



# *SAMHSA-HRSA Center for Integrated Health Solutions*

## **Trauma-Informed Care in an Integrated World**

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# Paradigm Shift

<http://www.youtube.com/watch?v=JIRK1vqcuvq>



# Overview of Presentation

- Case Example
- What is Trauma?
- How Does Trauma Affect People?
- Why is Understanding Trauma Important?
- What Can We Do to Provide Trauma Sensitive Care and Practices?



# Case Example – What About Alana?

1. How would you work with someone like
2. What would your agency/organization do to engage Alana?
3. How would you provide trauma-informed medical care for someone like Alana?



# What is Trauma?



# What is Trauma?

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.
- These experiences may occur at any time in a person's life. They may involve a single traumatic event or may be repeated over many years.
- These trauma experiences often overwhelm the persons coping resources. This often leads the person to find a way of coping that may work in the short run but may cause serious harm in the long run.



# Examples of Traumatic Life Experiences

- Physical, emotional and/or sexual abuse in childhood or adulthood
- In Childhood
  - neglect or abandonment (food insufficiency, lack of money to met basic needs, homelessness)
  - death of a parent
  - divorce
  - family life that includes drug addiction, alcoholism, parental incarceration, violence
- Rape
- Serious medical illness or disease (disabling conditions, loss of function, invasive and distressing procedures)



# Trauma experienced in adulthood may also affect a persons emotional and physical well-being

## Examples:

- Combat related trauma
- Refugee/torture/civil unrest
- Witnessing or experiencing violence
- Catastrophic loss (natural disasters)
- Terrorism

Bottom line findings: These experiences raise the individuals risk for severe emotional distress, suicide, physical illness, substance abuse and a host of other life difficulties



# How Does Trauma Affect People?



# How Does Trauma Affect People?

- What have we learned about the affect of trauma on people?
- What are some examples of what happens to people who have experienced trauma early in their lives?
- What experience have you had working with individuals with trauma histories?





## What the research tells us- The Adverse Childhood Experiences (ACE) Study?

- **Center for Disease Control and Kaiser Permanente (an HMO) Collaboration (1998)**
- **Over a ten year study involving 17,000 people**
- **Looked at effects of adverse childhood experiences (trauma)over the lifespan**
- **Largest study ever done on this subject**



# ACEs By The Numbers

<http://acestoohigh.com/2012/11/19/the-adverse-childhood-experiences-study-in-a-video-nutshell/>

<http://www.cdc.gov/ace/outcomes.htm>



# Impact of Trauma Over the Lifespan

Increases the risk of neurological, biological, psychological and/or social difficulties such as:

- Changes in brain neurobiology;
- Social, emotional & cognitive impairment;
- Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence); and
- Severe and persistent behavioral health, physical health and social problems, early death.

