



Developmental Disabilities  
Mental Health and Addiction Services

# Trauma-Informed Care "Creating Environments of Resiliency and Hope"

*DODD MUI Unit  
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# Trauma-Informed Care

A way of connecting with another person that is humane, sensitive, compassionate, respectful and accepting.

Trauma-Informed Care understands that trauma is a universal phenomena and does not therefore distinguish or judge one persons trauma over that of another.

# What is Trauma? The Three E's

## Events

*Events/circumstances cause trauma.*

## Experience

*An individual's **experience** of the event determines whether it is traumatic.*

## Effects

*Effects of trauma include adverse physical, social, emotional, or spiritual consequences.*

# Adverse Childhood Experiences Study

Collaboration between Kaiser  
Permanente and CDC

17,000 patients undergoing physical  
exam provided detailed information  
about childhood experiences of  
abuse, neglect and family  
dysfunction (1995-1997)

# ACE Categories

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Incarcerated Relative



Substance Abuse



Divorce  
Separation

<http://acestoohigh.com/got-your-ace-score/>

# More about ACEs

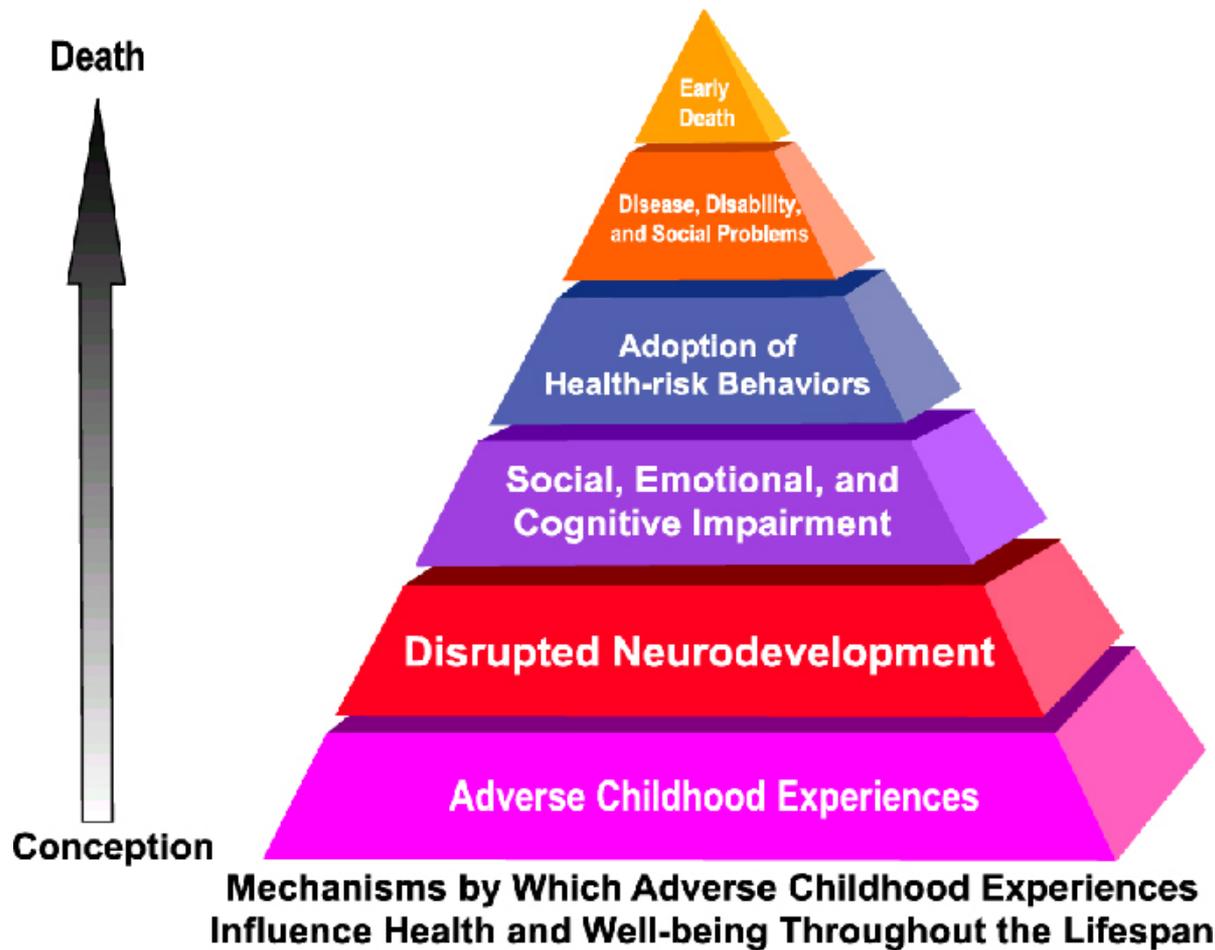
- There are many other types of trauma, such as:
  - witnessing a father being abused
  - seeing violence outside the home
  - witnessing a sibling being abuse
  - being bullied
  - Racism
  - gender discrimination
  - living in a war zone
  - being an immigrant
- Some of those experiences are being included in subsequent ACE studies, however they were not measured in the original ACE Study.

