

Trauma Informed Practice: An Overview

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Congressional Briefing

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Goals

Brief historical overview

Where are we now and where are we going?

Emerging practice across the nation



Exposure to violence is processed by the brain just like tuberculosis is processed by the lungs.

Our service systems have been constructed on an incorrect theory. One we start asking the right questions, solutions emerge.

Gary Slutkin, MD

Brief historical overview

1970's	Vietnam Veterans; holocaust survivors; rape and domestic violence; child abuse prevention
1980's	PTSD diagnosis established; Victims of Crime Act; trauma research, clinical, and prevention professional societies
1990's	Range of effective treatment and prevention interventions developed; ACE study established childhood trauma as risk factor for adult problems
2000's	Neurobiological research showed how trauma affects brain and behavior; trauma-informed approaches developed; national centers established
2010's	Epigenetic research explains intergenerational transmission; interrelated problems require interagency solutions; resilience and public health

Summary: The Trajectory

Focus on the INDIVIDUAL

Focus on (the individual) in the ORGANIZATION

Focus on (the individual and the organization) in the COMMUNITY



Evidence-based interventions

Trauma Treatment

- For children and adolescents with a range of traumatic experiences (TF-CBT, ARC, Target)
- For PTSD (PET, EMDR)
- For adult women, men (M-TREM, WIT, TIR)
- For people with severe mental illness, substance abuse, complex trauma, co-occurring disorders (Seeking Safety, Risking Connection)
- For any organizational setting (Sanctuary)

Prevention

- School-based resiliency development (GBG, SSD)
- For specific problems – bullying, child sexual abuse, substance abuse, dating violence, campus rape
- For at-risk families (NFP, SF)
- Resiliency building programs for adults going into harm's way (military, disaster response)

What is a trauma-informed approach?

SAMHSA's 4 R's:

- *Realize*
- *Recognize*
- *Respond*
- *Resist re-traumatization*



Trauma-informed organizational change

Classrooms and schools show reduced disciplinary problems, improved educational outcomes

Child welfare and foster care systems improve outcomes for at-risk children

Primary care clinics improve health outcomes for children and families

Psychiatric hospitals and residential treatment centers eliminate seclusion and restraint, decrease incidents, increase patient and staff satisfaction

Juvenile justice programs show reduced disciplinary problems, decreased recidivism, better outcomes

Safe Baby Courts keep mothers and children together, reduce child abuse and neglect

Trauma-informed faith communities, athletic associations, Y's, yoga classes, daycare centers, ESL classes (and lots more) provide safety and support and open the door to healing

Why the history matters: An example

Head Start Programs

Pre-1980	Child trauma not recognized, kids don't get help, poor outcomes
1990's	Children with diagnosable conditions referred for treatment, improved outcomes for those referred
2010's	Trauma-informed Head Start (Trauma Smart) reduces need for referrals, improves outcomes for all children with trauma exposure
The Future	Trauma-informed, resilient communities and public health approach reduce number of children exposed and number affected

Widespread interest and uptake

ACES Connection social networking site

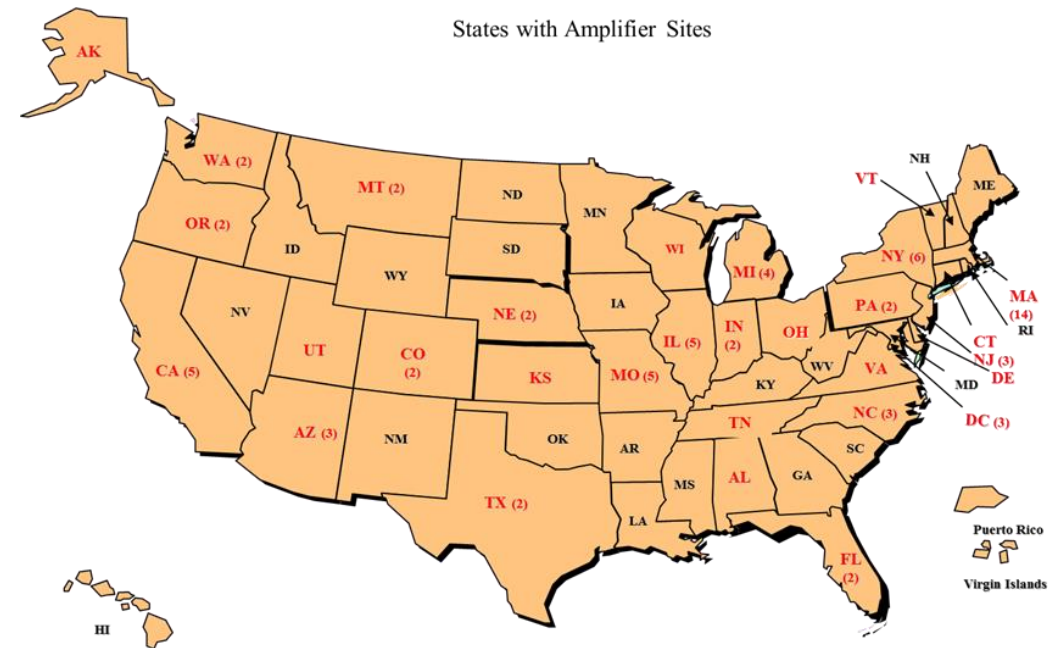
- Almost 10,000 members from 50 states and many countries
- 18 interest- and 39 geographic-based groups

Building a Trauma-Informed Nation

- Federal Partners committee on trauma – 100+ members from 40 divisions of 13 federal agencies
- 2,000 participants each day
- 83 amplifier sites in 30 states

Robert Wood Johnson initiatives

- Culture of Health
- Mobilizing Action for Resilience Communities
- Trauma-informed primary health care



State and Local Leadership

Too many states and municipalities are launching trauma-informed initiatives to list

What is going on in your own community?

A few examples on the next slides.

Tarpon Springs, Florida (Peace4Tarpon)



- Citizen-led
- Involves churches, restaurants, small businesses, government agencies, colleges, civic groups, Mayor's office, library, hundreds of individuals volunteering time
- TI organizational change in schools, domestic violence and prison re-entry programs
- Inspired Peace4Gainesville, Peace4CrawfordCounty (PA), others

Menominee Tribe of Wisconsin

- Poor health and educational attainment
- Historical trauma
- 41 different service systems
- Traditional cultural practices
- Progress across domains
 - Annual teen births decreased from 20 to 5
 - Teen substance abuse declined for marijuana (30%), cigarettes (45%) and alcohol (64%)
 - Number of 9th graders moving to 10th grade increased from 50% to 94%
 - Number of children with no history of tooth decay increased from 16% to 27%



Self-Healing Communities (WA state)

Keys to success:

- Shift focus from adding services to supporting parents as agents of change
- Shift from culture of illness, conflict and despair to culture of self-healing
- Put scientific findings directly in the hands of citizens – neuroscience, epigenetics, ACEs, resilience



See www.RWJF.org

Over 10 to 15 years in Cowlitz Co., WA:

- Births to teen moms went down 62% and infant mortality went down 43%;
- Youth suicide and suicide attempts went down 98%;
- Youth arrests for violent crime dropped 53%;
- High school dropout rates decreased by 47%;
- Similar results were seen in other counties.
- “Stunning results for a small investment” – for every dollar spent, \$35 were saved.

Summary: Characteristics of trauma-informed communities

- Every community is unique
- Build on science of trauma and resilience
- Grow citizen capacity not just services
- Support helpers *and* those receiving help
- Integrate prevention and treatment
- Tear down the silos – everyone collaborates
- Intergenerational approach
- Learning community measures results



CTIPP

Campaign for Trauma-Informed
Policy and Practice



A diverse, cross-sector, cross-agency, cross-discipline group of people from all walks of life working together to create a better future.

Policy agenda includes trauma prevention, mitigation and treatment.

Emerging Policy Goals:

1. Support local communities through pooled funding and cross-agency collaboration
2. Support integration of prevention and treatment to solve high priority problems
3. Build community capacity in addition to service capacity
4. Support science-based interventions in a learning community model

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