Office of Clinical and Preventive Services
Division of Clinical and Community Services

2019
NATIONAL CLINICAL & COMMUNITY-BASED SERVICES
CONFERENCE

casey family programs

Strategies to Support AI/AN Patients/Clients Experiencing Trauma and Chronic Stress

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NATIONAL NATIVE CHILDREN'S TRAUMA CENTER

UNIVERSITY OF MONTANA

- **Established** in Fall 2007 to serve as a Treatment and Services Adaptation Center (Cat II) within the National Child Traumatic Stress Network (NCTSN)

- **Represents** a national expansion of the previously funded Montana Center for Childhood Trauma (BOR approved, 2004)

- **Mission**: *In respectful partnerships with tribes, NNCTC will implement, adapt, evaluate and disseminate trauma interventions to decrease the social, emotional, spiritual and educational impact traumatic experiences have on American Indian and Alaska Native children.*

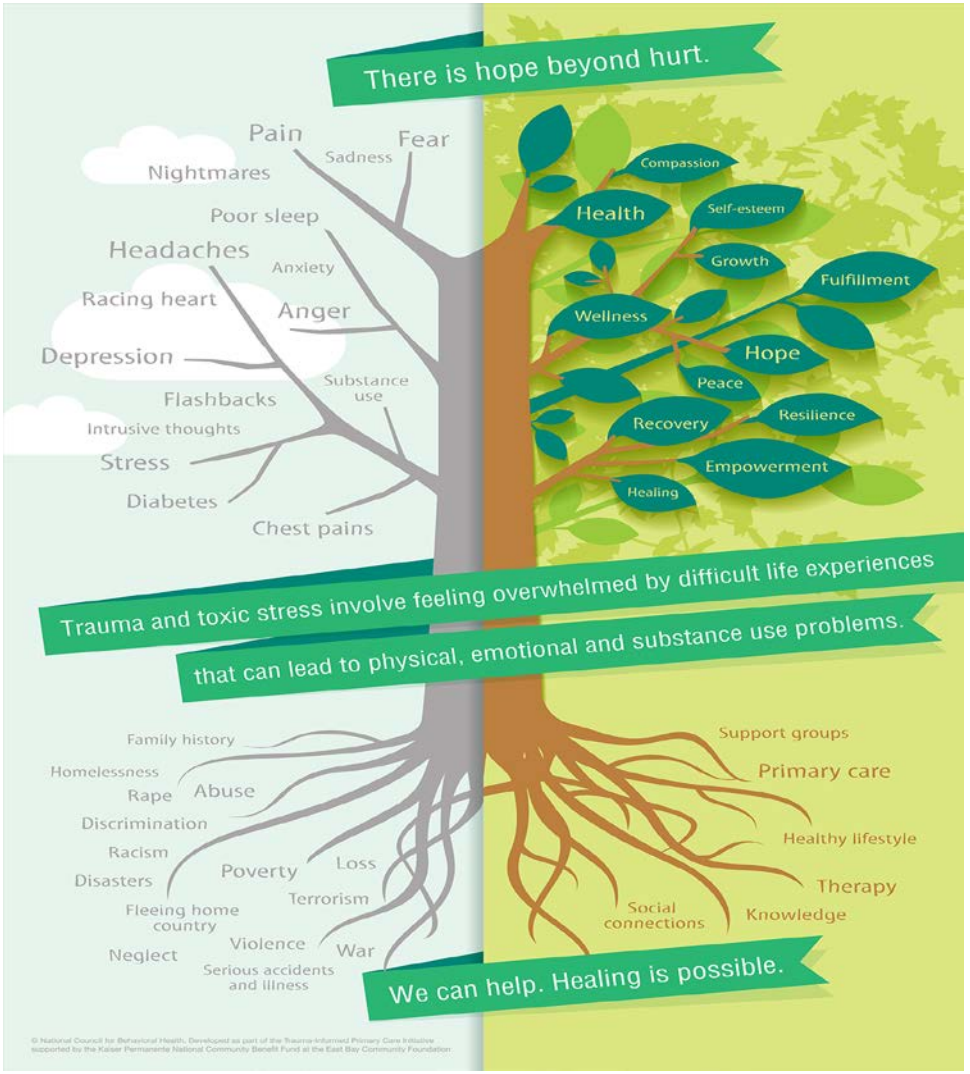
A PARTNER IN NCTSN The National Child Traumatic Stress Network

What's trauma got to do with it?

- Define trauma and trauma types
- Recognize behaviors of clients/consumers/patients impacted by trauma
- Develop a foundational understanding of the characteristics of a trauma-informed service setting
- Select, adapt and integrate strategies to support patients/consumers/clients impacted by trauma within your unique service areas.

