

# Becoming a Trauma-Informed Agency



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# Outline

- Brief overview of previous sessions
- Creating environments of resiliency and hope
- Why should consider starting the journey towards becoming trauma-informed?
- What does using a trauma-informed approach mean?
- What is different about being trauma-informed?
- What are some tools to help us?

# Why use a trauma-informed approach?

- It benefits:
  - Survivors
  - Staff
  - Your organizations

*In other words, everyone wins....*



Quick review from previous sessions!

# What is traumatic stress?

**E**

An **EVENT**, series of events or set of circumstances

**E**

that is **EXPERIENCED** by an individual as physically or emotionally harmful or threatening

**E**

and has lasting adverse **EFFECTS** on the individual's functioning and physical, social, emotional or spiritual well-being

# Safety is the cornerstone of our ability to CONNECT and REGULATE!

**Physical Safety:**  
The ability to keep one's body safe from harm.

**Psychological/Emotional Safety:** The ability to be safe with one's self and others, and having access to environments where it is safe to express yourself & your feelings

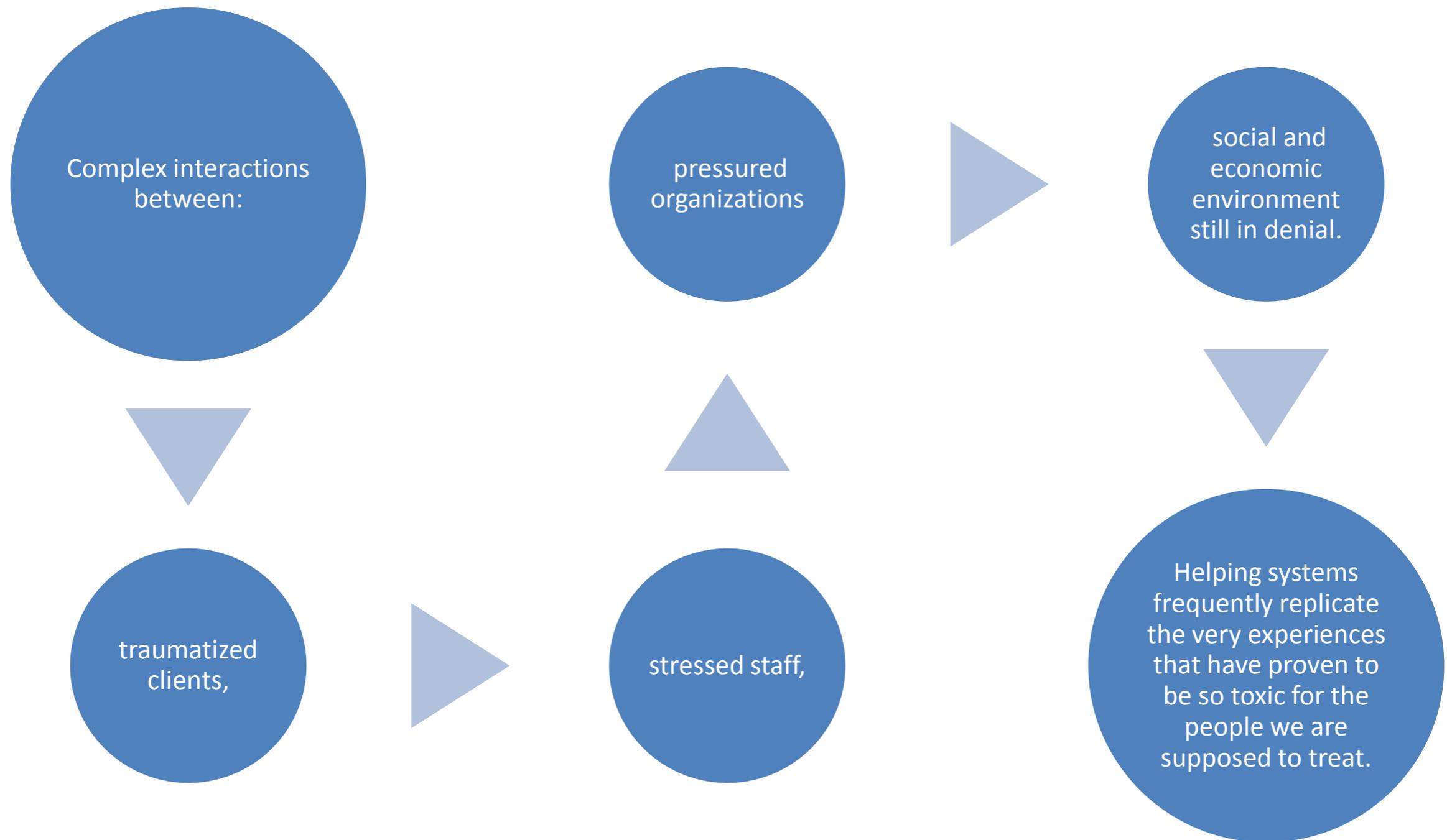
**Social Safety:**  
The ability to be safe in groups, which includes people respecting each other and their differences.

**Moral Safety:**  
Access to environments that support honesty and justice.



Why is using a trauma-informed approach important?

# Parallel Processes





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Resilience-what is it ?

Surviving trauma and trauma  
symptoms are

Examples of  
resilience  
and  
strength





What is a trauma-informed approach?  
What's different?

How we are

is as important as

what we do

*Trauma-informed care shifts the philosophical  
approach from*

***“What’s wrong with you?”***

*to*

***“What happened to you?”***

Generally what we think:

“What do I do when *a person's behavior* gets in the way of the work, gets in the way of them responding to the information we give, and with them using the services we have?”



What if we thought...

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





FIRST, DO  
NO HARM

# A trauma-informed approach includes four elements:

REALIZE



REALIZING  
the prevalence  
of trauma

RECOGNIZE



RECOGNIZING  
how trauma affects  
all individuals  
involved with the  
program,  
organization or  
system, including  
its workforce

