Questions to Consider

- What are some of your most effective strategies for engaging and building relationships with survivors?
- What are the challenges to establishing and maintaining relationships with the survivors you serve?
- How does exposure to trauma impact relationship-building (both for survivors and providers)?
- What aspects of survivor involvement are easier and more difficult to put into place?

Establishing Trusting Relationships: Key Organizational Elements

1. The organization fosters relationships with survivors that uphold the guiding principles of a trauma-informed approach (e.g., trauma awareness, safety, choice/control/empowerment, transparency, cultural and gender responsiveness, shared decision-making).
2. The organization establishes and upholds standards for culturally responsive practices.
3. The organization has processes for promoting service user involvement.
4. The organization has processes in place for monitoring quality of engagement with survivors that includes survivor feedback related to their experience of services.
1. Fostering relationships that uphold the guiding TIC principles

<table>
<thead>
<tr>
<th>Guiding Principles of a Trauma Informed Approach</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trauma Awareness</strong></td>
<td>Recognize the scope and impact of trauma on survivors, and respond in ways that support healing and resilience based on that understanding.</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>Ensure physical and emotional safety for survivors in your setting.</td>
</tr>
<tr>
<td><strong>Voice, Choice &amp; Empowerment</strong></td>
<td>Empower survivors to make decisions about the services and supports they need and how they are provided.</td>
</tr>
<tr>
<td><strong>Cultural &amp; Gender Responsiveness</strong></td>
<td>Ensure culturally relevant and gender responsive practices.</td>
</tr>
<tr>
<td><strong>Transparency</strong></td>
<td>Maximize open communication with trust with survivors.</td>
</tr>
<tr>
<td><strong>Integration</strong></td>
<td>Maintain a holistic vision of health promotion and service provision.</td>
</tr>
<tr>
<td><strong>Collaboration &amp; Shared Decision-Making</strong></td>
<td>Promote power sharing and partnership within and across systems and with service users.</td>
</tr>
<tr>
<td><strong>Relationship-based</strong></td>
<td>Demonstrate a commitment to establishing safe, authentic and positive relationships.</td>
</tr>
</tbody>
</table>

**Nervous System Response**

- In danger, older systems are activated (shutdown and fight-or-flight)
- Social engagement system: Regulates eye contact, facial expression, tone of voice, and language. Influences social expression and communication and experiences (ways of connecting, engaging, forming relationships).
- Your physiological state influences behavior and experience, including emotional expression, quality of communication, and ability to regulate body and behaviors.

**Effects of Early Trauma**

- Alterations in the functioning of a number of neural circuits – e.g., learning, memory, communication, social and emotional development.
- Changes to the stress system. More sensitive/highened responses to stressors. Leads to dysregulated systems: Difficulty understanding emotions, accurately expressing emotions, managing emotions, & coping with stress.
- Results in a narrowed focus on surviving.
- Overactive defensive systems and underactive higher level thinking and social engagement systems disrupts connectedness.
### Effects of Early Trauma

- Difficulty trusting others. Assume that people will not meet your needs and you will have to find ways to best survive.
- Trouble tolerating close relationships, understanding how to connect and stay connected.
- Misreading/misunderstanding people's behaviors and responses (e.g., raised voice or assertive tone as aggression; rescheduling a meeting or missing a call as rejection).
- Attempting to engage others in patterns of relationship from the past (e.g., abusive, sexualized, dramatic, intense).
- Struggles maintaining boundaries (e.g., over-sharing or asking for more than provider can offer; having unrealistic expectations of another person).

