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Children's Hospital of Wisconsin

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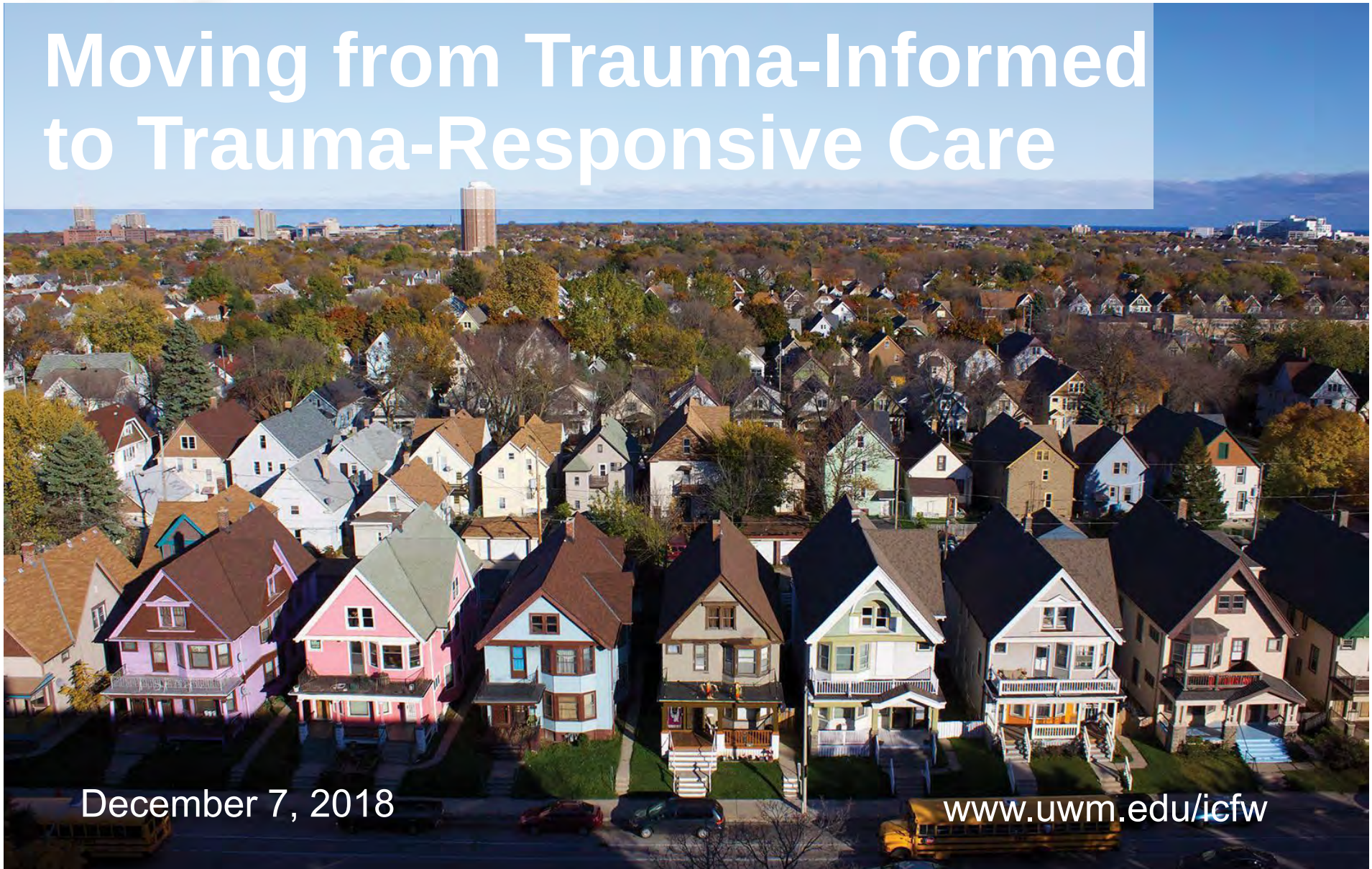
Moving from Trauma-Informed to Trauma-Responsive Care



December 7, 2018

www.uwm.edu/icfw

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The Institute for Child & Family Well-Being

- A community-university partnership between Children's Hospital of Wisconsin and UWM's Helen Bader School of Social Welfare
- Our mission is to improve the lives of children and families by:
  - Designing and implementing effective programs
  - Conducting cutting-edge research and evaluation
  - Promoting change through policy and advocacy

Defining Trauma

According to SAMHSA, trauma refers to "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."