*(Felitti et al, 1998)*



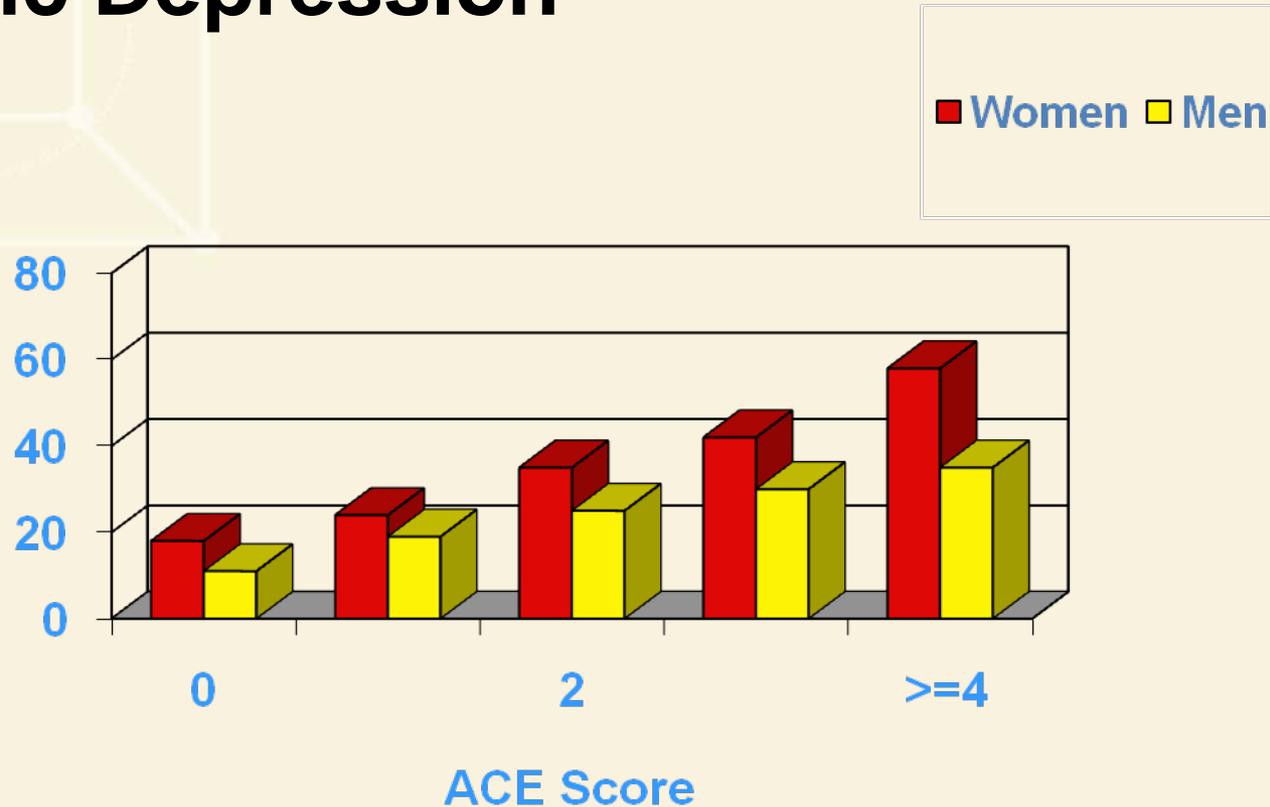
# Healthcare conditions often associated with a history of adverse childhood experiences:

- Diabetes
- COPD
- Heart Disease
- High Blood Pressure
- Obesity
- Cancer
- Liver Disease
- Gynecologic Disorders
- Sexually Transmitted Diseases
- Unintended Pregnancies

