

# *Trauma-informed and resiliency-promoting care*

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# *Disclosures*

*I have nothing to disclose*

# *Learning Objectives*

- Define trauma and resilience
- Review how childhood trauma results in disease and poor outcomes
- Define “trauma-informed care” and describe ways of addressing trauma using health care as an example
- Emphasize the importance of caring for yourself as you care for others

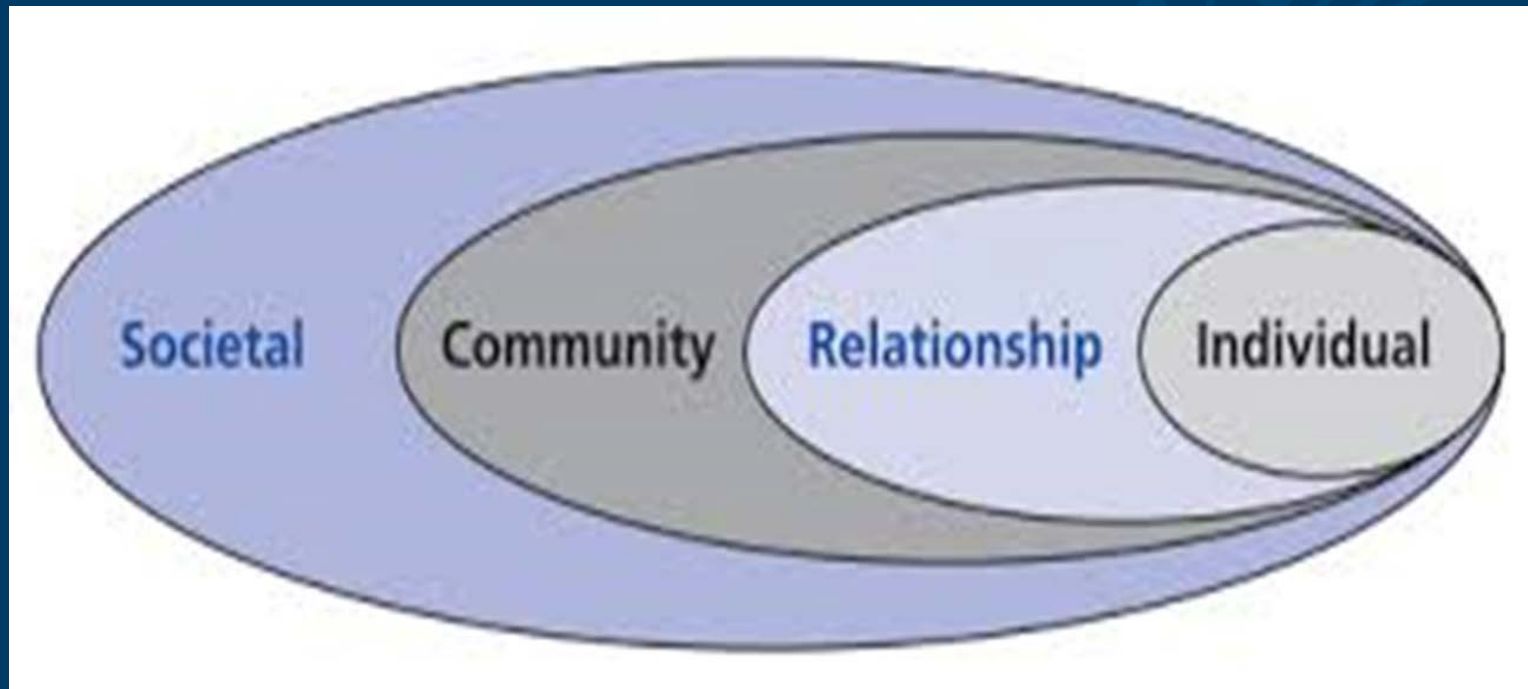
# *Caring for Ourselves: Practice*



# *Define Trauma*

- ◆ “an event, series of events, or set of circumstances [e.g., childhood and adult physical, sexual, and emotional abuse; neglect; loss; community violence; structural violence; war] that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects.”
  - The Substance Abuse and Mental Health Services Administration (SAMHSA)
- ◆ Trauma ruptures Relationships

# *Trauma and Resilience: Socio-ecological model*



Trauma and adversity are SDOH that are inequitably distributed in society

<http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

# How Common Is Trauma?

- In 2015, 60.8% of children were exposed to at least 1 form of violence in past year; 10% children exposed to 6 or more forms of violence in past year.
- 90% of US residents have experienced a serious traumatic event in their lifetimes<sup>2</sup>
- 53% of all adults are exposed to either physical or sexual interpersonal violence over their lifetimes<sup>2</sup>

1. Finkelhor, D., et al. (2015). "Prevalence of childhood exposure to violence, crime, and abuse: Results from the national survey of children's exposure to violence." *JAMA Pediatr* **169**(8): 746-7542.

2. Kilpatrick, D.G., et al., *National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria*. *Journal of Traumatic Stress*, 2013. **26**(5): p. 537-547.

# *Trauma affects health: Adverse Childhood Experiences (ACE) study*

- 17,000 predominantly White, college educated Kaiser patients
- Surveys asked about 10 categories of childhood abuse, neglect and family dysfunction
- Cross-sectional study: compared answers to an array of current health behaviors and conditions
- Conclusion: ACEs are common; and are strong predictors of later health risks and disease in a graded dose-response relationship
  - Felitti VJ et al Childhood Experiences (ACE) Study. American journal of preventive medicine. 1998 May; 14(4):245-58.



# *ACES Study: Prevalence of childhood physical and sexual abuse?*

1. 5% physical, 2% sexual
2. 10% physical, 5% sexual
3. 28% physical, 20% sexual
4. 60% physical, 40% sexual

# ACES: Results

ACE Category*		Women (N = 9,367)	Men (N = 7,970)	Total (N = 17,337)
<b><u>Abuse</u></b>				
	<b><u>Emotional Abuse</u></b>	13.1	7.6	10.6
	<b><u>Physical Abuse</u></b>	27.0	29.9	28.3
	<b><u>Sexual Abuse</u></b>	24.7	16.0	20.7
<b><u>Neglect</u></b>				
	<b><u>Emotional Neglect<sup>1</sup></u></b>	16.7	12.4	14.8
	<b><u>Physical Neglect<sup>1</sup></u></b>	9.2	10.7	9.9
<b><u>Household Dysfunction</u></b>				
	<b><u>Mother Treated Violently</u></b>	13.7	11.5	12.7
	<b><u>Household Substance Abuse</u></b>	29.5	23.8	26.9
	<b><u>Household Mental Illness</u></b>	23.3	14.8	19.4
	<b><u>Parental Separation or Divorce</u></b>	24.5	21.8	23.3
	<b><u>Incarcerated Household Member</u></b>	5.2	4.1	4.7

Number of Adverse Childhood Experiences (ACE Score)	Total
0	36.1
1	26.0
2	15.9
3	9.5
4 or more	12.5

# *ACE's: Childhood Experiences Affect health across the lifespan...*

## **Adverse behaviors:**

- Children: behavioral & developmental problems
- Alcoholism and alcohol abuse
- Illicit drug use
- Smoking
- Early initiation of smoking
- Early initiation of sexual activity
- Multiple sexual partners

## **Reproductive outcomes:**

- Unintended pregnancies
- Adolescent pregnancy

## **Future violence:**

- Risk for intimate partner violence

## **Adverse health outcomes:**

- Fetal death
- Childhood asthma & failure to thrive
- Depression
- Suicide attempts
- Sexually transmitted diseases (STDs)
- Health-related quality of life
- Obesity
- Ischemic heart disease (IHD)
- Liver disease
- Chronic obstructive pulmonary disease (COPD)

