

Integrating Trauma-informed Care with Pernet Family Health Service

UMMS Population Health Clerkship 2019

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Conflict of Interests

- We claim no conflicts of interests



Be Kind To Yourself

- **This powerpoint contains sensitive information that may be disconcerting. Please feel free to leave this presentation at any point in time.**



Parenting and Family Stability PHC at Pernet Family Health Service (PFHS)

Details of the Population Health Clerkship at PFHS:

- **Interprofessional team of 4 students**
- **Project Goal:**
 - Outline a path for PFHS to become a trauma-informed care center
 - Gather resources to support application for a Capacity-Building Grant that could allow PFHS to build trauma awareness
- **Wide variety of shadowing opportunities and exposure to the breadth of Pernet's program offerings**
 - Home visits, food pantry work, parenting groups



Pernet Family Health Service (PFHS) offers a set of programs to support family stability.

Early Intervention

- Family centered developmental services
- Children experiencing or at risk of developmental delays

Family Support Services

- Fathers and Family Program
- Homemaker Program
- Parent Aide Program

Maternal and Child Nursing

- Home Health aides and nurses to support pregnant/parenting women
- Support for infants, young children and families

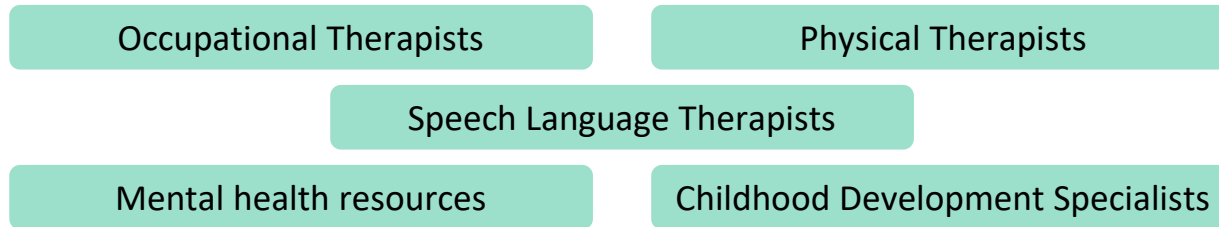
Family and Community Development Program

- Youth Program
- Emergency Assistance Program/Food and Infant Supplies
- Neighborhood Advocacy and Capacity Building



PFHS takes an interprofessional approach to family care across its many programs

- All of Pernet's programs utilize resources across multiple disciplines in order to serve their clients
- For example, Early Intervention services include a wide array of specialists



- PFHS seeks to integrate these resources to provide holistic support for the child, and for the entire family
- Any internal development for PFHS will need to synergize with this interprofessional approach to care

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Recommendations for Integration of Trauma Awareness

Appropriately addressing trauma is considered a key component of health care.

- **It is commonly accepted that trauma involves a negative experience and can have lasting physical and mental health impacts**
 - Specific definitions may vary widely due to the variability of traumatic experiences and reactions

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

- Substance Abuse and Mental Health Services Administration (SAMHSA)

ACE surveys provide the foundation for many pediatric trauma evaluation systems.

