Preparing the Adult Mental Health Workforce to Succeed in a Transformed System of Care

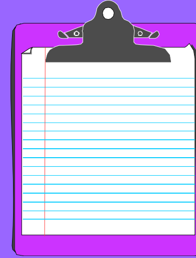
Module XIII
Understanding
Trauma Informed Care

NASMHPD

Huckshorn, Stromberg, LeBel, 2004

2009

Objectives



Upon completion of this module, participants will be able to:

- Discuss the impact of traumatic experiences in the lives of the people we serve
- Be familiar with the prevalence of trauma among persons served in different types service settings
- Describe how our emerging knowledge about trauma indicates a need for the prevention of the use of coercive practices wherever possible
- Identify the characteristics of trauma-informed versus non-trauma-informed settings

When Anne Heche Disclosed

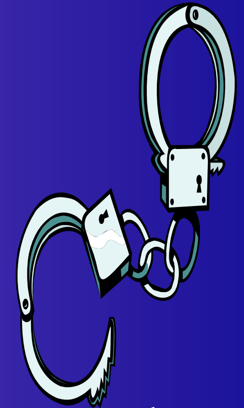
"I told my mother at about the seventh year of therapy that I had been abused sexually by my father, and she hung up the phone on me"

What is Trauma?

- Trauma is:
  - A personal, often extreme, event
  - Usually a horrific experience
  - Impacts people profoundly
  - Redefines a person's life

Traumatic Life Events that Can Result in Mental Health Problems:

- Are interpersonal in nature:
  - intentional, prolonged, repeated
- Includes sexual abuse, physical abuse, severe neglect, emotional abuse



- Also includes, witnessing violence, repeated abandonment, sudden and traumatic loss
- Can occur in childhood, adolescence or at any time in an adult's lifetime

(*Terr*, 1991; *Giller*, 1999, *Felitti*, 1998)

Trauma Informed Health Care Staff Demonstrate:

- An *appreciation* for the very high prevalence of traumatic life experiences in persons who receive mental health services

- A *thorough understanding* of the profound neurological, biological, psychological, and social effects of trauma and violence on the individual, and how these effects can translate into a person's day-to-day behavior

- Commitment to *providing care* that is collaborative, supportive and skill-based

(*Jennings*, 2004)

How is Trauma Defined?

- NASMHPD (2004):
  - The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence, and/or the witnessing of violence, terrorism or disasters
- DSM IV-TR (*APA*, 2000):
  - Person's response involves intense fear, horror, and helplessness
  - Extreme stress that overwhelms the person's capacity to cope

Trauma that is Disabling Can Impact:

- Feelings – people are emotionally overwhelmed, fearful, anxious, and helpless
- Thinking – people can’t think clearly when stressed, or manage their anxiety or distress
- Functioning – a person’s capacity to function in every-day-life is impaired

If you think that trauma is

only sexual or physical abuse

Trauma Informed Care is Based on an Understanding that:

- ✓Trauma represents a profound loss of control
- ✓Trauma is not just a memory. It may have happened in the past, but it impacts the present and effects a consumer's health & development, and the ability to learn & function
- ✓Care must be collaborative, supportive, skill-based, and focused on helping people reclaim control

(*Jennings*, 2004)

Prevalence of Trauma in Adults with Serious Mental Illness (SMI)

- 97% of homeless women with SMI:
  (*Goodman et al*, 1997)
- 90% of public mental health clients
  (*Mueser et al*, in press; *Mueser et al*, 1998)
- 81% of adults diagnosed bipolar disorder and 90% of those with dissociative identity disorder
  (*Herman et al*, 1989; *Ross et al*, 1990)
- 29-43% of people with SMI have PTSD
  (*CMHS/HRANE*, 1995; *Jennings & Ralph*, 1997)

Prevalence of Trauma in Children & Adolescents with Mental Health Problems

- Of 187 adolescents,
42% reportedly had PTSD

(*Kotlek, Wilkes, & Atkinson*, 1998)

- Of 100 adolescent in an inpatient setting, 93% had trauma histories and 32% had PTSD

(*Lipschitz et al,* 1999)

- Among child/adolescent long-term care service-users (162) it was found that 100% had documented trauma histories
(*Massachusetts DMH*, 2007, in press)

