



Intro to Trauma-Informed Care

Presented by
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Learning Objectives

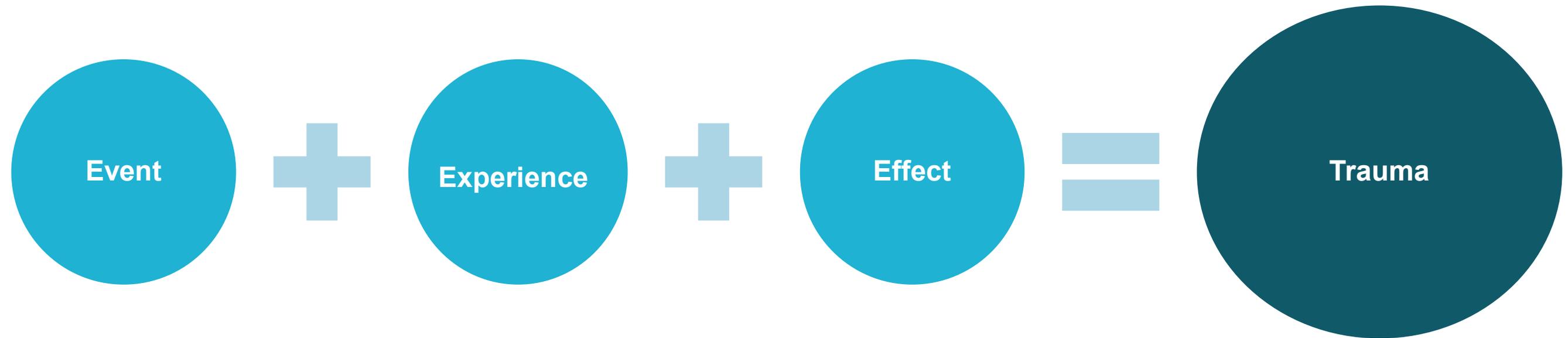
By the end of this training:

1. Team members will develop awareness of the components of trauma
2. Team members will have a common understanding of the principles of the Trauma Informed Approach
3. Team members will have an awareness of the 4 key assumptions of Trauma Informed Care
4. Team members will have an awareness of what ACE's are and their prevalence in patients



What is Trauma?

Events or circumstances that are physically or emotionally harmful or life-threatening and that result in adverse effects on the individual's functioning and well-being.





How does understanding Trauma impact our work with members?-

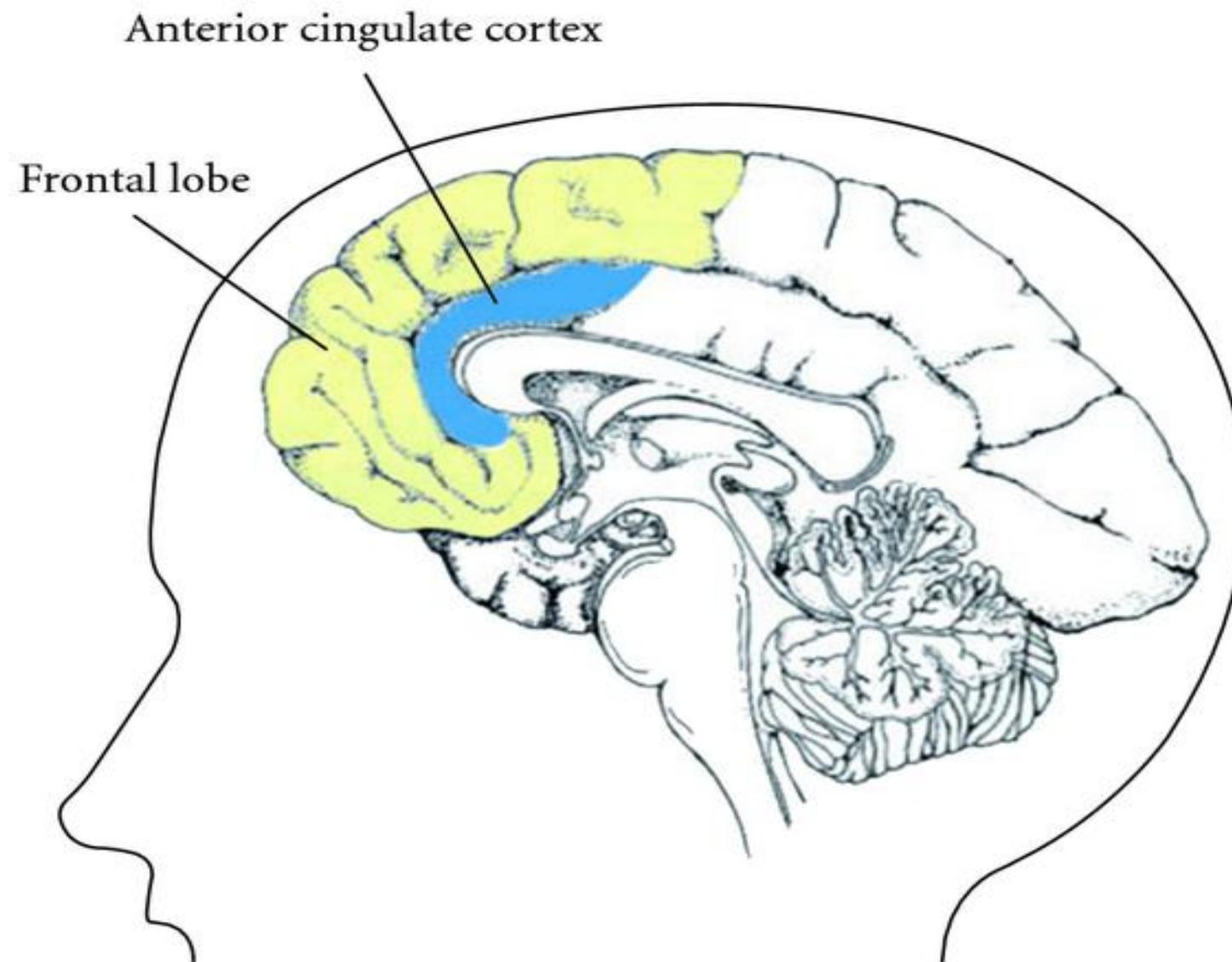
It shifts the way we look at members from

