

BASED ON TIP 57

# Trauma-Informed Care in Behavioral Health Services

## KAP KEYS FOR CLINICIANS





## Introduction

Keys were developed to accompany the Treatment Improvement Protocol (TIP) series published by the Substance Abuse and Mental Health Services Administration (SAMHSA). These Knowledge Application Program (KAP) Keys are based entirely on TIP 57 and are designed to meet the needs of the busy clinician for concise, easily accessed “how-to” information.

TIP 57 endorses a trauma-informed model of care. This model emphasizes the importance of behavioral health practitioners and organizations recognizing the prevalence and pervasive impact of trauma on the lives of the people they serve and of developing trauma-responsive services.

For more information on the topics in these KAP Keys, see

**TIP 57: Trauma-Informed Care in Behavioral Health Services**

### **Other TIPs relevant to these KAP Keys:**

**TIP 25:** Substance Abuse Treatment and Domestic Violence

**TIP 36:** Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues

**TIP 48:** Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery

**TIP 51:** Substance Abuse Treatment: Addressing the Specific Needs of Women

## Terminology

**Trauma:** SAMHSA (p. 7)\* defines trauma as the result of “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.” Although many individuals report a single specific traumatic event, others, especially those seeking services for mental or substance use disorders, have been exposed to multiple or chronic traumatic events.

**Trauma-informed care (TIC):** TIC takes a trauma-informed approach to the delivery of behavioral health services that includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. TIC views trauma through an ecological and cultural lens and recognizes that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic. TIC involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize individuals who already have histories of trauma. TIC upholds the importance of consumer participation in the development, delivery, and evaluation of services.

\*Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA’s concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## Overview

- Many individuals experience trauma during their lifetimes.
- Although many people exposed to trauma demonstrate few or no lingering symptoms, individuals who have experienced repeated, chronic, or multiple traumas are more likely to exhibit pronounced symptoms and experience negative consequences, including substance use disorders, mental illness, and physical health problems.
- Trauma can significantly affect how an individual functions in major life areas and responds to treatment.
- Many people who have substance use or mental disorders have experienced trauma as children or adults.
- People with substance use disorders who have experienced trauma have worse treatment outcomes than those without histories of trauma.
- Traumatic stress increases one's risk for mental illness and increases the symptom severity of mental illness.
- Individuals with serious mental illness who have histories of trauma often present with other psychological symptoms or disorders commonly associated with trauma, including anxiety, mood, and substance use disorders.
- Substance use and mental disorders increase the risk of experiencing trauma, and trauma increases the risk of developing substance use and mental disorders.

### The Four "R"s: Key Assumptions in a Trauma-Informed Approach

A program, organization, or system that is trauma informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; **responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist** retraumatization.

Source: Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (p. 9). HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## Trauma-Informed Treatment Principles

1. **Promote Trauma Awareness and Understanding.** Recognize the prevalence of trauma and its possible role in your client's life.
2. **Recognize That Trauma-Related Symptoms and Behaviors Originate From Adapting to Traumatic Experiences.** View your client's responses to the impact of trauma as adaptive—regard the client's presenting difficulties, behaviors, and emotions as responses to surviving trauma.
3. **View Trauma in the Context of the Client's Environment.** Consider the context in which the trauma(s) occurred.
4. **Minimize the Risk of Retraumatization or Replicating Prior Trauma.** Take practical steps to reexamine treatment strategies, program procedures, and organizational policies that could cause distress or mirror common characteristics of traumatic experiences.
5. **Create a Safe Environment.** Be responsive in adapting the treatment environment to establish and support the client's sense of physical and emotional safety.
6. **Identify Recovery From Trauma as a Primary Goal.** Remember that your client is less likely to experience recovery in the long run if treatment for mental and substance use disorders does not address the role of trauma.
7. **Support Control, Choice, and Autonomy.** Create opportunities for empowerment; doing so may help reinforce your client's sense of competence, which is often eroded by trauma and prolonged traumatic stress reactions.
8. **Create Collaborative Relationships and Opportunities for Participation.** Remember to shift the perspective from, "We, the providers, know best" to the more collaborative, "Together, we can find solutions." Programs that incorporate peer support services reinforce a powerful message—that provider–consumer partnership is important, and that consumers are valued.
9. **Familiarize the Client With Trauma-Informed Services.** Explain the value and type of trauma-related questions that may be asked during the intake process,

## Trauma-Informed Treatment Principles (continued)

educate clients about trauma to help normalize traumatic stress reactions, and discuss the rationale behind specific interventions.

