



Integrating Trauma Prevention and Intervention into Mental Health and Addiction Organizations

**Lori L. Beyer, LICSW
Community Connections
Washington, DC**



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

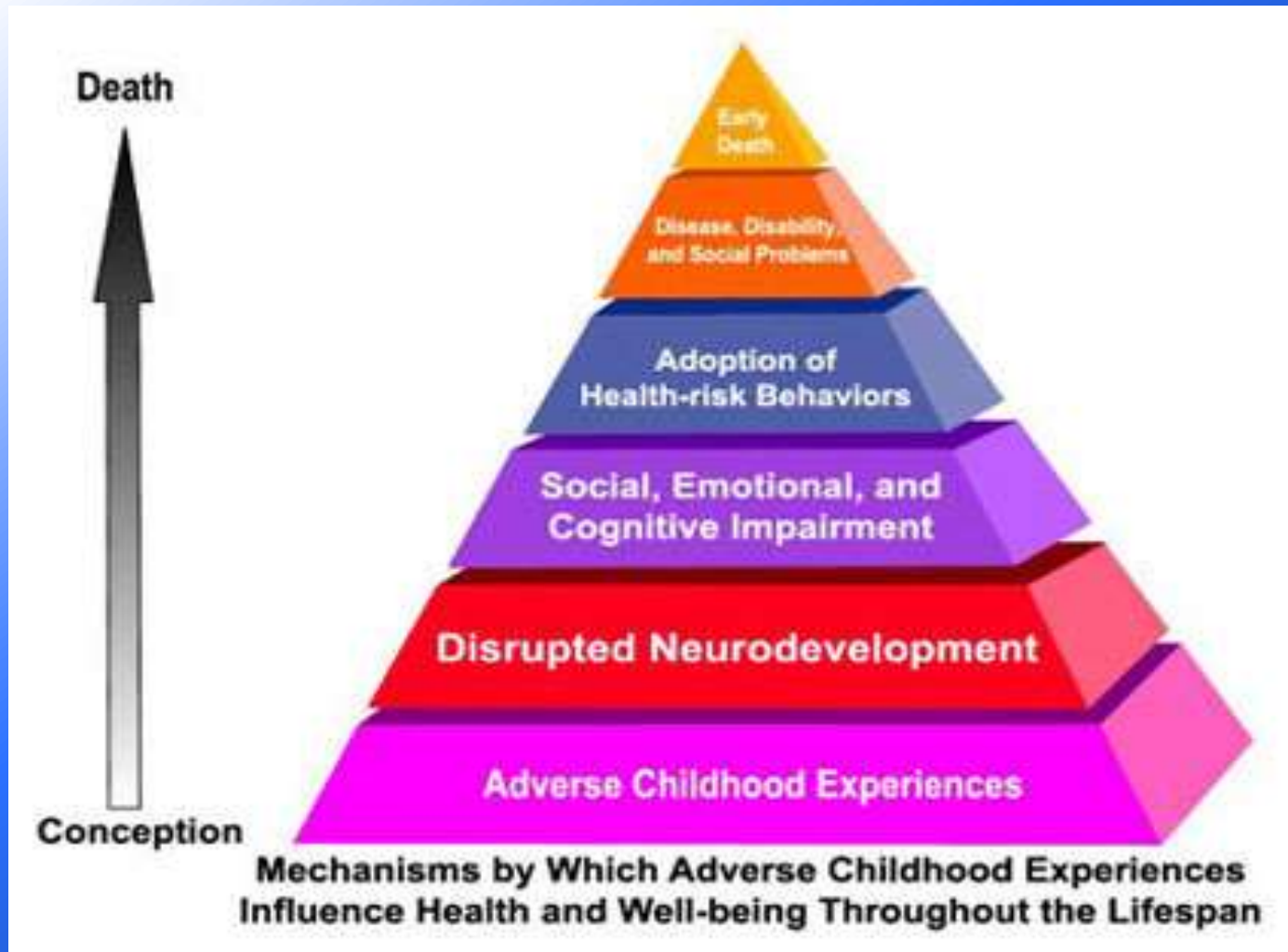
How Common Is Trauma?

- 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).

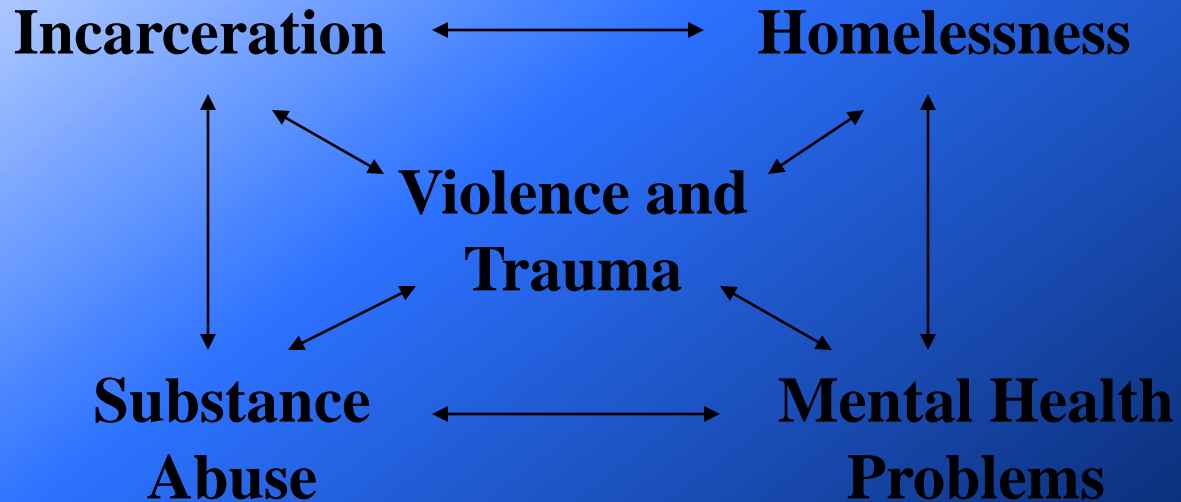


Community Connections

Adverse Childhood Experiences (www.ACEstudy.org)



Changes in Understanding: The Centrality of Trauma



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

Content Modules (2)

- 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”

- Harris, M. and Fallot, R.D. (Eds.) (2001). *Using Trauma Theory to Design Service Systems*. San Francisco: Jossey-Bass.
- “CCTIC Program Self-Assessment and Planning Protocol”
- “CCTIC Program Self-Assessment Scale”
- “CCTIC Program Services Implementation Form”