



Deconstructing TIP 57

Trauma-informed or trauma-specific?

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Welcome!



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Get informed!

Our website includes trauma-informed resources, white papers and other tools to help you learn more about trauma-informed care.



www.trauma-informed-california.org

Helping agencies throughout California and the US better serve trauma-exposed populations

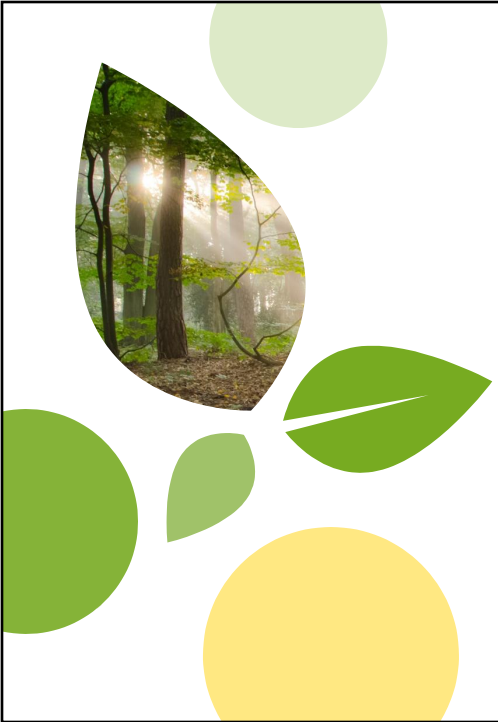


STAY UPDATED ON TRAUMA INFORMED CARE



Relevant Financial Disclosure(s)

- I have nothing to disclose.



Download copies in
your handouts!

SAMHSA TIP 57 (3 documents)

1. SAMHSA TIP 57: Trauma-Informed Care in Behavioral Health Services (2014)
2. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014)
3. SAMHSA Practical Guide for Implementing a Trauma-Informed Approach (2023)



Public Health Approach

Public health is “what we, as a society, do collectively to assure the conditions in which people can be healthy,” as defined by the Institute of Medicine (1988).

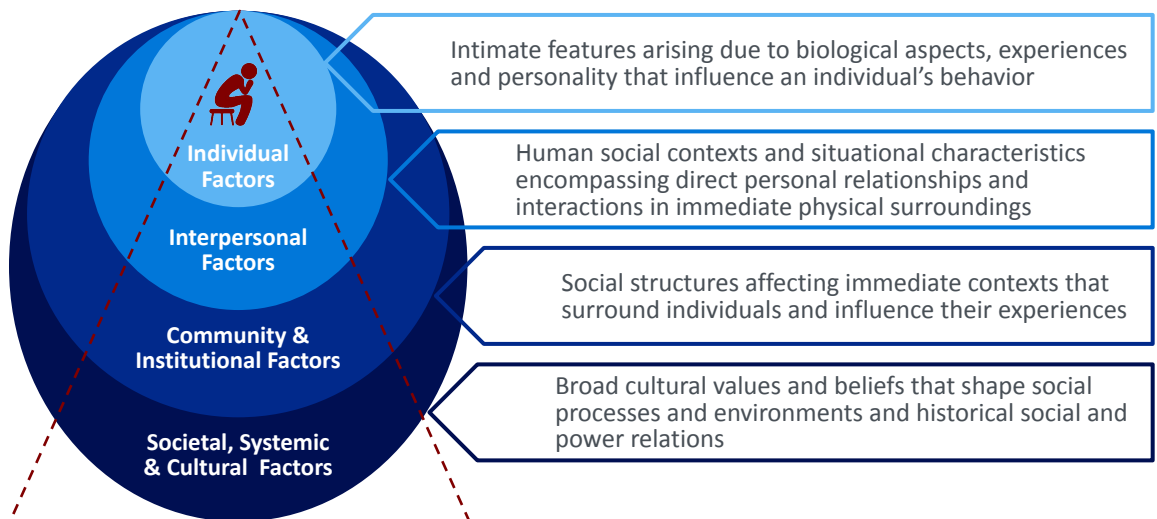
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Trauma is a widespread, harmful and costly public health problem....It is an almost universal experience of people with mental and substance use disorders....Additionally, it has become evident that **addressing trauma requires a multi-pronged, multi-agency public health approach** inclusive of public education and awareness, prevention and early intervention, and effective, trauma-specific assessment and treatment.

