

# Case Management

*Tennessee Domestic Violence Shelter Best Practices Manual / Section II*



In addition to safety, a key part of shelter is supportive services. Shelters utilize case management as the primary tool for providing information, resources, and stabilization for survivors of violence. Case management services are tangible, goal-directed interactions, advocacy and assistance provided to survivors to obtain needed services, to develop short- and long-term resources and safety plans, and to facilitate the coordination of services from multiple providers.



## **An Important Difference between Trauma-Informed Case Management and the Traditional Model**

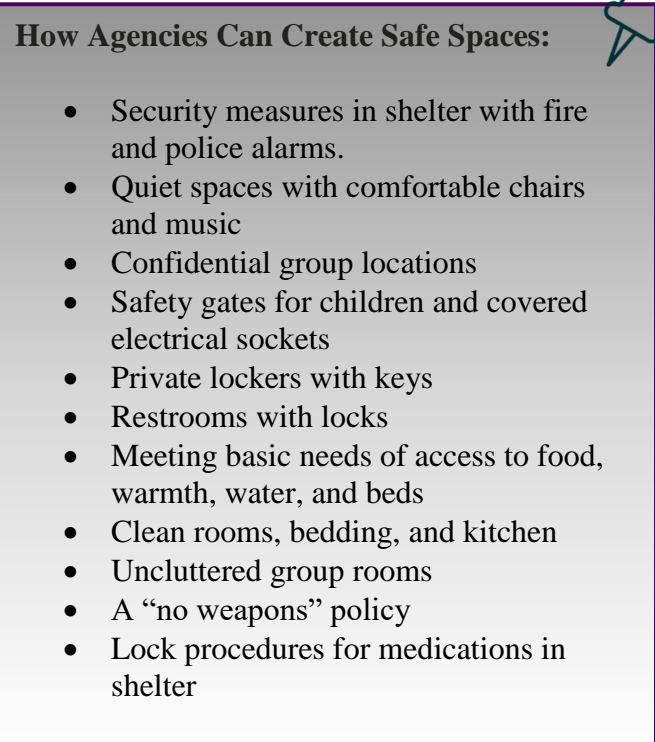
It is important to note that traditional case management and trauma-informed case management have significant differences. In the traditional model, the expert is generally the advocate; they are the person with the knowledge. This traditional model creates a sense of dependency and need for a “relationship” between the advocate and survivor wherein the advocate must “fix” the survivor. However, in a trauma-informed model, the survivor is the expert about his or her own life. The advocate’s role is to assist survivors with resources and skill development. This model is preferable, as it empowers survivors to make their own choices and have a sense of control over the healing process. (*Betru, 2013*)

## **Foundational Elements of Trauma-Informed Care**

The following section will explore the foundational elements of trauma-informed care, and how to implement them into service design and delivery. These elements are essential for appropriate case management with shelter residents.

1. Non-violence is the foundation of all programming, practices, and interactions in trauma-informed agencies.
  - Non-violence is essential for survivors. Staff must model non-violence in their interactions, including words, tone, gestures, and actions with other staff. This commitment to non-violence emphasizes equality and discourages staff from using coercive or punitive interventions.
2. Survivors are treated as individuals. Each individual seeking services has their own unique history, background, and experiences.

- It is the advocate’s responsibility to listen to survivors describe the violence, abuse, harm, and trauma they have experienced. The repetitive nature of this job can sometimes create in advocates a lack of sensitivity to survivors and their stories. Advocates must listen to each survivor as if it was the first time they have heard a story of trauma or violence.
3. Survivors heal in their own ways and react differently.
- Agencies must strike a balance between being flexible and being consistent. An agency cannot become so flexible that it lacks structure, but it cannot become so consistent that it is too rigid and punitive.
  - *In Practice.* Length of shelter stays must be pre-determined based on an agency’s unique program. The amount of days must also be flexible for a client that encounters barriers, i.e. housing or employment delays.
4. Agencies must respect survivors. Personal boundaries and privacy are inherent human rights.
- It is each agency’s responsibility to create an environment, emotionally and physically that enhances survivors’ sense of safety. The moments before calling a domestic violence program or walking through the doors of a shelter is often very stressful and risky. Advocates should build an atmosphere of empathy and compassion to engage survivors and put them at ease in the first few minutes of contact.
  - *In Practice.* Ownership language is strongly discouraged. Advocates should be conscious of the language they use to refer to survivors. For example, it is more appropriate to use the phrase “The person that I am working with” versus “My Client” or “My victim”.
  - Advocates should present a calm and warm demeanor when engaging with a client for the first time. It is vital that advocates give survivors their undivided attention. This displays respect and open communication, which builds trust.
  - Establishing a predictable routine assists in developing the survivors’ emotional safety. This is generally because domestic violence situations are chaotic and unpredictable.
5. Understanding the attachment of the survivor to the person who harmed them.
- Advocates must understand the range of feelings that survivors have towards the person that harmed them. It is important to create a space in which survivors can grieve and share that they miss their partner and the



