



Trauma-Informed Care: Creating an Awareness Perspective

What is Trauma?

Violence



Victimization





Traumatic Experiences

Neglect

Loss



Terrorism

Combat





Domestic Violence

Physical Abuse



Medical Emergencies/ Accidents



Riots

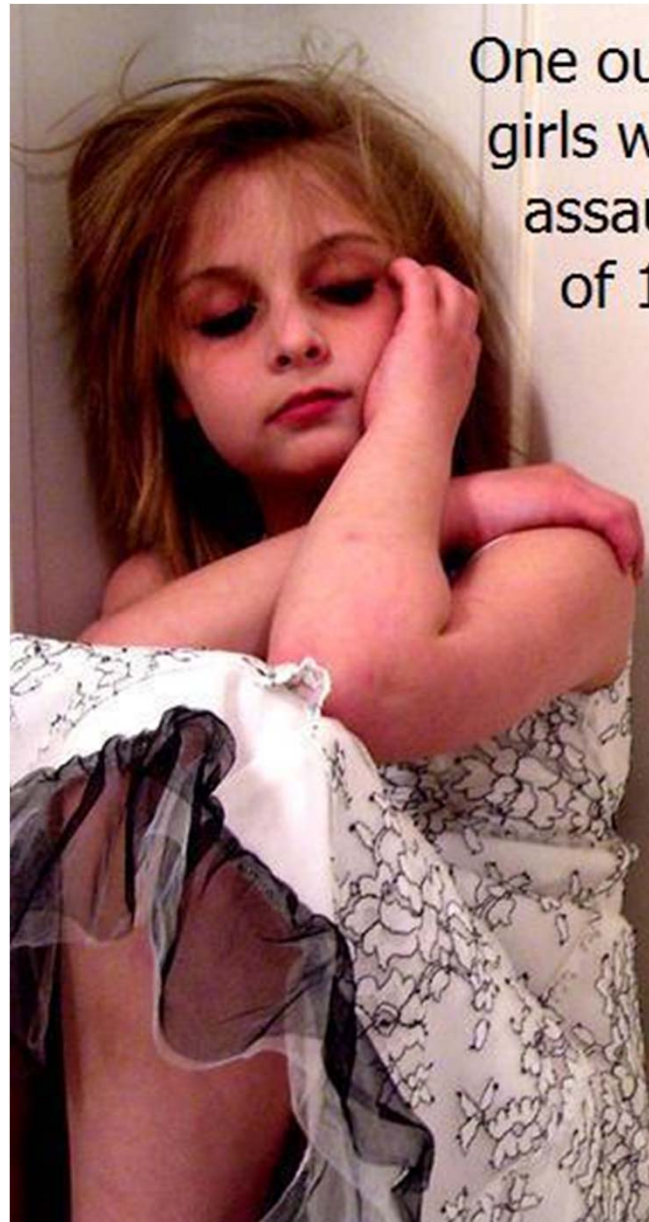




Natural Disasters



Sexual Abuse



One out of every three girls will be sexually assaulted by the age of 18...

1 out of 7 children are abused...

How many do you know?

You can't afford to ignore it...



RELIEF DO VICTIM'S IN ET SEXU PSYCHOLOG
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Responses to Trauma

INTENSE FEAR



HORROR

HELPLESSNESS



EXTREME STRESS



Prevalence of Trauma



Research points to long term effects of childhood trauma, including emotional problems and negative impact on youth brain development



Prevalence of Trauma

- Four million youth in the United States have experienced at least one traumatic event
- 93,000 children are currently locked up in juvenile correctional facilities
- Between 75% and 93% of youth entering the juvenile justice system have experienced some degree of trauma
- Children are twice as likely as adults to be victims of serious violent crime and three times as likely to experience simple assault



Prevalence of Trauma

- 13.4% of female adolescents report having been sexually assaulted
- 35-46% of adolescents report witnessing violence
- 77% of male vets in SA tx. exposed to severe childhood trauma
 - 58% had a history of lifetime PTSD
- Youth of color are more likely to experience violence than their white counterparts (42.1 per 1,000 in the population versus 46.1 respectively)



