

Trauma Informed Approach

Overview and Applications





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This presentation and training materials were created by En Route, LLC with funds from the Washington Health Care Authority, Division of Behavioral Health and Recovery.

Many of the materials are grounded in and adapted from the SAMHSA concept of Trauma and Guidance for a Trauma Informed Approach and from Trauma Informed Informed Oregon.

Training Team



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Handouts/ Resource

Trauma Informed Approach Concept

3 E's	4 R's	6 P's	10 D's
Trauma	Key Assumptions	Guiding Principles	Domains for Implementation
1. Events	1. Realize	Safety Trustworthiness and Transparency	Governance and Leadership Policy Physical Environment
2. Experiences	2. Recognize	Peer Support Collaboration and Mutuality	Engagement and Involvement Cross-Sector Collaboration Screening, Assessment and Treatment Service
3. Effects	3. Respond	Empowerment, Voice and Choice Cultural, Historical and	Training and Workforce Development Progress Monitoring and Quality Assurance Financing
	Resist Re-traumatization	Gender Issues	10. Evaluation

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by SAMHSA's Trauma and Justice Strategic Initiative July 2014







Trauma and Stress

Agenda



Trauma Informed Approach



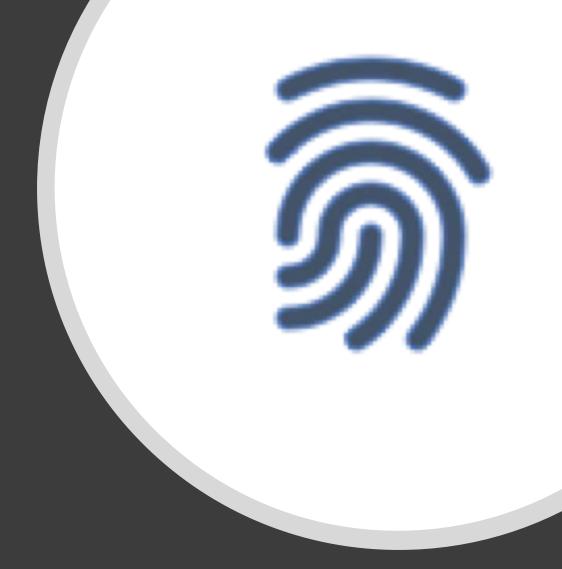
Prevalence Date and Effects on People

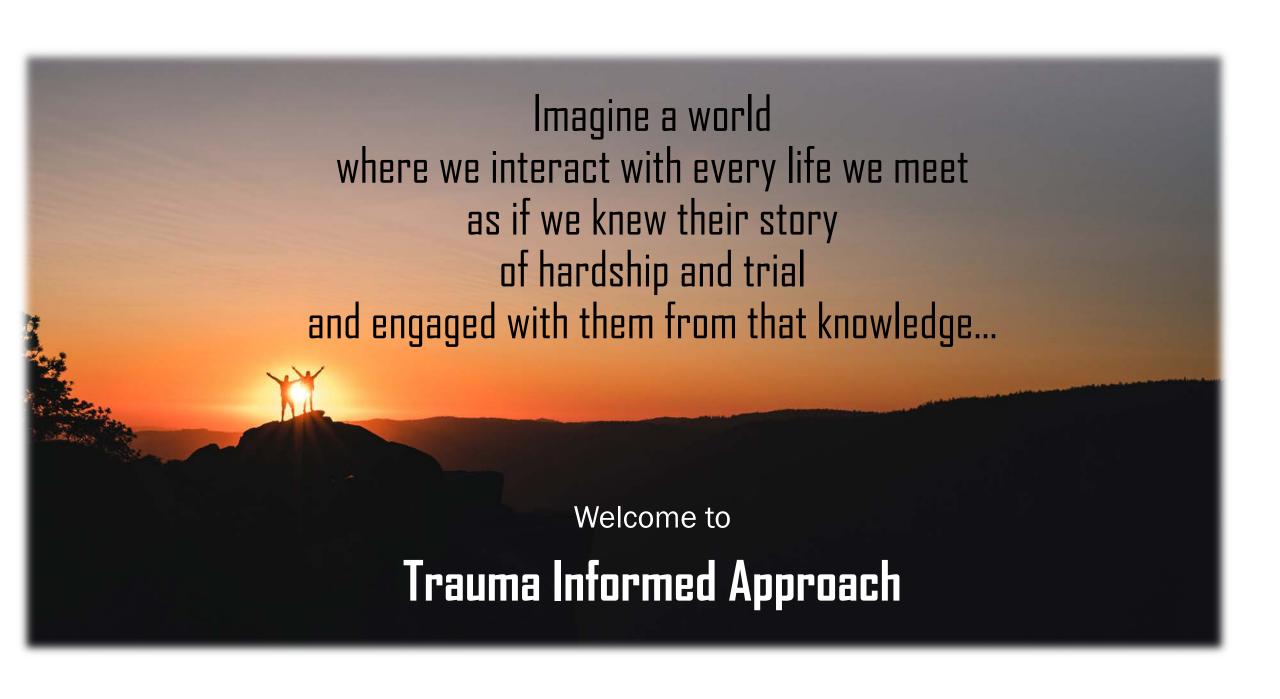
Self Care

At times the material presented or topics from participants can be difficult to hear. It might bring back memories of painful times in our past or those of current experiences.

Take a moment to think about how you plan to care for yourself today.

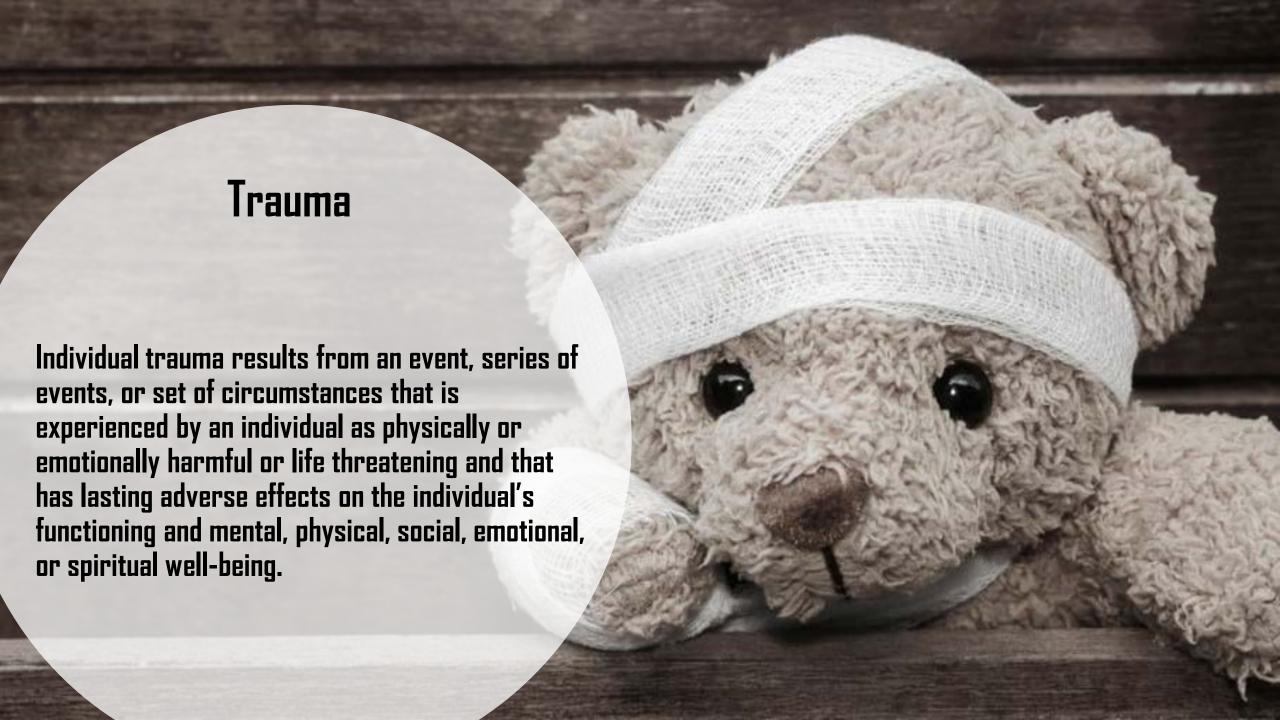
Take a break at any time and reach out to when you need support.