## **Adverse social outcomes:**

- Homelessness
- Incarceration

# *Our experiences and relationships build our brains, bodies, and behavior...*

Safe, Stable, Nurturing Relationships



Toxic Stress



~~Nature vs. Nurture~~

Nature  $\leftrightarrow$  Nurture

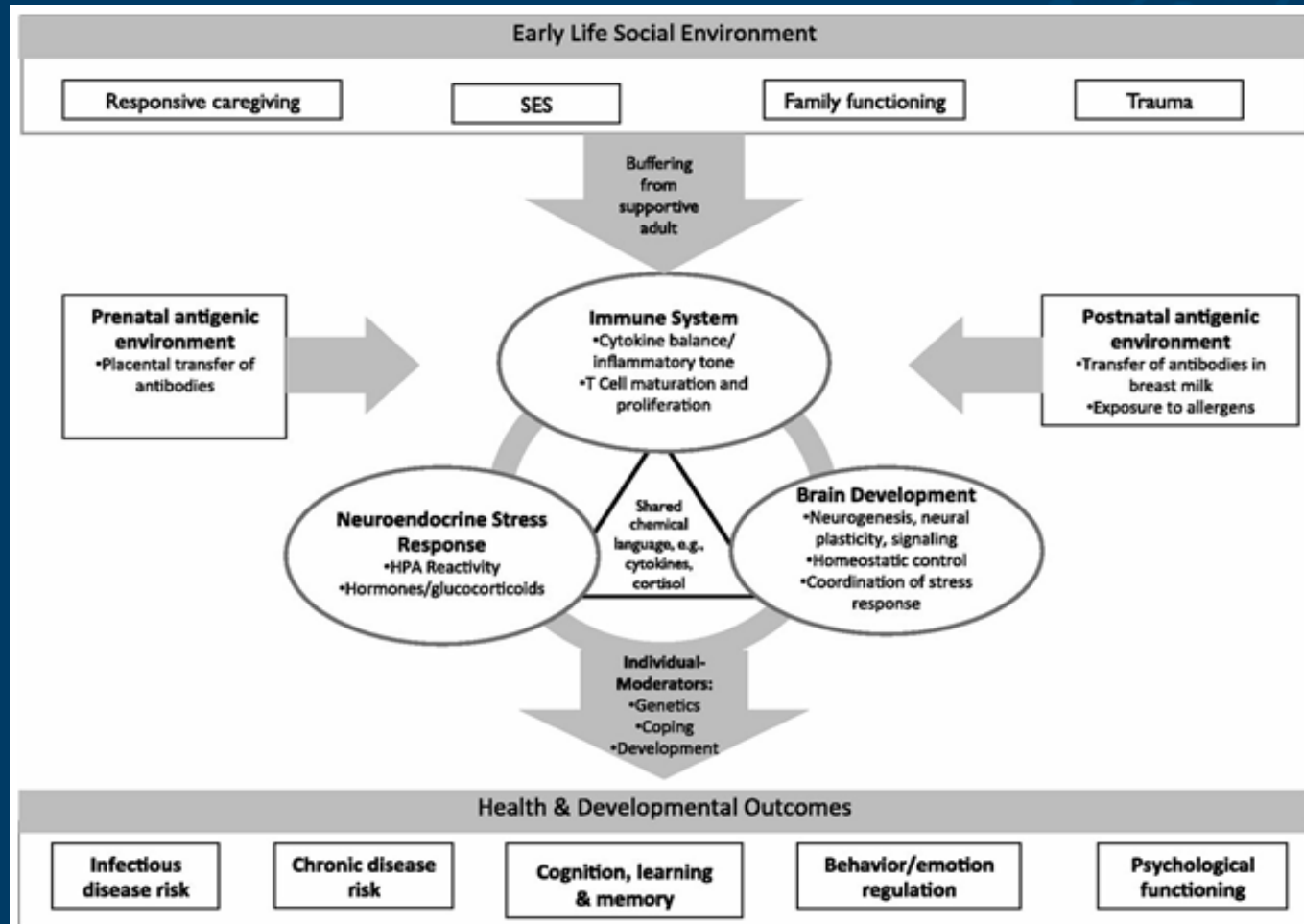
Harvard Center on the Developing Child <http://developingchild.harvard.edu/>

Bellis, M. A., et al. (2017). *BMC Psychiatry* 17: 110.

