

# The Compliance Store

Because Getting It **Right** Matters

A hand holding a pen over a document with a target overlay. The image is a blue-tinted photograph of a hand holding a pen, poised to write on a document. Overlaid on the image are several concentric white circles, creating a target effect. The background is a blurred office setting.

## Trauma Informed Care

# Knowledge Objectives

## **Participants will be able to:**

- ❖ **Define trauma-informed care.**
- ❖ **Describe trauma-informed care approach.**
- ❖ **Describe why trauma-informed care is important.**
- ❖ **Explain the 6 key principles of trauma-informed care.**
- ❖ **List strategies to prevent re-traumatization.**

# Trauma Overview

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# Trauma: Statistics

- ❖ Estimated ½ of all U.S. adults will experience at least one traumatic event in their lives.
- ❖ 70% of adults (approximately 223 million people) in the U.S. have experienced some type of traumatic event in their lives.
- ❖ Up to 20% of these people further develop PTSD (approximately 44 million people).
- ❖ An estimated 1 out of 9 women develop PTSD, making them twice as likely as men.
- ❖ Almost 50% of all outpatient mental health patients have a diagnosis of PTSD.
- ❖ Prevalence of PTSD in Veterans:
  - ❖ Vietnam War Veterans: 30%
  - ❖ Gulf War Veterans: 10%
  - ❖ Operation Enduring Freedom & Operation Iraqi Freedom: 20%

# Trauma: What is it?

- ❖ **Trauma** results from an 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.
- ❖ It may involve a single traumatic event or may be repeated over many years.
- ❖ The traumatic experiences often overwhelm the person's coping abilities.

**Important to Note:** It's not just the event that makes it traumatic, but also the individual's experience of the event.

# Trauma: Common Sources

- ❖ Mechanical error that causes a disaster.
- ❖ War, combat and civil unrest conditions including torture affecting soldiers and civilian refugees.
- ❖ Terrorism.
- ❖ Physical, emotional and/or sexual abuse in childhood or adulthood.
- ❖ Products of nature (flooding, earthquakes, tornadoes).
- ❖ Rape.
- ❖ Unexpected life stages events (child dying, teen cancer, personal illness).

# Trauma Categories

## Caused Naturally

- Tornado
- Lightning strike
- Wildfire
- Avalanche
- Physical illness or disease
- Fallen tree
- Earthquake
- Volcanic eruption
- Blizzard
- Hurricane
- Flood
- Tsunami
- Famine
- Landslide
- Dust storm
- Typhoon
- Cyclone

## Caused by People

### Accidents/Catastrophes

- Train derailment
- Structural collapse
- Aircraft crash
- Car accident
- Mine collapse or fire
- Radiation leak
- Crane collapse
- Gas explosion
- Electrocution
- Maritime accident
- Accidental gun shooting
- Sports-related death

### Intentional Acts

- Arson
- Terrorism
- Sexual assault/abuse
- Homicides or suicides
- Mob violence/rioting
- Physical abuse/neglect
- Stabbing/shooting
- Warfare
- Domestic violence
- Human trafficking
- School violence
- Torture
- Home invasion
- Bank robbery
- Genocide

# Trauma: Who Does it Effect?

## **Trauma can effect people regardless of:**

- ❖ Race, ethnicity, age
- ❖ Gender
- ❖ Psychosocial background
- ❖ Geographic region

## **Trauma can effect:**

- ❖ Individuals
- ❖ Families
- ❖ Groups
- ❖ Communities
- ❖ Specific cultures
- ❖ Generations



# Emotional Reactions to Trauma

## Immediate

- Numbness and detachment
- Anxiety or severe fear
- Guilt (including survivor guilt)
- Exhilaration as a result of surviving
- Anger
- Sadness
- Helplessness
- Disorientation
- Feeling out of control
- Denial
- Feeling overwhelmed

## Delayed

- Irritability and/or hostility
- Depression
- Mood swings, instability
- Anxiety (e.g., phobia, generalized anxiety)
- Fear of trauma recurrence
- Grief reactions
- Shame
- Emotional detachment from anything that requires emotional reactions

# Physical Reactions to Trauma

## Immediate

- Nausea and/or gastrointestinal distress
- Sweating or shivering
- Faintness
- Muscle tremors or uncontrollable shaking
- Elevated heartbeat, respiration and blood pressure
- Extreme fatigue or exhaustion
- Greater startle responses
- Depersonalization

## Delayed

- Sleep disturbances, nightmares
- Somatization (e.g., increased focus on and worry about body aches/pains)
- Appetite and digestive changes
- Lowered resistance to colds/infections
- Persistent fatigue
- Elevated cortisol levels
- Long-term health effects including heart, liver, autoimmune and chronic obstructive pulmonary disease

# Cognitive Reactions to Trauma

## Immediate

- Difficulty concentrating
- Rumination or racing thoughts
- Distortion of time and space (e.g., traumatic event may be perceived as if it was happening in slow motion, or a few seconds can be perceived as minutes)
- Memory problems (e.g., not being able to recall important aspects of the trauma)
- Strong identification with victims

