Trauma-Informed Care

Trauma-Informed Care: A Vital Approach to Better Mental and Physical Health

There is nothing insignificant about trauma. It can affect nearly every aspect of an individual's life. It can sneak in and disrupt thoughts, affect actions and emotional health, play a dominant role in decisions, and negatively impact physical health, all without anyone knowing it is there. While trauma can lurk silently inside for years, it eventually will become a palpable entity that visibly overshadows everything in an individual's life. It is a weight in dark, murky waters, yet for many, its beginnings can be just as shadowy and without a clear origin.

Many people aren't able to point back to when their trauma began. This can occur because the nervous system stores trauma memories as snippets of fear and anger which are not connected to a specific time and place in our past. Or traumatic events may have occurred in infancy. Being two-months old with a mother suffering from post-partum depression, left for hours in a crib hungry and neglected, isn't an event that an adult can trace back to as the reason for their sensitivity to abandonment. These people will often say "I haven't had anything traumatic happen to me." Yet for others, their traumatic event is clear. If prompted, these people can single out the circumstances that changed them and left them scarred, wounded, and afraid of the world.

Simply put, trauma can be defined as a change that occurs within a person in response to threats that they cannot master at the time. From a neuroscience viewpoint trauma is viewed as a rewiring or reorganization of the nervous system. New connections are made, and old connections are broken in a neuroplastic process that strengthens the nervous system's threat-detection/self-protection circuits. Essentially, trauma is deep learning that the world is unsafe.

Evolved for Self-Preservation

Within the human nervous system, circuits exist that were inherited from a design based on self-preservation. All the senses are plugged into the unconscious part of the nervous system that monitors, assesses, and responds to threats. That design came in handy 100,000 years ago as humans hunted and gathered for survival while nervously looking over their shoulders for saber tooth tigers. It kept people safe from the dangers of the wild.

Humans have inherited this nervous system "software for self-preservation." It turns out that our self-preservation software can take over day-to-day functioning, if we encounter threats that cannot be managed, and often will remain in charge of the nervous system with negative emotional and physical consequences. Hyperfunctioning "always-on" threat circuits lead to self-preservation behavior such as aggression and isolation and to depression and anxiety which cause yet more isolation. The immune system is activated when we are in this survival mode. This is why it is common for people with trauma because their self-preservation circuits are hyperfunctioning, to feel fatigued, have difficulty sleeping, feel depressed and anxious, be easily angered, suffer from chronic pain, and seek relief through prescription drugs and other substances.

Chronic inflammation is often associated with autoimmune disorders and other health conditions such as heart attacks and strokes. In one study , it was found that exposure to moderate levels of traumatic experiences during childhood significantly increases a person's risk for seven of the ten leading medical causes of death; exposure to high levels of trauma is associated with a 20-year decrease in life span.

Adverse Childhood Experiences Study

The first research paper clearly tracing poor adult physical and mental health to psychological trauma experienced during childhood was published in 1998 by a team of researchers in a weight loss program at Kaiser Permanente Hospital in California. Initially, the researchers wanted to discover why some people would gain weight back and why half their patients dropped out of their weight loss program. They designed a childhood trauma screening tool called the ACE (adverse childhood experiences) Questionnaire. The questionnaire included 10 questions about childhood experiences that can cause the nervous system trauma response described previously, such as direct or observed physical abuse, sexual abuse, emotional abuse, exposure to family alcohol abuse, witnessing their mothers being battered, and exposure to familial mental illness.

"We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied (P < .001). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ..., and sexually transmitted disease; and 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease."

The researchers found that childhood trauma was the strongest predictor for which weight loss patients would drop out of treatment and/or gain weight back. This connection was so striking that the Centers for Disease control partnered with the Kaiser team to screen over 17,000 mostly middle-class Californians with the ACE Questionnaire. This study has been hailed as a representative view of middle-class America since the demographics of the group were approximately 70% white and 30% persons of color, with a nearly equal split of males and females in a middle-class socioeconomic group. Their landmark findings were published in 1998. Called the Adverse Childhood Experiences (ACE) Study , they clearly showed, for the first time, that childhood trauma has significant effects on the development of the mind and the brain:

Research from 2018 documented the ACE relationship to PTSD and the long-term effects of experiencing traumatic events. According to the results of the study, there is an association between the age of trauma exposure and the likelihood for developing PTSD symptoms. Individuals who reported sexual abuse before the age of 12 were found to be at greater risk of having prominent depressive symptoms. Individuals who reported sexual abuse after the age of 12 were at greater risk of having severe PTSD symptoms.

