

# Trauma Informed Care: Overview and Current Practices in Patient Screening

Speakers:

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Jeffrey Ring, PhD, Principal, HMA

April 26, 2016

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Quick Start Event Info

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Participants Chat Recorder Q&A

Participants (1)

Speaking:

Panelists: 1

HMA Events (Host, me)

Attendees: 0 (0 displayed)

Chat

Send to: All Panelists

Select a participant in the Send to menu first, type chat message, and send...

Send

Q&A

All (0)

Select a question, and then type your answer here. There is a 256 character maximum.

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Send to: All Panelists

Select a participant message, or

Host  
Presenter  
Host & Presenter

Q&A

All (0)

All Attendees  
All Panelists  
All Participants  
Select an Attendee...

Select a question, and then type your answer here. There is a 256 character maximum.

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# Trauma Informed Care

- Karen Hill, PhD, MSN, ANP-C  
Senior Consultant
- Laurie Lockert, MS, LPC  
Senior Consultant
- Jeffrey Ring, Ph.D.  
Principal



# Objectives

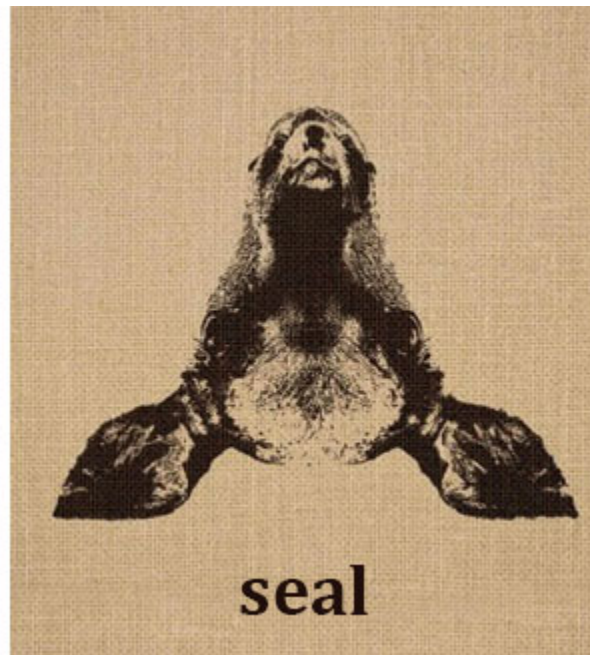
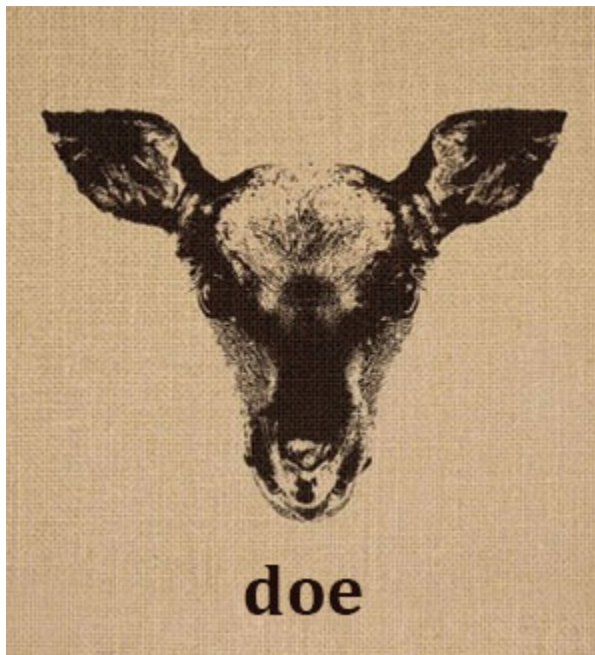
- Understand adverse/traumatic experiences and sensitive care delivery
- Examine links between trauma and physical health as well as the importance of integrating treatment through trauma-informed care
- Identify who is at risk for adverse or traumatic experiences with primary care screening tools
- Learn how to recognize and mitigate patient behaviors that often are the result of trauma



## First, Do No Harm

- At times our systems alienate the very people we hope to help
- We see it in missed appts, missed medications, treatment plans that don't seem to work, angry outbursts
- When this happens we often blame the patient/individual
- If we change our **PERSPECTIVE**, everything else changes too
  - *Engagement* in treatment increases dramatically
  - We see *staff enjoying* their work
  - We see *health improve* with patients and staff

When you change the way you  
look at things, things change the  
way they look...





# Trauma Informed Services

- *Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the individual's safety, choice, and control. Such services create a treatment culture of nonviolence, learning, and collaboration*
- *Utilizing a trauma-informed approach does not require disclosure of trauma. Rather, services are provided in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting one's treatment. Trauma informed practice is more about the overall essence of the approach, or way of being in the relationship, than a specific treatment strategy or method.*

**Trauma informed practice guide**  
BC Provincial Use Planning Council



# Defining Trauma

*“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”*

SAMHSA (Substance Abuse and Mental Health Administration)

# Advancing Our Understanding

Trauma Recovery/Trauma Specific Services

vs

Trauma Sensitive

vs

Trauma Informed Care

*“Trying to implement trauma-specific clinical practices without first implementing trauma-informed organizational culture change is like throwing seeds on dry land.”*

*Sandra Bloom, MD*



# What TIC Doesn't Mean

- It doesn't mean excusing or permitting/justifying unacceptable behavior.
  - Supports accountability, responsibility
- It doesn't mean just being nicer
  - Compassionate, yes, but not a bit mushy/patronizing
- It doesn't 'focus on the negative'
  - Skill building, empowerment
  - Recognizing strengths

Bottom Line: People we serve are not trying to be “*difficult*.”  
They are doing the best they can with what they've got.



