



# SAMHSA's Framework for a Trauma-Informed Approach throughout Health, Behavioral Health, and Related Systems

*Re-defining Safety: Creating Coercion-Free Approaches to Preventing and Managing Crises*

Rebecca B. Flatow, J.D., M.S.S.W

**OPPORTUNITIES IN BEHAVIORAL HEALTH CRISIS SERVICES: WHAT IS THE NEW FRONTIER?**  
National Dialogues on Behavioral Health Conference  
**November 4, 2014**  
Renaissance Arts Hotel, New Orleans, LA



# SAMHSA's Trauma and Justice Strategic Initiative

Implement and study a trauma-informed approach throughout health, behavioral health, and related systems.

Create capacity and systems change in the behavioral health and justice systems to prevent the entry or deeper involvement of individuals with mental, substance use and co-occurring disorders into the justice system and support re-entry into the community to further public safety and personal recovery.

Reduce the impact of disasters on the behavioral health of individuals, families, and communities

# Goal 3.1: Implement and study a trauma-informed approach throughout health, behavioral health, and related systems.

## SAMHSA'S Comprehensive Public Health Approach to Trauma

- Integrate an understanding of trauma and strategies for implementing a trauma-informed approach across SAMHSA, interested federal agencies, and other public service sectors.

## SAMHSA'S Approach to Community and Historical Trauma

- Develop SAMHSA's framework for community and historical trauma and a trauma-informed approach for communities

## SAMHSA'S Trauma Technical Assistance Coordination Strategy

- Coordinate and align SAMHSA's trauma technical assistance and training activities

## SAMHSA'S Trauma Measurement Strategy

- Develop and implement measures for population surveillance, client level data, facilities surveys and quality measures

# SAMHSA's Comprehensive Public Health Approach to Trauma

## DRAFT- SAMHSA's Comprehensive Public Health Approach to Trauma DRAFT – 2-19-13

**VISION:** An integrated trauma-informed approach throughout health, behavioral health, and related systems that addresses the behavioral health needs of individuals, families, and communities across the lifespan.


Community ----- Individual and Family ----- Community, Individual and Family

Domain	Prevention →	Early Identification and Intervention ↔	Treatment →	Recovery and Well-being
<b>Goal</b>	Reduce the impact of trauma on communities and individuals across the lifespan.	Making trauma-informed screening and early intervention common practice.	Making trauma-informed treatment common practice.	Promote recovery, well-being, and resilience by addressing the needs of individuals using a trauma-informed approach.
<b>Grants</b>	-Early Jail Diversion -(DFC) -(SSHs) -(Suicide) -(Launch)	-Early Jail Diversion -National Child Traumatic Stress Initiative -(PHBCI) -(GATSBI)	-NCTSI -ATR -BHTCC -ORP -CMHI -(PPW) -(Homelessness)	-Mental Health Transformation -State-wide Consumer and Family Grants
<b>TA</b>	-Seclusion and Restraint -DTAC -(NACE) -(Native Aspirations)	-NCTIC -DTAC -GAINS	-GAINS -S&R -NCTIC -DTAC	-NCTIC -DTAC -GAINS
<b>Policy/Initiatives</b>	-Prevention SI -Forum Youth Violence Prevention -Defending Childhood Initiative -Reducing/Eliminating Seclusion and Restraint -Trauma and Trauma-informed Approach Concept	-HHS Child Trauma Goal -NCTSI -NCTIC	-HHS Child Trauma Goal -NCTSI -NCTIC	-HHS Child Trauma Goal -NCTIC
<b>Measures Strategy</b>	Surveillance: NSDUH Facilities: 2010 National Mental Health Services Survey; 2013 National Survey of Substance Abuse Treatment Services Grant Data: CSAT GPRA Client-Level Outcome Measures for Discretionary Programs; CMHS NOMs Client-Level Outcome Measures for Discretionary Programs; GPRA Data from NCTSI; GPRA Data from NCTSI Cat II and CAT III Program Specific Guidance			
<b>Workforce Strategy</b>	(Trauma Training and Technical Assistance Center Pilot)			
<b>Partners</b>	-ACF, CDC, DOJ -(Dept Ed), (HRSA), (DOL) -OAH (Adolescent Health WG) -ASPE (IWG on Youth Programs) -Federal Partners Committee on Women and Trauma -Justice Federal Partners	-ACF, CMS, DOJ -(Dept Ed, (HRSA), (DOL) -NCTSN -Federal Partners Committee on Women and Trauma -Justice Federal Partners	-ACF, CMS, DOJ -(Dept Ed, (HRSA), (DOL) -NCTSN -Federal Partners Committee on Women and Trauma -Justice Federal Partners	-ACF, CMS, DOJ -(Dept Ed, (HRSA), (DOL) -Federal Partners Committee on Women and Trauma -Justice Federal Partners
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>- Shared cross-sector understanding of trauma and trauma-informed approach.</li> <li>- Increased capacity in behavioral health and related sectors for addressing trauma.</li> <li>- Increased number of substance abuse and mental health treatment facilities engaged in trauma-focused work; improved behavioral health outcomes for individuals in SAMHSA-supported service programs who are experiencing or at risk of experiencing trauma.</li> <li>- Increased SAMHSA staff that are trauma-informed and increased trauma and trauma-informed approach trainings across different service sectors</li> </ul>			
<b>Impact</b>	<ul style="list-style-type: none"> <li>- Promote recovery, well-being, and resilience</li> <li>- Trauma-informed communities that understand the impact of trauma</li> <li>- A trauma-aware and trauma-informed behavioral health workforce</li> </ul>			

