

Trauma Informed Care and the Act Model: How We Can Make A Difference

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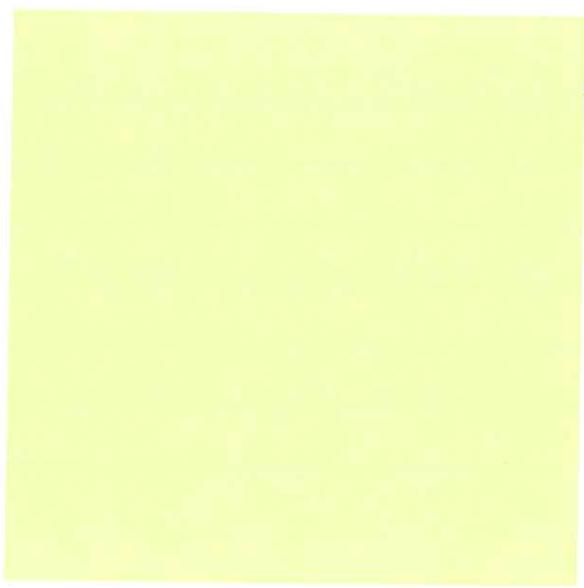
Leadership

<http://www.youtube.com/watch?v=hO8MwBZI-Vc>

Trauma Informed Care (TIC) vs. Non-Trauma Informed Care (NTIC)

- | TIC | NTIC |
|---|--|
| <input type="checkbox"/> Understand there is a high prevalence of trauma on ACT teams | <input type="checkbox"/> Brief or no trauma assessment |
| <input type="checkbox"/> Understand there are co-occurring trauma diagnoses | <input type="checkbox"/> Focus on primary and co-occurring diagnoses outside of the trauma |
| <input type="checkbox"/> Understand function of behavior (objective neutral language) | <input type="checkbox"/> Focus on "tradition of toughness" (subjective views of behaviors as intentional or attention seeking) |

Source: Falick & Harris (2002); Cook et al. (2002); Ford (2003); Cullen et al. (2003); and Frick et al. (2000)



Trauma Specific Interventions

- Seeking Safety (Sanctuary)
- Risking Connection
- Essence of Being Real
- Sanctuary Model
- Trauma, Addiction, Mental Health and Recovery

Source: SAMHSA (2012) The Trauma Recovery Model: A Guide for Education and Therapy. Washington, DC: U.S. Department of Health and Human Services. <http://www.samhsa.gov/trauma-recovery-model>

Uses other EBP's

Trauma Specific Interventions (cont.)

- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)
- Addiction and Trauma Recovery Integration Model (ATRIM)

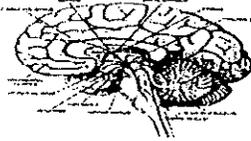
Impetus for Change Common to All 8 Interventions

- Being involved in a crisis or "life transition"
- Acting on anger or frustration
- Responding to new information
- Building on inherent strengths and capabilities

What is PTSD?

- PTSD is classified by the DSM IV as an anxiety disorder characterized by persistent intrusive thoughts, avoidance of reminders and hyperarousal occurring after the experience of a trauma
- Trauma Leading to PTSD can include physical, emotional or verbal abuse, violent attack, catastrophe or combat
- People experiencing PTSD will re-experience the event, avoid reminders and have physical anxiety symptoms
- PTSD can manifest to impulsivity, aggression and depressive symptoms

The Physiological Impact of Trauma on the Brain



- New Pathways are developed in the Central Nervous System in response to trauma
- Hippocampus and Amygdala have increased reactivity. These areas are involved in memory production
- Increased levels of norepinephrine are released by the Locus Coeruleus
- All anxiety disorders show an imbalance between serotonin and norepinephrine
- One chemical response unique to PTSD is the body's response to Corticotropin Releasing Hormone and the resulting increase in the production of cortisol. Cortisol mitigates the stress response.

When Therapy is not Enough

- Talk therapy such as DBT and CBT are the mainstays of treatment of anxiety disorders
- Forms of CBT such as exposure therapy, cognitive therapy and eye movement desensitization can be combined with supportive therapy to help people de-escalate and develop other coping skills
- The duration and severity of symptoms will determine whether or not to add medication to treatment. Sometimes symptoms are so severe that a person cannot engage in therapy

Commonly prescribed medications for PTSD

- SSRI's
- SNRI's
- Atypical Antipsychotics
- Antihypertensives
- Benzodiazepines
- Sleep Aids

SSRI's

- Currently there are only two SSRI's approved for the treatment of PTSD: Sertraline and Paroxetine
- Dosing should be introduced "low and slow"

Zoloft, Paxil

SNRI's

- SNRI's are typically not used due to simultaneous increase in serotonin and norepinephrine
- Common examples of SNRI's include Effexor and Cymbalta

