

Treating the Person and Not the Parts: Education in Trauma Informed Care

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Think of your most difficult encounter

Now think of that
difficult encounter again

[Difficult often means traumatized](#)



Learning Objectives

- Recognize when behaviors indicate trauma
- Evaluate the impact of training in trauma informed healthcare
- Equip yourself with some of the skills needed
- Understand the foundation for implementing trauma informed care

What is trauma?



Types of stress

Positive
Tolerable
Toxic



Everyone responds differently

Patience
Love
Acceptance

Trauma: an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

The Three E's of Trauma



EVENTS



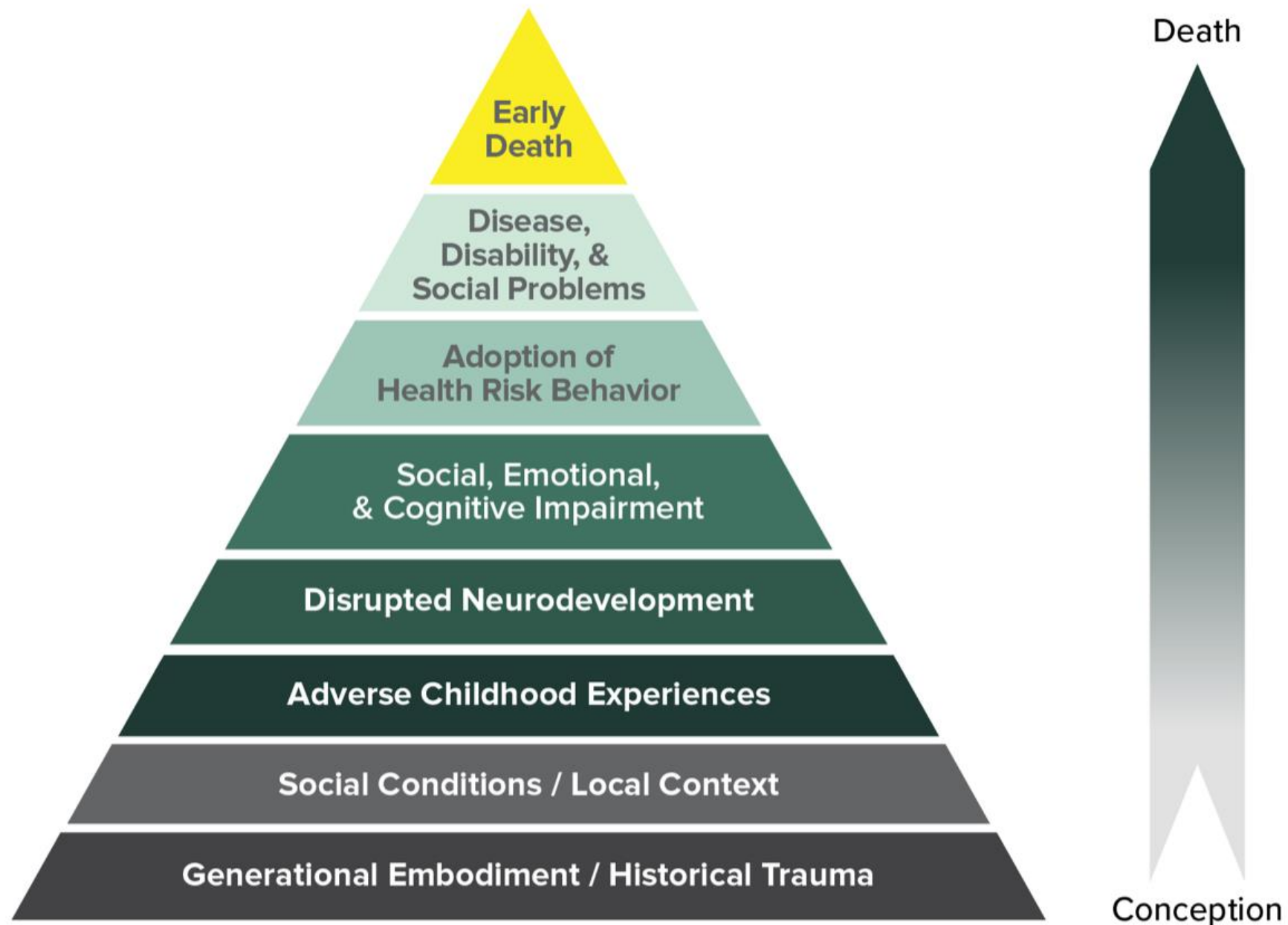
EXPERIENCE



EFFECT

Adverse Childhood Experiences Study

- What were considered ACE's?
 - Abuse
 - Psychological, Physical, Sexual
 - Household dysfunction
 - Substance use
 - Mental illness
 - Mother treated violently
 - Criminal behavior



**Mechanism by which Adverse Childhood Experiences
Influence Health and Well-being Throughout the Lifespan**

Why do we, as scientists, care?

- Trauma causes changes in the epigenetics of cells
- Alters expression of micro-RNA
- Genes isolated consistently
 - NR3C1, FKBP5
- Program anxiety, stress, and immune function
- Effect hypothalamus-pituitary-adrenal axis
