Trauma-Informed Care: The Role of the Health Care Provider

Carole Warshaw, MD

National Center on Domestic Violence, Trauma & Mental Health

National Health Collaborative on Violence and Abuse Webinar

January 25th, 2013

Faculty Disclosure Information

In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

NHCVA Trauma-Informed Care Webinar
1/25/13
Carole Warshaw MD

Why Address Trauma in Health Care Settings?

Trauma is Pervasive

National Co-morbidity Study: N=5,877

- Lifetime trauma exposure
  - >60% men; >50% women

ACE Study: N = 17,377

- 10 Categories of childhood trauma
  - 63% at least one; 25% two or more; 20% >3

Trauma in Urban Primary Care: N=509

- 16 categories of trauma
  - 79%; 65% exposed to more than one category

Kessler et. al. 1995, Felitti et. al. 1997, Dube et. al. 2001, Weigh et. al. 2010, Liebschutz et. al. 2007,

What Do We Mean by "Trauma"?

Individual Trauma: Trauma is the **unique individual experience of an event or enduring condition**, in which:

- The individual experiences, witnesses or learns about a threat to life or to his or her psychic or bodily integrity (or to a loved one)
- The individual's coping capacity and/or ability to integrate his or her emotional experience is overwhelmed

Collective Trauma

- Cultural and historical trauma can impact individuals and communities across generations

Giller 1999

Trauma has Significant Health & Mental Health Consequences

- **GBV** increases risk for mental health and substance abuse conditions (89% MH condition if experience 3-4 types)
- **Women** are 2x as likely to develop PTSD & depression after trauma exposure; 4x as likely to develop PTSD symptoms in the context of IPV
- **IPV/trauma survivors** have higher rates of asthma, DM, IBS, STDs, HIV, autoimmune disorders, stress sx, pregnancy complications & injuries
- **Adverse childhood experiences** increase risk for health, MH & substance abuse problems as adults

Felitti et al 1998, Kessler et al 1995, Weigh et al 2010, Rees et al 2011, CDC NISVS 2011

Adverse Childhood Experiences Study

N=9,508 &17,337 Adults in HMO

Physical, Sexual, Psychological abuse & neglect, Witness violence toward mother, Household members with substance abuse, Suicide Attempts or Incarceration, Loss of parent (separation/divorce)

- **Dose response between # of experiences &:**
  - Alcoholism, Drug abuse, Depression, Smoking, IPV
  - Poor health, 50 or more sexual partners, unintended pregnancy, obesity and physical inactivity
  - CHD, CA, liver disease, skeletal fractures, COPD
  - Psychiatric hospitalization, suicide attempts, hallucinations
  - Any ACE increased suicide risk by 2-5X

Felitti et al 1998, Dube et al 2001, Weigh et al. 2010

Adverse Childhood Experiences Study: Cumulative Impact; Key Role

Adverse Childhood Experiences	Neurobiological Impacts and Health Risks	Long-term Health and Social Problems
The more types of adverse childhood experiences…	The greater the neurobiological impacts and health risks, and…	The more serious the lifelong consequences to health and well-being

Felitti, V.J., Anda, R. F., et. al., 1998

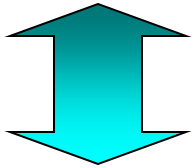
Neurobiological Effects of Trauma: Impact on Health & Mental Health

- **Profound and persistent alterations in physiologic reactivity & stress hormone secretion:**
  - ✓ **Arousal:** Noradrenergic dysregulation, RAS, locus coeruleus
  - ✓ **Hormonal systems:** Enhanced reactivity and negative feedback inhibition of HPA axis
  - ✓ **Memory, learning and emotions:** Hippocampus & Amygdala, mPFC
  - ✓ **Dissociation:** Cortical inhibition of limbic system
  - ✓ **Mood:** Serotonergic activity
  - ✓ **Pain:** Endorphins
  - ✓ **Gene Expression & Neurostructural Changes:** Pathways, synapses, micro-architecture, dendritic density,
- **Alterations in social, cognitive & affective circuits**

Van der Kolk 1996, DeBellis et. al., 1999, Perry 2001, Yehuda 06, Lanius et. al., 2006, 2011, Bremner 2006, Gunnar 2007, Southwick 2007,

Experiencing the Traumatic Effects of Abuse Increases Risk for Victimization

- **Batterers use MH & substance abuse issues to control their partners**



- **Stigma, poverty, discrimination & institutionalization compound these risks**

- Control of meds
- Coerced overdose
- Control of supply; Coerced use; Coerced illegal activities
- Control of treatment
- Undermining sanity, credibility, parenting & recovery
- "She was out of control"

WHY DOES THIS WORK?

