

Understanding the Prevalence and Effect of Trauma in the Lives of Those in Our Care

Presented By:

Joan Gillece, Ph.D.

National Association of State Mental Health
Program Directors,
National Technical Assistance Center

What is Trauma?

- Definition (*NASMHPD, 2004*):
 - The personal experience of interpersonal violence including sexual abuse, physical abuse, severe neglect, loss, and/or the witnessing of violence, terrorism, and disasters.

What is trauma?

- Events/experiences that are shocking, terrifying, and/or overwhelming to the individual.
- Results in feelings of fear, horror, helplessness
- Triggering events may include witnessing, sensory exposure, media exposure
- What types of events are traumatic?

Types of trauma resulting in serious and persistent mental health problems:

- Are interpersonal in nature: intentional, prolonged, repeated, severe
- Occur in childhood and adolescence and may extend over an individual's life span

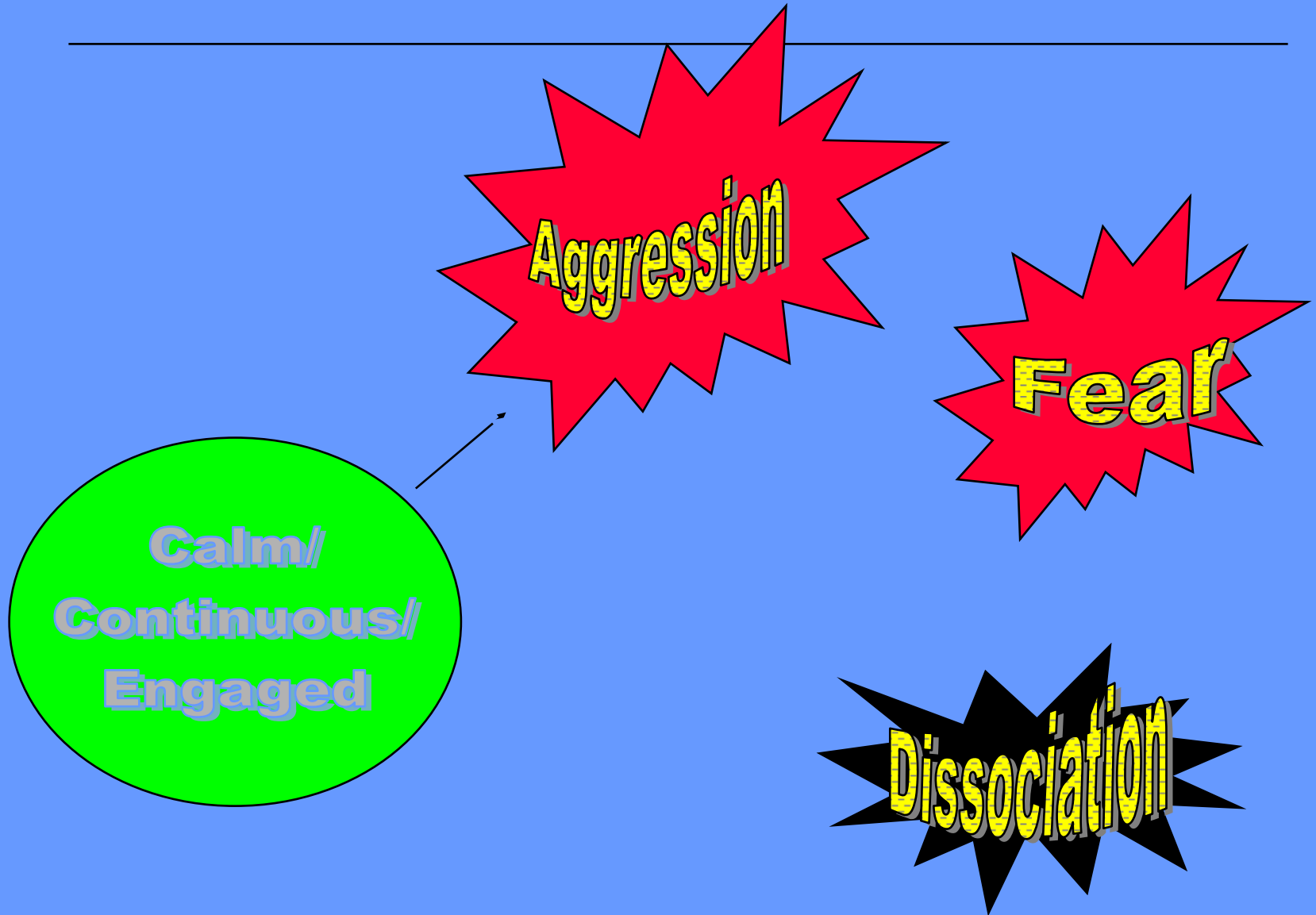
(Terr, 1991; Giller, 1999)

What does trauma do?

