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## Session 3

# Understanding and Recognizing Trauma in a Health Care Setting

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Trauma-Informed Care

**X**CENTER

BRIGHAM HEALTH



BRIGHAM AND  
WOMEN'S HOSPITAL



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

HEALTHADVOCATE<sup>X</sup>

## LEARNING OBJECTIVES

- Learn language and skills to identify trauma in a health care setting
- Hear what some health care setting are doing to address trauma
- Identify specific strategies to help patients navigate care and help avoid creating additional trauma from health care delivery

Trauma-Informed Care



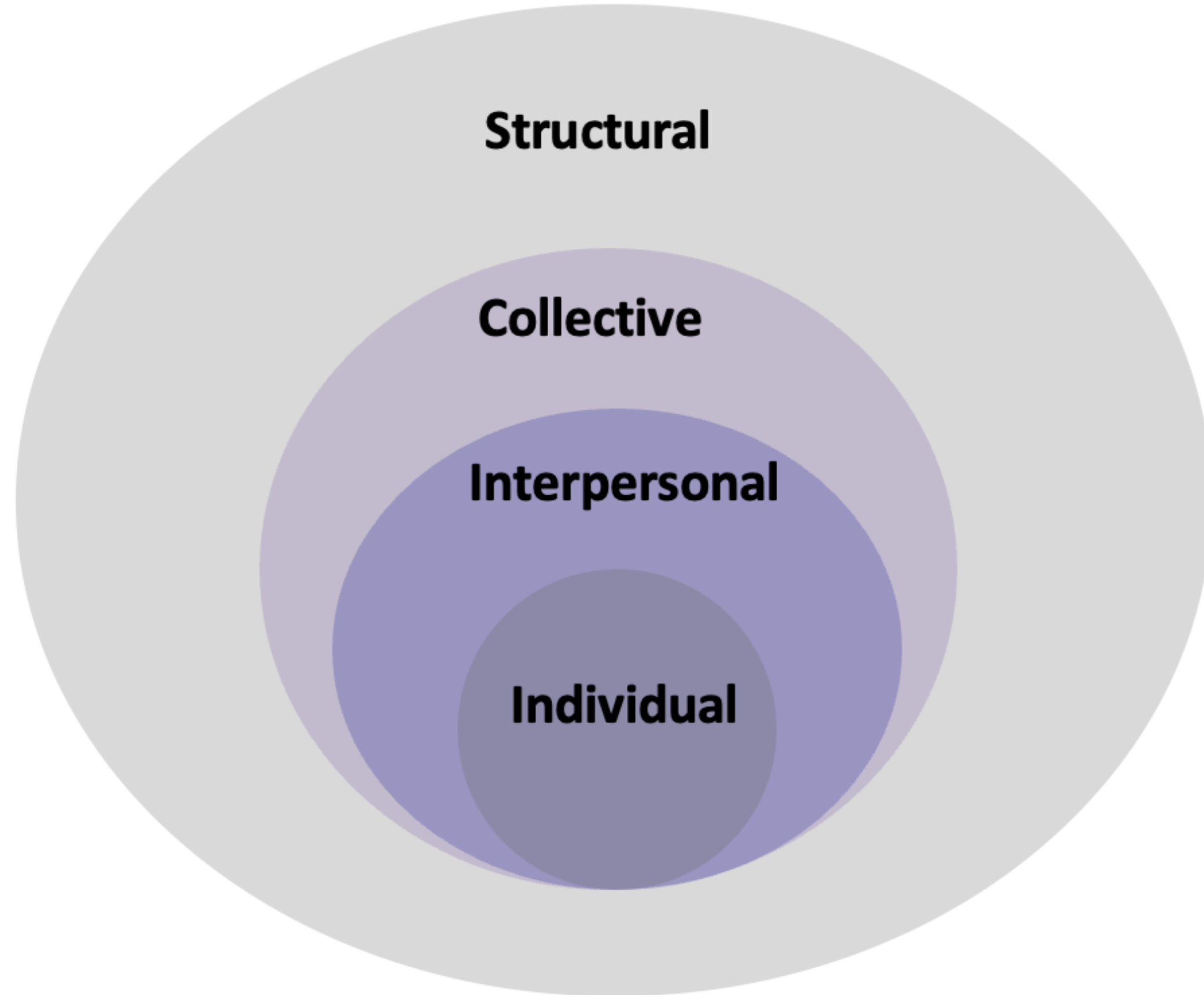


Talking about trauma, although hard is necessary.

**If any thing today makes you uncomfortable, please feel free to take care of yourself in ways that best suits you.**

**SELF**  
*care*  
IS NOT SELFISH

# What Is Trauma



# Philosophical Shift

**What's wrong with you?**



**What happened to you?**

**How has that impacted your health?**



# Ubiquity of Trauma Exposures

## WHO World Mental Health Survey (2022)

- N=22 countries (>65K surveyed)
- Lifetime Trauma exposure – 71%
- Lifetime substance use disorder more common among those with trauma (14.5% v. 5.1%)
- Interpersonal- & sexual-relationship violence associations persist long after first exposure

## World Mental Health Survey Consortium (2016) N=27 countries

- Lifetime trauma exposure >70%; 30.5% >4

## Adverse Childhood Experiences (ACE) Study (1998) N=17,377

- 63% at least one trauma exposure, 20% >3

# IMPACT OF CHILDHOOD TRAUMA

Without Permission

The CDC and Kaiser Permanente surveyed 17,000 of the health plan's members to ask whether they'd had adverse childhood experiences defined as:

### ABUSE

- Psychological
- Physical
- Sexual

### NEGLECT

- Emotional
- Physical

### HOUSEHOLD CHALLENGES

- Family member experiencing:
- Domestic abuse
  - Mental illness
  - Imprisonment



The landmark study found those with adverse childhood experiences were at higher risk for:



HEART, LUNG, AND LIVER DISEASE



OBESITY



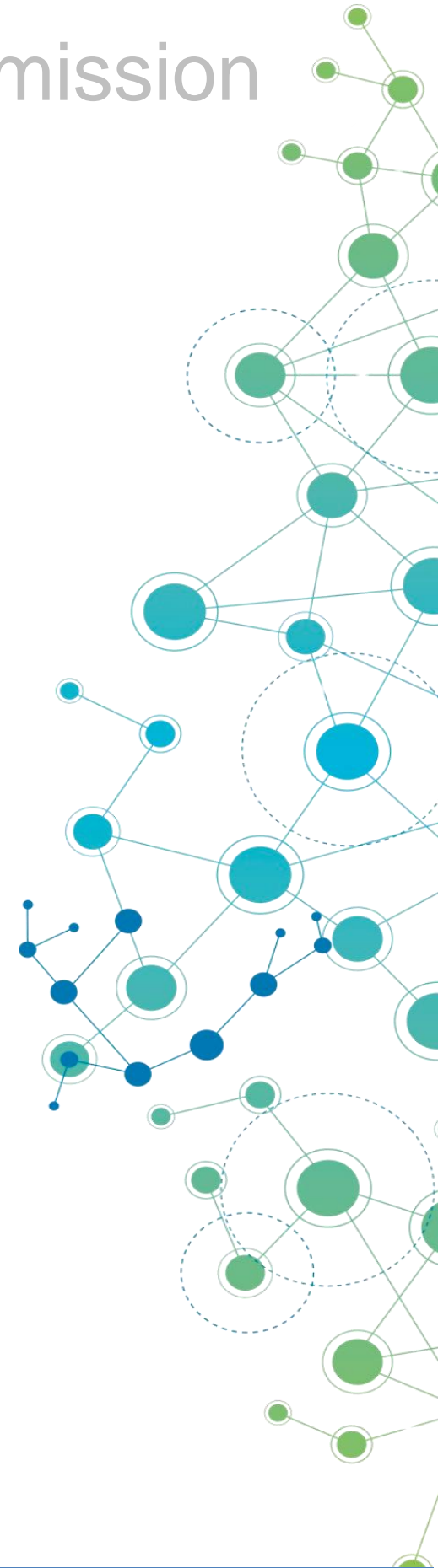
DIABETES



DEPRESSION



SUBSTANCE ABUSE

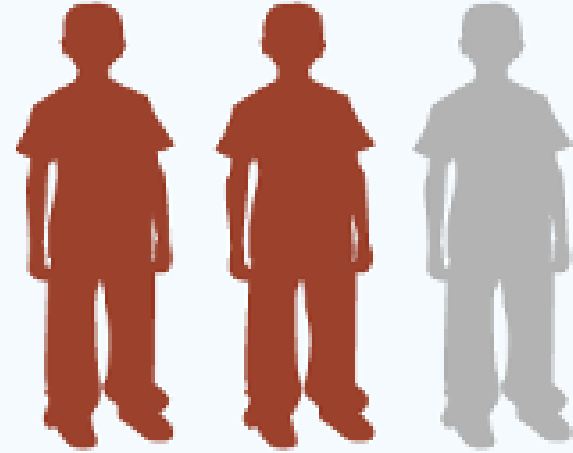


Sources: CDC ACE Study page <https://www.cdc.gov/violenceprevention/acestudy/> and V. J. Felitti and R. F. Anda, "The Relationship of Adverse Childhood Experiences to Adult Health, Well Being, Social Function, and Health Care," from *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic* (Cambridge, England: Cambridge University Press, September 2010).

