Keynote Presentation

Safety: The Key to the Person at the Center

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SCRP Person-Centered Engagement Strategies Conference
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California Center of Excellence for Trauma Informed Care

PERSON-CENTERED ENGAGEMENT STRATEGIES
SCRP
November 9-10, 2021

Objectives

1. Define trauma and trauma informed standards from the SAMHSA TIP 57 and ACEsAware
2. Define safety as primary task for government intervention in people's lives.
3. Build professional skills related to identifying and measuring safety.

Six Steps to trauma-informed organizational development

- **Step One:** Identify the selected model of trauma informed transformation and define trauma and/or the toxic stress response
    - SAMHSA; NCTSN; Sanctuary Model; ACEsAware.org
    - Written, common definition of trauma, including historical trauma and institutional abuses
    - Written statement of commitment, approved by governing board

- **Step Two:** Use universal precautions around trauma exposure
    - Published public health data on trauma exposure within populations served
    - Aggregated agency-level data on population and client outcomes

- **Step Three:** Use of public health approach
    - Public education and awareness; early detection and intervention; evidenced-based treatment and medicine

- **Step Four:** Be a safe connection
    - Do no harm philosophy, harm-reduction, nonviolent communication, safety skills, self-protection strategies and self-regulation activities

- **Step Five:** Assess policies and practices
    - Ensure rules address physical safety; choices and agreement for emotional safety

- **Step Six:** Use objective measures to determine success (or not)
    - Select a specific measurement (e.g. unsafe behavior) to measure recovery in the present

SAMHSA TIP 57

- **Realizes** the widespread impact of trauma and understands potential paths for recovery

- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system

- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices

- Seeks to actively **resist re-traumatization**

Defining Trauma (SAMHSA)

Individual trauma results from <u>exposure to an event, series of events, or set of circumstances</u> (+E) that is experienced by an individual as p*hysically or emotionally harmful or life threatening* (-C) and that has **lasting adverse effects** on the individual's functioning and physical, social, emotional, or spiritual well-being (-S).

SAMHSA (Substance Abuse Mental Health Services Administration)
https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

| Exposure to negative event (+E) | Systems of coping unavailable to individual (-C) | Chronic neuro-dysregulation (-S) |

Toxic Stress Response

A consensus of scientific evidence demonstrates that high doses of cumulative adversity experienced during critical and sensitive periods of early life development, without the buffering protections of safe, stable and nurturing relationships and environments, can lead to long-term disruptions of brain development, immune and hormonal systems and genetic regulatory mechanisms—a condition now known as the "toxic stress response."

See full sources in Surgeon General's 2020 report
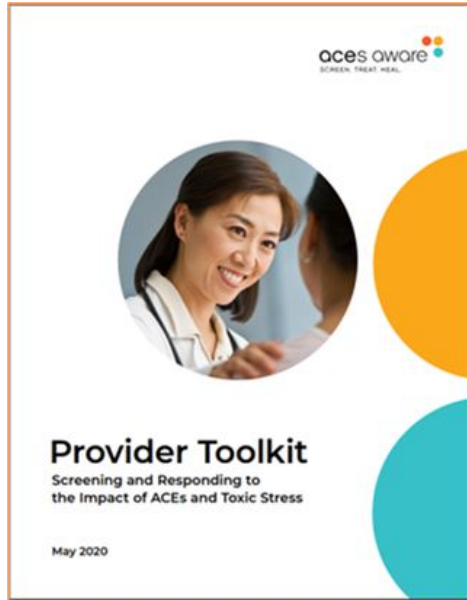
ACEs to Adult Disease

2 etiologic mechanisms

1. Conventional risk factors that are actually attempts at self-help through largely non-conscious, unsafe strategies. Unsafe behaviors

2. The effects of chronic stress as mediated through chronic hypercortisolemia, pro-inflammatory cytokines and other stress responses on the developing brain and body systems, dysregulation of the stress response, and pathophysiological mechanisms yet to be discovered. Toxic stress response

