

**TRAUMA-INFORMED CARE
IN FAMILY MEDICINE
AND COMMUNITY**

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APPRECIATION AND RECOGNITION

Rebecca Green LMSW
Institute for Family Health 2021
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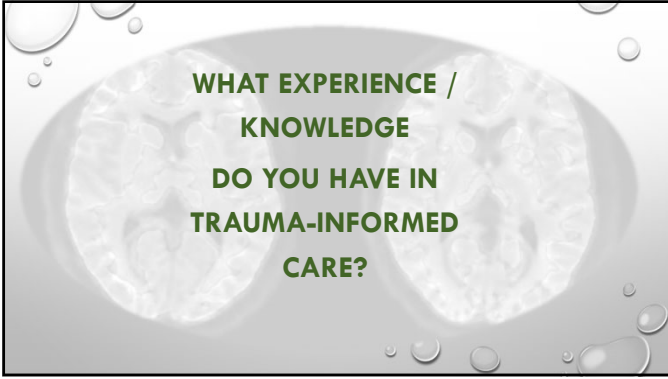
for the original
Trauma-Informed Care in Family Medicine
presentation

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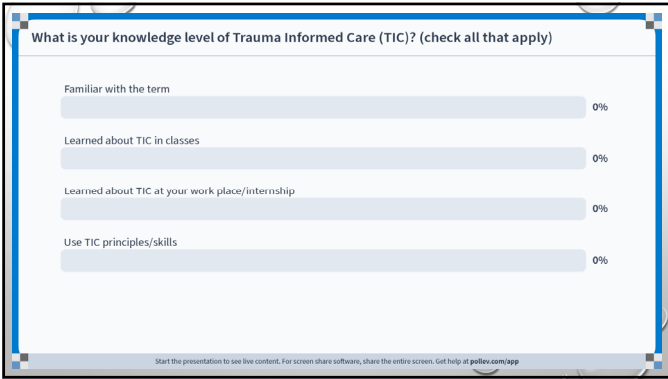
LEARNING OBJECTIVES

1. Define Trauma and Trauma-Informed Care
2. Recognize the prevalence of trauma
3. Understand the importance of the trauma-informed care when working with individuals, families and communities
4. Recognize how trauma negatively impact health and wellbeing
5. Acquire knowledge to provide trauma-informed care

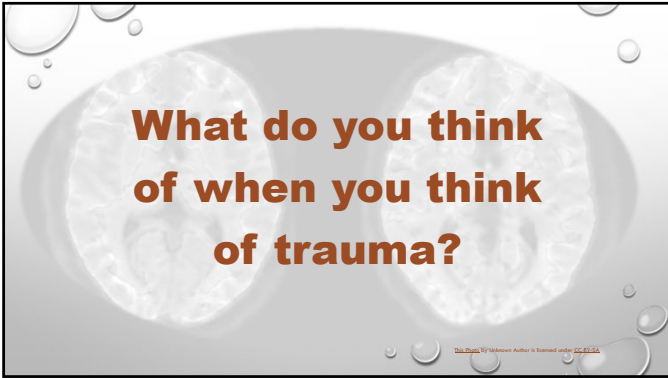
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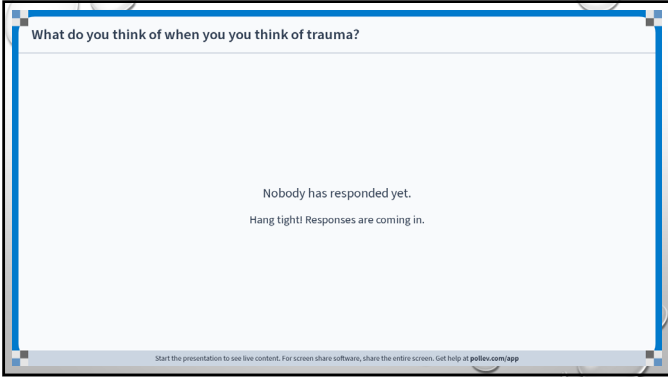
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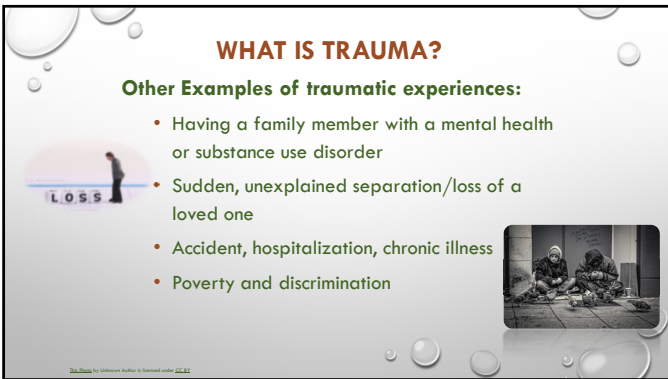
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WHAT IS TRAUMA?

