This training is sponsored by the Great Lakes (HHS Region 5) Mental Health Technology Transfer Center Network and the Ohio Association of County Behavioral Health Authorities and presented by Hazelden Publishing
Welcome!
Training Objectives

1. Build a trauma informed and responsive system of care:
   • Realizes
   • Recognizes
   • Responds
   • Resists

2. Understand and promote cultural and linguistic differences related to trauma through formal and informal methods

3. Recognize and address implicit & explicit biases that impact systems of care

4. Be open to new approaches, such as forming partnerships with others in the community to enhance efforts
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
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<tbody>
<tr>
<td>9:30</td>
<td>Welcome &amp; Introductions</td>
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<tr>
<td>9:45</td>
<td>What We Know to be True: Brief review of the literature</td>
</tr>
<tr>
<td>10:15</td>
<td>Building a Trauma Informed and Responsive System of Care: Key Philosophies, Principles and Practices</td>
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<tr>
<td>11:00</td>
<td>Break</td>
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<tr>
<td>11:15</td>
<td>Practice These Principles: Presentation of Toolkit and Guidance Documents</td>
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<tr>
<td>12:15</td>
<td>Lunch</td>
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<tr>
<td>1:15</td>
<td>Practicing the Practices: Small Group Activities and Table Top Discussions</td>
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<tr>
<td>2:30</td>
<td>Break</td>
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<tr>
<td>2:45</td>
<td>Bringing It All Together: Planning Session for Implementing Practices</td>
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<tr>
<td>3:15</td>
<td>Wrap-Up and Evaluation</td>
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Cultural Considerations
the shared patterns of behaviors and interactions, cognitive
constructs, and affective understanding that are learned through
a process of socialization. These shared patterns identify the
members of a culture group while also distinguishing those of
another group.

– Center for Advanced Research on Language Acquisition, Intercultural Studies Project

We don’t see things as they are, we see things as we are.

– Anais Nin
A respectful approach toward individuals of other cultures that continuously pushes one to challenge cultural biases — is an often-overlooked component of trauma-informed care.
National Standards for Culturally and Linguistically Appropriate Services

Offers a blueprint for healthcare organizations to advance health equity, improve quality and eliminate health care disparities
What We Know:
Brief review
Understanding Stress, Adversity and Trauma

<table>
<thead>
<tr>
<th>Stress</th>
<th>Adversity</th>
<th>Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Response to an external cause</td>
<td>• Person’s specific reaction to stress</td>
<td></td>
</tr>
<tr>
<td>• Argument with loved one, impending deadline</td>
<td>• Internal</td>
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</tbody>
</table>
Defining Trauma

Experiences that overwhelm an individual’s capacity to cope.

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physical or emotionally harmful or threatening and has lasting adverse effects on the individuals’ functioning and physical, social, emotional, or spiritual well-being.

<table>
<thead>
<tr>
<th>Event(s)</th>
<th>Experience</th>
<th>Effects</th>
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<tbody>
<tr>
<td>• Events/Non-events/circumstances cause trauma</td>
<td>• Individual’s experience of the event determines whether it is traumatic</td>
<td>• Adverse physical, social, emotional, or spiritual consequences</td>
</tr>
</tbody>
</table>
Possible signs of an “in the moment” trauma response

- Sweating
- Change in breathing (breathing quickly or holding breath)
- Muscle stiffness, difficulty relaxing
- Flood of strong emotions (e.g., anger, sadness, etc.)
- Rapid heart rate

- Startle response, flinching
- Shaking
- Staring into the distance
- Becoming disconnected from present conversation, losing focus
- Inability to concentrate or respond to instructions
- Inability to speak
Types of trauma

- Sexual or physical abuse or assault
- Emotional abuse
- Neglect
- Serious accident, illness, or medical procedure
- Victim or witness to domestic violence, interpersonal violence, or community violence
- School violence
- Bullying
- Natural or manmade disasters
- Forced displacement
- Traumatic grief or separation
- System-induced trauma and re-traumatization
- Historical trauma
The Process of Trauma

- Trauma can overwhelm an individual or community’s resource to cope, and can ignite the “fight, flight, or freeze” reaction at the time of the event
- Trauma often produces a sense of fear, vulnerability and helplessness
- Many factors – biophysical and cultural – affect a person’s immediate response and long-term reactions to trauma

Trauma is associated with a host of negative social, physical and mental health outcomes

Adapted from Covington & Bloom. Moving From Trauma-Informed to Trauma Responsive, 2018.
Prevalence

70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. This equates to approximately 223.4 million people.

