



Native American &
Alaska Native
Leadership Academy

IOWA

SAMHSA
Substance Abuse and Mental Health
Services Administration

The Leadership Academy Project Series

Community Based Change
Through Leadership Initiatives
June 12, 2023

SAMHSA

Substance Abuse and Mental Health
Services Administration

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The Leadership Academy

For American Indian and Alaska Native Behavioral Health Professionals

- One-year, community-based program
- Collaborative mentor and mentee partnership, developing:
 - Peer connection
 - Networking
 - Communication
 - Mentorship skills
- Program includes:
 - Trainings
 - Mentor Meetings
 - Coffee Klatches
 - Graduation Ceremony



The Leadership Academy Project Series– Community Based Change Through Leadership Initiatives

April 24: Integrating Cultural Ideology into Tribal Health Practices:

Jason Butler, MS, Ute Tribe

May 15: Mashkizibii Mentoring Project - Bad River Survival Revival Series:

Lynn Maday, Peer Coordinator, Sr, Medweoshkakwe (Ojibwe)

May 22: Healing is Resistance – Recovery as Liberation:

Maria C. Molina, LCSW, she/her/hers, Pascua Yaqui Tribe

June 5th: Yoeme Life Skills Curriculum: Nau Te Inetene – Together We Heal:

Bridget Valenzuela, M.Ed, BHT, Pascua Yaqui Tribe

June 12th: Implementing Trauma Informed Care in Primary Care Settings:

Melanie Hazle, MSBS, LMFT, Choctaw Nation Tribe

June 19th: Modoc Ancestral Run: Transcending Trauma through connection:

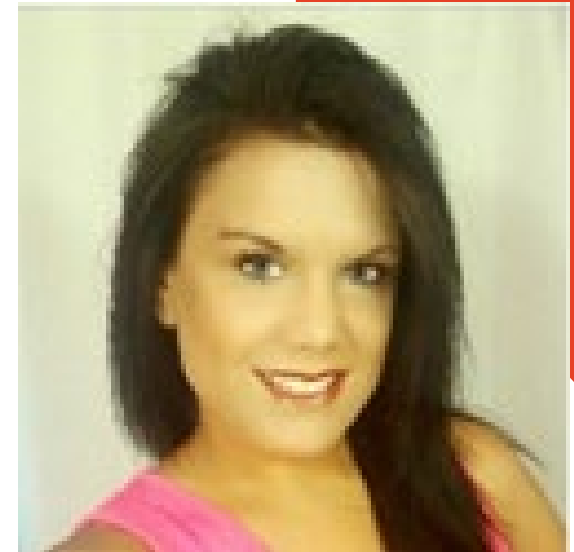
Monica (Yellowowl) Super, CADC, CPS, Pit River Tribe

Melanie Hazle Presents

“Implementing Trauma Informed Care in Primary Care Settings”

Halito! My name is Melanie Hazle. I am an enrolled member of the Choctaw Nation and the great-great-great granddaughter of Choctaw Chief Jackson McCurtain. I am a Licensed Marital and Family Therapist and I am employed by the United States Federal Government Department of Health and Human Services assigned to the Lawton Indian Hospital Service Unit in Lawton, OK. I work in an Integrated Behavioral Health setting located in our primary care clinics, and I oversee the day to day operations of Integrated Behavioral Health at our facility. I am the program manager for our Zero Suicide Grant and I serve as the lead for our Zero Suicide Advisory Council. I represent our behavioral health department at various meetings and on various committees at our facility including medical staff meetings, patient centered medical home meetings and the HOPE committee. Most recently, I have been a part of a team led by Emergency Department staff who sought PACED accreditation (Pain and Addiction care in the Emergency Department) for our facility.

This current year, I have worked on Department of Health and Human Services level work groups as a committee member for the Lethal Means and Treatment and Planning Subcommittees to assist with the HHS Action Plan for Suicide Prevention. In my daily work at my facility, I work alongside medical staff and I provide brief, short term therapeutic interventions along with depression and anxiety screenings, suicide risk assessments and interventions, safety planning, SBIRT, AUDITs, and other screenings and assessments. I assist all and especially high-risk patients with resources to receive a higher level of care if/when needed. I am trained in many evidence based treatment modalities including TREM, CBT-SP, TF-CBT, CBT-Family Therapy, ASIST, CAMS, Seeking Safety, and others. I have a strong interest in trauma and working daily with a population who has experienced years of generational and historical trauma, I wanted to make an impact for the AI/AN population. My work with trauma patients and the lack of specific trauma screenings at my facility is what led me to choose my Leadership Academy Project “Implementing Trauma Informed Care in Primary Care Settings.” I hope to see all facilities implement trauma screenings at IHS and tribal facilities to ensure we are identifying at risk AI/AN patients earlier in life and connecting them with adequate services and resources to reduce the likelihood of future mental health and physical health problems. Yakoke!



