

Oregon Health Authority
Addictions & Mental Health Division
Children’s System Advisory Council
ISSUE BRIEF
 January 25, 2013

Trauma and Trauma Informed Services and Supports

<p>Issue</p>	<p>Trauma is a hidden epidemic. The Addictions and Mental Health Division (AMH) developed a Trauma Policy in 2006 which does not incorporate current research on the impact of trauma and adverse childhood experiences (ACEs) on the health of people across their lifespan or document effective interventions. The quantity and quality of trauma informed services and supports currently available in Oregon does not effectively address the extent of trauma experienced by those seeking services and supports.</p> <p>In the ACE study by Kaiser Permanente and the Centers for Disease Control (CDC), researchers identified strong, graded relationships between exposure to childhood traumatic stressors and numerous negative health behaviors and outcomes, health care utilization and overall health status later in life.</p> <p>The human and economic costs of adverse experiences drain individuals’ resources for health and productivity. The consequences of trauma on a population level with elevated costs over the lifespan affect all the major systems in Oregon.</p>
<p>Background</p>	<p>Trauma is the unique individual experience of an event or enduring conditions in which a person’s ability to integrate his/her emotional experience is overwhelmed. The person experiences, either objectively or subjectively, a threat to his/her psychological safety, bodily integrity, life or the safety of a caregiver or family member. Trauma experiences are emotionally painful or distressing, and frequently result in lasting mental and physical effects.</p> <p>Vicarious trauma is a stress reaction that may be experienced by professionals and peer support specialists who are exposed to</p>

disclosures of traumatic images and events by those seeking help. Helping persons may experience long lasting changes in how they view themselves, others, and the world.

Trauma is a common experience of those receiving services and supports across human service systems that has been overlooked or ineffectively addressed much of the time. The symptoms of vicarious trauma are similar to but usually not as severe as those of posttraumatic stress disorder, and can affect the lives and careers of even those with considerable training and experience in working with disaster and trauma survivors. There is a growing awareness of the necessity of systems and agencies to provide services and supports in a trauma informed manner.

Being “*trauma informed*” means that services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about and sensitive to trauma related issues present in individuals. A *trauma informed system* is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that trauma plays in the lives of people seeking health, behavioral health and other services.

A *trauma informed system* uses that understanding to design service systems that accommodate the vulnerabilities of people affected by trauma and allows services to be delivered in a way that will avoid inadvertent re-traumatization and will facilitate an individual’s participation in treatment. It also requires collaborative relationships with other public and private practitioners with trauma related clinical expertise.

Trauma specific interventions refer to specific practices that have been developed to address the trauma experienced by individuals, families, and communities. These practices are most often used by a practitioner trained in the use of these interventions. Generally, these practices have been shown to work with specific age groups (e.g., Trauma focused Cognitive Behavioral Therapy²; Child Parent Psychotherapy³); settings (Cognitive Behavioral Interventions for Trauma in Schools⁴); and types of trauma (e.g., Seeking Safety⁵ for interpersonal or domestic violence).

	<p><i>Trauma specific services</i> refer to programs that address trauma with a continuum of interventions from screening to treatment to recovery supports. An increasing number of promising and evidence based practices address trauma related conditions such as Post Traumatic Stress Disorder (PTSD) and other consequences of trauma, especially for people who often bring other vulnerabilities (e.g., substance use, serious mental health problems, homelessness, child welfare, or criminal justice involvement) to the service setting. <i>Trauma specific services</i> recognize that recovery occurs within the context of relationships characterized by belief in persuasion and trust rather than coercion, ideas rather than force, and mutuality rather than authoritarian control – precisely the beliefs that were shattered by the original traumatic experience (Herman, 1992)⁶. Trauma specific services focus directly on the sequelae of trauma and facilitate recovery (Fallot and Harris, 2001).⁷</p> <p><i>Trauma informed care</i> is similar in meaning to a trauma informed approach. However, some sectors do not identify as "care giving," such as the criminal and juvenile justice or employment sectors, so the term "approach" is preferred. The term trauma informed care may still be used in such systems as primary and behavioral health care or child welfare. The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes that the term trauma informed approach is more applicable across a broad range of systems.</p>
<p>Policy Discussion</p>	<p>Nationally, addressing trauma is a priority of SAMHSA as one of their key strategic initiatives. A number of states are addressing trauma and the need for trauma informed services on a statewide level. In Oregon, other child serving systems including juvenile justice, the Oregon Youth Authority (OYA), developmental disabilities, education, health and child welfare are beginning to recognize the strong influence that trauma has on those they serve and are developing initiatives and strategies to address trauma within their systems.</p> <p>Individuals who have experienced trauma in their lives must be involved in the design, delivery and evaluation of treatment services. Providers must be culturally sensitive while incorporating evidence based, best practice, trauma informed treatment models in their programs.¹⁰</p> <p>In Oregon, a trauma policy has been in place since 2006. Moving the</p>

