

Walking the Walk: Building Trauma Informed Housing First Organizations

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What is Trauma?

Trauma (noun): wound or injury; deeply distressing or disturbing experience

Trauma results from an **event, series of events, or set of circumstances** that:

- is **experienced** by an individual as physically or emotionally harmful or life threatening
- has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being

(Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014)



TRAUMA

Physical

Psychological

Social

Historical

Complex or on-going

Vicarious/Secondary

Thalamus



1. Responsible to taking in sensory information (sounds, images, etc) that could signal a threat.

Amygdala



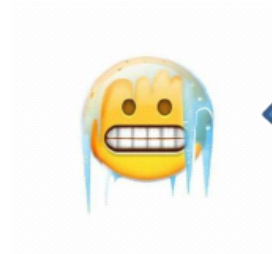
2. Amygdala interprets sensory information and acts as an alarm system to alert us of a threat.

Hypothalamus



3. The hypothalamus and the amygdala work together to send a message about the threat down the brainstem.

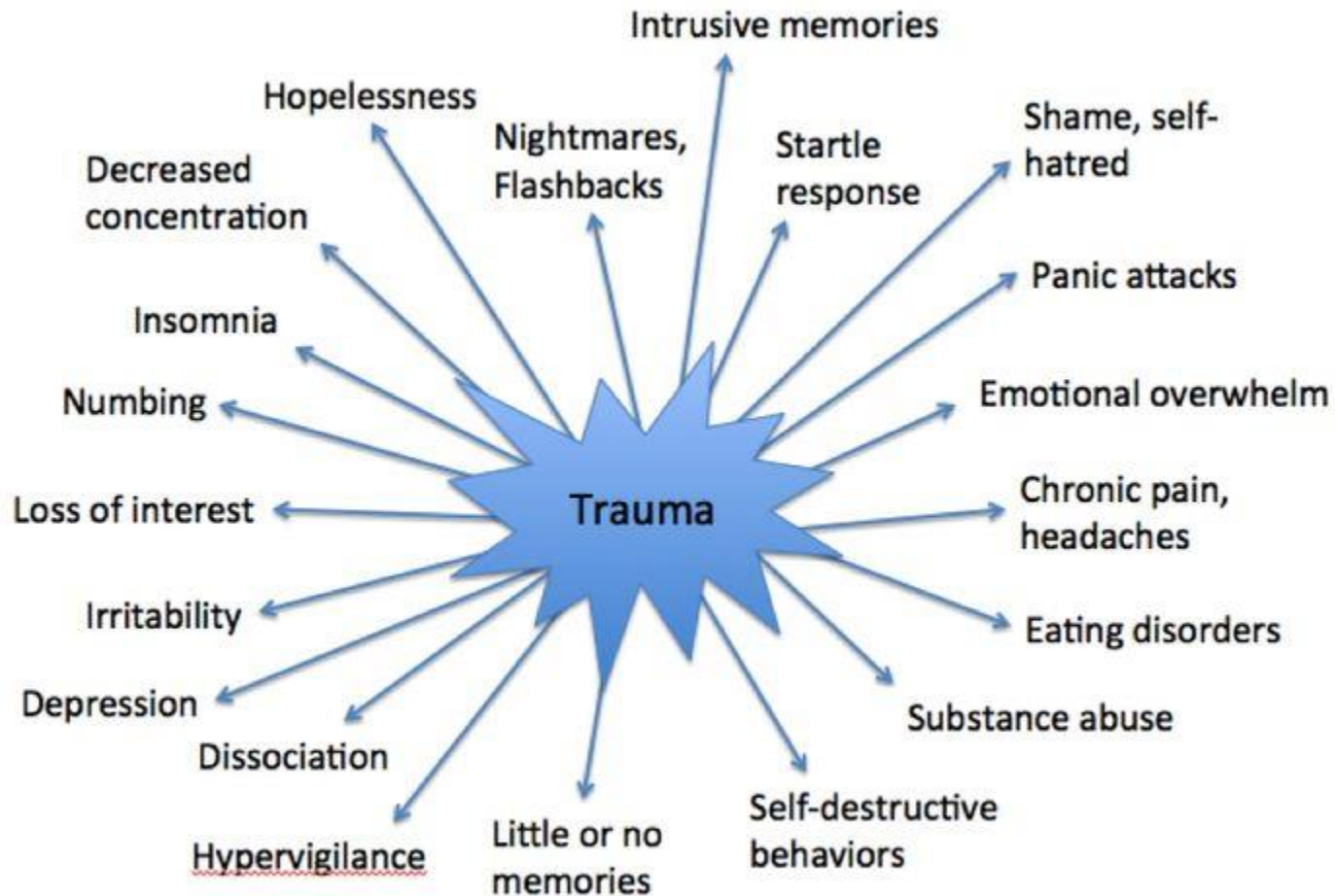
4. Message travels down the brain stem, through the nervous system and into the body to produce flight, fight or freeze response.



