

Trauma-Informed Practice: Integrating into State Planning & Impacting Survivors' Lives

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National Center on Domestic Violence, Trauma & Mental Health

Special Issue Resource Center supported by the Family Violence Prevention & Services Program to:

- **Improve program and system capacity** to serve domestic violence survivors and their children experiencing a range of trauma, mental health & substance abuse-related needs
- **Develop culturally relevant responses** to the range of issues survivors face in trying to free their lives of violence and heal from its traumatic effects

The Center offers...

- **Information** about current practice, promising approaches, and successful collaborations;
- **Tools** to improve policy and practice and enhance collaboration;
- **Training** to assist with designing appropriate, accessible, and culturally-relevant services;
- **Consultation** for organizations and systems to address the needs of survivors of domestic violence in local and state jurisdictions, and at the national level;
- **Facilitation of critical thinking** about the complex intersections of domestic violence, trauma, substance abuse and mental health;
- **Research and policy analysis and development.**

The Center is committed to:

- ***Promoting* advocacy that is survivor-defined and rooted in principles of social justice; and**
- ***Eradicating* the social and psychological conditions that contribute to interpersonal abuse and violence across the lifespan.**



First, find your right distance...

Becoming Trauma-Informed



TRAUMA- INFORMED



Trauma-Informed Services

- Incorporate knowledge about trauma in all aspects of services
- Minimize further traumatization
- Facilitate healing, connection, and empowerment; support well-being

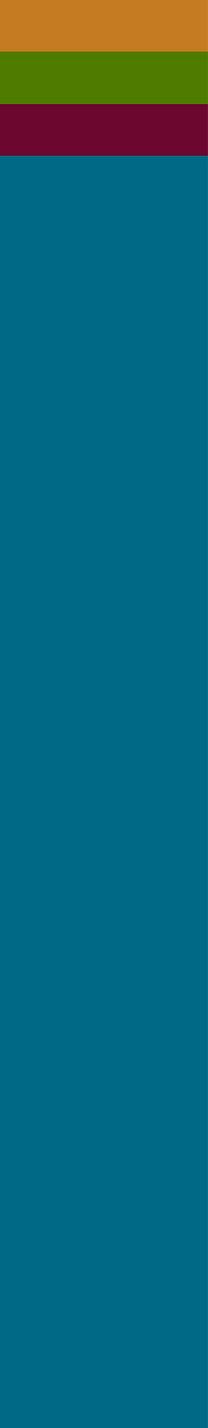
Fallot and Harris 2006

Evidence Based Practice in DV

“Only a handful of PTSD treatment studies are specific to survivors of IPV.:

The evidence basis for DV/IPV specific interventions is still quite small.”

- 
- Trauma Focused
 - Relational
 - Culturally Informed/Humble/Attentive



What We Do

How We Are



How We Are

What We Do

For Each Core Service

- What we do & How we do it
 - Attending to trauma
 - Attending to the quality of relationships
 - Attending to staff support & supervision

Reflective Supervision

- **Regular**

consistent protective meetings

- **Reflection**

trusting relationships foster thinking about challenges

- **Collaborative**

listening, being supportive & emotionally open to talking



Trauma: What We Mean

Not all distress is trauma

- Stress
- Traumatic Stress
- Trauma Responses
- Trauma-Related Disorders

What does stress do?

Shifts people away from emotional safety, emotional balance, and predictability

Calls on the system to restore balance; to return-to-center



What will happen?



What will be helpful?



What will be helpful?



What does she want?

What can she do on her own?

What help does she need?

What help can we give?

What will we do if she falls?

