

**National Veterans' Technical Assistance Center (NVTAC)
Homeless Veterans' Reintegration Program (HVRP) Virtual Learning Courses (VLC)
Session 1 of 2: Introduction to Trauma-Informed Care Concepts
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Key Points

- **Introduction**
 - NVTAC reminded attendees that HVRP best practices would be shared during this session. NVTAC encouraged all grant recipients to utilize best practices that may improve their service delivery. Before implementing a practice discussed during this session, grant recipients must review their award statement of work and contact their Grant Officer Technical Representative (GOTR) to discuss if it is an allowable cost or activity or if it requires an amendment to their approved plan.
 - **NVTAC Overview:** NVTAC provides individualized technical assistance (TA), training, peer-to-peer learning opportunities, and additional support to HVRP grant recipients. To contact NVTAC or request TA, reach out to contact@nvtac.org.
 - This presentation is intended to provide high-level information and an introduction to trauma-informed care. Grant recipients are encouraged to research these concepts further to improve their abilities as direct service providers.
- **What is Trauma?**
 - Trauma is the result of exposure to an emotionally disturbing or life-threatening event(s) with lasting adverse effects on the individual's functioning. Examples of experiences that may be traumatic include abuse, neglect, poverty, etc.
- **What is Trauma-Informed Care?**
 - Trauma-informed care focuses on “what happened to you” and considers the pervasive nature of trauma. It promotes an environment of healing and avoidance of re-traumatization.
- **Six Key Principles of a Trauma-Informed Approach**
 - Safety
 - Individuals throughout the organization, staff, and clients feel physically and psychologically safe.
 - Safety can be promoted through efforts to ensure the accessibility of spaces or posting signs emphasizing inclusivity.
 - Consider: How is safety defined by those you serve? Do the people you serve feel safe? How do you know? What changes could be made to address safety concerns?

- Methods for collecting information on clients’ feelings of safety include interviews, surveys, forms, etc.
 - Trustworthiness and transparency
 - Organizational operations are conducted with transparency to create a sense of trust across the agency with clients, family members, and staff.
 - Consider: Do the people you serve trust staff? How do you know? What changes could be made to address concerns with trust?
 - Peer support
 - Helps to establish safety and hope, build trust, enhance collaboration, increase veteran buy-in, and utilize veterans’ lived experience to promote recovery.
 - “Peer” refers to individuals with lived experiences of trauma and family members or key caregivers who have assisted in recovery.
 - Presents leadership opportunities for the peer support person that could translate to practical experience.
 - Collaboration and mutuality
 - Importance is placed on partnership and leveling power differences between staff/clients and all organizational staff.
 - Consider: What does collaboration with a participant look like? How is collaboration important when working with participants? What can be done to utilize the client’s expertise and preferences within the scope of the grant?
 - Empowerment, voice, and choice
 - Throughout the organization, individuals’ strengths are recognized and built upon, and a belief in the primacy of people served, their resilience, and the ability to heal and promote recovery from trauma is fostered.
 - Use clients’ strengths to further the program and its message.
 - Positive change starts with staff leading by example to recognize their shortcomings and striving to make positive changes.
 - Consider: How can you use your participants’ strengths? Can you think of a current practice that takes voice, choice, and decision-making away?
 - Cultural, historical, and gender issues
 - The organization actively avoids cultural stereotypes and biases, offers access to gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.
 - Consider: How can we use a participant's culture without reinforcing stereotypes and biases? What are some ways to include this when working with a participant? Why is it important?
- **Benefits of Providing Trauma-Informed Care**
 - Trauma-informed care offers participants with trauma—many of whom have difficulty maintaining health relationships—the opportunity to engage fully and

develop a trusting relationship with staff, leading to improvement in long-term outcomes.

