

# **SAMHSA's Trauma-Informed Approach: Key Assumptions & Principles TA DRAFT Document**

Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services



***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

# Disclaimer

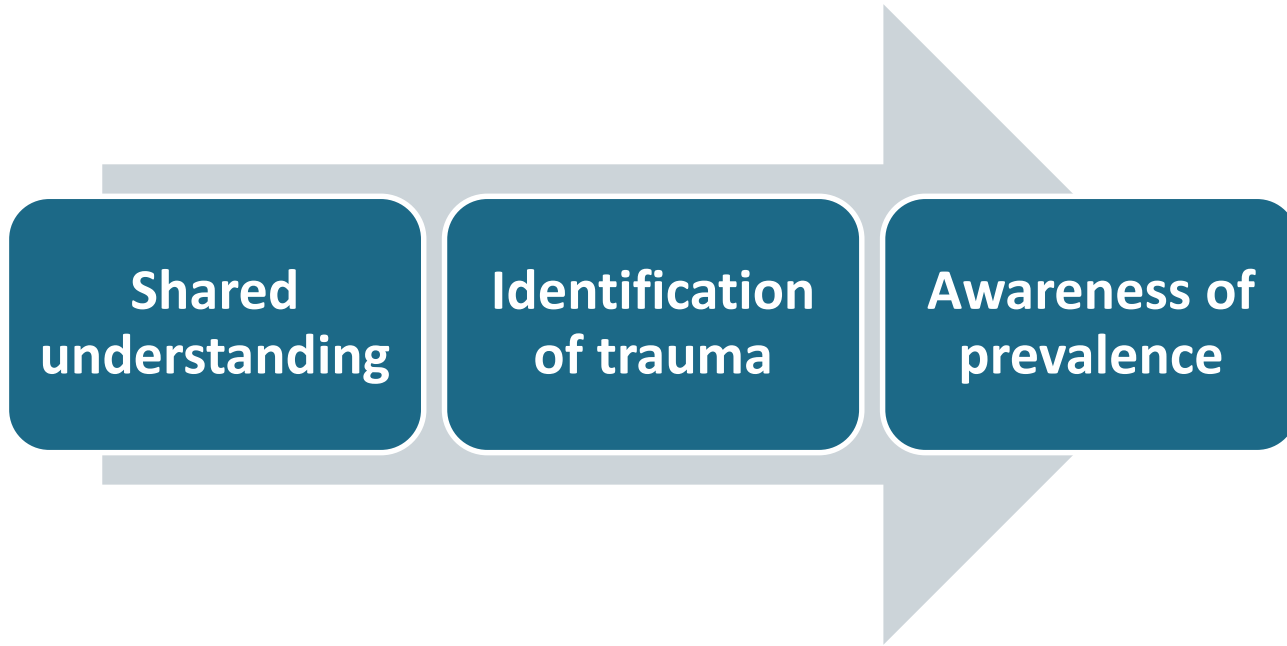
The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS) or the Center for Substance Abuse Treatment (CSAT), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



## SECTION: 1

# Understanding Trauma?

# Learning Objectives



# Things to Remember



Underlying  
question =

“What  
happened to  
you?”

Symptoms =

Adaptations  
to traumatic  
events

Healing  
happens

In  
relationships

# 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 Es in Trauma

Events

*Events/circumstances*  
cause trauma.

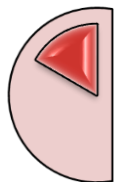
Experience

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

Effects

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

# Potential Traumatic Events



## Abuse

*Emotional*  
*Sexual*  
*Physical*  
*Domestic violence*  
*Witnessing violence*  
*Bullying*  
*Cyberbullying*  
*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 affected by:

**How**

**When**

**Where**

**How  
Often**

# 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 (con.)

- 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



## Behavioral

- Blowing up when being corrected
- Fighting when criticized or teased
- Resisting transitions or change
- Very protective of personal space
- Reckless or self-destructive behavior
- Frequently seeking attention
- Reverting to younger behaviors



## Emotional/Physical

- Nightmares or sleeping problems
- Sensitive to noise or to being touched
- Fear of being separated from family
- Difficulty trusting others
- Feeling very sad, angry, afraid; emotional swings
- Unexplained medical problems



## Psychological

- Confusing what is safe and what is dangerous
- Trouble focusing or concentrating
- Difficulty imagining the future

# Additional Signs of Trauma

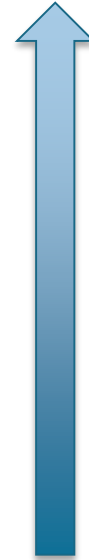
- Flashbacks or frequent nightmares
- Sensitivity to noise or to being touched
- Always expecting something bad to happen
- Not remembering periods of your life
- Feeling emotionally numb
- Lack of concentration; irritability
- Excessive watchfulness, anxiety, anger, shame, or sadness

