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Working with Tenants who have Experienced Trauma

Tuesday, May 24th , 2022
Warren Duncan (he/him), BS, Trainer

Class time:

3:15 – 4:45p
(Central Time Zone)

If you have questions, please email us at
Training@peopleincorporated.org.
.
.

Thank you for joining us!

Instructor Bio

Warren Duncan, (he/him), BS

- Born in Iowa
- Father/Son/Husband
- Chicano/Latino
- Friend and colleague
- Catholic
- 20 years in Human Services (16 yrs in homeless services)
- 12 years lobbyist
- Love film and art

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Content Disclaimer

- The Training Institute acknowledges that training attendees may be affected by content related to mental health and trauma. We encourage self care and breaks in order to stay emotionally healthy while learning.

- Training Institute instructors use trauma-informed teaching methods to reduce the traumatic impact of mental health and trauma related topics while still being able to analyze, discuss and learn about them. As a result, attendees are not allowed to join sessions late.

- Thank you for engaging with difficult and important topics for our community's health and wellbeing

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What comes to mind when you see these pictures?
How might it relate to being Trauma-Informed?

Chat
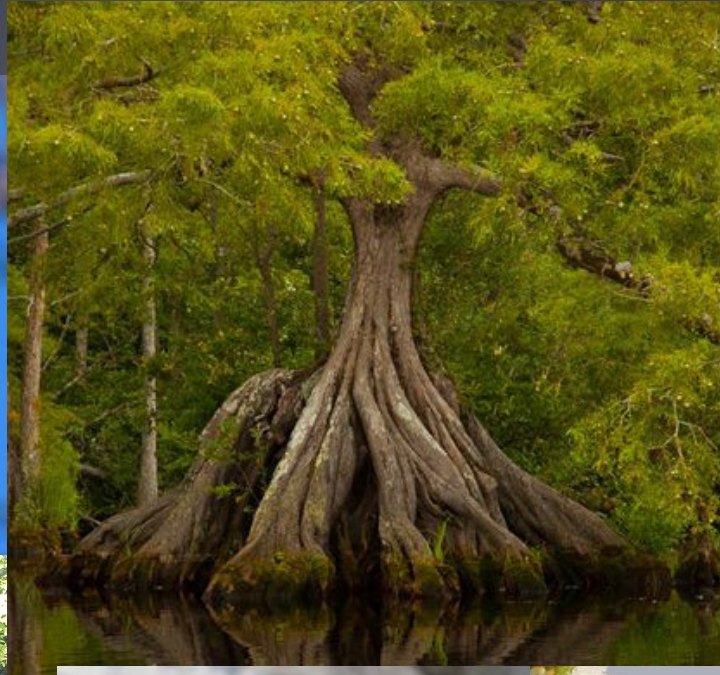
Staying present…

**Grounding** is a practice that can help you pull away from negative or challenging emotions.

These **techniques** may help distract you from what you're experiencing and refocus on what's happening in the present moment.

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Grounding examples
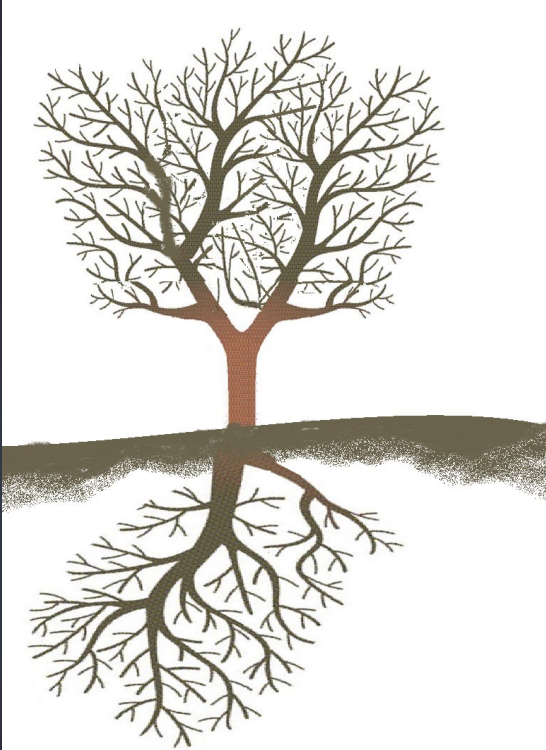
- Physical – Rub your hands together. Notice their temperature, are they hot or cold, dry or soft? Hold them out in front of you. And notice the details of them. The cracks and lines, the knuckles, the hair, the nails.