- 10. Incorporate Universal Routine Screenings for Trauma.** Universal screening provides a steady reminder to be watchful for past traumatic experiences and their potential influence on a client's interactions and engagement with services.
- 11. View Trauma Through a Sociocultural Lens.** Understand that culture influences the interpretation and meaning of traumatic events and the acceptability of symptoms, support, and help-seeking behaviors.
- 12. Use a Strengths-Focused Perspective: Promote Resilience.** Focus on the client's strengths. Shift the focus from, "What is wrong with you?" to, "What has happened to you? What has worked for you?"
- 13. Foster Trauma-Resistant Skills.** Focus on developing self-care skills, coping strategies, supportive networks, and a sense of competence.
- 14. Show Organizational and Administrative Commitment to TIC.** For more information on implementing TIC in organizations, see Part 2, Chapter 1 of TIP 57.
- 15. Develop Strategies To Address Secondary Trauma and Promote Self-Care.** Remember that the demands of providing care to trauma survivors cannot be ignored; secondary trauma is a normal occupational hazard for behavioral health service providers.
- 16. Provide Hope—Recovery Is Possible.**

*Traumatic stress reactions are normal reactions to abnormal situations.*

## Types and Characteristics of Trauma

### Natural or Human-Caused Trauma

Natural events, often referred to as “acts of God,” are typically unavoidable. Human-caused traumas are caused by human failure (e.g., technological catastrophes, accidents, malevolence) or by human design (e.g., war). Although multiple factors contribute to the severity of a natural or human-caused trauma, the subsequent reactions people may have to these traumas often depend on the intentionality of the act and the number of losses (e.g., loss of routines, housing) each person sustains.

### Historical Trauma

The effects of traumas such as genocide, slavery, and internment in concentration camps can be felt across generations—stories, coping behaviors, and stress reactions can be passed across generational lines far removed from the actual event(s) or firsthand accounts. Known as historical trauma, the experience of this type of trauma can affect the functioning of families, communities, and cultures for multiple generations.

### Characteristics of Trauma: Objective and Subjective

Objective characteristics are those elements of a traumatic event that are tangible or factual; subjective characteristics include internal processes, such as the personal meaning an individual assigns to the trauma.

Objective characteristics:

- Was it a single, repeated, or sustained trauma?
- Was there enough time to process the experience?
- How many losses has the trauma caused?
- Was the trauma expected or unexpected?
- Were the effects of the trauma on the person’s life isolated or pervasive?
- Who was responsible for the trauma, and was the act intentional?
- Was the trauma experienced directly or indirectly?
- What has happened since the trauma?



## Types and Characteristics of Trauma (continued)

Subjective characteristics:

- What are the psychological and cultural meanings of the trauma? **It is important to remember that what happened is not nearly as important as what the trauma means to the individual.**

Sample questions to ask clients about the meaning of the traumas they have experienced:

- In what ways has your life been different since the trauma?
- What does the trauma mean to you?
- Do you feel that you are the same person now as you were before the trauma? In what ways are you the same? In what ways do you feel different?

## Common Experiences of and Responses to Trauma

The following list indicates some common reactions to and symptoms of traumatic stress:

- Numbness and detachment
- Heightened startle reactions, difficulty concentrating, hyperarousal, sleep disturbances, and physical complaints
- Reexperiencing of the trauma: nightmares, flashbacks, trauma-related hallucinations, intrusive thoughts, and memories
- Emotional dysregulation, anxiety (including panic attacks), and mood disorders
- Avoidant behaviors, including self-medication through substance use
- Cognitive changes regarding beliefs about the future, one-self, and the world

(Refer to Part 1, Chapter 3 of TIP 57 for definitions and more detailed explanations.)



## Screening for Trauma

Unrecognized, unaddressed trauma symptoms can lead to poor engagement in treatment, premature treatment termination, greater risk for relapse of psychological symptoms or substance use, and worse outcomes. Screening can also prevent misdiagnosis and inappropriate treatment planning.

A positive screening calls for more action. When a client screens positive for substance abuse, trauma-related symptoms, or mental disorders, the agency or counselor should follow up with a trauma assessment.

The most important areas to screen among individuals with trauma histories include:

- Trauma-related symptoms.
- Depressive symptoms.
- Sleep disturbances.
- Past and present mental disorders, including trauma-related disorders.
- Type and characteristics of trauma.
- Substance use disorders.
- Social support, coping styles, and availability of resources.
- Risks for self-harm, suicide, and violence.
- Health screenings.