Trauma



Trauma

Can be a single event

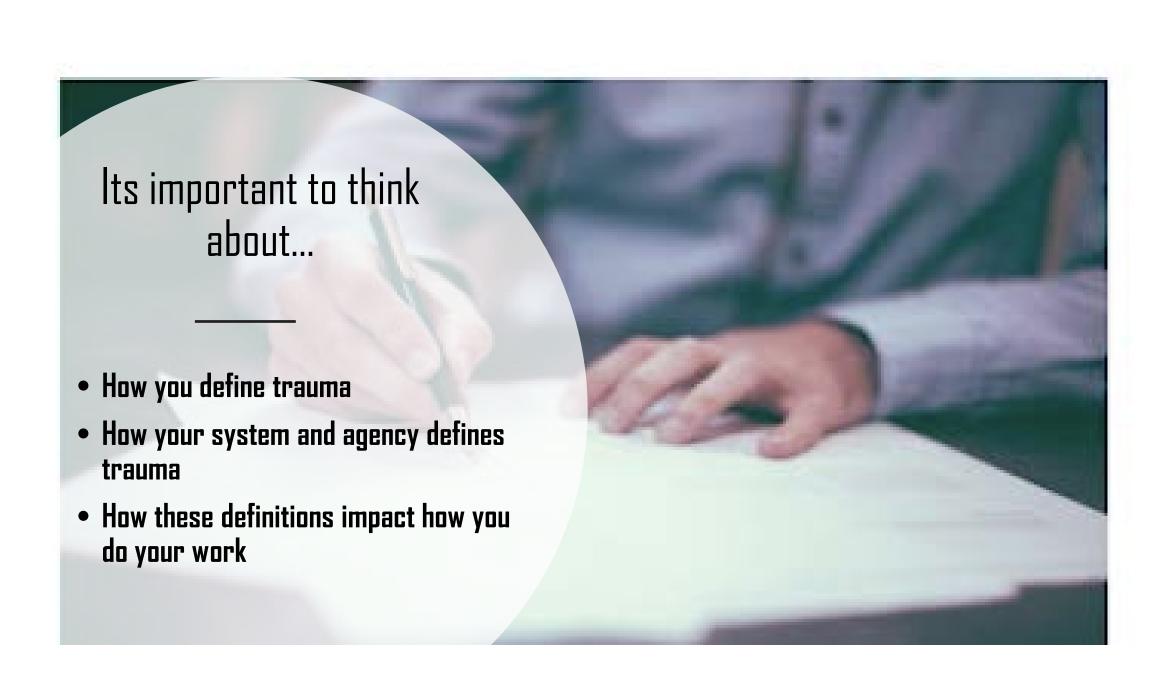
More often it is multiple events, over time (complex, prolonged trauma)

Interpersonal violence or violation, especially damaging at the hands of an authority or trust figure

Trauma

• **Historical Trauma**: complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance.

• Intergenerational Trauma: Multiple generations of families can transmit the damage of trauma throughout the years through physiological, environmental, and social pathways.



The Trauma Informed Approach...



...widens our lens about what trauma is

SAMHSA: 3 E's of Trauma

3 E's

Trauma

1. Events

2. Experiences

3. Effects

Examples of Traumatic Events

Abuse	Loss	Chronic Stress
Emotional Sexual Physical Domestic Violence Witnessing Violence Bullying Cyberbullying Institutional	Death Abandonment Neglect Separation Natural Disaster Accidents Terrorism War	Poverty Racism Invasive Medical Community Trauma Historical/Intergenerational Family Member Trauma (substance use disorder)

How

When

Experience of Trauma

Where

How often

Signs of Trauma Response NCTIC/SAMHSA

Behavioral	Emotional Physical	Psychological
-Blowing up when corrected -Fighting when teased -Resisting change -Protective of personal space -Reckless or self- destructive -Seeking attention -Reverting to younger behaviors	-Nightmares and sleep disturbances -Sensitive to noise and touch -Fear of separation -Difficulty trusting -Emotional swings -Unexplained medical problems	-Confusing what is safe and what is dangerous -Trouble focusing or concentrating -Difficulty imagining the future

The 4 Rs of Trauma

SAMHSA: 4 R's in Assumptions

3 E's	4 R's
Trauma	Key Assumptions
1. Events	1. Realize
2. Experiences	2. Recognize
3. Effects	3. Respond
	4. Resist Re-traumatization

A program, organization, or system that is trauma-informed **Realizes** the widespread impact of trauma and understands the potential paths for recover; **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **Resist Re-traumatization**.

The Four R's of Trauma Informed Approach

Realize

In a trauma-informed approach, all people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals.



