

Futures without Violence workshop: Trauma-informed care: Caring for Survivors of Lifetime Abuse

FOUR C's to remember:

- **Calm**—pay attention to how you are feeling. Breathe and calm yourself to help model calmness for the patient and care for yourself
- **Contain**—ask the level of detail of trauma history that will allow patient to maintain emotional and physical safety, respects time frame of interaction and will allow you to offer patient further treatment
- **Care**—remember to emphasize, for both patient and yourself, good self-care and compassion
- **Coping**—remember to emphasize, for both patient and yourself, coping skills to build upon strength, resiliency, and hope

TRAUMA HISTORY questions:

What should you screen for?

IPV screening: Direct and routine screening of all women and girls (over 13 or dating age) and any men or boys with symptoms or signs of IPV should be screened. IPV screening of women has been proven to be acceptable, safe, and to increase disclosure. IPV screening is required by JCAHO, the ACA, CA state law, and SF DPH policy. The “HITS tool” is a well validated tool for IPV screening (but doesn't include sexual IPV). I prefer to use non-validated but very practical questions—see below. For validated tools to use in primary care see: Rabin, R. et al:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2688958/>

Child abuse screening for adults: Has not been well tested. Many providers who are experienced with IPV screening also inquire about prior experiences of child abuse. Many clinical practices nationwide are giving out “Adverse Childhood Experiences” questionnaires to adults yet, this has not been well studied in routine clinical practice. I recommend that you work closely with behavioral health and follow advice about “limiting” trauma history (below) if you discuss prior child abuse. You can also use educational approaches that do not require disclosure.

General trauma history: Screening broadly and routinely for trauma in asymptomatic patients in routine primary care is not very well tested. It could be justified especially in safety-net clinics due to the extraordinarily high prevalence of traumatic events in our patients' lives and the high morbidity and mortality associated with trauma. Childhood trauma is associated with later risky behavior (eg substance use) and adulthood disease (egs. COPD, liver disease, heart disease.) Trauma in our safety-net system patients is usually “complex trauma”—(trauma that is repetitive or prolonged, involves harm by caregivers or responsible adults, and occurs throughout childhood and/or adolescence.) This type of complex trauma disrupts brain development and results in changes in the mind, emotions, body, and relationships. Once a patient has known sequelae of trauma or complex trauma—depression, suicidality, anxiety, PTSD, complex PTSD (cPTSD), substance use, chronic pain, or unhealthy relationships then trauma screening should be done. If you are screening broadly for trauma you could use the Adverse Childhood Experiences questionnaire or a trauma checklist (see below). I take an interview approach outlined below.

Sequelae of trauma: Any patient who has experienced trauma (and especially complex trauma) is at high risk for the sequelae of trauma listed above. Thus, if patient discloses trauma, that patient should be screened for sequelae of trauma. See PTSD resources below.

Trauma screening questions and approaches:

- Keep questions simple and non-judgmental
- Many patients may be more comfortable revealing details of trauma on questionnaire/computer touch screen than in face-to-face interview—we don't know yet. This is true for IPV in the latest research.
- IPV questions:
 - Validated questions—use HITS tool and add a question about forced sexual actions
 - Not validated but what I use in practice
 - Has your partner ever hurt, hit, or threatened you?
 - Has your partner (or anyone else) ever forced you to do something sexual you didn't want to do?
 - Has your partner (or anyone else) ever tried to force you to get pregnant, end a pregnancy or interfered with your birth control?
- Other trauma inquiry examples—these are not validated but are the ways I usually end up discussing lifetime trauma with people in primary care:
 - “Tell me who you grew up with”? (?parents, grandparents, etc)
 - “How did your family (or the people you grew up around) treat you”?
 - IF question is not understood...“Some families are very supportive and cheer you on and some families are constantly criticizing you or even hurting you or hitting you? How was your family”?
 - Substance use—I always ask age at onset. “When did you first start using “xxx”? Then I ask whether “something difficult in your life led to you starting to use “xxx”? (If very young-use caution-likely abuse) **please see “Contain” below—providers inexperienced in trauma history taking or patient who appears distressed might opt to spend more time establishing a trusting, ongoing relationship before asking or answering direct questions.
 - In exploring mental health issues I will often explain “Sometimes people get depressed without anything bad happening in their lives but sometimes people get depressed due to difficult or painful things happening in their life...” and then I just wait and let people explain their theories about their mental health issues.
 - And, just generally asking people a lot about their lives and try to get a picture for what is going on
 - ACOG recommends screening routinely for childhood sexual abuse using this statement: "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"
- Screen for depression, PTSD, substance use, risk-taking behaviors (Use the PHQ-9, PC-PTSD)
- REMEMBER—all of us have histories of traumatic events in our lives. Trauma that you have experienced yourself can sometimes make hearing about trauma harder or can sometimes help you understand trauma, strength and resiliency in a more personal way. Please take care of yourself—see “Self Care tips” below.