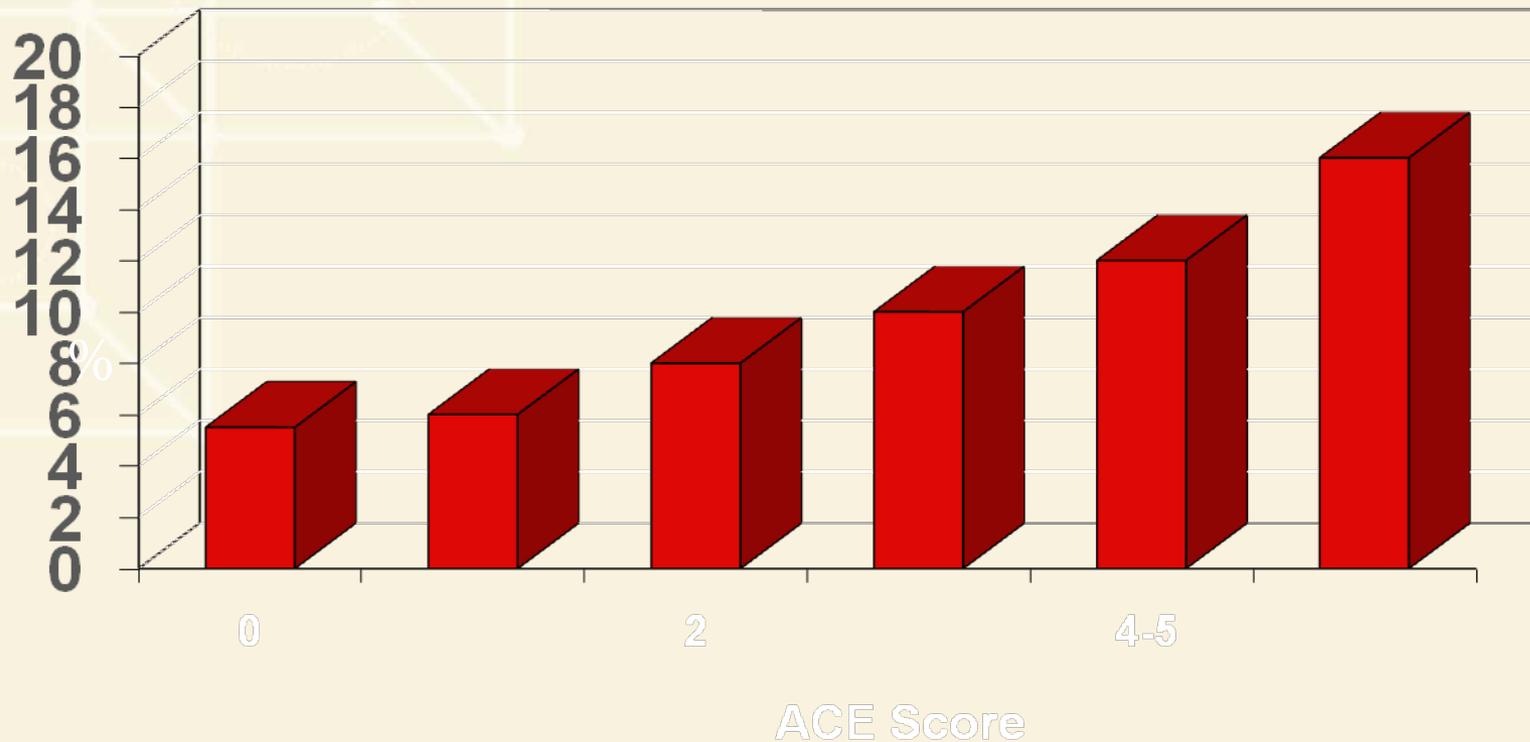


# Childhood Experiences Underlie Chronic Depression

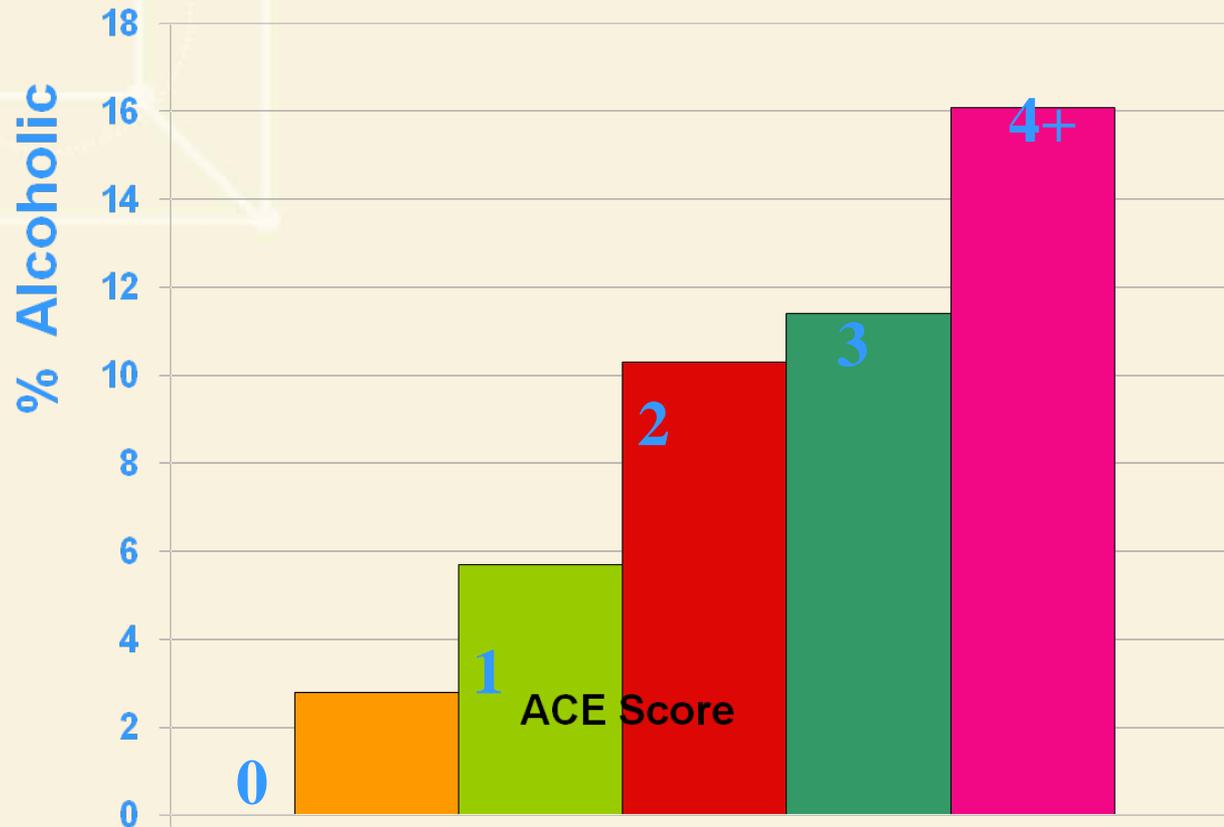
**% With a Lifetime History of Depression**



