

# 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.



# 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](http://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



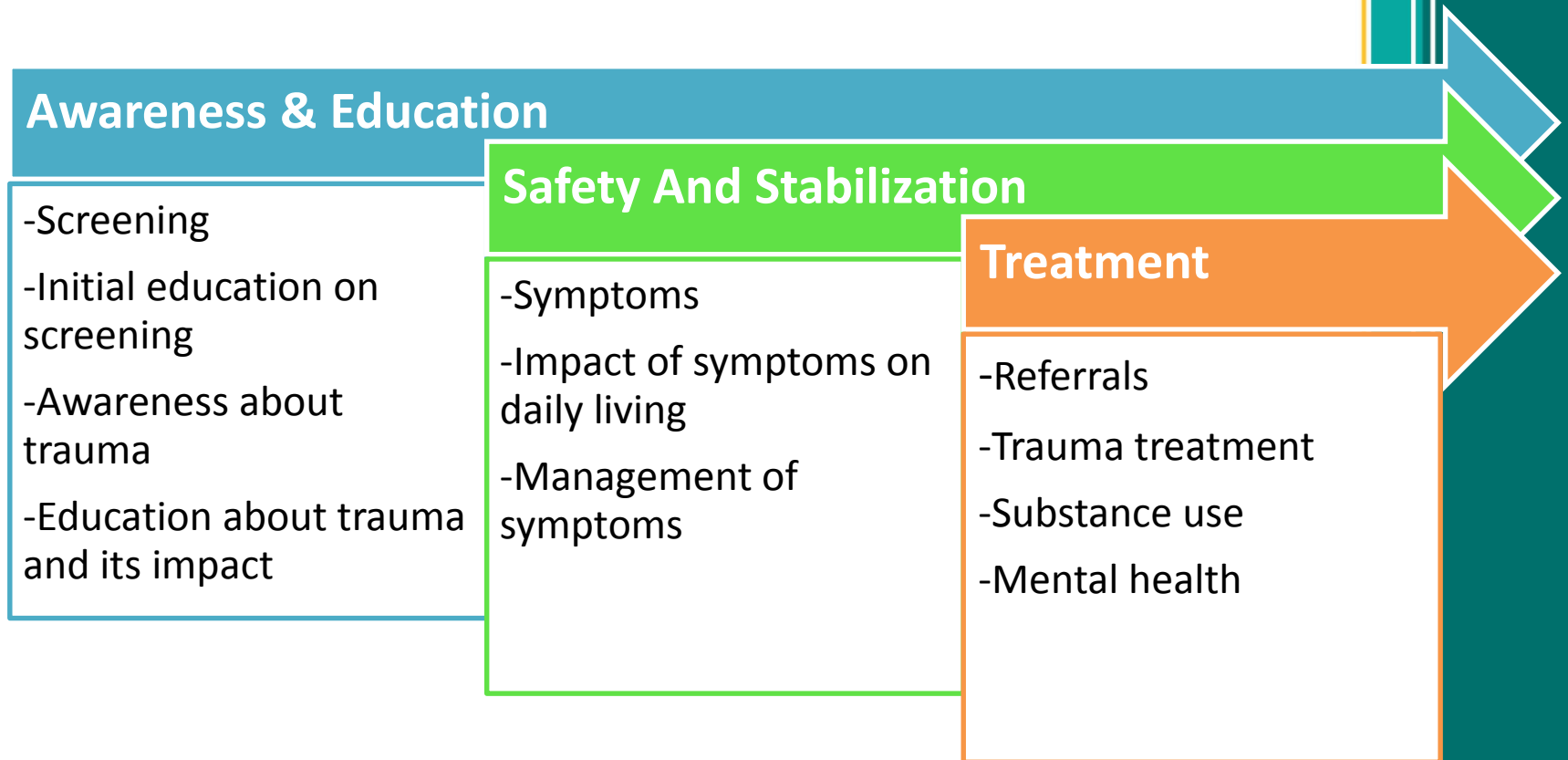
# Awareness and Education Increases Sense of Hope and Empowerment

