



Behavioral Health is Essential To Health



Prevention Works





Treatment is Effective



People Recover

Disclaimer

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SAMHSA's Trauma-Informed Approach: Key Assumptions and Principles





Section 1 Understanding Trauma

Learning Objectives

Shared understanding

Identification of trauma

Awareness of prevalence



Things to Remember



Underlying question =

"What happened to you?"

Symptoms =

Adaptations to traumatic events

Healing happens

In relationships

Video: Power of Empathy



What is Trauma?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

The Three E's in Trauma

Events

Experience

Effects

Events/circumstances cause trauma.

An individual's experience of the event determines whether it is traumatic.

Effects of trauma include adverse physical, social, emotional, or spiritual consequences.



Potential Traumatic Events

Abuse

- Emotional
- Sexual
- Physical
- Domestic violence
- Witnessing violence
- Bullying
- Cyberbulling
- Institutional

Loss

- Death
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism
- War

Chronic Stressors

- Poverty
- Racism
- Invasive medical procedure
- Community trauma
- Historical trauma
- Family member with substance use disorder



Experience of Trauma

Experience of trauma affected by:

How

When

Where

How Often



Experience, cont.

Context, expectations, and meaning

Threat to life, bodily integrity, or sanity

Interventions

Humiliation, betrayal, or silencing

Subconscious or unrecognized



Discussion Question

How can the same event be traumatic for one person and not for another?

Effect of Trauma



The effect of trauma on an individual can be conceptualized as a normal response to an abnormal situation.



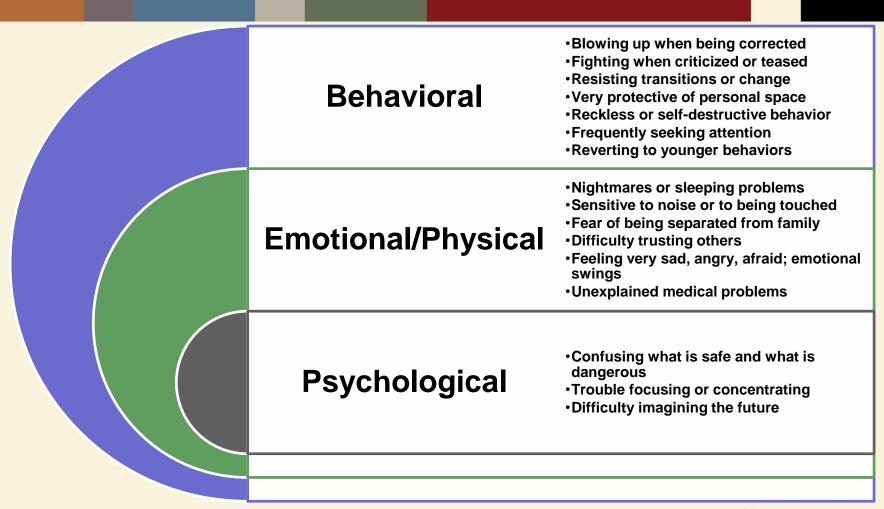
Effect, cont.

Trauma can...

- Cause short and long-term effects
- Affect coping responses, relationships, or developmental tasks
- Impact physiological responses, well-being, social relationships, and/or spiritual beliefs



Signs of Trauma Responses





Additional Signs of Trauma

Flashbacks or frequent nightmares

Sensitivity to noise or to being touched

Always expecting something bad to happen

Not remembering periods of your life

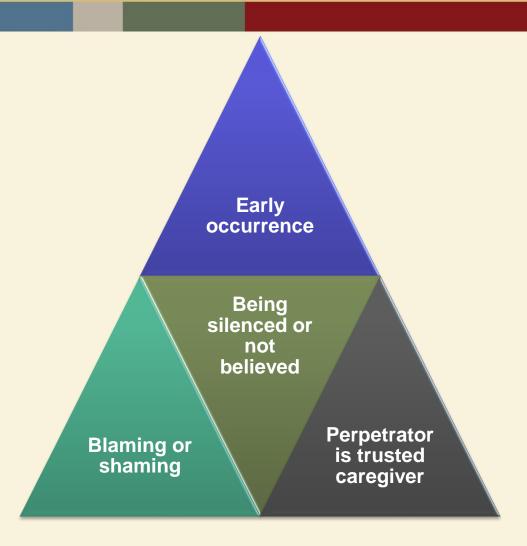
Feeling emotionally numb

Lack of concentration; irritability

Excessive watchfulness, anxiety, anger, shame or sadness



Factors Increasing Impact





Adverse Childhood Experiences (ACEs) Affect Adult Health

ACEs have serious health consequences for adults:

