

Creating Trauma Informed Systems of Care for Human Service Settings

Trauma Informed Care

*An Overview
of Fundamental Concepts*

Trauma Informed Care

Outline

- Defining Trauma & Trauma Informed Care
- Prevalence & Implications
- Trauma Informed & Trauma Insensitive Systems
- Organizational Commitment

What is Trauma?

- Definition (NASMHPD, 2005):
 - The personal experience of interpersonal violence including sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence, terrorism, and disasters.

Types of trauma resulting in serious and persistent mental health problems:

- Are *usually* not a “single blow” event e.g. rape, natural disaster
- Are interpersonal in nature: intentional, prolonged, repeated, severe
- Occur in childhood and adolescence and may extend over an individual’s life span

(Terr, 1991; Giller, 1999)

Definition of Trauma Informed Care

Services that are directed by:

- ✓ a thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual and
- ✓ an appreciation for the high prevalence of traumatic experiences in persons who receive mental health services

(Jennings, 2004)

Prevalence of Trauma & Implications

Exposure to Trauma

General Population

- Until recently, trauma exposure was thought to be unilaterally rare (combat violence, disaster trauma) *(Kessler et al., 1995)*
- Recent research has changed this. Studies done in the last decade indicate that trauma exposure is common even in the middle class *(Ibid)*
- 56% of an adult sample reported at least one event *(Ibid)*

Prevalence of Trauma Mental Health Population

- 90% of public mental health clients have been exposed
(Mueser et al., 2004; Mueser et al., 1998)
- Most have multiple experiences of trauma
(Ibid)
- 34-53% report childhood sexual or physical abuse
(Kessler et al., 1995; MHA NY & NYOMH, 1995)
- 43-81% report some type of victimization
(Ibid)

Prevalence of Trauma Mental Health Population

- 97 % of homeless women with SMI have experienced severe physical and sexual abuse - 87% experience this abuse both as child and adult *(Goodman et al., 1997)*
- Current rates of PTSD in people with SMI range from 29-43% *(CMHS/HRANE, 1995; Jennings & Ralph, 1997)*
- Epidemic among population in public mental health system *(Ibid)*

Trauma and Psychiatric Disorders among Children in Mental Health Settings

- A Canadian study of 187 adolescents reported that 42% had PTSD *(Saxe, 2004)*
- Adolescent Inpatients; 93% reported a history of trauma and 32% had “severe” symptoms of PTSD *(Lipschitz et al., 1999)*
- Children with PTSD have twice as many comorbid psychiatric disorders and score higher on depression, dissociation, and suicidal scales *(Lipschitz et al., 1999)*

Experience of Trauma in Youth Involved in the Justice System

- Childhood abuse or neglect increases the likelihood of arrest as a juvenile by 53% and as a young adult by 38% - the likelihood of arrest for a violent crime also increases by 38% *(NASMHPD/NTAC, 2004)*
- Prevalence of PTSD in DJJ populations is 8 times as high as a community sample of similar peers *(Wolpaw and Ford, 2004)*
- Among a sample of juvenile detainees more males (93%) than females (84%) reported experiencing trauma; however, more females met PTSD criteria (18% females vs. 11% males) *(Abram et al, 2004)*

National Child Traumatic Stress Network (NCTSN)

NCTSN's Subcommittee on Juvenile Justice working group reported the following:

- Boys in the juvenile justice system report trauma in the form of witnessing violence - girls are likely to report being the victim of violence *(Steiner et al., 1997)*
- 74% of juvenile justice involved females report being hurt or in danger of being hurt; 60% reported being raped or in danger of being raped; 76% reported witnessing someone being severely injured or killed *(Cauffman, 1998)*
- Childhood abuse and/or neglect increases the risk of promiscuity, prostitution, and pregnancy *(Wisdon and Kuhns, 1996)*

Prevalence of Trauma

- A majority of adult and children in inpatient psychiatric treatment settings have trauma histories

(Cusack et al.; Mueser et al., 1998; Lipschitz et. Al, 1999, NASMHPD, 1998)

“Many providers may assume that abuse experiences are additional problems for the person, rather than the central problem...”

(Hodas, 2004)

Impact of Trauma over the Life Span

- Effects are neurological, biological, psychological and social in nature, including:
 - Changes in brain neurobiology
 - Social, emotional & cognitive impairment
 - Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence)
 - Severe and persistent behavioral health, health and social problems, and early death

Adverse Childhood Experiences Study

The ACE study identifies adverse childhood experiences as growing up (prior to 18 years of age) in a household with: recurrent physical abuse, recurrent emotional and/or sexual abuse, an alcohol abuser, an incarcerated household member, someone who is chronically depressed, suicidal institutionalized or mentally ill, mother being treated violently ,one or no parents , emotional or physical neglect.