# How Trauma Affects the Brain



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

# Brain Development



- **Brainstem**

- Blood pressure
- Body temperature
- Heart rate
- Arousal states



Peers, Teachers  
Community

- **Diencephalon**

- Motor regulation
- Affect regulation
- Hunger/satiety
- Sleep



Family and Friends

- **Limbic**

- Affiliation
- Attachment
- Sexual Behavior
- Emotional Reactivity



Caregiver

- **Neocortex**

- Abstract Thought
- Concrete Thought



Mother

# Bottom Up Reactions to Fear



# Problems OR Adaptations?

## **FIGHT**

- “Non-compliant, combative” OR
- Struggling to regain or hold onto personal power

## **FLIGHT**

- “Treatment resistant, uncooperative” OR
- Disengaging, withdrawing

## **FREEZE**

- “Passive, unmotivated” OR
- Giving in to those in power

# 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**

# 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)



# Trauma Prevalence in Children

**71%**

Number of children who are exposed to violence each year

(Finklehor, et al, 2013)

**3 million**

Number of children maltreated or neglected each year

(Child Welfare Info. Gateway, 2013)

**3.5-10 million**

Children witness violence against their mother each year

(Child Witness to Violence Project, 2013)

**1 in 4 girls & 1 in 6 boys**

Number who are sexually abused before adulthood

(NCTSN Fact Sheet, 2009)

**94%**

Percentage of children in a study of juvenile justice settings who have experienced trauma

(Rosenberg, et al, 2014)

# Prevalence (Children) (con.)



**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 (con.)



## 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 (con.)

**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)

# Discussion Question

What makes something traumatic?





## Section 2: Principles of Trauma-Informed Approaches

# Learning Objectives

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

**Explain each of SAMHSA's principles and why it is important**

**Give positive examples of the implementation of each principle**

**Name at least 3 changes that would make your own work setting more trauma-informed**



# St. Aemilian-Lakeside

*Video about a trauma-informed program for children with emotional and behavioral problems*

## St. Aemilian-Lakeside Trauma-Informed Care

# The Four Rs

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.

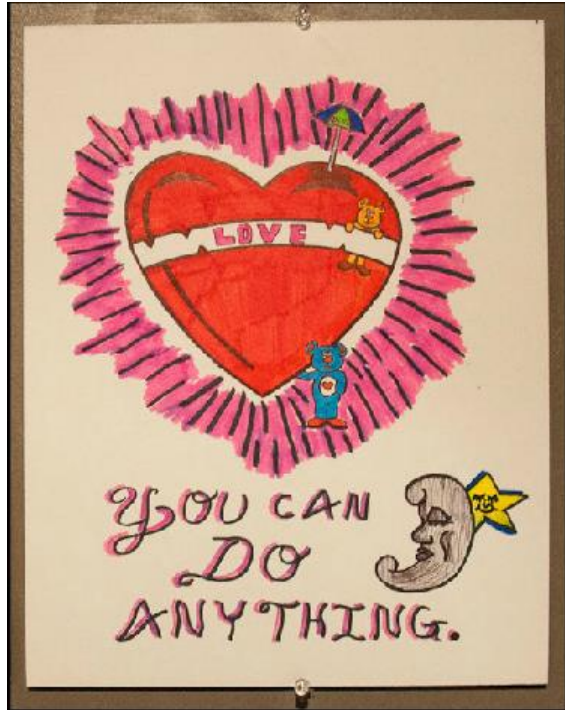
# SAMHSA's Principles

- 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: [Leah Harris](#)