- Adoption of health risk behaviors as coping mechanisms (e.g., eating disorders, smoking, substance abuse, self-harm, sexual promiscuity)
- Severe medical conditions (e.g., heart disease, pulmonary disease, liver disease, STDs, gynecologic cancer)
- Early death



ACE Questions:

While you were growing up, during your first 18 years of life:

- 1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt?
- 2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? Or Ever hit you so hard that you had marks or were injured?
- 3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? Or Attempt or actually have oral, anal, or vaginal intercourse with you?
- 4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other?



ACE Questions: cont.

- 5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
- 6. Were your parents ever separated or divorced?
- 7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
- 8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
- 9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
- 10. Did a household member go to prison?



The ACE Study

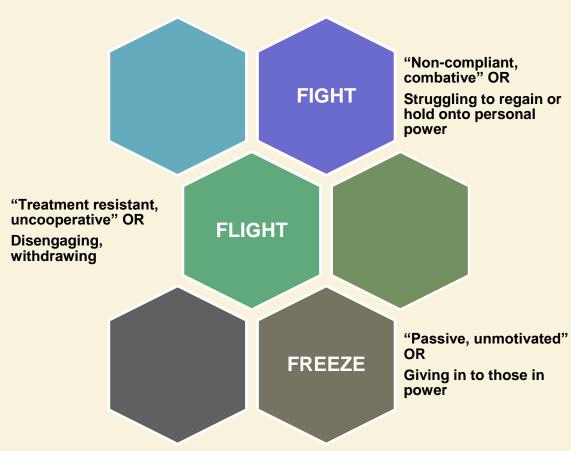
"Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might heroin be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?"

(Felitti et al, 1998)





Problems OR Adaptations?





Trauma Prevalence in Children

71%

Children exposed to violence each year (Finklehor, et al, 2013)

3 million

Children maltreated or neglected each year (Child Welfare Info.

Gateway, 2013)

3.5-10 million

Witness violence against their mother each year (Child Witness to **Violence Project,**

2013)

1 in 4 girls & 1 in 6 boys

Sexually abused before adulthood (NCTSN Fact Sheet, 2009)

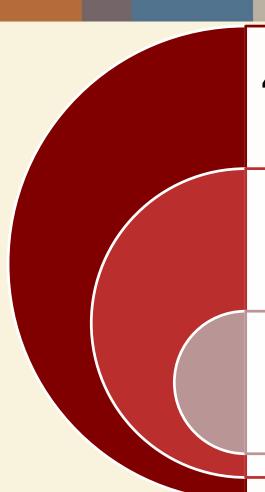
94% Children in a study of juvenile justice settings who have experienced trauma

(Rosenberg, et al,

2014)



Prevalence (Children), cont.



40-80% of school-age children experience bullying

(Graham, 2013)

75-93% of youth entering the juvenile justice system have experienced trauma

(Justice Policy Institute, 2010)

92% of youth in residential and 77% in non-residential mental health treatment report multiple traumatic events

(NCTSN, 2011)



Trauma in Adults: Mental Health

84%+

Adult mental health clients with histories of trauma

(Meuser et al, 2004)

50% of female & 25% of male clients

Experienced sexual assault in adulthood

(Read et al, 2008)



Trauma in Adults: Mental Health, cont.

Clients with histories of childhood abuse

- Earlier first admissions
- More frequent and longer hospital stays
- More time in seclusion or restraint
- Greater likelihood of self-injury or suicide attempt
- More medication use
- More severe symptoms (Read et al, 2005)



Trauma in Adults: Substance Abuse

Up to 65% of all clients in substance abuse treatment report childhood abuse

(SAMHSA, 2013)

Up to 75% of women in substance abuse treatment report trauma histories

(SAMHSA, 2009)



Trauma in Adults: Substance Abuse, cont.

