

TRAUMA INFORMED PRIMARY CARE

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What is Trauma?

- "...trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on the mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present.
- "...it changes not only how we think and what we think about, but also our very capacity to think".

Bessel Van Der Kolk, M.D.

- Trauma is relative ~ each individual responds differently
- Trauma is cumulative ~ a trauma experience can be an isolated event or compounded by repeat trauma events over the course time
- Trauma is complex ~ physical, social, and cultural factors apply



Negative Affects of Trauma on Brain ~

“The neurotransmitter epinephrine, codes memories into the hippocampus, and so the trauma-related experience is locked in there, whereas other details kind of drift.”

~ Dr. Christine Blasey Ford

Trauma in Primary Care

- Amputations
- Cancer
- Chronic Illness—RA, Diabetes, ALS, Asthma, MS
- Chronic Pain
- Dementia
- Fertility Issues
- Heart conditions/Stroke
- Hypertension
- Labor and Delivery
- Life End stages

Addiction

Adoption

Cultural/Language

Death

Discrimination/Profiling

Divorce

Domestic Violence

Neglect

Religious Bias

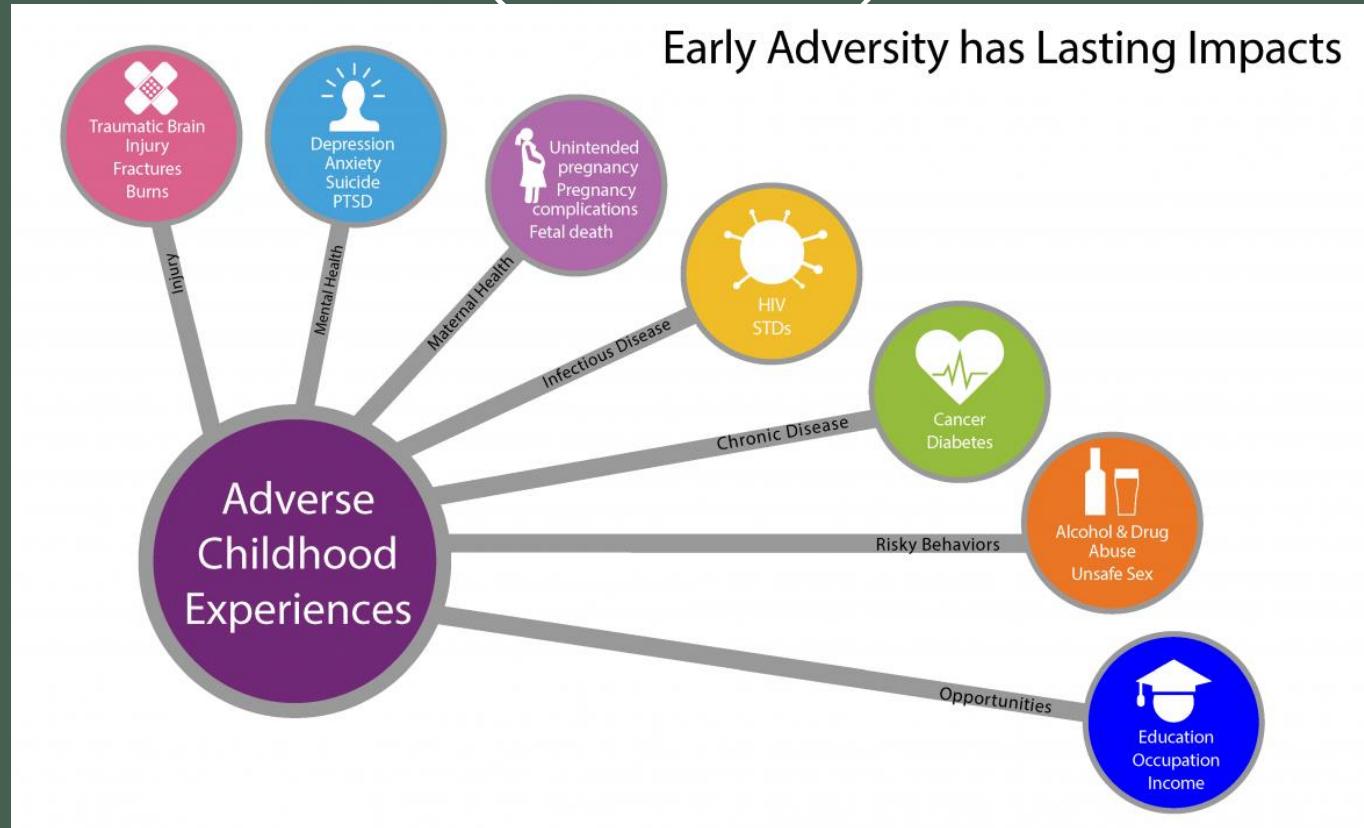
Sexual Assault

Social/Economic

Verbal/Emotional Assault

Violence

Adverse Childhood Experiences (ACEs)



<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.htm>

ACEs Survey:

BEFORE YOUR 18TH BIRTHDAY...

