

Trauma Informed Practice

Kay Connors, LCSW-C

FITT Center

University of Maryland, Baltimore

June 4, 2015

St's Mary County



The National Child Traumatic Stress Network

The National Child Traumatic Stress Network is supported through funding from the Donald J. Cohen National Child Traumatic Stress Initiative, administered by the US Department of Health and Human Services (DHHS), Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA)



Collaboration

This Center represents a unique collaboration among Baltimore's major academic and service institutions including:

- The University of Maryland School of Medicine
- The University of Maryland School of Social Work
- The Family Center at Kennedy Krieger Institute

CAN Contributors

Frank Putnam, MD, UNC at Chapel Hill, NC

William Harris, PhD, Children's Research and Education Institute
& New School for Social Research, NYC, NY

Alicia Lieberman, PhD, UCSF, San Francisco, CA

Karen Putnam, PhD, UNC at Chapel Hill, NC

Lisa Amaya-Jackson, MD, Duke University, Durham, NC

Questions to be Addressed

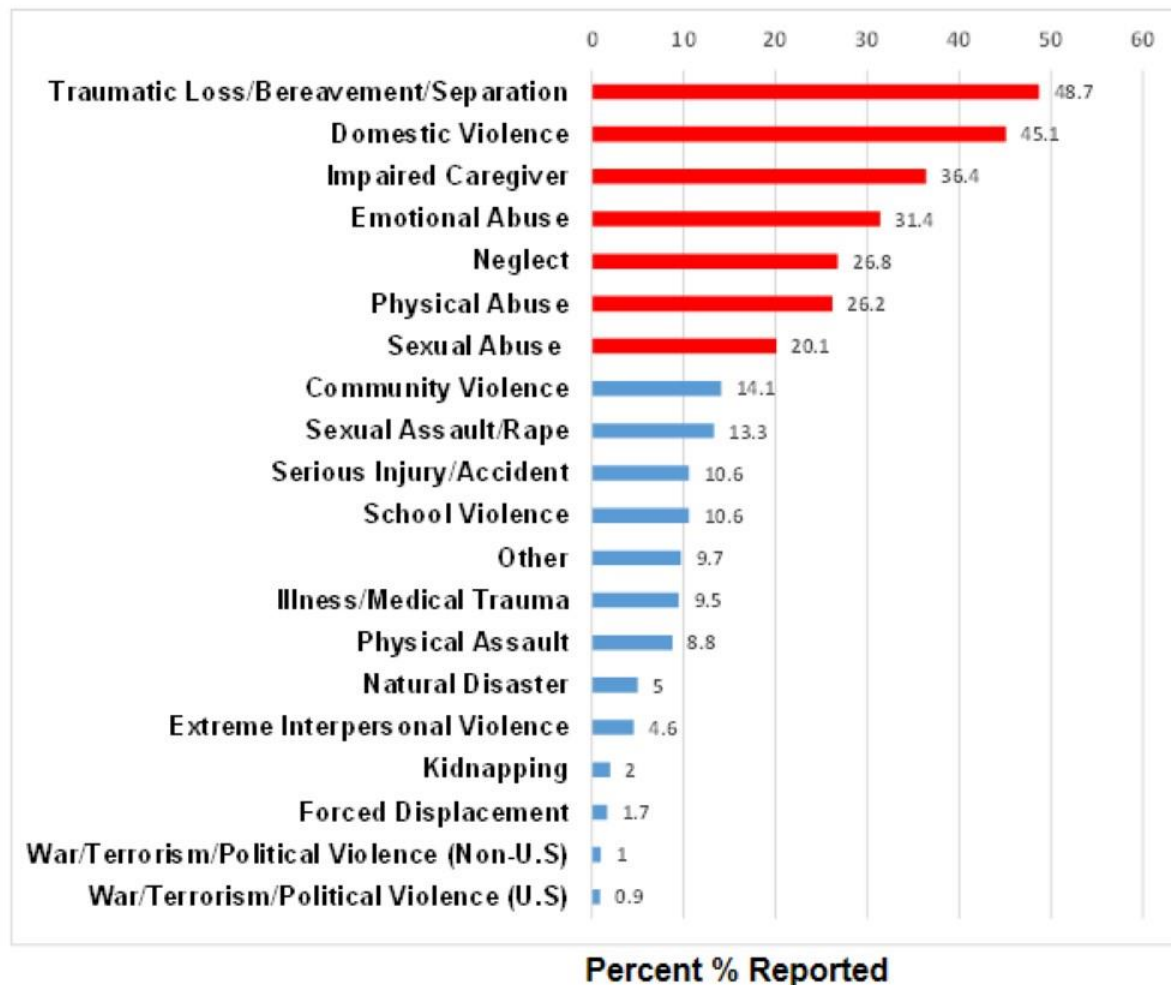
- When do you realize trauma impacted you and families and community?
- How do you recognize the impact of trauma on the whole family and your community?
- How can you respond to less the impact of trauma and support recovery?

Even the Experts are Confused as to Which Term is Best



The ACES are Among Many Childhood Traumas and Adversities Measured by the National Child Traumatic Stress Network N=10,991¹

- The original ACES (in red) are among the most commonly reported traumas in studies that look at additional traumas.
- Over 40% of the children and adolescents served by the NCTSN experienced 4 or more different types of trauma and adversity.

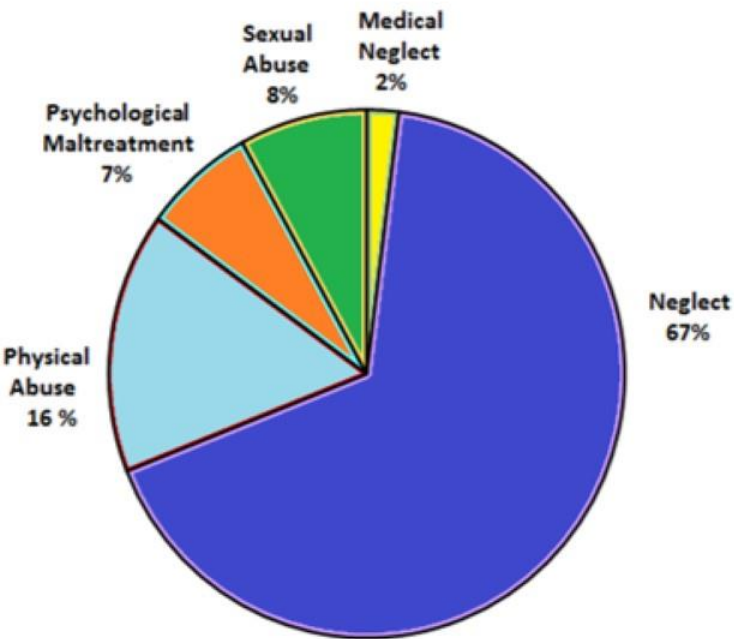


¹Pynoos et. al (2014). Psychological Trauma: Theory, Research, Practice and Policy. 6:S9-S13.