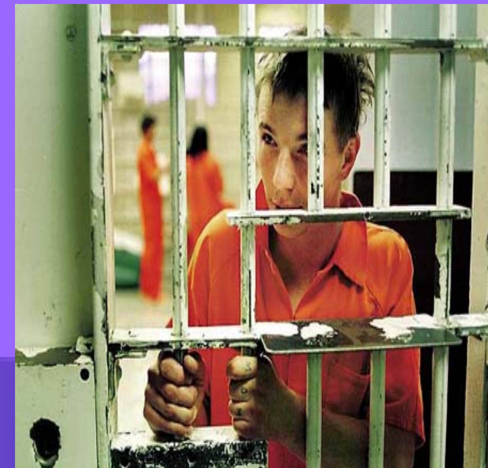
Prevalence of Trauma Among Persons in Substance Abuse (SA) Treatment

- Up to 2/3 of men and women in SA treatment report childhood abuse & neglect (*SAMSHA CSAT*, 2000)

- Study of male veterans in SA inpatient unit
  - 77% exposed to severe childhood trauma
  - 58% history of lifetime PTSD (*Triffleman et al*, 1995)

- 50% of women in SA treatment have history of rape or incest
  (*Gov. Comm. on Sexual and Domestic Violence, Comm. of MA*, 2006)

Prevalence of Trauma In Incarcerated Youth



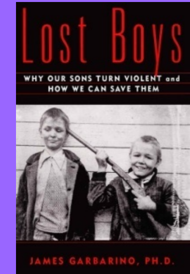
- 93% males in a juvenile justice facility reported a trauma history compared to females (84%), although more females in the study met criteria for PTSD (18% of females, 11% of males) (*Abram et al*., 2004)
- 70% - 92% of incarcerated girls reported sexual, physical, or severe emotional abuse in childhood (*DOC*, 1998, *Chesney & Sheldon*, 1997)

Well Known & Not-So-Well-Known People Aren't Immune From Trauma

- *Desperate Housewives'* star Teri Hatcher revealed she was sexually abused by her uncle after he was arrested for molesting another girl

- Many well-known and not-well-known people have experienced trauma

Shame & Humiliation: Recognizing Survival Strategies



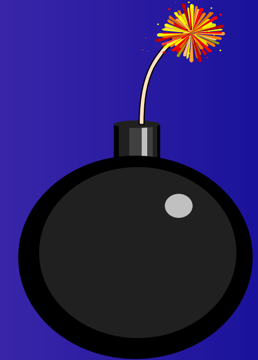
- Garbarino's "Lost Boys" research identifies:
  - Vulnerability to feeling "shamed"
  - Importance of allowing child to "save face"
  - Juvenile vigilantism, survival strategy
  - Gang affiliate offers new, better family
  - Lack of future orientation, sense of meaninglessness – tendency to take risks

(*Garbarino*, 1999; *Hodas*, 2004)

Prevalence of Trauma Correctional Settings

Some researchers describe a pathway in which:

1. Exposure to violence, and
2. Pervasive feelings of not being safe…



…develop into a state of chronic threat requiring the youth/adult to use physical aggression in order to manage these stressors (*Schwab-Stone et al*, 1995)

What About People Who Aren't in Health Care or Human Service Settings?

- Over 50% of U.S. women and 60% of men report experiencing at least 1 traumatic event at some point in their lives

  (*Koenen*, 2005; *Kessler et al*., 1995)

- More than 80% of those diagnosed with PTSD will suffer from other psychiatric disorders

  (*Solomon & Davidson*, 1997)

Author and Actress

In my own case, growing up in an alcoholic home, I came to accept chaos as a normal state of affairs rather than the exception

I wound up sabotaging my first marriage simply because the calm left me unsettled and nervous; I had to create chaos where none existed because that's all I was familiar with

- Suzanne Somers, actress & author

Other Current Trauma Research
Childhood Trauma-Adult Behaviors

- Adverse Childhood Experiences (ACE) have serious health consequences
- People appear to adopt risky health behaviors as coping mechanisms in adulthood, including:
  - Eating disorders, smoking, substance abuse, self harm, sexual promiscuity
- These behaviors result in:
  - Severe medical conditions: Heart disease, pulmonary disease, liver disease, sexually transmitted diseases, cervical cancer, early death (*Felitti et al*, 1998)

What Does All of This Mean?