Over 92% of homeless mothers have severe trauma histories. They have twice the rate of drug and alcohol dependence as those without

(SAMHSA 2011)

Almost 1/3 of all veterans seeking treatment for a substance use disorder have PTSD

(National Center for PTSD)



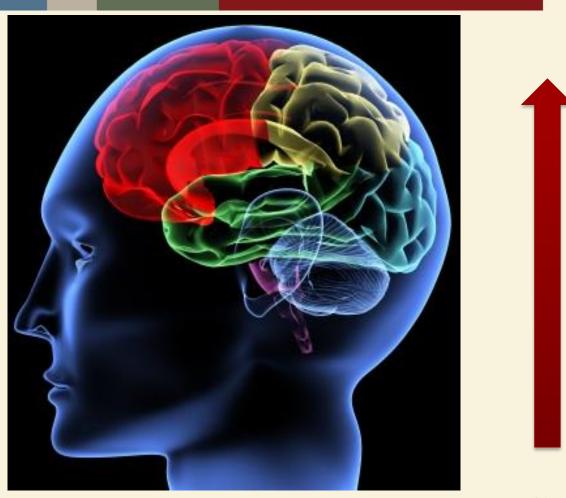
How Trauma Affects the Brain

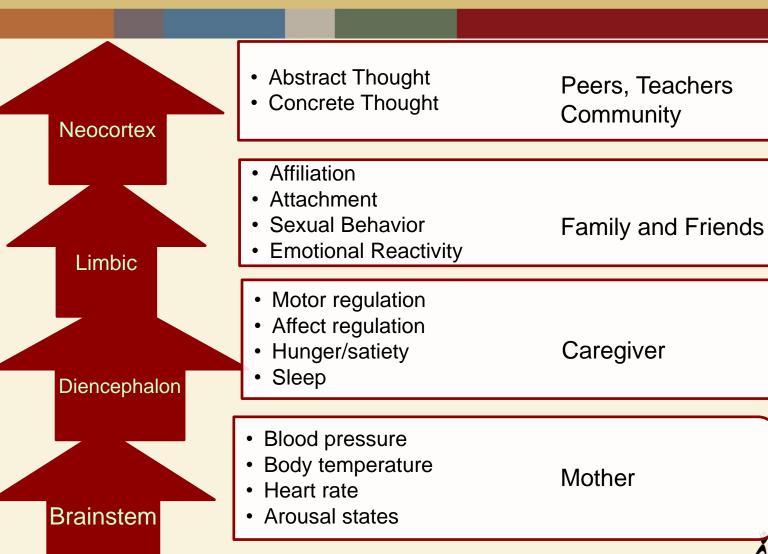


- Experiences Build Brain Architecture
- Serve & Return Interaction
 Shapes Brain Circuitry
- Toxic Stress Derails
 Healthy Development

