Trauma and the Public Mental Health System

Darby Penney
July 27, 2017
## Goals

<table>
<thead>
<tr>
<th>Define “trauma” and discuss its impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examine the link between trauma and serious psychiatric diagnoses</td>
</tr>
<tr>
<td>Describe “trauma-informed approaches”</td>
</tr>
<tr>
<td>Discuss implementing TIAs in the public mental health system</td>
</tr>
</tbody>
</table>
TRAUMA AND ITS IMPACT
Defining Trauma

Extreme stress brought on by shocking or unexpected circumstances or events that overwhelm a person’s ability to cope.

- Results in feelings of helplessness, extreme fear & horror.
- Threats perceived as psychological and/or bodily violation, threat of death, or serious injury.
- Event may be witnessed or experienced directly.
Events/ circumstances can cause traumatic responses.

An individual’s experience of the event determines whether it is traumatic.

Adverse physical, social, emotional, or spiritual consequences.
Potentially Traumatic Events

Violence/Abuse
- Emotional
- Sexual
- Physical
- Domestic violence
- Witnessing violence
- Bullying
- Institutional

Loss
- Death
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism
- War

Chronic Stressors
- Poverty
- Racism
- Invasive medical procedure
- Community trauma
- Historical trauma
Experience of Trauma

<table>
<thead>
<tr>
<th>How</th>
<th>When</th>
<th>Where</th>
<th>How Often</th>
</tr>
</thead>
</table>

Experience of trauma is affected by:
The effects of trauma: a normal response to an abnormal situation.
The ACE Study

- Decade long: over 28,000 people involved
- CDC/Kaiser Permanente collaboration
- Largest ever epidemiological study of trauma
- Looked at effects of adverse childhood experiences over the lifespan
ACE study found

2/3 had at least 1 ACE
20% had 5+

Link between trauma and a wide range of physical, emotional, and social problems

Rates of chronic physical illness, substance abuse, mental health diagnoses and homelessness rise exponentially with number of ACEs

Felitti, V.J., Anda, R. F., et. al., 1998
Flight, Fight, or Freeze

Brain signals body to respond to perceived threat & body prepares

Ordinarily, when threat is gone, body returns to baseline

If ongoing threat perceived, body remains prepared for threat, resulting in a “trauma response”

The switch is stuck in the “on” position
Dysregulation

At the core of traumatic stress is a breakdown in the ability to regulate internal states.

- Bessel van der Kolk
Trauma Affects Development

- Early experiences, especially traumatic ones, shape human development.
- We develop ways to cope, survive, and defend ourselves against deep and enduring wounds.
- Coping strategies may be distressing but they serve a purpose.
Trauma: not just from ACEs

Adults experience traumatic events too

Violence and trauma may be ongoing in the lives of adults using services
Trauma Disconnects. It can...

- Leave people feeling powerless
- Have lasting effects on ability to trust others & form intimate relationships
- Impact relationships with self, others, communities & environment
- Create distance between people
TRAUMA AND “SERIOUS MENTAL ILLNESS”
Trauma is Widespread

- Vast majority of people with serious psychiatric diagnoses
- Nearly 100% of incarcerated women are trauma survivors
- Similar rates among those with histories of substance abuse, foster care, homelessness, and incarceration
- Both staff and people using services may be trauma survivors
Research on Trauma and “SMI”

Recent studies & meta-analyses found:

- Childhood trauma positively correlated with:
  - Schizophrenia diagnoses
  - Voice-hearing, visual hallucinations
  - Bi-polar diagnoses

Van Dam, 2017; Read et al, 2014; Varese et al, 2012;
Trauma prevalence

275 people with schizophrenia or bipolar diagnoses receiving public mental health services:

• 98% reported at experiencing at least one traumatic event
• 63% of sample also met criteria for PTSD, but only 2% had that diagnosis in chart

Mueser et al, 1998
Trauma and psychosis

Those with psychosis diagnoses reported more severe/frequent childhood trauma compared to non-psychotic patients.

Moderate and severe levels of physical and sexual abuse and physical neglect clearly linked to schizophrenia diagnoses

Mørkved et al, 2016
Healing from trauma, like healing from a physical injury, is a natural human process.

- Richard Mollica, M.D.
TRAUMA-INFORMED APPROACHES
Healing from Trauma Requires

- Regaining sense of control over one’s life & environment
- Sense of safety
- Ability to trust self and others
- Reconnecting with others
Current practices can hurt trauma survivors

- Survivors respond to present circumstances through the lenses of their past

<table>
<thead>
<tr>
<th>Things survivors do to cope may be misinterpreted by staff as “non-compliance”</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
### Standard Approaches

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>• Recreate the fear and helplessness of original trauma</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cause distrust, sadness, anger, frustration &amp; confusion</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Survivor reactions seen as “symptoms” - increases rationale for “management” and potential for coercion</strong></td>
<td></td>
</tr>
</tbody>
</table>
Trauma-Informed Approaches

Based on universal expectation that trauma has occurred

Focused on understanding “What happened to you?” not “What’s wrong with you?”