Health Impact of ACEs on Adults- 2019 MMWR  
Health Impact of ACEs on Adults- 2019 MMWR

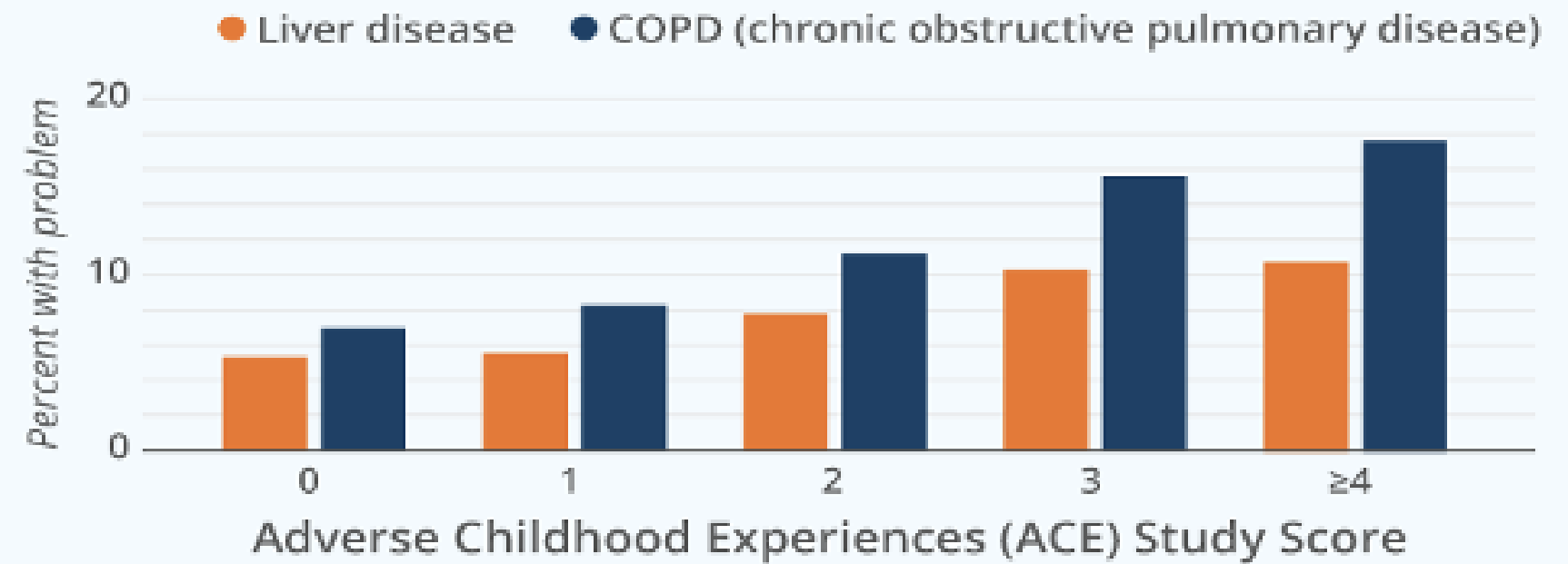
## THE STUDY ALSO FOUND

# NEARLY TWO THIRDS



of those surveyed experienced at least one event.

The higher the score on ACE survey, the more likely people were to be in poor health:



Sources: CDC ACE Study page <https://www.cdc.gov/violenceprevention/cestudy/> and V. J. Felitti and R. F. Anda, "The Relationship of Adverse Childhood Experiences to Adult Health, Well Being, Social Function, and Health Care," from *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic* (Cambridge, England: Cambridge University Press, September 2010).





# Health Impact of ACEs on Adults

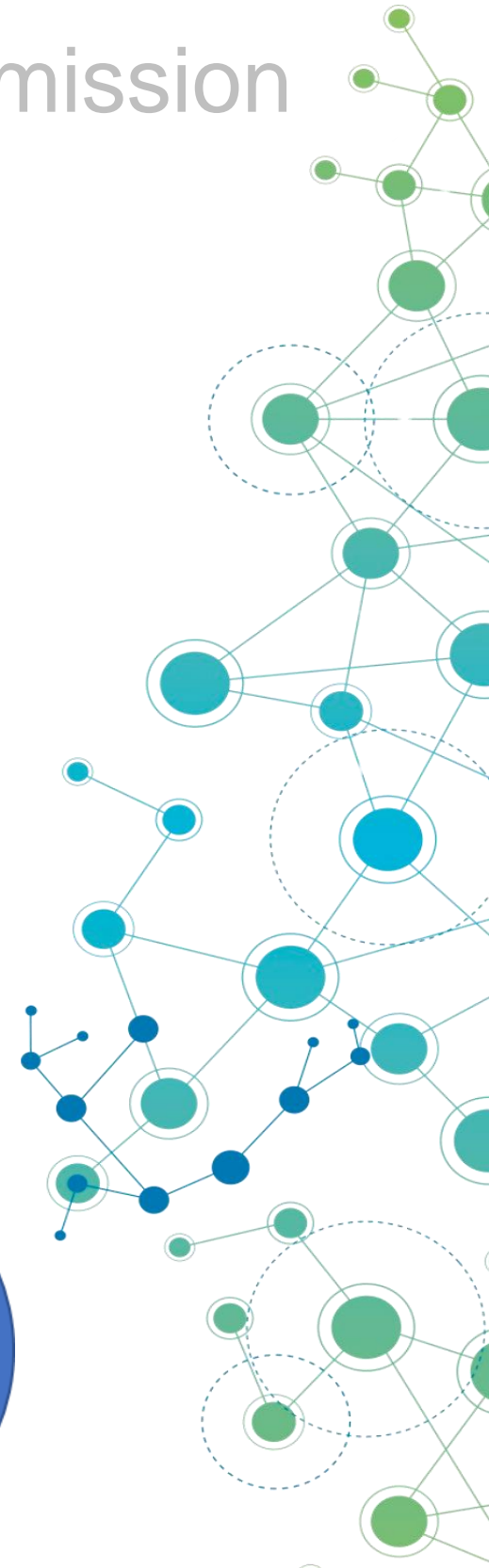
## 2019 MMWR

- 61% report at least 1 ACE
- 16% report 4+ ACEs
- Women, American Indian/American Native, Black, and Other more likely to report 4+ ACEs than Men and Whites

### Adjusted Odds Ratio: 4+ vs 0 ACE exposures

Obesity 1.2	Stroke 2.1	Depression 5.3
Diabetes 1.4	Asthma 2.2	COPD 2.8
CHD 1.8	Heavy drinking 1.8	Smoking 3.1

BRFSS  
Survey  
2015-2017  
25 US states  
N=63,365



MMerrick MT, Ford DC, Ports KA, et al. *Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017.* MMWR Morb Mortal Wkly Rep 2019;68:999-1005. DOI: <http://dx.doi.org/10.15585/mmwr.mm6844e1external icon>.

# Epidemiology of Childhood Trauma

- 8-12% of American youth have experienced a **sexual assault**.
- 9-19% have experienced **physical assault**
- 38-70% have witnessed **serious community violence**
- 1-10 have witnessed serious **violence between their caregivers**
- 9% have experienced **Internet- assisted victimization**
- 20-25% have been exposed to **natural disaster**

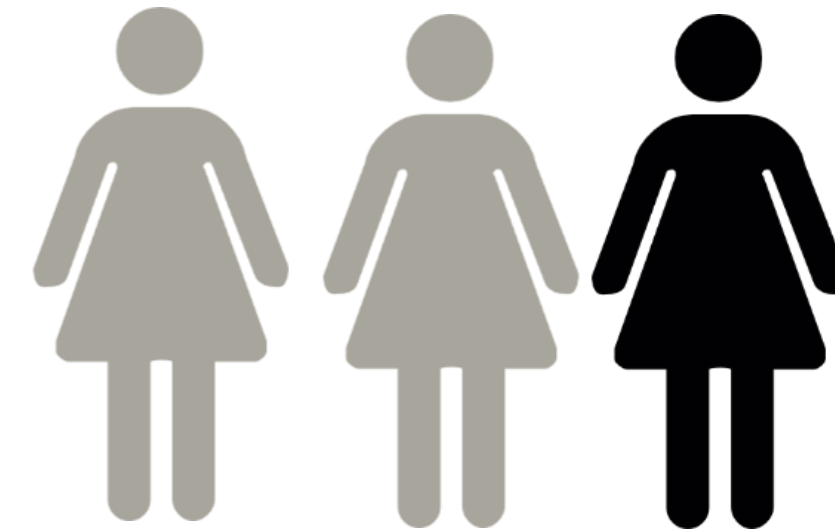


Saunders BE, Adams ZW. Epidemiology of traumatic experiences in childhood. Child Adolesc Psychiatr Clin N Am. 2014 Apr;23(2):167-84, vii. doi: 10.1016/j.chc.2013.12.003. PMID: 24656575; PMCID: PMC3983688.