# The Science on ACEs . . .

## *New lens through which to understand the human story*

- Why we suffer
- How we parent, raise and mentor our children
- How we might better prevent, treat and manage illness in our medical care systems
- How we can recover and heal on deeper levels

# ACE Pyramid





# Later Health Risks & Outcomes

## BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

## PHYSICAL & MENTAL HEALTH



Severe obesity



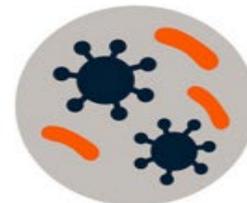
Diabetes



Depression



Suicide attempts



STDs



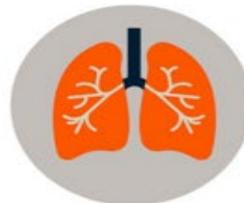
Heart disease



Cancer



Stroke

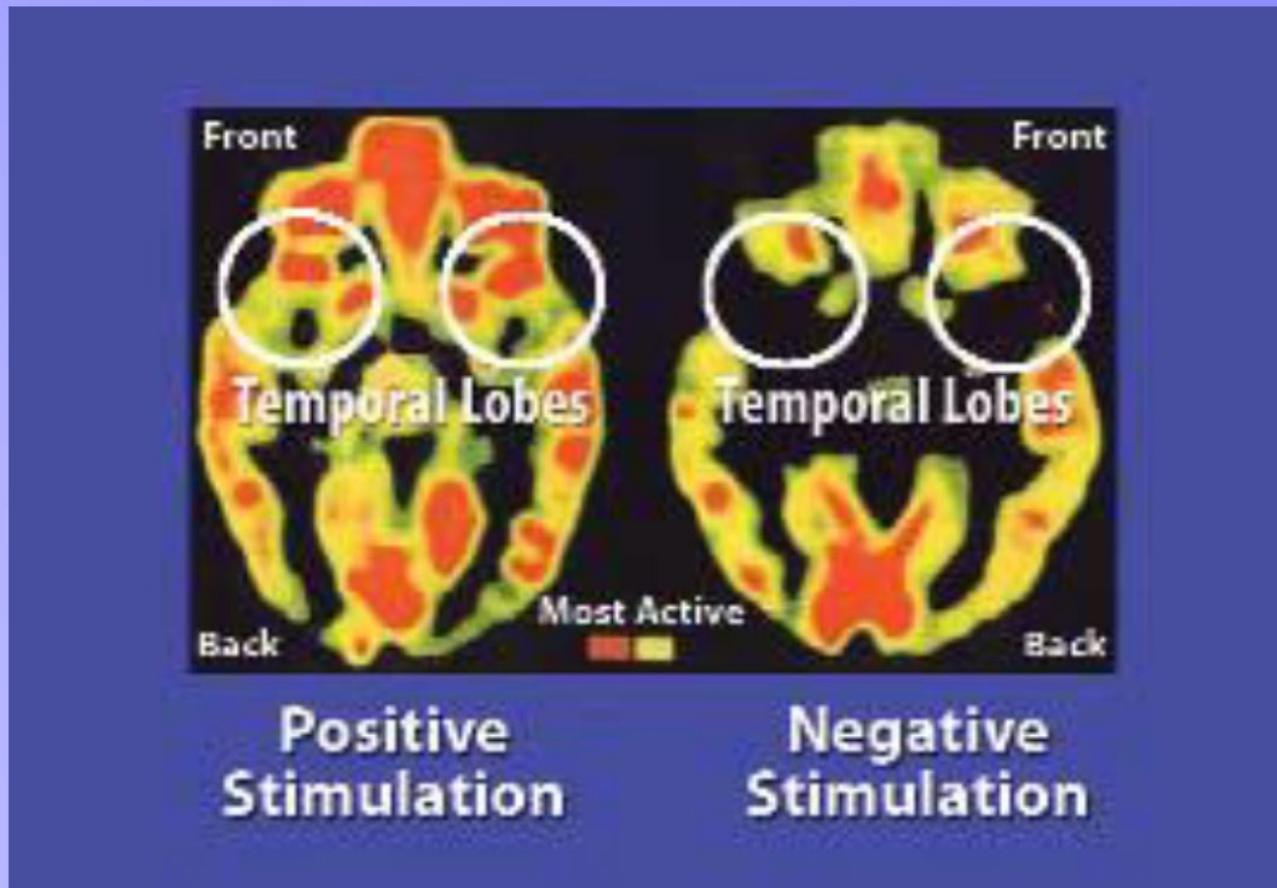


COPD



Broken bones

# Effects of Trauma on Neurocognitive Development



Brain activity of a normal five-year-old child (left) and a five-year-old institutionalized orphan neglected in infancy (right).

# Potential Traumatic Events

## Abuse

*Emotional*

*Sexual*

*Physical*

*Domestic violence*

*Witnessing violence*

*Bullying*

*Cyberbullying*

*Institutional*

## Loss

*Death*

*Abandonment*

*Neglect*

*Separation*

*Natural disaster*

*Accidents*

*Terrorism*

*War*

## Chronic Stressors

*Poverty*

*Racism*

*Invasive medical procedure*

*Community trauma*

*Historical trauma*

*Family member with substance use disorder*

# Adaptive Responses When Overwhelmed



# Additional Signs of Trauma

**Flashbacks or frequent nightmares**

**Sensitivity to noise or to being touched**

**Always expecting something bad to happen**

**Not remembering periods of your life**

**Feeling emotionally numb**

**Lack of concentration; irritability**

**Excessive watchfulness, anxiety, anger, shame or sadness**

# Experience of Trauma

**Experience of trauma  
affected by:**

**How**

**When**

**Where**

**How  
Often**

# Prevalence of Trauma

Exposure to trauma is especially common among individuals with

- Mental illness
- Substance use disorders
- Developmental disabilities



# Trauma in person with developmental disabilities

- **About 70 %** of developmentally disabled people report being physically, and sexually assaulted, neglected or abused (Columbus Dispatch, 2015)
- **About 90 %** of them reported multiple occurrences (Columbus Dispatch, 2015)
- **Fewer than 40%** of people reported this abuse to authorities (Columbus Dispatch, 2015)
- Those that did saw an **arrest rate of less than 10%** (Columbus Dispatch, 2015)

