Center for Innovative Training in Vocational Rehabilitation

Trauma Informed Care

OLIVIA BENTLEY: My name is Olivia Bentley. I work for the Center for Innovative Training, and I'm grateful for the opportunity to present on what is a very relevant topic now more than ever-- trauma-informed care. My background, just so you know a little bit about me, is that I am a licensed professional counselor and I have experience working with clients with co-occurring disorders, including trauma, in a variety of mental health settings.

I've also worked with the Center for Rehabilitation Counseling at George Washington for the past almost five years, and so I've had the opportunity to interact with many vocational rehabilitation providers, visiting different agencies, and really helping to provide the best level of services to our consumers in the vocational rehabilitation setting.

And I've found that this trauma-informed approach is one that is so important as we provide services to our consumers with disabilities. So I'm glad for the opportunity to share some of what I know and ways that I think that we can really help consumers with disabilities who have experienced trauma in their lifetime.

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The Center for Innovative Training is developing innovative methods to train VR personnel in their work at state vocational rehabilitation agencies to deliver services to improve employment outcomes for individuals with disabilities. There are multiple resources that are available through this wonderful center, including communities of practice, webinars that are publicly available, as well as training needs surveys, again, with reports being publicly available.

There's also-- you can get involved in the online community. And the website in order to get involved in that is listed on this slide. You can find the training website at trainvr.org. And the Ning community, which is the online community of practice, you can find that at trainvr.ning.com. So we encourage you to look into these other resources following the viewing of this webinar.

I have the pleasure of talking to you all about trauma-informed care for the next hour. So in that hour, we are going to talk about the definition of trauma and what exactly that looks like in people, and we'll also look at some tips for being more trauma-informed, so really that application piece. So what does trauma look like? And then also, what can we do with that information and how can we better approach our consumers?

Whenever I do a presentation, I always like to check in with the audience on what they already know about a particular topic. And even though many of you all are watching this as a prerecorded, archived webinar, I would like to take a moment to check in and just ask you, what do you already know about trauma?

A lot of times when I've done this training before, I've heard things like post-traumatic stress disorder, or it's the psychological response to something that is bad that happened to them. I may hear talk of certain symptoms that we see in people who have experienced trauma, maybe being easily startled or having bad dreams after the fact.

So we all bring our own experiences and knowledge on this topic to the table. And I also want to acknowledge that some of you all could have experienced trauma in your own life, and perhaps even have experienced the symptoms of post-traumatic stress disorder. Even if you haven't received an official diagnosis, I acknowledge that you could have experienced some of those symptoms that we will talk about here in a moment.

So if at any point during this presentation anything is triggering to you or just seems a little bit overwhelming, I encourage you to press pause and take care of yourself before continuing on in the presentation. With that being said, I won't delve in too deeply on anything, but I do just want to make that known, so that everyone is taking care of themselves in the best way possible.

So why are we talking about trauma here today? And particularly, why is it important for us to be talking about trauma within the context of VR and in our work with consumers with disabilities? Trauma used to be considered an abnormal experience. And that was before we really understood what it was and what the effects of it were. Research shows us that it's actually quite common.

Pre-COVID, 70% of adults had experienced a traumatic event. And we'll talk here today about what exactly constitutes a traumatic event. And the reason I say pre-COVID is that since we've all experienced a global pandemic, which can be considered a traumatic event, 100% of adults have now experienced a traumatic event.

And so that means that not all of us will experience symptoms of post-traumatic stress disorder or even require an official diagnosis or any type of treatment, but it does mean that we have all experienced a significant event that has the potential for creating long-term effects. So it's important that we acknowledge that in the work that we're doing with clients and even in the way that we're interacting with our staff and co-workers at our agencies.

We know that clients who are seen in public behavioral health settings or in psychiatric hospitals have higher rates of experiencing a traumatic event. So 90% of clients in public behavioral health settings have experienced a traumatic event and 80% of people in psychiatric hospitals have experienced physical or sexual abuse.

And we know that there's lots of crossover between those who are seen in any type of behavioral health setting and then those who were seen VR. So it's important for us to remember that we are seeing clients in VR who have experienced trauma in their lifetime, and it's important that we kind of approach them in a trauma-informed way.