The Trauma-Informed Approach

Trauma-informed care is an approach to therapy that asks:
"What happened to you?" rather than "What is wrong with you?"

Trauma is the ancient Greek word for wound. Few individuals escape the ups and downs of life without being emotionally wounded, so it is understandable that most people have experienced a level of trauma in their lives. Yet it is those individuals who have experienced a deeply wounded heart, soul, or spirit and have difficulty managing daily life who are most affected by the effects of psychological trauma. Experts have found that deep-seated shame is a common thread among all trauma victims and that sensitivity in how care is provided is of utmost importance.

Since shame can happen either overtly or unintentionally, trauma-informed care, with medical and clinical teams who have been specially trained in trauma care, can be very effective. While some individuals improve in an outpatient setting where they receive mental health services in an office or clinical setting rather than being admitted to the hospital overnight, others may benefit from a more intense approach. That next level of care can be a Partial Hospitalization Program (PHP), an Intensive Outpatient Program (IOP), or at a residential treatment center.

At a residential treatment facility that uses a trauma-informed care approach, the focus is on shame reduction; that premise is at the core of all other programming and modalities being offered.

Trauma-focused treatment centers provide:

- A safe and comfortable environment that works collaboratively and respectfully with residents and views them in a positive light
- A place where everyone from the housekeeping team to the clinic director, understands and respects shame reduction practices
- A respectful understanding of an individual's struggles marked by the realization that instead of labeling residents as "bipolar" or "depressed," etc., they instead are viewed as having maladaptive coping mechanisms that are difficult for them to overcome

Trauma is Treatable

Sierra Tucson provides all residents with treatment that has its foundation in trauma-informed care. In a large majority of residents, the struggles that bring them to Sierra Tucson such as addiction, chronic pain, depression, eating disorders, and other concerns, can be traced to trauma. For example, a study found that up to 42 percent of sufferers of chronic back pain are diagnosable with PTSD, whereas only 7% of the general population have PTSD[1]. The Institute for Chronic Pain has found that approximately 90% of women who suffer from fibromyalgia report that they suffered trauma in their childhood or in their adulthood. Over 76% of patients with chronic low back pain report having at least one trauma in their past, and over 2/3 of women who suffer with chronic headache pain have reported a history of physical or sexual abuse.[2]

Sierra Tucson recognizes that childhood trauma affects how residents experience therapeutic interventions. The most common emotion that nearly all individuals with a history of childhood trauma experience is a deep, abiding sense of shame – the sense that there is something inherently wrong with or bad about them[3]. Trauma-informed care is simply shame reduction[4]. Sierra Tucson ensures that all interventions work toward reducing shame rather than creating or exacerbating it.

Sierra Tucson refers to itself as a trauma treatment center at its core. Through a trauma-informed treatment approach, it underscores that people who achieve healing find empowerment with knowledge and a safe, supportive, treatment team.

At Sierra Tucson, treatment for trauma is not added on as an "extra." Instead, it informs all the other programing that is offered:

The Role of Trauma-informed care in **Pain Recovery**

Pain is very common among adults with mental health disorders.[1] Often pain symptoms are misdiagnosed as pain from tissue injury instead of from trauma. Individuals in the Chronic Pain Program at Sierra Tucson benefit from trauma treatment as evidenced by the fact that often whatever the physical pain or symptoms residents once had, significantly recedes once the trauma is treated. There is a large body of published evidence to support this, as well.[2]

Characteristics of many with chronic pain:

1. There is evidence of developmental trauma.
2. There is no clear pathology to explain the pain.
3. Fatigue, anxiety, depression, pain, insomnia, high level of disability are *always* there
4. Often, there is no addiction disorder.

The Role of Trauma-informed care in **Addiction Recovery**

Individuals with a history of trauma are often more vulnerable to addictive substances or behaviors in an attempt to facilitate a temporary state of numbness, quiet intrusive thoughts and/or regulate mood.[3] Trauma changes nervous system function that leads to symptoms such as anxiety, pain, and depression that respond to opioids. The opioid addiction crisis is a crisis of trauma and represents the failure to address the psychological factors that are the root of chronic pain.