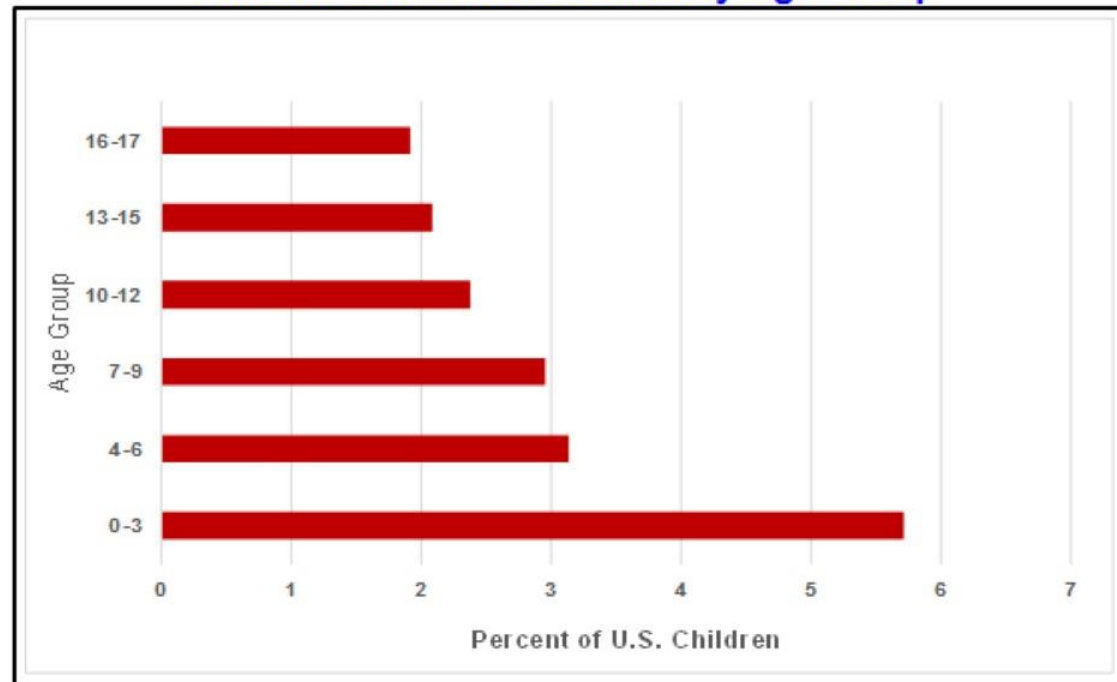
Rates of Maltreatment by Age¹

- Most maltreatment happens to younger children.
- Maltreatment has greater negative effects at younger ages.

Types of Child Maltreatment



Rates of Child Maltreatment by Age Group



¹Child Maltreatment 2012. Washington, DC: US Department of Health and Human Services; 2014.

How the ACES Work

Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)



Impact on Child Development

- Neurobiologic Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)



Long-Term Consequences

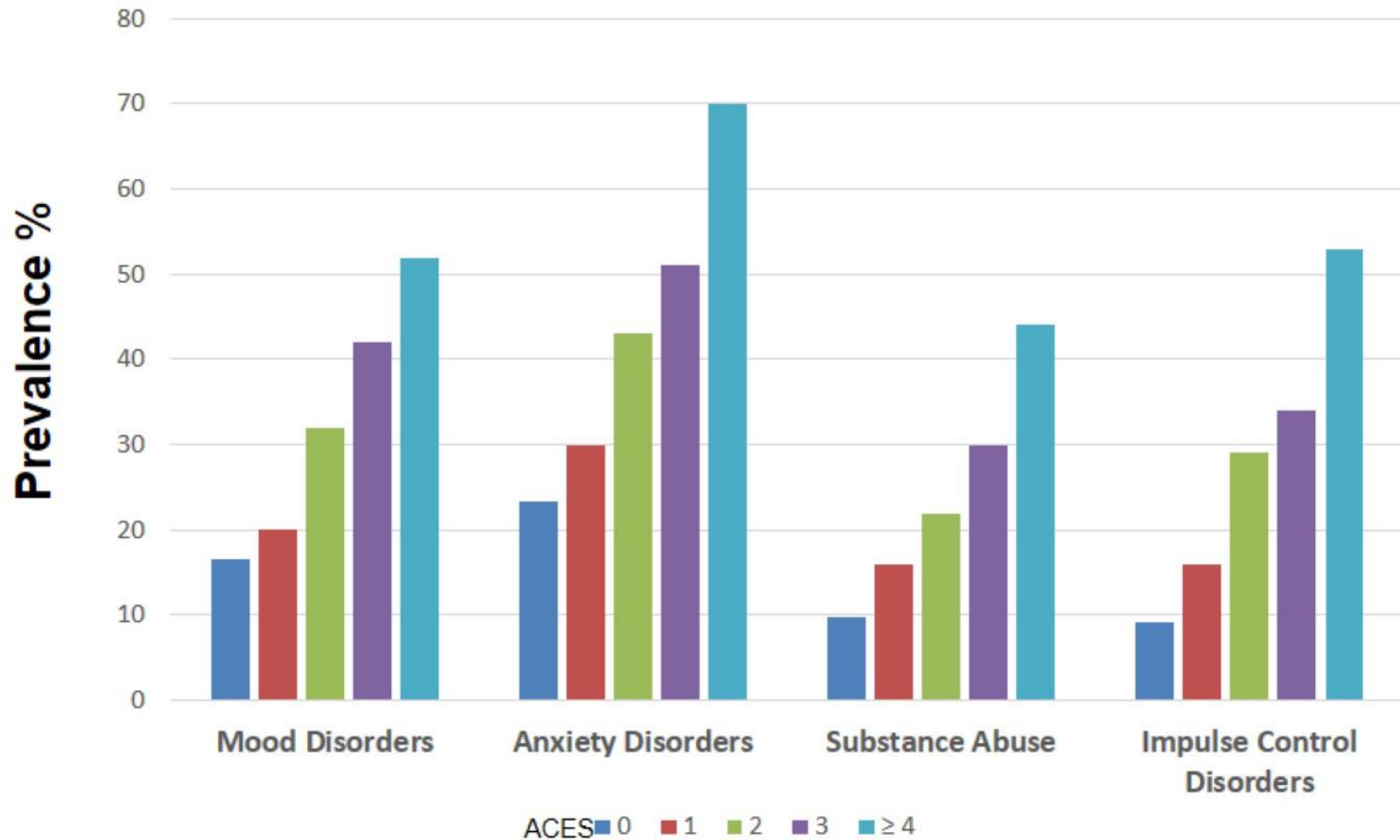
Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- High utilization of health and social services
- Shortened Lifespan

