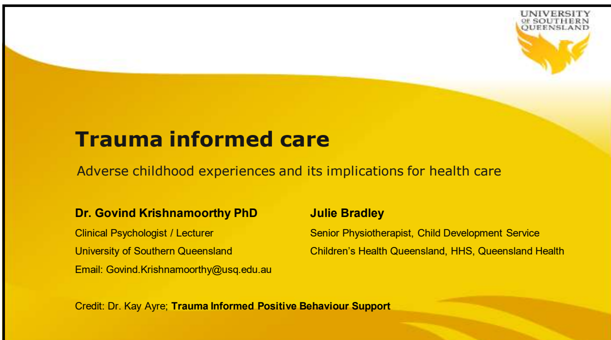
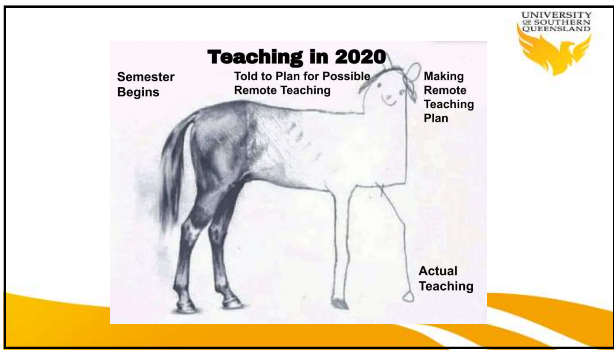


Overview

- Psychosocial complexity: Childhood adversity & post-traumatic stress
- Impact of traumatic toxic Stress (TTS) on biopsychosocial functioning
- Trauma informed care (TIC): Approaches to reducing the burden of ACEs
- Implementation: Barriers and opportunities.
- Case studies
- Discussion and questions



Questions to consider - Survey

- What challenges do your clients face in treatment?
- What makes these challenges difficult for clients?
- How have you helped clients with these concerns?
- https://www.surveymonkey.com/r/APASeminar

Behaviour as communication: Generating hypotheses

WHAT CHALLENGES DO YOUR CLIENTS FACE IN TREATMENT?

Childhood adversity

Research Article

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

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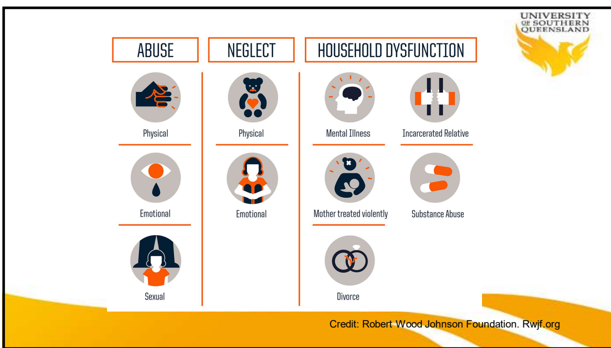
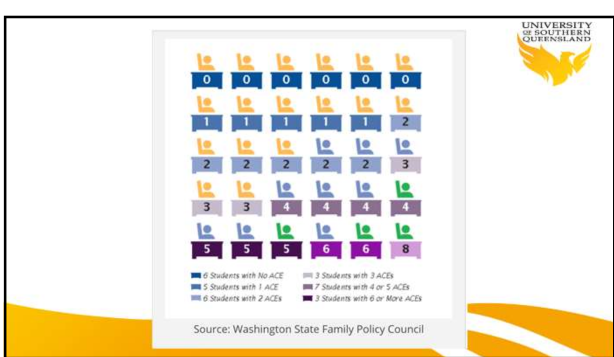
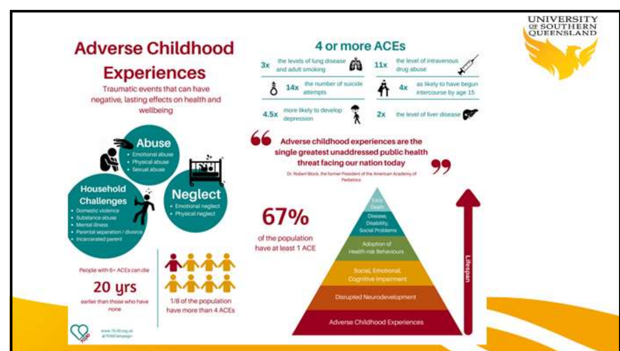
Dr. Felitti made the connection that overeating made patients feel better by soothing their anxiety, fear, anger, or depression and losing weight increased their anxiety, fear, and depression to levels that were intolerable. He introduced his findings at a convention in Atlanta, where he met Dr. David Williamson and Dr. Robert Anda, both medical epidemiologists for the CDC. These three doctors and their colleagues began laying out the criteria for the ACE Study to understand how childhood events might affect adult health.[17] The ACE Study was designed to answer the question: "If risk factors for disease, disability, and early mortality are not randomly distributed, what early life influences precede the adoption or development of them?"[18]