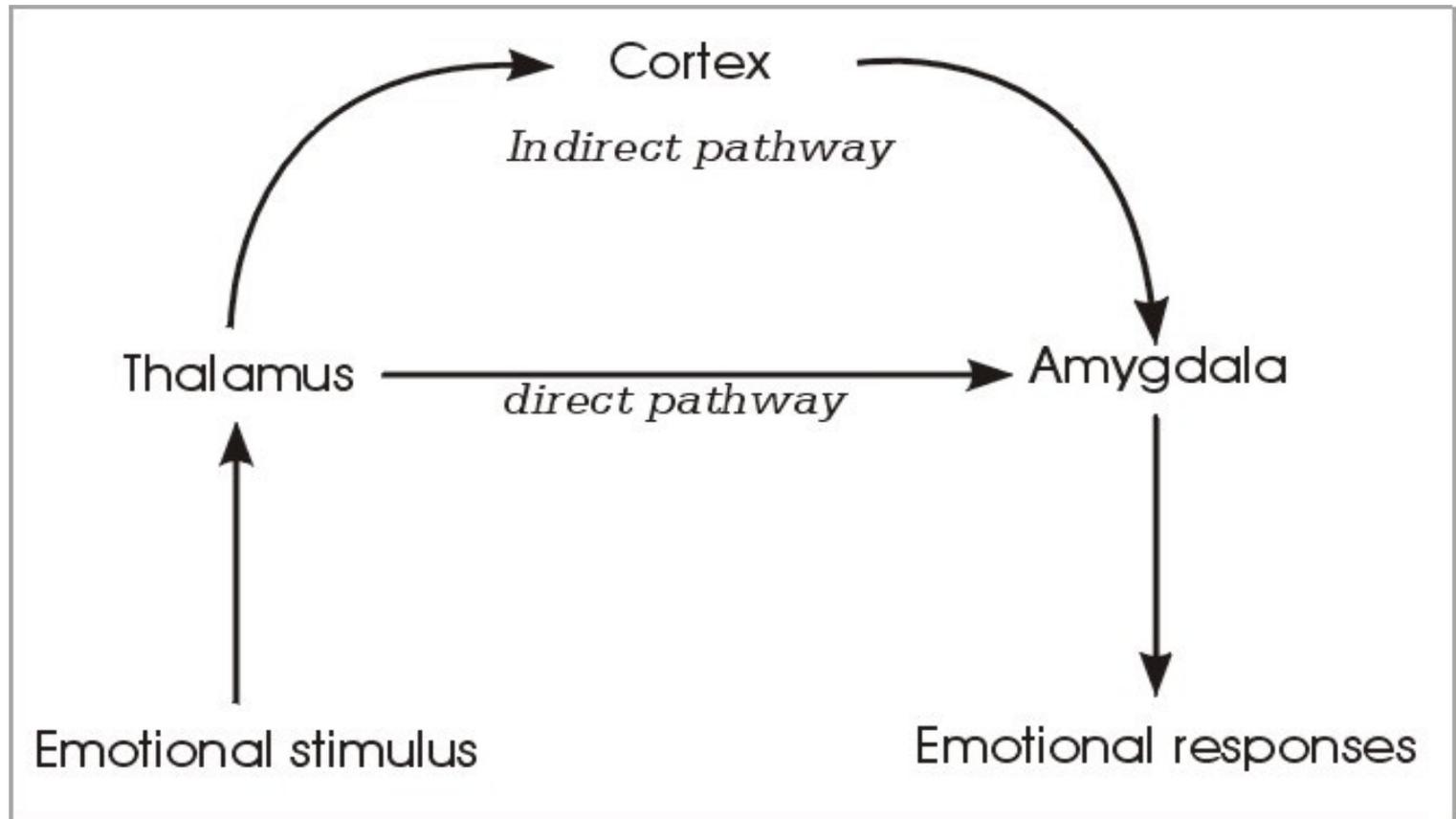




The Human Brain

The Organ of Adaptation

Fear Pathways and Responses to Threat



What does traumatic stress do?

Shifts people away from emotional safety, emotional balance, and predictability.

Disrupts the ability to return-to-center.

Do you ever wonder?

“What do I do when a survivor’s behavior gets in the way of the work, gets in the way of her responding to the information we give, and with her using the services we have?”

What if you wondered...

“What do I do when *trauma's* *impact* gets in the way of the work, gets in the way of her responding to the information we give, and with her using the services we have?”