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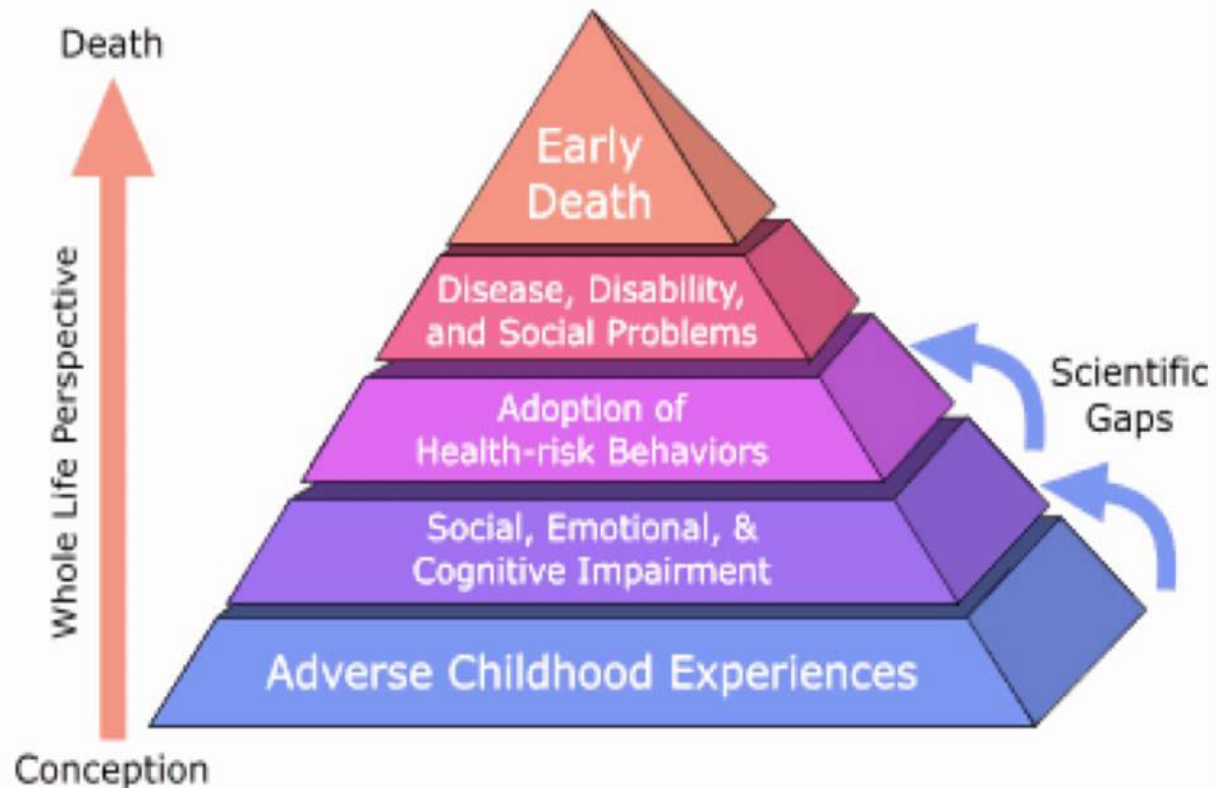
# The Science of Toxic Stress

see: <http://developingchild.harvard.edu/>



Johnson, S. B., et al. (2013). "The Science of Early Life Toxic Stress for Pediatric Practice and Advocacy." *Pediatrics* 131(2): 319-327.

# ACE study:



# ACE's: Life Expectancy—adult health is affected by childhood experiences...

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.

0



80  
YEARS

6+



60  
YEARS

# *Adulthood IPV: Health Effects*

- Injuries and death
- Poor mental health (depression, anxiety, PTSD)
- Increased suicidality
- Poor physical health (eg's)
- Chronic pain
- Disability
- Asthma
- Stroke
- Heart disease
- STD's—risk doubled or tripled, HIV risk increased
- Unwanted pregnancy and abortions
- Substance addiction (ETOH) increased
- Overuse of health services and missed medical appointments and higher cost of healthcare
  
- <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>



# *Trauma is rooted in oppression and discrimination...*

Structural Violence ↔ Interpersonal Violence Continuum

- ◆ Racism
- ◆ Homophobia/Transphobia
- ◆ Misogyny/gender-based violence
- ◆ Xenophobia
- ◆ Discrimination against people with disabilities
- ◆ Police brutality and violence
- ◆ Mass incarceration/ unnecessary criminalization
- ◆ Bullying
- ◆ Community violence/response to community violence
- ◆ War/Genocide/Rape and Torture used in war
- ◆ Poverty/discriminatory economic policies
- ◆ Housing instability/substandard housing/housing discrimination
- ◆ Food instability/food deserts/racist food advertising
- ◆ Unemployment/employment discrimination
- ◆ Poor education/education system disparities/school to prison pipeline
- ◆ Environmental injustice (local and global) and the list goes on...

