



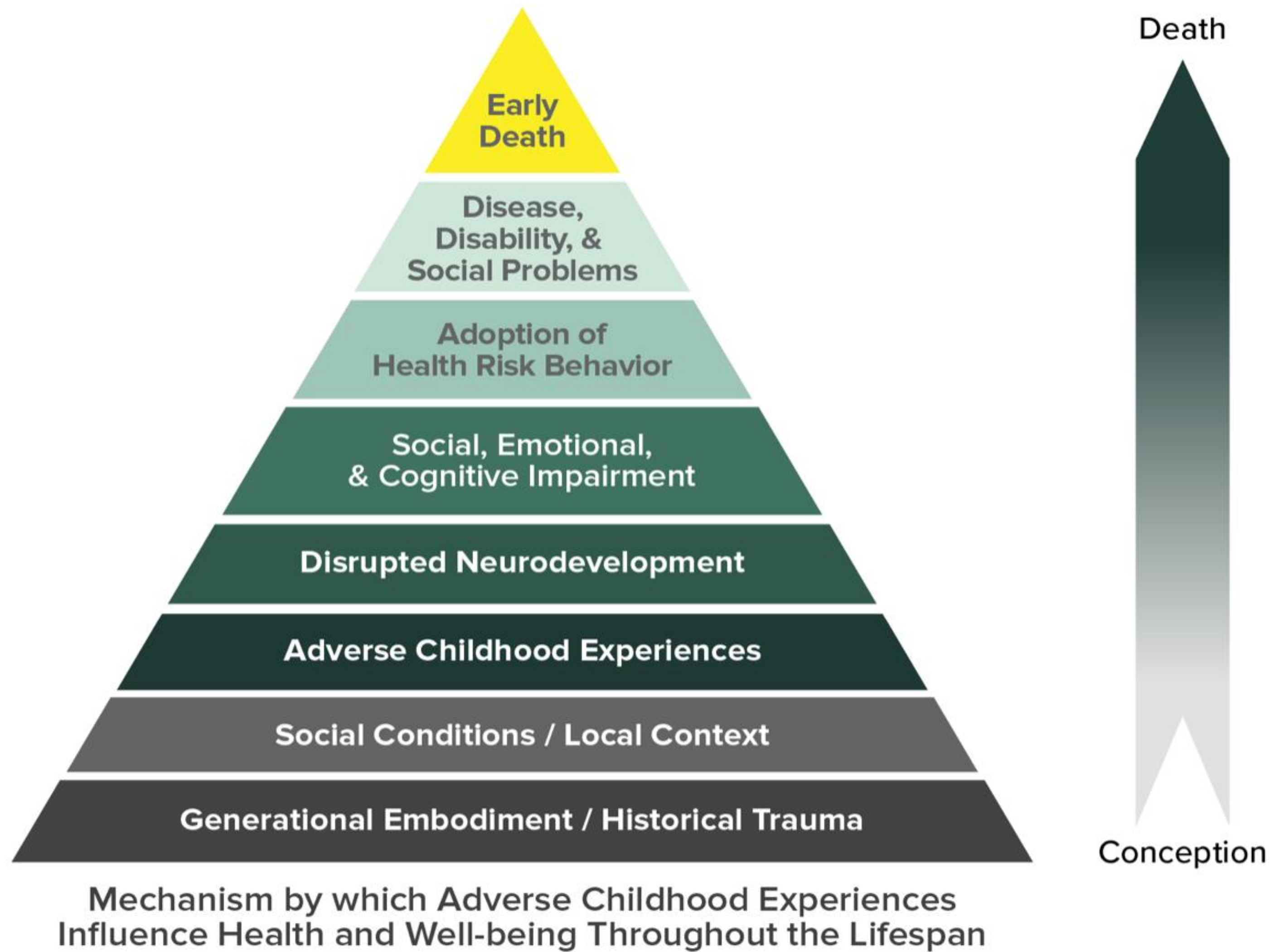
Introduction to Trauma-Informed Integrated Care

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Creating a Safe Space

Trauma-Informed Integrated care



Adverse Childhood Experiences

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

ACES can have lasting effects on....



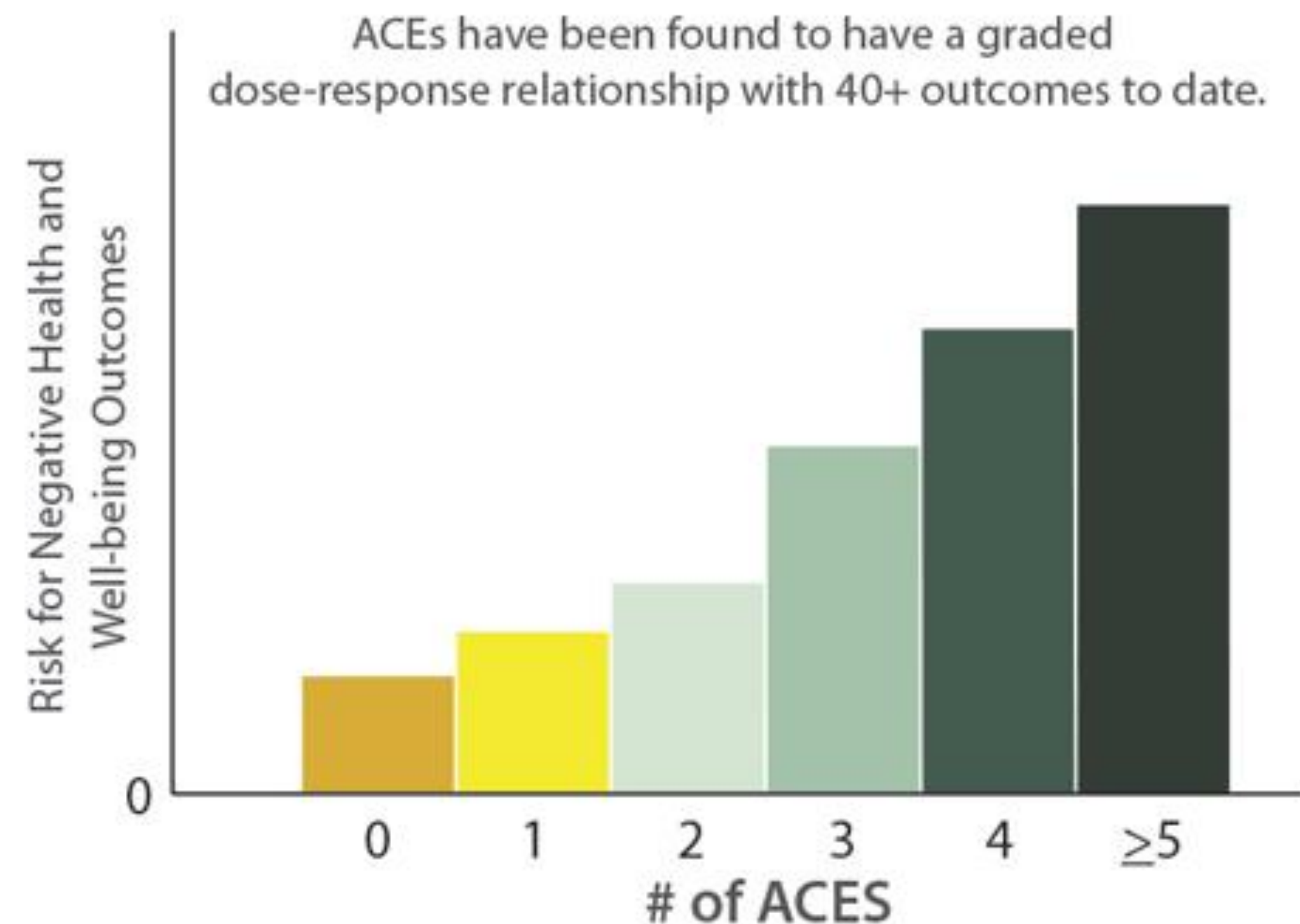
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



