**Trauma Informed Support Plan**

The following is a template for a trauma-informed behavioral plan. It is recommended that it be used when there is an awareness of a trauma history or when the person has exhibited symptoms of Post-Traumatic stress disorder. The symptoms may include, nightmares, talking repeatedly about a death or loss, extreme startle responses, extreme concerns with safety, ongoing states of agitation, behavioral episodes that may be suddenly or irrationally triggered and/or extreme and unexplained fears. This is a recommended template that will inform the staff of what is needed for that person to engage in healing as well as moving past trauma related behavioral difficulties.

**Trauma- Informed Support Plan**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 1 **– Trauma Assessment**

1. **Trauma History**

Rather than have a description of demographics, school history and placements, this section should focus on the difficulties that this person has been through. It should include any facts known about birth, family, and family makeup, such as married or single parents, parents living with grandparents and so on. Any potential drug or alcohol use that may be known on the part of the mother and or within the home should be included. Any removal from the home and all placement histories known should be listed. It is very important to point out the difficulties involved in transitions and placements. School issues, failures, removals, and expulsions should also be listed.

Deaths, losses, and accidents should be acknowledged in this section as well.   
In short, anything that is known that may have been a traumatic experience on any level should be listed. The difficulties involved can be highlighted.

1. **Current health issues** – Both issues and tendencies should be discussed, such as diabetes, whether or not it is under control, tendencies towards UTIs or gum disease and tooth issues and so on. Highlight those medical issues that may affect behavior.
2. **Psychiatric Diagnoses** – It is important to highlight what those diagnoses actually mean and what the presenting symptoms are likely to be.
3. **Current medications** – Psychotropic medications should be listed.
4. Si**de effects of current medications**- There are times when behavioral issues are actually manifestations of certain side effects or drug interactions.
5. **Different interventions or therapy** -those that have been tried or may be ongoing should be listed as well
6. **Current life challenges** – such as a new job, or change in staff. These challenges can be highly significant and are often underestimated in their impact. Staff turnover in itself may have a huge impact.
7. **Current behavioral manifestations** – the assumption here is that behavioral issues are manifestations of deeper struggles and should be looked at as such. They may range from aggression to self-injurious behaviors to property destruction. The behavior itself should be discussed in the context in which it occurred. The circumstances leading up to the behavior should be described . In addition, the environmental factors in which were present should be listed as well when describing the behavior.
8. **Emotional Issues underlying behavioral difficulties**- For each behavioral issues the corresponding emotional issue that may be underlying.
9. **Symptoms of PTSD** - those symptoms that have been seen in the last year should be listed and described in the context of how they appeared and manifested for that person.
10. **Identified triggers-** Any triggers should be listed. Be they people, words that are said, circumstances, such as upcoming visits from a mother or approaching dental appointments or even small things like the sound of a doorbell or the touch of a sponge.
11. **Identified sources of safety.** This can be a variety of things: a safe person is usually top on the list. It can also include music that is calming and helpful, a special room to relax in, a walk to take, an animal, a friend to talk to, a routine of any kind, a ride in the car and so on. It is all very particular to that individual.
12. **Identified friends, family and supporters**. These should be people who truly support the person, not just exist in positions around them.
13. **Power and Control** – This should include the ways in which the person has power in their life such as real choices that they make, , like food, clothing, and certain activities. Reals sources of choice or agency in this person’s life.
14. **Happiness**- The Happiness Assessment from Chapter 8 should be filled out by the plan writer with the individual, and if necessary, with an informant supporting if the individual does not use words. It can also be found on pid.thenadd.org.

Part 2-

**Support Plan**

The above section paints a picture of the person with emphasis on their trauma history, trauma symptoms and trauma responses. The following section, The Support Plan, enables the staff to understand the mechanisms of trauma and intervene in the most effective way.

