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

Opiate Conference
May 2016
Jennifer Biddinger, Ohio Attorney General
Andrea Boxhill, GCOAT
Kim Kehl, OhioMHAS, OMHAS
"We have this incredible proof about the expense that trauma is causing our society and how all of these physical ailments are related. And yet, what do you do to change it? It’s not like, ‘Well, eat more broccoli.’ “

Patricia Wilcox, head of the Traumatic Stress Institute at Klingberg Family Centers in New Britain
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.*
Exposure to trauma is widespread

- Trauma can occur at any age
- Trauma can affect individuals from all walks of life
“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
• A hurt that must be healed
Indicators highly associated with the incidence of toxic stress, trauma, and the resulting conditions

- 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

**Child Abuse and Neglect**

- In 2013 there were 100,139 new reports of child abuse and neglect.
- Of these children, 29% were neglected, 29% were physically abused, and 10% were sexually abused.
- On 1/1/14 12,679 were in the custody.
- 6 in 10 children in Ohio’s children welfare system did not come into the system for reasons primarily related to abuse or neglect, but because of developmental disabilities, mental illness or juvenile justice diversion.
- In 2013, 15,000 Ohio children of a substance-abusing guardian entered the county child-welfare system (Approximately 30,000 in the child-welfare system in total).
- At least half of these children remained in the county’s custody for more than 300 days compared with the average 70-day stay.
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.
- Almost one in 10 Ohio children is in foster care, 32% of which are under the age of five.
- 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.
Indicators highly associated with the incidence of toxic stress, trauma, and the resulting conditions

- One in five children lives with a mental health condition
- 50% of mental health conditions start by age 14 and 75% by age 24
- The average delay between onset of symptoms and intervention is 8-10 years
- Approximately 50% of youth with mental health conditions receive treatment
- Approximately 50% of students aged 14 and older with mental health conditions drop out of high school—the highest dropout rate of any disability group
- 70% of youth in state and local juvenile justice systems live with a mental health condition, with at least 20% experiencing severe symptoms
### Adversity attributable to . . .

<table>
<thead>
<tr>
<th><strong>Child or Individual Level</strong></th>
<th><strong>Parental or Societal Issues</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Owing to traumatic experiences</td>
<td>• Poverty</td>
</tr>
<tr>
<td>• Delays in development</td>
<td>• Divorce/single parenting</td>
</tr>
<tr>
<td>• Disabilities</td>
<td>• Poor housing</td>
</tr>
<tr>
<td>• Chronic diseases</td>
<td>• Lack of access to medical or</td>
</tr>
<tr>
<td>• Temperaments</td>
<td>mental health care</td>
</tr>
<tr>
<td>• Other unusual physical or</td>
<td>• Threat of violence or terrorism</td>
</tr>
<tr>
<td>personal traits</td>
<td></td>
</tr>
</tbody>
</table>

~ OR ~

**Combination of Both**
• A male child with an ACE Score of 6, when compared to a male child with an ACE Score of 0, has a 46-fold (4,600%) increase in the likelihood of becoming an injection drug user sometime later in life

• ACEs. Population Attributable Risk* (PAR) analysis shows that 78% of drug injection by women can be attributed to adverse childhood experiences

• For men and women combined, the PAR is 67%

• 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)
Percentage of Children Who Have Experienced at Least Two Traumas, Compared to the National Average

Prevalence of kids who experienced at least two traumas, compared to the U.S. average (Health Affairs)
Trauma Affects Transition-age Youth . . .

• More than 44,000 women under the age of 25 gave birth in 2013; of those, one more than one in 10 delivered low birth weight babies

• Close birth spacing which is a significant poverty risk factor, continues to be most prevalent for transition-age youth

• At the most recent 2013 Point-In-Time HUD report to congress, transitional age youth made up 10 percent of the nation’s homeless population
Of families who experience intimate partner violence:

- Four out of five adult children commit violence against partners
- Three out of four adult children become victims of domestic violence

Children exposed to domestic violence may develop a wide range of problems, including interpersonal skill deficits, psychological and emotional problems such as depression and PTSD, and externalizing behavior problems.

Barbara Warner Committee on Workplace Domestic Violence -2013 Report,
Ohio Department of Health Ohio Domestic Violence Statistics, 2012,
Ohio Domestic Violence Network HealthDay, Copyright © 2013
1,000 Ohio children are estimated to become victims of human trafficking each year.
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
ACE Categories and Definitions

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
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.
**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
- 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
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
- 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
• As the ACE Study demonstrated, the effects of childhood adversity can continue well into adulthood.
• From hundreds of recent studies, we know that adverse experiences can affect men and women in five key domains of functioning:
• They can:
  - Negatively impact your beliefs about yourself or others
  - Cause health problems
  - Lead to harmful behaviors
  - Create relationship challenges
  - Manifest through emotional difficulties
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

A study by Felittli, et.al. found patients who were asked trauma-oriented questions had 35 percent fewer doctor office visits and 11 percent fewer emergency room visits
• Each year, the United State spends $80 billion to lock away more than 2.4 million people in its jails and prisons – allocations that far outweigh housing, transportation and higher education

