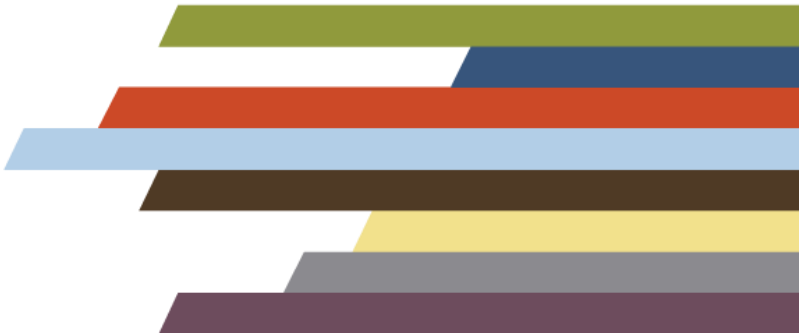
Trauma-Informed Clinical Best Practices: Implications for the Clinical and Peer Work Force

May 20, 2021



Welcome!

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Let’s take a minute

Overview

- Overview of definitions
- Evidence-based practice or practitioner?
- Practitioner core competencies
- Trauma-informed treatment objectives and Strategies
- General stages of trauma treatment
- Resilience
- Screening and Assessment
- Common trauma specific treatments

Adversity, Trauma and Toxic Stress

- **Childhood adversity** – wide range of circumstances or events that pose a serious threat to a child's physical or psychological well-being.

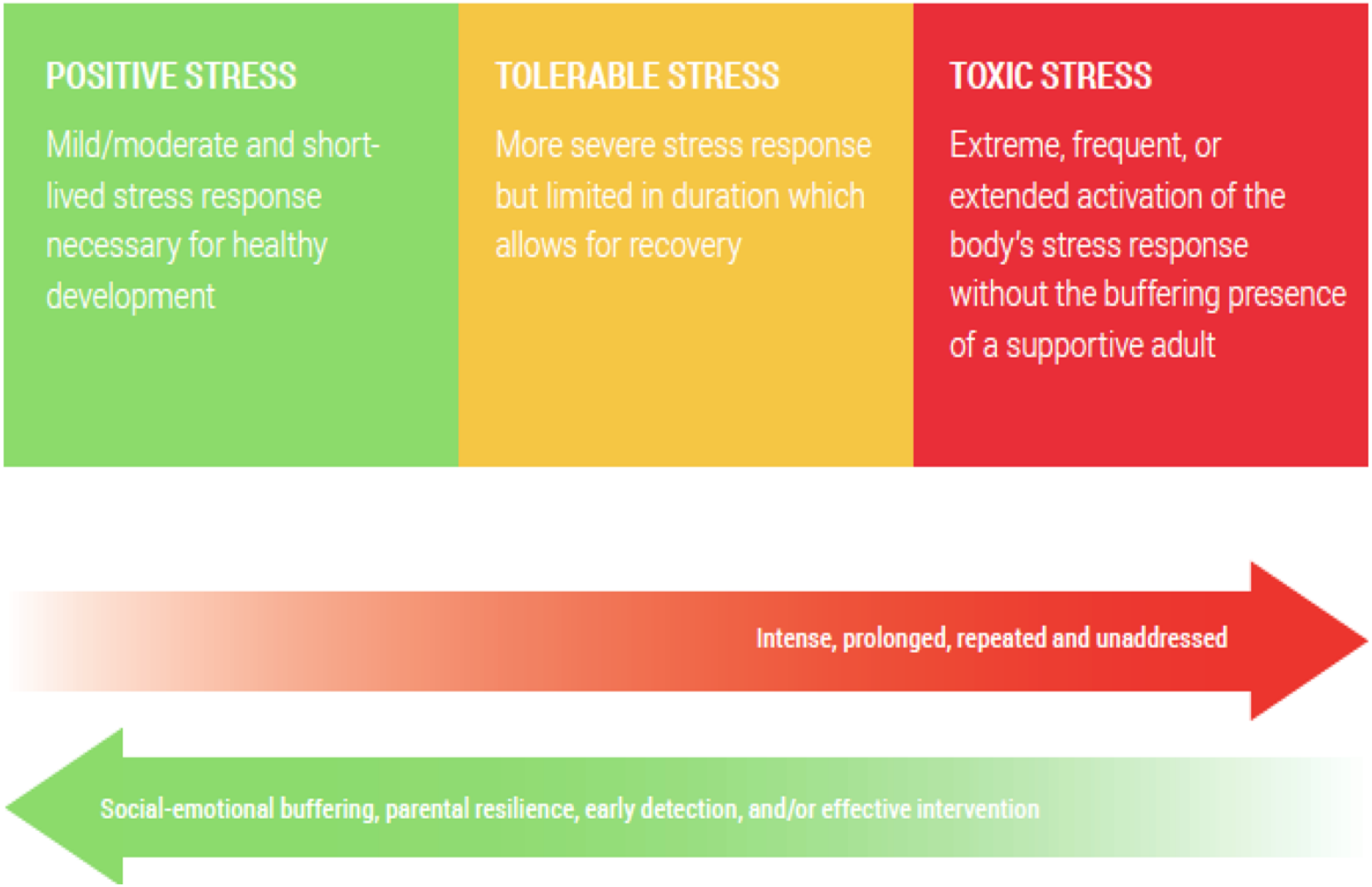
- **Adverse childhood experiences** –a subset of childhood adversities included in the seminal ACEs study.

- **Trauma** – possible outcome of exposure to adversity that occurs when a person perceives an event or set of circumstances as extremely frightening, harmful or threatening.

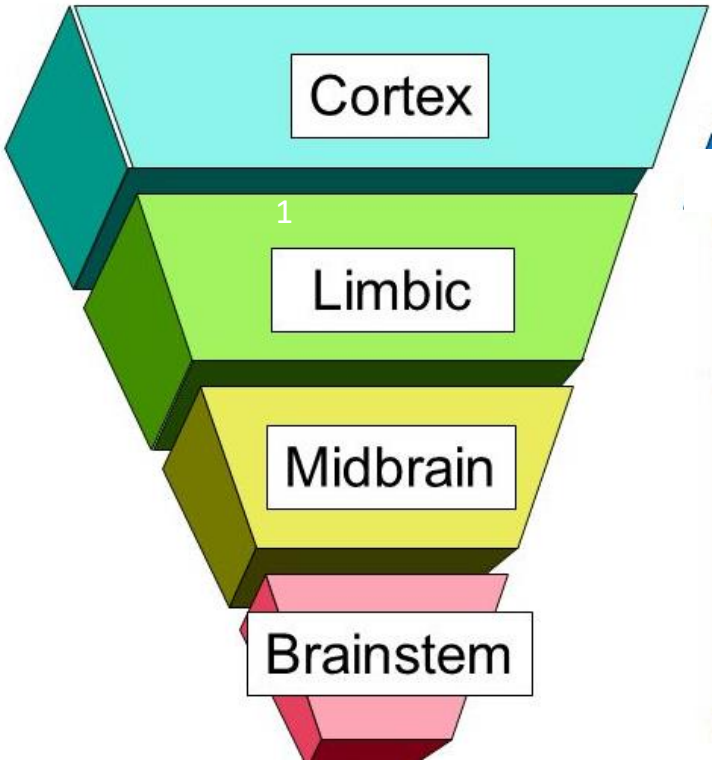
- **Toxic stress** – can occur when an individual experiences adversity that is extreme, long-lasting and severe without adequate support and the stress response system becomes overactivated.

