Conversations for Self-care and Trauma Recovery: Trauma Screening for Native Americans in Primary Care

Pamela Jacobs, Ph.D.
Donna Turquoise, BS
Gaia Artemisia, LCSW
Principal Explorers

- Gaia Artemisia, LCSW- Behavioral Health Consultant
- Pamela S. Jacobs, Ph.D. Director, Adult Mental Health
- Donna Turquoise, BS Data Analysis
Learning Objectives

1. Participants will have a greater understanding of the relationship between trauma and health outcomes, and how to invite healing from trauma into primary care.

2. Participants will have a greater understanding of how a patient’s health indicators can be interpreted as a “silent cry for help and healing”.

3. Participants feel empowered to begin to integrate a culturally specific/site specific screening, assessment, and referral/treatment process for trauma into their primary care clinics.
Format of Presentation

- Question and answer rather than “expert” lecture
- In the spirit of trauma informed care:
  - Participants are encouraged to monitor their own physical/mental/emotional and spiritual responses to the information about trauma, multigenerational trauma, health care statistics, and healing.
  - Includes an invitation to try experiential exercises as a way to be present with your response to the presentation, which you are welcome to experience or to not experience
Kaiser Foundation/National Council on Behavioral Health

- Provided the funding and format for the exploration into trauma interventions in primary care settings
- 13 nationwide sites participated, 2 treatment centers focused on Native American populations
- We chose to continue and extend our work past the duration of the 9 month project
- Emphasized organizational change
What is the link between Trauma and Health Outcomes?

- ACE Study
  - Survey mailed to members of a large HMO
  - Persons exposed to 4 or more categories of childhood adverse events had a 4-12x increased health risk for alcoholism, drug abuse, and depression
  - A 2 to 4 fold risk in smoking and poor self rated health
  - Greater than 50 sexual partners
  - A 1.4 to 1.6 increase in physical inactivity and severe obesity
Chronic Health Challenges in the Native American/Alaska Native Community

Up to 30% of urban Native Americans suffer from depression. Native Americans suffer from high degrees of anxiety and post traumatic stress due to personal and historical trauma.

Deaths from overdoses due to opioid pain relievers are three times higher in the Native American/Alaska Native populations than other ethnic groups.

Urban Native Americans suffer from an interaction of behavioral health and medical problems that are co-occurring and put them at risk for medical hospitalization and early death. These problems include diabetes, cardiovascular disease, chronic pain, and asthma.
Trauma

• Anything that *overwhelms* our ability to respond, especially if we feel our life or our connection to things that support us physically or emotionally is threatened. (Anne Bullock)

• Modification of quote used in trauma screening:
  • Trauma (is) anything that *overwhelms* our ability to respond, especially if we perceive (think or feel) that our life or our connection (to people) or things that support us physically or emotionally is threatened (or in danger)
Thoughts about trauma from the AI/AN community

- “Due to the soul wounding that occurred over generations, many of the patients that present for help at clinics in Indian country are suffering with sadness and depression. During the time of the wounding process, our ancestors did not have the time to grieve or heal from the ongoing wounding. The pain became repressed and regressed into the “black world” or the unconscious. …. Unconscious grief that has been passed on to the present generation is experienced as ongoing fear and sadness, or as our profession defines it, as anxiety and depression. The movement of grief from one generation to the next can be understood within the historical trauma paradigm…” Eduardo Duran Phd, Healing the Soul Wound
Experiential Exercise 1

- After discussing trauma, how do you feel?
- Notice your body, breath, posture without changing.
- With gentle awareness, see if your body now wants to shift.
- Take a moment to be present with yourself.
Healing through trauma

- Sensorimotor Psychotherapy for the Treatment of Trauma - Pat Ogden PhD
- From Intergenerational Trauma to Intergenerational Healing – Dr. Maria Yellow Horse Braveheart
Sensorimotor Psychotherapy