(Felitti et al. 1998)

Trauma Informed Care Systems

Trauma Informed Care Systems

Key Principles

- Integrate philosophies of care that guide all clinical interventions
- Are based on current literature
- Are inclusive of the survivor's perspective
- 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 Care Systems

Key Features

- Recognition of the high rates of PTSD and other psychiatric disorders related to trauma exposure in children and adults with SMI/SED
- Early and thoughtful diagnostic evaluation with focused consideration of trauma in people with complicated, treatment-resistant illness

(Fallot & Harris, 2002; Cook et al., 2002; Ford, 2003; Cusack et al, 2003.)

Trauma Informed Care Systems

Key Features

- Recognition that service environments are often traumatizing, both overtly and covertly
- Recognition that the majority of staff are uninformed about trauma and its sequelae, do not recognize it, and do not treat it

Trauma Informed Care Systems

Key Features

- Valuing the individual in all aspects of care
- Neutral, objective and supportive language
- Individually flexible plans and approaches
- Avoid shaming or humiliation at all times

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

Trauma Informed Care Systems

Key Features

- Awareness/training on re-traumatizing practices
- Institutions that are open to outside parties: advocacy and clinical consultants
- Training and supervision in assessment and treatment of people with trauma histories

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

Trauma Informed Care Systems

Key Features

- Focusing on what happened to you in place of what is wrong with you *(Bloom, 2002)*
- Asking questions about current abuse
 - Addressing the current risk and developing a safety plan for discharge
- One person sensitively asking the questions
- Noting that people who are psychotic and delusional can respond reliably to trauma assessments if questions are asked appropriately *(Rosenburg, 2001)*

Universal Precautions as a Core Trauma Informed Concept

*Presume that every person in a
treatment setting has been
exposed to abuse, violence,
neglect or other traumatic
experiences.*

Recognizing Care Systems That Lack Trauma Sensitivity

Systems without Trauma Sensitivity

- Individuals are labeled & pathologized as manipulative, needy, attention-seeking
- Misuse or overuse of displays of power - keys, security, demeanor
- Culture of secrecy - no advocates, poor monitoring of staff
- Staff believe key role are as rule enforcers

Systems without Trauma Sensitivity

- Little use of least restrictive alternatives other than medication
- Institutions that emphasize “compliance” rather than collaboration
- Institutions that disempower and devalue staff who then “pass on” that disrespect to service recipients.

(Fallot & Harris, 2002)

Systems without Trauma Sensitivity Related Characteristics

- High rates of staff and recipient assault and injury
- Lower treatment adherence
- High rates of adult, child/family complaints
- Higher rates of staff turnover and low morale
- Longer lengths of stay/increase in recidivism

(Fallot & Harris, 2002; Massachusetts DMH, 2001; Huckshorn, 2001)

Organizational Commitment to Trauma Informed Care

Organizational Commitment to Trauma Informed Care

- Adoption of a trauma informed policy to include:
 - commitment to appropriately assess trauma
 - avoidance of re-traumatizing practices
- Key administrators get on board
- Resources available for system modifications and performance improvement processes
- Education of staff is prioritized

(Fallot & Harris, 2002; Cook et al., 2002)

Organizational Commitment to Trauma Informed Care

- Unit staff can access expert trauma consultation
- Unit staff can access trauma-specific treatment if indicated

(Fallot & Harris, 2002; Cook et al., 2002)

Organizational Commitment to Trauma Informed Care

- Assessment data informs treatment planning in daily clinical work
- Advance directives, safety plans and de-escalation preferences are communicated and used
- Power & Control are minimized by attending constantly to unit culture

(Fallot & Harris, 2002; Cook et al., 2002)

Core Elements in Most Effective Treatment Programs

- Memory identification, processing and regulation
- Anxiety management
- Identification and alteration of maladaptive cognitions
- Interpersonal communication and social problem solving
- Direct intervention in the home/community
- Appropriate use of medication

(Hodas, 2004)

SUMMARY/TAKE HOME

- Train/Supervise Staff in Prevalence, Impact, Treatment Philosophy, and Interventions
- Thorough and Sensitive Trauma Assessments
- Organizational Culture: Physical, Treatment & Support Environments Infused with Recovery Focus (e.g., Respect/Kindness/Collaboration & Empowerment/Hope)