

## Trauma Informed Services: Assessing the workplace:

Public health oriented

Safety focused

Universal

While respecting individual dignity and human rights

## California Center of Excellence for Trauma Informed Care

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California Center of Excellence for  
Trauma Informed Care, Santa Cruz, California

[www.trauma-informed-california.org](http://www.trauma-informed-california.org)

## Who am I?

- Master in policy studies, specifically criminal justice policy and the female offender, from the Johns Hopkins University.
- Worked for MD parole and probation and ran the first victim services program in community corrections as well as for the Administrative Office of the Courts, Judicial Council of California.
- Contracted with the CA Dept of Public Health working with the 94 DV shelter agencies to manage a 3-year training and technical assistance program on substance abuse and mental health issues.
- Facilitate *Seeking Safety* group for women with PTSD + substance abuse and domestic violence (5+ years currently).
- Train on EBPs *Seeking Safety* under supervision of Dr. Lisa Najavits and the *Danger Assessment* by Dr. Jacquelyn Campbell.

**The 4th Annual Trauma Conference**



**Trauma and Sexuality**  
*with featured speaker*  
**Dr. Omar Minwalla**  
*and afternoon speakers from*  
**San Francisco Sex Information**  
**California STD Control Branch/Prevention Training Center**  
*and more*

[www.trauma-informed-California.org](http://www.trauma-informed-California.org)

October 14, 2016 8am-4pm  
900 High Street, Santa Cruz  
\$85 plus 6 CEUs (most licenses)  
\$750 for set of 10 tickets

## Universally connected and protected

~ Shared ~ Common ~ Together ~ Connected ~ Cultural ~ Collective ~  
Mutuality ~ Jointly ~ In concert ~

- Universal approach: based on a public-health model, universal precautions, safety focus. Recognize shared stories and experiences.
- Universal access: Core practice model and common language spoken across systems. No wrong door - common goals: safety, connection, and empowerment.
- Universal application: Across discipline training - coaching and implementation. Ensure individual, family and community safety involved.
- Universal accountability: Shared data systems to focus on families and consumers and people within organizations.

## Uniquely in Charge of Self

~ Individual ~ Self-determination ~ Choice ~ Empowerment  
~ Autonomy ~ Independence ~ Freedom ~ Rights ~

- Individual rights: Recognition of the dignity and power of the individual to determine their own destiny.
- Individual accountability: Holds each person accountable for behavior, while recognizing that many people are not held accountable (which is fundamentally unfair)
- Individual accommodations: Aims for high standards, accommodating limitations while not punishing those who may not achieve the highest standards.

### Traditional

- Therapy – screening, assessment, dx, specialists
- Relational focus, private practice model
- Past-focus
- Assumes skills, builds relationships/trust
- Diagnosis focus, problems need fixing
- Information from client
- Individual, one-on-one, privacy
- Personal stories, conversation, talking
- Interpersonal process
- Compassion fatigue, vicarious trauma
- Prediction model
- Client accountability
- Expertise, specialists, referrals
- Compliance is the goal
- Rules are to be complied with
- Verbal disclosures
- Abstinence based model
- Exclusionary model, eligibility (limited)
- Always need more \$\$\$, time, resources
- Rebels are punished
- Relationships are prioritized
- Too soft, too harsh

### Safety

- Treatment – all the time, every adult/professional
- Self-focus, public health model
- Present-focus
- Builds skills, no relationship required
- Safety focus (physical and emotional)
- Information from professional
- Trauma's effects broadly
- Handouts, witnesses, groups
- Skills building focus with practice
- Inevitable impact of trauma work
- Preparation model
- Mutual accountability
- Broad base of knowledge (everybody)
- Safety and skills building goals
- Rules are therapeutic and build safety skills
- Behavioral disclosures
- Safety increase/harm reduction
- Inclusionary model, everyone eligible
- Cost effective, most skills free
- Free to be yourself while focusing on safety
- Rights are prioritized, Constitution respected
- Balance of empathy and accountability


Grant, 2015

| <b>BECOMING TRAUMA INFORMED</b>  |   |
|--|---|
| <i>(CONTINUED FROM PAGE 1)</i>   |   |
| <i>Previous Practice</i>   | <i>Current Practice</i>   |
| Small waiting room with couch  | Larger waiting room has better lighting and movable individual chairs.  |
| Intake process was not fully explained   | The intake process is explained, and each client receives a tour of the facility.   |
| Intake rooms had institutional furnishings                                     | Furnishings are comfortable, rooms are nicely decorated, and staff do not sit behind a desk.  |
| Staff told clients what treatment would be best for them                       | Treatment options are explained, and clients choose the services they will receive.   |
| Client involvement in the organization's work was minimal                      | There is much more client input. For example: clients sit on most standing committees, and clients participated in selection of interior paint colors.        |
| Staff members were not always aware of practices that could be re-traumatizing | Staff now view services, situations, and activities through a trauma lens. For instance: paying attention to unlit areas, such as bathrooms and parking lots. |

