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ABSTRACT

NY START Region 3 examined selected data points for all clients, ages 6 to adult, with documented diagnoses of Post Traumatic Stress Disorder (PTSD). The *general population of individuals* was compared to *individuals with a PTSD dx at enrollment reported to be receiving mental health services*, and *individuals with a PTSD dx at enrollment who were not reported to be receiving MH services*. SIRS and additional data points were examined and selected data trends related to gender, residential setting, emergency department utilization, inpatient psychiatric hospitalization, and RSQ stressors are presented. Case studies are provided to demonstrate the impact that utilizing trauma-informed approaches with START clients can have on promotion of positive outcomes for individuals, families, and systems.

INTRODUCTION

- Best-practices in trauma field indicate the critical importance of using trauma-informed clinical approaches when working with individuals who have experienced trauma.
- Research shows that the rate of trauma occurring in the population of individuals with intellectual/developmental disabilities is higher than in the general (non-IDD) population.

METHOD

- Identified cases with documented Post Traumatic Stress Disorder (PTSD) diagnoses at enrollment for a total sample size equal to 46 individuals.
- Identified which of the PTSD group were engaged in general mental health services and/or trauma-informed mental health services. Due to small sample size of sample engaged in trauma-informed mental health services, created one group of *individuals diagnosed with PTSD who received mental health services*, which included both general and trauma-informed mental health services.
- Examined these cases across several variables tracked in the START Information Reporting System (SIRS), and compared them to the NY START (R3) client roster who did not have a PTSD diagnosis (N=346).

REFERENCES & TOOLS

Harvey, Karyn (2012) Trauma-informed behavioral interventions. USA: American Association on Intellectual and Developmental Disabilities.

Recent Stressors Questionnaire (Charlot)

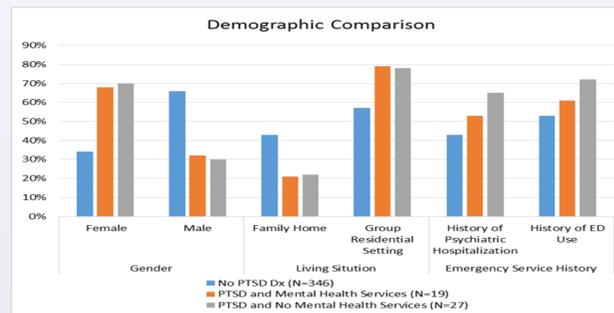
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Acknowledgements

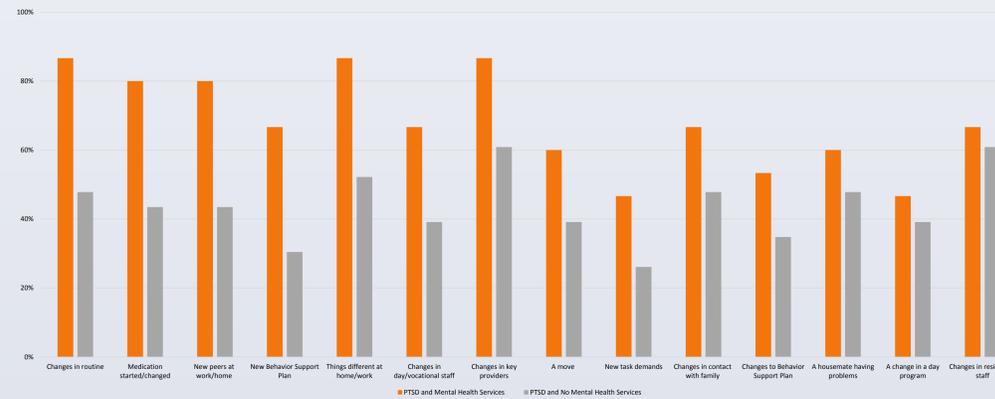
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NY Region 3: Comparisons



