

# The Road to Recovery 2011

# Trauma and Justice: Treatment and Recovery Through the Delivery of Behavioral Health Services

#### **Discussion Guide**

The show will be filmed in a panel format with free discussion between the show host and other panelists. This discussion guide is not to be considered as a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and will also comment and add to information presented by other panelists in a discussion format. Panelists will bring to the show their own keen anecdotal experiences as well as references from scientific studies from the field.

Show Description: Trauma is a universal experience of people in treatment and recovery for substance use and mental disorders. It is a widespread, harmful, and costly public health problem that occurs as a result of violence, abuse, neglect, disaster, war, and other emotionally destructive experiences. Similar to substance use and mental disorders, trauma can affect anyone, regardless of age, gender, economics, race, ethnicity, geography, disability, or sexual orientation. People can overcome traumatic experiences with appropriate support and intervention. But, left untreated, trauma significantly increases the risk of substance use and/or mental disorders, chronic physical diseases, and early death. The effects of trauma place a heavy burden on individuals, families, and communities and create challenges for all public institutions, jails, prisons, and service systems. This show will examine the need to address trauma in the delivery of substance use and/or mental disorders treatment and recovery services, suggest ways to screen and identify individuals with trauma-related problems, and provide suggested interventions and support services. Discussion will include what interventions work, how to collaborate, and how to provide a full range of support services to ensure a full and sustained recovery.

# Panel 1: The Relationship of Trauma and Justice to Behavioral Health

### **Key Questions:**

- 1. Is trauma a public health problem? What are the various sources of trauma?
- 2. How is trauma closely tied to substance use and mental disorders?
- 3. Do people in jail or prison commonly have a personal history of trauma? How many people in jail or prison have a substance use or mental disorder?
- 4. What are the effects of trauma on individuals, families, and communities?

#### <u>Trauma as a Public Health Problem</u>

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From <a href="http://store.samhsa.gov/product/SMA11-4629">http://store.samhsa.gov/product/SMA11-4629</a> (accessed June 14, 2011).

• Trauma is a widespread, harmful, and costly public health problem. It occurs as a result of violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences.

Source: The National Center for Trauma-Informed Care, http://www.samhsa.gov/nctic/

Traumatic experiences can be dehumanizing, shocking or terrifying, singular or multiple
compounding events over time, and often include betrayal of a trusted person or
institution and a loss of safety. Trauma can result from experiences of violence. Trauma
includes physical, sexual, and institutional abuse; neglect; intergenerational trauma; and
disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state
of alert.

#### Relationship of Trauma to Substance Use and Mental Disorders

Source: SAMHSA. (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From <a href="http://store.samhsa.gov/product/SMA11-4629">http://store.samhsa.gov/product/SMA11-4629</a> (accessed June 14, 2011).

- Unaddressed trauma significantly increases the risk of substance use and mental disorders, chronic physical diseases, and early death.
- Although exact prevalence estimates vary, there is a consensus in the field that most consumers of mental health services are trauma survivors and that their trauma experiences help shape their responses to outreach and services.
- Emerging research has documented the relationship among traumatic events, impaired neurodevelopmental and immune system responses, and subsequent health risk behaviors resulting in chronic physical and behavioral disorders. In fact, the chronic stress that often accompanies repeated or unresolved trauma has even been linked to physically observable negative changes in brain development,

including a reduction in the size of the hippocampus, the portion of the brain associated with long-term memory and spatial reasoning.

<u>Jail and Prison Populations—Personal Histories of Trauma and Rates of Substance Use and</u>
Mental Disorders

Source: SAMHSA. (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From <a href="http://store.samhsa.gov/product/SMA11-4629">http://store.samhsa.gov/product/SMA11-4629</a> (accessed June 14, 2011).

- Studies of people in the juvenile and criminal justice system reveal high rates of mental and substance use disorders and personal histories of trauma.
- Traumatic victimization often results in negative behaviors that bring both youth and adults into the criminal justice system.
- The prevention of trauma is a promising avenue for reducing criminal justice involvement. Treatment is also a key strategy for improving outcomes for people in jail and prison who have mental and substance use disorders.

Source: James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates*. Washington, DC: U.S. Department of Justice, Office of Justice Programs. From <a href="http://bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf">http://bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf</a> (accessed June 14, 2011).

 More than half of all prison and jail inmates (people in State and Federal prisons and local jails) meet criteria for having mental health problems, 6 in 10 meet criteria for a substance use problem, and more than a third meet criteria for having both a substance abuse and a mental health problem.

#### Impacts of Trauma on Individuals, Families, and Communities

Source: SAMHSA. (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From <a href="http://store.samhsa.gov/product/SMA11-4629">http://store.samhsa.gov/product/SMA11-4629</a> (accessed June 14, 2011).

