



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Principles of Trauma-Informed Care for Health Care Organizations

Allison “Alli” Morton, PhD, PLP



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At the time of this publication, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Mid-America Mental Health Technology Transfer Center (MHTTC)

- Funded by the federal Substance Abuse and Mental Health Services Administration (Grant number: H79SM081769).
- Serves to align mental health services across Missouri, Iowa, Nebraska, and Kansas with evidence-based practice.

Announcements

- This webinar is being recorded.

<https://mhttcnetwork.org/centers/mid-america-mhttc/implementing-trauma-informed-practices-pediatric-integrated-primary-care>



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Webinar Series

Part 1

8/17/22

Principles of
Trauma-
Informed Care
for Health Care
Organizations

Part 2

9/21/22

Screening and
Assessing for
Trauma in
Primary Care

Part 3

10/19/22

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Trauma with
Children that
have IDD

Part 4

11/16/22

Reporting and
Documentation
of Trauma
Disclosure

Objectives

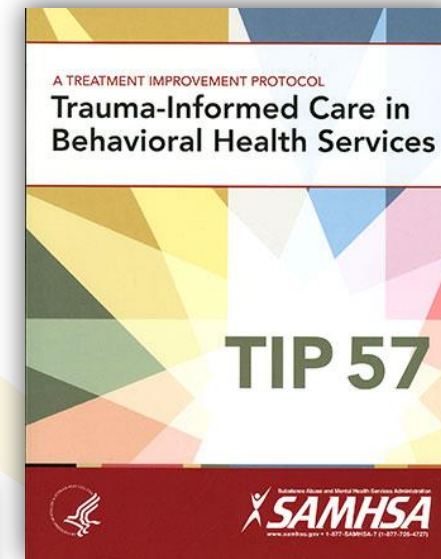
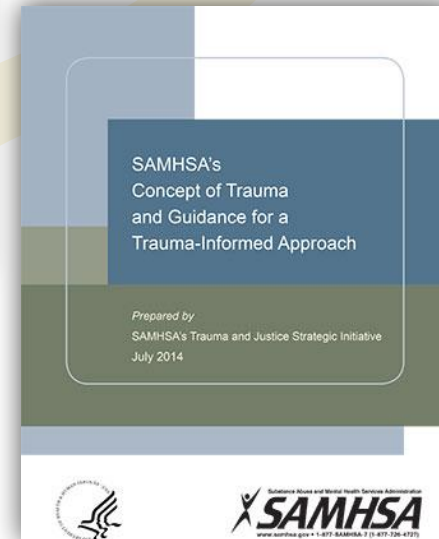
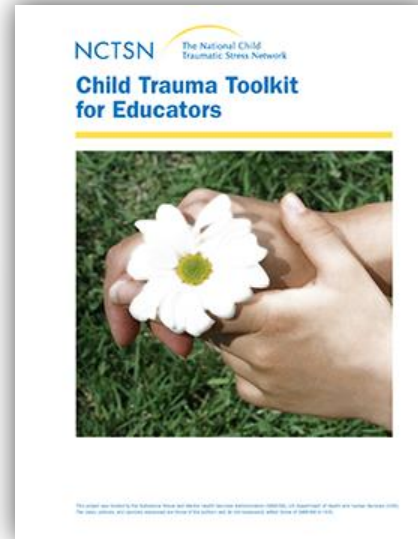
Provide a foundational overview of traumatic life experiences and outcomes

Discuss what it means to be trauma-informed in primary care

Review trauma-informed principles and domains integral to health care organizations

Identify strategies to implement trauma-informed care

Resources



[The National Child Traumatic Stress Network | \(nctsn.org\)](https://nctsn.org)

[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach | SAMHSA Publications and Digital Products](#)

[TIP 57: Trauma-Informed Care in Behavioral Health Services | SAMHSA](#)

