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Understanding Trauma & Trauma-informed Services

Notes

Trauma is an event or series of events that threatens a person, even with the possibility of death, causes physical or emotional harm and/or exploits one's body and/or integrity. A person's response to this exposure of extreme stressors, the traumatic event, can be one of intense fear, helplessness, anxiety, worry, intrusive thoughts and memories, flashbacks, anger or rage, nightmares and night terrors, detachment and dissociation, substance abuse, promiscuity, difficulty with relationships and many others. Trauma is pervasive and life shaping to those that experience and survive it. Eighty percent of women who have experienced domestic violence have also survived physical and sexual abuse during their childhood. Trauma has been reported among women substance abusers ranging from 55 to 99 percent (Najavitis and others, 1998). Many women don't recognize trauma or certainly not that trauma is the source of their pain, struggles, confusion and behaviors. Trauma severs connections to yourself, your family and your community.

Dr. Maxine Harris and Dr. Roger Fallot, Directors of Community Connections in Washington, D.C., write about and suggest in their book *Using Trauma Theory to Design Service Systems* that service providers need to understand trauma and operate from a position of being "informed about trauma". To do so providers must have a strong understanding and foundation regarding trauma and become a trauma-informed agency. Harris and Fallot suggest that you find or hire a trauma champion for your agency. It is recommended that agencies conduct trauma training within their organizations and agencies. It should include all staff including receptionist, human resources and all administrators.

Trauma comes in many different forms.

- * Sexual abuse * Physical abuse * Severe neglect
- * Domestic violence * Witnessed violence or cruelty to others
- * Deprivation caused by extreme poverty
- * Serious emotional and psychological abuse
- * Gang and drug related violence
- * Repeated abandonment or sudden loss * Rape or sexual assault

Characteristics of Abusive Relationships

- * Betrayal occurs at the hands of someone that is trusted and supportive.
- * Hierarchical boundaries are violated and then reimposed at the whim of the abuser.
- * Secret knowledge, secret information, and secret relationships are maintained and even encouraged.
- * The voice of the victim is unheard, denied, or invalidated.
- * The victim feels powerless to alter or leave the relationship.
- * Reality is reconstructed to represent the values and beliefs of abuser.
- * Events are reinterpreted and renamed to protect the guilty.

Working with someone from a trauma framework which create the ability to understand the whole person, their symptoms in a context to trauma is the most helpful, respectful and empowering model for survivors.

- Emphasis on understanding the whole person, not just the symptoms or problem, and how the person lives their life. * *How do I understand this person?

- The focus is not just on the person's functioning.

- Give message that the person's life is understandable and behaviors make sense.

- With a holistic view of the person's life confusion is replaced with comprehension the person gains relief and is given hope that things are solvable.

- Understanding that symptoms are attempts to cope with terrible events in a person's life.

- Symptoms are developed from a context of abuse and are attempts to cope with the trauma. Symptoms are not seen as pathology or character flaws.

- Victims/survivors see their behaviors as positive coping to their symptoms.

- The development of coping strategies gives victims power and belief they have the strength and wisdom to make changes in their lives.

- Trauma is seen as complex PTSD or DESNOS (Disorder of extreme stress not otherwise specified) which result from prolonged and/or repeated trauma.

- Assist the woman to give blame for past abuse with the perpetrator and the system and recognize that the responsibility for changes lies with her.

- The goal of this service approach is to return a sense of control and autonomy to the consumer. Master the skills needed to cope in healthy and positive ways. = empowerment. _____

- Strengths based approach. _____
- Consumers are actively involved in all aspects of their planning and services, a collaboration of equals both having knowledge to offer. _____

- Integrated whole person view which includes the affects of trauma and the coping strategies developed. _____

- Safety must be guaranteed and trust developed. _____

- Open and collaborative relationship with provider. Priority on consumer safety, choice and control. _____

- Support empowerment and skill development. _____

- Integration of trauma and substance abuse. Substance abuse is a coping strategy to deal with and survive the trauma/abuse. _____

The Wraparound Philosophy began as a San Diego County initiative. Trainers from all over the country came and offered training on this philosophy and approach in working with people. As we participated in these trainings we saw the benefits of this approach in working with families and people in general. This approach is positive and believes in the people and individuals you are working with. The ability to appreciate and honor the history, knowledge and strength each person brings to the process is respectful.