- Visual – Look around the area you are in. Name as many colors as you can see. Can you get to 10? 15? 20 colors?

- Mental – Think of your favorite song, hum the tune. Or think of your favorite TV show, name the characters.

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Poll
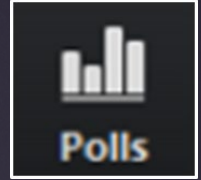
What would help you calm down the most when overwhelmed with negative emotions?

A. Doing something physical (like walking, stretching, pushing feet into the ground, touching surfaces, textures, etc.)
B. Focusing on visual stimuli (like objects in the room, colors, words, paintings/pictures)
C. Mentally distracting yourself (counting, make lists of your favorite things, list places you have been)
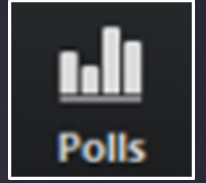D. Unsure or none of the above

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"In Their Own Words"

Trauma survivors and professionals they trust
tell what hurts, what helps, and what is needed for trauma services"

Ann Jennings, Ph.D.

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Poll

Polls

Which are commonly true for the people you serve?
(choose all that apply)

A. They are in poor health (like have diabetes or high blood pressure)
B. They miss appointment or cancel meetings
C. Takes a while for them to trust me
D. They become angry, sad, or shuts down easily
E. When learning new things, it takes a while for them to apply it
F. They have low self-esteem
G. They have a hard time planning for the future
H. They are withdrawn
I. They have poor boundaries
J. None of the above

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In their own words:
Exerting Power and Control over the Client
Who's journey is it?

- Exerting your will onto a client in any way ("for their own good") or foisting services on unwilling clients ("this will really help".) "I don't feel safe where mental health professionals base what they do on belief in their own expertise and not on consulting with clients."
    - Involving other care providers or even family members without clients explicit willingness and permission.
    - Arranging an appointment or transportation for the client without their input.
    - Forming treatment plans which impose perceptions and desires of others on client.
    - Other examples?
- Not recognizing the power imbalance inherent in staff/client relationship
    - Insistence on being "in charge". For some, any relationship in which a power imbalance exists may be reminiscent of the abuse relationship.
    - Using language of oppression
        - Use of rhetoric, jargon (e.g. Your affect is blunted, the therapeutic 'milieu'.)
        - The therapeutic "we" (e.g. How are "we" feeling today?)
   - Us (staff) & them (clients)

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Chat

In their own words:
Failure to Listen & Take Seriously.
Denial, Discreditation, Ignoring, Minimizing or Silencing of Trauma

- Expressing any intense feeling is viewed as dangerous behavior. Fragmented memories and logical anger and fear get viewed as insanity.

- When person is in pain, trying to "fix" it, turn it off, make it go away.

- "We know what works for us and what we need, but no one will listen or take us seriously. Providers don't trust or respect what I've learned works from my experience."

- "Professionals look to others for information when I have the experience and I am there and can answer their questions with the most authority. Like I have nothing to offer."

- "I may be "crazy", but I'm not stupid!"; "You're treated as if you are at kindergarten to 2nd grade level intelligence."

- Other examples?

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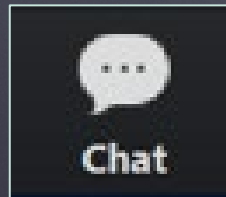
Poll
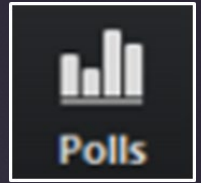
What do you commonly hear, or see, with people you serve? (choose all that apply)

A. They feel as though they don't have a lot of control over how they receive services

B. They feel as though the help they need is not available to them

C. They feel that some services they have used have hurt them more than helped them

D. They feel excluded or misunderstood by staff or supervisors

E. They feel a lack of safety with staff or at the program

F. They feel pathologized, like they are just a collection of symptoms instead of being seen as an individual person.

G. None of the above

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In their own words:
## Being Pathologized
Labels that stigmatize

- Everything gets interpreted as "symptoms" of "mental illness", rather than as normal and creative responses to abnormal circumstances.

