

CSH Supportive Housing Training Center

Learner Guide

Trauma-Informed Approaches Series: Introduction to Trauma- Informed Approaches



What is Trauma?

Trauma happens when a person is harmed by another person or when they experience a life-threatening event. This experience then leads to a lasting effect on the person's overall well-being from their physical to emotional health.

Trauma:

- Does not have to be directly experienced
- Not everyone who experiences harm or a traumatic event will be adversely impacted
- Every person will experience trauma differently

Impact of Trauma

Can you think of things that can serve to safeguard or help a person to recover more quickly from a traumatic experience?

Impact of Trauma

What are some potential factors that may make it difficult for a person to recover from a traumatic experience?

Applying to Your Practice:

As you think about the individuals and families, you work with. You may want to explore both protective and risk factors. For protective factors – consider asking questions like “what are some things that give you strength?”, “What are some things you feel you do well?”, “What are something you are most proud of?” Each of these questions can help to build a relationship but also can help you to build on their strengths

For risk factors, its important to frame questions in a way that helps you to understand what the person sees as challenges or obstacles they face. This helps you to gain perspective and helps you to focus on what they see as a priority rather than what you or other program staff may see. Questions like “what are some things you are struggling with right now?”, “Is there something you would like to improve or work on? If so what?”, “Is there is something holding you back from doing the things you want to do? If so what might that be?”

Impact of Trauma

Protective Factors?

- Secure/affordable housing
- Income/employment
- Education
- Healthcare
- Healthy family relationships
- Healthy peer relationships
- Social network
- No previous experience of trauma
- Access to support

Risk Factors?

- Previous experience of trauma
- Homelessness
- Experience of racism
- Institutionalization
- Mental health issues
- Health issues
- Lack of support
- Unhealthy family relationships
- Experience with justice, foster care system, child welfare
- Lack of access to income support, educational opportunities, employment

Impact of Trauma

Adverse Childhood Experiences Study (ACES)

- One of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being
- Original study conducted from 1995-1997
- 17,000 participants
- Has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course

Additional resources:

- [ACEs-Infographic-Narrative_508.pdf \(cdc.gov\)](#)
- [About the CDC-Kaiser ACE Study |Violence Prevention|Injury Center|CDC](#)
- [Understanding the stress response - Harvard Health](#)

ACEs Can Increase Risk for Poor Social Outcomes, Disease, and Death

Research shows that experiencing a higher number of ACEs is associated with many of the leading causes of death like heart disease and cancer.

Chronic Health Conditions <ul style="list-style-type: none"> • Coronary heart disease • Stroke • Asthma • Chronic obstructive pulmonary disease (COPD) • Cancer • Kidney disease • Diabetes • Obesity 	Health Risk Behaviors <ul style="list-style-type: none"> • Smoking • Heavy drinking or alcoholism • Substance misuse • Physical inactivity • Risky sexual behavior 	Social Outcomes <ul style="list-style-type: none"> • Lack of health insurance • Unemployment • Less than high school diploma or equivalent education 	Mental Health Conditions <ul style="list-style-type: none"> • Depression • Suicide or attempted suicide
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ACEs Can Echo Across Generations

The consequences of ACEs can be passed down from one generation to the next if children don't have protective buffers like positive childhood experiences or a caring adult in their lives.

Also, when families experience historical and systemic racism or living in poverty for generations, the effects of ACEs can add up over time.

Impact of Trauma

The experience of trauma is unique to each person. There is no “typical” way for trauma to show up.

What happens when a person has unresolved trauma:

- Trauma is imprinted on the brain
- Brain remains on high alert
- Internal alarm systems become distorted
- Difficulty determining who or what is harmful or not
- Can lead to a person being hypervigilant/paranoid
- Can lead to a distrust of others
- Trauma shapes how people see the world around them

The experience of trauma can:

- Impact relationships and interactions with others
- A person may be fearful, self-isolate
- They may shut off from others in an effort to protect themselves
- They may feel powerless or helpless
- They may have feelings of shame, blame, guilt or stigma