- Reports of abuse attributed to delusions
- Symptoms of trauma misdiagnosed as MI
- Assumptions re: good parenting
- Internalized stigma
- Self-medication/coping strategies/coercive control

Trauma & DV
Reduce Access to Services

- **Trauma can affect access to services**
  - Avoidance of trauma triggers
  - Reluctance to reach out when trust has been betrayed
  - Retraumatization in clinical settings
- **Need for DV- and trauma-informed services**
  - Without a trauma framework, services can be retraumatizing
  - Without a DV framework, services can be unsafe

Fabri: Triple Trauma Paradigm, Root: Insidious Trauma, NIWRC: Historical Trauma

How is a Trauma Framework Helpful?

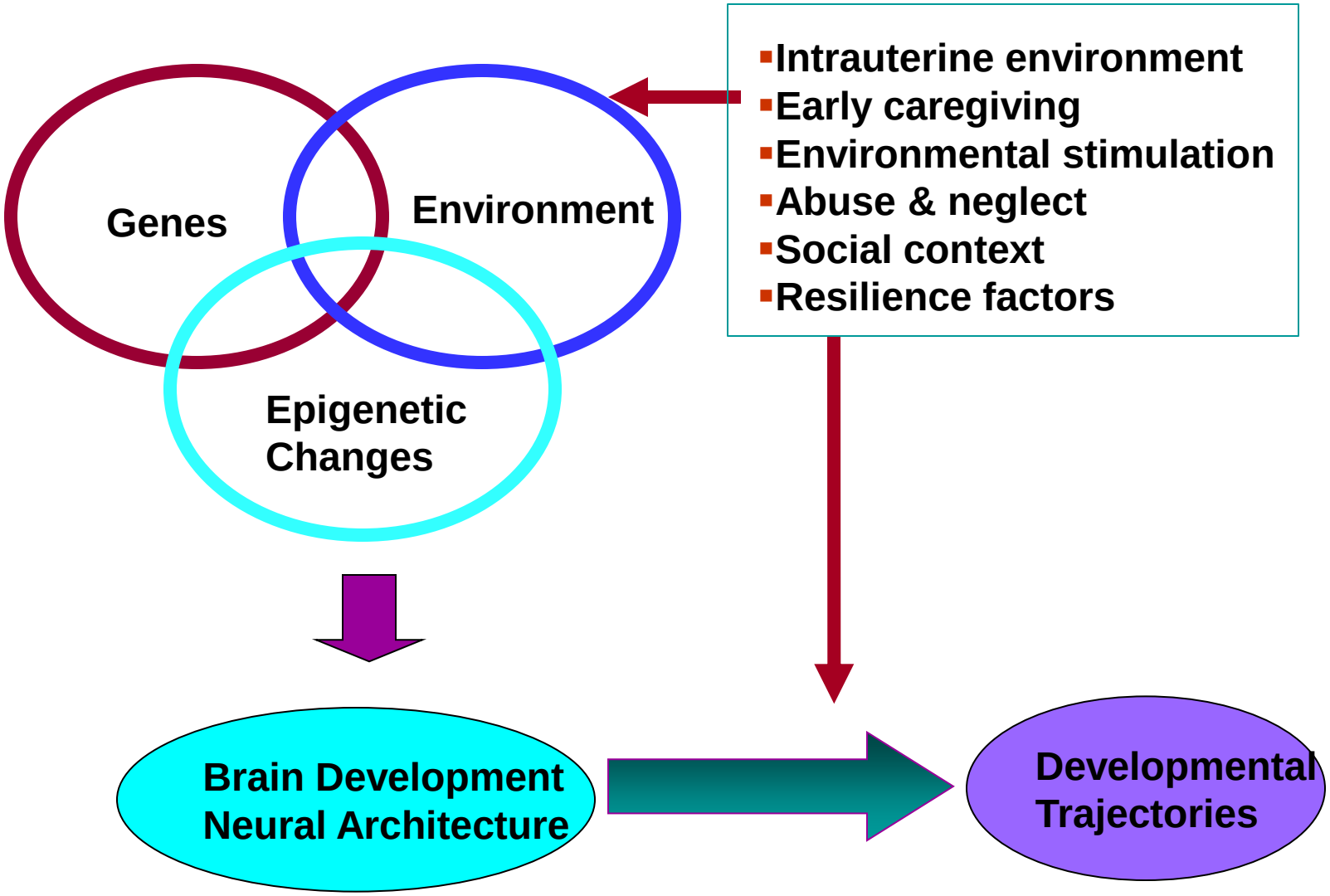
- **Normalizes human responses to trauma**
- **Shifts our conceptualization of symptoms**
  - Injury model; Symptoms as survival strategies
- **Integrates multiple domains/multidimensional approaches to healing**
- **Attends to impact on providers & organizations**
- **Incorporates social justice/human rights perspective**

