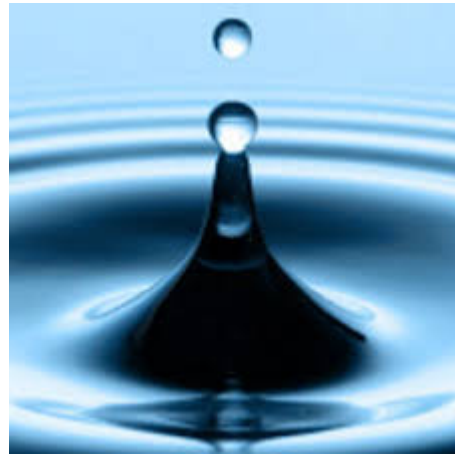


Recognizing and Addressing Traumatic Stress in the Medical Setting



Rashmi Sabu, MD

What Is Trauma?

- According to SAMHSA's Trauma and Justice Strategic Initiative, "trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (SAMHSA, 2012, p. 2)



Types of trauma

- Sexual abuse
- Physical abuse
- Early Attachment trauma/ Infant neglect
- Medical traumatization
- Combat exposure
- Historical trauma
- Witnessed violence
- Emotional abuse
- Etc.

Two Types Of Trauma

I. *SINGLE INCIDENT TRAUMA*

- E.g., accident or medical trauma, natural disaster
- Responds relatively well to treatment
- Fits the criteria for PTSD diagnosis

II. *COMPLEX DEVELOPMENTAL TRAUMA*

- Multi-type, chronic and prolonged exposure to trauma
- Typically interpersonal in nature
- Responds poorly to intervention
- Does not fit well into the criteria for PTSD or other diagnostic categories
- Can also be called Reactive Attachment Disorder or “digested trauma”

Two Cases of Trauma

Case I:

A child of 8 is badly mauled by a neighbor's pet. The initial attack is followed by two reconstructive surgeries and 6 months of rehabilitation.

He suffers from nightmares and recurrent intrusive memories. His fear of dogs keeps him from playing outdoors. He feels irritable and unhappy, and he fights with his siblings. He loses interest in school and his friends for nearly 6 months.

Eventually, this child's parents are able to find specific trauma-focused treatment. He is briefly on antidepressants, and within 18 months he is virtually back to his previous self.

Two Cases of Trauma

Case II:

A child of 6 comes into state custody after being reported by the school for neglect. The mother is a methamphetamine addict who has had a number of other adults living in the home. This child has been sexually and physically abused, in addition to the extended and pervasive neglect of her basic care.

She has some peer-related behavior problems, infrequent and unpredictable anger and self-control problems, and does poorly in school. Not many fears, not many outward signs of depression, and a surprising competence at self-care.

What Is Trauma Informed Care?

- There are many definitions of TIC and various models for incorporating it across organizations, but a “trauma-informed approach incorporates three key elements: (1) *realizing* the prevalence of trauma; (2) *recognizing* how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) *responding* by putting this knowledge into practice” (SAMHSA, 2012, p. 4).

Two Cases of Trauma - Prognosis

Case I:

Single incident PTSD has a distinct presentation with active, and sometimes extreme symptoms, related to the trauma itself (e.g., nightmares, flashbacks and intrusive memories).

It is more like a foreign body than an infection.

Although single incident trauma may leave permanent tracks, it does not usually spread into the entire personality, and full recovery is possible.

Two Cases of Trauma – Prognosis

Case II:

In contrast, developmental trauma has an indistinct relationship to the trauma itself (e.g., fewer nightmares and intrusive memories, less avoidance of traumatic stimuli).

Sometimes the full consequences of early developmental trauma are not fully appreciated until adolescence — the “time bomb” effect.

The effects are more pervasive, including impairments in emotion, cognition, reality testing, attachment, and personality.

What is Traumatic Grief?

- Losing a loved one under traumatic circumstances
- Developing PTS symptoms that interfere with the ability to progress normally because they are “stuck” on the traumatic aspects of the death
 - Avoiding all memories of loved one
 - Increase in aggressive behavior
 - Re-enactment of traumatic death



How does traumatic grief differ from “normal” grief?

“In nontraumatic bereavement, kids may be sad, or upset, or feel lonely, but they are able to continue on with activities and eventually maybe enjoy life again. ..

The child with traumatic grief is kind of stuck . . . so a boy may not want to play baseball any more because he can't bear the thought of looking in the stands and his father not being there, and he falls apart.”

Historical trauma

- refers to cumulative emotional and [psychological wounding](http://en.wikipedia.org/), extending over an individual lifespan and across generations, caused by traumatic experiences. (<http://en.wikipedia.org/>)
- <https://www.youtube.com/watch?v=G50iwY6YjSk>



Culture and Trauma



- • Culture determines acceptable responses to trauma and shapes the expression of distress. It significantly influences how people convey traumatic stress through behavior, emotions, and thinking immediately following a trauma and well after the traumatic experience has ceased.
- • Traumatic stress symptoms vary according to the type of trauma within the culture.
- • Culture affects what qualifies as a legitimate health concern and which symptoms warrant help.
- • In addition to shaping beliefs about acceptable forms of help-seeking behavior and healing practices, culture can provide a source of strength, unique coping strategies, and specific resources.