- Accommodations and skills developed by survivors to cope with the traumatic impact of the abuse, are pathologized and labeled dissociative, psychotic, affectively disordered, inappropriately distrustful, etc.

- "It hurts to hear myself talked about in pathological terms and to know I'm not seen as me, but as a disorder, a pathology."

- Calling a client "noncompliant", "treatment-resistant" etc. rather than taking responsibility for failing to better help them, or for not knowing what to do or how to understand.

- "I asked the same questions of two different staff members and was said to be manipulating"…"If I say I don't remember doing something, I'm accused of lying, manipulating, or of not being safe."

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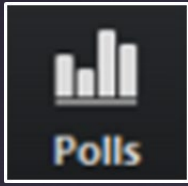
In their own words:
Environmental Insults and Insensitivities.
Re-conveys Messages of Worthlessness, Inferiority, Exclusion

- "Doors being closed feels very secretive." Being able to hear staff in their staff lounge talking and laughing behind the closed door.

- Different bathrooms for clients and staff. Or binary gendered bathrooms.

- Keeping people waiting, sometimes for hours.

- Assuming an individual has transportation or is willing to ride the bus all day to get to an appointment.

- Assuming an individual has access to a phone, the Internet, money, etc. "Basically, assuming we have the same access and opportunities staff do, things they take for granted, don't even have to think about."

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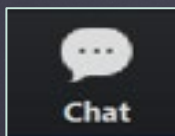
Other examples that might made people feel excluded or inferior?

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In their own words:
Services without Privacy, Control and Safety

Polls

What do you commonly hear, or see, with people you serve? (choose all that apply)

A. Asking to share personal stories in a group of strangers I don't trust.

B. Lack of secure, private sleeping space (is problem for survivor whose bedroom was violated by intruders in the past.)

C. Rules mandating when and where people sleep imposed by residential staff create a problem for survivors who learned the only safe time to sleep is during the day

D. Housing, programing, or meeting in marginalized neighborhoods where break-ins, rapes, and murders occur.

E. Not having a say in when and what I eat.

F. Not having a say in where we meet. (Home might not be the safest place to meet)

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Trauma definition:

- A traumatic experience involves a threat to one's physical or emotional well-being, and elicits intense feelings of helplessness, terror, and lack of control

  Source: American Psychiatric Association, 2000

- An Experience that overwhelms our capacity to cope

  Source: Trauma-Informed Lens, 2018

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# Trauma-Informed versus Trauma Treatment

How to be

Trauma-Informed Practice:

- Foundational understanding of the impacts trauma can have on someone
- Basic premise for organizing services
- Attitude of hope for recovery

What to do

Trauma Treatment:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Eye Movement Desensitization Reprocessing (EMDR), BrainSpotting
- Exposure Therapy, Prolonged Exposure
- Cognitive Processing Therapy
- Hypnosis

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What does it mean to be Trauma-Informed?
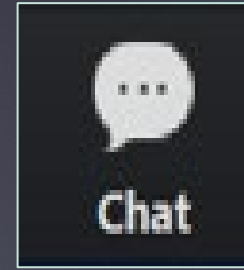
"a human services or health care system whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of consumers receiving services"
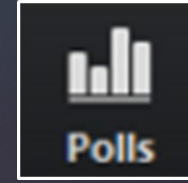
Source: Maxine Harris (2004)

It means doing things differently all the time to prevent re-traumatization, send positive messages, and promote healing in everyone

