Trauma-informed Care

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Learning Objectives

- Define trauma
- Review how childhood trauma results in adulthood disease and poor outcomes
- Define “trauma-informed care” and describe ways of addressing trauma in health care
- Emphasize the importance of caring for yourself as you care for others
Caring for Ourselves: Practice
Define Trauma

“an event, series of events, or set of circumstances [e.g., childhood and adult physical, sexual, and emotional abuse; neglect; loss; community violence; structural violence; war] that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects.”

– The Substance Abuse and Mental Health Services Administration (SAMHSA)

Trauma ruptures Relationships
Trauma and adversity are SDOH that are inequitably distributed in society.

http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html
How Common Is Trauma?

- Globally deaths from trauma exceed those from HIV, malaria and TB combined\(^1\)

- 51% of all deaths in 1-44 yr olds in US\(^2\)

- 90% of US residents have experienced a serious traumatic event in their lifetimes\(^3\)

- 53% of all adults are exposed to either physical or sexual interpersonal violence over their lifetimes\(^3\)

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2. CDC, [http://www.cdc.gov/injury/overview/leading_cod.html](http://www.cdc.gov/injury/overview/leading_cod.html)
Trauma Affects Health: Adverse Childhood Experiences (ACE) Study

- 17,000 predominantly White, college educated Kaiser patients
- Surveys asked about 10 categories of childhood abuse, neglect and family dysfunction
- Cross-sectional study: compared answers to an array of current health behaviors and conditions
- Conclusion: ACEs are common; and are strong predictors of later health risks and disease in a graded dose-response relationship
### ACES: Results

<table>
<thead>
<tr>
<th>ACE Category*</th>
<th>Women (N = 9,367)</th>
<th>Men (N = 7,970)</th>
<th>Total (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>13.1</td>
<td>7.6</td>
<td>10.6</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>27.0</td>
<td>29.9</td>
<td>28.3</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>24.7</td>
<td>16.0</td>
<td>20.7</td>
</tr>
<tr>
<td><strong>Neglect</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Neglect(^1)</td>
<td>16.7</td>
<td>12.4</td>
<td>14.8</td>
</tr>
<tr>
<td>Physical Neglect(^1)</td>
<td>9.2</td>
<td>10.7</td>
<td>9.9</td>
</tr>
<tr>
<td><strong>Household Dysfunction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother Treated Violently</td>
<td>13.7</td>
<td>11.5</td>
<td>12.7</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>29.5</td>
<td>23.8</td>
<td>26.9</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>23.3</td>
<td>14.8</td>
<td>19.4</td>
</tr>
<tr>
<td>Parental Separation or Divorce</td>
<td>24.5</td>
<td>21.8</td>
<td>23.3</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>5.2</td>
<td>4.1</td>
<td>4.7</td>
</tr>
<tr>
<td><strong>Number of Adverse Childhood Experiences (ACE Score)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td></td>
<td>36.1</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>26.0</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>15.9</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>9.5</td>
</tr>
<tr>
<td>4 or more</td>
<td></td>
<td></td>
<td>12.5</td>
</tr>
</tbody>
</table>
**ACE’s: Childhood Experiences Affect health later in life...**

<table>
<thead>
<tr>
<th>Adverse behaviors:</th>
<th>Adverse health outcomes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Alcoholism and alcohol abuse</td>
<td>- Depression</td>
</tr>
<tr>
<td>- Illicit drug use</td>
<td>- Suicide attempts</td>
</tr>
<tr>
<td>- Smoking</td>
<td>- Fetal death</td>
</tr>
<tr>
<td>- Early initiation of smoking</td>
<td>- Sexually transmitted diseases (STDs)</td>
</tr>
<tr>
<td>- Early initiation of sexual activity</td>
<td>- Health-related quality of life</td>
</tr>
<tr>
<td>- Multiple sexual partners</td>
<td>- Obesity</td>
</tr>
</tbody>
</table>

**Reproductive outcomes:**

- Unintended pregnancies
- Adolescent pregnancy

**Future violence:**

- Risk for intimate partner violence

**Adverse social outcomes:**

- Homelessness
Our experiences build our brains, bodies, and behavior...

Safe, Stable, Nurturing Relationships

Toxic Stress

Nature vs. Nurture
Nature ↔ Nurture
ACE study:

- Adverse Childhood Experiences
- Social, Emotional, & Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability, and Social Problems
- Early Death
- Death

Scientific Gaps

Whole Life Perspective

Conception
ACE’s: Life Expectancy—adult health is affected by childhood experiences...

People with six or more ACEs died nearly 20 years earlier on average than those without ACEs.
Adulthood IPV: Health Effects

- Injuries and death
- Poor mental health (depression, anxiety, PTSD)
- Increased suicidality
- Poor physical health (eg’s)
- Chronic pain
- Disability
- Asthma
- Stroke
- Heart disease
- STD’s—risk doubled or tripled, HIV risk increased
- Unwanted pregnancy and abortions
- Substance addiction (ETOH) increased
- Overuse of health services and missed medical appointments and higher cost of healthcare

http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html
Other adverse experiences...

