

# **Trauma Informed Care - Core Principles, Professional Development, and State Update**

**RPH Videoconference Series**

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# CENTER FOR EVIDENCE-BASED PRACTICES

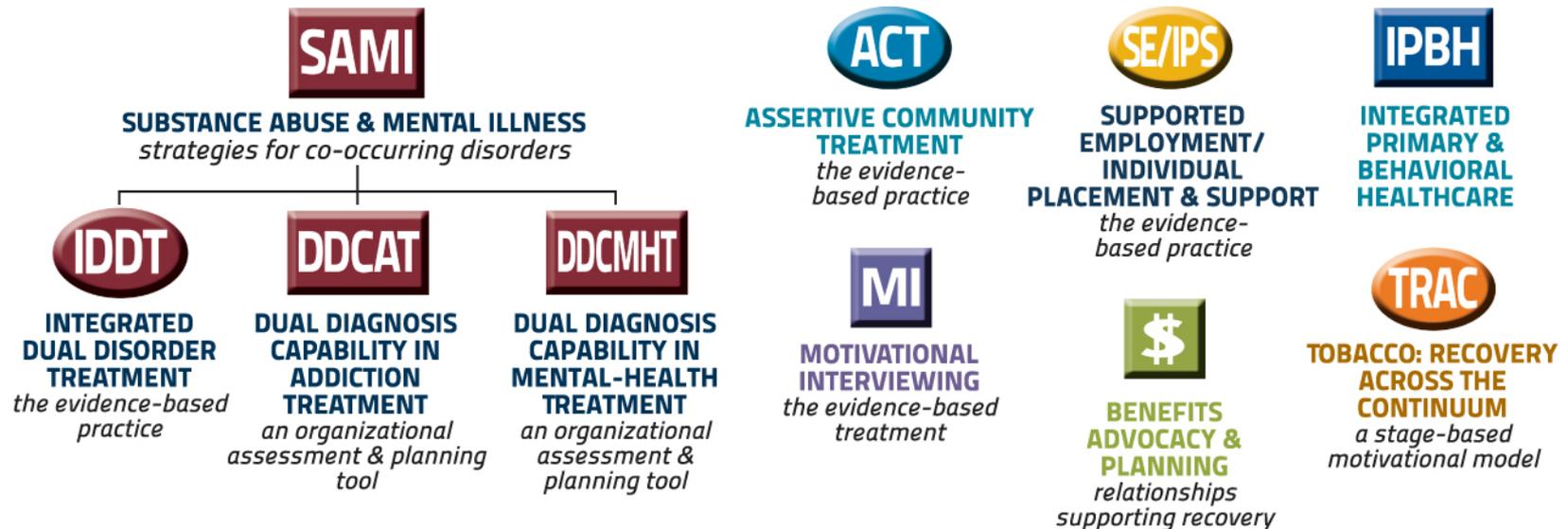
*at Case Western Reserve University*



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A partnership between the Jack, Joseph and Morton Mandel  
School of Applied Social Sciences & Department of Psychiatry  
at the Case Western Reserve School of Medicine

# Service innovations for people with mental illness, substance use disorders



# Learning Objectives

Following this presentation, participants will be able to:

- List the 6 core TIC principles
- Identify the 3 E's and describe their relevance to clinical practice
- Identify the 4 R's and describe their relevance to clinical practice
- Identify issues for professional and organizational development
- Describe Ohio's TIC initiative

