How Does Triage/Needs Assessment Affect Trauma-Informed Care for Clients Experiencing Homelessness?

There are subtle variations in what is meant by trauma, but the working definition that I use in this short paper refers to the definition used by SAHMSA (2014, p. xix), which, in short, are: “experiences that cause physical and psychological stress reactions”. These reactions can be brief or prolonged, delayed or immediate, and negatively affect one’s physical or mental health. Studies (in the US) have demonstrated the prevalence of trauma among people experiencing homelessness, and its role as both a contributor to and effect of homelessness (Christensen et al., 2005; Keeshin and Campbell, 2011). Trauma has also been found to co-occur with symptoms of mental illness and substance use disorders among homeless men (Kim et al., 2010). The evidence supporting a link between trauma and homelessness merits consideration of trauma in methods of treatment and service delivery/planning. Enter trauma-informed care.

Purposefully incorporating an awareness of trauma into the provision of health services is a framework known as trauma-informed care, which extends from an organization’s philosophy and structure through to its interventions and methodology. Here, I borrow the definition of trauma-informed care (TIC) from the seminal paper by Hopper et al. (2010), which forms a consensus-based definition of TIC based on the findings of academic studies, and support service providers and consumers alike:

Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

– Hopper et al. (2010), p. 82

The working definition of TIC is practiced through four interrelated principles. The first and perhaps most central principle is instituting an awareness of trauma among an organization’s philosophy, mandate, staff, and methods/practices. This trauma awareness goes beyond identifying the experiences reported by clients/survivors to include the recognition of the extensive psychological and emotional impacts trauma can have on an individual and their coping strategies. Compared to treatment as usual (TAU), trauma awareness emphasizes trauma recovery as the main goal of interventions, making it a point to identify experiences of trauma with the client upon intake and integrating that information into strategic interventions.

The second principle, safety, should be present in the client’s environment and the relationships formed with the client so as to promote steady recovery and minimize the likelihood of retraumatization. As perceptions of safety may vary from client to client service providers are also encouraged to internalize “cultural competence” or interact with clients through a “sociocultural lens”, either of which invites careful consideration of different worldviews, ideas of health, relationships with the environment, or cultural heritage (among other cultural/contextual factors) that might affect one’s understanding and response to particular actions. By attending to safe, accepting environments and
forging relationships with clients that are respectful, authentic, and consistent, one creates conditions that cultivate client empowerment and recovery from trauma (SAHMSA, 2014).

TIC’s third main principle is to promote choice and empowerment for the client. Related to being sensitive to the cultural and contextual factors affecting the client’s unique condition, the supports provided to the person should also be accordingly tailored in collaboration with the client. Clients experiencing homelessness who exercise choice and autonomy when accessing supports have been correlated with improved quality of life, housing satisfaction, and psychological well-being (Tsemberis et al., 2003; Fakhoury et al. 2005; Srebnik et al., 1995). This principle may be practiced by following an empowerment model, which strives for open communication that clearly highlights opportunities for clients to exercise choice, focusing on skill-building, and involving clients in service development and evaluation.

Closely related to the third principle is the fourth, which calls for a strengths-based approach, highlighting and developing the clients’ characteristics and skills that make them resilient. Much of the strengths-based approach may be applied in the pursuit of client empowerment.

These four guiding principles are applicable in different health service environments, but I would speak to how triage tools help embody these principles specifically in the context of homelessness. First, however, I must clarify that the applications of triage to which I am referring do not focus on assessing the depth and nature of a person’s trauma, and instead focus on assessing the vulnerability of people experiencing homelessness to organize the order by which they are assisted.

Generally speaking, triage tools have two core objectives: to identify whether an individual is experiencing temporary, episodic, or chronic homelessness; and to identify the individual’s likely depth of need as represented by exposure to certain risk factors. The collected information is then used to help support staff members more effectively match the individual with the appropriate services and, when demand outstrips available resources, determine who is in most need of immediate assistance. Ideally, triage serves as a coordinated entry point for homeless populations into housing support services. As the entry point, triage is essential for understanding a client and their needs, establishing the relationship between client and service providers, and involving a client in the planning of their treatment— all of which benefit trauma-informed care.

Trauma has been shown to impact individuals’ experiences with, and pathways to, homelessness (Christensen et al., 2005; Keeshin and Campbell, 2011; Kim et al., 2010). An astute triage tool, then, should uncover at least a cursory acknowledgement of one’s experience with trauma. While an in-depth interrogation of traumatic experiences is not necessary at the triage stage, having at least an awareness of trauma will colour the staff member’s interpretation of other risk factors (ex. money management, substance use, mental health status) and thusly affect their consideration of the client’s acuity. For trauma awareness to be integrated throughout the entirety of an organization, triage may be seen as especially critical for collecting important user information—not just for the individual (i.e. a personal profile), but for generating broader population data, which can
help illuminate the needs of the community being served. For example, general population data compiled using triage tools can help detect whether or not there is a relatively high demand for particular services (ex. child/youth/family supports, substance use disorders), which accordingly guides the need for particular trauma-specific interventions.

The benefits of triage for TIC can also be experienced by clients by improving client-provider communication and relationships. As the first point of contact between support consumers and providers, triage is a stage that shapes the consumer-provider relationship. The profile detailing a client’s level of need provides a critical, though not necessarily definitive, point of reference for matching clients with the appropriate environment and level of supports so as to neither under-serve their needs, nor wastefully allocate often scarce resources. Further, designing the triage questionnaire or procedure with a sociocultural lens crafts an air of open communication, wherein all participants should know and feel that they are respected and can communicate free of judgment.

Triage helps orient the type/s of service/s a client is referred to and is the first chance for clients to choose (to some extent) how they present themselves, both of which can be formative experiences for clients and staff members. For the client, triage can begin the formation of an identity in the context of recovery and in relation to support staff members. This communicative exercise, which involves the client at the preliminary stages of support planning, can be empowering and can generate a shared understanding of the roles, responsibilities and boundaries between all parties involved in the client’s recovery. For (front line) staff members, triage can hone their sensitivity to the nuances of unique experiences with trauma in an environment made somewhat more predictable through standardized assessment procedures. Staff should take care to remain engaged with clients and genuinely attend to client responses during the assessment.

Understanding client needs, improving communication, and establishing genuine and respectful relationships through triage ideally serve to reduce the likelihood of retraumatization and help cultivate the client’s recovery from their trauma. Importantly, however, triage is only one portion of an organization and trauma-informed practices. The benefits of triage noted in this short-paper underscore the importance of holistic integration of the principles and values of trauma-informed care throughout an organization in its entirety. Indeed, the merits of triage for TIC may only present themselves in such a holistic setting: the information that it collects is beneficial when put to use in conjunction with meaningful client input, as well as an organization’s self-assessment; and the therapeutic and pragmatic opportunities of triage may only manifest when the underpinning values of TIC remain congruent during advanced stages of intervention and client support.
Works Cited


