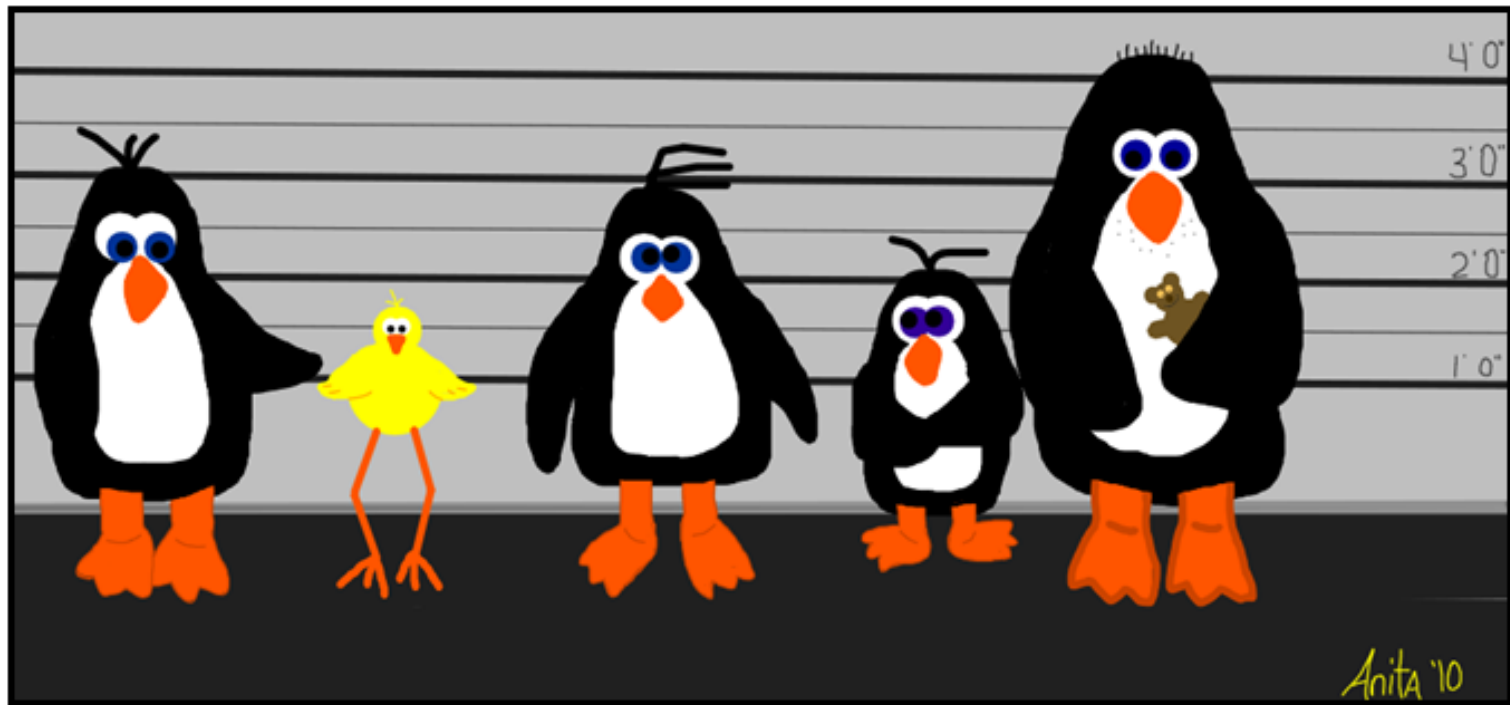


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THE USUAL SUSPECTS



Objectives



**1. Define trauma-informed care**





**2. Identify sources & effects of trauma**

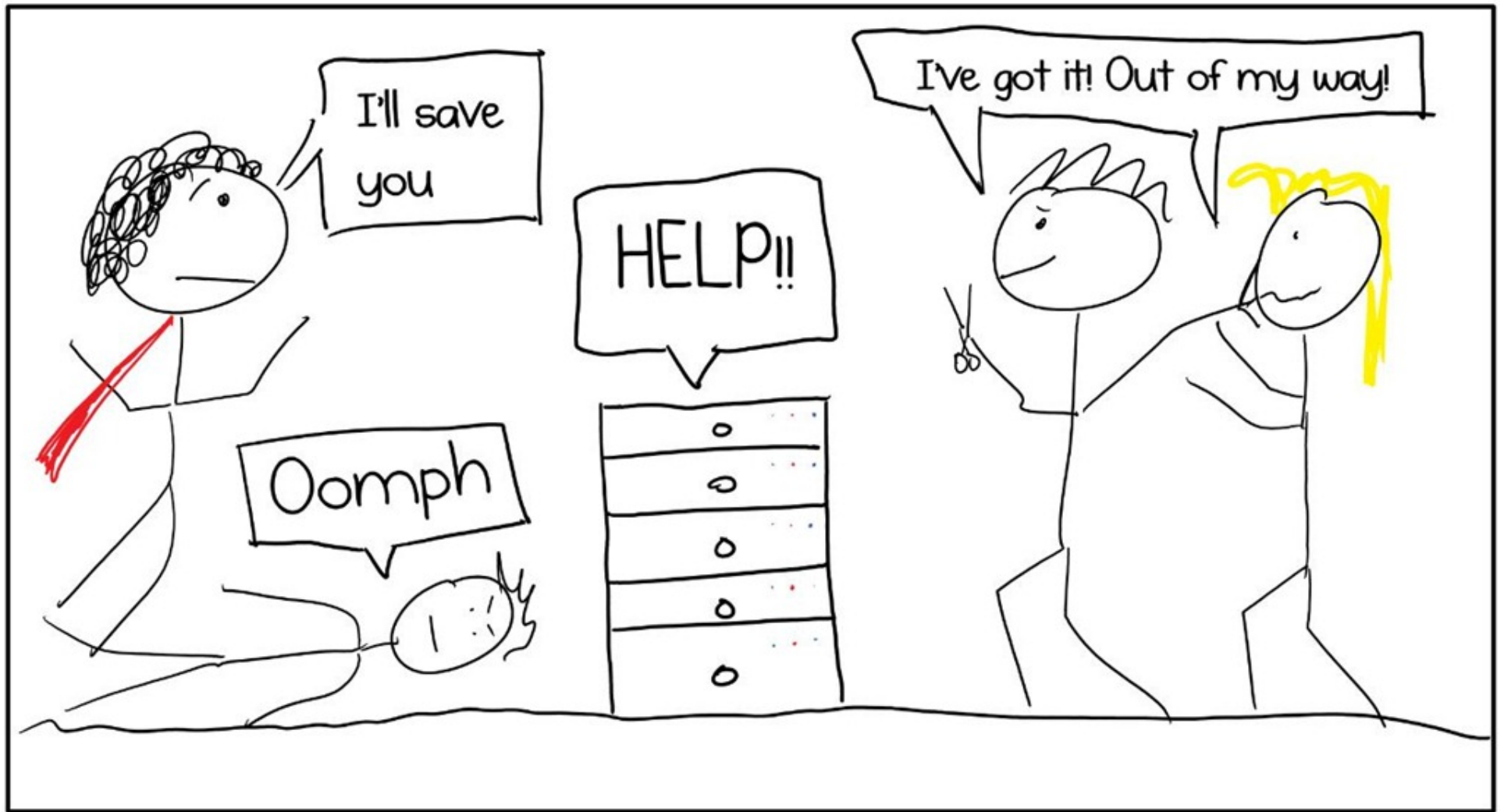


**3. Find resilience in the body**





**4. Describe impact on families & kids**



## 5. Identify options for implementation



# 1. Define trauma- informed Care



Trauma: Normal  
reactions to  
extraordinary  
circumstances



- Traditional view—Coping overwhelmed by:

- Fear
- Helplessness
- Horror



- Developing view, expanded to include:

- Guilt and shame (e.g., moral injury)
- Loss and grief

**Trauma!**

# Poll:

In your estimation, what percentage of the people you serve need trauma-informed care?



# SAMHSA: A trauma-informed approach:



- Realizes impact, understands recovery
- Recognizes signs and symptoms
- Responds by fully integrating knowledge
- Actively resists re-traumatization

# Cross-cutting Themes (Hopper, Bassuk, Olivet, 2010):

- Trauma awareness
- Emphasis on safety
- Opportunities to rebuild control
- Strengths-based approach



# Consensus-based Definition of TIC:

- Strengths-based framework
- Grounded in understanding, responsiveness
- Emphasize physical, psychological, emotional safety
- Rebuild sense of control, empowerment



SUREISCUTE.COM

—Hopper, Bassuk, &  
Olivet, 2010

# Homelessness as Trauma

- Powerlessness
- Constant stress, uncertainty, risk
- Constant lack
- Loss of dignity
- Violence and loss on the streets
- Risk of abuse in group settings
- Institutional trauma





What we can't do today...



# Trauma-specific Services



- Directly address impact of trauma
- Goal: Decreasing symptoms, facilitating recovery
- Best if happen in trauma-informed settings

- How do I get my clients to start talking about their trauma?
- How do I get consumers to admit that their experiences constituted trauma?
- How do I start healing the effects of these experiences, so they can get their lives back on track?