Categories of Trauma

Individual

Group

Community

Military Service

Historical

Mass

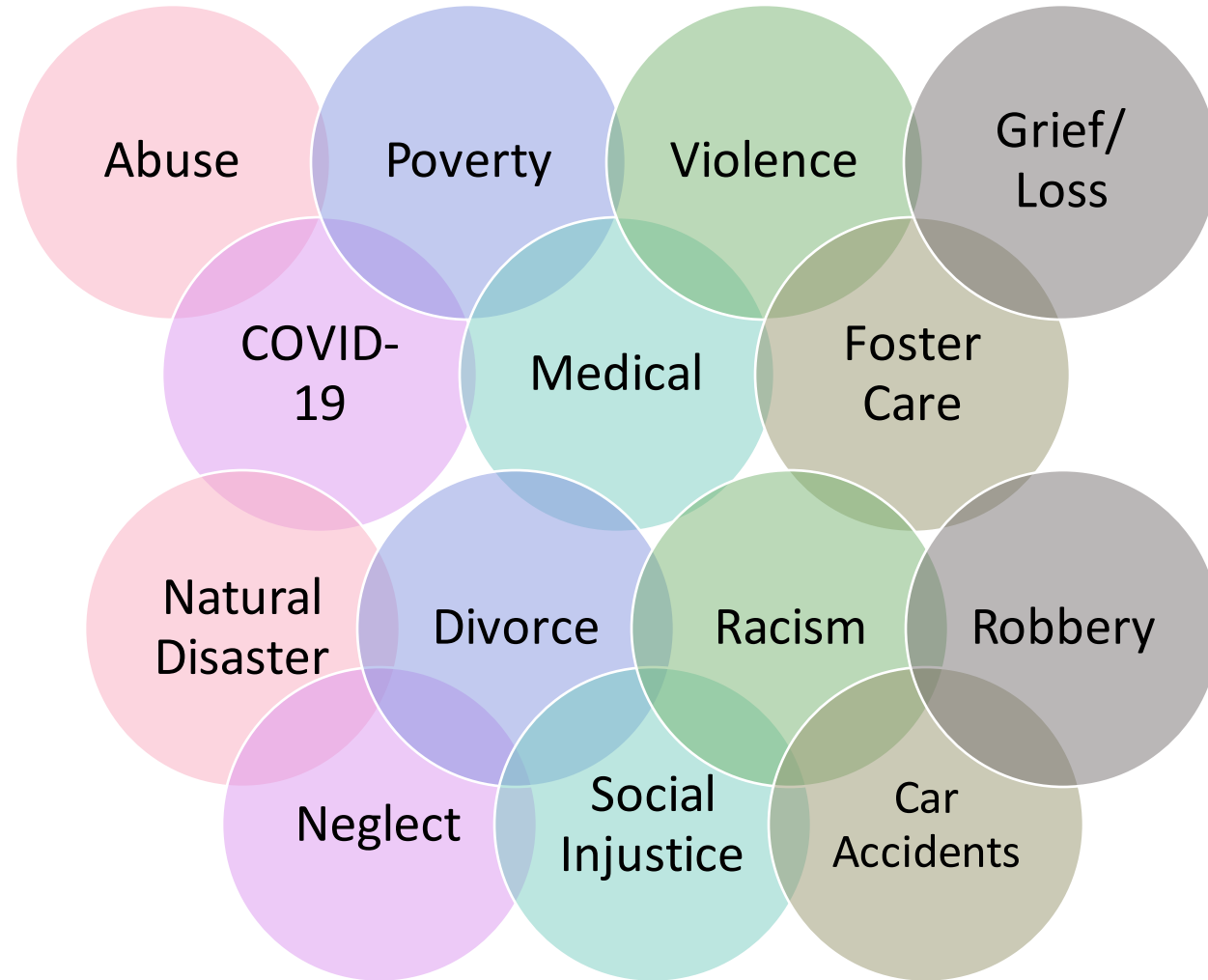
Interpersonal

Developmental

Political Terror & War

System-Oriented

What is trauma?