## Survey Instructions

- This is an anonymous survey
- We would like for you to read the questions and answer either YES or NO
- Keep track of the YES
- Enter ONLY your CUMMULATIVE
- We will have results at the end of the presentation

# Warm Handoff



# The Sufferings of Childhood Can Shape, and Misshape, the Life of an Adult

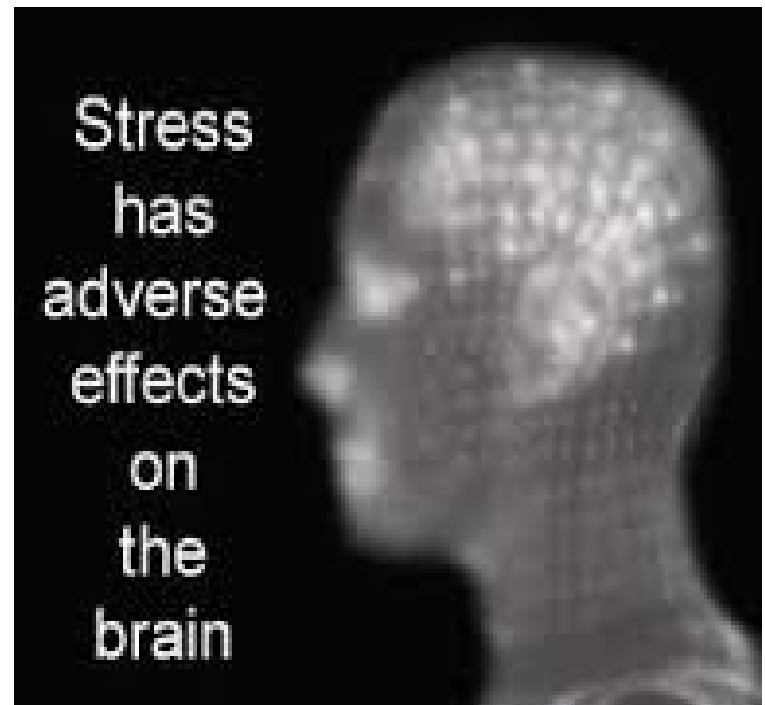


# Adverse Childhood Experience Study

- 1990's Anda & Felitti CDC Epidemiologist & Kaiser Preventative Medicine MD
- Set out to determine in a general population the prevalence of early adversity and effect on life course
- 17,337 Kaiser Health Plan member
- Middle Class, mostly White (75%) and college educated (75%) , 95% > 30 yrs. of age

## Adverse Childhood Experiences Kaiser and CDC Study

- ACEs are common
- 2 out 3 had at least 1 ACE
- 1 was 87% predictive of at least and 50% >3
- Women were 50% more likely than men to have scores >5





# ACEs Study 10 Items Indicators

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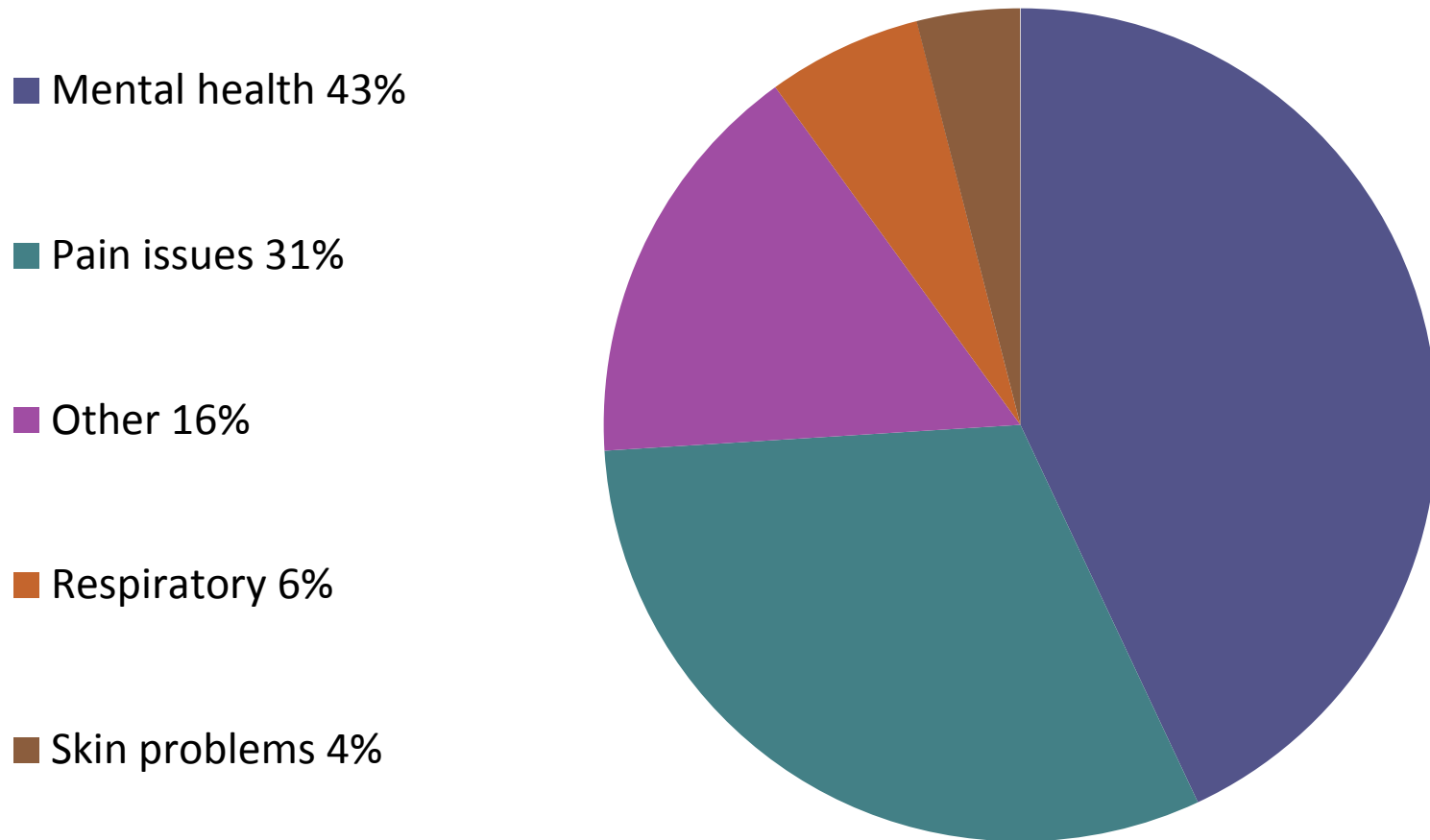
- Physical abuse 10.6%
- Sexual abuse 28.3%
- Emotional abuse 20.7%
- Physical neglect 9.9%
- Emotional neglect 14.8%
- Mother treated violently 12.7%
- Household substance abuse 26.9%
- Household mental illness 19.4%
- Parental separation/divorce 23.3%
- Household incarceration 4.7%