HIV

Continuum of Stress



Hierarchy of Brain Development

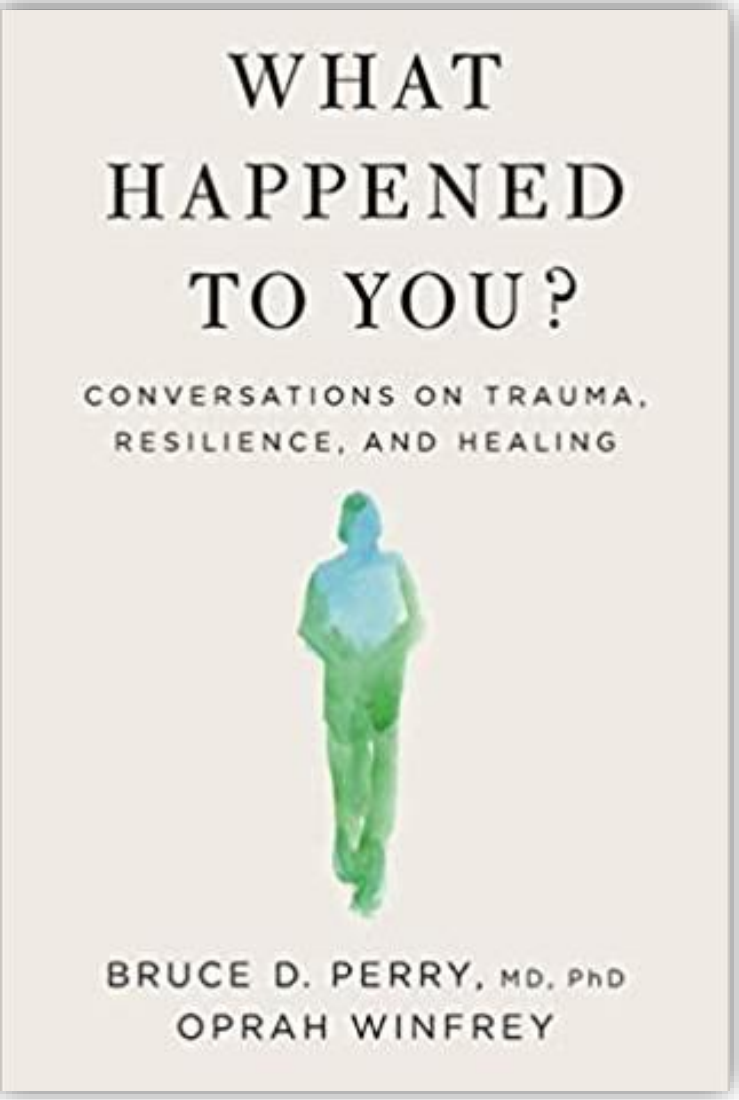


Calm/Alert

Alarm

Fear

Terror



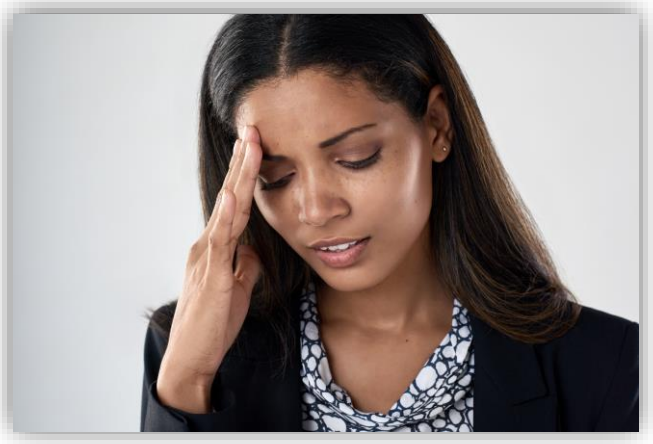
- *"…a brain aware perspective helps me when I'm trying to understand people."*
- *Dr. Bruce D. Perry*

Regulation

The basic strategy for quieting our lower brain

*"**Regulation** is the ability to monitor and control our behavior, emotions and thoughts, altering them in accordance with the demands of the situation."*

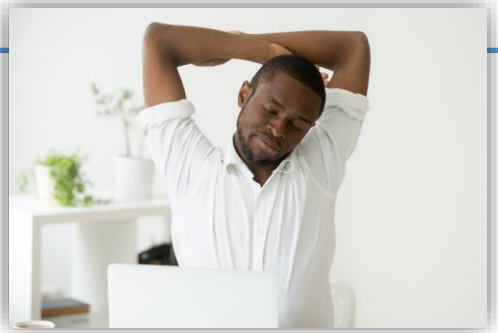
J.L. Cook/G.Cook



Three Ways to Regulate

Top down
use our cortex

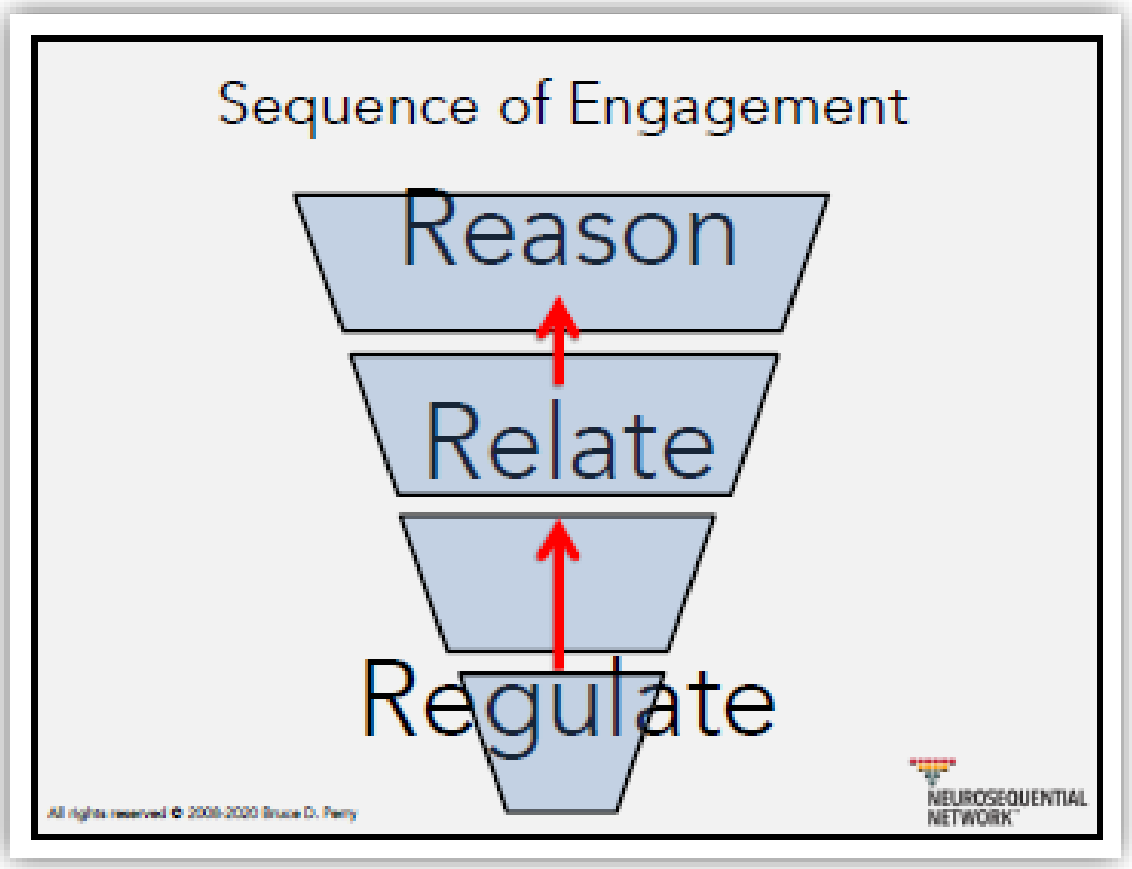
Bottom up
somatosensory, rhythmic, repetitive interventions



With other people

Perry, B. (2020). Neurosequential Network. Retrieved from https://www.neurosequential.com/covid-19-resources.