**How Agencies Can Create Safe Spaces:**

- Security measures in shelter with fire and police alarms.
- Quiet spaces with comfortable chairs and music
- Confidential group locations
- Safety gates for children and covered electrical sockets
- Private lockers with keys
- Restrooms with locks
- Meeting basic needs of access to food, warmth, water, and beds
- Clean rooms, bedding, and kitchen
- Uncluttered group rooms
- A “no weapons” policy
- Lock procedures for medications in shelter

relationship. This open dialogue builds trust between survivors and advocates.

6. Agencies incorporate knowledge about trauma into every aspect of service delivery.
  - Agencies must understand that trauma and the traumatic experience endured by survivors has shaped their sense of self and others. This knowledge must inform any service that an agency provides.
  - *In Practice*  
Advocates should ask themselves:
    - Is the interaction I am about to have necessary?
    - What purpose does it serve?
    - Who does this help?
    - Who may this hurt?
    - Does this interaction facilitate or hinder the inclusion of the individuals impacted by domestic violence?
    - Is the survivor included?
7. The manner in which a survivor experiences traumatic reactions will certainly be affected by the culture to which they belong.
  - Agencies must understand that a survivor's culture can impact their definition of violence and trauma. It is unrealistic to believe that advocates will have a complete knowledge of every culture of every survivor. However, advocates must possess a willingness to practice cultural sensitivity with each survivor they work with.
  - *In Practice*. Advocates should inquire about what has helped the survivor within their culture. Advocates can also explore with survivors the meaning of violence and harm within their family and culture.
8. Collaborating with survivors places and emphasis on survivor safety, choice and control.
  - There are many responsibilities of agencies that provide shelter services: performing intakes and goal planning sessions, transportation, providing for survivors' basic needs. All of these responsibilities are transformed into policies and procedures on how shelter should function. Agencies must be mindful that survivors coming into shelter certainly view this as a lack of control over their own basic needs and daily life. Advocates must collaborate with survivors instead of enforcing arbitrary policies.

“ The helping relationship between staff and a client must be open, dynamic, and well sequenced: not merely checking in, but also not overwhelming and pushy.”  
(Betru, 2013)

(Adapted from Ohio Domestic Violence Network, TIC Best Practice and Protocols)

## Intake Process

### *Initial Contact with Survivors*

The initial contact is the first interaction that an agency has with a survivor. This could be over the phone or in person. At this interaction, the advocate should gather information about the person's situation and determine what services they need, specifically shelter. The initial contact with a client should not be confused with the term Intake. These are two separate kinds of contact.

**Upon arrival at shelter, no matter time of day, a brief orientation process should occur. Advocates should:**

- Introduce themselves to the survivor and their children
- Provide a brief tour of the facility, including kitchen, bathrooms, where the phone is located, entrance, exit, and where to find staff
- Ask the survivor if they or their children need anything to eat
- Only gather critical information, only minimal paperwork should be completed at this time

Be aware of your environment:

- Is the space where you are doing the intake quiet and private, or are you constantly interrupted?
- Do you have tissues and water available? Is the lighting in the room too bright or too dim?
- Remember people who are traumatized very seldom sit with their back to the doorway. Always provide a way out by not blocking the door.

**Only when this orientation process is complete can an advocate move on to setting up the intake.** This meeting should take place 24-72 hours **after** the survivor has arrived at shelter. If the survivor has arrived in the middle of the night, it is **never** appropriate to do the intake immediately.

