

Principles of Trauma-Informed Systems of Care

Presented by Brian Isakson, Ph.D.
University of New Mexico
Dept. of Psychiatry & Behavioral Sciences
Division of Community Behavioral Health
bisakson@salud.unm.edu



Outline of Presentation

- Why is it important to address trauma?
- What is a Trauma-Informed System of Care?
- Principles of a Trauma-Informed System of Care
- How can these principles be applied in your setting?



Definitions

- **Trauma**: A person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- “The person’s response involved intense fear, helplessness, or horror (in children the response may involve disorganized or agitated behavior)” (DSM-IV-TR, APA, 2000)
- **Resiliency**: “A class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development” (Masten, 2001)
- **Recovery**: “Acknowledging that people can successfully contend with severe psychiatric disability and go on to live full and productive lives” (Onken et al., 2007)

Financial Impact of Child Maltreatment

- Centers for Disease Control estimated the costs of child maltreatment across the nation (Fang et al.,2012)
 - Annual costs of child maltreatment: \$124 Billion
 - Average lifetime non-fatal cost per victim: \$210,012
- **Pew-MacArthur Results First Initiative: New Mexico**
 - Estimates that a single case of child abuse/neglect resulting in adoption in New Mexico costs \$142,726
 - Avoiding 1 case of child abuse or neglect saves \$99,435



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Prevalence of Trauma in Behavioral Health Services

- Many survivors of trauma do not seek services to specifically address trauma
 - 90% of public mental health clients have been exposed to trauma (Goodman et al., 1997)
 - 75% of people receiving substance abuse treatment have experienced abuse and/or trauma (SAMSHA/CSAT, 2000)
- Trauma is often not identified, which may lead to misdiagnosis
 - ADHD, ODD, CD, Bipolar Disorder, Personality Disorders can all be misdiagnosed

Definition of a Trauma-Informed System of Care

- “A trauma-informed system is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addiction services.” (Jennings, 2004)
- Applies to a variety of systems:
 - Primary Care, Behavioral Health,
 - Education, Child Welfare,
 - Criminal Justice, First Responders



Trauma-Informed Systems of Care

- “Trauma-informed care involves the closely interrelated triad of understanding, commitment, and practices, organized around the goal of successfully addressing the trauma-based needs of those receiving services.”

(Hodas, 2006) “Responding to Childhood Trauma: The Promise and Practice of Trauma Informed Care”

- Recognizing the impact of historical and intergenerational trauma influences (DS Bigfoot, 2008)
 - Incorporate balance and harmony concepts
 - Understand how cultural practices can direct treatment considerations



Areas in Need of Understanding

Trauma

- Appreciating its prevalence and common consequences
- Incorporate trauma history with current symptoms and behaviors

The Survivor

- Understand the whole child, including familial, social and community contexts

Services

- More than just reducing symptoms—should enhance understanding, self-control, and skill building; promote prevention and future safety

The Service Relationship

- Trust and safety must be earned and demonstrated over time
- Must have collaboration, sense of partnership and strengths

Why Create a Trauma-Informed System?

- Increase public awareness of the impact of trauma
- Build strategic partnerships to prevent and address trauma as a community
- Promote wellness, resiliency, and protective factors
- Create conditions of successful adaptation
- Better able to identify individuals who have experienced trauma and quickly get them into appropriate services
- Avoid re-traumatization
- Decrease staff burnout and improve services

Values of a Trauma-Informed System of Care

- Power and Control vested in the service users
- Authority and Responsibility to provide psycho-education on trauma and its consequences
- Goals that promote a safer environment and a healthier and more balanced life - not just symptom reduction
- Language—Avoid jargon, avoid blaming the victim, convey respect



Prerequisites for a Trauma-Informed SOC

- Administrative commitment to change
 - Could be part of an organization's mission statement
- Universal screening
 - Should occur routinely, as soon after admission as possible
- Staff training and education
 - All staff should receive training on the impact of trauma
- Hiring practices
 - Hire trauma champions who are experts in the impact and treatment of trauma who can educate the system
- Review policies/procedures to ensure they are trauma-informed
 - prevention, strengths-based, promoting resilience

Trauma-Informed Principles

- Important to normalize the survivor's, family's and community's reactions to severe stress or chaos created by traumatic events and loss
- Provide information about the emotional and physical/behavioral reactions to stressful/dangerous events
- Instill hope for recovery and healing
(balance and harmony)
- Educate families and the community about the beliefs and need for talking or addressing trauma in a helpful manner