• Latent costs include, but are not limited to:
  • Mental health support
  • Care for untreated physical ailments
  • Loss of children to foster care
  • Permanent declines in income
  • Loss of opportunities like education and employment
Cost of Trauma

• The estimated average lifetime cost per victim of nonfatal child maltreatment is $210,012 in 2010 dollars including:
  – $32,648 in childhood health care costs;
  – $10,530 in adult medical costs;
  – $144,360 in productivity losses;
  – $7,728 in child welfare costs;
  – $6,747 in criminal justice costs; and
  – $7,999 in special education costs.
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:
  • Consumers/patients
  • Staff
  • Families
  • Others involved with the system
• Responds by fully integrating knowledge about trauma into practices, policies, procedures, and environment.
Core Principles

- Safety
- Trustworthiness and transparency
- Collaboration and mutuality
- Peer Support and Mutual Self-Help
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues

Resilience and Strengths Based:
Belief in resilience and the ability of individuals, organizations and communities to heal and recover

Promote recovery from trauma

Builds on what clients, staff and communities have to offer rather than responding to perceived deficits
Outcomes with TIC

• Decrease in youth alcohol and drug use
• Decrease in high school dropout rate
• Decrease in number of children in out-of-home placement due to abuse or neglect
• Reduction in teen suicide attempts
• Reduced teen pregnancy
• Decrease in teen violent crime
• Decrease in cases of domestic violence
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
Trauma-Informed Care (TIC) Promotes Cultural Change

“What’s wrong with you?”

“What has happened to you?”
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:
- June 2013: Initial training of MHAS Central Office and Regional Psychiatric Hospital (RPH) leadership in TIC
- On-site training of clinical and support staff at all RPHs 2013-2014
- Continued consultation from the National Center for Trauma-Informed Care (NCTIC) on next steps in Hospital Services
- Clinical Safety Initiative
  - Trauma Informed Care
  - Safe physical interventions
  - Assault prevention
  - Seclusion and Restraint Prevention
Goal is for staff and patients to be and feel safe to be effective in meeting the needs of the patients we are committed to serving
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
• Plans for subsequent visits and consultation from NCTIC
• Consultation being planned on the impact of secondary/ vicarious trauma on staff at Montgomery and Youngstown Developmental Centers scheduled to close June 30, 2017
• TIC webinars being developed for April 2016 series for DD provider community
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; over 3,500 people trained in trauma-informed approaches
• Content focused on system infrastructure and infiltration
  Understanding trauma
  Trauma-informed approaches
  Principles of trauma-informed approaches
  Guidance and implementation
  Healing and recovery

http://mha.ohio.gov/traumacare
Creating Environments . . .

Third Annual Trauma-Informed Summit

Goal:
Identify promising practices and share feedback and continuous learning and form the basis for more advanced work in developing trauma-informed environments and practices.

Progress to date:
• Creating Environments of Resiliency and Hope in Ohio
• June 22 and 23, 2016
  Two day Summit
  Day One – TIC and exemplary Ohio programs
  Day Two – Clinical Best Practice Institutes

Registration opens May 1, 2016
oacca.org
Partnership Work

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

Progress to date:
• Statewide TIC Advisory Committee by coordinating existing experts on a state and regional basis, establish means of communication and collaboration from these experts
• Partner with the Ohio Department of Health on their Early Childhood Comprehensive Systems (ECCS) Grant – MHAS, Bureau of Children and Families
  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
• Combined TIC training for ODJFS and OhioMHAS Licensure and Certification staff – December 2016
• Combined OhioMHAS, DODD, Attorney General’s Office, ODJFS, ODE and ODH Central Office staff training: Trauma-Informed Approach: Key Assumptions and Principles (200 staff, February 2016)
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

Ohio Developmental Disabilities Mental Health & Addiction Services
Framework for Ohio’s TIC Initiative

Sustainability:

- Based on the passion of those involved in the initiative
- This can be launched and maintained with fairly little infusion of resources
- Encourage use and repurposing of existing resources
- Technical support: NCTIC and deliverables of CCOEs
- Encourage regions and states to develop internal expertise and learning communities to transmit, maintain and advance our ability to respond to those with trauma needs
TIC: Why is this important?
SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by
SAMHSA's Trauma and Justice Strategic Initiative
July 2014
Dr. Mark Hurst, M.D., FAPA
Medical Director, OhioMHAS
30 East Broad Street, 36th Floor,
Columbus, OH 43215
(614) 466-6890
Mark.Hurst@mha.ohio.gov

Tina Evans
Regional Liaison Team Lead, Division of
Policy & Strategic Direction
30 East Broad Street, 12th Floor
614-752-09028
tina.evans@dodd.ohio.gov

Kim Kehl
TIC Project Coordinator, Office of
the Medical Director
OhioMHAS
30 East Broad Street, 36th Floor,
Columbus, OH 43215
(614) 644-8442
Kim.kehl@mha.ohio.gov