

Trauma-informed care: Caring for survivors of lifetime abuse

Leigh.kimberg@ucsf.edu

Edward.Machtinger@ucsf.edu



Agenda

- Caring for ourselves
- Health Effects of lifetime abuse
- Addressing lifetime abuse: the 4 C's
- Group wisdom: How we Calm and Cope
- Toolkit
- Final questions and comments





Caring for yourself helps you care for others

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.

Pearlman, L.A. & McKay, L. (2008). Understanding and addressing vicarious trauma.
www.heading-institute.org



WHAT
HAS MADE ME
WHO I AM ?

?

nature

nurture

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



~~Nature vs. Nurture~~

Nature \Leftrightarrow Nurture

Building our brains:

700 -1000 new connections per second in the 1st 5 years of life!
Then, we prune...

Safe, Stable, Nurturing Relationships



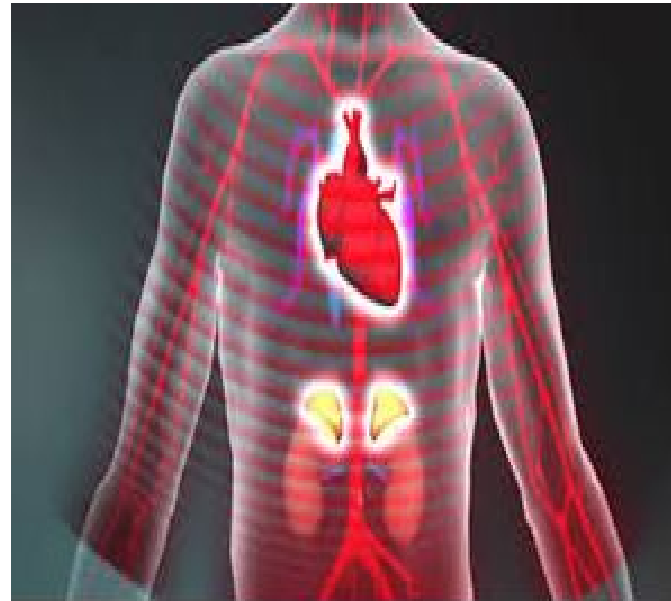
Toxic Stress



TOXIC STRESS RESPONSE!

Child experiences strong, frequent, and/or prolonged adversity—without adequate adult support...

- Disruption of brain architecture
- Adverse effects on organ systems
- Inflammation
- Changes in how DNA is expressed!



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.”

Trauma affects health:

Adverse Childhood Experiences (ACE) study

- 17,000 predominantly white, college educated patients completed surveys about
- 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

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine. 1998 May;14(4):245-58.

ACE Category*		Women (N = 9,367)	Men (N = 7,970)	Total (N = 17,337)
Abuse				
	Emotional Abuse	13.1	7.6	10.6
	Physical Abuse	27.0	29.9	28.3
	Sexual Abuse	24.7	16.0	20.7
Neglect				
	Emotional Neglect¹	16.7	12.4	14.8
	Physical Neglect¹	9.2	10.7	9.9
Household Dysfunction				
	Mother Treated Violently	13.7	11.5	12.7
	Household Substance Abuse	29.5	23.8	26.9
	Household Mental Illness	23.3	14.8	19.4
	Parental Separation or Divorce	24.5	21.8	23.3
	Incarcerated Household Member	5.2	4.1	4.7

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

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

Future violence:

