

TRAUMA-INFORMED CARE: WHAT IS IT AND CAN IT HELP?

- Allison Briscoe-Smith, PhD
- The Wright Institute
- September 20th, 2018



GOALS

- Describe trauma informed care
- Explain how trauma informed care relates to congenital syphilis prevention work
- Identify strategies to apply a trauma informed lens to their congenital syphilis prevention work

DISCLOSURES

- I have no disclosures.

TRAUMA-INFORMED CARE- WHAT
IS IT?

FOUR R-S OF TRAUMA-INFORMED CARE

- Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system
- Realizes the widespread impact of trauma and understands potential paths for recovery
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively
- Resist re-traumatization
 - - SAMHSA

RECOGNIZING TRAUMA

- What is trauma
- What is its impact on
 - Clients
 - Families
 - staff

TRAUMA = EVENT, EXPERIENCE, & EFFECT

Event

Actual or extreme **threat** of **harm**

Experience

Terror
horror
pain

+

Fight / Flight - Freeze

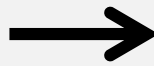
+

Helpless to
escape

Overwhelms brain and body

Effect

Dis-integration



Dysregulation

Lasting **adverse** effects

(Herman, 1997; Van der Kolk, 2005; DSM-IV-TR; SAMHSA; Siegel, 2012; Bloom, 2013)

ADAPTATIONS TO TRAUMA

- Body responds to trauma
 - Hypervigilance
 - Dissociation
- Impacts views of world, self and others
- Alters relationships
- Behavior

REFRAMING RISK BEHAVIORS

“High risk” behaviors that are attempts at:

managing pain

feeling in control

- Drugs and alcohol
- Risk-taking behavior
- Self-injurious behavior
- Aggression
- High risk sexual behaviors (where any connection feels better than abandonment and isolation)

TRAUMA AND SUBSTANCE ABUSE

- Co-occurring diagnosis of PTSD and Substance Abuse in addiction treatment facilities - 12% - 34%
- Women in substance treatment – 30% - 59%
- Men in substance treatment – 11% - 38%

Typically PTSD symptoms preceded the onset of substance abuse.

REALIZES THE IMPACT OF TRAUMA

- What percentage of your patients have a trauma history?
 - a) None
 - b) 10-20
 - c) 25-50%
 - d) 50-75%
 - e) 75-100%

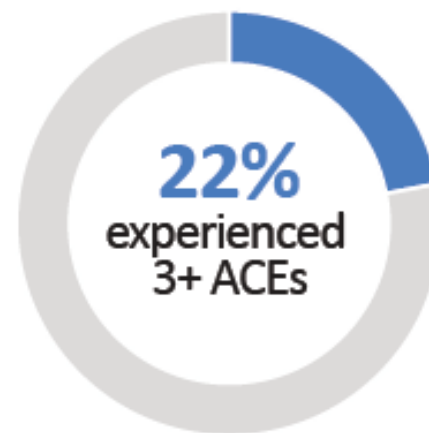
REALIZING IMPACT OF TRAUMA

- [Resource: Center for Health Care Strategies](#)
- https://issuu.com/chcshealth/docs/understanding_effects_of_trauma_on_/5

Prevalence of Trauma: Adverse Childhood Experiences Study



- In 1998, more than 17,000 Kaiser Permanente members took the Adverse Childhood Experiences (ACE) Survey.
- **Results:** Two-thirds of respondents had experienced one or more types of ACEs. Of those:



Source: V. J. Felitti, et al. *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. American Journal of Preventive Medicine*, Volume 14, Issue 4, 245 – 258.

Types of Adverse Childhood Experiences in the ACE Questionnaire

- ✓ **Substance abuse** among household members
- ✓ **Parental separation** or divorce
- ✓ **Mental illness** among household members
- ✓ **Physically abused** by a mother or step-mother
- ✓ **Criminal behavior** among household members
- ✓ **Abuse** — psychological, physical, or sexual
- ✓ **Neglect**, both emotional or physical



Impact of Trauma: 4 or More ACEs = Tipping Point



- Compared to people with no ACEs, those with a score of 4 or greater have increased risks for:
 - » **Chronic Obstructive Pulmonary Disease:** 390% greater risk
 - » **Sexually-Transmitted Infections:** 240% greater risk
 - » **Smoking:** Twice as likely
 - » **Suicide Attempts:** 12 times more likely
 - » **Alcoholism:** 7 times more likely
 - » **Injecting Street Drugs:** 10 times more likely

Total estimated lifetime costs associated with one year of child maltreatment: \$124 billion



SOURCE: J. Stevens. The Adverse Childhood Experiences Study — the largest, most important public health study you never heard of — began in an obesity clinic. ACEs Too High. Centers for Disease Control and Prevention. 2012.

