TRAUMA INFORMED CARE AND WORKING WITH SURVIVORS

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Erie Neighborhood House Proyecto Cuidate

Violence Prevention and Intervention Program offering supportive services to families

- Counseling
- Case management
- Parenting Groups
- Women Empowerment Groups
- Youth Programming
  - Restorative Justice In School
  - LV Youth Leadership
  - LV Youth Resiliency Teams
  - Girl's Group
  - Little Village Community Youth Council

FREE SERVICES for SURVIVORS of Domestic Violence and Sexual Assault

IMMIGRATION LEGAL SERVICES
SERVICIOS LEGALES DE INMIGRACIÓN

1347 W ERIE ST
Tuesday & Saturday, 8:00 am
(First-come, first-served)
Martes y sábado, 8:00 am
(Por orden de llegada, sin cita)

4225 W 25th ST
Wednesday - Friday,
8:30 am - 4:00 pm
(By appt - 773-542-7617)
Miércoles a viernes,
8:30 am - 4:00 pm
(Con cita - 773-542-7617)

MENTAL HEALTH SERVICES
SERVICIOS DE SALUD MENTAL

Multi-cultural informed individual counseling services with bilingual staff
Servicios de consejería individual

Case management support'
Manejo de caso segun sea necesario'

Transportation & childcare assistance
Asistencia de transporte o asistencia de cuidado de ninos

SERVICIOS GRATUITOS para SOBREVIVIENTES de Violencia Doméstica y Agresión Sexual

For more information, call 312-432-2251 or

WHAT WE'LL REVIEW TODAY

What is trauma?

Why is "trauma informed care" important?

What to consider when practicing trauma informed care?

HOW TO TAKE CARE OF OURSELVES DURING THIS WORKSHOP

If you notice you are agitated, overwhelmed, racing mind

- Take some deep breaths (slow exhale), get up and walk around

If you notice you are spacing out, daydreaming, sleepy

- Stand up, do some stretches, math problem (34x56), coloring/doodling

WHAT IS TRAUMA?

Three E's: event(s), experience, effects

What happened, what they experienced, what they make of it, long term effects

Impact varies on developmental age, culture, background, gender, access to resources, etc

TRAUMA SYMPTOMS/ EFFECTS

- Changes in beliefs and worldview

- Emotional regulation difficulties

- Relationship issues

- Detachment from the trauma

- Preoccupation with an abuse
  - Hypervigilant

- Reliving
  - Flashbacks

- Substance misuse

- Self harm

- Negative self view

SECONDARY TRAUMA/ VICARIOUS TRAUMA

- free floating anger and/or irritation
- startle effect/being jumpy
- over-eating or under-eating
- difficulty falling asleep and/or staying asleep
- losing sleep over patients
- worried that they are not doing enough for their clients
- dreaming about their clients/their clients' trauma experiences
- diminished joy toward things they once enjoyed
- feeling trapped by their work as a counselor (crisis counselor)
- diminished feelings of satisfaction and personal accomplishment
- dealing with intrusive thoughts of clients with especially severe trauma histories
- feelings of hopelessness associated with their work/clients
- blaming others

RELATIONAL TRAUMAS

When people that are supposed to care for us, cause us intentional harm

Can cause difficulty trusting, lack of boundaries or very closed off, new relationships are triggering.

As social service providers, we are creating relationships with our clients.

TRAUMA – IT'S A SURVIVAL RESPONSE!

Body trying to respond to harmful/threatening event(s)

It is not their fault

They are responding normally to scary events

WHY IS TRAUMA INFORMED CARE IMPORTANT AND USEFUL?

❖ Reframe from "what's wrong with you" to **"what has happened?"**

❖ Realizing that behaviors may be survival skills or coping skills.

❖ Recognize signs of trauma in participants and vicarious trauma with employees

❖ Organizations respond to **take care of participants and employees as a collective**, taking away individual responsibility.

❖ Ultimately, doing all this to **prevent re-traumatization**, to promote healing, and prevent distress.

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

1. SAFETY   2. TRUSTWORTHINESS & TRANSPARENCY   3. PEER SUPPORT   4. COLLABORATION & MUTUALITY   5. EMPOWERMENT VOICE & CHOICE   6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

REFLECTION:

We will be looking more closely at the 6 guiding principles. As we do try to think back to how you are already incorporating these principles into your work or how incorporating these principles might have changed your interactions with clients in the past. Please share!

SAFETY

"Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority"

