

Illinois Data-Driven Health & Justice Webinar Series

Trauma-Informed Care and Crisis Intervention Teams (CIT)

Wednesday, May 24, 2017

www.icjia.state.il.us/ddhj

Agenda

- 1) Learning Objectives
- 2) Presentation on Trauma-Informed Care
- 3) Local example: Lake County's CIT program
- 4) Questions & Answers

Learning Objectives

- 1) Understand the impact of trauma on behavior and health outcomes
- 2) Recognize the effectiveness of trauma-informed care
- 3) Hear how law enforcement can apply Crisis Intervention Team training and trauma-informed care to deal with superutilizers

Trauma-Informed Care

Alicia Boccellari, Ph.D.

Alicia Boccellari, Ph.D. is a Clinical Professor of Clinical Psychiatry and the Chief Psychologist in the UCSF Department of Psychiatry, Zuckerberg San Francisco General Hospital (ZSFG). She is also the Director of the Trauma Recovery Center (TRC). The TRC is designed to provide comprehensive mental health, case management and psychosocial services to survivors of violent crime. In addition, Dr. Boccellari has been working with the California State Legislature to replicate the TRC evidence-based model of care in 10 other cities in California. The UCSF TRC model is also currently being replicated in Ohio.



Trauma Recovery Center

**Impact of Trauma on Health Outcomes
and High Risk Behaviors and the UCSF
Trauma Recovery Center Model**

Alicia Boccellari, Ph.D.

May 24, 2017

Acknowledgements



Slides adapted from:

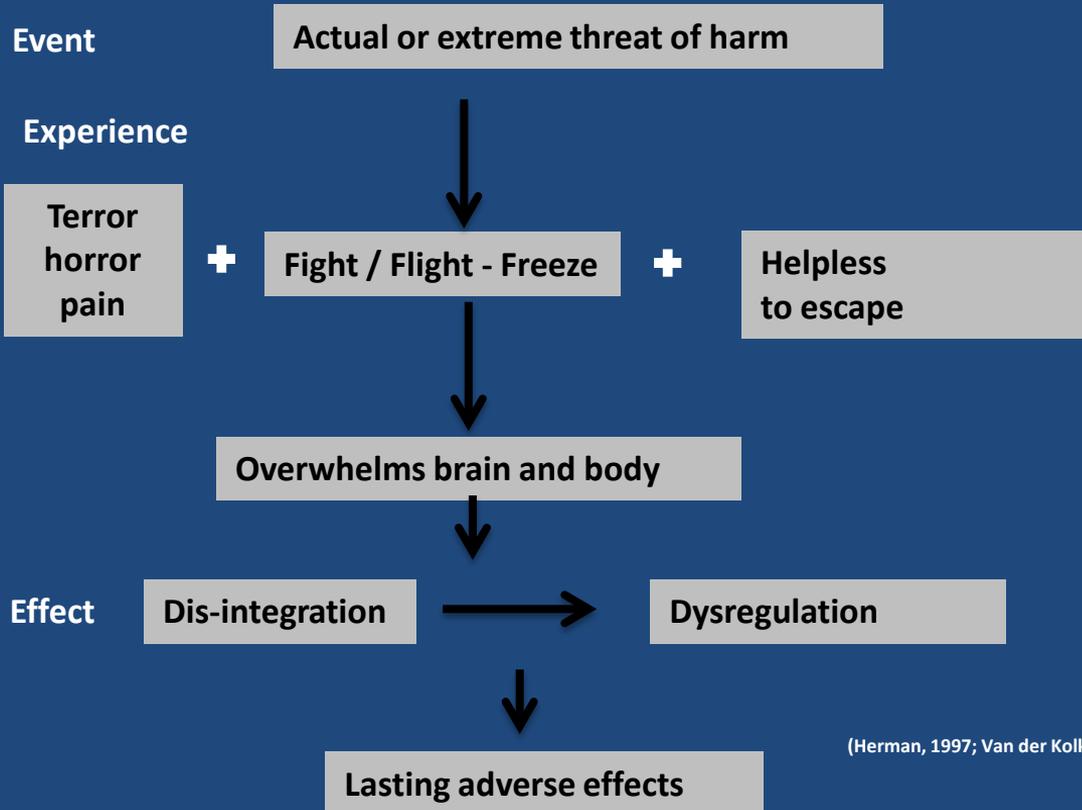
- San Francisco Department of Public Health
Trauma Informed System of Care
- Robert Anda, MD and Vincent Felletti, MD
Kaiser Permanente and the Centers for
Disease Control

WHAT IS TRAUMA?