# Trauma in person with developmental disabilities

- **One out of every three** children and adults with developmental disabilities will experience abuse in their lifetime (Envision 2014)
- **More than 90% of the time**, that abuse will be inflicted by the very person they rely on to protect and support them (Envision 2014)
- With **limited verbal skills**, they may not have been able to tell anyone. And just because the actual traumatic event is over, it continues to play out in one's response to future situations (Envision 2014)
- Choose to **judge behavior less** and seek to understand what might be underneath and behind it; we must always be particularly cautious of seeing behavior as attention-seeking or manipulative (Envision 2014)

# Trauma in person with developmental disabilities

**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.**

Joan Gillece, Ph.D. ,NASMHPD

# Trauma in person with developmental disabilities

**Cognitive and processing delays** that interfere with understanding of what is happening in abusive situations, and

**Feelings of isolation and withdrawal** due to their differences, which may make them more vulnerable to manipulation because of their increased responsiveness to attention and affection.

Joan Gillece, Ph.D., NASMHPD

# Trauma in person with developmental disabilities

**Clients with DD and histories of trauma** often have profound mistrust and feeling of betrayal about caretakers, treatment providers and the social services systems in general.

Person with DD **enter relationships expecting** to be hurt, neglected and abandoned. Healthy, healing relationships challenge those expectations.

# System Indicators of Failure to Recognize and Address Trauma

Increase in number of people with DD who:

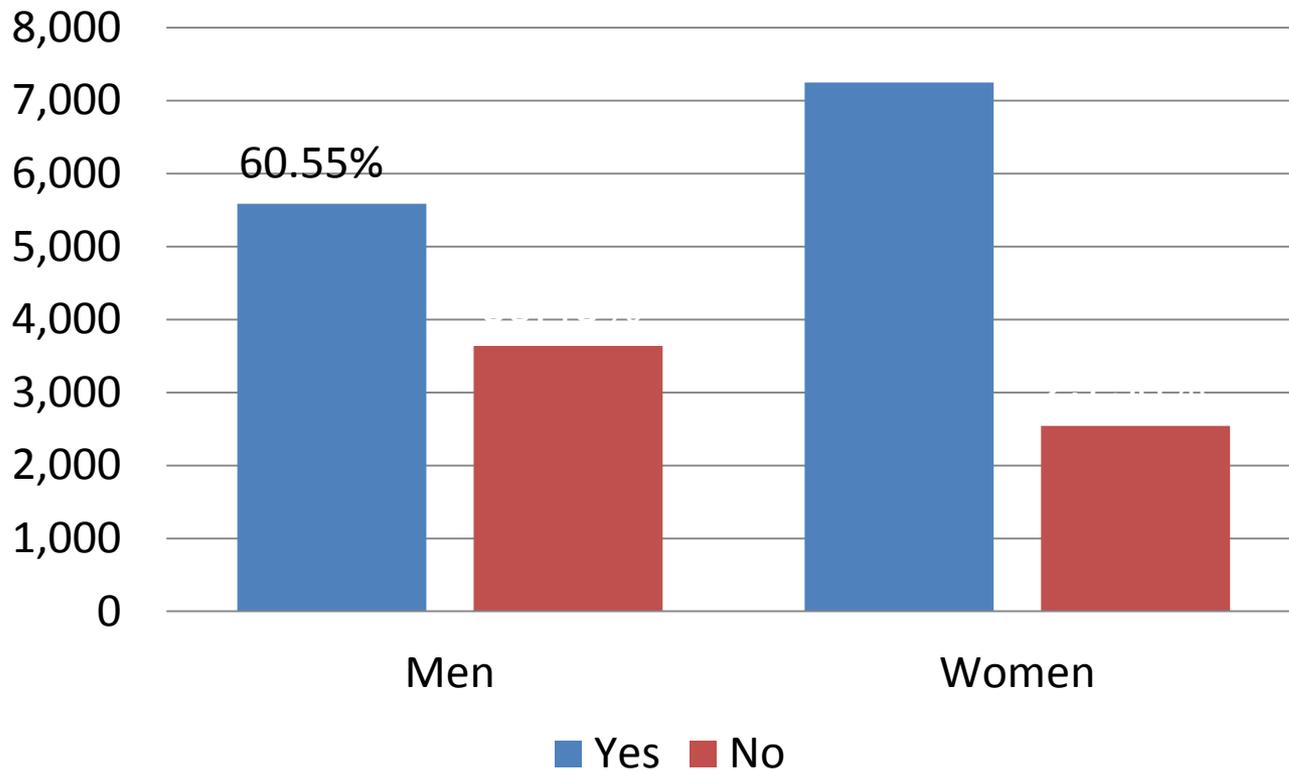
- ✓ Have a co-occurring mental health issue
- ✓ Have criminal justice histories
- ✓ Are incarcerated
- ✓ Cycle across systems and/or across providers
- ✓ Are at risk for harm to self or others

# What about the caretakers?

- Providers of services to DD clients can feel hopeless that clients can't change ingrained behavior
- They witness clients abandoned by families
- They see first hand how clients are stigmatized and viewed as “other”

