

How to Implement Trauma-Informed Care: An Introduction

Presented by:

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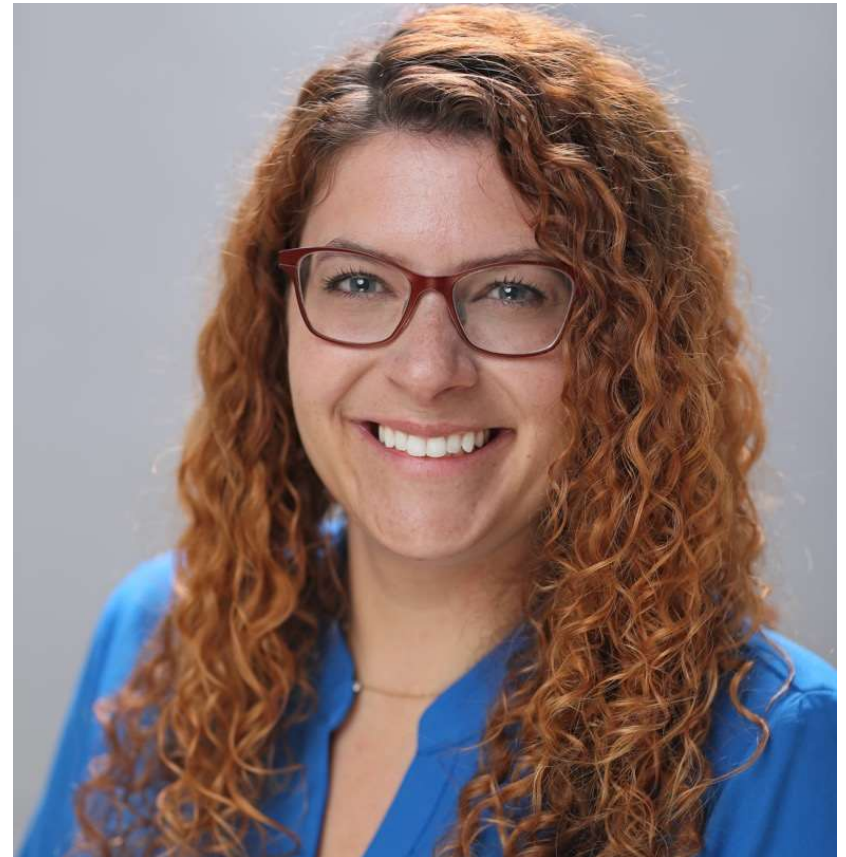


About Today's Presenter

Elise Suna, LMFT

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Elise is a licensed psychotherapist located in Miami, FL. She is an expert on trauma and trauma-informed care practice. She has trained over 500 healthcare workers, teachers, counselors, case workers and other practitioners on trauma-informed practices. Additionally, she helps individuals and couples in her practice who are experiencing anxiety, depression, relationship concerns and recovery from trauma.



Conflicts of Interest Disclosure: Elise Suna

I have no relevant personal/professional/financial relationship(s) with respect to this educational activity.



Take A Moment



- Notice Tension
- Relax muscles
- Let your shoulders relax

Learning Objectives

- Recognize the impact of trauma and the principles of trauma-informed care
- Learn strategies to implement trauma-informed care practices with clients, patients, and/or students
- Apply methods of how to mitigate secondary-traumatization and promote resilience in their organization



Impact of Trauma

What is Trauma-Informed Care?

How to Implement a Trauma-Informed System

How to Avoid Secondary-Traumatization and
Promote Resilience

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What is Trauma?

Trauma is the response to a deeply distressing or disturbing event.

Trauma includes one-time, multiple, or long-lasting repetitive events (or complex trauma)



What is Trauma?



"[A]n 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." (SAMHSA, 2014)

Key Terms

Complex Trauma

Traumatic Stress

Re-traumatization

Secondary Trauma or Vicarious Trauma

Intergenerational Transmission of Trauma

How does trauma impact people?