- Pat Ogden, PhD.
- Body centered psychotherapy
- Awareness of bodily/psychological states of being
- “Completing” the action of the body that was interrupted by trauma
Window of Tolerance
Ogden and Minton (2000)

Hyperarousal: too much arousal to integrate

Hypoarousal: not enough arousal to integrate

“Window of Tolerance”*
Optimal Arousal Zone

Regulate Dysregulated Arousal and Trauma-Related Affects

Hyperarousal: Fight, flight, freeze: panic, rage, terror, agitated immobility

Hypoarousal: Feigned death: despair, disgust, hopelessness, helplessness, shame, etc.

Ogden 2008

Window of Affect Tolerance
Autonomic Arousal & Trauma Response

Hyperarousal:
- Hyper-defending
- Emotional reactivity
- Hypervigilance
- Intrusive imagery
- Obsessive cognitive processing

Freeze:
- High arousal coupled with immobility.
- Agitated immobility
- Frozen defensive responses
- Feel “paralyzed”

Hypoarousal:
- “Window of Tolerance”*
- Optimal Arousal Zone

Hypoarousal:
- Collapse
- Flat affect
- Cognitively disabled
- Numbing
- Submissive responses

Sensorimotor Psychotherapy®
Institute 2012
Healing from trauma

- Dr. Maria Yellow Horse Braveheart:
- “Interventions to Heal Historical Trauma
  - Confront our trauma and embrace our history
  - Understand the trauma
  - Release the pain
  - Transcend the trauma”

- “Transcend is kind of like healing and moving beyond it so that you no longer so that you no longer define yourself in terms of trauma.” - Dr. Maria Yellow Horse Braveheart
If we are unable to talk about trauma or express it, we will communicate it through the body, in how we take care of ourselves or not, our beliefs about ourselves, how we are in relationships, and how we “decide” to live our lives.

The heart has reasons of which reason knows nothing.

Blaise Pascal
Healing comes from *changing the relationship* to the illness.

“....healing does not imply curing or getting rid of all the suffering. Healing has to do with being able to harmonize with all that life has to offer. At times, this harmonizing includes being at peace with suffering. It is the relationship to the suffering that is important...and this will change.

Eduardo Duran, *Healing the Soul Wound*
Experiential exercise 2

- After discussing the theory and history of trauma, consider inviting a re-connecting in this moment with healing resources, physical, emotional, spiritual, creative.
- Notice your body, and that you are safe in this moment.
- Grounding (mindfully pushing feet in ground, imagining roots).
- Orienting (looking around).
Addressing trauma in primary care

- How to go about doing this?
- Thoughts and ideas?
- Our decision-develop a screening tool
Considerations for Trauma Screening

- Concerns of primary care providers
  - Talking about trauma will open a “can of worms”
  - We don’t have time
  - There will be too much emotion which will delay patients and take away from the problem solving focus in primary care
Gaining the support of the primary care team

- Choose an easy(ier) place to intervene, not the entire primary care practice

We chose a particular group

- Diabetes team
  - Description of our program
  - Easy health outcomes to measure
  - Physically joining the team, joining current activities
People first, data second

- Eduardo Duran PhD- his early experience with assessment in the Native community
- Person-first approach, trauma-informed approach. We did not focus on getting the entire screen done for the sake of numbers or completion.
Presenting the screening in primary care

- A gentle and non-judgmental attitude of curiosity or interest in how the trauma is being “spoken”

- (Clinical Question Example-if you are doing this behavior, or not doing something, you are probably doing it for a reason. What do you think it is?)

We invite the spirit of healing.
Screening walk through

- 1. Do you feel you have experienced trauma in your life in the past? Y/N
- Do you currently feel safe from trauma in your life? Y/N
- Do you feel you carry the trauma of your ancestors in your life? Y/N
- Would you like more support in taking care of your body, emotions, and spirit Y/N
- Do you feel that trauma affects your participation in medical care Y/N
- Would you like to talk to someone to invite healing from trauma? Y/N
What happens after the screening?