Western Connecticut

## Agency Assessment

- Has your agency or program identified trauma as a central factor affecting clients being served by your agency?
  - In terms of direct service provision?
  - In terms of administrative policy?
  - Is there a written statement?



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CENTRAL CALIFORNIA  
**ALLIANCE**  
FOR HEALTH

Care Management  
Department

Trauma-  
Informed  
Services  
Statement  
of Intent

Given the pervasively negative impact of trauma on health, we at Central California Alliance for Health are committed to becoming trauma-informed by focusing on our members' and staff's safety, building self-regulation skills and providing transparent services to all of our members. We believe services grounded in safe connections are a vehicle for healing and well being. We will take universal precautions and treat everyone equally from a safety-promotion perspective.

## Agency Assessment

- Has your agency reviewed program policies, procedures and materials to ensure they focus on safety, empowerment and connection for clients? (Versus compliance)

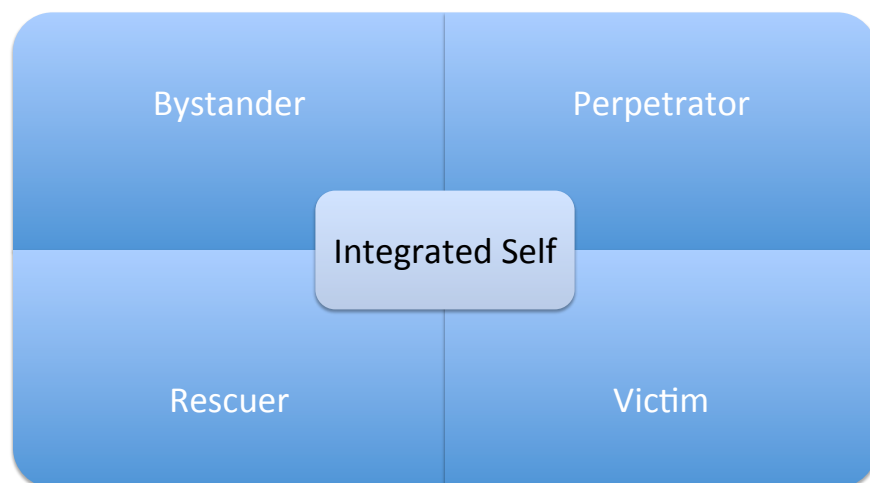
## Example

- The San Jose Family Shelter used to require applicants to “prove” they were homeless, now they ask people to make a self-statement to certify their homelessness.

## Agency Assessment

- Does your agency and staff acknowledge that providing services inherently involves power dynamics that can re-create and re-enact past abusive experiences, reinforcing feelings of helplessness and powerlessness?

## Central trauma roles



## Agency Assessment

- Has your program trained staff how to engage clients by using invitation, asking permission and offering choices?

## Quiz

- Under what circumstance can a person permanently lose their right to consent to treatment?
  - When the patients'/clients' best interest is to force treatment
  - When a person has been convicted of a felony
  - When a judge has mandated the treatment as a part of a sentence or court order
  - When the person is under the age of 18
  - When the person is found legally incompetent in a court of law

## Recommendation: Observe the Constitution

Avoid self-incrimination and protect others from self-incrimination

- Clients involved in the dependency and delinquency systems may choose not to share information with advocates, court personnel, and mental health professionals to protect themselves or others.
- Attorneys and other advocates may choose not to ask about past experiences or request screenings or assessments for fear of uncovering information that could be used against their client.

Pilnik, L., & Kendall, J. R. (2012)  
*Victimization and Trauma Experienced by Children and Youth: Implications for Legal Advocates.*  
Moving From Evidence to Action: The Safe Start Series on Children Exposed to Violence Issue  
Brief #7. Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice  
Programs, U.S. Department of Justice.



## Agency Assessment

- Does your program emphasize the client's physical and emotional safety and choice in all interactions (versus an emphasis on compliance or on other people)?

