Trauma Treatment Needs of Children & Families in Rural Communities

Susie Mullens, MS, LPC, ALPS, Licensed Psychologist, CCAC

Andrea Hansen Ford, MA, LPC, LSW, ALPS

And additional contributions by

Peggy Johnson, MA, LSW
Thank You!

- NCTSN
- SAMHSA
- YHS

- All of you for joining us!
Who are we?

- Youth Health Service, Inc. is a private Non-profit behavioral health agency which provides mental health, trauma and substance abuse services to children, adolescents & their families.

“Strength Builders” NCTSN Category III

Our catchment area is in a rural area of the Appalachian mountains
Strength Builders Child & Adolescent Trauma Center

A place where kids can laugh... and cry... where hurts can heal.

636-9450

This program is funded in part by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, grant #1SM57144.
Outline

- Identifying need for treatment
- Rural Realities
- Rural/Appalachian Culture
- Marketing & Engagement
  “Making Connections”
- Treatment Needs
- Treatment
- Questions
Defining “Rural”

- The total rural population of the US is 52 million.
- Those who are classified as “rural” are widely divergent in geographic area, social, economic and health status.
- Rural residents on the whole tend to be lower income and less healthy.
- Rural may also be described as non metro, non urban, rural adjacent, rural non adjacent.
Growth in Rural Areas

- The USDA Rural America at a Glance 2007 Edition indicated that rural “non-metro” areas experienced domestic migration (increase of .6%) in counties with a service based economy that rely on tourism & recreation (July 2005-July 2006)
- These areas were attractions for tourism, recreation, second home development & retirement
- Mainly in the areas of the South, Texas Hill Country, Southern Appalachia, Florida Coast & Northern VA
Our experience is Appalachian Rural
How clients find services in rural areas

- Schools
- Department of Health & Human Services
- Medical Providers/Clinics
- “Word of mouth”-friends, family, current or former satisfied consumers

Initiated by self or at the recommendation of others
Specialized Opportunities

- Numerous grants that were identified by needs analysis to meet unaddressed need
- Early Learning Opportunities
- Family Investments
- Strength Builders Trauma Center
- Safe & Drug Free Communities
- Transportation
- Other Prevention Grants
“Rural Realities”
Demographics

- WV total population of 1.8 million; 24077 square miles; 75 persons per sq. mile
- Randolph County 28,000; 1039 square miles; 27 persons per sq. mile
- 5% are under the age of 5   20.9% under 18
- 15.3% are 65 and older
- 49.2% female   50.8% male
- 98% Caucasian
- 73.5% high school graduate; 13.6 college graduates
- 22% have a disability (age 5+)
- 75% Home ownership
- Travel 22 minutes to work

US Census Bureau
Employment

- Top employers in the county are
  - Wood Flooring/Manufacturing (National Co)
  - Hospital
  - Board of Education
  - Telecommunication-call in centers
  - Wal*mart
  - Corrections-WV Prisons
  - Wood production/Timber (Local)
  - Davis & Elkins College
  - WV Department of Highways
  - Coal Mining
Seasonal Employment

- Ski Resorts
- White Water Rafting
- Tourism
- Timber
- Construction

Many are “over employed” working two or more part time jobs.

Many work in manufacturing or in jobs that don’t accommodate services.
Unemployment

Average Unemployment Rate 2001-2003

National 5.5%  WV 5.7%

Appalachian Region 5.6%

Counties in our catchment area:

Randolph 6.4%  Tucker 7.2%
Upshur 6.4%  Barbour 8.8%

Appalachian Regional Commission
Poverty Rate

Nationally 12.4%
Appalachian Region 13.6%
WV 17.9%

Counties in our catchment area:
Randolph 18% Tucker 18%
Upshur 20%  Barbour 22.6%
Additional Demographics

Barbour Randolph Tucker Upshur

Percentages

KidsCount Data 2000
Juvenile Delinquency Rates

Per 1000 Youths Ages 10-17  KidsCount Data 2000
Child Abuse & Neglect Rates

Per 1000 Children  KidsCount Data 2000
Insurance & Health Care Coverage

- Our current client population
  - Medicaid
  - CHIP
  - Private
  - None
Importance of Transportation

- A very attractive service and a significant contributing factor to our service provision
- YHS has a small fleet of 5 vans
  8775 trips to pick up or return clients
  - Between October 1, 2006 & September 30, 2007
  - 209 clients
  - Covering 43,038 miles
- YHS staff traveled 21,361 miles providing home based services
Need for Mental Health Care

January, 2002

Worldwide, mental illnesses account for five of the ten leading causes of disability.

