WHAT YOU NEED TO KNOW TO BECOME A TRAUMA-INFORMED SYSTEM OF CARE

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Sylvia Barnard
With significant contribution from Ashley Sanford, M.A.
Merith Cosden, Ph.D.

OVERVIEW

1. Understand Importance of Trauma-Informed (TI) Services
2. What does it mean to be Trauma-Informed
3. Trauma-Informed Systems Assessment

IMPORTANCE OF TRAUMA-INFORMED SERVICES

- What we know
  - High prevalence of trauma, substance abuse and mental health disorders in PPW, CWS, and Homeless populations
- The need:
  - Parents need to understand impact of trauma on them and their children
  - Need to reduce possible re-traumatization of parents and children
- TI services improve retention in services
- TI services improve family outcomes, including prevention of child disorders

DEFINITION OF TRAUMA

- Trauma results from an event or series of events that is experienced by an individual as physically and/or emotionally harmful or threatening and has lasting adverse effects on the individual’s functioning and well-being. It is the individual’s experience of these events that determines whether it is traumatic. (SAMHSA, 2012)

RESPONSES TO TRAUMATIC EVENTS

- FIGHT – Individual in court acts in an angry/hostile way
- FLIGHT – Individual does not follow court plan or does not return to court
- FREEZE – Individual may be unable to communicate (Seen in children mostly)
- All of which affect individual’s responses to court or program requirements

TWO MAJOR STUDIES IN DEFINING TRAUMA-INFORMED PRACTICE

- The Adverse Childhood Events (ACE) Study
- Women with Co-Occurring Disorders and Violence Study (WCDVS)
**Adverse Childhood Events (ACE) Study**

- Kaiser Permanente (Felitti) & CDC (Anda)
- Large-scale epidemiological study of influence of stressful/traumatic childhood experiences
- Interviewed more than 17,000 people
- Investigating adverse childhood experiences and adult health status

**ACE Study**

- Recurrent & severe physical abuse - 11%
- Recurrent & severe emotional abuse - 11%
- Contact sexual abuse - 22%
- Growing up in a household with:
  - Alcoholic or drug-user - 25%
  - Member being imprisoned - 3%
  - Mentally ill, chronically depressed, or institutionalized member - 19%
  - The mother being treated violently - 12%
  - Both biological parents NOT present - 22%

**Women with Co-Occurring Disorders and Violence Study**

- 5 year National Study funded by SAMHSA – 9 sites in the country
- 2,729 women enrolled in the study
- 54% White, 18% Latina, 29% African American
- Each site had Intervention and Comparison programs
- 4 sites also studied their children

**At 6 Months**

- On 2 of 4 measures (post-traumatic symptoms and drug use severity), women in the intervention group showed significantly greater improvement than those in usual care
- On mental health status, differences almost reached significance
- Integrated counseling was positively related to outcomes.
**KEY POINTS FROM WCDVS**

- Integrated counseling on mental health, substance abuse, and violence issues in a trauma-informed context appears to be more effective and no more costly than services as usual.
- Collaborations between those with lived experience and researchers/providers increases the quality of services and research.

**KEY POINTS (CONT'D)**

- The two important components of transforming our systems are
  - “Trauma-Informed Practice”
  - “Trauma-Specific Services”

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**WHAT DOES IT MEAN TO BE TRAUMA-INFORMED?**

**IN A TRAUMA-INFORMED PROGRAM**

- Program practices and requirements are delivered in ways that avoid triggering trauma memories (re-traumatization).
- Practices support client choice whenever possible.
- Program provides clear information about what client can expect.

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**PRINCIPLES OF TRAUMA-INFORMED CARE (HARRIS & FALLOT, 2001)**

- Ensuring safety (physical & emotional), and minimizing re-traumatization.
- Understanding of trauma and its impact.
- Supporting client choices.
- Maximizing collaboration.
- Emphasizing empowerment of client.

**INCENTIVES AND SANCTIONS**

- Incentives for compliance are quite important (words of encouragement, assistance with job training).
- Sanctions should take into consideration behaviors that were precipitated by the trauma, such as not complying with drug testing because observed testing triggered memories of sexual abuse.
FAILURE TO IDENTIFY AND ADDRESS TRAUMA
- May lead to:
  - Withdrawal from services
  - Inadequate or inappropriate services
  - Re-traumatization
  - Increase in relapse events
  - Increase in management problems
  - Poor treatment outcomes

TRAUMA ASSESSMENT FOR FDC AND PARTNERS
- Palfot & Harris (2004) developed an Agency Self-Assessment, involving 5 core elements:
  - Safety
  - Trustworthiness
  - Collaboration
  - Choice
  - Empowerment
- Brown (2008) adapted the Assessment into a System/Agency “Walk-Through” that allows staff/administrators to move through system processes through the eyes of the client.