Melanie Hazle
MSBS, LMFT
Choctaw Nation Tribe

- LAWTON INDIAN HOSPITAL, LAWTON, OK
- AI/AN BEHAVIORAL HEALTH LEADERSHIP ACADEMY
- OCTOBER 27, 2021/JUNE 12, 2023

MELANIE
HAZLE, MSBS,
LMFT



TRAUMA

- The Substance Abuse and Mental Health Service Administration (SAMHSA) describes trauma as events or circumstances experienced by an individual as physically or emotionally harmful or life threatening, which results in adverse effects on the individual's functioning and well-being.

IMPACT OF TRAUMA

The Adverse Childhood Experiences (ACES) study conducted by the CDC and Kaiser Permanente revealed that the more an individual is exposed to a variety of stressful and potentially traumatic experiences, the greater the risk for chronic health conditions or health risk-behaviors later in life.


Traumainformedcare.ohcs.org

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score ra hbr 10/24/06

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

1. Did a parent or other adult in the household **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** ...
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
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **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** 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 pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over 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



ACES STUDY
CDC-Kaiser Permanente
1995-1997

ONE OF THE LARGEST INVESTIGATIONS OF CHILDHOOD ABUSE AND NEGLECT AND HOUSEHOLD CHALLENGES AND LATER-LIFE HEALTH AND WELL-BEING

ADVERSE CHILDHOOD EXPERIENCES (ACES) ARE CATEGORIZED INTO THREE GROUPS: ABUSE, NEGLECT, AND HOUSEHOLD CHALLENGES

OVER 17,000 PARTICIPANTS FROM SOUTHERN CALIFORNIA COMPLETED THE SURVEY REGARDING THEIR CHILDHOOD EXPERIENCES AND CURRENT HEALTH STATUS AND BEHAVIORS

ALL ACE QUESTIONS REFER TO THE RESPONDENT'S FIRST 18 YEARS OF LIFE

ALMOST 2/3 OF PARTICIPANTS HAD AT LEAST ONE ACE AND MORE THAN 1 IN 5 REPORTED THREE OR MORE ACES

AS THE NUMBER OF ACES INCREASE SO DOES THE RISK FOR NEGATIVE OUTCOMES.

1 IN 6 ADULTS EXPERIENCED FOUR OR MORE TYPES OF ACES.

AT LEAST 5 OF THE TOP 10 LEADING CAUSES OF DEATH ARE ASSOCIATED WITH ACES.

PREVENTING ACES COULD REDUCE THE NUMBER OF ADULTS WITH DEPRESSION BY AS MUCH AS 44%

CDC.GOV



PREVALENCE OF CHILDHOOD TRAUMA

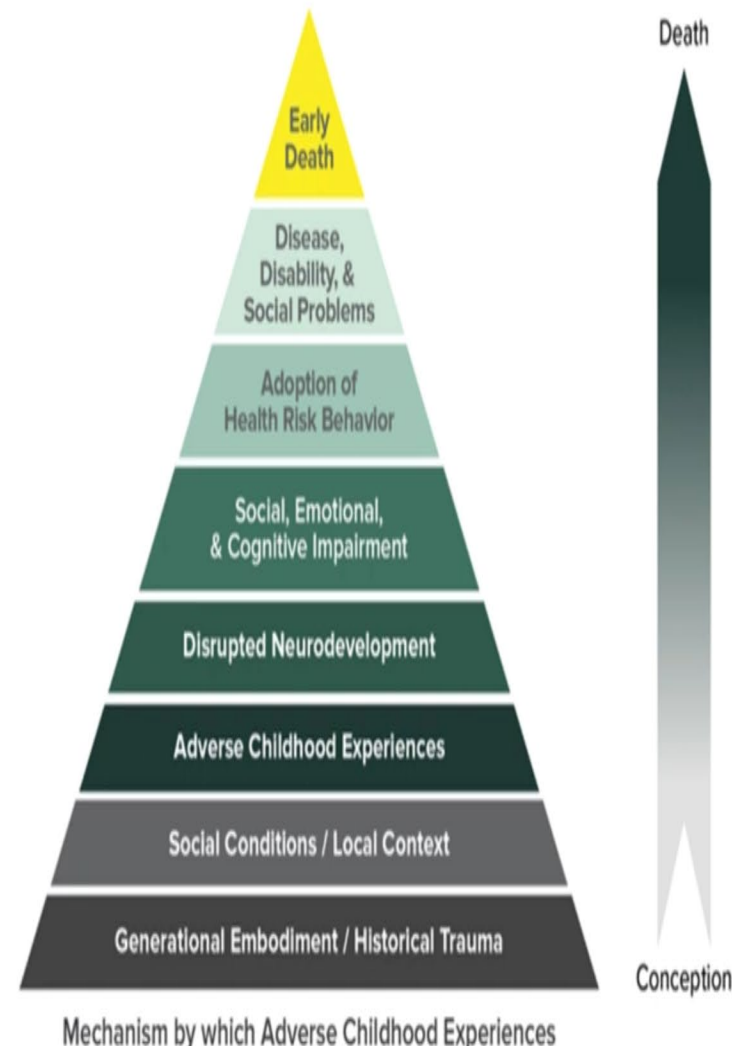
- ACEs are common and the effects can add up over time.
- 61% of adults had at least one ACE and 16% had 4 or more types of ACEs.
- Females and several racial/ethnic minority groups were at greater risk for experiencing 4 or more ACEs.
- The life expectancy of an individual with an ace score of six or more may be reduced by up to 20 years.

