Trauma-based Care

Why every program needs a curriculum in Adverse Childhood Events (ACEs)



Steven Crane, MD

- RPS Consultant
- Chief Innovation Officer, MAHEC, Asheville, NC
- Chief Medical Officer, Appalachian Mountain Community Health Centers
- No conflicts to report

Educational Objectives

- What are ACEs?
- Why are they important?
- What can we do about them?
- What does a trauma-informed curriculum look like?

2

AMERICAN ACADEMY OF FAMILY PHYSICIANS

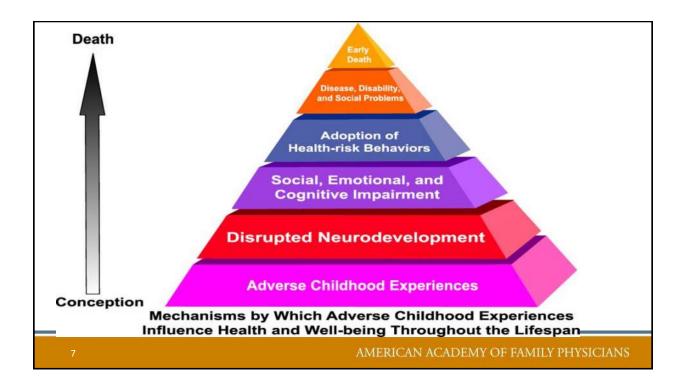
Guarantees

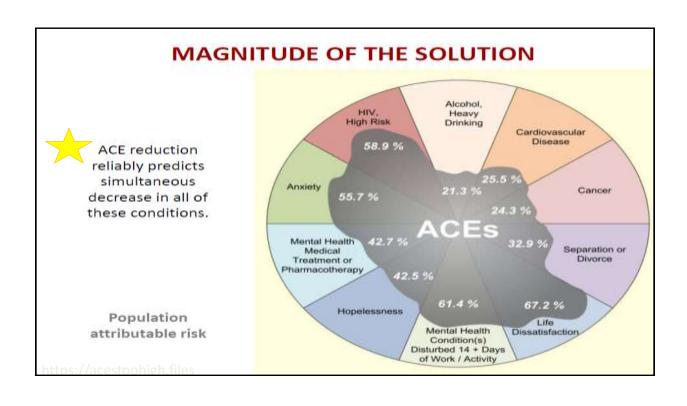
- You will better understand someone in your life after learning about ACEs
- You will see ACEs in patients more easily
- You will never look at health the same way again
- You may become more empathetic



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Mortality (length of life) 50% Morbidity (quality of life) 50% Tobacco use Diet & exercise Health behaviors (30%) Alcohol use Sexual activity Access to care Clinical care (20%) Quality of care Health Factors Education Employment Social and economic factors (40%) Income Family & social support Community safety Physical environment (10%) Environmental quality **Built environment** County Health Rankings model ©2012 UWPHI AMERICAN ACADEMY OF FAMILY PHYSICIANS





Adverse Childhood Experiences (ACE) Study

- Dr. Vincent Felitti
 - Chief of Preventive Medicine at Kaiser Permanente
 - Obesity Clinic 1985
- CDC: Dr. Robert Anda



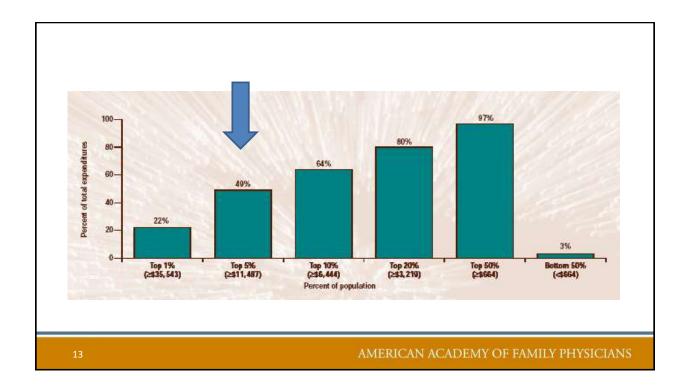
ACE Categories	% of Women	% of Men
Emotional abuse	13.1	7.6
Physical abuse	27.0	29.9
Sexual abuse	24.7	16.0
Mother treated violently	13.7	11.5
Household member substance abuse	29.5	23.8
Household member imprisoned	5.2	4.1
Household member mentally ill, depressed, suicidal, psych hospitalization	23.3	14.8
Parental separation or divorce	24.5	21.8
Physical neglect	9.2	10.7
Emotional neglect	16.7	12.4