Culture and Trauma



- • Some populations and cultures are more likely than others to experience a traumatic event or a specific type of trauma.
- • Rates of traumatic stress are high across all diverse populations and cultures that face military action and political violence.
- • Culture influences not only whether certain events are perceived as traumatic, but also how an individual interprets and assigns meaning to the trauma.
- • Some traumas may have greater impact on a given culture because those traumas represent something significant for that culture or disrupt cultural practices or ways of life.

Complex Developmental Trauma

Trauma and maltreatment in the first decade of life has substantially more pervasive consequences than later trauma



Childhood Trauma



- Up to 67% of youth in US have experienced at least one traumatic event during childhood
- Children often do not disclose these events
- Lifetime victimization in 2-17 year olds (*Finkelhor et al., 2009*)
 - 80% reported at least 1 victimization (69% in last year)
 - Multiple types of victimization are common
 - Mean number of victimizations = 3.7

Costello, Erkanli, Fairbank, & Angold, 2008;
Copeland, Keeler, Angold, & Costello, 2007;
Finkelhor, Ormrod, & Turner, 2009; www.nctsn.org



Prevalence of childhood trauma

- Nationally representative sample of 12 to 17 yr-olds (Kilpatrick, Saunders, & Resick, 1998)
 - 8% reported experiencing sexual assault
 - 17% experienced physical abuse
 - 39% witnessed violence in their homes, schools, or neighborhoods

Prevalence of childhood grief

- 75% of children will experience the death of a family member or friend before age 10



Referring

- TARGET -Trauma Affect Regulation: Guide for Education and Therapy
- Exposure therapy
- DBT – Dialectical Behavior Therapy
- EMDR
- Intensive short-term dynamic psychotherapy

Why is Screening in Community Settings Important?

- Children's functioning is significantly affected by trauma, and many children & families remain silent about traumatic events until they are asked
- Doctors, nurses, health professionals, teachers, and other child-serving professionals are important sources of support and guidance
- Children or parents may need or want to talk with ***you***
- Families may be more likely to accept help or referrals from professionals they know and trust



ADVERSE CHILDHOOD EXPERIENCES

- ***ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY BY CDC AND KAISER***
 - **17,337 Adult Subjects make up the Total Sample**
 - **11% Emotionally Abused**
 - **28 % Physically Abused**
 - **21 % Sexually Abused**
 - **27 % Exposed to Drug or Alcohol Abuse**
 - **19 % Exposed to Mental Illness**
 - **13 % Witnessed Violence Toward Their Mothers**
 - **23 % Lost a Parent due to Divorce or Separation**
 - **63 % Experienced at Least One Category of Negative Childhood Experience, and 20% had Three**



Adverse Childhood Experiences— *Questions*

1. Emotional abuse
2. Physical threats or physical assault
3. Sexual abuse (including inappropriate touch)
4. Emotional neglect: Often feeling unloved, unimportant OR a sense that family didn't feel close or support each other.
5. Physical neglect: not enough to eat, had to wear dirty clothes, and no one to protect you OR parents too drunk/high to care for you or seek medical help.



Adverse Childhood Experiences— *Questions*

6. Parents separated or divorced
7. Domestic violence toward mother or stepmother
8. Household member a problem drinker or used street drugs.
9. Household member depressed, mentally ill, or attempted suicide.
10. Household member went to prison.



Adverse Childhood Experiences



- Researchers found a strong link between adverse childhood experiences and adult onset of chronic physical illness. Those with ACE scores of 4 or more had significantly higher rates of heart disease and diabetes than those with ACE scores of zero. The likelihood of chronic pulmonary lung disease increased 390 percent; hepatitis, 240 percent; depression, 460 percent; suicide, 1,220 percent. Those with an ACE score of 6 had a 4,600 percent increase in the likelihood of becoming an IV drug user.

ADVERSE CHILDHOOD EXPERIENCES

- **Smoking**
- **Chronic obstructive pulmonary disease**
- **Hepatitis**
- **Heart disease**
- **Diabetes**
- **Obesity**
- **Alcoholism**
- **Fifty or more sexual intercourse partners**
- **Other substance abuse including IV drug use**
- **Depression and attempted suicide**
- **Teen pregnancy (including paternity)**
- **Sexually transmitted diseases**
- **Poor occupational health and poor job performance**



Adverse Childhood Experiences

- The 17,337 people who participated in the ACE study are typical, middle-class, working Americans — 75 percent Anglo, 11 percent Latino, 7 percent Asian, and 5 percent African-American. They're educated: 75% attended college and 40% have a basic or higher college education. Most of them had jobs. Half were women, half were men. All of them had good health insurance.

