



# Trauma Specific Services:

## A resource for implementation and use

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**Purpose.** This document is intended to serve as a resource to anyone seeking or referring trauma specific services (TSS) and those seeking to implement effective TSS programs, services or activities for individuals or groups.

**History and Context.** Individual and collective violence, abuse and other adversities have been part of human experience throughout history, as have responses to them. From body-based movement and ritual to art, music, and storytelling, individuals and communities around the world have developed naturalized strategies and formal clinical approaches intended to mitigate the immediate and long-term consequences of traumatic experiences. While some interventions and treatments have had rigorous research to measure their effectiveness and are considered to be ‘evidence-based’<sup>i</sup>, many others, though never formally evaluated, are found to be effective and helpful 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 modalities, TIO recognizes any program, service or activity as trauma-specific if it was: a) designed specifically to, and/or b) known or expected to help alleviate, reduce or prevent the negative effects of trauma on individuals, families or communities and/or promote post-trauma growth and resilience.

### 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.

**Implementing TSS.** Trauma-specific services and interventions have often been developed in response to the needs of a particular group of people (e.g. survivors of domestic violence or sexual assault), or to address certain types of trauma (traumatic loss, medical trauma, violent crimes, natural disaster) or traumatic responses (eating disorder, grief, addictions, anxiety). They may also have specific implementation requirements related to service setting or provider qualifications and training.

When making a decision about the best trauma-specific services to implement, consider the following:

- 1) Understanding the identified unmet need
  - a. To address a specific type of trauma or population to be served
  - b. Non-duplication of services and/or community partnership and support
- 2) What do we know about the people the services are intended for?
  - a. Current strengths & resources
  - c. Goals and interests (including comfort with formal vs. informal services)
  - c. Age, developmental stage, culture, language, gender
  - d. Trauma history and impact (individual, intergenerational, historical)
- 3) Organizational Capacity (Do we have what it takes? Are we the best organization to do it?)
  - a. Leadership & champion(s)
  - b. Adequate organizational and financial resources (staff, money, and time)
  - c. Qualified, willing and interested providers
  - d. Adequate supervision & support (for service provision & fidelity)
  - e. High level of credibility and support within the community/population to be served
  - f. Appropriate service setting (location/place) and context (safe, trauma-informed)
- 4) Costs of Implementation (Can we afford and sustain it?)

*Initial implementation:*

  - a. Consultation and training
  - b. Proprietary materials
  - c. Staff

*Ongoing:*

  - a. Adequate staff (supervision and service provision)
  - b. Consultation and training
  - c. Participant recruitment
  - d. Service materials and supplies
  - e. Evaluation
- 5) Type of program, service or activity (How do we decide on a specific intervention or program?)
  - a. Clinical or community-based
  - b. Traditional/holistic/complementary
  - c. Group or individual d. Evidence of effectiveness
    - i. Research evidence & fidelity
    - ii. Survivor reports/experiences
    - iii. Anecdotal evidence
- 6) Accessibility for those accessing services (Can they afford it? Is it offered in the right place by the right people? Will it be seen as legitimate and relevant to them?)
  - a. Cost
  - b. Location/transportation
  - c. Setting
    - i. Culturally appropriate
    - ii. Language
    - iii. Safe and welcoming
- 7) Sustainability (for the duration required to meet identified need)
  - a. Positive outcomes
  - b. Funding
  - c. Organizational support and commitment
  - d. Community support

**For Seekers of Services.** Most trauma-specific activities, services, and programs have been developed to

- meet the needs of certain groups of people (e.g. women, men, vets, adolescents, young children, parents),
- address certain types of trauma (domestic violence, sexual assault, violent crimes, natural disaster) or,
- 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:
  - Immediate crisis support, ongoing support, desire or motivation for a better quality of life
  - Preferred service type (formal, informal, holistic, culturally specific, clinical treatment or support)
  - Current strengths & resources
- 2) Characteristics of yourself or the person seeking services:
  - Think about age, developmental stage, cultural background, language, gender, other identities
  - Their past experience with services
  - Their trauma history and its impact (individual, intergenerational, historical)
- 3) The most important qualities about the service and provider
  - Provider/Practitioner qualities (e.g. licensed, familiar, well-regarded, culturally similar)
  - Accessibility (location, transportation, available in preferred language)
  - Affordability (cost, insurance coverage, required time away from work)
  - Effectiveness (evidence-based, known to be helpful, regarded as helpful by others)
  - Type of service or resource (clinical, traditional, holistic, group or individual, peer run)
  - 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.as>

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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.

