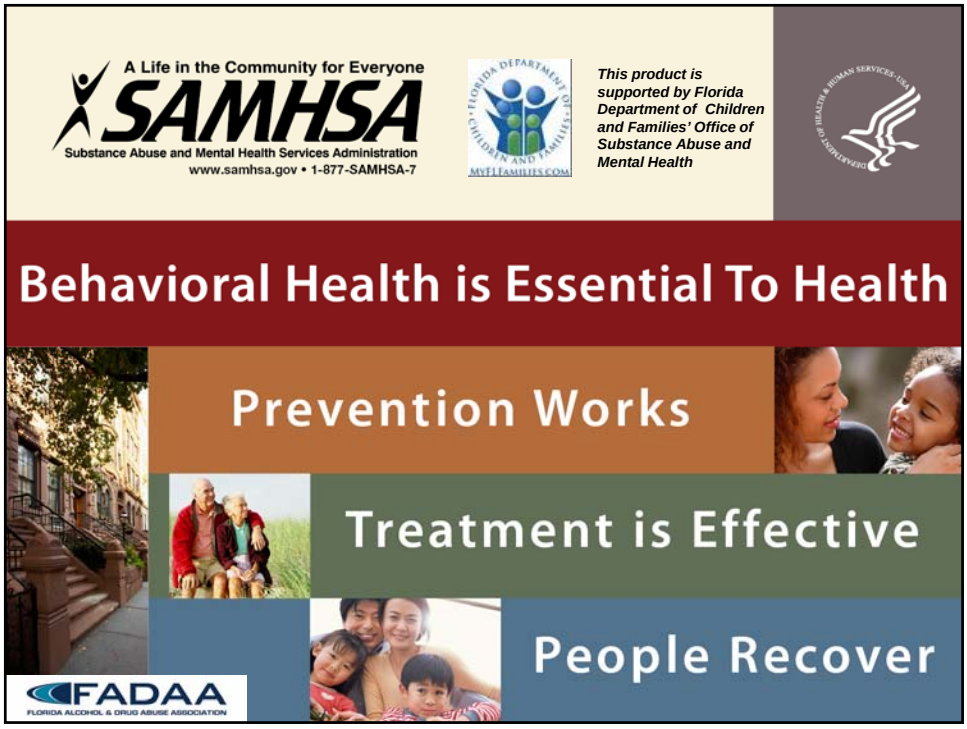
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Behavioral Health is Essential To Health
Prevention Works
Treatment is Effective
People Recover
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Gender-Specific Trauma Treatment Strategies
Brian R. Sims, M.D.
Senior Director, Medical/Behavioral Health,
National Association of State Mental Health Program Directors
Consultant, National Center for Trauma Informed Care
This product is supported by Florida Department of Children and Families' Office of Substance Abuse and Mental Health
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Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS) or the Center for Substance Abuse Treatment (CSAT), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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Objectives

Participants will learn about:

- Trauma basics and its prevalence in the general as well as special populations;
- The importance of addressing trauma by striving to understand what happened to the individuals being served instead of focusing on what is wrong with them;
- The Adverse Childhood Experiences Study and its implications for treatment including the impact of gender differences;
- Healing and recovery from trauma and how one need not be a therapist to be therapeutic.

4

4

SAMHSA's Six Key Principles of a Trauma-Informed Approach

1. Safety

A. Safety throughout the organization, staff, and people served

B. Safety may look different depending on your role and situation or your personal history. It is an important first step. The best thing you can do is to ask each individual what makes them feel safe and unsafe.

SAMHSA, 2014

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SAMHSA's Six Key Principles of a Trauma-Informed Approach (cont'd)

2. Trustworthiness and Transparency

A. Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among individuals, family members, staff, and others involved with the organization.