It is not appropriate to show a survivor to their room and provide nothing else. This leaves clients to figure out where things are and how to occupy their time until an advocate comes and talks to them.

**Intake.** There are two purposes for the intake session: to establish and/or build a rapport between the advocate and the survivor, and to get information about the survivor's history. Many survivors find this process difficult and triggering. Advocates should practice ways to make this process as trauma-informed as possible.

*To reduce the overwhelming nature of the intake, a review of the agency's policies and procedures can be conducted in a separate meeting.*

### **Steps for a successful intake:**

- Engage the survivor.
  - *"I was wondering if you have some time that we can sit down and talk? I want to see how you are settling in and see if you have any questions about shelter or your situation."*
- The office that the intake takes place in should be tidy and free from clutter to avoid feelings of disorganization.
- If children will be present, find out which toys and /or activities will keep them engaged and provide comfort.
  - Play-Doh, Legos, coloring books, video games.
- If children will not be present, be aware that children will need to check on the whereabouts of their parent in this strange new setting.
  - Show the child where their parent will be located and vice versa, and expect interruptions.

- Explain to the survivor what the intake process is and what types of information you will be discussing.
- Ask the client if they have any immediate needs, identifying those needs can alleviate the feeling of crisis and assist the survivor in focusing on the intake.
- Obtain any personal information, needed for grant reporting, that has not already been completed.
- A positive way to start an intake session is to outline what the client can expect from you and what you will expect from them. This will assist in building trust and establishing boundaries from the very beginning of service provision.

### Client History.

The next step in the intake process is to gather information about the trauma the client has experienced. To deliver effective trauma-informed services, staff must understand the survivor's unique history. This will aid advocates in determining what resources will work, what barriers the survivors face, and assist the advocate and client in creating an individualized safety plan. (Betru, 2013)

### Sample Intake Script.

*"I am interested in learning more about your history and your recent experiences. This will help me get to know you better so I can help you meet some of your goals. I am going to be asking questions about your past that can be personal. You do not have to answer any questions you are not comfortable with.*

*Your stay with the shelter or program will not be taken away if you do not answer the questions. How would you like to tell me that you do not want to answer a question? Some people say "I am not comfortable answering that"; others simply say pass. (Wait to get an answer before moving forward).*

#### Check In:

- How is the survivor feeling both physically and emotionally?
- How are they feeling inside?
- Do they have any questions they wanted to ask?
- Offer future assistance if they should need to talk more.
- Talk about strengths, likes, and hopes in closing.

(Ohio Domestic Violence Network, TIC Best Practice and Protocols)

### Important Steps in Intakes:

- Ensure that the survivor and their children have settled in before moving forward with the process
- Always offer the individual choices regarding the time of the intake. Empower the survivor with options.
- Validate the individual's ability to "walk through the door."
- Are you leaning forward, nodding and conveying interest?
- Perform an environmental scan and be mindful of your space and how it may feel to the individual.
- Explain the process with sensitivity and share that you will be asking questions about difficult topics.
- Show empathy during the process to build trust.
- Convey your understanding of trauma, triggers, and responses to build a sense of safety.
- At the closing of the intake process, ensure that the person is not leaving feeling emotionally vulnerable.

(Ohio Domestic Violence Network, TIC Best Practice and Protocols)

*You can also take breaks as needed. You can let me know by telling me you need a break or I will ask you if you need a break if I sense that you might need some space. Some of the questions I ask will be about events that might have been stressful, frightening, or upsetting to you. The questions will help me understand how we should approach goal planning and making a safety plan.*

*Does this make sense so far? Do you have any questions for me before we get started? (Pause to get an answer and clarify any questions they may have.) Okay, if you are*

ready, I would like to get started. “

At the end of this process, you should check in with the client. Much of the subject matter of an intake is triggering; survivors should be informed in advance that they might get upset, that this is common and perfectly fine, and that staff are always available. Additionally, it is appropriate to thank the client for participating, and if appropriate schedule their first goal planning of needs assessment session.