RESPOND



RESPONDING  
by putting this  
knowledge into  
practice

RESIST



Seeks to  
actively  
**RESIST**  
retraumatization



# A trauma-informed approach shifts:

How we understand trauma

How we understand survivors

How we understand services

How we understand the service  
relationship

# How we understand trauma

**Traditional approaches**

**Trauma-informed approaches**

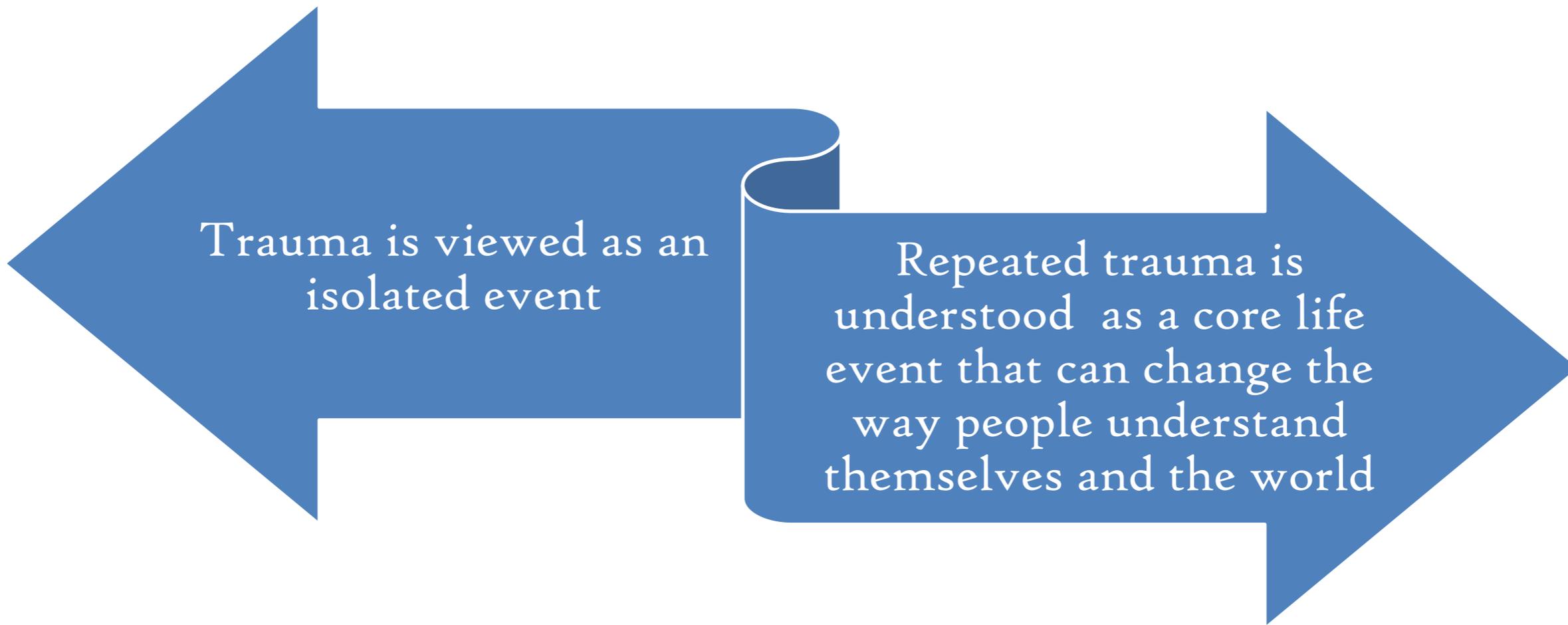
Problems and  
symptoms aren't  
related

Problems and symptoms  
are related responses and  
ways to cope with  
intolerable circumstances

# How we understand trauma

## Traditional approaches

## Trauma-informed approaches



Trauma is viewed as an isolated event

Repeated trauma is understood as a core life event that can change the way people understand themselves and the world

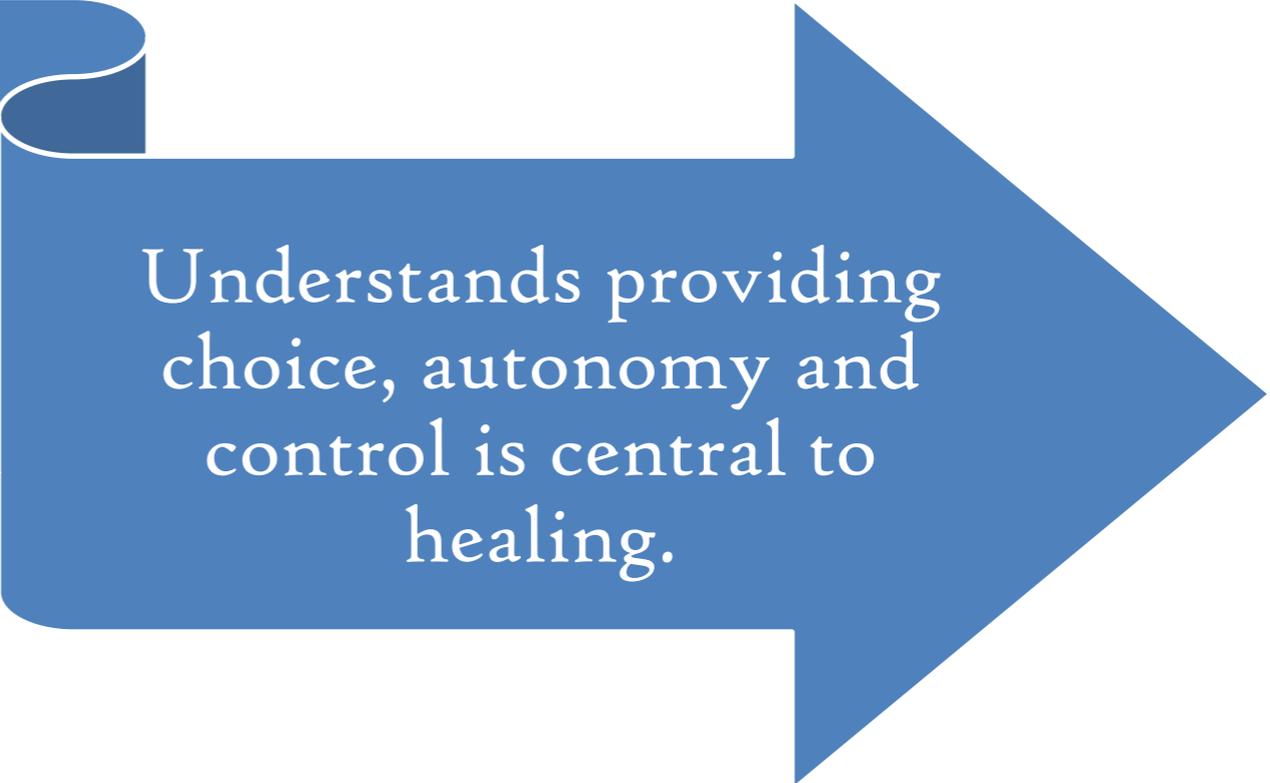
# How we understand survivors

## Traditional approaches



Sees clients as broken, vulnerable and needing protection from themselves.