When we talk about trauma within the context of disability, we know that there are many events contributing to the development of a disability that can be traumatic within themselves, so whether that's an accident that leads to some sort of physical disability, or even trauma itself can lead to additional disabilities.

Children with intellectual disabilities are at higher risk of experiencing abuse. So we know that those with disabilities are at higher rates for experiencing trauma. And 28% of people with disabilities are experiencing poverty, and poverty can open the doors into a bunch of different experiences that are traumatic in themselves as well.

Just like we know with many disabilities, trauma can be invisible. So we won't know unless we ask whether or not somebody has experienced something that is impacting them. And the bottom line is that you are interacting with people who have experienced trauma. So regardless of whether that is the number one diagnosis on the form that got them into the door at the VR setting, you are seeing people who have experienced trauma. And even if that is not to the level that it requires a diagnosis of PTSD, it could still be impacting them in small or big ways that we should be thinking about as we are working with them.

So what is trauma? There's a lot that we could talk about on this topic and I am only with you for an hour. So I'm going to provide you with a brief overview of what trauma is and what it looks like, so that you can identify the effects of it in your clients.

The Substance Abuse Mental Health Services Administration describes trauma as "experiences that cause intense physical and psychological stress reactions." And they can be "a single event, multiple events, or a set of circumstances." And the main criteria is that trauma "has lasting effects on an individual's physical, emotional, or spiritual well-being." So the effects can be quite expansive and can be long-term. And we're going to talk a little bit about what that looks like.

As we can see, this list of examples of traumatic events or experiences is quite long. And some of these may be pretty well known to you as far as examples of trauma, and then others might be a little bit more surprising. I think that, often, when we think of traumatic events, we look at the top ones that are listed on this slide, so childhood abuse or neglect and then also physical, emotional, or sexual abuse. So those are the ones that kind of spring to mind often when we talk about trauma.

And I would say that when I was seeing clients in a residential treatment program and in outpatient counseling, I could probably count on one hand the number of clients who hadn't experienced this type of abuse. And so these two are certainly very common, unfortunately. And all of the clients that I was seeing were involved in VR services. So definitely, the clients that we're seeing, there's a high prevalence for having experienced childhood abuse and neglect or any type of abuse.

Other examples include accidents. So these could be car accidents, any type of on the job accident. Again, it could result in their disability. Natural disasters or epidemics, as I already mentioned, this global pandemic is certainly a traumatic event. And you can also see traumatic reactions to natural disasters such as the tornadoes and hurricanes that we often see.

Witnessing acts of violence or being involved in combat-related violence or war can certainly be examples of traumatic events. In fact, a lot of what we know about trauma, we began learning about it in veterans who were returning from combat.

And you don't even have to be involved in the actual violence in order to have a traumatic experience, just witnessing the acts of violence can be enough to create a traumatic response. And so this can be not just with war, but also with people who have grown up in a neighborhood, perhaps, that there's often a lot of violence, that they can consider that a traumatic event or experience that can certainly have long-term impacts on them.

Cultural, intergenerational, and historical trauma are another example. We know that the trauma experienced by Black, Indigenous, and persons of color can be passed down through generations and is very real. Racism is traumatic. Medical interventions or serious illness, so we're seeing a lot of that in the past year related to COVID. But even beyond that, any type of serious illness can be traumatic for that person.

And then grief or the sudden death of someone. Now grief, obviously, can be a very normal process, but there could be a traumatic response if it is sudden or a violent death of somebody close to you.

Incarceration is also traumatic for both the person who is being incarcerated, but then also they've seen traumatic response and symptoms related to a child who's had a parent who's been incarcerated. So that can have a lasting effect.

And I'm sure that we can think of many other examples of traumatic events that aren't even listed on here, and so think of those if there should be any added to the list. And then we're going to talk in a moment a little more about what exactly is going on in the brain and then what we're seeing when people who have experienced trauma are kind of coming into our office and what that looks like.

There's a lot that's going on in the brain in response to a traumatic event. And I don't expect any of us to be neuroscientists by the end of this, but I think that it is important to know a little bit about what's happening in the brain in response to trauma, because it helps us to

understand the behaviors of the person who stands in front of us who has experienced trauma. So we're going to focus on a couple of things that are going on in the amygdala and the prefrontal cortex.

So the amygdala is a small, almond-sized structure in the temporal lobe that identifies threats and it activates the fight, flight, or freeze response, as well as the parasympathetic nervous system. It also stores those emotional threat-related memories.