(SAMHSA's Concept of Trauma, 2014)

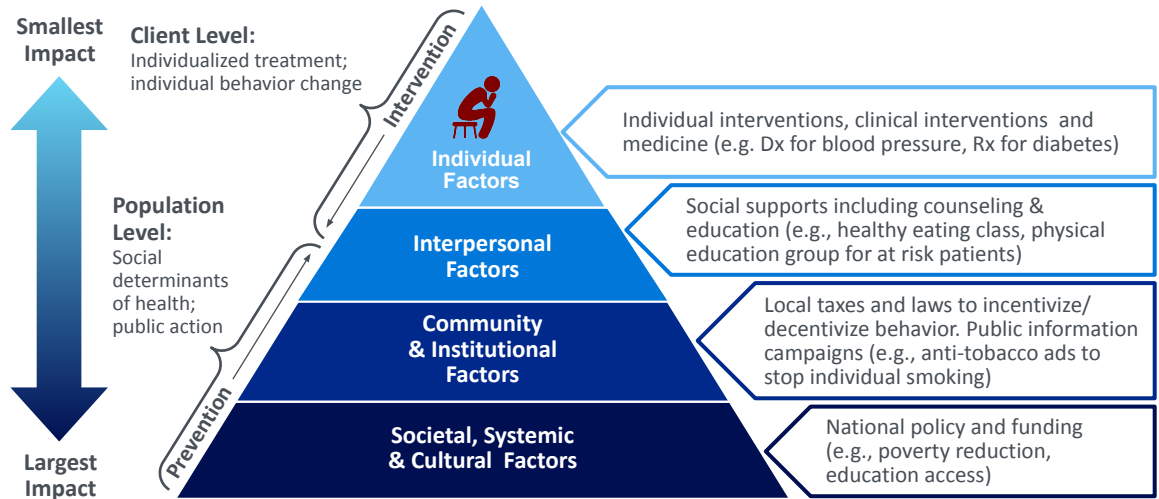
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Public Health Socio-Ecological Model



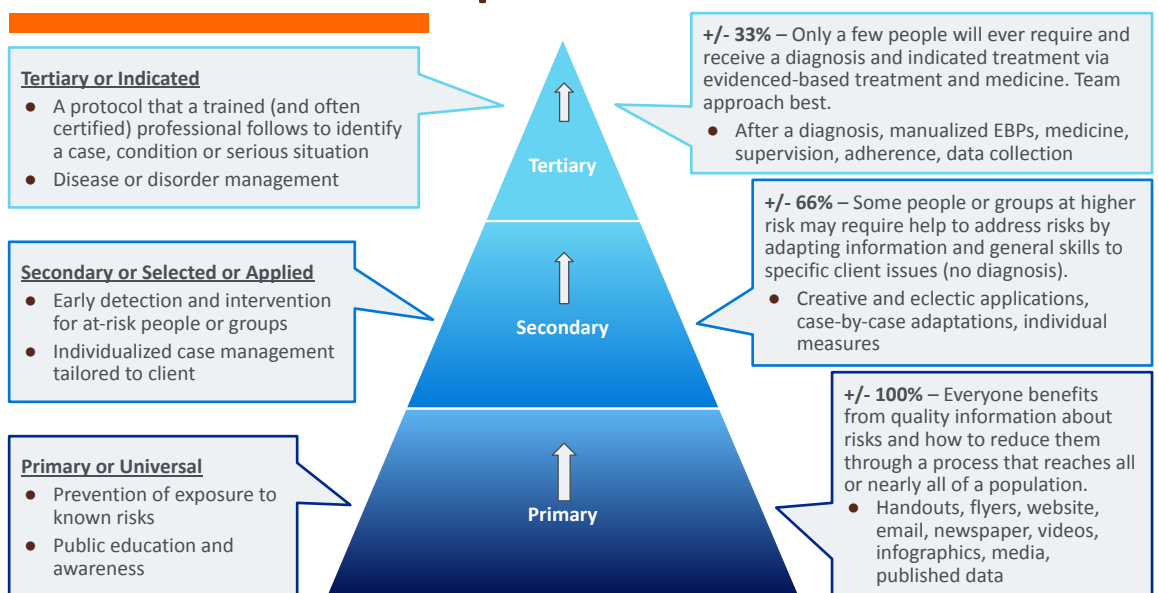
(Prego-Meleiro et al., 2020)