This philosophy comes with the belief that we have not walked in their shoes. Only they have. Therefore, they are the experts and can teach us about this walk. This approach knows there are many people who have and are currently involved with the making of this person's or family's life. And we need to understand and incorporate these people and past experiences in the planning and work ahead of us. In doing this, we believe in and recognize the person's/family's abilities and use this belief and their skills throughout the process. This positive approach is encouraging, uplifting and follows the premise of empowerment.

The following aspects of the Wraparound Philosophy have been integrated into the thinking, structure and way of doing business with the people from our DV Shelter.

1. Staff are not referred to as case managers, social workers, case workers, therapist, or counselors. Staff are Youth and Family Development Associates or Associates. The intention is to approach and create a relationship with those we work with as a relationship of equality. There is not an air of specialist or experts from the program staff. But rather individual people that bring their experiences and knowledge to join with a person in an equal position and not one of superiority. It is also intended to express the intent to assist and work *with* a person rather than to do something to them. i.e. fix them.

2. The person or family is considered to be the expert about themselves. The person/family brings knowledge, experiences and their history. They know themselves better than anyone else knows them. They are also believed to have the answers and know what is best themselves. In utilizing this concept we hope to communicate to they are capable; you believe in them, and you are not better than them. You operate from a position of encouragement of the person/family.
3. The Wraparound approach is a strength-based rather than a deficit or problem based approach. The identification of strengths a person/family member brings is completed and incorporated into way in which you communicate and how the plan is developed. The strengths are built upon and utilized in all aspects of the work. Often times it is difficult for a person to even name a strength they bring or possess. It is important that you have done so and can reframe a behavior into a positive and help the person/family see the behavior as an attempt to help or take care of self/family. It is also difficult for someone/family members to shift their focus to that of a positive discussion versus staying focused on what is wrong or bad about a situation or themselves. They come in usually due to a problem so this is they are use to starting not with a discussion on strengths.
4. The person/family is in charge and drives the process. They are actively involved in expressing thoughts, feeling and wishes. They with your assistance create their plan. You do not create it for them. This of course gets more involvement and buy-in from the person/family. This also is believed to lead to more success. Additionally this way of working with others again communicates your belief in the person/family and empowers them.
5. All service/treatment plans are unique and individualized. Since each person brings with them different strengths, experiences and reactions to these experiences their plans should be as unique as they are individually. Cultural considerations are important and included in the individualized service plan.
6. There is no such thing as failure. If someone is not progressing or achieving objectives and goals then this approach believes that you have the wrong plan for this person/family. You should discuss with the person/family and revise the plan to be more appropriate and allow for success.
7. No one is inappropriate for help and assistance. There is no wrong door. Based on the person's strengths and needs we will assist them to get to the right place if it is not with us. We might provide them food, shelter; clothing, support and assistance for a night or two until they can get to the best place based on their strengths and needs.

As a result of what we were learning from The Wraparound Philosophy, we made several shifts in the structure of our shelter. We do not turn people away. And we no longer use rules, levels and the traditional earned privileges and consequences. We offer immediate assistance to help determine with the person the services needed and they best place they can receive those services. We've also created an environment with guidelines for success and growth. These values help guide one to be positive, aware, and respectful and to believe in yourself and the opportunities for change. With the absence of rules and breaking of the rules the environment is positive, hopeful, supportive and one of restoration. We do not set in motion an atmosphere of failure, shame or someone else having the power and control. It is not an environment that is punitive or coming from a position of authority but rather an environment allowing and encouraging empowerment and success.

Co-occurring Disorders is a concept that has been studied, discussed and presented at a national and international level. The co-occurring initiative states that service providers should *expect* individuals to present with both mental health and substance abuse /dependence issues. And that we should welcome such individuals and offer service /treatment of both or ensure that both are treated concurrently. If the treatment is with another service provider there should be coordination with the other service provider. Previously, some service providers would not treat someone mental health issues if they also had a substance abuse issue until the person had achieved a level of success with their substance abuse treatment. The belief was how effective would the treatment of mental health issues be if the person was still actively using.

With this initiative and the research providers now realize that many times the mental health issue is what leads to a desire or need to use

substances to minimize or deal with the symptoms of a mental illness, self-medication. The literature on trauma has addressed this situation as well. Again trauma theory states that the traumatic event(s) lead to a coping mechanism that can include use/abuse of substances and the development of mental health issues.