# Who Defines Safety?

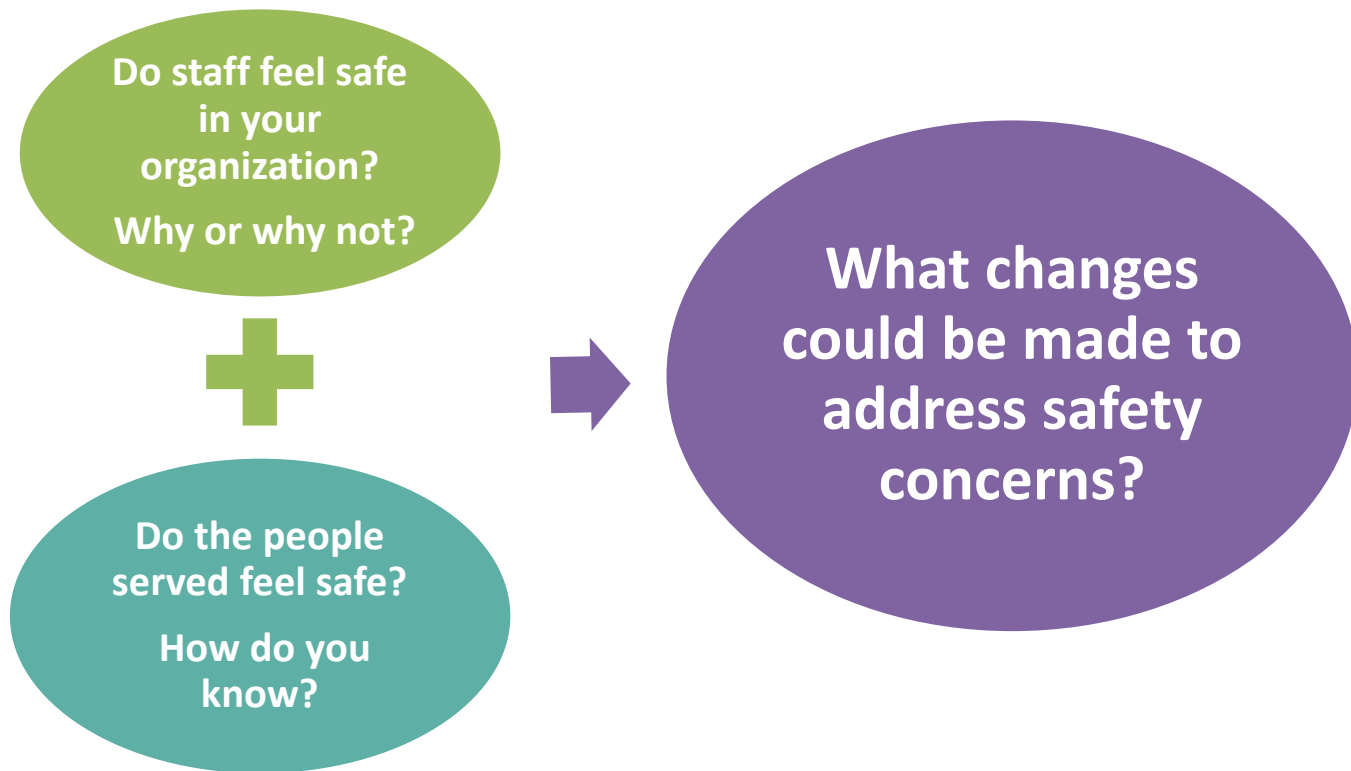
For people who use services:

- “Safety” generally means maximizing control over their own lives

For providers:

- “Safety” generally means maximizing control over the service environment and minimizing risk

# Discussion



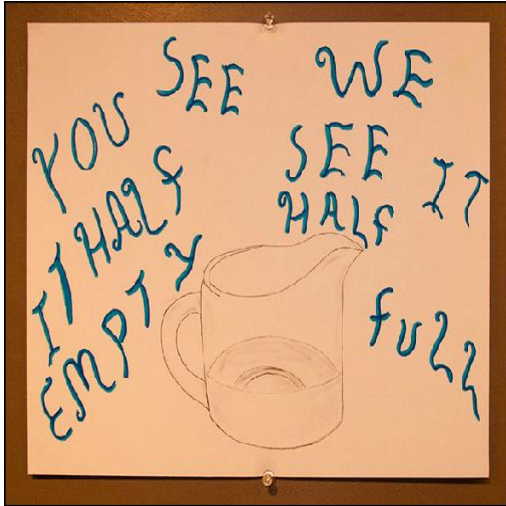
## Principle 2: Trustworthiness and Transparency

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.



Video: [Pat Risser](#)

# 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 self-help 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



# 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.*

# 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 self-advocacy 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](#)

## Creating A Place Of Healing and Forgiveness:

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

*A group of women in green work clothes poses for the camera, smiling broadly, proudly displaying a six-foot wreath they crafted from flowers and foliage grown on the grounds. Nearby, women tend rows of lush tropical salad greens and herbs grown for the facility's kitchen, while others clear brush by a rushing stream. In the wedding shop, an artist works on a large sculpture of an orchid. Women living in an open unit whose walls are painted brightly with tropical birds and flowers prepare for their jobs in the community and walk together to the bus stop beyond the main gate. Across the yard, mothers and their young children play and picnic in a grassy yard or under a pavilion constructed by community volunteers; child-care workers offer parenting tips.*

**PROGRAM AT-A-GLANCE**

Recognizing that most inmates are trauma survivors and many common prison routines can re-traumatize women, the Woman's Community Correctional Center of Hawaii, under the leadership of Warden Mark Kwaka Patterson, works to create "a place of healing and forgiveness" through its Trauma-Informed Care Initiative (TICI).

TICI is a unique collaboration among the facility administration, staff, and inmates; community non-profits, 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 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."

These activities may seem unusual on the grounds of a correctional facility, but they are consistent with the mission that Dr. Mark Patterson has put forward for the Woman's Community Correctional Center of Hawaii (WCCC) as a wardens in 2006, where incarcerated women experience transformation.

The WCCC has built around the facility wide framework, Warden inspired by the Hawaiian concept of po'ohono, a place of peace, and safety, where women learn law-breaking was someone who he wanted to make better so he would receive a milder sentence if he performed a minor offense. The woman who broke the law-breaker to transform her life.

