Trauma-Informed Care in Homeless Service Settings

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Trauma-Informed Care in Homeless Service Settings

Agenda

• Trauma: a Common Understanding

• The 4 Connections Between Trauma and Homelessness

• Paving the Way: Trauma-Informed Care in Homeless Services
Presenter’s background

• First worked with child abuse survivors in 2001 as a volunteer music teacher at a group home in Butler County

Presenters background

• Recent work in trauma: 2010-2015
  – Psychotherapist for children with traumatic disorders
  – Attorney for abused/neglected children, domestic violence survivors
  – Chief Clinical Officer of Homefull, implemented TIC in homeless shelter
  – Director of housing program for adults with co-occurring SPMI, substance abuse disorders, chronic homelessness, and medical complications
What is Trauma?

• Event where person faces:
  – Threat of death or serious bodily harm
  – Threat to physical integrity
  – Person experiences fear, helplessness, or horror

• One-time event or “chronic trauma”.

• Examples: natural disaster, car accident, war, or physical or sexual abuse
What is Trauma?
Best answer ever given

TRAUMA and RECOVERY
The aftermath of violence—from domestic abuse to political terror

With a New Afterword by the Author
JUDITH HERMAN, M.D.

What is Trauma?
The Next Generation

THE BODY KEEPS THE SCORE
BRAIN, MIND, AND BODY IN THE HEALING OF TRAUMA

BESSEL VAN DER KOLK, MD
Herman’s “Trauma and Recovery”

- Women’s and children’s perspective
- Proposes a new diagnosis called “Complex PTSD”
- Feminist, philosophical, and spiritual perspectives

- “To study psychological trauma is to come face to face both with human vulnerability in the natural world and with the capacity for evil in human nature.”

Herman, Trauma and Recovery, 1992, pg. 7.

Herman’s “Trauma and Recovery”

- “Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community. They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief systems that give meaning to the human experience. They violate the victim’s faith in a natural, divine order and cast the victim into a state of existential crisis”.

Herman, pg. 51.
Herman’s “Trauma and Recovery”

- Talks about trauma in terms of
  - History of studying trauma
  - Terror
  - Disconnection
  - Captivity
  - Child Abuse

Herman, 1992.

Van der Kolk’s “The Body Keeps the Score”

- Neuroscience: how trauma affects the developing brain
- Adults: this is your brain on trauma
- Abandoning mind-body dualism
- Healing is possible
  - Neuroplasticity
  - EMDR
  - Yoga
History of Trauma Work

- Freud’s work with “hysterical” women

See Herman, 1992.

Idea of a “traumatic disorder”

Images

Painted by Colin Gill (1892-1940) in 1919 for the Canadian Observer Post
Idea of a “traumatic disorder”

Images

By Felix Nussbaum. Born in 1904, he died at Auschwitz in 1944.

Idea of a “traumatic disorder”

Images

A “shell shocked” Vietnam soldier
Post-Traumatic Stress Disorder

Original definitions

• First included in the DSM III, 1980
• Defined by experiencing a traumatic event, and then developing 3 types of symptoms:
  – Intrusion
  – Hyperarousal
  – Avoidance

Post-Traumatic Stress Disorder

Original definitions

• Intrusion:
  – Intrusive thoughts
  – Flashbacks
  – Nightmares
• Hyperarousal:
  – Wired, tense, fight/flight/freeze mode
  – Hypervigilant: constantly scanning for danger, guard up
  – Insomnia
• Avoidance:
  – Avoid any “trigger” or reminder of trauma

Diagnostic and Statistical Manual of Mental Disorders, 1980, 1994, 2000, American Psychiatric Association
Post-Traumatic Stress Disorder
Criticisms of Earliest Conceptions

• Written with a middle class, white, adult male in mind
• Written with a one-time or isolated set of traumas in mind
• Written with physical, bodily events in mind
• Did not capture the effects of
  – Chronic trauma
  – Intrafamily trauma
  – Trauma in childhood (developmental trauma)
  – Trauma in women and girls
  – Psychological experiences: emotional abuse

Post-Traumatic Stress Disorder
Changes in Understanding

• DSM-IV-TR published in 2000 included a few “child specific” explanations
• DSM-V changes
  – Broadens the definitions of a traumatic event
  – Deletes requirement that person experience “fear, helplessness, horror”
  – Adds symptom cluster of “negative cognitions and mood”
  – Hyperarousal includes aggressive or self-destructive behavior
  – Adds two subtypes
    – PTSD in Preschool Children
    – PTSD Dissociative Type
Quick Review

