TRAUMA INFORMED CARE: AN OVERVIEW

HHUNY, May 8, 2015
Agenda

1. Understanding trauma
2. The impact of trauma
3. Taking a TI approach
Understanding Trauma
Trauma – The 3 E’s

- **Event** – exposure to an event or series of events that threatens the well-being of an individual or group
- **Experience** - respond to the event with intense fear, helplessness and/or horror
- **Effect** - shakes our basic beliefs about safety, predictability & trust

SAMHSA
A traumatic stress response occurs when our ability to respond to the threat is overwhelmed.
Prevalence of Trauma

- 51-98% of public mental health clients have been exposed to trauma (Muser et al., 2004, Goodman, et al., 1997)
  - Most have multiple experience of trauma
- Up to two-thirds of men and women in Substance Abuse treatment report childhood abuse & neglect
- 97% of homeless women with SMI have experienced severe physical & sexual abuse -
  - 87% experience this abuse both in childhood & adulthood
What is an ACE?

- Recurrent physical abuse
- Emotional abuse
- Sexual abuse
- Alcohol/drug abuser in household
- Incarcerated household member
- Household member who with chronic mental illness
- Violence between adults in the home
- Parental separation or divorce
ACES and Health & Social Problems

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
The Impact of Trauma on Survivors
FIGHT

FLIGHT

FREEZE
Individual reacts as though a “there and then” experience is happening “here and now”
Common Post-traumatic Triggers

- Therapy & therapists
- Being asked questions
- Self-disclosure
- Being put on the spot
- Being center of attention
- Loud noises
- Authority figures
- Being told “No”
- Males/females
- Criticism, feedback
- Home/family
- Eye Contact

- Recall of traumatic event
- Anniversaries
- Not allowed to speak
- Being ignored
- Emotions, vulnerability
- Unfamiliar stimuli
- Performance demands
- Having to say “Yes”
- Night time, sleep
- Confrontation
- Intimacy
- Commitment
Survival Response

- **Fight**
  - Individual struggles to regain or hold on to power, especially when feeling coerced
  - **Mislabeled as:** Non-compliant or combative

- **Flight**
  - Individual disengages, “no shows”, or “check outs” emotionally
  - **Mislabeled as:** Uncooperative or resistant

- **Freeze**
  - Individual gives in to those in positions of power, does not or is unable to speak up
  - **Mislabeled as:** Passive or unmotivated

Our interpretation guides our intervention
Trauma Talking

SAD

- Hopelessness and despair
- Shame, feeling stigmatized by the abuse
- Feelings of isolation and withdrawal
- Helplessness
- Suicidality

MAD

- Preoccupations with the perpetrator which may appear delusional and paranoia
- Obsessions and compulsions

Adapted from Community Connections
Trauma Talking

BAD

- Explosive anger, frequent physical fights, hostility towards authority figures
- Drug/alcohol use/abuse

I’VE BEEN HAD

- Distrust, disrupted relationships
- Failure to protect oneself and to accurately assess dangerousness

Adapted from Community Connections
CURRENT PROBLEMATIC BEHAVIORS AND SYMPTOMS MAY HAVE ORIGINATED AS LEGITIMATE AND EVEN COURAGEOUS ATTEMPTS TO COPE WITH OR DEFEND AGAINST TRAUMA.
Taking a Trauma-Informed Approach

Putting understanding into practice
“Systems serve survivors of childhood trauma without treating them for the consequences of that trauma; more significant, systems service individuals without even being aware of the trauma that occurred.”

Harris & Fallot, 2001
Changes in Understanding

- Trauma-informed vs. trauma-specific

- Trauma-informed services:
  - Incorporate knowledge about trauma—prevalence, impact, and recovery—in **all** aspects of service delivery and practice
  - Are hospitable and engaging for survivors
  - Minimize re-victimization: “do no harm”
  - Facilitate healing, recovery, empowerment
  - Emphasize collaboration throughout the system

Source: Community Connections
The Centrality of Trauma

- Incarceration
- Violence & Trauma
- Homelessness
- Mental Health Problems
- Substance Abuse

Source: Community Connections
Core Values of Trauma-Informed Care

- **Safety:** Ensuring physical and emotional safety
- **Trustworthiness:** Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice:** Prioritizing developmentally appropriate choice and control for the consumer & family
- **Collaboration:** Maximizing collaboration and sharing of power with the consumer & family
- **Empowerment:** Prioritizing consumer & family empowerment and skill-building

Source: Community Connections
Creating a Culture Shift

- Involves all aspects of program activities, setting, relationships, and atmosphere (more than implementing new services)
- Involves all groups: administrators, supervisors, direct service staff, support staff, and consumers/families (more than service providers)
- Involves making trauma-informed change into a new routine, a new way of thinking and acting (more than new information)

Source: Community Connections
Trauma Informed Engagement

Applying the Core Values

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

to Daily Practice
Trauma Informed Engagement

- Be warm, respectful, and non-threatening
- Listen openly without judgment and fixing
- Create a sense of safety and build trust by clarifying the helping process for the client...
  - Carefully introduce self, enrollment process, and possible service options
  - Do not assume that client has been given accurate information about services
  - Do not assume clients know what is expected of them and what they should expect from enrollment process
Trauma Informed Engagement

- Develop the foundation for a **collaborative** working relationship...
  - Balance the need to obtain information or complete a specific task with client identified needs
- Maximize **choice** and control (i.e., time to meet, location)
- Follow through on commitments
Focus on immediate, practical concerns…

- Be ready to schedule a follow up appointment sooner than the following week

- Clients often need help negotiating with other “systems”

- Responding to client concerns provide an opportunity for the Care Manager to demonstrate commitment and potential capacity for help
Trauma Informed Engagement

- Identify & problem-solve barriers to help seeking
  - Specific obstacles (time & transportation) must be addressed
  - Previous negative experiences with helping professionals
  - Discouragement by others to seek professional help
  - Client experiences with racism/discrimination/disparities and its impact on his/her willingness to receive services from a “system”
Final Thoughts

- Understand that an individual’s (system) anger, fear, or avoidance may be a reaction to their own past traumatic experiences and not a personal “attack”

- Remember that approaching traumatized individuals (system) in a punitive way, blaming them, or judgment them likely will worsen the situation rather than lead to collaboration

- Build on common ground

- Be patient and compassionate with yourself, youth and families, and system partners
Questions and Thoughts
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