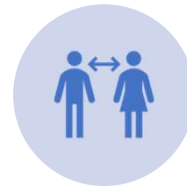
EMOTIONALLY



PHYSICALLY



COGNITIVELY



BEHAVIORALLY



EDUCATIONALLY



FINANCIALLY

ACES Study

- ACES are potentially traumatic events that occur during childhood such as losing a parent, growing up in a family with substance abuse or mental health issues, abuse or neglect
- Original study included 10 traumas
- About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.
- The study, and all subsequent studies, found that high ACE scores (or higher rates of trauma), increased risks of health, social and emotional problems
- Direct link between childhood trauma and adult onset of chronic disease, substance abuse problems, depression, suicidality, becoming violent or being victimized further
- Lead to a focus on building resilience and protective factors
 - Mitigate the impact of ACEs

(Felitti et al, 1998)

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What is Trauma-Informed Care (TIC)?

Changes the
question
“What is wrong
with you?”



To
“What happened
to you?”

What is Trauma-Informed Care (TIC)

TIC is an understanding that an individual is likely to have experienced trauma and we should operate under this assumption regardless of whether we know their history.

Because of this assumption, adjustments should be made to policies and procedures to be sensitive to re-traumatization. Ensures facilities and services are welcoming and safe to all service recipients and staff.

Strength-based approach

Provides opportunity to empower and rebuild sense of control.

4 Rs of Trauma-Informed Care

Realizes

- The impact of trauma and understands potential paths of recovery

Recognizes

- Signs and symptoms

Responds

- By fully integrating knowledge about trauma into policies, procedures, and practices

Resists

- Re-traumatization

Substance Abuse Mental Health Administration (SAMHSA, 2014)



6 Principles of Trauma-Informed Care

- **Safety:** Both staff/faculty and people they serve/students feel physically and psychologically safe.
- **Trustworthiness and Transparency:** Transparency on policies with the goal of maintaining trust.
- **Peer Support:** Peer support and mutual self-help are crucial. Feedback is given by those who are trauma survivors.
- **Collaboration and Mutuality:** Everyone has a role to play.
- **Empowerment, Voice, and Choice:** Clients/students are supported in shared decision-making, choice and goal setting. Staff/faculty need to feel safe as much as people receiving services.
- **Cultural, Historical, and Gender Issues:** View trauma through a cultural lens.

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Traditional vs Trauma-Informed

Traditional

1. Challenging behaviors are the result of individual deficits (what's wrong with you?)
2. Understands difficult behaviors as purposeful and personal
3. Focuses on changing the individual to "fix" the problem
4. Those in positions of power need to uphold authority and control
5. Punitive discipline works
6. Support for those exposed to trauma is provided by counseling professionals

Trauma-Informed

1. Challenging behaviors may be ways of coping with traumatic experiences (what's happened to you?)
2. Understands difficult behaviors may be automatic responses to stress
3. Focuses on changing the environment
4. Those in positions of power offer flexibility and choice
5. Positive reinforcement works
6. Support for those exposed to trauma is the shared responsibility of all staff/faculty

Traditional vs Trauma-Informed

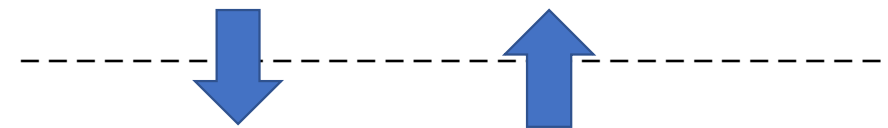
Traditional Boundaries

Faculty/Physician/Staff
(Or can be Administration)

Student/Patient/Client
(Faculty/Physician/Staff)

Trauma-Informed Boundaries

Faculty/Physician/Staff
(Administration)



Student/Patient/Client
(Faculty/Physician/Staff)

Creating Safe Spaces

Create a space that promotes a sense of safety for all. People must experience setting as safe, inviting and not a risk to their mental/physical well-being.