Prevalence of Trauma Substance Abuse Population – US

- Up to two-thirds of men and women in SA treatment report childhood abuse & neglect (*SAMSHA CAST, 2000*)
- Study of male veterans in SA inpatient unit
 - 77% exposed to severe childhood trauma
 - 58% history of lifetime PTSD (*Triffleman et al., 1995*)
- 50% of women in SA treatment have history of rape or incest (*Governor's Commission on Sexual and Domestic Violence, Commonwealth of MA, 2006*)



The Adverse Childhood Experience (ACE) Study

- Collaboration
- Largest study ever
- 17,000 adult members of Kaiser Permanente HMO participated



Adverse Childhood Experience (ACE) Study

Social Functioning

Later Well Being

Health Risks

Life Expectancy

Disease Burden

Health Care Costs

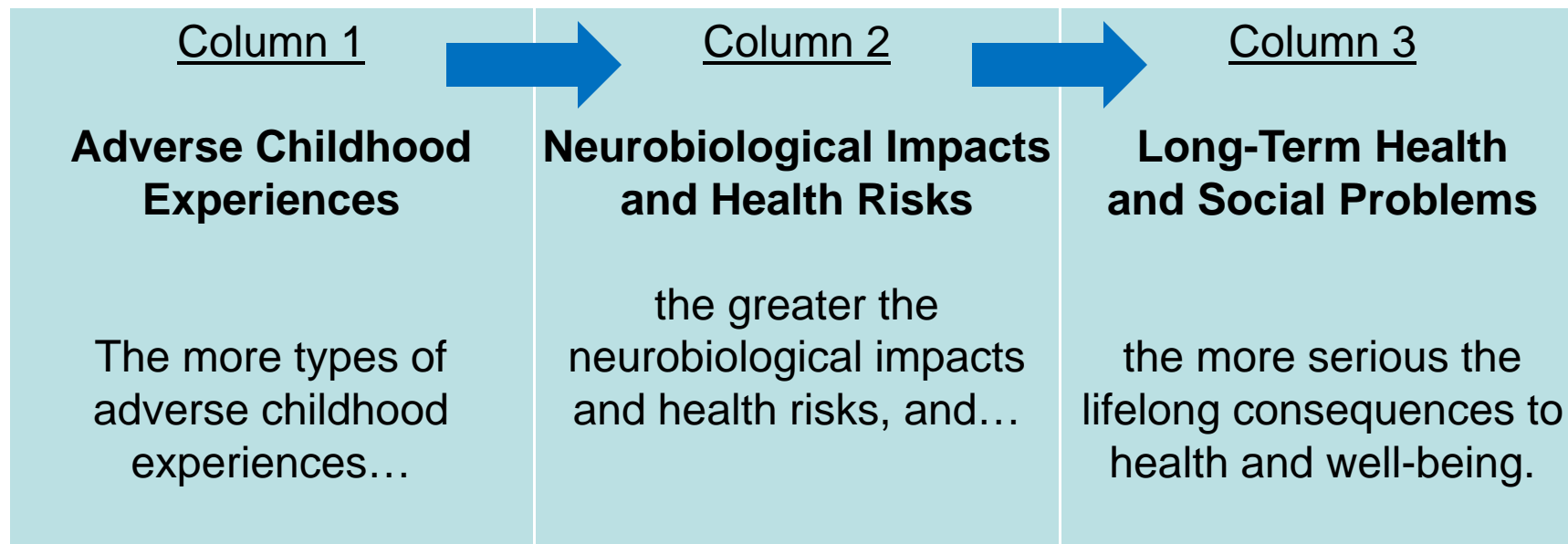


ACE Study Findings (1998 and 2010)

- Adverse childhood experiences are common (verified by both CDC studies)
- Childhood experiences powerfully influence who we become as adults (verified by CDC/Kaiser study)



The ACE Comprehensive Chart



Adverse Childhood Experiences

- Recurrent and severe physical abuse
- Recurrent and severe emotional abuse
- Sexual abuse
- Growing up in a household with:
 - Alcohol or drug abuser
 - Member being imprisoned
 - Mentally ill, chronically depressed, or institutionalized member
 - Mother being treated violently
 - Both biological parents absent
 - Emotional or physical abuse

(Felitti et al., 1998)



Types of Adverse Childhood Experiences (Birth to 18)

