

## Why Trauma Matters to Delaware

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### Introduction

Delaware may be on the verge of a sea change in how we think about addressing our public health challenges through the lens of traumatic experience. Nationally, indeed internationally, there is increasingly widespread acknowledgment of the role unhealed trauma plays in physical and mental illness, substance use and addiction, disability and social problems. Simultaneously, trauma-informed approaches are being developed and refined to build resiliency, heal trauma, and restore lives upended by adversity and trauma. (Note: in this article I will use ‘trauma’ and ‘adversity’ synonymously.) This article is a partial story of Delaware’s journey toward becoming trauma-informed, from the perspective of the Project Director of a federal trauma grant awarded to the state’s adult behavioral health system.

In 2010 the Division of Substance Abuse and Mental Health (DSAMH) began implementation of a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to implement trauma-informed care (TIC) in the state’s mental health and addiction service system. The grant design included training to increase the awareness of the prevalence and impact of trauma on service populations as well to promote implementation of trauma-specific practices shown to help people recover from trauma.

The goals for the grant were developed based on prior work by survivors, advocates, and professionals in several states to develop and implement trauma-informed approaches. For example, domestic violence advocates and child and youth advocates had long witnessed the tragic consequences of family and community violence and had developed programming as well as public education initiatives to influence public policy. The National Association of State Mental Health Program Directors (NASMHPD) had supported a ten-year project to reduce or eliminate seclusion and restraint in state mental health hospitals nationally, given the growing data showing the traumatic and often tragic outcomes of such practices. SAMHSA has recently published guidelines for implementing trauma-informed practices across systems.<sup>1</sup>

### Adverse Childhood Experiences (ACE) Study

These existing initiatives and many new ones were fueled by the findings of the Adverse Childhood Experiences (ACE) study launched by Kaiser Permanente in San Diego and the Centers for Disease Control and Prevention. Dr. Vincent Felitti’s informal inquiry about why Kaiser Permanente’s successful weight loss patients dropped out of treatment grew into one of the most significant public health studies ever launched. The ongoing ACE study has demonstrated that adverse experiences are common, that adversity is strongly dose-response related, and that having one ACE predicts the presence of additional ACEs.

The range of correlated disorders documented in this study runs the gamut of illness, disability, and social problems: obesity, cardiovascular disease, cancer, depression, substance use and addiction, rape, teen pregnancy, abortion, and as much as 20 years’ premature mortality. The CDC’s ACE website lists more than 60 published articles documenting the correlation between a high ACE score and these adverse outcomes. A detailed description of this study is beyond the scope of this article, but voluminous information is available on the CDC website.<sup>2</sup>

Significantly, the original ACE study sample was overwhelmingly Caucasian, employed, insured and educated, where trauma might not be expected to be common. In 2013 the Institute for Safe Families worked with Public Health Management Corporation (PMHC) to replicate the study, with significant additions. Recognizing the need to adjust for the different demographics of their city compared to the San Diego sample, Philadelphia added several new items to the original ACE questionnaire: neighborhood safety and trust, bullying, witnessing violence, racism and foster care. Compared to the original sample, the Philadelphia results showed higher ACE scores; higher average physical and emotional abuse; lower average sexual abuse; higher mental illness, substance use and incarceration; and higher negative health outcomes.

## State ACE Surveys

With the support of the CDC, 32 states and the District of Columbia embedded the ACE items in their state's BRFSS surveys for at least one year. The results of these surveys consistently mirror the general findings of the original ACE study, showing strong, graded relationships between high ACE scores and adverse outcomes. Many of these communities have gone on to develop local, regional and/or statewide initiatives to reduce the incidence of adversity, intervene early and/or develop targeted trauma recovery programs.

In late 2015 Delaware and the Delaware Public Health Institute (DPHI) launched the state's first Household Health Survey that included most of the Philadelphia ACE study items. The findings mirror those of the original ACE study. Further work is underway at this time to analyze and disseminate the data and to engage stakeholders in conversation about the implications for policy and practice.

## Elements of Grant

In early 2011 DSAMH expanded the SAMHSA grant's focus, in acknowledging the fact that persons with mental illness and substance use disorders are often involved with and served by other systems: they encounter police and face arrest and incarceration; they experience homelessness; and both women and with these conditions often become victims of intimate partner violence.<sup>3</sup> To address these service system intersections DSAMH used grant funds to support several organizations that wanted to expand trauma-informed practices and/or initiate trauma-specific interventions.