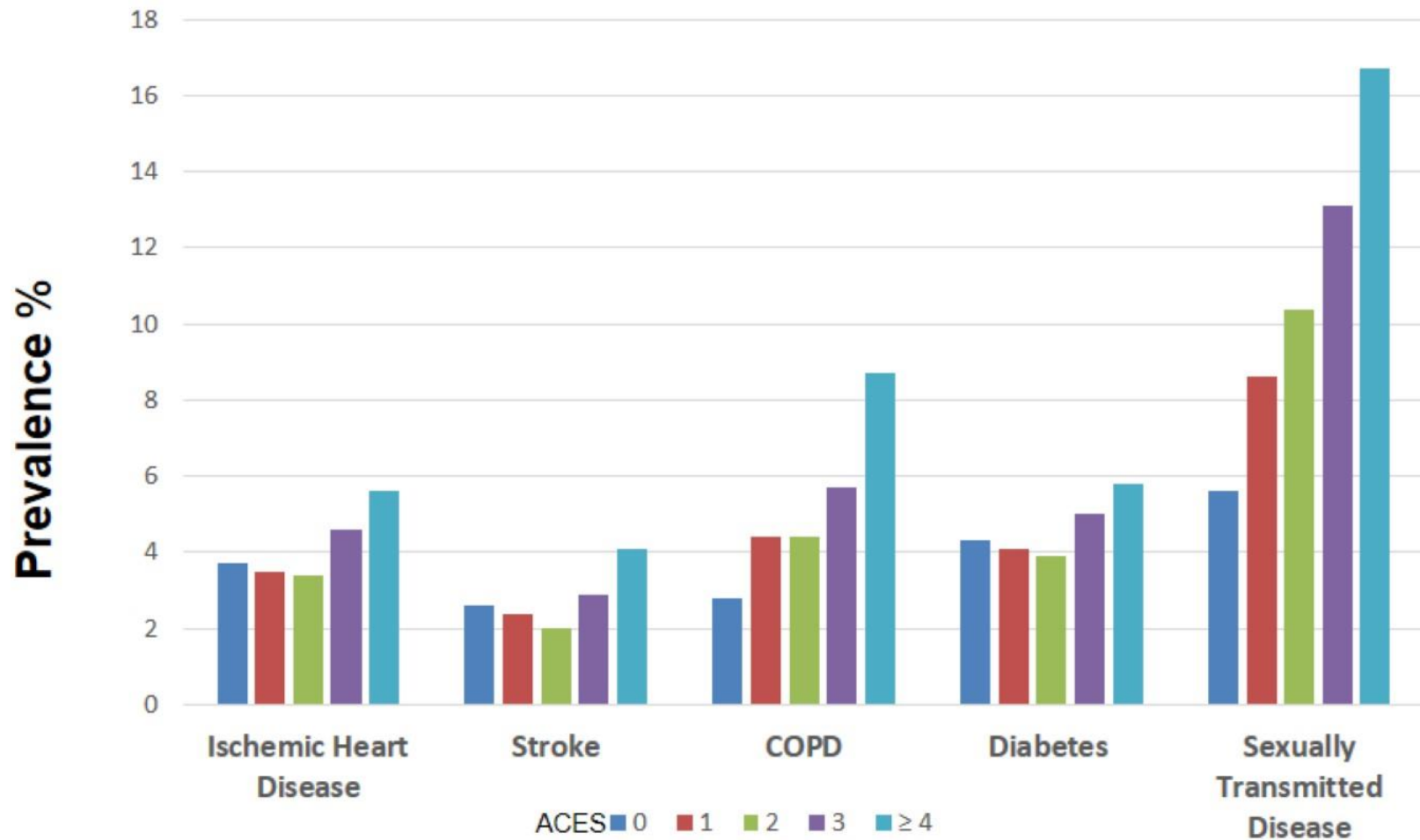
Cumulative ACES & Mental Health^{1,2}



¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

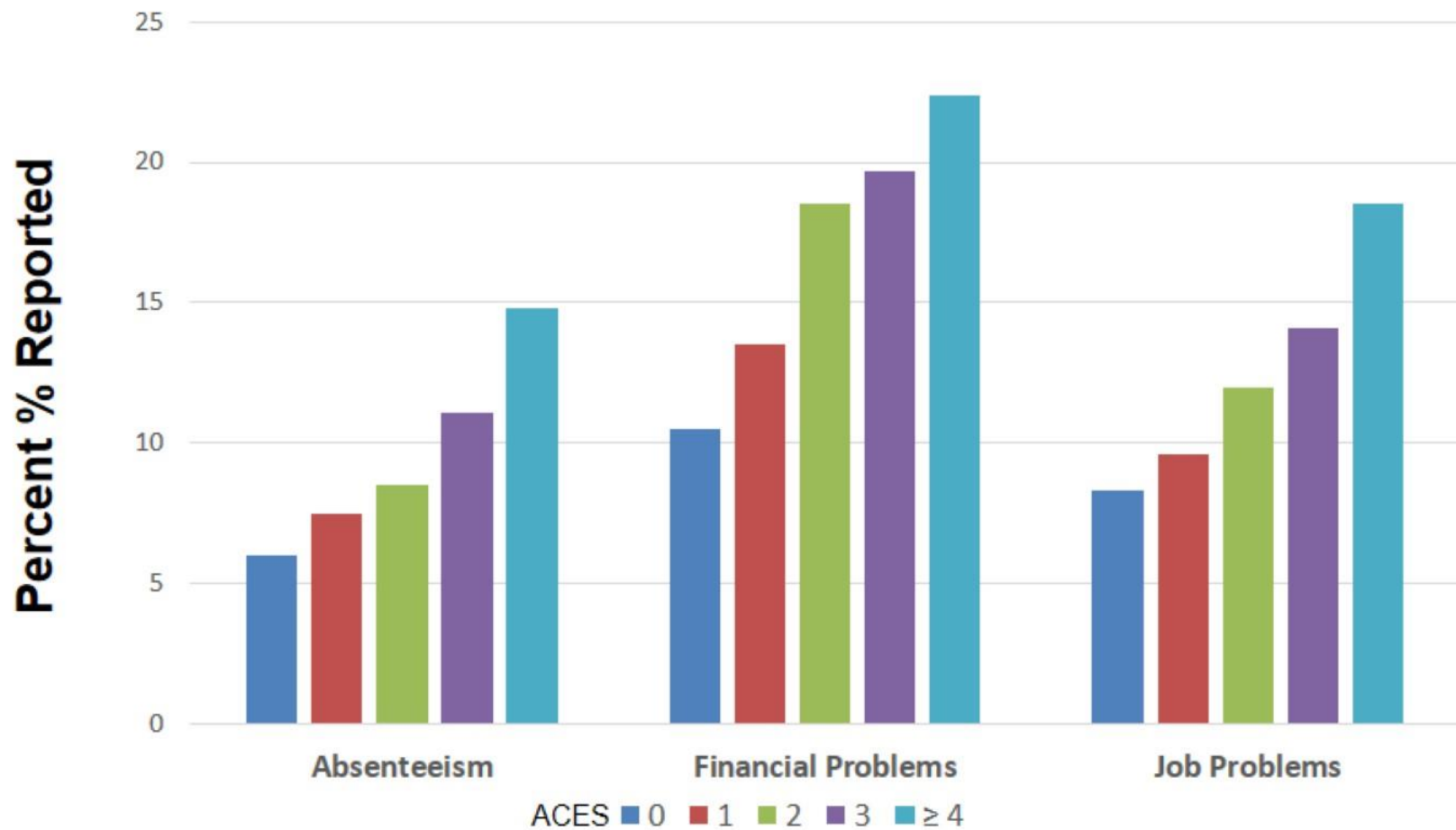
²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Cumulative ACES & Chronic Disease¹



¹Felitti et al., (1998) American Journal of Preventive Medicine, 14:245-258.