Now the prefrontal cortex is in the frontal cortex, which is right behind the forehead. And it regulates attention and awareness, decision making in response to a threat, which is the traumatic event, and it initiates conscious, voluntary behaviors. It assigns emotional significance to memories and it counteracts reactions that are not functional.

And so we're going to talk on the next slide a little bit more about what this fight, flight, or freeze response looks like and then how people who are experiencing a prolonged response to trauma can be experiencing these effects long after the threat has passed.

The fight, flight, freeze response is a very normal and adaptive response to threats. And so what happens when we experience a threat, which could be a number of things-- so for instance, what if I'm hiking in the forest and I come across a bear? The bear is that threat. And so what happens when I see that bear is that the amygdala automatically initiates that fight, flight, or freeze response. That's not something I have to initiate consciously. It happens automatically in a very protective and instinctive way in response to that threat.

And so the amygdala releases norepinephrine, adrenaline, and glucose. And what that does is it increases all sorts of things that are going to help me to survive that experience with the bear. So it increases heart rate, blood, and oxygen flow to the muscles, that way I can run away very quickly if I need to.

Pupils dilate so I can kind of see everything a little bit more clearly and understand what's going on in my surroundings. Inhibited salivation, bladder contraction, that is the body shutting down all of those things that I don't need that aren't going to aid in my survival threat. So the amygdala tells the hypothalamus and the pituitary gland to release cortisol. And that decreases my need for food or sleep, so that everything that I am doing is kind of going into surviving that threat.

So that means that if I needed to go without food for a long time or sleep because I was running away from that bear, or even staying awake, maybe I had to go up into a tree in order to escape the bear, all of the things that are happening in my body are all making it more likely that I'm going to survive that threat. So it's very adaptive, very instinctive. Meanwhile, the prefrontal cortex is assessing the threat.

So as I mentioned on the previous slide, the fight, flight, or freeze response is extremely adaptive. What our body is doing to protect us, it is that survival instinct. However, for people

who are continuing to experience symptoms of trauma past the point where there is an actual threat existing, that is where the problem starts.

So that's where an adaptive process becomes maladaptive, because the amygdala is going wild and perceiving threats everywhere, even if there aren't any. And the prefrontal cortex is not functioning properly. It's less active, so it isn't calming down the nervous system like it's supposed to. So this means that decision making and response to threats is not at its best or highest level of functioning, and so you're not going to be able to make rational decisions in the way that you're supposed to.

So basically, what's happening is that you can't calm down the nervous system, and then you also can't determine how to react appropriately to stimuli that may not necessarily be threats. And this is what kind of causes a lot of the symptoms that we see in people who are experiencing a prolonged stress response in response to trauma.

This hyperactive amygdala and less activated prefrontal cortex can lead to perceived threats and less control over impulsive behaviors and it can lead to less control over anger and reactive behaviors. And so people who are experiencing this have less control over becoming angry, potentially, in response to very small triggers.

It can lead to changes in the way that a person thinks or feels and the way that they view the world can be changed. And then also, intrusive memories, thoughts, dreams, and flashbacks of that event can often be reported in those who are experiencing these type of trauma symptoms.

So we just spent some time talking about what's going on in the brain when somebody is experiencing a prolonged response to trauma, especially once the threat has passed. Now we're going to talk about what those behaviors look like and the behaviors that we can observe.

So this looks like somebody who may be irritable or having an angry outburst. Remember when we talked about how the amygdala is perceiving threats everywhere, and so this can lead somebody to be irritable or have more angry outbursts. They may be engaging in reckless or self-destructive behavior, like doing drugs or alcohol, engaging in risky sex, or driving dangerously. And this is because that prefrontal cortex is not as active, and so the decision making is not where it should be.

Hypervigilance or exaggerated startle response. This is when we walk up next to somebody in a hallway, for instance, and they kind of jump back in a very exaggerated way. This, again, is that person is still experiencing that threat as if it's very real, and so that is a very survival instinct way of jumping back from the threat, even though the threat has subsided and there's no longer a reason for that person to have that exaggerated startle response.

Difficulty concentrating or sleeping. Think about how difficult it would be to concentrate or sleep if that part of the brain is still in that fight, flight, or freeze response. They may have difficulty remembering the details of the traumatic event, so it's important that we don't use

that as a gauge of whether or not the event happened, because they may not remember specific details.

