

# Trauma-Informed Service Delivery



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# What does it mean to be “trauma-informed”?



“Trauma-informed programs and services are based on an understanding of the vulnerabilities or triggers a trauma survivor may experience and how they may impact the way an individual accepts and responds to services”

Source: [VA National Center on Homelessness Among Veterans, “Fact Sheet: Trauma-Informed Care for Working with Homeless Veterans”](#)

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# Defining Trauma



- Trauma: A wound that results from experiencing or witnessing a traumatic event or events
  - **Overwhelms** body and mind's ability to respond
  - Loss of control, feelings of helplessness or horror
  - Fear of losing your life or life of a loved one
  - Lasting adverse effects on mental, social, and/or physical well-being

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# Types of Trauma



**Hurricanes**

**Serious  
Illness**

**Earthquakes**

**Natural Disaster**

**Human Caused**

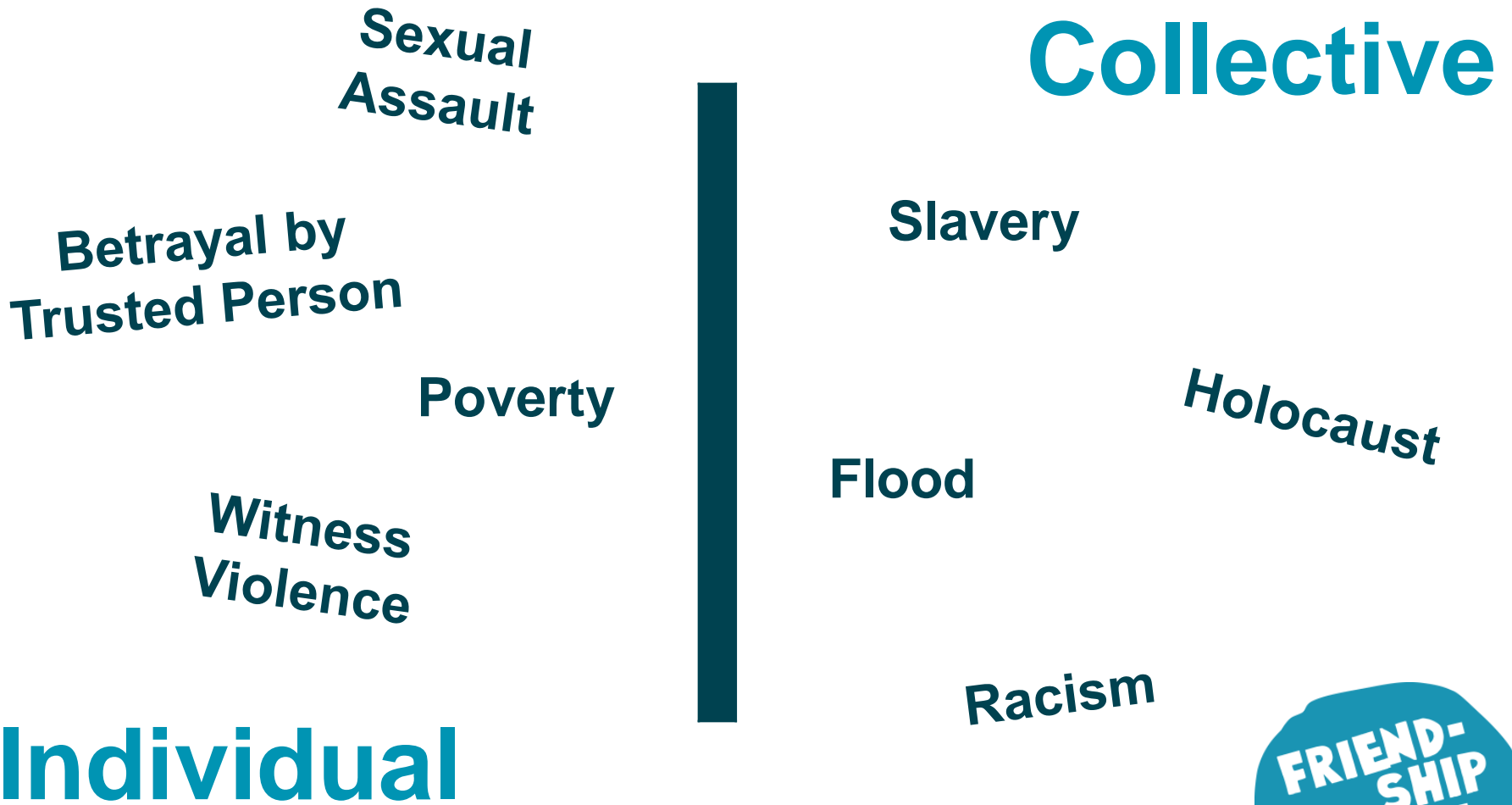
**Bullying**

**Domestic  
Violence**

**Terrorism**

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# Types of Trauma



# Types of Trauma



**Ongoing**

**See a Robbery**

**Car Accident**

**Occupation**

**Abuse**

**Fire**

**Sudden Loss**

**Homelessness**

**Single Event**

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# Other Types of Trauma



- **Secondary/Vicarious Trauma:** Witness or hear about another person's traumatic experience that leads to your own trauma response
  - Common amongst “helper” professions: Doctors, nurses, social workers, clergy, police officers, firefighters
- **Participatory Trauma:** Result of participating in causing harm or trauma to others
- **PTSD: Post Traumatic Stress Disorder**

Definitions of Stress, Trauma, and Types of Trauma adapted from STAR (Strategies for Trauma Awareness and Resilience), a program of the Center for Justice and Peacebuilding at Eastern Mennonite University

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# Trauma as a Universal Precaution



98%

of **female offenders** have **experienced trauma**, often interpersonal trauma and domestic violence



96%

of **adolescent psychiatric inpatients** have histories of **exposure to trauma**



93%

of **homeless mothers** have a **lifetime history of interpersonal trauma**



90%

of **juvenile justice-involved youth** have experienced trauma, often **multiple traumas from an early age**



75%

of **adults in substance abuse treatment** report histories of trauma



70%

of **children in foster care** have experienced **multiple traumas**



Source: American Institutes for Research- "Assessing Trauma-Informed Care in Organizations"

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# Homelessness as Psychological Trauma



