

TRAUMA-INFORMED CASE MANAGEMENT

Corin Tubridy

West Central Wisconsin Community Action Agency

ctubridy@wcap.org

LEARNING OBJECTIVES

-  Understand trauma, its impact, and how it is manifested in the people we serve
-  Understand how to put trauma-informed care into practice
-  Understand the importance of self-care and supervisory support in providing trauma-informed case management



SELF CARE

Today's topic can be a heavy one so practice self-care:

- ✓ Breathe
- ✓ Positive Self-Talk (I am safe)
- ✓ Doodle
- ✓ Fidget
- ✓ Take a break





DEFINING TRAUMA

TRAUMA DEFINED

- Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster.

American Psychological Association

- Psychological trauma may set in after a distressing or life-threatening event

Psychology Today

- A very difficult or unpleasant experience that causes someone to have mental or emotional problems usually for a long time

Merriam-Webster



TRAUMA DEFINED

- The experience of trauma is subjective
- It often results in feelings of vulnerability, helplessness, and fear
- It often interferes with relationships
- It can affect a person's fundamental beliefs about themselves and others
- It causes one to question their place in the world
- It disrupts the nervous system



WHAT DOES TRAUMA LOOK LIKE?

❑ In Our Emotions?

- ❑ Difficulty managing feelings
- ❑ Easily frustrated
- ❑ Shame
- ❑ Chronic emptiness

○ In Our Thinking?

- Catastrophizing
- Concrete thinking/Black & white thinking
- Memory problems



WHAT DOES TRAUMA LOOK LIKE?

○ In Our Relationships?

- Difficulty assessing social cues
- difficulty seeking attention in appropriate ways
- challenges in seeing another's point of view
- difficulty in maintaining relationships

○ In Our Actions?

- Impulsive
- Suicidal
- Self-injury, chemical use/dependency
- Trauma re-enactment



WHAT DOES TRAUMA LOOK LIKE?

How it may get diagnosed:

- Post-Traumatic Stress Disorder
- Borderline Personality Disorder
- Attention Deficit Hyperactivity Disorder
- Oppositional Defiant Disorder
- Dissociative Disorder
- Somatoform Disorder
- Anxiety Disorder
- Major Depression
- Substance Use Disorder
- Conduct Disorder
- Bipolar Disorder
- Attachment Disorder



EXPLAINING NOT EXCUSING BEHAVIORS

Outward Expressions

- Anger or defiance
- Violence towards others
- Truancy
- Criminal acts
- Perfectionism

Inward Expressions

- Withdrawal
- Substance use
- Perfectionism
- Violence to self
- Spacing out



REMINDERS OR TRIGGERS

- Lack of control
- Threats or feeling threatened or attacked
- Observing threats or assaults
- Isolation
- Interacting with authority figures
- Lack of information
- Being told what to do
- Lack of privacy
- Removal of clothing (medical exams)
- Sensory experiences (smells, sounds, touch, taste, body position)
- Being touched
- Being watched
- Loud noises
- Darkness
- Intrusive or personal questions
- Being locked in a room
- Being ignored
- Condescending looks/Tone of voice
- Transitions or disruptions in routine
- Feelings of vulnerability and rejection
- Sensory overload (crowded spaces, loud sounds, powerful smells)

Which triggers could your clients experience as you're working with them?



IMPACT OF TRAUMA

Exposure to trauma can affect a child's perception of time, cognitive style, affective tone, problem-solving skills, and ability to respond to and understand rules, regulations, and laws

Perry, B.D. The neurodevelopmental impact of violence in childhood. Chapter 18: In Textbook of Child and Adolescent Forensic Psychiatry, (Eds., D. Schetky and E.P. Benedek) American Psychiatric Press, Inc., Washington, D.C. pp. 221-238, 2001



MEDIATING & EXACERBATING FACTORS

- Person
 - Age or developmental stage
 - Past experiences
 - Strengths and coping skills
 - Cultural beliefs
- Environment
 - Supportive responses from significant others
 - Access to safety and resources
- Event
 - Severity and chronicity
 - Interpersonal as opposed to an act of nature
 - Intentional or accidental



“Being traumatized means continuing to organize your life as if the trauma were still going on unchanged.”

Bessel van der Kolk, M.D.



