From Power Over to Power With

Rainbow's Transformation To A Trauma Informed Culture

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Rainbow Services

Mission:

Rainbow Services provides shelter and support to anyone impacted by domestic violence, empowering them to move beyond trauma, towards safety & stability.

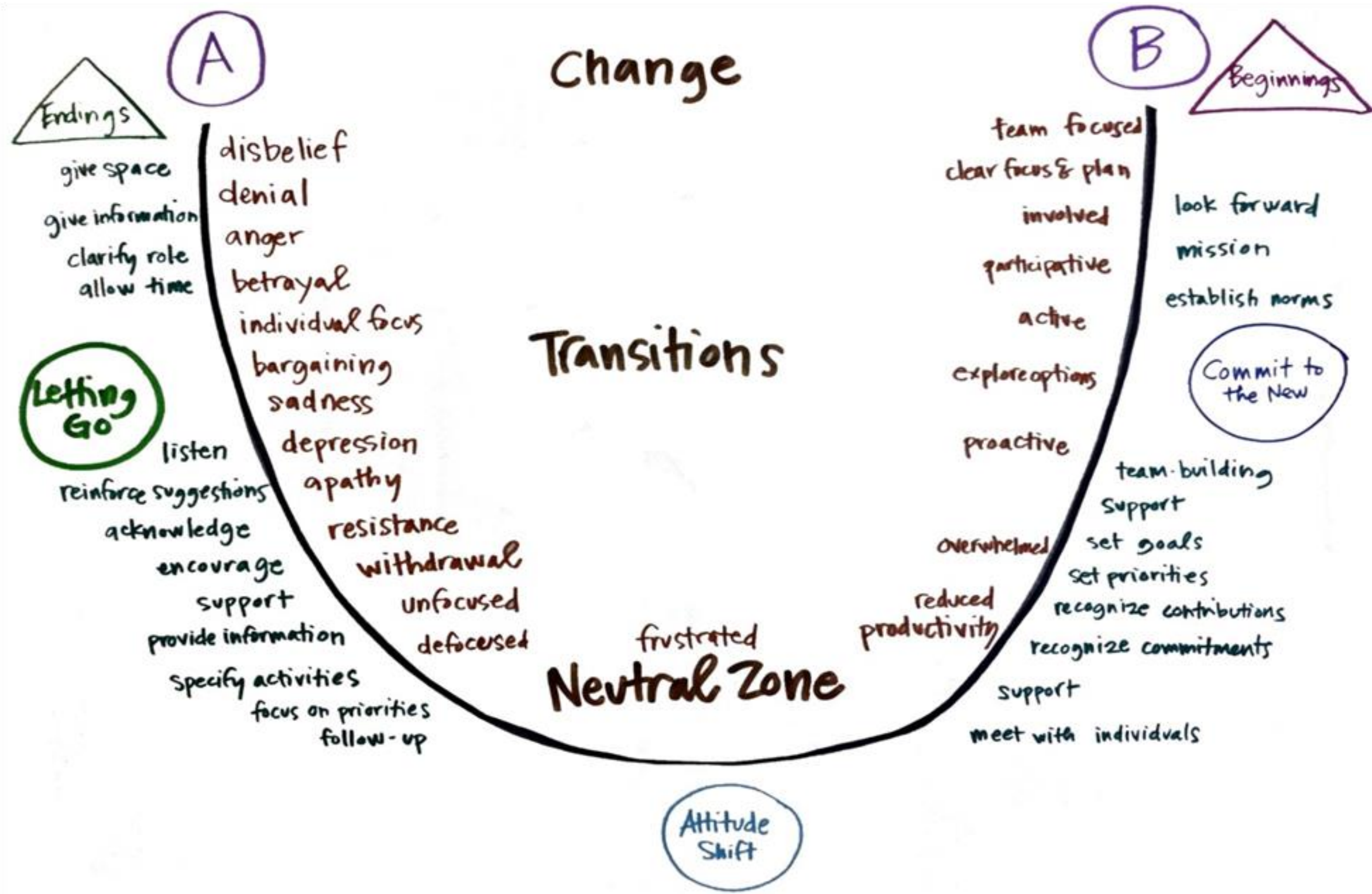
Vision:

Everyone deserves respect, love & safety.

2006	**Harm Reduction introduced:** Rainbow first eliminated the rule of "you have to have been sober for at least 180 days" for survivors entering emergency shelters. Accordingly, policies that no longer worked for survivors were challenged.
2007	**Improved Services for Vulnerable Populations:** Stepped-up attention to creating more welcoming environments for persons living with disabilities, LGBTQ, mental health issues and/or substance use issues.
2009	**Major revisions in shelter rules and guidelines:** Focused on the way rules recreated the power and control dynamic. Changed from using the word rules to expectations and guidelines.
2009	**Beyond Trauma group introduced:** Continued emphasis on staff training from evidence-based models that have been used with trauma survivors.
2011	**Strong emphasis on training at executive and leadership levels**; development of curricula for support groups incorporating trauma theory; the Director of Programs join Blue Shield of California Foundation's Strong Field Leadership program.

