



Trauma-Informed Care and the Deaf Community

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Putting together the pieces

- Adverse Childhood Experiences Study (ACES)
- Trauma experience in the Deaf community
- Linguistic deprivation and neglect
- Trauma-informed care



- People play roles over extended periods of time
- An example

- [illegible]



ACES

- The ACE Study is a decade long collaboration between the HMO Kaiser Permanente Dept of Preventive Medicine in San Diego, and the Center for Disease Control and Prevention (CDC). The two principal investigators were Dr. Vincent Felitti of Kaiser Permanente, and Dr. Robert Anda of CDC.



Adverse Childhood Experience

- Categories
- Abuse of Child
 - Recurrent Severe Emotional abuse
 - Recurrent Physical abuse
 - Contact Sexual abuse
- Trauma in Child's Household Environment
 - Substance abuse
 - Parental separation or divorce -
 - Chronically depressed, emotionally disturbed or suicidal household member
 - Mother treated violently
 - Imprisoned household member
 - Loss of parent – (by death, by suicide, or by abandonment)
- Neglect of Child
 - Abandonment
 - Child's basic physical and/or emotional needs unmet



Impact of Trauma and Health Risk Behaviors

- Neurobiologic Effects of Trauma
 - Disrupted neuro-development
 - Difficulty controlling anger-rage
 - Hallucinations
 - Depression
 - Panic reactions
 - Anxiety
 - Multiple (6+) somatic problems
 - Sleep problems
 - Impaired memory
 - Flashbacks
 - Dissociation
- Health Risk Behaviors
 - Smoking
 - Severe obesity
 - Physical inactivity
 - Suicide attempts
 - Alcoholism
 - Drug abuse
 - 50+ sex partners
 - Repetition of original trauma
 - Self Injury
 - Eating disorders
 - Perpetrate interpersonal violence



Long-Term Consequences of Unaddressed Trauma

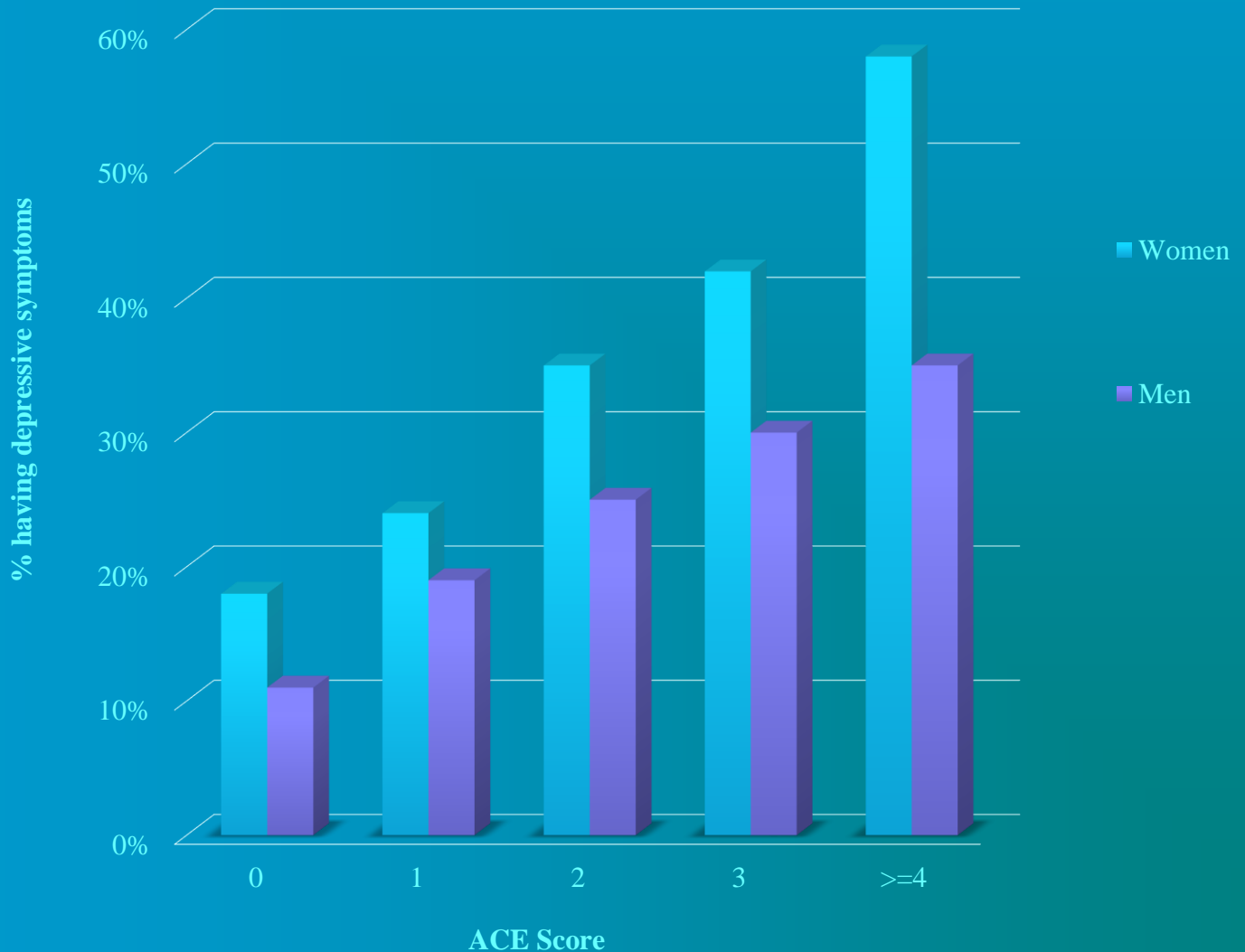
- Disease and Disability
 - Ischemic heart disease
 - Cancer
 - Chronic lung disease
 - Chronic emphysema
 - Asthma
 - Liver disease
 - Skeletal fractures
 - Poor self rated health
 - Sexually transmitted disease
 - HIV/AIDS
- Serious Social Problems
 - Homelessness
 - Prostitution
 - Delinquency, violence, criminal behavior
 - Inability to sustain employment
 - Re-victimization: rape, DV
 - Compromised ability to parent
 - Intergenerational transmission of abuse
 - Long-term use of health, behavioral health, correctional, and social services



