


Introducing a Trauma Informed Service Delivery System in a RWCA Clinic

A dark blue silhouette of a man holding a child, positioned on the left side of the slide. The man is facing right, and the child is facing left, looking towards the man.

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Trauma Defined:

1. A serious injury or shock to the body, as from violence or an accident.
2. An emotional wound or shock that creates substantial, lasting damage to the psychological development of a person, often leading to neurosis.
3. An event or situation that causes great distress and disruption.¹

1. <http://www.answers.com>

Defined by NASMHPD

The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence **and/or** the witnessing of violence, terrorism or disasters²

2. Definition adopted by NASMHPD, 2004

Better

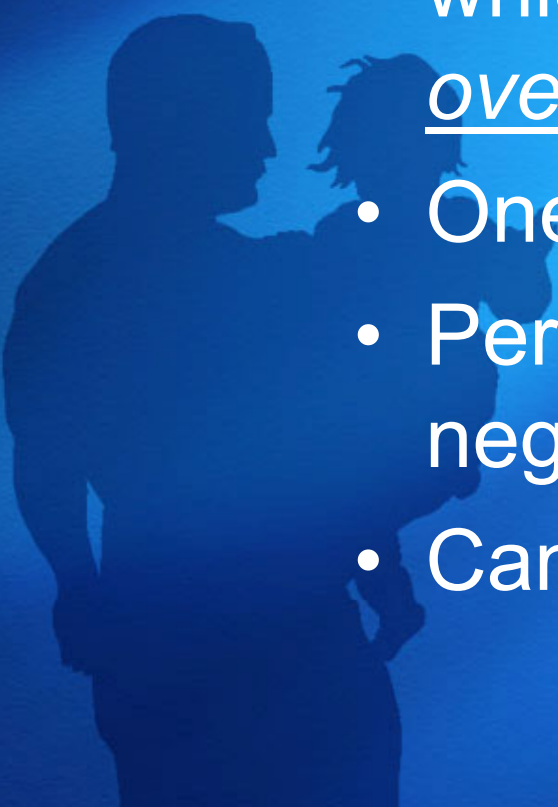
- In a trauma-informed system, trauma is viewed as “a defining and organizing experience that forms the core of an individual’s identity.”³

3. Harris, M. and Fallot, R.D. (Eds), 2001



Definition We Have Adopted

- The unique individual experience of an event or ongoing conditions in which one's ability to cope is overwhelmed.
- One time event and/or
- Persistent adverse environment, neglect or condition
- Can be very subtle



DSM-IV

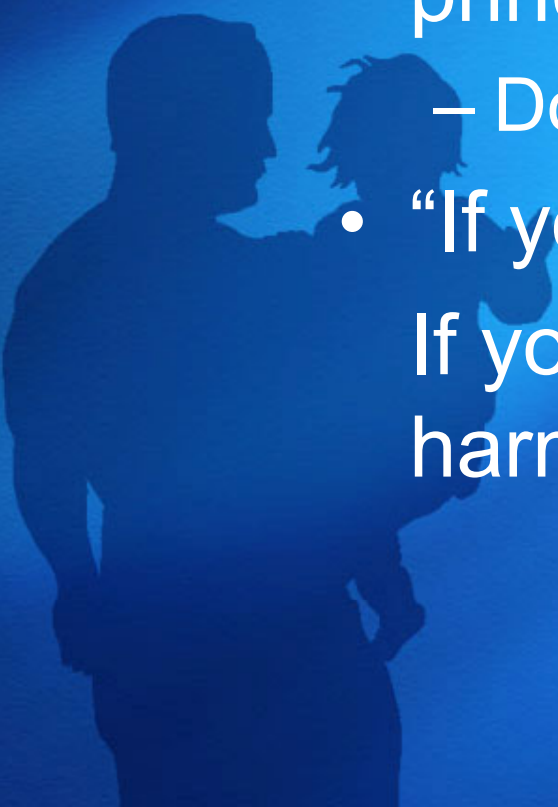
- Person's response will include:
 - intense fear, horror, and helplessness
 - extreme stress that overwhelms the person capacity to cope⁴

Adult Consequences of Trauma

Nightmares	Hyper- Vigilance
Terror	Auditory Hallucinations
Numbness	Depression
Anxiety	Substance/tobacco abuse
Eating Problems	Sexual promiscuity
Poor Judgment	Flashbacks
Chronic Disease, CAD, HIV	Experiential Avoidance
Continued cycle of victimization and/or death	

