

Trauma Survivors' Perspectives on Trauma-Informed Care

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Research has consistently shown a strong connection between trauma and a mental health diagnosis (e.g., Chapman, Dube & Anda, 2007; Edwards, Holden, Felitti & Anda, 2003). While the experiences that trigger re-traumatization can be exceptionally individualized, typical practices of mental health services and systems (e.g., restraint, monitoring of “compliance” with authorities, etc.) have been shown to be universally distressing for consumers (Jennings & Ralph, 1997). Thus, mental health consumers are uniquely likely to experience re-traumatization through frequent interactions with systems and services that may be controlling, dismissive, and insensitive to their needs and rights.

Broad implementation of trauma-informed care (TIC) across multiple systems is seen as a path to community change and transformation through reducing the re-traumatization of those who are often the most vulnerable. Trauma-informed care is defined as “an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives” (NCTIC, 2011).

In an effort to gather stakeholder input and ideas regarding TIC across Kansas, Wichita State University’s Center for Community Support and Research (CCSR) and a statewide Trauma Advisory Group (TAG), which consists of mental health consumers/trauma survivors and service providers, collaborated to design, facilitate and analyze data from a series of focus groups. Using concept mapping to organize input from focus group participants, this project offers a consumer-driven perspective on systemic influences on re-traumatization, trauma-informed responses, and the influence of TIC on healing.

Method

Participants

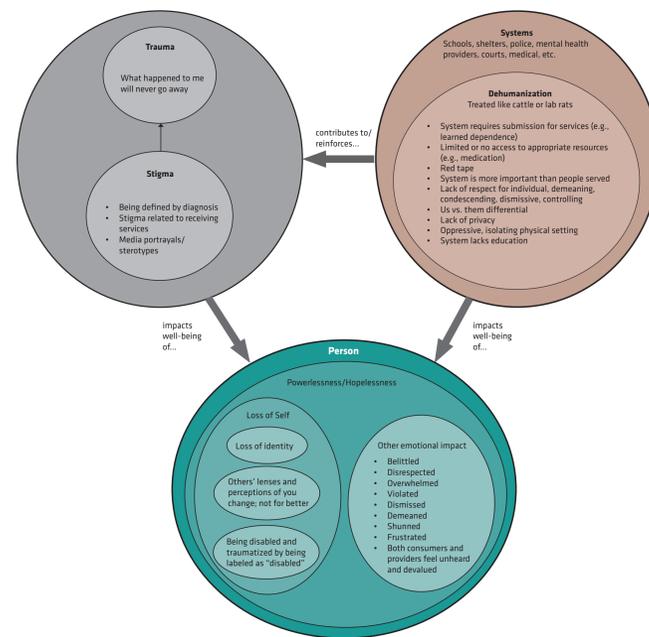
Thirty-eight mental health consumers/trauma survivors and service providers participated in one of seven focus groups in the fall of 2010. Five of the seven groups were reserved for consumers; the other two were for service providers. Certified Peer Specialists were invited to self-select into either group. In total, 30 persons attended the consumer groups and 8 attended the provider groups.

Procedure

A small group of mental health consumers/trauma survivors convened with CCSR TIC team members and researchers to develop a common definition of trauma (see box). CCSR researchers then offered draft focus group questions and gathered feedback through cognitive interviewing (see Casper, Lessler & Willis, 1999). The final questions covered 1) systemic triggers for re-traumatization, 2) suggestions for systemic change to prevent re-traumatization, and 3) contributors to recovery and healing.

A broad invitation to the focus groups was issued to Consumer-Run Organizations, Certified Peer Specialists, two statewide consumer advocacy groups, Community Mental Health Centers and State Mental Health Hospitals. Focus groups were held in two different Kansas cities (Wichita and Topeka) with CCSR staff as facilitators. All responses were recorded on flipcharts.

Map 1: How Systems Re-traumatize



Question 1: How do systems, services or the individuals within them create or re-create trauma?

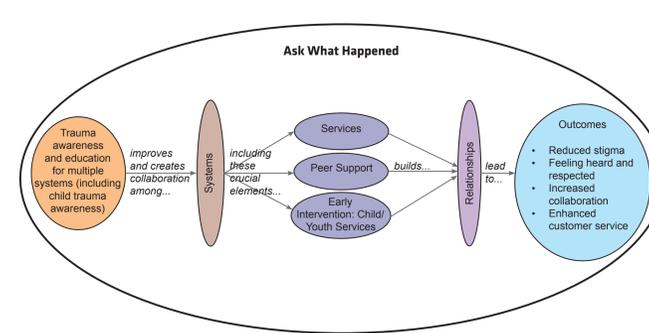
DEFINITION OF TRAUMA

Adapted from National Center for Trauma-Informed Care by KS Trauma Survivors
Trauma refers to experiences that are dehumanizing, shocking or terrifying, single or multiple, compounding events over time and often include betrayal by a trusted person or institution, and a loss of safety. Trauma includes violence, prejudice/discrimination, physical/sexual/mental/emotional/verbal and institutional/social/human service system abuse and neglect. Trauma also can be created by natural and man-made disasters. Trauma can carry over from one generation to the next (e.g., in families, in cultures or in countries). Trauma generally creates helplessness and a constant state of alert as well as feelings of powerlessness, fear, and recurrent hopelessness. Trauma impacts one’s spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation and disconnection. Each individual has the right to determine what trauma means to them. Healing is possible.