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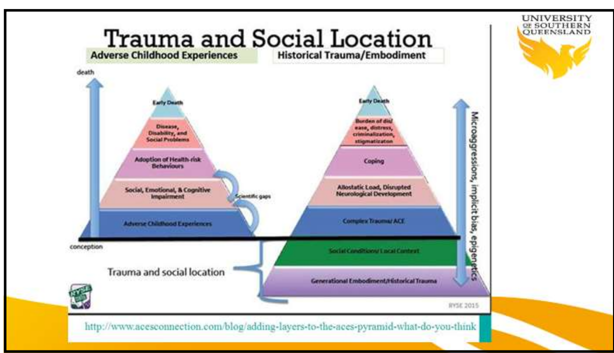
Adverse Childhood Experiences
Traumatic events that can have negative, lasting effects on health and wellbeing
Abuse
Emotional abuse
Physical abuse
Sexual abuse
Household Challenges
Domestic violence
Substance abuse
Mental illness
Parental separation / divorce
Incarcerated parent
Neglect
Emotional neglect
Physical neglect
People with 6+ ACEs can die
20 yrs
earlier than those who have none
1/8 of the population have more than 4 ACEs
4 or more ACEs
3x the levels of lung disease and adult smoking
11x the level of intravenous drug abuse
14x the number of suicide attempts
4x as likely to have begun intercourse by age 15
4.5x more likely to develop depression
2x the level of liver disease
Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today
67%
of the population have at least 1 ACE
Disease, Disability, Social Problems
Adoption of Health-risk Behaviours
Social, Emotional, Cognitive Impairment
Disrupted Neurodevelopment
Adverse Childhood Experiences
Lifespan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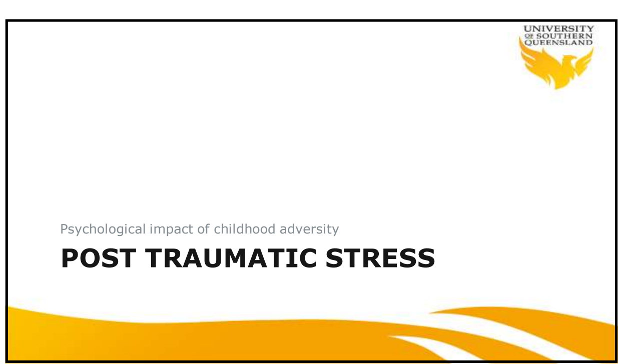
Trauma and Social Location
Adverse Childhood Experiences
Historical Trauma/Embodiment
death
Early Death
Disease, Disability, and Social Problems
Adoption of Health-risk Behaviours
Social, Emotional, & Cognitive Impairment
Scientific gaps
Adverse Childhood Experiences
conception
Early Death
Burden of dis/ ease, distress, criminalization, stigmatizaton
Coping
Allostatic Load, Disrupted Neurological Development
Complex Trauma/ ACE
Social Conditions/ Local Context
Generational Embodiment/Historical Trauma
Microaggressions, implicit bias, epigenetics
Trauma and social location
RYSE 2015
http://www.acesconnection.com/blog/adding-layers-to-the-aces-pyramid-what-do-you-think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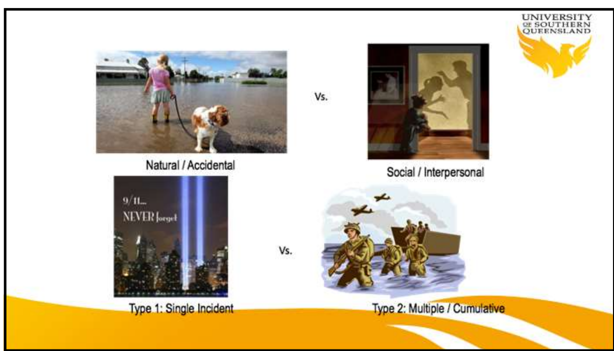
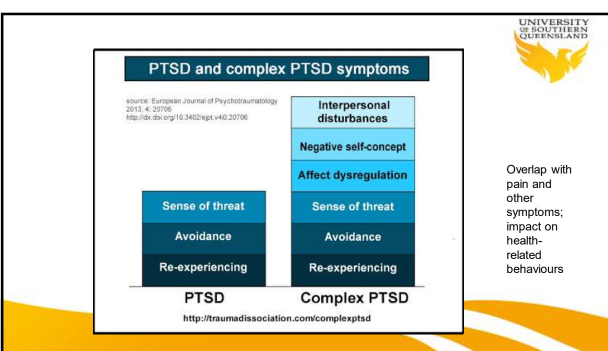
Psychological impact of childhood adversity
POST TRAUMATIC STRESS

Trauma

The **exposure** to a **stressful event** or situation of **exceptionally threatening** or catastrophic nature, which would be likely to **cause pervasive distress** in **almost anyone**.





Neurological impact and toxic stress
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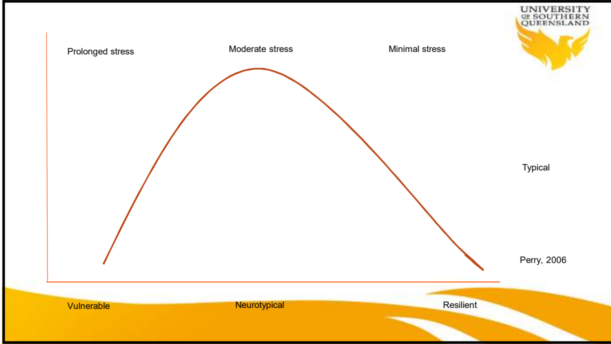
HOW I PICTURED MYSELF DURING THE APOCALYPSE
WHAT I REALLY LOOK LIKE!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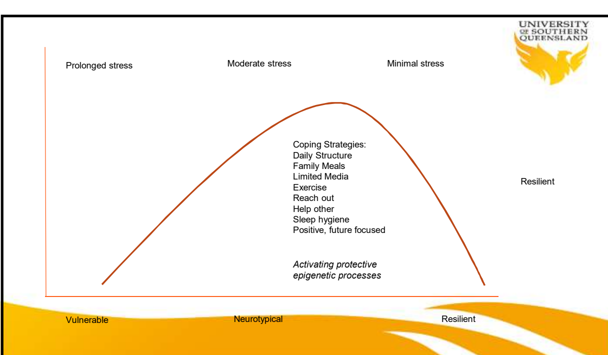
Prolonged stress
Moderate stress
Minimal stress
Typical
Perry, 2006
Vulnerable
Neurotypical
Resilient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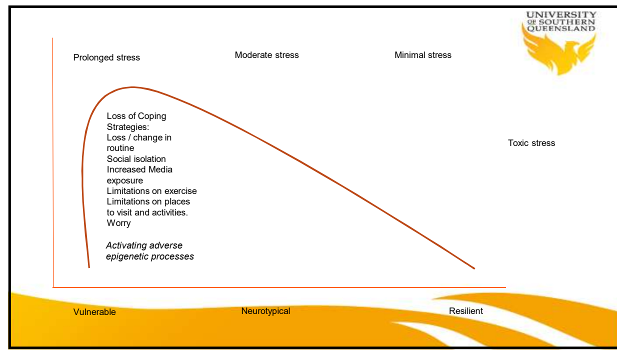
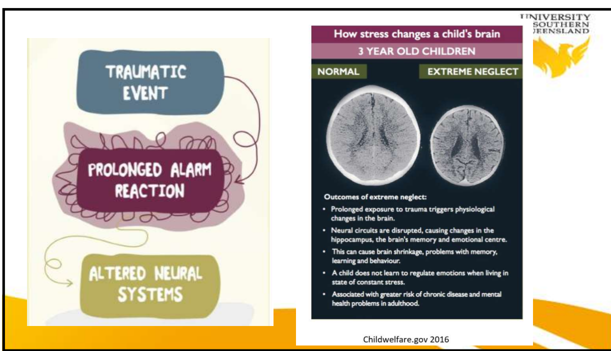
Prolonged stress
Moderate stress
Minimal stress
Coping Strategies:
Daily Structure
Family Meals
Limited Media
Exercise
Reach out
Help other
Sleep hygiene
Positive, future focused
Resilient
Activating protective epigenetic processes
Vulnerable
Neurotypical
Resilient