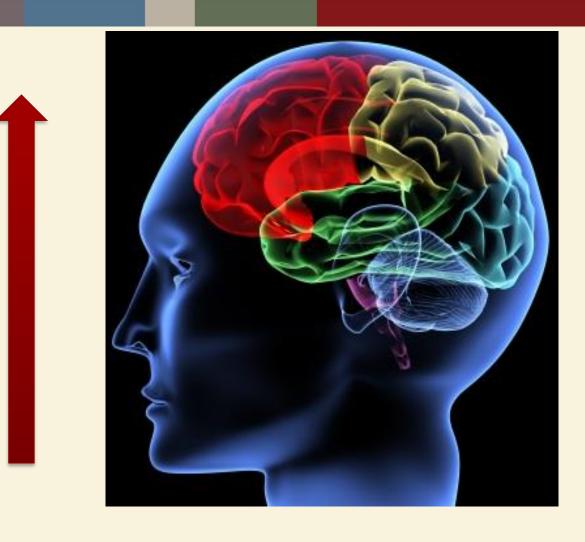


Brain Development

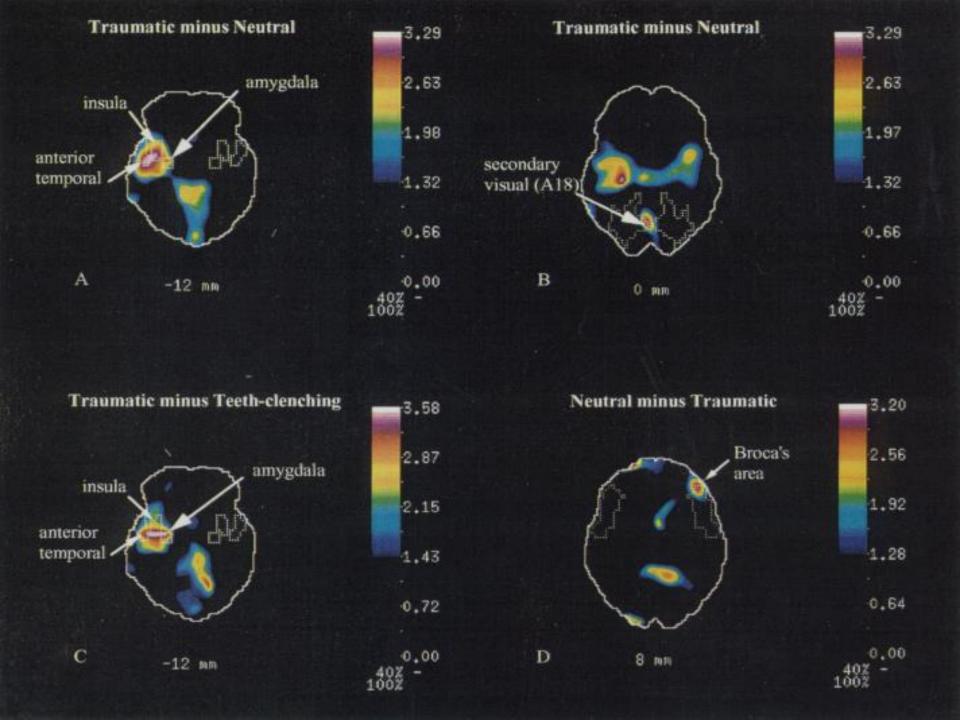




Bottom Up Reactions to Fear







Discussion Question

What makes something traumatic?





Section 2 Trauma-Informed Approaches

Learning Objectives

Explain why trauma-informed programs operate with the universal expectation that trauma has occurred

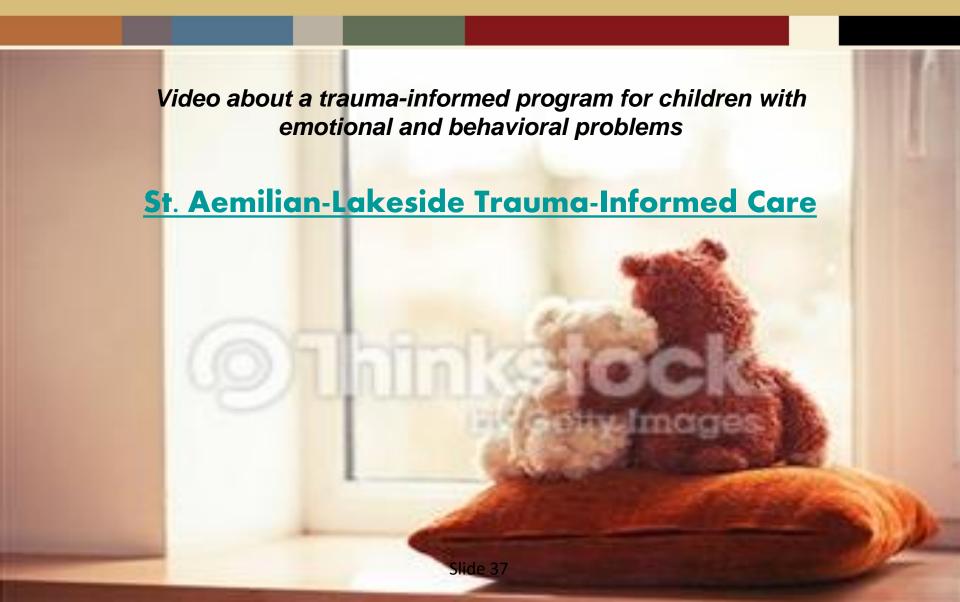
Understand or discuss systems of adaptation

Describe why the environment is so important in trauma-informed approaches

Define retraumatization and name at least two ways it can happen in a work setting



St. Aemilian-Lakeside



The Four R's

A trauma-informed program, organization, or system:

Realizes

 Realizes widespread impact of trauma and understands potential paths for recovery

Recognizes

 Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

Responds

 Responds by fully integrating knowledge about trauma into policies, procedures, and practices

Resists

Seeks to actively Resist re-traumatization.