Types of Trauma

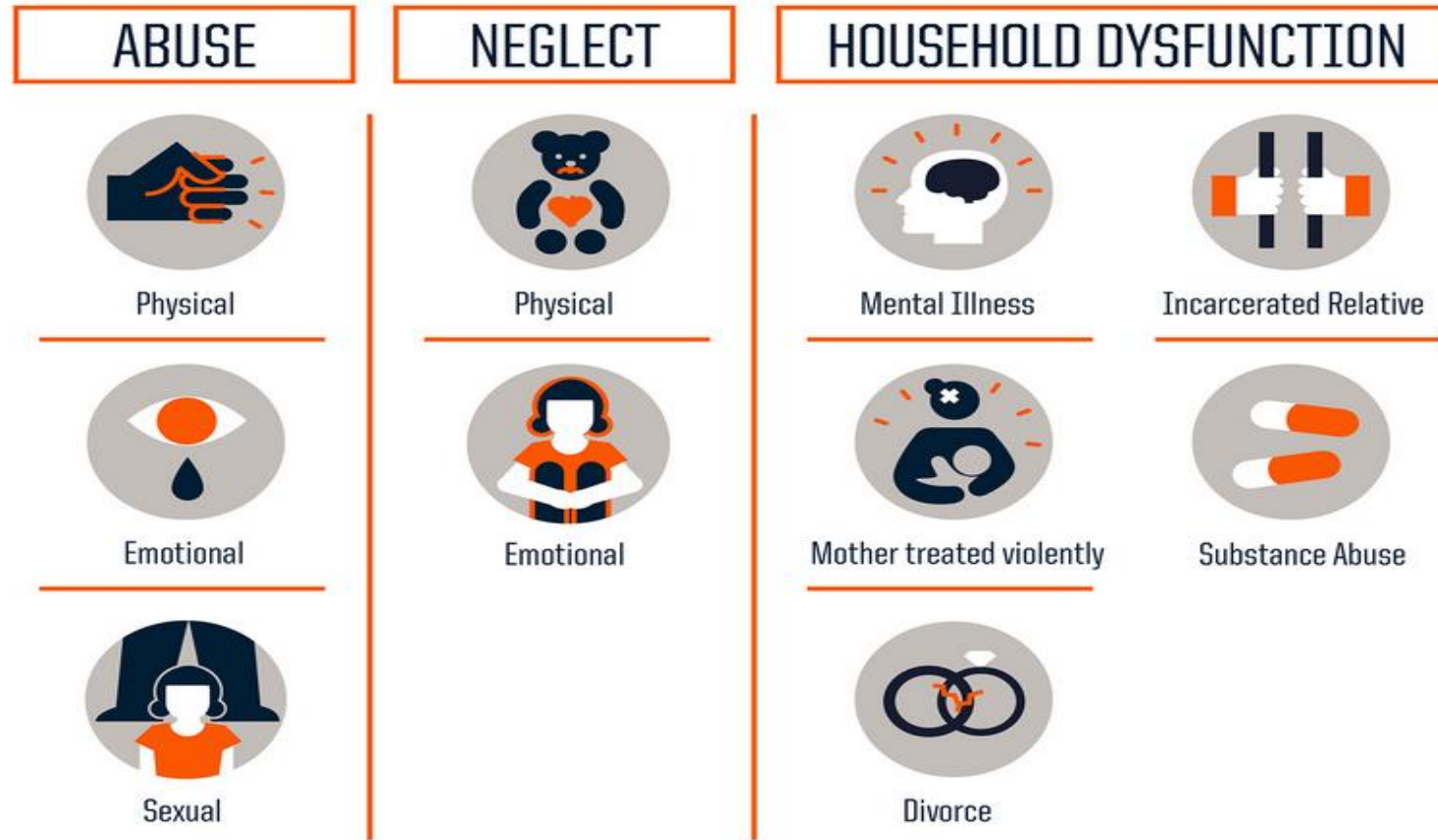
Acute Trauma



Chronic or Complex Trauma



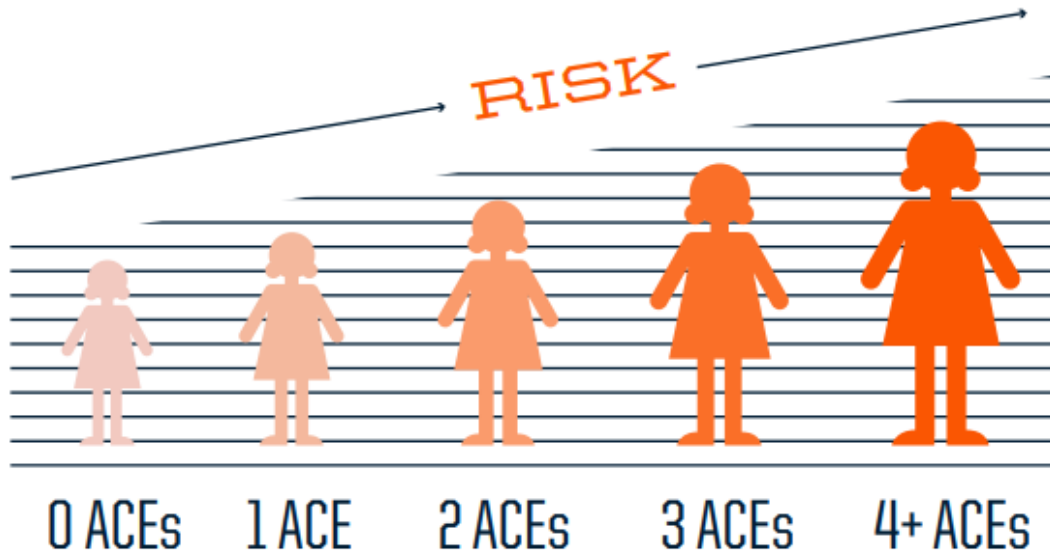
The Adverse Childhood Experiences (ACES) Study


















Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

Health Risks of Childhood Trauma

As the number of ACEs increases, so does the risk for negative health outcomes.



Possible Risk Outcomes

BEHAVIOR				
 Lack of physical activity	 Smoking	 Alcoholism	 Drug use	 Missed work
PHYSICAL & MENTAL HEALTH				
 Severe obesity	 Diabetes	 Depression	 Suicide attempts	 STDs
 Heart disease	 Cancer	 Stroke	 COPD	 Broken bones

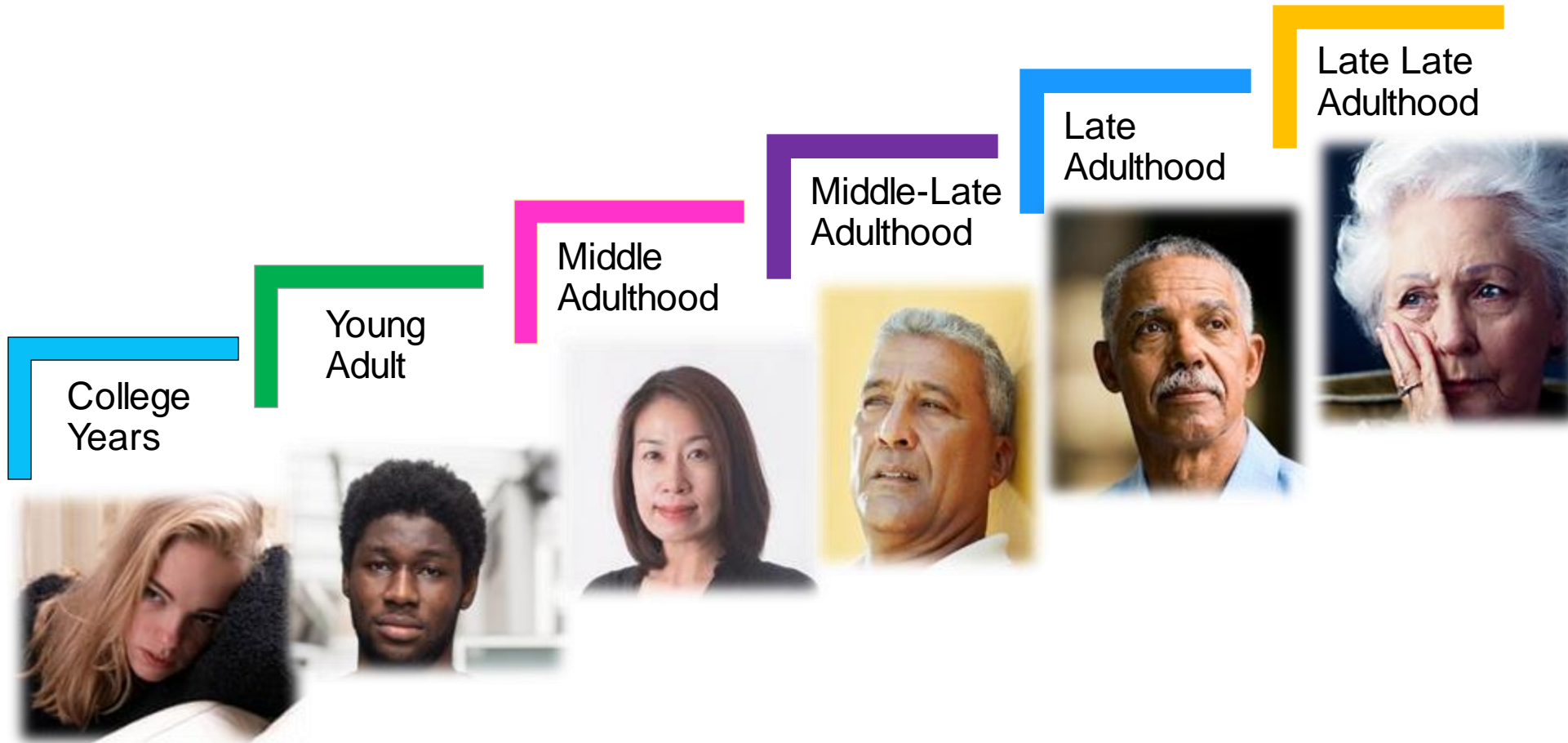
Toxic Stress Derails Healthy Development

