Creating Environments of Resiliency and Care: Brown Bag Thursday

Tina Evans, Ohio Department of Developmental Disabilities
Kim Kehl, Ohio Department of Mental Health & Addiction Services
Colleen Mercuri- Johnson, Butler County Board of Developmental Disabilities
Before we begin...

Presenters will take questions
Type your questions in the webinar chat box

A recording will be posted
DODD Work Space, Webinar Catalog
http://dodd.ohio.gov/workspace/Pages/default.aspx

Continuing Professional Development Credit Hour
1 hour of CPD is available for viewing this live webinar in the following areas: Adult Services/Day Habilitation, Investigative Agent, Service and Support Administration, Superintendent and CBDD Board Members

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• As of November 2015, participants must view the full hour in order to receive CPD credit. The full webinar policy is available on the DODD Work Space http://dodd.ohio.gov/workspace/Pages/default.aspx
Miss a Brown Bag webinar?
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Download the DODD App
http://dodd.ohio.gov/StayConnected/Pages/default.aspx
Our Speakers Today

Colleen Mercuri-Johnson, Counselor, Behavioral Health Program
Butler County Board of Developmental Disabilities

Kim Kehl, Trauma-Informed Care Project Coordinator
Ohio Dept. Of Mental Health & Addiction Services

Tina Evans, Regional Liaison Team Lead
Ohio Dept. Of Developmental Disabilities
Helping Babies Deal With Toxic Stress, NPR

Read the story
Trauma results from

- An **event**, series of events, or a set of circumstances that is **experienced** by an individual

- Physically or emotionally harmful or threatening

- Has lasting adverse **effects** on the individual’s functioning and physical, social, emotional, or spiritual well-being

*Substance Abuse And Mental Health Services Administration (SAMHSA)*
The individual’s *experience* of these events or circumstances helps to determine whether it is a traumatic event.

The long-lasting adverse *effects* on an individual are the result of the individual’s experience of the event or circumstance.

*SAMHSA*
What is Trauma?

http://www.cdc.gov/violenceprevention/acetstudy/pyramid.html
Adverse Childhood Experience (ACE) Study

Links childhood trauma to long-term health and social outcomes

Study composed of 14 questions that result in an ACE score

The higher the ACE score (more experiences of trauma), the higher ones risk for later health problems

DD and MH Communities had high numbers of people reporting trauma
Case Study: ACE Score and Smoking

ACE score and current smoking

% Current Smokers

ACE Score
Areas of Assessment

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSHEL DYSFUNCTION**
- Mental Illness
- Mother treated violently
- Divorce
- Incarcerated Relative
- Substance Abuse

[http://aces toohig h.com/got-your- ace-score/](http://aces toohig h.com/got-your- ace-score/)
## Later Health Outcomes

### Behavior
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

### Physical & Mental Health
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones
Adaptations To Traumatic Events

Brain activity of a normal five-year-old child (left) and a five-year-old institutionalized orphan neglected in infancy (right).
Abuse and neglect have profound influences on brain development. The more prolonged the abuse or neglect, the more likely it is that permanent brain damage will occur.

Not only are people with developmental disabilities more likely to be exposed to trauma, but exposure to trauma makes developmental delays more likely.
Exposure to trauma is especially common among people with mental illness and developmental disabilities

**About 70%** of developmentally disabled people report being physically, and sexually assaulted, neglected or abused at some point in their lives *(Columbus Dispatch, 2015)*

**About 90%** of the reported multiple occurrences *(Columbus Dispatch, 2015)*

Assume trauma when working with people with DD
Adaptations To Traumatic Events

Agitation
Self-Destructive Behaviors
Anxiety
Hypervigilance
Depression
Eating Disorders
Numbness/Dissociation
Excessive Anger
Sensitivity To Noise/Touch
Lack of Concentration

“What purpose does this behavior serve?”
People with developmental disabilities and histories of trauma often have profound mistrust and feeling of betrayal about caretakers, treatment providers and social services systems in general.

They may have an expectation of hurt, neglect and abandonment.
What Is Trauma Informed Care (TIC)?

Realizes widespread prevalence and impact of trauma

Understands potential paths for healing
What Is Trauma Informed Care (TIC)?

Recognizes the signs and symptoms of trauma and how trauma affects all people in the organization, including:

- Patients
- Families
- Staff
- Others involved with the system

Responds by integrating knowledge about trauma into practices, policies, procedures, and environment.
### What Is Trauma Informed Care (TIC).MONITOR

<table>
<thead>
<tr>
<th><strong>Principles of TIC</strong></th>
<th><strong>Outcomes of TIC</strong></th>
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<tbody>
<tr>
<td>Safety</td>
<td>Improved quality and impact of</td>
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<tr>
<td>Trustworthiness and transparency</td>
<td>Improved safety</td>
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<td>Collaboration and mutuality</td>
<td>Decreased seclusion and restraint</td>
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<td>Empowerment</td>
<td>Fewer no-shows</td>
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<td>Voice and choice</td>
<td>Improved patient engagement</td>
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<td>Peer support and mutual self-help</td>
<td>Improved patient satisfaction</td>
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<tr>
<td>Cultural, historical and gender issues</td>
<td>Improved staff satisfaction</td>
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<td>Resiliency and strength-based</td>
<td>Less “burnout” and staff turnover</td>
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Learn More: DODD And The Trauma Informed Care Initiative
Resilience is an effective antidote to the impact of trauma

Allow patients to save themselves

Remember what your role is (not a savior or rescuer)

Facilitator, support

Help reinstate renewed control

The more helpless, dependent and incompetent the patient feels, the worse the symptoms become
Avoid fostering “invalidating environments”

Sharing of a private/personal experience is often punished and/or trivialized = Non Responsive to Individual’s needs

Make person feel something is “wrong” with them.

May insist that person feels something they don’t feel.

Oversimplifies solutions, minimizes person’s experiences.

Doesn’t tolerate displays of negative emotions i.e. crying when hurt, sad etc.
Members of invalidating environments

*Don’t tolerate other’s points of view*

*Patterns of “high” expressed emotions, or 1 or 2 members “suck all the energy”*

*Use dismissive body language* i.e. rolls their eyes, walk away etc.
Find ways to **authentically/genuinely validate** the person and their efforts

Let’s person know that you “see” them

Help the person to **identify and communicate their needs**

Can guide the person towards more pro-social communication

Use **active listening skills**
Looking Ahead

Trauma Informed Care
4-Part Webinar Series

*The Impact of Trauma* – 4.5 @ Noon

*Recognizing Trauma* – 4.13 @ Noon

*Becoming A Trauma Informed Agency* – 4.21 @ Noon

*Tools For Developing Resilience* – 4.28 @ Noon
Questions?
Don’t forget CPD Certificates

For those viewing live
Certificates will be automatically emailed to registered attendees who have logged in today, Certificates may take up to 30 days.

Viewing with a group?
Use the attendance sheet to request CPD credit for groups audiences
  o Ink signatures are *not* necessary, just supervisor name
  o Certificates are unavailable 90 days after the webinar date

Group Attendance sheet:  
https://docs.google.com/spreadsheets/d/1oIh8Z-Ax1o6v1vesNMwt9f9GqlYFrpAjsH5uGhygPT0/edit?pli=1#gid=1152295534

Please note the CPD webinar attendance policy effective October 2015
• Participants must view the full hour rather than 75% of the hour
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Abuse Part 3

April 28 @ noon
with Scott Phillips of DODD’s MUI Unit

Watch for more information in Announcements on the DODD Training Page, and in the Work Space Update email.