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TRAUMA INFORMED CARE

Objectives

- Define Trauma Informed Care (TIC)
- Understand the health impact of ACEs, social determinants and epigenetics
- Recognize toxic stress
- Practice the “Four R’s”
 - Realize
 - Recognize
 - Respond
 - Resist Re-Traumatization
- Review the strategies used by successful TIC programs

What is Trauma Informed Care (TIC)?

- ⦿ Trauma Informed Care (TIC) Culture recognizes: the long term emotional effect of multiple cumulative potentially adverse events of childhood (ACEs) or adulthood involving neglect, abuse, household challenges, violence, 'isms', and disabilities.
- ⦿ It can be:
 - Individual
 - Interpersonal
 - Collective

Dr. Nadine Burke Harris

- ◉ Ted talk



“The single most important thing we need today is the courage to look this problem in the face and say this is real and this is all of us.”

– Dr. Nadine Burke Harris

Photo credit: Kevork Djansezian – Taken on the TedMed stage

<https://www.youtube.com/watch?v=95ovIJ3dsNk>

Who is Affected by Trauma?

- ◎ *Everyone:*

- 61% of adults have at least one ACE
- One in six adults have four or more ACEs
- Five of the top ten leading causes of death are associated with ACEs
- Preventing ACEs could reduce adult depression by 44%

The 3 E's of TIC

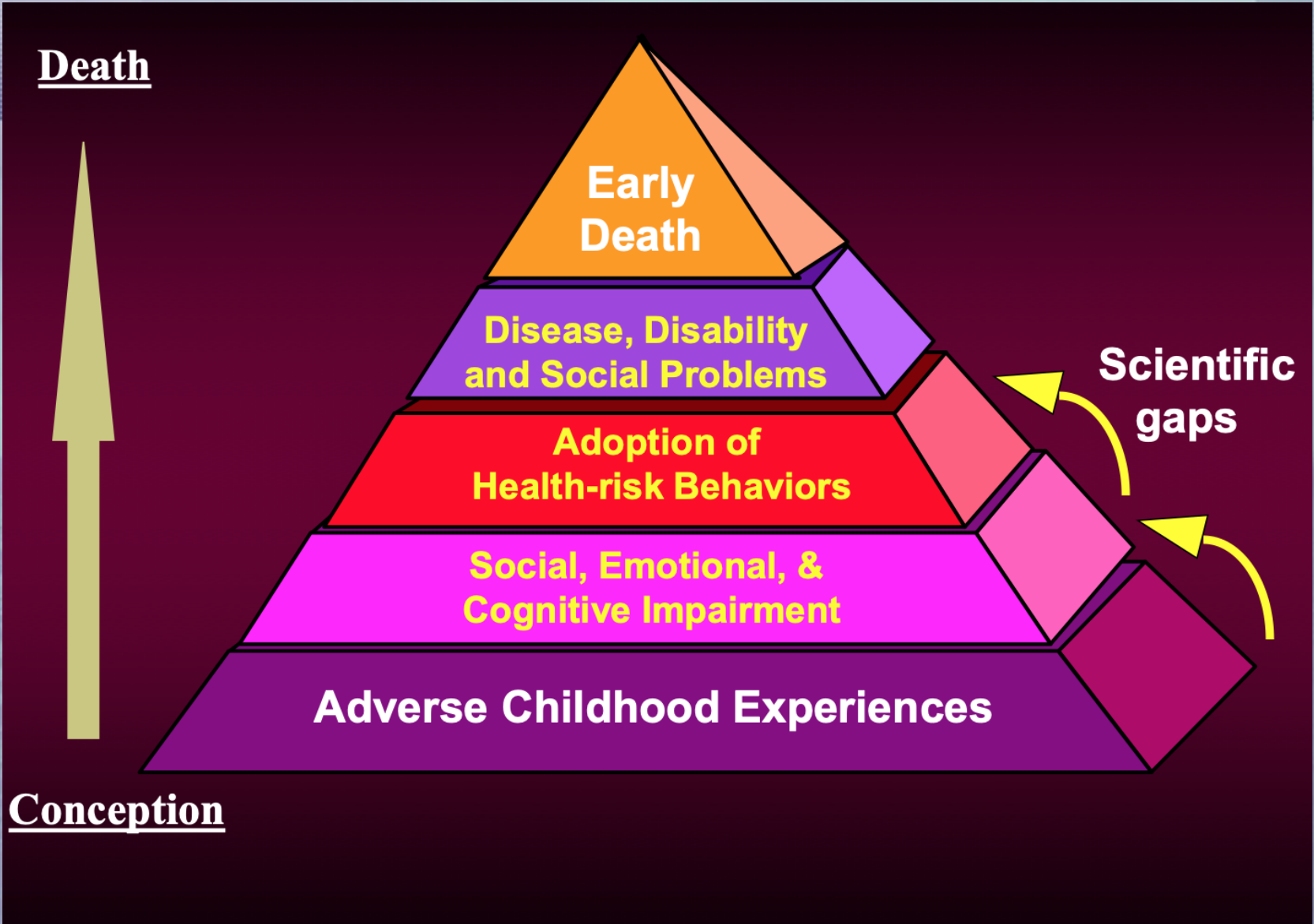
Event-major that cause lasting emotional effects
negative life altering experiences

Experience- how did the person react? ie. the
“Fight”, “Flight” or “Freeze” response

Effects-what happened afterward? ie. anxiety,
depression, isolation, health decline

Why is TIC Culture important?