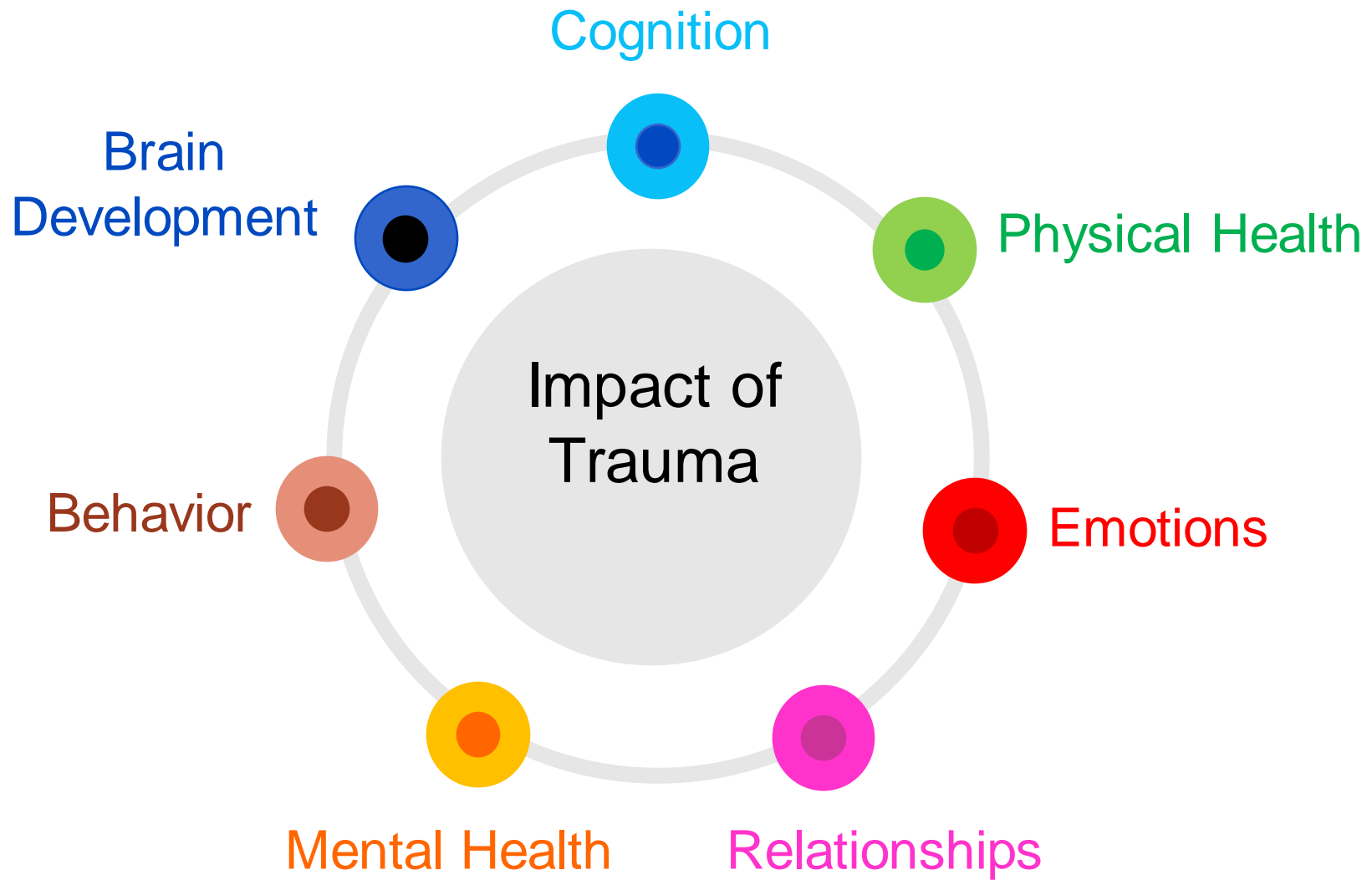


Developmental Staircase



The Staircase Continues...