Some populations are more vulnerable to experiencing ACEs because of the social and economic conditions in which they live, learn, work and play.

[cdc.gov](https://www.cdc.gov)

Adverse Childhood Experiences (ACEs)

- Most people in the U.S. have at least one ACE.
- People with = or > **4 ACEs** have elevated risk of adult onset of chronic health problems such as heart disease, cancer, diabetes, suicide, and addiction.



- The study showed that adverse childhood experiences were more common than had previously been recognized or acknowledged by research and medical findings. The study also identified a direct link between the ACE score and adult chronic illness, as well as emotional and social issues such as depression, domestic violence, and suicide.
- For example, an individual with an ACE score of four or higher was **260%** more likely to have chronic obstructive pulmonary disease than someone with a score of 0, **240%** more likely to contract hepatitis, **460%** more likely to experience depression, and **1,220%** more likely to attempt suicide.

AI/AN CHILDREN ARE MORE LIKELY TO HAVE EXPERIENCED CERTAIN ADVERSE CHILDHOOD EXPERIENCES THAT CAN HAVE NEGATIVE EFFECTS THROUGHOUT THEIR LIFETIME: AI/AN CHILDREN ARE MORE LIKELY THAN OTHER CHILDREN TO HAVE:

- Lived in poverty
- Witnessed domestic violence
- Been a victim of violence or witnessed violence in their neighborhood
- Lived with a substance user
- Divorced parents
- Lived with a parent who died

We also have to consider the concept of historical trauma when understanding the impacts of ACES among AI/AN populations

- Many studies on ACES do not include samples adequate for separate findings for AI/AN population
- Often times data on the AI/AN population is grouped into the “other” category or not analyzed at all
- AI/AN population is unique in the cultures, histories, traditions; however, often times as far as statistics are reported, AI/AN are often thought to be more representative of a monolithic group
- Prior ACES work with groups in South Dakota, Minnesota, and with other tribes can serve as examples of how to include our population in future ACES work

www.childtrends.org/blog/American-Indians-Alaska-native-advers-childhood-experiences

•MANY PEOPLE DO NOT REALIZE THAT EXPOSURE TO ACES IS ASSOCIATED WITH INCREASED RISK FOR HEALTH PROBLEMS ACROSS THE LIFESPAN

Preventing ACEs can help children and adults thrive and potentially:

•Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood.

•Reduce risky behaviors like smoking and heavy drinking.

•Improve education and employment potential.

•Stop ACEs from being passed from one generation to the next.

AT MOST HEALTHCARE CLINIC APPOINTMENTS, A VARIETY OF SCREENING TOOLS ARE USED FOR VARIOUS CONCERNS:

A1C, FG, VARIETY OF LAB TESTS

GAD-7 ANXIETY SCALE

PHQ9

EDINBURGH POSTNATAL DEPRESSION SCALE

SCARED-CHILD ANXIETY RELATED DISORDERS

AUDIT, CAGE, SBIRT, CRAFFT, ETC

WHAT ARE WE DOING TO SCREEN FOR AND ADDRESS TRAUMA?



TRAUMA

SAMHSA DEFINES TRAUMA:

- The Substance Abuse and Mental Health Service Administration (SAMHSA) describes trauma as events or circumstances experienced by an individual as physically or emotionally harmful or life threatening, which results in adverse effects on the individual's functioning and well-being.

TRAUMA IN AI/AN COUNTRY

- Cultural trauma
- Historical trauma
- Intergenerational trauma
- Current trauma

TRAUMA INFORMED CARE

Having a lens that views behavior as a trauma response or coping mechanism rather than seeing the behavior as only problematic.

