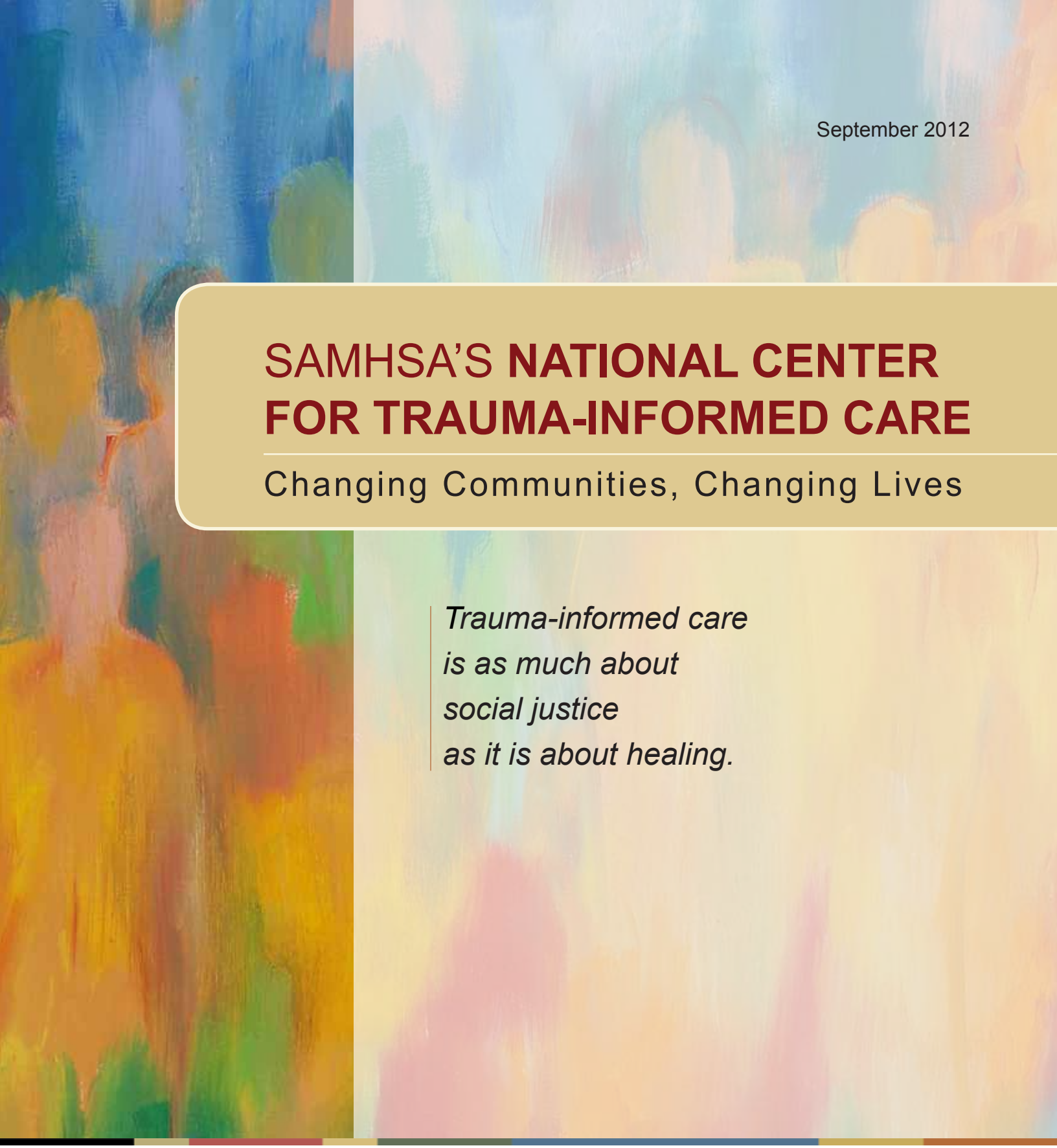

September 2012

# SAMHSA'S **NATIONAL CENTER FOR TRAUMA-INFORMED CARE**

## Changing Communities, Changing Lives

*Trauma-informed care is as much about social justice as it is about healing.*

NCTIC Center for Mental Health Services
National Center for Trauma-Informed Care

*Funded by SAMHSA/CMHS*

## ACKNOWLEDGMENTS

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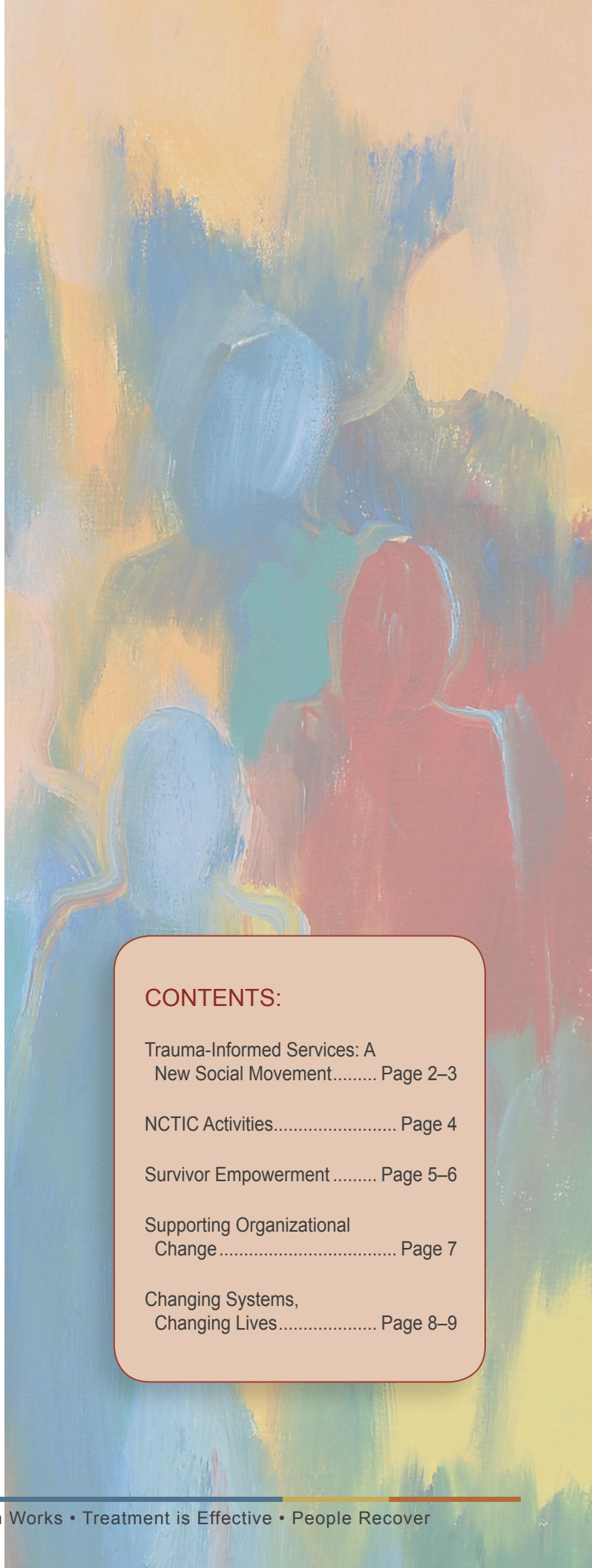

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*The staff and consultants of the **National Center on Trauma-Informed Care** want to thank the thousands of trauma survivors and advocates across the country who dedicate their lives to the work of trauma education and advocacy. With courage, wisdom, and passion, they are transforming the way the world responds to violence and trauma. Because of them, it is no longer acceptable for our public institutions to turn away from the interpersonal violence that destroys lives and devastates communities. They have broken down barrier after barrier, and they have shown all of us how to bear witness to trauma in our own lives.*

*With courage, wisdom, and passion, they are transforming the way the world responds to violence and trauma.*

Susan Salasin, NCTIC founder and first SAMHSA project officer

*We also thank the researchers and practitioners who developed and refined the concepts and the science on which this work is based. We are deeply grateful to the visionary leaders at SAMHSA who made the work of NCTIC possible, particularly Susan Salasin. Susan was one of the first to see the possibilities for social change inherent in the concept of "trauma-informed care," and she created NCTIC to embody those possibilities.*

