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# Trauma-Informed Services: Organizational Culture and Practical application

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# Definition of Trauma

**The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior)."**

(American Psychiatric Assoc. [APA] 2000, pg. 463).

**Trauma occurs when an external threat overwhelms a person's internal and external positive coping resources.**

(Bloom and Fallot, 2009)



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## The Language of Trauma

Trigger = Internal or external reminder cues of the trauma. Can occur in any of the 5 senses.

Flashback = Temporarily losing touch w/ reality and feeling as if you are reliving the trauma.

Intrusive Thoughts or Memories = Thoughts or memories of the trauma that are overpowering, making it difficult to think of anything else.

Body Memory = Experiencing physical sensations in your body that feel as if you are reliving the trauma. Body memories may or may not be accompanied by flashbacks or intrusive memories.

Grounding = Staying connected and focused on the present.

Hypervigilance = Being overly aware of surroundings, as if all of your senses are on high alert.



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## The Link Between PTSD and Substance Abuse

PTSD Rates: 10% for women, 5% for men (lifetime, US). Up to 1/3 of people exposed to trauma develop PTSD. Men have higher rates of trauma, but women have more childhood trauma, and are more likely than men to develop PTSD if exposed to trauma.

PSTD and CD Rates: Of clients in substance abuse treatment, 12%-34% have current PTSD. For women, rates are 33%-59%.



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# Effects of Trauma

- Estrangement; a sense of isolation or disconnection from others or the environment
- Feelings of powerlessness or helplessness
- Changes in one's understanding or view of oneself or of the self in relation to others; a change in world view
- Devastating fear; loss of safety or trust that may relate to interpersonal interactions, treatment practices or specific environments
- Feelings of shame, blame, guilt & stigma

Source: Adapted from Blake, M. (2010).6



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# Creating Cultures of Trauma-Informed Care

Roger Fallot, PhD, Community Connections

## The Core Principles of a Trauma-Informed System of Care

- Safety: Ensuring physical and emotional safety
- Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- Choice: Prioritizing consumer choice and control
- Collaboration: Maximizing collaboration and sharing of power with consumers
- Empowerment: Prioritizing consumer empowerment and skill-building



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# Universal Precautions

- Assume all clients have some kind of trauma history
- Formalize trauma assessment
- Inform staff of confirmed trauma history and develop specific treatment plan interventions related to such
- Dignity and respect should be emphasized (resident rights and Respect Policy)



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## Trauma Informed      Non -trauma Informed

- Recognition of high prevalence of trauma
  - Recognition of primary and co-occurring trauma diagnoses
  - Assess for traumatic histories & symptoms
  - Recognition of culture and practices that are re-traumatizing
- Lack of education on trauma prevalence & “universal” precautions
  - Over-diagnosis of Schizophrenia & Bipolar
  - Conduct D. & singular addictions
  - Cursory or no trauma Assessment
  - “Tradition of Toughness” valued as best care approach



