

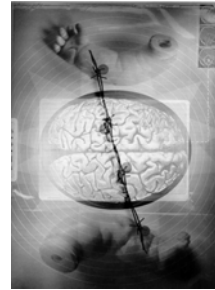
Mental Health Treatment and the Impact of Traumatic Experience



Sandra L. Bloom, M.D.
Distinguished Fellow,
Andrus Children's Center
www.sanctuaryweb.com



When Life is a War Zone



The Relationship of Adverse Childhood Experiences to Adult Health Status

A collaborative effort of Kaiser Permanente and
The Centers for Disease Control

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.



The Adverse Childhood Experiences (ACE) Study

- The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (18,000 participants)
- The majority of participants were 50 or older (62%), were white (77%) and had attended college (72%).



Categories of Adverse Childhood Experiences

Abuse, by Category	
Psychological (by parents)	11%
Physical (by parents)	28%
Sexual (anyone)	22%
Emotional neglect	15%
Physical neglect	10%



Categories of Adverse Childhood Experiences

Household Dysfunction, by Category	
Substance Abuse	27%
Mental Illness	19%
Parental separation/divorce	23%
Mother Treated Violently	13%
Imprisoned Household Member	5%



Adverse Childhood Experiences Score

ACE Score	Women	Men	Total
0	34.5	38	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

Almost 2/3 reported at least one ACE
More than one in five reported three or more ACEs

CDC Department of Health and Human Services
Centers for Disease Control and Prevention

ACEs Study

- One in four was exposed to two categories of abusive experience,
- One in 16 to four categories.
- Sixty-six percent of the women reported at least one childhood experience involving abuse, violence or family strife.

Adverse Childhood Experiences Rarely Occur in Isolation...

They come in groups.

Given an exposure to one category, there is 80% likelihood of exposure to another.



The ACEs Pyramid



Survivors Talk

**The ACE Study:
Childhood Trauma
and Adult Health**

Copyright 2004 Cavalcade Productions, Inc.



ACEs Study

Strong, graded relationship between ACEs Score and....

- smoking
- COPD
- hepatitis
- heart disease
- fractures
- diabetes
- obesity
- alcoholism
- iv drug use
- depression and attempted suicide
- teen pregnancy - including paternity
- sexually transmitted diseases
- reduced occupational health
- poor job performance



ACEs and Risk of Revictimization

ACE Score	Intimate Partner Violence	Being Rape
0	1.0	1.0
1	1.9	2.0
2	2.1	2.8
3	2.7	4.2
4	4.5	5.3
5 or more	5.1	8.9



ACEs & Interpersonal Violence

- The results suggest that as the number of violent experiences increases:
 - the risks of victimization among women
 - and the risks of perpetration by men

increase by about 60% to 70%.



ACEs & Interpersonal Violence

- These results suggest that as the number of violent experiences increases, the risks of victimization among women and perpetration by men also increase by about 60% to 70%.



The Adverse Childhood Experiences (ACE) Study

Summary of Findings:

- Adverse Childhood Experiences (ACEs) are very common
- ACEs are strong predictors of later health risks and disease
- This combination makes ACEs a leading determinant of the health and social well-being of our nation
- Adverse Childhood Experiences play a significant role in determining the likelihood of the ten most common causes of death in the United States.**



The Adverse Childhood Experiences (ACE) Study

- 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.



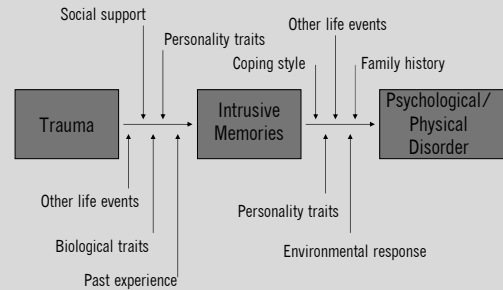
The ACEs Pyramid



And what does all that lead to?

- Repetitive psychiatric/medical/social service utilization
- Substance abuse
- Poor school and work performance
- Criminal behavior
- Homelessness
- Domestic violence
- Child abuse
- Physical illness and disability

FROM DISTRESS TO DISORDER



(McFarlane & Yehuda, 1996)

Exposure to Violence and Mental Illness

- People suffering from chronic post-traumatic stress disorder (PTSD), two to four times more likely than those without PTSD to have virtually any other psychiatric disorder
- 8 times as likely to have 3 or more disorders – 88% of men and 79% of women with PTSD have a history of at least one other disorder.
- Women with PTSD are four to five times more likely to also suffer from an affective disorder than those without PTSD and two to four times more likely to have another anxiety disorder
- 90x more likely to be diagnosed with somatization disorder

PTSD and Severe Mental Illness

- 34-53% of SMI report CSA/CPA
- 43-81% report some kind of victimization
- Rate of violent criminal victimization two and a half times greater than in the general population.
- Over 1/3 of women and 37% of men with SMI had been sexually/physically assaulted in the last year alone.
- 51%-97% of women with SMI reported lifetime physical or sexual assault
- High rates of PTSD after a traumatic event

Trauma, Loss and Psychiatric Disorder (Read, Goodman, Morrison, Ross, and Aderhold, 2004)

- Psychiatric patients subjected to CSA/CPA
 - Have earlier first admissions
 - Have longer and more frequent hospitalizations
 - Spend longer in seclusion
 - Receive more medication
 - Are more likely to self-mutilate
 - Try to kill themselves more often
 - Have higher global symptom severity

Trauma, Loss and Psychiatric Disorder (Read, Goodman, Morrison, Ross, and Aderhold, 2004)

- Reviewed forty studies of child abuse among female psychiatric inpatients and outpatients of whom at least half were psychotic
 - 50% CSA
 - 29% incest
 - 48% CPA
 - 69% Sexual or physical abuse
 - 35% Sexual AND physical abuse

Trauma, Loss and Psychiatric Disorder

(Read, Goodman, Morrison, Ross, and Aderhold, 2004)

- Reviewed 25 studies of child abuse among male psychiatric inpatients and outpatients of whom at least half were psychotic
 - 28% CSA
 - 7% incest
 - 51% CPA
 - 60% Sexual or physical abuse
 - 19% Sexual AND physical abuse



Trauma, Loss and Psychiatric Disorder

(Read, Goodman, Morrison, Ross, and Aderhold, 2004)

- Adult outpatients dx with schizophrenia (Holowka et al, 2003)
 - 35% emotional abuse
 - 42% physical neglect
 - 73% emotional neglect
- In community survey, women emotionally abused as children 5x more likely to have had psychiatric admission (Mullen et al, 1996)



Trauma, Loss and Psychiatric Disorder

(Read, Goodman, Morrison, Ross, and Aderhold, 2004)

- Parental loss
 - 1939: 38% of "dementia praecox" patients lost parent in childhood compared to 17% of "manic-depressives" (Pollock et al, 1939)
 - 1949: 40% of schizophrenic pts with childhood parental loss compared to 20% in pts with psychotic depression (Ruth & Lidz, 1949)
 - 1966: 8 of 13 studies report schizophrenic pts with higher rates of parental death in childhood
 - 1978: Among 932 pts diagnosed with schizophrenia, 31% with parental loss before age 15.



Trauma, Loss and Psychiatric Disorder

(Read, Goodman, Morrison, Ross, and Aderhold, 2004)

- 30 year study of 500 child guidance attenders, 35% of those who later were dx with schizophrenia had been removed from home because of neglect (rate double that of any other diagnosis) (Robins, 1966)



Trauma, Loss and Psychiatric Disorder

(Read, Goodman, Morrison, Ross, and Aderhold, 2004)

- Prospective study measuring development of psychotic sx's over 2-year period in 4,045 people with no previous lifetime psychotic sx's.
- Adjusted for confounding variables including drug use, unemployment, urbanicity, neuroticism, and other non-psychotic dx's, age, sex, educational level, ethnicity
- Child abuse before age 16 was significantly related to all three measures of psychosis in study
- Dose-response relationship evident as well - the risk of developing psychotic outcomes increased with increased frequency of reporting childhood abuse
- Those reporting the highest frequency of abuse were 30x more likely than those not abused to develop psychotic sx's requiring MH care.



DV & Homelessness

- In a study of 777 homeless parents (the majority of whom were mothers) in ten U.S. cities, 22% said they had left their last place of residence because of domestic violence (Homes for the Homeless, 1998).
- In addition, 56% of cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness (U.S. Conference of Mayors, 2000).



