Trauma-Informed Care
“Creating Environments of Resiliency and Hope”

Knox County Addiction Conference

From Heroin to Hope

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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?”
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)
“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)
ACE Categories

Abuse
• Emotional
• Physical
• Sexual

Neglect
• Emotional
• Physical

Household Dysfunction
• Mother Treated Violently
• Household Substance Abuse
• Household Mental Illness
• Parental Separation or Divorce
• Incarcerated Household Member
## Number of ACE categories

<table>
<thead>
<tr>
<th>ACE SCORE</th>
<th>WOMEN</th>
<th>MEN</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>34.5</td>
<td>38.0</td>
<td>36.1</td>
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<td>24.5</td>
<td>27.9</td>
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<tr>
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<td>15.5</td>
<td>16.4</td>
<td>15.9</td>
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<tr>
<td>3</td>
<td>10.3</td>
<td>8.6</td>
<td>9.5</td>
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<tr>
<td>4 or more</td>
<td>15.2</td>
<td>9.2</td>
<td>12.5</td>
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</table>
Trauma Affects...

Over one out of four females with a substance use disorder; and

About one out of ten males with a substance use disorder in Ohio

Source: Client Self-Reported Experiences of Trauma, SFY13, Ohio Behavioral Health Module
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 times more likely to have used cocaine and ten times as likely to have used other drugs, including heroin and amphetamines
ACE Score and Health Risk

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

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Hallucinations
- Fetal death
- Decline in Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- HIV
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Stress/Trauma Lives in the Body

• A chronic overreaction to stress overloads the brain with powerful hormones that are intended only for short-term duty in emergency situations.

• Serum cortisol levels

• Chronic hyperarousal – nervous system does an amazing job of preparing the individual to deal with the stress but:
  • Growth, reproduction and immune system all go on hold
  • Leads to sexual dysfunction Increases chances of getting sick
  • Often manifests as skin ailments
  • Increases permeability of the blood brain barrier
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.
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

% Alcoholic

ACE Score

0 1 2 3 4+

0 2 3 4

10 12 14 16 18
ACE Score and Intravenous Drug Use

% Have Injected Drugs

ACE Score

N = 8,022  p<0.001
“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
ACE Pyramid

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
The ACE Comprehensive Chart

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences</th>
<th>Neurobiological Impacts and Health Risks</th>
<th>Long-term Health and Social Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>The more types of adverse childhood experiences...</td>
<td>The greater the neurobiological impacts and health risks, and...</td>
<td>The more serious the lifelong consequences to health and well-being</td>
</tr>
</tbody>
</table>
Gray matter volume and childhood maltreatment (Van Dam 2014)
Gray matter volume and substance use disorder (Van Dam 2014)
Effects of childhood maltreatment and GMV on relapse in SUDs (Van Dam 2014)

A

Cumulative Proportion of Survival

- No maltreatment
- Maltreatment

$P = .048$

B

Use During 90-d Follow-up, d

$R^2 = 7.0\%, P = .04$

C

Use During 90-d Follow-up, d

$R^2 = 13.2\%, P = .01$
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
Why be trauma-informed?

- Some people require more specialized trauma recovery services, but many do not, benefitting from a trauma-informed provider who is not necessarily a trauma specialist.

- People already receiving services are often referred out to specialized services after disclosing trauma, thus fragmenting their care and potentially sending a powerful negative message.
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 which includes the usage of substances and how trauma affects all people in the organization, including:
  • Patients
  • 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
- Resilience and strength-based
- Inclusiveness and shared purpose
- Cultural, historical and gender issues
- Change process
- Proper referrals for Mental Health and Substance treatment as deemed necessary
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Why be trauma-informed?

- Trauma seems to heighten a service provider’s anxiety, which clients undoubtedly sense, reinforcing their belief that something is wrong with them. This general discomfort reflects the general lack of knowledge that permeates the system around trauma issues.

- For people in need of longer-term care/counseling, limited resources are available and waiting lists are growing
  - Many services and even clinicians are reluctant to take “trauma” clients because they believe it requires a long-term commitment
  - The health care and social services systems are reluctant to expand their involvement, focusing instead on short-term crisis-driven services
  - It is increasingly difficult for people seeking trauma recovery services to find and access them
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
Ohio’s Trauma-Informed Care (TIC) Initiative

Infiltration of TIC in Regional Psychiatric Hospitals (RPHs)

Goal:
RPH infrastructure will support cultural and environmental changes that support effective care and excellent outcomes. RPHS will be recovery-oriented; trauma-informed; culturally and linguistically competent; and address health and wellness.

Progress to date:
• Training of all Regional Psychiatric Hospitals (RPHs)
• Continued consultation from the National Center for Trauma-Informed Care (NCTIC) on next steps in Hospital Services
• TIC Implementation ongoing at all 6 RPHs
• Value- Based Interview Questions
  • 43% increase in the retention rate at Appalachian Behavioral Health
Infiltration of TIC in Department of Developmental Disabilities (DODD) Developmental Centers (DCs)

**Goal:**
DCs become trauma aware, knowledgeable and responsive to the impact and consequences of traumatic experiences for residents, families and their communities.

**Progress to date:**
- Initial training of all Developmental Centers completed in FY 2015
- Implemented strategies in response to secondary/ vicarious trauma on staff at Montgomery and Youngstown Developmental Centers scheduled to close June 30, 2017
- **Five part TIC webinar training series:** impact of trauma, how to respond to it
- [http://dodd.ohio.gov/Training/Pages/Webinar-Catalog.aspx](http://dodd.ohio.gov/Training/Pages/Webinar-Catalog.aspx)
Ohio’s Trauma-Informed Care (TIC) Initiative

Infiltration of TIC in Ohio communities

**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.

**Progress to date:**
- Train-the-trainer model – 170 trainers available throughout the state
- More than 4,000 trained on *Trauma-Informed Approaches: Key Assumptions and Principles*
- [http://mha.ohio.gov/traumacare](http://mha.ohio.gov/traumacare)
Ohio’s Trauma-Informed Care (TIC) Initiative

TIC Communication Plan/MHAS/DODD organizational and administrative commitment to TIC

**Goal:**
Develop an educational and communication campaign on trauma and its association to health that encourages the adoption of trauma-informed practices among facilities, agencies and practitioners to support both their customers and their workforce in achieving better health.

**Progress to date:**
- MHAS website developed as a “clearinghouse” for information related to TIC distributing up-to-date information about TIC to the field, including materials for clinicians and health professionals, those who may have experienced trauma and other interested individuals
- **Combined TIC training for 250+ Central Office staff** of OhioMHAS, DODD, and Attorney General, ODJFS, ODE, ODH
Save the Date

Third Annual
Trauma-Informed Care Summit and Institute

Columbus, Ohio • June 22-23, 2016

Registration opens May 1, 2016
Ohio’s Trauma-Informed Care (TIC) Initiative

Partnership Work

Goal:
Support the implementation of trauma-informed care systems and trauma-specific services across Ohio’s social services systems.

Progress to date:
- Formation of a Statewide TIC Advisory Committee by coordinating existing experts on a state and regional basis
- Partner with the Ohio Department of Health on their Early Childhood Comprehensive Systems (ECCS) Grant – *Understanding Toxic Stress: Protecting Infants and Young Children From the Life-Long Impacts of Prolonged Adversity*
- Partner with Attorney General’s Office VOCA (Crime Victim’s Fund) programming
- Central Office Staff training for OhioMHAS, DODD, ODE, ODH, AGs Office, EPA, ODJFS
- **Ohio Department of Aging** strategic planning May 25, 2016
- **Ohio Veterans Homes** strategic planning May 24, 2016
- **Ohio Peace Officer Training Academy (OPOTA)** TIC Curriculum
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
• Treat everyone with universal precautions: 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.
• Be very aware of personal space.
• Recognize that certain practices (e.g., seclusion and restraint) may create trauma and trigger traumatic memories.
• 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
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 encourage and support the implementation of trauma-informed care practices across Ohio’s service delivery system. The Ohio TIC Initiative is guided by the following principles:

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

OhioMHAS believes that these guiding principles will result in a system of care that is trauma-informed and healing-focused.

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 streets. It is time to重点关注流浪青少年问题并采取措施改善他们的生活。
About Trauma Informed Care

- 2015 TIC Summit and Power Point Resources
- Resources
- OhioMHAS Regional Psychiatric Hospitals
- Trauma & Adults
- Trauma & Children
- TIC Regional Collaboratives

Access to Recovery
Advisory Committees
Centers of Excellence
Community Innovations

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- Immigrants/Refugees
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- Men
- Older Adults
- Peer Support/Mutual Self-Help
- Policy
- SAMHSA Evidence Based Programs and Practices
- Schools and Trauma Informed Care Tip Sheets
- Trainers
- Veterans Military
- Women
- State Level
- National Resources

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 utilization of seclusion and restraint
- Fewer no-shows
- 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”

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. 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!
TIC: Why is this important?
TIC: Why is this important?
CHANGE THE DIALOGUE......

“What Happened to You?”
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