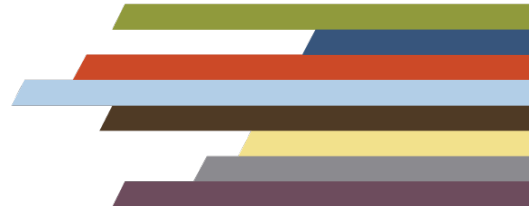Northeast & Caribbean (HHS Region 2)

PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Trauma Informed Care: Concepts and Application

Diana Padilla, MCPC, CARC
Research Project Manager
Technical Assistance & Implementation
SBIRT / Equity & Inclusion

Certificate of Completion

- At the end of the session, you will complete an online evaluation prior to going offline (instructions to follow).

- Certificates will be sent out within a week; a copy of the slides will be sent tomorrow.

- This webinar is approved for 3 hours of CASAC, CPP, CPS credentialing.

- You must attend the entire session.

Northeast & Caribbean PTTC Team

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This webinar training is provided under New York State Office of Addiction Services and Supports (OASAS) Education and Training Provider Certification Number 0115, and acceptable for meeting CASAC/CPP/CPS education and training renewal requirements. As an IC & RC member board, NYS OASAS accredited courses are granted reciprocal approval by the NJ Division of Consumer Affairs, Alcohol and Drug Counselor Committee, as do many other states.

Disclaimer

Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) program is to **develop and strengthen** the **specialized behavioral healthcare and primary healthcare workforce** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

Help people and organizations incorporate **effective practices** into substance use and mental health disorder prevention, treatment and recovery services.

Northeast & Caribbean (HHS Region 2)

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

10 Regional Centers

HHS Regions

REGION 10
REGION 8
REGION 5
REGION 1
REGION 2
REGION 3
REGION 9
REGION 4
REGION 6
REGION 7

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Virtual Platform Logistics

- 10-1p, break

- Chat box, raise your hand

- Muting and unmuting

- Connectivity issues

- Camera visual and participation

- Personal trauma and self care

Goals

- Define and explore trauma, risk factors, impacts on communities and health care workers;

- Review how to apply Trauma Informed Care guiding principles in practice and settings.

Northeast & Caribbean (HHS Region 2)

PTTC Prevention Technology Transfer Center Network
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Why does trauma matter in behavioral health care?

Counselor Approaches

- Understand how to recognize trauma-related reactions.

- Learn how to incorporate treatment interventions for trauma-related symptoms into clients' treatment plans.

- Learn how they can help clients build a safety net to prevent further trauma.

- Use a sociocultural perspective (body, spiritual, health, social, spiritual, cultural, economic, behavior).

- Understand when to make treatment referrals for further evaluations or trauma-specific treatment services.

Counselor Characteristics

- Strong self concept

- Ability to regulate thinking, emotions, and behaviors

- Awareness of one's own beliefs, preferences, needs and biases

- Ability to maintain relaxation

- Interpersonal skills: empathy, positive regard, warmth, genuineness

- Ability to engage client in treatment

- Skilled in delivering information clearly and concisely

Arizona Trauma Institute, Trauma and Addiction

Defining Trauma

- **Events** and circumstances.

- The individual's **experience** of these events or circumstances to determine whether it was a traumatic event.

- The long-lasting adverse **effects** on an individual.

Northeast & Caribbean (HHS Region 2)

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Trauma and Substance Use

- 1/4 to 3/4 of people who have survived abusive or violent traumatic experiences report problematic alcohol use.

- 1/10 to 1/3 of people who survive accidents, illness-related, or disaster-related traumatic events report problematic alcohol use, especially if they experience persistent health problems or chronic pain after the event.

- Men and women who have experienced sexual abuse have higher overall rates of alcohol and other substance use disorders.

The ACE (Adverse Childhood Experience) Study
Conducted by the US Center for Disease Control & Kaiser Permanente
17,000 PARTICIPANTS SURVEYED

Female Participants:
13% emotional abuse
27% physical abuse
24.7% sexual abuse

Male Participants:
7.6% emotional abuse
29.9% physical abuse
16% sexual abuse

Early Death

Disease, Disability, and Social Ills

Adoption of Health-Risk Behaviors

Social, Emotional, and Cognitive Impairment
Unable to process or understand Information, Loss of Higher Reasoning, Learning Disabilities

Disrupted Neurodevelopment
Difficulty Learning and Engaging with Environment, Hyperactivity, Depression, OCD,

Adverse Childhood Experiences (ACE)
Abuse, Neglect, Household Dysfunction

The ACE Study Findings
suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences.

