

# The Caring Connection: Trauma Informed Care and Recovery Planning

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**Opioid  
Response  
Network**  
STR-TA/SOR-TA



# Working with communities to address the opioid crisis.

- ✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) and State Opioid Response Technical Assistance (SOR-TA) grants created the *Opioid Response Network* to assist states, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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# Working with communities to address the opioid crisis.

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- ✧ The ORN accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



# Learning Objectives



Participants will learn/review the core components of Trauma Informed Care and Recovery planning.



Participants will learn how to assess their own preparedness to provide trauma informed care during their individual interactions with clients.



Participants will learn strategies on how to initiate the trauma informed conversation before during and in conjunction with recovery planning.



# Trauma

**Key  
Thoughts  
to  
consider**



# Imagine a place that...

- ✧ Asks “What happened to you?” instead of “What is wrong with you?”
- ✧ Understands that past trauma can be triggered(activated) by experiences in the present.
- ✧ Is committed to supporting people as they heal.



# What is Trauma?

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It can be a single event.

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More often than not it is multiple events that occur overtime (complex, prolonged trauma).

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An interpersonal violence or violation, especially at the hands of an authority/trust figure is especially damaging.



# Social Determinants

Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

**Resources that enhance quality of life can have a significant influence on health outcomes.**

**Examples of these resources include:**

- Safe and affordable housing
- Access to quality education
- Public safety
- Availability of healthy foods
- Local emergency/health services
- Environments free of life-threatening toxins





# SOCIAL DETERMINANTS OF HEALTH

ECONOMIC STABILITY	NEIGHBORHOOD & PHYSICAL ENVIRONMENT	EDUCATION	FOOD	COMMUNITY & SOCIAL CONTEXT	HEALTHCARE SYSTEM
<ul style="list-style-type: none"><li>• Employment</li><li>• Income</li><li>• Expenses</li><li>• Debt</li><li>• Medical bills</li><li>• Support</li></ul>	<ul style="list-style-type: none"><li>• Housing</li><li>• Transportation</li><li>• Safety</li><li>• Parks</li><li>• Playgrounds</li><li>• Walkability</li><li>• Zip code/ Geography</li></ul>	<ul style="list-style-type: none"><li>• Literacy</li><li>• Language</li><li>• Early childhood education</li><li>• Vocational training</li><li>• Higher education</li></ul>	<ul style="list-style-type: none"><li>• Hunger</li><li>• Access to healthy options</li></ul>	<ul style="list-style-type: none"><li>• Social integration</li><li>• Support systems</li><li>• Community engagement</li><li>• Discrimination</li><li>• Stress</li><li>• Violence</li><li>• Racism</li></ul>	<ul style="list-style-type: none"><li>• Coverage</li><li>• Provider Availability</li><li>• Provider linguistic and cultural competence</li><li>• Quality of care</li></ul>

## HEALTH OUTCOMES

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations





ACE Study  
<http://www.cdc.gov/ace/index.htm>



# Trauma Informed Care

## The Introduction



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# Why Trauma Informed Care?

- ✧ Taking a trauma-informed perspective allows participants to feel safe and avoids retriggering (reactivating) their traumatic experiences by giving them agency and voice within their treatment process (Hopper et al., 2010).



# Trauma Informed Care



“Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors to rebuild a sense of control and empowerment.” (Hopper et al, 2010)



“Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.” (SAMHSA)



# What does Trauma Informed Care Offer?

- ✧ Improves our desired outcomes
- ✧ Supports trauma recovery by
  - Reducing re-traumatization
  - Providing “corrective emotional experience”
- ✧ Decreases our own vicarious trauma or compassion fatigue



# Core Principles of Trauma Informed Care



# Trauma Informed Care Organizational Level Considerations

- ✧ Leading and communicating about the transformation process as TIC implementation is an ongoing process.
- ✧ Engaging clients into the planning and changes as they occur.
- ✧ Training clinical as well as nonclinical staff members.
- ✧ **Creating a safe environment**
- ✧ Preventing secondary traumatic stress in staff





# Creating a Safe Environment

Physical Environment  
(e.g. waiting rooms,  
parking lots etc.)

Welcoming clients  
and ensuring that  
they respected and  
supported

Ensuring that staff  
maintain healthy  
interpersonal  
boundaries and can  
manage conflict  
appropriately

Maintenance of  
consistency(eg  
schedules and  
procedures)

Maintain  
communication that is  
consistent , open,  
respective and  
compassionate

Be aware of how an  
individuals culture  
affects how they  
perceive trauma, safety  
and privacy



# Socratic Questions

- ✧ What is your role in creating a safe environment for the clients you come in contact with ?
- ✧ Is trauma-informed care embraced by the spaces you work with clients?



# Recovery Planning



**Integrating the trauma-  
informed lens**



# Recovery Planning

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Gathering information and getting started. This includes assessments etc. and working with the client to get a sense of where they are in their recovery and where they want to be in their recovery. This sets the stage for the relationship

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Gradually working with the client around their awareness of their feelings about the process of recovery and the challenges to their recovery.

