Radical Informed Consent
Day 4
Utah Trauma Academy

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www.trauma-informed-california.org

Today

- Radical Informed Consent.
  - States require informed voluntary consent for services.
  - But is the client truly informed?
  - Is consent voluntary?
  - Does the client know she can withdraw consent?
- We will discuss how agencies can meet legal requirements while engaging clients in their own treatment.

Disclaimer

- We are broadly speaking about adults able to give consent. See resources for adults with disabilities, youth and elders at the end of the presentation.
- Each state has its own varied laws. I will be using California, Texas, Utah and several other states' laws in this presentation.
- It is recommended that each program has an up-to-date version of their informed consent and related consent laws.

What is Informed Consent (CA)?

An agreement to a proposed course of treatment based on receiving clear, understandable information about the treatment's potential benefits and risks.

What is Informed Consent (CA)?

- More than merely an agreement to a particular treatment or procedure.
- One must also be informed about all treatments available for the health condition and the risks of receiving no treatment.
- http://www.calpatientguide.org/ii.html

Quiz

- Under what circumstance can a person permanently lose their right to consent to treatment?
  1. When the patients'/clients' best interest is to force treatment
  2. When a person has been convicted of a felony
  3. When a judge has mandated the treatment as a part of a sentence or court order
  4. When the person is under the age of 18
  5. When the person is found legally incompetent in a court of law

"The shift toward trauma-informed practice and policy in juvenile and family courts is not a fad: it is a way of thinking about and responding to those injured that is supported by science."

Marsh, S. C., Dierkhising, C., Decker, K., & Rosiak, J. (2015)
Preparing for a trauma consultation in your juvenile and family court
National Council of Juvenile and Family Court Judges

Procedural Justice

- Fairness as a crime prevention tool.
- Consistency: Legal cases are treated alike and variations are based on genuine aspects of personal identity (*rather than extraneous features).*
- Neutrality: Those carrying out the procedures must be impartial and neutral (*but not cold and remote*).
- Voice: Those directly affected by the decisions have a voice and representation in the process.
- Transparency: The processes that are implemented are transparent.
- http://www.courtinnovation.org/sites/default/files/documents/P_J_Practical_Tips.pdf

Utah

"Multiple studies show that procedural justice, also called fair processes, makes the crucial difference when people evaluate the quality of their experience with a decision-maker. People are more likely to base their judgments about a decision maker's performance on whether they experienced fair processes than on whether they were granted advantageous outcomes or were afforded fair outcomes. Despite the counter-intuitive nature of this conclusion, it may sometimes matter less whether you win or lose than how the game was played!" --Utah State Bar website

- Joanne Slotnik, Executive Director of the Commission
- 801-538-1652
- j.yim@xmission.com

If procedural justice is a crime prevention tool,

RADICAL INFORMED CONSENT IS TREATMENT!

Where is fair process?

Goal

- Safety (phys and emo)
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical, and Gender Issues

SAMHSA, 2014

Skill

- Build safe coping skills
- Become more transparent, become known to someone
- Identify and build safe connections
- Work on something you care about with other who care about the same thing
- Develop personal power: ability to speak and act autonomously
- Accept messages that help; disregard messages that hurt

Grant, 2015

Trustworthiness & Transparency: Assessment

- What is involved in your agency's informed consent process?
- Are both the information provided and the consent obtained taken seriously? How so?
- Are the goals, risks, and benefits clearly (visually) outlined?
- Does the consumer have a genuine choice to withhold consent or give partial consent?

Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D. Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol
July, 2009

Quiz

- Does your agency have an informed consent form that all clients sign?

1. Yes, absolutely!
2. I think so, but I am not absolutely sure.
3. No, I am not familiar with an informed consent form for this program.
4. I honestly have no idea!

Trauma is a violation of consent

CONSENT IS KEY

Terms for Violation of Consent

- Emotional abuse
- Abuse of power
- Exploitation
- Coercion
- Force
- No voice
- Betrayal trauma
- Integrity and boundary violation
- Against your will
- Others?

"Suffering, isolated, tired and helpless at the age of 15, the concrete box that represented my cell in Zenoff Hall, the girls' section the largest of the juvenile facility in Las Vegas, Nevada, seemed no less invasive than the horror of the streets. As much of a real physical confinement as it was, it wasn't all too different than the mental confinement I endured from my pimp. I was interrogated for hours on end, reminded that my opinions didn't matter, and locked in like a dog in a kennel. Unless I was saying the answers to the questions that they wanted to hear, my voice was irrelevant. Skip ahead a few years later, I endured it again in California, only that time experiencing my seventeenth birthday within the juvenile hall walls…."

