



Organizational Approaches to Effective Trauma-Informed Services

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National Council for Behavioral Health

**NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH**
STATE ASSOCIATIONS OF ADDICTION SERVICES

Stronger Together.



Overview

- Defining trauma
- Understanding ACES
- Trauma-informed care (TIC)
- Trauma-informed care in child and family serving agencies

WORKFORCE DEVELOPMENT

CHANGE
Sustainability

Cultural Competence
Health behavior change

Affordable Care Act
FREEDOM FROM TOBACCO

Patient-centered care

Social Media
Innovation

DIVERSITY

Healthy Eating

Trauma Informed Care

Clinical Protocols

Health Home

BUY-IN
Health promotion

Recovery

Field-Driven Technical Assistance

Continuous quality improvement

Workflow

PARTNERSHIPS

Prevention

Meaningful Use

Leadership

Subject matter experts

National Council Trauma-Informed Faculty

Cheryl S. Sharp, MSW, MWT

Senior Advisor for Trauma-Informed Services

- 30 years working with adult trauma survivors.
- Faculty lead for National Council's TIC learning communities.
- Voice of lived experience as a family member and ex-patient.
- Director of Crisis Services
- Director of Suicide Prevention Initiatives



National Council Trauma-Informed Faculty

Karen Johnson, LCSW

Director of Trauma-Informed Services

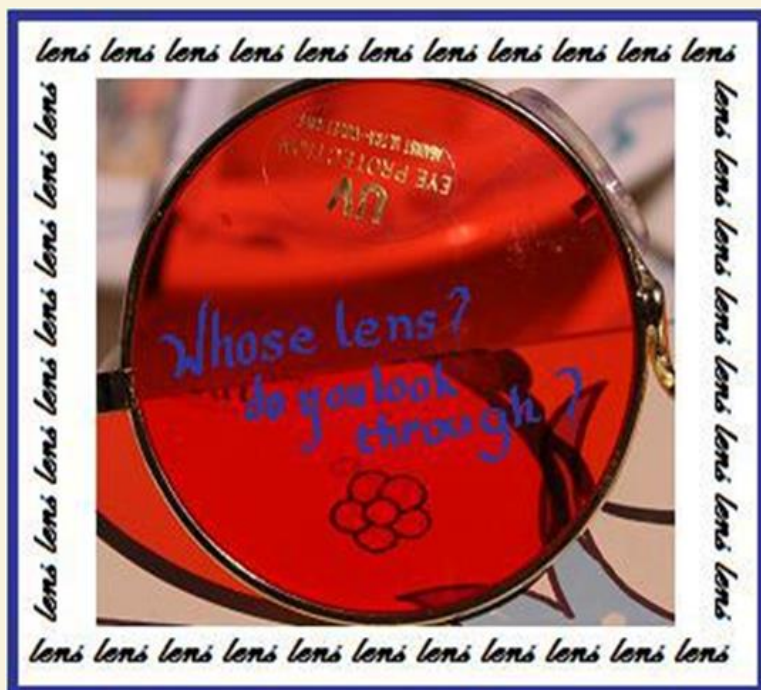
- 20 years working in child welfare and community-based mental health.
- Certified in the ChildTrauma Academy's Neurosequential Model of Therapeutics.
- Parent of an adult child with severe and chronic mental illness.



Paradigm Shift

We begin to ask,
“What happened to you?”
rather than
***“What is wrong with
you?”***

We have to ask,
“What’s strong?”
rather than
“What’s wrong?”



What is Trauma?

Definition includes three key elements:

*Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as overwhelming or life-changing and that has profound **effects** on the individual's psychological development or well-being, often involving a physiological, social, and/or spiritual impact.*

Understanding Trauma

Trauma is:

- **Pervasive**
 - *Impactful*
 - **Life shaping**
 - *Self-perpetuating*

What Does Trauma Do?

Shapes a person's basic beliefs about:

- Identity
- Worldview
- Spirituality

Results in a vicious loop of re-experiencing events.

Trauma and Childhood

- Trauma insults in utero and early childhood impact development of the brain.
- Trauma can impact a child's stress and regulatory response systems.
- It's critical for providers and caregiving systems to understand trauma and brain development in order to intervene differently.

Prevalence of Trauma

- **90% of public mental health consumers have been exposed to trauma.**

(Mueser et al., 2004, Mueser et al., 1998)

- **Most have multiple experiences of trauma.**

(ibid)

- **Up to two-thirds of men and women in substance abuse treatment report childhood abuse and neglect.**

(SAMHSA CSAT, 2000)

- **50% of women in substance abuse treatment have history of rape or incest.**

(Governor's Commission on Sexual and Domestic Violence, Commonwealth of MA, 2006)

Adverse Childhood Experiences (ACE) Study

- Center for Disease Control and Kaiser Permanente (an HMO) Collaboration.
- Over a ten year study involving 17,000 people.
- Looked at effects of adverse childhood experiences (trauma) over the lifespan.