Type I and Type II Trauma

- **Type I trauma** (i.e., Simple)
  - Single incidents
  - Often sudden or unexpected
  - Examples: Car Accidents; Natural Disasters
- **Type II trauma** (i.e., Complex)
  - Often repeated, prolonged experiences
  - Often occur in an interpersonal context
  - Examples: Child Abuse & Neglect; Partner Violence

Adverse Childhood Experiences

Child Abuse & Neglect (5):

(1) Physical Abuse; (2) Sexual Abuse;(3) Emotional Abuse; (4) Physical Neglect; (5) Emotional Neglect

Household Dysfunction (5):

(6) Substance Abuse; (7) Mental Illness; (8) Domestic Violence; (9) Incarceration/Jail; (10) Divorce/Separation

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Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: A cohort study of an urban, minority sample in the U.S.

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ABSTRACT

Research has shown that adverse childhood experiences (ACEs) increase the risk of poor health-related outcomes in later life. Less is known about the consequences of ACEs in early adulthood or among diverse samples. Therefore, we investigated the impacts of differential exposure to ACEs on an urban, minority sample of young adults. Health, mental health, and substance use outcomes were examined alone and in aggregate. Potential moderating effects of sex were also explored. Data were derived from the Chicago Longitudinal Study, a panel investigation of individuals who were born in 1979 or 1980. Main-effect analyses were conducted with multivariate logistic and OLS regression. Sex differences were explored with stratified analysis, followed by tests of interaction effects with the full sample. Results confirmed that there was a robust association between ACEs and poor outcomes in early adulthood. Greater levels of adversity were associated with poorer self-rated health and life satisfaction, as well as more frequent depressive symptoms, anxiety, tobacco use, alcohol use, and marijuana use. Cumulative adversity also was associated with cumulative effects across domains. For instance, compared to individuals without an ACE, individuals exposed to multiple ACEs were more likely to have three or more poor outcomes (*OR* range = 2.75–10.15) and four or more poor outcomes (*OR* range = 3.93–15.18). No significant differences between males and females were detected. Given that the consequences of ACEs in early adulthood may lead to later morbidity and mortality, increased investment in programs and policies that prevent ACEs and ameliorate their impacts is warranted.

Over the last two decades, hundreds of studies have shown that ACEs are common and consequential

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Family Foundations Home Visiting Program

Supports and coordinates evidence-based home visiting services for low-income families

https://dcf.wisconsin.gov/cwportal/homevisiting

Since 2013, the FFHV program has collected ACE data using the Childhood Experiences Survey

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Childhood Experiences Survey

- Assesses 10 conventional ACEs along with other adverse events and conditions:
  - Extreme Poverty & Homelessness
  - Parent/sibling death & Prolonged parental absence
  - Bullying & Violent crime
- Asks about client discomfort with ACE questions

Mersky, J. P., Janczewski, C. E., & Topitzes, J. (2017). Rethinking the measurement of adversity: Moving toward second-generation research on adverse childhood experiences. *Child Maltreatment, 22*(1), 58-68.