Braveman, P. (2014). "What is Health Equity: And How Does a Life-Course Approach Take Us Further Toward It?" *Maternal and Child Health Journal* **18**(2): 366-372.

# *Trauma is “contagious”: transmitted through relationships*

- Passed on through individuals, families, communities, systems
- Passed on through generations
- Passed on through power dynamics/discrimination
- Passed on to healthcare providers as vicarious traumatization

# *Experience of trauma can be mitigated by resilience*

- The ability of an individual, family, or community to cope with adversity and trauma, and adapt to challenges or change.
  - The Substance Abuse and Mental Health Services Administration (SAMHSA)

Resilience is promoted by healthy relationships and social connectedness (at every level of socio-ecological model)

# *Trauma informed care:*

- Strengths-based service delivery approach
- Grounded in an understanding of and responsiveness to the impact of trauma
- Emphasizes physical, psychological, and emotional safety for both providers and survivors
- Creates opportunities for survivors to rebuild a sense of control and empowerment.

SAMHSA

[http://www.samhsa.gov/samhsaNewsLetter/Volume\\_22\\_Number\\_2/trauma\\_tip/key\\_terms.html](http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/key_terms.html)

# Trauma Informed Systems Principles: San Francisco DPH

A system in which there is a healing space for all (all employees and all patients) created by continuous commitment to these “trauma informed principles”:

- Trauma Understanding
- Cultural Humility\*\* & Responsiveness
- Safety & Stability
- Compassion & Dependability
- Collaboration & Empowerment
- Resilience & Recovery

\*<http://www.leapsf.org/pdf/Trauma-Informed-Systems-Initiative-2014.pdf>

\*\*Watch: <https://www.youtube.com/watch?v=LLchs28ANj8> Turvalon, M. and Murray-Garcia, J(1998). "Cultural Humility vs Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education." *Journal of Health Care for the Poor and Underserved* 9(2): 117-125.

# *Trauma-informed Care: CALM*

- Calm
- Contain
- Care
- Cope

- \* Kimberg, L., Trauma and Trauma-Informed Care, in The Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations. Talmadge King and Margaret Wheeler, Editors. McGraw-Hill Companies , 2016.

# *Ms. Jones:*

Ms. Jones is 44 y old woman who comes to her first primary care visit complaining of pain and insomnia.

She has diabetes and asthma—both are poorly controlled. She seeks care frequently in the ED for pain and shortness of breath where she has been noted to smell strongly of alcohol.

She is very upset that you are late for her appointment.

# *Trauma-informed Care: Calm*

- Calm yourself to help model and promote calmness for the patient (Co-regulation)





# *Ms. Jones: HIDDEN Childhood history*

Ms. Jones' father was incarcerated for DV when she was 10. Her uncle moved in to "help out" but sexually abused her for 3 years. Ms. Jones began drinking at age 10 and did very poorly in school. She was placed in a group home at age 13 when her mother felt she was "out of control." She fled a violent relationship with a female partner five years ago.

Ms. Jones remembers a favorite aunt as the only person she ever felt truly loved her.

# *Trauma-informed Care: Calm*

- ASSUME trauma could be root cause of poorly controlled disease processes and alcoholism
- EXPECT that change will likely be slow
- GOALS (eg's):
  - ◆ Model a respectful, healthy relationship
  - ◆ Prioritize safety, dependability
  - ◆ De-stigmatize adverse sequelae of trauma
  - ◆ Collaborate on shared agenda setting
  - ◆ Empower and focus on resiliency
  - ◆ Practice with cultural humility and attention to power dynamics

# *Trauma-informed Care: Contain*

Introduce or ask about the topic of trauma in a way that:

- will allow the patient to maintain emotional and physical safety;
- offers choice and control,
- respects the time-frame for your interaction;
- allows you to offer the patient further trauma-specific treatments without disclosure

Think: How can patient leave this interaction feeling more calm and in control than when we started?

