Integrating Trauma Prevention and Intervention into Mental Health and Addiction Organizations

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Community Connections

• Community behavioral health program in Washington DC
  – Serve 3000 adults, 800 children and adolescents
  – Substance addiction, homelessness, legal involvement, medical conditions
• Developed Trauma Recovery and Empowerment Model (TREM), published in 1998
• Trauma specific work led to our development of trauma informed initiative
• Consult to agencies/organizations/states all across US and in Canada
How Common Is Trauma?

- A large body of research estimates that between 55-90% of the population has experienced one or more forms of trauma in their lives (CDC & Kaiser Permanente, 1995-2011; Harris & Fallot, 2009; Farro et al., 2011).
- In a community-based mental health clinic in the US, researchers found that 90% of their 505 clients had been exposed to trauma (Cusack et al., 2004).
- As such, we need to presume the clients we serve and our staff members may have a history of traumatic stress and exercise “universal precautions” (Hodas, 2005).
Adverse Childhood Experiences
(www.ACEstudy.org)
Changes in Understanding: The Centrality of Trauma

- Incarceration
- Homelessness
- Violence and Trauma
- Substance Abuse
- Mental Health Problems
Creating Cultures of Trauma Informed Care: Core Values

- **Safety**: Ensuring physical and emotional safety
- **Trustworthiness**: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice**: Prioritizing consumer choice and control
- **Collaboration**: Maximizing collaboration and sharing of power with consumers
- **Empowerment**: Prioritizing consumer empowerment and skill-building
A Culture Shift: Scope of System Change

• Involves all aspects of program activities, setting, relationships, and atmosphere (more than implementing new services)

• Involves all groups: administrators, supervisors, direct service staff, support staff, and clients (more than service providers)

• Involves making trauma-informed change into a new routine, a new way of thinking and acting (more than new information)
Contraindicated Approaches

- Unnecessary, forced hospitalizations
- Forced medication
- Restraints and seclusion
- Assumptions of incompetence at handling their own affairs
- Pathologizing labels
Contraindicated Approaches (2)

- Shaming techniques
  - name calling
  - "Scarlet Letter" techniques
  - relapse as failure
- Intrusive monitoring
  - strip searches
  - body cavity searches
  - urine screens with opposite sex staff
- Premature self-disclosure
Contraindicated Approaches (3)

• Excessive confrontation
  – encounter groups
  – “hot seat” activities
• Stripping away all defenses in order to make a consumer more vulnerable
• Moral inventories that encourage consumers to assume more than their share of responsibility for past abuses
• Forced treatment
• Exclusive emphasis on surrender to a higher power with no recognition of personal power
Dual Recovery Skills

• Self-awareness
• Self-protection
• Self-soothing
• Emotional modulation
• Relational mutuality
• Consistent problem solving
• Judgment and decision-making
• Accurate labeling of self and others
• Sense of agency and initiative
Integrated Treatment

- Trauma, addictions, and mental health problems, when they co-occur in a single individual, are addressed by a single system and at least in part by a single, unified intervention.
Integrated Treatment (2)

• Assumptions
  – the problems of trauma, substance abuse, and mental health interact complexly and causally within a single individual
  – approaches to recovery must be whole person approaches
  – value is placed on individual, family, and community empowerment
An Integrated Treatment Approach

- Integrative Explanations
- Content Modules
- Dual Recovery Skills
- Program Milieu
- Ancillary Services
- Contraindicated Approaches
Integrative Explanations

• Primary trauma is a stressor that may trigger substance use and the development of psychiatric symptoms
• Trauma sequelae (flashbacks, nightmares) are stressors that may trigger substance use. These sequelae may also result in a psychiatric diagnosis
• Substance use and certain psychiatric symptoms may have evolved as coping strategies at a time when options were limited
Content Modules

• Drug and alcohol education
  – triggers to use
  – consequences of use
  – alternative behaviors
  – relapse prevention

• *Trauma Recovery and Empowerment*
  – 33 sessions focusing on abuse and the skills to cope with the aftermath
• Domestic Violence
  – understanding the patterns of abuse and reconciliation in relationships
  – making a plan for your safety and the safety of your children

• Parenting
  – How trauma affects your ability to parent
  – Losses associated with partial-parenting
Program Milieu

- Empowerment and strengths-based
- Relationship focused
- Nurturing peer environment
- Availability of gender specific staff to provide services and to serve as role models
- Availability of same sexed groups
Ancillary Services

- Health care
- HIV education and treatment
- Vocational/educational assessment and assistance with placement
- Housing opportunities and residential services
- Child care and services for children
Guidelines for Practice

• Universal screening
• Understanding the role of violence and abuse in people’s lives
• Appreciating the power of trauma dynamics
Guidelines for Practice (2)

• Avoiding re-traumatization
  – Policy and procedure review
  – Clear and public policy for investigating abuse charges
  – Absence of shaming and excessive confrontation
  – No forced disclosure
  – Accurate assessment of blame and responsibility

• Consumer involvement at all levels of service delivery
  – Respect for consumer preferences
Evidenced-Based Benefits

• Reduced trauma symptoms, drug use severity and mental health symptoms (Moses et al., 2003)
• Increased effectiveness of services – in engagement, retention, and outcomes (SAMHSA, 2011)
• Cost effective treatment (Community Connections, 2005)
• Decreased patient use of acute care and crisis services (SAMHSA, 2011)
• Increased organizational outcomes, such as: enhanced staff skills and morale; more collaboration within and outside their agencies; reduced vicarious trauma; fewer negative events (Hopper, Bassuk, Olivet, 2010)
A Starbucks Customer Satisfaction Survey Story

• Was your drink prepared properly?

• Did anyone greet you by name?

• Was your visit to Starbucks ___________? (fill in the blank)
Community Connections (www.ccdc1.org): Materials for “Creating Cultures of Trauma-Informed Care”

- “CCTIC Program Self-Assessment and Planning Protocol”
- “CCTIC Program Self-Assessment Scale”
- “CCTIC Program Services Implementation Form”