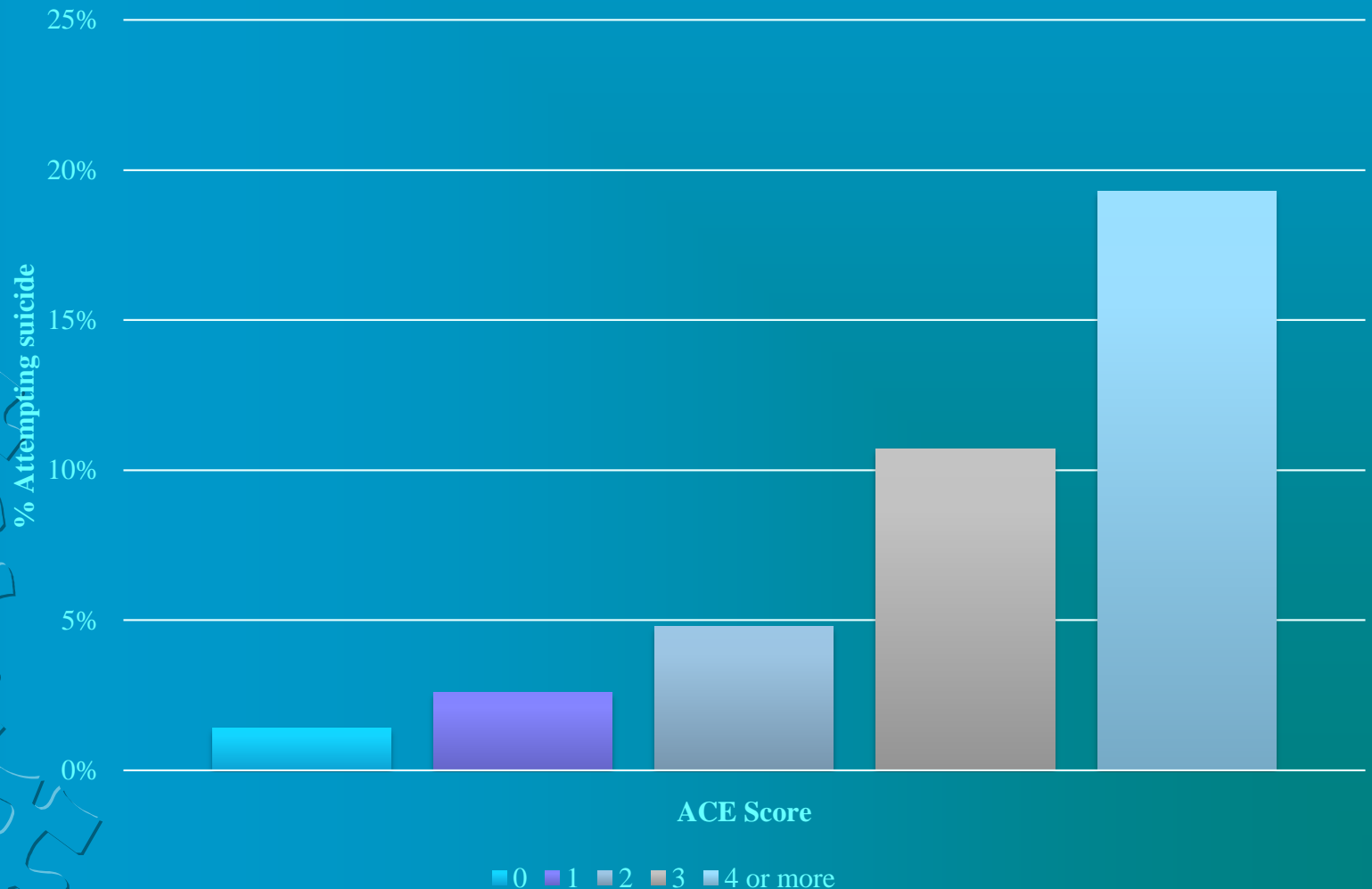
Adverse Childhood Experiences are Common

- Of the 17,000 HMO Members:
- 1 in 4 exposed to 2 categories of ACE's
- 1 in 16 was exposed to 4 categories.
- 22% were sexually abused as children.
- 66% of the women experienced abuse, violence or family strife in childhood.