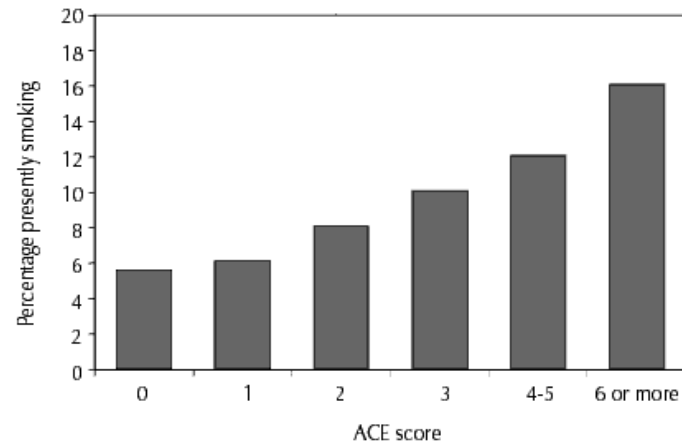
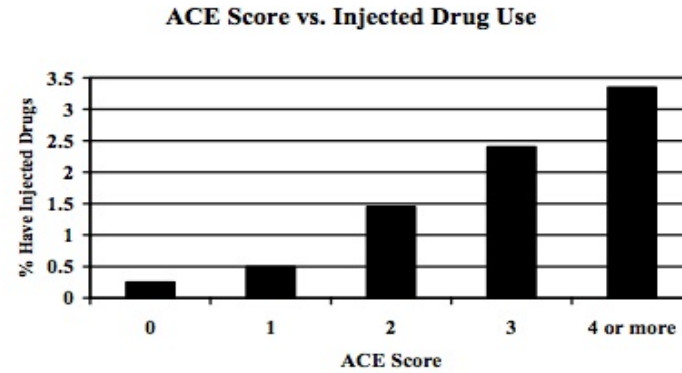
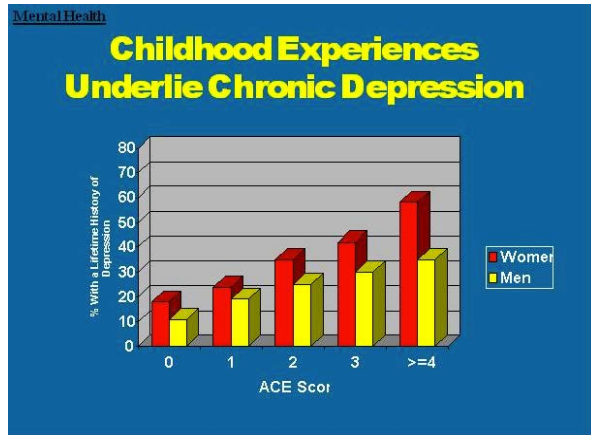


Adverse Childhood Experiences

The Summary Conclusions:

The findings of the ACE Study suggest that these experiences – ACEs – are the leading causes of illness, death and poor quality of life in the United States.

DOSE DEPENDENT DAMAGE



The “Time Bomb” Effect

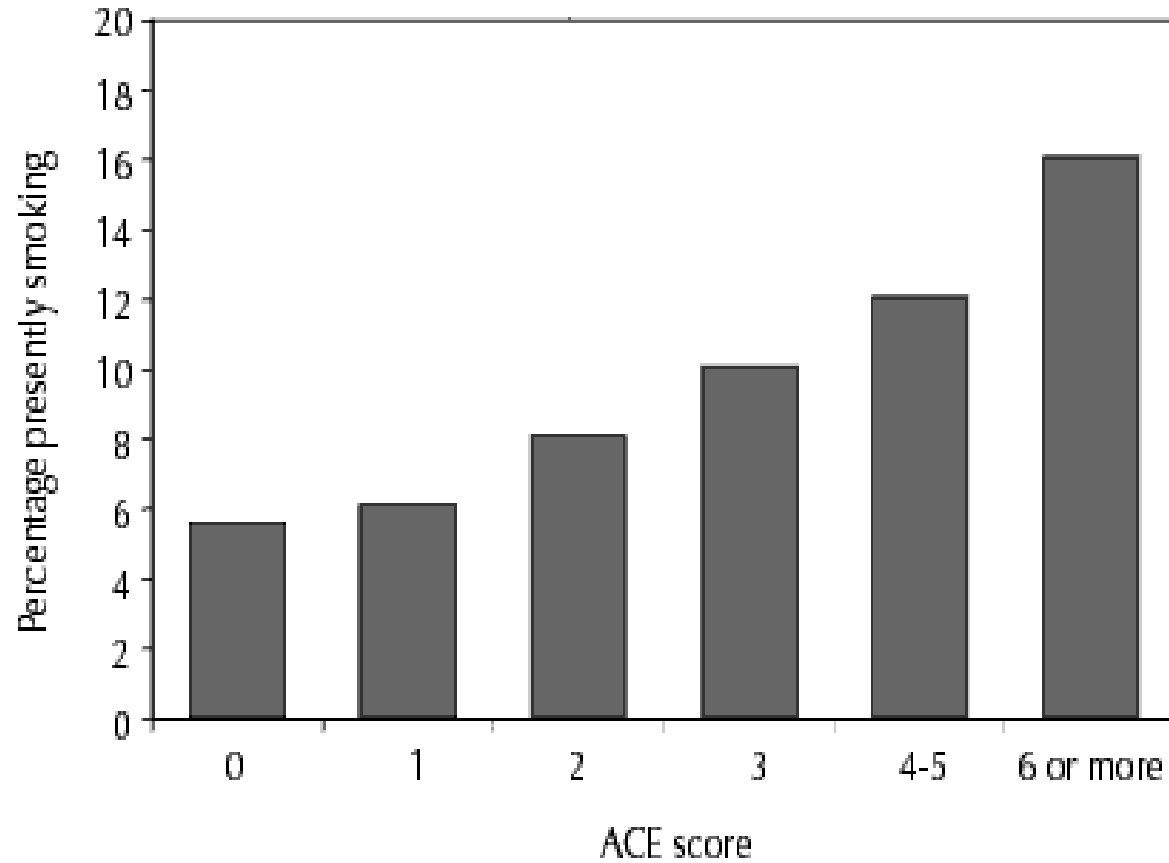
- The effects of early childhood trauma and stress are not immediately apparent
 - ▶ Neurodevelopment is progressive, with later stages depending upon earlier foundations
- The changes in the brain are cumulative and make their effects felt over the course of the lifetime
- Consequently, early stress and trauma is initially disguised...or nearly so