- Sees the behavior as a symptom of something larger to be understood
- Sees the behavior as something to be corrected

TARGET POPULATION

Every patient who walks
through the door of our
facility

especially those who:

Multiple health issues/chronic health concerns

Behavioral health/mental health concerns

Multiple doctor/ER visits

ER becomes primary care

Patients not getting better

Chronic unemployment

HIGH ACE SCREENING SCORES



- Implement trauma screenings as part of the patient screening process prior to primary care appointments.
- ACES, CATS, PCL-5
- ACES-Pediatric clinic; screen all children under 18 twice year—parents/guardians are able to complete the screening for younger children
- Adults and other primary care clinics-screen patient at least one time a year
- Patients can connect with an Integrated Behavioral Health Provider at their appointment and/or referral made to Behavioral Health for further assessment and follow-up

ADDITIONAL SCREENINGS

CATS-screening assessment for PTSD in children and adolescents

Self-report: 7-17 years

Caregiver report 7-17 years

Caregiver reports 3-6 years

DSM-5 based checklist that includes 15 potentially traumatic events or series of events, the 20 posttraumatic stress symptoms (PTSS) and 5 impairment items.

- THE PCL-5
- The PTSD Checklist for DSM-5 (PCL-5) is a 20-item self-report measure that assesses the presence and severity of PTSD symptoms. Items on the PCL-5 correspond with DSM-5 criteria for PTSD. The PCL-5 can be used to quantify and monitor symptoms over time, to screen individuals for PTSD, and to assist in making a provisional or temporary diagnosis of PTSD.

IMPLEMENTING TRAUMA INFORMED CARE

SHIFTING THE FOCUS FROM “WHAT’S WRONG WITH YOU TO WHAT HAPPENED TO YOU”



Foundational steps to move toward fully adopting a trauma-informed approach to care include:



1. Building awareness and generating buy-in for a trauma-informed approach;



2. Supporting a culture of staff wellness;



3. Hiring a workforce that embodies the values of trauma-informed care/training; and



4. Creating a safe physical, social, and emotional environment.



5. Identify, treat, and HEAL trauma.

CLINICAL PRACTICES



- Involve patients in the treatment process
- Screen for trauma/ask how you can make the visit more comfortable/less uncomfortable
- Train staff in trauma-specific treatments
- Engage referral sources and partner organizations/tribal communities, etc

GOALS

Trauma
responsive
care...



@wild_heart_healing_arts

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- Implement trauma informed care /trauma screenings in all primary care clinics as well as organization wide to help:
 - Identify, treat, and heal trauma/aces(esp. within a cultural framework)
 - Allow patient collaboration in their treatment plan
 - Improve patient health outcomes
 - Reduce unnecessary utilization of providers/decrease medical costs
 - Provide families with more resources for resiliency and improvement in ACES screening areas
 - Implement early intervention to minimize/alleviate the effects of the long term risks we now know are associated with high ACE scores.”
- raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives (AI/AN) to the highest level.


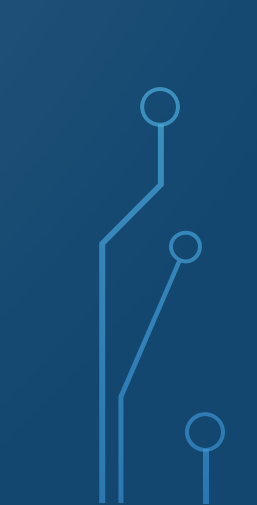
TAKING ACTION

- STARTING WITH TWICE A YEAR ACES SCREENINGS IN OUR PEDIATRIC CLINIC
- INTEGRATED BEHAVIORAL HEALTH REFERRAL WITH REFERRAL FOR FURTHER ASSESSMENT AND/OR HIGHER LEVEL OF CARE IF NEEDED
- COLLABORATING WITH MEDICAL PROVIDER WITH BH SUPPORT/INPUT FOR PATIENT'S PLAN OF CARE
- ESTABLISHING WITH OUR BEHAVIORAL HEALTH DEPARTMENT FOR FOLLOW-UP CARE
- EVENTUAL ROLL-OUT TO OTHER CLINICS FOR 1 X A YEAR SCREENING FOR ADULTS



GO BIG.....
OR GO HOME!

Overcoming Challenges in Implementation:

- Being inclusive to all tribal nations/common language
 - Administration support/buy in
 - Behavioral Health staff buy in
 - Interdepartmental support/provider buy in
 - Hesitation of providers in treating mental health concerns
 - COVID
-
- Collaboration with tribal partners, hospital tribal council, training, education, and Integrated Behavioral Health support to primary care clinics.
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Trauma creates change
you DON'T choose. Healing
is about creating change
you DO choose.

- Michelle Rosenthal

Thank you to the University of Iowa, leadership academy staff, mentors, mentees, and IHS for the opportunity to make impactful change.

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