	<p>policy into actionable steps has been challenging. It is imperative given the health system transformation and concurrent initiatives of health care and other child serving systems that the Oregon Health Authority (OHA) address this issue. Trauma has widespread implications for individual outcomes through every step of their participation in services and supports. Many individuals are not directly screened or assessed for trauma, which must become a standard of care. The manner in which screening, assessment and care are delivered needs to be trauma sensitive and assistive to the individual or they may retreat from services and supports. OHA must do as much as possible to begin to inform all who are providing or administering services and supports, in creating a safe and effective service system.</p> <p>Addressing individual, family, and community trauma requires a comprehensive, multi faceted public health approach. This includes increasing awareness of the harmful short and long term effects of trauma experiences across the life span; development and implementation of effective preventive, treatment, and recovery/resiliency support services that reflect the needs of diverse populations; creation of strong partnerships and networks to facilitate knowledge exchange and systems development; training and tools to help systems effectively identify trauma and intervene early; and informed public policy that supports and guides these efforts.</p>
<p>Implementation Plans for Recommendation/Rationale</p>	<p>This list of recommendations for OHA AMH suggests utilizing a public health approach regarding trauma awareness and incorporation of a trauma informed approach to healthcare integration and transformation, including developing a statewide children and family services system of care.</p> <ol style="list-style-type: none"> 1. AMH shall adopt a formal updated definition of trauma and make a revision of the 2006 Trauma Policy. See attached documentation for suggested definitions of trauma. 2. Prioritize the inclusion of trauma informed care language, and practice in policies, procedures, contracts, and future Oregon Administrative Rules (OAR) revisions. 3. OHA should provide information/resources to enhance cultural and linguistic competence in the context of mitigating trauma. 4. OHA must strongly consider establishing a Trauma Learning Collaborative to educate and guide the promotion of trauma

informed care. This collaborative should reside within the Transformation Center ¹of OHA and include consumers, young adults, family members, Innovator Agents (CCO-OHA liaisons), healthcare providers, other interested stakeholders, and include participation and staff support from AMH and the Public Health Division. It would be advisable for the Learning Collaborative to participate and make recommendations for an overall update to the AMH Trauma Policy, with an eye to the adoption of an OHA Trauma Policy.

5. Information about trauma informed care, trauma itself and how to recognize it, where to go for trauma related treatment and assistance, and tools for those providing services to prevent, or manage and cope with vicarious trauma shall be made available as part of healthcare transformation. The Trauma Learning Collaborative would be an ideal home for these resources.
6. The Learning Collaborative shall:
 - Conduct mapping of trauma specific resources, lists of valid and reliable trauma screening instruments, resources for training of those who conduct trauma screening, guidelines for trauma screening and trauma assessment.
 - Develop trauma resource mapping of services and supports such as music therapy, movement therapy, sensory integration, behavioral health therapy and best or promising practices.
 - Communicate information about state, national and online training opportunities in trauma and trauma informed care.
7. AMH shall adopt guidelines for behavioral health providers to screen, assess and treat basic and complex trauma. Screening and assessment guidelines and ways to respond to and support those who have been traumatized should also be developed for other systems and partners, such as peer delivered services, child welfare, pediatrics, schools, primary care, juvenile justice, and others. Examples of guidelines for behavioral health treatment of basic trauma are attached.
8. Recognizing the need to support natural and professional caregivers and support providers, AMH should:

¹ The Transformation Center in OHA is part of the State Innovation Model proposed and accepted by the Center for Medicaid and Medicare Services in Dec. 2012. Learning collaboratives for patient centered primary care homes will be part of the Transformation Center. For more information please refer to: <http://www.oregon.gov/oha/OHPB/healthreform/docs/sim-app-abstract.pdf>

	<ul style="list-style-type: none"> • Provide technical assistance to organizations/agencies as they move to trauma informed practice regarding workplace practices/innovations that promote holistic wellness and self care. • Provide information regarding strategies and training that incorporates emotional intelligence in the workplace. <p>9. AMH shall develop fact sheets, using a template (attached) to begin to provide basic information to CCOs, families, child serving systems, and other interested and impacted stakeholders which can be further developed in the Transformation Center. Examples of stakeholders who may need and benefit from this information are pediatric providers, primary care practitioners, behavioral health care staff, consumers and members of family run organizations, elementary, secondary and college teachers, child welfare workers, law enforcement/emergency responders, adult correctional and juvenile justice system staff, Aging and People with Disabilities providers, faith based groups, preschools/ other early childhood education settings, and after school program staff.</p> <p>10. OHA shall develop a communication plan regarding trauma and trauma informed care that includes traditional outreach as well as social networking and other technological communication advances as they emerge. Provide public service announcements, and other education regarding trauma impacts, strategies for trauma healing, and developing a trauma informed system.</p>
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Attachments:

Short definition of trauma

Extended definition of trauma

Examples of guidelines for behavioral health treatment of basic trauma

Fact sheet template