1. **Prevention**:
2. **Safety-**What is needed for this person to feel safe- this can be people, safe words, way to ask for help, safe places, music or activities. It should be something the person can access.
3. **Communication-**How this person can communicate when needing to feel safe- ways to communicate should be identified- if the person uses words, key phases can be outlined, if the person does not use words then a way of communicating the need for safety should be outlined and made clear to everyone in that person’s life.
4. **Socialization-** How this person can reach out to friends- something should be put in place. Many people do not have phones, this could part of the plan could provide phone access and phone numbers or ways to get support needed for outreach.
5. **Choice-** How this person can exercise choice .
6. **Agency**- Things this person can do to directly impact their life.
7. **Intervention**
8. **Signs of being triggered** – what facial expressions, sounds, words, gestures might be seen when this person is having a trauma response.
9. **Actions**- Swift words or actions that can enable the person to regain a sense of safety and re-ground themselves.
10. **Safe People**- People that make the person feel safe and ways that the person can contact or access those people.
11. **Regaining Self Control** -Actions that help the person to regain a sense of control.
12. **Coping Skills**-Coping skills that this person uses and can be guided or reminded to use.
13. **Emergency Resources**- Emergency support such as clinics, hospitals and other places where this person has supports and connections.
14. **Happiness Procedure**

1. Then a procedure should be designed for each of the five levels of happiness in a simple manner in which the individual has support in the pursuit of happiness and something to look forward to each day.
2. This procedure should have weekly goals in each realm: pleasure, engagement, positive relationships, achievement and meaning.

This procedure should be central in the plan as the person engages in the most engaged and meaningful life possible. It should be emphasized as the most important aspect of implementation as well. The person should have full knowledge of their plan and work on it with staff in all aspects.

**Example:**

**Name: Joleen Fern**

**Date: 11/12/19**

**Date of Birth: 1/2/89**

**Trauma Assessment**

**Trauma History**

Joleen was born to a mother with a severe drug problem. At 3 years old she was taken away and placed in foster care. During the first three years her mother reports being homeless on 3 separate occasions. Joleen’s father was incarcerated soon after Joleen was born. Joleen was placed in foster care in a relatively stable placement but when she was 7 the family relocated to a different state and she was placed in another home. From that point forward she began having significant difficulties in school as well as behavioral issues in the home. She was removed from that home at the request of that family at age 10. She was placed temporality back with her mother for 2 years but was sexually abused in home by an Uncle. This was reported in school and she was removed from the home. She was placed in a group home for adolescent girls with intellectual disabilities. At age 21 she transferred to the Home for All Provider agency where she has remained until the present.

**Current Health Issues**- Joleen has diabetes, she developed it at age 22. Her sugar level is unstable and she continues to be monitored and on medication. When her sugar is high she may become erratic in behavior.

**Psychiatric Diagnosis**: Joleen has been diagnosed with Post traumatic Stress Disorder and has a previous diagnosis (2015) of borderline personality disorder.

**Medicatio**n – Joleen is on Zyprexa.

**Side Effects:** May cause diabetes, Akathisia ( inability to sit still) ,dizziness, headaches, drowsiness, restlessness.

**Different Interventions or Therapy:** Joleen saw a therapist between the ages of 16 to 21 but did not continue therapy when she was transferred to the provider agency.

**Current Life Challenges:** Joleen wants very much to have a job and is frustrated at not being able to find one. She does not like her day program and continues to request support in finding a job. Her living situation is stable. Joleen expresses a strong desire to see her mother but she has not been able to get in touch with her.

**Current Behavioral Manifestations:** Joleen has a pattern of accusing staff of cursing at her and even hitting her, then after an investigation is conducted she will retract her accusation. Joleen also has a pattern of cutting herself. This last year she has made 3 accusations and cut herself 9 times. Incidents were highest during the winter months.

**Emotional Issues Underlying Behavioral Manifestations:**  Accusations: Joleenexpressed feeling left out in the home. She stated that staff did not like her and preferred to do activities with the other women in the home, leaving her at home since she had un-supervised time. Joleen said she felt that staff did not like her.

Self-Injurious Behaviors: Joleen had 3 incidents of cutting during the holidays when she was unable to reach her mother. These incidents occurred when she reported being rejected by a young man she was interested in. There were 2. 4 incidents occurred during the winter months following the holidays.

**Symptoms of PTSD:** Joleen reports experiencing nightmares 6 to 7 times per month, direct support professionals confirm this. She is often hypervigilant about who is saying things about her, who is working with her and who will be in her space. She has difficulties trusting anyone and reports often that various people “want to hurt her.” She startles easily and may feel she has to defend herself in situations where there is no externally perceivable threat.