***To all of you, we say thanks.***

# TRAUMA-INFORMED SERVICES: A NEW SOCIAL MOVEMENT

## Key Facts About Trauma

**Trauma occurs when external events overwhelm a person's coping responses. Trauma often has lasting adverse effects on physical, psychological, social and spiritual well-being.**

**Trauma is widespread. The majority of people in human service and justice systems have trauma histories. Many have experienced multiple sources of trauma.**

**Many service providers and first responders have also been impacted by trauma.**

**Trauma can result from adverse childhood events, interpersonal violence, war, disaster, accidents, and other events or circumstances.**

**Trauma affects the brain by overloading the stress response system. "Symptoms" are often adaptations to these neurological changes.**

**Although there are many common signs of trauma, every person reacts differently. Trauma often affects women and men differently, so gender-responsiveness is key.**

**Trauma can affect every aspect of a person's life, including health, behavioral health, ability to learn, and relationships.**

**Trauma can affect groups, organizations and communities as well as individuals.**

**The earlier in life trauma occurs, the more damaging the consequences are likely to be.**

**People are resilient and often recover from even severe trauma. With supports, healing is possible.**

**For further information, see:**
**www.cdc.gov/ace/**
**www.samhsa.gov/NCTIC/**
**www.nctsnet.org/**

Suddenly, it seems that everyone is talking about trauma. In Kansas City and Philadelphia, Head Start and daycare providers are learning how trauma affects the behavior of young children. In Florida and Connecticut, juvenile justice facilities are asking youth about their trauma histories and revamping their programs to address it. In Hawaii, the women's prison teaches inmates and staff about trauma and declares itself to be a "place of healing and forgiveness." In Joplin, Missouri, the principles of trauma-informed care are being used to rebuild the town after it was destroyed by a tornado. Prominent journalists are writing columns about trauma, and courses on trauma-informed services are appearing on college campuses. Consumer/survivor/ex-patient communities have made trauma part of their social justice platform. Trauma is no longer a concept of interest only to health and behavioral health professionals; it is a reality to people from all walks of life. In fact, trauma-informed care is beginning to look a lot like a social movement.

By definition, social movements are loosely organized, collective, sustained efforts in support of a change in society's structure or values. They do not depend on a few leaders or organizations, but reflect a common vision shared by a growing alliance of individuals and groups. They may have vague goals and strategies, but they are sustained by the emerging hope that *things could be different*.

The current interest in trauma-informed approaches grew from a variety of sources, including the stories and voices of survivors; research on trauma and violence; the emergence of trauma treatment models; and social and political action to prevent and respond more effectively to violence. Over time, we came to recognize how widespread trauma really is; how it impacts the developing brain; how it affects all aspects of a person's life and all parts of society. It became clear that we

need effective and coordinated treatment and prevention strategies and an overall change in our helping systems. The development of trauma-informed approaches gave people the tools they needed to begin this process.

Maxine Harris and Roger Fallot first made the distinction between "trauma-specific services" (clinical treatments) and the culture change referred to as "trauma-informed care."[1] Trauma-informed care is a powerful framework because it provides hope that there is a better way to handle some of our most pressing social problems. And it is potentially unifying because it can be applied in any setting. The basic premise is that everyone can benefit from learning about trauma. Staff learn new ways to interact with the people they serve, and everyday citizens respond differently when they encounter the results of trauma.

NCTIC was launched by SAMHSA in 2005 and is now managed by the *National Association of State Mental Health Program Directors (NASMHPD)*, one of the earliest national organizations to recognize the importance of trauma. Working in partnership with growing numbers of trauma survivors and organizations across the country, NCTIC has been a major force in helping this new movement take hold.

