



Trauma-Informed Care for Primary Care Providers

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Center on
**Trauma &
Children**
Evidence in action

Faculty Disclosure

- Dr. Clemans has not had any relevant financial relationships during the past 24 months to disclose.

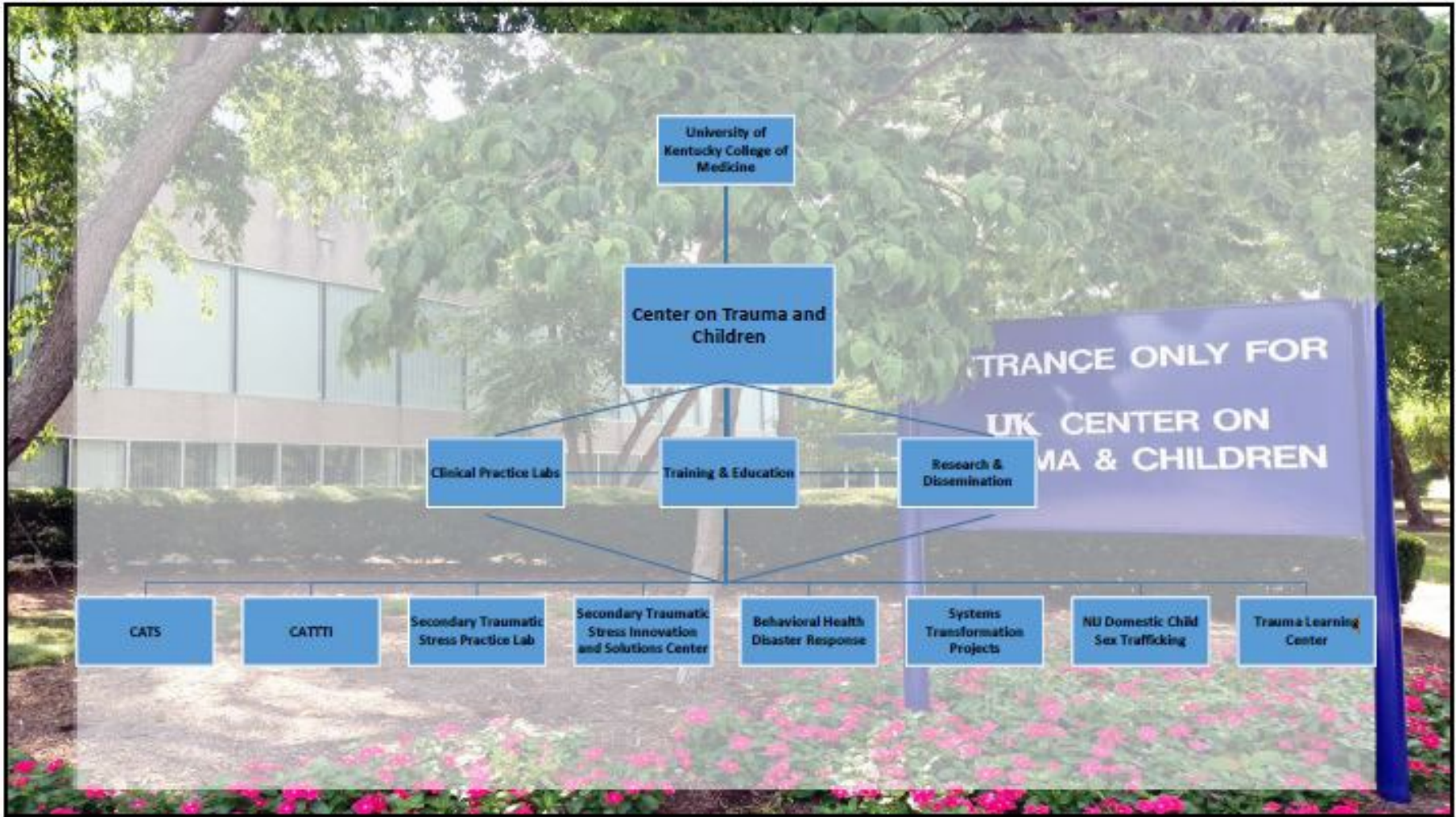
Objectives


Upon completion of this educational activity, you will be able to:

- Discuss the long-term effects of trauma on patients
- Recognize how traumatic events impact the mental and physical health of patients;
- Discuss the key principles that guide a trauma-informed care approach
- Identify trauma-informed strategies that can assist patients in the healthcare setting


Expected Outcome


- Participants will increase their knowledge on trauma informed care in the primary care setting by the end of this presentation.

