Trauma-Informed Approach and Trauma-Specific Interventions

SAMHSA’s six key principles of a trauma-informed approach and trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing.

Trauma-Informed Approach

According to SAMHSA’s concept of a trauma-informed approach, “A program, organization, or system that is trauma-informed:

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery;
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*.”

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

SAMHSA’s Six Key Principles of a Trauma-Informed Approach

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues

From SAMHSA’s perspective, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA’s definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.
**Trauma-Specific Interventions**

Trauma-specific intervention programs generally recognize the following:

- The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

**Known Trauma-Specific Interventions**

Following are some well-known trauma-specific interventions based on psychosocial educational empowerment principles that have been used extensively in public system settings. Note that these interventions are listed for informational and educational purposes only. NCTIC does not endorse any specific intervention.

- **Addiction and Trauma Recovery Integration Model (ATRIUM)**
- **Essence of Being Real**
- **Risking Connection®**
- **Sanctuary Model®**
- **Seeking Safety**
- **Trauma, Addiction, Mental Health, and Recovery (TAMAR)**
- **Trauma Affect Regulation: Guide for Education and Therapy (TARGET)**
- **Trauma Recovery and Empowerment Model (TREM and M-TREM)**
**Addiction and Trauma Recovery Integration Model (ATRIUM)**

ATRIUM is a 12-session recovery model designed for groups as well as for individuals and their therapists and counselors. The acronym, ATRIUM, is meant to suggest that the recovery groups are a starting point for healing and recovery. This model has been used in local prisons, jail diversion projects, AIDS programs, and drop-in centers for survivors. ATRIUM is a model intended to bring together peer support, psychosocial education, interpersonal skills training, meditation, creative expression, spirituality, and community action to support survivors in addressing and healing from trauma.

Dusty Miller, author and creator of ATRIUM, is available for training, consultation, workshops, and keynote presentations. She works with groups that address issues of self-sabotage, traumatic stress, trauma re-enactment, substance abuse, self-injury, eating disorders, anxiety, body-based distress, relational challenges, and spiritual struggles.

For more information, visit [DustyMiller.org](http://DustyMiller.org).

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**Essence of Being Real**

The Essence of Being Real model is a peer-to-peer approach intended to address the effects of trauma. The developer feels that this model is particularly helpful for survivor groups (including abuse, disaster, crime, shelter populations, and others), first responders, and frontline service providers and agency staff.

The developer feels that this model is appropriate for all populations and that it is geared to promoting relationships rather than focusing on the “bad stuff that happened.” The Sidran Institute provides educational materials, training, and implementation support.

For more information, visit [Sidran Institute](http://Sidran Institute).

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Risking Connection®

Risking Connection is intended to be a trauma-informed model aimed at mental health, public health, and substance abuse staff at various levels of education and training. There are several audience-specific adaptations of the model, including clergy, domestic violence advocates, and agencies serving children.

Risking Connection emphasizes concepts of empowerment, connection, and collaboration. The model addresses issues like understanding how trauma hurts, using the relationship and connection as a treatment tool, keeping a trauma framework when responding to crises such as self-injury and suicidal depression, working with dissociation and self-awareness, and transforming vicarious traumatization.

The Sidran Institute provides educational materials, training, and implementation support.

For more information, visit Risking Connection.

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Sanctuary Model®

The goal of the Sanctuary Model is to help children who have experienced the damaging effects of interpersonal violence, abuse, and trauma. The model is intended for use by residential treatment settings for children, public schools, domestic violence shelters, homeless shelters, group homes, outpatient and community-based settings, juvenile justice programs, substance abuse programs, parenting support programs, acute care settings, and other programs aimed at assisting children.

The developer indicates that the Sanctuary Model’s approach helps organizations create a truly collaborative and healing environment that improves efficacy in the treatment of traumatized individuals, reduces restraints and other coercive practices, builds cross-functional teams, and improves staff morale and retention.

The Sanctuary Leadership Development Institute provides on-site assessment, training, and implementation support.

For more information, visit Sanctuary.

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**Seeking Safety**

Seeking Safety is designed to be a therapy for trauma, post-traumatic stress disorder (PTSD), and substance abuse. The developer feels that this model works for individuals or with groups, with men, women or with mixed-gender groups, and can be used in a variety of settings, such as outpatient, inpatient, and residential.

The developer indicates that the key principles of Seeking Safety are safety as the overarching goal, integrated treatment, a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse, knowledge of four content areas (cognitive, behavioral, interpersonal, and case management), and attention to clinical processes.

Seeking Safety provides on-site training sessions and telephone consultation.

For more information, visit Seeking Safety.

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**Trauma, Addiction, Mental Health, and Recovery (TAMAR)**

Developed as part of the first phase of the SAMHSA Women, Co-Occurring Disorders and Violence Study, the TAMAR Treatment Group Model is a structured, manualized 15-week intervention combining psycho-educational approaches with expressive therapies. It is designed for women and men with histories of trauma in correctional systems. Groups are run inside detention centers, state psychiatric hospitals, and in the community.

The TAMAR Treatment Manual provides basic education on trauma, its developmental effects on symptoms and current functioning, symptom appraisal and management, the impact of early chaotic relationships on healthcare needs, the development of coping skills, preventive education concerning pregnancy and sexually transmitted diseases, sexuality, and help in dealing with role loss and parenting issues.

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Trauma Affect Regulation: Guide for Education and Therapy (TARGET)

TARGET is a model designed for use by organizations and professionals with a broad range of experience with and understanding of trauma. The developer feels that TARGET works with all disciplines and can be used in all levels of care for adults and children.

The developer indicates that TARGET is an educational and therapeutic approach for the prevention and treatment of complex Post Traumatic Stress Disorder. The developer suggests that this model provides practical skills that can be used by trauma survivors and family members to de-escalate and regulate extreme emotions, manage intrusive trauma memories experienced in daily life, and restore the capacity for information processing and memory.

The University of Connecticut’s Research and Development Corporation is creating a behavioral health service company to provide training and consultation in the TARGET model which will include training, long-term small group consultation, quality assurance, and program evaluation.

For more information, visit PTSDFreedom.org.
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Trauma Recovery and Empowerment Model (TREM and M-TREM)

The Trauma Recovery and Empowerment Model is intended for trauma survivors, particularly those with exposure to physical or sexual violence. This model is gender-specific: TREM for women and M-TREM for men. This model has been implemented in mental health, substance abuse, co-occurring disorders, and criminal justice settings. The developer feels this model is appropriate for a full range of disciplines.

Community Connections provides manuals, training, and ongoing consultation in TREM and M-TREM.

For more information, visit Community Connections.
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