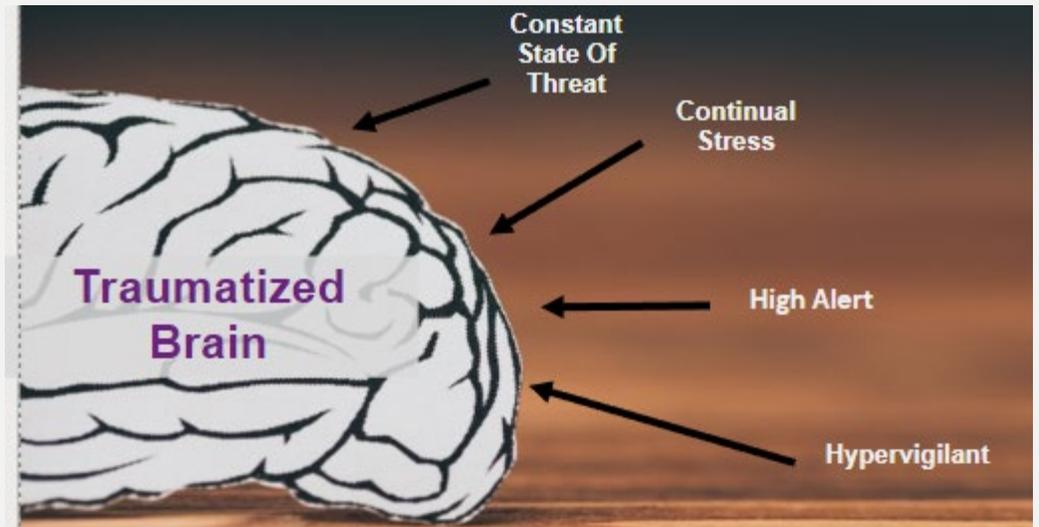
Brain Changers

A person who has experienced trauma, their brain is on high alert and can maintain a state of hypervigilance. This is what is happening internally. How this manifests externally can be seen as behaviors that are used as coping mechanisms and activating inputs or triggers.

An activating input or trigger – is an involuntary response to a stimulus such as smell, sound, physical interaction. A person may or may not be aware of a trigger.

A traumatized brain is on constant high alert. Other people become sources of danger to the body and the region of the brain where those trauma memories are held even if we are unaware.

Trauma is stored in the hippocampus a part of the brain that has no reasoning or perception of time. If left unaddressed what can be seen is emotional dysregulation, hyper vigilance in environments, and hyperarousal.



Reminders of Past Trauma – Triggers or Activating Points

A person may be reminded of past trauma, this is often called a trigger.

A trigger or activating point is a:

- Reaction to a sensory experience – sounds, taste, smell, sight, touch
- A person may be aware or unaware that this reaction is related to a trauma
- This is because trauma impacts memory – a person may not recall why they are reacting

You can help to address triggers by:

- Being sensitive
- Do what you can to avoid activating them
- Can't eradicate them- but can work to reduce them wherever possible

Applying to Your Practice:

Some questions for you to consider:

What are some ways that you are able to accommodate a person who may have a trigger?

Do you have a plan or strategy for helping someone who may be activated by a particular sensory experience?

What does it mean to be trauma-informed?

The Substance Abuse Mental Health Services Administration (SAMHSA) notes that

"Trauma Informed Care is the adoption of principles and practices that promote a culture of safety, empowerment, and healing."

A program, organization or system that is trauma informed:

- **Realizes** the widespread impact of trauma
- *Recognizes* the signs and symptoms of trauma in those you work with
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively resist *re-traumatization*

Principles of Trauma-Informed Approaches

The Substance Abuse and Mental Health Services Administration's Six Key Principles of a Trauma-Informed Approach

1. **Safety:** This isn't just physical safety – but also emotional safety.
2. **Trustworthiness and transparency:** People feel safe when they know what to expect, and also that people will follow through.
3. **Peer support:** By connecting those we work with to peers, it can help folks to flourish and gain support in a way that we are unable to provide.
4. **Collaboration and mutuality:** walking with a person side-by-side, instead of walking behind or in front of a person. Goals are lead and created by the person you are supporting and not defined for them.
5. **Empowerment, voice and choice:** By providing even the smallest of choices, you can help to bring back some dignity as well as agency to people.
6. **Culture, history and gender:** Culture, gender identity, and what's happened in our past shapes who we are; it's important to be sensitive to these things and incorporate them so that people feel comfortable.

