



‘A subjective experience’

“We all use the word ‘trauma’ in everyday language to mean a highly stressful event,” wrote **Esther Giller**, founder and president of the Sidran Institute in Maryland – a leader in traumatic stress education and advocacy – nearly 20 years ago. “But the key to understanding traumatic events is that it refers to extreme stress that overwhelms a person’s ability to cope.”

Two people could experience the same event, with one being traumatized while the other remaining relatively unscathed, she continued, adding: “What I want to emphasize, is that it is an individual’s subjective experience that determines whether an event is or is not traumatic.”

One definition that mental health professionals have for a “traumatic event” is: “an experience that puts a person or someone close to them at risk of serious harm or death.” Natural traumatic events, like hurricanes and earthquakes or loss of a loved one, are unavoidable. Other events – such as physical or sexual abuse, interpersonal violence, emotional abuse, abandonment, technological catastrophes, accidents, or war – are caused by human failure or malevolence. Historical trauma – such as genocide, slavery, and internment can be felt across generations.

*We invite you to share
your thoughts with us at
omhnews@omh.ny.gov.*

At one time, trauma was not considered by mental health providers to be a common experience. But the past two decades have seen an increase in awareness of how trauma, psychological distress, mental illness, and substance abuse are present in our lives. Recent studies indicate that greater numbers of people from all walks of life are reporting either experiencing or witnessing a traumatic event.

Many people seeking psychological help may not recognize how past trauma has affected them, while many treatment providers may feel they aren't trained to effectively handle such cases.

Effect of trauma on the mind and body

"Trauma is similar to a rock hitting the water's surface," according to a 2014 report by the **U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)**. "The impact first creates the largest wave, which is followed by ever-expanding, but less intense, ripples." The report continues that, for trauma survivors, the impact of trauma can be far-reaching and can affect their lives and relationships long after.

When someone experiences a traumatic event, the body's defenses take over. The person experiences a "fight-or flight" response that can include intense emotions and physical symptoms, and cause them to behave differently. The body produces chemicals that raise blood pressure, speed up one's heart rate, increase perspiration, and reduce appetite.

After the event, one may experience shock or denial, which, in turn, can lead to sadness, anger, and guilt. People with trauma histories often use maladaptive coping mechanisms to help alleviate the psychic pain they are experiencing. Common examples are using drugs and alcohol, risk taking, over or undereating and engaging in self harm, such as cutting or burning. Other common behavioral coping mechanisms are: depression, avoidance, anger, or belligerence

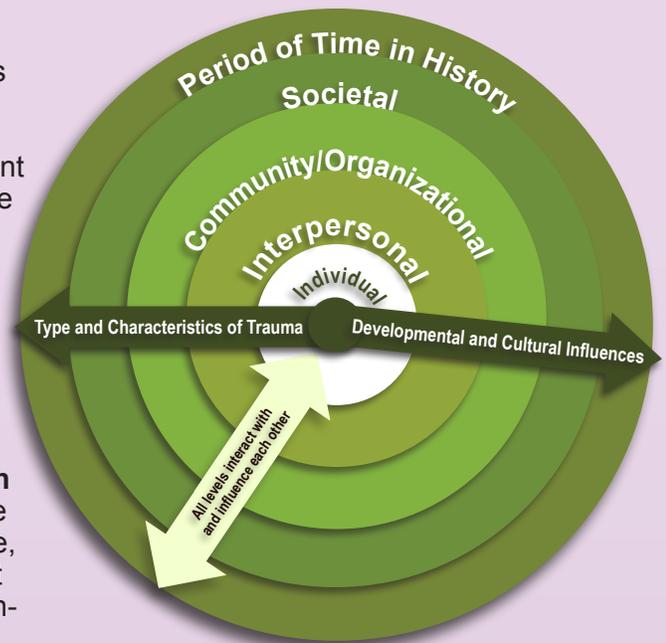
"The intrusion of the past into the present is one of the main problems confronting the trauma survivor," added Giller. Called "re-experiencing," this comes in the form of distressing memories, flashbacks, nightmares, or overwhelming emotional states.

Post Traumatic Stress Disorder (PTSD) is one such example. An estimated 70 percent of adults in the United States have experienced some type of traumatic event at least once in their lives. An estimated eight percent of Americans – nearly 24.4 million people – have PTSD at any given time. Women are about twice as likely to develop PTSD than men.

