

TRAUMA INFORMED & RESPONSIVE: BEGINNING THE DISCUSSION



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ABUSE STATISTICS

- **7 out of 10** persons with IDD report physical, sexual, neglect and/or abuse. Most multiple x
 - Gen pop females 33% or **1 in 3**
 - Gen pop males 20% or **1 in 5**
- **Children** with IDD = **3 – 6 x** more likely than non-disabled to be **sexually abused**.
 - Multi x prior to age 18
- Women w/IDD = highest rates of sexual abuse overall.
 - **3-5x** more likely than females w/o disability



MENTAL ILLNESS & IDD

- **1 in 3** persons w/IDD have MH dx
- Persons w/IDD have **3 – 6 x** MH dx than “general” population
 - Gen pop **1 in 5**
- **Anxiety/mood disorders** more than double general population
- Expanding definition of psychiatric d/o to include “**behavior disturbances**” => **80%** of those w/IDD

CONTRIBUTING RISK FACTORS => MI

- Early exposure to **trauma** (abuse)
- Increase family/maternal **stress**
- **Low** levels of social **support**
- **Poor social skills** development
- Sense of **learned helplessness** => low self-efficacy
- **Physical challenges** i.e. motor, epilepsy
- **Damage** to central nervous system
- **Difficulty** w/communication
- **Decrease opportunities** to build social/vocational skills



ACE STUDY

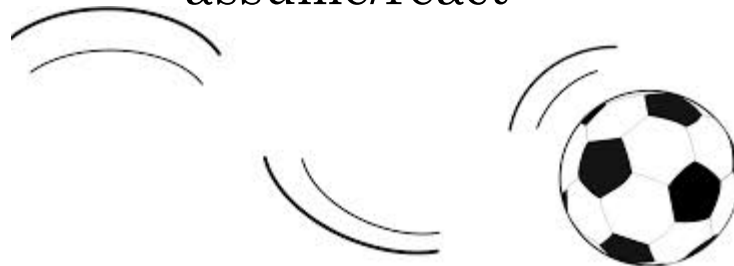
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect physical
- Neglect emotional
- Domestic Violence
- Parent/Caregiver w/ mental illness (or anyone in the home)
- Anyone in the home w/substance abuse issues
- Loss of a parent (death/divorce/ separated)
- Household member incarcerated



RESILIENCY



- People that show love/caring **consistently**
- People who **show joy** that the person is in their life
- Being with people who are **hopeful**
- Set **consistent/realistic** expectations
- People who **seek to understand** vs. assume/react



THE THREE E'S IN TRAUMA

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.

MAVIS

- Female, 25 yrs, mild ID
- Lives with 1 house mate also mild ID, 24/7 staff
- Current issues: **Refuses to do chores**. When staff encourage her she becomes **aggressive**. This is increasing and she has broken a staff's glasses and nose. She is now **"bossing"** co-workers around and interferes with others activities at work/day program. She frequently **cusses** staff out at both home and day program and frequently makes **threats** towards staff and co-workers. Her aggressive behavior at the day program has led to other participants refusing to attend due to being **afraid of her**. Staff report that the only way they can get her to do anything is to give her a **"treat"** first, then she will do as requested sometimes