Trauma is not the exception

“Knowledge about the prevalence and impact of trauma has grown to the point that it is now universally understood that

almost all of those seeking services in the public health system have trauma histories.”

SAMHSA

Traumatic Experiences: Prevalence in the US: National Co-Morbidity Study

N=5,877 ages 15 to 54

- **Lifetime trauma exposure**
 - >60% men; >50% women
- **PTSD in general population**
 - Rates are twice as high among women
 - 5% men, 10.4% women
- **PTSD if exposed to trauma**
 - 8% men and 20% women; 30% chronic
 - Different types of exposure by gender
 - PTSD & MDD in girls abused < 13, PTSD in girls abused > 13*

Kessler RC et. al. *Archives of General Psychiatry*. 1995;52(12):1048-1060,

*Weigh et. Al. 2010

**In a trauma-informed culture,
agency, or family...**

...suffering counts, each
person's thriving is a collective
affair, empathy is a critical tool.

Trauma-Informed Practice

Forming a partnership with each survivor to accomplish goals and outcomes that are important to her and her children, taking into account not only the DV she has experienced, but (to the extent possible) all of what has happened to her and the way she has managed these experiences.



Trauma-Informed Practice

In your own experience

In your own experience

Is “help” always helpful?

In trauma-informed work with survivors

- We stand *alongside* them.
- The relationship is a critical tool.
- Our capacity to engage in relationships is a critical and often unnamed resource in the work.

Trauma-Informed Practice

- Forming a partnership with each survivor to accomplish goals and outcomes that are important to her and her children, taking into account not only the DV she has experienced, but (to the extent possible) all of what has happened to her and the way she has managed these experiences.

Being trauma-informed allows us to:

- Avoid stigmatizing vulnerability
- Avoid re-traumatization
- Offer services that promote healing
- Sustain ourselves in the work

Now that we know

- That trauma is pervasive in our lives
- That responding to trauma improves survivors' experience of advocacy
- That how we are is as important as what we do. . .

Now that we know

- Now that we know these things about trauma informed services/ How do we describe, measure and maintain accountability in trauma informed and reflective advocacy in DV Programs?



Moving Toward Trauma-Informed Advocacy

Being trauma-informed means asking a different question:

- NOT
 - What's wrong with you?
- INSTEAD
 - What's happened to you?



Moving Toward Trauma-Informed Advocacy

Process, not Product

Recognize & Attend to Trauma

- Impact of trauma on survivors
- Impact of stress/trauma on providers
- Impact of stress/trauma on organizations

Recognize & Attend to Trauma

- **Impact of trauma on survivors**
 - On emotional responses & information processing
 - On experience of services

Recognize & Attend to Trauma

- **Impact of stress/trauma on providers**
 - Vicarious Trauma/Compassion Fatigue
 - Burnout; Responses to survivors and to roles

Recognize & Attend to Trauma

- **Impact of stress/trauma on organizations**
 - **Parallel Process:** When our organizations are under siege, we can inadvertently create traumatizing experiences or environments for survivors and staff

Trauma can impact interaction and engagement

- Survivor seems “cool” and detached
- Survivor is highly sensitive and feelings are easily hurt
- Survivor is suspicious and not trusting
- Survivor does not “read” warmth and caring from staff and other survivors

Trauma can impact reactions to us and our programs.

- Authority, rules, and control can be traumatizing
- Neutral requests, stimuli, and interactions can be trauma triggers.

How does becoming trauma-informed help our organizations?

- **Recognize pervasiveness & impact of trauma**
 - On emotional responses & information processing
 - On survivors' experience of services
- **Reduce retraumatization**
 - Examine rules, policies & procedures, adaptation, flexibility
 - Prepare for trauma triggers
- **Ensure survivor role in designing services**
- **Attend to staff needs**
 - Supervision, self-reflection, self-care
- **Incorporate into hiring and HR**
- **Develop community partnerships**

Trauma-informed Approaches

- **Use empowerment-based approach**
 - Focus on strengths
 - Support empowerment and skill-building
 - Help create stability and supports
- **Provide**
 - Information & understanding
 - Respect, connection, and hope
 - Access to tools, resources, and skills

Adaptations to physical environment

- Recognize that office or shelter environment can have an effect on survivors
- Tell **every** person who enters your program:
 - “if there are things here that make you feel unsafe or uncomfortable, let me/us know...we will try to make things comfortable and safe...”