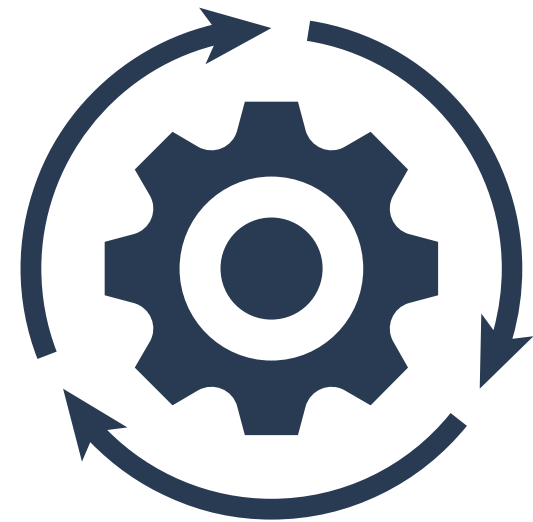
How do we accomplish this?



SAMHSA (2014)

How to Implement Trauma-Informed Care System

1. Engagement Throughout the Organization
 - Top down process
2. Physical Environment of the Organization
3. Trauma Survivors Included in Decisions
4. Cross Sector Collaboration
5. Screening, Assessment, and Treatment Services
6. Training and Workforce Development
7. Financial Investment
8. Evaluation



Guidelines Adapted from SAMHSA (2014)

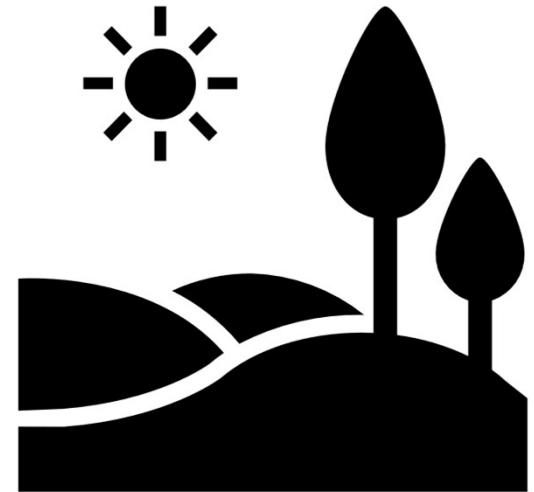
Engagement Throughout Organization

- Leadership **MUST** support and invest in implementing and sustaining approach
- Person within the organization designated as a champion on this approach
- Peer voice is included
- Included in the mission statement or written policies and procedures
- Leadership should support the voice of trauma survivors who use their services



Physical Environment

Physical Environment promotes a sense of safety for all. People must experience setting as safe, inviting and not a risk to their mental/physical well-being. This includes how people are greeted, providing information on what to expect, the environment, and physical space.



Physical Environment



Greet clients, patients, and students in a welcoming manner

Let them know what to expect
Are signs welcoming and clear?



Consistent Schedules/Clear expectations

Keep wait times short
Provide advance notice for any changes
Start Class on time and end on time
Let people know when you are away from your computer or when to expect feedback (and follow up if that changes)



Waiting areas /Physical Space

Well-lit, comfortable, have designated area for children, and offer private spaces
Walking paths are well lit
Security personnel readily available
Provide resources



Office designs

Avoid sitting behind desk whenever possible
Have multiple seating options
Make sure client/patient/student has clear access to the door in and can easily exit if desired
Be mindful of artwork, atmosphere, items on desk



Privacy

Staff/Faculty should **never** discuss clients/patients/students in hallways or common spaces
Unless in the instance of needing feedback or help, maintain privacy

Engagement and Involvement of People in Recovery

General Guidelines

- Trauma-survivors should be included and given voice
- Opportunities for feedback
- Transparency and trust among staff, students, clients
- Reduce power differential

