

Trauma and the Public Mental Health System



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Goals



Define “trauma” and discuss its impact

- Examine the link between trauma and serious psychiatric diagnoses

Describe “trauma-informed approaches”

Discuss implementing TIAs in the public mental health system

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

SAMHSA's Three Es in Trauma

Events

Events/
circumstances
can cause
traumatic
responses.

Experience

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

Effects

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

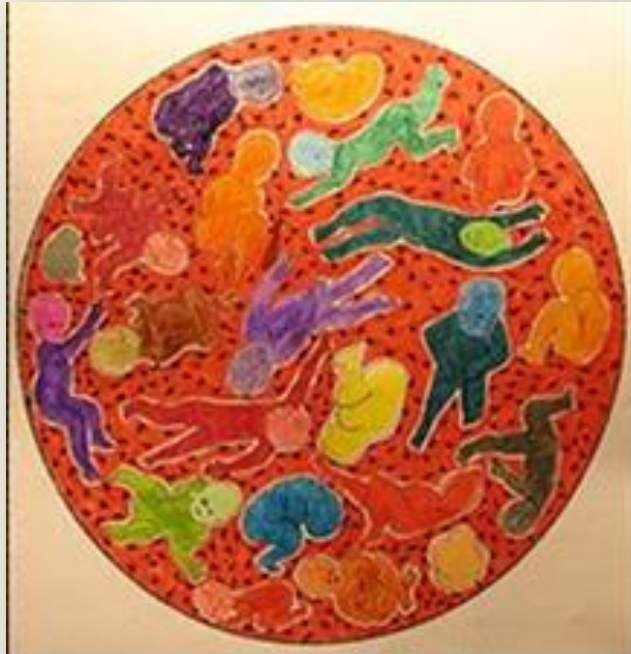
**Experience of trauma is
affected by:**