TRAUMA WORLDVIEW

- No place is safe
- Other people are unsafe and cannot be trusted
- My own actions, thoughts, and feelings are unsafe
- I expect crisis, danger, and loss
- I have no worth and no abilities





TRAUMA-INFORMED CARE IN PRACTICE

UNIVERSAL TRAUMA PRECAUTIONS

Assume that all people and connected persons with whom you are working are coping with the effects of trauma, and modify your practice accordingly.



UNIVERSAL TRAUMA PRECAUTIONS

Recognizing how your organization, your program, your environment, and your practice could potentially act as a trauma trigger.



DOMAINS OF TRAUMA-INFORMED CARE

○ SAFETY

- Ensuring physical *and* emotional safety

○ TRUSTWORTHINESS

- Maximizing trust through task clarity, consistency, and interpersonal boundaries

○ CHOICE

- Maximizing client experiences of choice and control

○ COLLABORATION

- Sharing of power

○ EMPOWERMENT

- Prioritizing empowerment and skill-building



SAFETY

- Meeting people where they are at
- The person's culture is respected and incorporated into all stages of intervention
- Identification and on-going assessment of triggers and plans to address these
- Establish and maintain predictable routines to increase the sense of safety
- Maintain a calm environment to decrease hyper-arousal
- Support and promote positive and stable relationships in the person's life
- Ensure opportunities for success



TRUSTWORTHINESS

- Provide clear information about when, where, and by whom services will be provided
- Be on time
- Do what you say you will do, and if you can't do it, take responsibility
- Talk about the good, the bad, and the ugly
- Avoid “tricking” or “catching” people



CHOICE

- When and where will you meet?
- How does the person prefer to communicate?
- How does the person prefer to be addressed?
- Who will be on the team?
- What services does the person want?
- Person decides which goals to work on first
- When does the person want to terminate services?



COLLABORATION

- Ask about a client's goals or priorities
 - Service plans should be developed by the client, with the support of the case manager
- Ongoing assessment of which services have been effective
 - Do goals and service plans need to be adjusted?
- Shared expectations for the helping relationship
- During emotional times ask, “How can I support you right now?”



EMPOWERMENT

- Focus on empowerment instead of management and control
- Build upon strengths and promote resilience
- Emphasize developing and practicing coping skills instead of “gaining insight”



ENGAGEMENT

○ SAFETY

- Ask about the meeting environment; ex: door open or closed
- Avoid forcing eye contact
- Be aware of your proximity
- Pay attention to your tone of voice

○ TRUSTWORTHINESS

- Explain the rules/expectations of the program
- What can the client expect from you?

○ CHOICE

- Identify where the client can make choices, are there opportunities for choice that currently aren't allowed?

○ COLLABORATION

- Are you engaging in a conversation or asking rapid-fire questions?
- Are you approaching the person in partnership or as the “expert?”

○ EMPOWERMENT

- Offer voluntary services that meet the client's needs



ASSESSMENT

○ SAFETY

- Confidentiality
- Offer breaks
- Avoid asking too many questions

○ TRUSTWORTHINESS

- Explain what you will be asking and why
- Allow the person to see what you are writing

○ CHOICE

- The person decides how much to share

○ COLLABORATION

- Develop a shared understanding of the problem
- Listening to hear vs. listening to fix

○ EMPOWERMENT

- Holistic view of the person
- Identify strengths and resiliency factors
- Draw on past successes



PLANNING

- SAFETY
 - Listening skills
- TRUSTWORTHINESS
 - If you say the plan will reflect the client's goals, make sure it does
- CHOICE
 - Prioritizing problems
 - Determining who will be on the service or support team
- COLLABORATION
 - Establish goal, objectives, and action steps together
 - Case manager can guide the process, but the goals are the person's
- EMPOWERMENT
 - What has the person tried before? What do they think will work?



IMPLEMENTATION

○ SAFETY

- Ensure ongoing safety while attaining goals

○ TRUSTWORTHINESS

- Respond to requests for help

○ CHOICE

- Person decides what to work on first

○ COLLABORATION

- Monitor progress together
- Revise the plan together

○ EMPOWERMENT

- The person is the expert on his/her life – reinforce it!



EVALUATION

○ SAFETY

- Ongoing monitoring of progress enables you to respond quickly to a change in the person's needs

○ TRUSTWORTHINESS

○ CHOICE

○ COLLABORATION

- Deliberate conversation about how things are going

○ EMPOWERMENT

- Review goal attainment – what's worked, what didn't according to the person



TERMINATION

○ SAFETY

- Monitor the emotional reaction of the client and the worker

○ TRUSTWORTHINESS

- Explain criteria for termination of services up front

○ CHOICE

- Ideally, the client chooses when to terminate assistance
- Which services does the client want to continue somewhere else?