# SAMHSA's Developmental Approach to Trauma Across Service Sectors

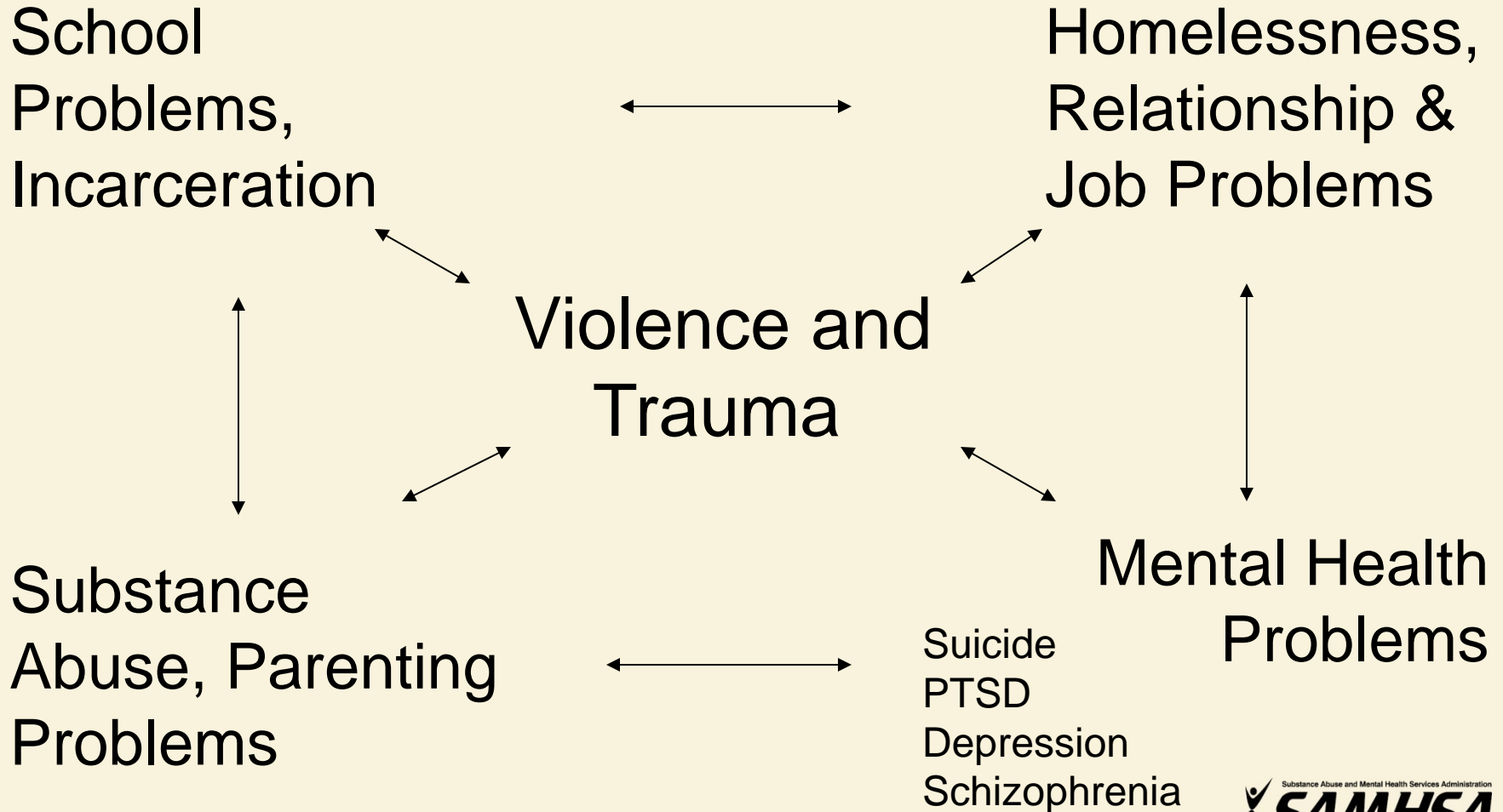
## SAMHSA's DEVELOPMENTAL APPROACH TO TRAUMA ACROSS SERVICE SECTORS

	Infancy and Early Childhood (0-5)	Middle Childhood (6-12)	Adolescence (13-18)	Young Adult and Adulthood
Policy/Initiatives	HHS High Priority Child Trauma Goal (ACYF, CMS, SAMHSA)			
	Defending Childhood Initiative (DOJ)			
	Children of Incarcerated Parents (ASPE)			
			National Forum on Youth Violence Prevention (DOJ)	
			Interagency Forum on Disconnected Youth (OMB)	
				Reducing/Eliminating Seclusion and Restraint
	Restraint and Seclusion: Resource Document (Dept of Ed)			
	Gender-Focused Trauma (Office of Women's Health/HHS) and Men in Trauma (SAMHSA)			
	SAMHSA Trauma and Trauma-Informed Approach Definition, Principles, Guidelines			
Grant Programs	Project Launch			
	National Child Traumatic Stress Initiative			
	Children's Mental Health Initiative			
	Safe Schools Healthy Students			
				Offender Reentry Program
				Behavioral Health Treatment Court Collaborative
			Post Partum Women in Tx for Addiction	
			Jail Diversion and Trauma Recovery	
			(GATSBI)	
TA Centers	Seclusion and Restraint			
	National Child Traumatic Stress Initiative			
	National Center on Substance Abuse and Child Welfare			
				GAINS Center for Behavioral Health and Justice Transformation
	National Center for Trauma-Informed Care			
	Technical Assistance Partnership			
	National Center for Mental Health Promotion and Youth Violence Prevention			
	Disaster Technical Assistance Center			



# The Importance of Understanding Trauma

# The Central Role of Trauma



# The Impact of Trauma

- Trauma is cumulative
- Trauma affects the developing brain
- Trauma increases likelihood of health risk behaviors (smoking, drinking, overeating) as means of coping
