

Trauma Capable Organizations

Joshua Arvidson, MSS., LCSW

Director, Alaska Child Trauma Center

Child and Family Services

Anchorage Community Mental Health Services

Steering Committee, National Child Traumatic Stress Network

Faculty, Complex Trauma Treatment Network

Editorial Review Board, Journal of Child and Adolescent Trauma

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The National Child
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Adverse Childhood Experiences Study

Presence of childhood adverse experience leads to step wise increase risk for:

Depression

Drug addiction

Alcohol use/abuse

Adult sexual assault

Adult domestic violence (perpetrator and victim)

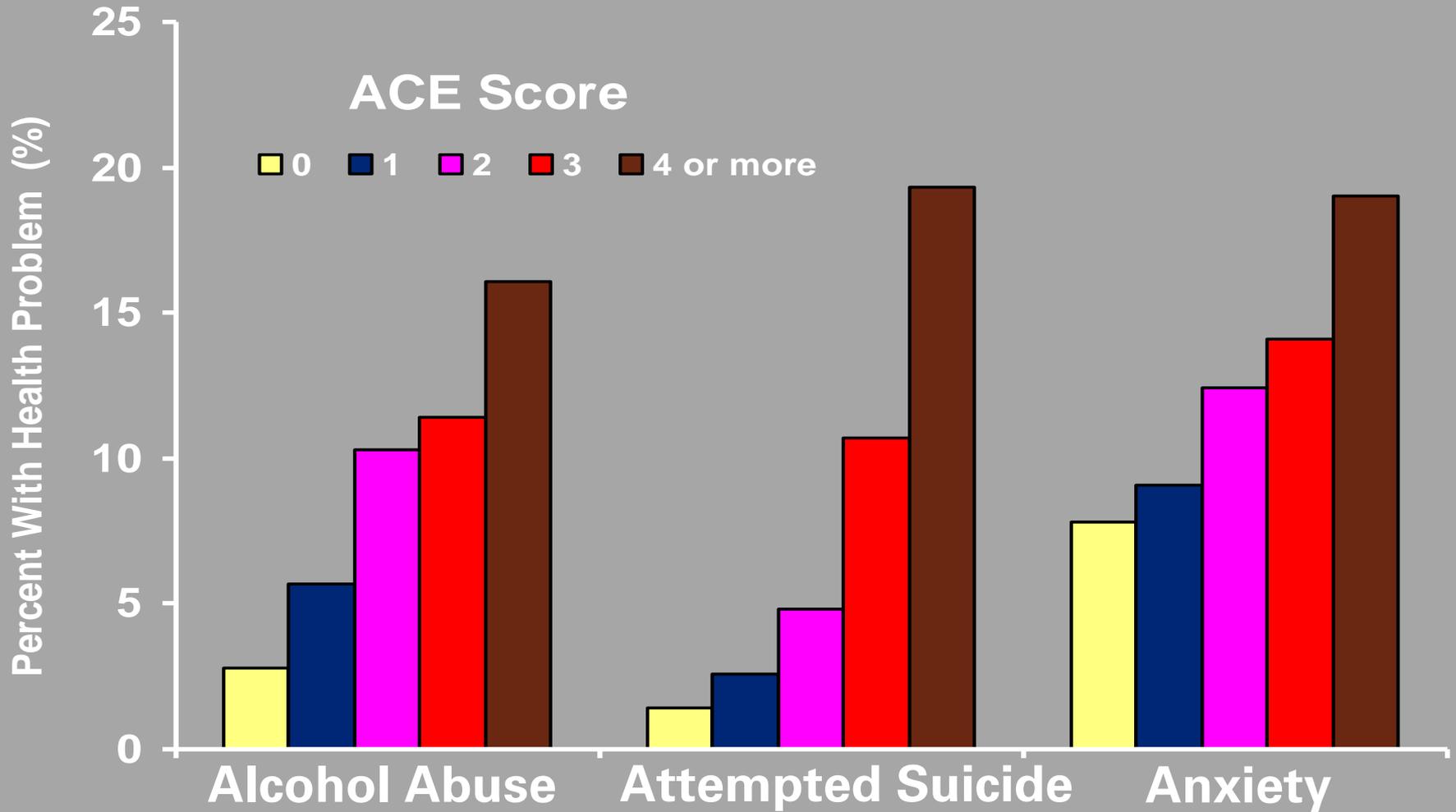
Teen pregnancy and teen paternity

Suicidality

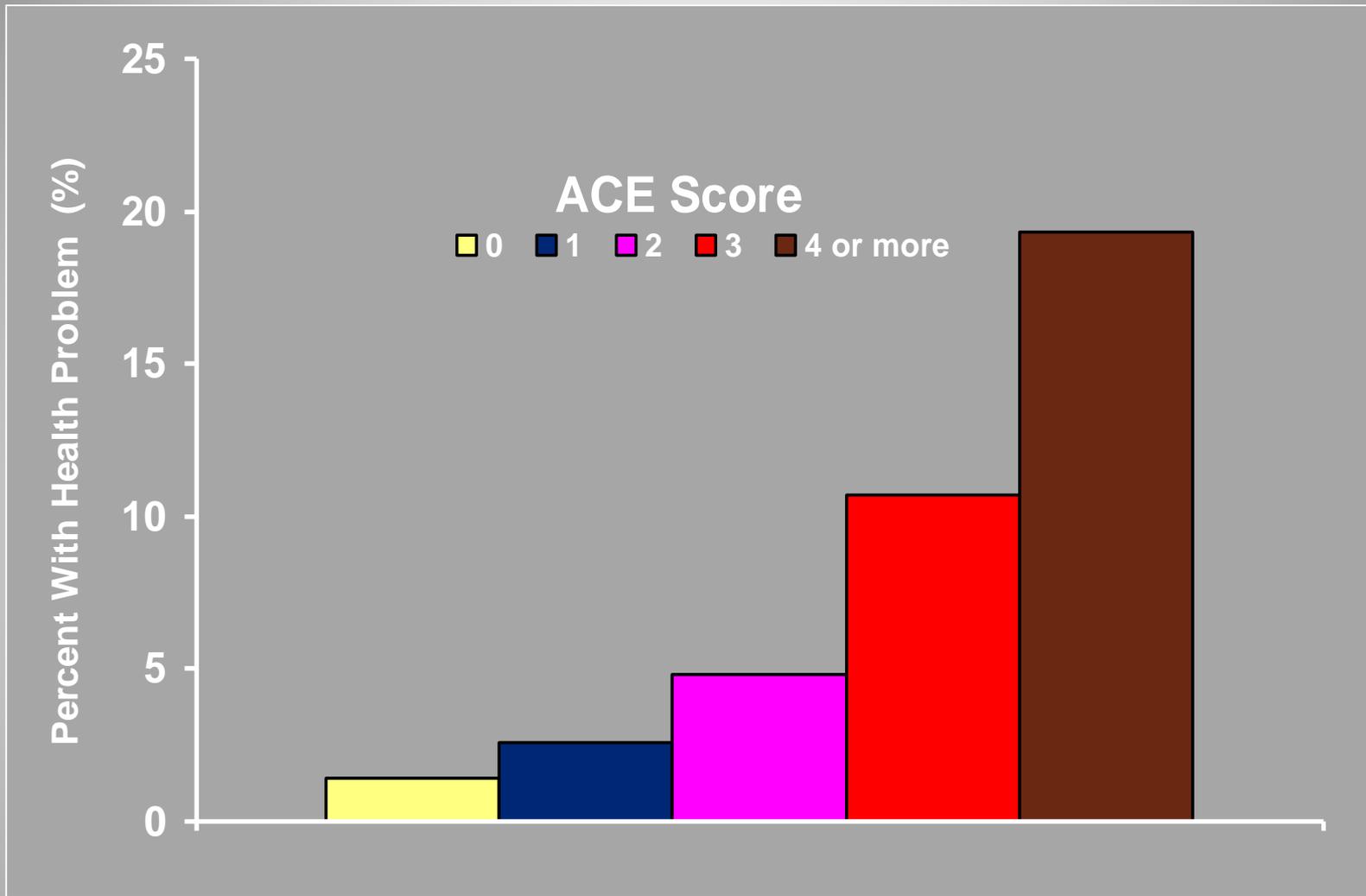
Obesity

Cigarette use

General health problems



Kessler National Comorbidity Survey reported in: -Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., . . . Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174-186.



Sexually Assailed Adult (Women)

Kessler National Comorbidity Survey reported in: -Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., . . . Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174-186.

ACEs and Suicide Attempts

ACE Score	Risk for suicide attempt during childhood or adolescence
0	1.0
1	1.4 \times
2	6.3 \times
3	8.5 \times
4	11.9 \times
5	15.7 \times
6	28.9 \times
7 or more	50.7 \times

Trauma Informed: Our Goal

- Trauma informed care should be distinguished from trauma-specific treatment. The latter involves specialized treatments that some individuals also may need, to address complex trauma-related consequences. Trauma informed care, in contrast, is not highly specialized and can be provided in multiple settings by committed professionals who understand trauma without the expertise to offer trauma-specific treatment...

