Overview:

Focus on Trauma in the DSM-5
Trauma Informed Care
Seeking Safety
Implementation of Innovation

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PTSD: Changes in DSM-5

- Survival trumps self-regulation in this

PTSD: Diagnostic Criteria (DSM-5)

A. Exposure to actual or threatened death, serious injury, or sexual violence in various ways
B. Presence of intrusion symptoms associated with the traumatic event, beginning after the event
C. Persistent avoidance of stimuli associated with the traumatic event , beginning after event
D. Negative alternation in cognitions and mood
E. Marked alterations in arousal and reactivity
F. Duration of disturbance is more than one month
G. Causes clinical significant distress or impairment
H. Not attributable to the phy.

PTSD: Diagnostic Criteria (DSM- 5) continued

- Specifiers
  - With dissociative symptoms
  - With delayed expression

PTSD: Changes in DSM-5

- The necessary criteria of exposure to trauma links the conditions included in this class
  - the homogeneous expression of anxiety or fear-based symptoms
  - anhedonic and dysphoric symptoms,
  - externalizing anger or aggressive symptoms,
  - dissociative symptoms, or some combination of those listed differentiates the diagnoses within the class (NCPTSD)

Symptoms of Posttraumatic Stress

- Depression
- Grief and Loss
- Isolation
- Interpersonal Distancing
- Mistrust
- Anxiety
- Over-stimulation
- Sleep disturbances
- Rejection andTJET EMC /P9

Core Assumptions Regarding the Impact of Trauma and PTSD

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PTSD, Violence and Incarceration

- PTSD does not correlate with increased episodes of severe violence
- PTSD does not appear to correlate with increased incidence of psychiatric hospitalization
- PTSD may correlate with increased episodes of jail incarceration

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Prevalence of PTSD

- Lifetime prevalence for PTSD in the United States is 8.7% of the adult population
- Women are at twice the risk for PTSD
- For at-risk populations (e.g. survivors of rape, combat and captivity, ethnically or politically motivated internment, torture or genocide).I[ )]Trnternment, tortudv[ )]0 0.471 0.9

A Framework for Working with Traumatized Individuals

- Trauma as a starting point for understanding presenting much of the familiar symptomology: The expectation rather than the exception
- Beginning with PTSD as a rule-out diagnosis
- Other diagnoses (including substance use disorder) may be relevant as well

Clinical Treatment with Traumatized Individuals

- Client Assessment
  - Inventory of symptomology
  - Examination of social contexts for roots of trauma and abuse:
    - Family
    - Community
    - Geography
    - Political Climate

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Clinical Treatment with Traumatized

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Key Elements of Successful, Trauma-Informed Services

- Education on the nature and extent of violence
- Finding relationship of other problems and disorders to the violence
- Creation of safe and supportive space to explore these issues

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- Learning specific skills to promote recovery
- Skill development to identify thoughts, feelings, behaviors
- Effective problem solving techniques
- Relaxation, grounding, stress reduction, etc.

Examination of Formal and Informal Policies and Procedures

- Trauma-informed services incorporate an awareness of trauma and abuse into all aspects of the program procedures
- Gender-

Examining Formal and Informal Policies and Procedures (cont.)

- At a minimum, environments and therapeutic techniques should be evaluated for their potential to be re-traumatizing
- Administrators should strongly consider

Key Areas of Modification: Screening and Assessment

- Screening and assessment should examine the presence of:
  - Mental and substance use disorders
  - Histories of trauma and abuse
  - Whether a woman has children and, if so, related needs (e.g. custody issues)
  - + H D O W K U L V N V V X F K D V + , Hepatitis, and other chronic medical problems)
- Methods should include validated structured interview or self-report methods that have been derived from and used with relevant samples

Key Areas of Modification: Screening and Assessment

- Screening for Trauma / PTSD
  - All persons entering court-related / other programs should be screened for trauma
  - Any staff member can screen for symptoms of trauma
  - Many simple, non-proprietary screening instruments are available
  - Positive screens should be referred for a comprehensive assessment
  - www.ncptsd.org

Key Areas of Modification: Screening and Assessment

- Screening for Trauma
  - Provide safe, private environment, free from startling noises, provide adequate interpersonal distance
  - Identify trauma-related symptoms
  - Gather information on mental health treatment, substance abuse patterns, psychiatric medication use, etc.