Healthcare Setting

- Appreciate client/patient's perception of their presenting problem and understand that their methods of coping is adaptive in some ways
 - Even when you believe their methods of dealing with the trauma to be detrimental
 - Shifts point of view from "Provider knows best" to "Together, we can find solutions"

School Setting

- Faculty and student groups to address the needs of students where both Faculty and student voices are included

Cross Sector Collaboration

Collaboration built off shared understanding of trauma and trauma-informed approaches

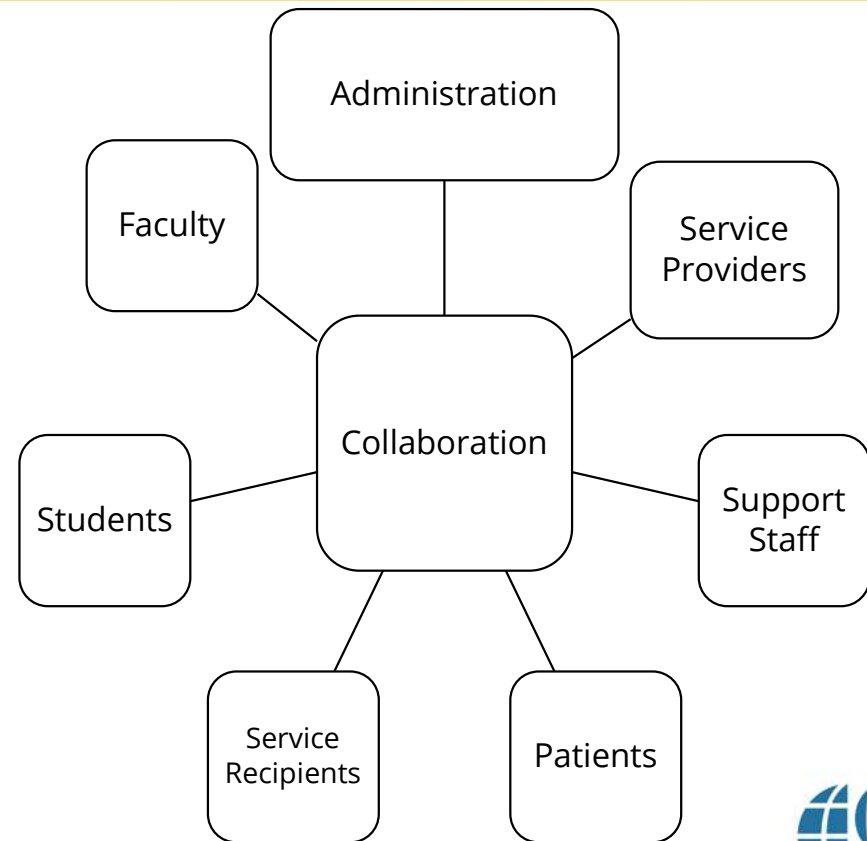
Healthcare:

For example: If one service provider is trauma-informed and they refer to another service provider that is not, it can greatly undermine the progress of the individual

What obstacles do you find in collaborating and referring? How do you overcome them?

University:

Faculty, administration and students must all collaborate and communicate. Important to know the resources available at the University level and in the broader community



Screening

For Healthcare/Clinical Staff Only

- Evidenced-based services
- Consider universal screenings of trauma for all consumers
 - Life Events Checklist (LEC) (Blake, Weathers, Nagy, Kaloupek, Charney, & Keane, 1995)
 - Abbreviate PCL-C (Lang, A.J., Stein, M.B., 2005)
 - ACE scores
 - Trauma Symptom Inventory (Briere)
- Training necessary prior to using screenings
- If you do not provide trauma-specific services, ensure there is an effective referral system in place

Training/Professional Development



Trauma trainings required for ALL staff including support staff, clinical and non-clinical staff, administrators, faculty, and volunteers

