Developmental Disabilities
Mental Health and Addiction Services

Ohio

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

Sondra Williams
Adult with Autism and PTSD
Survivor’s Voice/Advocate

Kim Kehl
Trauma-Informed Care Project Coordinator
Buried Treasure

Rob Smoak /Myrtle Beach Sun-News/TNS
Things to remember...

Underlying question = “What happened to you?”

Symptoms = Adaptations to traumatic events

Healing happens In relationships
Advances in biology are providing deeper insights into how early experiences are built into the body with lasting effects on learning, behavior, and health.

Evaluations of interventions for young children facing adversity have demonstrated multiple, positive effects but they have been highly variable and difficult to sustain or scale.

The time has come to leverage 21st-century science to catalyze the design, testing, and scaling of more powerful approaches for reducing lifelong disease by mitigating the effects of early adversity.
Buried Treasure

• Many Child Protection-involved moms and dads have also suffered a lifetime of abuse and exploitation that affects their response to stress.

• Repeated exposure to toxic stress changes how our bodies and minds respond to threat, memories and perceptions.

• Any perceived threat or reminder of one’s trauma may trigger the brain and body’s survival mode called the fight-flight-freeze reaction.

• Child Protection-involved moms often carry a checklist of things they must do to get their kids back; complying with these lists can feel dangerous.
"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?

• Think of someone you know – case, friend, family

• Working as a group, quickly brainstorm a list of powerful life events that might result in trauma

• Write on traumatic event on each post-it note
Science of Trauma

“New lens through which to understand the human story”

• Why we suffer
• How we parent, raise and mentor our children
• See the pain, shame and fear parents feel when they have children in foster care
• How treat, support and empower person toward personal wellness
• 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
What is Trauma? The Three E’s

**Events**

*Events/Non-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)

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
ACEs

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce/Separation

[http://acestoohigh.com/got-your-ace-score/](http://acestoohigh.com/got-your-ace-score/)
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:

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
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<tbody>
<tr>
<td>Lack of physical activity</td>
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<tr>
<td>Smoking</td>
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<td>Alcoholism</td>
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<td>Drug use</td>
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<td>Missed work</td>
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<table>
<thead>
<tr>
<th>PHYSICAL &amp; MENTAL HEALTH</th>
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<tr>
<td>Severe obesity</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Depression</td>
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<tr>
<td>Suicide attempts</td>
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<td>STDs</td>
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<tr>
<td>Heart disease</td>
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<td>Cancer</td>
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<tr>
<td>Stroke</td>
</tr>
<tr>
<td>COPD</td>
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<tr>
<td>Broken bones</td>
</tr>
</tbody>
</table>
ACE Score and Health Risk

As the ACE score increases, risk for these health problems increases in a strong and graded fashion:

- Depression
- Hallucinations
- Fetal death
- Health-related quality of life
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- 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
Traumatic Events:

(1) render victims helpless by overwhelming force;
(2) involve threats to life or bodily integrity, or close personal encounter with violence and death;
(3) disrupt a sense of control, connection and meaning;
(4) confront human beings with the extremities of helplessness and terror; and
(5) evoke the responses of catastrophe.

(Judy Herman, Trauma and Recovery, (1992)
Exposure to trauma is widespread

- Trauma can occur at any age
- Trauma can affect individuals from all walks of life
Indicators highly associated with the incidence of toxic stress, trauma, and the resulting conditions

- Ohio population 11.6 million
- 7\textsuperscript{th} 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 **2016** there were **97,602** new reports of child abuse and neglect
• Of these children, 26% were neglected, 30% were physically abused, and 9% were sexually abused
• In **2016, 24,258** children placed out of home
• 47% are under the age of five
• 6 3% 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
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
Children in foster care

- Children in foster care were particularly likely to have had multiple types of adverse experiences;
  - almost one-half of them had had four or more

- Children in nonparental care were 2.7 times as likely as children living with two biological parents to have had at least one of the adverse experiences

- Were more than 2 times as likely as children living with one biological parent and about 30 times as likely as children living with two biological parents to have had four or more different types of adverse experiences.

- It is likely that some children in nonparental care find themselves in that situation because they had experienced certain adverse family circumstances that necessitated the removal of the child from the birth family

- The adverse experience preceded and perhaps even contributed to the nonparental care status rather than being merely associated with it
Adversity attributable to . . .

Child or Individual Level

- Owing to traumatic experiences
- Delays in development
- Disabilities
- Chronic diseases
- Temperaments
- Other unusual physical or personal traits

Parental or Societal Issues

- Poverty
- Divorce/single parenting
- Poor housing
- Lack of access to medical or mental health care
- Threat of violence or terrorism

~ OR ~

Combination of Both
Prevalence of Trauma Substance Abuse Population

DID YOU KNOW?

THERE IS A STRONGER LINK BETWEEN CHILDHOOD TRAUMA AND ADDICTION, THEN THERE IS BETWEEN OBESITY AND DIABETES. TWO THIRDS OF ADDICTS REPORT BEING ABUSED AS CHILDREN. THAT MEANS THAT THE WAR ON DRUGS IS A WAR ON TRAUMATIZED PEOPLE THAT JUST NEED HELP.
• 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)

Origins of Addiction: Vincent Felitti, 2004
Ohio’s Opiate Epidemic

• 50% of children taken into custody in 2015 had parental drug use

• 28% of children taken into custody in 2015 had parents who were using opiates, including heroin at time of removal

• 70% of children in custody under the age of 1 had parents who used opiates, including heroin

• 60% of children in custody under the age of 5 spend at least one birthday in foster care
As of Aug. 5, 2017, Ohio had 15,052 kids in foster care which equates to a 10% increase since last year.