The trauma can lead to changes in beliefs about one's self or others. For instance, they could view themselves as more negative, have lower self-esteem, see themselves as being blamed for that particular event. And that can lead to a very distorted thoughts about the cause or the consequence of the event.

They may experience a loss of interest in activities that they once enjoyed. They may have difficulty experiencing positive emotions and experience a whole range of psychological or physiological reactions when exposed to things that remind them of the event. So this can include smells, taste, really anything with a sensory experience can remind people of the event. So that's something that we're going to talk about here shortly when we talk about ways that we can approach people from a trauma-informed care approach.

They may also avoid reminders of the event. So this can include going to places, maybe, that remind them of the event. This could avoid people that remind them of the event. And so I want to just have us, as we move forward, continue to think about how these type of symptoms can really interfere with a person's ability to get through their day and also to get a job and to maintain that employment, since that's what we're really going to be helping them with. Very difficult to keep a job when all of these things can be happening inside that person's brain.

Like I just mentioned on the previous slide, the prolonged effects of trauma can have some serious impact on a person's ability to get through their day. So I want you to think about some of the things that we ask of our clients as they engage in VR services with us and how these symptoms are going to affect their ability to complete some of the tasks that we ask of them.

So for instance, how are they going to make it to appointments just thinking about some of the symptoms we just talked about it-- finding it difficult to concentrate, finding it difficult to sleep? This may make it more likely that person maybe sleeps through their alarm and doesn't make it to appointments, or maybe doesn't remember when their appointments are, doesn't remember to put it in their calendar.

How are these symptoms going to affect their ability to obtain and maintain employment, complete daily tasks, going to the grocery store? Leaving their house to go do random errands might be difficult if they are trying to avoid triggers that remind them of their trauma. Interacting with others, this is an important kind of soft skill when we're asking people to find and keep a job. And this may be more difficult because of some of the symptoms we just talked about. If somebody is more irritable or angry, that is going to interfere with their ability to successfully interact with others.

And so I want us to keep all of this in mind, not because we want to excuse any behaviors or because we don't want to set boundaries with people, we certainly want to make sure that they make it to appointments and things like that, but let's try to make it as easy as possible. So

if we know our client is struggling to make it to appointments, for example, let's really unpack that with them and maybe set up some supports, so that they are more likely to make it to their appointments.

Maybe that means that we sit there while they put the appointment in their phone. Maybe that means that we are a little bit more flexible with them if they have to cancel that morning, for instance, if they just don't feel like leaving the home. But we can definitely set up some boundaries and some parameters with them, but let's try to just set them up for success in the best way that we can. And when we're talking about trauma-informed care, that's really what we're doing is, how do we set up our clients for success?

One thing I want to reiterate when we talk about trauma and trauma-informed care is I want to frame this discussion in a very strengths-based way. And that means that a person's response to trauma was at one point very adaptive, in that it kept them safe. It helped them to survive.

However, the symptoms that they continue to experience once the threat has passed is what ends up becoming a maladaptive response and makes it difficult for people to complete their daily tasks and interact in social situations. So when the symptoms persist once the threat is past, there are lasting consequences.

And so we know from research that this can lead to a whole host of physical and mental health conditions later in life and often including a shorter lifespan. But I do want to just go back to that strengths-based framework and just frame this as this person survived, and we can help them to be resilient and to get employment and to kind of make it through those next steps in their life.

Now that we've talked a little bit about what trauma is and what it looks like, what the lasting symptoms can be, we are going to talk about trauma-informed care. Trauma-informed care is a strengths-based delivery approach and it involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize people.

It's really a paradigm shift from asking, what is wrong with you to what happened to you. It's a small shift, but notice that it really takes the blame off of somebody and the accusatory kind of assumption that something is wrong with a person and asking more about what happened to them that kind of led them to this point.

If this is the first time you've heard about trauma-informed care, then let this just be your taste of it, really. I'm going to share resources at the end that will allow you to do some more research on your own on trauma-informed care. But for now, I'm going to summarize some of the key tips for being more trauma-informed in your approach.