Regulate, Relate, Reason



Perry, B. (2020). Neurosequential Network. Retrieved from https://www.neurosequential.com/covid-19-resources

Principles of a Trauma-Informed Approach

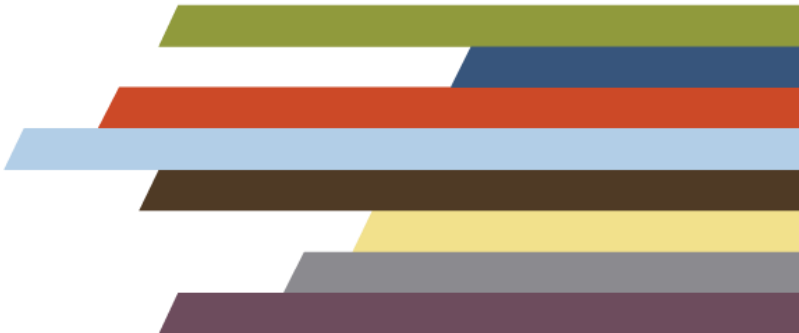
- Safety
- Trustworthiness and transparency
- Collaboration and mutuality
- Empowerment, voice and choice
- Respect for cultural, historical and gender differences
- Peer support and mutual self-help

SAMSHA. (2014) *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801.
http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf

Tenants of the trauma-informed approach

Trauma-Informed Clinical Practice shifts the focus from “What’s wrong with you to What happened to you?”

It assumes everyone is doing the best they can.



What lens are you looking through?

Trauma-Specific Services

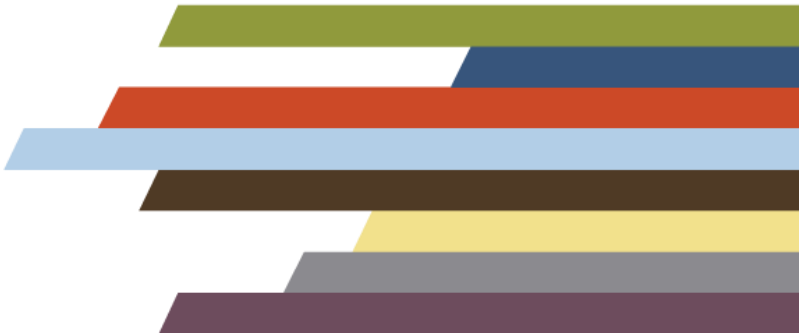
- Offered in a trauma-informed environment
- Focused on treating trauma through therapeutic interventions involving practitioners with specialist skills
- Based on detailed assessment of clients with trauma, mental health, and substance use concerns that seek and consent to integrated treatment

Trauma-Informed Practice Guide, BC Center of Excellence, May 2013

Evidence Based Practice is not the same as a Best Practice

EBP ≠ Best Practice

http://bit.ly/1JcQtx8 - Tony Salerno, PhD
Ted Style Talk at NatCon 2014
The Evidence Based Practitioner



A Really Good Practice

Salerno, A. 2020

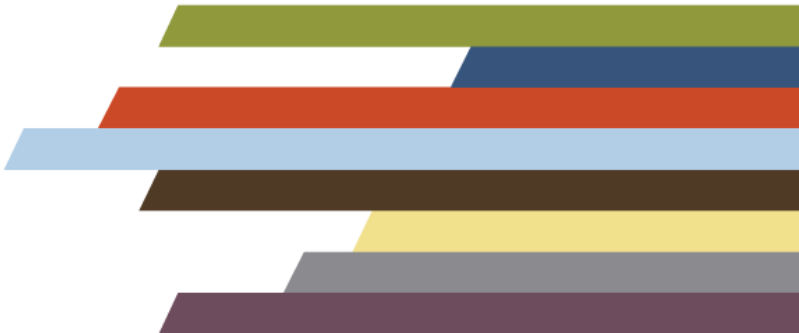
Thoughts to consider...

When selecting an EBP or Best Practice:

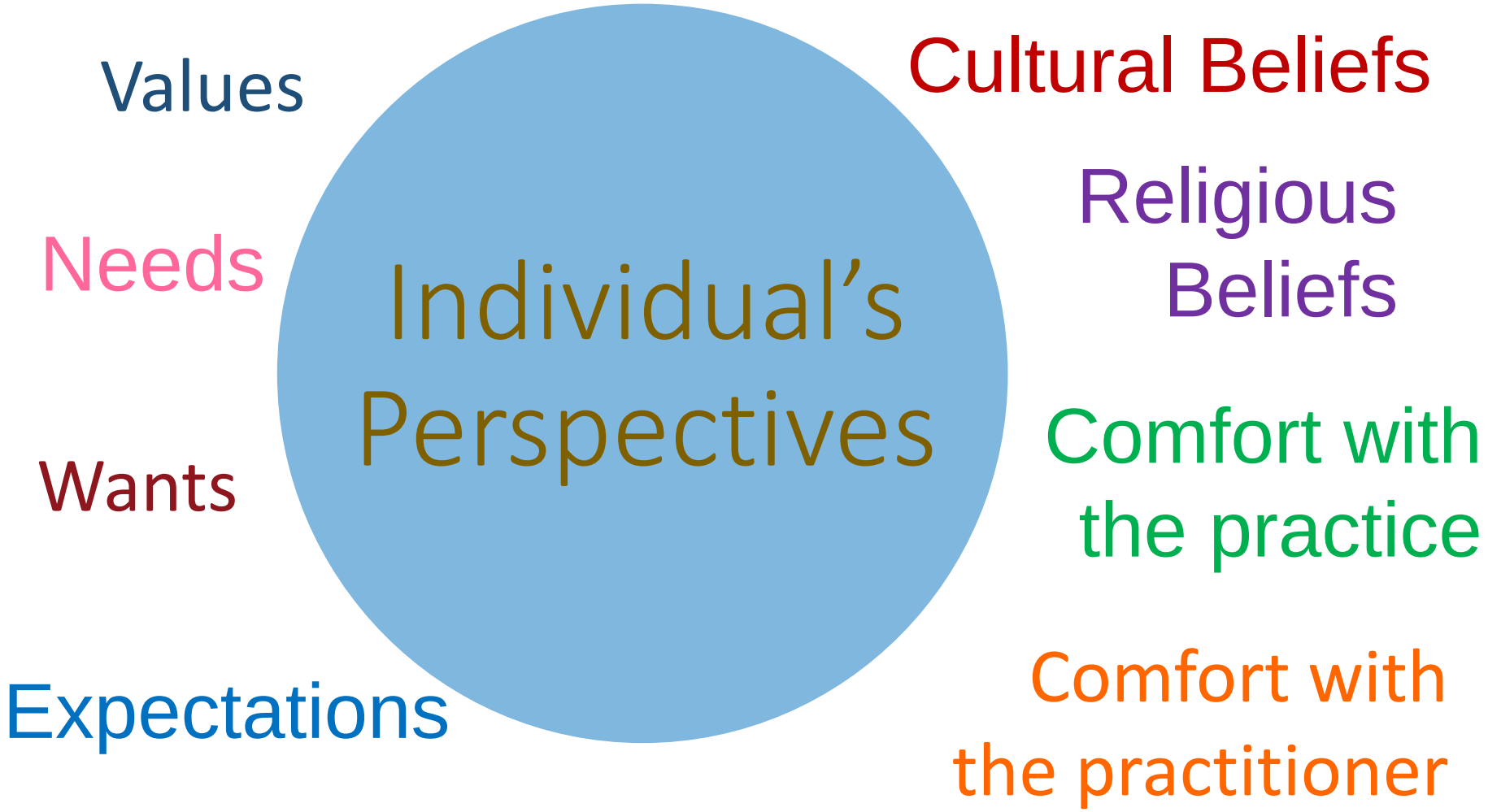
- Is the model relational?
- Is the model founded on accurate information about how our bodies react under stress?
- Does the model support acquisition of resilience skills?
- Does the model recognize that cognition is not the only way people heal/stabilize?