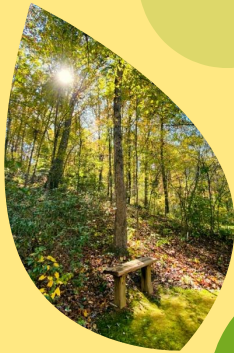
Public Health Socio-Ecological Model: Factors That Affect Health



Adapted from *A Framework for Public Health Action* (Frieden, 2010)

Treatment: Use the public health model





Trauma Informed Services

SAMHSA's Concept of Trauma and Guidance document and the accompanying *TIP 57* protocol set the standards for trauma-informed practice.



SAMHSA TIP 57

TIP 57 states that trauma-informed agencies will train all staff members to be able to realize, recognize and respond to trauma-related dynamics typically encountered when doing their jobs.

SAMHSA TIP 57 (2014)

Result: Seeks to actively resist re-traumatization

Tertiary: Diagnosis + Treatment protocol - Dx

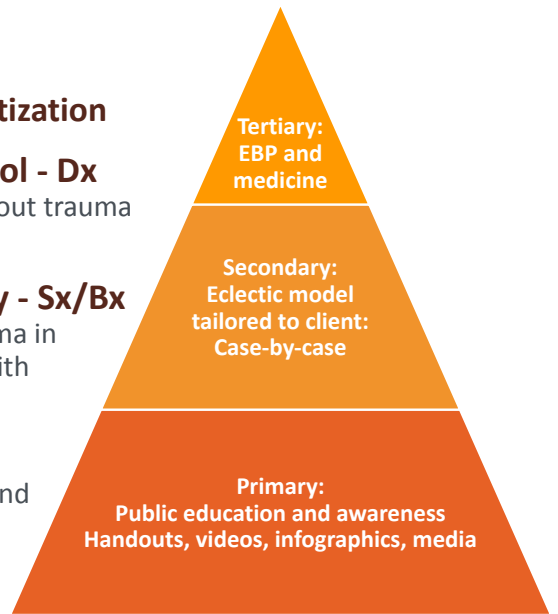
- Responds by fully integrating knowledge about trauma into policies, procedures and practices

Secondary: Measurements individually - Sx/Bx

- Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system

Primary: Prevention collectively - Ex

- Realizes the widespread impact of trauma and understands potential paths for recovery



Trauma-Informed ➔ Safety

TRAUMA-INFORMED	TRAUMA-SPECIFIC
A <u>culture</u> that acknowledges the impact of trauma and strives to increase physical and emotional safety – evidenced-based public health prevention/agency	An <u>intervention</u> whose primary task is to address the impact of trauma and to facilitate trauma recovery – individualized treatment and EBPs/protocols/client
<ul style="list-style-type: none"> ● All publicly funded agencies benefit from becoming trauma-informed 	<ul style="list-style-type: none"> ● All agencies can become trauma-specific, if selected.



Trauma-Informed ➔ Prevention via Safety

TRAUMA-INFORMED	TRAUMA-SPECIFIC
<ul style="list-style-type: none"> ● environmental ● universal ● public ● open access ● standard ● themes ● safety ● self 	<ul style="list-style-type: none"> ● personal ● individual ● private ● protected ● client ● tailored ● details ● relationship

Which is it?