# IPV: Incidence and Prevalence

WHO study in  
10 countries  
found that

**13-61% of women**  
reported  
experiencing violence  
by a partner

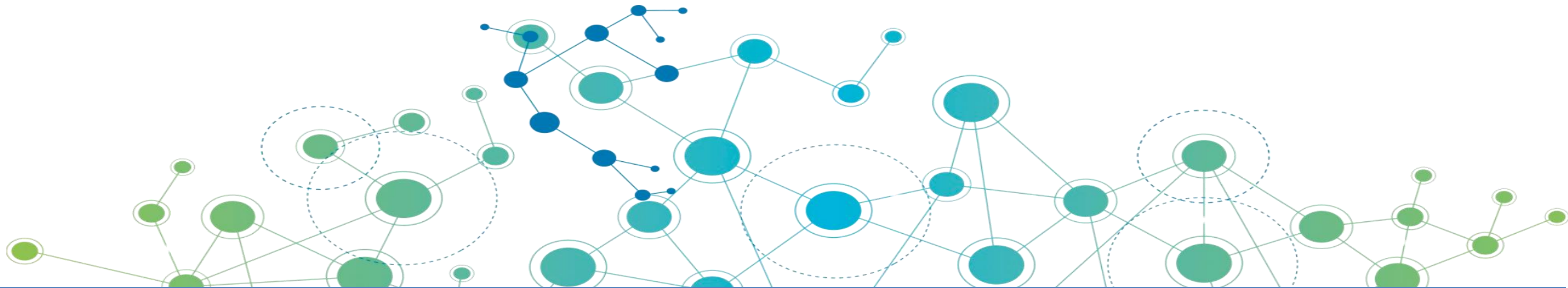


**Over 1 in 3 women**  
in the US experience  
IPV during their  
lifetimes

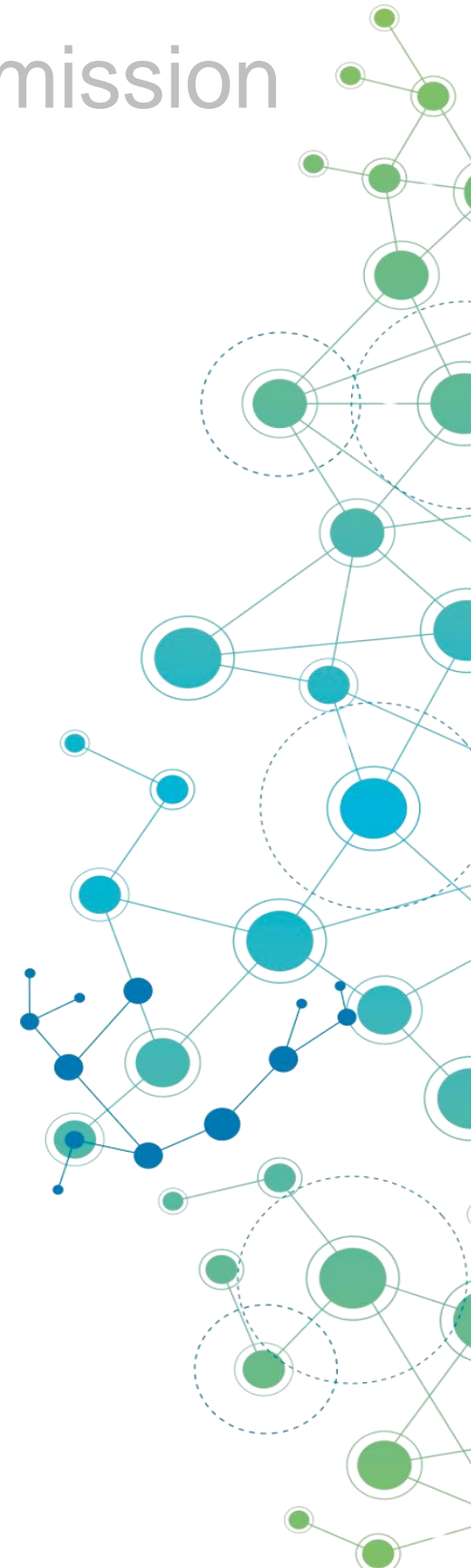
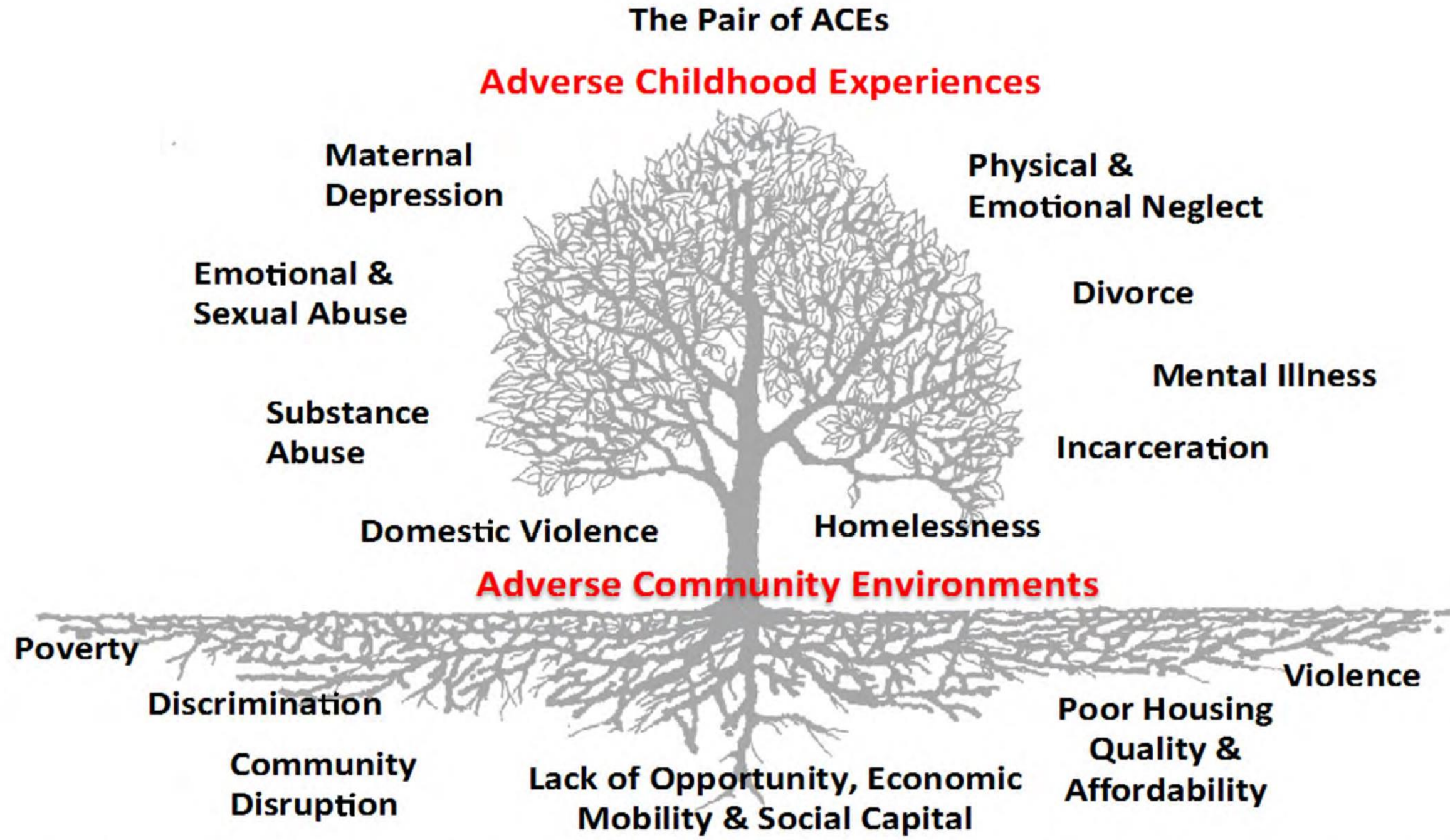


World Health Organization, 2012/ National Intimate Partner and Sexual Violence Survey, 2015 <https://www.cdc.gov/violenceprevention/nisvs/2015NISVSdatabrief.html>

