

Health Homes Program

INTRODUCTION TO TRAUMA-INFORMED CARE



September 2019

TRAINING PURPOSE

- Provide basic information to health plan and community-based care management entity (CB-CME) staff on trauma-informed care and direct them to resources for additional information
- The Department of Health Care Services (DHCS) recommends that all staff supporting Health Homes Program (HHP) members receive training on trauma-informed care (Program Guide Appendix C)
- All communication with members must utilize trauma-informed care practices (Program Guide Section VI)

WHAT IS TRAUMA?

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”



WHAT IS TRAUMA?

Trauma is relative

Perception and response to trauma varies by individual

Trauma is cumulative

Traumatic experiences can be isolated events or can be compounded by repetitive trauma throughout a lifetime

Trauma is complex

Exposure to trauma and an individual's responses to it are complex and related to physical, social, and cultural factors

WHAT IS TRAUMA-INFORMED CARE?

“An organizational structure and treatment framework that involves **understanding, recognizing** and **responding to** the effects of all kinds of trauma.”

Source: [Traumainformedcare.org](https://traumainformedcare.org)

[What is Trauma-Informed Care? Video](#)

HOW TRAUMA-INFORMED CARE FITS INTO THE HHP

- All staff that provide HHP services should be trained in recognizing trauma and providing trauma-informed care
- These staff include, but are not limited to:
 - Care Coordinators
 - HHP Directors
 - Clinical Consultants
 - Housing Navigators
 - Community health workers



HOW TRAUMA-INFORMED CARE FITS INTO THE HHP



Trauma-informed care should be provided to members through all HHP services:

- Assessment
- Health Action Plan development
- Health Action Plan implementation
- Care Coordinator, community health worker, and other care team interactions and communication with members

WHAT IS THE IMPACT OF TRAUMA?

- Trauma is prevalent
- Early trauma has long-term consequences
- Trauma complicates chronic disease management
- Trauma complicates behavioral health treatment
- Trauma and homelessness are often correlated



ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) impact physical and psychological development:

- ACEs change brain and immune system function and can lead to detrimental physical and mental health effects decades in the future
- There is evidence that ACEs impact genetics, leading to intergenerational effects of exposure to trauma
- In California, **63.5% of adults** report exposure to adverse childhood experiences*
- If a child experiences one ACE, there is an 85% chance of experiencing two or more ACEs

* Source: [Let's Get Healthy California 2015 Data](#)

Source: [ACEs 101 Fact Sheet](#)

ADVERSE CHILDHOOD EXPERIENCES RESEARCH

Original Study - Felitti VJ, Anda RF, et al.

[Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences \(ACE\) Study.](#) *American Journal of Preventive Medicine* 1998;14:245-258

Hundreds of research articles since then have confirmed and expanded on the findings

[SAMHSA Short Video on ACEs](#)

ACES AND CHRONIC DISEASE

Research shows that ACEs lead to chronic disease, such as:

- Emphysema
- Chronic bronchitis
- Autoimmune disease
- Diabetes
- Obesity
- Heart disease
- Stroke
- Cancer



ACES AND BEHAVIORAL HEALTH

Research shows that ACEs lead to higher risk of:

- Smoking
- Alcoholism
- Drug use
- Suicide attempts
- Depression
- Risky sexual behavior and STDs



ADULT TRAUMA

- Chronic stress and trauma exposure have the most significant impact on physical and mental health
- Single traumatic events can have harmful physical and psychological effects
- Nearly all body systems are negatively affected by trauma:
 - Gastrointestinal function
 - Cardiovascular system
 - Immune system
 - Reproductive system
 - Musculoskeletal system
 - Neuroendocrine function
 - Brain function

Source: D'Andrea W, Sharma R, et al. 2011. *Physical Health Problems After Single Trauma Exposure: When Stress Takes Root in the Body*

COMMUNITY TRAUMA

- Trauma can manifest at an individual or community level
- Communities experiencing high levels of violence, poverty, lack of infrastructure, and oppression can experience collective trauma in addition to personal trauma



COMMUNITY TRAUMA

- Collective trauma compounds the effects of individual trauma
- Community trauma and violence impacts the social environment, community engagement and cultural norms
- Community trauma can be related to the physical/built environment including unsafe housing, lack of transportation, community displacement, or lack of opportunities for physical activity
- Community trauma can be highly correlated with economic factors such as poverty and inequity

MITIGATING THE EFFECTS OF TRAUMA

- Neurological effects of trauma can be modified
- Interactions with people who provide support and encouragement can counter the harmful effects of trauma
- Identification and intervention are key
- Health care providers can mitigate the effects of trauma by:
 - Implementing trauma-informed communications
 - Identifying exposure to trauma
 - Providing appropriate resources and referrals

SAMHSA'S 4 R'S OF TRAUMA-INFORMED CARE

A trauma-informed program, organization or system:

- **Realizes** the impacts of trauma and the need for trauma-informed care;
- **Recognizes** the signs and symptoms of trauma;
- **Responds** by incorporating trauma-informed practices throughout the system; and
- **Resists** re-traumatization

Source: *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, 2014.

SAMHSA PRINCIPLES OF TRAUMA-INFORMED PRACTICE

1. Safety
2. Trust and transparency
3. Peer support and self help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues



WHAT DOES TRAUMA-INFORMED CARE LOOK LIKE IN PRACTICE?

Safety

Traditional approach: A 25-year-old patient who has experienced sexual trauma avoids appointments for her annual women’s physical, which she knows will include a pelvic exam. Health center staff are concerned with scheduling and productivity. Interactions between patient and staff focus on the patient’s history of missed appointments and late cancellations.

Trauma-informed approach: When making appointments that will involve potentially triggering services, such as pelvic exams, a few simple questions are added to the phone script. Do you have a preference for a male or female provider? Is there anything we need to know to make your exam more comfortable for you?

In this scenario, health center staff are signaling to the patient that she will be entering a safe environment and that staff and providers want to help her feel comfortable.