Realizing these connections is likely to improve efforts towards prevention and recovery.

the MAMA BEAR EFFECT

Mental Health, Substance Use, Suicide Ideation

During late June, 40% of U.S. adults reported struggling with mental health or substance use

ANXIETY/DEPRESSION SYMPTOMS 31%

STARTED OR INCREASED SUBSTANCE USE 13%

TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS 26%

SERIOUSLY CONSIDERED SUICIDE[†] 11%

*Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020

†In the 30 days prior to survey

CDC, Morbidity and Mortality Weekly Report (*MMWR*) Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic, United States, June 24-30, 2020, https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm

Theories: Trauma Link to Substance Use

- **Self-medication hypothesis**: People with PTSD use substances to cope with or counteract their symptoms.

- **High-risk hypothesis**: People who use substances have higher rates of trauma as a result of their substance use.

- **Susceptibility hypothesis**: People who use substances are more susceptible to developing PTSD after exposure to trauma than those who do not use substances.

COVID Related Trepidation

- Fear of losing connection with individuals.

- Fear of isolation.

- Sacrifices people are making on a day-to-day level which are equally traumatic compared to the virus itself.

- Fear of losing loved ones.

Race-Based Traumatic Stress (~~DSM-5~~)

- Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes.

- Black and Brown lives have been disproportionately affected by the COVID-19 pandemic and police violence.

- Black and Brown communities have been made vulnerable to disease, psychological stressors, and unhealthy behavior due to the unequal distribution of resources.

- Historical trauma, closely related to intergenerational trauma, may develop when a community or generation collectively experiences trauma, such as pandemic, war, economic depression, or oppression.

Racial Inequities in Treatments of Addictive Disorders, October 2021,
https://medicine.yale.edu/news-article/racial-inequities-in-treatments-of-addictive-disorders/

Trauma and Stress Related Disorders DSM-5

Acute Stress Disorder (ASD)

- Although similar to the criteria for PTSD, the diagnosis can only be given within the first month after a traumatic event.

- Criteria for ASD contain a greater emphasis on dissociative symptoms

- ASD diagnosis requires that a person experience three symptoms of dissociation (e.g., numbing, reduced awareness, depersonalization, derealization, or amnesia)

PTSD: National Center for PTSD, http://www.ptsd.va.gov/professional/treatment/early/acute-stress-disorder.asp

Post Traumatic Stress Disorder

- Symptoms usually begin early, within 3 months of the traumatic incident, sometimes years afterward

- Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD

- To be diagnosed with PTSD, an adult must have all of the following for at least 1 month
  - At least one re-experiencing symptom
  - At least one avoidance symptom
  - At least two arousal and reactivity symptoms

Post Traumatic Stress Disorder, https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml#part_145371

Complex Trauma

- Repetitive, prolonged, or cumulative

- Most often interpersonal, involving direct harm, exploitation, and maltreatment including neglect/abandonment/antipathy by primary caregivers

- Often occur at developmentally vulnerable times in the victim's life (childhood or adolescence), but can also occur later in life

Understanding Complex Trauma, Complex Reactions, and Treatment Approaches, http://www.giftfromwithin.org/html/cptsd-understanding-treatment.html

Emotional Reactions

Initial Emotional Reactions

- Numbness and detachment
- Anxiety or severe fear
- Guilt (including survivor guilt)
- Exhilaration as a result of surviving
- Anger
- Sadness
- Helplessness
- Feeling unreal; depersonalization (e.g., feeling as if you are watching yourself)
- Disorientation
- Feeling out of control
- Denial
- Constriction of feelings
- Feeling overwhelmed

Delayed Emotional Reactions

- Irritability and/or hostility
- Depression
- Mood swings, instability
- Anxiety (e.g., phobia, generalized anxiety)
- Fear of trauma recurrence
- Grief reactions
- Shame
- Feelings of fragility and/or vulnerability
- Emotional detachment from anything that requires emotional reactions (e.g., significant and/or family relationships, conversations about self, discussion of traumatic events or reactions to them)

Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (TIP Series, No. 57.).

