Creating the Roadmap Towards Trauma Responsive Care

Rochester Regional Health Best Practices Seminar
February 15, 2018
ACES & Trauma
Informed Care

What do we know?
ACEs: the Original Study

**Facts**
- Collaboration between the Center for Disease Control (CDC) & Kaiser Permanente
- Sample > 17,000
- 10 yes or no questions
- Continual monitoring through morbidity & mortality data
- Replicated nationally & internationally

**Findings**
- Prevalence of trauma
- Correlation of childhood stress & negative outcomes
- The importance of Resilience
### What are the ACEs?

Before the age of 18 did you experience...

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Neglect</th>
<th>Household Dysfunction</th>
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</thead>
<tbody>
<tr>
<td><img src="image1" alt="Physical Abuse" /></td>
<td><img src="image2" alt="Physical Neglect" /></td>
<td><img src="image3" alt="Mental Illness" /></td>
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<tr>
<td><img src="image4" alt="Emotional Abuse" /></td>
<td><img src="image5" alt="Emotional Neglect" /></td>
<td><img src="image6" alt="Mother Treated Violently" /></td>
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<tr>
<td><img src="image7" alt="Sexual Abuse" /></td>
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<td><img src="image8" alt="Incarcerated Relative" /></td>
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<tr>
<td><img src="image9" alt="Divorce" /></td>
<td><img src="image10" alt="Substance Abuse" /></td>
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[www.acestudy.org](http://www.acestudy.org) [www.rwjf.org](http://www.rwjf.org)
As ACEs Increase so does Risk...
What if You’re Still Under 18?
How many kids are we talking about?

- 0 ACEs: 36% (608)
- 1 ACE: 14% (234)
- 2 ACEs: 9% (154)
- 3 ACEs: 15% (254)
- 4+ ACEs: 27% (452)

Total: n=1702
The Accumulation of ACEs

Observing the pattern of distribution provides clues around the clustering of ACEs and indications of what questions might want to consider.
Accumulation and Risk

Youth with 2 or more ACEs

- 5 times more likely to feel sad almost everyday for 2 weeks in a row.
- 5 times more likely to consider suicide and 9 times to attempt suicide.
- 4 times more likely to be under the influence at school.
- 4 times more likely to engage in a fight and 4 times to carry a weapon.

Youth with 4 or more ACEs

- 10 times more likely to feel sad almost everyday for 2 weeks in a row.
- 9 times more likely to consider suicide and 20 times to attempt suicide.
- 8 times more likely to be under the influence at school.
- 4 times more likely to engage in a fight and 4 times to carry a weapon.
When youth have at least 1 non-parental adult support risk for being under the influence at school, suicide ideation and depression all decline.

Youth with 2 or More ACEs: YES = 425  NO = 275
When youth feel encouraged at school risk for being under the influence at school, suicide ideation and depression all decline.

* Youth with 2 or More ACEs: YES = 298 NO = 303
When youth feel they matter to their community, risk for suicide ideation and depression decline.

* Youth with 2 or More ACEs
Complex Trauma & Toxic Stress

Complex Trauma
- Physical or sexual abuse
- Severe neglect
- Abandonment
- Emotional/psychological abuse
- Domestic violence

Toxic Stress
- Poverty
- Racism
- Discrimination
- Disparities
- Community Violence

Trauma
- Accidents
- Natural/Manmade Disaster
- Serious illness
Questions, Comments, Reflections

• What does this data mean to you in terms of your practice?
• What are the implications for service delivery?
What’s the take home message?

- The majority of adults and children in psychiatric treatment setting have trauma histories
- Many people with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety
- The majority of adults and children in the criminal or juvenile justice system have trauma histories
“Systems serve survivors of childhood trauma without treating them for the consequences of that trauma; more significant, systems service individuals without even being aware of the trauma that occurred.”

Harris & Fallot, 2001
The Centrality of Trauma & Toxic Stress

Incarceration

Violence & Trauma

Substance Use

Homelessness

Mental Health Problems

RACISM

POVERTY

DISCRIMINATION

DISPARITIES
Resilience

Trump's ACEs

ACEs are NOT a life sentence and they are NOT set in stone
3 R’s of Trauma-Informed Care

- Realizing: the prevalence of trauma
- Recognizing: How trauma affects all individuals involved with programs, organizations and systems, including the workforce
- Responding: by putting knowledge into practice

SAMHSA, 2013
Trauma-Informed Care is...

- A way of delivering services that takes into consideration the significant impact violence and trauma have on individuals, families, and communities.

Or

- A worldview shift that happens when you allow knowledge of trauma’s impact to shape your thoughts, beliefs, and actions
Getting on the same page

Trauma Informed
• “I am aware and have new understanding.”

Trauma Sensitive
• “I am sensitive to the impact of trauma”

Trauma Responsive
• “I am actively changing my practice.”

Trauma Specific
• “I am using an evidence based trauma treatment.”
What is a trauma responsive organization?

- Acknowledges the prevalence of traumatic events and toxic stress in the lives of the individuals/families they serve
- Creates a flexible framework that includes both universal approaches for all and is sensitive to the unique needs of individuals
- Mindful of avoiding re-traumatization

**NOTE:** Trauma Informed Care is NOT a program – It is an ongoing process that is unique to the strengths and needs of each district/school and community
Essential elements of a trauma responsive organization

Adapted from: Helping Traumatized Children Learn 2, 2013
Why does this matter?

Understanding the deep impact of trauma changes our interpretation of our own and other's behaviors.

Our interpretations impact our tone, body language, and facial expressions.

And our interpretations guide our behaviors, words, and interventions.
Core Values of Trauma-Informed Care

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

Source: Community Connections
Safety

TIC Inconsistent

- Overhearing staff speak about recipients to one another
- Physical aggression dealt with on an ad hoc basis
- Unlit parking lot or other spaces at service delivery site

TIC Consistent

- Information shared on need-to-know basis and with respect
- Clear plan, created by all stakeholders for aggressive behaviors
- Parking lot and other spaces well-lit, secure
Trust

TIC Inconsistent

- Communications shared privately are shared with others
- People frequently do not do what they say they will do
- People frequently report feeling micromanaged

TIC Consistent

- Confidentiality is discussed and maintained
- Folks do what they say they will do and are honest when they cannot
- People’s autonomy is acknowledged and honored
Choice

TIC Inconsistent

- Staff have no/low voice in scheduling
- Recipients have strict parameters around when and how to meet with providers
- Culture strongly discourages saying “no” to certain services, tasks, etc.

TIC Consistent

- Staff are given choice and reasonable flexibility with scheduling
- Recipients have choice around times and modes for meeting and communication
- People are able and even encouraged to say “no” to tasks, services, that are not a good fit for them
Collaboration

TIC Inconsistent

- All or most decisions made in top-down fashion
- Input on decisions from all stakeholders not solicited
- Input from some stakeholders solicited but not used

TIC Consistent

- Decision making happens with multiple stakeholders & there is transparency about how decisions are made
- Input on decisions is gathered from all stakeholders
- Input gathered is used to make decisions
Power Restoration

**TIC Inconsistent**
- Recipients’ problems and barriers are discussed with high frequency during planning
- Administration does not advocate for requested changes because “it won’t help”
- Staff spend great deal of time on tasks outside their scope of work

**TIC Consistent**
- Recipients’ strengths are discussed and held as key components to their own problem-solving
- Administration advocates for needed changes and transparently communicates about their expectations for change
- Staff spend time supporting the work of the recipient
Creating a Culture Shift

- Involves **all** aspects of program activities, setting, relationships, and atmosphere *(more than implementing new services)*
- Involves **all** groups: administrators, supervisors, direct service staff, support staff, and consumers/families *(more than service providers)*
- Involves making trauma-informed change into a new **routine**, a new way of thinking and acting *(more than new information)*

Source: Community Connections
How to become a trauma responsive organization

- Leadership
- Trauma Champions/Steering Committee
- Assessment
- Professional Development
  - Training
  - Clinical and non-clinical approaches
  - Ongoing coaching and mentoring
- Practice Change
  - Policies, procedures, and protocols
  - Continuous Quality Improvement
Building upon what already exists

Building awareness
- “The Why”
- Assessment – where are we now?

Training of trauma informed practices
- All staff
- Essential but NOT sufficient

Integration
- Intentional shift in practice
- Modeling, coaching, supervision
TIC-OSAT is a strengths-based organizational self-assessment tool that provides organizations with a point in time “snapshot” of where they are in their journey towards becoming trauma-informed.

The tool employs the Substance Abuse and Mental Health Services Administration’s (SAMHSA) 10 Implementation Domains as a framework for guiding survey participants through a sequence of questions to assess implementation of trauma-informed care practices within their organization.

TIC-OSAT allows organizations to view aggregated survey results from their leadership and staff and display these results within a concise, real-time report along with recommendations for bolstering Trauma-Informed Care practices.
• Governance and Leadership
• Policy
• Physical Environment of the Organization
• Engagement and Involvement
• Cross Sector Collaboration
• Screening, Assessment and Treatment Services
• Training and Workforce Development
• Progress Monitoring & Quality Assurance
• Financing
• Evaluation
Considerations for moving forward
Questions and Thoughts
Local Resources

- TIC-OSAT: https://ticosat.ccsi.org/Landing
- From ACEs to Assets Monroe County: https://www.ccsi.org/Technical-Assistance/Training-Practice-Transformation/ACEs
- Finger Lakes NY ACEs Connection: http://www.acesconnection.com/g/finger-lakes-ny-aces-connection
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