Integrating Behavioral Health Care into Primary Care Settings – Using a Trauma Informed Approach

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Trauma Informed Care

The understanding that everyone has the right to viewed through the lens of:

- A thorough understanding of the profound neurological, biological, psychological, and social effects of trauma and violence on the individual, and
- An appreciation for the high prevalence of traumatic experiences in persons who receive mental health services medical care.

Jennings, 2004
Taking a Breath – Creating a Safe Container
There are six suggested levels of integrating care:

1. Coordinated
   - Minimal Collaboration (“nobody know my name, who are you?”)
   - Basic Collaboration at a Distance

2. Co-Located
   - Basic Collaboration Onsite (“I help your consumers.”)
   - Close Collaboration Onsite with Some System Integration (“I am your consultant.”)

3. Integrated
   - Close Collaboration Approaching an Integrated Practice (“We ae a team in the care of consumers.”)
   - Full Collaboration in Transformed/Merged Integrated Practice (“Together, we teach others how to be a team in care of consumers and design a care system.”)

(Heath, Wise Romero, & Reynolds, 2013)
WAFCC Standards – Performing an Internal Needs Assessment

I. Clinic Governance, Administration & Management
   i. Data Collection
      a. Assessment tools
      b. Outcomes
      c. Impact

II. Optimizing the Patient Care Experience
    i. Access to Care
       a. Triage
       b. Welcome to your “Bread of Healing wellness team”
       c. Care planning

III. Fostering Community Relationships
     i. Collaboration with health care systems & community partners
     ii. Building trusting relationships with the community
Trauma refers to extreme stress (e.g., threat to life, bodily integrity or sanity) that overwhelms a person’s ability to cope.

The individual’s subjective experience determines whether or not an event is traumatic.

Traumatic events result in a feeling of vulnerability, helplessness and fearfulness.

Traumatic events often interfere with relationships and fundamental beliefs about oneself, others and one’s place in the world.

(Giller, 1999; Herman, 1992)
Let’s Get Specific

Let’s start with:

• Lack of access to adequate education
• Lack of access to adequate health care
• Lack of access to adequate transportation
• Lack of access to adequate time

Then add:

• Abuse or assault (sexual, physical, emotional, psychological)
• Neglect
• Domestic violence
• Witnessed violence
• Deprivation due to extreme poverty
• Repeated abandonment or sudden loss
• Natural disasters
• Traumatic brain injuries
• Combat experiences/military sexual trauma (35% of women in the military)
Social Determinants of Health
About the Correct Question

It is easy to ask,
“What’s wrong with you”? 

But it is RIGHT to ask,
“What’s happened to you”? 

Shifting the Perspective

What’s Wrong → What Happened?

- Safety and security are first considerations
- Recognizes impact of trauma on worldview
- Understands the whole person, not just the problem/symptoms
- Collaborative
- Develops healthy coping strategies (gives survivors power and belief that they are experts in their own life)
- Goal is to return control
- Strengths based
Behaviors are Clues

Services provided from a trauma sensitive lens recognize that behaviors may be symptoms of a larger problem:

- Chronic medical conditions
- Academic achievement
- Complications with obtaining and maintaining employment
- Substance abuse
- Aggression toward self/others
Adverse Childhood Experiences (ACE) Study

Examines the health and social effects of ACEs throughout the lifespan among 17,421 members of the Kaiser Health Plan in San Diego County.

Childhood abuse, neglect, growing up with domestic violence, substance, abuse or mental illness in the home, parental, discord, and crime.

The ACE Study reveals the relationship between emotional experiences as children and physical and mental health as adults as well as the major causes of mortality in the United States.
### Results from the ACE Study

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<th>Household dysfunction</th>
<th>Kaiser*</th>
<th>WI**</th>
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<tr>
<td>• Substance abuse</td>
<td>27%</td>
<td>27%</td>
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<tr>
<td>• Parental separation/divorce</td>
<td>23%</td>
<td>21%</td>
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<tr>
<td>• Mental illness</td>
<td>19%</td>
<td>16%</td>
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<tr>
<td>• Violence between adults</td>
<td>13%</td>
<td>16%</td>
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<tr>
<td>• Incarcerated household member</td>
<td>5%</td>
<td>6%</td>
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<th>Abuse</th>
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<td>11%</td>
<td>29%</td>
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<tr>
<td>• Physical</td>
<td>28%</td>
<td>17%</td>
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<tr>
<td>• Sexual way</td>
<td>21%</td>
<td>11%</td>
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<th>Neglect</th>
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<tr>
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<tr>
<td>• Physical</td>
<td>10%</td>
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</table>