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Looking at the whole person, the internal and external factors which can impact the client's recovery. This includes the Social Determinants of Health and other factors including trauma, mental health etc.

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Working collaboratively with the client to identify possible reactivations to their trauma and potential return to use. It can involve psychoeducation around trauma, mental health etc. and its potential relationship to potential substance use and its potential impact on recovery.



# Recovery Planning

- ✧ Empowering the client to begin to lean into the supports that they may have and the healthy coping skills that they can rely on when they are in the face of a potential return to use.
- ✧ Developing a Recovery Crisis plan which supports their choices around in who and what supports they will engage when they feel as if they are potentially going to return to use.
- ✧ Empowering clients that this is their Recovery Plan, and they have the choice in maintaining the plan, changing the plan, ending the plan and that you will be there to support them regardless of their choices.



# Food for Thought Exercise

**Putting it all together**



# Case Study

- ✧ Client A has recently begun treatment in your program. During the assessment, client A discloses that he was recently released from a 20-year incarceration a year ago and is currently on parole. His parole officer required him to attend treatment. He indicates that he struggles with anxiety when he leaves his place of residence and when he must deal with new people. He reports that he has returned to use since his release to deal with his anxiety and his life circumstances. He is currently unemployed and living in a residence.
- ✧ Client A is currently looking for work and wants to reconnect with his family. He reports that he feels that his choices are limited due to his justice involvement and “being a Black man in America with a record” , He reports that using substances helps to take the edge off. He indicates that he knows that he needs to address his substance use before he is violated and sent back to prison but needs help.



# Trauma Informed Recovery Planning with Clients

Please think about A and begin to apply each of the Core Principles of Trauma Informed Care and think about key items that will be considered as you work with A around developing his recovery plan.

- ✧ Awareness
- ✧ Safety
- ✧ Trustworthiness
- ✧ Choice
- ✧ Collaboration
- ✧ Empowerment
- ✧ **Please feel free to use the chat function or unmute yourself to share your input**







# Exercise Process

# Questions and Feedback

**Final Thoughts**



# Resources

- **Addictions and Trauma Recovery Integration**, a 12-week program that uses psychoeducation, expressive therapy, mindfulness, and guided relaxation that can be provided in a group or individual format and is delivered by either peers or professionals ([Miller & Guidry, 2001](#)).
- **TRANSCEND**, a 12-week CBT intervention intended for veterans in partial hospitalization settings ([Donovan, Padin-Rivera, & Kowaliv, 2001](#)).
- **Assisted Recovery Trauma and Substances**, a 20-week, individual CBT intervention that addresses both PTSD and substance use disorders; it has been evaluated with clients in methadone maintenance and cocaine treatment programs ([Triffleman, 2002](#)).
- **Helping Women Recover**, a 17-week, gender-responsive intervention that uses CBT, expressive arts, and relational theory ([Covington, 2008](#)).
- **Substance-Dependence Posttraumatic Stress Disorder Therapy (SDPT)**, a 20-week intervention intended for outpatients that uses ET, psychoeducation, and coping skills training ([Triffleman, 2000](#)).
- **Concurrent Treatment of PTSD and Cocaine Dependence**, which the developers believe can be used with any substance use disorders, and which uses coping skills training, cognitive restructuring, relapse prevention, and ET ([Coffey, Schumacher, Brimo, & Brady, 2005](#)).
- **Seeking Safety**, a 25-session, present-focused therapy for co-occurring disorders, which is one of the more extensively evaluated of the integrated interventions included in the review ([Najavits, 2002](#)).
- **Trauma Affect Regulation: Guide for Education and Therapy (TARGET)**, a nine-session, gender-specific intervention adapted from a trauma treatment intervention for clients with other mental disorders, which uses psychoeducation and present-centered therapy to help clients learn effective emotional regulation techniques ([Ford & Russo, 2006](#); [Frisman, Ford, Lin, Mallon, & Chang, 2008](#)).
- **Trauma Recovery and Empowerment Model (TREM)**, a 24- to 29-session group intervention originally developed for women who were survivors of physical/sexual abuse that since has been adapted for men (M-TREM); it has been implemented in a wide variety of treatment settings ([Fallot & Harris, 2002](#)).
- **The Triad Women's Project**, a 16-week group intervention for women that uses integrated case management services, a curriculum-based treatment group, and a peer support group ([Clark & Fearday, 2003](#))



# References

- ✧ Briere J, Scott C. Principles of trauma therapy: A guide to symptoms, evaluation, and treatment. 2nd ed. Thousand Oaks, CA: Sage; 2012
- ✧ Downey L, Rosengren DB, Donovan DM. To thine own self be true: Self-concept and motivation for abstinence among substance abuse. *Addictive Behaviors*. 2000;25(5):743–757.
- ✧ Hopper EK, Bassuk EL, Olivet J. Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*. 2010;3:80–100.
- ✧ Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.





# Your Feedback is Important

Please complete our short ORN feedback survey!



# Contact the Opioid Response Network

✧ To ask questions or submit a request for technical assistance:

- Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)
- Email [orn@aaap.org](mailto:orn@aaap.org)
- Call 401-270-5900

