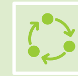
Trauma-Informed and Equitable Data Collection

Today we will:

Learn about trauma

Learn how trauma presents itself internally and externally

 Learn what a trauma-informed and equitable approach is

Discuss HMIS data elements and data collection

Apply a trauma-informed and equitable approach to engaging with clients and collecting data

Before we begin…

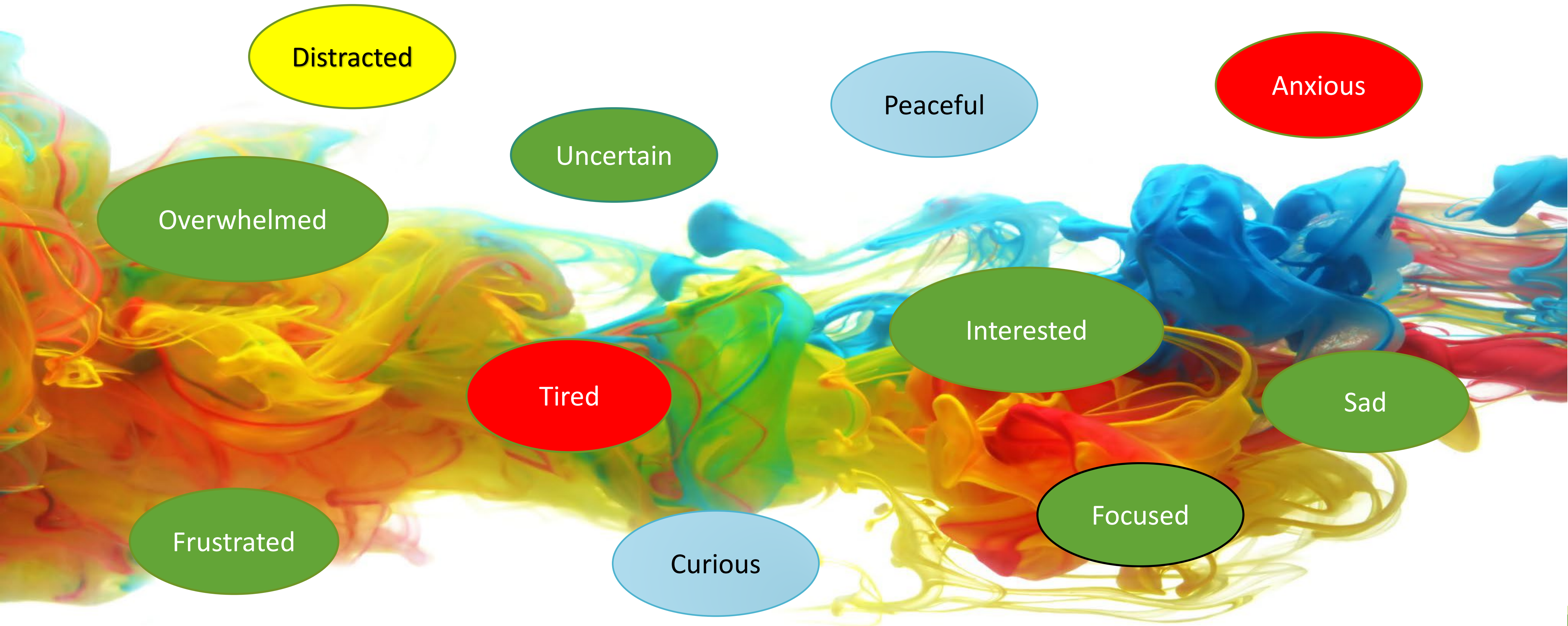
This training may elicit thoughts, feelings, or memories that could be uncomfortable or triggering.

Self-directed

Video	***Printed***

Group setting

What headspace are you coming into this training with?



What is trauma?

Trauma is an emotional response to a terrible event or experience.

Going through trauma is not rare. About 83% of adults in the US experience at least one trauma in their lives.

Fear and anxiety is a normal response to trauma.

Most people will not experience long-term symptoms.

It can be experienced directly or secondhand.

Common examples of trauma

- Physical assault either with or without a weapon
- Sexual assault or other unwanted sexual experiences
- Emotional abuse
- Childhood neglect
- Combat or exposure to a war zone
- Natural disasters
- Serious accidents
- Exposure to toxic substances
- Captivity
- Life-threatening illnesses or injuries
- Sudden or unexpected loss

What is systemic trauma?

Systemic trauma is inherently trauma that impacts more than one person at a time and occurs chronically or over a long-term period of time.

