



Trauma is....

Anything that overwhelms a person's ability to cope

Ohio's Opiate Epidemic

Unintentional overdose deaths in Ohio

- 2012 = 1,914 (36% from heroin/3% from Fentanyl)
- 2013 = 2,110 (46% from heroin/3% from Fentanyl)
- 2014 = 2,482 (47% from heroin/20% from Fentanyl)
- 2015 = 3,050 (46% from heroin/36% from Fentanyl)
- 2016 = 4,050 (36% from heroin/56% from Fentanyl) PRELIMINARY

- 2,311 overdose reversals in SFY 2016

- 6,473 overdose reversals in SFY 2017 - over 98% of these reversals were successful (i.e., not resulting in death)

Children Services in Ohio

- 50% of children taken into custody in 2015 had parental drug use
- 28% of children taken into custody in 2015 had parents who were using opiates, including heroin at the time of removal
- 70% of children in custody under the age of 1 had parents who used opiates, including heroin
- 60% of children in custody under the age of 5 spend at least on birthday in foster care
- As of August 2017, Ohio had 15,052 kids in foster care – 10% increase since last year and 22% since 2010
- 62% increase in the number of relatives caring for children impacted by the opiate epidemic
- 19% increase in the number of days in foster care due to opiate recovery timelines

Caseworkers are first responders in these opioid-related case, leading to secondary trauma in our workforce

- In 2016 . . .
 - 1 out of every 4 caseworkers left their positions (including promotions, retirement)
 - 1 out of every 7 caseworkers left children services all together with 0 performance concerns
 - Loss of staff = \$24.3 million to cover recruitment, training, overtime costs

“A male child with an ACE score of 6 has a 4,600% increase in likelihood of later becoming an IV drug user when compared to a male child with an ACE score of 0. Might drugs be used for the relief of profound anguish dating back to childhood experiences? Might it be the best coping device that an individual can find?” *Origins of Addiction, Evidence from the Adverse Childhood Experiences Study, Vincent J. Felitti, MD, 2004*

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

(Felitti, 1998)

Basic cause of addiction is experience-dependent, not substance-dependent

Significant implications for medical practice and treatment programs

Factors That Contribute to Addiction

- Genetics/Inheritance
- Environment and life experiences
 - Exposure to potentially addictive substances (especially early in life)
 - Early life trauma
 - Life stress
- Other Predisposing conditions
 - Mental Illness
- Potency of the addictive drug

All influence the brain's response to substances and the vulnerability to substance use disorder

- Trauma seems to heighten a service provider's anxiety, which clients undoubtedly sense, reinforcing their belief that something is wrong with them. This general discomfort reflects the general lack of knowledge that permeates the system around trauma issues.
- For people in need of longer-term care/counseling, limited resources are available and waiting lists are growing
 - Many services and even clinicians are reluctant to take “trauma” clients because they believe it requires a long-term commitment
 - The health care and social services systems are reluctant to expand their involvement, focusing instead on short-term crisis driven services
 - It is increasingly difficult for people seeking trauma recovery services to find and access them

- Some people require more specialized trauma recovery services, but many do not, benefitting from a trauma-informed provider who is not necessarily a trauma specialist.
- People already receiving services are often referred out to specialized services after disclosing trauma, thus fragmenting their care and potentially sending a powerful negative message.

Trauma-Informed Systems and Services

- Take into account knowledge about trauma – its impact, interpersonal dynamics, and paths to recovery and incorporate this knowledge thoroughly in all aspects of service delivery

Trauma-Specific Services

- More focused:
 - To address *directly* the impact of trauma on people’s lives and to facilitate trauma recovery and healing

What’s Important

- All behavior has meaning
- Symptoms are ADAPTATIONS
- We build on success not deficits

What can schools do?

- Be aware of trauma- Trauma Informed Care
- Create school climates that promote safety, respect, and trust
- Create safe spaces within the school
- Provide consistent, predictable patterns
- Prepare the child with changes in pattern
- Increase choice making opportunities
- Don’t take behaviors personally
- Be sensitive to cues in the environment that may trigger trauma response
- Help students understand behavior choices and possible outcomes, allow for mistakes and re-teach
- Help develop self-regulation skills
- Provide consistent praise
- Increase levels of support