Trauma- Informed Care in Substance Use Treatment

ASAPNYS Annual Conference
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Change and Inspiration

CAI is a leading mission-driven nonprofit organization, dedicated to improving the health and well-being of underserved populations worldwide.

www.caiglobal.org
Objectives

1. Introduce CAI’s model for implementation of TIC

2. Explore the impact of trauma

3. Define Trauma Informed Care and how it benefits clients

4. Discuss lessons learned by CAI during the first year of implementation
• Why is learning about trauma informed services important to you?

• What are some of your concerns of implementing trauma informed services?
Trauma Informed Care
If not us who/ if not now when?

More and more we see the devastating impact of traumatic experiences in our clients physical and mental integrity
Traumatic experiences change lives! 
People who have experienced trauma are:

15x times more likely to attempt suicide 

4x times more likely to become an alcoholic 

4x times more likely to develop a sexually transmitted disease 

4x times more likely to inject drugs 

3x times more likely to use antidepressant medication

*Mears, C.L., 2012*
Traumatic experiences change lives!

3x times more likely to be absent from work

3x times more likely to experience depression

3x times more likely to have serious job problems

2.5x times more likely to smoke

2x times more likely to have a serious financial problem

Mears, C.L., 2012
Measurable Benefits of TIC

University of California Trauma Recovery Center:

– Reduction in disparities
– Improved workforce participation
– Reduce alcohol and drug use
– Decrease risk of hospitalization

- Increase consumer engagement

-Reduction of 34% in costs!!!

www.NASMHPD.org, 2017, retrieved September, 2018
CAI’S MODEL FOR TRAUMA INFORMED CARE IMPLEMENTATION
Foundation of CAI’s TIC Approach

Collaborative work with agency leadership and staff to integrate realistic and doable procedures, policies, and practices

Build on good work already being done
Trauma must be viewed as the responsibility of everyone and of every agency in the field

- Trauma is commonly viewed as an exclusive responsibility of mental health

- We crafted a model that would include all the agencies and all the staff within the agency (and not only the mental health) in a continuum from:

  **Awareness -- Education-- Social, Health and Behavioral Services**
Awareness and Education Increases Self-Understanding

Can help client understand:
• Why they feel, think and behave the way they do
• How that might impact their substance using behavior
• Greater patience with SUD treatment
Awareness and Education Increases Sense of Hope and Empowerment

Greater motivation to engage and stay in substance use treatment

Trauma may have impacted me, but it does not have to
Trauma Informed Care Services Framework

### Awareness & Education
- Screening
- Initial education on screening
- Awareness about trauma
- Education about trauma and its impact

### Safety And Stabilization
- Symptoms
- Impact of symptoms on daily living
- Management of symptoms

### Treatment
- Referrals
- Trauma treatment
- Substance use
- Mental health
## Establishing a Culture of Trauma Informed Care and Offering Skill-Based Trauma Informed Services

### PROCESS OF IMPLEMENTING TRAUMA INFORMED CARE - Group One

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<tr>
<th>ESTABLISHING A CULTURE</th>
<th>SKILL-BASED SERVICES</th>
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<td>• Psychoeducational Services to Reduce High-Risk Behavior</td>
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### Exploration

- **Regional Meetings**
  - Goal: Obtain buy-in to participate in trauma informed care project
  - Engage leadership
  - Educate leadership on trauma informed care (TIC)
  - Provide overview of NJ DOH TIC project and required commitments
  - Elicit input suggestions
  - Finalize project implementation plan

### Planning & Preparation

- **Group One: Provide Technical Assistance (TA) & On-site Education**
  - Goal 1: Work with leadership and appropriate staff to establish integration of TIC through a system approach
  - Goal 2: Establish openness to providing trauma informed services
  - Goal 3: Assist clinical and CEO partners to define roles and responsibilities, coordinate services, and structure meetings to achieve a culture & environment of TIC
  - Meet with leadership and agency point persons
  - Provide education to all staff about TIC
  - Provide overview of project including establishing a trauma informed culture and providing psychoeducation skill-based services
  - Identify importance of multidisciplinary team
  - Develop key benchmarks for implementation