Outcomes of Trauma

Brain Development

Smaller brain size, slower processing, impaired stress response

Cognition

Negative thoughts about self, language delays, impaired executive functioning

Emotions

Increased sensitivity, difficulty identifying emotions, feelings of shame, etc

Relationships

Poor understanding of social interactions, intergenerational trauma, mistrust

Behavior

Difficulty regulating, aggression, poor impulse-control, risky sexual encounters

Mental Health

PTSD, depression, anxiety, substance use disorders

Physical Health

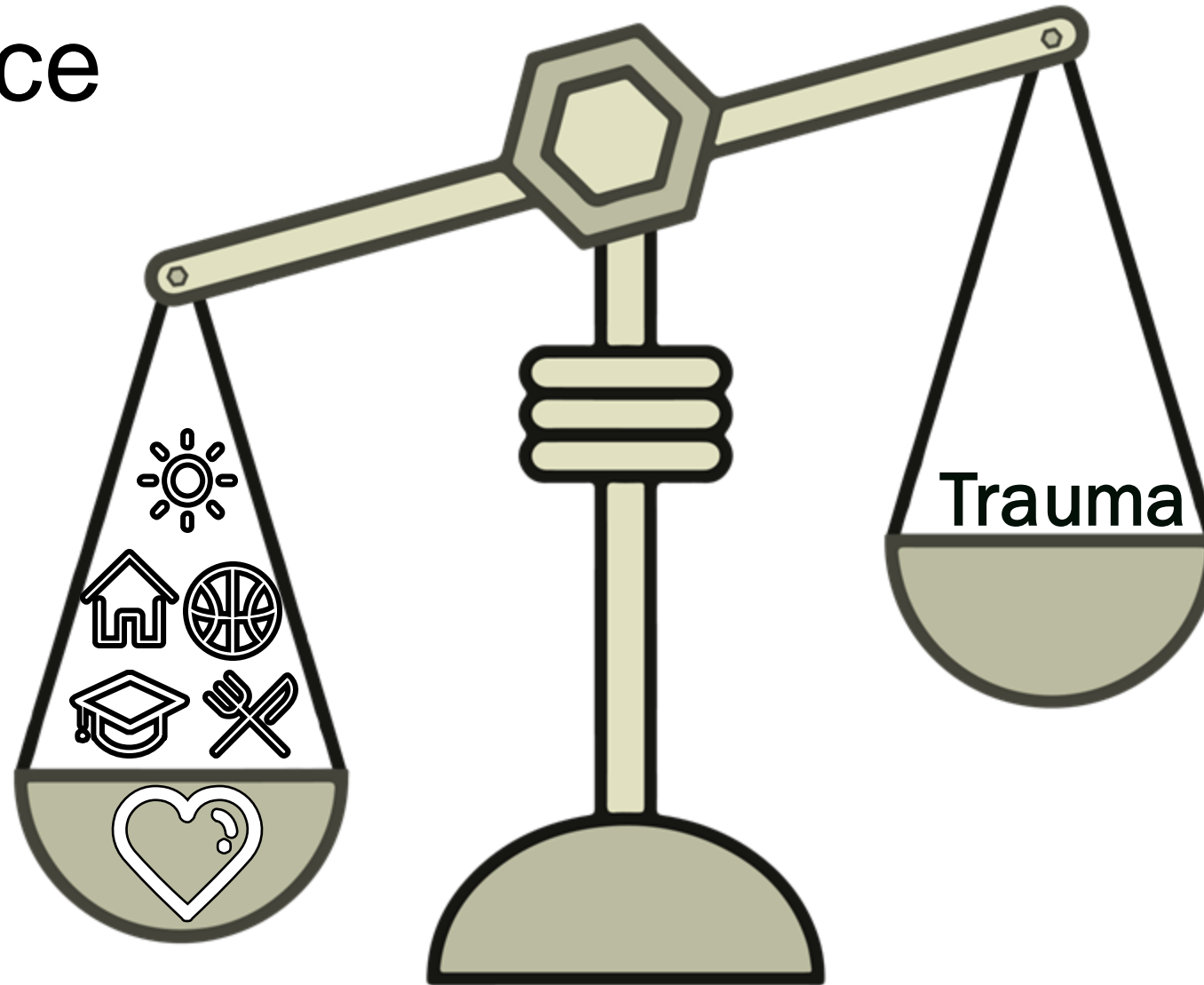
Compromised immune system, sleep disorders, eating disorders



Why Won't You Change?

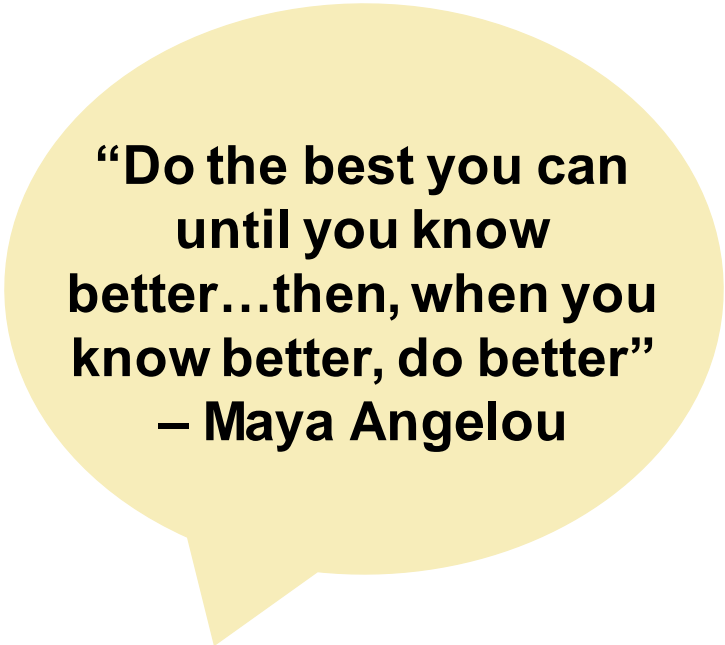
- Some unhealthy behaviors can affect our neurochemistry in ways that can ease overwhelming emotions associated with trauma
- Patients with trauma histories may seem to have a greater commitment to unhealthy behaviors
- Healthcare professionals become frustrated with 'noncompliant' patients

Resilience



Definition of Trauma-Informed Approach

“A program, organization, or system that is trauma -informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings” SAMHSA (2012).