- Did a parent or other adult in the household often or very often swear at you, insult you, put you down, humiliate you or act in a way that made you afraid that you might be physically hurt?
- Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you or ever hit you so hard that you had marks or were injured?
- Did an adult or person at least five years older than you ever touch, fondle or have you touch their body in a sexual way or attempt or actually have oral, anal, or vaginal intercourse with you?
- Did you often or very often feel that no one in your family loved you or thought you were important or special, did not look out for each other, feel close to each other or support each other?
- Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you, were your parents too drunk or high to care for you or take you for medical care?
- Did you lose a biological parent through divorce, abandonment or other reason?
- Did you ever witness your mother (or father or sibling) often or very often pushed, grabbed, slapped, or have something thrown at them, kicked, bitten, hit with a fist or weapon repeatedly for a few minutes, or threatened with a gun or knife?
- Did you live with anyone who had a problematic drinking problem or used illicit drugs, or prescription drugs inappropriately?
- Did you live with a household member who was depressed or mentally ill, or did a household member attempt suicide?
- Did a household member go to prison or had extensive periods of being in jail.

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



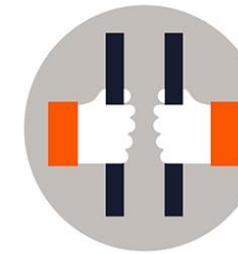
Mental Illness



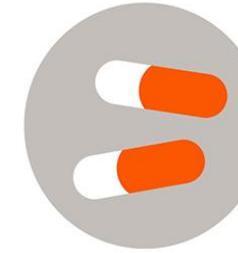
Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

Adverse Childhood Experiences



Source: Centers for Disease Control and Prevention

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



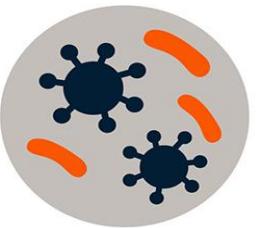
Diabetes



Depression



Suicide attempts



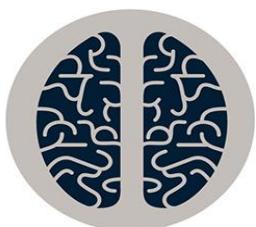
STDs



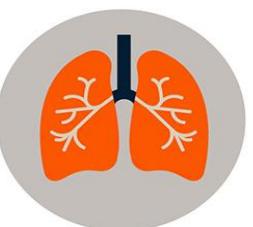
Heart disease



Cancer



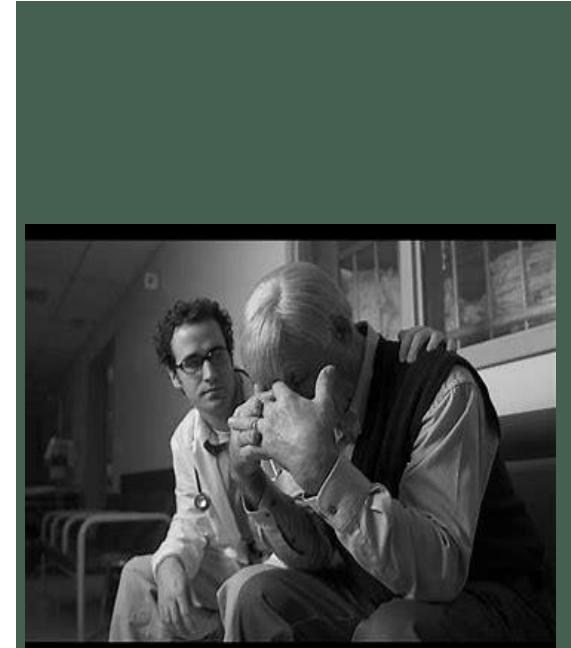
Stroke



COPD



Broken bones



Source: Centers for Disease Control and Prevention

Negative Affects of Trauma on Body

BODY SYSTEMS:

- Gastrointestinal
- Cardiovascular
- Immune
- Reproductive
- Musculoskeletal
- Neuroendocrine
- Brain

CHRONIC ILLNESS:

- Emphysema
- Chronic Bronchitis
- Diabetes
- Obesity
- Heart Disease
- Stroke
- Cancer