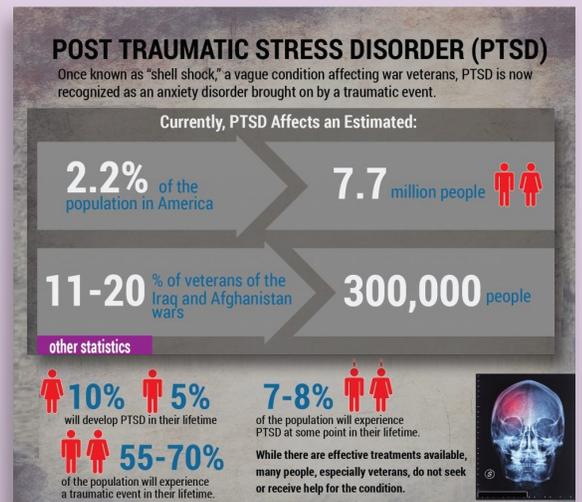
Struggling to cope

For some survivors, such reactions are temporary, while others move from acute symptoms to more severe or prolonged mental health disorders and medical problems. "When this happens repeatedly," Giller wrote, "our bodies learn to live in a constant state of 'readiness for combat,' with all the behaviors-scanning, distrust, aggression, sleeplessness, etc. that entails."

Survivors of trauma struggle to cope the best way they can. At the time of the traumatic experience, they might have used a form of self-protective strategy – such as hypervigilance, dissociation, avoidance, and emotional numbing – to protect themselves from psychic harm. Yet they may continue to hold on to these strategies afterward, even to the point in which they're counterproductive.⁶⁸⁸



How factors can interact to influence a survivor's perception and response to trauma. — SAMHSA