[1] Harris, M. and Fallot, R. (Eds.) (2001) *Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services, 89, Spring.*

## Historical Roots of the Trauma-Informed Services Movement

### ~ 1960s and 1970s ~

Early research on survivors of captivity & war

Vietnam Vets form "rap groups" on war trauma

Feminist and domestic violence movements

### ~ 1980s ~

PTSD diagnosis & treatment pioneered, VA establishes national center

Mental health consumer/survivor/ex-patient movement gains momentum, calling for an end to restraint and seclusion

Victims of Crime Act passed by Congress

International Society for the Study of Traumatic Stress Disorders founded

### ~ 1990s ~

First national trauma conference, Dare to Vision, highlights re-victimization and the voices of survivors

Women, Co-Occurring Disorders & Violence Study funded by SAMHSA

Multiple models for trauma services developed

Violence against Women Act passed by Congress

Adverse Childhood Experiences study documents prevalence and impact of childhood trauma

### ~ 2000s ~

SAMHSA establishes centers on child trauma, disasters, seclusion & restraint and trauma-informed care

Neurological research documents pathways through which trauma impacts the brain

SAMHSA declares trauma & justice a priority

### ~ 2010s ~

Federal Partners Workgroup on trauma involves over 35 agencies and departments

National professional associations and media increase focus on trauma

## Key Principles of Trauma-Informed Approaches[2]

1. Safety
2. Trustworthiness & transparency
3. Collaboration & mutuality
4. Empowerment
5. Voice & choice
6. Peer support
7. Resilience & strengths-based
8. Inclusiveness & shared purpose
9. Cultural, historical and gender issues
10. Change process

# NCTIC ACTIVITIES

NCTIC's impact is truly national in scope. Since 2005, NCTIC consultants have worked on-site in 45 states and territories and one Canadian province, and have collaborated with representatives from eight additional states and territories. NCTIC has worked in multiple service systems, including health and behavioral health, justice, housing and homelessness, education and child welfare, women's services, developmental disabilities, the military, and a range of professional training, advocacy and governmental agencies. Thousands of people and organizations have been impacted.

*NCTIC has pioneered gender-based approaches to trauma in both women and men.*

NCTIC offers consultation and technical assistance, provides training and education, provides speakers at conferences and meetings, and contributes to the development and dissemination of new information. Over 30 consultants are available, as well as monographs, documentary films, and program and issue briefs illustrating the implementation of trauma-informed principles. More detailed information on NCTIC activities, consultants and products can be found at http://www.nasmhpd.org/TA/NCTIC.aspx

**For further information about consultation or technical assistance, contact Pam Rainer prainer@ahpnet.com**

[2] From SAMHSA's Working Definition of Trauma and Guidance for a Trauma-Informed Approach, Draft September 9, 2012.

# SURVIVOR EMPOWERMENT

Trauma-informed care traces its roots to multiple sources, but it owes a particular debt to the early mental health consumer/survivor/ex-patient movement in the 1970s and 80s. Their struggle for the right to name their experience and control their lives was the foundation on which trauma-informed care was built. Trauma-informed approaches are as much about social justice as they are about healing. Confronting power, preventing violence and coercion, and working together for change are as important as healing the personal wounds of abuse.

In 1994, survivors' input into the Dare to Vision Conference focused attention on women's experience of violence and re-traumatization in the mental health system. SAMHSA's Women, Co-Occurring Disorders and Violence Study was the first large-scale federal research project to involve trauma survivors as partners in research design, implementation and analysis. According to Jackie McKinney, one of the women involved in the study:

> *"For the first time, I didn't have to make up stories about my experience. I was able to tell the truth about what happened and no one judged me, no one blamed me, no one tried to lock me up. The study gave us a peer group, a language to describe our histories, and friendships built on telling the truth. For many of us, that was new."*

Participants and SAMHSA/NCTIC staff at the Men and Trauma Peer Dialogue Meeting

## Peer Support and Empowerment

**NCTIC currently has 20 consultants on its roster who identify as trauma survivors, and requires that sites receiving TA include survivors as part of the change team.**

**NCTIC's guide, *Engaging Women in Trauma-Informed Peer Support*, provides information and tools for implementing this practice.**

**The DVD *Healing in Community*: Trauma Growth and Recovery highlights a peer-driven intentional community in Greenfield, MA.**

**At a meeting convened by NCTIC, male trauma survivors broke the silence about their experiences and laid the groundwork for a national support network for men.**

**The DVDs *Behind Closed Doors and Healing Neen* deliver a message of empowerment and hope to people in mental health, justice and homeless programs.**

