

# How to be Trauma-Informed in Your Role

Creating a Trauma-Informed Human  
Services System



Trauma-Informed  
Community Network

Part of the Partnership for a Healthier Fairfax

# Taking Care of Ourselves



**I am going to  
my happy place,  
be back soon.**

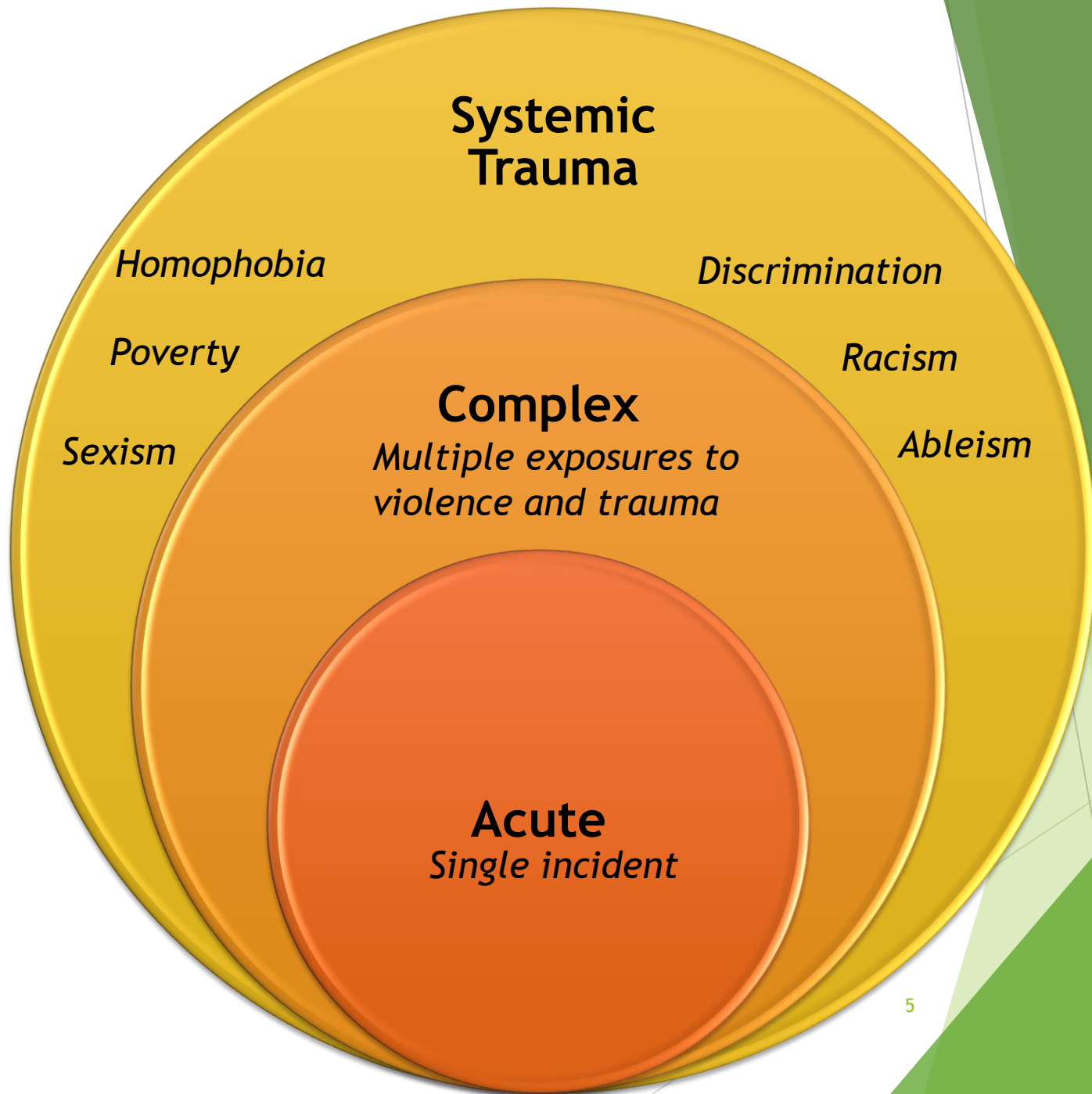
# Trauma Defined

Trauma refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

SAMHSA 2014

# Types of Trauma

- ▶ Violence
- ▶ Witness/exposure to violence
- ▶ Abuse
- ▶ Neglect
- ▶ War Zone & Refugee Experiences
- ▶ Traumatic Grief
- ▶ Terrorism
- ▶ Immigration Experiences
- ▶ Medical Trauma
- ▶ Natural Disasters



