

Trauma-Informed Care and use of Community Based Participatory Research

12th Annual Summer Institute

Sedona Hilton Resort, Sedona

July 20th 2011

Leadership for a Healthy Arizona



Welcome and Introductions

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Objectives

- I. Highlight the importance of adopting Trauma Informed Care (TIC) to transform Arizona's publicly funded behavioral health system
- II. Use Community Based Participatory as a conduit for system transformation
- III. Discuss Arizona Department of Health Services, Division of Behavioral Health (ADHS/DBHS) strategies to adopt TIC



Why is TIC important for our system?

Current system...

- Can be conducive to sanctuary trauma and to vicarious or secondary trauma
- Can inhibit recovery because it does not promote the healing process

Psychological Trauma Definition

Trauma:

The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters.

(NASMHPD, 2006)

Psychological Trauma Definition

- Person's response involves intense fear, horror and helplessness
- Extreme stress that overwhelms the person's capacity to cope
- Subjective

DSM IV-TR (APA, 2000)

Psychological Trauma

Examples

- Violence
- Maltreatment or abuse
- Exploitation
- Abrupt change in health, employment, living situation
- Neglect and deprivation
- War or armed conflict
- Natural or human-caused disaster

Impact of Trauma Over Lifespan

- Are neurological, biological, psychological and social in nature. They include:
 - Changes in brain neurobiology;
 - Social, emotional & cognitive impairment;
 - Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence); and
 - Severe and persistent behavioral health, health and social problems, early death.

(Felitti et al, 1998; Herman, 1992)

Types of Trauma

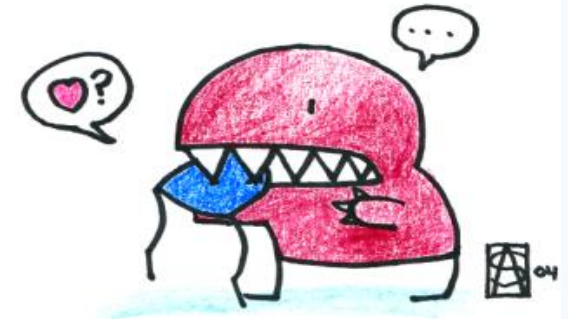
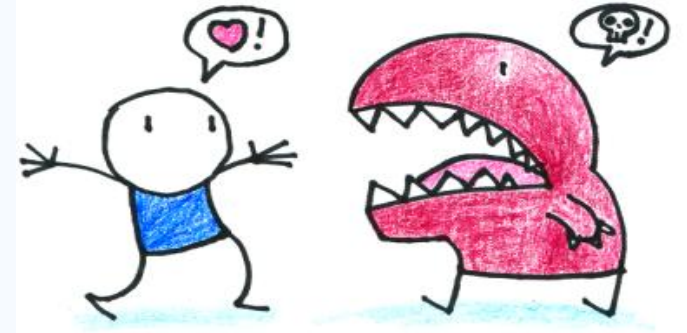
- Acute trauma
- Complex trauma
- Sanctuary trauma
- Vicarious or secondary trauma

For the purpose of this presentation we are going to focus on

- Sanctuary trauma
- Vicarious or secondary trauma

Sanctuary Trauma

- The overt and covert traumatic events that occur in various settings:
 - mental health & substance abuse services
 - foster care
 - medical
 - educational
 - religious
 - Workplace



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Sanctuary Trauma

- Seclusion and Restraint

Vicarious or Secondary Trauma

- The experience of learning about another person's trauma and experiencing trauma-related distress as a result of this exposure



Trauma-Informed Care-

What It Is: A Philosophical Shift



What It Is not: A Therapeutic Intervention

Trauma-Informed Care System

What does it look like?

Existing System

- Key Question:* ‘What’s wrong with you?’
- Service providers are the experts on the lives of consumers
- Therapy sessions and specific interventions are viewed as the primary method of treatment

Trauma- Informed System

- Key Question:* ‘What has happened to you?’
- Consumers are the experts on their lives and benefit from a partnership with providers
- Healing happens in healthy relationships

Trauma-Informed Care System

What does it look like?