## Common questions





Unless they're ready, and you're qualified, you don't.



First, do no harm!



**Need special skill training**

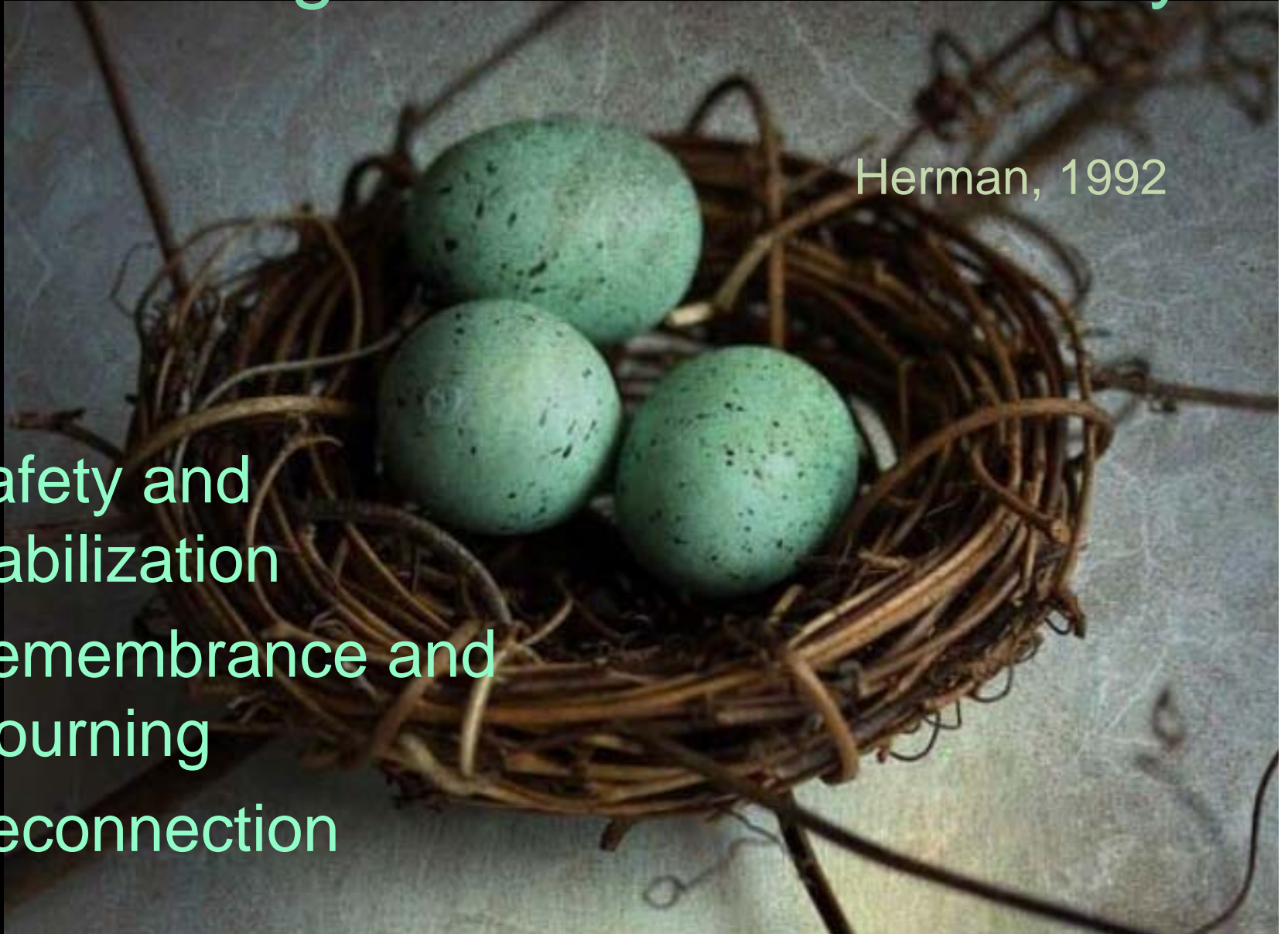


**Maybe certificate or license**

# Three Stages of Trauma Recovery

Herman, 1992

1. Safety and stabilization
2. Remembrance and mourning
3. Reconnection





If you take away my defenses before I feel safe letting go of them, I'll simply revert to a more primitive form of defense.





**So do I:**

Ask them not to talk about it?

Change the subject?

Act uncomfortable, so they'll stop?



Nope. That wouldn't  
be safe either.



## Being a Witness

- Often wordless, often in the eyes
- Absorbing the gravity of what they say
- Showing compassion and respect

# Reflecting Hope



- What kinds of strengths did you have, that helped you survive?
- When did you first realize you had survived?
- Who helped you? What was that like?
- What are your strengths now?



## 2. Overview of Sources of Trauma

**Types of Trauma**



# Natural vs. Human

- Natural Disasters
- Can impact many or few
- Time, amount of loss, ability to re-establish daily routines, duration of relief services impact stress reactions
- Previous trauma impacts stress reaction
- Not just event has impact



# Human/Caused by People

## *Accidents, Technological, Catastrophes*

- Mine collapse
- Oil spill
- Train derailment
- Accidental gun shooting

## *Intentional Acts*

- Arson
- Terrorism
- School violence
- Home invasion
- Stabbing or shooting
- Human trafficking

# Individual Trauma

- Occurs to one person
- Single event, multiple or prolonged
- Survivors less likely to receive support
- Survivors less likely to reveal
- Shame can influence survivor's perception of responsibility
- Survivors may feel responsible and isolated





# Group Trauma



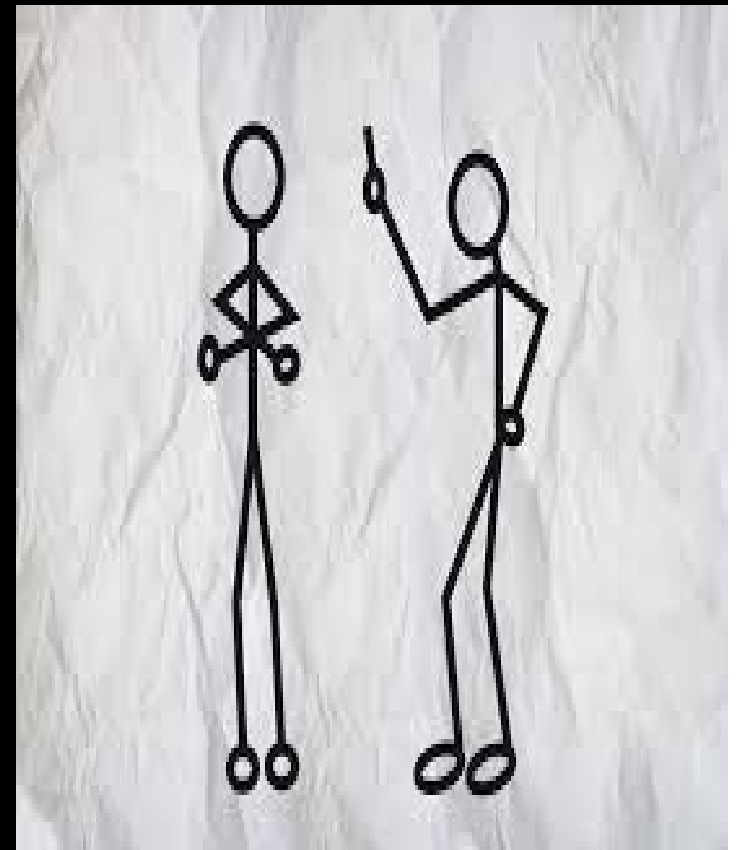
- Affects a particular group of people
- Share a common identity & history
- Tend to keep trauma experiences within group
- Seeking outside help may be experienced as violating confidentiality

# Trauma Affecting Communities & Cultures

- Erodes sense of safety
- Includes actions meant to systematically destroy cultural practices or erode heritage
- Includes indifference or limited responsiveness to community or culture facing disaster or catastrophe
- Includes historical and mass trauma
- Includes health inequities and disenfranchisement

# Interpersonal Trauma

- People who know each other
- Violation of trust often by source of protection
- Frequently reoccurs
- Intimate partner violence
  - Children often hidden casualty



# Interpersonal Trauma (cont.)

- Developmental trauma
  - Occur within one developmental stage and have impact moving forward
  - Events which occur at one point in life-cycle and having a life altering impact
- Adverse Childhood Experiences (ACEs) <http://www.acesconnection.com/collection/aces-101>



# Political Terror & War

- Lasting consequences for survivors
- Threatens existence, beliefs, well-being
- Terrorism – reminders of unpredictability
- Refugee populations



# System Oriented Traumas & Re-Traumatization

- Occurs when clients experience something that feels like they are going through another trauma
- Individuals are not always consciously aware what has triggered stress reaction