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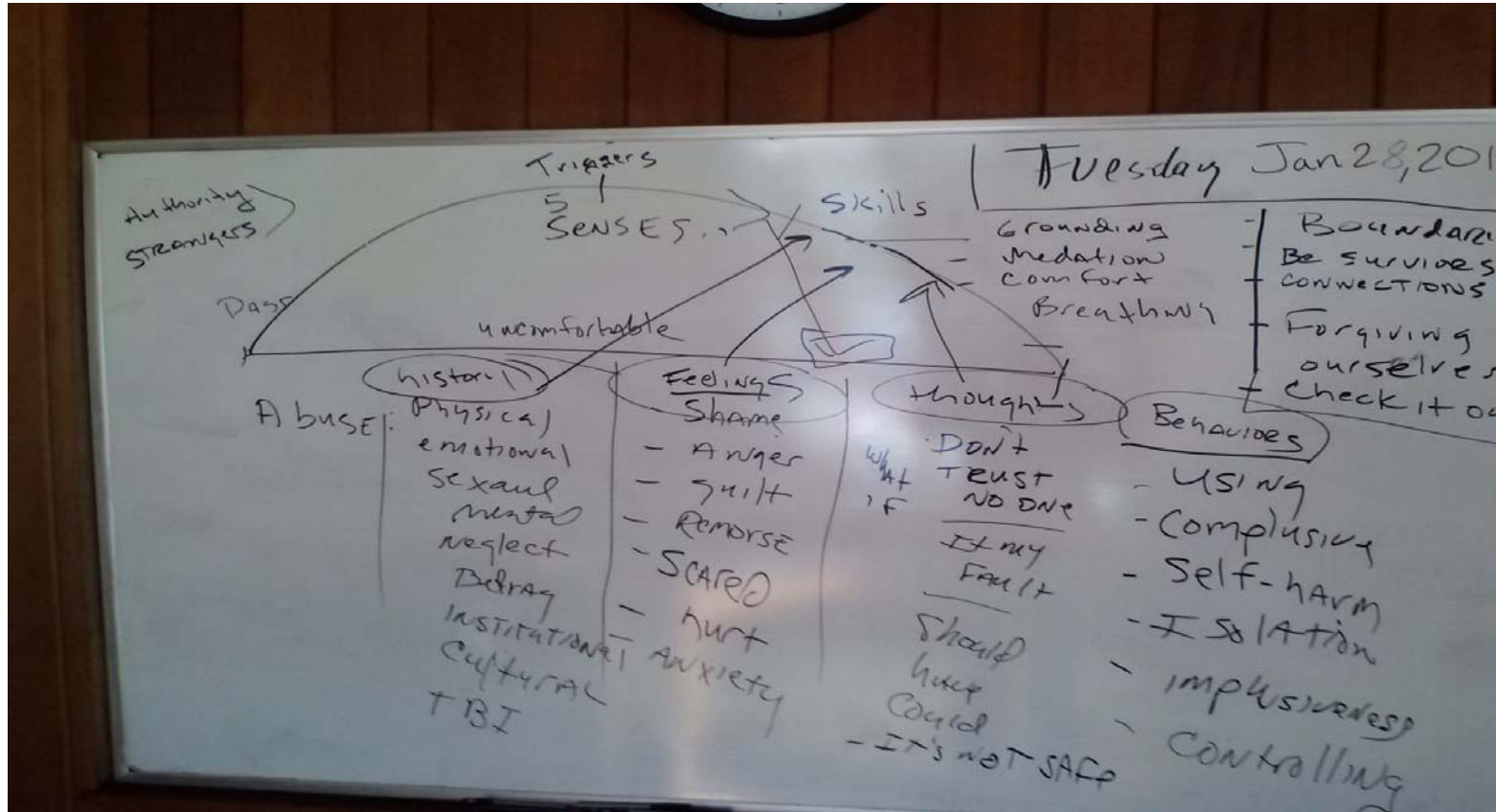
## GROUP RULES

- The group is not designed to explore in detail any individual's trauma story.
- The group's emphasis is on making connections between abuse histories and current functioning and on assisting with recovery skill development.
- Members should try to attend the group on time, but will be admitted even if they are late.
- Members who are physically or verbally assaultive will be escorted from the group. They may return when they have regained control.
- Members are asked to respect the confidentiality of other members.
- Members are free to remain silent during any part of the discussion they want to skip.



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# Group work overview



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# Hurt and Loss

## SESSION RATIONALE:

- Men who have experienced trauma often experience a sense of profound hurt that is difficult to label. Losses, disconnection, and distance from other people are frequently part of this hurt. In addition to interpersonal losses, men may also experience a loss of their own healthy adolescent and young adult development. At a personal level there is a loss of centeredness; men may go through the motions of establishing an adult identity, but may feel that they have lost a healthy sense of who they are. Other related feelings like disappointment, rejection, and helplessness further complicate the feelings associated with hurt and loss. Men need to acknowledge experiences related to hurt and loss as first steps to considering what goals are realistic and possible.



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# Hurt and Loss

- GOAL 1: Members will feel comfortable acknowledging hurt and loss
- GOAL 2: Members will recognize that each of these is a complicated process involving feelings thoughts and actions.
- GOAL 3: Members will identify positive strategies for dealing with hurt and loss.

## QUESTIONS:

1. What events in your life have caused you to feel hurt, physically or emotionally? What other feelings did you have?
2. When have you felt a sense of loss? What was lost? What other feelings went with this loss?
3. Looking at the particular experiences and events you have listed, which of them do you feel was your responsibility, that you caused? Which did someone else cause? Which were accidental? Is it easier to deal with hurts or losses that you caused? Someone else caused? Were accidental?
4. Over the years have you developed ways to deal with these experiences? What has been particularly effective?
5. Looking over the lists, think of a hurt or loss that was particularly important to you. Now think of the strengths or resources that you discovered or developed as you coped with the loss.