Year	Event
2012/ 2013	**Trauma Informed Care (TIC) for DV providers/Trauma-Informed Non-Violent Systems of Care launched:** ECHO Parenting partnered with Rainbow to include non-violent parenting class in the shelter, and trained staff on non-violent parenting and trauma-informed care. The training was made organization-wide. Individual Brief Therapy model introduced. Strengths based Organization work is emphasized as the Director of Legal Services joins the Strong Field Leadership Development program.
2014	**Psychologically Informed Environments (PIE) adopted and adapted:** Director of Programs participated in a transatlantic exchange program and was able to learn about and see in action the PIE model. Makes clear that a welcoming physical and socio-emotional environment matters for participants and staff; that on-going reflective practice is a key to supporting staff; and a therapeutic framework and practice must be incorporated across the organization.
2015	**An infusion of BSCF grant funds helps power Rainbow's organization-wide strategic transition to trauma-informed care** – focused on planning and capacity-building.
2016	**Co-design of an evaluation of Rainbow's TI C model occurs**; establishment of a supportive service provider network happens. A leadership program for coordinators was launched in partnership with A Thousand Joys.

2017	**Several changes in operations, including: quarterly all-staff trainings**; monthly reflective supervision practice for residential staff; trauma support groups in English & Spanish; executive leadership incorporates TIC principles.
2018	**Evaluation by National Center on Domestic Violence, Trauma & Mental Health completed**; sharing of practice documents and other training resources available on Rainbow Services website.
TBD	**Work to do:** Working with people with untreated psychiatric illness; growing the culture shift beyond our walls and into broader community; engaging with more restorative and transformative justice promising approaches and partners; trauma informed treatment for people who harm; closing the gap between vision and practice



A
B
Change
Endings
Beginnings
give space
give information
clarify role
allow time
disbelief
denial
anger
betrayal
individual focus
bargaining
sadness
depression
apathy
resistance
withdrawal
unfocused
defocused
Letting Go
listen
reinforce suggestions
acknowledge
encourage
support
provide information
specify activities
focus on priorities
follow-up
Transitions
frustrated
Neutral Zone
Attitude Shift
team focused
clear focus & plan
involved
participative
active
explore options
proactive
overwhelmed
reduced productivity
look forward
mission
establish norms
Commit to the New
team-building
support
set goals
set priorities
recognize contributions
recognize commitments
support
meet with individuals

POWER OVER / POWER WITH

Power Over: Is about creating systems that provide for an expedient way to move people through the process while satisfying the needs of organizations and funders.
It is *"I am the expert, and you are the damaged person in need of help."*

Power With: Survivor is the expert in their own life (also a harm reduction principle), shifting the power from the professional "expert" to a role in which they offer information and collaborate/partner with the survivor in their healing journey.

The need for change…

"I was a residential worker then – there was definitely a lot of power over. A lot of control over client schedules, what they eat, what was best for them and their kids. It was so hard for staff! We were the ones who had to deal directly with participants, and in a super-uncomfortable, demeaning and demanding way. But we had no other choice – this was our job. The management at the time put a lot of pressure on staff. Participants were scared, angry, and avoided interacting with many staff when they could. Staff came and went. Participants were coming and going without the supports they needed. No one really felt good about the work we were doing or felt very hopeful for participants."

-Long time Rainbow Staff Member

According to SAMHSA's concept of a trauma-informed approach, a program organization, or system that is trauma informed:

- ***Realizes*** the widespread impact of trauma and understands potential paths for recovery;
- ***Recognizes*** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- ***Responds*** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively **prevent *re-traumatization***.

SAMSA has developed six principles which an organization can use to determine whether their approach is trauma-informed:

1. Safety Throughout an organization, the staff and people they serve feel physically and psychologically safe; the physical setting must be safe and interactions should promote a sense of safety.	**2. Trustworthiness and Transparency** Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust among clients, families and staff.	**3. Peer Support** Other individuals who have experienced trauma can serve as key partners in recovery from trauma.
4. Collaboration and Mutuality Partnering and leveling of power differences happen between staff and clients and among staff.	**5. Empowerment, Voice and Choice** Individual strengths are recognized, built on, and validated and new skills are developed as needed.	**6. Cultural, Historical, and Gender Issues** The organization incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; there is a responsiveness to gender and consideration for historical trauma.