Impact of Trauma: Health, Behavior, and Life Potential

- ACEs can have lasting effects on...



Health - obesity, diabetes, depression, suicide attempts, STIs, heart disease, cancer, stroke, COPD, broken bones

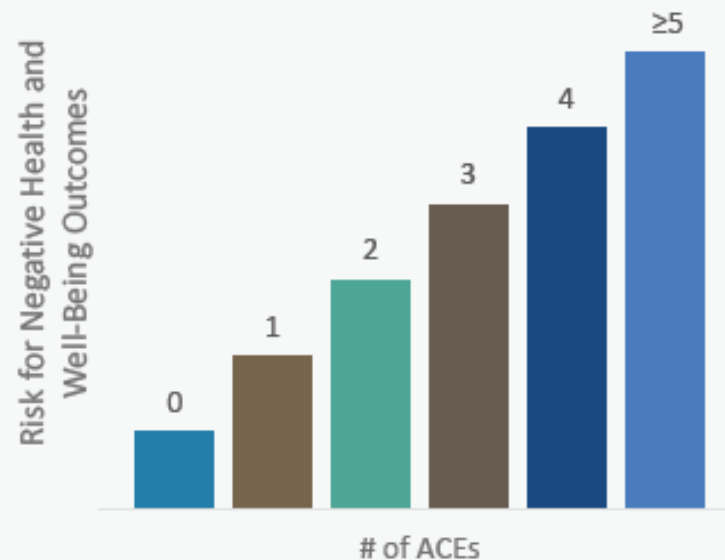


Behaviors - smoking, alcoholism, drug use



Life potential - graduation rates, academic achievement, lost time from work

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.