Gordon R. Hodas MD

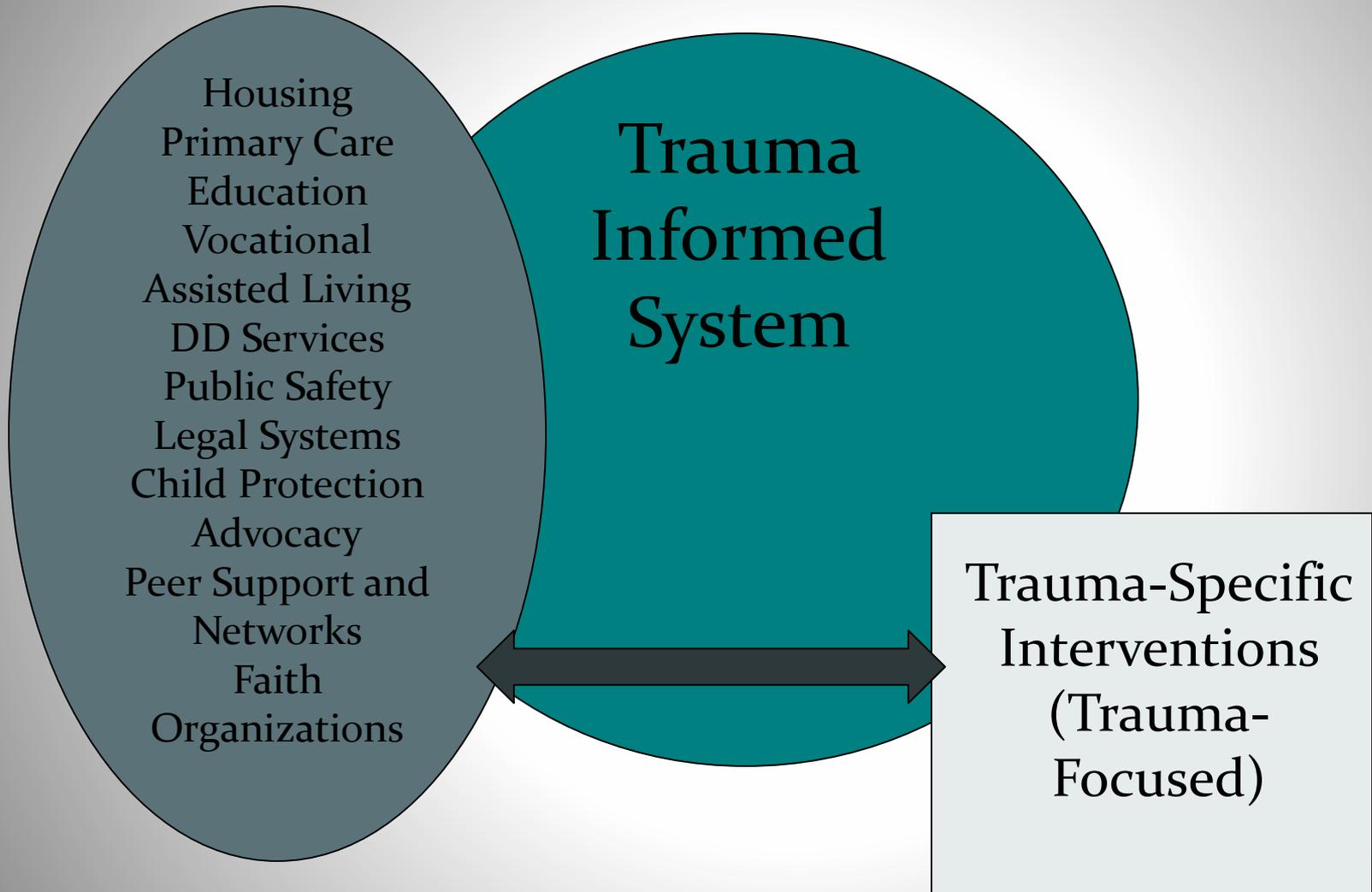


Trauma survivors have complex needs, often experience co-occurring conditions, are often identified as “difficult to treat” and poorly served by treatment systems.

(National Association of State Mental Health Program Directors, 1998)

Trauma
Informed
System

Trauma-Specific
Interventions
(Trauma-
Focused)





A service system with a trauma-informed perspective is one in which agencies, programs, and service providers:

- 1. Routinely screen for trauma exposure and related symptoms.**
- 2. Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms.**
- 3. Make resources available to children, families, and providers on trauma exposure, its impact, and treatment.**
- 4. Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma.**
- 5. Address parent and caregiver trauma and its impact on the family system.**
- 6. Emphasize continuity of care and collaboration across child-service systems.**
- 7. Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff wellness.**

Definition . . .

- *“Trauma-informed” refers to all of the ways in which a service system is influenced by having an understanding of trauma, and the ways in which it is modified to be responsive to the impact of traumatic stress. A program that is “trauma-informed” operates within a model or framework that incorporates an understanding of the ways in which trauma impacts an individual’s socio-emotional health. This framework should, theoretically, decrease the risk of retraumatization, as well as contribute more generally to recovery from traumatic stress. (Harris & FalLOT, 2001)*

Key Principles.

- Trauma awareness:

Trauma-informed systems incorporate an awareness of trauma into their work. This may include establishing a philosophical shift, with the overall system taking a different perspective on the meaning of symptoms and behaviors. Staff training, consultation, and supervision are important aspects of organizational change to incorporate trauma awareness. Practices within the agency should also reflect an awareness of the impact of trauma, including changes such as screening for trauma history and increasing access to trauma-specific services and staff self care to reduce the impact of vicarious trauma.

Key Principles. . . .

- Emphasis on safety:

Because trauma survivors are often sensitized to potential danger, trauma-informed service systems work towards building physical and emotional safety for consumers and providers. The system should be aware of potential triggers for consumers and strive to avoid retraumatization. Because interpersonal trauma often involves boundary violations and abuse of power, systems that are aware of trauma dynamics establish clear roles and boundaries developed within a collaborative decision-making process. Privacy, confidentiality, and mutual respect are also important aspects of developing an emotionally safe atmosphere. Diversity is accepted and respected within trauma-informed settings, including differences in gender, ethnicity, sexual orientation, and so on.

Key Principles. . . .

