Trauma Engagement Strategies for Shelter Populations

Julie L. Wagar MA LSW LPCC-S

Workshop Objectives

- Increase understanding of Trauma and it's impact on clients.
- Increase understanding of Trauma Informed Care and Trauma Specific Services.
- Identify some helpful strategies in short term settings.
- Understand impact of secondary trauma on staff and self care strategies.

Agenda

- 9:15-9:30 Sign In and Networking
- 9:30-9:35 Welcome and Introduction
- 9:35-10:30 Trauma Overview
  Trauma Informed Services Overview
- 10:30-10:35 Very brief break
- 10:35-11:30 Helping strategies for clients
- 11:30-11:45 Questions and Answers
- 11:45 Wrap up and Issue Certificates of Completion

Homelessness is a Traumatic Experience

- “ Homelessness deprives individuals of basic needs, exposing them to risky, unpredictable environments. In short, homelessness is more than the absence of physical shelter, it is a stress-filled, dehumanizing, dangerous circumstance in which individuals are at high risk of being witness to or victims of a wide range of violent events”.

[Fitzpatrick et al, 1999]

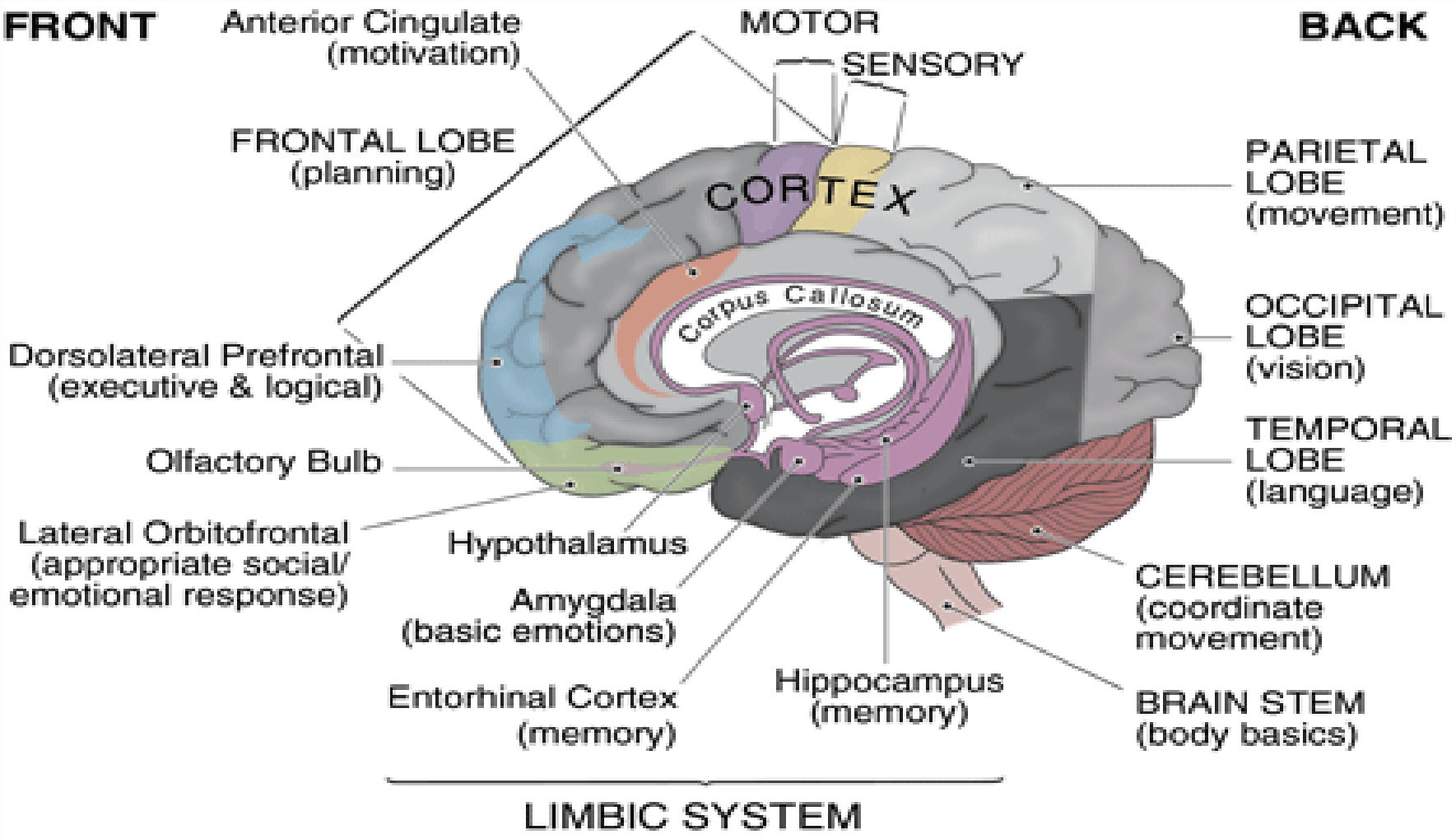
What is Trauma?