# What can a traumatic experience do to the brain?

## Fight, Flight or Freeze

If trauma is prolonged, extreme, or repetitive, it can physically injure the brain.

The Amygdala (*“The Body Guard”*) can become **STUCK!!** in an alert state. The Body continues to sense danger when there is none and sends out **Stress Response Signals!**

The person who experienced the trauma, keeps living **“IN THE MOMENT!”**

Long after the trauma ends, the person may become unable to separate “NOW/SAFE” FROM “THEN/DANGER!”

# Video: First Impressions

# Symptoms

## Normal Reactions to Horrific Situations

Symptoms = adaptations or ways of coping



Can result in challenging behavior

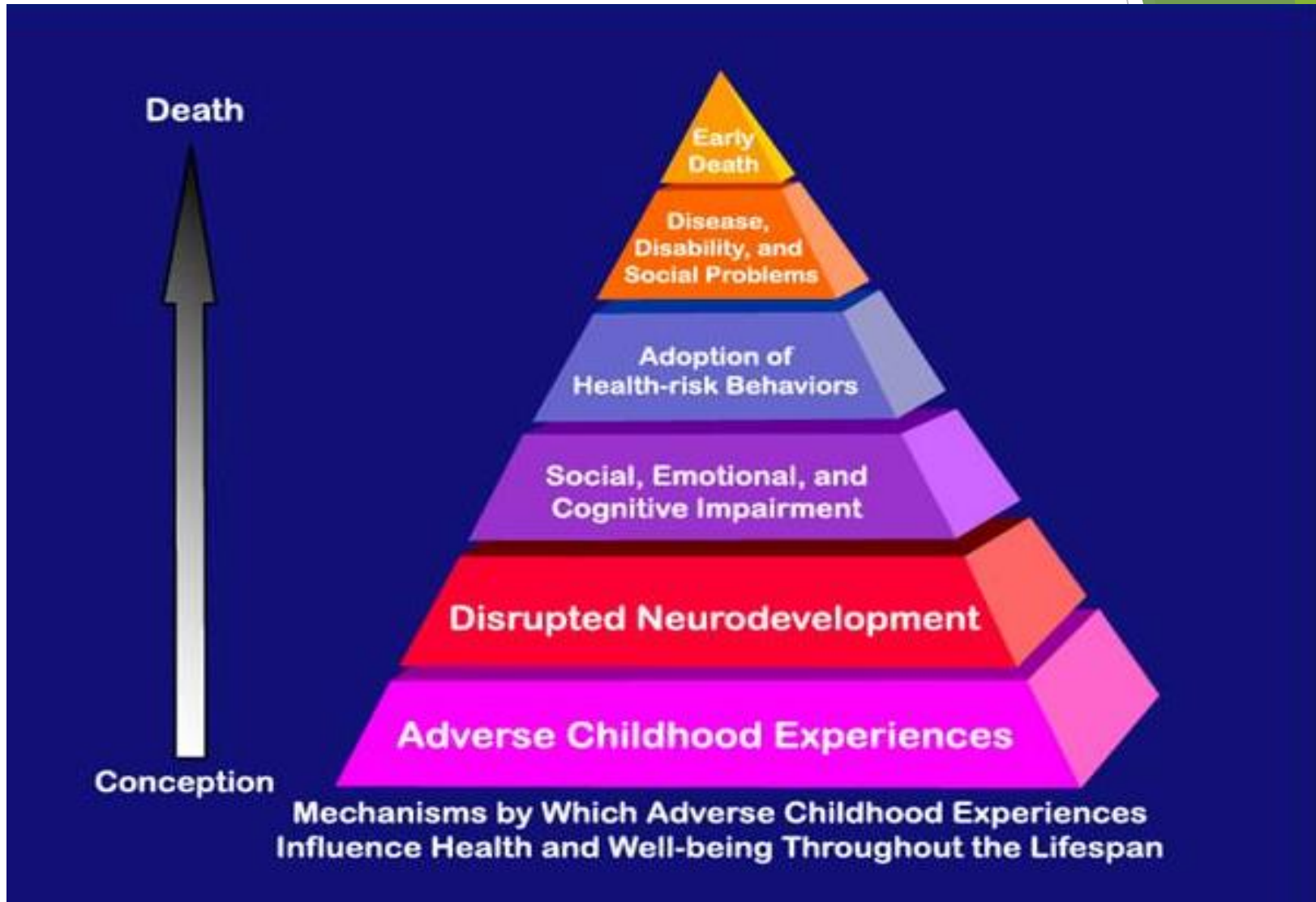


# Trauma Symptoms

Reaction to trauma (or a trauma trigger) can be Short Term or Long Term, and can include:

- ▶ **Emotional:** Feelings of being overwhelmed, difficulty regulating emotions
- ▶ **Physical:** Physiological response [Survival Mode—Fight, Flight or or Freeze; Somatic complaints [stomach aches, headaches]
- ▶ **Relational or Social:** Attachment, ability to connect, trust, friendships
- ▶ **Spiritual:** Hopeless
- ▶ **Behavioral:** Hyper, aggressive, impulsive (risk taking, “defiant,” or acting out behavior), withdrawn (“compliant”)
- ▶ **Cognitive:** Memory loss, confusion, inability to concentrate
- ▶ **Self-Concept:** Sense of self, self-worth, self-esteem, self in the world

# Adverse Childhood Experiences Study (ACE's)



# What does it mean to be trauma-informed?

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

- ▶ *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; and
- ▶ Seeks to actively resist *re-traumatization*

A trauma-informed approach can be implemented in any type of service setting or organization.

# What does it mean to be trauma-informed for housing locators?

You serve an important role in the lives of clients who are in extremely stressful situations!

