



# Looking for Trauma Specific Services?

**Purpose.** This document is intended to serve as a resource to those seeking trauma specific services (TSS) and those who may be making referrals for TSS.

**History and Context.** Violence, abuse and other forms of trauma have been part of the human experience throughout history, as have our efforts to manage and recover. From dance and ritual, to art, music, and storytelling, people around the world have tried many different ways to reduce and heal the effects of such experiences. Though only a small percentage has been formally evaluated to show their effectiveness, many forms of help and support have been found to be effective by those who use and promote them.

**Definition.** The Oregon Health Systems Division Trauma Policy defines trauma-specific services as, “treatment or treatment programs specifically designed to treat individuals who have experienced trauma” and highlights “the need for respect, connection, and hope for individuals, recognition of the adaptive function of any symptoms that are present; and working collaboratively and in a person-directed empowering manner with individuals who have experienced trauma.” In addition to formal treatment or treatment programs, TIO also recognizes any program, service or activity as trauma-specific if it helps to reverse, reduce or prevent the harmful effects of trauma on individuals, families or communities and/or promotes post trauma growth.

## Trauma Informed Care vs. Trauma Specific Services

*Trauma Specific Services (TSS)* are programs, interventions, and therapeutic services aimed at treating the symptoms or conditions resulting from a traumatizing event(s).

*Trauma Informed Care (TIC)* is an approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff.

Note: Trauma-specific services may be provided in organizations and settings that are trauma-informed, or not. Trauma-informed organizations and settings may or may not also provide trauma-specific services.

**For Seekers of Services.** Most trauma-specific activities, services, and programs have been developed to a) meet the needs of certain groups of people (e.g. women, men, vets, adolescents, young children, parents), b) address certain types of trauma (domestic violence, sexual assault, violent crimes, natural disaster) or, c) help people with specific problems they have after a traumatic experience (anxiety, grief, or addictions).

Services may be provided in a variety of settings by trained professionals, peers, traditional healers, or healing arts practitioners. Some providers and practitioners must be licensed depending on the type of intervention or service.

When making a decision about which trauma-specific services might be best for you or someone else, consider the following:

- 1) The needs, interests and goals of yourself or the person seeking services:
  - a. Immediate crisis support, ongoing support, desire or motivation for a better quality of life
  - b. Preferred service type (formal, informal, holistic, culturally specific, clinical treatment or support)
  - c. Current strengths & resources
  
- 2) Characteristics of yourself or the person seeking services:
  - a. Think about age, developmental stage, cultural background, language, gender, other identities
  - b. Their past experience with services
  - c. Their trauma history and its impact (individual, intergenerational, historical)
  
- 3) The most important qualities about the service and provider
  - a. Provider/Practitioner qualities (e.g. licensed, familiar, well-regarded, culturally similar)
  - b. Accessibility (location, transportation, available in preferred language)
  - c. Affordability (cost, insurance coverage, required time away from work)
  - d. Effectiveness (evidence-based, known to be helpful, regarded as helpful by others)
  - e. Type of service or resource (clinical, traditional, holistic, group or individual, peer run)
  - f. Flexibility (frequency, times of services and ability to take a break and return)

## Resources.

### **SAMHSA's National Registry of Evidence-based Programs and Practices**

<http://www.nrepp.samhsa.gov/>

### **National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices**

<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>

### **Health Services Division Trauma Policy (Oregon)**

<http://www.oregon.gov/oha/amh/trauma-policy/Trauma%20Policy.pdf>

### **Health Services Division Trauma-Informed and Trauma-Specific Services Pages**

<http://www.oregon.gov/oha/amh/pages/trauma.aspx>

### **Efficacy of Complementary and Alternative Medicine Therapies for Posttraumatic Stress Disorder**

<http://www.hsrdr.research.va.gov/publications/esp/cam-ptsd.pdf>

### **Center for Mind-Body Medicine**

<http://cmbm.org/>



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In writing these TIPs, Trauma Informed Oregon will strive for easy to read text, avoiding technical language and spelling out acronyms as needed. For TIPs that include information from other sources this may not always be possible.