Trauma-Informed Approach to Prevention

Presented by
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Learning Objectives

- Define trauma and its relationship to Health Equity, the Social Determinants of Health, Adverse Childhood Experiences (ACEs) and the impact on health behaviors and health disparities.

- Review data sources that identify populations at higher risk for ACEs.

- Examine prevention strategies that can impact the Social Determinants of Health, ACEs, trauma and ultimately reduce health disparities.
What is Trauma?
Individual trauma results from an event, a series of events, or a 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.

- SAMHSA
Types of Trauma

- Pre and Perinatal Trauma
  - events that occur before or during birth
  - the withholding of material or nonmaterial resources essential to healthy development or wellbeing

- Single Episode Trauma
- Developmental or Complex Trauma
- Historical Trauma
- Intergenerational Trauma
Impact of Trauma on Individuals

Trauma involves threats to life or bodily integrity, or close personal encounters with violence and death.

Trauma can
1) Render victims helpless by overwhelming force
2) Confront human beings with the extremities of helplessness and terror
3) Evoke the responses of catastrophe
4) Disrupt a sense of control, connection, and meaning
Potential Symptoms of Trauma

- Aggression and low impulse control in new situations or with new people
- Power struggles and fear in the context of rule enforcement
- Disengagement as means of defense
- Interpretation of safety enforcement as predatory
- “Minor” events precipitating catastrophic reactions
- Substance use disorders
Trauma Consequences

- Trauma disrupts a sense of control, connection, and meaning
- An estimated 55-99% of women with substance use disorders have a lifetime history of trauma; 30-59% are dually diagnosed with PTSD; and 50% of women in treatment have a history of rape or incest
  - (Najavits et al., 1997; Gov. Commission on Sexual and Domestic Violence, Commonwealth of MA, 2006)
- PTSD, anxiety, depression, borderline personality disorder, and dissociative disorders would be better classified as trauma-spectrum disorder
  - (Bremner, 2004; Dayton, 2000; Pollack and Levant, 1998)
What Are ACEs?
Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

ACEs refer to childhood experiences that are traumatic in nature.

*Center for Disease Control and Prevention*
Adverse Childhood Experiences

- **Abuse of Child**
  - Psychological abuse
  - Physical abuse
  - Sexual abuse

- **Trauma in Child’s Household or Environment**
  - Substance abuse
  - Parental separation and/or divorce
  - Mental Illness or suicidal household member
  - Violence to the mother
  - Imprisoned household member

- **Neglect of Child**
  - Abandonment
  - Child’s basic physical and/or emotional needs unmet
The Kaiser Adverse Childhood Experiences (ACEs) Study

1. Conducted in the late 90’s to assess the correlation of 10 factors, or ACEs, related to household dysfunction and child maltreatment

2. The 10 ACEs were chosen based on prior research that had shown them to have significant adverse health or social implications

3. Joint effort between Centers for Disease Control and Kaiser Permanente’s Health Appraisal Clinic in San Diego

4. Included 17,337 people
Major Findings From the ACEs Study

1. ACEs are more common than anticipated or recognized. Data demonstrated that ACEs are highly interrelated: if a person has one ACE, more than likely they have others.

2. ACEs have a powerful correlation to health behaviors and health outcomes later in life.
California Behavioral Risk Factor Surveillance System (BRFSS)

1. In 2008, an ACE module was included in this survey.
2. Subsequently, the module was included in the 2009, 2011, and 2013 studies.
3. Study size for all four years totaled 27,745.
Results from the California Behavioral Risk Factor Surveillance System

1. BRFSS had similar findings to the Kaiser Study: ACEs are extremely common and have a powerful correlation to health behaviors and outcomes.

2. In addition a person with 4 or more ACEs is more likely to have adverse socio-economic factors:
   • 21% more likely to be below 250 percent of the Federal Poverty Level (FPL)
   • 27% more likely to have less than a college degree
   • 39% more likely to be unemployed
A Context for ACEs

- Institutional Power
  - Policies and practices that influence health equity

- Health Inequities
  - The degree of social justice in health

- Social Determinants of Health (SDOH)
  - Conditions in which people are born, live, learn, work, play, worship, and age

- Adverse Childhood Experiences (ACEs)
  - Factors at the community, family, individual, psychological, and biological level increase or decrease the risk of problem behaviors

- Individual Risk & Protective Factors

- Behaviors & Impacts
  - Behaviors and impacts that effect morbidity and mortality

- Adverse Health Conditions, Injury, and Shortened Life Expectancy
  - Health consequences (mortality and morbidity) and health disparities
The Social Determinants

**Economic Stability**
- Poverty
- Employment
- Food Security
- Housing Stability

**Education**
- High School Graduation
- Enrollment in Higher Education
- Language & Literacy
- Early Childhood Education & Development

**Social & Community Context**
- Social Cohesion
- Civic Participation
- Perceptions of Discrimination & Equity
- Incarceration/Institutionalization

**Health & Health Care**
- Access to Health Care
- Access to Primary Care
- Health Literacy

**Neighborhood & Build Environment**
- Access to Healthy Foods
- Quality of Housing
- Crime & Violence
- Environmental Conditions
Impact of ACEs on Brain Development

Adverse Childhood Experiences (ACEs)
- Child Maltreatment (Abuse and Neglect)
- Dysfunctional Household

Trauma
- Social, Emotional and Cognitive Impairment
- Disrupted Neurological Development

Risk Behaviors
- Early initiation of alcohol use
- Problem drinking behavior into adulthood
- Increased likelihood of early smoking initiation
- Prescription drug use
- Lifetime illicit drug use, ever having a drug problem, and self-reported addition
ACEs Impact on Health Behaviors and Health Outcomes
Research has demonstrated a strong relationship between ACEs and a variety of substance use behaviors

1. Early initiation of alcohol use
2. Problem drinking behavior into adulthood
3. Increased likelihood of early smoking initiation
4. Prescription drug use
5. Lifetime illicit drug use, ever having a drug problem, and self-reported addiction
The ACE Score...
Alcohol Use and Abuse

ACE Score
0  1  2  3  4 or more

Percent with alcohol related problem

Early initiation of use (by age 14)  Problem with alcohol use  Alcoholic  Married an Alcoholic

Anda, 2009.
Socio-Economic Factors: Data Points for ACEs

Socio-economic factors refer to income, education, and occupation.