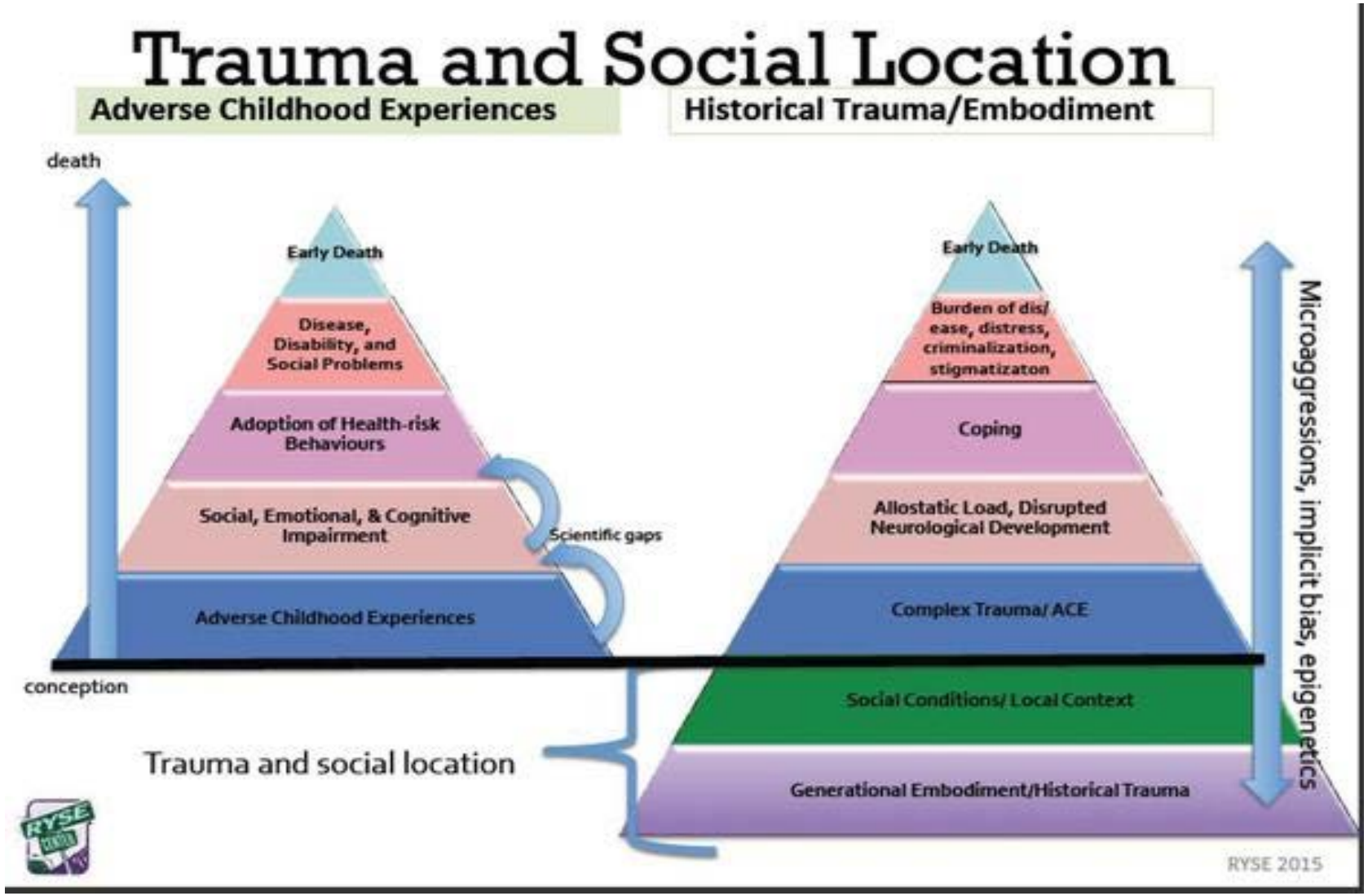
Why do we need to talk about trauma?

- Our most pressing health issues can be attributed to traumatic childhood experiences
- Trauma is preventable
- People can heal from the impact of trauma
- Asks the right question



National Council for Behavioral Health and Kaiser Permanente's Trauma-informed Primary Care Initiative

http://www.bc-systemofcare.org/resources/trauma-informed-care/


Trauma and Social Location
Adverse Childhood Experiences
Historical Trauma/Embodiment
death
Early Death
Disease, Disability, and Social Problems
Adoption of Health-risk Behaviours
Social, Emotional, & Cognitive Impairment
Adverse Childhood Experiences
Scientific gaps
conception
Trauma and social location
Early Death
Burden of dis/ ease, distress, criminalization, stigmatizaton
Coping
Allostatic Load, Disrupted Neurological Development
Complex Trauma/ ACE
Social Conditions/ Local Context
Generational Embodiment/Historical Trauma
Microaggressions, implicit bias, epigenetics
RYSE 2015

ACE's in Indian Country

- A study focusing on ACE exposure exclusively among AI/AN populations surveyed 1,660 enrolled tribal members in seven tribes.
    - Koss, M.P., Yuan, N.P., Dightman, D., Prince, R.J., Polacca, M., Sanderson, B., & Goldman, D. (2003).