Individuals with four or more ACEs were ~

2 times more likely to smoke

7 times more likely to misuse alcohol

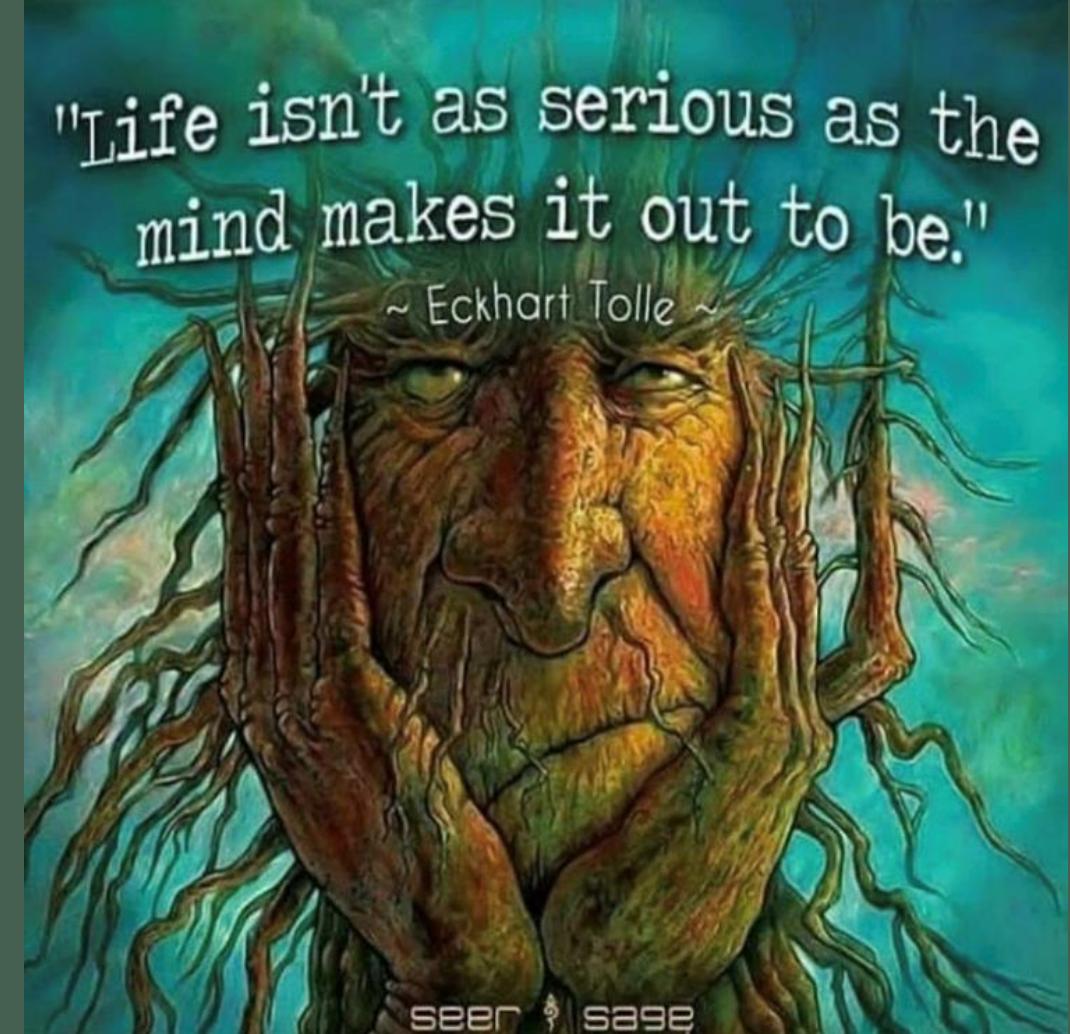
10 times more likely to inject illicit drugs

12 times more likely to attempt suicide

Cognitive Distortions ~

Biased ways of thinking about oneself or the world

- Filtering
- Black and White Thinking
- Overgeneralization
- Jumping to Conclusions
- Catastrophizing
- Personalization
- Control Fallacies
- Fallacy of Fairness
- Blaming
- Shoulds
- Emotional Reasoning
- Fallacy of Change
- Global Labeling
- Always Being Right
- Heaven's Reward Fallacy



Trauma is often misdiagnosed

Trauma ~ with children

- Attention Deficit Hyperactivity Disorder
 - Child may be impulsive
 - Child may struggle with regulating emotions and behavior
 - Child may seem inattentive or withdrawn in school

Trauma ~ with adults

- Posttraumatic Stress Disorder, Bipolar Disorder, Borderline Personality Disorder
 - Trouble sleeping
 - Thoughts of suicide
 - Not able to maintain relationships
 - Feeling worthless
 - Racing thoughts
 - Inability to focus
 - Low energy
 - Feeling heightened emotions.



