



Developmental Disabilities
Mental Health and Addiction Services

Trauma-Informed Care
**“Creating Environments of
Resiliency and Hope”**
***Equipping the Church:
“The Things the Church Does”***

Kim Kehl
OhioMHAS
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Trauma Symptoms = Tension Reducing Behaviors

*“How do I understand this
person?”*

rather than

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

Was Jesus' ministry, trauma-informed?

I absolutely believe Jesus' ministry was "trauma-informed!" But, in seeing those affected by trauma, beaten down and harassed by the weight of the adversity in their lives, He didn't see the trauma... He saw them. Each and every one of them as individuals worthy of a place in God's Kingdom. As our ministries gain in skills and ability to recognize the symptoms and effects of trauma and childhood adversity, we must be careful not to make anyone a "project" or merely the focus of our charity.

*Chaplain Chris Haughee
Intermountain Ministry
Restoring Hope for Children*

Traumatic Events:

- (1) Render victims helpless by overwhelming force;
- (2) Involve threats to life or bodily integrity, or close personal encounter with violence and death;
- (3) Disrupt a sense of control, connection and meaning;
- (4) Confront human beings with the extremities of helplessness and terror; and
- (5) Evoke the responses of catastrophe.

(Judy Herman, Trauma and Recovery, (1992))

Science of Trauma

“New lens through which to understand the human story”

- Why we suffer
 - How are persons in the MH, DD and AoD systems treated, supported and empowered toward personal wellness
 - How we parent, raise and mentor children and treat one another
 - How we might better prevent, treat and manage illness in our medical care systems
 - How we can recover and heal on deeper levels
 - A hurt that must be healed

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)
- **The ACE study indicates:**
Adverse childhood experiences are the most *basic and long-lasting* cause of health risk behaviors, mental illness, social malfunction, disease, disability, death, and healthcare costs

ACEs

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce/Separation

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

Prevalence of trauma

- NIDA suggests that up **to two thirds** of individuals with substance use disorders have experienced trauma
- Rape victims are **three times** as likely to use marijuana, **six time mores** likely to have used cocaine and **ten times** as likely to have used other drugs, including heroin and amphetamines

Trauma in adults – substance abuse

Of persons with diagnosed substance abuse disorders:

- **71.6 percent** of the sample reported witnessing trauma
- **30.7 percent** experienced a trauma that resulted in injury, and **17.3 percent** experienced psychological trauma

“A male child with an ACE score of **6 has a **4,600%** increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. 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)

Is drug abuse self-destructive or
is it a desperate attempt at self-
healing, albeit while accepting a
significant future risk?”

(Felitti, 1998)

**Basic cause of addiction is experience-dependent, not
substance-dependent**

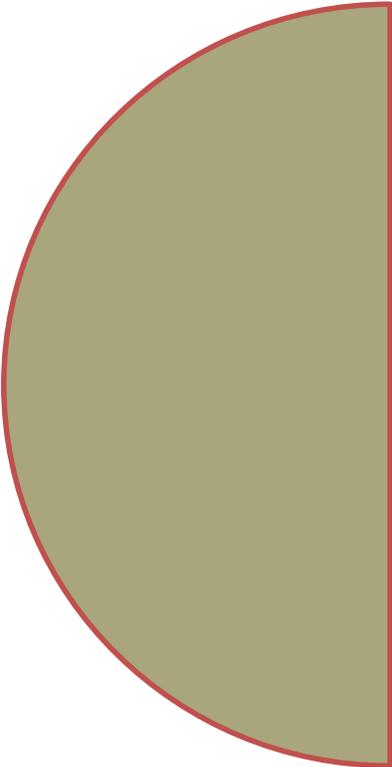
**Significant implications for medical practice and
treatment programs**

Trauma in adults – mental health

61 percent of men and **51 percent** of women with a mental health issue reported experiencing at least one trauma in their lifetime

- with witnessing a trauma
- being involved in a natural disaster
- and/or experiencing a life-threatening accident ranking as the most common events

Trauma in Adults: Mental Health



Clients with histories of childhood abuse

- Earlier first admissions
- More frequent and longer hospital stays
- More time in seclusion or restraint
- Greater likelihood of self-injury or suicide attempt
- More medication use
- More severe symptoms (Read et al, 2005)

Trauma in children

- **48%** of children have experienced at least one of ten types of adverse experience
- Children with histories of traumatic experiences are **twice** as likely to have chronic health conditions
- Children with traumatic experiences are **2 ½ times** more likely to have repeated a grade in school
- **Ohio's infant mortality rate is among the worst in the nation**

Trauma in children

- Ohio population 11.5 million
- 7th most populous state in the US
- Approximately **20%** of households have children under the age of 18
- **6.2%** are under the age of five
- Nearly **one in four** children in Ohio live in households with incomes less than the Federal poverty level
- Close to **half** live in poverty or near poverty
- **Poverty** is the single best predictor of child abuse and neglect

Indicators highly associated with the incidence of toxic stress, trauma, and the resulting conditions

Social emotional

Children in Single Parent Households

- About **20 percent** of young children suffer from emotional and behavioral challenges that impair their ability to learn
 - Among economically disadvantaged young children is **two or three** times as high as their more affluent peers
 - About **50%** receive mental health treatment
 - **70%** of youth in state and local juvenile justice systems live with a mental health condition
- More than **one third** of children live in single-parent families
 - The proportion of infants born to single mothers is highest among Blacks at **78%**, compared with **58%** among Hispanics and **33%** among Whites demonstrating a racial disparity