• The effects of trauma place a heavy burden on individuals, families, and communities and create challenges for public institutions and service systems.

Source: National Center for Trauma-Informed Care, <a href="http://www.samhsa.gov/nctic/">http://www.samhsa.gov/nctic/</a>

 Trauma affects one's spirituality and relationships with self, others, communities, and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection. Source: SAMHSA (2011). *Childhood trauma's impact on health risks*. From http://www.samhsa.gov/children/social media apr2011.asp (accessed June 14, 2011).

- As the number of adverse events (e.g., physical, emotional, and sexual abuse; neglect; violence; and natural disasters) experienced in childhood increases, the risk for the following health problems also increases: depression; alcoholism; drug abuse; suicide attempts; heart, liver, and pulmonary diseases; fetal death during adolescent pregnancy; high stress; uncontrollable anger; and family, financial, and job problems.
- The effects of these events are long-term, powerful, and cumulative and may be invisible to health care providers, educators, social service organizations, and policymakers because the linkage between trauma and problems later in adulthood is concealed by time, the inability to "see" the process of neurodevelopment, and the effects of the original traumatic events, which may not become evident until much later in life.

# Panel 2: Impact of Trauma on Particular Populations and Groups

#### **Key Questions:**

- 1. How is trauma an especially serious issue for children and youth?
- 2. How is trauma an especially serious issue for women?
- 3. How is the incidence of trauma associated with racial groups?
- 4. Do individuals who are lesbian, gay, bisexual, or transsexual (LGBT) experience trauma at higher rates than others?
- 5. For service men and women returning from war, how many experience post-traumatic stress disorder (PTSD), depression, or other mental disorders? How many have a substance use disorder?

#### Trauma in Children and Youth

Source: As stated in SAMHSA. (2011). Leading change: A plan for SAMHSA's roles and actions, 2011–2014. HHS Publication No. (SMA) 11-4629. From <a href="http://store.samhsa.gov/product/SMA11-4629">http://store.samhsa.gov/product/SMA11-4629</a> (accessed June 14, 2011) with a footnote reference to Results from the 2008 National Survey on Drug Use and Health: National findings. (Office of Applied Studies, NSDUH Series H-36, DHHS Publication No. SMA 09-4434).

 More than 6 in 10 U.S. youth have been exposed to violence within the past year, including witnessing a violent act, assault with a weapon, sexual victimization, child maltreatment, and dating violence. Nearly 1 in 10 was injured.

Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2010). *Child maltreatment 2008*. From <a href="http://www.acf.hhs.gov/programs/cb/pubs/cm08/">http://www.acf.hhs.gov/programs/cb/pubs/cm08/</a> (accessed June 14, 2011).

• An estimated 772,000 children were victims of maltreatment in 2008.

Source: Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of child abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245–258.

• Adverse childhood experiences (e.g., physical, emotional, and sexual abuse; family dysfunction) are associated with mental illness, suicidality, and substance abuse.

Source: Barth, R. P., Scarborough, A., Lloyd, E.C., Losby, J., Casanueva, C., & Mann, T. (2008). *Developmental status and early intervention service needs of maltreated children*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

 Young children exposed to five or more significant adversities in the first 3 years of childhood face a 76 percent likelihood of having one or more delays in their cognitive, language, or emotional development. The likelihood of delay increases in nearly a straight line with the number of risks.<sup>1</sup>

#### Trauma in Women

Source: As stated in SAMHSA. (2011). Leading change: A plan for SAMHSA's roles and actions, 2011–2014. HHS Publication No. (SMA) 11-4629. From <a href="http://store.samhsa.gov/product/SMA11-4629">http://store.samhsa.gov/product/SMA11-4629</a> (accessed June 14, 2011) with a footnote reference to SAMHSA. (2009). Substance abuse treatment: Addressing the specific needs of women (SAMHSA), based on studies by Leseman (2005) and Tjaden/Thoemnes (2009). From <a href="http://www.ncbi.nlm.nih.gov/bookshelf/picrender.fcgi?book=hssamhsatip&part=tip51&blobtype=pdf">http://www.ncbi.nlm.nih.gov/bookshelf/picrender.fcgi?book=hssamhsatip&part=tip51&blobtype=pdf</a> (accessed June 14, 2011).

• A lifetime history of sexual abuse among women in childhood or adulthood ranges from 15 to 25 percent. The prevalence of domestic violence among women in the United States ranges from 9 to 44 percent, depending on definitions.

Source: Centers for Disease Control and Prevention. (2006). *Understanding intimate partner violence: Fact sheet*. Atlanta: Author.

• The cost of intimate partner violence, which disproportionately affects women and girls, was estimated to be \$8.3 billion in 2003. This total includes the costs of medical care, mental health services, and lost productivity.