In the parallel model the issues are compartmentalized, they are dealt with separately but concurrently. The issues are seen as independent from each other. And with the sequential model one issue is treated at a time. The substance abuse is believed to be the need to be treated first and completed or as close to completed before beginning the trauma counseling treatment. Neither the concept of co-occurring disorders nor the research on trauma recommend the parallel or sequential models. Rather to gain an understanding of the whole person, how they live their according to the trauma and its effects while providing integrated treatment for both the substance abuse and mental health issue is optimal.

The other aspect of treatment regarding substance abuse that fits with the trauma research and practice is harm reduction. The concept of harm reduction accepts small incremental steps and that acknowledges abstinence is not the best or only acceptable goal. Harm reduction also comes from a strengths- based approach where the relationship of provider and consumer is one of equality.

Finally, the No Wrong Door Approach aims to reduce the turning away of those in need of support, assistance and services. To often we hear and know that people are denied entry or not given help with they so desperately need. We know there is no one person or one agency that can serve everyone. However, this approach includes a belief and makes an attempt to help people whether they meet our criteria, are difficult and rude, are not in treatment for

substance abuse issue and are using substances or _____
appear manic, depressed or confused. As they _____
come for assistance and we may not offer the _____
best or requested service for them we must attempt _____
to get them to the best place. Considering the _____
types of programs:

- Sequential- treating one and then the other
- Parallel- treating at the same time but separately
- Integrated/Co-occurring- treating at the same time with coordinated treatment

This means more than offering a name or _____
number where they can get the type of service _____
needed. We assist them and with them attempt _____
to locate other assistance. And we know that _____
often the behaviors that bring them to us make _____
it difficult for them to get to or stay where they _____
can be served best. Therefore, the assistance, _____
support, understanding and service we can _____
provide while ensuring they can successfully _____
get to “the other service” is the epitome of the _____
No Wrong Door Approach. _____

The Shelter Design using the Integrated Model

The SBCS shelter design was created integrating _____
The values, beliefs, concepts and philosophy of _____
trauma literature and findings, the Wraparound _____
Philosophy, Co-occurring Disorders Initiative _____
and The No Wrong Door Approach. We have _____
continued to modify and improve as we continue _____
to learn. This is definitely a work in progress. _____
We feel confident that as we strive to always get _____
better we have a safe haven that attempts to _____
empower through knowledge, acceptance and _____
positive regard. _____

Staffing

As we began this shift at the shelter we went _____
went through a clearing of all staff. As the shift _____
in values lead to a different type of structure, _____
types of team members and ways in which we _____
worked with consumers some staff did not or _____
could not adjust. A hiring of new staff occurred. _____
We decided that we wanted to look to hire some _____
of the associates based on characteristics we _____

felt would be successful with the population and environment we were creating.

Characteristics:

- Creative
- Flexible
- Humorous
- Friendly
- Calm (even during chaos and crisis)
- Non-judging & accepting
- Open and receptive, teachable
- Don't have to have experience
- Hands on
- Enjoy working with people and don't feel they are the expert
- Teaching and modeling (cleaning, decision making, cooking, problem solving)

The staff hired included individuals with a variety of strengths and orientations.

Staffing Pattern:

- Bachelor's degree
- High School diploma
- Masters degree
- Life experience with no formal education
- Licensed professional

This multi-disciplined team work together with the families in the shelter and in creating a positive, empowering and restorative environment. As the team has developed and changed over time we still see the occasional struggle for staff when there aren't clear and concrete rules. And often with this population they want and need or expect us to be the ones in charge. And staff assumes the position of authoritarian as requested.

This trauma philosophy requires a shift in thinking and behaving. And with anything new there needs to be an understanding, the ability to practice (and fall) and gain support from others. Therefore, for staff to practice modeling and teaching the guidelines for success such as respect, belief, acceptance and understanding while allowing the natural consequences is necessary and essential.

Most of the shelter staff are located on site at the shelter including the Program Director. The only part of the team that is not

discuss if this shelter program is best for and truly meets the needs of the person/family.

Many services are brought to the site of the shelter such as counseling, groups, tutoring budgeting classes, art activities, trauma groups, etc. In the future we plan to begin nutrition and exercise classes.

Blended Funding

The funding for the shelter comes from a variety of funding including federal, state, county, and several foundations. The agency also conducts annual fundraisers to contribute to the shelter budget. With the blending of several funding sources we are able to creative and flexible in the design and implementation of our program and services we deliver.