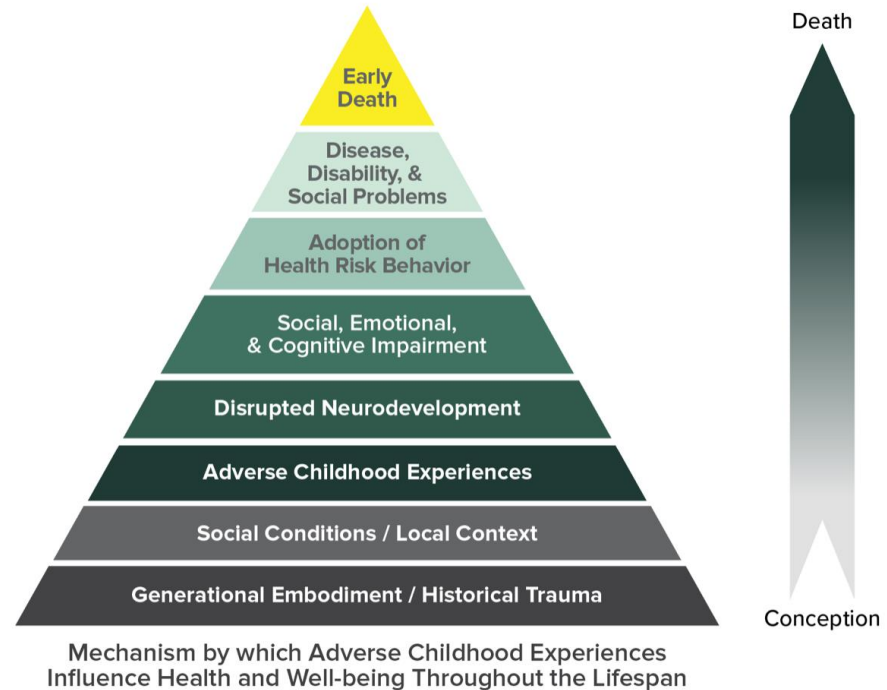
- **Adverse Childhood Experience (ACE) questionnaires were developed by the CDC and Kaiser Permanente and are available for public use**
- **Children are asked about their exposure to potential triggers to quantify information about traumatic experiences**
 - Experiencing violence, abuse, or neglect
 - Witnessing violence in the home
 - Having a family member attempt or die by suicide
 - Environments that undermine a sense of safety and stability
- **Scores by section and overall provide insight into a child's total risk for post-trauma sequelae and types of trauma experienced**

Key categories of adverse childhood experiences have been defined by the ACE Study.

Category	Subcategory
Abuse	Emotional Abuse
	Physical Abuse
	Sexual Abuse
Household Challenges	Mother treated violently
	Substance abuse in the household
	Mental illness in the household
	Parental separation or divorce
	Incarcerated household member
Neglect	Emotional Neglect
	Physical Neglect

The ACE pyramid highlights post-trauma risk factors throughout the lifespan.

- The risk of adverse events increases with childhood exposure to trauma and other adverse experiences
- Childhood trauma survivors are significantly more likely to exhibit “health risk behaviors”
 - These may include, but are not limited to, suicide attempts, eating disorders, and IV drug use*



For war refugees, trauma experienced due to poverty drives brain and learning disruption.

A Teen Refugee's Brain May Be Disrupted More By Poverty Than Past Trauma

October 28, 2019 · 11:39 AM ET



- **Chen et al. recently examined the differential effects of trauma subcategories on issues with school work**
- **They determined that poverty is correlated with working memory deficits**
- **However, they did not find a specific association between trauma and executive function**

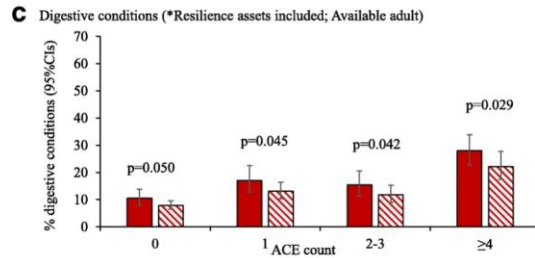
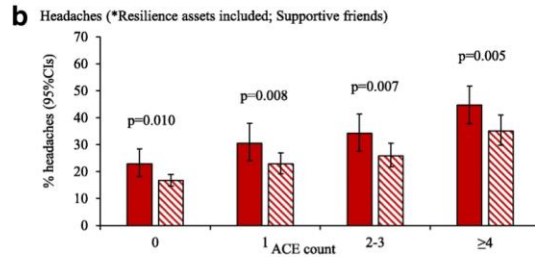
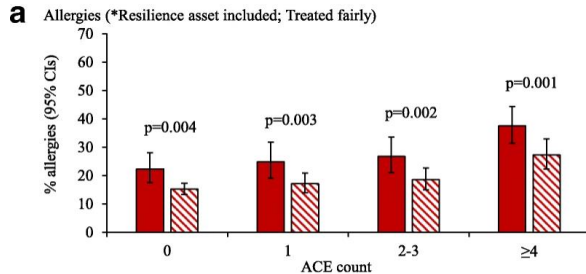
Resilience promoting factors following child maltreatment.