WHAT IS TRAUMA- INFORMED CARE?

- <https://www.bing.com/videos/search?q=bob+newhar%2c+therapist&view=detail&mid=781FFB1D7E7CB45A796A781FFB1D7E7CB45A796A&FORM=VIRE>

The Four R's of TIC

1

Realize

All people at all levels have a basic **realization** about trauma, and how it can affect individuals, families, and communities.

3

Respond

Programs, organizations and communities **respond** by practicing a trauma-informed approach.

Recognize

People within organizations are able to **recognize** the signs and symptoms of trauma.

2

Resist Re-Traumatization

Organizational practices may compound trauma unintentionally, trauma informed organizations avoid this **re-traumatization**.

4

Trauma Informed Approaches:

- Safety
- Trust and Transparency
- Peer Support/Mutual Self-Help
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues



Safety ~

- Safety for staff and patients.
- Avoiding re-victimization
- Waiting areas and exam spaces
- Vicarious trauma
- Understanding our own ACES and triggers

Trust and Transparency ~

- Provide clear information about services.
- Ensure informed consent.
- Schedule appointments consistently.

Peer Support/Mutual Self-Help ~

- Establish group peer interactions for sharing recovery and healing from lived experiences.
- Include peer supporters in health teams as navigators.

Collaboration and Mutuality ~

- Make decisions with patients and encourage shared power between patient and provider.
- Motivational Interviewing

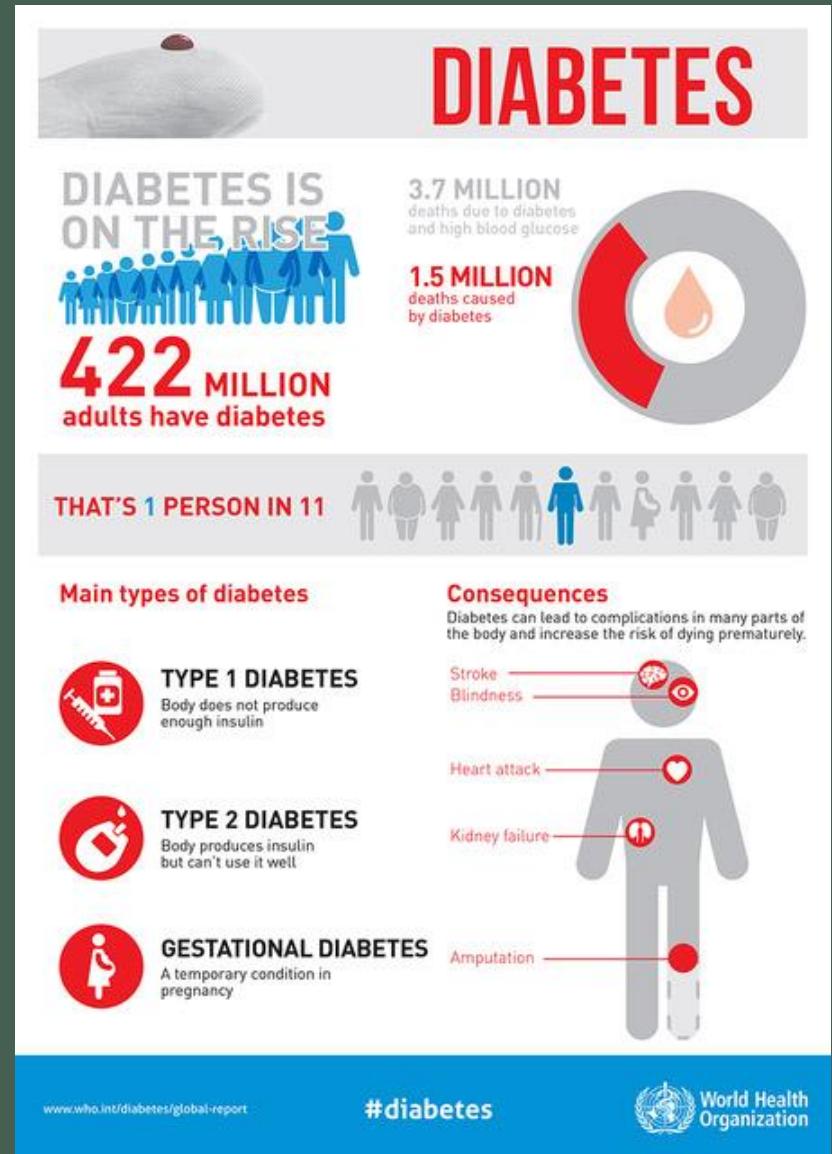
Empowerment, Voice and Choice ~

- Allows patients to feel validated and affirmed with each contact.
- Offer clarity about patient rights, responsibilities and service options.
- Patient is fully informed about treatment options, but decision-making, choice and control are respected and honored by providers.

