

# **“Why Trauma Matters”**

## **A Trauma-Informed Answer**

Presented by:

**Arabella Perez, LCSW**  
**Director**  
**THRIVE Initiative**



# What is Trauma and Why Does it Matter?

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- The personal experience of interpersonal violence including sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence, terrorism and/or disasters. NASMHPD, 2004
- We all care clinically but why should you care as a leader about systems change?
- Evidence – Adverse Childhood Experiences and local research
- Preventable health and human event with enormous societal cost



# What is Trauma and Why Does it Matter?

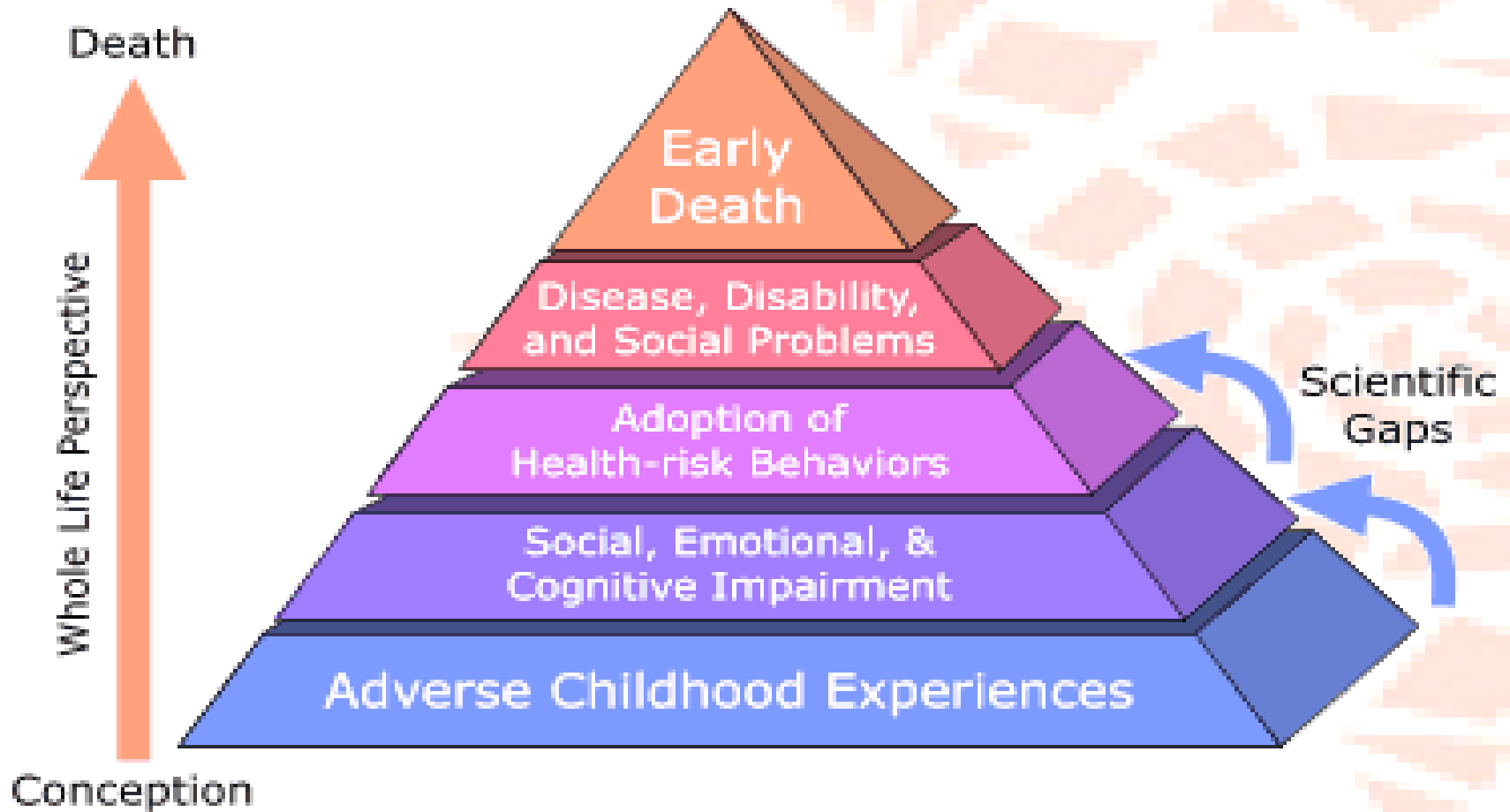
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- Trauma is pervasive
- Trauma's impact is broad and diverse
- Trauma's impact is deep and life-shaping
- Trauma is often self-perpetuating and differentially affects the more vulnerable
- Trauma affects how people approach services
- The service system has often been traumatizing and/or re-traumatizing



# Adverse Childhood Experiences Study

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*working together for a brighter tomorrow*



# National Data

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*Gordon Hodas, Responding to Childhood Trauma: the Promise and Practice of Trauma Informed Care, February 2006, Pennsylvania Office of Mental Health and Substance Abuse.*

Some excerpts:

- 81% patients in psychiatric hospital experienced physical and or sexual abuse, 67% as children
- Massachusetts adolescent inpatient record review showed 93% reported trauma
- 93.2 % males and 84% female of juvenile detainees reported a traumatic experience
  - Males likely to witness violence, females likely to be victimized by violence
  - Childhood abuse and neglect increases likelihood of arrest as a juvenile by 53%



# Maine Data

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## **Children and youth trauma survivors:**

- Were significantly younger;
- Were 1.62 times more likely to be rated at moderate to serious risk of harm (as measured by the CALOCUS);
- Were 1.76 times more likely to experience higher-levels of environmental stress and 1.65 times more likely to have moderate to severe challenges in the area of supports;
- Were ½ as likely to experience serious challenges with substance use (as measured by CAFAS)
- Had significantly greater challenges in the areas of child/youth and parent/caregiver acceptance & engagement with service providers;

Than children and youth without a trauma history



# Maine Data

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## Child and youth trauma survivors:

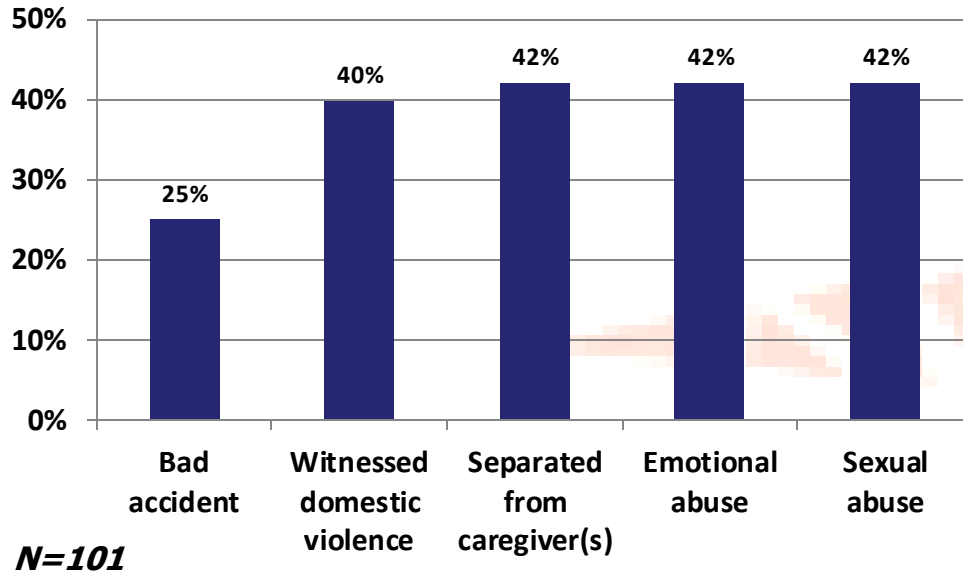
- Were more likely to use high-end mental health services, including: inpatient psychiatric hospitalization, residential/group treatment, and crisis intervention services at higher cost;
- Were 1.92 times more likely to use out-of-home treatment (Psych. Inpatient, Resid. Tx. Crisis Residential);
- Were 1.55 times more likely to use Outpatient Mental Health treatment services
- Were 1.75 times more likely to use Medication Management Services
- Used more Targeted Case Management services at significant higher expense;
- Used outpatient-clinical and medication management services at significantly higher cost;
- Had 73% higher mental health service expenditures & 51% higher overall treatment expenditures;
- Were significantly less likely to exhibit behavioral/functional stability or improvement over study period.

Than children and youth without a trauma history

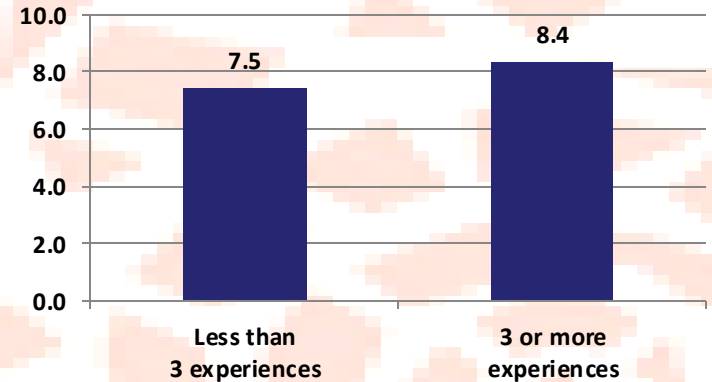


# Maine Data

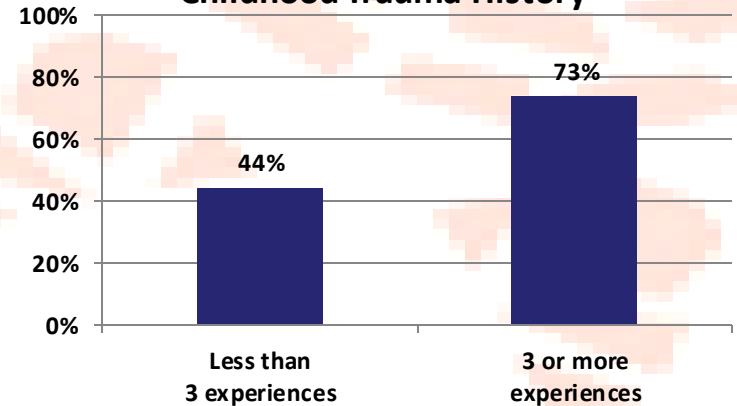
### Five Most Frequent Types of Childhood Trauma Experiences Reported By Caregivers



### Overall Level of Caregiver Strain by Childhood Trauma History



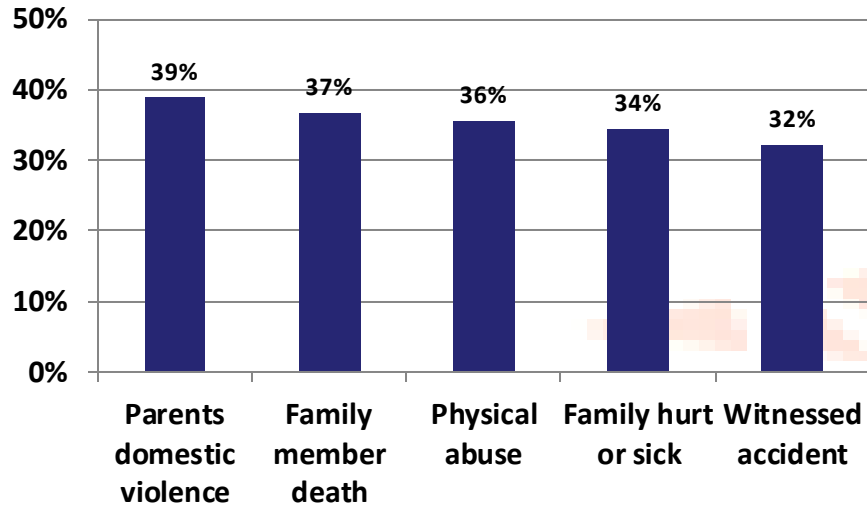
### Household Member with Recurrent Physical Health Problems, by Childhood Trauma History



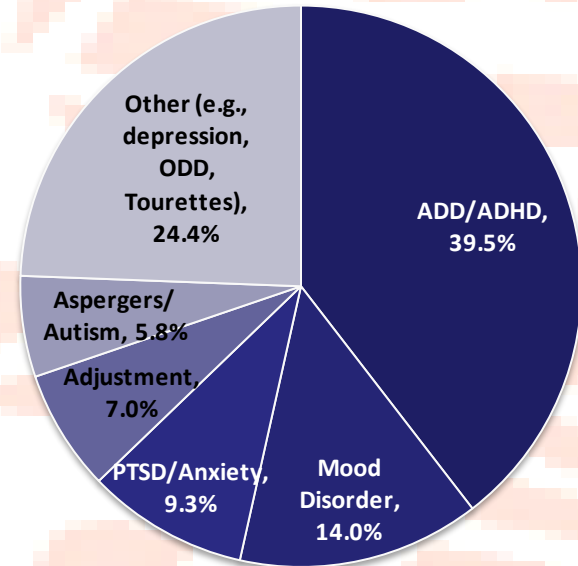


# Maine Data

### Five Most Frequently Reported Types of Youth Trauma Experiences



### Most Frequent Primary Diagnoses for Youth



**N=88**

### Did you know...?

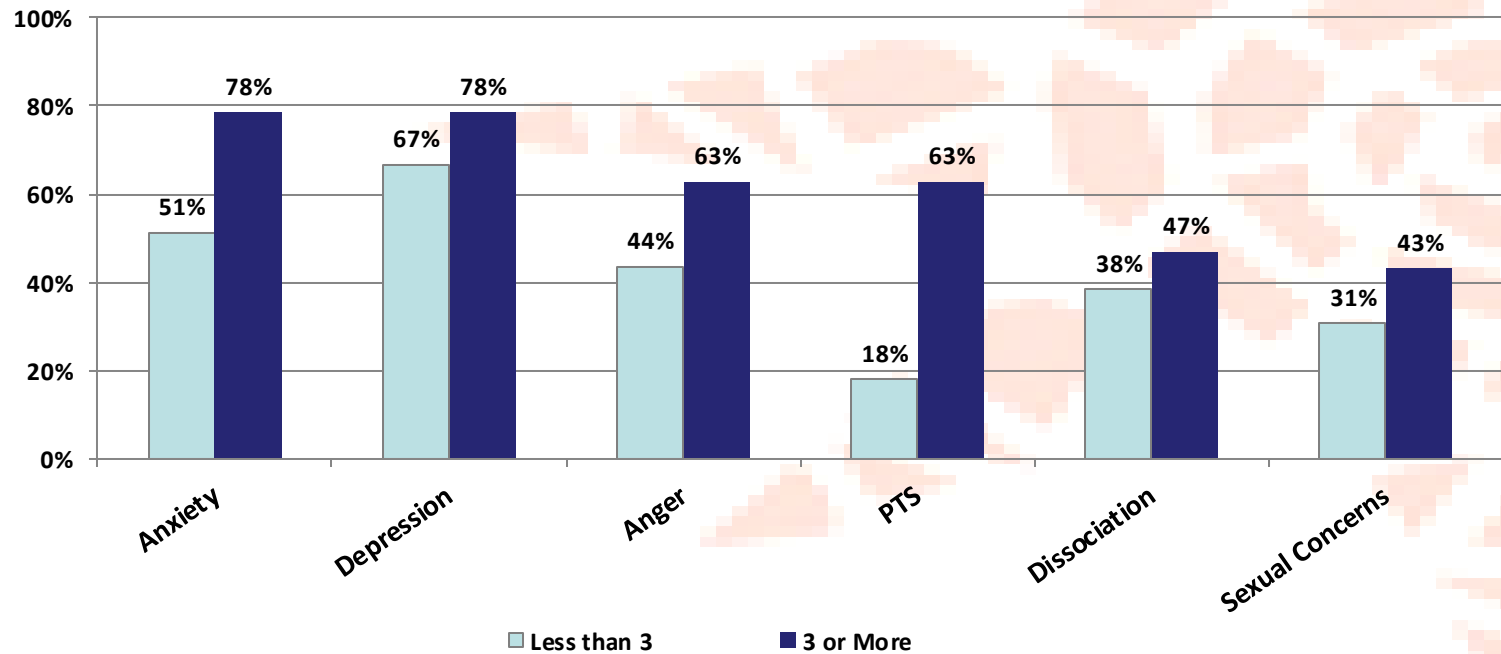
Children and youth who experience trauma are less likely to receive a formal PTSD diagnosis than adults. This is because children and youth react to trauma differently. Instead, research has found that children who have experienced trauma are often diagnosed with separation anxiety disorder, oppositional defiance disorder, phobic disorders, and ADHD (*Ford et al, 2000; Husain, Allwood, Bell, 2008; Daud & Rydelius, 2009*).



# Maine Data

## What kinds of trauma-related symptoms do children and youth experience?

Youth Trauma Symptoms by Number of Youth Trauma Experiences



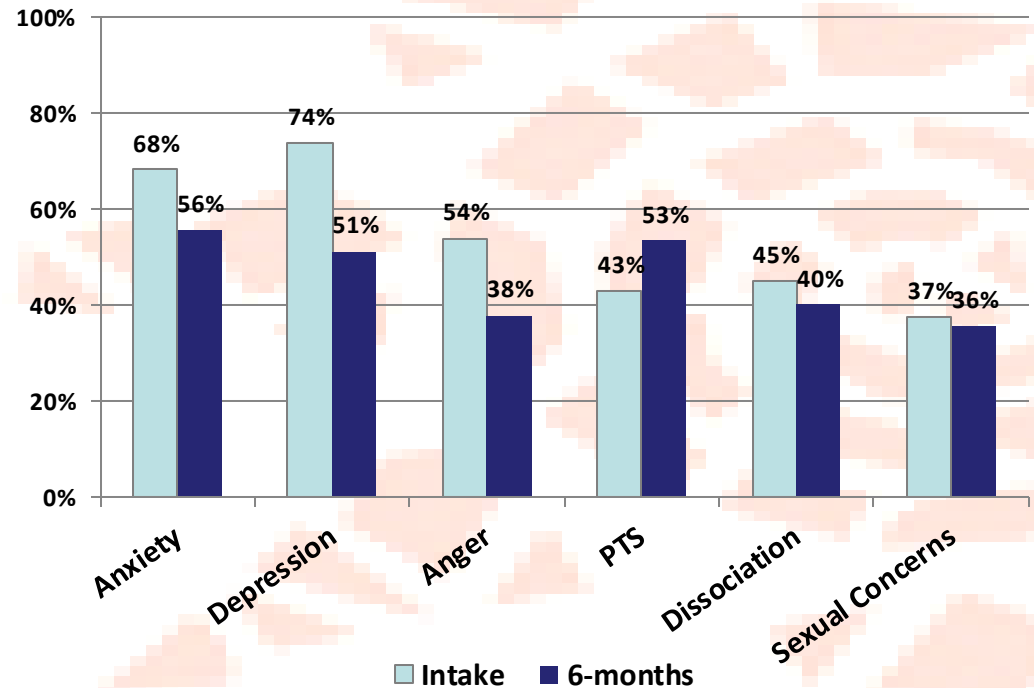
N=91



# Maine Data

**How do trauma-related symptoms change after being involved with Thrive, a trauma-informed system of care?**

**Youth Trauma Symptoms at Intake and 6 Months**



**N=46**



# Trauma-Informed Principles

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Instead of asking “what is wrong with you?”  
a trauma-informed approach asks  
“what has happened to you?”



# The Trauma-Informed Principles

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1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment
6. Language Access and Cultural Competency



# The Trauma-Informed Domains

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1. Physical and Emotional Safety
2. Youth & Family Empowerment, Choice and Collaboration
3. Trauma Competence
4. Trustworthiness
5. Commitment to Trauma-Informed Philosophy
6. Language Access and Cultural Competency



# Traditional vs. Trauma Informed vs. Trauma Specific

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How are these different?

- Traditional: Business as Usual
- Trauma Informed: First Floor
- Trauma Specific: Second Floor



# Traditional versus Trauma-Informed

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- Understanding of Trauma
- Understanding of the child/youth survivor
- Understanding of services
- Understanding of the service relationship





# National Recommendations

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## *Strengthening Policies to Support Children, Youth, and Families Who Experience Trauma, July 2007 National Center for Children in Poverty Columbia University*

Policies should support:

- Delivery systems that identify and implement strategies to prevent, identify and intervene
- Prevent and eliminate treatment practices that cause trauma/retraumatization
- Reinforce best practices that embodies system of care principles
- Resiliency, family youth strengths and engagement strategies
- Ensure that funding is supportive of trauma-informed care