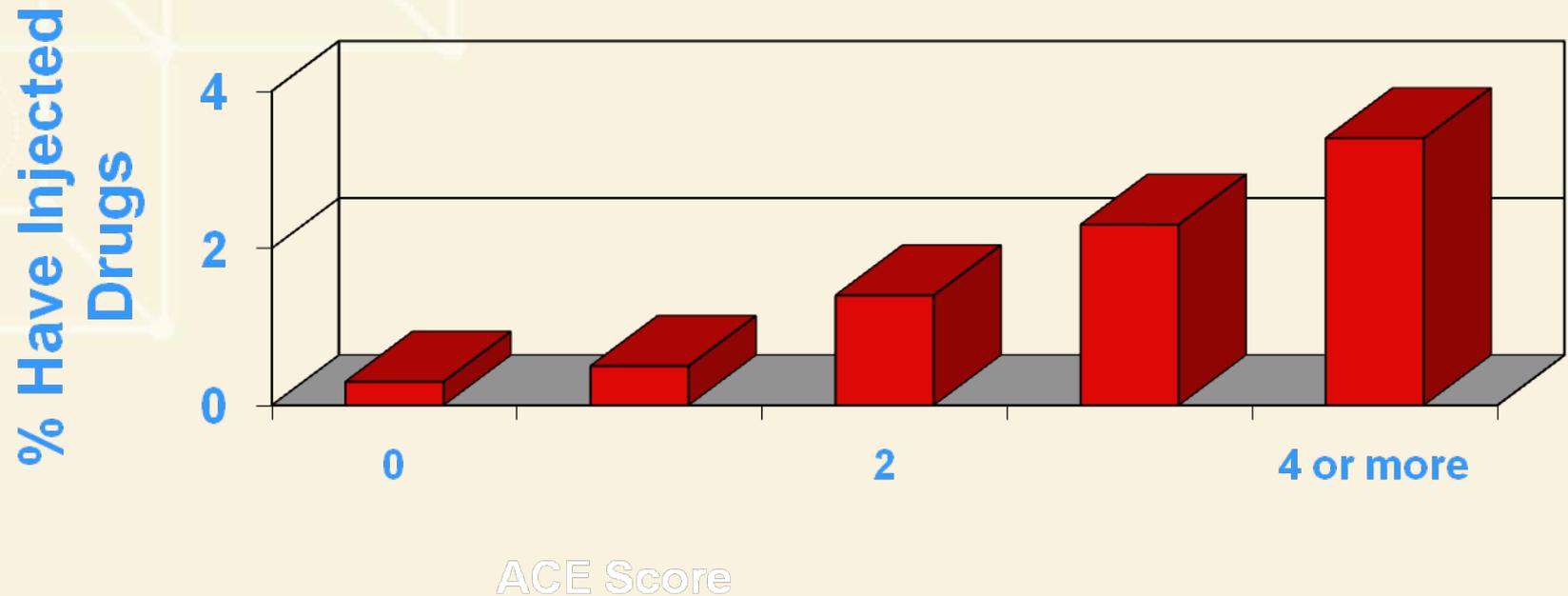
# Adverse Childhood Experiences and Current Smoking