Developing a Trauma-Informed Treatment Programs

- Administrative commitment to change
- Appropriate trauma screening
- Trauma training and education
- Hiring practices
- Review of formal policies
- Review of formal and informal service procedures

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Incorporating Trauma-Sensitive Services into Existing Programs

- Prioritize awareness of trauma and abuse in all aspects of treatment and treatment environment
- Modify procedures for working with women and men in full range of service settings
- Create alternative, trauma-sensitive procedures less likely to exacerbate symptoms and more likely to promote effective behavioral management and client change

Trauma and Treatment Engagement and Outcomes

- Impacts interaction with figures of authority
- Impacts sleep patterns
- Can lead to self injurious behavior
- Impacts how rage and anger are experienced

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Addressing Trauma in MH and SA Treatment

- Provide Integrated Treatment
- Work on Engagement and Motivation
- Work from a position of optimism
- Educate about Trauma and COD

Stage Conceptualizations

- Stage One: Focuses on stress management, symptom reduction, education, building trust, improving communication, teaching coping skills, stabilization and reduction of symptoms and safety

- Stage Two: Exploration of memories, integration, remembrance and mourning (facing the past by exploring the impact of trauma and SA)

Stage Conceptualizations

Gender/Trauma Informed Programming

- Some examples of trauma-recovery models:
  - Seeking Safety (Najavits, 2001)
    - www.seekingsafety.org
  - Trauma Recovery & Empowerment (TREM, Harris, 1998)
    - rfallot@communityconnectionsdc.org

Seeking Safety (Najavits

Seeking Safety (Najavits, 2002)

- Integrates trauma & substance abuse
- Derived primarily from Cognitive Behavioral Therapy
  - With a focus on structured activities
  - Problem solving in the present
  - Education
  - Is time-limited

Seeking Safety ±

Therapist Selection

Considerations in Selecting Staff

- No s 0Jin

Considerations in Selecting Staff

- What would colleagues / peers say about their ability to form therapeutic alliances?
- Are they on -board with following a manual?
- What is their opinion re adoption of innovation / application of EBPs?
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Key Program Elements in Early Treatment

- Finding relationship of other problems and disorders to the violence
- Creation of safe and supportive space to explore these issues
- Learning specific skills to promote recovery
- Skill development to identify thoughts, feelings, behaviors
- Effective problem solving techniques
- Relaxation, grounding, stress reduction, etc.

Designed for flexible use:

Can be conducted in group or individual format; for women, men, or mixed-gender; using all topics or fewer topics; in a variety of settings.

Range of Clinical Topics Covered

Interpersonal topics:

Honesty
Asking for Help
Setting Boundaries in Relationships
Getting Others to Support Your Recovery
Healthy Relationships
Community Resources

Cognitive topics:

PTSD
Taking Back Your Power
Compassion
When Substances Control

Behavioral topics:

Taking Good Care of Yourself
Commitment
Respecting Your Time
Coping with Triggers
Self-Nurturing
Red and Green Flags
Detaching from Emotional Pain (Grounding)

Case Management:

Introduction
Case Management
Safety
Life Choices
Termination

Combination

Safety
Life Choices Game
Termination

Format of Clinical Sessions

Client Selection

- has been applied to diverse populations
- was designed for men and women
- be inclusive as possible
- encourage application of coping skills very broadly
- use CM to engage in additional treatment

Client Selection

- Instruct to ignore terms of they G R Q ¶ W D S S O \
- A O O R Z - R X µ W ¶ U R I W U H D
- Allow participation at any stage of recovery
- Can be applied from the start of treatment

Measurement of Fidelity

- Using the Adherence Scale
  - In training
  - Ongoing assessment

- Overview of the Research Evidence

- Continuously updated at www.seekingsafety.org

†Overview of the Research

Issues in Implementation and Sustainability:

Global and Specific

NIRN: Global Considerations

- There are two separate sets of issues and considerations:
  - One involves the interventions specified by the evidence-based program or practice
  - The other involves the implementation processes and strategies to put the intervention in place