(DS Bigfoot, 2008)

Domains of a Trauma-Informed System of Care



Based on Fallot & Harris (2009); Harris & Fallot (2001)

Domain 1: Program Procedures and Settings

Safety

Trust-worthiness

Choice

Collaboration

Empowerment

Establish and Ensure Safety

- To what extent do the program's activities and settings ensure the physical and emotional safety of clients and staff?
- Create an atmosphere in clinic that provides respect, safety, and acceptance
 - Avoid exposure to violent or sexual material or discussion
- Strict confidentiality
- Have a clear staff plan for handling potentially violent situations and ensuring staff safety



Trustworthiness

- Maximizing trustworthiness through clarity in tasks, consistency, transparency and interpersonal boundaries.
 - Services provided, who the providers are and their role, the goals of treatment, cost, and consent process
- Respect culture, race, ethnicity, gender, age, sexual orientation, disability, and SES
- Staff self-care is supported and encouraged through policy and practice



Choice

- To what extent do the program's activities and settings maximize an individual's experiences of choice and control?
- Individual has conscious choice and control over actions
 - Choice in services, providers, treatment goals, length of sessions, how to contact clinic, termination
- Staff Choice
 - Staff should have a means to provide feedback to administration and a role in setting expectations

Collaboration

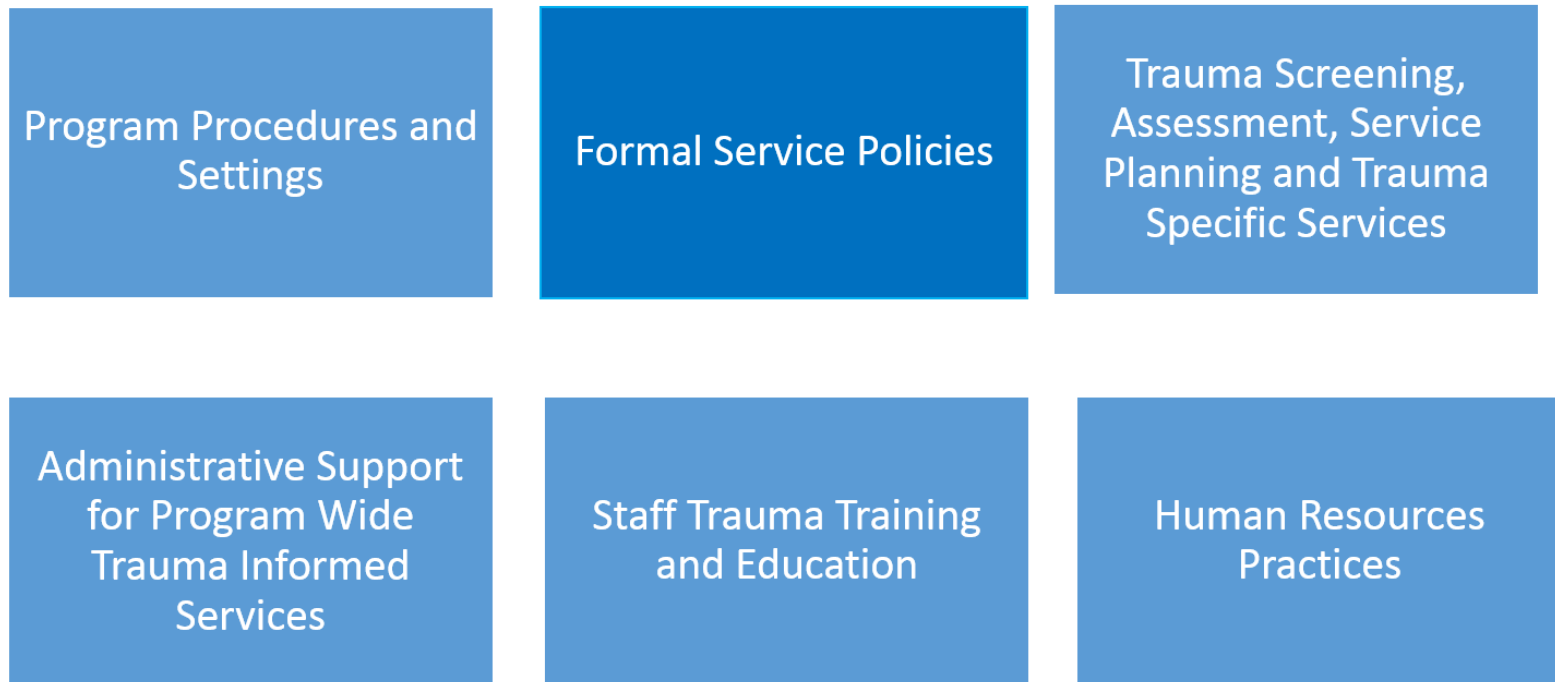
- To what extent do the program's activities and settings maximize collaboration and sharing of power between staff and individuals receiving services?
- Involving survivors as partners in all systems activities
 - Plan for prevention of re-traumatization
 - Policy, financing, training, services
 - Knowledge and experience of individual valued
- Staff aware of power imbalance in relationship and seek to flatten the hierarchy



