

UPMC Hamot

SAFE HARBOR BEHAVIORAL HEALTH

Trauma Informed Care in Crisis Intervention Settings

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Objectives

- Participants will be able to describe the SAMHSA principles of trauma informed care.
- Participants will identify at least 3 ways that utilizing trauma informed care principles can promote more effective crisis intervention disposition planning.
- Participants will practice the use of trauma informed behavioral interventions via simulation with crisis cases.

What's the “Why” Here?



It's the right thing to do, because we know this is very real...see something, say something....



It's super relevant to this population:

First Debunk the Myths...

- In the US about 61% of men & 51% of women report at least 1 trauma in their lifetime...90% in most public health settings...
- *PTSD estimates are around 7% in the general population; higher for women; 5% for adolescents*
 - *Why would women have higher rates of PTSD with less exposure?*
 - *PTSD is 1 of a zillion things linked to trauma...it's only 1 thing.*
- Key variables:
 - Type of trauma (natural vs. caused)
 - When it occurs (developmentally, with 'special' meaning)
 - Reaction of supports/systems
 - Resiliency factors

What is Trauma?

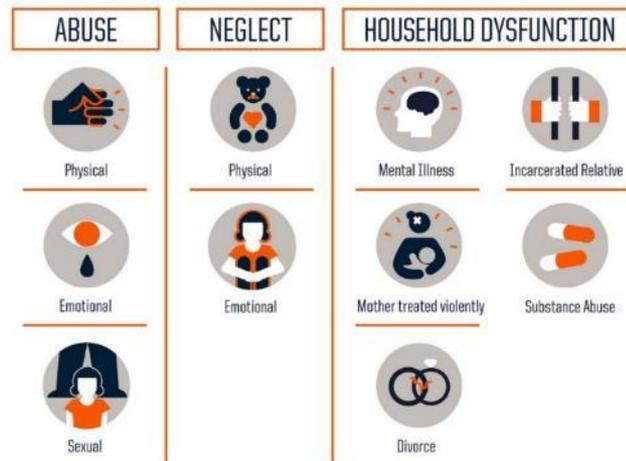
- **Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.
- <http://www.apa.org/topics/trauma/>
- **Ambient Trauma:** relational trauma is very important and is often not 'event' based per se. This is about the distress abuse and dysfunction cause the brain and body, even if not defined/identified this way, sometimes even by the person it's happening to.
- *The human brain is socially dependent for development and the powerful changes of trauma can occur pre-verbally.*
- **People often have both.**

Take Away:

It's not all about an 'event'

Words and memory are not necessary for traumatic impact; it happens in our most primitive brain....

Adverse Childhood Experiences (ACEs)



Take Away:

These are **RELATIONAL**
in nature

There is a cumulative
impact across the
lifespan

**THESE DO NOT INCLUDE
EVERYTHING...AND
THERE'S MORE TO THE
STORY**

Remember, this is an ongoing study, so citations must be frequently updated and study ‘waves’ have to be looked at...

Number of Adverse Childhood Experiences (ACE Score)	Women Percent (N = 9,367)	Men Percent (N = 7,970)	Total Percent (N = 17,337)
0	34.5%	38.0%	36.1%
1	24.5%	27.9%	26.0%
2	15.5%	16.4%	15.9%
3	10.3%	8.5%	9.5%
4 or more	15.2%	9.2%	12.5%

How Might Trauma Play Out?



Trauma and MH

- Depression and Anxiety are increased, substance use is increased
- Having 1 ACE increased risk of suicide by 2-5 fold
 - 7 or more ACES, 35% likelihood of having attempted at least once
 - Alcohol, mental illness, drug use mediate impact
 - *We might imagine resiliency will, too*
- Trauma increases risk of suicide independent of mental health or substance use disorder
- Psychosis
 - 7 or more ACES, 5 fold increase in likelihood of psychosis



More on SUD Related Outcomes

- Prescription use goes up with ACES, across the lifespan and in classes of drugs
(<https://www.ncbi.nlm.nih.gov/pubmed/18533034>)
- ACES linked to earlier initiation of substance use and problem substance use
(<https://www.ncbi.nlm.nih.gov/pubmed/12612237>)

What About Later Life? At Risk Groups?

- Increased Risk of MORE TRAUMA
 - Discrimination
 - Violence
 - Sexual Assault
 - Murder
 - Family Rejection
 - Peer Aggression
- Increased Risk of MH Concerns, Including Suicide
 - Particularly salient in individuals described as gender non-conforming or trans
- Increased Risk of Poverty in Some Groups
 - Stress in itself, less ability to recover



Be AWARE Trauma Triggers in Our Settings

This is Your Brain on Trauma....

- Trauma impacts learning, no matter what stage of life
- Trauma impacts how people respond to conflict, pressure, social cues, authority, etc. *This is at the neurological level as the brain's 'gatekeepers' have been compromised.*
- Trauma can deaden emotional reactivity, or heighten it, *or both*
 - The impact of trauma is not always the stereotype
 - Examples: borderline, the 'stone face', misdiagnosed depression, risk taking
- Trauma impedes the brain's ability to problems solve
 - Your functional IQ drops with your level of activation. What's it like for folks who are dealing with that *often*?

“Talk About It?” – Remember Dr. Bruce Perry’s Work...

State Dependence of Cognition

Functional IQ	120-100	110-80	90-60	70-50
PRIMARY Secondary Brain Area	NEOCORTEX <i>Cortex</i>	CORTEX <i>Limbic</i>	LIMBIC <i>Diencephalon</i>	DIENCEPHALON <i>Brainstem</i>
Cognition	Abstract Reflective	Concrete Routine	Emotional Reactive	Reactive Reflexive
Mental State	CALM	ALERT	ALARM	FEAR

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Being Trauma Informed

- Reduces risk of elevation, which can promote safety
- Improves cognition, which can promote clarity in disposition planning
- Fosters the use of motivational interviewing, which can promote plans that are more likely to be used and effective
- Reduces risk of burnout as staff are more likely to have perspective and also self-care

- Check it out:

https://www.youtube.com/watch?v=OeFLcypu8_U

SAMHSA Principles of Trauma Informed Care

Safety

**Trustworthiness
and transparency**

**Peer support and
mutual self-help**

**Collaboration and
mutuality**

**Empowerment,
voice, and choice**

**Cultural, historical,
and gender issues**

Resources

- Amaro, H., Chernoff, M., Brown, V., Arévalo, S., & Gatz, M. (2007). Does integrated trauma-informed substance abuse treatment increase treatment retention? *Journal of Community Psychology*, 35(7), 845-862.
- Anda RF, Brown DW, Felitti VJ, Dube SR, Giles WH. *Adverse childhood experiences and prescription drug use in a cohort study of adult HMO patients*external icon. *BMC Public Health*. 2008;4:8:198.
- Anderson JP, Blossnich J. Disparities in adverse childhood experiences among sexual minority and heterosexual adults: Results from a multi-state probability-based sample. *PLoS ONE*. 2013;8:691. doi: 10.1371/journal.pone.0054691.
- Blossnich, J.R. & Andersen, J.P. (2015). Thursday's child: the role of adverse childhood experiences in explaining mental health disparities among lesbian, gay and bisexual U.S. adults. *Social Psychiatry and Psychiatric Epidemiology* (50), 2, 335-338.
<https://www.cdc.gov/drugoverdose/training/oud/accessible/index.html>
- https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facedstudy%2Findex.html
- Choi, N. G., Dinitto, D. M., Marti, C. N., & Segal, S. P. (2017). Adverse childhood experiences and suicide attempts among those with mental and substance use disorders. *Child Abuse & Neglect*, 69, 252–262. Choi, N. G., Dinitto, D. M., Marti, C. N., & Segal, S. P. (2017). Adverse childhood experiences and suicide attempts among those with mental and substance use disorders. *Child Abuse & Neglect*, 69, 252–262.
- Cohen, L.R. & Hien, D.A. (2006). Treatment outcomes for women with substance abuse and PTSD who have experienced complex trauma. *Psychiatric Services*, 57(1), 100-106.
<https://www.ncbi.nlm.nih.gov/pubmed/11754674>
- Dube S.R, et al. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span. Findings from the Adverse Childhood Experiences study. *JAMA*, 286:3089–3096.
- Dube SR, Felitti VJ, Dong M, Chapman DP, Giles WH, Anda RF. *Childhood abuse, neglect and household dysfunction and the risk of illicit drug use: The Adverse Childhood Experience Study*external icon. *Pediatrics*. 2003;111(3):564–572.
- Haggerty, K.P., Skinner, M., Fleming, C.B., Gainey, R.R., & Catalano, R.F. (2008). Long-term effects of focus on families on substance use disorders among children of parents in methadone treatment. *Addiction*, 103(12), 2008-2016.
- Jacobson, R. (07/01/2014). Psychotropic drugs affect men and women differently. *Scientific American*. Retrieved from: <https://www.scientificamerican.com/article/psychotropic-drugs-affect-men-and-women-differently/>
- Najavits, L.M., Weiss, R.D. & Shaw, B.A. (2010). The link between substance abuse and posttraumatic stress disorder in women. *The American Journal on Addictions*, 6(4), 273-283.
- Najavits, L.M. (2002). *Seeking Safety: a Treatment Manual for PTSD and Substance Abuse*. <https://www.treatment-innovations.org/seeking-safety.html>.
- National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Pain Management and Regulatory Strategies to Address Prescription Opioid Abuse; Phillips JK, Ford MA, Bonnie RJ, editors. Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use. Washington (DC): National Academies Press (US); 2017 Jul 13. 4. Trends in Opioid Use, Harms, and Treatment. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK458661>
- National Institute on Drug Abuse. (August, 2018). *Sex and gender differences in substance use*. Retrieved from: <https://www.drugabuse.gov/publications/drugfacts/substance-use-in-women>
- National Institute on Drug Abuse. (nd). *Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Ed.)*. Retrieved from: <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/what-are-unique-needs-women-substance-use>
- National Institute on Drug Abuse. (nd). *Women and Drugs*. Retrieved from: <https://www.drugabuse.gov/related-topics/women-drugs>
- <https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/#sm.000052lh1ykp8ezkug3217fxvo0zi>
- Solis, J.M. Shadur, J.M., Burns, A.R., & Hussong, A.M. (2012). Understanding the diverse needs of children whose parents abuse substances. *Current Drug Abuse Review*, 5(2), 135-147.
- Substance Abuse and Mental Health Services Administration (nd.). *Suggested resources*. Retrieved from: <https://www.samhsa.gov/find-help/national-helpline>
- Whitfield C.L, Dube S.R, Felitti V.J, Anda R.F. (2005). Adverse childhood experiences and hallucinations. *Child Abuse and Neglect*, 29(7):797–810.
<http://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>