

Becoming a Trauma-Informed Agency



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Outline

- Brief overview of previous sessions
- Creating environments of resiliency and hope
- Why should consider starting the journey towards becoming trauma-informed?
- What does using a trauma-informed approach mean?
- What is different about being trauma-informed?
- What are some tools to help us?

Why use a trauma-informed approach?

- It benefits:
 - Survivors
 - Staff
 - Your organizations

In other words, everyone wins....



Quick review from previous sessions!

What is traumatic stress?

E

An **EVENT**, series of events or set of circumstances

E

that is **EXPERIENCED** by an individual as physically or emotionally harmful or threatening

E

and has lasting adverse **EFFECTS** on the individual's functioning and physical, social, emotional or spiritual well-being

Safety is the cornerstone of our ability to CONNECT and REGULATE!

Physical Safety:
The ability to keep one's body safe from harm.

Psychological/Emotional Safety: The ability to be safe with one's self and others, and having access to environments where it is safe to express yourself & your feelings

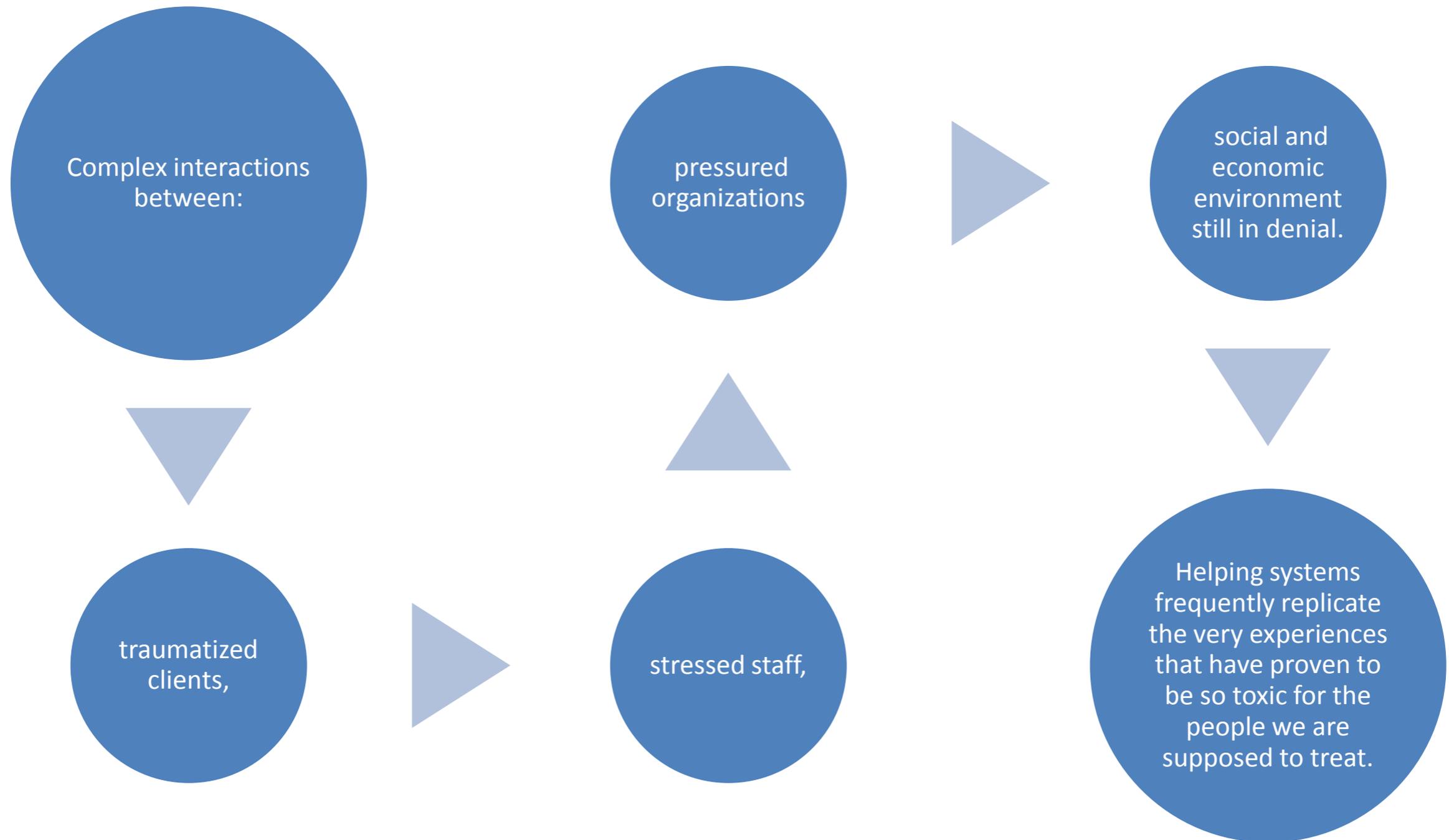
Social Safety:
The ability to be safe in groups, which includes people respecting each other and their differences.

Moral Safety:
Access to environments that support honesty and justice.



Why is using a trauma-informed approach important?

Parallel Processes





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Resilience-what is it ?

Surviving trauma and trauma
symptoms are

Examples of
resilience
and
strength





What is a trauma-informed approach?
What's different?

How we are

is as important as

what we do

*Trauma-informed care shifts the philosophical
approach from*

“What’s wrong with you?”

to

“What happened to you?”

Generally what we think:

“What do I do when *a person's behavior* gets in the way of the work, gets in the way of them responding to the information we give, and with them using the services we have?”



What if we thought...

“What do I do when *trauma's impact* gets in the way of the work, gets in the way of them responding to the information we give, and with them using the services we have?”





FIRST, DO
NO HARM

A trauma-informed approach includes four elements:

REALIZE

RECOGNIZE

RESPOND

RESIST



REALIZING
the prevalence
of trauma



RECOGNIZING
how trauma affects
all individuals
involved with the
program,
organization or
system, including
its workforce



RESPONDING
by putting this
knowledge into
practice



Seeks to
actively
RESIST
retraumatization



A trauma-informed approach shifts:

How we understand trauma

How we understand survivors

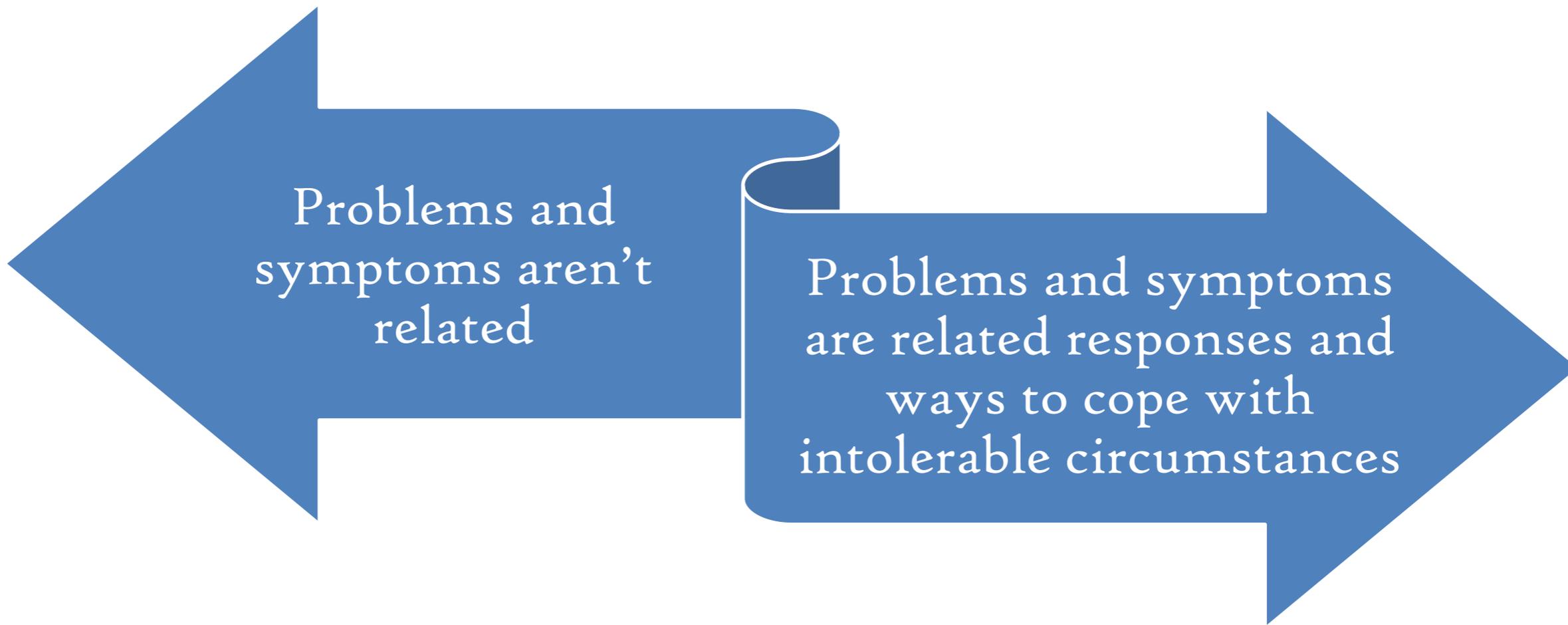
How we understand services

How we understand the service
relationship

How we understand trauma

Traditional approaches

Trauma-informed approaches



Problems and
symptoms aren't
related

Problems and symptoms
are related responses and
ways to cope with
intolerable circumstances

How we understand trauma

Traditional approaches

Trauma-informed approaches

The diagram consists of two large blue arrows pointing in opposite directions, connected by a central horizontal bar. The left arrow points left and contains the text 'Trauma is viewed as an isolated event'. The right arrow points right and contains the text 'Repeated trauma is understood as a core life event that can change the way people understand themselves and the world'. The central bar is a horizontal line with a slight curve, connecting the two arrows.

Trauma is viewed as an isolated event

Repeated trauma is understood as a core life event that can change the way people understand themselves and the world

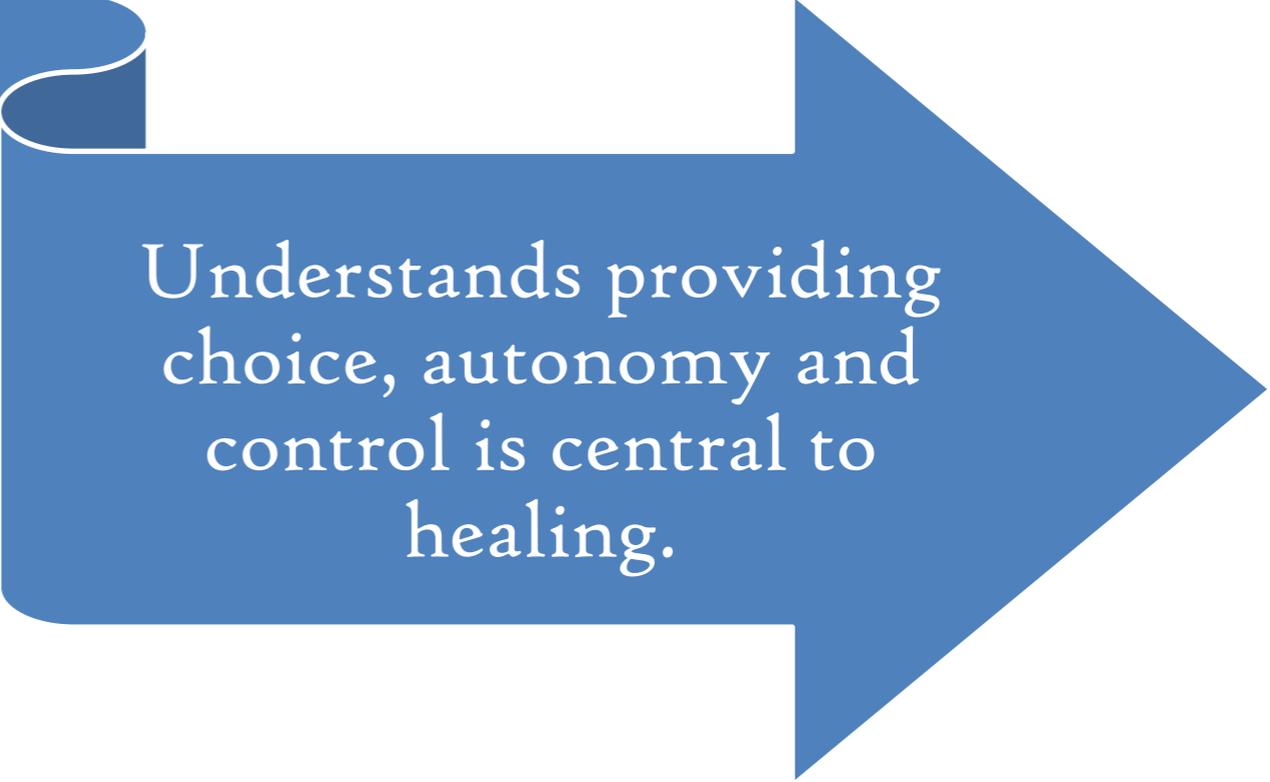
How we understand survivors

Traditional approaches



Sees clients as broken, vulnerable and needing protection from themselves.