# Childhood Experiences and Adult Alcoholism



# ACE Score and Intravenous Drug Use



# **A SIGNIFICANT PORTION OF DISEASE ACROSS THE POPULATION IS ATTRIBUTABLE TO ACES**

54% of depression

58% of suicide attempts

39% of ever smoking

26% of current smoking

65% of alcoholism

50% of drug abuse

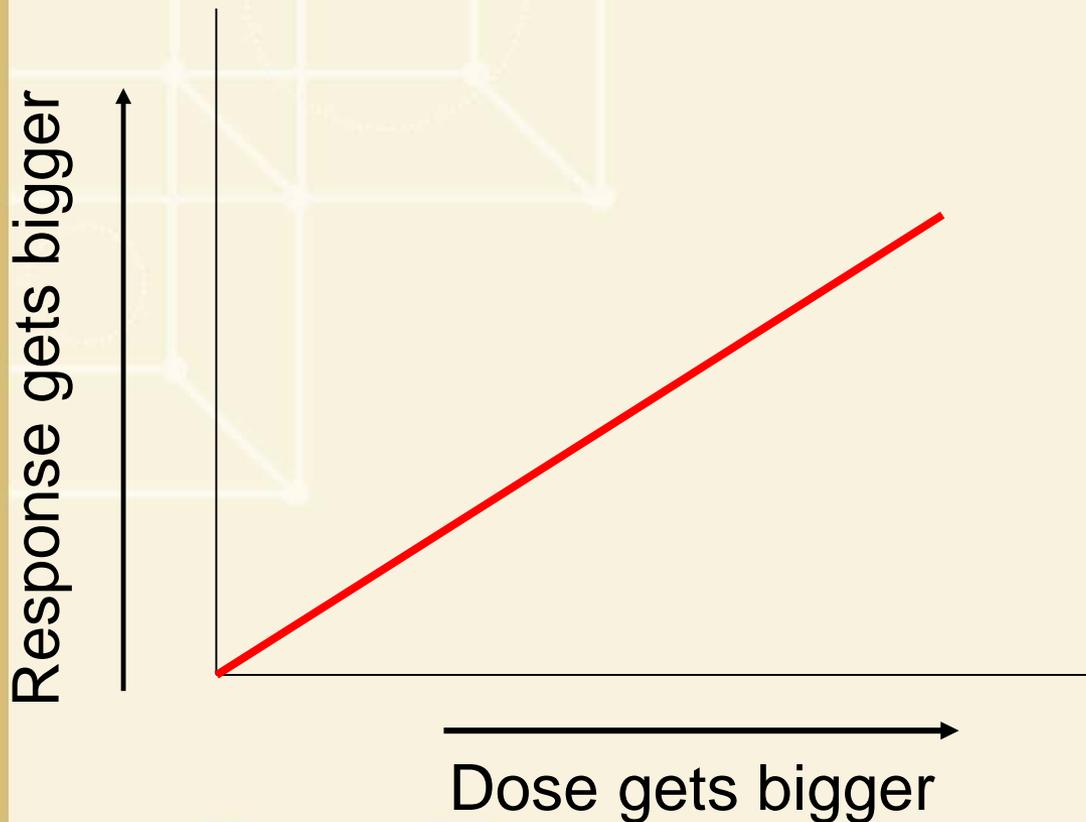
78% of IV drug use

48% of promiscuity (having more than 50 sexual partners)

**...are attributable to ACEs**



## A CLASSIC CAUSAL RELATIONSHIP MORE ACEs = MORE HEALTH PROBLEMS



*Dose-response* is a direct measure of cause & effect.

The “response”—in this case the occurrence of the health condition—is caused directly by the size of the “dose”—in this case, the number of ACEs.



# Why is Understanding Trauma Important?



# Why is Understanding Trauma Important?

- What are the implications for the integrated care?
- What are the challenges facing healthcare providers?



