

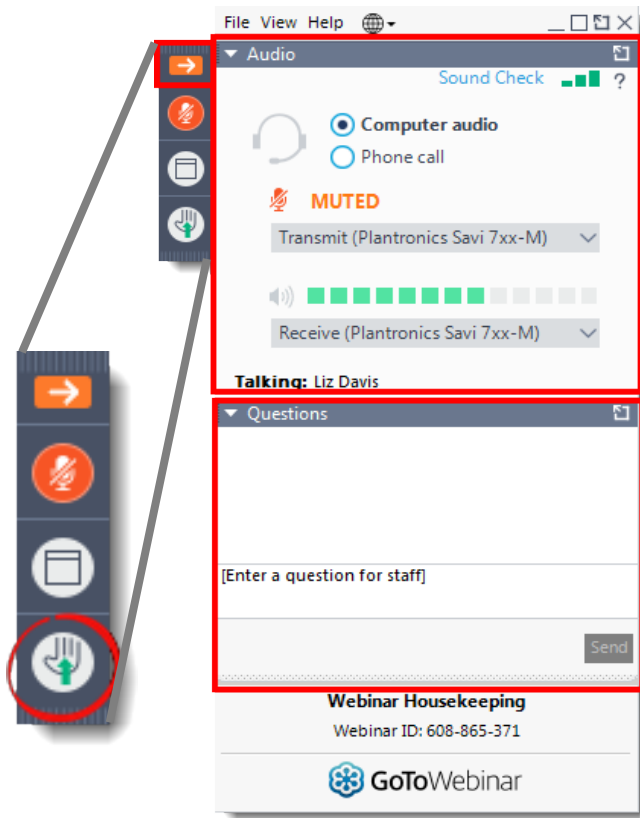


Trauma Informed Care

SEPTEMBER 24, 2019



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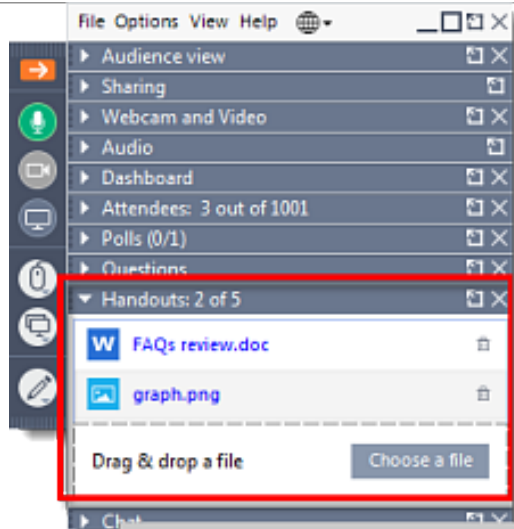
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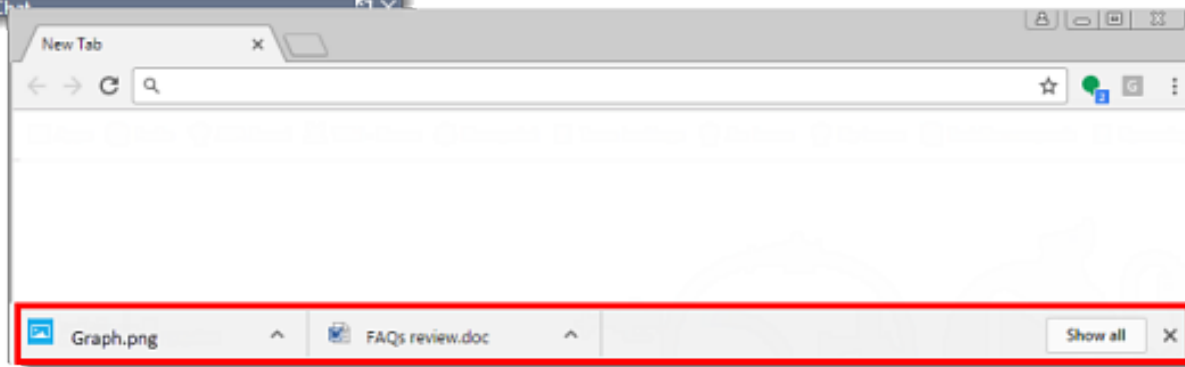
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Trauma Informed Care: Recognition & Treatment in Primary Care

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- No financial disclosures
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Objectives

- Define common terms
- Discuss incidence and impact of trauma
- Explain Principles of Trauma informed Care (TIC)
- Apply TIC principles to primary care settings



Trauma is...

- An event, series of events, or circumstances that an individual experiences as physically or emotionally harmful or life threatening, and that has lasting adverse effects on the individual's functioning and physical, mental, social, emotional, or spiritual well-being.
- - Substance Abuse & Mental Health Services Administration [SAMHSA], 2019



Trauma is...

