

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

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# Principal Explorers

- Gaia Artemisia, LCSW- Behavioral Health Consultant
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# 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?

- Felitti, V (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences.
- 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 SoulWound*

# 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

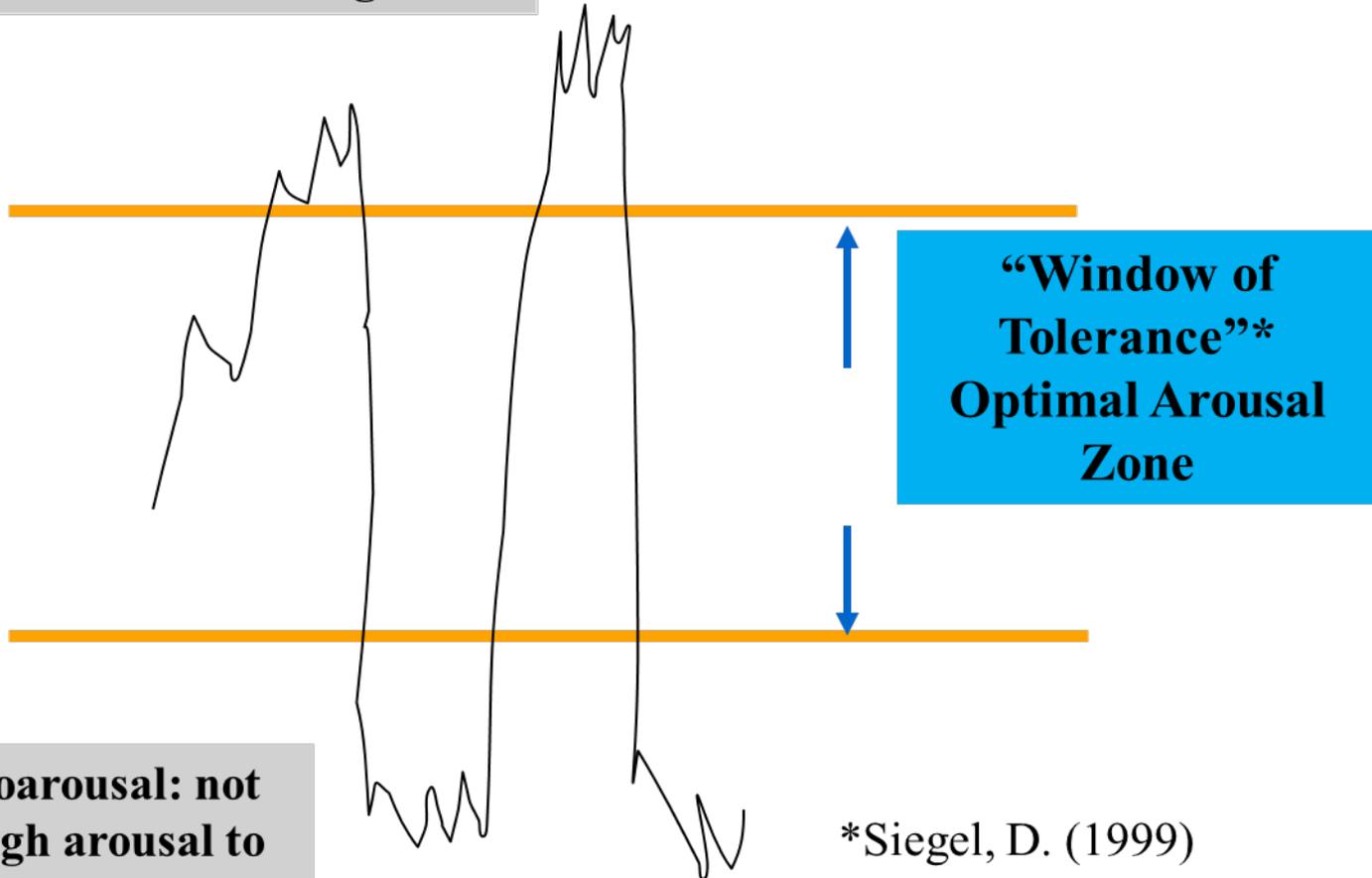
- Pat Ogden, PhD.
- Body centered psychotherapy
- Awareness of bodily/psychological states of being
- “Completing” the action of the body that was interrupted by trauma