“What is wrong with you?”

To

“What happened to you?”

Physical Changes from recurring trauma





Why is a Trauma-Informed Approach essential to IHSS?

- Trauma is often the **underlying issue** for people with mental illness, substance abuse, co-occurring disorders and homelessness
- Overcoming the **position of power** as healthcare providers
- Understanding importance of our own **biases**
- Committing to the **need to debrief** as professionals
- Asking **difficult questions** related to trauma history



Trauma-Informed Approach: 6 Key Principles

A philosophy that can be implemented into any organization or service setting.

Safety

**Trustworthiness &
Transparency**

Peer Support

Collaboration

Empowerment and Choice

**Cultural, Historical and
Gender Issues**

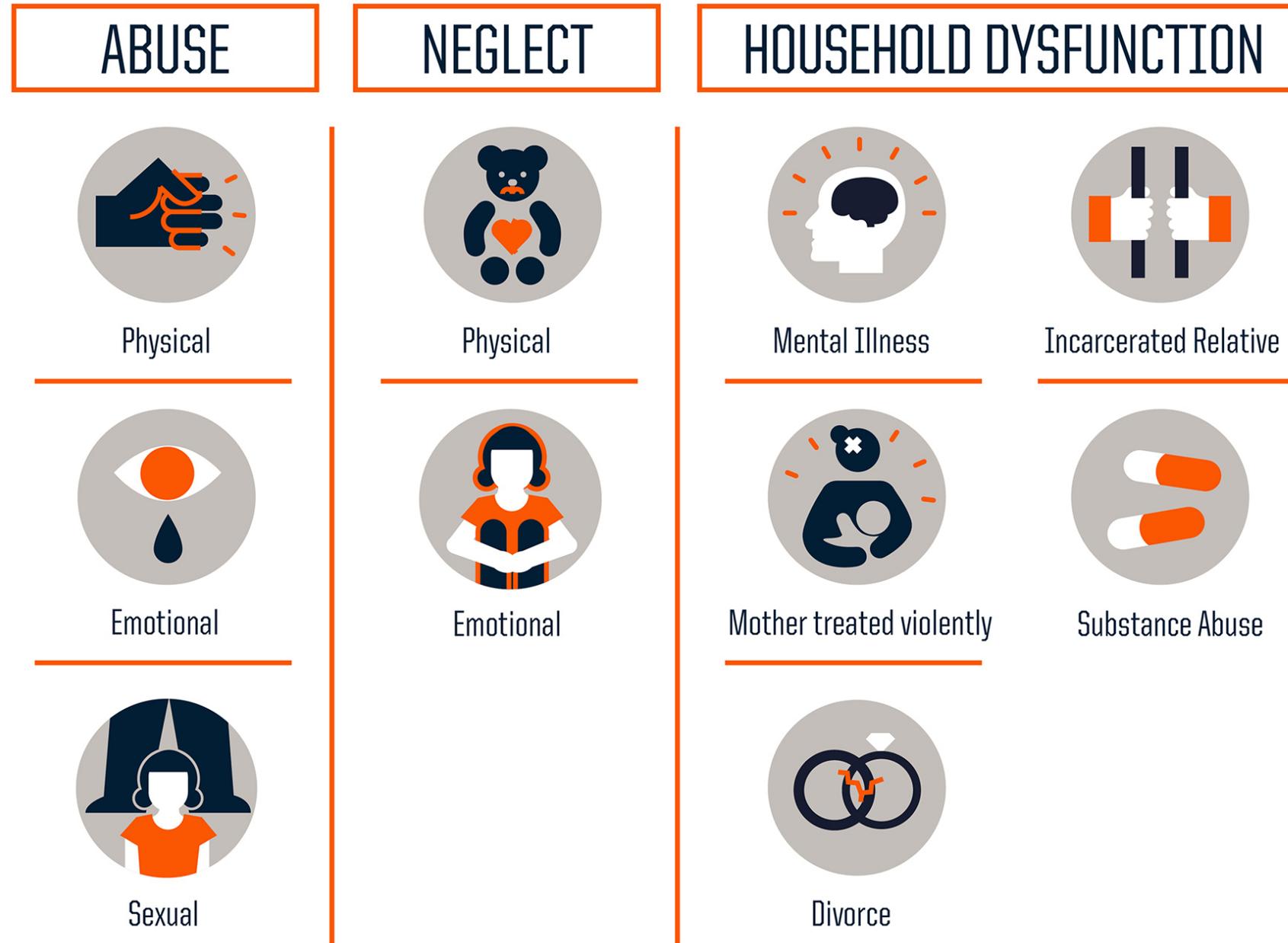
Adverse Childhood Experiences (ACEs)



Why do ACEs Matter?-

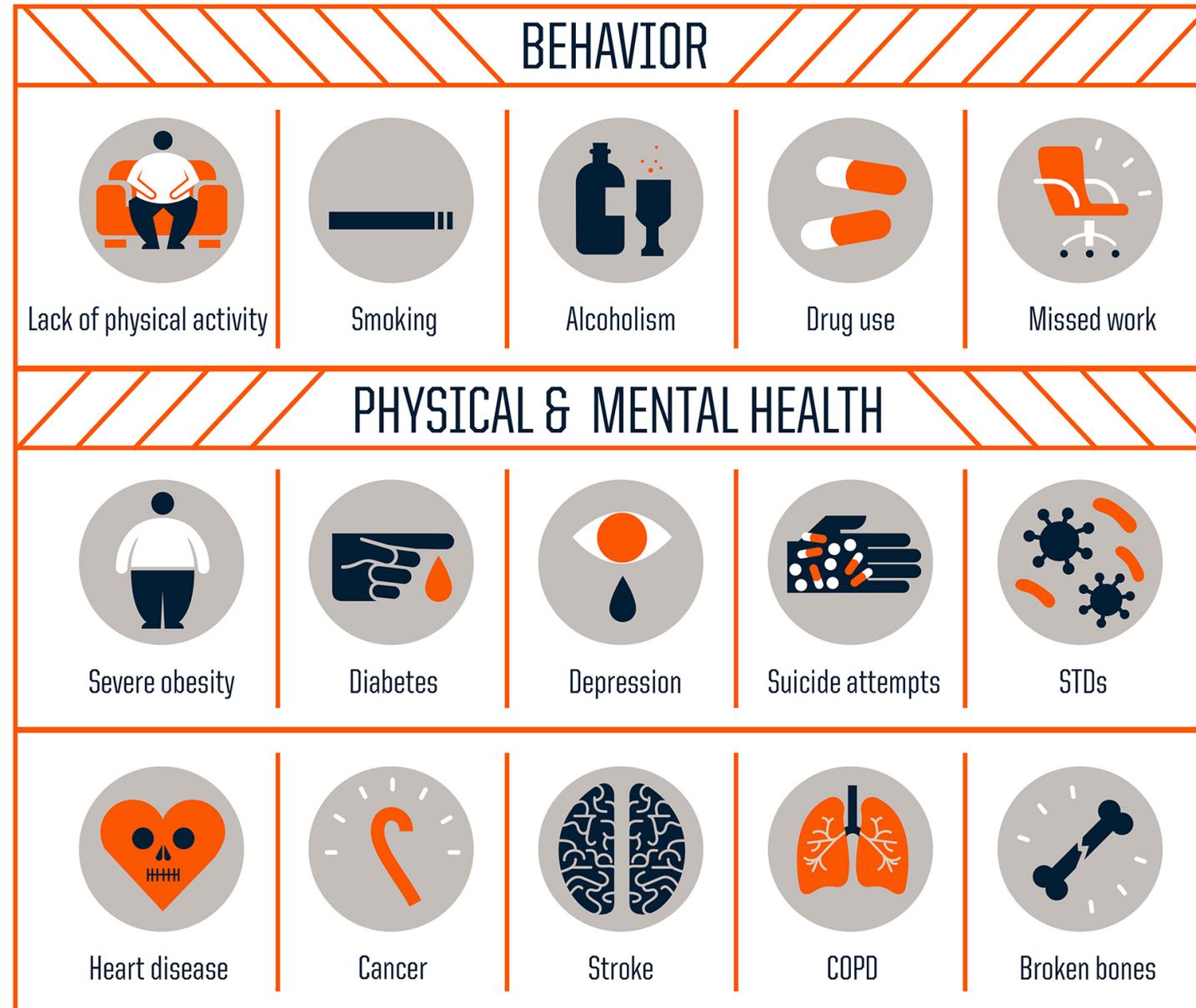
“As the ACE study has shown, child abuse and neglect is the single **most preventable cause of mental illness**, the single **most common cause of drug and alcohol abuse**, and a significant contributor to **leading causes of death** such as diabetes, heart disease, cancer, stroke, and suicide.”