Recognize

Organizations and individuals recognize trauma, both in the people they serve and internal staff



Respond

The program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning



Resist Re-traumatization

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

Staff who work within a trauma-informed environment are taught to recognize how organizational practices may trigger painful memories and re-traumatize clients with trauma histories



The 6 Principles of Trauma

SAMHSA: 6 Principles

3 E's	4 R's	6 P's
Trauma	Key Assumptions	Guiding Principles
1. Events	1. Realize	1. Safety
2. Experiences	2. Recognize	2. Trustworthiness and Transparency
		3. Peer Support
3. Effects	3. Respond	4. Collaboration and Mutuality
	4. Resist Re-traumatization	5. Empowerment, Voice and Choice
		6. Cultural, Historical and Gender Issues

TIA Principle 1:

Safety

Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe.

TIA Principle 2:

Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency and the goals of building and maintaining trust among clients, family members, staff, and others involved with organization.

TIA Principle 3:

Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.

TIA Principle 4:

Collaboration and Mutuality

Partnering and leveling of power differences between staff and clients and among organizational staff - from direct care to administrators - demonstrates that healing happens in relationships and in the meaningful sharing of power and decision making.

Everyone has a role to play; one does not have to be a therapist to be therapeutic.

TIA Principle 5:

Empowerment, Voice and Choice

Individuals' strengths and experiences are recognized and built upon; the experience of having a voice and a choice is validated and new skills are developed.

The organization fosters a belief in resilience.

Clients are supported in developing self advocacy skills and self empowerment.

TIA Principle 6:

Cultural, Historical, and Gender Issues The organization actively moves past cultural stereotypes and biases, offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

TIA: 10 Principles of Implementation

Trauma Informed Approach Framework

3 E's	4 R's	6 P's	10 D's
Trauma	Key Assumptions	Guiding Principles	Domains for Implementation
1. Events	1. Realize	 Safety Trustworthiness and Transparency 	 Governance and Leadership Policy Physical Environment
2. Experiences	2. Recognize	3. Peer Support4. Collaboration andMutuality	 Engagement and Involvement Cross-Sector Collaboration Screening, Assessment and Treatment
3. Effects	3. Respond	5. Empowerment, Voice and Choice6. Cultural, Historical and	Services 7. Training and Workforce Development 8. Progress Monitoring and Quality Assurance
	4. Resist Re-traumatization	Gender Issues	9. Financing 10. Evaluation

1

TIA

Domains of Implementation

Governance and Leadership

Initiating system and agency change requires investment from leadership into a TIA.

A true champion of this approach is often needed to begin to initiate change, along with the inclusion of peer voice throughout the process

2

Policy

TIA

Domains of Implementation

There are written policies and protocols establishing a trauma-informed approach as an essential part of the organizational mission.

Domains of Implementation

Physical Environment

The organization ensures that the physical environment promotes a sense of safety and collaboration

Staff and individuals being served must see the agency as safe and without threat of physical or psychological harm

The physical space should also foster openness and collaboration for staff

Domains of Implementation

Engagement and Involvement

The engagement and involvement of people in recovery, trauma survivors, people receiving services and families receiving services is essential and they should have voice and choice in all areas of organizational functioning

5

TIA

Domains of Implementation

Cross-Sector Collaboration

People with significant trauma histories often present with complex needs, crossing various service sectors. Even if a mental health clinician is trauma-informed, a referral to a trauma-insensitive program could then undermine the progress of the individual.

E

TIA

Domains of Implementation

Screening, Assessment, and Treatment Services

Trauma screening and assessment are an essential part of the work

Domains of Implementation

Training and Workforce Development

- Ongoing training on trauma and peer support are essential
- Trauma informed practices should begin at hiring and be infused throughout all agency policies, practices, and procedures

Domains of Implementation

8 Progress Monitoring and Quality Assurance

There is ongoing assessment, tracking, and monitoring of trauma-informed principles and effective use of evidence-based trauma specific screening, assessments and treatment.

Domains of Implementation

9 Financing

Financing structures are designed to support the ten domains of a trauma informed approach including trainings, safety, peer-support, and cross-agency collaborations.

