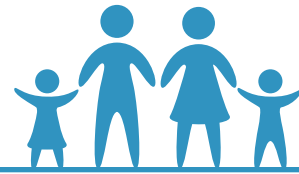*Defining and Making the Case for*

Trauma-Informed Care in the Context of Family Stability and Homelessness Prevention

March 2018

SIEMER INSTITUTE

Individuals experiencing homelessness are disproportionately more likely to have experienced other forms of traumatic stress in their lives.[1,2,3,4] For example, one longitudinal study of homeless mothers found that 93% had a history of trauma.[5] Such pre-existing trauma can interfere with victims' ability to create stable social and professional networks, complicating the road to recovery from homelessness.

Traditional approaches to family stability and homelessness prevention take the important first step of addressing immediate concerns, such as making sure that rent and utilities are paid, that landlord relationships are productive, and that other basic needs are met. However, such approaches often miss an opportunity to address deeper issues that may precipitate family instability. Indeed, as stated by Hopper, Bassuk, & Olivet (2009), "Homeless services have a long history of serving trauma survivors, without being aware of or addressing the impact of traumatic stress."

If homelessness prevention programs deliver their services and supports in a way that mindfully considers the possibility that the adults and children being supported have experienced trauma and adapt their programming to account for these experiences, key outcomes (e.g., family stability) may be more likely to occur. Therefore, the Siemer Institute recommends that family stability programs incorporate the principles of trauma-informed care (TIC) into their work.

Defining Trauma and Trauma-Informed Care

A commonly accepted working definition of trauma describes it as resulting "from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."[6] Trauma can affect people of every race, ethnicity, age, sexual orientation, gender, psychosocial background, and geographic region.[7]

Trauma-Informed Care…
is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma.

Trauma can occur for a variety of reasons. The most common causes of trauma are domestic violence (physical or sexual abuse by an intimate partner), child physical or sexual abuse, and sudden disruptive life events such as the death of a spouse or parent, incarceration, etc. It can also result from chronic exposure to negative environments such as combat stress or being in foster care. The effects of such trauma can include an inability to cope with stress, difficulty trusting others, reduced cognitive functioning, and physical health challenges.

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Childhood trauma has particularly long lasting effects that are especially important in the context of family homelessness: The American Institutes of Research found that 79% of homeless mothers suffered trauma as children, most commonly from physical or sexual abuse from a family member.[5]

> **Trauma-Informed Care…**
> emphasizes physical, psychological, and emotional safety for both providers and survivors.

An awareness of the impacts of this trauma on overall functioning is at the heart of trauma-informed programming, which The Substance Abuse and

Mental Health Services Administration described as follows: "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings."[7]

Because of an increasing awareness of the pre-existing trauma that individuals experiencing homelessness often face, some service providers have integrated trauma-informed principles into their program delivery.[1,2,8,9] Reviews of these programs, and theorizing about how to best incorporate trauma-informed care into the delivery of family stability and homelessness prevention case management, have led one group of researchers to define TIC in a particularly instructive way:

Trauma-Informed Care, Defined:

> A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.
>
> *(Hopper, Bassuk, & Olivet, 2009)*

There are reasons to believe that families and individuals threatened by homelessness would benefit from programs that incorporate trauma-informed care principles into their work. For example, consider programs that employ "Housing First" approaches, which aim to connect people to stable housing as quickly as possible, often before other social service supports are in place. Although TIC principles are not always explicitly referenced in this type of program, the tailored, whole-person focus employed by such programs shows many hallmarks of a trauma-informed approach.

For example, Housing First programs work to ensure each person feels safe, in control, and respected.[10] Such programs typically tailor their support to the individual, with case managers focused on each person's unique hurdles to long-term housing— whether that be a history of trauma, addiction, or something else. Also, Housing First approaches typically consider each participant's strengths and interests as they help provide them with skills to maintain long-term housing. Assessment of trauma in such settings can be a valuable tool to better

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understand the status of the family, including the use of one of the most common assessment tools, the Adverse Childhood Events Scale (ACES).[11]

Rigorously planned and executed research is needed to determine whether the positive benefits that TIC has on participants in other social service contexts (e.g., behavioral health) can translate to the homelessness prevention context. Some of this research has begun to be conducted and reported. For example, a multi-site study of family homelessness programs that

> **Trauma-Informed Care…** creates opportunities for survivors to rebuild a sense of control and empowerment.

incorporate TIC principles into their work found that approximately 90% of participants maintained stable housing 18 months after the program.[12]

Although a trauma-informed care approach may be particularly beneficial for trauma survivors, this approach is also likely to benefit others who have not experienced trauma. One report found that both case management staff and clients report responding well to TIC services: providers report fewer negative events, higher staff morale, and more effective services, while consumers report a greater sense of safety, collaboration, and satisfaction with the services.[1] This may not be surprising given the emphasis on creating a sense of safety, mutual respect, and empowerment among its participants—a case management style that any client can appreciate and benefit from regardless of their history with trauma.