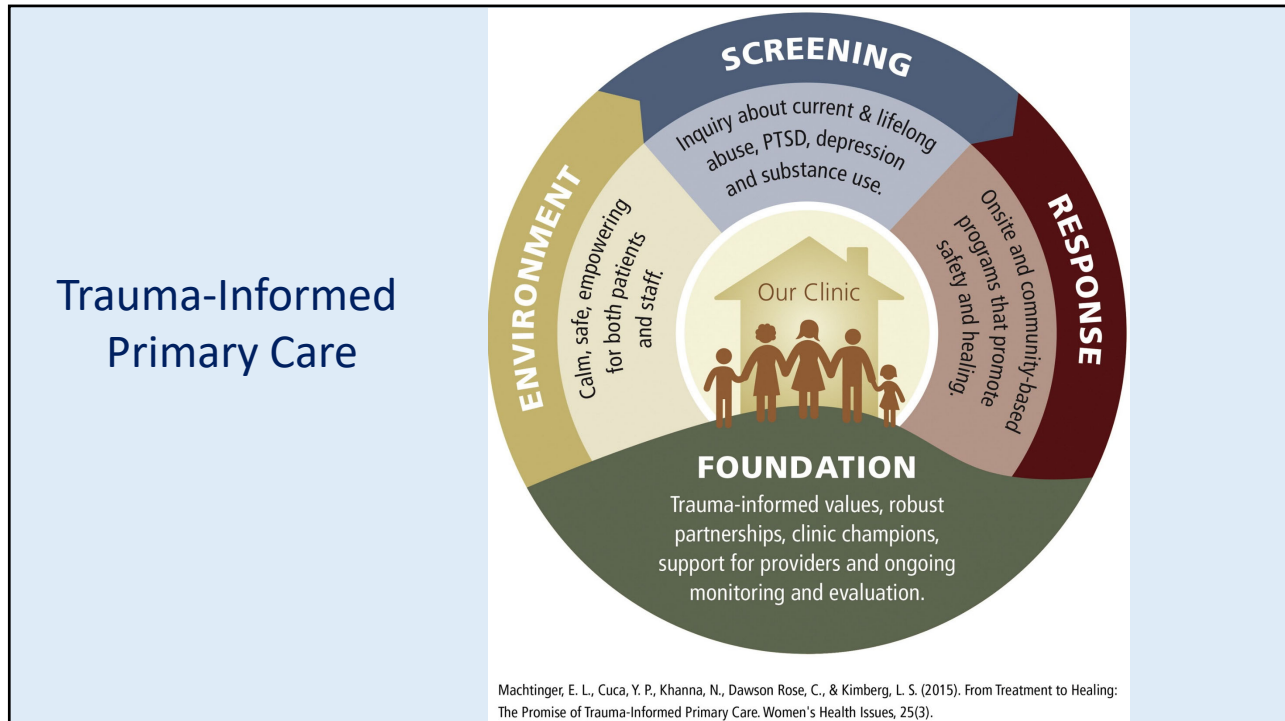




Principles of Trauma-Informed Care

 Center on Trauma & Children
Evidence in action

 University of Kentucky



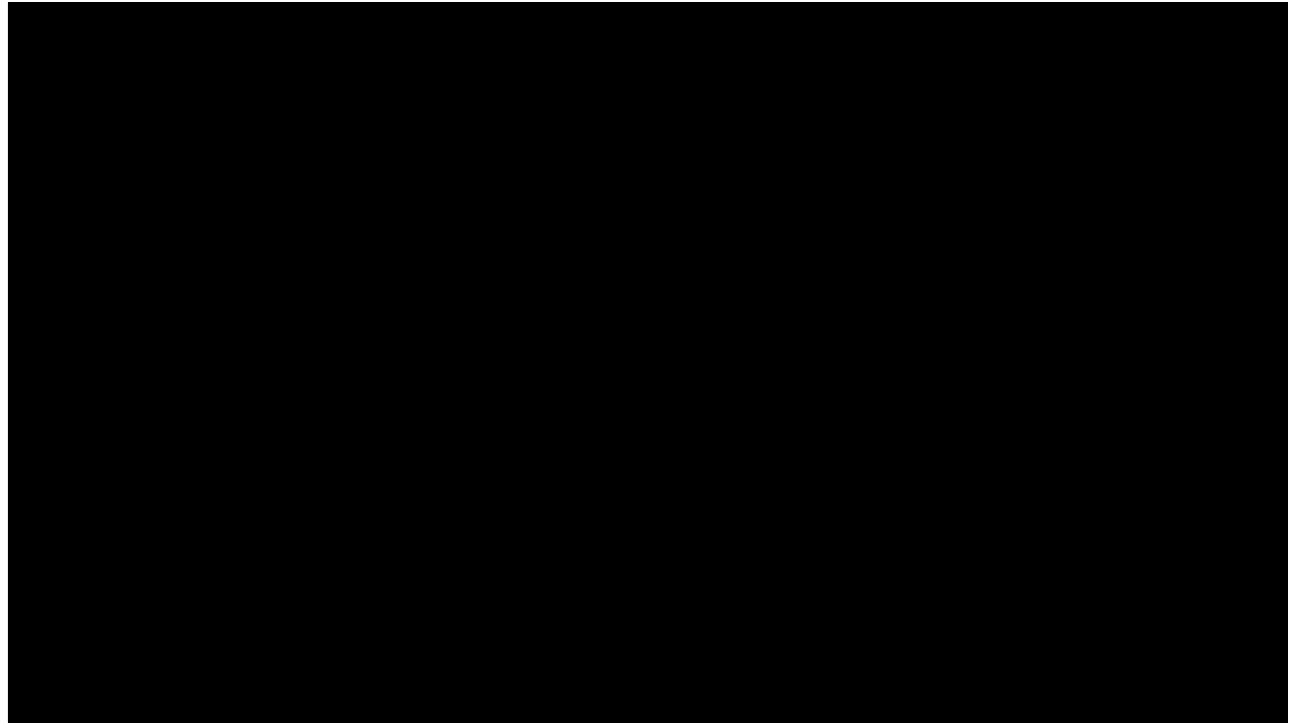
Trauma-Informed Care

- **Realizes** the widespread impact of trauma and understands potential paths for recovery;
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively **resist re-traumatization**.

Trauma Informed Principles



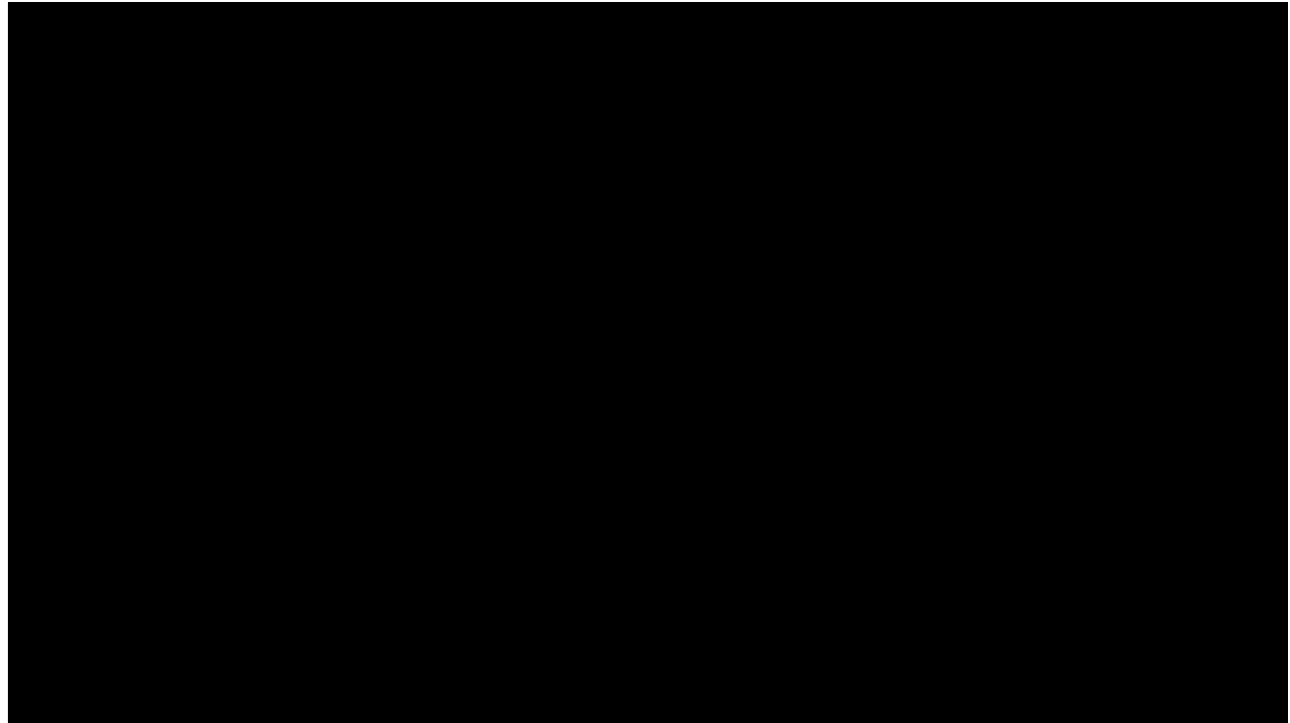
<https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>



Imagine...

- A place where people ask, “What happened to you and what can I do to help you achieve your goals?” instead of “What’s wrong with you?”
- A place that understands that trauma can be re-triggered.
- A place committed to supporting the healing process while ensuring no more harm is done.
- A place that recognizes your strengths and builds upon them, giving you the resources you request.





What is a Traumatic Event?

The *experience* of exposure to actual or threatened death, serious injury or sexual violation

- Direct exposure
- Witnessing
- Learned a loved one was exposed
- Repeated, extreme indirect exposure

Trauma: 3 Es

1. Events

2. Experience

3. Effects

Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



Sources of Trauma



- **Natural disasters:** Hurricanes, fires, floods
- **Human-caused disasters:** Accidents, wars, environmental disasters, acts of terrorism
- **Community violence:** Robberies, shootings, assault, gang-related violence, hate crimes, group trauma affecting a particular community
- **School violence:** Threats, fights, school shootings, bullying, loss of a student or staff member



Sources of Trauma

- **Family trauma:** Abuse, neglect, experiencing or witnessing domestic violence, incarceration of family members, family substance abuse, sudden or expected loss of a loved one
- **Refugee and Immigrant trauma & war-zone violence:** Exposure to war, political violence, torture, forced displacement, migration and acculturation stressors, fears of deportation
- **Medical trauma:** Pain, injury and serious illness, invasive medical procedures or treatments
- **Poverty:** Lack of resources, support networks, or mobility, financial stressors; homelessness



Sources of Trauma

Historical trauma: “The cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma” – Maria Yellow Horse Brave Heart

Examples of historical trauma:

- American Indian and Alaska Native communities
- Communities of color
- Holocaust survivors
- Japanese-American survivors of internment camps
- LGBTQ communities