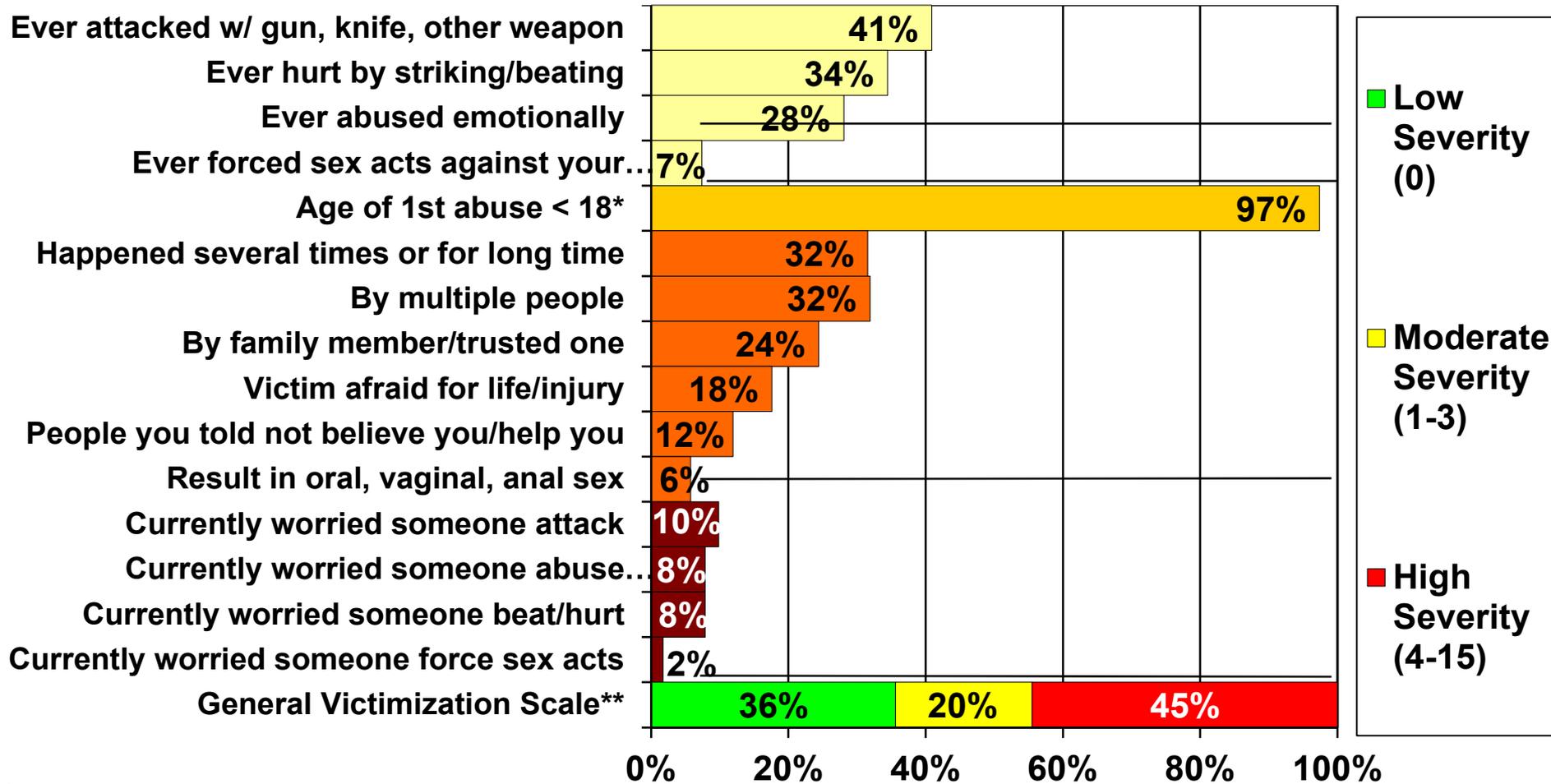
# SAMHSA Trauma Measures

Have you ever experienced violence or trauma in any setting?



Data in table for:	
Interview Type:	Baseline
Record Type:	Interview Administrative
FFY - Federal Fiscal Year:	2009-2013
Federal Fiscal Year - Quarter:	1 <sup>st</sup> -4th quarter
Program:	CMHI, ENBH-OA, ErmrkAG, ErmrkCG, HIV/AIDS, HTI, Jail Div, MAI-TCE, MHTG, NCTSI NCTSI-A, Older Adult, PBHCI, SOCXI, SSH

