Trauma Informed Care in Homeless and Housing Service Settings

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Objectives

- Acknowledge the impact of homelessness as a traumatic event
- Identify ways that trauma can manifest as difficult behaviors in housing settings
- Define trauma informed care and differentiate it from trauma specific services
- Name the trauma informed principles and develop ways that systems and service providers can utilize them
What is trauma?

• Refers to events or experiences that usually involve the following:
  ▫ An overwhelming experience
  ▫ A threat to one’s physical and/or mental well-being
  ▫ A sense of vulnerability or loss of control
  ▫ A feeling of helplessness and/or fearlessness
  ▫ Impact on relationships and belief systems
Homelessness as a traumatic experience

“Homelessness deprives individuals of...basic needs, exposing them to risky, unpredictable environments. In short, homelessness is more than the absence of physical shelter, it is a stress-filled, dehumanizing, dangerous circumstance in which individuals are at high risk of being witness to or victims of a wide range of events.”

-Fitzpatrick et al. (1999)
Homelessness with trauma definition overlay

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-Fitzpatrick et al. (1999)
Other experiences of clients seeking housing or shelter services

- 84% of families experiencing homelessness are female headed
- 92% of homeless mothers have experienced severe physical and/or sexual abuse during their lifetime.
  - 63% report that this abuse was perpetrated by an intimate partner
- 44% of mothers lived outside their homes at some point during their childhood
- By the age of twelve, 83% of homeless children have been exposed to at least one serious violent event

The National Center on Family Homelessness
Universal Psychological Precaution:

Treat every client as if they have been traumatized
Trauma Reactions

- Post-traumatic stress reactions are the reactions of normal people to abnormal stress
- Generally involve four categories of symptoms
  - **Intrusion of memories**
    - Flashbacks, distressing dreams, dissociative reactions, distress when exposed to cues from events, physiological reactions
  - **Avoidance of memories or reminders of memories**
  - **Alteration in mood**
    - Inability to remember, persistent negative beliefs, distorted cognitions, persistent negative emotional state, diminished interest in activities, feeling detached, inability to experience positive emotions
  - **Alteration in arousal level**
    - Irritable behavior or angry outbursts, reckless, self-destructive behavior, hypervigilance, exaggerated startle response, problems with concentration, sleep disturbance
How trauma can manifest itself in housing situations

- See handout entitled “Difficult Behaviors in Homeless Service Settings”
- How would these behaviors have helped someone survive trauma in the past?
- How might they cause additional stress to both clients and service providers in a housing setting?
Trauma Informed Care

- Acknowledges and understands the impact of trauma on people seeking services
- Designs services in such a way that they emphasize:
  - Safety
  - Trustworthiness
  - Choice
  - Collaboration
  - Empowerment
- Differs from Trauma Specific Services that address the mental disorders that can result from trauma exposure
Safety

• Ensuring physical safety
  ▫ How are service provider locations set up?
  ▫ Has the service provider assessed to see if the client is in danger?

• Ensuring emotional safety
  ▫ Ask open ended questions, using words such as “how” and “want” instead of “why” and “should”
  ▫ Service providers are capable of handling a range of client emotions
  ▫ Create a safety plan or crisis plan
  ▫ Cultural competency
Trustworthiness

- Maintain clear boundaries
- Communicate expectations
- Create consistency for clients
- Walk the tightrope of trust and accountability
Choice

• Prioritize client choice and power
  ▫ Often translates to clients feeling more control in all areas of their lives

• Create a person-centered environment

• Traditionally, programs have goals defined by crisis, are time-limited, and focus on concrete outcomes
  ▫ These goals may not match the client’s goals
  ▫ What ways are available to create more choice for clients in developing goals?
Collaboration

- Clients are able to collaborate with service providers to work towards common goals
  - Requires rapport between client and service provider
  - The service provider and client are able to maximize power sharing
- Service providers collaborate with other social service agencies
- Clients are included in program design and evaluation of services
Empowerment

- Use a strengths based perspective
- Coercion is retraumatizing
- Practice using person first language
- Rather than using words like “attention seeking,” “manipulative,” or “resistant,” describe the client situation
  - Example: Client has a difficult time getting what she needs. She often goes to extremes to get someone to talk with her because she has experienced neglect in the past
“Traditional” vs. Trauma Informed Approach

- See attached handout labeled “Traditional vs. Trauma Informed Approach”
- Practice using handout labeled “Developing Shelter Rules”
Creating trauma informed care at all levels

- Macro: Is agency policy and culture trauma informed?
- Mezzo: How do direct service staff interact with supervisors? Do supervisors apply the 5 trauma principles?
- Micro: How do direct service staff interact with clients?

“Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.”

— Pema Chödrön
Trauma Stewardship

“It can be defined as a daily practice through which individuals, organizations, societies tend to the hardship, pain, or trauma experienced by humans, other living beings, or our planet itself.”

Laura van Dernoot Lipsky
Impact of Trauma Informed Care

• Early indications suggest that Trauma Informed Care may have a positive effect on housing stability
• Trauma Informed Care may lead to a decrease in crisis-based services
• Trauma informed service settings, with Trauma Specific Services available, have better outcomes than “treatment as usual” for many symptoms

Hopper et al. (2010)
Resources

• Promising Practices:
  ▫ The Sanctuary Model, Bloom, S.
  ▫ Using Trauma Theory to Design Service Systems, Harris and Fallot
  ▫ A Long Journey Home, Prescott, L. and NCFH
  ▫ A summary of Trauma Informed Care in Homeless Settings, Hopper et al.

• Training options:
  ▫ T3
  ▫ JRI Center Training
  ▫ Trauma Informed Care Assessments

• Trauma Stewardship, Van dernoot Lipsky, L.
Questions?
References


References cont’d