Mental illness is the second leading cause of disability and premature mortality in the United States and other developed countries.

Nearly one in five Americans is affected by a mental illness in any given year, and it's estimated that over half of the U.S. population will experience a mental illness in their lifetimes.

In the general U.S. population, the prevalence of mental illnesses varies little between rural and urban settings (Hartley, Bird & Dempsey, 1999; Rosenthal & Fox, 2000).
**Rural access and availability**

The major difference between urban and rural mental health care is that rural areas generally lack health care services and specialists.

This shortage exacerbates the impact of mental illnesses on rural residents.

Fewer than 10% of U.S. counties with populations of less than 2,500 have a psychiatrist.

Fewer than 20% have a licensed social worker.

In 1997, more than 75% of U.S. designated Mental Health Professional Shortage Areas were non-metropolitan ([Bureau of Primary Health Care](https://bphc.hhs.gov/)).
Rural/Appalachian Culture
Low population density
Limited and fragile economy
Cultural diversity
High level of poverty
Limited access to cities/
Isolation
Lack of employment for spouses
Lack of resources

Rural issues often misunderstood, minimized or not considered in forming national Mental Health policy –
90% of the land mass; 25% of population
Choice of a Rural Existence
Some insights....Mental Disorders constitute 15% overall burden of disease

Pres Bush in 02 defined 3 obstacles preventing Americans with Mental Illness from receiving care they require

1. Stigma
2. Unfair treatment limitations and financial requirements placed on Mental Health in Private Insurance
3. Fragmented Mental Health care delivery system
Research shows that the disorders of suicide, depression, and substance abuse in rural area populations are equal to or greater than urban area populations.
According to Dr. Ruby Payne
A Framework for Understanding Poverty
STIGMA/STEREOTYPE/
PREJUDICE
Some specifics for Appalachia

- Self Sufficiency
- Parochialism/xenophobia
- Education as non value
- Loyalty to place and Family
- Surrounded by mountains
- Sense of history & community
- Focus on illness care
Urban and Rural Differences in ACT

- Team
- Shared Caseload
- 100-120 clients
- Daily Team Rounds
- Avail 24/7
- Field site
- Staff as Medical monitor
- Case manager/provider
- + volunteers
- Shared caseload
- 80 maximum
- 2x per week rounds
- Day only/phone 24/7
- Field site
- + family
- Provider & broker
2000 NIMH

- 800 rural counties with high poverty rate
  - 25% quality for Medicaid compared to 43% in urban areas
Barriers have changed little in the last 30 years
Marketing & Engagement
Outreach Principles

- Trust in known entity
- Success in personal contact
- Every contact affects every future contact- word of mouth is powerful
- Common connections- distrust of outsiders
- Relationships require frequent contact- “face time”
- Hospitality is crucial-impressions we make
- Accessibility- meeting clients where they are, transportation difficulties
- Clients as unique individuals- individualized services
Outreach Ideas - Media

- Local newspaper - for publicity & public awareness
- Radio - targeting your listening audience
- Television - TV news, public access
- Movie theater advertisements
- Your website - keep it updated and meaningful
- Billboards - limited common roadways
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Domestic Violence
they see more than you think

STRENGTH BUILDERS CHILD AND ADOLESCENT TRAUMA CENTER

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TEEN DATING VIOLENCE

Love is NOT

Power Control Abuse

STRENGTH BUILDERS CHILD AND ADOLESCENT TRAUMA CENTER

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Outreach - personal contact for families and referral sources

- Advisory boards - include parents, key stakeholders, referral sources
- Focus groups
- Participate in other’s advisory/community groups - professional and civic
- Agency/program brochures in key locations
- Become a presence in the schools - respond to needs, support schools through ads in athletic programs, etc.
- Participate in local events - fairs, flag raising events, YMCA sponsored events, etc.
Outreach: Being a source of information for others

