



Implementing Trauma Services in a Substance Abuse Treatment Setting: Challenges and Successes


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Nancy R. VanDeMark, Ph.D.

● ● ● | Why Trauma-Informed Services?

- A significant proportion of men and women entering substance abuse treatment have histories of trauma. (Brems, 2004; Clark, 2001; Farley, 2004 ; Medrano, 1999; Moncrieff, 1996; Rice, 2001)
- Clients may not be “in touch” with their trauma history and thus not disclose without provider prompting. (Harris & Fallot, 2001)



Why Trauma-Informed Services (con't)

- When the provider is not aware of trauma history, the client can inadvertently become re-traumatized by the system. (Harris & FalLOT, 2001)
- Re-traumatization or insensitivity to trauma can result in failure to engage in services and poor treatment outcomes (Farley, 2004, Easton et al., 2000; Ouimette et al., 1999).



Core Principles for Treatment of Individuals with Trauma Histories

- Integration of services
- Trauma-informed (TI) services
- Involvement of recovering persons into design and delivery of services
- Comprehensive array of services

Huntington, Moses & Vesey, 2005



Organizational Components of Trauma Informed Services

- Administrative support
- Screening
- Training
- Hiring
- Policies and Procedures
- Treatment Philosophy

Harris & Falot, 2001



The Arapahoe House Experience

- Multi-modality substance abuse treatment center
- Serves 16,000 individuals annually
- Detoxification, residential, outpatient, case management & housing
- Specialized programs for families, women, adolescents, offenders, homeless people, and individuals with persistent mental illness





Administrative Support

- Active support from people in leadership positions is essential.
- Identify strategies to appeal to the individual such as connecting trauma to co-occurring disorders or women's issues.
- Directly address the funding challenges by finding low cost ways to begin to integrate TI strategies into existing practices.
- Regulatory requirements make a difference in securing administrative support.
- Develop guiding principles for the organization.



Arapahoe House Guiding Principles on Trauma Informed Treatment

1. All employees will have access to basic trauma education.
2. Client safety is of utmost importance – do no harm!
3. Programs will strive to use comprehensive and appropriate sensitive screening and assessment tools and procedures.
4. When possible, clients will be given the option of same gender counselors.



Arapahoe House Guiding Principles on Trauma Informed Treatment

5. All staff will be trained in, and programs will maintain, clear crisis intervention strategies.
6. It is important to avoid labeling and “over-diagnosing” clients.
7. Programs are encouraged to create consumer/helper partnerships.
8. It is important to ascribe to client-oriented/driven treatment philosophies.



Arapahoe House Guiding Principles on Trauma Informed Treatment

9. Maintaining balance between flexibility and boundaries is a challenging aspect of delivering trauma-informed services.
10. Staff will discourage and avoid power struggles/power differentiation with clients.
11. Programs will avoid using coercion and punitive practices.
12. Providing adequate supervision related to trauma issues is vital.



Arapahoe House Guiding Principles on Trauma Informed Treatment

13. Collaboration and advocacy is necessary in work with other systems.
14. Having administrative commitment to trauma informed services is critical.
15. Successful implementation of trauma informed services has implications for human resource policies and practices.



Sample of Detail included in Guiding Principles

Principle 2. Client safety is of utmost importance – do no harm!

Clinical staff will avoid triggering or re-traumatizing clients. They will also understand how this can happen, even unintentionally, when working with clients. Situations that occur in the treatment environment where staff need to be aware that a client can become triggered include observed UA's, night-time rounds in residential programs, staff displaying an authoritative presence or tone, etc.

Program environments will be developed and maintained with clients' physical and psychological safety in mind. Safe, discreet locations with locks and good lighting are essential. Basic practices such as knocking before entering client areas and conducting sensitive property searches are also important.

● ● ● | Screening for Trauma

- Address fears that screening will uncover issues that cannot be managed in service setting.
- Provide information about trauma specific resources.
- Recognize that the problems and issues faced in implementation of screening procedures will vary based on service setting and modality.
- Integrate screening with other screening and assessment to minimize burden.