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

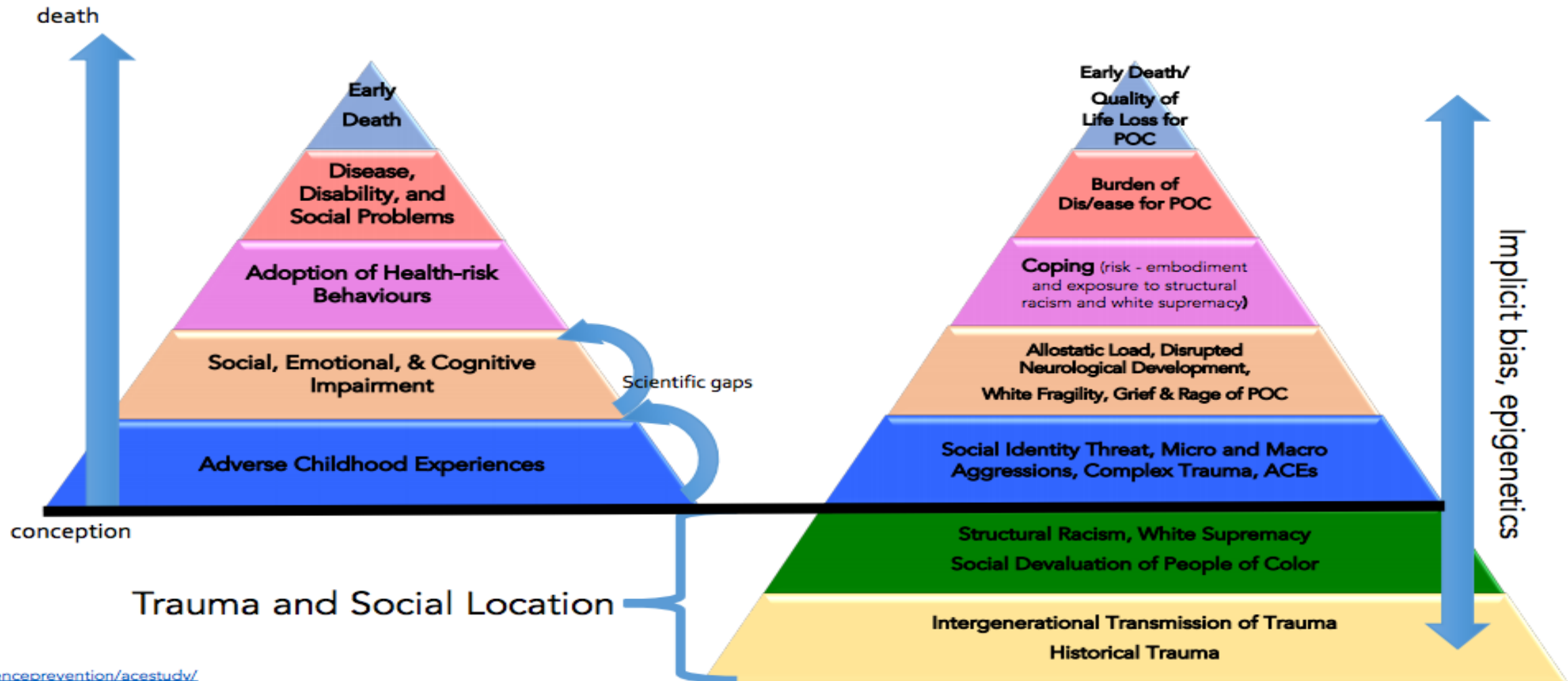
Racing ACEs

if it's not racially just, it's not trauma informed

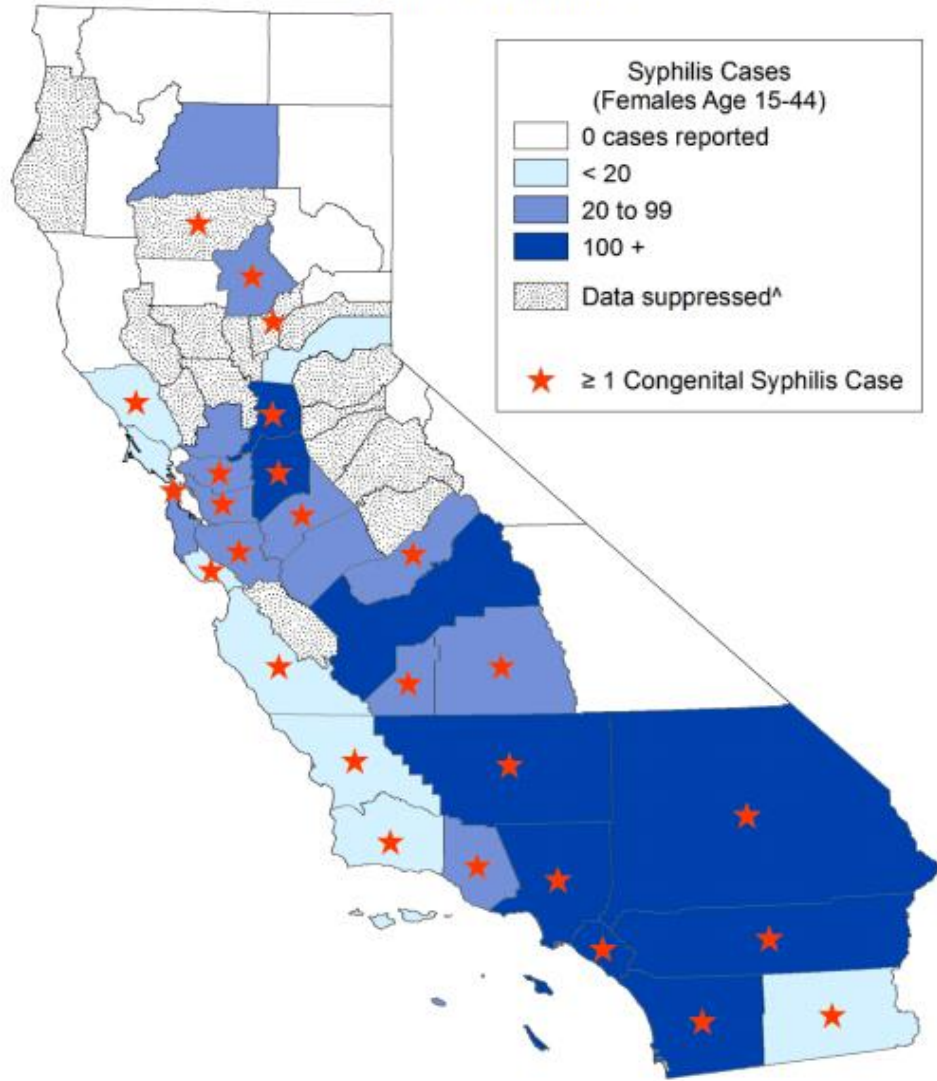