Antipsychotic Medication

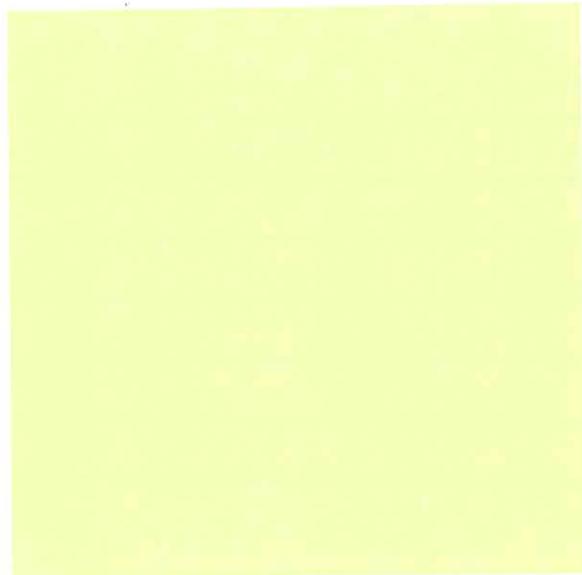
- Atypicals affect serotonin and dopamine
- Typical affect only dopamine
- Trials to this date have been inconclusive

Antihypertensives

- Block receptors leading to decreased action of norepinephrine
- Commonly prescribed antihypertensives for PTSD include: Prazosin, Clonidine and Guanfacine

Benzodiazepines

- Paradoxically have shown no benefit in treatment of PTSD
- Not shown to reduce core symptoms
- When introduced early after trauma did not affect development of PTSD



Sleep Aids

- Sleep aids can assist in mitigating co-morbid insomnia or other sleep disorders
- Commonly prescribed sleep aids include: Trazadone and Mirtazapine

Why Should We Incorporate Trauma Informed Care on ACT Teams?

- To develop healing relationships beyond one therapist to include the whole ACT Team in an attempt to reduce recurrent hospitalizations related to trauma-induced decompensation

TIC and ACTS

Are you lonely ???

Can't the system do for you?
- Learning to cope?

Then call a MEETING !!

YOU CAN
GET TOGETHER
LEARN SOMETHING
FEEL SUPPORT
GROW YOURSELVES
ASSESS YOUR SCHEDULES
MAKE MEANINGFUL RECOMMENDATIONS
ALL IN ONE MEETING TIME !!



MEETINGS

THE PRACTICAL ALTERNATIVE TO WORK

Challenges to Providing Care to Trauma Survivors

- Past trauma can affect a persons ability to accept therapeutic relationships
- Some people have experienced trauma as a result of the provision of healthcare services
- Time and cost expenditures of training staff in the skills of TIC
- Creating and maintaining practice guidelines
- Providing support to clinical staff

TIC, ACT, Do

DOING A GOOD JOB HERE
*Is Like Wetting Your Pants
In A Dark Suit*
**YOU GET A WARM FEELING
BUT NO ONE ELSE NOTICES**

ACT Team Members

- Team Leader
- Clinical Lead
- Therapists
- Certified Peers Specialists
- Co-Occurring Disorder Specialists
- Registered Nurses
- Employment Specialists
- Psychiatrists

Team Leader and Clinical Lead

- In conjunction with the Psychiatrist, will model all Evidence Based Practices and provide clinical supervision for implementation of these practices
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Psychiatrist

- Work with ACT team staff to deal with issues of counter-transference
 - Lead staff in treatment cohesiveness
 - Psycho-education
 - Support nursing staff in collaborating with community medical providers
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Therapist

- DBT: Dialectical Behavioral Therapy
 - TREM & M-TREM: Trauma Recovery and Empowerment Model
 - TF-CBT: Trauma Focused Cognitive Behavioral Therapy
 - EDMR: Eye Movement Desensitization and Reprocessing
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Certified Peer Specialist

- WRAP: Wellness Recovery Action Plan
- IMR: Illness Management and Recovery

Co-Occurring Disorder Specialist

- IDDT: Integrated Dual Disorder Treatment
- Seeking Safety

Registered Nurse

- Health Education
- Community health provider education regarding TIC

Employment Specialist

- Endorses and applies Supportive Employment Model

Principles of Trauma-Informed Services

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Safety

- Addresses both physical and emotional safety, and endeavors to support those elements in all aspects of service activities and settings

Trustworthiness

Seeks to optimize trustworthiness through clarity of communication, consistency of practice, and appropriate interpersonal boundaries

Choice

Attempts to maximize the control and choices of service recipients in how services are provided

Collaboration

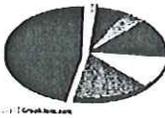
Supports the sharing of power and coordination/cooperation between staff and service recipients

Empowerment

- Places a premium on the growth of service recipients in building skills and confidence
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WIRTMHAW?

What is Bunning Through My Head At Work



- My job is too boring
 - I have more to do
 - My employer does not care
 - My job is too hard
 - My job is too fast
 - My job is too slow
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Case Studies