- Most of the people served in:
  - Psychiatric treatment settings have trauma histories
  - Prison or juvenile justice systems have trauma histories

- People who are not in care settings may also experience trauma – that means staff, too

(*Hodas*, 2004, *Frueh et al*, 2005; *Mueser et al*, 1998; *Lipschitz et al*., 1999; *NASMHPD*, 1998)

What if You Don't Know if Someone Has a Trauma History?

Remember the prevalence research

Take a *"universal precautions"* approach – assume **everyone** we serve has a history of trauma

(*Hodas*, 2004)

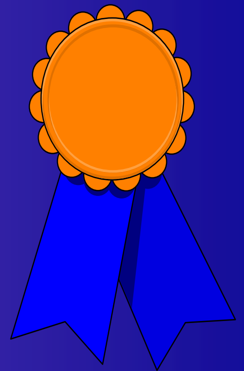
Universal Precautions

Creating a trauma informed setting means using individualized, strength-based interventions to avoid conflict and violence, to ensure safety, to meet needs, and to minimize any traumatic event that could hurt clients or staff

(*NETI*, 2005)

And remember…

"Kindness is a language that the deaf can hear and the blind can see" *Mark Twain*



What Does a Trauma Informed Care System Look Like?

"If you can, help others;
if you cannot do that,
at least do not harm them"

- Dalai Lama

Trauma Informed Care System: Key Principles

- Interventions are based on current literature
- Care is informed by research and evidence of effective practice
- Providers recognize that coercive interventions can cause traumatization and re-traumatization and are to be avoided

(*Fallot & Harris*, 2002; *Ford*, 2003; *Najavits*, 2003)

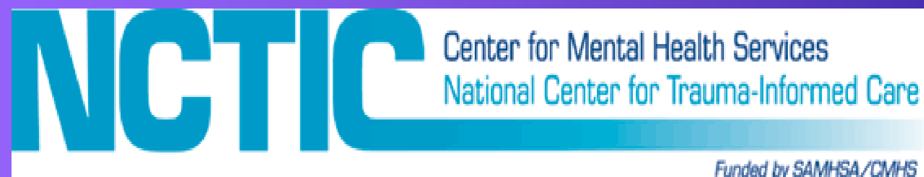
How Would Trauma be Addressed?

Trauma Informed	Non Trauma Informed
Recognition of high prevalence of trauma	Lack of education on trauma prevalence & “universal” precautions
Life history is appreciated/recorded	Person seen without family/social history
Assess for traumatic histories & symptoms	Cursory or no Trauma Assessment
Recognition of setting/culture and practices that are re-traumatizing	“Tradition of Toughness” valued as best care approach

A Trauma Informed Service Recognizes:

"Any intervention that recreates aspects of previous traumatic experiences or that uses power to punish is harmful to the individual involved."

(*NASMHPD*, 1998)



How Would the Service Feel?

Trauma Informed	Non Trauma Informed
▪ Power/Control is minimized - constant attention to practices	▪ Keys, security uniforms, gruff staff demeanor, authoritative tone of voice
Language	
▪ Counselors, staff	▪ Techs, guards
▪ Caregivers/supporters – ***Collaboration***	▪ Rule enforcers – ***Compliance***
▪ Address training needs of staff to improve knowledge & sensitivity	▪ “Patient-blaming” as *fallback* position without training

How would you feel?

How Would People be Treated?

Trauma Informed	Non Trauma Informed
Understand function of behavior (rage, repetition-compulsion, self-injury)	Behavior seen as intentionally provocative & volitional
Objective, neutral language	Labeling language: manipulative, needy, gamey, "attention-seeking"
Consumer is center of their treatment	Lack of self-directed care
Transparent systems open to outside parties	Closed system – advocates discouraged

(*Fallot & Harris*, 2002; *Cook et al*, 2002; *Ford*, 2003; *Frueh et al*, 2005; *Jennings*, 1998; *Prescott*, 2000)

How would you want to be heard?