- Same markers as aging and metabolic risk



Why do we *really* care?

- Per SAMHSA: over two thirds of children will experience at least one ACE by 16 years old.
- NCBH: 70% of US adults have experienced trauma
 - 90% of behavioral health patients have at least one trauma
- Trauma causes sensitivity to power dynamics
- Trauma is a social determinant of health



Common Causes of Trauma

- Abuse/Neglect
- War
- Medical interventions
- Accidents and natural disasters
- Loss
- Intergenerational trauma
- Poverty

Common Triggers and Responses

- Triggers

- Transition
- Loss of control
- Sudden change
- Loneliness
- Feeling vulnerable or rejected
- Confrontation
- Positive attention
- Sensory overload

- Responses

- Startle
- Fear and anxiety
- Flee
- Anger and aggression
- Opposition
- Feeling and acting out of control
- Unable to process new information

Common Triggers and Responses

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- Responses

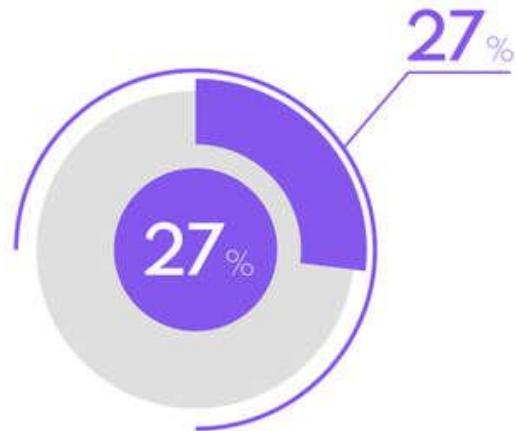
- Fight
- Flight
- Fawn
- Flop
- Freeze
- Fatigue

What does the literature say?

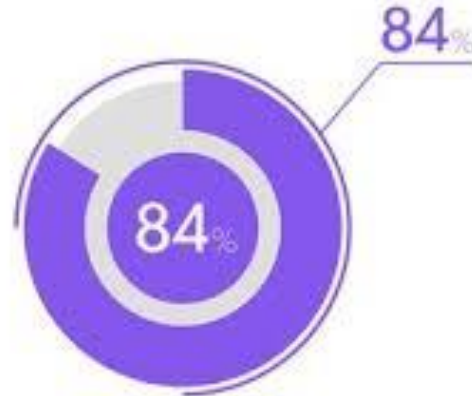
- Current resident education is inadequate
- There are multiple publications supporting education
- Online module for pediatricians
 - 91 pediatric residents
 - Presurvey, module, post survey
 - Increased knowledge and confidence
 - Endorsed behavior change