Cumulative ACES & Impaired Worker Performance¹



¹Anda et al., (2004) The Permanente Journal/Winter 8:30-38.

Implications of Cumulative ACES

- “Dose-Effect” – increasing ACES increases the number of problems.
- Child maltreatment victims have 2-7 times higher risk of being re-victimized in the future compared with non-victims¹.
- Preventing future ACES in previously traumatized children is an important intervention.
- Systems that serve traumatized children – e.g., child protection, juvenile justice, mental health – should include trauma screening & prevention interventions.

¹Finkelhor et. al (2007). Re-victimization patterns in a national longitudinal sample of children and youth. Child Abuse & Neglect 31:479-502.

Synergy

A principle finding of recent work is the extent to which two or more adverse experiences interact so that the risk of a psychological disturbance following is multiplied, often many times over.

John. Bowlby, The origins of attachment theory, 1988

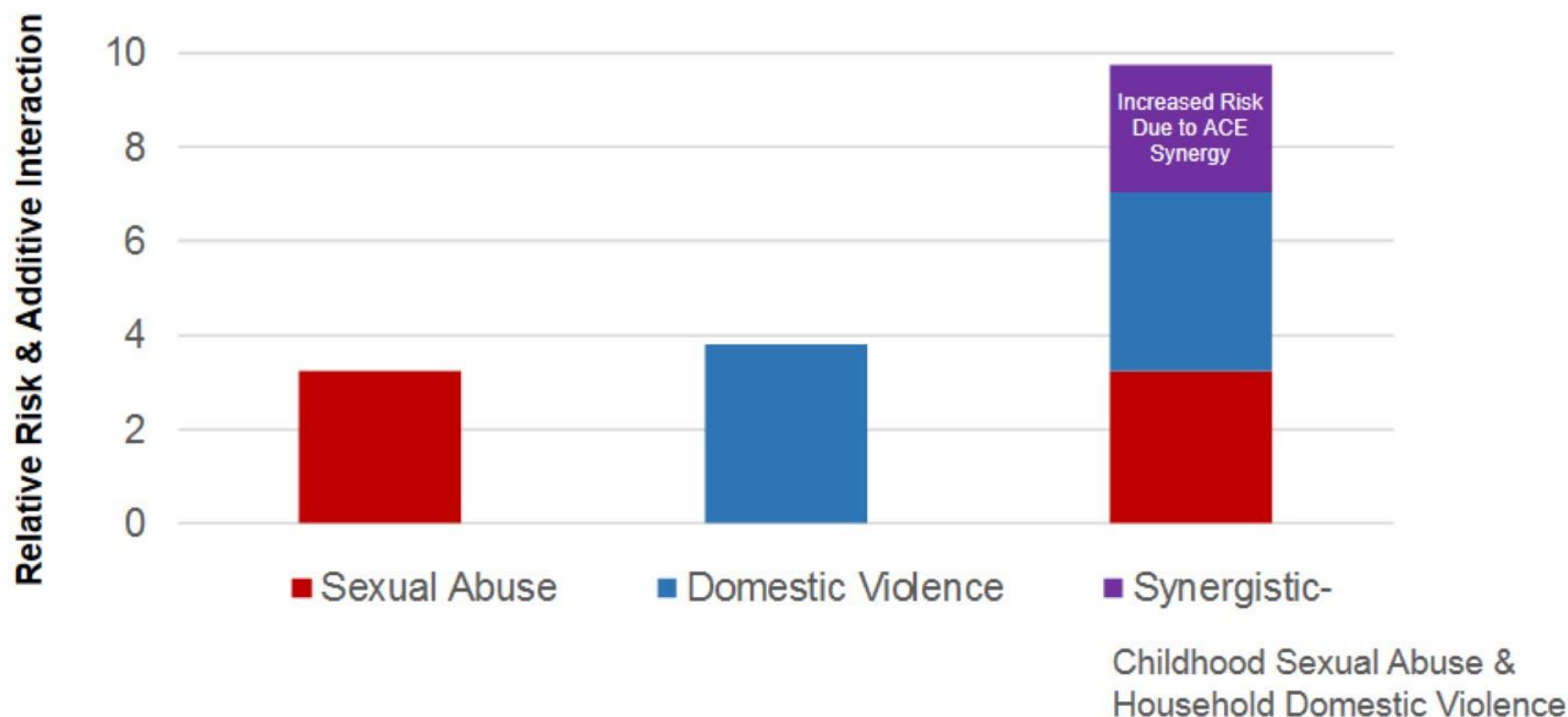
Synergistic ACEs Increase Complex Adult Psychopathology¹

- People who experience one ACE are statistically likely to experience two or more ACEs.
- **Synergy** is the interaction of two or more ACEs so that their combined effect is greater than the sum of their individual effects.
- **Complex Adult Psychopathology** is defined as having diagnoses crossing 2 or more DSM diagnostic categories (Mood, Anxiety, Substance Abuse or Impulse Control).

¹Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Co-Existing Childhood Sexual Abuse & Household Domestic Violence ACES are Synergistic & Increase Risk of Complex Adult Psychopathology^{1,2}

Females (N=3310)

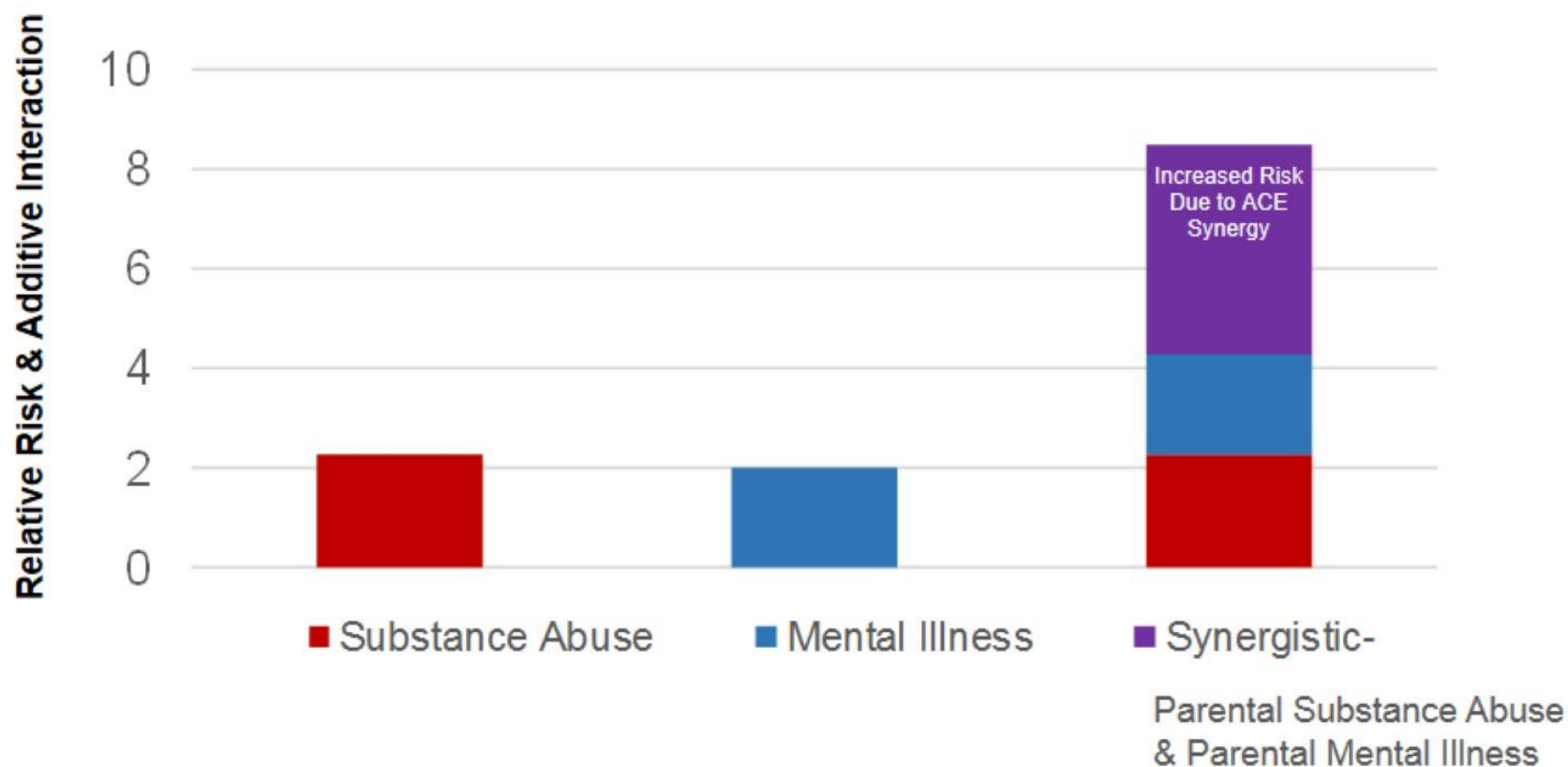


¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Co-Existing Parental Substance Abuse & Parental Mental Illness ACES are Synergistic & Increase Risk of Complex Adult Psychopathology^{1,2}

Males (N=2382)



¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Synergistic ACEs in Females ^{1,2}

- In females synergy occurs with 2 or more ACEs.
- For females the most potent ACE, sexual abuse, is synergistic with:
 - Domestic violence
 - Crime victimization
 - Poverty
 - Parental mental illness (anxiety/depression)
 - Loss of a Parent

¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Synergistic ACEs in Males ^{1,2}

- In males synergy occurs with 3 or more ACEs.
- For males, the most potent ACE, poverty, is synergistic with:
 - Sexual abuse
 - Parental substance abuse
 - Loss of a parent

¹Data from the National Comorbidity Survey-Replication Sample (NCS-R).

²Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

Synergy between ACES & Other Adversities (e.g., Environmental Pollution¹)

- **Childhood asthma** disproportionately affects lower income communities where air pollution & ACES may be elevated.
- Correcting for potential confounders – researchers found an increased risk between traffic-related air pollution and asthma (OR = 1.63, CI=1.14-2.33) **solely among children exposed to violence.**
- ACES likely interact synergistically with many environmental pollutants and negative social experiences to increase risk for many costly illnesses.

¹Clougherty et al, (2007) Synergistic effects of traffic-related air pollution and exposure to violence on urban asthma etiology. Environmental Health Perspectives 115:1140.

Addressing ACES Offers Critical Public Health Opportunities¹

- ACES are the most preventable cause of serious mental illness.
- ACES are the most preventable causes of drug and alcohol abuse in women.
- ACES are the most preventable causes of HIV high-risk behavior (IV drugs, promiscuity).
- ACES are a significant contributor to leading causes of death (heart disease, cancer, stroke, diabetes, suicide).

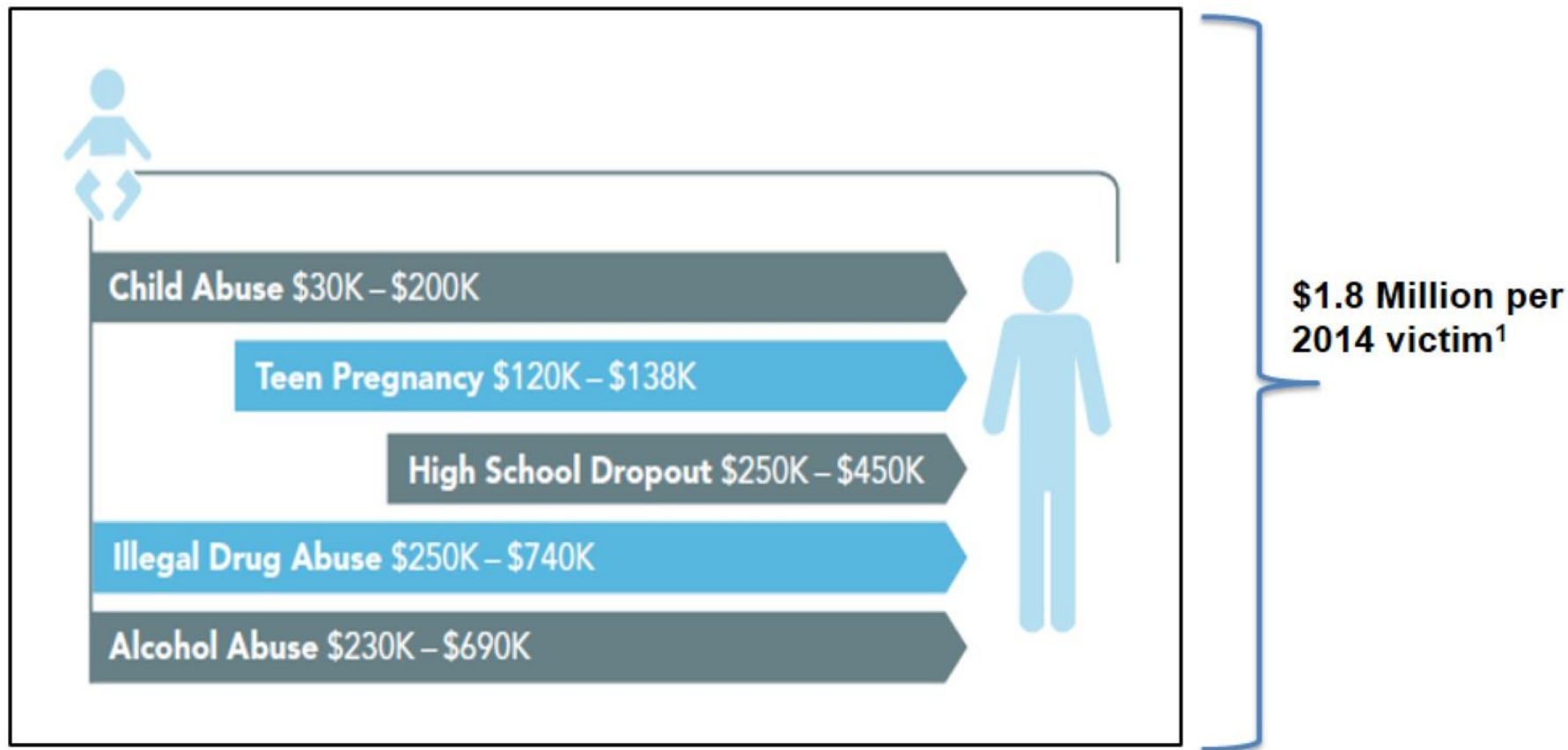
¹IOM (Institute of Medicine) and NRC (National Research Council). 2013.

Costs of Cumulative & Synergistic ACES

- Human suffering borne by victims & their families.
- Economic costs borne by society.
- Social costs borne by society.
- Intergenerational transmission of childhood adversity borne by future society.

What does it cost to do nothing?

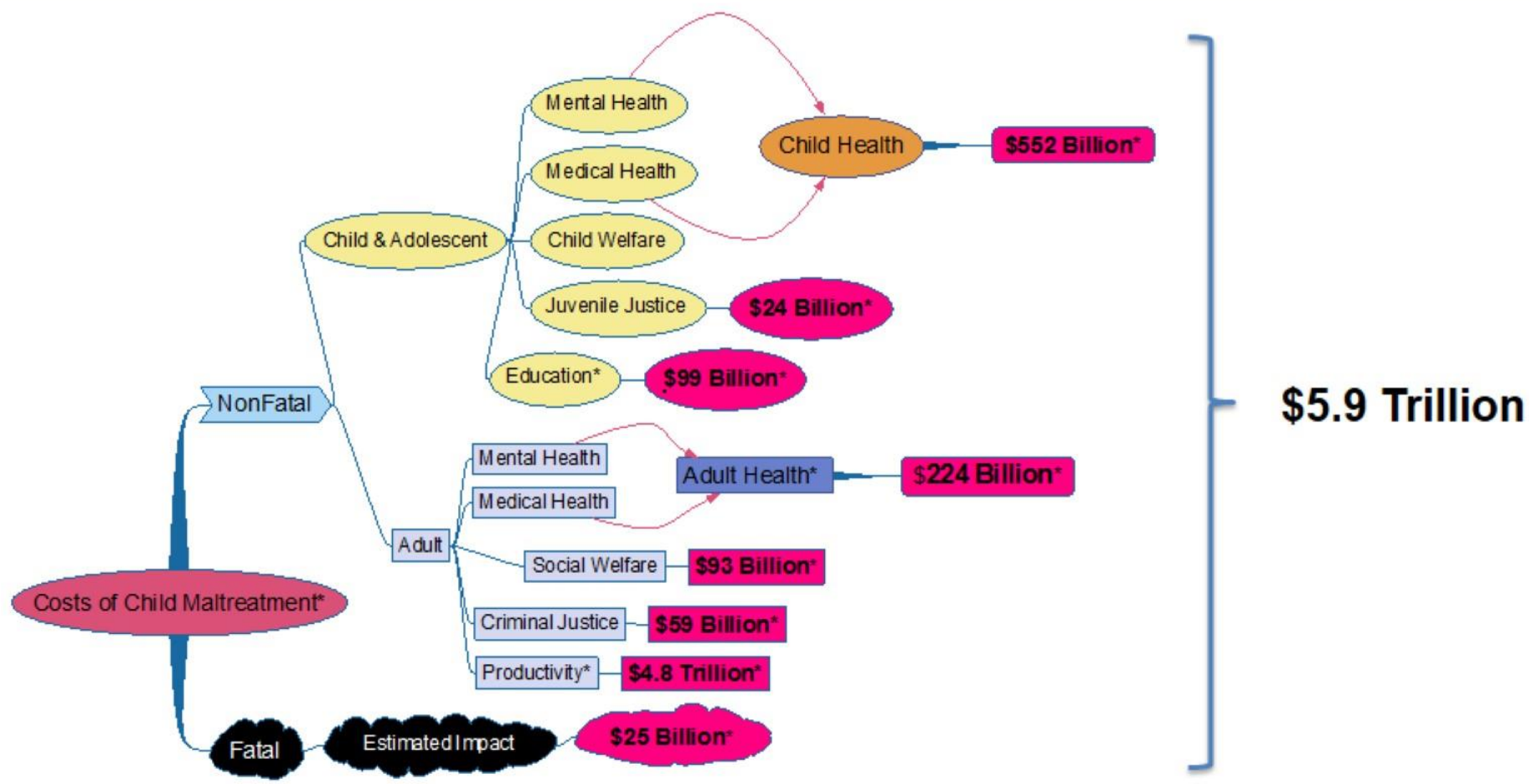
Each 2014 First-Time Case of Child Maltreatment Costs U.S. Economy
Approximately \$1.8 Million in Total Expenditures over their Lifetime¹



Graphic from Pew Issue Brief Jan 2011: Paying Later: High Cost of failing to Invest in Young children.

¹Suffer the Little Children: An Assessment of the Economic Costs of Child Maltreatment
The Perryman Group, Nov. 2014: <http://perrymangroup.com/special-reports/chlld-abuse-study/>

Estimated Lifetime Costs for all 2014 First Time Maltreatment Victims = \$5.9 Trillion¹



¹Suffer the Little Children: An Assessment of the Economic Costs of Child Maltreatment
 The Perryman Group, Nov. 2014: <http://perrymangroup.com/special-reports/chlld-abuse-study/>

Recognize and Respond

SAMHSA'S Definition of Trauma Informed Care

*A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization.***

SAMHSA'S Definition: What Happen vs What is Wrong?

- *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.*

Response to Trauma: Starting with the good news

- People are remarkably resilient
- Resilience in childhood is common not rare
- Even though exposure to trauma is common in childhood and adulthood, only 20% of us will develop post traumatic stress symptoms