Attachment coping

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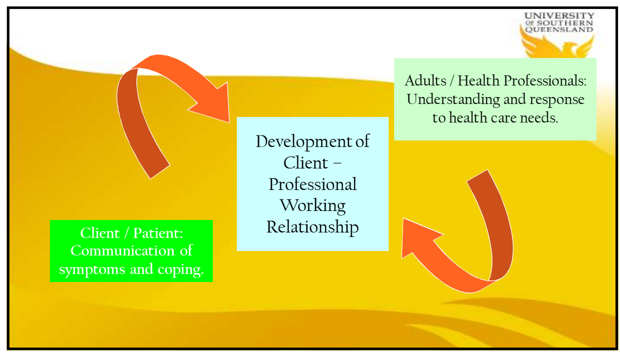
Attachment is a type of behaviour displayed by children to draw their primary caregiver towards them at moments of need or distress. Bio-behavioural feedback system.

Early attachment relations are crucial for later social relationships and for the development of capacities for emotional and stress regulation, and learning.

Children who have had insecure attachments are more likely to struggle in these areas and to have emotional, behavioural and cognitive difficulties

(National Institute for Health and Care Excellence [NICE], 2016)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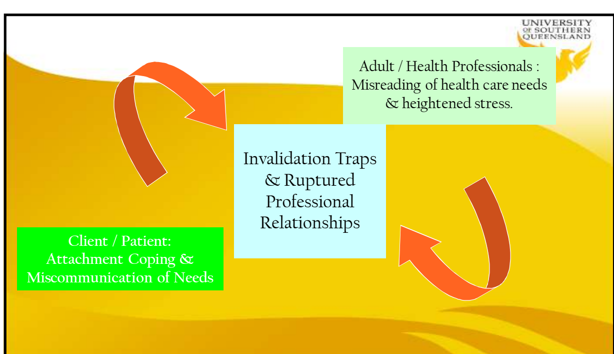
Adults / Health Professionals: Understanding and response to health care needs.
Development of Client – Professional Working Relationship
Client / Patient: Communication of symptoms and coping.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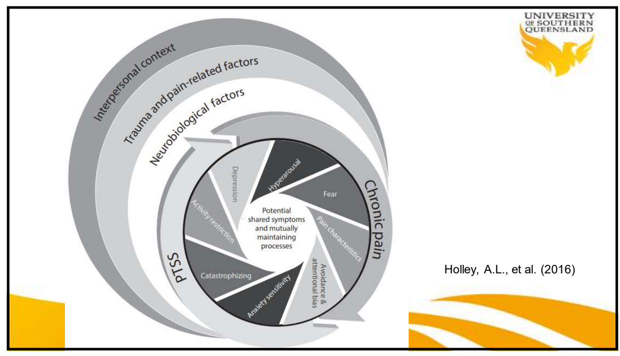
Adult / Health Professionals : Misreading of health care needs & heightened stress.
Invalidation Traps & Ruptured Professional Relationships
Client / Patient: Attachment Coping & Miscommunication of Needs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Interpersonal context
Trauma and pain-related factors
Neurobiological factors
Chronic pain
PTSS
Depression
Hyperarousal
Fear
Pain characteristics
Avoidance & attentional bias
Anxiety sensitivity
Catastrophizing
Activity restriction
Potential shared symptoms and mutually maintaining processes
Holley, A.L., et al. (2016)

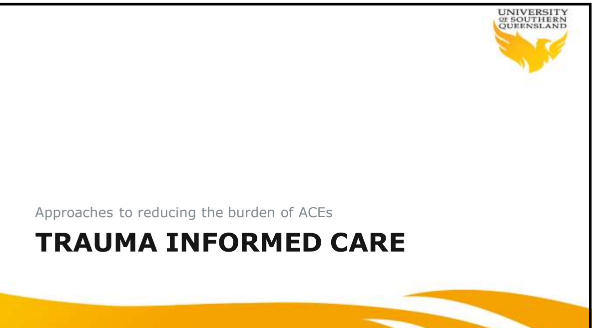

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Table 1. Primary, secondary, and tertiary response to adverse childhood events

