

# TYPE IN THE CHAT

Please type your name, organization, and city/state into the chat.



## Zero Suicide and Trauma-Informed Care

| September 3, 2015



# Moderator

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**Julie Goldstein Grummet, PhD**

Director of Prevention and Practice  
Suicide Prevention Resource Center



# Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention



The nation's only federally supported  
resource center devoted to advancing the  
*National Strategy for Suicide Prevention.*



# #zerosuicide

@SPRCtweets

@Action\_Alliance

@SarahABernes

# WHAT IS ZERO SUICIDE?

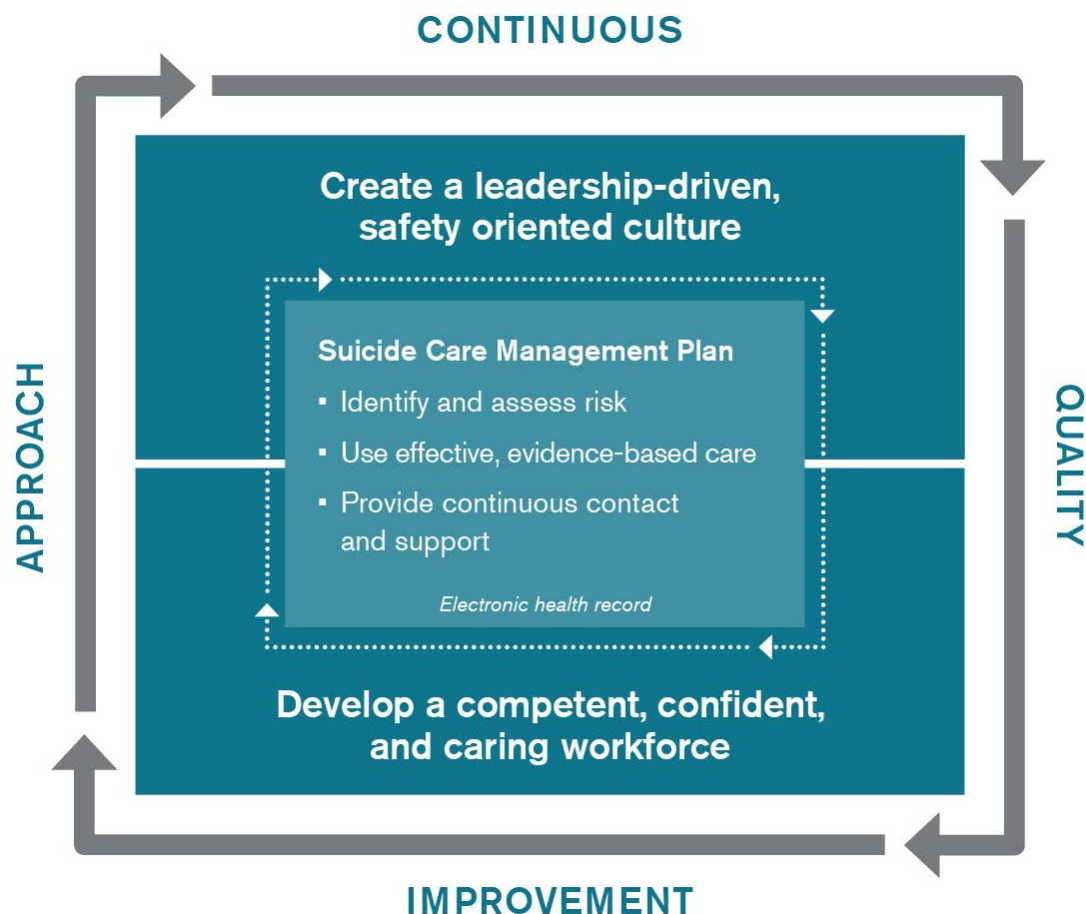
# Zero Suicide is...

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- Embedded in the National Strategy for Suicide Prevention.
- A priority of the National Action Alliance for Suicide Prevention and a project of the Suicide Prevention Resource Center.
- A focus on error reduction and safety in healthcare.
- A framework for systematic, clinical suicide prevention in behavioral health and healthcare systems.
- A set of best practices and tools including [www.zerosuicide.com](http://www.zerosuicide.com).

# Elements of Zero Suicide

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# Learning Objectives

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By the end of this webinar, participants will be able to:

- 1) Explain the prevalence and impact of traumatic stress and its relation to suicide
- 2) Describe the similarities of Zero Suicide and trauma-informed care
- 3) Discuss ways to embed a Zero Suicide approach in an organization that has already adopted a trauma-Informed care culture

# Presenters

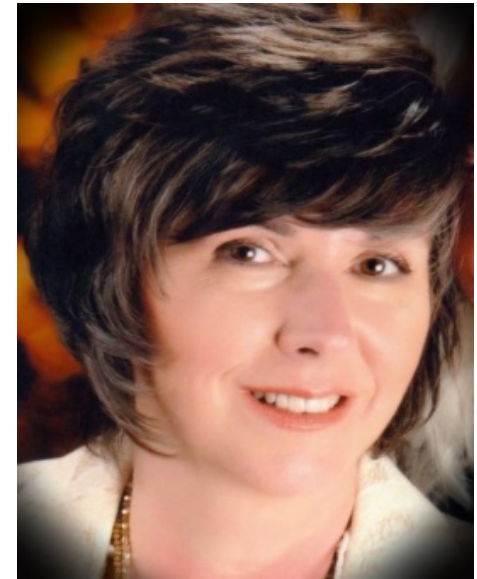
10



**Leah Harris**



**Kim Walton**



**Jan Ulrich**

# Presenter

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**Leah Harris, MA**

**@leahida**

Trauma Informed Care Specialist and Director of Consumer Affairs  
National Association of State Mental Health Program Directors

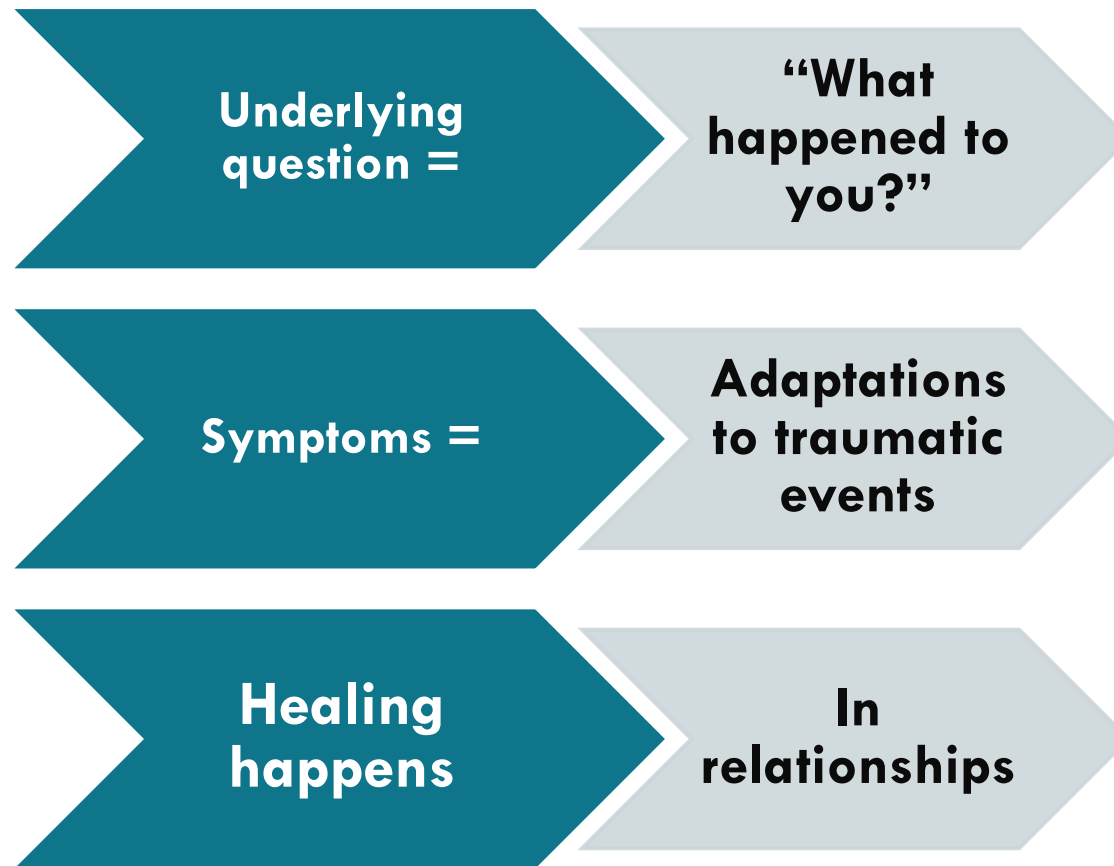
# What causes Trauma?

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Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

# Things to Remember

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# What is the Adverse Childhood Experiences (ACEs) Study?