In the midst of crisis, you are in a position to offer stability through your relationship.

It is important for you to nurture and maintain the relationship and to be patient as clients work towards stability and success.

# What does it mean to be trauma-informed for housing locators?

Bring awareness of how systemic trauma (family, cultural issues, poverty, etc.) is likely impacting your clients into your work. Check your own biases, and think about ways that you can manage bias from others on behalf of your clients.

# What does it mean to be trauma-informed for housing locators?

When someone experiences a traumatic event, there is almost always a feeling of powerlessness and a perceived loss of control. Homelessness, or the threat of it, is likely to bring up those very same feelings.

- Consider about how the barriers (transportation, language, intellectual/developmental/physical disability) that clients might be experiencing related to finding housing on their own might bring up those same feelings of powerlessness and lost control.

# Things to consider....

- ▶ Warm, welcoming and comfortable spaces
- ▶ Friendly, inviting, empathetic interactions
- ▶ Awareness of how traumatic stress symptoms may manifest through physical or behavioral health complaints
- ▶ Awareness of how traumatic stress symptoms may manifest themselves differently depending upon cultural factors
- ▶ View behavioral challenges through a “trauma lens.” The behavior may make sense as a coping strategy or adaptation given what the person has experienced.
- ▶ Keep in mind that some standard processes and even questions that you have to ask may be perceived as impersonal, dehumanizing, scary or even threatening.
- ▶ Wait times may increase anxiety and feelings of loss of control. When possible, offer clients the option to walk around the building or give them access to spaces where they can avoid sitting while their anxiety might be escalating.