Section 3

Principles of Trauma-Informed Approaches

SAMHSA's Principles

Six principles that guide a trauma-informed change process

Developed by national experts, including trauma survivors

Goal: Establish common language/framework

Values-based

A way of being

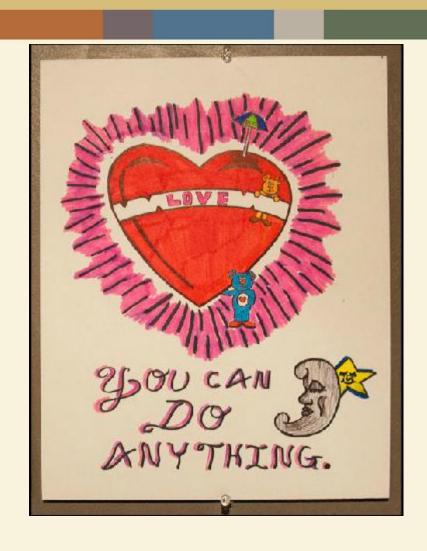


SAMHSA's Six Key Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Issues



Principle 1: Safety



Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe.

Video: <u>Leah Harris</u>



Who Defines Safety?

For people who use services:

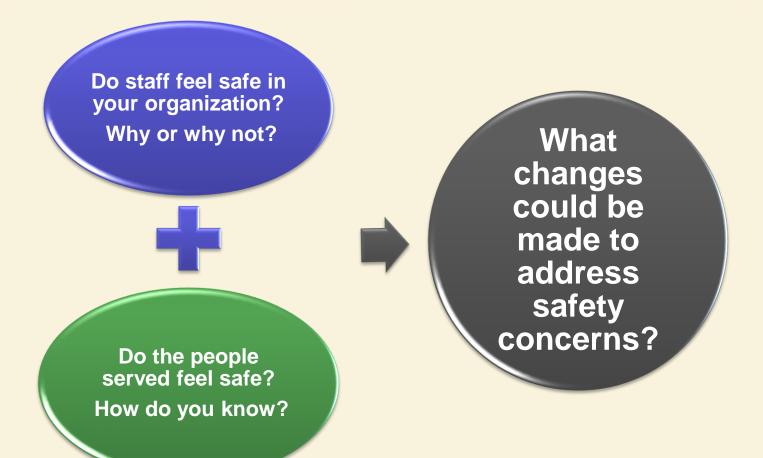
"Safety" generally means maximizing control over their own lives

For providers:

"Safety" generally means maximizing control over the service environment and minimizing risk

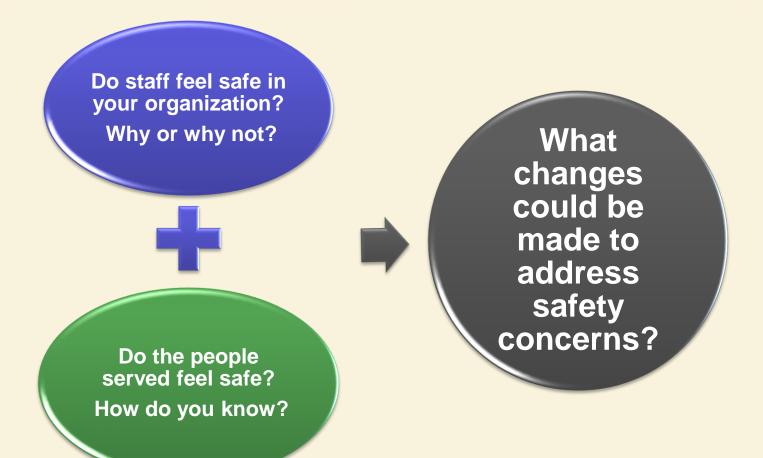


Discussion





Discussion





Principle 2: Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.



Examples of Trustworthiness



- Making sure people really understand their options
- Being authentic
- Directly addressing limits to confidentiality



Discussion

How can we promote trust throughout the organization?

Do the people served trust staff? How do you know?

What changes could be made to address trust concerns?



Principle 3: Peer Support



Peer support and mutual selfhelp are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.

Video: Cicely Spencer



Examples of Peer Support

Peer support = A flexible approach to building mutual, healing relationships among equals, based on core values and principles:

Voluntary Non-judgmental Respectful Reciprocal Empathetic

Discussion

Does your organization offer access to peer support for the people who use your services? If so, how?

What barriers are there to implementing peer support in your organization?



Does your organization offer peer support for staff?



Principle 4: Collaboration and Mutuality

Partnering and leveling of power differences between staff and clients and among organizational staff from direct care to administrators; demonstrates that healing happens in relationships, and in the meaningful sharing of power and decision-making.

Everyone has a role to play; one does not have to be a therapist to be therapeutic.