"The Relationship of ACEs to Adult Medical Disease, Psychiatric Disorders and Sexual Behaviors: Implications for healthcare," Felitti and Anda in The Impact of Early Life Trauma on Health and Disease, Lanius, 2010

ACEs Aware Provider Toolkit

The following PDF documents can all be accessed directly from links on the ACES Aware Provider Toolkit web page at https://www.acesaware.org/heal/provider-toolkit/

The **Provider Toolkit** provides comprehensive information on the ACES Aware initiative

Provider Toolkit
Screening and Responding to the Impact of ACEs and Toxic Stress

May 2020

ACES Aware Initiative

Cover Letter from Dr. Nadine Burke Harris & Dr. Karen Mark

ACEs Aware Initiative: Overview

The Science of ACEs & Toxic Stress

Screen: Training and Payment

Screening Tools Overview

Suggested Clinical Workflows for Screening

Medi-Cal Certification & Payment

Treat: Clinical Practice

Trauma-Informed Care Overview

Clinical Response to ACEs & Toxic Stress

Heal: Resources and Support

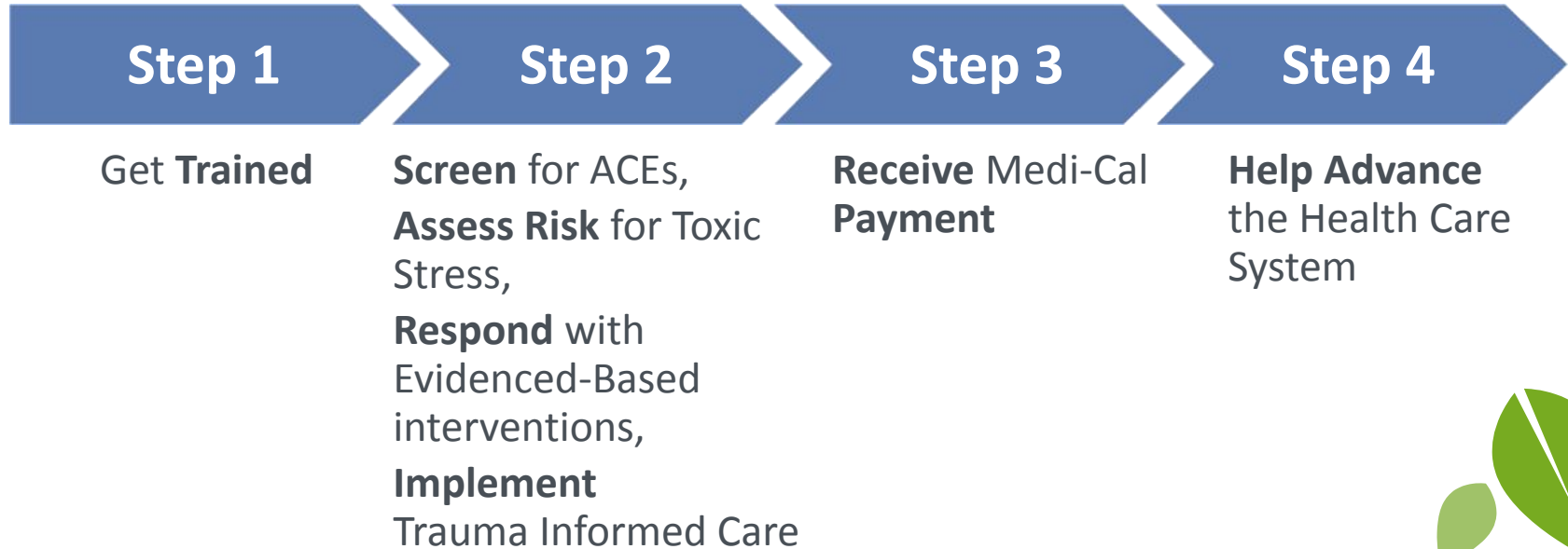Patient Tools & Informational Handouts

References

Steps for Providers

Providers should follow these steps to receive Medi-Cal payment from the Department of Health Care Services (DHCS) for Adverse Childhood Experiences (ACEs) screenings:

Step 1   **Step 2**   **Step 3**   **Step 4**

Get **Trained**

Screen for ACEs, **Assess Risk** for Toxic Stress,

Respond with Evidenced-Based interventions,

Implement Trauma Informed Care

Receive Medi-Cal **Payment**

Help Advance the Health Care System

Trauma is …

- A health condition – **toxic stress response**

- A mental health diagnosis – **PTSD and others**

- A developmental disorder – **Developmental Trauma Disorder, complex trauma, etc.**

- A neurobiological disorder – **chronic neuro-dysregulation**

- A metabolic disorder – **immunosenescence**

- An inflammatory syndrome - **inflammaging**

- A chronic disease – **COPD, and many others**

- An epigenetic transmission – **gene methylation related to vulnerabilities**

- A heritable predisposition - **inherited markers**

- An ongoing personal, spiritual and relational crisis – **too many examples to count**

Trauma-informed care is not intended to diagnose or treat trauma-related conditions. Instead, trauma-informed care is a **universal precautions approach** that treats all survivors as if they might have adverse effects from traumatic events that are both known and unknown but may be affecting survivors and responders either way.

Kusmaul, 2021, Role of Trauma-Informed Care in Disasters,
In book: The Intersection of Trauma and Disaster Behavioral Health

Failure to adopt **health literacy universal precautions** in the face of the high prevalence of limited health literacy in the general population may perpetuate adverse health outcomes that are costly to society.

Liang & Brach, 2017,
Health Literacy Universal Precautions Are Still a Distant Dream:
Analysis of U.S. Data on Health Literate Practices

A California Reality

Exposure to childhood adversity

- ACEs are common in California: 62% of the population has 1+ ACEs

- Experiencing 4+ ACEs is more common among
  - Black and Hispanic populations
  - Those with less than a college or technical school degree
  - Those with annual household incomes less than $25,000
  - Those with Medi-Cal or no health insurance

- Experiencing 4+ ACEs increases the likelihood of
  - Poor mental health
  - Risky behaviors such as acute drinking and smoking
  - Chronic disease, including heart disease, diabetes, stroke, COPD, obesity, and asthma

CA Dept. of Public Health, 2020

Public Health Socio-Ecological Model
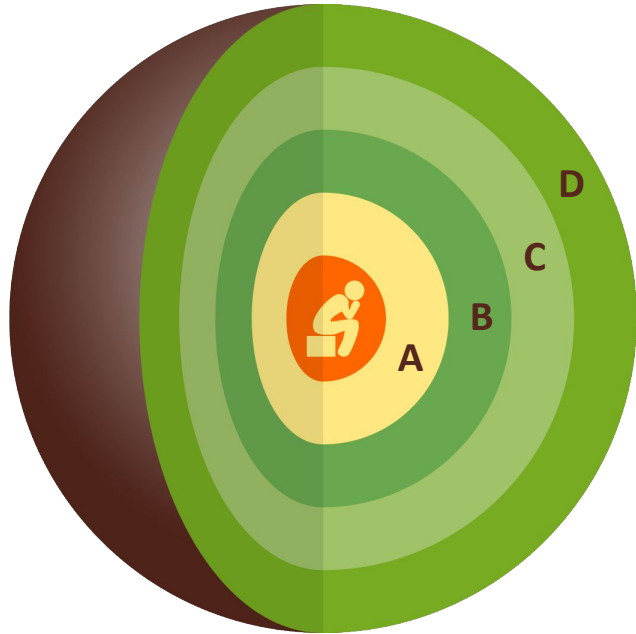
A. **Individual Factors:** Intimate features arising due to biological aspects, experiences and personality that influence an individual's behavior