- ⦿ High levels of adverse events are associated with overall poor health
- ⦿ Mitigation of adverse events can reduce many health conditions
- ⦿ Mitigation of adverse events and prevention of Re-traumatization

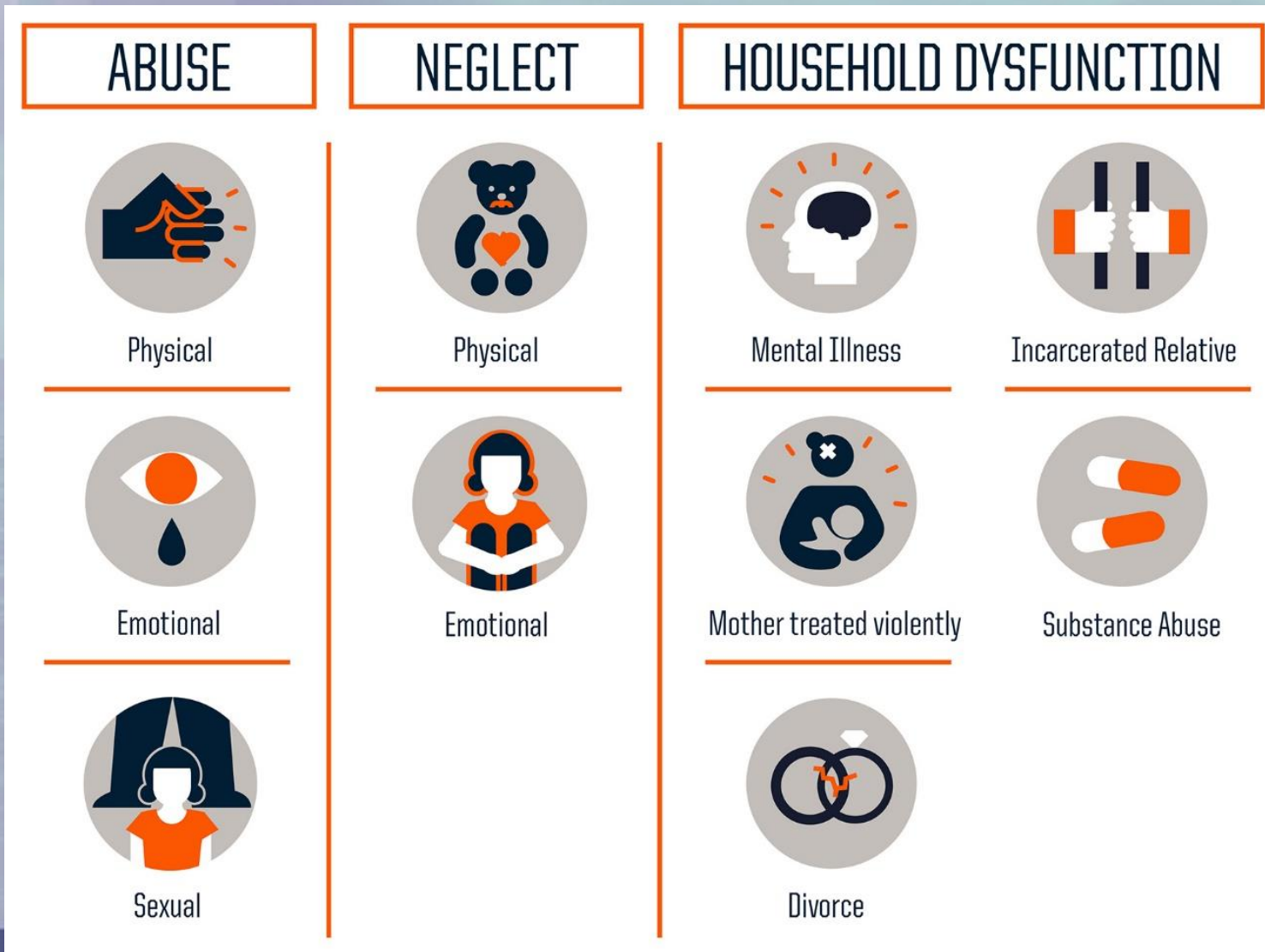


Rob Anda,
MD, MS
CDC

Adverse Childhood Events

- ◎ Ten categories and three domains:
 - Abuse
 - Neglect
 - Household challenges
- ◎ Classifications
 - Individual
 - Interpersonal-bias, 'isms'*
 - Collective-historical, structural, societal

ACES: 3 Domains 10 Types



Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please add up the number of categories of ACEs you experienced prior to your 18th birthday and put the total number at the bottom. (You do not need to indicate which categories apply to you, only the total number of categories that apply.)

Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?

Did you lose a parent through divorce, abandonment, death, or other reason?

Did you live with anyone who was depressed, mentally ill, or attempted suicide?

Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?

Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?

Did you live with anyone who went to jail or prison?

Did a parent or adult in your home ever swear at you, insult you, or put you down?

Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

Did you feel that no one in your family loved you or thought you were special?

Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?

