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Improving SOAR Applications with the Essentials of Trauma Informed Care



PRESENTED BY:

SAMHSA SOAR TECHNICAL ASSISTANCE CENTER
POLICY RESEARCH ASSOCIATES, INC.

UNDER CONTRACT TO:

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Disclaimer

- This training is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (DHHS)
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Webinar Instructions

- Muting
- Recording availability
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Learning Objectives

- Increase SOAR community awareness of trauma impact and trauma-informed care.
- Integrate trauma-informed principles when providing SOAR services within a variety of settings, e.g. criminal justice, Veteran, youth, homeless shelters, domestic violence and mental health.
- Apply trauma-informed principles to gather a thorough history and greatest amount of information in a way which minimizes re-traumatization.
- Understand more about SSA's new Trauma Listing.

Agenda

What Does it Mean to be Trauma Informed?

- Lisa Callahan, PhD, Senior Research Associate, SAMHSA GAINS Center, Policy Research Associates, Inc., Delmar, New York

Applying SAMHSA's 10 Trauma Informed Principles at Deborah's Place

- Kim Davidson, LCSW, Clinical Services, Director, Deborah's Place, Chicago, Illinois

Trauma Informed Case Management : SOAR Applicant Case Studies

- Eleni Marsh, SOAR Case Manager, Deborah's Place, Chicago, Illinois

SSA's New Trauma Listing: 12.15

- Pam Heine, Senior Project Associate, SAMHSA SOAR TA Center, Policy Research Associates, Inc., Delmar, New York

Questions & Answers

- Facilitated by SOAR TA Center Staff



What Does It Mean to be Trauma Informed?

LISA CALLAHAN, PHD, SENIOR RESEARCH ASSOCIATE, SAMHSA GAINS CENTER, POLICY RESEARCH ASSOCIATES, INC. DELMAR, NEW YORK

Why Learn About Trauma?

Science

- Research on brain development
- Observable impact of trauma on children & adults

Money

- Cost to our systems – medical, legal, social

Politics

- “Raise the age”
- Acknowledgement of trauma in populations (e.g. soldiers)



What is Trauma?

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 threatening and that has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being.**

SAMHSA 2013

<http://gainscenter.samhsa.gov>



Examples of Traumatic Events

Intentional trauma – abuse, bullying, rape, violence in community, exposure to violence

Unintentional trauma – sudden death or illness of loved one, serious injuries/illness, separation from care giver, family disruption