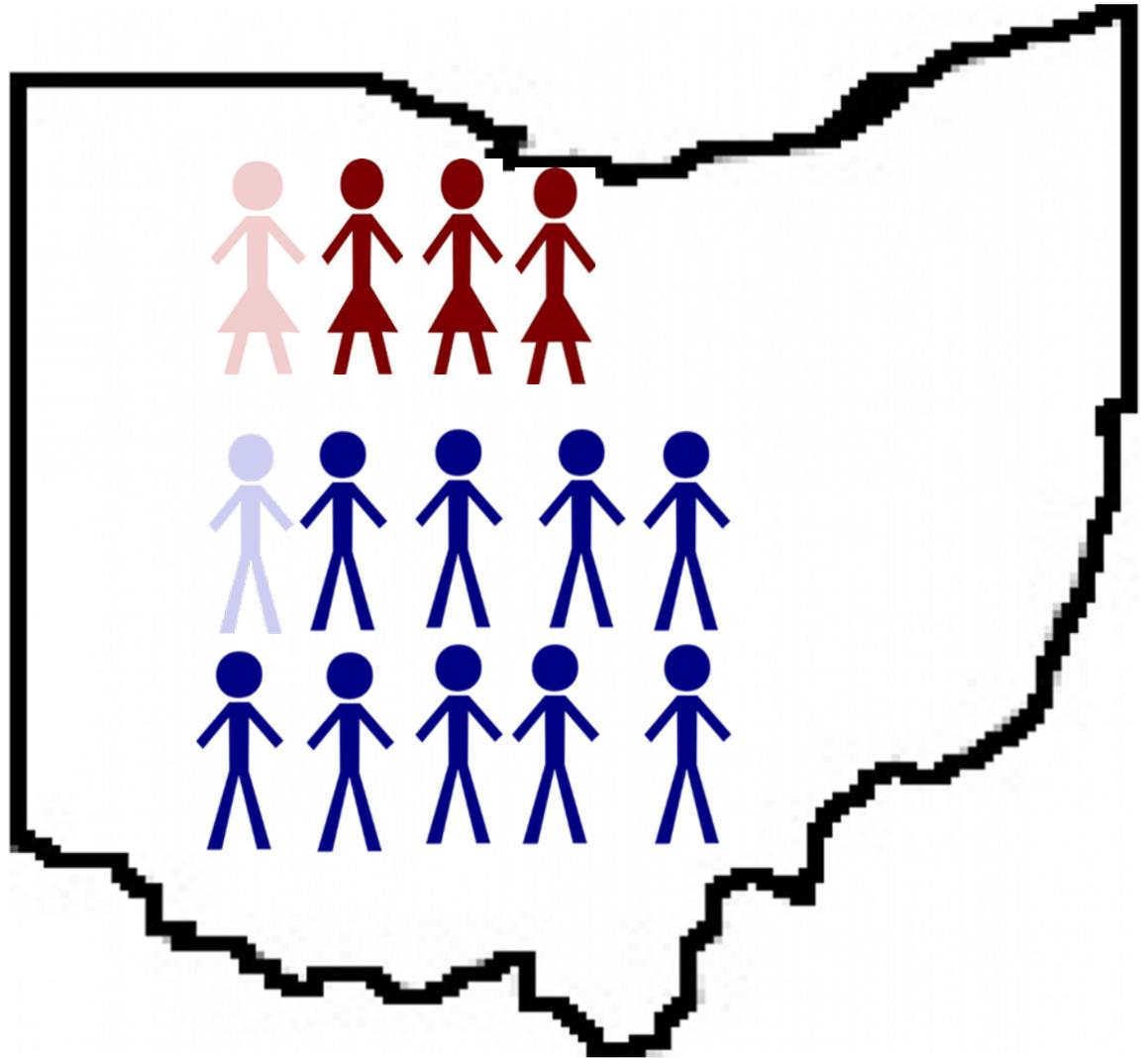
# SAMHSA's Concept of Trauma

- ***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.***

# Trauma Affects...

Over one out of four females with a substance use disorder and

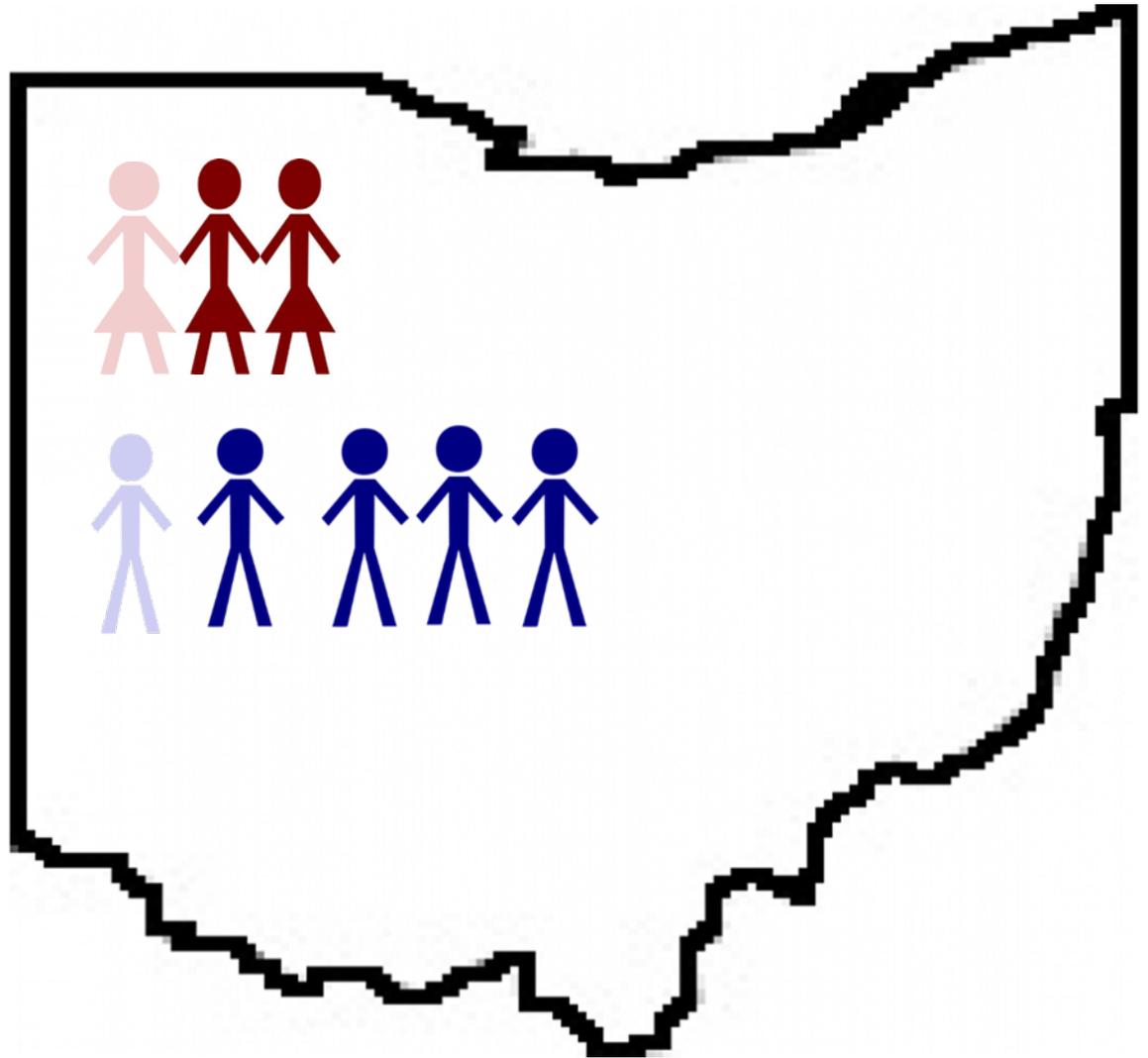
About one out of ten males with a substance use disorder in Ohio



# Trauma Affects...

Over one out of three females with mental health disorder; and

About one out of five males with mental health disorder in Ohio



# Prevalence of trauma

- NIDA suggests that up to two thirds of individuals with substance use disorders have experienced trauma
- Rape victims are three times likely to use marijuana, six time mores likely to have used cocaine and ten times as likely to have used other drugs, including heroin and amphetamines



# ACE Categories (Felitti)

## Abuse

- Emotional
- Physical
- Sexual

## Neglect

- Emotional
- Physical

## Household Dysfunction

- Mother Treated Violently
- Household Substance Abuse
- Household Mental Illness
- Parental Separation or Divorce
- Incarcerated Household Member

