

A Wellness Journey Paved By Relationships: Patient, Provider, Educator



Ann Bullock, MD
IHS Division of Diabetes Treatment and Prevention

A Worker's Speech to a Doctor

When we come to you
Our rags are torn off us
And you listen all over our naked body.
As to the cause of our illness
One glance at our rags would
Tell you more. It is the same cause that
wears out
Our bodies and our clothes.

Bertolt Brecht (1898-1956)

Native Americans and Trauma

■ Adverse Childhood Experiences (ACE) Study

--Overall Exposure: 86% (among 7 tribes)

	<u>Non-Native</u>	<u>Native</u>
Physical Abuse-M	30%	40%
Physical Abuse-F	27	42
Sexual Abuse-M	16	24
Sexual Abuse-F	25	31
Emotional Abuse	11	30
Household ETOH	27	65
Four or More ACEs	6	33

Am J Prev Med 2003;25:238-244

ACE Score ≥ 4

- 4-12 x risk for alcoholism, drug abuse, depression and suicide attempt
- 2-4 x risk for smoking, teen pregnancy, STDs, multiple sexual partners
- 1.4-1.6 x risk for severe obesity
- Strong graded relationship at all levels of ACEs for almost all outcomes, including heart disease

Am J Prev Med 1998;14:245-258 and *Circulation* 2004;110:1761-1766

What is the average ACE
score of the patients you see?

What is *your* ACE score?

“Childhood Trauma...

- “...is probably our nation’s single most important public health challenge... ..chronic maltreatment has pervasive effects on the development of mind and brain. Developmental trauma sets the stage for unfocused responses to subsequent stress, leading to dramatic increases in the use of medical, correctional, social, and mental health services.”
- “Complex trauma”: e.g. abuse; neglect; exposure to DV, community violence; poverty; caregiver psychopathology—compounded when caregiver the source of trauma or even if they are unable to support and help child process trauma experiences

van der Kolk, 2005. *Psychiatric Annals* 35(5):374-378

Domains of Impairment in Children Exposed to Complex Trauma

I. Attachment	IV. Dissociation	VI. Cognition
<p>Problems with boundaries Distrust and suspiciousness Social isolation Interpersonal difficulties Difficulty attuning to other people's emotional states Difficulty with perspective taking</p>	<p>Distinct alterations in states of consciousness Amnesia Depersonalization and derealization Two or more distinct states of consciousness Impaired memory for state based events</p>	<p>Difficulties in attention regulation and executive functioning Lack of sustained curiosity Problems with processing novel information Problems focusing on and completing tasks Problems with object constancy Difficulty planning and anticipating Problems understanding responsibility Learning difficulties Problems with language development Problems with orientation in time and space</p>
II. Biology	V. Behavioral control	VII. Self-concept
<p>Sensorimotor developmental problems Analgesia Problems with coordination, balance, body tone Somatization Increased medical problems across a wide span (eg, pelvic pain, asthma, skin problems, autoimmune disorders, pseudoseizures)</p>	<p>Poor modulation of impulses Self-destructive behavior Aggression toward others Pathological self-soothing behaviors Sleep disturbances Eating disorders Substance abuse Excessive compliance Oppositional behavior Difficulty understanding and complying with rules Reenactment of trauma in behavior or play (eg, sexual, aggressive)</p>	<p>Lack of a continuous, predictable sense of self Poor sense of separateness Disturbances of body image Low self-esteem Shame and guilt</p>
III. Affect regulation		
<p>Difficulty with emotional self-regulation Difficulty labeling and expressing feelings Problems knowing and describing internal states Difficulty communicating wishes and needs</p>		

Recognize the Behaviors/Beliefs We Have as the Result of Trauma

- Distrust—of the government, institutions, our own leaders, supervisors, etc even to our own detriment--“they” are out to get us
- Sense of never having “enough”
- Spend/eat/use what you have now as it may be taken from you
- We will not live to be old, so it doesn't matter what we do now
- Indians who get an education are “apples”

More Behaviors/Beliefs

- Our culture, language and way of life are inferior—and learning them is somehow wrong
- “Everyone” does alcohol and drugs—and they make the pain go away for awhile
- “Love” is not to be trusted and is often linked with emotional/physical/sexual abuse
- I have no control over my world
- I am not worthwhile

“Control”

“I think that the idea of control is a doctor thing. I also think that it is a class thing. I think that middle class people think about control and talk about control a lot. And I think that middle class people are often in situations that they can in fact control, and so it is a word that has value. (However), people who don't have money and don't have education are in fact controlled by the larger culture or by the larger society, and they sense that, they experience it, and so the very word has a very different feel for them.”