Domains of Implementation

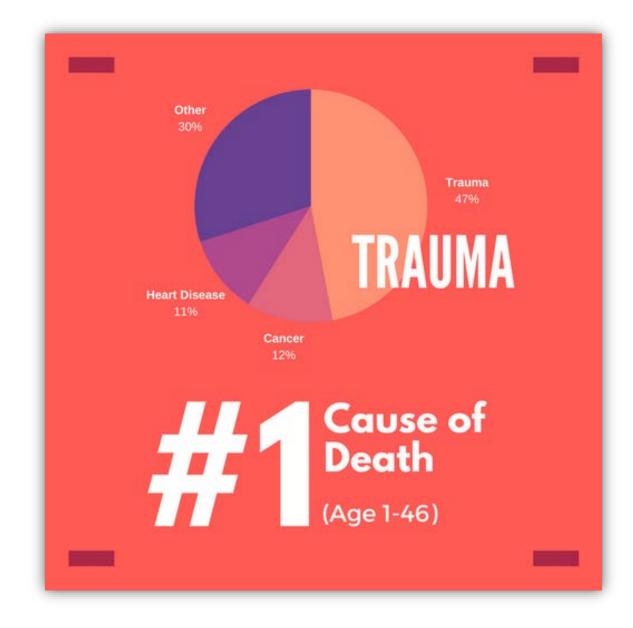
10 Evaluation

Measures and evaluation designs used to evaluate service or program implementation and effectiveness reflect an understanding of trauma and appropriate trauma-oriented research instruments.

The Importance of TIA: 4 Reasons Why

#1 Trauma is Pervasive





Trauma Prevalence in Children

- 60% of children 17 or younger are exposed to violence every year. (Finklehor, et al, 2009)
- 3 million children are maltreated or neglected every year. (Child Welfare Information Gateway, 2013)
- 3.5-10 million children witness violence against their mother every year. (Child Witness to Violence Project, 2013)
- 1 in 4 girls and 1 in 6 boys are sexually abused before adulthood. (NCTSN Fact Sheet, 2009)
- 94% of children in a study of juvenile justice settings have experienced trauma. (Rosenberg, et al, 2014)

Data

In a national sample, 60% of 0-17 year olds experienced or witnessed maltreatment, bullying, or assault within the past year.

Children with disabilities are more than twice as likely to experience physical abuse than children without disabilities.

Lesbian, gay, bisexual, and transgender individuals experience higher levels of childhood sexual assault, childhood physical assault, and emotional maltreatment compared to their heterosexual peers.

Data

53% of sampled incarcerated women met criteria for lifetime post- traumatic stress disorder.

Over half of incarcerated men, 56%, reported experiencing childhood physical trauma.

62% of Oregonians who responded to the Adverse Childhood Experience questions on a survey experienced at least one Adverse Childhood Experience.

A higher Adverse Childhood Experience score is associated with increased tobaccouse, increased risk of respiratory diseases, depression, and suicide.

New information and research about historical and intergenerational trauma

Data

65% of social workers had at least one symptom of secondary traumatic stress.

Almost 41% of surveyed licensed clinical social workers met criteria for post-traumatic stress disorder.

Immigration judges have higher burnout levels than hospital physicians and prison wardens.

In 2016, more officers died of suicide than from gunfire and traffic accidents combined.

Effects of Trauma

The effect of trauma on an individual can be conceptualized as a normal response to an abnormal situation.

Trauma Can:

- -Cause short and long-term effects
- -Affect coping responses, relationships, or developmental tasks
- -Impact physiological responses, well-being, social relationships, and/or spiritual beliefs