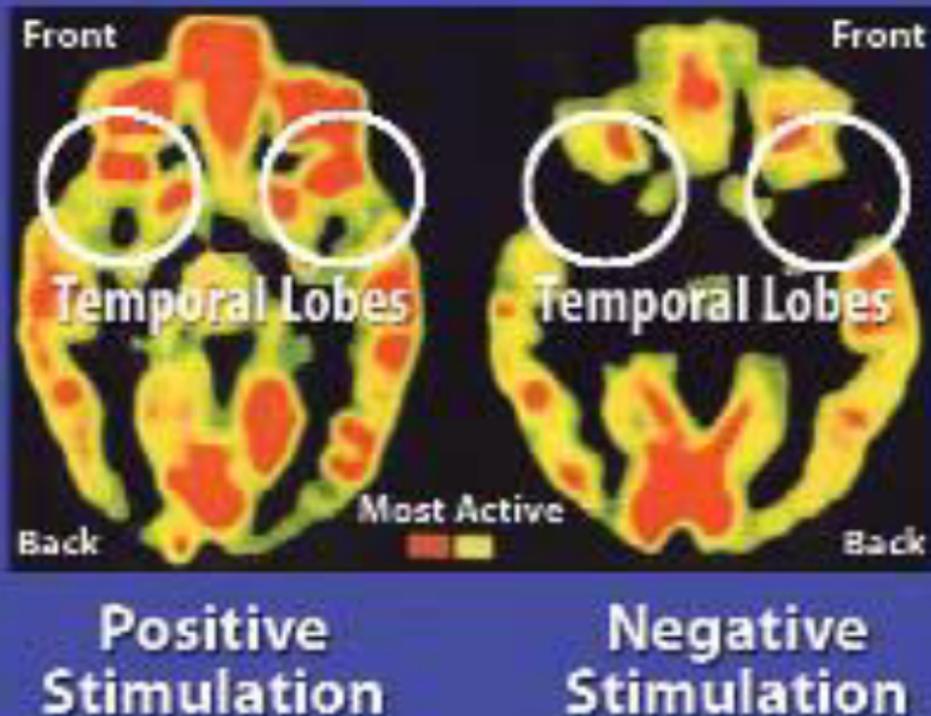


# ACE Score and Health Risk

***As the ACE score increases, risk for these health problems increases in a strong and graded fashion:***

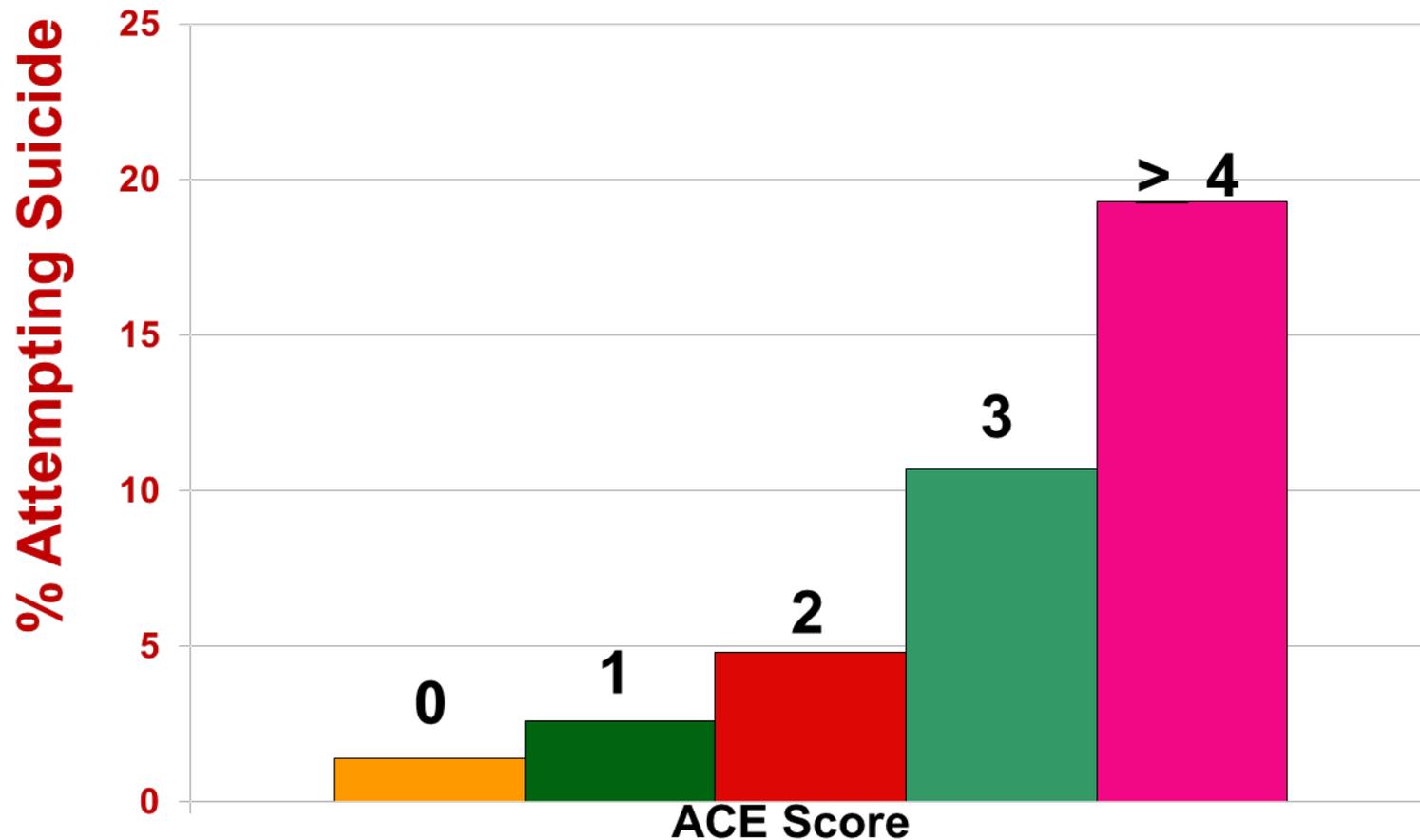
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Hallucinations
- Fetal death
- Decline in Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- HIV

