

04/17/2007



Funded by SAMHSA/CMHS

April 2007

Trauma Matters

**The e-newsletter from CMHS' National Center for Trauma-Informed Care
In this issue**

- Study Confirms Link between Untreated Trauma, Rising Health Care Costs
- NCTIC Holds First Videoconference Training
- One in Four Iraq, Afghanistan Vets Diagnosed with Mental Illness
- CMHS Meeting Prompts Peer Support Initiative on Disaster Retraumatization
- CMHS Offers Grants for Alternatives to Restraint and Seclusion
- Case Studies
- Training and Event Calendar

Study Confirms Link between Untreated Trauma, Rising Health Care Costs

Researchers have concluded that untreated trauma is a major catalyst to increased healthcare costs in the United States, confirming what many experts have suspected for years.

The Adverse Childhood Experiences (ACE) Study, conducted by Kaiser Permanente and the Centers for Disease Control and Prevention, shows that survivors of child abuse or neglect spend significantly more over the span of their lifetime on prescription medications for depression and other trauma-related symptoms compared to those who are not.

"We found that the number of categories of adverse childhood experiences has a strong, proportionate relationship to numbers of prescriptions per year written for antidepressant medications, on average 50 years after those experiences," said Vincent Felitti, MD, a principal of the study.

With growing interest in the rising portion of healthcare costs attributable to medications, the study is expected to garner much attention from lawmakers on Capitol Hill and elsewhere.

Results of this portion of the ACE Study are slated for publication by the *American Journal of Preventive Medicine* in May 2007.

- [Adverse Childhood Experiences Study](#)

NCTIC Holds First Videoconference Training

The National Center for Trauma-Informed Care (NCTIC) conducted its first videoconference training on February 12, 2007, in collaboration with the Minnesota Department of Human Services.

Through the videoconference, NCTIC was able to reach 135 individuals at 12 separate locations across the state.

Prior to the videoconference training, training materials were posted on the Minnesota Department of Human Services' training web site for participant download. During the training, participants and presenters were able to see and interact with each other in real time.

"We're very thankful for the support of the Minnesota Department of Human Services to make the event such a success," said Joan Gillece, NCTIC's Project Manager of trainings. "Videoconferencing can be an important supplement to our in-person trainings, particularly for those in rural areas."

For more information, contact Jenny Howes at 703.682.5198 or jenny.howes@nasmhpd.org

One in Four Iraq, Afghanistan Vets Diagnosed with Mental Illness

A study of nearly 104,000 military veterans who were seen at Veterans Administration (VA) health care facilities after returning from Iraq and Afghanistan shows that one in four are receiving mental health diagnoses-and more than half of those are receiving diagnoses for two or more disorders.

The study, conducted by the University of California and the San Francisco VA Medical Center, also concludes that 31 percent received mental health and/or psychosocial diagnoses, and that 60 percent of the diagnoses were made in non-mental health clinics (mostly primary care settings).

Veterans age 18-24 were at greatest risk for receiving mental health or posttraumatic stress disorder diagnoses, compared with veterans 40 years or older.

"Targeted early detection and intervention beginning in primary care settings are needed to prevent chronic mental illness and disability," according to the study.

- [Archives of Internal](#)

[Medicine Reference](#)

CMHS Meeting Prompts Peer Support Initiative on Disaster Retraumatization

Consumer leaders are developing training curricula to help those in the mental health and criminal justice systems work more effectively with individuals who have histories of trauma and/or mental illness and who are then retraumatized by disaster.

Principles for the curricula were developed at CMHS' most recent *After the Crisis* meeting, which convened its Peer Support and Response Committee January 25-26 in New York City.

Consumer-to-consumer peer support is widely recognized as one of the most promising means of addressing such retraumatization. Meeting participants agreed that peers are the most effective engagement tool in a post-disaster community of often already marginalized consumer-citizens. With the social upheaval that can follow disaster, peer support can be the only modality available to effectively address trauma and mental health needs in the wake of a disaster.

For more information, contact Noel Thomas at 518.439.7415, ext. 280 or nthomas@prainc.com

- [After the Crisis Initiative](#)
- [National GAINS Center](#)

CMHS Offers Grants for Alternatives to Restraint and Seclusion

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is soliciting applications to support states to reduce and ultimately eliminate the use of restraint and seclusion in institutional and community-based settings that provide mental health services, including services for people with co-occurring substance abuse and mental health disorders.