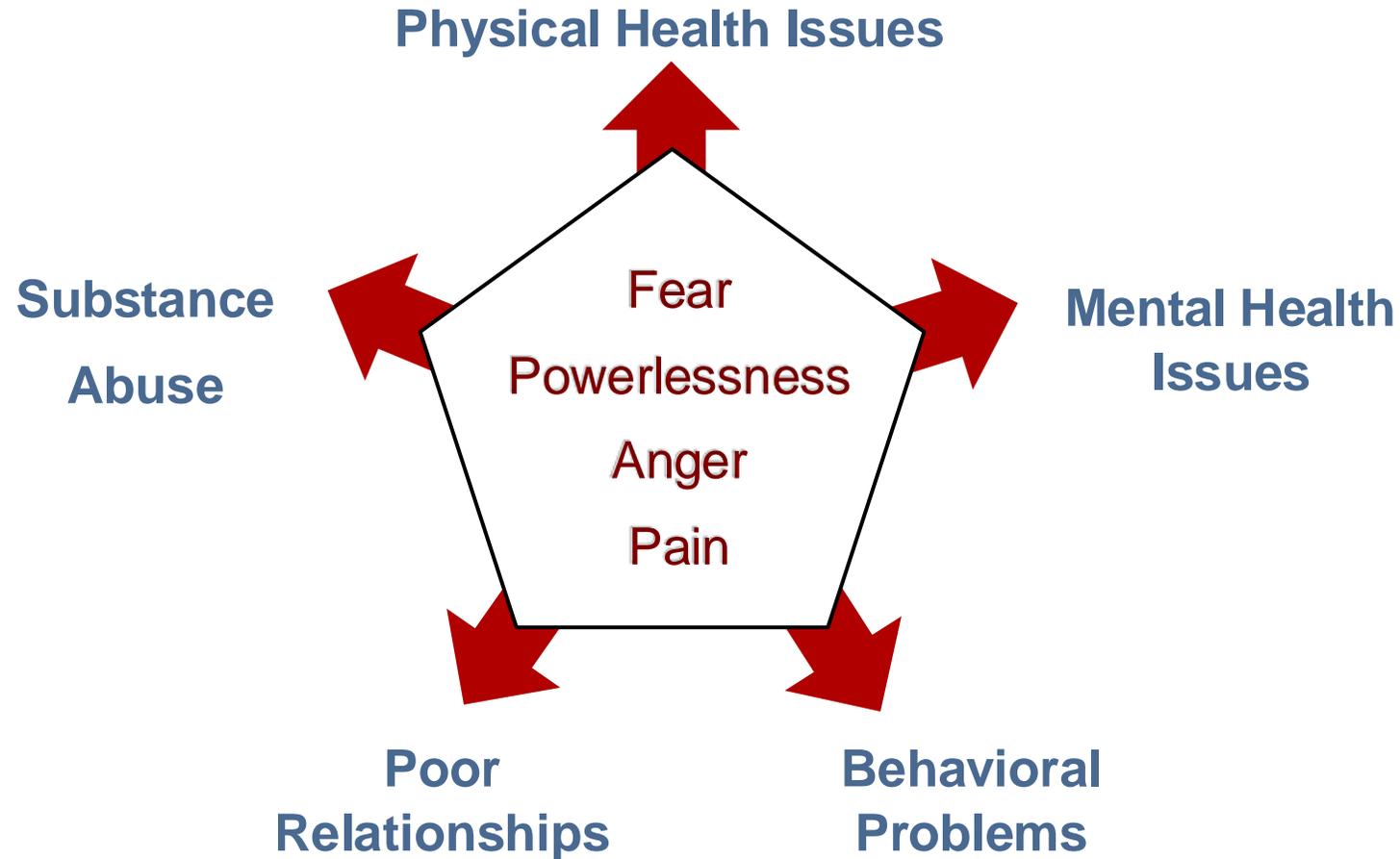
Other types – historical trauma, community trauma, vicarious trauma, ethnic cleansing, war



Trauma Affects the Brain



Long-term Effect



Trauma is pervasive

Adverse Childhood Experiences Study (ACE)

ACE Scale Item	% Women	% Men	Total %
Abuse			
Physical abuse	16	16	16
Emotional abuse	34	36	35
Sexual abuse	15	6	11
Household challenges			
Household mental illness	19	13	16
Household substance abuse	27	23	25
Parental separation or divorce	23	23	23
Household member incarcerated	5	6	6
Witness domestic violence	16	14	15
ACE Score			
0	40	41	41
1	22	25	24
2	13	13	13
3+	25	21	23



Physical Health & Trauma

ACE studies* demonstrate that childhood trauma significantly increases the risk of:

- **Cigarette smoking**
- **Suicidal behavior**
- **Difficulty controlling anger**
- **Memory impairment**
- **Sexuality issues**
- **Ulcers**
- **Heart disease**
- **Headaches**
- **Adolescent pregnancy**
- **Obesity**
- **Lung disease**
- **Cancer**
- **Arthritis**
- **Fractures**
- **Anemia**
- **Back pain**
- **Skin disease**
- **Premature death**

* Citations to studies available upon request

<http://gainscenter.samhsa.gov>



Substance Use/Mental Health & Trauma

ACE studies* demonstrate that childhood trauma significantly increases the risk of:

- **Suicidality**
- **Alcohol misuse (women)**
- **Witnessing & perpetrating IPV**
- **Lower scores on MH measures**
- **Depression**
- **Co-occurring disorder**
- **Hallucinations**
- **Anxiety**
- **Dysthymia**
- **Personality disorder**
- **Borderline personality disorder**
- **Prescriptions for psychotropic medications**

* Citations to studies available upon request <http://gainscenter.samhsa.gov>



Mental Health/Criminal/ Behavior Issues & Trauma

**Prospective study, multiple time periods –
As exposure to childhood risk factors*
increases, so do:**

- **depression & anxiety in adulthood**
- **criminal arrests in adulthood**
- **education attainment declines after 1 risk factor**

*** Risk factors: child abuse/neglect, parental divorce, parental arrest, sibling arrest, parental substance use, sibling substance use, single-parent home, deceased parent, 5+ children in home, homelessness, removal from home, HH \$ stress**



Community Samples

National Co-morbidity Study:

- **61% of men & 51% of women reported at least one traumatic event**

Detroit Area Survey of Trauma:

- **90% reported lifetime exposure to trauma; 5.3 events for men, 4.3 events for women**

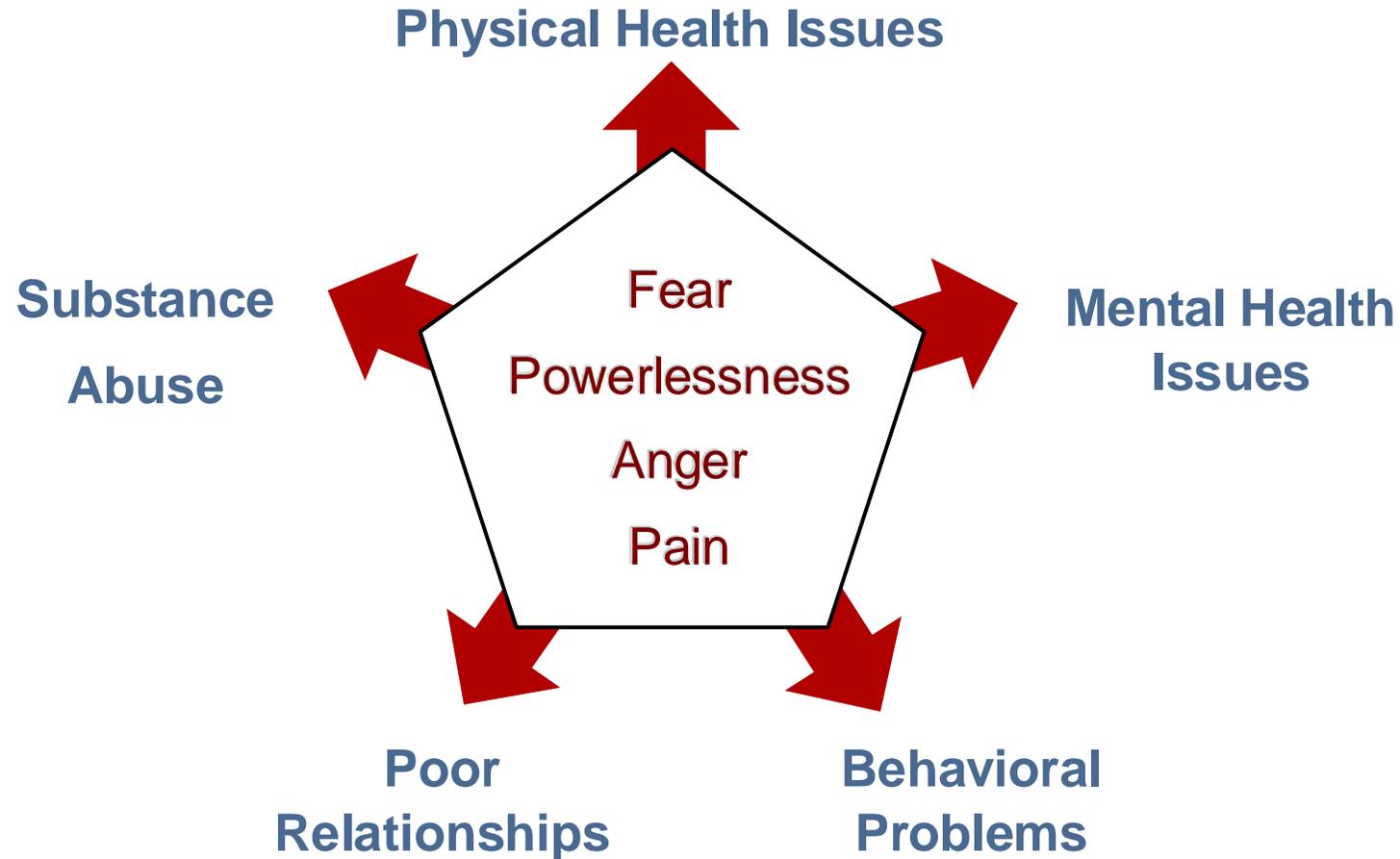


PTSD & Trauma

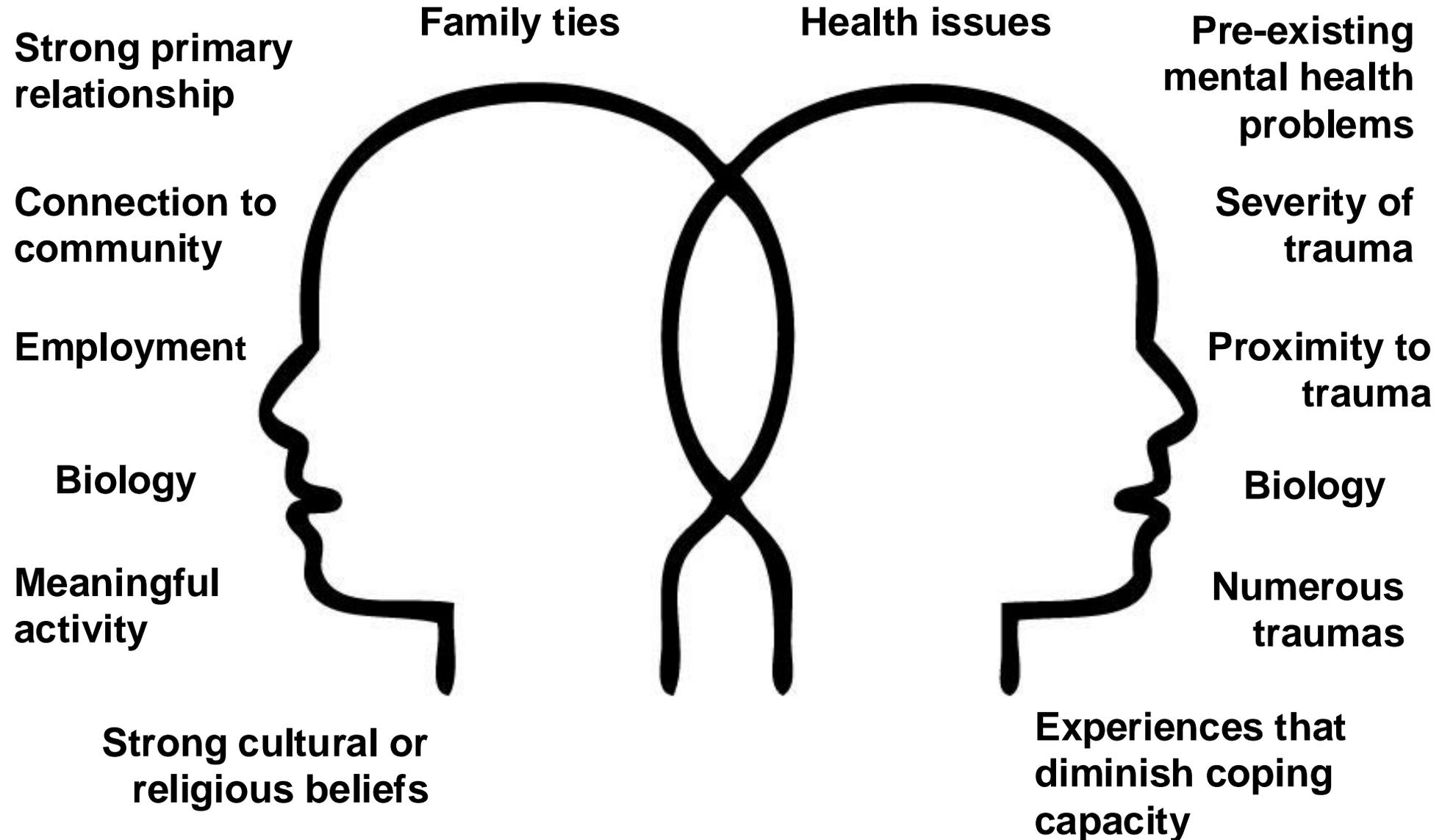
- **Most people who experience trauma will NOT develop PTSD**
- **General population - 8% will have PTSD in lifetime - 10% of women, 4% of men**
- **Veterans:**
 - **OIF/OEF Veterans – approximately 20% have PTSD in a given year**
 - **Desert Storm Veterans – approximately 12% have PTSD in a given year**
 - **Vietnam Era Veterans – approximately 15% have PTSD in a given year, 30% in lifetime**
- **Factors affecting PTSD in Veterans:**
 - **Combat, other MH problems, war responsibilities, politics about the war, where it is fought, who the enemy is**
 - **MST:**
 - **23% of women in VHA reported sexual assault**
 - **55% of women in VHA reported sexual harassment; 28% of men reported sexual harassment**