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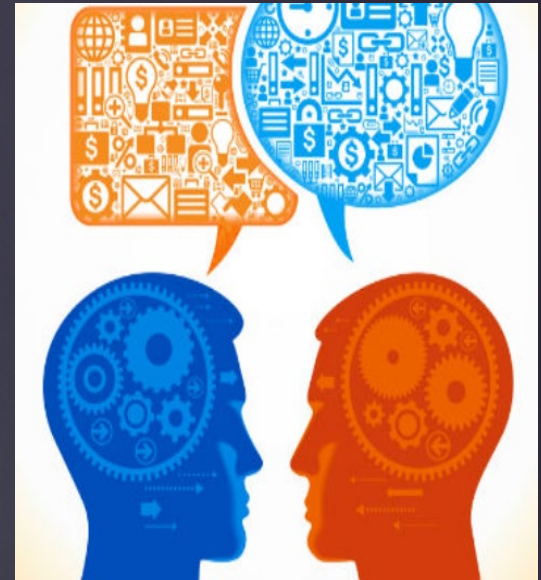
Trauma-Informed Practices derive from a foundational understanding of the impacts that trauma can have on an individual.

- Different types of trauma

- Everyone is impacted by trauma differently

- Avoid re-traumatization

- There is hope for recovery, resiliency, post-traumatic growth
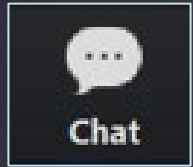
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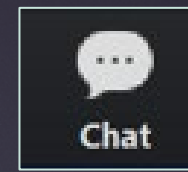PEOPLE INCORPORATED
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Poll

How Trauma-informed do I think my work program and organization are?

A. We understand the term Trauma, but have no formal practices

B. Training and policies to avoid re-traumatization are becoming formalized

C. Staff uses language that supports safety, choice, and collaboration

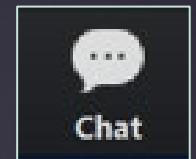D. Everyone in and around the organization supports the mission of utilizing Trauma-Informed Practices

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Impact of Trauma

Trauma

What should a helper be conscientious and considerate of?
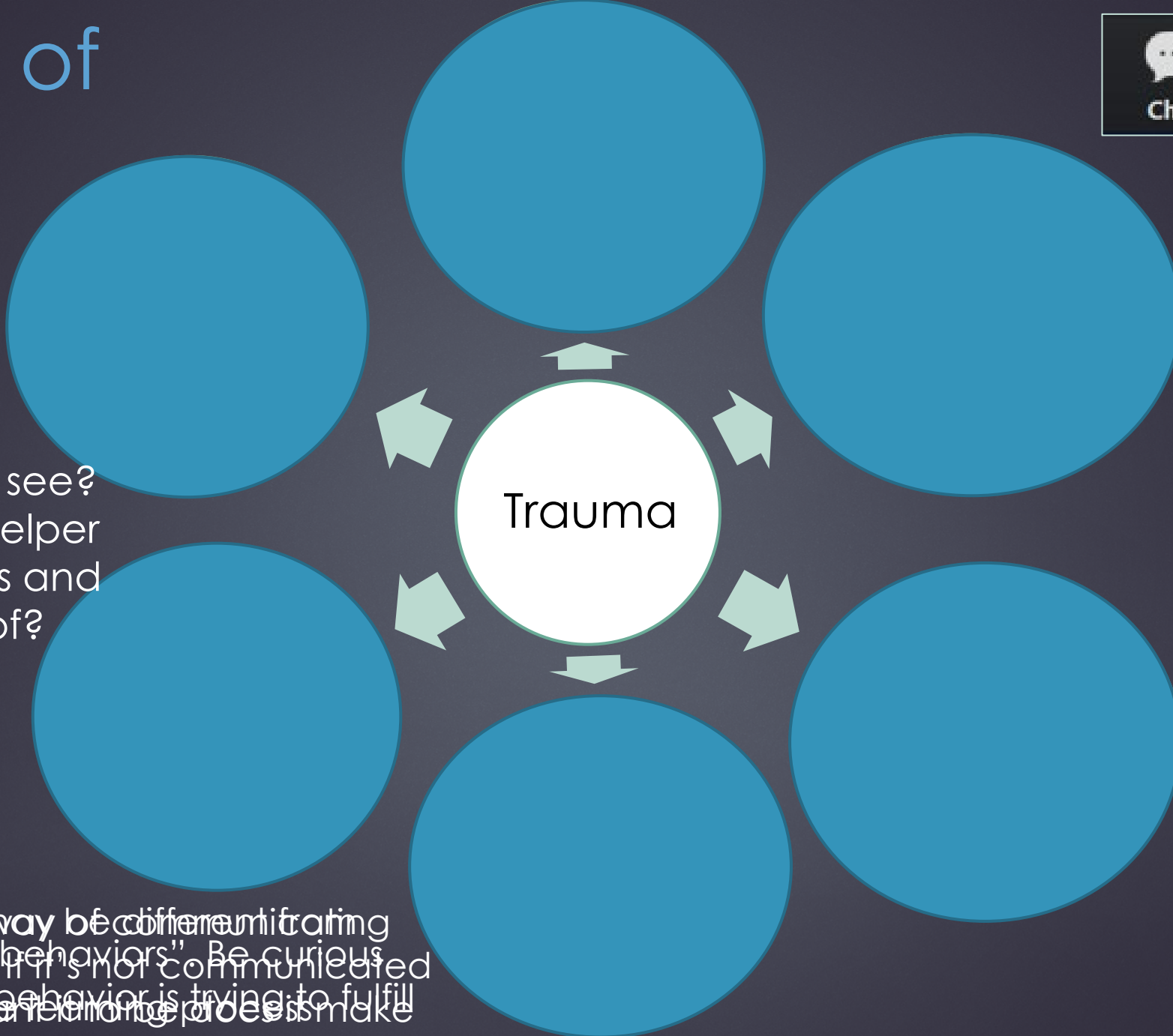
What might you see? What should a helper be conscientious and considerate of?

