



Addressing Historical Trauma through Integrated Care

American Indian and Alaska Native tribal communities and peoples have experienced a history of trauma and adversity over hundreds of years. Dr. Maria Yellow Horse Brave Heart, a Lakota social worker, educator and researcher dedicated her life to examining the impact of trauma in our American Indian and Alaska Native communities. She gave our communities the language to begin to understand this tie between history, trauma, and adversity by coining the term Historical Trauma, defined as “cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences” (Brave Heart, 2003, p. 7).

Historical trauma and the adversity that comes with it affect individuals physically, emotionally, mentally, socially, behaviorally, and spiritually, which can contribute to challenges in their overall health and wellbeing. Traumas often violate an individual’s boundaries, or bodily integrity, and lead to trauma responses that can include a myriad of emotional, mental, social, behavioral, spiritual, and of course physical effects. As populations are exposed en masse to histories of trauma, the potential for increased impact and ill health rises.

Across time, American Indian and Alaska Native populations have experienced systems meant to provide care or education that instead inflicted or exacerbated trauma and have led to feelings of betrayal or mistrust. Social Determinants of Health (SDOH), shaped by these histories of trauma as well as policies, access, funding, systems and structures also impact individuals and populations and contribute to ill health and continued mistrust.

Both individual and population-based trauma histories, along with the potential for distrust in systems that provide care, can influence patterns of engagement in healthcare services overall. We may see higher acuity, or increased emergency care versus preventative care. We may also see patient participation behaviors shaped by those same histories, as trauma response may arise during healthcare visits, resulting in shortened visits, inconsistent attendance, or lack of engagement with their provider. This can be a challenging environment in which to provide care. Failure to reflect on the potential for individual trauma and trauma responses, and the potential for population-based histories of trauma and trauma response can often lead providers to label patients as “difficult,” “disengaged,” or “non-compliant” in their healthcare treatment journey.

Selwyn et al. (2021) present a framework called BITTEN that examines histories of trauma and institutional or system betrayals and their impact on healthcare engagement.

- B** Institutional and personal **betrayals** and trauma exposure. Individual and/or population experiences within healthcare or provider systems that have contributed to trauma or exacerbated trauma.
- I** **Indicator** for healthcare engagement. What is the presenting health issue for the individual?
- T** **Triggers** for trauma symptoms. What are potential trauma responses that may arise for my patient? Might they experience anxiety? Fear? Power differential? Depression? Grief? Anger?
- T** **Trust** in healthcare providers. What could potentially have been my patient's experience with other providers? How am I establishing trust, rapport, transparency, collaboration?
- E** What are the patient's **expectations** of service provision or treatment? How do I explore this collaboratively with my patient while providing needed care?
- N** Patient **need** for healthcare service. Is the need acute, chronic, regular, or preventative? Is it possible that histories of individual or population-based trauma contribute to or shape this individual's healthcare need?

Integrated Health Care can address these histories and care needs through a holistic, team-based, and overall organizational approach that treats the whole person: physically, mentally, emotionally, behaviorally, socially and spiritually. Integrated Health Care also can recognize care needs through a Trauma Informed Lens, understands trauma responses for what they are, and utilizes tools and frameworks such as the BITTEN framework to help understand how these individual traumas and population traumas intersect with health and health care.

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