



Are We Ready for Trauma Informed Care in APS?

Colleen Beach, MSW, LSW
cbeach@monmouth.edu

Monmouth University
West Long Branch, NJ

The Plan

- Coming to terms with terms
- ACL's draft proposal suggestion
- Principles of trauma informed care
- The proposal
- The drama on trauma
- Steps & resources to get started



First steps on this journey

Agreeing upon terms and what it is that we are all doing!



A community's responsibility to the community

“Everyone has duties to the community in which alone the free and full development of his personality is possible.”



“I am a person through other people... my humanity is tied to yours.”



Brueggemann, W. (2002). The practice of macro social work

My humanity is tied to yours

Every person has rights

- The Universal Declaration of Human Rights states that: **“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”**

NAPSA (or APS) Code of Ethics

Dedicated to the memory of Rosalie Wolf

Adult Protective Services programs and staff promote safety, independence, and quality-of-life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves.

Guiding Value

Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

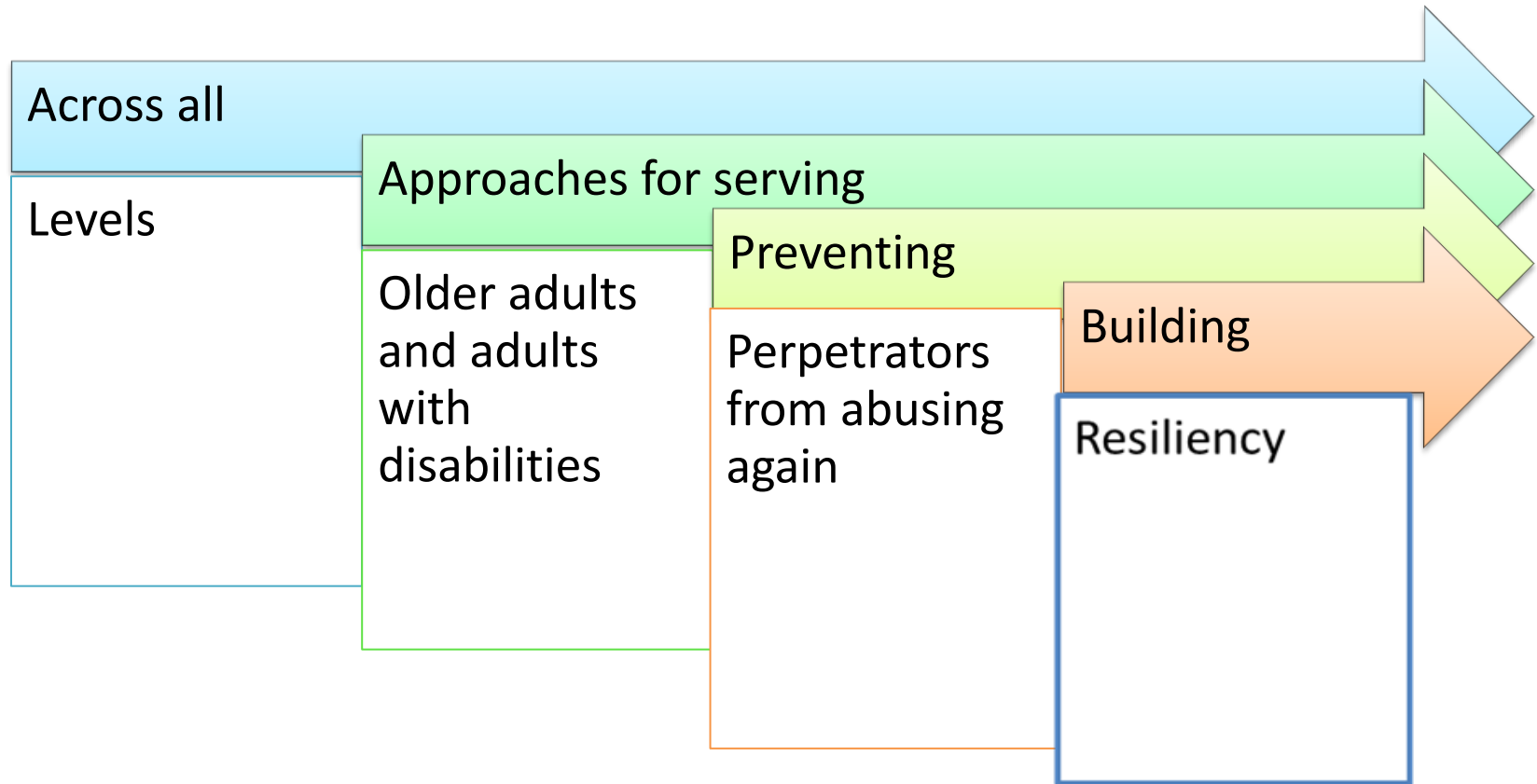
Secondary Value

Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.

Principles

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults have the right to accept or refuse services.

ACL envisions interdisciplinary cooperation and coordination



What Does Being Trauma Informed Mean?

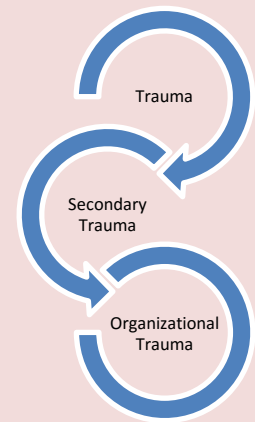
“A program, organization, or system that is trauma -informed realizes the widespread impact of trauma and understands potential paths for healing”

It Also

“Recognizes the signs and symptoms of trauma in:

- staff,
- clients,
- and others

involved with the system”



That's Not *ALL*...

“And responds by fully integrating knowledge about trauma into :