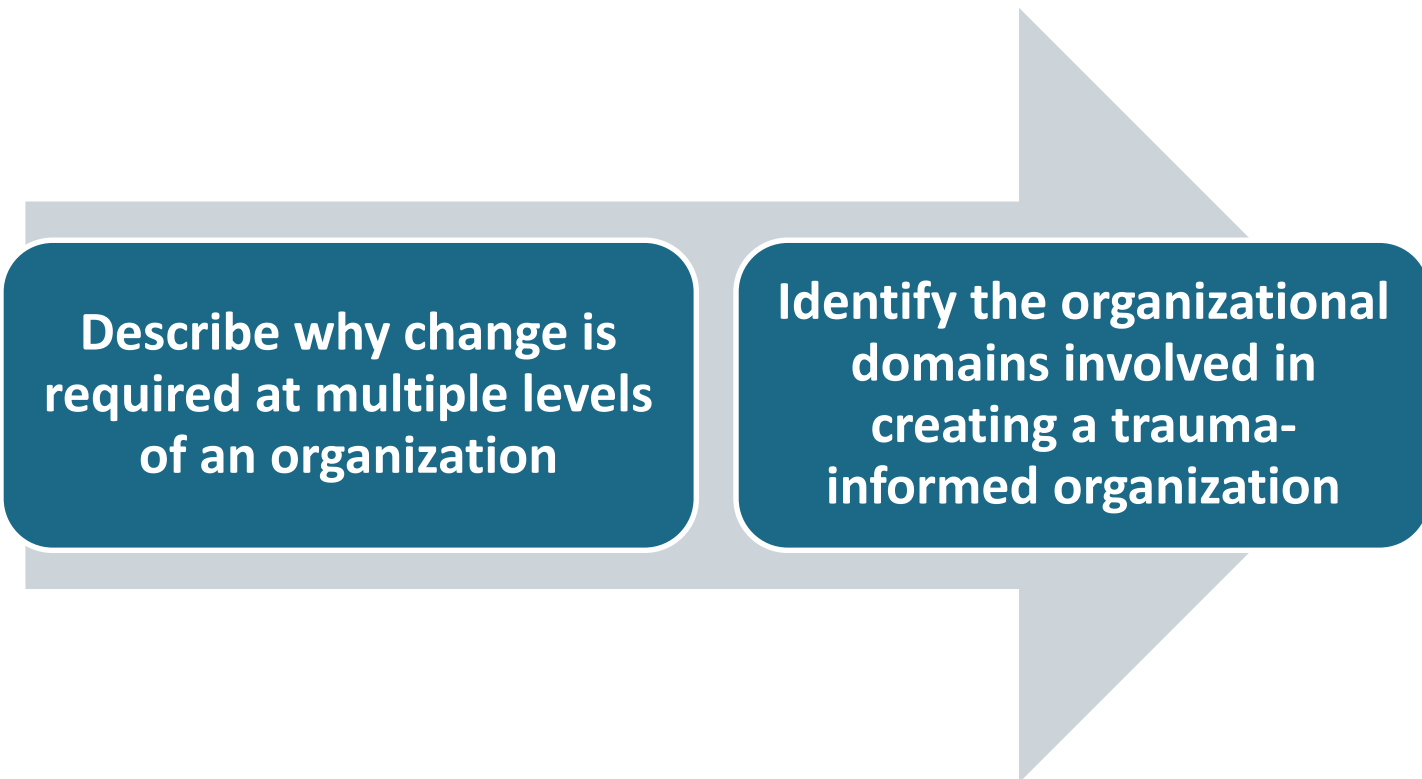
The spirit of po'ohono – the opportunity to heal and live a forgiven life – informs the vision

Video: [TEDx Talk by Warden Mark Patterson](#)



## Section 3: SAMHSA's Guidance for Implementation

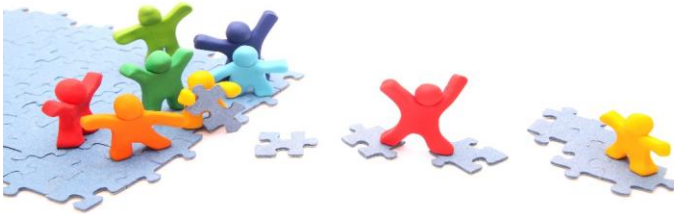
# Learning Objectives



**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

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



## How do written policies and procedures:

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

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:

- *Culturally relevant?*
- *Trauma-informed?*

## Policy (con.)

- 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 de-escalation 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 self-care?