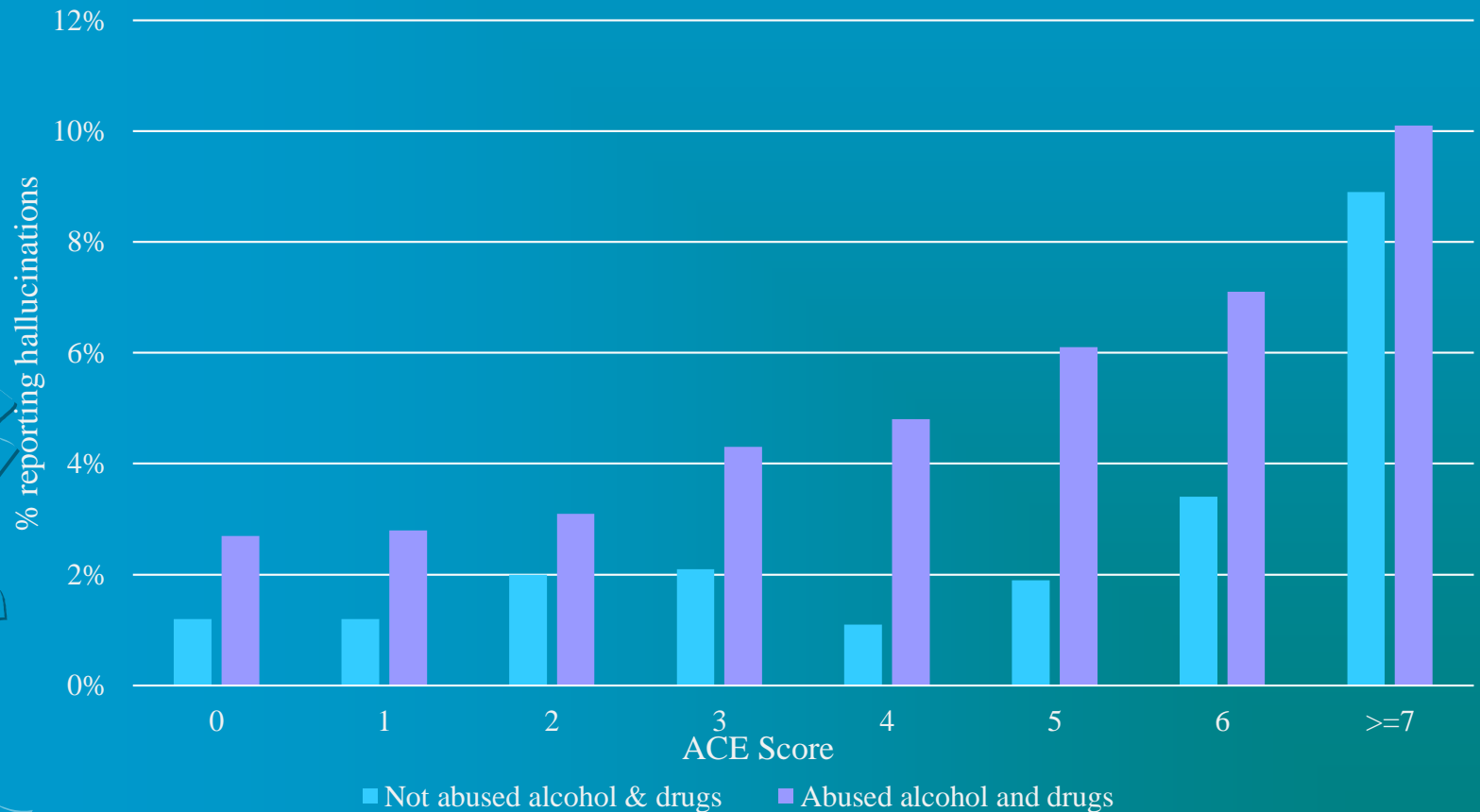
Childhood Experiences Underlie Chronic Depression



