Trauma Informed Care

Presenters:

Robert T. Ammerman, Every Child Succeeds & Cincinnati Children's Hospital Medical Center

Caitlin Suginaka, Iowa Department of Public Health

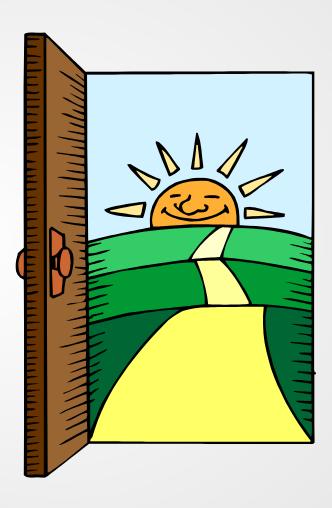
Natalie Turner, Area Health Education Center, Washington State University Extension

August 2, 2012

Maternal Infant & Early Childhood Home Visiting (MIECHV) Technical Assistance Coordinating Center

- The Technical Assistance Coordinating Center (TACC) is funded by HRSA
- ZERO TO THREE and subcontracted partners Chapin Hall, AMCHP and WRMA
- TACC Provides different levels of support to MIECHV grantees using ZERO TO THREE and partner staff, along with numerous expert consultants and in coordination with other TA providers

WELCOME





Trauma and Adverse Childhood Experiences (ACEs) in Mothers in Home Visiting

Robert T. Ammerman, Ph.D.

Every Child Succeeds & Cincinnati Children's Hospital Medical Center

Trauma

Traumatic events are shocking and emotionally overwhelming situations that may involve actual or threaten death, serious injury, or threat to physical integrity.

Reactions to traumatic events vary considerably, ranging from relatively mild creating minor disruptions in the person's life to severe and debilitating.

International Society for Traumatic Stress Studies http://www.istss.org/WhatisTrauma/4339.htm

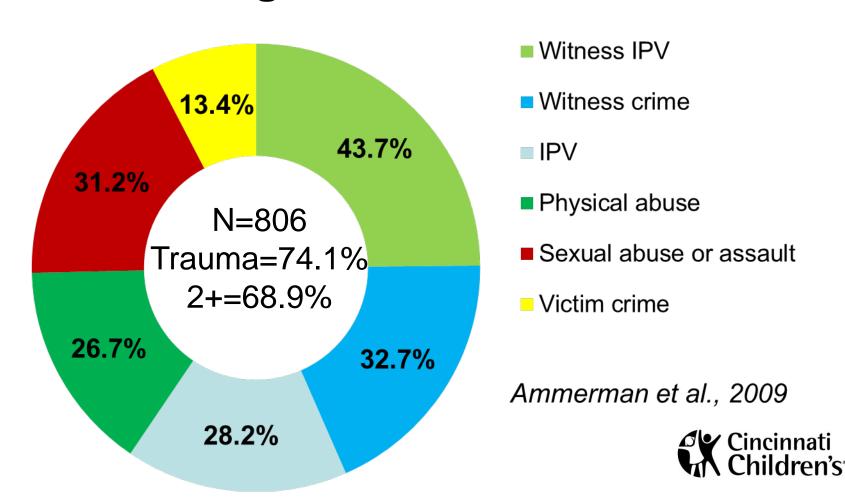


Types of Interpersonal Traumatic Experiences

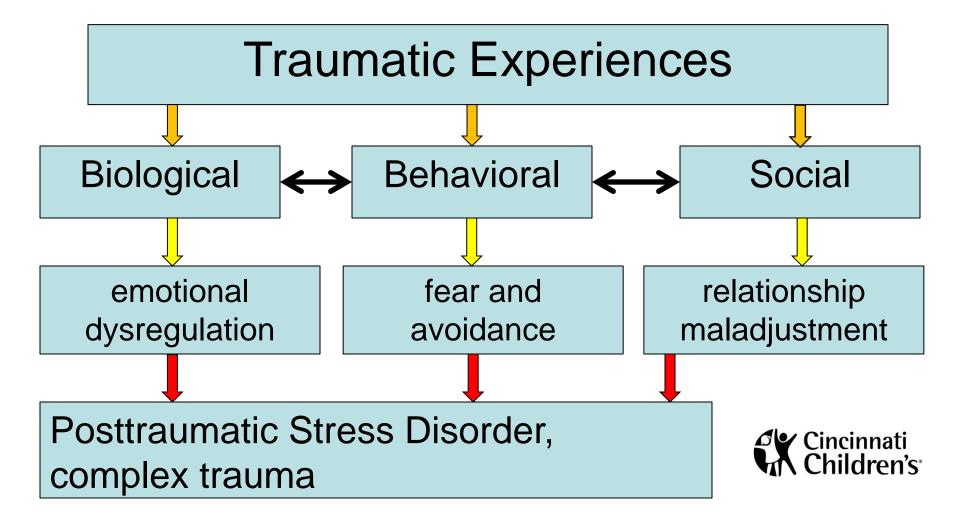
- Physical abuse
- Sexual abuse
- Emotional abuse
- Witnessing violence
- Physical or sexual assault
- Intimate partner violence



Trauma experiences of mothers in home visiting



Impacts of interpersonal trauma



Adverse Childhood Experiences (ACE) Study

- N=17,337 men and women, varied demographics, recruited 1995-1997
- Lifespan perspective on effects of ACEs on health and well-being
- Identified 10 ACEs that were highly predictive of poor outcomes







Increased risk for poor health & social outcomes

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life

- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners



Increased risk for poor health & social outcomes (cont.)

- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking

- Early initiation of sexual activity
- Adolescent pregnancy
- Early death

www.cdc.gov/ace/index.htm



ACE Score Items

- 1. Emotional Abuse
- 2. Physical Abuse
- 3. Sexual Abuse
- 4. Emotional Neglect
- 5. Physical Neglect

- Parents separated or divorced
- Mother IPV
- 8. Household problem drinker or drug user
- Household mental illness
- 10. Household prison

SCORE: 0-10



Endorsement of ACE Items (N=94) 1-Emotional Abuse 2-Physical Abuse 100% **3-Sexual Abuse** 90% **4- Emotional Neglect** 80% **5-Physical Neglect** 67.0% 70% 60% 55.3% 50.0% 50% 39.4% 38.3% 40% 30.9% 30% 21.3% 18.1% 20%

5

6

7

8

9

6-separate/divorce, 7-mother IPV, 8-alcohol/drugs, 9-mental illness, 10-prison

4

3

12.8%

2

8.5%

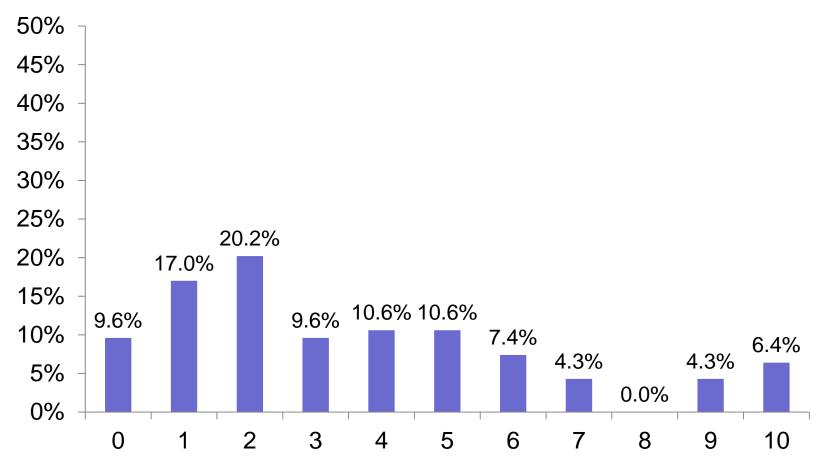
10%

0%



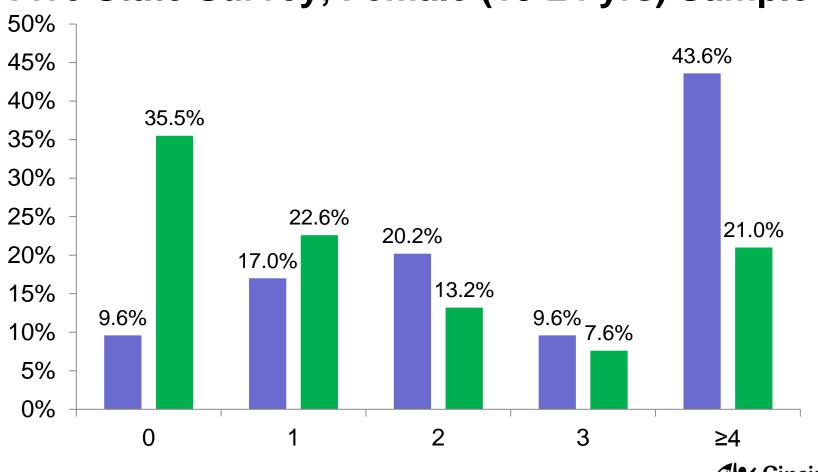
10

ACE Total Score in HV Sample (N=94)

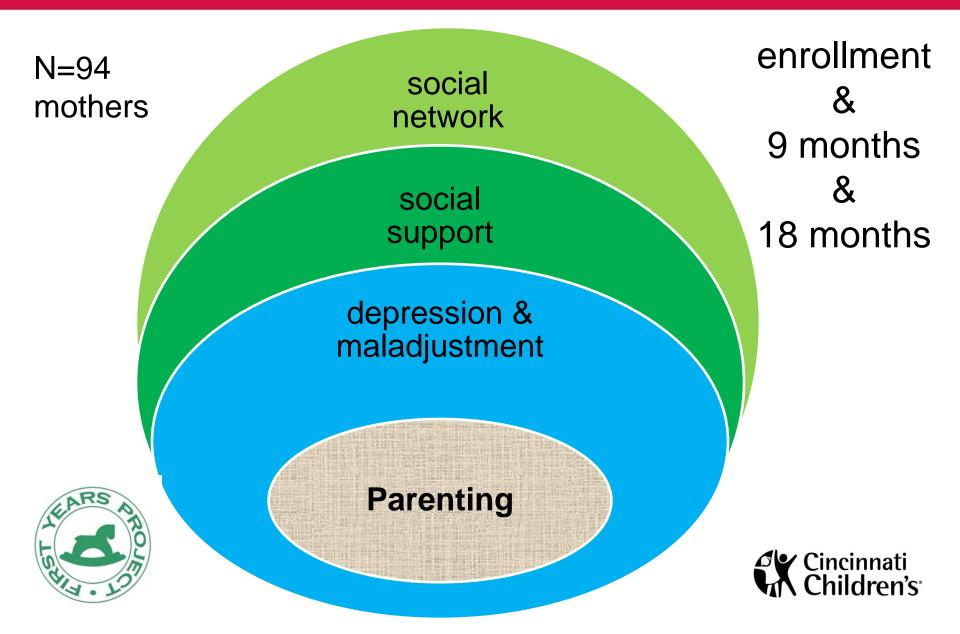




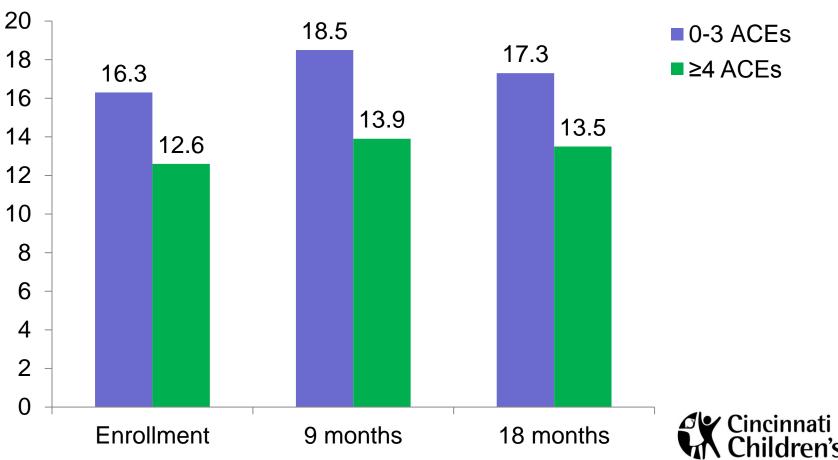
ACE Total Score in HV Sample and CDC 2009 Five State Survey, Female (18-24 yrs) Sample



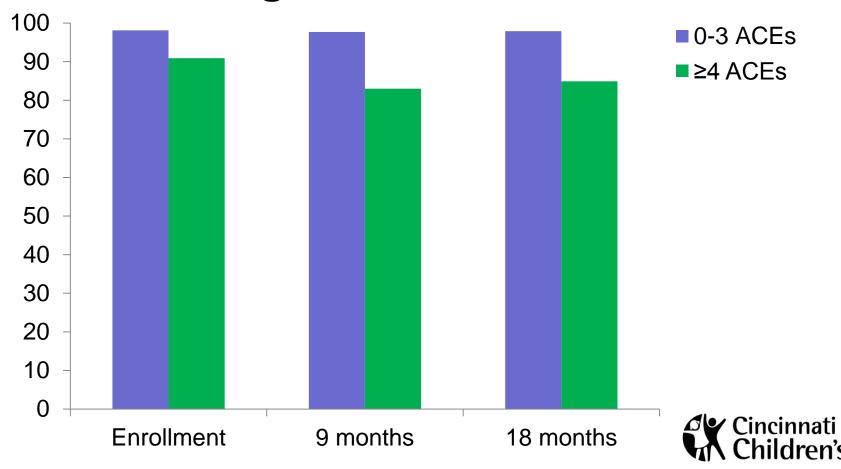
Maternal functioning and ACEs in home visiting



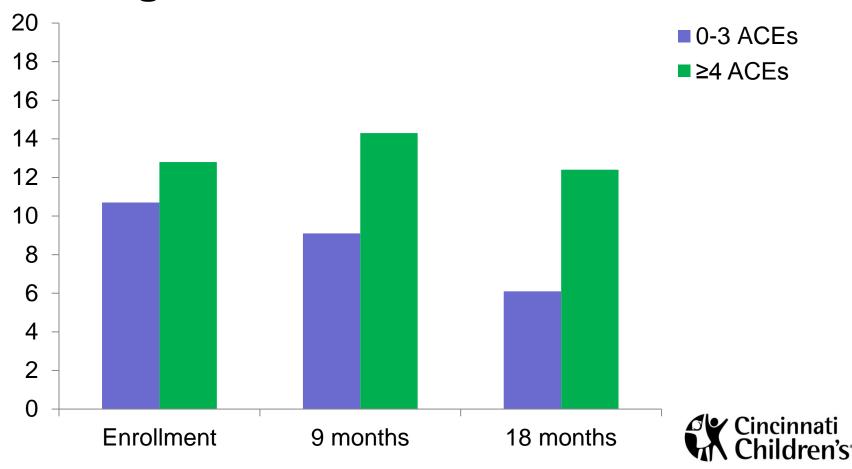
Social network size (SNI) & ACE Score in home visiting



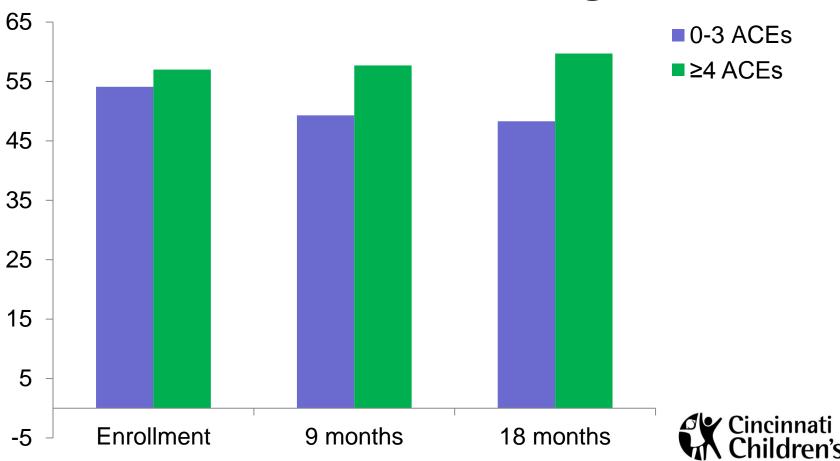
Social support (ISEL) & ACE Score in home visiting