Video: William Kellibrew



Examples of Collaboration

"There are no static roles of 'helper' and 'helpee'—reciprocity is the key to building natural community connections."—*Shery Mead*

Hospital abolished special parking privileges and opened the "Doctor's Only" lounge to others

Models of self-directed recovery where professionals facilitate but do not direct

Direct care staff and residents in a forensic facility are involved in every task force and committee and are recognized for their valuable input



Discussion

Can you think of examples from your agency of true partnership between staff and people served?

What about partnership between top-level administrators and line staff?

Can you think of changes that would significantly decrease the power differentials in your agency?



Principle 5: Empowerment, Voice, and Choice



Individuals' strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed.

The organization fosters a belief in resilience.

Clients are supported in developing selfadvocacy skill and self-empowerment

Video: GAINS Center Interview Video

Video: Mike Skinner



Examples



Asking at intake: "What do you bring to the community?"

Treatment activities designed and led by hospital residents

Murals on walls painted by staff and residents

Turning "problems" into strengths



Discussion Question

How can you use your clients' strengths?



Discussion



 Can you think of examples from your work setting of empowerment, voice and choice for people served?

What about for staff?

Can you think of policies or practices that do the opposite—that take voice, choice, and decision-making away? Could any of these things be changed?



Principle 6: Cultural, Historical, and Gender Issues



The organization actively moves past cultural stereotypes and biases, offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Video: William Kellibrew



Examples: A Place of Healing



Recognizing that most immates are trauma survivors and many common prison routines can re-traumatize women, the Women's Community Correctional Center of Hawaii, under the leadership of Warden Mark Kawika Paterson.

works to create 'a place of healing and forgiveness' through its TraumaInformed Care Initiative (TICI).

TICI is a unique collaboration among the facility administration, staff, and immates; community nonprofits; state and federal agencies; collectors and repeatables; in

staff, and immates; community nonprofits; state and federal agencies; educators and researchers; and volunteers from churches and civic groups.

Reducing the use of restraints and isolation has been a focus of the training and activities of TiCL since

isolation in Societies of TICI, since these interventions are likely to re-traumatize women who are trauma survivors and cause trauma responses in women who had not previously experienced trauma.

With a focus on educating staff,

inmates, community partners, and the public about the value of trauma-informed environments and practices in healing, TICI creates opportunities for women to "live a forgiven life."

law-breaking was pu someone who broke of to make his or her was would receive sanctu performed a ritual the person of blame, whi law-breaker to return

Creating A Place Of Healing and Forgiveness:

The Trauma-Informed Care Initiative at the Women's Community Correctional Center of Hawaii

A group of women in green work clothes poses for the camera, smiling broadly, proudly displaying a sk-foot wreath they orthold from flowers and foling grown on the grounds. Nearby, women tend rows of flydroponic stade green and herbs grown for the facility's kitchen, while others clear broad by a runking stream. In the welding shop, an artist works on a large sculpture of an orchid. Women living in on open unit whose walls are painted brightly with tropical brisk and flowers prepare for their jobs in the community and walk largether to the bus stop beyond the main gate. Across the yard, unthers and their young children play and pionic in a grassy yard or under a partition constructed by community volunters; child care workers offer perenning tips:

These activities may seem unusual on the grounds of a correctional facility, but they are consistent with the mission that Warden Mark Kawika Patteson has pursued at the Women's Community Correctional Center of Hawaii (WCCO) since his arrival there as warden in 2006: To create a place where incarcerated women can live a forgiven life; a place of healing and

where incarcerated women can live a forgiven life; a place of healing and transformation.

The WCCC has taken a community building approach to culture change at

woman of Hawaiian/part-Hawaiian ethnicity (40%)

is likely to report childhood and sexual victimization (60%)

is likely serving time for either.

and resume their life. The spirit of

pu'uhonua - the opportunity to heal and

live a forgiven life - informs the vision

that is changing the environment for

both incarcerated women and staff at

is more likely than the general

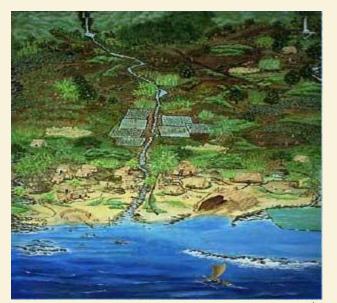
An inmate at WCCC:

the facility within a trauma-informed framework. Warden Patterson was impried by the Havaian concept of the pu' thomas, a place of onfess, analom, peace, and safety. Un system of laws knows



Hawaii women's prison builds a traumainformed culture based on the Hawaiian concept of *pu`uhonua*, a place of refuge, asylum, peace, and safety.

