the Atlantic

Understanding Trauma-Informed Care

Milena Raketic, November 26,2018

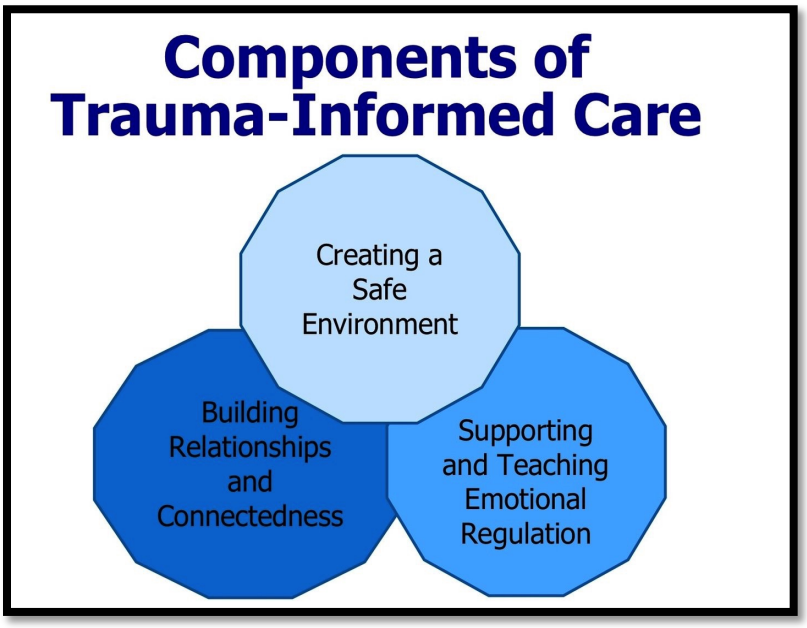

Photo: Trauma- Informed Care- Walters, 2018

Over the past few months, I have worked at the Oasis Center's Emergency Shelter, a two-week residential program for struggling 13 to 17-year-olds. One day, during the group counseling activity hour, four residents, myself, and one of the counselors were playing Mad Dragon, a game that's designed similarly to Uno*. Mad Dragon is supposed to help youth realize there are many ways to react when angry, so all of the cards have numbers and a scenario that the player reads when they play the card. Two residents had played their cards, and when the time came for the third resident, a 13-year-old male, to play his card, he slammed his deck on the table. He quietly said, "Man, this game is stupid, and I'm done with this sh**." He proceeded to get up, walk to his room across from the table we were playing at, and slam his door. Myself and the other residents looked at each other and didn't say anything, but the counselor calmly said, "Just let him process, and we'll continue to play."

We played the game for the remainder of the hour, and later his individual counselor (not the one leading the activity) was informed of what happened and spoke to him individually. This was during the first few weeks of my internship, and I was eager to learn why it was acceptable for the resident to walk away from group, which is typically a required activity in the program. When I spoke with the counselor who had led the activity, she shared that the male resident was in the program particularly for learning to manage anger, and he was in the process of being removed from his home by the Department of Child Services. With that information, I realized that the scenarios in Mad Dragon could have triggered the resident. I didn't recognize this during the activity, but I had just witnessed trauma-informed care in practice.

**All potentially identifying details have been changed to protect client privacy.*

Trauma-Informed Care

So, what is trauma-informed care (TIC)? It is an approach used when working with people who have

experienced trauma. TIC revolves around treating the "whole person," meaning that people strive to understand the role trauma plays in behaviors in order to support a survivor's well-being (Withers, 2017). To treat the "whole person," clinicians and others working with trauma survivors strive to address the relationship between environments, triggers, and perceived dangers (Withers, 2017). This relationship helps supporters be sensitive to and aware of trauma, even if a person may not be seeking treatment specifically for a traumatic experience (Richardson, 2018).

In my first few weeks at the Emergency Shelter, as I learned more about TIC, I noticed the ways in which it guided my coworker behaviors, as displayed in the scenario shared earlier. As someone with limited experience witnessing the practice of TIC, I was eager to learn more, in order to help guide my own actions and behavior at my internship and in the future. I set a goal to learn more about practicing and understanding trauma-informed care, so I read through academic research on TIC and interviewed two counselors at Oasis. What I found was that trauma-informed care looks like seemingly small actions that end up having a strong impact, and people must be able to adapt their small actions to different situations. To help others better understand the practice of TIC, I have grouped common practices into three areas: creating safe environments, building relationships, and supporting emotional regulation (Walters, 2018). Before jumping into these areas, a general rule of thumb for practicing TIC is to first develop an understanding of trauma.

What is Trauma?

