



A Comprehensive Public Health Approach to Child Trauma

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SAMHSA's Trauma and Justice Strategic Initiative

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- Integrating a trauma informed approach throughout health, behavioral health and related systems in order to reduce the harmful effects of trauma and violence on children, adults, families and communities.
- Utilizing innovative strategies to reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems.

Reported Prevalence of Trauma in Behavioral Health

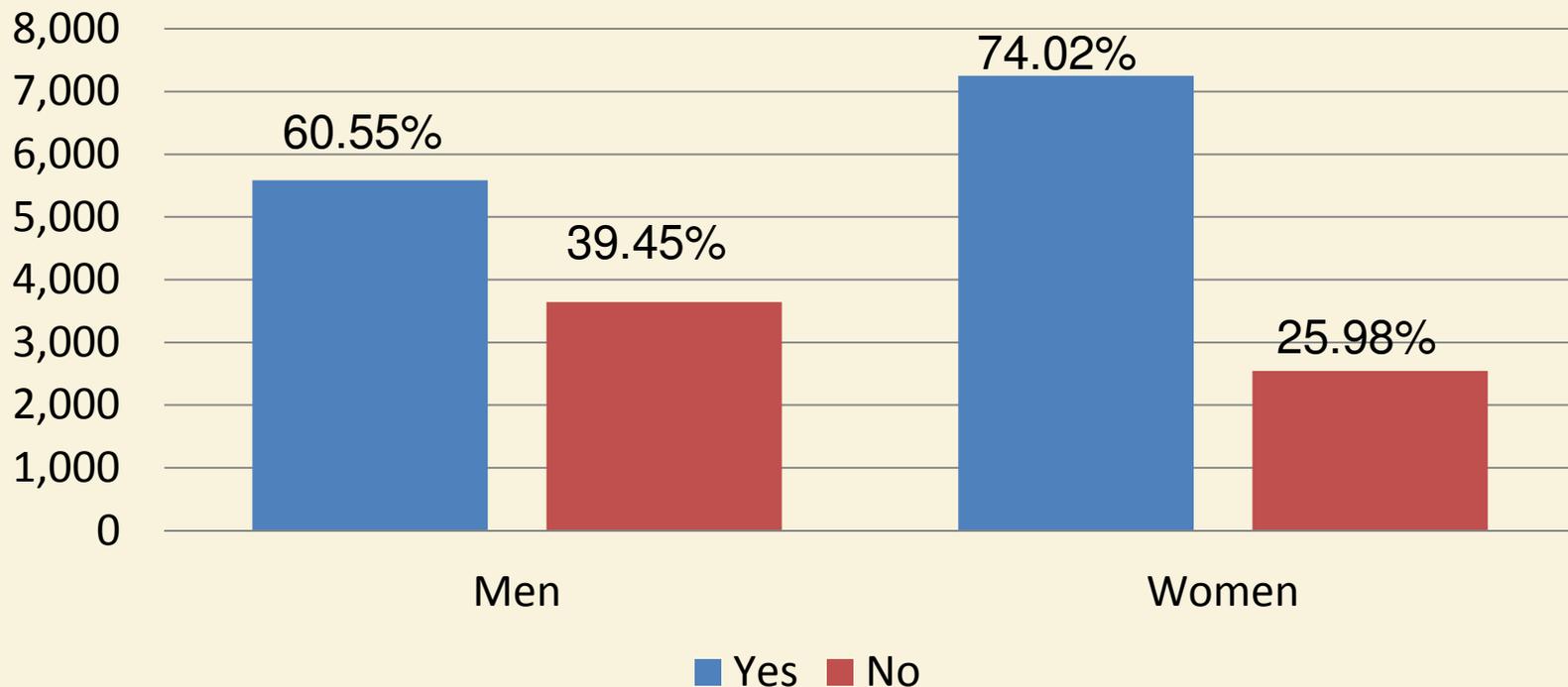
- Majority of adults and children in inpatient psychiatric and substance use disorder treatment settings have trauma histories (Lipschitz et al, 1999; Suarez, 2008; Gillece, 2010)
- 43% to 80% of individuals in psychiatric hospitals have experienced physical or sexual abuse
- 51%-90% public mental health clients exposed to trauma (Goodman et al, 1997; Mueser et al, 2004)
- 2/3 adults in treatment for substance use disorder report child abuse or neglect (SAMHSA, CSAT, 2000)
- Survey of adolescents in SU treatment > 70% had history of trauma exposure (Suarez, 2008)

