Trauma Informed Care Across the Addiction Continuum
What is trauma?

Trauma, the Greek word for wound. The Greeks used this word for physical wounds, however today the meaning has taken on many more definitions.

When speaking of trauma and addiction, trauma can generally be defined as a psychological or emotional response to an event or experience that causes distress.
SAMHSA’s 3 E’s of Trauma

- **Events** and circumstances may include the actual or extreme threat of physical or psychological harm or severe, life-threatening neglect for a child that impairs healthy development.

- The **Experience** of said events. Not all individuals have the same experience even though they have been through the same event. Multiple things go into the experience, the individual’s perception, prior traumatic events, cultural beliefs, and the developmental stage of the individual.

- The long lasting adverse **Effects** of the event and experience. These effects can occur immediately or have a delayed onset. These effects could be temporary or be a life long struggle for that individual.
Examples of Trauma

- Car Accidents or other types of accidents
- Rape
- Physical Abuse
- Seriously Illness
- Losing a Loved One
- Experiencing a Divorce (adults and children)
- War - whether combat was seen or not
- Natural Disasters
- Neglect
Although we generally define trauma as something that is deeply distressing, this is not always the case. Small traumas continue to build on one another.

We can break traumas into little “t’s” and big “T’s”

Little “t’s” are events that cause distress because we do not have the ability to cope with the event or experience. These events are not going to be life threatening nor lead to bodily injury, nonetheless, they can cause hopelessness and create a disruption in emotional functioning.

Big “T’s” are traumatic events that most people envision when one says the work trauma. This is a significant event that leaves one feeling powerless and often leads to a fear for their lives or another’s life.
Examples of Little “t’s”

- Divorce
- Infidelity
- Starting a new job
- Having a child
- Legal problems
- Financial problems
- Expensive and unplanned home or car repairs
- Conflict with spouse, children, co-workers, supervisor, etc.
- Loss of a loved one
Examples of Big “T’s”

- Combat/war zones
- Plane/car/train crashes
- Sexual assault
- Natural disaster
- Terrorist attack
- Domestic violence
- Animal attacks
- Physical abuse
Complex trauma is when a person experiences multiple traumas over their lifetime, whether they are little “t’s” or big “T’s”.

Complex trauma was left out of the DSM 5 and has been a major point of controversy. Although the DSM 5 made great strides in bringing trauma related disorders to the forefront, the lack of inclusion of complex trauma often leaves clinicians with a dilemma in diagnosing.

Often individuals that have experienced trauma do not develop PTSD. You see anger, dissociation, depression, and the possibility of the development of borderline personality disorder.

With this said, the World Health Organization has included complex PTSD in the final draft of the ICD-11. The criteria has not fully been released nor has the ICD-11 been voted on. The WHO does recognize the need for additional trauma diagnoses.
Just because someone has experienced something traumatic, whether that is a “t” or a “T”, they may not meet the diagnostic criteria for PTSD.

On the contrary, PTSD is one of the leading mental health disorders that are misdiagnosed as other mental health disorders such as borderline personality disorder, depression, anxiety, and bipolar disorder.
Trauma Diagnoses

- Reactive Attachment Disorder (Child diagnosis only)
- Disinhibited Social Engagement Disorder (Child diagnosis only)
- Post Traumatic Stress Disorder (PTSD)
- Acute Stress Disorder
- Adjustment Disorder
- Other Specified Trauma-Stressor-Related Disorder
Why do we need to focus on trauma?
Because trauma impacts all areas of functioning, physical, behavioral, social, and mental.
The first study was published in 1998. It was followed by over 70 other publications that found the same results.

Childhood trauma is common - it crosses all racial, ethnical, and socio-economic borders.

There is a direct link between childhood trauma and adult onset of chronic diseases as well as mental health issues.

The more types of trauma that a child experienced directly increased their risk of health, social, and emotional problems.
How many ACEs do you have?

1. Did a parent or other adult in the household 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?

2. Did a parent or other adult in the household often... Push, grab, slap, or throw something at you OR Ever hit you so hard that you had marks or were injured?

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 Try to actually have oral, anal, or vaginal sex with you?

4. Did you 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?

5. Did you 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?
How many ACEs do you have, cont...

6. Were your parents ever separated or divorced?

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her OR Sometimes or often kicked, bitten, hit with a fist, or hit with something hard OR Ever repeated hit over a least a few minutes or threatened with a gun or a knife?

8. Did you ever live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

10. Did a household member go to prison?
What was your score?

With an ACE score of 4 or more the likelihood of chronic pulmonary lung disease increases by 390%; hepatitis increases 240%, depression increases 460%, and your chance of attempting suicide increases 1,220%.
Adverse Childhood Experiences (ACEs)

Traumatic events that can have negative, lasting effects on health and wellbeing

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

**Neglect**
- Emotional neglect
- Physical neglect

**Household Challenges**
- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Incarcerated parent

People with 6+ ACEs can die 20 yrs earlier than those who have none

1/8 of the population have more than 4 ACEs

Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today

Dr. Robert Block, the former President of the American Academy of Pediatrics

67% of the population have at least 1 ACE

**4 or more ACEs**
- 3x the levels of lung disease and adult smoking
- 14x the number of suicide attempts
- 4.5x more likely to develop depression
- 11x the level of intravenous drug abuse
- 4x as likely to have begun intercourse by age 15
- 2x the level of liver disease

Adverse Childhood Experiences Study (ACEs)
Trauma-Informed Care calls for a change in organizational culture, where an emphasis is placed on understanding, respecting and appropriately responding to the effects trauma at all levels.