### Healing from Trauma

**Coping skills, learning, education, problem-solving**

**AND**

**Connection, relational engagement, playfulness, being in your body**

### Social-Environmental Needs of People with Trauma Histories

<table>
<thead>
<tr>
<th>Sense of Safety</th>
<th>physical &amp; psychological</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td>enforceable personal boundaries</td>
</tr>
<tr>
<td>Choice</td>
<td>options</td>
</tr>
<tr>
<td>Control</td>
<td>client centeredness</td>
</tr>
<tr>
<td>Acceptance</td>
<td>nonjudgmental attitudes</td>
</tr>
<tr>
<td>Mattering</td>
<td>to be heard and validated</td>
</tr>
<tr>
<td>Empathy</td>
<td>to be understood by another</td>
</tr>
<tr>
<td>Space</td>
<td>opportunities for privacy &amp; solitude</td>
</tr>
</tbody>
</table>

Establishing Trusting Relationships: Organizational Practices

Information Sharing:

- The organization reviews rules, rights, and grievance procedures with consumers on a regular basis.
- Organizational information (e.g., policies, procedures, services, requirements) is available in the languages of the people served.
- Organizational information is easy to read (low literacy, pictures).
- Consumer rights are posted in places that are visible.
- Material is posted or available about traumatic stress (e.g., what it is, how it impacts people, trauma-specific resources).

Privacy and Confidentiality:

- The organization informs consumers about the extent and limits of privacy and confidentiality (e.g., the kinds of records that are kept, where they are kept, who has access to this information, when the program is obligated to report information to child welfare or police).
- Staff does not talk about consumers in common spaces.
- Staff does not discuss the personal issues of one consumer with another consumer.
- There are private spaces for staff and consumers to discuss personal issues.
- Consumers who have violated rules are approached in private.
- When applicable, the organization obtains permission from consumers prior to giving a tour of their space (e.g., person notified of date, time, and who will see the space).

Open and Respectful Communication:

- The organization uses “people-first” language rather than labels (e.g., “People who are displaced” rather than “displaced people”).
- Staff uses motivational interviewing techniques with consumers (e.g., open-ended questions, affirmations, reflective listening).
- Rules are enforced in respectful ways (e.g., expectations about room/apartment checks are clearly written and verbalized and checks are done in a manner that ensures as much control as possible for the survivor).
- Determine the least intrusive ways to be in a survivor’s space.
- Staff asks about previous experiences with service providers and systems.
Establishing Trusting Relationships:
Organizational Practices

Consistency and Predictability:
• The organization has regularly scheduled meetings with consumers.
• The organization provides advance notice of changes in the daily or weekly schedule.
• The organization has structures in place to support staff consistency with consumers across roles and shifts (e.g., trainings, staff meetings, shift change meetings, and peer supervision).

Establishing Trusting Relationships:
Individual Practices

• Listen.
• Reflect and validate.
• Support control and choice.
• Recognize dysregulation.
• Know yourself.
• Be honest and authentic.

Listen.
Learn how to listen with your whole person...
Use your Ears (Verbal) and Eyes (Nonverbal)
• Listening vs. waiting to talk
• Supporting and exploring vs. telling and directing
• Learning vs. presenting as the expert
Reflect and Validate.
Helping someone feel seen & heard.

Affirmations: “I appreciate that you are willing to meet with me today.” “You’ve been through a lot.” “Thank you for sharing that information with me.”

Reflective Listening (closing the communication loop to make sure you understand accurately): “So you feel . . .” “It sounds like you . . .” Includes repeating or rephrasing what someone says. Paraphrasing what someone says. Reflecting the feelings associated with what someone is saying.

Support control and choice.

Freedom for people to make their own choices/decisions and regain control. – own choices within cultural context.

Balance this with cultural meaning-making and locus of control. – when to help, when to give space.

Recognize dysregulation.

Learn to notice when people are moving into a survival state (e.g., defensive, agitated, moving around, shutting down). Practice strategies to help people to re-regulate:

• Knowing when to stop
• Pausing and breathing
• Getting up and stretching
• Offering space
• Acknowledging what you are noticing and asking for validation
• Remaining engaged and connected
Know yourself.

Awareness of self and what you are bringing to the relationship.