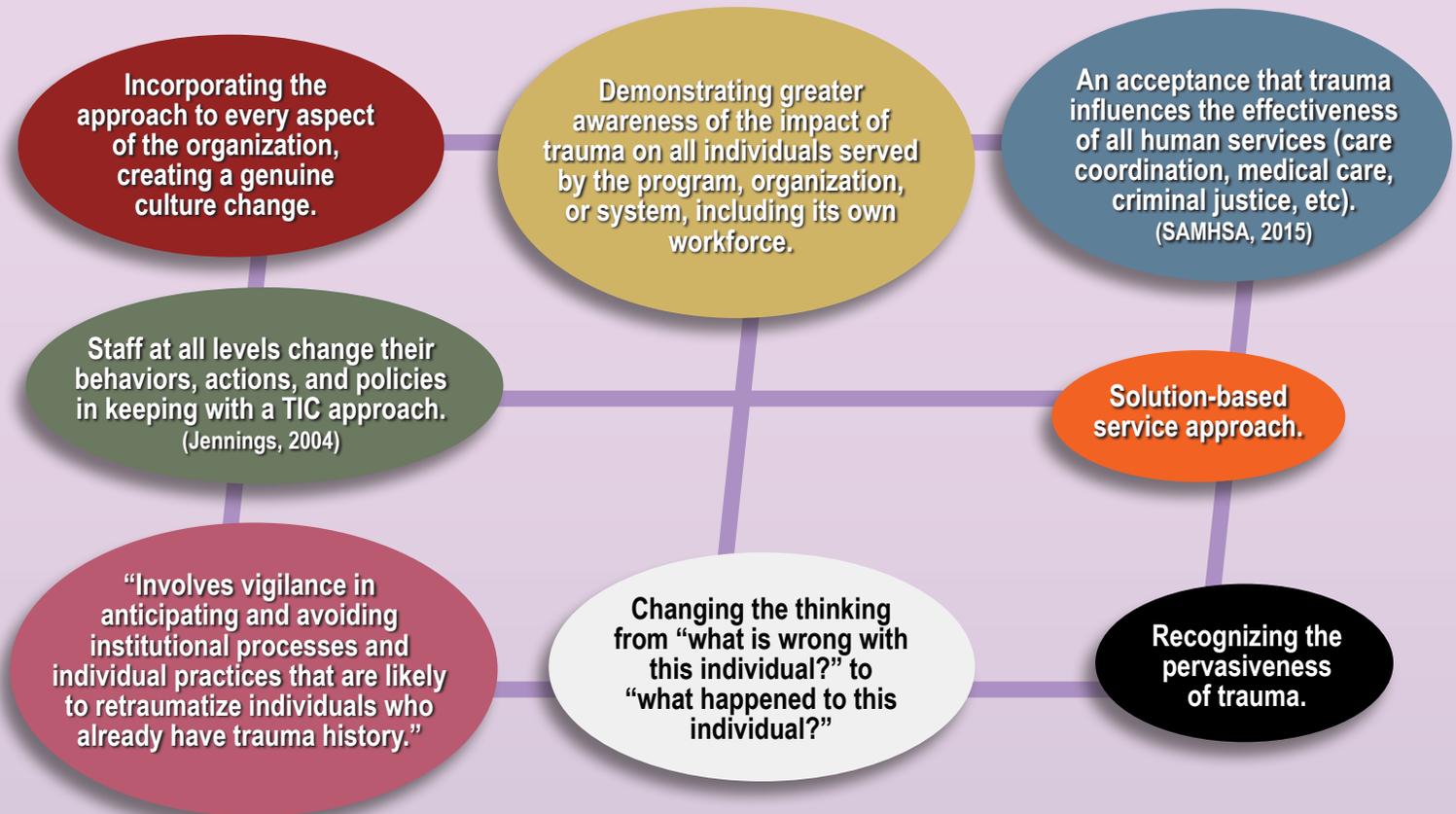


www.psychom.net



For information on the Sidran Institute, visit: <https://www.sidran.org>.

Trauma-informed practice: Viewing care from a survivor's perspective



Components of trauma-informed practice

Trauma-informed practice recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.

— Institute on Trauma and Trauma-Informed Care

As its name implies, a system of **trauma-informed practice** is based on a thorough understanding of the nature and effects of trauma and on the belief that services must be developed with the perspective of the survivor in mind.

Trauma-informed practice takes an approach that recognizes the central role of survivors' perception of traumatic events. It stresses the importance of addressing survivors' individually, rather than applying general treatment approaches. It involves anticipating and avoiding institutional processes and individual practices that could retraumatize survivors. And it upholds the importance of survivors' participation in the development, delivery, and evaluation of services.

Compassion and collaboration

Survivors often express mixed feeling about dealing with trauma, even if they're fully aware its impact on their lives. They may avoid revisiting their pasts or other potential therapy out of fear of experiencing distress again. Even if an environment is safe and supportive, they may feel that they're in danger.

This is why education plays a key role. Trauma-informed practice places importance on helping a survivor understand that their trauma is a normal reaction to a situation that was anything but. Trauma-informed practice will help them understand that their responses and behaviors often originate from a need to adapt as a means of coping.

Continued on the **next page**

Trauma-informed practice shifts the focus from, “What is wrong with you?” to, “What has happened to you? What has worked for you?” Such use of language and choice of words can set the tone for recovery – or contribute to further trauma. Therefore, it encourages avoiding the term “victim” and using “survivor” instead.

It takes into account that fact that adults, adolescents, and children will perceive, interpret, and cope with trauma differently. Depending on their stage of development, a child may watch a traumatic television news story and believe that the event is happening every time they see it. Mental health providers engaged in trauma-informed practice understand that culture also influences the interpretation and meaning of traumatic events and the acceptability of symptoms, support, and help-seeking behaviors.

Road to trauma-informed practice

Establishes an internal trauma team.

Ensures administrative commitment to integrating a trauma-informed culture.

Provides introductory training to all staff.

Includes providers and providers in planning and evaluation of services.

Addresses any potential retraumatizing policies and procedures.

Conducts early and respectful trauma screening and assessment for all.

Trauma-informed practice calls for a change in organizational culture, where an emphasis is placed on understanding, respecting, and appropriately responding to the effects of trauma at all levels.

— Institute on Trauma and Trauma-Informed Care

Evaluating current practice

SAMSHA is encouraging mental health providers to incorporate universal routine screenings for trauma and to take notice of clients’ past traumatic experiences and their influence on interactions and engagement.

It’s encouraging mental health providers take steps to thoroughly examine their current treatment strategies, program procedures, and organizational policies, evaluating whether they could cause distress. Providers should then make changes in the treatment environment to establish and support the client’s sense of physical and emotional safety.