# Window of Tolerance

Ogden and Minton (2000)

**Hyperarousal: too much  
arousal to integrate**

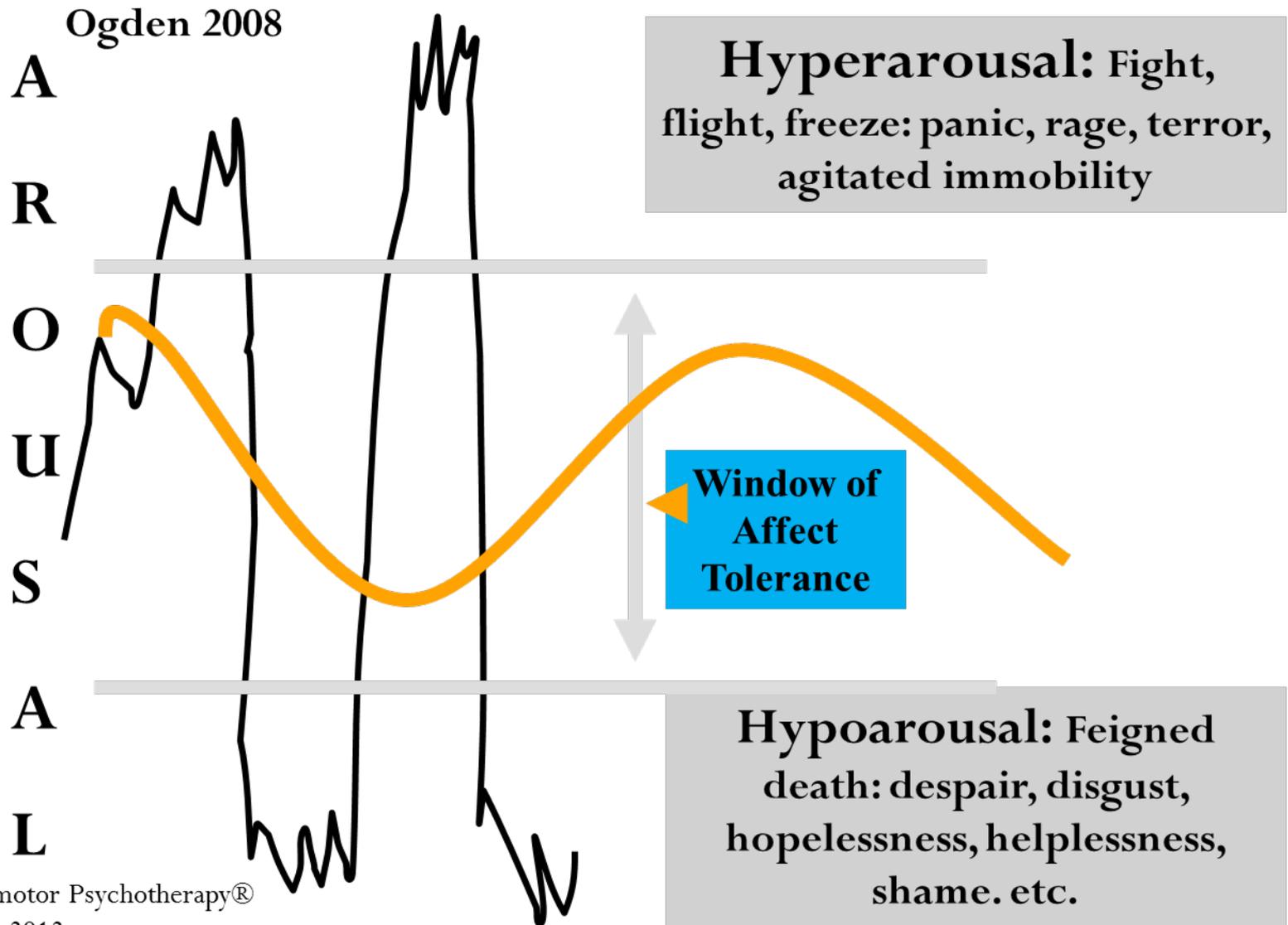