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Prevalence of ACEs

FFHV program (N=2,653)

ACEs	%
Physical abuse	39.8
Sexual abuse	26.4
Emotional abuse	28.2
Physical neglect	12.2
Emotional neglect	18.0
Substance abuse	50.4
Mental illness	43.7
Domestic violence	36.6
Incarceration/Jail	37.9
Divorce/Separation	43.8

*84% reported at least 1 ACE

*69% reported 2 or more ACEs

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Trauma Is Not Equally Distributed

	Prevalence, Women	
	FFHV Program	ACE Study
4 or more ACEs	42.9%	16.3%

Other Potential ACEs

Adverse Childhood Experience	FFHV Program (%)
Prolonged Absence of Parent	57.5
Bullied Frequently	26.1
Death of Parent/Sibling	24.4
Homelessness	22.5
Food Insecurity	18.0
Victim of Violent Crime	15.9

Trauma Does Not End in Childhood

- The **Adult Experiences Survey** is an assessment of *adverse grownup experiences* (AGEs), including:
  - Domestic violence
  - Partner MH/AODA problems
  - Partner incarceration/jail
  - Poverty
  - Violent crime
  - Discrimination

Mersky, J. P., Janczewski, C. E., & Nitkowski, J. C. (2018). Pathways to poor mental health among low-income women in the US: Exploring the role of adverse childhood and adult experiences. *Social Science and Medicine, 206,* 14-21.

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FACT The Families And Children Thriving Study

Adverse Grownup Experiences

(N = 1,345 women)

Spouse/Partner	%
Physical abuse	42.6
Emotional abuse	58.9
Alcohol misuse/drug use	40.9
Mental health problem	31.3
Incarceration/jail	47.6

Other	%
Forced sexual activity	20.4
Crime victimization	30.8
Homelessness	36.6
Chronic poverty	23.8
Frequent discrimination	30.3

Average age of respondents = 27

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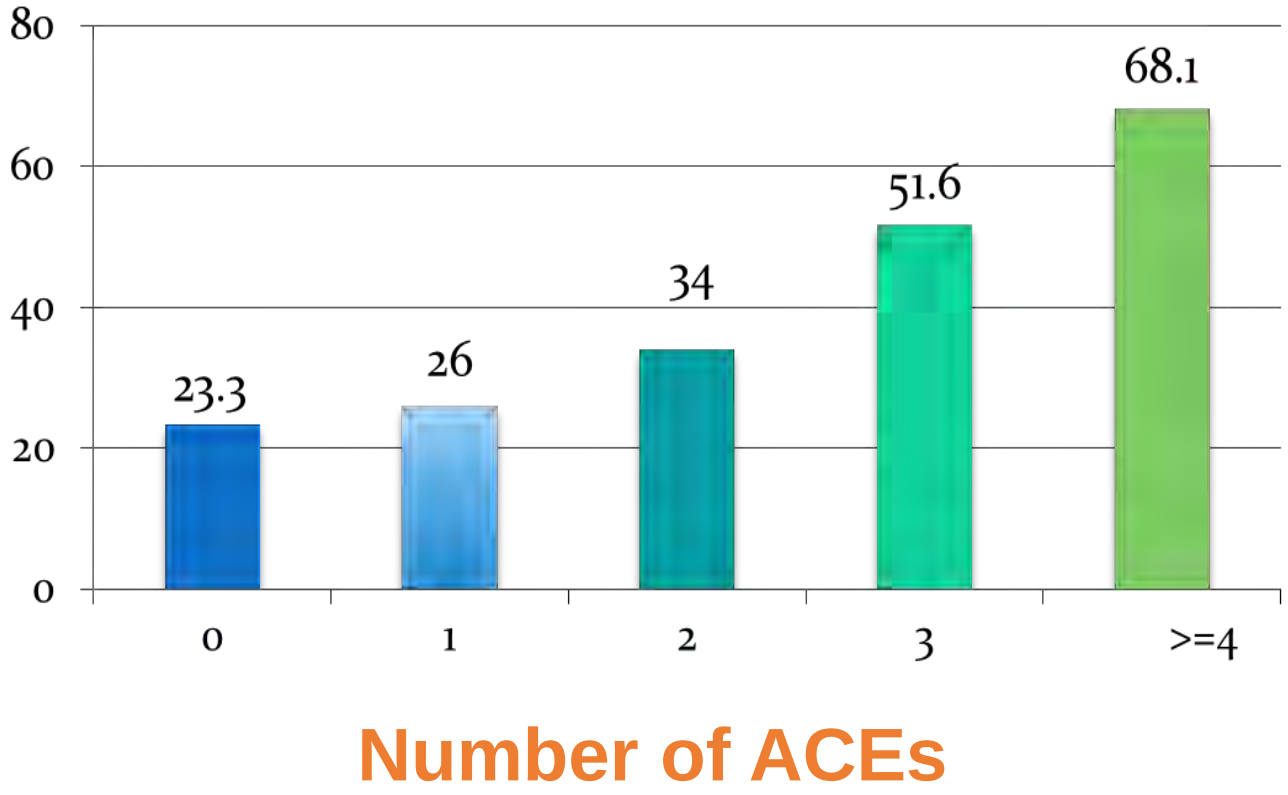
FACT The Families And Children Thriving Study

ACEs Lead to AGEs



Intergenerational & Historical Trauma

Intergenerational trauma refers to the transmission of trauma and its effects from one generation to the next

- Trauma at the individual & family level

Historical trauma refers to cumulative emotional and psychological wounding across generations due to massive group trauma

- Trauma at the collective level

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Trauma is also a matter of **social justice** because its burden is borne disproportionately by disadvantaged and vulnerable populations.

In light of its widespread prevalence and impact, trauma should count as one of the most urgent **human rights** issues of our time.

Trauma-Responsive Frameworks

- Trauma-Specific (i.e., Trauma-Focused)
- Trauma-Informed
- Trauma-Sensitive

Mersky, J. P., Topitzes, J., & Britz, L. (accepted). Promoting evidence-based, trauma-informed social work practice. *Journal of Social Work Education.*

Trauma-Specific Treatment

- Some effective treatments address trauma symptoms and trauma history
  - Example: Trauma-Focused Cognitive Behavioral Therapy
- Some effective treatments address trauma symptoms but not trauma history
  - Example: Parent-Child Interaction Therapy

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The Trauma & Recovery Project

- ICFW partnership with the Dept. of Children & Families, Office of Children's Mental Health, & Child Welfare Professional Development System
  - Funded by SAMHSA and supported by the National Child Traumatic Stress Network

- Establishes a Community Treatment Service Center in Southeast Wisconsin
  - Helps children and families in the child welfare system access evidence-based, trauma-focused services (TF-CBT; PCIT; CPP)

https://uwm.edu/icfw/the-trauma-and-recovery-project/

Family First Prevention Services Act

- Amends Title IV-E foster care program
- Allocates more $ to prevention (e.g., in-home parenting programs; substance abuse and mental health services)
- Models must be manualized and supported by evidence

  http://www.cebc4cw.org/

Trauma-Informed Care (TIC)

According to SAMHSA, a trauma-informed organization or system:

- **Realizes** the widespread impact of trauma;
- **Recognizes** the signs and symptoms of trauma;
- **Responds** by integrating knowledge about trauma into policies, procedures, and practices;
- Seeks to actively resist **re-traumatization**

https://www.samhsa.gov/nctic/trauma-interventions

Trauma-Responsive Practices

- We need to operationalize how trauma-informed care manifests in **trauma-responsive practices:**
  1. Screening and assessment
  2. Psychoeducation
  3. Cognitive and emotion regulation
  4. Motivation enhancement techniques
  5. Referral to treatment and other services

ICFW Issue Brief
https://uwm.edu/icfw/translating-trauma-informed-principles-into-trauma-responsive-practices/

