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Trauma-Informed Care for Housing Work **Part 1 – Concepts**

Training Video Transcript

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Thank you everyone for taking the time to view this training. This is a two-part series on trauma-informed care for housing work. My name is Kristina Sanchez and I'm the Case Manager Project Coordinator with the Legal Aid Foundation of Los Angeles.

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Our learning objectives for today are, by the end of this training, you'll be able to identify ways trauma impacts an individual and apply best practices to provide trauma-informed approach to supporting housing clients.

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As a part of our agenda we will be defining trauma, discuss how it impacts an individual, and how to provide trauma-informed care in your everyday advocacy.

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So we are going to go ahead and start with defining trauma.

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Trauma is defined as an emotional response to a terrible event. Breaking down that definition a little further, this event can happen directly to an individual or it can be witnessed by them, resulting in long-term physical, emotional, and psychological reactions. A traumatic event can be an accident, rape or natural disaster. And also include individuals living in a community experiencing violence, chronic poverty, racism, discrimination, and oppression. Moreover, a traumatic event can be experienced when living in households that have a family member experiencing mental health concerns, substance abuse and domestic violence.

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Now that we have a foundational understanding of trauma, let's talk about how this trauma can impact an individual.

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Trauma can impact a person in four different ways. Cognitively, a client may experience changes in the way they process information. Oftentimes, their interpretations or views become very black and white, with no room for gray areas. This can also result in difficulty with perceiving time, decreased cognitive function, focus, short-term memory impairment, and disassociation.

We will discuss brain function in more detail on a separate slide.

So moving on to the next: skills, abilities, and behaviors. If a person's skills, abilities, and behavior are affected, they may struggle with managing their emotions, become easily frustrated, engage in substance abuse, display self-destructive behavior, and act impulsively.

In terms of physical and mental health, an individual might experience chronic health issues such as migraines, digestion problems, chronic pain, and mental health. Diagnoses commonly associated with traumatic exposure are PTSD, depression, and borderline personality disorder.

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It's important for us to understand how trauma can change our brain chemistry, which is why it merits its own slide. By understanding how trauma affects the brain chemistry and information processing, we can gain a better understanding of our clients' behavior.

The prefrontal cortex is responsible for rational thinking and reasoning. Individuals who have experienced trauma may have a reduced volume within their prefrontal cortex, which can lead to an inability to regulate emotions. This means that when an individual is triggered, they may immediately go into survival mode, such as fight, flight, or freeze responses.

Next, we have the hippocampus, located at the bottom of our brain, which is responsible for memory and deciphering between the past and present. Trauma can cause the hippocampus to shrink, blurring the line between past and current trauma.

The amygdala, situated in the middle of our brain, becomes hyperactive and is responsible for deciphering or perceiving danger. This heightened activity can constantly put us in survival mode, leading us to view everyday interactions as dangerous. If our prefrontal cortex struggles to regulate our emotions and provide rational thinking, it can be difficult to pull ourselves out of this survival mode.

An example is: if you are having difficulty in distinguishing between the past and present, this can cause an individual to generalize their trauma to similar situations. A client might generalize an interaction with an attorney which would trigger their survival mode response. Since they may struggle with regulating emotions, they will find it harder to pull themselves out of their survival mode.

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So what exactly sends a person into survivor mode? What are the triggers or stressors that get an individual to that point? As a definition, triggers and stressors are actions or situations that can cause a negative emotional response. For example, from what we learned on how trauma can change a person's brain chemistry, a courtroom can be generalized to a past traumatic experience that involved court. The client is sent into survival

mode and cannot rationalize their feelings and control them, so they just react.

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A few points to consider about triggers or stress. Triggers are often unnoticed and can be sensory-oriented. For example, a particular smell can trigger someone who has experienced domestic violence if it's associated with a person who caused the harm. It can also be a sound, such as screeching tires triggering a person to go into a panic attack because they have been in a horrific car accident in the past. Triggers can be uncontrollable and may seem trivial to others but are very real for the individual experiencing them.