Trauma-informed approaches

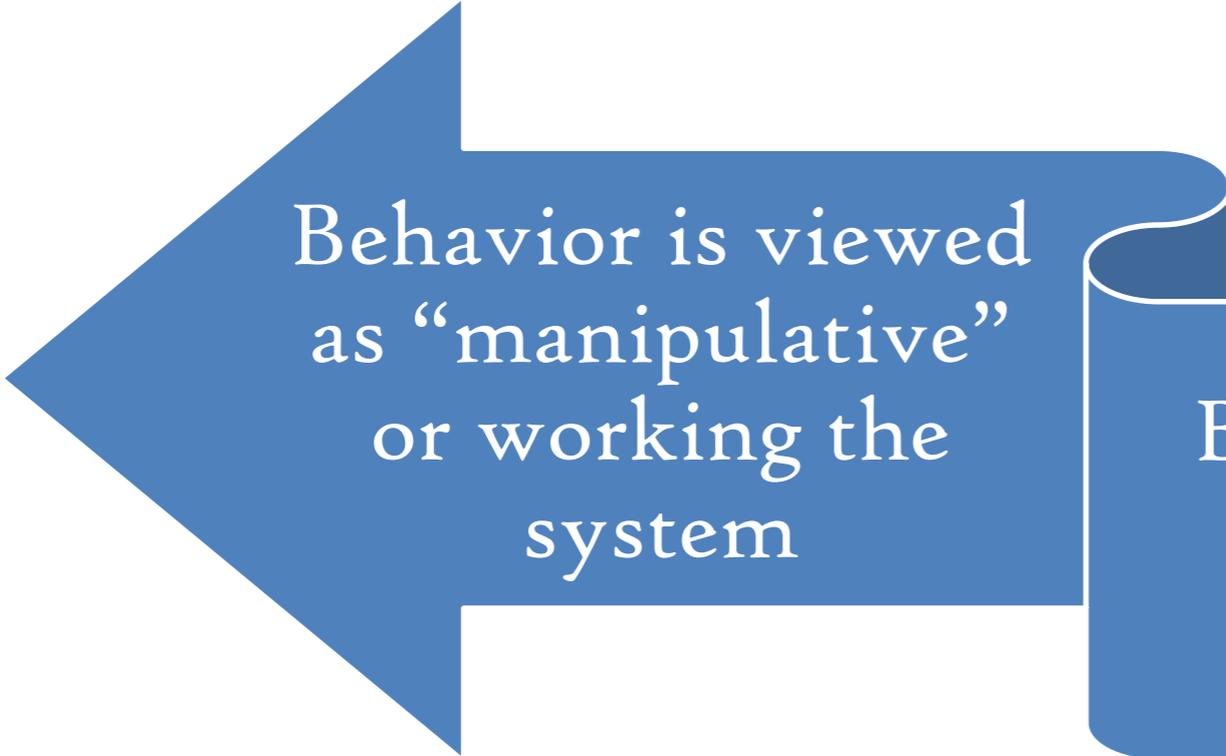


Understands providing choice, autonomy and control is central to healing.

How we understand survivors

Traditional approaches

Trauma-informed approaches



Behavior is viewed
as “manipulative”
or working the
system



Behaviors are viewed
as adaptations and
getting needs met

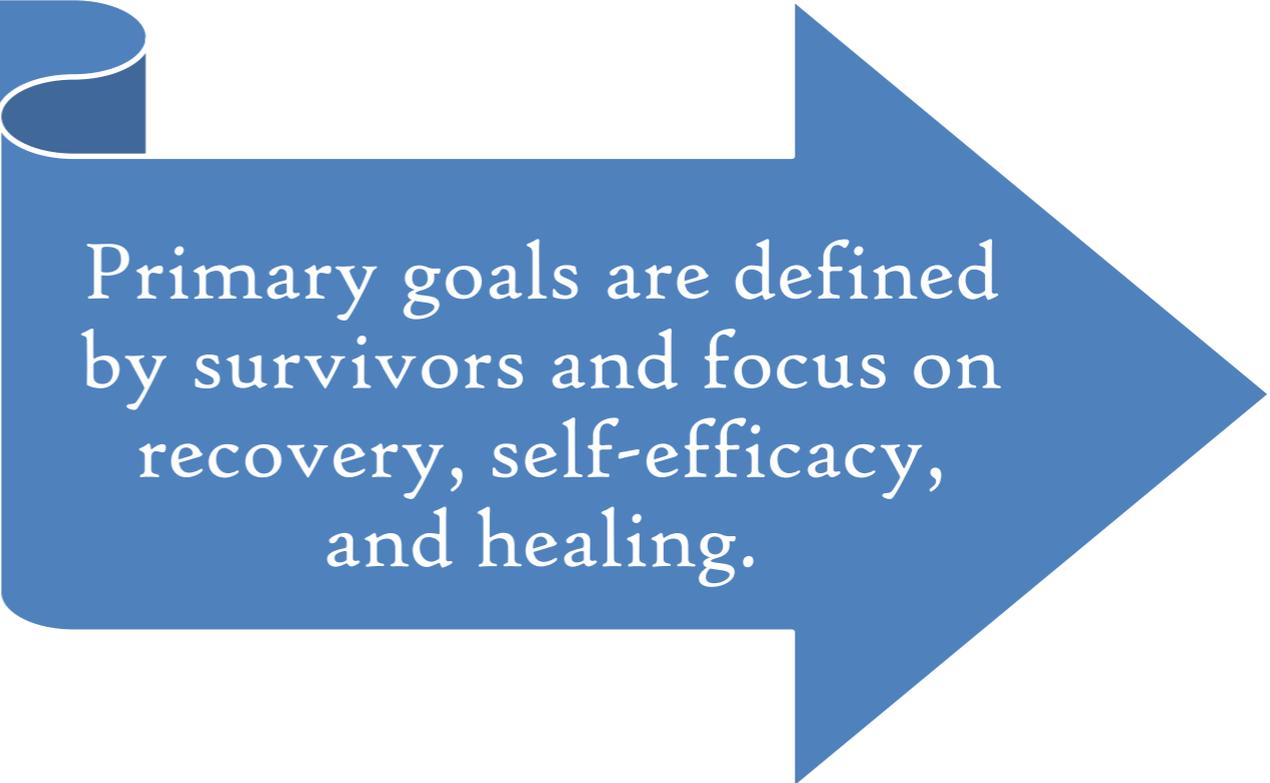
How we understand services

Traditional approaches

Trauma-informed approaches



Primary goals are defined by service providers and focus on treating symptoms

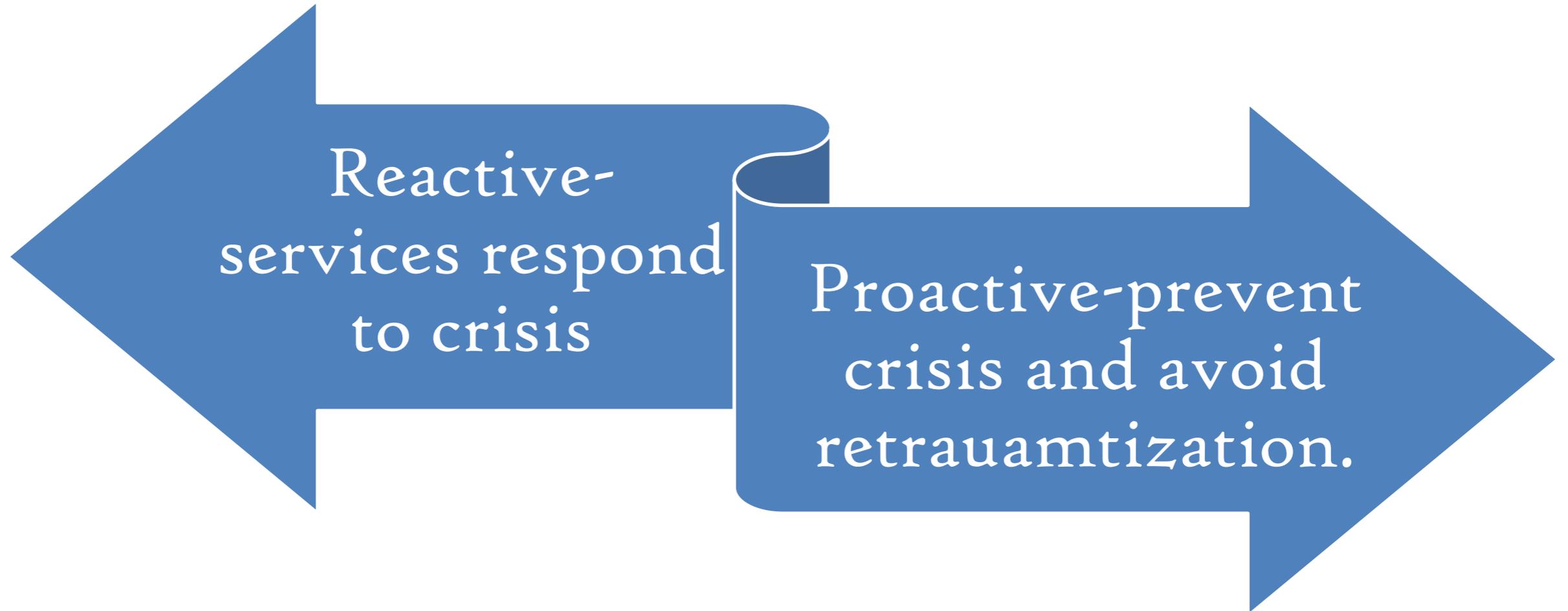


Primary goals are defined by survivors and focus on recovery, self-efficacy, and healing.

How we understand services

Traditional approaches

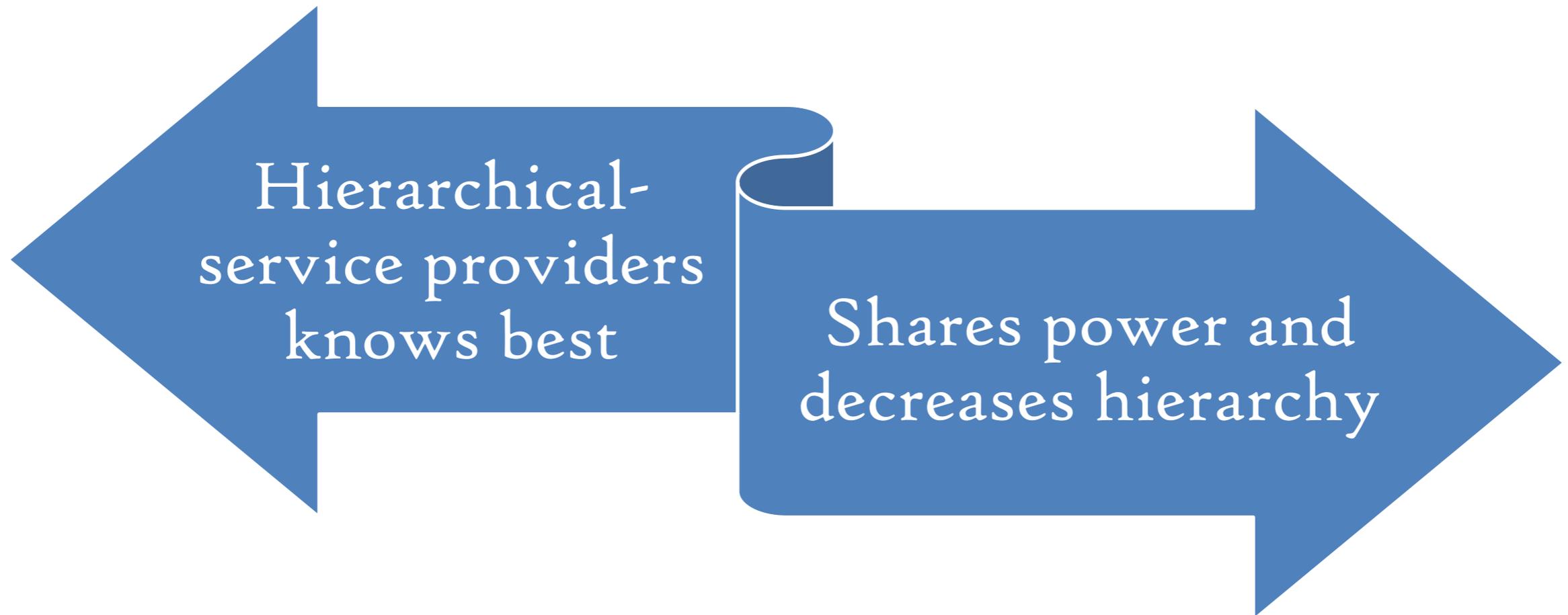
Trauma-informed approaches



How we understand service relationship

Traditional approaches

Trauma-informed approaches



How we understand service relationship

Traditional approaches

Trauma-informed approaches



People providing services are the experts.

Clients are active experts and partners with service providers.

