

In October 2010 the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the State of Delaware a five year, \$3.6 million, Mental Health Transformation Grant (MHTG). The goal of the grant is system change; to create a Trauma-Informed system throughout Delaware. The Diagnostic and Statistical Manual for Mental Disorders (AMA, 1994) defines trauma as an experience when one is, “threatened with death or serious injury directly”. Other examples of traumatic life events include, but are not limited to; sexual abuse, severe neglect, physical abuse, domestic violence, witnessing violence and cruelty to others, deprivation due to extreme poverty, serious emotional and psychological abuse, gang and drug related violence, repeated abandonment and sudden loss.

To develop a system that is Trauma-Informed requires that all aspects of the system have knowledge of the prevalence of trauma, the impact that traumatic life events have on human beings, and how these affect recovery. It is estimated that, “90% of public mental health clients have been exposed to trauma,” (*Mueser et al., 1998; Mueser et al., 2004*), and that most have experienced trauma multiple times. A Trauma-Informed system should minimize “re-traumatization”, and work to empower trauma survivors. The first steps will include statewide trainings focusing on imparting knowledge on systems of care that are trauma informed in addition to the hiring of Trauma Specialists to work in each site with clinicians and clients. These specialists will focus on select clinics or agencies each year over the next five years of the grant.

Year one will focus on the State's Community Mental Health Centers in each county. The following years will focus on the Community Continuum of Care Programs (CCCP), which provide an intensive and integrated recovery approach, and agencies that serve people with addictions. One of the objectives of the Trauma Specialists is to teach each site how to provide

Trauma-Informed care by assisting with screening, assessing and developing treatment plans for trauma survivors. The grant also involves hiring Peer Specialists, people that have lived experiences of mental illness and/or addiction, that provide recovery based services to clients within the participating agencies. The Peer Specialists will work in all of the participating sites with a total of 30 peers being trained in trauma informed care over the course of the grant. The Peer and Trauma Specialists will both be supervised by a Clinical supervisor who will assist in reporting the sites' progress and providing consultation on trauma informed supervision.

References

- American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders. (Fourth Ed). Washington, DC: APA.
- Beyer, L, (2011). Trauma-informed interventions with behavioral health clients. Holcomb Trauma Conference. Holcomb. Immaculata University, Immaculata . 18 03 2011. Keynote. Retrieved from the Web March 29, 2011.
http://www.fadaa.org/services/resource_center/PD/WebEx/index.asp
- Bluebird, G. (2004). Redefining consumer roles: Changing Culture and practice in mental health settings. *Journal of Psychosocial Nursing*. 42.9:46-53
- Gillece, J. (2009). Trauma-informed care: An overview of fundamental concepts, Social inclusion and trauma-informed care. SAMHSA. Retrieved from the Web March 29, 2011.
http://stopstigma.samhsa.gov/archtelpdf/SocialInclusionandTraumaInformedCare_91009.pdf
- Mueser, K. T., Goodman, L. B., Trumbetta, S. L., Rosenberg, S. D., Osher, F. C., Vidaver, R., Auciello, P., & Foy, D. W. (1998). Trauma and posttraumatic stress disorder in severe mental illness. *Journal of Consulting and Clinical Psychology*, 66, 493-499.
- Mueser, K.T., Salyers, M.P., Rosenberg, S.D., Goodman, L.A., Essock, S.M., Osher, F.C., et al. (2004). Interpersonal trauma and posttraumatic stress disorder in patients with severe mental illness: Demographic, clinical, and health correlates. *Schizophrenia Bulletin*, 30, 45-57.