

*on the Record*

# Trauma-informed Care: Services That Heal

Trauma-informed care is a promising service delivery approach for those working with homeless and low-income people. *UNCENSORED* asked three professionals working with people experiencing trauma to share what unites their work, and what trauma-informed care means in practice.



**Susan Reider**, clinical director of Compass Family Services, is a licensed therapist with over 25 years of experience in nonprofits serving children and families. She holds a master's degree in infant and parent development from Bank Street College of Education and a master's degree in psychology from the San

Francisco School of Psychology. Prior to working at Compass Family Services, she spent 15 years at the San Francisco Child Abuse Prevention Center, initially as a volunteer on the center's parental stress line, later as a graduate intern and program director, and for three years as executive director.



**Lorraine McMullin** is the director of the Mental Health Association in New York State's Parents with Psychiatric Disabilities Initiative and co-director of Building Connections: The Sexual Assault and Mental Health Project. She conducted research and evaluations on family homelessness, co-occurring disorders, health care, and the justice system. McMullin serves on the New York State Parent Education Partnership Steering Committee and the New York Protection and Advocacy for Individuals with Mental Illness Advisory Council. She is a parent and has used mental health, trauma, and homeless services.



**Chrys Ballerano** co-directs Building Connections: The Sexual Assault and Mental Health Project and coordinates the New York State Coalition Against Sexual Assault library, previously working as community educator and victim service coordinator at the REACH Center in Catskill, N.Y. She provides technical assistance, resources, and training throughout New York state, and leads presentations on the importance of using trauma-informed approaches in all work with homeless and low-income people. Ballerano also leads therapeutic drumming circles for people of all ages.

**UNCENSORED: Help demystify trauma-informed care for our readers, who are from varied backgrounds. What does it mean, in general, and what does it mean in terms of working with at-risk, homeless, or formerly homeless families?**

**Reider:** Trauma-informed care starts with the premise that clients have had some form of trauma in their lives and that the trauma often impacts the way they access or respond to services. It impacts the way people make sense of their surroundings, and it influences how they form relationships. Trauma is self-perpetuating, often keeping families stuck in vicious cycles of poverty and homelessness. We see families who have been homeless, or marginally housed for generations, living in poverty and still suffering from early-childhood trauma such as abuse and neglect. Trauma-informed care provides services and sets up systems to help trauma survivors regain a sense of safety and stability in the world.

**Ballerano:** The vast majority of individuals who seek services for mental health, substance abuse, homelessness, and family support have experienced traumatic events at sometime in their lives with varying degrees of severity. Being trauma-informed, then, in simple terms means that this lens of seeing people as potential survivors is always used. It is better to assume someone has lived through trauma and use a strength-based approach in supporting his or her recovery than to assume otherwise. Systems themselves can be re-traumatizing by being overly controlling, rigid and racist, classist, or dehumanizing to people perceived as "other."

**UNCENSORED: What are some misconceptions about trauma and how to work with homeless or low-income people who have experienced trauma?**

**Reider:** Trauma looks different for each individual; what is traumatizing for one person may not be so for someone else.

So it is important to be fully educated about the nature of trauma, how it manifests itself, and what impact it has on human development. A child who has lived in a shelter environment most of his life and, as a consequence, moved frequently has probably been exposed to multiple traumatizing situations, which have impacted his overall development. Studies bear this out, continually pointing to poor school performance in children experiencing trauma. This cycle needs to be, and can be, broken by providing trauma-informed care.

**McMullin:** One misconception about trauma is only thinking about trauma as a specific incident as opposed to multiple and ongoing incidents over the lifespan. In working with both children and adults who have histories of trauma, it is important to realize that living in the turmoil of homelessness can trigger symptoms that can be misdiagnosed or blamed on "noncompliance." An example of this is

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being too stressed to hear or remember what is said to you so that you are unable to remember appointments or resources that are explained to you during a shelter intake.

**UNCENSORED: What do people experiencing trauma have in common? How do you use that knowledge to help them initially?**

**Reider:** Most traumatized people will have basic difficulty trusting that they can be helped. By the time they get to our program, they may have attempted to get help for years from various other resources without success. And since trauma makes people “act from their gut” (the fight-or-flight response), their initial engagement with us often ends up replicating their past experiences. They don’t really believe that we will be different than their previous service providers. This is a really challenging dynamic to work with. I think being open and honest about what we can and can’t do, and how help will be provided, is greatly appreciated and often convinces someone to stick with us through the long haul.