Adverse Childhood Experiences*

Historical Trauma/Embodiment of Oppression



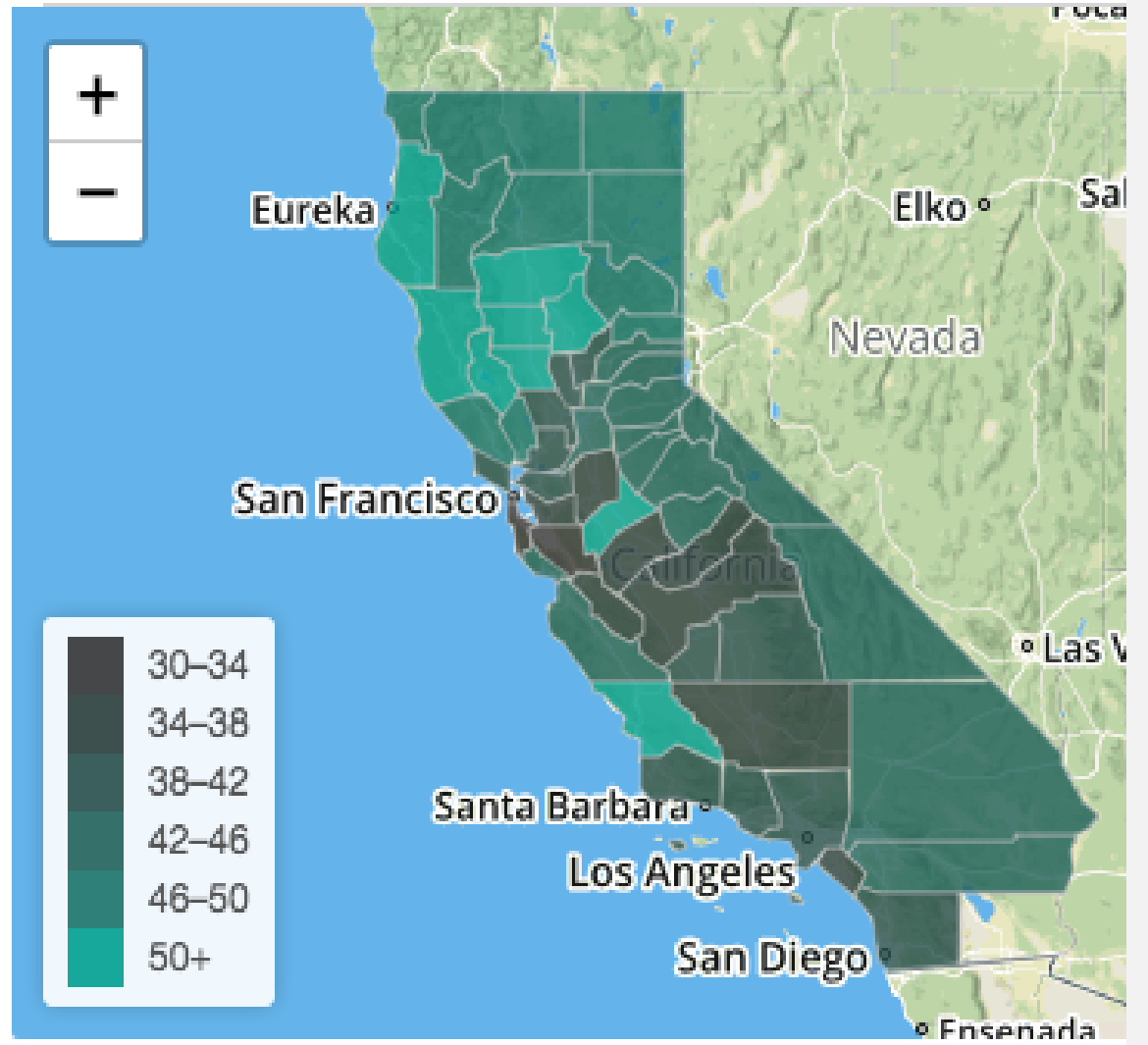
Syphilis Cases (all stages) among Females of Childbearing Age and Congenital Syphilis, 2017



