Trauma Informed Care

L. Read Sulik, MD, FAAP, DFAACAP
Objectives

• Define trauma including historical trauma and describe the specific types of trauma that a person can experience in childhood and in adulthood
  • For a Pediatric clinic or hospital setting, thinking of trauma in not just the child, but also the parents / family is critical
• Describe the association of early childhood and adult traumatic experiences and chronic health conditions.
• Define trauma-informed care.
• Explain the importance of using “universal precautions” when interacting with ALL individuals in order to establish comfort and trust.
Trauma-Informed Care

An improved understanding of implementing universal trauma-informed precautions when interacting with ALL individuals in order to establish comfort and trust and to maximize patient engagement in their care, treatment, healing and recovery.
What is Trauma?
**Trauma** is experiencing or witnessing events or circumstances that cause or threaten harm

- (and trigger a heightening and sustaining of physiological arousal),
- resulting in lasting effects on the individual’s, family’s and/or community’s functioning
- and physical, emotional, social or spiritual well-being.
Types of Trauma

- Physical Abuse and Neglect
- Sexual Abuse
- Traumatic Grief
- Domestic Violence
- Community and School Violence
- Complex Trauma
- Medical Trauma
- Refugee and War Zone Trauma
- Natural Disasters
- Terrorism
- Bullying and Harassment

NCTSN, 2007
Fear

- Fear
  - A primitive, complex, innate neurophysiologically-mediated response to some perceived threat of harm or danger = AROUSAL

- Anxiety
  - A neurophysiologically-mediated condition of hyperarousal of the central nervous system that may be acute (panic attack) or chronic and sustained = Sustained AROUSAL
How does a Child Respond to Fear?
Moving from ANXIETY to Optimal WELLNESS: Clinical Pearls for the Pediatric Provider
L. Read Sulik, MD, FAAP, DFAACAP

PrairieCare/PrairieCare Institute
Model of Understanding

Emotions

AROUSAL

Meaning / Purpose

Interpersonal Relationships

Behaviors

Physical

Performance

Thoughts
Anxiety

3 Gifts / Curses
1. Sensitive
2. Intense
3. Persistent

Emotional
- Fear "Flight"
- Panic / Terror

Physiological
- T Stimulants
- Crave Energy
- T Self Stimulation
- T Sugar
- T Blood Sugar
- T Insulin
- Fatigue
- T Muscle Tone
- T HR
- RR
- T RR
- Calm the Arousal
- GI
- Immune
- Sleep
- Inflammation
- Speak

Cognitive
- Anticipatory worries
- Intrusive memories
- "I am not my thoughts"

Cognitive Distortions "Fill in the Gap by Catastrophic Thinking"
- Relationship Problems
- Analysis "shut down"
- Numb "Freeze"
- T Stimulants
- T Sugar
- T Blood Sugar
- T Insulin
- Fatigue
- T Muscle Tone
- T HR
- RR
- T RR
- Calm the Arousal
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Activating
- Deactivating

Meaning & Purpose
- "I am not my thoughts"

Ruminative
Trauma survivors often do not disclose that they have experienced trauma.

- Misdiagnosis
- Safety Fears
- Avoidance
- Trust Issues
- Shame/Guilt
- Past Experience

80% of Primary Care Patients
Trauma survivors often do not disclose that they have experienced trauma

- **Safety** fears about retaliation from abuser
- **Trust** difficulties in relationships
- Feelings of **shame or guilt**
- Developmental experiences may have led to a **belief** that the world is a place where his/her needs will not be met, or a place where his/her perspective will not be validated
- **Avoidance** of thinking or talking about the trauma can be a feature of PTSD
- **Misdiagnosis**---misunderstood symptoms lead to misdiagnosis
Many people who have experienced trauma do not seek help in conventional behavioral health settings, but instead access care through primary care clinics.

And often for reasons that are not obviously associated with the trauma.

