Trauma Informed Care and Treatment Engagement

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Suicide Prevention – Training, Implementation, & Evaluation Program

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Introduction

- Trauma affects ability to ask for and receive help and can interfere with treatment engagement
- Trauma may present as help-rejecting, mistrust, lack of adherence
- Trauma can be directly related to poor treatment outcomes, and suicide risk

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Learning Objectives

- Understand Trauma Informed Care approach
- Describe individual and cultural sources of trauma
- Understand how trauma presents and affects individual's ability to engage in treatment
- Understand how a Trauma Informed Care approach can be used to enhance treatment engagement

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Definition(s) and Types of Trauma

Definition

Exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

Acute, Chronic, Complex Trauma

- One event
- Ongoing event
- Multiple sources of trauma

Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection.

The National Center for Trauma Informed Care (NCTIC)

The Role of Trauma

The world can be a dangerous place.

Past and current trauma impacts on ability to feel trust in the medical and behavioral health system.

In our efforts to help, we need to understand that trauma-related mistrust, and subsequent non-adherence or difficulty in treatment engagement, is to be expected.

It helps to remember that we could just as easily be on the other side of the treatment interaction when we need to reach out for help.

3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.

Thanks to **Building Community Resilience Collaborative and Networks** and the **International Transformational Resilience Coalition** for inspiration and guidance.
Please visit **ACEsConnection.com** to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

ACEs Connection

What is Trauma Informed Care?

- Understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize
- Trauma Informed/Responsive care (TIC) highlights the need for establishing safety, trust, choice and empowerment – client centered approach
- TIC places emphasis on connection before correction

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Trauma Informed/Responsive Care

Make sure that you provide:

SAFETY: A SAFE INTERACTION

TRUST: SUPPORT A TRUSTING CLINICAL ENVIRONMENT

OFFER CHOICE: LISTEN TO AND RESPECT PARTICIPANT'S CHOICES

COLLABORATION AND EMPOWERMENT

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How to recognize signs of trauma

- Ask directly
- PTSD – hypervigilance, startle response, nightmares
- Mistrust
- Dissociation, flashbacks (may look like panic attacks)
- Significant memory lapses
- Distractibility (may look like ADD or ADHD)
- High diagnostic comorbidity, especially in individuals diagnosed with BPD

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Asking Directly about Trauma

- Sexual abuse, physical abuse history
- Bullying
- Witnessing violence
- Sexual assault
- Victim of a crime
- Victim of hate crime
- Socioeconomic distress
- Incarceration
- Military Service
- Experiencing a catastrophe
- Past suicide attempts
- Treatment related trauma
  - Involuntary hospitalization, 911 calls, ED experiences

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Trauma can present as "difficult"

Individuals diagnosed with personality disorders who present with self- harm and suicidality often have a history of trauma.

Personality disorders develop as a result of an interaction between a genetic/biological predisposition to certain traits in transaction with a stressful environment.

Certain personality traits result in difficult to treat behaviors such as self-harm, impulsivity, addictions.

Mistrust, hostility, difficulty following through, and emotional and behavioral instability can all be sequelae of trauma.

What does the approach look like?

- Ask person if they are currently in a safe place
- Ensure privacy to speak openly
- Think about what it may have been like for them to reach out for help
- Be aware that they may have had unpleasant treatment experiences in the past and be curious about that
- Communicate that you are here to listen, not just ask questions
- What are their main concerns right now?
- Communicate that you are here to help
- Communicate that they in the driver's seat – you tell me what you need
- Communicate that they have choices
- Provide rationale, pros and cons, for each choice
- Communicate that you are here to work together with them to figure out what would be best for them
- Validate/assume that they probably have good reasons to mistrust
- Balance validation of their fears/concerns with hope

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Bias/obstacles to this approach from clinician perspective

- We enter this work in order to be helpers
- We assume that the person we are speaking with sees us as helping and is willing to trust
- Our sense of responsibility leads us to assume that we have to do things "for" our clients, instead of "with"
- We have certain tasks we are expected to accomplish – for example, intake assessment requires asking a lot of questions and documentation
- Sometimes we focus first on getting the information we need, rather than on the person's experience
- We inadvertently take control, and undermine the person's sense of autonomy, choice and self-efficacy
- We interpret mistrust or non-adherence as rejection of our efforts to help
- We inadvertently assume that we are on opposite sides of the situation – I am helper, this is the person that needs help.
- When in the role of helper, we forget how it feels when we are the ones who are seeking help

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Client Centered Approaches to Treatment Engagement

Motivational interviewing

- Engage individuals by highlighting the reasons they are seeking help
- Help them take ownership of the reasons they want to engage