## Trauma-informed approaches

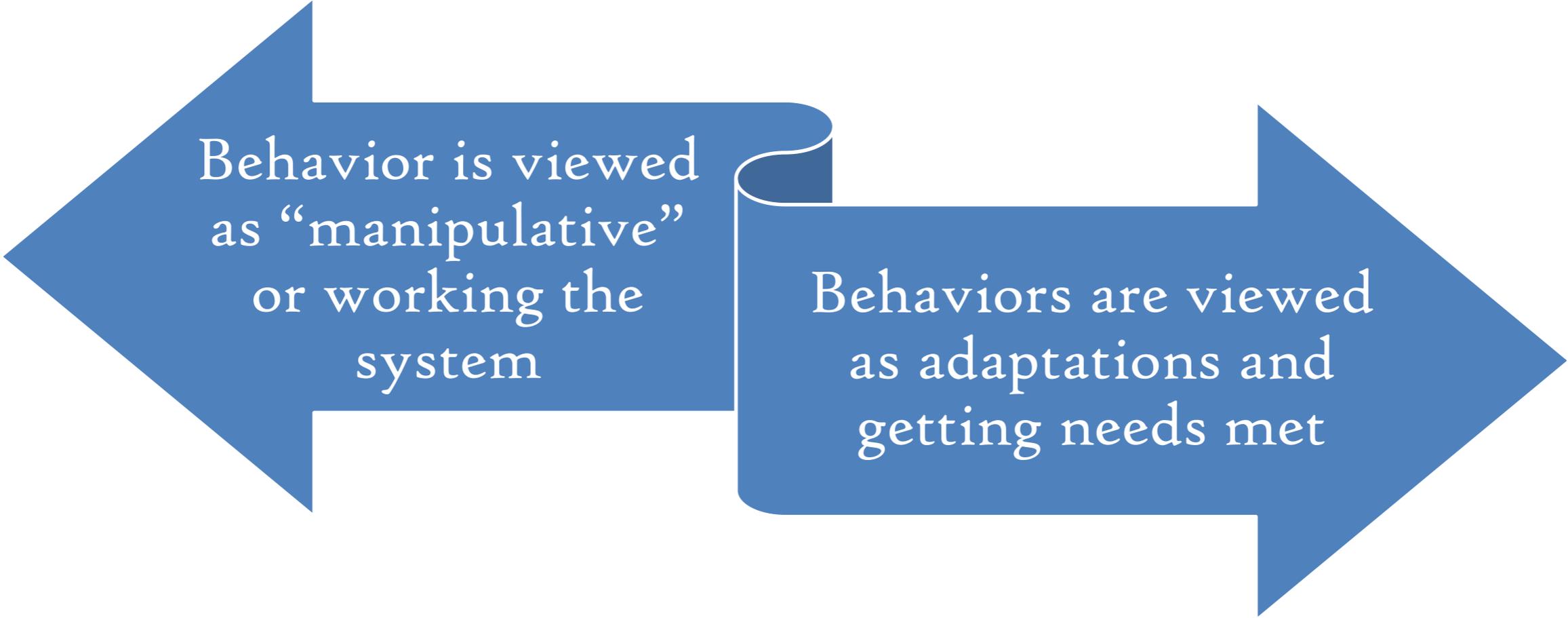


Understands providing choice, autonomy and control is central to healing.

