SAMHSA’s Trauma-Informed Approach: Key Assumptions & Principles

TA DRAFT Document

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
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Learning Objectives

- Shared understanding
- Identification of trauma
- Awareness of prevalence
Things to Remember

Underlying question = “What happened to you?”

Symptoms = Adaptations to traumatic events

Healing happens In relationships

Video: Power of Empathy
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.
The Three Es in Trauma

Events

Events/circumstances cause trauma.

Experience

An individual’s experience of the event determines whether it is traumatic.

Effects

Effects of trauma include adverse physical, social, emotional, or spiritual consequences.
Potential Traumatic Events

**Abuse**
- Emotional
- Sexual
- Physical
- Domestic violence
- Witnessing violence
- Bullying
- Cyberbullying
- Institutional

**Loss**
- Death
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism
- War

**Chronic Stressors**
- Poverty
- Racism
- Invasive medical procedure
- Community trauma
- Historical trauma
- Family member with substance use disorder
Experience of Trauma

Experience of trauma affected by:

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<tr>
<th>How</th>
<th>When</th>
<th>Where</th>
<th>How Often</th>
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*Slide 9*
How can the same event be traumatic for one person and not for another?
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.
Signs of Trauma Responses

**Behavioral**
- Blowing up when being corrected
- Fighting when criticized or teased
- Resisting transitions or change
- Very protective of personal space
- Reckless or self-destructive behavior
- Frequently seeking attention
- Reverting to younger behaviors

**Emotional/Physical**
- Nightmares or sleeping problems
- Sensitive to noise or to being touched
- Fear of being separated from family
- Difficulty trusting others
- Feeling very sad, angry, afraid; emotional swings
- Unexplained medical problems

**Psychological**
- Confusing what is safe and what is dangerous
- Trouble focusing or concentrating
- Difficulty imagining the future
Additional Signs of Trauma

- Flashbacks or frequent nightmares
- Sensitivity to noise or to being touched
- Always expecting something bad to happen
- Not remembering periods of your life
- Feeling emotionally numb
- Lack of concentration; irritability
- Excessive watchfulness, anxiety, anger, shame, or sadness
How Trauma Affects the Brain

- Experiences Build Brain Architecture
- Serve & Return Interaction Shapes Brain Circuitry
- Toxic Stress Derails Healthy Development
• **Brainstem**
  - Blood pressure
  - Body temperature
  - Heart rate
  - Arousal states

• **Diencephalon**
  - Motor regulation
  - Affect regulation
  - Hunger/satiety
  - Sleep

• **Limbic**
  - Affiliation
  - Attachment
  - Sexual Behavior
  - Emotional Reactivity

• **Neocortex**
  - Abstract Thought
  - Concrete Thought

  Peers, Teachers
  Community

  Family and Friends

  Caregiver

  Mother
Bottom Up Reactions to Fear
Problems OR Adaptations?

FIGHT
- “Non-compliant, combative” OR
- Struggling to regain or hold onto personal power

FLIGHT
- “Treatment resistant, uncooperative” OR
- Disengaging, withdrawing

FREEZE
- “Passive, unmotivated” OR
- Giving in to those in power
Factors Increasing Impact

- Early occurrence
- Being silenced or not believed
- Blaming or shaming
- Perpetrator is trusted caregiver
Adverse Childhood Experiences (ACEs) Affect Adult Health

ACEs have serious health consequences for adults:

- Adoption of health risk behaviors as coping mechanisms (e.g., eating disorders, smoking, substance abuse, self-harm, sexual promiscuity)
- Severe medical conditions (e.g., heart disease, pulmonary disease, liver disease, STDs, gynecologic cancer)
- Early death

(Felitti et al, 1998)
“Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might heroin be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?”