- Respond to local crisis in timely and helpful manner
- Invite other agencies to training
- Provide training in schools, courts, law enforcement, etc.
- Give talks to local groups- Girls/boys Scouts, Rotary, churches, interagency groups, PTO’s
- Represent your agency in local collaborative groups- FRN, MDT
- Participate in joint activities with others- hospital, domestic violence shelter, county parks, etc.
- Respond to media requests for information
Family Engagement

- Must be personal, face to face
- Meeting clients where they live- home visits
- Interactions must be helpful, respectful, warm and friendly
- Recognizing difficulties in getting to services and helping to remove barriers
- Respect for competing priorities
- Frequent personal contact, no letters
- Introduction “Welcoming” Call/Reminder Calls
Core Service Areas

- Assessment & Evaluation
- Family Therapy
- Individual Therapy
- Group Therapy
- Parenting Classes
- Trauma Treatment
- Substance Abuse Treatment
Most Frequent Diagnoses

- ADHD
- Disruptive Behavior Disorder
- Oppositional Defiant Disorder
- Sexual Abuse of a Child
- Post Traumatic Stress Disorder
- Dysthymia
- Neglect of a Child
- Depression
- Adjustment Disorder
Trauma Treatment Needs

- Data Collection utilizing the NCTSN Core Data began October 16, 2006
- As of October 19, 2007 we have 235 clients enrolled
- Enrolled clients have an average of 3.3 identified traumas
- 9% are not in parental custody
Identified Traumas

- Impaired Caregiver 66%
- Traumatic Loss/Grief 49%
- Domestic Violence 44%
- Emotional Abuse 36%
- Sexual Abuse & Assault 36%
- Physical Abuse 27%
- Neglect 18%
- Illness/Medical 14%
- Serious Injury/Accident 9%
Understanding Links Between Adolescent Trauma and Substance Abuse

Materials for health care providers, parents, and teenagers to raise awareness about the needs of youth with traumatic stress and substance abuse problems, and to promote evidence-based practices in clinical settings.

www.nctsn.org  download toolkit at
www.bu.edu/atssa/toolkit.html
YHS Substance Abuse/Dependent Clients
Types of “Trauma”

- Loss
- Sexual
- DV
- Neglect

Bar chart showing the distribution of trauma types among YHS Substance Abuse/Dependent Clients.
But Most Astounding is the rate of YHS SA Clients
Caregiver Impairment

- Caregiver Impaired: 13%
- Caregiver Not Impaired: 86%
YHS Data for Caregiver Impairment/Substance Abuse/Dependence

- Substance: 89%
- Other: 11%
Dual Relationships
Ideally we avoid them, however in some areas

It’s not always possible
Questions to ask

- Is the dual relationship necessary?
- Is the dual relationship exploitive?
- Who does the dual relationship benefit?
- Is there a risk that the dual relationship could damage the client?
- Is there a risk that the dual relationship could disrupt the therapeutic relationship?
- Am I being objective in my evaluation of this matter?
- Have I adequately documented the decision making process in the treatment records?
- Did the client give informed consent regarding risks to engaging in the dual relationship?
Additional Relationship Complexities

- In small areas where there are few providers, many times clients come in and talk about situations that involve people who are also clients.
- Can provide additional information to the provider.
- Can be tricky & presents ethical concerns.
What kind of a Professional?

- Enjoys the outdoor life
- Wants involvement in community affairs
- A small town person
- Married with small children
- Connection to region
- Willingness to seek outside contacts for professional sustenance
- Prefers/accepts multiple roles in an organization
MODEL PROGRAMS

- Making the Best Use of Limited Resources
“Askin’ ain’t gettin’”

- Consistent way to fund programs with proven outcomes
- Evidenced Based Practices
- Family Systems treatment orientation
- Innovative Community Based Program
- Primary Care and Mental Health Integration
Our Approach

- Tiered Case Management
- A Paradigm Shift
- Creative financing
- Employee Satisfaction
- Collaboration
- Sweat equity
References


Websites

- Appalachian Regional Commission  www.arc.gov
- Kids Count  www.kidscount.org
- www.mentalhealth.samhsa.gov
- Henry J Kaiser Family Foundation  www.kff.org
- www.census.gov