# How we understand survivors

**Traditional approaches**

**Trauma-informed approaches**



Behavior is viewed  
as “manipulative”  
or working the  
system

Behaviors are viewed  
as adaptations and  
getting needs met

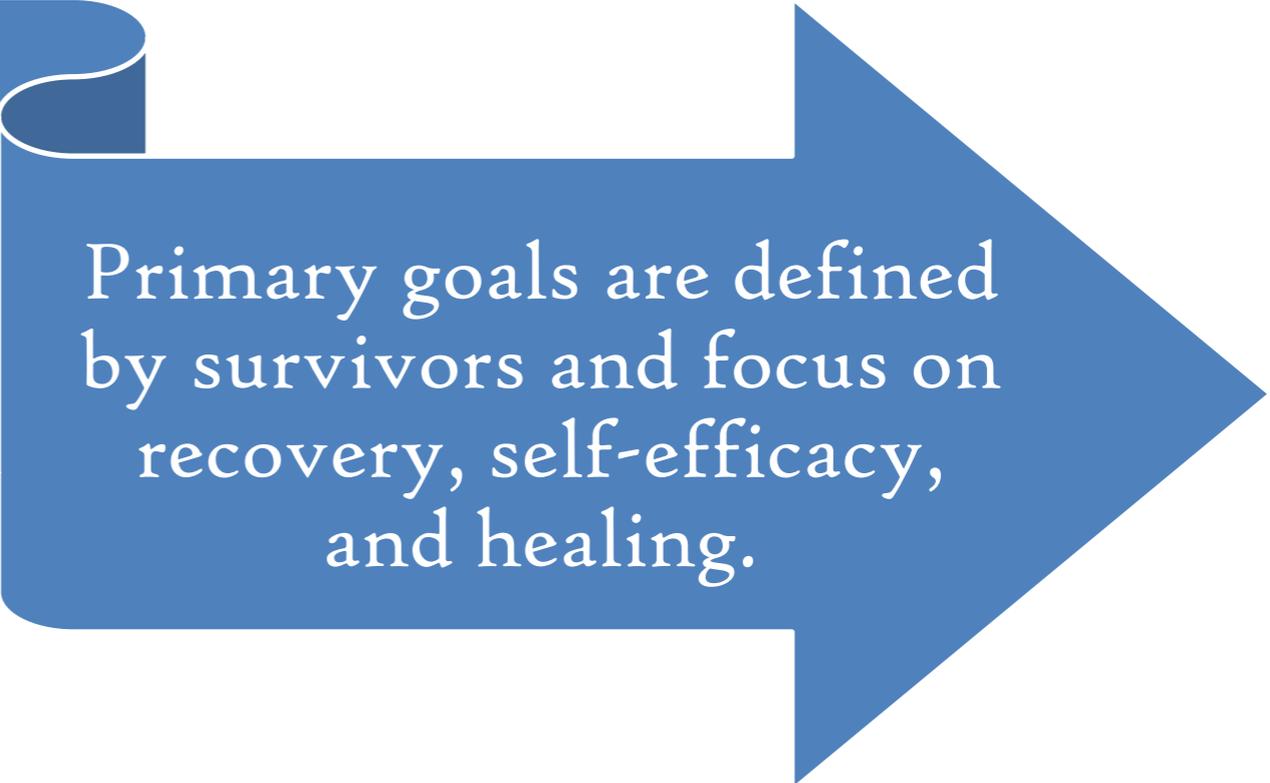
# How we understand services

## Traditional approaches

## Trauma-informed approaches



Primary goals are defined by service providers and focus on treating symptoms

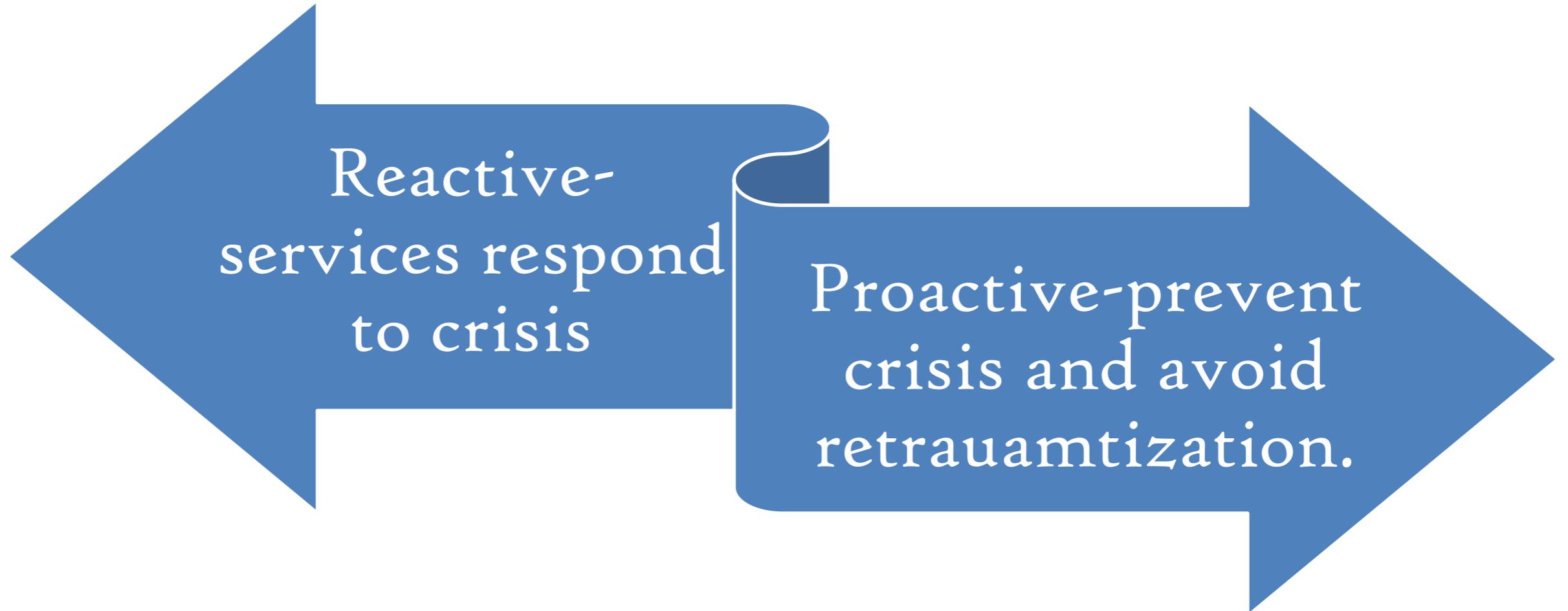


Primary goals are defined by survivors and focus on recovery, self-efficacy, and healing.

# How we understand services

**Traditional approaches**

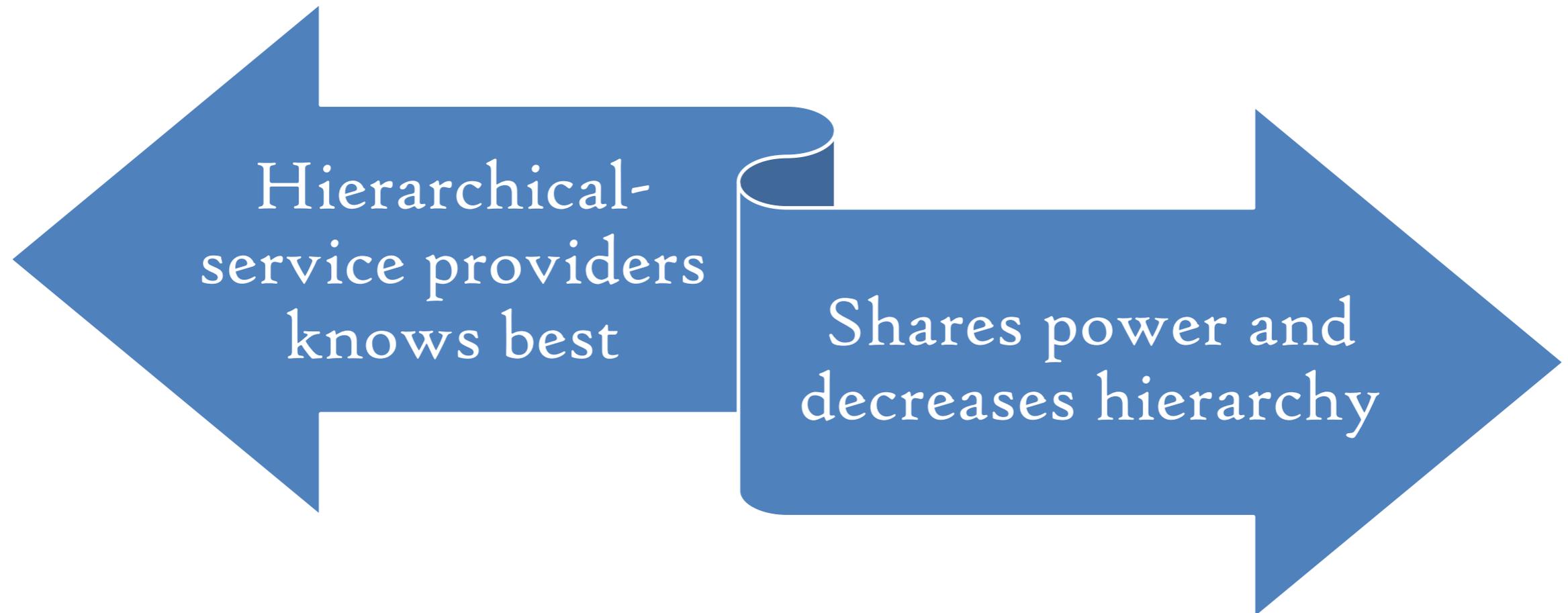
**Trauma-informed approaches**



# How we understand service relationship

**Traditional approaches**

**Trauma-informed approaches**



# How we understand service relationship

**Traditional approaches**

**Trauma-informed approaches**



People providing services are the experts.

Clients are active experts and partners with service providers.