# Severity of Victimization Scale

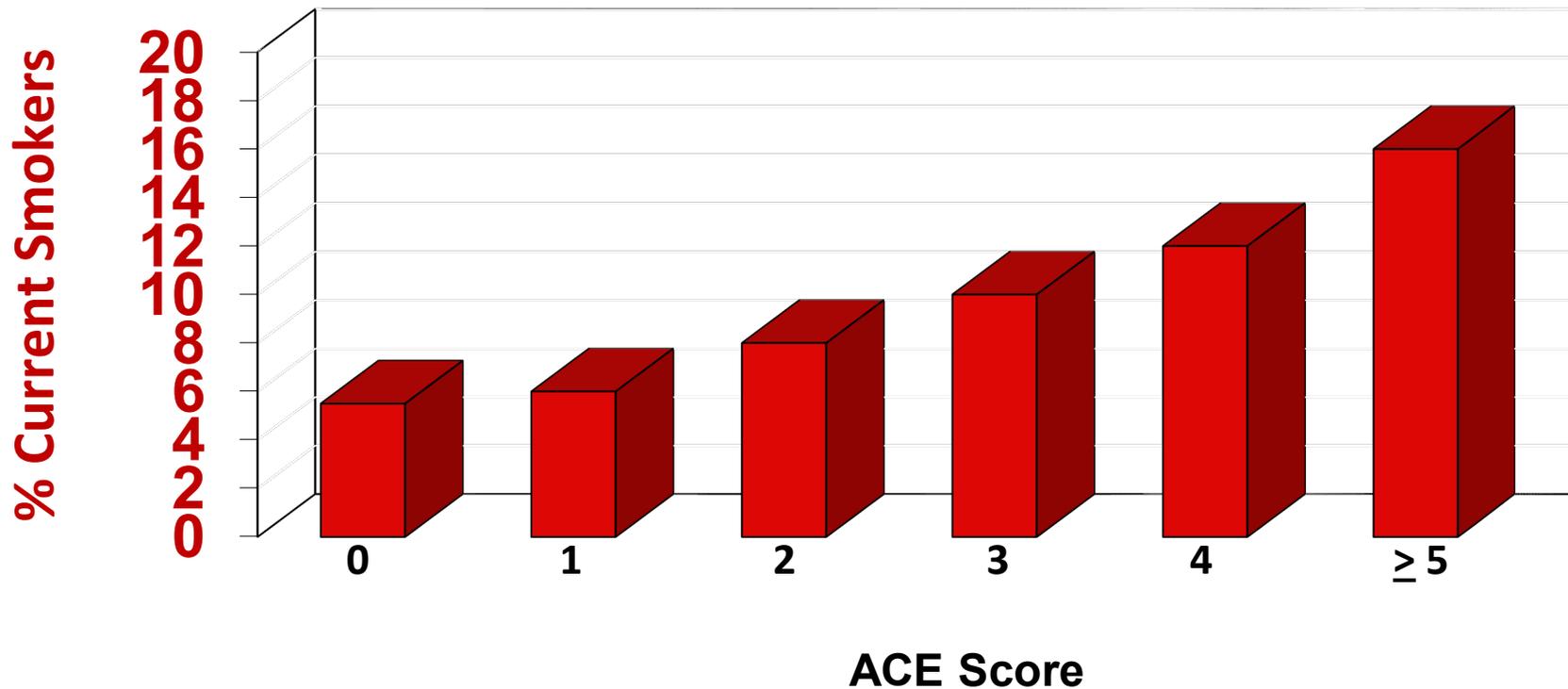


\*n=3,230

\*\*Mean of 15 items

Source: SAMSHA CSAT 2011 GAIN AT Summary Analytic Data Set subset to AAFT (n=5,321)

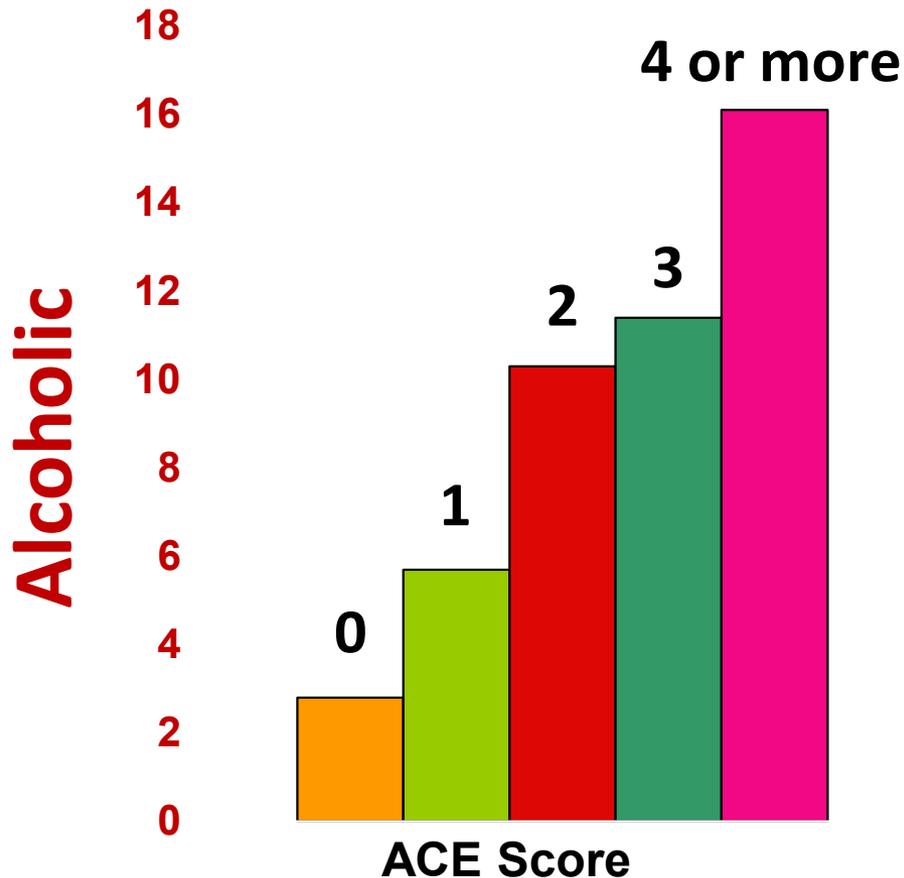
# ACE score and current smoking



A child with 6 or more categories of adverse childhood experiences is **250% more likely to become an adult smoker** .

Smoking may not be caused by existence of local gas station availability or genetic predisposition

