

Trauma and Historical Trauma

Ann Bullock, MD

Director

Division of Diabetes Treatment and Prevention

Indian Health Service

“As human beings we belong to an extremely resilient species. Since time immemorial we have rebounded from our relentless wars, countless disasters (both natural and man-made), and the violence and betrayal in our own lives. But traumatic experiences do leave traces, whether on a large scale (on our histories and cultures) or close to home, on our families, with dark secrets being imperceptibly passed down through generations. They also leave traces on our minds and emotions, on our capacity for joy and intimacy, and even on our biology and immune systems.”

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma, p. 1

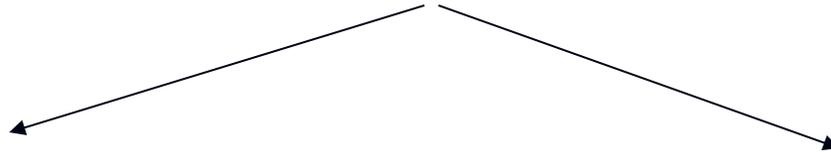
Bessel van der Kolk, 2014

Basic Stress Pathway

Stress



Brain



Cortisol

Adrenaline

Stress and Trauma

- **Stress**: anything that requires a response, can be “good” or “bad”
- **Trauma**: anything that *overwhelms* our ability to respond, especially if we perceive that our life or our connection to things that support us physically or emotionally is threatened

So what factors make it more likely that a stressful situation will become traumatizing?

Posttraumatic Stress Responses

“the long-term consequences of trauma are far-reaching...”

- Context of the trauma
- Age/stage of life
- Loss of family/cultural coherence
- Pre-trauma characteristics
- Life conditions post-trauma
- Symbolic/moral meanings

Posttraumatic Stress Responses

- PTSD
- Depression
- Anxiety
- “Demoralization”

Kroll, *JAMA* 2003;290:667-670

Original Trauma



Amygdala

Any input which amygdala interprets as like original trauma



Recreates body state at time of original trauma



Cortisol



Adrenaline

Original emotion re-experienced: fear, rage, sadness

Adapted from LeDoux, *The Emotional Brain*, 1996

The brain itself is changed by stress

- “What fires together, wires together”
- Complex process of “sculpting” the brain, converting experience into neuronal changes
 - **Cortisol, Brain-Derived Neurotrophic Factor**
 - Chronic stress and depression:
 - shrink the hippocampus and prefrontal cortex
 - ↓ Memory, selective attention, executive function/decision making
 - potentiate growth of the amygdala
 - ↑ Fear/hypervigilience, anxiety, aggression

Adverse Childhood Experiences (ACE)

- Physical, emotional, sexual abuse; mentally ill, substance abusing, incarcerated family member; seeing mother beaten; parents divorced/separated

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

	Non-Native	Native
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 alcohol	27	65
Four or More ACEs	6	33

ACEs and Adult Health

■ ACE Score ≥ 4

- 4-12x risk: alcoholism, drug abuse, depression, suicide attempt
- 2-4x risk: smoking, teen pregnancy, multiple sexual partners
- 1.4-1.6x risk: 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;110:1761-6

■ Across 10 countries, adults who experienced ≥ 3 childhood adversities: Hazard ratios 1.59 for diabetes, 2.19 for heart disease

- Risk similar to the association between cholesterol and heart disease

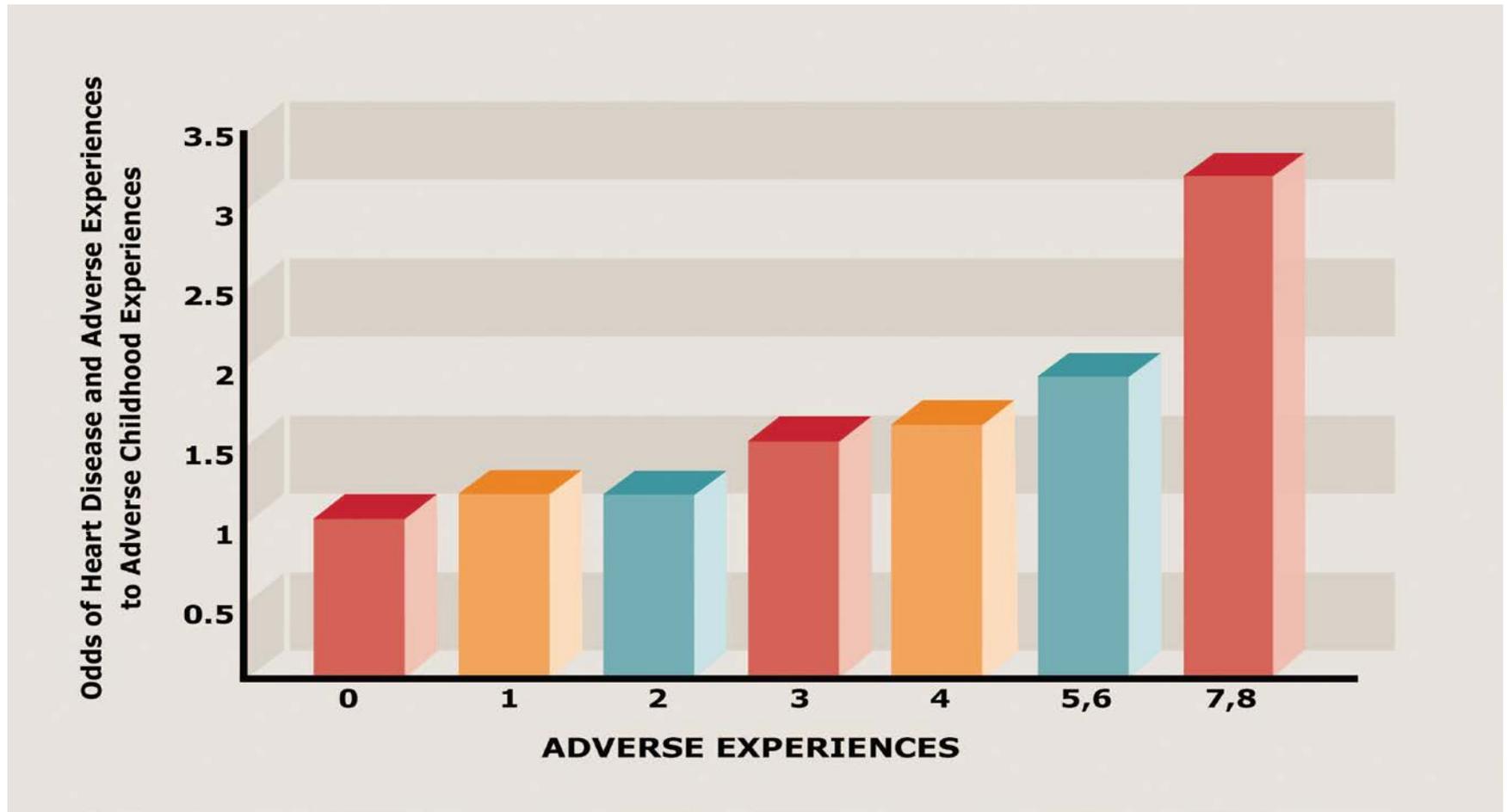
- Both in magnitude and pop. prevalence *Arch Gen Psych* 2011;68:838-844

■ U.K. study: increasing ACEs strongly related to adverse behavioral, health, and social outcomes

J Public Health 2014;36:81-91

- “That ACEs are linked to involvement in violence, early unplanned pregnancy, incarceration, and unemployment suggests a cyclical effect where those with higher ACE counts have higher risks of exposing their own children to ACEs.”