Kimi

Kimi is a 35-year-old Native American woman who was group raped at the age of 16 on her walk home from a suburban high school. She recounts how her whole life changed on that day.

"I never felt safe being alone after the rape. I used to enjoy walking everywhere. Afterward, I couldn't tolerate the fear that would arise when I walked in the neighborhood. It didn't matter whether I was alone or with friends, every sound that I heard would throw me into a state of fear. I felt like the same thing was going to happen again. It's gotten better with time, but I often feel as if I'm sitting on a tree limb waiting for it to break. I have a hard time relaxing. I can easily get startled if a leaf blows across my path or if my children scream while playing in the yard.

The best way I can describe how I experience life is by comparing it to watching a scary, suspenseful movie, anxiously waiting for something to happen, palms sweating, heart pounding, on the edge of your chair."

Survival Mode: Flight/Fight/Freeze

Frontal lobe (Prefrontal cortex) goes offline
Limbic system / mind and lower brain functions take over

Learning/ Thinking Brain
(Prefrontal Cortex)

Limbic System
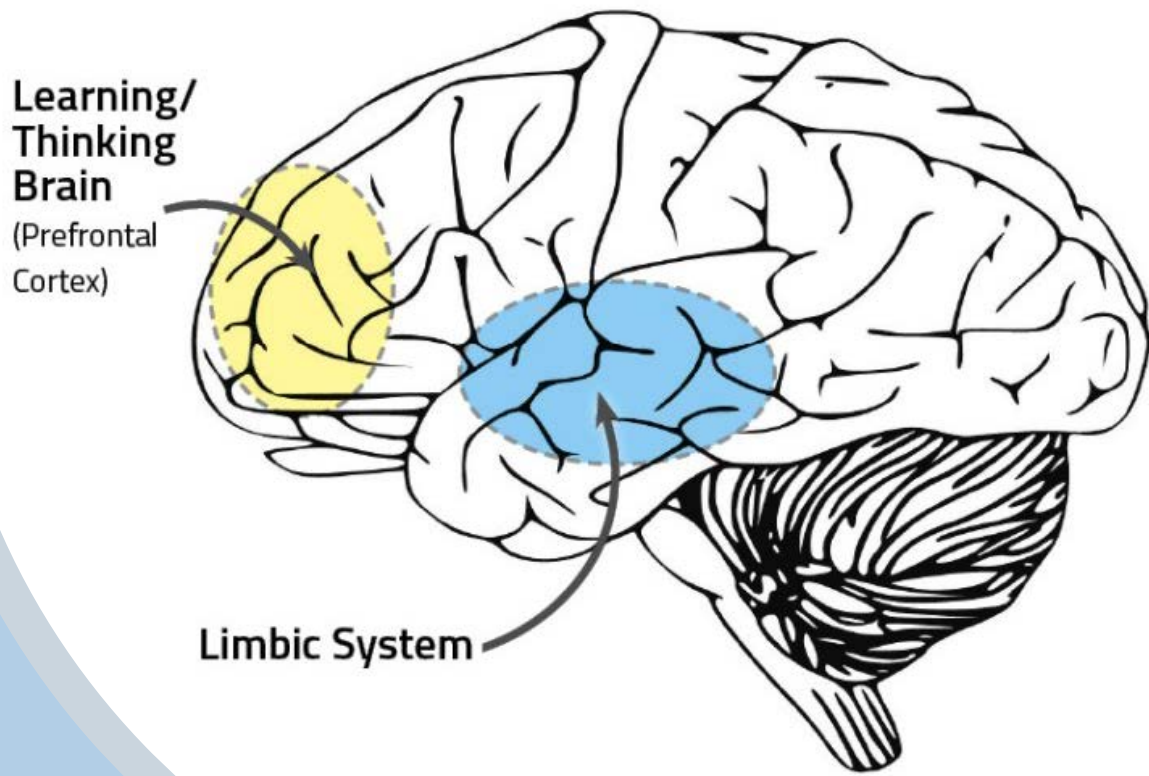
Trauma & the Brain

- Overstimulated amygdala – on high alert

- Underactive hippocampus – becomes less effective in making connections

- Ineffective variability – elevation of stress hormones interferes with the body's ability to regulate itself

Three Areas Affected by Substance Use

Cerebral Cortex

Limbic System

Brain Stem

Brain Stem
Controls functions critical to life. I.e. heart rate, breathing

Limbic System
The brain's reward circuit. It is highly implicated by emotions

Cerebral Cortex
Controls specific functions. It enables us to see, feel, hear and taste. The frontal cortex is the reasoning centre of the brain.