- Trauma is directly related to mental health symptoms, substance abuse, chronic physical illness, early mortality



# Trauma and Co-Occurring Disorders

- Now understood to be an almost universal experience of public mental health, substance abuse and social service consumers.
- Trauma survivors are at a much higher risk for co-occurring mental and substance use disorders, violence victimization and perpetration, self-injury, and a host of other risks/coping mechanisms which have devastating human, social, and economic costs.

# Characteristics of Individuals with Traumatic Stress and Substance Abuse

- Emotional and behavioral dysregulation
- Coping deficits
- Family strain
- Environmental stress
- Academic & vocational difficulties
- Health problems
- Involvement with multiple service systems (legal system, social services, mental health, substance abuse, special education)

# Adverse Childhood Experiences Study

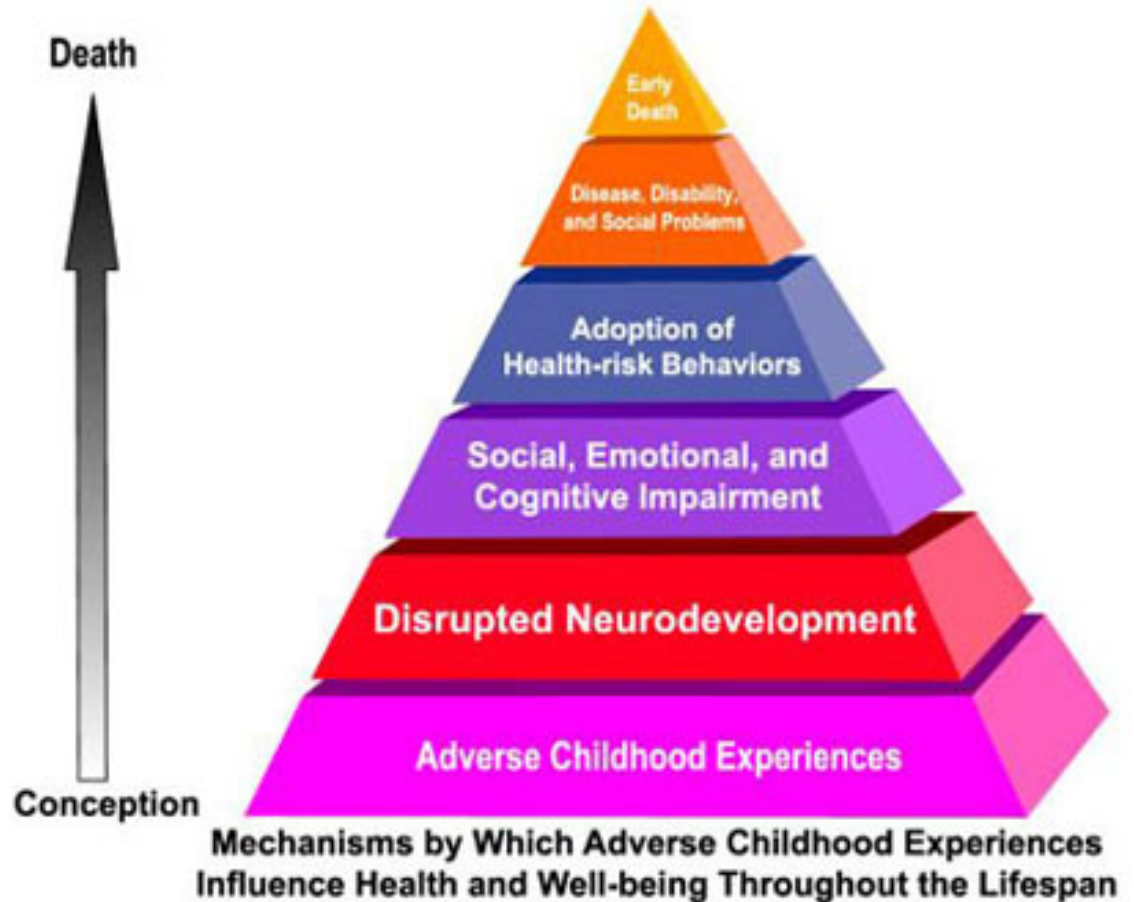
- The ACE study was a research collaboration between CDC and the Kaiser Permanente Health Appraisal Clinic in San Diego that took place from 1995 to 1997.
- The study examined health outcomes of over 17,000 Kaiser members in relation to events in their childhood.
  - Each of the participants was asked a range of questions about Adverse Childhood Experiences (ACEs) and various health outcomes.
- The study found that adults who reported **multiple adverse experiences in childhood** were much **more likely to suffer a range of negative health and social outcomes in adulthood**
  - including depression, substance use, alcoholism, smoking, suicide, heart disease, lung disease, injuries, HIV/sexually transmitted diseases, and impaired work performance.

# Impact of Trauma Over the Life Span

Effects of childhood adverse experiences:

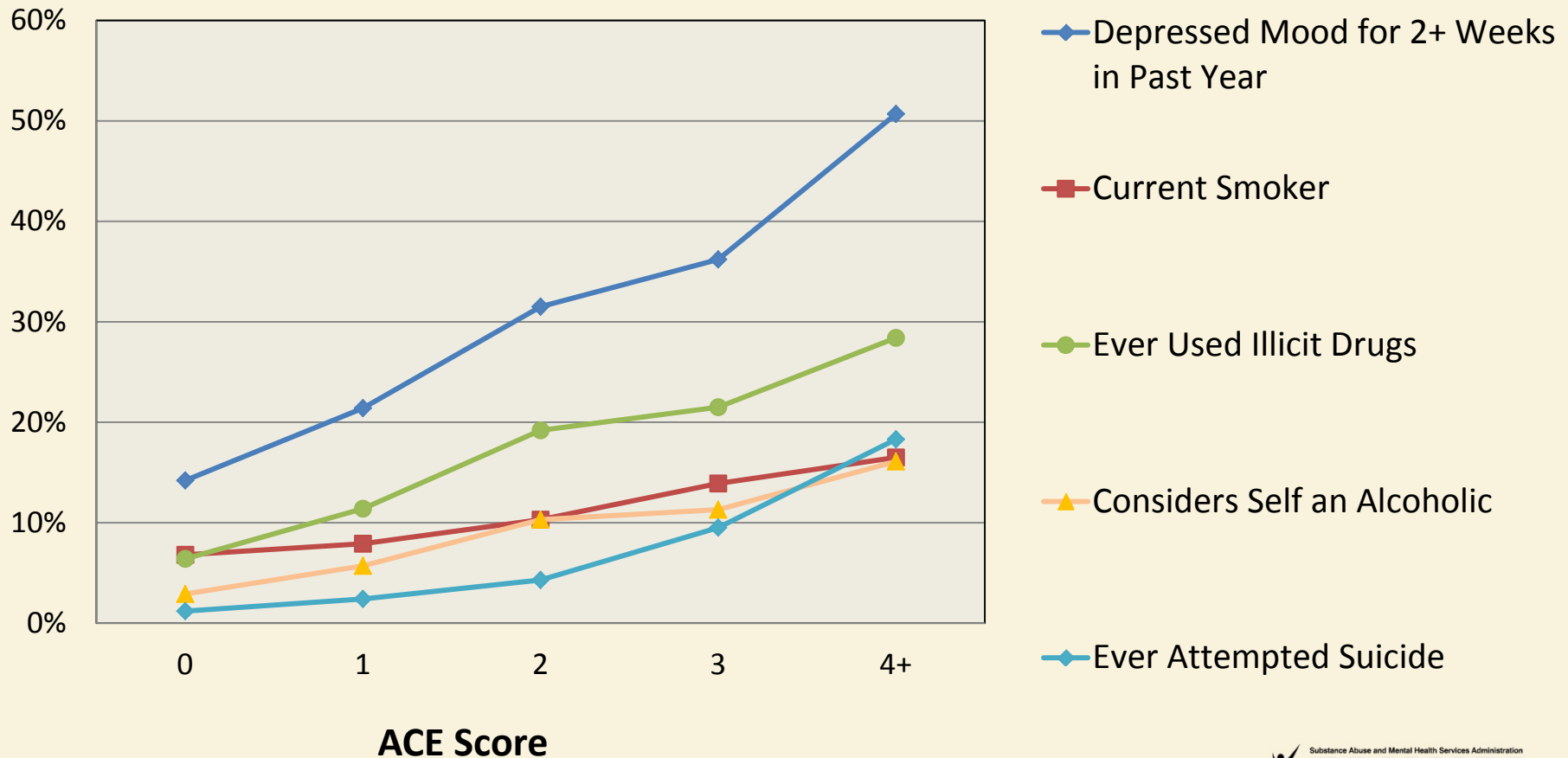
- neurological
- biological
- psychological
- social