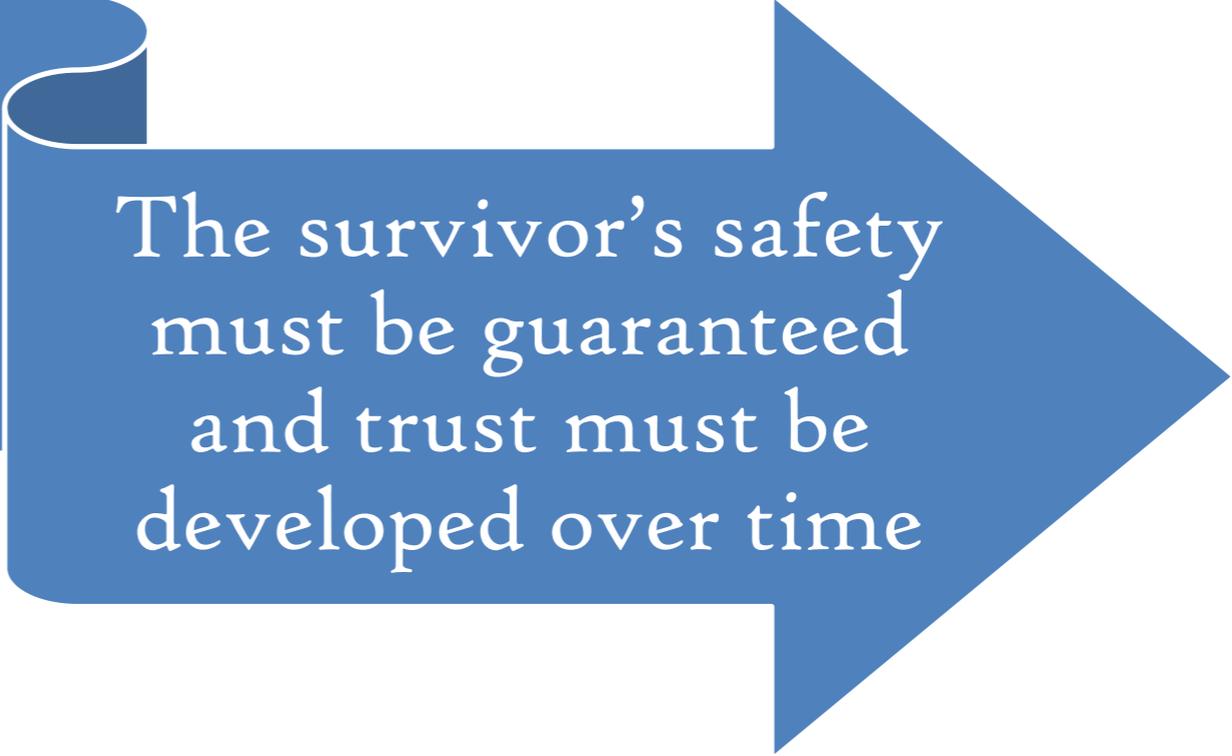
# How we understand service relationship

**Traditional approaches**

**Trauma-informed approaches**



The survivor's safety and trust are taken for granted.



The survivor's safety must be guaranteed and trust must be developed over time



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REALIZING the  
prevalence of trauma

# *Trauma Informed Approaches*

Some experts believe 95% of individuals with intellectual and developmental disabilities have some level of traumatic stress.

# Universal precautions

- It makes sense to treat EVERYONE as if trauma has possibly occurred. Making sure someone feels safe and in control of their own lives will help someone with trauma, and will not hurt anyone who does NOT have a history of trauma.

# Strategy

Have trauma-  
informed  
expectations  
of clients,  
staff and your  
organization





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**RECOGNIZING** how trauma affects all individuals involved with the program, organization or system, including its workforce

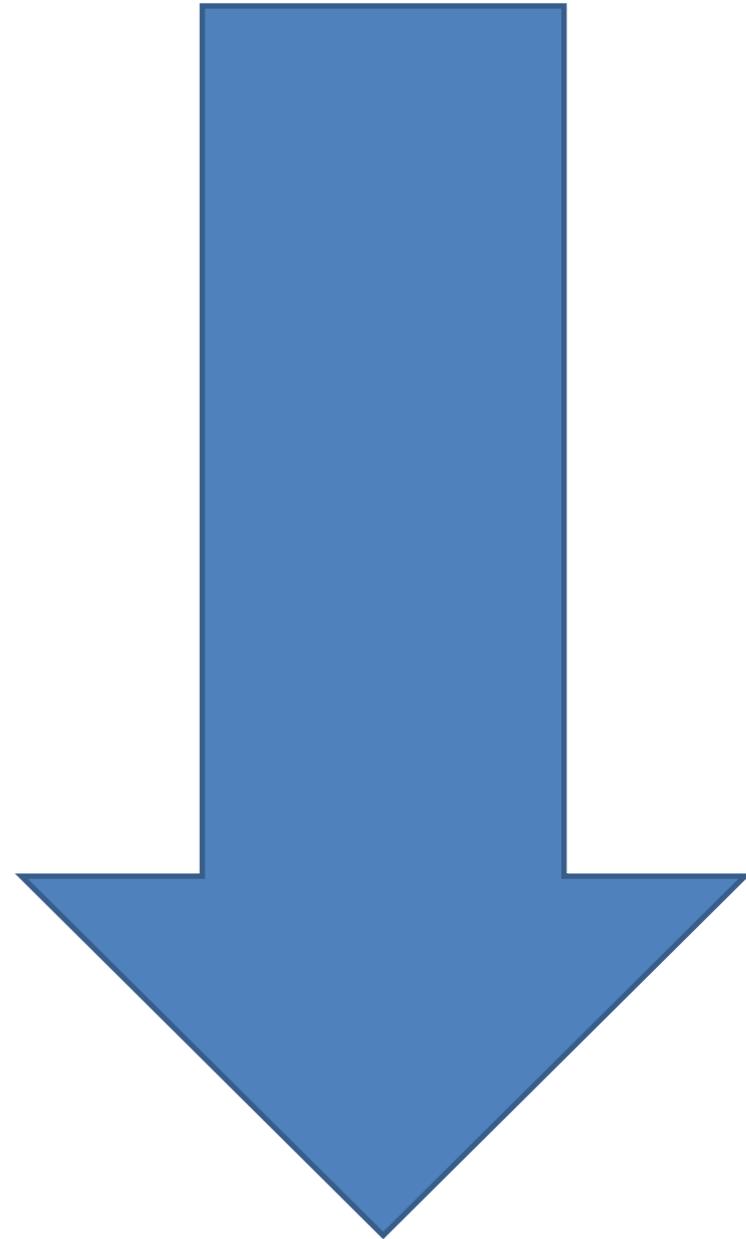
# Things to think about:

1. How have you seen trauma impact survivors?
2. How have you seen trauma impact staff?
3. How have you seen trauma impact organizations?