- Abuse of Child

- Emotional abuse, 11%
- Physical abuse, 28%
- Contact sexual abuse, 22%

- Neglect of Child

- Emotional neglect, 19%
- Physical neglect, 15%

- Trauma in Child's Household

Alcohol or drug use, 2%

Depressed, emotionally disturbed, or suicidal household member, 17%

Mother treated violently, 13%

Imprisoned household member, 6%

Loss of parent, 23%



Other Critical Trauma Correlates: The Relationship of Childhood Trauma to Adult Health

- Adverse Childhood Events (ACEs) have serious health consequences
- Adoption of health risk behaviors as coping mechanisms
 - Eating disorders, smoking, substance abuse, self harm, sexual promiscuity
- Severe medical conditions: heart disease, pulmonary disease, liver disease, STDs, GYN cancer
- Early Death

(Felitti et al., 1998)



ACE Study

- “Male child with an ACE score of 6 has a **460%** increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Are substances used for the relief of profound anguish dating back to childhood experiences? Is it the best coping device that an individual can find?”

(Felitti et al., 1998)



Sexual Trauma and Addiction

- Women with a history of sexual trauma reported being addicted to more substances than those who had not been sexually traumatized
- Women with trauma histories reported more prior treatment failures than those without.
- *(Young & Boyd, 2000)*



Impacts of Childhood Trauma and Adoption of Health Risks to Ease Pain

- **Neurobiological Impacts**
 - Disrupted development
 - Anger–rage
 - Hallucinations
 - Depression/other mental health challenges
 - Panic reactions
 - Anxiety
 - Somatic problems
 - Impaired memory
 - Flashbacks
 - Dissociation
- **Health Risks**
 - Smoking
 - Severe obesity
 - Physical inactivity
 - Suicide attempts
 - Alcohol and/or drug abuse
 - 50+ sex partners
 - Repetition of trauma
 - Self injury
 - Eating disorders
 - Violent, aggressive behavior



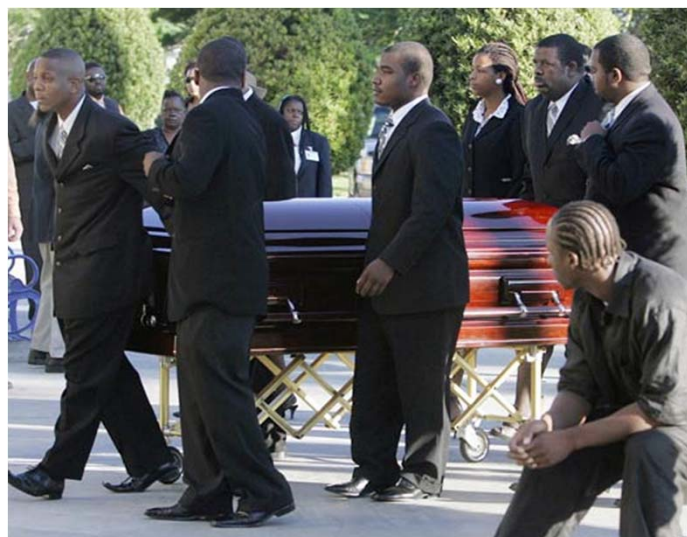
Long-Term Consequences of Unaddressed Childhood Trauma

- **Disease and Disability**
 - Ischemic heart disease
 - Autoimmune diseases
 - Lung cancer
 - Chronic obstructive pulmonary disease
 - Asthma
 - Liver disease
 - Skeletal fractures
 - Poor self-rated health
 - Sexually transmitted infections
- **Social Problems**
 - Homelessness
 - Prostitution
 - Delinquency, criminal behavior
 - Inability to sustain employment
 - Re-victimization
 - Less ability to parent
 - Teen and unwanted pregnancy
 - Negative self-and other perception and loss of meaning
 - Intergenerational abuse
 - Involvement in MANY services
 - HIV/AIDS



Higher ACE Score Results in Significantly Poorer Life Expectancy

- On average, adults with a high ACE had double the death compared with adults who had not endured adverse childhood experiences.
- On average, children exposed to 6 or more ACEs died at age 60, whereas children without ACEs died at age 79.



What does the prevalence data tell us?