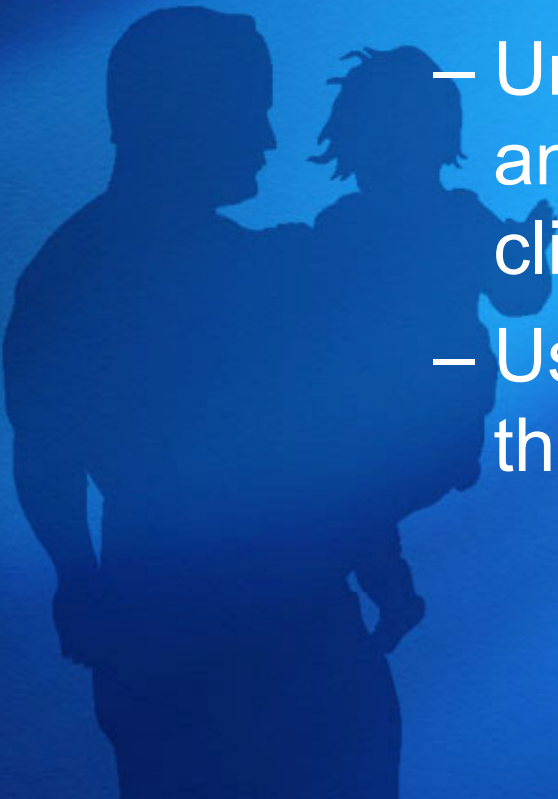
“Primum non nocere”

- First do no harm
- Fundamental precept and guiding principle of Trauma Informed Care
 - Do no further harm
- “If you can, help others:
If you cannot do that, at least do not harm them”
 - Dalai Lama




What is Trauma Informed Care?

- Care that is delivered:
 - In light of the client's current and past history of trauma
 - Understanding the role that victimization and violence may have played the life of clients.
 - Using and incorporating the above into the design of service delivery systems



Principles of Trauma Informed Care

- **Safety:** Ensuring physical and emotional safety
 - **Trustworthiness:** Making tasks clear, and maintaining appropriate boundaries
 - **Choice:** Prioritizing client choice and control
 - **Collaboration:** Sharing of power with clients, a true partnership
 - **Empowerment:** Prioritizing consumer empowerment and skill-building
- 
- A faint silhouette of two people, one appearing to be a caregiver or professional and the other a client, is visible in the lower-left quadrant of the slide. They are shown in profile, facing each other as if in conversation. The background is a solid blue gradient.

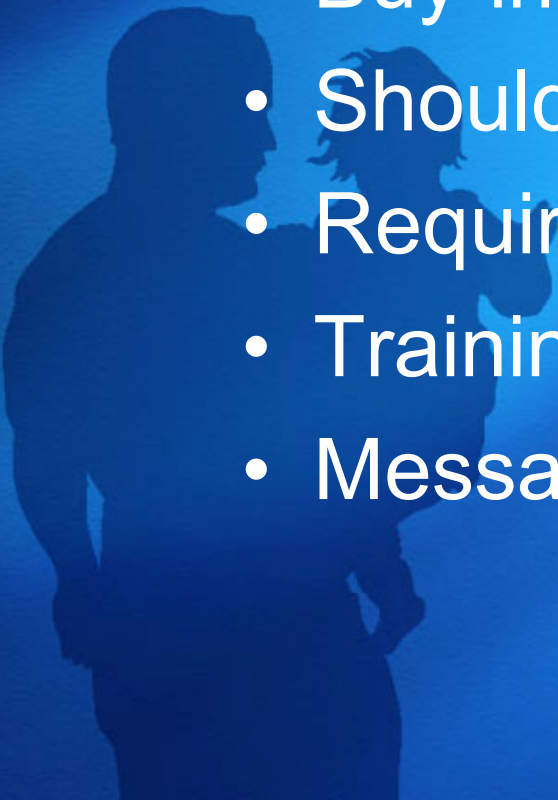
Five Requisite Components of Trauma Informed Care

1. Administrative Commitment to Change
2. Universal Screening for Trauma
3. Training and Education
4. Adopting New Hiring Practices
5. Review of Policies and Procedures⁵



