

**Trauma Informed Care Workshop – Nov. 5, 2018**  
**Working with Children, Adults, and Families in the Home:**  
**Safety as a Foundation of Trauma-Informed Care**

**Table Café Learning from Each Other** – local small group discussions/experience sharing on physical and psychological safety in home visits. Below is what participants said.

**Physical Safety**

**What does physical safety mean to you?**

- Not feeling threatened, getting hurt.
- Having a safety plan, a “tool box” to draw on and feeling confident in my skills.
- Trusting my gut feelings.
- Having personal space, wearing safe shoes, not wearing a lanyard around my neck.
- Being aware of the house/environment – know where exits are, who is in the house, knowing the animals in the house, and wear to park.
- Take into meeting only what I need, be open with family, understand their attitude, ask permission, respect boundaries.
- Leave if I need to.
- Someone knows where I am, have a backup and good relationship with law enforcement.

**What do you need to feel physically safe?**

- Have a relationship with family, understand their language, know their story, know behavioral triggers and signs of escalation. Knowing what to expect prior to visit, know the house.
- Know my limitations, have coping strategies for the moment.
- Have a charged cell phone, GPS, and pepper spray, mace or self-defense skills.
- Have supervisor support, code word to text to coworker, have peers know when I should return, option to take someone with me.

**What obstacles have you experienced that impeded your ability to feel safe?**

- Being caught off guard – lots of activity in the house, going to visit alone when client has history of violence, unsafe community outside of house.
- Mental health, substance abuse, and verbal altercations between people in house.
- Not being welcome or being intimidated.
- Weapons in the house.
- Being far away from the door, lack of cell phone service.
- Being a mandated reporter
- When co-worker and I aren't on the same page.
- Lack of available supports.

**What strategies do you use to make yourself feel safe?**

- Be flexible, add humor, divert attention.
- Know my boundaries and be able to take a break. Self-talk and self-regulation.
- Be aware of how I dress, jewelry I wear, follow gut feelings.
- Body language – sit tall, look confident if afraid.
- Have an exit strategy, ask if others are in the house, learn the area, park in a safe location, have dog treats.
- Establish relationship with family quickly, know client's behaviors and triggers, set expectations about visits, have open, respectful, and clear communications.
- Shift agenda based on temperature in room. Show hands, stop taking notes – ways to de-escalate situation.

### **Who or what are your key ingredients for physical safety?**

- Training, self-defense classes.
- Trust, start with the good things, being transparent during discussion.
- Unannounced visits/drug tests are barriers to relationship building.
- Think about client's feelings – living in unsafe house.
- Shared calendars, going with someone to visit, cell phone, pepper spray.
- Surety of what I am doing, my intuition, having options, gathering information prior to visit, comfortable attire, physical positioning.

### **Psychological Safety**

#### **What does psychological safety mean to you?**

- Being emotionally self-aware, control my responses, know my triggers.
- Being able to separate work from personal – work/life balance.
- Resiliency.
- Not feeling physically threatened
- Having adequate training, support from supervisor, trusting my team – they know where I am.
- Being aware of other's triggers, being able to help clients, establish rapport, staying calm and focused.

#### **How do we ensure that our daily interactions are influenced by our increasing trauma knowledge?**

- As a new employee have experienced coworker/supervisor go along.
- Continue to grow TIC toolbox.
- Debriefing with co-workers/supervisor.
- Acknowledging my limitations, areas of expertise.
- Asking family "what happened?" Understanding their story and triggers, listening, being empathic over sympathetic.
- Don't project past experiences on to new family.

#### **How is the language (words) that we are using heard by others?**

- Different generations hear things differently.
- Be aware of culture/population I am dealing with.
- Ask family their preferences, that they ask questions to ensure their understanding.
- Use plain language, watch acronyms, watch tone, strengths perspective.

#### **How do you model transparency?**

- Explain my role, lay out clear expectations, follow through, remind them I am a mandated reporter.
- Be professional at family's level, be open and honest.
- Be honest when I make an error.
- Let go of first impressions.
- Don't cross boundaries.

#### **How do you interact with your consumer – as a client or as a person?**

- Balance people first then client while maintaining professional boundaries.
- Be at same level with them, particularly with children.
- Establish relationship, we are on the same team with a common goal.
- Based on cues from the person I am dealing with.