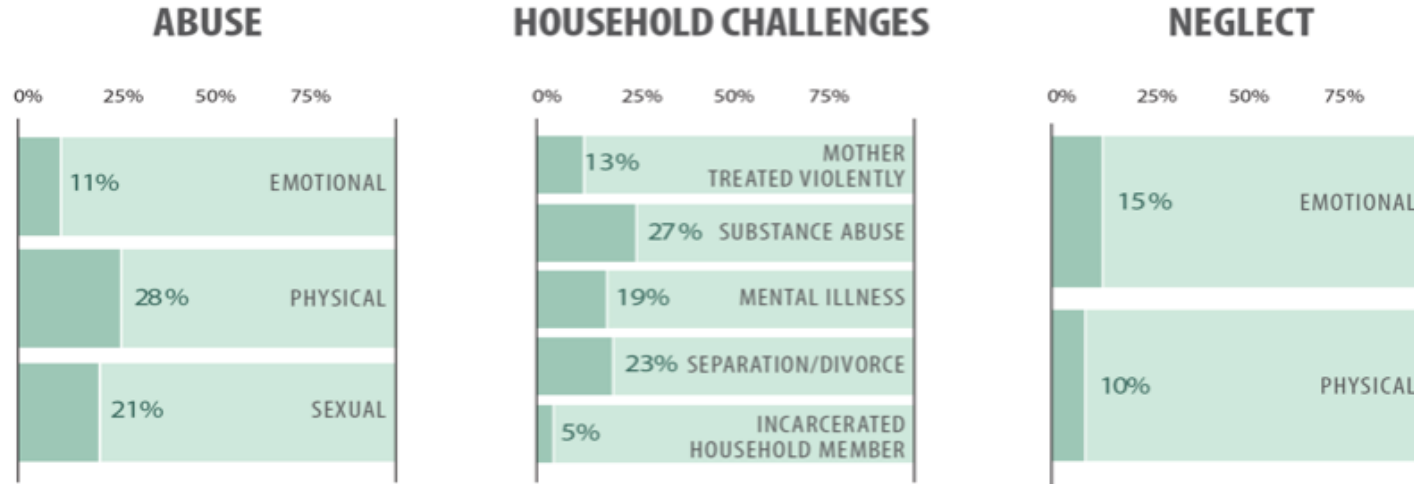
Your ACE score is the total number of yes responses.

Prevalence of Types of ACEs

Prevalence of ACEs by Category for CDC-Kaiser ACE Study Participants, Waves 1 and 2.

TYPES of ACEs

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges** which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.



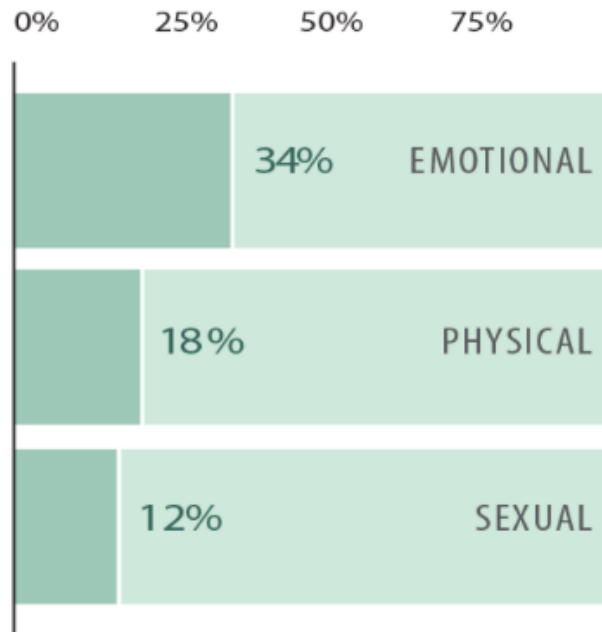
Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

Source: Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.

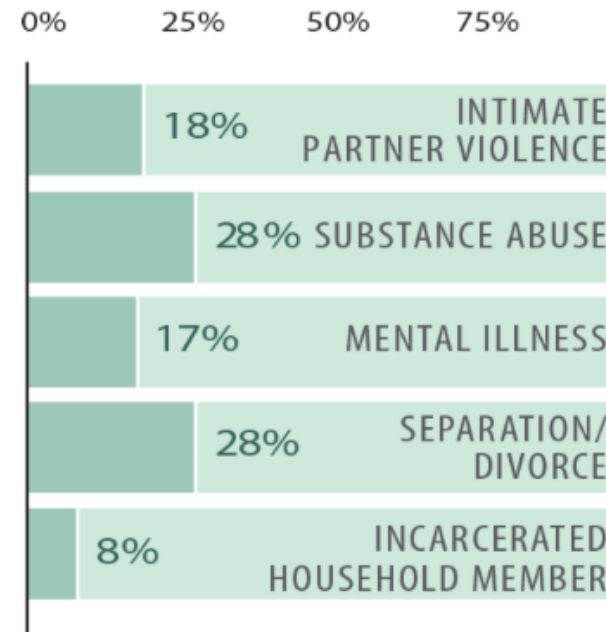
ACEs prevalence by category

Prevalence of ACEs by Category for Participants
Completing the ACE Module from the 2011-2014 BRFSS

ABUSE



HOUSEHOLD CHALLENGES



Note: Reports and articles that use data from other years and/or other states may contain different estimates.

Source: Merrick, M.T., Ford, D.C., Ports, K. A., Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*, 172(11), 1038-1044.

THE PHILADELPHIA EXPANDED ACE SURVEY

Philadelphia Expanded ACE Questions look at Community-Level Adversity

Witness Violence

How often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life?

Felt Discrimination

While you were growing up...How often did you feel that you were treated badly or unfairly because of your race or ethnicity?

Adverse Neighborhood Experience

Did you feel safe in your neighborhood? Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted?

Bullied

How often were you bullied by a peer or classmate?

Lived in Foster Care

Were you ever in foster care?



A score of 4 or more can make someone:

2 times as likely to be a smoker

12 times as likely to attempt suicide

7 times as likely to be an alcoholic

10 times as likely to use injected street drugs

Effects of ACEs

- ⦿ Short term
- ⦿ Long term
- ⦿ Relationships
- ⦿ Childhood Development
- ⦿ Social response
- ⦿ Physiologic response

Health Impacts of ACEs

- Children
- Adolescents
- Adults
- People with more than 4 ACEs are:
 - 3.2 times more likely to have a chronic respiratory disease
 - 2.3 times more likely to have stroke, cancer or coronary disease
 - 1.4 times more likely to have DM
 - **30 times more likely to attempt suicide**

ACEs and Suicide Risk

- ⦿ Adults with ACEs had higher suicide risk even after accounting for mental and substance use disorders
 - Sexual abuse, parent mental illness ~ increased suicide risk in both genders
 - Emotional neglect ~ increased risk for men
 - Sexual abuse, higher ACEs ~ repeated attempts
 - Higher ACEs ~ younger first age of attempt

ACEs Affect More than Health

ACEs can have lasting effects on...



