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TRAUMA-INFORMED CARE AS AN INTERVENTION AND ORGANIZATIONAL APPROACH: AMERICAN PERSPECTIVE

The purpose of the article is to introduce to trauma-informed care within American practice of trauma-informed intervention and treatment. Research methods applied: analysis and synthesis of scientific literature (to clarify the key concepts of the study), systematization (in order to identify existing scientific approaches to solving the problem), theoretical generalization (to formulate the final provisions and conclusions). Trauma-informed care is an intervention and organizational approach that focuses on the impact of trauma on individuals and how it influences their response to behavioral health services throughout the prevention and treatment process. While there are various definitions and models for implementing trauma-informed care in medical-social organizations, it typically incorporates three key elements: recognizing the prevalence of trauma; understanding how trauma affects everyone involved with the program, organization, or system – including the workforce; and applying this knowledge in practical ways. Trauma-informed care is a commitment to enhancing medical-social staff competence and establishing programmatic standards and clinical guidelines that facilitate the delivery of trauma-sensitive services. A key principle of trauma-informed care is community engagement, involving clients and staff in the ongoing development and delivery of trauma-informed services. When these groups are included in the process, they are more likely to feel empowered, invested in, and satisfied with the care they receive. Implementing trauma-informed care can significantly enhance processes related to screening, assessment, treatment planning, and placement, while also reducing the risk of retraumatization. By improving communication between clients and treatment providers, trauma-informed care clarifies misunderstanding on the client's reactions, ensuring that appropriate referrals for trauma-specific treatment are made.

Key words: *medical-social services, posttraumatic stress disorder, the effects of trauma on an individual, trauma-informed care.*

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ТРАВМОІНФОРМОВАНА ДОПОМОГА ЯК ВТРУЧАННЯ ТА ОРГАНІЗАЦІЙНИЙ ПІДХІД: АМЕРИКАНСЬКИЙ ДОСВІД

Метою статті є ознайомлення з травмоінформованою допомогою в американській практиці травмоінформованої інтервенції та лікування. Застосовані методи дослідження: аналіз та синтез наукової літератури (для уточнення ключових концепцій дослідження), систематизація (для визначення існуючих наукових підходів до вирішення проблеми), теоретичне узагальнення (для формулювання заключних положень та висновків). Травмоінформована допомога – це підхід у сфері охорони здоров'я та надання соціальних послуг, який враховує вплив травми на людину та її поведінку, зосереджуючись на створенні безпечного та сприятливого середовища для подолання наслідків травматичного досвіду. Вона базується на усвідомленні того, що травма впливає на фізичне, емоційне та психічне здоров'я, а також на поведінку. Травмоінформована допомога передбачає надання клієнтоорієнтованої допомоги, яка враховує індивідуальний досвід та потреби людини, що постраждала від травми. Основні принципи травмоінформованої допомоги: створення безпечного та стабільного середовища для клієнта; побудова довірливих стосунків з пацієнтом, чітке та зрозуміле спілкування; розширення можливостей (enpowerment); надання клієнтам можливості брати участь у прийнятті рішень щодо їх здоров'я; співпраця з клієнтами та іншими медико-соціальними фахівцями для надання комплексної допомоги; розуміння та врахування культурних та гендерних відмінностей у наданні допомоги; створення атмосфери, в якій клієнт відчуває себе комфортно та у безпеці, уникає повторного отримання травматичного досвіду. Впровадження травмоінформованої допомоги може значно покращити процеси, пов'язані зі скринінгом, оцінкою, плануванням лікування та розміщенням клієнтів, а також зменшити ризик повторної травматизації. Покращуючи комунікацію між клієнтами та медико-соціальними працівниками, травмоінформована допомога сприяє проясненню непорозумінь щодо реакцій клієнтів.

Ключові слова: *медико-соціальні послуги, посттравматичний стресовий розлад, вплив травми на людину, травмоінформована допомога.*

Introduction. Many individuals seeking treatment in behavioral health settings carry the weight of trauma in their pasts, yet often fail to recognize how profoundly these experiences shape their lives. Some struggle to connect their trauma histories to the challenges they face, while others might shy away from discussing the subject altogether. Likewise, treatment providers may neglect to ask the vital questions that could reveal a client's trauma background, feel unprepared to tackle trauma-related issues head-on, or encounter difficulties in managing traumatic stress effectively due to limitations within their treatment programs, the clinical focus of their services, or directives imposed by their agencies.

