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Goals and Objectives

- Describe a rationale for implementing Trauma Informed Care in primary care medical settings

- Identify available internal resources and challenges in the developmental process

- Articulate the process of working with clinic leadership, clinic staff, and consumers to develop a trauma-informed care program

What is Trauma-Informed Care?

- Generally refers to a philosophical/cultural stance that integrates understanding and awareness of trauma into service delivery

  Hopper et al., 2010

- Service delivery that is influenced by the understanding of trauma and its impact on individual development and present functioning.
  - Elliott et al., 2005

- “Trauma-informed care organizations, programs and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these resources and programs can be more supportive and avoid re-traumatization”
    - SAMHSA

Trauma Informed Care Applied to Healthcare Settings

Providing a rationale to primary care providers to adopt trauma informed care principles and practices

Do people exposed to trauma go to their family or primary care provider?

Research on Trauma Exposure among Primary Care Patients

- At least 8 studies identified
  - *Percentage of patients exposed to at least 1 trauma: 23% -- 94%*
  - *Percentage by type of trauma*
    - Sexual assault: 16.9 - 25%
    - Physical assault: 30%
    - IPV: 33%
    - Car crash: 42%
    - Sudden, unexpected death of a loved one: 55%
  - *Average number of discrete types of trauma: 2.86-3.8*

PTSD prevalence among Primary Care Patients

- Current PTSD: 9% - 23%
- Lifetime PTSD: 33% - 46.2%

Sex Differences: Mixed findings

- 2 studies found no sex differences in PTSD prevalence
- 4 studies showed women had higher PTSD prevalence than men
- Women showed higher distress from trauma exposure than men
- Women more likely to experience sexual abuse/assault
- Men more likely to experience assault and assault with a weapon

Diagnosis of PTSD in the Medical Chart

- 2% - 11% diagnosed as PTSD
  - *Evidence of under-diagnosis of PTSD in primary care settings*

Impact of Trauma on Health

- The ACE studies: There is a graduated, dose-response relationship between the number of trauma types experienced and the probability of ill health in a number of areas commonly thought of as behavioral health
  - *Depression*
  - *Anxiety*
  - *Alcohol abuse*
  - *Substance Use Disorder*
  - *Number of sex partners*
  - *Obesity*
  - *Suicide*
  - *Panic Disorder*
  - *Tobacco Use*
  - *Injected drug use*
  - *Sexually transmitted infection*

Trauma exposure and physical health

- The ACE studies also show a graduated, dose-response relationship between number or discrete types of trauma experienced and traditionally medical health issues.
  - *Idiopathic heart disease*
  - *Chronic Obstructive Pulmonary Disease (COPD)*
  - *Stroke*
  - *Idiopathic myocarditis*
  - *Myasthenia gravis*
  - *Rheumatoid arthritis*
  - *Autoimmune hemolytic anemia*

Other Studies

- Several studies show a high correlation between trauma exposure, PTSD and:
  - *Major depressive disorder*
  - *Panic disorder*
  - *Somatization*
  - *Pain*
  - *Decreased quality of health*
  - *Functional impairment*

Trauma Exposure and Healthcare Utilization

- In general, trauma exposure is related to increased healthcare utilization
  - *Full PTSD – most visits in previous month*
  - *Partial PTSD – intermediate*
  - *No PTSD – least office visits*
    - *Gillock et al. (2005)*
- Some studies have found trauma exposure and PTSD related to mental healthcare utilization but not medical health care utilization
  - e.g., Kartha et al. (2008)

Barriers to Help-Seeking for Trauma-Related Issues (Kantor, Knefel, & Lueger-Schuster, 2017)

- Stigma and shame
- Fear of negative social consequences
- Social support system that does not endorse help-seeking for personal problems
- Lack of awareness that trauma responses can be treated
- Alternative self-help strategies
- Client/patient-provider fit

