Trauma informed care and the intersection with brain injury

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Introduction

- Core faculty at University of Denver, Graduate School of Professional Psychology, International Disaster Psychology Program
- Private Practice: Gupta Psychology that specializes in trauma treatment and cross cultural counseling
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- Director of the Trauma and Disaster Recovery Clinic
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Learning objectives

❖ Introduction to trauma and the overlap with TBI
❖ Understanding Trauma informed care and examples that illustrate the concepts
❖ Challenges to implementing this approach
❖ Questions
What is trauma?

❖ “An event that overwhelms a person’s ability to cope (Herman, 1997)
❖ “Individual trauma results from an event, series of events, or set of circumstances that is experience by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individuals’s functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014, pg. 7)
❖ DSM Definition:
   ❖ Stressor
   ❖ Intrusive symptoms, avoidance, negative alterations in cognitions and mood, alterations in arousal and reactivity
Prevalence and impact (Harris and Fallot, 2009)

- Pervasive:
  - National community based surveys reveal 55% to 90% have experienced 1 traumatic event
- Impact is broad reaches many domains
  - Increase risk of MH problems, depression, anxiety, SA, health problems, eating disorders, suicidality, and difficulty in relationships
  - ACE Study (Felitti et al., 1998)
- Impact is deep and life shaping
  - Can be life altering
  - Neurological and psychosocial adaptions can occur
- Insidious and some are more vulnerable
  - Ethnic minorities, low income, homelessness, severe mental heath, developmental disabilities, substance abuse issues
Overlap of Trauma and TBI: Increased vulnerability

- Increased vulnerability to victimization (CDC, N.D)
  - Exploitation (Oktay and Tompkins, 2004)
  - Caregivers may respond with violence due to the frustrations with caregiving (Kim, 2002)
  - Demeaning and abusive behavior due to lack of understanding (Sequeira and Halsted, 2001)
Overlap of trauma and TBI: comorbidity

- PTSD can occur after a TBI, even in severe cases where there is little or no recall of the event that caused injury (Taney et al., 2004)
- Prevalence rates
  - Remains uncertain (McMillan et al., 2003)
Overlap of trauma and TBI: Symptomatology

❖ Symptom overlap: insomnia, irritability, impaired concentration (Sumpter et al., 2006)
❖ Memory impairment, social withdrawal, and difficulty adjusting to TBI injury can look like PTSD symptoms (Sumpter et al., 2006; Kennedy et al., 2007)
❖ Misattribution of symptoms can occur and/or misdiagnosis of either condition (Sumpter et al., 2006; McMillian, 2001)
❖ Intrusive recollection is a symptom that distinguishes PTSD from TBI (Stein et al., 2009)
What is Trauma informed care (TIC)?

- TIC involves a system focused framework of service delivery (Kessler, 2014; Wolf et al., 2014)
- Organizational commitment to providing services that are helpful to the special needs of trauma survivors
What is trauma informed care (TIC)?

❖ “What has happened to you?” NOT “What’s wrong with you?” (Jennings, 2008)
Case example
Trauma informed care: a culture change

- TIC involves a culture change in the organization (Harris and Fallot, 2009; Kessler, 2014)
- Involves developing policies and working environments that are organized around five principles (Harris & Fallot, 2009)
  - Safety
  - Trustworthiness
  - Collaboration
  - Empowerment
  - Choice
Trauma informed care: safety

- Safety for consumer and staff
  - Creating physical and emotional safety
  - Examples for consumers and staff
Trauma informed care: Trustworthiness

- Trustworthiness for consumer and staff
  - task clarity, consistency, and interpersonal boundaries
- Examples for consumer and staff
Trauma informed care: Choice

❖ Choice for consumer and staff
  ❖ Maximizing choice and control
  ❖ Examples for consumer and staff
Trauma informed care: collaboration

- Collaboration for consumer and staff
  - Creating collaborations and sharing power
  - Examples for consumer and staff
Trauma informed care: empowerment

❖ Empowerment for consumers and staff
  ❖ Emphasizing empowerment and skill building
  ❖ Examples for consumers and staff
What can you do as an administrator (Harris & Fallot, 2009)

- Integration of knowledge about violence and abuse into all program practices
- Policy statement
- Develop a trauma initiative
- Consumer advisory group (has trauma survivors present)
- Collaborative and shared decision making style
- Provide resources and opportunity for learning
Trauma informed care: Does it work?

- TIC approaches can increase effectiveness of MH and SA services (Harris & Fallot, 2009; Wesley & Power, 2005)
- Better outcomes have been found for TIC than traditional treatment approaches (Cocozza et al., 2005; Morrissey & Ellis, 2005; Kammerer et al., n.d.)
  - Improvement in daily functioning, decreased trauma symptoms, decreased MH/SA symptoms
- No differences in cost to program with using TIC vs traditional approaches and better clinical outcomes (Domino et al., 2005)
Challenges to Trauma Informed Care

- Staff attrition and high turnover (Bloom et al., 2003; Rivard et al., 2004)
- Encouragement of flattened organizational hierarchy (Bloom et al., 2003)
- Lack of time for communication and team building (Rivard et al., 2004)
Challenges to Trauma Informed Care Continued (Wolf et al., 2014)

❖ Difficulty to agree on what emotional safety looks like
❖ Challenging to have choice and control for clients
❖ Concrete examples of collaboration can be difficulty
❖ TIC principles were applied to clients but many did not include staff
Discussion

❖ Turn to the person next to you
  ❖ Are there ways your organizations are trauma informed?
  ❖ How can your organizations be more trauma informed? Think of concrete examples
  ❖ What challenges might you have to implementing a TIC approach and how can you respond to those challenges?
  ❖ When you go into the office on Monday, do you plan to do anything differently?


Outcomes for women with co-occurring disorders and trauma: Program-level effects.

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Service use and costs for women with co-occurring mental and substance use disorders and a history of violence. *Psychiatric Services, 56*, 1223-1232.


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