B. Make sure those you serve understand their options.

SAMHSA, 2014

6

SAMHSA's Six Key Principles of a Trauma-Informed Approach (cont'd)

3. Peer Support

A. A flexible approach to building mutual, healing relationships among equals, based on core values and principles.

B. A key vehicle for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.

SAMHSA, 2014

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SAMHSA's Six Key Principles of a Trauma-Informed Approach (cont'd)

4. Collaboration and Mutuality

A. Partnering and leveling of power differences between staff and those they serve and among organizational staff from direct care to administrators.

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

SAMHSA, 2014

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SAMHSA's Six Key Principles of a Trauma-Informed Approach (cont'd)

5. Empowerment, Voice, and Choice

A. Individuals' strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills are developed.

B. The individuals served are supported in developing self-advocacy skills and self-empowerment.

SAMHSA, 2014

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SAMHSA's Six Key Principles of a Trauma-Informed Approach (cont'd)

6. Cultural, Historical, and Gender Issues

A. Actively move past cultural stereotypes and biases.

B. Leverage the healing value of traditional cultural connections.

C. Recognize and address historical trauma.

SAMHSA, 2014

10

Things to Remember

Underlying question =	"What happened to you?"
Symptoms =	Adaptations to traumatic events
Healing happens	In relationships

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SAMHSA

Things to Remember (cont'd)

- All behavior has meaning
- Comfort versus control
- We build on success not deficits
- One does not have to be a therapist to be therapeutic

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SAMHSA

What is Trauma?

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Developed by a working group of researchers, practitioners, trauma survivors, and family members convened by SAMHSA, 2014.

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SAMHSA

Effect of Trauma

The effect of trauma on an individual can be conceptualized as a normal response to an abnormal situation.

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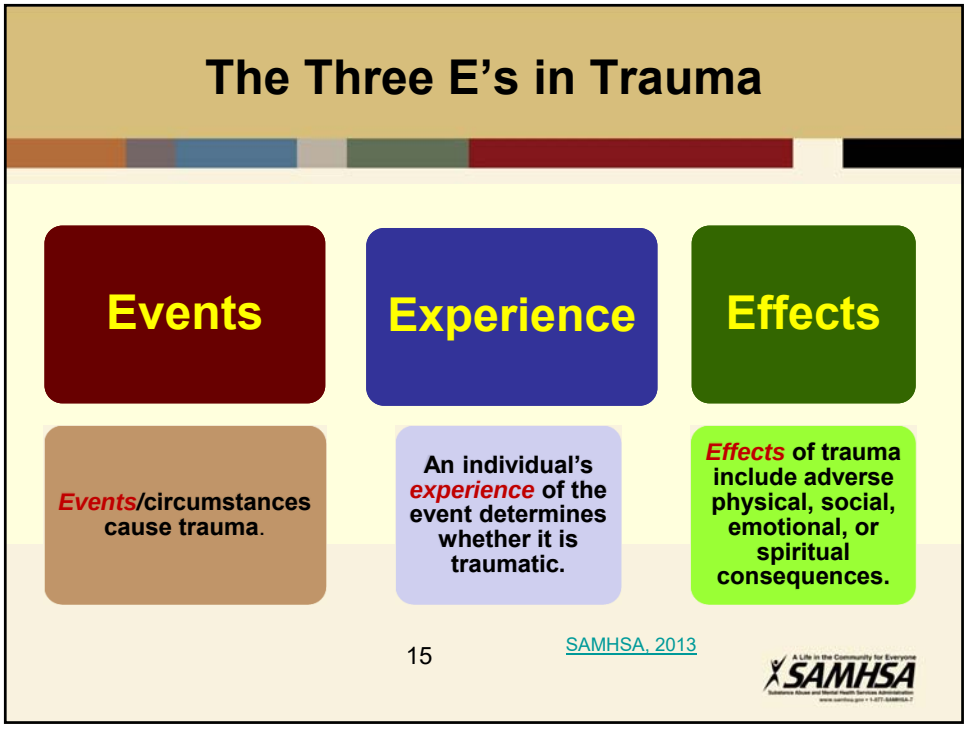
SAMHSA


The Three E's in Trauma
Events
Experience
Effects
Events/circumstances cause trauma.
An individual's experience of the event determines whether it is traumatic.
Effects of trauma include adverse physical, social, emotional, or spiritual consequences.
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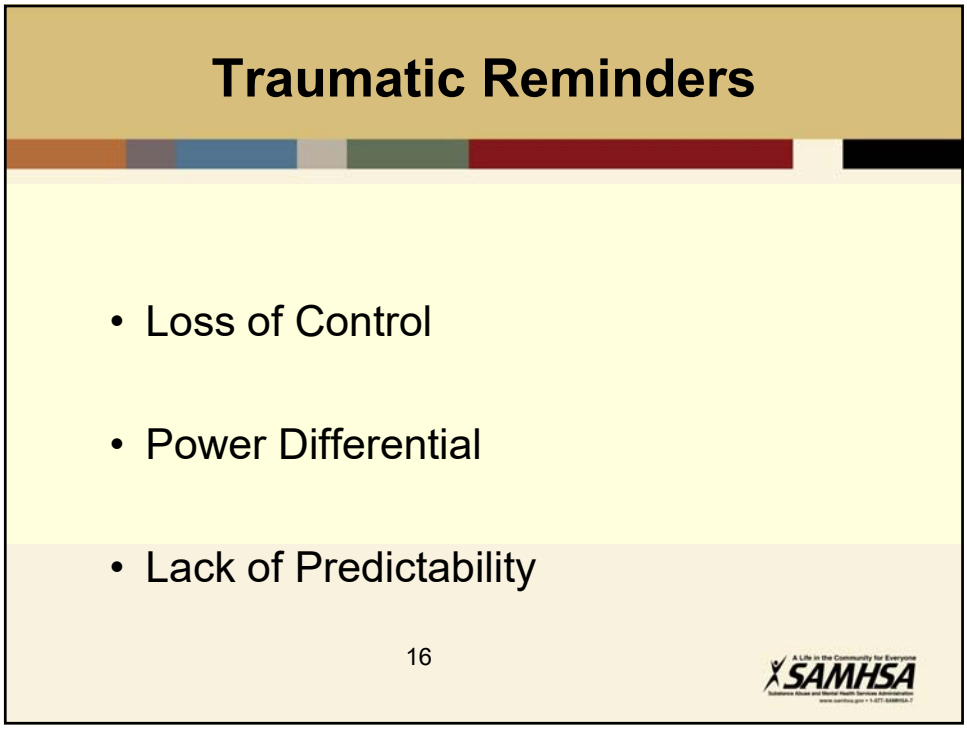
SAMHSA, 2013
SAMHSA


Traumatic Reminders
• Loss of Control
• Power Differential
• Lack of Predictability
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SAMHSA

Long-Term Consequences of Trauma

Growth, reproduction and immune system all go on hold

Leads to sexual dysfunction

Increases chances of getting sick

Often manifests as skin ailments

McFarlane, 2010

17

Biological

Trauma lives in the body. The body has ways to indicate to us that a threat cue is perceived.

18

Prevalence in the General Population

- 70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. This equates to approximately 223.4 million people
- An estimated 8% of Americans − 24.4 million people − have post traumatic stress disorder (PTSD). That is equal to the total population of Texas and only about 3 million more than Florida's.
- An estimated 10% of women develops PTSD, making them about twice as likely as men to develop it.

U.S. Department of Veterans Affairs, 2016

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SAMHSA

Trauma in Adults: Substance Abuse

Up to 65% of all individuals in substance abuse treatment report childhood abuse.

Up to 75% of women in substance abuse treatment report trauma histories.

SAMHSA, 2013

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SAMHSA

Trauma in Adults: Substance Abuse, (cont'd)

Over 92% of homeless mothers have severe trauma histories. They have twice the rate of drug and alcohol dependence as those without such histories.

(SAMHSA 2011)

Almost 1/3 of all veterans seeking treatment for a substance use disorder have PTSD.

U.S. Department of Veterans Affairs, 2015

SAMHSA, 2015

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Adverse Childhood Experiences

- Recurrent and severe physical abuse
- Recurrent and severe emotional abuse
- Sexual abuse

Growing up in household with:

- Alcohol or drug user
- Member being imprisoned
- Mentally ill, chronically depressed, or institutionalized member
- Separation/Divorce
- Mother being treated violently
- Both biological parents absent
- Emotional or physical abuse

SAMHSA, 2017

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Adverse Childhood Experiences (ACEs) Affect Adult Health

ACEs have serious health consequences for adults:

- **Adoption of health risk behaviors as coping mechanisms** (e.g., eating disorders, smoking, substance abuse, self-harm, sexual promiscuity)
- **Severe medical conditions** (e.g., heart disease, pulmonary disease, liver disease, STDs, gynecologic cancer)
- **Early death**

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Felitti, 1998

SAMHSA

ACE Questions:

While you were growing up, during your first 18 years:

1. Did a parent or other adult in the household **often or very often**… swear at you, insult you, put you down, or humiliate you? Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household **often or very often**… Push, grab, slap, or throw something at you? **Ever** hit you so hard that you had marks or were injured?

Felitti, 1998

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SAMHSA

ACE Questions: (cont'd)

3. Did an adult or person at least 5 years older than you **ever**… touch or fondle you or have you touch their body in a sexual way? Attempt or actually have oral, anal or vaginal intercourse with you?

4. Did you **often or very often** feel that … no one in your family loved you or thought you were important or special? Your family didn't look out for each other, feel close to each other, or support each other?

Felitti, 1998

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SAMHSA

ACE Questions: (cont'd)

5. Did you **often or very often** feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or** Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents **ever** separated or divorced?

7. Was your mother or stepmother: **Often or very often** pushed, grabbed, slapped, or had something thrown at her? **Or sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard? **Or ever** repeatedly hit at least a few minutes or threatened with a gun or knife?

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Felitti, 1998

SAMHSA

ACE Questions: (cont'd)

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

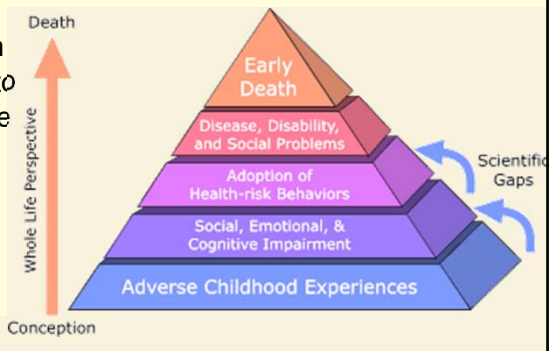
10. Did a household member go to prison?

Felitti, 1998

27

The ACE Study

"Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might heroin 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

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The Higher the ACE Score, the Greater the Likelihood of:

- Severe and persistent emotional problems
- Health risk behaviors
- Serious social problems
- Adult disease and disability
- High health and mental health care costs
- Poor life expectancy

Felitti, 1998

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SAMHSA

Adverse Childhood Experiences are Common

Of the 17,000 health maintenance organization (HMO) members:

- 1 in 4 exposed to 2 categories of ACEs,
- 1 in 16 was exposed to 4 categories.
- 22% were sexually abused as children.
- 66% of the women experienced abuse, violence or family strife in childhood.

Felitti, 1998

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SAMHSA

Adverse Childhood Experiences are Common (cont'd)

- 2/3rd (67%) of all suicide attempts
- 64% of adult suicide attempts
- 80% of child/adolescent suicide attempts
- Women are 3 times as likely as men to attempt suicide
- Men are 4 times as likely as women to complete suicide.

Felitti, 1998

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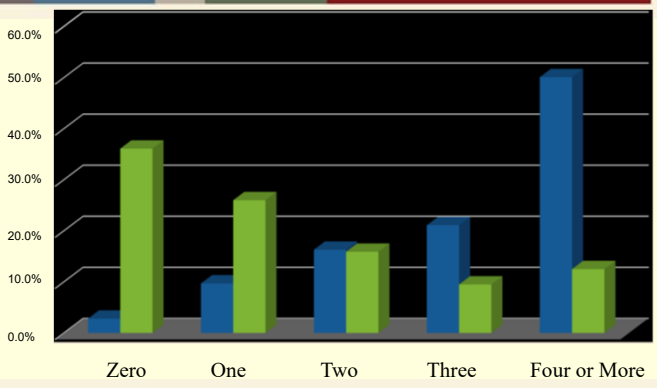
Comparison of ACE Scores between Florida's Juvenile Offenders and Kaiser-Permanente Study



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Baglivio,et. al, 2014

Comparison of ACE Scores between Florida's Juvenile Offenders and Kaiser-Permanente Study (cont'd)

Zero: FJO – 2.8%; KP- 36.1%
One: FJO – 9.7%; KP – 26.0%
Two: FJO – 16.3%; KP – 15.9%
Three: FJO – 21.1%; KP – 9.5%
Four or More: FJO – 50.1%; KP – 12.5%

Baglivio, et al, 2014

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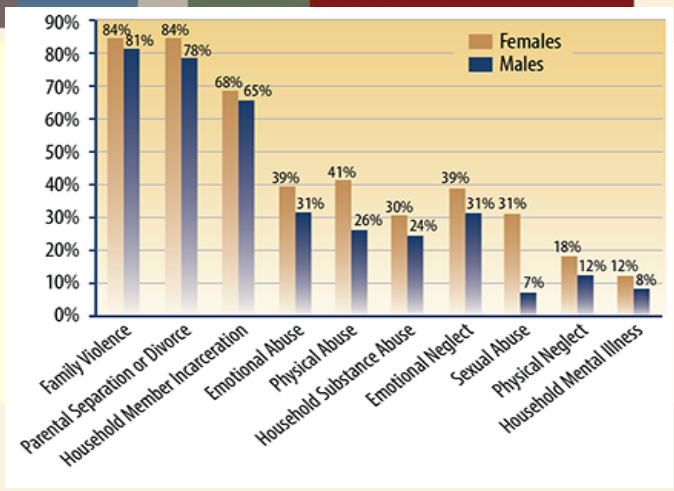
SAMHSA

Prevalence of ACE Indicators by Gender



Felittti, 1998

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SAMHSA

ACES's are Common

ACEs Are Common

Prevalence of Adverse Childhood Experiences (ACE) Original Study
CDC Website: http://cdc/gov/needphp/ace

ACE Category	Women N=9,367	Men N=7,970	Total N=17,337
1. Abuse	13.1	7.6	10.6
Emotional Abuse (#1)	27.0	29.9	28.3
Physical Abuse (#2)	24.7	16.0	20.7
Sexual Abuse (#3)			
2. Neglect	16.7	12.4	14.8
Lack of Support (#4)	9.2	10.7	9.9
Poverty (#5)			
3. Household Dysfunction	13.7	11.5	12.7
Witnessing Domestic Violence (#6)	29.5	23.8	26.9
Household Alcohol/Substance Abuse (#7)	23.3	14.8	19.4
Household Mental Illness (#8)	24.5	21.8	23.3
Parental Separation or Divorce (#9)	5.2	4.1	4.7
Crime or Person in Household Incarcerated (#10)			

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Felitti, 1998

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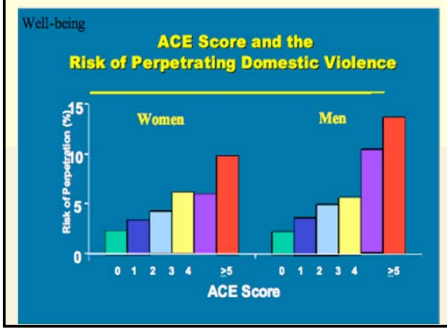
SAMHSA

ACE's Underlie Domestic Violence

Women with an ACE Score of 4+ are 500% more likely to become victims of domestic violence.



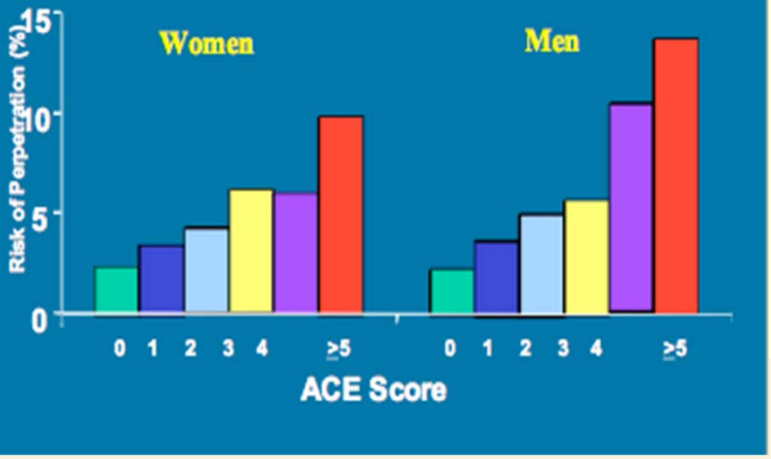
Both men and women are more likely to become perpetrators of domestic violence

Felitti, 1998

SAMHSA

Well-being

ACE Score and the Risk of Perpetrating Domestic Violence



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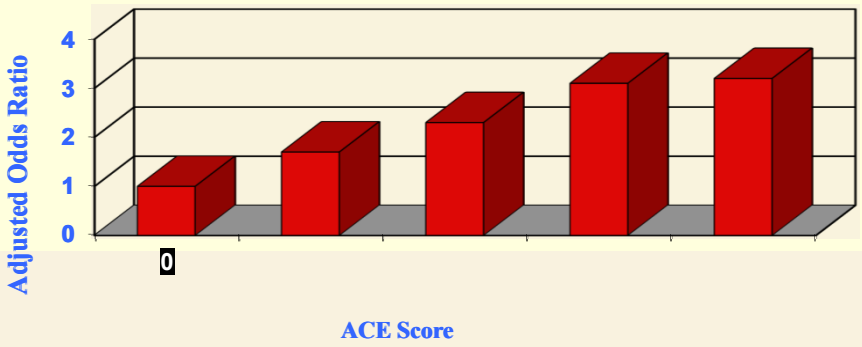
Felitti, 1998

SAMHSA

Adverse Childhood Experiences and Likelihood of > 50 Sexual Partners



Felitti, 1998

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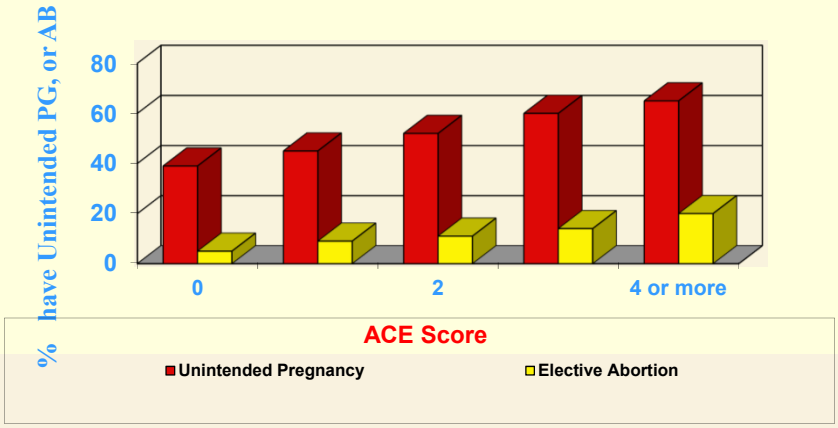
SAMHSA

