



Trauma Informed Care – A New Perspective For Case Management

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National Center for Trauma-Informed Care – launched in 2005 following a conference and a five year research study funded by SAMSA.

At the SAMSA Conference in 2004, topics addressed aspects of trauma and recovery, competency in service delivery, parent and child integrated mental health services and trauma.

This was the first time the effects of physical and sexual abuse in the lives of women with mental illnesses were discussed in a study.

Where It All Started

In the latest report (SAMSA, 2012) the last 18 months has showed an increase nation-wide of the cultural change to trauma informed care in behavioral health systems.

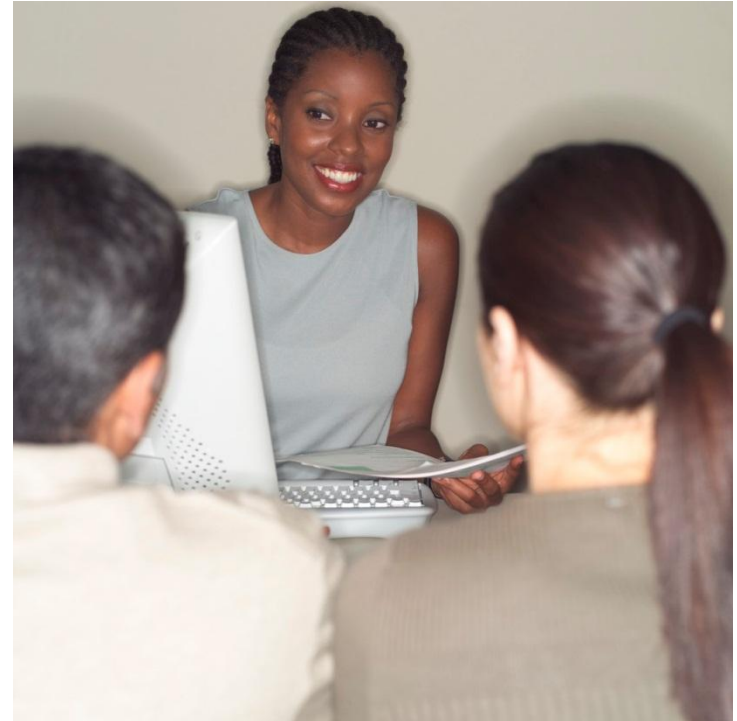
The shift in perspective with trauma informed care is empowering, engaging and effective in how services are delivered

Philosophical Shift – no longer was the individual asked:

What's wrong with you?

But instead asked:

What happened to you?



And “Trauma Informed” was born!

1. An event or series of events that are emotionally overwhelming to the individual
2. The individual feels helpless, stressed, has feeling of being vulnerable
3. The individual fears loss of life, control over life, along with interference in relationships

(Kessler et al., 1995)

Definition of Trauma

- Trauma exposure was thought to be rare (associated with combat, violence, natural disasters) (Kessler et al., 1995)
- 56% of the general adult sample reported at least one traumatic event (Kessler et al. 1995)
- 90% of mental health clients have been exposed to a traumatic event and most have multiple experiences of trauma (Muesar, 1998)



Exposure to Trauma



- 93%** of adolescents in inpatient settings reported a history of trauma and 32% had severe symptoms of PTSD (Lipschitz et al., 1999)

- 92%** of incarcerated girls reported sexual, physical or severe emotional abuse in childhood (Acoca & Dedel, 1998)

Trauma More Prevalent Than We Realized

Wisconsin – A Case Study in the Movement toward Trauma Informed Systems of Care



Traumatized Children are:

- two-and one-half times more likely to fail a grade in school
- score lower on standardized achievement tests
- have more struggles in receptive and expressive language
- are suspended and expelled more often
- more frequently designated to special education

(Kessler et al., 1995)

Wisconsin – Trauma and School Performance

1. Children who have experienced any form of trauma are at an increased risk for mental health illness.
2. Literature and studies support a prevalence of trauma in the mental health population.
3. There is evidence that trauma and abuse are urgent concerns when the child is young.
4. People with serious mental health issues are at a higher risk of exposure to trauma and at a higher rate for recurring trauma since the trauma started at a young age.