(Felitti et al., 1998)

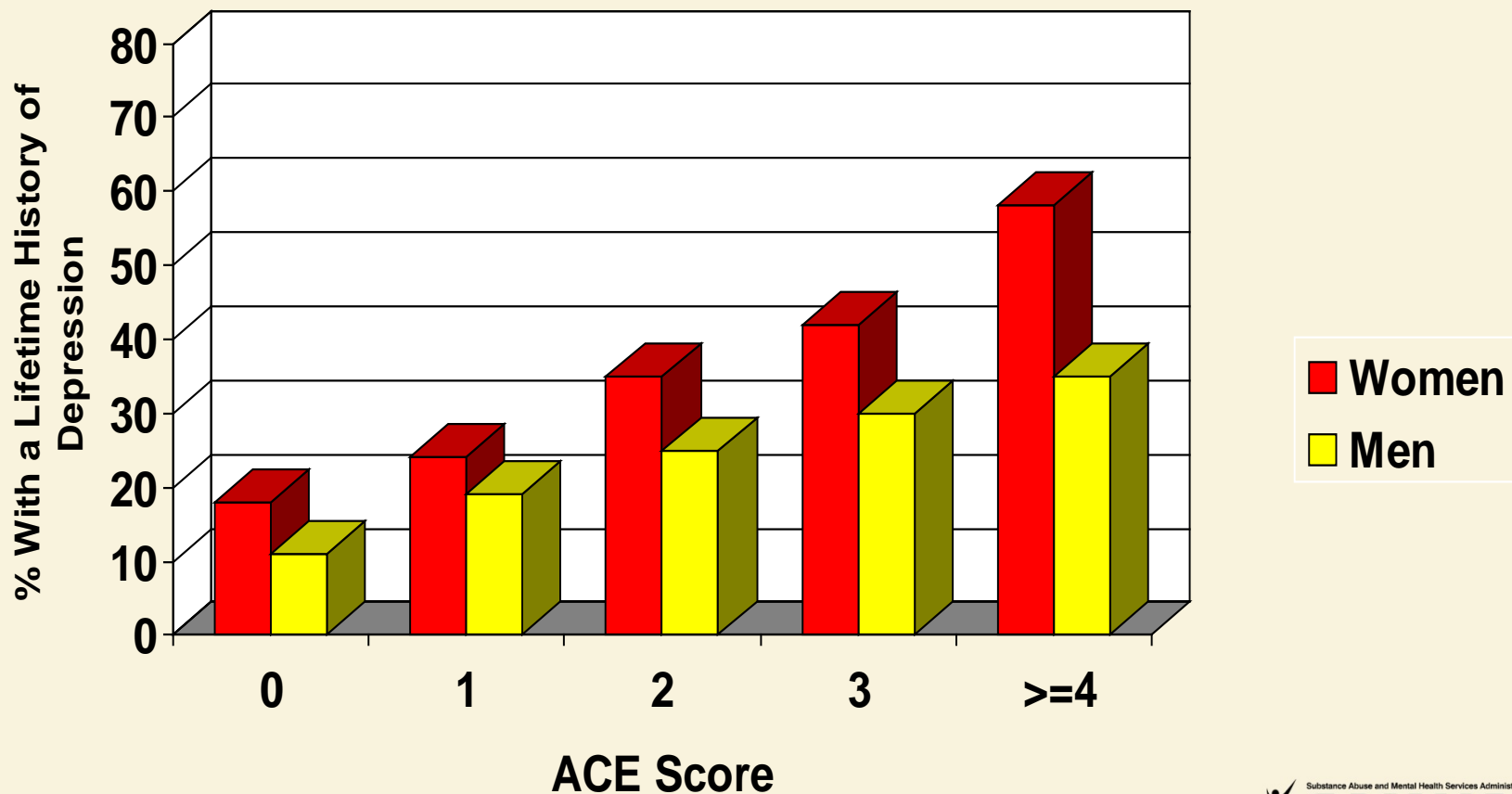


# Aces and Negative Outcomes

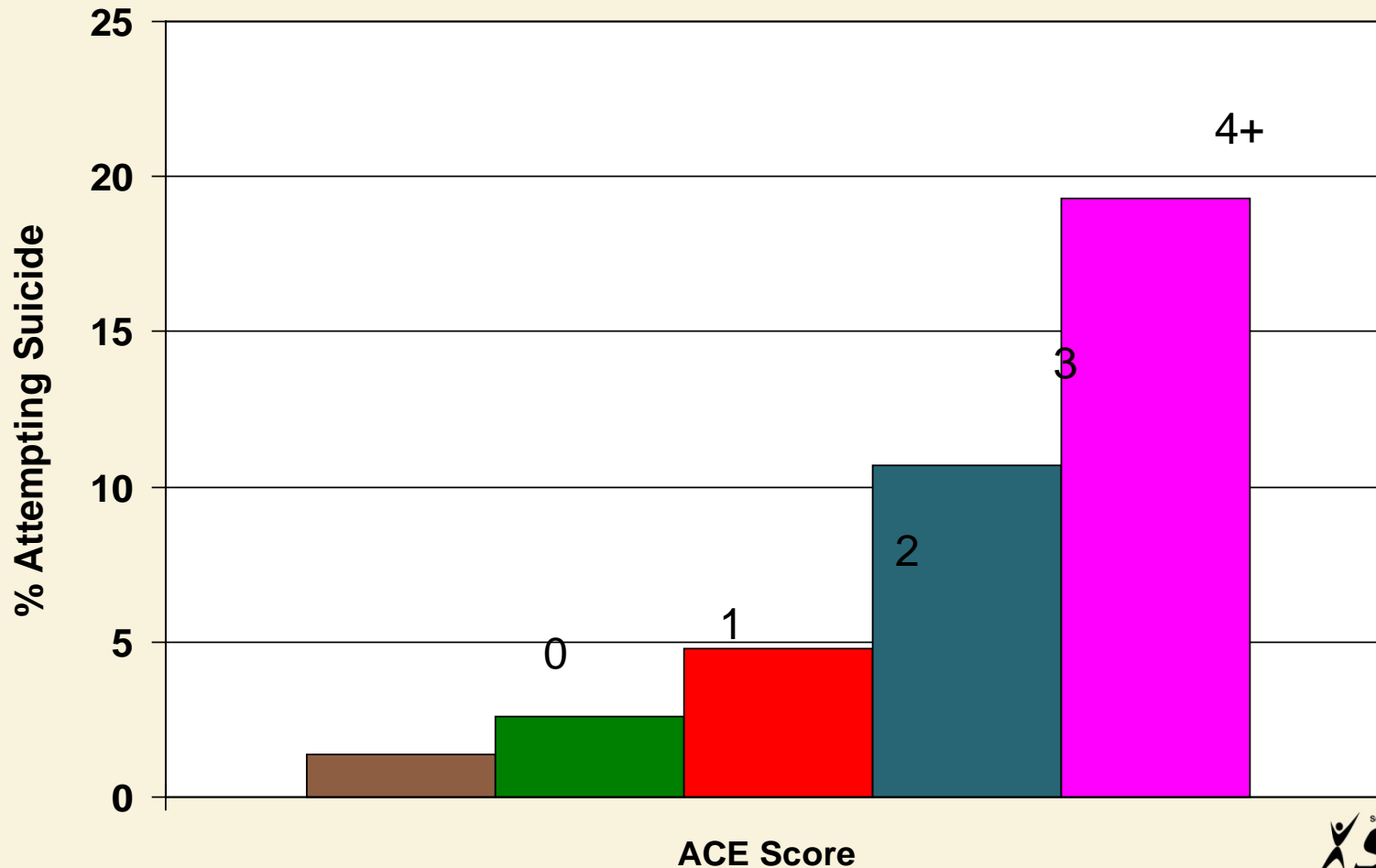
ACEs and Negative Outcomes



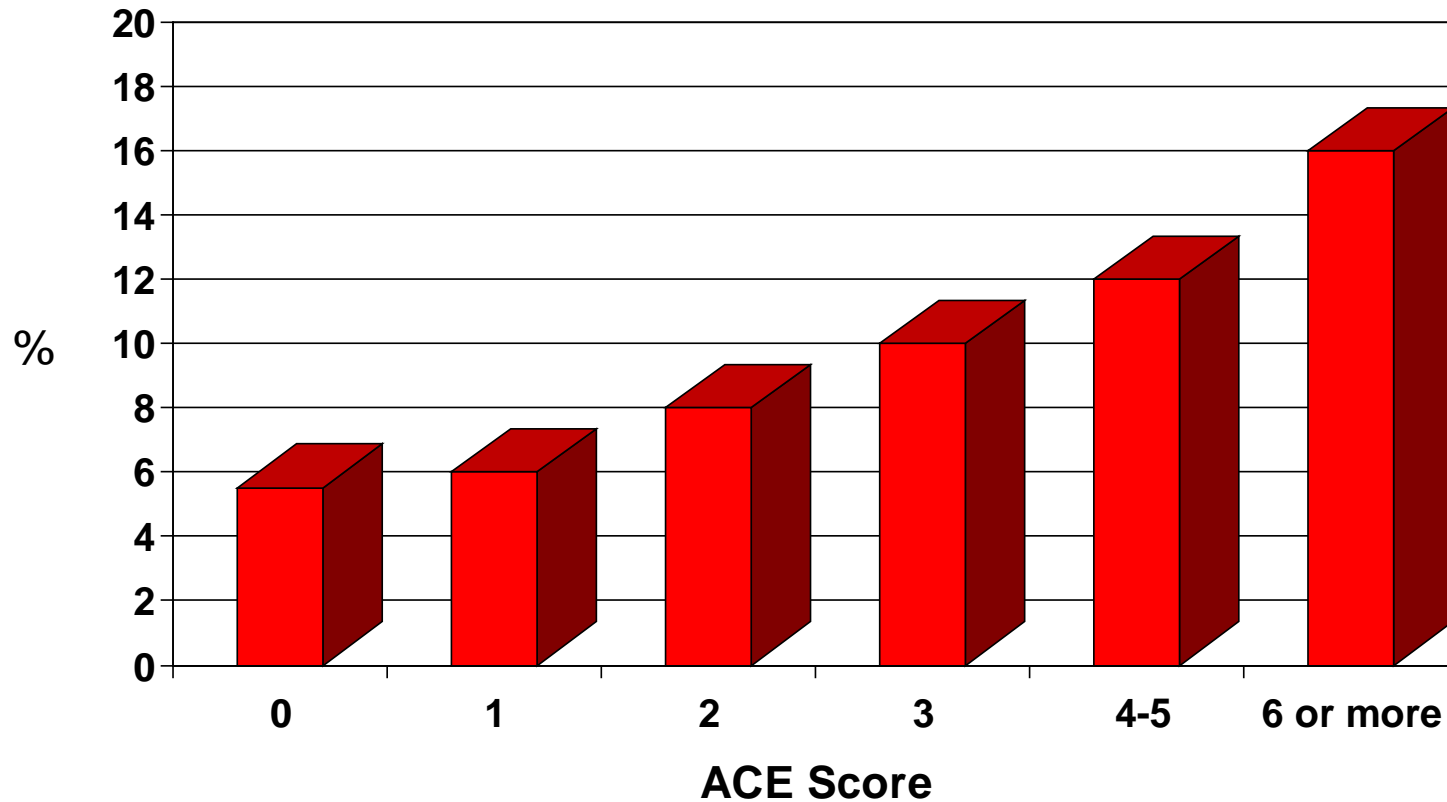
# ACES Underlie Chronic Depression in Adults