- Opportunities to rebuild control and empowerment:

Because control is often taken away in traumatic situations, trauma-informed service settings emphasize the importance of choice and empowerment for consumers. They create predictable environments that allow consumers to re-build a sense of efficacy and personal control over their lives. This includes involving consumers in the design and evaluation of services.

Key Principles

- *Strengths-based approach:*

Trauma-informed systems are strengths-based, versus punitive or pathology driven. This type of system assists consumers in identifying their own strengths and developing coping skills. Trauma-informed systems are future-focused, and utilize skill-building to further develop resiliency.

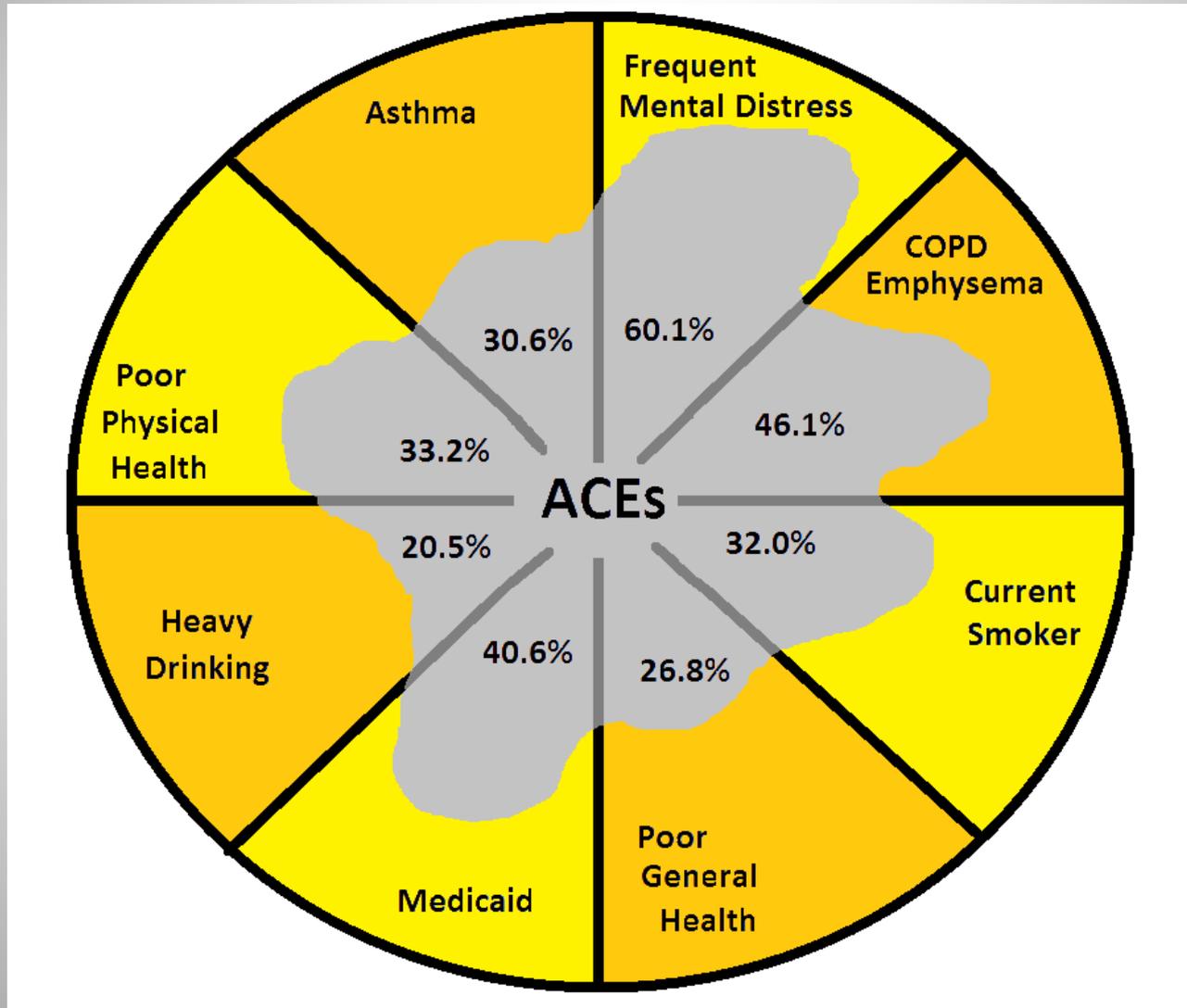
Consumer Perspective – Shame, secrecy, loneliness are often accompany trauma, particularly domestic violence, sexual assault, and abuse. Often, trauma survivors believe that there is something wrong with them. Trauma-informed systems can correct these assumptions.