B. **Interpersonal Factors:** Human social contexts and situation characteristics encompassing direct personal relationships and interactions in immediate physical surroundings

C. **Community/Institutional Factors:** Social structures affecting immediate contexts that surround individuals and influence their experiences

D. **Societal/Systemic/Cultural Factors:** Broad cultural values and beliefs that shape social processes and environments and historical social and power relations

Public Health Socio-Ecological Model: Victimization and Abuse
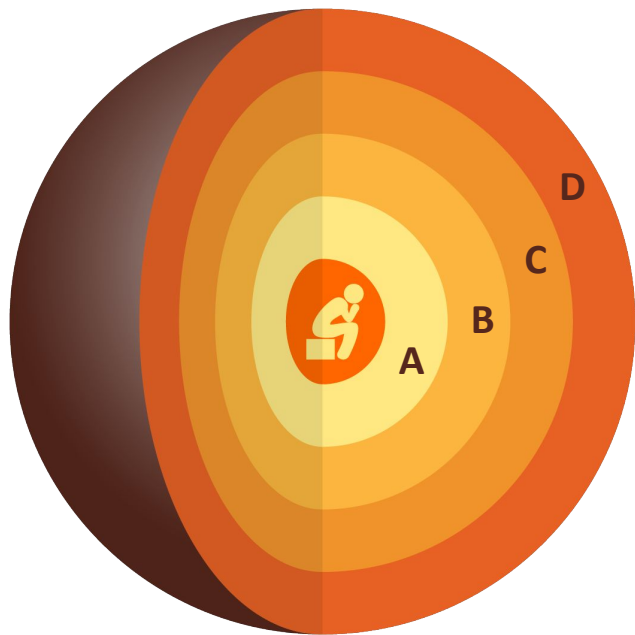
A. Individual Factors
- Gender, Age, Race/Ethnicity
- Use of and effects of psychoactive substances
- Disabilities and illnesses

B. Interpersonal Factors
- Child abuse history
- Sexual assault history
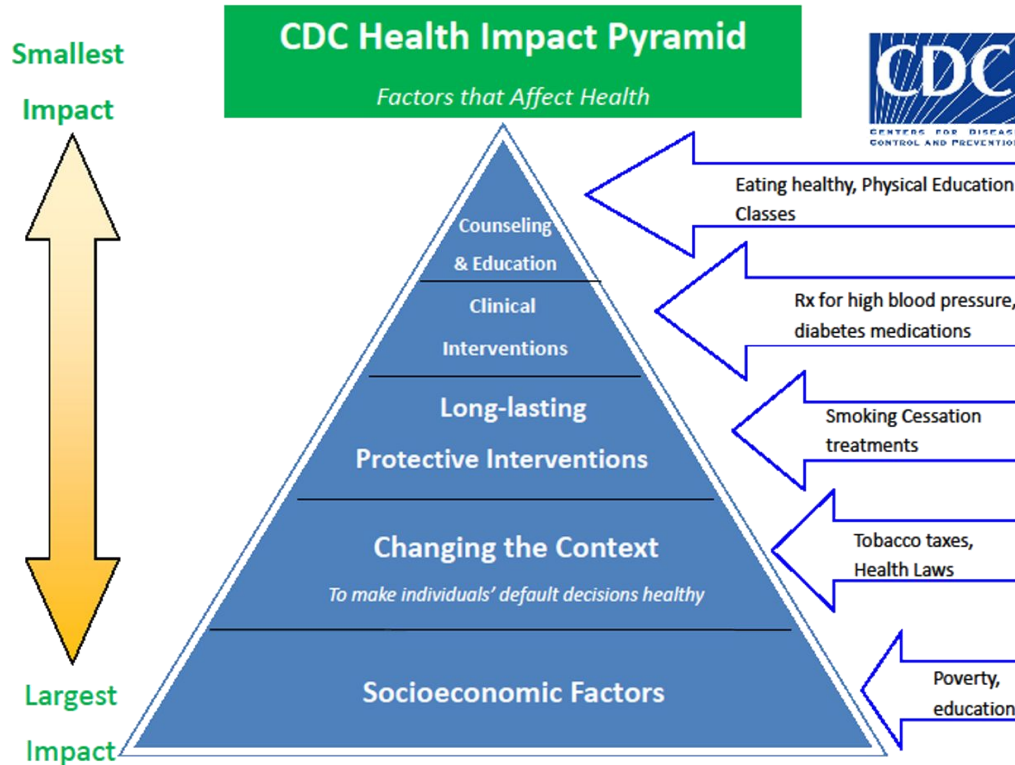- Dating violence
- Unsafe sexual relationships
- Exploitation

