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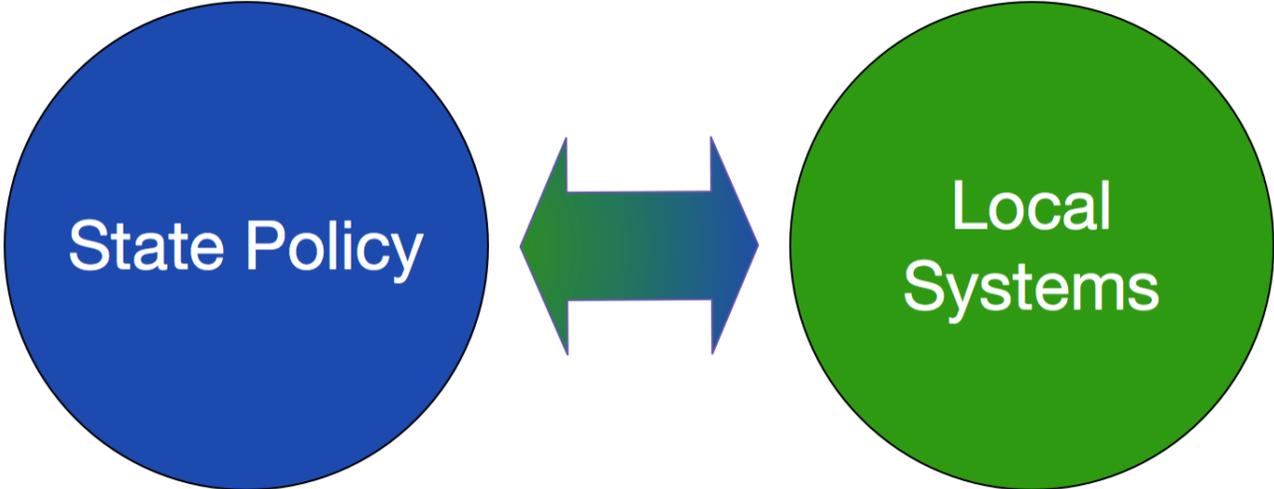
 @GaryBlauPhD @TXMind

Addressing Childhood Trauma: Impacts and Actions

Meadows Mental Health Policy Institute

Vision
We envision Texas to be the national leader in treating people with mental health needs.

Mission Statement
To provide independent, non-partisan, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.



The Hackett Center Vision and Mission

Dedicated to the unique needs of Greater Houston and the Texas Gulf Coast, The Hackett Center for Mental Health is the first regional center of the Meadows Mental Health Policy Institute (MMHPI). Leveraging the expertise of exceptionally skilled researchers, community leaders, and health care providers, The Hackett Center's purpose is to transform systems and influence policy through unprecedented collaboration.

- Advancing Mental Health Recovery for Children Affected by Hurricane Harvey
- Improve Coordination Across Health Systems
- Support Integration of Behavioral Health into Pediatric Primary Care
- Facilitate Inter-Institutional Collaboration to Expand Behavioral Health Research
- Engage Business Alliances to Increase Demand for Effective Mental Health Care

Special Thanks!

The Substance Abuse and Mental Health Services Administration (SAMHSA):

- Larke Huang
- Mary Blake
- Rebecca Flatow

Meadows Mental Health Policy Institute

Presentation Objectives

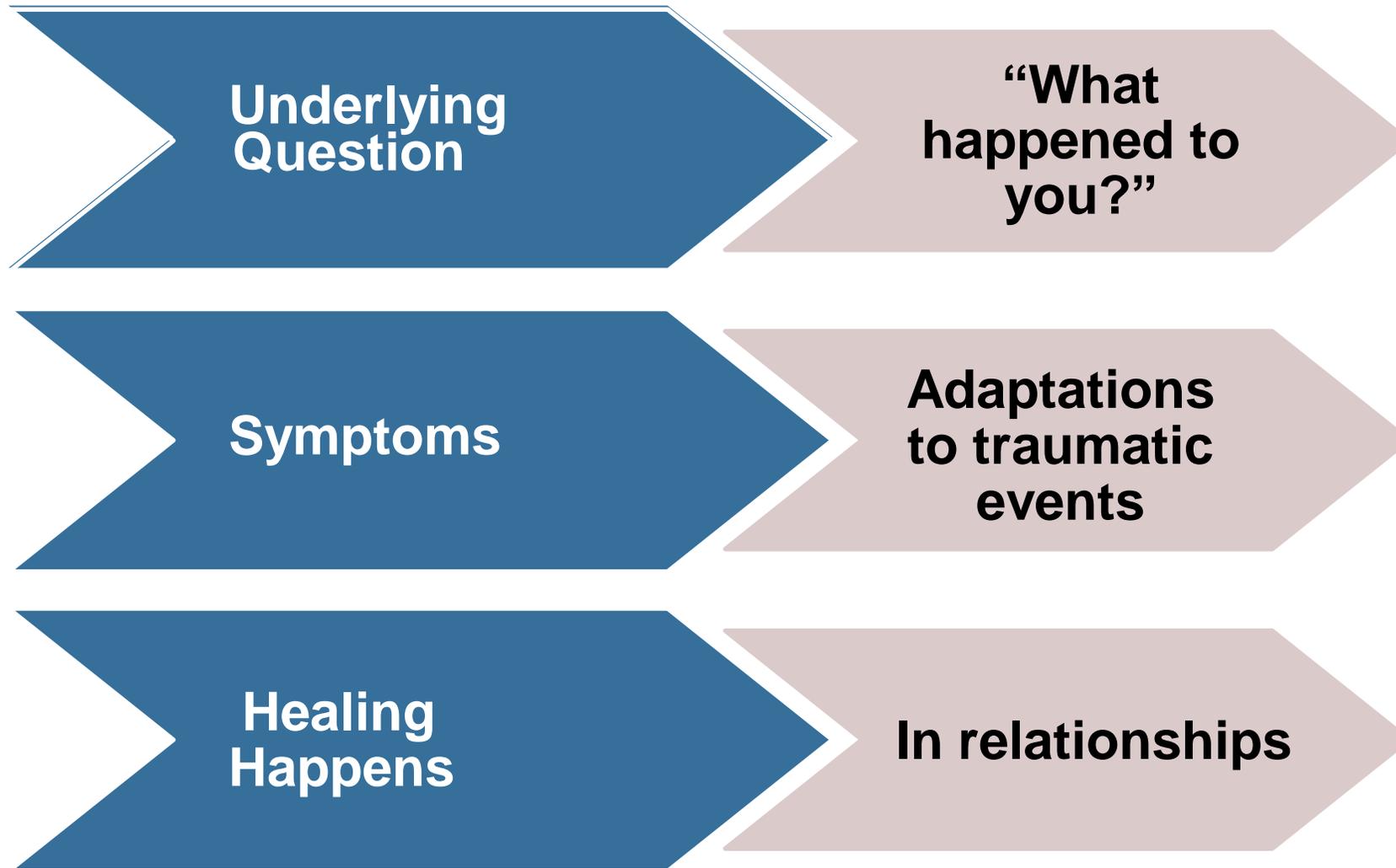
- Define and Understand Trauma
- Learn the Three E's in Trauma
- Understand the Developmental Impact of Trauma (ACE's)
- Learn Examples from the Field (THC/MMHPI)
- Return Home with Resources and Readiness!

Defining and Understanding Trauma

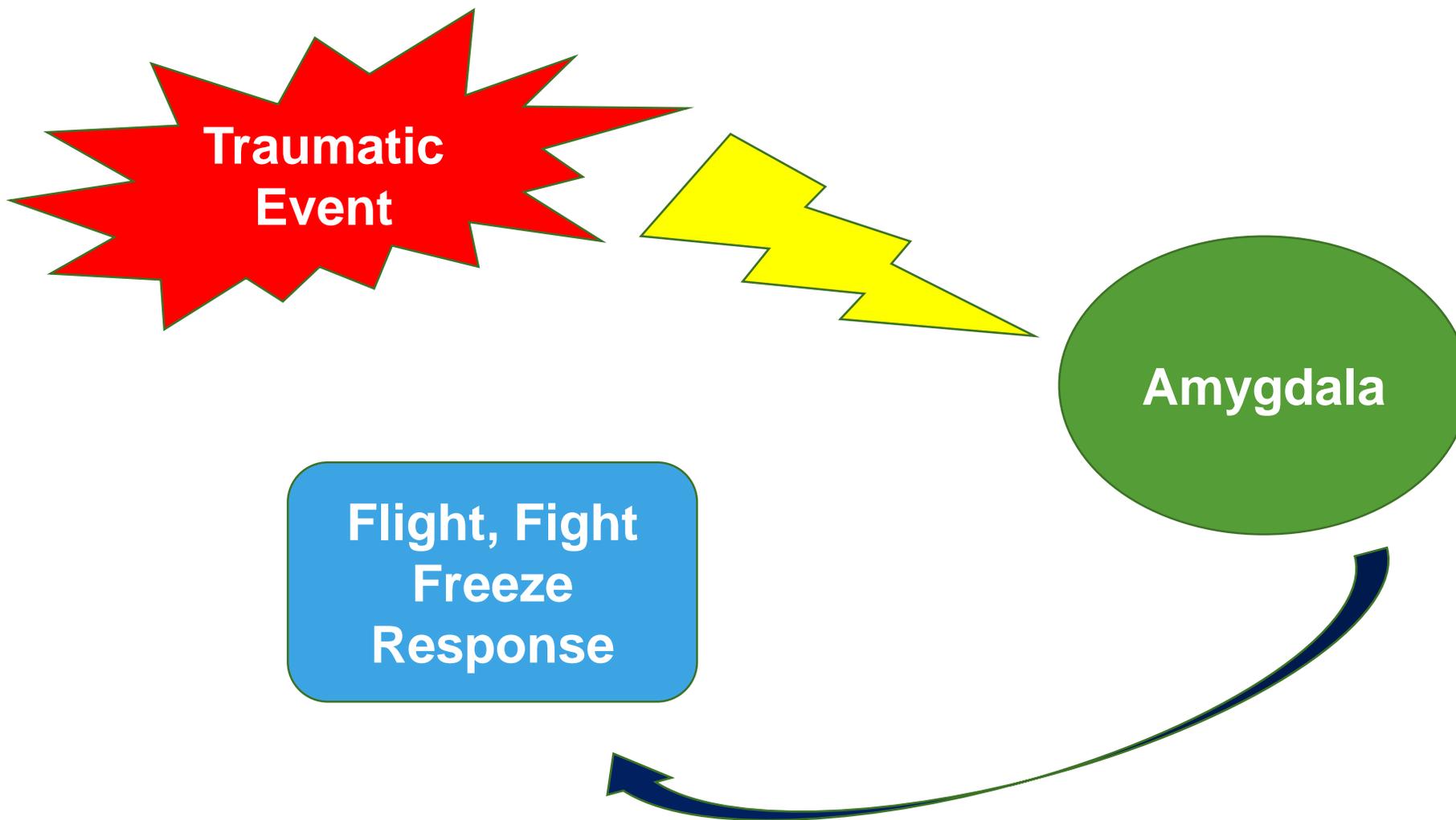
What is Trauma?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by a person as physically or emotionally harmful or life threatening and that has lasting adverse effects on the person's functioning and mental, physical, social, emotional, or spiritual well-being.

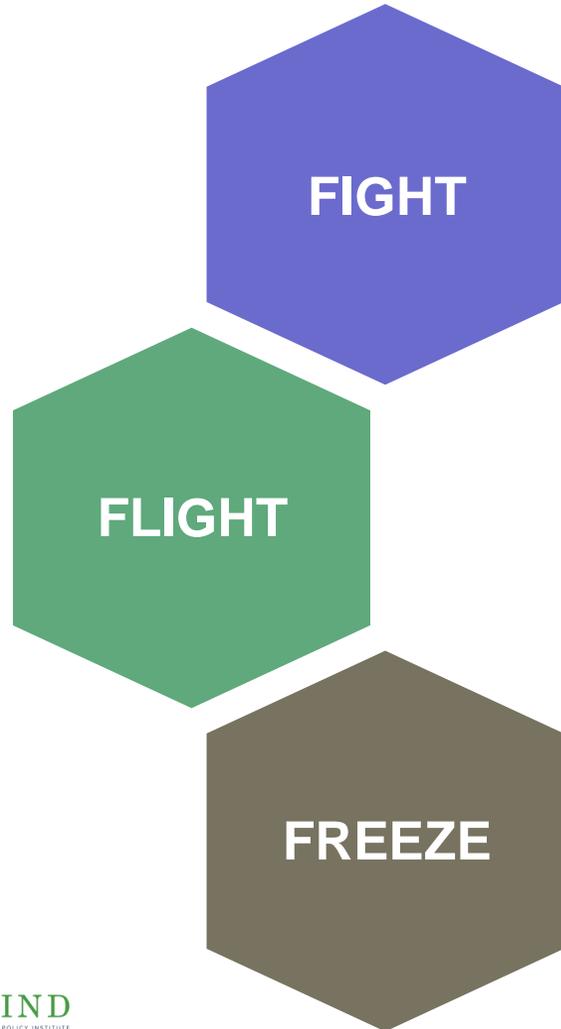
Important Considerations



Body's Trauma Response: Flight, Fight, Freeze



Problem or Adaptation?



Non-compliant, combative

OR

Struggling to regain or hold onto personal power

Treatment resistant, uncooperative

OR

Disengaging, withdrawing

Passive, unmotivated

OR

Giving in to those in power

Bottom Line



“Kids that are too sad or too mad can’t add”

Larke Huang, Ph.D.



ACEs affect: All children and youth, and are more prevalent for children of color, children living in poverty, families with lower education / less employment, and LGBT status.

Three E's in Trauma

Three E's in Trauma

Events

Events or circumstances cause trauma

Experience

An individual's *experience* of the event determines whether it is traumatic

Effects

Effects of trauma include adverse physical, social, emotional, or spiritual consequences

Potentially Traumatic Events

Abuse

- *Emotional*
- *Sexual*
- *Physical*
- *Domestic violence*
- *Witnessing violence*
- *Bullying*
- *Cyberbullying*
- *Institutional*

Loss

- *Death*
- *Abandonment*
- *Neglect*
- *Separation*
- *Natural disaster*
- *Accidents*
- *Terrorism*
- *War*

Chronic Stressors

- *Poverty*
- *Racism*
- *Invasive medical procedure*
- *Community trauma*
- *Historical trauma*
- *Family member with substance use disorder*

Experience of Trauma: How, When, Where and How Often?

Context, expectations, and meaning

Threat to life, bodily integrity, or sanity

Interventions

Humiliation, betrayal, or silencing

Subconscious or unrecognized

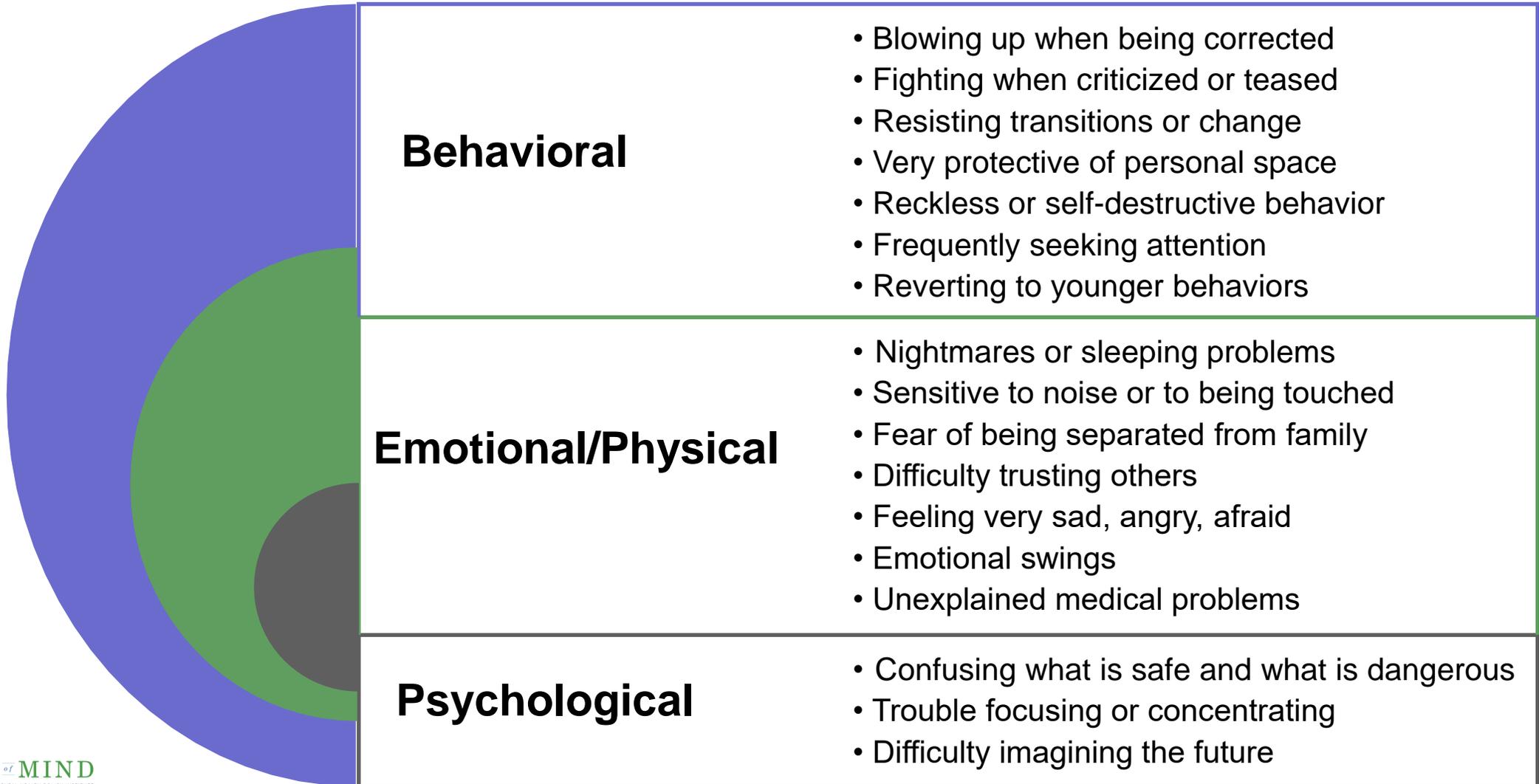
Effects of Trauma

**Trauma
can...**

- **Cause short and long-term effects**
- **Affect coping responses, relationships, or developmental tasks**
- **Impact physiological responses, well-being, social relationships, and spiritual beliefs**

Signs of Trauma Responses

Signs of Trauma Responses



More Signs of Trauma

Flashbacks or frequent nightmares

Sensitivity to noise or to being touched

Always expecting something bad to happen

Not remembering periods of your life

Feeling emotionally numb, lack of concentration, irritability

Excessive watchfulness, anxiety, anger, shame, or sadness

Impact of Trauma (ACEs)

The Impact of Trauma

- Trauma is cumulative.
- Trauma affects the developing brain.
- Trauma increases the likelihood of health risk behaviors (smoking, drinking, overeating) as a means of coping.
- Trauma is directly related to mental health symptoms, substance abuse, chronic physical illness, and early mortality.

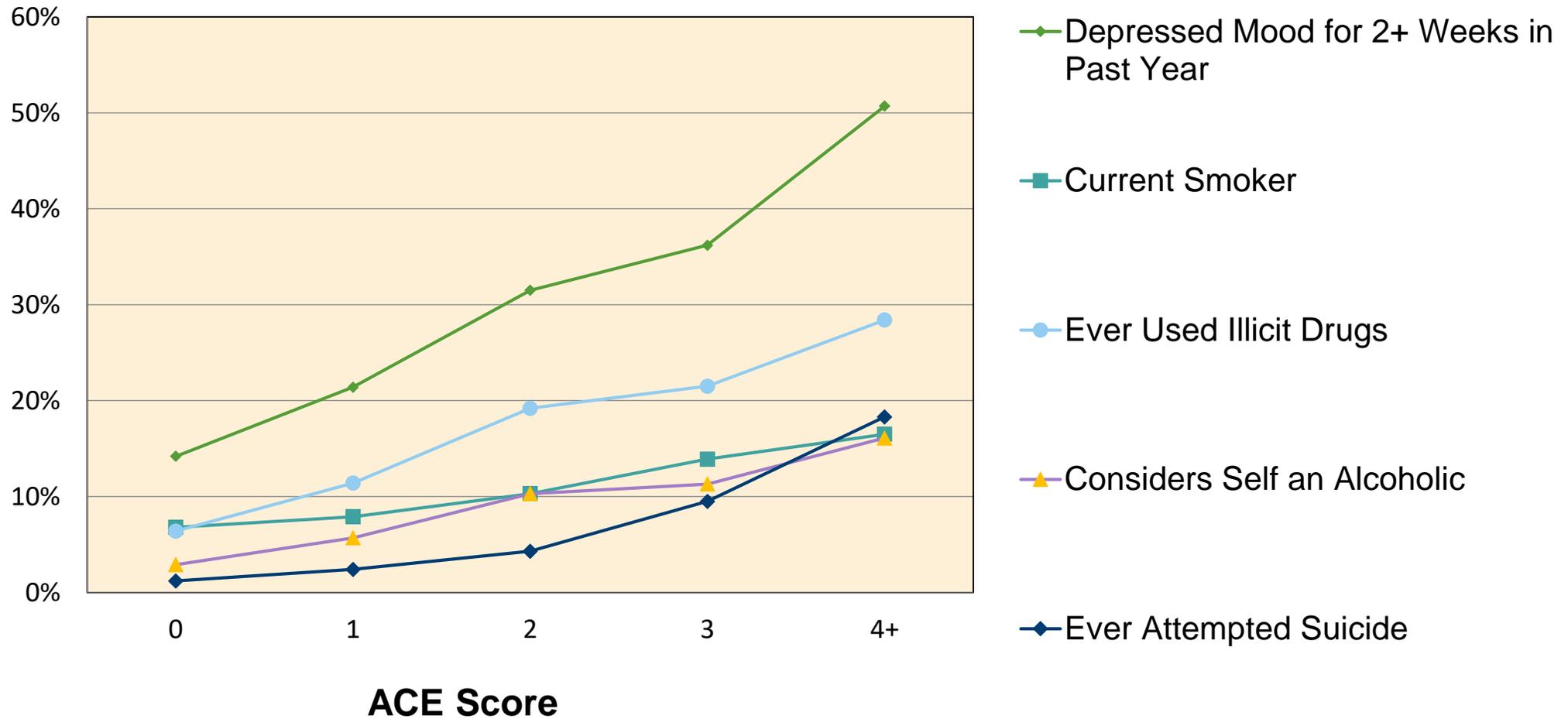
Adverse Childhood Experiences Study

- The ACEs study was a research collaboration between the Centers for Disease Control and Prevention and the Kaiser Permanente Health Appraisal Clinic in San Diego that took place from 1995 to 1997.
- The study examined the health outcomes of over 17,000 Kaiser members in relation to events in their childhood.
- The study found that adults who reported **multiple adverse experiences** in childhood were much **more likely to suffer a range of negative health and social outcomes in adulthood**, including depression, substance use, alcoholism, smoking, suicide, heart disease, lung disease, injuries, HIV/sexually transmitted diseases, and impaired work performance.

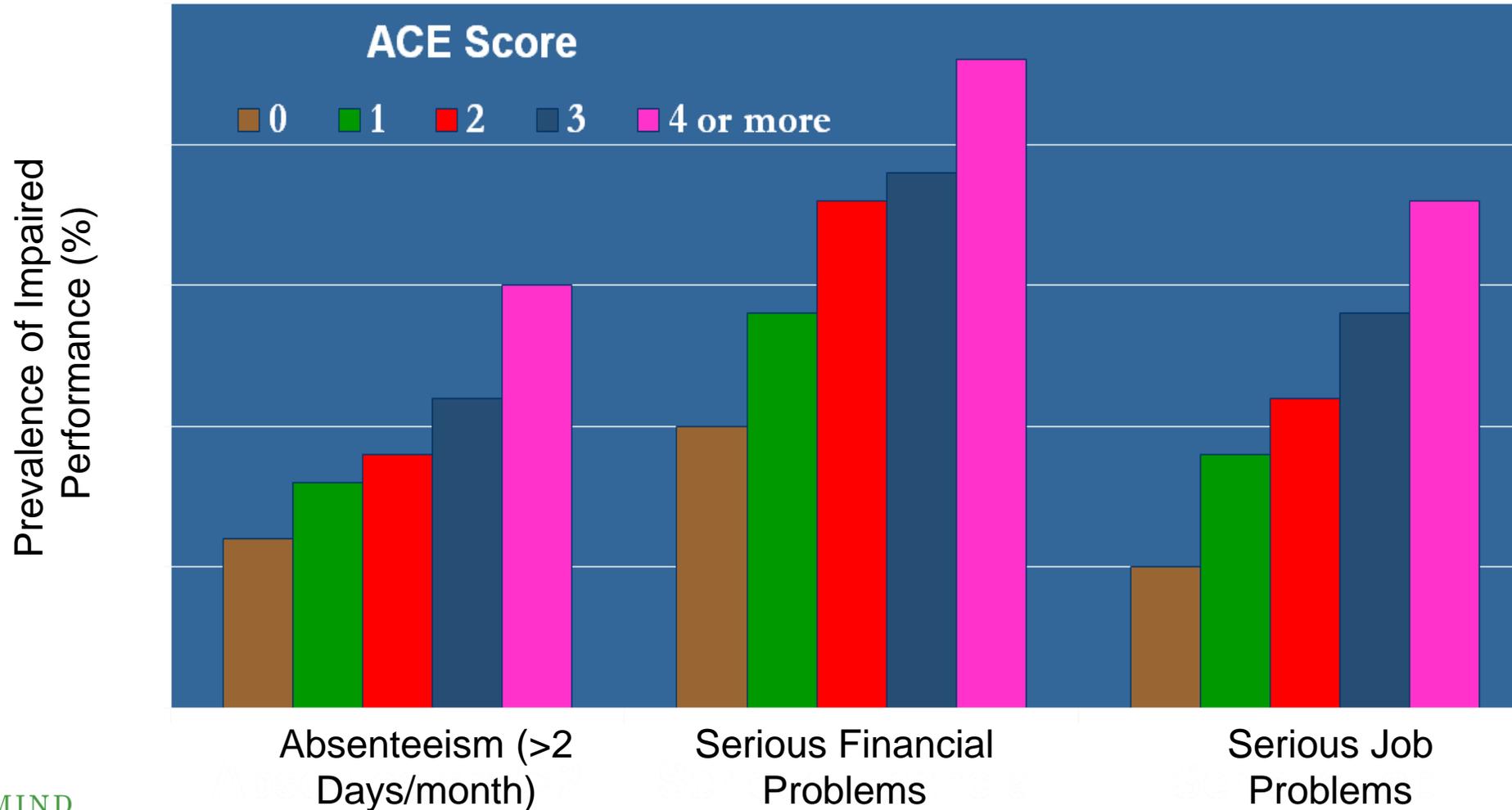
(Felitti et al., 1998)

ACEs and Negative Outcomes

ACEs and Negative Outcomes



ACEs and Indicators of Impaired Worker Performance



Reported Prevalence of Trauma in Behavioral Health

- A majority of adults and children in inpatient psychiatric and substance use disorder treatment settings have trauma histories. (Lipschitz et al, 1999; Suarez, 2008; Gillece, 2010)
- Forty-three percent (43%) to 80% of individuals in psychiatric hospitals have experienced physical or sexual abuse.
- Fifty-one percent (51%) to 90% public mental health clients have been exposed to trauma. (Goodman et al, 1997; Mueser et al, 2004)
- Two thirds of adults in substance use disorder (SUD) treatment reported child abuse and neglect. (SAMHSA, CSAT, 2000)
- A survey of youth in SUD treatment revealed 70% had a history of trauma exposure. (Suarez, 2008)

Age-Related Responses

Developmental Approach to Trauma Response

Very Young Children (Birth to 5 Years)

Loss of previously acquired developmental skills

Sleep disturbances

Disrupted insecure attachment

Poor social skills

School-Age Children (6 to 12 Years)

Academic difficulties

Feelings of blame, shame, guilt

Physical complaints

Difficulties concentration

Youth (13 and Older)

Lose capacity for self-regulation and interpersonal relatedness

Increased risk of substance use and self-destructive behaviors

Providing Age-Related Responses

Very Young Children (Birth to 5 Years)

Ages birth to one year:
Regulate the sleep/wake
cycle and feeding

Ages birth to one year:
Caregivers regulate their
own emotional reactions

Ages birth to five years:
Play therapy, art therapy

Ages birth to five years:
Identification of emotions
and responses, relaxation
and mindfulness

School-age Children (6 to 12 Years)

Affirm/validate feelings
as “normal” for
“abnormal situation”

Provide
psychoeducation about
feelings/emotions in
traumatic situations and
coping strategies

Provide opportunities to
talk about it

Youth (13 and Older)

Create safe supportive
space for people to talk
about their experience

Educate about Brain
Health and behavior as
a coping strategy

Help identify alternative
ways to cope that may
be less harmful

A Trauma-Informed Approach (Four R's)

A trauma-informed program, organization, or system:

Realizes

- Realizes widespread impact of trauma and understands potential paths for recovery.

Recognizes

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system.

Responds

- Responds by fully integrating knowledge about trauma into policies, procedures, and practices.

Resists

- Seeks to actively resist re-traumatization.

Examples from the Field (THC/MMHPI)

Examples From the Field

THC/MMHPI Collaborations and Activities:

- Trauma-Informed Care Project (in partnership with Children's Commission of the Supreme Court)
- Mental and Behavioral Health Roadmap and Toolkit for Schools
- Supporting Schools after Hurricane Harvey
- Dickenson Independent School District
- Pasadena Independent School District
- Red Cross: Training Grant; TX CARES

Resource Section

Understanding Staff Trauma

- Recognize that staff may have their own traumatic experience that can be stirred up.
- Caring for children who have been through difficult things can illicit feelings of powerlessness, sadness, etc.
- Staff may not be aware of their own traumatic responses.
- Organizational stress can compound stress or trauma response for staff.
- Triggered or secondary trauma can impact caregiver's interactions with children.

Tips for Addressing Staff Stress

Provide information and practice in-staff self-care.

Integrate communication and wellness techniques into ongoing operations. For example, open staff meetings with a “mindfulness minute,” breathing exercise, or check-in.

Be ready to respond if staff bring up their own trauma histories, offering peer support, warm referral, Employee Assistance Program (EAP), health resources, or other forms of assistance.

Create opportunities for staff discussion, reflection, and debriefing after difficult situations or conversations.

Define “self-care” to include creating a caring community where compassion towards yourself and others is valued and rewarded. Ensure that incentives like “employee of the month” honor caring for self and others as well as working hard and performing well.

Guidance Domains for a Trauma-Informed Approach

- Governance and leadership
- Policy
- Physical environment of the organization
- Engagement and involvement
- Cross-sector collaboration
- Screening, assessment, and interventions
- Training and workforce development
- Progress monitoring and quality assurance
- Financing
- Evaluation

Physical Environment of the Organization

How does the physical environment:

Promote a sense of safety, calming, and de-escalation for clients and staff?

In what ways do staff members:

Recognize and address aspects of the physical environment that may be re-traumatizing?

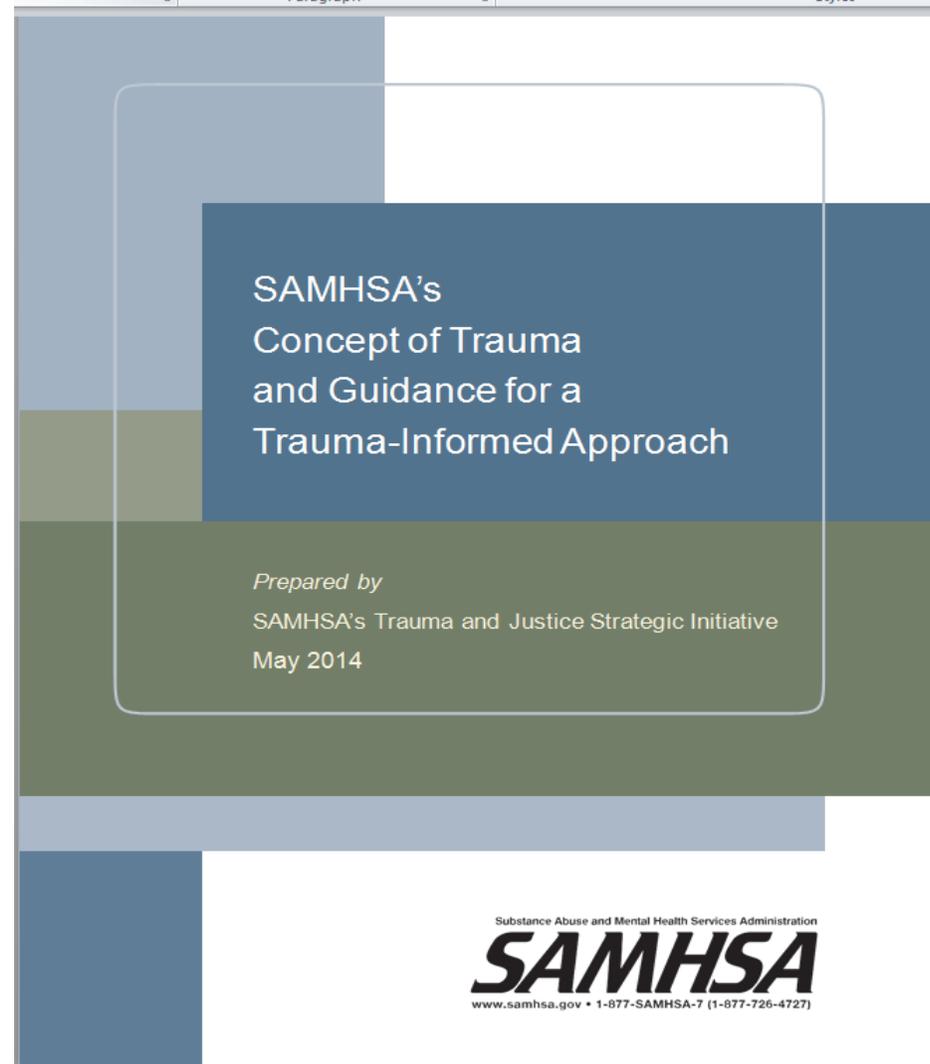
Work with people on developing strategies to deal with this?