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- Looked at effects of adverse childhood experiences over lifespan
- Decades long; 17,000 participants
- Largest study ever done on subject
- Replicated in 28 states

# The higher the ACE Score, the greater the likelihood of...

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- Severe and persistent emotional problems
- Health risk behaviors
- Serious social problems
- Adult disease and disability
- High health and mental health care costs
- Poor life expectancy

# Trauma Prevalence in Children

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**71%**

Percentage of children who are exposed to violence each year

(Finkelhor, et al, 2013)

**3 million**

Number of children maltreated or neglected each year

(Child Welfare Info. Gateway, 2013)

**3.5-10 million**

Number of children who witness violence against their mother each year

(Child Witness to Violence Project, 2013)

**1 in 4 girls & 1 in 6 boys**

Number who are sexually abused before adulthood

(NCTSN Fact Sheet, 2009)

**94%**

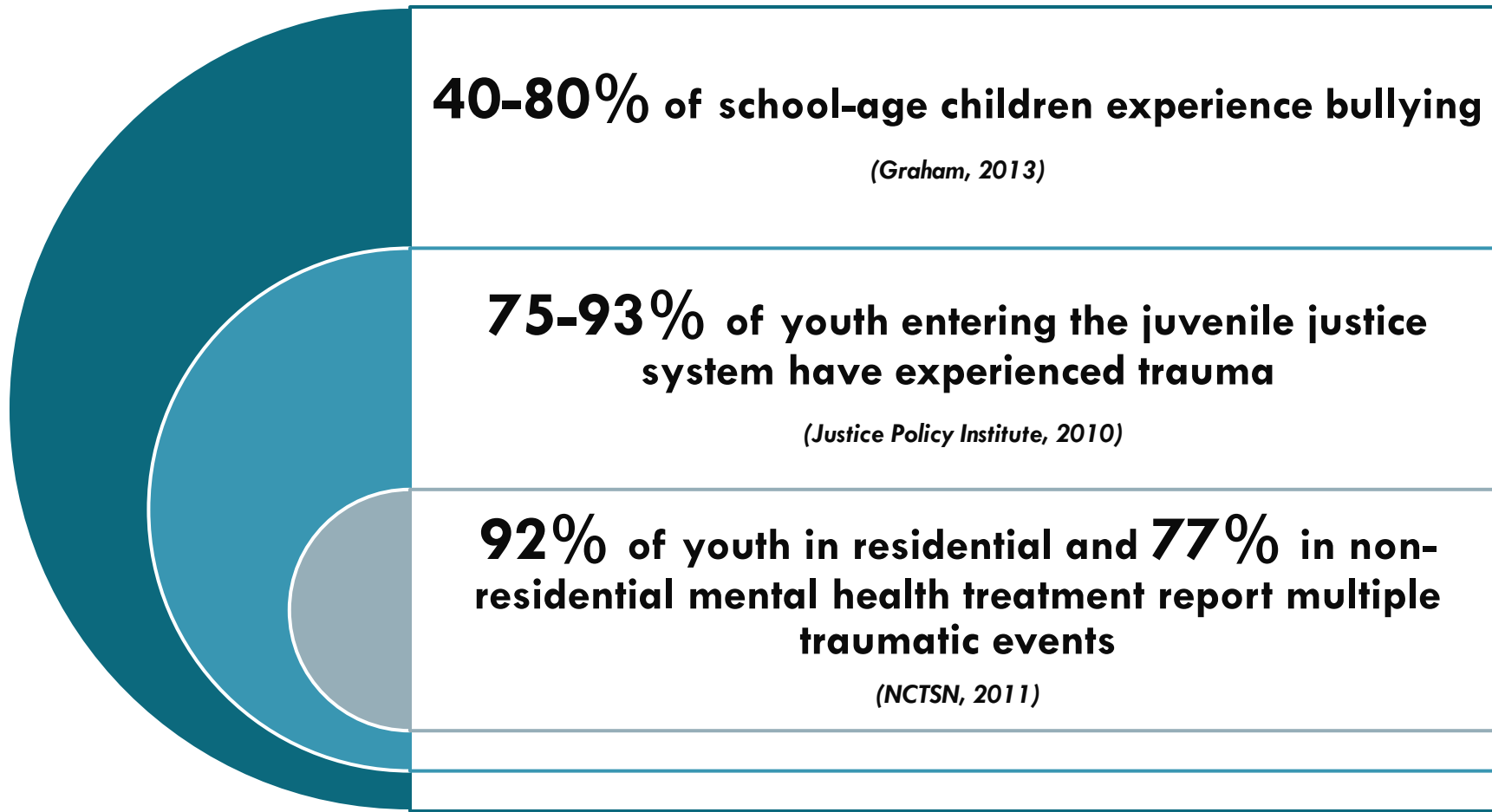
Percentage of children in juvenile justice settings who have experienced trauma