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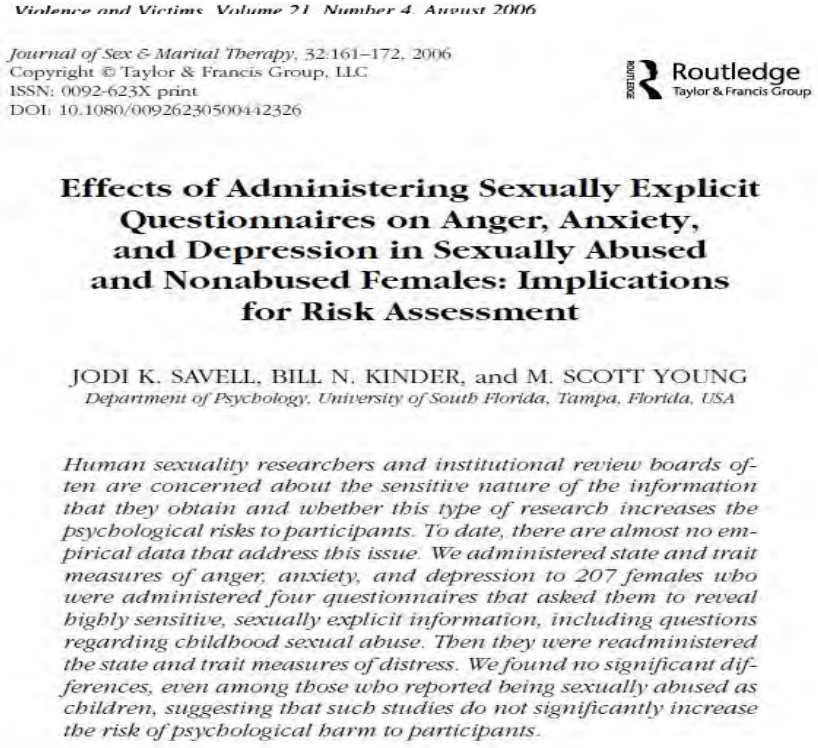
Asking Sensitive Questions



Violence and Victims, Volume 21, Number 4, August 2006

Journal of Sex & Marital Therapy, 32:161–172, 2006
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DOI: 10.1080/00926230500442326

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Effects of Administering Sexually Explicit Questionnaires on Anger, Anxiety, and Depression in Sexually Abused and Nonabused Females: Implications for Risk Assessment

JODI K. SAVELL, BILL N. KINDER, and M. SCOTT YOUNG
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Human sexuality researchers and institutional review boards often are concerned about the sensitive nature of the information that they obtain and whether this type of research increases the psychological risks to participants. To date, there are almost no empirical data that address this issue. We administered state and trait measures of anger, anxiety, and depression to 207 females who were administered four questionnaires that asked them to reveal highly sensitive, sexually explicit information, including questions regarding childhood sexual abuse. Then they were readministered the state and trait measures of distress. We found no significant differences, even among those who reported being sexually abused as children, suggesting that such studies do not significantly increase the risk of psychological harm to participants.

- Most research participants can respond to sensitive questions without major distress
- Many also report positive feelings of relief and gratitude

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Why We Should Ask

- **Good:** Assessment provides useful data
  - Program Evaluation; Policy Advocacy
- **Better:** Assessment informs practice
  - Case histories are indispensable
- **Best:** Assessment <u>is</u> practice
  - Pivot to focus on coping and resilience