- Not everyone who experiences ACES experiences the adverse health outcomes
- Resilience - The act / state of being high functioning, or poor functioning, in the presence of adverse experiences
- Factors which promote resilience reduce the association between ACES and adverse health outcomes
- Protective Factors
 - Individual protective factors
 - supportive caregivers and stable caregiving environments
 - positive self-esteem, easy child temperament, daily living skills (personal, domestic, and community adaptive functioning skills)
 - Family protective factors
 - a warm and supporting relationship with a non-offending parent
 - better parenting performance
 - family coherence
 - Community protective factors
 - peer relationships
 - non-family member relationships
 - non-family member social support
 - religion

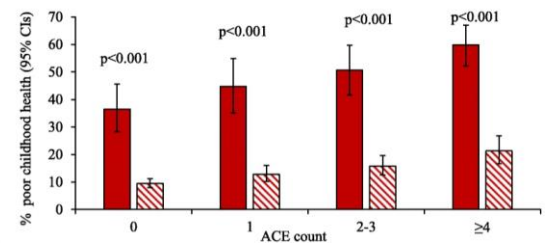


Comparison of health outcomes with and without the presence of resilience assets

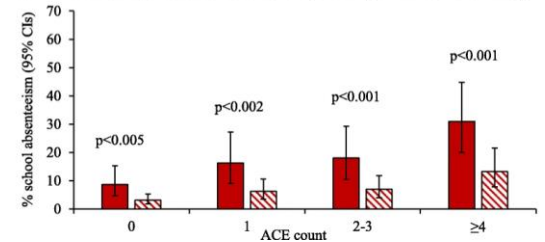
- A 2018 cross-sectional retrospective national Welsh study compares health outcomes in the presence and absence of resilience assets.
- Resilience assets are associated with better child health and school performance



d Poor childhood health (*Resilience assets included; Given opportunities, Supportive friends, Role model)



e School absenteeism (*Resilience assets included; Given opportunities, Treated fairly)



The CDC has developed a set of core strategies aimed at preventing violence and ACEs.

Preventing ACEs	
Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> • Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none"> • Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement
Teach skills	<ul style="list-style-type: none"> • Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none"> • Mentoring programs • After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> • Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behavior and future involvement in violence • Family-centered treatment for substance use disorders



- Pernet is currently a change agent in many of these evidence based strategies
- Trauma informed care can provide a framework through which to integrate and support Pernet's efforts

What is trauma informed care?



- **Trauma informed care (TIC) is a lens through which to process and move information and behavior.**
- **TIC looks at a fish out of water and asks, “Is that a difficult fish, or is this fish experiencing a difficult time?”**
 - Trauma affects the way people approach potentially helpful relationships.
- **TIC can be a powerful organization framework through which to move resources and work**

SAMHSA's "Four Rs" & The National Child Traumatic Stress Network trauma-informed approach

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

Resists re-traumatization

NCTSN The National Child Traumatic Stress Network

What is a Trauma-Informed Child and Family Service System?

A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.

A service system with a trauma-informed perspective is one in which agencies, programs and service providers:

- 1 Routinely screen for trauma exposure and related symptoms;
- 2 Use evidence-based, culturally responsive assessment and treatment for traumatic stress and associated mental health symptoms;
- 3 Make resources available to children, families, and providers on trauma exposure, its impact, and treatment;
- 4 Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;
- 5 Address parent and caregiver trauma and its impact on the family system;
- 6 Emphasize continuity of care and collaboration across child-service systems; and
- 7 Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff wellness.

These activities are rooted in an understanding that trauma-informed agencies, programs and service providers:

- 8 Build meaningful partnerships that create mutuality among children, families, caregivers and professionals at an individual and organizational level; and
- 9 Address the intersections of trauma with culture, history, race, gender, location and language, acknowledge the compounding impact of structural inequality, and are responsive to the unique needs of diverse communities.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

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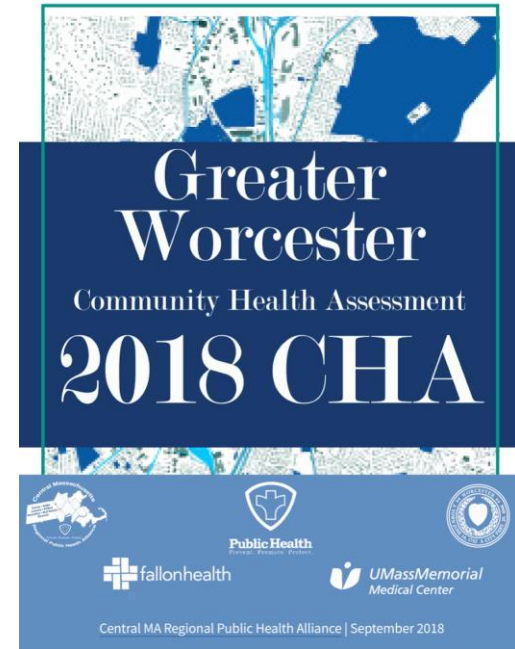
What is Trauma-informed Care?