If someone is having health challenges, how could this affect your work together?

Remember that may be communicating something. Be patient with "behaviors". Be curious about what the behavior is trying to fulfill for the way you are handling process make (learning do and skills) invalid?

Chat

Chat

Chat

Trauma-Informed mindset

What is ~~wrong with you?~~

What happened to you?

1. Recognize impact of past and current traumas in lives of people so service plans are created that honor survival skills and support their ability to positively function and cope.

2. Design services to _accommodate_ vulnerabilities of trauma survivors, so services can be delivered in way _that will not re- traumatize_, but facilitate participation and success with services

Source: Harris and Fallot, 2001

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Trauma-Informed:

When an agency takes the step to become trauma-informed, **every part** of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma impacts the lives of individuals receiving services

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It's often experienced like this:
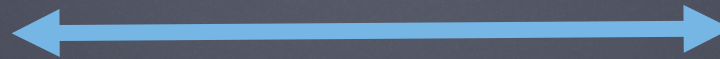
Power and Control

The experience is more trauma-informed when it looks and sounds like…


Power and Control

Explaining what's happening, what's going to happen, who's doing what, why, when, giving options, partnering, giving back control, sharing, asking permission, asking for input, wearing similar clothes

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Common re-traumatizations:

SYSTEM
(Policies, Procedures. "The way things are done")

- Having to repeatedly retell their story
- Being treated as a number
- Procedures that require disrobing
- Being seen as a label (i.e., addict, schizophrenic, homeless)
- No choice in service or treatment
- No opportunity to give feedback about their experience with the service delivery
- Others?
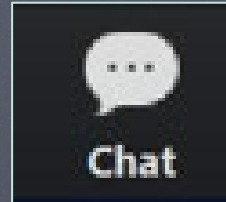
RELATIONSHIP
(Power, Control, Subersiveness)

- Not being seen/heard
- Violations of trust
- Emotional safety is disregarded
- Noncollaborative or rigid
- Does things for, rather than with
- Shaming, punishing, or coercive practices
- Use of oppressive language
- Others?

