# WHAT WE KNOW ABOUT TRAUMA & AND ITS EFFECTS ON ONE'S LIFE?

More and more we see the devastating impact of traumatic experiences in our clients' physical and/or mental integrity.

Researchers agree on how these experiences affect our clients by overwhelming their capacity to cope and impeding their ability to manage day to day challenges.

As you very well know, an individual's experiences of neglect and interpersonal violence crosses with disparate social determinants of health such as poverty, racism, sexism, oppression, unemployment, homophobia and unstable housing or finances.

People with unresolved trauma often exhibit symptoms that affect health outcomes in a significant manner, often related to symptoms that complicate linkage and retention in care such as: being highly sensitive to reminders of past traumas, lack of trust, difficulty making decisions, and an inability to self-regulate.

#### **TRAUMA INFORMED CARE**

Many of you continue to strive to ensure that your organization provides services in a trauma informed manner.

Providing Trauma Informed Care (TIC) is a very difficult challenge, as it requires an organizational and treatment approach which demands providers and client's understanding, recognition, and responsiveness to the devastating effects of trauma.

Another important challenge continues to be working with staff and systems to mitigate the potential for re-traumatization in the care environment.

TIC emphasizes the physical, psychological and emotional safety for both patients and providers, and helps patients rebuild a sense of control and empowerment in their lives.

The effective implementation of TIC requires leadership involvement at all levels in the organization, as well as a role for each staff and all other key stakeholders.

#### TRAUMA EXPERIENCES CHANGE LIVES

People with trauma experiences are:

**15X** more likely to attempt suicide

4x more likely to become an alcoholic

4X more likely to develop a sexually transmitted disease

**4X** more likely to inject drugs

3X more likely to use antidepressant medication

**3X** more likely to be absent from work

- 3X more likely to experience depression
- **3X** more likely to have serious job problems

2.5x more likely to smoke

- 2x more likely to develop chronic obstructive pulmonary disease
- 2x more likely to have a serious financial problem



### **CAI'S MODEL FOR TRAUMA INFORMED CARE IMPLEMENTATION**

CAI's model of Trauma Informed Care is based in *implementation science* and the strategic use of the transformative power of **educating clients and staff** about <u>trauma and its impact</u> on people's lives.

Our model of TIC implementation:

- Ensures that health care organizations have the capacity to integrate the principles of trauma informed care into their culture, environment, and delivery of care and support services.
- Ensures early involvement of organization's leaders so they can act as champions of the project
- Recognizes that all staff have a specific role to play in the implementation, not only mental health providers.
- Assists in the integration of trauma informed culture into the policies, procedures and services of your organization.
- Provides of ongoing technical assistance to ensure service integration
- Offers on-site and on-line training for staff to screen for trauma, and referral of patients to appropriate services.
- Includes training on the evidence-based skills to provide psycho-educational sessions for patients who need basic help with enhanced emotional coping mechanisms.
- Supports organizations in building its awareness of the secondary trauma that may arise for any staff working with individuals who suffer trauma.

As part of our technical assistance, we work with key staff to establish **performance and patient-level measures** to track and monitor outcomes that help your organization to <u>sustain a fully integrated</u> trauma informed care environment. We also work with leadership to explore mechanisms for **financing** trauma related services

## FOR MORE INFORMATION ABOUT WORKING WITH CAI, PLEASE CONTACT

#### Mary Dino, LCSW

Director, Mental Health and Trauma 505 Eighth Avenue, Suite 1900 NY, NY 10018 MDino@caiglobal.org Phone: 212.594.7741 x 249 Caroline Waterman MA, CRC, LRC Director of Addiction Training and TA 505 Eighth Avenue, Suite 1900 NY, NY 10018 CWaterman@caiglobal.org Phone: 212.594.7741 x 207

1. Felitti VJ, Anda RF. The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behavior: implications for healthcare. In: Lanius RA, Vermetten E, Pain C, editors. The impact of early life trauma on health and disease: the hidden epidemic. Cambridge, United Kingdom: Cambridge University Press; 2010. p 77-87.

2. Centers for Disease Control and Prevention, www.cdc.gov

- 5. The Source: The National Abandoned Infants Assistance Resource Center. 16(1): 12-14, 16.
- 6. National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC) https://www.samhsa.gov/inctic
- 7. Saxe, G., Ellis, B., Brown, A., Trauma Systems Therapy for Children and Teens, Second Edition Second EditionThe Guilford Press; Second edition (November 11, 2015)

caiglobal.org

8. Hopper, E., Bassuk, O., Olivet, J. (2010) Shelter from the storm: Trauma Informed Care in Homeless Services settings



<sup>3.</sup> Kimberg, L., Trauma and Trauma-Informed Care, in The Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations. Talmadge King and Margaret Wheeler, Editors. In press. Expected publication 2016, McGraw-Hill Companies

<sup>4.</sup> Bloom, S. L. (2007). "The Sanctuary Model of Trauma-Informed Organizational Change."