#### Trauma in Racial Groups

Source: Bryant-Davis, T., & Ocampo, C. (2005). Racist-incident based trauma. *The Counseling Psychologist*, *33*, 479–500.

 Racial incidents can be traumatic and have been linked to PTSD symptoms among people of color.

Source: Brave Heart, M. Y. H. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, *35*, 7–13.

While much of the focus on trauma is on individuals, some communities experience
historical trauma that is transmitted from one generation to the next. For example,
African Americans and American Indian and Alaska Native communities have
suffered historical losses of land and identity and assaults on their culture and way
of life that result in intergenerational trauma. The connection between historical
trauma and the undermining of the economic and social fabric of the community
with associated behavioral health problems and high-risk behaviors is well
documented.

Source: Alim, T. N., Graves, E., & Mellman, T. A. (2006). Trauma exposure, posttraumatic stress disorder and depression in an African-American primary care population. *Journal of the National Medical Association*, *98*, 1630–1636.

• Evidence suggests that some communities of color have higher rates of PTSD than the general population.

#### Trauma in the LGBT Communities

Source: Roberts, A. L., Austin, S. B., Corliss, H. L., Vandermorris, A. K., & Koenen, K. C. (2010). Pervasive trauma exposure among U.S. sexual orientation minority adults and risk of posttraumatic stress disorder. *American Journal of Public Health*, 100(4).

• LGBT individuals experience violence and PTSD at higher rates than the general population.

#### Rates of PTSD and Traumatic Brain Injury (TBI) Among Troops Returning From War

Source: Rand Center for Military Health Policy Research. (2008). *Invisible wounds: Mental health and cognitive care needs of America's returning veterans*. From <a href="http://www.rand.org/multi/military/veterans.html">http://www.rand.org/multi/military/veterans.html</a> (accessed June 14, 2011).

- In a survey of service members returning from Iraq or Afghanistan, 18.5 percent of all returning service members meet criteria for either PTSD or depression, 14 percent of returning service members meet criteria for PTSD, and 14 percent meet criteria for depression.
- In the survey, 19.5 percent of returning service members reported experiencing a probable TBI during deployment.

- The Rand survey of service members recently returning from Iraq or Afghanistan indicated that about one-third report symptoms of a mental health or cognitive condition.
- About 7 percent meet criteria for a mental health problem and also report a possible TBI.
- If these numbers are representative, then of the 1.64 million deployed (as of 2008), the study estimates that approximately 300,000 veterans who have returned from Iraq and Afghanistan are suffering from PTSD or major depression, and about 320,000 may have experienced TBI during deployment.

#### Prevalence of Substance Use Among the Military and Veterans

Source: National Institute on Drug Abuse. (2009). Substance abuse among the military, veterans, and their families. A Research Update from the National Institute on Drug Abuse. *Topics in Brief*. From <a href="http://www.nida.nih.gov/tib/vet.html">http://www.nida.nih.gov/tib/vet.html</a> (accessed June 14, 2011).

- Substance use among Iraq and Afghanistan war veterans is a large concern, with aggregated data from SAMHSA's annual household survey revealing that from 2004 to 2006, 7.1 percent of veterans (an estimated 1.8 million persons aged 18 or older) met criteria for a past-year substance use disorder.
- Problems with alcohol and nicotine abuse are the most prevalent and pose a significant risk to the health of veterans as well as to the Reserve component and National Guard soldiers. At greatest risk are deployed personnel with combat exposures, as they are more apt to engage in new-onset heavy weekly drinking and binge drinking and to suffer alcohol-related problems, as well as smoking initiation and relapse. Within this group, Reserve and National Guard personnel and younger service members are particularly vulnerable to subsequent drinking problems. And, although alcohol problems are frequently reported among veterans, few are referred to alcohol treatment.

#### Service Members Returning From War With Loss of Limb and Mobility

Source: U.S. Army Wounded Warriors. (n.d.). *The loss of a limb*. From <a href="http://www.aw2.army.mil/assets/documents/Limb\_Loss\_Media\_FINAL.pdf">http://www.aw2.army.mil/assets/documents/Limb\_Loss\_Media\_FINAL.pdf</a> (accessed June 14, 2011).

• Limb loss can refer to the absence (or loss) of any part of an extremity, such as an arm or leg, due to surgical or traumatic amputation. Military amputees, like the general military population, are typically young and healthy adults, while civilian amputees are more likely to be older adults with health issues. Service members typically experience these traumatic injuries due to munitions blasts, such as from improvised explosive devices, landmines, and rocket-propelled grenades; small weapons fire, or motor vehicle crashes. Because of these munitions blasts and the nature of military operations during the global war on terrorism (GWOT), lower extremity amputations occur more frequently to service members than upper extremity amputations.