28
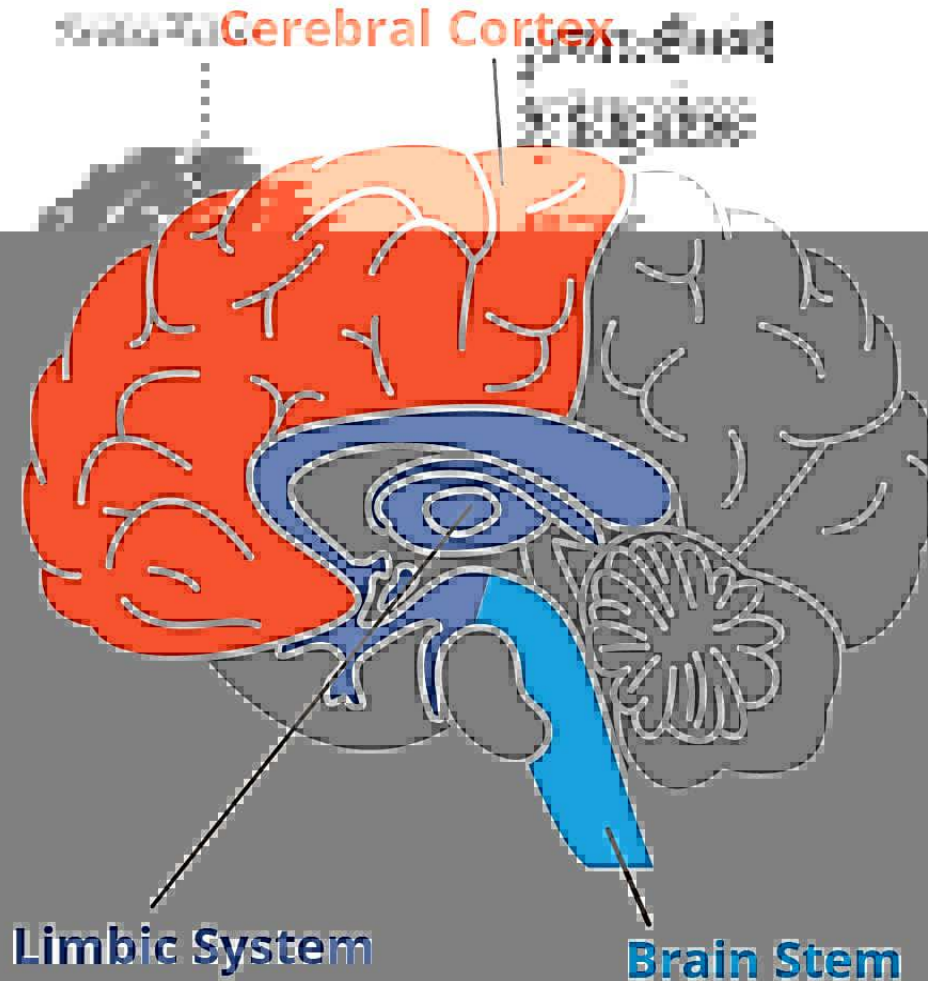
What Happens Physically

- Trauma is any experience that overwhelms one's (autonomic) nervous system and ability to cope.

  - **Sympathetic** nervous system's primary function is to stimulate the body's fight or flight response.

  - **Parasympathetic** nervous system inhibits the body from overworking and restores the body to a calm and composed state.

Symptoms Are Adaptations

Following a traumatic event, or repeated trauma, people react in different ways, experiencing a wide range of physical and emotional reactions. There is no *"right"* or *"wrong"* way to think, feel, or respond to trauma.

Human responses are NORMAL reactions to ABNORMAL events.