Continued:

"…Both times I was faced with charges of solicitation and/or prostitution, a crime that as a minor who wasn't of legal age to consent to sex, couldn't seriously be charged to commit. But yet, there I was, facing them. To my agony, I comprehended this as yet another system that failed me ... I was re-traumatized every day in detention while having to be watched, fully nude, while I showered. No one assessed me or ever even asked me what got me there, no rehabilitation services were offered. I just sat locked in a box while being interrogated and talked-down to."

— Withelma "T" Ortiz Walker Pettigrew
The Sexual Abuse To Prison Pipeline: The Girls' Story (2015)
www.law.georgetown.edu/go/poverty

Exploitation

"The illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with the elderly or disabled person using the resources of an elderly or disabled person for monetary or personal benefit, profit, or gain without the informed consent of the elderly or disabled person."

– Texas State Definition:
Exploitation or Abuse of Older Adults, People with Disabilities

Betrayal Trauma

- Suggests that, when an individual depends on a perpetrator for material or emotional support, as in the case of a child who depends on an abusive caregiver, it may be adaptive to remain fully or partially unaware of the abuse (Freyd, DePrince, & Gleaves, 2007).
- Explains how trauma exposure leads to increased risk of substance use

Betrayal Trauma

- Study of 362 young adults showed that betrayal trauma prior to age 18 years was associated with problematic substance use via posttraumatic stress and two intervening pathways:
  - difficulty discerning/heeding risk
  - self-destructiveness

Brianna C. Delker and Jennifer J. Freyd
Journal of Traumatic Stress, October 2014, *27,* 576–584

Integrity & Boundary Violation

- Medical professionals deal with health risks that lead to an enormous number of severe illnesses and premature deaths.
- This must include an acknowledgement of the health effects of having one's personal integrity violated or one's boundaries transgressed without consent or against one's will.

The Lived Experience Of Violation: How Abused Children Become Unhealthy Adults
Eugenie Sommer Shaw (2005)

Integrity & Boundary Violation

- Treatment providers should understand the connection between:
  - The documented correlations between violation, maltreatment, and neglect in childhood, and
  - Violence and abuse in adulthood; use of intoxicants; depression; overweight and eating disorders; sexually transmitted infections; self-injury and suicide attempts; injuries from alcoholism; sex work with its potential health risks; re-use of needles; and unwanted and early pregnancy.

The Lived Experience Of Violation: How Abused Children Become Unhealthy Adults
Eugenie Sommer Shaw (2005)

Integrity & Boundary Violation

- These problems should not be viewed and evaluated separately if one wants to understand their origin and find an adequate response.

The Lived Experience Of Violation: How Abused Children Become Unhealthy Adults
Eugenie Sommer Shaw (2005)

In her book *The Lived Experience Of Violation: How Abused Children Become Unhealthy Adults*, Eugenie Sommer Shaw asks,

"Do biomedical professionals have adequate knowledge at their disposal to assist and support people whose suffering springs from integrity violation in general and from socially silenced boundary violation in particular?"

Quiz

What do you think?

1. Yes, they do for the most part.
2. Some, maybe, but more awareness is needed.
3. No, most medical and treatment professionals do not consider this aspect of treatment at all.
4. This is a totally different way of understanding health and therefore is a complete departure for medical and treatment professionals.
5. I am not really sure one way or the other.

Elements for radical informed consent

TRANSPARENCY AND INFORMATION

Terms for Consent

- Autonomy
- Voluntary agreement
- Invitational approach
- Self-determination
- Freedom
- Independence
- Accountability
- Responsibility
- Others?

Voluntary Informed Consent for Treatment

I, _____ _____ , voluntarily agree to enter the _____ _____ program as a resident/client.

Voluntary

- I have autonomously agreed to participate. No one is forcing me to enter against my will and I have not been coerced in any way. [State] law states that I can withdraw my consent and leave the program at any time. ____ (initials)

Informed

- I have a strong understanding of the how the program functions; the activities I am agreeing to join; and the requirements that I agree to uphold as a part of the treatment program. ____ (initials)

Consent

- I agree to work cooperatively with this program staff by participating in the development of a Treatment Plan with the input of a staff counselor to help me with my program-related goals and needs. ____ (initials)

Protected information

- I voluntarily agree to provide necessary social and personal data including medical and drug abuse history. This information is protected and will only be divulged within the legal requirements of state and federal law. ____ (initials)

_____ _____ _____

Participants Signature Date

Radical Informed Consent

- Now (present focus)
  - You can consent or remove consent every session/day.
- Choices: simple, clear and Constitutional
  - You do not have to answer these questions.
- Safety, security, stability of the person in front of you
  - Would refusing services harm you today or in the near future?
- Basic, immediate needs (water, restroom, food)
  - Offer water and snack. Show clients the restroom.