- policies,
- procedures,
- practices,
- and **settings.**”

(SAMHSA, 2012, p. 4)

Principles of a trauma-informed approach

- 1.Safety
- 2.Trustworthiness and Transparency
- 3.Peer support
- 4.Collaboration and mutuality
- 5.Empowerment, voice and choice
- 6.Cultural, Historical, and Gender Issues

<https://vimeo.com/22918106>

<http://www.samhsa.gov/nctic/trauma-interventions>

Key Points



Being trauma aware does not mean

Everyone has a history of trauma.

Everyone who experienced trauma has PTSD.

All employees using the TIC principles must be a clinician.

All clients will disclose their trauma histories.

What staff who are trauma aware know

Trauma does not only impact the person who experienced the event(s) first-hand.

Most people meet the effects of trauma with resilience.

Clients and staff are inclined to be empowered, invested, and satisfied when they are involved in the ongoing development and delivery of trauma-informed services. It may also result in more cost-effective practice.

Individualized attention to each client, that involves that client in decision making, is more effective.

Elder Abuse (EA)

- An intentional act or failure to act by a caregiver or another person in a relationship involving an *expectation of trust* that causes or creates harm to an older adult.

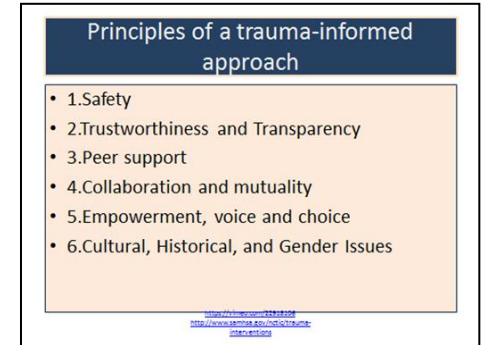
Principles of a trauma-informed approach

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<http://www.samhsa.gov/ncjct/trauma-interventions>

2016 Definitions

- CDC
 - Public health issue
 - Uniform definitions
 - “While this document focuses on five types of EA, other related phenomena are defined in the literature and state EA statutes.
 - These include abandonment, abduction, medical abuse, resident-to-resident abuse/aggression, and the broad category of rights violations.”



What do we do with this information?