Phase	Goal	Examples
Primary prevention	Prevent the occurrence of adverse childhood events so that fewer children experience ACEs	• Programs that prevent child abuse and neglect • Programs that increase family and community stability and resilience • Programs that teach positive and effective parenting skills
Secondary prevention	Reduce the severity and acute consequences of the child adverse experience, thereby reducing the incidence of adverse outcomes associated with ACEs	• Programs that identify and intervene on families experiencing violence and abuse • Trauma informed care to identify and immediately intervene on ACEs • Psychological first aid that reduces psychological impact of trauma
Tertiary prevention	Treat and reduce the long-term consequences of ACEs	• Trauma informed care in health care and service agencies that integrate past traumatic experiences into, for example, care for chronic illnesses • Programs that identify and reduce risky health behaviors associated with ACEs • Social marketing campaigns that build empathy with ACE consequences

These phases are cyclical and can influence each other. For example, an individual who has an ACE-related health outcome may be less likely to introduce ACEs into the life of their child if they have received trauma informed care to reduce the consequences of their health outcome.
ACE, adverse childhood experience.

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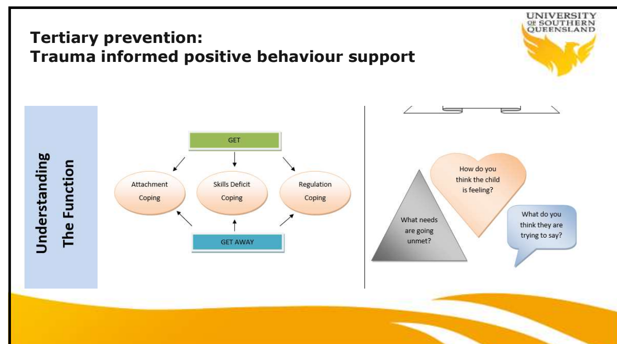
Tertiary prevention:
Trauma informed positive behaviour support



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JAMA Pediatr. 2016 January ; 170(1): 70–77. doi:10.1001/jamapediatrics.2015.2206.

Implementing a Trauma-Informed Approach in Pediatric Healthcare Networks

Meghan L. Marsac, PhD[1,2], **Nancy Kassam-Adams, PhD**[1,3,4,5], **Aimee K. Hildenbrand, MS**[1,6], **Elizabeth Nicholls, MS**[1,6], **Flaura K. Winston, MD/PhD**[1,3], **Stephen S. Leff, PhD**[1,3], and **Joel Fein, MD, MPH**[1,3,5]

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[5]Division of Emergency Medicine, Department of Pediatrics, University of Pennsylvania

[6]Department of Psychology, Drexel University

Prepare for spread

Actions:

- Engage executive leadership in supporting trauma-informed care initiatives (e.g., provide information on patient and staff outcomes)
- Designate leaders to champion the desired changes by creating partnerships with departments and/or clinical group
- Initiate early communication across the institution about why trauma-informed care is important

Questions:

- Does this institution value trauma-informed care?
- Is the institution ready for this shift in care?
- What resources are available to support training and implementation of trauma-informed care?
- What resources are available to support staff in self-care?
- Does the institution have the expertise in-house to lead trauma-informed care training or are external consultants needed?

Establish an aim for spread

Actions:

- Determine which departments/clinic groups will first receive training
- Define goals (e.g., 90% of direct care staff will complete a trauma-informed care seminar; staff confidence in preventing/minimizing medical traumatic stress will increase; patient satisfaction scores will increase; staff job satisfaction will increase)
- Set a timeline

Questions:

- What type of training will be provided?
- Will each training be tailored to that department/clinic or will everyone receive the same information?
- Will training be multi-disciplinary or discipline specific?
- How will the training be delivered?
- How will training be sustainable over time?
- How will goals be measured?

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- Determine who is/are the decision-makers about training and implementing trauma-informed care practices
- Plan for who will be responsible for the trauma-informed care training program once the decision is made to initiate training
- Identify barriers to training (e.g., no room in the lecture schedule, need for additional buy-in from leadership and providers, concerns that identifying more trauma will result in more referrals)
- Collect feedback/data as plan begins (e.g., is the training relevant, is more training needed, do departments support the implementation of the skills learned in the training)

Questions:

- What are the current attitudes towards trauma-informed care training?
- Are some trauma-informed care practices already occurring? If so, how can we build on them?
- How does the feedback/data suggest a need for changes in the training program?
- Is it best to start with one department and or should everyone be trained simultaneously?
- How are rotating trainees (e.g., residents) provided the training?
- Can cost-effectiveness be demonstrated?

Marsac et al.

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Julie Bradley

CASE STUDIES

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QUESTIONS?

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