ACE Score and Unintended Pregnancy or Elective Abortion



Felitti, 1998

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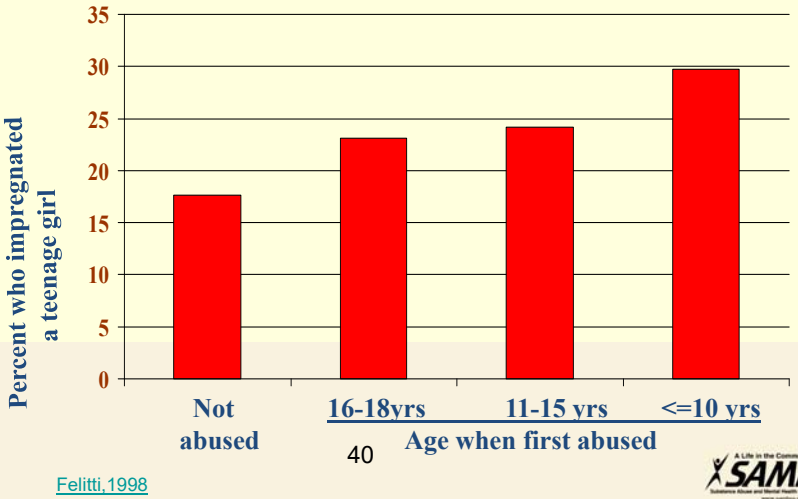
Sexual Abuse of Male Children and Their Likelihood of Impregnating a Teenage Girl



Felitti,1998

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Solutions and Strategies

41

From "What's Wrong?" To "What Has Happened?"

- What is your diagnosis?
- What are your symptoms?
- How can I best help or treat you?
- What is your story? How did you end up here?
- How have you coped and adapted?
- How can we work together to figure out what helps?

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Self- Regulation

- The challenge is to not let the nervous system stay chronically aroused
- Have a plan to deal with triggers/arousal
- Symptoms as adaptations
- Socio-environmental strategies – Prevention
- Relational, Repetitive and rewarding experiences
- Practice, practice, practice

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Trauma-Informed Care (TIC) as a Universal Precaution

- 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 retraumatizing them. Do no harm.

Burke, 2014

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NCTIC and the Marion County Florida Juvenile Detention Facility

- National Center for Trauma Informed Care (NCTIC) was asked in 2011 to do training on TIC at the facility.
- Issues at the time involved combative behaviors at bedtime that were occurring at the male and female sides of the facility.
- The trauma-informed warden implemented changes that reduced the behaviors seen at night.

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Case Study #1

"Akasha" (a composite), is a new resident of your program. She has resided there for a few days and still hardly looks up while her two preschoolers cling to her. She lived in a car during the summer after losing her apartment. She and her children were unable to access bathroom facilities and arrived at your facility wearing clothes that were turned inside out and sweaty. After three days, she and her children still had not showered or changed. Other residents are complaining. A shelter staffer approaches Akasha, extends her hand and asks kindly, "Hi, my name is Maria. What's yours?" Akasha doesn't move to indicate that she sees the staff member. Maria continues, "I know it has been hot. Maybe you and the kids would like to use the shower." Akasha yells, "I don't need a damn shower and neither do my kids." She leaves the couch and storms toward her room.

Questions:

1. What are pertinent questions to ask Akasha?
2. How would you approach Akasha to obtain information and history?

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Case Study #2

"Hector" (a composite) is a U.S. Army veteran, 48, who has been intermittently homeless for years. After serving in the military, he cooked in a local restaurant. The work was physically taxing. He was injured there and is now disabled. He receives Social Security disability payments and Medicaid. English is Hector's second language. Although he is verbally fluent, he has difficulty reading and writing English. He comes from a close-knit family that is offering him shelter, but they only have room temporarily. He suffers from hypertension, congenital liver disease, and Type 2 diabetes. He has limited mobility due to painful osteoarthritis. He reports feeling depressed and anxious about his housing and health and fears being a family burden. Hector lacks a a primary care provider and his limited English skills have made it hard for him to negotiate medical and social resources. He lost his Medicaid card and had been unable to obtain a new one. He does not feel capable of advocating for himself.

Questions:

1. If you were to work with Hector how would you best engage and assist him in long term goal attainment? What, if any, preventive strategies would you recommend to assist Hector?

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