

White Paper for Trauma Informed Care

**BUILDING AN EXPANDED, EFFECTIVE, AND INTEGRATED
TRAUMA INFORMED SYSTEM OF CARE IN NYS**



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Mission

The Trauma Informed Community Initiative (TICI) of Western New York and members of the Health Leadership Fellows Program Cohort V, are joining in a collaborative effort to enhance efforts already occurring in making Western New York State a trauma informed community, while influencing policy across New York State.



Executive Summary

Trauma Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. Re-traumatization is a significant concern, as individuals who are traumatized multiple times frequently have exacerbated trauma-related symptoms compared to those who have experienced a single trauma. Individuals with multiple trauma experiences often exhibit a decreased willingness to engage in treatment (SAMHSA, 2015).

More often than not, the lives of clients, patients, and students walking through the door seeking help, or an education, have been adversely impacted by trauma. The Adverse Childhood Events (ACE) study finds there is a strong relationship between childhood trauma and common adult conditions such as cardiovascular disease, chronic lung and liver disease, obesity, depression and other forms of mental health illness, and substance abuse.

Findings like those in the Adverse Childhood Events (ACE) study, and others presented in this paper, indicate the need for Trauma Informed Care practices to be implemented throughout New York State. All State institutions from New York State's Health Services to Educational Services, Criminal Justice Services, Substance Abuse Services, Elder Services, Vocational Programs, Long-Term Care Services and all areas of the Social Services Arena can benefit from the improved outcomes for both clients and employees, and a reduction in societal costs by helping those impacted by trauma heal, become self-sufficient, and avoid re-traumatization through Trauma Informed Care.

It is time for New York State to act on this critical issue as other states have already done. The leaders, policy makers, and community members of Buffalo, Erie County, Western New York, and New York State must join together in the effort to address the issues of trauma facing our community by implementing policy and legislation that supports a Trauma Informed Care approach.

Alaska, California, Pennsylvania, and Vermont have all taken steps to encourage and support Trauma Informed Care in their States to reduce children's exposure to adverse childhood experience, take a public health approach to violence, address the impacts of those experiences, invest in preventive care, and in some cities, become fully Trauma Informed Communities.

The policy recommendations presented here offer an organizational, systemic and social policy stance focusing on the functions of New York State's Medicaid funded programs. As has previously been shown in Vermont, Trauma Informed Care policy development can be adopted and implemented across the State in many critical institutions through State Medicaid programs. A Trauma Informed Approach in New York State is essential for improving the health and wellbeing of our most vulnerable populations, and for stemming the societal costs caused by such trauma.

Introduction

Definition of Trauma

According to the Substance Abuse and Mental Health Services Agency (SAMHSA), individual trauma results from an:

- ◆ **Event**, series of events, or set of circumstances that is
- ◆ **Experienced** by an individual a physically and/or emotionally harmful or threatening and that has lasting adverse
- ◆ **Effects** of the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

(SAMHSA's Concept of Trauma and Guidance for a Trauma informed Approach; July 2014)

No One is Immune to the Impact of Trauma

Trauma affects the individual, families, and communities by disrupting healthy development, adversely affecting relationships, and contributing to mental health issues including substance abuse, domestic violence, and child abuse.

Everyone pays the price when a community produces multi-generations of people with untreated trauma by an increase in crime, loss of wages, and threat to the stability of the family.

This White Paper sets out strategies to improve the capacity of New York State to meet the needs of individuals who have experienced trauma, including adverse childhood experiences and have been negatively impacted emotionally, physically, and spiritually by these adverse life events.

The Role of Adversity and Toxic Stress

Toxic stress response can occur when an individual experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well throughout the lifespan.

(Center on the Developing Child; Harvard University, 2016)

Prevalence

The majority of clients served by public mental health and substance abuse service systems are survivors of trauma.

Seventy-five (75%) of women and men in treatment for substance abuse report trauma histories.

Nearly 80% of female offenders with a mental illness report having been physically and/or sexually abused.

More than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the US have experienced rape, physical violence, and/or stalking by an intimate partner.

Homicide and suicide rose in the rankings of causes of death as the United States became more successful in preventing and treating infectious diseases.

Since 1965, homicide and suicide have consistently been among the 15 leading causes of death in the United States.

Suicide rates among persons aged 15-24 years almost tripled during 1950--1990.

Similarly, during 1985-1991, homicide rates among 15- to 19-year-old males increased 154%.

Background

Effects of Trauma and Adversity

Trauma/Adversity impacts an individual's ability to:

- ◆ Trust
- ◆ Cope
- ◆ Form Healthy Relationships

Trauma/Adversity disrupts:

- ◆ Emotion Identification
- ◆ Ability to Self-Soothe
- ◆ Ability to Control Expression of Emotions
- ◆ One's Ability to Distinguish Between What's Safe and Unsafe

Trauma/Adversity impairs:

- ◆ Memory
- ◆ Concentration
- ◆ New Learning
- ◆ Focus

Trauma/Adversity shapes:

- ◆ A Person's Belief About Self and Others
- ◆ Ability to Hope
- ◆ One's Outlook on Life

Trauma/Adversity has been correlated to:

- ◆ Heart Disease
- ◆ Obesity
- ◆ Addiction
- ◆ Pulmonary Illness
- ◆ Diabetes
- ◆ Autoimmune Disorders
- ◆ Cancer

People Who Experience Trauma Are:

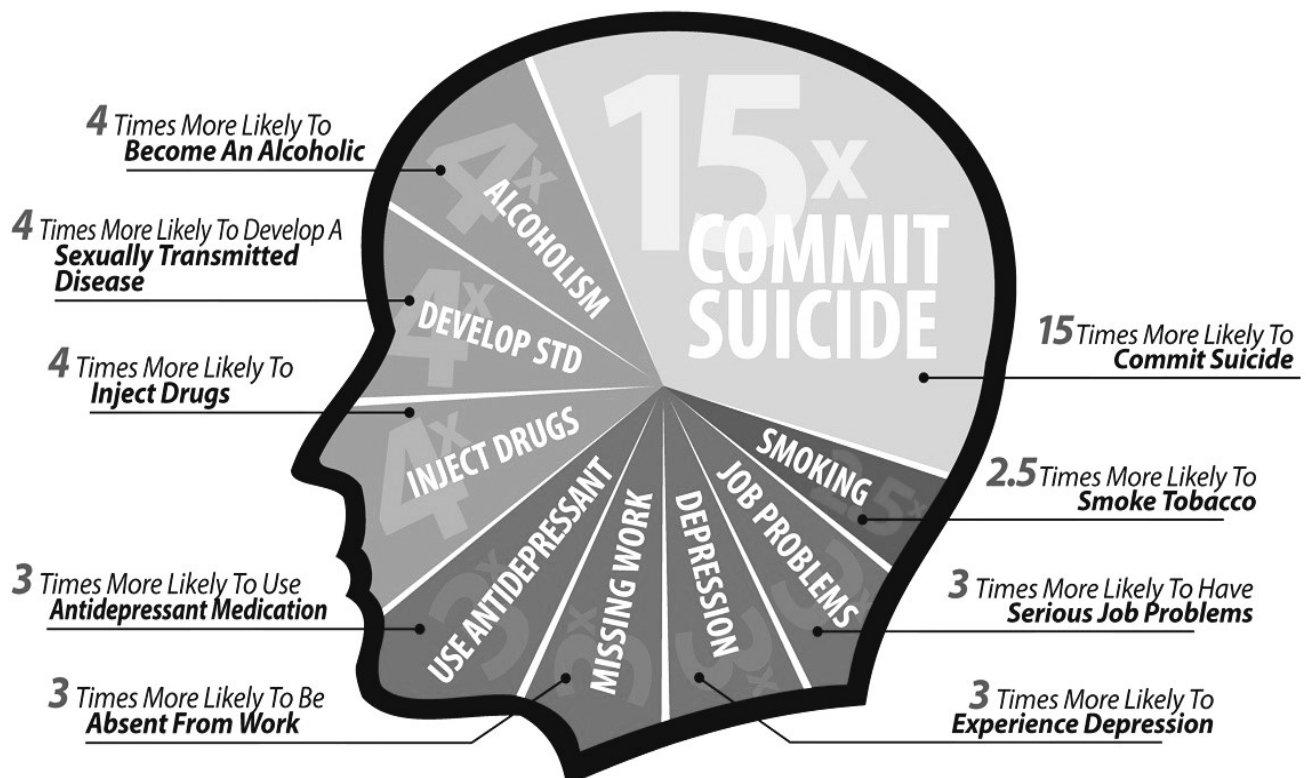


Figure 1

In Mears, C. L., *Reclaiming School in the Aftermath of Trauma: Advice Based on Experience*. Paigrave Macmillan, 2012

Adverse Childhood Experiences Study

In 1994, the Centers for Disease Control and Prevention partnered with Kaiser Permanente to conduct a large epidemiological study with over 17,000 participants analyzing the long-term effects of adverse childhood experiences (ACEs) on health outcomes throughout the lifespan (Larkin, Felitti & Anda, 2014).

Ten categories of ACEs separated into three domains were identified (see Figure 2). Participants were asked about these ten categories, and their responses were correlated with various health outcomes. For each category they endorsed, their ACE score would increase by one.

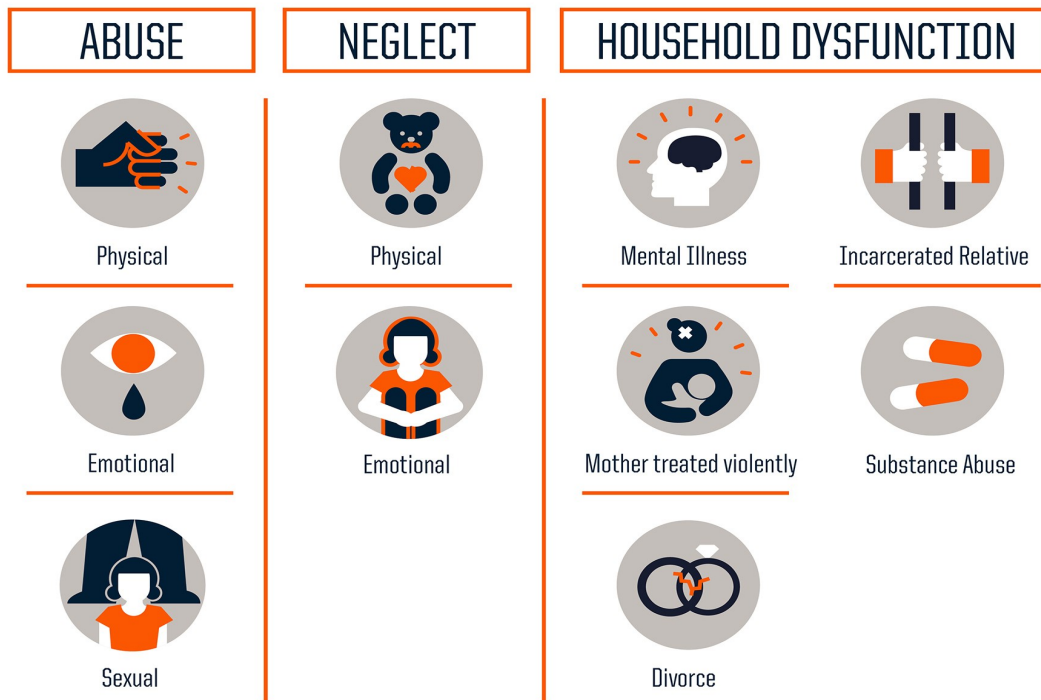


Figure 2
wjf.org and cdc.gov, 2014

As the number of ACEs increases, so does the risk for negative health outcomes



Figure 3
rwjf.org and cdc.gov, 2014

Adverse Childhood Experiences Findings

The major findings of the ACE study are twofold. First, adverse childhood experiences are more common than not, with 64% of the population reporting at least one ACE (Felitti et al., 1998).

Second, as the number of an individual's ACEs increases, so does their risk for negative health outcomes such as smoking, alcoholism, drug use, obesity, diabetes, depression, and even heart disease and cancer (Felitti et al., 1998).

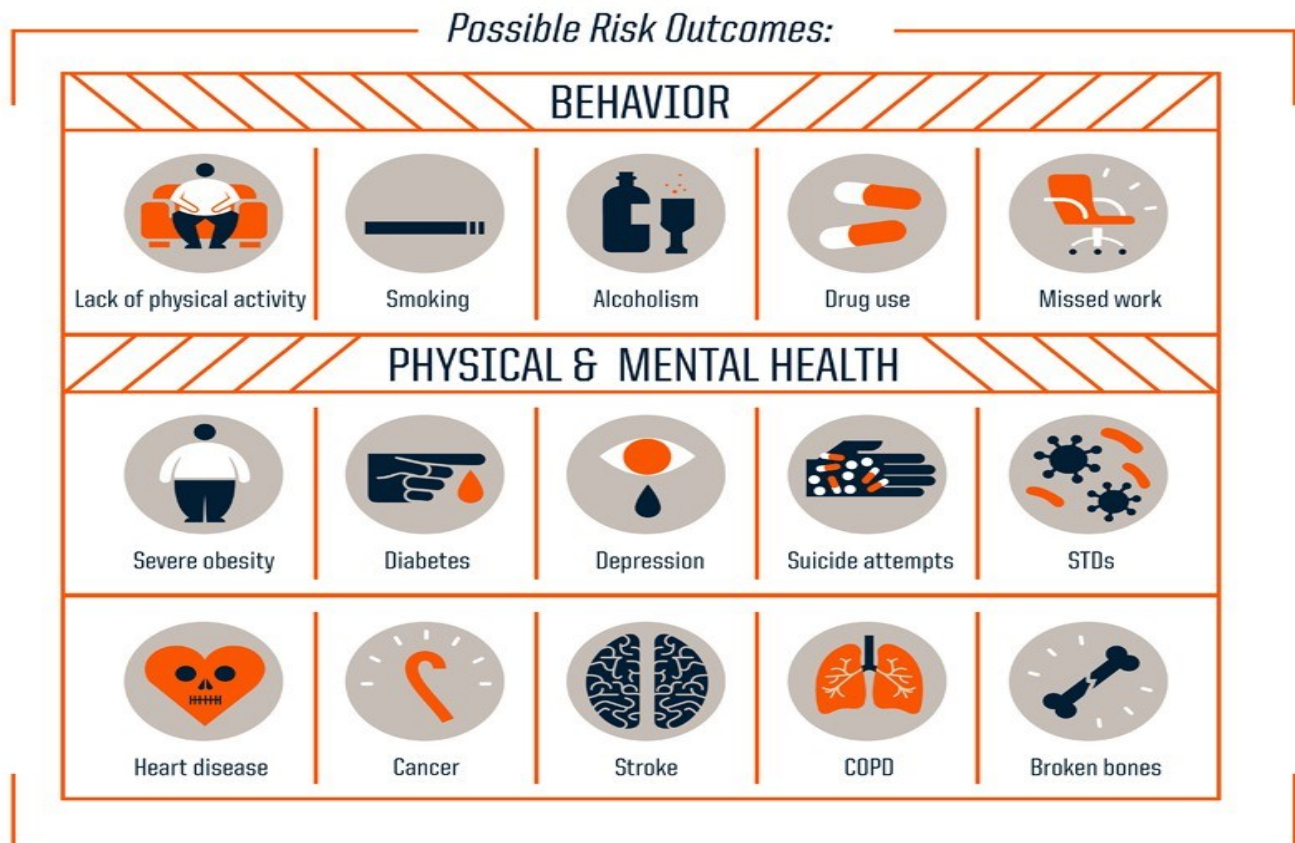


Figure 4

Figure 4 lists the possible mental and physical health outcomes of ACEs as reported by the Center for Disease Control and Prevention 2013.

Larkin et al. (2014) called for policymakers to utilize the ACE Study findings in order to emphasize the need for ACE prevention and intervention and to transform service delivery systems to support comprehensive ACE response. Trauma Informed Care is a transformative strategy to address Adverse Childhood experiences as well as any other trauma. Many communities, systems and organizations are beginning to infuse ACEs knowledge into their deliver of services.

For more information on the ACE Study visit www.cdc.gov/violenceprevention/acestudy/index.html.

Re-Traumatization

It is essential to understand the consequences of trauma in order to promote prevention and recovery as a community (CDCP, 2014). Trauma Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.

Re-traumatization is any situation or environment that resembles an individual’s trauma literally or symbolically, which then triggers difficult feelings and reactions associated with the original trauma (The Anna Institute, 2015; SAMHSA, 2015). The potential for re-traumatization exists in all systems and in all levels of care: individuals, staff, and system/organization.

Re-traumatization is often unintentional. There are some “obvious” practices that could be re-traumatizing such as the use of restraints or isolation, however, less obvious practices or situations that involve specific smells, sounds or types of interactions may cause individuals to feel re-traumatized (Fallot & Harris, 2001; SAMHSA, 2015).

Re-traumatization is a significant concern, as individuals who are traumatized multiple times frequently have exacerbated trauma-related symptoms compared to those who have experienced a single trauma. Individuals with multiple trauma experiences often exhibit a decreased willingness to engage in treatment (SAMHSA, 2015).

Re-Traumatization: What Hurts?

SYSTEM POLICIES, PROCEDURES	RELATIONSHIP POWER, CONTROL, SUBVERSIVENESS
Having to Continually Retell Their Story	Not Being Seen/Heard
Being Treated As A Number	Violating Trust
Procedures That Require Disrobing	Failure to Ensure Emotional Safety
Being Seen As Their Label or Diagnosis	Non Collaborative
No Choice in Service or Treatment	Does Things For Rather Than With
No Opportunity To Give Feedback About Their Experience With the Service Delivery	Use of Punitive Treatment, Coercive Practices and Oppressive Language

Figure 5

The Institute on Trauma and Trauma informed Care (ITTIC), 2015

The Cost of Trauma

Given both the high costs of trauma and the evidence that re-traumatization can result in more serious and chronic trauma symptoms, it is critical that policy makers and community stakeholders develop trauma informed systems of care to empower individuals in their healing and recovery rather than re-traumatizing them.

Consequently, these negative health outcomes and ongoing re-traumatization can have a significant impact on economic health. For example, The Perryman Group looked at one type of trauma, Child Abuse. They estimate more than 3.3 million children were maltreated for the first time in 2014.

The overall losses associated with child maltreatment stem from the following major sources:

- ◆ Personal Income
- ◆ Person-years of employment (loss due to non-fatal and fatal child abuse)
- ◆ Retail sales
- ◆ Gross product
- ◆ Total expenditures

Overall, they estimate the expenditure of the United States in correlation to child abuse to be a loss of \$5.87 trillion dollars. This example highlights just one type of abuse and only covers a single year of expenditures within a specific population. It follows that expenditures increase as these children become adults who require treatment and services for the negative behavioral, physical, and emotional health outcomes associated with a history of trauma.

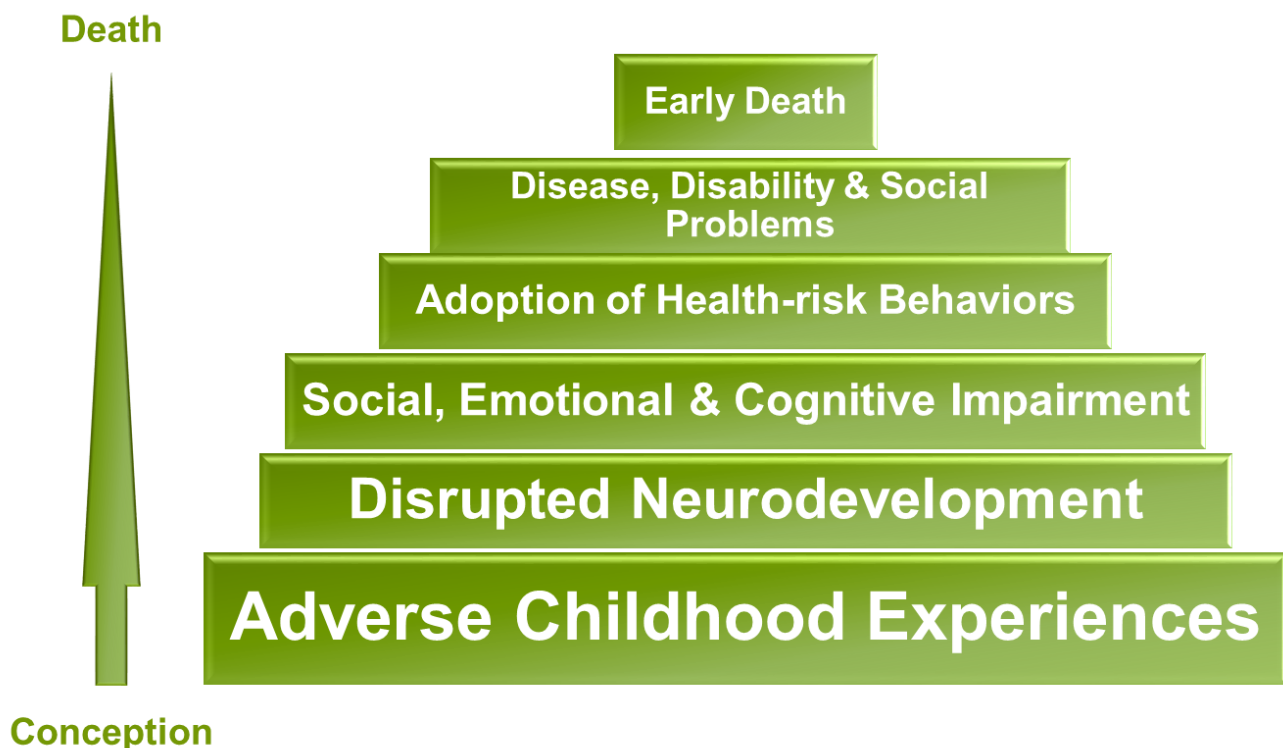


Figure 6
ACE Study, 2014

The Total Estimated Lifetime Economic Costs of Child Abuse

Every year, millions of children in the United States suffer from some type of abuse or neglect. The Perryman Group estimates more than 3.3 million children were maltreated for the first time in 2014. Even beyond the horrific physical and mental costs of child maltreatment, there is also a tremendous economic cost. For more information, visit www.perrymangroup.com.

-\$1.66 trillion
personal income

-27.88 million
person-years
of employment



Equals a loss of 1 million person-years of employment due to lost business earnings associated with non-fatal child abuse

Equals a loss of 1 million person-years of employment due to social costs associated to non-fatal child abuse

Equals a loss of 1 million person-years of employment due to fatal child abuse

-\$726.82 billion
retail sales

Definitions:

Person-years of employment: A measure of the number of full-time equivalent jobs generated by an activity, equal to a person working for one year.

Personal income: The sum of all dollars that end up in the hands of people in the area, measured in 2014 US dollars.

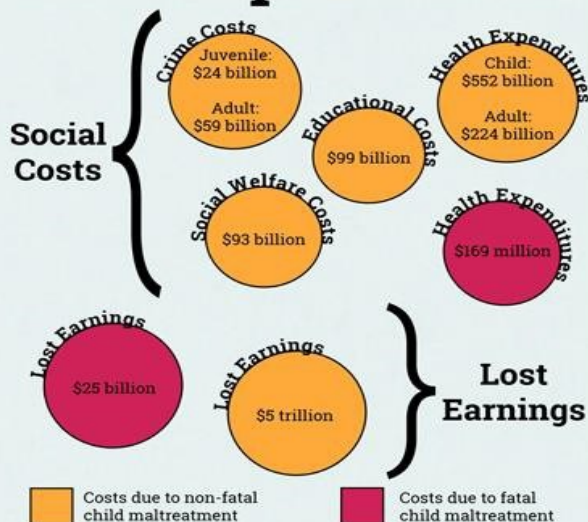
Total expenditures: The sum total of every dollar that changes hands in any transaction, measured in 2014 US dollars.

Gross product: The value of all final goods produced in a given region for a specific period of time, measured in constant 2014 US dollars.

-\$2.68 trillion
gross product



-\$5.87 trillion
total expenditures



The Perryman Group
An economic and financial analysis firm

Source: All information summarized from *Suffer the Little Children: An Assessment of the Economic Cost of Child Maltreatment*, published by The Perryman Group. The full study is available for free download in PDF form at www.perrymangroup.com, complete with extensive tables, graphs, and an appendix explaining the methodology and assumptions.

Note: Quantities may not sum up due to rounding. All monetary values are adjusted to present dollars at a 3% real (inflation-adjusted) rate.

Figure 6

Trauma Informed Care

Trauma Informed Care (TIC) is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.

On an organizational or systemic level, Trauma Informed Care changes organizational culture to emphasize respecting and appropriately responding to the effects of trauma at all levels (SAMHSA, 2015; Bloom, 2010). Similar to the change in general protocol regarding universal precautions, Trauma Informed Care practice and awareness becomes almost second nature and pervasive in all service responses. Trauma Informed Care requires a system to make a paradigm shift from asking, "What is wrong with this person?" to "What has happened to this person?" (Fallot & Harris, 2001).

The Substance Abuse and Mental Health Services Administration depicts an organization, program or system as utilizing a trauma informed approach when it;

- ◆ **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- ◆ **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- ◆ **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- ◆ **Seeks** to actively resist re-traumatization.

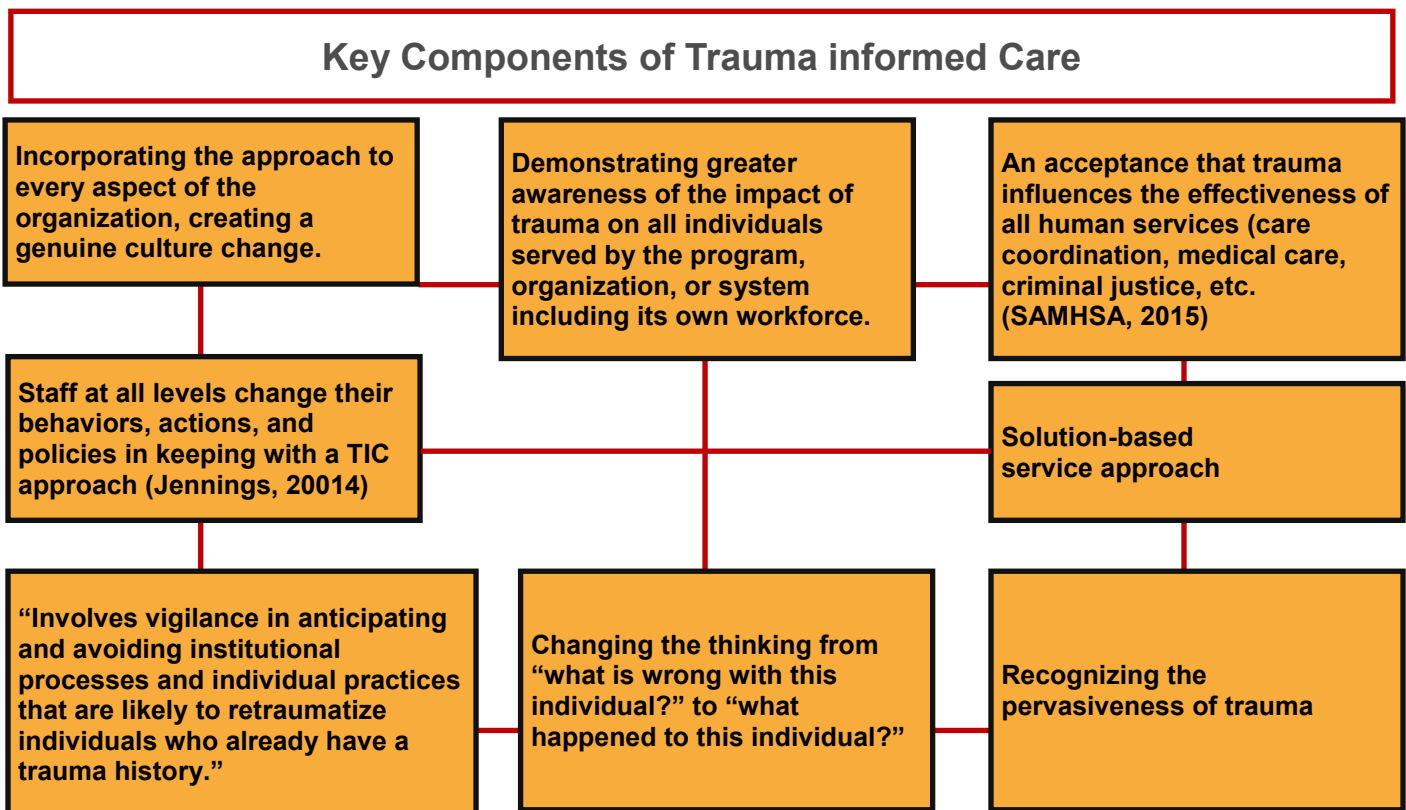


Figure 7

The Institute on Trauma and Trauma Informed Care (ITTIC), 2015

Trauma Informed Care Guiding Principles

Trauma Informed Care follows five Guiding Principles that serve as a framework for how service providers and systems of care can work to reduce the likelihood of re-traumatization (Fallot & Harris, 2001). These principles are generalizable across a variety of service settings. Rather than providing a set of practices and procedures, the principles can be interpreted and applied in ways that are appropriate for a specific type of service setting. The five Guiding Principles are: Safety, Choice, Collaboration, Trustworthiness, and Empowerment.

Creating a physically and emotionally safe environment, establishing trust and boundaries, supporting autonomy and choice, creating collaborative relationships and participation opportunities and using a strengths and empowerment-focused perspective to promote resilience are ways in which the principles of Trauma Informed Care work to reduce re-traumatization and promote healing (SAMHSA, 2015).

A trauma informed approach also considers and modifies policies, procedures and treatment strategies throughout the organization in order to ensure they are not likely to mirror the common characteristics of traumatic experiences (SAMHSA, 2015). Thus, establishing Trauma Informed Care in New York State systems of care and services is critical in reducing rates of re-traumatization and improving health and treatment outcomes.



Figure 8
The Institute on Trauma and Trauma Informed Care (ITTIC, 2015)

Policy Objectives

There is a nation-wide call for policymakers to utilize ACE Study findings in order to emphasize the need for ACE prevention and intervention and to transform service delivery systems to support comprehensive Trauma Informed Care responses (Larkin et al. (2014). The Trauma Informed Community Initiative (TICI) of Western New York encourages policy-makers to focus on four sectors of service in which to transform responses to reflect a deep-seated knowledge and practice of Trauma Informed Care. These sectors include law enforcement, behavioral health, health care and education.