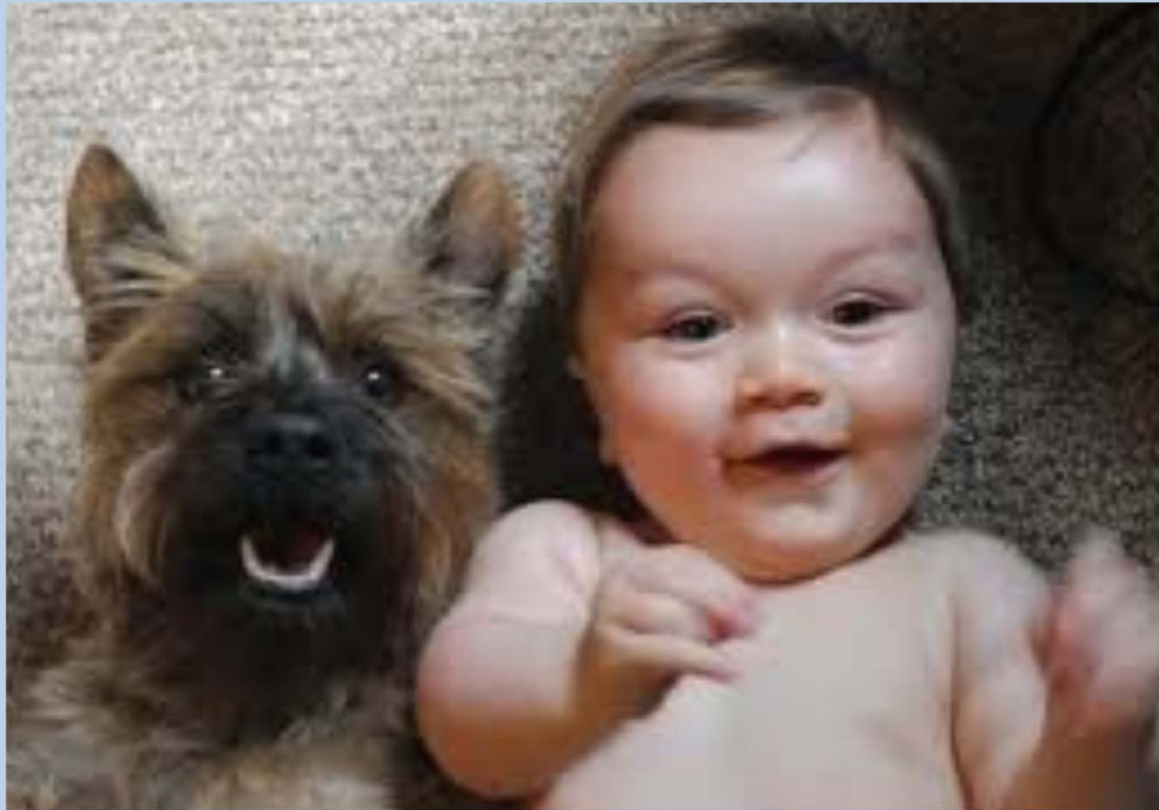
# Poll:

What type of trauma among your clients do you find to be the most challenging?

# Things You Can Do

- Be aware that trauma history can significantly impact client's lives
- Screen for trauma history
- Refrain from using isolation or physical restraints
- Include clients as partners in treatment decisions and planning
- Be intentional about maintaining consistent staff/client & counselor/client relationships – avoid disruption
- Provide privacy for dressing/undressing
- Allow privacy for UA's





Pause

# Characteristics of Trauma



# Objective Characteristics

- Single, repeated or sustained trauma?
- Time to process trauma?
- Loss associated with trauma
- Expected or unexpected
- Effects of trauma isolated or far reaching
- Intentional vs. unintentional
- Experienced directly or indirectly

# Subjective Characteristics

- Psychological meaning for survivor
- Disruption of core assumptions & beliefs
- Cultural meaning

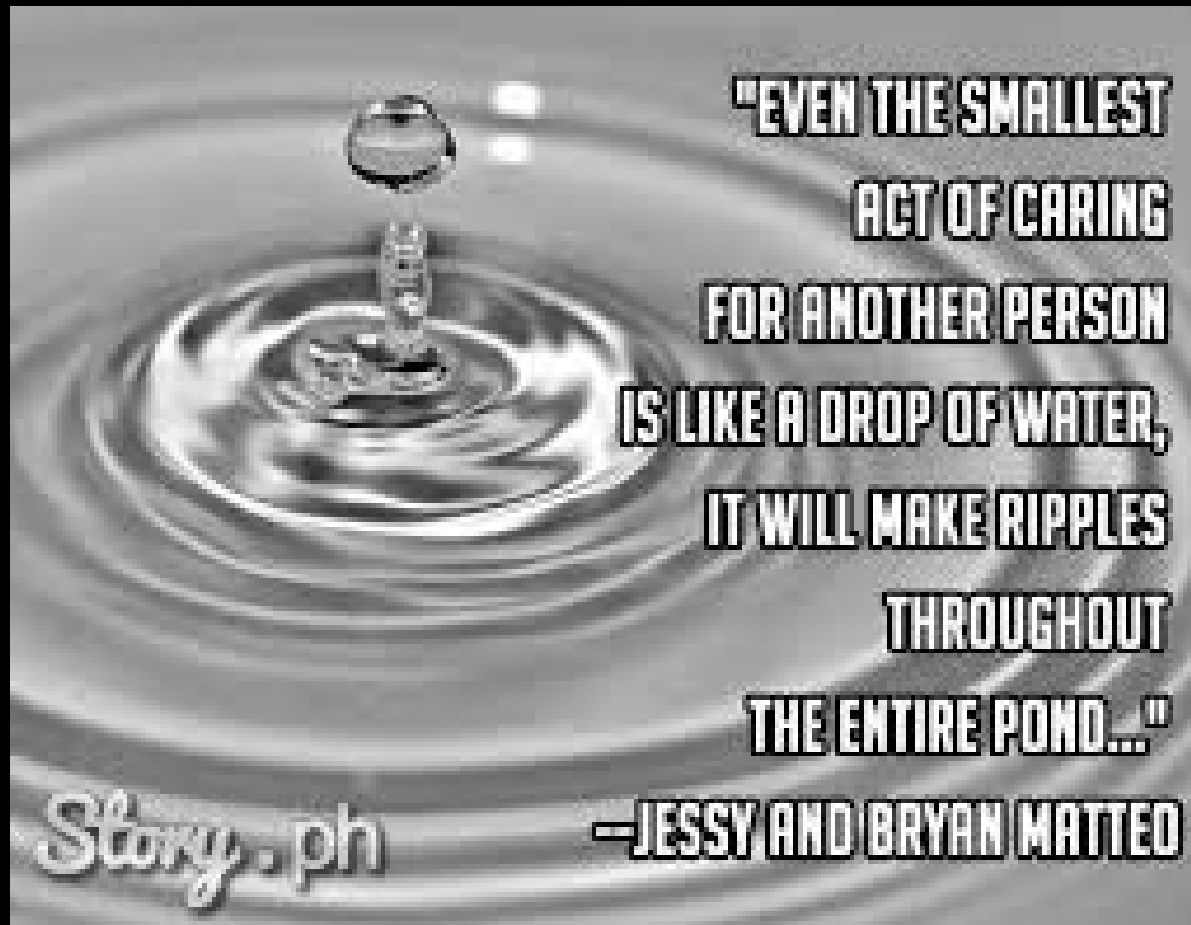




# Individual & Sociocultural Features

- Individual factors
- Genetic, biological and psychological makeup & history
- Prior trauma history
- Mental illness
- Substance use disorders
- Quality of early relationship experiences
- Gender, age, sexual orientation and gender identity

# Strategy:



Being a reliable & safe relationship



**3.  
Finding  
resilience  
in the body**



- Bouncing back (or forward)
- Regaining balance
- Keeping on keeping on
- Getting out of bed
- Connecting
- Asking for help
- Trying to overcome
- Making meaning