Radical Informed Consent

- Coping vs. feeling
  - All feelings are valid: Reluctance, defiance, skepticism. Cope safely?
- Grounding with scaling to reduce intense neg. emotions
  - Would you be interested in building skills that are safer? And free!
- Ask for agreement (not understanding)
  - Do you agree to these rules? No? What's the disagreement?
- Invitational – radical informed consent

Recommendation: Provide Information

- Voluntary informed consent is obtained from consumers.
- Consumers receive written documentation upon arrival (in primary/preferred and accessible language):
  - rules & regulations
  - mission statement
  - consumer rights & responsibilities
- Consumers are informed about details of program rules & regulations and how they are enforced within 24-48 hours of arrival.

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009)
Trauma-Informed Organizational Toolkit
www.homeless.samhsa.gov

Recommendation: Provide Information

- Consumers are informed of grievance process (in primary/ preferred and accessible language), and of how to engage in the grievance process when they have a complaint.
- If required that consumers provide urine samples, the rules about collecting samples are explained.
- Program rules and mission statement are posted in places that are publicly visible.

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009)
Trauma-Informed Organizational Toolkit
www.homeless.samhsa.gov

Essentials for Quality Programming

- The program mission statement and policies are:
  - written in clear, simple language for staff and consumers (accessible)
  - available in all of the primary and preferred languages of the consumers (main spoken languages)
- The program has a formal grievance process.

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009)
Trauma-Informed Organizational Toolkit
www.homeless.samhsa.gov

Essentials for Quality Programming

- Written policies exist in order to:
  - outline emergency responses to situations such as fire or natural disasters
  - protect the confidentiality/privacy of consumers
  - outline professional conduct for staff (e.g. boundaries, responses to consumers, etc.)
  - **obtain informed consent from consumers**

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009)
Trauma-Informed Organizational Toolkit
www.homeless.samhsa.gov

Recommendation: Observe the Constitution

Avoid self-incrimination and protect others from self-incrimination

- Clients involved in the dependency and delinquency systems may choose not to share information with advocates, court personnel, and mental health professionals to protect themselves or others.
- Attorneys and other advocates may choose not to ask about past experiences or request screenings or assessments for fear of uncovering information that could be used against their client.

Pilnik, L., & Kendall, J. R. (2012)
Victimization and Trauma Experienced by Children and Youth: Implications for Legal Advocates. Moving From Evidence to Action: The Safe Start Series on Children Exposed to Violence Issue Brief #7. Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

Recommendation: Observe the Constitution

Avoid self-incrimination and protect others from self-incrimination

- Advocates can give copies of trauma-focused guides or handouts to all clients rather than single out particular youth (see http://www.nctsn.org for some examples).

Pilnik, L., & Kendall, J. R. (2012)
Victimization and Trauma Experienced by Children and Youth: Implications for Legal Advocates. Moving From Evidence to Action: The Safe Start Series on Children Exposed to Violence Issue Brief #7. Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

Trauma Survivors' Bill of Rights: All About Consent

Recommendation: Use Invitational Language

- Would you like to try …?
- Is this something that sounds helpful?
- Would you agree or disagree?
- Would you be willing…?
- Some people prefer …., what do you prefer?
- Can we agree on a measure to use?
- Motivational interviewing approaches

Recommendations: Accommodate Hallucinations & Delusions

- A person having a hallucination sees or hears (or, less commonly, feels, tastes, or smells) something that is not real. Common hallucinations are hearing one's name called when alone or seeing a person or thing that is not there (Dilley, 2004).
- A person having a delusion develops a false belief based on a misperception of reality, such as believing that people are plotting against him, believing that thoughts are being put in her or his mind, etc. (Columbia Encyclopedia, 2005).

In My Jurisdiction: Responding to Crimes Against People with Disabilities, Deaf Individuals, and Older Adults. SafePlace, 2007.

Recommendations: Accommodate Hallucinations & Delusions

A crime victim with mental illness can provide useful information about what happened even when experiencing hallucinations or delusions and can still give informed consent to treatment and forensic exams.

In My Jurisdiction: Responding to Crimes Against People with Disabilities, Deaf Individuals, and Older Adults. SafePlace, 2007.