An estimated 8% of Americans – 24.4 million people – have PTSD at any given time. That is equal to the total population of Texas.

Up to 20% of these people go on to develop PTSD. As of today, that equates to approximately 44.7 million people who were or are struggling with PTSD.

An estimated one out of every nine women develops PTSD, making them about twice as likely as men.
Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders.

Research has demonstrated a strong relationship between ACEs, substance use disorders, and behavioral problems.
Later traumatic experiences such as violence, accidents, natural disaster, sexual assault and rape, war, refugee experiences, sudden unexpected loss and other life events that are out of one’s control. Trauma can also result from poverty, having a life-threatening illness, intergenerational events, and grief and loss.
Post-Traumatic Stress Disorder (PTSD) is one specific type of response to trauma. It is a psychiatric diagnosis based on an individual experiencing symptoms from three “symptom clusters” including intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms.
Abuse is Pervasive

Factors to Consider in Programming

- Substance Use
- Education
- Mental health
- Criminal justice
- Disability
- Child welfare

Covington & Bloom. Moving From Trauma-Informed to Trauma Responsive, 2018.
Synergistic Effects of Multilevel Efforts

• Organization training of all staff
  • Reception
  • Frontline clinical (Medical Assistants, Nurses)
  • Behavioral health
  • Physicians
  • Facilities

• Awareness campaigns (internal and external)
• Collaboration with community partners to recognize trauma and helping at-risk people access appropriate services
• Improvement of healthcare services targeting individuals at-risk (including organizational measures)
The Organization’s Stress and Response
Identifying Organizational Stress and Trauma

Sources of Organizational Stress

1. What kinds of traumatic experiences have impacted your workplace in the last decade?
2. What kinds of losses has your organization sustained in the last decade?
3. What are the main sources of chronic stress where you work?
4. How do those stressors affect?
   a. Clients
   b. Direct care staff
   c. Indirect care staff (maintenance, administrative assistance, finance, etc.)
   d. Managers
   e. Board members

5. What could you personally do to decrease the stress load when you recognize it?
Understanding the Concept and Structure of a Guide Team

- Provides leadership in moving toward/to trauma-informed and trauma-responsive
- 8-10 people committed to the process
- Cross section of the administration and staff
- Team Leaders
- Trauma and Gender Champions
Building a System

1. Gain knowledge of stress, adversity and trauma
2. Gain an understanding of the impact of organizational stress and trauma
3. Understand the concept and structure of a Guide Team
4. Assess and improve client’s first experience with your organization
5. Assess and improve your organization’s physical space
6. Assess and improve your organization's sense of safety
7. Understand the leadership qualities and skills needed to initiate trauma-responsive organizational change
8. Create a shared language and tools to address trauma
9. Implement evidence-based trauma-specific curricula
10. Have each staff person create a personal self-care plan

Covington & Bloom. Moving From Trauma-Informed to Trauma Responsive, 2018.
Building a Trauma Informed and Responsive System of Care

Philosophies, Principles and Practices
The Four “R”s in a Trauma-Informed Approach

Key Assumptions

- Recognition
- Realization
- Assumptions
- Responds
- Resists

Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014.
10 Implementation Domains

Trauma-Informed Approach

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
Creating a Trauma-Informed Organization

Stages

1. Commit to creating a trauma-informed agency.
2. Create an initial infrastructure to initiate, support, and guide changes.
3. Involve key stakeholders, including consumers who have histories of trauma.
4. Assess whether and to what extent the organization’s current policies, procedures, and operations either support TIC or interfere with the development of a trauma-informed approach.
5. Develop an organizational plan to implement and support the delivery of TIC within the agency.
6. Create collaborations between providers and consumers and among service providers and various community agencies.
Creating a Trauma-Informed Organization

7. Put the organizational plan into action.

8. Reassess the implementation of the plan and its ability to meet the needs of consumers and to provide consistent TIC on an ongoing basis.

9. Implement quality improvement measures as needs and problem areas are identified.

10. Institute practices that support sustainability, such as ongoing training, clinical supervision, consumer participation and feedback, and resource allocation.
Being trauma informed
Trauma-informed practice is a way of working that recognizes the prevalence and impact of trauma on the lives of those accessing your services.