(Kessler et al., 1995)



So What do we know so far ...

- Wisconsin Dept. of Public Instruction Schools are now adopting the principles of Trauma Informed Care and applying it in the school system.
- Staff is being trained to identify trauma in the early stages to provide the extra support and safety to a child
- The schools have clear expectations of a child's behavior in school and teach children how to behave to meet these expectations. This is a major change in the past six years.



What is Trauma Informed Care doing for Wisconsin's Children?

- Comprehensive Community Services (CCS) - Wisconsin Department of Health Services is increasing access to supportive services for children, adolescents, and adults, including older adults with mental health or substance use disorders.
- Services focus on successful living in communities and provide access to jobs, housing and transportation as well as health, educational, vocational, social, spiritual and recreational resources. They make full use of natural supports.
- Consumers are empowered to take more control of their lives and are given the resources and skills to be responsible for their actions and decisions.

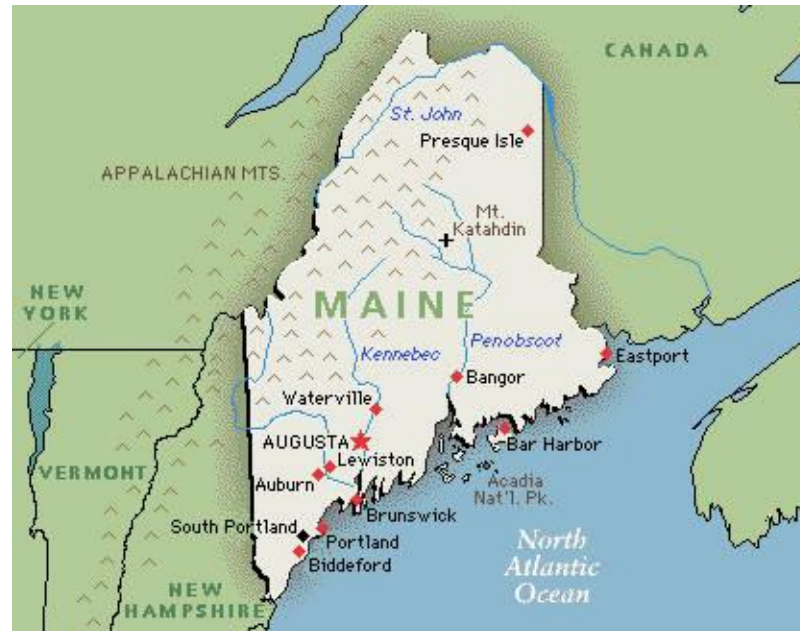
Case Management Services are also Changing in Wisconsin

Through the increase in Trauma Informed Case Management Services, Wisconsin is seeing increased success in child and family re-unification

This change in how the child and family service plans are established with professionals trained in trauma informed care has shown a decrease in re-entry to the welfare system, positive parenting outcomes in the home, and improvement in school performance

Positive outcomes

Maine – A Case Study in the Movement toward Trauma Informed Systems of Care



Maine Awarded SAMHSA System of Care Grants



- The Thrive Initiative (2005-2011) was Maine's third System of Care grant from the federal **Substance Abuse and Mental Health Services Administration (SAMHSA)**. As a result of Thrive's work with Maine's **Office of Child and Family Services**, **all state contracted mental health agencies were required to be trauma-informed.**

<http://thriveinitiative.org/>

Why Trauma Informed Matters

- Trauma is pervasive
- The effects of trauma are often deep and life-shaping
- Violent trauma is often self-perpetuating
- Trauma is insidious and preys on the most vulnerable among us
- Trauma affects the way people approach potentially helpful relationships
- **Trauma has often occurred in the service context itself**

Fallot & Harris, 2001



What Does The Research Tells Us?