# *Universal Education: A trauma-informed approach*

1. Provide education that is specific and relevant to the patient's presenting health problems or concern
2. Explicitly mention IPV or trauma and how it can be related to the patient's health problem or concern
3. Offer assistance and interventions without requiring IPV or trauma disclosure

# *Universal Education: A trauma-informed approach*

- **Non disclosure based**
- Universal education approach success: Planned Parenthood study\*
  - ◆ Reduced pregnancy coercion in IPV patients by 71%
  - ◆ “We know that sometimes women’s sexual partners try to force them to get pregnant or interfere with their birth control. Sometimes partners break or pull off condoms or hide birth control pills. All women deserve to make their own choices about pregnancy. So, we offer all women who come to our clinic hidden methods of birth control, like an IUC with the string cut short or depo-provera injections. Please let us know if you would like to discuss one of these hidden birth control methods.”

\*(Miller, Elizabeth et al. Contraception, 2011)

# Education followed by Inquiry:

"Our relationships affect our health. I talk to all my patients with \_\_\_\_\_ about how our relationships affect our health. If your partner or someone else is putting you down, hurting you, or threatening you that can cause a lot of stress and make your \_\_\_\_\_ worse. We have help available for people who are being hurt by someone. We can call an Advocate to come talk to you about relationship stress if that is ever a problem for you."

- Has your partner (or anyone else) ever hurt, hit, threatened you or made you feel afraid?
- Has your partner (or anyone else) forced you to have sex or do something sexual you didn't want to do?
- Has your partner (or anyone else) tried to force you to get pregnant or messed with your birth control?

# *Additional questions if time permits:*

- How does your partner treat you?
  - ◆ Emotional abuse alone causes poor health outcomes
- Are you ever frightened of your partner?
- What happens when you and your partner disagree?

# *Ms. Jones:*

Ms. Jones tells you that she fled a relationship with a woman who treated her very badly and hurt her five years ago, but that she is currently not in a relationship.

- ZSFG clinics: (RFPC, FHC, WHC in 2000)
  - ◆ 15% in past 12 months
  - ◆ 51% in lifetime

Bauer, H. M., et al. (2000). J Gen Intern Med **15**(11): 811-817.



# *Lifetime trauma screening: Early onset clues...*

- Young age of onset of substance use or mental health problem or first sexual experiences is highly suggestive of trauma
- Appropriate clinic staff should always ask age of onset
- “How old were you when you first started drinking alcohol?”
- “How old do you think you were when you first ever became depressed?”

# *Framing lifetime trauma*

- ◆ **FRAMING:** “How we were treated when we were children can affect our health later in life.”

PCP/BH: So I would like to ask you about your childhood”

- ◆ “Who did you grow up with?” (parent(s)?, grandparent?, others?)
- ◆ How did [*insert person(s)*] treat you?
- ◆ Provide examples if unclear: “Sometimes family members cheer you on and support you and sometimes family members criticize you, put you down, hurt you or hit you?” “How did [*insert person*] treat you?”

## ***Framing lifetime trauma: CHW***

- ◆ **FRAMING:** “How we were treated when we were children can affect our health and our relationships later in life. Especially if we have been hurt by others, we may have very good reasons why we don’t trust others very easily. I want to be supportive to you. I know I need to earn your trust. I am going to try very hard to not promise to do things that I cannot do.”

**Under-promise and Over-deliver**

# *Trauma-informed care: Contain*

So, for example... When Ms. Jones tells me on the very first visit that she first began drinking at age 10, I would say...

“In my experience, when a patient tells me that she began drinking at age 10, it is often because she was experiencing very difficult things during childhood. We are just meeting each other for the first time today, so we don't need to go into those details right now. I do want you to know that I am open to discussing those things in the future or referring you to a counselor who specializes in trauma treatment if you think that would be helpful”.

# *Trauma-informed care: Contain*

Ms. Jones discloses trauma briefly without obvious distress

- Acknowledge courage: “Thank you for sharing this information with me”
- Provide validation and support: “I am so sorry this happened to you”
- Inquire re impact: PCP: “**How do you feel this experience has affected you?**”

# *Trauma-informed care: Contain*

**Ms. Jones becomes upset, tearful or distressed:**

- **CONTAIN:** “I am hoping that we will gradually get to know each other over time. I would like to help make this clinic a place that feels healing to you. So it is very important that we only discuss the level of detail that will allow you to feel as calm as possible when you leave the appointment.
- **CALM:** “Let’s take a deep breath together. Let’s sink into our chairs and feel the earth supporting us”