Greater motivation to engage  
and stay in substance use  
treatment

me,  
but it does not have to



# Trauma Informed Care Services Framework



# Establishing a Culture of Trauma Informed Care and Offering Skill-Based Trauma Informed Services

## PROCESS OF IMPLEMENTING TRAUMA INFORMED CARE - Group One

### ESTABLISHING A CULTURE

- Leadership Engagement
- Staff Engagement
- Culture & Policy
- Consumer & Community Engagement
- Information Systems

### SKILL-BASED SERVICES

- Screening
- Consumer Education
- Referring
- Psychoeducational Services to Reduce High-Risk Behavior

#### EXPLORATION

#### PLANNING & PREPARATION

#### INITIAL IMPLEMENTATION

#### 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

JANUARY 2018

#### 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 CBO 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 multi-disciplinary team
- Develop key benchmarks for implementation
- 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

JANUARY - MAY 2018

#### Second Series of Regional Meeting

Goals: 1. Finalize the plan and preparation for implementation

Goal 2. Peer sharing with each other

- 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

#### Provide Skills-Based Training & TA

Goal: Establish competencies to provide trauma informed services

- 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

#### Implementation of TIC for Group One

Goal: Initiation of trauma informed services to clients

- Implement screening and patient education
- Initiate referrals
- Provide psychoeducation services on individual or group level for reducing high-risk behaviors related to trauma
- Track - monitor - coach - supervise