Cultural, Historical and Gender Issues ~

- Protocols and processes meet racial, ethnic, cultural, religious, sexual orientation, and gender needs of patients served.
- Display messages in multiple languages to ensure everyone feels welcome.
- Hold sensitivity to fears regarding legal status/immigration.

- Diagnosis
- Labels
- Treatment
- Industries:
 - Medical – Metrix/Preventative Care
 - Pharmaceutical - The cost of a vial of the short-acting insulin lispro (Humalog) increased 585% (from \$35 to \$234) between 2001 and 2015. By January of 2017, it reached \$270 (GoodRx.com)
 - Insurance – Federal Protections/Specific Plans/Not Insured





THE BOTTOM LINE

Costs vs Cost Savings

Estimate of Costs: Healthcare

2018 Health Cost Institute, Health Care Costs and Utilization Report

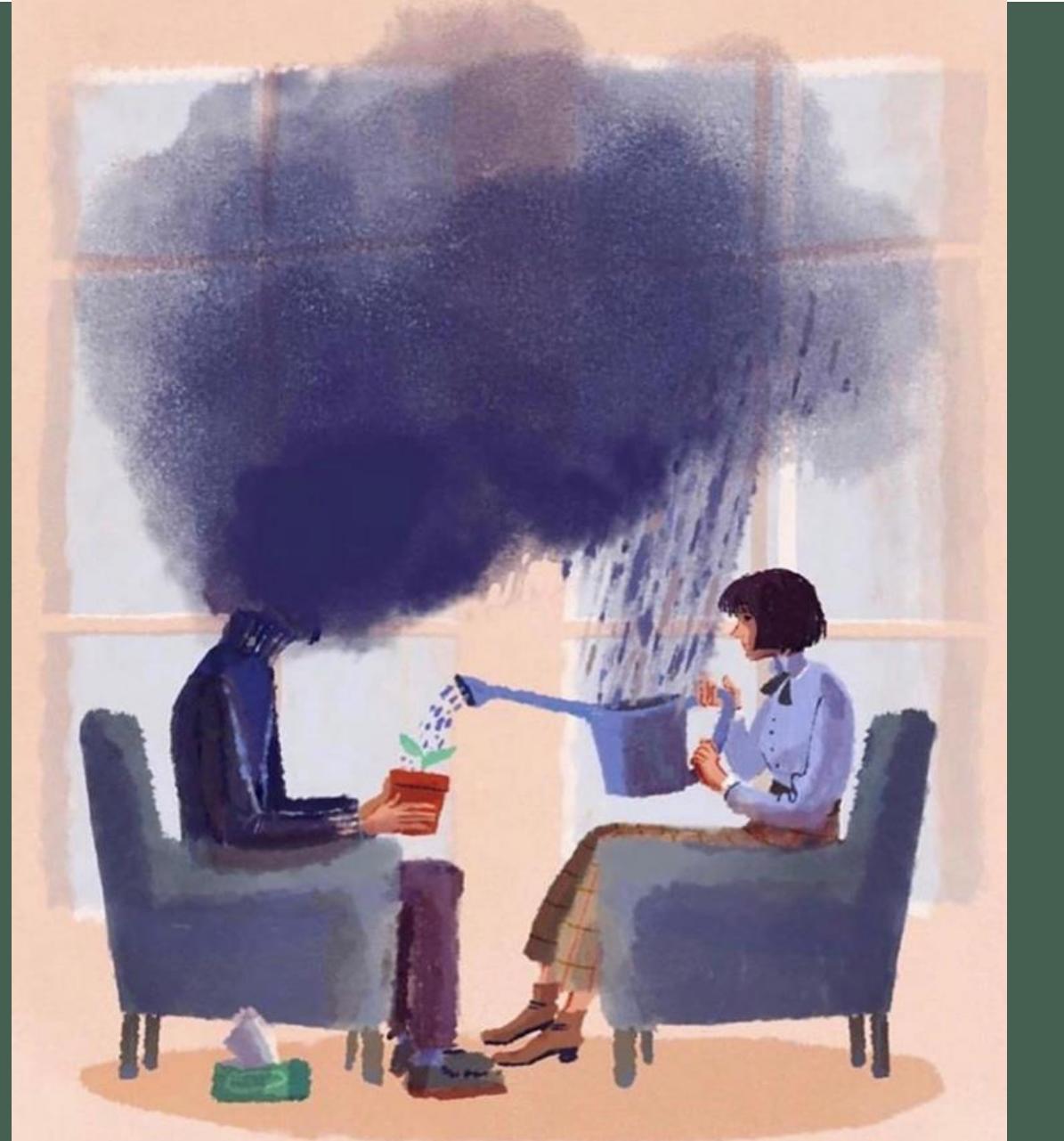
- “...the average price of an **emergency room (ER)** visit increased from \$1,700 in 2014 to **\$2,096 in 2018.**”
- “...medical admissions...grew from \$17,097 in 2014 to **\$19,672 in 2018.**”
- “...for a simple visit to the **urgent care**, without any sort of vaccination, procedure, or medication, the costs for a single urgent care visit can range anywhere from **\$75 to \$250 without health insurance.**” (SolvHealth, 2019).