- “Trauma is not an event in itself but, rather, a response to an experience that is so stressful that it overwhelms an individual’s capacity to cope”.

Susan Craig (2008) Reaching and Teaching Children Who Hurt

Trauma = Event, Experience, & Effect



(Herman, 1997; Van der Kolk, 2005; DSM-IV-TR; SAMHSA; Siegel, 2012; Bloom, 2013)

FIGHT, FLIGHT, FREEZE



Chronic Stress Causes “Wear and Tear” on the Body

- Medical illnesses
 - Immune system suppression
 - Inflammatory diseases
 - Obesity
- Adverse effects on brain and cognitive functioning
- From stressors that are chronic, **uncontrollable**, experienced **without support** from caring others
- Can result from stressors like bigotry, poverty, chronic hunger



(Bloom, 2013; McEwen, 2000)

SFDPH Trauma 101 Slide

Stress and Trauma Are Public Health Issues

- Stress linked to 6 leading causes of death
- Heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide
- Trauma impacts more than just the individual
- Ripple effect to others
- Some communities disproportionately affected:
- Bigotry + Urban Poverty + Trauma = Toxic
- Intergenerational transmission of trauma
- Systemic, preventative approach needed

Let's talk about Adverse Childhood Experiences: ACEs

Felitti, Anda, et al. 1998

The Adverse Childhood Experiences (ACE) Study

Examines the health and social effects of ACEs throughout the lifespan among 17,421 members of the Kaiser Health Plan in San Diego County

What do we mean by Adverse Childhood Experiences?

- childhood abuse and neglect
- growing up with domestic violence, substance abuse or mental illness in the home, parental discord, crime

Felitti, Anda, et al. 1998

Adverse Childhood Experiences Are Common

Household dysfunction:

Substance abuse	27%
Parental sep/divorce	23%
Mental illness	17%
Battered mother	13%
Imprisoned household member	6%

Abuse:

Psychological	11%
Physical	28%
Sexual	21%

Neglect:

Emotional	15%
Physical	10%

Adverse Childhood Experiences Score

Number of categories (not events) is summed...

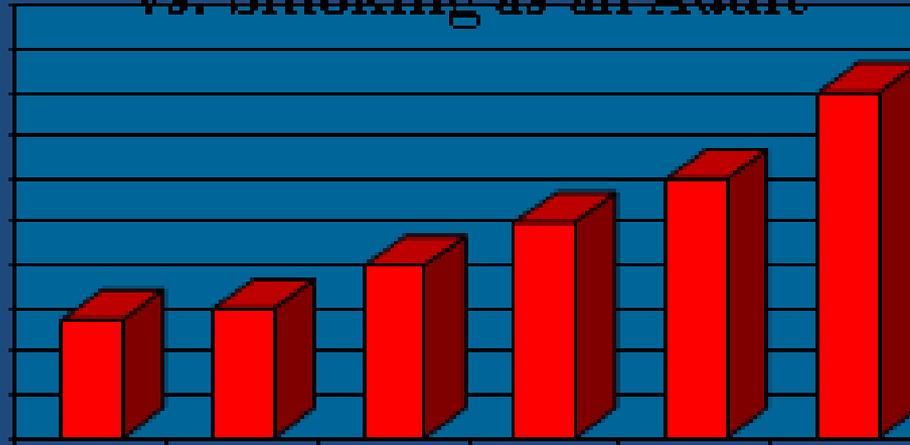
<i>ACE Score</i>	<i>Prevalence</i>
0	33%
1	25%
2	15%
3	10%
4	6%
5 or more	11%*



- Two out of three experienced at least one *category* of ACE.
- If any one ACE is present, there is an 87% chance *at least* one other category of ACE is present, and 50% chance of 3 or >.
- * Women are 50% more likely than men to have a Score >5.