# Things to consider....

- ▶ Policies and procedures aimed at increasing client comfort
  - Explaining what you are going to do before you do it
  - Offering the client choices and control over the situation as appropriate
- ▶ Plans for what to do if a client discloses a traumatic experience
  - Manage your own triggers and responses to potentially upsetting material
  - Normalize the fact that trauma can affect everyone physically and mentally
  - Referral and/or connection to appropriate community supports, services and resources



# Preventing Challenging Behavior

- ▶ Treat everyone with dignity and respect.
- ▶ Respond with compassion and empathy.
- ▶ Be aware of your own physical presence, tone of voice, volume, body language, etc. Generally avoid physical touch, and work hard to maintain an even tone of voice and neutral body language.
- ▶ Offer choices whenever you can. Avoiding power struggles is KEY!
- ▶ Use your Motivational Interviewing skills. Take a non-judgmental stance, ask open-ended questions, be empathetic, and offer reflective responses and affirmations.
- ▶ Focus on PROBLEM SOLVING instead of reacting to challenging behavior. Help identify possible solutions.

# Preventing Challenging Behavior

- ▶ Remember that the person might be in fight, flight or freeze mode. If they aren't answering your questions, they might not be in a place where they can hear or comprehend what you are saying
  - Don't assume that people have the right information
  - Don't assume that anything has already been explained to them
  - Don't assume that they understand what is going on, or what they need to do now

# When Challenging Behavior Strikes

- ▶ Continue to be mindful of your own physical presence and tone of voice as part of managing the fact that you may be triggered by aggressive, disrespectful, or otherwise challenging behavior. The person needs YOU to remain calm.
- ▶ Think about what might ACTUALLY be happening to trigger the behavior. Ask questions about what is going on in a compassionate manner.
- ▶ Help the person regain control by VALIDATING their thoughts and feelings, and offering them choices whenever possible. Calmly request that they chose from one of several workable options.

# When Challenging Behavior Strikes

- ▶ Use active and reflective listening. Don't interrupt.
- ▶ Avoid judgment, and offer advice and reassurance sparingly. Focus on providing choices so that folks feel empowered to help THEMSELVES.
- ▶ Remember that the persons behavior is not driven by logic. They are in flight, fight or freeze mode, and survival responses are taking over. Try some de-escalation techniques to help them manage their aggression and calm down.

# How are you exposed to trauma at work?

- ▶ Hearing stories (exposure to traumatic content)
  - ▶ Limited decision making power or opportunity to advocate for a certain outcome
  - ▶ Don't always find out how things are resolved
- ▶ Interacting with clients who are dealing with traumatic stress and the behavioral consequences of that
  - ▶ May have a hard time listening and processing information
  - ▶ May be angry and aggressive
  - ▶ May be non-responsive and “checked out”
- ▶ Having to ask difficult questions
  - ▶ Requesting that clients share personal information of a sensitive nature

# Vicarious Trauma Video

# How can you protect yourself?

- ▶ Regular use of deliberate coping strategies
  - ▶ Self-care (more to come on this later)
- ▶ Attract and maintain social support (personal and professional)
- ▶ Have a personal calling to the field- feeling good about helping others
- ▶ Personality traits that include emotional competencies
  - ▶ Optimism, Faith, Flexibility, Sense of Meaning, Self-Efficacy, Impulse Control, Empathy, Close Relationships, Spirituality, Effective Problem Solving (Protective Factors that contribute to Resiliency)



# Practicing Self-Care

- ▶ Get adequate sleep
- ▶ Prioritize hydration and good nutrition
- ▶ Exercise
- ▶ Identify your own triggers, as well as strategies to manage them
- ▶ Find opportunities to connect with others. Build a support network inside and outside of work
- ▶ Engage in activities you enjoy



# Practicing Self-Care

- ▶ Focus on the rewards of the job and feelings of career satisfaction
- ▶ Create opportunities to “de-brief” after particularly difficult client interactions
- ▶ Sensitively and compassionately communicate the boundaries of your role to clients, and stick to those boundaries
- ▶ Create boundaries between work and home
- ▶ Know what belongs with you and what belongs with the client
- ▶ Use supervision!
- ▶ Acknowledge that the work can be stressful and difficult. Don't be too hard on yourself!