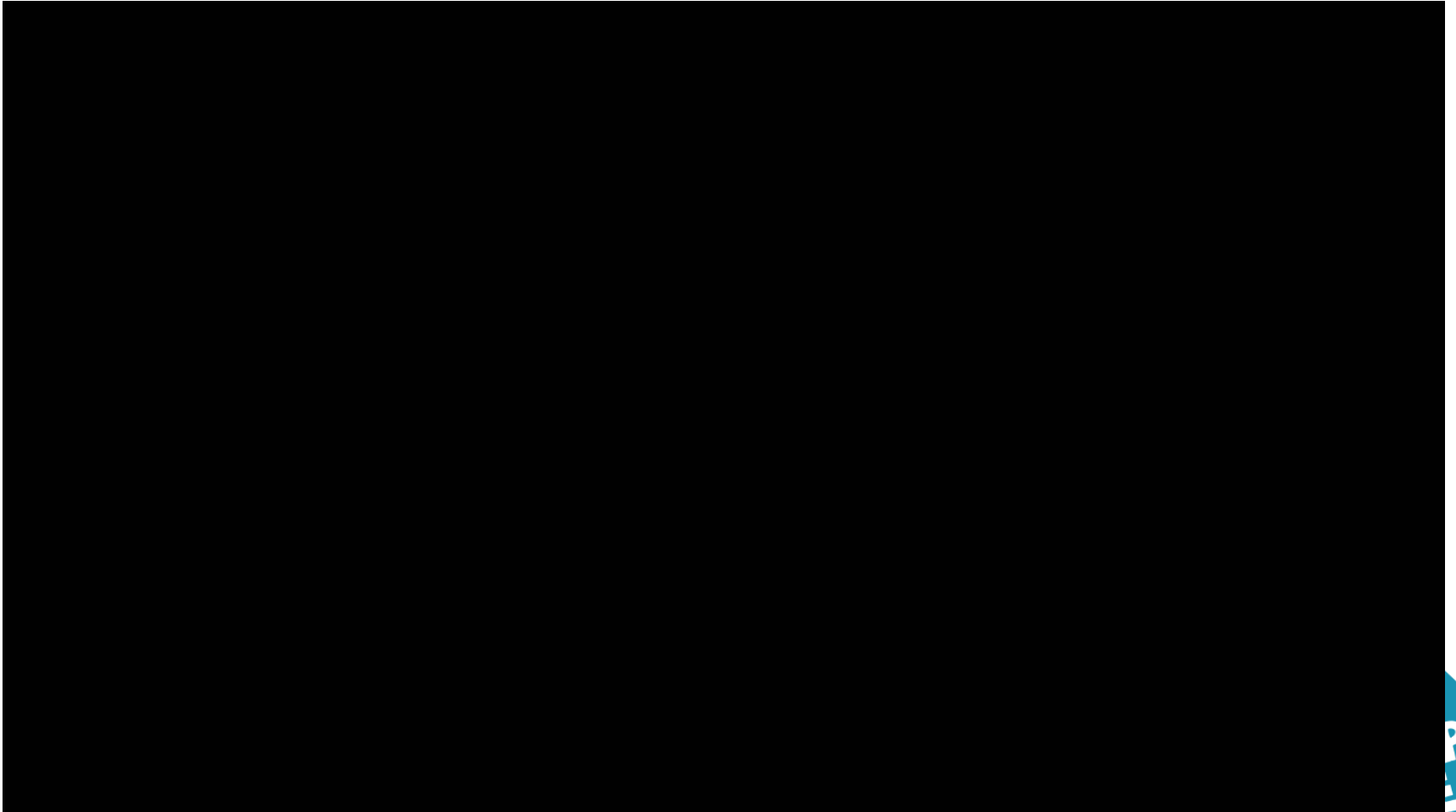
- Sudden or gradual loss of home
  - Loss of safety, security, neighbors, routines, social roles
- Shelter conditions
  - Fear of violence, Loss of control and predictability
- Homelessness as a result of abuse
  - Domestic violence, aging out of foster care, LGBTQ exclusion

[Source: Goodman, Saxe, Harvey. "Homelessness as Psychological Trauma."  
\*American Psychologist\*, 1219-1225. November 1991](#)

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# One Story of Trauma...



PLACE  
HERE

# Effects of Trauma



- Emotional
- Cognitive
- Behavioral
- Physical
- Spiritual
- Societal

Avoidance/  
Dissociation



Hyperarousal/  
Hypervigilance

Intrusive Thoughts/  
Re-Experiencing

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# Effects of Trauma



- **NORMAL responses to ABNORMAL events**
  - Adaptations that help us in times of actual danger
  - Symptoms usually last for 1-30 days and then go away
  - Not “What’s wrong with you?” but “What happened to you?”

**Seek medical attention if symptoms persist for more than 3 months after the traumatic event or in the event of thoughts of self-harm or suicide**

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# Effects of Trauma



- **Everybody experiences trauma differently**
  - Traumagenic: the ability to lead to a traumatic response
  - What was the nature and duration of the event?
  - At what age did the traumatic event occur?
  - What other traumas has the person experienced?
  - How did the larger community react to the trauma?

# The good news...



- We CAN and DO heal from trauma!
- Emotional wounds are like physical wounds: our bodies instinctively know how to heal them, but the process takes time, care, and sometimes requires professional help
- “Negative reactions to trauma can be prevented or mitigated by a supportive and empowering post-trauma environment”

[Source: Goodman, Saxe, Harvey. “Homelessness as Psychological Trauma.”  
\*American Psychologist\*, 1219-1225. November 1991](#)

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# Trauma Informed vs. Traditional Services