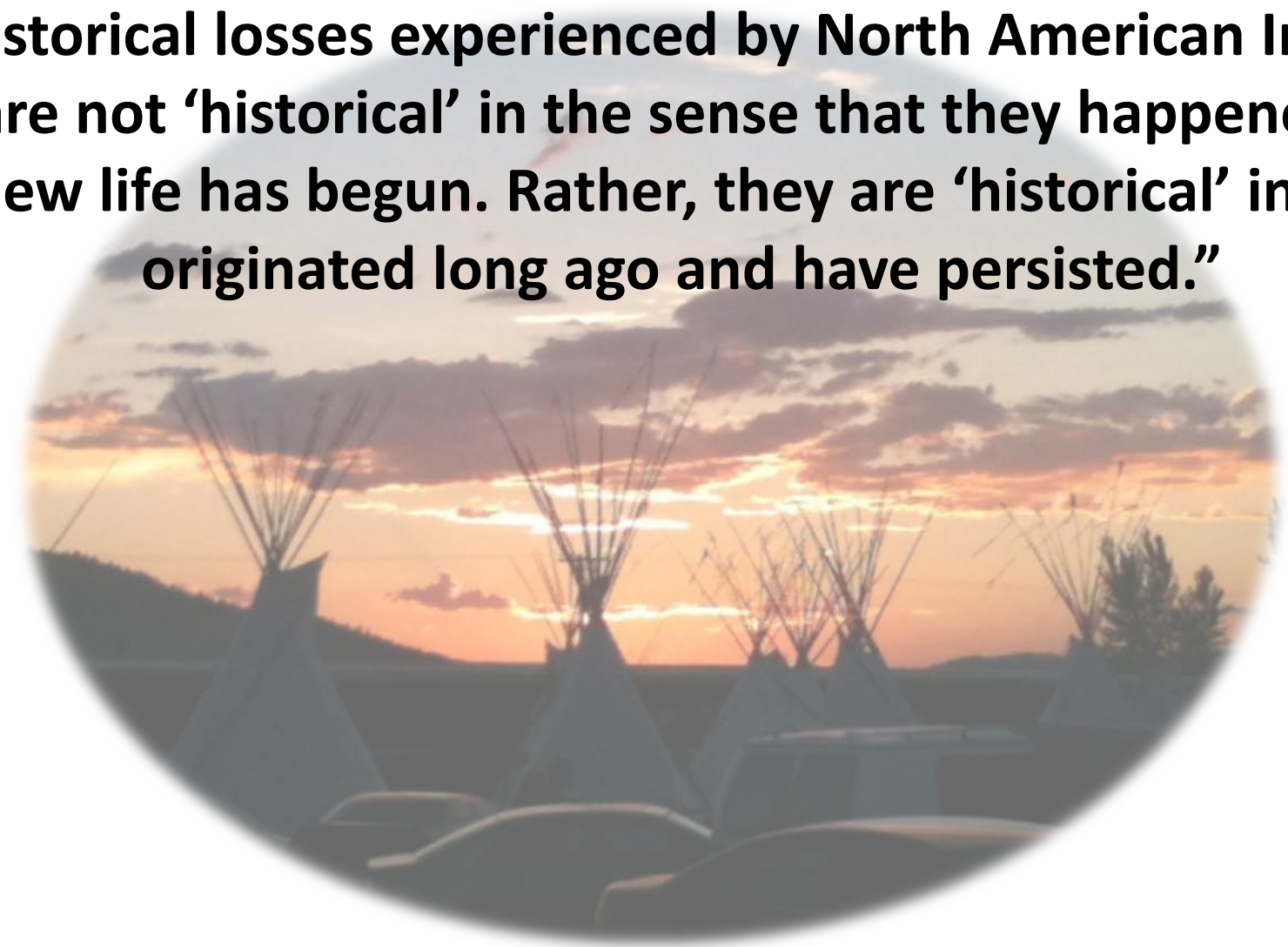
	ACE Study Sample	AI Study Sample
Reported at least 1 ACE	63.9%	86%
Reported 4 or more ACE's	12.5%	33%

ACE's in Indian Country

Population Sample	Trauma Category	Trauma Exposures	
		1+	Multiple/Severe
36 incarcerated AI/AN in NM (De Ravello et al., 2008)	Childhood ACEs	97.2% (35 of 36)	81% 53% reported childhood SA
288 youth ages 14-24 from one NP reservation (Brockie et al., 2015)	Childhood ACEs	78%	40% 37% reported 3-6 exposures
233 adults aged 50 and older living in rural off-reservation locations in MN and SD (Roh et al., 2015)	Childhood ACEs	75.6%	Mean ACE score = 2.6 31.8% reported 4+ exposures
516 adults from 7 tribes in SD (Warne et al., 2017)	Childhood ACEs	83.15%	61.57% 50.04% reported household substance abuse

HISTORICAL TAUMA

“The historical losses experienced by North American Indigenous people are not ‘historical’ in the sense that they happened long ago and a new life has begun. Rather, they are ‘historical’ in that they originated long ago and have persisted.”



