Developing a Trauma-Informed Culture for Housing Providers

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TIC
TRAUMA-INFORMED CARE
CENTER FOR EVIDENCE-BASED PRACTICES

at Case Western Reserve University

A partnership between the Jack, Joseph and Morton Mandel School of Applied Social Sciences & Department of Psychiatry at the Case Western Reserve School of Medicine
A Technical-Assistance Center

Providing consultation, training, and evaluation for the implementation of integrated behavioral healthcare services
Service innovations for people with mental illness, substance use disorders

**SAMI**
- Substance Abuse & Mental Illness
- Strategies for co-occurring disorders

**IDDT**
- Integrated Dual Disorder Treatment
  - The evidence-based practice

**DDCAT**
- Dual Diagnosis Capability in Addiction Treatment
  - An organizational assessment & planning tool

**DDCMHT**
- Dual Diagnosis Capability in Mental-Health Treatment
  - An organizational assessment & planning tool

**ACT**
- Assertive Community Treatment
  - The evidence-based practice

**SE/IPS**
- Supported Employment/Individual Placement & Support
  - The evidence-based practice

**IPBH**
- Integrated Primary & Behavioral Healthcare

**MI**
- Motivational Interviewing
  - The evidence-based treatment

**TRAC**
- Tobacco: Recovery across the continuum
  - A stage-based motivational model

**BENEFITS**
- Advocacy & Planning
  - Relationships supporting recovery

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Learning Objectives

Participants will be able to:

1. Identify the 6 core principles of trauma informed care

2. Describe the elements (domains) needed for a trauma informed organization

3. Employ a method for TIC self-evaluation

4. Describe an action plan for program improvement

• **Caution:** this material may cause disturbing personal memories. Seek help when needed!

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Definition

*Individual trauma results from*

- an event,
- series of events,
- or set of circumstances

*that is experienced by an individual as physically or emotionally harmful or life threatening*

*and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.*

SAMHSA 2011
6 KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety
   - physical and psychological

2. Trustworthiness and Transparency
   - with clients, family, and staff

3. Peer Support
   - utilizing the lived experience as vehicle for recovery

4. Collaboration and Mutuality
   - partnering/leveling of power differences

5. Empowerment, Voice and Choice
   - strength, resilience, shared decision-making

6. Cultural, Historical, and Gender Issues
Trauma Affects…

Over one out of four females – 25% of women with a substance use disorder and

About one out of ten males – 10% of men with a substance use disorder in Ohio
Trauma Affects…

Over one out of three females (33%) with mental health disorder; and

About one out of five males (20%) with mental health disorder in Ohio
Prevalence of trauma

• NIDA suggests that up to two thirds (66%) of individuals with substance use disorders have experienced trauma!!

• Rape victims are 3x more likely to use marijuana, 6x more likely to have used cocaine and 10x as likely to have used other drugs, including heroin and amphetamines
4 Assumptions of the Trauma-Informed approach:
“The 4 Rs”

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
4. and seeks to actively **Resist Re-traumatization**
Realization

- Trauma can affect families, groups, organizations, and communities as well as individuals.
- People’s experience and behavior are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances.
- Trauma may have occurred in the past, may be currently manifested, or related to the emotional distress that results in hearing about the firsthand experiences of another.
- Trauma plays a role in mental and substance use disorders and should be systematically addressed in prevention, treatment, and recovery settings.
Realization
Questions to Consider

• Do I realize that behaviors of clients and staff maybe coping strategies and defense mechanisms for current or past traumas?