Bartz, J Fam Prac 1999; 48(8)



Clinical situations particularly likely to trigger a trauma response

- Pelvic, rectal, breast, male genital exams
- Dental exams/procedures
- Illness/Dying/ Death of a parent
- Interaction with a provider viewed as an authority figure
- Perceived criticism from provider
- Being asked to recount an episode of trauma

Behaviors in Clinic

- Different threshold for “normal” behaviors
- Anger, rage “out of proportion” to situation
- Escalation of emotions/voice if demands aren’t met
- Dissociation: can look like disinterest, “spaciness”
- Desensitized to loss
- Distrust of provider—happens to both Indian and non-Indian providers, for different reasons
- Overly dependent on provider
- Manipulation, especially around certain meds...
- Pt says they are doing something (e.g. taking meds, checking BGs, exercising, etc) that they aren’t

Ways to lessen trauma response of patients/clients

- Peaceful, cheerful clinic environment
- Staff who are calm, kind and give straight-forward directions/explanations
- Make the *relationship* with pt the primary goal, not a particular health behavior or outcome
- Clearly give power to patient to stop an exam at any time—without being judged
- Stay calm—don't escalate to match patient

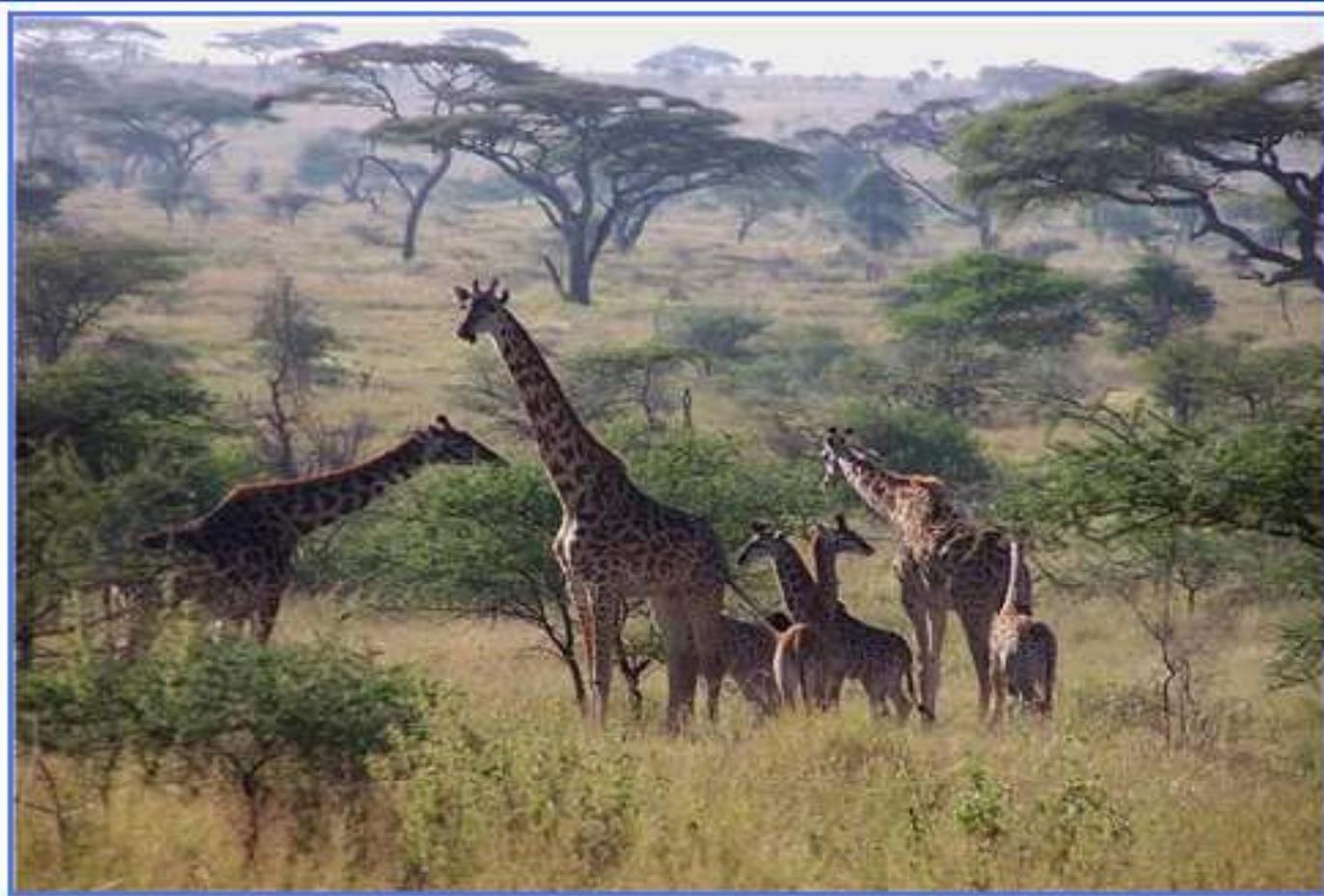
More ways

- Set good/appropriate boundaries, neither too distant/rigid nor too close/personal
 - Will be both unfamiliar and a relief
 - As with a parent, some patients will test your boundaries as they seek to recreate familiar dynamic
- Meet pts where they're at and find *something* to praise, even that they came in for appt
- Problem-solving skills may be less developed, so present clear choices

A few more

- People under stress may lose some of their ability to communicate in a secondary language
 - so consider an interpreter for pts/family who are primary speakers of a language other than English, even if they usually don't require one
- If their A1c or BP is elevated, find out what is going on in their lives (*before* you tell them how that will bring them an early demise)