**At a national NCTIC meeting, a panel of youth peer mentors inspired the crowd with the power of young people to eliminate the use of seclusion and restraint.**

**NCTIC's *Wounded Healers* project is exploring ways to break down barriers between staff with trauma histories and the people they serve.**

**NCTIC has provided training and technical assistance to peer-run organizations and peer groups throughout the country.**

Jackie McKinney and Rene Andersen, survivor leaders in the Women, Co-Occurring Disorders and Violence Study

*Photo credit: Tom Olin*

At NCTIC, survivor involvement, empowerment and support have become basic expectations for trauma-informed services. **NCTIC believes that:**

Survivor involvement must go beyond tokenism, advice and sign-off to real decision-making authority.

Survivor empowerment begins with giving people a chance to tell their stories, at the time and in the way they choose — but it doesn't end there. Trauma-informed programs put information and tools directly into the hands of survivors, work to level the power differences between staff and people served, and support social and political action.

Peer support works — whether it takes the form of independent peer-run programs, self-help and mutual support groups, or services delivered by peers working in traditional service agencies.

NCTIC also recognizes that sustainable change *always* comes from the people who are most affected. NCTIC is committed to making sure that survivors reclaim both their voices *and* their choices.

NCTIC staff, consultants and federal partners at state system change meeting

*Photo credit: Nick Kline*

# SUPPORTING ORGANIZATIONAL CHANGE

The *National Center for Trauma-Informed Care* plays a unique role among national organizations. NCTIC does not promote a specific therapeutic model or focus on a particular population or setting. Its mission is to *support culture change: a revolutionary shift across a broad range of service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education*.

NCTIC staff and consultants recognize that change doesn't come easily — even if it is consistent with common sense and research data. Training must be coupled with sustained leadership and a commitment to review every aspect of organizational functioning. NCTIC provides hands-on support for long-term change in a wide variety of settings. Its consultants help organizations to assess their ability to change. They provide an opportunity for revisiting values. They provide information, a base of knowledge about trauma showing the need for a new direction. They consider circumstances and timing, two factors that can derail the change process. They help leaders develop a climate for change by increasing a sense of obligation to the people they serve and by identifying resistances to change. And they help organizations to focus on what the change will yield: the benefits that will result from becoming trauma-informed.[3]

NCTIC's leadership knows that you can't fully understand a person's situation — or the possibilities for change — unless you have walked in her shoes. Its consultants have practical knowledge about the realities of working in prisons, homeless shelters, medical settings and psychiatric facilities. Many have themselves experienced trauma, and many have received services in the same kinds of settings where they are consulting. The advice they bring is grounded in years of real life experience.

Change doesn't occur in a vacuum, and it doesn't happen overnight. NCTIC's model encourages sites to develop coalitions committed to new ideas and new practices. And whenever possible, NCTIC stays involved until ideas are translated into action, helping sites to track their progress and bringing new information and perspectives as the effort evolves. The result is real and sustainable change.

[3] For further explanation, see Salasin, S.E. and Davis, H.R. (1977) Facilitating the utilization of evaluation. A rocky road. In I. Davidoff et al, *Evaluating Community Mental Health Services: Principles and Practice*. U.S. Dept of HHS: National Institute of Mental Health.

# CHANGING SYSTEMS, CHANGING LIVES

*"When the truth is finally recognized, survivors can begin their recovery."* — Judith Herman

## Trauma-Informed Changes at Larkin Community Hospital in Miami

**The ER was repainted, disturbing signs removed, comfort items made available, and music piped in**

**The ACE questionnaire was added to the ER assessment process**

**Customer Service rounds are held daily to get feedback from patients**

**Screen savers about trauma have been installed on all computers**

**Outpatient services now assess patient triggers & calming factors**

**The former "doctors only" lounge is now open to non-physician guests**

**Trauma-informed care was featured at the hospital's first Community Health Fair**

**A new residency training program has trauma-informed care as a central clinical premise**

**Closed-circuit TV is used to create in-room activities to help alleviate patient boredom**

**Seclusion and restraint is being reduced hospital-wide**


In a trauma-informed environment, survivors have an opportunity to talk about what happened to them, and staff understand that "symptoms" often reflect adaptations to the impact of trauma. By addressing the underlying issue, it is possible to avoid unintentional re-traumatization, and the door is opened for real change to occur — in service systems as well as in individual lives.