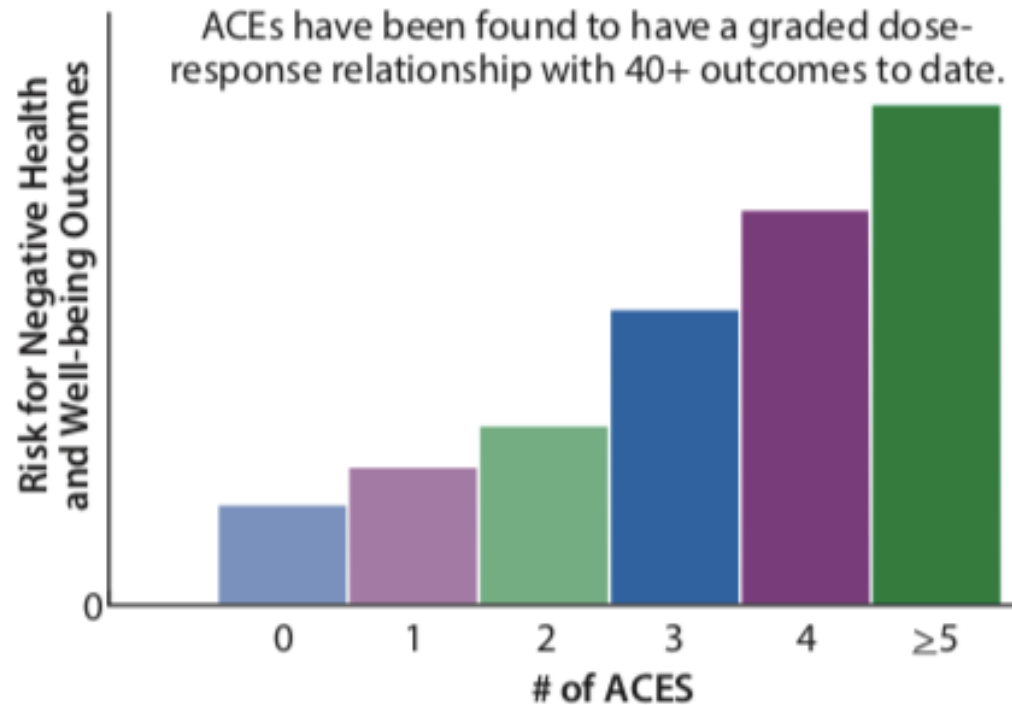
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



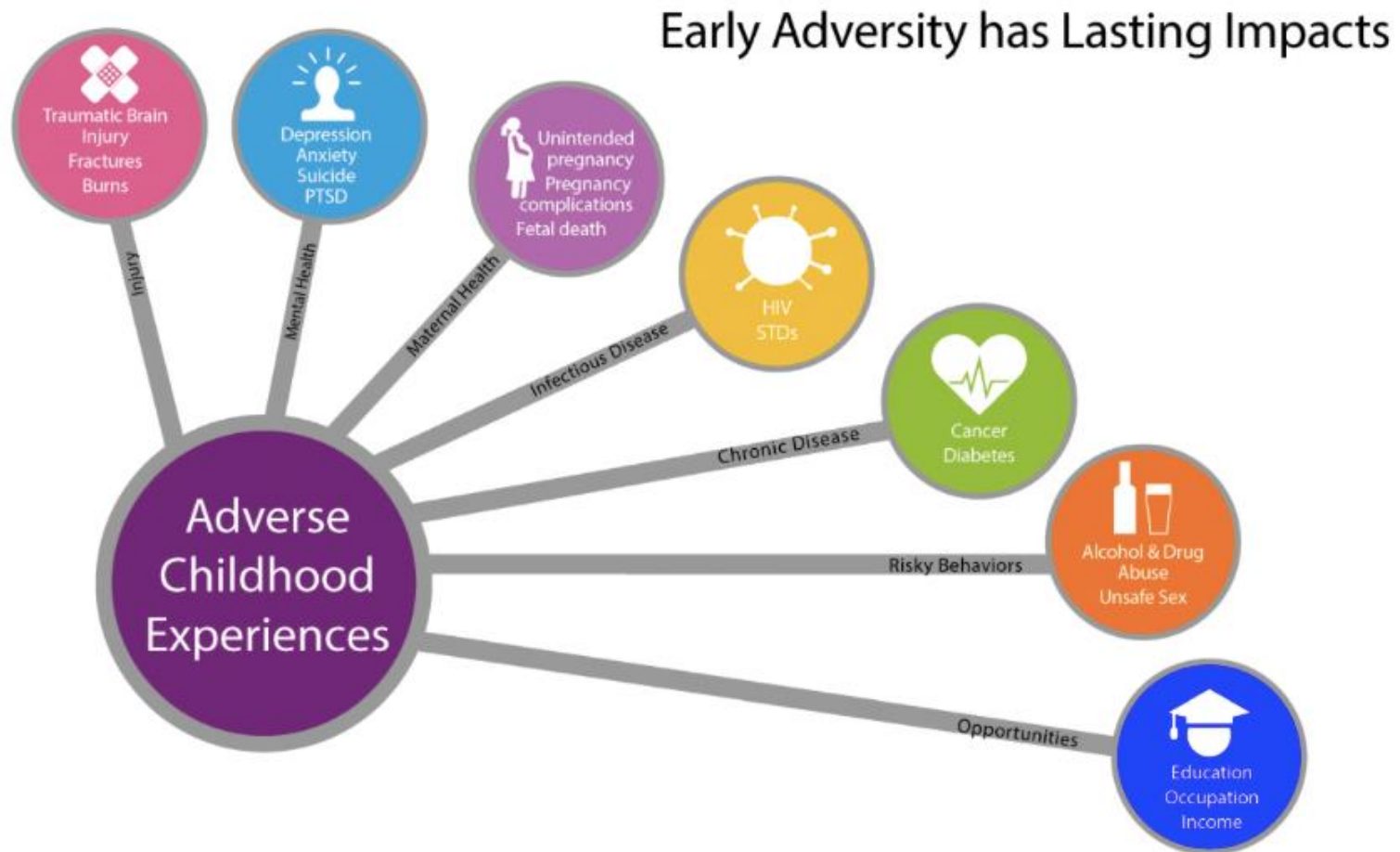
Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