Socio-economic factors are important data points because they have a strong correlation to ACEs, are easily available measures from census data, and can be disaggregated down to the census tract.
U.S. children aged <17 years with less than very good health, by family income, 2011–2012

Life Expectancy in the U.S. at age 25, by Education and Gender, 2006

Socioeconomic gradients in poor/fair health among adults aged 25–74 years within racial/ethnic groups in the U.S., 2008–2010

Infant mortality rate in the U.S., by mother’s education, 2009

Health Equity and a Public Health Approach to Impacting ACEs and Trauma
Health Equity and Public Health Approaches to Impact ACEs and Trauma

• Public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood or as big as an entire country or region of the world.

• Health inequities are pervasive and therefore can impact the SDOH making certain populations more vulnerable for Trauma.

• Using a public health approach to health equity can improve the SDOH, ACEs, and reduce the occurrence of trauma in early childhood.
A Context for ACEs

- **Institutional Power**
  - Policies and practices that influence health equity

- **Health Inequities**
  - The degree of social justice in health

- **Social Determinants of Health (SDOH)**
  - Conditions in which people are born, live, learn, work, play, worship, and age

- **Adverse Childhood Experiences (ACEs)**
  - Factors at the community, family, individual, psychological, and biological level increase or decrease the risk of problem behaviors

- **Individual Risk & Protective Factors**
  - Behaviors and impacts that effect morbidity and mortality

- **Behaviors & Impacts**
  - Health consequences (mortality and morbidity) and health disparities
Prevention Strategies that Can Impact the Social Determinants of Health, ACEs, and Trauma

- Health In All Policies
- Universal Screenings for ACEs
- Building Resiliency
- Systems Integration
Health In All Policies

1. Assures the conditions for everyone to reach the highest level of health

2. Targets policies and practices in a multitude of sectors such as government, finance, education, housing, employment, transport, and health

3. Addresses the structural and systemic conditions that create disadvantage

4. Targets those communities experiencing the greatest disparities

5. Incorporates health equity measures and metrics into policies and programs to ensure the intended impact on the population(s) of interest
Universal Screenings for ACEs

1. Parents who have a history of ACEs increase the likelihood of impaired parenting, which may result with the transmission of ACEs to the next generation. Parents and children should be screened for ACEs.

2. Screenings or case findings for ACEs require a change in practice and redefines how a healthcare provider takes a health history from patients.
Building Resiliency

1. Resilience can buffer the impact of the SDOH. Resilience refers to the ability to bounce back or rise above adversity as an individual, family, community, or provider.

2. Resiliency strategies use available resources to negotiate hardship and/or the consequences of adverse events, such as ACES.

3. Communities are resilient when they use strategies that utilize their strengths to manage the challenges of economic, environmental or cultural change.
1. Awareness and knowledge of the link between SDOH and ACEs, and the impact on trauma, must be translated into practical primary prevention approaches for community systems.

2. Supporting and partnering with non-traditional systems (i.e. housing, economic development, transportation, parks, and food and agriculture) can impact SDOH.

3. While the impact of ACEs permeate all of society and its systems, it is important to prioritize collaboration with certain systems (education, health, child welfare, law enforcement, business) when integrating with primary prevention.
Systems Integration - Education

1. The educational system could help with early identification of children displaying mental health problems, ACEs, learning problems, and behavior problems. These issues may not be a primary condition, but the effects of ACEs.

2. By knowing about a child’s ACEs (at multiple points in time), a school could better understand academic performance and help to tailor individualized strategies.
Systems Integration - Health

1. In primary care, routine knowledge of a parent’s and child’s ACEs can lead to early referral to support services.

2. Pediatricians are in a good position to advocate for policies that promote child development with the goal of creating healthy, well-functioning adults.
1. In case management, a parent with ACEs may struggle with supportive parenting.

2. Case managers should provide referrals to professionals who are versed in the SDOH, ACEs, and their impact on the family unit.

Chamberlain, 2015.
1. Training for law enforcement in ACEs can encourage appropriate approaches in dealing with persons who may suffer from ACEs. This could encourage more truthful communication between alleged assailants and victims with officers about any preconditions that may warrant a physical or mental health referral.

2. Communication and understanding how to respond to a person with ACES creates a healthy interaction between law enforcement and alleged assailants and victims.
Systems Integration – Businesses

1. Businesses have employees who experienced adverse childhoods.

2. Rather than taking a passive, sometimes punitive approach to the problems that ACEs create in the workplace, the business community could promote forms of employee wellness that better understand ACEs and attempt to compensate for ACE-related adversities.

3. Workforce development is the primary goal.
Important Considerations

- ACEs do not equal trauma; significant relationships can be pivotal buffers.
- Being a member of a marginalized population does not equal trauma or an adverse childhood experience (it is not causal, just a risk factor).
- Do not implement ACEs screening unless you have the infrastructure to respond.
- It’s not about the event, it’s about the experience of the event.
- ACEs are universal, but the access to healing is not.
QUESTIONS
References


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References


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