• How might someone’s defense mechanism of anger or social avoidance help them cope from past trauma?
Recognition

• Signs of trauma may be gender, age, or setting-specific.
• Signs of trauma may be manifest by individuals seeking or providing services in these settings.
• Trauma screening and assessment assist in the recognition of trauma.
• Workforce development and supervision practices assist recognition of these signs.
• How do you help people recognize the immediate and delayed signs of trauma?
  – Physical
  – Emotional
  – Cognitive
  – Social/interpersonal
  – Behavioral
  – Existential
Response

- Apply the principles of a trauma-informed approach to all areas of organizational functioning.
- The experience of traumatic events impacts all people involved, whether directly or indirectly.
- Change language, behaviors and policies to take into consideration the experiences of trauma among children and adult users of the services and among staff providing the services.
- Training includes resources for mentoring supervisors on helping staff address secondary traumatic stress.
- The organization is committed to providing a physically and psychologically safe environment.
- Leadership ensures that staff work in an environment that promotes trust, fairness and transparency.
Response
Questions to Consider

- How do you ensure an environment that is physically and psychologically safe?
- Has your organization implemented universal screening and assessment for trauma? (for service providers)
- Do you have access to and supervision for trauma-specific services from a skilled person?
- Do you offer peer support at your organization?
- How do you ensure continuity of care between organizations and across systems?
- Does your organization/supervisors help staff members address stress from secondary trauma?
- How transparently does your organization conduct operations and treatment planning?
Resist re-traumatization

- Organizations often unconsciously create stressful or toxic environments that interfere with the recovery of clients the well-being of staff and the fulfillment of the organizational mission.

- Teach staff to recognize how organizational practices may trigger painful memories and re-traumatize clients with trauma histories.
Effects of trauma

• Trauma affects
  – Client Presentation
  – Client Engagement = how do you do this?
  – Client Outcomes

• Traumatic stress reactions are NORMAL reactions to ABNORMAL circumstances

• Not everyone who experiences trauma will develop PTSD
  – Most will have brief subclinical symptoms
  – Some will develop co-occurring disorders
Range of trauma reactions

- Some are behavioral vs. reflective (internal)
- Some emotionally expressive vs. very private
- Not all survivors “need to talk” about the trauma
- Respect & value the individual’s style of coping

- Also: trauma reactions vary depending on whether events were singular, multiple, or enduring
Understanding the impact of trauma

Immediate Reactions &…

- EMOTIONAL
- EXISTENTIAL
- DEVELOPMENTAL
- PHYSICAL
- COGNITIVE
- BEHAVIORAL
- SOCIAL

Delayed Reactions
Emotional Reactions

• Immediate
  – Numbness/detachment
  – Anxiety/severe fear
  – Guilt/survivor guilt
  – Exhilaration at surviving
  – Anger
  – Sadness
  – Helplessness
  – Feeling unreal/depersonalization
  – Disorientation
  – Feeling out of control
  – Denial
  – Constriction of feelings
  – Feeling overwhelmed

• Delayed (not much diff)
  – Irritability/hostility
  – Depression
  – Mood swings/instability
  – Anxiety (phobia)
  – Fear of trauma recurrence
  – Grief reactions
  – Shame
  – Feelings of fragility or vulnerability
  – Emotional detachment from anything that requires emotional reactions
Physical Reactions

• Immediate
  – Nausea/GI distress
  – Sweating/shivering
  – Faintness
  – Muscle tremors
  – Uncontrollable shaking
  – Elevated heart rate, respiration, and blood pressure
  – Extreme fatigue or exhaustion
  – Startle responses
  – Depersonalization

• Delayed
  – Sleep disturbances, nightmares
  – Somatization
  – Appetite and digestive changes & disorders
  – Lowered resistance to colds and infection
  – Persistent fatigue
  – Elevated cortisol levels
  – Hyperarousal
  – Long-term health effects i.e. heart, liver, autoimmune, COPD
Cognitive Reactions

- **Immediate**
  - Difficulty concentrating
  - Rumination or racing thoughts
  - Distortion of time and space
  - Memory problems
  - Strong identification with victims

- **Delayed**
  - Intrusive memories or flashbacks
  - Reactivation of previous traumatic events
  - Self-blame
  - Preoccupation with event
  - Difficulty making decisions
  - Magical thinking
  - Belief that feelings or memories are dangerous
  - Generalization of triggers
  - Suicidal thinking
Behavioral Reactions