By recognizing the deep connection between traumatic experiences and behavioral health issues, frontline professionals and community-based programs can cultivate a truly trauma-informed environment throughout the continuum of care. This transformative process involves addressing client needs in a safe, collaborative, and compassionate manner; preventing treatment practices that could inadvertently retraumatize those seeking help; empowering clients by building on their strengths and resilience rooted in their unique environments and communities; and wholeheartedly embracing trauma-informed principles within agencies through thoughtful support, consultation, and dedicated staff supervision.

Literature review. Over the past decade, awareness has surged regarding the intricate connections between trauma, psychological distress, quality of life, health, mental illness, and substance abuse. Once perceived as an uncommon experience, trauma is now recognized as a widespread issue within the American population. Research by Kessler et al. (Kessler et al., 1999) reveals that some of the most common traumatic events include witnessing violence, enduring natural disasters, and experiencing life-threatening accidents. The Women, Co-Occurring Disorders and Violence Study (Substance Abuse and Mental Health Services Administration, 2007) delved deeply into the interplay between trauma, violence, and the co-occurrence of substance use and mental disorders, underscoring the critical importance of integrating trauma-informed approaches within treatment models and services.

A significant number of individuals grappling with substance use disorders carry the heavy burden of past trauma, whether from childhood or adult experiences. This link is particularly troubling, as substance abuse not only heightens the risk of encountering further traumatic situations, such as dangerous circumstances and accidents, but also exacerbates the challenges that accompany a life marked by addiction (Stewart & Conrod, 2003; Zinzow et al., 2010). Moreover, those who struggle with both substance abuse and a history of trauma often face more daunting recovery journeys, yielding poorer treatment outcomes compared to their counterparts without such experiences (Driessen et al., 2008; Najavits et al., 2007). This complexity complicates the recovery process, and places substantial demands on counselors who strive to support clients burdened by these intersecting challenges.

Clients grappling with both trauma and substance abuse often navigate a landscape filled with formidable challenges. These may encompass a range of additional psychological symptoms or mental disorders, alongside issues such as poverty, homelessness, a heightened vulnerability to HIV and other infections, and a lack of social support. Remarkably, many individuals seeking treatment for substance use disorders reveal that they have endured one or more traumatic experiences. In fact, over half of the women in substance abuse treatment have disclosed having faced at least one trauma in their lifetime (Farley at al., 2004). Additionally, a significant number of clients in inpatient treatment exhibit signs of subclinical traumatic stress or posttraumatic stress disorder (Grant et al., 2004).

Individuals undergoing treatment for severe mental illnesses often carry the heavy burden of past trauma, including childhood physical and sexual abuse, serious accidents, homelessness, involuntary psychiatric hospitalizations, drug overdoses, and various forms of interpersonal violence. Many of these clients meet the criteria for posttraumatic stress disorder, while others with severe mental disorders frequently display psychological symptoms linked to trauma, such as anxiety disorders and mood disorders, ranging from major depression and dysthymia to bipolar disorder (Mueser et al., 2004), as well as impulse control disorders and substance use disorders (Kessler et al., 2005).

Spitzer at al. (2007) powerfully highlight that traumatic stress significantly amplifies the risk of developing mental illnesses and can intensify existing symptoms. This evidence points to the profound impact trauma has in both perpetuating and deepening mental health challenges, suggesting that trauma often sets the stage for the emergence of mental disorders. A complex, bidirectional relationship exists between trauma and substance use disorders: mental illness can heighten the likelihood of experiencing trauma, while trauma can increase the risk of developing psychological symptoms and mental disorders. This interplay emphasizes the urgent need for a comprehensive approach in treatment, addressing both trauma and substance abuse to foster healing and recovery.

The **purpose** of the article is to introduce trauma-informed care within the American practice of trauma-informed intervention and treatment. Research methods applied: analysis and synthesis of scientific literature (to clarify the key concepts of the study), systematization (to identify existing scientific approaches to solving the problem under consideration), theoretical generalization (to formulate conclusions).

Results and Discussion. According to the Substance Abuse and Mental Health Services Administration's Trauma and Justice Strategic Initiative, trauma is defined as an event, a series of events, or a set of circumstances that an individual perceives as physically or emotionally harmful or threatening, leaving behind lasting scars on their functioning and overall well-being, whether it be physical, social, emotional, or spiritual (Substance Abuse and Mental Health Services Administration, 2012, p. 2).

