TRAUMA INFORMED CARE
A UNIVERSAL PRECAUTION
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According to The National Center for Trauma Informed Care…
Trauma Defined by SAMHSA
Substance Abuse & Mental Health Services Administration

Events and circumstances

- Experienced as physically or emotionally harmful or threatening
- Has lasting adverse effects on their functioning, and physical, social, emotional, or spiritual well being.
- Can be a single event or a series of events
- It overwhelms one’s resources to cope
- Produces a sense of fear, vulnerability, and helplessness
- Often ignites the “fight, flight, or freeze” reaction
Trauma Informed Care

An intervention and organizational approach

- Focuses on how trauma may affect an individual’s life and response to services
- Realizes the high prevalence of trauma
- Recognizes how trauma affects all individuals involved with the organization, including its workforce
- Responds by putting this knowledge into practice.
Trauma Informed Care (TIC) Creates Empathy

- Seeks to Understand what adverse life experiences have happened to people over their lifetime & what they had to do to survive them.

- Understanding that the impact lingers and they are coping as best they know how today.
TIC: Reduces the rush to judgment

- Lets go of judgments and seeing behavior as “attention seeking” or being “manipulative”

- Assumes people are coping the best they know how – no matter how maladaptive that might be

- Understands that today’s experiences can trigger responses to earlier adverse experiences
Myths that Linger

Individuals with Intellectual Disabilities

- Do not benefit from treatment
- Behavior Modification is the primary answer
- Their intellectual deficits protect them from experiencing mental illness
 Diagnostic Overshadowing

- Tendency to assess individuals with DD less accurately
- The ID characteristics overshadow the therapist’s perception of the whole person
- Unable to see the signs of emotional distress
Results of Diagnostic Overshadowing

- Too few therapists are comfortable adapting psychotherapy for individuals with intellectual disabilities

- And yet, the prevalence of mental illness and abuse is higher for DD individuals than the general population.
Today’s Knowledge about People with DD

- 1 out of every 3 will also have a mental illness
- 3 to 6 x increased rate of psychiatric & behavior problems
- Double the prevalence of anxiety & mood disorders
And Greater Abuse

- 1 out of 3 sexually abused before the age of 18
- Women with mild ID are 5x more likely to suffer sexual abuse than women without disabilities.
- Male victims are likely to have severe retardation.
Sad but true

- Trauma often occurs from those they depend on for their care
- They are helpless to tell or leave
- They are trained to be compliant to authority figures
- They are dependent on a larger number of caretakers over their lifespan
- Often they have little sex education
Who are the perpetrators?

Mostly people they depend on to protect them:

- 80% by Parents
- 10% by other Relatives, Partners, Guardians
- 1.5% by staff
We do not know what adverse experiences have happened to people in the past that are impacting their behavior today.

By seeking to understand what happened to them and not judging them, one can avoid re-traumatizing them. Do no harm.
Trauma Informed Care

- Is a useful tool for building a bridge between the DD and MH System -

- Helps DD staff understand the therapeutic impact they can make in building resilience and creating healing experiences through positive relationships and culture.
Adversity Impacts Everyone Differently

- What else has happened to them?

- More positive supports and experiences = more resilience

- More trauma history and lack of felt safety = less ability to cope
Impact on Brain Development

- The more prolonged the abuse, the more likely permanent brain damage will occur and the more developmental delays they will experience.

- Severe neglect can result in reduced brain size.

- Persistent fear modifies their ability to access parts of the brain changing their perception of time, affect, ability to solve problems, and understand rules.
Adversity Impacts Physical Health
<table>
<thead>
<tr>
<th>ABUSE</th>
<th>HOUSEHOLD</th>
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<tbody>
<tr>
<td>Psychological</td>
<td>Substance Abuse</td>
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<tr>
<td>Physical</td>
<td>Mental Illness</td>
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<tr>
<td>Sexual</td>
<td>Parental Separation</td>
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<tr>
<td>Emotional Neglect</td>
<td>Mother treated violently</td>
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<tr>
<td>Physical Neglect</td>
<td>Imprisoned household member</td>
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ACE Population

- 17,000+ Insured white middle class – avg. age 57
- 74% attended college

- Only 1 in 3 had none
- 4 in 10 had 2 or more
- 1 in 6 had 4 or more
- 1 in 9 had 5 or more
- 28% had experienced physical abuse
- 21% had experienced sexual abuse
More ACES – More Adverse Effects