C. Community/Institutional Factors
- Poverty and isolation
- Perceptions about alcohol/drugs
- Police corruption and brutality

D. Societal/Systemic/Cultural Factors
- Cultural messages about protection and threat
- Religious messages related to abuse

CDC Health Impact Pyramid

CDC Health Impact Pyramid
Factors that Affect Health

Smallest Impact

Largest Impact

- Counseling & Education ← Eating healthy, Physical Education Classes
- Clinical Interventions ← Rx for high blood pressure, diabetes medications
- Long-lasting Protective Interventions ← Smoking Cessation treatments
- Changing the Context *To make individuals' default decisions healthy* ← Tobacco taxes, Health Laws
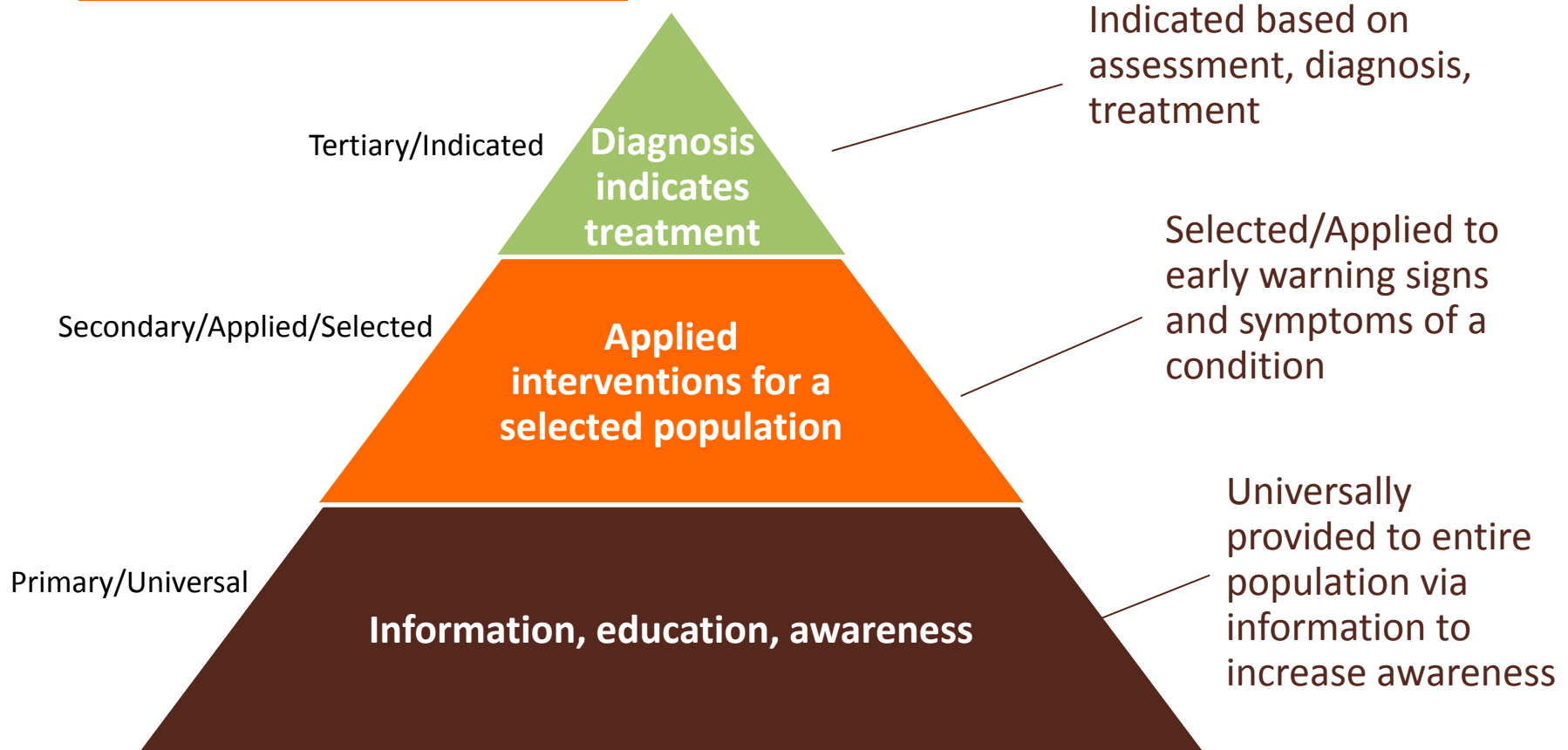- Socioeconomic Factors ← Poverty, education

