Trauma and the Implications for Integrated Prevention Practice

Cheryl S. Sharp, MSW, ALWF
July 15, 2016

Integrating Primary and Behavioral Health Care Through the Lens of Prevention Conference
New Orleans, LA
Cheryl S. Sharp, MSW, MWT
Exclusive Consultant for Trauma-Informed Services

- 30 years working with adult trauma survivors
- Most recently faculty lead for National Council’s TIC learning communities
- Voice of lived experience as a family member and ex-patient
- Past director of Crisis Services
- Past director of Suicide Prevention Initiatives
I, Cheryl S. Sharp, MSW, ALWF have no relationship with commercial interests. Under Accreditation Council for Continuing Medical Education guidelines, disclosure must be made regarding financial relationships with commercial interests within the last 12 months; I have no relevant financial relationships or affiliations with commercial interests to disclose.
The National Council

2500 Behavioral Health Organizations

850,000 staff serving 10 million adults, children, and families with mental illness and substance use disorders...
Voice of America’s community mental health and addictions treatment organizations:
- Advocacy
- Practice improvement
- Public education
Overview for Today

• Integrated Healthcare Through a Trauma Lens
• Prevalence, Impact and the ACEs Study
• Importance of Safety, Trust and Security
• Implications for Integration
Changing Paradigms

We must shift from “what’s wrong with you” to “what’s happened to you?”

We must shift from “what’s wrong with you” to “what’s strong in you?”
What is Trauma? Three Key Elements

**Event, series or set of circumstances**

*Experienced by an individual as overwhelming and life changing*

**Effects every aspects of an individual’s well-being**

(SAMHSA Experts 2012)
### Types of Trauma

<table>
<thead>
<tr>
<th>Trauma Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child maltreatment and complex trauma</td>
</tr>
<tr>
<td>Serious accident or illness</td>
</tr>
<tr>
<td>Victim/witness to domestic, community and school violence</td>
</tr>
<tr>
<td>Natural disaster, war, terrorism, political violence</td>
</tr>
<tr>
<td>Traumatic grief/separation, significant loss</td>
</tr>
<tr>
<td>Historical and generational trauma</td>
</tr>
</tbody>
</table>
What Does Trauma Do?

Shapes our Beliefs

- Worldview
- Identity
- Spirituality
Why Understanding Trauma is Imperative?

Trauma:
- Is pervasive
- Impact is broad and diverse; deep and life-shaping
- Interpersonal violence and trans-generational transmission is self-perpetuating
- Is insidious and differentially affects the more vulnerable
- Affects how people approach services

AND…
- Service systems have often been re-traumatizing
Adverse Childhood Experiences (ACE) Study

- Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
- 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
Adverse Childhood Experiences

1. Child physical abuse
2. Child sexual abuse
3. Child emotional abuse
4. Physical Neglect
5. Emotional Neglect
6. Mentally ill, depressed or suicidal person in the home
7. Drug addicted or alcoholic family member
8. Witnessing domestic violence against the mother
9. Loss of a parent to death or abandonment, including abandonment by divorce
10. Incarceration of any family member
A whopping 70 percent of the 17,000 people in the ACE Study had an ACE score of at least one; 87 percent of those had more than one.
ACEs and Poor Health Outcomes

2009 study finds that childhood traumatic stress increased the likelihood of hospitalization with a diagnosed autoimmune disease decades into adulthood
doi:10.1097/PSY.0b013e3181907888

2013 study with a low-income minority sample of primary care patients (N = 801) at a community-based healthcare center found an association between reports of experiencing trauma in childhood and the current incidence of type 2 diabetes in adulthood
ACEs and Poor Health Outcomes