## Delayed

- Intrusive memories or flashbacks
- Reactivation of previous traumatic events
- Self-blame
- Preoccupation with event
- Difficulty making decisions
- Magical thinking: belief that certain behaviors will protect against future trauma
- Belief that feelings or memories are dangerous
- Suicidal thinking

# Behavioral Reactions to Trauma

## Immediate

- Startled reaction
- Restlessness
- Sleep and appetite disturbances
- Difficulty expressing oneself
- Argumentative behavior
- Increased use of alcohol, drugs and tobacco
- Withdrawal and apathy
- Avoidant behaviors

## Delayed

- Avoidance of event reminders
- Social relationship disturbances
- Decreased activity level
- Engagement in high-risk behaviors
- Increased use of alcohol and drugs
- Withdrawal

# Trauma Informed Approach

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# Trauma Informed Approach

## What is it?

Trauma Informed Care (TIC) is an approach to delivering care that involves understanding, recognizing and responding to the effects of all types of trauma. A trauma-informed approach to care delivery recognizes the widespread impact and signs and symptoms of trauma in residents, and incorporates knowledge about trauma into care plans, policies, procedures and practices to avoid re-traumatization. Referred to variably as “trauma informed care” or “trauma-informed approach.”

## (4) Key Elements of Trauma Informed Care Approach:

- ❖ Realizing the prevalence of trauma.
- ❖ Recognizing how trauma affects all individuals involved with the program, organization or system.
- ❖ Resisting re-traumatization.
- ❖ Responding by putting this knowledge into practice.

# Comparison of Care Models

## Trauma-Informed Care Model

- Staff is educated on trauma
- Focus is on collaboration and relationship building
- Disruptive behavior is addressed with empathy, active listening skills and questions to engage resident
- Interactions are respectful
- Care is person centered

## Non-Trauma-Informed Care Model

- Staff lacks education on trauma
- Focus is on rule enforcement and compliance
- Behavior is seen as intentionally provocative
- Labeling: “manipulative, needy, attention-seeking”
- Care is staff and treatment centered

# Trauma Informed Care

## Why is it Important?

- ❖ It addresses the resident as an individual rather than applying general treatment approaches.
- ❖ Provides more opportunities for residents to engage in services that reflect a compassionate perspective of their presenting problems.
- ❖ Provides a greater sense of safety for clients with histories of trauma.
- ❖ Prevents more serious consequences of post traumatic stress.
- ❖ Improves screening and assessment processes, treatment planning.
- ❖ Decreases risk of re-traumatization.
- ❖ Enhances communication between resident and provider.



# Regulatory Guidance

**42 CFR, Part 483.25(m) Trauma-informed care provision requires facilities to provide residents who are trauma survivors with care that is:**

- ❖ Culturally competent.
- ❖ In accordance with professional standards for trauma-informed care.
- ❖ Takes into account resident's experiences and preferences.
- ❖ Designed to eliminate or mitigate triggers that may cause re-traumatization of the resident.

# Regulatory Guidance

## F-Tags Associated with Trauma-Informed Care:

- ❖ **F-655:** Baseline Care Plans
- ❖ **F-656:** Comprehensive Care Plans
- ❖ **F-658:** Services Provided Meet Professional Standards
- ❖ **F-659:** Qualified Staff
- ❖ **F-699:** Trauma-Informed Care
- ❖ **F-740:** Behavioral Health Services
- ❖ **F-741:** Sufficient/Competent Staff- Behavioral Health Needs
- ❖ **F-742:** Treatment/Services for Mental/Psychosocial Concerns
- ❖ **F-743:** No Pattern of Behavioral Difficulties unless Unavoidable
- ❖ **F-949:** Behavioral Health Training

# Trauma-Informed Approach

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## Key Program Principles

# 6 Key Principles of TIC

- 1. Safety**
- 2. Trustworthiness and Transparency**
- 3. Peer Support**
- 4. Collaboration and Mutuality**
- 5. Empowerment, Voice and Choice**
- 6. Cultural, Historical and Gender Issues**

# TIC Principles

## #1 Safety:

- ❖ Establishing safety is the first goal of treatment.
- ❖ Providers must be responsive and adapt environment to establish and support resident's sense of physical and emotional safety.

### **Key Areas for Establishing Safety:**

- ❖ **Safety from trauma symptoms-** Assist resident in developing new coping skills.
- ❖ **Safety in the environment-** Incorporate ways to ensure routine and predictability. Minimize sudden treatment or counselor changes.
- ❖ **Safety from re-traumatization-** Assist residents in replacing unsafe coping mechanisms such as substance abuse or self-harm with safe and healthy coping strategies.

# TIC Principles

## **#2 Trustworthiness & Transparency:**

- ❖ Keep in mind, some traumatic experiences result from trusting others.
- ❖ Establishing a safe, trusting relationship is paramount to healing.