Three Types of ACEs



ACEs Increase Health Risks

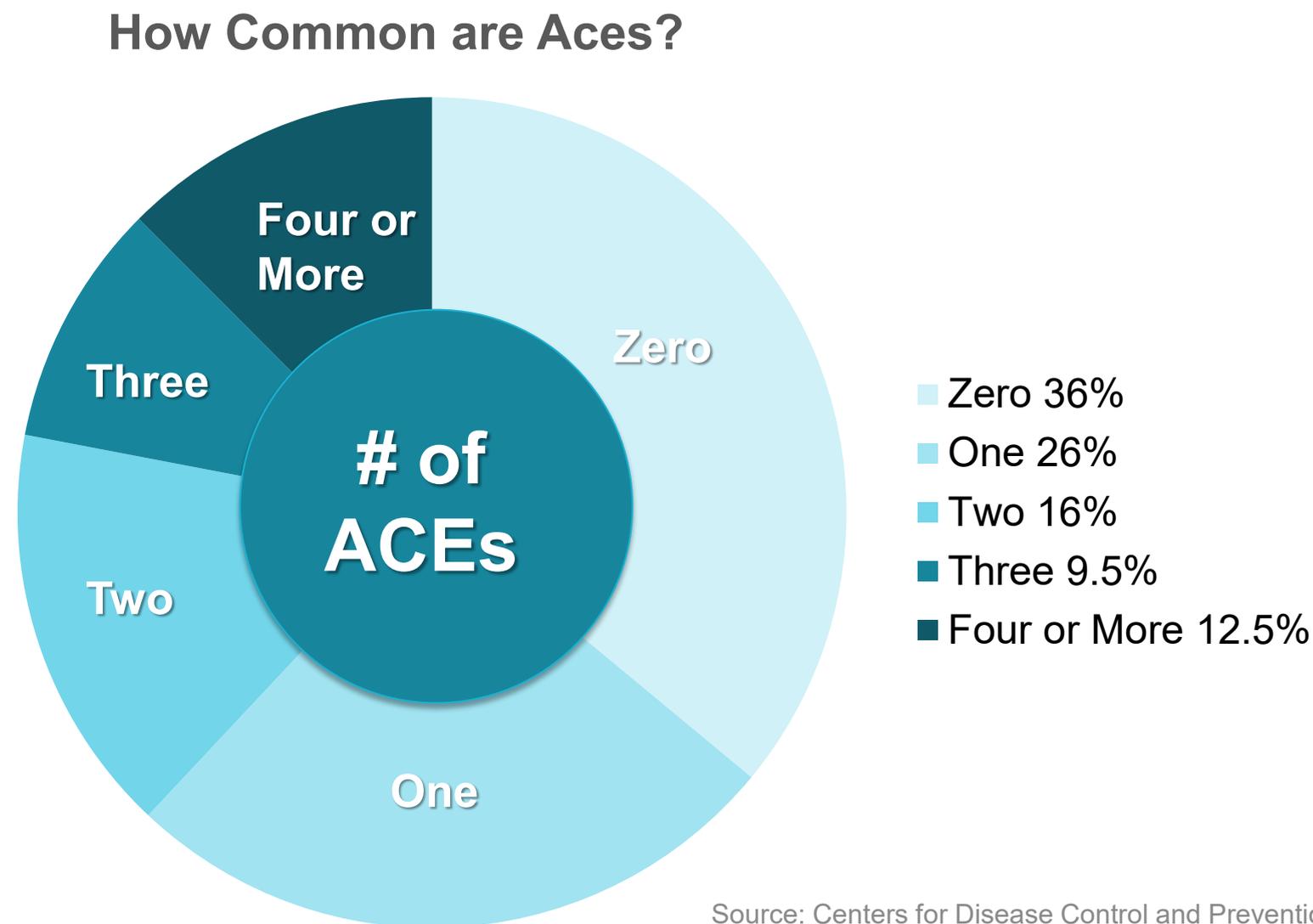
As the number of ACEs increases, risk for these outcomes also goes up.