(Rosenberg, et al, 2014)



# Trauma Prevalence in Children

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# Trauma in Adults: Mental Health

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**84+%**

**Adult mental health  
clients with histories of  
trauma**

**(Meuser et al, 2004)**

**50% of female &  
25% of male  
clients**

**Experienced sexual  
assault in adulthood**

**(Read et al, 2008)**

# Trauma in Adults: Mental Health

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## Clients with histories of childhood abuse

- **Earlier first admissions**
- **More frequent and longer hospital stays**
- **More time in seclusion or restraint**
- **Greater likelihood of self-injury or suicide attempt**
- **More medication use**
- **More severe symptoms (Read et al, 2005)**

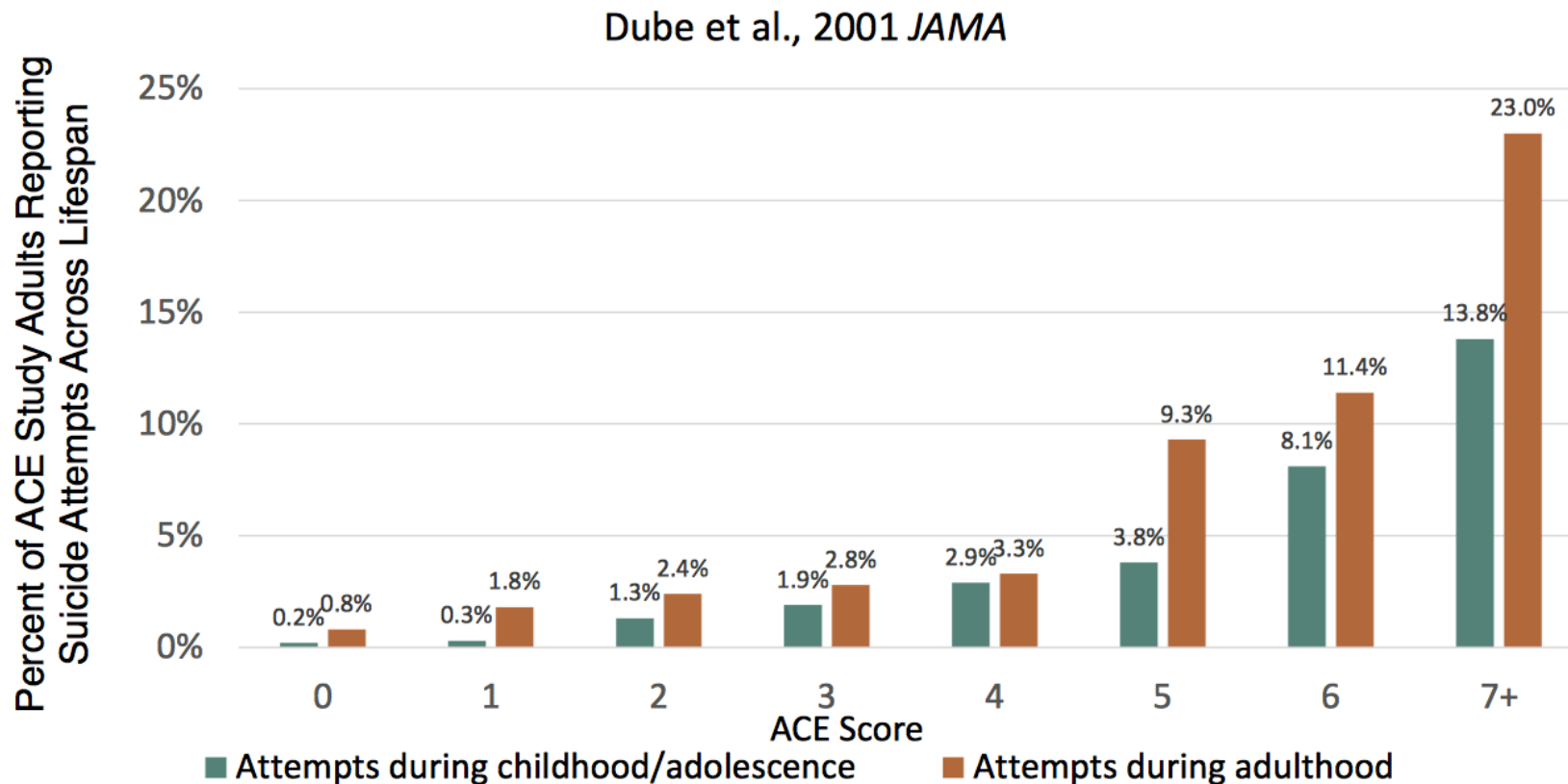
# ACEs and Suicide

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- ACEs have a strong, graded relationship to suicide attempts during childhood, adolescence, and adulthood.
- An ACE score of 7+ increased the risk of suicide attempts **51-fold** among children/adolescents and **30-fold** among adults (Dube et al, 2001).
- 64% of suicide attempts among adults and 80% of suicide attempts during childhood/adolescence were attributable to ACEs.