# Why is Understanding Trauma Important?

- To provide effective services we need to understand the life situations that may be contributing to the persons current problems
- Many current problems faced by the people we serve may be related to traumatic life experiences
- People who have experienced traumatic life events are often *very sensitive* to situations that remind them of the people, places or things involved in their traumatic event
- These reminders, also known as triggers, may cause a person to relive the trauma and view our setting/organization as a source of distress rather than a place of healing and wellness



# Responses to Trauma: Fight, Flight, or Freeze

1. Common human responses to a perceived threat
2. Often misunderstood as “non-compliance”
3. Can lead to negative or punitive reactions to people struggling for control over their bodies, minds, and selves
4. Trauma survivors may respond to the present through the lens of their past



# Triggers in Healthcare Settings

**Definition:** An external event that causes internal discomfort or distress such as:

- Sights - white lab coats, medical equipment, restraints, X-ray bib, room temperature
- Sounds - dental drill, ambulance sirens, chaos in environment
- Smells - rubbing alcohol, antiseptic odors, latex gloves



## **Why medical settings may be distressing for people with trauma experiences:**

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing/distressing
- Power dynamics of relationship
- Gender of healthcare provider
- Vulnerable physical position
- Loss of and lack of privacy



## **Signs that a person may be feeling distressed:**

- Emotional reactions – anxiety, fear, powerlessness, helplessness, worry, anger
- Physical or somatic reactions – nausea, light headedness, increase in BP, headaches, stomach aches, increase in heart rate and respiration or holding breath
- Behavioral reactions – crying, uncooperative, argumentative, unresponsive, restlessness
- Cognitive reactions – memory impairment or forgetfulness, inability to give adequate history



## **Trauma may negatively influence access to and engagement in primary care:**

1. Avoidance of medical and dental services
2. Non-adherence to treatment
3. Postponing medical and dental services until things get very bad
4. Misuse of medical treatment services – ex. over use of ER Services and misuse of pain meds



# Why trauma is not routinely addressed:

- Lack of time
- Lack of awareness
- Lack of tools
- Lack of training
- Misconceptions/discomfort



# Non-Trauma Informed Services

1. Recreate the fear and helplessness of the original trauma
2. Cause distrust, sadness, anger, frustration, confusion
3. These reactions are seen as “symptoms,” which increases the rationale for “management” and potential for coercion



# Trauma-Informed Practices

1. Based on universal expectation that trauma has occurred
2. Asks “What happened to you?” not “What’s wrong with you?” AND ...
3. Seeks to understand the meaning people make of their experiences
4. Focus on safety, autonomy, choice, and the elimination of coercion



# Trauma-Informed Practices

1. Consider cultural relevance and strive to be culturally responsive
2. Can be implemented in any setting
3. Everyone; staff and service users is educated about the impact of trauma
4. Focus is on resilience, self-healing, mutual support, and empowerment



# What Can We Do to Provide Trauma Sensitive Care and Practices?



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# What practical steps can we take?

What steps have grantees taken to address the needs of individuals with trauma experiences?

What discussions have taken place or what actions are being considered to address the needs of individuals with trauma experiences?



## **Examples of steps grantees may consider to create a trauma informed care integrated system?**

- A.** Screen and assess for trauma
- B.** Communicate a sensitivity to trauma issues
- C.** Train “all” staff about trauma, sensitive practice and sharing critical information
- D.** Create a safe and comfortable environment
- E.** Provide services in a trauma informed manner  
– some practical tips



# Principles of Sensitive Practice

- 1. Respect**
- 2. Taking Time**
- 3. Rapport**
- 4. Sharing Information**
- 5. Sharing Control**
- 6. Respecting Boundaries**
- 7. Fostering Mutual Learning**
- 8. Understanding Non-linear Healing**
- 9. Demonstrating Awareness and Knowledge of Trauma**

*Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse* was researched and written by Candice L. Schachter, Carol A. Stalker, Eli Teram, Gerri C. Lasiuk and Alanna Danilkewich



## **A. Health Appraisal Questionnaire - Examples of Questions with Yes/No Responses (completed in private)**

- I have been physically abused as a child
- I have been verbally abused as a child
- I was sexually molested as a child or adolescent
- I have been raped
- I have been threatened or abused as an adult by a sexual partner
- My partner has threatened, pushed, shoved me
- My partner has threatened or abused my children

Vincent J. Felitti, MD



## **A brief, empathic, validating response by a healthcare provider to someone who discloses a trauma history may be:**

- “I’m sorry that this happened to you; no one has the right to hit another person/force another person to have sex”
- “Growing up in an environment of violence is so difficult for a child – no one should have to face such upsetting and scary situations”
- “We know that there is a direct relationship between these experiences and a person’s physical health; have you ever had a chance to explore these?”