Video: TEDx Talk by Warden Mark Patterson





Section 4

SAMHSA's Guidance for Implementation

Learning Objectives

Describe why change is required at multiple levels of an organization

Identify the organizational domains involved in creating a trauma-informed organization



Think of the six SAMHSA Principles as "goals" and the 10 SAMHSA Domains as the "interventions" – or ways you will achieve your goals.



SAMHSA's 10 Domains

Governance and leadership

Policy

Physical environment

Engagement and involvement

Cross-sector collaboration

Screening, assessment and treatment

Training and workforce development

Progress monitoring and quality assurance

Financing

Evaluation



Governance and Leadership



- How does agency leadership communicate its support and guidance for implementing a trauma-informed approach?
- How do the agency's mission statement and/or written policies and procedures include a commitment to providing traumainformed services and supports?
- How do leadership and governance structures demonstrate support for the voice and participation of people using services who have trauma histories?



Policy

How do written policies and procedures:

How do staffing policies demonstrate a commitment to staff training on providing services / supports as part of staff orientation and in-service training that are:

Include a focus on trauma and issues of safety and confidentiality?

Culturally relevant?

Recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization and promoting well-being and recovery?

Trauma-informed?



Policy, cont.

How do human resources policies attend to the impact of working with people who have experienced trauma?

What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in *meaningful and significant roles* in agency planning, governance, policy-making, services, and evaluation?



Physical Environment of the Organization

How does the physical environment:

Promote a sense of safety, calming, and deescalation for clients and staff?

In what ways do staff members:

Recognize and address aspects of the physical environment that may be re-traumatizing?

Work with people on developing strategies to deal with this?

How has the agency:

Provided space that both staff and people receiving services can use to practice selfcare?

Developed mechanisms to address gender-related physical and emotional safety concerns (e.g., genderspecific spaces and activities)



Physical Environment, cont.







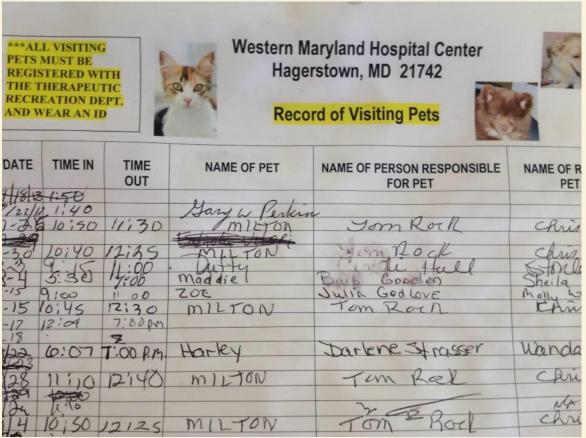








Healing Power of Pets



Engagement & Involvement

How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services?

How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have a difficulty processing information?



Engagement & Involvement, cont.

How are transparency and trust among staff and clients promoted?

What strategies are used to reduce the sense of power differentials among staff and clients?

How do staff members help people to identify strategies that contribute to feeling comforted and empowered?



Cross-Sector Collaboration

Is there a
system of
communication
in place with
other partner
agencies
working with
the individual
receiving
services for
making traumainformed
decisions?

Are collaborative partners trauma-informed?

How does the organization identify community providers and referral agencies that have experience delivering evidence-based trauma services?

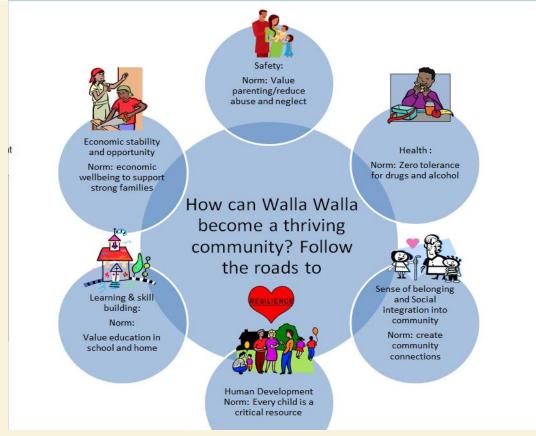
What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?



