Trauma-Informed Approach

Definitions

Trauma

"Individual 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, and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."[1]

Trauma-informed Approach

"Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and places priority on the trauma survivor's safety, choice and control."[2]

Principles of Trauma-Informed Approach[3]

The points below capture common elements found in trauma-informed approaches.
A Trauma-informed Approach in Emergency Shelters:

- recognizes that trauma is a very common factor among people who are experiencing homelessness.[4]
- places priority on client's need for safety
- avoids re-traumatization
- works collaboratively and flexibly with clients to have choice & control
- recognizes trauma symptoms as coping strategies to traumatic events.[5]

Being Trauma-informed in Emergency Shelters

This document is meant to provide an overview of some key points to consider as you shift toward a more trauma-informed approach. Training for all officers and staff is recommended.

Policies, Procedures and Practice

- Shelter policies and procedures, and shelter rules are created and revised using a trauma-informed lens.

- Each shelter will strive to integrate a trauma-informed approach into all aspects of shelter service, including intake & assessment, case management, shelter space design and use, discharge, etc.

Priority on Client Safety

- It is easy to overlook **safety concerns** when you, as a worker, do not perceive a client to be in any danger. On intake, consider asking if a person has any safety concerns that they want us to be aware of and what you can do to assist them. Address/acknowledge, as best you can, any safety issues, if a client raises them.
- Ensure that a **client's personal information** is shared only with those whom a client chooses, and not overheard by other clients or staff.
    - e.g. consider privacy concerns during intake, when working on a goal plan, asking a client personal questions, distributing medication, or any other type of interaction of a sensitive nature
- **Organize sleeping arrangements and washroom facilities** to permit as much privacy and control over personal space as possible for clients
    - e.g. secure storage for client belongings; adequate spacing between beds in a dorm; access to private rooms within the shelter; locking doors on each bathroom stall; individual, walled shower stalls; etc.

Not Trauma Counseling

- **Being trauma-informed is NOT being a trauma counsellor.** Know your competencies and provide referrals for trauma counseling, when needed.
- **Remember that it is inappropriate to ask someone about their trauma history**. It is always a client's choice when and with whom to discuss personal trauma history and not a requirement for provision of service at an emergency shelter.

Avoid Re-traumatization

Trauma Triggers

- **Clients who have been traumatized may be triggered into a 'fight or flight' or another kind of trauma response** by certain words, attitudes (or perceived

attitudes), behaviours, questions, or loss of choice or control**.** While you can be careful about your wording, body language and your approach, it is possible (even likely) that you may trigger a client.

- Remain calm; **be sensitive, empathetic and non-judgmental** in interactions with clients. Remember that when someone is triggered, they can feel as vulnerable as they did when the trauma initially occurred.

Note: You or your coworkers may also be survivors of trauma, yourselves, and a client's **words, situations, or behaviours may trigger you**. It is important to be aware of these instances when they occur so as not to take it out on clients. Practice self-care, set appropriate boundaries for yourself and seek support from your team.

Support Clients to have Choice & Control

- Traumatic events by definition are traumatic because there is little sense of choice and control over the experiences. Recovery often necessitates recovering a sense of control in one's life.
- Work with clients on case/goal plans, to ensure that goals and planning are **directed by the client** to address the challenges he or she sees as primary. Support clients with suggestions of available resources and possible next steps, but make sure that the work is being done with the client, not for the client. This supports clients to have a greater sense of control in their own lives which can continue beyond their stay with us.
- Clarify for clients that they **do not have to answer questions** they feel uncomfortable answering. If you need to ask a sensitive question, ensure that the client knows they do not have to answer and explain the reason you are asking that question.
- **Be transparent** and support a client's choice. Ensure that every question you ask a client offers some benefit to the client, and you can tell the client what that benefit is.
  E.g. "I am asking you if you have any challenges around alcohol or drugs because we have an addictions counsellor who comes in here twice a week and I can set an appointment up for you."

Trauma Symptoms as Coping Strategy

- Some antisocial behaviours (such as confrontational, aggressive and/or passive behaviours) and practices (such as refusing to wash or hoarding) can sometimes be adaptive coping strategies to traumatic life events.
- Be non-judgmental in addressing client behaviours as the behaviour may be the only way the client knows how to survive with their traumatic experiences.
- If you need to enforce a policy or rule with a client, ensure that you are able to clearly explain the particular, current, necessary reasons for the rule and consequences.

Further reading / tools for trauma-informed practice:

- Comparison of "Traditional Services & Systems" and "Trauma-Informed Services & Systems" in *A Long Journey Home*, by Prescott, Soares, Konnath, and Bassuk, 2008, p 9 & 10. http://homeless.samhsa.gov/Resource/A-Long-Journey-Home-A-Guide-for-Creating-Trauma-Informed-Services-for-Mothers-and-Children-Experiencing-Homelessness-33055.aspx
- "Do Frontline Workers Know about Trauma-Informed Care?", by Emma Woolley, July 3, 2015: www.homelesshub.ca/blog/do-frontline-workers-know-about-trauma-informed-care
- "Trauma-Informed Organizational Self-Assessment Tool," Trauma-Informed Organizational Toolkit for homeless services, 2009: www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf
- "Trauma-Informed Practice Guide", BC Provincial Mental Health and Substance Use Planning Council, 2013: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf
- "Trauma-informed: The Trauma Toolkit: A Resource for Service Organizations and Providers to Deliver Services that are Trauma-informed", Manitoba Trauma Information and Education Centre, Second Edition, 2013: http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

[1] Substance Abuse and Mental Health Services Administration (SAMHSA). 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: http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

[2] Nancy Poole & Lorraine Graves ed, Becoming Trauma-informed, CAMH: 2012, p. xvi.

[3] Adapted from Julia Bloomfield and Tammy Rasmussen, "The Evolution of Trauma-Informed Practice at Jean Tweed Centre," Nancy Poole & Lorraine Graves ed, Becoming Trauma-informed, CAMH: 2012, p. 135-143.

[4] Incidents of trauma are very common among those experiencing homelessness and far higher than the general public, e.g. history of childhood abuse, abandonment by a loved one, estrangement from family, domestic violence, physical and/or sexual violence, loss of child, institutionalization (e.g. foster care, group homes, residential schools, correctional facilities, psychiatric wards, etc.)

[5] Antisocial behaviours (such as confrontational, aggressive and/or passive behaviours) and practices (such as refusing to wash or hoarding) are often coping mechanisms developed in response to traumatic events.