- Trauma Focused-CBT
- reviewing rules
- safety planning
- Seeking Safety
- processing trauma
- teaching safety skills



Connect the value to the action:

Trauma Informed Values from SAMHSA (TIP 57)

- Safety (physical and emotional)
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues

Trauma Informed Actions for All

- Develop personal power: ability to speak and act autonomously
- Work on something you care about with others who care about the same thing
- Build safe coping skills
- Accept messages that help; disregard messages that hurt
- Identify and build safe connections
- Become more transparent; become known to someone

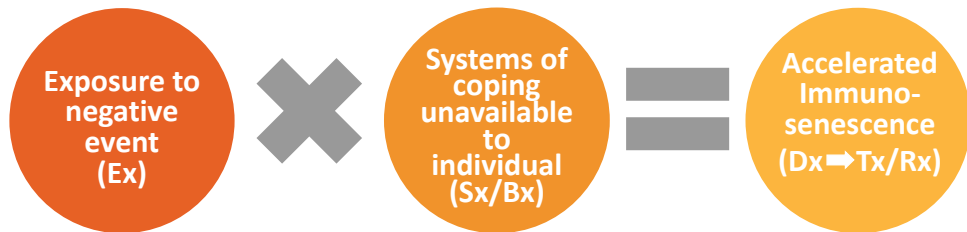
Adapted from (SAMHSA, 2014)



Diagnosing Trauma

“ Individual trauma results from **exposure** to an event, series of events or set of circumstances [**Ex**] that is experienced by an **individual** as physically or emotionally harmful or life threatening [**Sx/Bx**] and that has **lasting adverse effects** on the individual’s functioning and physical, social, emotional or spiritual well-being [**Dx⇒Tx/Rx**]. ”

SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach
Substance Abuse Mental Health Services Administration (SAMHSA, 2014)



Trauma Formula



ACEs Measure Exposure

Types of ACEs



ABUSE

- Emotional
- Physical
- Sexual



NEGLECT

- Emotional
- Physical



HOUSEHOLD CHALLENGES*

- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce or separation
- Incarceration
- Intimate partner violence or domestic violence

Other Adversity



- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experience
- Witnessing or experiencing acts of terrorism

*The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.

(CDC, 2024)



“

Trauma-informed care is not intended to diagnose or treat trauma-related conditions. Instead, **trauma-informed care is a universal precautions approach** that treats all survivors as if they might have adverse effects from traumatic events that are both known and unknown but may be affecting survivors and responders either way.

Role of Trauma-Informed Care in Disasters (Kusmaul, 2021)

”



Universal Precautions

- Universal precautions are essential in creating a trauma-informed organization.
- Trauma-informed services require the use of universal precautions, although it is not specified in TIP 57+.
- Universal precautions must be used to screen anyone for trauma-related symptoms or behaviors.

When to Use Universal Precautions?

- When epidemiology convincingly proves a high rate of exposure or overexposure among a population
 - e.g., yellow fever in Brazil and other tropical areas
- When disproportionalities are in part due to stigma, bias or systemic oppression
 - e.g., human trafficking due to extreme poverty
- When there is a lack information about a disease or a specific client's status
 - e.g., novel coronavirus
- When tests are not accurate or timely
 - e.g., new diseases (early HIV)
- When working with people who have the right not to disclose and/or who cannot disclose
 - e.g., all of our patients

Universal Precautions Around Trauma Exposure

- Increase safety with all.
- Equal treatment, everyone protected.
- Plentiful training, coaching, materials, supplies.
- No disclosure needed; disclosure 100% voluntary.
- Always, all the time, checklists, standards, clear expectations.
- Disclosures protected by rights, protections, advocacy and agreement.
- Clear policies on mandatory reporting around disclosure:
 - inform supervisor
 - follow agency policies and procedures
 - document reporting.

Universal precautions precede universal screening

Before asking about personal history:

- No specific information ➡ Use universal precautions.
- We may ask; clients **NEVER** have to tell.

After disclosure:

- Whenever a disclosure is made, recognize the bravery of the person reporting.
- Redirect to the present.

“We ask **everyone** these questions related to traumatic exposures, symptoms, behaviors in order to provide trauma-specific treatments. Are you interested in taking this screening? You do not have to and can pass or skip any question.”