And we also have to understand that when an individual is triggered or stressed, it does revert them to a less functional version of themselves. It's easy to understand that a person can be triggered while going through a domestic violence legal matter, but it's sometimes overlooked when an individual is going through an eviction. We have to remember that our clients are looking at uncertainty and there is a looming chance that they can become unhoused. That's an extreme stressor and it might be something that they're generalizing to a past trauma. So when we first start to work with our clients, they may have already been triggered before we first meet with them. So when we get a chance to sit down and actually speak to the client, they're already going to be in their survival mode.

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So this is going to be a good transition for us to start talking about how we can provide trauma-informed advocacy.

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It's important to consider trauma-informed care when working with housing clients because studies have shown individuals in lower socioeconomic backgrounds are more likely to have experienced traumatic events as children and adults. By incorporating trauma-informed practices,

we can reduce re-traumatization and improve our connection with clients, leading to better advocacy and follow-through. Even in cases like eviction, where the connection to trauma may not be immediately obvious, clients may still experience triggers and stressors, leading to survival mode. By recognizing and understanding these behaviors through a trauma-informed lens, we can better address our clients' needs and emotions.

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At this point in our training, you might be asking, "I understand the importance of trauma-informed care, but how do I bring it into my everyday practice?" It starts with how we perceive and interpret our clients' behavior. There is much more than what we see. The negative behaviors we observe are learned survival skills that have helped a client get through a threatening situation. The client has experienced a situation they perceive as dangerous and reacted in a way that helped them survive. They continue that behavior because they know it works.

For example, an individual facing eviction or a housing crisis may be in survival mode during their first meeting. Their behaviors may manifest as fight, flight, or freeze responses. We will discuss how these responses look a little bit further in the next slide.

Additionally, in a trauma-informed approach, we acknowledge that our intake process and the attorney-client relationship can be re-traumatizing. Staff asking personal questions during the intake and environmental factors such as power imbalances and perceptions of authority can contribute to re-traumatization. These are all reasons why trauma-informed care is important.

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Here are some examples of what survival mode may look like in our clients' behavior: When individuals experience fight, flight, or freeze responses, their behavior may change. In fight mode, someone might become aggressive or display demanding or argumentative behavior. In flight mode, they may withdraw, avoid phone calls, appointments, and tasks. In freeze mode, individuals may become very quiet or still, even when hearing bad

news. This doesn't mean they don't care, but they may be struggling to process and respond to the situation. They may make comments such as "It will work itself out" or "I'm not too worried; we will always find a way."

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Essential skills and qualities needed to provide trauma-informed care:

Trauma-informed care goes beyond observing a client's behavior. It involves being mindful of our words and understanding that the client has experienced a stressor and is likely operating in survivor mode, which means their information processing is altered. We can provide trauma-informed care by offering empathy, avoiding judgmental comments, and providing support.

For instance, we can exhibit these qualities by refraining from judging the client based on their behavior. Instead, acknowledge their emotions are coming from a fear of losing their home and reassure them that we are here to support them through the legal process. We might say something along the lines of: "I know this is a difficult time and I may not be helping you by providing all of this new information. Please know that I am here working with you, and if you need a break, or have a question or need clarification, I am happy to help you."

This is also an example of validating the client's feelings by providing active listening and recognizing their concerns go beyond their immediate legal matter. Another example: While we are actively listening to the client, we might also hear that they are experiencing food insecurities on top of facing eviction. Therefore, referring the client to a food pantry can help meet this need and allow the client to concentrate more on the legal issue.

Other qualities that are needed are being knowledgeable about the subject, critical thinking and problem-solving skills, and staying calm during a crisis.

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So today's key points and takeaways are: We should approach our clients assuming that they likely have a history of trauma, which can drive their

behavior and interactions with their environment. We recognize that working within an attorney-client relationship can be re-traumatizing. Therefore, we will shift our language from asking "what's wrong with you" to "what happened to you," to demonstrate understanding and avoiding judgment. That first question can come off as being judgmental to the client saying that there is something wrong with them. This shift acknowledges that something has happened in our clients' lives that has led them to their current situation.

We aim to prioritize individuals by acknowledging their physical, psychological, and overall well-being. For example, if a client is going through an eviction and experiencing other stressors, we should provide empathy, understanding, and support as we work with them on their legal matter.