ACEs Prevalence

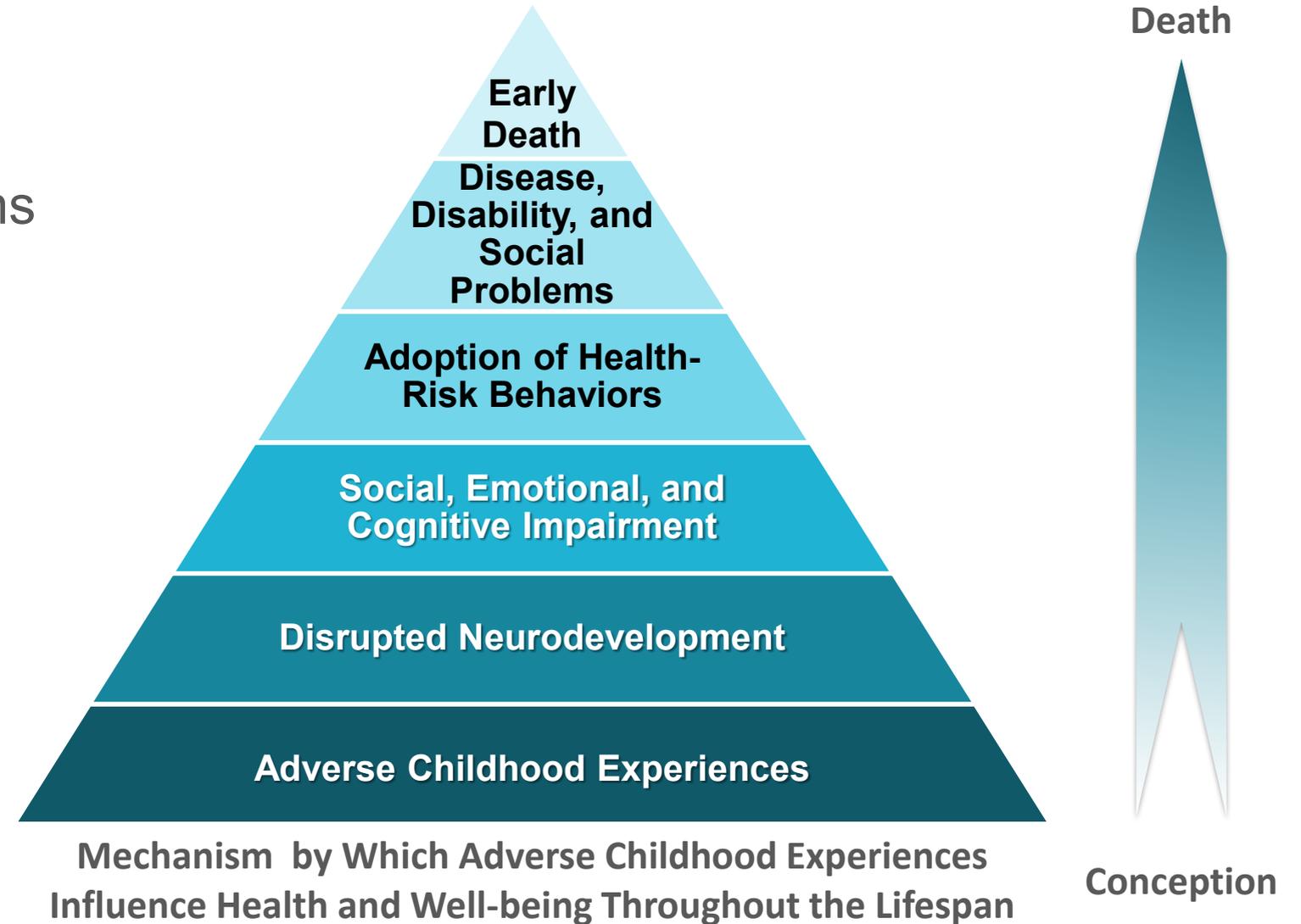
- At least **1 in 4 children** have **suffered abuse** in their lifetime
- At least 1 in 7 children have suffered abuse or neglect **in the last year**