# ACES and Suicide

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# My Childhood in a Nutshell

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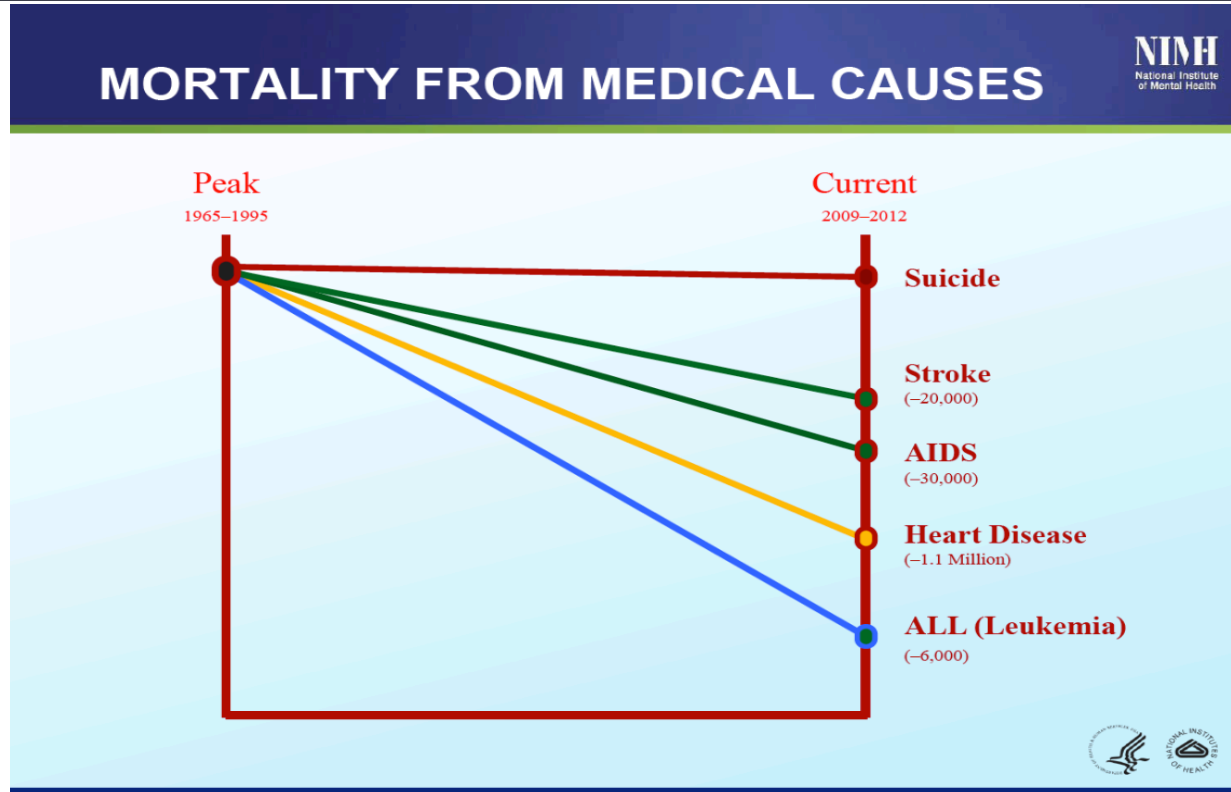
# My Story

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- History of several documented adverse childhood experiences
- ACE Score: 7
- First thoughts of suicide: age 7
- Early trauma never addressed in mental health care
- Suicidality well established by teen years
- Multiple suicide attempts during adolescence
- Re-traumatized in mental health settings
- Did not receive trauma-specific treatment (EMDR, Center for Mind-Body Medicine) until my 30s

# We Must Shift the Paradigm!

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“WE HAVE FAILED TO BEND THE CURVE WHEN IT COMES TO SUICIDE PREVENTION”  
THOMAS INSEL, DIRECTOR, NIMH



# POLL QUESTION

Does your organization have initiatives for trauma-informed care and Zero Suicide?

# Principles of Trauma-Informed Approaches

# The Four R's

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A trauma-informed program, organization, or system:

## Realizes

- Realizes widespread impact of trauma and understands potential paths for recovery

## Recognizes

- Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system

## Responds

- Responds by fully integrating knowledge about trauma into policies, procedures, and practices

## Resists

- Seeks to actively Resist re-traumatization.