Trauma-Informed Care (TIC) Planning

The proposal:

- To carry the principles of trauma-informed care through the systems of care that serve individuals at every stage of life.
- To include an understanding of TIC (appropriate to educational level) to curriculums for all APS staff and supervisors, medical professionals, first responders, human services workers, mental health and addictions professionals, and social workers.
 - What about policy makers?

So, what is all this drama
about trauma?



What is Trauma?

Center for Nonviolence and Social Justice describes trauma to include:

- Experiences that are physically or emotionally painful/distressing
- Overwhelm a person's ability to cope;
- A circumstance(s) that is outside the sphere of normal events;
- *Note: for some, traumatic events occur repeatedly and are a part of the "norm."*

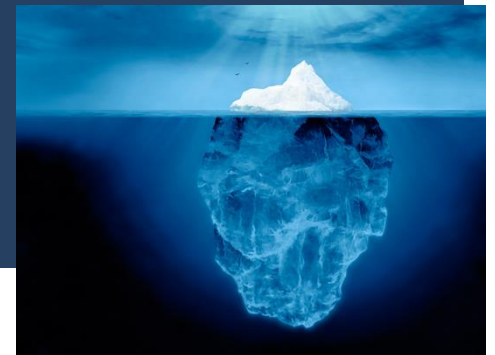
**To more fully understand the long term implications of trauma, especially childhood trauma, see the Adverse Childhood Experiences Study. Here is one resource:
<http://www.cdc.gov/violenceprevention/acestudy/>**

SAMHSA's Definition

for more info on SAMHSA <http://www.samhsa.gov/>

“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.”

<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>



Types of Trauma

- Accident/Disaster/"Act of God"
- Interpersonal
- Identity/ethnicity/gender
- Community/group membership



Exhibit 1.1-3: Understanding the Levels Within the Social-Ecological Model of Trauma and Its Effects

Individual Factors	Interpersonal Factors	Community and Organizational Factors	Societal Factors	Cultural and Developmental Factors	Period of Time in History
Age, biophysical state, mental health status, temperament and other personality traits, education, gender, coping styles, socioeconomic status	Family, peer, and significant other interaction patterns, parent/family mental health, parents' history of trauma, social network	Neighborhood quality, school system and/or work environment, behavioral health system quality and accessibility, faith-based settings, transportation availability, community socioeconomic status, community employment rates	Laws, State and Federal economic and social policies, media, societal norms, judicial system	Collective or individualistic cultural norms, ethnicity, cultural subsystem norms, cognitive and maturational development	Societal attitudes related to military service members' homecomings, changes in diagnostic understanding between DSM-III-R* and DSM-5**

**Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised* (American Psychiatric Association [APA], 1987)

***Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (APA, 2013a)

A Glimpse at Interpersonal Trauma



Connecting the Dots

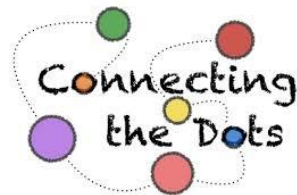
Trauma and EA Risk Factors



Individual or individuals at risk	Risk factors
Older adult	<ul style="list-style-type: none">• Cognitive impairment• Behavioral problems• Psychiatric diagnosis• Functional dependency• Low income/high income• Ethnicity• History of trauma• Other factors – alcohol misuse, anti-social personality, having no regular doctor, social isolation
Perpetrator	<ul style="list-style-type: none">• Psychiatric diagnosis• <i>Stress of caregiving * controversial</i>• Financial difficulties• Alcohol or drug misuse• Caregiver reluctance• Behavioral problems• Anti-social personality

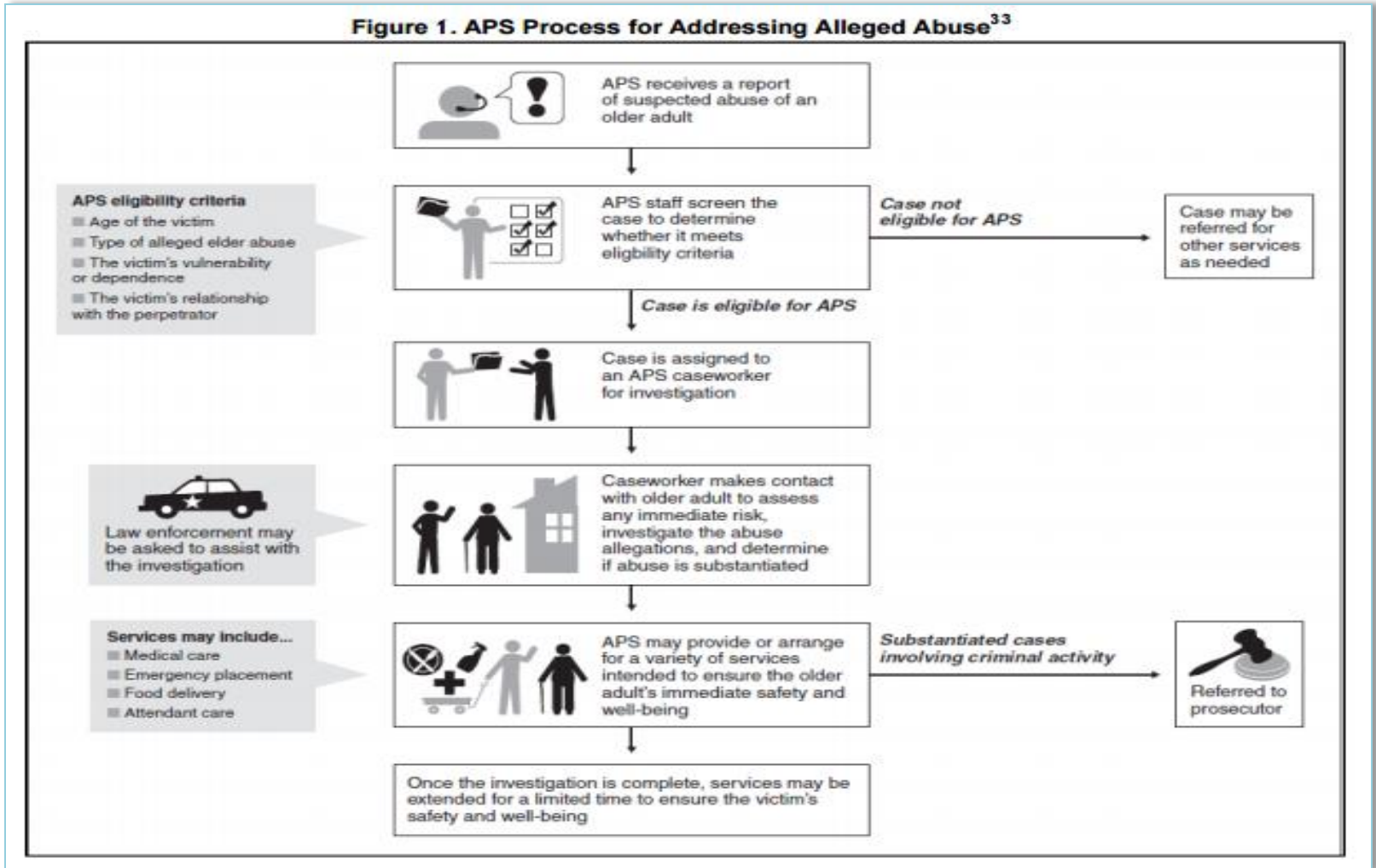
Trauma and EA Risk Factors

Considerations for risk	Risk factors
Relationship	<ul style="list-style-type: none">• Conflictual relationships• Family disharmony
Environment	<ul style="list-style-type: none">• Social isolation• Low social support