# PROMISING FUTURES

## PROMOTING RESILIENCY

among children and youth experiencing domestic violence

Almost 30 million American children will be exposed to family violence by the time they are 17 years old.<sup>[2]</sup> Kids who are exposed to violence are affected in different ways and not all are traumatized or permanently harmed. Protective factors can promote resiliency, help children and youth heal, and support prevention efforts.

Research indicates that the #1 protective factor in helping children heal from the experience is the presence of a consistent, supportive, and loving adult—most often their mother.<sup>[1]</sup>

### PROTECTIVE FACTORS THAT PROMOTE RESILIENCY

#### INDIVIDUAL

##### Temperament

Individual temperament or sense of humor



##### Understanding

Ability to make sense of their experiences

##### Relationships

Ability to form relationships with peers



##### Mastery

Opportunities to experience mastery



##### Expression

Opportunities to express feelings through words, music, etc.



##### Conflict Resolution

Development of conflict resolution & relaxation techniques



##### Culture

Strong cultural identity

#### FAMILY

##### Role Models

Adults who role model healthy relationships



##### Health

Healthy caregivers



##### Networks

Relationships with extended family members and others



##### Supportive Relationships

Positive child-caregiver relationships



##### Stability

Stable living environment

#### COMMUNITY



##### Access to Services

Basic needs, advocacy, health



##### School

Positive school climate and supports



##### Mentors

Role models & mentors, i.e. coach, faith leader

##### Neighborhood Cohesion

Safe & connected communities



Get started at [www.PromisingFuturesWithoutViolence.org](http://www.PromisingFuturesWithoutViolence.org)

National Domestic Violence Hotline: 1-800-799-7233 (SAFE)

National Dating Abuse Helpline: 1-866-331-9474 or text "loveis" to 77054

*Promising Futures: Best Practices for Serving Children, Youth & Parents is a project of Futures Without Violence*

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**FUTURES**  
WITHOUT VIOLENCE™

Formerly Family Violence Prevention Fund

# Resources - Internet

## Immigrant / Refugee Children:

- ▶ <http://www.refugees.org/resources/for-service-providers/working-with-refugees.html>
- ▶ [http://www.brycs.org/clearinghouse/search\\_resources.cfm](http://www.brycs.org/clearinghouse/search_resources.cfm)

## Childhood Trauma :

- ▶ <http://www.samhsa.gov/trauma/index.aspx#TipsChildren>
- ▶ <http://www.nctsn.org/resources>
- ▶ [http://www.nctsn.org/sites/default/files/assets/pdfs/childrenanddv/actsheetseries\\_complete.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/childrenanddv/actsheetseries_complete.pdf)

## When a Child's Parent has PTSD:

- ▶ [http://www.ptsd.va.gov/professional/treatment/children/pro\\_child\\_p/parent\\_ptsd.asp](http://www.ptsd.va.gov/professional/treatment/children/pro_child_p/parent_ptsd.asp)

# Resources - Service Providers

- ▶ Northern Virginia Family Service Violence Prevention and Intervention Services:
  - ▶ IPE Program (Gang Prevention) & Program for Children Exposed to Violence
  - ▶ Contact Meredith McKeen - 571-748-2574
- ▶ FCPS Office of Psychology Services - 571-423-4250
- ▶ FCPS Office School Social Work - 571-423-4300
- ▶ Community Services Board (CSB) - 703-383-8500
- ▶ Coordinated Services Planning- family activities and basic needs 703-222-0880

# Resources - Hotlines

- ▶ Child Protective Service Hotline:
  - ▶ (703) 324-7400
- ▶ National Suicide Prevention Lifeline:
  - ▶ 1-800-273-TALK (8255)
  - ▶ <http://suicidepreventionlifeline.org>
- ▶ Crisis Link 24-Hour Suicide Hotline:
  - ▶ 703-527-4077 or text 703-940-0888
  - ▶ <http://prsinc.org/crisislink/services/>
- ▶ 24-Hour Domestic & Sexual Violence Hotline: 703-360-7273
- ▶ Alternative House Teen Crisis Hotline: 1-800-SAY-TEEN (729-8336)
- ▶ Fairfax County 24-Hour Emergency Services: 703-573-5679, TTY 711