- Risk for intimate partner violence

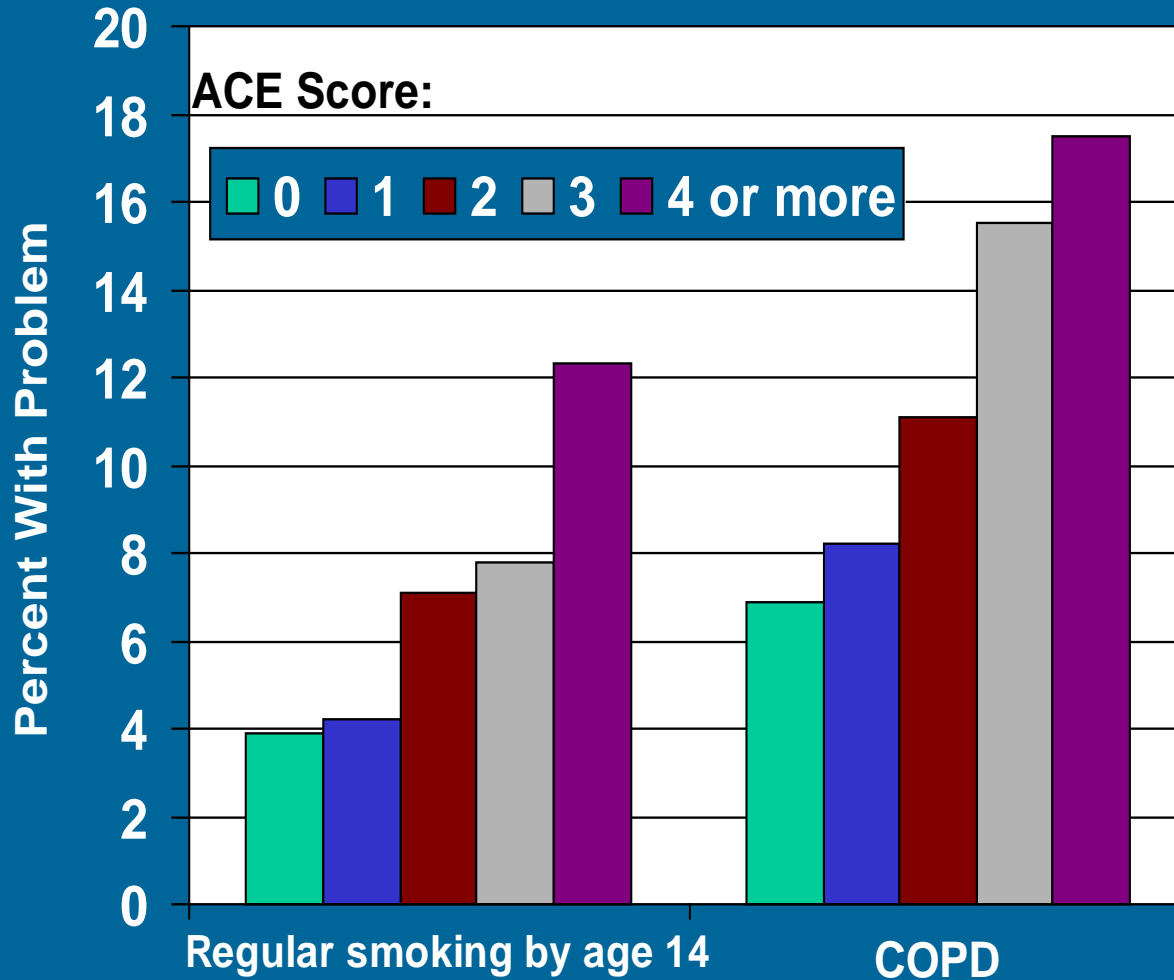
Risk to health:

- Unintended pregnancies
- Adolescent pregnancy

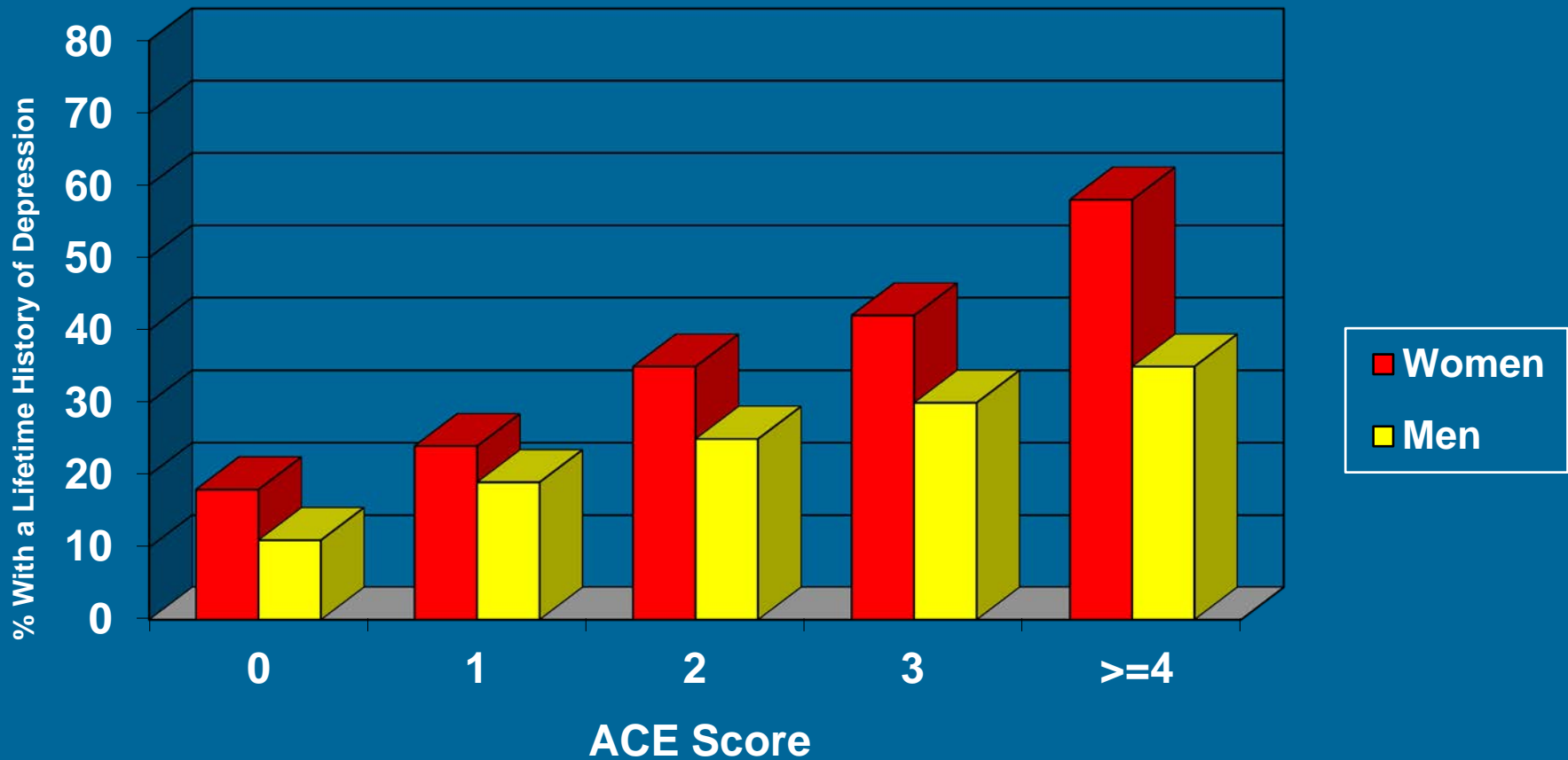
Adverse health outcomes:

- 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)

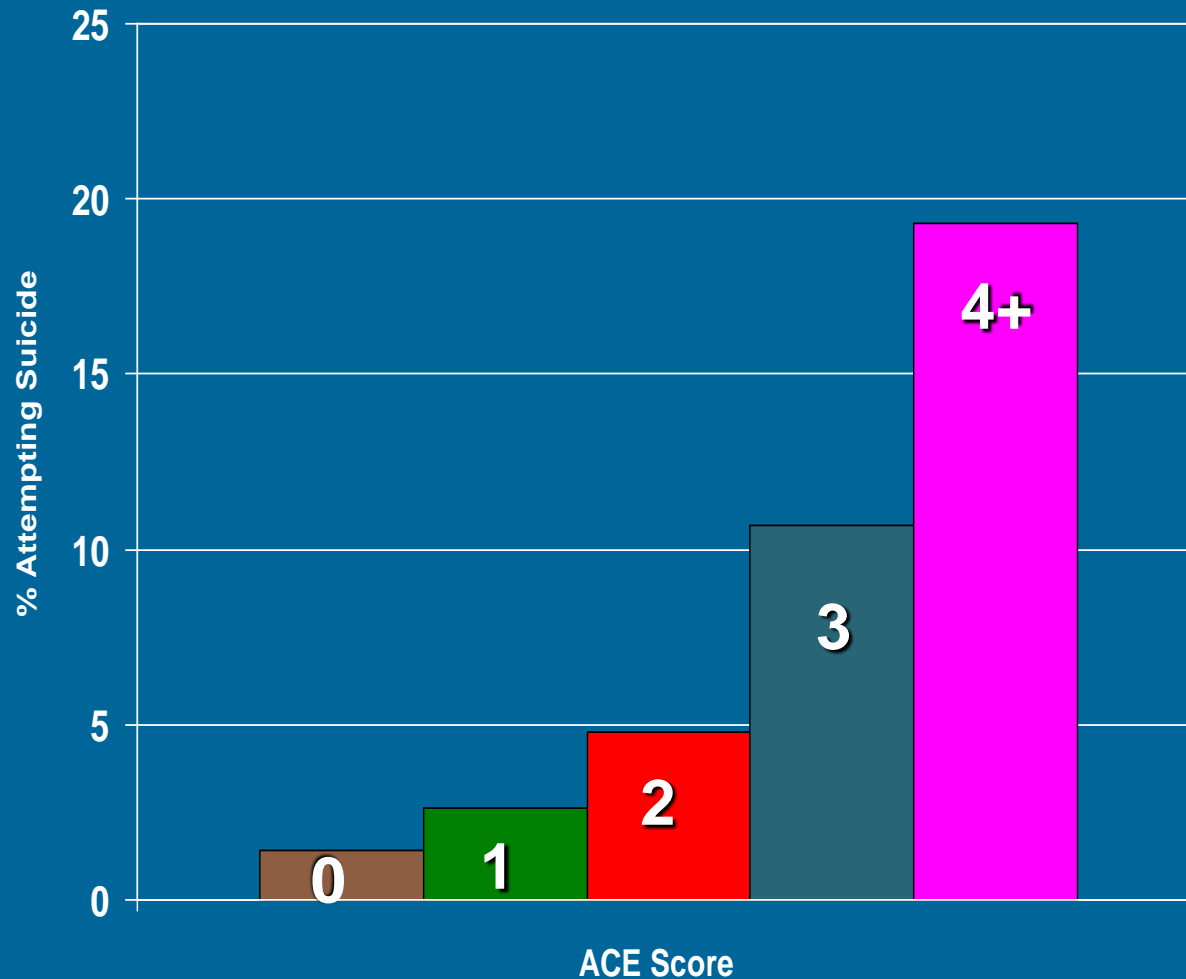
ACE Score vs. Smoking and COPD



Childhood Experiences Underlie Chronic Depression

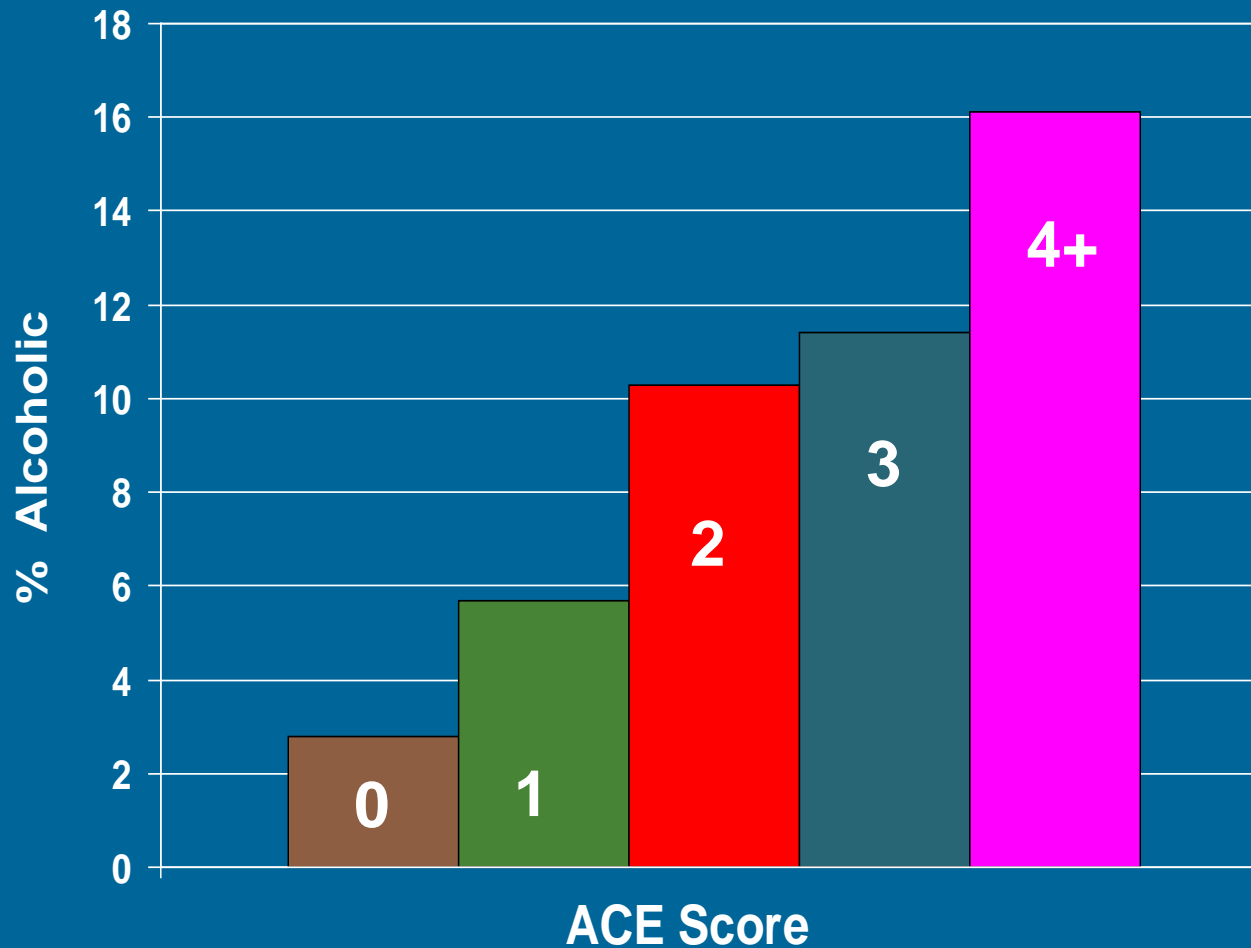


Childhood Experiences and Suicide