Quiz

- Where would you like to start practicing radical informed consent?

1. Providing information in a more visible, transparent, consistent, accessible way
2. Observing the Constitution by informing clients of their rights, including their right nor to answer questions as well as their right to speak their disagreements and concerns
3. Handing out the Trauma Survivors' Bill of Rights to all clients (at least experimentally for a period of time) and asking for feedback on it
4. Accommodating hallucinations and delusions (including from withdrawal) and emphasizing choice to consent to move forward now

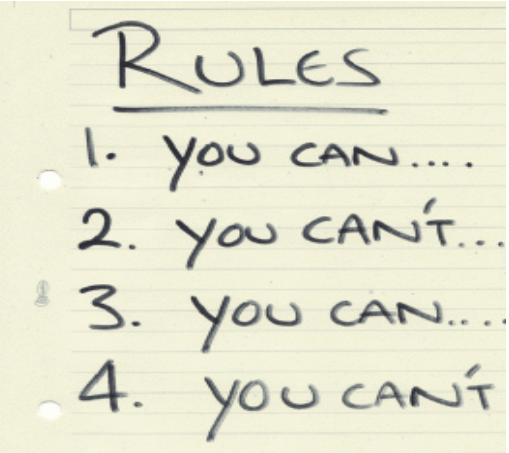
Homework

Re-work your agency's intake form through a trauma-informed lens. Ensure that it is clear and easy to understand. Attach current informed consent form as well as the re-worked one tomorrow.

You can email it to gabbygrant@me.com.

Today

- Discuss rules:
  - What are they?
  - What are they intended to do?
  - How can they keep people accountable and safe?
- Identify features that prioritize safety and autonomous decision-making.
- Discuss how to integrate radical informed consent, safety and awareness of central trauma roles into rule design.



Before webinar

- Identify one of the top rules broken by clients.
- Write down the rule as it is written.

- Look at the comparison sheet. What changes?

What are rules?

- Broken rules are communication from the client. **What are they saying?**
- Rules often hide program needs. **How can we build skills into the program?**
- Rules are often shortcuts that ignore meeting the need. **What is the need?**
- Rules often hold people accountable for other people's feelings or behaviors. **How can we hold clients accountable only for themselves?**

Quiz
Broken rule: phys or emo?

A kid runs away, ends up at a friend's house and calls the group home to say he does not want to return, ever.

How would you respond?

- 1. Let the kid stay where he wants.
- 2. Offer the kid a few options to meet with caseworker and follow up.
- 3. Call the police and make a note in file.
- 4. Ask to meet the kid at the home to assess the situation.

Radical informed consent

1. Promote information, rights, options and agreement.
2. Balance empathy and accountability.
   - Use empathy to engage.
   - Ask for and listen for agreement.
   - Use agreements to hold client accountable to their part of the process.
3. Use Motivational Interviewing to hear change talk and motivation to change.

Quiz

Drug paraphernalia (glass swirly pipe) is found in the adult patient's bedroom at hospital program.

How would you respond?

- 1. Orderlies enter to confiscate the paraphernalia and search for any other contraband.
- 2. Doctor asks for the patient to give up the paraphernalia, asks what is the patient getting from the drug use and adjusts treatment.
- 3. Patient is exited from the program.
- 4. After items are removed, patient is required to meet daily with her therapist.

2 Safeties

Physical safety

- Expectation of physical integrity; absence of threat of physical harm.
- Objective – general agreement.
- The risk is immediate or imminent. Right now!
- Rules (laws), procedures, practice, system response.
- **ACTION! RUN, YELL, HIDE, FIGHT, PRAY.**

Emotional safety

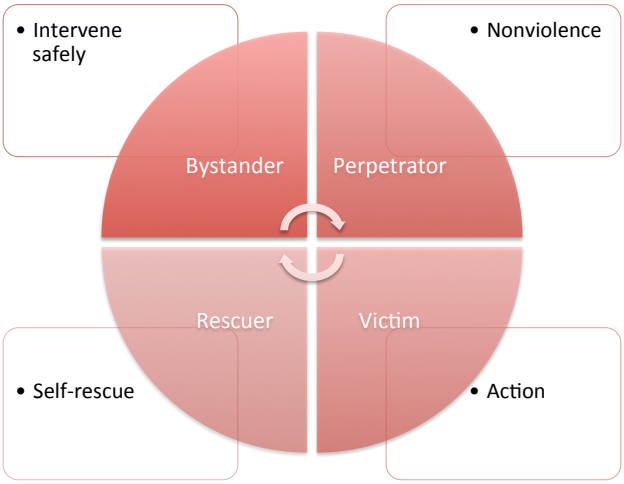
- Expectation of respect and autonomy; absence of humiliation.
- Subjective – often debated.
- The risk is not immediate, there is some time.
- Choices, agreements, support, progress, review.
- **CONSIDER ALL OPTIONS AVAILABLE**