**We all have it**

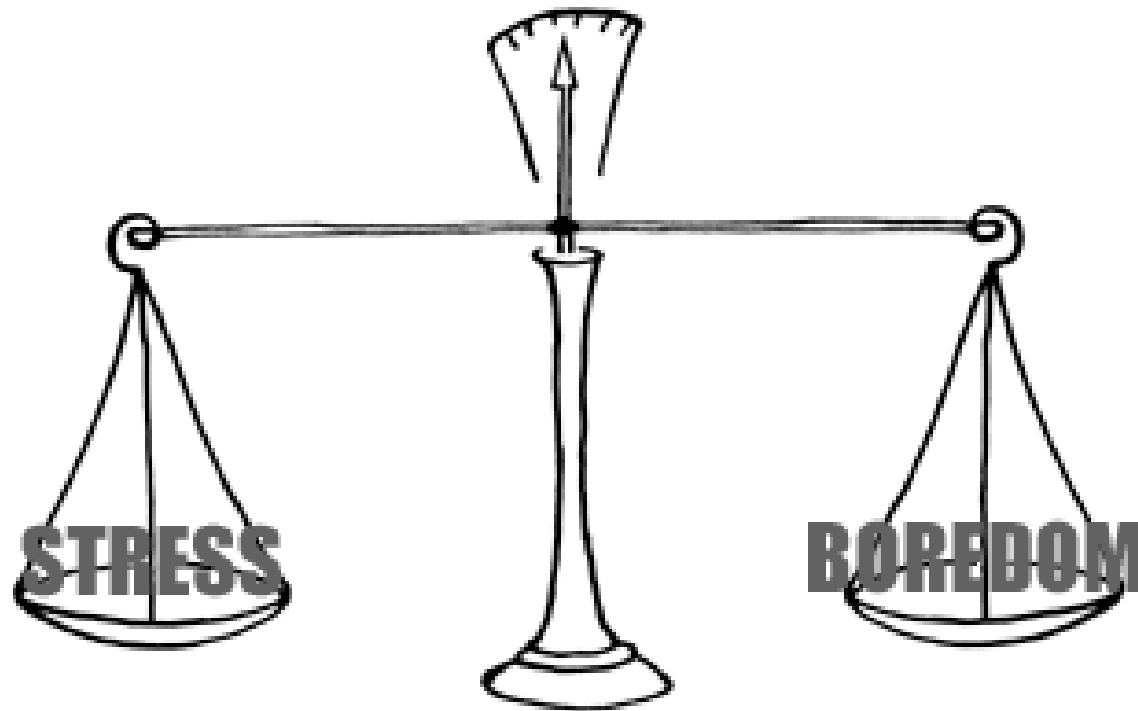


# The head bone's connected to the body bone...

- The “fuel” that drives intensity of trauma is physical—adrenaline
- Learning to regulate the body can build safety, hope, openness to help
- Doesn't require anything scary