Sources of Trauma



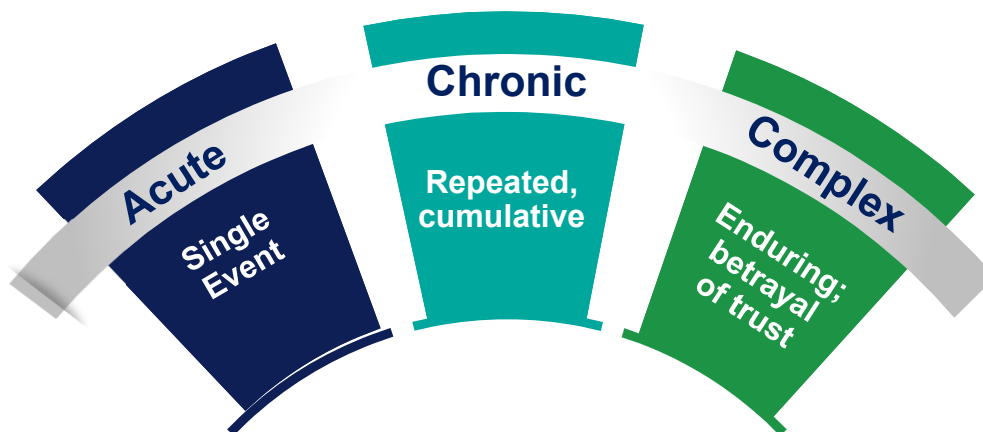
Racial trauma: Potentially traumatic experiences resulting from direct experiences of racial harassment, witnessing racial violence toward others, and experiencing discrimination and institutional racism.

For example:

- Threats of harm of injury and/or being humiliated
- Witnessing hate crimes or violence by law enforcement
- Racial Microaggressions – brief, everyday verbal or behavioral exchanges that intentionally or unintentionally communicate hostile, derogatory, or negative racial messages or insult (e.g., racial slurs, being followed in a store, exchanges that negate person of color’s thoughts, feelings, or experiential reality)



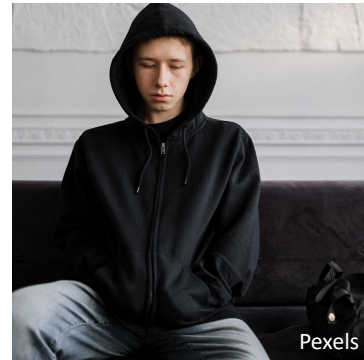
Types of Trauma



Complex Trauma

Complex trauma refers to exposure to multiple traumatic events from an early age, ***and*** the immediate and long-term effects of these experiences over development.

- Attachment and Relationships
- Physical Health
- Emotional Regulation
- Behavior
- Cognitions
- Self-Concept and Future Orientation



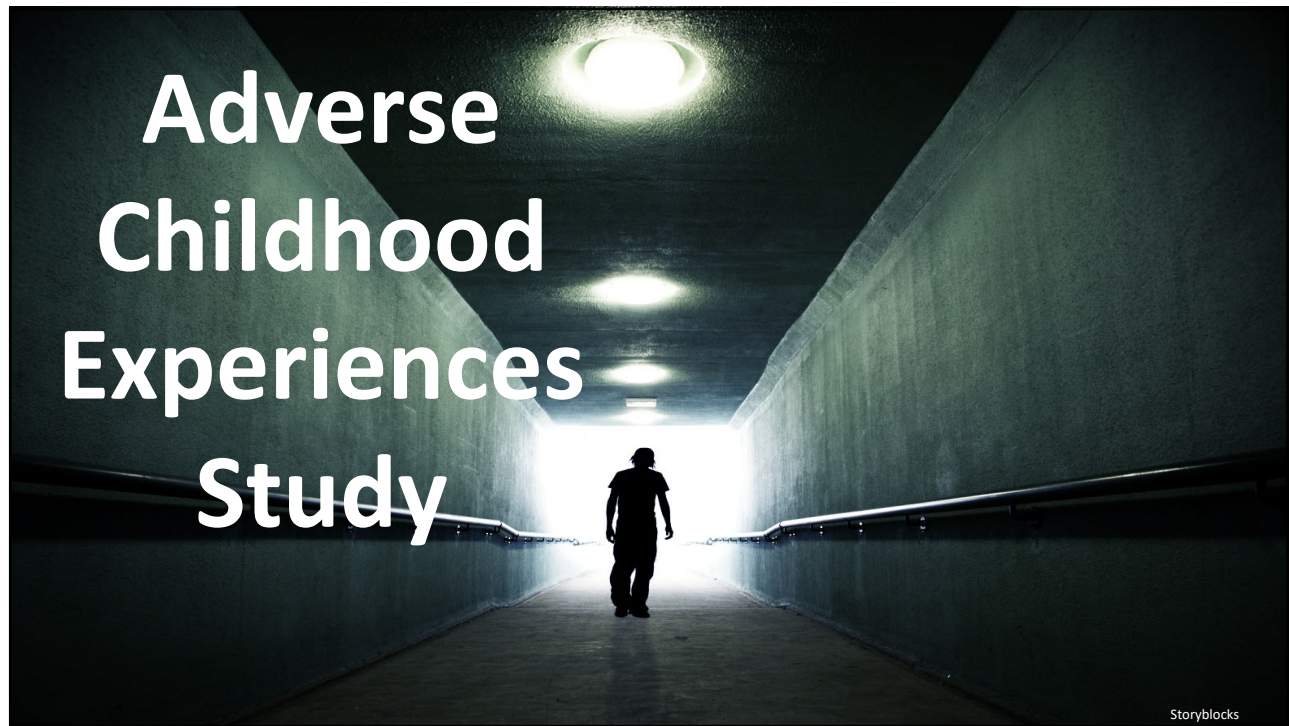
(Cook et al., 2005)



Traumatic Stress overwhelms coping

Traumatic events **overwhelm an individual's capacity to cope** and may elicit feelings of terror, powerlessness, and out-of-control physiological arousal.