○ COLLABORATION

- The person, case manager, and other team members prepare for the effects of termination
- Identify appropriate referrals
- Create exit plan together

○ EMPOWERMENT

- Review successes and challenges
- Discuss how to anticipate and resolve future problems
 - How will the person find additional resources



WORDS OF WISDOM

Never underestimate the significance of warmth, respect, empathy, and being genuine in the helping process.

Trauma-Informed Services are often about the little things.



THE LITTLE THINGS

Does the environment in which you interact

- Appear clean and well-maintained?
- Have soothing colors?
- Have a neutral aroma?
- Have individual chairs with discrete seating areas?
- Have individual bathroom options with locks?



THE LITTLE THINGS

Do staff

- Have good hygiene?
- Wear clothing that connotes professionalism?
 - Shows respect for the person
 - Shows an understanding of one's role
- Avoid displaying religious icons?



THE LITTLE THINGS

Does your organization

- Ensure all staff and clients are taught about trauma and its impact?
- Continually assess a person's trauma status?
- Have a clear plan for dealing with behavioral crises?
- Value feedback from clients and staff?



THE LITTLE THINGS

- Make every effort to minimize delays
- Speak in a clear, normal tone
- Make eye contact, but be careful of staring
- Smile, maintain a generally pleasant demeanor
- Maintain an open physical stance
- Be aware of your non-verbal communication
- Initiate greetings
- Be open to change, ask for feedback



THE LITTLE THINGS

- Goals should reflect the client's preferences
- Offer integrated services
- Offer a choice of services and providers/workers (if possible)
- Be sensitive to seating configuration
- Recognize the importance of physical boundaries
 - Any touch, even a handshake, could trigger a trauma reaction
- Recognize the importance of social boundaries
 - Jokes, story telling, innuendo, double entendres can convey a risk or threat



THE LITTLE THINGS

- When the trauma story overwhelms or leaves you speechless, be willing to sit in supportive silence
- Be prepared to repeat information many times; repetition is commonly needed when clients are working with an overwhelmed nervous system



WORDS HAVE POWER

- Crazy
- Criminal
- B***chy
- Lazy
- Liar
- Nut Job
- Frequent Flyer
- Off his/her rocker
- Piece of work
- Entitled
- Bat S**t
- Psycho
- Those People
- White Trash
- Others?





SELF CARE

“In dealing with those who are undergoing great suffering, if you feel ‘burnout’ setting in, if you feel demoralized and exhausted, it is best, for the sake of everyone, to withdraw and restore yourself. The point is to have a long-term perspective.”

The Dalai Lama



TOP 10 SIGNS YOU'RE TOO STRESSED

10. You find yourself hoping to get the flu, just so you have a reason to stay in bed for a day.
9. Your children shudder in fear when your boss's name is mentioned.
8. You've wondered (more than once) if your cell phone would float when hurled into a river.
7. You start using a pencil instead of a pen to put dates with your partner in your schedule.
6. Case files have become "light bedtime reading."

