



Magellan Health Services

Welcome!

Understanding the Effects of Trauma

Presented by Joan Gillece, Ph.D.

The webinar will begin shortly.



Webinar Agenda (Eastern time)

2:00 – Welcome, Housekeeping, Instructions to Participants

2:05 – Introduction

2:10 – Presentation by Joan Gillece, Ph.D., Director, National Center for Trauma Informed Care

3:05 – Question and Answer Session

3:25 – Instructions for CE Credits

3:30 – Webinar concludes

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Learning Objectives

1. Participants will be able to define trauma.
2. Participants will be able to identify at least 2 goals of treatment relevant to trauma.
3. Participants will be able to identify the prevalence of exposure to trauma among public mental health clients.
4. Participants will be able to identify at least 3 effects of trauma over the life span.
5. Participants will be able to distinguish at least 3 adverse childhood experiences compared against future adult status relevant to trauma.

Presenter Disclosure

Dr. Gillece has no conflict of interest in making this presentation.

Dr. Joan Gillece is the Project Director of the Center for Mental Health Services National Coordinating Center for the Seclusion and Restraint Reduction Initiative as well as Director of the CMHS National Center for Trauma Informed Care. Prior to joining the National Association of State Mental Health Program Directors, Dr. Gillece was the Director of Special Needs Populations for Maryland's Mental Hygiene Administration.

She has spoken extensively on developing model systems of care through partnerships across agencies. Dr. Gillece has provided consultation to numerous states on developing innovative institutional and community based systems of care for individuals with co-occurring disorders in the justice system through the GAINS Center and the National Institute of Corrections. She has National experience in working with diverse service agencies on developing systems of care that are trauma informed.

Understanding the Prevalence and Effects of Trauma

Presented By:

Joan Gillece, Ph.D.

CMHS National Center for Trauma
Informed Care

National Association of State Mental
Health Program Directors,



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 *usually* not a “single blow” event e.g. rape, natural disaster
- 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 “normal” life.

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

Prevalence of Trauma

Mental Health Population

- 90% of public mental health clients have been exposed
 - (*Muesar et al.*, in press; *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*)

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

(Fellitti, 1998)

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. The findings suggest that the basic causes of addiction lie within us and the way we treat each other

(Felitti, 1998)

“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

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

(Felitti, 1998)

“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, 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 and technical assistance to publicly-funded programs and systems. NCTIC also provides education and outreach, a speakers bureau, and resources to stimulate and support change to address the trauma experienced by so many survivors. NCTIC tailors its training and technical assistance to support your organization in taking this important step forward. NCTIC also provides implementation support and other related resources to assist you with integrating trauma-informed concepts and trauma-specific interventions into agency or program management in a productive and sustainable manner.

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

Question and Answer Session

- We will attempt to address as many questions as possible.
- Follow the operator's instructions for submitting questions to Dr. Gillece.
- Questions submitted during the presentation via chat feature will be addressed first.

Please note that sending a question does not guarantee its inclusion in the webinar.

CE Credits – Post Test and Evaluation

Please use the link provided to take the post-test and complete the required CE evaluation.

<http://www.surveymonkey.com/s/LZL9S7V>

Note there are multiple pages. Be sure to look for and use the 'Next' button until you have completed all pages.

You must complete the post-test and CE evaluation by 6 pm, Eastern, today.

Thank you for participating in today's webinar!

Upcoming webinars:

July 29 – Behavioral Health Workforce Development and Leadership

August 26 – School-based Services and Children's Crisis Services