## Screening for Trauma (continued)

### Primary Care Posttraumatic Stress Disorder Screen (PC-PTSD)

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...

1. Have had nightmares about it or thought about it when you did not want to?  
YES NO
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?  
YES NO
3. Were constantly on guard, watchful, or easily startled?  
YES NO
4. Felt numb or detached from others, activities, or your surroundings?  
YES NO

**Scoring:** The optimal cutoff score for the PC-PTSD is 3. If sensitivity is of greater concern than efficiency, a cutoff score of 2 is recommended.

Source: Prins, A., Ouimette, P., Kimerling, R., Cameron, R. P., Hugelshofer, D. S., Shaw-Hegwer, J., et al. (2004). The Primary Care PTSD Screen (PC-PTSD): Development and operating characteristics. *Primary Care Psychiatry*, 9, 9–14.

Material used is in the public domain.

## Trauma-Informed Treatment Objectives

The following list highlights trauma-informed treatment objectives. TIP 57 provides specific strategies for each objective (see Part 1, Chapter 5).

1. Establish Safety.
2. Prevent Retraumatization.
3. Provide Psychoeducation About Trauma, Common Traumatic Stress Reactions, and Treatment.
4. Offer Trauma-Informed Peer Support.
5. Use Strategies To Normalize Symptoms of Traumatic Stress.
6. Identify and Manage Trauma-Related Triggers.
7. Draw Connections Among Clients' Histories of Trauma and Subsequent Consequences.
8. Teach Balance.
9. Build Resilience.
10. Address Sleep Disturbances and Disorders.
11. Build Trust.
12. Support Empowerment.
13. Acknowledge Grief and Bereavement.
14. Use Culturally and Gender-Responsive Services.

## Strategies for Sleep Intervention

Sleep disturbances are one of the most enduring symptoms of traumatic stress and are a particularly common outcome of severe and prolonged trauma. Sleep disturbances vary among individuals with trauma histories and can include decreased ability to stay asleep, frequent awakenings, early morning or unintentional awakening, sleep aversion, nightmares, trouble falling asleep, poor quality of sleep, and disordered breathing during sleep.

**Strategy #1:** Conduct a sleep history assessment focused first on the client's perception of his or her sleep patterns. Also determine total sleep time, pattern of nightmares, and use of medications, alcohol, and/or caffeine.

**Strategy #2:** Use a sleep hygiene measure to determine the presence of habits that typically interfere with sleep (e.g., falling asleep while watching television). The National Sleep Foundation Web site (<http://www.sleepfoundation.org>) provides simple steps for promoting good sleep hygiene.

**Strategy #3:** Provide education on sleep hygiene practices.

**Strategy #4:** Reassess sleep patterns and history during the course of treatment. Sleep patterns often reflect current client status. Sleep disturbances significantly influence clients' mental health status.



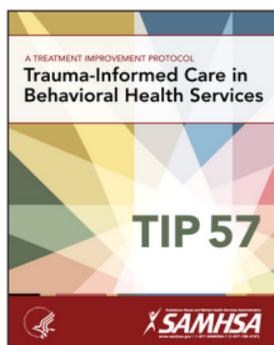
## Making Referrals to Trauma-Specific Services

For some individuals, trauma-informed treatment, including psychoeducation and development or reinforcement of coping strategies, will be the most suitable and effective strategy. Other clients may request or warrant a referral for more trauma-specific interventions. How do you determine which of your clients may need a referral to trauma-specific services? One main factor is the severity of symptoms at the time of screening and assessment. Other considerations for referral include:

- Excessively negative thoughts regarding the aftermath of the trauma, including consequences, changes after the event(s), responses of other people to the trauma, and symptoms.
- Presence of intrusive memories.
- Behaviors that reinforce or prevent resolution of trauma, including avoidance, dissociation, and continued substance use.
- History of physical consequences of trauma (e.g., chronic pain, disfigurement, health problems).
- Additional traumas or stressful life events in the aftermath of the prior trauma.
- Co-occurring mood disorder(s) or serious mental illness.

# Ordering Information

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## **TIP 57** Trauma-Informed Care in Behavioral Health Services

### **TIP 57-Related Products:**

Quick Guide for Clinicians  
Based on TIP 57

Publications may be ordered or downloaded from SAMHSA's Publications Ordering Web page at <http://store.samhsa.gov>. Or, please call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

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