Limiting trauma history detail to maintain safety:

The goal of taking a trauma history or providing education about trauma is to improve safety, well-being, health and relationships. Thus, for example, pushing a patient who feels that her/his life will be endangered by revelation of trauma would be unethical and dangerous. Most situations involving taking a trauma history in the context of primary care are more nuanced than this and involve patient and provider decisions about the level of trauma history detail appropriate to share in a particular situation. Most patients with a trauma history will not reveal this without your inquiring. Yet, once you do inquire, it is quite possible that a patient (especially one with a history of complex childhood trauma) will start to go into a level detail that could lead to destabilization during or after the visit. Reflecting upon the “trauma informed care principles” (below) helps guide appropriate care.

Some ways to contain “trauma history telling” with patients:

- First, remember that one of the most important thing you are doing is modeling a healthy, safe relationship— and that it is healthy to know if someone is trustworthy prior to revealing a great deal of vulnerability (even with healthcare providers who may be “assumed” to be trustworthy)
- Practice breathing and “grounding” exercises at beginning of visit and at end of visit with the patient to help the patient focus on developing skills to self-soothe
- “It is important that you explore this with a therapist who understands how to help people who have experienced trauma, so that you only go into as much detail as you can handle without feeling too exposed or too out of control”.
- If patient hints at a childhood trauma history in a visit....“I hear that something difficult might have happened when you were a child. In the future, when we know each other better, I am open to talking to you about this in order to help you get help.”
- For early in clinician-patient relationship or with distressed patient: “In my experience, when a patient tells me that he began drinking at age 12, it is often because he 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”.
- “We have just met and don’t know each other well yet. So, it is important that we get to know each other over time and figure out together how to help you while also keeping you safe emotionally”.
- “Let’s slow down and do some deep breathing. It is important to only discuss the amount of detail that will keep you feeling safe, even after you leave this visit”
- “I am going to ask you to stop there. In my experience, it is a good idea to only discuss a small amount of detail here so that you are able to feel safe, even after this visit is over”

CARE:

- Demonstrate compassion and caring for patient, while caring for self
- Share messages of support:
 - “I am so sorry this happened to you”
 - “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”
- De-stigmatize adverse coping behaviors:
 - “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”

COPE:

- Emphasize resiliency, coping skills, positive relationships and patient’s wisdom
- Listen for patient’s own words of wisdom and good self-advice and repeat those back to patient
- Counter patient’s negative self-messages
- Positive relationships with people or pets demonstrate to patient that she/he is worthy of love
- Model healthy, caring relationship in patient-provider relationship
- Messages:
 - “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.”

- Practical techniques:
 - After visit written summary for patient—include, in quotes, patient’s own words of advice to herself/himself and read them aloud to patient. “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””
 - “Solutions list”—in medical records, rather than making only a “Problem list”, add a solutions list to the record that includes all the patient’s positive coping techniques so that each member of the health care team can emphasize and reinforce patient’s preferred coping techniques
- If patient is distressed during visit, practice grounding and calming techniques and, also, ask patient: “When you feel this badly, what do you usually do to cope?” This is important in order to help the patient pull herself/himself back together before leaving. Otherwise, the patient is left with associating coming to see you with a feeling of lack of control. So, help the patient remember her/his strengths.

SELF CARE tips:

- In the moment: breathing (SLOW it down), “grounding”—(visually really noticing colors, for example. Feeling your weight sink into the chair, floor, earth) What else works for you?
- Between each patient: Send the patient you just saw a compassionate blessing as you take a deep breath (“I wish you peace”), really pay attention when you wash your hands and feel yourself “let go” before you move on to the next patient—again with deep breathing and grounding
- After you are done seeing patients: Practice resting, escaping, playing, creating hope and meaning with healthy practices that foster connection to self, others, nature, or whatever else feels healing for you. Monitor yourself and learn more about vicarious traumatization.
- For students—it is fine if you need to (calmly) excuse yourself and tell patient. “I would like to get my teacher to help us discuss this as safely as possible”. (And for more experienced providers who work in settings with psychological providers on-site it may be possible to do this when needed as well).

Trauma Informed Systems

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”.

San Francisco Department of Public Health Trauma informed principles:

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

READ more at: <http://www.leapsf.org/pdf/Trauma-Informed-Systems-Initiative-2014.pdf>

SAMHSA Six Key Principles of a Trauma informed Approach:

“A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting-or-sector-specific:”

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues

Read more at: <http://www.samhsa.gov/nctic/trauma-interventions>

Resources:

This is not a comprehensive list. It is meant to be a place for you to start developing a healthcare response to trauma and learn more about ACE's. There are many additional sites that address domestic violence, child abuse, elder abuse and trauma. Please feel free to email me with resources you find helpful at leigh.kimberg@ucsf.edu

Comprehensive sites that focus on healthcare and prevention:

Futures without Violence: <http://www.futureswithoutviolence.org/>

Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/ViolencePrevention/index.html>

Education on Violence and Abuse:

The Academy on Violence and Abuse: www.avahealth.org. The mission of the AVA is to advance health education and research on the recognition, treatment and prevention of the health effects of violence and abuse. Many pre-prepared slide sets, ACE videos (personal and institutional use), and video-taped talks on violence and abuse.

Cultural humility: Here is a video that is a start to learning about the concept of cultural humility from, Melanie Turvalon, one of the founders of this term. This describes an approach to life (and healthcare) characterized by a spirit of life-long learning and exploration of one's own many intersecting identities in order to Watch at:

<https://www.youtube.com/watch?v=SaSHLbS1V4w>

IPV:

Health Cares about IPV: Intimate Partner Violence Screening and Counseling Toolkit: Comprehensive site that provides print and video training on addressing IPV in multiple types of healthcare settings (reproductive, adolescent, HIV/AIDS, mental health and more), information about legal mandates and supports for IPV screening (including information about the Affordable Care Act (ACA)), patient education and counseling materials and more.

<http://www.healthcaresaboutipv.org/>

LEAP (Look to End Abuse Permanently): Practical site that provides print and video training on addressing IPV from multiple perspectives (adult medicine, pediatrics), a model curriculum on vicarious traumatization (VT), healthy/unhealthy relationship checklists in English, Spanish, Chinese, motivational interviewing based safety plans in 10 languages, and information on mandatory reporting in California. www.leapsf.org

IPV (cont'd):

Centers for Disease Control and Prevention (CDC): Has data, national and local model programs, evidence-based practices, online curriculum, references and fact sheets for all types of violence at:

<http://www.cdc.gov/ViolencePrevention/index.html> and for IPV at: <http://www.cdc.gov/ViolencePrevention/index.html> and for ACE's at: <http://www.cdc.gov/violenceprevention/acestudy/index.html>

Kaiser Family Violence Prevention Program: This site describes Kaiser's innovative "systems approach" model to addressing IPV and provides up to date news relevant to healthcare and IPV as well as other forms of violence. Find at: <https://xnet.kp.org/domesticviolence/>

Sexual abuse and violence:

American College of Obstetricians and Gynecologists (ACOG) position paper on addressing sexual abuse in healthcare practice. "Adult Manifestations of Childhood Sexual Abuse", #498, August 2011. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Adult-Manifestations-of-Childhood-Sexual-Abuse>

VAWnet applied research paper on addressing sexual violence and abuse in healthcare practice: "Screening for Sexual Violence: Gaps in Research and Recommendations for Change" by Lynne Stevens with contributions from Barbara Sheaffer (December 2007). http://www.vawnet.org/sexual-violence/summary.php?doc_id=1191&find_type=web_desc_AR

CDC sexual violence: <http://www.cdc.gov/violenceprevention/sexualviolence/index.html>

RAINN: Rape, Abuse and Incest National Network: Comprehensive website on sexual abuse and assault for children, women and men. <https://www.rainn.org/> and <https://www.rainn.org/get-information/sexual-assault-recovery/respond-to-a-survivor>

Trauma-informed care and PTSD:

US Department of Veteran's Affairs (VA) National Center for PTSD: GREAT information for medical providers on PTSD and trauma including all the different trauma and PTSD screening tools as well as many FREE online courses: <http://www.ptsd.va.gov/> The tools below are all described and then found at the bottom of the page for free download. You have to email the center to get all the Trauma Exposure Measures for free.

