

Trauma Informed Recovery Systems Framework

A Trauma Informed Approach to Recovery & Resilience in Systems of Care

CANDACE'S NOTES*

What is Trauma? SAMHSA's simple definition: The Three E's

“Individual trauma results from 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 individuals’ functioning and mental, physical, social, emotional or spiritual well-being.”¹

~~WHAT'S WRONG WITH YOU?~~

What happened to you?

“Change to a trauma-informed organizational or service system environment will be experienced by all involved as a profound cultural shift in which consumers and their conditions are viewed differently, staff respond differently, and the day-to-day delivery of services is conducted differently.”

Ann Jennings (Editor), Center for Mental Health Services/NCTIC, 2008

“Models for Developing Trauma-Informed Behavioral Health Systems & Trauma Specific Services”

SAMHSA's Key Assumptions & Principles of a Trauma-Informed Approach

A trauma informed approach is inclusive of trauma-specific interventions, whether assessment, treatment or recovery supports, yet it also incorporates key trauma principles into the organizational culture.

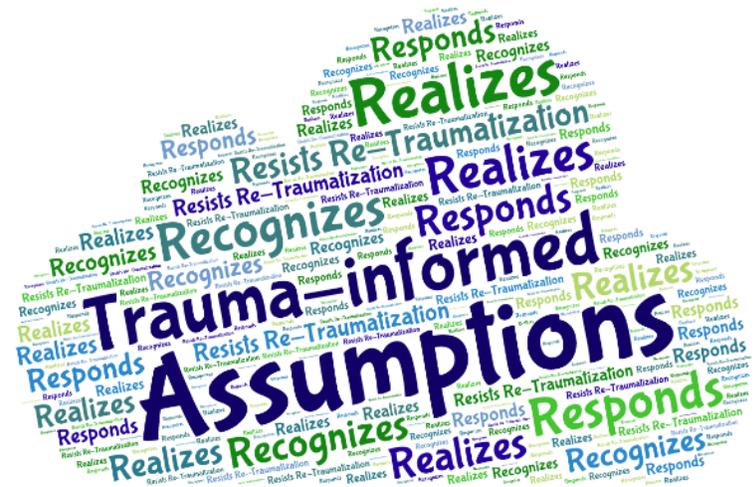
The Four R's – Key Assumptions

REALIZES... the widespread impact of trauma and understanding potential paths for recovery

RECOGNIZES... the signs & symptoms of trauma in clients, families, staff and others involved with systems

RESPONDS... by applying the trauma-informed principles to all areas of functioning of the entire organization

RESIST RE-TRAUMATIZATION... by actively reviewing policies, practices, work environment & clinical settings that trigger trauma reminders or can add to their trauma history.¹



¹ <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

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SAMHSA’s Key Assumptions & Principles of a Trauma-Informed Approach
(cont’d)

The 6 Key Principles

1. **Safety** - Throughout the organization, staff and the people they serve feel physically and psychologically safe.
2. **Trustworthiness & Transparency** - Organizational operations & decisions are conducted with transparency. Building & maintaining trust among staff, clients, and family members of those receiving services is paramount.
3. **Peer Support & Mutual Self-Help** - Integral to the organizational & service delivery approach, these principles are understood as a key vehicle for building trust, establishing safety, & empowerment.
4. **Collaboration & Mutuality** - There is true partnering & leveling of power differences between staff & clients, & among organizational staff from direct care staff to administrators. There is recognition 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.
5. **Empowerment, Voice, & Choice** - The organization aims to strengthen the staff’s, clients’, and family members’ experience of choice and recognize that every person’s experience is unique and requires an individualized approach. This includes a belief in **resilience** and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.
6. **Cultural, historical, and gender issues** - The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.^{2, 3}



*“...in a **trauma-informed...system**, all parties recognize and respond to the varying impact of traumatic stress on children, caregivers, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skill into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support **Resiliency and Recovery**.”*

The Chadwick Trauma-Informed Systems Project (CTISP) National Advisory Committee

***“Resilience** refers to an individual’s ability to cope with adversity and adapt to challenges or change. Resilience develops over time and gives an individual the capacity not only to cope with life’s challenges but also to be better prepared for the next stressful situation.”⁴*

² http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html

³ <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

⁴ <http://www.samhsa.gov/recovery>

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System of Care Framework

The US Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) defines System of Care⁷ as:

“An organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving access and expanding the array of coordinated, community-based, culturally and linguistically competent services and supports for children and youth who are diagnosed with serious mental health conditions and their families.”

