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System-Induced Trauma

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MOADD ECHO Continuing Education

- Target audience: Community Mental Health Centers, Developmental Disability service providers, and Child Welfare professionals to include mental health therapists, social workers, BCBA's, psychologists, psychiatrists, nurses, case managers, support coordinators, professional managers, direct care staff, children's service workers.
- Objective: Improve treatment outcomes of children with dual diagnoses, and increase Missouri community health providers and other providers self-efficacy, knowledge and understanding of evidence-based best practices in caring for children with intellectual disabilities and/or autism and behavioral health diagnoses.
- The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
- The Office of Continuing Education, School of Medicine, University of Missouri designates this live educational
 activity for a maximum of 1.5 AMA PRA Category 1 Credit(s)". Physicians should only claim credit
 commensurate with the extent of their participation in the activity.



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MOADD ECHO Disclosures

Current ACCME (Accreditation Council for Continuing Medical Education) rules state that participants in CME activities should be made aware of any relevant affiliation or financial interest in the previous 12 months that may affect the planning of an educational activity or a speaker's presentation(s). Each planning committee member and speaker has been requested to complete a conflict of interest statement for the MOADD ECHO series.

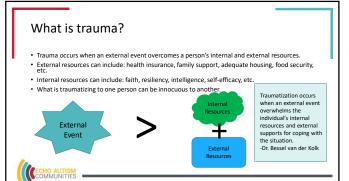
Planning Committee Member & Speaker Disclosures:

- Kristin Sohl, MD, FAAP has the following relationships:
 Cognoa research funding
 Quadrant Biosciences advisory board

 - Autism Navigator consultant



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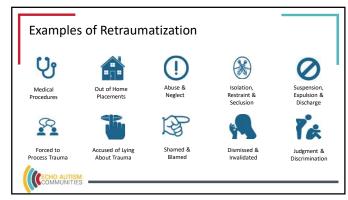
What is System-Induced Trauma?

Situations in which organized systems create trauma, including those designed to mitigate trauma.

Often occurs when:

- ✓ Systems don't recognize signs/symptoms of trauma in their work
- ✓ Workforce has unaddressed trauma that impacts their interactions
 ✓ Systems are understaffed
- ✓ Lack of collaboration with other systems that could provide meaningful support
- ✓ Systems don't use trauma informed practices
 ✓ Systems are not intentionally trying to reduce re-traumatization

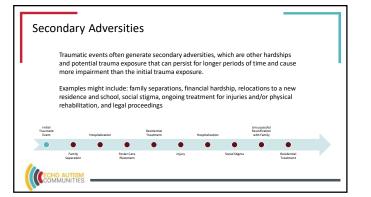




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How does retraumatization effect someone? · Loss of trust and security Reluctant to leave safe environments Pessimism, fatalism, and cynicism Greater reactivity to stress Less enthusiasm for treatment or optimism about its benefits Increased susceptibility to other behavioral health conditions More intense-than-normal flashbacks and nightmares Higher incidence or self-harm, including attempts at suicide Persistent fears or paranoia, hypervigilance Possible delusions or hallucinations related to the re-experiencing Increased frequency and reactions to COMMUNITIES -

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