7. Does your program include general trainings on substance abuse/dependence and co-occurring disorders?

_____yes _____no

8. Do you conduct universal trauma screenings?

_____yes _____no

9. Do you complete a trauma history with consumers?

_____yes _____no

10. Are individuals screened out for substance abuse or dependence?

_____yes _____no

What is your policy? _____

11. Are individuals screened out for mental health issues?

_____yes _____no

What is your policy? _____

12. Does your agency welcome and feel comfortable working with individuals with both mental illness and substance abuse issues?

_____yes _____no

13. Does your program ensure concurrent and coordinated services/treatment for people with co-occurring disorders?

_____yes _____no

14. Does your program allow the consumer's voice to be heard and included while developing their service plan?

_____yes _____no

How do you ensure this? _____

15. Does your program give consequences or punishment to shelter residents based on rules?

_____yes _____no

16. Does your program/agency focus on safety, trust, empowerment and relationship development?

_____ yes _____ no

17. Are most of the individuals dismissed from your program for substance use, poor behavior and/or lack of compliance?

_____ yes _____ no

**18. Is your program sensitive to the type of language you use?
Staff have more authority or superiority than consumers?
(based on staff's title)**

_____ yes _____ no

Is the person receiving services referred to as a;

___ patient ___ client ___ member
___ consumer ___ other (please specify)

19. Are you utilizing blended funding for shelter staffing pattern and creativity and flexibility in designing your program?

_____ yes _____ no

Trauma-Informed Agency Checklist

1. Complete training and use research trauma and the effects of trauma, substance abuse, wraparound philosophy, co-occurring disorders.
2. Develop or hire a “trauma champion”.
3. Provide general trauma training for all agency personnel.
4. Provide substance abuse and co-occurring training to staff.
5. Provide intensive trauma training to shelter team members.
6. Begin to review policies and procedures to fit trauma-informed service approach, i.e., confidentiality, de-escalation, consumer rights and grievances.
7. Begin to discuss and review the structure of your physical facilities so it doesn't create the possibility of re-traumatization of consumers.
8. Implement Universal Trauma Screening for all consumers.
9. Thorough personal history of abuse/violence is collected.
10. Determine how you want to continue to identify staff and consumers, i.e., case managers, therapist, patients, clients.
11. The shelter is staffed in a manner that allows you to assist or admit all DV victims and their children.
12. Use a multi-disciplinary staffing structure.
13. Consumers are involved in the development of their unique and individualized service plan.
14. Staff do not present or operate from a position of being the expert, authority figure or disciplinarian.
15. The program focus and emphasis is on safety, trust, empowerment. Staff do not present or operate from a position of being the experts, authority figure or disciplinarian.
16. Program is guided by shared values not rules.

- 17. Strong partnerships are developed with local psychiatrist, clinics and substance abuse providers.**
- 18. Program has developed a structure that attempts to understand the whole person and how they live their lives including the coping strategies they are currently using.**
- 19. Program assists consumer in understanding the trauma they have been through and the reason and purpose of the coping strategies they have developed. And both trauma and substance abuse issues are treated at the same time.**
- 20. Staff and consumer discuss and understand the behavior of the consumer and determine the best course of action to assist consumer in doing what is best and being successful.**
- 21. The program identifies and builds upon the consumer's strengths.**

Trauma Screening

1. Have you ever witnessed or had any experiences where your life or someone else's life was in danger or where you or someone else was seriously hurt (or killed)? yes no

2. Have you ever experienced any of the following in your lifetime?
 - Been in, or seen a bad accident yes no
 - Been in a fire, flood, or other disaster yes no
 - Had a life threatening illness yes no
 - Been in a war zone yes no
 - Been physically attacked or struck, pushed, shoved yes no
 - Been forced to have sex when you didn't want to yes no
 - Been touched inappropriately in a sexual manner yes no
 - Been threatened with a weapon yes no
 - Have you ever had any other experience that was extraordinarily stressful or upsetting to you? yes no

3. Have you ever been troubled by repeated thoughts, feelings or nightmares about something you experienced or witnessed? yes no

4. Have you ever tried hard to avoid reminders or not to think about something you experienced or witnessed? yes no

5. Have you ever felt like you didn't have any feelings or felt distant and cut off from other people or from your surroundings? yes no