SAMHSA expects to award up to eight grants totaling up to \$1.7 million.

States will be able to increase the number of programs that implement alternative models to reduce/eliminate restraint and seclusion, including staff training models and other multi-faceted approaches, and collect data to measure the impact of these models on reducing the use of seclusion and restraint.

Applications for No. SM-07-005 are due May 11, 2007 and are available by calling SAMHSA's Clearinghouse at 1-877-SAMHSA7, or by downloading from www.samhsa.gov/grants/indes.aspx or www.grants.gov. Applicants are encouraged to apply online using www.grants.gov.

For more information about program issues, contact John Morrow at 240.276.1783 or john.morrow@samhsa.hhs.gov; for questions on grants management issues, contact Kimberly Pendleton at 240.276.1241 or kimberly.pendleton@samhsa.hhs.gov

- [Substance Abuse and Mental Health Administration](#)
- [Center for Mental Health Services](#)

Case Studies

Ohio Corrections Facility Sees Immediate Results of Trauma Training

Through trauma training, the Corrections Center of Northwest Ohio is reducing recidivism and uses of force on inmates. A reduction in inmate aggression and self-injury at the Center is also attributed to the shift toward a more trauma-informed environment.

Jim Dennis, Executive Director, Corrections Center of Northwest Ohio, explained that the Center's therapist felt that many clients/offenders were trapped in their personal trauma and that the trauma was central to substance abuse and mental health recovery.

"The general consensus before training was that staff would accept the training and philosophy," Dennis said. "However, staff responses exceeded expectations. Most had personal trauma themselves, and many shared stories about how they handle their own trauma triggers."

The Center employed TAMAR, a model developed for incarcerated individuals with trauma histories. And while this particular program at the Center is women-specific, men clearly need similar programs and services. "We believe the male population needs this too," Dennis said.

Trauma Training Key to Success of CT Jail Diversion Program

Providing women inmates with trauma-specific interventions is helping to reduce the odds of re-arrest and incarceration in Connecticut.

"Participants also report improved mental health status and reduced substance use," said Valerie Leal, Women's Services Administrator, Connecticut Department of Mental Health & Addiction Services.

The state uses a number of trauma-specific interventions-including Seeking Safety, TARGET and TREM-as part of its effort to create a trauma-informed system of care that will help to reduce jail and prison overcrowding and save taxpayer dollars.

Leal said the trainings have had an instant impact- not just in increasing staff awareness, but in fostering meaningful programmatic and environmental changes. "Court staff have increased their understanding of how trauma sequelae can impact behavior of defendants, and the courts have increased their willingness to allow

"All staff reported that their intake questions have been modified to include more trauma-sensitive questions about trauma," Leal added. "Staff feel more comfortable asking about trauma, and are more aware of potential signs that a new client may have a trauma history."

One key reason for the success of the program is that clients are provided with a greater role in developing their own treatment programs. Also, many agencies have taken simple steps to reduce anxiety and tension among and between inmates and staff, such as providing clients with a choice of having the door open or closed and respecting gender preferences of therapists.

"All staff reported that increasing trust between clinicians and consumers was a significant issue," Leal said.

Training and Event Calendar

April 18-19, 2007

NCTIC Training in Frankfurt, KY

May 1, 2007

NCTIC Training in Baltimore, MD (Baltimore City Mental Health Court)

May 10, 2007

CMHS Regional Consumer/Survivor Meeting in Chicago, IL

June 7-9, 2007

[2007 Mental Health America \(f/k/a the National Mental Health Association\) Annual Meeting](#) in Washington, DC

June 18-20, 2007

NCTIC Trauma Workshop at the [National Center for Victims of Crime Conference](#) in Washington, DC

September 16-19, 2007

[Institute on Violence, Abuse and Trauma 12th International Conference on Violence, Abuse, and Trauma](#) in San Diego, CA

November 15-17, 2007

[International Society for Traumatic Stress Studies 23rd Annual Meeting](#) in Baltimore, MD

email: nctic@abtassoc.com

phone: 301-634-1785

web: <http://www.mentalhealth.samhsa.gov/nctic>

[Forward email](#)

✉ **SafeUnsubscribe®**

This email was sent to hwest@witnessjustice.org, by nctic@abtassoc.com
[Update Profile/Email Address](#) | Instant removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).

Email Marketing by



National Center for Trauma-Informed Care | 4550 Montgomery Avenue | Suite 800 North | Bethesda | MD | 20814