- Understanding your triggers.
- Paying attention to your biases and those of others.
- Signs for wanting to disconnect (e.g., feeling bored, thinking of other things, avoiding meetings/calls).

Be honest and authentic.

Balancing being yourself with your professional role.

- Boundaries
- Self-disclosure
- Repairing

Boundaries, limits, rules:

Why important?

- Trauma violates boundaries
- Safe relationships are responsible and reparative
- Unclear boundaries and expectations - risk for retraumatization
Self-disclosure:
When appropriate?
What can be good about sharing your experiences?
What can be the down-side of sharing?

Think about the intention behind the disclosure.

Repairing:

- Don’t be afraid of making mistakes
- Work them through with the client
- Be honest with yourself and your client
- Explore the feelings related to the mis-attunement as part of the emotional repair

2. Culturally Responsive Practices

- Learn about the historical experiences within systems of the survivors served.
- Consider the effects of historical and racial trauma.
- Participate in rituals that put people at ease (e.g., ceremony, food)
- Express being willing to learn.
- Acknowledge differences.
- Look to understand the meaning of life, suffering, healing.
- Provide opportunities for people to share their stories.
- Ask if a person wants others family members present.
- Ask about spiritual supports.
- Use culturally-relevant terms to explain things.
- Be aware of culture-specific rules of communication (e.g., eye contact, integration of food into meetings, touch, body language, pace of conversation).
- Say hello and goodbye in a person’s language.
2. Culturally Responsive Practices

- Be aware of what questions you are asking and the stigma or taboo associated with various topics (e.g., mental health, sexuality, abuse, violence).
- Accept and respect the cultural roles of various family members in the family unit (e.g., elders, male/female roles, etc.).
- Understand parenting/discipline practices.
- Understand the role of other family members in an individual's decision-making.
- Have access to tools/methods of interacting with those with limited English proficiency
  - Using visual aids, gestures, and physical prompts
  - Access to a trained bilingual translator
  - Printed material, whenever possible, in the language of origin

- Engage outside consultants or staff members with experience in various cultures to provide ongoing education and consultation.
- Post materials in the language of the survivors being served.
- When applicable, survivors are allowed to prepare or have culturally-specific foods.
- The organization provides ongoing opportunities for survivors to share their cultures (e.g., potlucks, culture nights, different types of music and art).
- Staff shows respect for culture-specific family roles and practices.
- Policies include a written commitment to culturally competent care (e.g., staff training and hiring, organizational practices that honor cultural differences).

Staff Training:
- Cultural differences in how children develop
- Culture-specific parenting practices
- Experiences of historical trauma among particular groups
- Racial trauma
- Cultural variations in how people understand, describe, and respond to trauma (e.g., physical symptoms, different wording)
- Cultural differences in how mental health issues are understood and expressed
- Cultural norms around help-seeking
2. Culturally Responsive Practices

Staff Training:
• Culture-specific experiences with the health and mental healthcare systems (e.g., histories of being marginalized, stigmatized, or abused)
• The role of spirituality in the recovery process
• Types of displacement
• Types of pre-migration and migration trauma
• Broader context of racism, classism, and cultural oppression
• Staff awareness of values, attitudes, beliefs related to culture
• Culture-specific strategies for engagement

3. Survivor Involvement

• The organization provides survivors with regular opportunities to express their needs and concerns (directly and indirectly).
• Survivors identify their treatment needs and goals.
• Survivors are involved in developing agency programming.
• Survivors have opportunities to co-lead/lead activities.
• Survivors have opportunities to evaluate the organization and offer suggestions for improvement in anonymous and/or confidential ways (e.g., suggestion boxes, regular satisfaction surveys).
• People with similar lived experiences are involved in program development.
• People with similar lived experiences are recruited for agency boards.
• People with similar lived experiences are employed by the agency.