Facilitators of help-seeking for trauma-related issues

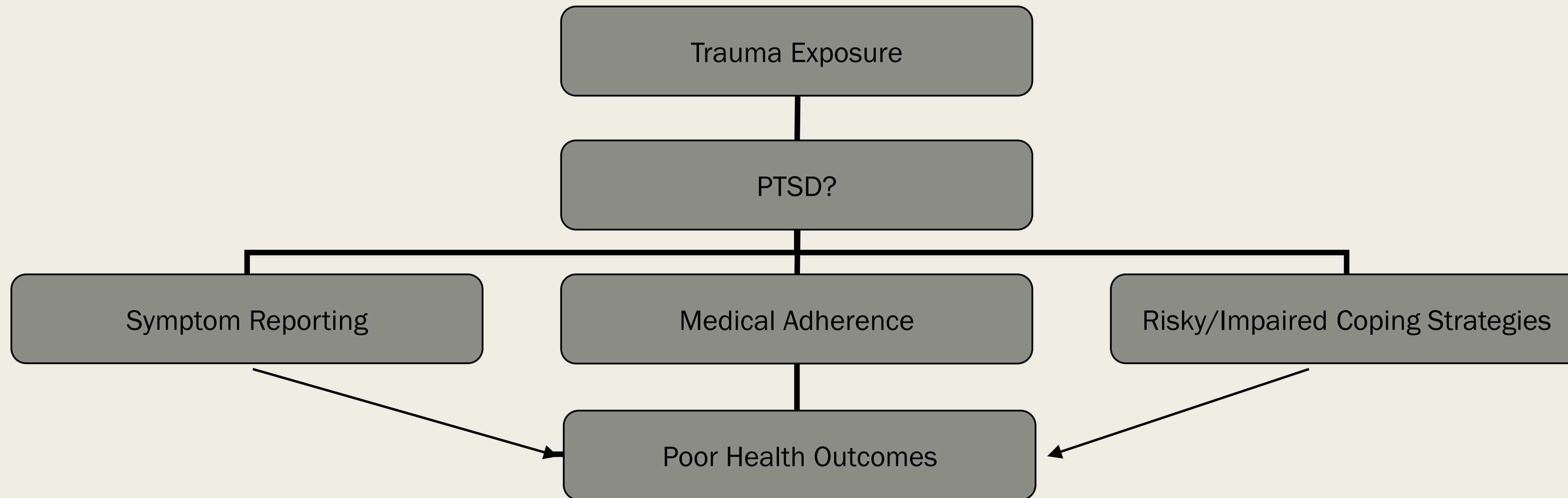
- Support system that endorses help-seeking
- Positive prior experience with professional help
- Experiencing social acceptance and decreased stigma
- Sufficiently intense symptoms leading to a felt need for help

How does trauma impact health?