- Individuals experience events differently; an event is traumatic based on how an individual interprets, applies meaning to, and is disrupted by that event.
- **Bottom Line:** if a person feels traumatized by an event or experience, than that event was traumatic.

Source: Substance Abuse and Mental Health Services Administration [SAMHSA], 2012, p. 7



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WHAT DO WE KNOW ABOUT TRAUMA?

Many People Report ACEs


According to data collected from adults across all 50 states and the District of Columbia between 2011 and 2020:



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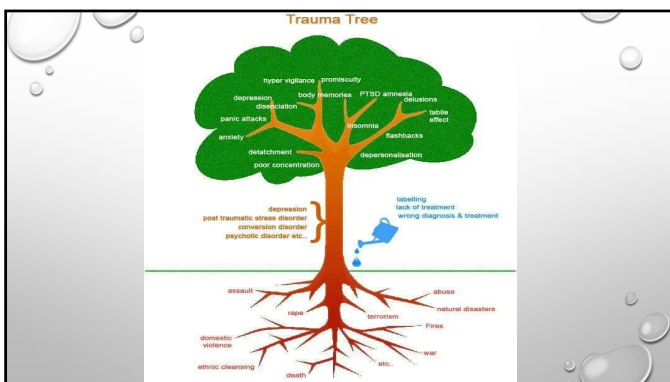
WHAT DO WE KNOW ABOUT TRAUMA?

- **Trauma is common.**
- **The impact of trauma is extremely broad and touches many areas of life.**
- **The emotional impact of trauma is often deep and life-shaping.**



Source: Sledzinski, E. M., Speisman, B., & Dierker, L. B. (2008). Does number of lifetime traumas explain the relationship between PTSD and chronic medical conditions? Answers from the national comorbidity survey- replication (NCS-R). Journal of behavioral medicine, 31, 341-349.
CDC. (n.d.). Adverse Childhood Experiences (ACEs). VitalSigns.

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WHAT DO WE KNOW ABOUT TRAUMA?

- **Trauma impacts the way people approach potentially supportive relationships.**
- **Trauma often occurs in the service context itself.**



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WHICH POPULATIONS ARE MORE AT RISK FOR EXPERIENCING TRAUMA?


- Members of historically marginalized populations seem to have a disproportionately greater frequency of trauma than the general population. These groups include (but are not limited to):
 - People living in low-income communities
 - Ethnic and racial minorities
 - LGBTQ+ individuals
 - Individuals with disabilities
 - Women and girls



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THE ACE STUDY & QUESTIONNAIRE

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	<input type="checkbox"/>
2. Did you lose a parent through divorce, abandonment, death, or other reason?	<input type="checkbox"/>
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?	<input type="checkbox"/>
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	<input type="checkbox"/>
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	<input type="checkbox"/>
6. Did you live with anyone who went to jail or prison?	<input type="checkbox"/>
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="checkbox"/>
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	<input type="checkbox"/>
9. Did you feel that no one in your family loved you or thought you were special?	<input type="checkbox"/>
10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	<input type="checkbox"/>
Your ACE score is the total number of checked responses	<input type="checkbox"/>