- Or conversation?
- Mental health referral
- Behavioral health referrals
- Changes in medical treatment approach
- Activation of self-care
Results

- What did we find out quantitatively?
# Evaluation Population

## Measures

<table>
<thead>
<tr>
<th>Targeted cohort with A1C's over 5.7% Identified</th>
<th>Refused Trauma screen</th>
<th>Incomplete Trauma screen</th>
<th>Refused Trauma assessment</th>
<th>Total Assessed for Trauma</th>
<th>Total-Approached for project</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>35</td>
<td>44</td>
</tr>
</tbody>
</table>
# Evaluation Population

## Sex

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22</td>
<td>22</td>
<td>44</td>
</tr>
</tbody>
</table>

## Age Range- Approached

<table>
<thead>
<tr>
<th>Age Range</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>16</td>
<td>13</td>
<td>1</td>
<td>44</td>
</tr>
</tbody>
</table>

## Ethnicity- Approached

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>African American</th>
<th>American Indian/ Alaska Native</th>
<th>Caucasian</th>
<th>Hispanic</th>
<th>Pacific Islander</th>
<th>Self Identified-Native American</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>36</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>44</td>
</tr>
</tbody>
</table>
# Screenings and Assessments

## Screened ~ Positive/Negative

<table>
<thead>
<tr>
<th>Positive Screen</th>
<th>Negative Screen</th>
<th>Refused Screen</th>
<th>Total Approached</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>0</td>
<td>5</td>
<td>44</td>
</tr>
</tbody>
</table>

## Received Trauma Assessment - Yes/No

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Refused Received Trauma Assessment</th>
<th>Total Approached</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>4</td>
<td>5</td>
<td>44</td>
</tr>
</tbody>
</table>
Survey Questions

- Will you participate in a survey? Y/N
- Recently you met with a behavioral health consultant, Gaia Artemisia, and did a trauma screen.
- Please let us know your satisfaction with services, whether you are continuing to see Gaia, or receiving other supports at NARA, such as counseling or case management.

1 not satisfied 2 somewhat satisfied 3 neutral 4 satisfied 5 very satisfied
## Engagement and Follow up Survey

### Engagement in Service *Adherence*

<table>
<thead>
<tr>
<th>Engagement</th>
<th>No engagement</th>
<th>Sporadic involvement</th>
<th>Good involvement</th>
<th>Excellent</th>
<th>Refused</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No engagement</td>
<td>17</td>
<td>1</td>
<td>4</td>
<td>11</td>
<td>11</td>
<td>44</td>
</tr>
</tbody>
</table>

### Perceived Helpfulness

<table>
<thead>
<tr>
<th>Perceived Helpfulness</th>
<th>Not helpful</th>
<th>Somewhat helpful</th>
<th>Helpful</th>
<th>Very Helpful</th>
<th>No recollection of appointment</th>
<th>No response</th>
<th>Refused</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>11</td>
<td>9</td>
<td>15</td>
<td>6</td>
<td>44</td>
</tr>
</tbody>
</table>
# Recommendations

**Recommend Trauma Service - Yes/No**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Did not Received Trauma Assessment</th>
<th>Refused Recommended Trauma Service</th>
<th>Total Approached</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>44</td>
</tr>
</tbody>
</table>

## Accepts Recommendation

<table>
<thead>
<tr>
<th>Individual meetings with the BH practitioner</th>
<th>Group meeting facilitated by the primary care setting</th>
<th>Both individual and group service provided by the primary care setting</th>
<th>Referred outside trauma service provider</th>
<th>Other</th>
<th>Did not accept recommendation/patient not interested</th>
<th>Refused</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>44</td>
</tr>
</tbody>
</table>
# Health Indicators