TRUSTWORTHINESS & TRANSPARENCY

"Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization."
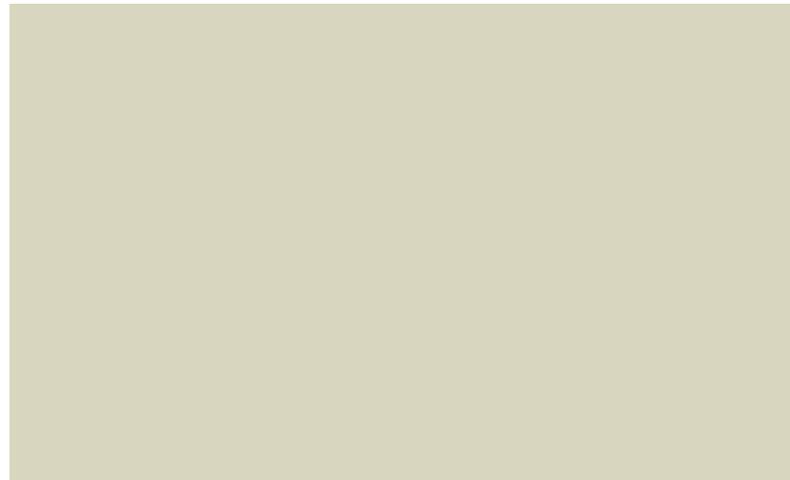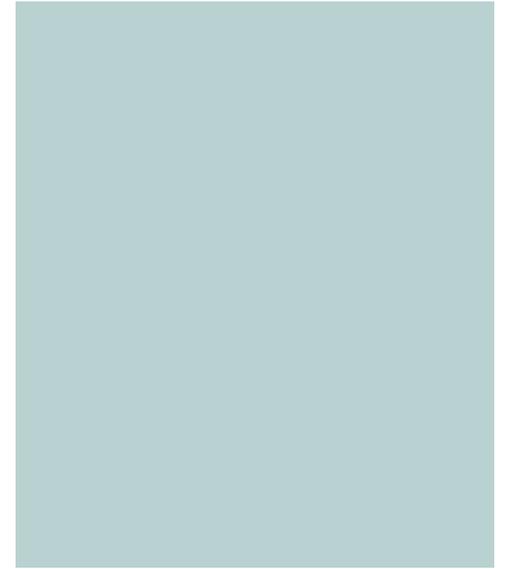
COLLABORATION & MUTUALITY

"Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making."
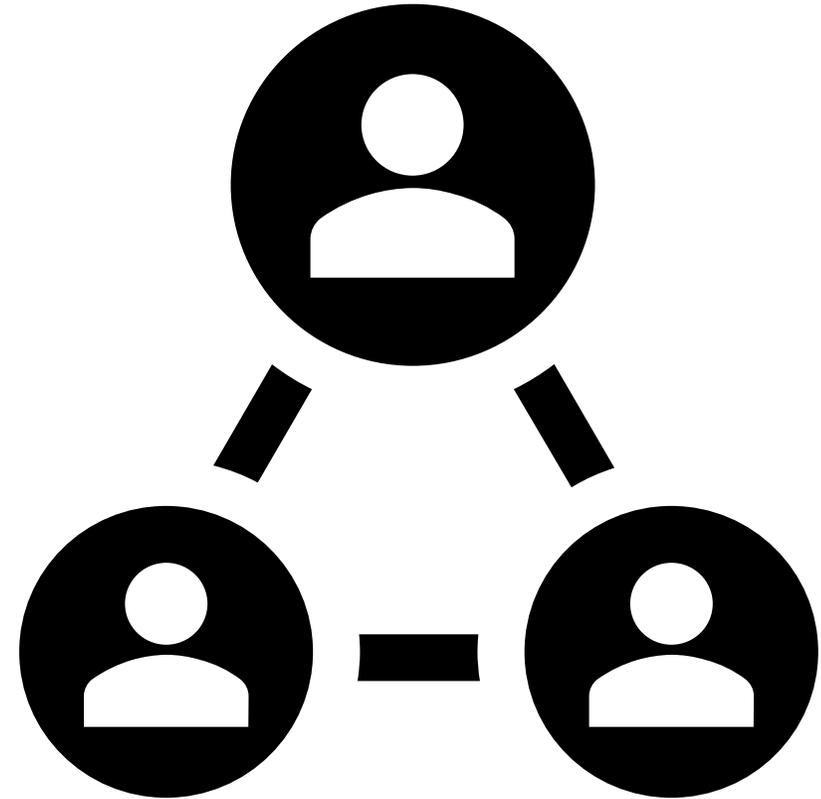
EMPOWERMENT, VOICE, & CHOICE

"Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process, that as staff need to feel safe, as much as people receiving services."

PEER SUPPORT

"Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing."

CULTURAL, HISTORICAL, & IDENTITY ISSUES

Organizations understand the ways in which clients historically have been diminished in voice, choice and treatment due to their identities. Orgs work to dismantle biases, offer access to identity responsive services, recognize the value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served.

10 DOMAINS OF IMPLEMENTING TRAUMA INFORMED CARE

Governance & Leadership	Policy	Physical & Emotional Environment	Engagement & Involvement
Cross-Sector Collaboration	Screening, Assessment, & Treatment	Training & Workforce Development	Progress Monitoring & Quality Assurance
	Financing	Evaluation	

REFLECTIONS WHEN IMPLEMENTING TRAUMA-INFORMED CARE

1. How do the agency's mission statement &/or written policies include a commitment to providing trauma-informed services and supports?

2. How do human resource policies attend to the impact of working with people who have experienced trauma?

3. How does the physical environment promote a sense of safety, calming and de-escalation for clients and staff?

4. How is transparency and trust among staff and clients promoted?

5. Do our collaborative partners share value of trauma-informed care?

6. Is an individual's own definition of emotional safety included in treatment plans?

7. How does our staff training address the way identity, culture, community and oppression can affect a person's experience of trauma, and access to supports and opportunities for safety?

8. Does our organization solicit feedback from both staff and individuals receiving services?

9. How does our organization budget for ongoing support, training and staff development in trauma-informed approaches?

RESOURCES

SAMHSA Trauma Informed Care Resource List