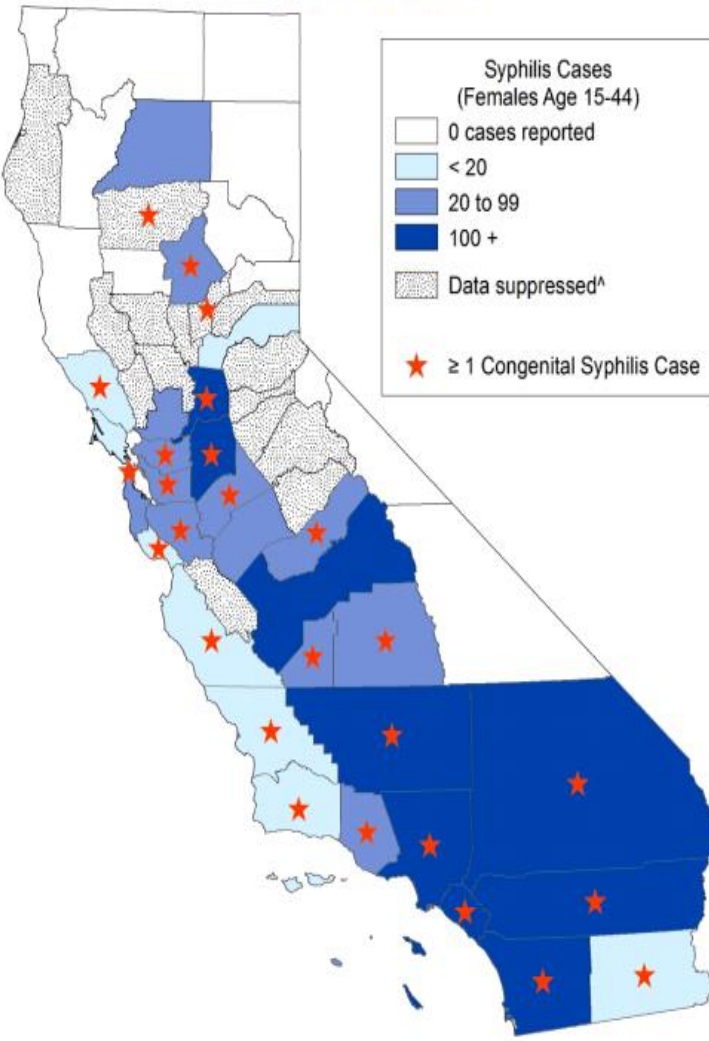
[^] Data suppressed for 15 counties as per CHHS Data De-Identification Guidelines, accounting for 1.7% of cases.

Source: Survey Research Group, Public Health Institute

Change Filter: 4 or more ACEs, 2 to 3 ACEs



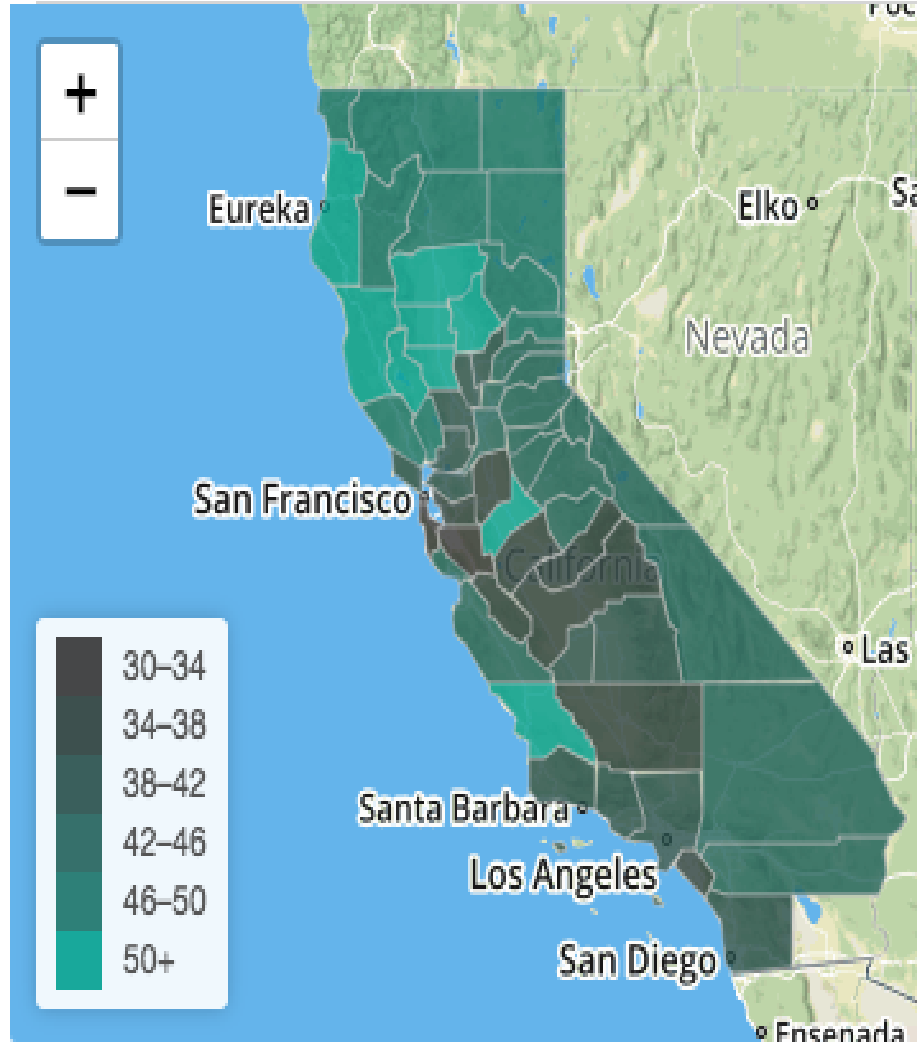
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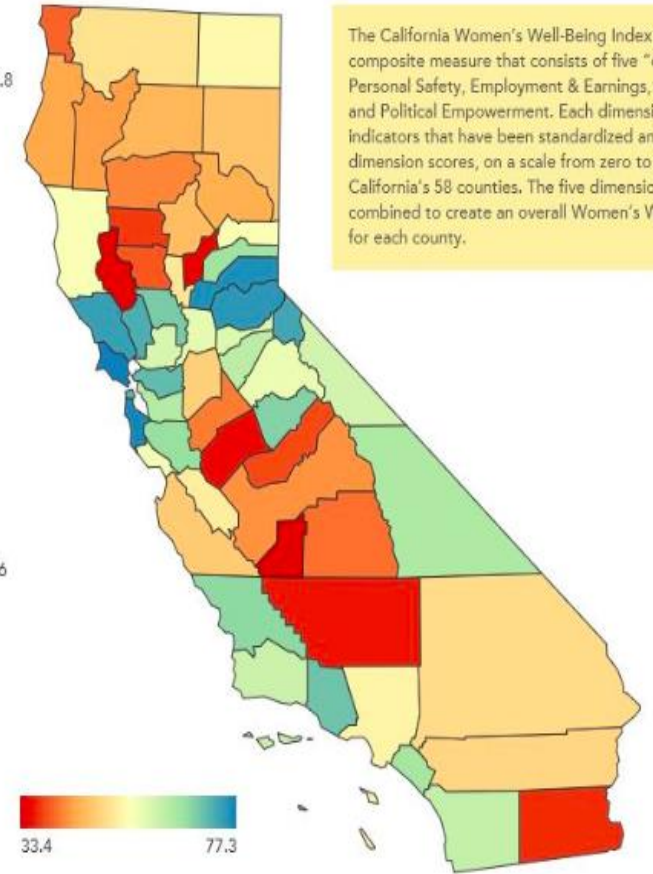
Change Filter: 4 or more ACEs, 2 to 3 ACEs



