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CURRENT APPROACHES IN TRAUMA INFORMED CARE

Since the Vietnam War, mental health services in the United States has become increasingly engaged in treating the symptoms of the military service population related to traumatic experiences. Besides symptoms of Post-Traumatic Stress Disorder (PTSD), many veterans of the Vietnam War developed co-occurring disorders related to anxiety, depression, and many forms of addictive behaviors. More mental health providers across the world became aware of the impact of traumatic events in people's lives. There was an increasing need for research and the exchange of knowledge concerning the effects of trauma on health. As a result, the International Society for Traumatic Stress was founded in 1985 in the United States, and in 1989, the Department of Veterans Affairs formed the National Center for Post-Traumatic Stress Disorder. Ten years later, research concerning the impact of Adverse Childhood Experiences (ACES) on health led to the development of trauma-informed methods for the assessment and treatment of mental health disorders including substance use disorders across the global population. The recognition of the pervasiveness of trauma and the resulting disorders led to the development of interventions to assess and to treat trauma disorders. Post-Traumatic Stress Disorder (PTSD) was first included in the American Psychological Association's Diagnostic and Statistical Manual (DSM) in 1980. Revisions of these diagnostic criteria and epidemiological evidence occurred in 1987 and in 1994 [Turnbull, 1998].

In the fifth revision of the DSM in 2013, the set of trauma and stressor related disorders were removed from the anxiety disorders and grouped in their own category entitled Trauma-and Stressor-related disorders [Gray, 2013].

Practitioners recognized the need for specialized approaches to the assessment and treatment of trauma-related disorders to reduce the possibility of re-traumatization and to promote effective engagement in treatment and recovery. In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a guide for trauma informed care, so all clients seeking care for trauma-related symptoms would receive appropriate assessment and interventions [SAMHSA, 2014].

SAMHSA's six key principles of trauma-informed care include:

1. Safety.
2. Trustworthiness and Transparency.
3. Peer Support.
4. Collaboration and Mutuality.
5. Empowerment, Voice and Choice.
6. Cultural, Historical and Gender Issues.

The US Department of Veterans Affairs (VA) created guidelines to help veterans who are diagnosed with PTSD. The most recent VA guidelines are available under the title "Management of Posttraumatic Stress Disorder and Acute Stress Reaction 2017" on the VA/Department of Defense website. According to VA guidelines, it is suggested that the main clinical approach should be patient centered and that both client and therapist should follow a Shared Decision Making process in the establishment of treatment goals. Since many functions in trauma informed practice are provided by primary care, the VA applied the Collaborative Care model to integrate physical and behavioral health services. All of these approaches are evidence based, in an effort to insure that veterans receive the best possible care. In addition to the explanations of the key principles of Trauma Informed Care, the VA guidelines recommended a cluster of evidence based practices for PTSD treatment. They recommend manualized psychotherapies with the application of exposure and/or cognitive restructuring therapies including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Eye Movement

Desensitization and Reprocessing (EMDR), and other cognitive behavioral therapies addressing PTSD symptoms. The VA guidelines also included Narrative Exposure Therapy (NET).

Surprisingly, many well-known therapy modalities, for example, Acceptance and Commitment Therapy and Seeking Safety, were not recommended by the guidelines due to insufficient evidence of their efficacy, as of 2017. In our presentation we would like to focus on the last four years of research data concerning the development of different approaches in trauma informed care. We are aware that although the cited publications are recent, the studies presented were conducted over a longer time frame. The authors built their conclusions on long-term observations. The significance of long-term observation is well represented by the following two treatment practices. Prolonged Exposure and Seeking Safety are examples of therapeutic approaches that different studies by different researchers have shown to be at times successful and at other times unsuccessful. It is well-known that although PE is established as a successful therapy, many veterans are simply afraid of it. In contrast, Seeking Safety was once established as successful, but later there were studies showing that this modality was as effective as treatment as usual. These different efficacy results may suggest that there are different subpopulations of patients with varied clinical conditions that are not addressed by applied therapy techniques. There are also therapies that are well known as effective in dealing with stress and anxiety but that are not well accepted for trauma informed care practices. For example, under their group of Complementary and Integrative Treatments, the VA does not recommend body oriented therapies such as mindfulness and yoga.

We want to acknowledge that the "Bottom-Up" interventions [Grabbe & Miller-Karas, 2018] and other holistic therapies are well accepted by treatment-seeking veterans. It is interesting to note that the VA guidelines recommend psychotherapy over pharmacotherapy and that the authors of the guidelines explained their position. They downgrade medication mostly due to side effects and the well-known phenomenon of patients' increase in tolerance to psychoactive substances. It is also recognized that psychotherapy can be much more individualized to the patient's treatment needs than pharmacotherapy. In our presentation, we would like to discuss those clinical issues that deserve more focused therapy modalities in TIC. A topic discussed in the introduction to the work of Barth et al. [2020] is why ET may not work for every veteran; for many of them, ET can even be harmful. In such a situation, ET should be avoided in TIC since the first rule in this approach is not to re-traumatize a patient. These authors said that, in addition to fear-driven symptomatology, many veterans also struggle with other clinical problems related to identity such as moral injury, guilt, and shame. For these veterans, suggesting they re-experience a situation when their sense of moral identity was shattered is not acceptable. It should not be surprising that many PTSD treatment programs do not work as intended for many veterans with clinical issues different from fear driven symptoms. It is suggested that, for many of them, different screening and assessment tools addressing problems such as guilt, shame, and moral and spiritual injury should be used and that special treatment modalities addressing those conditions should be offered [Barth et al. 2020].