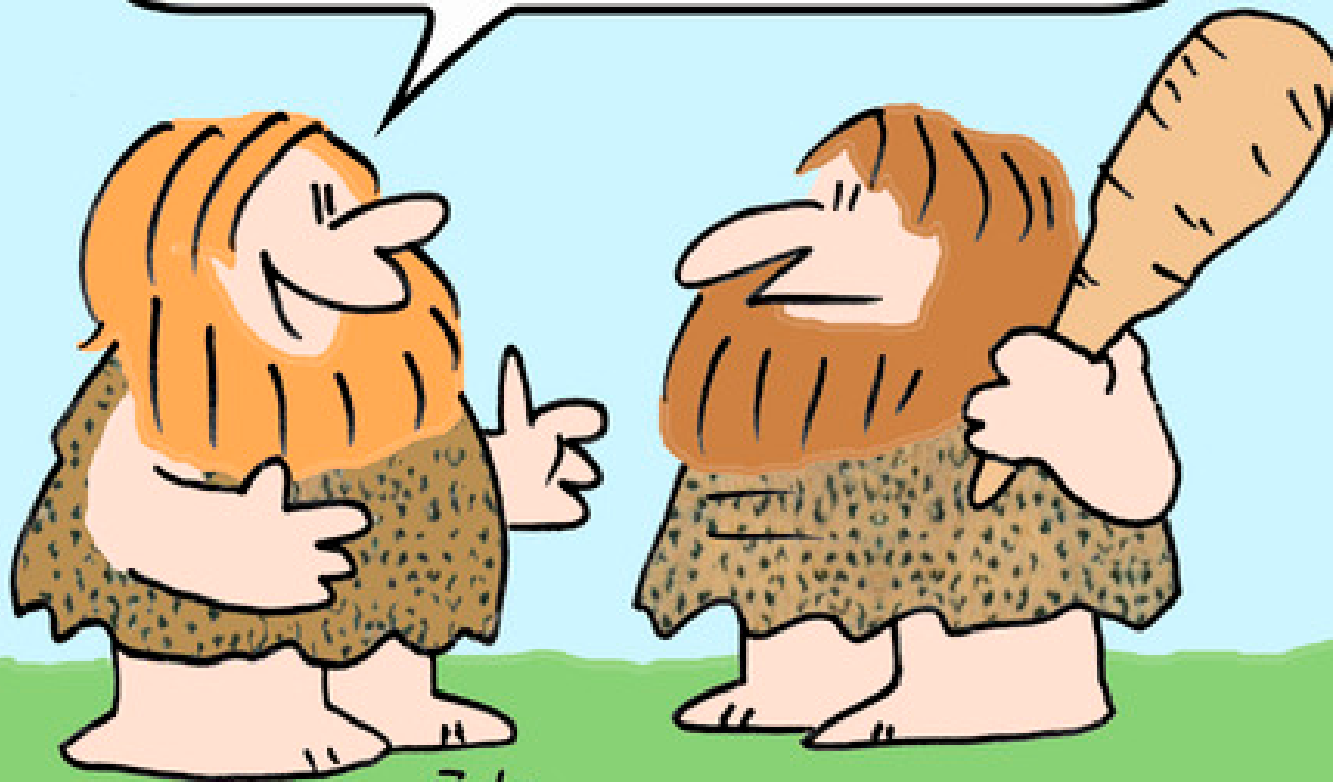


thescientificcartoonist.com

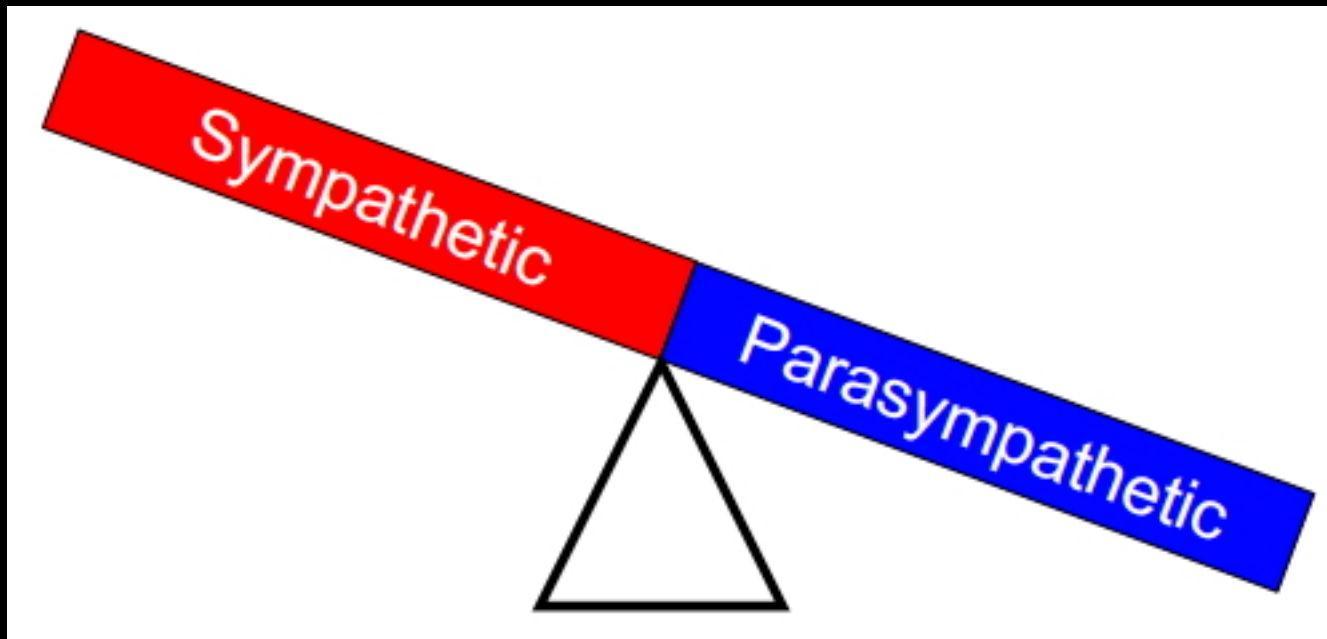


**It's all about balance**

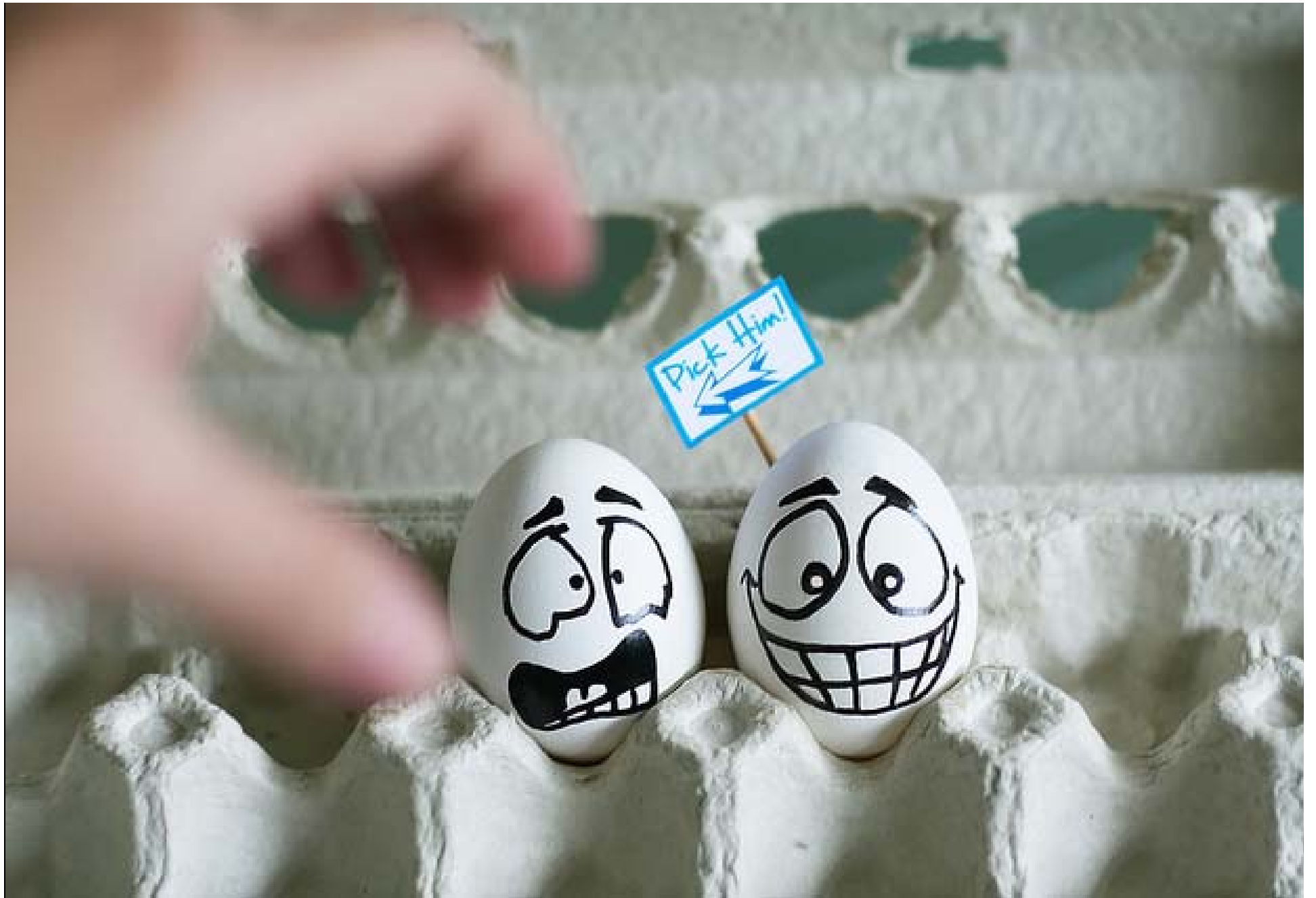
IT'S CALLED "STRESS" - IT'LL  
HELP WITH NATURAL SELECTION.



Baloo



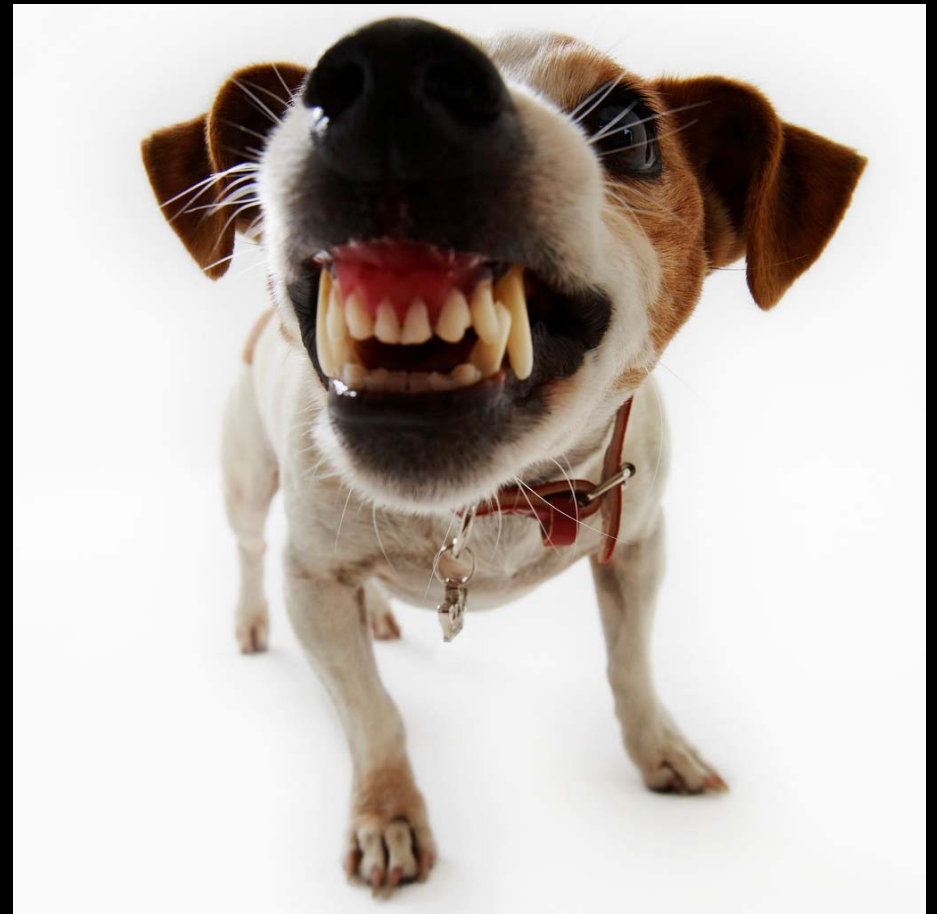
- Fast system saves us from physical attack
- Slow system returns us to balance
- Not designed for extreme, frequent, or chronic stress and threat—goes way off balance
- Wide range of effects/attempts to compensate
- Continuum from resistance to chronic illness





- Emotions—positive and negative
- More primitive, more powerful
- Gets limited information quickly
- Makes fragments of sensory memories
- Draws rapid conclusions from those memories
- Makes big mistakes