Systemic trauma can be instances of community- or group-level trauma

Police violence (e.g., hyper-surveillance, militarization, police brutality)	Community violence (e.g., neglect of public services, food apartheid)	Policy violence (e.g., outdated unjust laws, budget decisions biased in favor of the wealthy)	Racism and discrimination

What does trauma look like?

Trauma symptoms can include a variety of things including:

- Intrusive memories: flashbacks, nightmares
- Avoidance: avoiding places or things that remind you of the event
- Negative changes in thinking and mood: hopelessness, negative thoughts about yourself, feeling emotionally numb
- Changes in physical and emotional reactions: being easily startled, trouble sleeping, trouble concentrating

Impact on cognitive self-regulation

Focused attention

Executive functioning

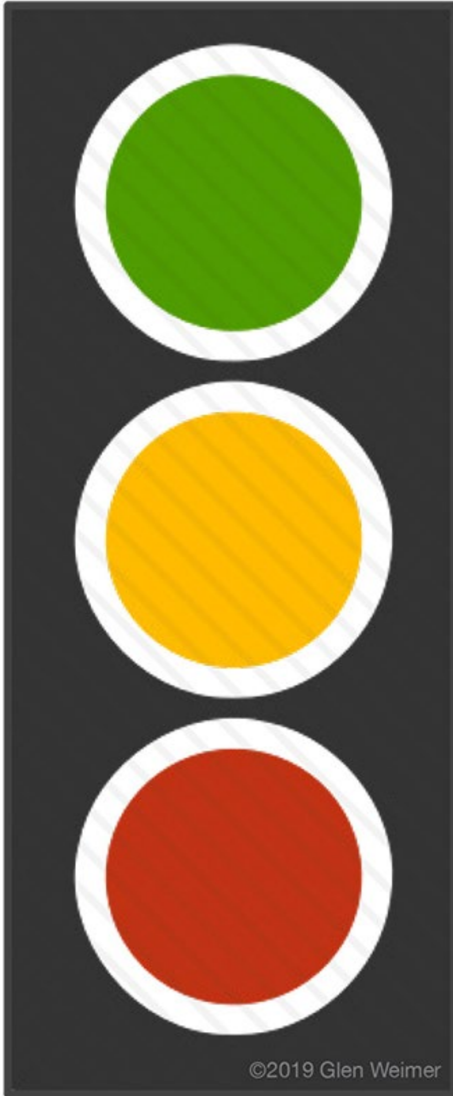
Goal-setting

Attributions and appraisals

Problem-solving

Perspective-taking

Decision-making



GREEN LIGHT • All Safe
Social Nervous System • Ventral Parasympathetic

- Heart rate slows • Settled / Grounded
- Saliva & digestion are stimulated
- Facial muscles are activated
- Increased vocal expressiveness & eye contact
- Middle ear muscles turn on — human voice range
- Self soothing • Interconnected / Bonding

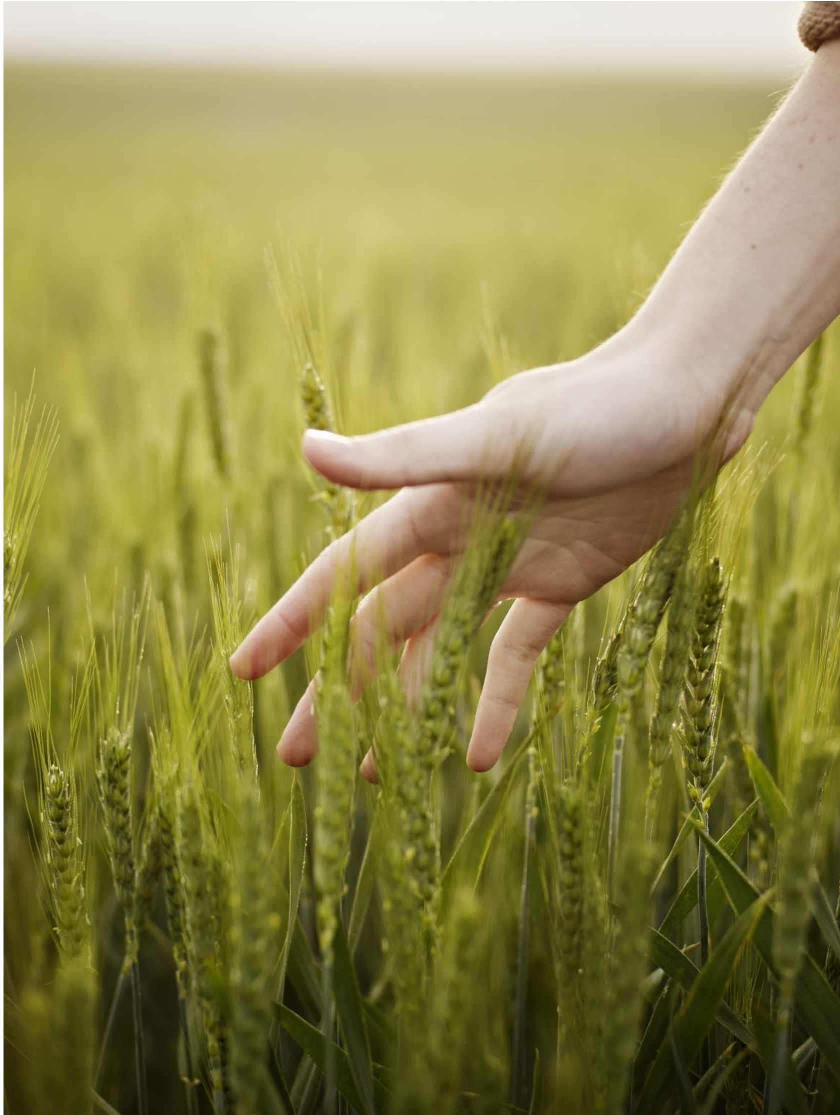
ORANGE LIGHT • Danger / Fight or Flight
Sympathetic Nervous System