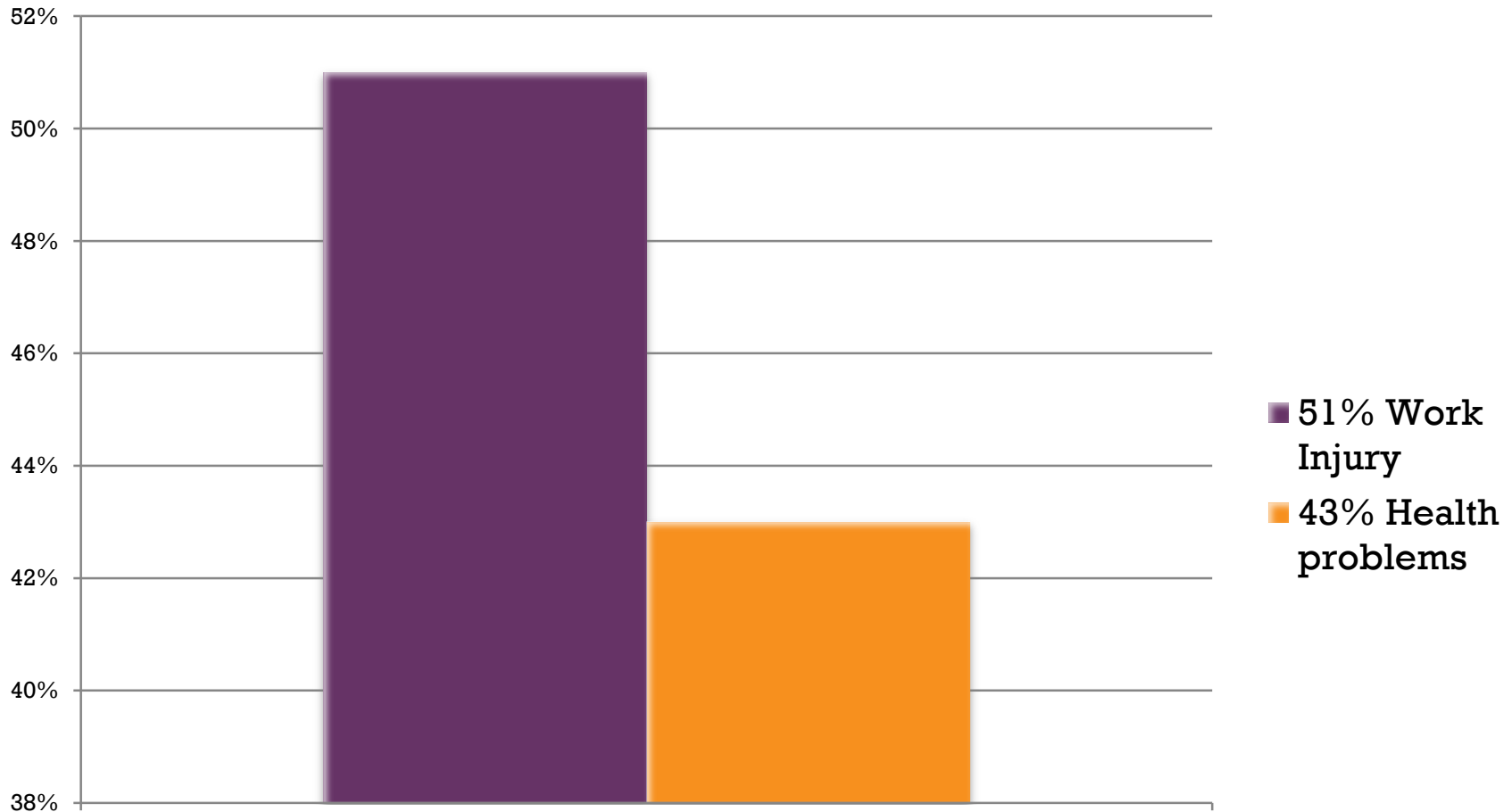
# ACEs and Emerging Adult Workers 18 to 30yrs Hill (2014)

Characteristic	N	Mean	SD
Total ACE Scores	134	3.84	2.7
Age			
18-25	82	3.59	2.71
26-30	52	4.23	2.65
Gender			
Female	71	4.17	2.72
Male	63	3.46	2.64
Race/Ethnicity			
African American	40	4.15	2.84
White, non-Latino	43	3.98	2.72
Latino	21	3.62	2.78
Asian	14	1.86	2.07
Multiracial	12	4.83	1.52

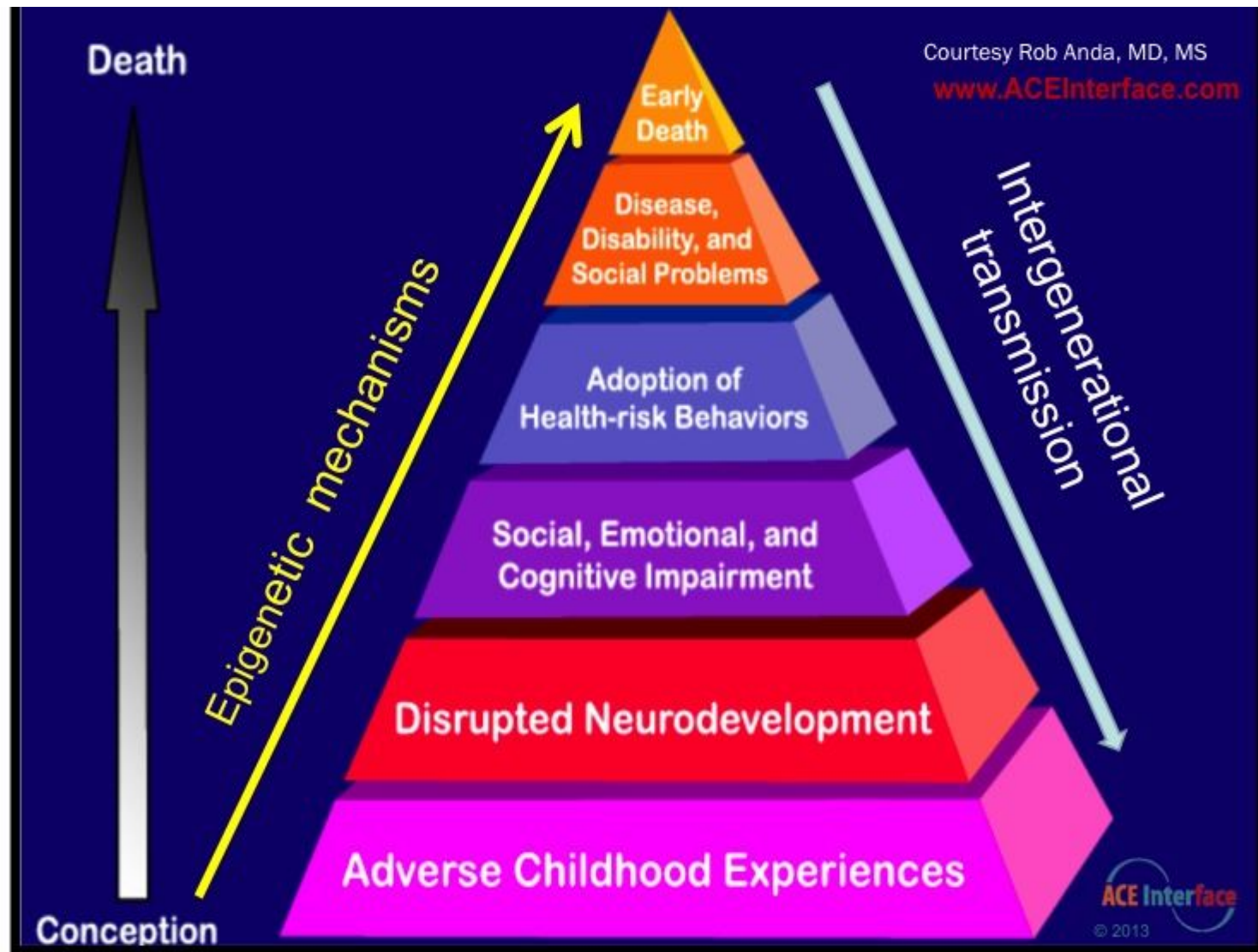
# Health Problems Worsened



# Work Injury and Health Problems



# ACEs Pyramid





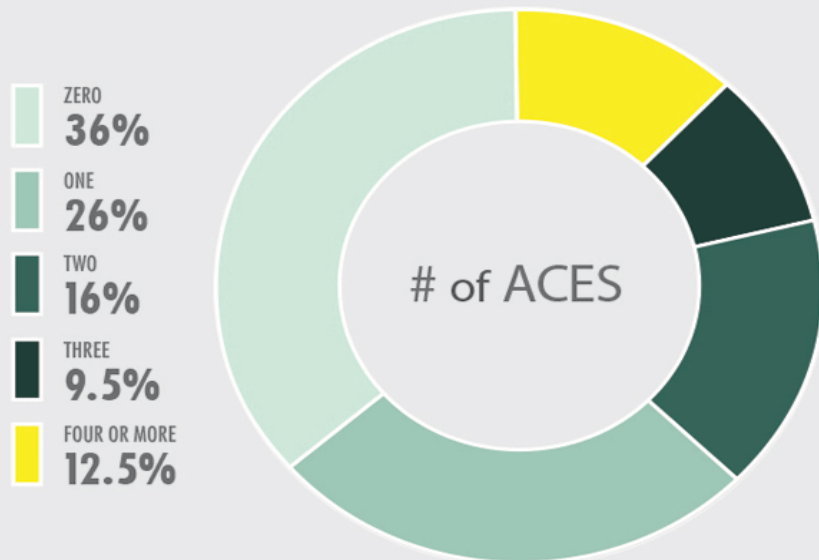
# Who is at Risk?

## Kaiser California Study

## CDC BFSSS-United States

### How Common are ACES?

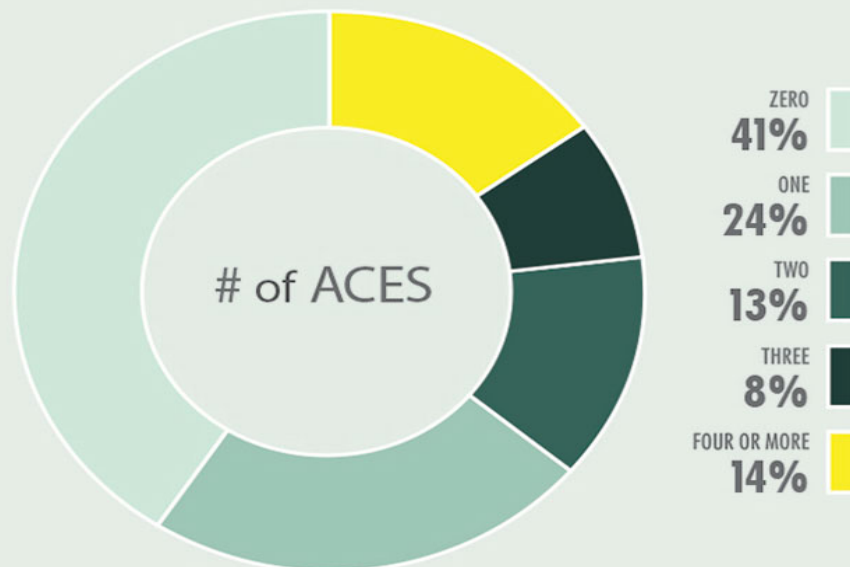
ACE Study



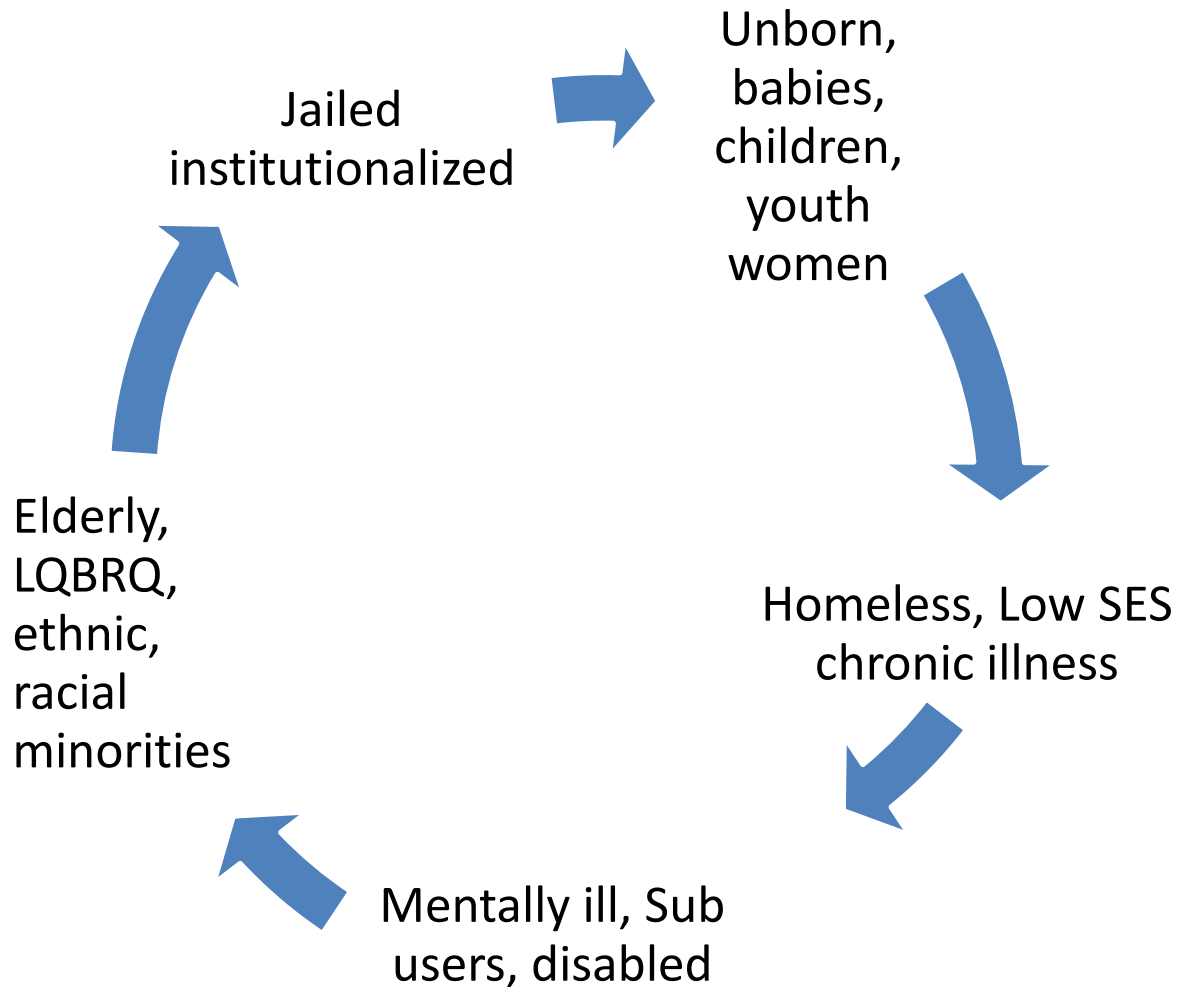
### How Common are ACES?

ACE Score Prevalence for Participants  
Completing the ACE Module on the 2010 BRFSS

BRFSS



# Who is at Risk?



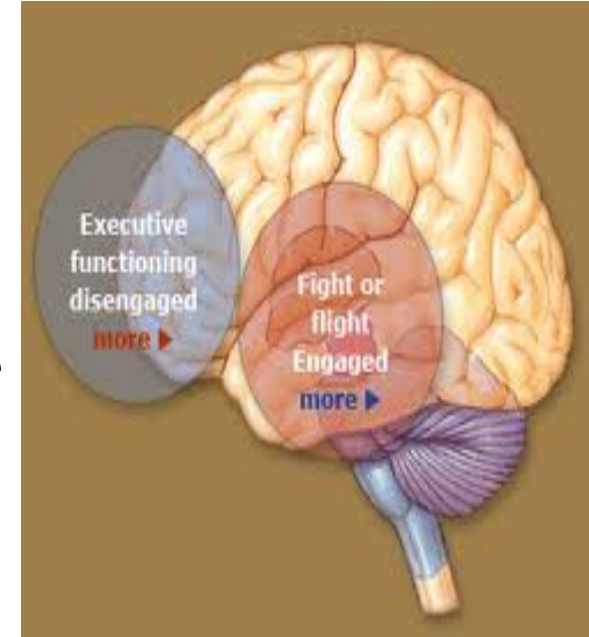
## ACEs, Trauma, and the Brain

- Body, brain, and heart go on alert the stress hormone adrenaline [**fight or flight mechanism**] is released
- When relief or support is given, the stress levels return to normal
- Constant activation overloads developing systems and has lifelong consequences-leading to toxic stress...