Trauma Informed Care

Trauma Informed Care

Trauma-Informed Care is an adoption of principles and practices that promote a culture of safety, empowerment, and healing.

According to SAMHSA…

SAMHSA's concept of a trauma-informed approach –
"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 Defined

1. A strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma.

2. Emphasizes physical, psychological, and emotional safety for both providers and survivors.

3. Creates opportunities for survivors to rebuild a sense of control and empowerment.

SAMHSA, Key Terms: Definitions, SAMHSA News, vol. 22, no. 2, 2014, https://www.samhsa.gov/section-223/certification-resource-guides/key-terms-definitions

6 Guiding Principles of a Trauma-Informed Approach

1. SAFETY

2. TRUSTWORTHINESS & TRANSPARENCY

3. PEER SUPPORT

4. COLLABORATION & MUTUALITY

5. EMPOWERMENT VOICE & CHOICE

6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Clients with Traumas

- Empathy, or putting oneself in the shoes of another, is more potent than sympathy (expressing a feeling of sorrow for another person).

- Some clients need to briefly describe the trauma(s) they have experienced, particularly in the early stages of recovery.

- Educating the client about and normalizing trauma related symptoms.

- Identifying and exploring strengths in the client's history can help the client apply those strengths to his or her ability to function in the present.

Using a Trauma Lens

Consider, for instance, a treatment program that serves meals, including entrees that combine more than one food group. Your client enters this program and refuses to eat. Dietary staff explains that food choices are limited.

You may initially perceive your client's refusal to eat or to avoid certain foods as an eating disorder or a behavioral problem.

However, a trauma aware perspective might change your assumptions; consider that this client experienced neglect and abuse surrounding food throughout childhood (his mother forced him to eat meals prepared by combining anything in the refrigerator and cooking them together).
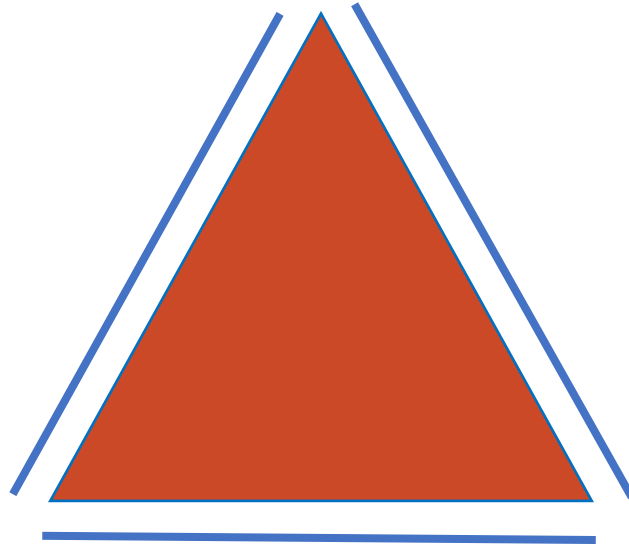
Cognitive Triad of Traumatic Stress

Views about the world
"The world is a dangerous place"
"People cannot be trusted"
"Life is unpredictable"

Views about self
"I am incompetent"
"I should've reacted differently"
"It is too much for me to handle"
"I feel damaged"

Views about the future
"Things will neve be the same"
"What is the point? I will never get over this"
"It is hopeless"

Trauma-Informed Approach to Screening and Assessment

Principles of Supportive Environments

1. Create an environment that is perceived and felt as **safe.**

2. Provide an opportunity for individuals in trauma to successfully self-regulate their behaviors in productive ways and create a **sense of belonging** to communities around them.

3. Install routines, schedules, structures and rules that are predictable and allow the individual to establish a **sense of competency and achievement**.

Adapted from, 'What Are the Basics of a Trauma-Informed Environment?, 2019, https://knowledgeworks.org/resources/basics-trauma-informed-environment/

Jay

From the first time you provide outpatient counseling to Jay, you explain that he can call an agency number that will put him in direct contact with someone who can provide further assistance, or support if he has emotional difficulty after the session or after agency hours.

However, when he attempts to call one night, no one is available despite what you've described. Instead, Jay is directed by an operator to either use his local emergency room if he perceives his situation to be a crisis or to wait for someone on call to contact him.