Empowerment

- To what extent do the program's activities and settings prioritize individual empowerment, growth, and strengths?
 - Power and control is vested in the individual
- Convey a sense of optimism and hope
- Expand individual's resources and social networks so individual becomes less and less reliant on professional services
- Strengths and skills of staff are utilized and developed
- Administration and staff have a sense of shared responsibility, especially when there is a breakdown in the system

Domains of a Trauma-Informed System of Care

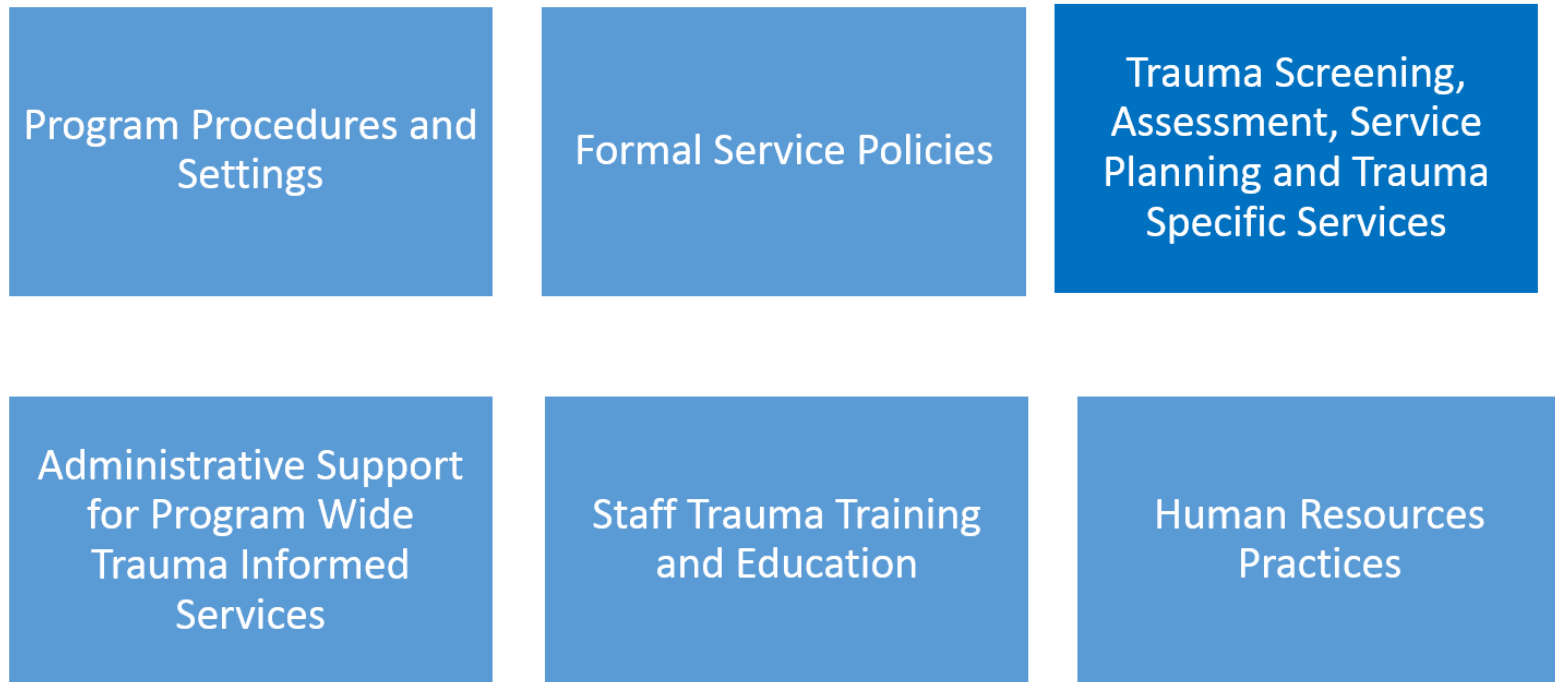


Based on Fallot & Harris (2009); Harris & Fallot (2001)