- Clinical pathways
- Physiological pathways

Clinical Pathways from trauma to health effects

Clinical Pathways



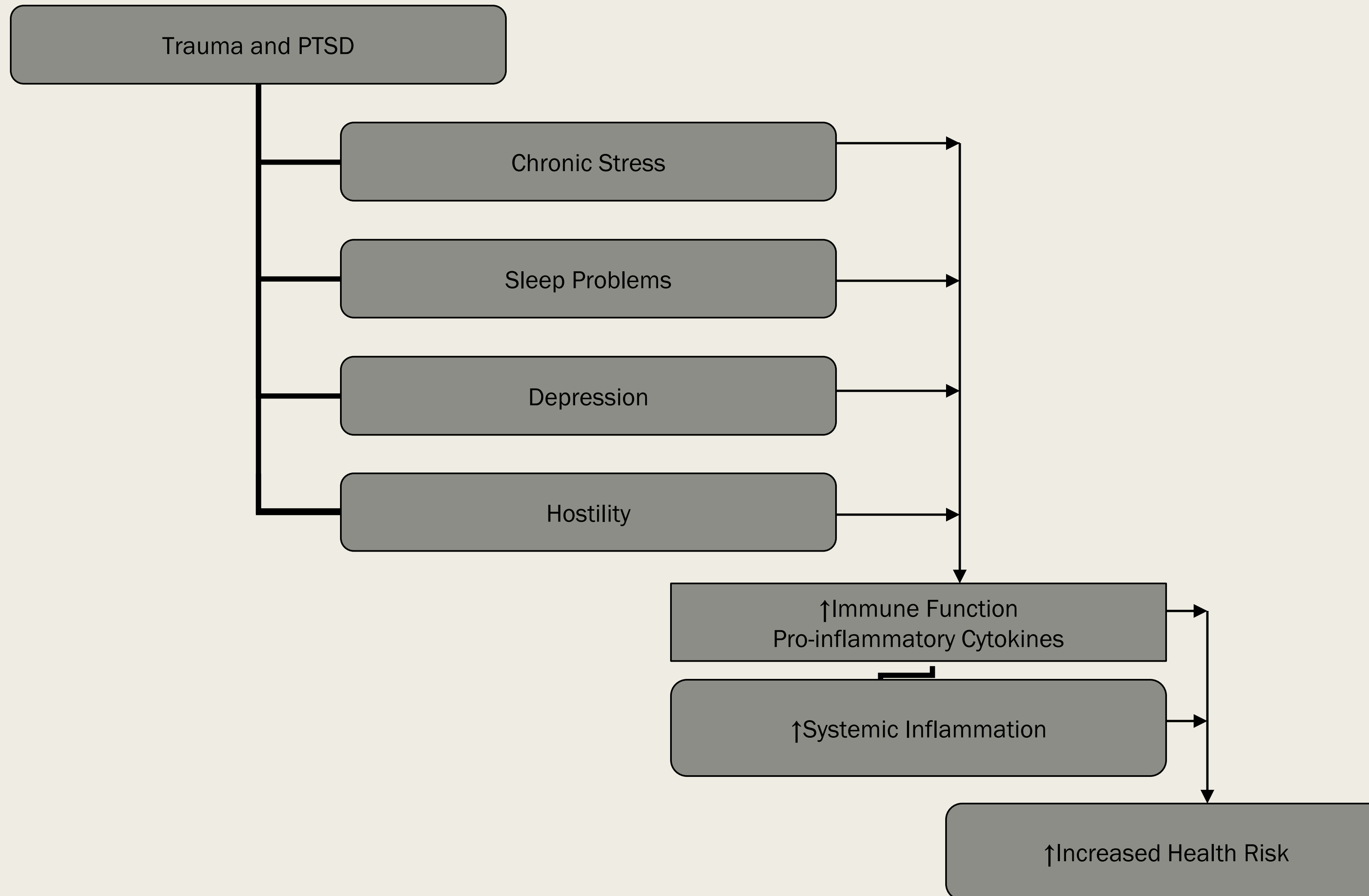
Physiological Pathways

- Fight, Flight or Freeze response – **nervous system**, **endocrine systems**
- Hypothalamic-Pituitary-Adrenal Axis – **endocrine system**
- Increased inflammation – **immune system**

- Allostasis
  - *Re-balancing of system responses based on changing environmental demands*
  - *Usually short term adaptation*
  - *Once challenge is over, return to baseline*

- Allostatic load/overload
  - *Chronic activation of the adaptive system*
    - Adaptive systems do not turn off in the absence of a stressor, or do not turn on when they should
    - Represents a state of dysregulation
- Chronic dysregulation results in wear and tear on the body systems
  - *Diseases of adaptation*
    - Medical
      - *Cardiovascular disease*
      - *Atherosclerosis*
      - *Type-2 diabetes*
    - Behavioral
      - *depression*
      - *anxiety*
      - *pain*

Physiological Pathways



Creating A Trauma-Informed Healthcare Setting

Early Clinical Observations and Initial Needs Assessment

- N = 106 women 18 years of age or older referred for behavioral health services and in “active” patient status

Any trauma, no trauma

- Any trauma: 91 86%
- No trauma: 15 14%

Trauma types (n %)

Trauma type	n	%
Child physical abuse:	37	34.9%
Child emotional abuse:	48	45.2%
Child Sexual Abuse:	44	41.5%
Witness parental IPV	33	31.1%

Experience IPV	46	43.4%
Perpetrate IPV	13	12.2%
Relative murdered	9	8.5%
Other trauma	21	19.8%