# Stress Response and Protective Adaptations

## Survival Response

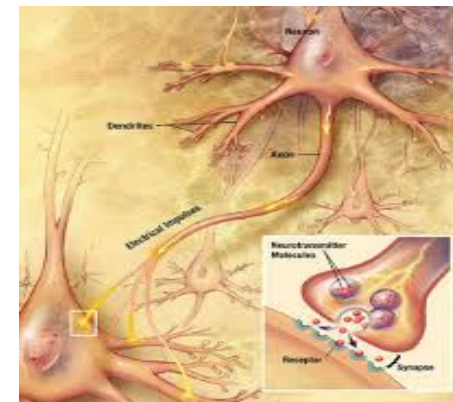
- **Fight** - trying to regain, hold power
  - mislabeled: Non-compliant or combative
- **Flight** - **lost to follow-up**
  - mislabeled: disengages or checks out emotionally
- **Freeze** - gives in to those in power is not able to speak up
  - mislabeled as passive or unmotivated



# ACEs, Trauma, and the Brain

**Learning and reasoning neural connections in the brain are weaker and fewer**

**Reduces neural connections**





# ACEs, Stress, and, Trauma Triggers

- Unpredictability
- Sudden change/transitions
- Loss of control
- Feeling vulnerable
- Rejection
- Loneliness
- Confrontation
- Intimacy
- Sometime praise or positive attention



# ACEs and Physical Health Outcomes

- Autoimmune disease 1 or > Female 31.4% & Male 34.4%
- Cancer in 1-10 of 62% who reported ACEs in global study
- Lung Cancer  $\geq 6$  a 3-fold increase
- Diabetes OR 1.32 -1.92 for neglect
- Depression, concentration, decision-making ACEs  $\geq 4$  43.9%
- Obesity OR 1.36
- Asthma ACEs =2-3 15.7%;  $\geq 4$  22%

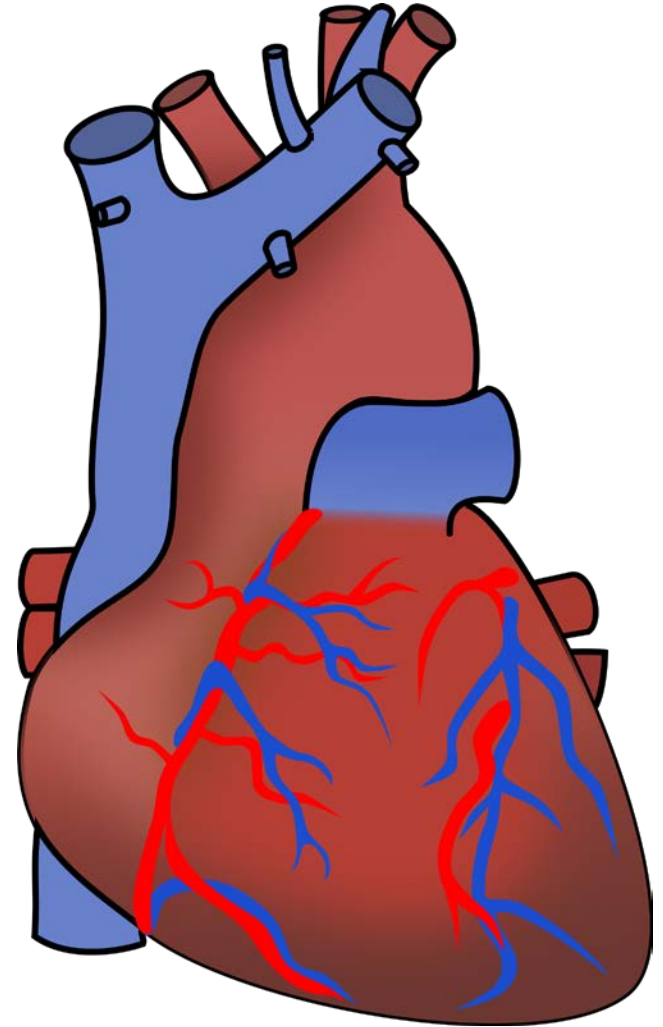
# Physical Health Outcomes

- COPD ACE of 5 or  $> 2.6x$ ,  $2.0x$  hospitalizations,  $1.6x$  rate of Rx's
- Lung cancer  $> \text{or} = 6$  ACEs was increased approx. 3-fold
- Headache's  $\uparrow$  as ACEs rise those scores 5 or  $>$  had 2-fold
- Liver disease  $6 >$  ACEs a 2.6
- HIV and STDs
- Arthritis ACEs  $> 50.6\%$

# ACEs and Heart Disease

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- Emotional abuse 1.7x
- Physical abuse 1.5 x
- Sexual abuse 1.4x
- Domestic violence 1.4x
- Mental illness 1.4x
- Substance use 1.3x
- Household jailed 1.7x
- Emotional neglect 1.3x
- Physical neglect 1.4x



## 0-6 yo

30% Suffered repeated physical, sexual or emotional abuse in early childhood

22% Had unmet basic needs (food, clothing)

13% Lived with an adult with a substance use issue

17% Were separated from parents



# The Prevalence of Adverse Life Experiences

## 7-19 yo

54% struggled in school  
50% dropped out of school

28% Ran away or left home early

30% Became teen parents

15% Became homeless at some point

46% Were substance users



## 19-30 yo

30% Were arrested or incarcerated at some point

52% Were substance users

26% Were homeless

74% Report job insecurity or become unable to work at all

28% Were separated from their children



## What the Numbers Tell Us

Program participants have led extraordinarily difficult lives (47 members):

63% have experienced some form of abuse before the age of 19.