4. Gathering Feedback on Services

Trauma-Informed Practice (TIP) Scales – Tool for examining the survivor’s perspective on the extent to which agencies are using a trauma-informed approach.

Six Domains of Trauma-Informed Practice:
1. Environment of Agency and Mutual Respect
2. Access to Information on Trauma
3. Opportunities for Connection
4. Emphasis on Strengths
5. Cultural Responsiveness and Inclusivity
6. Support for Parenting
4. Gathering Feedback on Services

Domain: Environment of Agency and Mutual Respect

- Staff respect my privacy.
- Staff are supportive when I’m feeling stressed out or overwhelmed.
- I decide what I want to work on in this program.
- Staff treat me with dignity.
- Staff understand that I know what’s best for me.
- Staff respect the choices that I make.
- In this program, I can share things about my life on my own terms and at my own pace.
- Staff can handle difficult situations.
- I can trust staff.

(Sullivan, C.M., & Goodman, L., 2015)

Domain: Access to Information on Trauma

- I have the opportunity to learn how abuse and other difficulties affect responses in the body.
- I have the opportunity to learn how abuse and other difficulties affect peoples' mental health.
- This program creates opportunities for me to learn how abuse and other hardships affect peoples' relationships.
- This program gives me opportunities to learn how abuse, and other difficulties affect peoples' ability to think clearly and remember things.
- I am learning more about how to handle unexpected reminders of the abuse and difficulties I have endured.

(Sullivan, C.M., & Goodman, L., 2015)

Domain: Opportunities for Connection

- In this program, I have the opportunity to connect with others.
- I have opportunities to help other survivors of abuse in this program.
- I have the option to get support from peers or others who have had experiences similar to my own.

(Sullivan, C.M., & Goodman, L., 2015)
4. Gathering Feedback on Services

**Domain: Emphasis on Strengths**

- Staff respect the strengths I have gained through my life experiences.
- Staff respect the strengths I get from my culture or family ties.
- The strengths I bring to my relationships with my children, my family, or others are recognized in this program.

(Sullivan, C.M., & Goodman, L., 2015)

**Domain: Cultural Responsiveness and Inclusivity**

- Peoples' cultural backgrounds are respected in this program.
- Peoples' religious or spiritual beliefs are respected in this program.
- Staff respect peoples' sexual orientations and gender expressions.
- Staff understand what it means to be in my financial situation.
- Staff understand the challenges faced by people who are immigrants.
- Staff understand how discrimination impacts peoples' everyday experience.
- Staff recognize that some people or cultures have endured generations of violence, abuse, and other hardships.
- This program treats people who face physical or mental health challenges with compassion.

(Sullivan, C.M., & Goodman, L., 2015)

**Domain: Support for Parenting**

- I am learning more about how children react emotionally when they have witnessed or experienced abuse, and other hardships.
- Staff help me explore how children's relationships can be affected by witnessing or experiencing abuse, and other life difficulties.
- I am learning more about how my own experience of abuse can influence my relationships with my children.
- The program provides opportunities for children to get help dealing with the abuse and other hardships they may have experienced or been affected by.
- Staff support me to strengthen my relationships with my children.

(Sullivan, C.M., & Goodman, L., 2015)
Choose your aim: What are you trying to accomplish?
Example: Improve our ability to regularly gather participant input.

Plan – Do – Study – Act
I plan to . . . (test a process for giving out and getting back satisfaction surveys)
I hope this produces . . . (at least X number of surveys returned in X amount of time)
Steps to execute . . . (1. we will give out surveys at the end of participant meetings; 2. we will have a central location for people to return surveys; 3. we will try this for 1 month)

What did you observe?
What did you learn?
What did you conclude about how to gather feedback via satisfaction surveys?
Thank you for the work that you do and for your time today.

For more information, please contact:
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kguarino@air.org

To learn more about our trauma work visit our website at http://www.air.org/resource/trauma-informed-care-service-systems