Source: Frieden, T. A Framework for Public Heath Action: The Health Impact Pyramid. Am J Public Health. 2010; April; 100(4): 590–595.
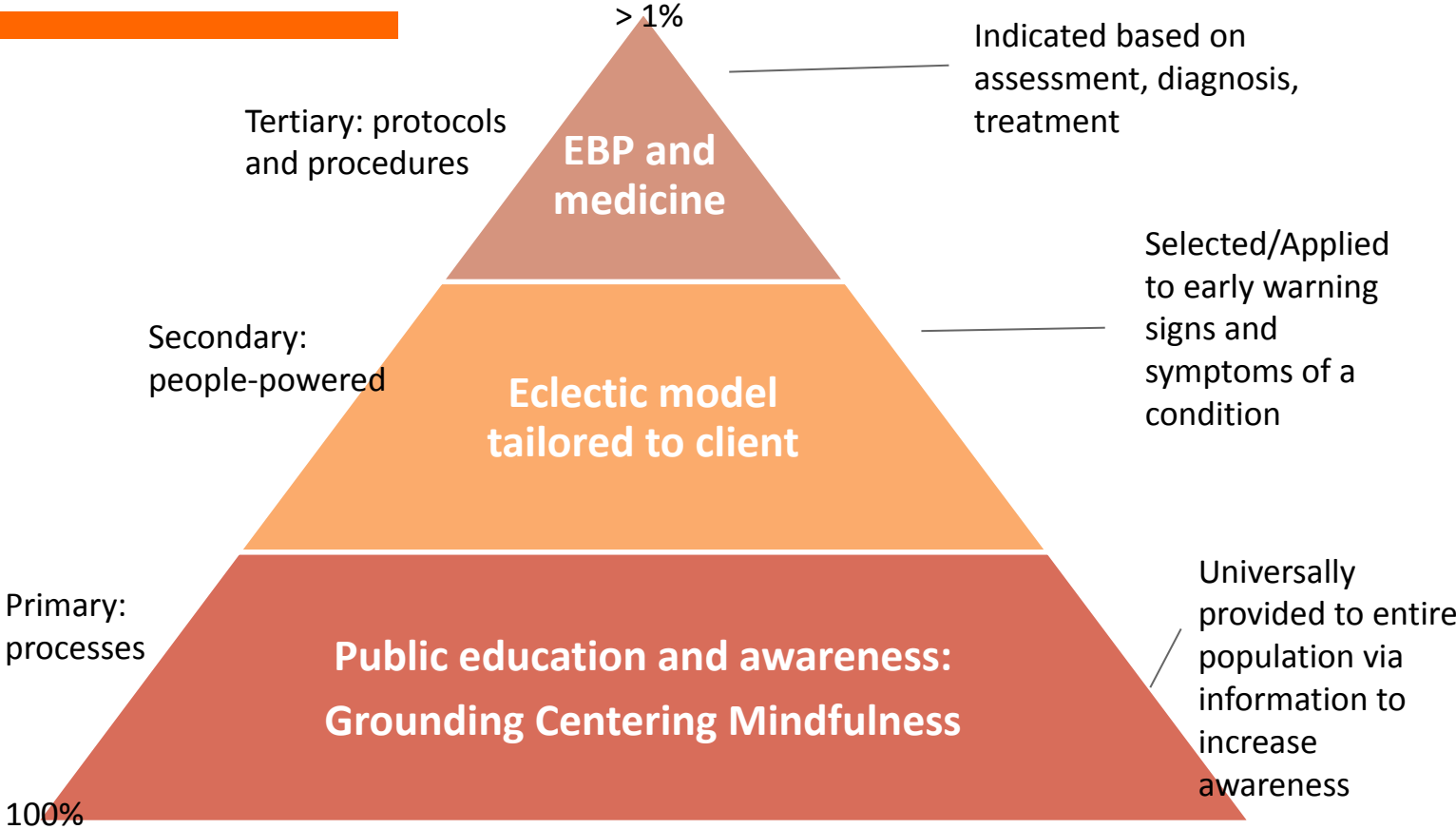Visualization:Blue Cros of Idaho Foundation for Health, Inc.