Who is the Population Served?

Recommendations for Integration of Trauma Awareness

The Worcester Community Health Assessment (CHA) quantifies community health needs.

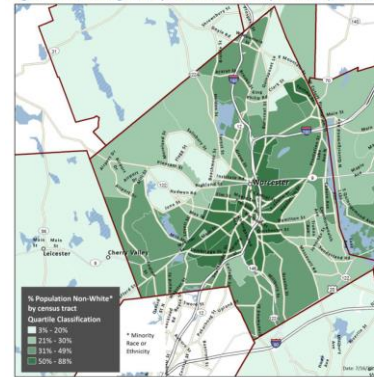
- **The CHA was developed by the Worcester Department of Public Health, Fallon Health, and UMass Memorial Medical Center**
- **The CHA seeks to:**
 - Assess community health needs
 - Population health status
 - Strengths and weaknesses of the service systems
 - Increase community engagement across multiple sectors
 - Evaluate at-risk population for common health issues
 - “Prioritize and promote community health investment”



There is a correlation between the distribution of race and socioeconomic status in Worcester.

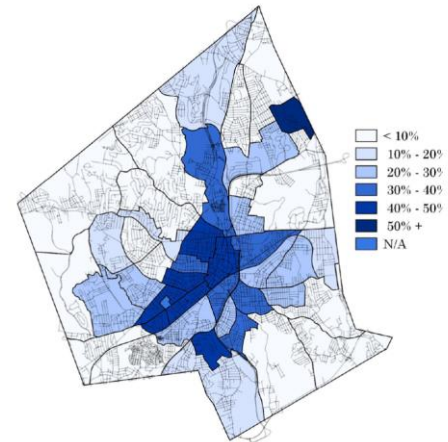
- The majority (50-88%) of the population living in the central regions of the City of Worcester identifies as non-white
- A large proportion (about 50%) of the population living in neighborhoods clustered in the Central Worcester area lives at or below the poverty level
- Worcester is a segregated city
 - The Green Island Neighborhood depicts that the highest poverty levels are associated with the non-white population

Figure 13: Percentage of Population Non-White (Worcester), 2012-2016



Source: US Census Bureau, American Community Survey

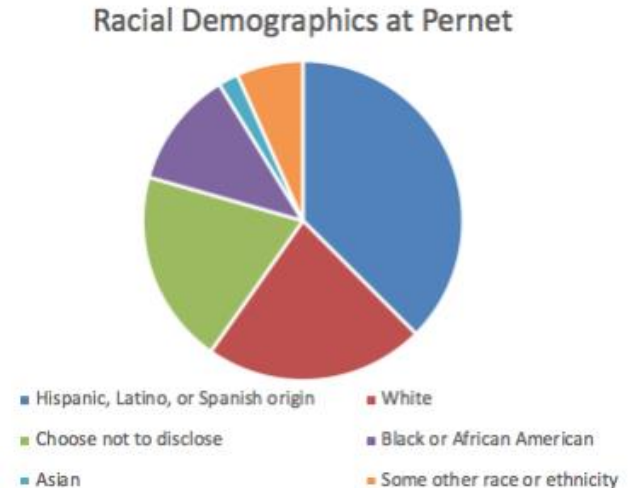
Figure 28: Percent of Worcester Residents Living Below Poverty Line, 2012-2016



Source: U.S. Census Bureau, American Community Survey, Image from Worcester Almanac

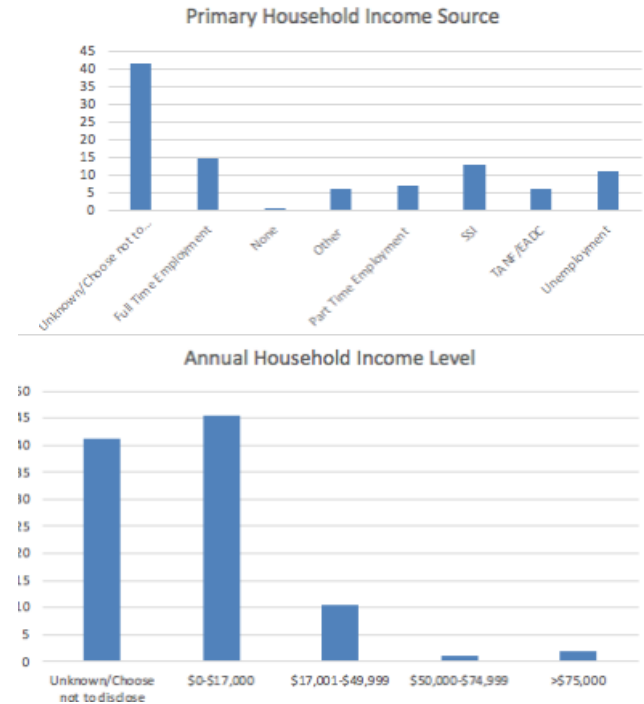
PFHS serves the Green Island and Greater Worcester communities.

- **37.5% of all clients seen at PFHS are of Hispanic, Latino, or Spanish Origin**
 - Could be an underestimate as 19.6% of clients chose not to disclose
- **PFHS serves mainly middle aged clients along with very young children**
 - 69% of clients are between 18-64 years of age
 - 24.3% of clients are between 0-4 years of age



Low income levels reflect the high level of financial need among PFHS clients.

- **At PFHC, 45.5% of clients have an annual household income level between \$0 - \$17,000**
 - Could be an underestimate as 41.2% of clients reported unknown levels or refused to disclose
- **At PFHC, 41.4% of clients' primarily Household Income Source was either unknown or the information was not disclosed**
- **Only 14.7% of clients report full time employment**



Structural changes around the new stadium are expected to exacerbate existing inequities.



WOW.

Worcester borrowing \$100M (vs Pawt. borrowing \$71M)

Team pays \$30M (vs \$45M in RI) w \$6M upfront equity (vs \$12M in RI)

City covers \$70M (vs \$15M for Pawtucket)

MA kicks in \$35M (vs \$23M for RI)

No political appetite in RI for that kind of \$\$\$

twitter.com/PatrickAnderso...

Patrick Anderson @PatrickAnderso_

The Worcester Deal: City borrows \$100M to build stadium.
Team pays: \$30.2M over 30 years (only \$6M in upfront equity)
City pays: \$70.1 through Tax Increment Financing plan.
Massachusetts: Chips in \$35M in infrastructure
providencejournal.com/news/20180817/...



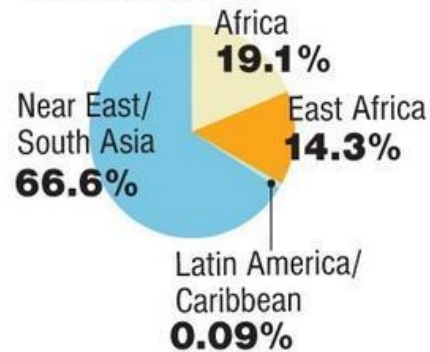
Worcester's growing refugee population brings a new set of health needs and trauma exposures.

- Worcester's refugee population accounts for roughly 25% of the state's refugee population.
- Some countries comprising a majority of these refugees include Ghana, Somalia, Burma, Iraq, Bhutan and Albania.
- Pernet has exceptional care with many foreign clients, but the refugee population offers an underserved pool of clients still waiting to be provided with need based care.

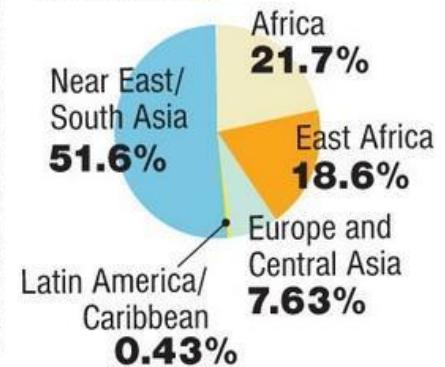
Where area refugees originate

By region of origin in Worcester and Massachusetts, 2007-2012

Arrived in Worcester



Arrived in Mass.



