

Beacon Clinical Topic: Trauma-Informed Care

Trauma-informed care is an approach that focuses on increasing awareness of the prevalence of trauma in our communities and workplaces, and increasing understanding of the impact of trauma on both providers and those seeking care and support. Trauma-informed care avoids practices that may unintentionally re-traumatize a survivor of trauma; empowers survivors to participate proactively in their recovery; and elicits feedback from trauma survivors on services and organizational practices. This approach is not intended to impact only the therapeutic environment but the entire way that an organization interacts with employees and consumers that may have trauma histories.

1. DEFINITIONS

Trauma: 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. ([SAMHSA, 2015](#))

Impact of traumatic exposure: Research has consistently found that exposure to traumatic events has a considerable impact on an individual's health and well-being. These experiences in childhood raise an individual's risk for severe emotional distress, suicide, physical illness, and substance use, with additional exposures multiplying the likelihood of negative outcomes (Adverse Childhood Experiences: see *Felitti, et al.*). Traumatic events from childhood are associated with the following: **67%** of all suicide attempts; **64%** of adult suicide attempts; **80%** of child/adolescent suicide attempts; and boys who experience or witness violence are **1,000 times** more likely to commit violence than those who do not. ([National Council for Behavioral Health, 2013](#))

Prevalence of trauma: Rates of traumatic experiences are extremely high among those seeking treatment for behavioral health and substance use disorder (SUD) conditions ([National Council for Behavioral Health, 2013](#)):

- 80% of people in psychiatric hospitals have experienced physical or sexual abuse
- 66% of people in SUD treatment report childhood abuse or neglect
- 90% of women with alcoholism were sexually abused or suffered severe violence from parents
- 90% of public mental health clients have been exposed to trauma
- 51-98% of public health clients have been exposed to trauma
- 97% of homeless women with serious mental illness have experienced severe physical and sexual abuse, and 87% experience this abuse both in childhood and adulthood

2. DIAGNOSIS

According to the National Center for PTSD, about 60% of men and 50% of women will experience at least one traumatic experience in their lives. However, exposure to a trauma or extreme stressor does not always result in Posttraumatic Stress Disorder (PTSD); only about 7-8% of the population will experience symptoms consistent with PTSD: 4% of men and 10% of women ([National Comorbidity Study, 2005](#)).

There is a wide spectrum of severity in reactions to traumatic events. Exposure to a traumatic event may result in symptoms of a Trauma and Stressor-Related Disorder; a different behavioral health condition; worsening of a pre-existing behavioral health condition; or little to no clinical symptoms depending on individual protective factors and resiliency. It is also important to note that reactions to traumatic events may vary across the developmental lifespan, and differ depending on culture and gender.

The *DSM-5* classifies Trauma and Stressor-Related Disorders as follows:

- **Acute Stressor Disorder** – Severe reaction to trauma within the first one month after exposure
- **Posttraumatic Stress Disorder (PTSD)** – Severe reaction to a trauma that lasts at least one month after exposure
- **Adjustment Disorders** – Maladaptive reaction within three months of a stressor that does not meet criteria for other *DSM* diagnoses with less severe impairment than other trauma-related disorders
- **Reactive Attachment Disorder** – Associated with childhood abuse/neglect in young children
- **Disinhibited Social Engagement Disorder** – Associated with childhood abuse/neglect in young children

Other common behavioral health conditions related to traumatic exposure may include the following disorders: depressive, anxiety, psychotic, substance use and dissociative.

3. TREATMENT APPROACH

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments.

According to SAMHSA (2015), a program, organization or system that is trauma-informed:

1. Realizes the widespread impact of trauma and understands potential paths for recovery
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices
4. Seeks to actively resist re-traumatization of survivors.

A trauma-informed organization will reflect adherence to six key principles rather than prescribed practices or procedures. (SAMHSA, 2015).

1. Safety – Throughout the organization, individuals (members and staff) feel physically and psychologically safe; physical setting is safe.
2. Trustworthiness and transparency – Operations and decisions are conducted with transparency with the goal of building and maintaining trust with members, family, and staff, and others involved in the organization.
3. Peer support – A key vehicle for establishing safety and hope, building trust, enhancing collaboration, and utilizing lived experience to promote recovery and healing
4. Collaboration and mutuality – Importance placed on partnering and realizing that everyone has a role to play
5. Empowerment, voice and choice – Strengths and experiences are recognized and built upon; fosters a belief in resilience and in the ability to heal and promote recovery from trauma
6. Cultural, historical and gender issues – Organization actively moves past cultural stereotypes and biases and incorporates policies, protocols, and processes that are responsive to racial, ethnical, cultural needs of individuals served

Using this trauma-informed approach has been found to impact employees, clients, and consumers in the following ways (National Council for Behavioral Health, 2013):

- Increases safety for all
- Improves the social environment in a way that improves relationships for all
- Cares for the caregivers
- Increases the quality of services
- Reduces negative encounters and events
- Creates a community of hope and health
- Increases success and satisfaction at work

4. SUMMARY AND TAKEAWAYS

Trauma is a prevalent experience that impacts more than half of the population. Exposure to a traumatic event can have many different negative outcomes and may result in a behavioral health diagnosis. Trauma has a devastating overall impact on the health and well-being of individuals, communities, and organizations. Trauma-informed care is a way for organizations to recognize the impact of trauma; create safe spaces for individuals and communities recovering from trauma; prevent re-traumatization; develop policies and procedures that are trauma-aware; and empower individuals in their recovery process after exposure to trauma. Trauma-informed care recognizes the implicit value in engaging with trauma-survivors to help develop, deliver, and evaluate programs and services.

5. THREE QUESTIONS FOR CLINICAL TEAM DISCUSSION

1. Can you think of ways in which traumatic events have impacted your community and/or workplace? What are some ways that people in your communities reacted differently after a traumatic event?
2. How can Beacon's UM and care coordination efforts promote the awareness and understanding of trauma-informed care with providers and members?
3. What are some ways that your current workplace environment or practices may trigger or re-traumatize someone recovering from trauma? Can you think of ways to make this space and our practices more trauma-informed?

6. REFERENCES

- American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders, (5th ed.). Washington, DC: Author.
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- National Council for Behavioral Health (2013). *The ABC's of Trauma-Informed Care*. <https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/ABCs-of-Trauma-Informed-Care.pdf>
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