After compilation of all responses, TAG and CCSR TIC team members created concept maps for each question. Concept mapping has been used in many arenas to illuminate connections between elements of a particular construct, theory or issue (e.g., Morgan, Fellows & Guevara, 2008; Trochim, Cook, & Seize, 1994). The following procedure was used to theme concepts and create maps for each question.

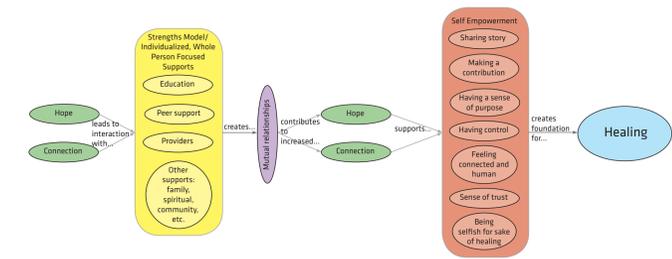
- A total of 223 responses (84, 77, and 62 for questions 1, 2, and 3, respectively) were posted on wall; responses from providers and consumers were listed separately for comparison purposes.
- Each TAG and CCSR TIC team member reviewed responses and created Post-it notes with key words/phrases for each question.
- Words/phrases were posted on the wall and then themed by consensus.
- Similarities and differences between consumer and provider responses were noted where relevant.

Map 2: Suggestions to Prevent Re-traumatization



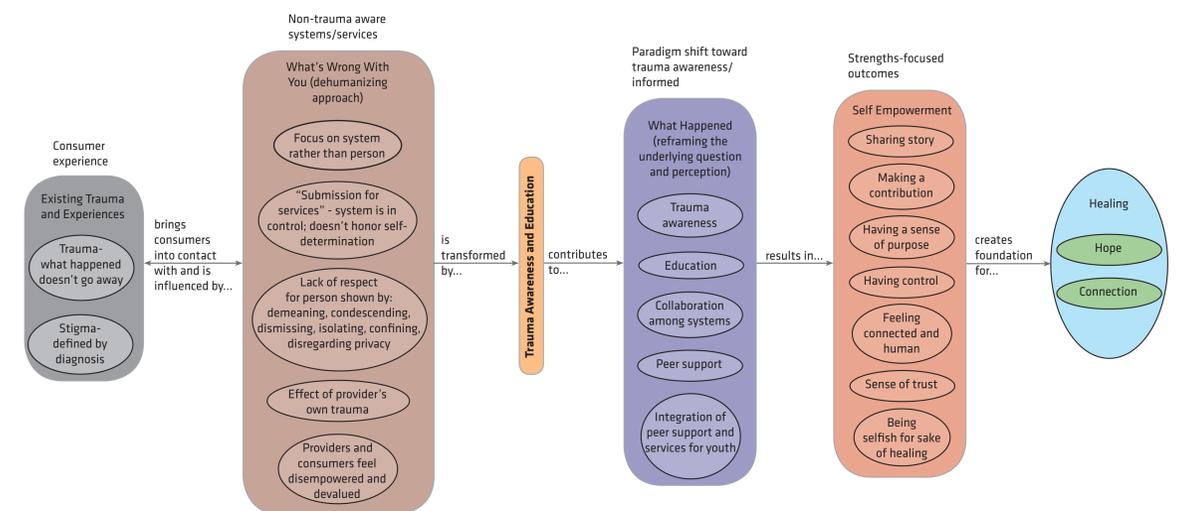
Question 2: What might be done to improve how systems or services respond so as not to create or re-create trauma?

Map 3: Influences on Healing



Question 3: What has been helpful in healing for you (or those you know)?

Map 4: Concept Map of the Re-creation of Trauma Through Systems and the Path to Healing



- A concept map for each question, plus a summative map, was created.

Results

The following concept maps were created by TAG and CCSR TIC team members as a synthesis of responses from mental health consumers/trauma survivors and service providers for each question. TAG and TIC team members also created Map 4 to represent the interplay and potential trajectory of improved trauma-informed responses.

Conclusions

This research project was designed to gather input from stakeholders in order to create a theory of change and potential direction for future efforts related to trauma-informed care. It is hoped that the findings may also contribute to thinking regarding how trauma-informed services and systems might contribute to

healing rather than simply “do no harm.” The key insights from the concept maps are:

- Systems/services that are not trauma-informed contribute to re-traumatization by denying consumers respect and voice.
- Key elements in creating trauma-informed systems/services are provider education, peer support and collaboration.
- Peer support is seen as a crucial component of trauma-informed services/systems.
- The most critical component is reframing the underlying question from “what’s wrong with you” to “what happened to you?”
- Treating people as individuals, not as diagnoses, is the underpinning of recovery and healing.

Acknowledgements

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