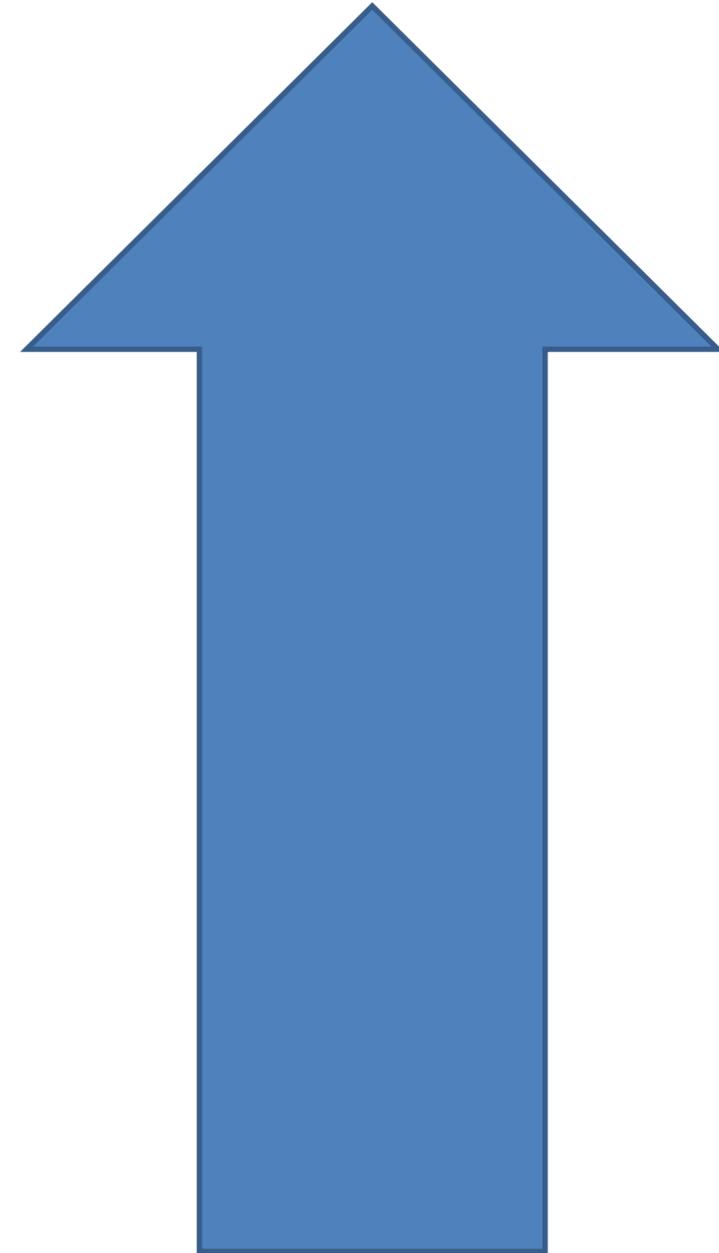
# Decreased ability to....

- Manage and regulate feelings
- Self-soothe
- Trust others
- Thoughtfully plan
- Have the energy to get things done
- Connect with others
- Tell stories



# Increased.....

- Tension, anxiety, panic, emotional volatility
- Need for control and aggressive behavior
- Avoidance, constriction and disassociation
- Use of drugs, alcohol or other addictions to manage feelings



# Parallel process



## Survivors

- Fragmented
- Confused
- Overwhelmed
- Depressed
- Helpless
- Unsafe
- Hypervigilant
- Aggressive
- Hopeless



## Staff

- Fragmented
- Valueless
- Overwhelmed
- Demoralized
- Frustrated
- Unsafe
- Hypervigilant
- Punitive
- Hopeless



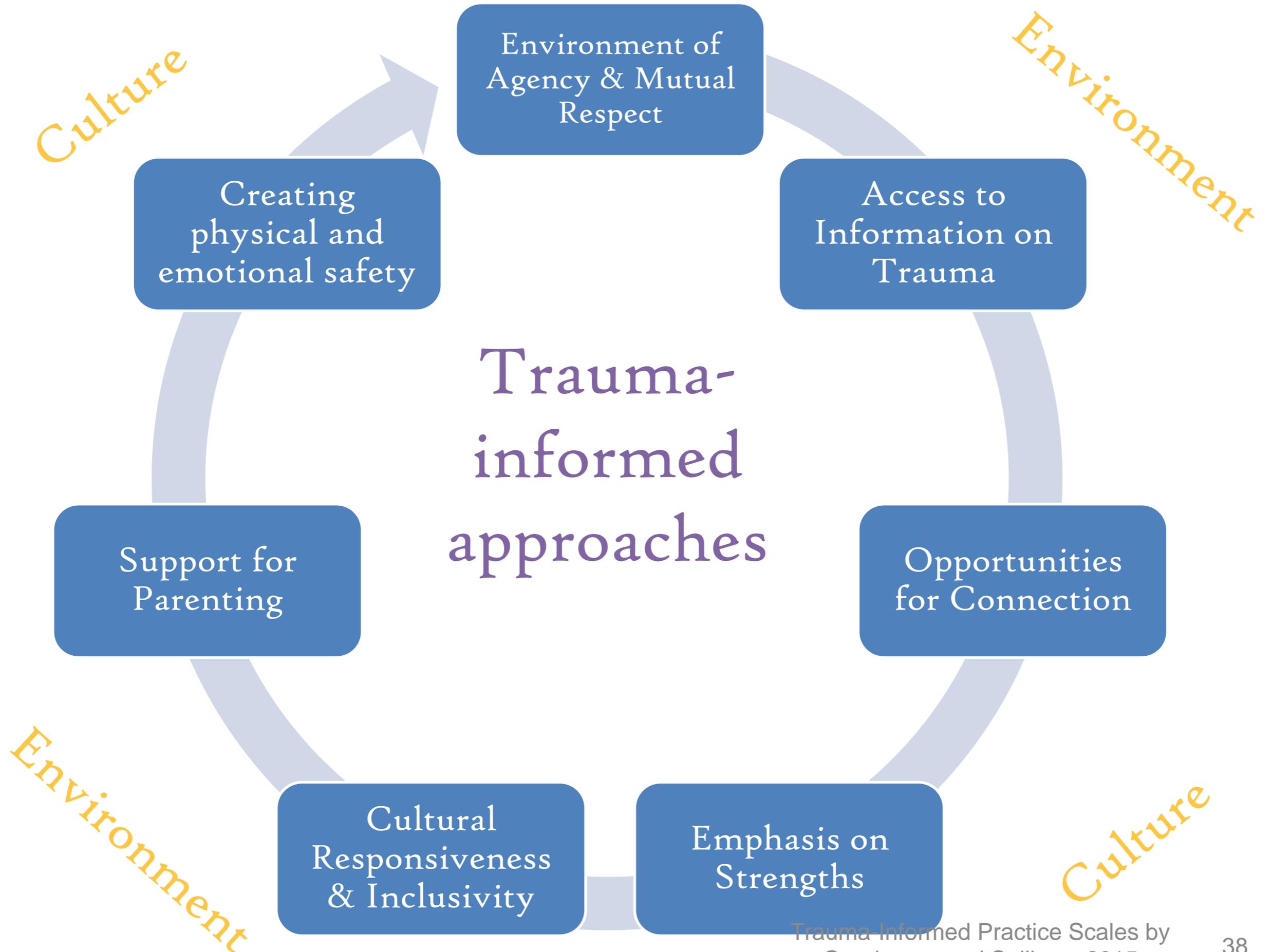
## Organization

- Fragmented
- Valueless
- Overwhelmed
- Directionless
- Stuck
- Unsafe
- Crisis Driven
- Punitive
- Missionless



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**RESPONDING** by putting this knowledge into practice.