<u>ICFW Issue Brief</u>
https://uwm.edu/icfw/what-happens-if-i-ask/

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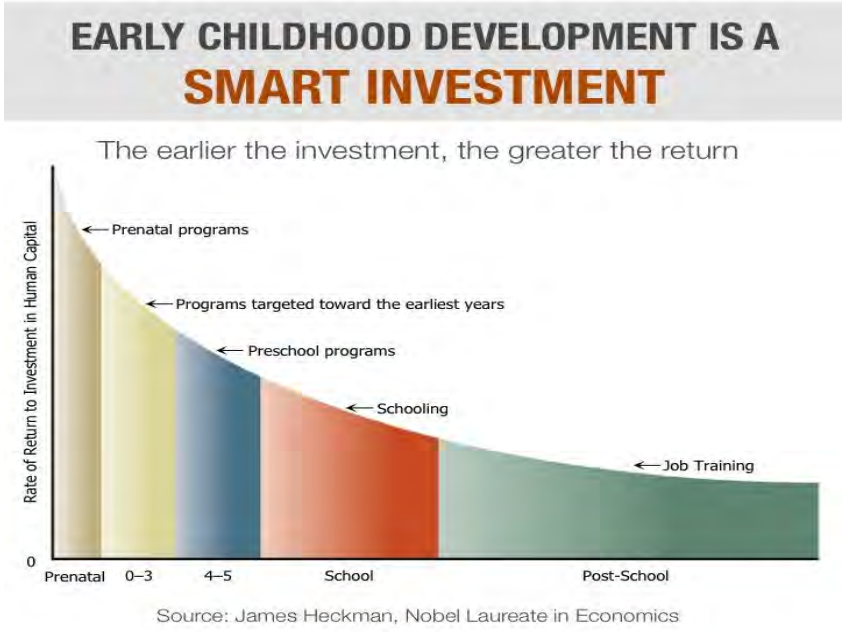
Why Home Visiting?

1. Early childhood interventions are often effective & cost-effective

2. Two-generation models hold the promise of interrupting the intergenerational cycle of trauma

- Parent = Intervention
- Child = Prevention



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Family Connects

- Designed as a child abuse & neglect prevention model
- Low-cost, universal model→ services triaged according to family needs
- Assessment during initial home visit → more visits and referrals as needed
- Significant impact & ROI[1]

[1]Dodge, K., et al. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. *American Journal of Public Health*, *104*, S136-S143.

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Family Connects Racine County

- In 2017, the Central Racine County Health Department began to implement Family Connects alongside its long-term home visiting services
  - Provided home visits to 600 families last year
- Integrated the Trauma Screening Brief Intervention & Referral to Treatment (T-SBIRT) model

FAMILY CONNECTS RACINE COUNTY NURSE HOME VISITS

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T-SBIRT: Key Elements

1. Seek permission to discuss stress and trauma
2. Screen for trauma exposure and symptoms
3. Provide information and education
4. Ask open-ended questions about coping
5. Reflect, summarize, and reinforce statements
6. Refer to treatment or other services

ICFW Issue Brief
https://uwm.edu/icfw/t-sbirt/

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T-SBIRT Feasibility Study

- 112 adults served in a community primary care clinic:
  - 53.7% African American
  - 41.4 years old average age
  - 40.6% female
- 92.0% exposed to at least one PTE
- 55.4% positive PTSD Screening
- 62.5% referral acceptance

T-SBIRT Acceptability

- 9-item patient survey measuring:
  - Effectiveness
  - Convenience
  - Severity
  - Convenience
- Range 0-4
- Mean: 3.00 (Very Acceptable)
- 0% required grounding exercise

Topitzes, J., Berger, L., Otto-Salaj, L., Mersky, J. P., Weeks, F., & Ford, J. D. (2017). Complementing SBIRT for alcohol misuse with SBIRT for trauma: A feasibility study. *Journal of Social Work Practice in the Addictions, 17*(1-2), 188-215.

Trauma Sensitive

- Providers know signs and symptoms of trauma
- Providers remove unnecessary trauma triggers
- Providers act as emotion regulators for clients
- Providers value relational networks

Trauma Sensitive School Practices

- Trauma awareness: manifestations & scope
- Safety: structure and predictability
- Skill mastery: practicing regulatory skills
- Relationship: with all staff
- Coordination: within and outside school
- Tiered

Trauma Sensitive Schools: Resources

- Massachusetts:
  - https://traumasensitiveschools.org/ or Trauma Learning & Policy Initiative
- Washington:
  - https://acestoohigh.com/category/washington-state/
- Wisconsin:
  - http://dpi.wi.gov/sspw/mental-health/trauma/modules

Questions?

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Thank you!

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