# Root Causes of Structural Oppression



# Pair of ACEs Tree

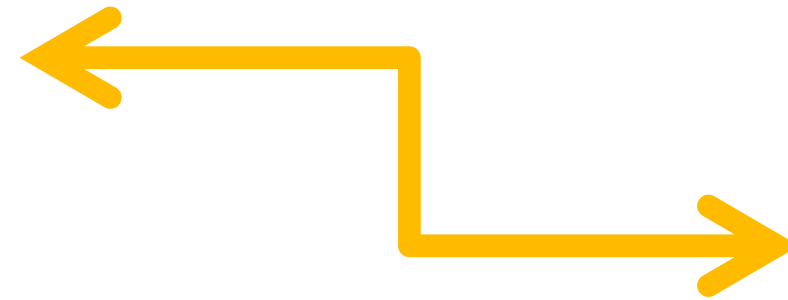


Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

# Unconscious Bias and Stigma

**A tendency or inclination that results in judgment **without** question.**

An automatic response



A shortcut to interact with our world



<https://implicit.harvard.edu/implicit/>

# Stress versus Toxic Stress

## Types of stress responses

### POSITIVE



A normal and essential part of healthy development

EXAMPLES  
*getting a vaccine,  
first day of school*

### TOLERABLE



Response to a more severe stressor, limited in duration

EXAMPLES  
*loss of a loved one,  
a broken bone*

### TOXIC



Experiencing strong, frequent, and/or prolonged adversity

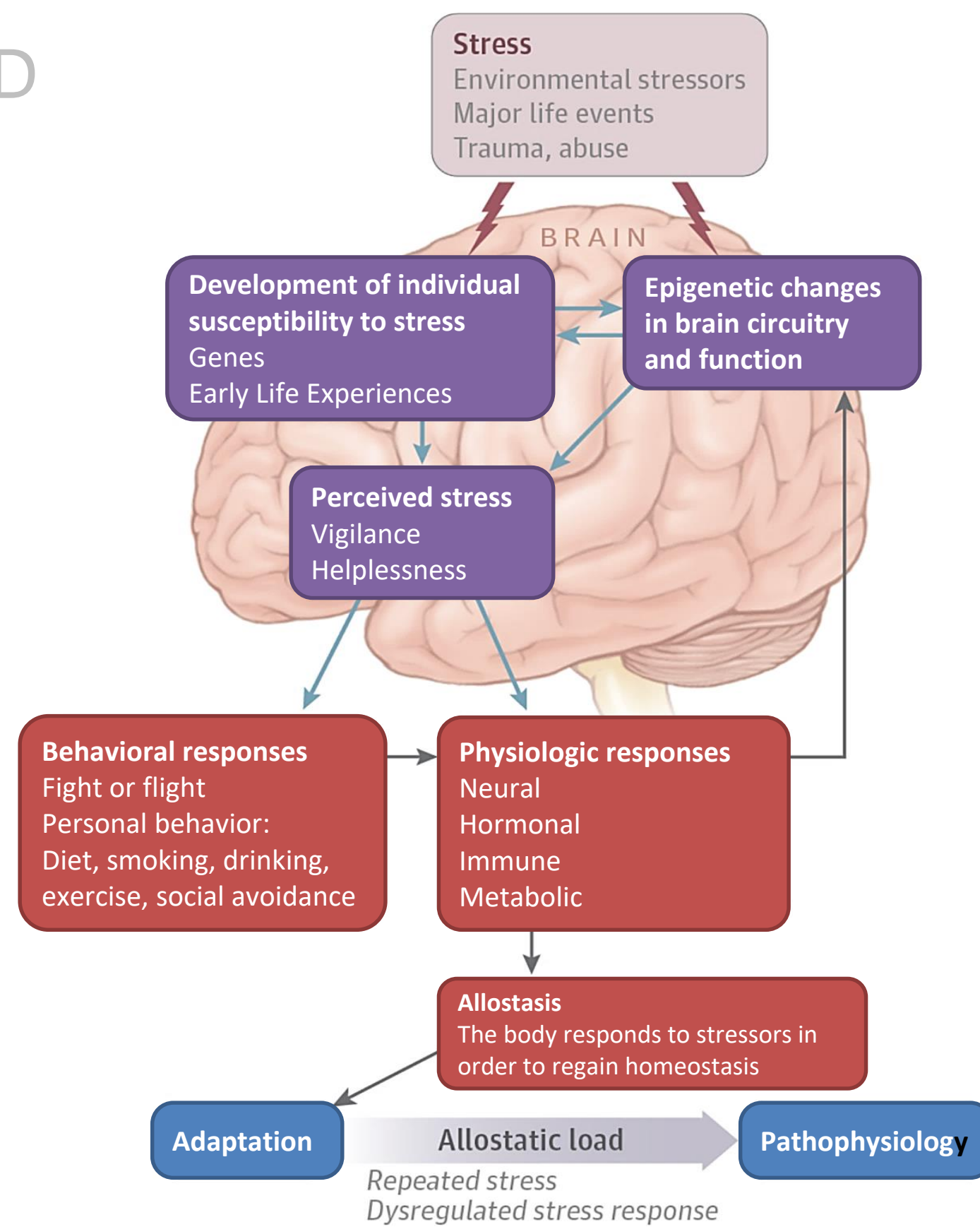
EXAMPLES  
*physical or emotional abuse,  
exposure to violence*



McEwen, JAMA Psychiatry 2017



# Stress versus Toxic Stress

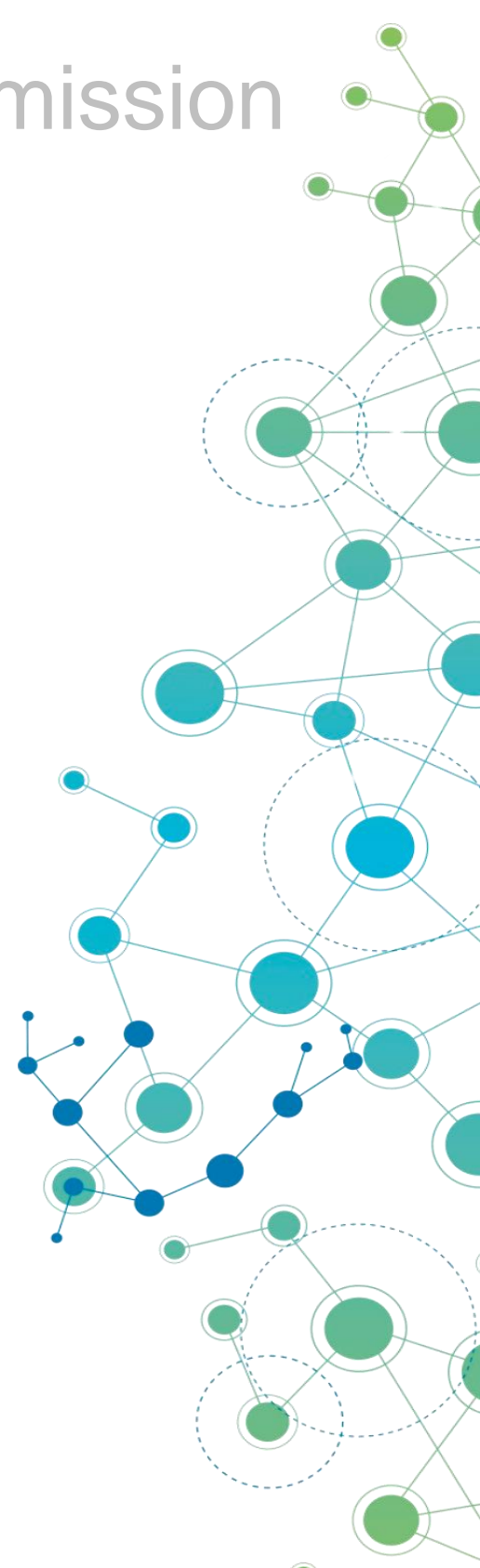


McEwen, JAMA Psychiatry 2017



# Receiving Health Care Services May Be Traumatizing

- Having to repeatedly re-tell 'story' of trauma history
- Feeling treated as a 'number' or a 'case'
- Lack of opportunity to give feedback about prior medical experiences
- Lack of choice in service, providers (feeling pressured about choices)
- A lack of privacy in physical space (hallway stretcher, roommate, etc.)
- Fear of procedures (not routine to patients)
- Vulnerable physical positions, physical touch, removal of clothing



Huang, L.N., Sharp, C.S., Gunther, T. SAMHSA and National Council for Behavioral Health Webinar 8/6/13. "It's Just Good Medicine: Trauma Informed Primary Care."

