

Creating Trauma Informed Systems of Care for Human Service Settings

An Overview of Fundamental Concepts

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Trauma Informed Care

Outline

- Defining Trauma & Trauma Informed Care
- Prevalence in Persons with Psychiatric Disorders
- Trauma Informed & Trauma Insensitive Systems
- T&TA for Implementing TIC Systems of Care

What is Trauma?

- Definition (*NASMHPD, 2006*)
 - The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters
- DSM IV-TR (*APA, 2000*)
 - Person's response involves intense fear, horror and helplessness
 - Extreme stress that overwhelms the person's capacity to cope

Definition of Trauma Informed Care

- Mental Health Treatment that incorporates:
 - An appreciation for the high prevalence of traumatic experiences in persons who receive mental health services
 - A thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual

(Jennings, 2004)

Prevalence of Trauma

Mental Health Population – United States

- 90% of public mental health clients in have been exposed to trauma

(Mueser et al., in press, Mueser et al., 1998)

- 51-98% of public mental health clients in have been exposed to trauma

(Goodman et al., 1997, Mueser et al., 1998)

- Most have multiple experiences of trauma

(Mueser et al., in press, Mueser et al., 1998)

- 97% of homeless women with SMI have experienced severe physical & sexual abuse – 87% experience this abuse both in childhood and adulthood

(Goodman et al., 1997)

Prevalence of Trauma

Sydney, AUSTRALIA

■ *Lifetime prevalence among homeless individuals*

- At least 1 traumatic event
 - 100% of women (n=38)
 - 90% of men (n=119)
- 58% suffered serious physical assault
- 55% witnessed injury or murder
- 50% women - history of rape
- 10% men – history of rape

■ Nearly universal in population – closely associated w/PTSD & Depression

(Buhrich & Hodder, 2000)

Prevalence of Trauma

Child Mental Health/Youth Detention Population - U.S.

- Canadian study of 187 adolescents reported 42% had PTSD
- American study of 100 adolescent inpatients; 93% had trauma histories and 32% had PTSD
- 70-90% incarcerated girls – sexual, physical, emotional abuse

(DOC, 1998, Chesney & Sheldon, 1991)

Prevalence of Trauma Substance Abuse Population – U.S.

- Up to two-thirds of men and women in SA treatment report childhood abuse & neglect
(SAMSHA CSAT, 2000)
- Study of male veterans in SA inpatient unit
 - 77% exposed to severe childhood trauma
 - 58% history of lifetime PTSD (Triffleman et al., 1995)
- 50% of women in SA treatment have history of rape or incest
(Governor's Commission on Sexual and Domestic Violence, Commonwealth of MA, 2006)

Other Critical Trauma Correlates: The Relationship of Childhood Trauma to Adult Health

- Adverse Childhood Events (ACEs) have serious health consequences
- Adoption of health risk behaviors as coping mechanisms
 - eating disorders, smoking, substance abuse, self harm, sexual promiscuity
- Severe medical conditions: heart disease, pulmonary disease, liver disease, STDs, GYN cancer
- Early Death *(Felitti et al., 1998)*

What does the prevalence data tell us?

- The majority of adults and children in psychiatric treatment settings have trauma histories
- A sizable percentage of people with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety
- A sizable percentage of adults and children in the prison or juvenile justice system have trauma histories

(Hodas, 2004, Cusack et al., Mueser et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)

What does the prevalence data tell us?

- Growing body of research on the relationship between victimization and later offending
- Many people with trauma histories have overlapping problems with mental health, addictions, physical health, and are victims or perpetrators of crime
- **Victims of trauma are found across all systems of care**

(Hodas, 2004, Cusack et al., Muesar et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)

Therefore.....

We need to presume the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating systems of care that are *trauma-informed*

(Hodas, 2005)

Trauma Informed Care Systems

Trauma Informed Care Systems

Key Principles

- Are based on current literature
- Are informed by research and evidence of effective practice
- Recognize that coercive interventions cause traumatization and re-traumatization and are to be avoided

(Fallot & Harris, 2002; Ford, 2003; Najavits, 2003)

Trauma Informed vs. Non Trauma Informed Care

- What do trauma informed care (TIC) systems look like?
- How are they different from care systems that are not informed by trauma (NTIC)?

Trauma Informed

- Recognition of high prevalence of trauma
- Recognition of primary and co-occurring trauma diagnoses
- Assess for traumatic histories & symptoms
- Recognition of culture and practices that are re-traumatizing

Non Trauma Informed

- Lack of education on trauma prevalence & “universal” precautions
- Over-diagnosis of Schizophrenia & Bipolar D., Conduct D. & singular addictions
- Cursory or no trauma assessment
- “Tradition of Toughness” valued as best care approach

Trauma Informed Non Trauma Informed

- Power/control minimized - constant attention to culture
- Caregivers/supporters – *collaboration*
- Address training needs of staff to improve knowledge & sensitivity
- Keys, security uniforms, staff demeanor, tone of voice
- Rule enforcers – *compliance*
- “Patient-blaming” as *fallback* position without training

Trauma Informed

- Staff understand function of behavior (rage, repetition-compulsion, self-injury)
- Objective, neutral language
- Transparent systems open to outside parties

Non Trauma Informed

- Behavior seen as intentionally provocative
- Labeling language: manipulative, needy, “attention-seeking”
- Closed system – advocates discouraged

(Fallot & Harris, 2002; Cook et al., 2002, Ford, 2003, Cusack et al., Jennings, 1998, Prescott, 2000)

Trauma Informed

Non Trauma Informed

Language

- Asking people how they prefer to be addressed
- Quietly making rounds and informing people of schedule
- “Let’s talk and find you something to do”
- “May I help you?”
- Calling people by first name without permission or last name w/out title
- Yelling “lunch” or “medications”
- “If I have to tell you one more time”
- “Step away from the desk”

TIC and Transformation

- Developing and implementing trauma informed systems of care are one of the first steps toward becoming *Recovery Oriented*.
- Systems of care based on control, coercion, disrespect, insidious discrimination, are violent, or use practices that shame or traumatize, greatly delay, or halt the recovery process.

Trauma informed T&TA

- Half-day, full-day, or 1.5 day training curricula available
- Target audience: senior and middle management; direct care staff
- Mental health, substance abuse, homelessness providers, DJJ, criminal justice, MRDD, foster care systems
- Includes training materials; CEU ready

Trauma informed T&TA

- Individual onsite consultations for state mental health agency staff to develop system-wide implementation plan, including statewide policy statement, facility policy and procedures, development of an implementation plan etc.

Trauma informed T&TA

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