Trauma transcends boundaries, affecting individuals of all races, ethnicities, ages, sexual orientations, genders, psychosocial backgrounds, and geographic regions. A traumatic experience can manifest as a single, jarring incident, a series of distressing events, or a chronic condition like childhood neglect or domestic violence. Its impact can ripple through individuals, families, communities, and cultures, even echoing through generations. Trauma often overwhelms one's ability to cope, triggering the instinctual «fight, flight, or freeze» response during such harrowing events, and often giving rise to profound feelings of fear, vulnerability, and helplessness. People may face trauma head-on, witness it unfold, feel a looming threat, or hear about traumatic incidents affecting those close to them. Such events can be human-made, like disasters resulting from mechanical failures, wars, acts of terrorism, sexual abuse, or violence, or stem from the unpredictable forces of nature, including floods, hurricanes, or tornadoes. Trauma can strike at any age or developmental stage, and those events that occur outside the expected milestones of life, such as a child dying before a parent, a cancer diagnosis in a young person, personal illness, or job loss before, often bear the heaviest psychological burdens.

Understanding trauma requires a nuanced perspective, one that recognizes that it's not merely the event itself that determines its impact, but how each individual processes and experiences it. Two people may endure the same event or series of events, yet their interpretations and reactions can be strikingly different. A complex interplay of biopsychosocial and cultural factors shapes our immediate responses and long-term coping mechanisms. For many, regardless of the trauma's intensity, the immediate or lasting effects are often met with remarkable resilience – the ability to confront life's challenges with unwavering strength and courage. While some individuals may experience only temporary reactions to a traumatic event, others might find themselves grappling with prolonged responses. These can evolve from acute symptoms into more profound and lasting mental health issues, such as post-traumatic stress disorder, anxiety disorders, mood disorders, or substance use disorders. Furthermore, the ramifications can extend to physical well-being, manifesting as issues like arthritis, chronic pain, or persistent headaches.

It's vital to recognize that not everyone who faces trauma fits neatly into diagnostic criteria for post-traumatic stress disorder or other mental health disorders. Many may demonstrate significant trauma-related symptoms or culturally specific expressions of distress, such as somatization, where psychological strain emerges as physical ailments. Trauma-informed care is a holistic approach that acknowledges the profound impact of trauma on individuals and its influence on their interactions with behavioral health services throughout the journey of prevention and treatment. While there are various definitions and models for implementing trauma-informed care in organizations, the essence typically revolves around three pivotal elements: recognizing the prevalence of trauma; understanding how trauma affects everyone within the organization, including its dedicated workforce; and transforming this understanding into practical, actionable measures (Substance Abuse and Mental Health Services Administration, 2012, p. 4).

Trauma-informed care begins the moment an individual makes their first contact with an agency. It is imperative that every staff member, whether they are receptionists, intake personnel, direct care providers, supervisors, administrators, peer supporters, or board members, grasp the reality that an individual's experience of trauma can greatly shape their openness to services, their interactions with staff and fellow clients, and their responsiveness to program guidelines and interventions.

This approach goes beyond mere awareness; it involves crafting program policies, procedures, and practices that diligently protect the vulnerabilities of both those who have experienced trauma and those who deliver trauma-related services. By cultivating a supportive environment and redesigning organizational practices with input from consumers, we can effectively prevent actions that might lead to re-traumatization (Hopper et al., 2010). Central to trauma-informed care is the ethical principle of «first, do no harm.» «A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.» (Substance Abuse and Mental Health Services Administration, 2012, p. 4).

Trauma-informed care represents a profound commitment to enhancing staff expertise and establishing robust standards and guidelines that enable

the delivery of sensitive and compassionate services. The approach is anchored in the components:

1. Recruitment and retention: Actively seeking, hiring, and nurturing skilled personnel who are well-versed in the principles of trauma-informed care.

2. Consumer involvement: Empowering consumers, particularly those who have survived trauma and peer support specialists, to actively participate in the planning, implementation, and evaluation of trauma-sensitive services.

3. Collaboration across systems: Cultivating strong partnerships among various service systems to streamline referral processes, ensuring that individuals receive timely and appropriate trauma-specific services when they need them most.

4. Continuity of care: Ensuring a seamless transition in trauma-informed care as individuals navigate between different systems or services.

5. Ongoing evaluation: Committing to a continuous cycle of assessment, reexamining every facet of service delivery through a trauma-aware lens to consistently elevate the quality of care.