Compassion Or Support

Sit down! When I want you to stand I'll tell you.

What Would You Hear?

Trauma Informed

- Asking people how they prefer to be addressed
- Quietly making rounds and informing people of schedule
- *"Let's talk and find you something to do"*
- *"May I help you?"*

Non Trauma Informed

- Calling people by first name without permission or last name w/out title
- Yelling "lunch" or "medications"
- *"If I have to tell you one more time…."*
- *"Step away from the desk"*

What Would You See?

Trauma Informed

- Modified nursing station without barrier – welcoming and open
- Checks to check-in with the person – eye contact
- Saying hello and goodbye at beginning and end of shift

Non Trauma Informed

- Large barrier around nursing station – "us/them"
- Checks to simply locate – focus on task, not person
- Coming in and leaving without acknowledgement

The Importance of Carefully Assessing Trauma

- A more sensitive review of someone's trauma history should be done respectfully and shortly after admission in order to:
  - Identify past or current trauma, violence, abuse experiences
  - Learn how trauma is expressed when the person is under duress
  - Incorporate this information into an individualized, person-specific care plan

(*Cook et al*, 2002; *Fallot & Harris*, 2002; *Maine BDS*, 2000)

Common Trauma Symptoms People Struggle With

- Dissociation
- Flashbacks
- Nightmares
- Hyper-vigilance
- Terror
- Anxiety
- Negative auditory hallucinations
- Numbness,
- Depression
- Substance abuse
- Self-injury
- Eating problems
- Sexual promiscuity
- Poor judgment and continued cycle of victimization

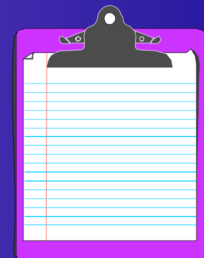
(*DSM IV-TR*, 2000)

Trauma Assessment Components

- ***Type-*** Sexual, physical, emotional, neglect, witnessed domestic violence, exposure to disaster, combat exposure, other
- ***Age-*** When the abuse occurred is important in terms of the impact on the person's development
- ***Who-*** Was abuser a stranger? Family member? (*Carmen et al*, 1996)

Trauma Assessment: Key Principles

- Focus on "*what happened to you*" instead of "*what is wrong with you*" (*Bloom*, 2002)
- Begin to develop a therapeutic relationship (trust, respect, caring) during this process
- Create a crisis prevention/safety plan to use in the hospital/care setting to learn and practice new self-calming skills



Trauma Assessment:
Key Principles

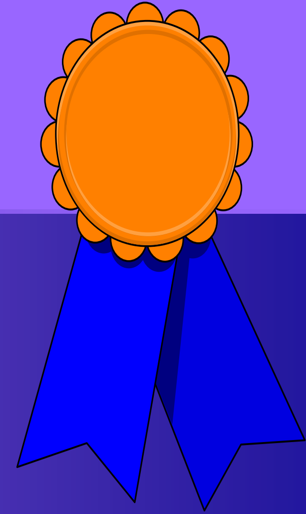
- Information from the assessment and "*positive responses*" to current abuse questions must be incorporated into treatment and discharge plans or the assessment has no value
- Also, if previously disclosed, what happened? Ask if the person has ever told anyone, at all…

Re-Victimization

When a victim reaches out for help or reports the abuse, she/he is often re-victimized by a society who doesn't want to hear what they need to hear. The re-victimization leaves long lasting emotional scars and "cuts deep wounds" in the victim's psyche

- Coral Anika Theill

In Summary



- Most of the people in our care have been traumatized
- Stress can worsen trauma symptoms
- Difficult behaviors are sometimes learned survival strategies
- Try to understand the consumer's history and how to support efforts to teach self-calming

In Summary

- Practices that take away control and choice can be traumatizing
- Watch for trauma "uninformed" practice and try to prevent, avoid or eliminate it
- Keep asking – *is what I am doing respectful and trauma-informed?*

Elie Wiesel, Two lessons in my life

There are no sufficient literary, psychological, or historical answers to human tragedy, only moral ones.

Just as despair can come to one another only from other human beings, hope, too, can be given to one only by other human beings.

- Author & Holocaust Survivor

Optional Video

Behind Closed Doors