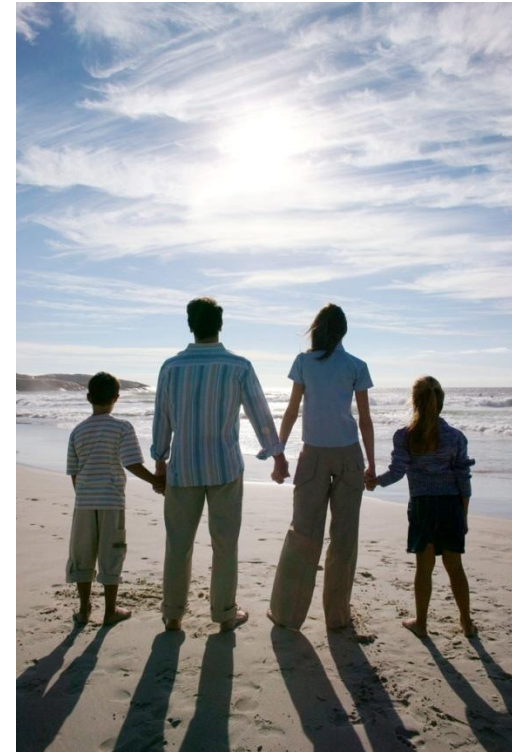
- One out of three adolescents have been physically or sexually assaulted by the age of sixteen (Boney-McCoy & Finkelhor, 1995).
- Child and youth trauma survivors at increased risk for substance abuse, criminal activity, homelessness, and re-victimization (Boney-McCoy, et al., 1996; Krahe, 2000; Flannery et al., 2001; Anderson, et al., 2003).
- Childhood trauma exposure consistently associated with a wide range of serious mental health, health risk & physical health disorders in adults (Felitti, et al., 1998; Schwartz & Perry, 1994; Dube, et al., 2003, Chapman, et al. 2004).

New Standards Set For Mental Health & Substance Abuse Agencies in Maine and Wisconsin

Key Elements	Descriptions
Cultural Competence	The extent to which policies, procedures, staff, services and treatments are sensitive to the cultures, traditions and beliefs of the families and youth who are involved with the agency
Youth and Family Collaboration	Policies and practices that encourage empowerment and partnership/participation, as well as strength-based and community-based approaches
Trauma Competence	The extent to which policies, procedures, staff, services and treatment are aware of and are sensitive to the unique experiences and needs of trauma survivors.
Physical and Emotional Safety	Factors that assure both the physical and emotional safety of consumers such as secure reception or waiting areas, non-judgmental treatment, and flexible scheduling.
Trustworthiness	Factors that foster trust between a service provider and the child and family such as consistency, accessibility of staff and interpersonal boundaries

Kinds of Questions Now Being Asked of Participants in Case Management Services

- Have you or your child ever been involved in training new and/or current staff?
- During the intake and screening process, did agency staff ask you about traumatic events that may have occurred in your child's life?
- In what ways did the agency work with you and your child to identify your child's strengths? And your strengths as a caregiver?
- Who decided who would be on your child's service planning team?
- Do the staff that work with you and your child show respect and sensitivity to your family's culture, traditions and beliefs?



What Does this Mean to Us as Case Managers?

- Most of the people who come to us for help have been impacted by trauma
 - Our clients are the expert in their lives and their recovery
 - We guide people through a comprehensive assessment of their situation and environment; that acknowledges the effects of trauma and emphasizes their strengths and resilience
 - We create a referral system of Trauma Informed Service Providers for our clients and their families
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- As Case Managers; we are talking with people about “**what has happened to them**”; not about “what is wrong with them”; and we are involving them as the experts in their own goal setting and change process
- Thank you for joining us today; we hope this has been interesting and helpful

To Be Trauma Informed

Credits and References

- **Sandra Bloom, Creating Sanctuary**
- **Roger Fallot & Maxine Harris, Using Trauma Theory to Design Service Systems**
- **Charles Figley, Compassion Fatigue**
- **Esther Giller, Sidran Foundation**
- **Judith Herman, Trauma and Recovery**
- **Bruce Perry, <http://www.childtrauma.org/>**

Slide information for National Conference NACM; KU Village; and KU College of Public Service Webinar -only – Courtesy of :

- **Wisconsin Dept. of Public Instruction**
 - **National Center for Trauma Informed Care**
 - **Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services: http://www.co.la-crosse.wi.us/humanservices/CS/CCSMMain.htm?&lang=en_us&output=json**
 - **THRIVE: <http://thriveinitiative.org/>**
 - **Maine Department of Health and Human Services: <http://www.maine.gov/dhhs>**
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