SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach & Legal Age of Consent

HOUSE OF NEW HOPE EMPLOYEE ORIENTATION

Introduction

- Trauma is a widespread, harmful and costly public health problem. It occurs as a result of violence abuse, neglect, loss, disaster, war and other emotionally harmful experiences.
- Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation. It is an almost universal experience of people with mental and substance use disorders.
- The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery.
- The effects of traumatic events place a heavy burden on individuals, families and communities and create challenges for public institutions and service systems.

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- Although many people who experience a traumatic event will go on with their lives without lasting negative effects, others will have more difficulty and experience traumatic stress reactions.
- Emerging research has documented the relationships among exposure to traumatic events, impaired neurodevelopmental and immune systems responses and subsequent health risk behaviors resulting in chronic physical or behavioral health disorders.
- Research has also indicated that with appropriate supports and intervention, people can overcome traumatic experiences.
- However, most people go without these services and supports.

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- Unaddressed trauma significantly increases the risk of mental and substance use disorders and chronic physical disease.
- Individuals with experiences of trauma are found in multiple service sectors, not just in behavioral health.
- Studies of people in the juvenile and criminal justice system reveal high rates of mental and substance use disorders and personal histories of trauma.
- Children and families in the child welfare system similarly experience high rates of trauma and associated behavioral health problems.
- Young people bring their experiences of trauma into the school systems, often interfering with their school success.
- And many patients in primary care similarly have significant trauma histories which has an impact on their health and their responsiveness to health interventions.

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- In addition, the public institutions and service systems that are intended to provide services and supports to individuals are often themselves trauma-inducing.
- The use of coercive practices, such as seclusion and restraints, in the behavioral health system; the abrupt removal of a child from an abusing family in the child welfare system; the use of invasive procedures in the medical system; the harsh disciplinary practices in educational/school systems; or intimidating practices in the criminal justice system can be re-traumatizing for individuals who already enter these systems with significant histories of trauma.
- These program or system practices and policies often interfere with achieving the desired outcomes in these systems.

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- Thus, the pervasive and harmful impact of traumatic events on individuals, families and communities and the unintended but similarly widespread re-traumatizing of individuals within our public institutions and service systems, make it necessary to rethink doing “business as usual.”
- In public institutions and service systems, there is an increasing recognition that many of the individuals have extensive histories of trauma that, left unaddressed, can get in the way of achieving good health and well-being.
  - For example, a child who suffers from maltreatment or neglect in the home may not be able to concentrate on school work and be successful in school; a women victimized by domestic violence may have trouble performing in the work setting; a jail inmate repeatedly exposed to violence on the street may have difficulty refraining from retaliatory violence and re-offending; a sexually abused homeless youth may engage in self-injury and high risk behaviors to cope with the effects of sexual abuse; and, a veteran may use substances to mask the traumatic memories of combat.

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- The experiences of these individuals are compelling and, unfortunately, all too common. Yet, until recently, gaining a better understanding of how to address the trauma experienced by these individuals and how to mitigate the re-traumatizing effect of many of our public institutions and service settings was not an integral part of the work of these systems.
- Now, however, there is an increasing focus on the impact of trauma and how service systems may help to resolve or exacerbate trauma-related issues.
- These systems are beginning to revisit how they conduct their “business” under the framework of a trauma-informed approach.

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 individual's functioning and mental, physical, social, emotional, or spiritual well-being.

THE THREE "E'S" OF TRAUMA: EVENT(S), EXPERIENCE OF EVENT(S), AND EFFECT

- **Events** and circumstances may include the actual or extreme threat of physical or psychological harm (i.e. natural disasters, violence, etc.) or severe, life-threatening neglect for a child that imperils healthy development.
- These events and circumstances may occur as a single occurrence or repeatedly over time. This element of SAMHSA's concept of trauma is represented in the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which requires all conditions classified as "trauma and stressor-related disorders" to include exposure to a traumatic or stressful event as a diagnostic criterion.

THE THREE "E'S" OF TRAUMA: EVENT(S), EXPERIENCE OF EVENT(S), AND EFFECT

- The individual's **experience** of these events or circumstances helps to determine whether it is a traumatic event.
- A particular event may be experienced as traumatic for one individual and not for another (e.g., a child removed from an abusive home experiences this differently than their sibling; one refugee may experience fleeing one's country differently from another refugee; one military veteran may experience deployment to a war zone as traumatic while another veteran is not similarly affected).
- How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic.

THE THREE "E'S" OF TRAUMA: EVENT(S), EXPERIENCE OF EVENT(S), AND EFFECT

- Traumatic events by their very nature set up a power differential where one entity (whether an individual, an event, or a force of nature) has power over another.
- They elicit a profound question of "why me?"
- The individual's experience of these events or circumstances is shaped in the context of this powerlessness and questioning. Feelings of humiliation, guilt, shame, betrayal, or silencing often shape the experience of the event.
- When a person experiences physical or sexual abuse, it is often accompanied by a sense of humiliation, which can lead the person to feel as though they are bad or dirty, leading to a sense of self blame, shame and guilt.