THINGS TO REMEMBER

Underlying
question =

**“What
happened to
you?”**

Symptoms =

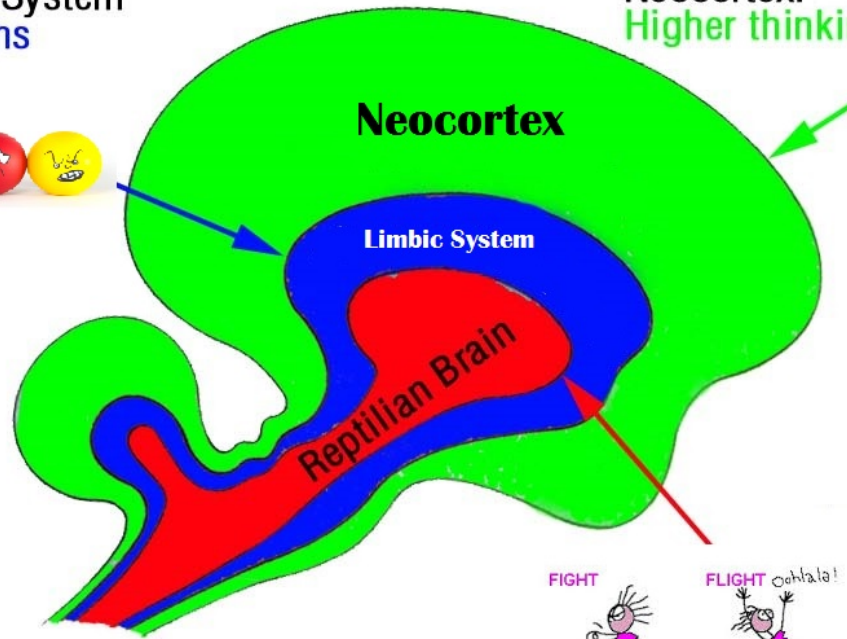
**Adaptations
to traumatic
events**

Healing
happens

**In
relationships**

Intermediate:
Limbic System
Emotions

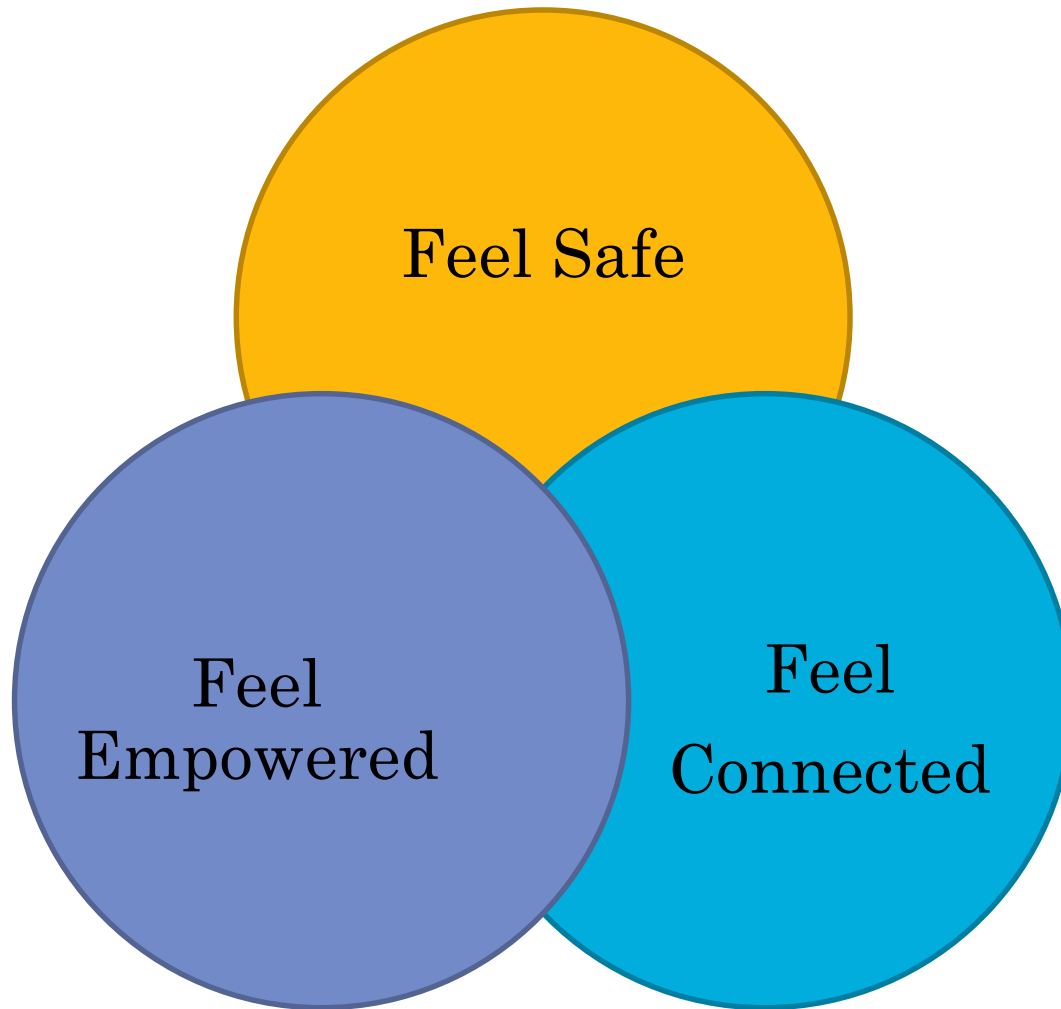
Rational Brain
Neocortex:
Higher thinking



