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

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NHCVA Trauma-Informed Care Webinar
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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

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

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

### Adverse Childhood Experiences Study: Cumulative Impact; Key Role

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences</th>
<th>Neurobiological Impacts and Health Risks</th>
<th>Long-term Health and Social Problems</th>
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<tbody>
<tr>
<td>The more types of adverse childhood experiences…</td>
<td>The greater the neurobiological impacts and health risks, and…</td>
<td>The more serious the lifelong consequences to health and well-being</td>
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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

Experiencing the Traumatic Effects of Abuse Increases Risk for Victimization

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

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

Trauma, Development & Nature-Nurture Interplay

- Intrauterine environment
- Early caregiving
- Environmental stimulation
- Abuse & neglect
- Social context
- Resilience factors

Genes
Environment
Epigenetic Changes

Brain Development
Neural Architecture

Developmental Trajectories

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

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?

**Cortex**
- Neuroregulatory Intervention
- Psychotherapy
- Social Support
- Advocacy Skills
- Psychopharmacology

**Sensory Thalamus**
- Threat
- Abuse, violence, coercive control, and oppression

**Hippocampus**
- LeDoux, 1996
- Bassuk, 2007

**Amygdala**
- Neuroregulatory Intervention
- Psychotherapy
- Social Support
- Advocacy Skills
- Psychopharmacology

**SAFETY**
- Social, Political
- Economic, Environmental Change

**Change**
- Abuse, violence, coercive control, and oppression

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

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

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
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