Emotional Safety in Trauma-Informed DV Practice

- Information to survivors about trauma, triggers, and trauma responses.
- Information about procedures, processes, rules, plans, and activities.
- Help survivors feel comforted and in control – to re-establish a steady state of ordinary calm.

**Consider
our own experiences, too.**

**What impact does this work
have on us?**

Issues for Advocates

- Attention to our own reactions as advocates is an important element of trauma-informed practice
 - Helps us to avoid distancing from survivors' experiences
 - Reduces natural tendency to protect ourselves from aspects of our life which distress us

In reflection and professional growth

We don't know....

points the way to

we want to know.

Early Steps Toward TI Practice

- **Ask ourselves**
 - In what ways do trauma-informed services have relevance for our work?
 - What do we already know about trauma and trauma-informed practice?
 - What do we know about change in our organization?

When Implementing Change

- Study what you are now.
- Start with small changes.
- Use the culture around you.

■ Nevis, DiBella, Gould, 1994

To learn as an organization. . .

- Start with what you know.
- Identify what you want/need/would like to learn.
- Identify “better than usual” performance.
- Analyze these critical successes.

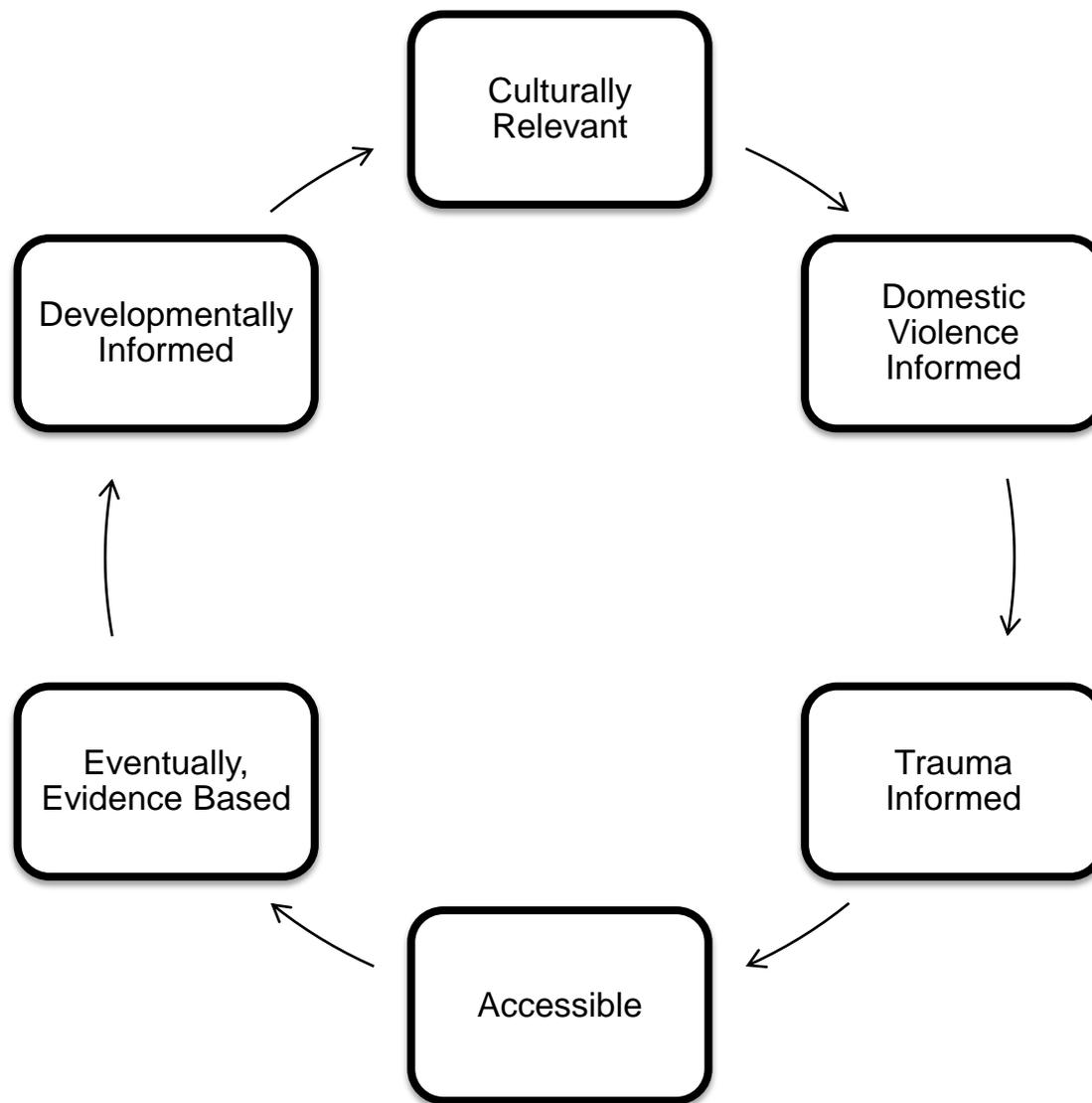
Center Website & Online Resources

- **Background Reading & Information Sheets**
- **Tipsheets**
- **Conversation Guides**
- **Publications, Products, Tools, and Resources**
- **News and Announcements**
- www.nationalcenterdvtraumamh.org

A Review of Three Center Resources

- **Self-Reflection Tool**
- **Collaborative Advocacy**
- **Critical Success Analysis**
- www.nationalcenterdvtraumamh.org

To Respond to the Needs of Survivors and their Children



**Creating Accessible, Culturally Relevant,
Domestic Violence and Trauma Informed Agencies
A Self Reflection Tool**

This tool reflects the work of the Accessing Safety and Recovery Initiative (ASRI), OVW Ending Violence Against and Abuse of Women with Disabilities Grant 2007-FW-AX-K004. That project brought together six Illinois pilot site agencies to collaborate in addressing the ways in which their agencies were providing accessible, culturally relevant, domestic violence- and trauma-informed (ACDVTI) advocacy and services to survivors of domestic