Grant, 2015

Quiz

- Shelter resident is hoarding several cleaners in his room. His room is dirty and smells bad.
- How would you respond?
- 1. Milieu staff enter room and confiscate materials and anything else against the rules.
- 2. The supervisor has a conversation with the resident to talk about his feelings.
- 3. Staff give him a 7-day notice.
- 4. A nigh-shift staff person asks resident if he'd like some help cleaning his room and after they clean up, the staff person asks resident if he is planning on using the cleaning fluid to kill himself by poisoning.

Central trauma roles



Quiz

- Terming out foster child (girl) has an older boyfriend who she is planning on living with. The boyfriend in a known drug dealer, has weapons and is on probation.
- How would you respond?
- 1. Nothing. She's going to be an adult.
- 2. The caseworker tells her that she must find another place to live.
- 3. The program director reports the boyfriend for child abuse.
- The caseworker asks her what she hopes to have once she's living on her own and asks if the young woman would like to learn about additional resources she can use.

Engage autonomous decision-making

- Clear, concrete choices.
- Use visuals/handouts with infographics to downplay the relational power.
- Use the Safe Coping Skills Sheet.
- Use invitational language:
  - Positive, neutral, respecting of laws and process.

Engage autonomous decision-making

- Listen to the voice of the client – including ambivalence, disagreement, fear, and negative consequences.
- Connect clients to outside advocates.
- Ask for agreement on a specific unsafe behavior to use as a measure of success.
- Use the same language as the survivor.
- Be conscious of using possessive pronouns: 'your abuser,' 'your pimp.'

Trauma informed rules

1. Design the program in a neuro-sequential, trauma-informed manner.
2. Use the informed consent to begin engagement.
3. Rules = physical safety: Procedures to respond.
4. Agreements = emotional safety: Conversations to discuss and re-agree.
5. Focus on increasing physical and emotional safety (not compliance).

Trauma theme on RULES

- Why do people with trauma have such a hard time with rules?
- Why do people who engage in unsafe behavior often focus on other people's rule breaking?
- Notice the swings of extremes – address both.

Making rules work: Is it clear? Is it warm?

Rules that work:

- Stated positively
- Emphasize safety
- Strive to be warm
- Are clear in intent
- Identify legal requirements
- Ask for agreement (informed consent)

Approaches that work:

- Connect rule to resident's goals
- Allow for feedback
- Never say no! (At least not immediately!)
- If you bend a rule, you can usually throw it away
- If disagreement, be curious about why

Agreement-based rules focus on safety

Original:
No violence. Physical fights between program participants or with staff will not be permitted. This includes direct verbal threats or actions that endanger others.

Trauma-informing:
I agree not to use violence or threats of violence. If I do, I understand that the police may be called and I may be charged with a crime.

Trauma-informed:
I agree not to use violence or threats of violence at the Center. I have a right to protect myself using non-violent methods. The Center can help me develop non-violent methods of self-protection.

Program requirements

Original:
Your family must be currently homeless and must provide documentation at intake.

Trauma-informing:
I understand that I must be homeless at entry and be able to provide appropriate documentation.

Trauma-informed:
I understand that this program is for people experiencing homelessness, so I agree to provide a verification letter or my own statement. ____ (initials)

Review rules regularly

Original Rules

1. Engage in conduct that allows other residents to enjoy their apartments properly and peacefully.
2. Engage in peaceful conversation, free of threats of violence and abuse.
3. Maintain the structure of your property through completion of the Apartment Safety Checklist and Chore Chart. Keep your apartment free from structural damage.
4. Keep your unit and the MSP premises free of all animals with the exception of Service Animals with proper certification.
5. Work with your case manager to create and update your Individualized Transitional Living Plans, developing personalized, relevant goals for completion of 32 hours of combined school and/or work each week.

Transformed Rules

1. I agree to engage in safe, peaceful activities so that my children and I can enjoy our apartment.
2. I agree to communicate in a nonthreatening way. I agree make use of program resources in order to develop nonviolent communication skills.
3. I agree to practice and develop skills to maintain a safe, clean, engaging environment for my children and me. I agree to make use of program resources in order to improve housekeeping/life skills.
4. I agree to maintain the property as a pet-free and smoke-free area.
5. I agree to spend up to 32 hours each week of combined school, work or other activities to meet my personalized, relevant goals.
6. I agree to meet with MSP staff as scheduled.