Trauma Theory:
Evolving Understanding of Trauma & Its Effects

- **1980's PTSD**
  - Injury model
  - Symptom constellations
- **1990's Complex Trauma**
  - Borderline reframe; multiple domains
  - Development, attachment & parenting
  - PTSD + co-morbidities vs. dysregulation
- **2000's Neuroscience Research**
  - Circuits & pathways; neuroplasticity
  - Gene X environment interactions

Herman 1994, 2009, Bloom 1997, van Der Kolk and Courtois 2005, Courtois 2009, Ford 2009

Trauma, Development & Nature-Nurture Interplay



O' Connell et. al. NAS 2009

Psychophysiological Effects of Trauma:
Importance of Early Attachment Relationships

- **Model for future relationships & trust**
- **Important source of resilience & ability to manage stress**
- **Template for developing self-regulating, integrative & empathic capacities**
  - Optimal, tolerable & toxic stress; Learning brain vs. survival brain
- **Active throughout life**

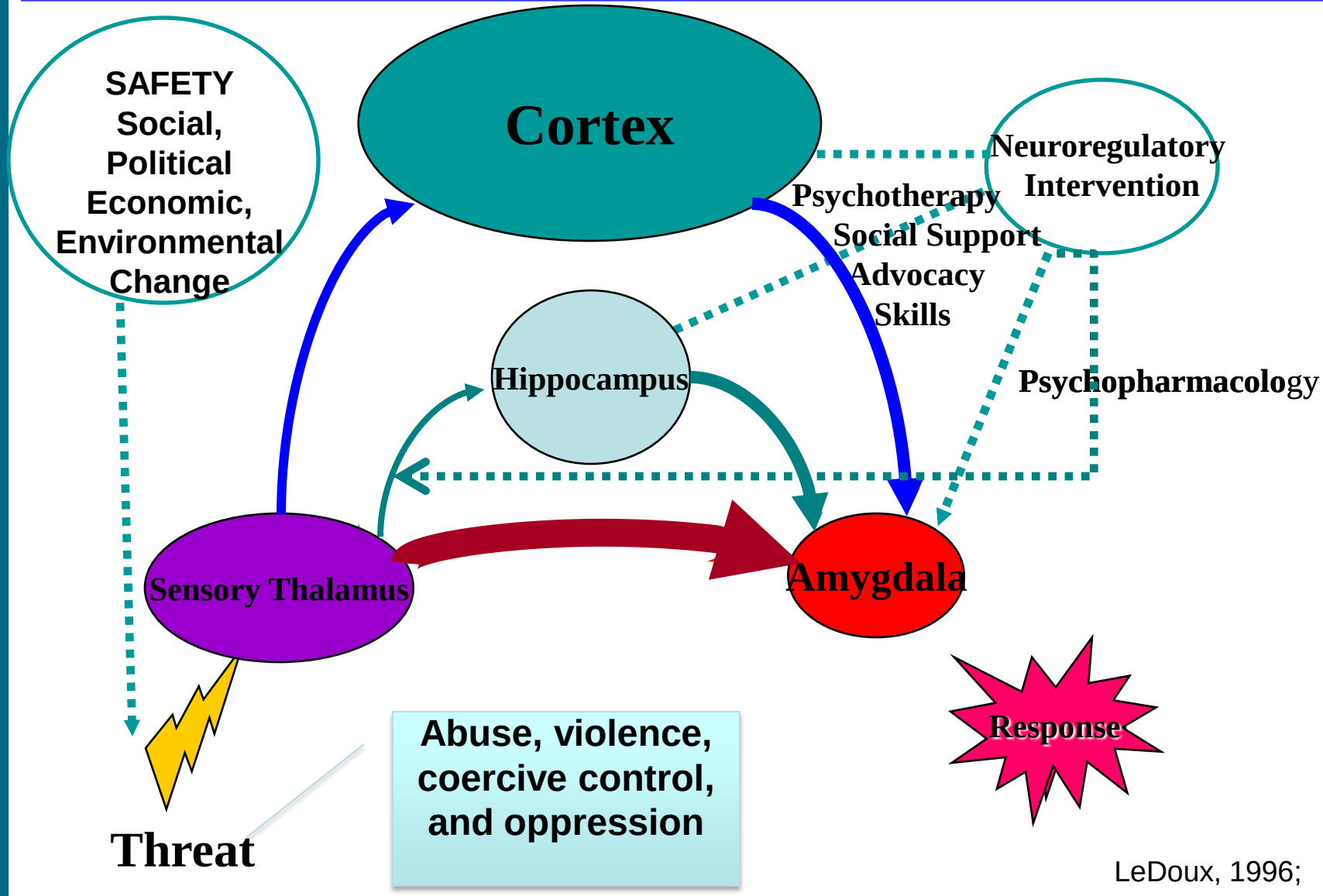
Van Horn, 2007 for DVMHPI, Lanius et. al., 2006, McLewin & Muller 2006, Shonkoff 2011