Practitioner Core Competencies

- Relational Alignment
- Transparency
- Shared decision making
- Person centered focus
- Education

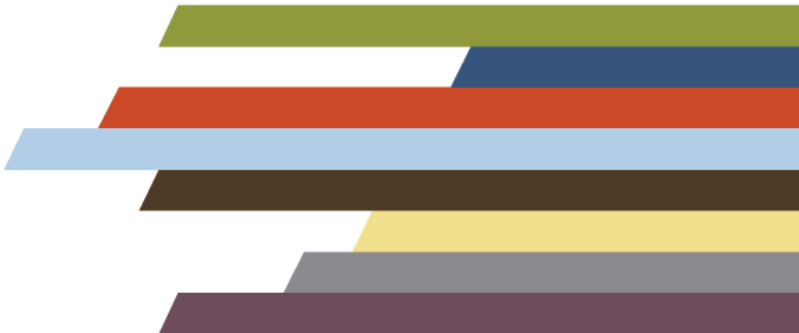


Let's Not Forget the Person Served!



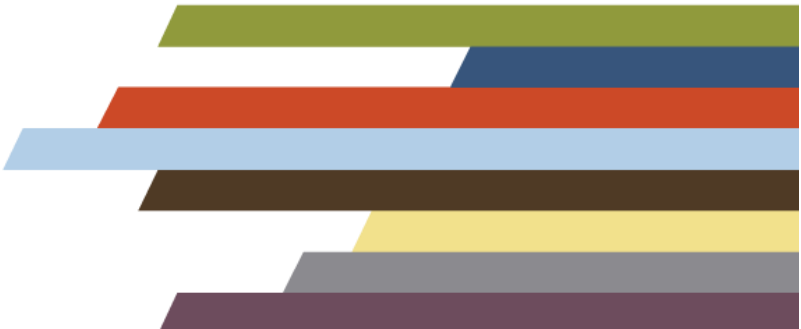
Actions that Disengage Individuals

- Persuasion/hard sell: arguing for change
- Criticizing, shaming or blaming
- Scare tactics
- Incentives (short term vs long term)
- Ultimatums
- Guilt induction
- Feeling rushed/distracted

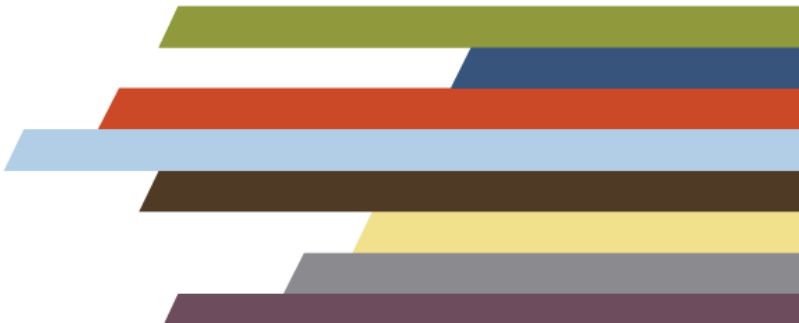


Actions that Disengage Individuals

- Assuming the expert role
- Labeling
- Unsolicited advice giving
- Rushing the conversation
- Seeing only the “con” side of behavior
- Focusing on “What’s Wrong with You”

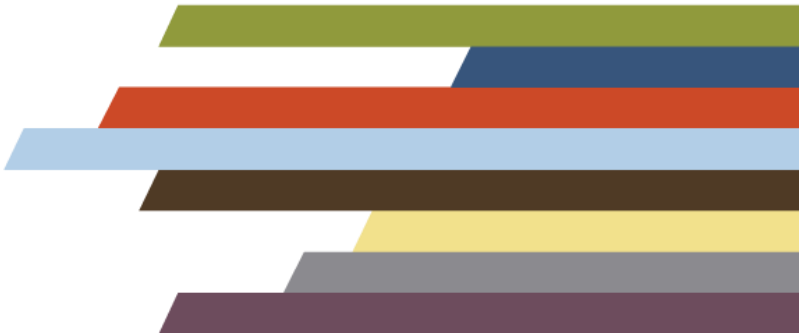


Trauma-Informed Treatment Objectives and Strategies



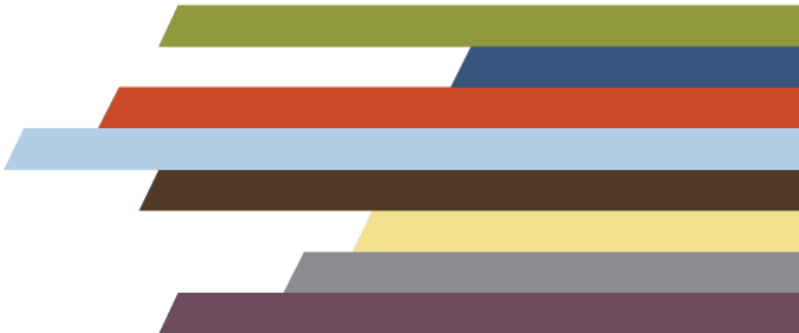
Establish Safety

- Promote shared decision making
- Teach grounding techniques
- Establish specific routines in therapy
- Explore safe and unsafe behaviors
- Give permission for client to not trust you – emphasize you need to earn trust



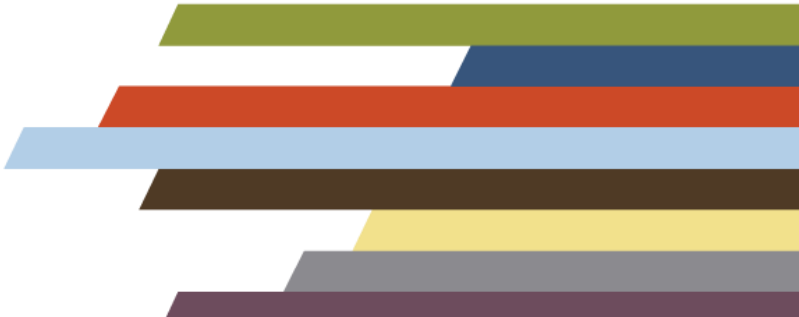
Prevent Retraumatization

- Be sensitive to needs to clients
- Acknowledge trauma histories and trauma responses
- Listen for, respect and teach about triggers
- Be mindful that efforts to control can produce trauma response



Provide Psychoeducation

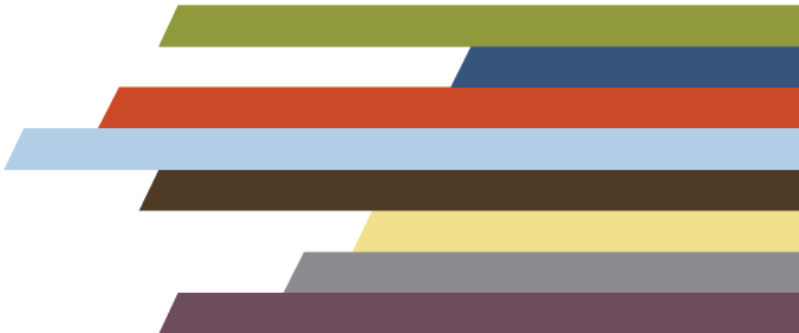
- Understand client's expectations
- Educate client about the program and treatment
- Provide overview of common symptoms of trauma
- Provide resources