• Immediate
  – Startled reaction
  – Restlessness
  – Sleep and appetite disturbances
  – Difficulty expressing oneself
  – Argumentative behavior
  – Increased use of alcohol, drugs, and tobacco
  – Withdrawal and apathy
  – Avoidant behaviors

• Delayed
  – Avoidance of event reminders
  – Social relationship disturbances
  – Decreased activity level
  – Engagement in high-risk behaviors
  – Increased use of alcohol and drugs
  – Withdrawal
Social Reactions

• Immediate
  – Survivors may readily rely on supports vs. avoiding support due to shame/feeling of burden/fear that no one will understand
  – Survivors of childhood abuse/interpersonal violence have significant sense of betrayal

• Delayed
  – Ability to develop attachments is affected
  – Difficulty connecting
  – Greater vigilance around others, including BH providers
  – Protection against feeling hurt, taken advantage of, or disappointed
Developmental Reactions

- Young Children
  - Generalized fear
  - Nightmares
  - Heightened arousal
  - Confusion
  - Stomach/head aches

- School-age Children
  - Aggression
  - Anger
  - Regression
  - Repetitious traumatic play
  - Loss of concentration
  - Worsening school performance

- Adolescents
  - Depression
  - Social withdrawal
  - Rebellion
  - Sexual acting out
  - Wish for revenge
  - Sleep and appetite disturbances

- Adults
  - Sleep problems
  - Increased agitation
  - Hypervigilance
  - Isolation/withdrawal
  - Increased alcohol/drug use

- Older Adults/Elderly
  - Reluctance to leave home
  - Isolation/withdrawal
  - Worsening of chronic illnesses
  - Confusion
  - Depression
  - Fear
Existential Reactions

• Immediate
  – Intense use of prayer
  – Restoration of faith in the goodness of others
  – Loss of self-efficacy
  – Despair about humanity, esp. if event was intentional
  – Immediate disruption of life assumptions (fairness, safety, goodness, predictability)

• Delayed
  – Questioning (why me?)
  – Increased cynicism and disillusionment
  – Loss of purpose
  – Hopelessness
  – Increased self-confidence
  – Renewed faith
  – Reestablishing priorities
  – Redefining meaning and importance of life
  – Reworking life’s assumptions to accommodate the trauma
Trauma-Informed Care Promotes Cultural Change

What happened to you? instead of What’s wrong with you?

WHY IS THIS IMPORTANT?
Clients don’t have “pathology” – they have adaptation (over adaptation)

Trauma informed means that you understand that the persons responses are completely appropriate in their circumstances and perception.
Audience participation time!!

• How do any of the above affect the person’s *relationship* with you?

• How do any of the above affect the person’s *involvement* in your environment?
ACE Categories (Felitti)

- **Abuse**
  - Emotional
  - Physical
  - Sexual

- **Neglect**
  - Emotional
  - Physical

- **Household Dysfunction**
  - Mother Treated Violently
  - Household Substance Abuse
  - Household Mental Illness
  - Parental Separation or Divorce
  - Incarcerated Household Member

Health Risk
ACE Score Calculator

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often…Swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt? Yes-No 1 point for Yes

2. Did a parent or other adult in the household often or very often…Push, grab, slap, or throw something at you? Or Ever hit you so hard that you had marks or were injured? Yes-No 1 point for Yes

3. Did an adult or person at least 5 years older than you ever…Touch or fondle you or have you touch their body in a sexual way? Or Attempt or actually have oral, anal, or vaginal intercourse with you? Yes-No 1 point for Yes

4. Did you often or very often feel that …No one in your family loved you or thought you were important or special? Or Your family didn’t look out for each other, feel close to each other, or support each other? Yes-No 1 point for Yes

5. Did you often or very often feel that …You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Yes-No 1 point for Yes

6. Were your parents ever separated or divorced? Yes-No 1 point for Yes

7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit at least a few minutes or threatened with a gun or knife? Yes-No 1 point for Yes