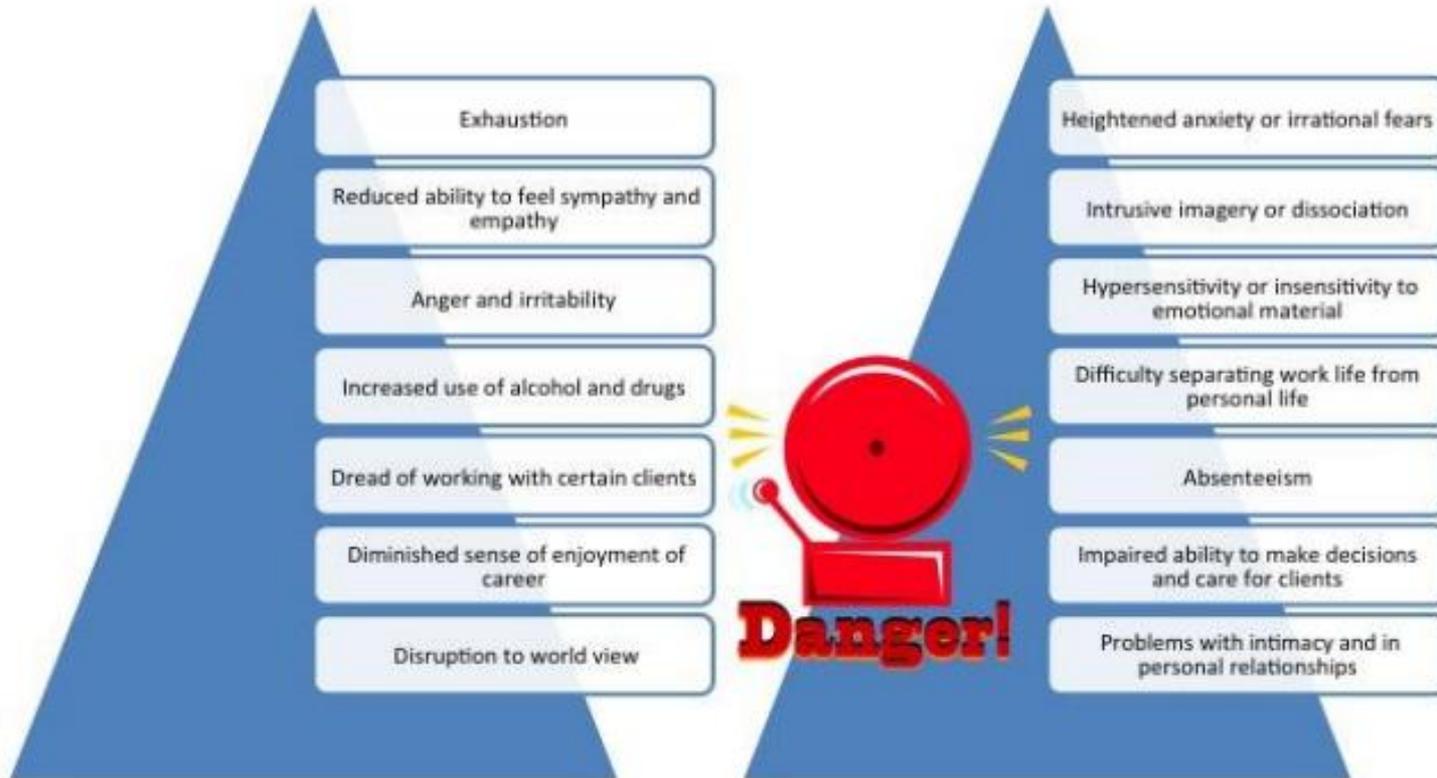


TOP 10 SIGNS YOU'RE TOO STRESSED

5. Your best friends think you've moved away because they haven't heard from you in so long.
4. You consider Red Bull a part of a balanced diet.
3. You fall asleep during trips to the dentist's office, because it's the only time you put your feet up.
2. You're too tired to remember the name of your dog.
1. It takes you six days of vacation to even begin to feel relaxed, and six minutes back in the office to make you forget that you took a vacation at all.



WARNING SIGNS OF COMPASSION FATIGUE



Developed by Christina Clarke, MS, HS-BCP, Coordinator of Continuing Medical Education and faculty, Wake Forest School of Medicine, Northwest AHEC



What About You?

A Workbook for Those Who Work with Others



THE NATIONAL CENTER ON
Family Homelessness
for every child, a chance

*Camelia E. Asst, Executive Director,
Regional Offices, and Interim Staff*



TAKING CARE OF YOURSELF

- Develop a Self Care Plan
 - Physical
 - Emotional
 - Spiritual
 - Intellectual
 - Social
 - Occupational
 - Environmental
- Who are your supports?
- What are the signs that you are stressed out?
- What is helpful?
- What is not helpful?



TAKING CARE OF EACH OTHER

- It is up to everyone to recognize signs and symptoms of compassion fatigue in each other
 - Apathy and lethargy = poor judgment and bad outcomes
- Use “Care-frontation” with each other
 - “You were a bit snippy on the phone.”
 - “That isn’t strengths-based language.”
 - “Your conversation sounded a little too friendly. I’m worried the boundaries might be blurred.”
 - “I am worried about you.”



TOP 10 WAYS TO BREED BURNOUT IN YOUR ORGANIZATION

10. Never, ever give anyone information today that you can wait until next week to tell them about. This includes important deadlines especially.
9. Never thank anyone for anything. Especially in public.
8. Do not celebrate important events. If you see others wishing someone happy birthday, be sure to sneer at them so that they get back to work.
7. Whenever possible, call people on their days off even if it's not an emergency. It reminds them of the stresses they've left behind. Maybe next time, they'll think twice about even taking time off.
6. Stop watering the plants. Once they die, leave them to collect dust. Employees won't stay very long if even the plants look sad.