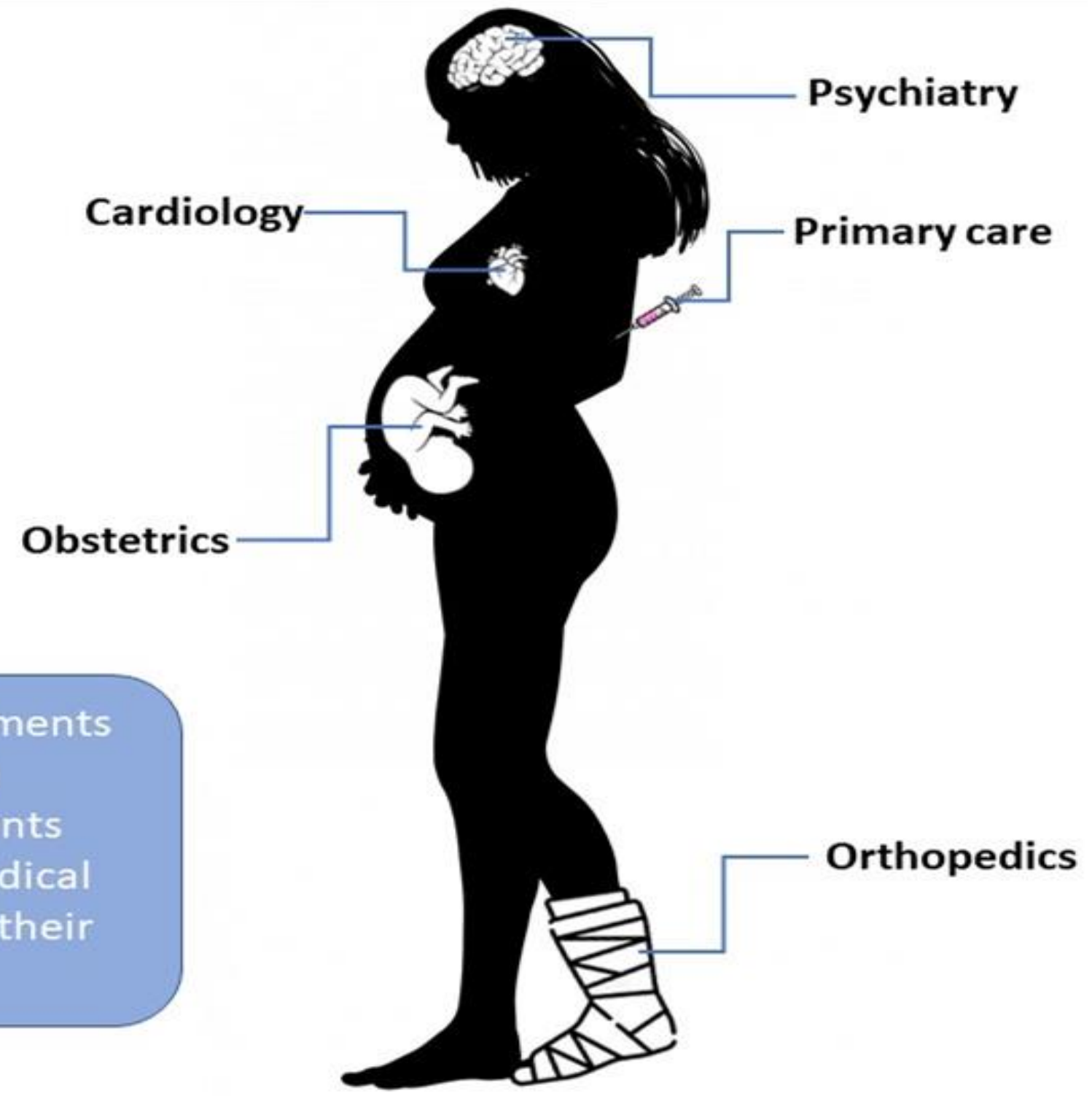
[https://socialwork.buffalo.edu/content/socialwork/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care/jcr\\_content/par/image\\_0.img.original.png/1469630973016.png](https://socialwork.buffalo.edu/content/socialwork/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care/jcr_content/par/image_0.img.original.png/1469630973016.png)

[www.samhsa.gov](http://www.samhsa.gov); <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

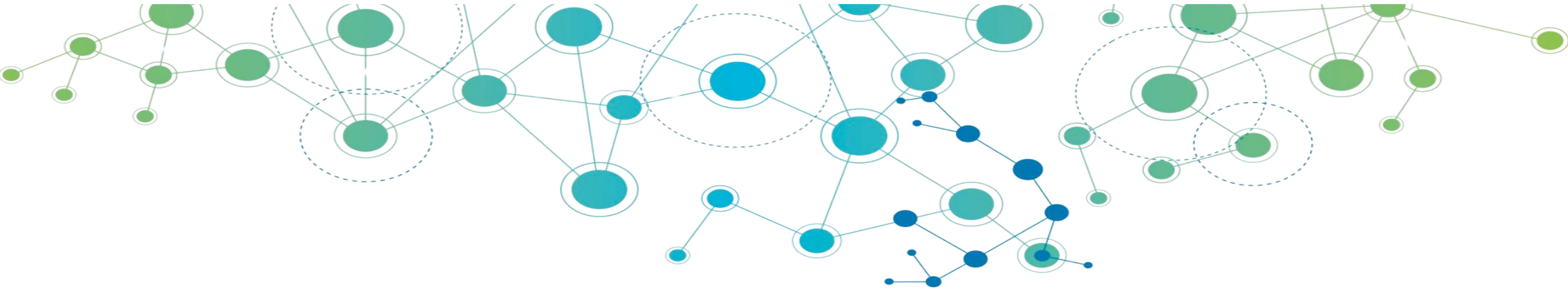
# Care Coordination

-  Food insecurity
-  Violence
-  Housing insecurity
-  Substance use
-  Mental health
-  Employment

Specialized medical appointments can create challenges in care coordination and leave patients burdened with too many medical appointments in addition to their other commitments.



# Recognizing the Health Consequences Caused by Individual, Interpersonal, and Collective Trauma



How can we shift how health care is delivered?

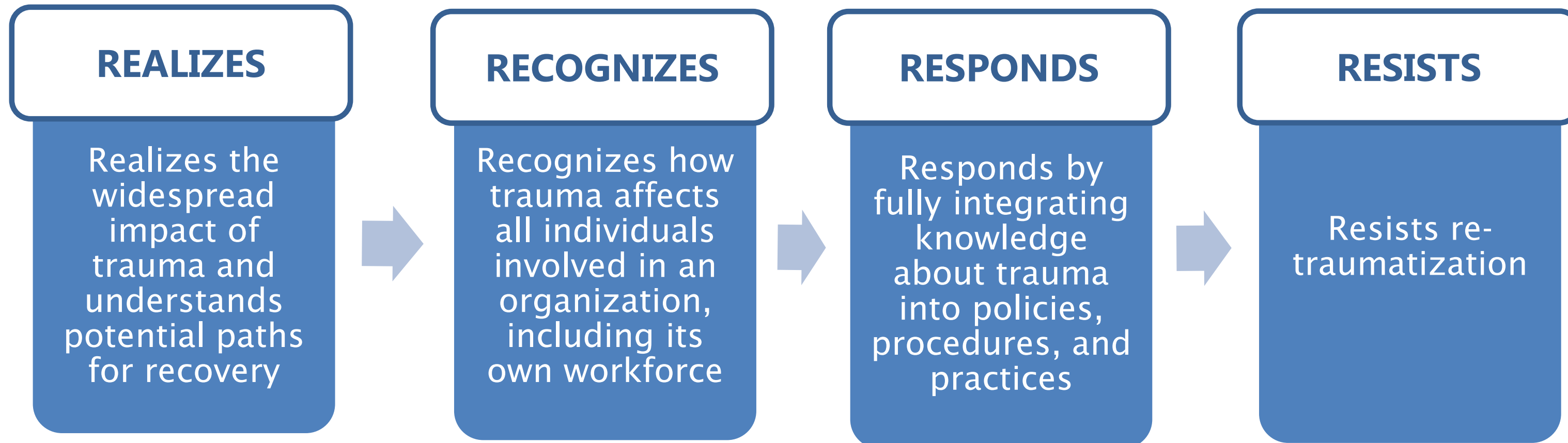
# Universal Awareness

One of the main principles of trauma-informed care is to assume, not ask, if a patient has a history of trauma.