Justice, Trauma and Behavioral Health Issues

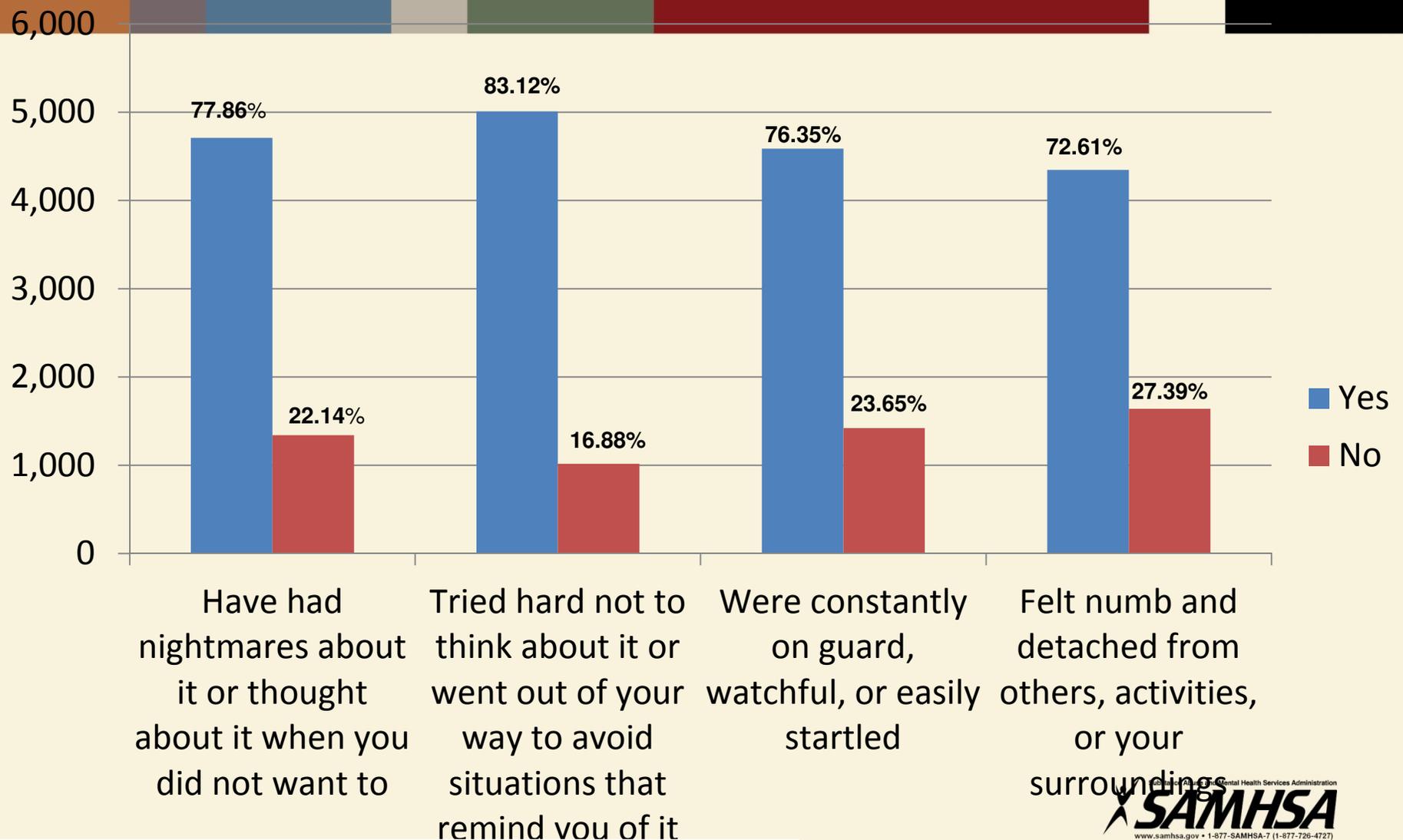
- About ¼ of state prisoners (27%) and jail inmates (24%) with mental health problem reported past physical or sexual abuse
- 2003 OJJDP survey of youth in residential tx → 70% have past traumatic experience with 30% physical and/or sexual abuse (Sedlak & McPherson, 2010)
- Overrepresentation of youth and adults of color in the justice system- significant exposure to trauma and violence (CDF: Cradle to Prison Pipeline)

