

# Evaluation Results of an Initiative to Increase Trauma-Informed Care



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# BACKGROUND



- **Psychological trauma is prevalent and has a profound impact on survivor's lives**
  - One in 2 people in general population (Kessler et al., 1995)
  - Individuals of lower socioeconomic resources are particularly vulnerable
- **Mental health sequelae**
  - PTSD (10-25% for survivors, higher for childhood victims)
  - Depression and anxiety
  - Substance abuse disorders
  - Physical health problems
  - Multiple victimization
  - Complex PTSD

## BACKGROUND, cont'd.



- Adults seeking mental health and substance abuse treatment are highly likely to be trauma survivors
- Estimates range from 50% to 98%
- PTSD 2 to 5 times higher in substance abuse treatment
- Most are victims of multiple trauma
- Despite the prevalence of trauma in mental health care, some agencies often do not have trauma-informed environments or programs

# WHAT IS TRAUMA-INFORMED CARE?



- Viewing clients through a “trauma lens”
- Key domains of trauma-informed care:
  1. Safety: Ensuring physical and emotional safety
  2. Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
  3. Choice: Prioritizing clients’ choice and control
  4. Collaboration: Maximizing collaboration and sharing of power with consumers
  5. Empowerment: Prioritizing client empowerment and skill-building

# CT TRAUMA INITIATIVE



- Center for Substance Treatment funded CT Department of Mental Health & Addiction Services (DMHAS) to develop a Trauma Center of Excellence in 2004
- In 2005, DMHAS selected the Northwest Mental Health Authority in Torrington, CT as TCOE
- Selected Dr. Roger Fallot and Eileen Russo as trauma consultants
- Extended to Danbury, CT and Waterbury, CT in 2006

# TRAUMA INITIATIVE ACTIVITIES



- Initial “Kick-off” meeting with selected agencies and programs
- Agencies completed:
  - Self assessments of current status of trauma-informed principles
  - Highlighted areas of deficiency
  - Plans for increasing trauma sensitivity in areas of deficiency
- Agencies assigned Trauma Champions and Trainers
- Agencies held trainings for all staff on “Understanding Trauma” and “Staff Care”
  - Trainings provided to clinical line staff, program directors, clerical staff, security

# EVALUATION (2006)



- **Goal: Inform and provide recommendations for future initiatives, including current Hartford Initiative**
- **Qualitative data collection across all LMHAs**
  - One-on-one interviews with “Key Informants”
  - Focus Groups with clinical line staff
  - Interviews with Trauma Champions
  - Focus groups with current consumers
- **Measures**
  - Unstructured interviews
  - Approved by DMHAS Institutional Review Board

# RESULTS: FEEDBACK



- **Generally positive feedback about overall initiative**
- **Consumer feedback**
  - Sensitivity toward trauma
  - Policy changes
- **Stronger enthusiasm and motivation in Torrington than Waterbury and Danbury**
  - Selection as TCOE
  - Management and leadership
  - Stage of initiative
- **Concerns about increased workload**



# RESULTS: CHANGES IMPLEMENTED



- **Changes reported at agencies by program staff**
  - Increased awareness of trauma
  - Intake evaluations and information-seeking
  - Increased client choice about treatment
    - ✦ Open vs. closed doors
    - ✦ Treatment planning with client present
    - ✦ Gender preference of therapist
    - ✦ Personal space consideration
    - ✦ Individualized crisis plans
    - ✦ Frequent treatment plan reviews
  - Environment changes

# RECOMMENDATIONS



- **Consumer recommendations**
  - Additional resources (literature, exercise equipment)
  - Seek input from consumers about Initiatives
- **Systems-level recommendations**
  - Integrate state initiatives
  - Increase programs and services available to consumers
- **Initiative recommendations**
  - Assign liaisons/Trauma Champions from each program
  - Sustainability
  - Supervision for clinicians

# CONCLUSIONS



- **Trauma Initiative was widely supported**
  - Informed the current Hartford Trauma Initiative and evaluation
- **Noticeable improvements in treatment for trauma survivors**
- **Agency leadership “buy-in” and motivation is key**