How has the agency:

Provided space that both staff and people receiving services can use to practice self-care?

Developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities)

SAMHSA Concept of Trauma – Released October 2014



Resources – General

- Signs of Trauma in Children – What to watch for in the weeks and months after an upsetting event (<https://childmind.org/article/signs-trauma-children/>)
- What is Child Trauma (<https://www.nctsn.org/what-is-child-trauma>)
- Early Childhood Trauma – Effects (<https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects>)
- What is Child Traumatic Stress (<https://www.nctsn.org/resources/what-child-traumatic-stress>)
- Unaccompanied Migrant Children – Provides an overview of working with unaccompanied minors and the unique nature of the trauma they may have experienced. (<https://www.nctsn.org/resources/what-child-traumatic-stress>)
- Trauma and Mental Health Needs of Immigrant Minors, Part One (https://www.nctsn.org/sites/default/files/resources/spotlight_on_culture_trauma_mental_health_needs_immigrant_minors_part_one.pdf)
- Trauma and Mental Health Needs of Immigrant Minors, Part Two (<https://www.nctsn.org/resources/trauma-and-mental-health-needs-immigrant-minors-part-two>)
- NCTSN Resources Related to Traumatic Separation and Refugee and Immigrant Trauma (<https://www.nctsn.org/resources/nctsn-resources-related-traumatic-separation-and-refugee-and-immigrant-trauma>)

Resources – Professionals

- The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families (https://childtrauma.org/wp-content/uploads/2014/01/Cost_of_Caring_Secondary_Traumatic_Stress_Perry_s.pdf)
- Trauma-Focused Cognitive Behavioral Therapy Workbook (ages 6–14) (<https://tfcbt.org/wp-content/uploads/2014/07/Your-Very-Own-TF-CBT-Workbook-Final.pdf>)
- Screening Checklists: Identifying Children at Risk (ages 0–5 and 6–18) (https://www.nctsn.org/sites/default/files/resources/trauma_screening_checklist_identifying_children_at_risk_0-5.pdf)
- Trauma and Families: Fact Sheet for Providers (https://www.nctsn.org/sites/default/files/resources/trauma_and_families_providers.pdf)
- Effective Treatments and Practices to Address Child Trauma (<https://www.nctsn.org/treatments-and-practices>)
- Addressing the Mental Health Problems of Border and Immigrant Youth (https://www.nctsn.org/sites/default/files/resources/addressing_the_mental_health_problems_border_immigrant_youth.pdf)
- Children with Traumatic Separation: Information for Professionals (https://www.nctsn.org/sites/default/files/resources/children_with_traumatic_separation_professionals.pdf)
- Understanding Refugee Trauma: For Mental Health Professionals (<https://www.nctsn.org/resources/understanding-refugee-trauma-mental-health-professionals>)

Resources – Caregivers

- Helping Traumatized Children: A Brief Overview for Caregivers – Booklet to assist parents, caregivers, teachers, and other professionals working with maltreated and traumatized children. (https://childtrauma.org/wp-content/uploads/2014/01/Helping_Traumatized_Children_Caregivers_Perry1.pdf)
- Age-Related Reactions to a Traumatic Event (https://www.nctsn.org/sites/default/files/resources/age_related_reactions_to_traumatic_events.pdf)
- Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event (<https://store.samhsa.gov/shin/content/KEN01-0093R/KEN01-0093R.pdf>)
- Traumatic Separation and Refugee and Immigrant Children: Tips for Current Caregivers (https://www.nctsn.org/sites/default/files/resources/tip-sheet/traumatic_separation_refugee_immigrant_children_tips_current_caregivers.pdf)



THE HACKETT CENTER

FOR MENTAL HEALTH



The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to Say..." okaytosay.org

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