- Defined by individual response not the event.
- Can be a single event or many cumulative events over time
- Overwhelms.
- Floods body's range of tolerance.
- Nervous system not restored to balance develops secondary symptoms.
- Range of diagnosis in DSM V

Trauma and the Brain

- Trauma changes the brain.
- Trauma changes the connectivity between brain structures.
- Trauma switches ON primitive defensive circuits of avoidance and inhibition.
- Trauma switches OFF thinking and reasoning circuits that can help.
- Trauma reduces the brain's ability to achieve adaptive self regulatory states.

The Brain: The Agent of Change



Mind and Body Responses to Trauma

- Trauma reactions are the reactions of normal people to abnormal stress.
- Usually four categories of symptoms.
  - Intrusion of memories
  - Avoidance of memories or reminders
  - Mood disturbance
  - Alteration of arousal level

Difficult Behaviors or Trauma Reactions?

Table 3. How Common Trauma Reactions May Explain Some "Difficult" Behaviors or Reactions Within Homeless Service Settings

"Difficult" Behaviors or Reactions within Homeless Service Settings	Common Trauma Reactions
Has difficulty getting motivated to get job training, pursue education, locate a job, or find housing	Depression and diminished interest in everyday activities
Complains that the setting is not comfortable or not safe, appears tired and poorly rested. Is up roaming around at night.	Nightmares and insomnia
Perceives others as being abusive, loses touch with current-day reality and feels like the trauma is happening over again	Flashbacks, triggered responses
Avoids meetings with counselors or other support staff, emotionally shuts down when faced with traumatic reminders	Avoidance of traumatic memories or reminders
Isolates within the shelter, stays away from other residents and staff	Feeling detached from others
Lacks awareness of emotional responses, does not emotionally respond to others	Emotional numbing or restricted range of feelings
Is alert for signs of danger, appears to be tense and nervous	Hyper-alertness or hypervigilance
Has interpersonal conflicts within the shelter, appears agitated	Irritability, restlessness, outbursts of anger or rage
Has difficulty keeping up in educational settings or job training programs	Difficulty concentrating or remembering
Becomes agitated within the shelter. Is triggered by rules and consequences. Has difficulty setting limits with children.	Feeling unsafe, helpless, and out of control
Has difficulty following rules and guidelines within the shelter or in other settings. Is triggered when dealing with authorities. Will not accept help from others.	Increased need for control
Feels emotionally "out of control." Staff and other residents become frustrated by not being able to predict how he or she will respond emotionally	Affect dysregulation (emotional swings – like crying and then laughing)
Seems spacey or "out of it." Has difficulty remembering whether or not they have done something. Is not responsive to external situations.	Dissociation
Complains of aches and pains like headaches, stomachaches, backaches. Becomes ill frequently.	Psychosomatic symptoms, impaired immune system
Cuts off from family, friends, and other sources of support	Feelings of shame and self-blame
Has difficulty trusting staff members; feels targeted by others. Does not form close relationships in the service setting.	Difficulty trusting and/or feelings of betrayal
Complains that the system is unfair, that they are being targeted or unfairly blamed	Loss of a sense of order or fairness in the world
Puts less effort into trying--does not follow through on appointments, does not respond to assistance	Learned helplessness
Invades others' personal space or lacks awareness of when others are invading their personal space	Boundary issues
Has ongoing substance abuse problems	Use of alcohol or drugs to manage emotional responses

Trauma Informed Care

- "Trauma Informed Care is a strengths based framework that is grounded in an understanding of an responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment."