Depression (BDI-II) & ACE Score in home visiting



Overall psychological distress (GSI-BSI) & ACE Score in home visiting



Key points

- Trauma experiences are very common in mothers in home visiting
- Trauma is related to and has implications for outcomes and other areas of interest in home visiting
- Understanding how trauma relates to parenting and response to home visiting is an important topic for continued research
- Traumatized mothers in home visiting can clearly benefit from the intervention

Toward Trauma-informed Home Visiting

- Training of home visitors in trauma studies
- Planned discussion of trauma and facilitating the trauma narrative
- Recognition of impact of trauma on dimensions of parenting and maternal functioning and adaptation of home visiting curricula to optimize outcomes
- Further study of trauma and home visiting, & testing of refinements

For more information contact:

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Maternal, Infant and Early Childhood Home Visitation (MIECHV)

Adverse Childhood
Experiences and TIC in Iowa

Introduction

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trau ma

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noun / 'troumə/ / 'trô-/
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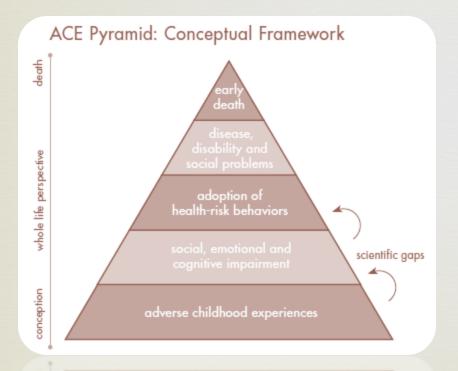
A deeply distressing or disturbing experience

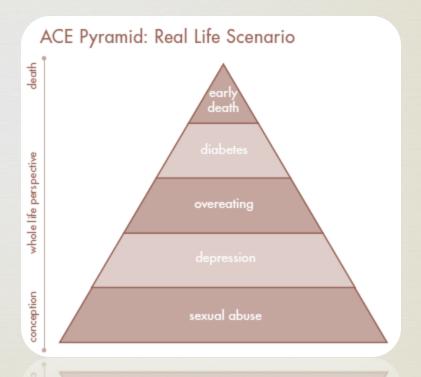
Emotional shock following a stressful event or a physical injury, which may be associated with physical shock and sometimes leads to long-term neurosis

Physical injury

ACE Conceptual Framework in Action







The Future of ACEs in Iowa



™ BRFSS Data Collection

☑ Began Jan 2012

Analysis in early 2013

Major Contributors

S Key Partners

C3 MN, WI, IA

TIC in Iowa

03

- Polk County TIC- Mental Health Block Grant from DHS
 - 1) to involved the overall community in trauma awareness, education and change in perspective in regards to trauma through the Stakeholder's group and
 - 2) provide training on Trauma and Trauma Informed Care through an annual conference and many smaller training opportunities.
- DECAT groups across the state are working on projects related to the impact of trauma on children and families.

Polk County TIC

03

Goal #1	Increase community and local system of care awareness of: - The consequences of trauma for children, youth and their families and - The principles, values and practices of Trauma-Informed care.				
Goal #2	Increase practitioner awareness, knowledge and use of evidenced based trauma informed interventions and services.				
Goal #3	Build strategic partnerships with key stakeholders that support and assist with the dissemination of evidenced based trauma informed practice at the community and practitioner levels.				
Goal #4	Develop and implement a strategic plan which will ensure a comprehensive approach for practitioner training and support and promote incorporation of specific evidence based trauma informed policies, practices, and techniques throughout all child and family serving organizations within Polk and Warren counties.				

Poll



- Where does your state/program fall in terms of experience with ACEs and TIC?
 - I am just hearing these terms for the first time.
 - I am aware of these issues but I am not aware of any state/program activity in these areas
 - My state/program is beginning to brainstorm how to impact them
 - My state/program is actively pursuing a response(s) to trauma and adversity in our population.