(Felitti et al, 1998)
Trauma Prevalence in Children

- **71%**
  Number of children who are exposed to violence each year
  (Finklehor, et al, 2013)

- **3 million**
  Number of children maltreated or neglected each year

- **3.5-10 million**
  Children witness violence against their mother each year
  (Child Witness to Violence Project, 2013)

- **1 in 4 girls & 1 in 6 boys**
  Number who are sexually abused before adulthood
  (NCTSN Fact Sheet, 2009)

- **94%**
  Percentage of children in a study of juvenile justice settings who have experienced trauma
  (Rosenberg, et al, 2014)
<table>
<thead>
<tr>
<th>Prevalence (Children) (con.)</th>
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<tbody>
<tr>
<td><strong>40-80%</strong> of school-age children experience bullying</td>
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<tr>
<td><em>(Graham, 2013)</em></td>
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<td><strong>75-93%</strong> of youth entering the juvenile justice system have experienced trauma</td>
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<td><em>(Justice Policy Institute, 2010)</em></td>
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<td><strong>92%</strong> of youth in residential and <strong>77%</strong> in non-residential mental health treatment report multiple traumatic events</td>
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<td><em>(NCTSN, 2011)</em></td>
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84%+
Adult mental health clients with histories of trauma
(Meuser et al, 2004)

50% of female & 25% of male clients
Experienced sexual assault in adulthood
(Read et al, 2008)
Clients with histories of childhood abuse

- Earlier first admissions
- More frequent and longer hospital stays
- More time in seclusion or restraint
- Greater likelihood of self-injury or suicide attempt
- More medication use
- More severe symptoms (Read et al, 2005)
Trauma in Adults: Substance Abuse

Up to 65% of all clients in substance abuse treatment report childhood abuse

(SAMHSA, 2013)

Up to 75% of women in substance abuse treatment report trauma histories

(SAMHSA, 2009)
Over 92% of homeless mothers have severe trauma histories. They have twice the rate of drug and alcohol dependence as those without.

(SAMHSA 2011)

Almost 1/3 of all veterans seeking treatment for a substance use disorder have PTSD.

(National Center for PTSD)
What makes something traumatic?
Section 2: Principles of Trauma-Informed Approaches
Learning Objectives

1. Explain why trauma-informed programs operate with the universal expectation that trauma has occurred.
2. Explain each of SAMHSA’s principles and why it is important.
3. Give positive examples of the implementation of each principle.
4. Name at least 3 changes that would make your own work setting more trauma-informed.
Video about a trauma-informed program for children with emotional and behavioral problems

St. Aemilian-Lakeside Trauma-Informed Care
The Four Rs

A trauma-informed program, organization, or system:

Realizes
- Realizes widespread impact of trauma and understands potential paths for recovery

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

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

Resists
- Seeks to actively Resist re-traumatization.
SAMHSA’s Principles

• Six principles that guide a trauma-informed change process
• Developed by national experts, including trauma survivors
• Goal: Establish common language/framework
• Values-based
• A way of being
SAMHSA’s Six Key Principles of a Trauma-Informed Approach

• Safety
• Trustworthiness and Transparency
• Peer Support
• Collaboration and Mutuality
• Empowerment, Voice, and Choice
• Cultural, Historical, and Gender Issues
Principle 1: Safety

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

Video: Leah Harris
Who Defines Safety?

For people who use services:
– “Safety” generally means maximizing control over their own lives

For providers:
– “Safety” generally means maximizing control over the service environment and minimizing risk
Discussion

Do staff feel safe in your organization? Why or why not?

Do the people served feel safe? How do you know?

What changes could be made to address safety concerns?
Principle 2: Trustworthiness and Transparency

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

Video: Pat Risser
Examples of Trustworthiness

- Making sure people really understand their options
- Being authentic
- Directly addressing limits to confidentiality
Discussion

• How can we promote trust throughout the organization?
• Do the people served trust staff? How do you know?
• What changes could be made to address trust concerns?
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.

Video: Cicely Spencer
Peer support = A flexible approach to building mutual, healing relationships among equals, based on core values and principles:

- Voluntary
- Non-judgmental
- Respectful
- Reciprocal
- Empathetic
Discussion

Does your organization offer access to peer support for the people who use your services? If so, how?