- As of August 2008, more than 1,100 major or partial amputations had occurred during the GWOT. (U.S. Surgeon General).
- Loss of limbs and mobility have a major effect on the lives of veterans due to the need
  for extensive medical care, constraints regarding employment and housing, impacts on
  family relationships, and lifestyle adjustments associated with loss of limb or mobility.

Source: Military in-Step, Amputee Coalition of America. (2008). *U.S. military builds on rich history of amputee care*. From <a href="http://www.amputee-coalition.org/military-instep/rich-history.html">http://www.amputee-coalition.org/military-instep/rich-history.html</a> (accessed June 14, 2011).

- Frequently, the same blast that resulted in amputation can also result in a TBI or
  concussion that can affect the service member's personality, memory, or thinking. In
  addition, for months and perhaps years into the future, military service members who
  are new traumatic amputees and their significant others will likely require a support
  network to help them adjust emotionally.
- The vision of the Congress-supported U.S. Army Amputee Patient Care Program, which was established in December 2001, is to provide optimal, individualized care for active-duty amputees to maximize their physical, psychological, and emotional function. To accomplish these goals, the program draws upon the best from both military and civilian experts in amputee care, and initiatives are under way to promote further advances in prosthetic technology. And since amputee care is lifelong care, there is also strong cooperation between the Department of Defense (DoD) and the Department of Veterans Affairs (VA).

Source: The Given Limb Foundation, http://www.givenlimb.org/home/

• In the United States, more than 600 military men and women who have put their lives on the line for their country have returned from the Iraq war as amputees. In the past, it has been the government's need to care for the war-wounded that has been largely responsible for advancements in prosthetics. The military medical community today continues to pursue technological advancements in prosthetic design.

Source: Gunawardena, N., Senevirathne, R. D. A., & Athauda, T. (n.d.). Mental health outcome of unilateral lower limb amputee soldiers in two districts of Sri Lanka. *International Journal of Social Psychiatry*. From <a href="http://isp.sagepub.com/content/53/2/135.abstract">http://isp.sagepub.com/content/53/2/135.abstract</a> (accessed June 14, 2011).

 In a study comparing amputee soldiers and nonamputee males, the amputees were found to have a higher incidence of psychological distress and higher rates of alcohol and drug consumption. Source: Melcer, T., Walker, G. J., Galarneau, M., Belnap, B., & Konoske, P. (2010). Midterm health and personnel outcomes of recent combat amputees. *Military Medicine*, 175, 3:147. From

http://www.dtic.mil/cgi-bin/GetTRDoc?Location=U2&doc=GetTRDoc.pdf&AD=ADA516039 (accessed June 14, 2011).

 Warfighters who sustained combat amputations in Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) have unique challenges during rehabilitation. Twothirds of patients had a mental health disorder (e.g., adjustment, PTSD), with rates of major disorder categories between I8 percent and 25 percent. Mental health diagnoses were indicated by ICD-9 codes, grouped as adjustment, anxiety, mood, PTSD and substance abuse disorders, and other mental health diagnoses.

# Panel 3: Trauma-Informed Care—Treatment and Recovery Services for Trauma Survivors

#### **Key Questions:**

- 1. What is trauma-informed care?
- 2. What are specific interventions that are trauma-informed?
- 3. What is needed in the lives of children who have experienced trauma to help them lead more healthy lives?
- 4. What strategies and programs are used to help people in jail or prison who have experienced trauma and may have a substance use or mental disorder?
- 5. What are the most effective strategies and programs to help military service members in treatment and recovery related to substance use and mental disorders?
- 6. Are there programs that have focused on veterans who have substance use or mental disorders and who have come into contact with the justice system?

#### Trauma-Informed Care

Source: National Center for Trauma-Informed Care, <a href="http://www.samhsa.gov/nctic/">http://www.samhsa.gov/nctic/</a>

- Trauma-informed care is 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.
- The goal of trauma-informed care is to create trauma-informed environments in the
  delivery of a broad range of services, including mental health, substance use, housing,
  vocational or employment support, domestic violence and victim assistance, and peer
  support.
- When a human service program takes the step to become trauma-informed, every part
  of its organization, management, and service delivery system is assessed and potentially

modified to include a basic understanding of how trauma affects the life of an individual seeking services.

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 retraumatization.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From http://store.samhsa.gov/product/SMA11-4629 (accessed June 14, 2011).

 A better understanding of the needs of trauma survivors has emerged over the past decade. Behavioral health providers have implemented "trauma-specific" services to directly address the effect of trauma on people's lives and create service settings that are "trauma informed." In a trauma-informed setting, providers and clients feel safe and the possibility of retraumatization is minimized.

