
Trauma Informed Services

Joan Gillece, PhD; Tonier Cain; Brian Sims, MD; Kevin Huckshorn, RN, MSN; Beth Caldwell, MS; Gayle Bluebird; Steve Williams; Sandy Heuisler, and other faculty

Violence knows no boundaries with regard to age, race, ethnicity, gender, sexual orientation, economic situation, or geography. Trauma can result from experiencing or witnessing childhood physical or sexual abuse and neglect, rape, domestic violence, violent crime, disaster, war, or other emotionally destructive experiences. The National Center for Trauma Informed Care (NCTIC) provides education and technical assistance to promote a better understanding of the impact of trauma and the benefits of working with survivors in a trauma-informed setting. The Trauma Informed Care training curriculum includes the following components and can be customized.

Definition of 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

Prevalence of Trauma

- 90% of public mental health clients in have been exposed to trauma
- 51-98% of public mental health clients in have been exposed to trauma
- Most have multiple experiences of trauma
- 97% of homeless women with serious mental illnesses (SMI) have experienced severe physical & sexual abuse – 87% experience this abuse both in childhood and adulthood

- Canadian study of 187 adolescents reported 42% had Post-Traumatic Stress Disorder (PTSD)
- American study of 100 adolescent inpatients; 93% had trauma histories and 32% had PTSD
- 70-90% incarcerated girls – sexual, physical, emotional abuse
- Up to two-thirds of men and women in SA treatment report childhood abuse & neglect
- Study of male veterans in a substance abuse (SA) inpatient unit
 - 77% exposed to severe childhood trauma
 - 58% history of lifetime PTSD
 - 50% of women in SA treatment have history of rape or incest

Trauma Informed Systems Verses Non-Trauma Informed Systems

<i>Trauma-informed</i>	<i>Non-trauma informed</i>
Recognition of high prevalence of trauma	Lack of education on trauma prevalence & “universal” precautions
Recognition of primary and co-occurring trauma diagnoses	Over-diagnosis of Schizophrenia & Bipolar D., Conduct D. & singular addictions
Assess for traumatic histories & symptoms	Cursory or no-trauma assessment
Recognition of culture and practices that are re-traumatizing	“Tradition of Toughness” valued as best care approach
Power/control minimized - constant attention to culture	Keys, security uniforms, staff demeanor, tone of voice
Caregivers/supporters – collaboration	Rule enforcers – compliance
Address training needs of staff to improve knowledge & sensitivity	“Patient-blaming” as <i>fallback</i> position without training
Staff understand function of behavior (rage, repetition-compulsion, self-injury)	Behavior seen as intentionally provocative
Objective, neutral language	Labeling language: manipulative, needy, “attention-seeking”
Transparent systems open to outside parties	Closed system – advocates discouraged
Asking people how they prefer to be addressed	Calling people by first name without permission or last name w/out title
Quietly making rounds and informing people of schedule	Yelling “lunch” or “medications”
“Let’s talk and find you something to do”	“If I have to tell you one more time”
“May I help you?”	“Step away from the desk”

TIC and Transformation

- Developing and implementing trauma informed systems of care is 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.

NCTIC Provides...

- NCTIC offers free or minimal cost technical assistance and training to publicly-funded health and human service systems and programs in the United States.
- Speakers Bureau: Talented experts and survivors are available for conference speeches, workshop presentations, and media interviews to discuss what is known about the impact of trauma, and the need for trauma training within publicly-funded systems.
- Resources: NCTIC makes available state-of-the-art trauma-informed models that offer the best knowledge for change and trauma-specific interventions, including topic papers and research, links, and other materials to help educate and foster a deeper understanding of the range of impacts of trauma—and the benefits of providing Trauma-Informed Care.
- Training: NCTIC provides training for groups of 80 or more staff, consumers, family members, and others. The effects of trauma are taught, and why it is important to understand in human service settings. Participants learn to assess their work settings, and how they can make them more “trauma-sensitive.” The trainings also teaches participants ways to work with consumers by using approaches that lessen the potential for re-traumatization, aggravation, violence, or the need to use seclusion and restraint. Trainings can be from one to two days.

NCTIC technical assistance is available for mental health, substance misuse, criminal justice, victim assistance, education, hospital, primary care, and other publicly-funded systems and programs. Taking a trauma-informed approach can improve outcomes and efficacy—while increasing an organization’s bottom line. For survivors, obtaining care within trauma-informed systems represents an opportunity to explore healing in a meaningful and sustained manner (and in an environment that does not cause added trauma). From a staff perspective, the cultural shift to a trauma-informed approach means a less stressful and a more effective work environment.