- What is Trauma?
- Judith Herman's *Trauma and Recovery* book
- Bessel van der Kolk's *The Body Keeps the Score* book
- Freud's trauma work
- History of “traumatic disorder”
- What is PTSD?
- Criticisms of early conceptions of PTSD
- Recent changes to PTSD diagnosis

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The 4 Connections Between Trauma and Homelessness
Trauma and Homelessness

4 Primary Connections

- Homelessness is itself traumatic
- Homeless persons are highly vulnerable to violence and victimization
- Survivors of complex childhood trauma are at high risk for every social problem, including homelessness
- Domestic violence is the number one cause of homelessness among single women and women with children

From the Homeless Resource Center website, homeless.samhsa.gov

Homelessness is Traumatic

- "Homelessness is traumatic. People experiencing homelessness are living with a multitude of losses. People who are homeless have lost the protection of home and community, and are marginalized, isolated, and stigmatized within the larger society."
Homelessness is Traumatic

• Julie’s story: first night on the streets
• Serge’s story: sheriff’s eviction

Homeless Persons Are at Risk for Victimization and Violence

• “Homelessness deprives individuals of basic needs, exposing them to risky, unpredictable environments. In short, homelessness is more than the absence of physical shelter, it is a stress-filled, dehumanizing, dangerous circumstance in which individuals are at high risk of being witness to or victims of a wide range of violent events”.

Homeless Persons Are at Risk for Victimization and Violence

- "Hate Crimes Against the Homeless: The Brutality of Violence Unveiled" – 2012 report by National Coalition for the Homeless

Unidentified human remains, Cause of death: blunt force trauma. 2012 photo by NCH

Homeless Persons Are at Risk for Victimization and Violence

- Of the 1,289 documented violent hate crimes against the homeless,
  - 339 lost their lives as the result of these attacks
  - About 30%
- Who is committing these crimes?
  - 72% of the perpetrators were under age 30
  - 97% of the perpetrators were men

"Hate Crimes Against the Homeless: the Brutality of Violence Unveiled" (2012), National Coalition for the Homeless
Hate Crimes Against the Homeless- by State 1999-2011

Hate Crimes Against the Homeless

- Indianapolis, 4/22/11
- New York City, 10/1/11
- Fort Worth, 2/14/11
Survivors of Complex Childhood Trauma

- Survivors of complex childhood trauma are at high risk for every social problem, including homelessness
  - Abused/traumatized youth run away and become homeless
  - Traumatized youth age out of foster care and become homeless
  - Adult survivors of complex childhood trauma have severe PTSD, depression, substance abuse disorders, and other emotional problems that prevent them from functioning, and they become homeless

Hopper, Bassuk, Olivet, "Shelter From the Storm: Trauma-Informed Care in Homeless Service Settings" (2010).
Survivors of Complex Childhood Trauma
Runaway Youth

- 2010: several studies found that 60-78% of homeless youth reported leaving home to escape physical or sexual abuse
- Many of these youth were exploited/trafficked, victimized, and assaulted on the streets, compounding the trauma they had already experienced at home
  - Many homeless youth are mentally ill (severe PTSD, depression, addictions) as a result of the complex childhood trauma they fled, making them particularly vulnerable to harm on the streets, and incapable of protecting themselves
  - “deep, pervasive pain”

Survivors of Complex Childhood Trauma
Youth Aging Out of Foster Care

Figure 1. Cumulative Percentage of Midwest Study Participants Ever Homeless, by Age

![Bar chart showing the cumulative percentage of homeless participants by age.]

Courtney, Mark et. al. “Midwest Evaluation of the Adult Functioning of Former Foster Youth” 2012, University of Chicago.

Survivors of Complex Childhood Trauma
Youth Aging Out of Foster Care

Figure 2. Predictors of Homelessness among Youth Aging out of Foster Care

- Each additional delinquent behavior
- Being male
- Having symptoms of a mental health disorder
- History of being physically abused
- Ran away at least once
- Each additional placement

Each bar represents the increase in the relative risk of becoming homeless associated with that factor.