Marin, 77.3
San Mateo, 71.7
Placer, 70.6
El Dorado, 65.2
Sonoma, 65.1
Alpine, 64.3
Napa, 64.3
San Francisco, 64.2
Contra Costa, 63.6
Ventura, 62.8
Yolo, 62.4
Mariposa, 62
San Luis Obispo, 61.8
Santa Clara, 61.3
Nevada, 61.2
Orange, 61
Inyo, 58.8
Alameda, 58.1
Calaveras, 57.8
San Diego, 57.1
Santa Barbara, 57
Mono, 56.8
Solano, 56.3
Amador, 55.7
Sacramento, 55.7
Tuolumne, 55.5
Santa Cruz, 54.5
Mendocino, 53.1
Sierra, 52.4
Modoc, 51.1
Los Angeles, 49.7
San Benito, 49
Sutter, 48.9
Siskiyou, 48.7
San Bernardino, 48.6
Riverside, 48.1
San Joaquin, 47.8
Monterey, 47
Lassen, 47
Butte, 46.9
Shasta, 46.5
Plumas, 46.4
Humboldt, 45.4
Trinity, 45.2
Fresno, 42.7
Tehama, 42.5
Stanislaus, 42.5
Tulare, 42.4
Del Norte, 41.5
Colusa, 41.3
Madera, 39.8
Glenn, 39.4
Imperial, 37.7
Kern, 37.6
Merced, 37.4

Women's Well-Being Index: Overall

When women thrive, their families and communities prosper. Yet despite decades of progress, we face persistent disparities on a range of issues, from economic security to health to participation in political leadership. By viewing women's well-being as encompassing various distinct yet interrelated components, policymakers, advocates, service providers, and community members can begin to identify policy solutions that help make California a place where all women and their families can thrive.



The California Women's Well-Being Index is a multifaceted composite measure that consists of five "dimensions": Personal Safety, Employment & Earnings, Economic Security, and Political Empowerment. Each dimension is composed of indicators that have been standardized and combined to create dimension scores, on a scale from zero to 100, for each of California's 58 counties. The five dimension scores have been combined to create an overall Women's Well-Being Index score for each county.