TOP 10 WAYS TO BREED BURNOUT IN YOUR ORGANIZATION

5. Approach every situation with a “what is it this time?” attitude.
4. Adopt “It will never work,” as your motto.
3. Cancel meetings with the people you supervise. They should be able to do their jobs without support.
2. Make simple, everyday tasks more complicated than they need to be. For example, lock the supply closet and only open it on Tuesdays between 3 and 4.
1. Leave your sense of humor at home. This is serious work for serious people.



SUPERVISOR'S ROLE

- Consistent Staffings
 - Clarify roles
 - Recognize program problems as symptoms of the clinical issue
- Clinical Supervision
 - If not the supervisor, contract with a mental health professional
- Address Morale Issues
 - Reframing situations
 - Addressing compassion fatigue
- Individual Supervision
 - Domains of Trauma-Informed Care



SUPERVISOR'S ROLE

- Ensure all case managers have a self-care plan
- Watch for signs of compassion fatigue and address it
- Offer assistance to case managers
 - Encourage mental health days
 - Offer additional support to do the job
- Offer educational opportunities
 - Deepen understanding of trauma
 - Professional Development
- Hold team-building events or retreats
 - Improve relationships within the team
 - Increase morale



FINAL THOUGHTS

“When the paramedic is called to someone in medical distress the first thing they do is check for signs of life. And they start to work tirelessly to resuscitate that person.

Why do we give up so easily on people who are obviously still breathing? Why don't we work hard to resuscitate their lives? **Where there's breath, there's hope.**

Do we truly believe in the people we serve? If you are serving them and you don't believe in them, how can we expect them to believe in themselves?”

Tonier Cain



LEARN MORE!

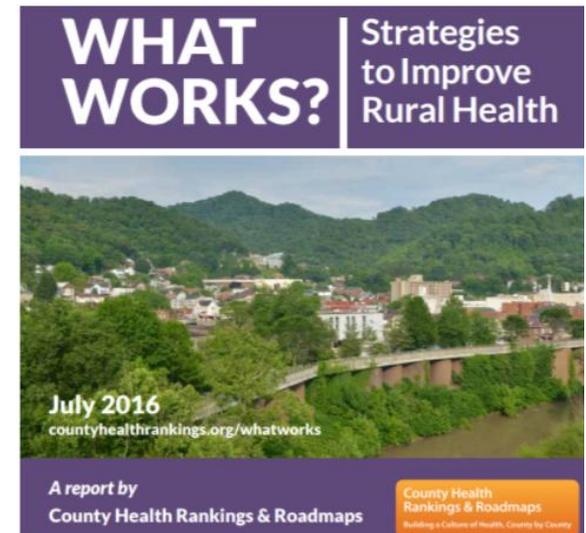
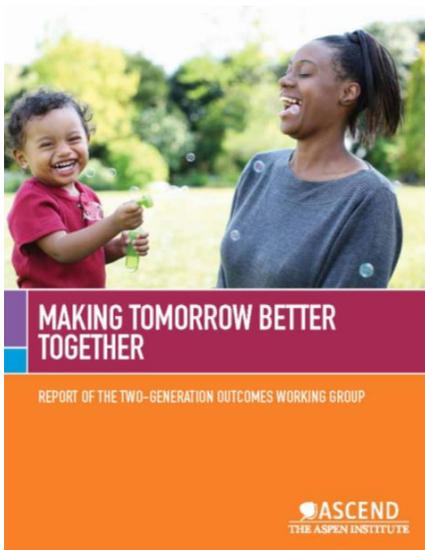
- National Center for Trauma Informed Care
Website: <http://mentalhealth.samhsa.gov/nctic/>
- National Child traumatic Stress Network
Website: <http://www.NCTSNnet.org>
- Child Trauma Institute Website:
<http://www.childtrauma.com/>
- National Alliance on Mental Illness Website:
<http://www.nami.org/>
- What About You? A Workbook for Those Who
Work with Others:
[http://508.center4si.com/SelfCareforCareGivers.p
df](http://508.center4si.com/SelfCareforCareGivers.pdf)





RESOURCES

Blog: <https://lcrcweb.com/>



CSBG T/TA Resource Center:
www.csbgтта.org



EVALUATIONS

The Partnership Wants Your Feedback!



Please be sure to **complete** the evaluation for this session **online**, via the **CAPCON17 Event App**.

Thanks in Advance for your Cooperation!