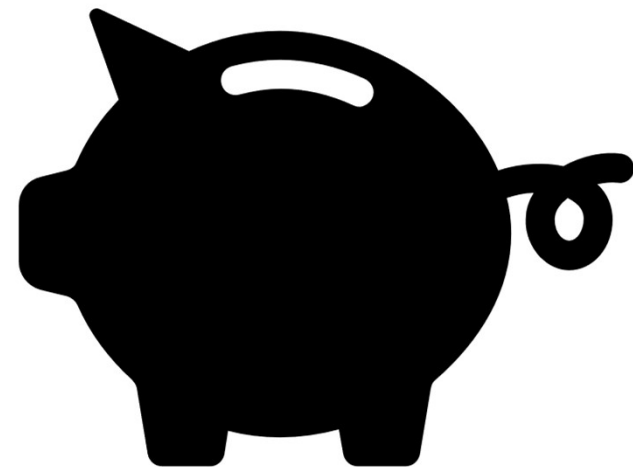
Written into policies and grants

Trainings should focus on the impact of traumatic stress and the effect on the body

Organization needs to understand the impact of burnout and secondary traumatization to support staff and faculty

Financial Investment

- Organization invests money into this approach with:
 - Ongoing training
 - Title IX office investment
 - Designation of a TIC “champion” within the organization
 - Investment in prevention approaches



Evaluation: TIC Checklist

- Our organization has an advisory group or steering committee with representatives from administration, program facilitators, clients/patients, faculty, students to guide TIC practices
- Our organization has a list of referrals and process of making referrals to trauma-specific informed agencies for services
- Our organization makes decisions with transparency. We document our reasonings for decisions that are made ensuring they represent TIC principles
- We set clear policies and make sure people understand these policies. It is not enough to have people sign forms without discussing what they are signing.
- Our organization participants in ongoing training on trauma, mental health and trauma-informed care practices.
- Our staff has access to materials on trauma and trauma-informed care.

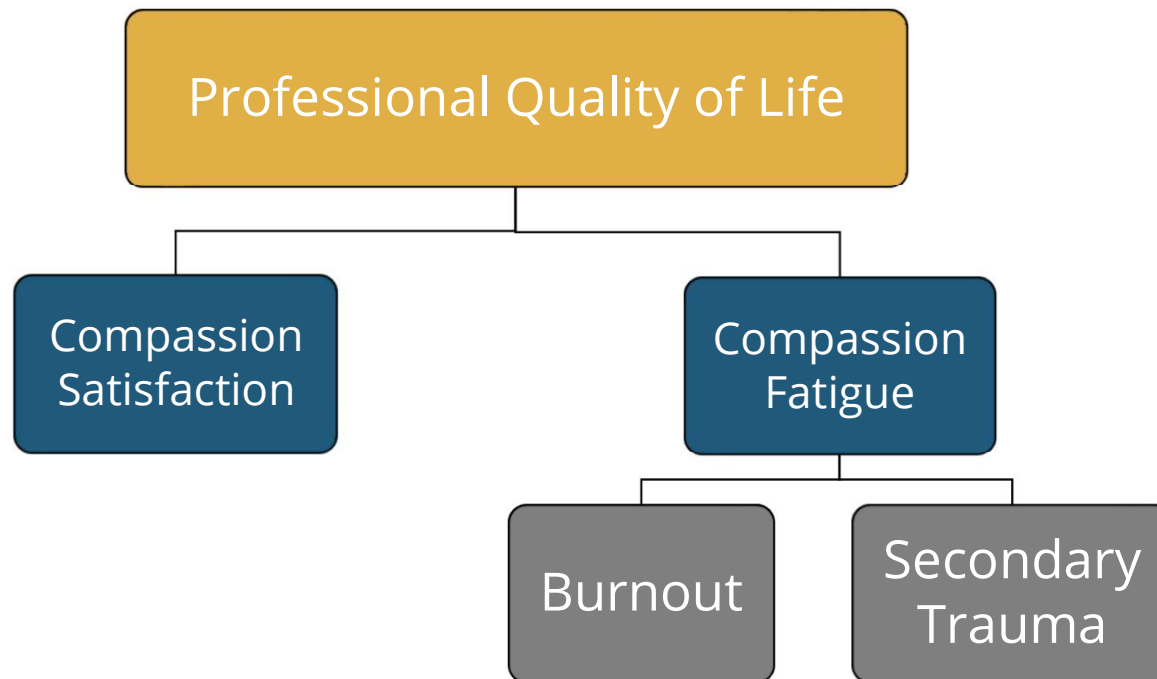
Impact of Trauma

What is Trauma-Informed Care?