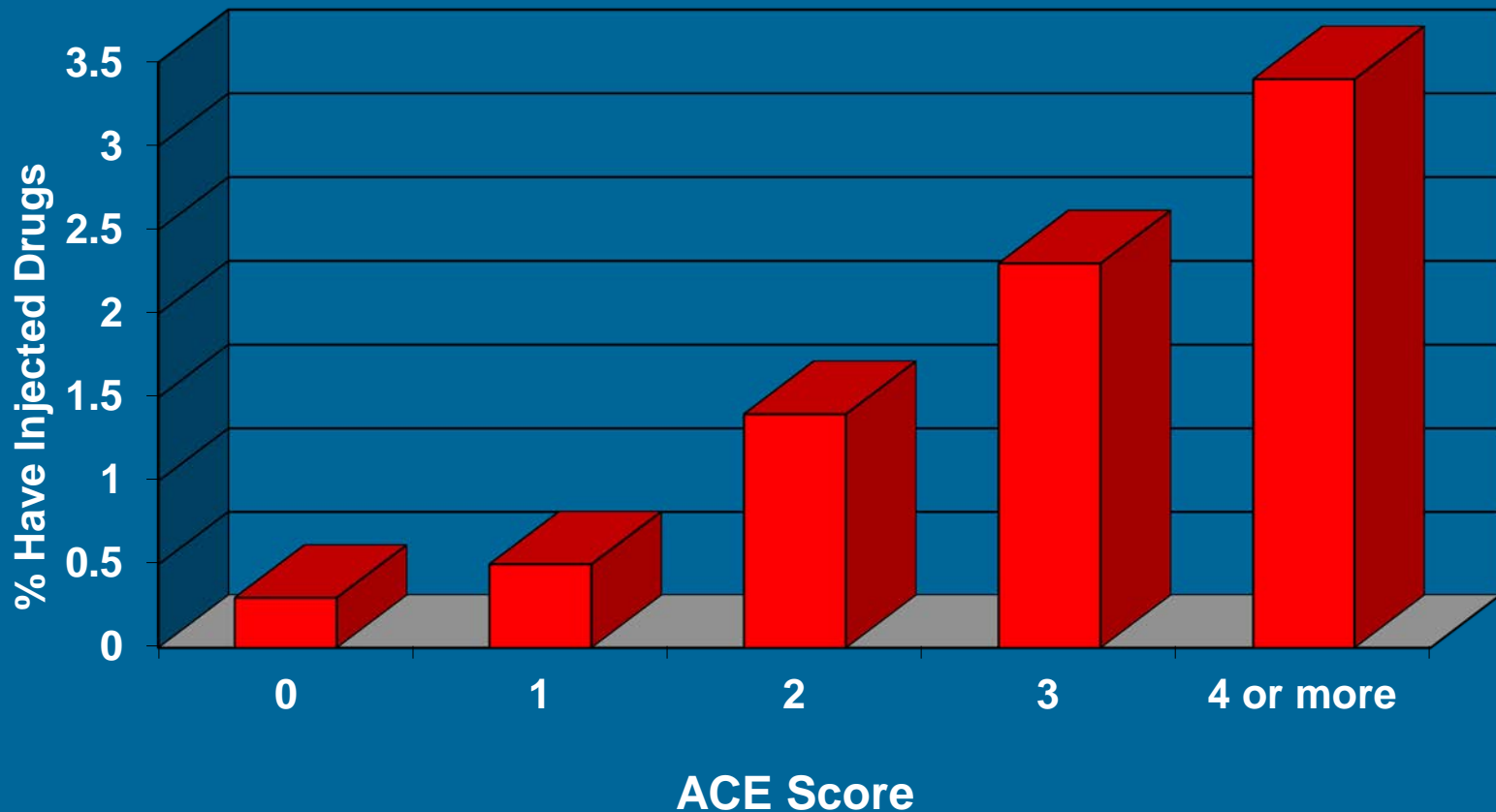
Dube SR, Anda RF, Felitti VJ, Chapman DP, Williamson DF, Giles WH. Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the Adverse Childhood Experiences Study. *Jama*. 2001 Dec 26;286(24):3089-96. 13

ACES vs. Adult Alcoholism



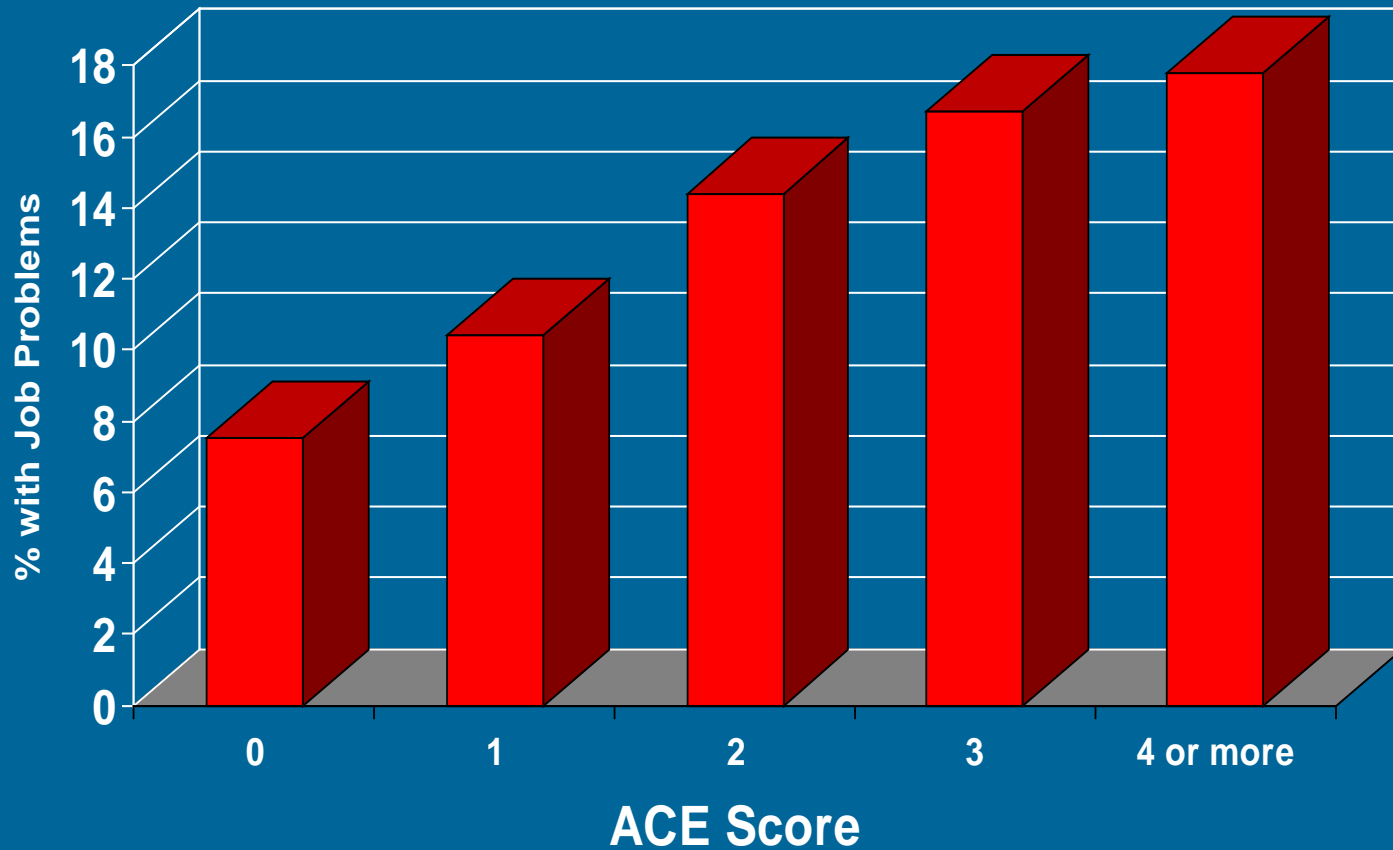
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ACE Score vs. Intravenous Drug Use



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ACE Score vs. Serious Job Problems



Estimates of the Population Attributable Risk* of ACEs for Selected Outcomes in Women

Drug Abuse	PAR
Alcoholism	65%
Drug abuse	50%
IV drug use	78%
Depression	54%

* That portion of a condition attributable to specific risk factors

Adverse Childhood Experiences and the Risk of:

ACE Score	Intimate Partner Violence*	Being Raped*
0	1.0	1.0
1	1.9	2.0
2	2.1	2.8
3	2.7	4.2
4	4.5	5.3
≥5	5.1	8.9

***Adjusted Odds Ratio**

Complex Trauma and CPTSD

Complex Trauma: serial trauma, physically or emotionally (e.g., repeated childhood physical and/or sexual abuse, witnessing ongoing IPV, experiencing long-term IPV, organized child prostitution..)

CPTSD: includes “the core symptoms of PTSD (re-experiencing of the traumatic event(s), avoidance/numbing, negative changes in mood or cognition and hyper-arousal) in conjunction with disturbances in a range of self regulatory capacities”

Symptoms include: trouble regulating and handling emotions and relationships, and feelings low self-worth and low self-efficacy.

Adult Trauma & PTSD → Poor health

Associated with IPV:

(partial list)

Cardiovascular disease
Gastrointestinal disorders
Musculoskeletal disease
High-risk sexual activities
Chronic pain
Suicide attempts
PTSD
Inadequate social support
Depression
Substance abuse
Homelessness

Associated with PTSD:

(partial list)

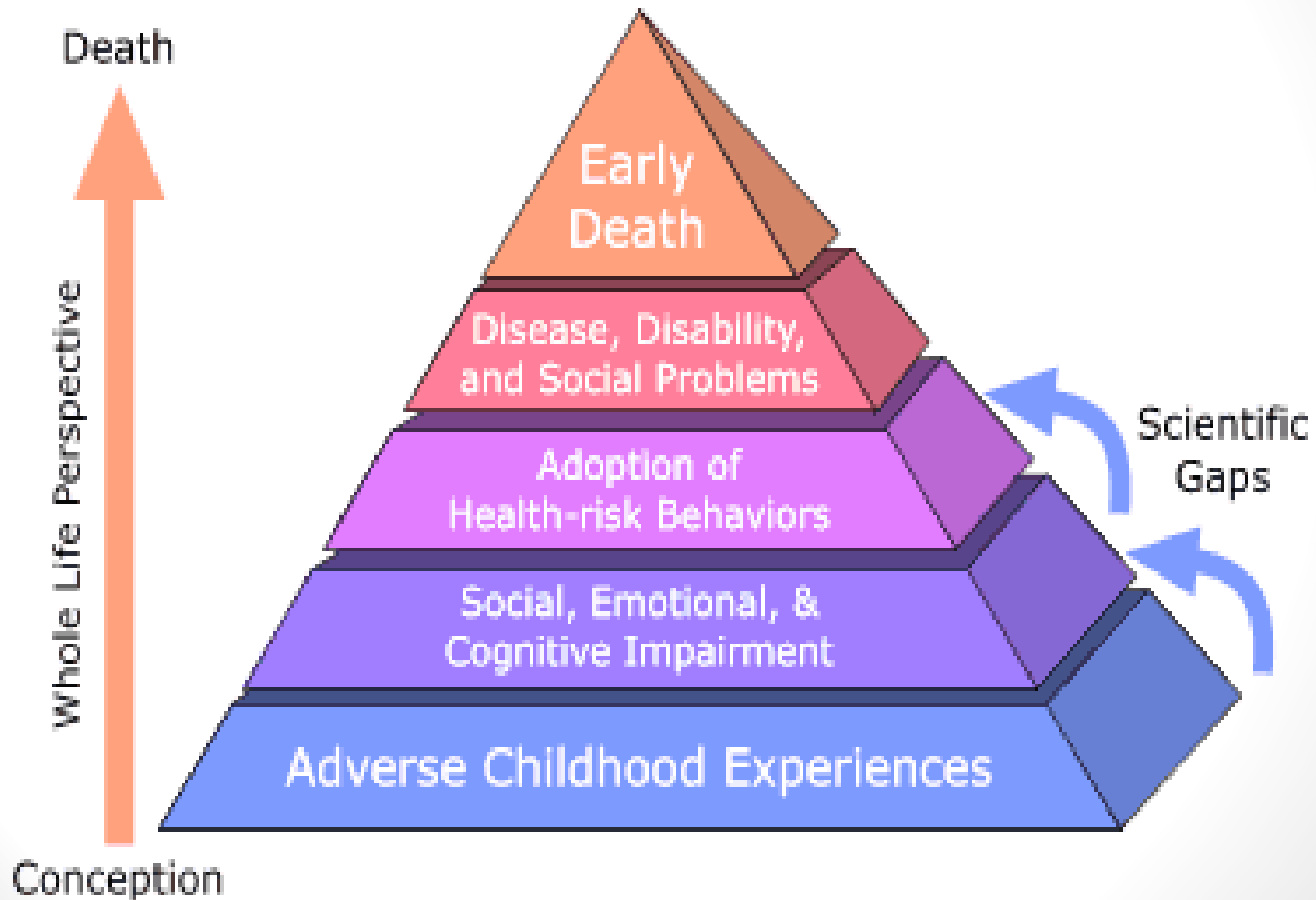
Cardiovascular disease
Gastrointestinal disorders
Musculoskeletal disease
High-risk sexual activities
Chronic pain
Suicide attempts
Risk of perpetration of violence
Inadequate social support
Depression
Substance abuse
Homelessness

CDC Division of Violence Prevention. <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>

National Center for PTSD. Department of Veteran's Affairs. <http://www.ptsd.va.gov/>