Adverse Childhood Experiences Study



Dr. Vincent Felitti:
Kaiser Permanente



Dr. Robert Anda:
Centers for Disease
Control and Prevention



Adverse Childhood Experiences

Abuse & Neglect

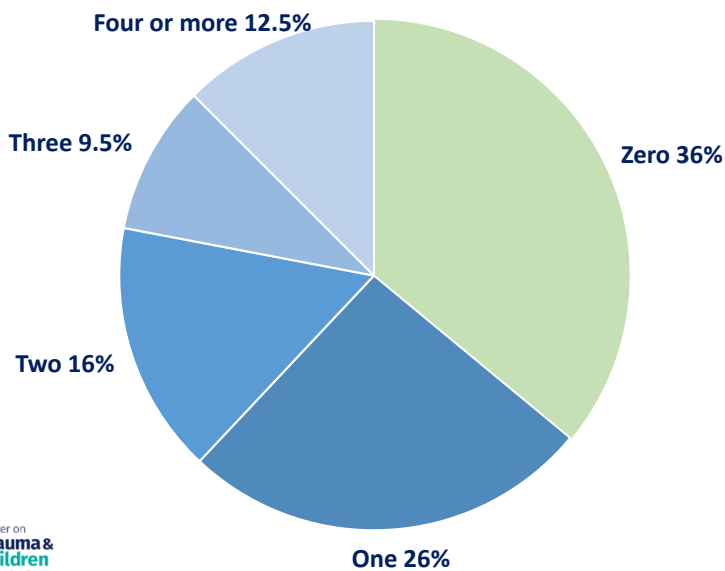
- Emotional Neglect (15%)
- Physical Neglect (10%)
- Physical Abuse (28%)
- Sexual Abuse (21%)
- Emotional Abuse (11%)

Household Stressors

- Domestic Violence (13%)
- Substance Abuse (27%)
- Parental Separation/ Divorce (23%)
- Mental Illness in Household (19%)
- Household Member Incarcerated (5%)



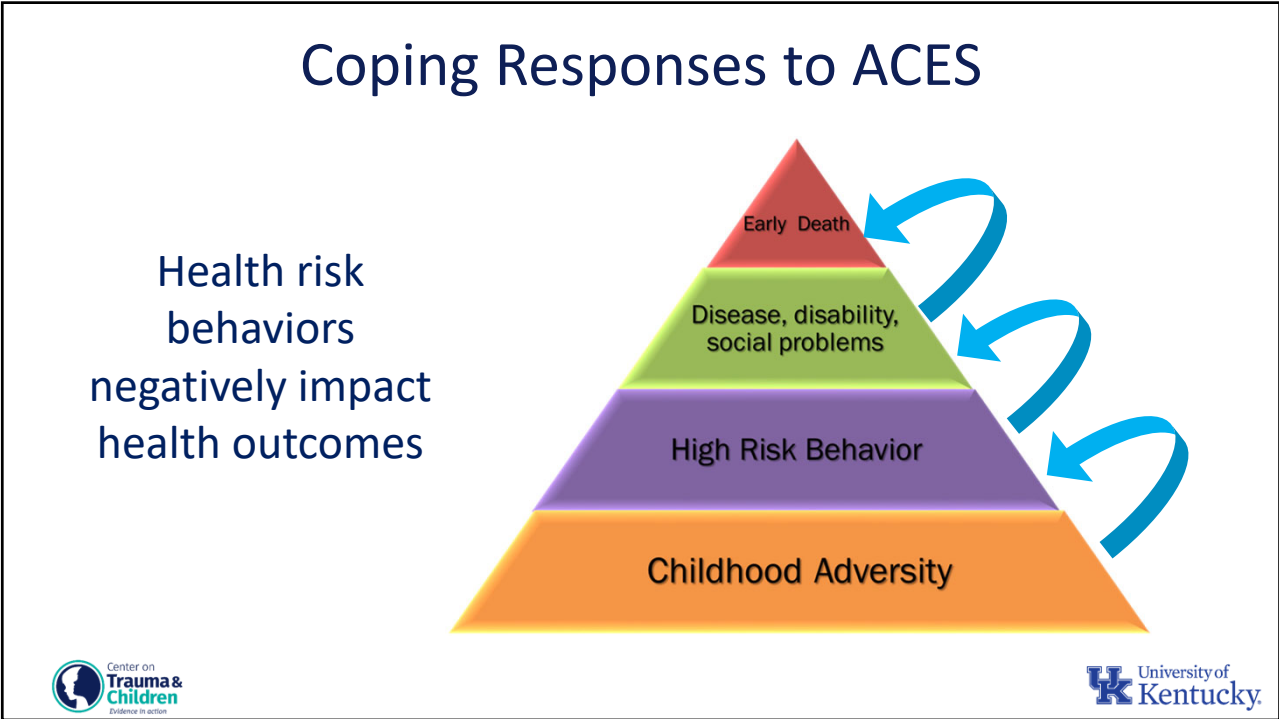
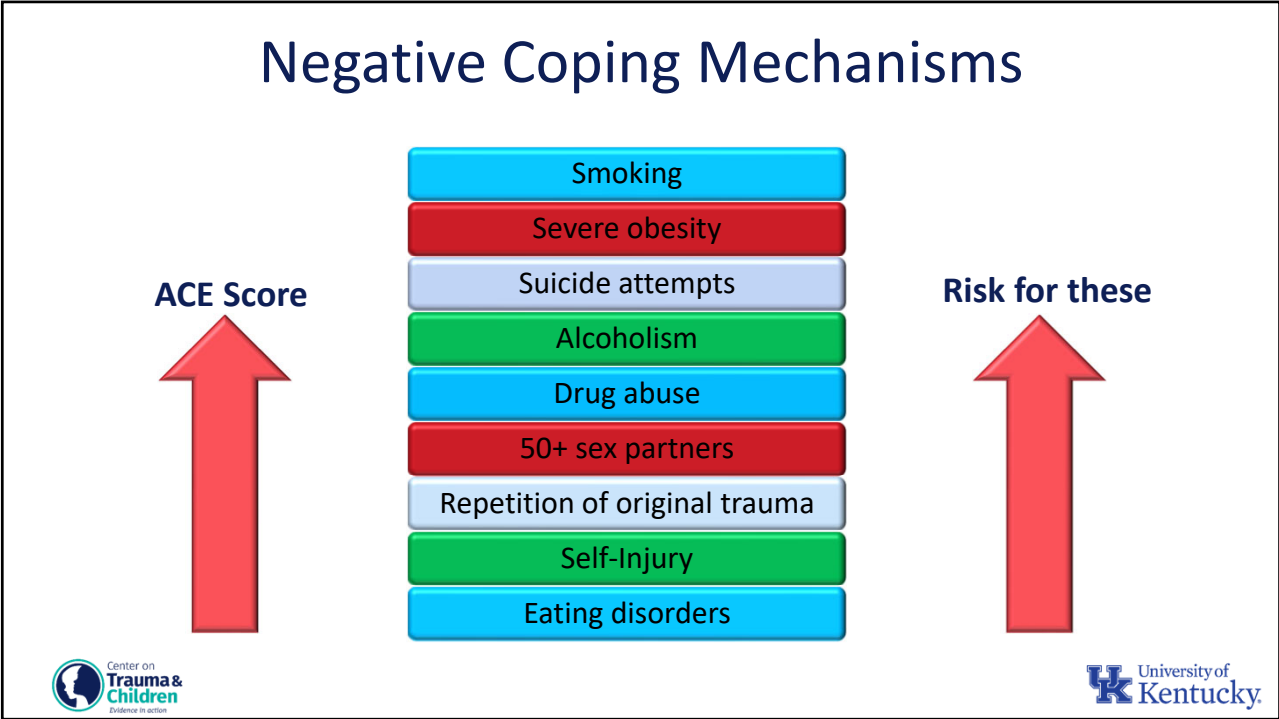
Adverse Childhood Experiences Study