## **B. Communicating a Sensitivity to Trauma Issues**

- Trauma related materials in waiting areas
- Posters inviting individuals to talk about trauma and/or needs located in exam rooms
- Asking questions about trauma and/or needs before and during exams



## **C. Train Staff about Trauma, Sensitive Practices and Sharing Critical Information**

- Increase awareness and importance of trauma as a factor in health outcomes
- Primary and behavioral health have communication channels to inform each other about a person's trauma and it's affect on...
  - mental health, substance use and physical wellbeing
  - the person's comfort with and use of medical and dental services



# Basic Training of Staff: Overview of Trauma-Informed Care Presentation

What do we mean by trauma?

How does trauma affect people?

What can we learn from listening to the voices of people who have experienced trauma?

Why is understanding trauma important in the work we do at \_\_\_\_?

What can we do to insure that we help those we serve who have experienced trauma?

Why we all matter!

The stresses of our own work and lives may also make trauma a personal concern

How understanding trauma and improving our services helps all of us

Provide us with feedback (complete survey)



## **D. Creating a Safe and Secure Environment**

- Survey service recipients to gain feedback about their experiences, including the physical environment
- Solicit staff to suggest improvements to care and the environment
- Insure individuals feel welcome and comfortable from reception through exiting
- Do no harm – prevent re-traumatization
- Provide trauma sensitive practices and care



## **E. Trauma Informed Care: Practical Tips**

- Engage person, develop rapport and build trust over time
- Provide calm and soothing office environment
- Give relaxed, unhurried attention
- Talk about concerns and procedures before doing anything (ex. asking patient to disrobe)
- Give as much control and choice as possible
- Validate any concerns as understandable and normal
- Allow a support person or female staff person to be present in the room
- Explain thoroughly each procedure and get consent



# Trauma Informed Care: Practical Tips

- Ask if person is ready to begin and inform them that they can pause or stop procedure at anytime
- Encourage questions and ask about any worries or concerns and how you can help (ex. leaving door ajar)
- Maintain a personable, respectful, kind and honest manner
- Talk to person throughout to let them know what you are doing and why
- Encourage person to do what feels most comfortable (ex. keeping coat on, listening to music, keeping dental chair upright)
- Place a high priority on culture; including ethnicity, race, religion, sexual orientation, historical and social trauma such as homelessness and poverty



# Resources

- Health Appraisal Questionnaire – Felitti
- Trauma Survivors in Medical and Dental Settings – The Western Mass Training Consortium  
<https://nchdv.confex.com/nchdv/2012/recordingredirect.cgi/id/347>
- Traumatic Stress in Ill or Injured Children – National Child Traumatic Stress Network [www.nctsnet.org](http://www.nctsnet.org)
- Handbook on Sensitive Practice for Health Care Practitioners by Candice L. Schachter et al  
[www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-handbook\\_e.pdf](http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfntsx-handbook_e.pdf)
- National Center for Trauma-Informed Care – [www.nasmhpd.org](http://www.nasmhpd.org)
- National Council for Community Behavioral Healthcare  
[www.acestoohigh.com](http://www.acestoohigh.com)
- [www.acesurvey.org](http://www.acesurvey.org)





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# Health Appraisal Questionnaire

*Please Print Legibly*

Office Use Only

name and other information above correct? ....  Y  N  
(Please make corrections)

**FEMALE**

Please fill in your Social Security Number:

\_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

If you have an E-Mail address, please enter it here:

\_\_\_\_\_

Note your appointment times.  
First appointment:

Second appointment:

## WELCOME

Complete medical evaluation which you are about to receive at the Health Appraisal division of Kaiser Permanente's Integrative Medicine has three major components: medical history, laboratory tests, and direct physical examination. Of these, medical history is the most important. This questionnaire is likely to be the most detailed collection of medical information we have ever experienced.

Answer each question by blackening the appropriate oval with a black ball point pen. Your effort doing this well will be appreciated and is the basis of our understanding your health.

Mark bubbles completely, like this: ●

Vincent J. Felitti, MD

# Thank You!!

Contact Information through the National Council for  
Community Behavioral Healthcare:

Cheryl Sharp, MSW, Special Advisor for Trauma-  
Informed Services

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