What barriers are there to implementing peer support in your organization?

Does your organization offer peer support for staff?
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.
Examples of Collaboration

• “There are no static roles of ‘helper’ and ‘helpee’—reciprocity is the key to building natural community connections.”—Shery Mead

• Hospital abolished special parking privileges and opened the “Doctor’s Only” lounge to others

• Models of self-directed recovery where professionals facilitate but do not direct

• Direct care staff and residents in a forensic facility are involved in every task force and committee and are recognized for their valuable input
• Can you think of examples from your agency of true partnership between staff and people served?

• What about partnership between top-level administrators and line staff?

• Can you think of changes that would significantly decrease the power differentials in your agency?
Principle 5: Empowerment, Voice, and Choice

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

• The organization fosters a belief in resilience.

• Clients are supported in developing self-advocacy skill and self-empowerment.

Video: GAINS Center Interview Video

Video: Mike Skinner
Examples

Asking at intake: “What do you bring to the community?”

Treatment activities designed and led by hospital residents

Murals on walls painted by staff and residents

Turning “problems” into strengths
How can you use your clients’ strengths?
Discussion

• Can you think of examples from your work setting of empowerment, voice and choice for people served?
• What about for staff?
• Can you think of policies or practices that do the opposite—that take voice, choice, and decision-making away? Could any of these things be changed?
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.

Video: [William Kellibrew](#)
Hawaii women’s prison builds a trauma-informed culture based on the Hawaiian concept of pu`uhonua, a place of refuge, asylum, peace, and safety.

Video: TEDx Talk by Warden Mark Patterson
Section 3: SAMHSA’s Guidance for Implementation
Learning Objectives

Describe why change is required at multiple levels of an organization

Identify the organizational domains involved in creating a trauma-informed organization
Think of the six SAMHSA Principles as “goals,” and the 10 SAMHSA Domains as the “interventions”—or ways you will achieve your goals.
SAMHSA’s 10 Domains

- Governance and leadership
- Policy
- Physical environment
- Engagement and involvement
- Cross-sector collaboration
- Screening, assessment and treatment
- Training and workforce development
- Progress monitoring and quality assurance
- Financing
- Evaluation
Governance and Leadership

1. How does agency leadership communicate its support and guidance for implementing a trauma-informed approach?

2. How do the agency's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports?

3. How do leadership and governance structures demonstrate support for the voice and participation of people using services who have trauma histories?
How do written policies and procedures:
- Include a focus on trauma and issues of safety and confidentiality?
- Recognize the pervasiveness of trauma in the lives of people using services, and express a commitment to reducing re-traumatization and promoting well-being and recovery?

How do staffing policies demonstrate a commitment to staff training on providing services/supports as part of staff orientation and in-service training that are:
- Culturally relevant?
- Trauma-informed?
• How do human resources policies *attend to the impact* of working with people who have experienced trauma?

• What policies and procedures are in place for including trauma survivors/people receiving services and peer supports in *meaningful and significant roles* in agency planning, governance, policy-making, services, and evaluation?
Physical Environment of the Organization

How does the physical environment:
- Promote a sense of safety, calming, and de-escalation for clients and staff?

In what ways do staff members:
- Recognize and address aspects of the physical environment that may be re-traumatizing?
- Work with people on developing strategies to deal with this?

How has the agency:
- Provided space that both staff and people receiving services can use to practice self-care?
- Developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities)
Physical Environment (con.)
### Western Maryland Hospital Center
Hagerstown, MD 21742

**Record of Visiting Pets**

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<th>TIME OUT</th>
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<th>NAME OF PERSON RESPONSIBLE FOR PET</th>
<th>NAME OF RESPONSIBLE PERSON</th>
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***ALL VISITING PETS MUST BE REGISTERED WITH THE THERAPEUTIC RECREATION DEPT. AND WEAR AN ID***
Engagement & Involvement

• How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services?

• How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have a difficulty processing information?
• How do people with lived experience have the opportunity to provide feedback to the organization on quality improvement processes for better engagement and services?