Childhood Experiences Underlie Suicide

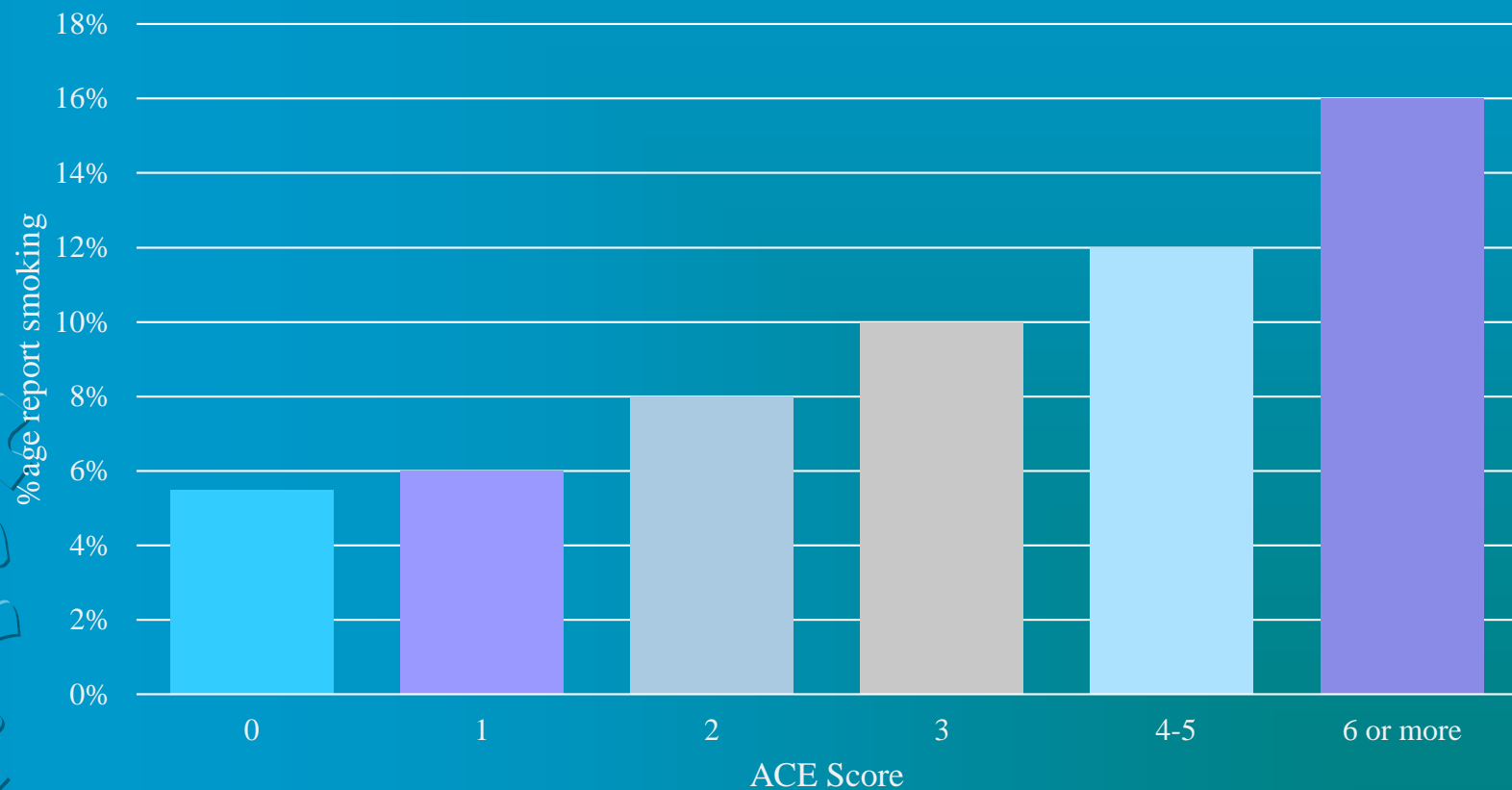


ACE Score and Hallucinations

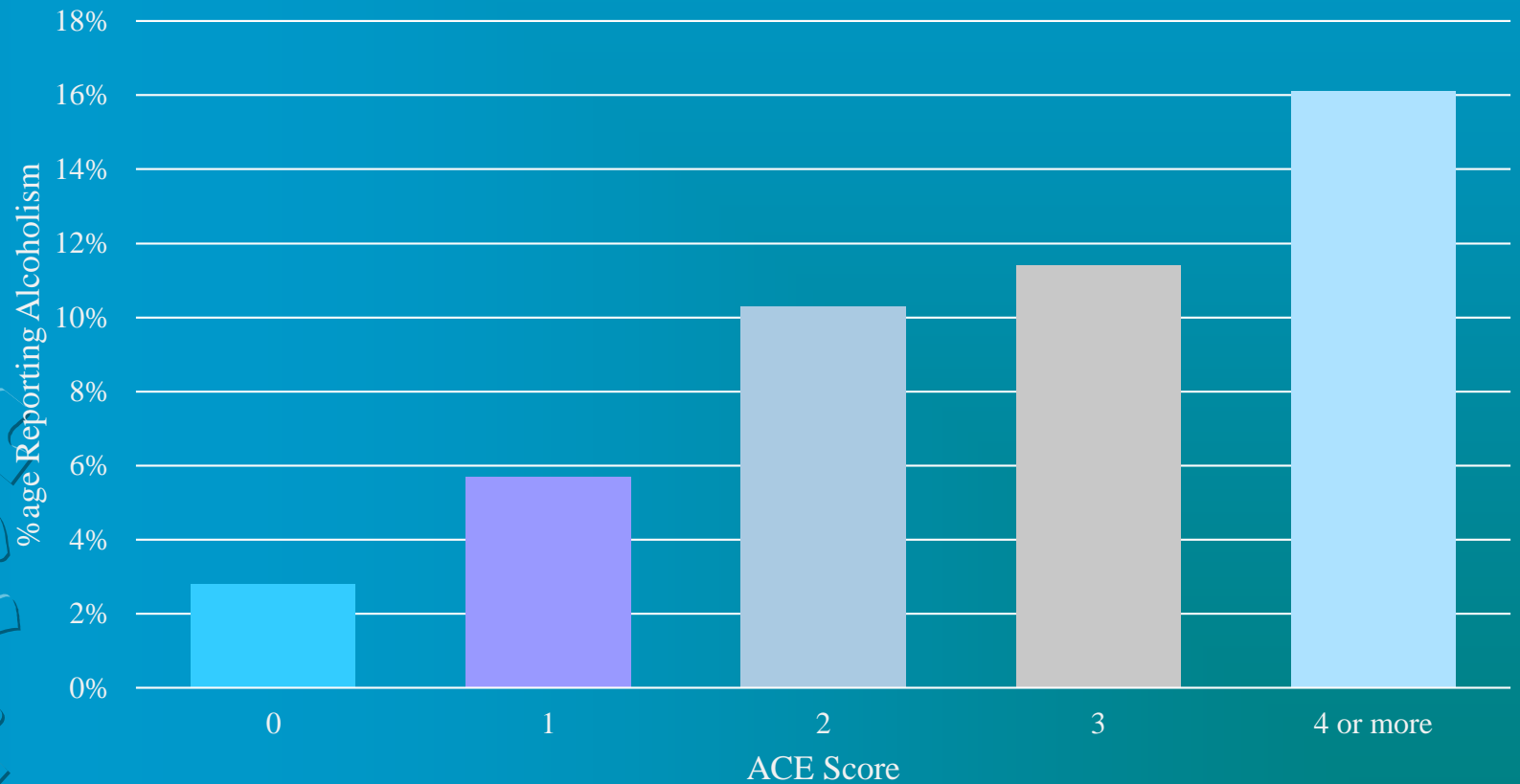