TIC and MIECHV



- MIECHV participation in ACE/TIC activities in the state
 - **ACEs Steering Committee**
 - Summit and ISLC
 - Polk County TIC
- - A few concrete ideas and a lot of brainstorming

Enhance the Professional Development of the Workforce

03

□ Development of a Learning Management System

Workforce Study

CB

- - Academic preparation
 - **Supervision**
 - **S** Professional development
 - Organization support
 - OB Demographics of workforce and ACE score
 - Plan for recruitment and diversification of the field AND
 - Os Development of a Q score for home visitors

Adaptation of Tele-health Technology

C3 Potential example:

Use tele-health to bring child psychiatry services to unserved/underserved communities

For More Information:



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State Home Visitation Program Staff

Public Health – Bureau of Family Health

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Trauma-Informed Care and System Change

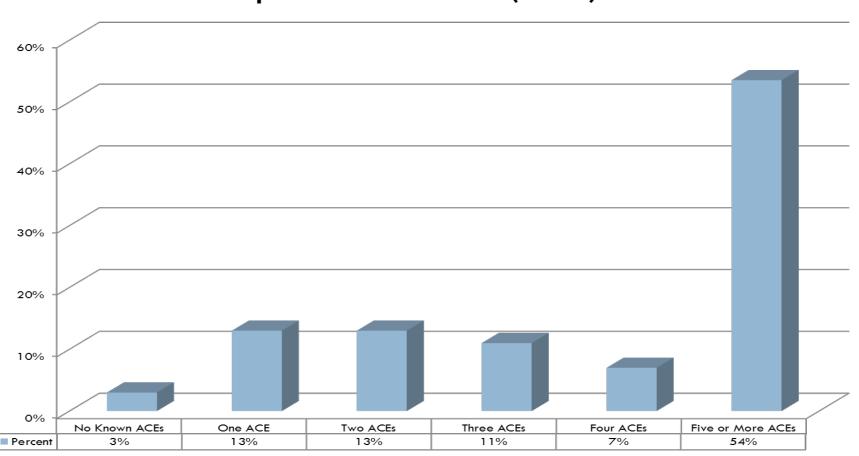
Lessons learned from the Washington State Experience

Adopting Change in Complex Systems

- Trauma and adversity is THE population issue that cuts across all systems
- Need for common language, framework, and understanding of impacts for improved process and system coordination
- Our experience in early learning and K-12 education
 - Role of public health partnership and Home Visiting coordination with schools
- How these lessons may be translatable across other systems

A pilot study of Adverse Childhood Experiences (ACEs)

Percent of Known ACEs in a Random Sample of Spokane NFP Mothers (N=71)



Odds for Academic and Health Problems with Increasing ACEs in Spokane Children

	Academic Failure	Severe Attendance Problems	Severe School Behavior Concerns	Frequent Reported Poor Health
Three or More ACEs N =248	3	5	6	4
Two ACEs N=213	2.5	2.5	4	2.5
One ACE N=476	1.5	2	2.5	2
No Known ACEs =1,164	1.0	1.0	1.0	1.0

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Trauma-Informed System and Practice Change in Public Education: a Washington State Pilot

- Basic Design and goals
- Identification and Readiness
- Implementation and Sustainability

• Not unique to education: Common themes across multiple programs, including Head Start and NFP

Lessons from implementation development in P-12 systems

- Impact, consent, and readiness
 - Working with resistance
 - Stages of change model
- Alignment with system mission
- Awareness and immediate gains
- Secondary trauma
- Defining the 'what'
 - Role appropriate and goal driven

Lessons from implementation development in P-12 systems

- Persistent professional development supports:
 - depth of practice
 - Culture and system change
 - Adapting to what we learn
- Safety and arousal management as foundation
- Not reliance on other systems but key partnerships to fill gaps
 - Public health partners
- Data driven decision making
 - Screening, assessment, evaluation of decisions
- Dedicated supports to the most impacted

Implementation Science and adoption of new practice

Implementation Stages

- Exploration & Sustainability
- Determining 'what'
- Installation
- Initial implementation
- Full implementation
- Critical role of improvement cycles

Implementation Drivers

- Leadership
 - Adaptive and Technical
- Competency
 - Staff selection, training, and coaching
- Organization
 - Systems development
 - Facilitative administration
 - Data systems and decision supports

For more information

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http://extension.wsu.edu/ahec/trauma/Pages/ComplexTrauma.aspx

Question & Answer

