



Trauma-Informed Care for Mothers and Children Experiencing Homelessness

Presented by USICH – May 9, 2012



Panelists

- Barbara Poppe, Executive Director, USICH
- Joan Gillece, Director of SAMHSA's National Center of Trauma-Informed Care
- Julia Tripp, Research Assistant for the Center for Social Policy at University of Massachusetts, Boston



Webinar Format

- Call will last approximately 1 hour
- We have reserved time at the end of the webinar for Q&A.
- Audience members who would like to pose a question can do so at any time through the “questions” function found in the “GoToWebinar” toolbar.
- Call audience members are “muted” due to the high number of participants.
- Call will be recorded and available later this week on the USICH website.

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Webinar Purpose

- To share importance of a using a trauma-informed care approach for those experiencing homelessness
- How to implement trauma-informed policies to improve outcomes for women and children
- Focus on program and system-level changes for organizations – how can you improve the trauma-competence of your organization?

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Opening Doors

- Nation's first-ever comprehensive strategic plan to prevent and end homelessness.
- Four goals:
 - 1) Finish the job of ending **chronic** homelessness by 2015.
 - 2) Prevent and end homelessness among **Veterans** by 2015.
 - 3) **Prevent and end homelessness among families, youth, and children by 2020.**
 - 4) Set a path to ending **all** types of homelessness.

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Why Trauma Matters

- A history of violence and trauma is the norm. Trauma is experienced as a child and an adult.
 - 90% abused by intimate partner
 - 42% sexually molested as children
 - 50-60% became homeless because they were fleeing violence
- Children experiencing homelessness are exposed to violence at high rates and negative effects are long-term.
- Trauma fundamentally alters a woman's ability to trust and feel safe.

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Trauma-Informed Care Can Help

- Understanding the impact of trauma is critical on both the individual and programmatic level.
 - How are staff expectations set and how does professional development occur?
 - What are the program rules, why do they exist, and how are they enforced?
 - How do programs build trust with families when it might be perfectly natural for a family not to trust the program right away ?
- Being trauma-informed and trauma-sensitive changes the way programs interact with all their clients.

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Understanding and Addressing Trauma: Developing Trauma Informed Systems of Care

Presented By: Joan Gillece, Ph.D.
SAMHSA Promoting Alternatives to Seclusion and Restraint
through Trauma-Informed Practices

Important Things to Remember

- *Not what's wrong with you but what happened to you.*
- *Symptoms are adaptations.*
- *"Hurt People Hurt People" Sandra Bloom, MD*
- *Violence causes trauma and...trauma causes violence.*



What Are Trauma-Informed Practices

Trauma-informed practices are policies, procedures, interventions, and interactions among clients and staff that recognize the likelihood that a person receiving services has experienced trauma or violence. Trauma-informed practices – sometimes called trauma-informed care – create healing environments that emphasize physical and emotional safety and promote the development of trusting, collaborative relationships. In a trauma-informed program, everyone, regardless of job level or specific role, is educated about trauma and its consequences. The role of peers – other people who have experienced trauma or violence – is very important in planning and implementing trauma-informed practices. The goal is to create an environment of respect and safety that prevents the need for seclusion and restraint.



What Does the National Center for Trauma-Informed Care Offer

NCTIC offers consultation and technical assistance, education and outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education. In September, 2011, NCTIC was combined with another SAMHSA contract, Promoting Alternatives to Seclusion and Restraint through Trauma-Informed Practices (Promoting Alternatives), although NCTIC continued to operate. Beginning in FY 2012, NCTIC was merged into the Promoting Alternatives contract to support the shared goals of expanding the use of trauma-informed practices to end the use of seclusion, restraint, and other coercive practices.



Other Key Trauma Findings: Relationship of Childhood Trauma to Adult Health

Adverse Childhood Experiences (ACE) have serious health consequences

- Adoption of health risk behaviors as coping mechanisms
 - eating disorders, smoking, substance abuse, self harm, sexual promiscuity
- Severe medical conditions: heart disease, pulmonary disease, liver disease, STDs, GYN cancer
- Early Death

(Felitti et al, 1998)



ACE Questions:

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**... Swear at you, insult you, put you down, or humiliate you? **Or** Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household **often or very often**... Push, grab, slap, or throw something at you? **Or Ever** hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you **ever**... Touch or fondle you or have you touch their body in a sexual way? **Or** Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you **often or very often** feel that ... No one in your family loved you or thought you were important or special? **Or** Your family didn't look out for each other, feel close to each other, or support each other?

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ACE Questions: Con't

5. Did you **often or very often** feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or** Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents **ever** separated or divorced?
7. Was your mother or stepmother: **Often or very often** pushed, grabbed, slapped, or had something thrown at her? **Or Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard? **Or Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?



ACE Study

- “Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might heroin be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?”
(*Felitti et al, 1998*)

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ACE Study

- Is drug abuse self-destructive or is it a desperate attempt at self-healing, albeit while accepting a significant future risk?”

(*Felitti, et al, 1998*)

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Where have we been and
Where are we going?



- NCTIC and Promoting Alternatives to Seclusion and Restraint work across systems to prevent the use of aversive interventions.



Working across systems to make a difference...







What happens when systems transform?