Consistent with the strengths-based nature of trauma-informed care, it's important that we always choose our words thoughtfully. So that means that we avoid words like victim, damaged, or broken when we're referring to our clients. Instead, we want to have more strengths-based language in our vocabulary. So using words like survivor, focusing on their

resilience, even talking about hope. There's post-traumatic growth that's involved when somebody experiences trauma, and so we can think of that as something hopeful to look forward to.

We want to avoid blaming clients for their trauma. And this is something, unfortunately, that has happened. We can think of times when people have been blamed for sexual assault, for example. So if they hadn't been dressed that way or out so late at night or drinking, then maybe that assault wouldn't have happened to them, things like that. So we want to certainly avoid blaming somebody for anything that might have happened to them.

We don't want to question their experience. If somebody tells us that something bad happened to them, something traumatic happened to them, we want to just believe them. We certainly don't want to question them. I have heard some pretty wild stories in my time of hearing of clients' trauma.

And I'll tell you what, even the most unbelievable ones have always ended up being very true, unfortunately. It seems like even the ones with the most wild details, unfortunately, it's pretty hard to make that sort of thing up. And we want to always believe somebody when they're telling us something that happened to them and we don't want to minimize their experience either.

And that's something that clients might do for themselves. So they might minimize their own experience by saying things like, well, what happened to me wasn't any worse than what happened to somebody else that I know. And we want to try to avoid that. So that may mean that we talk to somebody and point out the fact that they're minimizing their own experience-- gently, of course-- and validate the fact that they're in pain and they're hurting and that life is a little bit difficult for them right now.

We always want to collaborate with the client, which I think is something that comes very naturally to those of us who are working with people with disabilities, right? We want to use that person-first language or whatever that language that the person feels empowered by. We want to collaborate with them, work with them on their employment plan. We want to think holistically and multiculturallly and make sure that we're integrating all pieces of that person into the plan that we have for their employment.

So I think some of these things will come very naturally to VR counselors, because it's stuff that you all are already doing. And so really, we're just reaffirming that is what we should be doing working with people with disabilities and working with those who have experienced trauma.

The second tip for being more trauma-informed means avoiding retraumatization. Unfortunately, a lot of the systems that we have in place have been around for a really long time and some of these are not set up in a way that is very trauma-informed.

So this could mean, for instance, very rigid policies on the paperwork that a client has to fill out. If somebody is having difficulty concentrating, it could be really hard for them to fill out

paperwork all on their own, especially if it's very lengthy and involved. And so avoiding retraumatization means that we are examining our current systems from a different perspective.

And some of these shifts may be small, so shifting to more strengths-based language, such as changing the word victim to survivor on a brochure. And other changes will mean major shifts in policies or belief systems-- for instance, examining the impact of implicit bias on a variety of things. There may be some simple changes that can be made universally-- for instance, policies that could be changed or changed across the board to impact all clients. And there could be other changes that maybe need to be made on a case by case basis, depending on the client needs.

And so that kind of goes back to my example for if somebody is really struggling with keeping appointments, maybe for that particular person, we know they're not trying to game the system or anything like that, maybe we're a little bit more flexible with them and we set up a way that they can call the morning of their appointment and cancel, so they don't just skip it altogether, that maybe they only use those kind of call-ins if they're really struggling and just can't bring themselves to come out of the door. So that would be an option that you would talk about on a case by case basis if that was something that would help support that particular client.

And I think that this avoiding retraumatization can be a hard step, because it often involves admitting that maybe we can do better. It means changing some of those systems. It's admitting that, perhaps, we have been a part of the problem or caused harm when we didn't mean to. And so I want us to remember that this is difficult, but that also it's possible to shift these systems a little bit and in a meaningful way that's really going to help our clients.

The third tip that I want to give you about being more trauma-informed is that we want to create a safe and secure environment for our clients. I want you to think back to what we were talking about with the impact of trauma on the brain, particularly during that prolonged fight, flight, freeze experience.

Why is it important to create a safe and secure environment for this person? Because they're not feeling very safe, right? For them, the threat is still continuing. They are still perceiving threats everywhere because of that overactive amygdala. And so if we try our best to create a safe and secure environment, let's try to help them out as much as possible.

They already don't feel safe as a baseline, let's not make matters worse by retraumatizing them with our interactions, or our physical spaces, or our policies and procedures. So I want you to just keep this image in mind of a person being still in that fight, flight, or freeze response when they're walking into our office and how can we make sure that they feel safe when they do.