• How do staff members keep people fully informed of rules, procedures, activities, and schedules, while being mindful that people who are frightened or overwhelmed may have a difficulty processing information?
• How are transparency and trust among staff and clients promoted?
• What strategies are used to reduce the sense of power differentials among staff and clients?
• How do staff members help people to identify strategies that contribute to feeling comforted and empowered?
Cross-Sector Collaboration

• Is there a system of communication in place with other partner agencies working with the individual receiving services for making trauma-informed decisions?

• Are collaborative partners trauma-informed?

• How does the organization identify community providers and referral agencies that have experience delivering evidence-based trauma services?

• What mechanisms are in place to promote cross-sector training on trauma and trauma-informed approaches?
How can Walla Walla become a thriving community? Follow the roads to resilience:

- **Safety:** Norm: Value parenting/reduce abuse and neglect
- **Economic stability and opportunity:** Norm: Economic wellbeing to support strong families
- **Health:** Norm: Zero tolerance for drugs and alcohol
- **Learning & skills building:** Norm: Value education in school and home
- **Sense of belonging and social integration into community:** Norm: Create community connections
- **Human Development:** Norm: Every child is a critical resource
Screening, Assessment, and Treatment Services

- Is an individual’s own definition of emotional safety included in treatment plans?
- Is timely trauma-informed screening and assessment available and accessible to individuals receiving services?
- Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services?
Trauma-Specific Interventions

Designed to directly address the behavioral health consequences of trauma

Often manualized to ensure fidelity to an established model

Usually delivered by professional staff who have received extensive training in the program model
• How are peer supports integrated into the service delivery approach?
• How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment?
• For instance, are gender-specific trauma services and supports available for both men and women?
• Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding?
• How are these trauma-specific practices incorporated into the organization’s ongoing operations?
Training and Workforce Development

How does the agency address emotional stress that can arise when working with individuals who have had traumatic experiences?

How does the agency support training and workforce development for staff to understand and increase their trauma knowledge and interventions?

How does the agency ensure that all staff receive basic training on trauma, its impact, and strategies for trauma-informed approaches across the agency and across personnel functions?
How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person’s experience of trauma, access to supports and resources, and opportunities for safety?

How does on-going workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with trauma survivors.
What types of training and resources are provided to staff and supervisors on incorporating trauma-informed practice and supervision in their work?

What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization’s workforce?
Progress Monitoring and Quality Assurance

• Is there a system in place that monitors the agency’s progress in being trauma-informed?
• Does the agency solicit feedback from both staff and individuals receiving services?
• What strategies and processes does the agency use to evaluate whether staff members feel safe and valued at the agency?
• How does the agency incorporate attention to culture and trauma in agency operations and quality improvement processes?
• What mechanisms are in place for information collected to be incorporated into the agency's quality assurance processes?
• How well do those mechanisms address creating accessible, culturally relevant, trauma-informed services and supports?
Financing

- How does the agency’s budget include funding support for ongoing training on trauma and trauma-informed approaches for leadership and staff development?
- What funding exists for cross-sector training on trauma and trauma-informed approaches?
- What funding exists for peer specialists?
- How does the budget support provision of a safe physical environment?
How does the agency conduct a trauma-informed organizational assessment or have measures or indicators that show their level of trauma-informed approach?

How does the perspective of people who have experienced trauma inform the agency performance beyond consumer satisfaction survey?
What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality?

What measures or indicators are used to assess the organization’s progress in becoming trauma-informed?
Video: Developing Capabilities
Section 4: Healing & Recovery
Learning Objectives

Describe the effects of trauma on the lives of those served in the community and across systems.

Think about what our system can do differently to enable healing to take place.

Reflect on changes needed to implement trauma informed approaches to focus on healing.
Behind Closed Doors

The Story of Four Women
Struggling to reconcile violence within the psychiatric system.
SAMHSA’s Definition of Recovery

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
What will you do differently tomorrow, based on what you learned today?
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

www.samhsa.gov

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