# Effects of Trauma on Neurocognitive Development

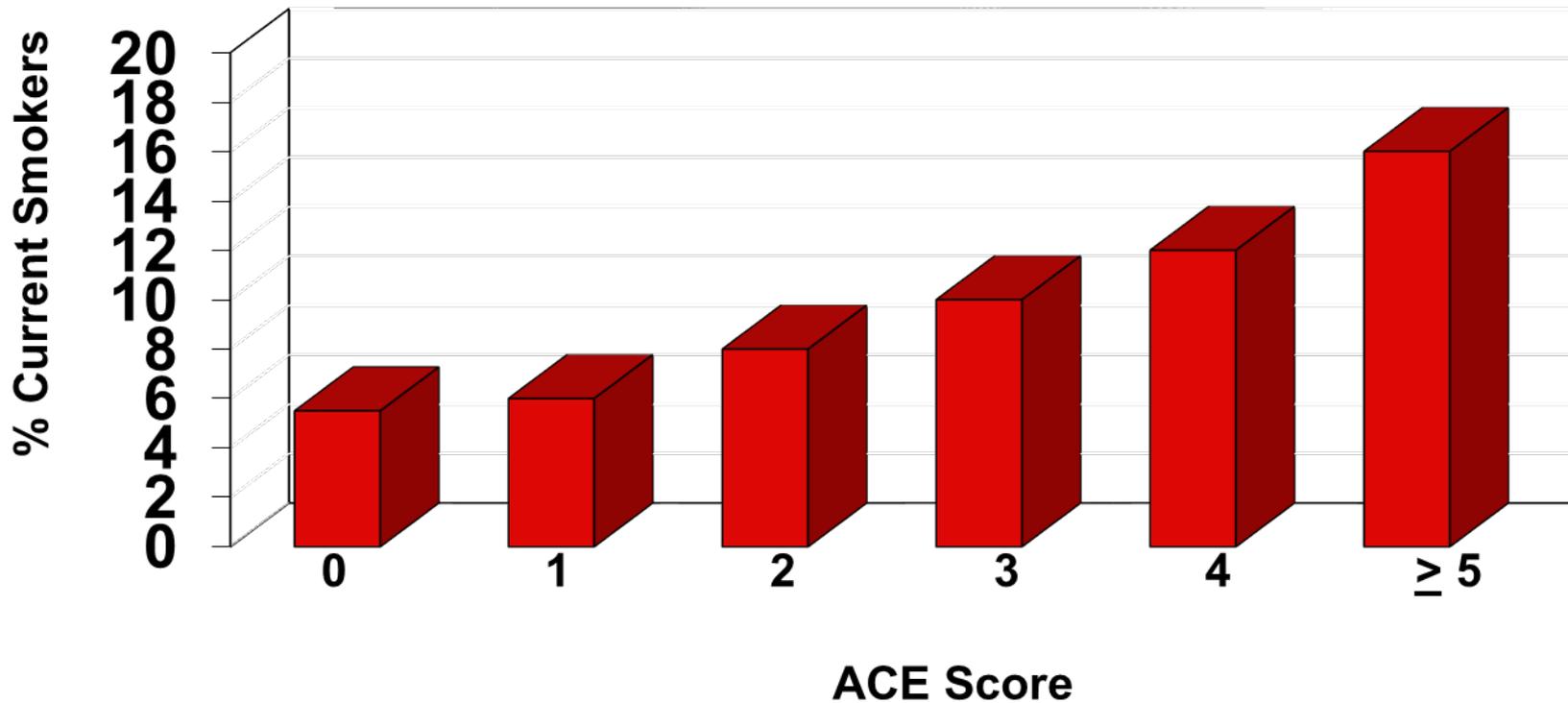


Brain activity of a normal five-year-old child (left) and a five-year-old institutionalized orphan neglected in infancy (right).

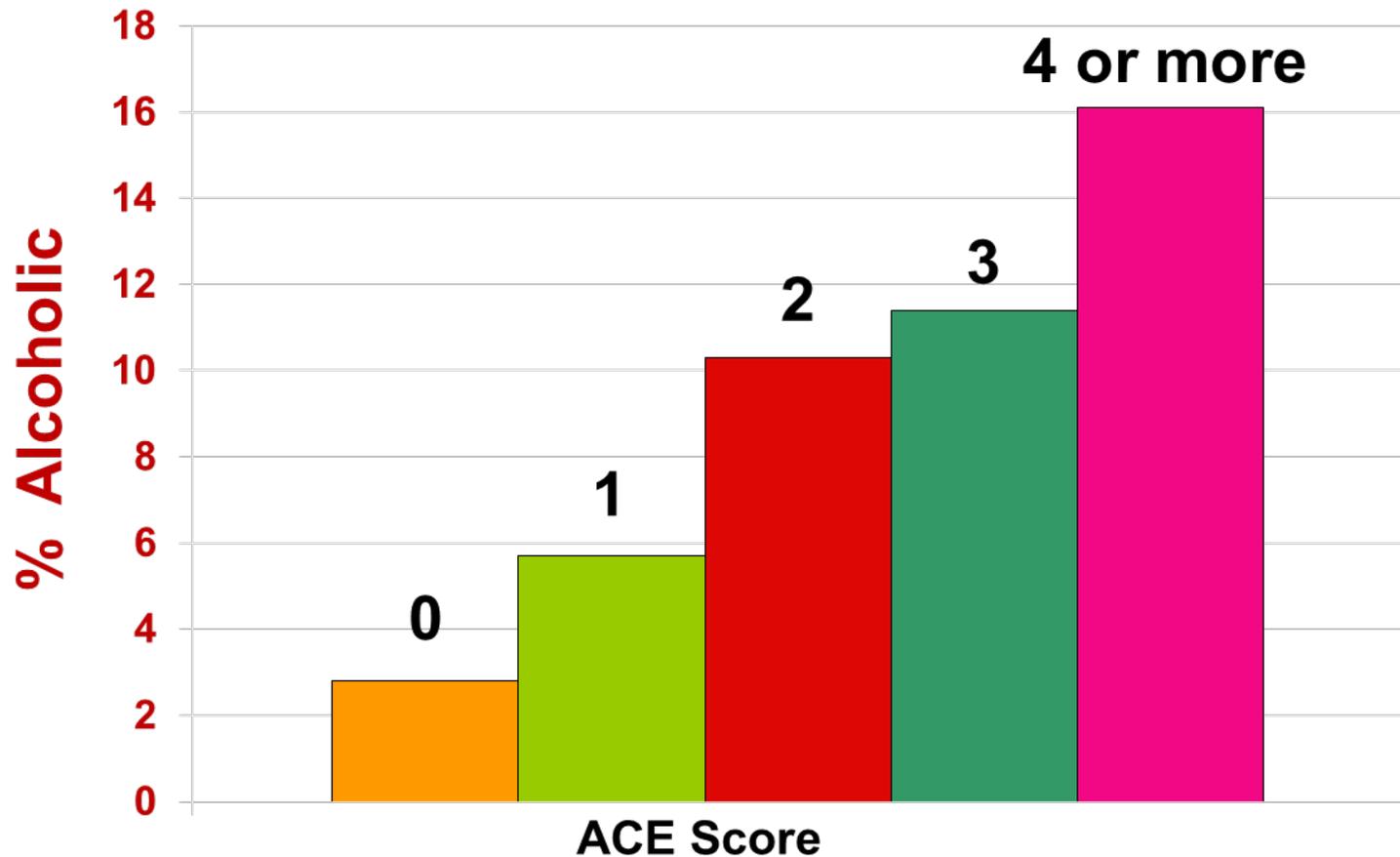
# Childhood experiences underlie suicide risk