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

# Physical Environment (con.)









# Healing Power of Pets

**\*\*\*ALL VISITING PETS MUST BE REGISTERED WITH THE THERAPEUTIC RECREATION DEPT. AND WEAR AN ID**

Western Maryland Hospital Center  
Hagerstown, MD 21742

**Record of Visiting Pets**

DATE	TIME IN	TIME OUT	NAME OF PET	NAME OF PERSON RESPONSIBLE FOR PET	NAME OF R PET
<del>7/18/13</del>	<del>1:50</del>				
<del>7/22/13</del>	<del>1:40</del>				
7-26	10:50	11:30	Gary W Perkins	Tom Rock	Chris
<del>7-29</del>	<del>10:40</del>	<del>12:35</del>	<del>MILTON</del>	<del>Tom Rock</del>	<del>Chris</del>
7-30	10:40	12:35	MILTON	Tom Rock	Chris
7-31	9:15	11:00	Duffy	Giordie Hall	Shirley
8-4	5:30	7:00	Maddie	Barb Gooden	Sheila
8-15	9:00	11:00	ZOE	Julia Godlove	Molly W
8-15	10:45	12:30	MILTON	Tom Rock	Chris
8-17	12:00	7:00 pm			
8-18					
8-22	6:07	7:00 pm	Harley	Darlene Strasser	Wanda
8-23					
8-28	11:10	12:40	MILTON	Tom Rock	Chris
8-29	<del>11:10</del>				
8-30	11:10				
8-31	10:50	12:25	MILTON	Tom Rock	Chris

# 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

- 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?

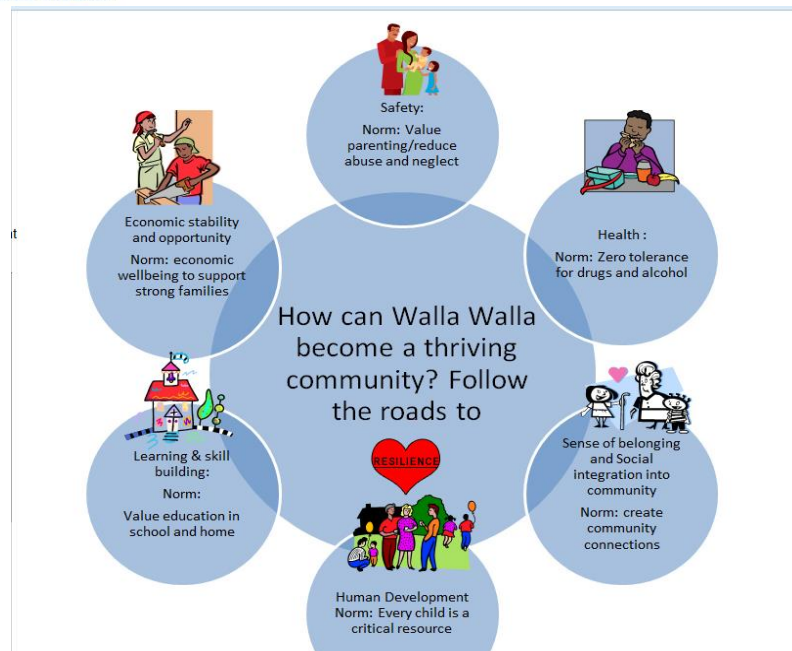
# Engagement & Involvement (con.)

- 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 trauma-informed 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?

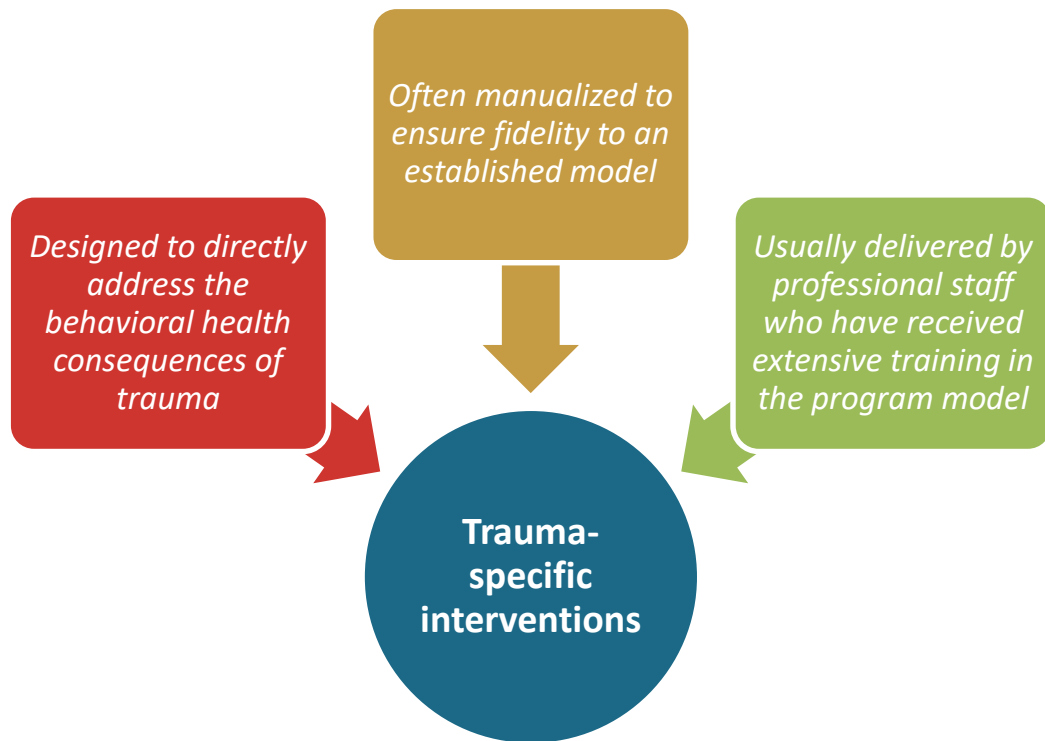
# Children's Resilience Initiative



# 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



# Screening, Assessment, and Treatment Services (con.)

- 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 gender-specific 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