SUMMARY OF EVALUATION FINDINGS *Staff Perspective*

Staff increased knowledge of trauma-informed practice

Staff identify supportive experiences in the workplace

Staff report their practice as being more trauma-informed

Areas for continued Growth:

Clarity regarding boundaries with participants

Coping with high levels of change and staff turnover

Difficulty working with outside agencies who are not trauma-informed

Participants Perspective

Results of the trauma-informed care project evaluation include the following:

94.3% of participants better understand how they were affected by violence.

97.8% of participants report their child or children feel better about themselves.

100% of participants report their child or children used what they learned from Rainbow in relationships with other people.

What does Rainbow Services look and feel like on-the-ground today?

There is improved flexibility, consistency, and adaptability to the needs of the participants and their families; it builds hope, decreases shame, and empowers survivors to envision their futures. It builds voice and choice in their lives.

Inside the organization one can see:

- Commitment to learning, both for staff and participants
- Individual supervision of staff
- Group supervision of staff
- Reflective practice sessions for direct service staff
- Regular staff training & professional development
- Wellness events led by the "Cheerness" Committee
- Regular evaluation and learning
- Organizational values awards

Check-In

Support and encourage staff

Assign self-care partners

Surround yourself with positive affirmations and quotes

Celebrate Success

Be comfortable saying "NO"

Create informal staff support groups

Open Communication

Reach Out

Be aware of how others feel

Allow space for discomfort

Share our learning

A "Self Care Checklist" created by Rainbow staff

Movement from Rules to Guidelines

- Many revisions over the years which included essential input from shelter staff
- Main decision-rule: "Does this rule/guideline/expectation have anything to do with SAFETY?"
- Questions staff ask themselves: What risk are we taking if we let go of this rule? What may be the benefit of letting go?
- Being mindful of our language - "We offer these services, what do you think will work best for you and your family?"

TIC Organizational Responsibilities

- Leadership consistently models and communicates a TIC message
- Investment in learning and ongoing transformation
- Investment in the work environment—facility maintenance to create a welcoming place
- Shared leadership
- Solicit input; demonstrate how staff input makes positive change

Trauma-Informed Supervision

- Teach people how to debrief
- Coach on how to keep things in perspective
- Strengths-based
- Fail forward principals
- Normalize and address secondary trauma; create structure to discuss self-care
- Transparency

Be curious versus critical

LESSONS LEANED

Lesson #1 ***Sustainable change requires agency leadership to adopt and continuously support TIC practices.***

Lesson #2 ***Expect some staff to decide that TIC is not for them, and have practices in place to facilitate healthy, supportive staffing changes.***

Lesson #3 ***Investing in training/professional development for supervisors and staff is a core operating expense in this field, not a luxury or bonus.***

John’s Story

Group Discussion

How does power over show up in your practice?

How does power with show up in your practice?

In what ways are you applying TIC principles/practices?

What have you learned that you may want to try out?

THANK YOU!

Our Partners and References:

National Center on Domestic Violence, Trauma & Mental Health

nationalcenterdvtraumamh.org

National Center for Trauma-Informed Care | SAMHSA

samhsa.gov/nctic

Domestic Violence Evidence Project

dvevidenceproject.org

- **Safe Housing Partnerships**
  safehousingpartnerships.org
- **A Thousand Joys**
  athousandjoys.org
- **Trauma Informed LA**
  traumainformedla.org

FROM POWER OVER TO POWER WITH

Transforming to Trauma Informed Culture

Power Over	Power With
Asks: What is wrong with you?	Asks: What happened to you?
Emphasize control and management of behavior, with safety as non-negotiable focus	Emphasize voice, choice, trustworthiness, collaboration and empowerment with shared agreement re: safety as priority
Staff is an expert about client needs	Client as expert about their life
Standard prescribed services to fix what's wrong	Focus on strengths to build toward co-created solutions that work for participant
Detached approach to progress assessment	Time together with client to think through and discuss progress on decisions and goals
Incentivizing unquestioning practice	Incentivizing innovation and adaptation

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Rainbow Services

What does Power-Over vs. Power-With look like, in on-the-ground practice?

Asking not "what's wrong with you but "what happened to you?"

Power-over: Participants must follow the rule: "no cell phone use" and so they do not have use of their cell phones while in shelter. Additionally, they cannot speak with the person who caused them harm for any reason.

Power-with: Participants know the safety reasons why contact with partner is not helpful/advisable as staff begin to spend more time assessing safety for each participant, versus having a blanket rule. While they are in shelter, survivors keep and use their cell phones and make safety agreements. They are encouraged to speak with staff about safety plan if they intend to speak with their partner directly while staying at shelter.

