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

White paper on MH/IDD by Tricia Burke, LISW
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
Triune Brain

Intermediate: Limbic System
Emotions

Rational Brain
Neocortex:
Higher thinking

Neocortex

Limbic System

Reptilian Brain

FIGHT
FLIGHT
FREEZE
Healing begins when people ……

Feel Safe

Feel Empowered

Feel Connected
**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
- Hyperaroused
- Fragmented
- Overwhelmed
- Confused
- Depressed

**Staff**
- Feel unsafe
- Angry/aggressive
- Helpless
- Hopeless
- Hyperaroused
- 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
• 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