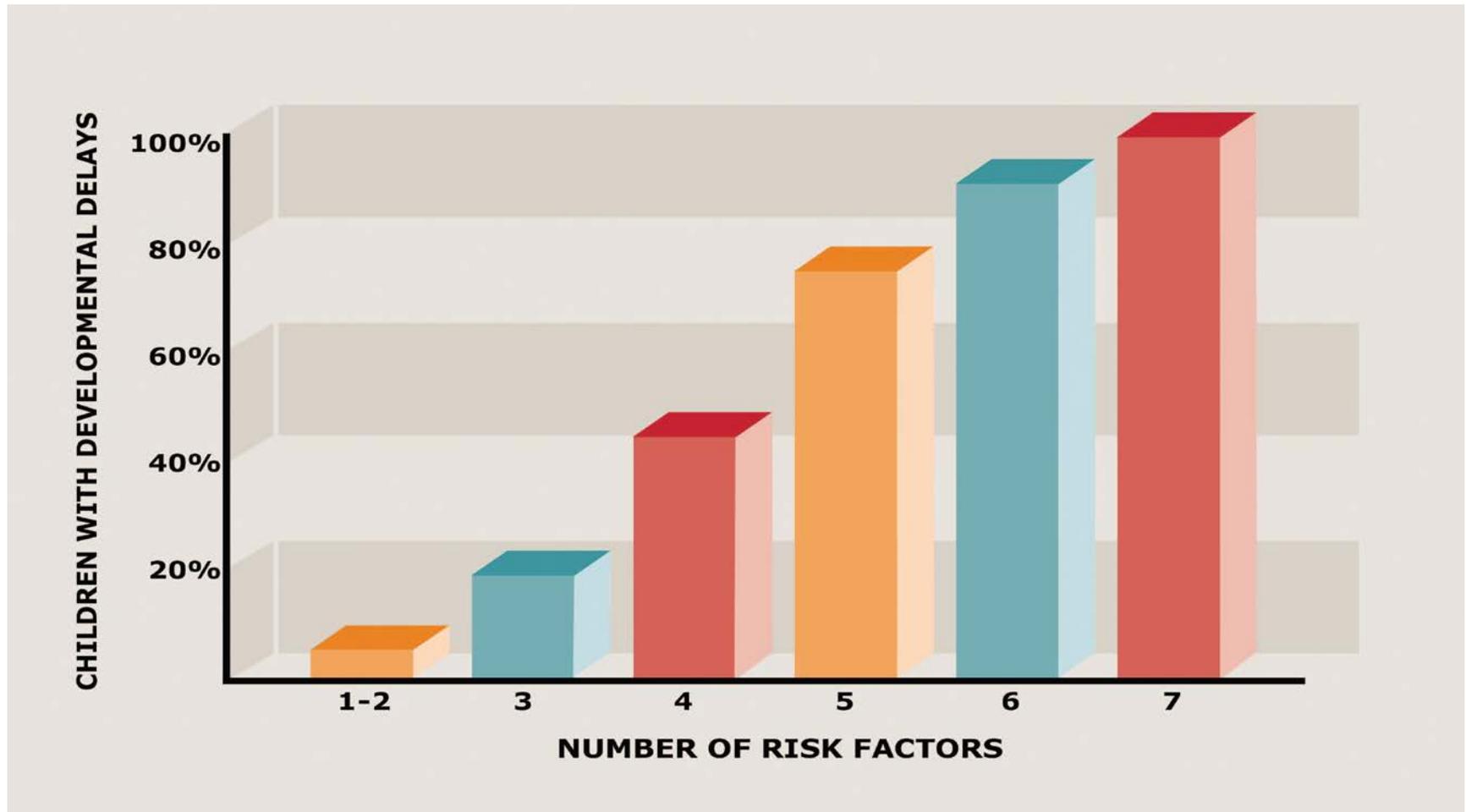
3:1 odds of adult heart disease after 7-8 adverse childhood experiences



Center on the Developing Child at Harvard website

Source: Dong et al. (2004)

90-100% chance of developmental delays when children experience 6-7 risk factors



Center on the Developing Child at Harvard website

Source: Barth, et al. (2008)

What is the average ACE score of:

--the patients in your clinic?

--the staff in your clinic?

What is *your* ACE score?

Historical Trauma

Universal Stories

- My first lesson in historical trauma came from Alaska Native professor Dennis Demmert in 1982
 - University of Alaska, Fairbanks course on Native Social Change
 - Only course textbooks: “Things Fall Apart” and “No Longer at Ease” by the great African writer Chinua Achebe
- Around the world, stories of tribal people who had thriving societies, nourishing food, and cultural structures which nurtured healthy development in their youth
 - Colonialism disrupted these societies, introduced new devastating diseases, traumatized many people, led to widespread problems including poor nutrition
 - Many accounts of this: *Guns, Germs, and Steel*; *Sapiens*, others

Intergenerational Transmission of Trauma

- “Posttraumatic stress disorder can be manifested in primary or secondary symptoms. Primary symptoms are those acquired through firsthand account or experience of the trauma. Secondary PTSD is a normal reaction and can be acquired by having family and friends who have been acutely traumatized. These reactive behaviors are passed on and learned and become the norm for subsequent generations. The normal behaviors of the traumatized person have to change in order to deal with the traumatic event.” (Duran and Duran, 1995, p. 40)
- “If these traumas are not resolved in the lifetime of the person suffering such upheaval, it is unthinkable that the person will not fall into some type of dysfunctional behavior that will then become the learning environment for their children. Once these children grow up with fear, rage, danger, and grief as the norm, it is little wonder that family problems of all types begin to emerge within the family system.” (p. 31)