# Key Principles of Trauma-Informed Approach (SAMHSA)

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- 1) Safety
- 2) Trustworthiness and Transparency
- 3) Peer Support
- 4) Collaboration and Mutuality
- 5) Empowerment, Voice, and Choice
- 6) Cultural, Historical, and Gender Issues

# Trauma Informed Approaches vs. Trauma Specific Treatments

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- Eye Movement Desensitization and Reprocessing (EMDR)
- Trauma-sensitive yoga (David Emerson)
- Neurofeedback
- Internal Family Systems (IFS) therapy
- Theater and storytelling/improv opportunities
- Body oriented therapies, Feldenkreis, Craniosacral therapy
- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection
- Sanctuary Model
- Seeking Safety
- Trauma Recovery and Empowerment Model (TREM and M-TREM)

# TYPE IN THE CHAT

What changes has your organization made to provide trauma-informed care?

# Zero Suicide and Trauma Informed Care

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- Screen for ACEs and current trauma as part of assessment/intake
- Provide trauma specific treatment onsite or through community linkages
- Utilize collaborative approaches to assessment, screening (CAMS)
- Train staff in both Zero Suicide and trauma informed approaches
- Incorporate peer support and lived experience in meaningful ways
- Seek to build trusting, respectful relationships as cornerstone of care
- Self care strategies for staff and persons served

***“If you think you’re too small to make a difference, try sleeping in a room with a mosquito.”***

**-African Proverb**



# Resources

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## **ACEs Study**

[www.cestudy.org](http://www.cestudy.org)

Dube SR, Anda RF, Felitti FJ et al. **Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the lifespan: Findings from the Adverse Childhood Experiences Study.** JAMA, 2001; 286:3089-3095.

<http://jama.jamanetwork.com/article.aspx?articleid=194504>

## **SAMHSA's Concept and Guidance for a Trauma Informed Approach**

<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

## **Trauma-Informed Care in Behavioral Health Services: Quick Guide for Clinicians Based on TIP 57**

<http://store.samhsa.gov/product/SMA15-4912>

# Additional Resources

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## **Alternatives to Suicide Peer-to-peer Support Groups**

<http://www.westernmassrlc.org/alternatives-to-suicide>

## **Manual for Support Groups for Suicide Attempt Survivors**

<http://www.sprc.org/bpr/section-III/manual-support-groups-suicide-attempt-survivors>

## **The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience**

<http://bit.ly/1k2nGvy>

# Presenter

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**Kim Walton, MSN, APRN**

Chief Clinical Officer for Behavioral Health Services  
Community Health Network

# About Community Health Network (CHN)

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- Large health care system (5 hospitals, 600+ physicians)
- Full continuum of behavioral health, substance abuse treatment programs
- 123-bed acute care psychiatric hospital
- 2 community mental health centers
- 2011: Introduction of Trauma-Informed Care
- 2014: Zero Suicide initiative kick off
- Oct 2014: Awarded SAMHSA Garrett Lee Smith state grant

# CHN's Journey to Trauma-Informed Care

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- Started with focus on trauma and the brain
  - Strong support from Department of Child Services
  - System of Care adoption
  - Support and training from Department of Mental Health and Addiction
- State expectation for DCS funding

# CHN's Journey to Trauma-Informed Care

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## Action steps

- Organizational Assessment
- **People:** Staff training – Healing 'Neen and TIC 101
- **Screening:** Use of ACES – Inform individual treatment and program development
- **Culture change:** Connect to Purpose
- **Environmental changes**
- **Practice:** TF- CBT, Seeking Safety, Crisis Response Team

# CHN's Journey to Zero Suicide in Health Care

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## Enter Zero Suicide Initiative

- Kick off February 2014
- Aligned with our Culture of Safety
- Team by team roll out – plan for practice change
- Initially no connection to trauma-informed care
- “Ah-Ha” moment at Zero Suicide Academy – listened to Leah Harris

# CHN's Journey to Zero Suicide in Health Care

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## Heavily focused on internal roll outs

- C-SSRS
- New collaborative safety plan
- Clinical pathway
- Role of Intensive Care Coordinator


## Data tracking

- Deaths by suicide
- Serious suicide attempts
  - Now aligning reviews with notes of ACES score and trauma focus to care



# How do we connect two powerful initiatives?

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Zero  
Suicide  
Initiative

Trauma-  
Informed  
Care

# Challenges, Changes, and ...

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- Change, change, change, change...
- Staff frustration
  - More work, too little time, client engagement
  - Lay low, this too will pass...
- Lots of internal leadership changes
- EMR build and data reports – tying data together
- Communication, communication, communication...