ACL Breaks it Down

Figure 1. APS Process for Addressing Alleged Abuse³³

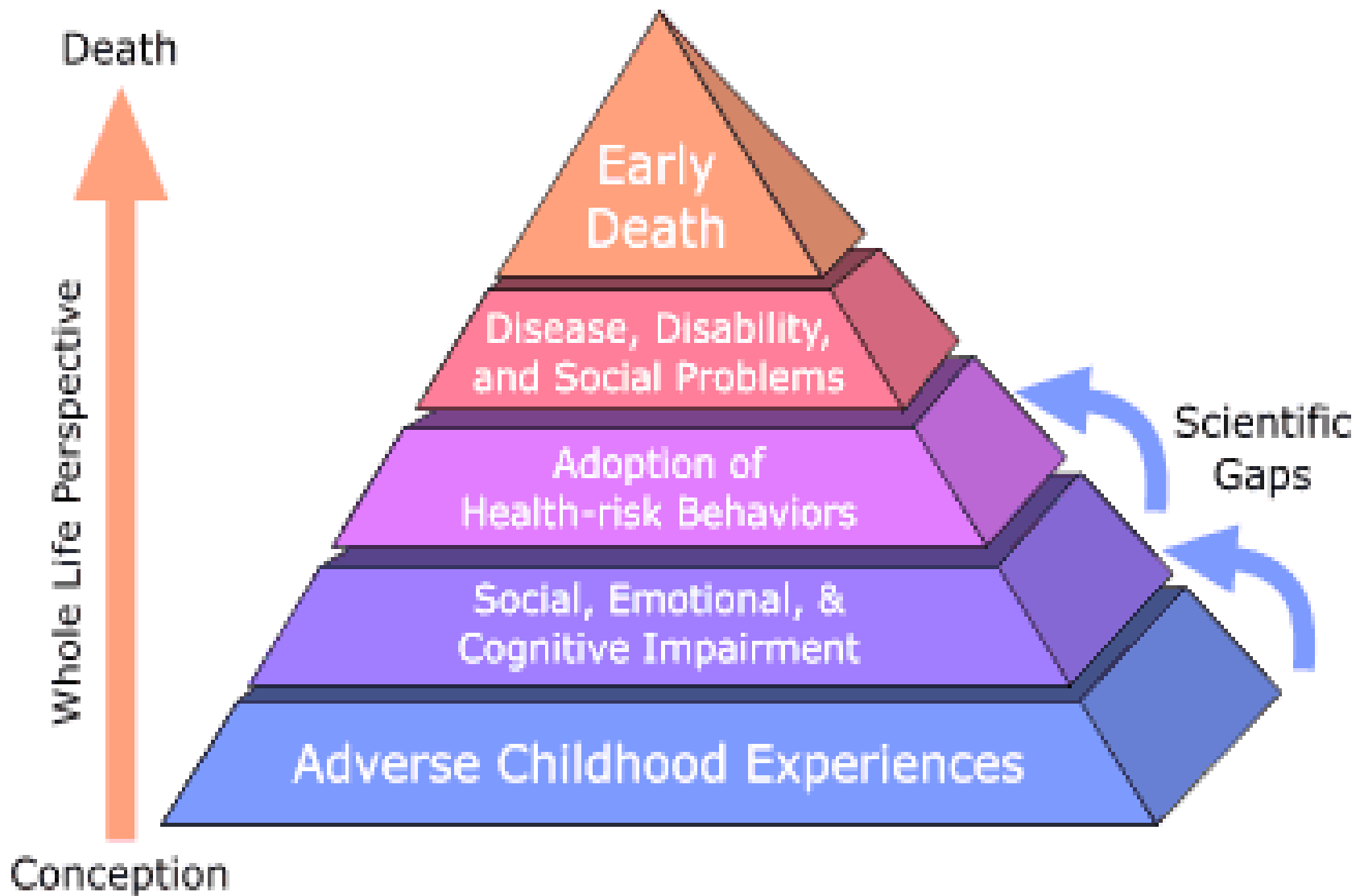


Key Points for APS Professionals

- Trauma histories matter.
 - Development
 - Social support & social isolation
 - Health – mental health, psychosocial functioning, and physical well-being
- “The majority of individuals who experience a trauma report exposure to more than one traumatic event during their lifetime.”

