

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

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SAMHSA's Trauma-Informed Approach: Key Assumptions and Principles



Things to Remember



Underlying question =

“What happened to you?”

Symptoms =

Adaptations to traumatic events

Healing happens

In relationships

Video: [Power of Empathy](#)

Slide 4

What is Trauma?

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

The Three E's in Trauma

Events

*Events/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.*

Potential 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

**Experience of trauma
affected by:**

How

When

Where

**How
Often**

Experience, cont.

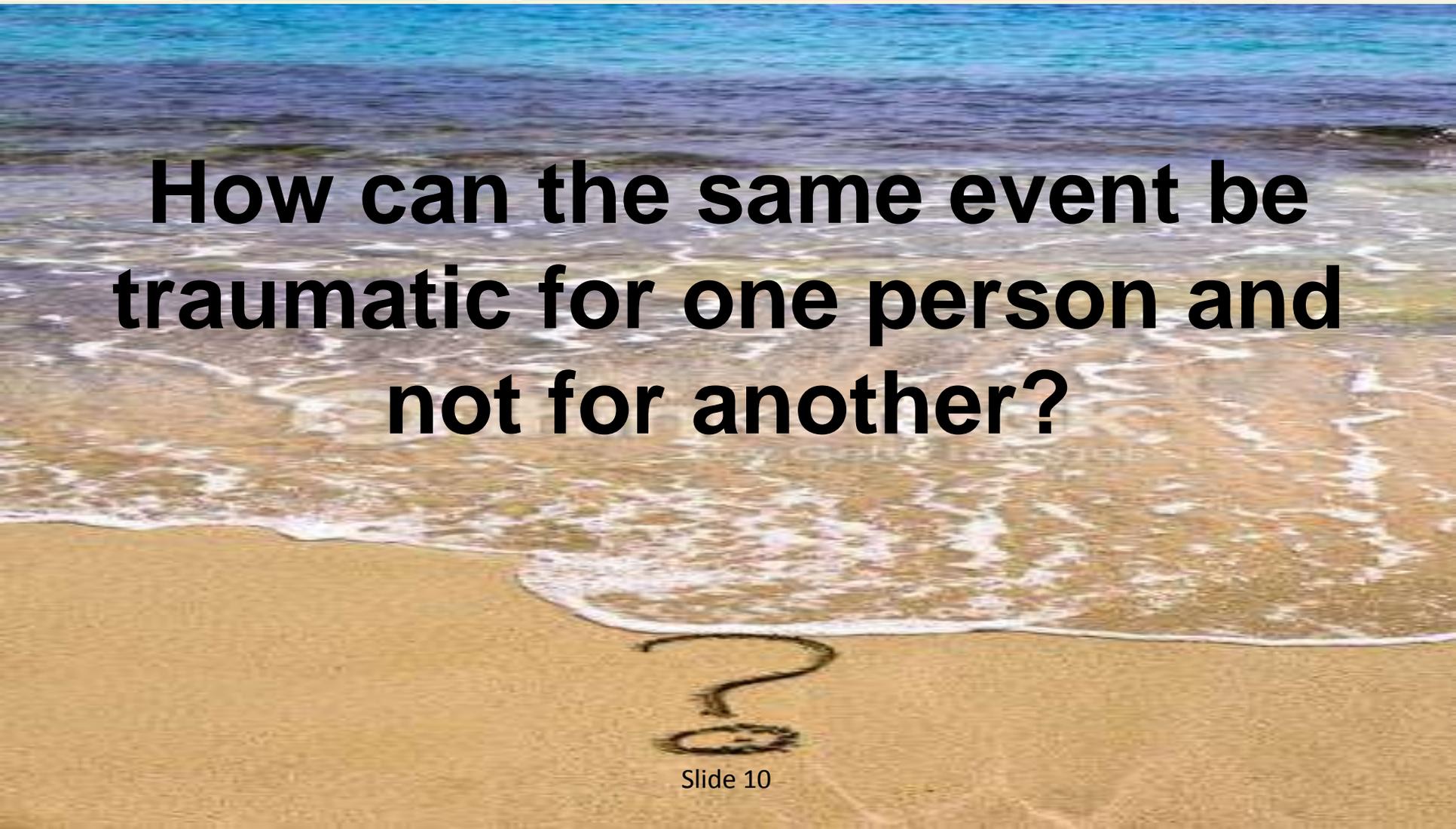
**Context,
expectations,
and meaning**

**Threat to life,
bodily integrity,
or sanity**

Interventions

**Humiliation,
betrayal, or
silencing**

**Subconscious
or unrecognized**



**How can the same event be
traumatic for one person and
not for another?**

Effect of Trauma

The **effect** of trauma on an individual can be conceptualized as a normal response to an abnormal situation.

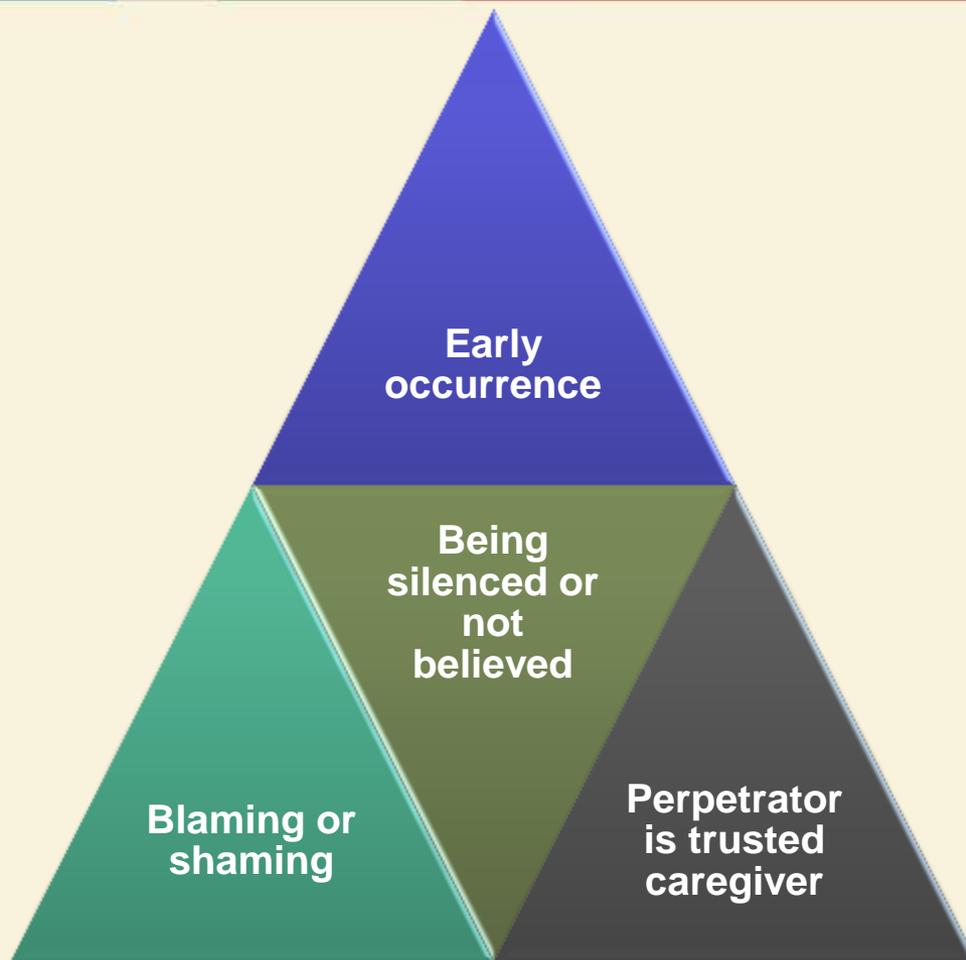


Effect, cont.

Trauma can...

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

Factors Increasing Impact



Adverse Childhood Experiences (ACEs) Affect Adult Health

**ACEs have
serious health
consequences
for adults:**

- **Adoption of health risk behaviors as coping mechanisms** (e.g., eating disorders, smoking, substance abuse, self-harm, sexual promiscuity)
- **Severe medical conditions** (e.g., heart disease, pulmonary disease, liver disease, STDs, gynecologic cancer)
- **Early death**

ACE Questions:

While you were growing up, during your first 18 years of life:

- 1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt?**
- 2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? Or Ever hit you so hard that you had marks or were injured?**
- 3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? Or Attempt or actually have oral, anal, or vaginal intercourse with you?**
- 4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other?**

ACE Questions: Con't

5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

The ACE Study

“Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might heroin be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?”

(Felitti et al, 1998)



NCTSN

The National Child
Traumatic Stress Network

Facts on Traumatic Stress and Children with Developmental Disabilities National Child Traumatic Stress Network

Adapted Trauma Treatment Standards Work Group

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Facts on Traumatic Stress and Children with Developmental Disabilities From the National Child Traumatic Stress Network Adapted Trauma Treatment Standards Work Group Subgroup on Developmental Disability

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• Individuals with developmental disabilities are at increased risk for abuse as compared to the general population (Gil, 1970; Mahoney & Camilo, 1998; Ryan, 1994).

• Goldson, 2002 reports maltreatment among children with disabilities:

	Children without Disabilities	Children with Disabilities
Physical Abuse	4.5	9.4
Sexual Abuse	2.0	3.5
Emotional Abuse	2.9	3.5

• Individuals with disabilities are over four times as likely to be victims of crime as the nondisabled population (Sobsey, 1996).

• Sixty-four percent of the children who were maltreated had a disability. The most common disabilities were behavior disorders, speech/language, learning disability, and mental retardation. The most common type of maltreatment was neglect. Children with mental retardation were the most severely abused. Children with communication disorders were more likely to be physically and sexually abused (Sullivan & Knutson, 1998).

• Five million crimes are committed against individuals with disabilities each year in the United States (Petersillia, 1998).

- Individuals with disabilities are 2-to-10 times more likely to be sexually abused than those without disabilities (Westat Ind., 1993).
- One of 30 cases of sexual abuse or assault of persons with developmental disabilities is reported as opposed to one of five in the nondisabled population (James, 1988).
- Even when the abuse is reported, the charges are rarely investigated when the victim is disabled (Senn, 1988).
- Victims typically have difficulty accessing appropriate services (Sobsey & Doe, 1991).

- Risk of abuse increases by 78 percent due to exposure to the "disabilities service system" alone (Sobsey & Doe, 1991).
- Immediate family members perpetrate the majority of neglect, physical abuse, and emotional abuse. Extrafamilial perpetrators account for the majority of sexual abuse (Sullivan & Knutson, 2000).
- Sexual abuse incidents are almost four times as common in institutional settings as in the community (Blatt & Brown, 1986).
- • Ninety-nine percent of those who commit abuse are well known to, and trusted by, both the child and the child's care providers (Baladerian, 1991).

Special Characteristics of the Population that May Influence the Incidence of Trauma

Abuse and neglect have profound influences on brain development. The more prolonged the abuse or neglect, the more likely it is that permanent brain damage will occur. Not only are people with developmental disabilities more likely to be exposed to trauma, but exposure to trauma makes developmental delays more likely.

People with developmental disabilities are

- **trained to be compliant to authority figures;**
- **dependent on caregivers for a longer period of time for more types of assistance than a nondisabled child, and they are dependent on a larger number of caretakers;**
- **often unable to meet parental expectations;**
- **isolated from resources to whom a report of abuse could be made;**
- **sometimes impaired in their ability to communicate;**
- **sometimes impaired in their mobility;**

- **more likely than other children to be placed in residential care facilities;**
- **sometimes more credulous and less prone to critical thinking than others, which may result in it being easier for others to manipulate them;**
- **often not provided with general sex education, and caregivers may feel that people with developmental disabilities are asexual, although**
 - *for people with mild to moderate mental retardation sexual development and sexual interest occur at approximately the same age as the normal population (Tharinger, 1990), and*
 - *precocious puberty is 20 times more likely to occur in persons with developmental disabilities than in the normal population (Siddigi, 1999); and*
- **viewed negatively by society, which may label them as “bad” because they are different or may view them as less than human.**

People with developmental disabilities may also experience

- **cognitive and processing delays that interfere with understanding of what is happening in abusive situations, and**
- **feelings of isolation and withdrawal due to their differences, which may make them more vulnerable to manipulation because of their increased responsiveness to attention and affection.**

Possible Reasons for a Higher Incidence of Mental Illness for Clients with Developmental Disabilities Than the General Population

(Avrin, Charlton, Tallant, 1998)

- **It is more difficult to cope with normal life stressors given the limited resources the client has available.**
- **There is increased vulnerability to abuse in the home, since these children are often very difficult to raise and place a high level of strain on the family.**
- **These children are more vulnerable to abuse in the community because of their poor judgment and lack of self-protective skills.**
- **An additional stressor for the higher functioning clients is awareness of their intellectual deficits. They have many grief and loss issues associated with their functioning problems.**
- **People with developmental disabilities experience greater difficulty in getting help for mental illness due to communication and processing problems.**

Trauma in Adults: Mental Health, cont.

Clients with histories of childhood abuse

- **Earlier first admissions**
- **More frequent and longer hospital stays**
- **More time in seclusion or restraint**
- **Greater likelihood of self-injury or suicide attempt**
- **More medication use**
- **More severe symptoms**
(Read et al, 2005)









I've learned that people will forget
what you said, people will forget what
you did, but people will never forget
how you made them feel.

~ Maya Angelou



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