**Identified Triggers:** Joleen has difficulties when the mothers of other residents visit. This is often a trigger for emotional and behavioral difficulties. Joleen has trouble when she hears people saying her name in conversations she is not included in; this can become a trigger for suspicion and subsequent accusations. Joleen is also triggered by anyone touching her without permission. She startles easily. And is triggered by anyone coming up from behind her at any time.

**Identified Sources of Safety:** Joleen likes to sit in her room with a stuffed animal that she brought from her last home and listen to music. She loves her room, which is purple, her favorite color and feels safe there. She also enjoys staff putting her blanket in the dryer for about 10 minutes and helping her to wrap herself in it so she can snuggle and feel warm.

Joleen likes to talk to her service coordinator, who is usually available by phone and will visit from time to time. She is a safe person for Joleen. Joleen also feels safe with Candy, the 3 to 11 weekday staff. Joleen enjoys spending time with her and talking with her.

**Identified friends, family and supporters:** Joleen has 2 friends at her day program that she has gone to the movies with on 2 occasions, Tasha and Linda. She has an Aunt that has visited twice, she also has a a friend from her previous placement who she talks to on the phone periodically.

**Power and Control**: Joleen needs to be able to participate in her choice of food and meal preparation. Joleen had periods in her early life in which she was hungry and did not have enough to eat and thus needs to know about upcoming meals and have reassurance that she will have access to food. She would benefit from going grocery shopping with staff and assisting in meals. Joleen also needs to choose her own clothes. In all areas staff should not shop for her. Joleen also wants control in medical situations and should be encouraged to talk directly to her doctors and get the information that she wants and needs about her medical care, particularly about her diabetes management about which she is very concerned. Joleen should be as involved as possible with staff selection, along with her housemates. If possible she should be included in the residential interview process. She should also have the opportunity to assist in training staff about who she is and her trauma-informed support plan.

**Happiness:**

**Pleasure**: Joleen enjoys going to the farmer’s market and picking out fresh fruits and vegetables as well as getting snacks. She also enjoys going to the movies and likes watching various reality tv shows on television.

**Engagement:** Joleen enjoys cooking, going to Zumba classes and using the Wi.

**Positive Relationships:** Joleen has two friends at workthat she would like to spend more time with. She would also like a relationship with a young man. She would like assistance in attempting to date and has requested that support.

**Achievements:** Joleen has been very successful in gaining cooking skills. She would enjoy cooking for friends and expresses wanting to have people over for dinner in a way that she can host and cook for them. These opportunities appear important to her.

**Meaning:** Although the relationship has been fraught with difficulties, Joleen finds meaning in her role as daughter to her mother and would like very much to reconnect with her mother. She expresses concern about her and feels that her mother needs her. Joleen also feels she can help animals and would like to rescue a dog or cat and have a pet that she helps. Her need to help is critical to her sense of purpose in life.

**Support Plan :**

**PREVENTION:**

**Safety:** Joleen needs to know that she will have access to food to feel safe and that she can be a part of food preparation if she chooses. Food is a giant issue for safety for her, since she has experienced food deprivation. Joleen needs to know who her staff are and who is working with her. She feels unsafe when someone she does not know or expect is in her home. Joleen needs to always have a house key and access to her home. Joleen needs

Holidays are particularly difficult for Joleen. She does best when she knows at least one month in advance what she will be doing on the holiday. She benefits from participating in holiday preparation such as decorating and cooking as well.

Joleen has difficulties with transitions and does best when she is explained what the transition is and how each aspect of the transition will unfold in order to feel safe.

Joleen likes music and feels safest when she has access to music and can listen to the songs that comfort her.

**Communication**: Joleen is able to use words but often cannot describe her emotions in an adequate manner. She would benefit from both individual and group therapy in order to be able to learn the skills of emotional expression as well as to address her emotional needs.

Joleen often uses her behavior when she becomes upset. She may slam doors or begin cursing. Staff should stop and ask her how she is feeling and help her to verbally express what is upsetting her at this point. It is important that she not have to resort to using her behavior and that she be coaxed and encouraged to use words to express emotions.

**Socialization**: Joleen would like to see friends and does well when socializing or looking forward to socializing. She would also like to date but has some fears around this. Staff support is needed to assist her in arranging social activities. She would like to cook for her friends and a dinner would help her to have something to work on and look forward to. Joleen should always have some social activity scheduled to look forward to.

