

## Guiding Principles of Trauma-Informed Care

Helping professionals must all be on the same page when it comes to working with clients with trauma histories. It can be intimidating for those without trauma training to approach work with clients who have been through trauma. However, following guiding principles of trauma-informed care can allow case managers and helping professionals approach trauma work with guidance and understanding. Below are eight principles of informed care that helping managers can utilize provided by the Department of Health and Human Services in a Trauma-Informed Organizational Toolkit:

- 1.) **Understanding Trauma and Its Impact:** Understanding traumatic stress and how it impacts people and recognizing that many behaviors and responses that may be seem ineffective and unhealthy in the present, represent adaptive responses to past traumatic experiences.
- 2.) **Promoting Safety:** Establishing a safe physical and emotional environment where basic needs are met, safety measures are in place, and provider responses are consistent, predictable, and respectful.
- 3.) **Ensuring Cultural Competence:** Understanding how cultural context influences one's perception of and response to traumatic events and the recovery process; respecting diversity within the program, providing opportunities for consumers to engage in cultural rituals, and using interventions respectful of and specific to cultural backgrounds.
- 4.) **Supporting Consumer Control, Choice, and Autonomy: Helping** consumers regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy; keeping consumers well-informed about all aspects of the system, outlining clear expectations, providing opportunities for consumers to make daily decisions and participate in the creation of personal goals, and maintaining awareness and respect for basic human rights and freedoms.
- 5.) **Sharing Power and Governance:** Promoting democracy and equalization of the power differentials across the program; sharing power and decision-making across all levels of an organization, whether related to daily decisions or in the review and creation of policies and procedures.
- 6.) **Integrating Care:** Maintaining a holistic view of consumers and their process of healing and facilitating communication within and among service providers and systems.
- 7.) **Healing Happens in Relationships:** Believing that establishing safe, authentic and positive relationships can be corrective and restorative to survivors of trauma
- 8.) **Recovery is Possible:** Understanding that recovery is possible for everyone regardless of how vulnerable they may appear; instilling hope by providing opportunities for consumer and former consumer involvement at all levels of the system, facilitating peer support, focusing on strength and resiliency, and establishing future-oriented goals (Guarino, Soares, Konnath, Clervil & Bassuk, 2009).



### References:

Guarino, K., Soares, P., Konnath, K., Clervil, R. & Bassuk, E. (2009). Trauma-informed organizational toolkit for homeless services. *Department of Health and Human Services*. Retrieved from: [https://www.air.org/sites/default/files/downloads/report/Trauma-Informed\\_Organizational\\_Toolkit\\_o.pdf](https://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_o.pdf)

## Self-Care for Clients and Helping Professionals

Self-care is an important practice to teach clients to engage in, but it is also just as important for helping professionals to practice as well. Self-care allows individuals to take time for themselves and focus on taking care of their physical, mental, and emotional health. Clients experiencing trauma are under large amounts of mental and emotional stress, which often manifests in physical ailments. Helping professionals are also susceptible to secondary trauma and high amounts of stress due to the nature of working with clients who have experienced trauma and hearing their stories. The University of Buffalo School of Social Work identifies the aims of self-care for clients and helping professionals as helping to:

- **Identify and manage the general challenges** that all hard-working professionals face, such as the potential for stress and burnout or interpersonal difficulties.
- **Be aware of your own personal vulnerabilities**, such as the potential for re-traumatization (if you have a trauma history), vicarious or secondary traumatization (if you work with individuals who report their own traumatic experiences), and compassion fatigue (which you can develop from a combination of burnout and vicarious traumatization).
- **Achieve more balance in your life**, by maintaining and enhancing the attention you pay to the different domains of your life in a way that makes sense to you. (University of Buffalo, 2017).

Self-care practice looks different for everyone. Some people may enjoy taking time to exercise or practice yoga, while others may enjoy hobbies such as reading or sewing. Making a self-care plan with clients can help them to have a list of activities they can keep at home and utilize when needed while also helping to realize when they need to practice self-care. Self-care plans can be broken down by different aspects of an individual's life and how to practice self-care in each area. The University of Buffalo breaks down self-care activities into 6 different categories: healthy eating, physical fitness and immunity, relaxation, mindfulness, time management, and reducing stress (University of Buffalo, 2017). It can also be helpful for helping professionals to separate self-care in the workplace from self-care in their personal lives. Some examples of self-care for clients and professionals are:

Personal Life	Professional Life
Exercising	Seeking supervision
Reading	Creating support networks with co-workers
Going out with Family and Friends	Practicing time management/planning
Hobbies	Taking lunch outside/out of the office
Practicing meditation or yoga	Get proper sleep



References:

University of Buffalo School of Social Work (2017). Our self-care starter kit. Retrieved from: <https://socialwork.buffalo.edu/resources/self-care-starter-kit.html>

## Listening to Trauma

Hearing a client's traumatic experience can be difficult for many helping professionals who do not have experience hearing, acknowledging, and validating client's traumatic experiences. Helping professionals may be intimidated by hearing traumatic experiences, especially if they do not feel they are qualified if they are not therapists. However, there are many skills that can be learned to help case managers and other helping professionals learn how to listen to trauma experiences without re-traumatizing clients or creating secondary trauma for providers.