Traditional System

- People are labeled and behaviors are pathologized
- Rules, directives, and use of token systems as primary approaches to maintaining order

Trauma-Informed System

- Symptoms viewed as coping strategies and adaptations to trauma; labels are understood to be reductionist
- Motivational interviewing, lower brain interventions, and compassionate communication are tools used to maintain healing relationships

TIC Helps other professional understand behaviors: Explanation vs. Excuse

- External Defense

1. Anger / defiance
2. Violence towards others
3. Truancy
4. Criminal acts

- Internal Defense

1. Withdrawal
2. Substance use
3. Eating Disorders
4. Violence to Self
5. Dissociation



Why is it necessary to transform the exiting system to a TIC system?

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Because....

As integrated health moves forward, the system has to be cognizant of impact of trauma, particularly the risk of sanctuary and vicarious trauma.

Why?



Because

- Trauma survivors often present co - occurring disorders such as:
 - Chronic health problems
 - Substance abuse
 - Eating disorders
 - HIV/AIDS

Impacts Trauma and Adoption of Health Risks to Ease Pain

- **Neurobiological Impacts**

- Disrupted development
- Anger–rage
- Hallucinations
- Depression/other mental health challenges
- Panic reactions
- Anxiety
- Somatic problems
- Impaired memory
- Flashbacks
- Dissociation

- **Health Risks**

- Smoking
- Severe obesity
- Physical inactivity
- Suicide attempts
- Alcohol and/or drug abuse
- 50+ sex partners
- Repetition of trauma
- Self injury
- Eating disorders
- Violent, aggressive behavior



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Trauma-Informed Care System:

- Incorporates knowledge about trauma – prevalence, impact, and recovery – in all aspects of service delivery.
- Is hospitable and engaging for peers, family members and system staff,
- Minimize re-victimization—“do no harm;”
- Facilitates healing, recovery, empowerment; and
- Emphasizes collaboration throughout the system.
- Increases caregiver capacity

Core Values of Trauma-Informed Care Systems

- **Safety:** Ensuring physical and emotional safety
- **Trustworthiness:** Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice:** Prioritizing consumer choice and control
- **Collaboration:** Maximizing collaboration and sharing of power with consumers
- **Empowerment:** Prioritizing consumer empowerment and skill-building

Safety:

Physical and Emotional

- To what extent do service delivery practices and settings ensure the physical and emotional safety of consumers?
- How can services and settings be modified to ensure this safety more effectively and consistent

Fallot, 2011

Trustworthiness: Clarity, Consistency, and Boundaries

- To what extent do current service delivery practices:
 - Make the tasks involved in service delivery clear?
 - Ensure consistency in practice?
 - Maintain boundaries, especially interpersonal ones, appropriate for the program?
- How can services be modified to ensure that tasks and boundaries are established and maintained clearly, consistently, and appropriately?

Fallot, 2011



Choice:

Consumer Choice and Control

- To what extent do current service delivery practices prioritize consumer experiences of choice and control?
- How can services be modified to ensure that consumer experiences of choice and control are maximized?

Fallot, 2011



Collaboration: Collaborating and Sharing Power

- To what extent do current service delivery practices maximize collaboration and the sharing of power between providers and consumers?
- How can services be modified to ensure that collaboration and power-sharing are maximized?

Fallot, 2011

Empowerment: Recognizing Strengths and Building Skills

- To what extent do current service delivery practices prioritize consumer empowerment, recognizing strengths and building skills?
- How can services be modified to ensure that experiences of empowerment and the development or enhancement of consumer skills are maximized?

Fallot, 2011

Changes in Practice: Revisiting the Core Values—for *Staff* this Time

- **Safety:** How can we ensure physical and emotional safety for staff members throughout our system of care?
- **Trustworthiness:** How can we maximize trustworthiness as administrators and supervisors? Make tasks and procedures clear? Be consistent?
- **Choice:** How can we enhance staff members' choice and control in their day-to-day work?
- **Collaboration:** How can we maximize collaboration and sharing of power with staff members?
- **Empowerment:** How can we prioritize staff empowerment and skill-building at every opportunity? Provide resources?