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



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

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

Source: Felitti, V. J., et al, 1998

Trauma on the Brain

Amygdala

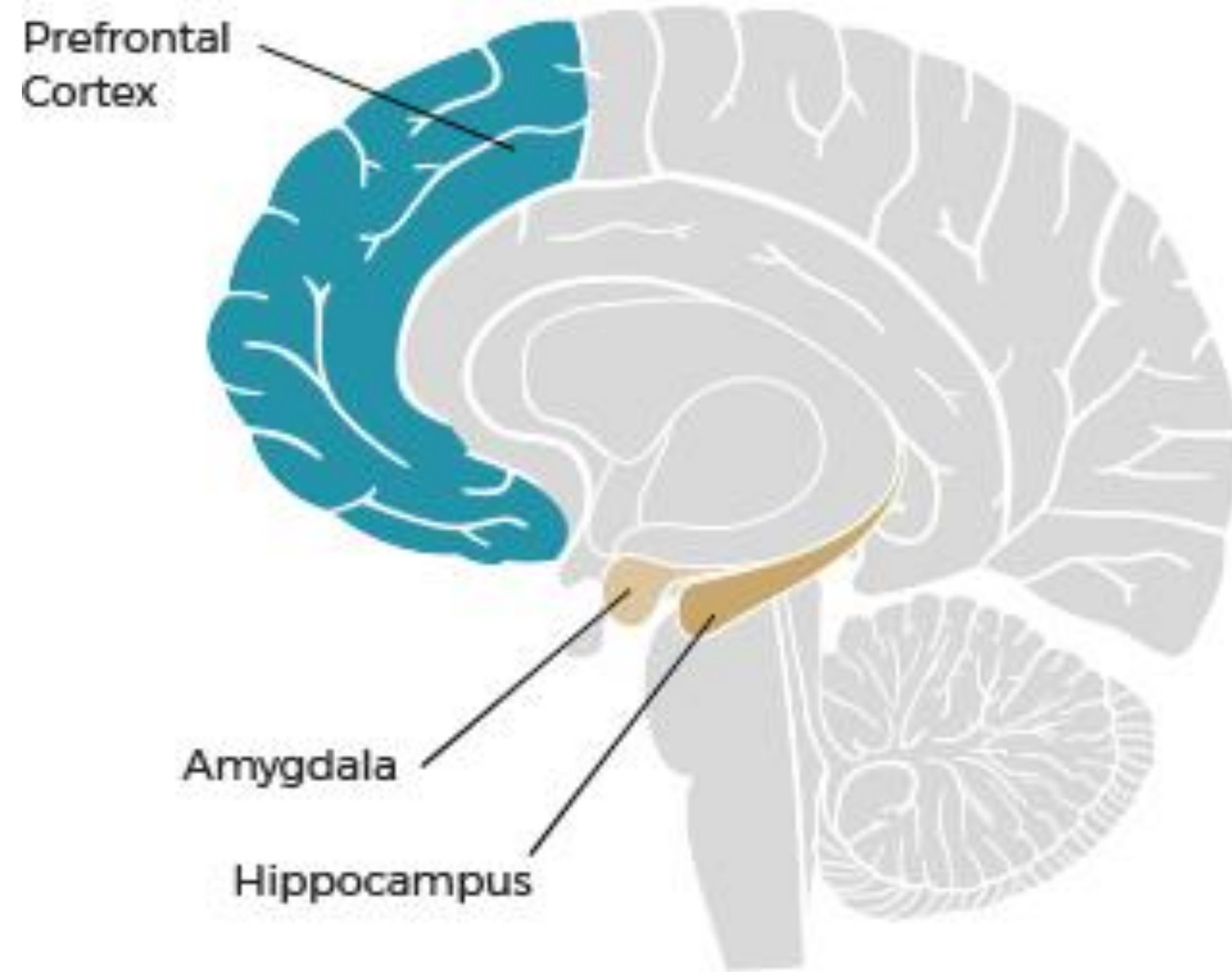
- Acute stress response: Flight/Fight/Freeze
- Promotes survival by quickly acting when danger is perceived

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



3 Year Old Children



Normal



Extreme Neglect

Source: Perry, B. D. (2002).