- “You are very brave.”
- “How does this affect you today?”
- “What would you like to do about this?”

Mandating reporting on CSA changing!!

- Statutes of limitations for child sexual abuse are being changed throughout the nation.
- Know the current mandated reporting laws.
- Assume NO time limits on CSA disclosure
- Speak to your supervisor if any doubts.

Washington State: Victims under age 16: **no time limit.**

Charges can be filed at any point in the perpetrator's life for most serious child sex crimes.



Policy Implications

A Policy on Asking About Trauma Exposure

Standard: Universal precautions first, then universal screening

Invitational: We can ask about exposures

Voluntary: Person does NOT have to tell

Informative: Provide trauma-related information and handouts to all persons

Solution Focused: Notice if thinking trauma first provides more solutions, especially when looking for blame, feeling overwhelmed, becoming triggered, etc.

Data-Driven: Collect aggregate data (including race/ethnicity/gender ID) and notice disparities (especially in reporting to authorities)

A Policy for When a Client Discloses Past Personal Experiences

If disclosure, ask how this affects the person today — redirect to the present

If disclosure, recognize the bravery and ask what the person would like you to do

Know mandated reporting laws and speak to supervisor if any doubts on whether to report

“

**Written universal precautions guidelines...
should be available and updated periodically.**

Effect of Tele-nursing Education Program on Nurses' Compliance
with Standard Precautions during
COVID- 19 Pandemic (Rizk & Siam, 2021)

”

Practice trauma themes!!

- Connect any challenge to **trauma-related themes** and research.
- Notice if using universal precautions provides more solutions: Safety, action, policy, choices, protection, laws.
- Whenever the worker is wanting to find blame, feeling overwhelmed, becoming triggered, struggling to know what to say or do.
- “Many people struggling with addiction have found substance more dependable than people. What have you noticed?”
- “Many older adults experiencing abuse had similarly abusive childhoods. Would you be interested in learning more about how to stay safe?”
- “Trauma dynamics can make a person think it’s an interpersonal issue, when the real problems are much larger than you and me.”



Selected: Sx and Bx

Trauma-related symptoms and behaviors

Are unsafe behaviors trauma symptoms?

- PTSD symptoms – DSM-5
 - Risky and self destructive behaviors
- Body of research
 - Clear evidence over decades of research
 - Most likely causal factor – population
 - Universal precautions with individuals
- Seeking Safety
 - Effective for substance abuse, problem gambling, suicide, etc.
- Survivor stories
- Own experiences



Agreement: Are you willing to measure?

Write down several ways to measure unsafe behaviors:

- How often you do it
- How much money it costs
- How much you do (by weight)
- Count containers, e.g. number of bottles
- Related countables, e.g. number of emergency room visits or jail visits
- Others?

What are methods to track measurements of unsafe behaviors?



Treatment for trauma-related disorders

The diagnosis indicates the treatment and medication.



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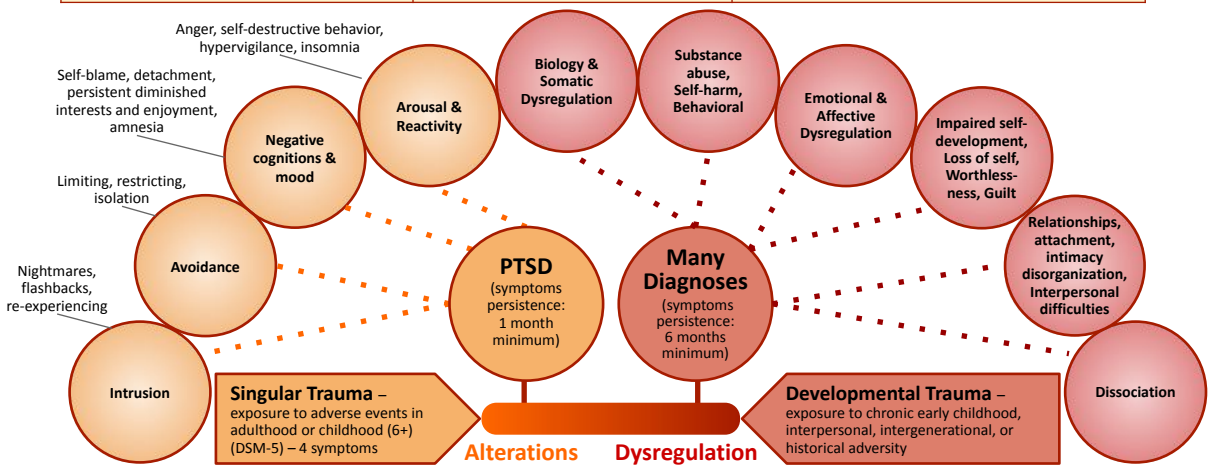
Diagnosis means not only detection or exclusion of disease (i.e. the classical definition of medical diagnosis), but also evaluation of disease risk, prognostic assessment, therapeutic monitoring, etc. This quite broad definition of medical diagnosis is not universally acknowledged.