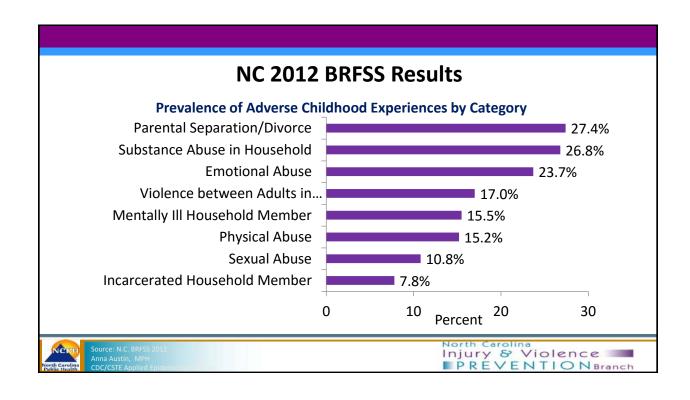
Number of ACEs ACE Score	% of Women	% of Men
0	34.5	38.0
1	24.5	27.9
2	15.5	16.4
3	10.3	8.6
4+	15.2	9.2

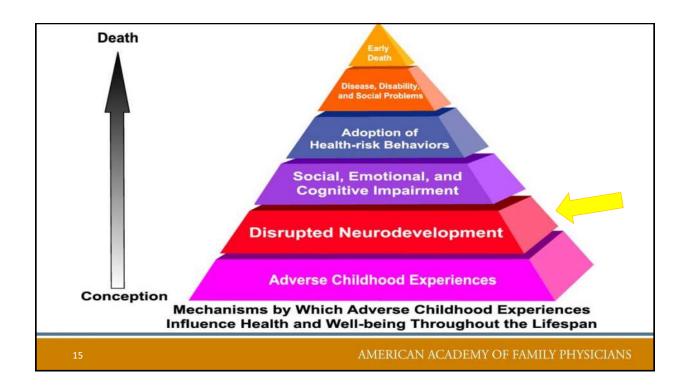
AMERICAN ACADEMY OF FAMILY PHYSICIANS

Kaiser ACE Study Major Findings

- ACEs are common
 - 66% reported at least 1 ACE
- ACEs tend to cluster
 - 20% reported 3+ ACEs
- ACEs have a strong, graded relationship with <u>many</u> health outcomes & health behaviors in adulthood







Levels of Stress

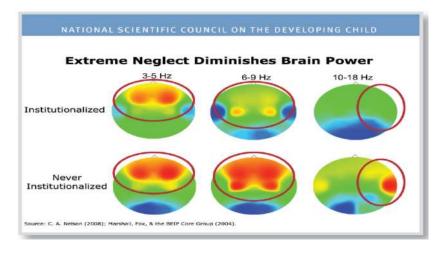
Positive Stress Moderate, short-lived stress responses that are normal part of life and healthy development. A child can learn to manage and control these experiences with support of caring adults in context of safe, warm, and positive relationships.

Tolerable Stress Stress responses that could affect brain architecture but generally occur for briefer periods which allow brain to recover and thereby reverse potentially harmful effects.

Toxic Stress Strong, frequent or prolonged activation of body's stress management system. Stressful events that are chronic, uncontrollable, and/or experienced without child having access to support from caring adults.

vww.instituteforsafefamilies.org

Brain Research



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Disrupted Neurodevelopment

- Children with 3+ ACEs are 32x more likely to have learning/ behavior problems
- Exaggerated arousal to stimuli
 - How we now think memory works
 - Survival advantage



Intergenerational Transmission of ACEs



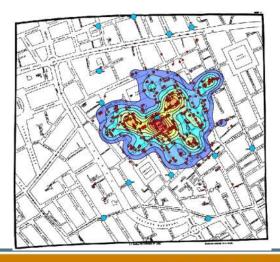
- High risk of parent with high ACE score having a child with high ACE score
- Twin studies
- Possible role of epigenetics (inheritable gene expression)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Trauma Clustering Medicaid birth density (2006-2008) Child abuse and neglect (2006-2008) Domestic violence (2009) Agreement Number of Medicaid Birth yor Ispan No.