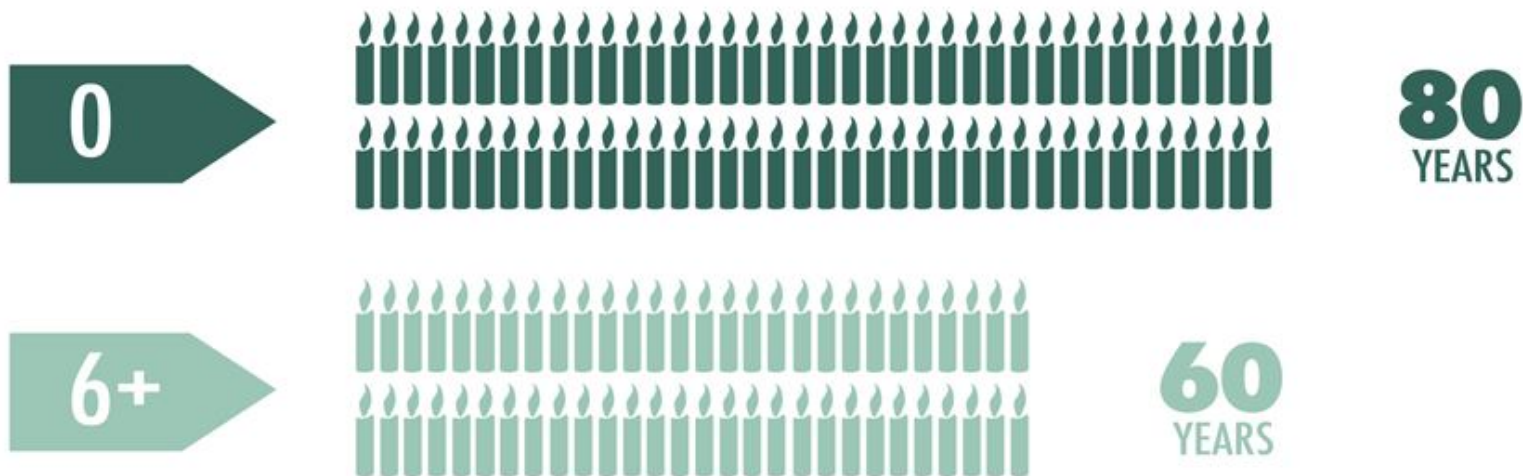
Stein JA, Nyamathi AM, Zane JI. Situational, psychosocial, and physical health-related correlates of HIV/AIDS risk behaviors in homeless men. American journal of men's health. 2009. 23

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.



Caring for ourselves: Practice



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

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

Trauma informed care:

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

[http://www.samhsa.gov/samhsaNewsLetter/Volume 22 Number 2/trauma tip/key terms.html](http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/key_terms.html)

4 C's: Healing for patients and ourselves

- **Calm** ('affect mgmt', breathing, voice—co-regulation)
- **Contain** (level of detail to improve safety)
- **Care** (compassion and good care for self and others—creates connection)
- **Cope** (emphasize resilience and positive coping)

Tonya:

Tonya is 44 y 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 urgent care and ED complaining of pain and shortness of breath. She has been noted to be drunk in the ED.

She is upset that you are late for her appointment.

4 C's: Healing for patients and ourselves—Calm

- **Calm** ('affect mgmt', breathing, voice—co-regulation)

“I am sorry that I am late. I am so happy that you waited to see me. Thank you.”



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

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 Approach: 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

4 C's: Healing for patients and ourselves

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Lifetime trauma inquiry: Contain

Does the way I ask about or introduce trauma:

- Prioritize emotional and physical safety?
- Offer the patient choice and control?
- Allow me to offer patient further treatment or assistance?
- Respect the time frame of the visit?

Non-disclosure based 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

- “How does your partner treat you?”
- “Has your partner ever hit you or hurt you or threatened you?”
- “Has your partner (or anyone else) ever forced you to have sex when you didn’t want to?”
- “Has your partner ever tried to interfere with your birth control?”

Tonya: IPV

Tonya 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)

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: 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: Other direct questions

Physical abuse examples:

- “When you were a child did anyone hit you or hurt 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: Early onset clues...

Young age of onset of substance use or mental health problem or first sexual experiences can be 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: Contain

So, for example... When Tonya 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”.

Lifetime trauma screening: Contain

**Tonya discloses trauma briefly without
obvious distress**

- Acknowledge courage: “Thank you for sharing this information with me”
- Inquire re impact: **“How do you feel this experience has affected you?”**

Lifetime trauma screening:

Contain—practice Calm

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

4 C's: Healing for patients and ourselves

- **Calm** ('affect mgmt', breathing, voice—co-regulation)
- **Contain** (only level of detail necessary)
- **Care** (compassion and good care for self and others—creates connection)
- **Cope** (emphasize resilience and positive coping)

Lifetime Trauma: Care

De-stigmatizing harmful behaviors...

~~NOT—what's wrong with you?~~

Instead...

What happened to you?

Tonya:

Tonya's father was incarcerated for DV when she was 10. Her uncle moved in to "help out" but sexually abused Tonya for 3 years. Tonya 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".

Tonya remembers a favorite aunt as the only person she ever felt truly loved her.

Lifetime Trauma: 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”

Lifetime Trauma: 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.”

Lifetime Trauma: Cope

COPING TECHNIQUES:

“When you feel badly, 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?”

Lifetime Trauma: 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")

GROUP ACTIVITY: Your wisdom

- **Form small groups**
- **Introductions**—Name, role, where you live
- **Moments of silent personal reflection**
- **Questions:**
 - **CALM/CARE:** How do you stay calm and care for yourself IN THE MOMENT in your practice with clients/patients and co-workers?
 - **CARE/COPE:** How would you emphasize Tonya's (or other patient/client) strengths and resiliency? Words you use? Practice techniques you use? Other? How do emphasize your own resiliency?