Domain 2: Formal Service Policies

- To what extent do the formal policies and procedures of the program reflect an understanding of trauma and recovery?
- Examples of Formal Policies
 - Confidentiality and access to information
 - Statement of individuals' and staff members' rights and responsibilities
 - De-escalation plan to prevent re-traumatizing youth who become so upset that they might need help calming themselves down

Domains of a Trauma-Informed System of Care



Based on Fallot & Harris (2009); Harris & Fallot (2001)

Screening & Assessment of Trauma

- All adults and children who enter health care system should be screened for trauma
 - The process of asking is more important than the content
 - Find best evidence-based tools for specific setting
- Survivors may not report trauma history immediately
- Conduct a trauma assessment when trauma history is reported
 - Identify triggers, stressors, strengths & effective coping skills
- Specific diagnosis secondary to understanding the role of trauma in the individual's life
 - Personality Disorders vs. Complex PTSD
 - Do not assume that you know the impact of trauma in the individual's life

Has your child experienced or witnessed an event that caused, or threatened to cause, serious harm to him or herself or to someone else? Please check any and all events (and age(s) of your child at the time of the event or events) below-

- | | | | | | |
|-------------------|-------|--------------|---------------------|-------|--------------|
| 1) Car Accident | _____ | Age(s) _____ | 5) Physical Illness | _____ | Age(s) _____ |
| 2) Other Accident | _____ | Age(s) _____ | 6) Physical Assault | _____ | Age(s) _____ |
| 3) Fire | _____ | Age(s) _____ | 7) Sexual Assault | _____ | Age(s) _____ |
| 4) Storm | _____ | Age(s) _____ | 8) Any Other Event | _____ | Age(s) _____ |

0 = Not True (as far as you know) 1 = Somewhat or Sometimes True
2 = Very True or Often True

- 0 1 2** 1) Child gets very upset if reminded of the event.
- 0 1 2** 2) Child reports more physical complaints when reminded of the event.
For example, headaches, stomach-aches, nausea, difficulty breathing.
- 0 1 2** 3) Child reports that he or she does not want to talk about the event.
- 0 1 2** 4) Child startles easily. For example, he or she jumps when hears sudden or loud noises.