Health Risks

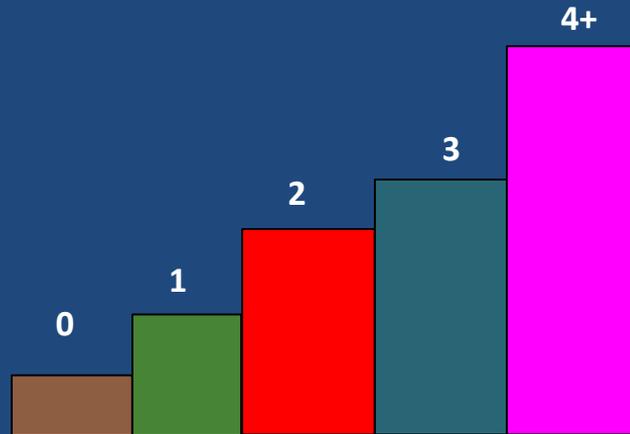
Adverse Childhood Experiences vs. Smoking as an Adult



%

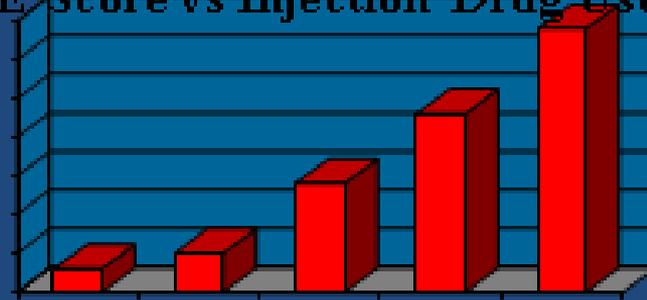
Health Risks

Childhood Experiences vs. Adult Alcoholism



Health risks

ACE Score vs Injection Drug Use



Emotional costs

Childhood Experiences Underlie Suicide Attempts



**With an ACE Score of 0, the majority of
adults have few,
if any, risk factors for these diseases.**

However, with an ACE Score of 4 or more, the majority of adults have multiple risk factors for these diseases or the diseases themselves.

**Adverse Childhood Experiences Rarely
Occur in Isolation...**

They come in groups.



How does trauma affect the individual?

Trauma shapes the survivor's basic beliefs about themselves, others, their world view, spirituality.

- Who am I?
- The world is no longer safe
- Others can't be trusted
- I have to protect myself no matter what
- I can't believe in anything now.

Basic capacities damaged by trauma: continued

- Trust:
 - Inability to trust
 - Too trusting (can contribute to re-victimization)

Basic capacities damaged by trauma, continued:

- Emotional extremes, difficulty modulating:
 - Intense affect
 - Hyper arousal, nightmares, flashbacks
 - Dissociation, self harm

Basic capacities damaged by trauma, continued:

- Disrupted relationships, Boundary issues:
 - Hard to assess safe relationships
 - Reenact role (victim, perpetrator, bystander)
 - Difficulty w/ vulnerability & intimacy

How does trauma impact behavior

- Inappropriate behaviors
- Failure to understand directions
- “Overreacting” to comments or facial expressions
- Hypervigilance
- Aggression
- Failures to connect cause and effect
- Perfectionism
- Depression
- Anxiety
- Self-destructive behaviors
- Fear and vulnerability
- Feelings of worthlessness



Prevalence: Trauma History

- Rates are higher in the population with severe mental illness (SMI) – 98% of SMI clients report at least one type of qualifying event in their lives. 51-97% of female SMI clients reporting sexual and or physical assault during their lifetime (Goodman, Rosenberg, Mueser, & Drake, 1997).
- Recent exposure: in a multi-site sample, approximately 1/3rd of SMI clients reported physical or sexual assault in the ***past year*** (Goodman, et al).



PTSD Risk in Underserved Populations

- Patients served in public sector health care settings share additional risk factors:
 - Lack of social support
 - Adverse childhood experiences
 - Low SES
 - Limited education
 - History of psychiatric disorder

Kessler et al. (1995); Cottler et al (1992).

