Trauma-Informed Care: Opportunities for High-Need, High-Cost Medicaid Populations

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IN BRIEF

Health policymakers and practitioners are increasingly focusing on the harmful effects of trauma on health status for both children and adults. Trauma-informed care acknowledges the role that trauma has played in patients' lives, shifting the question from "What is wrong with you?" to "What happened to you?"

This brief provides an introduction to trauma-informed care and describes how it can be adopted to better serve high-need, high-cost Medicaid populations, including examples from three innovative programs across the country. The brief draws from the experiences of organizations in the Center for Health Care Strategies' ***Complex Care Innovation Lab***, made possible by Kaiser Permanente Community Benefit to uncover new ways to improve care for individuals with complex medical and social needs.

A growing body of research demonstrates that individuals who experience trauma, particularly in childhood, have much higher incidences of chronic disease and behavioral health issues.[1,2,3] Advocates of trauma-informed care suggest that to fully address patients' needs, health care providers and delivery systems must recognize the role that trauma plays in the lives of their patients and adjust treatment approaches accordingly.

Exposure to trauma[5] can lead to physical changes in the way the brain responds to stimuli, processes information, and makes decisions.[6] To individuals who have experienced trauma, the world can seem an unpredictable, unsafe place where danger may lurk in every corner. As a result, these individuals may be emotionally volatile in a variety of environments, including the care delivery setting, have difficulty following through with treatment plans, and/or frequently skip appointments – often causing them to be labeled by health care practitioners as 'non-compliant.'

Trauma-informed care seeks to change the clinical perspective from asking, "What is wrong with you?" to "What happened to you?" It recognizes that much of the behavior demonstrated by these individuals developed as coping mechanisms to deal with trauma and posits that appropriate treatment can retrain the brain to respond to situations in a healthier way. It also acknowledges that the care delivery setting itself can unintentionally retraumatize individuals, and strives to create an environment that is sensitive to this for both patients and staff.

Defining Trauma

As defined by the Substance Abuse and Mental Health Services Administration:[4]

"Individual trauma results from an event, series of events, or 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."

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Within the Medicaid population, a small but costly percentage of individuals are challenging to engage due to a range of physical health, behavioral health, and environmental circumstances, including homelessness and social isolation. These individuals are typically frequent users of emergency departments (ED) and have an inordinate number of hospital visits per year. Health care organizations and delivery systems serving this high-need, high-cost population are increasingly recognizing the prevalence of trauma among these individuals. Personality disorders and drug seeking behaviors are not unusual among this population, and seemingly innocuous encounters with individuals in the care delivery setting may trigger aggressive responses, decreasing the likelihood of productive visits and improved health outcomes. Using trauma-informed care to better engage with this difficult-to-reach population can help providers and case managers build a trusting relationship with individuals with a history of trauma, and may help enhance quality and cost outcomes for the Medicaid program overall.

This brief provides an introduction to trauma-informed care and outlines the health impacts of trauma, including a portrait of a trauma survivor. It draws from the experience of participants in the Center for Health Care Strategies' (CHCS) *Complex Care Innovation Lab* to provide examples of health care organizations that are incorporating trauma-informed care into their work and includes brief descriptions of promising approaches to treating trauma.

Exhibit 1: Finding Your ACE Score

The ACE questionnaire is a simple scoring system that attributes one point for each category of adverse childhood experience. The 10 questions below each cover a different domain of trauma, and refer to experiences that occurred prior to the age of 18. Higher scores indicate increased exposure to traumatic experiences, which have been associated with a greater risk of negative consequences.[7]

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

Yes No If yes enter 1 _____

2. 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?

Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No If yes enter 1 _____

4. Did you often or very often feel that… No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

Yes No If yes enter 1 _____

5. 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? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No If yes enter 1 _____

6. Were your parents ever separated or divorced?

Yes No If yes enter 1 _____

7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No If yes enter 1 _____

10. Did a household member go to prison?

Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

The ACE Study and the Effects of Trauma

One of the first researchers to recognize the link between trauma and health and social outcomes was Vincent Felitti, MD, director of the Department of Preventive Medicine for Kaiser Permanente. He initially made the connection between childhood trauma and poor health outcomes while trying to understand why his patients often gained back weight they had lost. In interviewing several hundred patients, he was surprised to find that most had experienced physical, emotional, sexual or psychological trauma as a child.[8] For many of these individuals, eating served as a coping mechanism

and a way to soothe anxiety, depression, and other negative feelings, and also "hid" them from unwanted sexual attention.[9] Dr. Felitti's research led him and many other clinicians to identify self-harming behaviors such as over-eating, substance use, and alcohol consumptions as ways to 'self-treat' the emotional pain caused by trauma. He partnered with Robert Anda, MD at the Centers for Disease Control and Prevention to expand the research into the Adverse Childhood Experiences (ACE) Study, one of the largest investigations ever undertaken to assess the connection between trauma and health outcomes.[10]