#### **Trauma-Informed Specific Interventions**

Source: National Center for Trauma-Informed Care, http://www.samhsa.gov/nctic/trauma.asp

- Trauma-specific interventions are designed to address the consequences of trauma in the individual and to facilitate healing. Treatment programs generally recognize the following:
  - The survivor's need to be respected, informed, connected, and hopeful about their own recovery.
  - The interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety).
  - The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.
- Examples of trauma-informed specific interventions are:
  - Addiction and Trauma Recovery Integration Model (ATRIUM)
  - Essence of Being Real
  - o Risking Connection
  - Sanctuary Model
  - Seeking Sanctuary
  - o Trauma, Addiction, Mental Health, and Recovery
  - o Trauma Effect Regulation: Guide for Education and Therapy (TARGET)
  - Trauma Recovery and Empowerment Model (TREM and M-TREM)

#### Helping Children Who Have Experienced Trauma

Source: SAMHSA (2011). *Childhood trauma's impact on health risks*. From http://www.samhsa.gov/children/social media apr2011.asp (accessed June 14, 2011).

- Research has shown that caregivers can buffer the impact of trauma and promote better outcomes for children even under stressful times when the following Strengthening Families Protective Factors are present:
  - o Parental resilience
  - Social connections
  - o Knowledge of parenting and child development
  - Concrete support in times of need
  - Social and emotional competence of children

#### **Diversion Programs**

Source: SAMHSA National GAINS Center, <a href="http://www.gainscenter.samhsa.gov/html/about/">http://www.gainscenter.samhsa.gov/html/about/</a>

- Approximately 800,000 persons with serious mental illness are admitted annually to U.S. jails. Moreover, among these admissions, the preponderance (72 percent) also meet criteria for co-occurring substance use disorders. As community-based mental health services have failed to keep pace, law enforcement departments and jails have become de facto service providers to persons with co-occurring disorders.
- Over the past two decades, jail diversion programs have emerged as a viable and humane solution to the criminalization and inappropriate criminal detention of individuals with mental disorders. Diverting appropriate individuals from jail to community-based mental health treatment has been heralded for its potential benefits to the criminal justice system, the community, and the diverted individual.
- The term "jail diversion" refers to programs that divert individuals with serious mental illness (and often co-occurring substance use disorders) away from jail and provide linkages to community-based treatment and support services. The individual thus avoids arrest or spends a significantly reduced time period in jail and/or lockups on the current charge or on violations of probation resulting from previous charges.

#### **Specialty Courts**

Source: SAMHSA National GAINS Center, http://www.gainscenter.samhsa.gov/html/about/

 Specialty courts, such as mental health courts, are an increasingly visible form of postbooking diversion program in which all cases involving people with mental illness are handled through a special docket. The Department of Justice's Mental Health Courts Program provides a great deal of information on the design, implementation, and operation of mental health courts.

#### <u>Department of Veterans Affairs – Improved PTSD Programs and Services</u>

Source: U.S. Department of Veterans Affairs National Center for PTSD. (2010). *PTSD treatment programs in the U.S. Department of Veterans Affairs*. From <a href="http://www.ptsd.va.gov/public/pages/va-ptsd-treatment-programs.asp">http://www.ptsd.va.gov/public/pages/va-ptsd-treatment-programs.asp</a> (accessed June 14, 2011).

- As of July 13, 2010, VA has new regulations on PTSD claims. VA liberalized the evidentiary standards for corroborating a claimed in-service stressor when a veteran is claiming service connection for PTSD. This modification provides that a veteran's own statements alone may establish the occurrence of the claimed in-service stressor if it is related to a veteran's fear of hostile military or terrorist activity and is confirmed as adequate to support a diagnosis of PTSD; if the veteran's symptoms are related to the claimed stressor in the absence of clear and convincing evidence to the contrary; and provided the claimed stressor is consistent with the place, type, and circumstances of the veteran's service. The final rule adopting this amendment was published in the Federal Register on July 13, 2010, as 75 FR 39843.
- Each medical center within VA has PTSD specialists who provide treatment for veterans with PTSD. Plus, the VA provides nearly 200 specialized PTSD treatment programs.
- Because the symptoms of PTSD and TBI can mask one another, the VA is now conducting more thorough assessments of veterans to establish a proper diagnosis.

Source: Veteran's Health, Fall 2008 – Integration or PTSD and Substance Use Disorders Treatment

http://www.va.gov/visn5/docs/Vethealth/fall 2008.pdf

• The Veterans Health Administration (VHA) is strengthening its programs for substance use disorders by adding counselors to PTSD teams at medical centers nationwide, increasing intensive outpatient treatment programs, and conducting specialized training for providers. Under Secretary for Health, Michael J. Kussman, M.D., has approved augmenting PTSD teams with drug and alcohol treatment specialists so that both problems may be addressed more effectively. "This integrated approach puts treatment for PTSD and substance use disorders under one roof and should improve mental health outcomes for patients who suffer from both," says John P. Allen, Ph.D., VHA's Associate Chief Consultant for Addictive Disorders. Professionals assess PTSD patients for substance use disorder and provide treatment in coordination with the PTSD intervention. Treatment will include continuing care and case management for patients suffering from both problems, and will offer preventive education to veterans with PTSD who may be at risk for developing such problems later.