Emphasize control and management of participant behavior vs. Emphasize voice, choice, trustworthiness, collaboration, and empowerment

Power-over: A client shows up 20 minutes late for an appointment with her counselor; because they have passed the "grace period" when they arrive they are told they know the policy about being on time and will need to reschedule for another time. If they show up late three times in a row, they may be dismissed from the counseling program.

Power-with: A client shows up 30 minutes late for an initial appointment with their counselor; when they arrive, because there is still 1.5 hours left for the time scheduled, they keep the appointment and is able to explain what happened and decide how best to use the remaining appointment time with the counselor. It is a shift from the accusatory: "You're late" to the welcoming: "I am really glad you were able to make it today."

Staff as expert about client vs. Client as expert about her/his life

Power-over: Staff determine services and supports that the participant and family need.

Power with: Staff shares a menu of services and supports with participant who works with staff to set goals for self and family and chooses services and supports they need in co-design and on-going dialogue.

Standard prescribed services to fix what's wrong vs. focus on strengths to build toward co-created solutions that work for participant

Power-over: A mother and her two children arrive for shelter support and disclosed the next day that she had used drugs within the last week. Because of the rule that says

the agency cannot admit anyone who had used drugs in the past six months, the mother and her two children are transferred-out to a dual diagnosis program.

Power-with: A mother and her two children arrive for shelter support and disclosed the next day that she had used drugs within the last week. The residential manager has a conversation with the woman to find out more about the drug use and determines that she does not disclose an addiction issue, nor is she interested in seeking treatment for the drug use. The staff work with the mother to co-develop a harm-reduction plan that addresses her drug use and she stays at the shelter as staff support her with her service plan.

Detached approach to progress assessment vs. time together with client to think through and discuss progress on decisions and goals

Power-over: Staff have conversation with participant, but staff create intervention plan and make sure participant follows it and knows and follows the agency rules. Consequence of not following rules can result in dismissal from the program.

Power-with: The co-designed participant plan is the agreement that is regularly discussed, appreciating accomplishment of goals and working together with staff to address challenges; constantly updating goals and considering what services/supports would be helpful at that time.

Incentivizing unquestioning practice to incentivizing innovation and adaptation

Power-over: Residents were often given "warnings" for breaking the rules at the shelter. One included having food in their own room. A number of warnings would turn into written violation, and after several violations, residents were exited from the shelter. There was often no discussion about the circumstances that caused the violation other than to point out the resident broke a rule.

Power-with: Very few of the current guidelines result in exiting residents from the shelter. If residents are disconnected in some way that causes concern, staff will work with the resident to see how they can be supported in their journey. Many of the participants we serve have food insecurities. Staff spend time informing participants about our desire to keep food in the kitchen and dining room areas – mainly so we do not have critters in the bedroom areas. The agency is exploring the potential of providing small refrigerators and food storage options in the shelter rooms.

ARE WE BEING TRAUMA INFORMED?

1. Do we view negative behaviors as "damage," "pathology" & "manipulation" or as active efforts to cope with challenges?
2. Are we so focused on compliance with rules & structure that there is minimal flexibility & creativity, when these would benefit the participant and not jeopardize safety?
3. Do we understand and help the participant to understand the likely connection between past traumatic experiences and current behavior?
4. Are we concerned with managing the participants behavior that it interferes with helping the participant develop the needed skills and greater mastery of their reactions?

Adapted from Hodas
"Responding to Childhood Trauma: The Promise& Practice of Trauma Informed Care"

REFERENCES & RESOURCES FOR ADDITIONAL LEARNING

Books:

Harris & Fallot: Using Trauma Theory to Design Service Systems

Judith Herman: Trauma & Recovery

Laura van Dernoot Lipsky: Trauma Stewardship

Davies & Lyon: Domestic Violence Advocacy: Complex Lives/Difficult Choices, 2nd Edition

Articles:

Gordon R. Hodas MD, Statewide Child Psychiatric Consultant, Pennsylvania Office of Mental health And Substance Abuse Services, February 2006, “Responding to Childhood Trauma: the Promise & Practice of Trauma Informed Care”

Psychologically informed services for homeless people. Good Practice Guide 2012

Websites:

Homeless Resource Center: www.homelessness.samhsa.gov

The National Center on Family Homelessness: www.familyhomelessness.org

The National Center on Domestic Violence, Trauma & Mental Health: www.nationalcenterdvtraumamh.org

The National Center on Trauma Informed Care: www.samhsa.gov/nctic/

Multiplying Connections: http://www.multiplyingconnections.org/become-trauma-informed/tools-become-trauma-informed

Healing Neen—documentary: http://vimeo.com/15851924

Harm Reduction: www.harmreduction.org