JUNE 2018

caiglobal.org

A project of CAI





**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

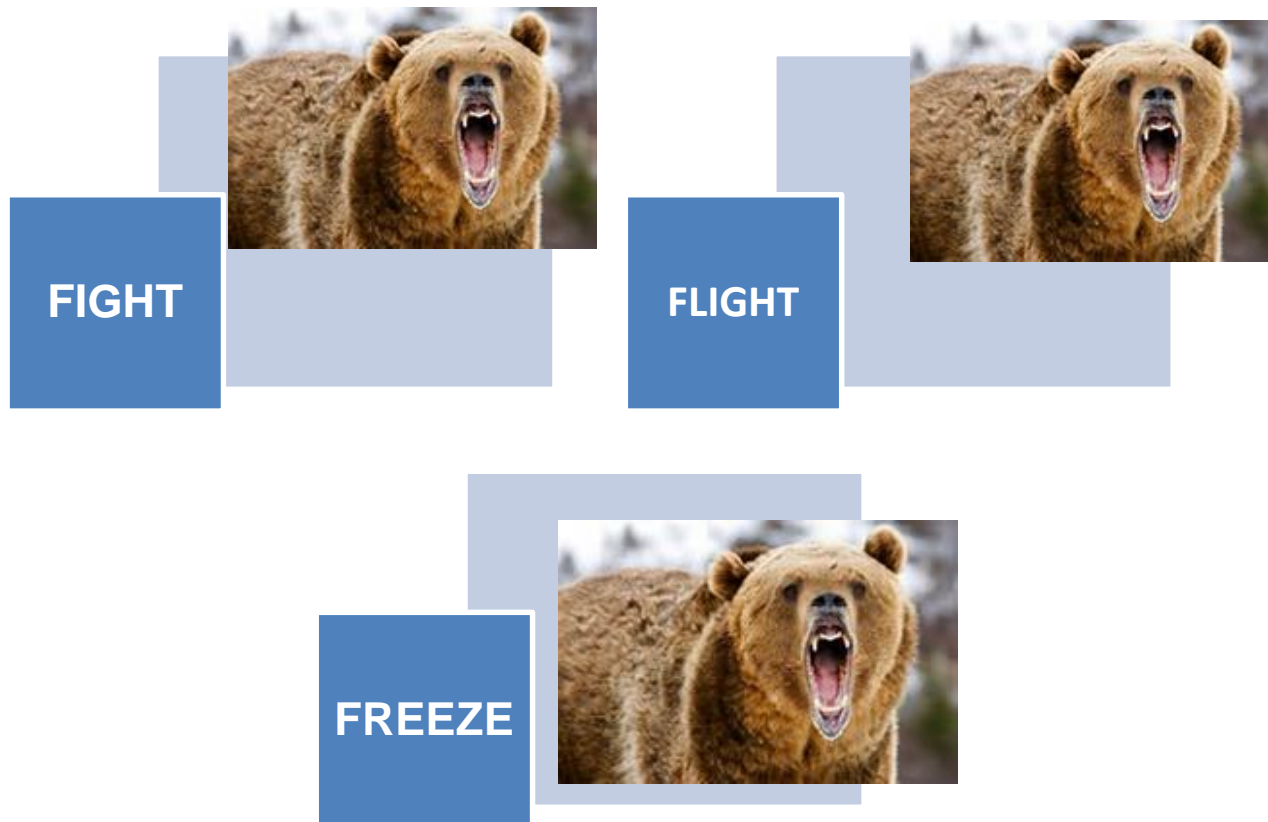
# Hardwired by Evolution

- 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

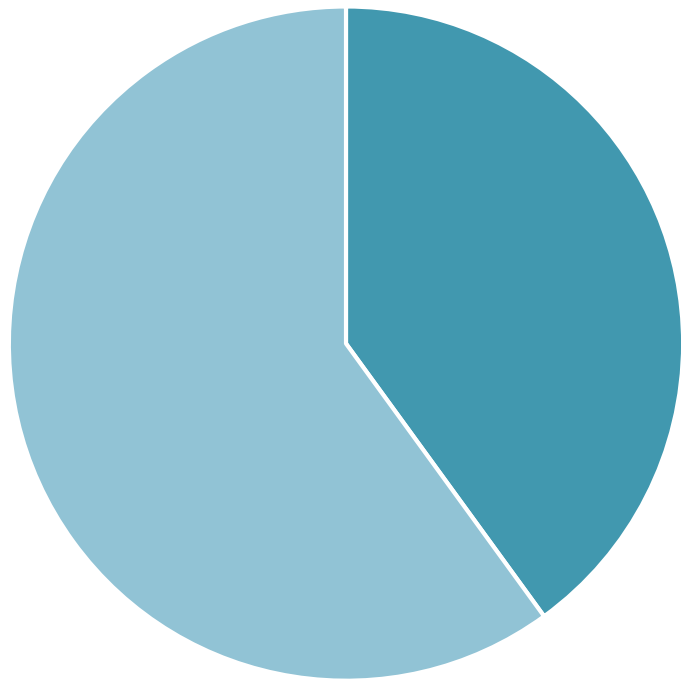


# Trauma in General Population

## Adverse Childhood Experiences Study

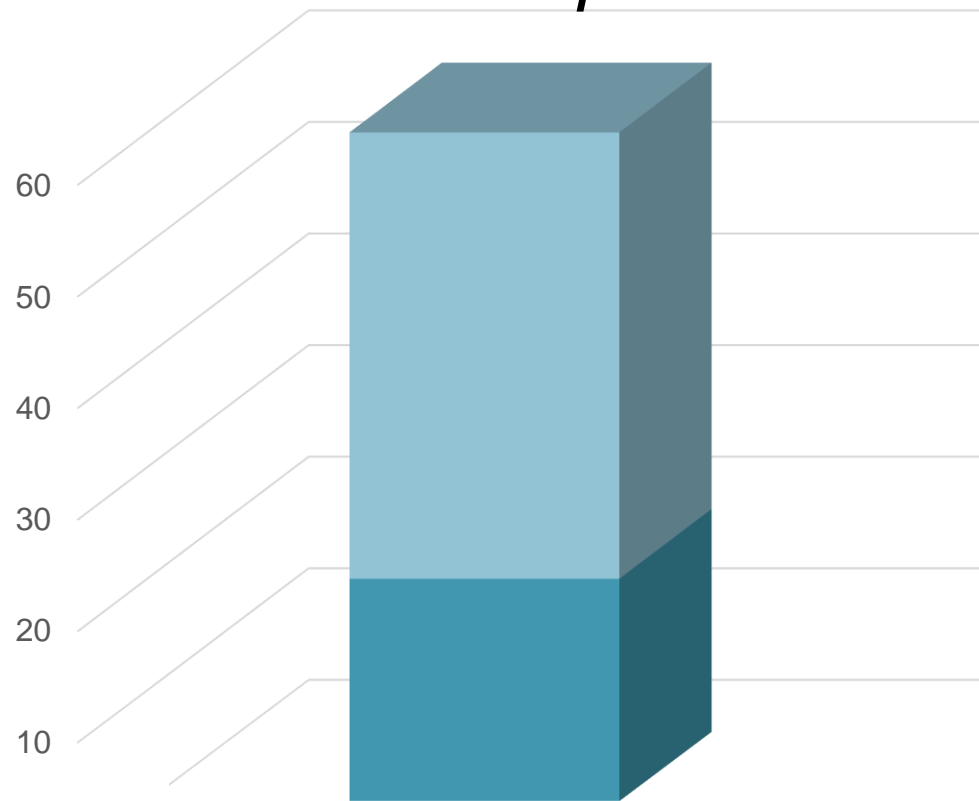
Felitti, V., Anda, R., 1998

*Prevalence of people who experienced ACE*



- No Adverse Childhood Experience
- Adverse Childhood Experience