Trauma in person with developmental disabilities

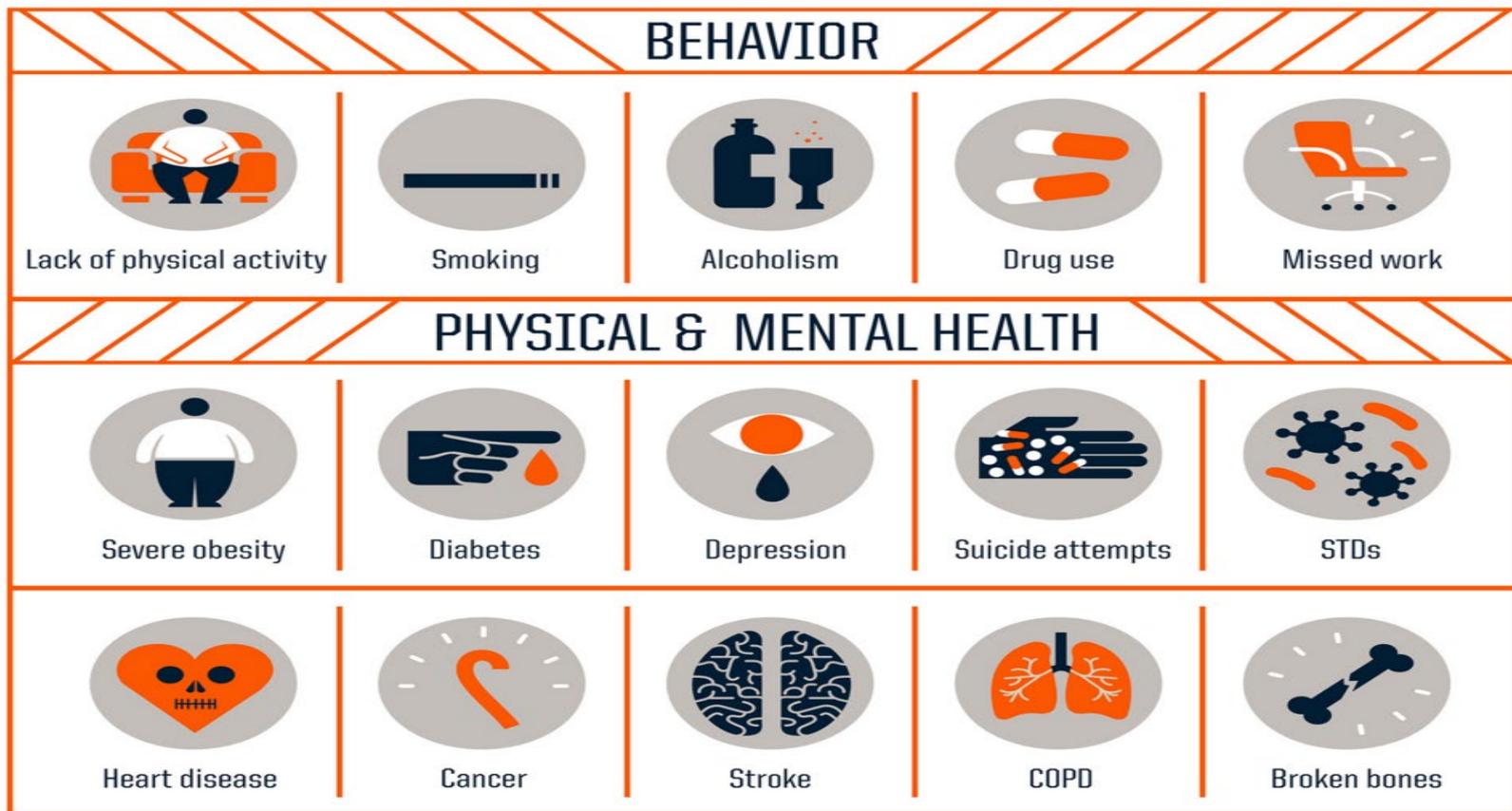
- **One out of every three** children and adults with developmental disabilities will experience abuse in their lifetime (Envision 2014)
- **More than 90% of the time**, that abuse will be inflicted by the very person they rely on to protect and support them (Envision 2014)
- With **limited verbal skills**, 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 older adults

- **Approximately one in ten** seniors over the age of 60 is abused each year.
- Of those seniors abused, the majority are **older women who live in the community** rather than in nursing homes or other senior living facilities.
- **Elder abuse is grossly underreported**, with about 1 of every 23 cases of elder abuse being reported to appropriate protective services.
- **Cognitive decline**, even mild cognitive incapacity, is a pronounced risk factor for financial capability and therefore a risk factor for financial exploitation.
- Seniors who have been abused are **more likely to be institutionalized** in a nursing home or to be hospitalized than those not abused.