Provider Orientation – From: what is wrong with this person?

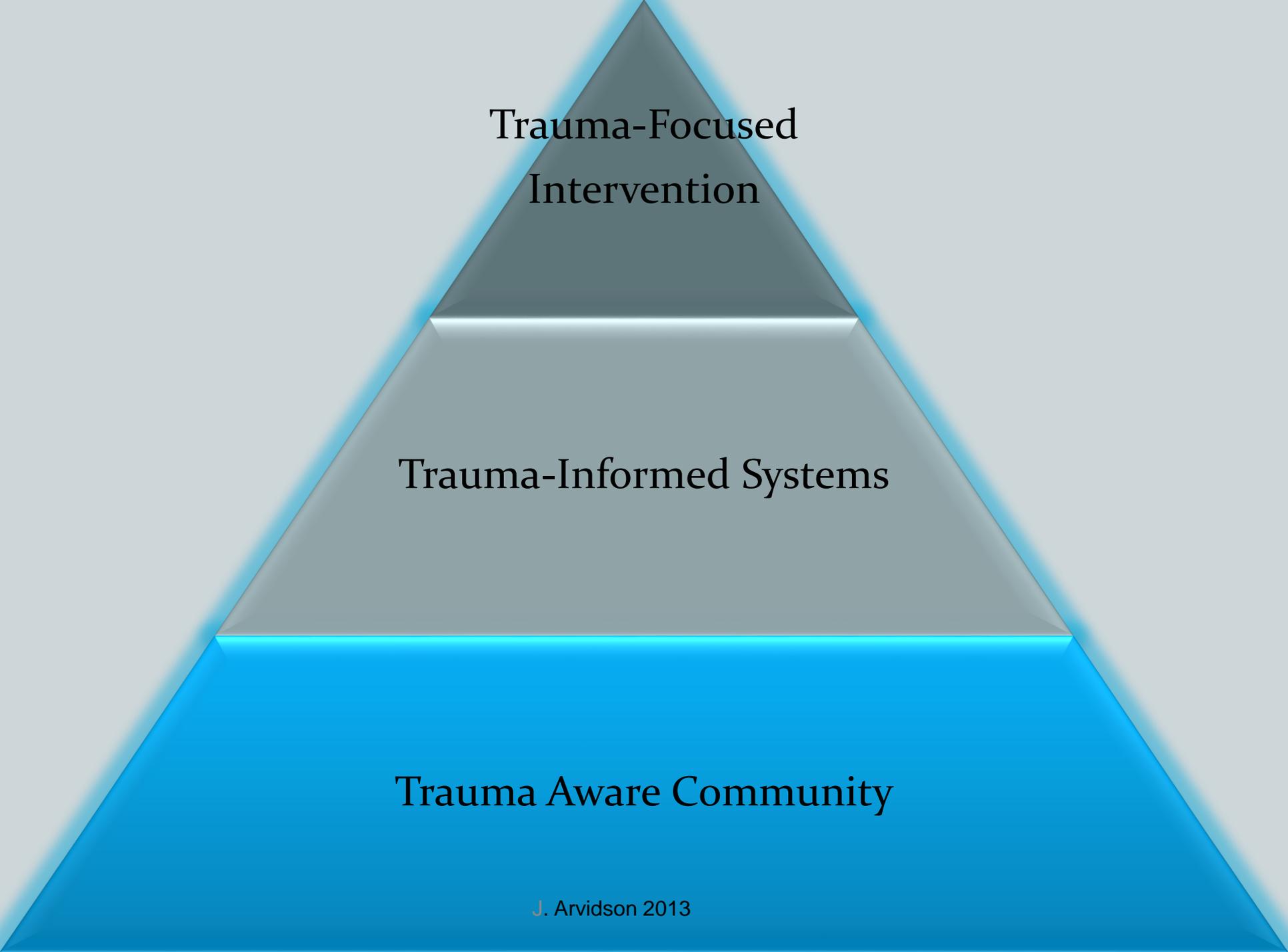
To: what happened? what is this person's experience/story. How has this impacted them? How can I help?