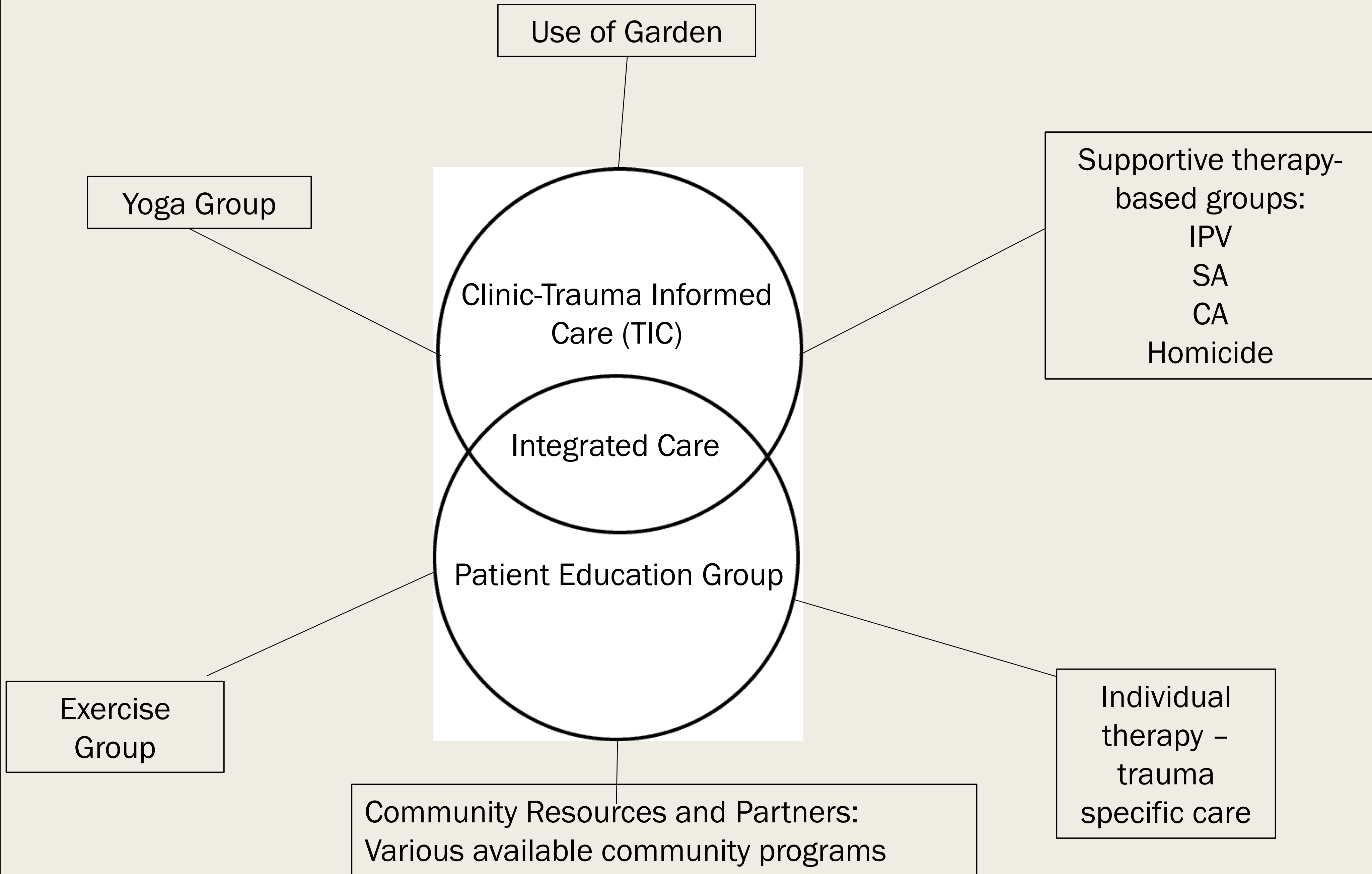
Total types of TRAUMA EXPERIENCED

Number of types	N	%
0	*15*	*14*
1	*18*	*16.8*
2	*25*	*23.4*
3	*19*	*17.8*
4	*12*	*11.2*
5	*12*	*11.2*
6	*5*	*4.6*

Leveraging Extant Clinic Resources

- Health screenings
  - *Depression*
  - *IPV*
- Ongoing evidence-based patient care activities
  - *Exercise classes*
  - *Yoga classes*
  - *Healthy cooking classes*
  - *Community garden*
- Recruiting interested staff