SAMHSA Trauma Measures: Grantee Data

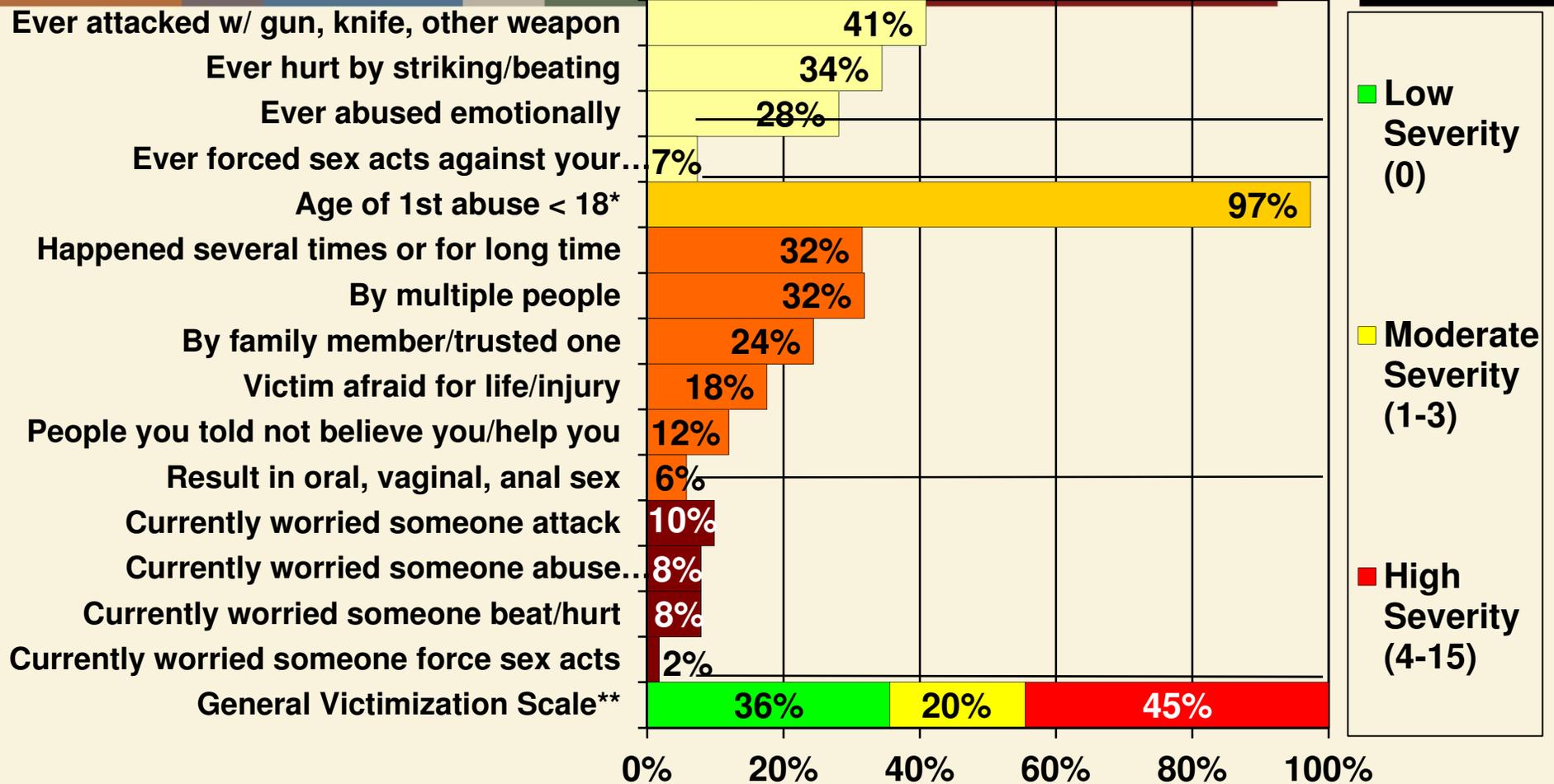
Have you ever experienced violence or trauma in any setting?