Shared Decision Making

- Present rationale and options for treatment
- Facilitate decision making by reviewing pros and cons of each option

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Taking Ownership - Motivational Interviewing

- Highlight reasons clients are asking for help
- Highlight their choices: the behaviors they would have to engage in to receive help
- Highlight the difficulty of engaging in these behaviors
  - Need to hope, to trust, in spite of bad past experiences
- Identify the pros and cons of engaging in these behaviors
- Identify the pros and cons of NOT engaging in these behaviors
- Encourage them to choose (between all options) for themselves

In an ongoing interaction:

- Continue to check in about how clients are feeling about their choices
- Remind them about why they made that choice in the first place if their commitment flags
- Validate the difficulty of sticking with the process, praise persistence and adherence

TIC and Treatment Engagement

Vital to the delivery of evidence- based treatment

TIC approach to Suicide Prevention emphasizes

- **Asking about and listening** to trauma history
- **Shared decision making** about engaging in EBP for suicide – screening and ongoing risk assessment, safety planning, family engagement, monitoring
- Understanding relationship between individuals' trauma and **treatment engagement**
- Understanding that **trauma could be related to past treatments/ hospitalizations, ED visits, 911 calls**
- Understanding relationship between trauma and suicidal risk for the individual

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Shared Decision Making for Suicide Prevention

- Psychoeducation regarding the fluctuating nature of suicide risk
- Rationale for ongoing review of suicidal thoughts; for increased sessions (weekly) during high risk periods
- Presentation of treatment options regarding frequency of sessions, time allotted for sessions (e.g., 45 minute sessions, brief clinical check-ins), modality of sessions (in-person, telehealth) and involvement of family/significant others.
- Following psychoeducation, a SDM discussion will foster collaboration and enhance client autonomy and empowerment, with the intention of improving treatment retention over time, satisfaction, and adherence

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Summary

- Trauma is individual and community based
- TIC informed approach emphasizes safety, collaboration, empowerment, trust
- TIC approach can enhance treatment engagement

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TRAUMA RESPONSIVE CARE IN COMMUNITY MENTAL HEALTH

BY: AMANI MATHIS, LCSW

OBJECTIVES

- Understand how to implement trauma responsive care with staff, community members, and patients
- Deepen understanding of trauma informed practices
- Learn techniques to prevent secondary trauma

IMPLEMENTING TRAUMA RESPONSIVE CARE WITHIN AN ORGANIZATION

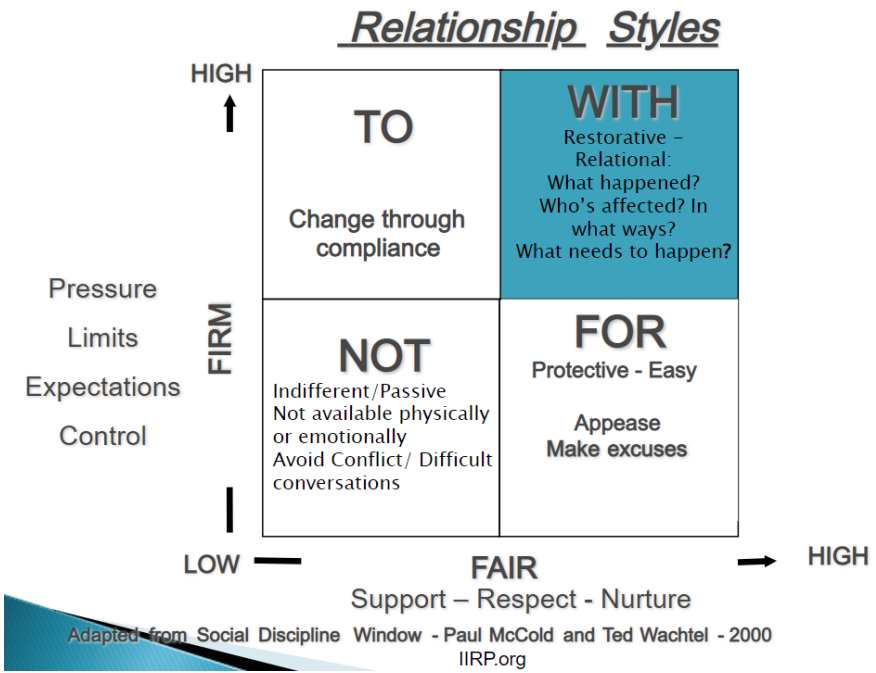
- Creating a trauma-responsive organization is a fluid, ongoing process; it has no completion date
  - It calls for consistent evaluation and review of current practices and policies
- This process involves a multi-level approach of increasing awareness of the impact of trauma amongst all staff, implementing trauma responsive care to consumers, and reducing incidents of secondary trauma to behavioral health staff