*More than One Adverse Childhood Experience*



- More than one ACE
- Less than one

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](https://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](http://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](https://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](https://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

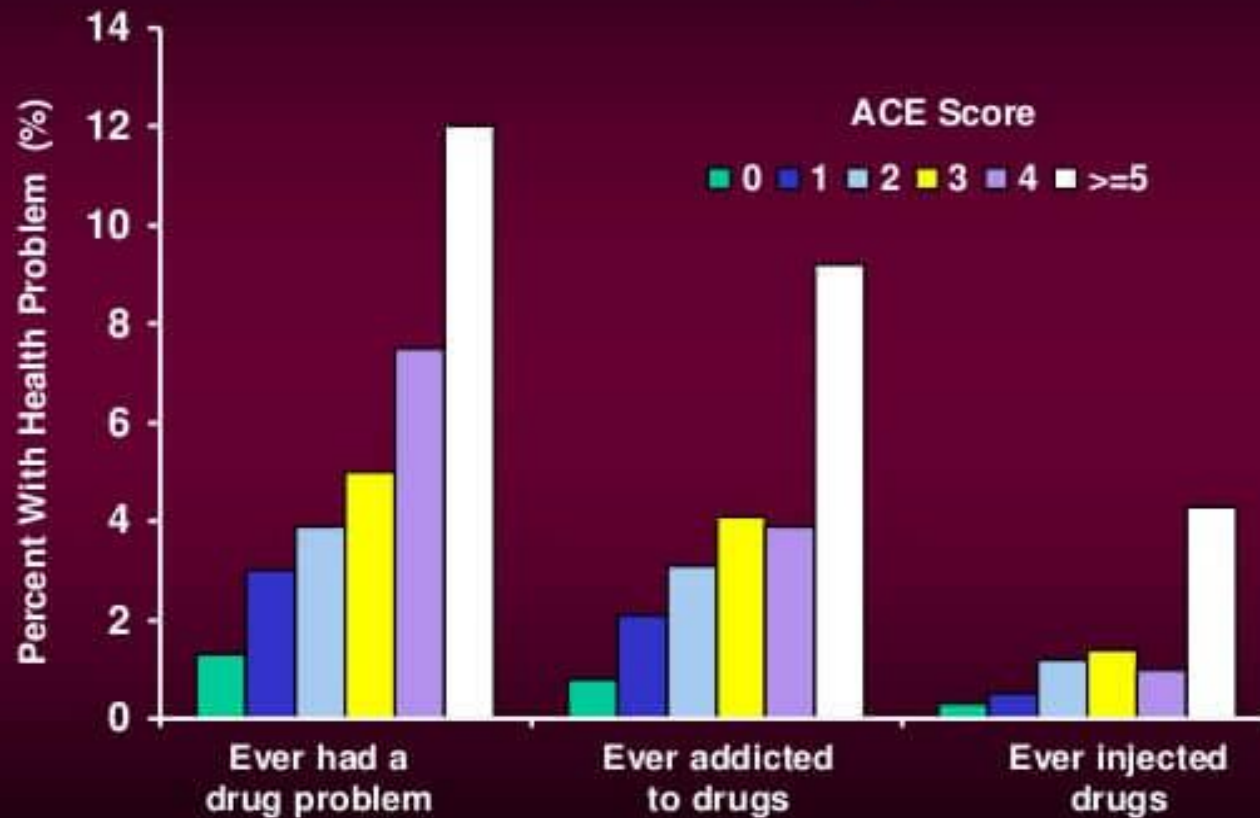
*Gianconia, et al, 2000*

- Substance abusing youth are less likely to effectively cope with a traumatic event.