# Trauma-informed care: Care

- Emphasize good self-care and compassion for both yourself and the patient
- De-stigmatize harmful behaviors...
  - ◆ NOT—what's wrong with you?
  - ◆ Instead...What happened to you?
- Guilt and shame common—create non-judgmental space in which all feelings are valid
- Acknowledge FEELINGS (never wrong, often conflicting) while EXPLORING (without criticism) whether a relationship /behavior has harmful aspects or dynamics

# *Trauma-informed care: Care*

**Express CARE and COMPASSION (especially about stigmatized behaviors and conditions):**

“No wonder you started drinking when you were 10. It was so important for you to find a way to cope with an impossible and painful situation”

“It can be very hard to learn to take good care of yourself when you were hurt as a child”

“We all deserve to be treated well. **“I am so sorry those things happened to you”**”



# Trauma-informed care: Cope

- Emphasize skills, behaviors, and interventions that build upon strength, resiliency, social connectedness and hope.
- Help patient recognize the behaviors and skills that have helped her/him/they SURVIVE!!
  - ◆ “You have survived such difficult circumstances”
  - ◆ “I am so glad you had the strength to reach out for help today.”
  - ◆ “I hear how loved you felt by your favorite aunt. It sounds like she was really important in your life.”

# *Trauma Informed Care: Cope*

- COPING TECHNIQUES:

“When you feel stressed, what do you do to cope?”

- DISCUSS the benefits of adverse coping techniques:

“It sounds like alcohol really helps you cope. How does it help you? What do you like about drinking?”

- DISCUSS alternatives:

“Can you think of anything else besides alcohol that helps you feel better?”

# *Trauma Informed Care: Cope*

Emphasize skills, behaviors, and interventions that build upon strength, resiliency, social connectedness and hope. These are your healing tools!!

- Religion/prayer/spirituality
- Expertise/Employment
- Social support & Network
- Intimates
- Laughter
- Institutions
- Energy & Enthusiasm/Exercise
- Navigate Life's Difficulties
- Cultural Assets
- Entertainment/Enjoyment

Thanks to Dean Schillinger, MD for mnemonic

# *Trauma Informed Care: Cope*

- Refer to evidence-based trauma-specific treatments\*
- Trauma treatment:
  - ◆ Emotional regulation skills
  - ◆ Relationship skills
  - ◆ Re-framing of the trauma narrative

\*<http://www.samhsa.gov/nrepp>

# *Trauma Informed Care: Cope*

Address adverse and traumatic social determinants of health

(housing, food, job training, benefits, etc.)

- Make structural barriers/structural violence explicit and express solidarity about injustice
- Under-promise and over-deliver
- Empower patient to take actions patient wants to take (and provide support without “taking over”)



Individual Patient



Family Medicine Providers



Adult Patient Providers



Pediatric Patient Providers

Is someone hurting you?

[Get help now](#)

National Domestic Violence Hotline:  
1-800-799-7233

### LEAP Resources

- ▶ Ask the Expert/Doctor
- ▶ Healthy Relationships Checklist
- ▶ **Safety Plan**
- ▶ Find a Local Shelter

Google™ Custom Search

Search



San Francisco Resources

### Domestic Violence Affects Us All

**IPV resulted in 1,544 deaths in 2004.**  
**Of these deaths, 25% were males and 75% were females.**

LEAP (Look to End Abuse Permanently), is an organization of healthcare providers and volunteers dedicated to ending intimate partner violence and family violence by establishing screening, treatment, and prevention programs in the health care setting.



### Learn to Help Your Patient in Just 5 Minutes



**Read this first:** [One-page screening and intervention tools](#)

[Use this safety plan with your patient](#)

[Give your patient these helpful phone numbers](#)

# *Caring for ourselves: Practice*



# *Trauma-informed care allows you to care for yourself while caring for others*





# Summary

- Trauma is common
- Trauma is a risk factor for:
  - ◆ early mortality,
  - ◆ chronic illnesses,
  - ◆ adverse behaviors,
  - ◆ more trauma
- Resilience factors can mitigate trauma's effects
- Trauma-informed Care
  - ◆ Integrates recognition of high prevalence
  - ◆ Builds on resilience—Calm/Contain/Care/Cope
  - ◆ Recognizes need to care for patients and providers