Integrating Trauma-Informed Care and Harm Reduction Philosophies and Practices to Improve Participant Health Outcomes

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Objectives

• Define the philosophies of Harm Reduction and Trauma-Informed Care in the context of meeting the health care needs of people who are impacted by homelessness.

• Demonstrate the connection between these philosophies and the ways that they enhance each other when used together.

• Develop strategies to incorporate these philosophies into providers’ agencies and translate them into specific practices to improve service delivery and increase engagement with care.
Trauma and Homelessness

- Trauma is defined by an individual’s subjective experience.
- Homelessness includes key components of traumatic events.
- Assume everyone has experienced some trauma and significant hardship.
Key Components of Trauma

- Sudden, unexpected, and perceived as dangerous
- Threaten physical or mental well-being through violence or threat of violence
- Overwhelm usual coping
- Subjective and defined by the individual’s experience

Trauma is not defined by the event, it’s determined by the response to it
Post-Traumatic Stress Disorder

Presence of a Traumatic Event

- **Intrusion**
  Flashbacks, nightmares, involuntary memories

- **Avoidance**
  Avoid thoughts, feelings, people, places, things associated with event; dissociation

- **Negative change in mood and thoughts**
  Exaggerated negatives beliefs about self/others, feelings of guilt/shame, feelings of detachment

- **Change in arousal and reactivity**
  Hypervigilant, aggressive outbursts, exaggerated startle response

- **Lasts more than 1 month**

- **Disrupts functioning**
The Body Keeps the Score  
(van der Kolk, 2014)

- Being traumatized means continuing to organize your life as if the trauma were still going on - unchanged and immutable - as every new encounter or event is contaminated by the past
- Numbing happens when alarm keeps going and we learn to ignore it. This happens on a cellular level!
- Impaired judgment and ability to interpret situations
- Emotional intensity and context
- Extremes and contradictions in feelings and behaviors
WHAT IS TRAUMA INFORMED CARE?
Trauma Informed Care

Substance Abuse and Mental Health Services Administration (SAMHSA)

A program, organization, or system that is trauma-informed:

– *Realizes* the widespread impact of trauma and understands potential paths for recovery;

– *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

– *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and

– Seeks to actively resist *re-traumatization*
Harm Reduction Defined

• A set of practical strategies that reduce negative consequences of drug use and other high-risk behaviors
• Incorporates strategies that range from safer use to managed use to abstinence
• Respects the rights of all people, including those who use drugs

–Harm Reduction Coalition
Harm Reduction Approach to Supportive Services

• No pre-determined outcomes, a client-centered approach
• Non-judgmental
• Change is hard, be patient
• Emphasizes connection and engagement
Prevalence of Substance Use

• Substance use disorders are more common among people who are homeless
• Among people who are homeless, 38% have a substance use disorder
• Among people who are chronically homeless, 72% have a substance use disorder

Principles of Harm Reduction

• Drug use is often initially adaptive
• There is no inevitable progression from use to dependence
• Drug addiction is a biopsychosocial phenomenon
• Drug, set, and setting are central to understanding an individual’s drug use

(Denning, 2000)
HR & Other Risky Behaviors

- Lack of health care or mental health care
- Medication adherence
- Diet/nutrition
- Self-injury
- Sex and sex work
- Domestic violence
- Homelessness
- Police encounters, legal risks
Intersections of HR & TIC: Trauma Puts People at Risk

- Trauma impacts the ability to discern danger from safety
- People make risky choices in an effort to manage their trauma or cope with it
- Trauma impacts people’s ability to form trusting relationships
Discerning Danger & Safety

• Alarm fatigue
• Distorted sense of safety--people can feel safe but be in danger; or feel in danger but be safe
• Increased chance of being in dangerous situations
• Increased likelihood of retraumatization
• Perceived as being “difficult”, they isolate from social supports
Coping by Taking Risks

• Risky behaviors are often adaptive at first
  • Might emphasize more immediate needs/feelings rather than considering long term impact
• Trauma impacts people’s ability to think through long term consequences of behaviors or to make future plans/goals
• A source of pain can become a source of meaning, value, and feeling alive
• Examples: substance use, self-injurious behaviors, gambling, shoplifting, aggression, and violence (gang activity)
Disruption in Relationships

- Shame and stigma about trauma/risky behaviors makes people hesitant to talk about them
- Less likely to engage with service providers
- Less likely to have social supports
- Less likely to use substances with others, more likely to use alone
TIC and HR Support Each Other

SAFETY

CONTROL

CONNECTION
Safety

- Maslow’s Hierarchy of needs
- Herman’s tri-phasic model of trauma treatment
  - Safety & Containment, Revisit, Revitalize
- TIC focuses on creating safe environments
- Moving away from all-or-nothing thinking
- Information offers safety
- Safer use resources and strategies
Control

- Emphasis on autonomy—people have a right to control their own bodies and make decisions about their lives
- Reframe risky behaviors as an attempt to take control by doing something to regulate mood
- Importance of protecting participant rights
- Ask permission
- Offer choices whenever possible
Connection

• Primary objective is keeping people engaged
• Healing takes place in the context of healthy connection
• People are generally safer in communities

“Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.” – van der Kolk, 2014
Discussion Questions

• In what ways does your team implement the principles of harm reduction and trauma-informed care in your work?
• What barriers prevent you from using these approaches to engage clients?
• What changes can you make to further incorporate these philosophies into your practice?
References and Resources


Harm Reduction Coalition: http://harmreduction.org/


Harm Reduction in the House

Chicago
23 September 2016

www.midwestharmreduction.org

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