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SESSION

Trauma and homelessness

5.1 Introduction

Through this unit participants will learn basics about trauma and how it affects person's functional ability, health and quality of life. Unit reviews the symptoms of traumatization and, in particular, how it affects to an arousal regulation. The unit also provides ways to optimize own and the customer's alertness regulation. At the end of the unit, it is explained how homelessness and trauma intertwine and why violence, in particular, is related to trauma among homeless people

5.2 Learning outcomes

- Understand what is trauma
- Learn about different types of trauma
- Become acquainted with the Window of Tolerance
- Learn about symptoms of trauma
- Have tools for working with traumatized people
- Understand why homelessness is a traumatic incident
- Understand how experiences of violence causes of trauma

5.3 Training session plan

DURATION

2,5 h

MATERIALS

- Trainer Curriculum
- JCS Manual (it includes worksheets, case scenarios and self-assessment exercises)
- Worksheets and case scenario
- Stationery (paper in different sizes, cardboard, pens, pencils, markers, sticky notes, etc.)
- Image cards
- Flipchart/whiteboard
- Power Point presentations of the contents (optional)



- Computer (optional)
- Projector/TV (optional) INTRODUCCIÓN

CONCEPTUAL CONTENTS

- ATL Trainer Curriculum, Unit 6, Trauma and Homelessness
- JCS Manual, Unit 5, Trauma and Homelessness

INTRODUCTION

The trainer introduces the topic and recognises that trauma is a difficult subject to deal with. It is recommended to briefly discuss with the group what to do if the topic makes someone uncomfortable so that everyone feels at ease during the session.

DURATION OF THE INTRODUCTION

10 min

ACTIVITY 1	What is trauma?
DURATION	50 min
WORKSHEET REFERENCE	JCS Manual, Unit 5, Worksheet 1 “What is trauma”
PROCEDURE	<p>1.The trainer gives introduction to the World Café process, setting the context. (5min)</p> <p>Small-Group Rounds: There are 3 tables with 3 different themes. Participants are divided into 3 different groups and each group takes a seat at one table.</p> <p>The process begins with the 10 minutes’ conversation about the theme on the table. One member of each group takes notes from the conversation, in order to convey its main points to the other groups at the end of the process.</p> <p>The themes of the tables are:</p> <p>Table A: <i>Type 1 trauma (i.e. single traumatic events)</i></p> <p><i>What kind of individual traumatic situations can a person face in their life?</i></p> <p>Table B: <i>Type 2 trauma (i.e. recurrent, prolonged traumatic experiences)</i></p> <p><i>What kind of events are these?</i></p> <p>Table C: <i>What kind of traumatic events can be associated with homelessness (Before or during homelessness)?</i></p> <p>At the end of the ten minutes, groups move to a different table. Each group “visits” all the 3 tables.</p> <p>Next thing, groups are invited to share insights or other results from their conversations with the rest of the large group. Every group starts with the topic of the table they visited in the last place. The group in table A begins, (then table B and C.) Other groups can complement the topic after the first group has presented their considerations. Trainer will compile the answers and hand the briefing to the participants later.</p>



ALTERNATIVES/ TIPS	For more detailed information and tips to host a World Café please see The World Café Community Foundation. <i>A Quick Reference Guide for Hosting World Café</i> . 2015.
ACTIVITY 2	Window of tolerance
DURATION	30 min
WORKSHEET REFERENCE	JCS Manual, Unit 5, Worksheet 2 “Window of Tolerance”
PROCEDURE	<ol style="list-style-type: none"> 1. The trainer introduces the Window of Tolerance and gives everyone their own assignment paper. 2. Each participant individually fills the worksheet. 3. Participants pair up and discuss their own responses. Together, they choose the best ways to optimize arousal and write them down. 4. Finally, each pair shares their tips for optimizing the arousal with the whole group. The trainer writes them down and distributes the summary to the group.
ACTIVITY 3	Case scenario analysis
DURATION	30- 40 min
WORKSHEET REFERENCE	Story of Sandra
PROCEDURE	<p>Participants are divided into 2-3 groups and are asked to read the story of Sandra. Then they are asked to open the JCS Manuals, on Unit 5—the part that lists various forms of violence. Participants discuss and write down what kind of violence Sandra has had to face.</p> <p>After the discussion, the groups share their main findings with the other group.</p>

<h2>CLOSURE OF THE SESSION</h2>	<p>Sufficient time should be set aside to complete the session as it is important that participants are able to recover from a difficult topic. There are two tasks for this.</p> <ol style="list-style-type: none"> 1. The participant selects an image from the picture cards offered by the trainer (i.e. DIXIT cards can be used for this purpose) that reflects his or her current state at that moment. In addition to this, they write a “message of encouragement,” that is, something nice they want to say to themselves right now. 2. Participants are asked to sit in a circle and everyone takes turns to tell about their own mood, using a picture. (About 3 minutes per participant. Here you can use an egg clock to make sure everyone gets the same time). 3. Finally, the participants choose a pair for themselves and go to a quiet place. Couples take turns reading each other’s “encouragement messages.” That is, each participant hears their own message told by the other.
<h2>DURATION</h2>	<p>30 min</p>

5.4 Bibliography

- The World Café Community Foundation, A Quick Reference Guide for Hosting World Café, 2015

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worksheets and case scenario



Accommodating a travelling **life**

Worksheet 1 – What is trauma?

World cafe. Main points of discussion summarized

Table A: Type 1 trauma (i.e. single traumatic events)

What kind of individual traumatic situations can a person face in their life?