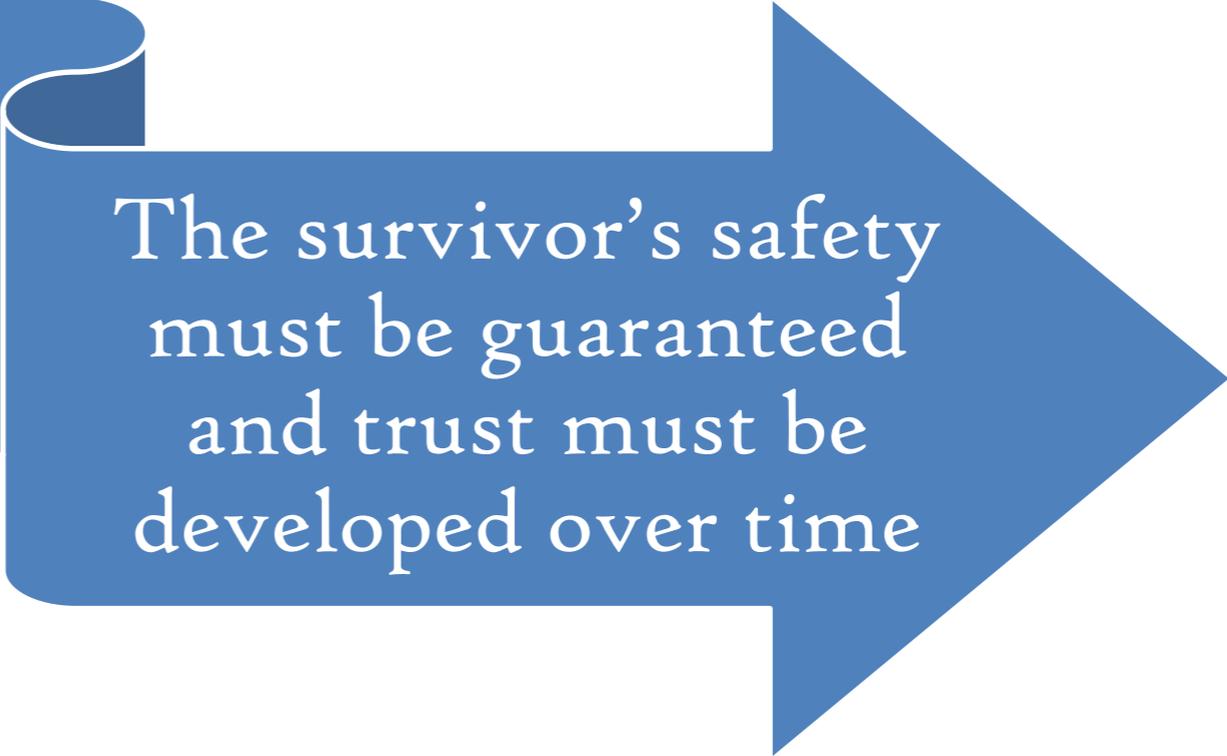
How we understand service relationship

Traditional approaches

Trauma-informed approaches



The survivor's safety and trust are taken for granted.



The survivor's safety must be guaranteed and trust must be developed over time



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REALIZING the
prevalence of trauma

Trauma Informed Approaches

Some experts believe 95% of individuals with intellectual and developmental disabilities have some level of traumatic stress.

Universal precautions

- It makes sense to treat EVERYONE as if trauma has possibly occurred. Making sure someone feels safe and in control of their own lives will help someone with trauma, and will not hurt anyone who does NOT have a history of trauma.

Strategy

Have trauma-
informed
expectations
of clients,
staff and your
organization





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RECOGNIZING how trauma affects all individuals involved with the program, organization or system, including its workforce

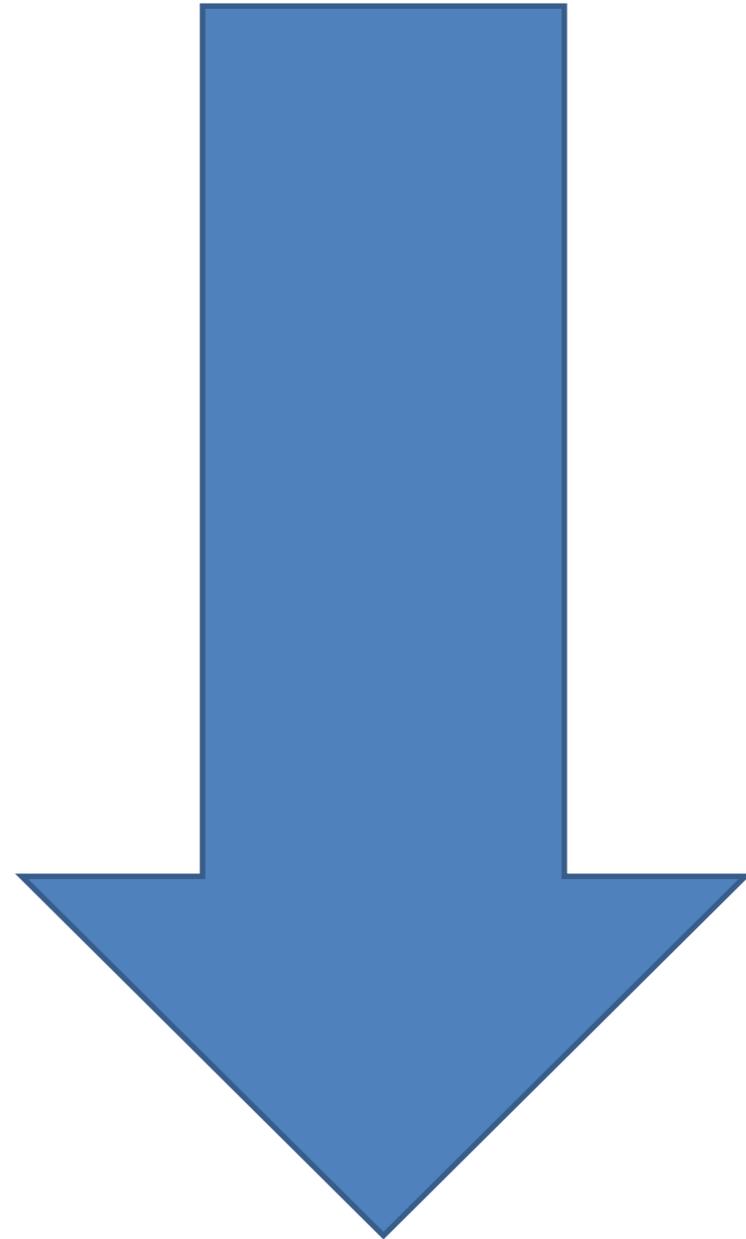
Things to think about:

1. How have you seen trauma impact survivors?
2. How have you seen trauma impact staff?
3. How have you seen trauma impact organizations?