Whitbeck, Walls, Johnson, Morrisseau, & McDougall, 2009

Whitbeck, Adams, Hoyt, & Chen (2004)

Table I. Percentage Frequency of Perceived Losses

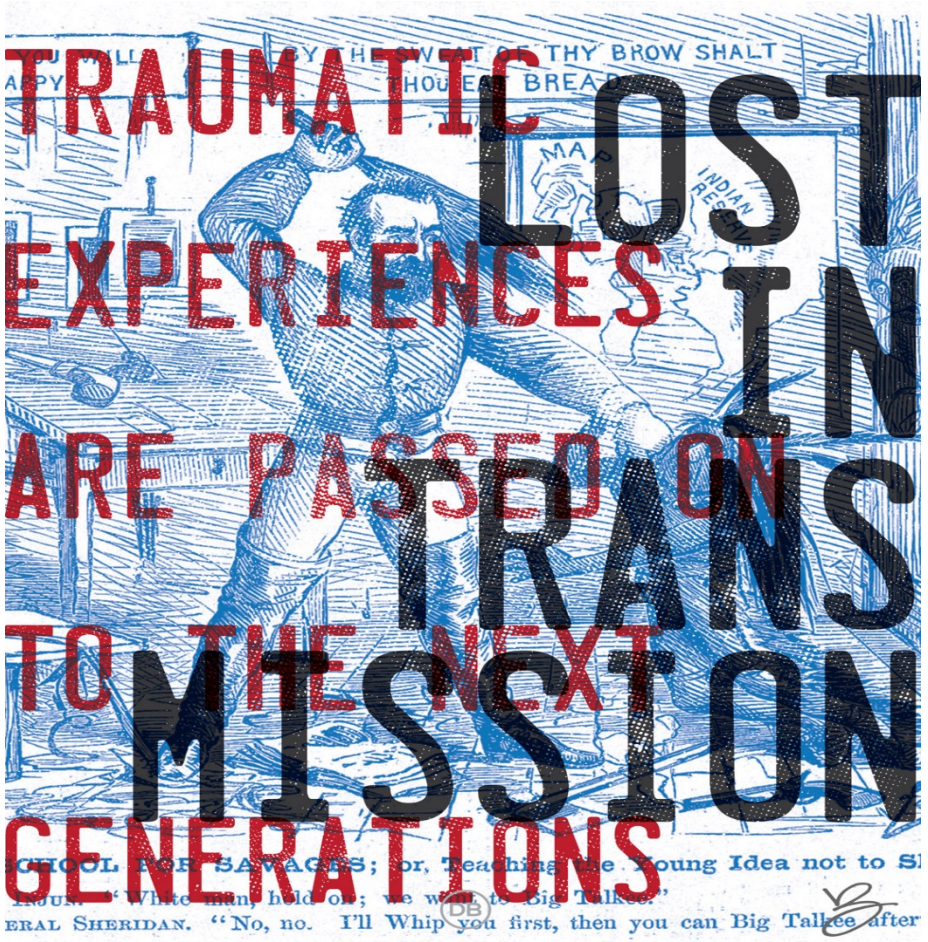
	Never	Yearly or special times	Monthly	Weekly	Daily	Several times a Day
Loss of our land	25.2	32.7	13.8	10.1	10.7	7.5
Loss of our language	11.9	21.3	15.0	15.6	27.5	8.8
Losing our traditional spiritual ways	11.3	18.9	15.1	21.4	25.2	8.2
The loss of our family ties because of boarding schools	44.3	26.6	11.4	5.1	8.2	4.4
The loss of families from the reservation to government relocation	52.2	23.3	8.8	6.3	5.7	3.8
The loss of self respect from poor treatment by government officials	29.1	22.2	19.6	7.0	14.6	7.6
The loss of trust in whites from broken treaties	28.7	28.7	12.1	7.6	15.3	7.6
Losing our culture	10.6	20.0	21.3	14.4	25.6	8.1
The losses from the effects of alcoholism on our people	7.5	13.2	15.7	17.6	30.2	15.7
Loss of respect by our children and grandchildren for elders	8.8	10.0	16.3	27.5	28.1	9.4
Loss of our people through early death	9.4	15.6	20.6	21.3	24.4	8.8
Loss of respect by our children for traditional ways	11.9	18.2	17.0	17.6	25.8	9.4

Table II. Percentage Frequency of Emotional Responses to Losses

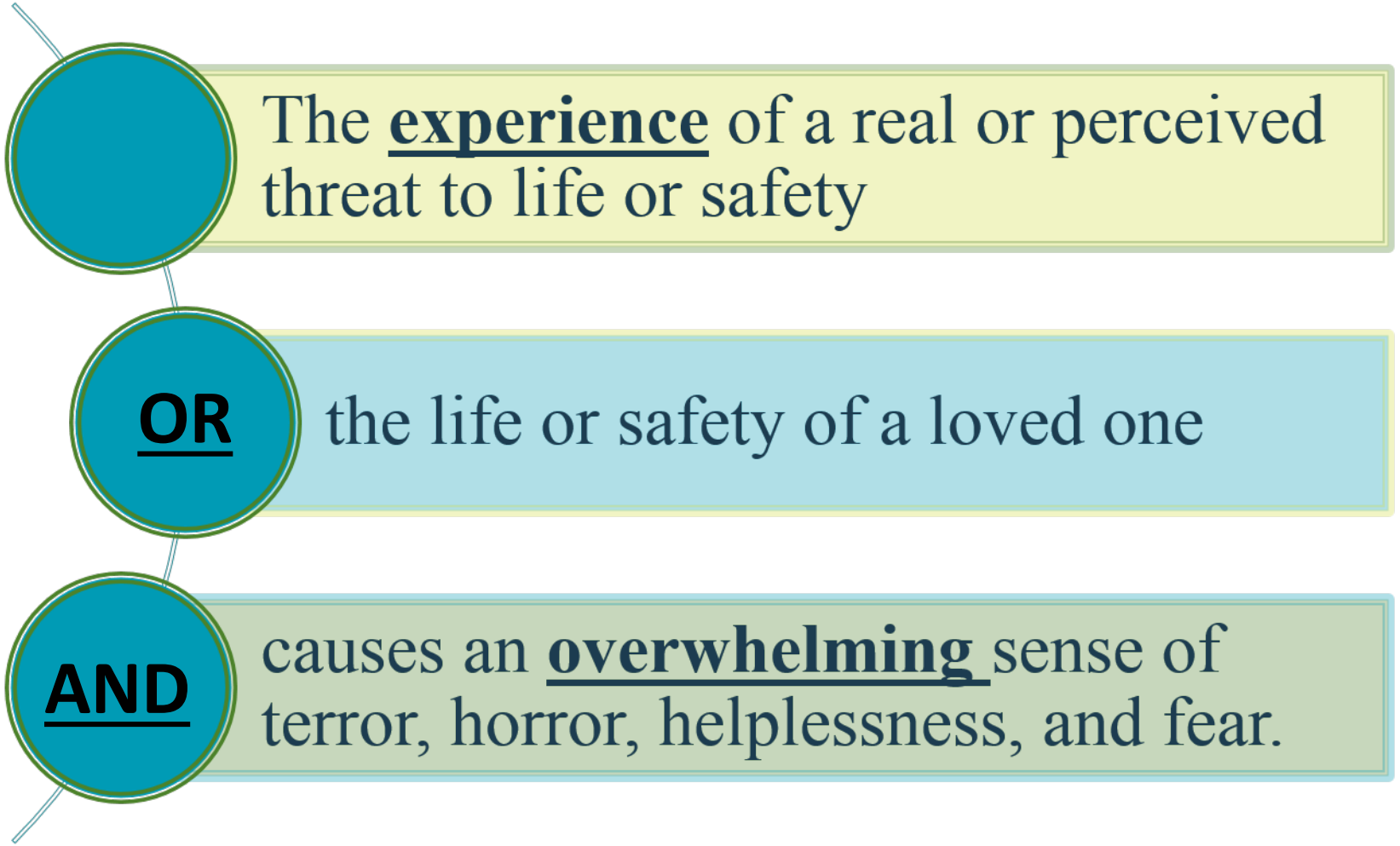
Whitbeck, Adams, Hoyt, & Chen (2004)	Always	Often	Sometimes	Seldom	Never
Often feel sadness or depression	4.4	11.3	44.0	22.0	18.2
Often feel anger	6.9	16.9	38.1	22.5	15.6
Often anxiety or nervousness	1.3	8.1	23.1	24.4	43.1
Uncomfortable around white people when you think of these losses	11.3	10.1	22.6	20.1	35.8
Shame when you think of these losses	5.0	9.4	18.8	27.5	39.4
Loss of concentration	1.3	5.0	25.6	29.4	38.8
Feel isolated or distant from other people when you think of these losses	3.1	5.0	21.3	25.6	45.0
A loss of sleep	0.0	1.3	10.0	23.8	65.0
Rage	3.1	1.9	11.9	14.4	68.8
Fearful or distrust the intentions of white people	8.8	6.9	18.9	20.8	44.7
Feel like it is happening again	5.0	3.8	22.6	17.0	51.6
Feel like avoiding places or people that remind you of these losses	3.8	4.4	22.8	15.2	53.8

Ehlers, Gizer, Gilder, Ellingson, & Yehuda, 2013

- People younger than 30 had similar historical trauma scores to those of people older than 30.
- Individuals with substance dependence experience more distress related to historical losses than people who are not dependent on alcohol or drugs.