6. Have you ever felt on guard or watchful when you didn't need to or felt jumpy and easily startled? yes no

7. Is there anyone in your life making you feel unsafe now? yes no
(How and what is your plan): _____

8. Do you feel that you have ever been discriminated against and/or harmed
because of culture, gender, religion, skin color, sexual orientation? yes no
Currently? yes no

If you answered yes to any of the above are these things you would like to address
in treatment with us at this time? yes no Please explain: _____

Substance Use Screening

1. When was the last time you used any drugs or alcohol?

2. Are you or have you ever been in substance abuse treatment?
___yes ___no If yes, when and where? _____
3. Do you use drug/alcohol to relax, feel better about yourself or to fit in?
___yes ___no
4. Do you ever use drug/alcohol when you are alone? ___yes ___no
5. Do you ever forget things you did while using drugs/alcohol?

6. Do your friends or family ever tell you that you should cut down or stop drinking or using drugs? ___yes ___no
7. Have you ever gotten in trouble while you were using drugs or alcohol?
___yes ___no
8. At what age did you begin first try or begin to experiment with drugs/alcohol? _____ Who were you with? _____
9. At what age did you first get drunk or high? _____

Please answer the below.

Name of Drug Never Used Age first used Days of use on last 30 days Method Administered

Alcohol
Marijuana
Meth, speed
Cocaine, crack
PCP, DIP
Heroin
Chiva, slam
Acid, ecstasy
Mushrooms
Prescriptions
Other

Wraparound

Wraparound is a philosophy that is strength based and individual/family centered utilizing an individualized needs-driven planning and services. It is not a program or type of service. It is a value base and an unconditional commitment to work with people on a “one person at a time” basis to support normalized and inclusive options for individuals and families.

An individualized plan is developed by the individual and a team they determine who knows the person/family best.

The plan is person/family-centered. The plan is based on strengths, values, norms and preferences of the person/family.

The plan is strengths based. Services usually focus on the deficits and problems focusing on pathology. Positive reframing to assets and skills is key in wraparound planning.

The plan focuses on normalization. Creating a vision the person/family is like others and their needs are like those of others.

The team members working with the person/family makes a commitment to unconditional care. Services are changed to meet the changing needs of the person/family.

Services are culturally competent.

Plans are supported by flexible funds.

Key Features for Wraparound Facilitators

- **Willingness to try new approaches**
- **Belief that the person/family are their most valuable resource**
- **Ability to see the potential in every situation the person/family is in**
- **Willingness to build alliance with other people from other disciplines**
- **Ability to make changes in services based on information from the person/family**
- **Flexibility in how they approach their job duties**
- **The ability to themselves in the person/families place**
- **A good sense of humor**
- **Unassuming in their approach to assist with solving life's problems**

Examples of Shelter Guidelines

Guidelines For Success and Growth

Safety first both physical and emotional.

Open communication with all members of the community in a positive and safe manner.

Respect yourself and others.

What can you do or not do to create and assist with having a restorative environment?

There are many effects and reactions to trauma all of which are coping strategies.

I have the ability to understand my reactions/behaviors and accept the responsibility to change them.

Use of substances including alcohol while living in the shelter prevents your ability to focus on tasks necessary to maintain safety and create success within the program.

Being in the shelter by 10:00 pm each night and practicing reasonable bedtimes for you and your children will help to ensure everyone's ability to be well rested and work towards progress of developed goals.

Grounding Techniques

Grounding: A therapeutic technique to reconnect an individual to the present when he/she is experiencing dissociation or flashbacks.

Three methods of Grounding

1. The four W's

A way to gently guide the individual back to the present by slowly and calmly explaining to her:

- * who she is; who else is in the room**
- * where she is now**
- * when it is now (date, day of the week, time of day)**
- * what is happening now; what is the context to the group**

2. Directed Awareness

The use of the senses to guide the individual away from her internal (past) focus to aspects of the external (present) situation.

- Visual-a-suggestion to open her eyes and focus on a specific object in the room.**
- Auditory-the use of slow, gentle and patient words to return her to the present.**
- Touch-an instruction to feel the fabric of the chair; its roughness or smoothness.**

3. Focusing Exercises

- Ask the individual to recite information about herself now:
Her name, address, age, phone number**
- Do a simple guided stretching or relaxation exercise**

Summary

Different techniques work for different people:

- experiment**
- have multiple techniques in your repertoire**

Ask each individual what makes her feel calm and centered at times of stress

Taken from information created and distributed by Community Connections, Washington, D.C.

Appendix F