Estimate of Costs: Inpatient psychiatric treatment in community hospitals

- “...schizophrenia treatment, **\$8,509 for 11.1 days** and **\$5,707 for 7.4 days...**”
- “...bipolar disorder treatment, **\$7,593 for 9.4 days** and **\$4,356 for 5.5 days...**”
- “...depression treatment, **\$6,990 for 8.4 days** and **\$3,616 for 4.4 days...**”
- “...drug use disorder treatment, **\$4,591 for 5.2 days** and **\$3,422 for 3.7 days...**”
- “...alcohol use disorder treatment, **\$5,908 for 6.2 days** and **\$4,147 for 3.8 days...**”

(US National Library of Medicine, National Institutes of Health)

Behavioral Health Intervention Within Primary Care



Medicaid

Medical—

Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, Pulmonary Hypertension, Coronary Artery Disease

Mental Health—

Delusional Disorder, Bipolar Disorder, Major Depression Disorder, Severe, Recurrent

Emergency Room/Urgent Care/Inpatient Psychiatric Care

• 2016	11 ER		1 Inpatient
• 2017	7 ER	18 Urgent	4 Inpatient
• 2018	12 ER	12 Urgent	2 Psychiatric
• 2019	10 ER	1 Urgent	1 Inpatient

COSTS/SAVINGS

• ER	\$ 83,00.00
• URGENT (125.00)	\$ 3,875.00
• HOSPITALIZATION	\$ 118,032.00
• INPATIENT PSYCHIATRIC	\$ 34,036.00

• ER = 2096.00 x 40
• Inpatient = 19,672.00 x 6
• Urgent = 125.00 x 31
• Psychiatric = 8,509 x 44 days

*Other: Behavioral Health, Office Visits with Primary Care Provider, Nurse, Care Coordinator, HET Worker, Home Health, Crisis, Cardiology, Pulmonary, Orthopedics, PT/OT/SP, Smoking Cessation. Criminal Justice system—prosecution, defense, incarceration/probation...