Chat

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Reminder phrases

If it's hysterical, it's historical

Behaviors are protective, not defective

Source: Resmaa Menakem, My Grandmother's Hands

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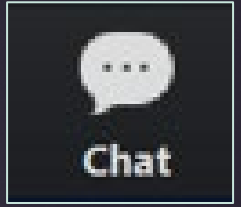PEOPLE INCORPORATED
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A Trauma-Informed approach

Safety

Choice

Collaboration

Trustworthiness

Empowerment

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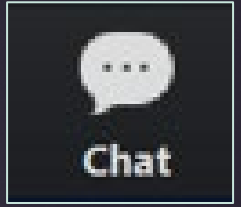
A Trauma-Informed approach

Safety

Definition

Ensuring physical and emotion safety

What does it look like

- Common areas are welcoming and privacy is respected

- Dignity of individuals is upheld during discussions about them

- Communication is open, respectful, and compassionate

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A Trauma-Informed approach

Chat

Choice

Definition
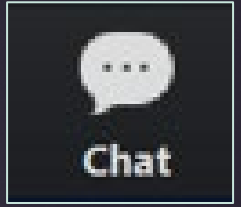
Individual has choice and control

What does it look like

- Individuals are provided a clear and appropriate message about their rights and responsibilities

- Rules, rights, and grievance procedures are proactively reviewed with people

- Participants are routinely asked where they'd like to meet or talk, sit or stand…

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A Trauma-Informed approach

Collaboration

Definition

Making decisions with the individual and sharing power

What does it look like

- Individuals are provided a significant role in the planning and evaluation of services

- There is some program flexibility with rules if needed, based on individual circumstances and accommodations

- There is a culture of continuous learning about people's cultural practices and identity

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A Trauma-Informed approach

Trustworthiness

Definition

Task clarity, consistency, and Interpersonal Boundaries

What does it look like

- Respectful and professional boundaries are maintained

- Staff strive for consistency regarding rules, expectations, and roles

- There are constant schedules and procedures

A Trauma-Informed approach

Empowerment

Definition

Prioritizing empowerment and skill building

What does it look like

- Providing an atmosphere that allow individuals to feel validated and affirmed with each and every contact at the agency

- High awareness of the impact of cultural and collective trauma

- Participants are supported in setting their own goals

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Discuss the following

1. What are you already doing?
2. What one thing can you implement right away?

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Poll

Where do I think my work program and organization fit on the Trauma-Informed Continuum?

A. Trauma-Aware

B. Trauma-Sensitive

C. Trauma-Responsive

D. Trauma-Informed

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The continuum of change

Trauma-Aware

Staff understand the term "trauma" and how it can change the way they view and interact with others.

Workplace safety is a priority and the workplace considers both physical and mental health.

Trauma-Sensitive

The organization values a trauma-informed lens and identifies trauma and resilience in policies.

Trauma training is institutionalized for all staff.