[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)



Applying Principles of Trauma-Informed Approaches

Safety: Physical and emotional safety. Both the setting and interactions are physically and psychologically safe. Consider racialized and intersectional safety.

Only the individual you are working with can define what safety means to them, just as trauma is individualized, feelings of safety are no different. We can not expect a person to feel safe or guarantee that a person will feel safe. Your policies and procedures play a big role in physical safety

Applying to Your Practice:

What are ways that you can promote both physical and psychological safety?

Trustworthiness: Transparent operations and decisions maintain trust. Ensuring trustworthiness through clarity and consistency.

Focus on the meaningful sharing of power and decision-making. Working towards transparent operations, clarity, consistency and decision-making can establish trust. Team debriefs after critical incidents or incidents where staff member's safety was at risk (medical emergencies, client deaths, car accidents, robbery, violence or witnessing violence) are important. Put in place processes for following up, steps for preventing future incidents, clear reporting protocol, and clear HR protocols for staff after an incident.

Applying to Your Practice:

What are ways that you can promote be more transparent with those you work with and establish trust?

Applying Principles of Trauma-Informed Approaches

Empowerment, Voice and choice. The aim here is to strengthen staff's, participants, and families' experience of choice. There is a recognition of the need for an individualized approach.

- Honor, recognize and build upon strengths and experiences
- Support shared decision-making, and choice to determine their own needs

Applying to Your Practice:

What are ways that you can provide more choice?

Collaboration and Mutuality: Partnership and leveling of power differences. This is recognition that healing happens in relationships and meaningful sharing of power.

- There is a dialogue regarding differences in intersectional identities and lived experiences to develop genuine rapport.
- Be aware of positional and unearned power/privilege
- Seek to level the power differences.

Applying to Your Practice:

What are ways that you help to level the power differences?



Applying Principles of Trauma-Informed Approaches

•**Culture, Identity, Historical/Generational Trauma:** Seek to understand and honor cultural ways of knowing and healing. Recognize the impact of generational and historical trauma, check assumptions and biases and understand what it means to be anti-oppressive.

Applying to Your Practice:

How can you integrate anti-oppressive practices in your work?

How can you practice cultural humility in your work?

Cultural Humility

"A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of their own beliefs and cultural identities."

Anti-Oppressive Practices

"Recognizes the oppression that exists in our society/space and aims to mitigate the effects of oppression and eventually equalize the power imbalances that exist between people.

It also recognizes that all forms of oppression are interconnected in some way, shape or form (Aquil et al., 2021).

Cultural Humility

Cultural Humility:

- Places a greater emphasis on a life-long commitment that encourages nurturing of self-evaluation and critique.
- Challenges power imbalances;
- Promotes interpersonal sensitivity; requires an attitude of openness.
- Maintains an interpersonal stance that is other-oriented; necessitates learning from differences.
- Remember that those you work with may live their life differently than you, but that does not make them better or worse, just different.

The culture someone comes from influences many aspects of care, starting with whether the person thinks care is needed or not. Culture influences what concerns that person brings to the clinical/service setting, what language is used to express those concerns, and what coping styles are adopted. Culture affects family structure, living arrangements, and how much support someone receives in time of difficulty.

Cultural Humility and Anti-Oppressive Practices

It's only when service providers are committed to making efforts to understand these differences that quality service delivery can be achieved. By no means is this in place of formal or in-depth training on cultural humility, but rather a reminder that it serves as the bedrock upon which quality services can be delivered.

Most of us hold mainstream *and* marginalized identities. There are oppressed identities and identities that privilege is attached to. Whenever we are in a position of power per one of our mainstream identities, it is important for us to be sensitive to how that is in playing out and whether we are oppressive to other identities.

We have to be aware when holding power from our mainstream identities. As you work to deliver housing and services, it is critical to raise race equity and the inclusion of persons who are part of your programs in the design, delivery, and evaluation of those programs.

“Nothing about us, without us”.



Applying to your Practice

Here are some suggestions to help you to share this learning and apply to your work.

- Organize a learning session series – take each principle in turn and invite conversation about how the organization is applying the principle and ways that the organization can improve
- Create a personal action plan – outline for each principle ways that you can proactively implement each principle in your work
- Encourage your organization to have open conversations about anti-oppressive practices and cultural humility
- Create a peer learning group to talk about ways to be more trauma-informed