Long-term Effect



Individualized Experiences



- **Respect**
- **Information**
- **Safety**
- **Choice**

Trustworthiness

Respect

Choice

INTERACT

Collaboration

Empowerment



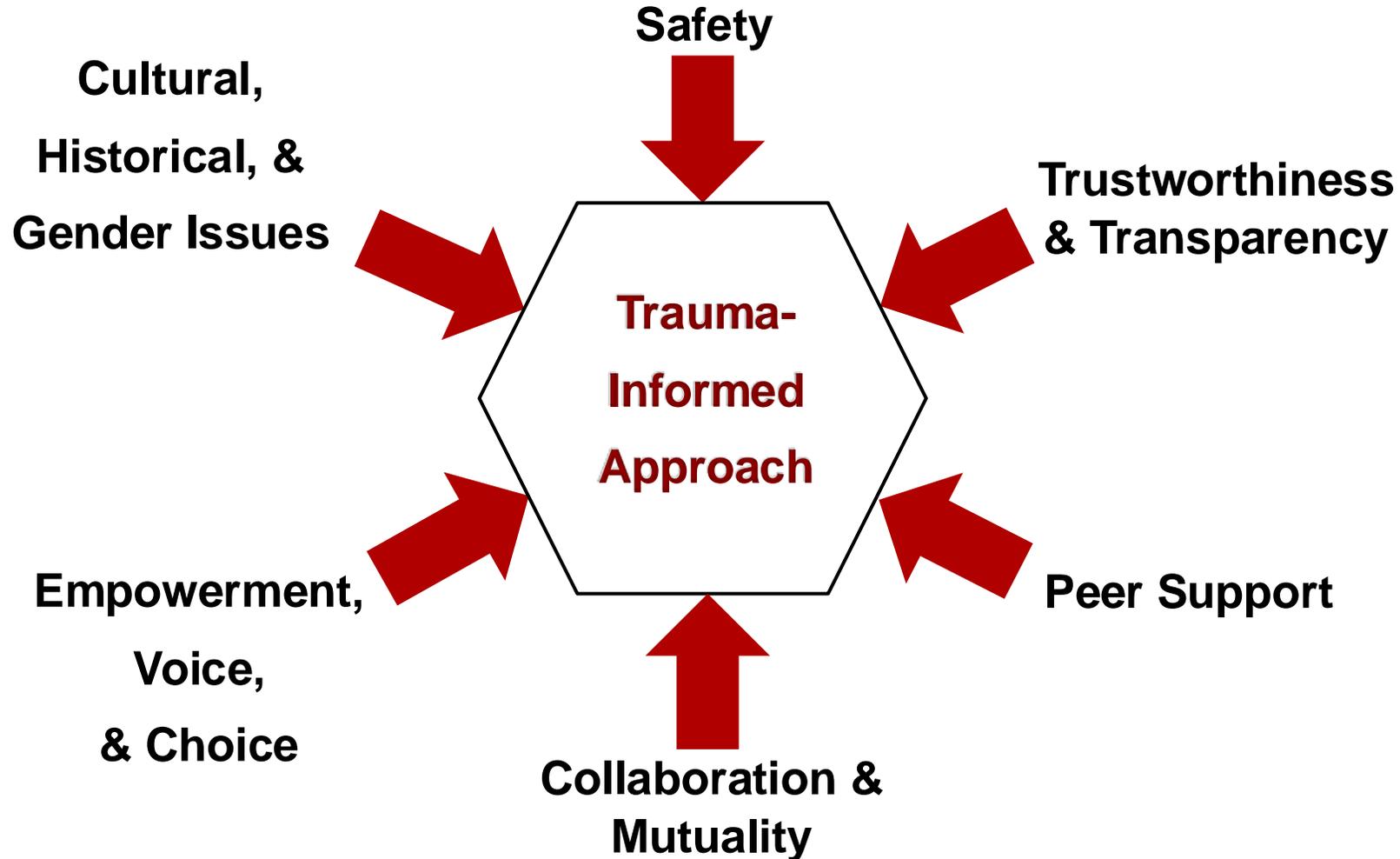
Event

Experience

Effect

Becoming a Trauma-informed Organization

Principles of a Trauma-Informed Approach



10 Principles of Trauma-informed Programs

- 1. Recognize the impact of violence on development & coping strategies**
- 2. Recovery is the primary goal**
- 3. Employ an empowerment model**
- 4. Emphasize voice/choice**
- 5. Stress relational collaboration**
- 6. Recognize the need for safety & respect**
- 7. Emphasize strength & resilience**
- 8. Minimize re-traumatization**
- 9. Cultural Competence**
- 10. Peer/consumer input is included**