Source: State Department

T&G Staff

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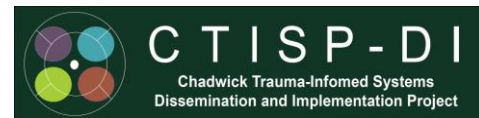
Nursing Process: Becoming A Trauma-Informed Center

- The Nursing Process was utilized as a framework for guiding our efforts to aid Pernet in becoming a Trauma Informed Center
 - Emphasis was placed on assessment before jumping to interventions



Child Welfare Sector Organizational Assessments

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
 - The National Child Traumatic Stress Network (NCTSN)
 - Network member: Rady Children's Hospital-San Diego - Chadwick Center for Children and Families & The Child and Adolescent Services Research Center
- **Chadwick Trauma-Informed Systems Project**
 - Trauma-Informed Child Welfare Practice Toolkit
 - Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators - 2nd Edition
 - Desk Guide on Trauma-Informed Mental Health for Child Welfare
 - Desk Guide on Trauma-Informed Child Welfare for Child Mental Health Practitioners
 - Guidelines for Applying a Trauma Lens to a Child Welfare Practice Model
 - Trauma System Readiness Tool



Chadwick Trauma-Informed Systems Project: Trauma System Readiness Tool (1 of 2)



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This document is prepared with funding from grant award No. 1-U79-084020-01 from the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. This document reflects the thinking of many individuals and organizations, as well as information from reliable resource documents and documents describing federal laws and policies. It does not necessarily represent official policy or positions of the funding source.

- **Training and Education**
- **Screening and Referral Practices**
- **Knowledge Regarding Trauma-focused Treatment/Interventions**
- **Availability and Accessibility of Trauma-focused treatment**
- **Parent/Caregiver trauma and its impact**
- **Child Welfare System's Ability To Assess Parent Trauma and its impact**
- **Child Welfare system's understanding of its role in mitigating impact of trauma**

Chadwick Trauma-Informed Systems Project: Trauma System Readiness Tool (2 of 2)



- **Psychological safety for children and their families**
- **Promoting positive and stable connections in lives of children**
- **Child Welfare System's provision of education and support to caregivers**
- **Agency's understanding of the impact of vicarious trauma on professionals in child welfare**
- **Agency's efforts to reduce the impact of vicarious trauma in workers**



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Interpreting the organizational assessment will inform future recommendations for PFHS.

Using the nursing process we focused on providing an evidence based tool for organizational assessment - however in our discussion some anticipated recommendations became evident:

- 1 **Reaffirm Pernet's commitment to the key tenets of trauma-informed care**
- 2 **Identify areas of greatest need within the served community**
- 3 **Establish training protocols for PFHS staff members**



Trauma Informed Care Tenants

1 2 3

- **Building a trauma-informed care center requires an emphasis on collaboration, empowerment, and choice**
 - Strengthening a bridge between Pernet and its clients will support the core tenants of TIC.
 - Community representation is a valuable asset in the path toward increased community autonomy and engagement
- **Other key tenants include safety and trustworthiness**
 - This is important when approaching considerations around staff support services
- **Consider aligning mission, vision, and values to emphasize these tenants**



Conduct a community trauma assessment.

1 2 3

- **Aim is to identify community specific traumas to best tailor Pernet's services to the needs of the clients**
- **Community assessments must be able to capture the dynamic nature of trauma**
 - The incidence and prevalence of trauma can change, just as communities can change.
 - Assessments must be able to capture documented as well as undocumented traumas
- **Community surveys may help assess known types of trauma**
- **Focus groups may aid in the assessment of community trauma's of which we may be unaware**



Provide trauma informed care training to staff.

- 1
 - 2
 - 3
- **Training staff on trauma informed care is crucial to becoming a trauma informed organization.**
 - **The UMass Child Training Trauma Center**
 - Funded by Department of Mental Health, SAMHSA, and the National Child Traumatic Stress Network
 - Goals of the Child Training Trauma Center: to improve identification of trauma symptoms, to improve access to trauma treatment, to disseminate evidence based practices for TIC of children and families



Child Trauma Training Center

Linking Families, Training Providers, Informing Communities 1-855-LINK-KID

Reflections

- **What did we learn?**
 - Importance of Evidenced Based Practice
- **How will it affect our practice?**
 - Emphasis on organizational values
 - Importance of community engagement
 - Remain open minded and non-judgemental
- **How can we as providers be involved in advocacy for this population?**
 - Policy work at institutional and national levels



Acknowledgements

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Questions?



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