#### SAMHSA Strategic Initiative on Military Families

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From <a href="http://store.samhsa.gov/product/SMA11-4629">http://store.samhsa.gov/product/SMA11-4629</a> (accessed June 14, 2011).

• National Guard, Reserve, veterans, and active-duty service members, as well as their families who do not seek care from DoD or VA, do seek care in communities across this country, particularly from State, Territorial, local, and private behavioral health care systems. These groups are the focus of SAMHSA's Military Families Strategic Initiative. As the Federal agency with the mission to reduce the impact of mental illnesses and substance abuse on America's communities, SAMHSA will provide support and leadership to improve the behavioral health of the Nation's military families through a collaborative and comprehensive approach to increasing access to appropriate services, preventing suicide, promoting emotional health, and reducing homelessness for military service members, veterans, and their families.

#### Targeting Veterans Who Have Come in Contact With the Justice System

Source: SAMHSA National GAINS Center, http://www.gainscenter.samhsa.gov/html/about/

- As noted by the document *Invisible Wounds of War*, released in 2008 by the RAND Corporation, an increasing number of combat veterans are returning from duty overseas with as many as 17 percent developing PTSD and other mental illnesses. For many of these veterans, their mental health issues will go untreated, placing them at higher risk for involvement in the justice system.
- In addition to this, many communities struggle with providing adequate supports to ensure that these veterans successfully reintegrate back into community life.
- Because of these issues and the growing number of individuals with PTSD and trauma
  histories who come into contact with the criminal justice system, SAMHSA awarded six
  Jail Diversion and Trauma Recovery Program grants in fall 2008, six Jail Diversion and
  Trauma Recovery Program grants in fall 2009, and one Jail Diversion and Trauma
  Recovery Program grant in spring 2010 to support local implementation and statewide
  expansion of trauma-informed jail diversion programs for people with PTSD and other
  trauma-related disorders. RAND also identified that there is a dramatically higher
  prevalence of trauma-related diagnosis among veterans. In recognition of these findings,
  these programs will prioritize eligibility for veterans.
- As the technical assistance center for the 2008 and 2009 grantees, the SAMHSA National GAINS Center has provided support to this initiative by:
  - Assisting States with infrastructure development by offering aid in program design, action planning, and overcoming barriers;
  - Supporting States in proactively incorporating veterans' voices into program
    development and implementation by providing training to mental health
    veterans working with jail diversion programs;
  - Providing technical assistance regarding jail diversion, criminal justice linkages, and reentry program development for specific veterans needs;
  - Imparting direction on creating trauma-informed systems and providing traumaspecific services that highlight veterans' combat experiences;

- Assisting States' program planning and design by conducting States' systems mapping and encouraging the use of evidence-based practices;
- Implementing support by providing training, annual meetings, and onsite technical assistance visits; and
- o Providing guidance on identifying methods for program sustainability.

# Panel 4: Improving the Behavioral Health System for Trauma Survivors

#### **Key Questions:**

- 1. What does it mean to take a strategic public health approach to helping trauma survivors who have substance use or mental disorders?
- 2. What are the goals of the SAMHSA strategic initiative on trauma and justice?
- 3. What training should be administered to the behavioral health workforce to support the need for providing trauma-informed care? What about training for first responders who come in contact with people in crisis who have substance use or mental disorders?
- 4. How will the Affordable Care Act help persons reentering communities from jails and prisons get the help they need?
- 5. What organizations and resources are available to help trauma survivors?

#### Strategic Public Health Approach to Helping Trauma Survivors

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From <a href="http://store.samhsa.gov/product/SMA11-4629">http://store.samhsa.gov/product/SMA11-4629</a> (accessed June 14, 2011).

- Addressing individual, family, and community trauma requires a comprehensive, multiprong public health approach. This approach includes:
  - Increasing awareness of the harmful short- and long-term effects of trauma experiences in children and adults;
  - Developing and implementing effective preventive, treatment, and recovery and resiliency support services that reflect the needs of diverse populations;
  - Building strong partnerships and networks to facilitate knowledge exchange and systems development;
  - Providing training and tools to help systems identify trauma and intervene early;
     and
  - o Informing public policy that supports and guides these efforts.