Adverse Childhood Experiences (ACE) Study

Growing up in household with:

- Alcohol or drug user
- Member being imprisoned
- Mentally ill, chronically depressed, or institutionalized member
- Mother being treated violently
- Both biological parents absent
- Emotional or physical abuse
- Recurrent and severe physical abuse.
- Recurrent and severe emotional abuse
- Sexual abuse

The Relationship of Childhood Trauma and Adult Health

- Serious health consequences.
- Adoption of health risk behaviors as coping mechanisms.
 - *Eating disorders, smoking, substance abuse, self-harm, sexual promiscuity.*
- Severe medical conditions.
- Early death.

(Felitti et al., 1998)

Definition of Trauma-Informed Approach

A trauma-informed approach:

Realizes *the prevalence of trauma.*

Recognizes *how trauma affects all individuals involved with the program, organization or system — including its own workforce.*

Resists *re-traumatization.*

Responds *by putting this knowledge into practice.*

(SAMHSA, 2012)

A Trauma-Informed Care Organization Includes

- Safe, calm and secure environment with supportive care.
- System wide understanding of trauma prevalence, impact and trauma-informed care.
- Cultural competence.
- Consumer voice, choice and advocacy.
- Recovery, consumer-driven and trauma specific services.
- Healing, hopeful, honest and trusting relationships.

7 Domains of Trauma-Informed Care

Domain 1: Early Screening & Comprehensive Assessment of Trauma

Domain 2: Consumer Driven Care & Services

Domain 3: Trauma-Informed, Educated & Responsive Workforce

Domain 4: Trauma-Informed, Evidence-Based & Emerging Best Practices

Domain 5: Safe & Secure Environment


Domain 6: Community Outreach & Partnership Building

Domain 7: Ongoing Performance Improvement

John Kotter's Eight Stages of Change



The Heart of Change



Trauma-Informed Care in Child and Family Serving Agencies

Dynamics in Child and Family Serving Agencies

- Highly vulnerable population.
- Involves age span which includes major developmental phases.
- Challenging to include child/youth voice.
- Family Involvement.
- What happened to you? Often involves family members and caregivers.

Dynamics in Child and Family Serving Agencies

- Family involvement is critical and also challenging
- Intense regulatory oversight
- Multiple agendas and stakeholders
- Funding streams that demand compliance
- High staff turnover

Involve the Youth Voice

Engage youth voice in:

- ***Day to day choices***
 - School
 - Safety and crisis plans
 - Self-regulation plans and activities
- ***Future planning***
- ***Treatment and permanence planning***
- ***Program planning***
- ***Advocacy for foster care reform***

Staff Turnover

High turnover:

- Is expensive
- Can be contagious
- Affects permanency

“Respect, understanding and empathy can go a long way in an agency that does crucial stressful work.”

—Mary Wolfe, Milwaukee Journal Sentinel, 2014

Foster Parents

Parenting other people's children in partnership with a large bureaucracy is very difficult work.

Working to support and hold accountable people who are parenting other people's children in partnership with a large bureaucracy is very difficult work.

Foster Parents

- Live in a fish bowl while managing significant stress.
- Often feel disempowered.
- Need ongoing, genuine, respectful and impactful support.
- Need education and resources in order to be able to respond in a trauma-informed way.

Trauma-informed care parallel processes apply to our work with foster parents!

Trauma Specific Approaches for Work with Children

- Trauma-Focused Cognitive Behavioral Therapy (TF CBT)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Parent-Child Interaction Therapy (PCIT)
- Child–Parent Psychotherapy (CPP)
- Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT)
- Attachment, Self-Regulation, Competency (ARC)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health, Trauma-Informed Care: Perspectives and Resources

Emerging Practices

- Neurosequential Model of Therapeutics
- EMDR
- Creative therapies – play, art, equine
- Sensory interventions
- Neuro feedback

Safety and Environments

- **Create environments that can manage dysregulation in a trauma-informed care way, not in a coercive, punitive way.**
- **Create consistency in environments:**
 - ✓ *School*
 - ✓ *Home*
 - ✓ *Church*
 - ✓ *Medical home*

Seclusion and Restraint

- Appropriate only as a safety measure of last resort.
- Needs to be framed as a “treatment failure.”
- Poses an inherent danger, both physical and psychological, to both the child and staff.
- May result in reinforcement or strengthening of the problem behavior.

Many inexpensive and effective alternatives to seclusion and restraint have been developed and implemented across a broad range of settings.

Preventing Seclusion and Restraint

Six strategies for preventing seclusion and restraint:

- 1. Leadership toward organizational change.*
- 2. Use of data and evidence.*
- 3. Work force development.*
- 4. Use of seclusion and restraint prevention tools.*
- 5. Consumer voice.*
- 6. Debriefing techniques.*

Community Outreach and Partnership Building

Critical to influence our partners

Schools

Community centers

Juvenile justice

Lawyers

Emergency rooms

Faith based

Housing

Child care

Child welfare

Police

GALs

Hospitals

Shelters

WIC

After school programs

Behavioral health

Courts

Children's court

Primary care

Domestic violence

Parenting services

Questions?



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Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover