



Developmental Disabilities
Mental Health and Addiction Services

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

*Sondra Williams, Adult with Autism and PTSD
Survivor's Voice/Advocate*
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OMHAS/DODD*
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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



Divorce
Separation



Incarcerated Relative



Substance Abuse

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

ACE Questions:

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**... Swear at you, insult you, put you down, or humiliate you? **Or** Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household **often or very often**... Push, grab, slap, or throw something at you? **Or Ever** hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you **ever**... Touch or fondle you or have you touch their body in a sexual way? **Or** Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you **often or very often** feel that ... No one in your family loved you or thought you were important or special? **Or** Your family didn't look out for each other, feel close to each other, or support each other?

ACE Questions: **Con't**

5. Did you **often or very often** feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or** Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents **ever** separated or divorced?
7. Was your mother or stepmother: **Often or very often** pushed, grabbed, slapped, or had something thrown at her? **Or Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard? **Or Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

More about ACEs

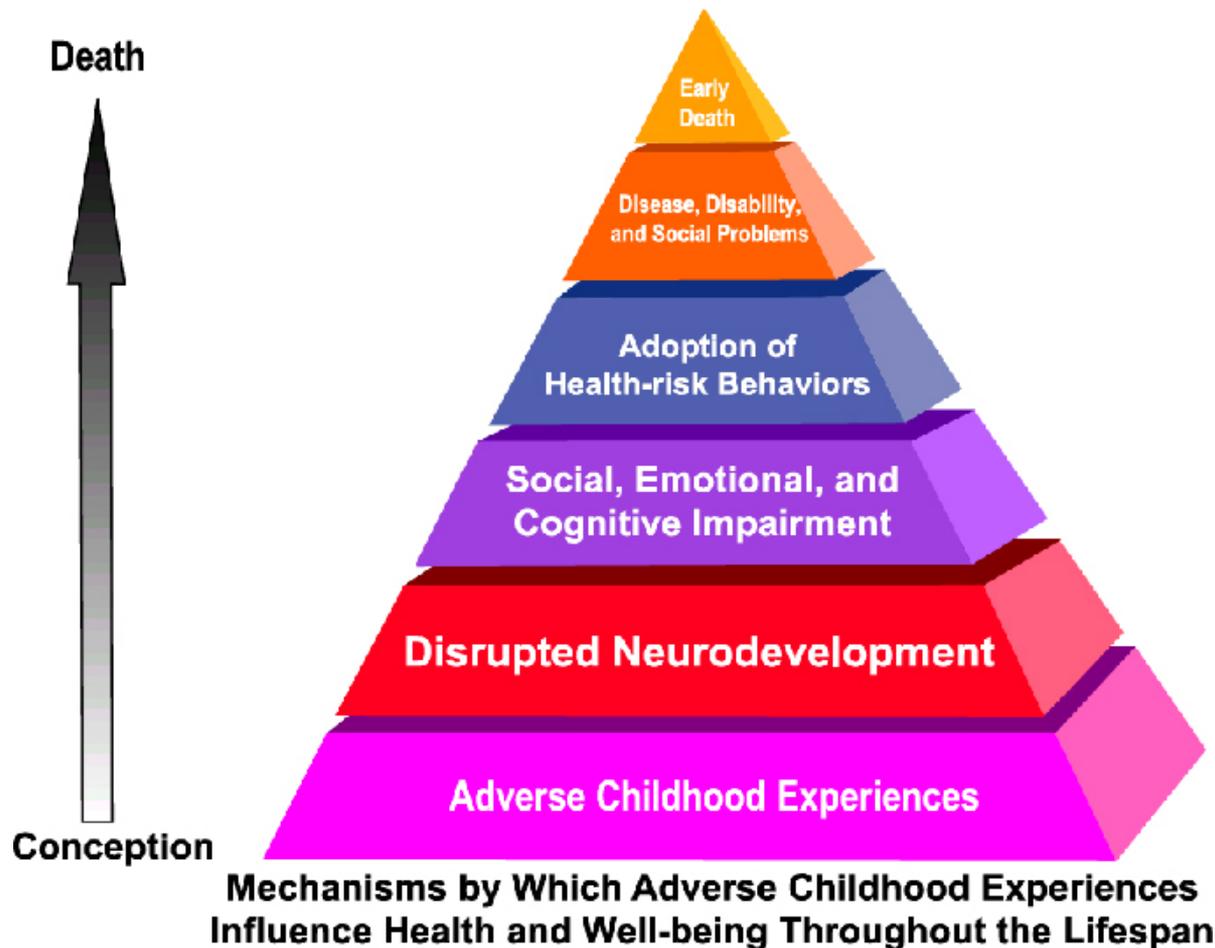
- There are many other types of trauma, such as:
 - witnessing a father being abused
 - seeing violence outside the home
 - witnessing a sibling being abuse
 - being bullied
 - Racism
 - gender discrimination
 - living in a war zone
 - being an immigrant
- Some of those experiences are being included 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 are persons in the human services and criminal justice 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

ACE Pyramid





Later Health Risks & Outcomes

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



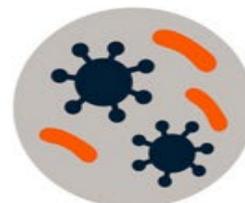
Diabetes



Depression



Suicide attempts



STDs



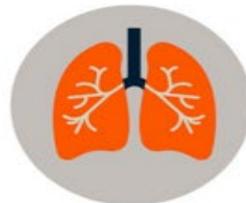
Heart disease



Cancer



Stroke



COPD

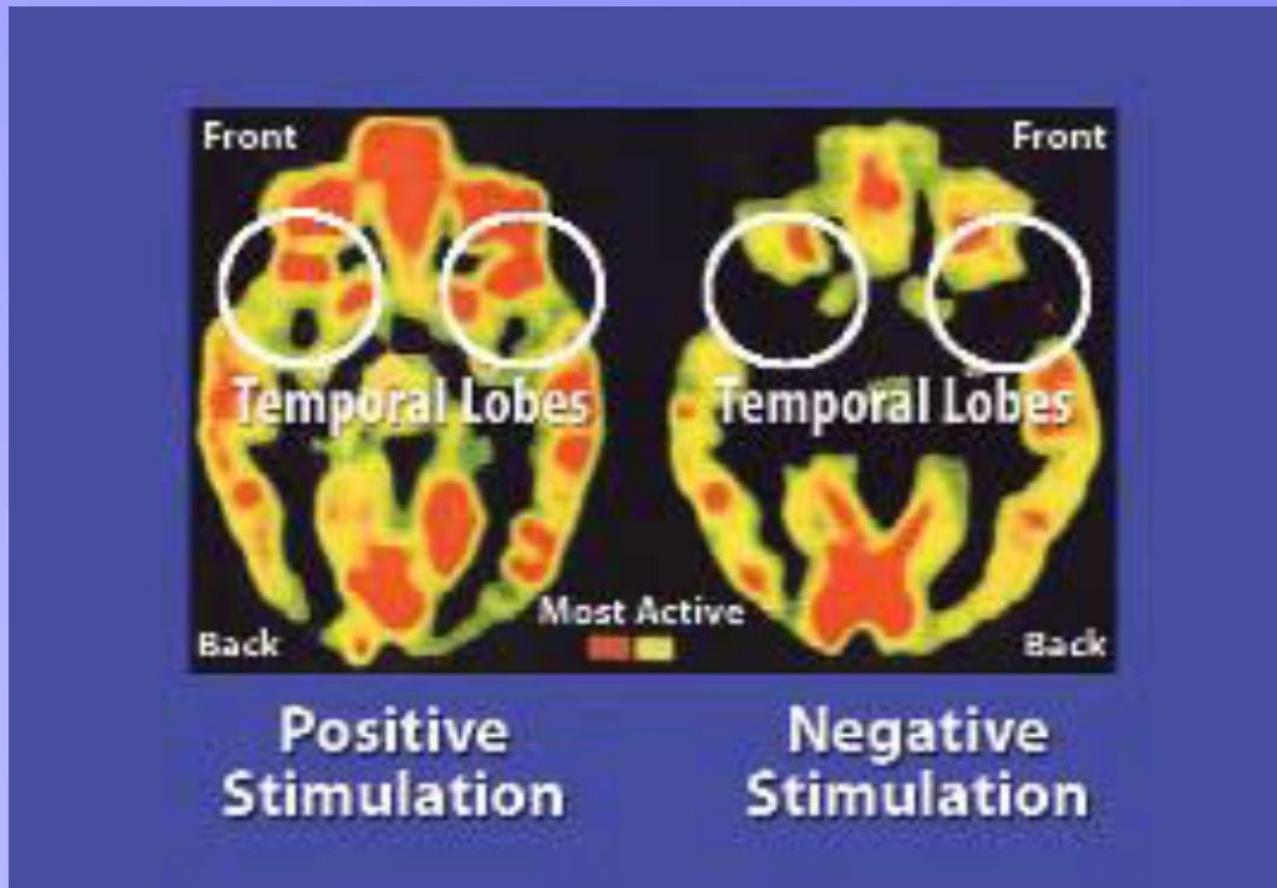


Broken bones

The ACE Comprehensive Chart

Adverse Childhood Experiences	Neurobiological Impacts and Health Risks	Long-term Health and Social Problems
The more types of adverse childhood experiences...	The greater the neurobiological impacts and health risks, and...	The more serious the lifelong consequences to health and well-being

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



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
- Criminal histories

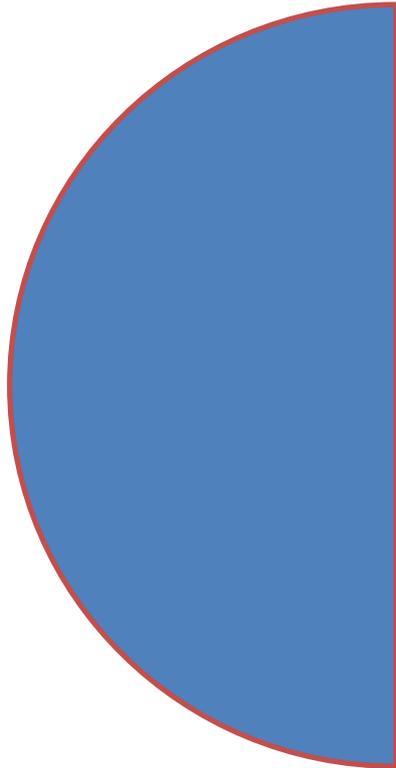


Trauma in adults – mental health

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 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

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

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
 - The incidence 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

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

Maternal and Child Health Indicators

- **Ohio's infant mortality rate is among the worst in the nation.**
- **Black babies are more likely to die within the first year of life even when controlling for social and economic factors**
- **Metropolitan and Appalachian counties have higher rates of infant mortality**
- **Evidence suggests that children in foster care have higher-than-average delinquency rates, teen birth rates, and lower earnings**
- **Abuse and neglect is a leading factor in infant and child fatalities**

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 older adults

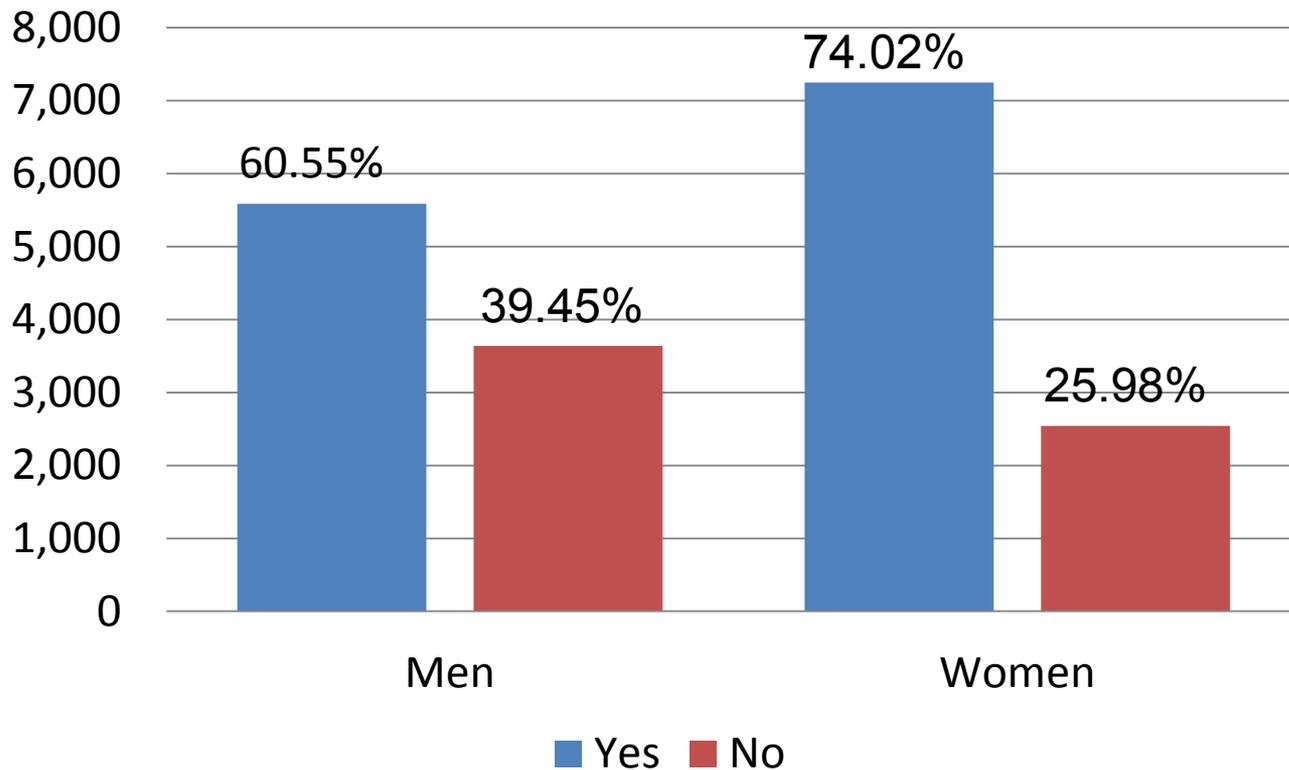
- **Approximately one in ten** seniors over the age of 60 is abused each year.
- Of those seniors abused, the majority are **older women who live in the community** rather than in nursing homes or other senior living facilities.
- **Elder abuse is grossly underreported**, with about 1 of every 23 cases 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.

What about the caretakers?

- Providers of services to 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”

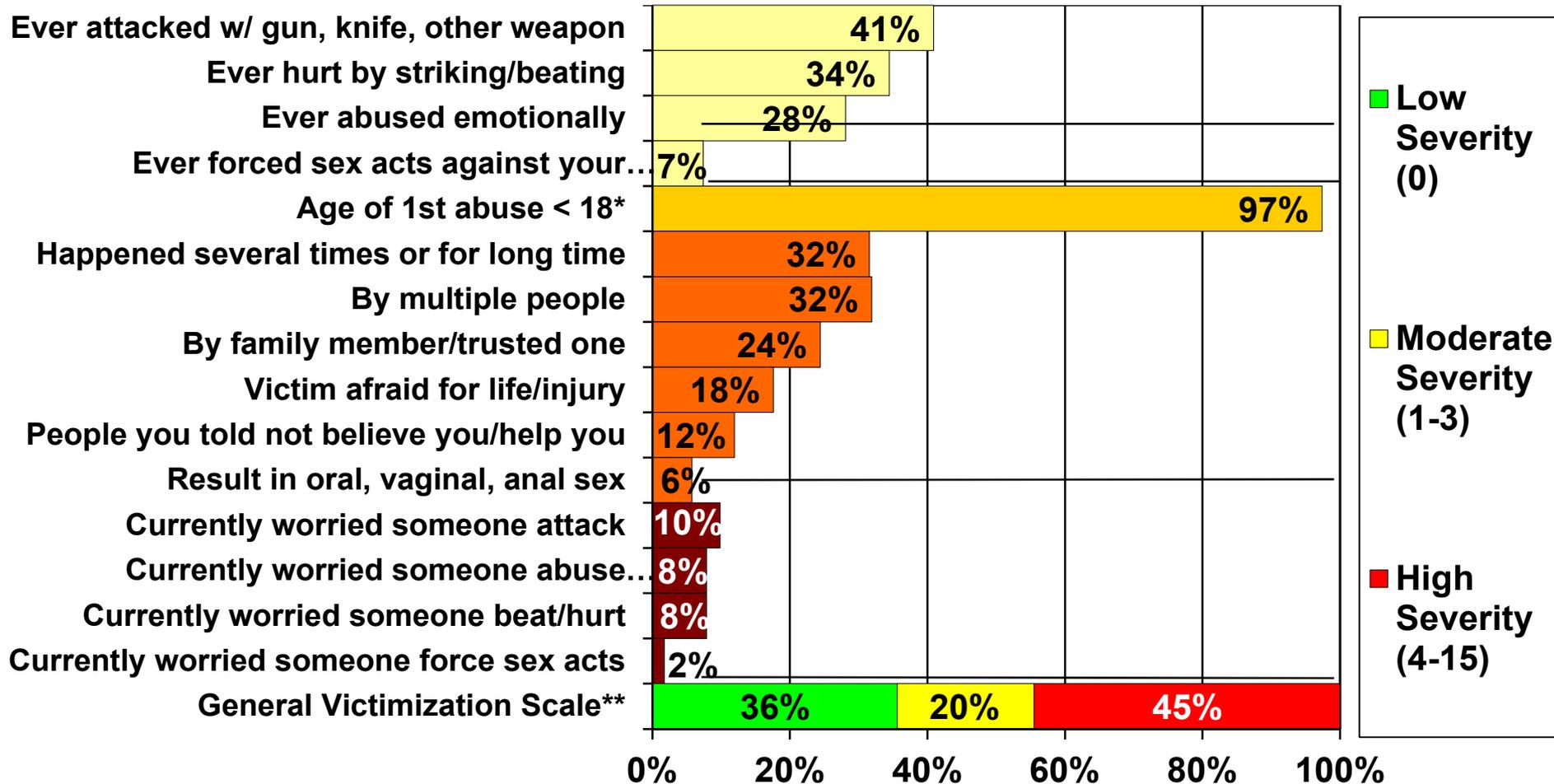
SAMHSA Trauma Measures

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 st -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