Triune Brain



HEALING BEGINS WHEN PEOPLE



BIO-SOCIAL MODEL

Biological

High Sensitivity

High Reactivity

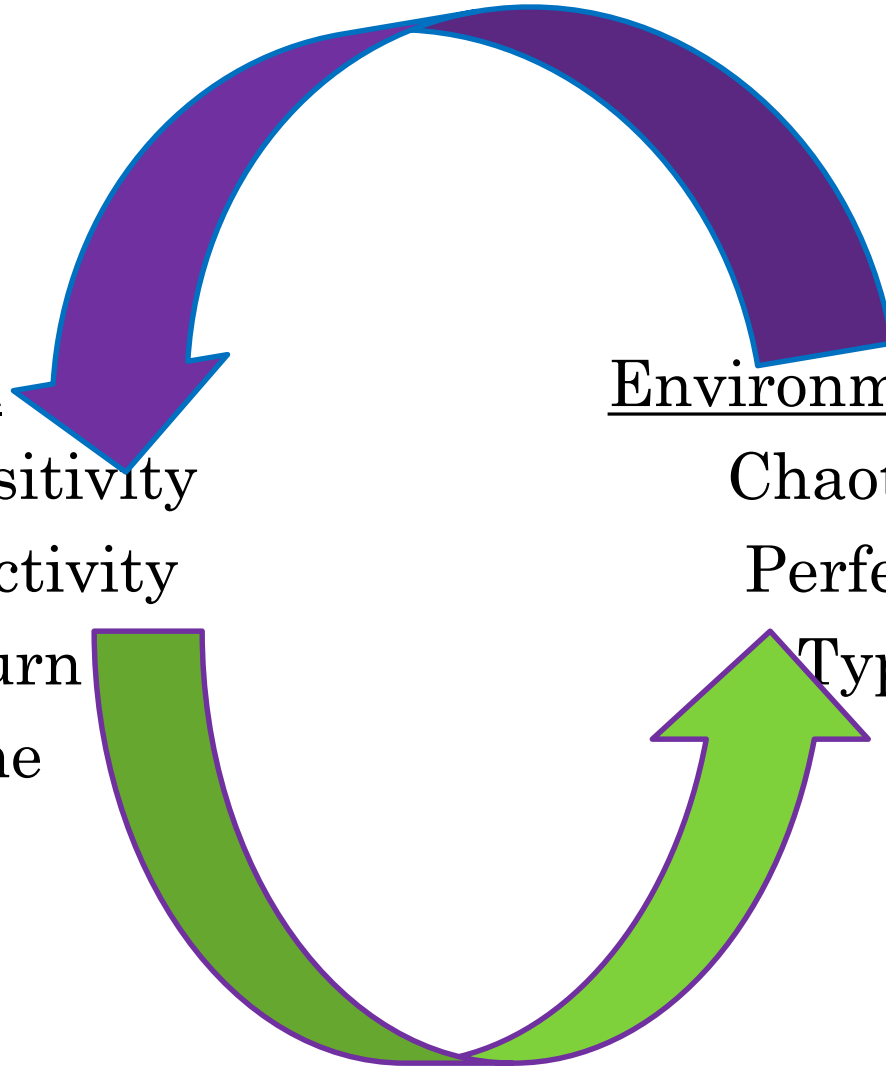
Slow Return
to Baseline

Environmental

Chaotic Family

Perfect Family

Typical Family



CHARACTERISTICS OF INVALIDATING ENVIRONMENTS

- **Sharing** of a private/personal experience is often **punished** and/or **trivialized**
- = **Non Responsive** to the Individual's **needs**
- The response given **tells the person they are “wrong”** and don't know what they are talking about.
 - Especially their identification of the “cause” of their emotions, beliefs, and actions.
- Makes the person feel that something is “wrong” with them.
 - **Innately wrong vs. “learned” something wrong**
- May insist that the **person feels something they don't feel.**
 - “You're not _____, you're _____”
- Oversimplifies solutions, **minimizes the person's experiences.**
 - “Just let it go/move on, you'll feel better”
- **Doesn't tolerate displays** of negative emotions i.e. crying when hurt, sad etc.