ACE Score and Health Risk

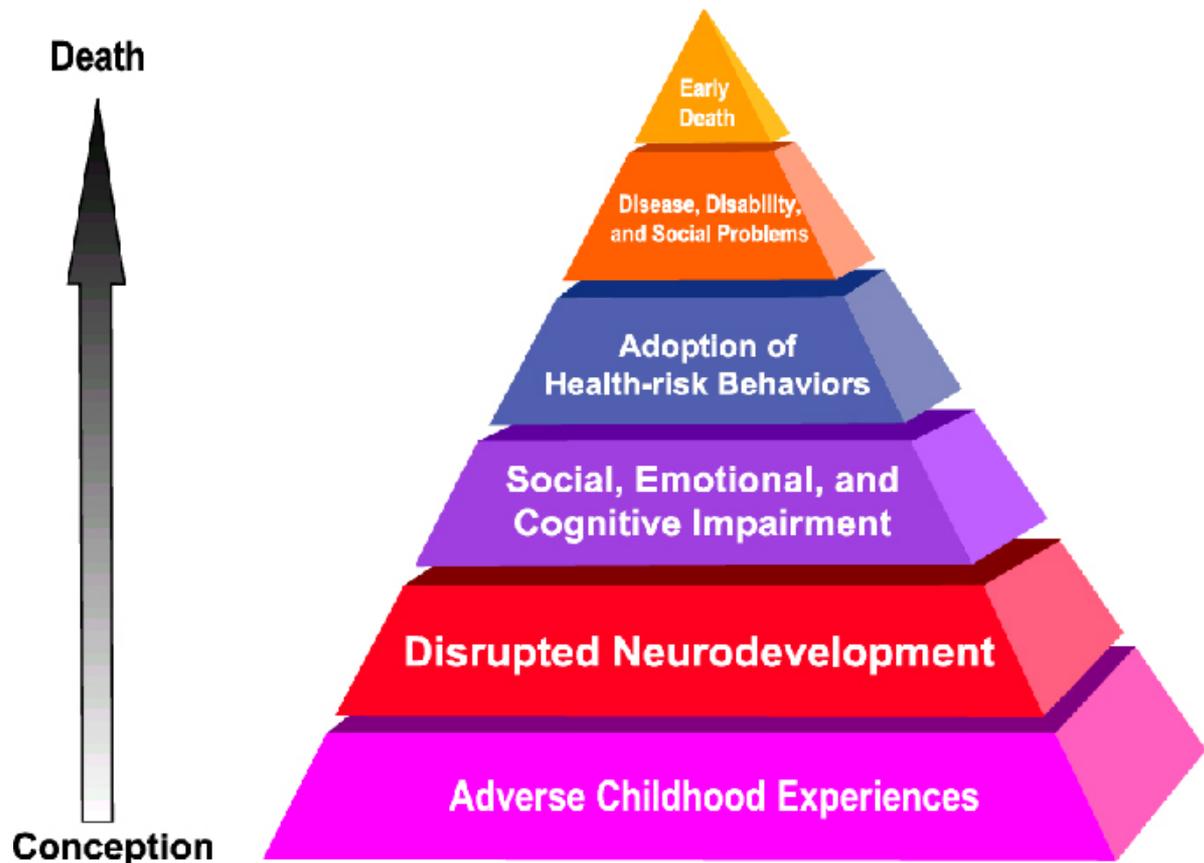
As the ACE score increases, risk for these health problems increases in a strong and graded fashion:



The Brain Matters

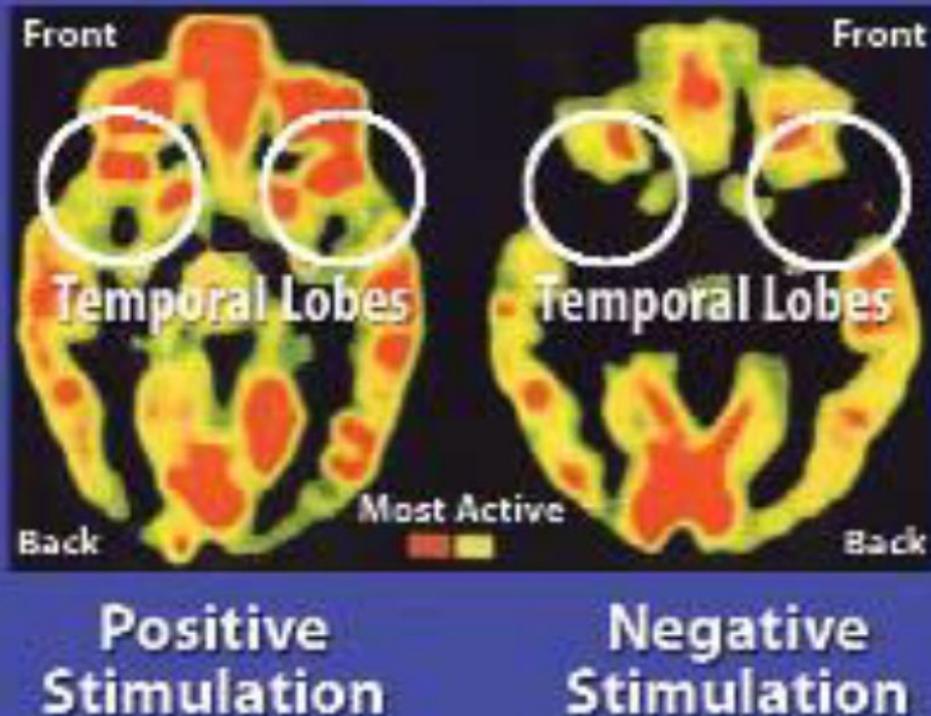
- The human brain is the organ responsible for everything we do. It allows us to love, laugh, walk, talk, create or hate.
- The brain - one hundred billion nerve cells in a complex net of continuous activity -allows us our humanity.
- For each of us, our brain's functioning is a reflection of our experiences.