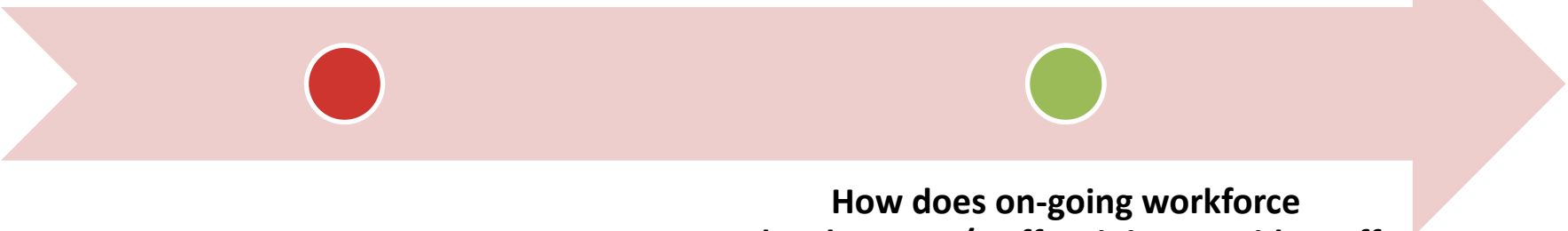
How does the agency address emotional stress that can arise when working with individuals who have had traumatic experiences?

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?

How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions?

# Training and Workforce Development (2)

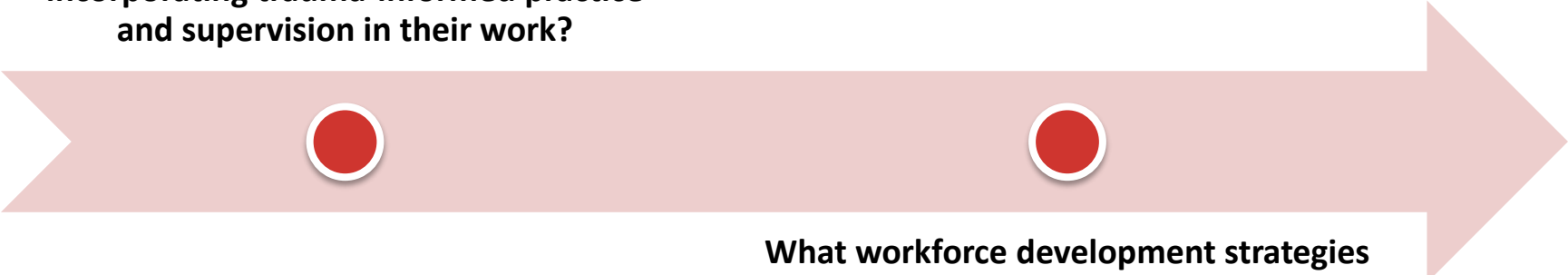
**How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety?**