Work of Implementation

- Changing the behavior of adult human service professionals
- Changing organizational structures, cultures, and climates
- Changing the thinking of system directors and policy makers

Successful and sustainable implementation

Implementation Facilitators

- Effective strategies to change adult behavior (e.g., line staff, supervisors)
- Effective strategies to change program operations (e.g. HR, scheduling)
- Reduction of systems and policy barriers
- Right resources at the right time
-

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- Excellent experimental evidence for what does not work

  - Dissemination of information by itself does not lead to successful implementation (research literature, mailings, promulgation of practice guidelines)

  - Training alone, no matter how well done, does not lead to successful implementation

Stages of Implementation

Implementation occurs in stages:

- Exploration
- Installation
- Initial Implementation
- Full Implementation
- Innovation
- Sustainability

Stages of Implementation

- Exploration
  - Awareness, preplanning, initiation (stakeholders, leaders, champions)
  - Community -Purveyor information exchange, mutual assessment
  - Perceived risk, ability to manage risk
- Installation
  - Structural and instrumental changes (hire/redeploy staff, cell phones, HR policies, funding and referrals, space)
  - Resources consumed but no consumers seen (start up may add 10 -20% to first year costs)

Stages of Implementation

- Initial Implementation
  - Change practices, provide services
  - Put components in place, change organizational structures & culture, manage change process, overcome fear & inertia
- Full Implementation
  - Components integrated, fully functioning
  - New implementation site ready to be evaluated re: consumer outcomes

Stages of Implementation

- Innovation
  - First do it right (high fidelity)
  - Then do it differently (evaluate changes, improvement/drift)
- Sustainability
  - Starts during exploration, never stops
  - Information and trust, good outcomes, expanding support base during all stages
  - Ability to retain function while changing form given turnover, changing needs and context

Implementation and Adaptation: Seeking Safety

- Methods for Teaching Coping Skills
  - Walk Through
  - In-session exercise
  - Role-play
  - Identify role models
  - ³ 6 D \ D O R X G ´
  - & R Q V L G H U µ R E V W D F O H V ¶
  - Replay scenes
  -

Implementation and Adaptation: Seeking Safety

- Suggestions for Specific Audiences

- Adolescents
- Gender issues
- Military / Veterans
- Racial / Ethnic Diversity

  - What do you think you might do differently based on who is in the group?

Implementation and Adaptation: Seeking Safety

- Considerations in Selecting Staff

  - No specific degree requirements ±per LN
  - Must be able to recognize their limits
  - Interested in using the manual / following the format
  - Other helpful characteristics

Use of Quotations

- ³ : K D W D U H W K H Z R U G V \ R X
  have? What do you need to say?
  « 7 K H U H D U H V R P D Q \ V L O H
  E U R N H Q « ´
- ³ 1 R W W R O D X J K Q R W W R
  M X G J H E X W W R X Q G H U V W D
- ³ < R X D U H Q R W U H V S R Q V L E
  down, but you are responsible for
  J H W W L Q J X S ´

Addressing Challenging Statements

- , F D Q ¶ W W D O N W R P \ V H O I K D W H P \ V H O I W R R P X F K ´
- Substances help me deal with my PTSD
- These are good skills, but I will never remember to do them
- , G R Q ¶ W G H V H U Y H W R W D N myself
- , Z D Q W W R V H W D E R X Q G D U W H O O L Q J P H W R V W R S X V L

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- Further information on Seeking Safety Manual and Model at :
- www.seekingsafety.org

³ 6 H H N L Q J 6 D I H W \ $ Manual for PTSD and 6 X E V W D Q F H $ E X V H ´ (Najavits, 2002)

can be ordered from Guilford Press (800-365-7006) or online at www.guilford.com.

Web Resources

- www.nrepp.samhsa.gov ±National Registry of Evidence based Programs and Practices
- www.ncmhjj.com
- www.scattc.org
- www.aacap.org/publications/factsfam/schizo.htm
- www.surgeongeneral.gov/library/mentalhealth/chapter3
- www.fmhi.usf.edu
- www.samhsa.gov
  - Co-occurring Center of Excellence

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- Trauma and Recovery by Judith Herman, MD (1992).
- Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders. Edited by Paige Ouimette and Pamela Brown (2003).