Understanding the Effects of Trauma on the Lives of Those We Serve Developing Trauma Informed Systems of Care

Presented By:

Joan Gillece, Ph.D.

National Association of State Mental Health Program Directors (NASMHPD)

National Center for Trauma Informed Care (NCTIC)

What is Trauma?

- Definition (*NASMHPD, 2004*):
  - The personal experience of interpersonal violence including sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence, terrorism, and disasters.
- DSM IV-TR (*APA, 2000*):
  - Person's response involves intense fear, horror and helplessness
  - Extreme stress that overwhelms the person's capacity to cope

What is trauma

- Events/experiences that are shocking, terrifying, and/or overwhelming to the individual

- Results in feelings of fear, horror, helplessness

Types of Trauma that Often Resulting in Serious Mental Health and Substance Use Problems

- Are *interpersonal* in nature: intentional, prolonged, repeated, severe
- Include sexual & physical abuse, severe neglect, emotional abuse
- Also, witnessing violence, repeated abandonment, sudden and traumatic loss
- Often occurs in childhood and adolescence and may extend over an individual's life span

(Terr, 1991; Giller, 1999; Felitti, 1998)

Consequences of trauma

- Faulty control methods:
- Over-control
- Self-blame
- Passivity
- Addictive behavior
- Self-harm

- Impaired attachments:
- Warmth by friction
- Interpersonal skill deficits

Self Inflicted Injuries

- People use self-harm because it helps them manage what feels unbearable in the moment. There is a great deal of intensity behind the acts of self-injury.

- Feeling states such as profound despair, anguish, rage or terror, or a fear of losing oneself or being swallowed by traumatic flashbacks or re-enactments are just some of the stressors leading to self-inflicted violence (SIV).

(Mazelis, n.d.)

Dissociation

- A mental process which produces a lack of connection in a person's thoughts, memories, feelings, actions, or sense identity.
- During dissociation certain information is not associated with other information as it normally would be.
- For example: during a traumatic experience, a person may dissociate the memory of the place and circumstances of the trauma from his ongoing memory, resulting in a temporary mental escape from the fear and pain of the trauma and, in some cases, a memory gap surrounds the experience.

(Sidran Institute, 1999)

Post-Traumatic Stress Disorder (PTSD)

- Symptoms of PTSD
  - Intrusive Re-experiencing
  - Avoidance
  - Arousal

(*Sidran Institute, 2000*)

Intrusive Re-experiencing

- People with PTSD frequently feel as if the trauma is happening again. This is may be called a flashback, reliving experience, or abreaction. The person may have intrusive pictures in his/her head about the trauma, have recurrent nightmares, or may even experience hallucinations about the trauma.

(*Sidran Institute, 2000*)

Avoidance

- People with PTSD work hard to avoid anything that might remind them of the traumatic experience. They may try to avoid people, places or things that are reminders, as well as numbing out emotions to avoid painful, overwhelming feelings. Numbing of thoughts and feelings in response to trauma is known as "dissociation" and is a hallmark of PTSD. Frequently, people with PTSD use drugs or alcohol to avoid trauma-related feelings and memories.

(*Sidran Institute, 2000*)

Arousal

- Symptoms of psychological and physiological arousal are very distinctive in people with PTSD. They may be very jumpy, easily startled, irritable and may have sleep disturbances like insomnia or nightmares. They may seem constantly on guard and may find it difficult to concentrate. Sometimes persons with PTSD will have panic attacks accompanied by shortness of breath and chest pain.

(*Sidran Institute, 2000*)

NCTSN The National Child Traumatic Stress Network

Facts on Traumatic Stress and Children with Developmental Disabilities National Child Traumatic Stress Network

Adapted Trauma Treatment Standards Work Group

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Facts on Traumatic Stress and Children with Developmental Disabilities From the National Child Traumatic Stress Network Adapted Trauma Treatment Standards Work Group Subgroup on Developmental Disability

Margaret Charlton, PhD,
Matthew Kliethermes, PhD, Brian Tallant, MS,
Anne Taverne, PhD, Amy Tishelman, PhD,

Dr. Charlton is from the Aurora Mental Health Center. Dr. Kliethermes is from the Greater St. Louis Child Traumatic Stress Program. Mr. Tallant is from the Aurora Mental Health Center. Dr. Taverne is from the Child Trauma Treatment Network—Intermountain West. Dr. Tishelman is from Children's Hospital, Boston.

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•Individuals with developmental disabilities are at increased risk for abuse as compared to the general population (Gil, 1970; Mahoney & Camilo, 1998; Ryan, 1994).

• Goldson, 2002 reports maltreatment among children with disabilities:

	Children without Disabilities	Children with Disabilities
Physical Abuse	4.5	9.4
Sexual Abuse	2.0	3.5
Emotional Abuse	2.9	3.5

• Individuals with disabilities are over four times as likely to be victims of crime as the nondisabled population (Sobsey, 1996).

• Sixty-four percent of the children who were maltreated had a disability. The most common disabilities were behavior disorders, speech/language, learning disability, and mental retardation. The most common type of maltreatment was neglect. Children with mental retardation were the most severely abused. Children with communication disorders were more likely to be physically and sexually abused (Sullivan & Knutson, 1998).

• Five million crimes are committed against individuals with disabilities each year in the United States (Petersillia, 1998).

- Individuals with disabilities are 2-to-10 times more likely to be sexually abused than those without disabilities (Westat Ind., 1993).
- One of 30 cases of sexual abuse or assault of persons with developmental disabilities is reported as opposed to one of five in the nondisabled population (James, 1988).
- Even when the abuse is reported, the charges are rarely investigated when the victim is disabled (Senn, 1988).
- Victims typically have difficulty accessing appropriate services (Sobsey & Doe, 1991).
- Risk of abuse increases by 78 percent due to exposure to the "disabilities service system“ alone (Sobsey & Doe, 1991).
- Immediate family members perpetrate the majority of neglect, physical abuse, and emotional abuse. Extraf amilial perpetrators account for the majority of sexual abuse (Sullivan & Knutson, 2000).
- Sexual abuse incidents are almost four times as common in institutional settings as in the community (Blatt & Brown, 1986).
- • Ninety-nine percent of those who commit abuse are well known to, and trusted by, both the child and the child's care providers (Baladerian, 1991).

Special Characteristics of the Population that May Influence the Incidence of Trauma

Abuse and neglect have profound influences on brain development. The more prolonged the abuse or neglect, the more likely it is that permanent brain damage will occur. Not only are people with developmental disabilities more likely to be exposed to trauma, but exposure to trauma makes developmental delays more likely.

People with developmental disabilities are

- trained to be compliant to authority figures;
- dependent on caregivers for a longer period of time for more types of assistance than a nondisabled child, and they are dependent on a larger number of caretakers;
- often unable to meet parental expectations;
- isolated from resources to whom a report of abuse could be made;
- sometimes impaired in their ability to communicate;
- sometimes impaired in their mobility;
- more likely than other children to be placed in residential care facilities;
- sometimes more credulous and less prone to critical thinking than others, which may result in it being easier for others to manipulate them;
- often not provided with general sex education, and caregivers may feel that people with developmental disabilities are asexual, although
  - for people with mild to moderate mental retardation sexual development and sexual interest occur at approximately the same age as the normal population (Tharinger, 1990), and
  - precocious puberty is 20 times more likely to occur in persons with developmental disabilities than in the normal population (Siddigi, 1999); and
- viewed negatively by society, which may label them as “bad” because they are different or may view them as less than human.

People with developmental disabilities may also experience

- cognitive and processing delays that interfere with understanding of what is happening in abusive situations, and
- feelings of isolation and withdrawal due to their differences, which may make them more vulnerable to manipulation because of their increased responsiveness to attention and affection.

Possible Reasons for a Higher Incidence of Mental Illness for Clients with Developmental Disabilities Than the General Population
(Avrin, Charlton, Tallant, 1998)

- It is more difficult to cope with normal life stressors given the limited resources the client has available.
- There is increased vulnerability to abuse in the home, since these children are often very difficult to raise and place a high level of strain on the family.
- These children are more vulnerable to abuse in the community because of their poor judgment and lack of self-protective skills.
- An additional stressor for the higher functioning clients is awareness of their intellectual deficits. They have many grief and loss issues associated with their functioning problems.
- People with developmental disabilities experience greater difficulty in getting help for mental illness due to communication and processing problems.

Prevalence of Trauma for Persons in Adult Substance Use Disorder Treatment Settings

- Up to two-thirds of men and women in substance use disorder treatment report childhood abuse & neglect *(SAMSHA CSAT, 2000)*
- Study of male veterans in an inpatient unit
  - 77% exposed to severe childhood trauma
  - 58% history of lifetime PTSD *(Trifffleman et al, 1995)*
- 55-99% of women with substance use disorders have a lifetime history of trauma; 50% of women in treatment have history of rape or incest

  (Najavits et. al., 1997; Gov. Commission on Sexual and Domestic Violence, Commonwealth of MA, 2006)

Prevalence of Trauma: Adults in Mental Health Settings

- 90% of public mental health clients have been exposed to trauma *(Mueser et al, 2004; Mueser et al, 1998)*
- 51-98% of public mental health clients have been exposed to trauma *(Goodman et al, 1997; Mueser et al, 1998)*
- 97% of homeless women with SMI have experienced severe physical & sexual abuse – 87% experience this abuse both in childhood and adulthood *(Goodman et al, 1997)*
- Most have multiple experiences of trauma

(Mueser et al, 2004; Mueser et al, 1998)

Prevalence of Trauma:
Children & Adolescents in Mental Health Settings

- Canadian study of 187 adolescents; reported 42% had PTSD *(Kotlek, Wilkes, & Atkinson, 1998)*
- American study of 100 adolescent inpatients; 93% had trauma histories and 32% had PTSD *(Lipschitz et al, 1999)*
- A point in time medical record review of 154 children/adolescents in MA psychiatric hospitals revealed that 98% of the youths had clear, documented histories of trauma *(Massachusetts DMH, 2007)*

Prevalence of Trauma: Children and Adolescents - Juvenile Justice Settings

- Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59% *(Widom, 1995)*
- Arrest rates of trauma-exposed youth are up to 8 times higher than community samples of same-age peers (*Saigh et al, 1999; Saltzman et al, 2001)*
- 70% - 92% of incarcerated girls reported sexual, physical, or severe emotional abuse in childhood *(DOC, 1998; Chesney & Sheldon, 1997)*
- *A 2003 OJJDP survey of youth in residential placement found that 70% had some type of past traumatic experience, with 30% having experience frequent and/or injurious physical and/or sexual abuse. (Sedlak & McPherson, 2010)*

Other Key Trauma Findings:
Relationship of Childhood Trauma to Adult Health

- Adverse Childhood Experiences (ACE) 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)

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
  - Mother being treated violently
  - Both biological parents absent
  - Emotional or physical abuse

(*Fellitti et al, 1998*)

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 et al*, 1998)

ACE Study

- Is drug abuse self-destructive or is it a desperate attempt at self-healing, albeit while accepting a significant future risk?”

(Felitti, et al, 1998)

What does the prevalence data mean?

- The majority of adults and children in both substance use disorder and psychiatric treatment settings have trauma histories as do children and adults served in a variety of other human service settings, including justice settings
- Many people with trauma histories have overlapping problems with mental health, substance abuse, physical health, and are victims or perpetrators of crime
- **Victims of trauma are found across all systems of care**

(Hodas, 2004; Frueh et al, 2005; Mueser et al, 1998; Lipschitz et al, 1999; NASMHPD, 1998)

Examples of trauma-informed approaches

- Telling people what you are going to do before you do it
- Recognizing a flashback and managing it with words instead of action
- Seeing trauma responses as adaptations rather than manipulations

Essential Components

1. Triggers
2. Early Warning Signs
3. Strategies

Triggers

- A trigger is something that sets off an action, process, or series of events (such as fear, panic, upset, agitation):
  - bedtime
  - room checks
  - large men
  - yelling
  - people too close

More Triggers:

- Particular time of day/night_____
- Particular time of year_____
- Contact with family _____
- Other _____

Second, Identify Early Warning Signs

Early Warning Signs

- A signal of distress is a physical precursor and manifestation of upset or possible crisis. Some signals are not observable, but some are, such as:
  - restlessness
  - agitation
  - pacing
  - shortness of breath
  - sensation of a tightness in the chest
  - sweating

Third, Identify Strategies

Strategies

- Strategies are individual-specific calming mechanisms to manage and minimize stress, such as:
  - time away from a stressful situation
  - going for a walk
  - talking to someone who will listen
  - working out
  - lying down
  - listening to peaceful music

How does work environment effect staff

- Hyper vigilance
- Hyper arousal
- Irritability
- Anxiety
- If you find yourself experiencing any of these symptoms, talk with someone about it or write it down to clear your mind. Develop your own crisis prevention plan.

Contact Information

Joan Gillece, PhD

National Association of State Mental Health Program Directors
National Center for Trauma Informed Care

Joan.gillece@nasmhpd.org
703-682-5195