(Bloom, 2010)

(Fallot & Harris, 2001)

The Road to Trauma-Informed Care (TIC)

- Ensures administrative commitment to integrating a trauma-informed culture
- Provides introductory training to all staff
- Establishes an internal trauma team
- Addresses any potential retraumatizing policies and procedures
- Includes providers and providers in planning and evaluation of services
- Conducts early and respectful trauma screening and assessment for all

Trauma Informed Care
Other Evidence Based Trauma Screens

- Trauma Symptom Inventory- 2 - TSI-2
- PTSD Checklist - PCL-5
- Life Event Checklist - LEC

It is important to note, many organizations start the therapeutic relationship with trauma screens, however many other believe that the trauma screens should wait until there is trust and rapport built between the clinician and the client.
What is Trauma Informed Care?

Trauma informed care is an intervention and organizational approach that focuses on how trauma may affect an individual’s life and their response to the service that you offer.

Trauma informed care **IS NOT** having someone trained in a evidenced based strategy to treat trauma, however **ALL** of the staff should be trained about trauma and trauma informed care.
SAMHSA’s 4 R’s to Trauma Informed Approaches

- **Realize** the widespread impact of trauma and understand potential paths for recovery

- **Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system

- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices

- **Resist Re-traumatization** for all individuals involved.
Secondary trauma is defined as the emotional distress one experiences when an individual hears, first hand, about the traumatic events and experiences of another person.

Staff, both clinical and non clinical must be given an opportunity for self care.
Evidenced Based Treatment for Trauma - Adults

- Prolonged Exposure Therapy
- Eye Movement Desensitization and Reprocessing
- Seeking Safety.
Evidenced Based Treatment for Trauma - Children

- Child Parent Psychotherapy
- Attachment, Self Regulation, and Competency
- Trauma-Focused Cognitive Behavioral Therapy
Remember...

Although there are specialized evidenced based practices to treat trauma, this alone is not trauma informed care. It is only a part of trauma informed care.
Trauma Informed Care is a global approach that starts with the first interaction with an agency throughout the entire treatment process.

How do you become trauma informed?
6 Key Principals of a Trauma-Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Issues
Safety

- Individuals, whether children or adults, should feel physically and psychologically safe.

- Interactions with individuals should promote a sense of safety.

- When discussing safety an organization should look into the physical environment and the social-emotional environment.
Creating a Safe Environment

Things to keep in mind when trying to create a safe physical environment:

- Make sure that all areas are well lit.
- Make sure that one does not have to walk through crowds to get into the building/office.
- Maintaining low level of noises in waiting rooms and common areas.
- Make sure individuals have a clear path to an exit.

Things to keep in mind when trying to create a safe social-emotional environment:

- Ensure staff show respect for the individual coming in.
- Ensure staff maintain appropriate boundaries and can calmly and effectively manage conflicts, should they arise.
- Maintain consistent schedules and if changes are required, sufficient notice and communication are required.
- Maintain consistent, open, respectful, and honest communication.
- Be culturally aware of how one’s culture affects the way they perceive trauma, safety, and privacy.
Trustworthiness and Transparency

- The organization makes decisions and maintained organizational operation with transparency.

- The organization has a common goal to build trust within the individuals they serve.
Peer Support

Peer support is shown to improve the feeling of safety and hope and build hope.

Peer support is seen across multiple different mental health treatment continuums.

By sharing their personal stories of healing, peer supports are often able to promote recovery and healing in the individuals we serve.
All individuals in the organization play a part in an individual’s experience and in their road to recovery.

From the receptionist to the housekeeper, to kitchen staff to the nursing staff... All have a therapeutic role to play. —- This is why all staff must be trained in trauma informed care.
Empowerment, Voice, and Choice

- The organization has a clear understanding of the old power differentials and they make a valiant effort to change this.

- The individual is empowered to voice their needs and help with the creation of their treatment plan.

- The organization models this behaviors throughout the staff as well. Staff is empowered and is encouraged to speak their needs.
Cultural, Historical, and Gender Issues

- The organization must acknowledge cultural, historical, and gender related biases and stereotypes.

- The organization offers responsive services in relation to gender related issues and culturally and historically sensitive treatment options.
Trauma informed care is not just for behavioral health clinics. Trauma informed care should be implemented throughout all medical offices, hospitals, and other offices where “helping professions” are used.

Trauma informed care is ever evolving. Maintain updated on new information and new studies that are presented and released. Training is key for you and your staff.
If you only remember one thing...

- Trauma effects us all. It effects our economy, our children, our professions, our social life, everything.

- Trauma is never the same.

- To make sure you remain trauma informed, make sure the individual tells you what is traumatic for them, how it is effecting their life, and what ways they believe they are capable of making changes to make things better.

- Never take the power away from a trauma victim. Empower them to make their own decisions.
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