The ACE Study demonstrates that childhood trauma is far more common than typically acknowledged and has deeply negative effects on health outcomes. Stressful or traumatic childhood experiences have a strong relationship to an increased risk of chronic disease, social and behavioral health problems throughout the lifespan, and even premature mortality. An individual's ACE score (one point given for each category of self-acknowledged adverse experience) measures exposure to abuse, neglect, substance abuse, and other forms of household dysfunction. The higher one's ACE score, the higher one's likelihood is of experiencing medical, mental, and social problems as an adult (see Exhibit 1).[11]

For example, individuals with an ACE score of four (meaning that they experienced four defined types of trauma before the age of 18) are almost four times more likely to have chronic obstructive pulmonary disease; more than two times more likely to have hepatitis and/or a sexually transmitted disease; and almost five times more likely to have depression than individuals who have an ACE score of zero. Individuals with an ACE score of six are more than 45 times more likely to be an IV-drug user, and their lifespan is anticipated to be nearly 20 years shorter than someone with a score of zero.[12,13] In addition to poor health outcomes, childhood trauma is also linked to poorer social outcomes and increased costs to social service systems.[14]

What is Trauma-Informed Care?

As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma-informed care, also referred to as a 'trauma-informed approach,' is a framework by which "*a program, organization, or system:*

- ***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; and*
- *Seeks to actively **resist retraumatization"** by exposing individuals to triggers without providing the proper support and sensitivity.*[15]

The key principles of trauma-informed care include promoting safety, empowerment, peer support, cultural competency, trustworthiness, and collaboration.[16] This approach to care reflects an understanding of the impact of trauma and the necessity of physical, psychological, and emotional safety for patients. To provide trauma-informed care, an organization can embrace the above framework and integrate these tenets throughout all aspects of its environment and culture.

Using a Trauma-Informed Care Lens to Guide Care: Organizational Case Studies

Many of the concepts embodied in trauma-informed care have been used in behavioral health settings for some time, with organizations such as SAMHSA and the Administration for Children and Families prominently promoting the importance of a trauma-sensitive approach.[17] However, the idea that trauma should be taken into consideration in the *health care* delivery setting has only more recently begun to take root. The below case studies highlight ways that three participants in the *Complex Care Innovation Lab* are using trauma-informed care to address the effects of trauma on their patients at both the organizational and individual levels.

Southcentral Foundation

Native Alaskans have some of the country's highest rates of trauma[18]and high rates of substance use,[19] suicide,[20] heart disease, and mortality rates linked to stroke.[21] Southcentral Foundation (SCF), a nonprofit health care organization that is owned by and serves Native Alaskans, has redesigned the way that it provides care by placing physical, mental, emotional, and spiritual wellness at the forefront of its work. SCF considers relationships to be at the core of its service delivery system, and an integral part of a patient's physical and behavioral health. SCF's model, known as the Nuka System of Care,[22] is created, managed, and owned by Native Alaskans and informed by their cultural values and beliefs. SCF emphasizes customer-owner (its term for patient) empowerment and organizational transparency, both of which are key aspects of trauma-informed care.

SCF has a robust training curriculum for all staff that emphasizes mentoring and the sharing of personal stories to develop positive relationships. SCF's Family Wellness Warriors Initiative, a statewide training program, helps empower individuals and communities to strengthen their awareness of and ability to cope with traumatic experiences.[23] These trainings provide opportunities to model how to create a healthy environment, identify harmful patterns, and develop safe relationships. All staff are required to attend the training within a year of being hired, and they receive financial support from SCF to participate.

CareOregon

CareOregon is a non-profit health plan that serves low-income Oregonians. Its Health Resiliency Program, which focuses on providing care coordination services for high-utilizing members, has made trauma-informed care a core tenet of the plan's operations. Health Resilience Specialists (HRS), CareOregon's term for its case workers, are embedded within Care Oregon's clinic-based teams and receive in-depth training that covers: the neurobiological basis of trauma; the ACE Study; triggers and behaviors demonstrated by trauma survivors; and how systems and health professionals can contribute to trauma-informed care. Staff, who are trained in active listening, role-model advocacy and relational skills, cultivate an environment of safety by frequently asking patients for permission before taking action. They also work to make situations more predictable by helping patients plan for appointments and interactions, including working with them to consider what will be needed to have a successful encounter with their provider, and to anticipate what issues may trigger a negative response.

By offering patients choices, supporting them in interacting with providers, and consistently highlighting their strengths, the HRS staff empower patients to manage their own needs. Since the HRS staff are co-located in clinics, they also focus on educating other providers about the effects of trauma, helping them to understand why survivors of trauma may exhibit various behaviors, and working with them to create a supportive and non-triggering environment.