violence who were experiencing the mental health effects of trauma and/or psychiatric disability. The pilot agencies included domestic violence programs, community mental health agencies, and state psychiatric hospitals. These agencies and their counterparts across the country work every day to provide advocacy, mental health, and other services to survivors of domestic violence, even as they themselves must manage with shrinking resources and growing demands. This tool was developed to support agencies in creating ACDVTI services and organizations, while keeping in mind that limitations on funding and resources may create obstacles to doing our best work. This tool also incorporates an understanding that agencies have different strengths and challenges, and that creating ACDVTI agencies is a constant learning process with no single end-point. We hope that this tool will be helpful to agencies at many different points along this path.

The tool has seven sections, which can be completed in any order. They include the following:

- Organizational Commitment
- Physical and Sensory Environment
- Intake and Assessment
- Program and Services
- Staff Support
- External Relationships
- Evaluation and Feedback

Creating Accessible, Culturally Relevant,
Domestic Violence and Trauma Informed
Agencies

A Self Reflection Tool

- Organizational Commitment
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ASRI
Accessing Safety and
Recovery Initiative

The Domestic Violence and Mental Health Policy Initiative
A Growing Place Empowerment Organization
The Illinois Coalition Against Domestic Violence
The Illinois Department of Human Services
Life Span Center for Legal Services & Advocacy
Thresholds

Chicago-Read Mental Health Center
Connections for Abused Women and Children
Thresholds
Janet Wattles Center
Remedies Renewing Lives
Singer Mental Health Center

**Creating Accessible, Culturally Relevant,
Domestic Violence and Trauma Informed Agencies!**

A Self Reflection Tool!

www.nationalcenterdvtraumamh.org

click on

publications & products

Creating Accessible, Culturally Relevant, Domestic Violence and Trauma Informed Agencies

A Self Reflection Tool

- Organizational Commitment
- Physical and Sensory Environment
- Intake and Assessment
- **Program and Services**
- Staff Support
- External Relationships
- Evaluation and Feedback

Think about Trauma!