Offer Trauma-Informed Peer Support

Peer support

- Offers opportunity to form mutual relationships
- Defines recovery as an interactive process
- Counters beliefs about being alone, different and broken



Normalize, Identify and Manage Symptoms

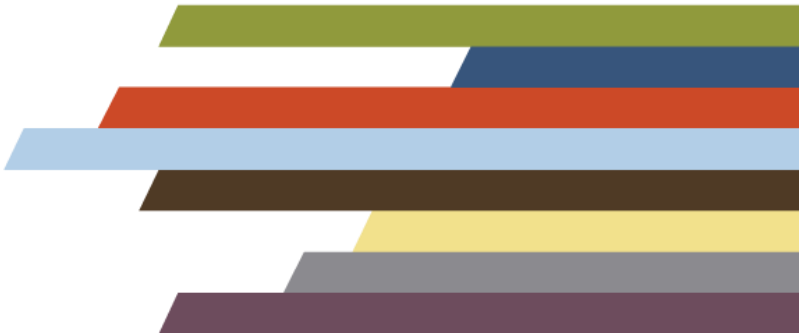
- Provide psychoeducation that addresses a client's specific symptoms
- Explore negative and positive consequences of symptoms
- Help separate current situation from past trauma
- Establish responses and coping strategies

Address Sleep Disturbances and Disorders

- Sleep disturbances are prevalent and enduring with trauma survivors
- Provide education on sleep hygiene
- Conduct a sleep history
- Use a sleep hygiene measure to assess habits (Sleep Hygiene Index)
- Reassess sleeps patterns and history

Teach Balance

- Retraumatization is a risk whenever clients are exposed to their traumatic histories without sufficient tools, supports and safety to manage emotional, behavioral and physical reactions
- Teach grounding techniques
- Pay attention to pace of the work

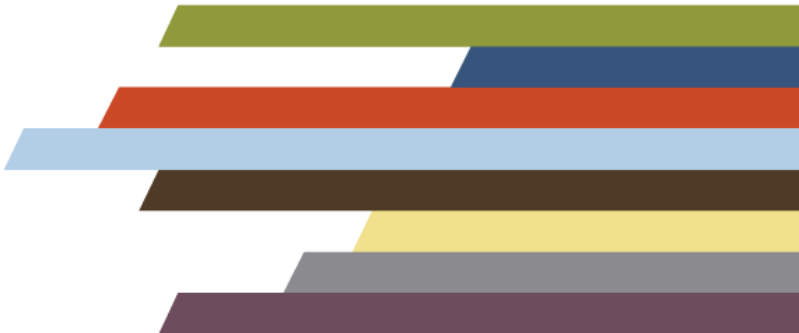


Build Resilience

- Develop community connections and strengthen social support
- Develop wellness and crisis plans
- Develop a healthy lifestyle of wellness
- Develop effective coping and self regulation skills
- Recognize and focus on strengths
- Find meaning through creative expression

Use Culturally and Gender Responsive Services

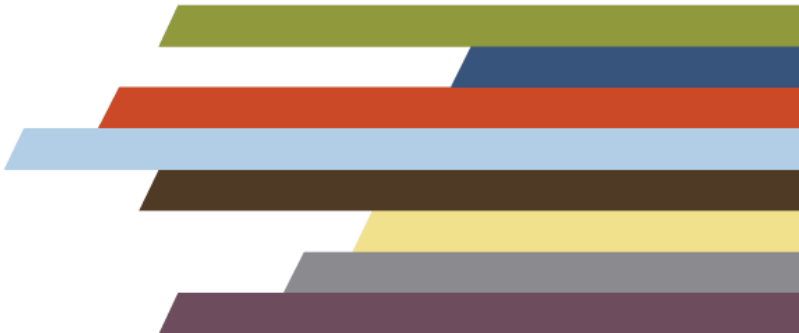
- Determine role of historical trauma
- Use cultural brokers
- Determine how an individual's sociocultural support network views trauma



Stages of Trauma Treatment and Recovery

- Safety
- Mourning and Remembrance
- Reconnection

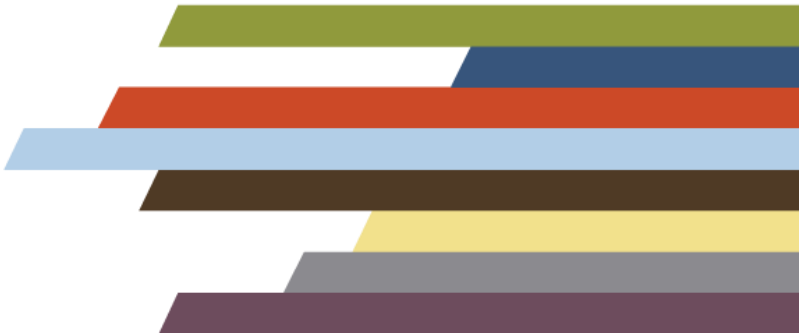
Herman, J., 1992



Safety

- Shift from unpredictable danger to reliable safety
- No other therapeutic work can proceed if safety is not addressed
- Grounding techniques can help with safety

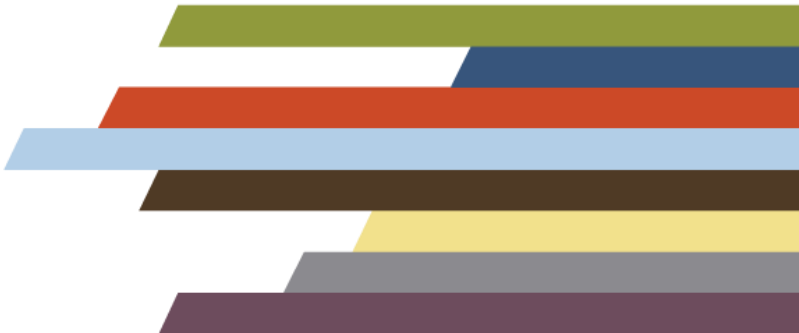
Herman, J., 1992



Grounding Techniques

- Learning to stay present in your body in the here and now
- Set of skills/tools to help manage dissociation and overwhelming trauma-related emotions
- Focus on the present by tuning into it via all your senses
- Diaphragmatic or deep breathing
- Relaxation, guided imagery or hypnosis

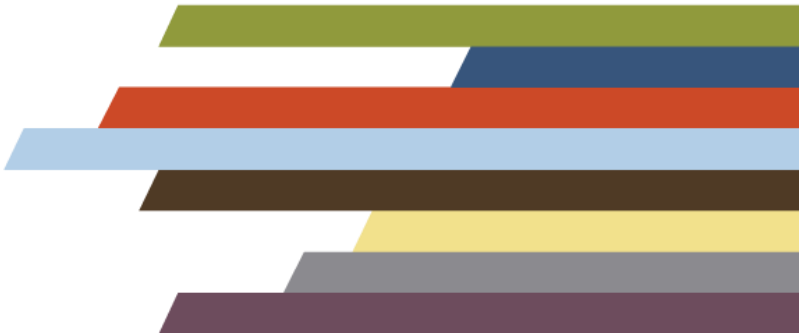
Young, K., 2009



Mourning and Remembrance

- Survivor tells the story
- Therapist plays the role of witness and ally
- Reconstruction transforms the traumatic memory

Herman, J., 1992



Reconnection

- Survivor creates a new future and reclaims her world
- “I know I have myself”