Administrative Commitment to Change

- Must be an organizational commitment
- Buy-in from top down; ED to MA
- Should be incorporated into mission
- Requires reallocation of resources
- Training
- Message requires monotonous repetition



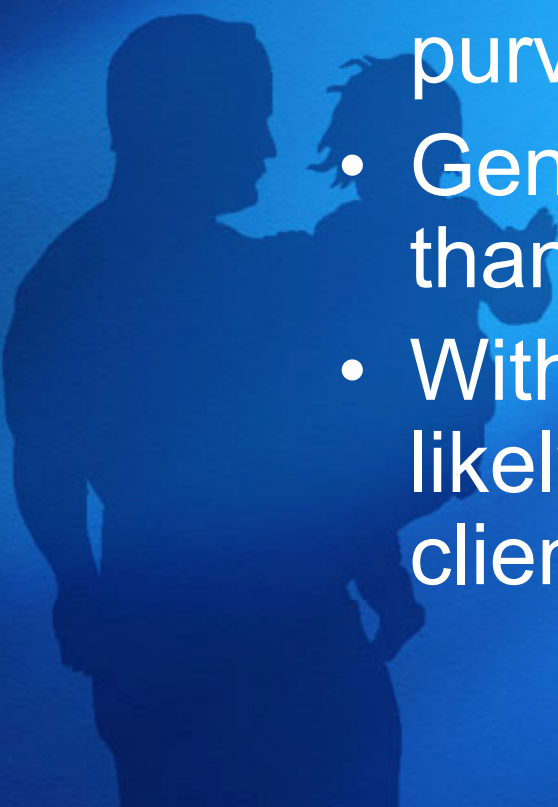
Universal Screening

- Screen everyone
- Use standardized instrument
- ACE Questionnaire
- Promotes the cause
- Institutionalizes trauma awareness
- More monotonous repetition



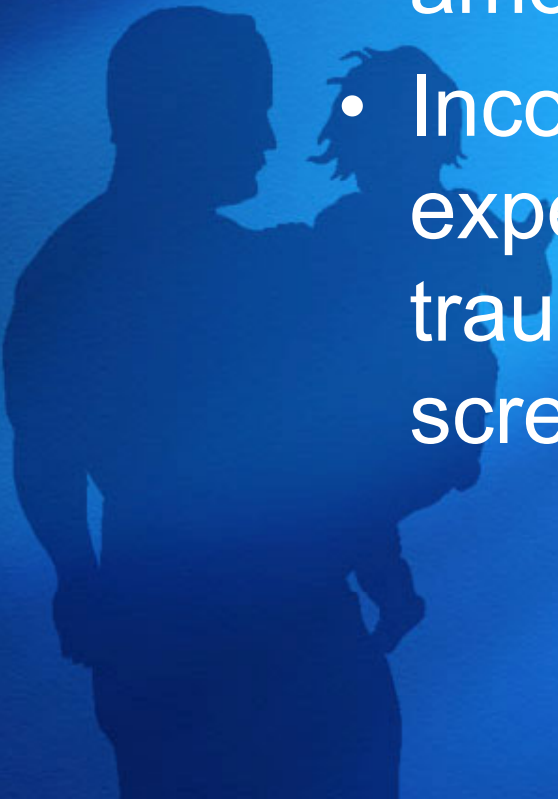
Training and Education

- All staff can benefit from basic training regardless of prior experience
- Information about trauma not the purview of an elite few
- General training for all more helpful than intensive training for a few
- With basic trauma training staff less likely to re-traumatize or frighten clients