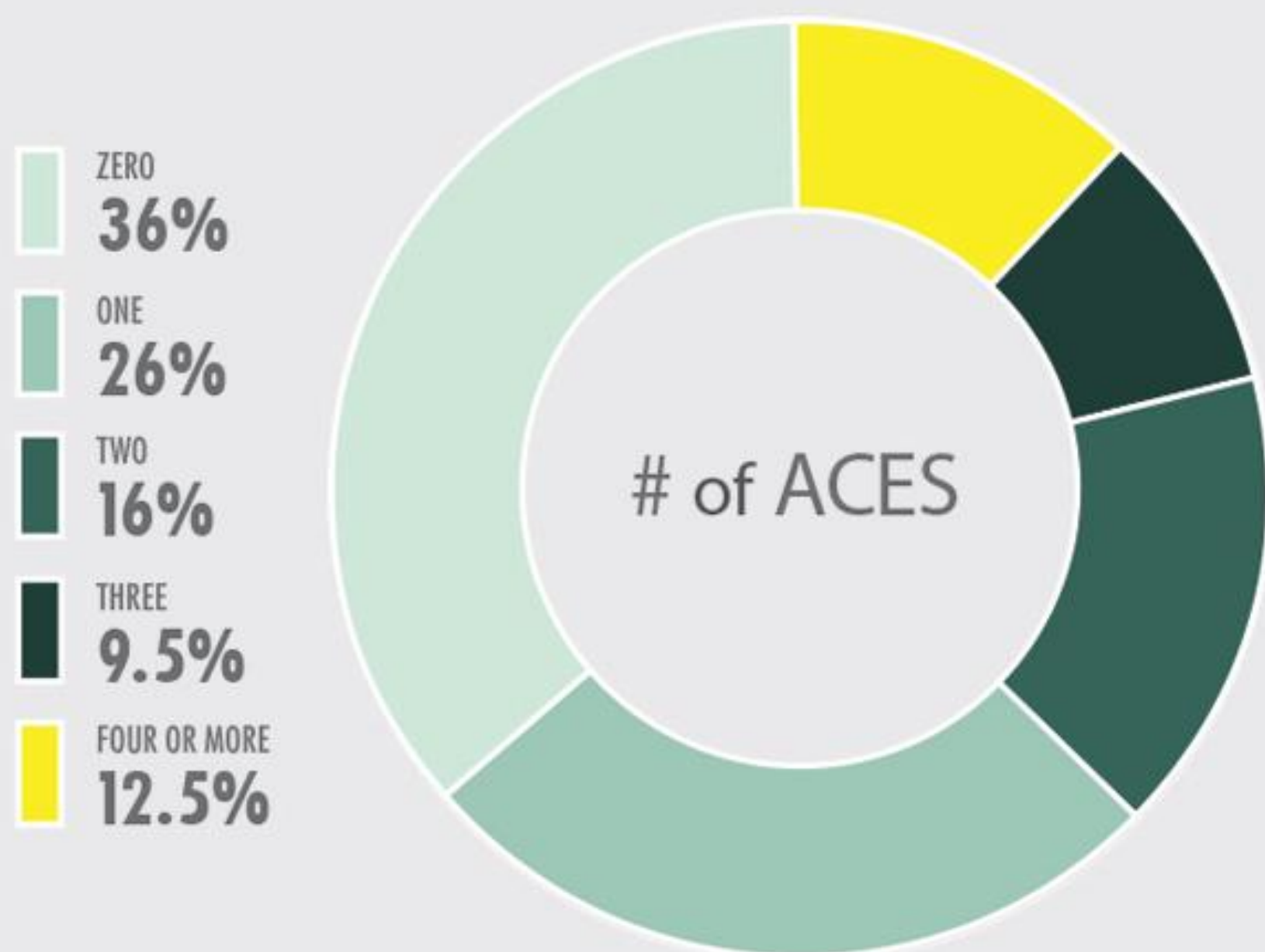


SCOPE

Prevalence

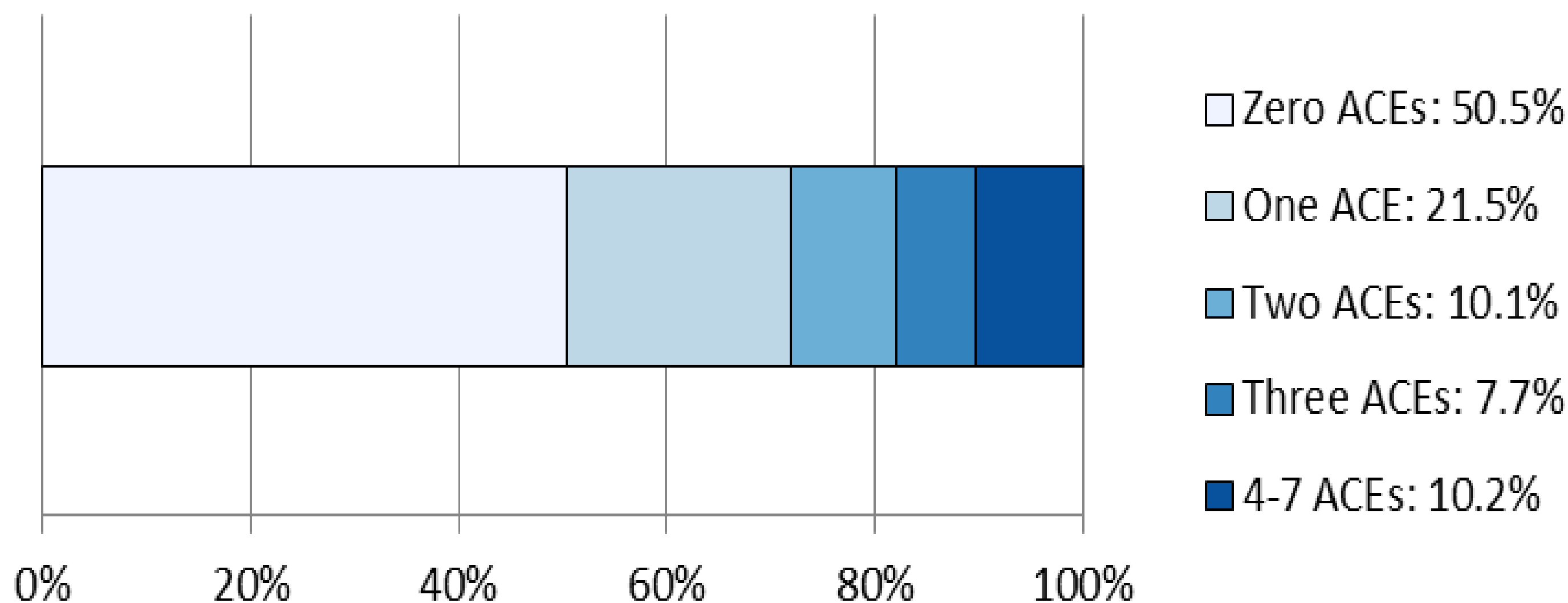
How Common are ACEs?