Trauma appears in many forms but ultimately can be defined as an experience or pattern of experiences that impair self-regulation (Trauma, 2018). When a person experiences trauma, the brain sends signals to the body, particularly from the stress response system, and a person's stress response system may not function properly without self-regulation (Trauma, 2018). According to Counselor B (personal communication, Oct.24, 2018) a traumatic experience triggers our fight, flight or fright responses, and a brain that has had repeated exposure to trauma may get stuck in one of these stages. When the brain is stuck in any of these stages, it can lead to adverse effects on mental, physical, emotional and social well-being. A person's ability to regulate his or her responses is hindered, which can lead to behavioral issues or other mental health problems (Trauma, 2018). Counselor B (personal communication, Oct. 24, 2018) shared that the important thing to remember about trauma is that is unique, saying, "Everyone experiences and responds to trauma differently." Counselor A (personal communication, Oct. 8, 2018) shared that responses may be vastly different when people experience the same events or similar when they experience different events. While experiences and responses vary, researchers have identified some common experiences and behaviors, which are displayed in the *Trauma Tree* below. There is no right or wrong way to respond to trauma, which means practitioners must be able to identify behaviors and be ready to develop a plan for care on a case-by-case basis. It is important to recognize that the effects of various forms of trauma are not always the same because the differences will affect how we interact with trauma survivors.

As we understand more about trauma and its potential effects, it is essential to recognize the prevalence of trauma in the U.S. In the National Comorbidity Survey, 60 percent of men and 51 percent of women in the United States reported experiencing at least one traumatic event in their lifetimes (Richardson, 2018). Not all of these people reported having a trauma-related diagnosis, such as depression or post-traumatic stress disorder, which means supporters have to understand how trauma can play a role in a person's life, regardless of diagnosis or identified need (Richardson, 2018). When we think about TIC, we have to recognize that trauma is present in the lives of people that are a part of every community, and potential effects of trauma are seen in every part of life (Withers, 2017).

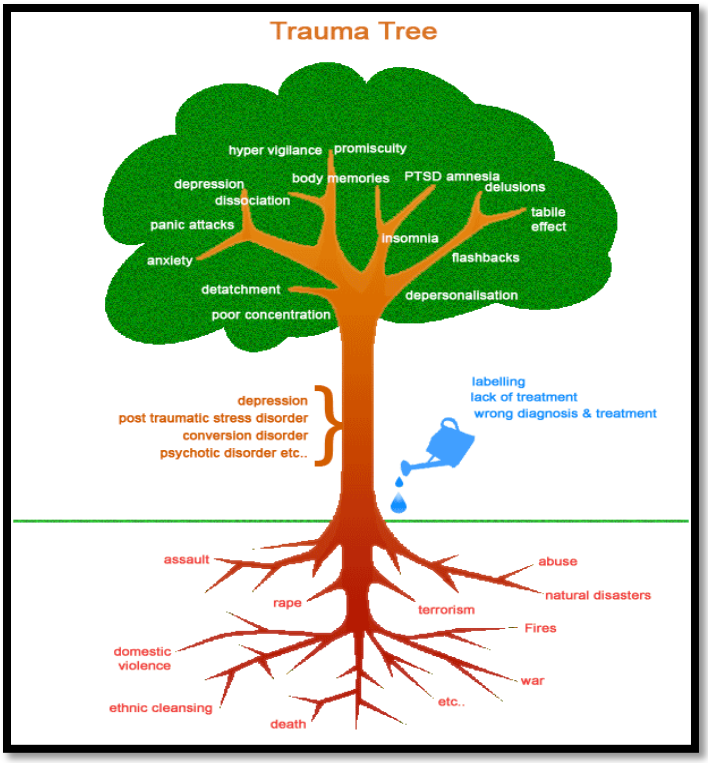

Photo: Trauma Tree- SAMHSA

Creating a Safe Environment

Since people respond to and experience traumatic events differently, unless you have prior knowledge or someone tells you about a traumatic experience, you may not realize how trauma has affected those around you. Trauma-informed care promotes sensitivity and encourages those interacting with people who have experienced trauma to treat everyone as if you knew that they had experienced a traumatic event (Tello, 2018). This notion acknowledges the centrality of trauma and encourages people to recognize how trauma affects a survivor's perception of safety in an environment (Richardson, 2018). To create a safe environment, people have to examine details that can be easily overlooked. Organizations should aim to play soft music, use soothing paint colors for walls and decor (neutral colors like blues or beiges), and maintain a clean space. For example, the Director of Psychiatry in a hospital in Pennsylvania shared a story in which the outpatient-counseling wing was being renovated (Richardson, 2018). The Director intervened in the plans, when he was informed that the waiting room was going to attach chairs to one another, rather than have chairs that had significant space between them. The Director stepped in because knew that some patients would want to have a sense of personal space. He felt that linked seating could potentially trigger patients who had experienced trauma and make them feel uncomfortable while waiting (Richardson, 2018).

In addition to the physical design of a space, organizations should ensure all employees receive some sort of training or have a background in mental health. At my internship, Oasis sends staff members to conferences about TIC and provides literature to read prior to starting the position. When talking with Counselor B, she shared that keeping up with research on TIC is extremely helpful because things change and are improved frequently (personal communication, October 24, 2018). The story I shared earlier reinforces the need for TIC training in organizations because the counselor leading the activity understood why the resident acted the way he did. Rather than not allowing him to leave or reprimanding his

behavior, she reinforced that he was in safe space by letting him process on his own and later speak with his counselor, whom he had a connection with.