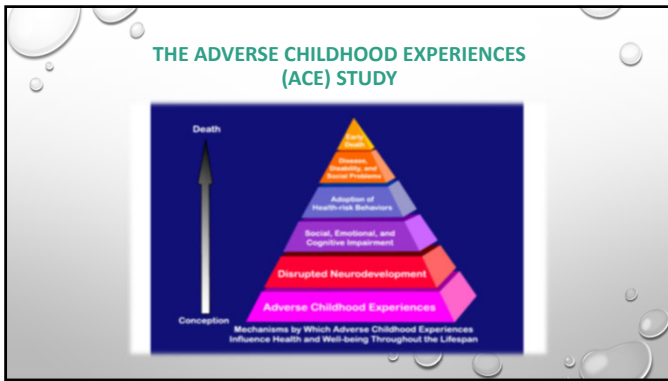
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THE ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY

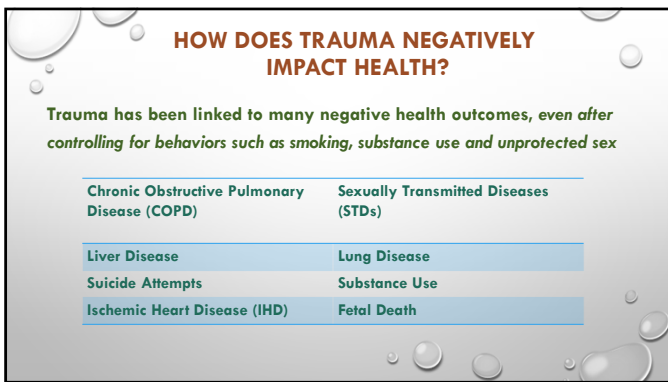
- Outcomes:
 - Childhood trauma was very common, even in employed white middle-class, college-educated people with great health insurance
 - There was a direct link between childhood trauma and adult onset of chronic disease, as well as, depression, suicide, being violent and a victim of violence
 - More types of trauma increased the risk of health, social and emotional problems
 - People usually experience more than one type of trauma – rarely is it only sexual abuse or only verbal abuse

Source: acestoohigh.com

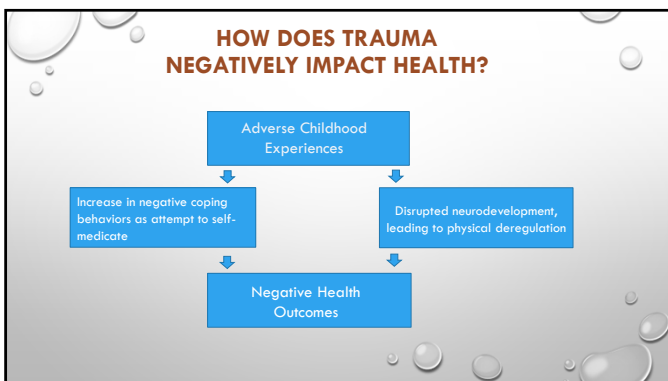
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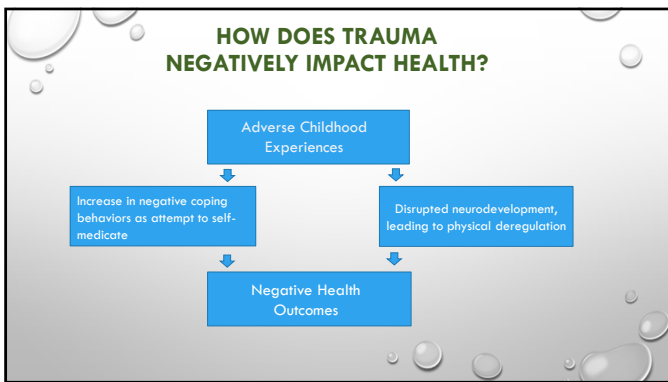


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HOW DOES TRAUMA NEGATIVELY IMPACT HEALTH?

- A person with an ACE score of 7, with no evidence of risk taking behaviors, has a 30-70% increased risk of developing ischemic heart disease
- A person with an ACE score of 4 or higher is 2-4x more likely to develop anger problems or depression, as well as 2-4x more likely to develop hypertension and diabetes
- As the number of ACE experiences increased, so did the chances of the individual experiencing cancer, chronic lung disease, skeletal fractures and liver disease

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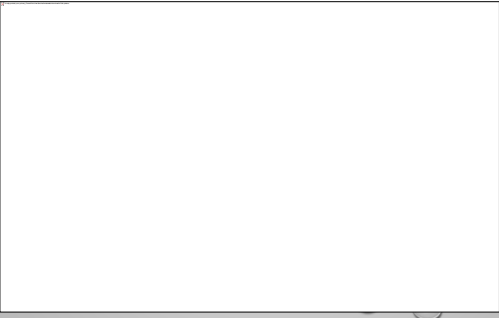
HOW DOES TRAUMA NEGATIVELY IMPACT HEALTH?