Traditional Services & Systems	Trauma Informed Services & Systems
<ul style="list-style-type: none"><li>• Traumatic stress is not viewed as a defining event in people's lives</li></ul>	<ul style="list-style-type: none"><li>• Assumes the impact of trauma is all-encompassing</li></ul>
<ul style="list-style-type: none"><li>• Symptoms are disconnected/separate</li></ul>	<ul style="list-style-type: none"><li>• Symptoms are inter-related and are likely coping mechanisms</li></ul>
<ul style="list-style-type: none"><li>• Hierarchical</li></ul>	<ul style="list-style-type: none"><li>• Shared power and decreased hierarchy</li></ul>
<ul style="list-style-type: none"><li>• Providers are the experts</li></ul>	<ul style="list-style-type: none"><li>• Participants are experts in their situation and are active partners</li></ul>
<ul style="list-style-type: none"><li>• Primary goals are defined by provider</li></ul>	<ul style="list-style-type: none"><li>• Primary goals defined by participant</li></ul>
<ul style="list-style-type: none"><li>• Views participants as broken, damaged, in need of protection</li></ul>	<ul style="list-style-type: none"><li>• Participant autonomy, choice, and self-determination are vital to healing</li></ul>
<ul style="list-style-type: none"><li>• Participant behavior viewed as "manipulative" or "working the system"</li></ul>	<ul style="list-style-type: none"><li>• Participant behaviors are viewed as adaptations/ways to get needs met</li></ul>

Source: *A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness.*



# Safety



- Physical

- Control over space and belongings
- Basic needs met (food, shelter, etc.)



- Emotional

- **Consistent** and **predictable** responses, no surprises
- Demonstrate empathy and respect
- Confidentiality and privacy
- Avoid triggers- do no harm
- Minimize loss of control in their lives

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# Choice



- Individualized, self-directed goals and case plans
  - “What do YOU want?”
  - Updated as needed and desired
- Control/Autonomy
  - Involve in decision-making at all times
  - Present options
  - It’s OK to say “No”
  - Share power and control
- Transparency
  - Open communication
  - Keep fully informed



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# Empowerment



- Strengths focused
  - Survivors rather than victims
  - Highlight adaptations and resiliency
- Promote recovery, instill hope
- Peer-support
- Build self-efficacy
  - **LISTEN!**
  - Assist with skill-building and resilience in the face of challenges
  - Provide meaningful avenues for feedback and involvement with program delivery on a daily basis



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# Ways To Make Your Program More Trauma Informed



- ALL settings and ALL staff members can benefit from being trauma-informed
  - Office Environment
  - Intake and Assessment Process
  - Policies and Procedures
  - Shelter and Housing
  - Participant Roles
  - Staff Roles
  - Etc....Etc....Etc....

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# Trauma Informed Organizational Toolkit



# Trauma Informed Care for Staff



## Not Just for Participants!

*It is vital that we are also aware of our own trauma, triggers, and tendencies as we serve those who walk through our doors*

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# Is it Burnout, Compassion Fatigue, or V.T. ?



- **Burnout**
  - Physical/emotional exhaustion staff can experience when feeling overwhelmed and have low job satisfaction
- **Compassion Fatigue**
  - Profound physical/emotional exhaustion that can develop over the course or time/career
  - “General erosion of one’s capacity to care”
- **Vicarious Trauma**
  - A cumulative process of observing/experiencing the trauma stories of others and feeling committed or responsible to help them, which can alter one’s own well-being

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# Symptoms of Compassion Fatigue/V.T.



<u>Psychological Signs</u>		
Emotional Exhaustion	Distancing	Negative Self-Image
Depression	Resentment	Intimacy Problems
Low sympathy/empathy	Depersonalization	Loss of Hope
<u>Behavioral Signs</u>		
Absenteeism	Anger/Irritability	Attrition
Compromised Care	Forgetfulness	Client Avoidance
Absenteeism	Addictions	Problems in Relationships
<u>Physical Signs</u>		
Physical Exhaustion	Insomnia	Hypersomnia
Increased Illnesses	Headaches	Migraines
Somatization	Hypochondria	

**Source:** Ellen Loy, LCSW-C. University of Maryland School of Social Work Training. "Vicarious Trauma" Received: 3/5/14





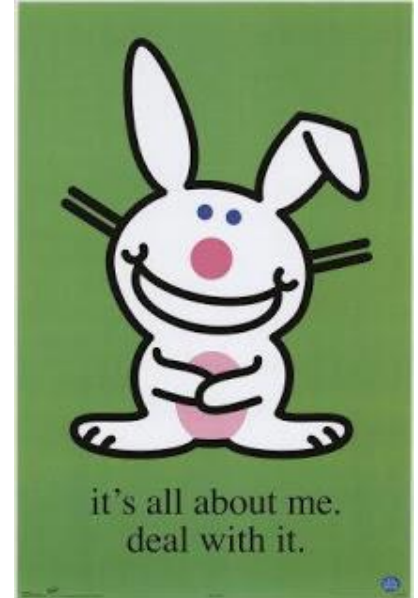
# Self-Care is NOT...