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes-No 1 point for Yes

9. Was a household member depressed or mentally ill? Did a household member attempt suicide? Yes-No 1 point for Yes

10. Did a household member go to prison? Yes-No 1 point for Yes

Add up “Yes” answers: ____ This is your ACE Score.
Childhood experiences and adult alcoholism

![Bar chart showing the percentage of alcoholics by ACE Score]

- 0 ACE Score: 0%
- 1 ACE Score: 1%
- 2 ACE Score: 2%
- 3 ACE Score: 3%
- 4 or more ACE Score: 4%

www.censusforbp.coae.edu
**Effects of Trauma on Neurocognitive Development**

Brain activity of a normal five-year-old child (left) and a five-year-old institutionalized orphan neglected in infancy (right).
ACE Score and Health Risk

As the ACE score increases, risk for these health problems increases in a strong and graded fashion:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Hallucinations
- Fetal death
- Decline in Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- HIV
Harm Reduction

- A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use (or other harmful behaviors that interfere with personal goals).

- A realistic, pragmatic, humane and successful approach to addressing issues of substance use.

- Recognizes that abstinence may be neither a realistic or a desirable goal for some users (especially in the short term) the use of substances is accepted as a fact and the main focus is placed on reducing harm while use continues.
SUCCESS
WHAT PEOPLE THINK IT LOOKS LIKE

SUCCESS
WHAT IT REALLY LOOKS LIKE
Continuum of Excess, Moderation, and Abstinence

—Any steps toward decreased risk are steps in the right direction—
Harm Reduction: Methods

- Safer route of drug administration (behavior)
- Alternative, safer substances (behavior)
- Reduce frequency of harmful behavior
- Reduce intensity of harmful behavior
- Reduce harmful consequences of behavior
Language and Stigma

- Person-first language
- Avoid language that can be stigmatizing or inaccurate
- Refer to individuals as *people* with a substance use disorder or living with mental illness, instead of “addicts” or “insane”
- Describe individuals as abstinent rather than “clean”
- Refer to methadone, vivitrol and suboxzone of buprenorphine as medications rather than “drugs”
How do we support such labels?
What are the consequences?
What would an effective environment look like....

...from a Trauma Informed Care Point of View?

• ?
• ?
• ?
• ?
• ?
Relationships are important

- Relational poverty
- Relational wealth
13 elements of a trauma informed organization

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<td>2.</td>
<td>Interpersonal Contact</td>
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<td>7.</td>
<td>Formal Service Policies</td>
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<td>8.</td>
<td>Screening/Assessment (for the treatment providers)</td>
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<td>9.</td>
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<td>10.</td>
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<td>12.</td>
<td>Staff Training</td>
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<td>13.</td>
<td>Human Resources Practices</td>
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Discuss self-assessment questions
What is Fidelity?

**Fidelity** refers to the degree to which a practice model is delivered as intended.

The literature reflects that a “high fidelity” service produces predictable and positive results.
Data Sources

• Interviews
  – Administration
  – Direct service providers
  – Consumer (s)
  – Social Support/family
• Documents
  – Policy, procedure, medical records
• Observation
  – Team Meeting; Group/s
Domains for evaluation of a trauma informed organization

I. Program Procedures and Settings
II. Formal Service Policies
III. Trauma Screening, Assessment, and Service Planning
IV. Administrative Support for Program-wide Trauma-Informed Services
V. Staff Trauma Training & Education
VI. Human Resources Practices
   • Review CCTIC scale while discussing each item
I. Program Procedures and Settings

A. Safety
   1. Physical Setting
   2. Interpersonal Contact

B. Trustworthiness – clients & staff

C. Choice – clients & staff
   1. Routine practice
   2. Crisis

D. Collaboration

E. Empowerment
II. Formal Service Policies

a. Eliminate involuntary, coercive practices
b. De-escalation
c. Confidentiality
d. Rights, responsibilities, grievances
e. Safety
f. Debriefing after critical incidents
g. Curricula reflects TIC core values
III. Trauma Screening, Assessment, Service Planning & Trauma Specific Services
(\textit{for treatment providers})