Public Health Prevention Model

Tertiary/Indicated — Diagnosis indicates treatment

Indicated based on assessment, diagnosis, treatment

Secondary/Applied/Selected — Applied interventions for a selected population

Selected/Applied to early warning signs and symptoms of a condition

Primary/Universal — Information, education, awareness

Universally provided to entire population via information to increase awareness

Public Health Teatment Model

> 1%

Indicated based on assessment, diagnosis, treatment

Tertiary: protocols and procedures

EBP and medicine

Selected/Applied to early warning signs and symptoms of a condition

Secondary: people-powered

Eclectic model tailored to client

Primary: processes

Public education and awareness: Grounding Centering Mindfulness

Universally provided to entire population via information to increase awareness

100%

Safety

A universal need for functioning and well being

- Safety is an essential part of human physiology
    - Safety is best understood as a physiological process called visceral homeostasis.
    - Without safety (visceral homeostasis), the immune system and the social engagement systems are unable to function.
    - Lack of safety prompts short-term strategies that often result in longer term negative impacts.
- Safety is the only valid Constitutionally based rationale for government interventions in people's private lives.
- Safety is a personal benefit as well as a public good. It benefits everyone.
- Each person is legally responsible for their own safety. And their own actions, safe or unsafe.
- Each environment is collectively responsible to hold each person responsible for their own behavior (but not for other people's behavior).