- NAMI launched and continues to manage the 40-hour Crisis Intervention Team (CIT) training for law enforcement that includes training on child and adult trauma and strategies for law enforcement to recognize and respond to the signs of trauma exposure.
- The DE Coalition Against Domestic Violence developed and offers leadership in implementing "Initiating and sustaining the conversation about Intimate Partnership Violence," a curriculum for behavioral health providers designed to engage victims in unsafe relationships in a dialogue about how to ensure their safety.
- Baylor Women's correctional Institution piloted a brief version of the trauma-informed sanctuary Model—S.E.L.F. Group (Safety, Emotions, Loss, Future) with selected groups of women to help them prevent re-offending.<sup>4</sup>

- Grant funds supported introductory training for over 100 providers in the Seeking Safety, a manualized approach to promoting trauma healing that may be offered by personnel other than licensed professionals, with the appropriate training and supervision.<sup>5</sup>

Training has been the primary grant mechanism to improve awareness and to promote adoption of specific interventions, with nearly 2,500 unique training contacts over four years. But DSAMH also recognized that training must extend beyond conference offerings, especially for licensed practitioners who not only provide services but who are often positioned to supervise staff, provide formal and informal training, measure performance and provide organizational leadership.

To move in this direction, grant funds were used to provide on-site technical assistance in several behavioral health organizations. For two years the grant embedded a part-time trauma-knowledgeable psychologist and a licensed counselor in these organizations where they became a key source for informal training, case consultations and technical resources--providing research articles, consumer-focused materials and tools, and tips for improving service engagement and adherence.

Peer support was the second major mechanism the grant used to promote trauma-informed practices in the behavioral health agencies. The grant hired more than a dozen people who had experienced trauma, as well as being diagnosed with mental illness, some of whom had also developed addictions and/or been involved in the criminal justice system as a result of their behavioral health conditions. Over the three years of this grant program, grant staff provided supervision, coaching and a wide range of training opportunities for the peer support specialists. These included such trauma-specific topics such as emotional self-regulation strategies, identifying and managing one's trauma triggers, implementing trauma-informed screening, and implementing Wellness Recovery Action Plan (WRAP) groups.

The "Trauma Peers" also received training and coaching about improving functional role skills such as working as part of a therapeutic team, navigating organizational dynamics, helping clients identify supports to complement clinical objectives, and incorporating expressive techniques such as the arts. Significantly, these peer support specialists collected and submitted all of the data required by SAMHSA and DSAMH, overcoming barriers of stigma and organizational confusion about how to integrate this new type of personnel in the existing behavioral health provider structure.

## **Trauma Screening Data**

Between 2011 and 2015, the grant implemented trauma screening using a modified version of the Trauma Assessment for Adults.<sup>6</sup> The data collected on this 12-item scale was based on a convenience sample, and thus cannot be generalized to the behavioral health population. However, the screening results were consistent with the general findings of other trauma screening tools: e.g. adversity is extremely common for people receiving behavioral health services. Twenty-four percent of new clients endorsed at least one ACE, and 57% endorsed three or more; 10% endorsed 7-9 ACEs. Further, these data confirm the importance of including an assessment of a client's trauma history and adopting trauma specific treatment to address these issues, whether they are root causes or complications of treatment.

The Trauma Peers also reported several incidental but important observations. First, they noted that clients would often deny having experienced any form of trauma yet subsequently endorse one or more traumatic experiences listed on the TAA. In discussion they would reveal that their experiences of trauma were so chronic as to be normalized; that they would not self-disclose because of the fear, shame or sadness they felt; and/or that they had never before made the connection between their adverse experiences and their subsequent life problems. The importance of making these connections was highlighted in a recent research study that compared the outcomes of antidepressant medication for participants with and without a history of trauma: the medication was about one-third less effective in reducing symptoms for the group with a trauma history.<sup>7</sup>

Second, Trauma Peers reported that they did not observe or hear about any client having any adverse reactions to the trauma screening or to subsequent discussion of trauma. In fact, the Trauma Peers as well as their agency supervisors noted that, despite staff concerns about discussing trauma, clients who completed surveys were typically interested in learning more about trauma. In fact, they often expressed gratitude that ‘someone finally asked’ about their trauma history.