*Adjusted for age, sex, race, and education.

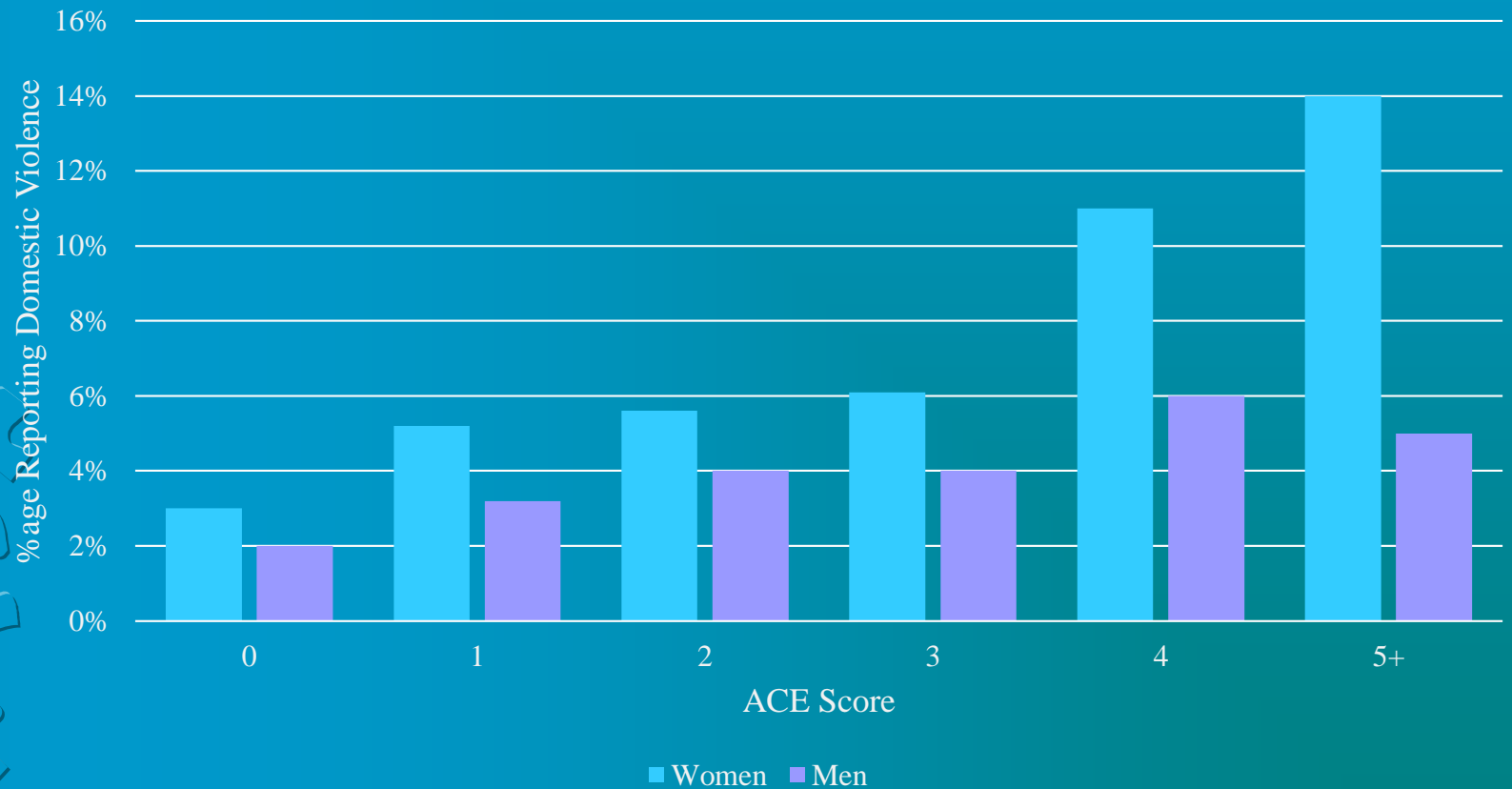
Adverse Childhood Experiences and Current Smoking