[E. Hopper, E. Bassuk, and J. Olivet, 2010]

Trauma Informed Care

- Philosophy that integrates awareness, serves as overarching umbrella for services and guides the providing organization.
- Trauma awareness
- Emphasis on safety
- Trust worthiness and transparency
- Strengths based approach/Empowering
- Collaboration and mutuality
- Opportunities to rebuild control
- Choice

Trauma Specific Services

- Interventions that directly address the impact of trauma.
- Include goals of decreasing symptoms and facilitating recovery.
- Specific treatments for the mental disorders that result from trauma exposure.
- May be offered within a trauma informed program or may be offered separately.

Traditional vs. Trauma Informed Approach [Harris & Fallot, 2001]

	"Traditional"	Trauma-Informed
Understanding trauma	Trauma is a single event the response to which is defined/diagnosed as PTSD. Impact is predictable.	Trauma makes the survivor question even the most fundamental assumptions about the world – in the wake of trauma he or she constructs a new theory of how the world works and how people behave. *Trauma is viewed not as a single discrete event but rather as a defining and organizing experience that forms the core of an individual's identity.* Practitioners assume that trauma changes the rules of the game.
Understanding the consumer survivor	The consumer and her or his problems are synonymous. The problem has a life of its own, independent of context. There is a blurring of the distinction between a problem and a symptom. Allocation of responsibility on the consumer is either too great or too little.	Emphasis is on understanding the whole individual and appreciating the context in which she lives her life. ("How do I understand this person?" rather than "How do I understand this problem?") Trauma-related symptoms arise as attempts to cope with intolerable circumstances and those symptoms emerge I a context of abuse. Consumer-survivor evaluates her responsibility for change – not a passive victim.
Understanding services	In many cases, the only viable goal is stabilization (in most efficient manner possible) – once symptoms have been managed, treatment ends. Services are crisis-driven. System strives to minimize risk *to itself.* Services are content specific, time limited, and outcome focused.	The goal is to return a sense of control and autonomy to the consumer-survivor. Emphasis is on skill-building and only secondarily on symptom management. Service time limits are set in collaboration with the consumer-survivor. Services are strengths-based. There is a focus on prevention of further trauma within the client's system. Weighs risks to consumers along with risks to the organization.
Understanding the service relationship	Consumer is passive recipient of services. The provider is accorded more status and power within the relationship. Consumers often find themselves frightened and cautious. Trust is assumed.	Core of the service relationship is a genuine collaboration. Trust must be earned. Provider and consumer both bring strengths to the relationship.

How to Help

- Know the population and your biases.
- Know the basics about AOD and MH and how they interfere/ “If this, then that”.
- Containment skills.
- Pacing.
- Holding clients accountable.
- What to avoid.
- When and where to refer.

Trauma Curriculums

- Addiction and Trauma Recovery Integration Model [ATRIUM]
- Seeking Safety
- Essence of Being Real
- Risking Connection
- Sanctuary Model
- Trauma, Addiction, Mental Health and Recovery [TAMAR]
- Trauma Affect Regulation: Guide for Education and Therapy [TARGET]
- Trauma recovery and Empowerment Model [TREM]

For Helpers

- Secondary trauma, signs and symptoms.
- Self care.
- It's not about you.
- Supervision and team work are critical.

"…We are stewards not just of those who allow us into their lives but of our own capacity to be helpful…" [JR. Conte 2009]

Resources

- EMDRIA [EMDR International Association]www.emdria.org
- SAMSHA [Substance Abuse and Mental Health Administration] www.**samhsa**.gov
- A Long Journey Home; A Guide for Creating Trauma Informed Services for Mothers and Children Experiencing Homelessness [Presscott, L., Soares, P., Konnath, K., . Bassuk, E.,2008]
- National Center on Family Homelessness www.familyhomelessness.org
- National Alliance to End Homelessness www.endhomessness.org
- Shelter From the Storm: Trauma-Informed Care in Homelessness Services Settings [Hopper et al 2010]