Trauma-Specific Services

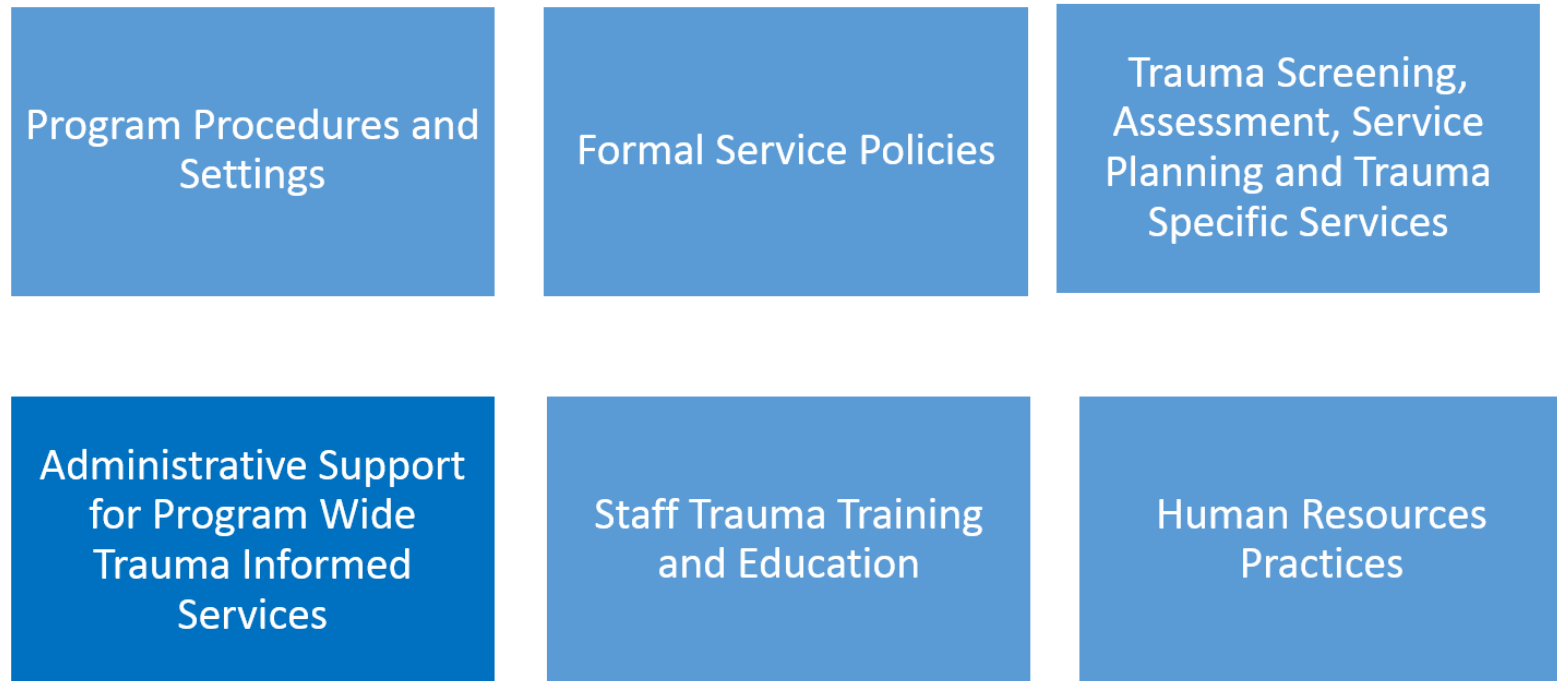
- If warranted & individual agrees, provide trauma-specific services
- There are many excellent evidence-based practices for treating trauma
 - Trauma-Focused Cognitive Behavioral Therapy (Cohen et al., 2004)
 - Child-Parent Psychotherapy (Lieberman et al., 2006)
 - Prolonged Exposure Therapy (Foa et al., 1999)
 - Cognitive Processing Therapy (Resick & Schnicke, 1992)
 - Seeking Safety (Najavitz et al, 1998)
- Recognize the impact of developmental level and culture
- Exposure-based therapy may not be the best fit for all individuals



Creating a Safe Space to Address Trauma

- Engagement of the Individual and the System (Trauma Systems Therapy, Saxe et al., 2012)
 - Establish a caring relationship and treatment alliance
 - Address barriers that may limit treatment engagement
 - Psychoeducation about trauma and family's role in treatment
- Assist in establishing safety and stability in individual's life is a trauma intervention
- Individual may have a trauma history but is not seeking treatment for trauma
- Do not push individual into discussing their trauma history