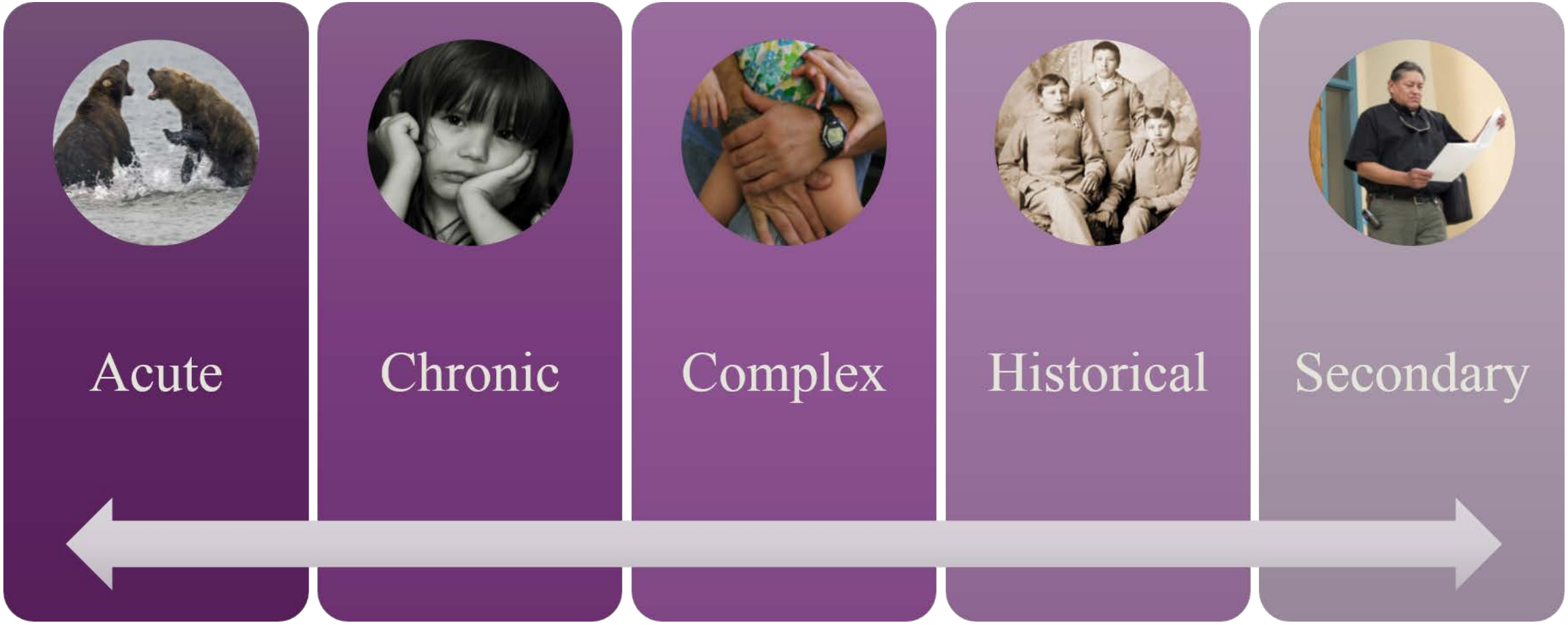
Trauma Defined



Concepts of Trauma (3 E's):

Individual trauma results from an ***event***, series of events, or set of circumstances that is ***experienced*** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse ***effects*** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Types of Trauma



Native women exposed to violence

https://nij.gov/journals/277/pages/violence-against-american-indians-alaska-natives.aspx

Table 1. Violence Against Women		
Type of Violence	American Indian or Alaska Native, %	Non-Hispanic White Only,* %
Any Lifetime Violence	84.3	71.0
Sexual Violence	56.1	49.7
Physical Violence by Intimate Partner	55.5	34.5
Stalking	48.8	26.8
Psychological Aggression by Intimate Partner	66.4	52.0
Any Past-Year Violence	39.8	23.3
Sexual Violence	14.4	5.4
Physical Violence by Intimate Partner	8.6	4.1
Stalking	11.6	7.0
Psychological Aggression by Intimate Partner	25.5	16.1

Native men exposed to violence

https://nij.gov/journals/277/pages/violence-against-american-indians-alaska-natives.aspx

Table 2. Violence Against Men		
Type of Violence	American Indian or Alaska Native, %	Non-Hispanic White Only,* %
Any Lifetime Violence	81.6	64.0
Sexual Violence	27.5	20.9
Physical Violence by Intimate Partner	43.2	30.5
Stalking	18.6	13.4
Psychological Aggression by Intimate Partner	73.0	52.7
Any Past-Year Violence	34.6	25.7
Sexual Violence	9.9	3.8
Physical Violence by Intimate Partner	5.6	4.5
Stalking	3.8	3.7
Psychological Aggression by Intimate Partner	27.3	19.3

What we know about trauma. . .

- Trauma is common. Between 55 and 90% of us have experienced at least one traumatic event, and on average nearly five traumatic events.
- Trauma can impact a person across domains: physical health, mental health, relationships, family, employment, etc.
    - Developed by the Trauma Committee at The Institute for Family Health https://www.institute.org/research-publications/research-committee/

Impacts on adult health

- 1) neuroendocrine, inflammatory, and epigenetic changes that affect the brain and body,
- 2) psychological and social factors
- 3) maladaptive coping behaviors

  - (Bowes & Jaffee, 2013; Moffitt & The Klaus-Grawe 2012 Think Tank, 2013; Substance Abuse and Mental Health Services Administration, 2014b).

Impacts on health

- A person with an ACE score of 7, with no evidence of risk taking behaviors, has a 30-70% increased risk of developing ischemic heart disease as an adult
- A person with an ACE score of 4 or higher is 2-4x more likely to develop hypertension and diabetes
- As the number of ACE experiences increased, so did the chances of the individual experiencing cancer, chronic lung disease, skeletal fractures and liver disease

Who are our clients/patients?