## Case Management & Goal Planning

Case Management is a critical component of providing shelter services because it concretely addresses clients' pressing needs: it entails assessing, planning, monitoring, and advocating. (*Mueser, Bond, Drake, & Resnick, 1998*). However, providing case management with a trauma-informed care lens can be tricky for even seasoned advocates. Advocates have an intrinsic need to help, but should be mindful to allow survivors to control the case management process as a step in the process of restoring overall control in their lives.

This section will provide easy tools for, and examples of case management interactions.

## Motivational Interviewing

Motivational interviewing (MI) is “a collaborative, person-centered form of guiding to elicit and strengthen motivation for change (Rollnick, 2008)” this change refers to a targeted or chosen behavior. MI presumes that people have a strong capacity for change and aims to empower the client to make choices that move them toward goals and healing. (*Miller & Rollnick, 2002*) The purpose of MI is to create a nonjudgmental, supportive environment for survivors as they move through various stages of change, and to guide them in exploring and ultimately strengthening their motivation for healing. (*Partner Abuse Vol.1*)



A key concept in MI is that the service provider (SP) needs to resist the “righting reflex”—the desire to make better, fix, or prevent harm before the client has specifically asked for such assistance or given permission to provide it. (*Miller & Rollnick, 2002*). The dangers of domestic violence and sexual assault heighten the advocates' need to protect survivors. This is often reflected in the persuasive tactics used by advocates when a survivor's circumstances seem life threatening. Motivational Interviewing follows a principal that change will occur when the client is ready, not when the advocate prefers the change to occur. (*Sobell and Sobell, 2008*)

**Several MI strategies and techniques are outlined on the next two pages, as well as the ways in which they can be applied to advocacy scenarios.**

Many of these strategies discuss ‘change’. This is not an implication that client’s behaviors are to blame for any abuse or trauma they have experienced. MI strategies are used in a variety of settings, including rehabilitation and counseling. For advocacy purposes ‘change’ might refer to behaviors that have negatively impacted the survivor’s time in shelter or interactions with other residents. ‘Change’ in this context may also refer to working toward goals the survivor has identified in their goal planning and other case management interactions with advocates.

## Asking Permission

**Rationale:** Asking permission communicates respect for clients. Clients are more likely to discuss changing when they are asked rather than being lectured or told to change.

### Examples of Asking Permission

- “Do you mind if we talk about [insert behavior]?”
- “Can we talk a bit about your [insert behavior]?”
- “You’ve talked to me before about being in recovery, do you mind if we talk about how being in shelter can affect recovery?”

## Eliciting or Evoking Change Talk

**Rationale:** This strategy elicits reasons for changing from clients by having them give voice to the need for change. When clients discuss change, they usually bring up reasons for change that are personally significant. Change talk, like several Motivational Interviewing (MI) strategies, can be used to address discrepancies between clients’ words and actions (e.g., saying that they want to become abstinent, but continuing to use) in a manner that is non-confrontational.

### Examples of Questions to Elicit/Evoke Change Talk

- “What would you like to be different about your current situation?”
- “What makes you think you need to change?”
- “What will happen if you don’t change?”
- “What will be different if you complete this program?”
- “What would be the good things about changing your [insert risky/problem behavior]?”
- “What would your life be like 3 years from now if you changed your [insert risky/problem behavior]?”
- “Why do you think others are concerned about your [insert risky/problem behavior]?”

### Tips to Elicit/Evoke Change Talk with Clients Who are Having Difficulty Changing

Focus is on being supportive.

- “How can I help you get past some of the difficulties you are experiencing?”
- “If you were to decide to [pursue of the goals from their goal plan], what would you have to do to make this happen?”

### How to Elicit/Evoke Change Talk when there is Little Expressed Desire for Change.

Have the client describe a possible extreme consequence.

- “Suppose you don’t [meet this goal], what is the WORST thing that might happen?”
- “What is the BEST thing you could imagine that could result from meeting your goal?”

### **How to Elicit/Evoke Change Talk by Looking Forward**

- “If you [apply for housing and get in], how would your life be different from what it is today?”
- “How would you like things to turn out for you in 2 years?”

## **Open-ended Questions**

**Rationale:** When advocates use open-ended questions richer, deeper conversation flows and empathy with clients is created. In contrast, too many closed-questions can feel like an interrogation. Open-ended questions encourage clients to do most of the talking, while advocates listen and responds with a reflection or summary statement. Open-ended questions allow clients to tell their stories.