Domains of a Trauma-Informed System of Care



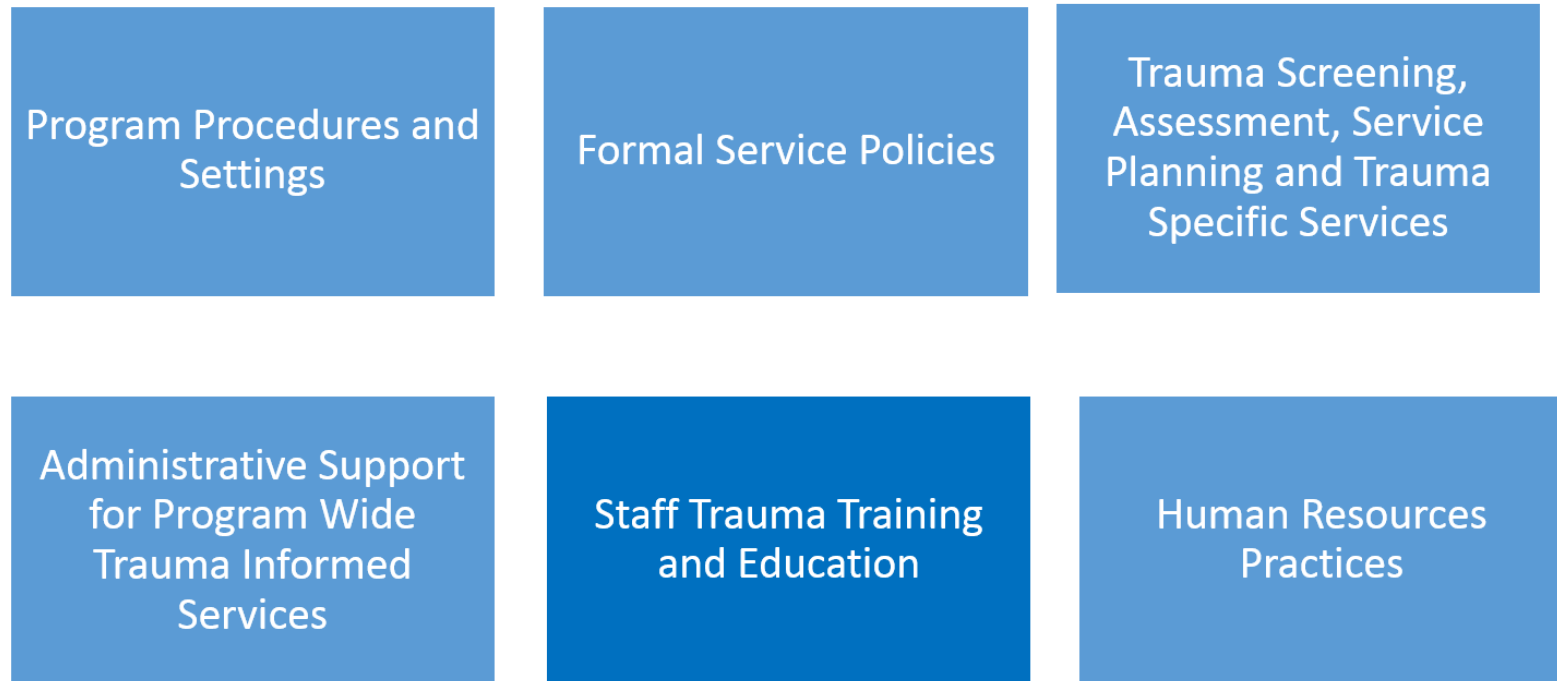
Based on Fallot & Harris (2009); Harris & Fallot (2001)

Administrative Support for Program-Wide Trauma-Informed Services

- Administrators use feedback to make recommendations that support the integration of knowledge about trauma and recovery into all program practices
- Adoption of a policy statement that refers to the importance of trauma in service delivery
- Working with a community advisory group that includes a significant trauma survivor membership



Domains of a Trauma-Informed System of Care



Based on FalLOT & Harris (2009); Harris & FalLOT (2001)

Staff Trauma Training and Education

- ALL staff have been educated on being sensitive to trauma-related dynamics and the avoidance of retraumatization
- Clinical staff have received trauma-specific training related to their job and appropriate modifications to services
- Training to non-providers: law enforcement, schools, clergy, etc.
- Programs seek to hire individuals who are knowledgeable about trauma and its effects



Domains of a Trauma-Informed System of Care



Based on Fallot & Harris (2009); Harris & Fallot (2001)

Human Resources Practices

- Seek to hire or identify among current staff "trauma champions" who:
 - Are knowledgeable about trauma and its effects
 - Communicate the importance of trauma to others
 - Support trauma-informed changes in service delivery
- Consider adding questions to staff interviews about trauma:
 - What are applicants responses to questions about abuse and violence?
 - What do applicants know about the impact and consequences of trauma?
- Consider offering incentives, bonuses, or promotions for staff and supervisors who take on important roles in trauma-related activities (e.g., specialized training, program development)

Provider Self Care

- Task variety: Balance intense trauma work with teaching, supervising, research, prevention activities, etc.
- Atmosphere of being able to speak openly about the impact of trauma work
- Help providers develop awareness of oneself, one's needs, one's limits and resources
- Support providers in setting appropriate boundaries with clients and workload



Goals...

- Reduce the harmful impact of trauma and improve the quality of life of children and their loved ones
- Increase awareness and training in Trauma-Informed Care Principles through collaboration with community partners
- Increase access to evidenced-based Trauma-Focused Services
 - Expand screening and referral practices for early identification and treatment in a timely manner
 - Provide evidence-based practices to children who experienced trauma (e.g., Trauma Focused CBT)



Conclusions

- Trauma is pervasive
- Trauma leads to many outcomes
- By building on system's strengths and needed adjustments, we can help survivors of trauma to thrive
- We need a system that accommodates the vulnerabilities of trauma survivors but also promotes wellness, resiliency, and protective factors
- Promote principles of safety, trustworthiness, choice, collaboration, & empowerment



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