1. Screening, Assessment & Service Planning
   a. Universal screening within 1\textsuperscript{st} month of service
   b. Includes lifetime exposure
   c. Implemented to minimize stress
   d. More extensive assessment over time
   e. Gender specific
   f. Individualized recovery planning
III. Trauma Screening, Assessment, Service Planning & Trauma Specific Services—cont’d

2. Trauma Specific Services
   a. Offered or referred to when desired
   b. Effective evidence-based practice for population served
   c. Accessible
   d. Affordable
   e. Responds to client preferences
IV. Administrative Support

1. Overall support
   a. Reflected in policy and/or mission
   b. Clear philosophy in materials & practices
   c. Trauma champion
   d. Client characteristics reflected in staffing
   e. Workgroup process & monitoring

2. Services offered
   a. Simultaneous, integrated, mental health, substance abuse & trauma
   b. Peer mentors
   c. Wrap around services: primary care, spiritual, employment, parenting
   d. Addresses needs of pregnant women
   e. Offer or arrange for child care

3. Survivor involvement (in workgroup & service planning)

4. Data gathering & evaluation (routinely with high level of expectation)
V. Staff Training, Education, Support

a. ≥ 2.5 hours of basic education on TIC principles
b. ≥ 2.5 hours addressing the necessity of admin, support & direct service
c. ≥ 1 hour orientation for all new staff
d. ≥ 3 hours for direct service staff in specific techniques
e. All staff are educated in self-care and secondary trauma
VI. Human Resources

a. Prospective staff interviews include questions about TIC
b. Performance reviews include TIC skills, tasks, and practices
c. Routinely assesses staff knowledge
d. Recognizes outstanding performance
Group discussion

The Creating Cultures of Trauma Informed Care (CCTIC)

Self-Assessment Scale Questions

..and answers?
Implementation – a process

Assess Readiness -> Plan

Sustain

Evaluate <- Implement
“Typical” Evaluation Process

1. Select reviewers & orient them to the scale
2. Plan a full-day for the review
3. Develop an agenda
4. Conduct interviews (staff and clients); medical record/policy review
5. Reviewers score fidelity independently with rationale
6. Discuss ratings to reach a consensus on each
7. Write report with scores, rationales, and recommendations to share
8. Organization decides what actions to take
   AND – develop an action plan
9. Monitor progress (management team?)
10. Reevaluate – continuous quality improvement
The experience of feeling overwhelmed, overworked and possibly even traumatized are so common that we now have names to better explain them...

- Burnout
- Secondary Stress/Trauma
- Compassion Fatigue
- Vicarious Trauma
Important Hallmarks of Vicarious Trauma

- Physical manifestations (headaches, migraines, backaches, gastrointestinal problems)
- Emotional (helplessness, hopelessness, feelings of doubt, mistrust, avoidant behaviors, feeling unsafe, intrusive thoughts)
- Attitude: Humor turns to true negativity
- Passion shifts: Change in worldview
- “Losing the capacity to believe that we can make change.” (Connie Burk)
Ideas for Addressing Burnout

• Being aware of a shift in one's usual perspective towards work or clients
• Acknowledging that a break or shift is needed (self or other)
• Processing
• Paying attention to the basics...eat/sleep
• Taking time for lunch...vacation...personal day
• Self-care
Trauma Informed Self Care

Self-care is not selfish. You cannot serve from an empty vessel.

- Eleanor Brownn
RESOURCES

• Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.


• Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). Trauma-informed organizational toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; the Daniels Fund; the National Child Traumatic Stress Network; and the W. K. Kellogg Foundation.


• Trauma, Brain & Relationship: Helping Children Heal
  https://www.youtube.com/watch?v=jYyEEMIMMb0
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