**Choice:** Joleen should be asked preferences and encouraged to express feelings about preferences and activities.

**Agency**: Joleen would like to be someone that creates social events and activities. She can be supported in hosting a dinner. She would also like to rescue and care for an animal. In this way, she would feel that she is impacting her world.

**INTERVENTION**

**Signs of Being Triggered-** When Joleen becomes upset she often slams door and/or begins cursing under her breath. As she becomes more upset she may start to curse out loud.

Signs of being triggered also include facial expressions of dismay or anger.

**Actions**

**Self Injurious Behaviors-**

The minute she slams a door or begins cursing under her breath staff should ask her if they can talk.

Staff should ask what is wrong. Staff should offer to sit and listen such as “Let’s sit down, I want to know what is bothering you.”

Joleen may say that she does not want to talk. At that point it is advantageous to express caring such as:

“ I know but I’m worried about you.” Or “I can tell that you are upset and I would like to help.” Or “I know but it will help to talk about it.”

If staff can sit with Joleen and just listen to the problem, without jumping in to solve it she will usually be able to calm down.

If staff can get her to talk at that point and listen, using active listening skills, Joleen is likely to calm down. It is ok if she yells or curses while she is expressing herself because that can be an important release of feelings that will help her to regain calm. Staff should nod and listen. It is not the time to correct language or attitudes. It is best to let her blow off steam.

Staff should then ask her if she is thinking about hurting herself and if it would be helpful if staff sat with her until the feeling got better. Staff should express caring and a willingness to stay with her until the feeling subsides. If there is a coverage issue management should be contacted for back up.

**False Accusations-**

When Joleen makes an accusation someone who is not the target of the accusation but is Staff should sit down with her as soon after the accusation is made as possible. The person sitting down with her should:

1. Listen without interrupting. Understand that even though the accusation may be false, the emotion is real.

2. Take notes.

3. Let her know that agency procedure will be followed but if different facts occur to her then she can contact whomever ( designated person for investigations or the staff taking the story down). The person listening should emphasize that stories change when different facts are remembered and it is important to contact that person if Joleen remembers something differently.

4. In general, it is recommended that Joleen see a therapist. This will help her. At this point the person can encourage Joleen to share what happened and process it with her therapist.

**Safe People-** Joleen feels safe with her staff member Candy. She also trusts her service coordinator and benefits from phone conversations and visits with her. When she is upset these are two very valuable people for her to contact if they are available.

**Regaining Self-Control** – Joleen is able to re-gain self-control often when she listens to music. If possible the staff can assist her in creating a playlist of comfort songs as well as a play list of empowerment songs and she can chose to listen to which ever gives her the strength and comfort that she needs. Joleen has been able to also calm down by coloring in adult coloring books and she should have access to those as well. If weather is permitting, she does well talking walks and calming herself in that way. If she is upset and has made an accusation a walk will help, if she is triggered in general a walk will help, if she is saying she wants to cut herself or hurt herself in anyway staff should stay with her. If that threat is repeated then the therapist or crisis resource should be contacted.

**Coping Skills –** Joleenknows deep breathing techniques and the EMDR butterfly technique for self-soothing. Staff should suggest that she use these techniques when she is becoming upset. She can choose to use them or not. IF she does not choose that staff should suggest listening to music after they have first talked about Joleen’s emotions.

**Emergency Resources –** The county mobile crisis team can be contacted at: 555-555-5555. They are familiar with Joleen. If she continues to want to hurt herself they are a good resource and will determine if she should be taken to the ER.

**HAPPINESS PROCEDURE :**

**Pleasure:** Joleen should be able to go to the movies, money permitting, at least one time per month and to the farmer’s market each week.

**Engagement:** Joleen should have opportunities to cook and, to play on the WI daily. She should have a least a once a week opportunity to engage in an exercise class of her choosing.

**Positive Relationships :** Joleen should have a monthly opportunity to hold a dinner party for friends and invite them to her home. If she chooses she should also be supported in dating. In addition, staff should help Joleen to invite friends to an outing to the movies if Joleen chooses.

**Achievements-**  When Joleen goes four months without cutting herself there should a small party in the home to celebrate with whomever can attend and her direct support professionals.

**Meaning –** If possible, Joleen should be assisted in adopting and caring for a pet. If her mother is able to be contacted staff should work with Joleen’s therapist in creating supervised and supported contact.