(Knotterus et al., 2002)

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A Range of Symptoms from Simple to Complex

<p>C-PTSD (ICD-11) – 6 Symptoms Re-experiencing; Avoidance; Hypervigilance; Emotional dysregulation; Interpersonal difficulties; Negative self-concept</p>	<p>Complex Trauma (NCTSN) – 7 symptoms Attachment; Biology; Affect dysregulation; Dissociation; Behavioral regulation; Cognition; Self-concept</p>	<p>Developmental Trauma Disorder (van der Kolk) – 7 symptoms Dysregulation; Affective; Somatic; Behavioral; Cognitive; Relational; Self-attribution</p>
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Complex Trauma: Domains of Impairment – NCTSN.org

1. Attachment
2. Biology
3. Affect regulation
4. Dissociation
5. Behavioral regulation
6. Cognition
7. Self-Concept

(NCTSN, 2003)

National Child Traumatic Stress Network measure reviews:

- DERS – Difficulties in Emotional Regulation Scale
- CANS Trauma – Child and Adolescent Needs and Strengths, Trauma Version
- TSCC – Trauma Syndrome Checklist for Children
- TSCYC – Trauma Symptom Checklist for Young Children

All Measure Reviews database (NCTSN, n.d.)

Other Diagnoses or Diagnostic Tools Available

- **C-PTSD**
 - ICD-11: International Classification of Diseases 11th Revision (WHO, 2024)
 - Trauma Symptom Checklist – 40 (TSC-40) (Briere & Runtz, 1992)
- **Attachment Disorders** (and Personality Disorders)
 - Reactive Attachment Disorder (DSM-5)
 - Disinhibited Social Engagement Disorder (DSM-5)
- **Dissociative and Somatic Disorders**
 - DID – DSM-5 diagnosis
 - Somatic Symptom Disorder and related disorders
 - Dissociative Subtype of PTSD Scale (DSPS)
- **Co-Occurring Disorders and PTSD**
 - Substance/Opioid/Alcohol Use Disorders
 - Eating Disorders
 - Suicide and Self-Harm
- **Developmental Trauma Disorder** (van der Kolk, B.)

What other diagnoses often have a trauma genesis that is not explicitly part of the diagnosis?





PTSD EBP: California Clearinghouse and NCTSN.org

- EMDR for Children and Adolescents
- Prolonged Exposure Therapy for Adolescents
- Trauma-Focused CBT
- Child-Parent Psychotherapy
- TARGET
- Seeking Safety
- SITCAP-ART
- CBITS
- Others
 - <https://www.cebc4cw.org/>

Treatment: No! Safe! Now!

- Whether from trauma or other etiologies, emotional distress provokes dissociation, challenging already compromised capacity for affect regulation.
- Once traumatized people learn to reorient themselves to the present, they can experiment with reactivating their lost capacities to physically defend and protect themselves.
- Effective treatment involves skills to
 1. Increase the capacity for interoception to tolerate feelings and sensations. (No!)
 2. Engage in taking effective action in the present. (Safe!)
 3. Increase emotional regulation skills to modulate state arousal. (Now!)

(van der Kolk, 2006; Briere & Runtz, 2015)





Thank You!

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