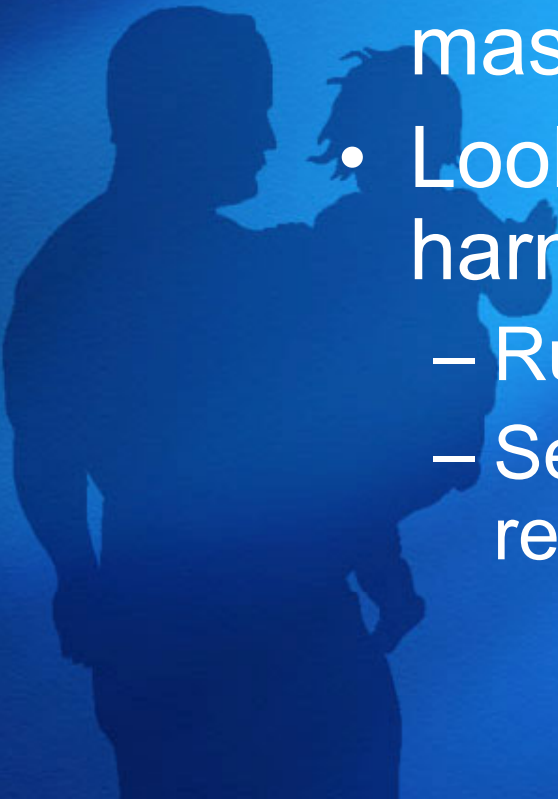
New Hiring Practices

- Hire “Trauma Champions”
- “Trauma Champions” will arise from among existing staff
- Incorporate questions regarding experience and willingness to adopt trauma informed thinking into screening tools and interviews



Review of P&P

- Review existing P&P for any that may be harmful or cause trauma
- Look for traumatic re-enactments masked as benign practices
- Look at internal practices that may be harmful to staff
 - Rules applied inconsistently
 - Secret knowledge, information and relationships



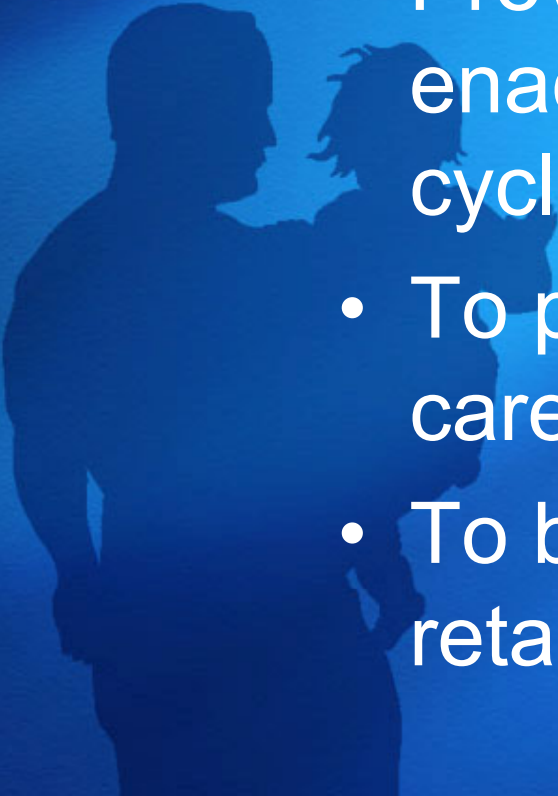
Goals of Trauma-Informed Care

- Prevent further traumatization
- End cycle of victimization
- Empowerment
- Engage and retain in care
- Recovery



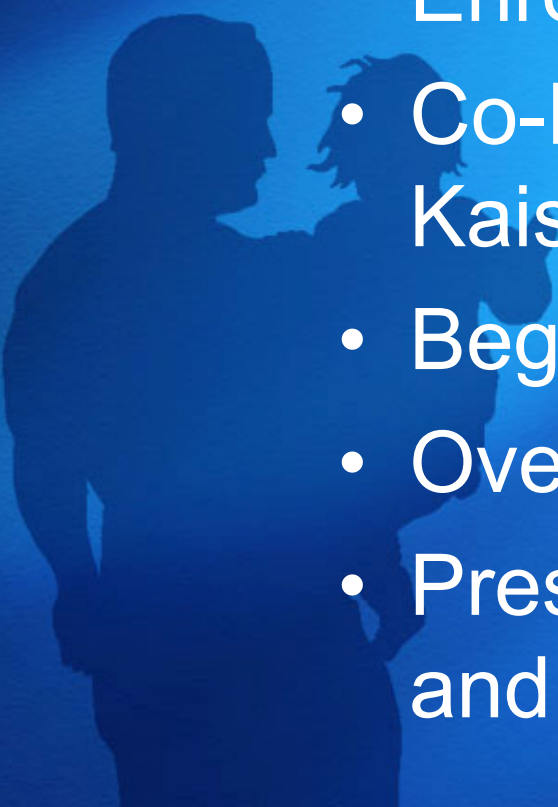
Why Trauma Informed Care?