# Childhood experiences and adult alcoholism



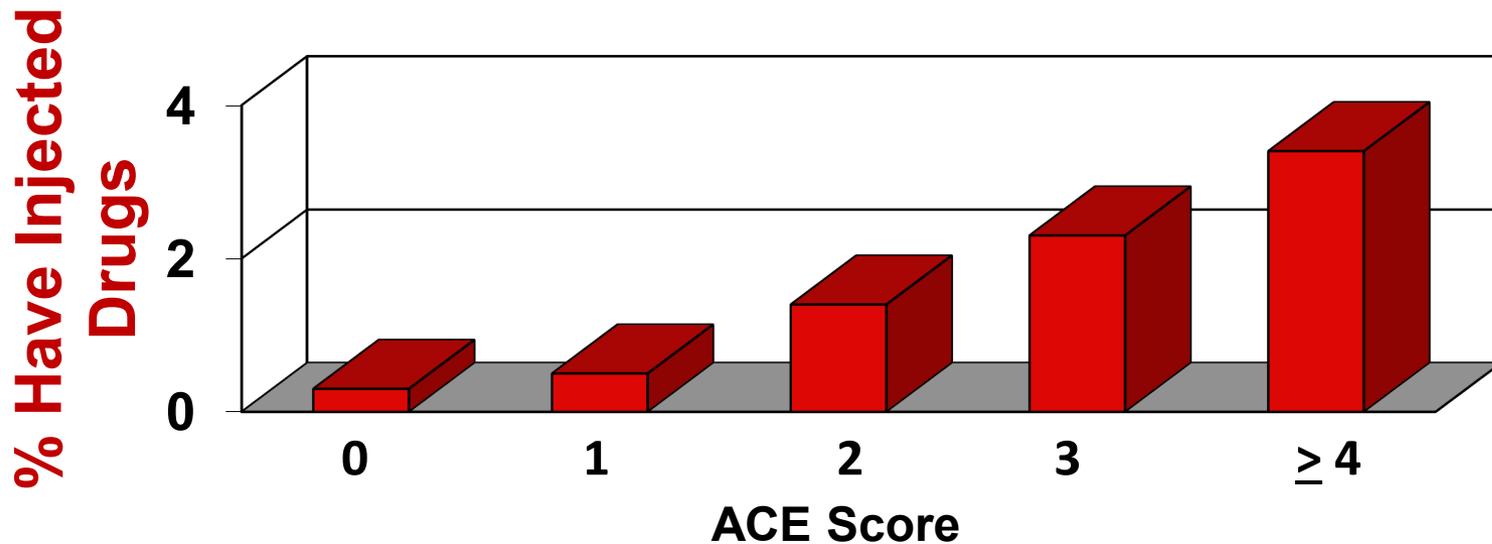
A **500% increase in adult alcoholism** is directly related to adverse childhood experiences.

**2/3rds of all alcoholism** can be attributed to adverse childhood experiences

This certainly suggests that alcoholism, contrary to popular belief, may not be simply a disease – but rather be a means by which the individual has learned to ease the pain of the trauma – or to balance his/her nervous system – e.g. sooth anxiety.

Important **ALWAYS** to address and treat trauma along with alcoholism.

# ACE score and IV drug use

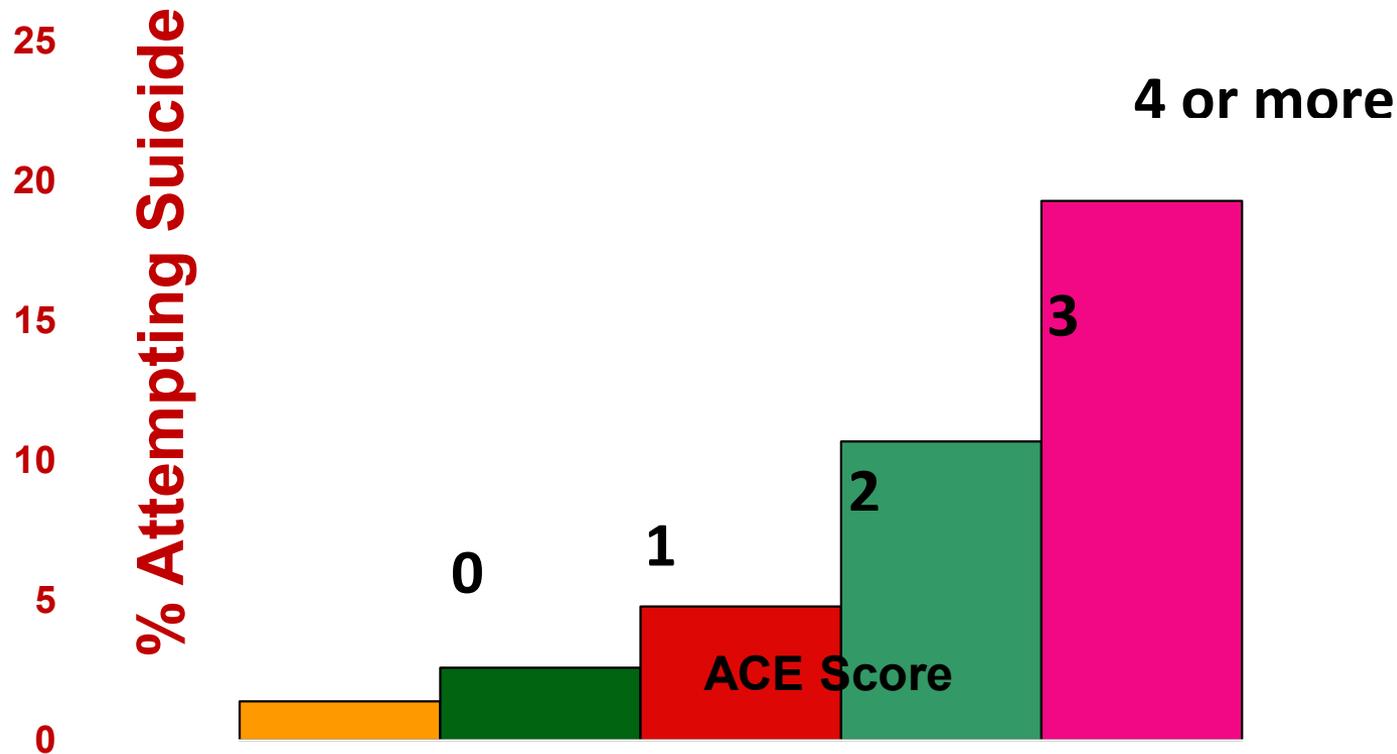


A **male child** with an ACE score of 6 has a **4,600% increase** in the likelihood that he will become an **IV drug user** later in life