#### Goals of SAMHSA Strategic Initiative on Trauma and Justice

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From <a href="http://store.samhsa.gov/product/SMA11-4629">http://store.samhsa.gov/product/SMA11-4629</a> (accessed June 14, 2011).

- The mission of the Trauma and Justice Initiative has two related parts: (1) to create trauma-informed systems to implement prevention and treatment interventions to reduce the incidence of trauma and its impact on the behavioral health of individuals and communities and (2) to better address the needs of persons with mental and substance use disorders in the criminal justice system.
- The goals of the initiative are:
  - o Goal 2.1: Develop a comprehensive public health approach to trauma;
  - Goal 2.2: Make screening for trauma and early intervention and treatment common practice;
  - Goal 2.3: Reduce the impact of trauma and violence on children, youth, and families;
  - Goal 2.4: Address the needs of people with mental disorders, substance use disorders, co-occurring disorders, or a history of trauma in the criminal and juvenile justice systems; and
  - Goal 2.5: Reduce the impact of disasters on the behavioral health of individuals, families, and communities.

#### Training for the Behavioral Health and Criminal Justice System Workforce

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From http://store.samhsa.gov/product/SMA11-4629 (accessed June 14, 2011).

- The current behavioral health workforce will require training on the role of trauma
  in people's lives, the centrality of trauma to behavioral health disorders, traumaspecific interventions, and strategies to build trauma-informed systems.
  Practitioners and systems will need to have a better understanding of how their
  policies, practices, and behaviors can promote healing and recovery or be
  secondarily traumatizing to people who are in their care.
- Significant workforce needs are related to behavioral health in the criminal justice system. Police and other first responders need training to respond appropriately and safely to people with mental and substance use disorders in crisis. Judges and other court officials need education and support to develop successful specialty court and diversion programs for people with mental and substance use disorders.

#### Impact of the Affordable Care Act

Source: Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Leading change: A plan for SAMHSA's roles and actions, 2011–2014*. HHS Publication No. (SMA) 11-4629. From <a href="http://store.samhsa.gov/product/SMA11-4629">http://store.samhsa.gov/product/SMA11-4629</a> (accessed June 14, 2011).

• Coverage expansions included in the Affordable Care Act will mean that individuals who are reentering communities from jails and prisons and generally have not had health coverage in the past will soon have that coverage. Given that members of this population experience comparatively high rates of mental and substance use

disorders, an opportunity exists to coordinate new health coverage with other efforts to facilitate a successful transition back into the community.

#### Organizations and Resources for Trauma Survivors

# National Center for Trauma-Informed Care http://www.samhsa.gov/nctic/training.asp

- SAMHSA's National Center for Trauma-Informed Care is a technical assistance center dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services.
- The National Center for Trauma-Informed Care provides training for staff, leaders, consumers, and others to facilitate the implementation of trauma-informed care in a range of service systems, including mental health, substance abuse, criminal justice, victim assistance, peer support, education, primary care, domestic violence, and child welfare. This training may be offered either in brief sessions to diverse meeting/conference audiences or over several hours or days to specific programs or agencies.
- The National Center for Trauma-Informed Care also provides technical assistance and
  consultation to support systems and programs that are committed to implementing
  trauma-informed approaches to service delivery. Technical assistance may help identify
  and implement some of the steps that programs, agencies, or institutions can take to
  begin the transformation to a trauma-informed environment.

### National Hotlines, Referral Resources, and Support Services http://www.samhsa.gov/nctic/hottopics.asp

 This SAMHSA Web page provides a listing of 15 hotlines, referral resources, and support services related to trauma and justice needs.

#### National GAINS Center

http://www.gainscenter.samhsa.gov/html/about/

- The SAMHSA National GAINS Center has operated since 1995 as a national locus for the
  collection and dissemination of information about effective mental health and
  substance abuse services for people with co-occurring disorders in contact with the
  justice system. The TAPA Center for Jail Diversion and the Center for Evidence-Based
  Programs in the Justice System, funded by the Center for Mental Health Services in 2001
  and 2004 respectively, comprise the National GAINS Center.
- The GAINS Center's primary focus is on expanding access to community-based services
  for adults diagnosed with co-occurring mental illness and substance use disorders at all
  points of contact with the justice system. The Center emphasizes the provision of
  consultation and technical assistance to help communities achieve integrated systems

of mental health and substance abuse services for individuals in contact with the justice system.

# National Child Traumatic Stress Network http://www.nctsnet.org/about-us/who-we-are

- Established by Congress in 2000, the National Child Traumatic Stress Network is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the National Child Traumatic Stress Network serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.
- The Network is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, through a congressional initiative: the Donald J. Cohen National Child Traumatic Stress Initiative (<a href="http://www.nctsnet.org/about-us/history-of-the-nctsn">http://www.nctsnet.org/about-us/history-of-the-nctsn</a>). As of November 2009, the Network comprises 60 members. Affiliate members—sites that were formerly funded—and individuals currently or previously associated with those sites continue to be active in the Network as affiliates.

