

Towards a Trauma-Informed System of Care for PSP and Their Families

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A challenge worth facing



Three critical questions for us to consider in the next 15 minutes:

1. Why is there a need for a trauma-informed, evidence-based **system of care** for PSP and their families?
2. What are the **declared strengths and expressed needs** of PSP and their families that would align well with such a system of care?
3. What elements are needed to **design and operationalize** a system of care? (5 C's)

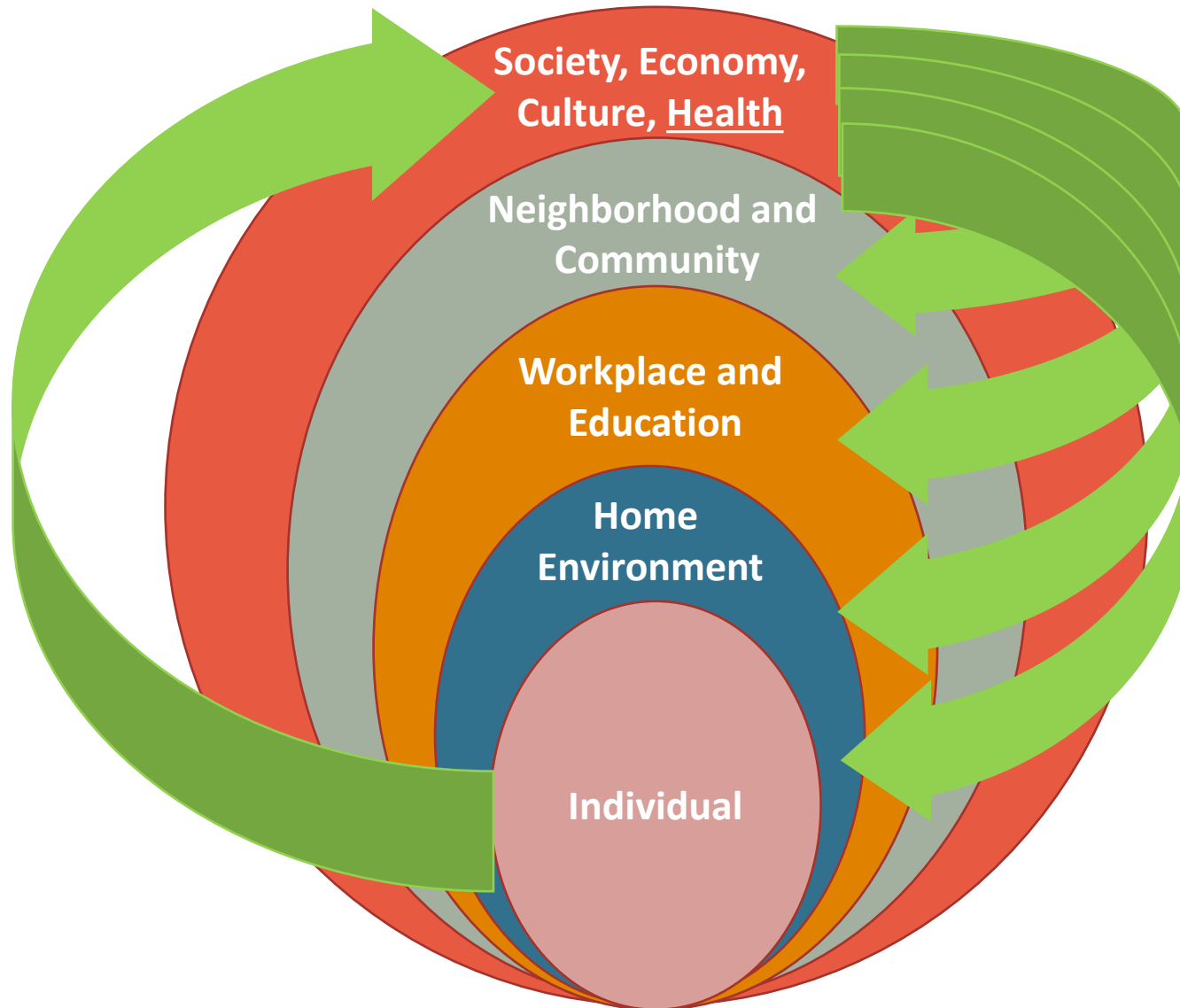
What's broke and how do we fix it?



- The **medical model** has served us well for centuries
- Gave us **structure and method** to assess for and diagnose mental disorders e.g., DSM, ICD
- Among other issues, the model is flawed because it sees health/mental health as an **individual experience**, relatively **static** (i.e., not changing), and devoid of **culture**
- This does not always translate well for issues of mental health e.g., Herman (1988) articulates symptoms of **complex trauma**
- Additionally, the medical model works best when treatment is both **available and accessible**

The bioecological model and PSP/families

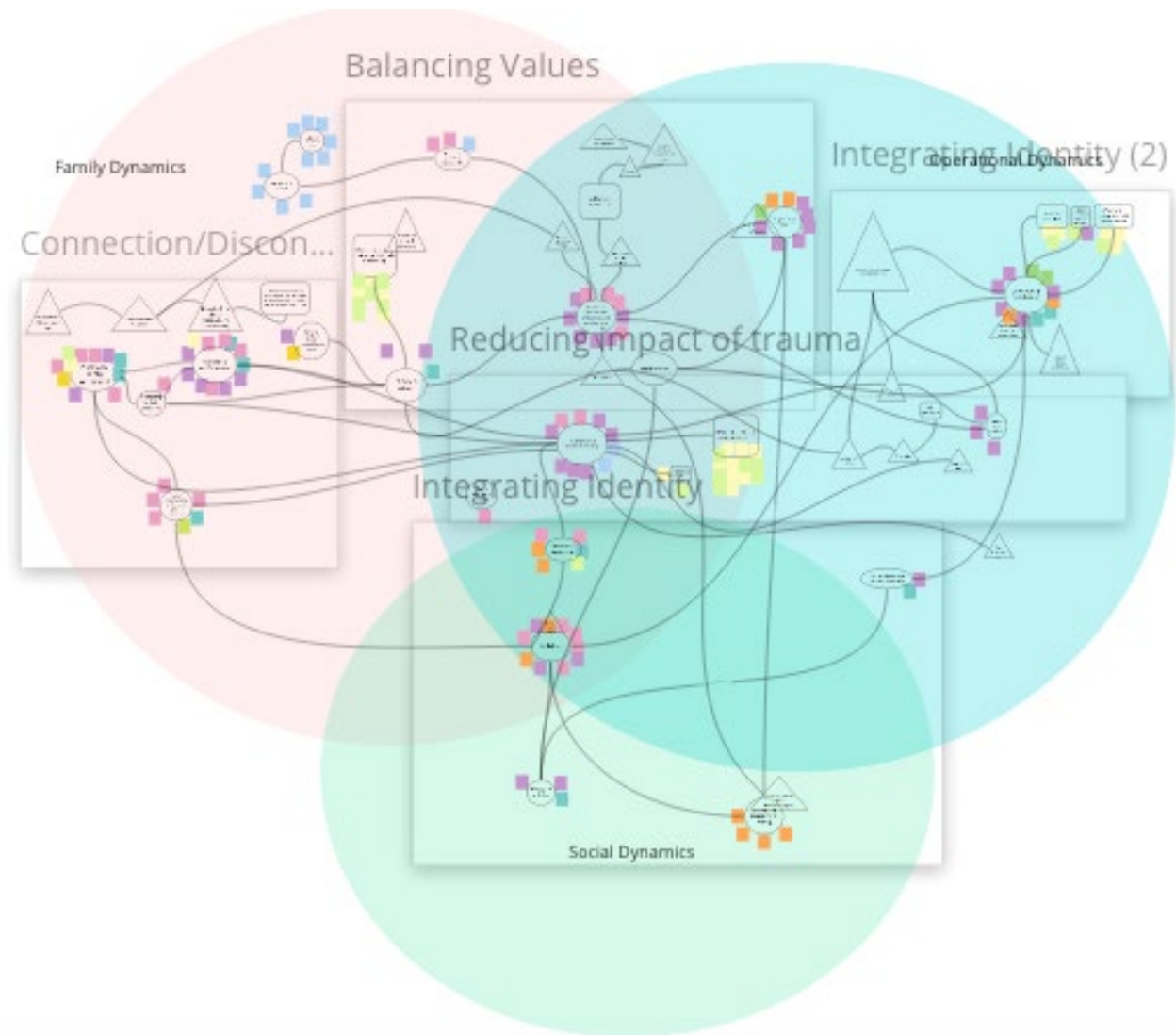
Traditional systems of care: individual “comes to” services



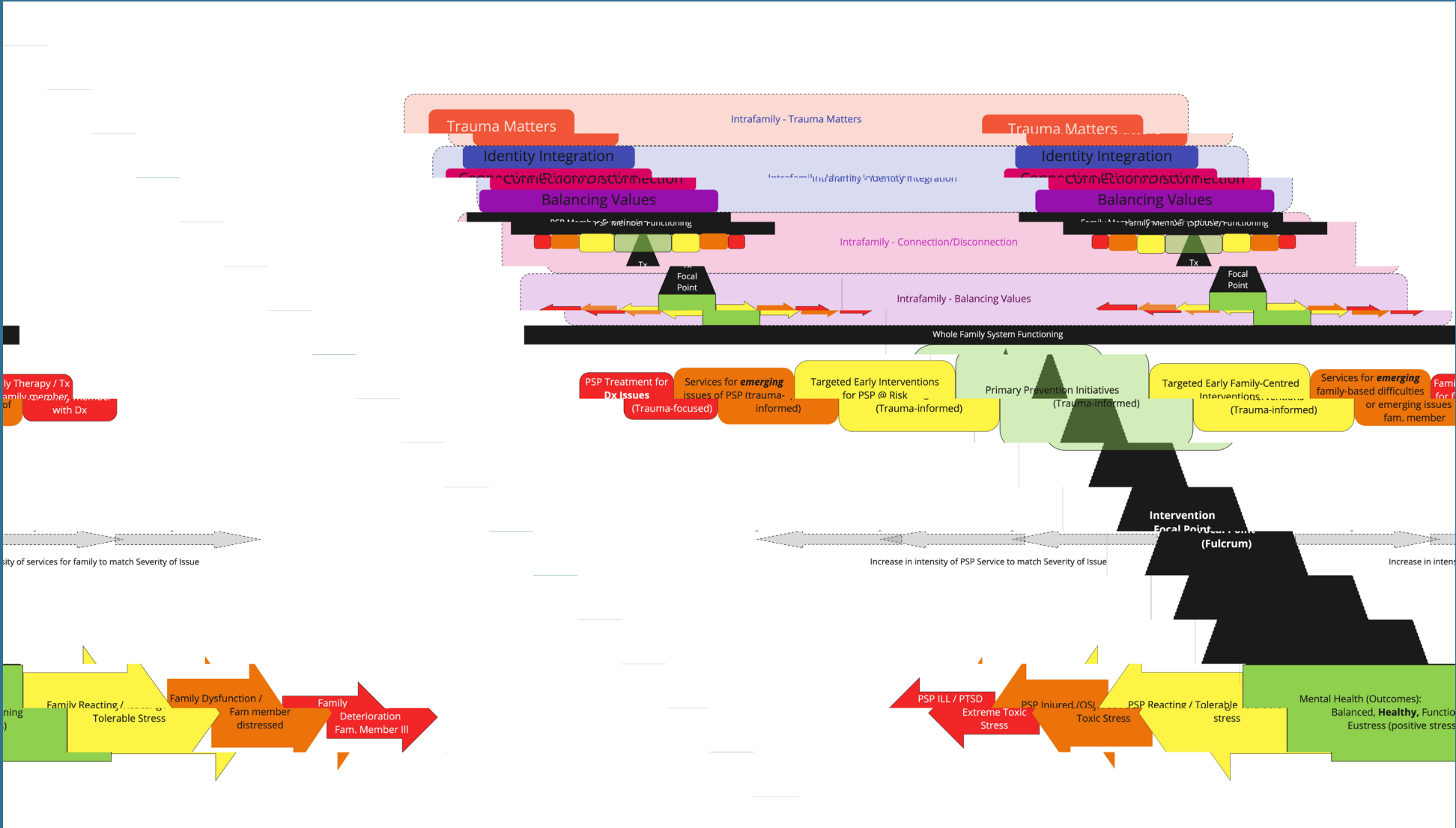
New systems of care: services “go to” the contexts where the individual is

Hearing their voices

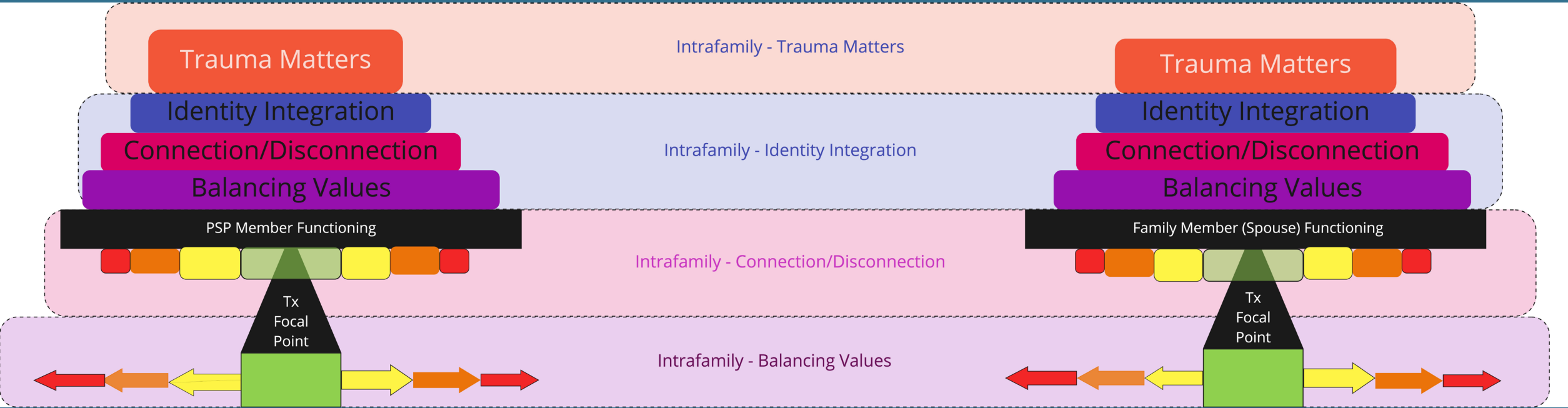
- Focus groups with 27 PSP and their spouses/partners; online survey w/ $N = 167$ PSP/family
- Cluster analysis revealed 4 main areas of shared experience:
 1. **impact of trauma**
 2. **identity integration**
 3. **connection/disconnection**
 4. **balancing values**
- operational, family, and social dynamics



PSP families and intervention: A balancing act



Intrafamily matters



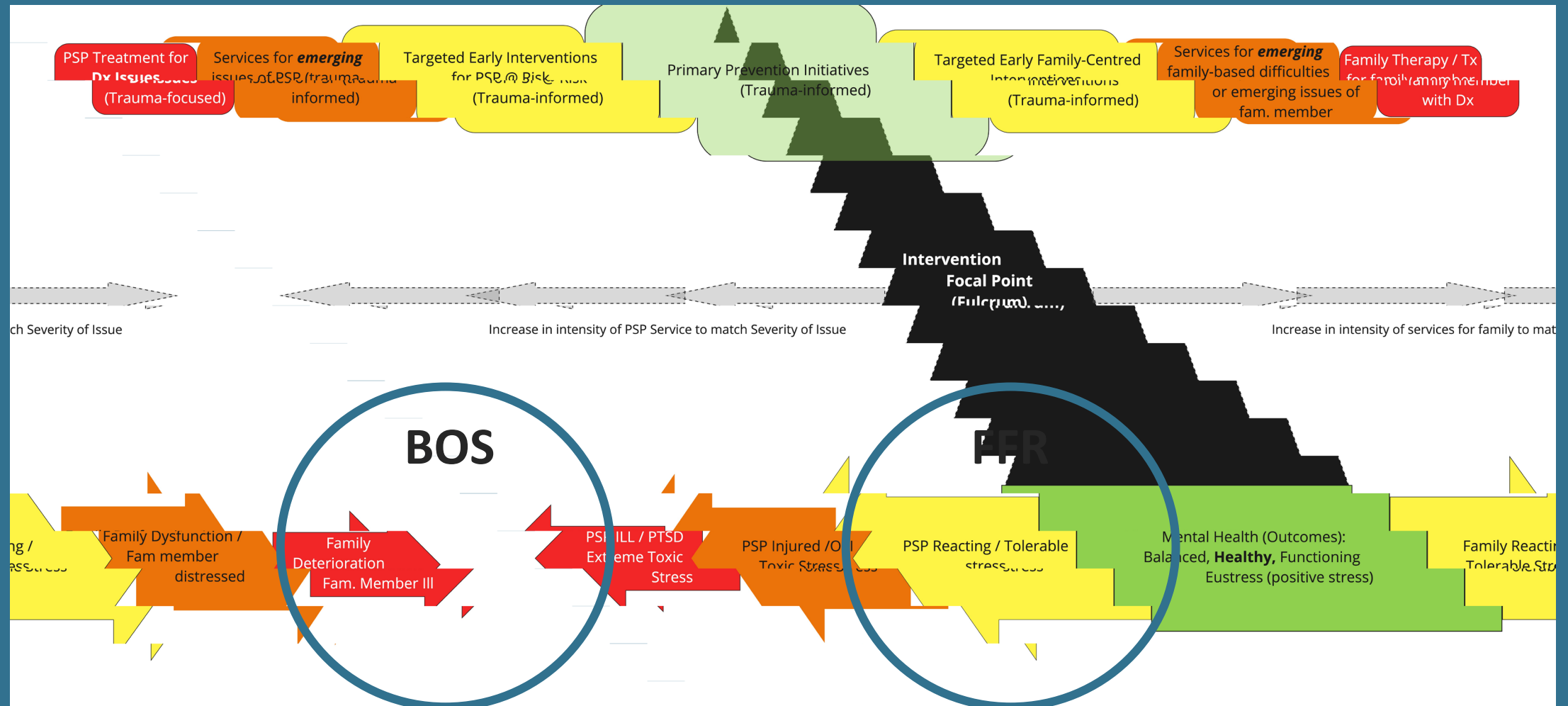
Together at a distance



Connection/Disconnection:

*That intimacy part where there was a period of time in our marriage, where I actually was becoming **more and more further distanced** because I didn't want to hurt my wife. And so, it actually spread us apart, but once, you know that was a while ago, but you know now once she's understanding different things in different aspects and we're doing a lot more talking about it you can see actually it started **bringing us together**.*

The fulcrum of trauma-informed care



Building a trauma-informed system of care (TISC) for PSP and their families



- It is apparent that a new model is needed to address the extraordinary **needs and strengths** of PSP and their families
- **Family First Responder** (FFR) program: example in progress
- At least five (5) prerequisite areas are necessary to create and deliver a **trauma-informed system of care (TISC)**:
 1. **Culture**: understanding of shared/unique environments
 2. **Curriculum**: design/standardize evidence-based program
 3. **Competence**: mandatory TIC training for MH clinicians
 4. **Covalidation**: pre/post/LT testing → replicated RCT's
 5. **Calling**: desire to create change; stamina to promote change

What does a family system of care for PSP look like?



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Building mental health programming for firefighters, police
and paramedics, and their families.



Systems of care require strength in numbers



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Systems of care also requires \$strength in number\$

