

# Practical Applications of Trauma Informed Care

## Office Setting

- Accessible to all
- Adequate lighting inside and out
- Clean and nicely decorated
- Inclusive signage
- Comfortable seating
- Quiet – minimize people moving through space, other participants are not discussed in common spaces, etc.

Ideas to Improve Your Program Setting:

## Intake and Assessment

- Offer choice of locations
- Choice of seating
- Let participants know it is okay to take breaks and skip questions as desired
- Explain how information will be used and who it will be shared with (informed consent)
- Offer water and restrooms
- Identify strengths by name
- Be prepared to deal with difficult emotions

Ideas to Improve Your Intake/Assessment:

## Policies and Procedures

- Low or no barriers to participation
- All rules developed with participant input
- Simple, clear language
- Make clear that the goal is to help people to heal, not monitor behavior or enforce compliance
- Provide copies of policies and procedures to participants and ensure that they know their rights
- Regularly review policies and procedures and view them through a trauma lens

Ideas to Improve Your Policies and Procedures:

## Shelter and Housing

- Places to lock personal items
- Locks on doors (to room, apartment, bathroom, etc.)
- Clear expectations and advance notice for when staff may enter personal space
- Ability to practice self-soothing behaviors
- Provide thorough orientation to space; lights, bathrooms, introduce to other tenants, etc.

Ideas to Improve Your Shelter/Housing:

## Participant Roles

- People with lived experience on board, staff, volunteers
- Community meetings for residents of housing and shelters to discuss challenges and provide input
- Opportunity for formal and informal feedback on satisfaction with services (surveys, focus groups, community meetings, etc.)

Ideas to Improve Your Participants' Role:

## Staff

- Tolerate a range of emotions from participants
- Consistently and competently use strengths-based interventions (Motivational Interviewing, etc.)
- Never shame or coerce
- Work with participants to develop crisis plans
  - Identify triggers and warning signs
  - Identify supportive resources (people and programs)
- Be present and genuine with participants without trying to "fix" them
- Work on creating an authentic relationship

Ideas to Improve Your Staff Roles:



**Table 3. How Common Trauma Reactions May Explain Some "Difficult" Behaviors or Reactions Within Homeless Service Settings**

| "Difficult" Behaviors or Reactions within Homeless Service Settings  | Common Trauma Reactions   |
|--|---|
| Has difficulty getting motivated to get job training, pursue education, locate a job, or find housing  | Depression and diminished interest in everyday activities               |
| Complains that the setting is not comfortable or not safe, appears tired and poorly rested. Is up roaming around at night.   | Nightmares and insomnia   |
| Perceives others as being abusive, loses touch with current-day reality and feels like the trauma is happening over again  | Flashbacks, triggered responses   |
| Avoids meetings with counselors or other support staff, emotionally shuts down when faced with traumatic reminders   | Avoidance of traumatic memories or reminders                            |
| Isolates within the shelter, stays away from other residents and staff   | Feeling detached from others  |
| Lacks awareness of emotional responses, does not emotionally respond to others   | Emotional numbing or restricted range of feelings                       |
| Is alert for signs of danger, appears to be tense and nervous  | Hyper-alertness or hypervigilance                                       |
| Has interpersonal conflicts within the shelter, appears agitated   | Irritability, restlessness, outbursts of anger or rage                  |
| Has difficulty keeping up in educational settings or job training programs   | Difficulty concentrating or remembering                                 |
| Becomes agitated within the shelter. Is triggered by rules and consequences. Has difficulty setting limits with children.  | Feeling unsafe, helpless, and out of control                            |
| Has difficulty following rules and guidelines within the shelter or in other settings. Is triggered when dealing with authorities. Will not accept help from others. | Increased need for control  |
| Feels emotionally "out of control." Staff and other residents become frustrated by not being able to predict how he or she will respond emotionally                  | Affect dysregulation (emotional swings – like crying and then laughing) |
| Seems spacey or "out of it." Has difficulty remembering whether or not they have done something. Is not responsive to external situations.                           | Dissociation  |
| Complains of aches and pains like headaches, stomachaches, backaches. Becomes ill frequently.  | Psychosomatic symptoms, impaired immune system                          |
| Cuts off from family, friends, and other sources of support  | Feelings of shame and self-blame  |
| Has difficulty trusting staff members; feels targeted by others. Does not form close relationships in the service setting.   | Difficulty trusting and/or feelings of betrayal                         |
| Complains that the system is unfair, that they are being targeted or unfairly blamed   | Loss of a sense of order or fairness in the world                       |
| Puts less effort into trying--does not follow through on appointments, does not respond to assistance  | Learned helplessness  |
| Invades others' personal space or lacks awareness of when others are invading their personal space   | Boundary issues   |
| Has ongoing substance abuse problems   | Use of alcohol or drugs to manage emotional responses                   |
| Remains in an abusive relationship or is victimized again and again  | Revictimization (impaired ability to identify danger signs)             |

Hopper, Elizabeth and Ellen L. Bassuk and Jeffrey Olivet. "Shelter from the Storm: Trauma-Informed Care in Homeless Services Settings." *The Open Health Services and Policy Journal*, 2010, 3, 80-100.

Accessed at: <http://homeless.samhsa.gov/ResourceFiles/cenfdthy.pdf>