# National Center on Substance Abuse and Child Welfare <a href="http://www.ncsacw.samhsa.gov/aboutus/default.aspx">http://www.ncsacw.samhsa.gov/aboutus/default.aspx</a>

- The National Center on Substance Abuse and Child Welfare is an initiative of the
  Department of Health and Human Services and is jointly funded by the SAMHSA Center
  for Substance Abuse Treatment and the Administration on Children, Youth and Families,
  Children's Bureau's Office on Child Abuse and Neglect.
- The mission of the National Center on Substance Abuse and Child Welfare is to improve systems and practice for families with substance use disorders who are involved in the child welfare and family judicial systems by assisting local, State, and Tribal agencies.

### <u>Disaster Technical Assistance Center</u> http://www.samhsa.gov/dtac/

Established by SAMHSA, the Disaster Technical Assistance Center supports SAMHSA's
efforts to prepare States, Territories, Tribes, and local entities to deliver an effective
mental health and substance abuse (behavioral health) response to disasters.

### <u>Disabled American Veterans</u> http://www.dav.org

• The 1.2 million-member Disabled American Veterans is a nonprofit 501(c)(4) charity dedicated to building better lives for America's disabled veterans and their families.

Disabled American Veterans was founded in 1920 by disabled veterans returning from World War I to represent their unique interests. In 1932, Disabled American Veterans was congressionally chartered as the official voice of the Nation's wartime disabled veterans.

- Annually, Disabled American Veterans represents more than 200,000 veterans and their dependents with claims for benefits from the Department of Veterans Affairs and Department of Defense. Disabled American Veterans' Voluntary Services Program (<a href="http://www.dav.org/volunteers/Default.aspx">http://www.dav.org/volunteers/Default.aspx</a>) operates a comprehensive network of volunteers who provide veterans with free rides to and from VA medical facilities and improve care and morale for sick and disabled veterans.
- Disabled American Veterans' <u>1.2 million members</u> provide grassroots advocacy and services in communities nationwide. From educating lawmakers and the public about important issues to supporting services and <u>legislation</u> to help disabled veterans— Disabled American Veterans is there to promote its message of hope to all who have served and sacrificed.

# Real Warriors, Real Battles, Real Strength http://www.realwarriors.net

 The Real Warriors campaign is an initiative launched by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury to promote the processes of building resilience. Their Web site includes resources on psychological health, TBI, suicide prevention, and postdeployment resources.

# <u>Iraq and Afghanistan Veterans of America</u> <u>http://iava.org/content/health</u>

• Iraq and Afghanistan Veterans of America is the Nation's first and largest group dedicated to the troops and veterans of the wars in Iraq and Afghanistan, as well as the civilian supporters of those troops and veterans. Iraq and Afghanistan Veterans of America's mission is to improve the lives of Iraq and Afghanistan veterans and their families. The Iraq and Afghanistan Veterans of America Community of Veterans is the first and only online social network exclusively for Iraq and Afghanistan veterans.

# <u>Paralyzed Veterans of America</u> http://www.pva.org

• Through our broad range of services and experts, Paralyzed Veterans of America works to positively change lives and build brighter futures for our Nation's veterans with disabilities and their families. Whether it's fighting for quality health care and decent benefits for all who served, providing opportunities—post serious injury—to get back into life through adaptive sports, helping veterans with disabilities get good jobs and careers, educating clinicians about spinal cord injury/dysfunction, or investing in a cure for paralysis, Paralyzed Veterans of America leads the way in empowering people with disabilities with everything they need to live full and productive lives.

# National Amputation Foundation http://www.nationalamputation.org

• Founded in 1919, The National Amputation Foundation has for more than 80 years been offering valuable assistance to veterans of World War I, World War II, Korea, the Vietnam Conflict, Desert Storm, and Iraqi Freedom. Since then, the Foundation has expanded its facilities to include civilian amputees as well.

# Wounded Warrior Project

http://www.woundedwarriorproject.org/

• The Wounded Warrior Project was founded in Roanoke, VA, by a group of veterans and friends who took action to help the injured service men and women of this generation.

# Amputee Coalition of America http://amputee-coalition.org

The mission of the Amputee Coalition of America is to reach out to and empower people
affected by limb loss to achieve their full potential through education, support, and
advocacy and to promote limb loss prevention.

A link check was run on all the external Web sites listed in the discussion guide to identify and fix any broken links as of 6/20/11. However, we acknowledge that Web site URLs change frequently and may require ongoing link checks for accuracy.

Last Updated:6/20/11 Date will reflect the last round of edits before the document is finalized for distribution.