- **Oppression and Discrimination**
  - Racism
  - Homophobia/Transphobia
  - Many other

- **Violence**
  - Structural violence (police brutality/mass incarceration/gender-based violence)
  - Bullying
  - Community violence
  - War

- **Poverty**
  - Housing instability/substandard housing/housing discrimination
  - Food instability
  - Unemployment

- **Poor education**
  - Education system disparities
  - Poor school performance due to many adverse experiences...

- More...
Trauma is “contagious”: transmitted through relationships

- Passed on through individuals, families, communities, systems
- Passed on through generations
- Passed on through power dynamics/discrimination
- Passed on to healthcare providers as vicarious traumatization
Vicarious Traumatization

- Process of change that happens because you care about other people who have been hurt.
- Can lead to changes in your psychological, physical, and spiritual life
- Can also affect your family, your organization, and your patients/clients.

Experience of trauma can be mitigated by resilience

- The ability of an individual, family, or community to cope with adversity and trauma, and adapt to challenges or change.
  - The Substance Abuse and Mental Health Services Administration (SAMHSA)

Resilience is promoted by healthy relationships and social connectedness (at every level of socio-ecological model)
**Trauma-informed Care:**

- Strengths-based service delivery approach
- Grounded in an understanding of and responsiveness to the impact of trauma
- Emphasizes physical, psychological, and emotional safety for both providers and survivors
- Creates opportunities for survivors to rebuild a sense of control and empowerment.

SAMHSA
A system in which there is a healing space for all (all employees and all patients) created by continuous commitment to these “trauma informed principles”:

- Trauma Understanding
- Cultural Humility & Responsiveness
- Safety & Stability
- Compassion & Dependability
- Collaboration & Empowerment
- Resilience & Recovery

Trauma-informed Care:
CALM

- Calm
- Contain
- Care
- Cope

Ms. Jones is 44 y old woman who has been referred to chronic care management due to frequent ED visits and poor engagement in primary care. She presents to you complaining of pain and insomnia.

She has diabetes and asthma—both are poorly controlled. She seeks care in the ED for pain and shortness of breath where she has been noted to smell strongly of alcohol.

She is very upset that you are late for her appointment.
Calm yourself to help model and promote calmness for the patient (Co-regulation)
Trauma-informed Care: Calm

- Self-awareness **practice**
- Breathe. Breathing **practice**
- Relaxation, Grounding, Movement techniques to **practice**
- Words to **practice**
  - “Peace”
  - “Let go”....
- Attitudes to **practice**:
  - Compassion
  - Curiosity
  - Wonder
  - Listening to understand
Trauma-informed Care: Calm

- ASSUME trauma could be root cause of poorly controlled disease processes and alcoholism
- EXPECT that change will likely be slow
- GOALS (eg’s):
  - Model a respectful, healthy relationship
  - Prioritize safety, dependability
  - De-stigmatize adverse sequelae of trauma
  - Collaborate on shared agenda setting
  - Empower and focus on resiliency
  - Practice with cultural humility and attention to power dynamics
Ms. Jones’ father was incarcerated for DV when she was 10. Her uncle moved in to “help out” but sexually abused her for 3 years. Ms. Jones began drinking at age 10 and did very poorly in school. She was placed in a group home at age 13 when her mother felt she was “out of control”.

Ms. Jones remembers a favorite aunt as the only person she ever felt truly loved her.
**Trauma-informed Care: Contain**

Introduce or ask about the topic of trauma in a way that:

- will allow the patient to maintain emotional and physical safety;
- offers choice and control,
- respects the time-frame for your interaction;
- allows you to offer the patient further trauma-specific treatments without disclosure.
**Non-disclosure based universal trauma education**

- NON-DISCLOSURE based education about trauma is likely the SAFEST way to introduce this topic – gives patient more control and choice

- TIME-CONSTRAINTS: do not inquire directly about trauma if you do not have time to listen compassionately to the answer.

- CARE and trauma-specific service referrals can be offered without the need for very much or any disclosure
Adulthood intimate partner violence screening...

- MOST IMPORTANT: Establish PRIVACY and safety
  - Patient should be alone
  - Professional translation only

- Compassionate body language and willingness to hear a YES answer

- Ask questions in non-judgmental, behavioral terms

- Discuss limits of confidentiality

- Use Environmental supports (posters, cards, brochures, buttons)
Adulthood intimate partner violence screening...

- Safe, effective, required as free preventive health service for women and girls by the Affordable Care Act, increases disclosure, multiple validated tools (HITS, HARK for example)

- SFDPH/ZSFG* questions:
  - “Has your partner (or anyone else) hurt you, hit you or threatened you?
  - “Has your partner (or anyone else) forced you to have sex or do something sexual you didn’t want to do?”
  - “Has your partner (or anyone else) tried to force you to get pregnant or interfered with your birth control?”