2017 ~ 22 ER
2018 ~ 8 ER
2019 ~ 18 ER

5 Inpatient
2 Inpatient
4 Inpatient

5 week stay

2017 – 2018

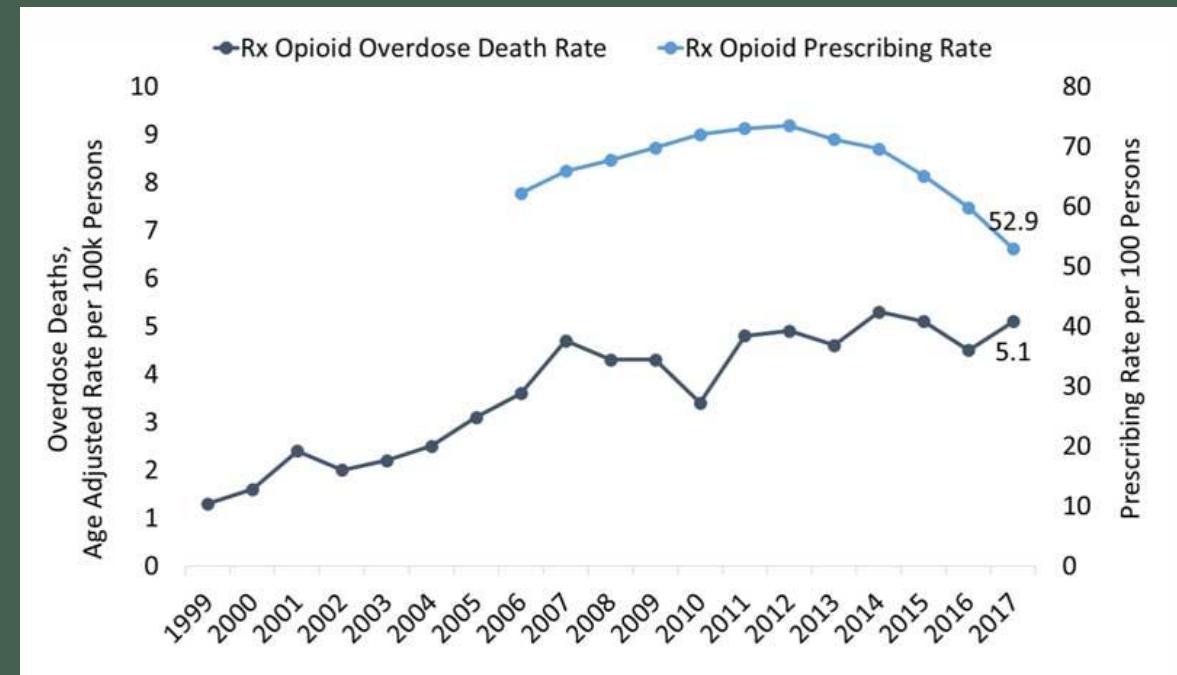
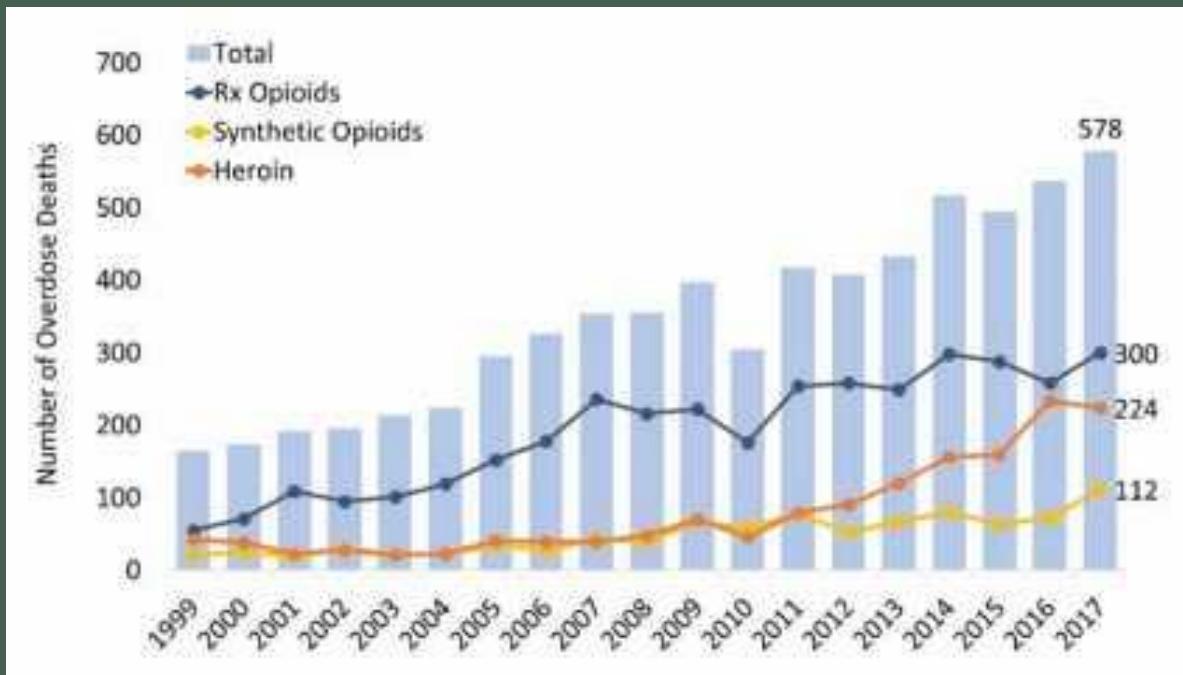
- Narcotics: Fentanyl, Oxycodone, Naloxone
- Narcotic/Acetaminophen: Hydrocodone
- Benzodiazepines: Clonazepam
- Beta Blocker: Propranolol
- Antihistamines: Diphenhydramine, Ranitidine
- Sedative/Antihypertensive: Clonidine
- Antiemetic and Antihistamine: Promethazine
- Anesthetic: Lidocaine
- Steroids: Dexamethasone
- Antidepressants: Nortriptyline

2019

- Narcotics: Oxycodone, Naloxone,
- Benzodiazepines: Clonazepam
- Antihistamines: Diphenhydramine
- Sedative/Antihypertensive: Clonidine
- Antiemetic and Antihistamine: Promethazine
- Anesthetic: Lidocaine
- Antidepressants: Nortriptyline

“In 2017, there were 578 overdose deaths involving opioids in Colorado—a rate of 10.0 deaths per 100,000 persons compared to the average national rate of 14.6 deaths per 100,000 persons.”

