Trauma Informed Care & the Provider’s Role

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Objectives
Participants will be able to:
• Define trauma informed care
• Name the three pillars of trauma informed care
• Describe the importance of trauma informed care for the healthcare provider
• List two clinical implications of trauma informed care and their application to the medical setting

TRAUMA INFORMED CARE

Change of attitude:
“What’s wrong with you?” to “What’s happened to you?”

Compassion for:
• A person’s history of trauma
• Undeserved consequences of traumatic experiences affecting all dimensions of one’s life

Trauma Informed Care (TIC)
“A program, organization, or system that is trauma-informed:
• realizes the widespread impact of trauma and understands potential paths for healing;
• recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and
• responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.”

Three Pillars of Trauma Informed Care
• Safety
• Connection with others
• Management of emotion – affect regulation and coping skills

Encourages autonomy, agency and self-efficacy

IMPORTANCE OF TIC FOR THE PROVIDER
Childhood trauma is “the” most significant public health issue in the US (CDC)

- One million children suffer physical and sexual abuse each year in US (Child Maltreatment Report 2007)
- Cost of child abuse & neglect in 2007 = $103.9 billion
- Combined mental health care, social services, medical care and police services – per incident of childhood abuse = $4379.
- 1 in 10 children are exposed to intrafamilial violence

Characteristics

- ACEs come in groups
- Produce behaviors that if sustained create chronic illness and disease
- Many of these behaviors are actually adaptive ways to cope with the initial ACE
  - We will find avenues in our environment to help us adapt
  - Smoking – nicotine helps with anxiety and depression
- Cumulative ACEs increase the clinical complexity of individual cases
  - # of lifetime DSM dxs increases

Clinical Complexity

ACEs → complex, multiple problems
Therefore:

- The treatment of presenting problem(s) may or may not be the best path to significant change
  - Earlier developmental deficits/weaknesses must first be addressed
- Multi-disciplinary approaches may be most effective

Assessment

- Be cautious about judging behavior
  - Some behaviors will have no connection to will or conscious involvement
- Presentations can be similar
  - But there can be major differences at the level of the specific, individual
- The most important thing you can do is
  - Take a developmental history with a special emphasis on primary caregiving & exposure to ACEs
  - Personally take your own history; or train someone well
- Question to ask in some fashion: “Was there anything overwhelmingly frightening that happened to you as a child?”
Clinical Implications

- Traumatized persons often have guilt and shame around how they responded to the traumatic event
- But their body did what it was designed to do – do whatever necessary to stay alive
  - Therefore, feel proud of oneself vs ashamed
  - Facilitate self-compassion
- Not everyone responds to a traumatic event in the same way.
  - It is the response that is clinically important, not the event

Clinical Implications

- Many medical procedures have cues similar to those of physical/sexual abuse:
  - i.e., pain, immobilization, confined, told it is for our benefit, clothing removed, put in public place, lack of predictability, remove glasses → limiting sight
  - Access to moderating social supports is limited
  - family, friends, spiritual leader &/or practices,
  - Sound is a potent neuroceptive trigger for defense
  - Higher frequencies (female voice) more calming than lower ones
  - MRI, ventilation systems, etc – lower frequencies; through evolution - associated with predators

Application to Medical Settings

Provider reactions (counter-transference) to patients revealing they have a trauma history:

- Fear of being overwhelmed by the stories
- Concern about time
- Concern about comorbid MH issues, including psychosomatic complaints
- Concern about reactions to treatment interventions, incl. exams

Application to Medical Settings

Whining Fear – Building in Safety & Respect

- Felt Safety
- Quiet & calm
- Boundaries
- Control
- Triggers

Setting

- Safe, calm and comfortable
- Un-cluttered
- Welcoming, respectful, non-reactive staff
- Talk slowly and intentionally

Application to Medical Settings

Help the pt stay in control

- Thoroughly explain procedures
  - What will be done
  - What it might feel like
  - Why it is necessary
- Inform before touching
- Respect the patient's signal to stop
- Patient may need to re-ground herself
  - Be familiar with ways to help with this

Application to Medical Settings

Documentation

- Document presence of a trauma history
  - “Was there anything overwhelmingly frightening that happened to you as a child?”
- General nature of trauma
- Degree of specifics varies with type of trauma
- What is helpful in working with this particular pt
- Specific areas of sensitivity regarding medical treatment
References


Ford, JPTD (Developmental Trauma Disorder) Field Test Protocol, December 2011.


Resources

Definitions of Child Abuse & Neglect - Iowa
See: http://www.idph.state.ia.us/hcci/common/pdf/information_keys.pdf

The National Child Traumatic Stress Network (NCTSN)
See: http://www.nctsn.org

PTSD Alliance
See: http://www.pstdalliance.org

Academy on Violence and Abuse
See: www.avahealth.org

International Society for Traumatic Stress Studies
See: www.istss.org

Institute on Violence, Abuse and Trauma
See: www.ivatcenters.org

Substance Abuse and Mental Health Services Administration
See: www.samhsa.gov

ARC Video

Institute on Violence, Abuse and Trauma
See: www.ivatcenters.org

Substance Abuse and Mental Health Services Administration
See: www.samhsa.gov

Resources Continued

• A Teen Safety Care - “Getting Together” – focusing on healthy relationships. From Alaska Youth Risk Behavior

Resources Continued

ACES and its potential use in primary care - article and Self-Quiz
http://www.npr.org/blogs/health/2015/03/03/377569539/even-some-doctors-fear-these-10-questions