Hosting a Meeting Using Principles of Trauma Informed Care

Preparing for the Meeting

• Have water and healthy snacks available- try to limit processed sugar
• Have fidget toys
  o Helps with focus
  o Have a few options- too many though can be a distraction
  o Basket on the table or few piles- Accessible to all
  o Options: Rubber bands, crayons and paper, stress balls, play dough, pipe cleaners
• Room Environment
  o Be mindful of space- too big or small?
  o Ensure there is access to the door
  o Seating- not too close
  o Temperature
  o Outside distractions
  o When variables can’t be controlled- debrief the group on what things may come up

Starting the Meeting

• Description of expectations and reminders about caring for yourself
  o Length of meeting
  o Moving around to be comfortable- standing, walking, stretching
  o Directions to restrooms
  o Break times, however can leave when needed
• Right brain activity
  o Icebreaker or sharing
  o People can connect before moving into content
  o Remind people that they can “pass”
  o Model the game to set clear expectations
  o Activities should not include touching or revealing personal trauma information

During the Meeting

• Think about materials
  o Many formats as possible: paper, screen, etc.
  o Provide in advance
• Language
  o Explain acronyms
  o Have a list of frequently used acronyms on the wall
  o Reflect on the choice of words that you use
• Take breaks
  o Have scheduled breaks

Common Acronyms
Helpful Definitions

- **Trauma** is an overwhelming event or events that contribute to a person becoming helpless, powerless and creating a threat of harm and/or loss. “Traumatization occurs when both internal and external resources are inadequate to cope with external threat” (Van der Kolk, 1989).

- **Trauma Informed Care** incorporates three key elements: (1) **realizing** the prevalence of trauma; (2) **recognizing** how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) **responding** by putting this knowledge into practice by implementing services that are trauma informed, training staff and responding to participants with a trauma sensitive approach.

- **Trauma Specific Services** are evidence based and best practice treatment models that have been proven to facilitate recovery from trauma. Examples: Addiction and Trauma Recovery Integration Model (ATRIUM), Risking Connection, Sanctuary Model, Seeking Safety, Trauma Recovery and Empowerment Model (TREM and M-TREM).

- **Retraumatization** is a situation, attitude, or environment that replicates the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them. Usually system based.

- **Vicarious Trauma (VT)** is a process of cognitive change in sense of self and world, resulting from empathetic engagement with person who has a trauma experience or trauma background. This could be providers, mentors, peer support, family, friends, etc.

- **Secondary Traumatic Stress** involves the behavior and emotions resulting from knowing about a traumatic event experienced by a significant other or by supporting an individual who has experienced trauma.

- **Activated** describes when the stress response system has been agitated by an environmental or human engagement.

- **Parallel Process** is when two or more systems (whether these consist of individuals, groups or organizations) that have significant relationships with one another develop similar affects, cognition, and behaviors—both positive and negative.

The contents in this document have been adapted from the following sources: