



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Trauma-Informed Care

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Objectives

- Identify important trauma and trauma informed care definitions
- Identify and describe different types of trauma
- Understand and identify trauma symptoms and responses for adults and children
- Describe Trauma informed care and understand its importance
- Understand Re-traumatization and secondary trauma/wounding and how to prevent it



“A trauma survivor who seeks services may interact with a dozen individuals before actually sitting down with a clinician trained to provide trauma services. A woman will have to make an appointment and speak with a receptionist. A man will enter the agency and walk past a security guard or maintenance worker. A family may stop for a snack at a hospital cafeteria. Once they are in the agency they may encounter office workers, intake personnel, trainees, and anonymous clinicians. Any of these individuals has the opportunity to make a consumer’s visit to the service agency inviting or terrifying” (Harris & Fallot, 2001, p 7)



Important Definitions

- **Trauma**: defined as a psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror, or helplessness that creates significant and lasting damage to a person's mental, physical and emotional growth
- **Re-traumatization**: re-traumatization entails replication of the event(s) or dynamics of an original trauma which triggers a response associated with the original trauma
- **Secondary Trauma**: A state experienced by those helping people in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper. Often times it can occur after one difficult incident or prolonged incidences of trauma exposure. Often symptoms mimic post traumatic stress disorder symptoms.
- **Compassion Fatigue**: also known as Vicarious trauma, is a permanent change in the provider resulting from empathic engagement with a consumer's traumatic background. Before Vicarious Trauma comes a secondary traumatic stress incident. The response is cumulative. It is much more pervasive than burnout even though the symptoms at times are similar.



Adverse Childhood Experiences (ACE) Study

- Co-PIs: Robert F. Anda, MD (CDC) and Vincent J. Felitti, MD (Kaiser Permanente)
- HMO enrollees, average age 59, interviewed about difficult childhood experiences.
- Test consists of 10 questions regarding adverse childhood experiences.
- More than 17,000 interviewed
- Staggering results, many since replicated
- Start with: www.cestudy.org



ACES Study



- 1 in 16 smokes; 1 in 14 has heart disease
- 1 in 69 abuses alcohol; **1 in 480 uses IV drugs**
- **1 in 96 has attempted suicide**

- **With 3 ACEs**, 1 in 9 smokes, 1 in 7 heart disease
- 1 in 9 abuses alcohol, 1 in 43 uses IV drugs
- 1 in 10 has attempted suicide

- **With 7+ ACEs**, 1 in 6 smokes, 1 in 6 has heart disease
- 1 in 6 abuses alcohol, **1 in 30 uses IV drugs**
- **1 in 5 has attempted suicide**



Trauma in the Mental Health Population United States

- Up to **90%** of public mental health clients in have been exposed to trauma (National Council for Mental Well-Being, 2022)
- Most Mental Health Clients have multiple experiences of trauma. (Floen & Elklit, 2007)
- On average an individual will experience at least 5 traumatic experiences in their lifetime
- More than 90% of individuals with developmental disabilities will experience some form of physical or sexual abuse in their lifetimes and 49% will experience multiple incidences of abuse (Valenti-Hein and Swartz, 1995)
- Trauma can occur within the service delivery system.



Trauma and Substance Use Disorder

- Up to two-thirds of men and women in substance use disorder treatment report childhood abuse and neglect (SAMHSA CSAT, 2000)
- Study of male veterans in SUD inpatient treatment
 - 77% exposed to severe childhood trauma
 - 58% history of lifetime PTSD (Triffleman et al, 1995)
- 50% of women in SUD treatment have history of rape or incest (Governor's commission on Sexual and Domestic Violence, Commonwealth of MA, 2006)



Types of Traumatic Events

- Sexual abuse
- Physical abuse
- Abandonment, betrayal of trust (Such as abuse by a caregiver)
- Neglect
- The death of a loved one
- Life threatening illness of a caregiver
- Witnessing domestic violence
- Bullying
- Military combat
- Serious automobile accidents
- Life-threatening health situations and/or painful medical procedures
- Witnessing police activity or having a close relative incarcerated
- Personal Incarceration
- Police Violence
- House fires or other reasons for loss of home or dwelling (Safe place)
- Life-threatening natural disasters
- Acts of threats or terrorism
- Living in poverty
- Being in special education (Children)-results in bullying



Common Trauma Responses-Adults

Physical:

- Sleep disturbances- nightmares, insomnia, over-sleeping
- Chronic health conditions
- Musculoskeletal pains
- Somatization
 - emotional disturbances manifesting themselves in the body
 - Often physical symptoms have no explainable cause-a full physical work up should still be done

Emotional:

- Depressive Symptoms
- Flashbacks
- Suicidal Ideation
- Self-harm-way of grounding flashbacks
- Withdrawal from others
- Intense fear/anxiety-Hyperarousal (Also called Hypervigilance)
- Exaggerated Startle Response
- Excessive worry

Relational:

- Boundary Problems
- Sexual problems-promiscuity or withdrawal from sex
- Loss of friendships-Withdrawal from others



Common Trauma Responses in Children

- Irritability
- ADHD type symptoms
- Fear
- Anxiety
- Attachment difficulties
- Boundary problems
- Lack of Trust
- Hypervigilance
- Tempter Tantrums
- Insomnia/nightmares
- Enuresis/Encopresis
- Isolation
- Fear of strangers or being left alone



What is Trauma-Informed Care (TIC)

- Trauma Informed Care (TIC) is a trauma informed approach to the delivery of behavioral health services that includes an understanding of trauma and an awareness of the impact that it can have across settings, services, and populations.
- Trauma Informed Services are not designed to treat the specific symptoms related to the past trauma or abuse, but rather are providers of care whose primary mission is not the treatment of trauma. They treat the person who has special needs due to their trauma history in a sensitive, caring, and welcoming way.
- The idea is to use **universal trauma precautions**. This approach always presumes the possibility that an individual one encounters, whether a consumer, visitor, or staff member, may have a trauma history.
- Trauma-informed care involves anticipating individual process and practices that may cause harm to individuals with a trauma history.



The Core Principles of a Trauma-Informed System of Care

- **Safety**: ensuring physical and emotional safety of persons served by providing a safe, calm, and secure environment with supportive care to ensure the physical and emotional safety of consumers served.
- **Trustworthiness and Transparency**: maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries.
- **Peer Support**: Peer Support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.
- **Empowerment, Voice and Choice**: prioritizing consumer voice, choice and control as well as self-advocacy and prioritizing consumer empowerment and skill building through recovery-oriented, consumer-driven, trauma specific services and supports.



The Core Principles of a Trauma-Informed System of Care

- **Collaboration and mutuality**: maximizing collaboration and sharing of power with consumers through the development of healing, hopeful, honest and trustworthy relationships.
- **System-wide understanding** of the prevalence and impact of trauma on persons served.
- **Cultural Humility and Responsiveness** The ability to understand, communicate with, and effectively interact with people across cultures. Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed.



Why Trauma-Informed Care?

- A trauma-informed organization:
 - Increases safety for all
 - Improves social environment in a way that improves relationships for all
 - Cares for the caregivers
 - Improves quality of services
 - Reduces negative encounters and events
 - Creates a community of hope, wellness and recovery
 - Increases success and satisfaction at work
 - Promotes organizational wellness
 - Helps to ensure consumers come back for services



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Trauma-Informed Care Basic Assumptions

- Trauma shapes the survivor's basic beliefs about identity, world view and spirituality, or meaning-making
- Trauma symptoms can be adaptations or ways trauma survivors cope with their trauma.
- Trauma is something that happened to the individual not something that is wrong with them
- The four most important things a worker has to offer a survivor is Respect, Information, Connection and Hope (RICH)
- Workers need support from one another, including (RICH)
- Working with survivors affects the person of the helper as well



Trauma-Informed Treatment Objectives and Strategies

- Establish safety
- Prevent Re-traumatization:
- Provide Psychoeducation
- Normalize Symptoms
- Identify and manage triggers
- Draw connections
- Build Resilience
- Address Sleep Disturbances
- Build Trust
- Support empowerment
- Acknowledge Remembrance, Grief, and Bereavement/Mourning
- Use Culturally and Gender Responsive Services
- Make referrals where appropriate



Examples of Trauma Specific Evidence- Based Practices

- Trauma Recovery Empowerment Model: TREM (male and female versions, as well as versions for adolescent girls and boys)
- Trauma Focused Cognitive Behavior Therapy (TF-CBT)
- Seeking Safety
- Mindfulness
- Eye Movement Desensitization and Reprocessing (EMDR)
- Exposure Therapy
- Sensory Interventions

**Most, if not all, of these interventions require specific training to practice. This list is not exhaustive.



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Preventing Re-traumatization

- Create a safe, welcoming environment, using consistency, communication, and compassion
- Support client-centered choices, ideals and autonomy - give as much personal choice and power as possible
- Always provide clear, direct information about treatment and treatment stages



It Takes Everyone to Make a Difference

- Every contact with a consumer and with each other will affect us in 1 of 2 ways
 1. Contribute to a safe, trusting and healing environment
 2. Detract from a safe and trusting environment
- We all play a role in assisting consumers to heal and make progress in their lives
- We all matter when it comes to creating a safe, trusting, and healing environment
- How we treat an individual with a trauma history can shape how they view the service delivery system as a whole



What Hurts

- Congested or noisy areas
- Unclean, uncomfortable areas
- Layers of red tape before a consumer's needs are met
- Questioning what is wrong with the person rather than what happened or how can I help
- Viewing an individual as their diagnosis rather than an individual who needs help.
- Ignoring that trauma exists
- Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding or judgmental



What Helps

- Comfortable calming, and private treatment and waiting rooms
- Clean, comfortable furniture
- No “wrong door” philosophy
- Having a pleasant, hopeful demeanor when interacting with consumers
- A smile and a hello go a long way
- Be aware that trauma plays a role in everyone’s lives
- Interactions that express kindness, patience, reassurance, calm, acceptance and listening
- Clean, working, private restrooms
- Well lit areas



What Helps

- Visible yet approachable security
- Recognize that an individual may be acting a certain way because they may be being triggered
- Sensible fair rules that focus on what you CAN do rather than what you CAN'T do
- Reacting in a calm way even if a consumer is acting out their emotions
- Viewing individuals as a whole person rather than their diagnosis or trauma
- Allowing someone to keep a door open or asking if you can close the door
- The availability of trauma treatment that helps an individual develop resiliency skills



Important Resiliency Factors for Skill Development

These factors are helpful for individuals receiving support as well as their caregivers.

- Realistic Optimism
- Facing fears
- Moral Compass
- Religion or spirituality
- Social Supports
- Resilient Role Models
- Physical fitness
- Brain fitness
- Cognitive and Emotional Flexibility
- Meaning and purpose
- Autonomy
- Self-esteem
- External supports
- Affiliation
- Safe adults



Secondary Trauma/Compassion Fatigue and Self-care

- Hearing traumatic stories from consumers can cause secondary trauma in practitioners
- Research shows that and up to 50% of child welfare workers and 6-26% of all workers who work with those who have been traumatized will experience secondary trauma
- Recognize the signs of secondary trauma and get help when needed
- Supervisors should understand the signs and symptoms of secondary trauma
- Self-care practices should become a regular part of a practitioner's daily routine to help combat secondary trauma



Signs and Symptoms of Secondary Trauma

- Hypervigilance
- Hopelessness
- Inability to embrace complexity
- Inability to listen and avoiding consumers
- Anger and cynicism
- Sleeplessness
- Fear
- Chronic exhaustion
- Physical ailments
- Minimizing
- Guilt



Secondary Trauma Management/Intervention

- Psychoeducation
- Clinical supervision
- Ongoing skills training
- Informal/self-report screening
- Workplace self-care groups or other form of peer-to-peer support and accountability
- Personal counseling
- Maintain balance with life and work
- Set clear boundaries with consumers
- Use of Evidence-Based Practices
- Exercise and good nutrition
- Mindfulness



Resources

- Floen, S. K., & Elklit, A. (2007). Psychiatric diagnoses, trauma, and suicidality. *Annals of General Psychiatry*. Retrieved October 13, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1858696/>
- Tip 57-Trauma Informed Care in Behavioral Health Situations-SAMHSA publication
- National Council for Mental Well-Being
- National Child Traumatic Stress Network-NCTSN.org
- www.Michigan.gov/traumatotoxicstress
- www.improvingmipractices.org



SAGINAW COUNTY
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Main Facility

500 Hancock, Saginaw, Michigan 48602

Phone: (989) 797-3400

Toll Free: 1-800-258-8678

Michigan Relay 711

24 Hour Mental Health Emergency Services

(989) 792-9732

Toll Free: 1-800-233-0022

www.sccmha.org

