

WELCOME to the

*Mental Health and Substance Use Part 1
ECHO Session 5*

Session will start in less than 15 minutes



For educational and quality improvement purposes, we will be recording this video-session

By participating in this clinic you are consenting to be recorded – we appreciate and value your participation

If you have questions or concerns, please email

ECHO@hitchcock.org



Attendance

- Please type your name, organization, and email into chat
- If you joined as a group, please include all the names of those in your group
- Introductions of HUB team



Respect Private Health Information

To protect patient privacy, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.

- **Names:** Please do not refer to a patient's first/middle/last name or use any initials, etc.
- **Locations:** Please do not identify a patient's county, city or town. Instead please use only the patient's state if you must.
- **Dates:** Please do not use any dates (like birthdates, etc) that are linked to a patient. Instead please use only the patient's age(unless > 89)
- **Employment:** Please do not identify a patient's employer, work location or occupation.
- **Other Common Identifiers:** Patient's family members, friends, co-workers, phone numbers, e-mails, etc.



Trauma Informed Care in the Medical Setting

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ECHO presentation

October 4, 2019

Conflict of Interest Disclosure Statement

No Conflicts of Interest

- “Childhood adverse events should be recognized as the basic causes of morbidity and mortality in adult life”

- Felliti et al., 1998, pg. 246

The Adverse Childhood Experiences Study (ACEs)

Originally conducted at Kaiser Permanente from 1995 to 1997

More than 17,000 adult participants responding retrospectively about their childhood experiences

Confidential survey

Childhood maltreatment and family dysfunction
Current health status and behaviors

10 Adverse Childhood Events

Psychological Abuse

Physical Abuse

Sexual Abuse

Feeling unloved or unwanted by family

Neglect – lack of food or clean clothing

Parents separated or divorced

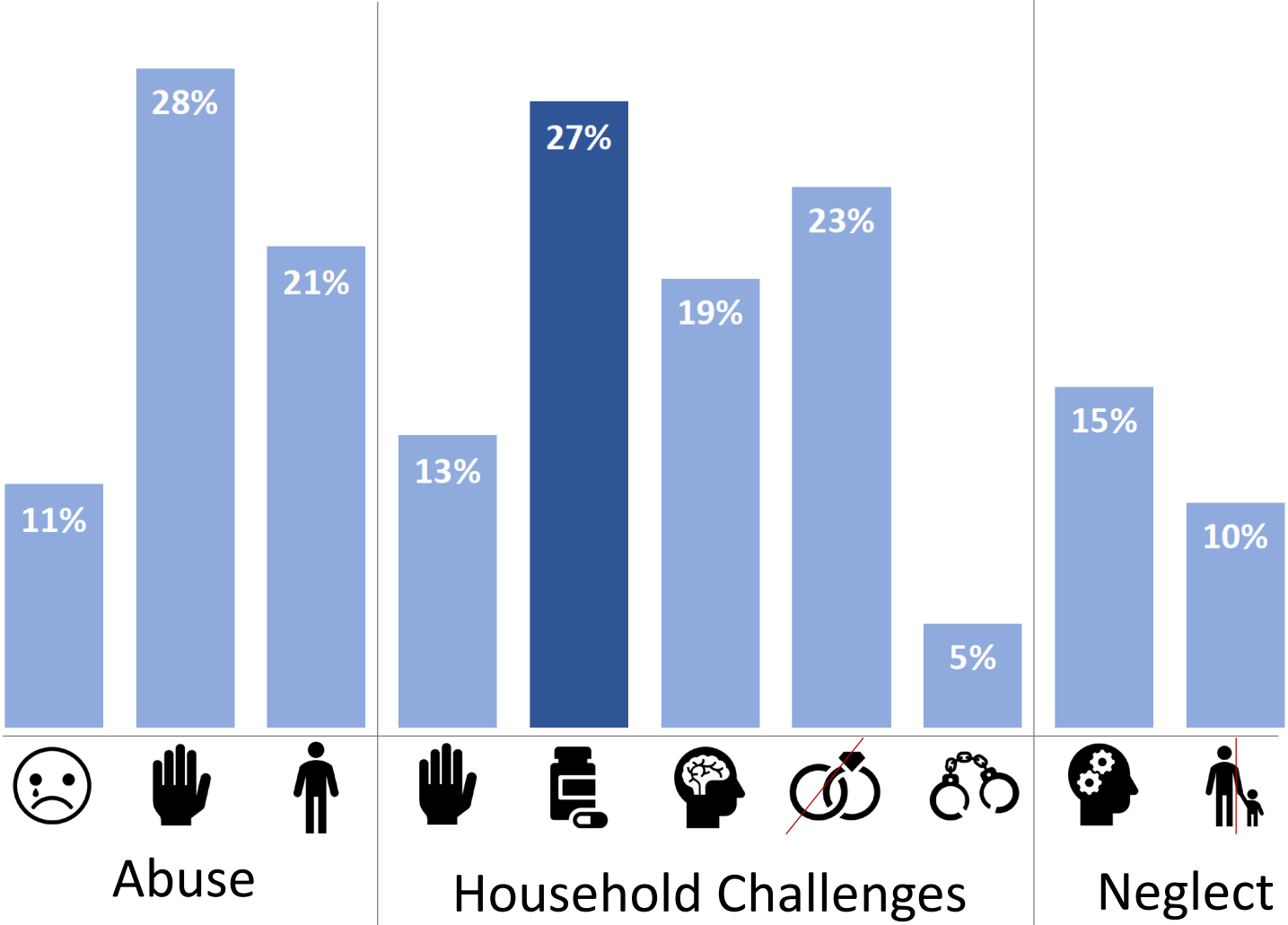
Witnessed parent being abused by spouse

Lived with a family member with a drinking or drug problem.