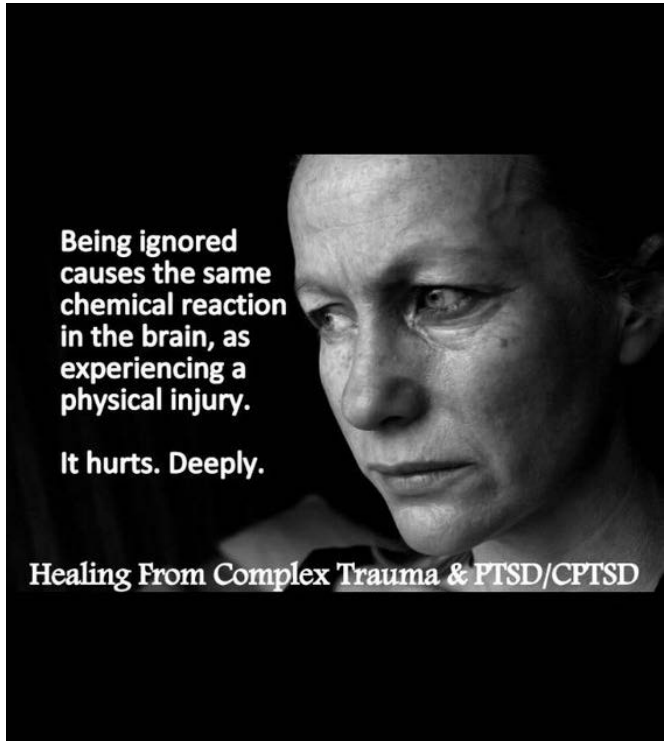
- “Janice1 is a 45-year-old woman with poorly controlled diabetes, obesity, and alcoholism. She feels ashamed about her alcohol use and about her body. She fears that her clinician will be angry with her for not checking her blood sugar, not losing weight, and missing multiple gynecology appointments. Janice’s clinician has worked with her for over a year and is frustrated by their inability to make progress together on her health issues. Janice has never revealed to any of her clinicians that she was sexually abused during childhood nor that she is currently experiencing severe emotional abuse by her husband.”

Trauma in clinical care settings

- Many trauma survivors do not seek mental health services, but look for help in primary care settings, presenting with physical symptoms
- Neither provider or client/consumer/patient may be aware that current physical complaints may be connected to past traumas
- Research suggests that most patients with a trauma history do not object to being asked about their trauma history in a primary care setting BUT will not typically disclose unless asked directly in a safe, supportive manner

- http://www.publichealth.va.gov/docs/vhi/posttraumatic.pdf
- Schumann, L. and Miller, J. L. (2000), Post-Traumatic Stress Disorder in Primary Care Practice. Journal of the American Academy of Nurse Practitioners, 12: 475–482. doi: 10.1111/j.1745-7599.2000.tb00159.x

We don’t know, what we don’t know. . .



- Present with/are
  - Irritable or hostile
  - Frequently miss appointments/court dates, often present in a crisis
  - Reluctant to discuss problems or are demanding you meet their needs NOW
  - Confusion/poor memory
  - Poor self care
  - Pain Issues
    - Developed by the Trauma Committee at The Institute for Family Health https://www.institute.org/research-publications/research-committee/

Ways in which a person may be re-traumatized in a clinical setting

- Examinations or procedures that may be considered routine can be distressing to a patient,
- Patients experience a lack of control, sense of vulnerability and powerlessness when accessing medical care, all of which can be compounded by a trauma history.

Trauma impacts client/consumer/patient engagement

- Trauma affects the way people approach helpful relationships.
- Trauma has often occurred in the service context itself.

- Developed by the Trauma Committee at The Institute for Family Health https://www.institute.org/research-publications/research-committee/

Is it non-compliance?

- “Problem behaviors” may actually be manifestations or symptoms of trauma, or coping skills that served them when surviving their trauma.
- What happens when someone is triggered, re-traumatized or their trauma is not accounted for?
  - Frequent missed appointments
  - Disengagement from care
  - Others?
- Viewing client/patient behavior through a trauma informed lens helps providers understand them, and provide the care needed to truly treat them.
  - Developed by the Trauma Committee at The Institute for Family Health https://www.institute.org/research-publications/research-committee/

Trauma Goggles

Theory of Practice

- Trauma work is a team effort
- Trauma knowledge is culture bound
- Trauma work must focus on building resiliency
- Trauma work is not a single methodology, but a multi-faceted lens, through which we view behavior

Trauma-Informed Key Assumptions (4 R's)

1. **Realize** the widespread impact of trauma and understand potential paths for recovery;
2. **Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seek to actively **Resist Re-traumatization**.

Ask yourself – What does trauma informed care look like for my position?