On this slide, I have pictured the Maslow's Hierarchy of Needs, which, if you remember, is a pyramid with the physiological needs at the bottom, and then the safety needs are right on top, and then all the way up at the top is self-actualization, the self-fulfillment needs.

And so I want you to remember that when we're talking about making a safe and secure environment for somebody who's coming to us for VR services, that we're not just doing this because we're really touchy-feely and we want to make this a more fun experience for somebody. But remember that safety needs must be met before anything can change in behavior or any growth can happen.

And if we're talking about somebody applying for and finding a job and maintaining a job and really having that satisfaction that comes from maintaining employment, that's really up at the top with that self-actualization, those self fulfillment needs. And so we need to be sure that those physiological and safety needs are met before we can ask of somebody that they are able to maintain employment. And so that's why this safe environment that we're creating for clients is really so important.

You'll notice I'm spending a little bit more time talking about creating this safe and secure environment, because it is just one of the most tangible ways that we can approach our clients in a more trauma-informed manner. So some of the ways that we can do this is through consistency in our interactions with clients. So that means that we're dependable. We are on time when we say we'll be on time for appointments. We follow through on the things that we tell our clients, whether that's calling for a referral or completing a form that they need.

We need to be consistent because, for example, the inconsistency could trigger thoughts of past trauma. So for instance, if somebody has a traumatic experience of neglect when they were a child and that involved their mom leaving the house and not coming home for days, we could be unintentionally playing that out in our interactions with the client if we're not consistent with them.

And I know that we often have very busy jobs in our agencies, and so sometimes, I know, I was always running late to appointments and I would really try hard not to. But if I did, I would apologize. So if I was running late, I would apologize that I made a mistake and I certainly wouldn't blame the client or get defensive if they were angry with me for being late. If they were angry with me for being late, I usually said, yeah, you're right to be angry and I'm really sorry, and I'm going to try really hard not to do that to you again.

As much as possible, we also need to support client choice and autonomy when possible. That's part of creating that safe and secure environment is giving them some of the choice and some control over their own actions. And that means that if we refer them to a service and they don't want to go, we need to examine whether that step is really necessary for them. And if it's not, then let's be flexible and try to collaborate with that client to find a choice that they feel more confident in. Again a lot of trauma happening to a client has taken away that sense of control for them. And as much as possible, we want to give that sense of control back to them and empower them, so that they don't-- so that they feel safe, really.

The fourth tip for being more trauma-informed is to be more trauma-informed in our interpersonal interactions. So that means that we are expressing kindness, we're being patient, we're reassuring them, we're being calm and accepting, and we're certainly listening to them.

Now these are all qualities that I know good VR counselors and VR staff embody when we're working with clients, right? I know many of us are drawn to this profession because we want to help people. And so these should be very obvious qualities to be exhibiting to our clients. But sometimes after we've been doing this for a while, we need a little bit of a reminder that these qualities are extremely important in the way that we're interacting with our clients.

So we should use please and thank you, treat them respectfully. We should ask what happened to you instead of, like I said before, what's wrong with you. And we should avoid interactions that are harsh, impersonal, disrespectful. We certainly shouldn't be critical or judgmental of them. We should avoid asking what's wrong with you, like I just said.

When possible, we want to choose reasonable rules over rigid policies. And so what I mean by that is we want to be very client-centered, person-centered, strengths-based when we're talking about upholding rules. And I know sometimes these rules and policies are outside of our control and we can't change them, that's why I said when possible we want to be flexible with our clients and work with them, so that they feel supported and so that they feel empowered and are able to make some choices for themselves. So let's really work with our clients to come up with a plan that works for them.

All right, my last tip. So let's talk about how to create trauma-informed physical spaces. So I want us to always be designing our physical spaces, and now our virtual spaces since a lot of us has been interacting with clients virtually, with trauma in mind. So that means that we want calm waiting areas with plenty of space between seats.

Now I know that due to COVID and social distancing guidelines, we have created these waiting areas with plenty of space between seats. And so I would recommend that we continue with that guideline even after the COVID threat has passed, because this is certainly more trauma-informed.

Now why are we worried about what our waiting rooms look like? Well, let's think about how a person who has experienced trauma and is still in that fight, flight, or freeze response, what kind of environment would they feel safe in? They certainly don't want to be next to somebody close to them that they have never met before.

