



Trauma Informed Care
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Overview

- Definitions
- Prevalence
- Difference between trauma informed services and trauma specific services
- Consequences of trauma
- Principles of a trauma informed service system



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What is Trauma?

- Traumatic event – one in which a person experiences, witnesses or is confronted with actual or threatened death or serious injury, or threat to the physical integrity of oneself or others.
- A person's response to trauma often includes intense fear, helplessness or horror.



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What is Trauma continued

- Trauma can result from experiences that are private
 - Childhood abuse (physical and sexual)
 - Sexual assault
 - Domestic Violence
 - Witnessing interpersonal violence
- Or more public
 - War
 - Community Violence
 - School Violence
 - Natural Disasters



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Prevalence

- Individuals with trauma histories from childhood onward make up the majority of clients served by public mental health and substance abuse service systems
 - 90% of all clients have been exposed to or experienced trauma (Mueser et al., 1998)
 - Between 51 to 98% of those diagnosed with severe mental illness have trauma histories



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Prevalence continued

- 75% of women and men in substance abuse treatment report trauma histories (SAMSHA/CSAT, 2000)
- Nearly 8 out of 10 female offenders with a mental illness report having been physically or sexually abused (Smith, 1998)
- 98% of homeless women with mental illness experienced severe physical and/or sexual abuse



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Prevalence continued

- A history of trauma is pervasive among youth (especially youth from diverse cultural backgrounds)
 - 93.2% of males and 84% of females reported at least one traumatic experience
 - Males were most likely to report witnessing violence, while females were most likely to report being victimized by violence (Hennessey et al., 2004)



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Prevalence continued

- Adverse Childhood Effects study examined the childhood experiences of 18,000 participants has demonstrated that trauma is far more prevalent than previously recognized.
- 50% of study participants reported at least one adverse childhood experience and 25% reported at least two or more
 - Untreated trauma underlies a range of health problems
 - And social problems such as prostitution, delinquency and criminal behavior



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Trauma informed and trauma specific services

- Trauma informed care
 - Service delivery is based upon an understanding of how trauma impacts the life of an individual seeking or referred for services.
 - Trauma informed organizations are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery may exacerbate
 - Trauma informed services and organizations seek to avoid re-traumatization



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Trauma Specific Interventions

- Trauma specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing.
 - Trauma Focused Cognitive Behavioral Therapy
 - Seeking Safety
 - Trauma Recovery and Empowerment Model



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Consequences of Trauma

- Childhood trauma is linked to the following physical health problems in adulthood
 - Smoking
 - Multiple sexual partners and sexually transmitted diseases
 - Severe obesity
 - Cancer
 - Chronic lung disease
 - Liver disease(NASMHPD/NTAC p.45)



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Consequences of Trauma continued

- Consequences related to adult psychiatric disorders
 - Almost three times more likely than non abused adults to have an affective disorder
 - More likely to engage in self harm- suicide attempts, cutting and self-starving
 - More likely to be homeless and mentally ill as adult women
 - At risk of developing Posttraumatic Stress Disorder or related symptoms



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Consequences of Trauma continued

- Consequences related to Juvenile and Criminal Justice
 - Childhood abuse is correlated with increased truancy, running away and homelessness (NASMHPD/NTAC, p. 55)
 - Childhood abuse or neglect increases the likelihood of arrest as a juvenile by 53% and as a young adult by 38%. The likelihood of arrest for a violent crime also increases by 38% (p.49)
 - Boys who experience or witness violence are more likely to commit violence than those who do not.



Consequences related to the Juvenile and Criminal Justice Systems continued

- More than 75% of adjudicated adolescent girls have been sexually abused.
- The majority of men and women in the criminal justice system, including sex offenders and murderers, were abused as children (p. 49).
- The prevalence of PTSD in the juvenile justice population is 8 times as high as community samples of similar age peers (Wolpaw & Ford, 2004).



Social Consequences for Women

- Females sexually abused during childhood are 2.4 times more likely than non abuse females to be sexually assaulted as adults (NASMHDP/NTAC, p.55)
- Females abused in childhood are at greater risk of suicidal and self-mutilating behavior (Herman, 1992)
- Approximately 33% of females abused in childhood neglect or abuse their own children (p. 49)



Principles of Trauma Informed Care for Adolescents and Adults

- Synthesis of the work done by : Harris and Fallott, 2001; Elliott, et. Al., 2005; Hodas, 2006; Jennings, 2004 and the work that emerged from the SAMSHA funded five year grant, Women, Co-Occurring Disorders and Violence (references at the end)
- Most of the research has been done however the principles of trauma informed care have relevance for both genders
- For sake of clarity will separate principles for adolescents and adults although there is significant overlap.



Adolescents

- Trauma informed care requires a shift in our organizational cultures
 - Institutional setting serving adolescents focus on containment and control
 - Shift to promoting wellness which means avoiding coercion – both physical and verbal
 - Approaches should include partnership with the youth and promote skill building and problem solving



Adolescents

- Seclusion and restraint are to be avoided
 - Seclusion and restraint are not treatment but rather reflect the failure of the system to meet the needs of the youth
 - There is considerable risk associated with seclusion and restraint for both clients and staff
 - Individuals being restrained almost invariably experience it as stressful and it recapitulates trauma.