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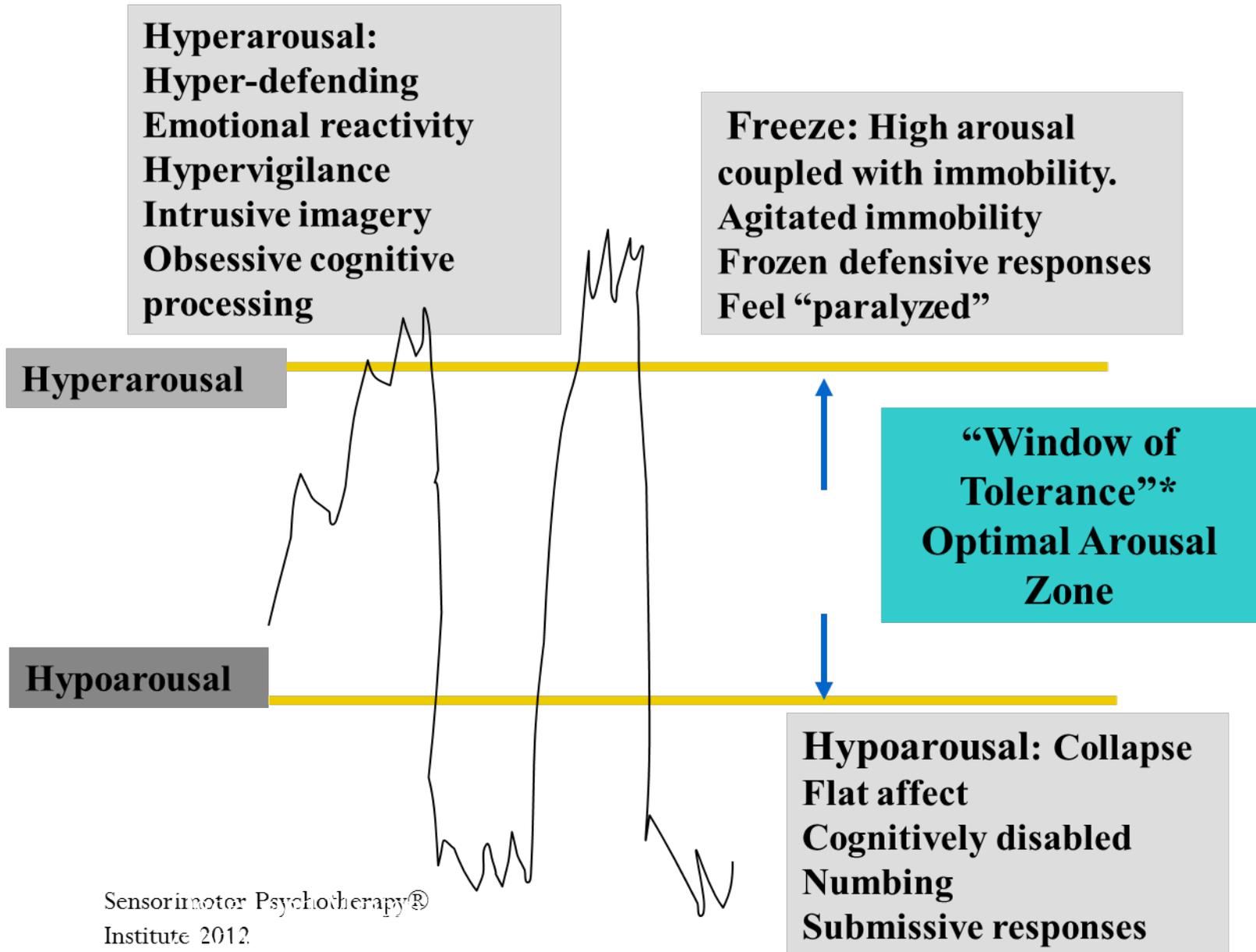
**Hypoarousal: not  
enough arousal to  
integrate**

\*Siegel, D. (1999)