- To address the root cause of the morbidity and mortality of our clients
- Prevent the trans-generational re-enactment of trauma and halt the cycle of victimization
- To provide holistic and comprehensive care to our clients
- To bring more HIV+ into care and retain them in care



The ACE Study

- N \approx 17,000
- San Diego Kaiser Permanente Enrollees
- Co-Principal Investigators, Dr. Felitti of Kaiser and Dr. Anda of the CDC
- Began in 1998
- Over 50 journal articles published
- Presented at over 100 conferences and workshops



ACE Questionnaire

Prior to your 18th birthday:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?

or

Act in a way that made you afraid that you might be physically hurt?

Yes No

If yes enter 1 _____

2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

Yes No

If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?

or

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

If yes enter 1 _____

4. Did you **often or very often** feel that ...

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No

If yes enter 1 _____

5. Did you **often or very often** feel that ...

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No

If yes enter 1 _____

6. Was a biological parent **ever** lost to you through divorce, abandonment, or other reason ?

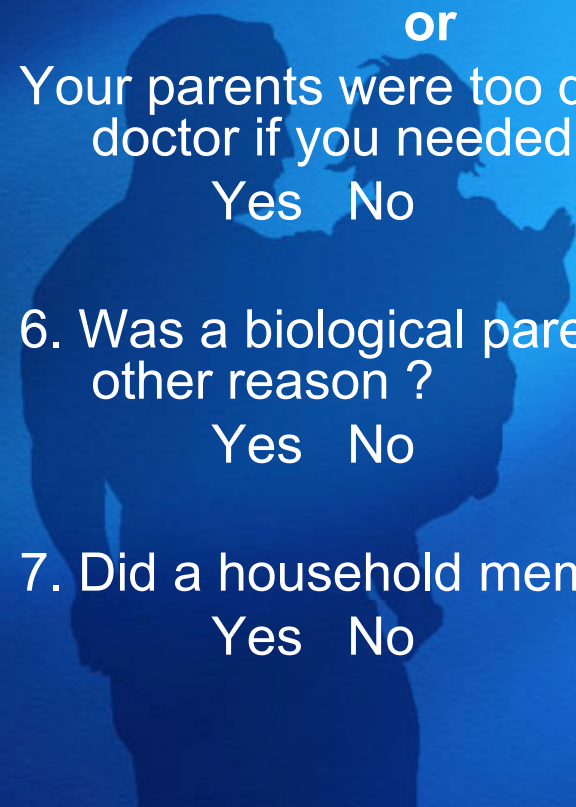
Yes No

If yes enter 1 _____

7. Did a household member go to prison?

Yes No

If yes enter 1 _____



8. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No

If yes enter 1 _____

9. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

Yes No

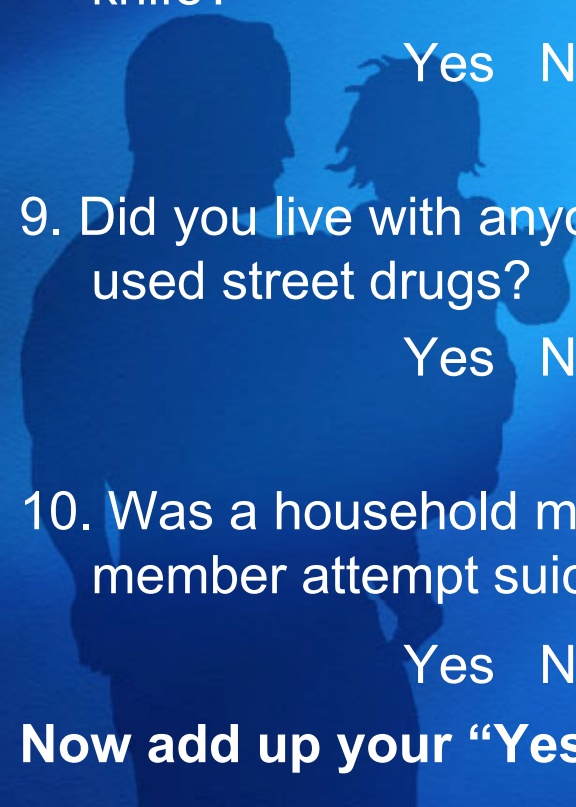
If yes enter 1 _____

10. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No

If yes enter 1 _____

Now add up your “Yes” answers: _____ This is your ACE Score



% of participants with given score

Ace Score	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4	15.2	9.2	12.5

Understanding the ACE Score

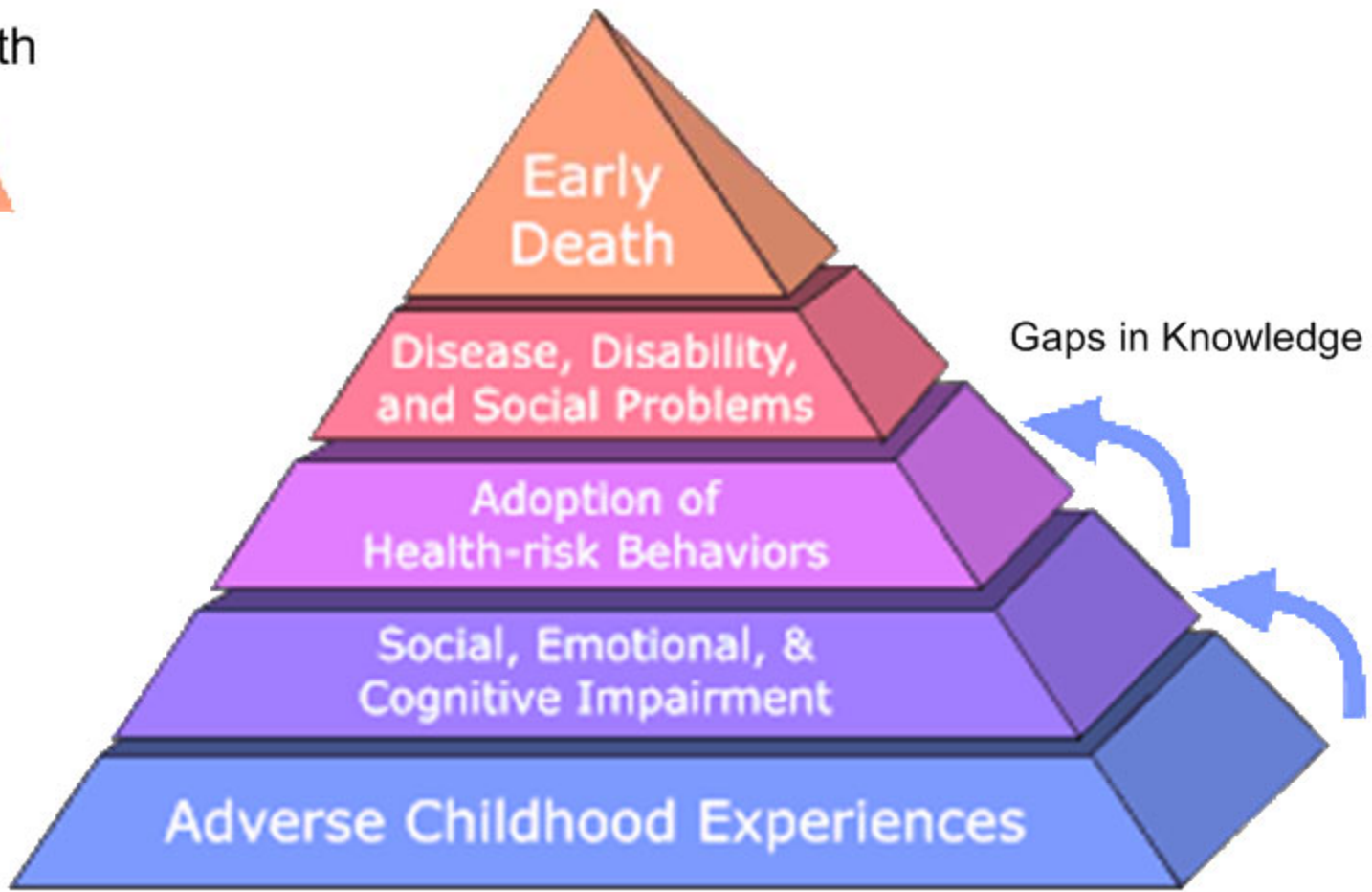
- Strong graded relationship between ACE score and multiple risk factors for leading causes of death
- Persons with an ACE score ≥ 4 have 4 to 12x the risk of alcoholism, drug abuse, depression, suicide attempt⁶
- 100% of females with ACE ≥ 6 were IVDU