<table>
<thead>
<tr>
<th>Participant</th>
<th>Baseline</th>
<th>1st Follow up</th>
<th>2nd Follow up</th>
<th>3rd Follow up</th>
<th>Total average</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5.51</td>
<td>n/a</td>
<td>5.4</td>
<td>n/a</td>
<td>5.45</td>
</tr>
<tr>
<td>B</td>
<td>11.5</td>
<td>11.5</td>
<td>9.1</td>
<td>n/a</td>
<td>10.7</td>
</tr>
<tr>
<td>C</td>
<td>6</td>
<td>6</td>
<td>6.9</td>
<td>n/a</td>
<td>6.3</td>
</tr>
<tr>
<td>D</td>
<td>11.2</td>
<td>9.2</td>
<td>n/a</td>
<td>n/a</td>
<td>10.2</td>
</tr>
<tr>
<td>E</td>
<td>13.4</td>
<td>9.5</td>
<td>n/a</td>
<td>n/a</td>
<td>11.45</td>
</tr>
</tbody>
</table>

Total average: 8.82

<table>
<thead>
<tr>
<th>Individual Participant average</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
</tr>
<tr>
<td>B</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>D</td>
</tr>
<tr>
<td>E</td>
</tr>
</tbody>
</table>

Total average: 8.56
### Health Indicators

#### Blood Pressure (at or Greater than 120/80)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Baseline</th>
<th>1st Follow up</th>
<th>2nd Follow up</th>
<th>3rd Follow up</th>
<th>Total average</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>147/78</td>
<td>n/a</td>
<td>151/95</td>
<td>136/98</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>125/67</td>
<td>125/67</td>
<td>110/60</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>136/72</td>
<td>136/72</td>
<td>128/76</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>120/68</td>
<td>129/76</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>122/68</td>
<td>130/76</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

#### Individual Participant average

<table>
<thead>
<tr>
<th>Participant</th>
<th>Baseline</th>
<th>1st Follow up</th>
<th>2nd Follow up</th>
<th>3rd Follow up</th>
<th>Total average</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>149/86.5</td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>120/64.66</td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>133.33/73.33</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>126.33/73.66</td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>126/72</td>
</tr>
</tbody>
</table>

**Total average** 131/74.03
# Health Indicators

## Body Mass Index (~Normal 18.5-24.9)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Baseline</th>
<th>1st Follow up</th>
<th>2nd Follow up</th>
<th>3rd Follow up</th>
<th>Total average</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>47.5</td>
<td>n/a</td>
<td>48.93</td>
<td>49.4</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>54.41</td>
<td>54.41</td>
<td>55.27</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>48.16</td>
<td>48.16</td>
<td>48.8</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>34.9</td>
<td>30.3</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>48.71</td>
<td>49.8</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

## Individual Participant averages

<table>
<thead>
<tr>
<th>Participant</th>
<th>Total average</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>48.61</td>
</tr>
<tr>
<td>B</td>
<td>54.69</td>
</tr>
<tr>
<td>C</td>
<td>48.37</td>
</tr>
<tr>
<td>D</td>
<td>32.6</td>
</tr>
<tr>
<td>E</td>
<td>49.25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total average</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.7</td>
</tr>
</tbody>
</table>
Results

What did we find out qualitatively?

- A high A1C is cry for help: Medical conditions with out behavioral symptoms can be a reason for a referral
- Primary care providers under-referred for behavioral health care or mental health care
Experiential Exercise 3

- After hearing about our work, take a moment to notice…What is your body telling you?
- Notice your body, breath, posture without changing.
- With gentle awareness, see if your body now wants to shift.
- Take a moment to be present with yourself.
- Taking what is helpful, and leaving the rest.
Summary and Questions

- In summary, screening and treatment for trauma can have a positive effect on both physical and mental health outcomes.
- There were not many changes in the medical variables. This may have to do with intervening factors, or the exploration was not long enough.

Questions?
References


From Intergenerational Trauma to Intergenerational Healing. (2005, May 23). Wellbriety, 6(6), 8.

References 2