SAMHSA Trauma Measures: Grantee Data



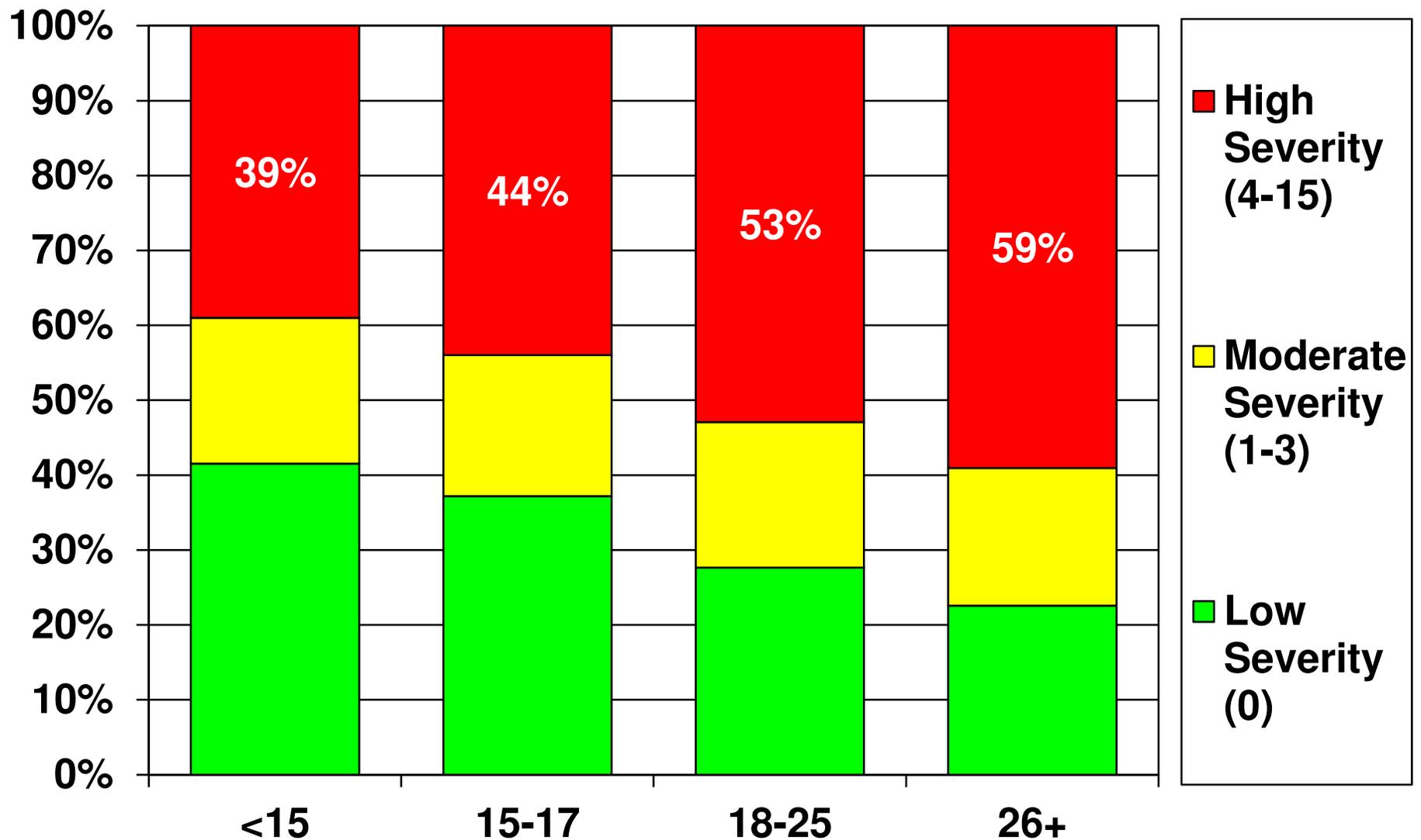
Severity of Victimization Scale



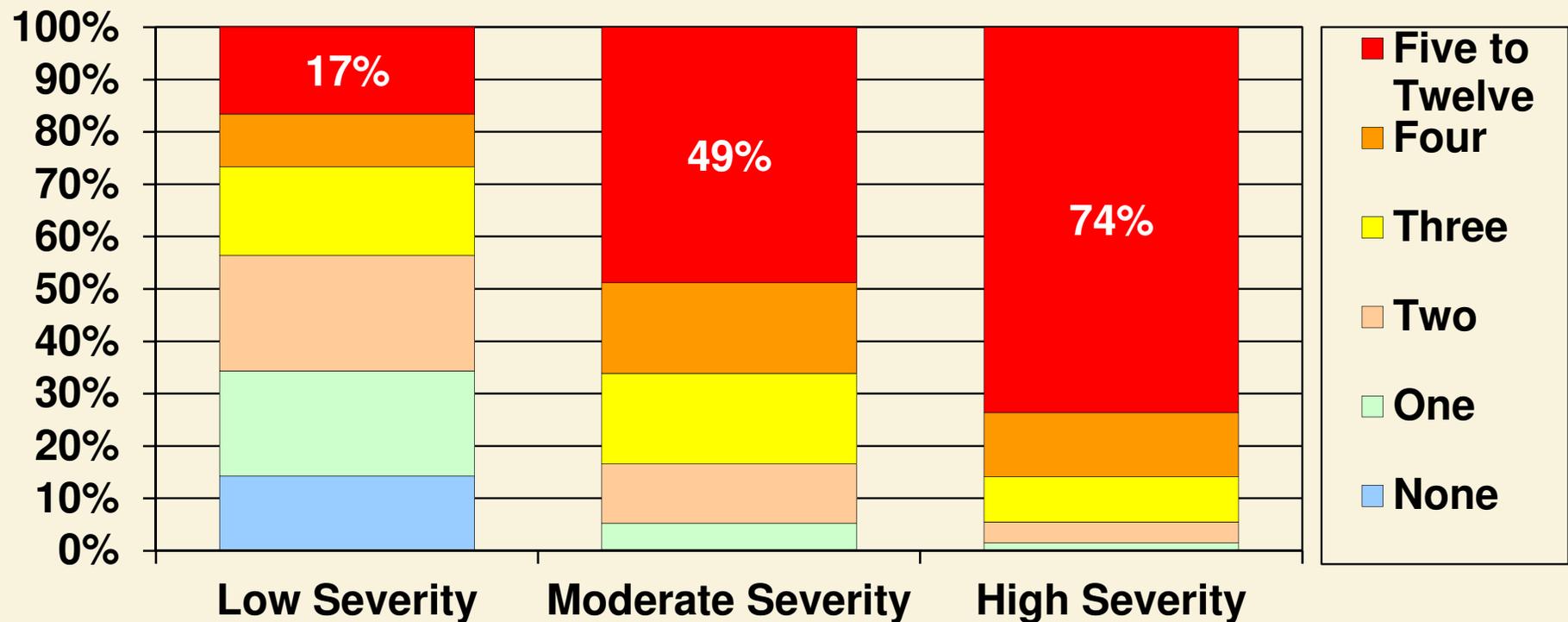
*n=3,230

**Mean of 15 items

Severity of Victimization by Age



Count of Major Clinical Problems* at Intake by Severity of Victimization



*Based on count of self reporting criteria to suggest alcohol, cannabis, or other drug disorder, depression, anxiety, trauma, suicide, ADHD, CD, victimization, violence/ illegal activity

Source: SAMHSA CSAT 2011 GAIN AT Summary Analytic Data Set subset to AAFT (n=5,489)

SAMHSA's Comprehensive Public Health Approach to Trauma

DRAFT- SAMHSA's Comprehensive Public Health Approach to Trauma DRAFT – 2-19-13

VISION: An integrated trauma-informed approach throughout health, behavioral health, and related systems that addresses the behavioral health needs of individuals, families, and communities across the lifespan.