Herman, J., 1992

Building Resilience in our Trauma-Specific Interventions

What Practitioners Need to Know

- Resilience is not a static trait of an individual
- Resilience is dynamic
- Practitioners and service systems can strengthen a person's resilience
- In contexts of higher exposure to adversity, environmental factors may be more important to resilience than individual factors

Promoting Resilience

- Help connect people with other sources of support
- Promote positive parent child relationships
- Promote positive youth development
- Coordinate care across multiple agencies
- Build partnerships
- Embrace that trauma is not just a cognitive experience

APA's View: How to Build Resilience

- Make connections
- Avoid seeing crises as insurmountable problems
- Accept that change is a part of living
- Move toward your goals
- Take decisive actions
- Look for opportunities for self-discovery
- Nurture a positive view of yourself
- Keep things in perspective
- Maintain a hopeful outlook
- Take care of yourself

American Psychological Association (2012, 2020)

Address Loneliness

Address Loneliness

Trauma Screening and Assessment

Screening - brief, focused inquiry to determine an individual's

- Experience of traumatic events or current events that might be traumatizing
- Experience of invasive thoughts, feelings or behaviors associated with trauma

Assessment - more in-depth exploration of the nature and severity of the traumatic events and the consequences on a person's life including current distressing symptoms

Screening and Assessment

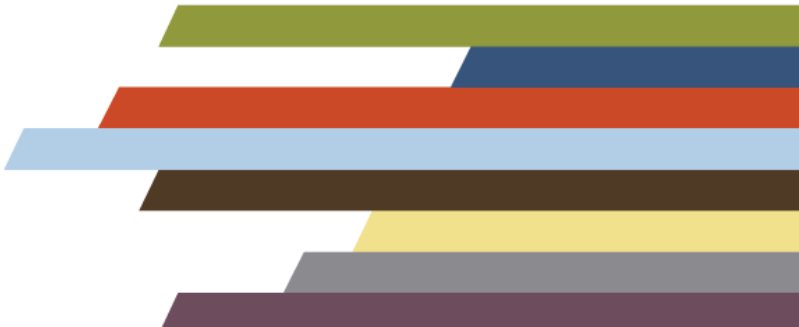
- Sensitively explores prior and current trauma related experiences
- Takes place within a safe setting by supportive and skilled practitioners
- Recognizes client may not be able or willing to reveal traumatic life experiences
- Includes procedures to re-engage and reassess

Fallot & Harris, 2001

Screening and Assessment

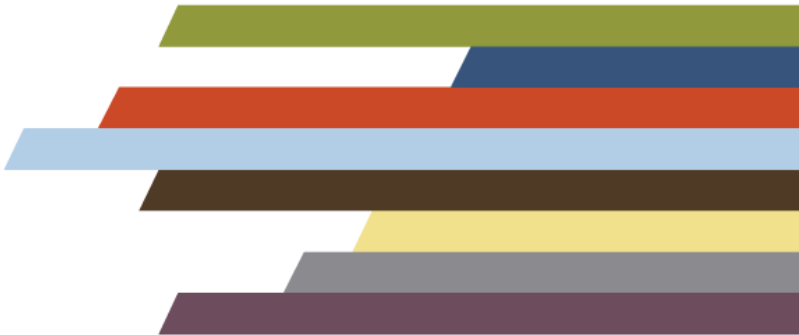
- Allows for the determination of a diagnosis associated with trauma (e.g. PTSD)
- Allows for the gathering of new information
- Promotes shared decision-making

Fallot & Harris, 2001



ADHD and Trauma

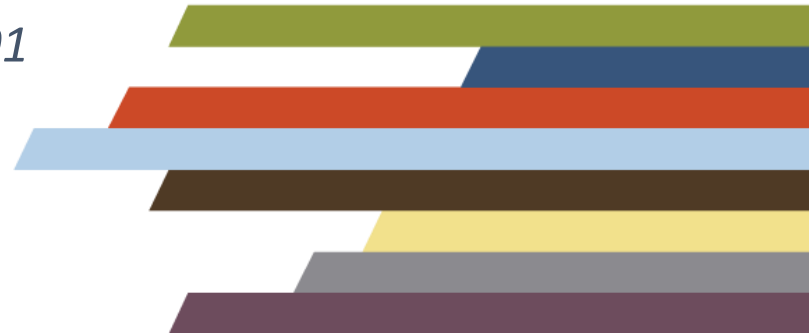
- Trauma can lead to symptoms that resemble ADHD
- It is important to explore *why* a child is tuning out, having trouble concentrating, being moody and hyperactive



Why is Screening for Trauma Important?

- Develops collaborative relationship
- Avoids re-traumatization
- Builds recognition of strengths
- Primary goal is a shared understanding of the role that trauma has played in shaping the survivor's life

Fallot & Harris, 2001



Trauma-Specific Treatments

Physical/Somatic Approaches

- Somatic Experiencing (Payne, Levine, & Crane-Godreau, 2015)
- Sensorimotor Psychotherapy (Ogden & Fisher, 2015)
- Trauma-Sensitive Yoga (Emerson et al. 2011)
- iREST Yoga Nidra (Miller et al., 2015)
- Interoceptive Awareness Training (Lanius, Bruhm, & Frewen, 2011)
- Breathwork, meditation

Mind/Body Connection

Trauma-Specific Treatments

Cognitive-Behavioral Approaches

- Cognitive Therapy for PTSD (CT-PTSD; Butler et al., 2006)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT; Cohen et al., 2011)
- Prolonged Exposure Therapy for PTSD (Foa et al. 2007)

Trauma-Specific Treatments

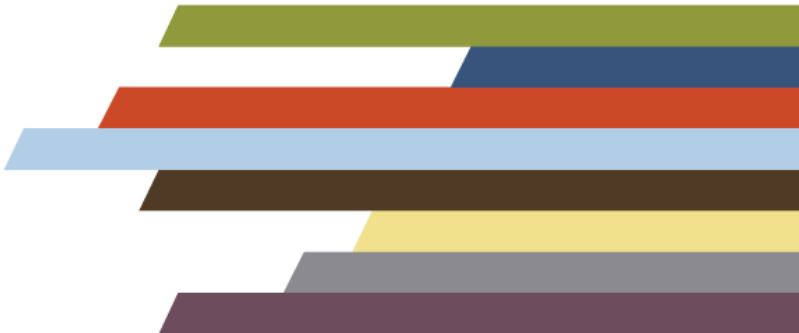
- Skills Training
  - Seeking Safety (Najavits, 2002); Creating Change (Najavits, 2014)
  - Trauma Recovery & Empowerment (TREM, M-TREM, G-TREM; Harris, 1998)
  - Dialectical Behavioral Therapy (DBT; Bohus, 2013; Linehan, 2015)
  - Acceptance and Commitment Therapy (ACT; Hayes et al. 1999; Walser & Westrup, 2007)
  - Stress Inoculation Training (SIT; Meichenbaum, 1985)
- Mindfulness Training (Vujanovic et al. 2010)
- Eye Movement Desensitization and Reprocessing (EMDR; Shapiro, 2001)

Trauma-Specific Treatments

- Narrative Exposure Therapy (Schauer et al. 2011)
- Animal Assisted Therapy (Earles et al., 2015; Lefkowitz et al., 2006)
- Group Therapy (e.g., The Trauma Recovery Group, Mendelsohn et al. 2011)
- Peer Support
  - Peer-Led Seeking Safety (Najavits et al., 2014)
  - Wellness Recovery and Action Planning (WRAP; Copeland, 2011)