BECOMING TRAUMA INFORMED

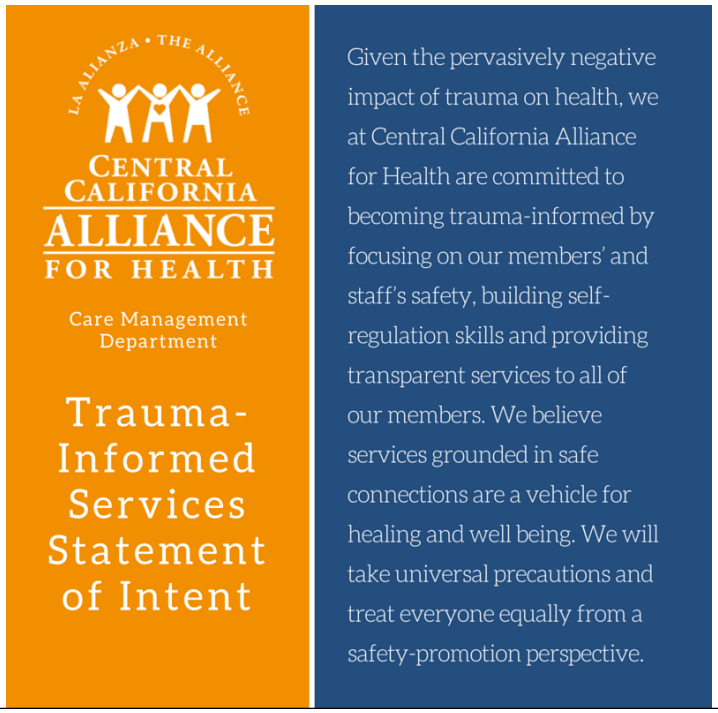
(CONTINUED FROM PAGE 1)

Previous Practice	*Current Practice*
Small waiting room with couch	Larger waiting room has better lighting and movable individual chairs.
Intake process was not fully explained	The intake process is explained, and each client receives a tour of the facility.
Intake rooms had institutional furnishings	Furnishings are comfortable, rooms are nicely decorated, and staff do not sit behind a desk.
Staff told clients what treatment would be best for them	Treatment options are explained, and clients choose the services they will receive.
Client involvement in the organization's work was minimal	There is much more client input. For example: clients sit on most standing committees, and clients participated in selection of interior paint colors.
Staff members were not always aware of practices that could be re-traumatizing	Staff now view services, situations, and activities through a trauma lens. For instance: paying attention to unlit areas, such as bathrooms and parking lots.

Western Connecticut

Agency Assessment

- Has your agency or program identified trauma as a central factor affecting clients being served by your agency?
  - In terms of direct service provision?
  - In terms of administrative policy?
  - Is there a written statement?



Agency Assessment

- Has your agency reviewed program policies, procedures and materials to ensure they focus on safety, empowerment and connection for clients? (Versus compliance)

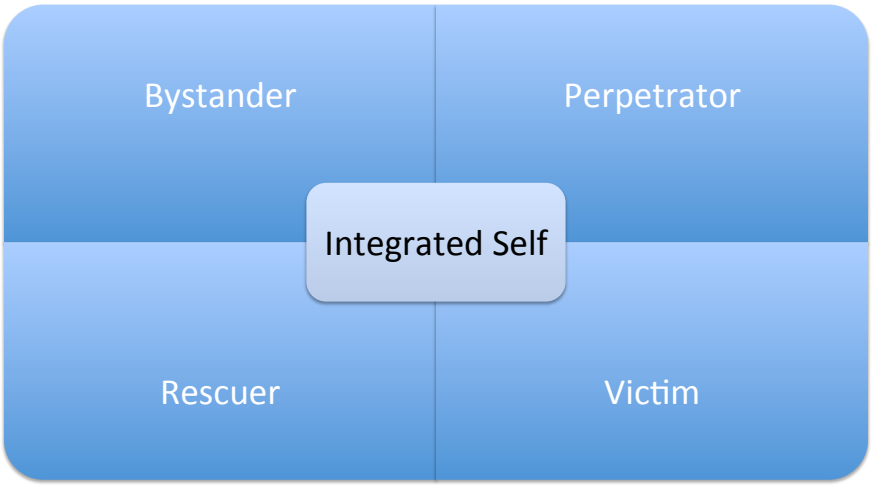
Example

- The San Jose Family Shelter used to require applicants to "prove" they were homeless, now they ask people to make a self-statement to certify their homelessness.