# Respond: Reflect, Honor, Connect

- **REFLECT** back to them with compassion what you heard.
- **HONOR** their courage for surviving and sharing. (For example, “You have worked so hard to survive. Thank you for sharing what happened and what you did to survive with me.”)
- **CONNECT** them with safety and supports.



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and actively RESIST  
RETRAUMATIZATION.

## Impact of Trauma: Accessing/Receiving Services

“I had been coerced into treatment by people who said they’re trying to help...These things all re-stimulated the feelings of futility, reawakening the sense of hopelessness and loss of control I experienced when being abused. Without exception, these episodes reinforced my sense of distrust in people and belief that help meant humiliation, loss of control, and dignity.”

- *Laura Prescott*

# Resisting retraumatization

- Identify ways in which we might be retraumatizing people unintentionally
- Prepare and support survivors in non-trauma informed systems



# Strategy: taking our temperature

- Figure out where we are and what we are doing now
- Make sure that people receiving services are central to this



# Strategy

Create  
physically and  
emotionally  
safe spaces for  
**EVERYONE**  
(including  
you).

*How?*



# Three more strategies

Validate,  
normalize,  
and  
educate



# How does this approach benefit survivors?



1. I have a voice again.
2. I can begin to re-establish a sense of safety and control.
3. I have space to talk about the impact of domestic violence and other traumatic experiences:
  - Essential to healing AND to providing effective advocacy and support.
4. Helpers heard, validated, and witnessed my reality, which can take power away from traumatic experiences.

# And helpers?



1. We can stop seeing trauma responses as personal attacks.
2. We can get the information we need to effectively support and advocate for survivors.
3. We can focus on recovery and healing.
4. We can become aware of when work is impacting us in a problematic way and get support and assistance with that.
5. The impact of this work becomes a part of the normal conversation which leads to healthier employees and organizations.

# And organizations?



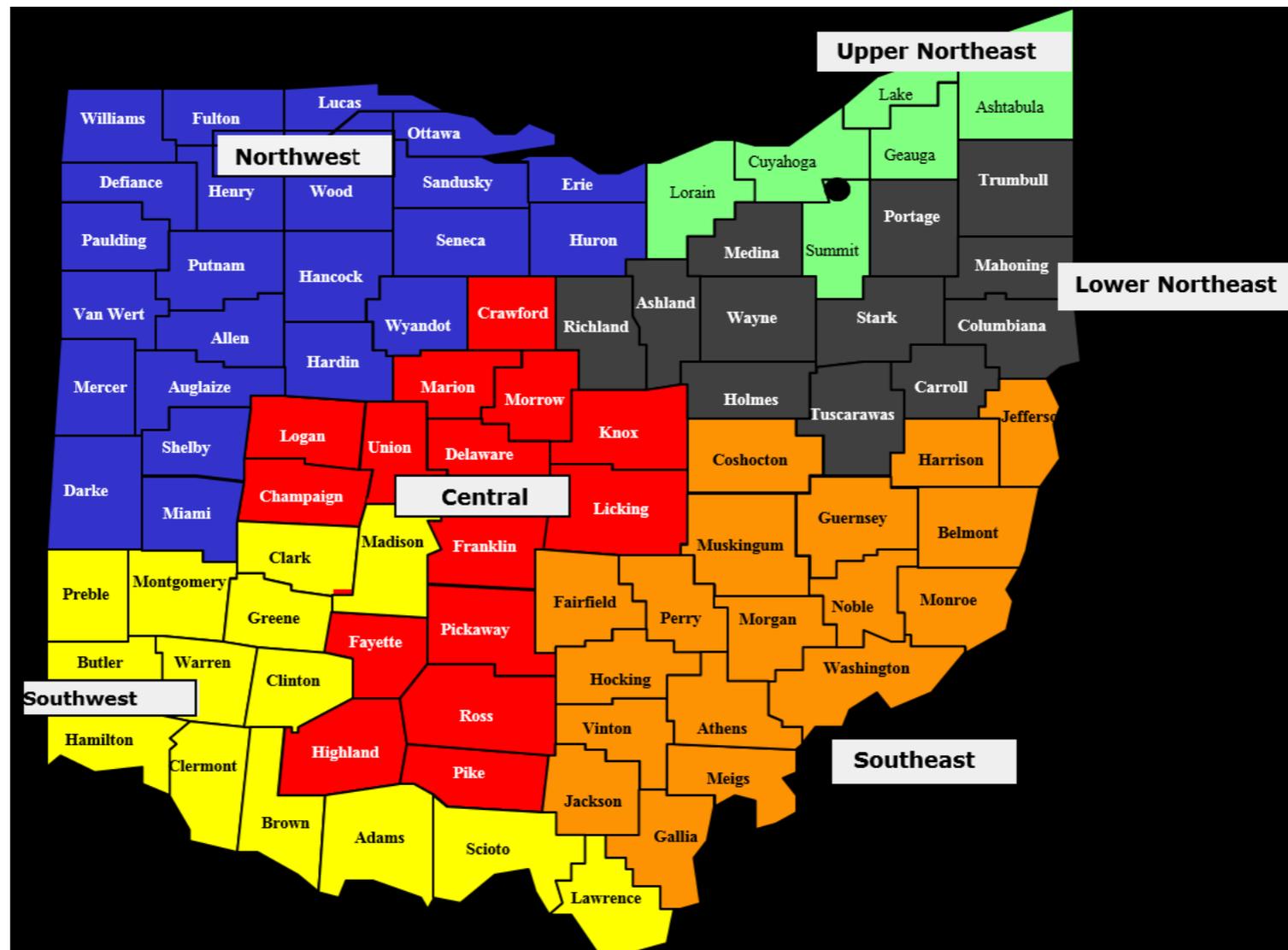
1. We **LEARN** about domestic violence and other traumatic experiences and common impacts of trauma on survivors, staff, and organizations
2. We **USE** this knowledge of trauma and its impact to:
  - Define, shape, modify and maybe change what we do and how we do things with victims of traumatic experiences and our staff
3. We create systems that are more likely to really help survivors and promote a healthy staff that can better fulfill the organization's mission.