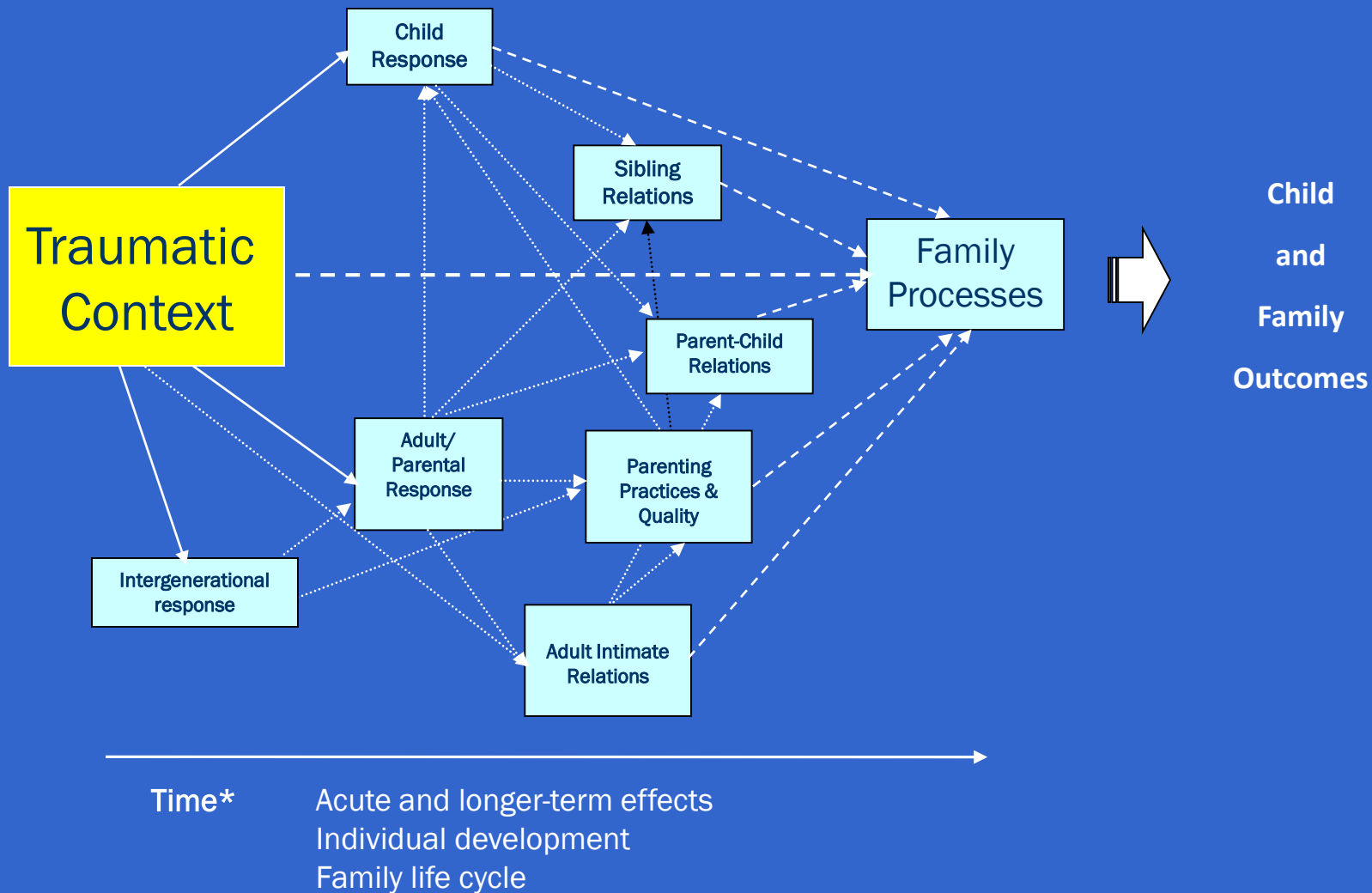
(Costello et al., 2002, Masten, 2000)

- our thoughts, feelings and behaviors
- our bodies and can cause physical symptoms like stress headaches, digestive problems, shakiness and sleepiness
- our relationships with our families and other important people like teachers, neighbors, colleagues and bosses
- our beliefs about ourselves and our future

. Pynoos et al. (1997). *Ann N Y Acad Sci*;821:176-193

FITT Model:

Increase awareness of the impact of trauma on family systems



Long Term Impact

Children: Trauma affects the way children and teenagers develop, progress in school

Children and Adults: Trauma affects family members' health and mental health

Parents: Negative impact on ability to protect, attune, and apply effective child rearing practices

Family: Trauma affects the whole family including its ability to function and communication

Family and Trauma Informed Lens

- Safety first
- Feeling protected and valued is a prerequisite for healthy emotional development and general welfare.

Family Resilience and Trauma

Protective Factors	Child	Adult	Family of Origin	Intimate Partner	Parent-Child	Parenting Practices	Sibling	Family as a Whole
Spiritually Oriented		+						+
Community Involvement								+
Positive Family Environment		+						
Positive Emotions	+	+						
Socio-Economic Advantage		+						
Strong Social Support	+	+	+		+	+		

Collins, K., Connors, K., Davis, S. Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F. Thompson, E. (2010). *Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions*. Baltimore, MD: Family Informed Trauma Treatment Center. http://66.92.43.14/ucla/FITT_white_paper.pdf or <http://fittcenter.umaryland.edu/WhitePaper.aspx>

What Do We Have Available Now?

- Proven (evidence-based) prevention & treatment interventions.
- Existing programs provide opportunities within which to embed screening, prevention & treatments.
- Replication strategies (e.g., National Child Traumatic Stress Network (NCTSN)¹ Learning Collaboratives) to expand access to services.
- Web networking & data collection tools to support large scale interventions.
- Prevention & quality improvement science to enhance interventions while they are being delivered.²

¹www.nctsn.org

²Ammerman, R.T., et al. (2007). Journal of Prevention and Intervention in the Community, 34, 89-107.

Child Abuse Prevention

- Evidence-based prevention programs exist (e.g., high quality home visitation, Triple P - **P**romoting **P**ositive **P**arenting).
- CDC meta-analysis of home visitation - median 40% reduction with maximum 80% in official case reports.
- Triple-P population-based clinical trial – population effect size $d = 0.51$ (reduces substantiated cases, out-of-home placements, maltreatment injuries).
- Dissemination strategies for ‘going to scale’ with these models exist.
- Economic analyses exist documenting cost-effectiveness of the best prevention programs.

Treatment

- Proven treatments exist for traumatized children, e.g.,
 - **TF CBT** -Trauma-Focused Cognitive Behavioral Therapy
 - **CPP** - Child Parent Psychotherapy
 - **PCIT** -Parent Child Interaction Therapy
- Children with 4 or more ACEs respond as well to treatment as children with fewer adversities¹.
- Therapists who follow guidelines carefully get the best results.
- Treatments can improve both children and parents' mental health outcomes.
- Treatment appears to restore normal biology in stress response systems in some instances.

Preventing ACES is Protective Within & Across Generations

- Having Zero (0) ACES significantly protects against child & adult mental illness^{1,2}.
- Developmental models postulate that resilience decreases as ACES increase.
- Positive childhood experiences³ (“*Angels in the Nursery*”⁴) can offset negative childhood experiences.

¹Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

²Bethell, CD, et al, (2014). Health Affairs, 33:2106-2115.

³Chung et al, Ambulatory Pediatrics 2008; 8:109-116.

⁴Lieberman, et al, Infant Mental Health Journal 2005, 26(6) 504-520.

Prevention, Screening, & Treatment Can Be Embedded In Existing Systems That Serve Children

- Child care
- Education
- Medical
- Well-child
- Home visitation
- Military families
- Foster Care
- Child welfare
- Mental health
- Drug and alcohol
- Juvenile justice
- Immigration
- Faith based

Summary

- ACES are cumulative & synergistic.
- Females and males have different (but overlapping) combinations of synergistic ACES.
- ACES increase risk for major public health problems far in excess of the usual thresholds (i.e., ORs $\geq 1.4 - 1.8$) for interventions.
- ACEs may be synergistic with environmental exposures or social experiences, e.g., air pollution & childhood asthma.