*National Child Traumatic Stress Network, 2008*



## ACE Score and Drug Abuse



[www.acesconnection.org](http://www.acesconnection.org)

# Traumatic Stress

*“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



# Triggers or Reminders



# Maladaptive, out-of-proportion response to perceived threat





# REACT!

## Out of Conscious Awareness

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

ISTSS, 2012; Herman, J., 1992; Ford, J., Courtois, C, et al, 2005, Saxe, G., Ellis, B.H., 2006, 2017



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

## Safety and Stabilization

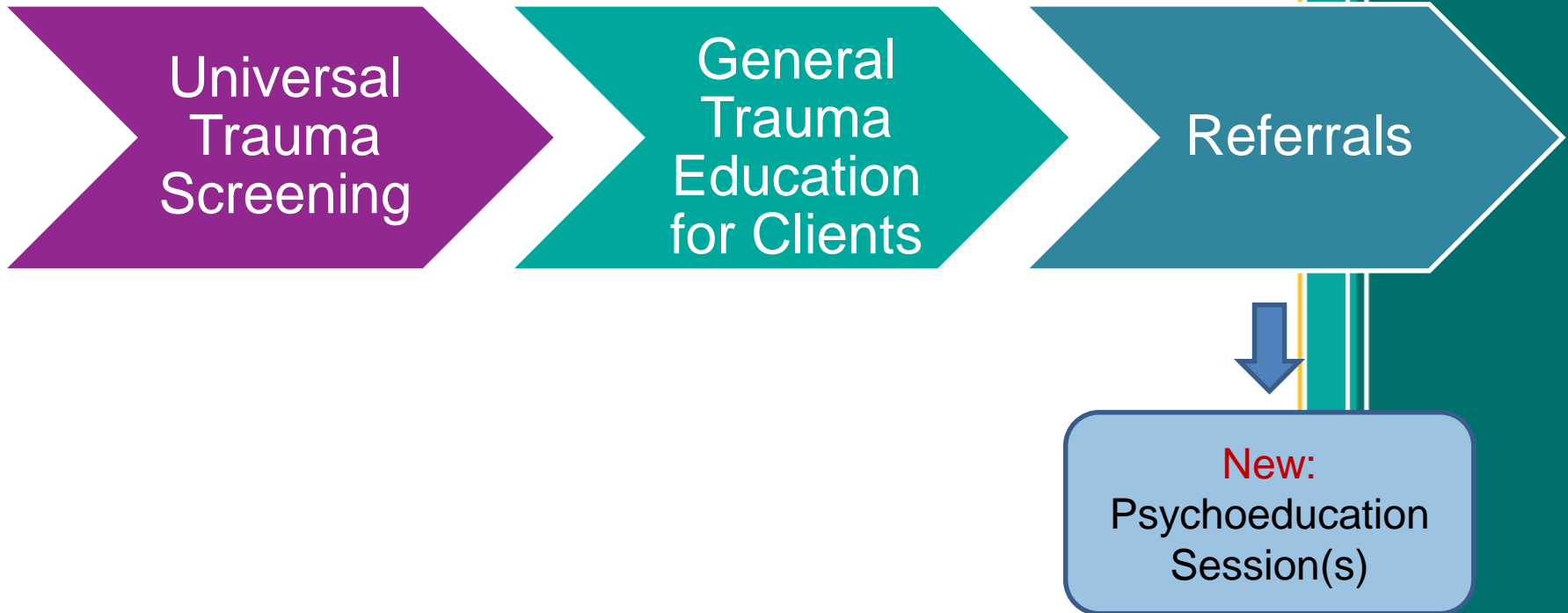
### TASKS:

- Protect from Harm
- Reduce Risk
- Increase Health Behaviors

### TOOLS

- Screening and Assessment
- Education
- Self-Regulation Skill Build
- Safety Planning

# TIC Key Services



# 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**



## IN SUMMARY:

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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