Courtney, Mark et. al. “Midwest Evaluation of the Adult Functioning of Former Foster Youth” 2012, University of Chicago.
Survivors of Complex Childhood Trauma
Adult Survivors

• 63% of homeless women had been “severely physically or sexually assaulted” by their parent/guardian prior to age 18

• 40% of homeless women had been sexually abused/molested as children (national statistic around 20%)


Survivors of Complex Childhood Trauma
Adult Survivors

• “Adverse Childhood Experiences” lead to homelessness
  – Lack of care only: 18.4% experienced homelessness
  – No lack of care: 1.7%

  – Physical abuse only: 27.8% experienced homelessness
  – No physical abuse: 2.4%

  – Sexual abuse only: 6.4% experienced homelessness
  – No sexual abuse: 4.1%

  – Lack of care + either type of abuse: 33.3% experienced homelessness
  – Neither problem: 1.9%

Survivors of Complex Childhood Trauma

Adult Survivors

- Complex childhood trauma leads to
  - Severe PTSD/Developmental Trauma Disorder
  - Attachment, Self-regulation, and Competency problems
  - Abnormal brain development - different neural networks than normally developing persons
  - Severe depression, anxiety, eating disorders, personality disorders
  - Substance Abuse disorders (self-medicating)
  - Medical problems and disabilities

- These mental and physical health problems lead to homelessness

References:

- Domestic Violence

- 57% of homeless single women and women with children cited DV as the immediate cause of their homelessness
- DV is well recognized as the number one cause of homelessness among women
- 38% of all DV victims will become homeless at some point

References:

- National Network to End Domestic Violence - Factsheet at nnedv.org
Domestic Violence

- Abusers gain power by economically controlling the victim
  - Not allowed to work
  - Have to hand over their paychecks
  - Not allowed to have money or given a small allowance
  - Names not on bank accounts or credit cards

- Abusers isolate victims from friends, family and social contacts

- When the victim finally leaves the abuser, she has no money and nowhere to go, and she becomes homeless

Domestic Violence

- In 2005, Congress found almost 150 “documented eviction cases in the previous year where the tenant was evicted because of the domestic violence crimes committed against her,” and that nearly 100 persons were “denied housing because of their status as victims of domestic violence.”
Domestic Violence

• “Sting operation”: a 2008 study in Washington, D.C., found that 65% of the test applicants looking for housing on behalf of a domestic violence survivor, were either refused housing entirely, or were offered more unfavorable lease terms and conditions than a non-victim.


Quick Review

• What is the connection between trauma and homelessness?
• 4 Main Connections
  – Homelessness is itself traumatic
  – Homeless persons are highly vulnerable to violence and victimization
  – Survivors of complex childhood trauma are at high risk for every social problem, including homelessness
  – Domestic violence is the number one cause of homelessness among single women and women with children
Paving the Way: Trauma-Informed Care in Homeless Services

What Are Homeless Services?
Continuum of Care

- Before, During, and After Homelessness
- **Before:** Homeless Prevention
- **During:** Emergency shelter
- **After:**
  - Permanent Supportive Housing
  - Transitional supportive services
  - Independent Housing with Financial Assistance
What is Trauma-Informed Care?

• “Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment”.

• Both a philosophy and a practice

• Rationale: trauma involves loss of control, loss of power, lack of safety


What is Trauma-Informed Care?

A philosophy

• Troubling thoughts, feelings, and behaviors are not pathological (bad abnormality)

• They are a functional adaptation to previous circumstances
  – Conditions of captivity, abuse, violence, chronic trauma

See Hopper et. al. (2010) and Herman (1992).
A Functional Adaptation
To what?

• Beliefs about the world
  – The world is a dangerous, scary place
  – The world is chaotic and unpredictable

• Beliefs about others
  – People are evil, untrustworthy
  – People will betray you and exploit you

• Beliefs about self
  – I am powerless and helpless
  – I have no control over my environment
  – I have no control over myself or others
  – My thoughts and feelings don’t matter

Trauma-Informed Care
A philosophy

• What happened to you? vs. What’s wrong with you?
• What need does this meet? vs. Why would you do this?
• Client is non-compliant vs. The client has different priorities and goals
• Client is so needy vs. The client is seeking help when they feel afraid

National Health Care for the Homeless Council, Regional Training, Detroit MI, 2011, powerpoint by Laurie Hardin, MSSW
Trauma-Informed Care in Homeless Services
A philosophy

• An effort to be helpful and responsive given clients’ previous trauma
• A systematic way to avoid re-traumatization
  – Danger: many homeless shelters and “the projects” are dangerous
  – Lack of respect: many homeless service systems are paternal and patronizing, even punitive
  – Lack of control: many homeless shelters require the client to give up control over their eating, sleeping, showering, coming and going, and more
  – Lack of choice: many homeless service systems offer clients very little choice or opportunity to express a preference

Trauma-Informed Care in Homeless Services
A philosophy and practice

• Safety
• Respect
• Control
• Choice
• Strengths-based/Resilience factors
Trauma-Informed Care in Homeless Services

A practice

• Safety in TIC means things like:
  – Are there security cameras and staff monitoring in shelter?
  – Can clients lock the door when they are showering?
  – Is there a safe place for children to play?
  – Do we use safety plans or crisis prevention plans with traumatized clients?
  – Do clients feel safe to complain about how they are treated?
  – Are we sensitive to emotional safety?
  – Do staff have training in crisis intervention?
  – Do we avoid policies that re-traumatize clients?
  – Do we support staff with prevention of vicarious trauma?