Death

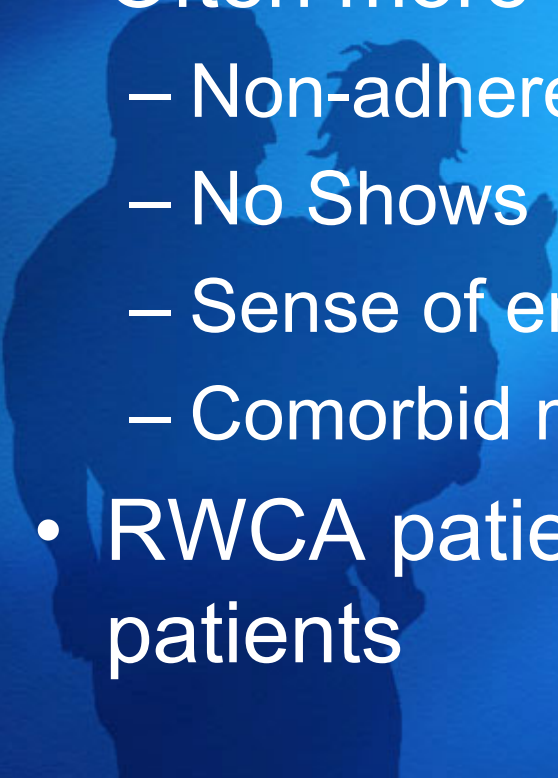


Birth



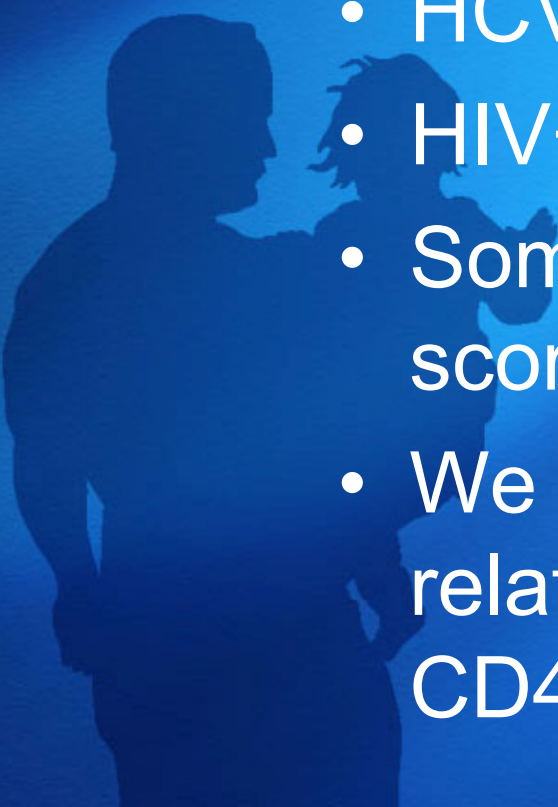
Gaps in Knowledge

HIV/AIDS & Hepatitis C

- Our HIV+ and HCV+ patients on average have higher ACE scores than our PC patients
 - Often more difficult to care for
 - Non-adherent
 - No Shows
 - Sense of entitlement and/or demanding
 - Comorbid mental health problems
 - RWCA patients use more resources than PC patients
- 
- A silhouette of a man and a woman embracing, positioned on the left side of the slide. The man is on the left, and the woman is on the right, with her arms around his neck. The background is a gradient of blue.

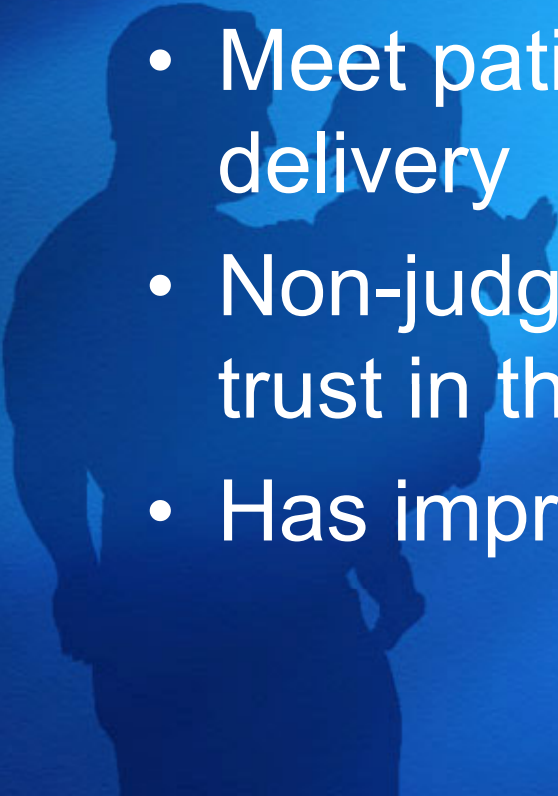
ACE Scores in Our Clinic

- HIV- and HCV- = 1.6
- HIV+ = 3.9
- HCV+ = 4.8
- HIV+ and HCV+ = 5.3
- Some patients have multiple ACE scores
- We are planning on investigating the relationship between ACE scores and CD4 counts and VLs.