Trauma Informed Care Model


Use of Garden
Yoga Group
Supportive therapy-based groups:
IPV
SA
CA
Homicide
Clinic-Trauma Informed Care (TIC)
Integrated Care
Patient Education Group
Exercise Group
Individual therapy – trauma specific care
Community Resources and Partners:
Various available community programs

Process issues in development and implementation

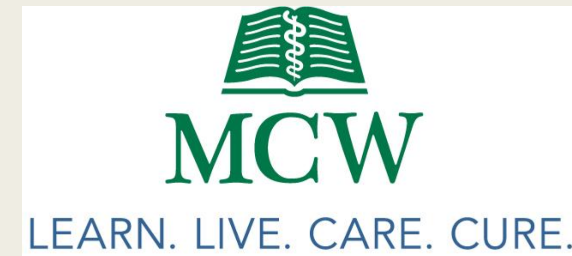
- Gaining leadership buy-in
- Gaining staff buy-in
    - *Presenting data and other relevant information*
    - *Aligning proposal with clinic mission and vision*

Formal Needs Assessment

Methods

1. Data Acquisition

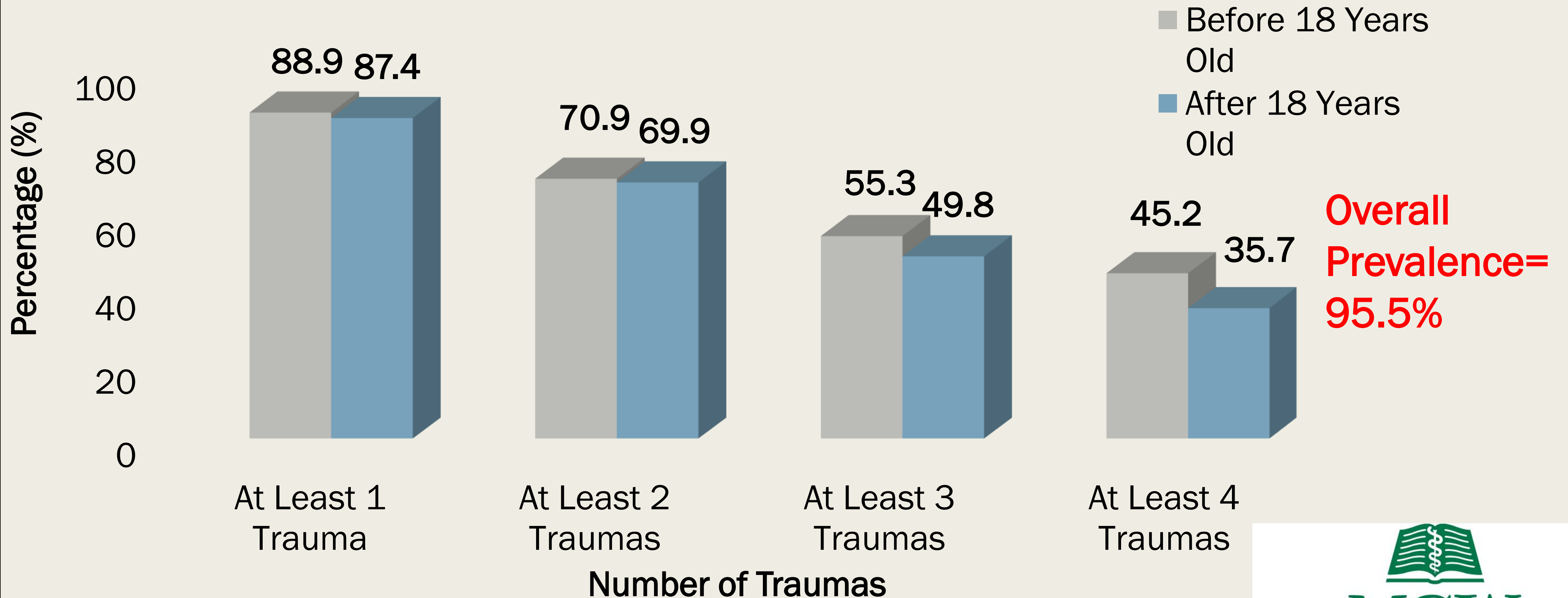
- Survey:
  - Development based on:
    - Adverse Childhood Event (ACE) study
    - Veterans Association Screener
    - The Trauma Assessment for Adults- Revised
    - Stressful Live Events Questionnaire- Revised
  - Assessment Items: Abuse, Violence, Neglect, Household challenges, Military Involvement
- Subjects:
  - 199 Patients attending primary care clinic visit at All Saints Family Care Center in Milwaukee, WI
  - English-speaking
  - 18-year-old and older