Children's Resilience Initiative









Screening, Assessment, and Treatment Services

Is an individual's own definition of emotional safety included in treatment plans?

Is timely trauma-informed screening and assessment available and accessible to individuals receiving services?

Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services?



Trauma-Specific Interventions

Designed to directly address the behavioral health consequences of trauma

Often manualized to ensure fidelity to an established model

Usually delivered by professional staff who have received extensive training in the program model

Traumaspecific interventions



Screening, Assessment, and Treatment Services, cont.

How are peer supports integrated into the service delivery approach?

How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment?

For instance, are genderspecific trauma services and supports available for both men and women?

Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding?

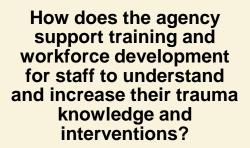
How are these trauma-specific practices incorporated into the organization's ongoing operations?



Training and Workforce Development

How does the agency address emotional stress that can arise when working with individuals who have had traumatic experiences?

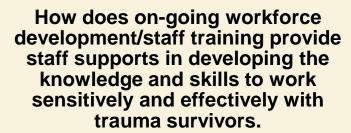
How does the agency ensure that all staff receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions?





Training and Workforce Development, cont. (2)

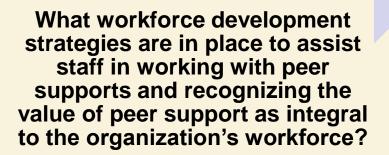
How does workforce
development/staff training address
the ways identity, culture,
community, and oppression can
affect a person's experience of
trauma, access to supports and
resources, and opportunities for
safety?





Training and Workforce Development, cont. (3)

What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work?





Progress Monitoring and Quality Assurance

Is there a system in place that monitors the agency's progress in being trauma-informed?

Does the agency solicit feedback from both staff and individuals receiving services?

What strategies and processes does the agency use to evaluate whether staff members feel safe and valued at the agency?



Progress Monitoring and Quality Assurance, cont.

How does the agency incorporate attention to culture and trauma in agency operations and quality improvement processes?

What mechanisms are in place for information collected to be incorporated into the agency's quality assurance processes?

How well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?



Financing

How does the agency's budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development? What funding exists for cross-sector training on trauma and trauma-informed approaches? What funding exists for peer specialists? How does the budget support provision of a safe physical environment?



Evaluation

How does the agency conduct a trauma-informed organizational assessment or have measures or indicators that show their level of trauma-informed approach?

How does the perspective of people who have experienced trauma inform the agency performance beyond consumer satisfaction survey?



Evaluation, cont.

What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality?

What measures or indicators are used to assess the organization's progress in becoming traumainformed?



Building Adult Capabilities to Improve Child Outcomes: A Theory of Change

Video: Developing Capabilities



Section 5 Healing and Recovery

Learning Objectives

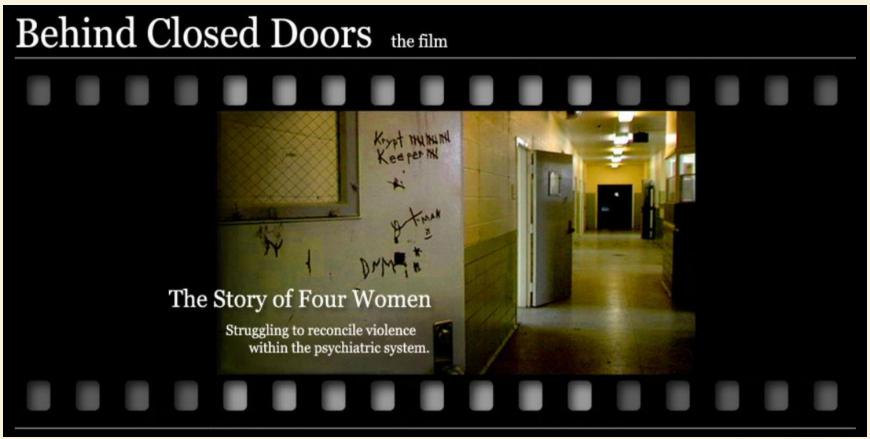
Describe the effects of trauma on the lives of those served in the community and across systems.

Think about what our system can do differently to enable healing to take place.

Reflect on changes needed to implement trauma informed approaches to focus on healing.



Behind Closed Doors



Video: Behind Closed Doors

SAMHSA's Definition of Recovery



Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.



What will you do differently tomorrow, based on what you learned today?