People who have experienced trauma often do not appear traumatized, appear to be suffering or have recognizable impact.
Types of Trauma an Individual Can Experience
Types of Trauma an Individual Can Experience

Physical Abuse

- Hitting
- Pinching
- Spitting
- Biting
- Kicking
- Hair Pulling
- Pushing
Types of Trauma an Individual Can Experience

Psychological & Emotional Abuse

- Humiliation
- Intimidation
- Diminishing
- Controlling
- Withholding
- Isolating
- Criticizing Family
Types of Trauma an Individual Can Experience

Intimate Partner Violence

- Controlling Behavior
- Inappropriate Touching
- Sexual Abuse
- Pinching
- Intimidation
- Restraining
Types of Trauma an Individual Can Experience

- Bullying
- Segregating
- Natural Disaster
- Gender Orientation Bias
- Racism
- Violent Crime

Community Trauma
Types of Trauma an Individual Can Experience

Sanctuary Trauma

Feeling Invalidated

Receiving Results

Lack of Power

Sounds

Medical Procedures

Communication Barriers
Types of Trauma an Individual Can Experience

- Historical Trauma
- Genocide
- Displacement
- Boarding Schools
- Loss of Land
- Pervasive Thoughts
- Loss of Culture
- Impact on Parenting Skills
- Dispossession
Historical Trauma

*Historical trauma* is the collective and cumulative emotional wounding across generations that results from massive cataclysmic events – Historically Traumatic Events (HTE)*

- The trauma is held personally and transmitted over generations. Thus, even family members who have not directly experienced the trauma can feel the effects of the event generations later.
**Historical trauma** can be experienced by any group of people who have frequent thoughts pertaining to historical losses which they associate with negative feelings.

Aboriginal inhabitants and the Jewish people are two groups of people who have traditionally been identified as suffering from historical trauma.
Diabetes Death Rates
(Rate/Per 100,000 Population)
Alcohol Related Death Rates
(Rate/Per 100,000 Population)
Diabetes-Depression-Alcoholism Triad

Diabetes → Depression

Diabetes → Alcoholism

Depression → Alcoholism
Reframing Historical Events

- 1947 Garrison Dam project begin - relocation
- 1953 Fort Berthold Flooded for Garrison Dam

HEAVY HEART: George Gillette, second from left, chairman of Three Affiliated Tribes of the Fort Berthold Reservation, and other tribal officials at the 1948 signing of the Garrison Dam agreement. File AP.
Lake Sakakawea, created when the Garrison Dam was built in the 1940s and 1950s, flooded the towns of Elbowoods, Sanish and Van Hook, as well as the rich farmlands surrounding them. Signs near the dam show the lake and its relationship to the Fort Berthold Indian Reservation.

A Dam Brings a Flood of Diabetes to Three Tribes
**Historical Trauma**

- Collective and cumulative emotional wounding across generations that results from massive cataclysmic events – Historically Traumatic Events (HTE)*

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- Intergenerational transmission of trauma is a relatively recent focus of mental health. First observed in 1966 by clinicians alarmed by the number of children of survivors of the Nazi Holocaust seeking treatment

- The multigenerational aspects of trauma continue to be treated as secondary and, consequently, the behavior of many children of survivors of massive trauma is misunderstood and not treated appropriately

  - Brave Heart (1995); Yellow Horse Brave Heart (2000)
Intergenerational Transmission Trauma

- No clinically significant difference between children of holocaust survivors and Jewish non-survivor controls in terms of PTSD; however, when the survivor children were exposed to stressful events, they were significantly more likely to develop PTSD or sub-threshold PTSD symptoms than controls (Danieli, 1998).

- Similar multigenerational effects have been documented among Japanese internment survivors and offspring.

- For AIAN offspring, increased sensitivity or hyperarousal to stressful events, in particular to events that act as reminders of their colonized status may predispose AIANs to trauma responses and corresponding symptoms.
Relation Between Traumatic Experiences and Chronic Health Conditions
Increase Likelihood of Multiple Chronic Conditions

Traumatic Life Experience

Increase in Risky Health Behaviors
Hypertension

Elevated Cortisol

Chronic Stressors

Direct Relation

Hypertension
Indirect Relation

- Alcohol Abuse
- Increased Anxiety
- Chronic Stressors
The ACE Study

- Adverse Childhood Experiences and their relationship to Adult Health and Well-Being

- The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.
The initial phase of the ACE Study was conducted at Kaiser Permanente from 1995 to 1997, and more than 17,000 participants had a standardized physical examination.

Each study participant completed a confidential survey that contained questions about childhood maltreatment and family dysfunction, as well as items detailing their current health status and behaviors.