So we want to always have plenty of space, so that people can kind of sit by themselves if they like and not feel crammed in there next to strangers. We want our meeting in interview rooms that offer privacy and respect personal space. Again, if we're talking to somebody who has experienced trauma, we don't want to retraumatize them by asking them very personal questions in a space that isn't private.

We want comfortable furniture and pleasant wall coverings. Again, we want as much as possible to have the physical spaces that our clients are in to be calming. If they're already perceiving threats everywhere and are irritable, maybe prone to angry outbursts, then we want to make sure that we're kind of counteracting that with the way that we have our spaces set up.

Now this one, I think, is kind of-- could be a surprising one. We want to be careful with strong smelling candles or air fresheners. I know probably a lot of you all aren't allowed to have candles-- lit candles in your offices. But air fresheners, I think, are a little bit more common. We want to be careful about these, because remember back to when I talked about how different smells can trigger people and remind them of the traumatic event, this is one that could be something we could consider. And so different smells or even aromatherapy could bring back bad memories for a client.

We want to have appropriate lighting. So I used to work in an agency where I had a staff member who was always trying to save us money on the electric bill, which I appreciate particularly as someone who is environmentally friendly. I like the idea of turning off lights when we're not in a hallway or a room. However, we shouldn't have that in a place where we have clients frequenting. We want to make sure that there's always enough lighting, that way there's not any shadowy corners or dark hallways, because it could be triggering and make a client feel unsafe.

One thing that I think is helpful to know, which some of you all may already do, is that we want to allow a client to choose where they sit in our office. And so that means that we have a chair that's maybe by the door, that way if they feel more comfortable being near an exit, they can choose that seat there.

Lastly, a good tip is just to have clear signage. This kind of goes along with the waiting area being a calm space is that we want to set our clients up for a successful interaction with us. And that means that we have clear signage that's not going to cause more frustration or irritability when they see it.

So if they see signage that's not clear, it's maybe confusing and it takes them a long time before they even get into the waiting room, then they have to sit in a crowded waiting room and then they get to us, that's not really setting them up to feel very safe in our presence and certainly not setting them up to have a very productive conversation with us.

So just remember, we're trying to keep-- we're trying to set our clients up for success and we're trying to anticipate any ways that might retraumatize them. So let's remember that in all of the ways that we set up our physical spaces, as much as is within our control, of course.

My last note of caution is just that I want this to be a springboard for more conversations on how to be more trauma-informed. I want you all to remember that being trauma-informed is not one picture of service delivery. So that means that no person, no agency is ever going to get a gold star that says, I am the most trauma-informed. We have achieved-- we are now a fully trauma-informed care agency.

That's not going to happen, because we're always learning more about trauma and kind of the best way to approach it. And so being more trauma-informed means that we're always involved in consistent reflection and making adjustments to systems, so that we're not retraumatizing

our consumers based on new knowledge and information that comes out all the time on trauma.

And so that's why I like to think of trauma-informed care as more of a continuum. And so that means that we're always trying to go from being less trauma-informed to more trauma-informed. And so I hope that allows for you to think of this in a way where there's always room for progress and there's always room to make adjustments and shift our approach a bit, so that we're being more trauma-informed in our interactions with clients.

I'm so glad that you all stuck with me and reviewed this presentation on trauma-informed care. I hope that it has inspired you to think of ways that you can be more trauma-informed in your own approach and really build on the skills that I already know that you have as VR professionals.

So as we're ending this presentation, I want you to start thinking about your next steps. What is one way that you can be more trauma-informed? And remember, this can be a very small shift, or this could be something a little bit bigger where you're asking your agency to make some big shifts in policy. It's up to you. From a very strengths-based approach and framework, I know that you have the strengths to make some very important and meaningful changes in the work that you do, so that you can serve your clients who have experienced trauma.

Here's some additional resources. There's some good links for you to explore if you want to learn more about trauma-informed care. And there's also some references you can look at on the remaining slides.

And please feel free to reach out to me, Olivia Bentley, at oliviabentley@gwu.edu if you have questions or need for follow-up. And you can also contact the Principal Investigator or Project Director, Dr. Maureen McGuire-Kuletz or John Walsh, at the email addresses listed on this slide.