**Ballerano:** By helping people distinguish between the patterns that helped them survive during the time of traumatic experience and the present, we can help them see their strengths and success in having survived. We can acknowledge their ability to survive painful, sometimes brutal experiences and honor them by thanking them for sharing their story, acknowledging the privilege of being trusted with their story, and helping them see their dignity in the present time. For some, this is a huge contradiction from anything they have ever been told or shown. Simply saying to the person, “I am sorry this happened to you. It was not your fault,” and thanking them for telling you about it can be incredibly healing for the survivor.

**UNCENSORED: What techniques have you utilized in your work for managing and healing the effects of trauma?**

**Reider:** One of the hardest services to provide is timely response when a client needs help the most. Crises can’t be scheduled. Most agencies are open only during set hours and make specific requirements for qualification. Clients can be denied services for being late to an appointment or not calling in to cancel an appointment. When this occurs, it unconsciously replicates the

past trauma of being rejected, abandoned, or dismissed when help was most needed. Therefore, I make sure to respond to all calls for help immediately. I may not be able to solve the issue, but I let the person know that I got their call and that they won’t have to be alone with their problem. This is a most effective technique and a very powerful and healing message for letting traumatized people know that they are not alone, that together we will find help for them.

**Ballerano:** For me, drumming and singing have been major tools of transformation. Also, yoga, meditation, gardening, outdoor activities in general (including biking, hiking, swimming, snowboarding), community activism, interacting with children, collaborating with artists, storytelling, circles/councils/rituals, and dancing. I also promote the use of EFT (Emotional Freedom Technique), natural nutritional supplements, healthy balanced foods, all of the arts, and having a personal practice that reminds each of us who we are and allows us to deepen our personal presence. For me, all of the above techniques can fit under that idea of mindfulness meditation—when you are truly aware, awake, and present in the moment and feel grounded.

**UNCENSORED: What evolution or expansion have you seen in trauma-informed practices since you began in the field?**

**McMullin:** The biggest changes have been advances in research such as the Adverse Childhood Experiences Study ([www.acestudy.org](http://www.acestudy.org)) that clearly shows the economic and health consequences of not preventing or addressing trauma in childhood. This and other research shows the impact of not providing trauma recovery tools to children on their physical and mental health through the lifespan; it has given us the background we need to press for system changes and to demonstrate the importance of early preventative and trauma recovery services.

**Ballerano:** I’ve seen an increased awareness of the efficacy of more body-centered and creative arts techniques to support healing and recovery. Even doctors who previously denied the effects of meditation and yoga have come out as advocates for promoting these practices as integral in trauma recovery. Many of these techniques are remarkably simple and inexpensive.

**UNCENSORED: People talk a lot about trauma in terms of serving clients. What about how social services staffers deal with their own trauma?**

**Reider:** Staff get individual and group clinical support to discuss their cases, their counter transferences, and to develop basic counseling skills such as reflective listening, crisis intervention, practicing validating feelings, setting boundaries, and understanding projections. We expect staff to ask for support and not dismiss their own reactions upon hearing the trauma stories of their clients. Through this program, we have reduced absenteeism and increased staff’s understanding that the best self-care is to make sure they are competent and confident in their ability to do this challenging work.

**McMullin:** It is vital that organizations with staff working with children, adolescents, and adults who have trauma histories provide their staff with ongoing support in self-care and trauma recovery tools. Some organizations provide yoga or other recovery tools on site for both the staff and people they are serving.

**UNCENSORED: What are the rewards and challenges of your work? What motivates your work despite the challenges?**

**McMullin:** I am encouraged that we have learned so much in the past ten years in this field. I also continue to search out and try new trauma recovery tools for myself and my family. The biggest challenge I feel now is generating enough understanding about trauma and the economic costs of adverse childhood experiences in our communities and governments. We are constantly hearing that there have to be cuts in human services. But trauma interventions and trauma recovery services will save money immediately for communities and over the lifespan in terms of health care, mental health care, addictions, juvenile justice, criminal justice, and homelessness.

**Ballerano:** It’s hard to hear about rape and child abuse every day. It’s hard to witness the pain of other people and the violence they’ve experienced at the hands of family or others they trusted. When I start to fantasize about escaping the ugly side of this work I realize how impossible it would be and instead flip over the coin and recognize the privilege I have to do this work. ■

**UNCENSORED would like to thank the contributors for providing their personal snapshots.**