**How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors.**

# Training and Workforce Development (3)

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



**What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce?**

# 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?

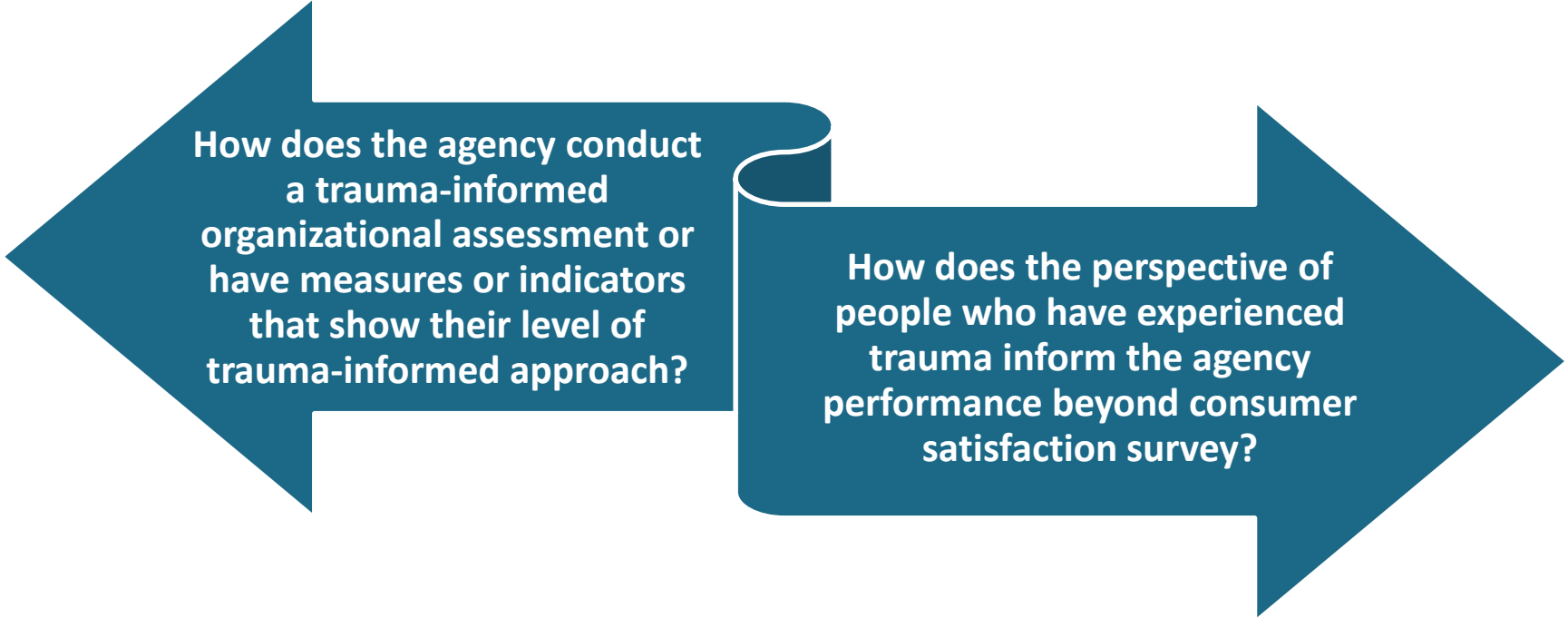
# Progress Monitoring and Quality Assurance (con.)

- 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 (con.)



**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 trauma-informed?**

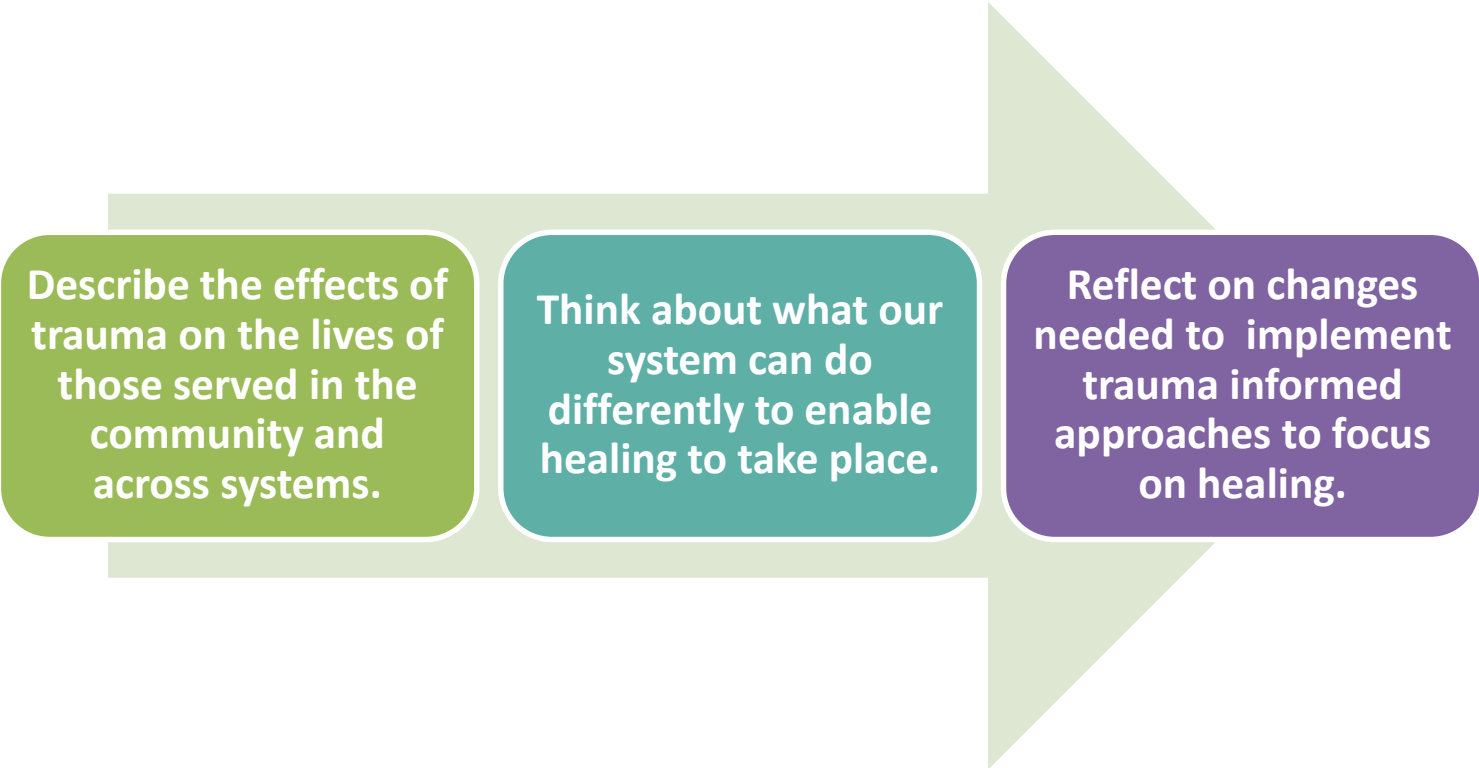
## [Video: Developing Capabilities](#)