Learning Resiliency: A Portrait of a Trauma Survivor

Dana*, a 30-year-old woman, enrolled in CareOregon's Health Resiliency Program[24] in October 2013. When she joined the program, she had been homeless for three years and had visited a local ED 19 times over the past several months. Her medical records described her as 'aggressive' and listed an extensive array of social, medical, and behavioral issues, including self-injurious behavior, acute bronchitis, substance use, and bipolar disorder. Most of the providers who interacted with Dana in the ED perceived her as a belligerent, drug-seeking patient. However, the Health Resiliency Specialist (HRS) assigned to Dana recognized her drug use, multiple mental health diagnoses, and numerous prescriptions of psychiatric mediations as indicators of a potential history of trauma, and began incorporating a trauma-informed approach to her work with Dana.

By adopting a trauma-informed care mind set and using techniques such as active listening, asking for permission to help, preparing Dana for appointments, and offering an open, non-judgmental environment, the HRS slowly gained Dana's trust and began to learn more about Dana's life. She discovered that Dana had been physically and verbally abused as a child by her alcoholic father and had been in a gang for several years. Dana acknowledged using drugs and alcohol to help alleviate her mental health symptoms. The HRS wanted to identify Dana's strengths, so she focused on asking Dana about her interests. She learned that Dana loved dogs, enjoyed working with the elderly, landscaping, and doing yard work. Through these conversations, Dana and the HRS identified some of Dana's triggers, which included loud environments and having physical contact with male providers. The HRS was also able to help Dana set concrete goals, including gaining housing and getting treatment for chronic pain issues.

Through the Health Resiliency Program, Dana received outpatient substance use treatment, moved into permanent housing, and developed a strong relationship with a primary care physician who uses a trauma-informed care approach. She also started to make plans for her future, which include owning a dog that she would like to name Pete, because as she notes, that is "…a name I will be able to say easily when I am stressed and the dog can come and help me be calmer."

Name changed to protect privacy.

Camden Coalition of Healthcare Providers

The Camden Coalition of Healthcare Providers (CCHP) seeks to improve the quality of care for residents of Camden, New Jersey, while reducing health care system costs. Its director, Jeffrey Brenner, MD, was inspired by the way that some police departments around the country were using data to identify 'hot spots' of criminal activity. Examining hospital billing data from Camden's three main hospitals, he recognized that residents of two city blocks (one with a nursing home, and one with a low-income housing site) were responsible for a huge percentage of Camden's hospitalizations and medical costs.

Several years after its founding, CCHP began to focus on trauma-informed care after finding that many enrollees in its Care Management Program had experienced significant childhood trauma. CCHP began engaging the broader Camden community in a dialogue on trauma. In October 2013, CCHP attended a trauma summit hosted by Hopeworks 'N Camden, a youth development organization. Participants included leadership and staff from Camden's police department, the superintendent of schools, and local medical and social service providers. Attendees received training on how to adopt a trauma-informed lens in their work. Building on this experience, CCHP furthered its commitment to trauma-informed care by joining The Healing 10,[25] a community-wide and cross-sector effort led by Hopeworks' executive director Father Jeff Putthoff. Through this group, 10 Camden-based organizations are obtaining 'Sanctuary Certification,' a designation given to entities that complete an intensive three-year certification process in a trauma-informed approach known as the Sanctuary Model (see description in Exhibit 2).

Supporting a Trauma-Informed Approach to Care through Trauma Treatment

Establishing a trauma-informed care mindset is an important step for organizations to reorient their culture and create an environment that supports trauma survivors. As a step further, organizations can consider adopting evidence-based clinical interventions to address trauma-related symptoms. The evidence regarding the efficacy of trauma treatments is modest but growing. Health care organizations looking to incorporate trauma treatment into their services can choose from a variety of existing individual or group-based approaches. Exhibit 2 *(see next page)* summarizes six treatment approaches, describing major characteristics, target populations, and outcomes to date.