### **Examples of Open-Ended Questions**

- “Tell me what you think about your [progress toward goal].”
- “What’s happened since we last met?”
- “What made you want to meet today?”
- “What would you like to accomplish this week?”

## **Reflective Listening**

**Rationale:** Reflective listening is a way to build empathy with clients and demonstrate that they are being heard. Reflective listening involves listening carefully to clients and summarizing and reflecting back the essence of what they are saying (e.g., “It sounds like you are really nervous about your housing interview.”). This gives residents an opportunity to confirm or correct advocates understanding, promotes healthy communication patterns, and opens a dialogue to increase advocates’ understanding of the survivors’ thoughts and feelings.

### **Examples of Reflective Listening**

“It sounds like you feel...because....”

“What I hear you saying...”

“So on the one hand it sounds like .... And, yet on the other hand....”

“Is it fair to say that because of [experience], you are concerned/afraid about...and having/doing...would make you feel safer.”

“It sounds like your drinking has been one way for you to cope with how afraid you were when you were with [abuser].”

“I get the sense that you are wanting to [change], and you have concerns about [insert topic or behavior].”

## **Normalizing**

**Rationale:** Normalizing is intended to communicate to clients that what they are experiencing is not uncommon, and that they are not alone.



## Examples of Normalizing

- “A lot of people who come to shelter are concerned about [insert problem].”
- “Many people report feeling a similar frustration/fear/worry when they’re trying to [meet goal].”

## Affirmations

**Rationale:** Affirmations are statements made by advocates in response to what clients have said, and are used to recognize clients’ strengths, successes, and efforts to change. When providing an affirmation, advocates should avoid statements that sound overly ingratiating (e.g., “Wow, that’s incredible!” or “That’s great, I knew you could do it!”). While affirmations help to increase clients’ confidence, they also need to be genuine.

### Examples of Affirmative Statements

- “Your commitment really shows by [insert a reflection about what the client is doing].”
- “You showed a lot of [insert what best describes the client’s behavior—strength, courage, determination] by doing that.”
- “It’s clear that you’re really trying to change your [insert risky/problem behavior].”
- “By the way you handled that situation, you showed a lot of [insert what best describes the client’s’ behavior—strength, courage, determination].”
  - “With all the obstacles you have right now, it’s [insert what best describes the client’s behavior—impressive, amazing] that you’ve been able to make so much progress in your goals.”

## Format of Advocacy/Case Management Sessions

Case management or goal planning sessions should have a predictable format for survivors. When sessions are predictable in nature it builds client’s trust and sense of safety within the program. Advocates should note that just because a client is engaging in case management and setting goals it does not mean the resident is ready to tackle all of their goals at once. Not all clients are immediately ready to jump into the action of rebuilding their lives, this takes time. Advocates should have patience and understand that achieving goals takes time, and even simple action toward goals can take an emotional toll on survivors who may have spent months or years prevented from making any types of decisions for themselves.

### Case Management Example

*(Adapted from Betru, 2013)*

This sample session will outline an approach to address accessing health and human services needs with a client.

1. Check In (5-10 minutes)
2. Review the objective of the session and ask the client if that is still their desired focus.  
*Use this time to remind the client where the last session left off and confirm current goals for this session.*

*In Practice-* “As we discussed in our last session, today we are going to be going over how you can access housing and discuss what resources and steps are available for you. It can seem like a daunting and overwhelming process, but I am here to help you. We will discuss what your needs are, how you have tried to get housing in the past, and come up

*with a plan together. How does that sound? “*

3. Review past attempts to meet the need and be aware that this may invoke negative feelings from the client’s traumatic or adverse experiences. Ask the client about past attempts to meet this need, remembering to use open-ended questions, reflective listening, and positive affirmations:

**Remember services must always start with what the client identifies as their most pressing need.**

*In Practice-*

- *“Can you tell me if you have tried to get housing in the past, and if so, what that experience was like for you? What went well, and what did not go so well? “*
- *“I remembered that when we talked before you mentioned that you were evicted from a housing unit and that it was difficult experience for you. When you think about trying to get housing again and your past experience what are some feelings that come up for you?”*

4. Ask the client about their family and community resources. A client’s resources include formal and informal support systems and community organizations that may help them meet their need.