System Orientation – Without a trauma-informed perspective programs organize around, and treatments target problems without focus on drivers of those problems.

Population Attributable Risks in Alaska



Source: Alaska data from the 2013 Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, Graphic: AMHB/ABADA



Trauma-Focused
Intervention

Trauma-Informed Systems

Trauma Aware Community

Systemic Approach to Trauma Focused Care

- Training and Ongoing Support and Technical Assistance to Organizations to Support Trauma-Capable Care.
- Trauma-informed organizational self-assessment.
- Clinical training on trauma focused intervention
- Training and support to systems of supervision and management.
- Training in specialized functions (trauma assessment and treatment planning)/
- Support for clinical and programmatic outcomes assessment.

Systemic Approach to Trauma Informed Systems

- Development of Trauma Informed Systems
- Trauma-informed organizational assessment and training and TA to organizational leadership.
- Training on trauma impact (ACEs) and foundational training that focuses on the link between ACEs and long-term challenges, i.e. impact on the brain and body, adaptations to trauma and ways to understand “behaviors” and “problems” as adaptations.
- TA to systems to make concrete changes that improve system response (increase actual and perceived safety, reduce stigma, avoid re-traumatization, promote recovery and protective factors.)

Systemic Approach to Trauma Aware Community

- Trauma Aware Community
- Carefully crafted public awareness building that decreases stigma and increases empathy and responsiveness, i.e. ACE.
- Provides those impacted by trauma basic informational resources and linkage to more specialized care if needed.
- Promotes identification of trauma and support to community members serving high risk populations.

Trauma Focused Intervention

- Focus: Specialized and evidence supported treatment and intervention for individuals impacted by trauma. Focus is restoring functioning and supporting recovery.
- Target Audience: Individuals for whom more intensive and specialized services are needed than those provided by trauma-informed systems (i.e. complex post-traumatic stress, severe functional challenges)
- Outcome: Establishing safety, alleviation of trauma-related distress.
- Goal: Recovery and restoration for those impacted by complex post-traumatic stress.

Trauma Informed Systems

- Focus: Training on impact of trauma on the lives of service recipients and relevance to the system's service and desired outcome.
- Target Audience: Systems serving working with individuals impacted by trauma, both systems that serve high-risk for exposure to trauma (child welfare, juvenile justice, court systems, corrections) and systems that serve as initial points of contact and can promote resilience and protective factors (education, primary care, etc.)
- Outcome: Service systems understand trauma and its relevance
- Goal: Systems engage with consumers in ways that promote resilience and recovery.

Trauma Aware Community

- Focus: Public awareness and community education.
- Target Audience: Community members (broad) with targeted focus to key audiences.
- Outcome: Increased awareness.
- Goal: De-stigmatizing, improved identification (and access to supports) for community members impacted by trauma. Primary and secondary prevention efforts embedded in social systems (families, community organizations and communities).



Joshua Arvidson – 907-561-0954, jarvidson@acmhs.com

Anchorage Community Mental Health Services – acmhs.com

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