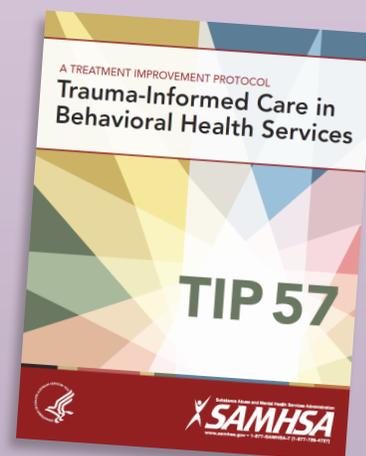
Trauma-informed practice creates collaborative relationships and opportunities for participation. Its goal is to shift the perspective from, “we, the providers, know best” to “together, we can find solutions.” Programs that incorporate peer support services reinforce a powerful message — that a provider–consumer partnership is important, and that consumers are valued.

Mental health providers should also develop strategies to address secondary trauma — the emotional stress that can occur when an individual hears about the firsthand trauma experiences of another. This can be a normal occupational hazard for behavioral health service providers.

Hope, recovery, and empowerment

Under trauma-informed practice, it is crucial to help a survivor identify recovery from the trauma as their primary goal. If treatment for mental and substance use disorders does not address the role of underlying trauma, the survivor is less likely to experience recovery in the long-run. Trauma-informed practice supports client control, choice, and autonomy – creating opportunities for empowerment to reinforce a survivor’s sense of competence, which is often eroded by trauma and prolonged traumatic stress reactions. A survivor may be seeking a “cure” or a quick relief from pain, so it’s also important to develop a definition and expectation of recovery.

Trauma-informed practice is designed to help survivors feel safe, find their inner strength, develop resilience, and discover creative ways to manage their traumatic histories. No matter how severe the trauma, our role at OMH is to give survivors the support they need to regain control over their lives, and find hope for their future.



For information on trauma-informed practice, visit: <https://www.samhsa.gov/nc-tic/trauma-interventions>.

Connections: Network to share vital information statewide



“Individuals and organizations across New York are doing incredible work in implementing trauma-informed or trauma-responsive practices,” said **Dr. Elizabeth Meeker**, Director of Practice Transformation for **Coordinated Care Services, Inc. (CCSI)**, of Rochester. “But it can be a challenge to connect with others to share resources, ask questions, or obtain training and tools.”

Readiness for implementing trauma-informed practice isn’t at the level among organizations and agencies throughout the state, added **Amy Scheel-Jones**, CCSI Senior Consultant for Practice Transformation. “While organizations are finding ways to become connected in their communities or regions, it is often a slow process related to networking or individual relationships.”

To address this situation, CCSI, with support from OMH, has been developing the **Statewide Trauma-Informed Care Network**, to help any individual or organization from any sector to become connected with others. Other partners are the **Upstate New York System of Care Expansion Project**, and the **Community Training and Assistance Center (CTAC)** of New York City.

“This would effectively create a community of partners supporting practice for all New York residents of all ages,” Meeker said.

“Our goal is to provide a central location through which anyone interested in trauma-informed practice can connect with others in the state who are incorporating principles of TIC, find resources that are available, and identify someone to reach out to,” said **Kathryn Provencher**, project coordinator for OMH. “It will help cross lines not only geographically but in terms of policy, practice areas, treatment, and advocacy.”

Conference brings together leaders

The idea for a network originated from a conference held by OMH and CCSI in October 2016 to bring together leaders in trauma and trauma-informed practice from across the state representing different sectors to share their work and ideas.

“During the conference, we found that providers from across the service system throughout the state were practicing TIC, but they weren’t aware of each other’s work,” Meeker said.

These efforts include the formation of community-wide task forces, raising awareness through training, consultation and coaching to promote practice change, and supporting implementation of trauma-specific treatment.



Elizabeth Meeker, PsyD

Current network participants

*Adelphi University Institute for Adolescent Trauma Treatment and Training
Advocates for Human Potential, Inc.
Allegany County Department of Social Services
ANDRUS
Community Services for the Developmentally Disabled, Inc.
Community Technical Assistance Center of New York State
Coordinated Care Services, Inc
Families Together in New York State
Franziska Racker Centers
Healthy Environments And Relationships That Support / Mobilizing Action
for Resilient Communities
Icahn School of Medicine at Mount Sinai
Inspired Vision, LLC
Monroe County Office of Mental Health
Montefiore Medical Group
Mount Hope Family Center, University of Rochester
New York Academy of Medicine
New York City Administration for Children’s Services
New York State Coalition Against Sexual Assault
New York State Office of Mental Health
New York State United Teachers
New York University Lutheran Family Health Center
Northern Regional Center for Independent Living
Prevent Child Abuse New York
Saint Regis Mohawk Tribe Mental Health Services
Trinity Alliance
University at Buffalo Institute on Trauma and Trauma-Informed Care
Westchester County Department of Community Mental Health
Western New York Trauma-Informed Community Initiative*

“Participants found it productive to learn about what others were doing and they wanted to continue to stay in contact.”