## The Survival Brain



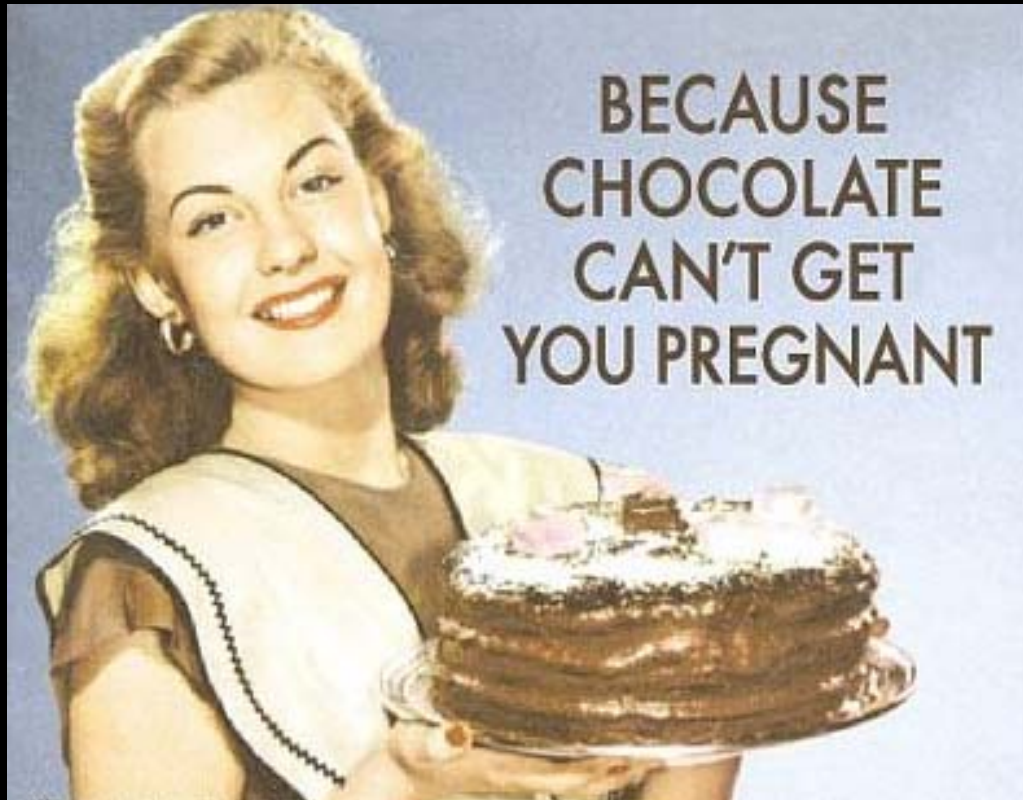


**Fight!**



**Flight!**



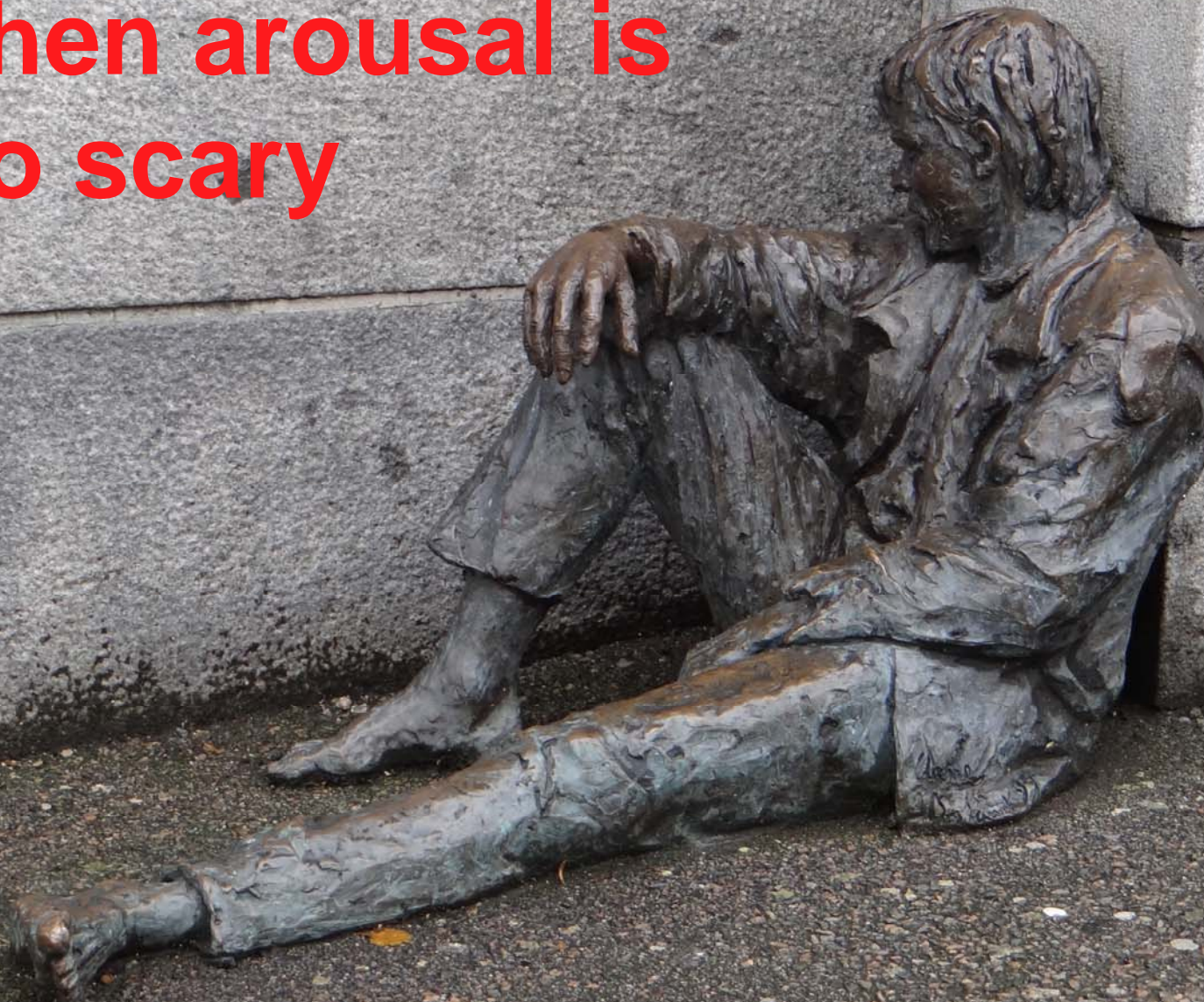


## Cortisol

- Stress hormone
- Slows down, balances—under normal circumstances
- Agitation, lack of energy, impaired immune function
- Increases appetite, glucose levels, weight gain
- Conserves energy to survive adversity



**Shutting down:  
When arousal is  
too scary**





# Dissociation: When the here and now is too painful



LOUISIANA

# Alcohol and drugs: When reality hurts too much



- Sees more than survival brain sees
- Sees it more slowly
- Identifies options
- Anticipates consequences
- Sees moral implications
- Solves problems

## The Higher Brain



# Poll:

How often do you use grounding exercises with the people you serve?

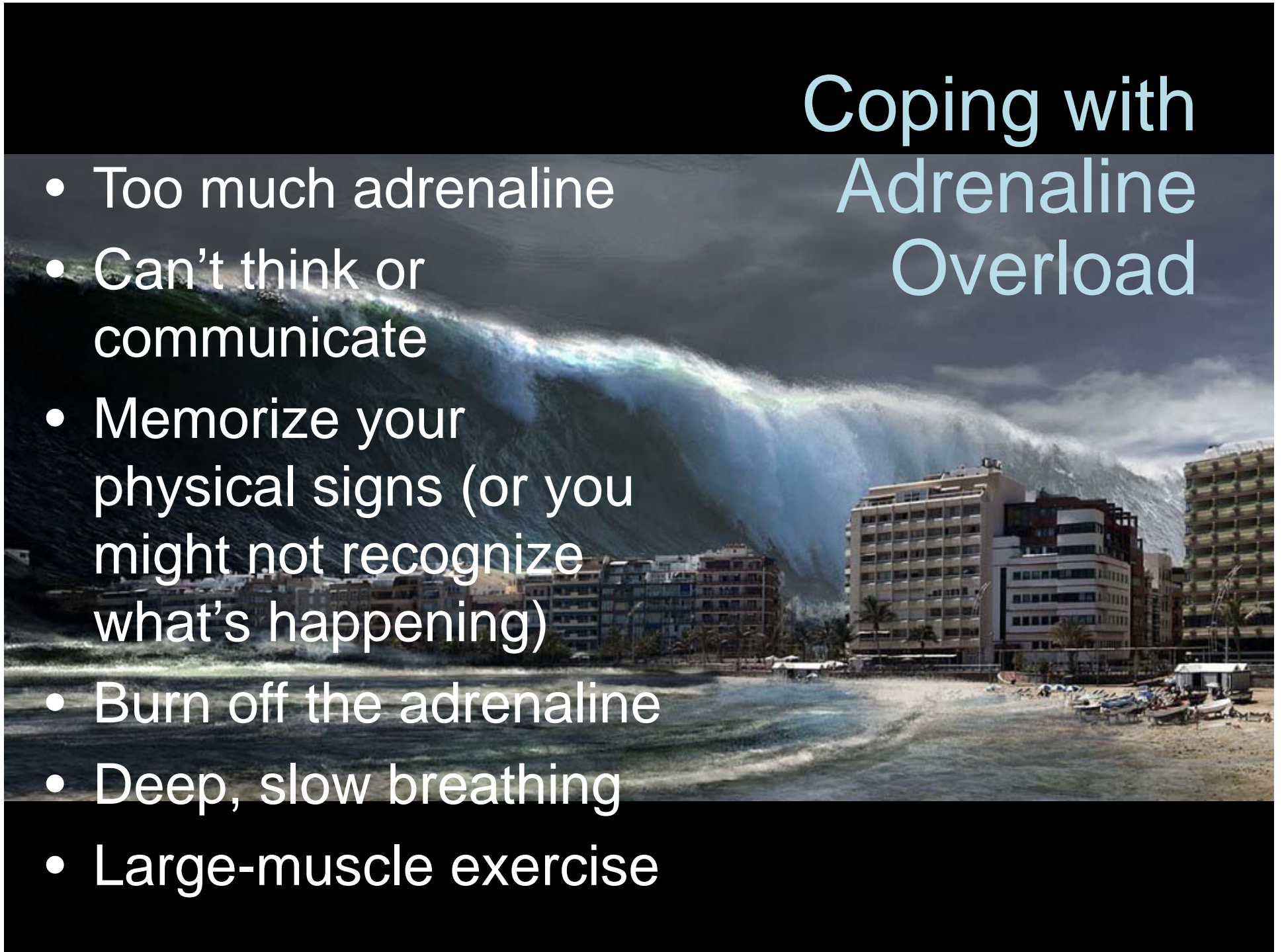
# Simple grounding exercise

- All about returning to the here and now
- Closing eyes must be **optional!**
- Start at top of head, work down
- Tense, then relax, muscles (or just relax)
- Be in the body, notice the body
- Identify where the stress is in the body
- Try moving attention to another place
- Feel the chair, the floor, etc.
- Look around, see the room, people, etc.
- Remember where you are, who you're with



# Coping with Adrenaline Overload

- Too much adrenaline
- Can't think or communicate
- Memorize your physical signs (or you might not recognize what's happening)
- Burn off the adrenaline
- Deep, slow breathing
- Large-muscle exercise



# Somebody else's adrenaline overload



- Control your own adrenaline
- Move and speak slowly
- Low, calm tone of voice, with relaxed throat, no “edge”
- No angry or menacing gestures
- Understand!

**Resilience  
Grows Back!**







# **4. Trauma's Impact upon**

**Families, Parent-Child  
Relationships &  
Parenting**

# Poll:

In your work, how often are you interacting with families with children (under 18)?



