



**TRAUMA
INFORMED
THERAPEUTIC
PROGRAM**



TRAUMA INFORMED THERAPEUTIC PROGRAM



KATY CARES TRAUMA INFORMED THERAPEUTIC PROGRAM

INTRODUCTION

Katy Cares (also referred to as the 'Organization' and/or 'We') has a resident facility named the Rachel Ballard House, also known as Rachel's House (and referred to as the 'Residence'), which serves as a transitional housing facility for mothers and children who are experiencing situational homelessness. At this Residence the Organization presents an integrated Residence Development Program – a Trauma Informed Therapeutic Program.

This Trauma Informed Therapeutic Program (also referred to as the 'Program') is founded in the principles of Trauma Informed Care in accordance with best practice guidelines and derives its approach from the most current and available knowledge and research findings on trauma and its impact.

Trauma informed principles form part of a multi-level approach and include the following Program components:

- The Residence as Safe Sanctuary.
- Designated employee training and orientation.
- Volunteer training and orientation.
- Resident enablement and development.

TRAUMA

Individual trauma results from an event, series of events, or a set of circumstances and/or incidents that is experienced by an individual (or family) as physically or emotionally harmful or life threatening and that has lasting adverse and negative effects on the individual's (family's) functioning and mental, physical, social, emotional, or spiritual well-being - experiences and incidents that overwhelm an individual's capacity to cope. Trauma can thus result from abuse, neglect, family conflict, poverty, having a life-threatening illness, undergoing repeated and/or painful medical interventions, accidents, violence and/or witnessing acts of violence, grief, loss, and intergenerational events or incidents.

A woman's experience of trauma impacts every area of functioning, including physical, mental, behavioral, and social. There is also a clear correlation between childhood trauma, stress and maltreatment, and health and well-being later in life.

Emotional Signs of Trauma

- Anxiety
- Depression
- Episodes of lost time or dissociation
- Hopelessness or despair
- Low self-esteem



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- Isolation from others
- Intense feeling of abandonment or loss
- Desire to inflict harm self-harm
- Loss of meaning to live or sense of purpose
- Distorted sense of self or body image
- Feeling alienated from others or emotional numbness
- Chronic fatigue, insomnia, lethargy, loss of interest in normal activities
- Chronic anger or resentment
- Poor impulse and emotional control
- Obsessive thoughts or worries of an unwanted nature
- Night terrors, flashbacks, nightmares
- Inability to organize, plan or make decisions.

Physical symptoms of trauma

- Increased use of alcohol, illegal substances, narcotics, and/or drugs to numb the pain from intense feelings and try to cope
- Deliberate avoidance of situations that trigger traumatic memories
- Angry outbursts, crying, blaming others for their situation
- Wanting to be alone, staying away from friends and/or family
- No longer participating in formerly enjoyed activities
- Paleness, lethargy, and/or fatigue
- An inability to cope in certain situations

Different types of trauma

- Acute trauma
- Repetitive trauma
- Complex trauma
- Complex developmental trauma
- Vicarious trauma
- Cultural, historical and/or
- Intergenerational trauma.

Results and effects of trauma

- Trauma is pervasive
- Trauma's impact is broad and diverse
- Trauma's impact is deep and life-shaping
- Trauma, especially interpersonal violence, is often self-perpetuating
- Trauma differentially affects the more vulnerable



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- Trauma affects how people approach services
- The service system has often been retraumatizing
- The individual and the family are deeply affected by systemic stressors.

TRAUMA INFORMED CARE

It is a strengths-based service delivery approach that is rooted in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both our therapeutic team members and participants in our Program.

Our organizational trauma-informed care is a systemic approach to service delivery, therapy and care that is grounded in an understanding of the causes and consequences of trauma and promotes resilience and healing. We ensure that our Organization's mission, culture, policies, practices, activities and interventions are aligned to recognize and support trauma-survivors and to assist them to eventually graduate from our Program to sustain themselves independently.

Trauma-informed care means treating a whole person, taking into account past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the victim/s.

Core values

- **Safety:** *Ensuring physical and emotional safety*
- **Trustworthiness:** *Maximizing trustworthiness, making tasks and expectations clear, and maintaining appropriate boundaries*
- **Choice:** *Prioritizing program participant choice and control*
- **Collaboration:** *Maximizing collaboration and sharing of responsibilities*
- **Empowerment:** *Prioritizing program participant empowerment and skill-building.*

Program goals and objectives

- Increase awareness of trauma impact;
- Reduce stress, fear, anxiety levels;
- Address and treat traumatic stress and the impact of emotional fatigue;
- Enhance and develop mental health, resilience and emotional intelligence;
- Influence, change behavior and habits;
- Transfer skills to avoid re-traumatization;
- Improve parental engagement and parenting models;
- Facilitate engagement and involvement in community life;
- Introduce and transfer mother and children successfully into the community;
- Professional and financial independence for every mother;
- Collect/analyze/utilize data to sustain/improve Program.

A well-developed and effective trauma-informed program is one that:



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- Realizes and acknowledges the widespread impact of trauma and understands potential paths for recovery and healing.
- Recognizes the signs and symptoms of trauma in individuals, families, and others involved.
- Responds by fully integrating knowledge about trauma into policies, procedures and practices.
- Seeks to actively resist re-traumatization of both participants and therapeutic team members.

Key components

- **Carefully listening** to what survivors, that is participants in our Program, our experienced therapists, social workers, and community members share about their experiences of trauma and what will help to support individual safety, healing, and well-being: We believe we will always gain a better understanding of trauma and the process of healing through both the experiences and formal feedback shared. It is important to work and plan from a survivor-defined perspective (i.e., respecting survivors as the experts of their own experiences and supporting survivors' decisions and choices). Furthermore, developing and expanding services based on feedback shared by these survivors.
- **A service environment** that is responsive to the effects of trauma on survivors, social workers, therapeutic team members, and communities: In understanding that trusting relationships are central to healing from trauma. We present a range of services that strive to validate survivors' diverse experiences; enhance their feelings of connection, empowerment and engagement; and reduce their social isolation. To also provide a physically and emotionally safe environment for both survivors and therapeutic team members, ensuring that Programs are accommodating, secure, inviting, and culturally respectful and resonant. Providing an emotionally safe, non-judgmental environment, to take care of and avoid any further traumatization of survivors, including by not mirroring abusive behaviors in any way; being careful to avoid replicating power and control dynamics; and refraining from punishing, "policing," or subjecting survivors to excessive and rigid rules. Providing clear information to survivors, our residents, about what they can expect from our therapeutic team members, and that the Organization is part of creating an emotionally safe, predictable, and stable environment.
- **Providing information** about trauma and healing, including information about trauma triggers (i.e., trauma reminders), to both survivors and therapeutic team members. In our Program we share information with survivors and therapeutic team members about the effects of trauma on individuals, organizations, and communities, with a goal of normalizing responses to trauma. As part of becoming more trauma informed, we are committed to understand behaviors that previously had been viewed as puzzling or challenging as possible responses to trauma. Our Program has an awareness of potential trauma reminders, along with ways to support survivors and therapeutic team members when they arise.
- **Our ongoing commitment to creating a more trauma-informed residence** ensures that we have several initiatives to more fully integrate a trauma-informed approach at all levels of our residence. This includes integrating a trauma-informed approach in our policies, our attention to the physical and relational environment, our prevention and social change work, and our residence overall culture.



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- **Our commitment to a designated team member well-being is integral to a trauma-informed approach** and we are responsive in supporting the health and well-being of our therapeutic team; that is an integral part of our trauma-informed approach. We understand that trauma can affect both survivors and our team members in the way that they are supported and supervised (e.g., reflective supervision, wellness activities for employees, and support systems to address vicarious traumatization).