**“Do the best you can
until you know
better...then, when you
know better, do better”
– Maya Angelou**

Trauma-Informed Principles

The 4 “R’s”

- ✓ • Realize the widespread impact of trauma and paths to recovery
- ✓ • Recognize the signs and symptoms of trauma
- Responds by integrating knowledge about trauma into all aspects of the organization/system
- Resists re-traumatizing individuals



[Trauma-Informed Care Champions: From Treaters to Healers - YouTube](#)

Trauma-Informed Infrastructure

Trauma Awareness & Education

Trauma-Informed Policies & Procedures

Trauma Identification

Creating Safe Environments

Culturally Responsive Practices

Client/Patient Partnership and Empowerment

Cross-Sector Collaboration

Crisis Planning

Supports for Staff Wellness

Availability of Trauma-Specific Intervention Services

Trauma-Informed Policies & Procedures

1

Establish administrative support and commitment

2

Develop vision, mission, and value statements

3

Consider procedures related to crises and disasters

4

Evaluate seclusion and restraint procedures

5

Make training available

6

Develop and coordinate wellness programs

7

Ensure ongoing assessment and implementation evaluation

Trauma Identification



Anticipate the possibility of traumatic life experiences upon initial contact, interactions, and assessment procedures



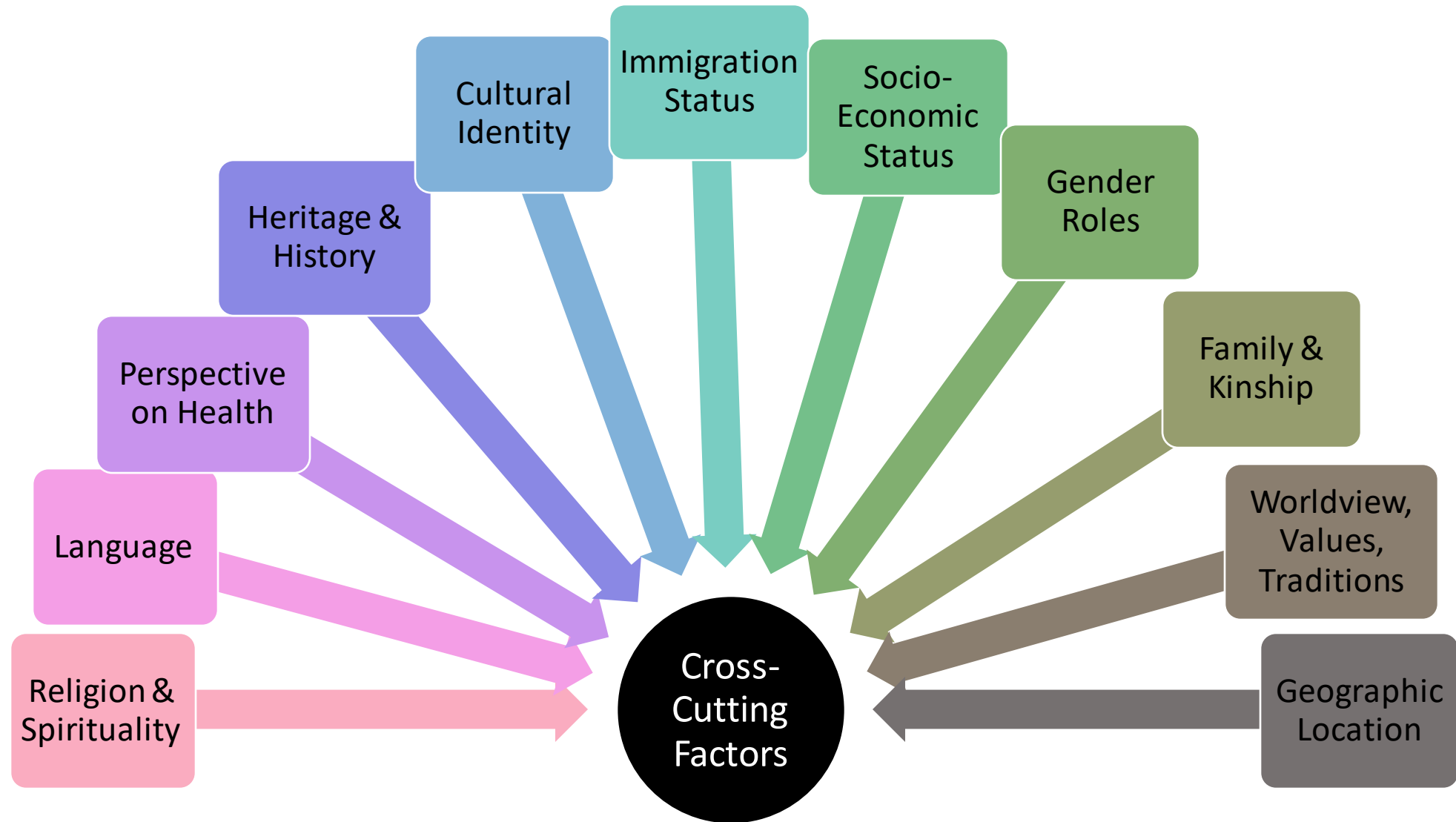
View traumatic stress symptomatology as a normal reaction to abnormal situations



Incorporate routine screenings for trauma

*Staff should be trained to use screening tools consistently and to know ‘what to do’ with the information they receive

Culturally Responsive Practices



Creating Safe Environments



- Involves agency-wide effort
- Exceeds standard expectations of physical plant safety, security, policies, emergency management, and adherence to patient rights
- Creating safe environments extends to employees as well

Creating Safe Environments

Safe Physical Environment

Evaluate lighting in parking lots, common areas, bathrooms, etc.