An American with depression or anxiety is four times more likely to be prescribed an opioid pain killer than an American without these diagnoses.[4] The Centers for Disease Control and Prevention reports that from 2000 to 2014, more than 165,000 people have died from overdoses related to prescription opioid use.[5]

The Role of Trauma-informed care in **Mood Disorder Recovery**

Many times, individuals struggling with trauma demonstrate learned behaviors that got them through difficult situations that happened to them in their life. By approaching those individuals with a compassionate lens of trauma-informed care care, the natural question emerges – *"what happened to you?"* instead of *"what is wrong with you?"* This way of treating patients redirects away from judging behaviors harshly instead it puts the emphasis on understanding the behavior as a logical response.

The goal of trauma-informed care is to shift the paradigm away from what happened to the patient to normalizing the devastating effects of trauma by focusing on the event. This erases the implication that something is *inherently wrong* with him or her.

[1]Lopez A. Chronic pain, post traumatic stress disorder, and opioid intake: a systematic review. World J Clin Care 2019;7(24):4254-69

[2]https://www.instituteforchronicpain.org/understanding-chronic-pain/complications/trauma

[3]https://www.ncbi.nlm.nih.gov/books/NBK207191/

[4]https://www.goodtherapy.org/learn-about-therapy/issues/shame/healing

Trauma & Substance Use Disorder

Substance use disorders (SUDs) and traumas frequently co-occur.

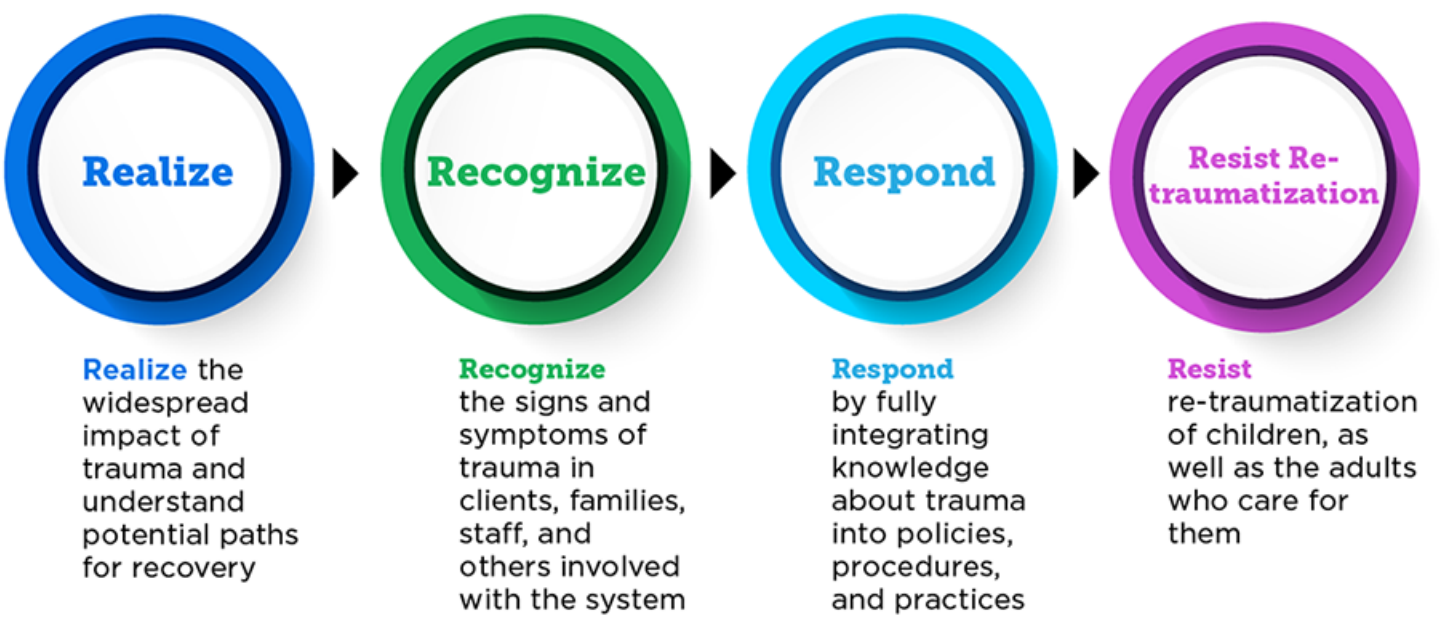
- 66% of the women with a diagnosis of opioid dependence also reported sexual abuse
- Among alcohol-dependent individuals, 35% of female patients and 6% of male patients were sexually abused as a child
- Among treatment-seeking alcohol-dependent patients (80% male): 24% sexually abused as a child, 15% physically abused as a child, 16% witnessed domestic violence as a child, 42% physically abused as an adult, and 11% sexually abused as an adult[1].