Childhood Experiences and Adult Alcoholism



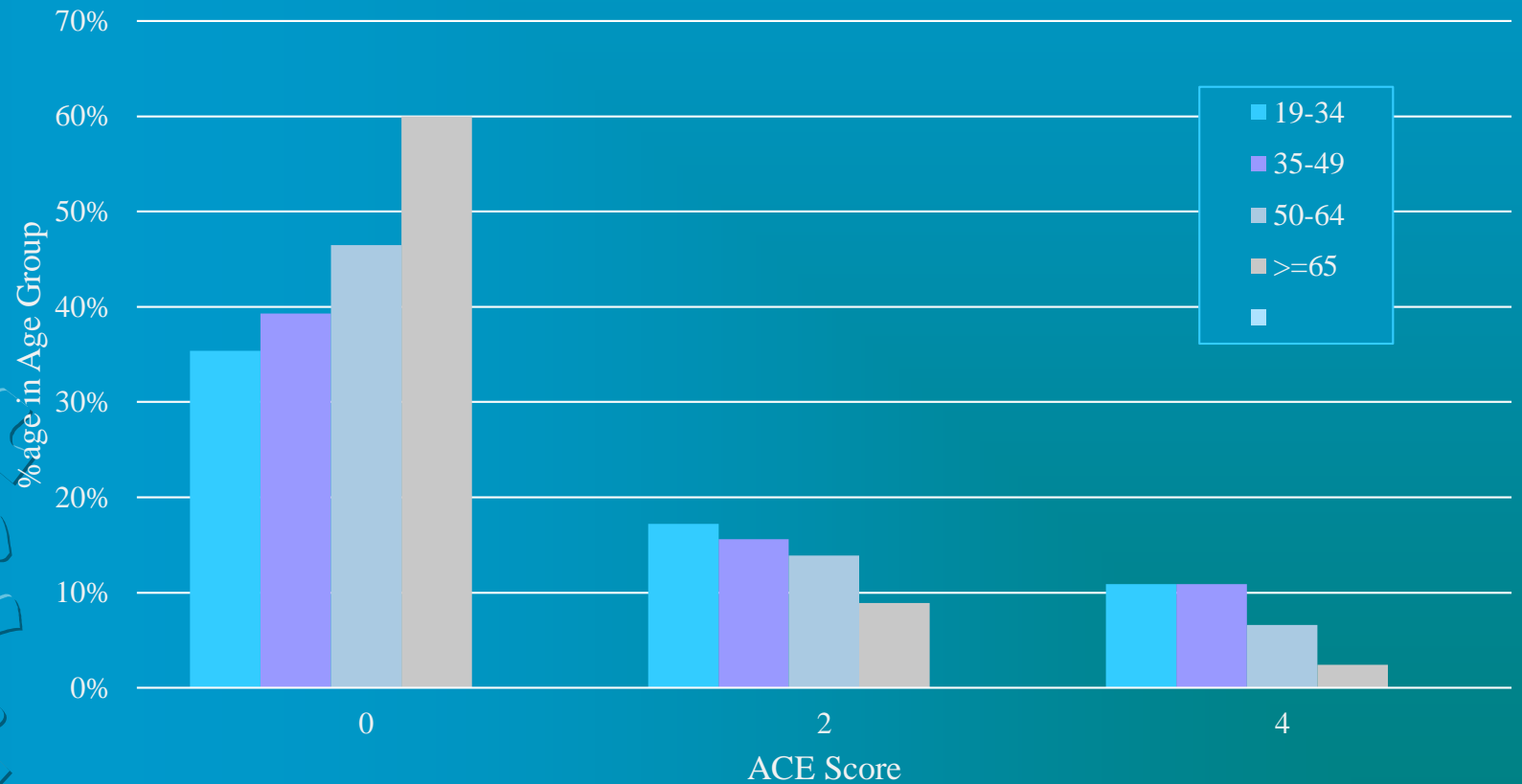
ACE Score and the Risk of Being a Victim of Domestic Violence