ASSESSMENT, CONT’D
- Example from Santa Clara FWC
  - Assessment Area: Safety in the courthouse and courtroom
  - Potential triggers
    - Security staff with guns
    - Crowded waiting rooms; children upset
    - Lack of privacy, conversations’
    - Batterer may be present

ASSESSMENT, CONT’D
- Potential changes
  - Mentors could greet clients and help them through security
  - Children could wait in another area or site nearby until needed in court
  - Social Worker or DV Specialist (who attend court hearings) can sit with clients and discuss procedures with them.
SAMHSA FUNDED GRANT PROGRAMS

- PPW - First Steps System of Care
- PPW - Sober Women Healthy Families
- Children Affected by Methamphetamine (CAM): Family Treatment Drug Court
- PPW - FRESH Start (Families in Recovery Embracing Sobriety and Healing)

COMMUNITY TRAINING PARTICIPANTS

- Education
  - Allen Hancock College
  - Employment Training Center
  - Santa Barbara (SB) City College
- Social Service Providers
  - Child Welfare Services
  - Community Health Clinics
  - Community Action Commission
  - Domestic Violence Solutions
  - Public Health Dept.
  - Supported Housing Services
- Mental Health/Trauma Treatments
  - Child Abuse Listening and Mediation (CALM)
  - Calle Real Mental Health Clinic
  - CARES Santa Barbara
  - Phoenix of Santa Barbara (and others...)
- Criminal Justice
  -Dependency Court staff
  - Isla Vista Foot Patrol (Sheriff)
  - Public Defenders/Judges/DA’s
- Police

ASSESSMENTS OF TRAUMATIC EXPERIENCES

Adverse Childhood Experiences (ACE)

- Childhood Abuse
  - Emotional
  - Physical
  - Sexual
- Childhood Neglect
  - Emotional
  - Physical
- Household Dysfunction
  - Mother treated violently
  - Householder substance abuse
  - Householder mental illness
  - Parental separation or divorce
  - Incarcerated member of family

ASSESSMENTS OF TRAUMATIC EXPERIENCES

Trauma History Screen (THS) 11 stressors, such as:

- Witnessing violence
- Being attacked with weapon
- Sudden death of family/friend
- Accidents at work/home
- Accidents in car/boat/plane
- Natural disasters

Addiction Severity Index (ASI)

- Lifetime sexual abuse
- Lifetime physical abuse

ASSESSMENT OF TRAUMA SYMPTOMS:

TRAUMA SYMPTOM INVENTORY-2 (TSI-2)

- 12 Clinical Subscales → 12 Clinical Scales → 4 Factors

TRAUMA-INFORMED MILIEU

- Reflected in staff understanding and behavior
- Increase client awareness of
- Identify ‘triggers’

- Trauma-influenced client behaviors:
  - ‘Close your eyes’ or ‘relax’ may trigger fear
  - Saying ‘no’ to help
  - Resistance to authority
  - Withdrawal
  - Submissiveness to others
  - Sexualization of relationships

- Briere J. (2011)
TRAUMA INFORMED GROUPS: SEEKING SAFETY

Evidence-based group therapy
• Cognitive-behavioral approach
• Achieve 'safety' from danger associated with PTSD & substance abuse
• Addresses trauma and substance abuse issues concurrently

Topics:
• Grounding
• Asking for help
• Taking good care of yourself
• Compassion
• Red and green flags
• Setting boundaries
• Coping with triggers
• Taking back your power
• Detaching from emotional pain

IMPACT OF TRAUMA-INFORMED TREATMENT ON STAFF

• Vicarious/secondary traumatization may occur
  • Need to process personal trauma
• Staff training
  • Aware when client exacerbates personal trauma
  • Use same coping strategies as do clients
  • Clinical supervision

POSTTRAUMATIC GROWTH

• Recently research has also begun to assess how clients can grow in positive ways from their trauma experience, even when trauma symptoms may persist
• PTG is measured most commonly using the Posttraumatic Growth Inventory (PTGI) with items such as
  • "I changed my priorities about what is important in life"
  • "I discovered that I'm stronger than I thought I was"
  • "I established a new path for my life"
• It is currently unclear how substance use and recovery may affect people's growth following trauma

LESSONS LEARNED

• Successful implementation of a community-wide trauma-informed system of care involves broad-based and frequent training
• Assessments are needed to understand clients and inform treatment
  • Don’t know if don’t ask
• Additional trauma caused by contact with CWS
• Trauma-informed treatment can occur in group format and in milieu
• Counselors benefit from training, awareness of personal needs and supervision

QUESTIONS