- Recognize that our patients/communities often live with incredible adversity and loss—honor them and their amazing resilience

Rachel Naomi Remen, MD
My Grandfather's Blessing



“Relationship-centered Care”

- “...calls on the health care system to recognize that all individuals involved in the process of care bring who they are to the table; that emotions are an important part of illness and health; and that patients can influence physicians as much as physicians influence them. ... (It) calls on physicians and patients to have longstanding compassionate relationships with each other. ... ‘For many years, the focus has been on disease elimination. We need to focus on the process of healing.’ ” *AMA NEWS* 1/16/06, p.1&4

Using Our Wit and
Wisdom to Live Well
With Diabetes

Barbara Mora

A few ways to “be present”

- “I am enough”
- Know that we can’t fix all the issues in patients’ lives, but we can meet people where they’re at, look them in the eye, listen compassionately, offer a hug (as appropriate), help what we can and pray/wish silent blessings on the rest.
 - We may be one of the few people some patients feel they can really talk to in their lives
 - Don’t pick up the painful energy and carry it into your next exam room or take it home
- “Namaste”

And most of all...

- Recognize that we have our *own* trauma responses
 - Stay present with patient/situation
 - Do *not* take it personally when patients don't do as we say—e.g. get their A1c or BP down, exercise (it's not about us!)
 - Do our own work: healing, find ways to stay present and to clearly separate our own issues from those of our patients/clients (“counter transference”)

Guided Imagery Exercise



Discussion

- Anything you'd like to share from the exercise?
- What led you to do the work that you do?
- What helps you stay present in your work? At home?
With yourself?
- How many of us have had a serious illness ourselves or have closely supported a loved one with one?
 - What did you learn from this experience? Does this help you in your work?
- What helps you heal?
- What is your vision for the world?

Elizabeth Lesser
Broken Open—How Difficult Times
Can Help Us Grow