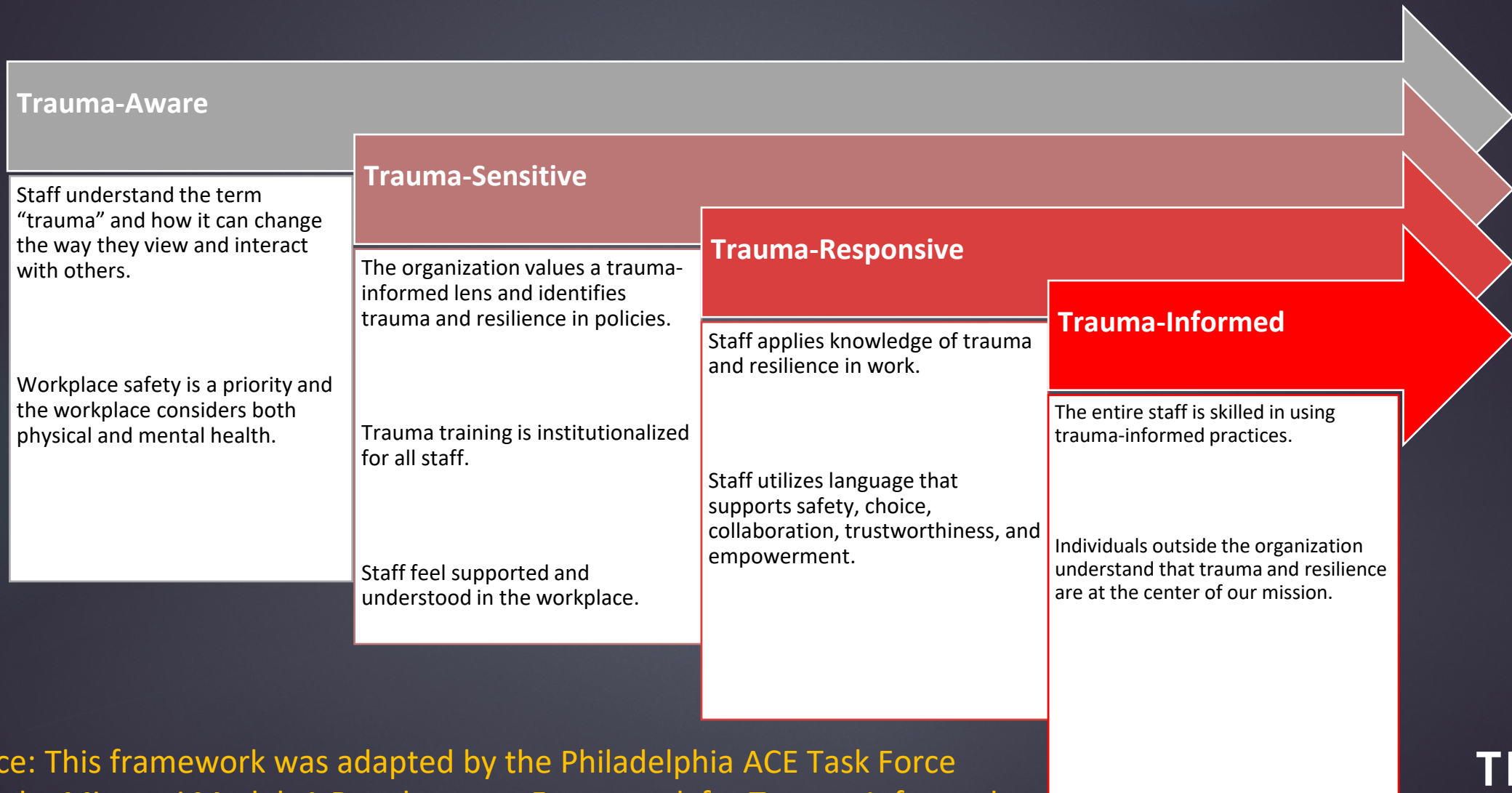Staff feel supported and understood in the workplace.

Trauma-Responsive

Staff applies knowledge of trauma and resilience in work.

Staff utilizes language that supports safety, choice, collaboration, trustworthiness, and empowerment.

Trauma-Informed

The entire staff is skilled in using trauma-informed practices.

Individuals outside the organization understand that trauma and resilience are at the center of our mission.

Source: This framework was adapted by the Philadelphia ACE Task Force from the Missouri Model: A Development Framework for Trauma Informed

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Organizational process

1. Build awareness

2. Support a culture of staff wellness

3. Hire a workplace that embodies trauma-informed values

4. Create a safe emotional, social, and physical environment

There is an arc to becoming trauma-informed; it is a multi-year process that begins with awareness and grows to the point where the theory of trauma becomes embedded and operationalized throughout an organization thereby improving outcomes for clients and increasing staff wellbeing and retention.

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Putting it all together...

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Key Components to be Trauma-Informed

- Incorporating the approach to every aspect of the organization, creating a genuine culture change

- Staff at all levels change their behaviors, actions and policies in keeping with a Trauma Informed approach

- Involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize individuals who already have a trauma history

- Demonstrating greater awareness of the impact of trauma on all individuals served by the program , organization or system including its own workforce

- Changing the thinking from "what is wrong with this individual?" To "what happened to this individual?"

- An acceptance that trauma influences the effectiveness all human services (coordination, medical care, criminal justice, etc)

- Solution-based service approach

- Recognizing the pervasiveness of trauma.

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Additional Learning

Trauma-Informed Supervision

Culturally Responsive Practice

Caregiver Fatigue

Building Resiliency

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