

Trauma Informed Care

Circuit 5's Framework for a "Systemic Infusion"

Who does our framework target?

Circuit 5's trauma informed system of care is designed to meet the needs of the following categories of individuals who are either primary or secondary victims, those who are considered primary or secondary responders, and finally those who play a role in the "continuum of care" that either clinically, legally, educationally, and/or socially addresses trauma:

- Our clientele (child protection services, adult protection services, substance abuse and mental health consumers, ACCESS Florida recipients, etc.)
- The families of those whom we serve (secondary victims, perpetrators, extended families of the social welfare consumer, etc.)
- Professional, paraprofessionals, volunteers, etc. who contribute to the assessment, intervention and support services to those throughout our system of care.)

What is the difference between trauma-informed services and trauma-specific services?

"Trauma-informed" services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about, and sensitive to, trauma-related issues present in survivors. A "trauma-informed" system is one in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services (Harris & Fallot, 2001).

"Trauma-specific" services are designed to treat the actual sequelae (*pathological condition resulting from*) of sexual or physical abuse trauma. Examples of trauma-specific services include grounding techniques which help trauma survivors manage dissociative symptoms, desensitization therapies which *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Service* help to render painful images more tolerable, and behavioral therapies which teach skills for the modulation of powerful emotions (Harris & Fallot, 2001).

Where do we begin as the leader in this initiative?

The department, by virtue of its leadership role throughout Circuit 5 and because of its subject matter expertise with systems of care, will engage the community of stakeholders in and around the three (3) categories of people defined above through a landmark event to be held later this fall in a "Summit-like" forum. We will lay the ground-work of understanding, expectation and integration of an enhanced system of care highlighting the particular sensitivity and a more effective approach to helping those affected by trauma.

Why should we invest in the assessment, training, and monitoring throughout "our campaign to infuse the principles of trauma informed care?"