ACE Pyramid



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

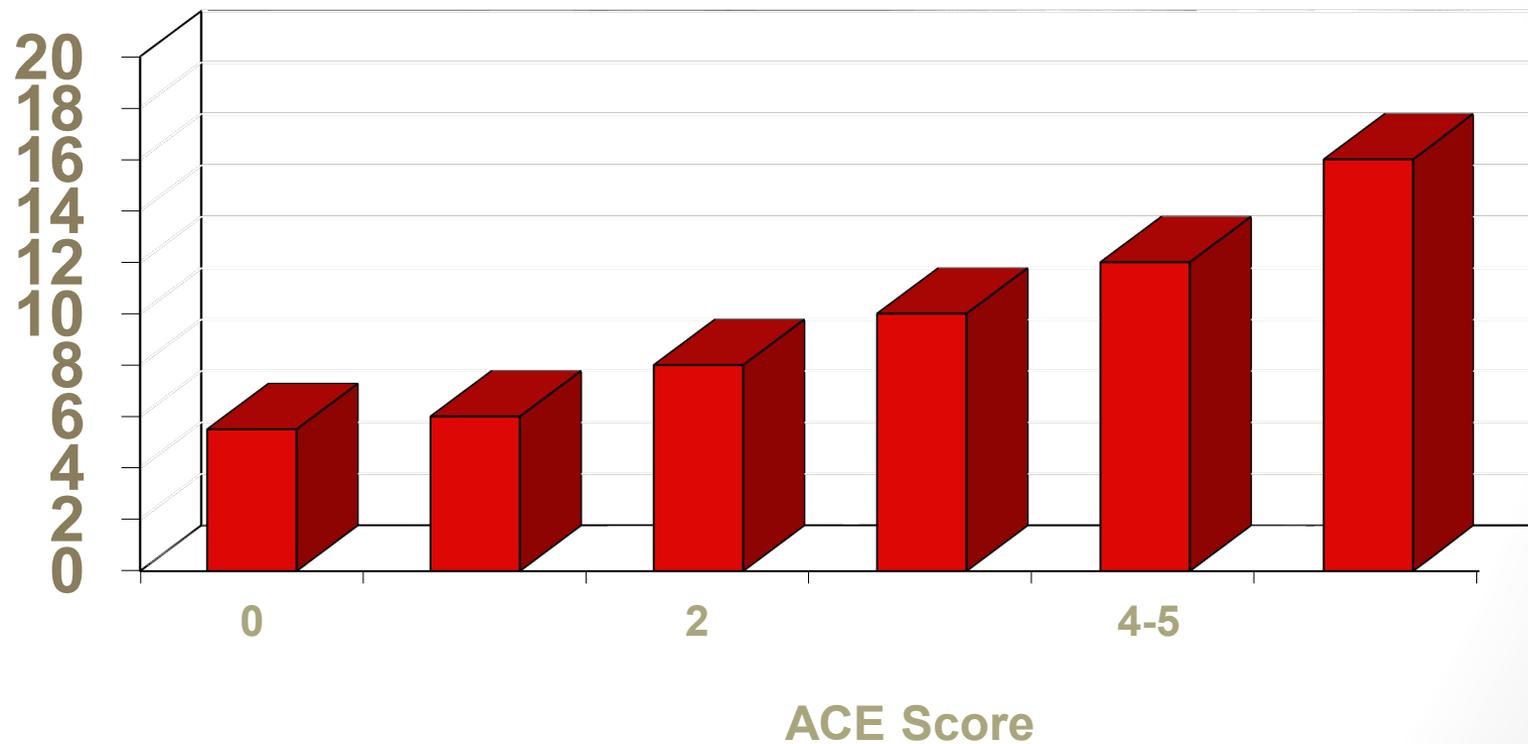
Effects of Trauma on Neurocognitive Development