Results: Demographics

- Gender (N=194)
  - *Male: (53), 27.3%*
  - *Female: (141), 72.7%*
- Self-Identified Race (N=156)
  - *Black/ African American: (176), 90.7%*
  - *White: (13), 6.7%*
  - *Multiracial: (4) 2.1%*
  - *American Indian: (0), 0%*
  - *Asian: (0), 0%*
  - *Other: (1), 0.5%*
- Yearly Household Income (N=192)
  - *Less than $10,000: (72), 37.5%*
  - *$10,000-$29,000: 72), 37.5%*
  - *$30,000-$49,000:(35), 18.2%*
  - *Greater than $50,000: (13), 6.8%*

Results- Overall Trauma Prevalence



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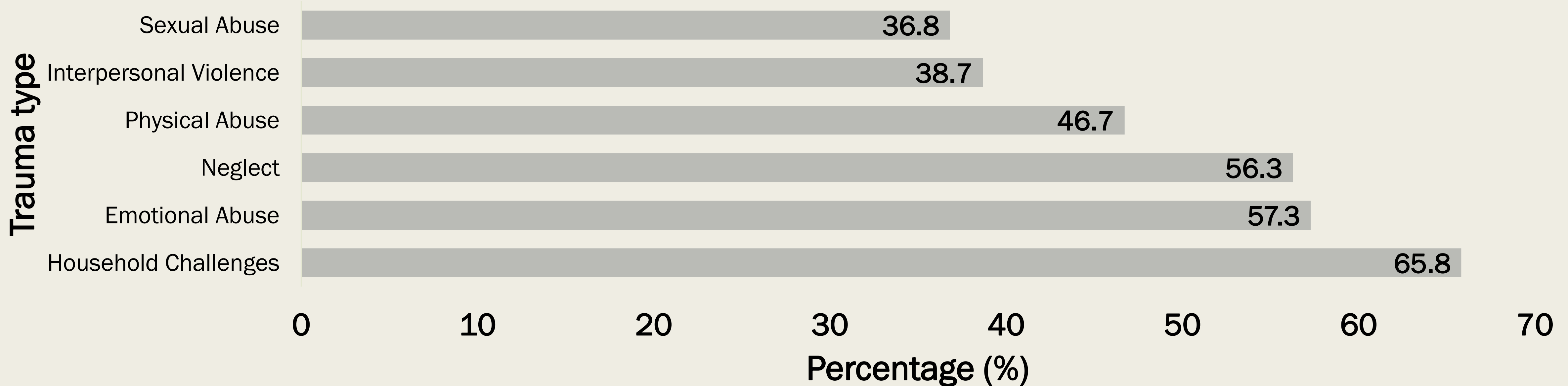
Results- Childhood Trauma Prevalence by Type



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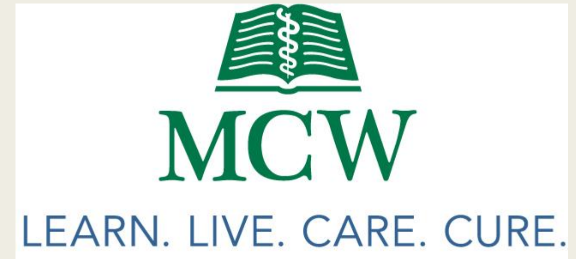
Results- Adulthood Trauma Prevalence by Type

Trauma type

Trauma type	Percentage (%)
Sexual Abuse	20.1
Military Associated Trauma	33.7
Unintentional Trauma	43.7
Emotional Abuse	50.8
Physical Abuse	51.8
Someone Treated Violently	66.3

0 10 20 30 40 50 60 70

Percentage (%)



Next Steps

- Incorporating patient voices
- Physician training
- Staff training
- Examination of policies and procedures

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