Principles of Trauma-Informed Practice

- Reduce the adverse impact of trauma exposure on children and adolescents through the use of trauma-informed practices
- Educate practitioners regarding the impact of trauma on youth in their service system
- Implement service system changes to improve delivery of trauma treatment and services
- Train service providers to deliver specific services and interventions in a competent and professional manner
- Provide a range of non-clinical and supportive services that are often delivered by non-mental health, frontline staff and administrators

Resource URLs

ACES

- TED Talk - www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
- CDC - www.cdc.gov/violenceprevention/cestudy/index.html

Evidence Based Treatment & Prevention

- NCTSN www.nctsn.org
- Children's Bureau <http://www.acf.hhs.gov/programs/cb>
- SAMHSA <http://www.samhsa.gov/ebp-web-guide>
- Maternal Depression <http://www.movingbeyonddepression.org/>

Advocacy & Policy

- AAP www.aap.org/en-us/Pages/Default.aspx
- APAs www.apa.org & www.psychiatry.org
- AACAP www.aacap.org

Additional Resource URLs: CANarratives.org

Trauma Informed Care

<http://www.samhsa.gov/nctic/trauma.asp>

Respect

Informed

Connected

Hopeful regarding their own recovery

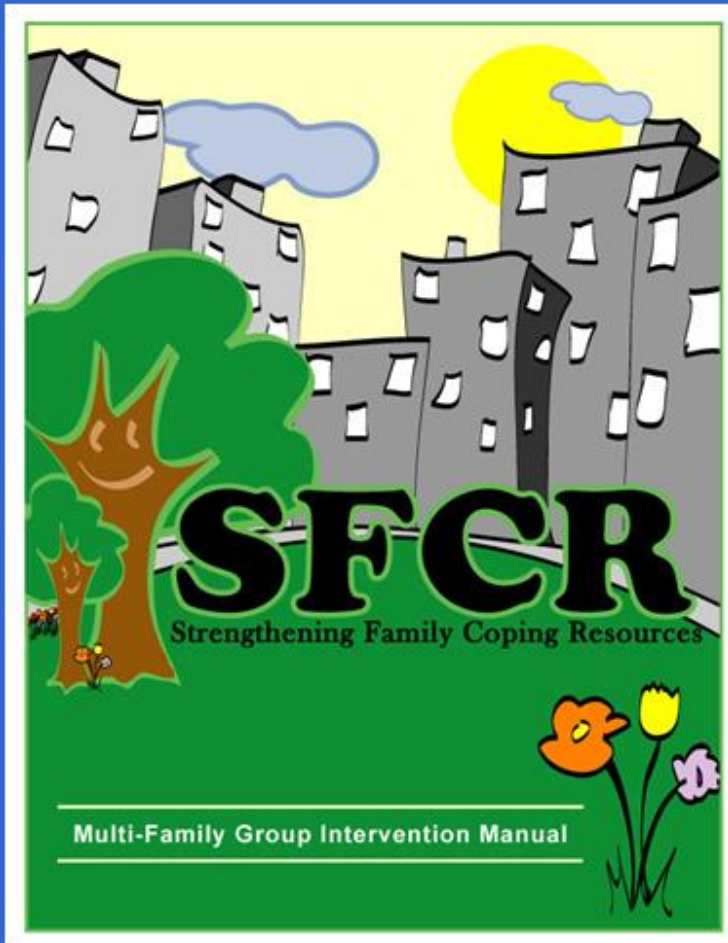
Understand interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)

Work in a collaborative way with children, family and support systems, and other human services agencies

Trauma informed Toolkit

<http://gucchdtacenter.georgetown.edu/TraumaInformedCare/>

Strengthening Families Coping Resources



SFCR is a trauma-focused, multi-family, skill-building intervention that:

- provides empirically supported trauma treatment within a family format
- offers therapeutic strategies to improve the family's ability to cope with on-going stress and threats of re-exposure.

Trauma Adapted Family Connections



TA-FC builds on twelve years of community-based family intervention research and the accumulated practice wisdom of Family Connections (FC), an evidence based in home neglect prevention intervention.

- (1) help families develop positive coping strategies, enhance resilience, and increase emotional regulation;
 - (2) help families develop formal and informal social networks to enhance functioning, engage in needed services, and build protection and safety factors for the family;
 - (3) enhance child and caregiver functioning by decreasing trauma symptoms through psycho-education and targeted cognitive interventions;
 - (4) And enhance child and family well-being, safety, and stability.
- The themes of collaboration, reflection and transparency permeate the work.



FamilyLive© is caregiver-focused family treatment that addresses the complex needs of families in which the caregiver’s history of interpersonal trauma interferes with his/her ability to participate in child-focused trauma therapy. Using a specially-trained reflecting “team” behind a one-way mirror, **FamilyLive©** provides caregivers with a new relationship experience focused on parental self-care, emotional regulation and improved interpersonal boundaries. Once those capacities are established, **FamilyLive©** focuses on enhancing family organization, bolstering parent-child attunement, and strengthening family relationships. **FamilyLive©** helps caregivers develop self-awareness and reflective function so they can better provide emotional and physical safety for their children.

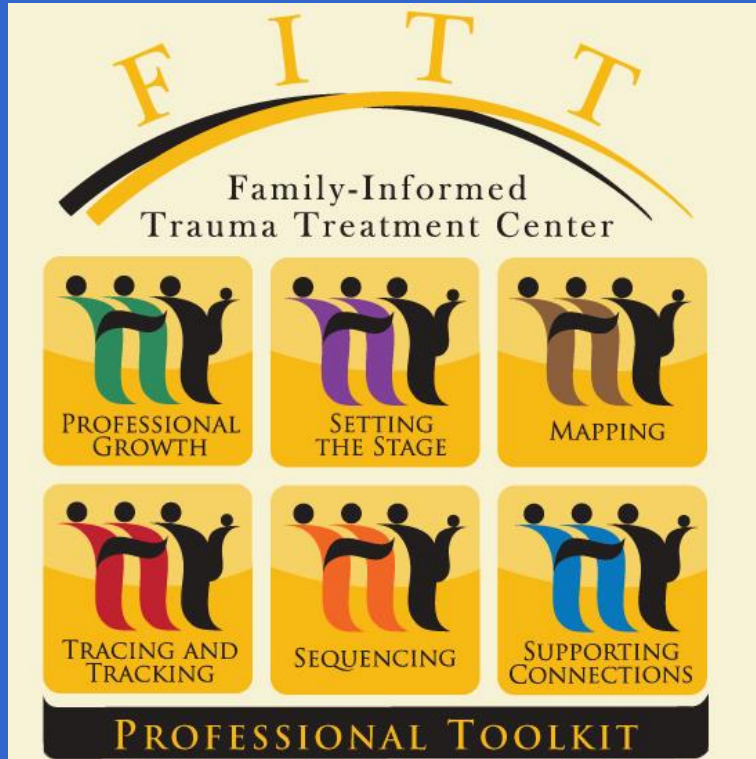
Family Assessment of Needs and Strengths –Trauma (FANS-Trauma)

Purposes of the FANS-Trauma:

- Document strengths and needs of families affected by trauma,
- Describe the contextual factors and relationships that can support a family's adaptation from trauma, and
- Assist in service planning.

FANS-Trauma is designed to measure needs and strengths of a family system that has been exposed to trauma, adapted from multiple versions of the Child and Adolescent Needs and Strengths (CANS) assessment.

FITT Toolkit



- Current registration
- Concepts
- Components
- Resources and tools
- Register online at <http://fitttoolkit.umaryland.edu>

For more information about the FITT Center or the
NCTSN please visit our websites:

<http://fittcenter.umaryland.edu>

www.NCTSN.org

Thank you for your support!