

Trauma-Informed Care Info Sheet

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1. Trauma-Informed Care (TIC) and Practice:

Trauma-Informed Care and Practice is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

(Trauma-Informed Care - Blue Knot Foundation)

2. Trauma-Informed Approach

A program, organization, or system that is trauma-informed:

1. Realizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist re-traumatization.

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

(Substance Abuse and Mental Health Services Administration - SAMHSA)

3. SAMHSA's Six Key Principles of a Trauma-Informed Approach

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues

From SAMHSA's perspective, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA's definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.

4. Trauma-Specific Interventions

Trauma-specific intervention programs generally recognize the following:

- The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.

5. Known Trauma-Specific Interventions

Following are some well-known trauma-specific interventions based on psychosocial educational empowerment principles that have been used extensively in public system settings. Note that these interventions are listed for informational and educational purposes only. NCTIC does not endorse any specific intervention.

- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection ®
- Sanctuary Model ®
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)

6. Need for Trauma-Informed Care

The Adverse Childhood Experiences (ACE) study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. Almost two-thirds of the study participants reported at least one adverse childhood experience of physical or sexual abuse, neglect, or family dysfunction, and more than one of five reported three or more such experiences.

An individual's experience of trauma impacts every area of human functioning — physical, mental, behavioral, social, spiritual. The ACE study revealed the economic costs of untreated trauma-related alcohol and drug abuse alone were estimated at \$161 billion in 2000. The human costs are incalculable.

Trauma is shrouded in secrecy and denial and is often ignored. When we don't ask about trauma in behavioral health care, harm is done or abuse is unintentionally recreated using forced medication, seclusion, or restraints.

The good news is trauma is treatable — there are many evidence-based models and promising practices designed for specific populations, types of trauma, and behavioral health manifestations.

(National Council for Behavioral Health)

7. Seven Domains of Trauma-Informed Care

The seven domains of trauma-informed care are:

- early screening and assessment
- consumer-driven care and services,
- nurturing a trauma-informed and responsive workforce
- evidence-based and emerging best practices,
- creating safe environments,
- community outreach and partnership building,
- and ongoing performance improvement and evaluation

(National Council for Behavioral Health)

8. Two Influential Studies That Set the Stage for the Development of TIC

The Adverse Childhood Experiences Study (Centers for Disease Control and Prevention, 2013) was a large epidemiological study involving more than 17,000

individuals from United States; it analyzed the long-term effects of childhood and adolescent traumatic experiences on adult health risks, mental health, healthcare costs, and life expectancy.

The Women, Co-Occurring Disorders and Violence Study (SAMHSA, 2007) was a large multisite study focused on the role of interpersonal and other traumatic stressors among women; the interrelatedness of trauma, violence, and co-occurring substance use and mental disorders; and the incorporation of trauma-informed and trauma-specific principles, models, and services.

9. Advice to Counselors and Administrators: Using Strengths-Oriented Questions

Knowing a client's strengths can help you understand, redefine, and reframe the client's presenting problems and challenges. By focusing and building on an individual's strengths, counselors and other behavioral health professionals can shift the focus from "What is wrong with you?" to "What has worked for you?" It moves attention away from trauma-related problems and toward a perspective that honors and uses adaptive behaviors and strengths to move clients along in recovery.

Potential strengths-oriented questions include:

- The history that you provided suggests that you've accomplished a great deal since the trauma.
- What would you say are your strengths?
- What are some of the accomplishments that give you the most pride?
- How do you manage your stress today?
- What are some of the creative ways that you deal with painful feelings?
- You have survived trauma. What characteristics have helped you manage these experiences and the challenges that they have created in your life?
- If we were to ask someone in your life, who knew your history and experience with trauma, to name two positive characteristics that help you survive, what would they be?
- What coping tools have you learned from your _____ (fill in: cultural history, spiritual practices, athletic pursuits, etc.)?
- Imagine for a moment that a group of people are standing behind you showing you support in some way. Who would be standing there? It doesn't matter how briefly or when they showed up in your life, or if they are currently in your life or alive.

- How do you gain support today? (Possible answers include family, friends, activities, coaches, counselors, other supports, etc.)
- What does recovery look like for you?
- What behaviors have helped you survive your traumatic experiences (during and afterward)?

(Bookshelf ID: NBK207195)

10. The Strengths-Based Case Management Model

Strengths-based case management is one of the different models of case management that addresses the social desires and needs of people. The strengths perspective is based on the belief that individuals possess abilities and inner resources that allow them to cope effectively with the challenges of living.¹⁵⁻¹⁷ Strengths-based case management is a specific implementation of the overall strengths perspective, combining a focus on client strengths and self-direction with three other principles: (1) promoting the use of informal helping networks, (2) offering assertive community involvement by case managers, and (3) emphasizing the relationship between client and case manager.

The strengths-based case management model rests on two underlying assumptions about human behaviour. First, people who are successful at living not only have the ability to use and develop their own potential, but also have access to resources that allow them to do this. Second, human behaviour is primarily a function of the resources available to individuals; a pluralistic and just society must value equitable access to resources. Strengths-based case management employs specific principles including:

1. Assets over problems: Focus should always be on the individual's strengths rather than on their challenges or weaknesses.
2. Aggressive outreach: Both the case manager and client must actively seek out more and better supports (e.g. people, services, aid) and opportunities to improve the client's health and wellbeing.
3. Community: Formal and informal community available to the client (e.g. geographical, social, faith-based, or however else defined by the client) should be viewed as having immense potential and wealth with regard to benefits for the client.
4. Self-determined goals: Clients should ultimately determine the goals of the case management.
5. Partnership: Case manager – client relationships should be non-hierarchical and based on mutual respect.

With an emphasis on empowerment and assets over problems, the strengths-based case management model aims to facilitate the individual's attainment of specific competencies and support to improve their health and quality of life using intrapersonal resources, social relations, current opportunities and external

support structures. More specific goals are to establish mutually satisfying social relations (i.e. with landlords, service providers, friends, peers, clergy, teachers, etc.) and to strengthen or improve the quality of a person's living situation financial status, vocational or educational situation, social supports, health, leisure, daily living situation, etc.) as directed by the client.

(wHEALTH Study Team)

Please also watch the following video prior to Dr. Betances' presentation (Click link to go to TED website to view):



***TED Talk – How Childhood Trauma Affects Health Across a Lifetime
Dr. Nadine Burke Harris***

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?utm_campaign=tedsread--a&utm_medium=referral&utm_source=tedcomshare