### **Strategies for Building Trust:**

- ❖ Encourage participation in a support or counseling group.
- ❖ Prepare residents for staff changes, vacations or other separations.
- ❖ Establish clear boundaries.
- ❖ Work with the resident to establish clear treatment goals and methods.

# TIC Principles

## #3 Peer Support:

- ❖ **Peers** refers to individuals who have experienced similar traumatic events.
- ❖ **Peer Support** is a way for people from diverse backgrounds who share similar experiences to come together to build relationships to support each other's healing and growth.

## **Benefits of Peer Support:**

- ❖ Establishes safety and hope
- ❖ Builds trust
- ❖ Enhances collaboration
- ❖ Utilizes their stories and experiences to promote recovery and healing
- ❖ Achieving insight
- ❖ Learning coping skills
- ❖ Reduces symptoms
- ❖ Improves sense of empowerment

# TIC Principles

## **#4 Collaboration:**

- ❖ Importance is partnering and on leveling of power differences between residents and staff.
- ❖ Recognizes that everyone has a role to play and anyone can be therapeutic.

## **(3) Main Focuses of Collaboration:**

- ❖ Collaborations between providers and residents.
- ❖ Collaborations across the service system and local communities.
- ❖ Collaborations to ensure residents and/resident's representatives play an active role in their treatment.



# TIC Principles

## #5 Empowerment:

- ❖ Strong feelings of powerlessness can arise in trauma survivors.
- ❖ Survivors may feel they've lost control over their daily lives.
- ❖ **Empowerment** refers to helping residents feel greater power and control over their lives.

## **Strategies to Support Empowerment:**

- ❖ Offer information regarding treatment to assist with informed choices.
- ❖ Provide opportunities for participation in their initial treatment plan.
- ❖ Encourage an active role in determination of how treatment will be delivered.

# TIC Principles

## #6 Culture, History, Gender:

- ❖ **Cultural Competence** refers to the ability to honor and respect the beliefs, language and behaviors of individuals receiving services.
- ❖ Culture influences whether events are perceived as traumatic.
- ❖ Gender differences exist in traumatic stress, for example: women have higher rates of PTSD and men have higher rates of substance abuse.
- ❖ Residents should be given a choice of working with a male or female counselor.

# Trauma-Informed Care

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## Why Trauma-Informed Care is Important in Behavioral Health Services

# Why is it Important in Behavioral Health?

- ❖ Provides residents more opportunities to engage in services that reflect a compassionate perspective of their presenting problems.
- ❖ Provides an understanding that trauma likely affects many residents who need behavioral health services.
- ❖ TIC approach stresses the importance of addressing the resident individually rather than applying general treatment approaches.
- ❖ Implementing trauma-informed services can improve screening and assessment processes, treatment planning and placement while also decreasing the risk for re-traumatization.
- ❖ Many residents with substance use and mental disorders have histories of trauma.

# Dual Diagnosis

## Trauma & Substance Use:

- ❖ Many people who have substance use disorders have histories of trauma.
- ❖ Substance use disorder is known to predispose people to higher rates of traumas related to dangerous situations and accidents while under the influence of substances.
- ❖ People who use substances and have a history of trauma have worse treatment outcomes than those without histories of trauma.

# Dual Diagnosis

## Trauma & Mental Disorders:

- ❖ People who are receiving treatment for severe mental disorders are more likely to have histories of trauma:
  - ❖ **Childhood physical and sexual abuse**
  - ❖ **Serious accidents**
  - ❖ **Homelessness**
  - ❖ **Involuntary psychiatric hospitalizations**
  - ❖ **Drug overdoses**
  - ❖ **Interpersonal violence and other forms of violence**
- ❖ Many residents with severe mental disorders meet criteria for Post Traumatic Stress Disorder (PTSD).
- ❖ Traumatic stress increases the risk for mental illness and increases the severity of symptoms of mental illness.
- ❖ Trauma often precedes mental illness.

# Resident Re-Traumatization

**Re-Traumatization occurs when residents experience something that makes them feel as though they are undergoing another trauma.**

## **Potential Causes by Staff and Agency Issues:**

- ❖ Being unaware of the resident's traumatic history.
- ❖ Failing to screen for trauma history prior to treatment planning.
- ❖ Challenging or discounting reports of abuse or other traumatic events.
- ❖ Endorsing a confrontational approach in counseling.
- ❖ Labeling behavior/feelings as pathological.
- ❖ Failing to provide adequate safety within the program.
- ❖ Minimizing, discrediting or ignoring client responses.
- ❖ Obtaining urine specimens in a non private setting.

# Strategies to Prevent Re-Traumatization

- ❖ Be sensitive to the needs of residents who have experienced trauma regarding their behaviors in the treatment setting that might trigger memories of the trauma.
- ❖ Do not ignore resident symptoms and demands as they act out in response to a triggered trauma memory.
- ❖ Be mindful that efforts to control and contain a resident's behavior in treatment can produce an abnormal reaction, especially if being trapped was part of their trauma experience.
- ❖ Listen for specific triggers that seem to be driving the resident's reaction.



# QUESTIONS???

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