Many veterans seek help to manage their clinical issues by abusing psychoactive drugs or developing process addictions such as gambling. It is questionable if they need more help with their fear driven symptoms or with traumatic loss and guilt [Giacomucci, 2020].

Similarly, it was established that Military Sexual Trauma (MST) leads to symptoms of PTSD among men more often than PTSD developed in relation to combat. This leads to the question, if PTSD in response to MST is fear driven or related to traumatic identity injury. Although Cognitive Processing Therapy helps survivors of MST [Boehler, 2019], it is interesting to learn if therapies addressing traumatic loss and guilt could bring better and more sustained results. Recent neuroscience research on memory reconsolidation may be another opportunity to develop therapies for anxiety and addiction in relation to traumatic experiences [Monfils & Holmes, 2018].

These discoveries may clarify why the Narrative Exposure Therapy recommended by VA guidelines is so effective. In summary, recent years have brought new dimensions in the research on the efficacy of trauma treatment. We have learned more about the patient's motivation for treatment and about the neuroscience of the memory of trauma.

References

1. Barth T. M., Lord C. G., Thakkar V. J., Brock R. N. Effects of Resilience Strength Training on constructs associated with Moral Injury among veterans. Journal of Veterans Studies, 2020, 6(2), 101-113.

2. Boehler J. The efficacy of Cognitive Processing Therapy for PTSD related to Military Sexual Trauma in veterans: A Review. Journal of Evidence-Based Social Work, 2019, 16(6), 595-614.

3. Giacomucci S. Addiction, traumatic loss, and guilt: A case study resolving grief through psychodrama and sociometric connections. The Arts in Psychotherapy, 2020, 67, 101627

4. Grabbe L., Miller-Karas E. The Trauma Resiliency Model: A "Bottom-Up" intervention for trauma psychotherapy. Journal of the American Psychiatric Nurses Association, 2018, 24(1), 76–84.

5. Gray, S.W. (2013) *Psychopathology: A competency-based assessment model for social workers*. Fourth Edition. Cengage Learning: Boston.

6. Monfils M. H., Holmes E. A. Memory boundaries: Opening a window inspired by reconsolidation to treat anxiety, trauma-related, and addiction disorders. The Lancet. Psychiatry, 5(12), P1032-1042.

7. Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

8. Turnbull GJ. A review of post-traumatic stress disorder. Part I: Historical development and classification. Injury. 1998 Mar;29(2):87-91. doi: 10.1016/s0020-1383(97)00131-9. PMID: 10721399.

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ПРІОРИТЕТНІСТЬ НАПРЯМКУ ЕКОЛОГІЧНОЇ ОСВІТИ В КОНТЕКСТІ НЕОБХІДНОГО СТАНДАРТУ СУЧАСНОГО СУСПІЛЬСТВА

Серед факторів безпосереднього впливу на розвиток суспільства як в України так і на світовій арені протягом останнього десятиліття – постає екологічна проблематика. Під впливом антропогенних катастроф та масових виробництв, не менш впливовим виступає надмірне споживацтво населенням непродовольчих та продовольчих товарів.

Недаремно в контексті останнього десятиліття, предмет профілактики екологічного колапсу повсякчас займає пріоритетне положення у культурних та розважальних сферах, у політиці пропагування природоохоронних цінностей та проектів, які здатні мінімізувати наслідки впливу людства на екологічну ситуацію в світі.

Здавалося б, типова ситуація, коли підприємства-гіганти монополізують «ринок» екологічного забруднення, але існує тіньова картина, в якій кожен із нас, не маючи уявлення про майбутнє пластикової кришки або соломинки із під кави, пластикової тари, целофанового пакетика, взятого на касі супермаркету, або товару, маркування упаковки якого не підлягає повторній переробці, позбавляється від цього всього звичним для себе способом – викидає до смітника. Через це і виникли та співіснують такі поняття як «споживацтво» та «екологічна компетентність», які підкреслюють егоїзм та цинічні погляди пересічного громадянина, примноженого на гектари сміттєвих полігонів, структурно збудованих із «необхідних» речей кожного із нас.

Надмірне споживацтво являється наслідком перенасичення світового та локального ринків товарами, послугами, що підкріплюється підміною людських цінностей.

Стагнація останніх, відбувається за рахунок насадження помилкових цінностей сучасними медіа, а корпоративні стратегії світових корпорацій-гігантів детально вивчають поведінку середньостатистичного клієнта, як об'єкта впливу.

В одній площині зі споживацтвом, знаходиться тотальне ігнорування та незнання основ екологічної компетентності – явища, що закладає основи відповідального споживання продуктів людської діяльності: сортування сміття, відмова від надмірного використання пластику у власному побуті, мінімізація отруйних викидів у повітря і т.д.