This information was combined with the results of their physical examination to form the baseline data for the study.
The ACE Study

- Examined the health, social and economic effects of adverse childhood experiences across the lifespan

- Many chronic diseases in adults are determined decades earlier, in childhood.
Long-Term Effects

Trauma

- Drug/Alcohol Use
- Suicide Attempt
- Obesity
- Physical Inactivity
- Increase # of Sexual Partners
- Increase use of Health Resources
- Mental Health Problems

Trauma Informed Care

L. Read Sulik, MD
What Does Trauma-Informed Care Look Like?
Trauma-Informed Care

- Patient-centered
- Safe/trusting environment
- Mutuality
- Empowering
- Facilitates recovery
- Offers hopefulness
Key Principles of Trauma-Informed Care

- Healthcare incorporates knowledge about trauma
- Attention to sense of safety for the patient
- Strives for trustworthiness and transparency in care
- Care is patient-centered and respectful of needs
- Collaboration and mutuality
Key Principles of Trauma-Informed Care

• Minimize re-victimization

• Resilience and strengths-based

• Facilitate recovery and empowerment; allow services to be delivered in a way that will avoid inadvertent retraumatization

• Care is provided in the context of a relationship; settings are designed to accommodate the vulnerabilities of trauma survivors

• Helps ensure a basic understanding of the role that trauma plays in our health and well-being.
Trauma-Informed Care is NOT ...  

- hierarchical relationship between the health professional and the patient  
- compliance-based.  
- lacking patient engagement.  
- inattentive to patient’s sense of safety and trust.  
- designed to treat symptoms related to trauma, but is informed about, and sensitive to, trauma-related issues present in survivors.
Presume that every person in a health care setting may have been exposed to abuse, violence, neglect or other traumatic experiences.
Potential Trauma-Related Triggers

- Sights and sounds can be powerful reminders of past events
- Lack of power and control is a common trigger
- An overly directive or hurried approach may be perceived as belittling, coercive, critical or attacking
- Communication difficulties and feeling misunderstood can trigger feelings of powerlessness
- Lack of predictability and control can trigger anxious reactions to the uncertainty
- Feeling less valued or respected than other patients
- Receiving difficult news
Potential Trauma-Related Triggers

- People who have experienced trauma do not necessarily look different than others, so we don’t easily identify vulnerabilities patients may bring.

- Before a procedure, take a minute to ask about any fears or worries the patient may have related to the procedure, and about any past experiences which may cause stress at this time; listen respectfully, validate their perceptions and concerns, and provide reassurance or support.
What does it mean to ... think trauma?
It means we …

... **Assess** for potential trauma history

... **Recognize** the high frequency of traumatic experiences

... **Understand** the variety and complexity of ways in which traumatic experiences can directly and indirectly affect health and well-being
When Do We Think Trauma?

Always
And Especially When Someone

- Acts irritable
- Avoids appointments/procedures
- Is ambivalent about health
- Shows symptoms of depression
- History of substance abuse
- Has chronic problems with pain
Be Respectfully Curious

• If you can’t understand why someone does or doesn’t do something, be respectfully curious

  • “I’ve noticed that______, and I’m wondering what’s going on with that.”

• Listen respectfully and demonstrate your understanding for what was said.
  • **Motivational Interviewing** is consistent with trauma-informed care
  • Understanding the role of past adverse experiences in someone’s behavior can increase compassion and patience
So you suspect trauma history …

- Relax – arousal begets arousal
- Listen
- Connect
- Validate – don’t minimize
- Offer hope
- Value “sitting” with the patient.
Avoid Stigma and Shame

Lead by Example

• Use respectful language
• Put the person before the condition
• Reframe problems into NEEDS
Being *Trauma-Informed* also means recognizing your own risk for Secondary Trauma
Secondary Trauma

- Impact on health care workers who help traumatized victims
- Impact on those with multiple or sustained exposure to traumatic material or images
Secondary Trauma

- Risks of Secondary Trauma
  - Exposure to stories of multiple disaster or other trauma victims
  - Empathetic sensitivity to suffering of others
  - Prior traumatic experiences or other emotional issues that may be triggered by stories of others
Secondary Trauma

- What to do
  - Recognize own vulnerabilities
  - Recognize warning signs
    - Arousal, Avoidance, Re-experiencing
    - Depression, Generalized Anxiety
    - Substance Use, other high risk taking behaviors
    - Interpersonal Conflicts
  - Self Care / Self-Soothing
  - Ask for Help
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