



National Veterans'
Technical Assistance Center

Homeless Veterans' Reintegration Program (HVRP): Introduction to Trauma-Informed Care Concepts

Virtual Learning Course Series 6, Session 1 of 2

November 5, 2024

Reminder

HVRP best practices will be shared during this session. The National Veterans' Technical Assistance Center (NVTAC) encourages all grant recipients to utilize best practices that may improve their service delivery. Before implementing a practice discussed during this session, please review your award statement of work and contact your Grant Officer's Technical Representative (GOTR) to discuss if it is an allowable cost or activity or if it requires an amendment to your approved plan.

What is Trauma?

What is Trauma? (1 of 2)

Trauma results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being

(Source: [Trauma-Informed Care Implementation Resource Center](#))

What is Trauma? (2 of 2)

- Experiences that may be traumatic include:
 - Physical, sexual, and emotional abuse
 - Childhood neglect
 - Living with a family member with mental health or substance use disorders
 - Sudden, unexplained separation from a loved one
 - Poverty
 - Racism, discrimination, and oppression
 - Violence in the community, war, or terrorism

(Source: [Trauma-Informed Care Implementation Resource Center](#))

What is Trauma-Informed Care?

What is Trauma-Informed Care? (1 of 2)

Trauma-informed care shifts the focus from “What’s wrong with you?” to “What happened to you?”

(Source: [Trauma-Informed Care Implementation Resource Center](#))

What is Trauma-Informed Care? (2 of 2)

Trauma-informed care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize

(Source: [University of Buffalo Social Work](#))

Six Key Principles of a Trauma-Informed Approach

Six Key Principles of a Trauma-Informed Approach (1 of 8)

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

(Source: [Substance Abuse and Mental Health Services Administration's \(SAMHSA\) Concept of Trauma and Guidance for a Trauma-Informed Approach](#))

Six Key Principles of a Trauma-Informed Approach (2 of 8)

1. Safety:

- Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe, and interpersonal interactions promote a sense of safety
- Understanding safety as defined by those served is a high priority
- Questions to consider:
 - Do the people you serve feel safe? How do you know?
 - What changes could be made to address individual's safety concerns?

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

Six Key Principles of a Trauma-Informed Approach (3 of 8)

2. Trustworthiness and transparency:

- Organizational operations and decisions are conducted with transparency to build and maintain trust with clients and family members, among staff, and others involved in the organization
- Questions to consider:
 - Do the people you serve trust staff? How do you know?
 - What changes could be made to address trust concerns?

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

Six Key Principles of a Trauma-Informed Approach (4 of 8)

3. Peer support:

- Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing
- The term “peers” refers to individuals with lived experiences of trauma, children who have experienced traumatic events, or in the case of children this may be family members of and are key caregivers in their recovery

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

Six Key Principles of a Trauma-Informed Approach (5 of 8)

4. Collaboration and mutuality:

- Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel to professional staff and administrators, demonstrating that healing happens in relationships and the meaningful sharing of power and decision-making.
- Questions to consider:
 - What does collaboration look like when working with a participant?
 - How is this important when working with participants?

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

Six Key Principles of a Trauma-Informed Approach (6 of 8)

5. Empowerment, voice, and choice:

- Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon
- The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma
- Questions to consider:
 - How can you use your participants' strengths?
 - Can you think of a practice that takes voice, choice, and decision-making away? How could these be changed?

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

Six Key Principles of a Trauma-Informed Approach (7 of 8)

6. Cultural, historical, and gender issues:

- The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.)
- Offers access to gender-responsive services
- Leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served
- Recognizes and addresses historical trauma

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

Six Key Principles of a Trauma-Informed Approach (8 of 8)

6. Cultural, historical, and gender issues (continued):

- Questions to 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?

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

Benefits of Providing Trauma-Informed Care

Benefits of Trauma-Informed Care

- There are several benefits to using a trauma-informed approach for participants, providers, and staff
- Many participants with trauma have difficulty maintaining healthy, open relationships
- For participants, trauma-informed care offers the opportunity to engage more fully, develop a trusting relationship with staff, and improve long-term outcomes
- Trauma-informed care can also help reduce burnout among providers, potentially reducing staff turnover

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

Steps to Becoming a Trauma-Informed Organization

What are the Steps to Becoming a Trauma-Informed Organization?

