Trauma Informed Care

Presenters:
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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

N=806
Trauma=74.1%
2+=68.9%

Witness IPV 43.7%
Witness crime 32.7%
IPV 26.7%
Physical abuse 28.2%
Sexual abuse or assault 13.4%
Victim crime 31.2%

Ammerman et al., 2009
Impacts of interpersonal trauma

Traumatic Experiences

- Biological
  - emotional dysregulation
- Behavioral
  - fear and avoidance
- Social
  - relationship maladjustment

Posttraumatic Stress Disorder, complex 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

Felitti et al., 1998
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
6. Parents separated or divorced
7. Mother IPV
8. Household problem drinker or drug user
9. Household mental illness
10. Household prison

SCORE: 0-10
Endorsement of ACE Items (N=94)

1. Emotional Abuse
2. Physical Abuse
3. Sexual Abuse
4. Emotional Neglect
5. Physical Neglect
6. Separate/divorce
7. Mother IPV
8. Alcohol/drugs
9. Mental illness
10. Prison

6-separate/divorce, 7-mother IPV, 8-alcohol/drugs, 9-mental illness, 10-prison
ACE Total Score in HV Sample and CDC 2009 Five State Survey, Female (18-24 yrs) Sample

- 0: 9.6%
- 1: 35.5%
- 2: 22.6%
- 3: 13.2%
- ≥4: 43.6%
Maternal functioning and ACEs in home visiting

N=94 mothers

Social network

Social support

Depression & maladjustment

Parenting

Enrollment & 9 months & 18 months
Social network size (SNI) & ACE Score in home visiting

- Enrollment: 16.3
- 9 months: 18.5
- 18 months: 17.3

0-3 ACEs

≥4 ACEs
Social support (ISEL) & ACE Score in home visiting

- Enrollment
- 9 months
- 18 months

- 0-3 ACEs
- ≥4 ACEs
Depression (BDI-II) & ACE Score in home visiting

- Enrollment
- 9 months
- 18 months

- 0-3 ACEs
- ≥4 ACEs
Overall psychological distress (GSI-BSI) & ACE Score in home visiting

- Enrollment
- 9 months
- 18 months

- 0-3 ACEs
- ≥4 ACEs
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

trauma

noun /ˈtraʊmə/ /ˈtrô-/  
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

ACE Pyramid: Conceptual Framework
- adverse childhood experiences
- social, emotional and cognitive impairment
- adoption of health-risk behaviors
- disease, disability and social problems
- early death
- death

ACE Pyramid: Real Life Scenario
- sexual abuse
- depression
- overeating
- diabetes
- early death
- death

Scientific gaps
Whole life perspective
Conception
The Future of ACEs in Iowa

- **BRFSS Data Collection**
  - Began Jan 2012
  - Analysis in early 2013

- **Iowa ACEs Steering Committee**
  - Major Contributors
  - Key Partners

- **Inter-State Learning Collaborative**
  - MN, WI, IA
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.
| 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.
MIECHV participation in ACE/TIC activities in the state
- ACEs Steering Committee
- Summit and ISLC
- Polk County TIC

Bringing ACE research and TIC concepts back to MIECHV
- A few concrete ideas and a lot of brainstorming
Enhance the Professional Development of the Workforce

- Competency testing and portfolio requirements
- Specialization/Endorsements
- Development of a Learning Management System
Purpose: provide quantitative data on family support workforce
- Academic preparation
- Supervision
- Professional development
- Organization support
- Demographics of workforce and ACE score
- Plan for recruitment and diversification of the field

AND
Development of a Q score for home visitors
Adaptation of Tele-health Technology

- Explore how tele-health technology can be adapted for family support:
  - Potential example:
    - Use tele-health to bring child psychiatry services to unserved/underserved communities
For More Information:

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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)

<table>
<thead>
<tr>
<th>Percent</th>
<th>No Known ACEs</th>
<th>One ACE</th>
<th>Two ACEs</th>
<th>Three ACEs</th>
<th>Four ACEs</th>
<th>Five or More ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3%</td>
<td>13%</td>
<td>13%</td>
<td>11%</td>
<td>7%</td>
<td>54%</td>
</tr>
</tbody>
</table>
## Odds for Academic and Health Problems with Increasing ACEs in Spokane Children

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

<table>
<thead>
<tr>
<th>Implementation Stages</th>
<th>Implementation Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploration &amp; Sustainability</td>
<td>Leadership</td>
</tr>
<tr>
<td>Determining ‘what’</td>
<td>Adaptive and Technical</td>
</tr>
<tr>
<td>Installation</td>
<td>Competency</td>
</tr>
<tr>
<td>Initial implementation</td>
<td>Staff selection, training, and coaching</td>
</tr>
<tr>
<td>Full implementation</td>
<td>Organization</td>
</tr>
<tr>
<td><strong>Critical role of improvement cycles</strong></td>
<td>Systems development</td>
</tr>
</tbody>
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http://extension.wsu.edu/ahec/trauma/Pages/ComplexTrauma.aspx
Question & Answer