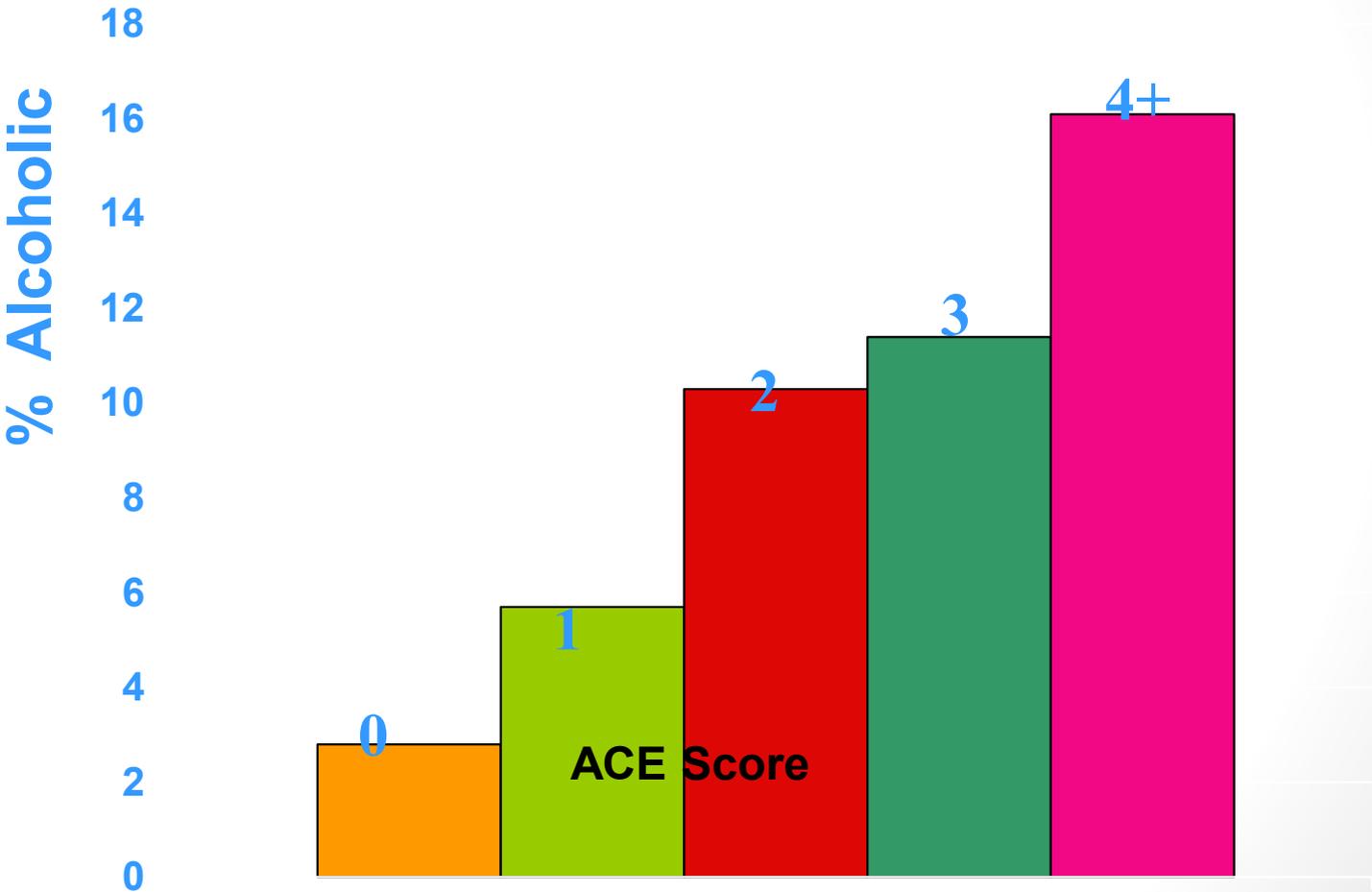
Brain activity of a normal five-year-old child (left) and a five-year-old institutionalized orphan neglected in infancy (right).

Health Risk Behaviors

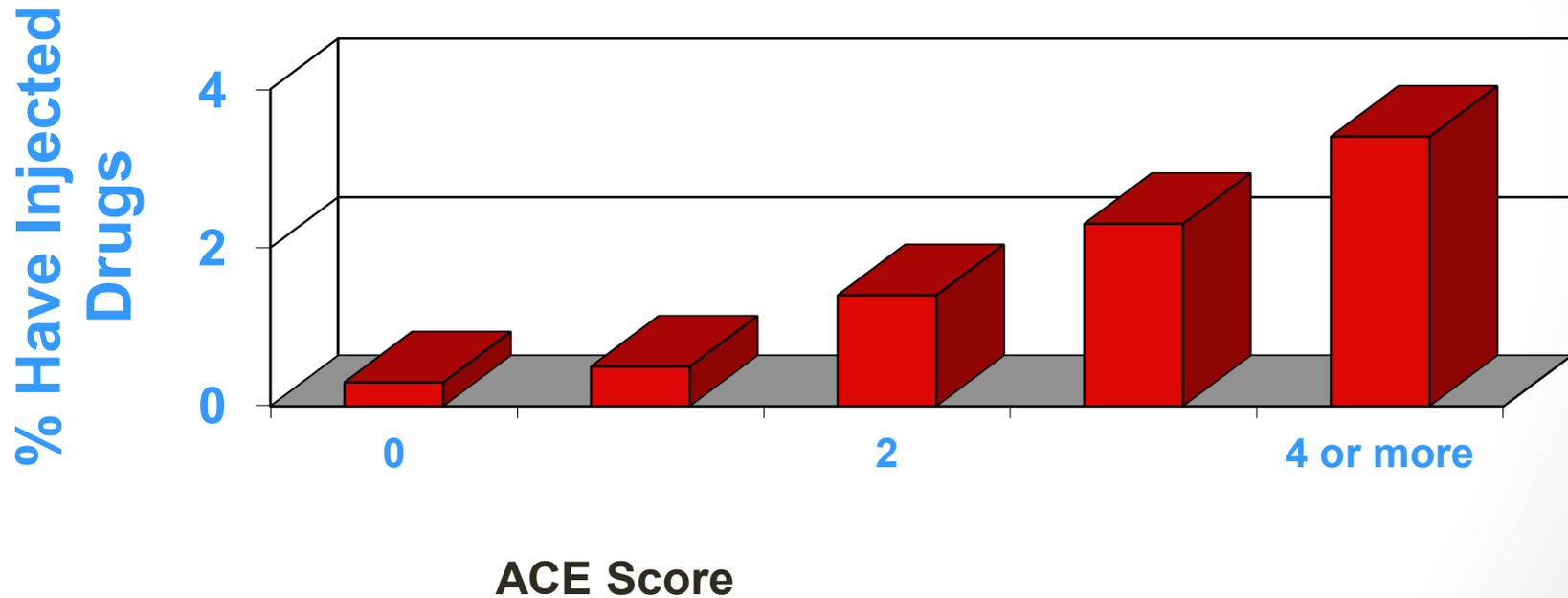
Adverse Childhood Experiences and Current Smoking



