Trauma-Informed Care: Understanding the Pervasive Impact of Trauma

RPH Videoconference Series
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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

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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

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Learning Objectives

Following this presentation, participants will be able to:

1. List the 6 core TIC principles
2. Identify and describe the impact of trauma across several domains
3. Review and discuss the impact of trauma using a case study
4. Describe Ohio’s regional initiative and available resources
SAMHSA’s Concept of Trauma

• *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.*
6 KEY PRINCIPLES 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
Principle 2 Review: Trustworthiness & Transparency

• Review of February’s site-based discussions
  – See separate handout for recap of –
    1. What is going well
    2. Challenges
    3. Ideas for next step considerations
Effects of trauma

• Trauma affects
  – Client Presentation
  – Client Engagement
  – 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 action-oriented vs. reflective
• 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
What is “foreshortened future”?

• Sometimes, because of trauma, there is:
  – Loss of hope
  – Limited expectations about life
  – Fear that life will end early or abruptly
  – Thinking that normal life events won’t happen (school, work, relationships)
TIP 57: Understanding the impact of trauma

Immediate Reactions

- Emotional
- Physical
- Cognitive
- Existential
- Developmental
- Social
- Behavioral

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**
  - Irritability/hostility
  - Depression
  - Mood swings/instability
  - Anxiety (phobia, GAD)
  - 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
  – Greater startle responses
  – Depersonalization

• Delayed
  – Sleep disturbances, nightmares
  – Somatization
  – Appetite and digestive changes
  – 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
  – Started 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
10 Domains of Implementation

1. Governance & Leadership
2. Policy
3. Physical Environment
4. Engagement & Involvement
5. Cross Sector Collaboration
6. Screening, Assessment, Treatment Services
7. Training & Workforce Development
8. Progress Monitoring & Quality Assurance
9. Financing
10. Evaluation
Ohio TIC Regions
Regional Collaboratives

• Progressively transmit TIC and increase expertise within regions
• Facilitate cultural change within organizations, addressing gaps and barriers and taking effective steps based on the science of implementation
• Topical workgroups (prevention, DD, child, older adult)
• Department(s) continue to support, facilitate, communicate
• Regions are developing networks
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.

1. Safety

Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.
2. Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.
3. Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.

The term “Peers” refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as “trauma survivors.”
4. Collaboration and Mutuality

Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making.

The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: “one does not have to be a therapist to be therapeutic.”
5. Empowerment, Voice and Choice

Throughout the organization and among the clients served, individuals’ strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.

The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/ or who come to the organization for assistance and support.
As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.
6. Cultural, Historical, and Gender Issues

The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers, access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes addresses historical trauma.
Contact Us

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