Community ----- Individual and Family ----- Community, Individual and Family

Domain	Prevention →	Early Identification and Intervention ↔	Treatment →	Recovery and Well-being
Goal	Reduce the impact of trauma on communities and individuals across the lifespan.	Making trauma-informed screening and early intervention common practice.	Making trauma-informed treatment common practice.	Promote recovery, well-being, and resilience by addressing the needs of individuals using a trauma-informed approach.
Grants	-Early Jail Diversion -(DFC) -(SSH) -(Suicide) -(Launch)	-Early Jail Diversion -National Child Traumatic Stress Initiative -(PHBCI) -(GATSBI)	-NCTSI -ATR -BHTCC -ORP -CMHI -(PPW) -(Homelessness)	-Mental Health Transformation -State-wide Consumer and Family Grants
TA	-Seclusion and Restraint -DTAC -(NACE) -(Native Aspirations)	-NCTIC -DTAC -GAINS	-GAINS -S&R -NCTIC -DTAC	-NCTIC -DTAC -GAINS
Policy/Initiatives	-Prevention SI -Forum Youth Violence Prevention -Defending Childhood Initiative -Reducing/Eliminating Seclusion and Restraint -Trauma and Trauma-informed Approach Concept	-HHS Child Trauma Goal -NCTSI -NCTIC	-HHS Child Trauma Goal -NCTSI -NCTIC	-HHS Child Trauma Goal -NCTIC
Measures Strategy	Surveillance: NSDUH Facilities: 2010 National Mental Health Services Survey; 2013 National Survey of Substance Abuse Treatment Services Grant Data: CSAT GPRA Client-Level Outcome Measures for Discretionary Programs; CMHS NOMs Client-Level Outcome Measures for Discretionary Programs; GPRA Data from NCTSI; GPRA Data from NCTSI Cat II and CAT III Program Specific Guidance			
Workforce Strategy	(Trauma Training and Technical Assistance Center Pilot)			
Partners	-ACF, CDC, DOJ -(Dept Ed), (HRSA), (DOL) -OAH (Adolescent Health WG) -ASPE (IWG on Youth Programs) -Federal Partners Committee on Women and Trauma -Justice Federal Partners	-ACF, CMS, DOJ -(Dept Ed, (HRSA), (DOL) -NCTSN -Federal Partners Committee on Women and Trauma -Justice Federal Partners	-ACF, CMS, DOJ -(Dept Ed, (HRSA), (DOL) -NCTSN -Federal Partners Committee on Women and Trauma -Justice Federal Partners	-ACF, CMS, DOJ -(Dept Ed, (HRSA), (DOL) -Federal Partners Committee on Women and Trauma -Justice Federal Partners
Outcomes	<ul style="list-style-type: none"> - Shared cross-sector understanding of trauma and trauma-informed approach. - Increased capacity in behavioral health and related sectors for addressing trauma. - Increased number of substance abuse and mental health treatment facilities engaged in trauma-focused work; improved behavioral health outcomes for individuals in SAMHSA-supported service programs who are experiencing or at risk of experiencing trauma. - Increased SAMHSA staff that are trauma-informed and increased trauma and trauma-informed approach trainings across different service sectors 			
Impact	<ul style="list-style-type: none"> - Promote recovery, well-being, and resilience - Trauma-informed communities that understand the impact of trauma - A trauma-aware and trauma-informed behavioral health workforce 			