Ensure people are not allowed to smoke, loiter, or congregate

Keep noise levels in waiting room low

Make sure room arrangements allow for easy exit

Provide safe space to calm

Creating Safe Environments

Safe Social-Emotional Environment

The 4 “R’s”: Respond & Resist



Utilize welcoming language on signage/from staff



Stick to consistent schedules and prepare patients for changes in the routine



Help patient know what is happening next



Use non-coercive forms of persuasion



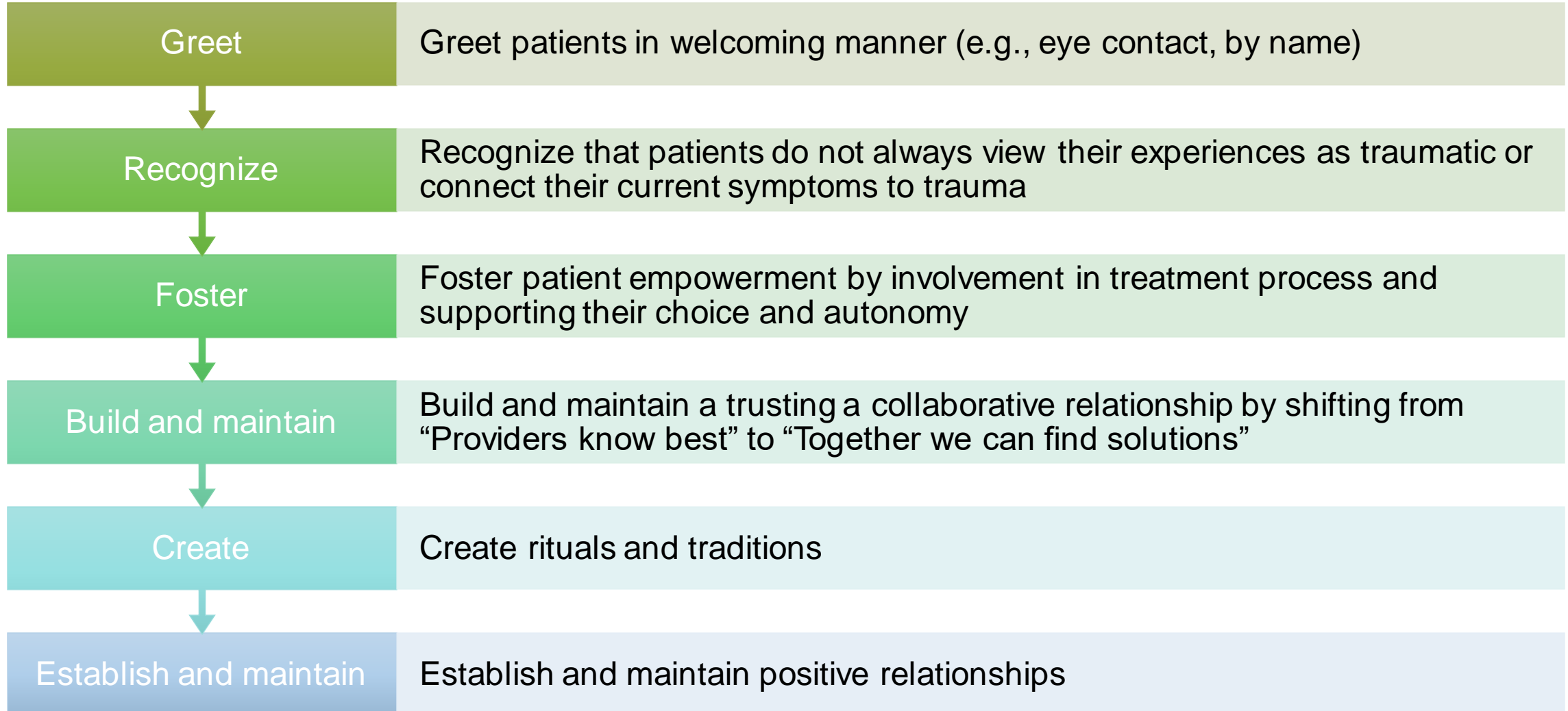
Practice respectful communication and demonstrate value for relationships



Stay aware of cultural factors and how that may impact perception of trauma, safety, privacy, and help-seeking