## 30+ yo

40% Struggle with mental health

70% Describe struggling to get needed healthcare

30% Struggle to manage their medication

NONE able to work

30% Describe being socially isolated

Lauren Broffman, Center for Outcomes Research and Education (CORE)

# ACEs and Behavioral Outcomes

- ↑ Smoking
- ↑ Alcohol abuse
- ↑ Illicit drug abuse
- ↑ Risky sexual behavior
- ↓ Mental health
- ↑ Reproductive health disruptions
- ↑ Injuries self-inflicted, work, accidental, at the hands of others
- ↑ Suicide
- ↓ Self-regulation





# ACEs and Social Outcomes

Instability of relationships

↓ Attainment of education

↓ Performance in the workforce

↑ risk of victimization

↑ risk of early death

↑ homelessness

↑ health and social costs

- Illness, hospitalizations, disability, incarcerations, crime, violence

↑ Unemployment

↑ Disruptions in child, adolescent and emerging adult development





## Screening Tools

- Nascent science
- Few evidence-based tools with randomized clinical trials, self-report, historical data, few longitudinal studies,
- Screening vs diagnostic
- Client, staff and/or organization
- Imperative for healthcare to pose the questions!



## ACEs Screening Tool

- Self-reported experiences < 18 yrs. of age
- 10-items
- Yes or No responses, 1 point per question
- Scores of >3 may ↑ biopsychosocial risks factors
- One time screening
- Appropriate in clinic settings



# Family Health History Questionnaire

- Self-report
- Male 62-items and Female 68-items
- Risk Assessment
- Validity and Reliability data available
- Kaiser ACE Study survey
- Appropriate for specialty environments

# Professional Quality of Life Scale

- ProQOL
- Compassion and Fatigue toll
- Self-report and assessment 30-items
- Validated
- Screening tool
- Assists determining where put energy for improvement: individual, organizational, supportive supervision



# Trauma-Informed Organizational Capacity Scale



- TIC-Scale
- 1<sup>st</sup> brief, validated instrument to measures trauma-informed care across health and human service settings.
- 35-items across five domains
- Self-report
- Identifies current TIC capacity and areas for growth.
- Contact Kathleen Guarino at American Institutes for Research at [kguarino@air.org](mailto:kguarino@air.org).



# Attitudes Related to Trauma-Informed Care



- ARTIC 1<sup>st</sup> psychometric tool
- Self-report
- Objective way to determine if TIC is being practiced
- Assesses staff attitudes about TIC
- Validated in human services and educational organizations

# Trauma Informed Oregon Standard

TIC Standards of Practice Survey

43-items

4 Domains:

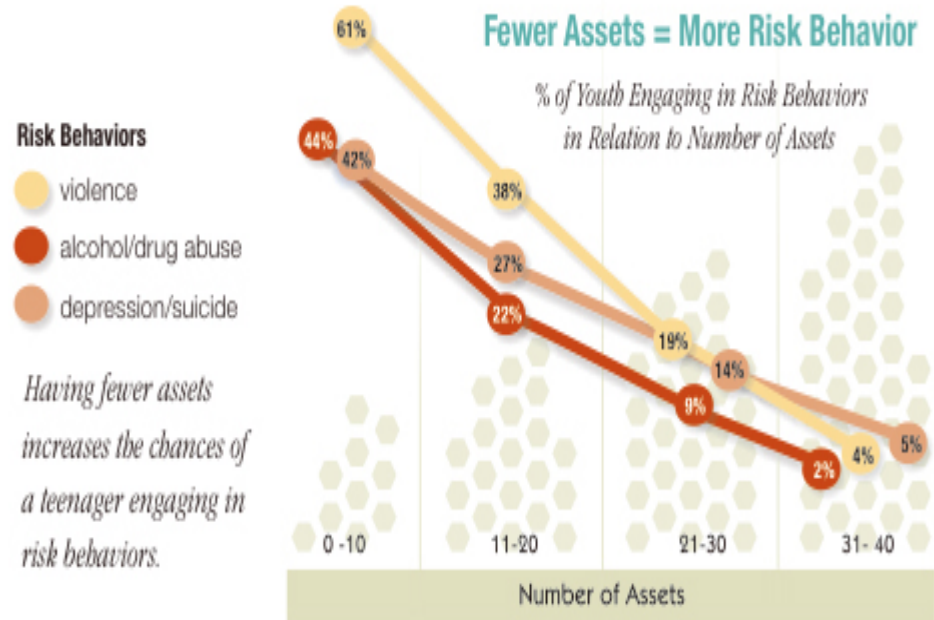
- Agency of Commitment and Endorsement
- Governance and Leadership
- Policy and Finance
- Finance, Engagement and Involvement



Diane K. Yatchmenoff [yatchmd@pdx.edu](mailto:yatchmd@pdx.edu)  
[info@traumainformedoregon.org](mailto:info@traumainformedoregon.org)

# Developmental Assets Profile

- Self-report
- Youth 11 to 18 yrs.
- Likert scale
- 48-items



# Response to Adversity and Resiliency Profile

- Self-report
- Likert scale
- 10-items



<http://www.resiliencescale.com>

## Gaps in Knowledge

- Standardization of definitions
- Evidence-based interventions and what level and duration results in change
- Evidence-based methodology for implementations
- Validated survey tools for assessment of clients, workers and organizations
- Randomized clinical trials
- Variety of settings