**78% of drug injection by women** can be attributed to **ACEs**

**Might drugs be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?" Felitti 1998**

# Childhood experiences underlie suicide risk

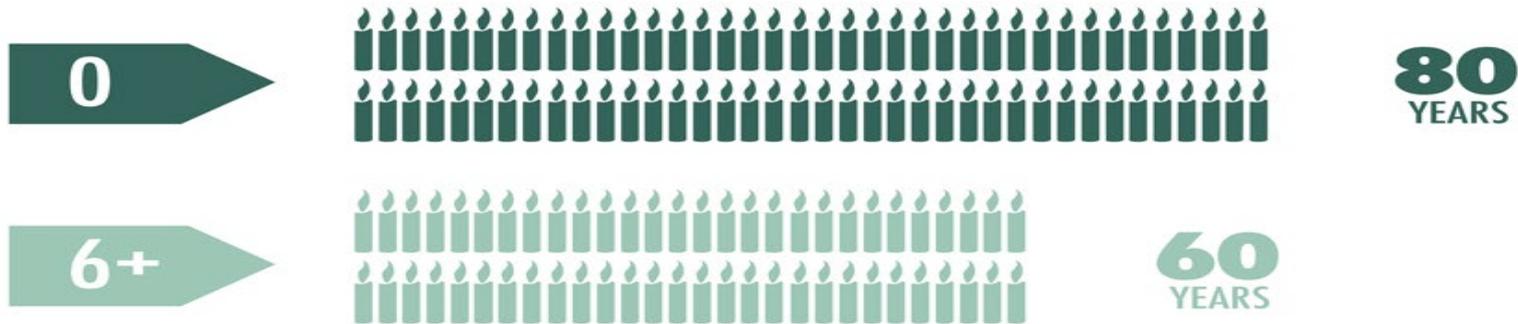


The likelihood of **adult suicide attempts** increased 30-fold, or 3,000%, with an ACE score of 7 or more.

# How does ACEs affect our society?

## LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.



## ECONOMIC TOLL

The Centers for Disease Control and Prevention (CDC) estimates the lifetime costs associated with child maltreatment at **\$124 billion**.



# Cost of Trauma

Trauma is a major driver of medical illness, including cardiac disease and cancer

Addressing trauma can positively impact the physical, behavioral, social and economic health of Ohio and Ohioans



# What can be done about ACEs?

- These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen
- **Safe, stable and nurturing relationships** can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential
- Strategies that help address the needs that children and families have include:



Home visiting to pregnant women and families with newborns



Parenting Training Programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens  
And teen pregnancy prevention programs



Early childhood programs and environments



Mental illness and substance abuse treatment



Sufficient income support for lower income families

# What is Trauma Informed?

A program, organization or system that is trauma-informed:

- Realizes the widespread prevalence and impact of trauma
- Understands potential paths for healing
- 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 fully integrating knowledge about trauma into practices, policies, procedures, and environment.

# Key Principles of Trauma-Informed Care

- **Safety**
- **Trustworthiness and transparency**
- **Collaboration and mutuality**
- **Empowerment**
- **Voice and choice**
- **Peer support and mutual self-help**
- **Cultural, historical and gender issues**

*Resiliency and strength-based*

# Trauma-Informed Care (TIC) Promotes Cultural Change



“What’s wrong with you?”



“What has happened to you?”

# Trauma Symptoms = Tension Reducing Behaviors

*“How do I understand this  
person?”*

rather than

*“How do I understand this problem  
or symptom?”*

# Outcomes with TIC

- Improved quality of care and impact of care
- Improved safety for clients and staff
- Decreased utilization of seclusion and restraint
- Fewer no-shows
- Improved client engagement
- Improved client satisfaction
- Improved staff satisfaction
- Decreased “burnout” and staff turnover



# Ohio's Trauma-Informed Care (TIC) Initiative

## **Vision:**

To advance Trauma-Informed Care in Ohio

## **Mission:**

To expand opportunities for Ohioans to receive trauma-informed interventions by enhancing efforts for practitioners, facilities, and agencies to become competent in trauma-informed practices