Table B: Type 2 trauma (i.e. recurrent, prolonged traumatic experiences)

What kind of events are these?

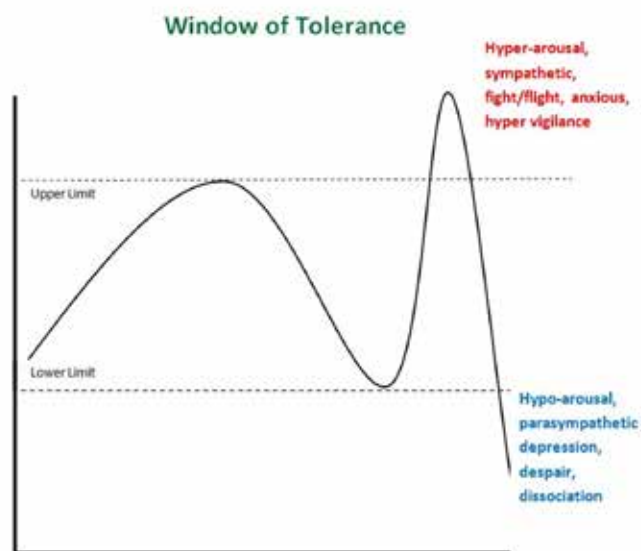
Table C: What kind of traumatic events can be associated with homelessness (Before or during homelessness)?

Worksheet 2

WINDOW OF TOLERANCE

Window of Tolerance

Window of tolerance is a term used to describe the zone of arousal in which a person is able to function most effectively. When people are within this zone, they are typically able to readily receive, process, and integrate information and otherwise respond to the demands of everyday life without much difficulty. This optimal window was first named as such by Dan Siegel



In what situations do you feel hyper-arousal? How does the body feel then?

What helps you calm down?

CASE SCENARIO – Story of Sandra

Sandra is in her early thirties. She arrived in Spain from Bulgaria 12 years ago. When she turned 18, she resolved to leave her family village, but her mother was an extremely traditional and strict woman, and she wouldn't let her daughter leave the house until she got married. Eventually, Sandra was approached by a “friend of a friend”, known for working with Spanish partners. He told her he could get her a job as a waitress in Spain, at his acquaintance's restaurant. Sandra got excited about the idea since as a teenager she used to watch Spanish serials, and she had always been attracted to the idea of going to Spain. Sandra's mother was categorically against it and told her daughter that, if she resolved to leave, she might as well not come back ever again. Sandra set off to Spain to find out there was no restaurant to work at. She was taken to a “Club” on the outskirts of Valencia, where she was forced to practice prostitution. The club owners threatened, beat and violated her. To help herself get through that, Sandra started to drink and use drugs. Two years later, during a police raid at the club, she managed to escape. She couldn't take anything with her; she had no money, no documents, no telephone. Afraid of being followed, she travelled to the capital where she wandered the streets, practicing prostitution sporadically to cover her immediate needs of food and alcohol, which helped her quiet the voices in her head. She was still afraid the men from the “Club” could find her one day, which is why she never stayed for too long in one place and often moved from one town to another. She avoided other people, especially men.

One day, a passer-by found Sandra unconscious on the street. She was taken to a hospital. When she woke up, she panicked, she started shouting and fighting the hospital staff. She was delusional and believed the men from the “Club” had found her and were holding her captive, once again. Once she calmed down, she requested to leave the hospital but the doctors didn't agree to discharge her. They believed she might put her life in danger, given her condition, and resolved to medicate her to stabilize her mental health state. The pills they were giving to her made her feel sleepy and dizzy. She felt that she shouldn't take the medication because, in a moment of vulnerability like this, the men from the “Club” could get to her. That night she escaped from the hospital and went back to the street.

A couple of years after that incident, field workers from a local NGO approached Sandra. It took them a great deal of time to get her to talk to them. She seemed to be particularly distrustful towards men so the person assigned to her was a female social worker, Marta. She has been working hard to create a relationship built on trust with Sandra, but the latter didn't share anything about her past. Marta respected her client's right to privacy and didn't push her to share anything she might not be comfortable with.

Currently, on some days, Sandra seems determined to get off the street and willing to change things in her life, but on other days, she avoids Marta and other professionals or asks them not to approach her anymore. Given the intense, dramatic changes in Sandra's mood and signs of delusions, Marta believes that Sandra is most probably facing mental health challenges. She spends months trying to talk Sandra into reaching out to mental health services but her client consistently refuses to do so. Marta senses that the more she insists the more defensive Sandra gets and the higher the barrier between her and the professionals. Marta and her team contact a psychiatrist at a local healthcare center to tell her about Sandra's case and ask her to reach out and evaluate Sandra's condition on the street. The doctor says that her office is open to Sandra, that she is welcome to make an appointment, but the woman has to come to her office herself as there is no option of outreach services.

At this moment, Sandra's mental condition is still unattended. Marta and her team have been working to help Sandra find social housing but they find it difficult to progress, as long as she is not in treatment.

From the point of view of the legal system, the services will not file for compulsory examination as long as Sandra doesn't suppose danger to herself or to others, that is to say, as long as there's no psychiatric report to state the opposite and/or no complaints of causing a disturbance.

**Questions for reflection**

- 1.** What may be the reasons for Sandra not wanting to turn to a doctor to assess her mental health?
- 2.** What may Sandra need to progress with the recovery process? What kind of services could help her?
- 3.** Do you think peer support could be helpful to Sandra? If so, in what way?
- 4.** Think of an action(s) that, as a peer support agent, you could carry out to support Sandra and help her engage in the recovery process.



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end of session

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