Ogle, Rubin, & Siegler. (November 2013)
<http://www.ncbi.nlm.nih.gov/pubmed/23458662>

Ogle, Rubin, & Siegler (April 2014)
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3944195/pdf/nihms552519.pdf>



Prior to your 18th birthday:

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?
No___ If Yes, enter 1 __
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?
No___ If Yes, enter 1 __
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?
No___ If Yes, enter 1 __
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?
No___ If Yes, enter 1 __
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?
No___ If Yes, enter 1 __
6. Was a biological parent ever lost to you through divorce, abandonment, or other reason ?
No___ If Yes, enter 1 __
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 over at least a few minutes or threatened with a gun or knife?
No___ If Yes, enter 1 __
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No___ If Yes, enter 1 __
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
No___ If Yes, enter 1 __
10. No___ If Yes, enter 1 __
11. Did a household member go to prison?
No___ If Yes, enter 1 __

Now add up your "Yes" answers: _____ This is your ACE Score



Basic Components of a Trauma Informed Approach

- Program policies, practices, & procedures reflect trauma informed principles
- Visible commitment to building and retaining a workforce competent in trauma informed approaches
- First contact: “First, do no harm”
- Reevaluation of each delivery component through a trauma aware lens
- Development of continuity of TIC across systems

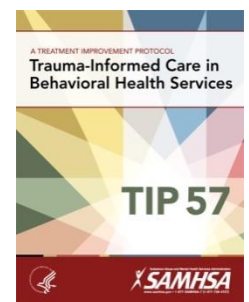
Behavioral Health Services

**Strategies to Create System
Change in SAMHSA's TIP 57**

TIP 57

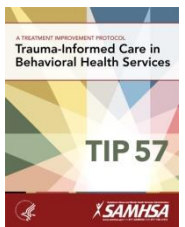
Infrastructure Changes Identified by SAMHSA in TIP 57

- Show administrative commitment for development of a trauma informed system
 - Seminal Resource for Administrators: Using Trauma Theory to Design Service Systems: New Directions for Mental Health Services.
- Use trauma informed principles in strategic planning, mission and vision development, and ongoing program evaluation



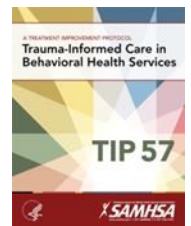
Infrastructure Changes Identified by SAMHSA in TIP 57

- Assign a key team member to be a trauma champion
 - Next develop a trauma informed oversight committee
- Conduct a self-assessment of trauma informed services
- Develop an implementation plan
 - See page 165 in TIP 57 for where to find samples of organizational guidelines for implementing trauma informed care