### **Active Listening**

The University of Colorado's Conflict Research Consortium defines active listening as a way of listening and responding to a person to promote mutual communication (Conflict Research Consortium, 1998). Active listening allows case managers to listen to trauma experiences from clients in a way to engage them, makes them feel listened to and validated, and has the focus on the speaker not the listener. It can be common when hearing difficult stories to want to share one's own experiences to try to show common ground, however active listening places the focus on the client sharing the story in order to prevent the listener from taking over the conversation or taking away from the client's experience. Dr. Kirsti Dyer touches on how difficult listening can be, and that "listening requires maintaining an active presence, empathy and openness to hear the person telling the story- something difficult to do in a fast-paced culture" (Dyer, K. 2001). Even those without formal therapy training can still help clients by engaging with them, listening to their stories, and displaying empathy.



### **Acknowledging and Validating Trauma**

Clients may have a difficult time sharing their traumatic experiencing with help professionals, especially if they have poor experiences in the past where people have downplayed their trauma or told them "it could always have been worse". Everyone's experiences are different, and it is important to acknowledge a person's experiences and know that what may or may not be traumatizing to a person can vary. Recent research has even started to show that "a person's feelings about their traumatic experiences in childhood are just sympathetically listened to and validated, and their pain and suffering as a result of their trauma is acknowledged and authenticated, their condition improves" (Hosier, D. 2016). Although therapy can be very helpful in the recovery process from a traumatic event and is encouraged, helping professionals outside of therapists can also help clients when they know how to listen, acknowledge, and validate a client's experiences and give them a safe space to speak about their trauma.

#### References:

Conflict Research Consortium. (1998). Active Listening. *University of Colorado*. Retrieved from: <https://www.colorado.edu/conflict/peace/treatment/activel.htm>

Dyer, K. (2001). The importance of telling (and listening) to the story. Retrieved from: <http://www.journeyofhearts.org/kirstimd/tellstory.htm>

Hosier, D. (2016). The vital importance of having our traumatic experiences validated. *Childhood Trauma Recovery*. Retrieved from: <http://childhoodtraumarecovery.com/2016/02/25/vital-importance-traumatic-experiences-validated/>

## **Triggers, Retraumatization, and Revictimization with Trauma Survivors**

Trauma affects survivors of traumatic events long after the traumatic event has occurred. Clients who have experienced trauma may have had negative experiences with other helping professionals or even friends and family who discredited their traumatic experiences, and may not feel safe sharing their traumatic experiences because they fear the responses. When working with clients with traumatic histories, it is important for helping professionals to recognize additional effects trauma can have on a client's behaviors and actions and how to address them in a positive and helping way.

### **Triggers**

Triggers for trauma survivors can vary based on the type of trauma and the person themselves, but generally are "a remind of past traumatizing events" (National Center on Domestic Violence, Trauma & Mental Health, 2011). Trauma triggers often bring about a variety of thoughts and emotions related to the trauma, which may result in client outbursts or reactions that seem out of place for the context of the situation. As helping professionals, case managers must keep in mind that triggers can be in everyday sensory experiences that may seem neutral to some but can recreate traumatic memories to those with traumatic pasts. It is important to understand that client's behaviors and actions may be in relation to trigger they are experiencing or fear experiencing. Helping professionals must be sensitive and understanding to triggering behaviors and support clients as they learn how to deal with and understand their triggers (National Center on Domestic Violence, Trauma & Mental Health, 2011).

### **Retraumatization**

Retraumatization can be common when trauma survivors seek out assistance from helping professionals who are not trained in trauma-informed care. Clients can undergo retraumatization when a situation or environment replicates the traumatic event they experienced or the feelings associated with the traumatic event and evokes the same feelings and reactions of the original traumatic experience (National Center on Domestic Violence, Trauma & Mental Health, n.d.). Helping professionals must use engagement and listening skills when hearing a client's traumatic experience, and be mindful that their reactions and responses to clients with traumatic histories can do just as much damage as the traumatic event itself.