“There was definitive support for the creation of a network as well as a mechanism to support the ongoing sharing of information and resources,” Meeker said. “There was an appreciation for the opportunity to develop of a platform to hear from each other and share experiences, strategies, and resources and to expand the network to include other partners who are doing this work.”

A proposal to formally develop such a network was presented by CCSI to OMH in January 2018.

Website to offer access to resources

The network will have a website offering access to resources to support implementing trauma-responsive practices. “The website represents a thoughtful and deliberate commitment to centralizing resources, relationships, and information around trauma-responsive practice transformation,” Scheel-Jones said. “In doing so, New York State elevates the commitment to assure trauma-informed practice is available throughout the state and infused through a variety of systems.”

Individuals can receive regular updates when new resources and events are published on the site. Updates will be disseminated through an electronic newsletter that will include brief summaries and links to promote easy review and access for network members. In order to promote interaction within the virtual network, registered members will be able to submit resources and events that can be posted on the site and communicate with each other directly through discussion forums.

The website will have a curated library of static resources – such as research, handouts, presentation slides, and videos. This will be searchable by population of focus or topic – allowing any site user access to a centralized collection of materials to support their efforts. Organizations will also be able to submit a form to have list events on a statewide calendar.

It will also include links to the **Trauma-Informed Care Organizational Self-Assessment Tool (TIC-OSAT)** and the **TIC-OSAT for Schools**. Schools and organizations may use the online assessments at no cost to assess the status of their trauma-informed practice implementation efforts. Users will receive targeted feedback and individualized recommendations for future actions in order to continue to progress.

Organizations will be able to register to be part of a directory allowing increased regional awareness of local resources and communities, as well as the ability to post training or events of interest. An advisory council is overseeing the development of the site and its content, helping to identify and review new resources and materials.sm



“Organizations throughout the state are at a variety of stages on the continuum of implementing trauma-informed practices.”

— Amy Scheel-Jones, MS Ed



CCSI

Coordinated Care Services, Inc.

Innovative Solutions in Human Service Delivery

For information on CCSI, visit: <https://www.ccsi.org>.

Children and youth: Adverse childhood experiences, a life-long impact



It can be common for adults who have survived adverse childhood experiences (ACEs) to feel ashamed and stigmatized. Such adversity in childhood can have negative effects on physical and mental development and lead to health problems throughout life.

In the early 1990s, a physician at **Kaiser Permanente** in San Diego looked into why patients in a weight-loss program were dropping out. He discovered that many of them felt vulnerable after losing weight. They said they had experienced sexual abuse as children and felt that their weight was a form of protection.

Landmark Kaiser/CDC study

These findings caught the interest of the **U.S. Centers for Disease Control (CDC)**, which joined Kaiser in launching the first ACEs study. More than 17,000 adult Kaiser patients took part in the study between 1995 and 1997. Participants answered questions about their experiences, including physical, emotional and sexual abuse; physical and emotional neglect; and growing up in a home with divorced parents, domestic violence, substance abuse, or mentally ill or incarcerated household members.

Nearly 30 percent of participants experienced physical abuse and nearly 15 percent experienced emotional neglect. Among adults who reported sexual abuse, 80 percent reported at least one additional adverse childhood experience and 60 percent at least two. This study helped researchers determine that childhood trauma cuts across multiple populations and that the various categories of abuse, neglect, and related household stressors rarely occurred as single events.