- *Members of invalidating environments **don't tolerate other's points of view***
 - *“my way or the highway” or “tune each other out”*
- ***Patterns of “high” expressed emotions, or 1 or 2 members “suck all the energy”***
- ***Use dismissive body language** i.e. rolls their eyes, walk away etc.*



CONSEQUENCES OF INVALIDATING ENVIRONMENTS

- Person **doesn't learn how to identify private experiences** in a way that normalizes them.
- Person **doesn't learn how to regulate their emotions** or “problem solve”.
- By oversimplifying, the environment **doesn't teach how to tolerate distress or form realistic goals** and expectations.
- It teaches that **extreme emotional displays/problems are what get their needs met.**
 - Environment responds with intermittent reinforcement which anchors in the unwanted behavior.
- **Fails to teach** the person to **trust** their own emotions, understanding, and abilities.



WHAT WE CAN DO ...

- Find ways to **authentically/genuinely validate** the person and their efforts
 - Let's the person know that you “see” them
- Help the person **identify and communicate their needs**
 - Can guide person towards more pro-social communication
- Use **active listening skills**



ACTIVE LISTENING: WHY IS IT IMPORTANT?

- **Connects us** to others => positive relationships
- Demonstrates that we **value the person**
- **Validates** what they are feeling/saying
 - Research shows that people who are listened to show more emotional maturity
 - Less defensive
 - Less argumentative
 - Treat other more respectfully
- Listener gains **empathy**



PARALLEL PROCESS

Person

Feel unsafe

Angry/aggressive

Helpless

Hopeless

Hyper aroused

Fragmented

Overwhelmed

Confused

Depressed

Staff

Feel unsafe

Angry/aggressive

Helpless

Hopeless

Hyper aroused

Fragmented

Overwhelmed

Confused

Depressed

Agency

Feel unsafe

Punitive

Stuck

Mission less

Crisis Driven

Fragmented

Overwhelmed

Valueless

Directionless



SIX KEY PRINCIPLES OF TIC APPROACH

1. **Safety**

- Physically & psychologically

2. **Trustworthiness and Transparency**

- Goal= building trust

3. **Peer Support/mutual self-help**

- Trust/safety/empowerment

4. **Collaboration and Mutuality**

- Power with vs. power over

5. **Empowerment, Voice and Choice**

6. **Cultural, Historical and Gender Issues**

- Moves past stereotypes/biases



PARALLEL PROCESS = UPSIDE

Person

Feel safe

Happy

Empowered

Hopeful

Calm/centered

Connected

Confident

Clarity

Engaged in Life

Staff

Feel Safe

Happy

Empowered

Hopeful

Calm/centered

Connected

Confident

Clarity

Engaged in work

Agency

Feel safe

Supportive

Progressive

Hopeful

Responsive

Connected

Confident

Valued

Sense of Purpose



Commitment

Action

Where to Start



WHAT IS A TIC ORGANIZATION?

(TIP 57 P 161)

- All aspects of the *system* has been evaluated as having a *basic understanding* of the role that violence/trauma plays in the lives of those served
 - Provides meaningful *training* to staff
 - *Assessment/screening* captures/addresses trauma
 - Recognizes trauma comes through *interpersonal* as well as *nature*
- Capability of *supporting/sustaining* “trauma-specific” services that are developed



CONT.

- Recognizes trauma results in ***multiple vulnerabilities*** and affects the survivors life over their ***lifespan***
 - ***Collaborates/integrates*** interventions with other systems.
- Facilitates ***consumer participation***
- ***AVOIDS RE-TRAUMATIZATION***
- Organization has written ***plans/procedures*** to address trauma issues
 - Mission Statements
 - Assessment
 - Monitor progress/outcomes/data



WHERE WE'RE AT

- Behavior Health Program
- Survey Monkey
- 2016 Training – SFSC Grant
 - 1/14 – TIC overview to the Board
 - 1/20 – TIC overview SSA teams
 - 2/3 – BHT - first focus group
 - 2/23 – Leadership Team
 - March/early April – 2 focus groups
 - 5/20 BCBDD All Staff.
 - 7/15 9 – noon Vicarious Trauma/Self Care
 - 11/18 9 – noon Impact of trauma on developmental stages and families



RESOURCES

- Center For Disease Control ACE Study
 - <http://www.cdc.gov/violenceprevention/acestudy>
- Ohio Department of Mental Health and Addiction Services
 - <http://mha.ohio.gov>
 - Dual Dx: MH/IDD white paper by Tricia Burke, LISW
- The National Child Traumatic Stress Network
 - <http://www.nctsn.org>
- SAMHSA TIP 57 : Trauma-Informed Care in Behavioral Health Service
 - <http://www.samhsa.gov>



- <https://www.youtube.com/watch?v=Cbk980jV7Ao>