Treatment policies

The principles of Trauma Informed Care included in our Program are:

- A thorough understanding of trauma and how it influences all our policies, procedures, training and Program content.
- All our policies, procedures and training initiatives are designed to build and develop the organizational trauma adequacy and capacity of our Therapeutic Team members and the service delivery standard within our organization.
- Promoting physical safety within our residence with an additional focus on trauma sensitive behavioral conduct of Therapeutic Team members and all relevant volunteers rendering services.
- A culture competent approach incorporating resident feedback on Program implementation as a core component to foster a contemporary understanding of the resident's world and the impact it has on the nature of our Program.
- Maintaining Program procedures and policies that best support the introduction, development and management of residence autonomy.
- Utilizing various resident feedback forums and methods to initiate and maintain personal decision making that can benefit the Program and its learning outcomes as a whole.
- Our multi-disciplinary Therapeutic team maintains a person-centered approach aimed at the ultimate well-being of the resident.
- A strong focus on healthy relational practices that will support and sustain open and safe relationships amongst all relevant stakeholders and create engagement opportunities to build and foster newly acquired and developed communication skills.
- The overall belief that recovery from trauma is possible through the methodical implementation of acknowledged industry-related support practices regarding human capital development and trauma recovery.
- All our development programs and activities are incorporated in theories that will prevent re-traumatization, build psychological resilience and promote pro-social behavior in both mothers and children.
- Selected educational partners offer relevant exit opportunities to our residents preparing them for an autonomous educational and vocational future that can secure self-sustainability.

THE RESIDENCE – A SAFE SANCTUARY

When admitting a new resident into our Residence we confirm the following principles.

- Physical safety stays the primary priority during a resident's tenure and participation in the Program.



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- Providing immediate comfort, on both a physical and emotional level, to support our residents to share valuable information that can influence our service standard benchmarks and facilitate their therapeutic breakthroughs.
- Physical safety standards for a trauma informed residence need to be adhere to by all relevant role players in order to maintain the therapeutic benefits as intended by the therapeutic team.
- A Personalized Safety and Crisis Prevention Plan assessment is facilitated and updated regularly to prevent escalating crises that can impede on the future personal growth of our residents.
- Personal/private space is a necessary component to establish emotional and social autonomy for both mothers and their children and is incorporated in our policies.
- Therapeutic team members rendering a service to our residents respect the personal boundaries of residents by following appropriate policies with great reverence.
- Our therapeutic team members apply and meticulously maintain specific structural elements to secure the physical safety of our residents.
- Our understanding of trauma prompted us to accommodate the sensitivity of our residents who were exposed to trauma and traumatic experiences such as dark rooms, bathrooms or corridors.
- All the exits of the residence have sufficient lightning as well as bathrooms, corridors, hallways, bedrooms and outside areas.
- We ensure that their personal belongings and bathroom use is valued and respected.
- Our organizational safety policies provide a standardized environment sensitive to maintaining a physical and therapeutically safe space for our residents.
- Our residents are supported to actively impact their own feelings of safety and security in bi-weekly feedback sessions regarding Safety Standards.
- It is expected from all our therapeutic team members and volunteers to be very consistent in everything they do and follow through on promises and schedules, contributing to the atmosphere of safety and security residence.
- Our therapeutic team members and volunteers are trained to manage extreme or emotional reactions from residents and to apply their organizational based inter-relational skill set consistently to facilitate resident breakthroughs.

TRACKING THERAPY AND PROGRESS

Baseline Measurements

In order to track progress, the therapists needs to have an accurate baseline. A baseline is a way to refer to behaviors before therapy started that can be used to compare and track current and future behavior as a result of interventions and actions related to therapy.

One-on-one and group sessions are taking place daily and weekly between the residents, that is Program participants and the Katy Cares Rachel's House Therapeutic team.



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The following factors are taken into consideration when behavior and progress is tracked and monitored:

- Frequency
- Intensity
- Duration.

Tracking Progress: Frequency

- The first measure to determine progress is to look at the FREQUENCY of behaviors.
- How many times does the behavior occur in a day or a week or a month?
- If it is a negative behavior such as having frequent outbursts, then the therapist would want the frequency to decrease – this means an improvement in behavior.
- If it is a positive behavior like saying thank you, then the therapist would want the frequency to go increase.