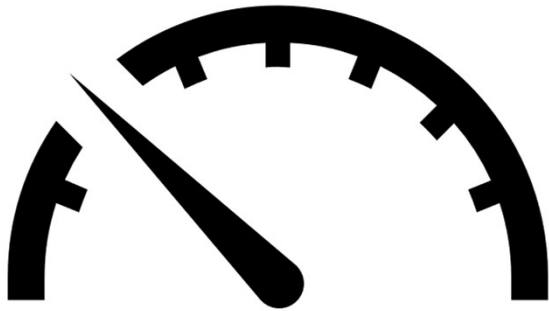
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Compassion Satisfaction/Compassion Fatigue



What is Secondary Trauma/Compassion Fatigue?



- Reactions of the providers/faculty due to overexposure to the suffering of clients/students
- Cumulative effects over time
- Greater risk when working with trauma survivors
- Compassion Fatigue/Secondary Trauma more often occurs with providers (physician/clinicians/other service providers) while burnout is more common amongst faculty

Signs of Compassion Fatigue

- Lower self-esteem
- Apathy
- Poor concentration
- Perfectionism/rigidity
- Negativity, irritability
- Anxiety, guilt, anger, fear sadness
- Overwhelmed, drained, powerlessness
- Lapses in empathy
- Can often come much later than the initial exposure



Prevention of Compassion Fatigue/Burnout

At Work

- Try to diversify tasks at work, or vary your caseload/professional obligations, to the extent that you can
- Take breaks during your workday
- Vacation days encouraged
- Use relaxation techniques (e.g., deep breathing) as needed
- Peer support
 - Talk with colleagues about how your work affects you
- Seek out, or establish, a professional support group
- Recognize your personal limitations; Set limits and boundaries
- **These need to be top-down processes in a workplace**
 - Not just up to the individual person to practice "self-care"

Outside Work

- Spend time with family and friends
- Stay connected with others through community events, religious groups, etc.
- Engage in pleasurable activities unrelated to work, especially those that allow for creative expression (writing, art, music, sports, etc.)
- Be mindful of your own thoughts and feelings
- Engage in rejuvenating activities such as meditation, prayer, or relaxation (Mindfulness activities)
- Seek therapy if your work is negatively impacting your self-esteem, quality of life or relationships

Summary

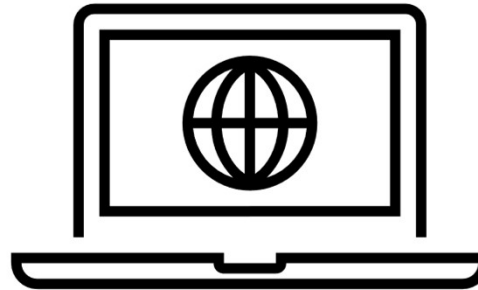
- Trauma can impact everyone – safe to assume everyone has experienced some form of trauma
- Everyone copes with trauma differently, so it is important to have policies and procedures in place to mitigate potential re-traumatization and empower
- Burnout, compassion fatigue and secondary trauma are incredibly common
- Self-care practices are incredibly important and must be a top-down process

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Additional Resources

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- Substance Abuse and Mental Health Services Administration (SAMHSA). n.d. "[Home](#)." Accessed June 30, 2022.