Are the agency's programs and services trauma-informed?

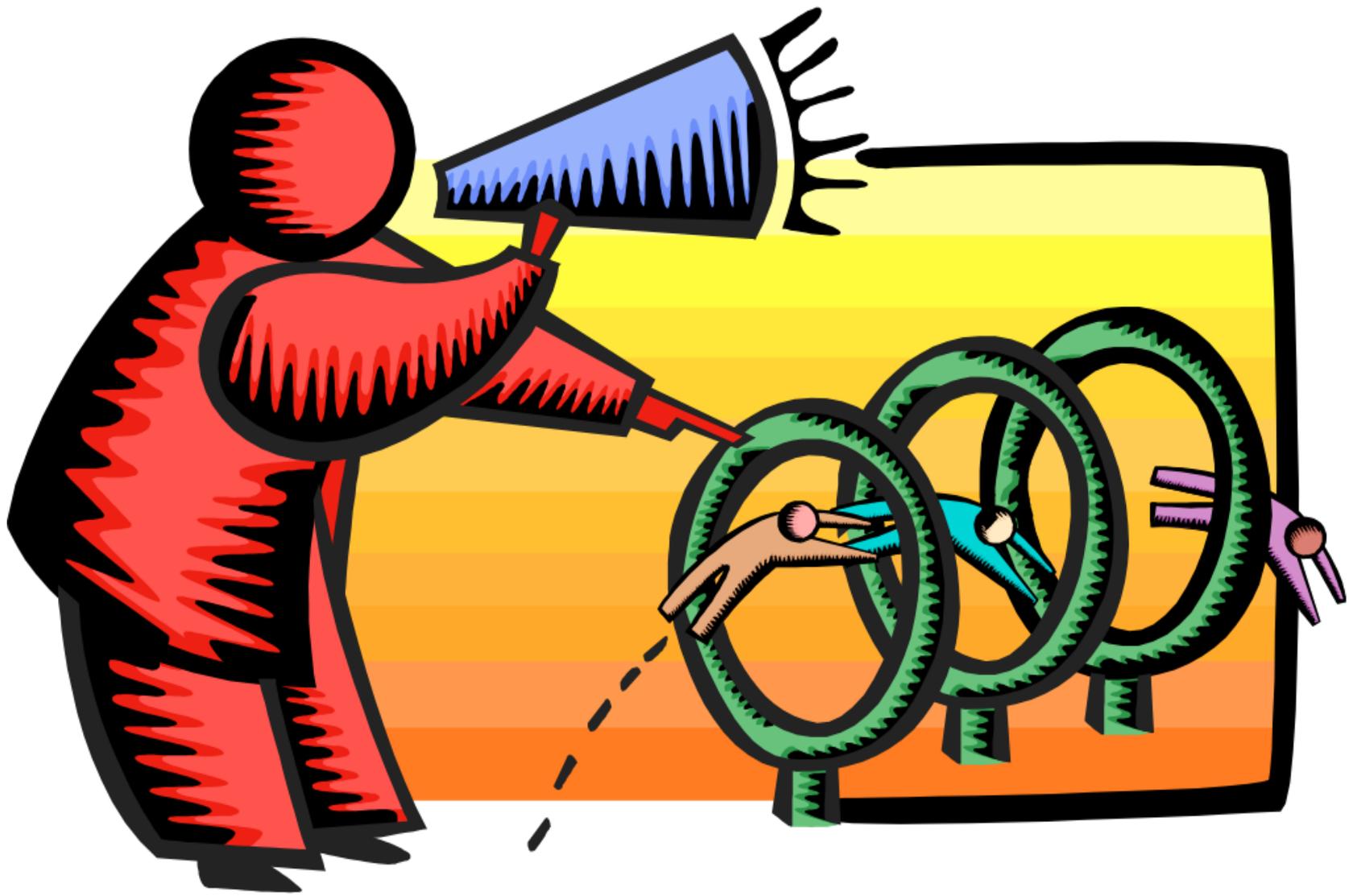
Policies and Procedures!