- **Second Series of Regional Meeting**
  - Goals: 1. Finalize the plan and preparation for implementation
  - Goal 2. Peer sharing with each other
  - Finalize measures and elements of a trauma informed culture
  - Identify integration of TIC into policy & protocols
  - Develop protocol for screening trauma
  - Strengthen referrals for trauma
  - Role of multi-disciplinary team to include CHW or other staff
  - Finalize a plan to include consumers for input, involvement and feedback

- **Provide Skills-Based Training & TA**
  - Goal: Establish competencies to provide trauma informed services
  - Finalize the strategic implementation plan
  - Share strategic implementation plans and support for each other
  - Share how-to’s working in partnerships
  - Identify potential gaps and challenges
  - Identify ongoing technical assistance support

### Implementation of TIC for Group One

- **Goal: Initiation of trauma informed services to clients**
  - Develop skills to screen and educate patients on trauma
  - Skill-based psychoeducational TIC (individual or group level) for reduction of high-risk behaviors
  - Follow-up to training to support utilization of skills
  - Role of CHW for referrals, other tasks
  - Training for supervision of TIC services

### Timeframes

- **JANUARY 2018**
- **JANUARY - MAY 2018**
- **JUNE 2018**
As part of our technical assistance, we help your organization to sustain a fully integrated trauma informed care environment by:

• Working with key staff to establish *performance and patient-level measures* to track and monitor outcomes

• Working with leadership to explore mechanisms for long-term *financing* of trauma related services
What is Trauma
Trauma: The Three E’s

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.

SAMSHA, Trauma Informed Care Initiative
Trauma can be about others

Direct witnessing of or learning about a traumatic event that occurred to a close family member, friend or community member.

– National Child Traumatic Stress Network, retrieved August 2018
Hardwired by Evolution

• Fight, Flight, and Freeze happens outside of conscious thought – it is “automatic”

• It is a brain-body response designed to keep us alive
Stimulus …and Response
Adaptive, normal response to threat
WE TYPICALLY DON’T HAVE TO WORRY ABOUT BEARS…
When most people think about traumatic events they think about:

Natural disasters
Accidents
War
Terrorism
Loss of significant others
Prevalence of Trauma
Trauma in General Population
Adverse Childhood Experiences Study
Felitti, V., Anda, R., 1998

Prevalence of people who experienced ACE

More than One Adverse Childhood Experience

- No Adverse Childhood Experience
- Adverse Childhood Experience

- More than one ACE
- Less than one ACE
A history of sexual abuse among women in childhood or adulthood ranges from 15% to 25%. The prevalence of domestic violence among women in the US ranges from 9% to 44%, depending on definitions.

Samsha.-gov/trauma-violence 2018
The cost of intimate partner violence, which disproportionately affects women and girls, was estimated to be $8.3 billion in 2003. This total includes the costs of medical care, mental health services and lost productivity.

Samsha.-gov/trauma-violence 2018
In 2008 RAND study, 18% of returning veterans reported symptoms consistent with post-traumatic stress disorder (PTSD or depression).

Samsha.-gov/trauma-violence 2018
In the United States, 18.9% of men and 14.2% of women reported a lifetime experience of a natural disaster

Samsha.-gov/trauma-violence 2018
Impact of Trauma
Trauma and SUD

• Up to 65% of all clients in substance abuse treatment report childhood abuse
  SAMHSA, 2013

• Up to 90% of women in substance abuse treatment report trauma histories
  SAMHSA, 2009

• Between 42 – 95% of men seeking treatment for SUD report trauma histories.
  Farley, et al, 2004
Trauma and SUD

• Teens experiencing interpersonal violence are 3x more likely to report substance abuse than non-trauma youth
  
  *Kilpatrick, D., Saunders, B., Smith, D., 2003*

• 59% youth with PTSD develop substance abuse problems
  
  *Gianconia, et al, 2000*

• Substance abusing youth are less likely to effectively cope with a traumatic event.
  