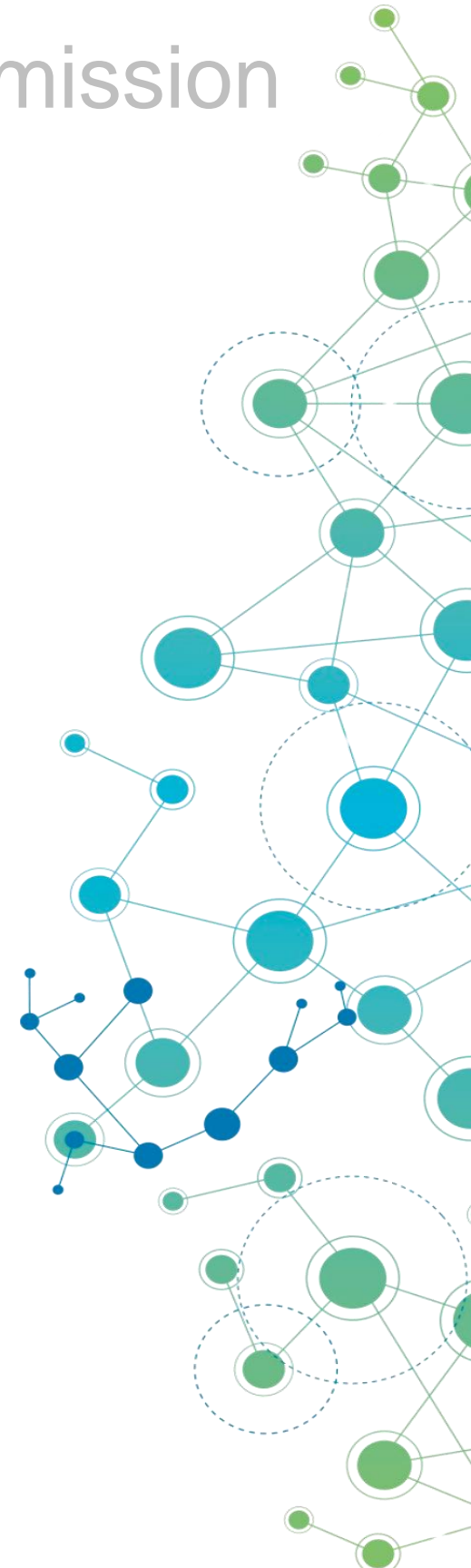
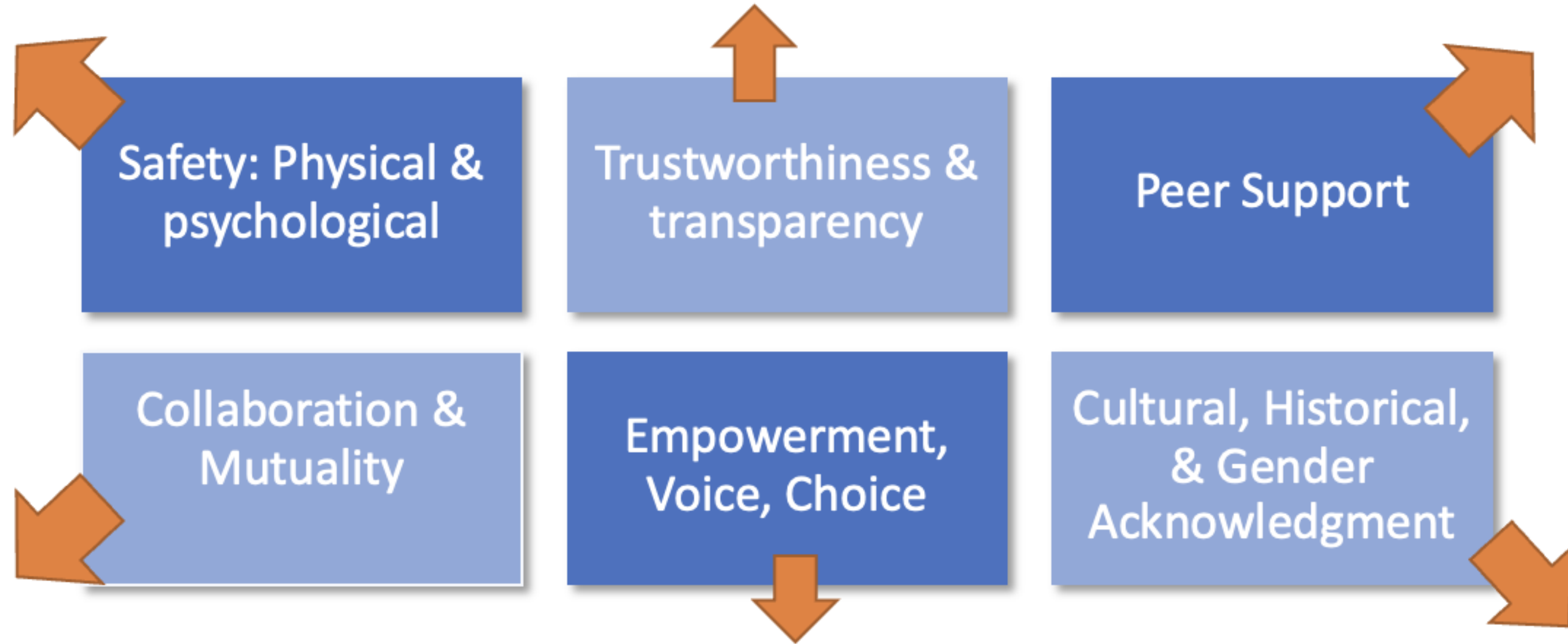


# The Four 'Rs' – A Trauma-Informed Care Approach

A TI approach refers to a change in organizational culture.



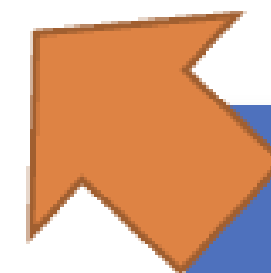
# Applying the 6 Principles of TIC



[www.samhsa.gov](http://www.samhsa.gov)  
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

# Applying the 6 Principles of TIC

- How and who on your team would inquire about safety? Trauma? Focus on ways to optimize engagement.
- How might you associate the effects of trauma on health?



Safety: Physical & psychological



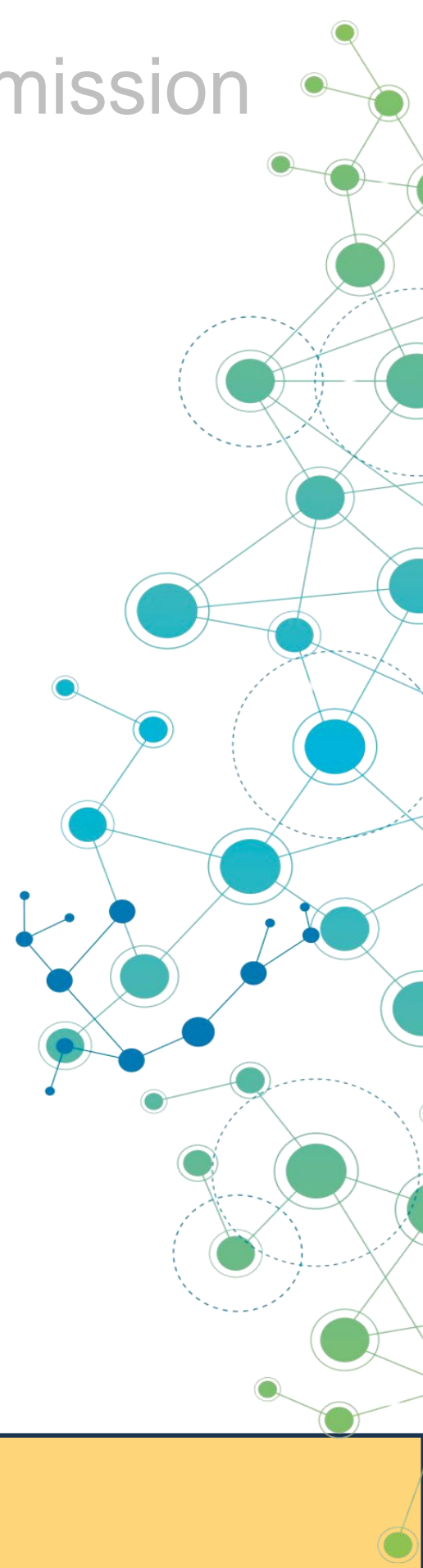
[www.samhsa.gov](http://www.samhsa.gov)  
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

# Applying the 6 Principles of TIC

- How can you build trust and transparency with this patient?
  - Share screen?
- Inquire about their fears. Share limits of confidentiality.



Trustworthiness &  
transparency





# Applying the 6 Principles of TIC



Peer Support

- Assess patient for readiness for peer support services? Past experiences with such services?
- Who will follow-up to assess connection?



[www.samhsa.gov](http://www.samhsa.gov)  
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

# Applying the 6 Principles of TIC

- Level power dynamic- How can you do that ?
- Actively seek to collaborate with other team members, across disciplines.
- Increase shared decision making- without judgement- how can you do that?