DV & Homelessness

- The purpose of another study was to examine the psychosocial, behavioral, and environmental profiles of homeless women, both those with and without a history of victimization, and their intimate partners.
- 507 homeless women and their intimate partners participated in the study.
- Of the women, 39% reported being physically and/or sexually assaulted as adults.
- Victimized women were more likely than others to have
 - a history of childhood sexual and physical abuse,
 - lifetime substance use,
 - greater mental health symptomatology, and
 - current risky sexual activity.

Violence, SMI & Homelessness

- Among homeless mentally ill women, rates of partner abuse have been reported to be as high as 87%, with rates of lifetime abuse approaching 97% (Goodman, Dutton & Harris, 1997).
- In a study of 436 homeless and poor housed mothers, nearly two-thirds reported severe physical violence by a childhood caretaker, 42% reported childhood sexual molestation, and 61% reported severe violence by a male partner

Violence, SMI & Homelessness

- In a homeless, mentally ill population, exposure to violence is so high that it can be considered a normative experience.
- Three aspects of physical and sexual assault in the histories of 99 episodically homeless, seriously mentally ill women were assessed: lifetime prevalence; severity, co-occurrence, and recency; and associations between levels of this victimization and specific characteristics of the women.
- Results indicate that the life-time risk for violent victimization was 97% in this population.

Homelessness

- In another study of homeless women in a shelter, one third of them had PTSD
- In a study of poor women presenting in an outpatient clinic, 65% reported some kind of abuse or neglect during childhood, and the vast majority of those had experienced more than one kind of abuse or neglect.

Childhood Maltreatment Increases Risk for Personality Disorders During Early Adulthood

(Johnson, Cohen, Brown, Smalley, Bernstein, 1999)

- Community-based longitudinal study demonstrated that people with documented childhood abuse and neglect were more than **4x** as likely as those who had not been abused or neglected to have personality disorders during early adulthood.

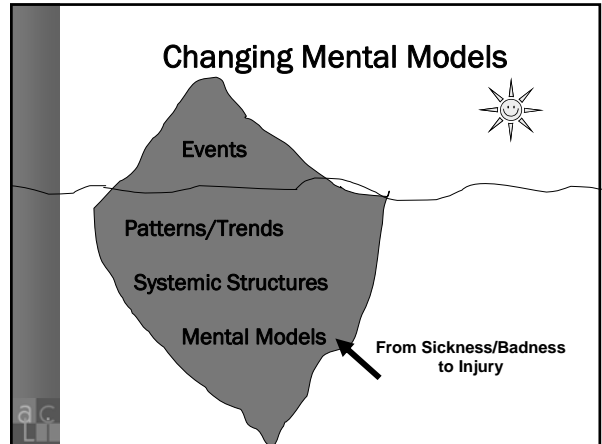
The main trouble with the DSM- to this day -is that it is a catalog of disorders based on lists of symptoms. It is kind of like a computer manual written by a committee with no knowledge of the machine's actual hardware or software, a manual that attempts to determine the cause of and cure for the computer's problems by asking you to consider the sounds it makes.

Bruce Perry, 2006

The Boy Who Was Raised As a Dog

Understanding childhood adversity is not just about acquiring knowledge.

It's about changing the way you view the world.




Changing the fundamental question

from


"What's wrong with you?"

to

"What's happened to you?"




The Nature of Psychological Injuries





The Impact of Recurrent Threat

- "FEAR IS THE MOST BASIC EMOTION"
- "BASIC SAFETY IS WRITTEN INTO THE BRAIN"



The Impact of Recurrent Threat

ATTACHMENT & NORMAL EMOTIONAL DEVELOPMENT



The Impact of Recurrent Threat

- Alters the way the brain works:
 - Hypersensitivity to even minor threat
 - Extremist thinking
 - Respond to many things as threat to life – aggression and impulse control
- Attention to threat while ignoring less threatening, but important information



The Impact of Recurrent Threat

- Emotional states too intense to handle:
 - substance abuse,
 - violence,
 - self-mutilation,
 - risk taking
 - Impaired parenting – intergenerational transmission
- Reinforced by helplessness and evolves into control issues
- Interference with cognitive skill building
- Addiction to trauma