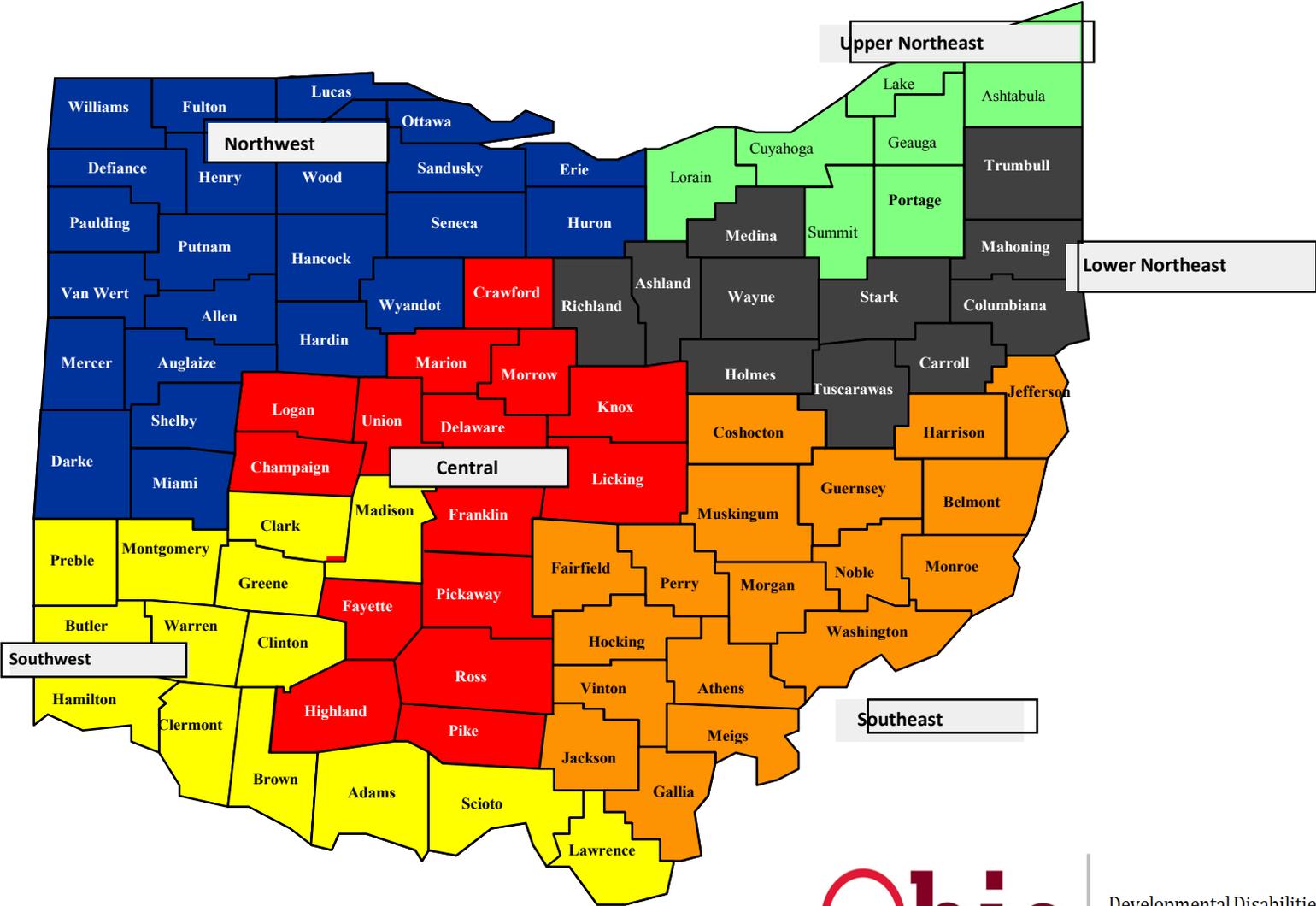
Developmental Disabilities  
Mental Health and Addiction Services

# Ohio's Trauma-Informed Care (TIC) Initiative

## Regional Collaboratives

- Progressively transmit TIC and increase expertise within regions
- Facilitate cultural change within organizations, addressing gaps and barriers and taking effective steps based on the science of implementation
- Topical workgroups (prevention, DD, child, older adult, etc.)
- Department(s) continue to support, facilitate, communicate

# Trauma-Informed Care Regional Collaboratives



# SAMHSA's Definition of Recovery

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*



# What we CAN do . . .

- **Treat everyone with universal precaution:** Assume that the person has experienced trauma even if you don't know their personal history.
- **Create a welcoming environment that promotes a feeling of safety and non-violence** – pay attention to physical space, tone of voice, loudness of music or side conversations and eliminate anything that could be intimidating or anxiety provoking.
- **Be very aware of personal space.** Realize that some painful memories may be triggered by touching, hugging, behaving authoritatively, standing over the person or blocking their exit in a closed space, etc.



# What we CAN do . . .

- **Recognize that certain practices** (e.g., seclusion and restraint) may create trauma and trigger traumatic memories. Make a commitment to non-violence in words, actions and policy/practices.
- **Support meaningful power-sharing and decision-making** – Voice and Choice!
- **Use tools/approaches that help calm** fear/anxiety/anger/defensiveness as a preventative and healing method rather than engaging in confrontational approaches that focus on coercion or control of external behavior.



# What we CAN do . . .

- Understand that **troubling behaviors that we may find uncomfortable likely helped** the person cope/survive under extreme circumstances. Seek to understand their experiences and identify a path to healing.
- **Show genuine concern and be sensitive** to physical or intellectual barriers, gender and cultural issues.
- **Help link** the person with trauma responsive services and ensure continuity of care between organizations and across systems.
- Ask “What happened to you?”  
instead of “What’s wrong with you?”



# Other Implications

- Know Thyself
- We don't fix people or their problems
- Be clear as to why you are sharing
- Creating safe space is everyone's duty
- Use appropriate channels and resources
- Be less judgmental

# TIC: Why is this important?

# TIC: Why is this important?

*“What Happened to You?”*



# Putting it all together

## Support a Trauma Survivor

First ask, “What happened to you?”

Then, support a survivor, in 4 difficult sentences:

1. I believe you.
2. Thank you for trusting me enough to tell me.
3. I am sorry that happened to you.
4. I support you whatever you choose to do.

Then, listen and be present. And then, listen and be present some more.

- You’ll experience an urge to take care of the person. That’s normal, because you care. But you must, must, must sit still with it and let the person take care of herself or himself.
- Trauma is (in part) about having control over your body and your choices taken away. Survivors need safe environments where they can take back control. So, sit still with your need to drive them to the hospital, call the police, beat the shit out of the perpetrator, or even hug the survivor. Sit still, notice that you care, be kind to yourself, and sit still some more.
- You have given the greatest gift you can give; yourself. Your caring attention.
- **And then go take really good care of yourself!**

SAMHSA's  
Concept of Trauma  
and Guidance for a  
Trauma-Informed Approach

*Prepared by*  
SAMHSA's Trauma and Justice Strategic Initiative  
July 2014



A TREATMENT IMPROVEMENT PROTOCOL

# Trauma-Informed Care in Behavioral Health Services

# TIP 57



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