Prevalence of the dual diagnosis of PTSD and Substance Abuse

- Co-occurring diagnosis of PTSD and Substance Abuse in addiction treatment facilities - 12% - 34%
- Women in substance treatment – 30% - 59%
- Men in substance treatment – 11% - 38%

Typically PTSD symptoms preceded the onset of substance abuse.

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*. New York: Guilford

Links Between PTSD and Substance Abuse

- Two main themes of both disorders are secrecy and control
- Each of the disorders makes the other more likely
- PTSD symptoms widely reported to become worse with initial abstinence
- Both situations produce a profound need to be in an altered state

Najavits, L. M., (2002) *Seeking Safety A Treatment Manual for PTSD and Substance Abuse*.
New York: Guilford

Some trauma findings

- Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59%.
(Widom, 1995)
- Arrest rates of trauma-exposed youth are up to 8 times higher than community samples of same-age peers.
(Saigh et al, 1999; Saltzman et al, 2001)
- Childhood trauma is believed to have long term impact in the frontal, temporal and parietal regions of the brain and how information is processed.
(Cook et al., 2009)

Definition of Trauma Informed Care

- Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

-National Center for Trauma Informed Care (NCTIC, www.samsha.gov/nctic, 2013)

Trauma-Informed Approach

1. Recognizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*.

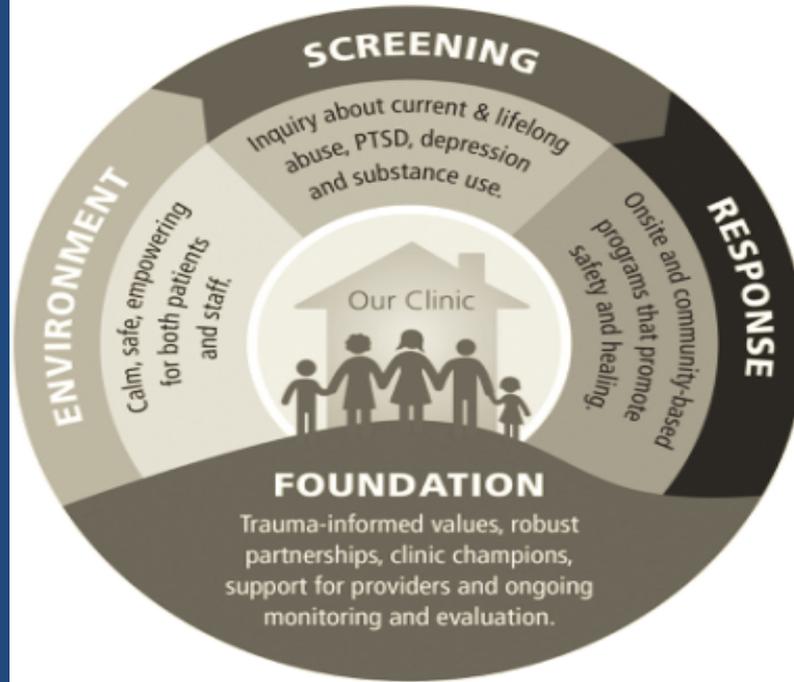
SAMSHA

Context

- Trauma provides the context for behaviors
- Move from:
 - What is wrong with you?
 - What has happened to you?

SFDPH Trauma 101 Slide

Trauma-informed Primary Care



Machtiger, E. L., Cuca, Y. P., Khanna, N., Dawson Rose, C., & Kimberg, L. S. (2015). From Treatment to Healing: The Promise of Trauma-Informed Primary Care. *Women's Health Issues, 25*(3).

SAMHSA's Six Key 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

Traditional Psychotherapy for Trauma Victims



- Office-based, no home visits
- No practical assistance or coordination with other service systems
- 50-minute hour
- Feeling, insight, and disclosure-oriented

Vision: A New Model of Care



- Emphasis upon assertive tracking, outreach, and engagement into services; AND
- Clinical case management to address all basic needs (medical, legal, financial, housing, services etc.); AND
- Evidence-based psychotherapy to target psychiatric distress and increase interpersonal safety

Engagement, Tracking & Outreach



- Many victims feel ashamed about entering therapy and/or avoid trauma reminders.
- We work with them on what is most important to them first until rapport is built.
- We will see them at the hospital, at their home, or in their community (including homeless encampments, shelters, etc.).