Seek to understand meaning people make of their experiences.
### Trauma-Informed Approaches

| • All staff and people who use services are educated about trauma |
| Incorporate knowledge about trauma in all aspects of service delivery |
| Minimize revictimization – “do no more harm” |
| Take particular care to create a welcoming environment |
Trauma-Informed Approaches

- Strive to be culturally responsive
- Focus on resilience, self-healing, mutual support, and empowerment
- Ensure voice, safety, autonomy, choice & elimination of coercion
Trauma treatment

Specific techniques to treat manifestations of trauma

Works best in a trauma-informed setting
CHARACTERISTICS OF TRAUMA-INFORMED SYSTEMS
A trauma-informed system

<table>
<thead>
<tr>
<th>Realizes</th>
<th>• Widespread impact of trauma &amp; potential paths for recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes</td>
<td>• Signs of trauma</td>
</tr>
<tr>
<td>Responds</td>
<td>• By fully integrating knowledge about trauma into policies, procedures &amp; practices</td>
</tr>
<tr>
<td>Resists</td>
<td>• re-traumatization.</td>
</tr>
</tbody>
</table>
SAMHSA’s Key Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical & Gender Issues
Principle 1: Safety

Throughout the organization, staff and the people they serve, feel physically and psychologically safe.
Who Defines Safety?

For people who use services: “Safety” generally means maximizing control over their own lives.

For providers: “Safety” generally means maximizing control over the service environment and minimizing risk.
Principle 2: Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency, with the goal of building trust.
Examples of Trustworthiness

- Making sure people really understand their options
- Being authentic
- Directly addressing limits to confidentiality
Principle 3: Peer Support

Peer support & self-help are key for establishing safety & hope, building trust, enhancing collaboration, serving as models of recovery and healing, & maximizing a sense of empowerment.
Trauma-Informed Peer Support

Peer support: A flexible approach to building mutual, healing relationships among equals, based on core values and principles:

- Voluntary
- Non-judgmental
- Respectful
- Reciprocal
- Empathetic
Principle 4: Collaboration and Mutuality

Building partnerships, leveling power differences between staff & service users and between administrators & staff.

Healing happens in relationships and in sharing of power and decision-making.
Principle 5: Empowerment, Voice, and Choice

- Individuals’ strengths & experiences are recognized & celebrated
- People’s voices are actively solicited
- People’s choices are respected
- Organization fosters a belief in resilience.
- People are supported in developing self-advocacy skills
Principle 6: Cultural, Historical, and Gender Issues

The organization:

- actively moves past cultural stereotypes & biases
- offers gender-responsive services
- leverages the healing value of traditional cultural connections
- recognizes & addresses historical trauma.
What Does Help Look Like?

Not trauma-informed

- Needs defined by staff
- Safety defined as risk management
- Staff decide what help looks like
- Help is top-down and authoritarian
- Control is a priority

Trauma-informed

- Needs defined by each survivor
- Safety defined by each survivor
- Survivors choose the help they want
- Help is collaborative and responsive
- Relationships are a priority
Avoid Helping That Hurts

“Helping” in a top-down way may:

• reinforce feelings of helplessness
• imply that service users are incapable of directing their own lives
BECOMING A TRAUMA-INFORMED ORGANIZATION
Organizational self-reflection

To what extent do you use trauma-informed approaches in:

- Organizational Commitment
- Physical & Emotional Environment
- Services & Supports
- Staff Support
- Evaluation & Feedback
Organizational self-reflection

Are we ready to begin a self-reflection process?

What process will we use for self-reflection work?
Organizational Commitment

Mission Statement & Policies

Staffing Policies & Practices

Training Policies & Practices
Environment

Physical safety

Emotional safety
Services and Supports

- Cultural considerations
- Transparency
- Empathy
- Information
- Choice & Voice
Services and Supports

Consider:

• In what ways are our services already trauma-informed?
• What can we improve?
• What resources do we already have?
• What resources and supports do we need?
Staff Support

Staff receive training on:
- Cultural considerations
- Trauma-informed approaches
- Self-care

Supervision is:
- Regularly scheduled
- Supportive
- Reflective

Staff encouraged to use:
- Self-care practices
- Onsite and off-site supports
Evaluation and feedback

Consider

• Who’s involved in designing evaluations?
• Who do you ask for input?
• What do you ask about?
• How do you ask?
• How do you share results?
• How do you use data to change practice?


**Educate everyone about**

- Trauma & its impact
- Trauma-informed approaches
- Trauma as a natural response to extreme events

**“Everyone” includes:**

- Service users
- Direct service staff
- Managers and administrators
- Family members
- Board members