Complex Trauma: How this can affect us as adults

- **Trusting other people**
  - Harder to reach out for or respond to help
- **Trusting oneself**
  - Solve problems, exercise judgment
  - Take initiative, thoughtfully plan
- **Capacity to manage internal states** in ways that do not create other difficulties or increase risk
- **Social support and other resilience factors** can counter these effects; quality of interactions is critical

Harris and Fallot 2001, Saakvitne et. al. 2000

Trauma & Dysregulation: How Does this Translate & What Helps?



LeDoux, 1996;
Bassuk, 2007

How Does Understanding Trauma & DV Improve Clinical Practice?

- Understand survivors' responses in context
- Respond in more helpful & empathic ways
- Offer more effective treatment
- Understand our own responses and their potential impact & need for org. support
- Recognize role of social context & coercive control

Creating Trauma-Informed Services

- **Recognize pervasiveness & impact of trauma**
  - On survivors, on staff, on organizations
- **Reduce retraumatization**
  - Physical & emotional safety: Attend to environment; prepare for trauma triggers
  - Counteract experience of abuse
- **Facilitate healing, safety & well-being**
  - Quality of interactions, attention to safety, culturally relevant, evidence-informed/evidence-based intervention and treatment
- **Attend to impact on providers**
  - Reflective supervision; nurturing empathy

Harris & Fallot 2001

Trauma-Informed Practice
&
Trauma-Specific Treatment

Trauma-Informed Practice: Attending to Trauma & Its Effects

- **Impact of stress/trauma on survivors**
  - Responses as adaptations; Trauma themes; Neurobiology & development
- **Impact of stress/trauma on providers**
  - Vicarious Trauma; Compassion Fatigue
  - Burnout; Responses to survivors
- **Impact of stress/trauma on organizations**
  - When our organizations are under siege, we can Inadvertently create traumatizing experiences or environments for survivors and staff

Bloom and Farragher 2011

Trauma-Informed Service Environments

- **Physical & Sensory Environment**
  - Welcoming, Inclusive; Culture and Gender Responsive
- **Relational Environment:** Restoring dignity and emotional safety; Countering abuser control
  - Respectful caring connections; Empowering information
  - Clarity, consistency, transparency, choice & shared control
  - Focus on strengths & resilience
- **Clinical Environment**
  - Examine policies & procedures, adaptation, flexibility
  - Emotional safety planning & accommodation

Harris & Fallot 2001,

Working with Survivors Experiencing the Mental Health or Substance Abuse Effects of DV or Other Trauma

Issues to keep in mind

Trauma-Informed Practice: Attend to Issues of Power in Clinical Interactions

Survivors

- Potential for re-injury
- Attunement to power dynamics.