Assess rules

1. Design the program in a neuro-sequential, trauma-informed manner

2. Use the informed consent to begin engagement.

3. Rules = physical safety
   - Procedures to respond

4. Agreements = emotional safety
   - Conversations to discuss and re-agree

5. Focus on increasing physical and emotional safety (not compliance)

Client Outcomes

Reductions in Unsafe Behavior by Domain
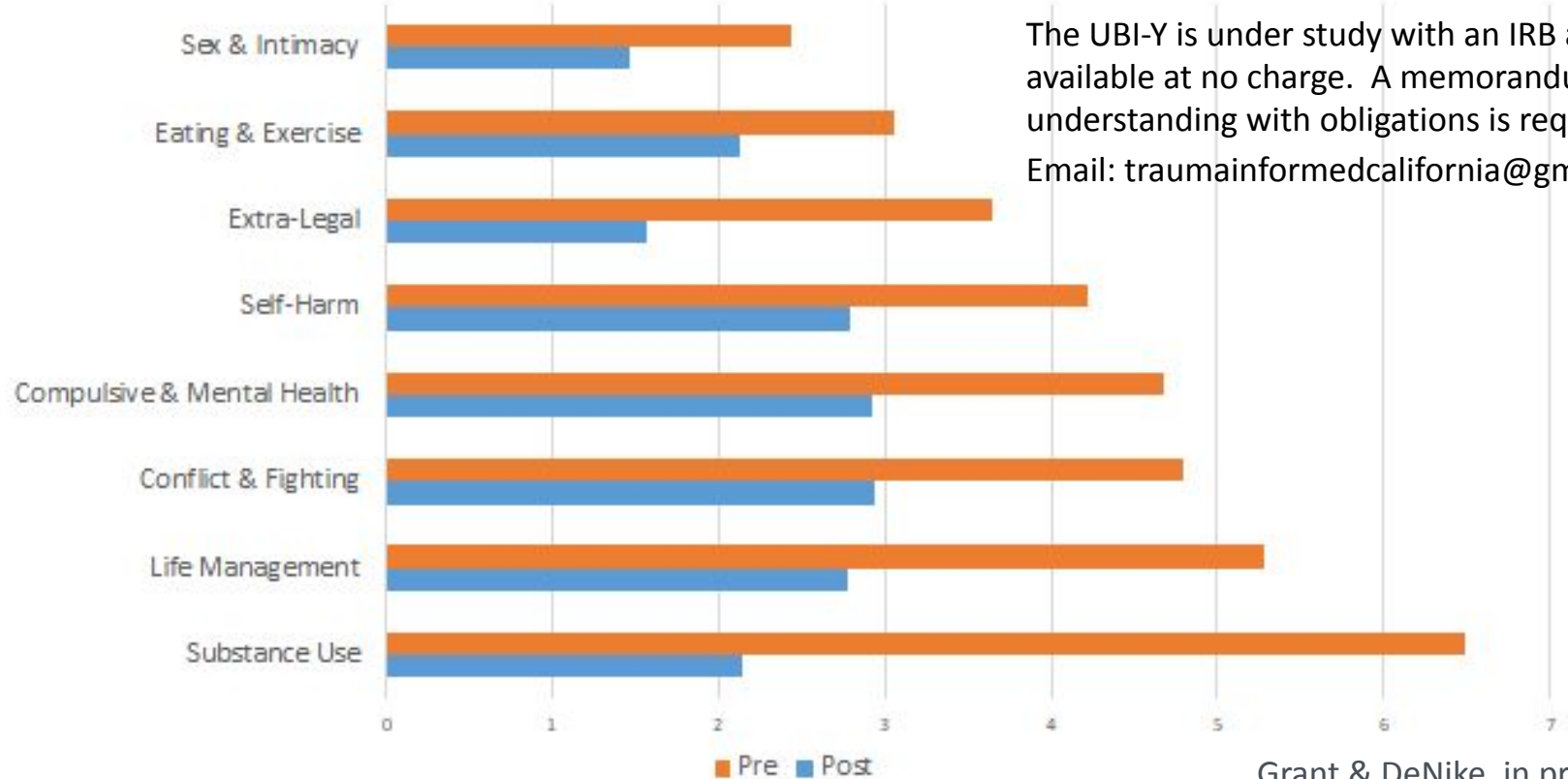
The UBI-Y is under study with an IRB and is available at no charge. A memorandum of understanding with obligations is required.

Email: traumainformedcalifornia@gmailcom

Grant & DeNike, in press

Greater efforts should be made to increase providers' health literacy skills, particularly those who serve populations that are more likely to have limited health literacy, including those with poor health.

Highly promoted health literacy strategies:
1. Using clear language – common, everyday language free from jargon
2. Initiating the Teach-Back method of confirming understanding

Liang & Brach, 2017,
Health Literacy Universal Precautions Are Still a Distant Dream:
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Thank You!

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