

Trauma-informed care emerges as first line of treatment for mental health issues

■ CAURIE PUTNAM SPECIAL TO THE RBJ



MEEKER

There was a time when Elizabeth Meeker, PsyD, the senior director of system and practice transformation for Coordinated Care Services, Inc. (CCSI), would ask a room full of mental health professionals

if they had heard of trauma-informed care and nary a hand would raise.

“Now that’s changed,” said Meeker, who learned about trauma-informed care around 2009 and was part of a team that led the creation of the NYS Trauma-Informed Network, a collaboration with CCSI and the New York State Office of Mental Health, in 2016.

What is trauma-informed care? The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma-informed care as an “approach to the delivery of behavioral health services that includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations.”

Meeker personally defines trauma-informed care as “Having a deep understanding of how trauma impacts individuals, families, communities and systems and then applying that understanding to transform how services are delivered.”

Trauma-informed care means thinking very broadly about trauma to include types, such as collective trauma (like the pandemic and community violence) and historical trauma (like slav-

ery and genocide). Other types of traumas, per the National Child Traumatic Stress Network, can include, but are not limited to, early childhood trauma, intimate partner violence, medical trauma, physical abuse and traumatic grief.

In the Rochester region, Meeker has seen trauma-informed care and trauma-responsive care – the actions organizations take to address trauma or the potential existence of trauma – grow in understanding and practice over the past decade.

“I feel like we’re a community that’s been an early adapter,” Meeker said. “Trauma-informed care and trauma-responsive care is not a new conversation anymore, but a broader conversation.”

Shifting the perception of trauma

At NAMI Rochester, “everything we do is through a trauma-informed lens,” said Samantha Colson MSW, MS, the organization’s director of training and programs.



COLSON

NAMI Rochester is the region’s local affiliate of NAMI, the National Alliance on Mental Illness – an organization that provides support, education and advocacy free of charge – for individuals and families affected by mental illness.

“Trauma-informed care is shifting the perception and old way of thinking from ‘What’s wrong with you?’ to ‘What’s happened to you?’” Colson said. “It’s an understanding that all in-

dividuals have lived experiences and that some trauma goes back to when they weren’t even born yet.”

From those who answer the phone to support group facilitators, all staff at NAMI Rochester are trained in trauma-informed care.

“For an organization to be trauma-informed it means everyone must be trauma-informed, not just the doctors or the clinicians,” Colson said. “From the person who greets you when you check-in, to the janitorial staff and the parking attendant; it cannot just be a select few.”

The organization offers many support groups, including suicide loss bereavement, addiction bereavement and groups for select populations like members of the LGBTQ+ community, parents and senior citizens. All of the groups are safe spaces where staff follows a trauma-informed care approach and understands the widespread impact of trauma. For example, the suicide loss bereavement group avoids potentially retraumatizing members by following certain rules, like not talking about the “how” a loved one died, Colson said.

NAMI Rochester also works with organizations and companies to help them support their employees who suffer from trauma, including vicarious and secondary traumas, which SAMHSA defines as “emotional duress that results when an individual hears about the firsthand trauma experiences of another.”

“Just hearing about violence continuously can be traumatic for individuals,” said Colson when asked about the recent mass shootings in Buffalo and Uvalde, Texas. “We are seeing an up-

tick in people reaching out for support and more organizations and companies reaching out to ask, ‘How can we support our staff?’”

The foundation of an organization

At Tree of Hope Counseling, all forty-five practitioners in the Rochester-based collaborative network have trauma training and are trauma-informed. The vast majority also work with trauma, regardless of the age, developmental level or clientele they specialize in.

This broad-brush focus on trauma is very different than it was when Kara Juszczak, LCSWR, began practicing 17 years ago.

“When I was fresh to the field, trauma was more of a specialty than an overarching lens,” said Juszczak, who co-founded Tree of Hope in 2014.



JUSZCZAK

“Within the last fifteen years or so the focus of trauma has shifted to a more flexible definition. What we’ve learned about trauma is that it can look so many different ways.”

At Tree of Hope, everyone, regardless of their job title, operates from a place of trauma-informed care, which means they interact with clients with compassion and an understanding that their behaviors at the moment – for example being irritable on the phone – are a part of their larger, highly individualized story.

“Trauma-informed care should be the foundation of an organization,” Juszczak said. “When someone is answering my phones, that’s where it starts. The expectation is that everyone at an agency from the receptionist to the

intern to the support staff, should have some training in trauma-informed care and trauma-sensitive language.”

Tree of Hope is also a continuing education provider for social workers and some providers in the network offer training in trauma-informed care to professionals in other disciplines, like educators, attorneys and first responders.

Spreading knowledge of trauma-informed care in the community and across disciplines is important to Juszczak, especially given current events, like the pandemic and mass violence.

“What we’ve been exposed to as a community and country is collective grief,” Juszczak said. “Because of this collective nature, we all need to see each other as struggling and coping with trauma in different ways.”

Opportunities for further learning

Heather Elston, LCSW, is the manager of home-based crisis intervention for Rochester Regional Health, a program that assists Monroe and Ontario counties families with children who are in a mental health crisis by providing an alternative to an inpatient stay via short-term, intensive in-home intervention services.

“We know that many of the behaviors and symptoms that manifest in kids are rooted in the trauma they’ve had,” said Elston, who has practiced for nearly two decades, the majority of that work being in home-based crisis. “We assume that anyone who walks in our doors has some trauma.”

Elston makes sure her team is aware of their susceptibility and exposure to trauma as well, by encouraging them to use self-care both in and out of work.

“Connecting on these topics with colleagues and supervisors is so im-

portant,” Elston said, both for the mental health of providers and the retention of an organization’s staff.

Elston has seen awareness of trauma and trauma-informed care grow substantially during her two decades in the mental health field, watching it expand from something once handled in specialized clinics to something that is now part of the greater mental health system and community dialogue.

She notes there are many opportunities for training in trauma-informed care in the region, including online and in-person trauma-informed certificate programs through the University at Buffalo’s School of Social Work Continuing Education.

The NYS Trauma-Informed Network’s online resources are also available to the general public at <http://traumainformedny.org> and the site includes free articles, papers, events, toolkits, videos and assessments, like the Trauma-Responsive Understanding Self-assessment Tool (TRUST), for organizations and schools.

The website also offers many resources focused on equity in trauma-informed care, like the screening tool Screening for the Intersection of Trauma with Sexual Orientation and Gender Identity and racial trauma resources.

Additional contact information for organizations mentioned in this article are: 585-423-1593 or namiroc.org for NAMI Rochester, 585-500-9420 or treeofhopecounselingrochester.com for Tree of Hope Counseling and 585-922-8040 or rochesterregional.org/services/behavioral-health/emergency-psychiatric-services for Rochester Regional Health’s Home-Based Crisis Intervention Program.

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