# Adverse Childhood Experiences (ACES) Underlie Suicide

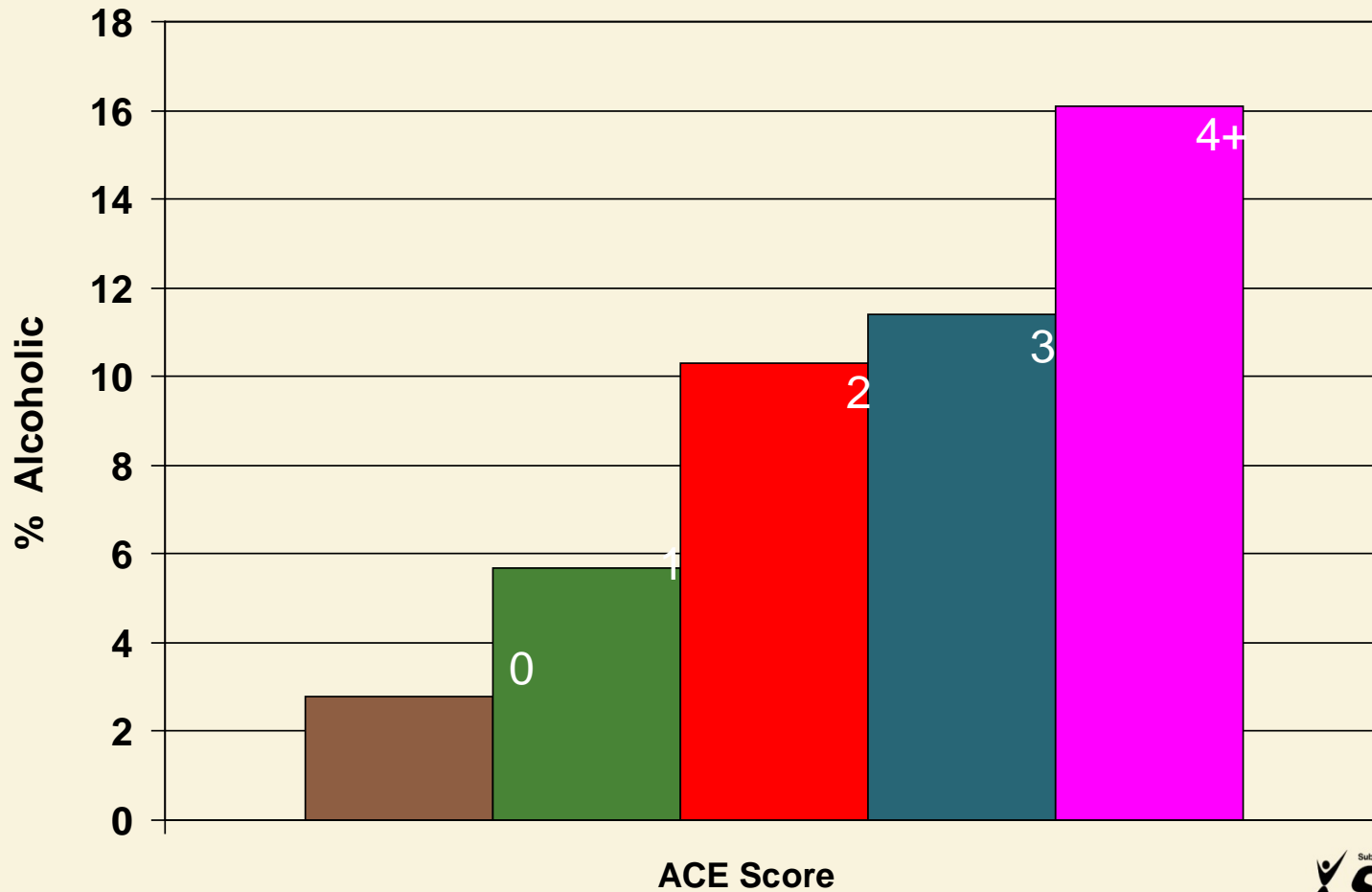



# Adverse Childhood Experiences and Current Smoking





# ACES and Adult Alcoholism





# Prevalence of Trauma in Behavioral Health and SAMHSA Trauma Measures

# Trauma Prevalence

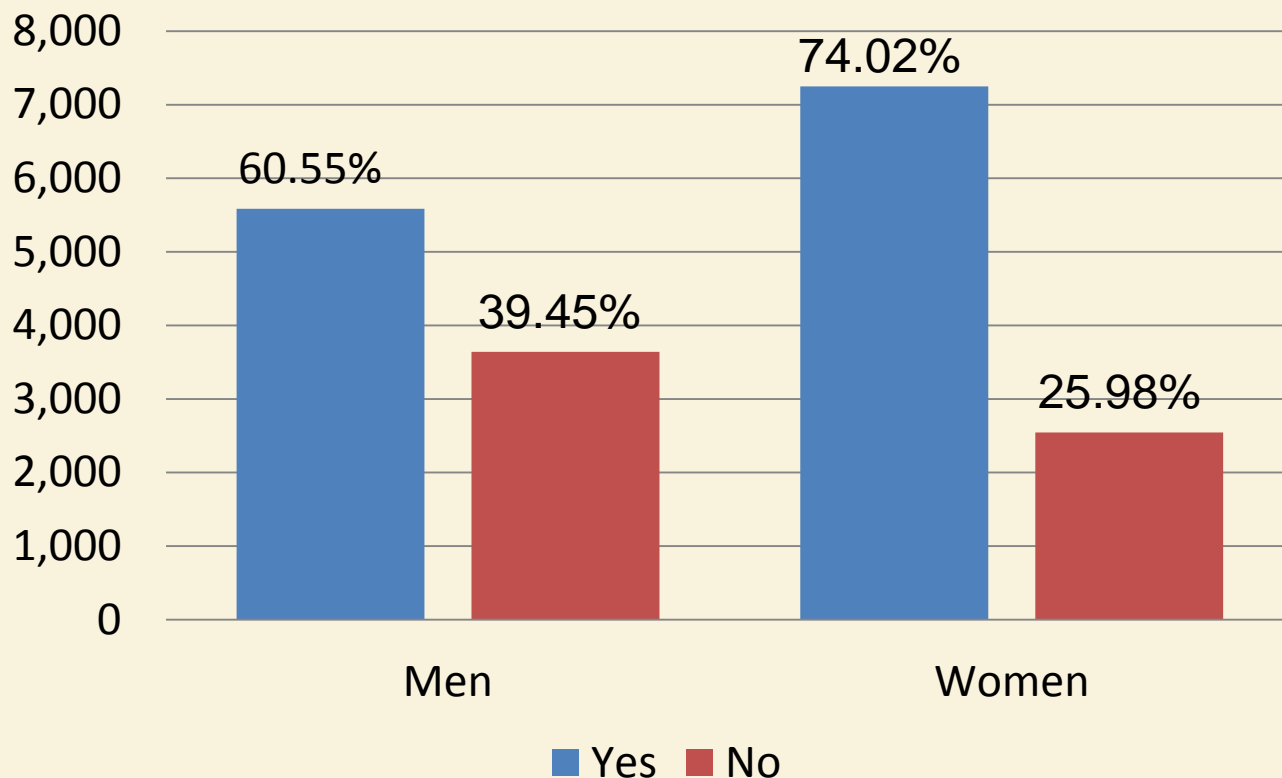
- While most people experience at least one traumatic event in their lifetimes, studies indicate that as many as 43 to 80% of men and women in psychiatric hospitals have experiences physical or sexual abuse, most of them as children.
- Up to two-thirds of both men and women in substance abuse treatment report childhood abuse or neglect.

# Reported Prevalence of Trauma in Behavioral Health

- Majority of adults and children in inpatient psychiatric and substance use disorder treatment settings have trauma histories (Lipschitz et al, 1999; Suarez, 2008; Gillece, 2010)
- 43% to 80% of individuals in psychiatric hospitals have experienced physical or sexual abuse
- 51%-90% public mental health clients exposed to trauma (Goodman et al, 1997; Mueser et al, 2004)
- 2/3 adults in SUD treatment report child abuse and neglect (SAMHSA, CSAT, 2000)
- Survey of adolescents in SU treatment > 70% had history of trauma exposure (Suarez, 2008)

# SAMHSA Trauma Measures

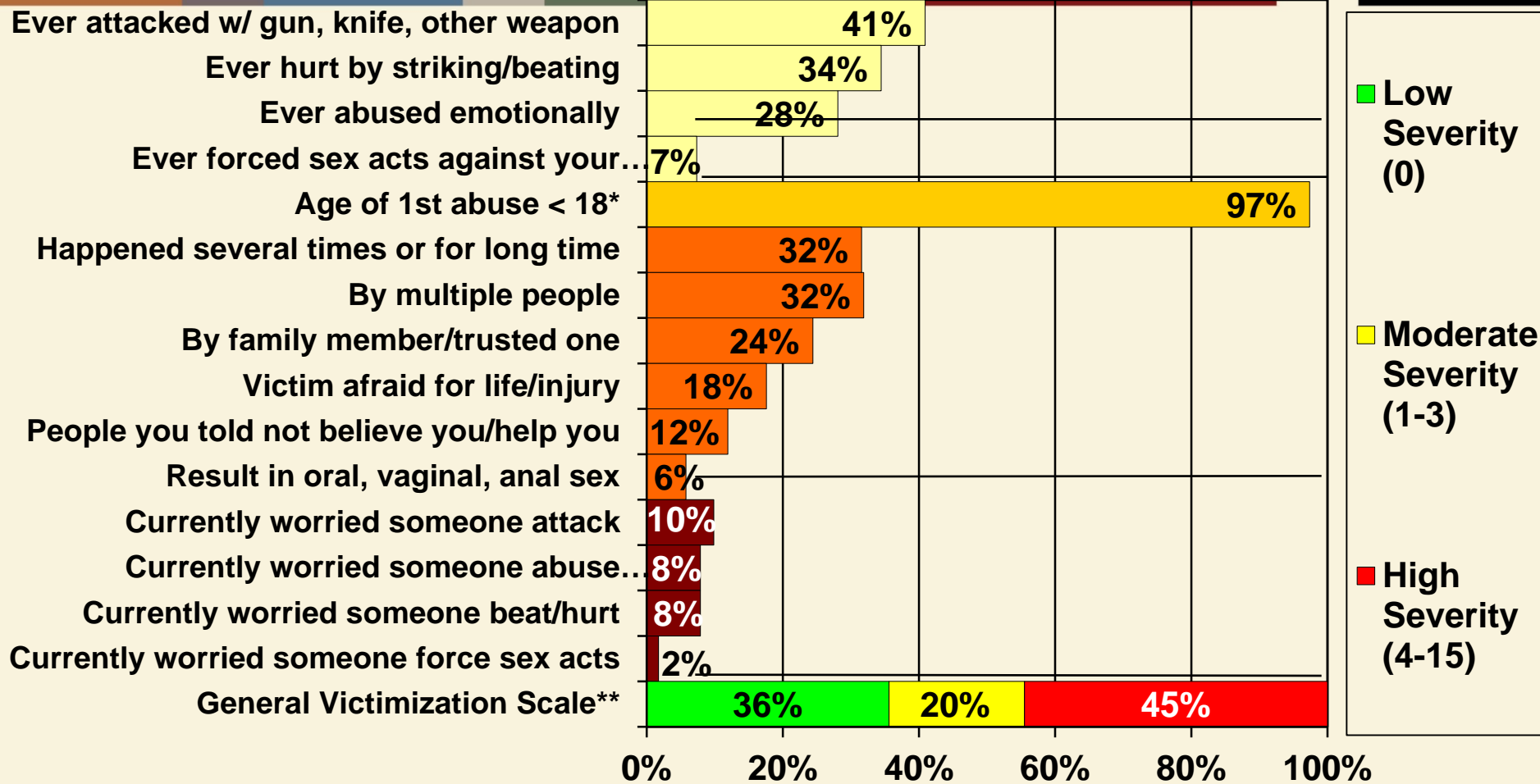
Have you ever experienced violence or trauma in any setting?



Data in table for:

Interview Type:	Baseline
Record Type:	Interview Administrative
FFY - Federal Fiscal Year:	2009-2013
Federal Fiscal Year - Quarter:	1 <sup>st</sup> -4th quarter
Program:	CMHI , ENBH-OA, ErmrkAG, ErmrkCG, HIV/AIDS, HTI , Jail Div, MAI-TCE, MHTG, NCTSI NCTSI -A, Older Adult, PBHCI , SOCXI , SSH