ACE Study



Percentage of NH population reporting ACEs

NH BRFSS 2016

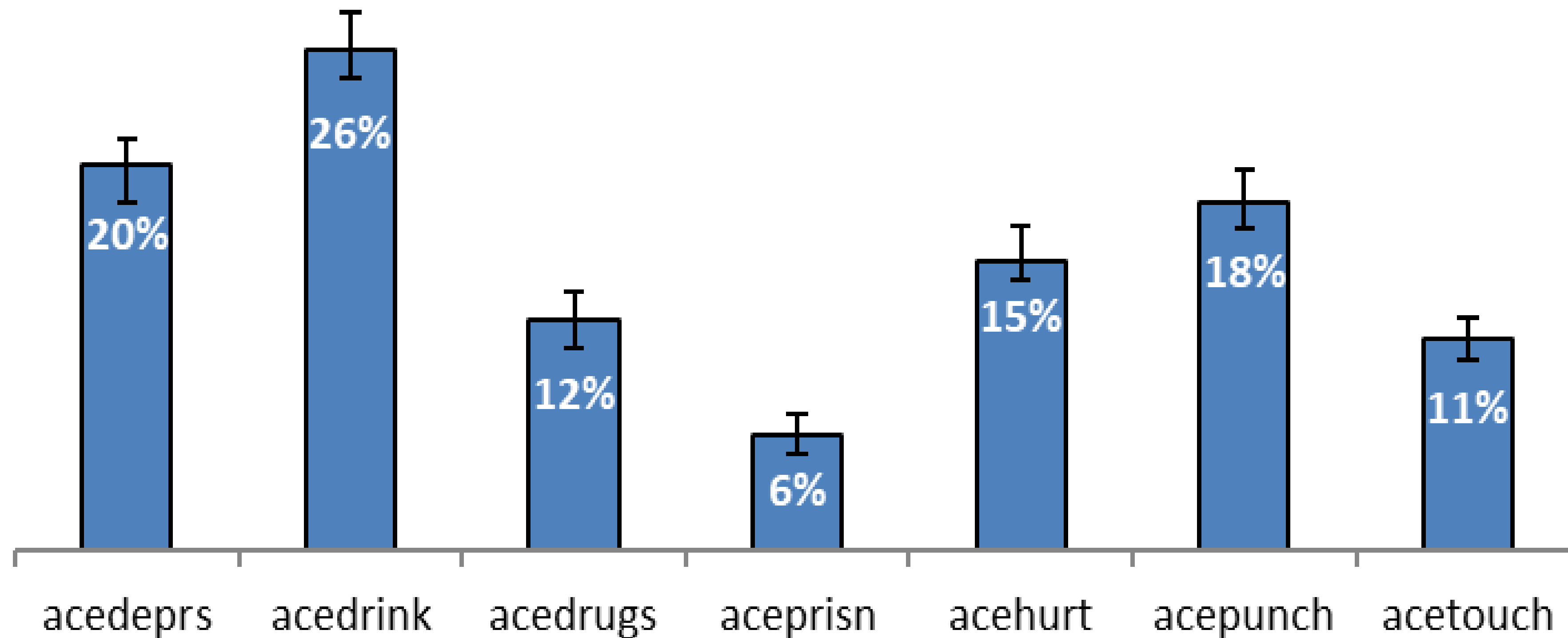


Source: NH Behavioral Risk Factor Surveillance System (BRFSS)

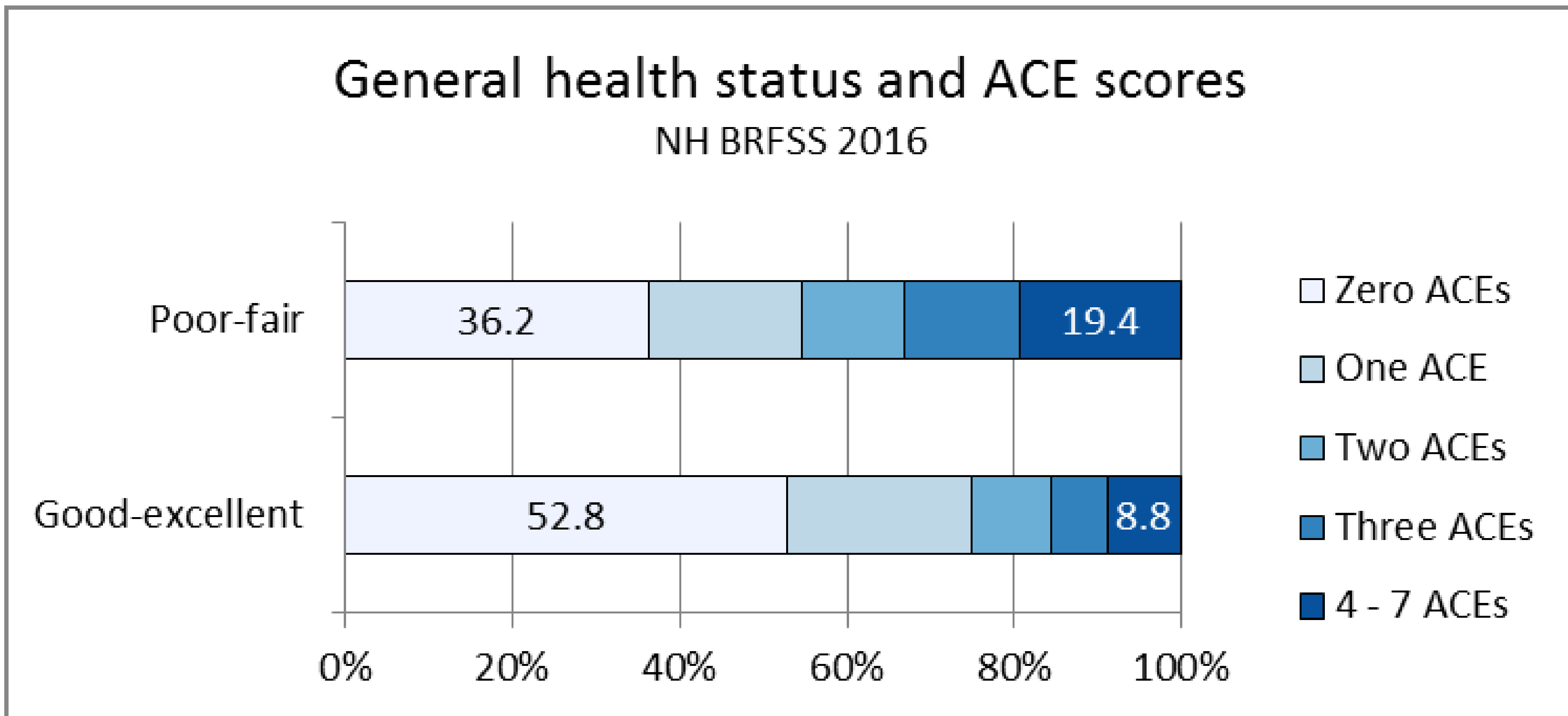
Source: Centers for Disease Control and Prevention, Kaiser Permanente, 2016.