The Basic Lesson

- Staff members—*all* staff members—can create a setting of, and offer relationships characterized by, safety, trustworthiness, choice, collaboration, and empowerment *only* when they experience these same factors in the program as a whole.
- It is unrealistic to expect otherwise.

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Pathways for Developing a Trauma-Informed System

- Services-level changes
 - Service procedures and settings
 - Formal service policies
 - Trauma screening, assessment, service planning, and trauma-specific services
- Systems-level/administrative changes
 - Administrative support for program-wide trauma-informed culture
 - Trauma training and education
 - Human resources practices

Adopting Community Based Participatory Research CBPR Approach



Definition of CBPR:

Is a collaborative research approach that is designed to ensure and establish structures for participation by communities affected by the issue being studied, representatives of organizations, and researchers in all aspects of the research process to improve health and wellbeing through taking action, including social change.

Viswanathan M, Ammerman A, Eng E, Gartlehner G, Lohr KN, Griffith D, Rhodes S, Samuel-Hodge C, Maty S, Lux, L, Webb L, Sutton SF, Swinson T, Jackman A, Whitener L. Community-Based Participatory Research: Assessing the Evidence. Evidence Report/Technology Assessment No. 99 (Prepared by RTI–University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016). AHRQ Publication 04-E022-2. Rockville, MD: Agency for Healthcare Research and Quality. July 2004.

CBPR

- Recognizes the community as a unit of identity
- Builds on strengths and resources
- Community and researchers share responsibilities, decision making, and ownership of data
- Involves the community in all phases
- Promotes capacity building
- Assists with community participation

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CBPR

- Emphasizes local relevance and perspective
- Involves system development through cyclical and iterative process
- Disseminates findings and knowledge to all
- Involves long-term process and commitment

CBPR leads to:

- Empowerment
- Trust
- Transparency
- Collaboration
- Partnership



Focus Groups



- Commonly used for exploration of a topic about which little is known.
- Prompt fuller and deeper discussion and the triggering of new ideas
- Offers a better understating of the issue

Focus Groups

- Efficient method of collecting data from many participants
- Information is categorized and trended to use in decision making
- Safe environment for participants to express their view and opinion
- Uses open ended questions
- Analyses words

ADHS/DBHS TIC Strategy

- ✓ Dialogues
- ✓ Needs assessment
- ✓ Local plans
- ✓ ADHS/DBHS: Completes System of Care

TIC Dialogue- Wealth of Information



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TIC Dialogue: An Outline

- **Step 1:** Administer Pre Dialogue Survey
- **Step 2:** Provide an overview of what is trauma-informed care as well as an brief overview of the state initiative
- **Step 3:** Facilitate Dialogue
- **Step 4:** Conduct Needs Assessment

TIC Dialogue: An Outline

- **Step 5:** Administer the Post dialogue survey
- **Step 6:** Debriefing & getting people safe before leaving
- **Step 7:** Provide an outline of the next steps and extend invitation to future involvement

Outcomes

- Greater consumer satisfaction
- Increased recovery rates
- Reduced consumer retraumatization
- Lower rates of consumer and staff assault and injury
- Lower rates of staff turnover and higher morale
- Sources:
 - Pennsylvania State Hospitals
 - Massachusetts Dept. of Mental Health
 - Fallot & Harris, Using Trauma Theory to Design Service Systems
 - Mendota Mental Health Institute, Wisconsin

Hudson

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Conclusion

- What we know about trauma, its impact, and the process of recovery calls for trauma-informed cultures of care.
- A trauma-informed approach involves fundamental shifts in thinking and practice at all programmatic levels.
- Trauma-informed organizational cultures offer the possibility of enhanced collaboration for all participants in the human service system.

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