Providers

- Need to tolerate range of painful feelings
- Need to be aware of our own responses

Universal Precautions: Anticipate and Prepare for Trauma Triggers

- **Medical Procedures**
  - Pap smear or pelvic exam; L&D, mammograms, breastfeeding, ultrasound gel
  - Catheterization, Intubation, IV insertion
  - Laryngoscopy/endoscopy/colonoscopy/MRI/CT
  - Surgery, anesthesia, recovery room
- **Chaotic sensory environment; Gender-related concerns**
- **Relational triggers**
  - Closed room; Having to disrobe, Masked and gowned providers, Being touched, False reassurances, Lying down, lying still

Trauma-Informed Approaches:
Attend to Responses & Process of Assessment

- Establish trust, rapport, safety, comfort, time, referral sources
- Normalize and prepare: sensitivity, patience, shared control
- Attend to impact
- Be mindful of trauma responses
- Respond empathically to disclosures
- Discuss strategies for dealing with impact

Wagner 2009 www.csacliniciansguide.net

Ask about Mental Health & Substance Abuse Coercion

- Has your partner ever used substance abuse or mental health issues against you?
- Has your partner blamed you for his/her abusive behavior by saying you're the one who is "crazy" or an "addict?"
- Has your partner deliberately done things to make you feel like you are "going crazy" or "losing your mind?"
- Has your partner threatened to take your children away because you are receiving substance abuse or MH treatment?
- Has he/she ever forced you to use substances, take an overdose, or kept you from routines that are healthy for you?
- Has your partner ever tried to control your medication, or access to treatment? Has he/she actively undermined your sobriety/recovery?

Facilitate Healing & Recovery: Implications for Trauma Treatment

Healing from interpersonal trauma involves restoring safety, connections, capacities, trust, dignity, respect, meaning & hope and managing dysregulated neurophysiology.

Elements include:

- Physical and emotional safety
- Empowering Information, collaboration & choice
- Building on strengths & resilience
- Enhancing affect regulation and interpersonal skills
- Establishing safe, supportive relationships
- Reintegration and rebuilding
- Incorporating role of culture, community & spirituality

Trauma Treatment in the Context of DV

- PTSD treatment targets specific symptoms
- Complex trauma treatment addresses multiple domains
- Most trauma treatment models focus on past abuse
- Few are designed for survivors still under siege
- Some evidence-based treatments for PTSD can be harmful in context of complex trauma and/or ongoing abuse
- Women experiencing DV often excluded from clinical trials

Trauma-Specific Treatment

- **PTSD Treatment**
  - Robust evidence base: CBT, PE, EMDR
  - Emerging evidence: Mindfulness-based interventions, Mind-Body therapies, Virtual therapies
- **DV + PTSD Treatment**
  - 9 RCTs but evidence still limited: Modified CBT, yoga-based therapy; often out of the relationship
- **Complex Trauma Treatment**
  - EBPs for less severe complex trauma (Hybrid)
  - Consensus Phase-Based for Complex trauma: Evidence-based modalities embedded in relational, developmental matrix
  - Combined trauma & substance abuse treatments

Foa et. al. 2005, Warshaw et. al. 2009, 2013, Cloitre et. al. 2011, Courtois & Ford 2009, NREPP

Treatment Models for Complex Self-Dysregulation: Hybrid Models

- Affect regulation and interpersonal skills training prior to introducing exposure techniques
- Current stressor experiences and more recent memories serve as vehicles for examining and dealing with interpersonal difficulties and problematic emotions
- Emphasis on therapeutic attachment as a vehicle for enhancing survivors' capacities for self-regulation

Ford et. al. 2005, Courtois and Ford, 2009

Complex Trauma Treatment: Consensus-Based Phased Approach

- **Building Alliances:**
  - The quality of the therapeutic relationship
- **Co-creating Safety and Stability**
  - Physical and emotional; DV safety planning; skill building; affect regulation and interpersonal skill development
- **Working Through Trauma:**
  - Acknowledgment, re-experiencing, grieving, acceptance, integration
  - Not abreaction
- **Reconnecting and Rebuilding:**
  - Cultivating self- and relational-development

Courtois 2009, Warshaw et. al. 2009

Conclusions

- Trauma is pervasive and has long lasting effects on health, mental health and development
- Trauma can affect our ability to access to health care services
- Trauma-informed approaches and trauma-specific treatment can mitigate these effects. The quality of our interactions and ongoing support are key.
- Early intervention and prevention are critical. Health care providers can play central role
- Attention to social context and conditions that perpetuate abuse are essential to reducing abuse & violence and its impact across generations

NATIONAL Center on Domestic Violence, Trauma & Mental Health

Carole Warshaw, MD

29 E. Madison St., Suite 1750
Chicago, IL 60602
P: 312-726-7020
TTY: 312-726-4110
www.nationalcenterdvtraumamh.org
Clwarshaw@aol.com

Funded by Administration on Children Youth and Families
Administration for Children and Families,
US Department of Health and Human Services