By embracing these practices, organizations can foster a supportive atmosphere that recognizes and actively addresses the profound effects of trauma on individuals.

Integrating trauma-informed care into behavioral health services offers a wealth of advantages for clients, their families, communities, and organizations alike. These services emphasize the importance of understanding that trauma can deeply impact a person's overall well-being, encompassing both mental and physical health. For behavioral health providers, adopting trauma-informed practices opens the door to transformative opportunities. It highlights the need for specialized knowledge and skills regarding trauma, recognizing that many individuals may carry the burdens of past experiences, even if those experiences are not openly discussed. Many clients seeking behavioral health services likely come with histories of trauma, and it's essential for organizations and providers to be acutely aware that unexamined policies and practices can inadvertently rekindle those wounds. Trauma-informed care focuses on understanding a client as a unique individual, promoting a personalized approach rather than relying on one-size-fits-all solutions.

Implementing trauma-informed care opens the door for clients to engage more deeply with services that embody a compassionate understanding of their unique challenges. This transformative approach fosters a profound sense of safety for those with traumatic histories, serving as a crucial safeguard against the serious consequences of traumatic stress. While some individuals might not initially see the value in confronting their past experiences, trauma-informed services offer a valuable space for exploration—enabling clients to understand the far-reaching effects of trauma, recognize their inherent strengths and coping mechanisms, build resilience, and uncover the intricate connections between trauma, substance use, and psychological symptoms. Treatment improvement protocols champion a trauma-informed model of care, highlighting the vital role that behavioral health practitioners and organizations play in acknowledging the prevalence and profound impact of trauma on the individuals they serve. This framework inspires the development of trauma-sensitive and trauma-responsive services that cater to the unique needs of clients. These protocols furnish practitioners and program administrators with crucial insights to enhance their trauma awareness and understanding, aiming to refine screening and assessment processes while promoting evidence-based intervention strategies across diverse settings within behavioral health services.

While trauma-informed care may not always encompass trauma-specific services or specialists, professionals equipped with advanced training to provide targeted interventions for traumatic stress reactions, it certainly recognizes the significant influence trauma wields throughout the continuum of care. Ultimately, this approach promotes integrated and collaborative processes designed to proactively address the needs of both individuals and communities affected by trauma, paving the way for healing and recovery.

Individuals who have experienced trauma often find themselves at a heightened risk of developing substance use disorders, including both abuse and dependence. In addition to these struggles, they may encounter significant mental health challenges such as depression and anxiety, relational difficulties, and a range of distressing symptoms. Physical health issues, including sleep disorders, can further complicate their situation. To combat these issues, treatment improvement protocols emphasize strategic prevention measures, as outlined by the Institute of Medicine [14]. Selective prevention focuses on individuals who are at risk of developing social,

psychological, or other conditions stemming from trauma, as well as those more vulnerable to experiencing trauma due to existing behavioral health disorders. Meanwhile, indicated prevention zeroes in on individuals displaying early signs of trauma-related symptoms. These protocols advocate for a diverse array of interventions, including trauma-informed strategies, framing treatment as a vital preventive effort. Their primary aim is to cultivate resilience, foster safety, and equip clients with essential coping skills to navigate the effects of trauma.

Conclusion. In conclusion, the implementation of trauma-informed care can profoundly enhance processes related to screening, assessment, treatment planning, and placement, all while minimizing the risk of retraumatization. By fostering improved communication between clients and treatment providers, trauma-informed care not only clarifies misunderstandings surrounding clients' reactions and presenting issues but also ensures timely and appropriate referrals for evaluations or specialized trauma treatments. This comprehensive approach empowers individuals to reclaim their lives and move forward on their journey to healing. A key principle of trauma-informed care is the engagement of the community, clients, and staff. When these groups are involved in the ongoing development and delivery of trauma-informed services, they are more likely to feel empowered, invested, and satisfied. Organizations also benefit from workforce development practices by planning for, attracting, and retaining a diverse workforce knowledgeable about trauma and its effects. Developing a trauma-informed organization involves hiring and promotion practices that seek individuals educated and trained in trauma-informed care at all levels of the organization, including the board and peer support positions. Trauma-informed organizations prioritize their staff by adopting trauma-informed principles, which include providing ongoing support to promote trauma-informed care in practice and addressing secondary trauma, ensuring a safe working environment.

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