How

When

Where

**How
Often**



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

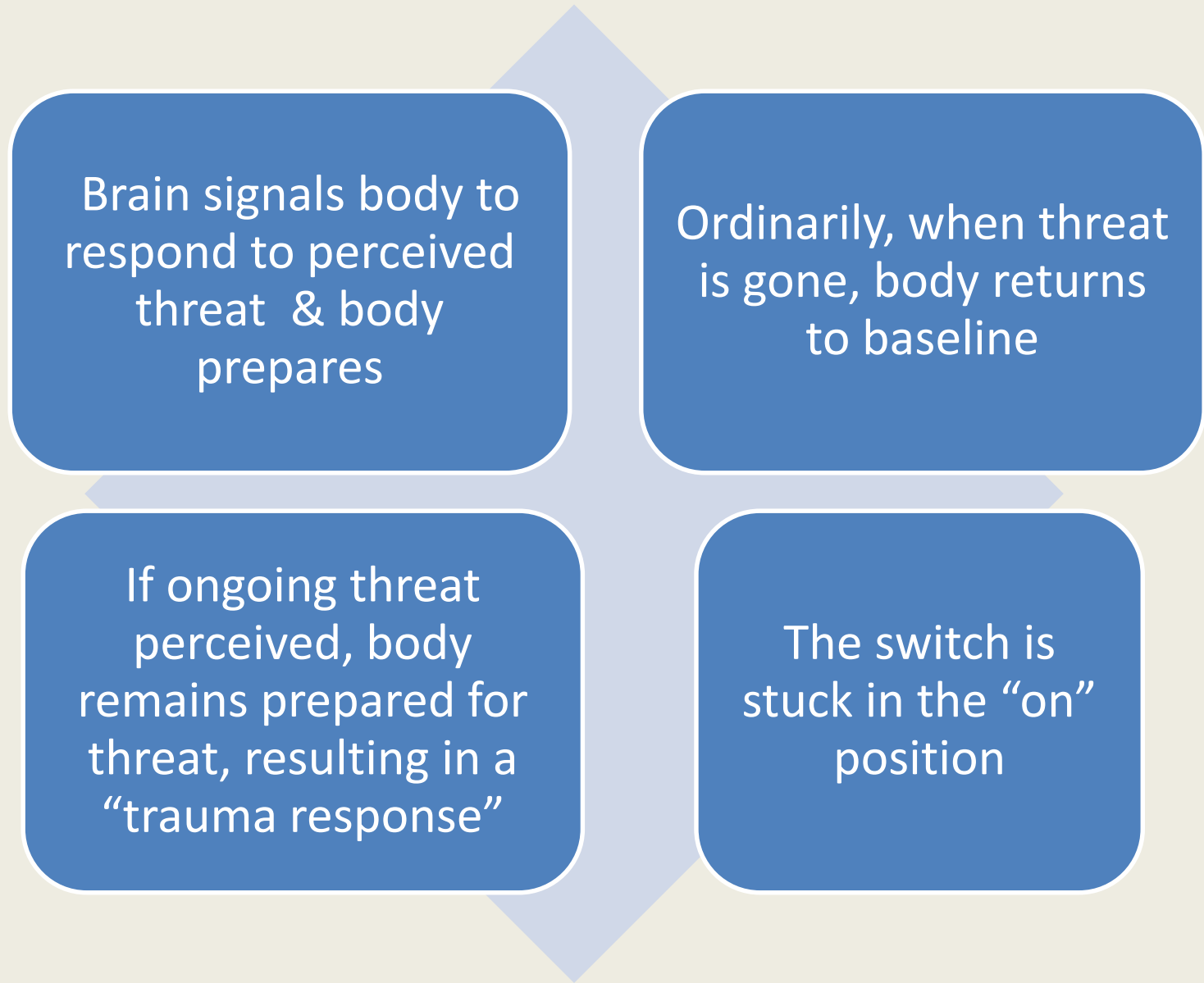
20% had 5+

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

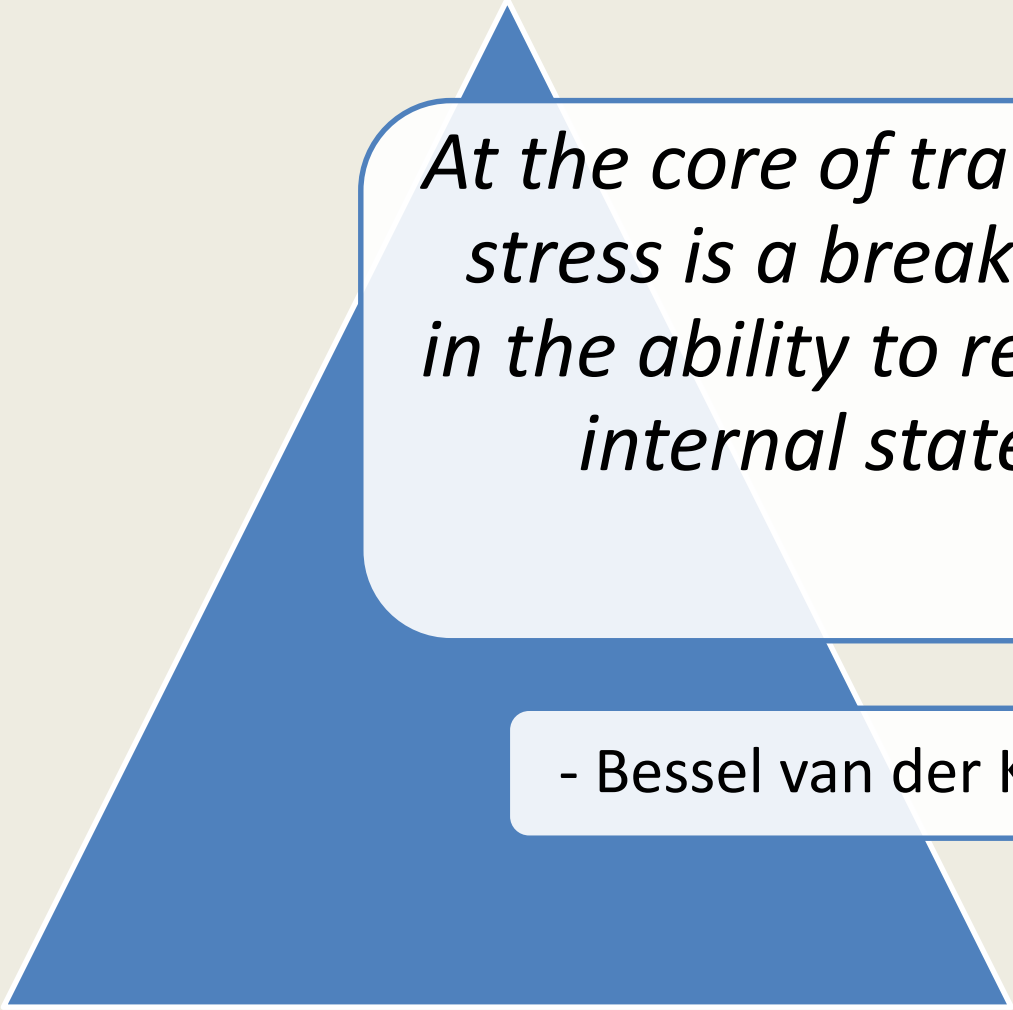
Rates of chronic physical illness, substance
abuse, mental health diagnoses and
homelessness rise exponentially with number
of ACEs

Felitti, V.J., Anda, R. F., et. al., 1998

Flight, Fight, or Freeze



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, & defend ourselves against deep & 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

Similar rates among those with histories of substance abuse, foster care, homelessness, and incarceration

Nearly 100% of incarcerated women are trauma survivors

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;