- Experiencing trauma causes neurochemical changes in the brain
 - Changes in the HPA (hypothalamic-pituitary adrenal) axis
 - Increased allostatic load

Source: Norman, S. B., Means-Christensen, A. J., et al. (2006). Associations between psychological trauma and physical illness in primary care. J. Trauma, Stress, 19, 461-470. doi: 10.1002/jts.20129

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THE ACE STUDY



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TRAUMA IN HEALTHCARE SETTINGS

- Many trauma survivors do not seek mental health services
- Neither provider or patient may be aware that current physical complaints may be connected to past traumas
- Research suggests that most patients with a trauma history do not object to being asked about their trauma history




Sources: <http://www.publichealth.va.gov/docs/whi/posttraumatic.pdf> Schumann, L. and Miller, J. L. (2000). Post-Traumatic Stress Disorder in Primary Care Practice. Journal of the American Academy of Nurse Practitioners, 12: 475-482. doi: 10.1111/j.1745-7599.2000.tb00159.x

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TRAUMA IN HEALTHCARE SETTINGS

- There are many ways that a person may be re-traumatized
- Examinations or procedures that may be considered routine can be distressing to a patient
- Many patients experience a lack of control, sense of vulnerability and powerlessness when accessing medical care



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TRAUMA IN HEALTHCARE AND COMMUNITY SETTINGS

- It is imperative to understand that "problem behaviors" may actually be indicators or symptoms of trauma, or coping skills that served them when surviving their trauma.
- What occurs when someone is triggered, re-traumatized or their trauma is not accounted for?
 - Agitation/incidents
 - Frequent missed appointments
 - Disengagement from care
- Viewing patient behavior through a trauma-informed lens aids providers/practitioners understand their patients/individuals, and provide the care needed to truly treat them.




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TRAUMA IN HEALTHCARE AND COMMUNITY SETTINGS

Patients with a trauma history often present with or are perceived as:

- Irritable or hostile
- Frequently miss appointments, and more likely to present as a walk in, or in a crisis
- Reluctant to admit/discuss health problems OR present with many needs/demanding care
- Confusion/poor memory
- Poor self-care
- Pain issues (problems with pain perception, tolerance or chronic pain)



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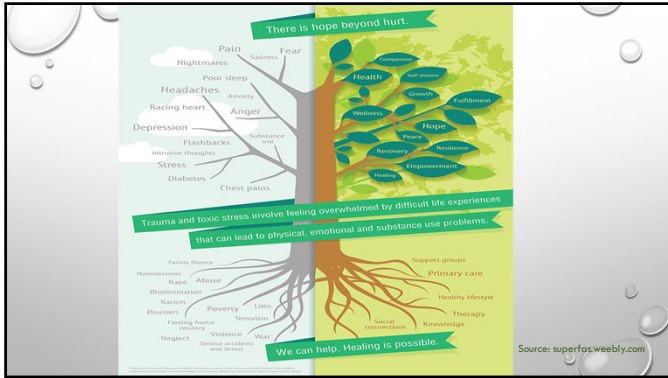
TRAUMA IN COMMUNITY SETTINGS

- Trauma can manifest at an individual or community level
- Communities suffering high levels of violence, poverty, lack of infrastructure, and oppression can experience shared trauma on top of personal trauma
- Shared trauma worsens individual trauma
- Community violence and trauma influences the social environment, community engagement and cultural norms
- Community trauma can be related to the physical environment and greatly associated with economic issues such as poverty and discrimination



Source: SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach, 2014. PDF Introduction to Trauma-Informed Care, California Dept of Healthcare Services (2019)

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CAN THE EFFECTS OF TRAUMA BE AVOIDED OR ADDRESSED?

- Protective factors, such as having **supportive relationships** and a **positive future outlook**, can help shield individuals from the effects of trauma.
- The potential health implications of traumatic events do not have to be life-long.
- Creating health care and community systems that employ **trauma-informed principles**, can help patients begin the healing process.