*In Practice-*

- *“Can you tell me who from the community, your family, or friends has tried to help you with this matter in the past? What things did you find helpful and how much help did they give you?”*

*These types of questions will help you establish which resources to provide and what level of advocacy is needed.*

- *“When you think about getting housing, what are some important things you want us to keep in mind? For example, for some people living near their relatives is very important, while for others it is being in a child-friendly neighborhood. For someone else it may be that the area is welcoming to her religious or racial background. What are things about housing that are important to you?”*

5. Discuss what internal and external barriers stand in the way of meeting the need.

*Asking these types of questions can help determine what kinds of interventions and resources can be provided. Advocates should follow up with questions about how the client will manage their time and stress while addressing this need.*

In Practice:

- *“Can you tell me about what things you think stand in the way of you getting housing? Do you have anything that you think would be a problem for your housing application? How about any money or back payment owed to housing services that might come up?”*
- *“Getting housing is a complicated and stressful experience. Because of this, some people naturally feel stressed and are exhausted by the process. What do you think are some emotional obstacles or stressors that might affect your attempts? Do you think time management will be an issue for you?”*

6. Educate the client about how to access services, provide information and options about what specific steps can be taken.
7. Decide who does what- establish what the advocate will do and what the client will do toward meeting this need or goal.
8. Summarize the session, review tasks for both the advocate and client, and what the next session will entail.

In Practice-

- *“So today we talked about your past experiences in trying to get housing. I’m hearing that you have been able to get housing in the past, but your eviction due to domestic violence was really difficult. It sounds like you are not quite ready to start looking at housing options yet. So, we’ve agreed that we’ll talk about it again at the next session, and brainstorm what supports you have in the community. You will not need to prepare or do anything for the next session. I will get you the bus vouchers and have them ready for you for the next session. How does this sound?”*

9. Check Out and Say Good Bye.

## Tools for Advocates


Being a victim of violence and trying to access services can be very stressful. Advocates should be familiar with ways to assist clients in navigating distressing emotions. Skills that are helpful in managing emotional distress are: identifying and labeling emotions, expressing empathy and compassion, helping clients to create a self-care plan, and using techniques to reduce overwhelming emotions. (Betru, 2013)

## Identifying and Labeling Emotions

Clients may not be able to identify the emotions that they are experiencing and not know what to do with them. Below is a tool from the Ohio Domestic Violence Network that assists advocates and clients in identifying emotions.

## Survivor Responses and Advocate Interventions

Survivors respond to trauma in many different ways. Below are some effective ways that advocates can intervene in and respond to common trauma reactions.

<b>Survivor Reaction</b>	<b>Advocate Intervention</b>
<b>Fear</b>	 <ul style="list-style-type: none"><li>-Be with the survivor</li><li>-Give clear, concise explanations of what to expect in the situation</li><li>-Invite the survivor to express feelings and fear, allow extra time for this process</li><li>-Without making unrealistic promises, reassure the survivor that they are safe</li><li>-Share relevant information to help alleviate the fear</li></ul>
<b>Guilt and Self-Blame</b>	<ul style="list-style-type: none"><li>-Help the survivor distinguish between their own judgments about themselves, the batterer's judgments about them</li><li>-Reaffirm the batterer's responsibility for the assault</li><li>-Redirect anger away from the survivor to the batterer, reminding them that no one deserves abuse</li><li>-Dispel myths while explaining why the survivor may believe them</li><li>-Practice non-judgmental empathy</li></ul>
<b>Anxiety</b>	<ul style="list-style-type: none"><li>-Focus on the here-and-now events and feelings as much as possible</li><li>-Be calm, kind, supportive, and reassuring; let the survivor know that others have survived, and they can too</li></ul>
<b>Compulsive</b>	<ul style="list-style-type: none"><li>-Let the survivor know that nightmares and flashbacks are common responses</li><li>-Provide appropriate referrals to long-term counseling with a professional</li></ul>