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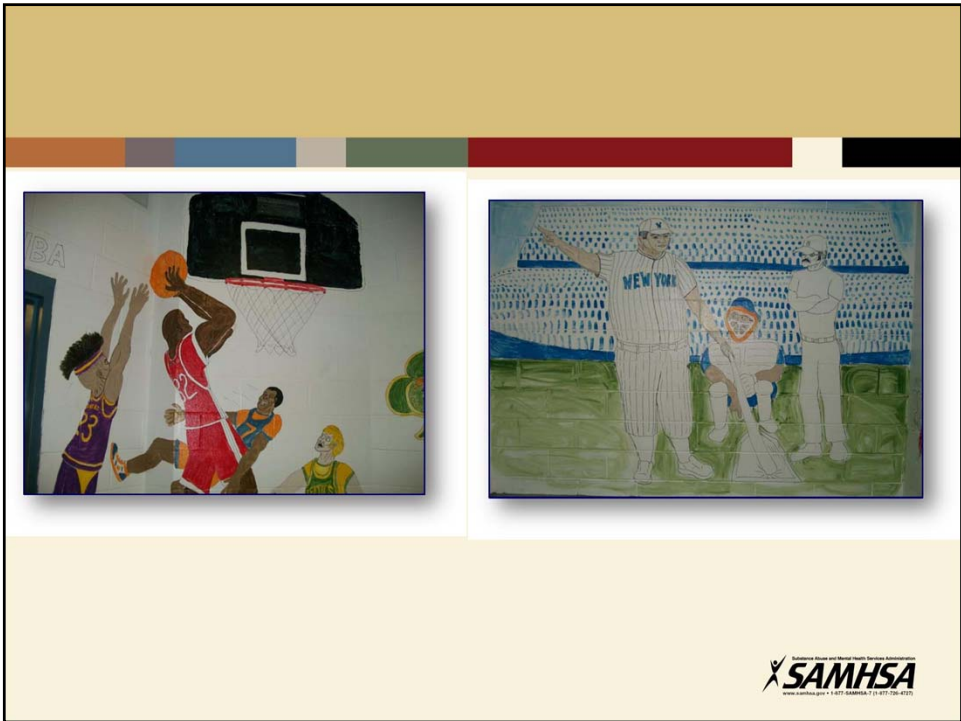
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I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

~ Maya Angelou





The slide features the SAMHSA logo in the top left corner, which includes the text "Substance Abuse and Mental Health Services Administration" and "www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)". To the right of the logo is a collage of images showing diverse people, including a family and a group of children. Below the collage is a horizontal bar with several colored squares. The main content area is a light yellow rectangle containing the text "Contact Information", "Joan Gillece, PhD", "SAMHSA National Center for Trauma Informed Care", the email address "Joan.gillece@nasmhpd.org", and the phone number "703-682-5195". On the left side of this area is a vertical image of a brick building with a staircase. On the right side, there is a small image of a family and the SAMHSA logo.

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Contact Information

Joan Gillece, PhD

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703-682-5195

From Traumatized to Trauma Informed & Finding a way back 'home'

By Julia Tripp
Constituent Coordinator
Center for Social Policy, &
Consultant – Advocates for Human Potential

Trauma in early childhood

- For many mothers experiencing homelessness, they may have experienced trauma as a child and as an adult*
- How trauma impacted my family
- A traumatized existence

*United States Interagency Council on Homelessness', Mother's Day Newsletter,

**“My hands were limp
appendages at the end of my
arms, only useful
for grasping the crack pipe
I was offered.”**

Julia Tripp

Overcoming trauma

- The reality of shelter life
- The road back required many supports
- Being treated like a human being was the beginning of real healing
- Most programs in 1997 were not trauma informed

Healing on the shoulders of trauma

- The journey from addiction to stabilization provided a unique education
- Questions about oppression
- Looking for a lamp illuminated a pathway into community involvement

**“Some people
follow the money,
I follow the light.”**

Julia Tripp

A new way of working

- The real lifeline for me was consumer involvement at a policy center, in a university
- A new way of working under a ‘trauma-enlightened’ director
- Putting trauma history to use as a Constituent Coordinator informed by Peer Support

The power and pressure of Peer Support

- Peer support has the power to transform individuals suffering from trauma
- Consumer movements are connected by the shared struggle to be recognized
- Peers in recovery may be caught in power dynamics of agencies they work in
- Perception of peer workers may be biased

A new way of living

- Learning to trust and forming friendships through the lens of trauma
- It is important to help people recovering from trauma see the progress they have made
- It is important to help people recovering from trauma know that they matter
- Ain't nothing gonna break my stride – because I love you Christopher

**“It occurred to me that if
‘hurt people, hurt people,’
then perhaps,
healed people heal people.”**

Julia Tripp

A Trauma Conscious Life

- Behind the mask
- Applying trauma consciousness to relationship
- Recovery does not mean a life free of stress
- There is a misperception of adequacy
- ‘Ancora Imparo’ – I am still learning

Happy Mother's Day

- Perhaps I'll buy myself flowers
- I wish there was a celebration for mothers who have lost all their children.
- Don't forget to honor yourself even if no one else does.
- Many of us are trauma survivors.
- Always keep learning.
- 'Tenere sempre imparare'



Questions?

- Please submit your questions via the chat function.
- The webinar will be available on our website at <http://www.usich.gov>



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