Within these four service sectors, the National Council for Behavioral Health (NCBH) recommends seven specific domains in which to implement Trauma Informed Care policies and practices. The NCBH suggests promoting Trauma Informed Care in the areas of:

1. *Early screening and assessment*
2. *Consumer-driven care and services*
3. *Nurturing a trauma informed and responsive workforce*
4. *Evidence-based and emerging best practices*
5. *Creating safe environments*
6. *Community outreach and partnership building*
7. *Ongoing performance improvement and evaluation*

(National Council for Behavioral Health, 2015).

A service system comprised of these seven domains that functions with a trauma informed perspective is one in which:

- ◆ *All levels have a basic understanding about how trauma can and does affect clients, staff, communities and organizations as a whole.*
- ◆ *All levels can recognize the signs of trauma, and when appropriate, use trauma screening/assessment to assist in this recognition.*
- ◆ *All levels apply the principles of Trauma Informed Care to all areas of practice, from language used to policies followed.*
- ◆ *Leadership support and invest in the implementation and sustainability of a trauma informed approach.*
- ◆ *Written policies and protocols establish and uphold a trauma informed perspective.*
- ◆ *Promotes a safe environment for both clients and staff.*
- ◆ *Engages and involves those receiving services as well as staff in all areas of organizational functioning.*
- ◆ *Collaborates and has a mutual understanding of trauma and a trauma informed approach with other systems of care in order to best meet the complex needs of trauma survivors.*
- ◆ *Has on-going training on trauma and Trauma Informed Care for staff and workforce development.*
- ◆ *Has on going monitoring and evaluation of trauma informed principles.*
- ◆ *Has finances and resources for all the above mentioned areas.*

(Adapted from SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach, 2014)

Call to Action

1. Develop communication tools that enhance public awareness of the effects of trauma and Trauma Informed Approaches to care.
 - ◆ NYS requires that all clinics, schools, health care services, etc.; have literature about the effects of trauma and self-care with regard to trauma issues in multiple languages in patient waiting area.
2. Advocate for the development of public policies that strengthen the implementation of Trauma Informed Care.
 - ◆ Continue support for research and evaluation across public and private sector to identify and implement evidence-based trauma related practices.
 - ◆ Increase support for evaluation projects and identify success factors and best practices to disseminate widely.
3. Educate state and federal policymakers about the cost savings and care delivery impact of a Trauma Informed Care approach in service delivery.
4. Support funding reforms that reward Trauma Informed Care (TIC) approaches.
 - ◆ Ensure that funding is supportive of trauma informed care and based upon sound fiscal strategies.
 - ◆ Align payment incentives with care delivery that encourages and utilizes Trauma Informed Approaches.
 - ◆ Require service delivery systems that receive Medicaid funding to implement TIC approaches.
5. Support investments in education and training for health care, social services, educational and law enforcement to advance TIC approaches.
 - ◆ NYS recommends that all health and behavioral, education, justice and social services staff participate in training about trauma and Trauma Informed Care on an annual basis.
6. NYS requires all clinics (schools, health care services, etc.;;) to assess monitor and evaluate their progress in being trauma informed.
7. NYS requires all clinics (schools, health care services, etc.;;) to carefully review, revise, monitor and enforce clinic policies and procedures to promote provision of and access to trauma informed services.
8. All city, county, and state policies should reflect a trauma informed perspective.

(National Center for Children in Poverty, 2007)

Conclusion

This White Paper encourages all policy-makers to address trauma reduction and encourage the adoption of trauma informed practices and policies. Steps toward this goal within law-enforcement, behavioral health, health care and education may be taken by:

- ◆ Recognizing the toll that unaddressed trauma and re-traumatization takes on citizens and society.
- ◆ Encouraging the study and adoption of trauma informed practices by state and local agencies.
- ◆ Educating direct service staff about the signs and behaviors associated with trauma.
- ◆ Screening patients for trauma history.
- ◆ Promoting policies and programs that reduce child maltreatment and interpersonal violence.
- ◆ Promoting cost-effective prevention programs in schools and communities to promote healthy behaviors in order to reduce the incidence of trauma.
- ◆ Promoting public messages that trauma victims should not suffer silently and healing is possible.
- ◆ Supporting the creation of trauma healing groups and peer-led survivor groups.

(Adapted from the Mental Health America and the National Association of State Mental Health Program Directors, 2015).

It is the belief of this body that taking these steps will have a direct impact on the overall health and well-being of individuals and communities, as well as causing a significant decrease in the costs of care.

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