Women's Well-Being Index Overall Capture: Women's Well-Being Index Overall Capture

VICARIOUS TRAUMA (VT)

- *Vicarious Trauma is the process of change that happens because you care about the people you serve. Over time, this can lead to changes in your psychological, physical, and spiritual life that also affect your family, your organization, and your patients/clients.*

Pearlman, L.A. & McKay, L. (2008). Understanding and addressing vicarious trauma. www.heading-institute.org

TRAUMA AND HEALTH

Trauma

Adaptations
in
Behavior
Relationships

Risk behavior

Adverse Health
Outcomes

REALIZING THAT TRAUMA AND HIV CO- OCCUR

- Prevalence
- Risk behavior

WHY DOES TRAUMA IMPACT HEALTH?

- Stress, inflammation, epigenetic changes and neuroendocrine
- Psychological and social factors
- Adaptive behaviors to trauma that become maladaptive
 - Machtinger et. Al. Women's Health Issues 25-3 (2015) 193-197

TRAUMA AND HIV

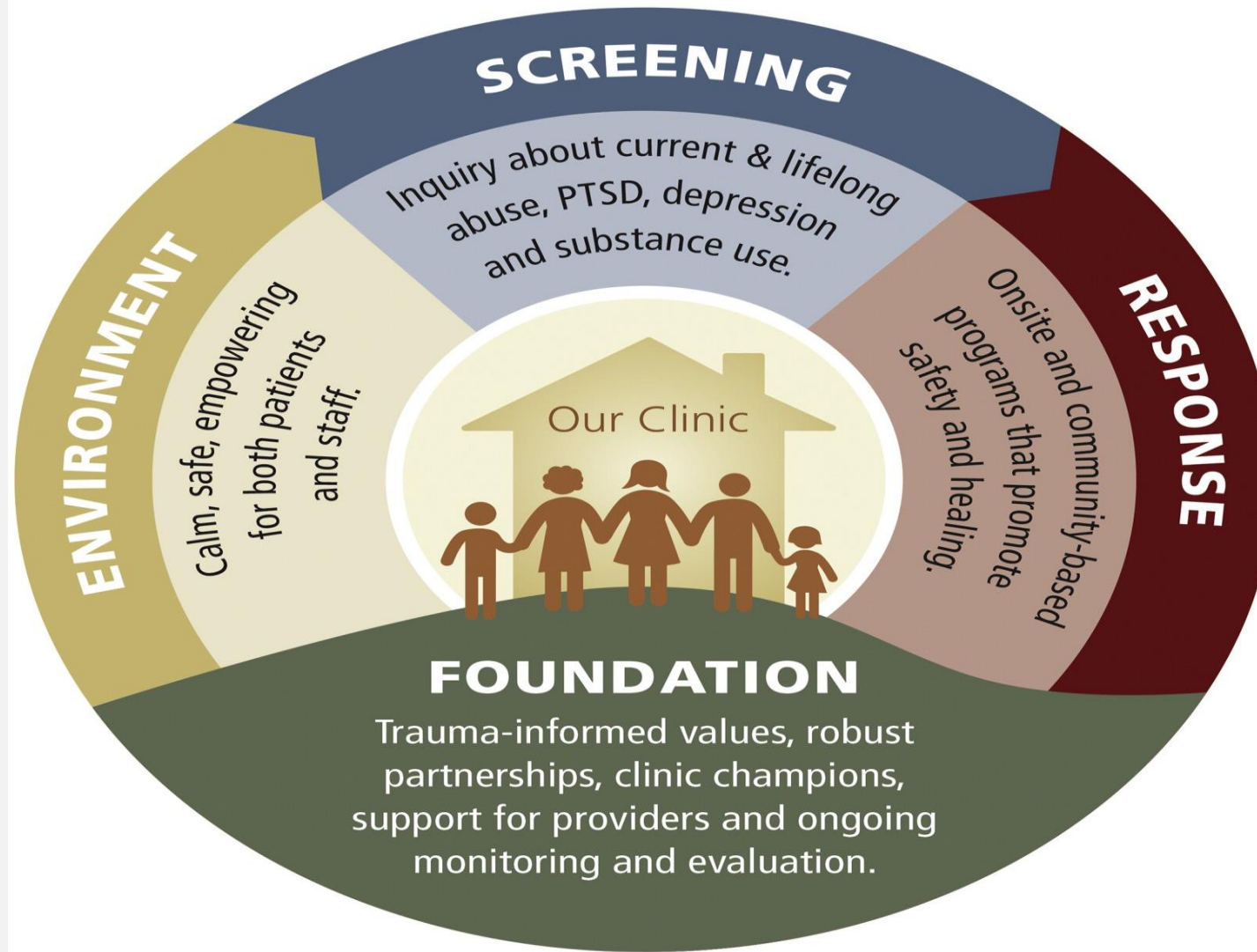
- Women who have HIV
 - 55% have experienced IPV
 - 2 times the national rate
 - 61% have histories of sexual abuse
 - 5 times the national rate
 - 30% have PTSD
 - 5 times the national rate
- Machtiger, et al AIDS and Behavior, 2012; 16(8): 2091-2100