SAMHSA's – Experts Panel, Concept Development & Public Comment

- **Trauma and Trauma-Informed Care Experts Panel (May, 2012)**

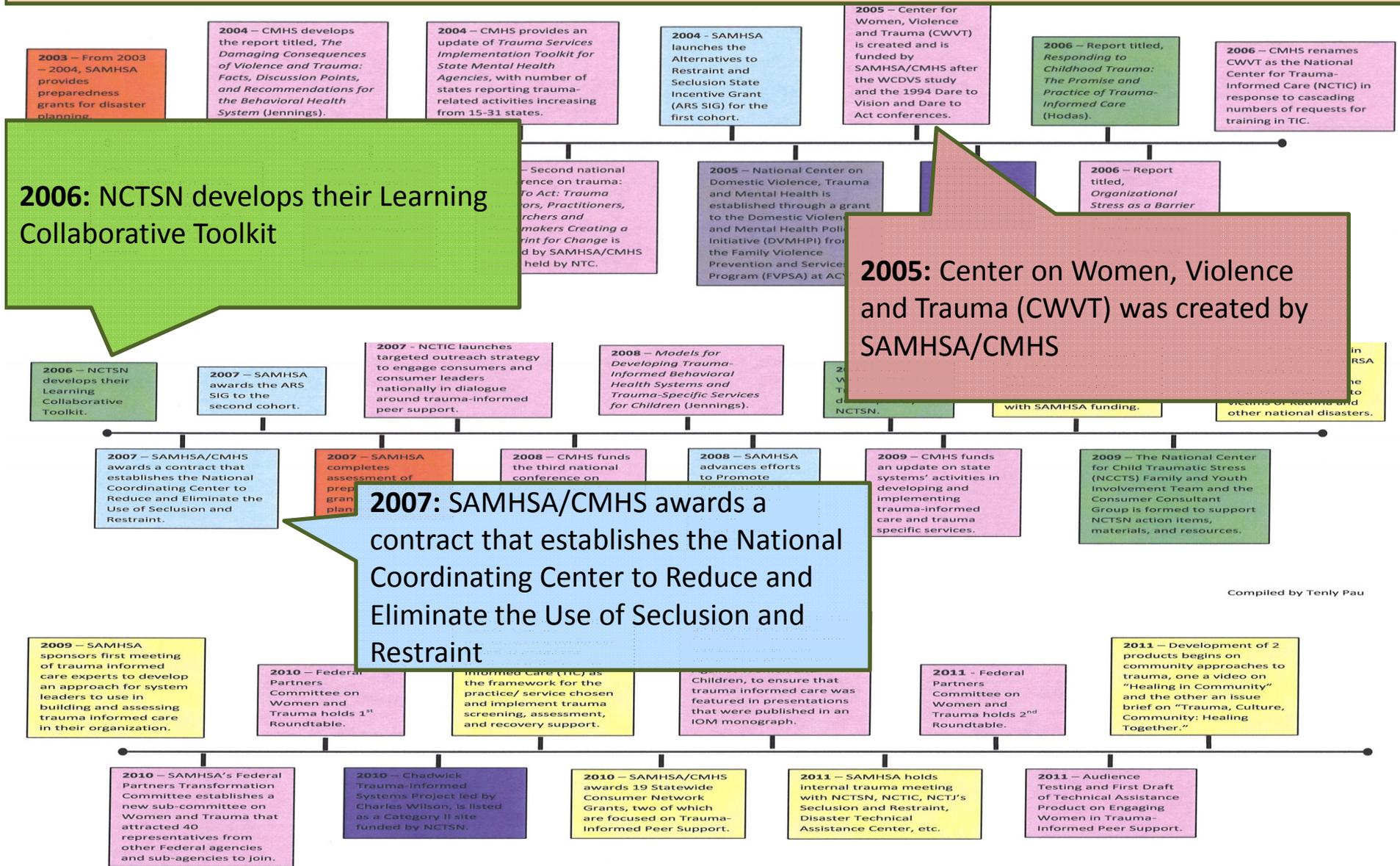
- **Leading experts included:** Raul Almazar, Rene Anderson, Andy Blanch, Robyn Boustead, Roger Fallot, Norma Finkelstein, Julian Ford, Joan Gillece, Dan Griffin, Gene Griffin, Maxine Harris, Jacki McKinney, Cheryl Sharp, John Rich, Hank Steadman, Charles Wilson and facilitated by Barbara Bazron and Larke Huang

- **Concept/Framework:**

- Experts' Working Definitions of Individual Trauma and Trauma-Informed Approach
- Core Values and Principles of Trauma-Informed Approach
- Guidelines for Developing a Trauma-Informed Approach
- Preliminary discussion on the definition of community trauma

- **Public Comment (December, 2012)** Online posting; >2,000 respondents; 20,000 comments or endorsements

TIMELINE: THE EVOLUTION OF TRAUMA-INFORMED CARE



Compiled by Tenly Pau

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SAMHSA's Concept of Trauma (draft)

Trauma: Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and/or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being

(Eugene Griffin, 2012)

SAMHSA's Concept of a Trauma-Informed Approach (draft)

A program, organization or system that is trauma-informed:

- (1) **realizes** the prevalence of trauma and importance of taking a universal precautions position;
- (2) **recognizes** how trauma affects all individuals involved with the program, organization, or system, including its own workforce;
- (3) **responds** by putting this knowledge into practice; and
- (4) resists **retraumatization**.