ACE Score and the Risk of Perpetrating Domestic Violence



Effect of ACE Score on Mortality





GENERAL

verbal or emotional abuse

family poverty

involvement with child

protective services

miscarriage

animal attack

evacuations

9/11

divorce

stalking

DEAF-SPECIFIC

physical/verbal punishment for
signing at school

no interpreter or communication
access at school

no communication access at hospital

no communication with parents

witness to parental grief when

deafness diagnosed

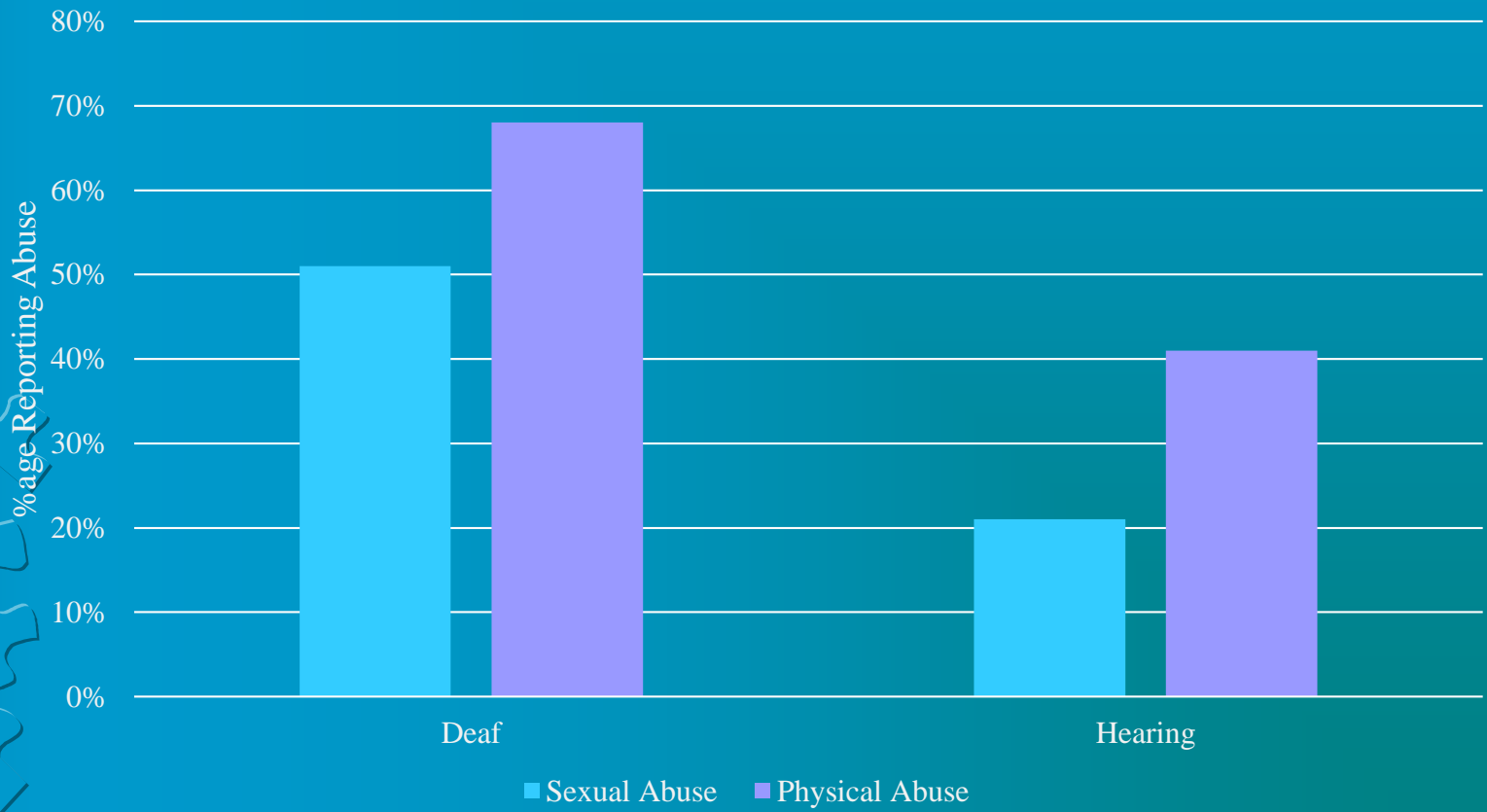
sent to Deaf residential school at
young age