ACEs Impact Health

As exposure to ACEs increase, health problems (and costs) do too.

- Exposure to **3 ACEs**, increased risk for heart disease. Diagnosis of depression is escalated.
- **6 ACEs or more**, mortality rate is 20 years earlier than those who do not.



Source: Centers for Disease Control and Prevention



ACE's An Essential Vital Sign : The Importance of Addressing What's Above the Neck Through TIC Approach

Vital Signs: Clinical measurements, specifically pulse rate, temperature, respiration rate, and BP that indicate the **state of a patient's essential body functions**.

What impact would assessing for ACE's have on clinical outcomes, clinician/member relationship(s), and cost of care?

It has become protocol to ask women about domestic violence in clinical settings. It's essential as healthcare providers that we incorporate the same protocol for ACE's assessment through a TIC approach.

myHousing Member Vignette: Healing Trauma, Increasing Member Quality of Life and Reducing Recidivism



Age: 51

Dx: COPD, HTN, Morbid Obesity, Type II DM, acute pancreatitis, MDD, PTSD

Social Correlates: ACE's: physical, emotional and sexual abuse, divorced parents- nicotine dependence, ETOH and Cocaine abuse, s/a x 4, homelessness

2017 Data:

ER: 5

Admits: 4

WCP: \$81,014.63 (\$2,800/day)

Post Move in Data 6 m:

ER: 0

Admits: 0

WCP: \$700/day

Housed: 9/20/2017

myHousing Nevada : Healing Trauma, Increasing Quality of Life and Reducing Recidivism



Age: 43

Dx: Chronic A-Fib, CHF, Asthma, HTN, Ischemic Cardiomyopathy, s/p CVA, left sided hemiparesis, Bipolar d/o, PTSD

Social Correlates: ACE's: sexual abuse from ages 3-12, bio father abused ETOH, ETOH dependence-mbr, nicotine dependence, h/o of DV, Homelessness, 5 children residing out of state ages 23-4 y.o. w/ maternal grandparents

PSU Data:

ER: 149

Admits: 12

WCP: \$183,365.78

Rx: \$4,434.35

Housed: 8/15/2018

myHousing Member Vignette: Healing Trauma, Increasing Member Quality of Life and Reducing Recidivism



Age: 44 y.o

DX: Sacroiliitis-low back pain, acute cystitis, GERD, MDD, OCD, schizophrenia, bipolar d/o, PTSD

Social Correlates: ACE's; physical, sexual, emotional abuse, ETOH dependence, methamphetamine abuse, opioid abuse, CPS involvement, homelessness

2017 Data:

ER: 12
Admits: 7
WCP: \$ 59,940.03 (\$3.700/day)

Post Move in Data 6 m:

ER: 0
Admits: 0
\$100/day average

HOUSED: 10/30/2017



Trauma-Informed Self-Care

Helping professionals should be aware of their emotional experiences when working with members who have experienced trauma, and plan active coping strategies, such as:

- Establishing healthy boundaries and limits with members
- Engage in regular trauma-informed clinical supervision that promotes staff resilience
- Develop supportive professional relationships with peers
- Attend regular debriefing sessions for staff to discuss
- Balance caseloads
- Practice stress management techniques
- Pursue therapy that is centered around the issues that trigger you at work
- Create a plan that balances work and life
- Restore physical, mental and spiritual health

Source: SAMHSA

QUESTIONS?

Thank You!