[www.samhsa.gov](http://www.samhsa.gov)  
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

# Applying the 6 Principles of TIC

Empowerment,  
Voice, Choice



- Support the patient in self-management choices (even when you might not agree).
- Ask permission from patient
- Acknowledge patient strengths



[www.samhsa.gov](http://www.samhsa.gov)

<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

# Applying the 6 Principles of TIC

Cultural, Historical,  
& Gender  
Acknowledgment



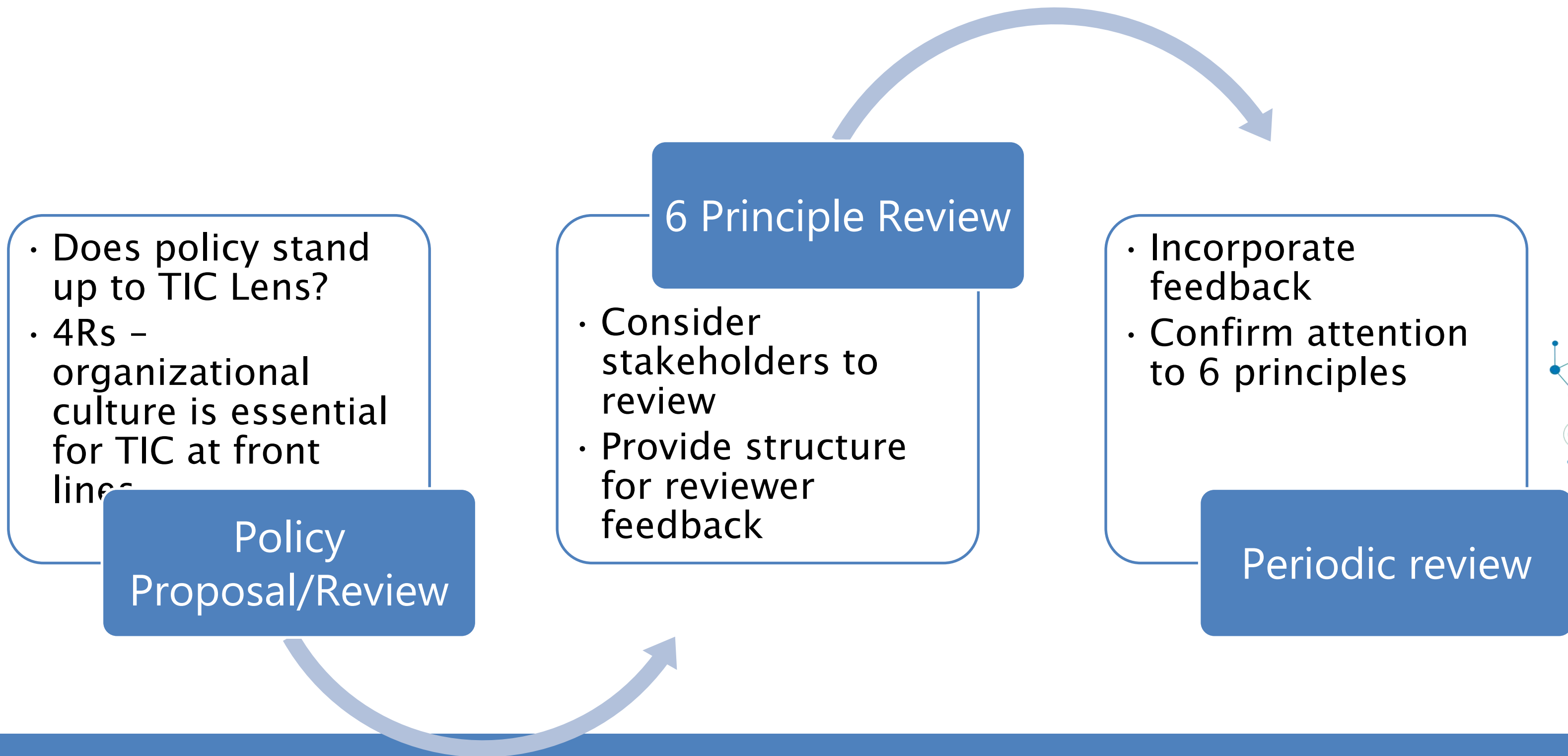
- Seek to increase self-awareness of unconscious bias, stigma.
- Universal Precautions
- Avoid judgement or making assumptions- seek to understand.
- Acknowledge that cultural and historical backgrounds differ - adopt a curious stance



[www.samhsa.gov](http://www.samhsa.gov)

<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

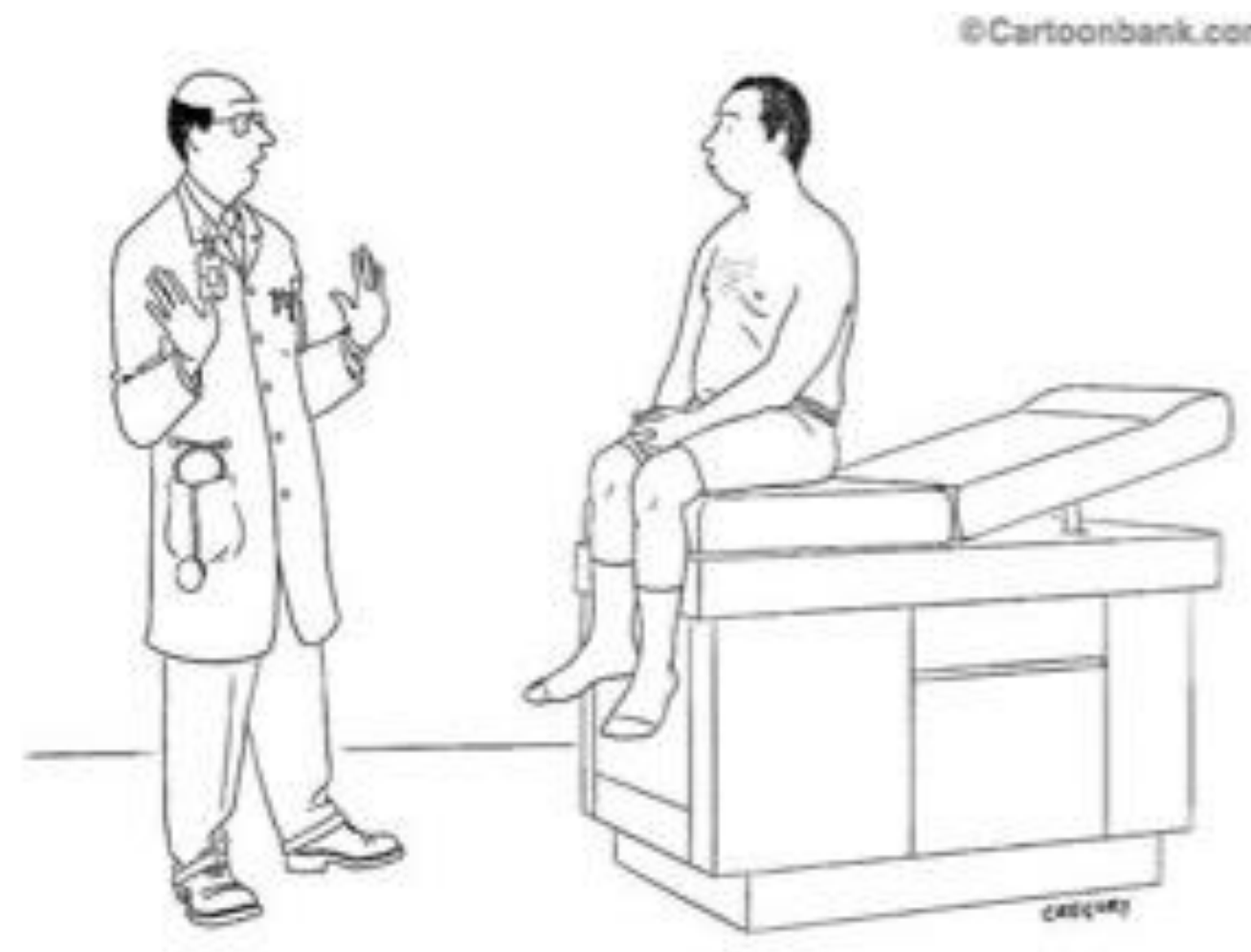
# TIC Approaches to Policy Development (what)



