2024 / Treatment Innovations / Lisa Najavits, PhD

**Outline and Objectives**

**Training on *Trauma Informed Care***

This training can be done as a half day or full day, or adjusted to other lengths as needed. A timed outline for a half day and a full day option are provided later in this document.

**Possible titles (choose one):**

Best practices in trauma-informed care

Listening to themes: Trauma-informed care

The link between trauma and addiction

**Trainer:** certified to provide this training by Lisa Najavits, the developer of *Seeking Safety*. To see or verify our list of certified trainers, please see our [list](https://www.treatment-innovations.org/our-trainers.html). Lisa supervises each trainer directly, including preparation and oversight of training materials (slides, videos).

**Intended audience:** A broad range of staff from addiction, mental health, medical, and other programs, including those who directly treat clients, but can also include other staff (e.g., administrators, mental health aides, counselors, nurses, advocates), as well as trainees, peers, and people in recovery. No prior training nor professional degree is required.

**Summary:** This presentation explores best-practice principles of treating traumatized clients in various contexts (e.g., addiction treatment, mental health, medical). Information on trauma, posttraumatic stress disorder (PTSD) and co-occurring disorders is provided, including definitions, rates, and clinical presentation. Key themes relevant to this population are described such as dissociation, self-injury, reenactments, stage-based models of treatment, emotional responses by staff, staff self-care, and diversity issues. Trauma-informed versus trauma-specific treatment are highlighted, with the idea that all staff can become trauma-informed, and a smaller number may be providing actual trauma counseling. The workshop is highly clinically-oriented and offers opportunities to role-play scenarios. Real-world challenges are emphasized, including power struggles, threatened harm to self or others, help-rejecting patterns, and reenactment of classic trauma roles. Assessment and resources are provided.

**Educational objectives/outcomes:**

1. To identify key information on trauma and PTSD (definitions, rates, clinical presentation)

2. To increase compassion for how trauma impacts recovery.

3. To describe trauma-relevant dilemmas in treatment settings (e.g., boundary issues, trauma reenactments, triggering, self-injury, power struggles).

4. To learn strategies and principles for responding effectively to this population, from formal therapy to interventions that any staff can implement.

**Schedule for a 1-day training**

The typical 1 day training is 9a-4p but this is adjustable.

I. Trauma in context 9a-10a

 a. Impact of trauma, rates, clinical challenges, gender differences

 b. Clinical issues (dissociation, self-injury, impulsive behavior, reenactment of trauma roles, behavioral problems including addictions, family context, diversity sensitivity)

II. What Helps? 10a – 12p (with a 15 minute break around 10:30a)

 a. Phases of recovery

 b. Principles of trauma–informed care and environments

 c. Principles of trauma-informed counseling models (present- versus past-focused, other approaches); evidence base

 d. Grounding and safe coping skills 12:30p-1:15p

Lunch 12p-12:30p

IV. Resources 12:30p-1p

V. Video on trauma-related symptoms and discussion, and 1p-1:45p

V. Group toolkit exercise on creating trauma-informed care in your setting 1:45p-2:30p

Mid-afternoon break 2:30p-2:45p

VI. Clinician aspects: emotional responses, self-care, triggering, Professional Quality of Life Scale 2:45p- 3:15p

VII. Group brainstorming of “tough cases” – working empathetically with challenging situations from a trauma-informed care perspective 3:15p-4p

**Schedule for a half-day training**

The typical half-day training is 9a-12:15p but this is adjustable.

I. Trauma overview 9a-945a

 a. Impact of trauma, rates, challenges

 b. Principles of trauma–informed care and environments

 c. Resources

II. Treatment overview 10a–11a

 a. Phases of recovery

 b. Principles of trauma-informed counseling models (present- versus past-focused, other approaches); evidence base

 c. Grounding and Safe Coping Skills

 d. Clinical challenges

Morning break 15 minutes 11a-11:15a

III. Group toolkit exercise on creating trauma-informed care in your setting 11:15p-12p

IV. Next steps, including clinician self-care 12p-12:15p

**Audiovisual (if an onsite training):** LCD projector; audio setup (to show video segments); microphone (any type is fine)

**References:**

Black, C. (2018). *Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family*. Las Vegas: Central Recovery Press.

Briere, J. N., & Scott, C. (2014). *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and*

*Treatment (DSM-5 Edition)*. Thousand Oaks, CA: Sage Publications.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med, 14*(4), 245-258.

Herman, J. L. (1992). *Trauma and Recovery*. New York: Basic Books.

Herman, J. L. (2023). *Truth and Repair*. New York: Basic Books.

Krause, S. (2023). Adolescent Toolkit for Seeking Safety. See [www.seekingsafety.org](http://www.seekingsafety.org).

Najavits, L. M. (2002). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. New York: Guilford Press.

Najavits, L.M. (2019). *Finding Your Best Self: Recovery from Addiction, Trauma or Both.* New York: Guilford.

Najavits, L. M. (in press). *Creating Change: A Past-Focused Treatment for Trauma and/or Addiction*. New York: Guilford Press.

Najavits, L. M., Clark, H. W., DiClemente, C. C., Potenza, M. N., Shaffer, H. J., Sorensen, J. L., Tull, M. T., Zweben, A., Zweben, J. E. (2020). *PTSD / substance use disorder comorbidity: Treatment options and public health needs*. Current Treatment Options in Psychiatry, 1-15.

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*. New York: WW Norton.

Sherman AD, Balthazar M, Zhang W, Febres‐Cordero S, Clark KD, Klepper M, Coleman M, Kelly U. (2023). Seeking Safety intervention for comorbid post‐traumatic stress and substance use disorder: A meta‐analysis. *Brain and Behavior*. 2023 Apr 10:e2999.

Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral*

*Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD. ***Free download****.*

van der Kolk, B. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.* New York: Viking Press.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

© Najavits, 2024 (original version 1996), Treatment Innovations, Newton Centre, MA.

Downloaded from www.treatment-innovations.org / Training