- Building awareness and generating buy-in for a trauma-informed approach
- Supporting a culture of staff wellness
- Hiring a workforce that embodies the values of trauma-informed care
- Creating a safe physical, social, and emotional environment

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

Key Ingredients of Trauma-Informed Care Implementation

Key Ingredients

- 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

(Source: [Trauma-Informed Care – Centers for Disease Control and Prevention \[CDC\]](#))

Trauma-Informed Motivational Interviewing (MI)

What is MI?

- MI is a collaborative conversation that focuses on increasing the participant's motivation to change
- The case manager uses active listening and other techniques to guide the conversation, but the process is driven by the client
- Focus on where the person is at in terms of the five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance
- MI recognizes that change is hard, and the process is fluid

(Source: Miller W., Rollnick S., editors. (2002). Motivational interviewing: preparing people for change. 2nd ed. New York: Guilford Press.)

Trauma-Informed MI

Trauma-informed MI recognizes that, unless we are aware of how trauma and adverse events affect how a person thinks and acts, as well as how trauma influences health risks, **we may unknowingly re-traumatize clients even when they believe we are being respectful and curious**

(Source: [Health Outreach Workers – National Center for Farmworker Health \[NCFH\]](#))

Examples of a Non-Trauma-Informed Conversation

- Asking about challenges the participant is not comfortable sharing
- Using triggering or judgmental language
- Ignoring cultural, historical, and gender challenges that have an influence on the participant's way of communicating
 - The participant may not feel comfortable speaking about values and decision-making processes, etc.

(Source: [Health Outreach Workers - SCFH](#))

Examples of a Trauma-Informed Conversation

- “How comfortable are you telling me about what’s been going on with you since our last case meeting?”
- “If you are comfortable sharing, what things have you tried to make XYZ change? This information will help us create a plan together moving forward...”
- “I appreciate your openness with me today. Thank you for sharing all of that.”
- “Okay, what I’m hearing is XYZ. Is that what you mean? Please let me know if I misunderstood you.”
- “Before I give you some referral recommendations, I will summarize what you’ve told me so far and see if I’ve missed anything important. Is there anything else that you would like to add before we move on?”

(Source: [Health Outreach Workers – NCFH](#))

Trauma-Informed Approaches to Substance Addiction Among Veterans

Trauma-Informed Approaches to Substance Addiction Among Veterans (1 of 2)

- **Prevalence of Trauma in Veterans:**
 - High rates of post-traumatic stress disorder (PTSD)
 - Trauma is often untreated, leading to substance use as self-medication
- **Connection Between Trauma and Addiction:**
 - Substance use as a coping mechanism for managing trauma
 - Higher rates of alcohol, drug abuse, and dependency among veterans
- **Impact on Reintegration:**
 - Addiction complicates housing stability, employment, and relationships
 - Veterans with co-occurring trauma and addiction face significant barriers to reintegration

(Source: [Psychology Today on Trauma-Informed Care for Addiction and PTSD in Veterans](#))

Trauma-Informed Approaches to Substance Addiction Among Veterans (2 of 2)

- **Core Principles in Addiction Treatment:**
 - **Safety:** Creating a safe and supportive environment
 - **Empowerment:** Involving veterans in decisions about their care
 - **Trust and Transparency:** Building relationships through honest, open communication
- **Key Strategies:**
 - **Screening for Trauma and PTSD:** Integrating trauma assessments into your case management plan
 - **Holistic Care:** Combining addiction recovery with mental health services, peer support, and trauma therapy
 - **Trauma-Informed MI:** Engaging veterans in their own recovery journey
- **Avoiding Re-Traumatization:**
 - Sensitive language and approaches to minimize triggers
 - Tailoring services to individual trauma experiences

(Sources: [Core principles of trauma-informed care](#), [Veterans Trauma-Informed Care: What You Need to Know](#))

Resources (1 of 2)

- [SAMHSA](#)
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- [Trauma-Informed Care Implementation Resource Center](#)
- [Trauma-Informed Design – U.S. Department of Housing and Urban Development \(HUD\)](#)
- [University of Buffalo Social Work](#)
- [NVTI Podcasts: Episode 17: Serving Veterans with Substance Use Disorders](#)

Resources (2 of 2)

- [Trauma-Informed Care – CDC](#)
- [Health Outreach Workers – NCFH](#)
- [Core principles of trauma-informed care](#)
- [Veterans Trauma-Informed Care: What You Need to Know](#)
- [Psychology Today on Trauma-Informed Care for Addiction and PTSD in Veterans](#)



Questions?

Thank you!

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