## **Trauma Matters Delaware**

In 2014 grant staff initiated an informal meeting among sub-grantees to network and share information about their trauma-focused projects. Over the next two years this seven-person meeting mushroomed into an interest group that now numbers over 700 contacts with a Steering Group that has launched Trauma Matters Delaware (TMD). The mission of this emerging organization is simple: “to support trauma-informed approaches in Delaware.” TMD has hosted multiple large training and networking events over the past three years on a wide range of trauma-related topics. These events have attracted participants from across the service spectrum, including personnel in the areas of health, behavioral health, early childhood, K-12 and higher education, corrections, domestic violence, and others.

Here is a small sampling of the trauma-related activities currently underway in Delaware and represented in the TMD membership. Collectively these program efforts are part of the national wave of awareness and interest in the science and practices related to trauma:

- The Delaware Children’s Department created a position for Director of Trauma Informed Care and established a Department-wide committee to promote trauma informed prevention, early intervention and treatment services across its four divisions. Key activities have included expanding trauma screening, consultation and assessment for children receiving Department services, building a trauma-knowledgeable workforce, implementing strategies to increase a sense of safety for children and families as well as staff and working collaboratively with community partners to build the capacity to identify children exposed to trauma, enhance child and family resilience and provide trauma specific treatment such as Trauma-Focused Cognitive Behavioral Treatment (TF-CBT) and Parent-Child Interactive Therapy (PCIT).
- The Department of corrections is implementing several trauma-focused interventions and several specialty courts are working to identify opportunities to promote recovery and reduce the likelihood of repeat offending.

- The Division of Substance Abuse and Mental Health has contracted with this author to support ongoing activities such as Crisis Intervention Team (CIT) training for law enforcement and Trauma Matters Delaware, and emerging issues such as Human Trafficking.
- Six school districts are implementing the “compassionate schools” model developed in Washington State that is designed to shape school environments so as to identify and support the many children and youth who come to school burdened by family and community trauma.
- The DE Coalition Against Domestic Violence has a long track record of advocacy and training related to the traumatic impact of intimate partner violence. The DCADV developed a curriculum entitled “Initiating and Sustaining the Conversation About Intimate Partner Violence” to reach behavioral health providers. Its emphasis is on empowering victims and supporting them to determine how best to ensure their own safety.
- Several providers are implementing trauma-focused interventions, including Survivors of Abuse in Recovery (S.O.A.R.), the first and only agency in Delaware to specialize in trauma healing for victims of sexual abuse.

## **Implications for the future**

The implications of the data about trauma prevalence and impact are enormous for public health practice as well as for services to individuals and families in medical, behavioral and social service settings. As policy and program leaders we should agree that it is not acceptable to ignore these important research findings, and work together to develop responsive policies and programs. Delaware’s challenge is to deepen and expand our commitment to understanding the role of trauma in our population and to implementing responsive interventions. This challenge can be met if Delaware takes a few key steps:

- Build within-system and cross-system collaborations to adopt organizational and systems-wide trauma-informed and trauma-focused practices.
- Provide training and offer leadership to direct care staff to increase trauma awareness and build collective commitment to achieving a trauma-informed service culture.
- Implement trauma-informed methods of offering routine trauma screening and assessment (many instruments are readily available for various populations and purposes).
- Develop treatment and referral practices appropriate to each service population, setting and specialty (trauma-focused practices have been developed for virtually every service type and setting).
- Post information prominently to inform clients and staff that the organization is committed to trauma-informed practices (many posters and info-graphics are available for various settings).

- Collect trauma screening data and use it as part of Performance Improvement programs to improve client outcomes and potentially reduce long-term costs of care.
- Establish standards of care relevant to all service systems that include the principles of trauma-informed care including preventing traumatic experiences when possible, identifying exposure early and intervening promptly.
- Ensure the capacity to provide access to trauma-specific treatment for all individuals who might benefit and to prepare clinicians to provide effective services.

In 2015 Delaware and the Delaware Public Health Institute (DPHI) launched the state's first Household Health Survey that included most of the Philadelphia ACE Study items. The findings mirror those of the original ACE study: a strong and graded correlation between ACE exposure and negative life outcomes (smoking, obesity, cardiovascular disease, mental health issues, self-harm, witnessing violence, others). Initial data were shared at a stakeholder presentation on December 7, 2016 that included a diverse panel of respondents who emphasized patient/client education about trauma exposure and healing; cross-system collaboration to better serve affected communities; and exploration of approaches such as aligned funding and use of an "anchor institution dashboard." Further work is underway to analyze and disseminate the data and to engage stakeholders in conversation about policy and practice implications.

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