• Respect in TIC means things like:
  – Are we culturally competent (race, gender, sexual orientation)?
  – Are we educated about trauma?
  – Do we call clients by their preferred name? (Jessica vs. Ms. Smith)
  – Do we allow clients to identify by their chosen gender?
  – Do we tell clients how their confidential information will be used and shared? The limits of confidentiality?
  – Do we involve client input in improving our programs?
  – Do we operate with a TIC philosophy?
Trauma-Informed Care in Homeless Services
A practice

• Giving control and choice to clients in TIC means
  – Staff behavior is consistent and predictable
  – Clients are given opportunity to choose among different providers to be referred to
  – Clients are given opportunity to choose among food options
  – Clients are given a locked space to store personal belongings
  – Clients self-efficacy is supported (this is an MI technique!)
  – Clients in crisis are given options and choices

• Strengths-based/Resilience approach means things like
  – Clients are asked about strengths in assessments
  – Goals and objectives are focused on maximizing strengths as well fixing problem areas
  – Resilience factors are identified and maximized in people with trauma
  – Skill-building is part of the services offered
Trauma-Informed Care definitions

• “Trauma-Informed service settings”
  – Homeless services where clients given safety, respect, control and choice in general practices and policies

• “Trauma-specific services”
  – Homeless services with case management and therapy that is sensitive and responsive to trauma and can even treat traumatic disorders

Trauma-Informed Service Settings

• In order to have therapeutic settings that emphasize client safety, respect, control, and choice, it is necessary to
  – Integrate care: all services providers should communicate and work collaboratively together
    – Social services (housing, food stamps)
    – Substance abuse services (inpatient, IOP, AA/NA, methadone clinic)
    – Mental health services (CPST, therapy, psychiatric med management)
    – Physical health services (doctors, nurses, PT, OT, home health aide)
Trauma-Informed Service Settings

• In order to have therapeutic settings that emphasize client safety, respect, control, and choice, it is necessary to
  – Support the staff
    – Training and education in trauma
    – Wellness in work environment
    – Work/personal life balance
    – Prevention of vicarious trauma and burnout

How Will Trauma-Informed Care in Homeless Services Help?
Proven Outcomes

• Improved housing stability
  – “Early indications suggest that TIC may have a positive effect on housing stability”
  – A multi-site study of TIC for homeless families found that, at 18 months, 88% of participants had maintained their section 8 housing or moved to permanent housing
  – An outreach and care coordination program that provided TIC to homeless mothers and their children in Massachusetts found the services led to increased residential stability

Hopper et al.  
How Will Trauma-Informed Care in Homeless Services Help?

Proven Outcomes

• Decrease in mental health and substance abuse symptoms
  – “Trauma-informed service settings, with trauma-specific services
    available, have better outcomes than ‘treatment as usual’ for many
    symptoms” [in homeless services!]
  – Two studies measured outcomes at baseline, 6 months, and 12
    months. Results showed:
    – a decrease in PTSD symptoms
    – a decrease in substance use
    – a decrease in mental health symptoms


• Decrease in need for expensive, crisis-based services
  – Less ER visits
  – Less hospitalizations
  – Less crisis services (Mobile Crisis, Crisis Centers)

• Better outcomes for children
• Consumers respond well to TIC
• Staff and supervisors respond well to TIC
Promising Models of Trauma-Informed Care

• ARC: Attachment, Regulation, and Competency
• Sanctuary Model
• A Long Journey Home
• Phoenix Rising
• Child Adult Relationship Enhancement (CARE)
• “Using Trauma Theory to Design Service Systems”

Quick Review

• What is Trauma-Informed Care?
  – As a philosophy
  – As a practice
• Safety, Respect, Control, Choice, Strengths-based/Resilience
• Trauma-informed Service Settings vs. Trauma Specific Services
• Integration of Care
• Support of Staff
• Proven Outcomes
• Established Models
Comprehensive Review

• Trauma: a Common Understanding

• The 4 Connections Between Trauma and Homelessness

• Paving the Way: Trauma-Informed Care in Homeless Services