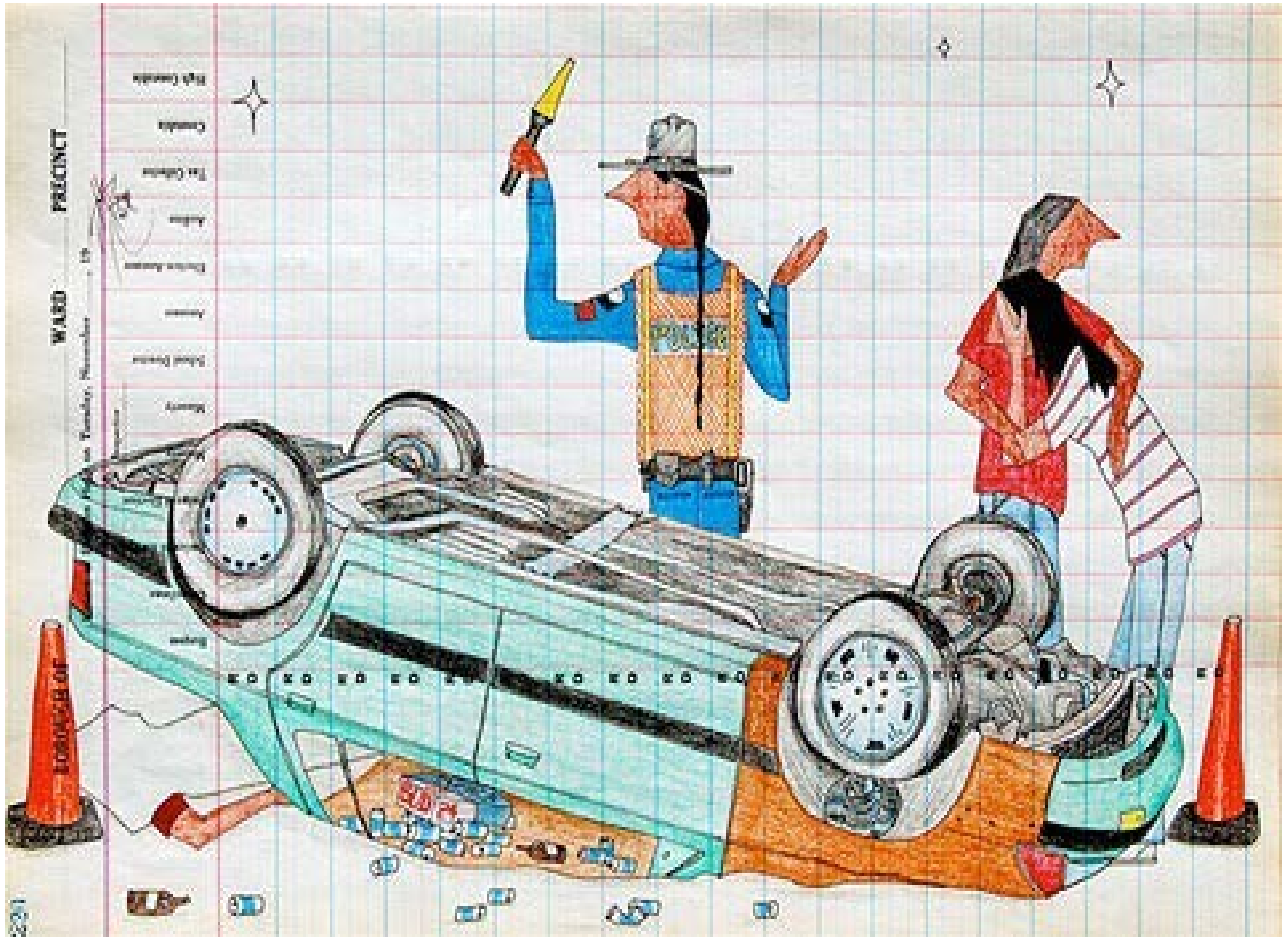
- CEO
  MA
  Nurse
  Provider
  Social Worker/mental health provider
  Office Administrators
  Other Positions??

Realize

- All people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals.
  - Trauma plays a role in mental and substance use disorders and should be systematically addressed.
  - Trauma is not confined to the behavioral health sector.
  - Trauma is often a barrier to effective outcomes in human service systems.

Realize: Present & Vicarious Trauma

- AIANs are facing current traumas in the community that are not historical but will be our future if we do not recognize the impact and respond
- Current tribal human service systems are expected to address past, present, & vicarious trauma.



Recognize

- People in the organization or system are able to recognize the signs of trauma.
  - Gender, age, or setting-specific signs may be manifest by individuals seeking or providing services.
  - Trauma screening and assessment assist in the recognition of trauma, as do workforce development, employee assistance, and supervision practices.

Respond

- The program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning.

Resist Re-Traumatization

- The trauma-informed approach seeks to resist re-traumatization of clients as well as staff.
  - Staff are taught to recognize how organizational practice may trigger painful memories and re-traumatize clients with trauma histories and interfere with healing and recovery.
  - Language, behaviors, and policies are changed to take into consideration the experiences of trauma among children and adult users of the service and among staff providing the services.
  - The organization has practitioners trained in evidence-based trauma practices.
  - Policies of the organization promote a culture based on beliefs about resilience, recovery, and healing from trauma.
  - Systems response involves a universal precautions approach in which one expects the presence of trauma in lives of individuals being services, ensuring not to replicate it.

- www.samhsa.gov

How will you know you are wearing your trauma goggles?

6 Principles

1. **Safety** – physical and psychological safety for everyone
2. **Trustworthiness & Transparency** – building and maintaining trust by transparently making decisions and operating
3. **Peer Support** – incorporating the knowledge of individuals with lived experiences of trauma into the operations
4. **Collaboration & Mutuality –** recognizing that healing happens in relationships and meaningful sharing of power
5. **Empowerment, Voice, & Choice** – supports and promotes self-advocacy skills, shared decision-making, and choice
6. **Cultural, Historical, & Gender Issues** – responsive to racial, ethnic, cultural, and gender needs while also addressing historical trauma

Johns Hopkins University Tribal Collaborative

- https://picc.jhu.edu/the-toolkit.html

Indian Health Service
Trauma-Informed Organizational Change Initiative

NATIONAL NATIVE CHILDREN'S TRAUMA CENTER

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Conclusion

- We cannot ignore the implications of trauma for our children, families and communities.
- The human cost in quality life for American Indians requires us to take action to address childhood trauma
- Tribes can make a difference
- **You** can make a difference