SFDPH/ZSFG=San Francisco Department of Public Health/Zuckerberg San Francisco General Hospital and Trauma Center
Lifetime Trauma Inquiry

- Mental health settings—many do trauma screening with long trauma checklists (toolkit-National Center for PTSD at VA)

- Medical settings: much less guidance and research than with IPV screening

- What to screen for?
  - ? trauma—types?
  - ? PTSD or other sequelae
Lifetime trauma screening:  
Early onset clues...

- Young age of onset of substance use or mental health problem or first sexual experiences is highly suggestive of trauma

- Always ask age of onset

- “How old were you when you first started drinking alcohol?”

- “How old do you think you were when you first ever became depressed?”
Lifetime trauma screening: If screening, then how?

- **FRAMING:** “How we were treated when we were children can affect our health later in life so I would like to ask you about your childhood”

- “Who did you grow up with?” (parent(s)?, grandparent?, others?)

- How did [insert person(s)] treat you?

- Provide examples if unclear: “Sometimes family members cheer you on and support you and sometimes family members criticize you, put you down, hurt you or hit you?” “How did [insert person] treat you?”
So, for example... When Ms. Jones tells me on the very first visit that she first began drinking at age 10, I would say...

“In my experience, when a patient tells me that she began drinking at age 10, it is often because she was experiencing very difficult things during childhood. We are just meeting each other for the first time today, so we don’t need to go into those details right now. I do want you to know that I am open to discussing those things in the future or referring you to a counselor who specializes in trauma treatment if you think that would be helpful”. 
Ms. Jones discloses trauma briefly without obvious distress

- **Acknowledge courage:** “Thank you for sharing this information with me”
- **Provide validation and support:** “I am so sorry this happened to you”
- **Inquire re impact:** “How do you feel this experience has affected you?”
Ms. Jones becomes upset, tearful or distressed:

- **CONTAIN**: “I am hoping that we will gradually get to know each other over time. I would like to help make our program and our visits feel healing to you. So it is very important that we only discuss the level of detail that will allow you to feel as calm as possible when you leave this appointment. Would you like a referral to a therapist who specializes in trauma care?”

- **CALM**: “Let’s take a deep breath together. Let’s sink into our chairs and feel the earth supporting us”
Trauma-informed care: Care

- Emphasize good self-care and compassion for both yourself and the patient

- De-stigmatize harmful behaviors...
  - NOT—what’s wrong with you?
  - Instead...What happened to you?

- Guilt and shame common—create non-judgmental space in which all feelings are valid

- Distinguish FEELINGS (never wrong, often conflicting) from EXPLORING(without criticism) whether a relationship /behavior is harmful
Trauma-informed Care: Care

Express CARE and COMPASSION (especially about stigmatized behaviors and conditions):

“No wonder you started drinking when you were 10. It was so important for you to find a way to cope with an impossible and painful situation”

“It can be very hard to learn to take good care of yourself when you were hurt as a child”

“We all deserve to be treated well. “I am so sorry those things happened to you”
Trauma-informed Care: Cope

- Emphasize skills and interventions that build upon strength, resiliency, social connectedness and hope.

- Help patient identify as the SURVIVOR that she/he actually is!!
  - “Look at how strong you are to survive such difficult circumstances”
  - “I am so glad you had the strength to reach out for help today.”
  - “I hear how loved you felt by your favorite aunt. It sounds like she was really important in your life.”
Trauma-informed Care: Cope

- COPING TECHNIQUES:
  “When you feel stressed, what do you do to cope?”

- DISCUSS the benefits of adverse coping techniques:
  “It sounds like alcohol really helps you cope. How does it help you? What do you like about drinking?”

- DISCUSS alternatives:
  “Can you think of anything else besides alcohol that helps you feel better?”
Trauma-informed Care: Cope

- Refer to evidence-based trauma-specific treatments*

- Trauma treatment:
  - Emotional regulation skills
  - Relationship skills
  - Re-framing of the trauma narrative

- Address adverse and traumatic social determinants of health (housing, food insecurity, etc.)

*http://www.samhsa.gov/nrepp (constantly updated list of evidence-based trauma-specific treatments)
Trauma-informed Care: Cope with your patients!

http://www.onemomentmeditation.com/
It only takes one minute to get started!!
(5 ½ minutes to watch the video 😊)
Trauma-informed care allows you to care for yourself while caring for others.
Trauma-informed Care: Resources
Safety plans, Resource list and more
www.leapsf.org
Trauma-informed Care: Resources

Futures without Violence: IPV toolkit
www.healthcaresaboutipv.org
Summary

- Trauma is common
- Trauma is a risk factor for:
  - early mortality,
  - chronic illnesses,
  - adverse behaviors,
  - more trauma
- Resilience factors can mitigate trauma’s effects
- Trauma-informed Care
  - Integrates recognition of high prevalence
  - Builds on resilience—Calm/Contain/Care/Cope
  - Recognizes need to care for patients and providers