TRAUMA RESPONSIVE CLINICAL CARE WITH CLIENTS

- All staff work to build awareness of types of trauma, characteristics of trauma, and individual and sociocultural factors of trauma
  - This involves training and supervision on impact of trauma, trauma screenings and assessments and implementation of trauma specific services
  - Example: All BestSelf staff are required to complete Racial Equity and Inclusion training to learn impact of racial trauma; training for EMDR and TF-CBT are routinely offered to staff

EXAMPLES OF TRAUMA RESPONSIVE PRACTICES WITH CLIENTS AT PROS

- "No Wrong Door" Approach
- Varying levels of care
- Flexible session time within window of tolerance
- Flexibility with session and group frequency
- Establish group norms to prevent further retraumatization
- Offer trauma specific group and individual services
- Seek client feedback on service delivery and make necessary adjustments



- Trauma responsive care involves moving away from medical model of care to a more person in environment model of care
- This enhances client self determination and collaboration

TRAUMA RESPONSIVE CARE IN THE COMMUNITY

- Behavioral health organizations may be called in to support community members during times of crisis or traumatic stress
  - For example: BestSelf working with community members impacted by the May 14th racial motivated shooting in Buffalo, NY
- In these events, behavioral health providers still hold a responsibility to provide trauma responsive care. This can include:
  - Promote appropriate linkage for ongoing support
  - Facilitate healing circles
  - Utilize community healing supports
  - Maintaining involvement in community practices
  - Providing crisis supports and education

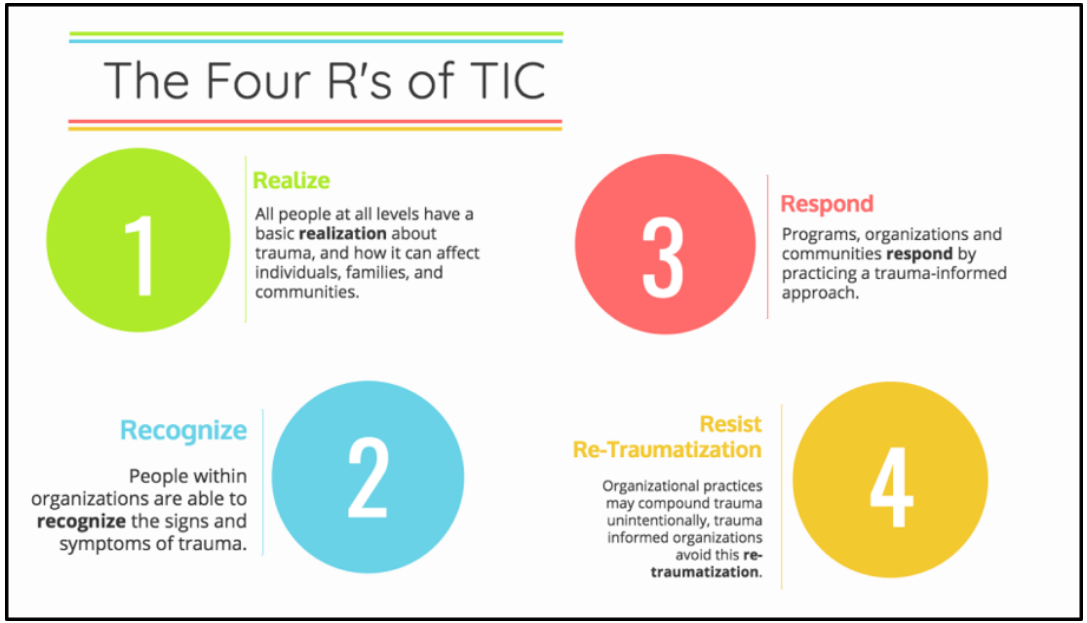
KEY ORGANIZATIONAL ELEMENTS FOR CREATING TRAUMA RESPONSIVE APPROACH TO CARE

- Engaging patients in organizational planning
- Training clinical as well as non-clinical staff members
- Creating a safe work environment for both consumers and staff
- Preventing secondary traumatic stress in staff
- Providing appropriate supports to staff
- Hiring and retaining trauma-informed workforce

EXAMPLES OF HOW THIS HAS BEEN IMPLEMENTED

- Trauma Informed Care Committee
- Weekly staff meetings to provide communication and support
- Clinical supervision
- Creating safe space for discussion of staff concerns through open and closed forums
- Gender Affirming Care Committee
- EAP services
- Manageable case loads

- The Four R's of Trauma Informed Care support multi level awareness and treatment of trauma



QUESTIONS TO CONSIDER?

- How does your work place provide trauma responsive care?
- What more can be done to provide trauma responsive care in your work?

QUESTIONS?