Introduction to Trauma-Informed Integrated Care

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Creating a Safe Space

Trauma-Informed Integrated care
Adverse Childhood Experiences

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

(Source: Centers for Disease Control (CDC) ACEs Pyramid)
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)

Source: Centers for Disease Control (CDC)
Examples of Increased Risk

ACE Score Of 4 or More

- Suicide 1,220%
- Depression 460%
- Chronic pulmonary lung disease 390%
- Hepatitis 240%
- Significantly higher rates of heart disease and diabetes

ACE Score Of 6 or More

- Likelihood of becoming an IV drug user 4,600%
- Die, on average, 20 years earlier than those with low scores

Trauma on the Brain

**Amygdala**
- Acute stress response: Flight/Fight/Freeze
- Promotes survival by quickly acting when danger is perceived

**Hippocampus**
- “Time stamp” function
- Necessary to put danger in a spatial context
- Involved in emotions, learning and memory formation
- Cortisol receptors – size decreased associated with anxiety, depression and impaired learning and memory

**Prefrontal Cortex**
- Asks “Have I ever experienced this before? What is the best thing to do? What might the consequences be?”
- Connected with the amygdala and exerts inhibitory control over stress responses and emotional reactivity
SCOPE
Prevalence

How Common are ACES?

Source: Centers for Disease Control and Prevention, Kaiser Permanente, 2016.

Percentage of NH population reporting ACES

- Zero ACEs: 50.5%
- One ACE: 21.5%
- Two ACEs: 10.1%
- Three ACEs: 7.7%
- 4-7 ACEs: 10.2%

Source: NH Behavioral Risk Factor Surveillance System (BRFSS)
Prevalence of ACEs: total percentage reporting each ACE
NH BRFs 2016

- acedepres: 20%
- acedrink: 26%
- acedrugs: 12%
- aceprisn: 6%
- acehurt: 15%
- acepunch: 18%
- acetouch: 11%
General Health

General health status and ACE scores
NH BRFSS 2016

<table>
<thead>
<tr>
<th>Poor-fair</th>
<th>Good-excellent</th>
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<tr>
<td>36.2</td>
<td>52.8</td>
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- **Zero ACEs**: 19.4%
- **One ACE**: 8.8%
- **Two ACEs**: 36.2%
- **Three ACEs**: 52.8%
- **4 - 7 ACEs**: 19.4%
Mental Health

Mental health status and ACE scores
NH BRFSS 2016

14+ bad days
- Zero ACEs: 24.2%
- One ACE: 26.9%

1-13 bad days
- Zero ACEs: 42.2%
- One ACE: 10.3%

Zero bad days
- Zero ACEs: 58.9%
- One ACE: 6.5%

4 - 7 ACEs

Asthma

Asthma status and ACE scores
NH BRFSS 2016

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<td>4 - 7 ACEs</td>
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COPD, Emphysema, Bronchitis

Respiratory status and ACE scores
NH BRFSS 2016

No COPD, emphysema, bronchitis
- Zero ACEs: 51.4%
- One ACE: 9.6%

Have COPD, emphysema, bronchitis
- Zero ACEs: 37.4%
- One ACE: 19.9%
Smoking

Smoking status and ACE scores
NH BFSS 2016

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<td>Two ACEs</td>
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<td>Three ACEs</td>
<td>7.9%</td>
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<td>Four - Seven ACEs</td>
<td>63.1%</td>
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<th>40%</th>
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<td>Smoke</td>
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Depressive Disorder

Diagnosed depressive disorder and ACE scores

NH BRFSS 2016

- No
  - 57.4%
  - Zero ACEs: 5.9%
  - One ACE: 6.3%

- Yes
  - 28.6%
  - Two ACEs: 13.2%
  - Three ACEs: 23.2%
Resilience

- adapt
- coping
- Protective factors
- Post traumatic growth
- recover

Neuroplasticity

- repair
- retrain circuitry
- recovery
The brain’s ability to change in response to experiences.

The amount of effort such change requires.

Source: https://developingchild.harvard.edu/science/key-concepts/brain-architecture/
Good News:
Trauma Informed Integrated Care

- Enhance Positive Attachment and connections
  - self regulation
  - positive beliefs about oneself
  - motivation to act effectively
- Decrease secondary stressors and traumas
- Appropriate assessment and treatment
- ID and Cope with traumatic reminders
- General Sense of Safety

- Relationship – neutral, lack of stigma, longitudinal, continuity, point of first contact – only?
- Opportunity – look at long term health effects
  (Amaya – Jackson, 2014)
“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.” – Gillece, 2012
Screening – What is right for your practice?

- How? When? What to do with Positive Screens?
- How the questions are asked – relationship – neutral, lack of stigma
- Provider comfort
- Parent/patient comfort – get their input on which screener to use

Universal Inquiry about stressors:

"Since the last time I saw your child, has anything really scary or upsetting happened to your child or anyone in your family”

- (Cohen, Kelleher & Mannarino, 2008)

Tools:

- Ages and Stages

Survey of Well-Being of Young Children (SWYC)

- [https://www.seekwellbeing.org](https://www.seekwellbeing.org)

Part of the Solution

- Medical providers are often the only contact families have with trauma responsive systems

(Source: CDC.gov)
Universal Precautions

• Understanding the relationship between previous trauma and present coping and illness

• Creating an atmosphere of respect and trust, emphasizing patient strengths, striving for cultural competence, and seeking to minimize re-traumatization

• Providers can screen for trauma and, once identified, provide emotional support and validation, as well as refer to appropriate in-clinic and community resources to address the trauma.

• Self-care – insight into your own trauma and coping strategies
Importance of Treatment Teams

Increased continuity of care

Defined roles can lead to effective collaboration and improved patient outcomes

Increased job satisfaction and reduced burn out

Address health complexity, patient defined goals and support the patient to be an active participant in health

Behavior a strong predictor of health outcomes
Building Healthy Teams

- Five key factors: trust, communication commitment, accountability and results
- Create role clarity, pathways for communication and point person for health goals
- Culture of professionalism can develop a culture of interprofessionalism
- Deal with challenges to team care openly and quickly
Patient Centered Biopsychosocial Care Planning

- Patient driven health goals – developed in collaboration with PCP and health team

- Creating Continuity of Care – identifying goals in treatment, adherence barriers, follow through, stressors

- Building Care Teams – Who is on the team? Defined by best way to support patient to reach health goals. Defining roles.

- Incremental Implementation – Support patient to develop new treatment goals as previous goals are accomplished
References

- ASTHO Brief on primary prevention strategies for ACEs: [http://www.astho.org/generickey/GenericKeyDetails.aspx?contentid=20543&folderid=5150&catid=7184]


- ASTHO’s Early Brain Development Technical Assistance Framework and Database: [http://www.astho.org/earlybrain/Library/]


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  - [https://www.slideshare.net/MCChangaris/changaris-beneath-the-skin-interrupting-the-pathways-to-pathology]
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