  *National Child Traumatic Stress Network, 2008*
“Traumatic stress occurs when a person is unable to regulate emotional states, and in certain moments experiences his or her current environment as extremely threatening even when it is relatively safe.”

Trauma Systems Therapy: Saxe, Ellis, Brown, 2015
Original Exposure
Adaptive, normal response to threat

FIGHT

FLIGHT

FREEZE
Triggers or Reminders
Maladaptive, out-of-proportion response to perceived threat
Triggering can generate behavior that is hard to make sense of, even for the person themselves.
Higher Incidences of Risky Behavior

- Driving under the influence
- Flighting
- Placing themselves in dangerous situations
- Unsafe sexual behavior
- Increased risk-taking
- Self harm
Automatic Destructive Behaviors May Be…

• Can’t get important things done
• Constantly feeling afraid
• Poor relationships with others
• Keeps apart from others
• Sad, lonely, depressed
• Prone to conflict and getting angry

• “Spaces out” or “checks out”
• Bad grades and dropping out
• Self harm
• Recklessness
• Sexual acting out
• Suicide attempts
• Suicide completion
And as you know…

Substance Use and Misuse

• Relieve shameful feelings associated with trauma
• Numb intense feelings
• Disinhibition
• Forget pain and fear
When there is diagnosis of PTSD and SUD there needs to be a multilevel approach to treatment.

Torchalla, I., Mosen, L, Rostam, H., Allen, P. 2012
Trauma Informed Care
Trauma Informed Service Approach

• The Four R’s:

• **Realizes** widespread impact of trauma and understands potential paths for recovery

• **Recognizes** signs and symptoms of trauma in clients, staff, and others involved with the system

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

• **Resist** re-traumatization

*SAMHSA, 2012*
Trauma Informed Services:

- Create physical, emotional, and psychological safety
- Maximize opportunities for educating, empowerment, **choice** and **control**
- Foster collaboration and connections
- Manage emotions and promoting self-reflection

*Lieberman, L., retrieved 2016*
Focus: Safety and Stabilization

The Three Phases of Trauma Healing

Safety and Stabilization
Remembrance and Mourning
Reconnection

Multi-disciplinary Team works with the Individual and Social Environments to:

**TASKS:**
- Protect from Harm
- Reduce Risk
- Increase Health Behaviors

**TOOLS**
- Screening and Assessment
- Education
- Self-Regulation Skill Build
- Safety Planning
TIC Key Services

Universal Trauma Screening

General Trauma Education for Clients

Referrals

New: Psychoeducation Session(s)
Increases Effectiveness

Trauma Informed Care Approach helps:

• Staff develop a trauma informed lens

• Build skills which will enable them to work more effectively with clients
The Trauma Lens

“What’s wrong with this person?” to “What happened to this person?”
IN SUMMARY:

The CAI model facilitates the integration of core services in a systematized, doable approach.
CAI’s model of Trauma Informed Care is based on implementation science and the strategic use of the transformative power of educating clients and staff about trauma and its impact on people’s lives.

Our model of TIC implementation:

- Aims to ensure that health care organizations have the capacity to integrate the principles of trauma informed care into their culture, environment, policies and procedures and delivery of care and support services.

- Ensures early involvement of organization’s leaders act as champions of the project
- Ongoing technical assistance to ensure service integration
- On-site and on-line training of staff to screen for trauma, and referral of patients to appropriate services.
- Training on the evidence-based skills to provide psycho-educational sessions for patients who need basic help with coping mechanisms.
- Supports organizations in building its awareness of the secondary trauma that may arise for any staff working with individuals who suffer trauma.
For more information
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