- Personally defined and must be considered from the individual's perspective and within the context of one's life.
- What is trauma to one may not be trauma to another
- Something not experienced as trauma by one may be viewed as traumatic to another



3 Es of Trauma

- Event
- Experience
- Effect



Trauma can be:

- Acute: single, time-limited event
- Chronic: Multiple traumatic events or episodes occurring over an extended period of time
- Complex: Child/adolescent experience of multiple traumatic events and the impact of exposure to these events, often occurring within the caregiving system



Adverse Childhood Experiences (ACE)

- Single or multiple traumatic exposures/events that happen during childhood
- First reported by Felitti & Anda in 1998, ACE Study
- Include
 - Loss
 - Abuse/Neglect
 - Chronic stressors



ACE questionnaire

- 10 questions, 1 point for each affirmative response
- Physical, emotional, and sexual abuse
- Feeling unloved or uncared for by family
- Lack of adequate food or care
- Parental/household substance use disorder
- Parental divorce or separation
- Household member with severe mental illness
- Witnessing domestic violence
- Household member incarceration



ACE questionnaire

- Higher ACE scores correlate with:
 - higher risk of chronic health problems/illness
 - morbidity
 - early mortality



ACE Study

- First to connect childhood trauma to chronic health problems
- Original focus was obesity
- Has since revealed increased likelihood of:
 - Substance abuse & mental illness
 - Increase risk of chronic lung disease, such as COPD
 - Increase risk of heart disease
 - Increased risk of cancers



ACE & Health

- Patients with 4 or more ACE are:
 - 12.2 times more likely to commit suicide
 - 10.3 times more likely to use injectable drugs
 - 2.4 times more likely to have a stroke
 - 2.2. times more likely to have ischemic heart disease
 - 1.9 times more likely to have cancer
 - 1.6 times more likely to have diabetes



ACE & Health

- Untreated Trauma associated with:
 - PTSD
 - Depression
 - Anxiety
 - Sleep disorders
 - Difficulty controlling reactive responses (anger, rage, dissociation)
 - Somatization



Untreated trauma:

- Reduces health of individuals, families, & communities
- Reduces quality of life
- Contributes to poverty through:
 - Reduced educational attainment
 - Difficulty maintaining stable employment
 - Weakening social networks



How common are ACE

- In Felitti & Anda's original study (17,337 participants at Kaiser)
 - 63.9% of participants had 1 or more ACE
 - 37.9% had 2 or more ACE
 - 12.5% had 4 or more ACE
 - Women > Men



The problem is clear. What are the solutions?



A Changing Paradigm

- Trauma-informed Care
 - Developed in response to working with highly traumatized populations
 - Substance use/Recovery
 - Inpatient mental health
 - Juvenile Justice & Child Welfare
 - Goal:
 - Reduced use of restraints
 - Improved self-regulation



A Changing Paradigm

- From:

“What’s wrong with you?”

To

“What happened to you?”



What is Trauma-informed Care?

- According to SAMHSA

“ A strength-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors to rebuild a sense of control and empowerment.”



4 Rs of TIC

- Realize
- Recognize
- Respond
- Resist Retraumatization



4 Rs of TIC

- **Realize** the widespread impact of trauma and understand the potential paths for recovery
- **Recognize** signs and symptoms of trauma in clients, family, staff, and others involved with the system
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices
- **Resist** retraumatization



Resist retraumatization

- Reawakening the memories associated with trauma
- Causing person to re-experience stress associated with a traumatic experience
- Ways this can happen:
 - Being confrontational
 - Challenging or discounting reports of abuse or trauma
 - Being overly authoritative
 - Mislabeling trauma symptoms as a mental or personality disorder
 - Using restraints, seclusion or isolation practices on individuals
 - Being unaware of how trauma impacts a patient's health and life



Principles of TIC

- Safety
- Trustworthiness & Transparency
- Collaboration & Mutuality
- Empowerment
- Voice & Choice
- Peer support & Mutual Self-help
- Resilience & Strength-based Approach
- Inclusiveness & Shared Purpose
- Attention to Cultural, Historical, & Gender Issues
- Intentional Change Process



Translating TIC to practice

- Creating Safety
 - Physical environment that promotes safety
 - Confidentiality in services
 - Plan of action for dealing with reactive behaviors among patients/families/staff
 - Discussions with patients about personal safety in everyday behaviors and interpersonal interactions
 - Having resources readily available if a patient discloses on-going or historic trauma
 - Asking questions about safety in the right time & space



Translating TIC to Practice

- Trustworthiness & Transparency
 - Doing what you say you will do
 - Honesty about what you can & cannot do for a patient
 - Maintaining confidentiality
 - Organizational operations that are predictable and clear
- Collaboration & Mutuality
 - Partnering with communities, families, & patients to work toward shared goals
 - Seeking patient/family input into organizational goals and rules



Translating TIC to Practice

- Empowerment
 - Working with patients “where they are” and building on individual strengths
 - Providing patients, families, & communities to recognize & capitalize on their strengths
- Voice & Choice
 - Provide patients with opportunities to make decisions about healthcare that align with their individual values & goals
 - Support patients in identifying priorities for improving their health



Translating TIC to Practice

- Peer Support & Mutual Self-Help
 - Offer opportunities for patients to lead and support collective health improvement efforts
 - Support opportunities for peer support, mentorship, and collaboration (create community)
- Resilience & Strength-based Approach
 - Support efforts that move patients to recovery from trauma
 - Celebrate gains and highlight them for patients/families/communities
 - Resist a focus on perceived deficits



Translating TIC to Practice

- Inlusiveness & Shared Purpose
 - Involve everyone in the organization in an attitude of recovery & resilience
 - Train all employees in TIC – everyone can contribute to therapeutic processes & interactions
- Be Attentive to Cultural, Historical, & Gender Issues
 - Be aware of how the larger cultural context impacts your patients, families, and the communities you serve
 - Acknowledge those challenges, and help patients navigate challenges that may be unique to their experiences



Translating TIC to Practice

- Change Process
 - Recognize that TIC requires intention
 - Strive for ongoing responsiveness
 - Learn from your mistakes



TIC isn't easy

- Attend to needs of providers and support staff
 - We also experience our own trauma
 - Vicarious trauma is real and contributes to compassion fatigue and burn out
 - Support self-care activities
 - Support work-life balance
 - Support each other
 - Debrief after difficult situations
 - Celebrate your achievements



What questions do you have?



Contact:

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References & Resources

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