2/3 had at least 1 ACE

1/5 had 3 or more ACEs





Kentucky ACE Data

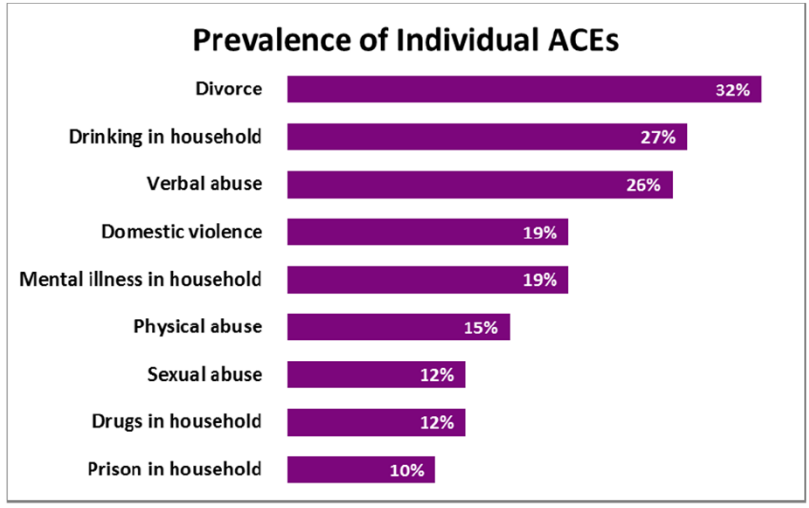
| State | % of Adults with at least 1 ACE | % of Adults with 4 or more ACEs |
|-----------------|---------------------------------|---------------------------------|
| California | 61% | 16.7% |
| Iowa | 55% | 14% |
| Kentucky | 59% | 17.5% |
| Minnesota | 55% | 13% |
| Montana | 61% | 17% |
| Vermont | 57% | 13% |
| Washington | 62% | 17% |
| Wisconsin | 56% | 14% |



Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015

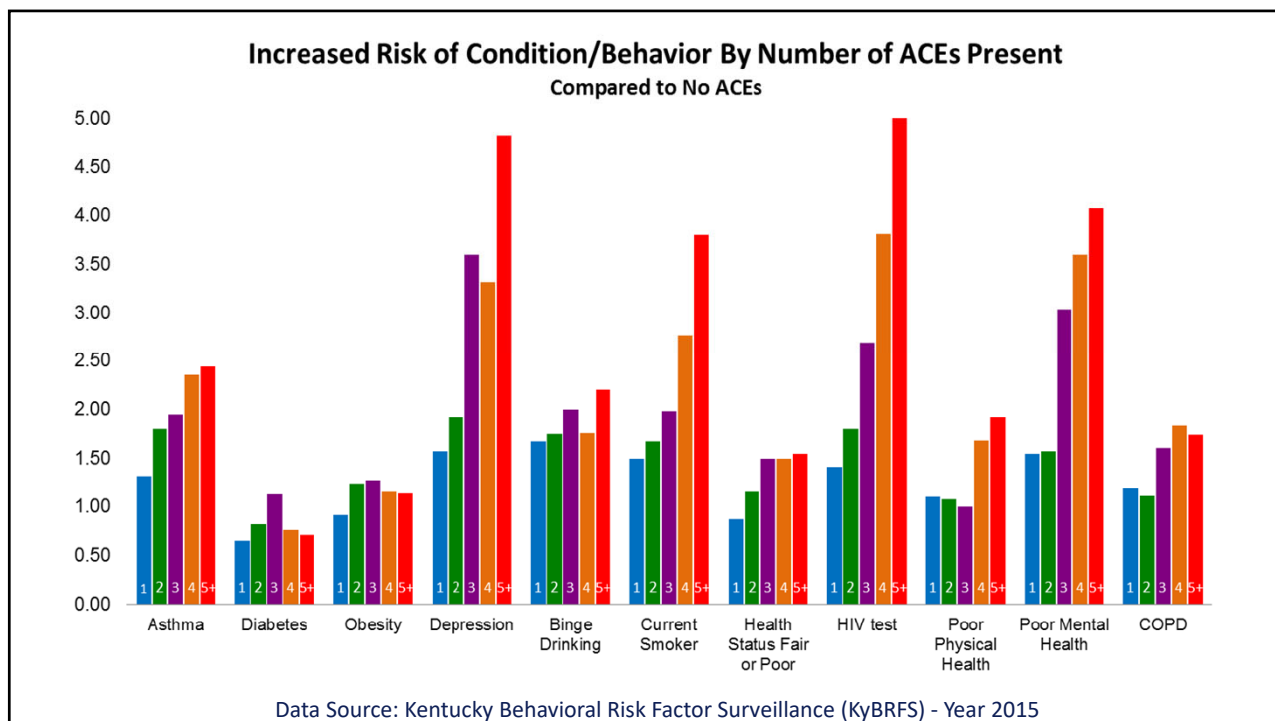


Kentucky Prevalence of Individual ACES



Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015





Patient preferences discussing Trauma & PTSD in primary care

- 178 adult patients in an integrated medical and behavioral health care clinic participated in a cross sectional study. Completed the ACE study questionnaire and Primary Care PTSD Screen
- Most of patients were **comfortable being asked about trauma directly** or through screening questions and did *not* oppose the inclusion of trauma-related information in their medical record
- Most patients perceived their physician was comfortable asking questions about childhood trauma and able to address trauma-related problems

(Goldstein, 2017)

Inquiry About Past Trauma

OPTION 1

Assume a History of Trauma Without Asking

Referrals can be offered to onsite or community-based interventions that address experiences and consequences of past trauma regardless of whether a patient chooses to disclose their trauma history.

OPTION 2

Screen for the Impacts of Past Trauma Instead of for the Trauma Itself

Common conditions highly correlated with trauma, such as anxiety, depression, posttraumatic stress disorder, chronic pain and substance use disorders, can be more effectively addressed when services are trauma-informed and offer evidence-based trauma-specific interventions.

OPTION 3

Inquire About Past Trauma Using Open-ended Questions

Open-ended questions about past trauma sensitively included in a routine history allow patients to disclose any form of trauma they feel is relevant to their health and well-being.

OPTION 4

Use a Structured Tool to Explore Past Traumatic Experiences

Multiple validated scales exist to screen for past trauma. Carefully consider why, when, how, and by whom it will be administered, as well as who will have access to the information.

Machtiger, E.L., Davis, K.B., Kimberg, L.S., Khanna, N., Cuca, Y.P., Dawson-Rose, C., Shumway, M., Campbell, J., Lewis-O'Connor, A., Blake, M., Blanch, A., and McCaw, B. (2019). From treatment to healing: inquiry and response to recent and past trauma in adult health care. *Women's Health Issues*, 29(2), 97-101.



What can healthcare providers do?





Prevalence of PTSD in Adults

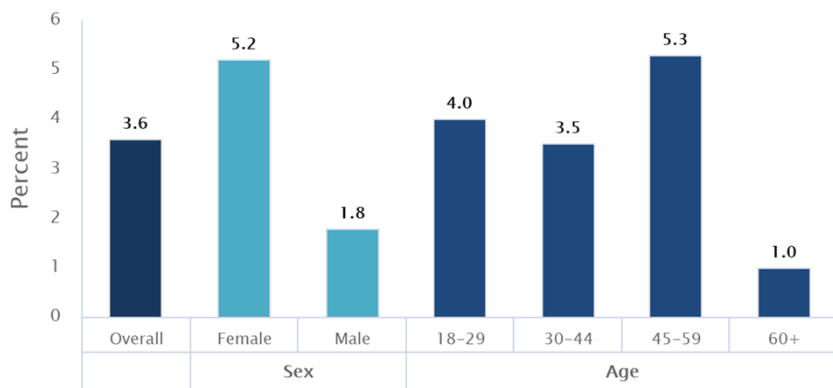
Adults:

- National Comorbidity Survey Replication (NCS-R)
- Nationally representative sample of 9,282 Americans aged 18 years and older.
- **Lifetime prevalence** of PTSD among adult Americans to be **6.8%**.
 - Among men lifetime prevalence was 3.6 % and women was 9.7%
- **Current past year** PTSD prevalence was estimated at 3.5%.