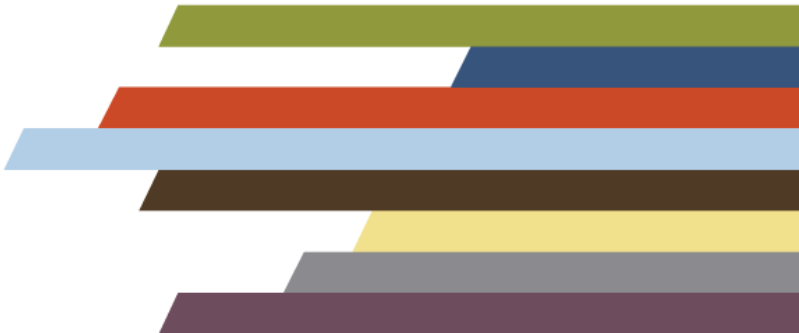
Trauma-Specific Treatments In More Depth

- Wellness Recovery Action Planning (WRAP)
- Seeking Safety
- EMDR
- DBT



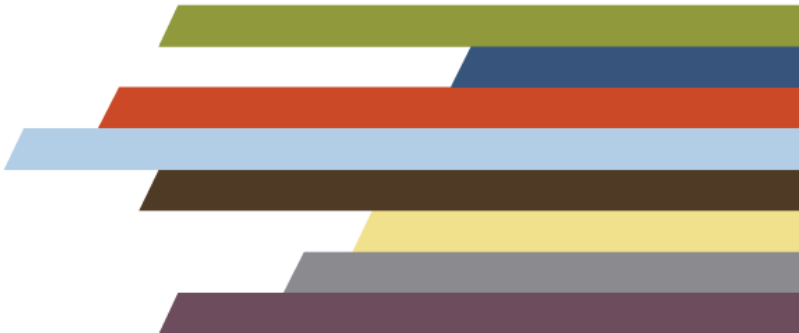
Wellness Recovery Action Plan (WRAP)

- Developed by Mary Ellen Copeland, PhD
- Identify personal resources, your Wellness Tools
- Use resources to develop an Action Plan to use in specific situations

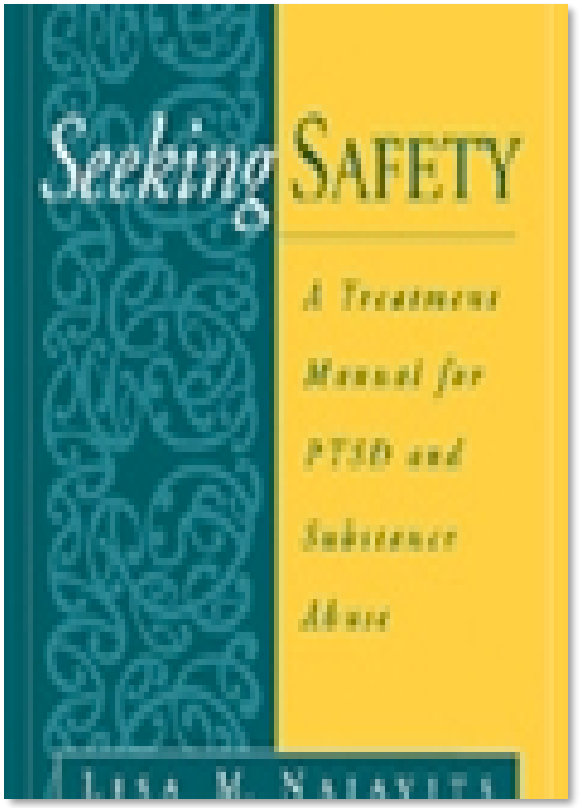


WRAP

- Wellness toolbox
- Daily maintenance plan
- Triggers and action plan
- Early warning signs and action plan
- When things are breaking down and action plan
- Crisis planning
- Post crisis planning



Seeking Safety

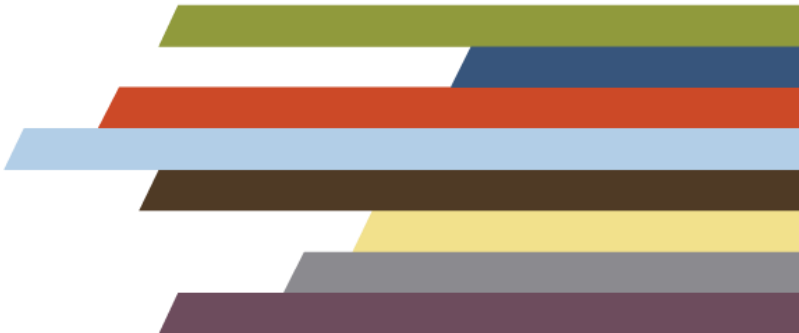


- Developed by Lisa M. Najavits, PhD Harvard Medical School/McLean Hospital
- Present-focused therapy to help people attain safety from trauma/PTSD and substance abuse

(Najavits, L. M., 2002)

Key Principles of Seeking Safety

- Safety
- Integrated treatment
- Focus on ideals
- Four content areas:
  - Cognitive
  - Behavioral
  - Interpersonal
  - Case Management
- Attention to clinician processes



Eye Movement Desensitization and Reprocessing (EMDR)

- Developed by Francine Shapiro
- Eye movements and other forms of Bilateral Stimulation (BLS)
- Comprehensive, integrative psychotherapy approach that has been proven to be effective evidence-based treatment for trauma and other psychiatric disorders and somatic symptoms

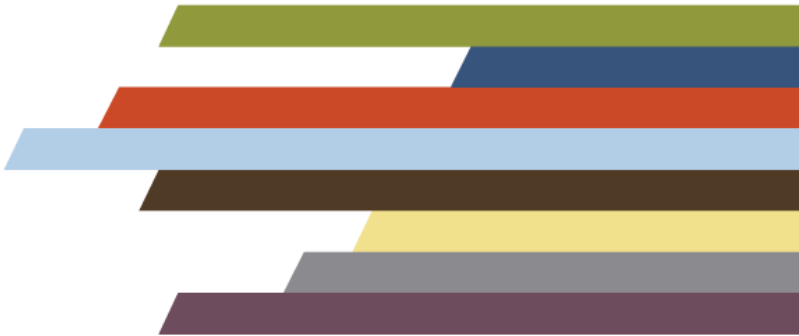
Shapiro et al., 2007

Dialectical Behavior Therapy

- Developed by Marsha M. Linehan, a psychology researcher at the University of Washington, to treat people with borderline personality disorder (BPD) and chronically suicidal individuals.
- Helps people change maladaptive behaviors, such as self-harm, suicidal thinking and substance abuse
- Works to help people increase their emotional and cognitive regulation by
  - learning about the triggers that lead to reactive states
  - helping to assess which coping skills to apply in the sequence of events, thoughts, feelings and behaviors that lead to the undesired behavior