Childhood Experiences vs. Adult Alcoholism

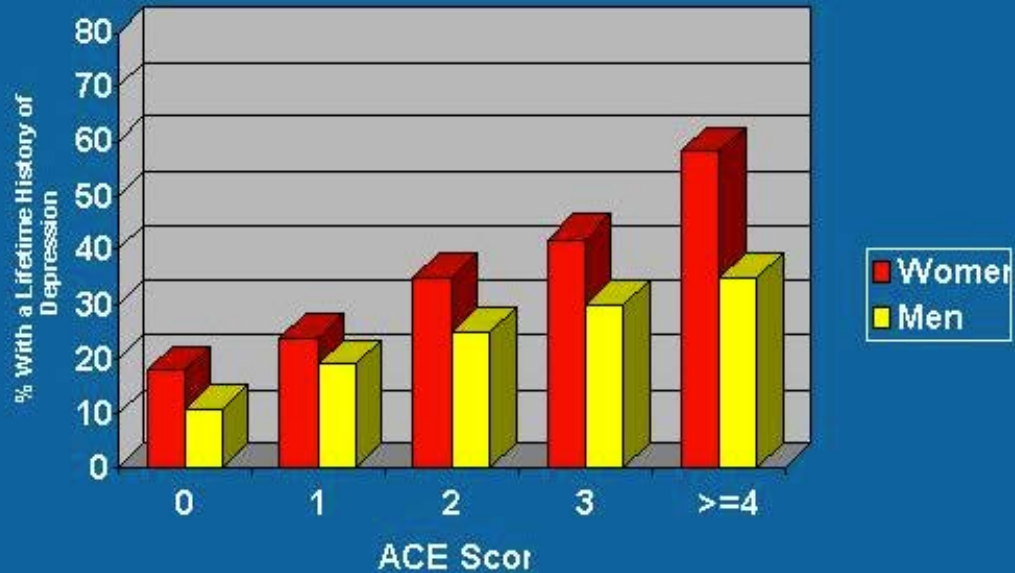


Individuals with four adverse childhood experiences were more than five times as likely to suffer from alcoholism.



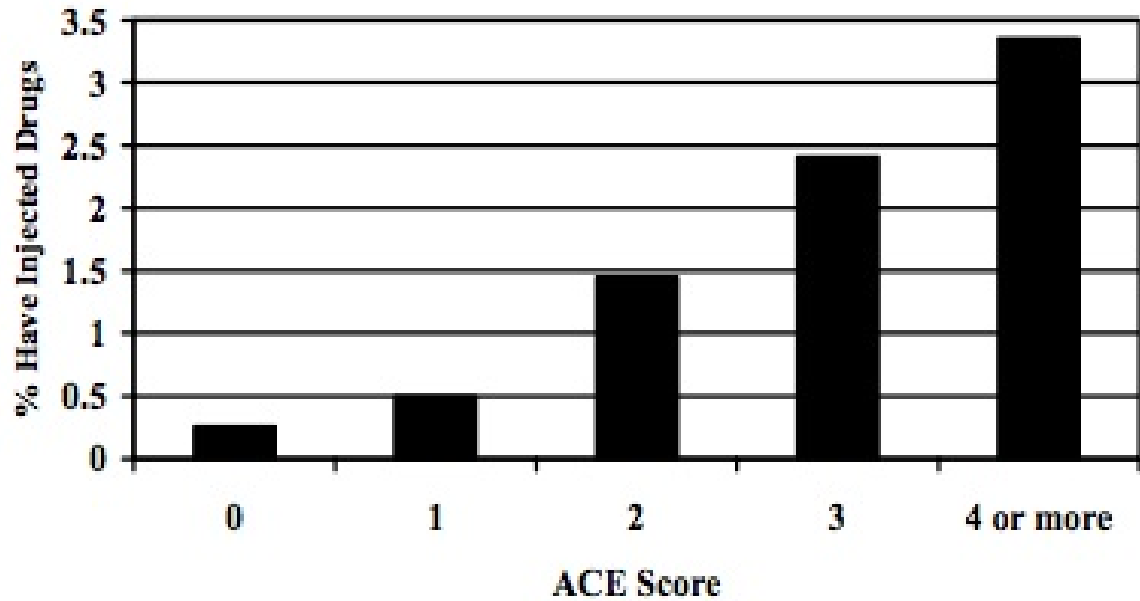
Individuals with six adverse childhood experiences were almost three times as likely to smoke.