The Sierra Tucson Model & Trauma-Informed Care

Oftentimes coming to a residential treatment center can be intimidating and overwhelming, so it is natural for residents to feel hesitant at the start of treatment. Many feel that they are submitting to an environment that makes them feel insubordinate and treats them as if they are a non-thinking adult and cannot meaningfully participate in their own care.

Sierra Tucson instead works with individuals in a collaborative way that focuses on treating their maladaptive coping techniques instead of merely affixing labels to them. No one at Sierra Tucson is "an addict" for example, they are instead seen as individuals who struggle with a highly dysregulated nervous system, which is often secondary to trauma and or genetic factors. By looking at them in that way residents are viewed in a positive light.

Shame reduction training at Sierra Tucson involves all members of the staff including physicians, nurses, therapists, custodial, kitchen, and the executive team, for example. It is fully ingrained within the culture at Sierra Tucson. The team at Sierra Tucson take a positive, non-pathologizing approach. It starts with calling those who are in residence for treatment, residents and not patients. Post-traumatic stress disorder (PTSD) is not viewed as a disease or an illness, but rather as a normal nervous system response to traumatic circumstances.



This figure is adapted from: 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.

[1]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4393537/#CIT0011

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

Source: SAMHSA, Trauma-Informed Care in Behavioral Health Services

Although residents have serious symptoms and interpersonal problems, the approach at Sierra Tucson is that there is nothing "wrong" with them. Instead, the approach focuses on the resident's strengths and resources, not on his or her weaknesses or difficulties. This is foundational to shame reduction.

Trauma-informed Treatment Objectives at Sierra Tucson

1. Establish Safety.
2. Prevent Retraumatization.
3. Provide Psychoeducation About Trauma, Common Traumatic Stress Reactions, and Treatment. One goal of this is to educate persons suffering from trauma that it is not a disorder, but rather a biological response to threats they have faced in the past.
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

The six key principles fundamental to a trauma-informed approach include:

The six key principles fundamental to a trauma-informed approach include:[24,36]

1. **Safety:** Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

2. **Trustworthiness and Transparency:** Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

3. **Peer Support:** Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term "Peers" refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as "trauma survivors."

4. **Collaboration and Mutuality:** Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: "one does not have to be a therapist to be therapeutic."[12]

5. **Empowerment, Voice and Choice:** Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery.[34] Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

6. **Cultural, Historical, and Gender Issues:** The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers, access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

SOURCE: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Benefits of Trauma-Informed Care

- Empowers residents to engage fully in their treatment plan as a true collaborative partner
- Allows residents to form trusting relationships with their clinicians and therapists
- Helps residents respond faster to treatment and puts them on a track to improve their quality of life through coping skills that they learn in treatment
- Empowers residents with the knowledge that there is not something wrong with them, but instead there is something wrong with how they were treated
- Reduces stigma and provides a greater understanding of their struggles

What to Expect at Sierra Tucson

Psychiatric evaluation and psychological assessment is standard care for all admitting Sierra Tucson residents. This provides an opportunity for each resident to explore deeper understanding and insight into their self-exploration, as well as offer key feedback to enhance and tailor Sierra Tucson treatment planning.

A series of analytic tools including psychometric assessment and interpretation are used to reveal what is happening inside the brain. The bio/neurofeedback program at Sierra Tucson treatment utilizes integrative psychoneurophysiological therapeutics and evaluation. Cutting-edge neuromodulatory therapeutics are an essential part of the Sierra Tucson integrative care model. Bio and neurofeedback record the electrical activity of the brain detected by electrodes that are placed on the scalp, offering a neuroscience view. Along with traditional questionnaires, the team at Sierra Tucson can better understand an individuals' trauma and experiences that led them to emotional dysregulation. In addition, Sierra Tucson's measurement-based care and outcomes initiative evaluate resident's progress throughout the treatment trajectory as well as various time-points after discharge; this initiative strengthens an individual's understanding of their mental health progress and deepens therapeutic alliances.

"Many people don't think they have trauma because it occurred in early childhood, and they don't remember it! Also, it is common to suppress traumatic memories. We don't typically remember traumatic events or classify them as trauma. As far as screening goes, beyond the first level of screening tools, which includes questionnaires, and a PCL-5 checklist, there's an important second level of trauma evaluation and screening. That second level is to establish a good working relationship with our residents and over time understand really who they are."