Trauma-informed care calls to mind other beneficial, holistic approaches in the context of family stability and homelessness prevention. For example, the Annie E. Casey Foundation, the Aspen Institute, and the Siemer Institute have each published multiple issue briefs on the topic of 2-Generation approaches to service delivery, which calls on case managers to act as "coaches" and serve the whole family. By carefully considering what services each individual family member needs, as well as what is needed from an overall family-unit perspective, 2-Gen approaches can help all impacted individuals thrive.[13]

Indeed, integrating trauma-informed principles with other holistic approaches like 2-Gen (or multi-Gen) has the potential to increase the impact of those programs over time. One evaluation of transitional housing programs found that combining a whole-family focus with trauma-informed programming for children in homeless families created a wide range of positive benefits: decreased school mobility, increased children's school attendance, and increased parents' perceptions of their children's school performance.[14] Given that adverse childhood experiences negatively impact a child's future health and life outcomes,[15] these results suggest the exciting possibility that trauma-informed approaches can become a useful tool for helping break the intergenerational cycle of poverty by addressing the needs of both parents and children threatened by homelessness.[14,16]

Conclusion

A number of family stability programs are beginning to apply trauma-informed care principles in their service delivery. This is occurring because of a growing realization that the failure to acknowledge and address underlying trauma can make a family's long-term recovery from (potential) homelessness more difficult than it needs to be.

Recognizing the growing amount of evidence that suggests a trauma-informed approach can deliver benefits to those threatened by homelessness, the Siemer Institute recommends that family stability programs incorporate the principles of trauma-informed care into their work.

References

1 Hopper, E. K., Bassuk, E. L., & Olivet, J. (2009). Shelter from the storm: Trauma-informed care in homelessness service settings. *The Open Health Services and Policy Journal*, 2, 131-151.

2 Resler, M. (2017). *Facing the facts: Trauma-informed practices in homelessness intervention services.* Report of the Family Children's Trust Fund of Virginia.

3 Cutuli, J., Montgomery, A., Evans-Chase, M., & Culhane, D. (2013). *Factors associated with adult homelessness in Washington State: A secondary analysis of behavioral risk factor surveillance system data.* Report of Bill & Melinda Gates Foundation.

4 Roos, L. Mota, N., Afifi, T. O., Katz, L. Y., Distasio, J., Sareen, J. (2013). Relationship between adverse childhood experiences and homelessness and the impact of Axis I and Axis II disorders. *American Journal of Public Health*, 103(2), 275-281.

5 Hayes, M. A., Zonneville, M., & Bassuk, E. (2013). *The SHIFT Study: Final Report.* Report for the American Institutes of Research.

6 Substance Abuse and Mental Health Services Administration. (2017). *https://www.samhsa.gov/trauma-violence*, accessed 2/1/2018.

7 Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services.* Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD.

8 Health Care for the Homeless Clinicians' Network (2010, December). Delivering trauma-informed services. *Healing Hands*, 14(6).

9 Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD.

10 Cho, R. (2014). *https://www.usich.gov/news/four-clarifications-about-housing-first*, accessed 2/1/2018.

11 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P. & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.

12 Cash, R., O'Donnell, M., Varker, T., Armstrong, R., Di Censo, L., Zanatta, P., Murnane, A., Brophy, L., & Phelps, A. (2014). *The Trauma and Homelessness Service Framework.* Report prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria.

13 Smith, T. & Coffey, R. (2015). Two-Generation Strategies for Expanding the Middle Class. In C. Van Horn, T. Edwards, & T. Greene (Eds.), *Transforming US Workforce Development Policies for the 21st Century* (591-619). Kalamazoo: W.E. Upjohn Institute for Employment Research.

14 Orlando, L., Bodonyi, J., & Yancey, B. (2007). *Evaluation of the Sound Families Initiative.* Report for the Bill & Melinda Gates Foundation.

15 Felitti, V. J., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventative Medicine*, 14 (4).

16 Peters, J., & Silvestri, F. (2016, December). Healthy families: From ACEs to trauma-informed care to resilience and wellbeing: Examples of policies and activities across IIMHL & IIDL countries. *Make It So.*

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Acknowledgments

For more information about the Siemer Institute, please contact:

Kimberly Dorniden
President & National Executive Director
kdorniden@siemerinstitute.org

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