# Poll:

For those of you interacting with families with children, are they most often:

## Concepts for Understanding Traumatic Stress Responses in Families & Children

- Trauma experiences are inherently complex
- Trauma occurs within a broad context that includes children's personal characteristics, life experiences and current circumstances
- Traumatic events often generate secondary adversities, life changes and distressing reminders in children's daily lives

## Concepts for Understanding Traumatic Stress Responses in Families & Children (cont.)

- Children can exhibit a wide range of reactions to trauma and loss
- Danger and safety are core concerns in the lives of traumatized children
- Traumatic experiences affect the family and broader caregiving systems
- Protective and promotive factors can reduce the adverse impact of trauma

## Concepts for Understanding Traumatic Stress Responses in Families & Children (cont.)

- Trauma and post-trauma adversities can strongly influence development
- Developmental neurobiology underlies children's reactions to traumatic experiences
- Culture is closely interwoven with traumatic experiences, response and recovery

## Concepts for Understanding Traumatic Stress Responses in Families & Children (cont.)

- Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery
- Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care

Source: National Child Traumatic Stress Network (NCTSN) [www.nctsn.org](http://www.nctsn.org)



# Trauma Resilience & Parenting

A parent's capacity to understand the impact of the exposure to violence upon their children and to provide psychological support is one of the factors most associated with children's ability to cope with traumatic experience

Gerwitz - 2011



# Parents with a Trauma History May

- Find it hard to talk about their strengths (or those of their children)
- Need support in managing children's behavior
- Have difficulty labeling their children's emotions, and validating them
- Have difficulty managing their own emotions in family communication
- When posttraumatic stress symptoms interfere with daily interactions with children, parents should seek individual treatment

# Parenting & Trauma

- Trauma elicits proximity-seeking in children (Bowlby, 1969)
- Parenting practices have more influence than parent's functioning
- Young children need adults to help them make sense of events and to construct a narrative
- The parent is the child's natural guide





## Parenting Practices Predict Children's Recovery From a Traumatic Incident

**Mothers' observed parenting is associated with steeper reductions in child-reported traumatic stress over a period of four months following a domestic violence incident.**

Gewirtz, Medhanie, & DeGarmo, (2011), *Journal of Family Psychology*, 25, 29-38.

# Strategies for Supporting Children's Feelings of Safety

Support child's caregiving system to:

- understand and manage their own emotional responses
- learn to accurately & empathically understand and respond to children's actions, communications, needs and feelings
- Build predictable, safe and appropriate responses to children's behaviors



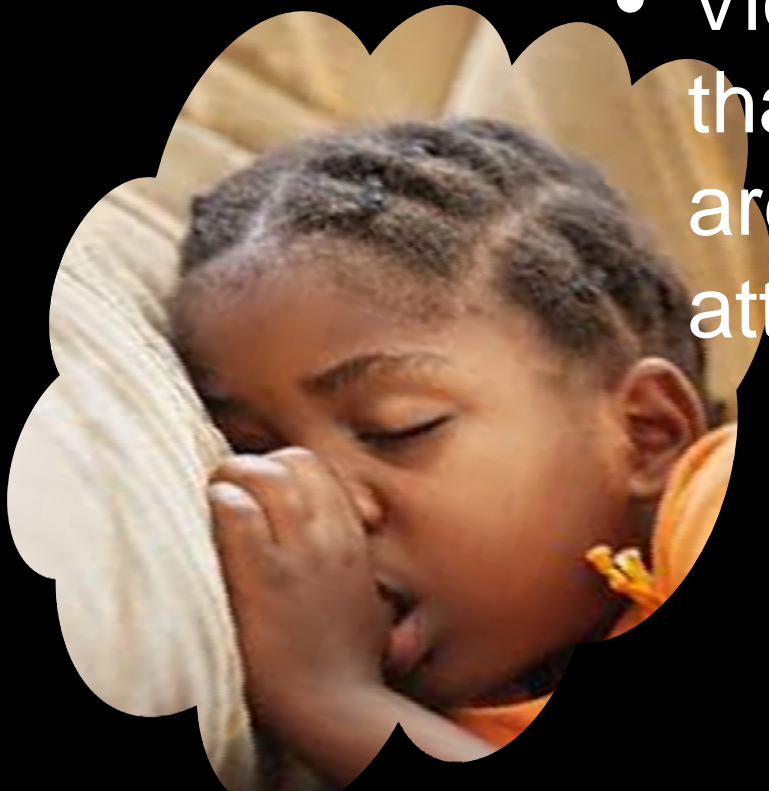
# Strategies for Supporting Children's Feelings of Safety

- Build predictability through use of individual familial and systems routines and rituals
- Build an understanding of the importance of predictability in daily routine; trouble-shoot planned variations, and expect response to unexpected ones
- Incorporate rituals from variety of cultures; build system-specific rituals



# Strategies for Supporting Children's Feelings of Safety

- Plan ahead to avoid and minimize power struggles
- View children through a lens that assumes what you are seeing is their best attempt to regulate



# Strategy: Being a Regulatory Partner

- Children need adults to partner with them in order to build their capacity for self-regulation
- As human beings we are wired to regulate better when supported by another person
- Our capacity for problem solving and other executive thinking is significantly diminished in a state of emotional arousal



# Strategy: Highlighting What is Going Well

Step 1: Pay attention to what is going well

Step 2: State it out loud & be specific

Step 3: Note how child benefits

*“Wow! You are great at naming her feelings for her, that lets her know you understand and it helps her be calmer.”*

# Why Focus on Parenting Practices?

- Parents are key to children's recovery and adjustment
- Parents are children's most significant support
- Stress gets in the way of parenting practices
- Children's post trauma reactions may include both acting out and "acting in"
- Parenting practices can improve with intervention
- Improvements in parenting support children's adjustment!



# Strategy: Building Parental Empathy

- Ask, wonder together and explore
  - What do you suppose he's feeling right now?
  - How do you think this is for her right now?
  - What do you suppose she needs from you?
  - Do you think he's stressed right now? How can you tell?
  - How do you suppose stopping and thinking about how he feels for just a moment makes your relationship stronger?

# Feeling Words for Young Children

## Babies Feel

- Joy
- Excitement
- Frustration
- Discomfort
- Fear
- Boredom
- Contentment
- Pain
- Anger
- Loneliness
- Being Loved
- Curious
- Tired
- Hungry

## Toddlers Also Feel

- Fear
- Happiness
- Pride
- Jealousy
- Frustration
- Exhaustion
- Surprise
- Love
- Shame

# Family Therapeutic Referrals

- Infant Mental Health Endorsement for families with infants and toddlers
- Experience in evidence based practices
- Training & experience in assessment with DC 0-3R (infants & toddlers)
- Trauma Informed Child Parent Psychotherapy (TI-CPP)
- Attachment Bio-Behavioral Catch-up (ABC)
- Parent-Child Interactive Therapy (PCIT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16\\_149098](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_149098)

# Illinois Home Visiting Programs for Families with Children Under 3

- The Ounce of Prevention Fund:

<http://www.theounce.org/what-we-do/home-visiting-locations>



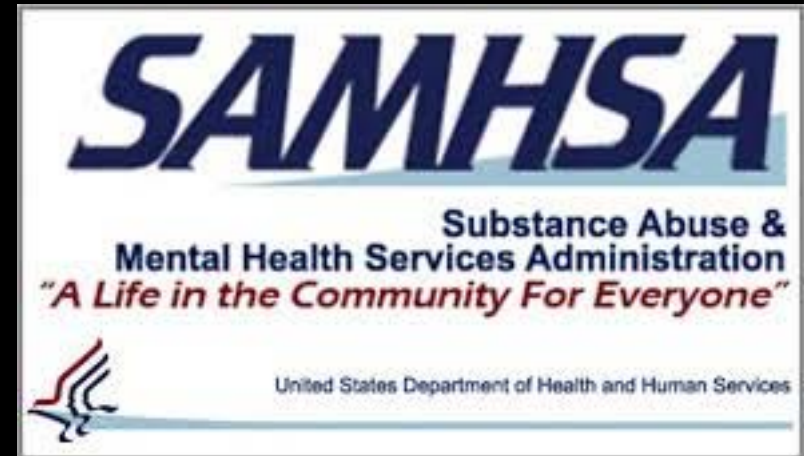
# 5. Identify Options for Implementation





# SAMHSA's TIC Principles

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Inclusiveness and shared purpose
- Respect for cultural, historical, and gender issues
- Attention to the change process