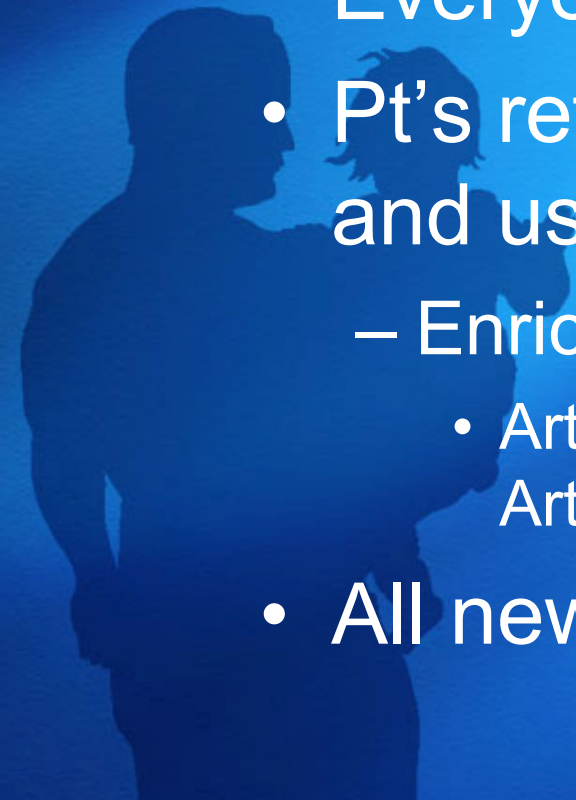
Trauma Informed Care and Patient Retention

- Trauma informed environment is more open and welcoming
- Meet patients “Where they are” in care delivery
- Non-judgmental staff attitude encourages trust in the therapeutic relationship
- Has improved our HIV no show rate by 5%



Trauma-Informed Care at Our Agency

- All staff and many volunteers trained
 - Frequent re-trainings/updates
- Everyone screened (ACE Questionnaire)
- Pt's referred to and encouraged to visit and use the Healing Center
 - Enrichment Services
 - Art, Creative Writing, Yoga, Meditation, Martial Arts, many support groups
- All new patients referred to CM by MAs



Challenges

- Inherent tension between client responsibility and accommodation (meeting clients “Where they are” vs. client responsibility)
- Staff buy-in
 - Ancillary staff
 - New, not the way we do things here
 - Professional staff
 - Lack of evidence
- Staff-Self Care

Staff Self Care

- Healthcare workers traditionally poor at self care
- Need for personal wellness
- Ideally resources are available for staff to address personal trauma
 - Therapy
 - Individual
 - Group
 - Workshops
- Can be done in-house



Creating a New Paradigm

- Δ from culture limited access sick care to readily available trauma-informed preventive care and well care
 - Difficulties 2⁰
 - cultural inertia, no frame of reference, lack of hard data
- Evolving knowledge based upon: ACE & other studies, JAMA Vol. 304, No. 5, psychophysiology and cognitive neuroscience
 - fMRI, PET Scans, ERP, MEG, epigenetics
- Acknowledgement of the Mind/Body/Spirit connection (Holistic Health)

References

5.

6. **Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study**

Vincent J Felitti, Robert F Anda, et al.

American Journal of Preventive Medicine - May 1998 (Vol. 14, Issue 4, Pages 245-258)



Resources

- National Center on Domestic Violence, Trauma and Mental Health
 - <http://www.nationalcenterdvtraumamh.org>
- National Center for Trauma-Informed Care
 - <http://mentalhealth.samhsa.gov/nctic>
- Facebook
 - www.facebook.com/traumainformedsocialchange



Resources Continued

- Ace Study
 - <http://www.cestudy.org>
 - <http://www.cdc.gov/nccdphp/ace/index.htm>
- Facebook Group
 - Trauma-Informed