Lived with a family member who is depressed, mentally ill, or attempted suicide.

Lived with a family member who went to prison

ACEs: Definitions and statistics

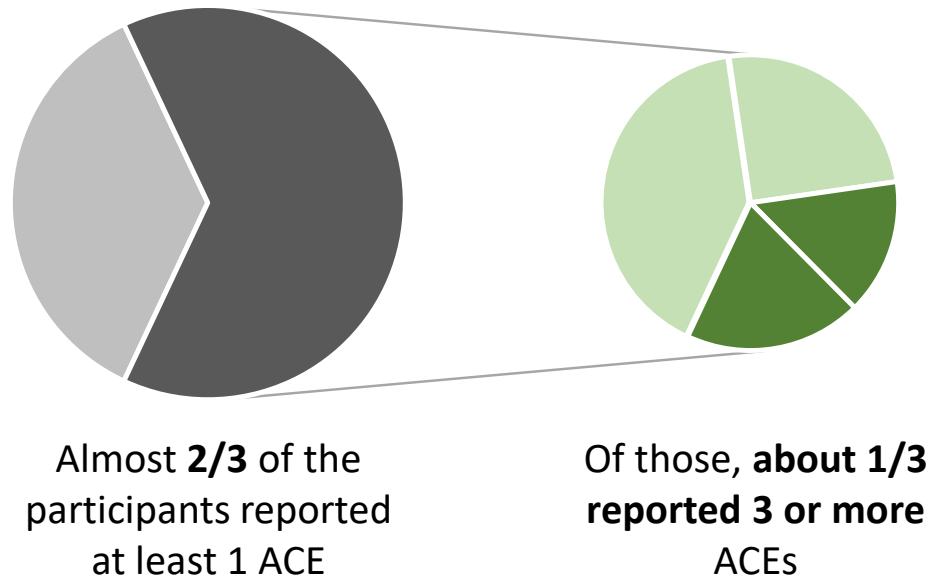


Source: CDC, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. DHHS, CDC; 2016.

Findings from the Aces Study

An **ACE Score** was calculated (total # of ACEs) to represent the **total amount of stress during childhood**

- The ACE score likely captures the cumulative (neuro)developmental consequences of traumatic stress
- The ACE Score has a **strong, graded relationship to numerous health, social, and behavioral problems** throughout a person's lifespan



Effects of Early Adverse Experiences

The risk of disease
if a person has 4+
ACEs compared
to 0



Prevalence of PTSD

- An estimated 8% of Americans – 24.4 million people – have PTSD at any given time. That is equal to the total population of Texas.
- An estimated one out of every nine women develops PTSD, making them about twice as likely as men

Effects of Trauma

- About 20% of people who experience a trauma will develop PTSD, BUT risk is greater for:
- Women
- Sexual trauma
- Prior trauma
- Prior psychiatric disorder (e.g., depression, anxiety)
- Family history of mental health disorders
- Severity of trauma
- Lack of social support

What does it mean to be
“Trauma-Informed”

- Shifting from
- “What’s wrong with you?”

to



“What happened to you?”

Trauma-Informed Approach

- **Realize**

- That trauma is widespread
- Understand people's experience and behavior in the context designed to survive adversity and overwhelming circumstances

- **Recognize the signs of trauma**

- Signs can be gender, age and setting-specific
- Can manifest in individuals seeking or providing services

- **Respond**

- With language, behavior, environments and policies that take into consideration the experience of trauma

- **Resist re-traumatization**

Key Principles of Trauma-Informed Care

1. Safety of patients and staff; physical and psychological
2. Trust and Transparency
3. Patient choice
4. Collaboration
5. Empowerment

Medical Settings

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing/ distressing
- Power dynamics
- Being seen as a number and not a person
- Gender of healthcare provider
- Vulnerable physical positioning
- Loss of and lack of privacy
- Having no choice
- Coercive or stigmatizing language



Benefits of a Trauma Informed Approach

- Improvements for Patients in:
 - Patient engagement
 - Treatment adherence
 - Healthcare outcomes
- Improvements for Staff and Providers in:
 - Wellness
 - Job satisfaction
 - Reduced burnout

Reminders:

- Next session Oct. 22nd – Suicidality (Joanne Wagner, LICSW / Lisa Chartier, LICSW)
- Please type your name, organization, and email into chat
- Slides will be posted to the D-H ECHO Connect site
- Please complete post-session survey (link will be emailed)
- Please submit cases

