ACEs and Homelessness

Trauma-Informed Care awareness training
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What is trauma?

Trauma is an *event* (or a series of events) that are *experienced* by an individual. The event is physically and/or emotionally harmful, and may be life-threatening. The event has lasting adverse *effects* both on the individual’s ability to function, and his/her mental, physical, social, and/or spiritual well-being. *(3-Es of individual trauma)*
Events that can lead to trauma

Abuse (emotional, sexual, physical, institutional -- viewed or experienced)

Loss (death/abandonment, neglect, separation)

Terror (natural disasters, accidents, terrorism, war, violence)

Chronic stressors (poverty, racism, invasive medical procedure, injury/disease, community trauma, family trauma -- addiction, incarceration)
Experience of trauma

- How, when, where, how often (dose-response relationship)

- *It is an individual’s experience of the event, not necessarily the event itself, that is traumatizing.*
Effects of trauma

The effect of trauma on an individual can be considered as a normal response to an abnormal situation.

- Physical reactions/effects
- Emotional reactions/effects
- Social reactions/effects (ability to relate to self, others, and community)
Some statistics about ACEs

Child abuse is “the gravest and most costly public health issue in the U.S.”

- 94% of children in a juvenile justice setting have experienced trauma
- Up to 65% of those in substance abuse treatment report childhood abuse
- Up to 75% of women in substance abuse treatment report trauma histories
- Over 92% of homeless mothers have severe trauma histories
Trauma and the body

**Brain development** -- Trauma changes your brain and your body.

**ACEs and The Body Keeps the Score** -- There is a relationship between chronic disease, poor social outcomes, and trauma.
Building healthy brains

Video 1: Build better brains

https://www.youtube.com/watch?v=LmVWOe1ky8s

Summary: Brain development is guided by experience and connection with adults. When the amygdala (the fire alarm) is continually activated by trauma, the brain and body are in a constant “panic” mode. This toxic stress means that children’s brains do not develop the capability to learn, connect, or function normally.
ACEs and The Body Keeps the Score

Adverse Childhood Experiences (ACEs) study published in 1998.
https://vimeo.com/139998006

Summary: Child abuse is now considered the gravest and most costly public health issue in the United States. Trauma (physical and/or emotional) is positively correlated with chronic illness, addiction, and other social issues (poverty, homelessness, etc.). Emotional trauma is manifested physically, and not only increases risk of chronic illness, it can interfere with a person’s ability to make good decisions, relate to self and others, and communicate.
TIC and addiction

A person with an ACE score of 6 is 250% more likely to be a smoker than a person with a 0.

Someone with a 4 or higher is 500% more likely to be an adult alcoholic than someone with a 0 to 2.

“A male child with an ACE Score of 6, when compared to a male child with an ACE Score of 0, has a 46-fold increase in the likelihood of becoming an injection drug user sometime later in life.”

4,600%
What trauma often looks like to the rest of us...

AGGRESSION  
LACK OF FOCUS  
AVOIDANCE
What do we do to deal with these “problems”? 

- Shame/blame the person
- Punish/isolate/restrain
- Silence/ignore (“taboo” subjects)
- Pity/sympathy/charity
- Try to fix (pharmaceuticals, education)
“Problems”...or how people cope?

What is often described as a “problem” -- behavior, addiction, physical symptoms, etc. -- is the person’s only ability to cope with trauma and/or express him or herself. If you take that “problem” away without helping the person deal with the underlying trauma, you often only make things worse. This is one way that people are re-traumatized.
Basic tenets of TIC

The underlying question changes from “What’s wrong with you and how can we fix it?” to “What happened to you, and how can we help you heal?”

“Problems” and “symptoms” are now viewed as adaptations to trauma.

Empathy, not sympathy. [https://www.youtube.com/watch?v=1Evwgu369Jw](https://www.youtube.com/watch?v=1Evwgu369Jw)

Rejects the idea of that the individual is always solely to blame for life issues; accepts that many factors create a person’s life.

Healing begins in connection and relationship; *resilience* and recovery are primary goals.
Creating a trauma-informed environment

Only trained professionals should deal directly with trauma in individuals. You don’t need ACE scores to be trauma-informed -- just an awareness that the population may be traumatized.

4-Rs of a trauma-informed environment:

- **Realizes** widespread impact of trauma and understands potential paths for recovery
- **Recognizes** signs of trauma in clients, families, staff, and others in the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively **Resist** re-traumatization
Six characteristics of a trauma-informed environment

- Cultural, historical, gender issues
- Empowerment
- Collaboration
- Peer Support
- Trust and Transparency
- Safety
1. Safety

Clients:
- Sense of control
- Physical, psychological, and emotional
- From external and internal forces

Service providers:
- Sense of control and resources to do your job
- Physical, psychological, and emotional
- “Burn out” and secondary trauma
2. Trust and transparency

- Organizational operations and decisions are made with transparency and the goal is to build trust among clients, families, staff, and others involved.

- Clients, families, and staff know and understand their options, and are treated as equals in their care decisions.

- Relationship-based care -- dignity, respect, validation, listening (allow people opportunity to tell their story)

- Building safety and trust is a foundation for healing environment
3. Peer support

Having the support of peers is important for both clients and providers. The objective is to build mutual, healing relationships among equals and prevent/address secondary trauma. Core values are:

- Empathy
- Respect
- Voluntary
- Non-judgmental
- Reciprocal
Secondary traumatic stress: Red Flags

Physical signs:
- Fatigue
- Sleep issues
- Appetite changes
- Headaches
- Upset stomach
- Chronic muscle tension

Emotional reactions:
- Constantly overwhelmed
- Feeling helpless
- Feeling inadequate
- Sense of vulnerability
- Mood swings
- Irritability/anger/rage
- Crying easily or frequently
- Depression
- Suicidal thoughts/urges

We need to talk about this video:
What do we do today?

- Educate staff and volunteers.
- Re-read your policies and rules.
- Evaluate your environment.
Physical environment

* Does it promote a sense of safety, calm, and de-escalation for the clients and the staff?

* Are the tone of your signs and written materials friendly?
It is your choice to be rude to any member of our staff.

It will be our choice to discuss the transfer of your medical records to another physician.

Dr.’s [redacted] & [redacted]

And, yes, we are saddened to have to post this sign.

If you do not have an appointment and you do not have a life-threatening illness but you still demand to be seen by your doctor then please turn around and ask everyone else for their permission to be seen first.

(Remember to tell them that your time is more important and that they probably won’t mind waiting a little longer.)
A few references and how to learn more

This training is aligned with SAMHSA's curriculum for TIC awareness. [www.samhsa.gov](http://www.samhsa.gov)

*The Body Keeps the Score* by Bessel Van Der Kolk, MD

**Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services**
(100+ page research document with best practices and program descriptions)

Thanks to Dr. Andi Clements and Becky Haas in Johnson City, Tennessee and Dr. Kemia Sarraf in Springfield, Illinois.

Informational blog you can subscribe to for current research about ACEs and trauma-informed practices: [https://acestoohigh.com](https://acestoohigh.com)
The key question:

What changes will YOU make to create a more trauma-aware environment where you live and work?