* Center for Disease Control and Prevention 1995-97
** [http://wichildrenstrustfund.org/files/WisconsinACEs.pdf](http://wichildrenstrustfund.org/files/WisconsinACEs.pdf)
Physical Effects of Trauma

- Trouble falling/staying asleep (insomnia related psychosis)
- Feeling agitated, anxious or in a “heightened” state
- Getting startled by noises
- Feeling shaky/sweaty
- Having heart pounding or trouble breathing
The Lower Brain

- Abstract thought
- Concrete Thought
- Affiliation/reward
- "Attachment"
- Sexual Behavior
- Emotional Reactivity
- Motor Regulation
- Trauma core symptoms
- Depressive & affect symptoms
- Relational difficulties
- Alcohol – substance abuse
- Guilt
- Shame
- Alcohol – substance abuse
- "Attachment"
- Sexual Behavior
- Emotional Reactivity
- Motor Regulation
- "Arousal"
- Appetite/Satiety
- Sleep
- Blood Pressure
- Heart Rate
- Body Temperature
Impact of Trauma over the Life Span

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

- Adverse Childhood Experiences
- Disrupted Neurodevelopment
- Social, Emotional, and Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability, and Social Problems
- Early Death
ACE Score and Drug Abuse

ACE Study (1997)
A (very) Brief Overview of the Problem

- Complexity of addition pathways and contributing factors

- Dr. Daniel Sumrok (2017) – “Addiction” “’ritualized compulsive comfort-seeking’ is a normal reaction to adversity experienced in childhood.”
  - ACE score of 3 or more
    - Toxic stress: community violence, bullying, losing a parent to deportation, foster-care system, homelessness, war/immigration, etc.
Opioids and ACEs (cont)

A (very) Brief Overview of the Problem (cont)

- Early age of first use
- Childhood trauma, more chronic pain, more prescription drug use (potential misuse)
- Childhood trauma causes neurobiological changes (Sumrokh, 2017) – same opioid addiction symptoms, obesity, addition to cigarettes and alcohol – studies from 40 years ago – returning Vietnam soldiers
  - Anxiety, depression, hopelessness, fear, anger and frustration – reinforced by ACEs
- The brain knows the trauma is over – the body does not (triggers; ‘feeling flushed’)

[Image 0x0 to 960x540]
Opioids and ACEs (cont)

A (very) Brief Overview of What Can Be Done

Learning You Can Heal

It’s all about RELATIONSHIPS

- Cultural healing practices (historical trauma, understanding epigenetics)
- Multi-generational approaches to health care and healing
- Trust between providers and patients (non-hierarchical language)
- Breaking down barriers – shame, guilt, judgement –

Treating People with Respect
Safety for Our Patients – Reducing the Risk of Retraumatization

- Medical Settings
  - Medical trauma
  - Medically marginalized
  - Diagnostic labeling
  - “Resistant”
  - “Non-compliance”
  - Think about a dentist visit

- Behavioral Health Settings
  - Prior experience with BH
  - Dis-”empowered”
  - Diagnostic labeling
  - “Resistant”
  - “Non-compliance”
  - Think about hospital settings
Questions*

• What are you afraid of? Asking the questions? Moving from a 1 to a 9.

• What do you need to create momentum from a place of healing, not a place of fear?

• What are other barriers to asking about trauma?

• Who are your champions in your clinic?
We are the Hope Holders

• Putting this knowledge to work (CTIPP, 2017)
  • Programs to prevent/reduce exposure to ACEs – primary prevention (epigenetic/future generations)
    • One example - home visiting programs
  • Promote resilience in high-risk groups – secondary prevention (trauma informed treatment)
    • On-site support programs
      • Counseling
      • Groups
      • Recovery (NA)
      • Certified Peer Specialist
  • Who are your community partners – have them come on-site
You have to ask them if you want them to tell you.

There is more expertise in the community but it does take a little longer to listen.

Changes in accreditation guidelines are coming.

Practice listening – What’s the question behind the question?

Drs. Sumrock, Mate, Dodes & van der Kolk – “Treat people with respect instead of blaming and shaming (resistant, non-compliant). Listen intently to what they have to say. Integrate the healing traditions of culture in which they live. Use prescription drugs, if necessary. And integrate ACEs science.” (CTIPP, p.5)
Guiding Values of Trauma-Informed Care

- Understand the prevalence and impact of trauma.
- Promote safety.
- Earn trust.
- Embrace Diversity.
- Provide holistic care.
- Respect human rights.
- Pursue the person’s strengths, choice and autonomy.
- Share power.
- Communicate with compassion.
The Power of Our Words
References