- Trauma Exposure measures: <http://www.ptsd.va.gov/professional/assessment/te-measures/index.asp>
- PTSD screening tools: <http://www.ptsd.va.gov/professional/assessment/screens/index.asp>
- Primary Care PTSD Screen (PC-PTSD): <http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>

National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC) is a project of SAMHSA. NCTIC offers consultation and technical assistance to stimulate and support interest in developing approaches to eliminate the use of seclusion, restraints, and other coercive practices and to further develop the knowledge base related to the implementation of trauma-informed approaches, consistent with SAMHSA's conceptual framework for trauma and trauma-informed practice, in publicly funded systems and programs. This project lists both evidence-based and non-evidence based programs designed to transform systems into "trauma-informed care". Find at: <http://www.samhsa.gov/nctic/trauma-interventions>

National Center on Domestic Violence, Trauma and Mental Health (NCDVTMH): An organization that provides training, support, and consultation to advocates, mental health and substance abuse providers, legal professionals, and policymakers as they work to improve agency and systems-level responses to survivors and their children. Our work is survivor defined and rooted in principles of social justice. They have very helpful webinars on trauma. Find at: <http://www.nationalcenterdvtraumamh.org/>

NREPP project of SAMHSA: The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online database of mental health and substance abuse interventions. All interventions in the registry have met NREPP's minimum requirements for review and have been independently assessed and rated for Quality of Research and Readiness for Dissemination. Search on "trauma" to find over 30 programs that address trauma in some way. Find at: <http://www.nrepp.samhsa.gov/>

San Francisco Department of Public Health Trauma-informed Systems Initiative: Training as well as personal and system commitments to change in order to transform the SFDPH system of care into a Trauma informed System. Read about this at: <http://www.leapsf.org/pdf/Trauma-Informed-Systems-Initiative-2014.pdf>

The Trauma Stewardship Institute: Organization dedicated to helping caregivers and all service workers care for themselves, the people, animals and planet we serve with a foundation of "trauma stewardship" practice. This institute provides training and has published a book that is very practical and funny! Find at: <http://traumastewardship.com/>

ACE'S:

ACE's too high: This is a comprehensive, rapidly updated website on ACE's work being done in all sectors of society including healthcare. Has multiple resources focused on resiliency. Anything related to ACE's can be found here: www.acestoohigh.com. Info about the ACE study is presented here: <http://acestoohigh.com/aces-101/> Info about pediatric practices using ACE questionnaires is here: <http://acestoohigh.com/?s=pediatric+practice&submit=Search>

CDC ACE: <http://www.cdc.gov/violenceprevention/acestudy/index.html>

Center on the Developing Child at Harvard: This website has very short videos explaining how toxic stress affects childhood development. The "working papers" go into more detail. There are summaries of scientific knowledge and policy projects that are written in easily understood language. Find at: <http://developingchild.harvard.edu/>

Center for Youth Wellness: Organization dedicated to preventing and addressing ACE's and toxic stress in pediatrics at: <http://www.centerforyouthwellness.org/about/overview/> See Dr. Nadine Burke Harris' TED talk on ACE's at: http://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?share=19391661a0

The Child Trauma Academy: Organization dedicated to improving the lives of high-risk children. They translate brain research into clinical practice and provide expert training and consultation on trauma therapies for children. They are also involved broadly in trauma prevention policy. Dr. Bruce Perry, the Founder, of the organization has written multiple books on trauma in children. Find at: <http://childtrauma.org/>

The National Child Traumatic Stress Network (NCTSN) : Organization dedicated to improving care for children, families and communities exposed to trauma. Find at: <http://www.nctsn.org/>

Institute for Safe Families: Organization dedicated to preventing and addressing ACE's—also working on developing an "Urban ACE score" that includes other adverse experiences like getting bullied, experiencing racism and community violence. Find at: <http://www.instituteforsafefamilies.org/>

BOOKS (no particular order):

Trauma and Recovery: The Aftermath of Violence--from Domestic Abuse to Political Terror by Judith Herman

The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook--What Traumatized Children Can Teach Us About Loss, Love, and Healing by Bruce Perry and Maia Szalavitz

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma by Bessel Van der Kolk

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others by [Laura Van Dernoot Lipsky](#) with [Connie Burk](#)

Treating Complex Traumatic Stress Disorders (Adults): Scientific Foundations and Therapeutic Models Edited by [Christine A. Courtois PhD](#) and [Julian D. Ford PhD](#)

Restoring Sanctuary: A New Operating System for Trauma-Informed Systems of Care by [Sandra L. Bloom](#) and [Brian Farragher](#)

Intimate Partner Violence: A Health-Based Perspective Edited by [Connie Mitchell](#)

Clinical Work with Traumatized Young Children Edited by [Joy D. Osofsky, PhD](#)

Why Does He Do That?: Inside the Minds of Angry and Controlling Men by [Lundy Bancroft](#)

Sourcebook on Violence Against Women Edited by [Claire M. Renzetti](#) , [Jeffrey L. Edleson](#), [Raquel Kennedy Bergen](#)

Using Trauma Theory to Design Service Systems: New Directions for Mental Health Services (#89) Edited by [Maxine Harris](#) and [Roger D. Fallot](#)

Building Resilience in Children and Teens: Giving Kids Roots and Wings by Kenneth R. Ginsburg