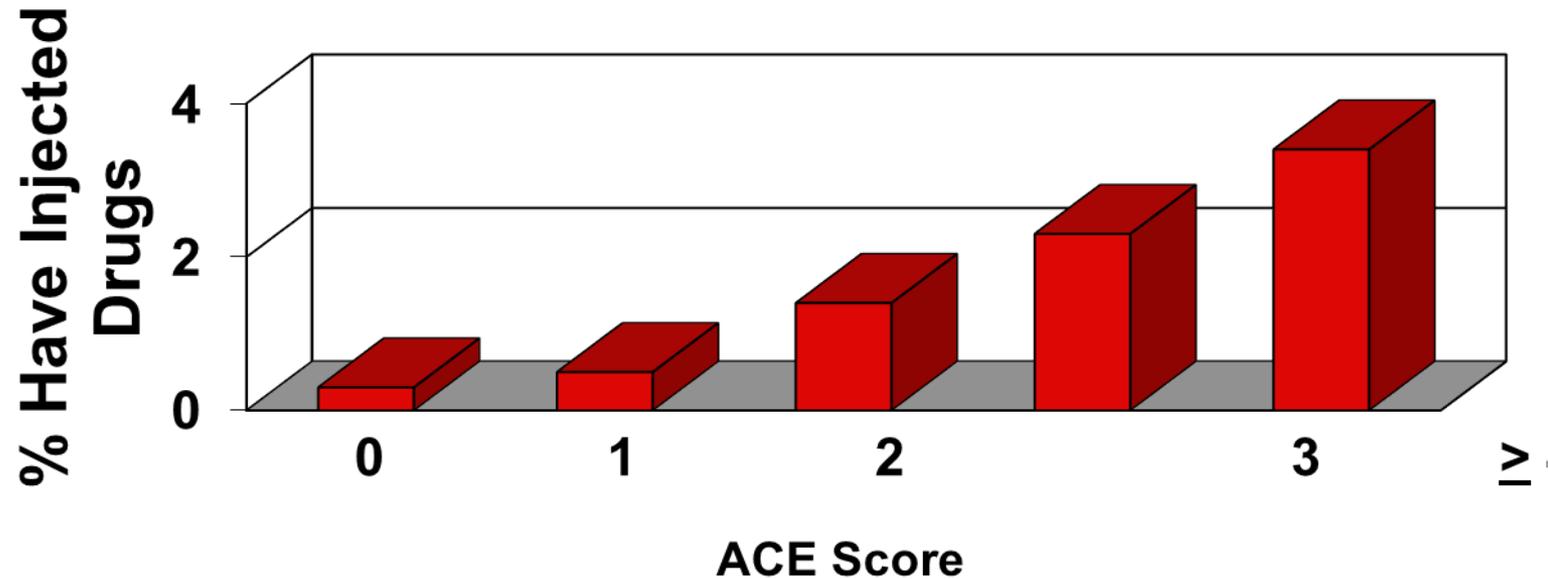
# ACE score and current smoking



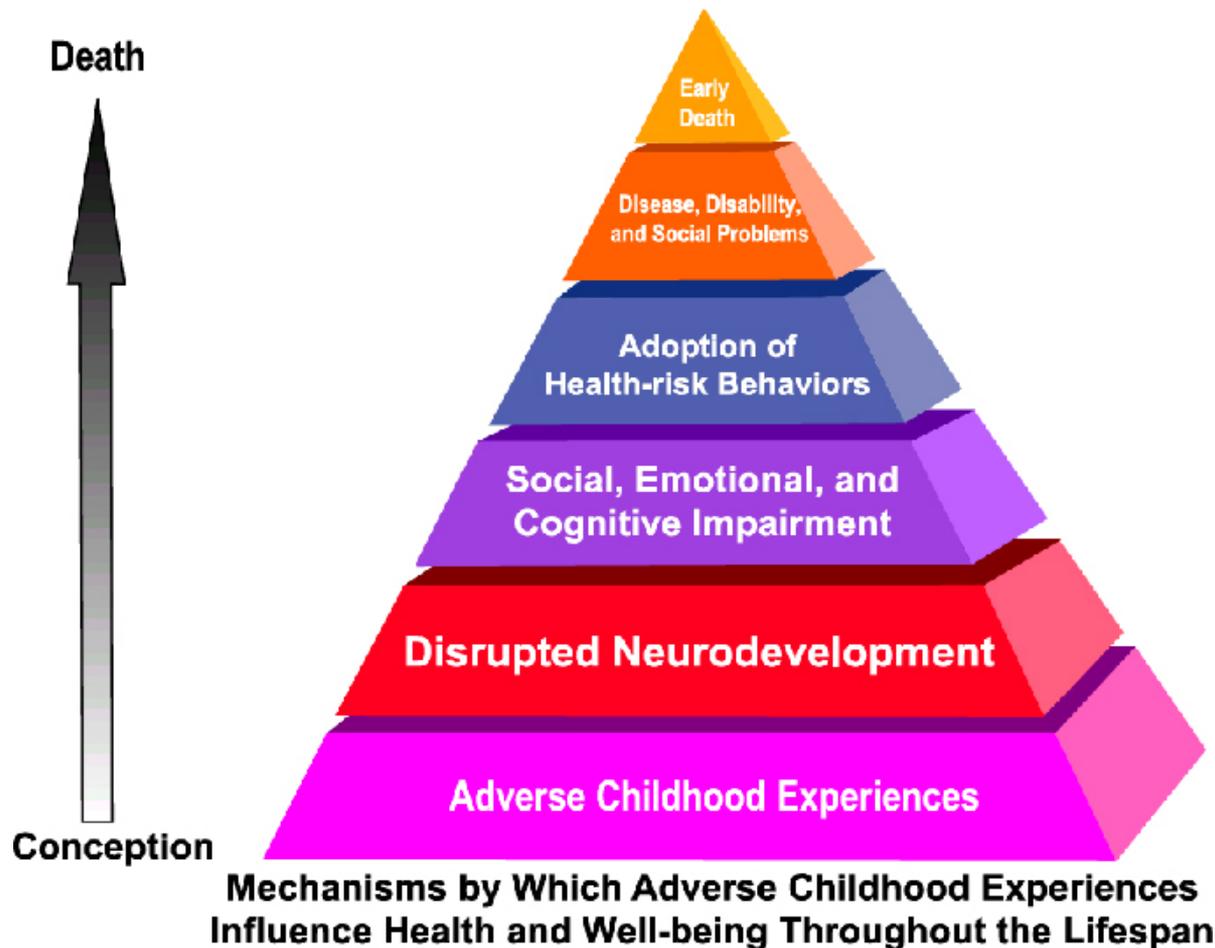
# Childhood experiences and adult alcoholism



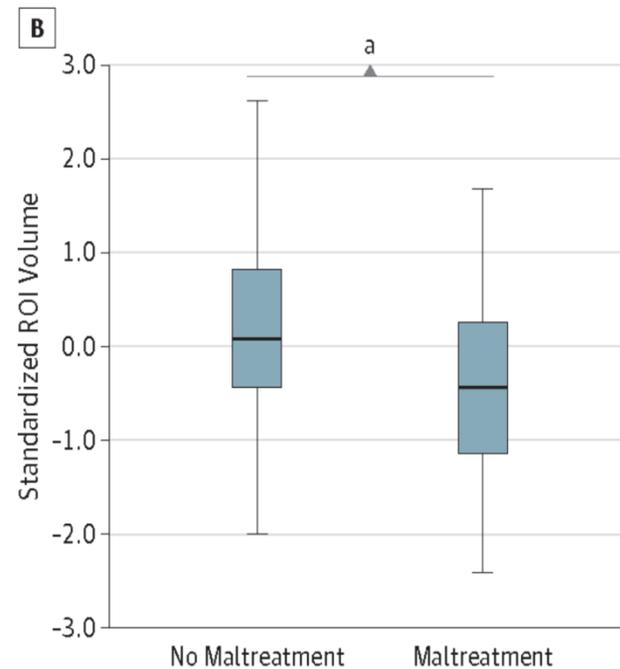
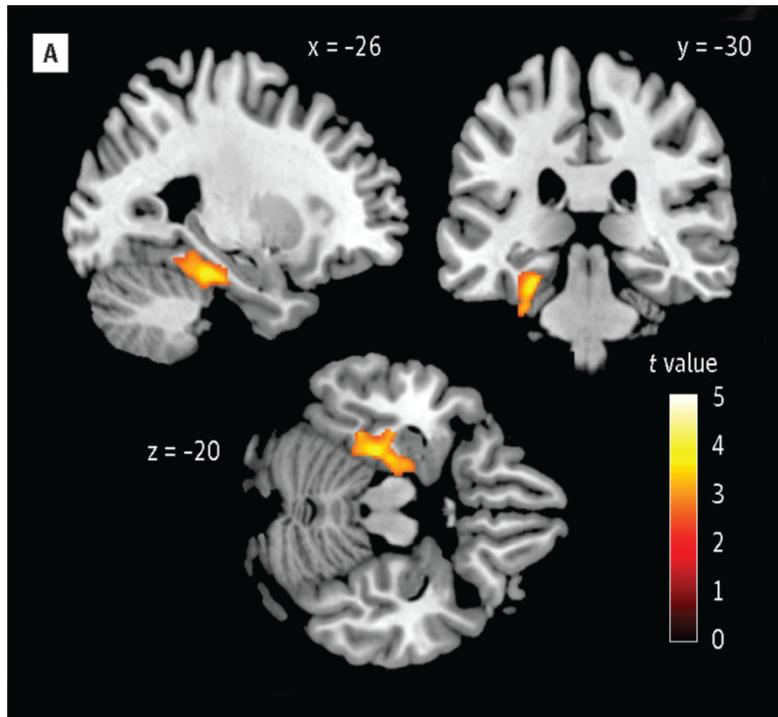
# ACE score and IV drug use