# Essential Elements in a Trauma Informed System

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- Trauma Training for ALL Staff
- Engagement of Family, Youth, Adults
- Trauma Screening
- Trauma Assessments
- Trauma Specific Treatments
- Policies
- Community Education and Stigma Reduction
- Continuous Quality Improvement



# The Contract Language

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## System of Care Principles:

17. The goal of DHHS is that Providers of Children's Behavioral Health Services are integrated in a **Trauma Informed System of Care**. Providers will promote the Federal Substance Abuse and Mental Health Services Administration's (SAMHSA) System of Care Principles of 1) Family Driven, 2) Youth Guided, and 3) Culturally and Linguistically Competent care. These three System of Care Principles are described at <http://systemsofcare.samhsa.gov/>.
18. An additional principle for a Maine's Children's Behavioral Health System of Care is that it is **Trauma Informed**.
19. By January 1, 2010, the Provider shall administer a system of care self **Assessment Tool** approved by the Department that addresses the principles referenced in paragraphs 18 and 19 herein.
20. By January 1, 2011, Provider, in collaboration with Children's Behavioral Health Services, will include in its **Quality Improvement Plan** developed under Rider "A" areas of need identified by the Assessment Tool and plans to meet those needs

[www.maine.gov/dhhs/purchased-services/contract-2010/rider-e/RIDER-E-CS.pdf](http://www.maine.gov/dhhs/purchased-services/contract-2010/rider-e/RIDER-E-CS.pdf)

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# Conclusion, Resources and Contact Information

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[www.thriveinitiative.org](http://www.thriveinitiative.org)

[www.nctsn.org](http://www.nctsn.org) (national child traumatic stress)

[www.chadwickcenter.org](http://www.chadwickcenter.org)

[www.cestudy.org](http://www.cestudy.org)

[www.nccp.org](http://www.nccp.org) (national center for children in poverty)

<http://mentalhealth.samhsa.gov/nctic/>

**For more information please contact [aperez@tcmhs.org](mailto:aperez@tcmhs.org)**