- The majority of adults and children in psychiatric treatment settings have trauma histories
- A sizable percentage of people with substance abuse use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety
- A sizable percentage of adults and children in the prison or juvenile justice system have trauma histories
 - *(Hodas, 2004, Cusack et al., Muesar et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)*

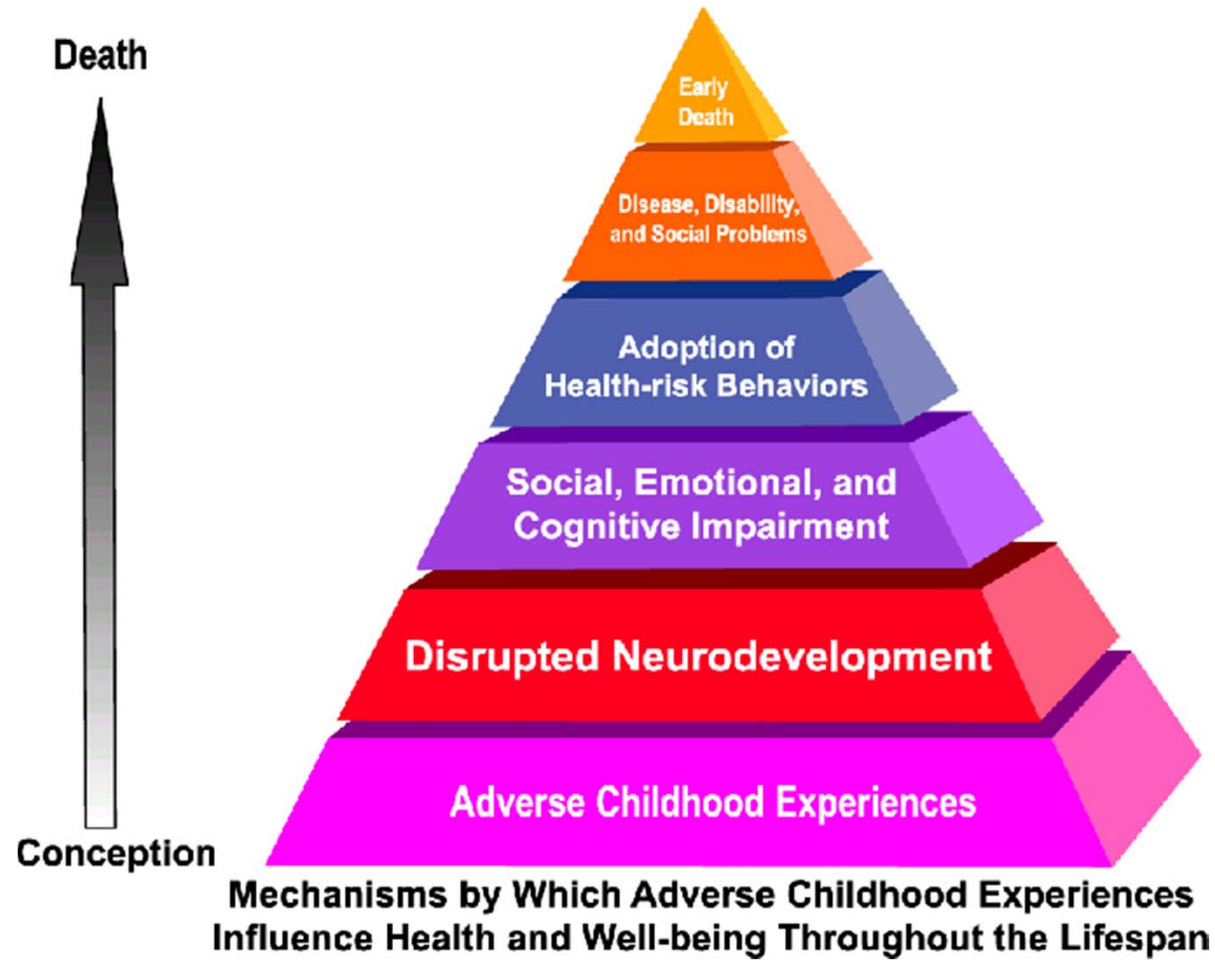


What does the prevalence data tell us?

- Growing body of research on the relationship between victimization and later offending
- Many people with trauma histories have overlapping problems with mental health, addictions, physical health, and are victims or perpetrators of crime
- **Victims of trauma are found across all systems of care**
 - *(Hodas, 2004, Cusack et al., Muesar et al., 1998, Lipschitz et al., 1999, NASMHPD, 1998)*



Mechanisms by Which ACEs Influence Health and Well-Being Throughout the Lifespan





Trauma Informed Care

Trauma-Informed Care

- Trauma is viewed as “a defining and organizing experience that forms the core of an individual’s identity.”
- An approach to engaging people with histories of trauma that acknowledges the role trauma has played in their lives.
- Adaptation of trauma-informed environments
- Delivery of a broad range of services. including mental health, substance use, housing, vocational or employment support.