Agency Assessment

- Does your agency and staff acknowledge that providing services inherently involves power dynamics that can re-create and re-enact past abusive experiences, reinforcing feelings of helplessness and powerlessness?

Central trauma roles



Agency Assessment

- Has your program trained staff how to engage clients by using invitation, asking permission and offering choices?

Quiz

- Under what circumstance can a person permanently lose their right to consent to treatment?
  - When the patients'/clients' best interest is to force treatment
  - When a person has been convicted of a felony
  - When a judge has mandated the treatment as a part of a sentence or court order
  - When the person is under the age of 18
  - When the person is found legally incompetent in a court of law

Recommendation: Observe the Constitution

Avoid self-incrimination and protect others from self-incrimination

- Clients involved in the dependency and delinquency systems may choose not to share information with advocates, court personnel, and mental health professionals to protect themselves or others.
- Attorneys and other advocates may choose not to ask about past experiences or request screenings or assessments for fear of uncovering information that could be used against their client.

Pilnik, L., & Kendall, J. R. (2012) *Victimization and Trauma Experienced by Children and Youth: Implications for Legal Advocates.* Moving From Evidence to Action: The Safe Start Series on Children Exposed to Violence Issue Brief #7. Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

Agency Assessment

- Does your program emphasize the client's physical and emotional safety and choice in all interactions (versus an emphasis on compliance or on other people)?

Comparing Approaches in DV Shelter Service Delivery

21

Traditional Approaches	Trauma-informed
• Shelter rules • Shelter curfew • Exiting "aggressive" clients • Rigid policies & procedures	• Communal living guidelines • Safety check-in • De-escalation & grounding techniques, Motivational Interviewing, agreements • Trauma-informed & woman-defined P&P

Agency Assessment

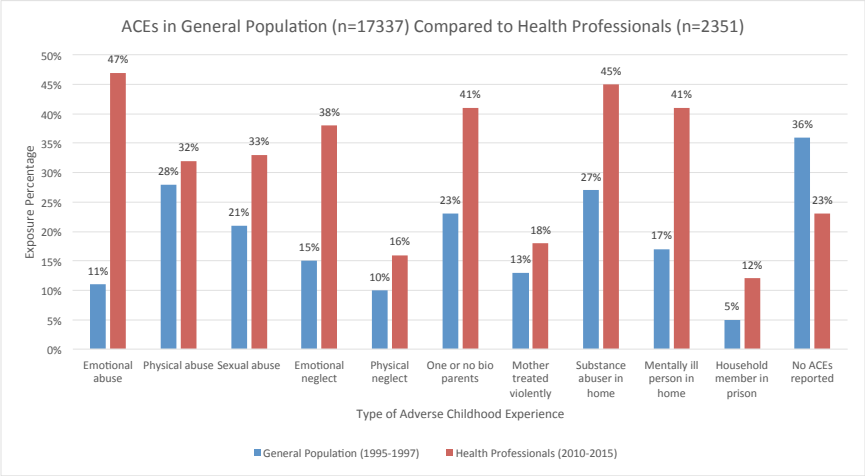
- Does your program train staff on the impact of trauma on the caregiver and discuss self- care as a part of one's job?

ACE Study compared to professionals in mental health, sub abuse, criminal justice, homelessness, domestic violence, schools, healthcare.

ACE Study findings		Was State COD Conf (2013)	
Emotional abuse	11%	Emotional abuse	71%
Physical abuse	28%	Physical abuse	42%
Sexual abuse	22%	Sexual abuse	54%
Emotional neglect	15%	Emotional neglect	51%
Physical neglect	10%	Physical neglect	36%
One or no bio parents	23%	One or no bio parents	61%
Mother treated violently	13%	Mother treated violently	27%
Substance abuser in home	27%	Substance abuser in home	56%
Mentally ill person in home	17%	Mentally ill person in home	59%
Household member in prison	5%	Household member in prison	10%
No ACEs reported	33%	No ACEs reported	12%

Completed anonymously and voluntarily by attendees of trainings provided by CCE-TIC

Compiled by the California Center of Excellence for Trauma Informed Care



Trauma Survivors' Bill of Rights: all about consent

Agency Assessment

- Does your program help clients understand the real needs they are trying to meet when coping unsafely (substance use, returning to unsafe relationships, isolation, etc.) in order to help them find safer ways to meet those needs?