The Impact of Recurrent Threat

- Dissociation
- Fragmentation



The Impact of Recurrent Threat

- Loss of language
 - Speechless terror
 - *Trauma is a letter written on the body in vanishing ink* – Annie Rogers, [The Unsayable](#)
- Interference with normal memory processing – too little, too much – haunted by the past
- Flashbacks, nightmares, body memories

The Impact of Recurrent Threat

I saw that what is so terrible about trauma is not abuse itself, no matter the brutality of treatment, but the way terror marks the body and then becomes invisible and inarticulate...
- Annie Rogers, [The Unsayable](#)



The Impact of Recurrent Threat

Traumatic Reenactment – Revictimization

It was becoming clearer and clearer to me that the unsayable could be 'spoken' through unconscious reenactments – but at a terrible cost.

Annie Rogers
[The Unsayable](#)



The Impact of Recurrent Threat

- Adaptation to adversity – change in definitions of “normal” and resistance to change
- Disrupted attachment
- Failures of trust
- Failures of development relationship skills
- Lack of self-esteem: Interference with development health identity
- Difficulties resolving conflicts
- Difficulties working through losses
- Trauma-bonding



The Impact of Recurrent Threat

- Problems with authority figures & internal authority
- Disrupted moral emotions – inability to consistently differentiate “right and wrong”
- Misguided sense of justice
- Absence of meaning, purpose, connection
- Demoralization, loss of hope
- Foreshortened sense of future



Complex Problems & Complex Solutions

- Do what we can to prevent further damage to brain and body (i.e. appropriate psychopharmacology, stress management, medical care)
- Engage client in self-recovery (i.e. psychoeducation, bibliotherapy, movie therapy, Twelve Step groups)
- Teach new cognitive & affect management skills (i.e.CBT, DBT, creative therapies, psychodynamic therapies)
- Treat the addictive symptoms (Twelve Steps, trauma-informed SA rx)
- Specific trauma resolution techniques (i.e.EMDR, bodywork, trauma art)
- Corrective emotional and relational experiences (i.e. therapeutic community, group therapy, family therapy)

Complex Problems & Complex Solutions

- Rebuild trust
- Teach conflict resolution
- Do grief work
- Redefine social justice
- Restore hope

Sanctuary Leadership Development Institute



- Five-day intensive training of leadership team
- Core team development
- 30-month consultation
- Peer-review Sanctuary certification process

Sanctuary Network, 2005-2006

- Andrus Children's Center, Yonkers, NY
- Annsville Residential Center, Taberg, NY
- Astor Children's Home, Rhinebeck, NY
- Brentwood Residential Center, Dix Hills, NY
- Children's Crisis Treatment Center, Philadelphia, PA
- Eagle Ridge, Guthrie, OK
- Family & Children's Aid, CT
- Families in Transition, Milford, DE
- Genesis, JBFCS, NY, NY
- Glove House, Elmira, NY
- Goldsmith Center, JBFCS, NY
- (Interim House, Philadelphia, PA)
- Lancaster General Hospital, Behavioral Health Program
- Linden Hill School, JBFCS, NY
- Hawthorne – Cedar Knolls Treatment Program for Children, JBFCS, NY
- Jewish Child Care Association, Pleasantville, NY
- Jordan's Crossing, Oklahoma City, OK
- MercyFirst, Syosset, NY
- Monarch, Muskogee, OK
- Norman Adolescent Center, Norman, OK
- Oklahoma Youth Center, Norman, OK
- Pace School, Pittsburgh, PA
- (Parsons Family Center, Albany, NY)
- Juconi Foundation, Puebla, Mexico
- Juconi Foundation, Guayaquil, Ecuador
- (Red Shield Shelter, Salvation Army, Philadelphia, PA)
- St. Catherine's Center for Children, Albany, NY
- Uta Halee Girls Village/Cooper Village, Omaha, NB
- Vinita Alcohol and Drug Treatment Center, Vinita, OK
- White Fields, Oklahoma City, OK



Sanctuary Leadership Development Institute

Andrus Children's Center
Yonkers, NY
Brian Farragher, C.O.O.
914-965-3700
bfarragher@jdam.org

2005