**The goal of trauma-informed systems is to**

- Avoid re-traumatizing individuals
- Support safety, choice, and control
- Promote healing
Developing an awareness of the key principles of trauma-informed practice at both the individual and organizational levels is an important first step. These key principles include:

1. Trauma Awareness
2. Safety and Trustworthiness
3. Choice, Collaboration, and Connection
4. Strengths Based and Skill Building
5. Peer Support

Adapted from Nathoo, T., Poole, N. and Schmidt, R., 2018 and SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014.
What do trauma-informed services look like?

Trauma-informed services look different depending on the service setting and organization, but they all:

- Provide welcoming spaces
- Offer choice, voice, and control to all patients/clients accessing services
- Work to create physical, emotional, and cultural safety for everyone, including staff
- Offer opportunities to learn wellness skills and coping skills for managing trauma responses
- Provide information about the effects of trauma and resources for learning more about trauma or how to access trauma treatment in the community
- Identify and work with people’s strengths rather than focusing on deficits and “difficult behavior”
Benefits of trauma-informed practice

- Improved access to services
- Improved staff retention and higher satisfaction with employment
- Promotion of health equity
Trauma Awareness

The foundation for trauma-informed practice. Being “trauma aware” means that individuals understand:

- the high prevalence of trauma in society
- the wide range of responses
- effects and adaptations that people make to cope with trauma
- how this may influence service delivery
Trauma awareness is understanding people’s reactions and behaviors as a result of previous injury, rather than as sickness or bad behavior. Being “trauma aware” does not mean that you need to be an expert on treating trauma.

You really need to know that the question becomes “What has happened to this person?” rather than “What is wrong with this person?”

Adapted from Nathoo, T., Poole, N. and Schmidt, R., 2018 and SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014.
Trauma awareness

Organizational strategies

1. Provide all staff, at all levels, with basic foundational training on trauma, its effects, and how trauma affects service engagement.

2. Develop policies or procedures to minimize the possibility of re-traumatization, e.g. de-escalation strategies, “trauma-informed” best practices for delivery of procedures such as urine tests or administering medicine.

Nathoo, T., Poole, N. and Schmidt, R. 2018.
1. Recognize past and current experiences of trauma and violence as a potential risk factor for substance misuse and that substance use can be a form of coping with the effects of trauma, sometimes differently for women, men, trans and gender-diverse people.

2. Be able to recognize the effects of trauma in patients/clients and also in staff, and how it may look for different people.
Assume “universal precautions.” Most of the time, there is no need to ask patients/clients about the details of past or current experiences of trauma. Adapt procedures, practices, and services to reflect an understanding that trauma is common and assume that any or all patients/clients may have experiences of trauma.

Learn about local programs and services that provide trauma specific treatment for women, men, trans and gender-diverse people who may be interested in a referral. Also consider integrated, interdisciplinary, multimodal, or holistic programs that address multiple concerns related to trauma, addiction, and chronic pain.
There are many reasons why people may use substances. For individuals who use substances as a way of coping with the effects of trauma, it may be helpful to normalize their responses. Ask if they are interested in more information about the effects of trauma and offer hope for healing.
Safety and Trustworthiness

Physical, emotional, spiritual, and cultural safety and trustworthiness is key to trauma-informed practice because:

• people who have experienced trauma may feel unsafe on an ongoing basis
• are likely to have experienced abuse of power in important relationships
• may currently be in unsafe relationships or living situations
## Definitions of Safety

### Policies, procedures and practices

<table>
<thead>
<tr>
<th>Basic safety</th>
<th>Physical safety</th>
<th>Psychological safety</th>
<th>Social safety</th>
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</thead>
<tbody>
<tr>
<td>Protects the physical, psychological, social and moral well-being of clients and staff</td>
<td>Promotes the physical well-being of all members of the community through health practices, facility structure, and avoidance of physical injury or threat</td>
<td>Provides an environment in which all members of the community have a sense of self-efficacy, self-confidence, self-esteem and self-determination</td>
<td>Provides an environment in which all members of the community experience predictability in their routine and an appropriate level of trust in their caregivers and peers</td>
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</tbody>
</table>
Safety and trustworthiness can be established or enhanced through:

- Welcoming intake procedures
- Adapting the physical space to be less threatening
- Providing clear information about the programming
- Ensuring informed consent
- Demonstrating predictable expectations
- Scheduling appointments consistently
- Non-judgmental interactions
Safety and Trustworthiness

Burnout, vicarious trauma, secondary trauma, traumatic response, and compassion fatigue are some of the words used to describe the impact of job stress. Many service providers have themselves experienced or witnessed varying degrees of trauma and many more have witnessed or heard stories of trauma and violence from the populations they work with.