### **Re-victimization**

Clients who have experienced trauma, especially violence or abuse, can be susceptible to experiencing violence, abuse, or further traumas in the future (National Center on Domestic Violence, Trauma & Mental Health, n.d.). As case managers and helping professionals, it is important to understand the increased risks that clients are susceptible to because of their trauma pasts. Knowing that behaviors can be influenced by client's pasts can help how case managers approach engagement, planning, and overall success with clients.



#### References

National Center on Domestic Violence, Trauma & Mental Health. (n.d.) Defining triggering, retraumatization & revictimization. Retrieved from: <https://ruralhealth.und.edu/dakota-conference/handouts/2015/session-4-triggering-retraumatization-and-revictimization.pdf>

National Center on Domestic Violence, Trauma & Mental Health. (2011). Understanding traumatic triggers. Retrieved from: <http://www.azcadv.org/azcadv2014wp/wp-content/uploads/2014/06/Understanding-Traumatic-Triggers.pdf>

## Common Behaviors Associated With Trauma

Clients with trauma histories can often exhibit behaviors that may seem out of character or extreme for a given situation. It is necessary for helping professionals to be able to recognize what some of these behaviors can look like, especially in a helping relationship, in order to better address the needs and challenges faced by clients. Below is a table highlighting some behaviors that clients with trauma typically display from the National Healthcare for the Homeless Council:

"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 use 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)

### References

Peterson, R. (2012). Trauma-informed care part 2. *2012 National Healthcare for the Homeless Council Regional Training*. Retrieved from: <https://www.nhchc.org/wp-content/uploads/2012/03/NHCHCTraumaInformedCare-HandoutsPeretsen.pdf>

## **Grounding and Meditation Techniques for Clients with Trauma Histories**

“Grounding is a technique that helps keep someone in the present. They help reorient a person to the here-and-now and in reality. Grounding skills can be helpful in managing overwhelming feelings or intense anxiety. They help someone to regain their mental focus from an often intensely emotional state.”  
(PEIRSAC, 2017)

Grounding techniques can help trauma survivors come back to the “here and now” especially when triggers may make them feel they are reliving or flashing back to a traumatic experience. It is important to understand that case managers can use some of these basic grounding exercises from Living Well with clients to help calm them down and “ground them” back into the present:

- Take ten slow breaths. Focus your attention fully on each breath, on the way in and on the way out. Say number of the breath to yourself as you exhale.
- Splash some water on your face. Notice how it feels. Notice how the towel feels as you dry.
- Sip a cool drink of water.
- Hold a cold can or bottle of soft drink in your hands. Feel the coldness, and the wetness on the outside. Note the bubbles and taste as you drink.
- Feel the clothes on your body, whether your arms and legs are covered or not, and the sensation of your clothes as you move in them. Notice how your feet feel to be encased in shoes or socks.
- If you are with other people, and you feel comfortable with them, concentrate closely on what they are saying and doing, and remind yourself why you are with them.
- If you are sitting, feel the chair under you and the weight of your body and legs pressing down onto it. Notice the pressure of the chair, or floor, or table against your body and limbs (Living Well, 2017).

Meditation is another type of grounding exercise that can help clients center themselves and focus on the here and now in a more formal way than some of the above grounding exercises. When experiencing flash backs or triggers clients can have physical reactions such as having a hard time breathing especially if panicking. Meditation allows clients to calm down by focusing on their breathing and bodies in a way to grounds them to the here and now. An example of a brief breathing focused meditation you can use with clients experiencing a trauma trigger or flashback from Living Well is:

1. Take a deep breath – breathing in fully and as deeply as you can.
2. Hold the breath for a count of 5 – 1, 2, 3, 4, 5.
3. On the count of 5, release the breath all at once.
4. As you continue to do this exercise you can slow down the counting a little bit each time so that the holding of the breath becomes progressively a little longer.
5. In between breaths that you hold you may wish to take a couple of normal breaths.
6. Remember that no matter how long you hold the in-breath that you let the out-breath escape in a “whoosh”, releasing all the breath at once (Living Well, 2017).

These meditation and grounding exercises are easy to do with clients in an office or at home visits, and are encouraged for case managers to use to engage clients and help create a safe space for them to open up.



### References:

Prince Edward Island Rape and Sexual Assault Center (PEIRSAC). (2017). Grounding Techniques. Retrieved from: [http://www.peirsac.org/peirsacui/er/educational\\_resources10.pdf](http://www.peirsac.org/peirsacui/er/educational_resources10.pdf)

Living Well. (2017). Relaxation exercises. Retrieved from: <https://www.livingwell.org.au/>