- Trauma-informed care can help reduce burnout and turnover among staff.
- Participants receive information and services in a more tailored way.
- Increases veteran buy-in.
- **Steps to Becoming a Trauma-Informed Organization**
 - Build awareness and generate buy-in for a trauma-informed approach.
 - Support a culture of staff wellness.
 - Hire a workforce that embodies the values of trauma-informed care.
 - Create a safe physical, social, and emotional environment.
 - Include leadership in the mission to become trauma informed.
 - Add wording to company materials and job postings to emphasize the requirement to be trauma informed.
- **Key Ingredients of Trauma-Informed Care Implementation**
 - Creating a safe environment
 - Hiring and training a trauma-informed workforce
 - Preventing secondary traumatic stress in staff
 - Engaging participants in organizational planning
 - Leading and communicating about the transformation process
 - Be clear with staff and clients about how trauma-informed care is embedded in everyday practice.
- **Trauma-Informed Motivational Interviewing (MI)**
 - MI is a collaborative conversation that focuses on increasing the participant's motivation to change. The case manager uses active listening in a process driven by the client. It focuses on where the person is in the five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance.
 - Trauma-informed MI recognizes the importance of understanding how trauma and adverse events affect how a person thinks and acts and their health risks to avoid unknowingly re-traumatizing clients even when they believe we are being respectful and curious.
 - Examples of non-trauma-informed conversations:
 - Asking about challenges the participant is not comfortable sharing
 - Using triggering or judgmental language
 - Examples of trauma-informed conversations:
 - "How comfortable are you telling me about what's been going on with you since our last case meeting?"
 - "I appreciate your openness with me today. Thank you for sharing all of that."
 - Listen to clients' preferences for sharing. Be encouraging when clients choose to participate.
 - Show active listening, flexibility, and caring for the clients' well-being.
 - Be a positive example of service providers.

- **Trauma-Informed Approaches to Substance Addiction Among Veterans**
 - Veterans experience high rates of post-traumatic stress disorder (PTSD) and can have untreated trauma (often related to combat or life-threatening events) leading to the use of substances to self-medicate.
 - Homelessness is also a traumatic experience.
 - Substance use is a common coping mechanism to manage trauma. Veterans experience higher rates of alcohol, drug abuse, and dependency.
 - Addiction complicates reintegration into the community by affecting housing stability, employment, and relationships. Comorbid trauma and addiction create significant barriers to reintegration.
 - The core principles of addiction treatment are safety, empowerment, trust, and transparency.
 - Advocate for, but also involve, the veteran. Their buy-in is critical to the success of treatment.
 - Key strategies include screening for trauma and PTSD, holistic care, and trauma-informed MI.
 - Avoid potential re-traumatization by using sensitive language and tailoring services to individual trauma experiences.
 - Have protocols and resource providers in place for veterans needing this assistance.
- **Other Recommendations**
 - Build relationships with organizations providing mental health and substance abuse treatment so participants have access to these services when needed.
 - Collaboration with other resource providers ensures consistency, improves retention, and increases buy-in to employment services and treatment.
 - Be mindful of compassion fatigue and practice self-care.
- **Discussion Questions**
 - **NVTAC Question:** What are your programs doing to implement trauma-informed care?
 - **Grant Recipient Response:** Engaging in active listening and being compassionate are crucial. They help build rapport and develop trust.

Conclusion

The purpose of this VLC session is to inform HVRP grant recipients of the benefits of trauma-informed care for their organization and the veterans they serve. It is intended to be an overview of trauma-informed care concepts and provides resources for HVRPs to seek more guidance, training, or certifications in this area. Trauma-informed care is particularly relevant to working with HVRP participants because they are more likely to have experienced trauma through their military service, and the experience of homelessness itself. This approach emphasizes creating a safe environment, building trust, offering peer support, leveling power differences, empowering clients, and eliminating biases to create an environment conducive to healing. It is useful for veterans seeking to reintegrate into employment, as well as those working to overcome a mental health challenge or substance abuse disorder.

In the remaining VLC session, NVTAC will discuss suicide awareness and secondary trauma for HVRP direct service providers.

HVRP grant recipients can request individualized TA for their program at any time by emailing contact@nvtac.org.

For more information, please visit www.nvtac.org.