### Comparing Approaches in DV Shelter Service Delivery

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#### Traditional Approaches

- Shelter rules
- Shelter curfew
- Exiting “aggressive” clients
- Rigid policies & procedures

#### Trauma-informed

- Communal living guidelines
- Safety check-in
- De-escalation & grounding techniques, Motivational Interviewing, agreements
- Trauma-informed & woman-defined P&P

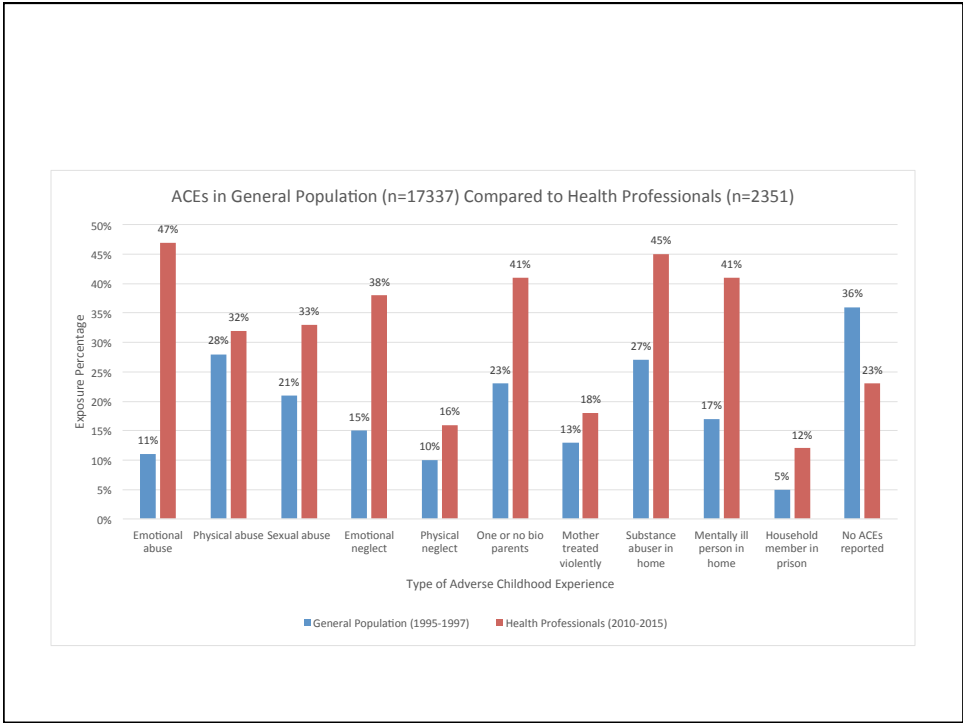
## Agency Assessment

- Does your program train staff on the impact of trauma on the caregiver and discuss self-care as a part of one's job?

ACE Study compared to professionals in mental health, sub abuse, criminal justice, homelessness, domestic violence, schools, healthcare.

| <b>ACE Study findings</b>     |     | <b>Was State COD Conf (2013)</b> |     |
|-------------------------------|-----|----------------------------------|-----|
| • Emotional abuse             | 11% | • Emotional abuse                | 71% |
| • Physical abuse              | 28% | • Physical abuse                 | 42% |
| • Sexual abuse                | 22% | • Sexual abuse                   | 54% |
| • Emotional neglect           | 15% | • Emotional neglect              | 51% |
| • Physical neglect            | 10% | • Physical neglect               | 36% |
| • One or no bio parents       | 23% | • One or no bio parents          | 61% |
| • Mother treated violently    | 13% | • Mother treated violently       | 27% |
| • Substance abuser in home    | 27% | • Substance abuser in home       | 56% |
| • Mentally ill person in home | 17% | • Mentally ill person in home    | 59% |
| • Household member in prison  | 5%  | • Household member in prison     | 10% |
| • No ACEs reported            | 33% | • No ACEs reported               | 12% |

Completed anonymously and voluntarily by attendees of trainings provided by CCE-TIC  
Compiled by the California Center of Excellence for Trauma Informed Care



## Trauma Survivors' Bill of Rights: all about consent

*A Recovery Bill of Rights for Trauma Survivors*  
By Thomas V. Maguire, Ph.D.

**BY VIRTUE OF YOUR PERSONAL AUTHORITY YOU HAVE THE RIGHT TO...**

- Manage your life according to your own values and judgment.
- Direct your recovery, answerable to no one for your goals or progress.
- Gather information to make intelligent decisions about your recovery.
- Seek help from many sources, unhindered by demands for exclusivity.
- Decline help from anyone without having to justify the decision.