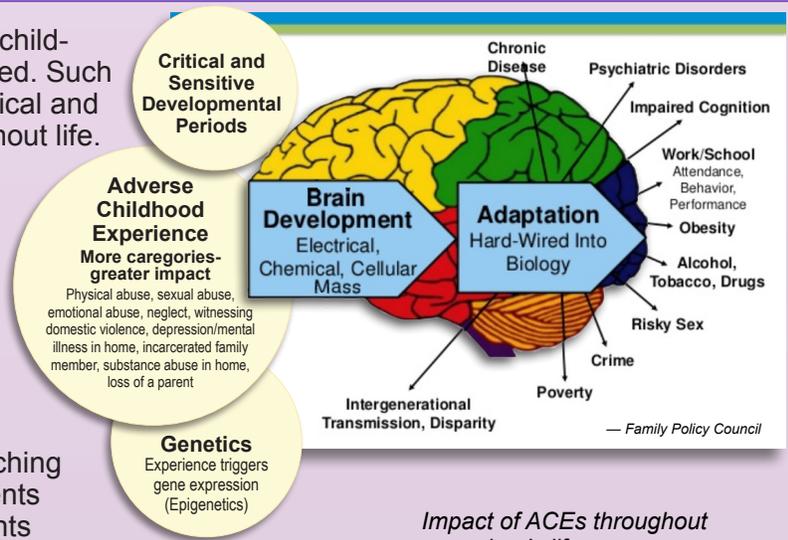
Disruption of development

A child's impressionable mind will adapt to persistent trauma. If not addressed this can result in depression, personality disorders, alcoholism, and other behavioral health disorders. Neuroimaging of people who experienced ACEs has shown changes in the structure and function of areas of the brain responsible for memory, learning, and emotions.

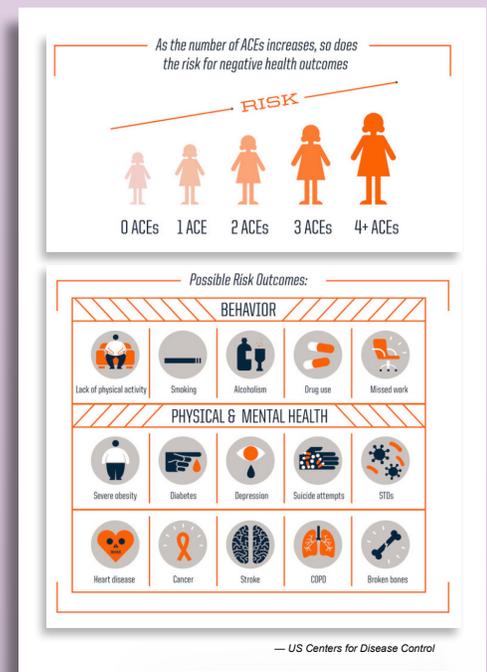
Researchers determined that childhood trauma can cause the disruption of basic developmental tasks, such as: self-soothing, seeing the world as a safe place, trusting others, organized thinking for decision-making, and avoiding exploitation. Childhood trauma increased the risk of alcohol use by age 14, illicit drug use by age 15, and contributed to the likelihood of adolescent pregnancies and adolescent suicide attempts. ACEs were found to be associated with multiple adverse outcomes in adulthood, such as cardiovascular disease, liver disease, chronic obstructive pulmonary disease, suicide attempts, alcohol dependence, marital problems, and intravenous drug use.

Research indicated that it was likely these problems would be passed onto future generations, creating intergenerational trauma that is difficult to interrupt. In 2012, the American Academy of Pediatrics called for a focused effort to prevent and address ACEs. The goal is to recognize without judgment, but rather with compassion.

"To end the cycle of child trauma," according to a [report](#) by JBS International and the Georgetown University National Technical Assistance Center for Children's Mental Health, "child-serving systems and providers must not only understand the impact of trauma, but also use that understanding to inform every aspect of their practice with children and families."¹⁰

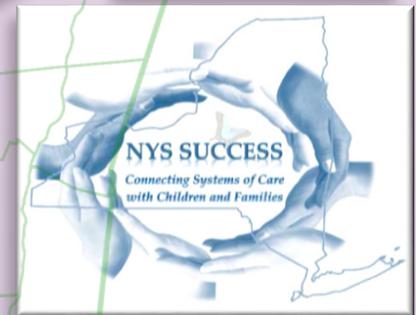
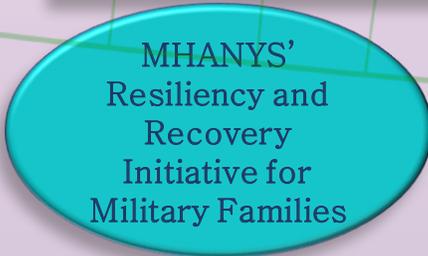
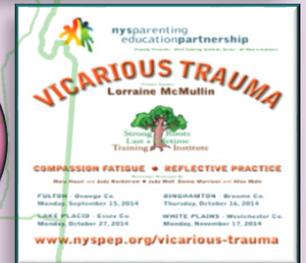
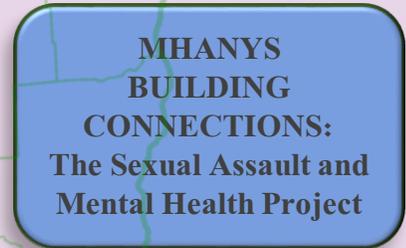
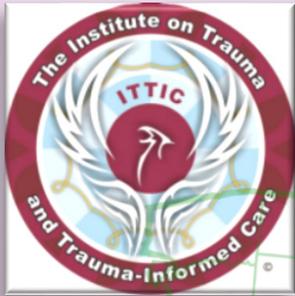