Adolescents

- **Primary focus of trauma informed services should be safety – physical and emotional**
 - Young people cannot benefit from treatment opportunities if they are fearful for their physical and/or psychological safety
- **Safety is most often achieved through the use of preventive strategies**
 - Training support and supervision for staff in non-violent, non-coercive and non-punitive intervention and crisis resolution techniques



Adolescents

- **Intervention approaches that build on youth and family strengths and provide positive reinforcement for learning and applying new skills.**
- **Providing youth with age appropriate psychoeducation about trauma and its consequences.**
- **Providing or referring youth to an evidence based trauma specific intervention service.**



Adolescents

- Gender specific considerations
- Most interventions for youth served in juvenile justice have been developed and implemented with males.
- Increasing evidence to suggest that trauma may be the pathway to juvenile justice for girls



Gender specific considerations

- Ensure that interpersonal responses by staff, especially males, are not threatening or demeaning.
- Ensure that male staff appreciate the dynamics of trauma and are clear regarding their own professional boundaries.
- Teach skills that support healthy, non-exploitive relationships with males.
- Provide psychoeducation that helps girls understand the link between trauma, gender and her current challenges.
- Build on the capacity of girls to develop friendships and network with other girls.



Requirements for Creating a Trauma-Informed System of Care

- Applies to both adolescents and adults
- Comes from the work of Harris and Fallot, 2001
- Administrative commitment to change
 - Resources must be directed toward ensuring that knowledge about trauma is integrated into the service delivery practices in the organization



Requirements for creating a trauma-informed system of care continued

- Universal screening
 - Is useful in ensuring that all staff think about trauma in relation to all consumers of services not just those they “think” have a trauma history.
 - Asking about trauma may lead to more thoughtful referrals to trauma-specific services



Requirements for creating a trauma informed system of care continued

- Training and Education

- All staff regardless of the professional training they have received should be required to attend training regarding the prevalence, consequences and “symptoms” of trauma.
- Using materials (such as videos) that incorporate consumer voices and experiences often have the most impact on staff attitudes and beliefs.



Requirements for creating a trauma informed system of care continued

- Hiring practices

- One way to make a system more trauma informed is to hire staff that have experience and an understanding of trauma.
- Hiring consumers that have experienced and recovered from trauma.
- Supporting staff who are “trauma champions” within the agency



Requirements for creating a trauma informed system of care continued

- Review of policies and procedures
 - Are they harmful to trauma survivors?
 - Seclusion and restraint
 - Involuntary hospitalization
 - Choice in treatment provider
 - Choice of treatment modality



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Principles of Trauma Informed Care

- Developed for adult women
- Informed by the work of Elliott et al., 2005
- Trauma informed services recognize the impact of violence and victimization on development and coping strategies.
- Trauma informed services identify recovery from trauma as the **PRIMARY** goal.



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Principles of Trauma Informed Care

- Trauma informed services employ and empowerment model
 - Collaboration and genuine partnership between consumer and provider
 - Creates forums where women can relate to each other in mutually supportive ways
- Trauma informed services strive to maximize a woman's choices and control over her recovery



Principles of Trauma Informed Care

- Trauma informed services are based in a relational collaboration
 - Staff must be aware of the power imbalance in the “helper-helped” relationship and try to flatten the hierarchy
- Trauma informed services create an atmosphere that is respectful of survivors need for safety, respect and acceptance



Principles of Trauma Informed Care

- Trauma informed services emphasize women's strengths, highlighting adaptation over symptoms and resilience over pathology.
- The goal is to minimize the possibilities of retraumatization.
- Strive to be culturally competent and to understand each woman in the context of her life experiences and cultural background.
- Solicit consumer input in the design and evaluation of services.



Resources

- Harris, M and Fallott, R. D. (2001)
Using Trauma Theory to Design Service Systems. San Francisco: Jossey-Bass
- Denise E. Elliott, Paula Bjelajac, Roger Fallot, Laurie S. Markhoff, Beth Glover Reed, "Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma Informed Services for Women."
Journal of Community Psychology, Volume 33, No. 4, 461-477, (2005)



Resources

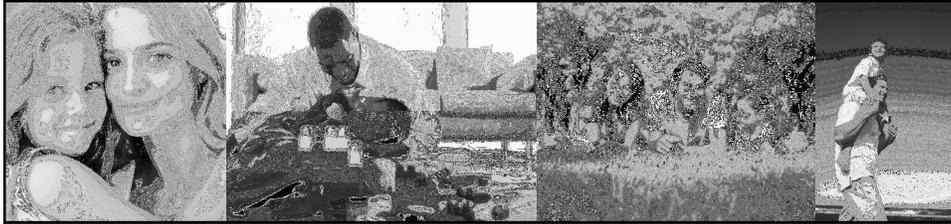
- Responding to Childhood Trauma; The Promise and Practice of Trauma-Informed Care.
Gordon Hodas, M.D. February 2006
- Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services.
Ann Jennings, Ph.D. 2004
- Both publications can be accessed at the National Association of State Mental Health Program Directors web site: <http://www.nasmhpd.org>



Resources

- SAMHSA – National Center for Trauma Informed Care
- Community Connections –
<http://www.communityconnectionsdc.org>
Training resources
- Prototypes – www.prototypes.org
Training resources





The End