THE BRAIN

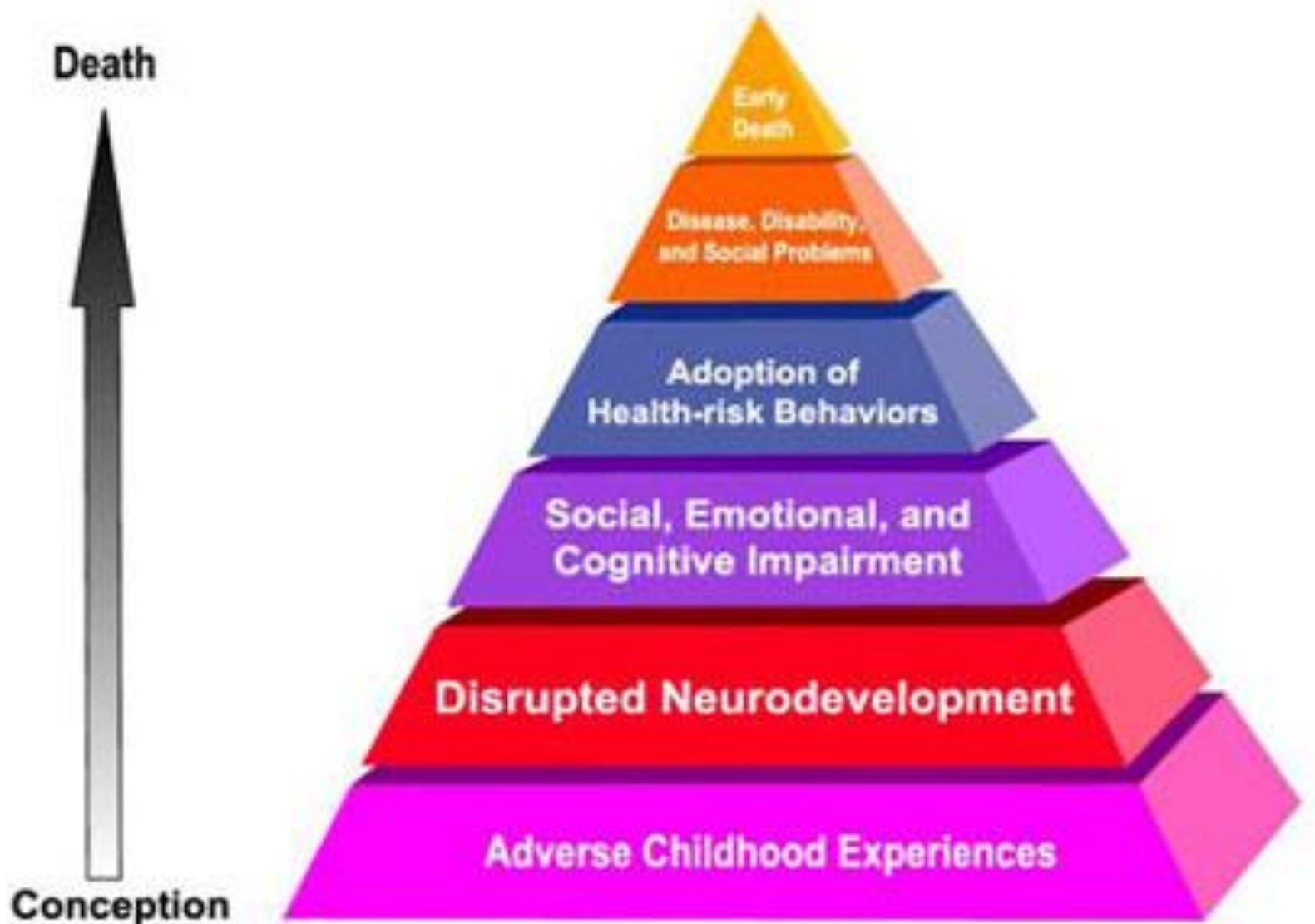
When the amygdala sounds the alarm for a threat, the prefrontal cortex goes offline. Because the prefrontal cortex is responsible for language, abstract thought, and executive functions (like planning ahead, reasoning, etc), all of those functions go off line when threat is perceived.

TRAUMA



Adapted from Janina Fisher





Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

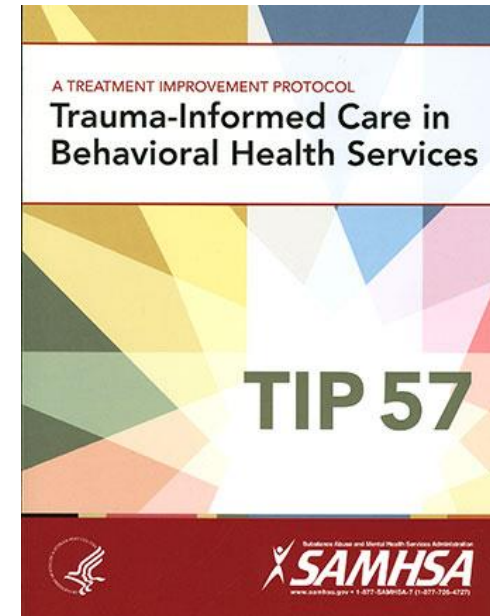


- Resiliency
- Relationships
- Recovery/empowerment
- Safety
- Post-traumatic growth
- Increasing hope