Principles of a Trauma-Informed Approach (draft)

- **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.
- **Trustworthiness and transparency:** Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.
- **Peer support** (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) and mutual self-help are key vehicles for establishing safety, building trust, enhancing collaboration, and maximizing a sense of empowerment
- **Collaboration and mutuality:** Partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators; demonstrates 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; one does not have to be a therapist to be therapeutic.
- **Empowerment, Voice and Choice:** throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed.. The organization fosters a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma; building on strengths and not just addressing perceived deficits.
- **Cultural, historical, and gender issues:** the organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, geography, etc.), offers gender responsive services, leverage the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Guidance for a Trauma-Informed Approach (draft)

1. *Governance and leadership*
2. *Policy*
3. *Physical environment of the organization*
4. *Engagement and involvement of people in recovery, trauma survivors, consumers, and family members of children receiving services*
5. *Cross sector collaboration*
6. *Trauma-specific screening, assessment, and interventions*
7. *Training and workforce development*
8. *Progress monitoring and quality assurance*
9. *Financing*
10. *Evaluation*

Lessons Learned from Grantees

- The behavioral health impacts of trauma are a key focus in the national discourse about children's mental health services
- Growing evidence of effective trauma-focused services (e.g. TF-CBT)
- Lack of sufficient training for practitioners on trauma screening and interventions
- Need broader response to trauma
- Even if excellent treatment provided → others in setting close to child can negate good work of therapy

Creating a Trauma Informed Approach for Children: Maine “Thrive”

- Created Family partnering programs to offer trauma-informed peer support to families
- Convene Trauma-focused CBT Learning Collaborative for Providers
- Provided Trauma-informed TA and Training for agencies and direct service staff
- Developed TI-Agency Assessment and CQI Process, based on TIA-Principles

Sustaining Maine's "Thrive"

- Evaluation component: effectiveness of trauma treatments and assessment of TIA to services
- Linkage between parents 's trauma and child outcomes;
 - when TI services delivered to families → greatest cost savings among families where parent had experienced trauma as a child
- Lessons learned conveyed to Dept of Corrections' Division of Juvenile Services, to implement TIA.

Interagency/Cross System: Collaborations with ACYF/CMS

- Child Trauma State Directors' Letter
- Dept Level Priority Goal
 - increase number of trauma-exposed children in child welfare who receive the right services at the right time to improve social-emotional well-being.
- Psychotropic Medications
 - State Directors Letter, State Directors Summit, GAO Report
- Treatment Foster Care Technical Experts Panel
- The National Center on Substance Abuse and Child Welfare- SAMHSA Contract, IAA with ACYF
- Regional Partnership Grants- ACF Grant, SAMHSA TA

Collaboration with Juvenile Justice: Attorney General's “Defending Childhood Initiative”

- Connections with Law Enforcement and the Juvenile Justice System (trauma training for judges, family and youth courts, detention, etc.)
- Children Exposed to Violence (grants and task force with a focus on trauma interventions)
- National Forum on Youth Violence Prevention – 10 cities initiative
- Joint State Juvenile Justice Policy Academy – trauma focus, screening, treatment, court personnel training, 2014

Federal Collaboration: Trauma and Policy

- CMS/ACYF/SAMHSA Joint State Directors' Letter on Child Trauma
 - <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-004.pdf>
- Secretary's blog:
<http://www.hhs.gov/secretary/about/operations/childhood-trauma-recover.html>

CMS/SAMHSA

Informational Bulletins

- *“Prevention and Early Identification of Mental Health and Substance Use Conditions”*
(March, 2013) <http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-03-27-2013.pdf>
- *“Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions”*
(May 7, 2013) <http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-05-07-2013.pdf>