Past Year: Prevalence of PTSD in Adults

Past Year Prevalence of Post-Traumatic Stress Disorder Among Adults (2001-2003)

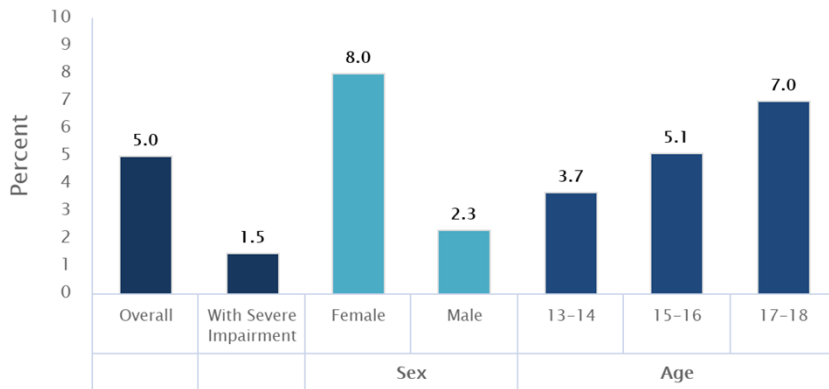
Data from National Comorbidity Survey Replication (NCS-R)



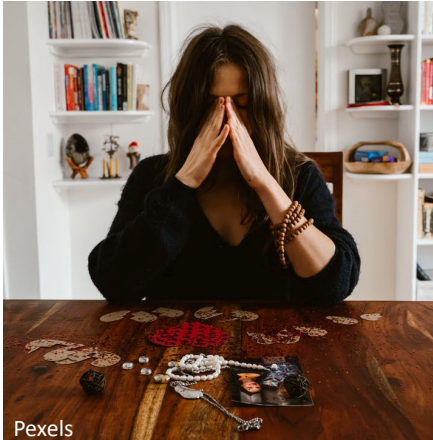
Past Year: Prevalence of PTSD in Adolescents

Lifetime Prevalence of Post-Traumatic Stress Disorder Among Adolescents (2001-2004)

Data from National Comorbidity Survey Adolescent Supplement (NCS-A)



Post-Traumatic Stress Reactions



Pexels

- Intrusion
- Hyperarousal/ Reactivity
- Negative Alteration in Cognition and Mood
- Avoidance



Intrusive Symptoms

Images, sensations, or memories of the traumatic event recur uncontrollably.

- Nightmares
- Disturbing thoughts
- Flashbacks
- Physiological reactions
- Psychological distress



Pexels



Hyperarousal & Reactivity Symptoms

- Irritable or aggressive behavior
- Self-destructive/reckless behavior
- Jumpiness or quick to startle
- Problems with concentration
- Sleep disturbance
- Hypervigilance



Negative Alterations in Cognition & Mood



- Inability to remember parts of traumatic event
- Persistent negative emotions
- Persistent difficulty experiencing positive emotions
- Decreased interest or participation in activities
- Feeling detached from others
- Persistent exaggerated negative expectations
- Persistent distorted blame of self or others



Dissociative Symptoms

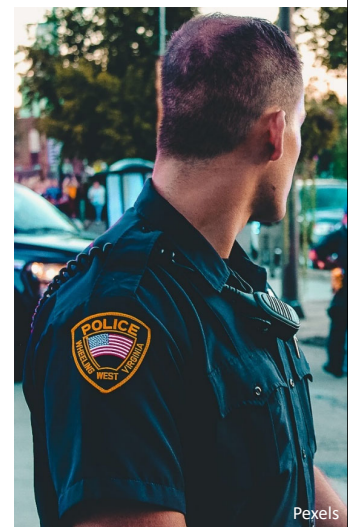
- Mentally separating the self from the experience
- May experience the self as detached from the body, on the ceiling, or somewhere else in the room
- May feel as if in a dream or unreal state



Trauma Reminders

Trauma reminders include **sights, sounds, smells, feelings, places, people or situations** related to a previous traumatic event.

Reminders of past traumatic experiences that automatically cause the body to react as if the traumatic event is happening again.



Creating physical safety

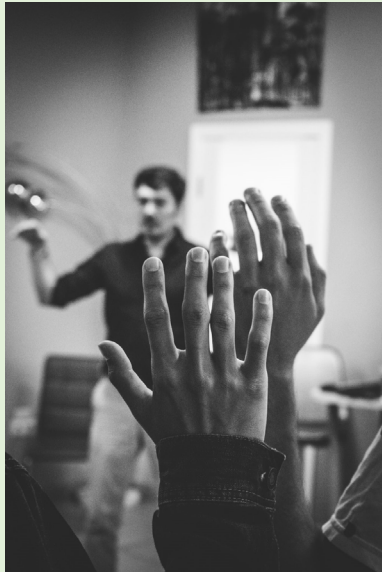
- Keep parking lots, common areas, bathrooms, and entrances/exits well lit
- Decorate with warm colors and artwork and create spaces for staff to relax
- Ensure security guards are readily available in settings where necessary, and consider stationing them at building entrances and exits to monitor the flow of traffic in and out of the building
- Keep noise levels in waiting rooms low
- Use positive and welcoming language on waiting room signage
- Ensure people are not allowed to loiter or congregate outside entrances/exits



Creating psychological safety

- Train all clinical and non-clinical staff to effectively communicate with patients
- Encourage frontline staff, including front desk staff and security guards to greet patients in a warm and welcoming manner
- Understand how an individual's culture affects how they perceive trauma, safety, and privacy
- Send medical forms that require patients to provide sensitive information ahead of time
- Ask patients whether they are comfortable with having the door shut during exams or meetings
- Keep consistent schedules and offer sufficient notice and preparation when changes are necessary





Questions ? and Comments

Thank you!



Please click the link in the
chat to sign out.