An Emergency Response



Being Selfish



Doing More or Adding Items

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# The Self-Care ABC's



Awareness – What are my “true” needs?

Balance – Action and Mindfulness (Play and Rest)

Connection – Individual and Community (Renewal)

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# Principle of a T.I.C./Self-Care Community



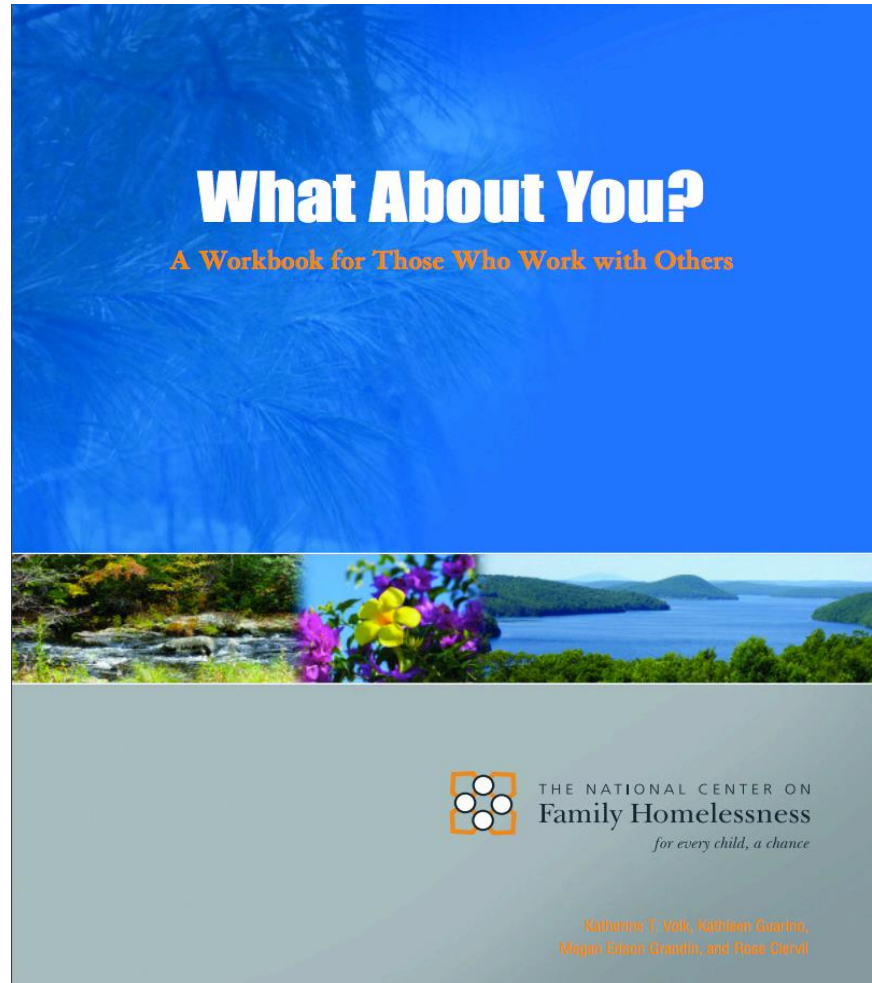
- Discussion of Self-Care during Team Meetings
- Development of Self-Care Plans (1:1 Supervision)
- Supervision Re: client impact/triggers
- Staff input into programming, service strategies, and service environment

Source: HCH Clinicians Network (2010). Delivering trauma-informed services. Healing Hands, 14(6), pp. 1-8.

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# What About You? Workbook



Questions?!?



**THANK YOU!**

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