Please type your name, organization, and city/state into the chat.
Zero Suicide and Trauma-Informed Care
Moderator

Julie Goldstein Grummet, PhD
Director of Prevention and Practice
Suicide Prevention Resource Center
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...

- 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

CONTINUOUS

Create a leadership-driven, safety oriented culture

Suicide Care Management Plan
▪ Identify and assess risk
▪ Use effective, evidence-based care
▪ Provide continuous contact and support

Electronic health record

Develop a competent, confident, and caring workforce

QUALITY

IMPROVEMENT

APPROACH
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

Leah Harris  Kim Walton  Jan Ulrich
Presenter

Leah Harris, MA
@leahida
Trauma Informed Care Specialist and Director of Consumer Affairs
National Association of State Mental Health Program Directors
What causes Trauma?

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

Underlying question = “What happened to you?”

Symptoms = Adaptations to traumatic events

Healing happens In relationships
What is the Adverse Childhood Experiences (ACEs) Study?

- 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...

- 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

71% Percentage of children who are exposed to violence each year (Finklehor, 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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
</table>
| 40-80%     | 40-80% of school-age children experience bullying  
  *(Graham, 2013)* |
| 75-93%     | 75-93% of youth entering the juvenile justice system have experienced trauma  
  *(Justice Policy Institute, 2010)* |
| 92%        | 92% of youth in residential and 77% in non-residential mental health treatment report multiple traumatic events  
  *(NCTSN, 2011)* |
Trauma in Adults: Mental Health

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

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

- 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

Dube et al., 2001 *JAMA*

Percent of ACE Study Adults Reporting Suicide Attempts Across Lifespan

- **Attempts during childhood/adolescence**
- **Attempts during adulthood**

ACE Score

- 0: 0.2%, 0.8%
- 1: 1.8%, 0.3%
- 2: 1.3%, 2.4%
- 3: 1.9%, 2.8%
- 4: 2.9%, 3.3%
- 5: 3.8%
- 6: 9.3%, 8.1%
- 7+: 11.4%, 13.8%
- 7+: 23.0%

ZERO Suicide

IN HEALTH AND BEHAVIORAL HEALTH CARE

Education Development Center Inc. ©2015 All Rights Reserved.
My Childhood in a Nutshell
My Story

- 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!

“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

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)

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

- 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

- 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

ACEs Study
www.acestudy.org


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

Alternatives to Suicide Peer-to-peer Support Groups
http://www.westernmassrlc.org/alternatives-to-suicide

Manual for Support Groups for Suicide Attempt Survivors

The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience
http://bit.ly/1k2nGvy
Presenter

Kim Walton, MSN, APRN
Chief Clinical Officer for Behavioral Health Services
Community Health Network
About Community Health Network (CHN)

- 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

• 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

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
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

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?

Zero Suicide Initiative

Trauma-Informed Care
Challenges, Changes, and ...

- 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...

- 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…

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?
And what about that third circle?

- 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…

It is about the steps on our journey… Not the destination
Presenter

Jan Ulrich
State Suicide Prevention Coordinator
Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities
Trauma-Informed Care History in Kentucky
Transformation Transfer Initiative Grant

National Child Traumatic Stress Network Grant

CMHC Contracts

Trauma-Focused CBT

Seclusion/Restraint Project

Regional Forums

TIC T4T

Safely · Individual Choice · Empowerment

Mental Health America of KY Collaboration

Ending Domestic Violence and Sexual Assault Conference

Trauma-Informed Care in Kentucky
Intersections of Trauma-Informed Care and Suicide Prevention

- 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
Clinical Excellence in Suicide Prevention: Next Steps in Trauma-Informed Care
ZERO Suicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

GLS Cooperative Agreement

Leadership Summit on Clinical Excellence in Suicide Prevention

Regional Forums

Behavioral Healthcare Workforce Survey

Organizational Self-Assessment

Vital Statistics/Client Data Crosswalk

AMSR T4T and CAMS Trainings

CMHC Contracts
TYPE IN THE CHAT
What questions do you have for any of our presenters?
Julie Goldstein Grumet, PhD
Director of Prevention and Practice
Suicide Prevention Resource Center Education Development Center
Phone: 202-572-3721
E-mail: jgoldstein@edc.org