NCTIC has taken this essential message to a variety of settings, with outstanding results. In state hospitals, residential programs and schools, trauma-informed approaches have led to significant reductions in the use of seclusion, restraint, point systems, and other control-based practices. In a maximum security forensic hospital in Michigan, for example, the introduction of trauma-informed care reduced restraint by 56%, seclusion by 37%, and staff injuries resulting in time off by 40%. Similarly, a children's residential facility in Yonkers, NY, used the Sanctuary[4] model to reduce restraint and seclusion by 93%.

The Adverse Childhood Experiences[5] study and other research has firmly established the link between psychological trauma and physical health. As Vince Felitti, one of the authors of the ACE study, notes: "(The data) have given us reason to reconsider the very structure of primary care practice in America."

NCTIC is helping to change the way health care is delivered in general hospitals and community health clinics in a number of states. Changes are being made in basic patient care, such as giving people a choice about where they sit; asking permission before touching a patient, closing the door, or inviting a resident to observe the procedure; thoroughly explaining all medical terms and procedures; and meeting with patients before they disrobe. Diagnostic and assessment procedures, quality assurance systems, and physical environments are also being redesigned to reflect an understanding of trauma (see example in sidebar.)

[4] Pioneered by Sandra Bloom, MD, the Sanctuary model is one of several approaches to trauma-informed culture change that have been developed and tested over the past decade.

[5] For further information, see www.cdc.gov/ACES

Marion Regional
Juvenile Detention Center

Justice systems are also beginning to recognize that most people they serve have experienced severe trauma. In response, some adult and juvenile correctional facilities are implementing trauma interventions such as TAMAR and TARGET[6]. Others are modifying practices and environments to be more trauma-informed. For example, with NCTIC's assistance, the North Carolina Department of Juvenile Justice has re-written job descriptions, eliminated the requirement for security-type uniforms, and provided "comfort bags" of sensory items to all youth. They have also eliminated the use of seclusion by coaching staff to pay more — rather than less — attention to youth whose behavior is starting to deteriorate.

In Florida, one juvenile justice facility has repainted cells to be welcoming rather than jail-like (see picture), and, whenever possible, gives youth a choice of rooms. The women's prison in Hawaii has also made changes to the physical environment as part of an overall effort to become trauma-informed. Institutional colors are gone, replaced by murals and paintings and gardens. Language has been changed, both staff and inmates are educated about trauma and its impact, and universal trauma screening has been implemented.

Trauma-informed approaches are also relevant in the courtroom, particularly in "treatment courts" that specialize in substance abuse, mental health, domestic violence, and veterans' issues. NCTIC has been working with judges in New York and Florida to make small but significant changes in their courts. Changes include eliminating common forms of verbal and nonverbal intimidation, such as jingling keys or standing too close to the defendant; removing overly-restrictive or disrespectful signs; making themselves more accessible by coming out from behind the bench; and explaining clearly to the defendant what's happening at each step of the process. Judges who understand trauma are also better able to evaluate the appropriateness of community services.

NCTIC's approach to change brings many different partners into the conversation. As a result, the movement to implement trauma-informed approaches has rippled far beyond the health, human service, and justice systems. The Federal Partners Committee on Women and Trauma, with representatives from over three dozen Federal agencies and departments, is promoting the application of trauma-informed approaches in the workplace, the armed services, the Peace Corps, and housing and urban development, among others. Local communities are also getting involved: From Washington State to Florida, local citizens and civic groups are using knowledge about trauma to create safer, healthier, and more productive communities.

[6] TAMAR, developed by Joan Gillece, PhD, is designed specifically for women and children in the correctional system. TARGET, designed by Julian Ford, PhD, can be used with youth and adolescents in a variety of settings.

*Sustainable change **always** comes from the people who are most affected.*

Artwork by Anna Caroline Jennings.
From the Dare to Vision conference, a landmark event in the evolution of trauma-informed approaches.

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