Prevalence of ACEs: total percentage reporting each ACE

NH BRFS 2016



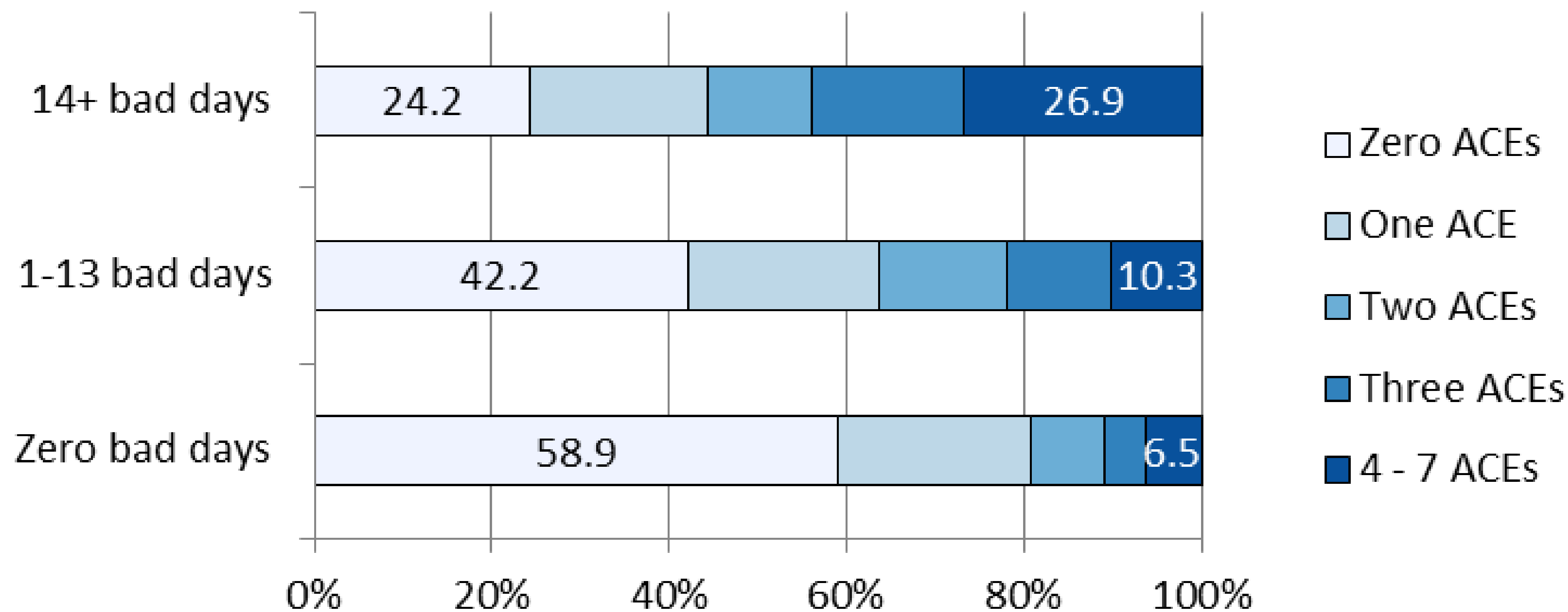
General Health



Mental Health

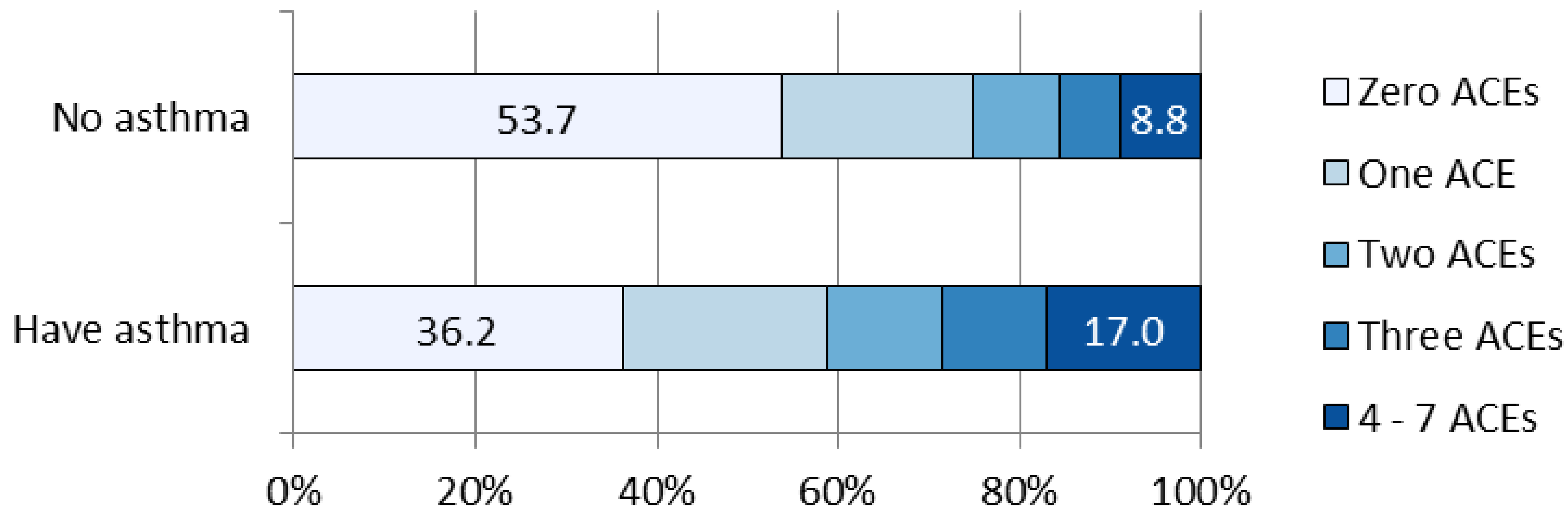