ACE Score greater than 4 the likelihood of:
• Chronic Pulmonary Lung Disease increases 390%
• Hepatitis 240 %
• Depression 460%
• Suicide 1,220%
• Childhood traumatic stress increased the likelihood of hospitalization with a diagnosed autoimmune disease decades into adulthood.
<table>
<thead>
<tr>
<th>Outcomes Linked to ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Alcohol, tobacco &amp; other drug addiction</td>
</tr>
<tr>
<td>• Auto-immune disease</td>
</tr>
<tr>
<td>• Chronic obstructive pulmonary disease &amp; ischemic heart disease</td>
</tr>
<tr>
<td>• Depression, anxiety &amp; other mental illness</td>
</tr>
<tr>
<td>• Diabetes</td>
</tr>
<tr>
<td>• Multiple divorces</td>
</tr>
<tr>
<td>• Fetal death</td>
</tr>
<tr>
<td>• High risk sexual activity, STDs &amp; unintended pregnancy</td>
</tr>
<tr>
<td>• Intimate partner violence—perpetration &amp; victimization</td>
</tr>
<tr>
<td>• Liver disease</td>
</tr>
<tr>
<td>• Lung cancer</td>
</tr>
<tr>
<td>• Obesity</td>
</tr>
<tr>
<td>• Self-regulation &amp; anger management problems</td>
</tr>
<tr>
<td>• Skeletal fractures</td>
</tr>
<tr>
<td>• Suicide attempts</td>
</tr>
<tr>
<td>• Work problems—including absenteeism, productivity &amp; on-the-job injury</td>
</tr>
</tbody>
</table>
ACEs

The #1 Chronic Health Epidemic in the United States

“The impact of ACEs can now only be ignored as a matter of conscious choice. With this information comes the responsibility to use it”

(Anda and Brown, CDC)
Therefore, we need to exercise...
Why is Understanding Trauma in Bi-Directional Care Important?

• Good medicine
• Current problems related to traumatic life experiences
• People who have experienced traumatic life events are often *very sensitive* to reminders of the original event
• Reminders or 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
Defining a Trauma-Informed Approach in Health Care Systems

- Realizes
- Recognizes
- Resists
- Responds

(SAMHSA, 2012)
Trauma-Informed Approaches in Primary Care Can:

- Minimize reaction to triggers
- Improve non-adherence to treatment and use or overuse of services
- Help people understand how trauma impacts their current health
- Connect people with appropriate resources

Trauma-Informed Care is Now the *Expectation*, *NOT* the Exception
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
- **Attitudes of practitioners**
Why Medical Settings Might Be Distressing for People with Trauma Histories:

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

- Primary Care, private, group and FQHCs
- Early childhood development
- K – 12
- Funders
- Complex Care Coordination
- Hospitals

- Crisis Services
- Behavioral health specialists
- Addictions
- County Mental Health
- Private Practitioners
- Psychiatrist
- Justice System
- Coordinated Care Organization
“But What Does Safety Really Mean?”

“We always recognized the importance of physical safety. Our refusal to tolerate violence of any sort constituted our best defense against any breach in physical safety. But a physically safe environment, although necessary, was not sufficient. So there had to be other kinds of safety, which I have termed psychological safety, social safety, and moral safety.”

(Sandra L. Bloom, Creating Sanctuary, 2013)
Psychological Safety

“If you have never felt safe or remembered safety, how will you know it when it is present?”

(Bloom, 2013)
“The sense of feeling safe with other people…There are so many traumatized people that there will never be enough individual therapists to treat them. We must begin to create naturally occurring, healing environments that provide some of the corrective experiences that are vital for recovery.”

(Bloom, 2013)
Moral Safety

The never-ending quest for understanding how organizations function in the healing process.

• An attempt to reduce the hypocrisy that is present, both explicitly and implicitly
• A morally safe environment struggles with the issues of honesty and integrity

(Bloom, 2013)
Survival Mode Response

Inability to
• Respond
• Learn
• Process
What does your organization need to…

Stop doing?

Start doing?

Do more of?

Explore your options...
Adoption Of Trauma-Informed Care Practices©

Domain 1: Early Screening & Comprehensive Assessment of Trauma
Domain 2: Consumer Driven Care & Services
Domain 3: Trauma-Informed, Educated & Responsive Workforce
Domain 4: Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices
Domain 5: Safe & Secure Environments
Domain 6: Community Outreach & Partnership Building
Domain 7: Ongoing Performance Improvement & Evaluation – Sustainability
Contact Information

Cheryl S. Sharp, MSW, ALWF
Exclusive Consultant for Trauma Informed Services
National Council for Behavioral Health
252/670-0178
cheryls@thenationalcouncil.org