Putting Our Minds Together to Address Trauma and Adverse Childhood Experiences: Using a community-based educational symposium to support the translation of research to tribal policy and practice.

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Policy Research Center 10th Annual Tribal Leader/Scholar Forum
National Congress of American Indians Mid-Year Conference
June 30, 2015, St. Paul, MN
OBJECTIVES

Participants will be able to:

- Characterize Adverse Childhood Experiences (ACEs) and their impact on health.
- Outline the process used to develop and implement a community-based educational symposium to address trauma and ACEs.
- List elements of the tribal research partnership that facilitated success of the community-based symposium.
AGENDA

1) Background
   ▶ ACEs & Trauma
   ▶ Tribal Context & Partnership

2) Community-based Symposium
   ▶ Approach
   ▶ Process
   ▶ Results

3) Significance for Tribal Leaders
BACKGROUND: ACEs & Trauma

- 17,000 Kaiser Permanente members:
  - 11% emotional abuse
  - 28% physical abuse
  - 21% sexual abuse
  - 15% emotional neglect
  - 10% physical neglect
  - 13% witnessed mother’s violent treatment
  - 27% grew up in home with alcohol/use
  - 19% grew up in home with mentally-ill person
  - 23% lost parent from separation/divorce
  - 5% grew up in home with a member in jail or prison

Prevalence: 63% at least one, 20% ≥3

BACKGROUND: ACEs & Trauma – IHS

Death Rates, Leading Causes

1-4 Years

Unintentional Injuries
- AI/AN Adjusted: 2.0
- U.S. All Races: 3.8
- U.S. White: 4.6

Homicide
- AI/AN Adjusted: 12.2
- U.S. All Races: 12.5
- U.S. White: 10.4

Congenital Anomalies
- AI/AN Adjusted: 1.0
- U.S. All Races: 1.0
- U.S. White: 1.0

Diseases of the Heart
- AI/AN Adjusted: 0.9
- U.S. All Races: 1.2
- U.S. White: 1.2

Malignant Neoplasms
- AI/AN Adjusted: 2.4
- U.S. All Races: 2.5
- U.S. White: 2.5

5-14 Years

Unintentional Injuries
- AI/AN Adjusted: 36.1
- U.S. All Races: 32.5
- U.S. White: 32.5

Suicide
- AI/AN Adjusted: 10.6
- U.S. All Races: 9.9
- U.S. White: 9.9

Homicide
- AI/AN Adjusted: 36.1
- U.S. All Races: 32.5
- U.S. White: 32.5

Malignant Neoplasms
- AI/AN Adjusted: 3.9
- U.S. All Races: 3.8
- U.S. White: 3.8

Congenital Anomalies
- AI/AN Adjusted: 14.6
- U.S. All Races: 16.9
- U.S. White: 16.9

Diseases of the Heart
- AI/AN Adjusted: 2.5
- U.S. All Races: 3.1
- U.S. White: 3.1

15-24 Years

Unintentional Injuries
- AI/AN Adjusted: 98.3
- U.S. All Races: 75.3
- U.S. White: 75.3

Suicide
- AI/AN Adjusted: 39.7
- U.S. All Races: 32.8
- U.S. White: 32.8

Homicide
- AI/AN Adjusted: 12.2
- U.S. All Races: 14.6
- U.S. White: 14.6

Malignant Neoplasms
- AI/AN Adjusted: 3.1
- U.S. All Races: 3.8
- U.S. White: 3.8

Diseases of the Heart
- AI/AN Adjusted: 1.9
- U.S. All Races: 2.5
- U.S. White: 2.5

Deaths per 100,000 Population

Deaths per 100,000 Population

Deaths per 100,000 Population
BACKGROUND: ACEs & Trauma – Northern Plains

Brockie et al. survey of 288 Reservation-based youth ages 15-24

- **Trauma**
  - Abuse: physical 29%, emotional 46%, sexual 19%
  - Neglect: emotional 41%, physical 42%

- **Witness to Domestic or Intimate Partner Violence**
  - Saw mother abused 38%
  - Frequency of witnessed events: 1-2 12%, 3-5 13%, >5 9%

- **Suicide Lifetime Prevalence**
  - Ideation 45% - associated with emotional abuse and witness to IPV
  - Attempt 35% - associated with child physical abuse and witness to IPV

* Brockie TN, Dana-Sacco G, Wallen GR, Wilcox HC, Campbell JC. The Relationship of Adverse Childhood Experiences to PTSD, Depression, Poly-Drug Use and Suicide Attempt in Reservation-Based Native American Adolescents and Young Adults. American Journal of Community Psychology. Apr 2015; 55(3-4).
BACKGROUND: Tribal Context & Partnership

- Fort Peck Indian Reservation
  - 6 deaths by suicide and 20 attempts in 5 month period in 2010
  - Tribal Executive Board declared State of Emergency

- Data
  - FINAL MISSION SUMMARY REPORT
    United States Public Health Service/IHS Fort Peck Emergency Response (Unpublished report providing deployment emergency response activities)
  - Fort Peck Health Promotion/Disease Prevention Wellness Program
  - Fort Peck Community College, research partnerships
  - Brockie et al.