**TO GUARD YOUR PERSONAL BOUNDARIES YOU HAVE THE RIGHT TO...**

- Speak or remain silent, about any topic and at any time, as you wish.
- Choose to accept, decline feedback, suggestions, or interpretations.
- Be touched only with, and within the limits of, your consent.
- Take action to stop

## Agency Assessment

- Does your program help clients understand the real needs they are trying to meet when coping unsafely (substance use, returning to unsafe relationships, isolation, etc.) in order to help them find safer ways to meet those needs?

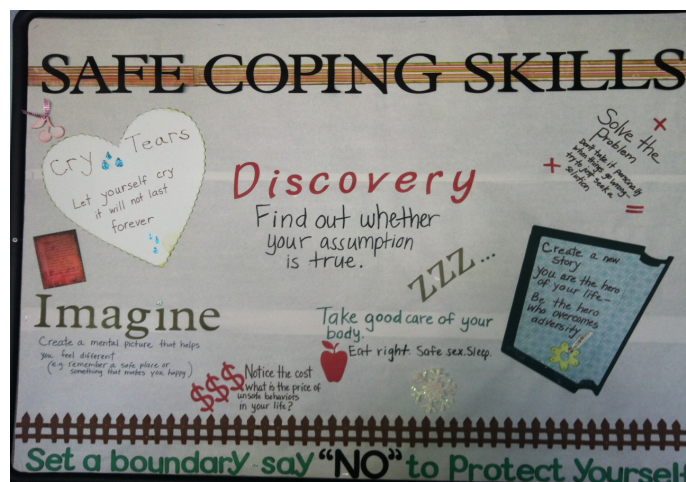
## Unsafe Behaviors Inventory

- Pilot Study – [traumainformedcalifornia@gmail.com](mailto:traumainformedcalifornia@gmail.com)

| Currently |   |   |   | How often do/did you find yourself doing the following things?            | In the past, but not currently |   |   |   | When did you stop? (e.g. 1999 or 7 months ago) |
|-----------|---|---|---|---|--------------------------------|---|---|---|--|
| 0         | 1 | 2 | 3 | 1) Thinking about killing yourself  | 0                              | 1 | 2 | 3 |  |
| 0         | 1 | 2 | 3 | 2) Not taking essential medications                                       | 0                              | 1 | 2 | 3 |  |
| 0         | 1 | 2 | 3 | 3) Not adhering to essential treatments (e.g., dialysis)                  | 0                              | 1 | 2 | 3 |  |
| 0         | 1 | 2 | 3 | 4) Putting yourself in harm's way (walking into traffic, road rage, etc.) | 0                              | 1 | 2 | 3 |  |
| 0         | 1 | 2 | 3 | 5) Fighting or provoking fights (by calling people names, insults)        | 0                              | 1 | 2 | 3 | _____  |
| 0         | 1 | 2 | 3 | 6) Hitting others, lashing out physically                                 | 0                              | 1 | 2 | 3 | _____  |

## Agency Assessment

- Does your program refer to, provide lists of and reinforce key safe coping-skills (e.g., the 84 safe coping skills of Seeking Safety)?





## Agency Assessment

- Does your program evaluate client rules annually for physical and emotional safety, clarity and warmth and strive to reduce them to the minimum necessary?

## Review rules regularly

### Original Rules

1. Engage in conduct that allows other residents to enjoy their apartments properly and peacefully.
2. Engage in peaceful conversation, free of threats of violence and abuse.
3. Maintain the structure of your property through completion of the Apartment Safety Checklist and Chore Chart. Keep your apartment free from structural damage.
4. Keep your unit and the MSP premises free of all animals with the exception of Service Animals with proper certification.
5. Work with your case manager to create and update your Individualized Transitional Living Plans, developing personalized, relevant goals for completion of 32 hours of combined school and/or work each week.

### Transformed Rules

1. I agree to engage in safe, peaceful activities so that my children and I can enjoy our apartment.
2. I agree to communicate in a nonthreatening way. I agree make use of program resources in order to develop nonviolent communication skills.
3. I agree to practice and develop skills to maintain a safe, clean, engaging environment for my children and me. I agree to make use of program resources in order to improve housekeeping/life skills.
4. I agree to maintain the property as a pet-free and smoke-free area.
5. I agree to spend up to 32 hours each week of combined school, work or other activities to meet my personalized, relevant goals.
6. I agree to meet with MSP staff as scheduled.

## Thank you!

- Gabriella Grant, Director
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