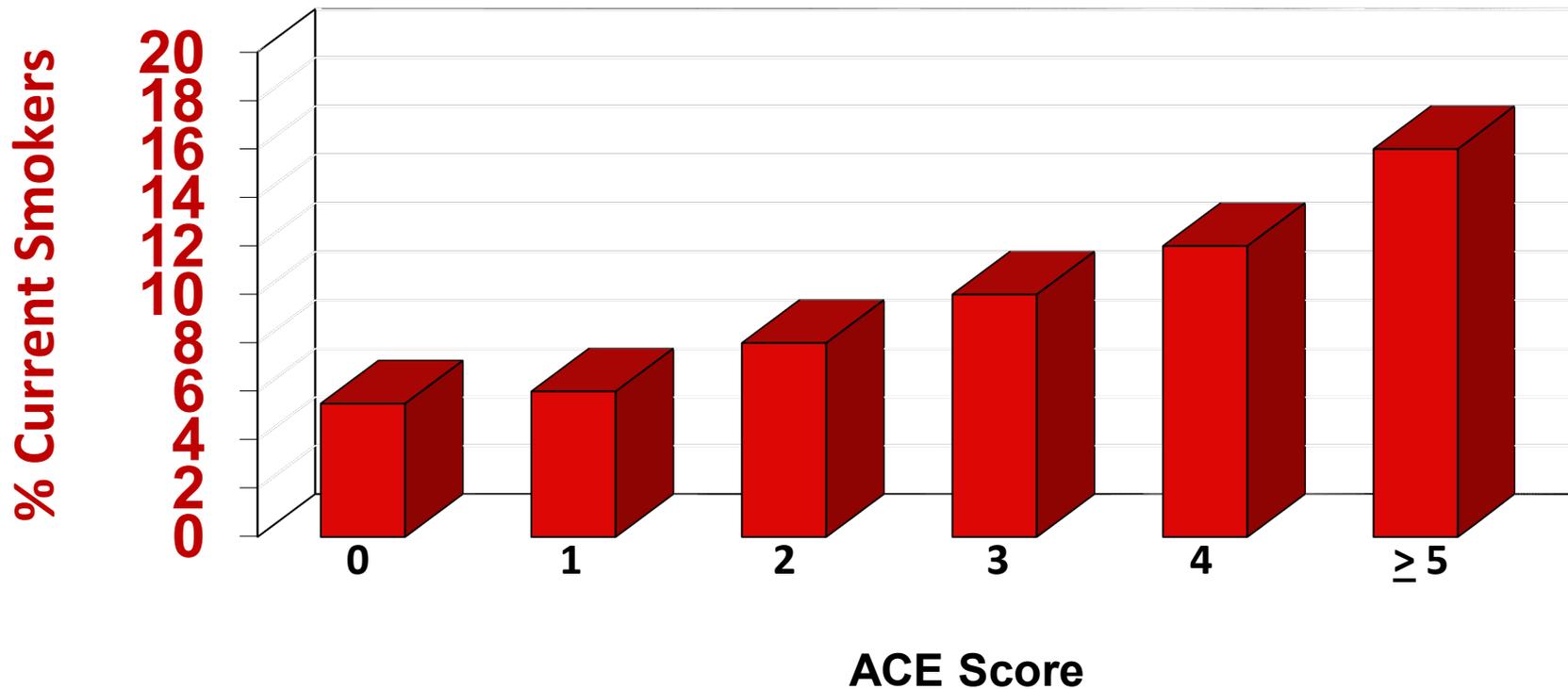


*n=3,230

**Mean of 15 items

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

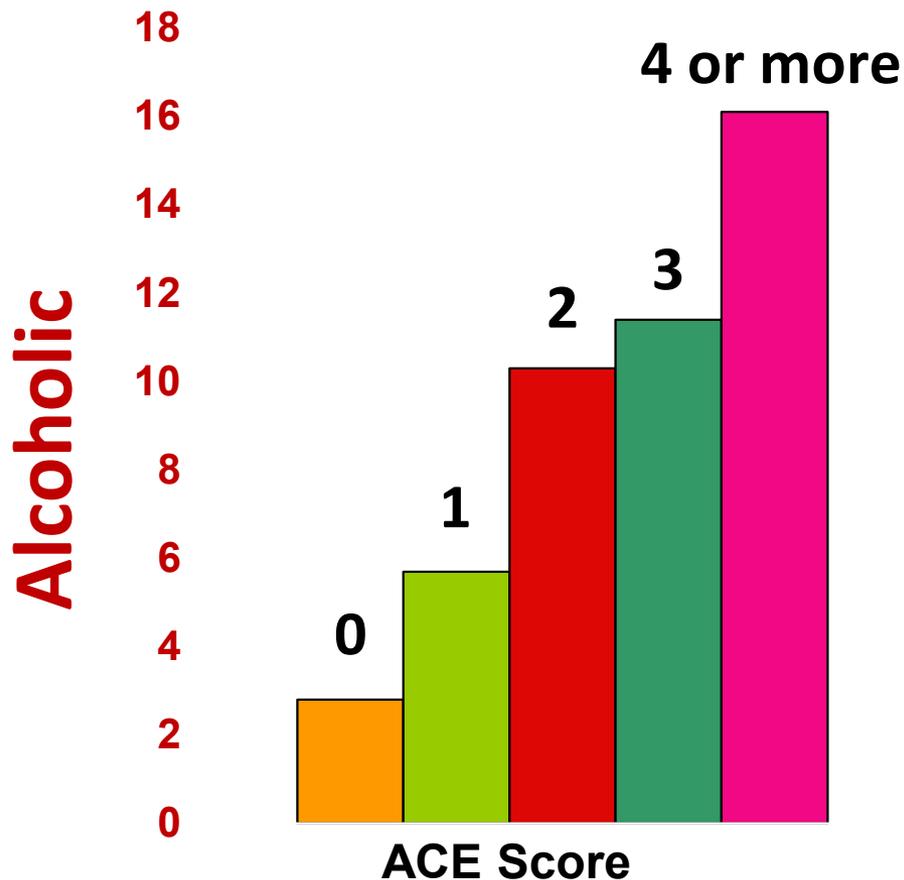
ACE score and current smoking



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



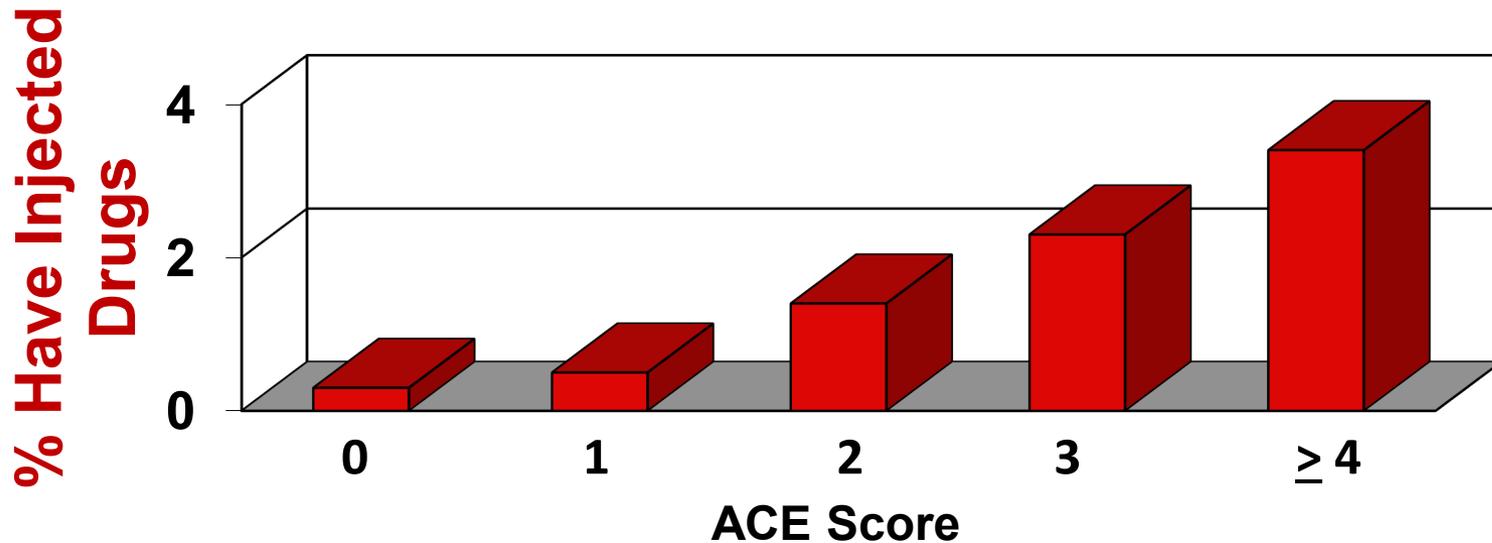
A **500% increase in adult alcoholism** is directly related to adverse childhood experiences.

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

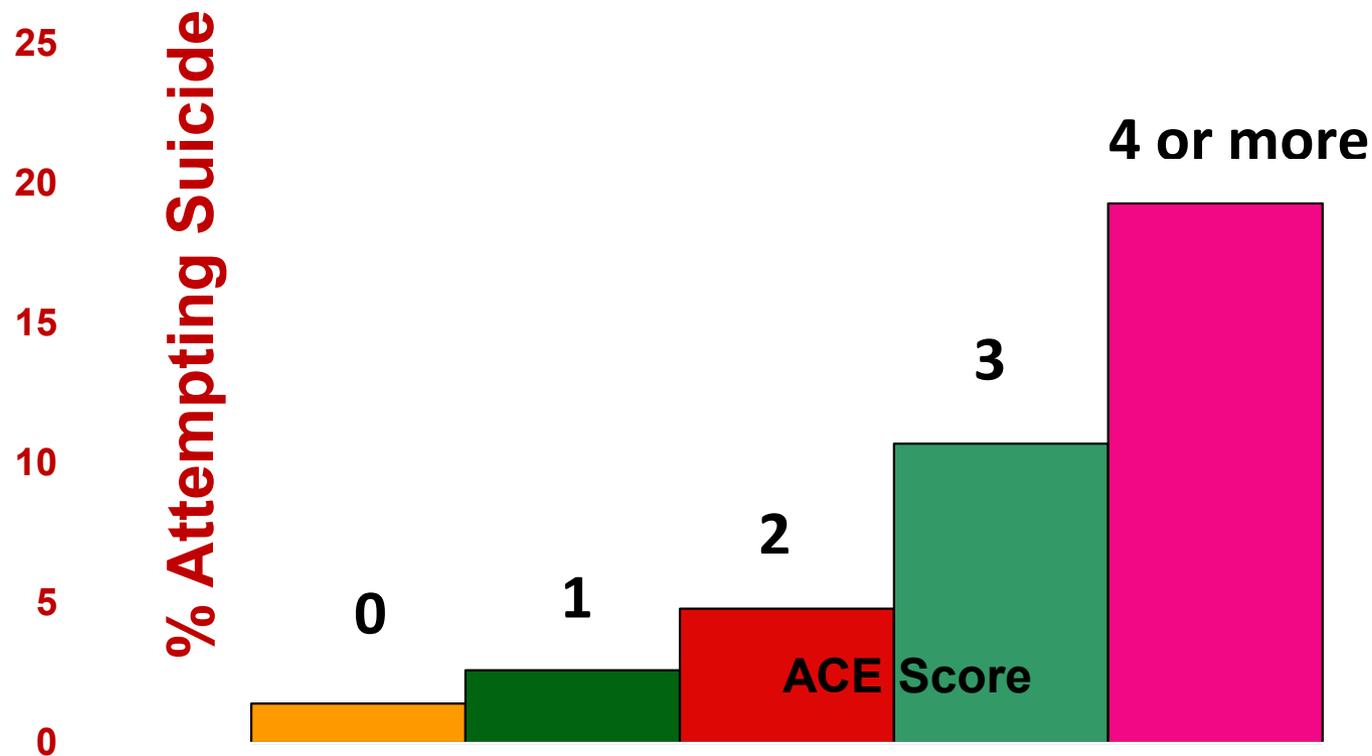


A **male child** with an ACE score of 6 has a **4,600% increase** in the likelihood that he will become an **IV drug user** later in life

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

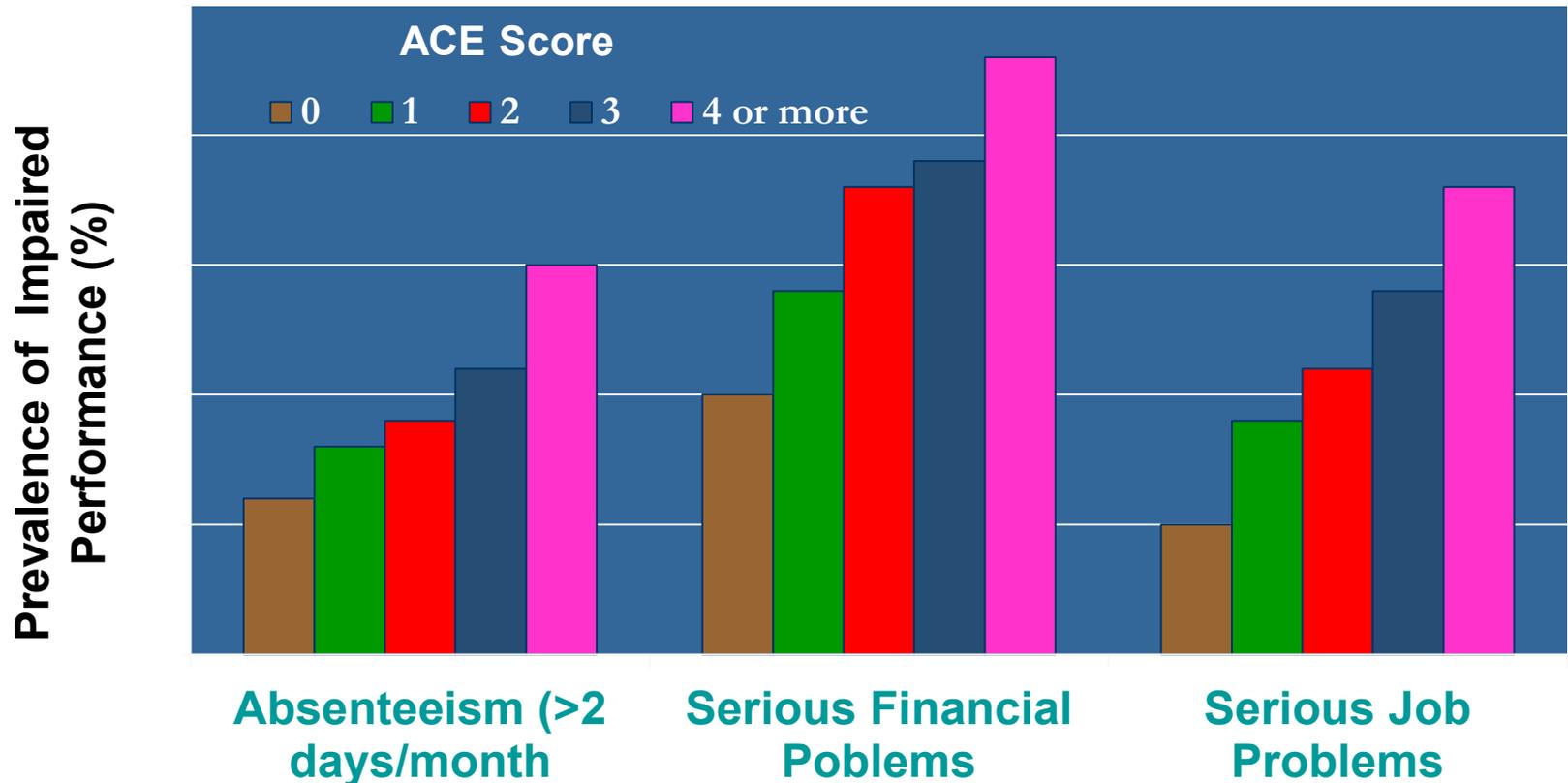
Might drugs be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?" Felitti 1998

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.

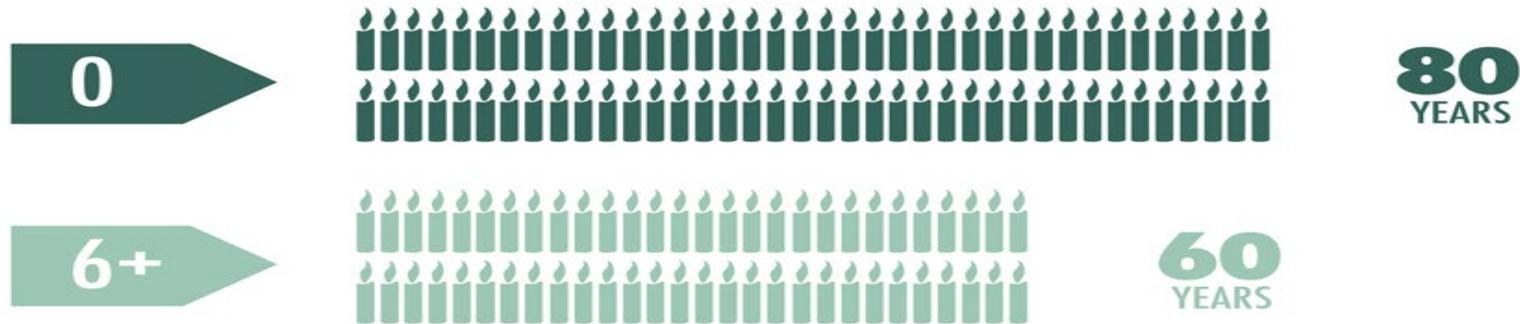
ACE Score and Indicators of Impaired Worker Performance



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?”

So what does this mean????

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

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
- Fewer emergency room admits
- 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



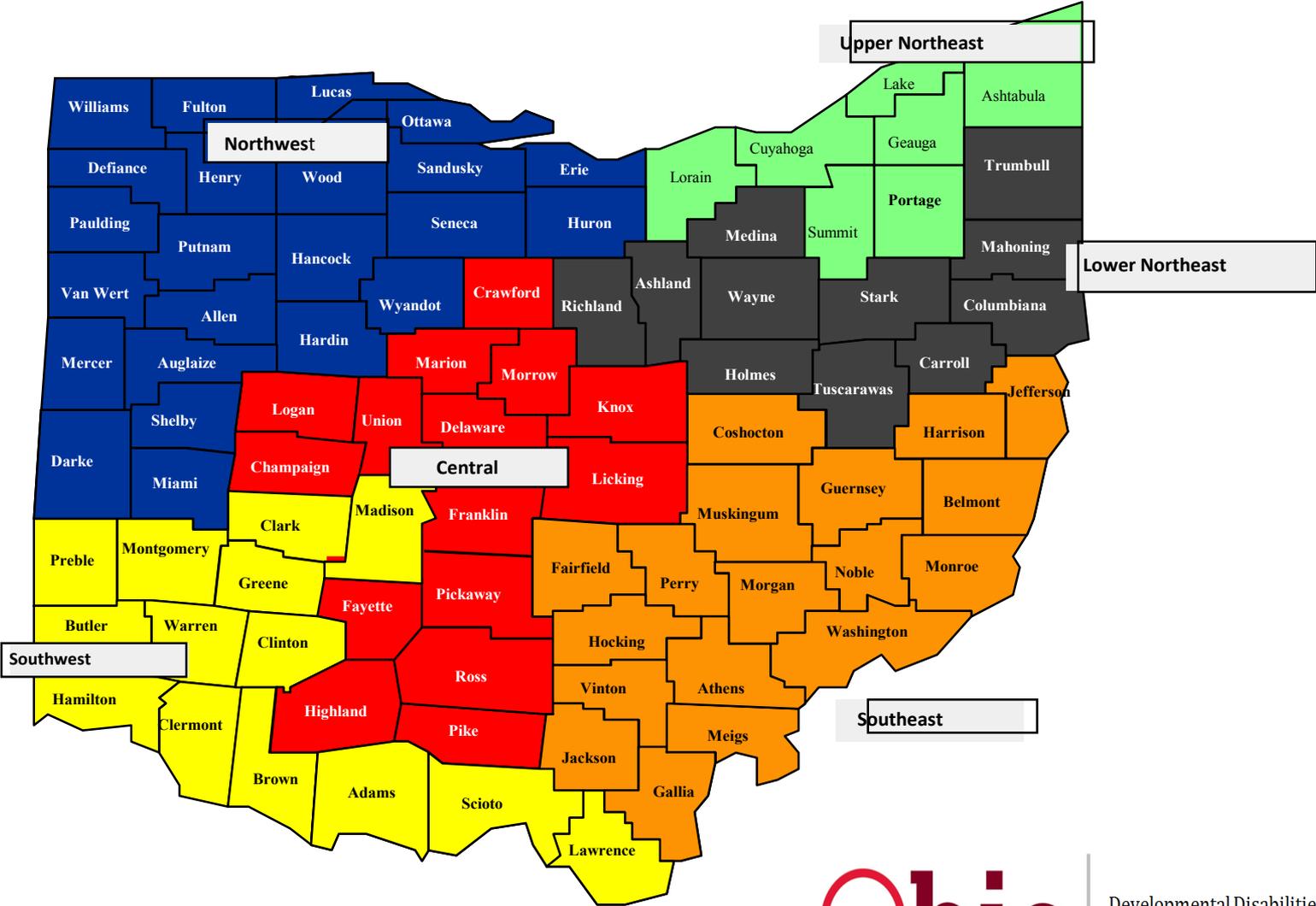
Developmental Disabilities
Mental Health and Addiction Services

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.