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RESOURCES to help us do this work

# Regional Trauma-Informed Care Collaboratives



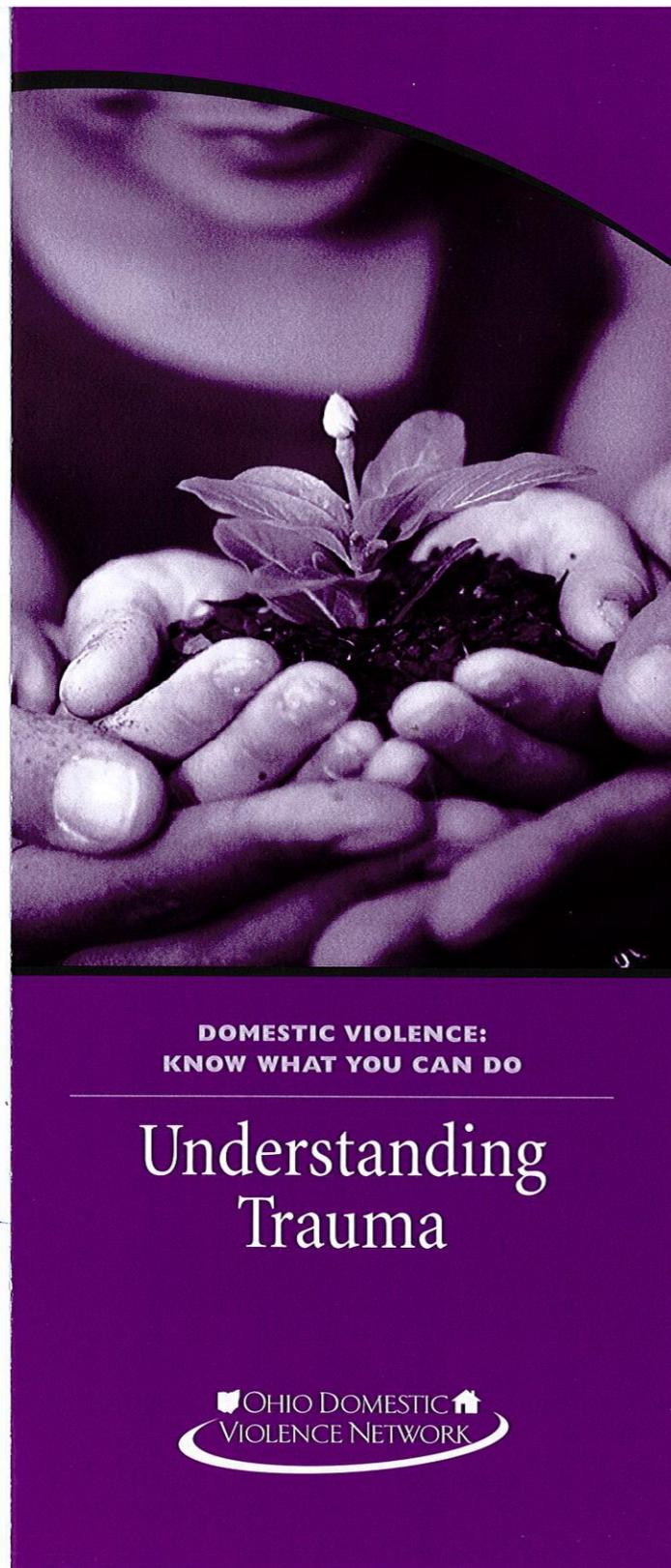
<http://mha.ohio.gov/Default.aspx?tabid=104>

# Coming to you in June....

- The Ohio Trauma-Informed Roadmap!



# ODVN brochure



- Arousal symptoms
- Re-experiencing symptoms
- Avoidance symptoms  
Emotional numbing or disassociation
- Negative impact on moods and thoughts

**Ohio**

Developmental Disabilities  
Mental Health and Addiction Services

# *Save the Date*

## **Third Annual Trauma-Informed Care Summit and Institute**

**Columbus, Ohio • June 22-23, 2016**



# *TRAUMA-INFORMED CARE*

## *BEST PRACTICES AND PROTOCOLS FOR OHIO'S DOMESTIC VIOLENCE PROGRAMS*



**Funded by: The Ohio Department of Mental Health**

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# Using the TIC manual

- Individual level
  - Learn about trauma
  - Identify trauma reactions
  - Respond sensitively and appropriately
  - Validate
  - Normalize
  - Educate and empower
  - Avoid retraumatization
  - DO NO HARM

# Using the TIC manual

- Organizational level
  - Educate advocates on trauma
  - Use best practices
  - Incorporate protocols
  - Review policies and procedures for trauma-sensitivity
  - Avoid retraumatization
  - DO NO HARM

# Trauma-Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs

Go to [www.odvn.org](http://www.odvn.org)

Scroll down on homepage for a copy

# Trauma-Informed Care Best Practices and Protocols

- Introduction
- Understanding trauma
- Responding to trauma
- Best practices
- Protocols
- Vicarious trauma
- Appendices

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*Each individual seeking services has her own unique history, background, and experience of victimization. Treat each survivor as an individual.*

*Key point: It is important to understand that each individual seeking services is an individual—whether they are a teen, child or adult, whether they are male or female. Each person has their own unique history, background and experience of victimization.*

Advocates need to be cautious in listening to a survivor's accounts because most advocates have listened to many women describe their experiences of abuse and harm.

Listening to hard stories over and over can result in a lack of sensitivity to the survivor in front of you. Although the tactics batterers use can be similar, we must listen carefully to the way that each survivor has experienced domestic violence, so we can properly support and assist her in obtaining safety.

Remembering each person is unique and deserving is a trauma-informed approach. Listening with a fresh perspective to each account is essential.

For instance, one approach in working with survivors is to remember that each woman comes with her own "herstory". She arrives through the doors with a personal, original, individual story and her own life experience that brought her to this point in her life. Her journey is unique.

*Putting it into Practice:*

*The advocate needs to actively listen to the survivor's sharing of her experience as if it is the first times she has listened to a survivor describe victimization.*

*While the advocate is listening, she should be incorporating her knowledge about batterer characteristics, trauma and trauma reactions in order to assist the individual in normalizing her experience and providing support.*

*Advocates need to hear what is unique in each survivor's experience and recognize each survivor's distinct experience .*

# Resources for Presentation

- Developing Trauma-Informed Practices and Environments: First Steps by Terri Pease

<http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/>

- Dr. Bruce Perry and the Child Trauma Academy [www.childtrauma.org](http://www.childtrauma.org)

- Homeless Resource Center Traumatic Stress Training Package

<http://homeless.samhsa.gov/Resource/View.aspx?id=33070&AspxAutoDetectCookieSupport=t=1>

# Check out this website

NATIONAL  
**Center** on  
*Domestic Violence, Trauma & Mental Health*

[www.nationalcenterdvtraumamh.org](http://www.nationalcenterdvtraumamh.org)

Under “Resources and Publications”

- Conversation Series
- Tipsheet Series

And this one too:

# Building Comprehensive Solutions

*Supporting critical thinking, learning and victim-  
defined advocacy*

[www.bcsdv.org](http://www.bcsdv.org), check out resources

# Thank you!!



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