Dr. John Snow's Map of London Cholera Outbreak

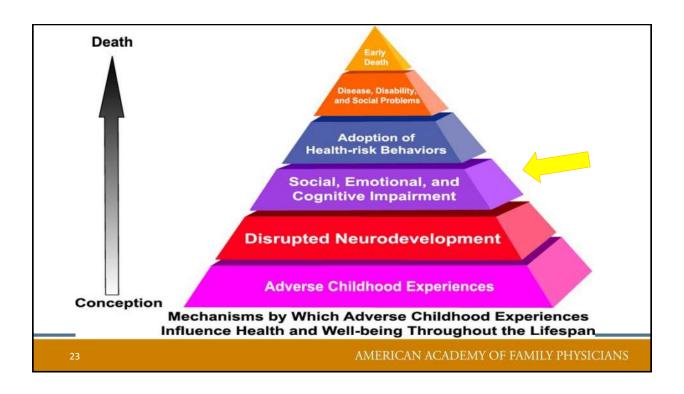


AMERICAN ACADEMY OF FAMILY PHYSICIANS

21

Trauma as an infectious disease

- Transmission between individuals (all)
- Environmental risk factors (cholera)
- Behavioral susceptibility (HIV, HCV, HPV)
- Immediate health impact on individuals (all)
- Chronic sequelae (polio)
- Intergenerational transmission (HIV, HSII)

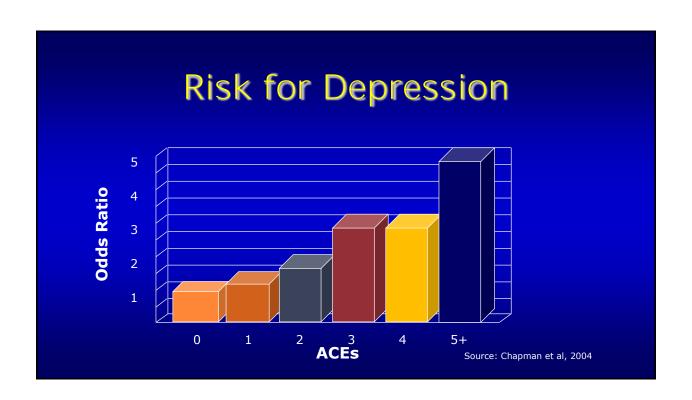


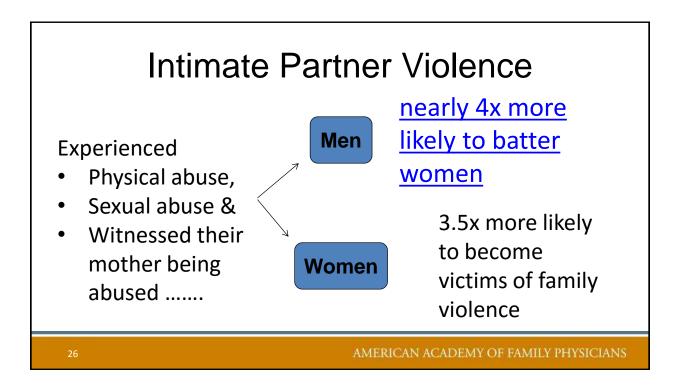
ACEs & School Performance

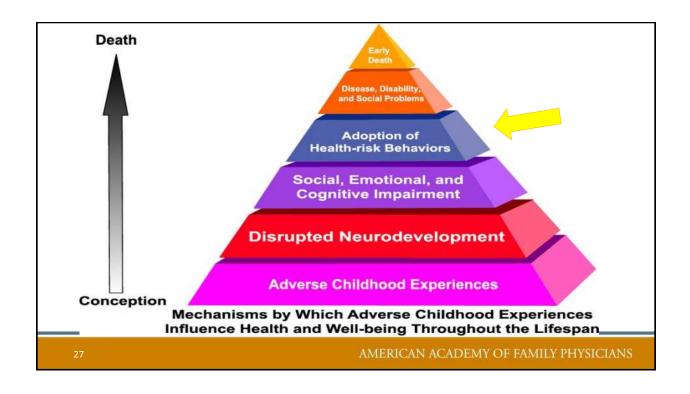
Students with 3+ ACEs...