ACEs can have long lasting impacts

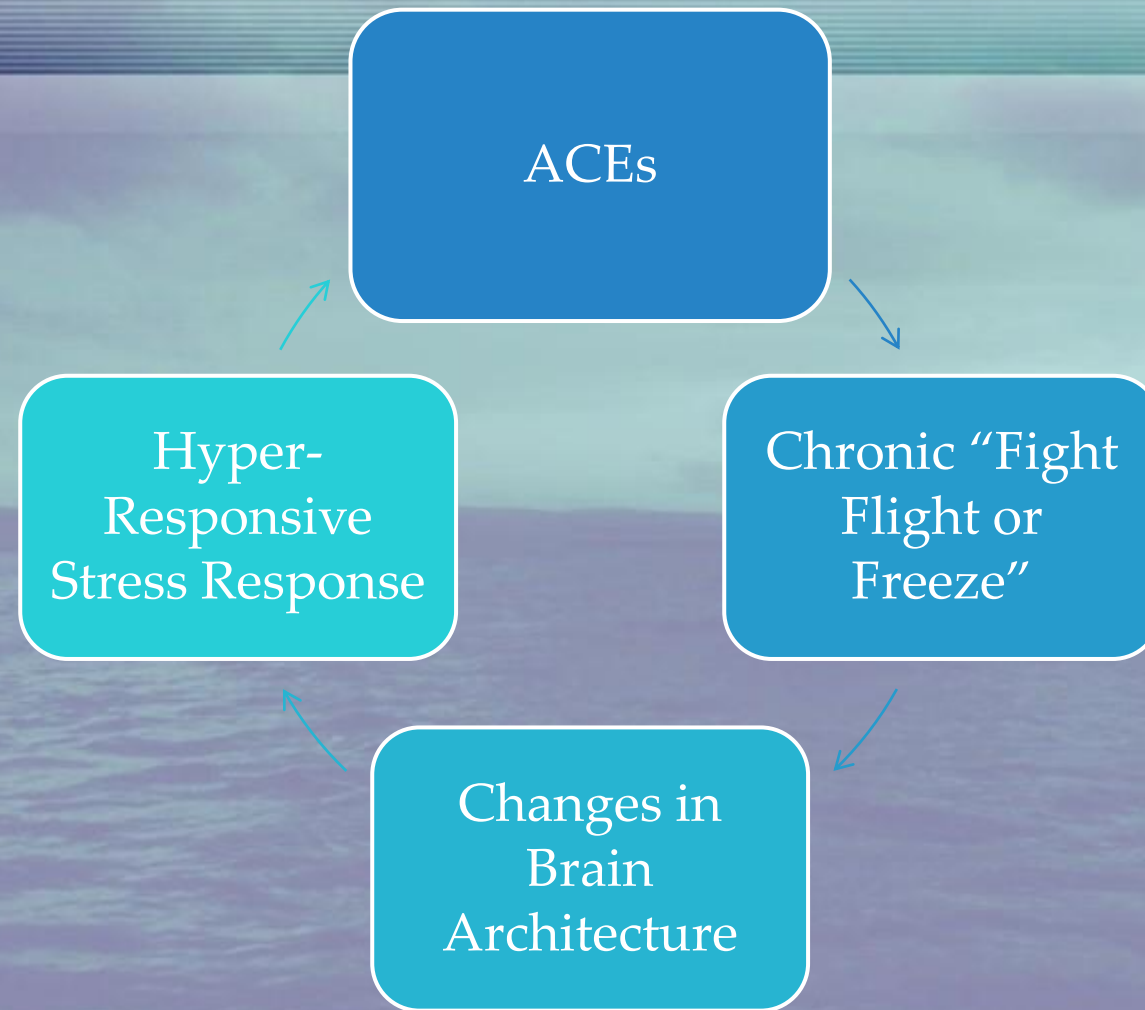
Association Between ACEs and Negative Outcomes





