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?

An EVENT, series of events or set of circumstances that is EXPERIENCED by an individual as physically or emotionally harmful or threatening and has lasting adverse EFFECTS on the individual’s functioning and physical, social, emotional or spiritual well-being.

SAMHSA, 2015
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.

From Mary Vicario, DODD Webinar series #3 (taken from Sanctuary Model by Dr. Sandra Bloom)
Why is using a trauma-informed approach important?
Parallel Processes

Complex interactions between:

- traumatized clients,
- stressed staff,
- pressured organizations,
- social and economic environment still in denial.

Helping systems frequently replicate the very experiences that have proven to be so toxic for the people we are supposed to treat.

Dr. Sandy Bloom, Sanctuary Model
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?”
A trauma-informed approach includes four elements:

- **REALIZE**
  - REALIZING the prevalence of trauma

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

- **RESPOND**
  - RESPONDING by putting this knowledge into practice

- **RESIST**
  - Seeks to actively RESIST retraumatization

SAMHSA, 2015
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

Problems and symptoms aren’t related

Trauma-informed approaches

Problems and symptoms are related responses and ways to cope with intolerable circumstances
How we understand trauma

Traditional approaches
- Trauma is viewed as an isolated event

Trauma-informed approaches
- 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

Behavior is viewed as “manipulative” or working the system

Trauma-informed approaches

Behaviors are viewed as adaptations and getting needs met
How we understand services

Traditional approaches

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

Trauma-informed approaches

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

Traditional approaches

Reactive-
services respond to crisis

Trauma-informed approaches

Proactive-
prevent crisis and avoid retraumatization.
How we understand service relationship

Traditional approaches

Hierarchical-service providers knows best

Trauma-informed approaches

Shares power and decreases hierarchy
How we understand service relationship

Traditional approaches

People providing services are the experts.

Trauma-informed approaches

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.
REALIZING the prevalence of trauma
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
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

Dr. Sandra Bloom, The Sanctuary Model
RESPONDING by putting this knowledge into practice.
Trauma-informed approaches

- Environment of Agency & Mutual Respect
- Access to Information on Trauma
- Opportunities for Connection
- Emphasis on Strengths
- Cultural Responsiveness & Inclusivity
- Support for Parenting
- Creating physical and emotional safety

Trauma-Informed Practice Scales by Goodman and Sullivan, 2015
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.
and actively RESIST RETRAUMATIZATION.
“I had been coerced intro 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.
RESOURCES to help us do this work
Regional Trauma-Informed Care Collaboratives

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
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
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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 time 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
Check out this website

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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