Childhood Experiences Underlie Chronic Depression



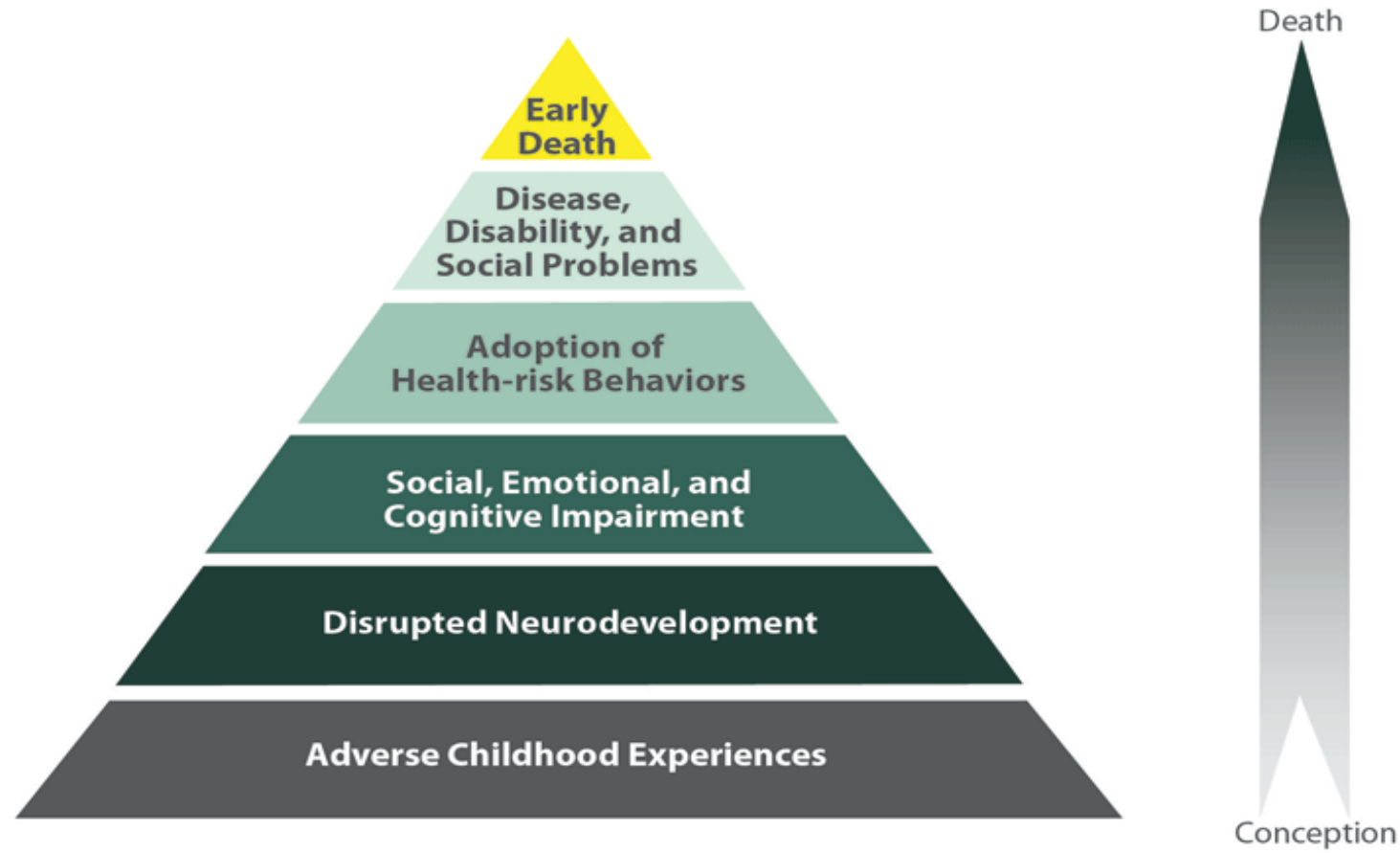
Individuals with four adverse childhood experiences were almost four times as likely to suffer from chronic depression.

ACE Score vs. Injected Drug Use



Individuals with four adverse childhood experiences were more than thirteen times as likely to suffer from intravenous drug use .

Consequences Of Unresolved Trauma



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

What is Stress?



- Stress is defined as a process that exists over time. When it continues, it can often lead to debilitating outcomes as it accumulates.
- Stress affects all aspects of one's functioning

Collins & Collins (2005)

- When a child encounters a perceived threat to their safety, their brains trigger a complex set of chemical and neurological events known as the “stress response”.

Massachusetts Advocates for Children (2005)

WHAT IS THE MECHANISM OF DAMAGE?

1. Activation of the stress response system
2. Under and over activation of sensitive neurodevelopmental processes
3. Sensitive and critical periods



WHAT IS THE MECHANISM OF DAMAGE?



4. Chronic stress results in altered function and development — e.g., changes in arousal, attachment, reward.
5. Which lead to maladaptive coping mechanisms
6. Which lead to disease, pathological behaviors, and early death

Three Levels of Stress Response

Positive

Brief increases in heart rate,
mild elevations in stress hormone levels.