Building Relationships

In my conversations with Counselors A and B, both shared that trauma-informed care is truly centered around trust and building relationships (personal communications, Oct. 8 & 24, 2018). It is likely that people who have endured adverse childhood experiences or any sort of trauma throughout their lifetime will struggle to trust others (Becker-Blease, 2016). This is an important aspect to recognize when setting goals for clients or working with people who have experienced trauma because an initial lack of trust can make it seem a person is uninterested in receiving care. However, TIC encourages people to look beyond initial indifference or unwillingness to participate because those behaviors are commonly identified as responses to trauma (Becker-Blease, 2016). People have to be patient in their attempts to build relationships and trust because progress takes time. In the story I shared earlier, the counselor leading the activity wasn't discouraged by the resident's behavior because she recognized that he might not have been comfortable sharing with others or her. Rather than forcing a relationship on him and trying to talk to him, she explained what happened to his counselor, so his counselor could decide what would work best for him.

In order to connect and build relationships with people who have experienced trauma, researchers and clinicians recommend a few basic methods that are generally well received. First, any person working with trauma survivors is encouraged to monitor his or her language (Becker-Blease, 2016). TIC reminds people supporting trauma survivors to be mindful and assume language is a potential trigger for any person. A helpful starting point when thinking about language is avoid any phrasing that could blame a person, so it is recommended to avoid "why" questions because they tend to be associated with a sense of judgment and shame (Becker-Blease, 2016). Another helpful method to use when trying to build relationships is to explain your actions or why you need certain information (Tello, 2018). For example, you could say, "I need to ask about drug use, in order to safely prescribe any medications." You want to continue to promote a safe environment and build trust, so you must be conscious of your own behavior. There is no perfect series of steps that will guarantee you connect with a trauma survivor, so it is essential that you are ready to adapt. During our conversation on October 24, 2018, Counselor B said, "The greatest mistake any therapist can make is setting a plan for a session and strictly following an academic model. Whether you work with youth or adults, you have to be ready to change and think on your feet because it is impossible to avoid a setback or work with a client without any bumps in the road to recovery."

Supporting Emotional Regulation

When we consider the dualism affect that trauma commonly has, it is important for those hoping to practice TIC to help trauma survivors learn how to self regulate and cope on their own (Walters, 2017). In interactions with trauma survivors, supporters are encouraged to listen and see if trauma survivors have interests that can assist with their ability to cope. Common examples are music or art, so survivors who love music can be encouraged to listen to their favorite artist when they experience something that makes them angry or upset. Taking the time to do something that he or she enjoys or finds solace in, prior to reacting, is a natural way that a survivor can regulate emotions and feel empowered. Even after being encouraged to use coping skills, we can't expect for a survivor to completely change their behavior overnight. In the story I shared earlier, the resident had previously been verbally and physically aggressive when he was upset. So, when you look at his behavior with TIC in mind, you can see there was progress. He didn't shout or hit a wall; instead, he removed himself from a situation that

triggered his emotions. This behavior IS progress, and it is something that we have to acknowledge and appreciate in our attempt to empower trauma survivors.

While a lot of skills to support emotional regulation can be accomplished through counseling or other activities, there are some techniques and programs that are being used in trauma-informed agencies. One of these techniques, Neurofeedback, is growing in popularity and is used at Oasis. A general overview of the process is shown in the diagram below. This program provides feedback on a client's brainwave activity (Neurofeedback, 2018). During a Neurofeedback session, a clinician will attach sensors to different parts of a client's head. The client will watch a movie or listen to music, while the sensors send signals to the brain from the computer program. During the session, the sensors help identify areas of dysfunction in order for a clinician to treat symptoms. The program is supposed to help redirect brain activity to more controlled patterns. Many clinicians find that it takes around ten sessions to see some changes, but it varies for every patient. Neurofeedback isn't a cure for trauma victims, but the hope is that it will regulate the workings of the brain in order for it to function in a healthier manner (Neurofeedback, 2018)

Photo: Neurofeeback- neurofeedback.org

Moving Forward

Trauma-informed care is not easily captured in one story or piece of academic research. It isn't an approach that can be described in ten steps and universally applied to every person who has experienced trauma. Instead, TIC has to be adapted and reevaluated on a regular basis. We must be willing to continuously improve and keep up with research. Safe environments must be maintained in order to build relationships and support emotional regulation. The areas discussed in this article don't cover every aspect of trauma-informed care, but they provide a foundation for you to build upon.

I encourage you to read more about TIC, in order to better understand the world around you. TIC is not an approach that can only be applied by mental health professionals. Basic methods and tips for TIC can be applied by families, friends, teachers, lawyers, probation officers, and beyond. The effects of trauma are seen in every sector of society because survivors are a part of every population. If we can encourage trauma-informed care in circles outside of the mental health community, people may have access to support in more than one area of life, and the result could be a ripple effect of positive change in society.