Social Determinants of Health



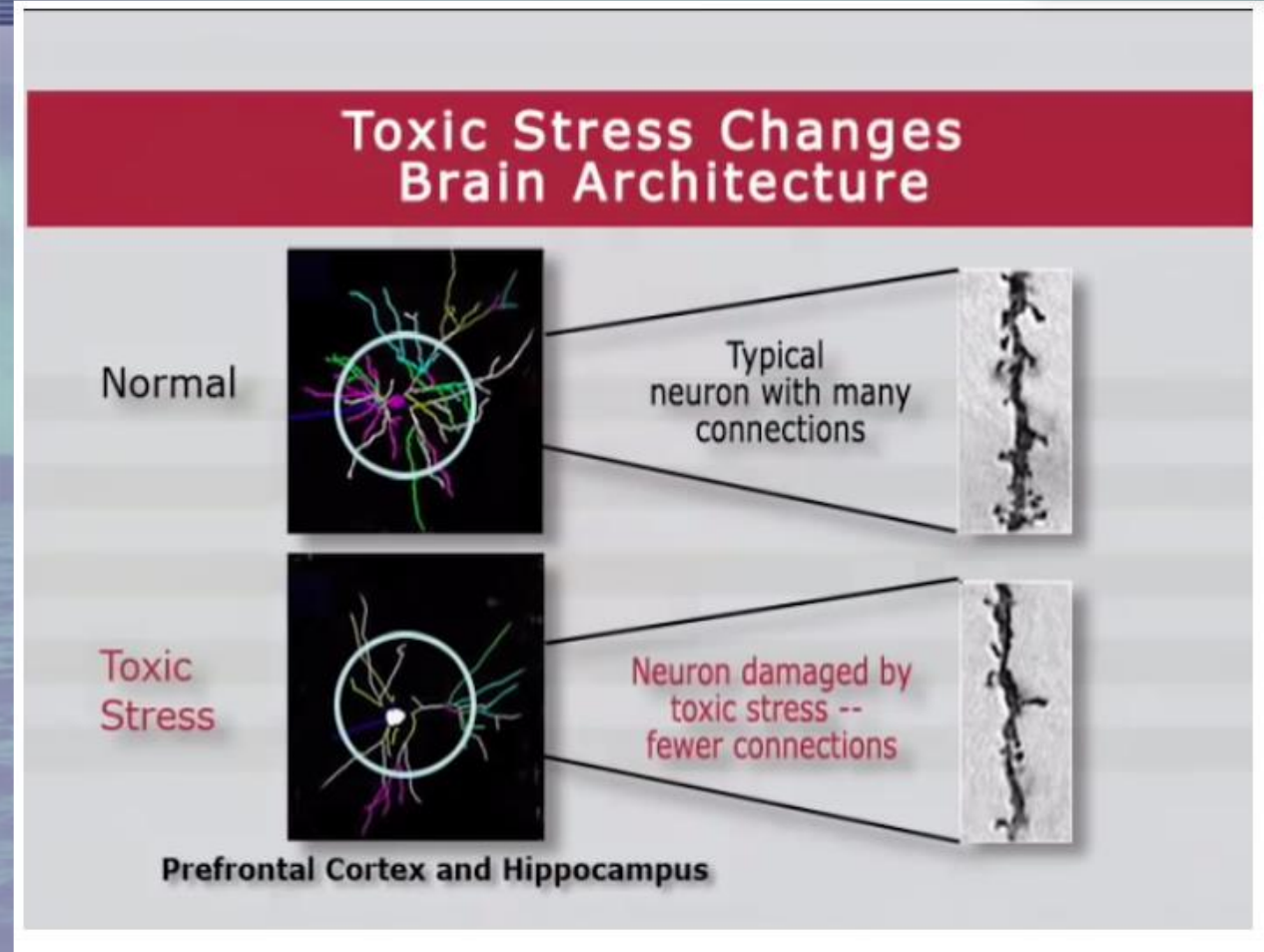


Toxic Stress

- ◎ Fight, Flight or Freeze!

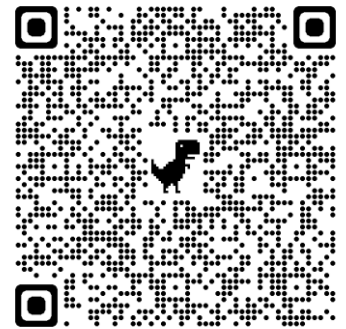
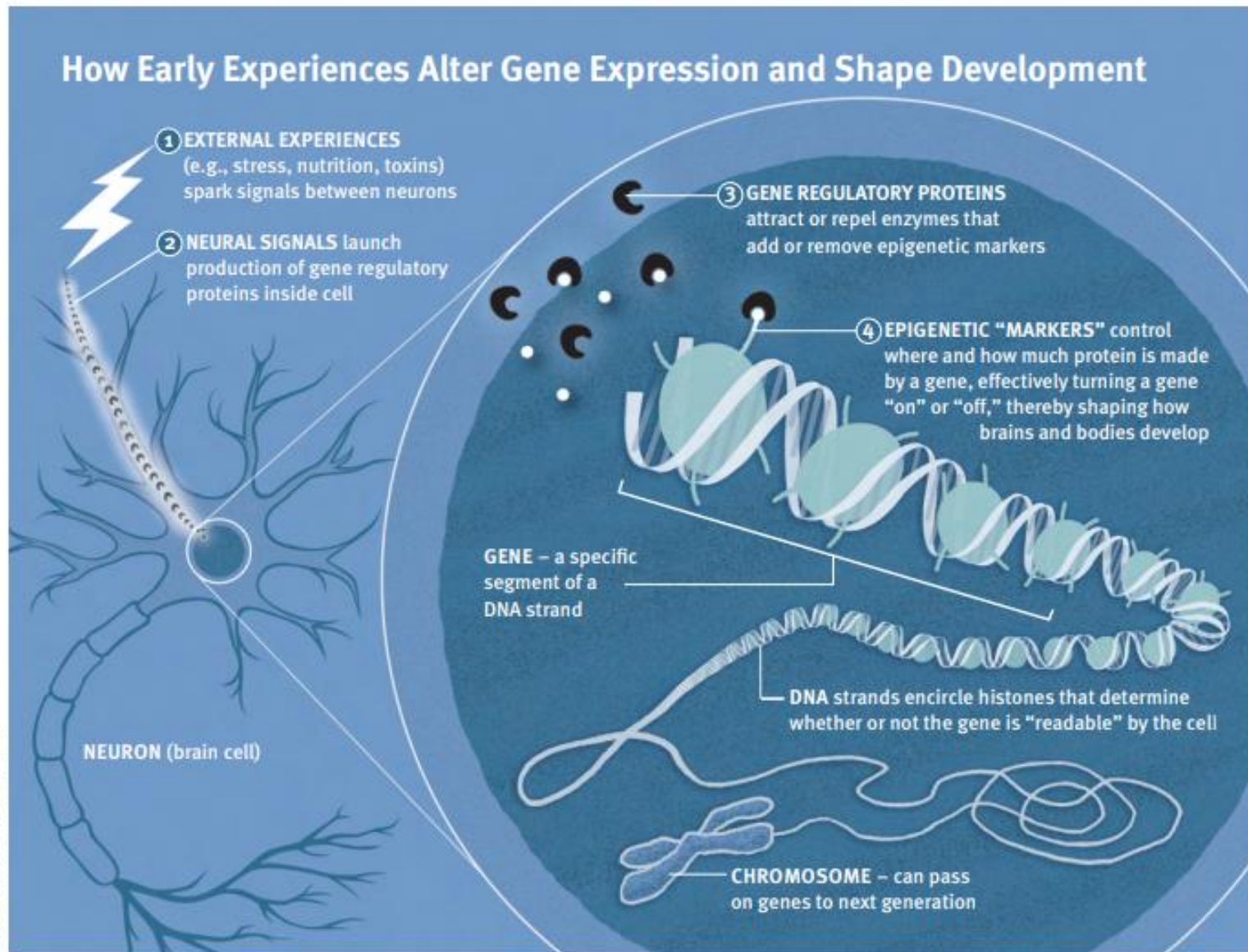
- Physiologic disturbances occur when there are repeated insults and the person is in a constant state of low-level panic
- This physical shift causes negative evolution in:
 - Learning
 - Behavior
 - Brain development
 - Psychiatric issues