Family Medicine Programs

Current FM training

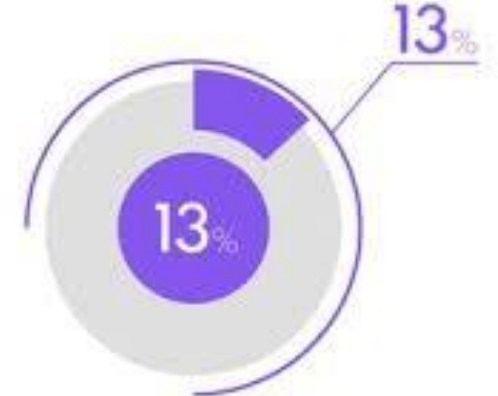


Meeting needs



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Not meeting needs



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CME Training for Primary Care Providers

- 4 PCP groups were given standardized patients
- Showed more patient centered interactions after training



Residents Building Trust with Mothers



- Focused on mothers with history of substance use
- Trained providers in relation of trauma to addiction
- 75% had no previous training
- Post survey showed increased trust of the mothers

Post-Survey Responses

Impactful

Provider comfort

Improved
appreciation

Deeper
understanding

Eye opening

Increased
awareness

What now?

- 3 Core Principles
 - The impact of adversity is not a choice
 - Understanding helps us to make sense of behaviors
 - Prior adversity is not destiny

4 R's of Trauma Informed Care



Realize



Recognize



Respond



Resist Re-
traumatization

4 R's Continued

- Realize
 - Understand the prevalence and effect
 - Trauma is not restricted to substance use and behavioral health
 - The trauma response is a barrier itself

4 R's Continued

- Recognize
 - Recognize the signs of trauma
 - Know the commonly affected groups
 - Screen
 - Recognize effect of TIC on the providers ("vicarious trauma")

4 R's Continued

- Respond
 - Apply principles in all areas
 - Train all staff
 - Change organization policies
 - Create an environment that promotes trust, fairness, and transparency
 - Patients and each other

4 R's Continued

- Resist Re-traumatization
 - Be conscious of how your practice can re-trigger trauma

Implementation Team

- Should be small enough to meet often
- Large enough to involve important points of view
- Different departments: nursing, social work, human resources, direct care, chaplain, environmental services
- Must be able to commit for at least 6 months
- Have a team charter, team roles and hierarchy

Implementation Plan

- First need commitment from all levels of the organization
- Six key principles
 - Safety
 - Trustworthy and transparent
 - Peer support (with other trauma survivors)
 - Collaboration
 - Empowerment
 - Cultural, historical, and gender issues addressed

Implementation Domains

- Governance and leadership – Need a "Champion"
- Policy – Make it part of the mission
- Environment
- Involvement
- Cross sector collaboration
- Screening, assessment, and treatment
- Workforce development
- Progress and quality monitoring
- Finance \$\$\$
- Evaluation and measures

What can we do as individuals?

- Universal precautions
 - Assume everyone you encounter has experienced trauma



Environment



- Consider noise level, lighting, and temperature
- Have culturally appropriate materials
- Recognize the components you can't control
 - Have a plan for response to these components
- Have photos and names of providers posted and visible



In the visit



Recognize signs of discomfort



Continuity, continuity, continuity



Greet all people in the room



Explain what will happen and why **before** it happens



Explain what will be done with the information you gather



Shared decision making

DO NOT TOUCH PEOPLE WITHOUT
THEIR PERMISSION

Summary

- Trauma and its effects are related to resiliency
- Most people have experienced trauma
- Trauma can affect social determinants of health, mental and physical wellbeing, and even the expression of genes
- Therefore, be aware of possible triggers and treat everyone as if they will have a response to that trigger
- Reduce the triggers that you have control over in the first place

Application

- To learn more:
 - SAMHSA.gov
 - Center for Healthcare Strategies on YouTube
 - CDC
- What can we do now?
 - Didactics
 - Case Studies
 - Start implementing
 - Push for change!

Strategies to Reduce Vicarious Trauma

- Increase your self-observation
- Take care of yourself emotionally
- Be realistic about what you can accomplish
- Don't take on responsibility for your patients' wellbeing but supply them with tools to look after themselves.
- Seek social support
- Use a buddy system
- Attend available trainings

Questions?

