Trauma-informed care: Caring for ourselves while caring for survivors of lifetime abuse

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*Photo courtesy of Dr. Edward Machtinger, Women’s HIV Program, UCSF, collaborative partner in this work
Learning Objectives:

• Practice self-care techniques to utilize while caring for survivors of lifetime trauma

• Learn about the health effects of lifetime trauma

• Learn about principles and practice of trauma-informed care to utilize while caring for survivors of lifetime trauma: “4 C’s model”

• Final questions and comments
Trauma-informed care allows you to care for yourself while caring for others
Trauma:

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as:

“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.”
Our experiences build our brains, bodies, and behavior...

Safe, Stable, Nurturing Relationships

Toxic Stress

Center on the Developing Child  
HARVARD UNIVERSITY

Nature vs. Nurture

Nature ↔ Nurture
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

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<th>ACE Category*</th>
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<th>Men (N = 7,970)</th>
<th>Total (N = 17,337)</th>
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<th>Number of Adverse Childhood Experiences (ACE Score)</th>
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ACE’s: Childhood Experiences Affect health later in life...

Adverse behaviors:
- Alcoholism and alcohol abuse
- Illicit drug use
- Smoking
- Early initiation of smoking
- Early initiation of sexual activity
- Multiple sexual partners

Reproductive outcomes:
- Unintended pregnancies
- Adolescent pregnancy

Future violence:
- Risk for intimate partner violence

Adverse health outcomes:
- Depression
- Suicide attempts
- Fetal death
- Sexually transmitted diseases (STDs)
- Health-related quality of life
- Obesity
- Ischemic heart disease (IHD)
- Liver disease
- Chronic obstructive pulmonary disease (COPD)

Adverse social outcomes:
- Homelessness
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
ACE study:
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.
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...
Caring for ourselves: Practice
Trauma is “contagious”: transmitted through relationships

• Passed on through individuals, families, communities, systems

• Passed on through generations

• Passed on through power dynamics/discrimination
Vicarious traumatization:

Vicarious Trauma is the process of change that happens because you care about the people you serve. Over time, this can lead to changes in your psychological, physical, and spiritual life that also affect your family, your organization, and your patients/clients.

Trauma informed care: TIC is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

SAMHSA
Trauma Informed Systems Principles: San Francisco DPH

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

“Four C’s”*: Trauma-informed Care

- Calm
- Contain
- Care
- Cope

Ms. Jones is 44 years old woman who comes to her first primary care visit complaining of pain and insomnia.

She has diabetes and asthma—both are poorly controlled. She is seen frequently in the ED complaining of pain and shortness of breath and has been noted to be smell strongly of alcohol.

She is very upset that you are late for her appointment.
Usual Approach: CALM

Tonya will leave this visit with her diabetes, asthma and alcoholism controlled...!!!

- Trauma Understanding
- Cultural Humility & Responsiveness
- Safety & Stability
- Compassion & Dependability
- Collaboration & Empowerment
- Resilience & Recovery
Trauma-informed Care: Calm

Calm:

Pay attention to how you are feeling. Breathe and calm yourself to help model and promote calmness for the patient.

(Co-regulation)
Self-care in the moment...

- 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

“I am sorry that I am late. I am so happy that you waited to see me. Thank you.”
Trauma-informed Care: Calm

• ASSUME trauma could be root cause of Tonya’s 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
"Four C’s": Trauma-informed Care

**Contain.** Ask about or introduce 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.
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
IPV Screening: Framing Statements

- I am concerned* about my patients’ health and safety, so I ask all my patients...

- Because violence and threats are so common in relationships, I ask all my patients. . .

- Relate questions to patient’s situation:
  - “The MEA noticed that when you were talking to your boyfriend you got anxious and started having trouble breathing...”

*for ALL sensitive topics—patients are almost never offended if you express CONCERN
IPV Screening: Direct Questions

Most well-validated written tool: HITS*

• “How does your partner treat you?”

• “Has your partner ever hurt, hit or threatened you?”

• “Has your partner (or anyone else) ever forced you to have sex or do something sexual you didn’t want to do?”

• “Has your partner (or anyone else) ever tried to force you to get pregnant or interfered with your birth control?”

Ms. Jones reveals that she has had many abusive relationships in the past but is currently not in a relationship and not being hurt by anyone.

(Happy to answer questions re yes answers. Realistically, I would not go on to ask about childhood trauma now if I were assisting with immediate safety in this visit)

Resources for IPV: www.leapsf.org
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?
  • Childhood abuse—physical, sexual, emotional?
  • Childhood traumatic events (ACE’s and ACE’s questionnaire)?
  • Deaths or losses?
  • Community violence?
  • Traumatic accidents?
  • Other?
Lifetime trauma screening: 
Other direct questions

Physical abuse examples:
• “When you were a child did anyone hurt you or hit you?”
• “When you got in trouble, how were you punished?”

Sexual violence/abuse:
• Has anyone ever forced you to do something sexual you didn’t want to do?
• Childhood sexual abuse—ACOG recommends FRAMING: "About one woman in five was sexually abused as a child. Because these experiences can affect health, I ask all my patients about unwanted sexual experiences in childhood"
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?”
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?”
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”. 
Trauma-informed care: Contain

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 this clinic a place that feels healing to you. So it is very important that we are careful to only discuss the level of detail that will allow you to feel ‘put together’ when you leave the 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

Care. Emphasize good self-care and compassion for both yourself and the patient.
Trauma-informed care: Care

De-stigmatizing harmful behaviors...

NOT—what’s wrong with you?

Instead...

What happened to you?
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.
Caring for ourselves: Practice
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”

“We all deserve to be treated well. I am sorry you were hurt as a child”

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

“I am so sorry those things happened to you”
Trauma-informed care: Care

DESTIGMATIZE unhealthy relationships and behaviors:

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

• Distinction between FEELINGS (never wrong, often conflicting, shifting) and exploring (without criticism) whether a relationship or a behavior is harmful to one’s health and safety
Trauma-informed care: Cope

**Cope.** Emphasize skills to build upon strength, resiliency, and hope.

Help patient identify as the SURVIVOR that she/he actually is!!
Trauma-informed care: Cope

EMPHASIZE STRENGTH AND RESILIENCY:

• “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:

“Is there anything else besides alcohol that helps you feel better?”
Trauma-informed care: Cope

LISTEN FOR PATIENT’S OWN WORDS OF WISDOM

• Listen for patient’s wisdom and highlight it

• After visit summary: Give patient her/his advice to herself/himself in quotes, “YOU TOLD YOURSELF: “I think if I take a walk around the block when I feel nervous I might not need to drink as much””

• Make a “Solutions List” (in addition to a “Problem List”)

Trauma-informed care: Cope

Refer to Trauma-specific Services, self-help and mind-body practices:

NREPP - SAMHSA's National Registry of Evidence-based Programs and Practices

PTSD: National Center for PTSD

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma
Trauma-informed Primary Care

SCREENING
Inquiry about current & lifelong abuse, PTSD, depression and substance use.

RESPONSE
Onsite and community-based programs that promote safety and healing.

FOUNDATION
Trauma-informed values, robust partnerships, clinic champions, support for providers and ongoing monitoring and evaluation.

ENVIRONMENT
Calm, safe, empowering for both patients and staff.

Caring for ourselves: Practice
Trauma-informed care allows you to care for yourself while caring for others.