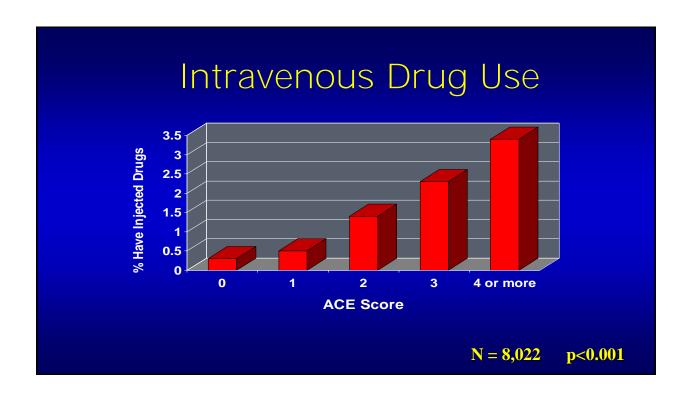
- ≥2.5 x more likely to fail a grade
- Score lower on standardized tests
- ➤ Have language difficulties
- ➤ Are suspended or expelled more
- Are designated to special education more frequently
- ➤ Have poorer health

http://www.k12.wa.us/CompassionateSchools/Resources

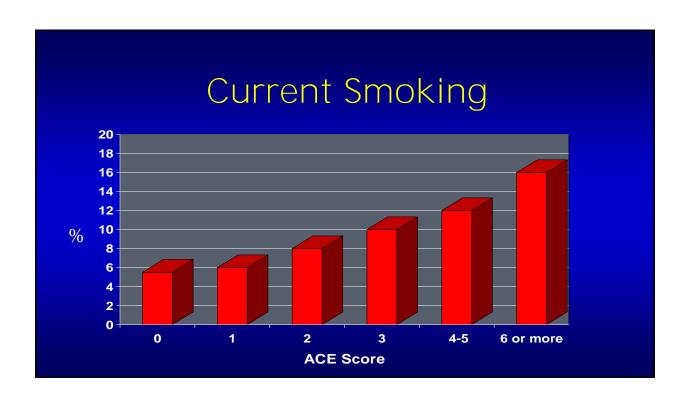








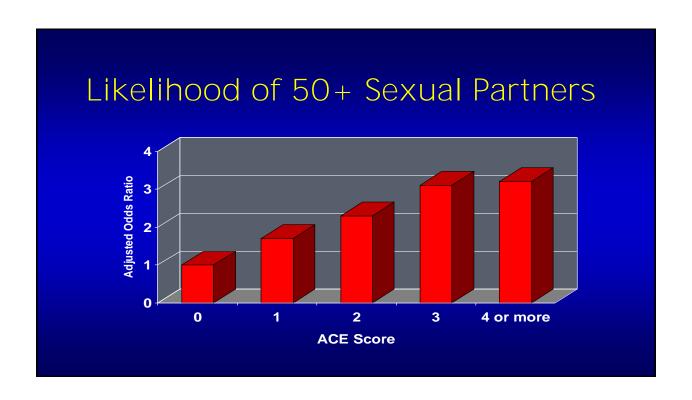




Reframing our perception of SUD

"I feel normal when I "You don't care about use this substance" your health"





Whose fault is this?

"I have cancer"

"You shouldn't have gotten sick"



AMERICAN ACADEMY³OF FAMILY PHYSICIANS

So who is to blame?