- Heart races
- Saliva & digestion shuts down
- Grim / focused / intense facial affect
- Monotone voice • Avoid direct eye contact
- Middle ear muscles turn off — tuned to highs & lows

RED LIGHT • Freeze • Trauma
Survival System • Dorsal Parasympathetic

- NO CONSCIOUS CONTROL
- Heart rate slows
- Dissociation / Not present • Flat facial affect
- Immobilization / Freezing / Collapse
- Disconnected • Auto pilot
- Death feigning • Low energy • Sleepy
- Trauma Vortex • Altered State of Consciousness encodes traumatic memories

AM I SAFE?
The nervous system response



What can help?
Grounding Techniques

A grounding technique activates all of your senses and brings you back into the present tense. Practicing a grounding technique can also help your brain create new neural pathways and teach the brain how to cope with distress.

Breathe. Take ten slow breaths. Focus your attention fully on each breath, on the way in and on the way out. Say the number of the breath to yourself as you exhale.

Play catch. Toss something up and down and catch it. The coordination your brain needs to catch a ball is often enough to bring you back to the present.

5-4-3-2-1 Exercise. Purposefully take in details of your surroundings by using all of your senses starting with 5 things you can see, 4 things you can feel, 3 things you can hear, 2 things you can smell, and 1 thing you can taste.

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Applying a trauma-informed and equitable approach to HMIS data collection

HMIS data elements and data collection

- HMIS data can help providers and communities understand the identities and needs of the people they're serving
- The process of collecting this information could potentially re-traumatize people
- Data elements being collected can be sensitive, including:
  - HMIS Universal and Common Data Elements
  - Other identities discussed or implied during data collection, such as gender identity expression and sexual orientation

HMIS Universal and Common Data Elements

Race and Ethnicity

Gender

Prior Living Situation

- Length of time homeless
- Start of homelessness

Domestic Violence

Health

- Disabling Condition
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS

Engaging with clients and collecting HMIS data using the 6 CDC principles

Prioritizing **safety** on a physical, psychological, and emotional level

Staff

- Create a safe environment that celebrates the unique intersection of identities that staff bring with them into the workplace.
- Remember that some identities can not be externally seen but that does not mean they are not just as important.
- Refrain from using "us" and "them" language – you never know what identities are in the room and this language can contribute to staff feeling unsafe or unable to be who they are.

Clients

- Limit data collection to only what is needed at that time.
- Recognize when it might not be physically, psychologically, or emotionally safe to collect certain pieces of data and focus on building rapport and collecting any needed data points at a later time.
- Collect data/conduct conversations in safe, confidential locations.
- Have strong confidentiality policies and practices. Confidential information, including Personal Identifiable Information (PII), shared by survivors with a housing provider, if disclosed, can mean the difference between safety and danger. There are federal, state, and local laws protecting information shared by survivors from disclosure. These protections help minimize trauma and risk to survivor safety, while increasing survivor housing stability.
- Support connections to partner organizations for safety planning.
- Create safety in your conversations/relationships with clients (e.g., "Thank you for sharing your story with me. That must have taken a lot of courage. I am here to support you, judgement-free.")
- Remember that clients take cues from you about the safety and appropriateness of certain topics so if you ask a question uncomfortably, it makes the client think they should be uncomfortable too (e.g., gender identity, experiences of domestic violence).