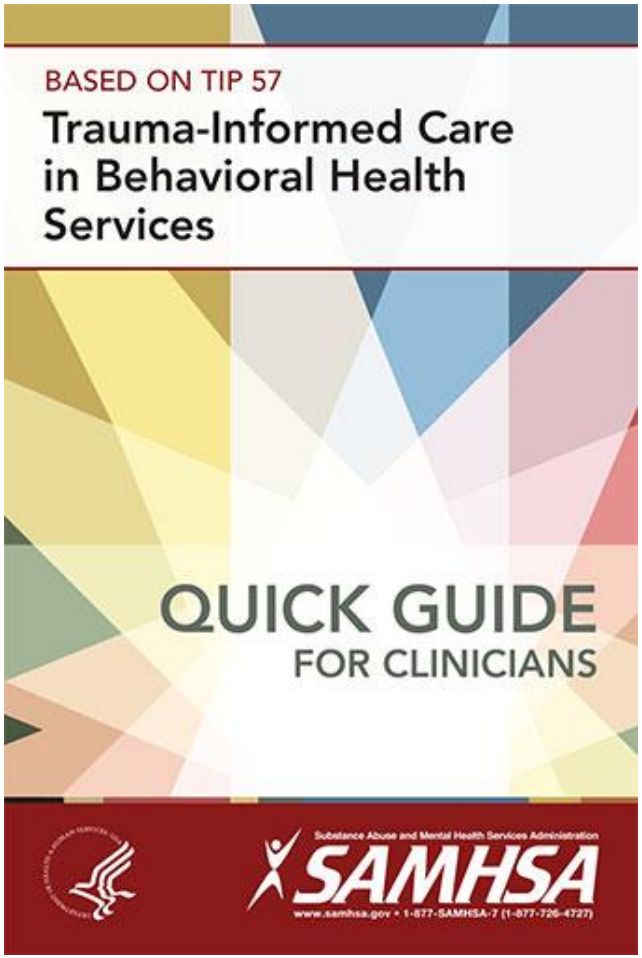
Staff Self Care
"No Double Standards"

- Peer support
- Supervision and Consultation
- Training
- Personal therapy
- Maintaining balance
- Setting clear boundaries



SAMHSA's Quick Guide for Clinicians

- Accompanies TIP 57
- Summarizes how-to information for behavioral health counselors and clinicians
- Focuses on principles, tools, and approaches in providing trauma-informed care

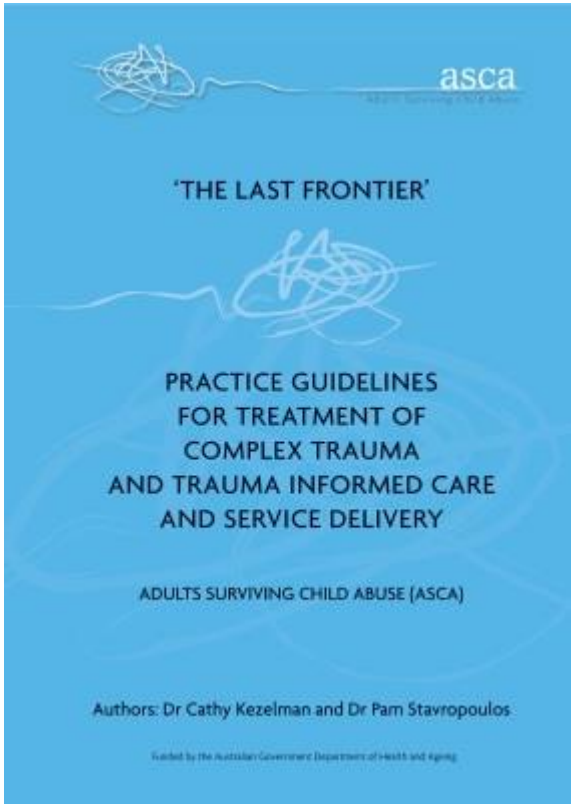


http://store.samhsa.gov/product/Trauma-Informed-Care-in-Behavioral-Health-Services-Quick-Guide-for-Clinicians-Based-on-TIP-57/SMA15-4912

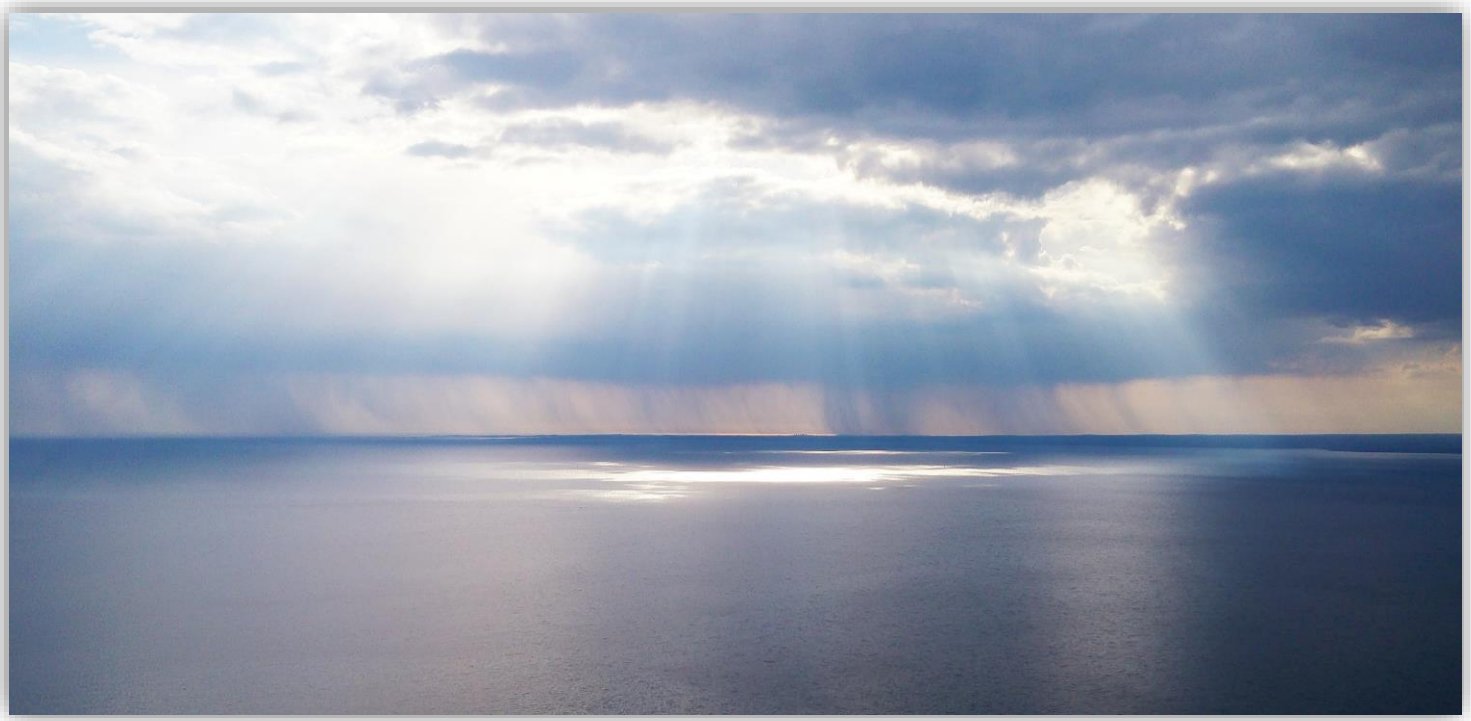
Adults Surviving Child Abuse (ASCA) Practice Guidelines

Clinical and organizational guidelines for trauma-informed care

http://www.asca.org.au/guidelines



Blue Knot Foundation 2012 *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery,* Blue Knot Foundation: Authors Kezelman C.A. & Stavropoulos P.A.



Remember

You are doing the best you can,
and it is enough

Screening and Assessment Resources

- National Center for Post Traumatic Disorder (NCPTSD) www.ncptsd.org
- Veteran's Administration www.va.gov
- SAMHSA Disaster Technical Assistance Center (DTAC) www.samhsa.gov/dtac
- National Center for Trauma-Informed Care (NCTIC) www.samhsa.gov/nctic
- National Child Traumatic Stress Network (NCTSN) www.nctsnet.org

Screening and Assessment Tools

- Life Events Checklist: http://www.integration.samhsa.gov/clinical-practice/life-event-checklist-lec.pdf
- Brief Psychiatric Rating Scale (BPRS): http://uwaims.org/files/measures/BPRS.pdf
- Patient Health Questionnaire: http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf
- Subjective Units of Distress Scale (SUDS):

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