Guidelines for Implementing a Trauma-Informed Approach

- **Governance & Leadership**
- **Policy**
- **Physical Environment**
- **Engagement & Involvement**
- **Cross Sector Collaboration**



Guidelines for Implementing a Trauma-Informed Approach

- **Screening, Assessment, & Treatment Services**
- **Training & Workforce Development**
- **Progress Monitoring & Quality Assurance**
- **Financing**
- **Evaluation**



A Trauma-informed Approach – the 4 R's

- 1. Realize the prevalence of trauma & why a trauma-informed approach is important**
- 2. Recognize how trauma affects all individuals in an organization, program, system, & workforce**
- 3. Respond effectively & with compassion**
- 4. Resist Re-traumatization**



Applying Trauma Informed Principles To SOAR Services

KIM DAVIDSON, LCSW, CLINICAL SERVICES, DIRECTOR, DEBORAH'S PLACE, CHICAGO, ILLINOIS

Deborah's Place



- Supportive housing provider that provides permanent and interim housing to roughly 250 women annually
- Early adopter of harm reduction and housing first
- Trauma informed care is a key component of our service model
- All case managers and clinical director are trained in SOAR

The Six Key Principles of a Trauma-Informed Approach: SOAR Strategies for Implementation

Principle 1: Safety

When your safety has been compromised it can be difficult to feel safe. Safety can be both physical and emotional.

- **SOAR Strategies:**
- Build strong trusting relationships based on honesty
 - This means not always telling someone what they want to hear, but letting them know the truth (even about potential denials, etc.)
- Allow individuals to apply (or at least complete the MSR) with those they trust the most
- Don't ask for more information than you need



Principle 1: Safety

- Complete the application/interview in spaces where the participant chooses and feels safe
- Have a conversation at the beginning of the process explaining the information being asked, exploring how they will know if it is too much, and what they need if they are triggered.. Allow and normalize breaks
- Give options of things that might make it more comfortable (food, drink, movie clips, coloring books)
- CELEBRATE after completing every single step

Principle 2: Trustworthiness and Transparency

When someone's boundaries have been violated in the past, they may have a difficult time setting them. You want to be very clear about your role and the process.

SOAR Strategies:

- Give lots of opportunities for information to be learned (info sessions, trips to social security offices, etc.)
- Clearly explain every step of the application process and everyone's role
- Explain the positives AND negatives of applying for benefits (decisional balance)

Principle 3: Peer Support

Those that we work with are experts in their own lives. They should have every opportunity to use their expertise and share it with others

SOAR Strategies:

- Have forums where others can share their stories of the process
- Give every opportunity for participants to educate you about their life, and not the other way around

Principle 4: Collaboration and Mutuality

All services should be partnerships, and every opportunity for autonomy should be honored.

SOAR Strategies:

- Give opportunities to cancel/postpone an application throughout the process
- Use Motivational Interviewing to guide conversations (OARS)
- Ask less questions and listen to more stories

Principle 5: Empowerment, Voice, and Choice

Traumatic experiences often involve losing one's voice and feeling like control is taken away. We must restore control whenever possible.

SOAR Strategies:

- Explore the meaning of benefits (positive and negative) for those you serve
- Explore the meaning of disability and fears about the label
- Don't make participants feel that they have to undergo any treatment they aren't comfortable with to strengthen an application
- Infuse every step of the process with small activities and interventions that help build recovery and skills (breathing exercises, grounding techniques, self care plans, etc.)

Principle 6: Cultural, Historical, and Gender Issues

The experience of navigating an oppressive world is also traumatic, and people experience this differently based on their identities.