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ALLEVIATING THE EFFECTS OF TRAUMA

- Health care providers and community systems can alleviate the effects of trauma by:
 - Applying trauma-informed communications
 - Recognizing trauma exposure
 - Providing applicable resources and referrals

Sources: SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach, 2014. PPT Introduction to Trauma-Informed Care, California Dept of Healthcare Services (2019)

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WHAT IS TRAUMA-INFORMED CARE?

“An organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all kinds of trauma.”






Source: Traumainformedcare.org

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SAMHSA'S 4 R'S OF TRAUMA-INFORMED CARE


- A trauma-informed program, organization or system:
 - **Realizes** the impacts of trauma and the need for trauma-informed care
 - **Recognizes** the signs and symptoms of trauma
 - **Responds** by incorporating trauma-informed practices throughout the system and
 - **Resists** re-traumatization

Source: SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach, 2014. PPT Introduction to Trauma-Informed Care, California Dept of Healthcare Services (2019)

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6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH




https://www.cdc.gov/orr/infographics/6_principles_trauma_info.htm

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HOW CAN YOU PROVIDE TRAUMA INFORMED CARE?



- **Potential benefits of disclosure**
- **When to ask about past abuse** - It is recommended that all providers ask about a history of childhood sexual abuse on intake, but especially if:
 - If the patient has numerous painful chronic health symptoms
 - The patient has psychiatric symptoms like PTSD, panic attacks, depression, or dissociation
 - The patient has a hard time establishing trust and has feelings of helplessness, shame, or guilt
 - Or the patient has extreme difficulty with medical procedures



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HOW CAN YOU PROVIDE TRAUMA INFORMED CARE?

- **Explain before you do**
- **Be mindful of possible stress reactions**
- **Respond appropriately if a patient is triggered or dissociates**

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HOW CAN YOU PROVIDE TRAUMA INFORMED CARE?


- **Ask yourself what does TIC look like in my position?**
 - Medical assistant
 - Provider
 - Therapist/counselor
 - Social worker
 - Office Administrators
 - Other positions



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TRAUMA-INFORMED COUNSELOR COMPETENCIES

- Skills needed in a trauma-informed system (Hoge et al):
 - Person-centered planning
 - Culturally proficient care
 - Developing therapeutic alliances
 - Shared responsibility for decisions
 - Collaboratively developed treatment plans
 - Evidence-based practices
 - Recovery- and resilience-oriented care
 - Interdisciplinary- and team-based practice
 - Client advocacy



Source: Building a Trauma-Informed Workforce - Trauma-Informed Care in Behavioral Health Services - NCBJ Bookshelf (nbcj.gov).

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Counselor competencies for effective delivery of services

- Screening and assessment
- Awareness of differences between trauma-informed and trauma-specific services.
- Understanding the bidirectional relationships of substance use, mental disorders and trauma.
- Engagement
- Competence in delivering trauma-informed/trauma-specific evidence-based interventions
- Awareness of and commitment to counselor self-care practices

Source: Building a Trauma-Informed Workforce - Trauma-Informed Care in Behavioral Health Services - NCBJ Bookshelf (nbcj.gov).

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TRAUMA-INFORMED STAFF WELLNESS

- Bringing a trauma-informed care approach into a practice can impact practice staff who have personal or family experience with trauma
- Staff can experience compassion fatigue, personal re-traumatization and burnout
- Addressing staff trauma and wellness is critical to the success of trauma-informed care




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TRAUMA-INFORMED STAFF WELLNESS

- Encourage self-care 
- Provide tools, resources and trainings
- Create an environment of open communication 
- Offer opportunities for reflection and processing



Source: Center for Health Care Strategies, Strategies for Encouraging Staff Wellness in Trauma-Informed Organizations

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BEYOND TRAUMA-INFORMED CARE

- Recent research and practice around trauma-informed care is moving toward a more positive and future-focused position
- This approach moves beyond trauma to incorporate a focus on healing, compassion, and overall wellbeing
- The continuum of “trauma-informed” to “compassionate-infused” care:
 - Acknowledge trauma
 - Address trauma
 - Support healing
 - Empower well-being



Source: Aces too High

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Any Questions

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