Impact of ACEs throughout a survivor's life.



— US Centers for Disease Control

Initiatives: Trauma-informed practice projects currently underway in New York State



By the nature of their work, most mental health providers in New York State have already engaged in some form of trauma-informed practice. It has only been in recent years that this practice has developed a formal structure.

Western New York Children’s Psychiatric Center

As with most facilities and agencies, implementation of trauma-informed practice at Western New York Children’s Psychiatric Center has been gradually taking place over several years. Several factors contributed to this initiative’s start with more formal supports coming later. In 2000, “as needed” use of medication was high, leading to increased restraint or seclusion. Assaults were more common. While the organization recognized the effects of restraint and seclusion on patients, there was a discrepancy between practice and knowledge.

Facility staff knew care and treatment needed to change but were unsure of how to go about it. Staff identified that in many of these cases, the children had a history of trauma. This led to formation of a Trauma Treatment Committee and development of operationalized treatment approaches. Steps were also taken to support the staff’s psychological well-being and ability to cope with patient trauma.

During the next several years, staff were trained in various forms of trauma-informed practice. This included Dialectical Behavioral Therapy training and implementation, with a multi-disciplinary inpatient team that included a psychiatrist, social worker, teacher, RN, and SCTA. This was pivotal in helping staff to think more globally, by allowing the patient to have responsibility and choice.

Through training, staff were able to train line staff members to understand trauma symptoms and ways to respond in the moment. Calming strategies and grounding techniques were taught to all staff members. When ready and able, patients were assisted in processing their trauma with a clinician through completing a trauma narrative that was later shared with the family.

Children were taught about the neuroscience about how their brains work and how to apply mindfulness strategies to assist with self-control. Complex information was taught in basic, kid-friendly terms and linked to concepts they were learning in science class. The program focused on instilling optimism and teaching gratitude. Over time, staff reported better assessments, better treatment being offered, with better outcomes and a safer environment.

Franklin County Innovation Fund Project

Mental health providers in Franklin County have had a long history of cross-system collaboration, developing Family Intervention Team a Residential Placement Prevention Steering Committee, a System of Care Advisory Council and a School Links Coordinator between 2010 and 2013, before initiating the Innovation Fund Project.

The project started in the summer of 2013 with orientation on understanding the impact of trauma on children and families and on trauma's effect on key elements of a child's school and social success, including behavior, attention, memory, and language. A kick-off event was held in October focusing on raising resilient children in compassionate schools and communities. Instruction continued with monthly collegial learning circles, starting in March 2014 and ongoing consultation to support implementation. Follow-up events were also held at local elementary schools.

Other local initiatives include:

Adirondack Health Institute, a joint venture of Adirondack Health, Glens Falls Hospital, Hudson Headwaters Health Network, St. Lawrence Health System and The University of Vermont Health Network – Champlain Valley Physicians Hospital. The institute serves nine counties in the North Country/Adirondack region: Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, St. Lawrence, Warren, and Washington.

ACE Response, which grew out of a partnership between Prevent Child Abuse America and the University at Albany School of Social Welfare. Consistent with the mission of the ACE Think Tank and Action Team New York, this website seeks to raise awareness of ACEs and mobilize comprehensive responses to them across the lifespan in order to prevent ACEs and their consequences.

Health Foundation of Western & Central New York, based in Buffalo with a second office in Syracuse, is an independent private foundation that serves 16 counties, including Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties in Western New York; and Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, and Tompkins counties in Central New York.

Mental Health Empowerment Project, Inc., is a recipient-run, not-for-profit corporation organized to develop and strengthen self-help and mutual support/recovery activities throughout the United States. It offers training and skills building activities to people in recovery, mental health professionals, and the community-at-large on a full range of topics that help people connect with their personal power and the power of self-help.