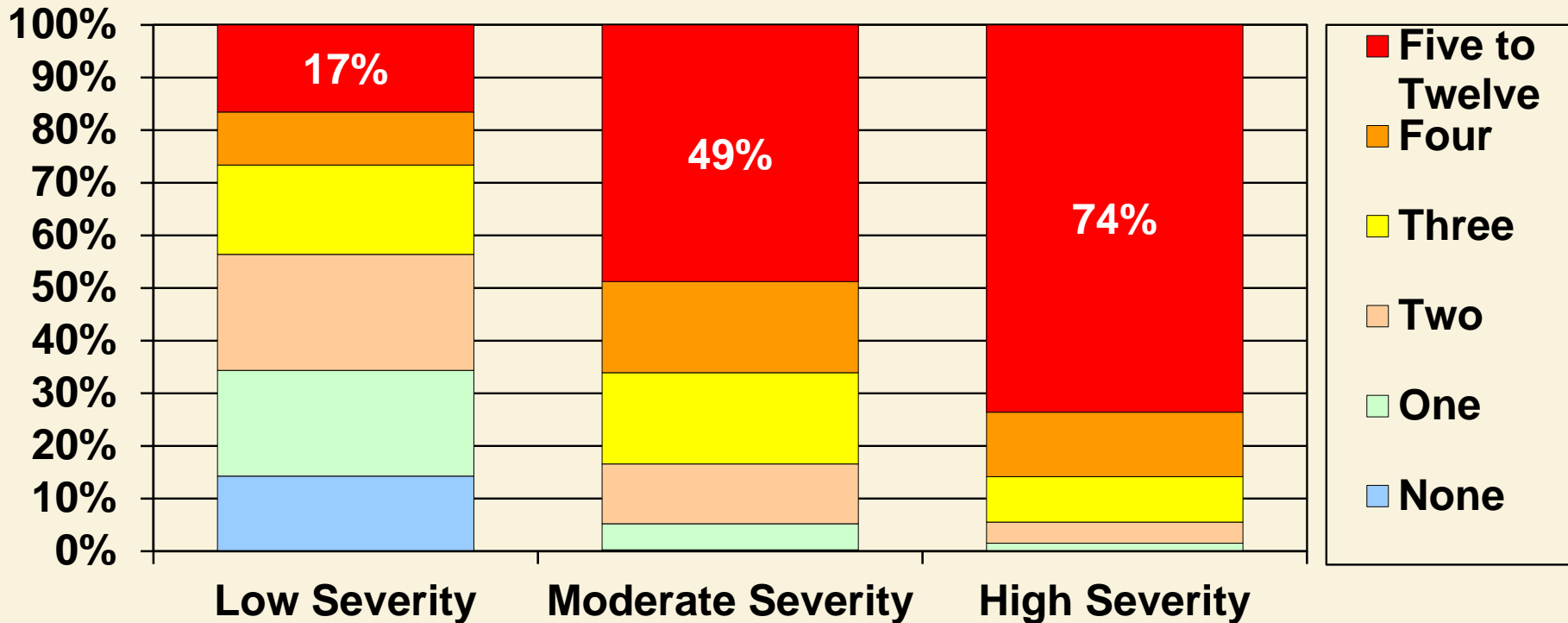
# Severity of Victimization Scale



\*n=3,230

\*\*Mean of 15 items

# Count of Major Clinical Problems\* at Intake by Severity of Victimization



\*Based on count of self reporting criteria to suggest alcohol, cannabis, or other drug disorder, depression, anxiety, trauma, suicide, ADHD, CD, victimization, violence/ illegal activity

Source: SAMHSA CSAT 2011 GAIN AT Summary Analytic Data Set (n=5,489)



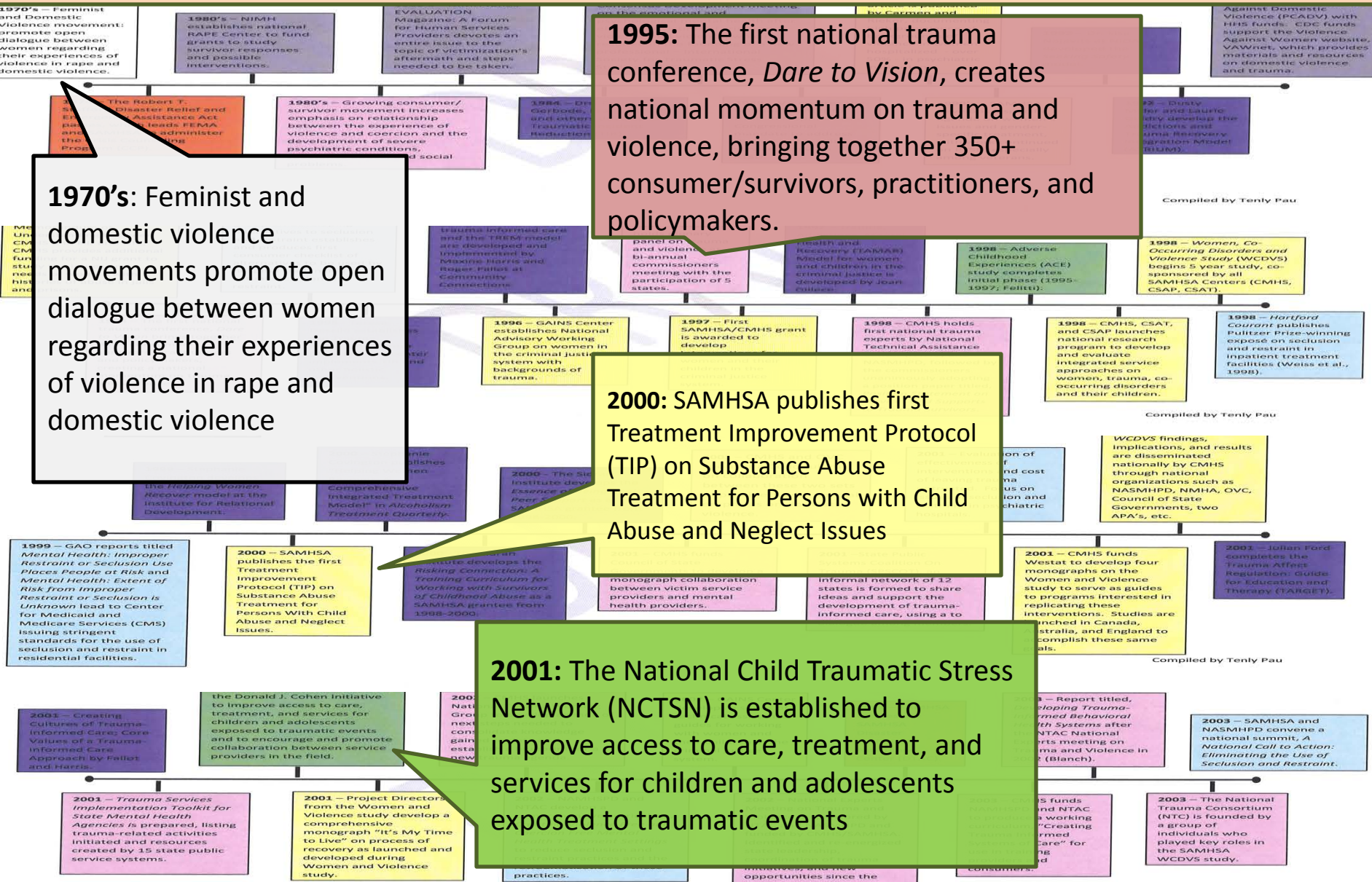
# SAMHSA Concept Paper on Trauma and Trauma-Informed Approaches



# SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach

- Gain shared understanding of what we mean by trauma and a trauma-informed approach (TIA)
- Get agreement to enable discussions of trauma/TIA across different service sectors
- Provide the basis for measurement
- Provide the basis for training and Technical Assistance

# TIMELINE: THE EVOLUTION OF TRAUMA-INFORMED CARE



1970's - Feminist and domestic violence movement promote open dialogue between women regarding their experiences of violence in rape and domestic violence.

1980's - NIMH establishes national RAPE Center to fund grants to study survivor responses and possible interventions.

EVALUATION Magazine: A Forum for Human Services. Providers devote an entire issue to the topic of victimization's aftermath and steps needed to be taken.

1995: The first national trauma conference, *Dare to Vision*, creates national momentum on trauma and violence, bringing together 350+ consumer/survivors, practitioners, and policymakers.

Against Domestic Violence (PCADV) with HHS funds. CDC funds support the Violence Against Women Website, VAWSnet, which provides materials and resources on domestic violence and trauma.

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**2000:** SAMHSA publishes first Treatment Improvement Protocol (TIP) on Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues

**2001:** The National Child Traumatic Stress Network (NCTSN) is established to improve access to care, treatment, and services for children and adolescents exposed to traumatic events

The Robert T. Cassin Relief and Assistance Act leads FEMA administrator to create the Program.

1980's - Growing consumer/survivor movement increases emphasis on relationship between the experience of violence and coercion and the development of severe psychiatric conditions, and social support.

1984 - DDC (Dorothy D. Coakley) and other TRAUMATIC RECOVERY.

Panel on "Violence and Health and Recovery (TAKERS) Model for women and children in the criminal justice is developed by Jean Chesler.

1998 - DUSTY (Dorothy D. Coakley) and others develop the DUSTY model (DUSTY: Domestic Violence Trauma Study).

1999 - GAO reports titled *Mental Health: Improper Restraint or Seclusion Use Places People at Risk and Mental Health: Extent of Risk from Improper Restraint or Seclusion is Unknown* lead to Center for Medicaid and Medicare Services (CMS) issuing stringent standards for the use of seclusion and restraint in residential facilities.

2000 - SAMHSA publishes the first Treatment Improvement Protocol (TIP) on Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues.

2000 - The Substance Abuse Treatment Quarterly.

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2001 - Julian Ford completes the Trauma Affect Regulation: Guides for Education and Therapy (TARGET).

2001 - Trauma Services Implementation Toolkit for State Mental Health Agencies is prepared, listing trauma-related activities initiated and resources created by 15 state public service systems.

2001 - Project Directors from the Women and Violence study develop a comprehensive monograph "It's My Time to Live" on process of recovery as launched and developed during Women and Violence study.

2001 - National Child Traumatic Stress Network (NCTSN) is established to improve access to care, treatment, and services for children and adolescents exposed to traumatic events.

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2003 - SAMHSA and NASMHPD convene a national summit, *A National Call to Action: Eliminating the Use of Seclusion and Restraint*.

2003 - Creating Cultures of Trauma-Informed Care: Core Values of a Trauma-Informed Care Approach by Falout and Harris.