Core values of a system of care philosophy specify that services and supports should be: family driven and youth guided, community-based, culturally and linguistically competent, and evidence informed. Guiding principles to implement these values in both policy and practice specify that services provided to children, youth, and families should:

- Be comprehensive, incorporating a broad array of services & supports;
- Be individualized and flexible based on the strengths & needs of the child & family & guided by an individualized service plan;
- Be provided in the least restrictive, appropriate settings;
- Involve families as full partners in all decisions;
- Be coordinated at both the administrative & service delivery levels across service systems;
- Be integrated as well as linked & coordinated through care management;
- Emphasize early identification & intervention; and
- Be accountable, demonstrating positive outcomes.⁸



Disclaimer: System of Care has historically been a framework focused on children & adolescents, for system wide, and even community wide, transformation, to a more client-centered model. This transfers well to adult mental health, as best practice in care coordination should be mirrored across the lifespan. Family-driven care is essential in child serving systems. To be truly trauma-informed, there must also be a focus on restoring control for a person (child or adult) effected by a traumatic event they experienced, by authentically adopting a youth/adult guide person-centered approach is equally essential.

⁷ <http://store.samhsa.gov/shin/content/PEP15-CMHI2012-2013/PEP15-CMHI2012-2013.pdf>

⁸ http://gucchdtacenter.georgetown.edu/SOC_Framework.html

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SAMHSA’s Strategic Prevention Framework

The Strategic Prevention Framework (SPF) uses a five-step planning process to guide states, jurisdictions, tribes, and communities in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.

The idea behind the SPF is to use findings from public health research along with evidence-based prevention programs to build capacity and sustainable prevention. This, in turn, promotes resilience and decreases risk factors in individuals, families, and communities.

SPF steps require states, territories, federally recognized tribes and tribal organizations, and communities to systematically:

1. **Assessment:** Assess their prevention needs based on epidemiological data
2. **Capacity:** Build their prevention capacity
3. **Planning:** Develop a strategic plan
4. **Implementation:** Implement effective community prevention programs, policies, and practices
5. **Evaluation:** Evaluate their efforts for outcomes

The SPF is built on a community-based risk and protective factors approach to prevention.⁹



Person Centered Recovery Planning

1. The individual is the focus of the planning process and involved in decision making at every point in the process, including deciding how and where planning will take place.
2. The individual decides who to invite to the planning team.
3. Planning team members help to identify and foster natural supports.
4. The planning team explores informal and formal support options to meet the expressed needs and desires of the individual.
5. The individual has the opportunity to express his/her needs, desires, and preferences and to make choices. Appropriate accommodations should be made to support the individual’s meaningful participation in planning meetings.

Person Centered Planning has been described as “a collaborative process resulting in a recovery oriented [care] plan; is directed by consumers and produced in partnership with care providers and natural supporters for treatment and recovery; supports consumer preferences and a recovery orientation”.

(Adams & Grieder, 2005)

*The shift to a Person-Centered Recovery Planning (PCRP) process requires essential, fundamental shifts in system, culture and practice transformation and is mutually reinforcing with other changes in the field...and required outcomes related to such factors as reduced hospital readmissions.*¹⁰

⁹ <http://www.samhsa.gov/spf>

¹⁰ <http://www.viahope.org/programs/person-centered-recovery-planning-implementation>

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SAMHSA's Strategic Initiatives

The US Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) 6 strategic initiatives include topics such as Health System Integration, Health IT, and Workforce Development. These 3 additional strategies stand out in context of a Trauma Informed Recovery Systems Framework:

#1: Prevention of Substance Abuse and Mental Illness

This Strategic Initiative (SI) focuses on preventing substance abuse and mental illness by maximizing opportunities to create environments where youth, adults, families, communities, and systems are motivated and **empowered** to manage their overall emotional, behavioral, and physical health.

Through **collaboration**, alignment, and integration of prevention services with routine health care and wellness promotion efforts, this initiative facilitates a comprehensive approach to preventing substance abuse and promoting good mental health.

#3: Trauma & Justice

Research, clinical experience, and users of behavioral health services have increasingly documented the connection between trauma and mental and substance use disorders. SAMHSA's Trauma and Justice Strategic Initiative (SI) provides a comprehensive public health approach to addressing trauma and establishing a **trauma-informed** approach in health, behavioral health, human services, and related systems, with the intent to reduce both the observable and less visible harmful effects of trauma and violence on children and youth, adults, families, and communities.

#4: Recovery Support

This Strategic Initiative (SI) will promote partnering with people in recovery from mental illnesses and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster health and resilience; increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports in their chosen communities.

SAMHSA has delineated four major dimensions that support a life in recovery: health, home, purpose, and community. The process or journey of recovery is relevant for all people with

behavioral health conditions, including those with serious mental illnesses and/or severe addictions. By promoting the dimensions of recovery, this SI also increases protective factors that assist in preventing behavioral health conditions.¹¹



FAMILY, YOUTH & ADULT PEER IMPACT ON TRAUMA INFORMED SYSTEM TRANSFORMATION

As families, youth & adult peers and the staff in the organizations that work with them begin to shift their collective thinking and culture to adopting and accepting a relationship with youth & adult peers and their families that demonstrates an equalization of power: this is what makes family, youth & adult peer partnership trauma-informed. This may be a big change in the way we do things in the health & service systems. The key to making sure these changes stick around for years to come is involving the very people that will carry the message, or torch, for years to come.



¹¹ <http://store.samhsa.gov/shin/content/PEP14-LEADCHANGE2/PEP14-LEADCHANGE2.pdf>

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