# Solutions...

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- Listen, listen, listen
- Increased focus on lived experience
  - More Connect to Purpose moments
- Connect to safety – what is more important??
- Process improvement – intake process
  - Reviewing every piece of data collected
  - Looking through a trauma lens
- Share the data – at the overall program and team levels
- Staff support – NO BLAME CULTURE
- Self care for staff – RISE team

# The Journey Continues...

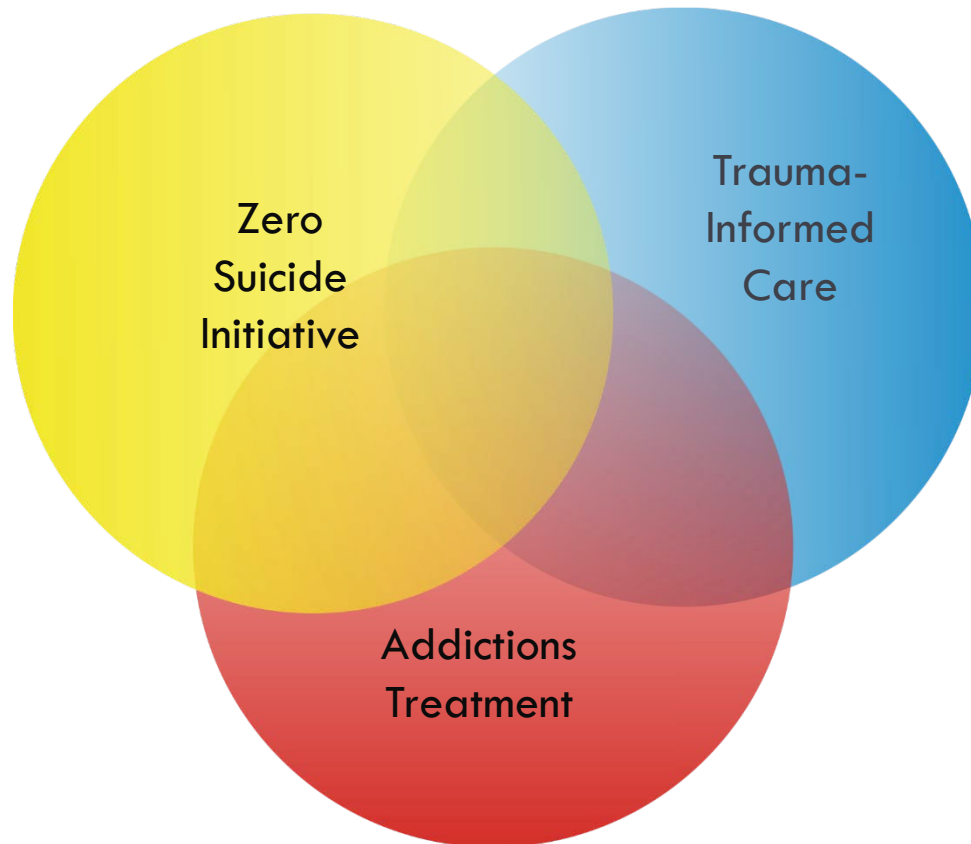
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Both journeys continue...more connected, entwined

- Increased training in EBPs
- Increased voice of lived experience
  - Need more input in program development
- Lessons learned from work of intensive care coordinators
- Data review
  - Where are highest needs?
  - How to resource those programs?

# And what about the third circle?

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# And what about that third circle?

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- What is the impact of substance abuse?
- Now collecting data on the triple threats:
  - Suicide attempt history
  - Trauma exposure
  - Substance abuse
- What if we can auto flag those at highest risk and provide additional supports?
- How do we improve health outcomes for those with these highest needs?

# Remember...

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It is about the

**STEPS** *on our  
Journey*

**...Not the destination**

# Presenter

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**Jan Ulrich**

State Suicide Prevention Coordinator  
Kentucky Department for Behavioral Health, Developmental  
and Intellectual Disabilities



# Trauma-Informed Care History in Kentucky

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# Trauma-Informed Care History in Kentucky

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**Seclusion/  
Restraint  
Project**