#2 Trauma Differentially Affects Us

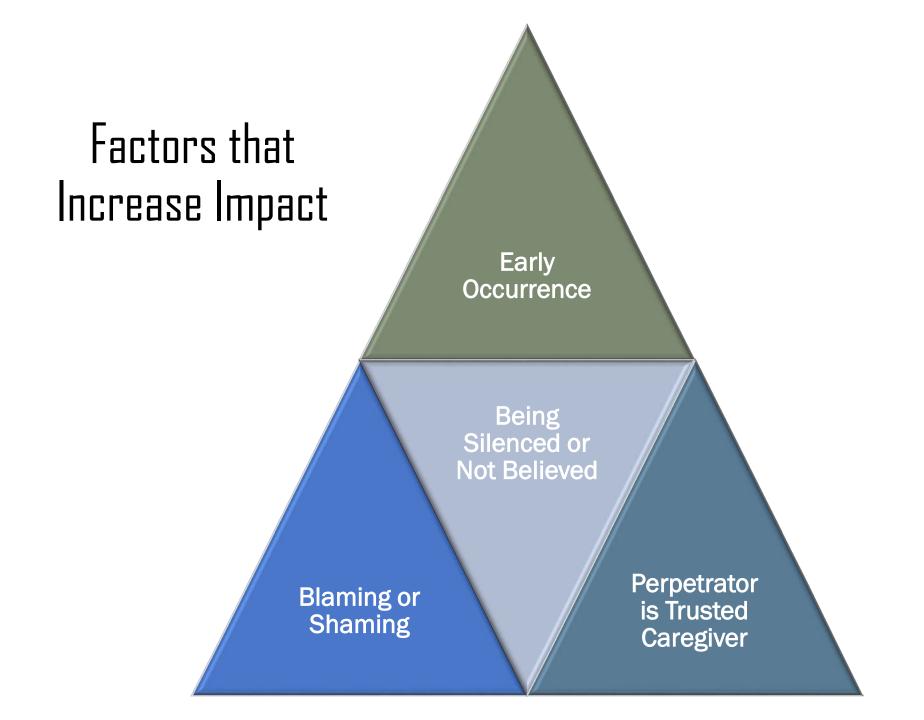
How

When

Experience of Trauma

Where

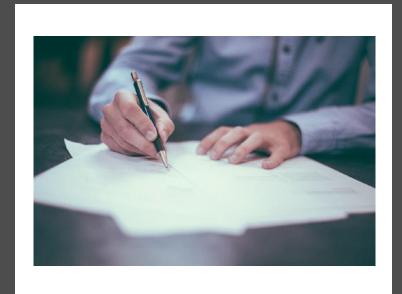
How often



#3 Trauma Impacts How People Approach Service

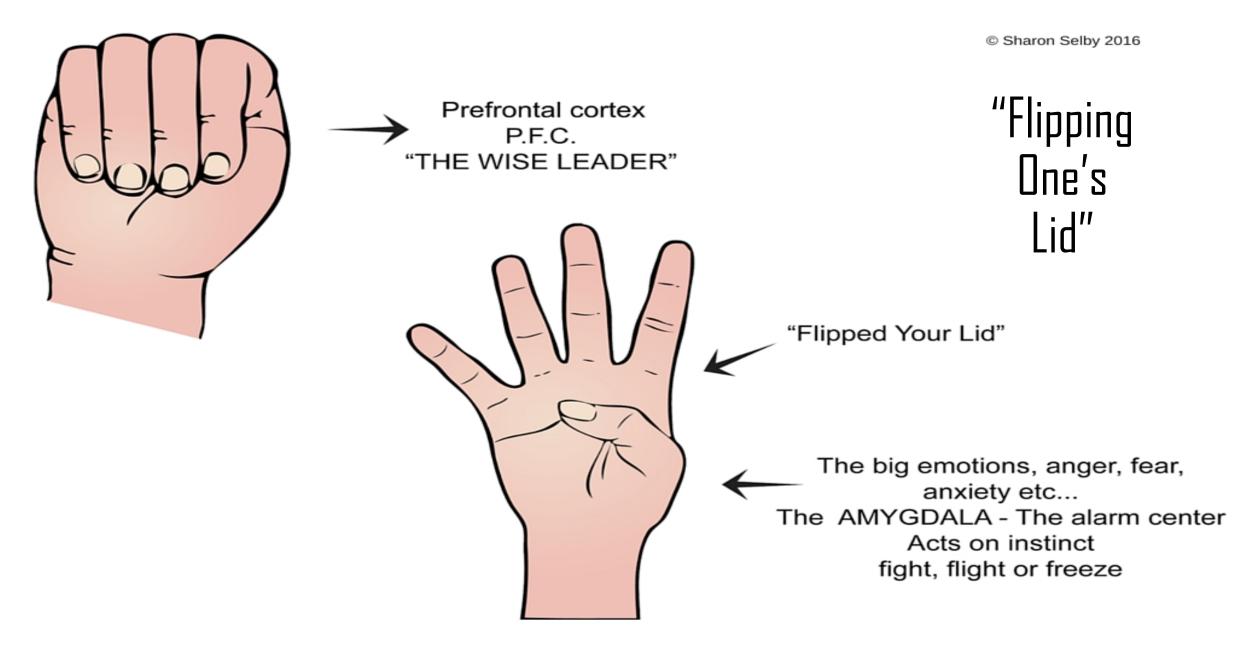










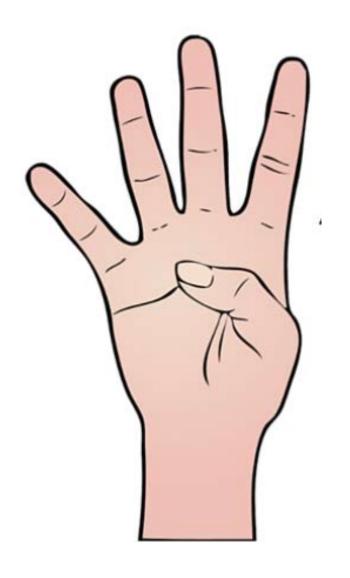


Other things to think about...

Applying trauma informed approach helps service providers not to flip their lid.

When both service user AND service provider feel activated, who often loses out is the person with less power—the service user.





What are the different variables that may be activating to those who access services?

The lobby?

The intake process?

#4 Service Systems Have Often Been Traumatizing for Service Users

Trauma in the Community

Trauma does not occur in a vacuum.