## Section 4: Healing & Recovery

# Learning Objectives

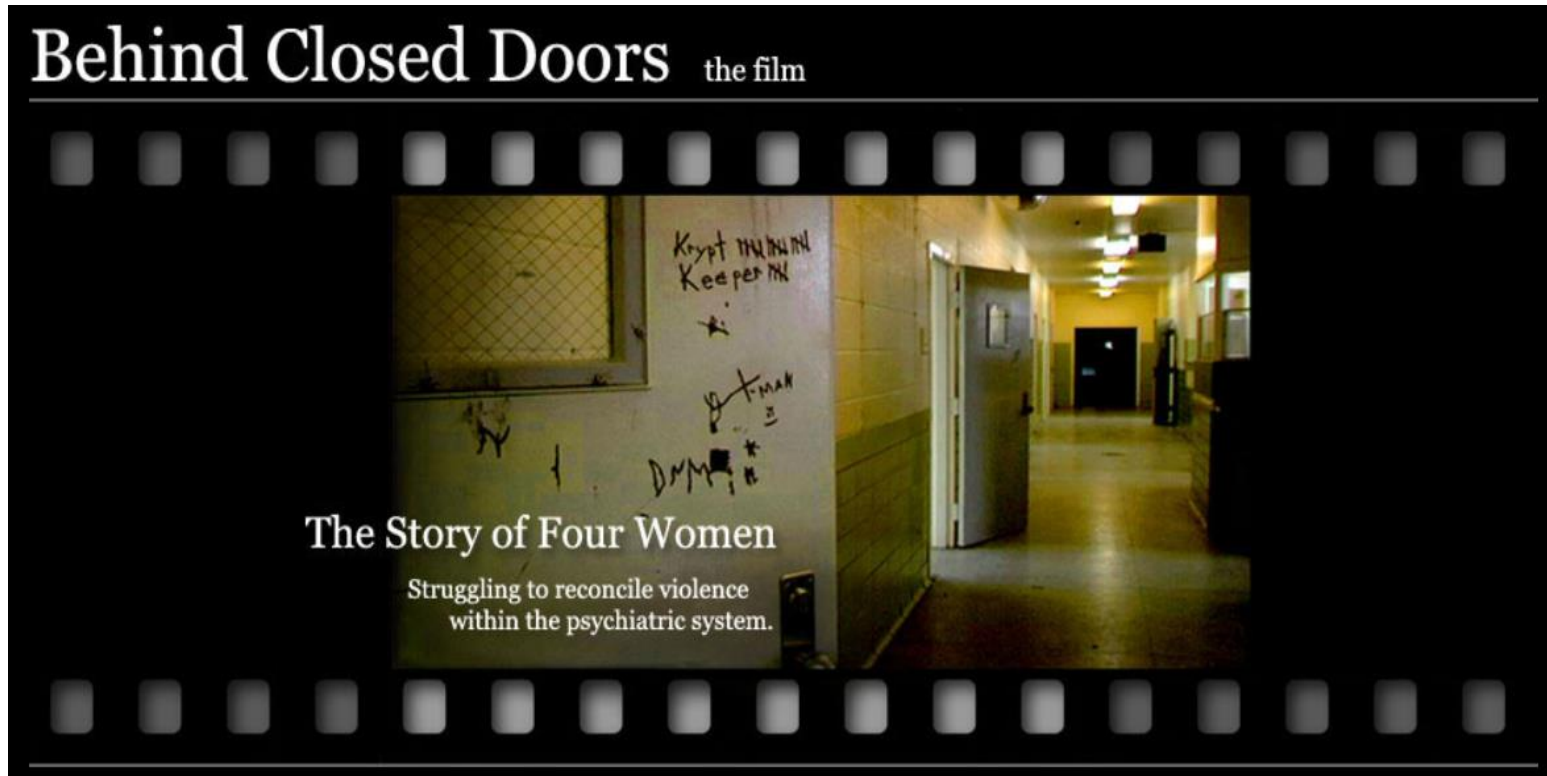


Describe the effects of trauma on the lives of those served in the community and across systems.

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



# 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?



# Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

[www.samhsa.gov](http://www.samhsa.gov)

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)