Demonstrating **trustworthiness and transparency** in processes and in relationships; naming and addressing power and oppression

Staff

- Reflect on the power of your various identities and how that compares to your peers and the people making decisions.

Clients

- Protect client confidentiality.
- Follow up and follow through on requests made by clients (especially including when the answer is ‘no’ or ‘I don’t know’).
- Validate the injustice of the violence (and other forms of oppression) they are experiencing.
- Challenge use of coded language regarding clients seeking support (e.g., ‘noncompliant;’ ‘resistant;’ ‘frequent flyer;’ ‘welfare queen;’ ‘trap house;’ ‘anchor baby;’ etc.).
- Be honest with clients about their rights and options about what to share and how much information they are required/not required to provide and how that may or may not impact housing or services.
- Ensure consent is truly informed.
- Name the power differentials in client-provider relationships related to your provider status as well as other identities that might have power.

Building a culture of self- & collective care; developing **peer and organizational support**

Staff

- Prioritize your own self-care and that of your colleagues'.
- Be aware of signs of secondary/vicarious trauma, issues of implicit bias, and other stressors. Supervisors should support their staff in culturally appropriate, trauma-informed ways.
- Reduce the effects of vicarious trauma and burnout through increased vacation and sick leave policies, smaller caseloads, and democratic supervision.

Clients

- Allow for client inclusion and equitable participation.
- Examine assumptions about clients and possible consequences of those assumptions.

Staff and Clients

- Create space for staff and clients to process stressful national or local events (e.g., events related to structural racism).

Honoring identity in healing and resistance; encouraging **collaboration and mutuality**

Staff

- Value the perspective each staff person brings to the work, rooted in their experiences and expertise.
- Create an environment of respect where all staff are encouraged to identify issues and contribute to solutions.

Clients

- Reflect upon one's own culture and identities, and how these shape interactions with clients who have experienced trauma (e.g., 'How do my understandings and expectations of intimate relationships, respect, and safety impact how I am showing up to this conversation?').
- Consider and ask about a client's culture and the strengths that are rooted in their culture (e.g., re: resiliency, healing, connectedness, and safety.)
- Use reflective statements and questions to clarify understanding of a client's story or needs (e.g., "Is it ok if I repeat what I heard from you to make sure I got it right?").
- Address power differentials in the provider-client relationship through collaborative interactions and co-creating service and housing plans with the client.

Advancing equitable participation; **empowering** clients and centering their **voice and choice** in planning and decision-making processes

Staff

- Create equitable ways for staff, particularly those with historically marginalized identities, to participate in staff meetings and decision-making.
- Do not tokenize staff by expecting them to speak on behalf of all people with a shared identity.
- Do not expect staff to teach other staff about aspects of an identity, particularly historically marginalized identities, if that is beyond the scope of their role or outside their professional interests.

Clients

- Empower clients to share what they feel comfortable sharing. People who feel safe are able to make better decisions for themselves and engage in the services they need.
- Check-in with clients to confirm that the data they provided is still accurate in neutral and nonjudgmental ways.
- Ask for the client’s assessment of their situation and their wishes and needs.
- Center the client’s assessment in decision-making processes.
- Whenever possible, offer clients more than one option to choose from.

Staff and Clients

- Include staff and clients in feedback loops and decisions regarding policies and practices.

Understanding trauma and oppression and their effects through the intersectional lens of **cultural, historical, and gender issues**

Staff

- Include staff with varied and intersectional identities in the development and implementation of policies and practices that are responsive to the various identities staff hold. Ensure that policies and practices acknowledge the impact of historical trauma.

Clients

- Develop nuanced forms of support for more marginalized and vulnerable clients.
- View client situations from a systems and historical perspective instead of an individual perspective (e.g., homelessness as the result of a failed system as opposed to individual failure).

Staff and Clients

- Recognize how systems (e.g., legal, social services, health care, etc.) perpetuate trauma and mistreat certain groups they serve.
- Acknowledge how trauma interlocks with other systems of oppression (e.g., racism, sexism and transmisogyny, ableism, xenophobia, etc.).

Summary

- Anyone from any background can experience trauma and it can present itself in many different forms and hold a variety of meanings for each person.
- There are many ways to create a trauma-informed environment for staff and clients – this training can and *should* be adapted to local contexts.
- We encourage organizational leadership to use this training as the starting point for implementing human-centered, trauma-informed and equitable practices and policies for their staff and clients.

HMIS Resources

Person-centered data collection

Centering identity through changes in data collection

Client-centered data collection approach: Virtual reality series

[National crisis hotlines]

[Grounding techniques]

[CDC 6 principles for a trauma-informed approach]

Trauma Resources