Tolerable

Serious, temporary stress responses,
buffered by supportive relationships.

Toxic

Prolonged activation of stress response systems
in the absence of protective relationships.

Reactions to Stress and Trauma

- Fight
- Freeze
- Flee

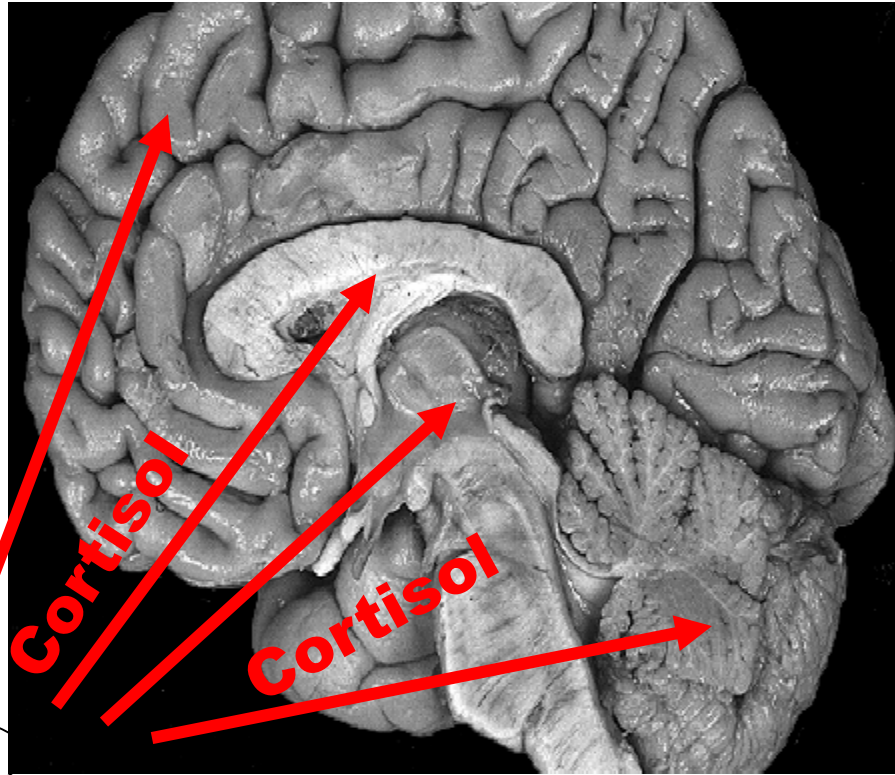


- Under normal circumstances these responses to stress are constructive and help keep a child or adolescent safe.
- However, when a child is traumatized, and is overwhelmed with stress and fear, these responses can become a regular mode of functioning.
- Consequently, a youth may react to their world even when the dangers are NOT present because they cannot turn off the survival strategies in their brains.

Explicit and Implicit Memory

CORTEX:

higher level
thought
processes,
planning,
problem solving



Adrenal gland

HIPPOCAMPUS:

Explicit memory -
governs recollection of
facts, events or
associations

AMYGDALA:

Implicit memory – No
conscious awareness
(procedural memory –
e.g., riding a bike and
emotional memory- e.g.,
fear)

Chronic stress = overstimulation of the **Amygdala**, resulting in the release of cortisol, possible shrinkage or atrophy of the **Hippocampus** and **Cortex**, affecting memory and cognition, and leading to anxiety or depression.

(Adapted from: Brunson, Lorang, & Baram, 2002)

Possible signs of traumatic stress in the medical setting

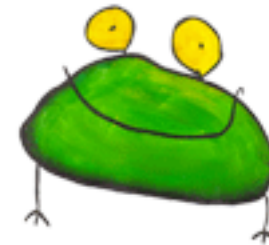
- The patient has numerous painful chronic health symptoms
- Displays mistrust
- Displays fearfulness
- Psychiatric conditions/symptoms
- Substance abuse

Possible Signs of Traumatic Stress in the Medical Setting.

- People with histories of trauma and substance abuse are more likely to engage in high-risk behaviors and to experience subsequent traumas. Early treatment should focus on helping clients stop using unsafe coping mechanisms. E.g. – substances, cutting, unsafe sex, overeating etc.

How Trauma Affects Patients Attitudes Toward Care

- The characteristics of the trauma and the subsequent traumatic stress reactions can dramatically influence how individuals respond to the environment, relationships, interventions, and treatment services, and those same characteristics can also shape the assumptions that clients/consumers make about their world (e.g., their view of others, sense of safety), their future (e.g., hopefulness, fear of a foreshortened future), and themselves (e.g., feeling resilient, feeling incompetent in regulating emotions).



Asking about trauma



- ***Elicit only the information necessary for determining a history of trauma and the possible existence and extent of traumatic stress symptoms and related disorders.*** There is no need to probe deeply into the details of a client's traumatic experiences at this stage in the treatment process.
- The vulnerability of exposing one's history in the treatment setting can manifest in the client as feeling physically vulnerable and unsafe in the treatment environment.

Asking about trauma

- Many people have had experiences that were very frightening/difficult in their lives. Have you had any such experiences in your life.
- Have you had any bad experiences in your life that may still effect you to this day?
- (As a child) were you ever physically hurt by another person
- (As a child) were you ever sexually molested or forced into sexual activity?
- (As a child) Did you ever witness severe violence/been in severe accidents/see a loved one die?
- Who were you raised by?