● ● ● | Arapahoe House Screening Process

- Clinician administered instrument screening for trauma related issues among all clients during the initial assessment.
- Nine items from the Life Skills Checklist (Wolf et al., 1993) about past exposure to traumatic events.
- Seventeen items adapted from the PTSD Checklist (Weathers et al., 1994) assessing current (past month) symptoms of PTSD.
- Trauma related issues identified in screening are included in treatment plan and addressed through trauma-specific services in designated Arapahoe House sites or referral to outside resources.

● ● ● | Training

- Integrate information into existing venues
 - New employee orientation (clinical and administrative)
 - New staff training and competency checklists
 - Descriptions of treatment philosophy
- Initial agency training
 - Disseminate Trauma-Informed Principles
 - Involve outside experts
 - Provide in service and other training

● ● ● | Training

- Ongoing training and supervision
 - Provide regular agency and program level in-service training.
 - Identify committees and other groups who have the responsibility to stay abreast of emerging literature and resources.
 - Provide supervisors with emerging literature on trauma and recovery.
 - Encourage supervisors to share the information with staff and incorporate into their supervision.



Hiring

- All agency staff
 - Free of judgmental or moralistic attitudes toward people with substance abuse and mental health problems.
 - Show respect and acceptance for clients.
 - Understand policies on staff-client boundaries and relationships.
- Psychiatrists and Mental Health Treatment Providers
 - Understand the role of trauma as it relates to symptoms of Axis I and II Disorders.
 - Listen and respectful of client choice.



Hiring

- Counselors
 - Value recovery, choice and partnership.
 - Understand the complexity of substance abuse and its relationship with other problems.
 - Able to “hear” client’s perspective and experiences.
- Program managers and clinical supervisors
 - Understand the relationship between trauma and recovery.
 - Willing to develop skills in supervising consumers.

● ● ● | Policies and Procedures

- Integrate trauma into existing policies and procedures
 - Admission, transfer, and discharge policies
 - Screening, assessment, and diagnosis
 - Staff recruitment, training, and supervision
 - Milieu management
 - Program rules and consequences
 - Medical care
 - Crisis management and verbal de-escalation

● ● ● | Elements of TI Treatment Philosophy

- Centrality of trauma to experience of many clients
- Empowerment oriented - importance of consumer “voice” and choice
- Integration – recognizes and addresses the complexity, context, and connection among issues
- Avoids direct confrontation
- Focuses on strengths
- Reframes symptoms of trauma as coping mechanisms
- Addresses physical and emotional safety

● ● ● | Communicating TI Treatment Philosophy

- Treatment philosophy integrated within admission, transfer, and discharge policies.
- Integrate trauma screening results into treatment or service planning.
- Include trauma in written documents and logic models describing programs and treatment philosophy.
- Clinical and administrative supervision reinforces philosophy.

● ● ● | Individual Challenges

- Lack of information
- Resistance to change in practice
- Lack of skills and knowledge
- Concerns about impact on recovery

● ● ● | Organizational Challenges

- Lack of leadership
- Resources
- Regulatory confusion
- Lack of an approach to unify trauma within treatment philosophy
- Resistance to change
- Difficulty prioritizing trauma among other issues presented by clients

● ● ● | Strategies to overcome challenges

- Information
 - Provide basic information about the prevalence of trauma in existing client population.
 - Communicate the distinction between trauma informed and trauma specific services.
 - Educate about relationship between trauma and recovery (systematic and anecdotal).
 - Educate about other organization's that are successfully addressing these issues.
 - Offer information about integrated treatment approaches available.



Strategies to overcome challenges

o Structures

- Integrate TI message throughout organizational materials
- Assemble workgroups with diverse representation to further TI integration
- Prioritize front-line supervisors
- Educate collaborating agencies
- Involve consumers
- Integrate with parallel organizational efforts



Strategies to overcome challenges

o Process

- Set realistic yet challenging goals – incremental change may be a realistic goal for certain organizations.
- Involve as many supporters and skeptics as possible.
- Seek support from others – promoting organizational change can be frustrating work.
- Stay focused on the goal – remind yourself of the importance of the work to the clients who will be served by the organization in the future.

● ● ● | Organizational Change Requires:

- Perseverance
- Teamwork
- Strategy
- Vision
- Commitment



● ● ● | Acknowledgement

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Contact us:

nancy@ahinc.org

www.arapahoehouse.org

www.coloradosocialresearchassociates.org



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