

NATIONAL COALITION for HOMELESS VETERANS

"Trauma-Informed Care for Veterans Experiencing Homelessness: An Organization-Wide Framework"

Guarino, Kathleen M., Rose Clervil, and Corey A. Beach / Full Report

Quick Takeaways:

- Implementing trauma-informed care can lead to improved care for homeless veterans who experience trauma and an improved work environment for service providers, with reduced risk of secondary trauma.
- Proper implementation of trauma-informed care requires organization-wide reforms, beginning with leadership buy-in and extending to staff at all levels.
- Regular evaluations and organization-wide feedback can help maintain the quality of trauma-informed care in an organization.

Study:

This study discusses a model for implementing trauma-informed care as a framework for service delivery that was piloted in three organizations. The findings suggest that using trauma-informed care is especially important for organizations that provide services to homeless veterans due, in part, to the high trauma rates found in this population. Lack of understanding and sensitivity to trauma may result in additional harm or retraumatization.

In the pilot model, implementation of trauma-informed care begins with education and knowledge building across the organization. Organizational leadership must be committed to trauma-informed care; willing to participate with staff at all levels of implementation; and understand the necessary programmatic changes. Involving the entire organization, not only staff that interact directly with homeless veterans, communicates the importance of trauma-informed care. This agency-wide focus empowers staff to change the culture of the organization.

Once the foundation of knowledge is established, the organization can move on to assessment. Tools such as the õOrganizational Self-Assessment for Providers Serving Female Veteransö provided by AIR and the National Center on Family Homelessness, offer insight into how well trauma-informed care has been implemented within an organization, and identify target areas for improvement. Organizations can use these target areas to develop an implementation strategy that may include the following domains: supporting staff development, creating a safe and supportive environment, assessing and planning services, involving consumers, adapting policies and working with children.

Conclusion:

Trauma-informed care may improve the quality of services provided to homeless veterans and help staff manage difficult workloads and secondary trauma. While the model discussed in this brief shows promise, ongoing assessment and evaluation are required to demonstrate the impact of trauma-informed on both clients and staff.

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