<b>Repetitions</b>	<p>therapist</p> <ul style="list-style-type: none"> <li>-Continue to be patient and to encourage expression of feelings</li> </ul>
<b>Mastery and Control</b>	<ul style="list-style-type: none"> <li>-Refrain from arguing with the survivor, set appropriate limits, and don't respond to anger with anger</li> <li>-Support the survivor in making simple decisions and reaffirm their control over their life</li> <li>-Empathetically relate to the survivor's need for control</li> </ul>
<b>Shock, Disbelief and Denial</b>	<ul style="list-style-type: none"> <li>-Acknowledge that it is difficult for the survivor to accept the fact that they have been in an abusive relationship</li> <li>-Listen empathetically and encourage the survivor to express their feelings</li> <li>-Let the survivor know that their response is normal and not "crazy"</li> </ul>
<b>Sadness, Loss and Hurt</b>	<ul style="list-style-type: none"> <li>-Show non-judgmental care and understanding</li> <li>-Reassure the survivor of their worth and value as a person</li> <li>-Tolerate silences and encourage the survivor to cry (when they want to) about the loss</li> <li>-Support and encourage efforts to reach out for help from friends and family</li> <li>-Encourage expression of feelings and convey your own feelings to the survivor such as concern, compassion, and respect</li> </ul>
<b>Anger and Resentment</b>	<ul style="list-style-type: none"> <li>-Accept and affirm the survivors' anger at the batterer</li> <li>-Explore ways to redirect that energy and support efforts to release it in healthy ways</li> <li>-Encourage safe and appropriate expressions of anger- when talking with a counselor or advocate, for example</li> </ul>

*(Adapted from a publication by the Cleveland Rape Crisis Center)*

## **Creating a Self-Care Plan**

Often when clients are feeling overwhelmed or stressed, they tend to neglect survival behaviors, including nutrition, adequate sleep, and exercise.

Advocates can ask:

- When you feel bad, what can you do to take care of yourself?
- Who can you count on to comfort you?
- What can you do when there is not someone there to help you feel better?

## Techniques to Reduce Overwhelmed Feelings

In her book, *Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress*, Elizabeth Vermilyea outlines several tools for coping with traumatic stress reactions. The tools as well as her description of them are presented below.

### Grounding

Present, here-and-now awareness. Grounding is the process of connecting with the present moment so that a survivor can connect with their strength, inner power, resources, and options.

#### Grounding Exercise- '5 Senses'

This exercise is especially helpful when a client is experiencing anxiety, panic, flashbacks, or being triggered. It is used to remind clients that they are safe in the present. Speak clearly and calmly, use the client's name, ask the client to focus on your voice, you may have to repeat yourself a few times to gain their focus. Ask the client to answer the following questions out loud.



- Name 1 thing in the room you can taste
- Name 2 things in the room you can smell
- Name 3 things in the room you can hear
- Name 4 things in the room you can touch/feel
- Name 5 things in the room you can see
- Name one thing in the world that makes you happy



### Reality Check

The process of accurately figuring out what is really happening in the moment versus what the survivor may think or feel is happening.

## **Feelings Check**

Paying attention to and learning the natural cycle of increases and decreases in feelings and mood states.

## **Imagery**

Using imagination to manage difficult experiences. Imagery allows a survivor to plan or problem solve, to achieve a goal, and to comfort themselves.

Imagery may be used to help a survivor envision practicing steps to achieving goals.

## **Journal Writing**

Writing to facilitate self-awareness, understanding, self-expression, healing and recovery.

- . The journal serves as a road map, a support, and a method of internal communication and self-expression
- . Level 1 – surface level – writings about events of the day in a present- focused way - records facts not feelings
- . Level 2 – feeling focused – write about feelings, thoughts, or impulses, and how trauma is affecting the person
- . Level 3 – involves writing about traumatic events and is only recommended for people working with a therapist

## **Artwork**

Drawing to facilitate self-awareness, understanding, self-expression, healing, and recovery.

## **Talking**

Using words to describe your thoughts and feelings, and experiences to yourself and to others.

*(Adapted from Elizabeth G. Vermilyea's Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress. The Sidran Press: Baltimore, MD (2000).)*

## **Resources:**

Betru, Yodit K., "Supporting Transitionally Homeless Women In Rural Regions: The Need For Trauma-Informed Case Management" (2013). Doctorate in Social Work (DSW) Dissertations. 42.  
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