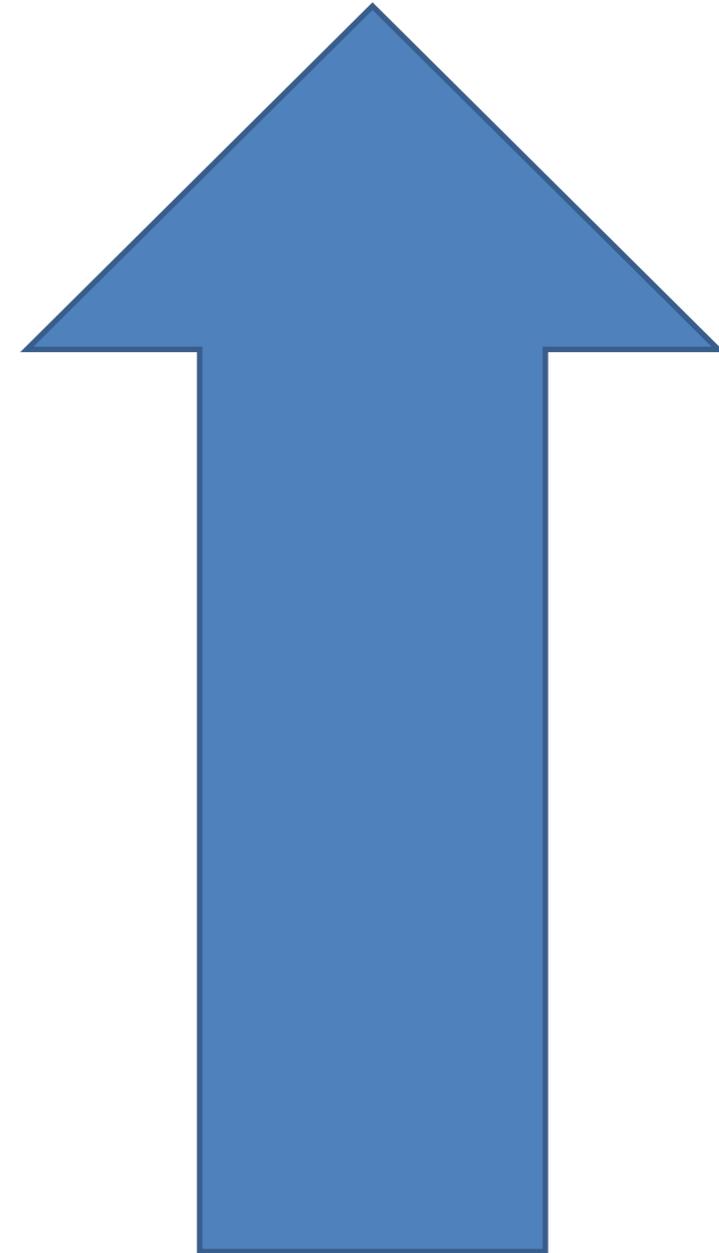
Decreased ability to....

- Manage and regulate feelings
- Self-soothe
- Trust others
- Thoughtfully plan
- Have the energy to get things done
- Connect with others
- Tell stories



Increased.....

- Tension, anxiety, panic, emotional volatility
- Need for control and aggressive behavior
- Avoidance, constriction and disassociation
- Use of drugs, alcohol or other addictions to manage feelings



Parallel process



Survivors

- Fragmented
- Confused
- Overwhelmed
- Depressed
- Helpless
- Unsafe
- Hypervigilant
- Aggressive
- Hopeless



Staff

- Fragmented
- Valueless
- Overwhelmed
- Demoralized
- Frustrated
- Unsafe
- Hypervigilant
- Punitive
- Hopeless



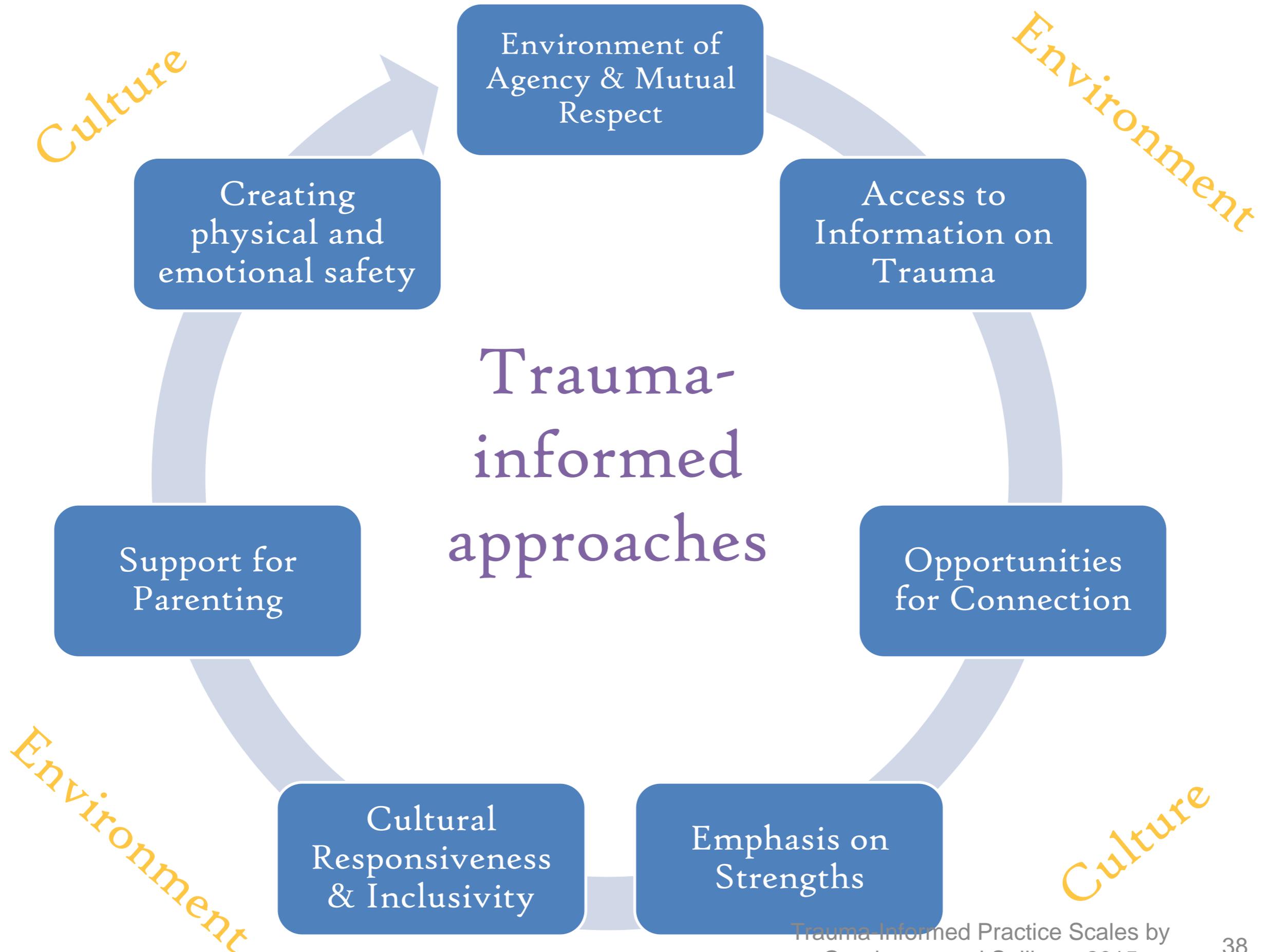
Organization

- Fragmented
- Valueless
- Overwhelmed
- Directionless
- Stuck
- Unsafe
- Crisis Driven
- Punitive
- Missionless



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RESPONDING by putting this knowledge into practice.



Respond: Reflect, Honor, Connect

- **REFLECT** back to them with compassion what you heard.
- **HONOR** their courage for surviving and sharing. (For example, “You have worked so hard to survive. Thank you for sharing what happened and what you did to survive with me.”)
- **CONNECT** them with safety and supports.



R

and actively RESIST
RETRAUMATIZATION.

Impact of Trauma: Accessing/Receiving Services

“I had been coerced into treatment by people who said they’re trying to help...These things all re-stimulated the feelings of futility, reawakening the sense of hopelessness and loss of control I experienced when being abused. Without exception, these episodes reinforced my sense of distrust in people and belief that help meant humiliation, loss of control, and dignity.”

- *Laura Prescott*

Resisting retraumatization

- Identify ways in which we might be retraumatizing people unintentionally
- Prepare and support survivors in non-trauma informed systems



Strategy: taking our temperature

- Figure out where we are and what we are doing now
- Make sure that people receiving services are central to this



Strategy

Create
physically and
emotionally
safe spaces for
EVERYONE
(including
you).

How?



Three more strategies

Validate,
normalize,
and
educate



How does this approach benefit survivors?



1. I have a voice again.
2. I can begin to re-establish a sense of safety and control.
3. I have space to talk about the impact of domestic violence and other traumatic experiences:
 - Essential to healing AND to providing effective advocacy and support.
4. Helpers heard, validated, and witnessed my reality, which can take power away from traumatic experiences.

And helpers?



1. We can stop seeing trauma responses as personal attacks.
2. We can get the information we need to effectively support and advocate for survivors.
3. We can focus on recovery and healing.
4. We can become aware of when work is impacting us in a problematic way and get support and assistance with that.
5. The impact of this work becomes a part of the normal conversation which leads to healthier employees and organizations.

And organizations?



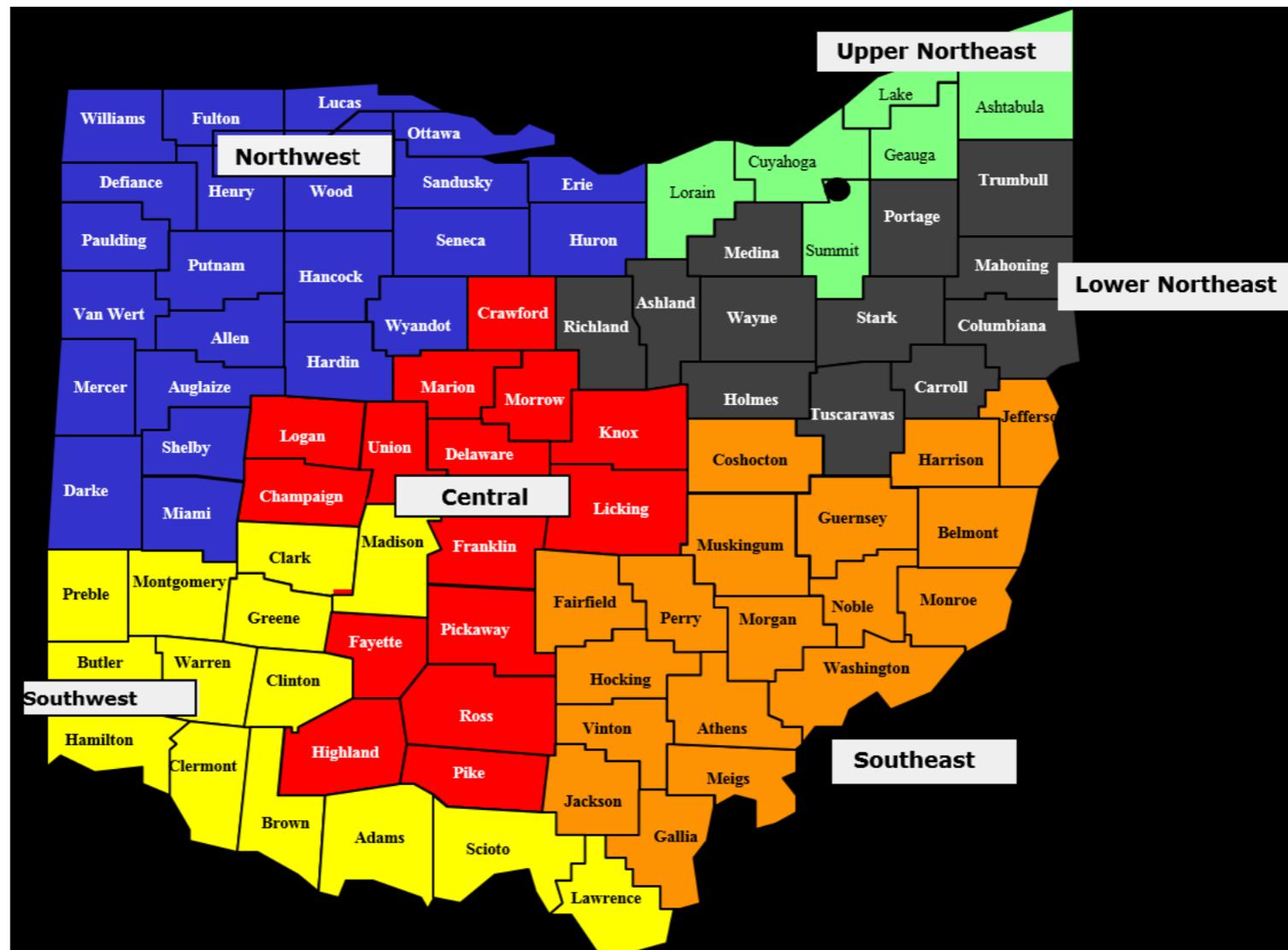
1. We **LEARN** about domestic violence and other traumatic experiences and common impacts of trauma on survivors, staff, and organizations
2. We **USE** this knowledge of trauma and its impact to:
 - Define, shape, modify and maybe change what we do and how we do things with victims of traumatic experiences and our staff
3. We create systems that are more likely to really help survivors and promote a healthy staff that can better fulfill the organization's mission.



