

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

National Health Care for the  
Homeless Conference  
Portland, OR  
June 1, 2016

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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

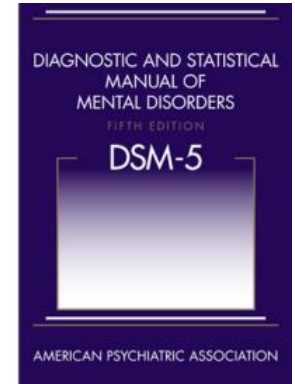
- Sudden, unexpected, and perceived as dangerous
- Threaten physical or mental well-being through violence or threat of violence
- Overwhelm usual coping
- Subjective and defined by the individual's experience

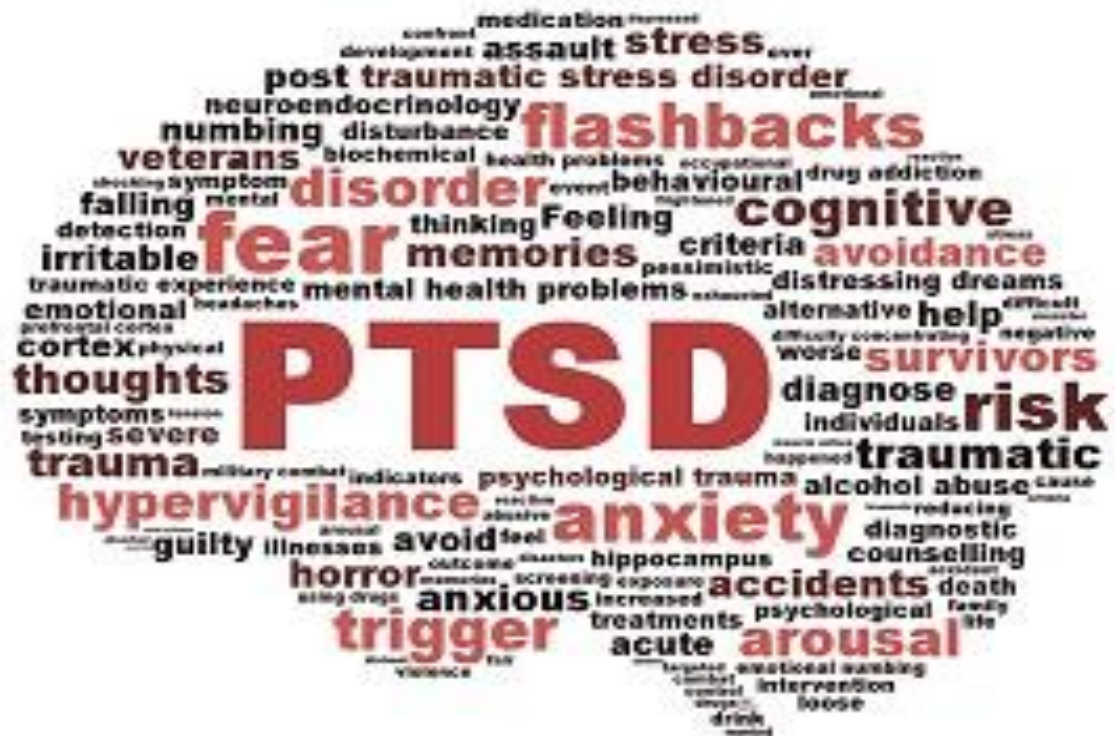
Trauma is not defined by the event, it's determined by the *response* to it

# 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

The logo for 'rightwhereyouare' is displayed in a blue, lowercase, sans-serif font. The word 'rightwhere' is in a lighter blue, 'youare' is in a darker blue, and a blue chevron symbol points to the right. The logo is contained within a thin black rectangular border.

rightwhereyouare >

# 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

Source: <http://www.nationalhomeless.org/factsheets/addiction.pdf> and [https://www.hudexchange.info/resources/documents/CICH\\_InterimSummary.pdf](https://www.hudexchange.info/resources/documents/CICH_InterimSummary.pdf)

# 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

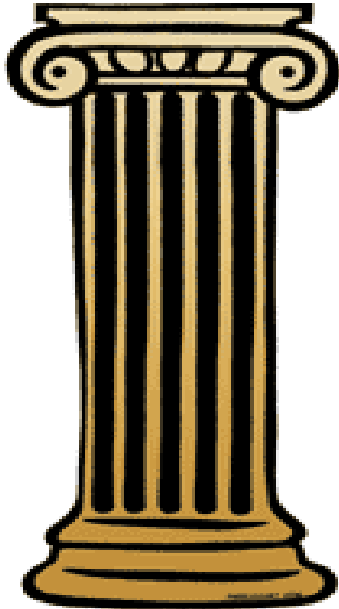
- Risky behaviors are often adaptive at first
  - Might emphasize more immediate needs/feelings rather than considering long term impact
- Trauma impacts people's ability to think through long term consequences of behaviors or to make future plans/goals
- A source of pain can become a source of meaning,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

# Disruption in Relationships

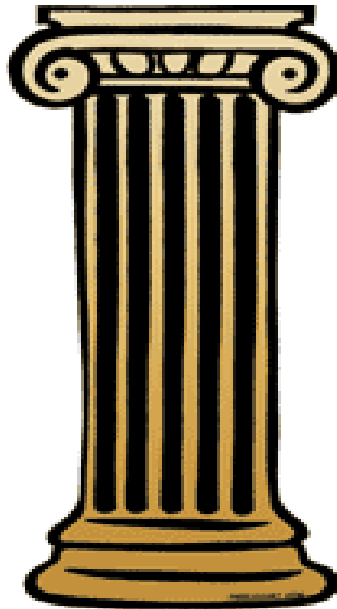
- Shame and stigma about trauma/risky behaviors makes people hesitant to talk about them
- Less likely to engage with service providers
- Less likely to have social supports
- Less likely to use substances with others, more likely to use alone

# TIC and HR Support Each Other

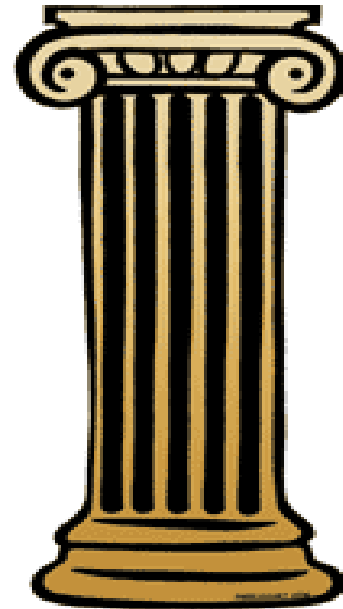
**SAFETY**



**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

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# Harm Reduction in the House

**Chicago**  
**23 September 2016**

[www.midwestharmreduction.org](http://www.midwestharmreduction.org)



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