Exhibit 2: Trauma Treatment Approaches: Characteristics and Evidence

DESCRIPTION	TARGET POPULATION(S)	OUTCOMES
Addiction and Trauma Recovery Integration Model (ATRIUM) [26]		
■ Focuses on: (1) peer support; (2) psycho-education; (3) interpersonal skills training; (4) meditation; (5) creative expression; (6) spirituality; and (7) community action.[27] ■ 12-session recovery model designed for groups and individuals.	■ Homeless populations, individuals in correctional systems, jail diversion programs, AIDS programs, and survivor support programs.	■ A 2003 SAMHSA Women, Violence, and Co-occurring Disorders pilot study suggested that ATRIUM helped individuals improve trauma symptoms.[28]
Prolonged Exposure Therapy (PE Therapy) [29]		
■ Focuses on: (1) posttraumatic stress disorder (PTSD) education; (2) breathing retraining to reduce physiological experience of stress; (3) exposure practice with real world situations; and (4) talking through the trauma. ■ Eight to 15 60-90 minute sessions that occur 1-2 times a week.	■ Adults with previous experiences of trauma and PTSD.	■ Has been shown to be one of the most effective PTSD treatments for veterans.30 ■ Meta-analysis showed that the average PE patient had better outcomes than 86% of counterparts in control setting.[31]
Eye Movement Desensitization and Reprocessing (EMDR) [32]		
■ Focuses on: (1) spontaneous associations of traumatic images, thoughts, emotions and sensations; and (2) dual stimulation using either bilateral eye movements, tones, or taps.[33] ■ Information processing therapy to reduce trauma-related stress and strengthen adaptive beliefs related to a traumatic event.	■ Adults with previous experiences of trauma and PTSD.	■ Meta-analyses have shown similar outcomes to other exposure therapy techniques.[34] ■ Endorsed by World Health Organization and Department of Veterans' Affairs.[35,36]
Sanctuary Model[37]		
■ Focuses on: (1) supporting a collaborative and healing environment that improves trauma treatment: (2) building cross-functional teams; and (3) improving staff morale and retention. ■ Theory-based, trauma-informed, evidence-supported, whole culture approach designed to create or change an organizational culture.	■ Designed for many settings, including residential treatment for children, public schools, domestic violence shelters, homeless shelters, group homes, outpatient and community-based settings, and substance abuse programs.	■ Considered a "promising practice" by the California Evidence-Based Clearinghouse.[38] ■ Considered an "evidence-supported" practice by the National Child Traumatic Stress Network.[39]
Seeking Safety[40]		
■ Focuses on: (1) safety as the overarching goal; (2) integrated treatment of trauma and substance abuse; (3) ideals; (4) cognitive, behavioral, interpersonal and case management skill sets; (5) attention to clinician processes.[41] ■ Present-focused treatment to help individuals attain a sense of safety.	■ Individuals experiencing trauma, PTSD, or substance use issues; groups and individuals in a variety of settings, including residential and outpatient.	■ Seeking Safety is listed as "supported by research support" for adults by the California Evidence-Based Clearinghouse[42] and "supported by strong research support" for adults by the Society of Addiction Psychology of the American Psychological Association.[43]
Trauma Recovery and Empowerment Model (TREM and M-TREM) [44]		
■ Focuses on: (1) cognitive restructuring (learning to identify and dispute irrational or maladaptive thoughts); (2) psycho-education; and (3) coping skills training. ■ Gender-specific group sessions emphasize developing coping skills and social support and address both short- and long-term consequences of violent victimization, mental health symptoms, PTSD, depression, and substance abuse.[45]	■ Adult and young adult trauma survivors, particularly those with exposure to physical or sexual violence; has been implemented in mental health, substance use, co-occurring disorders, and criminal justice settings.[46]	■ Two evaluations of the female-specific version of the intervention (TREM) found a significant decrease in drug addiction severity at 6- and 12-month follow-ups, but a third evaluation found no statistically significant findings.[47] ■ Research has shown that at 12-month follow-up, trauma symptoms were reduced among TREM participants compared with recipients of alternative care.[48] ■ California Evidence-Based Clearinghouse indicated it has produced "promising" research evidence.[49]

Conclusion

Research that began with the ACE Study demonstrates the lasting, profound effects trauma can have on an individual's health and well-being throughout the lifespan. In addition to negative, often life-long, consequences for individuals, the long-term effects of unrecognized trauma contribute to the perpetuation of poverty and high costs to the health care system.[50] Trauma-informed care offers an opportunity for individuals and organizations to proactively address trauma and its effects.

As described in this brief, there are a variety of trauma-informed care and treatment approaches that are emerging to address trauma, as well as an increased understanding of its pervasiveness, its connections to physical and behavioral health, and the importance of adopting a trauma-informed approach. Many opportunities exist for further exploration in this field, including: (1) assessing which models are most effective in a health care setting; (2) rigorously measuring the impact of trauma-informed care on cost and outcomes; (3) identifying strategies to successfully engage community stakeholders; and (4) exploring ways to prevent and reduce the risk of trauma and intervene earlier when it occurs. By supporting the ongoing research and piloting of trauma-informed care programs, health care organizations can empower a wide range of patients, including those who are most challenging to treat, and improve their health, quality of life, and the financial impact on the health care system.

Learn More

This brief was developed through CHCS' *Complex Care Innovation Lab,* a national initiative made possible by Kaiser Permanente Community Health to uncover new ways to improve care for individuals with complex medical and social needs.

For additional trauma-informed care resources, visit CHCS' *Trauma-Informed Care Implementation Resource Center* at **TraumaInformedCare.chcs.org**.

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