Summary Results



- 77% of survivors receiving TRC services engaged in mental health services when compared to 34% in customary care
- Increased the rate by which sexual assault survivors received mental health services from 6% to 71%
- 88% of clients reported an improvement in day-to-day functioning
- 87% of clients reported an improvement in coping with alcohol and drug problems

Summary Results, continued:



- PTSD symptoms decreased by 38% over 16 TRC sessions
- Depression decreased by 52% over 16 TRC sessions
- The TRC model costs 34% less than customary care

Lake County CIT

Sgt. Keith Kaiser



Keith Kaiser is a Sergeant with the Lake County Illinois Sheriff's Office. He has been a police officer for 16 years and has served in numerous positions throughout the Sheriff's Office. Keith obtained a Master of Science degree from Lewis University in Public Safety Administration. Last November, Keith was appointed to the Sheriff's position of Director of Training and Crisis Intervention Team Coordinator.

LAKE COUNTY SHERIFF'S OFFICE

CRISIS INTERVENTION TEAM PROGRAM

KEITH KAISER



LAKE COUNTY, ILLINOIS DEMOGRAPHICS



- Northeast Corner of Illinois
- Illinois 3rd largest county
 - Population ~ 700,000
 - Sheriff's Office serves ~ 130,000
 - 445 square miles
- Diverse Communities
 - Wealthy communities – Median Household Income ~ \$150,000
 - Underprivileged communities – Median Household Income ~ \$38,000
- Veteran Population ~ 34,000
- Homeless Population ~ 300 (Point in Time Count)
- County Poverty Rate ~ 9%
- Sheriff's Office ~ 580 Employees
 - ~ 200 Law Enforcement
 - ~ 200 Corrections Officers
- 1,350 Law Enforcement Officers in Lake County



LAKE COUNTY SHERIFF'S OFFICE
CRISIS INTERVENTION TEAM PROGRAM



CRISIS INTERVENTION
&
CRISIS INTERVENTION TEAM
TRAINING

OUR PROBLEMS:

National studies estimate 10% of law enforcement activities encounter persons with mental disorders.

Lake County Sheriff's Office ~20,000 encounters / year with persons with mental disorders.

Incarceration:

15% have a serious mental disability (National Average)

41% recidivism rate within a 3 years period (Lake County Jail)

CIT Program:

2005 – 16 Deputies - 4 Corrections Officers Trained

2014 – 4 Deputies - 1 Corrections Officer Trained

The program was not utilized or implemented properly...

“You don't know what you don't know.”





WHAT HAVE WE DONE?

- County Board appropriated \$30,000 for CIT Training
 - Include municipal police in trainings
- Implemented policies and procedures for CIT situations
- A variety of employees are now CIT trained ~100
- Established partnerships with local organizations
- Educated the community in regards to Crisis Intervention
- JMHCP - \$250,000 CIT Grant
 - Train 395 officers throughout the county
 - Track, evaluate, and follow-up with recipients of interventions
 - Familiarize officers with behavioral health resources and behavioral health providers



WHERE DO WE WANT TO BE...

- Reduce the incarceration of mentally ill and provide them with positive interventions and connections
 - Track the identified Super Utilizers
- Establish a local ILETSB certified CIT Training Host
- Consistent CIT policies and procedures - county-wide
- Integrate mental health providers and community members into the Crisis Intervention Team
- Open two-way communication with providers
- Develop a Mobile Response Team and Drop-In Centers
- Establish community follow-up services:
 - Rides to treatment
 - Checks on truancy from appointments
- Tracking and data evaluation - county-wide





LAKE COUNTY SHERIFF'S OFFICE
CRISIS INTERVENTION TEAM PROGRAM



Keith Kaiser

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Questions?

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Visit the DDHJ website

www.icjia.state.il.us/ddhj