Toxic Stress and Neural Connections



Harvard public health slides "Toxic stress derails healthy development" by Baha'i Views / Flitzy Phoebe is licensed with CC BY-NC-ND 2.0. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/2.0/>

TIC and Epigenetics



The Four R's for TIC*

- ⦿ Realize
- ⦿ Recognize
- ⦿ Respond
- ⦿ Resist Re-Traumatization

The Four R's: Drilling Down

- ⦿ Recognize signs of trauma in patients and families
- ⦿ Screen for prior and current trauma
- ⦿ Address the impact of trauma [in this moment] on the medical interaction
- ⦿ Shift interactions during visit to create safety
- ⦿ How can I avoid Re-traumatization?
 - May I remove your sheet?
 - May I examine you?
 - How would it feel for you to have a student in the room?
 - Look for hypervigilance or red flags during the exam / interview

TIC is a Collaborative Approach

- Collaborative between the entire inter-professional team
 - Regular ongoing TIC trainings to promote resilience
 - Recognize signs and symptoms and work together
 - Implement policies and procedures
 - Team communication
 - Scheduling with same provider team and additional encounter time
 - Changes in workflow (gender of providers, same exam room)
 - Flag in chart and appropriately consult
 - Follow up contact with patient, especially if distressed during visit
- Connect patient with community and recovery resources

Additional Individual Strategies

- ⦿ Pause during emotional triggers
- ⦿ Have a sense of humor
- ⦿ Recognize your mistakes
- ⦿ Express feelings even sadness
- ⦿ Express gratitude
- ⦿ Strive to maintain hope
- ⦿ Strive to maintain compassion
- ⦿ Make supportive relationships

Examples of TIC Governance

- Mission and vision
- Cross sector collaboration
- Policy
- Screening and assessment
- Financial commitment
- Physical environment
- Workforce training
- Incorporated evaluations
- Engagement
- Monitor progress

Six Principles or 6 P's of TIC Culture

How to Avoid Re-Traumatization

Safety

Trust &
Transparency

Peer Support

Collaboration &
Mutuality

Empower voice
and choice

Awareness of self
and others (culture,
history, gender,
community)

Murshid NS. Trauma-Informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy. *Am J Public Health*. 2016;106(2):223-229. doi:10.2105/AJPH.2015.302970

Trauma-Informed vs. Non Trauma-Informed

Trauma-Informed

- Recognition of high prevalence of trauma
- Recognition of primary and co-occurring trauma diagnoses
- Assess for traumatic histories & symptoms
- Recognition of culture and practices that are re-traumatizing

Non Trauma-Informed

- Lack of education on trauma prevalence & “universal” precautions
- Over-diagnosis of serious mental illness
- cursory or no trauma assessment
- “Tradition of Toughness” valued as best care approach

Trauma-Informed vs. Non Trauma-Informed

Trauma-Informed

- Caregivers/supporters – collaboration – constant attention to culture
- Address training needs of staff to improve knowledge & sensitivity

Non Trauma-Informed

- Rule enforcers – compliance – emphasis on power and control
- “Patient-blaming” as fallback position without training

Trauma-Informed vs. Non Trauma-Informed

Trauma-Informed

- Staff understand function of behavior (rage, repetition-compulsion, self-injury)
- Objective, neutral language
- Transparent systems open to outside support

Non Trauma-Informed

- Behavior seen as intentionally provocative
- Labeling language: manipulative, needy, “attention seeking”
- Closed system – outside support discouraged

(adapted from FalLOT & Harris, 2002; Cook et al., 2002, Ford, 2003, Cusack et al., Jennings, 1998, Prescott, 2000)

Sanctuary Model Pillars

- ◎ Systematic organizational changes in:
 - Shared Knowledge-common definitions
 - Shared Values-commitment to **n**on-**v**iolent **c**ommunication
 - Shared Language 'SELF'
 - **S**afety
 - **E**motions
 - **L**oss
 - **F**uture
 - Shared Practice-uniform approach

Esaki et al "The sanctuary model: theoretical framework" Families in Society: The Journal of Contemporary Human Services Jan 2014

Standing Patient Advisory Committee



Monthly meetings about
enhancing TIC



Limit terms to six months



Barriers:

Slow adapters
FTEs and other productivity
targets
Staff with many ACEs themselves



Engage patients and non
clinical staff

What's After Training?