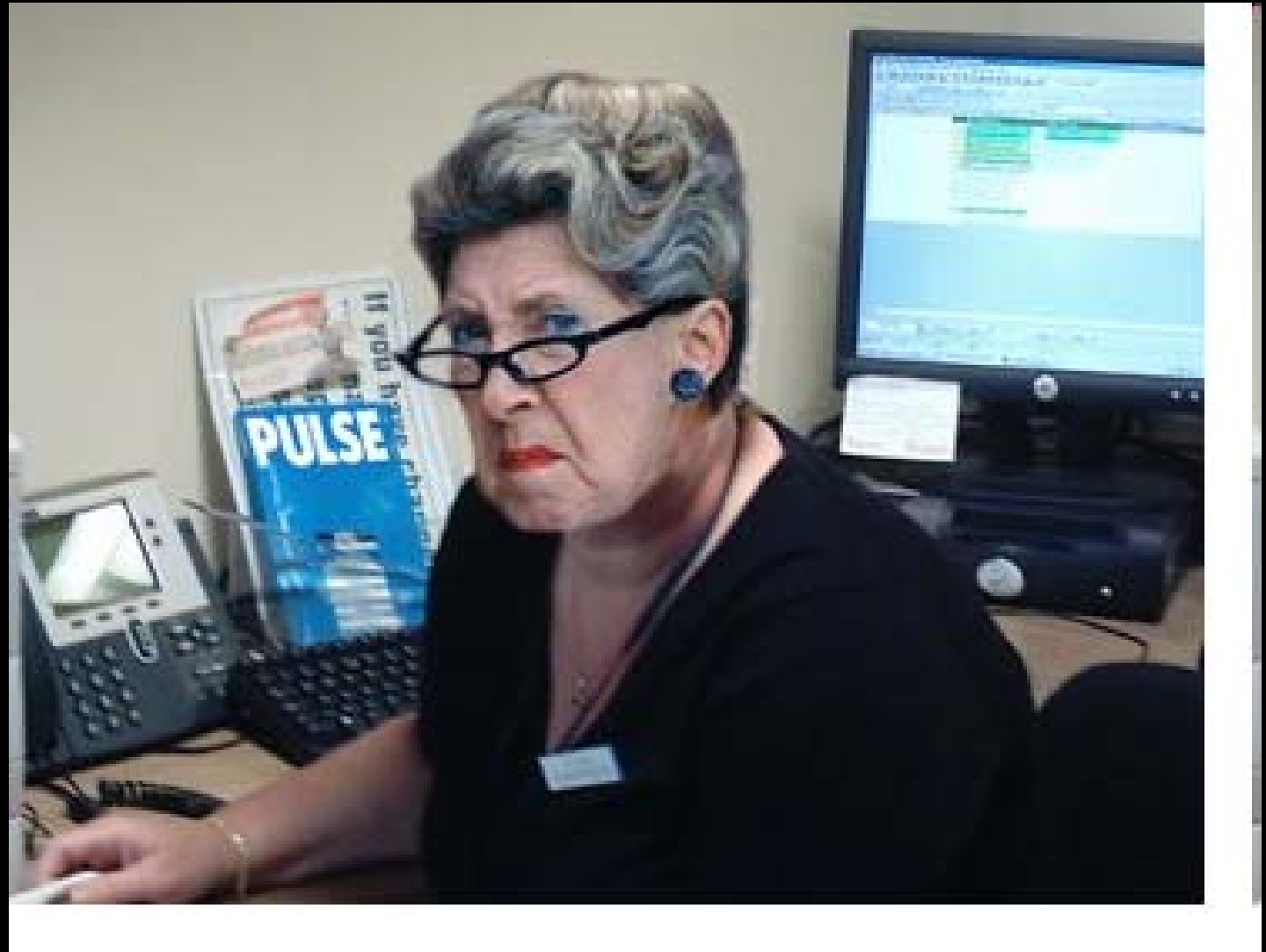
# Identifying potential risks and triggers in:

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

Suggestions: Focus groups, walk-throughs



e.g., no scary staff!



# Linking trauma-informed and trauma-specific care

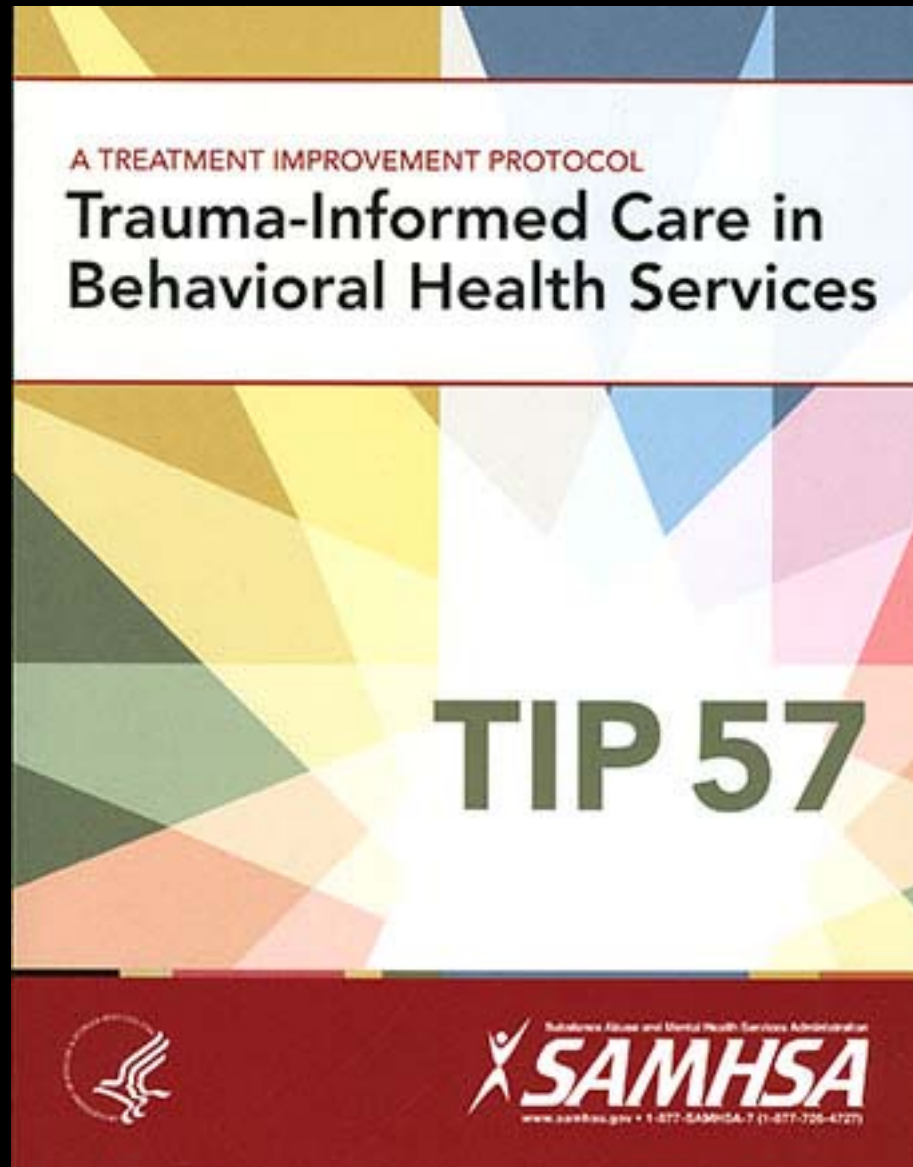
- Screening and assessment
  - Internal or external
  - Lots of instruments
  - Variety of post-trauma effects (not just PTSD)
  - Assess for stage of trauma recovery (to determine appropriate referrals)
- Supported referral to trauma-specific care that fits their stage of trauma recovery (e.g., past- vs. present-centered activities, exposure- vs. non-exposure-based models)
- Training/certification/supervision/mentorship of key staff in trauma-specific care

# Poll:

When someone is ready for trauma-specific care, what do you and/or your organization do?



- Read.
- Rinse.
- Repeat.



Many TIC models—  
Just a few examples:



# The Sanctuary Model



- Sandra Bloom and colleagues
- Healthy organization will promote healing and avoid re-traumatization
- Also need healthy systems, communities
- Grow health from the center out
- Intensive, long-term process

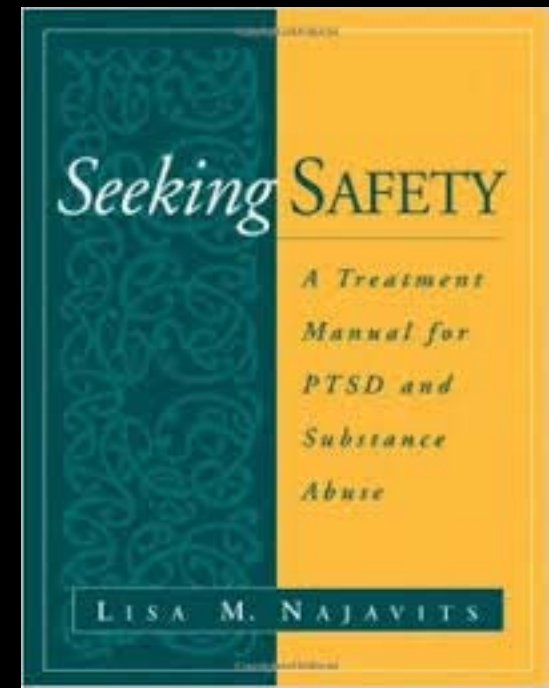
# Creating Cultures of Trauma- informed Care



- From Community Connections
- Maxine Harris and Roger Fallot
- Comprehensive set of tools and processes for organizational and systems change
  - Services-level change
  - System/administrative-level change
- Free downloads of introductory materials

# Seeking Safety

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





Remember: The more you understand trauma, the stronger you will be as an advocate. The stronger you are as an advocate, the better your community will understand and address its challenges proactively, and the fewer people will have to live with trauma and homelessness.





**Questions?  
Comments?**