The inconsistency between what you told him in the session and what actually happens when he calls makes Jay feel unsafe and vulnerable.

Creating Safety

- Introduce yourself in a congenial and inclusive manner.

- Provide culturally appropriate symbols of safety in the environment.

- Negotiate space privacy with client.

- Explain confidentiality.

- Clarify what to expect in the screening & assessment process.

- Follow the client's lead.

- Be aware of one's own emotional responses to hearing clients' trauma histories.

- Respect the client's personal space and cultural perspectives.

- Make space for storytelling.

Screening and Assessing Clients

- Ask all clients about any possible history of trauma; use a checklist to increase proper identification of such a history.

- Use only validated instruments for screening and assessment.

- When clients screen positive, also screen for suicidal thoughts and behaviors.

- Do not delay screening; do not wait for a period of abstinence or stabilization of symptoms.

- Be aware that some clients will not make the connection between trauma in their histories and their current patterns of behavior.

Screening and Assessing ...*continued*

- Do not require clients to describe emotionally overwhelming traumatic events in detail, focus on how trauma symptoms affect clients' current functioning.

- Talk about how you will use the findings to plan the client's treatment and discuss any immediate action necessary.

- At the end of the session, make sure the client is grounded and safe before leaving the interview room.

- Readiness to leave can be assessed by checking on the degree to which the client is conscious of the current environment, what the client's plan is for maintaining personal safety, and what the client's plans are for the rest of the day.

PTSD Checklist for DSM-5 (PCL-5)

- PCL-5, Past Month (PDF)

- PCL-5, Past Week (PDF)

- PCL-5 with Criterion A (PDF)

- PCL-5 with LEC-5 and Criterion A (PDF)

- Using the PTSD Checklist for *DSM-5* (PCL-5) (PDF)

- Stressful Life Events Questionnaire (SLESQ-R) (for previous traumatic events)

Sensitive Questions

- Gender identity and sexual orientation

- Military experience

- Family

- Suicidality

- Abuse and trauma

LGBTQ+ Trauma-Informed Care

Safety
Demonstrate a proactive affirming stance to honor and celebrate sexual and gender diversity through affirming forms, language, visual signals, and LGBTQ+ competent staff.

Trustworthiness and Transparency
Listen openly and own mistakes. Create opportunities for clients to share about their identity and authentically affirm their experiences.

Peer Support
LGBTQ+ peer groups naturally enable mutual aid, as processing similar experiences allows for external validation and helps challenge negative self-beliefs.

Collaboration and Mutuality
Individualized goal planning respects the individual while coaching the client to explore alternatives, options, and decision-making strategies on the path to self-acceptance.

SAMHSA's principles of trauma-informed care guide practitioners to create safety, trust, transparency, collaboration, and empowerment in helping relationships, and to ensure that services have cultural and gender relevance.

Researchers Jill S. Levenson, PhD, LCSW, Shelley Craig PhD, RSW, LCSW, and Ashley Austin, PhD, LCSW, have suggested strategies for translating these principles into affirmative practice for LGBTQ+ clients.

Empowerment, Voice, and Choice
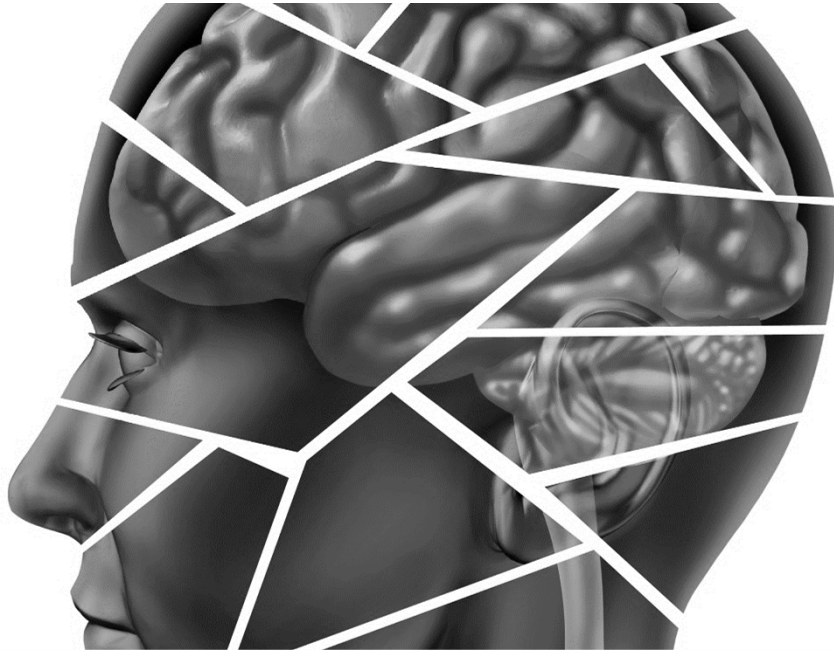Create opportunities for LGBTQ+ clients to take the lead in framing their own life story & treatment-related needs