Tracking Progress: Intensity

- The second measure of progress in therapy is to look at the INTENSITY of behaviors.
- How strong is the behavior? This is usually done with some type of rating scale. Again, if this is a negative behavior, the therapist would want the intensity to go DOWN. If it is a positive behavior, the intensity should go UP.
- Generally, the therapist, in observing the intensity of a meltdown, would rate it on a scale of 1-10. 10 being the most intense ever and 1 being very mild. If someone, especially a child's tantrums are typically an 8 or 9 and now they are about a 5 or 6 a few days/weeks later, then the child is making progress.
- The therapist and/or the mother might probably be annoyed (or exhausted) from dealing with the tantrums, but the truth is that the child is slowly acquiring a new skill. So, that is good progress although the goal is working towards zero tantrums.

Tracking Progress: Duration

A third way to measure progress is to look at the DURATION of a behavior.

- How long does the behavior last?
- If a child is having a meltdown, were it usually lasts 30 minutes and later on in the Program it lasts only ten minutes, that is progress.
- For a therapist and/or a parent dealing with a five-minute tantrum is much easier than dealing with a 45-minute meltdown.
- For some behaviors, the therapist might be looking at only one of those three areas. But for many behaviors, all three can be tracked and hopefully notice a trend across the board.

For the mothers enrolled and participating in our Program, the therapeutic team are monitoring and tracking the following:



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Residential Management

- Housing, cleaning and general house chores
- Food preparation and cooking
- Mobility and activity
- General childcare.

Education and Employment

- Adult education and vocational training
- Employment and job readiness.

Health and Wealth

- Financial management
- Healthcare.

Legal, community access and involvement

- Access to legal representation and advice
- Community involvement and serving.

Relationship management

- Mother/child relationship/s
- Working on parenting skills
- Safe family and social relations.

Skills Development

- Life Skills
- Working on healthy, safe relationships
- Occupational and emotional skills.

Co-dependent Management

- Mental health
- Substance abuse empowerment (close and extended family)

EXPECTED OUTCOMES

When victims of trauma have successfully participated and graduated from our Program, they feel safe and empowered as healing has begun. An effective Program will significantly improve the outcomes for those living with the residual effects of trauma exposure. With the right therapeutic intervention and approach, the long-term effects of trauma can be minimized.

Our objective is to ensure that every woman who graduates from our Program will have the necessary skills to position herself educationally, connect spiritually and excel emotionally with adequate relational skills and adequate resources to sustain herself and her children.



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After thorough tracking, monitoring and evaluation by the Therapeutic Team during the period the mother (and her child/children) is enrolled in the Program, she can successfully graduate and transfer back into the community when the following milestones and objectives are reached:

- Improvement in academic performance: she managed to obtain a high school diploma and/or any other vocational qualification and she expanded her skills level/s.
- Her resume was improved, her interview skills were developed and she found employment that will provide job security and income to sustain her and her family.
- Her friends and family are there to support and stabilize her transition back into the community.
- Child care is available through the local ISD.
- She has the resources to be able to live independently and provide for her family.
- There is a reduction in levels of anxiety, depression, aggression, frustration and posttraumatic stress. Through intensive therapy and intervention, the effects of trauma do not inhibit her ability to become independent, and live with her children in a safe environment.
- She implemented boundaries and consistency regarding her behavior towards her children – she demonstrated an ability to follow through with standards and expectations without giving in to manipulation, emotions coupled with the ability to facilitate melt downs appropriately.
- She has shown an increase in ability to control her emotions, to comply, to focus and developed coping abilities.
- She has a better understanding of herself and her children, has an increase in ability to control emotions, to comply and to focus coupled with improved or better coping abilities.
- She is financially and emotionally independent and able to enter a workplace environment successfully and deal with past trauma.
- There is an increase in her self-worth, self-esteem and confidence.

The general Program duration is six to nine months. After intensive individual and group therapy, the monitoring, tracking and evaluation of progress, outcomes, goals and milestones achieved, it became clear that when the woman (and her children/family) was exposed to severe and/or extreme trauma over a substantial period of time, the duration of the Program has to be extended to 12 – 18 months.

END