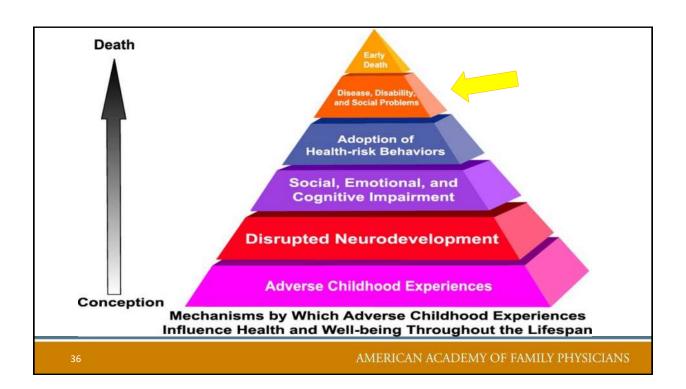


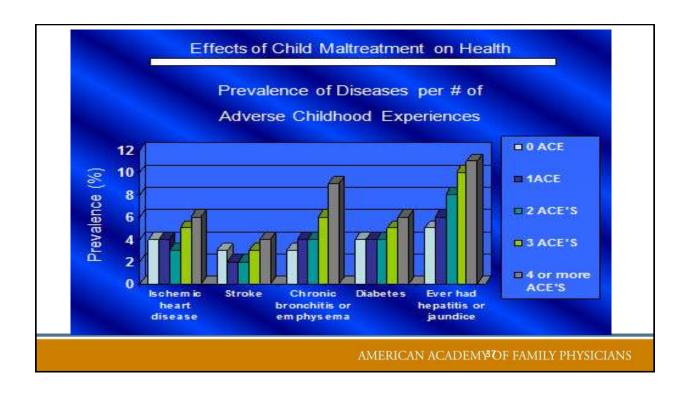


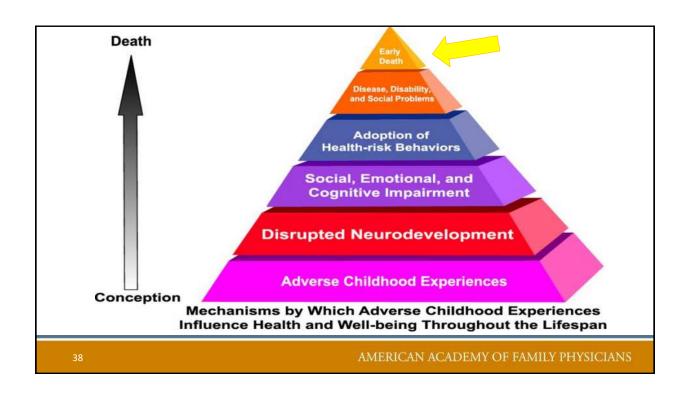
The new paradigm

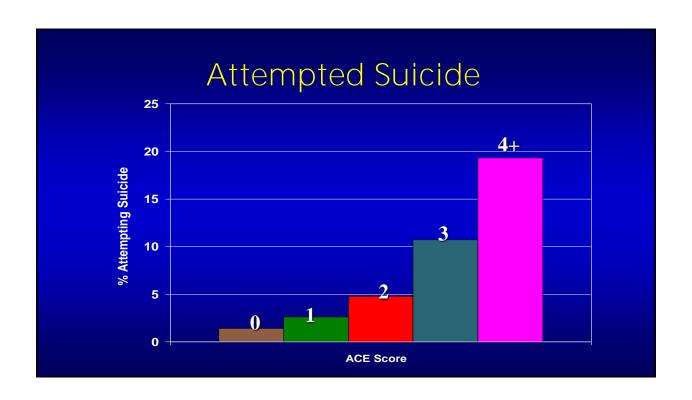
"I want a better life" "How can I support you?"