Cultural, Historical, and Gender Issues
Make services culturally relevant and responsive to the unique feelings and treatment needs of transgender and gender-diverse clients.

Levenson, J. S., Craig, S. L., & Austin, A. (2021). *Trauma-informed and affirmative mental health practices with LGBTQ+ clients. Psychological Services.*

CENTER of EXCELLENCE
LGBTQ+ BEHAVIORAL HEALTH EQUITY

AR Affirmative
RESEARCH

UNIVERSITY of MARYLAND
SCHOOL OF SOCIAL WORK
THE INSTITUTE FOR INNOVATION AND IMPLEMENTATION

Recognizing Reactions During Assessment

- Fixed or glazed eyes
- Crying
- Confusion
- Fast speech
- Sudden change in mood
- Long periods of silence
- Monotonous voice

Responding to Trauma Reactions

- Offer a break
- 5-4-3-2-1 grounding exercise.

  First take a few deep breaths

  5: Acknowledge FIVE things you see around you

  4: Acknowledge FOUR things you can touch around you

  3: Acknowledge THREE things you hear

  2: Acknowledge TWO things you can smell

  1: Acknowledge ONE thing you can taste

Concluding a Session

- Letting the individual know what the next steps will be for him or her with the program.

  "I will call you tomorrow to check in"

  "I know you'll be coming in for XYZ tomorrow. I'll be here between 2 and 3 p.m. Will you drop by my office and let me know how you are doing?"

- Being hopeful.

  "I really appreciate your participation here today. Thank you for taking the time and energy to go through this."

Trauma Informed Support

- **Provide** the time and space for the person to talk about their story if they feel ready.

- **Help** the person identify sources of support, including loved ones, friends, and professional resources.

- **Encourage** the person to get plenty of rest, and to do things that feel good (such as take baths, read, exercise, or watch television).

- **Respect** the person's need to be alone at times.

- **Discourage** the person from using negative coping strategies such as working too hard, using alcohol and other drugs or engaging in self-destructive behavior.

- **Strength based** culturally informed approach to promote resilience.

Provider Wellness

How does our wellbeing as providers impact on our clients and patients?

Provider Self Care

- Peer support

- Supervision and consultation

- Training

- Therapy for self

- Maintaining a balance in one's life

- Engaging in spiritual activities

Resources

- National Center on Trauma Informed Care: http://www.samhsa.gov/nctic

- Trauma & PTSD:
  http://www.ptsd.va.gov/index.asp

- Guide to GPRA Collection Using Trauma Informed Interviewing Skills,
  http://www.integration.samhsa.gov/about-us/Trauma-InformedInterviewingManual-508.pdf

- DSM-5-TR Online Assessment Measures:
  https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures

Certificate of Completion

- Before signing off, please complete our online evaluation by clicking on the chat box link.

- Certificates will be sent out within a week along with a copy of the slides.

- This webinar is approved for 3 hours of CASAC, CPP, CPS credentialing.

- You must have attended the entire session.

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ATTCnetwork.org/northeastcaribbean

If you are sharing a computer with others, please type your names in the chat box.

Please fill out your evaluation forms – it will only take a couple of minutes! Just scan the code with the camera on your smart phone, click on the link in the chat box, or type the link into your browser: https://ttc-gpra.org/P?s=473694

Don't worry if you can't – an email with the link will be sent to you tomorrow, along with a copy of the slides. Certificates will be sent within a week.

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Substance Abuse and Mental Health
Services Administration