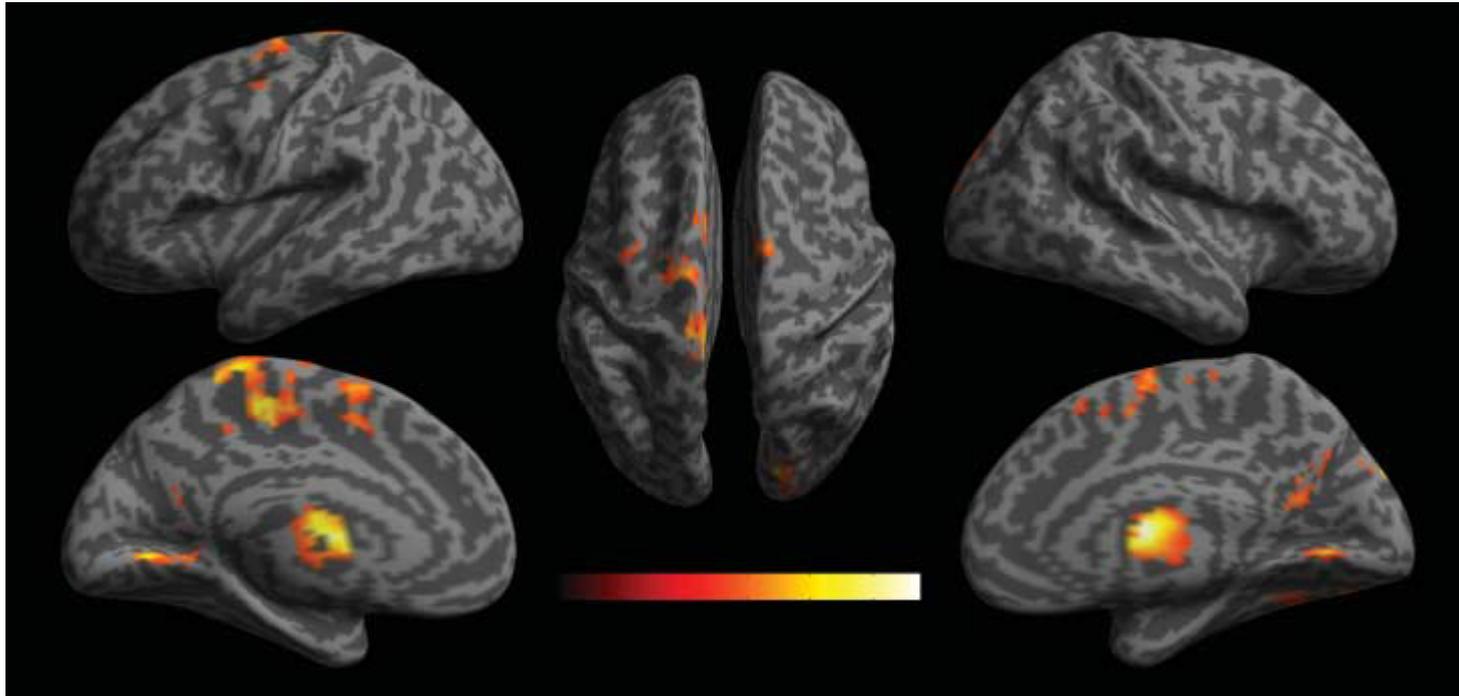
# ACE Pyramid



# Gray matter volume and childhood maltreatment (Van Dam 2014)



# Gray matter volume and substance use disorder (Van Dam 2014)



# THE THREE “E’S” OF TRAUMA: EVENT(S), EXPERIENCE OF EVENT(S), AND EFFECT

- DSM-5 requires all conditions classified as “trauma and stressor-related disorders” to include exposure to a traumatic or stressful event as a diagnostic criterion
- The individual’s experience of these events or circumstances helps to determine whether it is a traumatic event.
  - A particular event may be experienced as traumatic for one individual and not for another
- Examples of adverse effects include an individual’s inability to cope with the normal stresses and strains of daily living; to trust and benefit from relationships; to manage cognitive processes, such as memory, attention, thinking; to regulate behavior; or to control the expression of emotions

# 4 Assumptions of the Trauma-Informed approach: “The 4 Rs”

- ***A program, organization, or system that is trauma-informed:***
  - ***Realizes the widespread impact of trauma and understands potential paths for recovery***
  - ***Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system***
  - ***Responds by fully integrating knowledge about trauma into policies, procedures, and practices***
  - ***and seeks to actively Resist Re-traumatization***

# Trauma-Informed approach vs. Trauma-Specific services

- Trauma-Informed
  - **All people at all levels** of the organization or system understand how trauma can affect families, groups, organizations, and communities as well as individuals
  - Refers to organizational **culture**
- Trauma-Specific
  - Refers to specific interventions, whether assessment, treatment or recovery supports

# 6 KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

# 1. Safety

Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

## 2. Trustworthiness and Transparency

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

# 3. Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.

The term “Peers” refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”

# 4. Collaboration and Mutuality

Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making.

The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.”

# 5. Empowerment, Voice and Choice

Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.

The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/ or who come to the organization for assistance and support.

# 5. cont'd

As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery.<sup>34</sup> Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

## 6. Cultural, Historical, and Gender Issues

The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers, access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes addresses historical trauma.

# 10 Domains of Implementation

- 1. Governance and Leadership**
- 2. Policy**
- 3. Physical Environment**
- 4. Engagement and Involvement**
- 5. Cross Sector Collaboration**
- 6. Screening, Assessment, Treatment Services**
- 7. Training and Workforce Development**
- 8. Progress Monitoring and Quality Assurance**
- 9. Financing**
- 10. Evaluation**

# EXERCISE and DISCUSSION:

## *Is Your Work Trauma Informed?*

- Principle #1 Safety:
  1. Define and describe how issues of (emotional & physical) safety are well addressed or challenged in your workplace.
  2. What suggestions do you have to help improve the emotional and physical safety of your workplace for clients and staff?