- Symptoms are ADAPTATIONS
- Trauma shapes a child's basic beliefs about identity, world view, and spirituality.
- Using a trauma framework, the effects of trauma can be addressed and a person can go on to lead a “productive” life.

(Saakvitne et al., 2000)

State Change



State Change




Parameters that change between state

- **Affect**
- **Thought**
- **Behavior**
- **Sense-of-self**
- **Consciousness**

Goal of Treatment

- **Maintain Calm/Continuous/Engaged State**
- **Prevent Discontinuous States**
- **Build Cognitive Structures that allow choices**



**Prevalence of Trauma
&
Implications**

Reported Prevalence of Trauma

Mental Health Population

- 90% of public mental health clients have been exposed

(Muesar et al., 2004; Muesar et al., 1998)

- Most have multiple experiences of trauma

(Ibid)

- 34-53% report childhood sexual or physical abuse

(Kessler et al., 1995; MHA NY & NYOMH, 1995)

- 43-81% report some type of victimization

(Ibid)

Reported Prevalence of Trauma Mental Health Population

- 97 % of homeless women with SMI have experienced severe physical and sexual abuse - 87% experience this abuse both as child and adult

(Goodman et al., 1997)

- Current rates of PTSD in people with SMI range from 29-43%

(CMHS/HRANE, 1995; Jennings & Ralph, 1997)

- Epidemic among population in public mental health system

(Ibid)

Sexual Trauma and Addiction

- 208 African-American Women with histories of crack cocaine use
- Women with history of sexual trauma (n=134) reported being addicted to more substances than those who had not been sexually traumatized (n=74)
- Women with trauma histories reported more prior treatment failures than those without.

(Young & Boyd, 2000)

Impact of Trauma over the Life Span

- Effects are neurological, biological, psychological and social in nature, including:
 - Changes in brain neurobiology
 - Social, emotional & cognitive impairment
 - Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence)
 - Severe and persistent behavioral health, health and social problems, and early death

(Felitti et al, 1998; Herman, 1992)



ACE Study

- Compares adverse childhood experiences against adult status, on average, a half century later

Adverse Childhood Experiences

- Recurrent and severe physical abuse
- Recurrent and severe emotional abuse
- Sexual abuse
- Growing up in household with:
 - Alcohol or drug user
 - Member being imprisoned
 - Mentally ill, chronically depressed, or institutionalized member
 - Mother being treated violently
 - Both biological parents absent
 - Emotional or physical abuse

(Felitti et al.,1998)

ACE Study

The ACE Study (a sample of 17,000 Kaiser Permanente middle class American adults of diverse ethnicity) found that the compulsive use of nicotine, alcohol, and injected street drugs increases proportionally in a strong, graded, dose-response manner that closely parallels the intensity of adverse experiences in childhood. These findings suggest that the basic causes of addiction lie within us and the way we treat each other.

(Felitti et al., 1998)

ACE Study Findings

“Male child with an ACE score of 6 has a 4600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might heroin be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?”

(Felitti et al., 1998)

ACE Study

Is drug abuse self-destructive or is it a desperate attempt at self-healing, albeit while accepting a significant future risk?”

(Felitti, 1998)

What if?

“Addiction is not a brain disease nor is it caused by chemical imbalance or genetics. Addiction is best viewed as an understandable, unconscious, compulsive use of psychoactive materials in response to abnormal, prior life experiences, most of which are concealed by shame, secrecy, and social taboo.”

(Felitti et al., 1998)

Experiences of Trauma in Care Settings

“If I could say anything to all the staff in the world it would be this: forget everything you were taught in school and be prepared to listen...don’t criticize and think it’s a lie. Just listen and ask questions and be kind. Just take the time to listen...”

(Interview with a adult trauma survivor (CD), 2005)

NCTIC

The National Center for Trauma-Informed Care (NCTIC) offers free and low-cost trauma training, technical assistance, education and outreach, and resources to publicly-funded agencies. Training and technical assistance are tailored to support your organizational needs. NCTIC also provides implementation support and other related resources to assist you with integrating trauma-informed concepts and trauma-specific interventions.



Contact Information

Joan Gillece, Ph.D.
National Association of State Mental
Health Program Directors
703-739-9333
joan.gillece@nasmhpd.org