Trauma Informed Care: Overview and Current Practices in Patient Screening

Speakers:
Karen Hill, PhD, MSN, ANP-C, Senior Consultant, HMA
Laurie Lockert, MS, LPC, Senior Consultant, HMA
Jeffrey Ring, PhD, Principal, HMA

April 26, 2016
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…

doe

seal
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
“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

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

- Mental health 43%
- Pain issues 31%
- Other 16%
- Respiratory 6%
- Skin problems 4%
Work Injury and Health Problems

- 51% Work Injury
- 43% Health problems
ACEs Pyramid

- Conception
- Disrupted Neurodevelopment
- Adverse Childhood Experiences
- Social, Emotional, and Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability, and Social Problems
- Early Death
- Death

Epigenetic mechanisms
Intergenerational transmission

Courtesy Rob Anda, MD, MS
www.ACEInterface.com
Who is at Risk?

Kaiser California Study

How Common are ACES?

ACE Study

- ZERO: 36%
- ONE: 26%
- TWO: 16%
- THREE: 9.5%
- FOUR OR MORE: 12.5%

# of ACES

CDC BFSSS-United States

How Common are ACES?

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

BRFSS

- ZERO: 41%
- ONE: 24%
- TWO: 13%
- THREE: 8%
- FOUR OR MORE: 14%

# of ACES
Who is at Risk?

- Jailed / institutionalized
- Unborn, babies, children, youth, women
- Elderly, LQBRQ, ethnic, racial minorities
- Mentally ill, Sub users, disabled
- Homeless, Low SES, chronic illness
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 > or =6 a 3-fold increase
- Diabetes OR 1.32 -1.92 for neglect
- Depression, concentration, decision-making ACEs 4 > 43.9%
- Obesity OR 1.36
- Asthma ACEs =2-3 15.7%; 4 > 22%

CDC.gov; Survey Research Group, Public Health Institute 2010
Physical Health Outcomes

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

CDC.gov; Survey Research Group, Public Health Institute 2010
ACEs and Heart Disease

• 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

CDC.gov; Survey Research Group, Public Health Institute 2010
The Prevalence of Adverse Life Experiences

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Issues Experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 yo</td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>Suffered repeated</td>
</tr>
<tr>
<td></td>
<td>physical, sexual</td>
</tr>
<tr>
<td></td>
<td>or emotional</td>
</tr>
<tr>
<td></td>
<td>abuse in early</td>
</tr>
<tr>
<td></td>
<td>childhood</td>
</tr>
<tr>
<td>22%</td>
<td>Had unmet basic</td>
</tr>
<tr>
<td></td>
<td>needs (food, clothing)</td>
</tr>
<tr>
<td>13%</td>
<td>Lived with an adult</td>
</tr>
<tr>
<td></td>
<td>with a substance</td>
</tr>
<tr>
<td></td>
<td>use issue</td>
</tr>
<tr>
<td>17%</td>
<td>Were separated</td>
</tr>
<tr>
<td></td>
<td>from parents</td>
</tr>
<tr>
<td>7-19 yo</td>
<td></td>
</tr>
<tr>
<td>54%</td>
<td>Struggled in school</td>
</tr>
<tr>
<td>50%</td>
<td>Dropped out of school</td>
</tr>
<tr>
<td>28%</td>
<td>Ran away or left</td>
</tr>
<tr>
<td></td>
<td>home early</td>
</tr>
<tr>
<td>15%</td>
<td>Became homeless at</td>
</tr>
<tr>
<td></td>
<td>some point</td>
</tr>
<tr>
<td>46%</td>
<td>Were substance users</td>
</tr>
<tr>
<td>19-30 yo</td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>Were arrested or</td>
</tr>
<tr>
<td></td>
<td>incarcerated at some point</td>
</tr>
<tr>
<td>52%</td>
<td>Were substance users</td>
</tr>
<tr>
<td>26%</td>
<td>Were homeless</td>
</tr>
<tr>
<td>74%</td>
<td>Report job insecurity or become unable to work at all</td>
</tr>
<tr>
<td>28%</td>
<td>Were separated from</td>
</tr>
<tr>
<td></td>
<td>their children</td>
</tr>
<tr>
<td>30+ yo</td>
<td></td>
</tr>
<tr>
<td>40%</td>
<td>Struggle with mental health</td>
</tr>
<tr>
<td>70%</td>
<td>Describe struggling to get needed healthcare</td>
</tr>
<tr>
<td>30%</td>
<td>Struggle to manage their medication</td>
</tr>
<tr>
<td>NONE</td>
<td>able to work</td>
</tr>
<tr>
<td>30%</td>
<td>Describe being socially isolated</td>
</tr>
</tbody>
</table>

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.

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

www.aces.org
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

© B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org. www.proqol.org to verify that the copy they are using is the most current version of the test.
Trauma-Informed Organizational Capacity Scale

- TIC-Scale
- 1st 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.
Attitudes Related to Trauma-Informed Care

• ARTIC 1st psychometric tool
• Self-report
• Objective way to determine if TIC is being practices
• Assesses staff attitudes about TIC
• Validated in human services and educations 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
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 trails
- 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_=iVVWsk7Jj245f5nF
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

khill@healthmanagement.com
llockert@healthmangement.com
jring@healthmanagement.com
Video Resources

**Neurobiology**
- [https://www.youtube.com/watch?v=rVwFkcOZHJw](https://www.youtube.com/watch?v=rVwFkcOZHJw)
  Understanding trauma and the brain
- [https://www.youtube.com/watch?v=byQBP7fq5vQ&nohtml5=False](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](https://www.youtube.com/watch?v=x50mI6azHmo)
  Healing Neen Resilience
- [https://www.youtube.com/watch?v=IUJPJ4eW8k](https://www.youtube.com/watch?v=IUJPJ4eW8k)