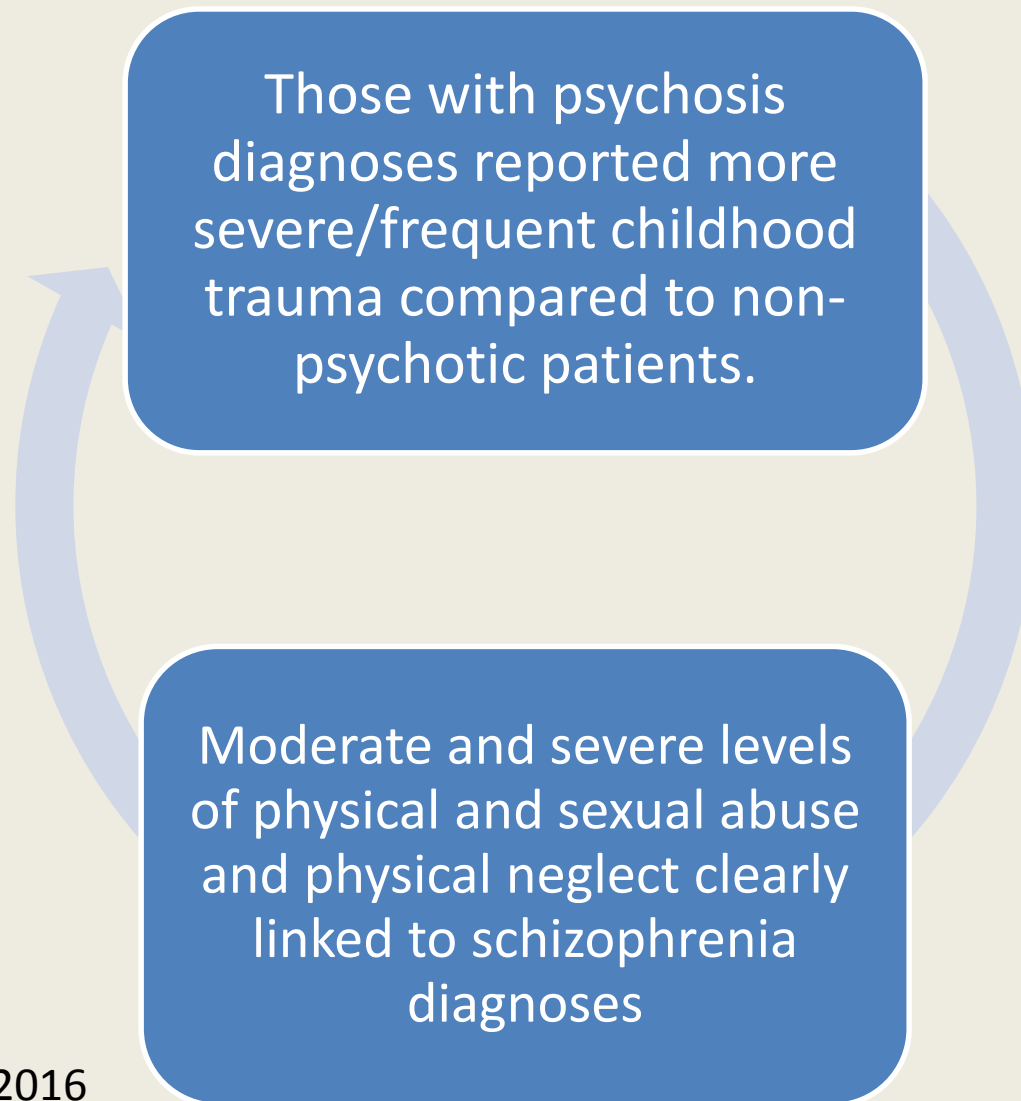
Trauma prevalence

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



Healing is Possible

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



Recon-
necting
with
others


Current practices can hurt trauma survivors



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

Things survivors do to cope may be misinterpreted by staff as “non-compliance”

Standard Approaches



- Recreate the fear and helplessness of original trauma

Cause distrust, sadness, anger, frustration & confusion

Survivor reactions seen as “symptoms” - increases rationale for “management” and potential for coercion

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 |
| |
| |

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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

Realizes

- Widespread impact of trauma & potential paths for recovery

Recognizes

- Signs of trauma

Responds

- By fully integrating knowledge about trauma into policies, procedures & practices

Resists

- re-traumatization.

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

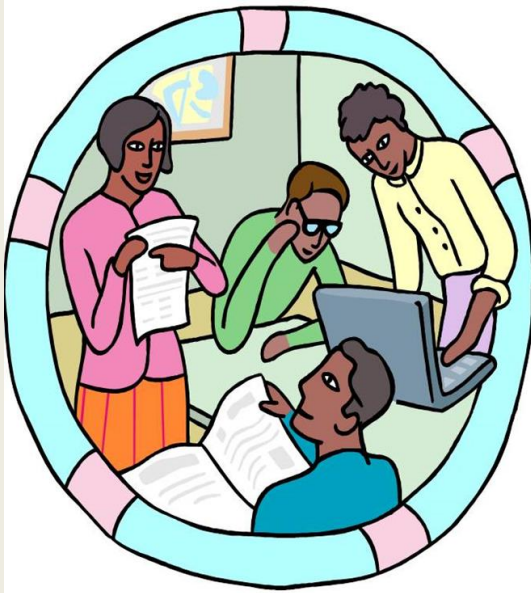
People's voices are actively solicited

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