Mental health status and ACE scores

NH BRFSS 2016

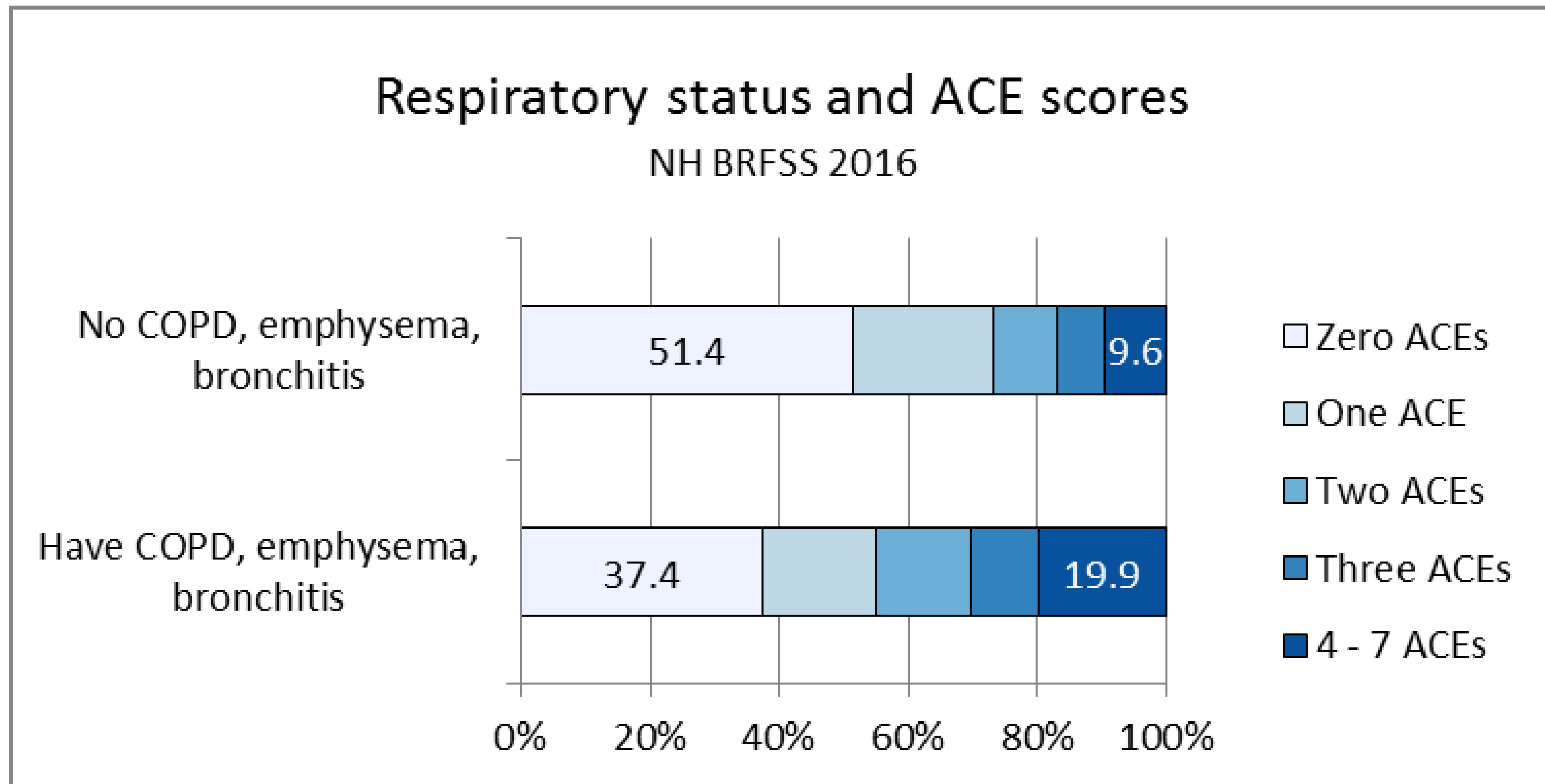


Asthma

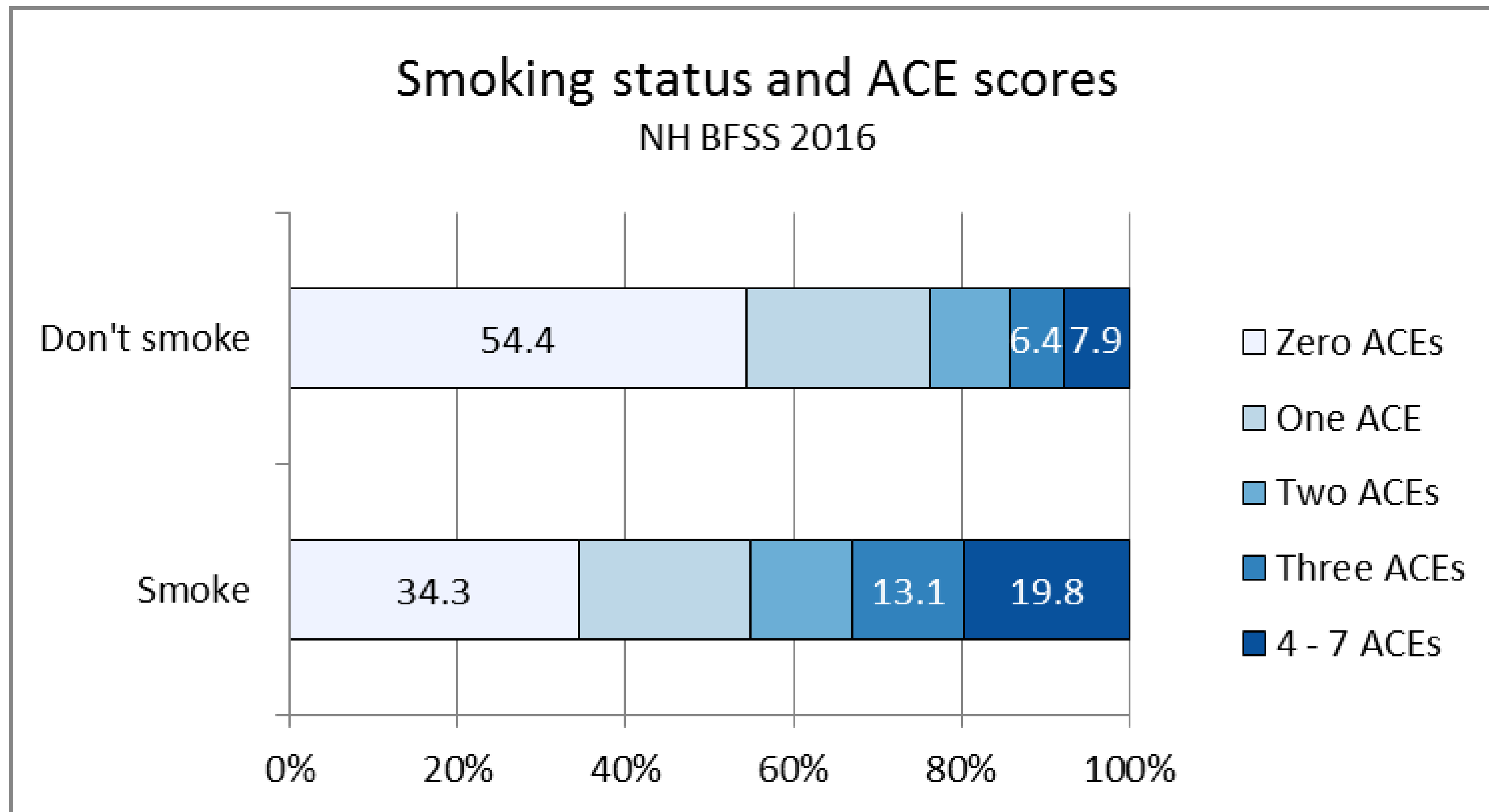
Asthma status and ACE scores
NH BRFSS 2016