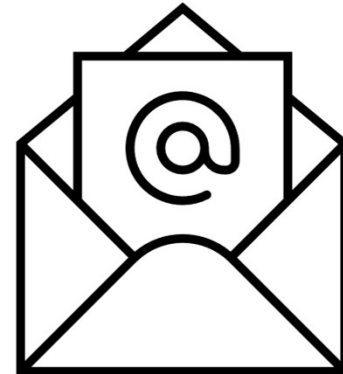


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Questions?



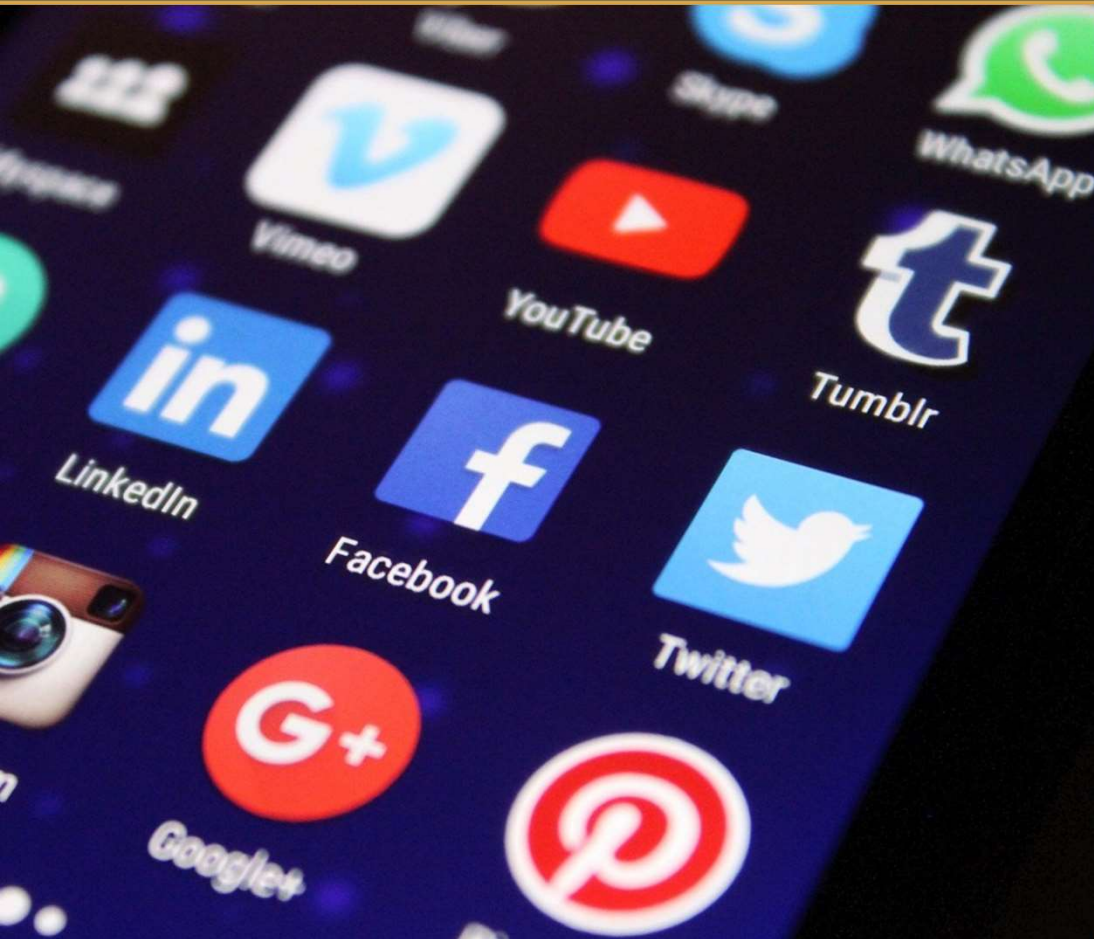
Are there traumatic events that effect people more than others?

Are there other types of trauma that aren't included in the ACES score?

Are there long-term effects of compassion fatigue?

How has the pandemic effected compassion fatigue and burnout?

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