Screening

The next questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by each problem in the past month. For these questions, the response options are: “not at all”, “a little bit”, “moderately”, “quite a bit”, or “extremely”.

		Not at all	A little bit	Moderately	Quite A Bit	Extremely
PCL1	Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	1	2	3	4	5
PCL2	Repeated, disturbing dreams of a stressful experience from the past?	1	2	3	4	5
PCL3	Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)?	1	2	3	4	5
PCL4	Feeling very upset when something reminded you of a stressful experience from the past?	1	2	3	4	5
PCL5	Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
PCL6	Avoiding thinking or talking about a stressful experience from the past or avoiding having feelings related to it?	1	2	3	4	5
PCL7	Avoided activities or situations because they reminded you of a stressful experience from the past?	1	2	3	4	5
PCL8	Having trouble remembering important parts of a stressful experience from the past?	1	2	3	4	5
PCL9	Loss of interest in activities that you used to enjoy?	1	2	3	4	5
PCL10	Feeling distant or cut off from other people?	1	2	3	4	5
PCL11	Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
PCL12	Feeling as if your future somehow will be cut short?	1	2	3	4	5
PCL13	Having trouble falling or staying asleep?	1	2	3	4	5
PCL14	Feeling irritable or having angry outbursts?	1	2	3	4	5
PCL15	Difficulty concentrating?	1	2	3	4	5
PCL16	Being “superalert” or watchful or on guard?	1	2	3	4	5
PCL17	Feeling jumpy or easily startled?	1	2	3	4	5

Screening

LIFE EVENTS CHECKLIST (LEC)

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally, (b) you witnessed it happen to someone else, (c) you learned about it happening to someone close to you, (d) you're not sure if it fits, or (e) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

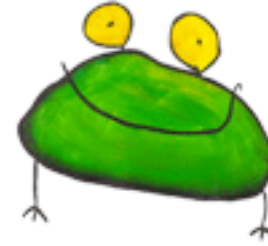
Event	Happened to me	Witnessed it	Learned about it	Not Sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)					
2. Fire or explosion					
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)					
4. Serious accident at work, home, or during recreational activity					
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)					
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)					
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)					
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)					
9. Other unwanted or uncomfortable sexual experience					
10. Combat or exposure to a war-zone (in the military or as a civilian)					
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)					
12. Life-threatening illness or injury					
13. Severe human suffering					
14. Sudden, violent death (for example, homicide, suicide)					
15. Sudden, unexpected death of someone close to you					
16. Serious injury, harm, or death you caused to someone else					
17. Any other very stressful event or experience					

Intervening with Trauma Informed C



- It is important to generate trauma awareness in agencies through education across services and among all staff members who have any direct or indirect contact with clients (including receptionists or intake and admission personnel who engage clients for the first time within the agency). Agencies can maintain a trauma-aware environment through ongoing staff training, continued supervisory and administrative support, collaborative (i.e., involving consumer participation) trauma-responsive program design and implementation, and organizational policies and practices that reflect accommodation and flexibility in attending to the needs of clients affected by trauma.

Intervening



- ensure the physical and emotional safety of patients and employees. Shift to a whole person focus of *“what happened to you?”* instead of *“what is wrong with you?”*



Intervening with Traumatic Stress:

- Awareness
- Universal screening
- Referral if amenable
- Evidence Based Trauma Specific Treatments



Intervening with Traumatic Stress

Provide Psychoeducation

- Trauma-informed education informs clients about traumatic stress and trauma-related symptoms and disorders as well as the related consequences of trauma exposure. It focuses on giving information to clients to help normalize presenting symptoms, to highlight potential short-term and long-term consequences of trauma and various paths to recovery, and to underscore the message that recovery is possible



Intervening: Support Empowerment, Collaboration and Choice

Placing appropriate control for treatment choices in the hands of clients improves their chances of success.



Intervening: Support Empowerment, Collaboration and Choice

- Establish a sense of self-efficacy in clients; their belief in their own ability to carry out a specific task successfully—is key. You can help clients come to believe in the possibility of change and in the hope of alternative approaches to achieving change. Supporting clients in accepting increasing responsibility for choosing and carrying out personal change can facilitate their return to empowerment (Miller & Rollnick, 2002).



Intervening: Use a Strengths-Focused Perspective: Promote Resilience



- The history that you provided suggests that you've accomplished a great deal since the trauma. What are some of the accomplishments that give you the most pride?
- What would you say are your strengths?
- How do you manage your stress today?
- What behaviors have helped you survive your traumatic experiences (during and afterward)?
- What are some of the creative ways that you deal with painful feelings?



Use a Strengths-Focused Perspective: Promote Resilience



- You have survived trauma. What characteristics have helped you manage these experiences and the challenges that they have created in your life?
- If we were to ask someone in your life, who knew your history and experience with trauma, to name two positive characteristics that help you survive, what would they be?
- What coping tools have you learned from your _____ (fill in: cultural history, spiritual practices, athletic pursuits, etc.)?
- Imagine for a moment that a group of people are standing behind you showing you support in some way. Who would be standing there? It doesn't matter how briefly or when they showed up in your life, or whether or not they are currently in your life or alive.
- How do you gain support today? (Possible answers include family, friends, activities, coaches, counselors, other supports, etc.)
- What does recovery look like for you?