For many, the opioid crisis has intensified the trauma they are exposed to on a daily basis.
“Compassion fatigue is a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create secondary traumatic stress for the helper.”

Consider two parts of compassion fatigue:

• Burnout and Secondary Trauma
Compassion Fatigue

Signs in an Individual

• Excessive blaming
• Bottled up emotions
• Isolation
• Receives complaints
• Produces excessive complaints about administrative functioning
• Substance abuse used to mask feelings
• Compulsive behaviors
• Poor self-care
• Trauma symptoms
• Chronic physical ailments

www.compassionfatigue.org
Compassion Fatigue

Signs in an Organization

- High absenteeism
- Teams having difficulties working together
- Breaking company rules
- Aggressive behaviors amongst staff
- Inability to complete assignments and tasks
- Lack of flexibility amongst team members
- Negativism towards management
- Lack of vision for the future

www.compassionfatigue.org
Compassion Fatigue

Assessment Tools

• Professional Quality of Life (ProQoL) Self-Test
• Life Stress Self-Test
• Empath Test

Professional Quality of Life (ProQoL) Self-Test

• Measures Compassion Fatigue along with the two sub components:
  • Burnout and Secondary Trauma

• Tool produces scores in these three domains

https://proqol.org/Compassion_Fatigue.html
Safety and Trustworthiness

Organizational strategies

1. Create opportunities for clients/patients and staff to provide feedback on how the program environment affects physical and emotional safety

2. Develop policies and procedures for working with clients who may be suicidal, intoxicated, psychotic, or engaging in challenging behaviors

3. Provide staff with training in cultural competency, cultural safety, and cultural humility, including understanding of different cultural responses to trauma and practices for self-awareness and self-assessment.

Nathoo, T., Poole, N. and Schmidt, R. 2018.
4. Provide staff with information and support related to burnout, vicarious trauma, and burnout, including how it manifests and ways of minimizing its effects.

5. Ensure supports and resources are in place to support staff who may be experiencing burnout, vicarious trauma, and burnout.
Safety and Trustworthiness

Provider strategies

1. In your work, be as transparent, consistent and as predictable as possible

2. Become aware of possible triggers in routine aspects of the care you provide. If possible, develop strategies, no matter how small, to minimize the possible impact of these activities.

3. Help build trusting and open relationships by being clear about confidentiality of information shared, reporting requirements, and informed consent procedures.

Nathoo, T., Poole, N. and Schmidt, R. 2018.
Safety and Trustworthiness

4. Be open to learning and asking questions about a client’s culture. If possible, offer or respond to requests to engage in cultural rituals, speak in a first language, etc. and make referrals to culturally-relevant healing services.

5. Learn about the signs of burnout, vicarious trauma, and compassion fatigue and be able to recognize them in yourself and other coworkers. Learn about how and where to access support and care.

Nathoo, T., Poole, N. and Schmidt, R. 2018.
Choice, Collaboration and Connection
Choice, collaboration & connection

The principle of choice, collaboration, and connection reflects the importance of creating services that do not further traumatize or re-traumatize people and that support healing and recovery. Experiences of trauma often leave individuals feeling powerless, with little choice or control over what has happened to them.
Offering **choice**, whenever possible, gives control and responsibility back to individuals. Choice can relate to all aspects of service:

- How they are addressed
- How they will be contacted
- Who will be involved in their care
- What the priorities and goals of treatment will be
- Pacing of treatment or level of participation in programming

Nathoo, T., Poole, N. and Schmidt, R. 2018.
Collaboration involves sharing expertise and power. Rather than service providers making decisions on behalf of clients and patients, individuals should be involved in developing a plan for their own care.

Nathoo, T., Poole, N. and Schmidt, R. 2018.
For individuals who have current or past experiences of trauma, being able to establish positive and safe *connections* – with service providers, peers, and the wider community – can promote healing and encourage further engagement with care and support.
Organization strategies

1. Language reflects the culture of an organization and is reflected in policies and procedures. Identify where it is possible to move towards more supportive, recovery-oriented, strengths-based language that emphasizes choice, collaboration and control.

2. Women, men, trans and gender-diverse people have unique and gendered pain care and treatment needs, and may benefit from choosing gender specific spaces and programming.