Infrastructure Changes Identified by SAMHSA in TIP 57

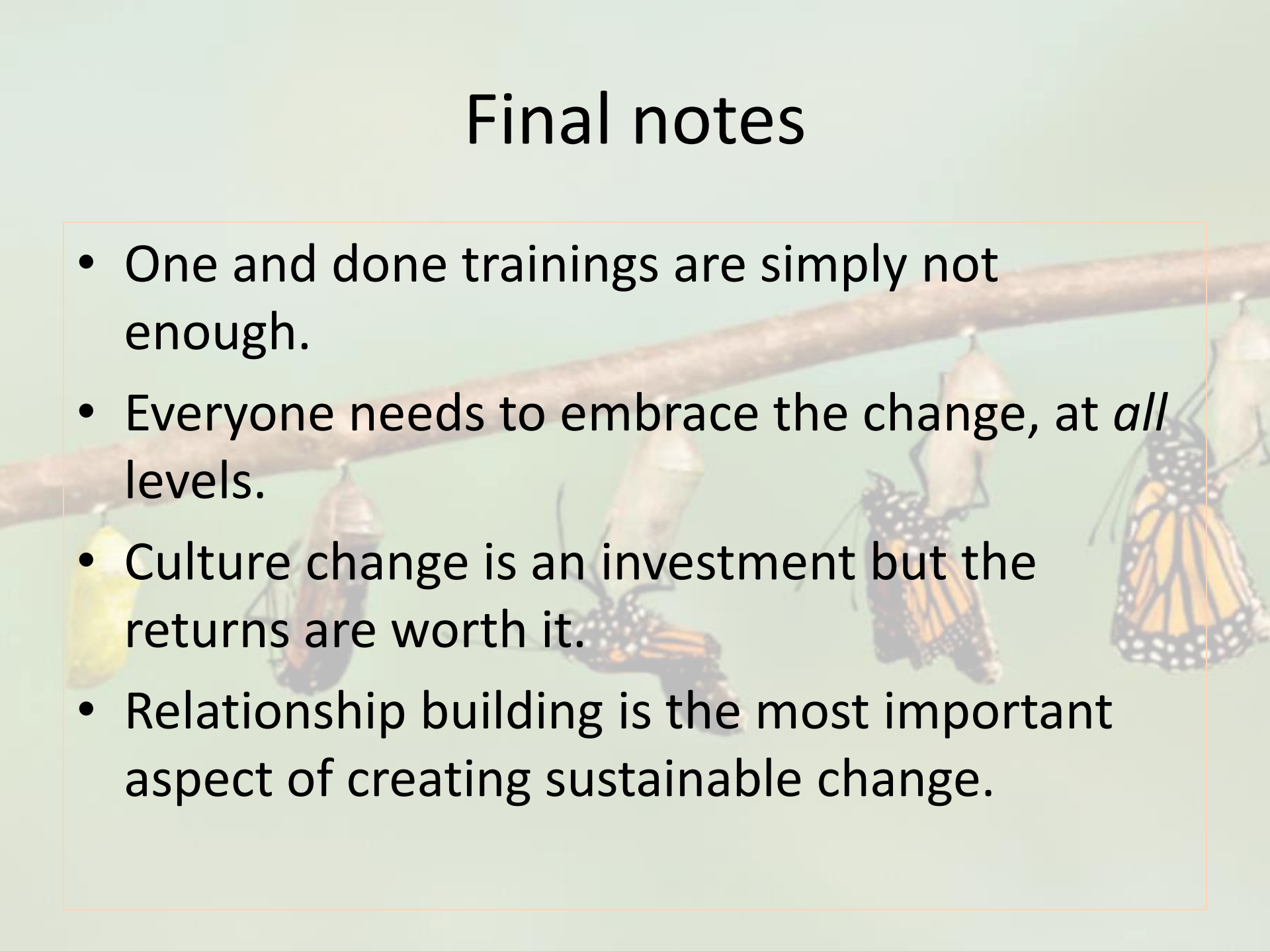
- Develop policies and procedures to ensure continuity of TIC, including a disaster plan
- Application of culturally responsive principles is a critical component of all planning
- Use science based knowledge



Infrastructure Changes Identified by SAMHSA in TIP 57

- Create a peer support environment
 - The Carter Center’s Summits and The Pillars of Peer Support Services offer examples of peer support environments in wellness and behavioral health settings
- Incorporate routine universal trauma screenings
 - Here are some examples: <http://www.integration.samhsa.gov/clinical-practice/screening-tools#TRAUMA>
- Change the environment to increase safety
- Develop trauma informed collaborations

Final notes

- One and done trainings are simply not enough.
 - Everyone needs to embrace the change, at *all* levels.
 - Culture change is an investment but the returns are worth it.
 - Relationship building is the most important aspect of creating sustainable change.
- 

As a community, we need to make a decision about whether or not we are ok with limiting access to trauma informed services.



Resources on TIC

- The National Center for Trauma Informed Care
 - <http://www.nasmhpd.org/content/national-center-trauma-informed-care-nctic-0>
- Guide for social services programs
 - http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

Resources on Change Implementation and TIC

- http://www.frameworksinstitute.stfi.re/assets/files/evidence_implementation/NIRNreport_justdoit_2015.pdf
 - Info on how to frame change implementation
- <http://ufsac.org/wp-content/uploads/2014/09/Ut-ah-Elders-trauma-2014.pdf>
 - Info on the impact of trauma on elders
- http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Tipsheet_TI-DV-Advocacy_NCDVTMH_Aug2011.pdf
 - Info for agencies who serve domestic violence survivors

Thank you

Your time and attention are appreciated.

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