Trauma-Informed Care Organizations

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;
- and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively
- **resist re-traumatization.**



6 Key Principles of TIC

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender Issues



A Paradigm Shift

Changes the helping paradigm from “What’s wrong with you?” to “What happened to you?” –Sandra Bloom, 2007

Traditional	Trauma-Informed Approach
Challenging behaviors are the result of one’s individual deficits	Challenging behaviors may be ways of coping with trauma
Challenging behaviors are purposeful and personal	Challenging behaviors may be an automatic stress response
Fixing the person changes the behaviors	Fixing the environment changes the behaviors
Staff need to uphold authority	Staff need to offer flexibility and choice
Punitive approaches are effective	Strengths-based approaches are effective
Support is provided only by service providers	Support efforts are a shared responsibility



Changes the helping paradigm from
“What’s wrong with you?”
to
“What happened to you?”

--Sandra Bloom, 2007



Why TIC Organizational Building is Important



Compassion Satisfaction: Positive feelings derived from one's work making a meaningful contribution

Burnout: Low job satisfaction, feel powerless and overwhelmed

Compassion Fatigue: Profound emotional and physical exhaustion, erosion of empathy and hope for our clients and ourselves

Vicarious/Secondary Trauma: Fundamental beliefs change; numbness, sadness, and/or anger toward unfairness of the world; can lead to PTSD

Staff Burn Out Risk Factors

- Lack of resources for clients and staff
- Lack of supervision
- Lack of support from colleagues
- Lack of acknowledgement
- Lack of protocols for safety
- Location of services
- Staff to client ratio, including number of high acuity clients



Downtown Women's Center's Approach to Fostering a Trauma-Informed Environment

1. Set the Stage
2. Complete Organizational Self-Assessment
3. Form Trauma-Informed Care Workgroup
4. Develop a Strategic Plan
5. Implement Trauma-Informed Changes
6. Contribute to Trauma-Informed Community Building through collaboration, advocacy, and training



Organizational TIC

- Leadership communicates a direct message that we are committed to creating a trauma-informed system
- Stakeholders (individuals served, volunteers, staff at all levels, Board of Directors) are trained and buy-in
- The organization helps staff develop personally meaningful and useful stress management strategies



Organizational TIC

- Adequate compensation
- Plans for staff safety (training and protocols)
- Invest in the work environment—facility maintenance
- Include Trauma-Informed Care principles on hiring practices, onboarding and early orientation training
- Sufficient training throughout each year
- Balance workload
- Shared leadership
- Solicit input; demonstrate how staff input makes positive change
- Develop a protocol to respond to critical incidents



Trauma-Informed Supervision

- Teach people how to debrief (sliming vs low-impact debriefing)
- Develop self awareness about how much, where and when to debrief
- Teaching people how to deal with negativity at work; preventing toxic environment; Help staff keep things in perspective
- Strengths-based
- Fail Forward principals
- Set a good example
- Normalize and address Secondary Trauma; Create structure to discuss self-care
- Express concern for general wellbeing of staff
- Let staff know the progress of their feedback or fully explain why things can or can't be implemented—no feedback shaming
- Train in EBPs—being clear about agency expectations
- Set TIC goals in annual performance review
- Training on importance to track and analyze data
- Balance workload



Trauma-Informed Care Organizational Outcomes

- Increased better outcomes for individuals served
- Less staff turnover related to workplace dissatisfaction
- Productivity goals are met/Better outcomes for clients
- Stress related workers comp decreases
- Reduction of unplanned time off
- Staff surveys demonstrate higher satisfaction rates
- Client surveys demonstrate higher satisfaction rates/greater ability to reach goals



Organizational Assessment Tools

- **Trauma Informed Organizational Toolkit for Homeless Services**
 - Fuarino, K., Soares, P., Konnath, K. Clervil, R., and Bassuk, E. (2009). Trauma-Informed Organizational Toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Available at www.homeless.samhsa.gov and www.familyhomelessness.org)
- **American Institutes for Research's Trauma Informed Care Organizational Capacity Scale**
 - www.air.org
- **The National Council's Trauma-Informed Care Organizational Self-Assessment**
 - <https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>



Resources

- <https://www.samhsa.gov/trauma>
- <http://508.center4si.com/SelfCareforCareGivers.pdf>
- <https://www.thenationalcouncil.org/topics/trauma-informed-care/>
- <https://socialwork.buffalo.edu/resources/self-care-starter-kit.html>
- <http://www.joyfulheartfoundation.org/learn/vicarious-trauma>
- <http://www.acesconnection.com/blog/trauma-informed-care-toolkits-1>
- <http://www.traumatoolkit.org/>
- http://www.proqol.org/ProQol_Test.html
- https://mnliteracy.org/sites/default/files/self-care_assesment.pdf
- Books
 - The Body Keeps the Score: Brain, Mind, and Body in the Health of Trauma by Bessel Van der Kolk.
 - The Compassion Fatigue Workbook by Francoise Mathieu





**THANK
YOU!**

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