- ✎ The agency's written mission statement and policies express a commitment to trauma-informed principles.
- ✎ The agency's policies and protocols reflect a commitment to reducing retraumatization and promoting healing and recovery.

- ✎ The agency **hires and retains** staff members who demonstrate respectful, **empowering** approach to working with clients.
- ✎ The agency hires and retains staff members who demonstrate knowledge and understanding of trauma-informed principles.
- ✎ The agency trains staff members on the **range of "normal" trauma responses**, trauma-informed principles, and trauma-informed, recovery-oriented crisis response techniques.

- ✎ Staff members keep people receiving services **fully informed of rules**, procedures, activities, and schedules, while being mindful that!

- ✎ Staff members respond knowledgeably and empathically when a person discloses experiences of current or previous trauma, immediately **listening and offering support** in a setting of her choice (to the extent possible).
- ✎ Staff members talk with people receiving services about the range of "normal" trauma reactions and work to **minimize feelings of fear, shame, and stigma**, and to increase self-understanding.
- ✎ Staff members help people to identify **emotional triggers** that may cause them to feel overwhelmed and "out of control."
- ✎ Staff members help people to identify strategies that contribute to feeling comforted and empowered.







Unexpected successes:
a tool for program
reflection and learning.

Reflecting on Success

- Name for yourselves the most critical moments of a successful experience.
 - Place on a time line
 - Rate as positive, negative, neutral
 - What can we learn from this about our assumptions, our frame, our work?



Selected Resources

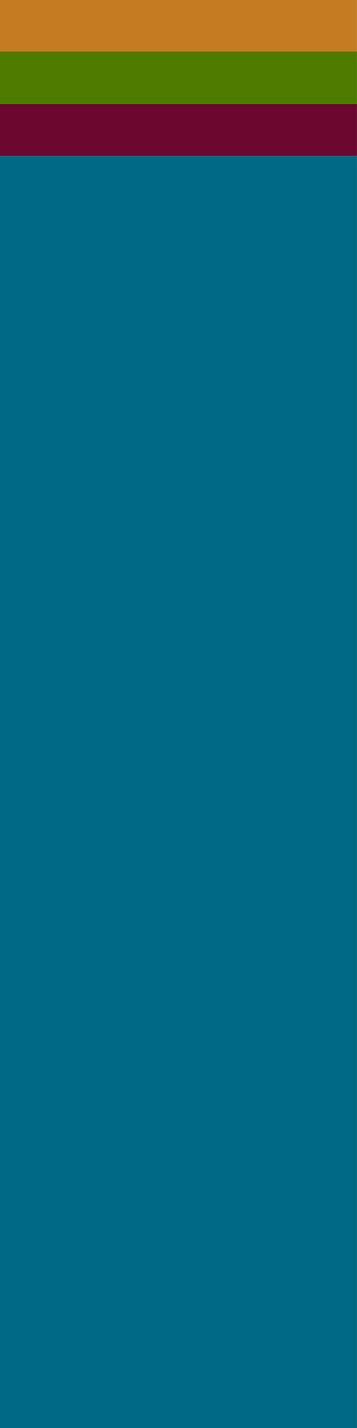
from the Center's website

www.nationalcenterdvtraumamh.org

- **Background readings**
- **Tipsheet Series**
 - A Trauma-Informed Approach to DV Advocacy
- **Conversation Guides**
 - Increasing Emotional Safety in DV Shelters

What Will You Take Away?

- List 7 ways to apply these ideas
- In a group of 4 to 7 people list 7 things to share with the larger group
- Individually select three from the larger group list
- Tell another person three things that will impact your application of our work together.



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