



Lutheran
Social Service
of Minnesota



Practical Applications of Trauma- informed Care

StreetWorks Certification Overview & Workshop

Introduction

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- 3 years, Manager, StreetWorks
- 1.5 years, MHW, HCMC Inpatient Psych
- 7 years, Hope Street



What do we know?

A lot less than we think we know.

Has this person ever been abused, assaulted, raped or exploited?

Has this person witnessed violence?

Is this person safe?



What do we know?

Are they going to tell us?

Do they trust us?



What do we know?

Are they going to tell us?

Should they trust us?



What do we know?

What do we know and how did we learn it?



What do we know?

What kind of questions do we ask?

When do we ask these questions?

How do we ask these questions?



Our Relationships

What is our role?

Does the client know what to expect from us?



Our Relationships

Safe

Client-centered

Non-transactional

Non-judgmental



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Our Relationships

Our relationships can become damaging to our clients when they are unsafe, judgmental, transactional and dependent. This is particularly true for survivors of trauma, who are more vulnerable to unhealthy relationships.



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Our Understanding

Triggers

Can be anything

May not be direct

May not be identifiable



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Our Understanding

Fight or Flight

The person is responding to danger.

The body and brain act differently during a crisis.



Our Understanding

Fight or Flight

- Involuntary hand shaking or clenching
- Breathing heavy
- Flushed skin
- Dilated pupils



Our Understanding

Fight or Flight

- Deliberate shaking of finger, foot or head
- Sudden movement or jolts
- Talking louder than usual or changes in voice pitch or tone
- Fixed stare at you or something else
- Scanning the room/environment
- Yelling or swearing
- Increasing resistance to request (requests or demands)
- Challenging or questioning comments (“Why did you do that?” Client may not be able to answer and may escalate the situation because they may not understand)



Our Understanding

Behaviors may appear challenging or oppositional.

Behaviors may appear disrespectful.

Behaviors may appear threatening.



Our Understanding

Behaviors may appear challenging or oppositional.

Behaviors may appear disrespectful.

Behaviors may appear threatening.

Behaviors may only be responses to a perceived danger.



Our Understanding

Interpret their actions with an understanding of trauma.

Don't take insults or rudeness personally

Anger, fear, sadness, and freezing are natural reactions

Scary actions may not be threats

A verbal threat may not be intended as a threat



Our Understanding

An understanding of trauma....

Our relationships can become damaging

Questions become challenges

Consequences, warnings and rules become threats



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Trauma-informed Care: Safety

Rule #1. Keep yourself safe.

The amount of Trauma-informed Care you can provide is directly related to how safe you can keep yourself.



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Our Actions

How safe are you?

Could this person hurt you or someone else?

Consider how well you know the person, how well they know you

Do you have support?

What kind of options do you have?



Our Actions

Are you in crisis?



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Our Actions

Be careful with words

Keep it short and simple

Watch your tone and your non-verbals

Questions can be threatening



Our Actions

Be careful with movements

Doing “safe” is better than saying “safe”

Consider your posture and gestures

Consider where you move



Our Actions

Avoid taking control

Offer options (simple)

Avoid humor and judgment

Validate the person (strength-based)



Our Actions

De-escalating a Crisis

When is the crisis over?

De-brief



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Limitations of Trauma-informed Care

Safety vs. Trauma-informed Care



Limitations of Trauma-informed Care

Policy vs. Trauma-informed Care



Importance of Trauma-informed Care

Trauma-informed Care must be practiced at every level of service delivery, from providing services directly to the client, to how our services are managed and workers are supported, to how services are funded and prioritized in the community.



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QUESTIONS and WRAP UP