SOAR Strategies:

- Recognize that some traumas disproportionately affect some identities more than others
- Recognize the additional barriers that your participants may face in the application process and advocate to minimize those barriers

The Importance of Self Care

- To absorb the pain of others, we must have room within ourselves
 - What makes space for you?
- Find ways to infuse your days with small practices that build your reserves
 - Self care doesn't have to be huge
- Recognize signs of burnout and hopelessness and seek support
- Find creative ways to do the application (from home, music, lots of breaks)



SOAR Vignettes: Applying Trauma Informed Principles

ELENI MARSH, SOAR CASE MANAGER, DEBORAH'S PLACE, CHICAGO, ILLINOIS

SOAR Vignettes

- The following vignettes describe SOAR applicants who were unable to fully disclose their mental health disorders early in the disability determination process, or even at all.
- **Vignette #1: S.S**
 - S.S applied for SSA benefits alleging physical impairments only.
 - We included in the SSA-3368 (Disability Report) and Medical Summary Report (MSR) our observations (or signs) of behavioral health symptoms which significantly impaired functional limitations in several areas.
 - S.S's disability claim was awarded!

SOAR Vignettes cont.

Vignette #2: A.G

- A.G's initial SOAR application included medical documentation showing a long history of seizure activity, with multiple ER visits.
- A.G's initial claim was denied.
- As I spent more time with A.G, it became clearer that her claim for disability benefits would be strengthened by including psychiatric signs and symptoms.
- A.G was not ready to be evaluated for the purpose obtaining a mental health diagnosis.
- A.G's appeal was denied.

SOAR Vignettes cont.

Vignette #3: S.M

- S.M suffers from chronic cardiovascular impairments, but also experiences serious functional limitations related to being fearful of others, including Kim and me.
- S.M did not have a formal mental health disorder diagnosis.
- S.M applied for disability benefits based on the medical issues only.
- S.M was even too fearful to attend either of the Consultative Exams (CE's) scheduled for her by DDS.
- S.M won her case without the CE's, likely on the strength of the contents of her hospitalization records.

The Importance of the MSR & Collaboration

- I see the MSR as a way to paint an overall picture of the applicant, no matter which reason they choose to use to apply.
- I want to highlight the impact of their early experiences, particularly traumatic events, on the applicant's day-to-day functioning.
- I cannot get to an effective MSR without building rapport, trust, and proving myself to be a reliable and dependable practitioner who is responsive to the SOAR applicant's goals and wishes.

What I've Learned About the Importance of MSR's, Collaborations and the SOAR Process

- SOAR applicants share with me their early trauma experiences which have not been shared with anyone before.
- I make it clear that I am using this personal information for the purpose of the MSR and how it impacts current functioning.
- Although appeals may be denied, I felt that I presented a very strong MSR because of the bravery in sharing and willingness to collaborate.
- For example, when A.G's claim with seizures was denied, I asked her about trying for mental health reasons.
 - Even though I asked her many different ways about her "worst days" and what that was like for her, she could or would not tell me.
 - I don't think we had that rapport or that I had her final buy-in to shift the focus.



Looking at SSA's New Trauma and Stressor Related Disorders Listing- 12.15

PAM HEINE, MSW, LSW, SENIOR PROJECT ASSOCIATE, SAMHSA SOAR
TA CENTER, POLICY RESEARCH ASSOCIATES, INC., DELMAR, NEW
YORK

NEW SSA Mental Disorder Listing!

12.15 Trauma- and stressor-related disorders

- **Characterized by:** experiencing or witnessing a traumatic or stressful event, or learning of a traumatic event occurring to a close family member or close friend, and the psychological aftermath of clinically significant effects on functioning
- **Symptoms and signs:** distressing memories, dreams, and flashbacks related to the trauma or stressor; avoidant behavior; diminished interest or participation in significant activities; persistent negative emotional states (e.g., fear, anger) or persistent inability to experience positive emotions (e.g., satisfaction, affection); anxiety; irritability; aggression; exaggerated startle response; difficulty concentrating; and sleep disturbance
- https://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm#12_15

NEW!

12.15 Trauma- and stressor-related disorders

- **Disorders:** posttraumatic stress disorder and other specified trauma- and stressor-related disorders (such as adjustment-like disorders with prolonged duration without prolonged duration of stressor)
- **Special Considerations:** does not include the mental disorders evaluated under anxiety and obsessive-compulsive disorders (12.06), and cognitive impairments that result from neurological disorders, such as a traumatic brain injury, evaluated under neurocognitive disorders (12.02)
- https://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm#12_15

Questions and Answers

Facilitated By:

SAMHSA SOAR Technical Assistance Center
Policy Research Associates, Inc.

- Please type your question into the Q&A panel located underneath the participant tab, or
- To ask a question by phone, please raise your hand by clicking the hand icon in the participant pod. We will unmute you so you can ask your question.

For More Information on SOAR

<http://soarworks.prainc.com>

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