NY Region 3: Top Recent Stressor's Comparison



What We Learned

- Data:** Data suggested that PTSD diagnosis may be under-reported for many NY START clients. Data revealed that few individuals were receiving trauma-informed mental health services at enrollment.
- Sample Characteristics:** The sample size of individuals identified as receiving trauma-informed mental health services was too small (N=4) to conduct independent data analyses.
- Gender Differences:** Over twice as many females were diagnosed with PTSD as compared to males.
- Family Home:** About twice as many individuals with No PTSD diagnosis lived in Family Homes than individuals diagnosed with PTSD.
- Group Residential Setting:** Over three-fourths of individuals in both PTSD groups, i.e., PTSD - receiving mental health services and PTSD - no mental health services, lived in group residential settings; as compared to approximately one-half of the No PTSD diagnosis group.
- Emergency Department Utilization and Psychiatric Inpatient Admissions:** During the year prior to START enrollment, both PTSD categories had higher rates of psychiatric hospitalization (PH) and emergency department (ED) utilization when compared to the No PTSD group. PTSD - no mental health services had higher rates of ED and PH utilization than both PTSD - mental health services and No PTSD groups
- Psychopharmacology:** The majority (98%) of the PTSD sample were receiving psychopharmacology treatment. Psychopharmacology appears to have been a primary treatment intervention for individuals in both PTSD categories.
- Recent Stressors Questionnaire (RSQ):** Top identified RSQ stressors were reported more often for individuals with PTSD - mental health services than for individuals with PTSD - no mental health services.

Follow Up and Next Steps

- Data reflects the need to continue to provide training to community providers and parents about trauma and trauma-informed approaches
- Plans for further analyses of data sample:
 - Further study of current findings which showed that more individuals with PTSD lived in group homes than individuals without PTSD
 - Further study of current findings which showed that individuals with PTSD who received mental health services had identified RSQ stressors reported more often than individuals with PTSD who did not receive mental health services
 - Research data trends for psychopharmacology utilization for individuals with PTSD
 - Query ABC data for PTSD and general samples at multiple administration intervals
 - Compare START Action Plan service intensity for individuals with PTSD diagnosis and general sample

Case Example # 1

This case example is a 17-24 year old man who was referred to START for aggressive behavior and risk of losing placement.

This individual has a history of placement changes and is currently residing at a group residence (IRA). Prior to his referral to START, he was jailed for violating an order of protection related to physical aggression.

His psychiatric diagnoses are Bipolar Disorder and Post Traumatic Stress Disorder.

Since his referral to NY START Region 3, this individual has received over 31 hours of planned services including 7.75 hours of cross system crisis prevention and intervention planning; 19.1 hours of outreach to him, his residential provider, day program, and team; and 3.3 hours of clinical consultation services.

In the approximately 24 months since he has been enrolled in START services, this individual has utilized crisis services on two occasions and was able to stay in his home following START's involvement. In late 2016, he had a 10-day psychiatric hospitalization due to presenting as a danger to himself and others. Upon discharge he was enrolled in a new day program at which he receives individualized trauma-informed mental health services. These services include psychotherapy and numerous PTSD-focused groups, e.g., "Seeking Safety," "Reinventing Your Life," and "Recovery in Motion." This individual also participates in groups for art, music, journaling, and mindfulness therapies.

Since engaging in trauma-informed therapeutic interventions, this individual has not displayed any aggression. He is described by staff as a "new person," helpful to others, mindful of his actions, and a pleasure to be around. This individual has been gaining understanding about his experience of trauma, learning to express his thoughts and emotions without physical aggression, and developing an array of positive coping skills; and continues to do very well. The staff who support this individual are also learning about the impact of trauma and working with individuals who have experienced trauma; and are utilizing the knowledge gained to inform their work with this individual and others.

Case Example # 2

This case example is a new referral to NY START. The referral was made due to concerns about multiple suicide attempts and hospitalizations.

This individual is a 17-24 year-old young man diagnosed with Generalized Anxiety Disorder, Depression, and Post Traumatic Stress Disorder (PTSD). He experienced multiple incidents of sexual trauma during adolescence.

Prior to the initiation of START services this individual experienced challenges with emotional dysregulation, and made two suicide attempts resulting in hospitalizations. He currently sees a counselor based in his school setting; and a psychotherapist in a private setting where he is engaged in Dialectical Behavior Therapy.

The support team is currently involved with connecting the individual to additional community services and helping to grow a sense of connection and empowerment for this individual.

NY START has worked with the family in developing crisis intervention and prevention planning for the individual's parents and an individualized coping skill plan for their child. With a goal of expanding the family's knowledge and implementation of a trauma informed approach, NY START (R3) provided education on PTSD and recovery for the family and provider team. In this newly developing case, over 38 planned START hours have been provided including: Intake Assessments; Outreach; Crisis Plan development; and Education and Linkage.

Linkages have been made with community supports such as the local mobile mental health provider, a community warm-line, and a depression hotline. Increased resources and capacity to support this individual at home will continue with the goal of using trauma-informed mental health approaches to help reduce symptoms of anxiety and depression, develop positive coping strategies, and help the individual to have meaningful, joyful, and positive life experiences. Through increased knowledge of trauma and treatment, the parents' capacity to support their child continues to grow.