- Smoking
- COPD
- Heart Disease
- Diabetes
- Obesity
- Hepatitis
- Alcoholism/Substance Abuse
- Depression
- Attempted Suicide
- Re-victimization
- Teen pregnancy
- Fractures
- Promiscuity
- Sexually transmitted diseases
- Poor job performance
- Violent relationships
Impact of ACES

Those with 4 or more ACES, were

- 2X more likely to smoke
- 7x more likely to abuse alcohol
- 10x more likely to use injected street drugs
- 12x more likely to have attempted suicide

- A male with 6 ACES is 4600% more likely to use injectable drugs
ACE Factors = experiences that interfere with a child’s ability to have a safe and healthy attachment to a caregiver.

Attachment is the building block of all of our other human relational functions — emotional management, behavior, relationships, self care.
Additional Trauma’s for DD Individuals

- Bullying, Loneliness & Stigma
- Loss: Wanting what sibs have but unable to achieve it
- Feeling like a failure
- Being labeled and ridiculed
- Bad professional judgment
- Lifelong dependency & ever changing caregivers
Even positive change brings loss

Positive Change

- Graduation from School
- Receiving supports from staff they grow to love
- Completing therapy

Loss

- Loss of friends & familiar setting
- Frequent turnover
- Loss of a safe & trusted connection
Symptoms can express differently

Depression may present as

- irritability rather than sadness
- anger
- aggressive behavior
- self-injurious behavior
The Anger Onion

In the brain...

Irritation = Fear

(Forbes & Post, 2007)

You will see or feel anger, aggression, risk taking & self-injurious behavior...

rather than sadness or fear
People are coping the best way they can -- our job is to help them find a better way.

Requires building trust, creating safety, and staff sharing a trauma informed culture that creates a safe and healing environment.

Healing takes more than therapy. Support services can create therapeutic, healing experiences – a place of safety.
DD Professionals

☐ Have a huge ability to encourage and build resiliency

☐ Avoid re-traumatizing experiences - isolation, restraint, aversive interventions

☐ Create expectations that providers create positive trauma-informed supportive cultures
Strengthening Resiliency

Aligns well with DD thinking

- Importance of positive trusting relationships
- Expand social networks and friendships
- Create meaningful experiences of belonging
- Build self confidence and self esteem by achieving meaningful goals
- Support choice and control whenever possible
- Seek to understand what behaviors are trying to communicate – what need is unmet.
Behavior is the language of a person who has lost their voice

~ Karyn Purvis
Direct Support Professionals

Trauma Informed Care and Culture Change

- They spend more time with DD individuals than anyone else in the paid service system — their relationships can enhance or hinder healing and build resilience.
- Their role is larger than getting the physical care done.
The Importance of Safety

- Healing cannot begin until someone who has experienced trauma feels safe.

- Physical, emotional, social safety, moral safety

- Magnified when all system agencies are using a trauma informed approach

- Attention is given to secondary trauma experienced by staff and their safety – all 4 dimensions
Communities and states that are more advanced in TIC, build it into contracts as a requirement — demonstrated competency in trauma informed practice, culture, policy, and facility.

Expect that all levels of staff are trauma informed — management, business, receptionists, program staff, maintenance — everyone.
Our experience – created common language and common ground.

Permission to acknowledge what we didn’t know

Use of trauma informed biographical time lines
Ultimate TIC Goal: Imagine

- All agencies in our community share a trauma informed understanding about the people they work with and share—DD, MH, Courts, Schools, Homeless, etc.

- We focus on root problems not band aids.
Imagine: Prevention

Families have a better understanding of the importance of early childhood experiences and how to build resilience.

They understand the damaging impact of adversity that lingers on after the experience has long ended.

They have access to systems agencies that are trauma informed & coordinate care for people of all ability levels.
Management and staff share and practice trauma informed care in the way they treat each other and organize the work.

As professionals, we are more competent in trauma based best practices and interventions and confident about our interventions.
Resources

Ohio Mental Illness/DD Coordinating Center of Excellence (MIDD CCOE)

http://dodd.ohio.gov/Pages/CCOE.aspx

White Paper: Dual Diagnosis - Overview of Therapeutic Approaches

www.envisionohio.org/Resources

National Association on Dual Diagnosis

www.thenadd.org

National Center for Trauma Informed Care

www.samhsa.gov/nctic

TIP 57 Report
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