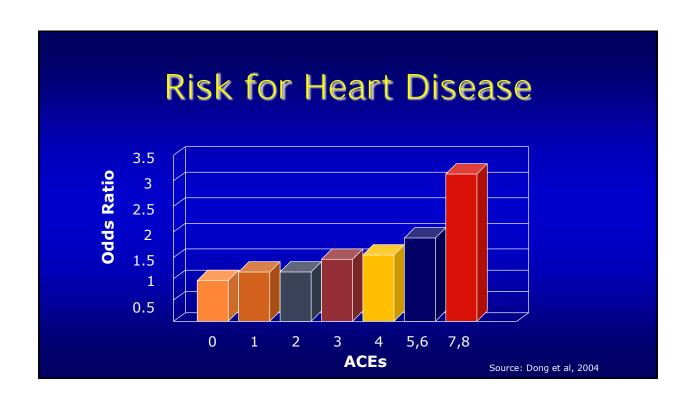










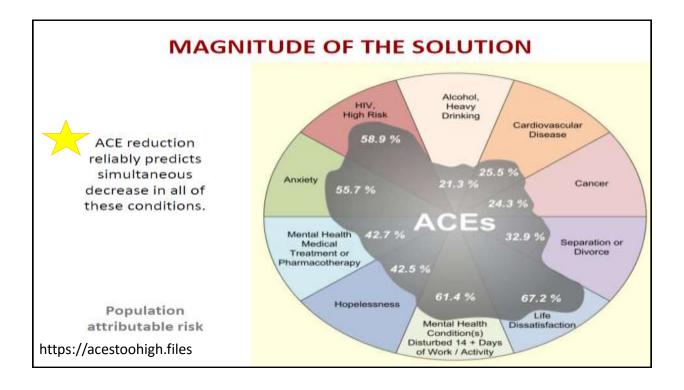


Life Expectancy

"People with 6 or more ACEs died 20 years earlier on average than those without ACEs"

http://www.cdc.gov/violenceprevention/childmaitreatment/prevention.html

AMERICAN ACADEMY OF FAMILY PHYSICIANS



So what can we do about it?

- Treatment
 - Recognizing the problem
 - Behavioral Therapy (CBT, DBT, EMDR)
 - Community Resiliency Model (CRM)
 - Occupation therapy
 - Trigger recognition and avoidance
 - · Mindful activities

- Prevention
 - CDC Best Practices
 - https://www.cdc.gov/viol enceprevention/pdf/CA N-Prevention-Technical-Package.pdf

AMERICAN ACADEMY OF FAMILY PHYSICIANS

43

CDC Best Practices



What you should know about every patient

- What is important to YOU?
- What is important FOR you?
- What happened to you?

15

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Key observations

- Patients with trauma history aren't "broken"—they are often highly resilient
- Addressing their social contributors to health is usually their most pressing goal.

What does a curriculum look like?

- Education and Skills
- Understanding prevalence and effect of trauma: Paradigm shift
- Patient centered communication and care
 - Empathetic listening
 - Universal trauma precautions
 - Giving patients more control of the care environment
 - Informing
 - · Asking permission

Culture

- Trauma informed organization*
- Understanding and addressing our own history and reactions
- "Screening" for trauma/risk
 - Conversation—"What happened to you?"
 - Empathy—open to learning more

AMERICAN ACADEMY OF FAMILY PHYSICIANS

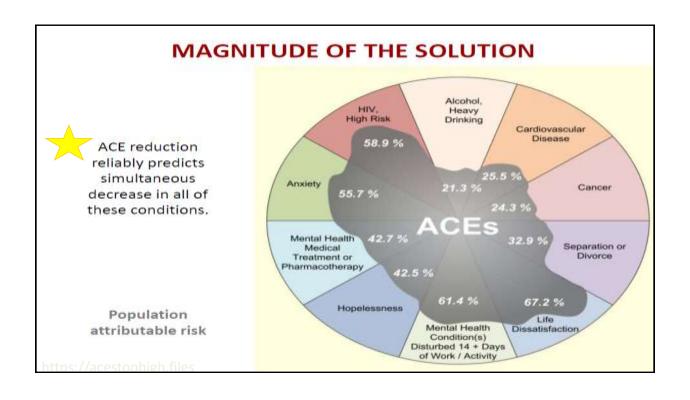
SAMHSA Trauma-informed organizations:

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

Serendipity of trauma-informed practice

- Shift to culture of person-centered care
 - Less patient blame
 - Developing the habit of empathetic listening
- Healthier care environment
 - Recognition and addressing our own "stuff"
 - Better team interactions and calmer work environment
- Less provider burnout
 - Less frustration with "noncompliance"
 - Feeling like you are making a difference

40





AMERICAN ACADEMY OF FAMILY PHYSICIANS

51

Learn More:

www.ACEsConnection.com

http://www.readynation.org/brainscience/#.UA2RMfoO6wk.gmail

http://developingchild.harvard.edu/

www.AceStudy.org

www.HumaneExprosures.com - 3 important books

http://acestoohigh.com/research/

http://www.cdc.gov/violenceprevention/acestudy/

Medline/PubMed, Google - Anda/Felitti as author

Final 16 Minute Video Clip

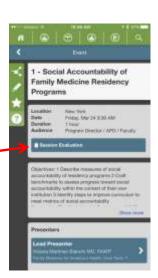
Nadine Burke on Adverse Childhood Experiences

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Please...

Complete the session evaluation.

Thank you.



Thank You Steven.Crane@MAHEC.net