Resilience Questionnaire

Resilience Questionnaire

- **What's Your Resilience Score?**
- This questionnaire was developed by the early childhood service providers, pediatricians, psychologists, and health advocates of Southern Kennebec Healthy Start, Augusta, Maine, in 2006, and updated in February 2013. Two psychologists in the group, Mark Rains and Kate McClinn, came up with the 14 statements with editing suggestions by the other members of the group. The scoring system was modeled after the ACE Study questions. The content of the questions was based on a number of research studies from the literature over the past 40 years including that of Emmy Werner and others. Its purpose is limited to parenting education. It was not developed for research.

Please circle the most accurate answer under each statement:

Definitely true

Probably true

Not sure

Probably Not True

Definitely Not True

- 1. I believe that my mother loved me when I was little.**
- 2. I believe that my father loved me when I was little.**
- 3. When I was little, other people helped my mother and father take care of me and they seemed to love me.**
- 4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.**
- 5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.**

- 6. When I was a child, neighbors or my friends' parents seemed to like me.**
- 7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.**
- 8. Someone in my family cared about how I was doing in school.**
- 9. My family, neighbors and friends talked often about making our lives better.**
- 10. We had rules in our house and were expected to keep them.**

11. When I felt really bad, I could almost always find someone I trusted to talk to.

12. As a youth, people noticed that I was capable and could get things done.

13. I was independent and a go-getter.

14. I believed that life is what you make it.

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled “Definitely True” or “Probably True”?)

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?”



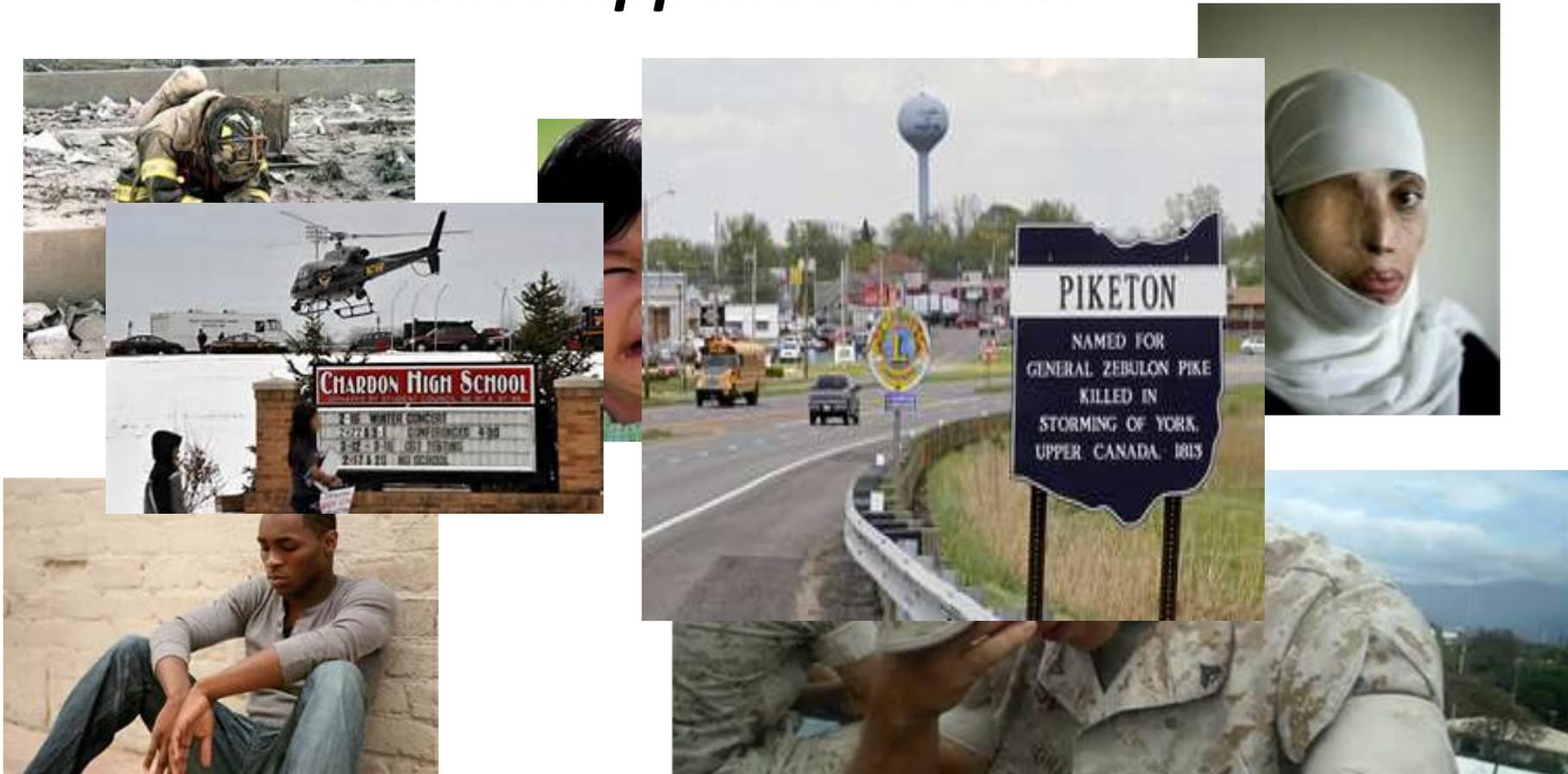
Other Implications

- 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?”



Support in 4

First ask, “What happened to you?”

Then, **SUPPORT IN 4:**

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!**

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- >> 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

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

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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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Adults

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

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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