- Partnership
  - Tribal Advisory Board
  - Community-based Participatory Research (CBPR)
  - Address trauma and ACEs with early intervention among parent-child dyads in Head Start

Image Credit: http://opi.mt.gov/GetAnswers/questions/356/Which+American+Indian+tribes+are+located+on+what+reservations+in+Montana%3F
COMMUNITY-BASED SYMPOSIUM: Approach

Public Health Model of a Scientific Approach to Prevention

- Define Problem
  - Data collection
  - Surveillance

- Identify Causes
  - Risk factor identification

- Develop & Test Interventions
  - Evaluation research

- Implement Interventions & Measure Prevention Effectiveness
  - Community interventions
  - Demonstration programs
  - Training
  - Public awareness

17 Years!

How can we facilitate this process?
COMMUNITY-BASED SYMPOSIUM: Approach

Levels of Influence: Socio-Ecological Theory

- Community
- Interpersonal
  - Social Cognitive Theory
  - Reciprocal Determinism
- Intrapersonal

COMMUNITY-BASED SYMPOSIUM – Process

- Planning Committee
  - Fort Peck Community College
  - Indian Health Service
  - Fort Peck Family Violence Resource Center
  - Fort Peck Head Start
  - Researchers at NIH

- Video Teleconference Calls – Bi-weekly

- Expert Consultation – Academy on Violence & Abuse

- Continuing Education
  - IHS Clinical Support Center (15.75 credits)
  - Montana Board of Social Work Examiners & Professional Counselors (17 credits)

- Evaluation – Daily and Process
COMMUNITY-BASED SYMPOSIUM – Results

Purpose:
- Increase awareness of prevalence and health effects of violence, abuse, and neglect across the lifespan
- Highlight community strengths
- Enhance quality of patient care and improve patient outcomes

Goals:
- Provide forum for presentation of relevant health topics and research
- Promote and facilitate exchange of ideas among scholars and practitioners
- Support development of a strategy to become a trauma-informed tribal community
COMMUNITY-BASED SYMPOSIUM – Results

Fort Peck Health and Resilience Symposium: Creating a Trauma-Informed Tribal Community
May 27-29, 2015
Fort Peck Community College Campus in Poplar, MT
Register at: https://fortpeckhealthsymposium.eventbrite.com

A public health symposium to engage the community about the prevalence and impacts of current and historical trauma on health across the lifespan, discuss community-based approaches to address trauma, and provide an opportunity to develop a plan to become a trauma-informed tribal community. Professionals in medicine, nursing, social work, education, the judiciary system, and law enforcement, as well as community members, are encouraged to attend.

Featured Topics & Speakers:

The Adverse Childhood Experiences (ACE) Study
Robert Anda, MD, MS – ACE Study Co-Founder & Co-Principal Investigator, Co-Founder ACE Interface

Intimate Partner Violence
Jacquelyn Campbell, RN, PhD – Johns Hopkins School of Nursing

Educating the Community: Health Impact of Violence & Abuse
Tasneem Ismailji, MD, MPH – Academy on Violence & Abuse

Stress & Neurobiological Changes
Holly Wilcox, PhD – Johns Hopkins School of Medicine

Historical Trauma: Intergenerational Transmission of Trauma
Maria Yellow Horse-Brave Heart, PhD – University of New Mexico

Panel Discussions: Prevention of Trauma in the Community; Principles of Building a Trauma-Informed Tribal Community; Legacies of Historical Trauma; Historical Trauma Recovery; & Treating Trauma/Addressing the Needs of Traumatized Families

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Continuing Education Credits: Available for Physicians, Nurses, Social Workers, Counselors, and Therapists
COMMUNITY-BASED SYMPOSIUM – Results

- Day 1: Knowledge – Health Impacts of Trauma and Prevention Approaches
- Day 2: Context – Tribal History and Treatment Approaches
- Day 3: Application – Development of a Trauma-Informed Community Strategy
COMMUNITY-BASED SYMPOSIUM – Results


- Knowledge of Material:
  - Pre-symposium: 50-60%
  - Post-symposium: 81-90%

- Planning Committee Debrief:
  - Technology – Eventbrite, VTC
  - Flexibility & Communication
  - Planted a Seed
  - Positive Frame – Self-Healing Community

Positive Feedback:
- “The last panel touched my heart so much. It will change me.”
- “1) Approach our strategies with a theory structure. 2) Consider historical trauma within program development and implementation.”

Possible Challenges:
- “Educating the whole community.”
- “Tribal Executive Board”
COMMUNITY-BASED SYMPOSIUM – Results

US Senator John Tester (D-MT)
COMMUNITY-BASED SYMPOSIUM – Results

Next Steps:

- 2-Year Strategy to Become Trauma-Informed
  - Follow-up with Day 3 Volunteers
  - Write Tribal Resolution
  - Continued Education: FPCC Course, Symposium Video
- Continued Bi-Weekly Planning Committee Meetings
- Develop Head Start Intervention Proposal and Advisory Group

Public Health Model of a Scientific Approach to Prevention

- Define Problem
- Identify Causes
- Develop & Test Interventions
- Implement Interventions & Measure Prevention Effectiveness
- Trauma-Informed
SIGNIFICANCE TO TRIBAL LEADERS

- Trauma and ACEs are issues in many Native communities.

- Community-based education and engagement can be part of the research process.

- Think Big:
  - Vision – Trauma-informed Tribal Community
  - Goals – Nationally/Internationally Recognized Speakers
  - Timeline – Part of Research Process


3. ZS Morris, SWooding, J Grant. The answer is 17 years, what is the question: understanding time lags in translational research. J R Soc Med. Dec 2011, 104(12);510-520. http://jrs.sagepub.com/content/104/12/510.full

ADDITIONAL RESOURCES

4. Trauma-Informed Care Perspectives and Resources: [http://gucchdtacenter.georgetown.edu/TraumaInformedCare/index.html](http://gucchdtacenter.georgetown.edu/TraumaInformedCare/index.html)
GV
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THANK YOU

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