Childhood Experiences and Adult Alcoholism

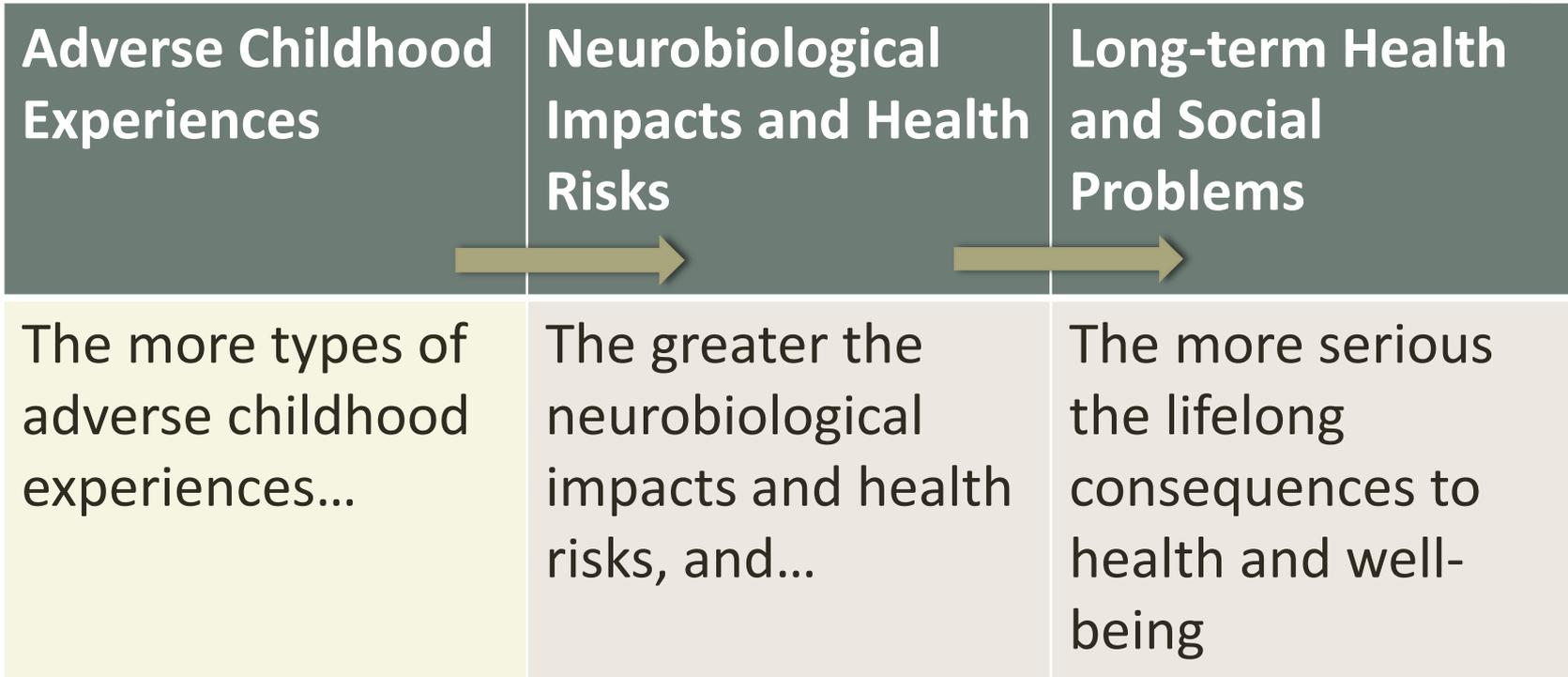


ACE Score and Intravenous Drug Use



N = 8,022 p < 0.001

The ACE Comprehensive Chart

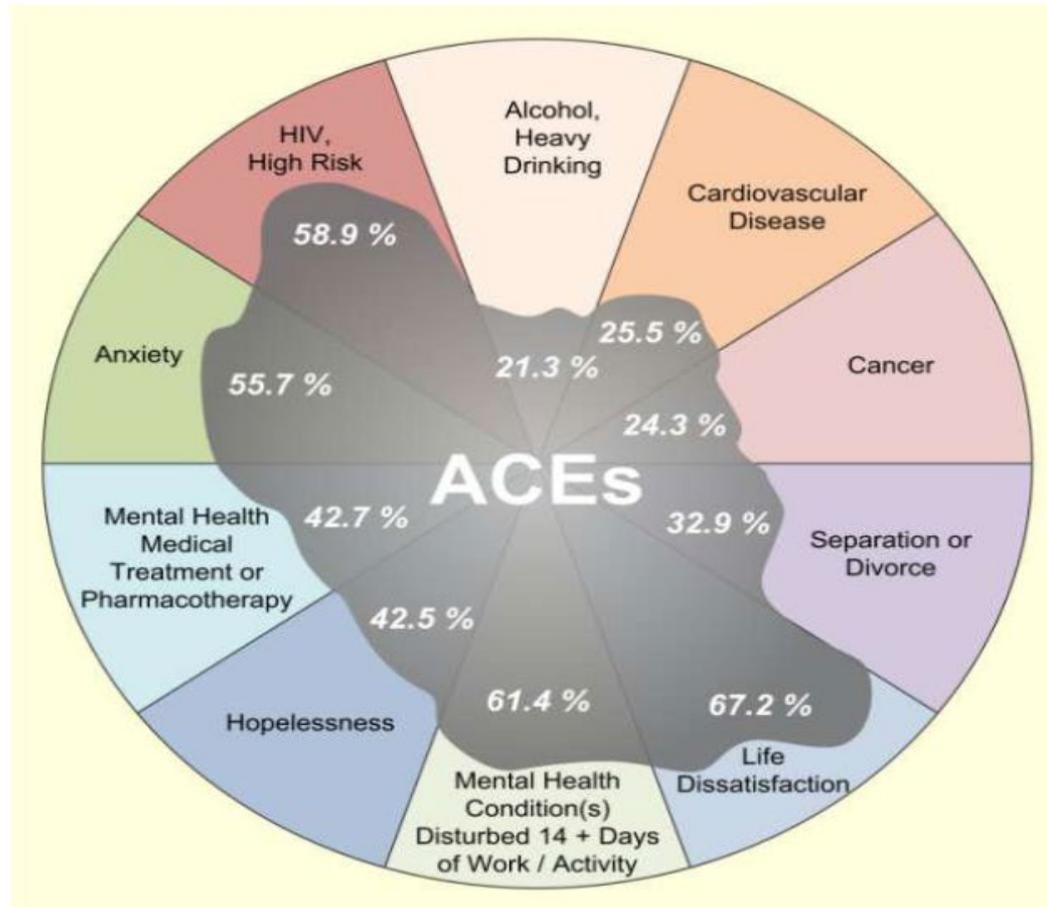


ACE Categories

MAGNITUDE OF THE SOLUTION

ACE reduction reliably predicts simultaneous decrease in all of these conditions.

Population attributable risk



(Aces Connection, 2014)

Science of Trauma

- All behavior has meaning
- Symptoms are ADAPTATIONS
- We build on success not deficits

What is Trauma Informed?

A church, 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 which includes the usage of substances and how trauma affects all people in the organization, including:
 - Patients
 - Staff
 - Families/caregivers
 - 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**

Key Principles of Trauma-Informed Care

- **Safety:** Not just physical safety, but emotional and relational safety as well. *Is there structure in place that allows for vulnerable people to feel included and protected within the worshipping community?*
- **Trustworthiness and Transparency:** *Is authenticity a characteristic valued highly within your community of faith? Do those in ministry leadership appear as broken people in need of God's grace, just as those they minister to? Are confidences kept?*
- **Peer support:** *Does the church go beyond being friendly to being a place someone can make friendships? Can a traumatized person find a listening ear and a welcome with others that are walking the same road to recovery, grace, and love of self and others? Can this happen both in large group and small group settings? Are ministry leaders modeling self-care through their personal practices?*

Key Principles of Trauma-Informed Care

- **Collaboration and mutuality:** *Does the church view its ministry to victimized people, traumatized individuals, and vulnerable children as integral to its call to Kingdom work for God or is it simply a niche ministry? Can the church work with others, even across ideological and denominational lines, for the betterment of hurting people?*
- **Empowerment, voice and choice:** *Are those that are ministered to also given opportunity and empowered to minister within the church, understanding that they bring value and wisdom to the worshipping community? Are they fully integrated into the life of the church and given a voice for self advocacy as well as outreach and mission?*
- **Cultural, Historical, and Gender Issues:** *Does the church recognize the unique cultural issues sometimes bound up with trauma? Within the context of what has defined your worshipping community, is there room for the expression of faith and practice in ways that honor the unique cultural, historical, and gender backgrounds of those you seek to serve?*

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



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Mental Health and Addiction Services

Ohio's Trauma-Informed Care (TIC) Initiative

Regional Trauma-Informed Collaboratives

Goal:

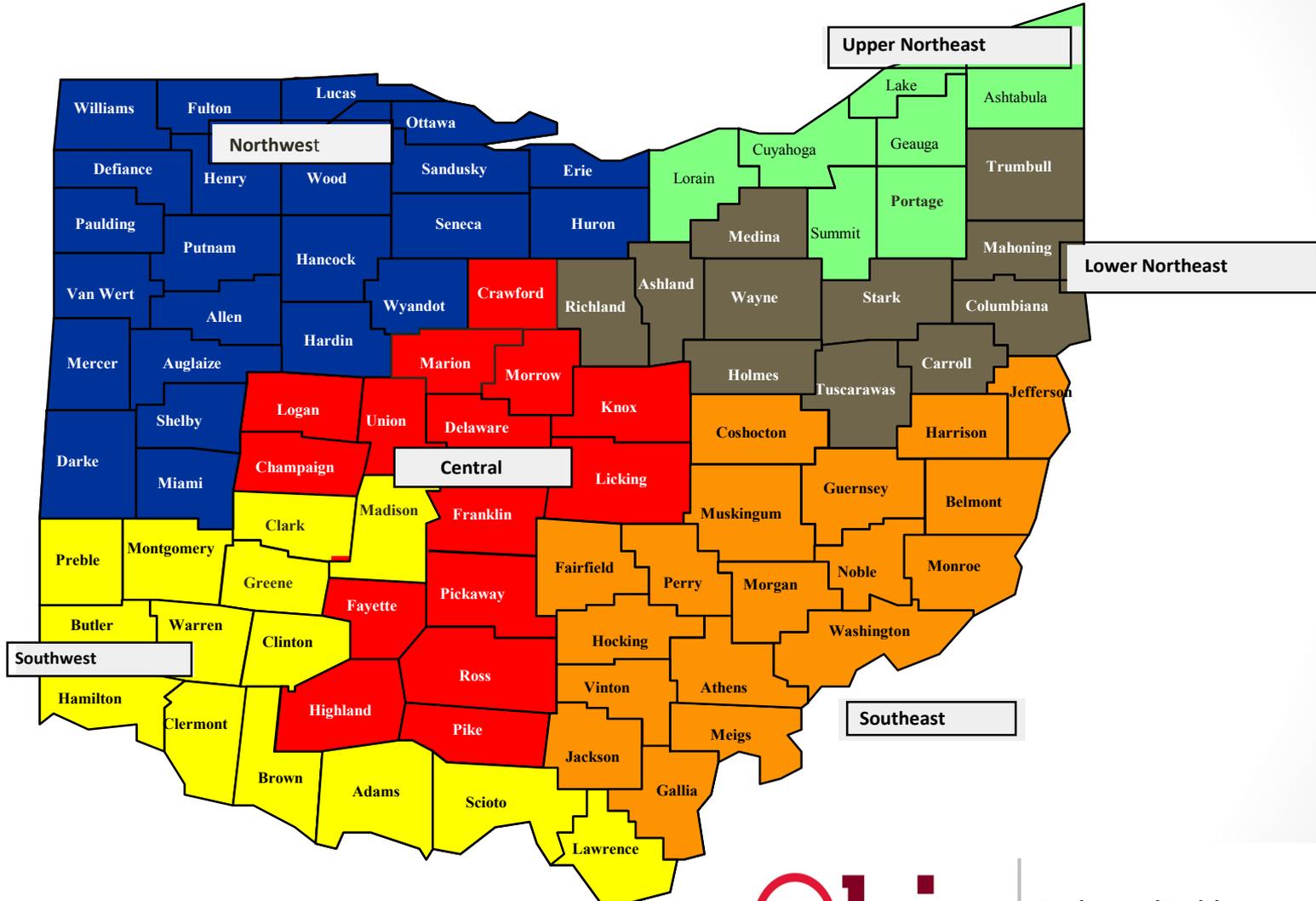
Expand opportunities for Ohioans to receive trauma-informed interventions by enhancing efforts for practitioners, facilities and agencies to become competent in trauma informed practices, and facilitate cultural change within organizations, addressing gaps and barriers and taking effective steps based on the science of implementation.

Progress to date:

- Regional TIC Collaboratives formed
- Staffed by MHAS and DODD personnel – (DODD Regional Liaisons)
- Transitioning to local leaders



Trauma-Informed Care Regional Collaboratives



Developmental Disabilities
Mental Health & Addiction Services

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- >> Resources
- >> OhioMHAS Regional Psychiatric Hospitals
- >> Trauma & Adults
- >> Trauma & Children
- >> TIC Regional Collaboratives

- Access to Recovery
- Advisory Committees
- Centers of Excellence
- Community Innovations
- Cultural & Linguistic Competence
- (GCOAT) Opiate Action Team
- Human Trafficking

★ You are here : Initiatives

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical and gender issues

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- Military & Veteran Outreach >
- MOMS Project
- Safe Schools Healthy Students
- Ohio Recovery Housing
- SBIRT
- Strong Families, Safe Communities

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Six Guiding Principles of Trauma-Informed Care. Adapted from Substance Abuse and Mental Health Services Administration.

Ohio's TIC Initiative Overview

The Ohio Departments of Mental Health and Addiction Services (OhioMHAS) and Developmental Disabilities (DODD) collaborate on a statewide Trauma-Informed Care (TIC) Initiative intended to...

What's New

Federal homeless youth study released US Health and Human Service's study on runaway and homeless youth paints a grim picture. It indicated: the average youth spent nearly two years living on the...



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Jump to

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- Peer Support/Mutual Self-Help
- General
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Adults

- CDC Grand Rounds - A Public Health Approach to Prevention of Intimate Partner Violence (2014)
- Intimate Partner Violence in the US (2010)

Outcomes with TIC

- Improved quality of care and impact of care
- Improved safety for consumers, families and staff
- Decreased use of emergency rooms
- Fewer no-shows to appointments
- Improved consumer engagement
- Improved consumer satisfaction
- Improved staff satisfaction
- Decreased “burnout” and staff turnover
- Highlights glitches in the systems and offers solutions
- Works with other best practices



Support in “4”

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.

- A Trauma Informed Care approach to healing recognizes that the majority of behavioral health and addiction problems are neither disease nor disorder but, rather, injury, an injury caused by trauma.
- **And then go take really good care of yourself!**



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