Intervening: Collaboration

- **Collaboration-** maximize collaboration and the sharing of power with patients and employees; it is the patient's body so the final decision is theirs; work together with them in partnership; remember that other medical providers may be involved and multiple differences of opinions often occur that the patient must process; the provider seeks collaboration with involved other providers. Create a treatment plan together with the patient, follow it, and update it as desired by the patient through collaborative discussion. Listen to office and support staff ideas and concerns as they often have great suggestions to improve the practice and service for the patient.



Resources



- National Child Traumatic Stress Network (NCTSN): www.nctsn.org
- Trauma Resources through SAMHSA: <http://www.samhsa.gov>
- Consortium on Trauma, Illness & Grief in Schools:
<http://www.tigconsortium.org>

The National Council for Community Behavioral Healthcare —
www.thenationalcouncil.org

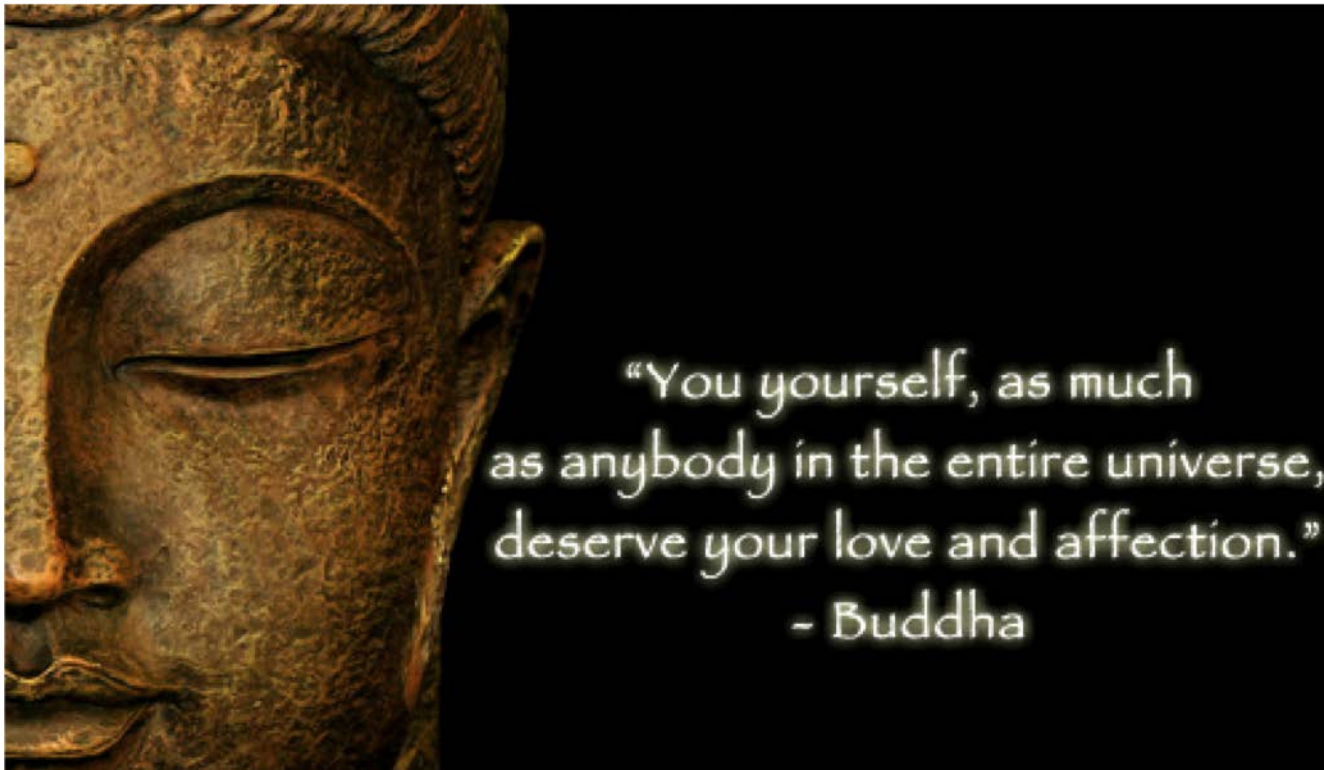
California evidence based clearing house : <http://www.cebc4cw.org>

Bibliotherapy

- **The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma"** by acclaimed trauma expert Bessel van der Kolk.
- **Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy** by Francine Shapiro
- **It Didn't Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle** by Mark Wolynn
- **Complex PTSD : From Surviving to Thriving** by Pete Walker
- **Childhood Disrupted: How Your Biography Becomes Your Biology, and How You Can Heal** by Donna Jackson Nakazawa
- **Waking the Tiger: Healing Trauma** by Peter Levine

The Ethics of Self-Care

- Caregiver self-care is not simply a luxury or a selfish activity, but rather, an ethical imperative



“Teach this triple truth to all:
A generous heart,
kind speech,
and a life of service
and compassion
are the things which
renew humanity.”

~Buddha