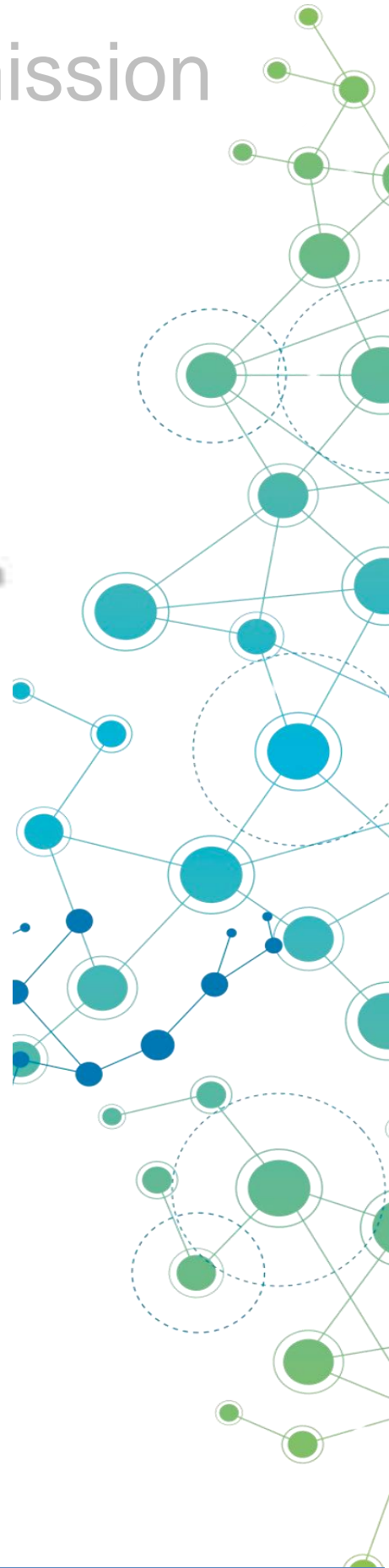
# Trauma Inquiry

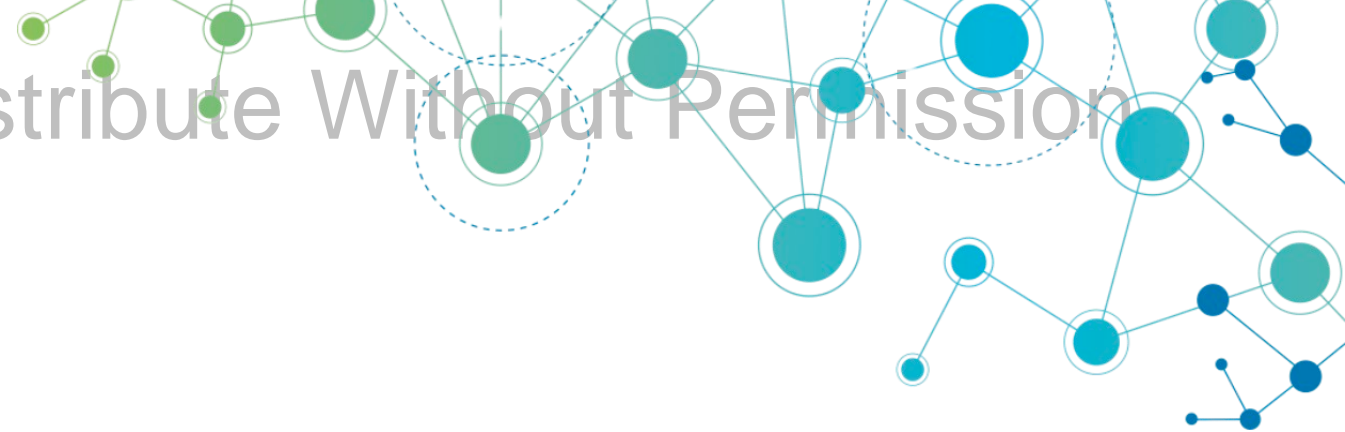
Disclosure is NOT the goal;  
Minimize patient need to retell their story

- Provide a safe environment for people to share as much or as little as they want
- Help patients understand that they have the right NOT to tell their story again, even to providers that ask
- Include education about trauma and its effects
- Balance trauma with resiliency and strengths



*"Whoa—way too much information."*





## FOR INDIVIDUALS/FAMILIES

### 01 Never Worry Alone

Always know who your 'go-to person is'

### 02 You Won't Know Everything At Once

Continue to learn. Be Curious

## FOR ADVOCATES

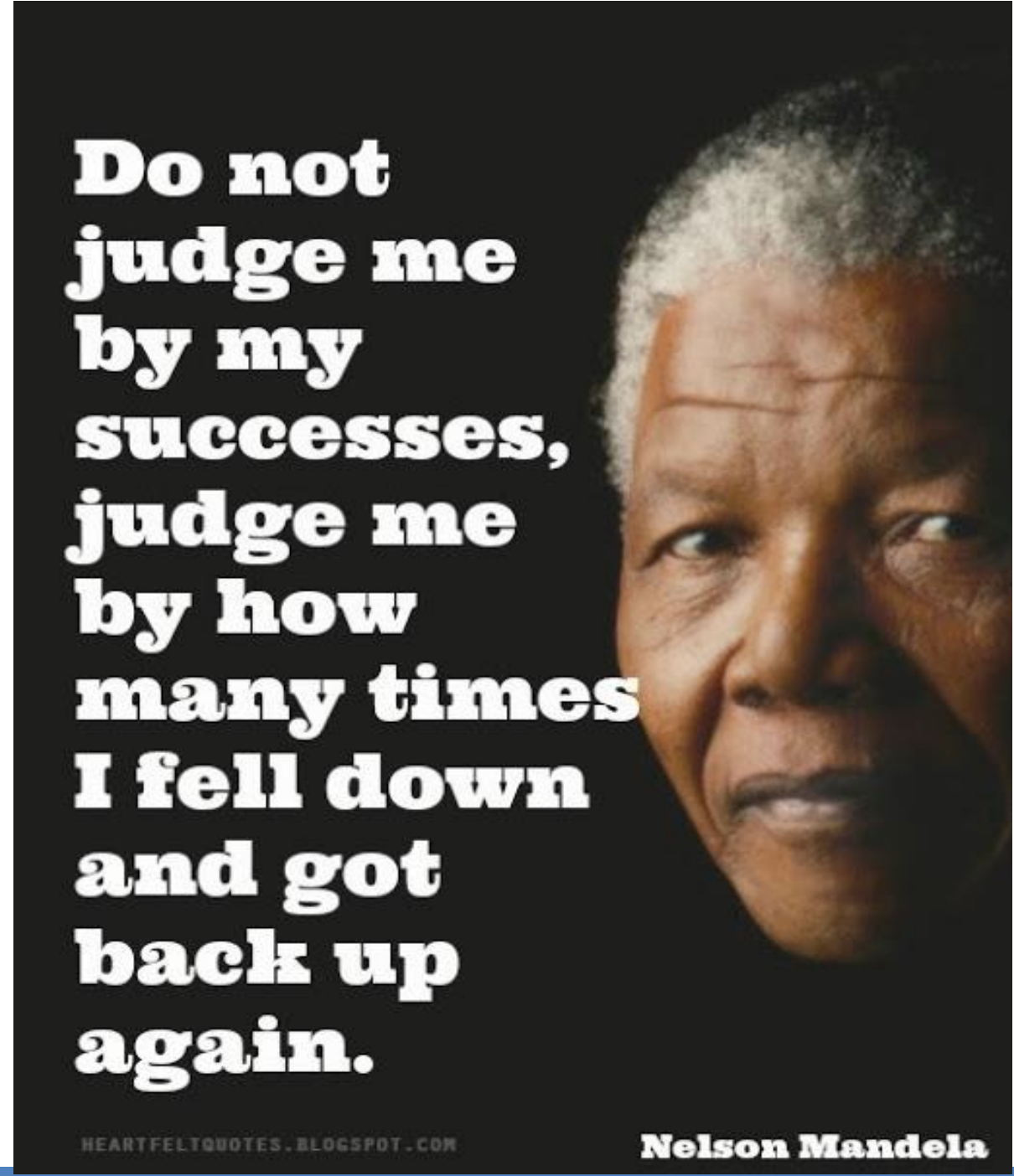
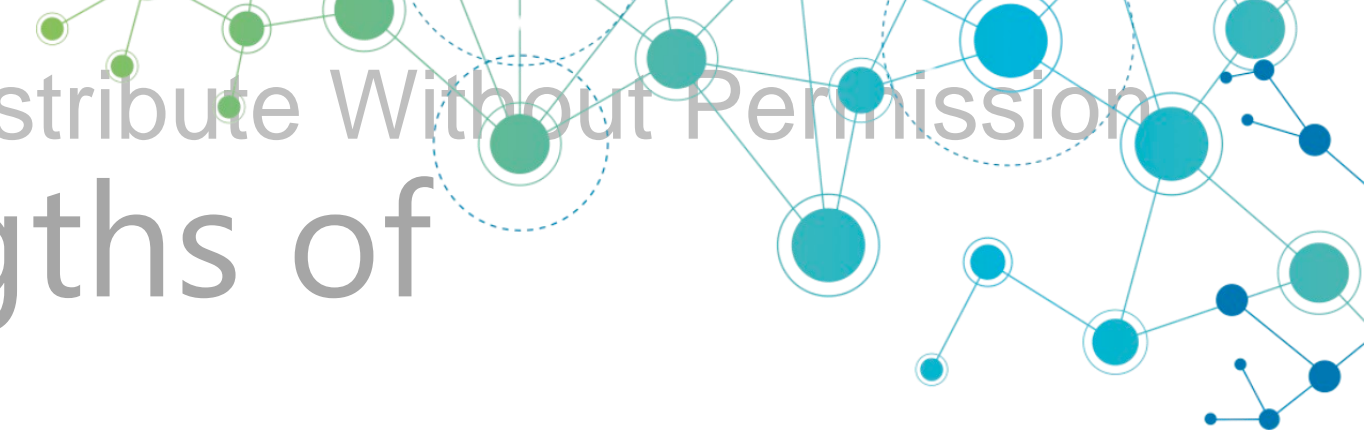
### 01 Use 'Person First' Language

Refer to a person is currently unhoused, not a 'homeless person.'

### 02 Questions To Ask

- Before we begin, is there anything we need to know
- What are you hoping to accomplish today?
- Tell me your strengths and what you are proud of?

# Call to Action: Lifting the Strengths of Patients and Peers





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