

# **MILIEU MANAGEMENT THROUGH TRAUMA INFORMED CARE AND MOTIVATIONAL INTERVIEWING**

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**What are some  
challenging client  
behaviors that you  
commonly face?**



**Why do clients act  
this way?**



# THE STAKES ARE HIGH FOR OUR PATIENTS

*“Because this is like my last... for a lot of us... I know for me, this is like my last stop. I'm tired. I've been out there, almost like say... you been out there rolling around in the dirt. I'm tired. I mean, this place to me is an avenue that is so serious for me, it's between life and death. So that's how serious this is for me. So I don't want to die. I don't want to die.”*

*“I was pretty beaten down. But when I got here, I started getting a glimmer of hope. Since the time that I've been coming to them, this place has always been about their business. That's getting you care, taking care –taking care of your well-being, seeing to it that you are – that you're goal-oriented and all that – you know, all the things – that you're a person again.”*



# MINIMIZING CHALLENGING BEHAVIORS THROUGH TRAUMA INFORMED CARE

Trauma-Informed Care includes a number of strategies and approaches designed to

- 1) minimize the risk of triggering and
- 2) guide clients into recovery



# TRAUMA INFORMED CARE THEMES

- Trauma awareness
- Establishing safety
- Opportunities for clients to develop healthy relationships
- Opportunities for clients to gain a sense of personal control and confidence



# INTUITIVE VERSUS INTENTIONAL

- “What happened to you?” instead of “What is wrong with you?”
- Listen
- Treat others as you would want to be treated



# TRAUMA INFORMED CARE STRATEGIES

Preventing problem behaviors versus managing problem behaviors

- Client engagement
- Welcoming and safe environment
- Staff support





# CLIENT ENGAGEMENT

- People who have experienced trauma get very upset at not having control over their lives.
- Client-centered care gives clients back some of this control and boosts their confidence and self-esteem.



# CLIENT ENGAGEMENT

Clients can be engaged

- on the individual level,
- through interaction with their peers through groups
- through interactions with the agency
- through advocacy opportunities.



What are some strategies you have tried regarding client engagement?

# HOW WE ENGAGE CLIENTS IN OUR RESPITE PROGRAM:

- Residents meeting
- Peer psycho-educational groups and health education groups
- Advocacy opportunities
- Recreational activities



# WELCOMING ENVIRONMENT

- People who have experienced trauma are very aware of their environments.
- Having clear rules and expectations can help clients know what to expect.

What has your respite program done to provide a welcoming environment?



# HOW WE PROVIDE A WELCOMING ENVIRONMENT

- Community Health Worker
- New client orientation
- Enrichment activities like music, meditation



# STAFF SUPPORT

People who have experienced trauma are particularly sensitive to how others react towards them. They have difficulty building trusting relationships with service providers, and can be quick to anger.

At the same time, there is a high risk of “compassion fatigue” among staff who spend a lot of time working with clients who are easily angered or triggered into a crisis, and there is also the risk of “vicarious trauma” among staff who listen to client’s stories of how they were traumatized.



# STAFF SUPPORT


How staff present themselves to clients is important to their recovery.

At the same time, how staff behave towards clients is impacted by the support they receive from the agency.

What are some strategies you have tried in your respite program?



# HOW WE SUPPORT STAFF IN OUR RESPITE PROGRAM

- Compassion fatigue discussions/ staff support group
  - Trauma informed supervision
  - De-escalation training with emphasis on trauma
  - Mental health training for non-mental health professionals – personality disorders, trauma, motivational interviewing
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# MOTIVATIONAL INTERVIEWING

Protective for staff—  
puts the  
responsibility on  
the client

Gives clients a  
sense of control



# MOTIVATIONAL INTERVIEWING APPROACHES

- Collaboration versus Confrontation
- Evocation versus Education
- Autonomy versus Authority