THE THREE "E'S" OF TRAUMA: EVENT(S), EXPERIENCE OF EVENT(S), AND EFFECT

- In cases of war or natural disasters, those who survived the traumatic event may blame themselves for surviving when others did not.
- Abuse by a trusted caregiver frequently gives rise to feelings of betrayal, shattering a person's trust and leaving them feeling alone. Often, abuse of children and domestic violence are accompanied by threats that lead to silencing and fear of reaching out for help.
- How the event is experienced may be linked to a range of factors including the individual's cultural beliefs (e.g., the subjugation of women and the experience of domestic violence), availability of social supports (e.g., whether isolated or embedded in a supportive family or community structure), or to the developmental stage of the individual (i.e., an individual may understand and experience events differently at age five, fifteen, or fifty).

THE THREE "E'S" OF TRAUMA: EVENT(S), EXPERIENCE OF EVENT(S), AND EFFECT

- The long-lasting adverse **effects** of the event are a critical component of trauma.
- These adverse effects may occur immediately or may have a delayed onset. The duration of the effects can be short to long term.
- In some situations, the individual may not recognize the connection between the traumatic events and the effects.
  - Examples of adverse effects include an individual's inability to cope with the normal stresses and strains of daily living; to trust and benefit from relationships; to manage cognitive processes, such as memory, attention, thinking; to regulate behavior; or to control the expression of emotions.

THE THREE "E'S" OF TRAUMA: EVENT(S), EXPERIENCE OF EVENT(S), AND EFFECT

- In addition to these more visible effects, there may be an altering of one's neurobiological make-up and ongoing health and well-being.
- Advances in neuroscience and an increased understanding of the interaction of neurobiological and environmental factors have documented the effects of such threatening events.
- Traumatic effects, which may range from hyper-vigilance or a constant state of arousal, to numbing or avoidance, can eventually wear a person down, physically, mentally, and emotionally.
- Survivors of trauma have also highlighted the impact of these events on spiritual beliefs and the capacity to make meaning of these experiences.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

- A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures.
- These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. **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. Understanding safety as defined by those served is a high priority.
2. **Trustworthiness and Transparency**: Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

3. **Peer Support**: Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. The term “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. Peers have also been referred to as “trauma survivors.”

4. **Collaboration and Mutuality**: Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating 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. As one expert stated: “one does not have to be a therapist to be therapeutic.”

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

5. **Empowerment, Voice and Choice**: Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals organizations, and communities to heal and promote recovery from trauma. The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/or who come to the organization for assistance and support. As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike.

   Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

6. **Cultural, Historical, and Gender Issues**: The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers, access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.

Sample Questions to Consider When Implementing Trauma-Informed Screening, Assessment, Treatment Services

Screening, Assessment, Treatment Services	• Is an individual's own definition of emotional safety included in treatment plans? • Is timely trauma-informed screening and assessment available and accessible to individuals receiving services? • Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services? • How are peer supports integrated into the service delivery approach? • How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment? For instance, are gender-specific trauma services and supports available for both men and women? • Do staff members talk with people about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding? • How are these trauma-specific practices incorporated into the organization's ongoing operations?

Legal Age of Consent

What is a minor?

- Ohio law defines a “minor” as any person between birth and 18 years old.
- A minor is denied certain rights under the law, such as the right to vote, the right to enter into an enforceable contract and, in most cases, the right to consent to medical care.
- However, when a minor is able to consent to medical care without also obtaining parental consent, the minor’s contract is enforceable and the minor can be held responsible for payment of the medical bill.

Legal Age of Consent

What is an adult?

- When a person turns 18, she or he is considered an adult for almost all purposes.
- There are a few exceptions. For example, people with certain mental or physical disabilities may not be recognized as adults by law when they become 18.

Legal Age of Consent

Consent and Persons with a Developmental Disability

- An adult with a developmental disability has the legal right to consent to mental health treatment unless they have a Guardian appointed by the court.
  - "Guardian" means a person appointed by a probate court pursuant to Chapter 2111. of the Revised Code to have the care and management of the person of an incompetent.

Legal Age of Consent

Outpatient Counseling

- A minor who is at least 14 years old can request outpatient care without notifying a parent as long as the treatment does not include medication.
- However, such care is limited to six sessions or 30 days, whichever comes first.
- After that, the care must stop or the parents must be informed and must consent in order for treatment to continue.
- During the first six sessions or 30 days, the parents will not be informed of the treatment unless the teen consents or the care provider feels the minor is likely to harm someone.
- Still, before the parents can be informed, the care provider must first tell the teen that the parents will be notified.