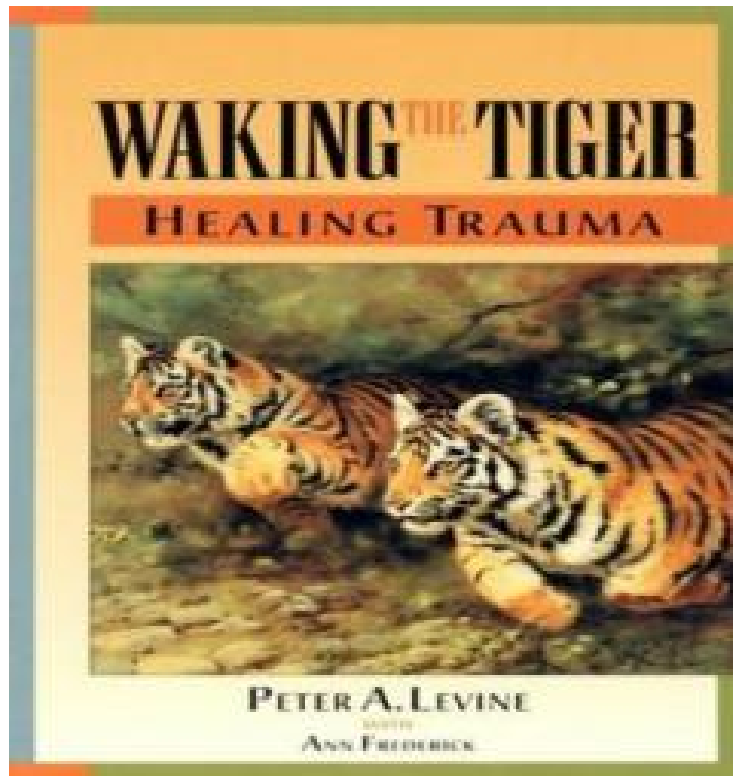
# Case Illustration: A Very Warm Handoff



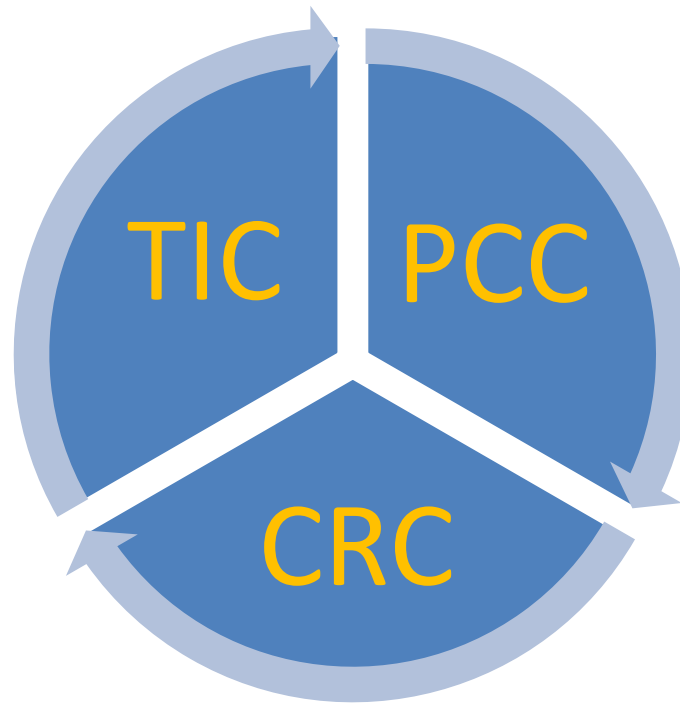


# Somatic Experiencing

## Peter Levine, Ph.D.

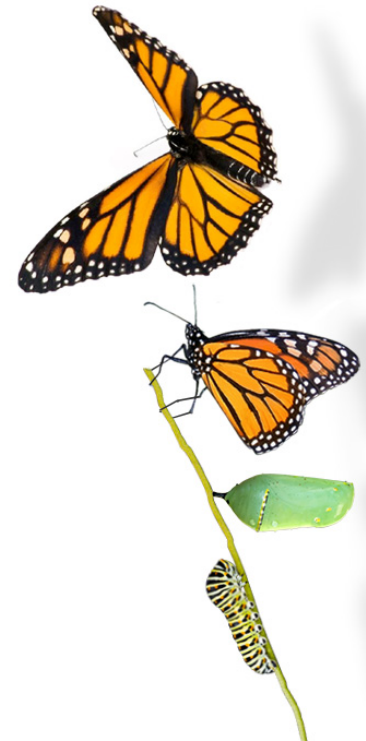


# Trauma-Informed Care, Patient-Centered Care and Culturally Responsive Care



# Transforming Health Care Delivery

- Earned Trust and Relationship
- Avoid Re-Traumatization
- Administrative Commitment to Change
- Universal Precautions
- Staff Training and Education
- Hiring Practices: Trauma Champions
- Review Policy and Procedures
- Practitioner Vitality and Wellbeing



• Harris and Fallot (2001), Hodas (2006)  
[http://www.nasmhpd.org/sites/default/files/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf?\\_sm\\_au\\_=iVVWsk7JJ245jSnF](http://www.nasmhpd.org/sites/default/files/Responding%20to%20Childhood%20Trauma%20-%20Hodas.pdf?_sm_au_=iVVWsk7JJ245jSnF)

## Commitment to Act

In the chat box, please describe what you intend to do anew or enhanced based on our conversation today.



# Trauma Informed Care Webinar Part II: June 8, 2016 1PM EDT

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[jring@healthmanagement.com](mailto:jring@healthmanagement.com)





## Video Resources

### Neurobiology

- <https://www.youtube.com/watch?v=rVwFkcOZHJw>

Understanding trauma and the brain

- <https://www.youtube.com/watch?v=byQBP7fq5vQ&nohtml5=False>

Building Capacity to build strong children

- [https://www.youtube.com/watch?v=urU-a\\_FsS5Y](https://www.youtube.com/watch?v=urU-a_FsS5Y)

Invisible Scars

- <https://www.youtube.com/watch?v=x50mI6azHmo>

Healing Neen Resilience

- <https://www.youtube.com/watch?v=IUJPJ4eW8k>



# HEALTH MANAGEMENT ASSOCIATES

## Q & A

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