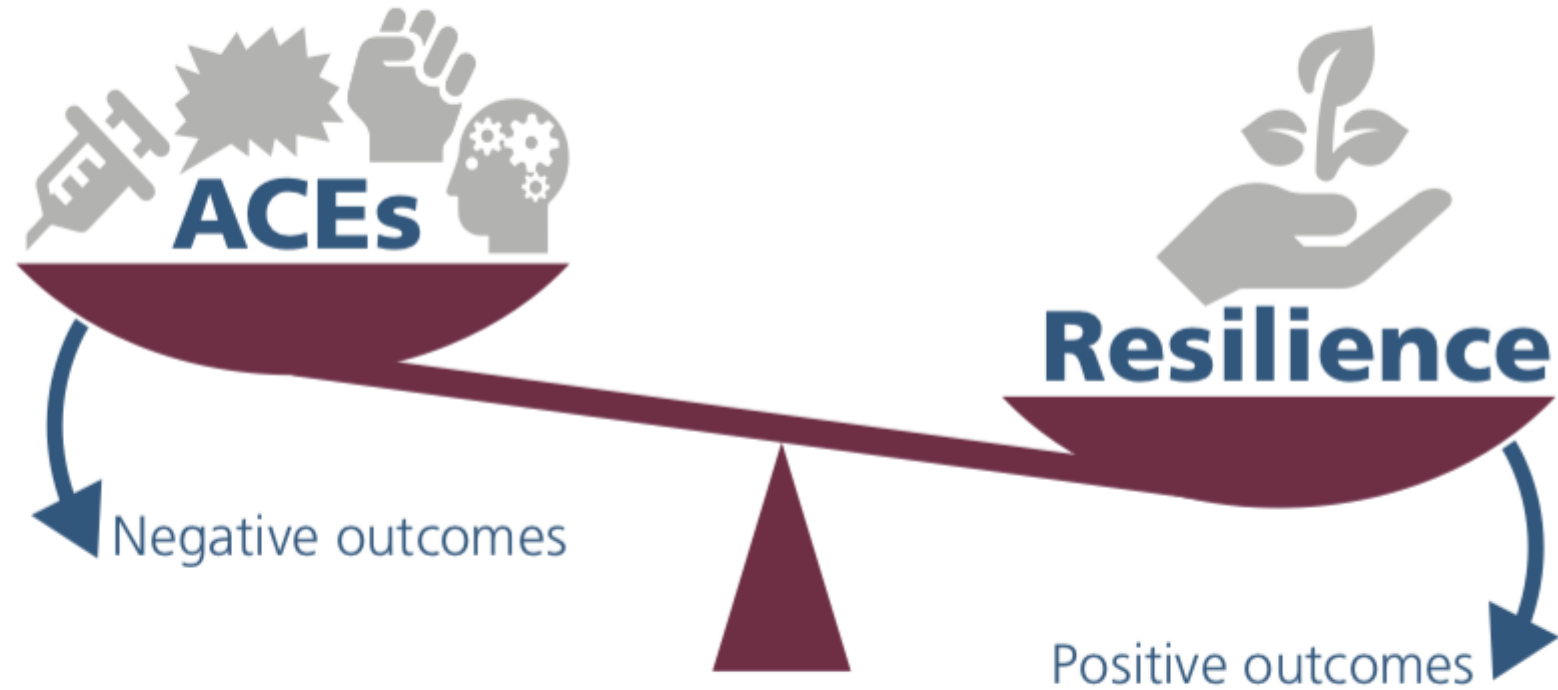
Organizational Tools for TIC success

- ◎ “Peer Support”
 - Organizational: NA, AA, crisis centers or departmental
 - Coalitions of resources across hospitals
- ◎ Ethics peer reviews of TIC cases
- ◎ Survivorship recovery centers
- ◎ University grants
- ◎ Cooperative organizations such as local mental health facilities
- ◎ Faith based
- ◎ Justice system based

Summary

- ◎ TIC benefits everyone.
- ◎ TIC is impactful for patients with trauma histories, as well as patients affected by ACEs and social determinants of health.
 - ACEs do not permanently damage people
 - Social determinants of health are modifiable
 - Each can effect multiple generations
- ◎ The impacts of trauma, ACEs, and social determinants can be mitigated by resiliency.
- ◎ Individuals and Organizations can practice TIC for patients and employees in multiple ways.
- ◎ TIC supports resiliency at the individual and organizational level.

Figure 1: Resilience balance scale




Adapted from: Center on the Developing Child, Harvard University. See <https://developingchild.harvard.edu/science/key-concepts/resilience/>

Please take your post-test!



<https://redcap.link/ofxxvbj7> [redcap.link]



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Resources

- ◎ NCTSN-National Child Traumatic Stress Network
 - Online classes with credits nctsn.org
 - PFA- Psychological first aid for disaster field and psychiatric workers
 - Creating child informed trauma serving systems
- ◎ Healthcaretoolbox.org
 - PMTS Pediatric Mediation of Traumatic Stress
 - D,E,F tool “distress, emotional support and family support”
 - Trauma informed education parts 1,2,3
 - PAT Psychological Assessment Tool (Dr. A Kazak 2006 PPPHM)
- ◎ NCCN national cancer center network ‘thermometer’ clinical tool to gauge individual patient stressors
- ◎ Healthysafechildren.org- fee for service grant support

Additional References

- ◉ King et al “Becoming Trauma Informed: validating a tool to assess health professionals knowledge, attitude and practice” Ped Qual Safety 2019
- ◉ Implementing a trauma informed approach to pediatric health care networks JAMA Peds 2016
- ◉ SAMHSA HHS Pub no SMA 14-4884
- ◉ Shonkoff et al “Life long effects of childhood adversity and toxic stress” Peds 2012
- ◉ Boles J TIC Peds RN 2017
- ◉ Felitti “ACEs and household dysfunction linked to leading causes of death” A J Prev Med 1998