- 22% since 2010!
Ohio’s Opiate Epidemic

- 62% increase in the number of relatives caring for children impacted by the opiate epidemic

- 19% increase in the number of days in foster care due to opiate recovery timelines and relapses (from 202 to 240+ plus day)

- 70% of children in custody under the age of 1 had parents who used opiates, including heroin

- 60% of children in custody under the age of 5 spend at least one birthday in foster care

Public Children Services Association of Ohio, Opiate Survey, 2016
More relatives are caring for children impacted by the opioid epidemic

Children in Custody Placed with Relative (July 1)

2010 2013 2016

1761 2175 2856

62% increase

Source: ODJFS SACWIS special data run, October 2016. Additional calculations by PCSAO.
Ohio’s Opiate Epidemic

Caseworkers are first responders in these opioid-related case, leading to secondary trauma in our workforce.

- In 2016.....

- 1 out of every 4 caseworkers left their positions (including promotions, retirement)

- 1 out of every 7 caseworkers left children services all together with 0 performance concerns

Loss of staff = $24.3 million to cover recruitment, training, overtime costs

Source: Caseworker data from PCSAO Caseload Survey, 2016.
Incarcerated relative

• Each year, the United States spends $80 billion to lock away more than 2.4 million people in its jails
  – far outpaces spending on housing, transportation, and higher education

• Costs run deeper than budget line items and extend far beyond the sentences served; rarely quantified and measured and primarily impact incarcerated populations and the families and communities from whom they are separated
  – same people who are already stigmatized, penalized, and punished

• Four decades of unjust criminal justice policies have created a legacy of collateral impacts that last for generations
  – felt most deeply by women, low-income families, and communities of color
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.

3,000 Ohio children are estimated to become victims of human trafficking each year.
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.
Cost of Trauma

• 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.
Ohio’s opioid epidemic

- Maintaining these children in custody and addressing the trauma they experienced as a result of their parents’ neglect is increasingly expensive.

- Agencies spent $275 million in total placement costs in 2013; by 2016, costs had increased 20 percent to $331 million.

- ODJFS estimates that $138 million of these costs were for substance abuse-related cases.
Placement costs have increased due to more children in care and their needs being more complex.

Placement Costs for Foster Care & Residential Care (SFY)

- $275 million in 2013
- $321 million in 2016 (17% increase)

$138m (42%) were drug-related cases

Source: ODJFS SACWIS special data run, January 2017. Additional calculations by PCSAO. This data is provisional and will be verified by PCSAO.
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
Principle 1: Safety

• Throughout the organization, staff and the people they serve, feel physically and psychologically safe.

• Do personal interactions promote a sense of safety?

• How do persons served define safety?

• What changes need to be made to address safety concerns?

• Does the organization work on risk management principles or is the organization risk averse?
Principle 2: Trustworthiness and Transparency

• Operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.

• Is the organization constantly building trust?

• Do people really understand their options?
Principle 3: Peer Support

• Key to establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.

• Does the organization practice principles of peer support?

• Is there peer support for staff?

• Are the staff prepared to accept peer supporters?
Principle 4: Collaboration and Mutuality

- Partnering and leveling of power differences between staff and clients and among organizational staff

- Demonstrates that healing happens in relationships, and in the meaningful sharing of power and decision-making

- Everyone has a role to play; one does not have to be a therapist to be therapeutic

- Is there true partnership between people served and staff and between management and staff?
Principle 5: Empowerment, Voice, and Choice

• Individuals’ strengths and experiences are recognized and built upon

• The organization fosters a belief in resilience

• Clients are supported in developing self-advocacy skill and self-empowerment

• How are successes celebrated in the organization?
Principle 6: Cultural, Historical, and Gender Issues

- The organization actively moves past cultural stereotypes and biases
- Offers gender-responsive services
- Leverages the healing value of traditional cultural connections
- Recognizes and addresses historical trauma
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 Symptoms = Tension Reducing Behaviors

“How do I understand this person?”
rather than

“How do I understand this problem or symptom?”
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
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
When your child keeps you at a distance, stay available and responsive.

Don’t take your child’s behavior personally.

Learning to trust again is not likely to happen overnight – or anytime soon.

Teach your child that others can be trusted.

Be consistent, predictable, caring an patient.

Let your child feel the he or she feels.

Stay away form discipline that uses physical punishment.

Ask for help when you have concerns, questions or are struggling.
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.
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?”
What impacts the work?

Organizational stresses:
• Financial pressures
• Policy compliance
• Social pressures
• Political environment
• Staff turnover

Staff stresses:
• Caseloads
• Billing requirements
• Compassion fatigue
• Burnout
• Low pay/long hours

Client stresses:
• Transition & loss
• Illness
• Abuse & neglect
• Financial
• Substance abuse
What we CAN do . . .

• In small groups

Identify ONE thing you will do tomorrow when you go to work or when you go a family home or meet with a child that validates:

I believe in you!
Putting it all together

First ask, “What happened to you?”

Then, support a survivor, in 4 difficult sentences:

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!
The growing knowledge base suggests 4 shifts in thinking about policy and practice:

- early experiences affect lifelong health, not just learning;
- healthy brain development requires protection from toxic stress, not just enrichment;
- achieving breakthrough outcomes for young children facing adversity requires supporting the adults who care for them to transform their own lives;
- more effective interventions are needed in the prenatal period and first 3 years after birth for the most disadvantaged children and families.
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
What Helps

Sometimes we need someone to simply be there. Not to fix anything, or to do anything in particular, but just to let us feel that we are cared for and supported.

- Unknown
Only in the presence of compassion will people allow themselves to see the truth.

~ A.H. Almaas
Contact Information

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