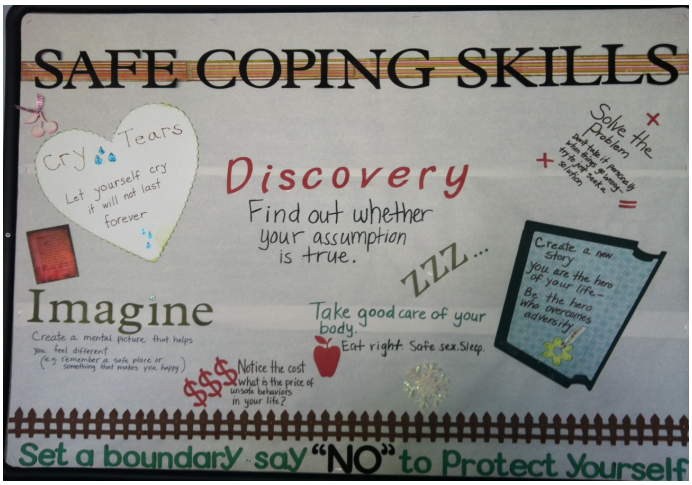
Unsafe Behaviors Inventory

- Pilot Study – traumainformedcalifornia@gmail.com

Currently				How often do/did you find yourself doing the following things?	In the past, but not currently				When did you stop? (e.g. 1999 or 7 months ago)
0	1	2	3	1) Thinking about killing yourself	0	1	2	3	
0	1	2	3	2) Not taking essential medications	0	1	2	3	
0	1	2	3	3) Not adhering to essential treatments (e.g., dialysis)	0	1	2	3	
0	1	2	3	4) Putting yourself in harm's way (walking into traffic, road rage, etc.)	0	1	2	3	
0	1	2	3	5) Fighting or provoking fights (by calling people names, insults)	0	1	2	3	_____
0	1	2	3	6) Hitting others, lashing out physically	0	1	2	3	_____

Agency Assessment

- Does your program refer to, provide lists of and reinforce key safe coping-skills (e.g., the 84 safe coping skills of Seeking Safety)?


SAFE COPING SKILLS
Cry Tears
Let yourself cry it will not last forever
Discovery
Find out whether your assumption is true.
Solve the Problem
Don't take it personally when things go wrong try to just seek a solution
ZZZ...
Create a new story
You are the hero of your life –
Be the hero who overcomes adversity
Imagine
Create a mental picture that helps you feel different (e.g. remember a safe place or something that makes you happy)
Take good care of your body.
Eat right. Safe sex. Sleep.
Notice the cost
What is the price of unsafe behaviors in your life?
Set a boundary say "NO" to Protect Yourself

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Agency Assessment

- Does your program evaluate client rules annually for physical and emotional safety, clarity and warmth and strive to reduce them to the minimum necessary?

Review rules regularly

Original Rules

1. Engage in conduct that allows other residents to enjoy their apartments properly and peacefully.
2. Engage in peaceful conversation, free of threats of violence and abuse.
3. Maintain the structure of your property through completion of the Apartment Safety Checklist and Chore Chart. Keep your apartment free from structural damage.
4. Keep your unit and the MSP premises free of all animals with the exception of Service Animals with proper certification.
5. Work with your case manager to create and update your Individualized Transitional Living Plans, developing personalized, relevant goals for completion of 32 hours of combined school and/or work each week.

Transformed Rules

1. I agree to engage in safe, peaceful activities so that my children and I can enjoy our apartment.
2. I agree to communicate in a nonthreatening way. I agree make use of program resources in order to develop nonviolent communication skills.
3. I agree to practice and develop skills to maintain a safe, clean, engaging environment for my children and me. I agree to make use of program resources in order to improve housekeeping/life skills.
4. I agree to maintain the property as a pet-free and smoke-free area.
5. I agree to spend up to 32 hours each week of combined school, work or other activities to meet my personalized, relevant goals.
6. I agree to meet with MSP staff as scheduled.

Resources

- Adolescent toolkit (California)
  - http://lapublichealth.org/std/docs/Adolescent_Confidentiality_Toolkit.pdf
- Adults with disability (Texas)
  - https://www.disabilityrightstx.org/files/Legally_Adequate_Consent.pdf
- Older Adults (National)
  - http://theconsumervoice.org/uploads/files/issues/ltccc-rpt-informed.pdf
- Procedural justice – tips sheet
  - http://www.courtinnovation.org/sites/default/files/documents/P_J_Practical_Tips.pdf

Thank you!

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