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# Grounding Tools

To use sensory techniques, follow these important steps:

- Focus on the present (not the trauma)
- Take 3 slow, deep breaths
- Try doing an activity that changes your current experience in any of your 5 senses:
  1. Sight – What do you see in the room? Name 5 things.
  2. Taste – Suck on candy, drink something cold or hot, eat something sweet or sour, suck on ice, gum
  3. Touch – Varying textures, such as beads, chain, blanket, corduroy clothes, pets (can actually calm and lower anxiety), a safe person w/ permission
  4. Smell – Flowers, aromatherapy, sharp smells (certain foods), laundry detergent, candles, lotions, bubble bath (added bonus of touch)
  5. Hear – Safe person's voice, music, loud noise, car horn, whistle, dog bark



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# Examples of comforting techniques:

- Listen to music
- Curl under a blanket
- Cuddle with a pet
- Take a bath
- Light candles or incense
- Use art, collaging, journaling, or other creative outlets
- Call a support person and talk about what is happening
- Engage in safe comfort rituals from Childhood
- Drink hot tea or hot chocolate
- Rock in a rocking chair
- Cry
- Hug a stuffed animal
- Go to safe place (actually or in mind)



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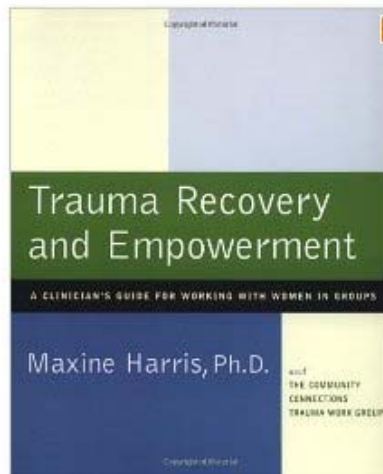
# Examples of distracting techniques:

- Watch TV (NOT Law & Order SVU!)
- Watch a funny movie
- Read a book
- Exercise
- Take a walk (only if grounded enough)
- Clean
- Make a list of things to do
- Call a support person and talk about other things
- Use Sensory Techniques, esp. touch and taste
- Play cards, checkers, computer games
- Engage in normal routine
- Window shop



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# Integrated Treatment Model: TREM



**TREM = Trauma, Recovery, and Empowerment Model.**

**Manualized group intervention.**

**Designed for female trauma survivors with severe mental disorders.**

**33 session intervention.**

**75 minute group sessions focus on:**

**Psycho-education, cognitive restructuring, survivor empowerment, skill building and peer support.**

**Abbreviated versions available.**

**(Fallot & Harris, 2004)**



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# Men's Trauma Recovery and Empowerment Model (M-TREM)

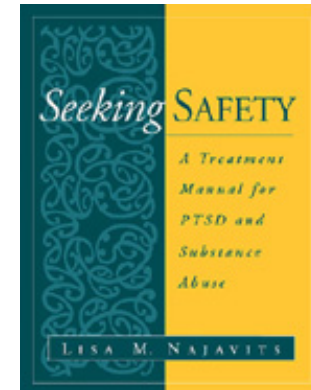
- the first section focuses on emotions and relationships, helping men to develop a shared emotional vocabulary and increased capacities to address relationship dynamics.
- addressing emotional, physical, and sexual abuse directly.
- centers most directly on skill-building and problem-solving



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# Integrated Treatment Model: *Seeking Safety*



- Present-centered, manual-based treatment approach,
- One of the most empirically studied models for dual diagnosis.
- Flexible delivery system:
  - Group versus individual format.
  - Topics can be covered in any order.
- May be used with diverse populations (e.g. men, women, adolescents, and minorities).
- Translated into 9 different languages.
- Designed to be delivered in the early stages of recovery.

(Najavits, 2007)



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## Trauma Resources

### Evidence Based Programs and Trauma Specific Treatment Models

- **Cognitive Behavioral Therapy**  
[www.nacbt.org](http://www.nacbt.org)  
short-term psychotherapy based on an educational model
- **Trauma Adaptive Recovery Group Education and Therapy (TARGET), Julian Ford, Ph.D.**  
[www.nctsnet.org/nccts/asset.do?id=726](http://www.nctsnet.org/nccts/asset.do?id=726)  
a strength based model participants learn self regulatory states participants learn skills to control PTSD symptoms
- **Seeking Safety, Lisa Najavits, Ph.D**  
[www.seekingsafety.org](http://www.seekingsafety.org)  
focus on learning coping skills used with people who have substance abuse issues addresses skill areas around boundaries, grounding and self care
- **Trauma Recovery and Empowerment Model (TREM) Community Connections, Washington DC**  
[www.communityconnectionsdc.org/trauma/trem.htm](http://www.communityconnectionsdc.org/trauma/trem.htm)  
focuses on skill building around trauma, responses and support uses culturally related exercises uses gender specific approaches
- **Risking Connections, Sidran Foundation, Karen Saakvitne, Ph.D**  
[www.sidran.org](http://www.sidran.org)  
developed between Maine and New York focuses on building hope and connection
- **Sanctuary Model, Sandra Bloom, M.D.**  
[www.sanctuaryweb.com](http://www.sanctuaryweb.com)  
Inpatient, democrat, non violent community appropriate for children or adults skill building around safety and affect



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