



Data Worksheet: *“Trauma / Trauma Informed Care”*

What is it?

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

Trauma is:

- Pervasive, broad, and diverse in impact
- Deep and life-shaping
- Often self-perpetuating and differentially affects the more vulnerable
- Sometimes caused by service system which has often been traumatizing and/or re-traumatizing

What are the Impacts on Health and Social Wellbeing?

The Adverse Childhood Experiences (ACE) study, conducted by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) established a strong correlation between ACE's and the likelihood of experiencing physical-medical, mental health and addiction issues later in life. Research demonstrates that traumatic (adverse) childhood experiences are risk factors for unhealthy behaviors and illnesses, such as:

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver Disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity

How can Trauma and Adverse Experiences be identified?

The Alaska Screening Tool (AST) is completed on all new and returning clients entering behavioral health treatment services. The AST is to inform the assessment, treatment planning, and service delivery. The AST screens for substance abuse, mental illness, co-occurring substance abuse and mental illness, traumatic brain injury (TBI), and Fetal Alcohol Spectrum Disorders (FASD). The 2010 version update of the AST included a new section on “adverse experiences” based on the findings of the Adverse Childhood Experiences (ACE) study.

What does Trauma Look Like in Alaska?

- 75% of all BH clients have 1 or more AE's
- Clients reporting 3 or more AE's
 - 44% of children
 - 41% of youth
 - 45% of adults
- The most reported AE's for all groups is:
 - “Having lived with an addicted person”
 - “Having lived with someone physically abused”
 - “Having lived with a mentally ill person”.
- AE's specific for Youth included:
 - “Having lived with a person who was sent to prison”.
 - “Having been placed in foster car

Alaska Screening Tool Adverse Experiences for All Clients Served in FY 2013		
# of Adverse Experiences	Total Clients	
	#	%
0	3,556	24.54
1 to 2	3,953	27.28
3 to 4	3,184	21.98
5 to 6	2,390	16.50
7 to 8	1,405	9.70
Total	14,488	

Source: AKAIMS, Alaska Screening Tool, FY 2013

The specific adverse experiences of clients are also important.

While the most reported adverse experience for any age group

is “having lived with an addicted person” (44% children – 57% adults), a significant proportion have lived with someone who is physically abused, or been physically abused themselves. Rates are highest for clients in treatment for Mental Health or Co-occurring Disorders.

- 38% of children have lived with an abused person, and 25% have been abused
- 31% of youth have lived with an abused person, and 27% have been abused.
- 35% of adults have lived with an abused person, and 46% have been abused.

How can knowledge of a client's adverse experiences inform practice?

The AST modification to include ACE's recognizes the clinical value in identifying contributing experienced stressors that can functionally predict the risk and presenting needs to be addressed in treatment. For example,

- Treatment recipients could receive an inventory assessment of risk for past and current exposure to adverse experiences and interpersonal violence.
- Adult and children services could include family treatment, as is appropriate.
- Treatment is informed by “trauma-informed” models of intervention
- Issues of access to preventive and restorative health care are addressed.

Looking Ahead

The early identification provides important clinical value in identifying a principle threat that can undermine the safety, wellbeing and impacts on the outcomes of treatment for an individual. Applying the role and impacts of ACES on an individual can be further applied within a “trauma informed” treatment setting. The Division intends to implement the following strategies and action steps:

<u>Strategies</u>	<u>Actions</u>	<u>Partners</u>
1 increase awareness of ACEs and their impact on behavioral health and overall well-being	1a. Collect and report Alaska-specific data on the relationship between ACEs and health outcomes	DBH Treatment Grantees DV/SA Statewide Planning HCS: Medicaid Data
2 increase assessment of and application of ACEs into behavioral health treatment practice and settings,	2a. Increase the numbers of “preferred providers” trained in trauma informed care 2b. Expand family services to all SED children/youth, as is appropriate. 2c. Target all adults in treatment services with ACEs assessment of household landscape and risks and vulnerabilities.	DV/SA Providers and DBH Treatment Grantees, BH Providers Advisory Boards, Trust, Alaska Behavioral Health Association
3 Enhance the capacity of communities to prevent and respond to ACEs	3a. Target DBH Treatment Grantees and DV/SA victim’s providers to fast-track access to treatment services.	DBH Treatment Grantees DV/SA Victim Providers ILP Providers Primary Care Providers and Pediatricians Community Hospitals School Districts