# Ohio TIC Update

# Framework for Ohio's TIC Initiative

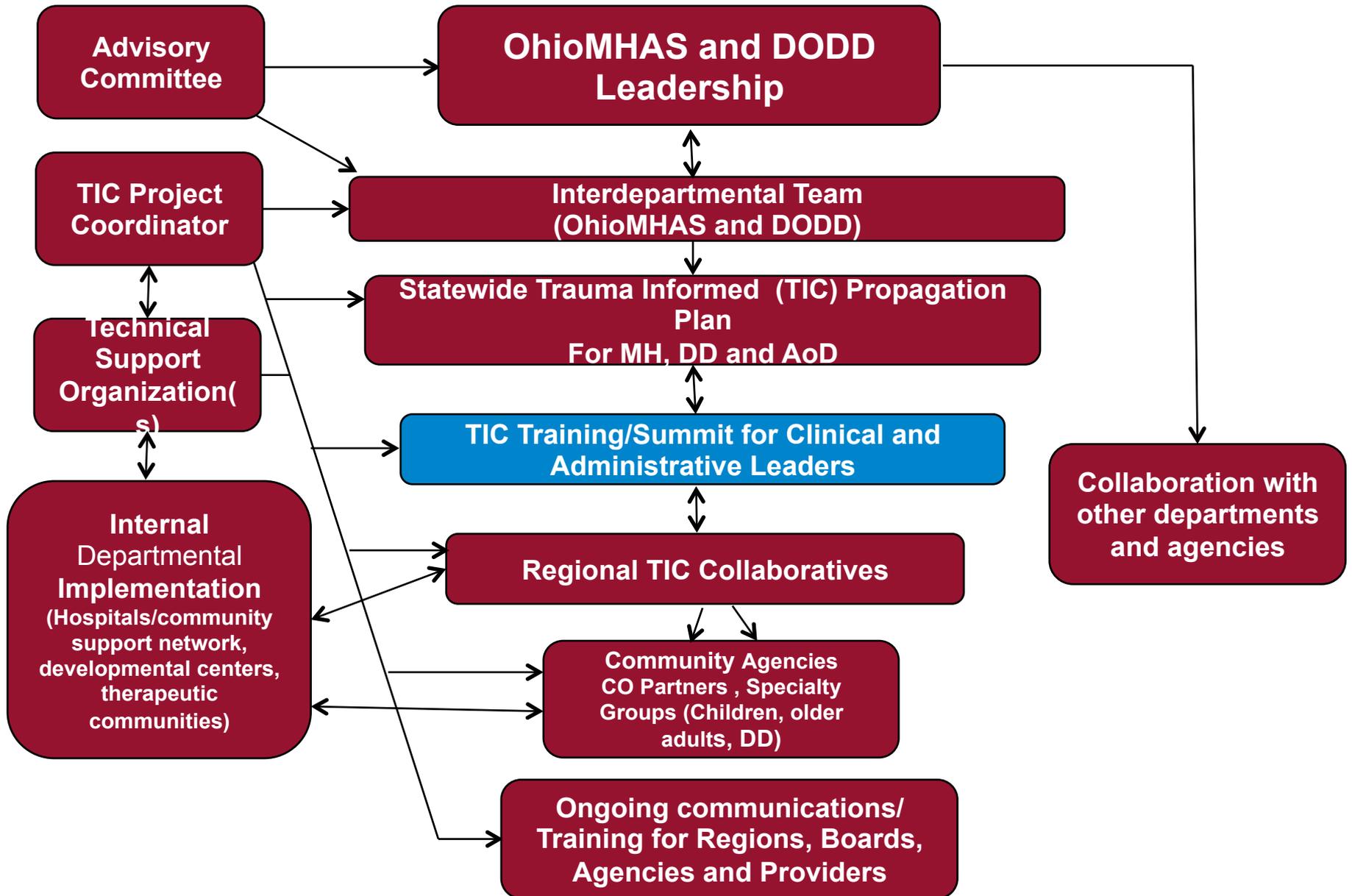
## Progress: Statewide

- TIC Internal Team
- TIC Project Coordinator
- Statewide Advisory Committee
  - Meets monthly
  - Endorsed “Fundamentals of TIC” approach
  - Serve as “ambassadors” of TIC
- Partnership with National Center for Trauma-Informed Care (NCTIC)
  - Train-the-trainers model
  - System infrastructure and infiltration
- Updated TIC Website (in progress):
  - <http://mha.ohio.gov/Default.aspx?tabid=104>

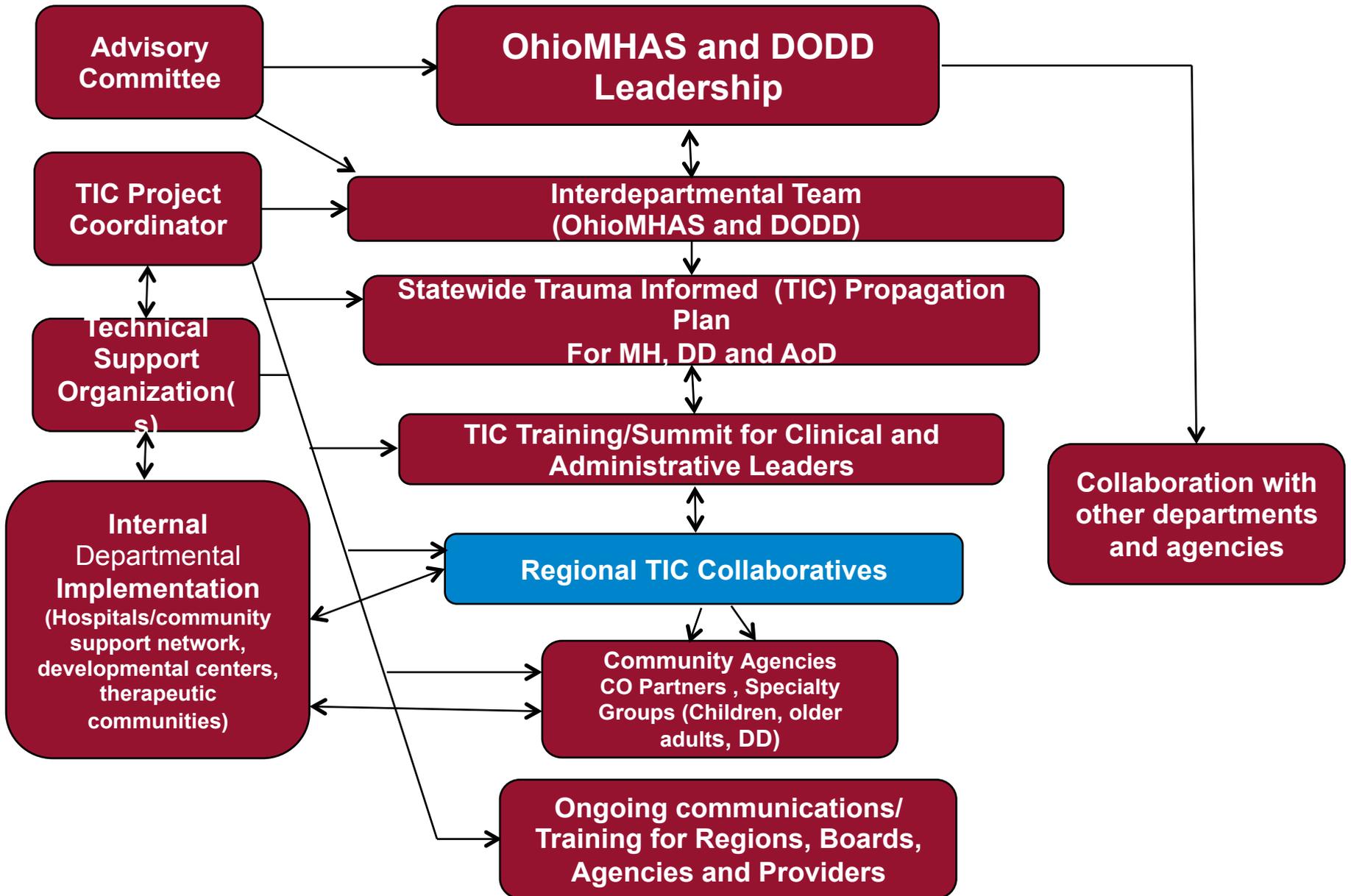
# TIC Advisory Committee:

- Survivors of Trauma
- DODD
- Ohio Hospital Association
- Medicaid
- PCSAO
- OACBHA
- Ohio Council
- OACCA
- ODH
- Hamilton County Board of DD
- ODE
- Ohio Attorney General's Office
- Wright State University: MI/DD CCOE
- Depart of Aging
- Human Trafficking Commission
- Center for Innovative Practices
- ODJFS
- ODYS
- Ohio Women's Network
- Board of Regents
- Center for the Treatment and Study of Traumatic Stress
- Ohio Provider Resources Association (DD)

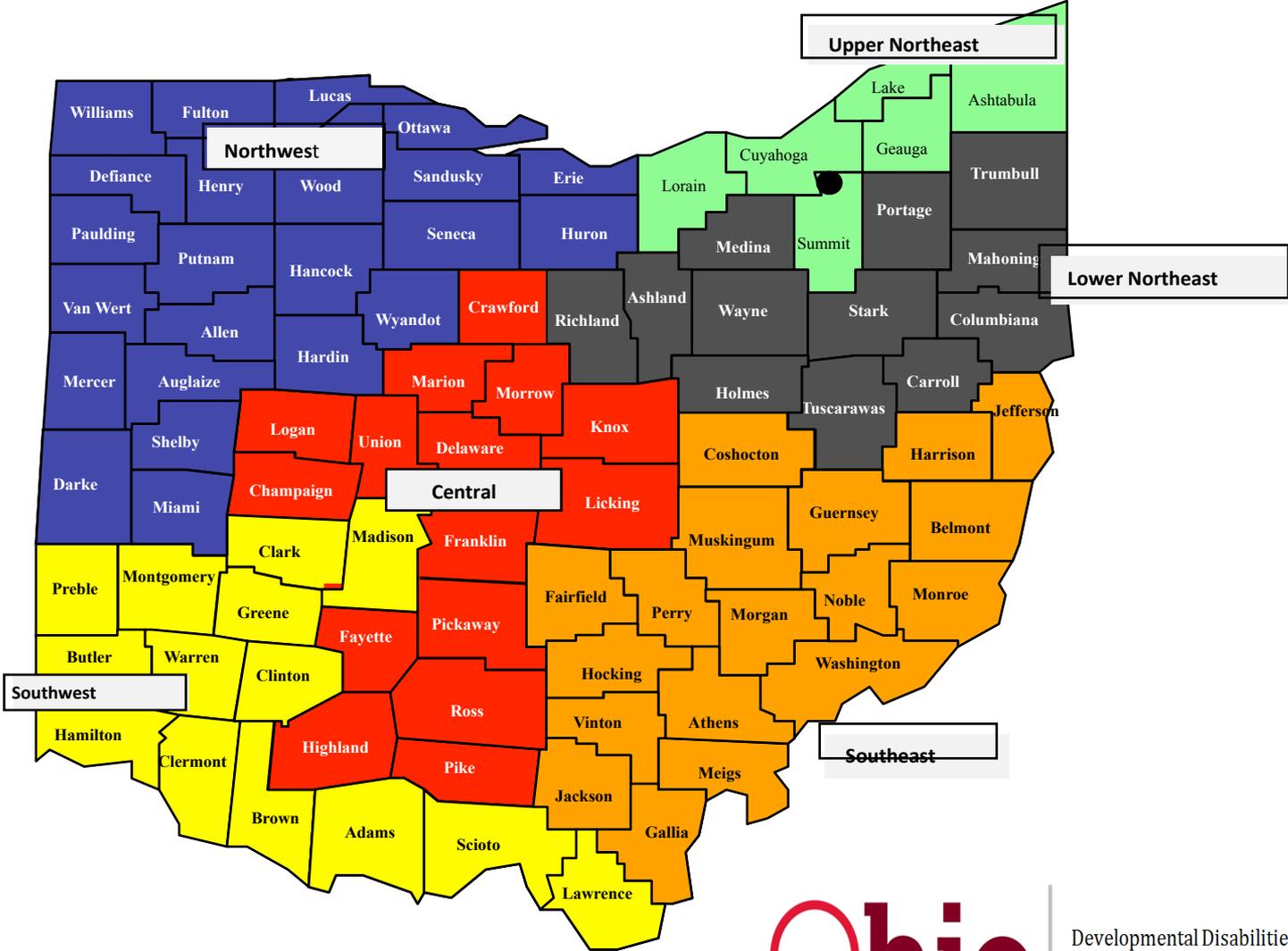
# TIC Planning Framework



# TIC Planning Framework



# Trauma-Informed Care Regional Collaboratives



# Regional Collaboratives

- Progressively transmit TIC and increase expertise within regions
- Facilitate cultural change within organizations, addressing gaps and barriers and taking effective steps based on the science of implementation
- Topical workgroups (prevention, DD, child, older adult, etc.)
- Department(s) continue to support, facilitate, communicate
- Some regions already have networks and collaboratives in place
  - Don't take your foot off the gas!



# Sustainability

## **Sustainability:**

- Based on the passion of those involved in the initiative
- This can be launched and maintained with fairly little infusion of resources
- Encourage use and repurposing of existing resources
- Technical support: NCTIC and deliverables of CCOEs
- Encourage regions and states to develop internal expertise and learning communities to transmit, maintain and advance our ability to respond to those with trauma needs

# RESOURCES

- Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- “Is Your Work Trauma Informed? A Self-Assessment Tool” Klinik Community Health Center at <http://www.klinik.mb.ca/>
- Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

# Contact Us

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