CD Summary

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OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

# TRAUMA-INFORMED CARE

Trauma is defined by the Merriam-Webster dictionary as "1) a serious injury to a person's body; 2) a very difficult or unpleasant experience that causes someone to have mental or emotional problems usually for a long time."*

Trauma is a widespread, harmful and costly public health problem. It occurs as a result of violence, abuse, neglect, loss, disaster, war and other emotionally harmful experiences. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "it is an almost universal experience of people with mental and substance use disorders"[1] and data show that trauma is common among other patient populations, as well, affecting people from all walks of life.[2]

A growing body of research details the relationships among exposure to traumatic events, impaired neurodevelopmental and immune systems responses, and chronic physical and behavioral health disorders. This is a fascinating set of literature that we can only drive-by in this short format, but which begs deeper consideration at your leisure. The bottom line is that many of the physical, emotional and behavioral problems faced by your patients may be trauma-related, and provider efforts to become "trauma-informed" can go a long way towards facilitating true healing.

This *CD Summary* will present data on the prevalence of traumatic experiences among Oregonians, explain how trauma can create challenges for people across the lifespan, and provide resources for providers to become "trauma-informed" to improve patient care and health outcomes.

## MEASURING TRAUMA IN OREGON

The Centers for Disease Control and Prevention (CDC), in partnership with Kaiser Permanente, have been studying the effects of Adverse Childhood Experiences (ACEs) in an ongoing longitudinal study of approximately 17,000 patients for the past 15 years. More than 50 articles published from this cohort illustrate how common trauma is among a "typical" HMO patient population.[3]

Oregon included 11 questions on the Behavioral Risk Factor Surveillance System (BRFSS) survey in 2011 to measure the prevalence of ACEs among Oregonians. These questions measure childhood neglect, abuse, and household dysfunction (parents with substance abuse issues or mental health problems, and households experiencing parental incarceration, divorce, or intimate partner violence). More than 4,000 adults in Oregon responded to these questions about their childhood experiences.

As with the original Kaiser patient population, ACEs were common among adult Oregonians: 62% of respondents experienced at least one ACE. Compared to those with an ACEs score of 0, Oregonians who experienced many ACEs (4+) were younger (median age = 43 years compared to 52 years), lower income (37% with annual income <$25,000 compared to 25%), and less likely to have graduated from high school (15% compared to 8%).

The ACEs literature shows the strong, dose-response relationship between childhood trauma and physical and mental health problems throughout the lifecourse.[3] In Oregon, higher ACE scores were associated with increased tobacco use, increased risk for respiratory diseases, depression and suicide.

## SCREENING FOR TRAUMA

Many standardized screening and assessment tools for ACEs and other forms of trauma are available, and these may help providers identify and treat root causes of presenting conditions, rather than focusing exclusively on symptoms.[4] ACE study authors recommend routine screening of all patients for adverse childhood experiences at the earliest possible point.[3]

Screening for trauma may also decrease medical care utilization. A neural net analysis of records of 135,000 consumers screened for ACEs as part of their medical evaluation showed a 35% reduction in doctor office visits one year post-evaluation, an 11% decrease in ER visits and a 3% decrease in hospitalizations. However, this notable reduction in medical care utilization disappeared in the second year after the screening.[5]

## WHAT DOES THIS MEAN?

ACE study authors ascribe this effect to patients having what Swiss psychologist, Alice Miller,[6] calls "the enlightened witness": in other words, having the opportunity to share trauma, and be heard and understood can promote healing for patients. On the other hand, the results also underscore the difficulty that providers have maintaining a trauma-informed focus without support from the larger system. Although baseline assessment data were recorded in charts, providers rarely used the information in follow-up visits.

## TRAUMA-INFORMED CARE

By creating systems of care that are trauma-informed, providers can more easily exercise "universal precautions" against trauma. People who have experienced trauma are often sensitive to people, places, and things that are similar or related to their traumatic event. These triggers can cause a person to relive their trauma, leading to behaviors that are congruent with the overwhelming terror they are experiencing, but confusing to the staff trying to assist them. Without an understanding of the role trauma plays, providers may interpret and label trauma reactions as noncompliance, no shows, acting out, or aggression.

* Merriam-Webster Dictionary *www.merriam-webster.com/dictionary/trauma*

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This can result in further violation of the patient's trust—and more trauma.

Trauma Informed Oregon, a statewide collaborative aimed at preventing and ameliorating the impact of adverse experiences on children, adults and families, defines it this way: "Trauma Informed Care is a commitment not to repeat [traumatic] experiences and, in whatever way possible, to **restore a sense of safety, power, and self-worth**" to people impacted by trauma.[4] TIC is a cultural shift in how providers view patients seeking services: instead of "what's wrong with you?" the central question becomes "what's happened to you?"

Many resources are available to providers wanting to build a trauma-informed practice of care; we provide a list at the end. In addition, SAMHSA provides this handy guide for providers (Table).

## BUILDING RESILIENCE, FACILITATING HEALING

Adults can heal from trauma and ACEs can be prevented in the next generation. Programs and practices that build protective factors for individuals, communities and families include public health nurse home visiting programs, parenting supports, and relief nurseries, as well as integration of trauma-informed principles into medical systems, schools, and communities.

## RESOURCES:

- **SAMHSA** has identified trauma as one of its leading priorities and provides many resources through its National Center for Trauma-Informed Care: *hwww.samhsa.gov/nctic*
- **Trauma Informed Oregon**, a statewide collaborative aimed at preventing and ameliorating the impact of adverse experiences on children, adults and families: *www.traumainformedoregon.org*
- **Oregon Health Authority Transformation Center**: Includes resource list and webinars for implementing TIC in primary care settings *http://transformationcenter.org/cco-resources/?keyword=trauma&filter=&sort=*
- **The Sanctuary Model** provides a wealth of resources and research for providers *www.sanctuaryweb.com/*

**Table. What Does Trauma-Informed Care Look Like?**

| Trauma Informed | Not Trauma Informed |
|---|---|
| Recognition of high prevalence of trauma | Lack of education on trauma prevalence & "universal precautions" |
| Recognition of primary and co-occurring trauma diagnoses | Over-diagnosis of schizophrenia, bipolar disorder, conduct disorder, and singular addictions |
| Assess for traumatic histories and symptoms | Cursory or no trauma assessment |
| Recognition of culture and practices that are re-traumatizing | "Tradition of Toughness" valued as best approach to care |
| Caregivers/supporters—focus on collaboration | Rule enforcers—focus on compliance |
| Address training needs of staff to improve knowledge and sensitivity | "Patient blaming" as fallback position without training |
| Staff understand function of behavior as coping adaptation (rage, repetition-compulsion, self-injury) | Behavior seen as intentionally provocative |
| Objective, neutral language | Labeling language: manipulative, needy, "attention seeking" |

Source: SAMHSA, Understanding Trauma: When Bad Things Happen to Good People, What does Trauma-Informed Care Look Like?

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