3. Use inclusive language. Have gender neutral washrooms and display transgender positive resources in waiting areas as a way of demonstrating respect and increasing feelings of trust. All clients may be interested in discussing their gender roles and expectations.

4. Involve clients and patients in evaluating services and as part of service user advisory councils.

Nathoo, T., Poole, N. and Schmidt, R. 2018.
1. When meeting a client for the first time, ask how they would like to be addressed. Check whether they would like to be called by their first name or last name or by their title. Use pronouns that reflect a person’s gender identity; if unsure, respectfully ask.

2. Use statements that make collaboration and choice explicit
   For example
   • “I’d like to understand your perspective.”
   • “Let’s look at this together.”
   • “What is most important for you that we should start with?”

Nathoo, T., Poole, N. and Schmidt, R. 2018.
Strengths Based & Skill Building
Strengths based & skill building

A strengths-based approach to service delivery recognizes the abilities and resilience of trauma survivors, fosters empowerment, and supports an organizational culture of ‘emotional learning’ and ‘social learning.’

Promoting resiliency and coping skills can help individuals manage triggers related to past experiences of trauma and support healing and self-advocacy.
Often, the behaviors and responses of individuals who have experienced trauma are misunderstood and labelled in stigmatizing and deficit-based ways.

A strength-based perspective examines “what works” and “how to do more of what works” rather than focusing primarily on identifying and eliminating problems.

Nathoo, T., Poole, N. and Schmidt, R. 2018.
By focusing on strengths, rather than deficits, you can:

1. Acknowledge the ability of all people to survive and even grow from adversity
2. Recognize the resilience that it takes for people to thrive despite numerous challenges in their lives
3. Emphasize that people can and do heal from experiences of trauma

Nathoo, T., Poole, N. and Schmidt, R. 2018.
Many of the skills that support resilience, promote healing from trauma, and assist with pain management and reduction of opioid use overlap or build upon each other.

• Social emotional and resiliency skills
• Grounding skills and coping skills for managing trauma responses, i.e., recognizing triggers, calming, centering, and staying present
• Pain management skills—relaxation training, mindfulness, yoga, physical exercises, breathing techniques
• Attachment and relational skills
• Creating safety plans, goal-setting, skills for post-traumatic growth

Nathoo, T., Poole, N. and Schmidt, R. 2018.
Strengths based & skill building

Organizational strategies

1. Encourage strengths based policies and procedures throughout the organization from how staff answer the phone, to making referrals, to report writing, to program planning and evaluation.

2. Provide training on secondary trauma and stress management for all staff, promote self-care and well-being through policies and communications and encourage ongoing discussion among staff and administration.

Nathoo, T., Poole, N. and Schmidt, R. 2018.
Strengths based & skill building

Provider strategies

1. Help clients identify their strengths. Ask about people’s interests, survival strategies, practical skills, spirituality, and community connections.

2. Teach and model skills for recognizing triggers, calming, centering and staying present.

3. Develop a range of practices for your own self-care. Identify your own strengths and build self-awareness of your own triggers and signs of burnout.
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 experience to promote recovery and healing.
Supporting Trauma-Informed Practice

Screening

• Stressful Life Experiences (SLE)
• SPAN (derived from Davidson Trauma Scale, DTS)
• PTSD Checklist
Supporting Trauma-Informed Practice

Interventions and Curricula

- Interventions in the first 48 hours (Psychological First Aid)
- ATRIUM
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Empowerment and Recovery Model (TREM)
- Beyond Trauma: A Woman’s Way through the Twelve Steps.

SAMHSA Treatment Improvement Protocol 57, 2014.
Bringing It All Together

Planning session for implementing practices
Table Top Activity: Organizational Response

Safety

Emotions

Loss

Future

S.E.L.F
Safety Planning

• Everyone creates a plan

• Identify:
  • Emotions
  • Triggers
  • Signs
  • 5 simple things

Keep it accessible.
References


Resources

- **Screening and Assessments**
  - SPAN: Multi-Health Systems, Inc. P.O. Box 950 North Tonawanda, NY 14120-0950 Phone: 800-456-3003
  - PTSD Checklist

- **Trauma-Informed Care in Behavioral Health Services: Quick Guide for Clinicians Based on TIP 57**
  
  

- **https://proqol.org/Compassion_Fatigue.html**
Wrap Up and Evaluations
Post-Event Survey

Please use the QR code to access the post-event GPRA survey.
Thank you!