Trauma-informed care: Caring for women with a history of trauma

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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

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

Disclosures

I have nothing to disclose
Trauma and Resilience: Socio-ecological model

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

http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html

How Common Is Trauma?

- 90% of US residents have experienced a serious traumatic event in their lifetimes¹
- 53% of all adults are exposed to either physical or sexual interpersonal violence over their lifetimes²
- Intimate partner violence—women in SFGH clinics²
  - 15% in past 12 months
  - 51% in lifetime


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 Study: Prevalence of childhood physical and sexual abuse?

1. 5% physical, 2% sexual
2. 10% physical, 5% sexual
3. 28% physical, 20% sexual
4. 60% physical, 40% sexual
**ACES: Results**

<table>
<thead>
<tr>
<th>ACE Category</th>
<th>Women (%)</th>
<th>Men (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>32.4</td>
<td>14.1</td>
<td>20.4</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>24.7</td>
<td>31.6</td>
<td>29.1</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>23.6</td>
<td>10.3</td>
<td>12.8</td>
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<tr>
<td>Resolved</td>
<td>26.6</td>
<td>26.6</td>
<td>26.6</td>
</tr>
<tr>
<td>Unresolved</td>
<td>23.6</td>
<td>23.6</td>
<td>23.6</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>9.1</td>
<td>9.1</td>
<td>9.1</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>8.5</td>
<td>10.7</td>
<td>9.1</td>
</tr>
</tbody>
</table>

**What are Common Effects of Trauma?**

1. Depression
2. Substance use
3. Homelessness
4. Chronic Illness
5. STIs
6. All of Above

**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

**Our experiences and relationships build our brains, bodies, and behavior...**

- Safe, Stable, Nurturing Relationships
- Toxie Stress

- Nature vs. Nurture
The Science of Toxic Stress
see: http://developingchild.harvard.edu/

ACE study:

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

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
Trauma is rooted in oppression and discrimination...

- Racism
- Homophobia/Transphobia
- Misogyny
- Xenophobia
- Many other ‘isms’
- 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


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.

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
**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


**Trauma-informed Care:**

CALM

- Calm
- Contain
- Care
- Cope


**Ms. Jones:**

Ms. Jones is a 44 year 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 seeks care frequently 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.

**Trauma-informed Care:**

Calm

- Calm yourself to help model and promote calmness for the patient (Co-regulation)
**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: Childhood history**

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

**Adulthood intimate partner violence screening**

- Safe, effective, increases disclosure, multiple validated tools (HITS, HARK for example)
- SFDPH 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*
**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.

**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?"

**Trauma-informed care: Contain**
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 only discuss the level of detail that will allow you to feel as calm as possible 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**

- 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
- 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 (evidence-based effective trauma specific treatment programs-regularly updated)
Caring for ourselves: Practice

Trauma-informed care allows you to care for yourself while caring for others

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