Legacy of Boarding Schools

“...many generations of Indigenous children were sent to residential schools. This experience resulted in collective trauma, consisting of ...the structural effects of disrupting families and communities; the loss of parenting skills as a result of institutionalisation; patterns of emotional response resulting from the absence of warmth and intimacy in childhood; the carryover of physical and sexual abuse; the loss of Indigenous knowledges, languages, and traditions; and the systemic devaluing of Indigenous identity.”

Lancet 2009;374:76-85 (p. 78)

“Where did you learn how to do this?”

Eduardo Duran, PhD

Historical Trauma

- A model which explains the present
- Trauma(s) that are often intentionally inflicted and occur at more or less the same time to a defined group of people—these traumas:
- Have effects like individual traumas, *plus*
- Because the traumas are so pervasive, affect caregivers and elders, affect community and cultural infrastructures and are targeted at a specific group—they have huge effects on:
 - People's/communities' abilities to cope with and adapt to traumatic event and aftermath
 - Abilities to interpret the meaning/psychologically incorporate the trauma
 - Patterns of trauma transmission to subsequent generations

Stress of Racism

- “The lifelong accumulated experiences of racial discrimination by African American women constitute an independent risk factor for preterm delivery.”
 - Odds ratio of 2.6
 - Independent of maternal sociodemographic, biomedical, and behavioral characteristics.

Am J Public Health 2004; 94:2132–2138

Some Beliefs We Can 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
- “Love” is not to be trusted and is often linked with emotional/physical/sexual abuse

Behaviors we can see 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”
- Pain sensitivity—can appear either increased or decreased
- Desensitized to loss
- Distrust of providers
- Overly dependent on provider
- Patients say they are doing something (e.g. taking meds, checking blood sugar, exercising) that they aren’t
- Patients deny doing something that they are (e.g. eating fast food, smoking, drinking alcohol)

**Trauma-informed care:
reflected in the shift from “What’s *wrong*
with you?” to “What *happened* to you?”**

The Integration of Trauma-Informed Care in the Family Partner Program, Issues Brief, Massachusetts Dept. of Mental Health, Children’s Behavioral Health Research and Training Center, 2012

**How would we
re-think our clinical care if we know that
many people are dealing with trauma?**

How do we reduce the likelihood that health
care will trigger trauma responses in
patients?

Trauma-informed Clinical Care

- Clinics can easily trigger feelings of fear, anger, defensiveness, helplessness, issues with authority/institutions—often before people even walk in the door
- So clinic staff/processes should seek to avoid trauma triggers and engender feelings of welcome, safety, acknowledgement
 - Make appointment process as easy as possible
 - Peaceful, cheerful clinic environment
 - Lighting: warm vs. harsh/fluorescent; furniture comfortable
 - Consider what is on walls, magazines in waiting room
 - Signs: positive, not negative (e.g. if pt late to clinic)
 - Staff who are calm, kind and give straight-forward directions and explanations—we all *think* we do this

Trauma-informed Clinical Care

- Caring, supportive, nonjudgmental clinical care
 - Clinic is associated with trauma for many people: “bad news”
 - We have often blamed people for their diabetes control, behaviors
 - Food security: be sure people have access to nourishing foods
 - Dental care is especially likely to trigger trauma
- Find out if they’re taking their meds at the dosages you think they’re taking (esp. insulin), without judgment
 - Ask about hypoglycemia, hypotension, med side effects
 - Which may be why they’re not taking their meds as scheduled
- Pay more attention to them than to computer
- Find something to praise/appreciate
- Relationship is more important than meeting a measure

Walk through your clinic as if you were someone dealing with a lot of trauma. See what can be changed—it doesn't cost much to change the lighting, the posters on the wall, some clinic processes, the kindness we show.

Learn about the history and culture of the Tribe(s) you serve, talk with Elders, attend Tribal events

“Trauma is now our most urgent public health issue, and we have the knowledge necessary to respond effectively. The choice is ours to act on what we know.”

Bessel van der Kolk, 2014, p. 356