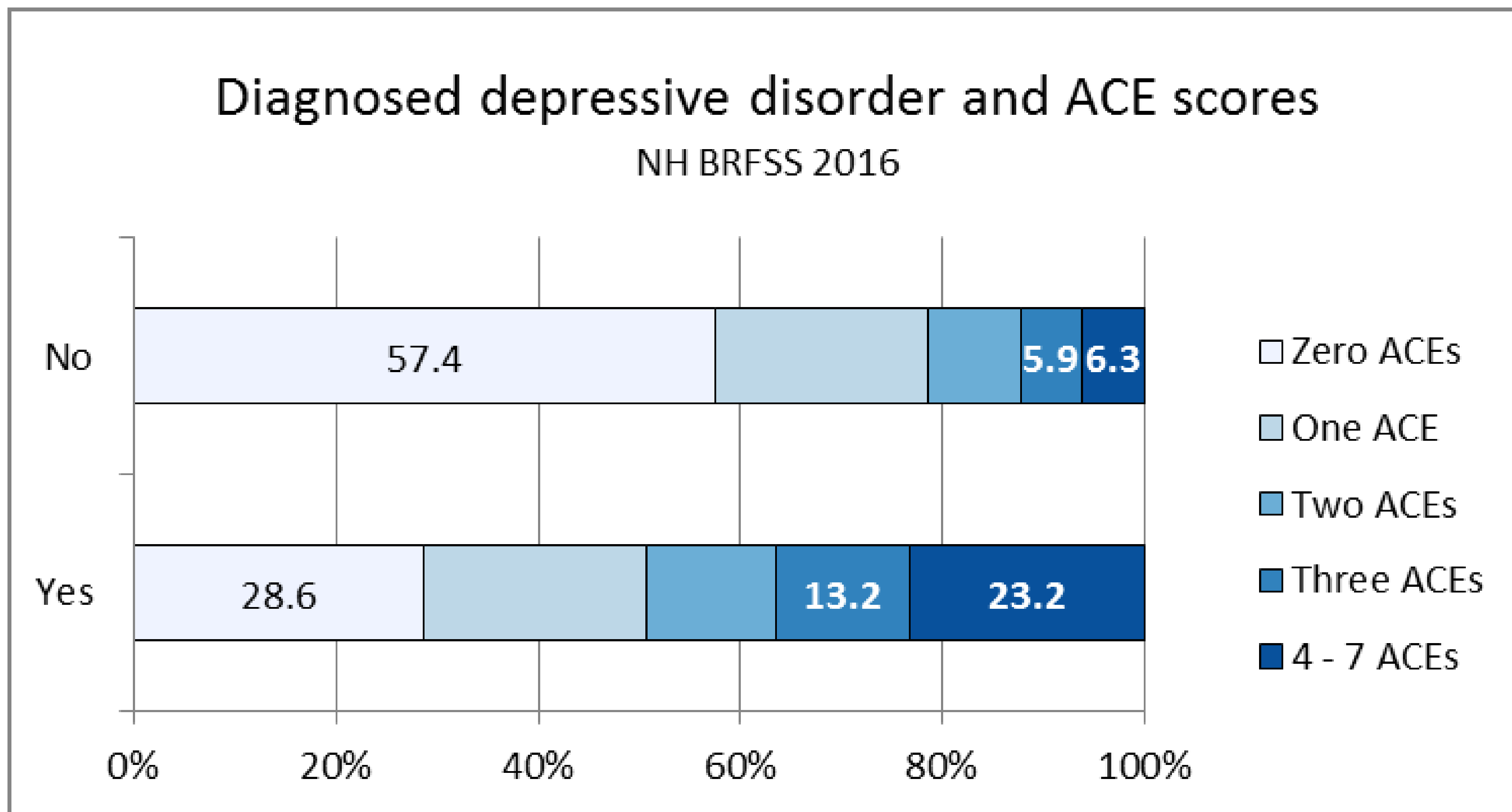
COPD, Emphysema, Bronchitis

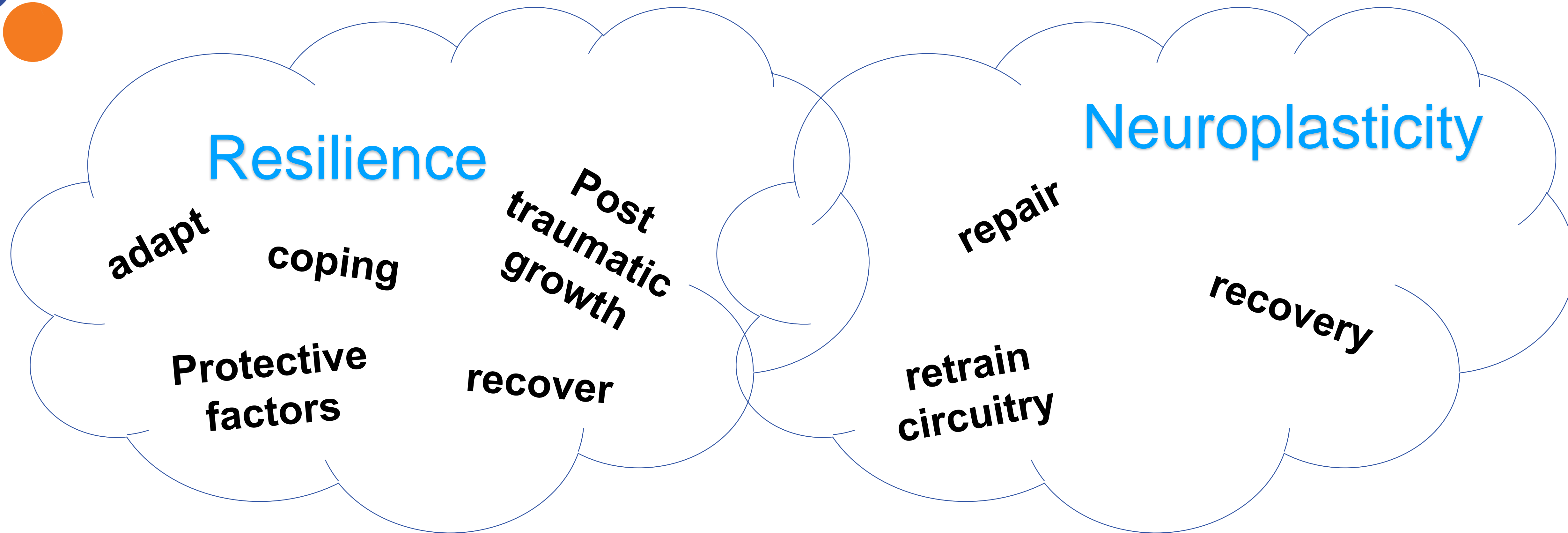


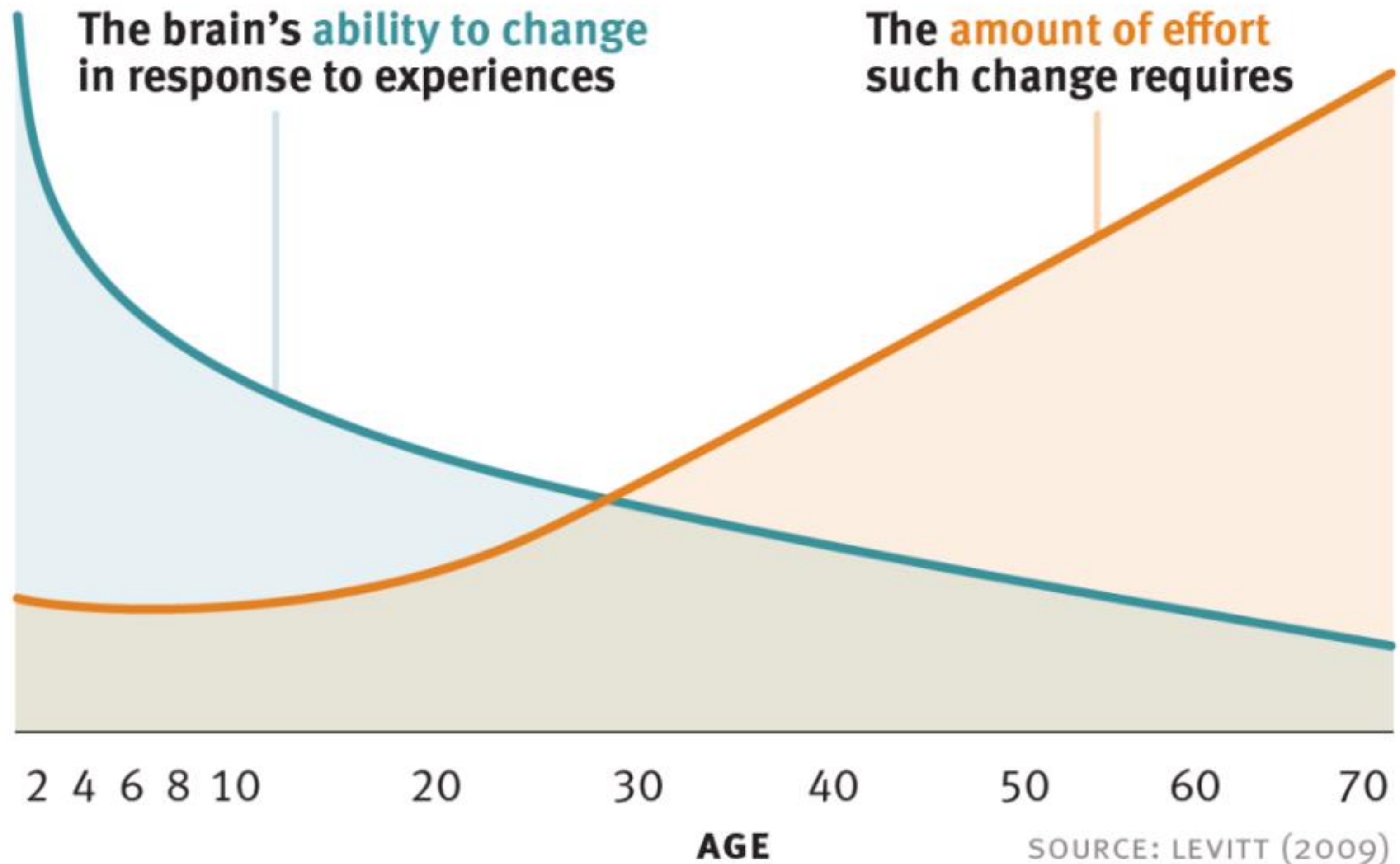
Smoking




Depressive Disorder







Center on the Developing Child  HARVARD UNIVERSITY

www.developingchild.harvard.edu

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.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Tools.aspx>
- <https://www.seekwellbeing.org>
- <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Developmental-Behavioral-Psychosocial-Screening-and-Assessment-Forms.aspx>

Part of the Solution

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

(Source: CDC.gov)



Strengthen economic supports to families

- Strengthening household financial security
- Family-friendly work policies



Change social norms to support parents and positive parenting

- Public engagement and enhancement campaigns
- Legislative approaches to reduce corporal punishment



Provide quality care and education early in life

- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation



Enhance parenting skills to promote healthy child development

- Early childhood home visitation
- Parenting skill and family relationship approaches



Intervene to lessen harms and prevent future risk

- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence

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

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- ASTHO's Essentials for Childhood Policy Guide: <http://www.astho.org/prevention/essentials-for-childhood-policy-guide/>
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- <https://www.cdc.gov/brfss/>