2003 - The Donald J. Cohen Initiative to improve access to care, treatment, and services for children and adolescents exposed to traumatic events and to encourage and promote collaboration between service providers in the field.

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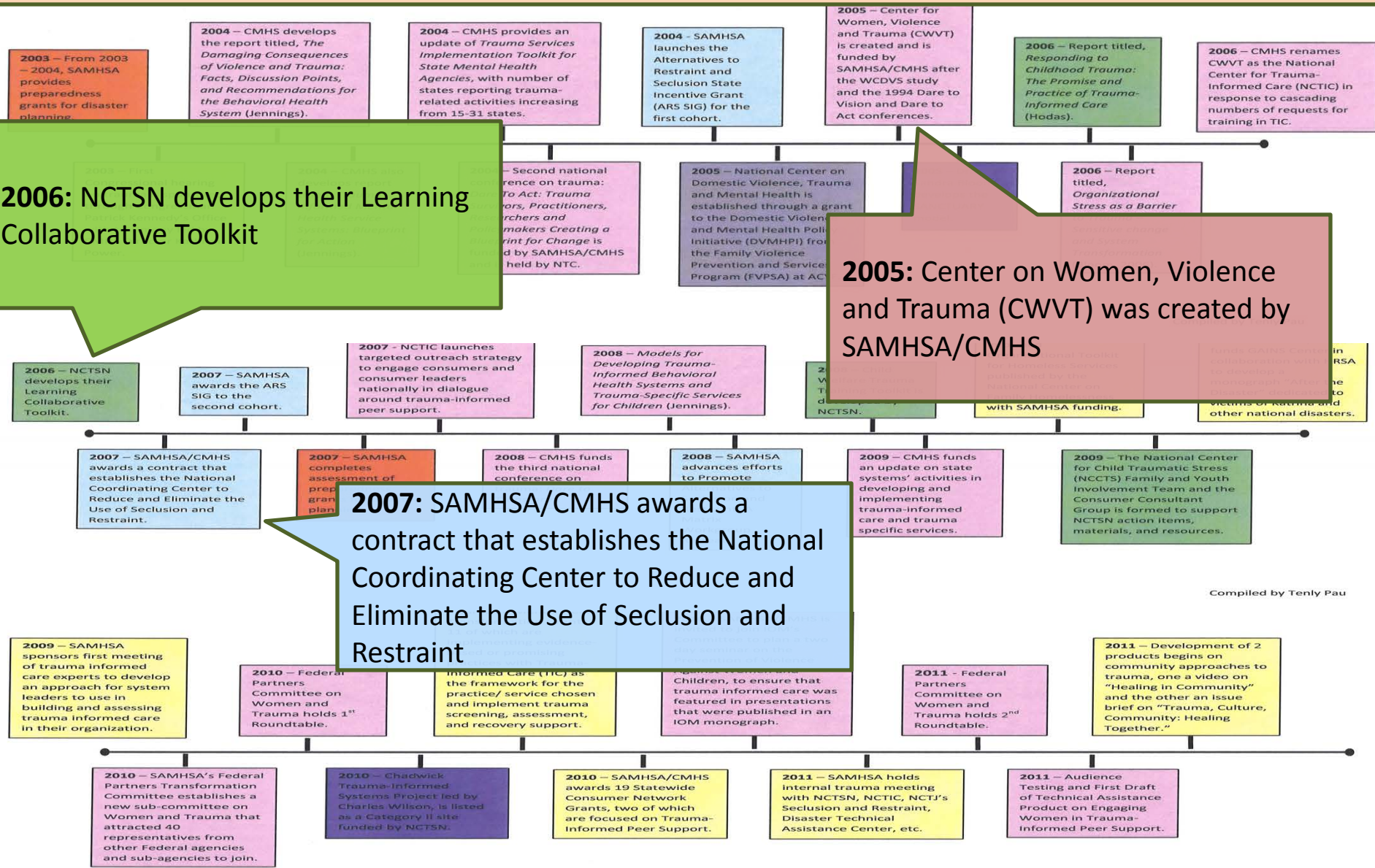
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# TIMELINE: THE EVOLUTION OF TRAUMA-INFORMED CARE



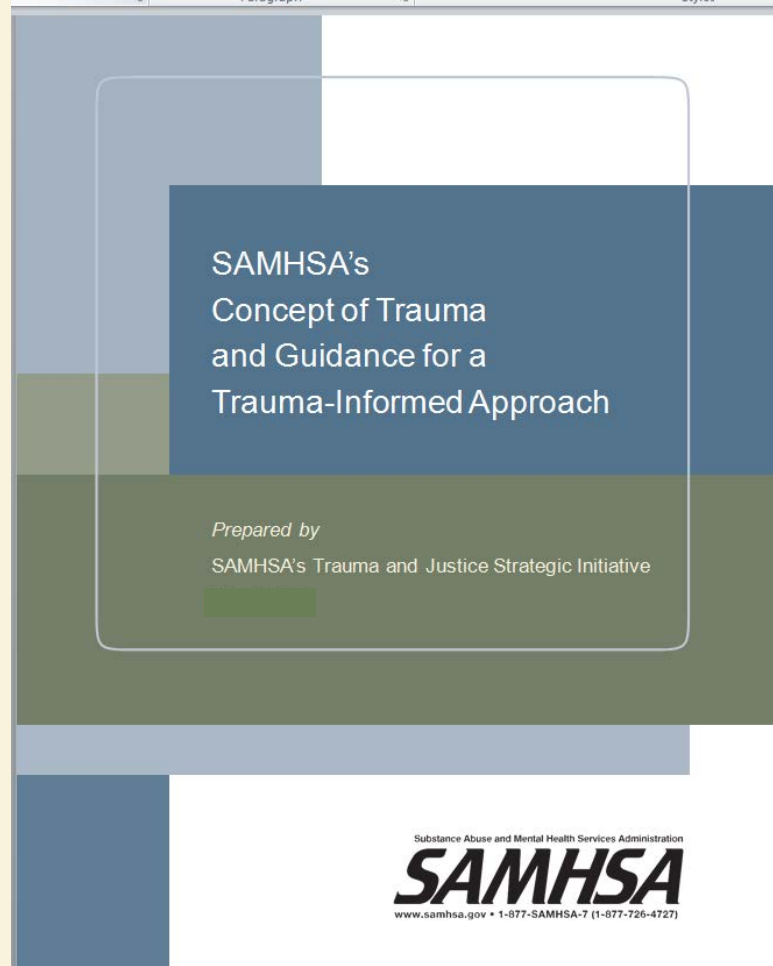
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# SAMHSA's – Experts Panel, Concept Development & Public Comment

- **Trauma and Trauma-Informed Care Experts Panel (May, 2012)**
- **Leading experts included:** Raul Almazar, Rene Anderson, Andy Blanch, Robyn Boustead, Roger Fallot, Norma Finkelstein, Julian Ford, Joan Gillece, Dan Griffin, Gene Griffin, Maxine Harris, Jacki McKinney, Cheryl Sharp, John Rich, Hank Steadman, Charles Wilson and facilitated by Barbara Bazron and Larke Huang
- **Concept/Framework:**
  - Experts' Working Definitions of Individual Trauma and Trauma-Informed Approach
  - Core Values and Principles of Trauma-Informed Approach
  - Guidelines for Developing a Trauma-Informed Approach
  - Preliminary discussion on the definition of community trauma
- **Public Comment (December, 2012)** Online posting; >2,000 respondents; 20,000 comments or endorsements

# SAMHSA CONCEPT OF TRAUMA RELEASED OCTOBER 2014



# SAMHSA's Concept of Trauma

## "The 3 Es"

*Individual 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.*

*From SAMHSA's Concept Paper*

# A Trauma-Informed Approach (Four R's)

A trauma-informed program, organization, or system:

**Realizes**

- Realizes widespread impact of trauma and understands potential paths for recovery