NYSOCFS – Children and Family Trust invests more than half its resources to benefit families with children five years old and younger. Caregivers have a profound influence on children, and effective parenting is key to their safety and well-being. Services that offer positive parenting practices can minimize risk factors, promote healthy child development, improve school readiness, and help families build stronger neighborhoods and communities. Programs that build on the protective factors, attributes that families need to thrive, are not only cost effective, but can help families find the resources, supports and coping strategies to parent successfully.sm



The New York State Department of Health has dedicated a page on its website to child trauma and trauma-informed practice. It offers an extensive library of resources for parents, teachers, and providers. Visit: https://www.health.ny.gov/environmental/emergency/tragic_events/index.htm.



Healing: Thoughts on what it takes to recover from trauma



Healing from trauma is possible. But even with persistent work, painful memories or emotions can be triggered by an anniversary of the event or a reminder of the traumatic event.

“Traumatic experiences are broken bones of the soul,” wrote **Dr. Ellen McGrath**, clinical psychologist, adjunct professor at New York University, and co-founder of the Bridge Coaching Institute in Brooklyn. “If you engage in the process of recovery, you get stronger. If you don’t, the bones remain porous, with permanent holes inside, and you are considerably weaker.”

For true healing to occur, therapy must include a focus on emotion, a sense of identity, and how survivors feel about themselves. “This means moving beyond 50 minutes of “talk therapy” with clients frozen on the sofa,” wrote **Lisa Ferentz, LCSW-C, DAPA**, founder of the Ferentz Institute in Maryland. “Instead, clients are encouraged to have a greater awareness of body sensations, and are supported in incorporating movement as trauma narratives are disclosed. It also means weaving art-therapy based techniques into the work including: drawing; collaging, and sand tray narratives so clients can access memories that are stored visually.”

“Trauma recovery is a collaborative effort,” added **Barbara Markway, Ph.D.**, a clinical psychologist in private practice in St. Louis. A safe therapeutic environment is essential to aid in recovery, she added, as is the skill of learning strategies to cope with trauma. Mental health providers should help pace the work so that survivors never become emotionally flooded or overwhelmed. Therapy should focus on strengths rather than on illness, finding ways to give a survivor a sense of accomplishment, using positive language, and assuring them that they have the ability to cope with difficult experiences. “Trauma-informed care gives individuals an opportunity to see how resourceful they were in managing a very difficult experience,” she added.

As an individual recovers and can handle a more stimulation, feelings begin to return. McGrath then suggests that engaging in a form of action can restore a sense of control and counteract a sense of powerlessness.

“It’s possible to learn and grow in the wake of crisis. Everyone who goes through this process ends up better, stronger, smarter, deeper, and more connected,” McGrath added. “It is like having a broken bone. If it heals properly, it is stronger in the spot where it fractured than it was before the injury.”

Psychology Today

To read more about healing and recovery, visit:

<https://www.psychologytoday.com/us/articles/200111/recovering-trauma>

<https://www.psychologytoday.com/us/blog/healing-trauma-s-wounds/201603/the-scoop-genuine-trauma-informed-care>

<https://www.psychologytoday.com/us/blog/living-the-questions/201512/is-your-therapist-trauma-informed-and-why-it-matters>





OMH Statewide Virtual Town Hall

Featuring Commissioner Ann Sullivan, M.D.
Tuesday, November 13, from 1 p.m. to 3:30 p.m.

OMH is conducting a Statewide Virtual Town Hall with **Commissioner Ann Sullivan, M.D.**, presenting and taking feedback on several key priorities under the OMH Strategic Plan. This event will provide the public an opportunity to learn more about the OMH vision for the future, including progress on the Commissioner's top policy and planning priorities presented at last year's town hall.

OMH is dedicated to providing individuals and families access to quality, integrated services and supports that foster recovery and well-being; public input is crucial in assisting the agency in meeting the needs of all of the people we serve. All comments will be reviewed and considered in the development of the annual OMH Statewide Comprehensive Plan pursuant to Section 5.07 of the New York State Mental Hygiene Law.

Accessible Online via WebEx

The town hall will be held online via WebEx in order to maximize access for public participation, with limited in-person seating available in Albany for attendees who are unable to access the event online. Comments and questions can be presented both online and in-person for those attending at the OMH Central Office.

If you require any special accommodations to participate in the event or have questions about the format, please contact **Ben Rosen** at **(518) 474-1897**.



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