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RESOURCES to help us do this work

Regional Trauma-Informed Care Collaboratives



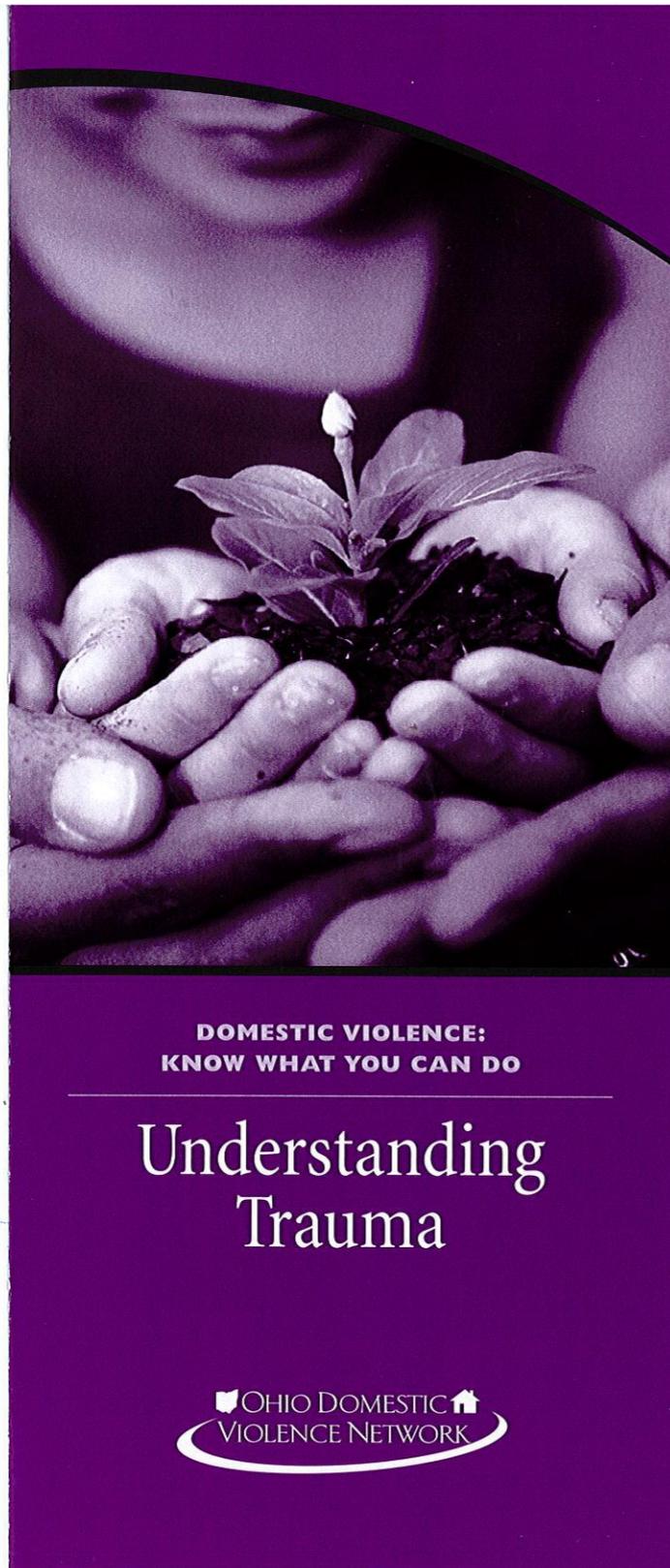
<http://mha.ohio.gov/Default.aspx?tabid=104>

Coming to you in June....

- The Ohio Trauma-Informed Roadmap!



ODVN brochure



- Arousal symptoms
- Re-experiencing symptoms
- Avoidance symptoms
Emotional numbing or disassociation
- Negative impact on moods and thoughts

Ohio

Developmental Disabilities
Mental Health and Addiction Services

Save the Date

Third Annual Trauma-Informed Care Summit and Institute

Columbus, Ohio • June 22-23, 2016



TRAUMA-INFORMED CARE

BEST PRACTICES AND PROTOCOLS FOR OHIO'S DOMESTIC VIOLENCE PROGRAMS



Funded by: The Ohio Department of Mental Health

Sonia D. Ferencik, MSSA, LISW

Rachel Ramirez-Hammond, MA, MSW, LISW

Using the TIC manual

- Individual level
 - Learn about trauma
 - Identify trauma reactions
 - Respond sensitively and appropriately
 - Validate
 - Normalize
 - Educate and empower
 - Avoid retraumatization
 - DO NO HARM

Using the TIC manual

- Organizational level
 - Educate advocates on trauma
 - Use best practices
 - Incorporate protocols
 - Review policies and procedures for trauma-sensitivity
 - Avoid retraumatization
 - DO NO HARM

Trauma-Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs

Go to www.odvn.org

Scroll down on homepage for a copy

Trauma-Informed Care Best Practices and Protocols

- Introduction
- Understanding trauma
- Responding to trauma
- Best practices
- Protocols
- Vicarious trauma
- Appendices

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Each individual seeking services has her own unique history, background, and experience of victimization. Treat each survivor as an individual.

Key point: It is important to understand that each individual seeking services is an individual—whether they are a teen, child or adult, whether they are male or female. Each person has their own unique history, background and experience of victimization.

Advocates need to be cautious in listening to a survivor's accounts because most advocates have listened to many women describe their experiences of abuse and harm.

Listening to hard stories over and over can result in a lack of sensitivity to the survivor in front of you. Although the tactics batterers use can be similar, we must listen carefully to the way that each survivor has experienced domestic violence, so we can properly support and assist her in obtaining safety.

Remembering each person is unique and deserving is a trauma-informed approach. Listening with a fresh perspective to each account is essential.

For instance, one approach in working with survivors is to remember that each woman comes with her own "herstory". She arrives through the doors with a personal, original, individual story and her own life experience that brought her to this point in her life. Her journey is unique.

Putting it into Practice:

The advocate needs to actively listen to the survivor's sharing of her experience as if it is the first times she has listened to a survivor describe victimization.

While the advocate is listening, she should be incorporating her knowledge about batterer characteristics, trauma and trauma reactions in order to assist the individual in normalizing her experience and providing support.

Advocates need to hear what is unique in each survivor's experience and recognize each survivor's distinct experience .

Resources for Presentation

- Developing Trauma-Informed Practices and Environments: First Steps by Terri Pease

<http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/>

- Dr. Bruce Perry and the Child Trauma Academy www.childtrauma.org

- Homeless Resource Center Traumatic Stress Training Package

<http://homeless.samhsa.gov/Resource/View.aspx?id=33070&AspxAutoDetectCookieSupport=t=1>

Check out this website

NATIONAL
Center on
Domestic Violence, Trauma & Mental Health

www.nationalcenterdvtraumamh.org

Under “Resources and Publications”

- Conversation Series
- Tipsheet Series

And this one too:

Building Comprehensive Solutions

*Supporting critical thinking, learning and victim-
defined advocacy*

www.bcsdv.org, check out resources

Thank you!!



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