# Regulate Dysregulated Arousal and Trauma-Related Affects



# Autonomic Arousal & Trauma Response



# 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

# Thought and Quote

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

# Quote

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

Targeted cohort with A1C's over 5.7% Identified	Refused Trauma screen	Incomplete Trauma screen	Refused Trauma assessment	Total Assessed for Trauma	Total-Approached for project
99	3	2	4	35	44

# Evaluation Population

## Sex

Female	Male	Total
22	22	44

## Age Range- Approached

20-29	30-39	40-49	50-59	60-69	70-79	Total
2	6	6	16	13	1	44

## Ethnicity- Approached

African American	American Indian/ Alaska Native	Caucasian	Hispanic	Pacific Islander	Self Identified-Native American	Total
1	36	2	1	1	3	44

# Screenings and Assessments

## Screened ~ Positive/Negative

Positive Screen	Negative Screen	Refused Screen	Total Approached
39	0	5	44

## Received Trauma Assessment -Yes/No

Yes	No	Refused Received Trauma Assessment	Total Approached
35	4	5	44

# 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**

- Will you participate in a survey? Y/N
- Recently you met with a behavioral health consultant at NARA Clinic with 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 helpful**  
**2 -Somewhat helpful**  
**3- Helpful**  
**4- Very helpful**

# Engagement and Follow up Survey

## Engagement in Service \*Adherence

No engagement	Sporadic involvement	Good involvement	Excellent	Refused	Total
17	1	4	11	11	44

## Perceived Helpfulness

Not helpful	Somewhat helpful	Helpful	Very Helpful	No recollection of appointment	No response	Refused	Total
2	0	1	11	9	15	6	44

# Recommendations

## Recommend Trauma Service -Yes/No

Yes	No	Did not Received Trauma Assessment	Refused Recommended Trauma Service	Total Approached
35	0	4	5	44

## Accepts Recommendation

Individual meetings with the BH practitioner	Group meeting faciliated by the primary care setting	Both individual and group service provided by the primary care setting	Referred outside trauma service provider	Other	Did not accept recommendation/ patient not interested	Refused	Total
22	2	6	1	1	3	9	44

# Health Indicators

A1C (at or above 5.7%)				
Participant	Baseline	1st Follow up	2nd Follow up	3rd Follow up
A	5.51	n/a	5.4	n/a
B	11.5	11.5	9.1	n/a
C	6	6	6.9	n/a
D	11.2	9.2	n/a	n/a
E	13.4	9.5	n/a	n/a

A1C (at or above 5.7%)	
	Individual Participant average
A	5.45
B	10.7
C	6.3
D	10.2
E	11.45
Total average	8.82

A1C (at or above 5.7%)					
	Baseline	1st Follow up	2nd Follow up	3rd Follow up	Total average
Participant averages	9.52	9.05	7.13	n/a	8.56

# Health Indicators

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

Participant	Baseline	1st Follow up	2nd Follow up	3rd Follow up
A	147/78	n/a	151/95	136/98
B	125/67	125/67	110/60	n/a
C	136/72	136/72	128/76	n/a
D	120/68	129/76	n/a	n/a
E	122/68	130/76	n/a	n/a

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

	Individual Participant average
A	149/86.5
B	120/64.66
C	133.33/73.33
D	126.33/73.66
E	126/72
Total average	131/74.03

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

	Baseline	1st Follow up	2nd Follow up	3rd Follow up	Total average
Participant averages	130/70.6	130/72.75	129.66/77	136/98	130/73.45

# Health Indicators

Body Mass Index (~Normal 18.5-24.9)				
Participant	Baseline	1st Follow up	2nd Follow up	3rd Follow up
A	47.5	n/a	48.93	49.4
B	54.41	54.41	55.27	n/a
C	48.16	48.16	48.8	n/a
D	34.9	30.3	n/a	n/a
E	48.71	49.8	n/a	n/a

Body Mass Index (~Normal 18.5-24.9)	
	Individual Participant average
A	48.61
B	54.69
C	48.37
D	32.6
E	49.25
Total average	46.7

Body Mass Index (~Normal 18.5-24.9)					
	Baseline	1st Follow up	2nd Follow up	3rd Follow up	Total average
Participant averages	46.73	45.66	51	49.4	48.19

# 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?

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