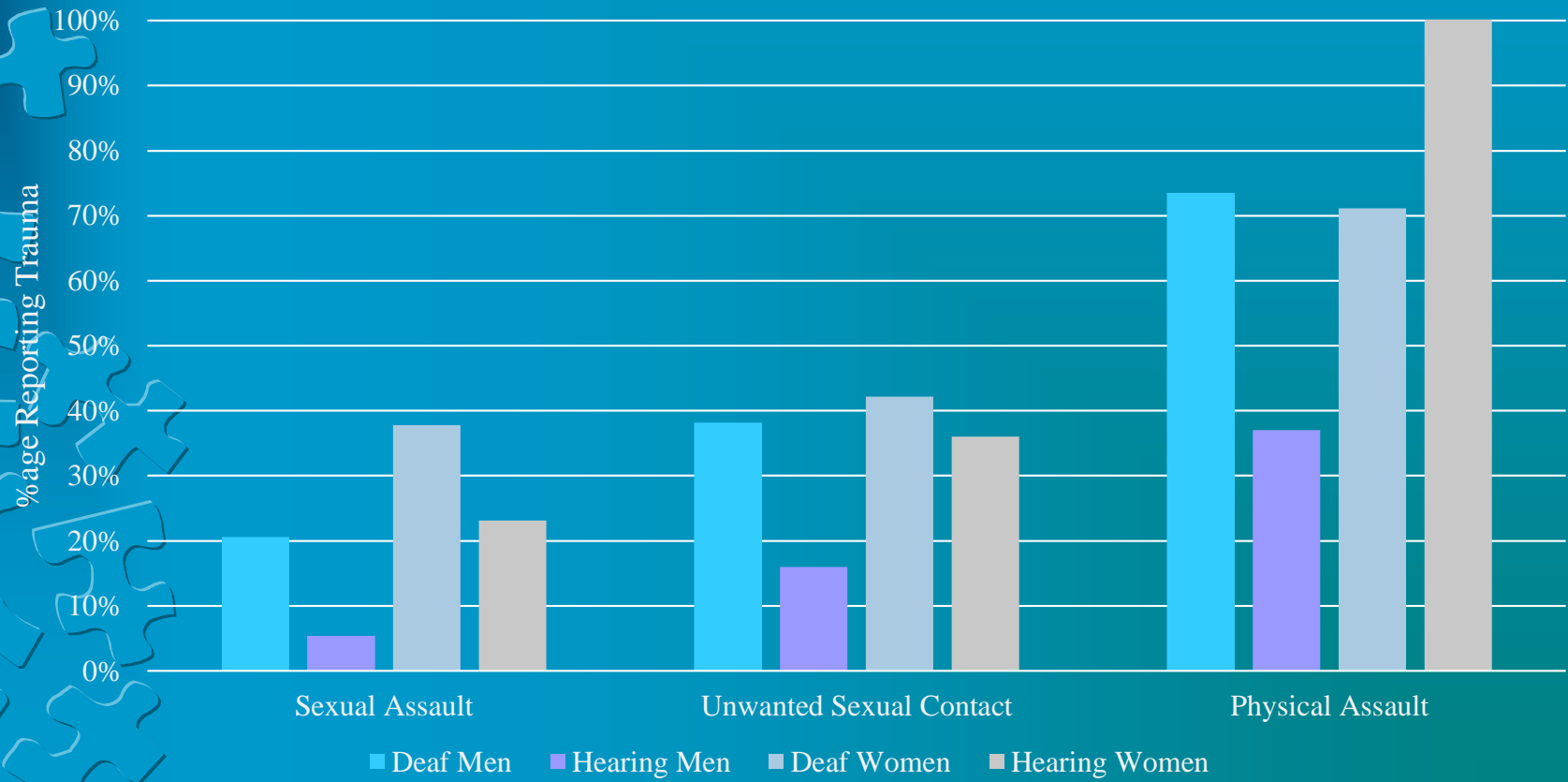
Language deprivation/neglect


- Language deprivation syndrome
 - Wyatt Hall
- Language deprivation trauma
 - Sven Schild
- Language Disorder
 - 5% of hearing people
 - 25% of deaf people

Childhood Abuse in the Deaf Community



Trauma Experience in the Deaf Community





Characteristics of Deaf Trauma Survivors

- Higher rates of:
 - Hypervigilance
 - Exaggerated startle reflex
 - Restricted affect
 - Psychogenic amnesia



Trauma Informed Care

- Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.*

*<http://mentalhealth.samhsa.gov/nctic/trauma.asp>





Trauma-Informed Care

- At all points of contact:
 - Environment
 - Front desk
 - Intake/Assessment
 - Therapy
 - Discharge



Environment

- “Deaf-Friendly”
 - Visually clear environment
 - VideoPhone & text access
 - Advertised ASL-fluent staff



Front desk

- Staff prepared to greet Deaf consumers
- Conscious of trauma triggers
 - Alerting clients
 - Calm waiting area



Intake/Assessment

- Trauma history on every client
- Clinical interview, not self-report
 - Trauma Screening Questionnaire
 - Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)



Therapy

- Safe environment
- Identify both the trauma and the skills used to cope with it
- Skills development
 - Glickman
- Motivational Interviewing
- Shared Decision-Making



Discharge

- Establishing reasonable expectations
- Connection with the community



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Questions/Comments

THANK YOU!