Patient Partnership

The 4 “R’s”: Respond & Resist

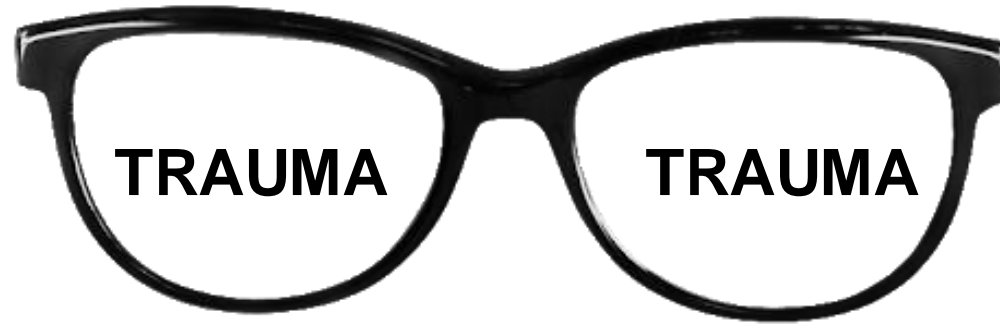


Patient Partnership

- Recognize and honor that patients may not want to talk in front of other family members
 - Ask patient if they would prefer to have parent/caregiver in the room or speak in private
- Acknowledge your questions may be triggering or distressing
 - "I'm going to ask you questions about stressful and scary events that sometimes happen to kids and families. Sometimes people get upset talking about these things and sometimes people are relieved to talk about these things. If you ever need a break, you just let me know."
- Have a list of local providers who can provide trauma-informed services, including services for caregivers/parents
- Listen and acknowledge what patient or family is sharing
 - "It can be hard to talk about these things. Thank you for telling me."

Developing a Trauma Lens

The 4 “R’s”: Recognize,
Respond & Resist



Instead of asking ***“what is wrong with you?”***
ask, ***“what has happened to you?”***

Cross-Sector Collaboration

Individuals who have experienced trauma often have complex medical, behavioral health, and social service needs, and, therefore, receive care from an array of providers.



Supports for Staff Wellness

Secondary Traumatic Stress

- Secondary traumatic stress (STS) is the emotional duress that results when an individual hears about the experiences of trauma of another
 - Symptoms mimic PTSD

Would you be surprised if a painter had paint on him after a day's work?



The 4 “R’s”: Recognize, Respond & Resist

Supports for Staff Wellness

- Many in the helping professions have their own trauma histories, which may be exacerbated by working with others who have experienced trauma
- Supporting staff wellness can:
 - Increase staff morale
 - Allow staff to function and work effectively
 - Reduce attrition
- Trauma-informed organizations emphasize prevention





The 4 “R’s”: Recognize,
Respond & Resist

The Adult Resilience Curriculum (ARC)





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Clayton Cook, PhD
Gail Joseph, PhD
Aria Fiat, PhD
Andrew Thayer, PhD

Wellness is a holistic integration of physical, mental, and spiritual well-being, fueling the body, engaging the mind, and nurturing the spirit.

(Stoewen, 2017)



The ARC Modules

0: Introduction to the Adult Resilience Curriculum (ARC)

1: Understanding the psychobiology of stress and well-being (*psychoeducation*)

2: Creating safe and supportive environments (*context*)

3: Clarifying, aligning with, and committing to one's values (*values*)

4: Cultivating awareness through mindfulness-based practices (*mindfulness*)

5: Connecting meaningfully with others (*connection*)

6: Fostering pleasant emotions and experiences (*positivity*)

7: Coping with difficult thoughts, feelings, and experiences (*coping*)

8: Feeling good physically through nutrition, movement, & sleep (*health*)

9: Rejuvenating through relaxation, recreation, and routines (*three R's*)

10: Bringing it all together: A wellness plan for the future (*wellness plan*)

The ARC Core Skills

1. Understanding the psychobiology of stress and wellbeing
(*psychoeducation*)

2: Creating safe and supportive environments
(*context*)

3: Clarifying, aligning with, and committing to one's values
(*values*)

4: Cultivating awareness through mindfulness-based practices
(*mindfulness*)

5: Connecting meaningfully with others
(*connection*)



[Know Your Why | Michael Jr. - YouTube](#)

Supports for Staff Wellness

Strategies

- Provide trainings that raise awareness of secondary traumatic stress, burnout, and compassion fatigue
- Support reflective consultation to address feelings regarding patient interactions
- Encourage and incentivize well-being
- Allow “mental health days”
- Build sense of work family (support staff celebrations, milestones)
- Hold multidisciplinary case conferences
- Assess staff satisfaction and respond

Supports for Staff Wellness Strategies

The 4 “R’s”: Recognize, Respond & Resist

- Practice Self-Reflection
 - How am I feeling today?
 - Who does this patient remind me of?
 - Am I taking something personally?
 - What is my urge right now?
 - What do I need to do to calm?



YOU WOULDN'T LET THIS
HAPPEN TO YOUR PHONE.
DON'T LET IT HAPPEN TO
YOU EITHER.

SELF CARE IS A PRIORITY,
NOT A LUXURY.

Availability of Trauma-Based Services



**Provide
psychoeducation**



Normalize symptoms



**Consider agency-
specific services and
determine when to
refer out**

Immediate interventions (first
48 hours)

Long-term intervention

Additional Resources: Adult Resilience Curriculum

[Mid-America MHTTC Professional Well-Being Website](#)

Video
Modules &
Slide Decks

Trainer
Manual

Activity
Handouts

Resource
Lists

Burnout
Busters
Podcast

30 Day
Mental Health
Challenge

Webinar Series

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1. Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
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4. Pediatric Integrated Care Collaborative (n.d.). *Improving the Capacity of Primary Care to Serve Children and Families Experiencing Trauma and Chronic Stress: A Toolkit*. Retrieved July 11, 2022, from <https://web.jhu.edu/pedmentalhealth/PICC%20TOOLKIT%201.pdf>
5. *Know your why* | Michael Jr. (2017, January 9). YouTube. Retrieved July 11, 2022, from <https://www.youtube.com/watch?v=1ytFB8TrkTo&t=2s>
6. Center for Health Care Strategies. *Trauma-informed care champions: From treaters to healers*. (2018, November 28). YouTube. Retrieved July 11, 2022, from <https://www.youtube.com/watch?v=8wxnzVib2p4&t=3s>



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