Source: Harris, M. and Fallot, R.D. (Eds), 2001



Trauma Informed

- Recognition of high prevalence of trauma
- Recognition of primary and co-occurring trauma diagnoses
- Assess for traumatic histories & symptoms
- Recognition of culture and practices that are re-traumatizing

Non Trauma Informed

- Lack of education on trauma prevalence & “universal” precautions
- Over-diagnosis of serious mental illness
- cursory or no trauma assessment
- “Tradition of Toughness” valued as best care approach



Trauma Informed

- Caregivers/supporters – **collaboration** – constant attention to culture
- Address training needs of staff to improve knowledge & sensitivity



Non Trauma Informed

- Rule enforcers – **compliance** – *emphasis on power and control*
- “Patient-blaming” as *fallback* position without training



Trauma Informed

- Staff understand function of behavior (rage, repetition-compulsion, self-injury)
- Objective, neutral language
- Transparent systems open to outside support

Non Trauma Informed

- Behavior seen as intentionally provocative
- Labeling language: manipulative, needy, “attention seeking”
- Closed system – outside support discouraged

(adapted from Fallot & Harris, 2002; Cook et al., 2002, Ford, 2003, Cusack et al., Jennings, 1998, Prescott, 2000)



Comparing Traditional and Trauma-Informed Paradigms

- Understanding of Trauma
- Understanding of the Participant/Survivor
- Understanding of Services
- Understanding of the Service Relationship



Understanding of Trauma

- Traumatic events are not **rare**; experiences of life disruption are pervasive and common
- Trauma begins a **complex pattern of actions and reactions** which have a continuing impact over the course of one's life



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Understanding the Survivor

- An integrated, whole person view of individuals and their problems and survival skills.
- “Symptoms” are understood not as pathology but primarily as attempts to **cope and survive**; what seem to be symptoms may more accurately be solutions
- Instead of “**What’s wrong with you**” ask, “**What happened to you**”
- Moving from **control to compassion**



Understanding of Services

- Primary goals are empowerment and recovery
- Survivors are survivors; their strengths need to be recognized
- Service priorities are participant driven



Understanding Service Relationships

- A **collaborative** relationship between the survivor and the service provider
- Both the survivor and the service provider are assumed to have valid and valuable knowledge bases
- The **survivor is an active participant**
- The survivor trust must be developed over time



A Culture Shift: Core Principles of a Trauma-Informed System

- **Safety:** Ensuring physical and emotional safety
- **Trustworthiness:** Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice:** Prioritizing choice and control
- **Collaboration:** Maximizing collaboration and sharing of power
- **Empowerment:** Prioritizing empowerment and skill-building



Trauma-Specific Interventions

- Services designed specifically to address violence, trauma, and related symptoms and reactions.
- The intent of the **activities is to increase skills** and strategies that allow survivors to manage their symptoms and reactions with minimal disruption to their daily obligations and to their quality of life, and eventually to reduce or eliminate debilitating symptoms and to prevent further traumatization and violence.



ACE Study Discussion

- “Is drug abuse self-destructive or is it a desperate attempt at self-healing, albeit while accepting a significant future risk?”
- “Addiction is not a brain disease nor is it caused by chemical imbalance or genetics. Addiction is best viewed as an understandable, unconscious, compulsive use of psychoactive materials in response to abnormal, prior life experiences, most of which are concealed by shame, secrecy, and social taboo.”

(Felitti et al., 1998)



Resources

- Articles, curricula and reports:
<http://www.theannainstitute.org/articles.html> and
<http://www.cdc.gov/ace/index.htm>.
- Jennings A., “The Damaging Consequences of Violence and Trauma: Facts, Discussion Points, and Recommendations for Behavioral Health Systems,” NTAC/NASMHPD, 2004,
<http://www.theannainstitute.org/DCS.pdf>.
- State Public Systems Coalition on Trauma: A Listserv for those in public service committed to addressing trauma. Email SPSCOT@gwi.net for information and to request membership.
- Trauma-Informed Care: Resources and Information. The Anna Institute, Inc. <http://theannainstitute.org/TIC-RESOURCES.html>.



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