• Individual trauma occurs in a context of community, whether the community is defined geographically as in neighborhoods; virtually as in a shared identity, ethnicity, or experience; or organizationally, as in a place of work, learning, or worship.



Next Steps

Compassion-Infused Care

Interchangeable with Trauma-Informed Care, there is a renewed focus on valuing the relationship between client and provider.



Things to Remember

The underlying question is...

• "What experience have you had?" or "What happened to you?"

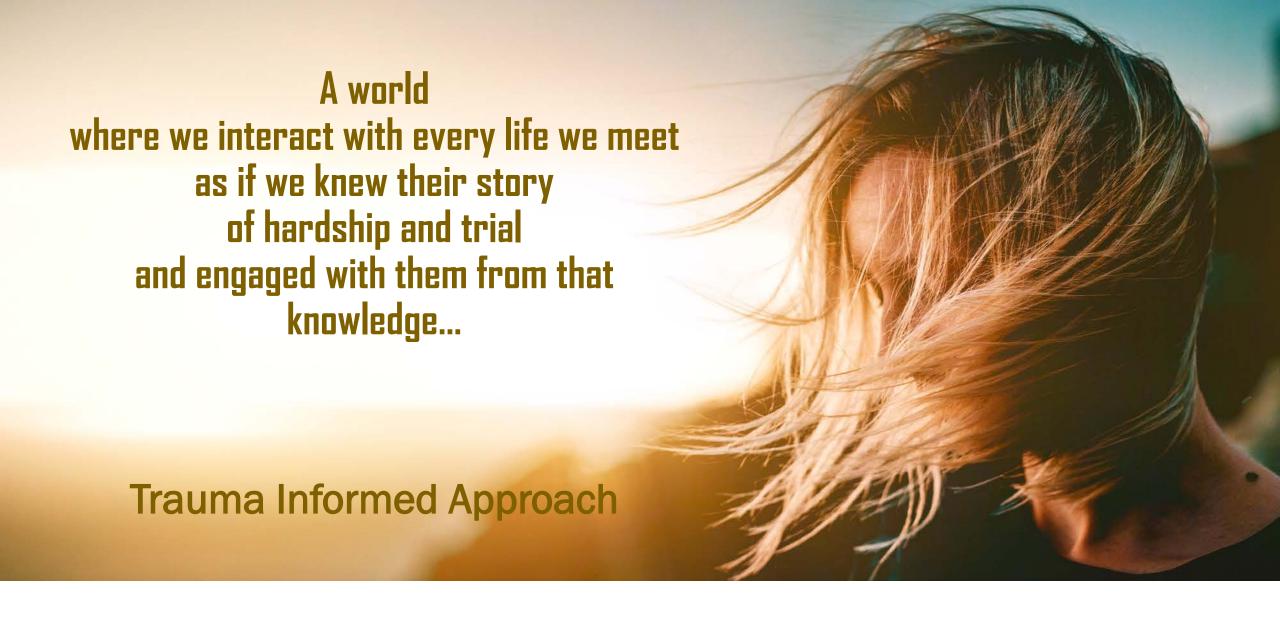
Symptoms are...

- Adaptations to
- trauma/traumatic stress

Healing happens...

In relationships





Thank you for everything you do!

Information

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