

## “Trauma Informed Care” – How It Transforms Therapeutic Care

*Summarized by Thomas T. Thomas*

“Trauma Informed Care” is considered a best practice in the therapeutic treatment of clients with severe mental illness. Alameda County Behavioral Health has mandated training in this approach for all of its service providers and staff. At our July 22 meeting, two speakers explained the practice and discussed its benefits. **Lori DeLay, LCSW, RD**, is the Training Officer for the Mental Health Services Act in Workforce Education and Training. She is also a family member. **Kelly Robinson** is a trainer with Alameda County Behavioral Health and an international coach for Trauma Informed Care.<sup>1</sup>

“The goal of the program,” DeLay said, “is to create a trauma informed system that fosters wellness and resilience for everyone—consumers and providers—at Alameda County Behavioral Health.”

Trauma and toxic stress figure among the six leading causes of death in this country, including heart disease, cancer, lung disease, cirrhosis, accidents, and suicide. People share the effects of trauma and stress at home and at work, creating a ripple effect. Under-resourced communities, such as those in poverty or affected by racism, also create stress. And stresses can be intergenerational as well.

The goal of trauma informed care is to transform the organization from being traumatized, stressed, and inducing these conditions in staff and clients to reducing them for everyone. A *trauma reactive* organization is fragmented, where no one feels safe, it is rigid and does not evolve. A *trauma healing* organization is integrated, reflective, collaborative, flexible and adaptable, equitable and inclusive.

This type of care shifts the therapeutic question from “What is wrong with you?” to “What is happening to you?” This shift provides context, fosters compassion, and establishes the person’s and the organization’s strengths in the face of adversity.

The six guiding principles of a trauma informed organization are:

- Trauma Understanding
- Cultural Humility and Responsiveness
- Safety and Stability
- Compassion and Dependability
- Collaboration and Empowerment

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<sup>1</sup> The curriculum they presented was adapted from one developed by the San Francisco Department of Public Health, and they invite NAMI members to provide their own input and feedback.

- Resilience and Recovery

### **Trauma Understanding**

Individual trauma—and this can affect a single person, families, communities, and cultures—results from an event, a series of events, or a set of circumstances. The event creates an experience that leaves an effect. Trauma creates a “flight or fight” reflex that cannot be fulfilled, creating a sense of helplessness, overwhelming brain and body, and leading to disintegration and dysregulation with lasting adverse effects.

Stress can sometimes be good: challenging us, raising our heart rate, making us feel alive. That’s positive stress. We can tolerate many stresses if we have supportive relationships. But toxic stress, chronic stress, without support or recourse, is damaging. Unaddressed, it can suppress the immune response, increase inflammatory diseases, and lead to obesity.

Adverse childhood experiences, such as physical and emotional abuse, emotional neglect, witnessed violence, incarceration of a household member, and community experiences of poverty, disruption, poor housing, or lack of affordability, can lead to tension-reducing behaviors like drugs and alcoholism, risk taking, and self-injury. Experiencing enough of these stress factors can actually shorten a person’s life.

### **Cultural Humility and Responsiveness**

Socio-cultural trauma includes an atmosphere of assault and violence, both physical and sexual, inadequate medical facilities, and recurring incidents of racism, sexism, ableism, and other “-isms.” Individual and interpersonal, historical and structural incidents create synergistic trauma. So the idea of social and racial justice is central to trauma informed care.

“Structural racism,” DeLay said, “is historical, socio-cultural, and institutional. If one is affected, then all are affected. In this situation it is most important to ask ‘What is happening in the community?’ in order for people to become aware, gain context, express compassion, and see the community’s strengths.”

People have different realities, she noted. Every home is different, starting with the parenting style and overall situation. Trauma informed care shifts from notions of equality, where everyone gets the same opportunity despite differences in situation and handicaps, to notions of equity, where everyone gets what he or she needs to overcome obstacles, depending on the individual’s situation. Eventually, this leads to liberation, where the obstacles are deemed nonexistent.

### **Safety and Stability**

When people feel safe and in a stable situation, they can minimize stress and focus on wellness. Physical safety is protection from harm, refusal to tolerate violence, and reduction of unnecessary tension. Social safety involves building positive relationships. Emotional safety is building skills to manage one’s own emotions, learn new ways of coping, and being safe within one’s own self.

Stability comes from building a set of positive routines and creating a predictable environment. Stability makes you feel safe and well.

### **Compassion and Dependability**

“Trauma can make us feel overwhelmed, isolated, and betrayed,” Kelly Robinson said. “Compassion means being able to hear about another person’s situation in a nonjudgmental way. Dependability means that the person is able to trust us. And that they can be so for us.” She defined “co-regulation” as two people being in a compassionate and dependable relationship, so that they help each other through their own energy, reducing stresses and healing the trauma rather than aggravating them.

Robinson showed an animated video that differentiated between empathy and sympathy. Empathy involves taking the other person’s perspective, avoiding judgment, recognizing that person’s emotion and recalling those feelings within oneself, and communicating all of that. Sympathy, on the other hand, is too often an attempt to offer a solution, “make things better,” or create a silver lining: “Well, at least you’ve still got your health.” Empathy means being vulnerable to share in the other’s emotion, accept it as their truth, and acknowledging “What’s happening.”

### **Collaboration and Empowerment**

Trauma involves a loss of personal power. That power is returned when we are prepared for and given the opportunity to do something for ourselves and our own care. So trauma informed care promotes people’s ability to meet their own needs, solve their own problems, and mobilize the necessary resources to feel in control.

The relationship between consumer and provider is one of partnership. The consumer and family members have choices in the care process. The consumer can make his or her own plans and evaluate services. And the consumer and family member develop skills, strengths, and resilience that are recognized and supported, and upon which the consumer can build.

### **Resilience and Recovery**

Trauma and stress can have broad, long-term effects on our lives and create feelings of helplessness. When we focus on our strengths in adversity, we can take steps toward wellness. Resilience is the process of adapting in the face of adversity.

Gaining resilience involves both the mind and the body. Self-care involves physical movement, tactile experiences, and breathing exercises. It involves doing one thing at a time. It means finding an activity that you love and then *doing it*. It means building good eating and sleeping habits. It means getting outside and breathing fresh air.

Resilience also involves developing a sense of gratitude—for your own well-being, for your relationship with others, for new possibilities in your life.

Recovery is the process of change through which the individual improves his or her health and wellness. In essence, the person moves from “What’s wrong” to “What’s happening” to “What’s strong in you?”

For more on available East Bay programs, refer to:

<https://AlamedaCountyTraumaInformedCare.org> and

<http://traumatransformed.org>.

The speakers then invited questions.

**Q. A psychotic break is itself traumatic. Does trauma informed care consider that?**

A. The staff trained under this program treat people with severe mental illness, including psychosis.

**Q. County services are fragmented and hard to navigate, with services in different offices.**

A. We are aware of how these systems can induce their own kind of stress and trauma. There's no easy answer for that, and fixing it will take time.