Bennet E. Davis, MD - Director of the Pain Recovery Program

Modalities and Individualized Care

Trauma-informed care at Sierra Tucson begins in a supportive, caring, and nurturing setting where safety and compassionate care is a top priority. Through an integrated model of care designed to treat the whole person – mind, body, and soul, known as the Sierra Tucson Model – residents are surrounded by a trauma-trained staff that understand that everyone comes to Sierra Tucson with their own "story." A combination of heartbreak, success, and trauma often make up that story and by looking at every facet of an individual as a human being that carries all those experiences with them, from the beginning of life until the day they walk through those doors, the Sierra Tucson team interacts with a sensitivity born of that knowledge.

"Expect A Miracle" are the words on the sign at the gates when individuals enter Sierra Tucson. Yet, to achieve that miracle it is recognized that residents need to first feel a sense of safety. The goal of trauma-informed care at Sierra Tucson is to identify the trauma without creating re-traumatization. The Sierra Tucson team is trained to use a variety of resources and tools to help them recognize the signs and symptoms of trauma and the patterns of trauma created in an individual's life.

Through the experience of residential care, residents are with other individuals who have had similar experiences. The expertise of the staff guided by the Sierra Tucson Model helps individuals uncover the wounds of trauma that have impacted them in multitudes of areas of their life. An environment that is safe helps residents do the kind of self-exploration that is necessary.

> ***"At Sierra Tucson, we have an automatic admiration for anybody who comes here to seek treatment. That approach helps residents know that we're on their side. We understand that despite all their difficulties, they find the courage to come and bare their souls. That's brave! The province of coming into a new place to trust people you don't know with your emotional wellbeing is truly heroic."***
>
> ***James Seymour, MD - Director of the Chrysalis Program***

Care at Sierra Tucson is individualized, but certain treatments are widely used due to their effectiveness in treating trauma including:

Cognitive behavioral therapy (CBT) - CBT is a form of psychotherapy in which clients are encouraged to overcome mental health issues by changing unhealthy or counter-productive thought processes, emotions, and behavior patterns. According to the National Association of Cognitive-Behavioral Therapists, CBT "is based on the idea that our thoughts cause our feelings and behaviors, not external things, like people, situations, and events." CBT is an active, goal-based technique that has proved to be effective with individuals who are struggling with issues as disparate as substance abuse and addiction, anxiety disorders, panic attacks, mood disorders and eating disorders.

Dialectical behavior therapy (DBT) – DBT, combines cognitive and behavior therapies to provide residents with positive and healthy mechanisms to handle painful emotions. Residents learn how to increase self-awareness, control self-defeating thoughts, modify thinking, and handle conflict and stress through the process of DBT. By focusing on facts rather than emotions or value judgments such as good/bad or fair/unfair, residents enhance their abilities to respond positively and productively, without descending into self-blame or other destructive thoughts and behaviors.

Eye Movement Desensitization and Reprocessing (EMDR) – EMDR is useful in assisting residents in resolving traumatic experiences. EMDR is utilized to change an individual's emotional response from dysfunctional to healthy by allowing access to adult coping skills and resources to use later in life. The technique utilizes bilateral auditory, visual, and tactile stimulation (also known as Dual Attention Stimulation, or DAS) while thinking about a traumatic memory. As the individual remembers the event and associated memories while continuing with DAS, he or she can resolve troubling emotions and cognitively reframe negative belief systems associated with the trauma.

Somatic Treatments – For people who have experienced trauma, it is easy to dissociate or disconnect from their bodies, which leads many down the path of emotional dysregulation. While physical trauma allows individuals to shake off the fear once the danger has passed, with emotional trauma the brain gets stuck in believing that danger still threatens. Somatic Experiencing® Therapy works on the principle that trauma gets trapped in the body. Somatic treatments guided by a trained practitioner, work on releasing this stress from the body.

Equine Therapy – For individuals who have felt unsafe their entire life, equine therapy can be extremely effective. Therapy horses help many feel emotionally safe and calm. Horses are intuitive creatures that have the same emotions as human beings. They have the same brain structures as humans that allow for complex emotions. Additionally, their hearts are much larger than human hearts and put forth electromagnetic energy and an emotional field that calms people. Equine therapy is one of the most important ways to help individuals with a history of trauma feel safe, sometimes for the first time in their lives. Working with horses can help residents to practice mindfulness. Through staying in the present moment, bringing attention to their emotional state in the here-and-now, and engaging in activities that cultivate a sense of "flow," residents can achieve a quiet mind, promoting brain and nervous system health.

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