**Recognizes**

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

**Responds**

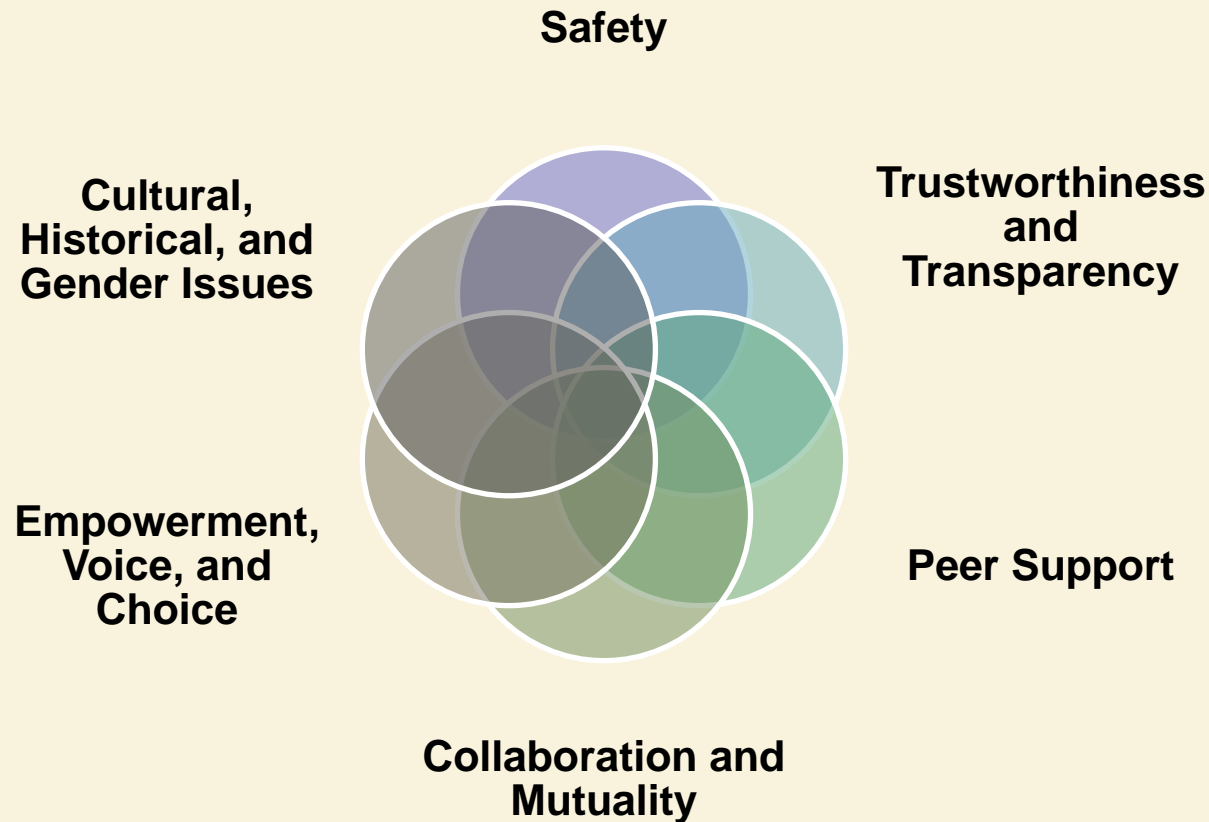
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

**Resists**

- Seeks to actively resist re-traumatization.

*From SAMHSA's Concept Paper*

# Key Principles of a Trauma-Informed Approach





# Guidance Domains for a Trauma-Informed Approach

- Governance and leadership
- Policy
- Physical environment of the organization
- Engagement and involvement
- Cross sector collaboration
- Screening, assessment, and interventions
- Training and workforce development
- Progress Monitoring and Quality assurance
- Financing
- Evaluation

# Governance and Leadership

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					

## Governance and Leadership

- How does agency leadership communicate its support and guidance for implementing a trauma-informed approach?
- How do the agency's mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports?
- How do leadership and governance structures demonstrate support for the voice and participation of people using their services who have trauma histories?

# Physical Environment

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					

## Physical Environment

- How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff?
- In what ways do staff members recognize and address aspects of the physical environment that may be re-traumatizing, and work with people on developing strategies to deal with this?
- How has the agency provided space that both staff and people receiving services can use to practice self-care?
- How has the agency developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities).

# Screening, Assessment, Treatment Services

KEY PRINCIPLES					
Safety	Trustworthiness and Transparency	Peer Support	Collaboration and Mutuality	Empowerment, Voice, and Choice	Cultural, Historical, and Gender Issues
10 IMPLEMENTATION DOMAINS					

## Screening, Assessment, Treatment Services

- Is an individual's own definition of emotional safety included in treatment plans?
- Is timely trauma-informed screening and assessment available and accessible to individuals receiving services?
- Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services?
- How are peer supports integrated into the service delivery approach?
- How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment? For instance, are gender-specific trauma services and supports available for both men and women?
- Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding?
- How are these trauma-specific practices incorporated into the organization's ongoing operations?



# Moving Forward: SAMHSA's Activities to Address Trauma

# SAMHSA's Approach to Community and Historical Trauma

Develop SAMHSA's framework for community and historical trauma and a trauma-informed approach for communities

## Key Concepts

- What is community trauma?
- What is a trauma-informed community?
- Public health approach to community trauma
- Many definition of what is a community: geographical, population, beliefs, system, etc
- Historical trauma
- SAMHSA's role

## Activities

- Trauma-Informed Communities Meeting
- Community partnerships/action network
- Snapshots/ TA products
- Trauma-Informed Communities Toolkit

## Partners

- SAMHAS: TA Centers, GPOs/CORs
- Federal: DOJ (Defending Childhood Initiative, FYVP), OWH, HUD,
- Communities

# SAMHSA's Trauma TA Strategy

Coordinate and align SAMHSA's trauma technical assistance and training activities

## Key Concepts

- Minimize duplication
- Better provide customer service
- How can CBHSQ and their evaluations and reports be incorporated into the trauma TA coordination and resource bank?

## TA Center Showcases

- TA database
- Standard SOW language
- COR Guidance

## TA Centers

- CAPT, Consolidated Tribal, FASD, NCSACW, SSTAP, ATCC, UMaryland TA, Access to Recovery, HHRN, NCTIC, GAINS, DTAC, NCTSN

# Trauma-Related SAMHSA TA Centers



**National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)**



**Disaster Technical Assistance Center (DTAC)**





# SAMHSA'S Comprehensive Public Health Approach to Trauma

Integrate an understanding of trauma and strategies for implementing a trauma-informed approach across SAMHSA, interested federal agencies, and other public service sectors.

## Key Concepts

- Reduce the impact of trauma on communities and individuals across the lifespan
- make trauma-informed screening and early intervention common practice
- make trauma-informed treatment common practice
- promote recovery, well-being, and resilience by addressing the needs of individuals using a trauma-informed approach

## Activities

- Trauma Concept Paper
- GATSBI Strategy
- RFA Language
- Continued Partnerships

# SAMHSA's General Adult Trauma Screening and Brief Response in Primary Care

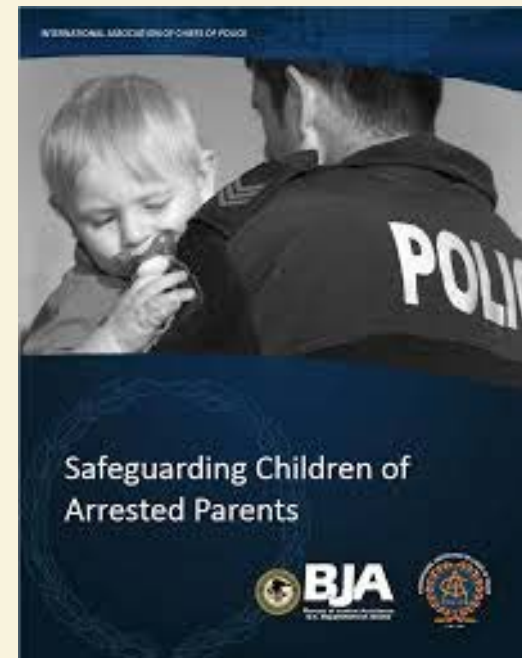
- To stimulate discussion and peer-peer learning among leaders in the field of Trauma Screening and Brief Intervention (TSBI).
- To identify best/promising practices designed to minimize the health/behavioral health impacts of trauma in at-risk adults.
- To integrate best practices.
- To identify gaps and areas for further inquiry.
- To provide a framework for developing a model for TSBI in primary care settings.



# Children of Arrested Parents

## Safeguarding Children of Arrested Parents

- Developed by the [International Association of Chiefs of Police](#) (IACP), in collaboration with the [Bureau of Justice Assistance](#) (BJA), Office of Justice Programs, U.S. Department of Justice
- Negative impacts of parental arrest on a child's well-being, and how law enforcement can apply a trauma-informed approach to safeguard children before, during, and after the arrest of a parent.
- Recommendations and strategies to protect children and to help prevent trauma at the time of parental arrest.



# Child Welfare

- **Child Trauma Collaborations (ACYF, CMS, SAMHSA)**- increase number of trauma-exposed children in child welfare who receive the right services at the right time to improve social-emotional well-being.
  - State Directors' Letters: State Children's Mental Health, Child Welfare Administrators, Medicaid Directors on Child Trauma//[www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-004.pdf](http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-004.pdf)
- **Psychotropic Medications (ACYF, CMS, SAMHSA)**- State Directors Letter, State Directors Summit, GAO Report
- **Treatment Foster Care Technical Experts Panel (ACYF, CMS, SAMHSA)**
- **The National Center on Substance Abuse and Child Welfare-** SAMHSA Contract, IAA with ACYF
- **Regional Partnership Grants-** ACF Grant, SAMHSA TA

# Attorney General's Defending Childhood Initiative

- Connections with Law Enforcement and the Juvenile Justice System (judges, family and youth courts, detention, etc.)
- Children Exposed to Violence – grants and task force
- National Forum on Youth Violence Prevention – 10 cities initiative
- School to Prison Pipeline: School Discipline Consensus Project

# Women and Trauma

- The Office of Women's Health (OWH) has started a 5 year Trauma Training Initiative as a public health approach to address violence and trauma at the individual, system and community level
- Interagency Federal Working Group established in 2012 under President Obama's memorandum
  - Released a report titled Addressing the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities

# Contact Information

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