RISK BEHAVIORS

- 40.5% Crack, heroine meth use within past 6 months
- 9.8% injection drug use
 - Half shared needles
 - Half had detectable virus
- Recent trauma quadrupled the odds of ART failure
- Tripled odds of sexual risk behaviors
 - Machtinger et al. (2012) Recent trauma is associate with antiretroviral failure and HIV transmission risk behavior among HIV positive women and female-identified transgenders. *AIDS Behavior*. 16:2160-2170.

RESPONDING AND RESISTING

Trauma-informed Primary Care



Machtiger, E. L., Cuca, Y. P., Khanna, N., Dawson Rose, C., & Kimberg, L. S. (2015). From Treatment to Healing: The Promise of Trauma-Informed Primary Care. *Women's Health Issues*, 25(3).

→ HOW CAN PROVIDERS BECOME TRAUMA-INFORMED?

Trauma-informed care acknowledges that understanding a patient's life experiences is key to potentially improving engagement and outcomes while lowering unnecessary utilization.

In order to be successful, trauma-informed care must be adopted at the **organizational and clinical levels**.



Organizational practices reorient the culture of a health care setting to address the potential for trauma in patients *and* staff:



- 1 Lead and communicate about being trauma-informed
- 2 Engage patients in organizational planning
- 3 Train both clinical and non-clinical staff
- 4 Create a safe physical and emotional environment
- 5 Prevent secondary traumatic stress in staff
- 6 Build a trauma-informed workforce

Clinical practices address the impact of trauma on individual patients:



- 7 Involve patients in the treatment process
- 8 Screen for trauma
- 9 Train staff in trauma-specific treatments
- 10 Engage referral sources and partner organizations



For more details, read CHCS' brief, *Key Ingredients for Successful Trauma-Informed Care Implementation*.

Visit www.chcs.org for additional resources.

RESPONSE THROUGH TRAINING

- Develop a shared language about trauma
- Understand the intersection of trauma and health
 - Understand the health related behaviors and risks
- Understand how trauma “works”
 - Better understand what trauma does to
 - The body
 - Relationships
 - Thinking
 - behavior
- Develop and refine means of intervention
 - Begin to think about how you currently intervene
 - Begin to think about how you’d like to intervene differently

RESPONDING THROUGH ASSESSMENT

- Develop (or borrow) screening techniques in order to identify
 - Rates of trauma
 - Types of trauma
- Allows you to track progress and impact
- “if you don’t ask about it, you don’t know about it.”

CENTRAL QUESTION

- *Shift from what is wrong with you*
 - *to*
- *What has happened to you?*

GO TO RESOURCES

- SAMHSA <https://store.samhsa.gov/shin/content//SMAI4-4884/SMAI4-4884.pdf>
- Assessment and toolkit: <https://www.air.org/resource/trauma-informed-organizational-toolkit>
- Center for Health Care Strategies:
- <https://www.chcs.org/resource/10-key-ingredients-trauma-informed-care/>

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Joyce Dorado, Ph.D.

Director, UCSF HEARTS
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Lynn Dolce, MFT

Director, Foster Care Mental Health
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Ken Epstein, PhD, LCSW

Director, Children, Youth & Families System of Care, Community Behavioral Health Services

Michael Marcin, MD, MSCR

Medical Director, O.M.I. Family Center, Community Behavioral Health Services

Briana Fields Loomis, PhD

Evaluating Psychologist, Trauma-Informed Systems Initiative, Community Behavioral Health Services

Kaytie Speziale, MFT

Coordinator, Trauma-Informed Systems Initiative, Community Behavioral Health Services

Norman Aleman, MSW

Training Manager Office of Health Equity, Cultural Competency, and Workforce Development
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SFDPH Trauma 101 Slide

THANK YOU!

- drbriscoesmith@gmail.com