“...prescription opioid-involved deaths **doubled from 176 to 300 cases.**”



MVA

2018 - 2019 MVA Patient ~

- Duloxetine
- Prazosin
- Propranolol

2020 ~ Zero Medications

Reported using calming skills.

May 2019 ~

Increased depression

Tearful

Anxiety/Worry

Hypervigilance with driving

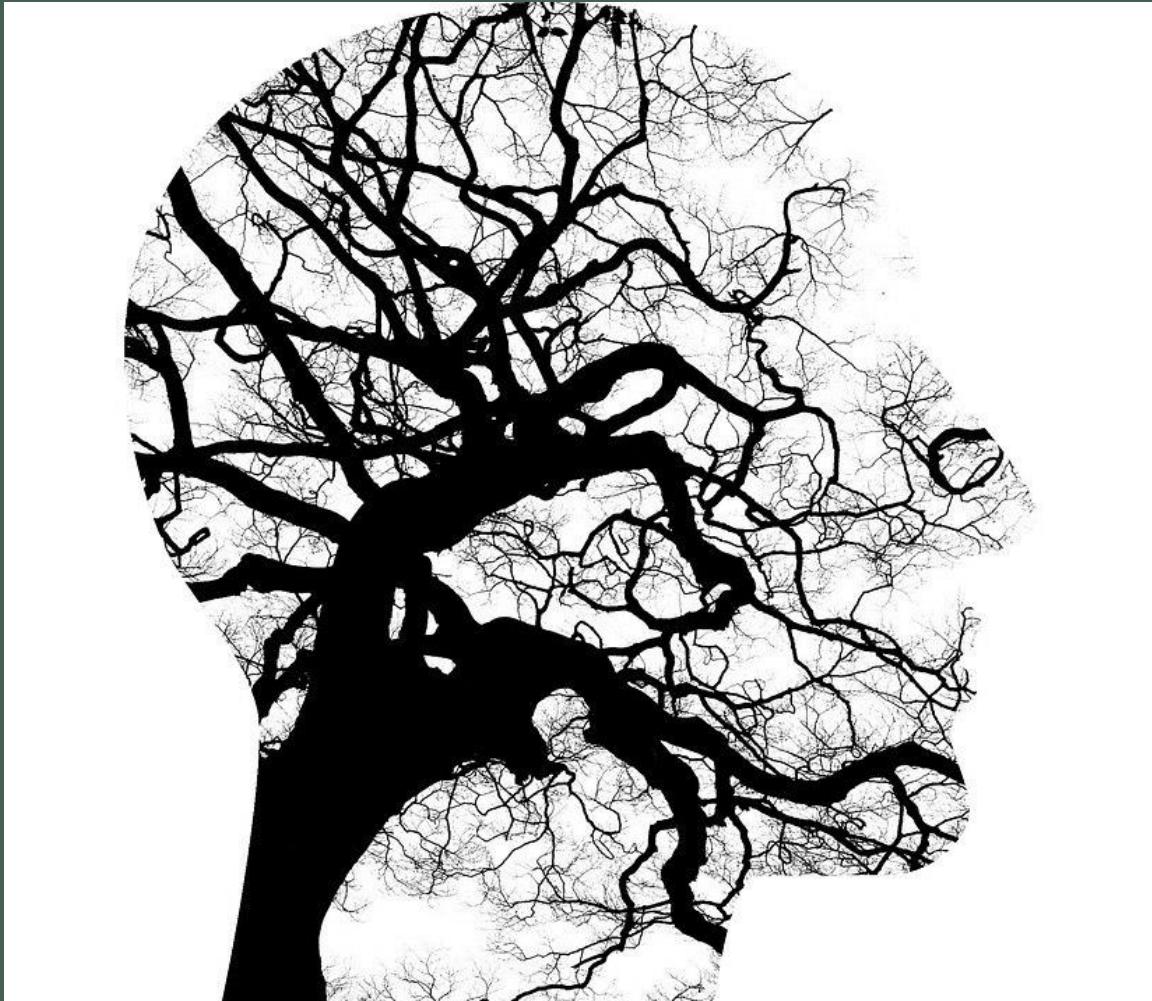
December 2019 ~

Decreased Depression

Anxiety Mitigated

Hypervigilance mitigated

Reported using calming skills at home/work



“Although the world is full of suffering, it is full also of the overcoming of it.”

~ Helen Keller