Reducing Risk and Building Resilience by Utilizing Trauma-Informed Health Care:
The UH Rainbow Women and Children’s Center Trauma-Informed Care Initiative

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Traumatic Stress and Childhood Adversity in Ohio Communities
<table>
<thead>
<tr>
<th>ACE</th>
<th>United States (%)</th>
<th>Ohio (%)</th>
<th>Ohio Medicaid or Uninsured (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Instability</td>
<td>25.5</td>
<td>31.1</td>
<td>57.9</td>
</tr>
<tr>
<td>Divorced parents</td>
<td>24.1</td>
<td>27.7</td>
<td>47</td>
</tr>
<tr>
<td>Death of a parent</td>
<td>3.2</td>
<td>4.4</td>
<td>6.4</td>
</tr>
<tr>
<td>Incarcerated parent</td>
<td>7.8</td>
<td>11.1</td>
<td>27.9</td>
</tr>
<tr>
<td>Witnessed violence</td>
<td>5.5</td>
<td>8.1</td>
<td>16.7</td>
</tr>
<tr>
<td>Victim of violence</td>
<td>3.7</td>
<td>5.3</td>
<td>12.1</td>
</tr>
<tr>
<td>Lived with someone w/ serious mental illness</td>
<td>7.5</td>
<td>9.3</td>
<td>17.9</td>
</tr>
<tr>
<td>Lived with someone w/ substance use</td>
<td>8.7</td>
<td>10.7</td>
<td>25</td>
</tr>
<tr>
<td>Racial discrimination</td>
<td>3.6</td>
<td>2.1</td>
<td>4.1</td>
</tr>
</tbody>
</table>

% with 0 ACEs: 54, 51, 17.5

Average Child Age: 8.6 yrs., 8.9 yrs., 9.0 yrs.

2016 NSCH Data
Trauma-Informed Care is a Necessity

NCTSN DEFINITION

“A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive”
Essential Elements of Trauma Informed Care

- Comprehensive Model
  - Organizational Assessment of Needs and Readiness
  - Staff Training and Education
  - Universal Screening for Adversity and Reactions*
  - Universal Screening for Strengths/Assets/Protective Factors
  - Use Evidence-Based, Culturally-Sensitive Screeners
  - In the Context of Other Social Determinants of Health
  - Implement *Universal Prevention Strategies* to Promote Positive Parenting and Secure Attachments
  - Make Available and Expand *Evidence-Based, Trauma-Specific Therapies*
  - Provide Ongoing Support to Providers to Prevent Burn-Out, Secondary Trauma
UH Rainbow Center for Women and Children
Trauma Informed Care Initiative
Childhood Adversity
“threatens a child’s sense of safety and disrupts their developing brain, physical and mental health, and behavior”
RCWC Needs Assessment
*RCWC Survey
*RCWC Focus Groups

Initial Training of Providers and Staff
*Foundational
*Protocol/Procedures

Pilot Screening for Childhood Adversity, Social Determinants, and Protective Factors
*ACE-Q, SEEK, Family Protection & Assets

Improved Workflow to Address Complex Psycho-Social Needs
*SW Lead/QB Role

Expansion of On-Site Services & Community Partners
*Existing services
*New services

Plan and Implement Ongoing Support to Providers and Staff
*Case conferences,
*Reflect & Restore,
*Midtown Monthly
Thank you!

FEEL FREE TO CONTACT WITH QUESTIONS OR FOR MORE INFORMATION
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BUILDING RESILIENCY
A PEDIATRIC MENTAL HEALTH SUMMIT

#BuildingResiliency19

MIKE DEWINE
GOVERNOR OF OHIO
The Adolescent

Adolescence: Developmental

**Expected Developmental Courses**

- **Brain**
  - Extremely active period of brain development: growth of a large number of synapses and increased sensitivity to dopamine, followed by a later ‘pruning’ of connections toward a more efficient organization.
  - Neuroplasticity of the adolescent brain increases the foundational impacts of trauma and substance use exposures: explaining how addictive behaviors can advance so rapidly in teens and young adults. *This neuroplasticity is also quite positive for the possibilities toward healthy (ier) alterations.*
  - Cognitively: ‘think’ Piaget

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**RECOMMENDATIONS**

- From the National Academies of Sciences-Engineering-Medicine: *The Promise of Adolescence, Realizing Opportunity for All Youth*
- By Dr. van der Kolk: *The Body Keeps the Score*
- Monitoring the Future (MTF) Survey (NIDA)
- National Child Traumatic Stress Network (NCTSN.org)
Half of all lifetime experiences of mental illness start by the age of 14 (Kessler et al., 2005)

8-12% of American youth have experienced at least one sexual assault, and 9-19% have experienced physical abuse by a caregiver (Saunders & Adams, 2015)

Per the NCS-A: Symptoms of externalizing disorders are common for youth – ODD @ 13%; CD @ 7%; AoD @ 11%; ADHD @ 9% (Merikangas et al., 2010)

Alcohol is the most commonly used substance: 1 in 10 youth report binge drinking in last month. Vaping is a growing concern (12% current use) (Johnston et al., 2018)

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