**Transformation Transfer  
Initiative Grant**

**National Child  
Traumatic Stress  
Network Grant**

**TIC T4T**

**CMHC  
Contracts**

**Trauma-Focused CBT  
Regional Forums**

**Mental Health  
America of KY  
Collaboration**

**Trauma-Informed Care**  
**IN KENTUCKY**

Safety • Individual Choice • Empowerment

**Ending Domestic Violence  
and Sexual Assault Conference**

**Seeking  
Safety  
Initiative**

# Intersections of Trauma-Informed Care and Suicide Prevention

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- ACE Score of 7+ increased likelihood of childhood/adolescent suicide attempts **51-fold** and adult suicide attempts **30-fold**.
- Poor suicide care may inadvertently increase trauma, which may ultimately increase suicide risk.
- Leadership driven
- Patient-centered care
- Input of those with lived experiences

# Trauma-Informed Care/Suicide Prevention Intersections in Kentucky

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## Clinical Excellence in Suicide Prevention: *Next Steps in Trauma-Informed Care*



# **ZERO**Suicide

IN HEALTH AND BEHAVIORAL HEALTH CARE

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## **GLS Cooperative Agreement**

**Leadership Summit  
on Clinical Excellence  
in Suicide Prevention**

**Regional Forums**

**Vital Statistics/  
Client Data  
Crosswalk**

**Behavioral  
Healthcare  
Workforce Survey**



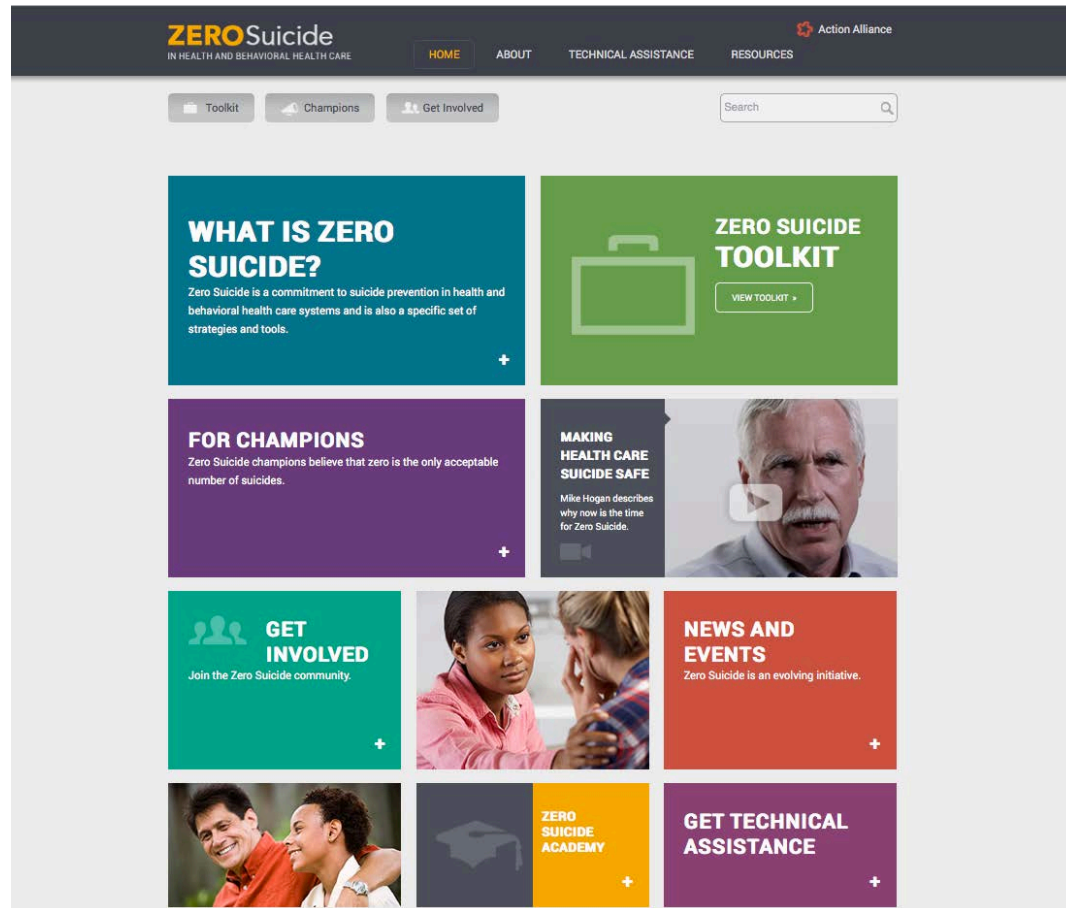
**AMSR T4T  
and CAMS  
Trainings**

**Organizational  
Self-Assessment**

**CMHC Contracts**

# ZeroSuicide.com

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## TYPE IN THE CHAT

What questions do you have for any of our presenters?

## **Julie Goldstein Grumet, PhD**

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Development Center

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