Responding To Patients’ Behavioral Health Needs In General Medical Settings: Applying Principles of Trauma-Informed Care

Rebecca Ezechukwu, Ph.D.
Christopher Morris, Ph.D.
University of New Mexico Health Sciences Center
Disclosure

• The presenter has no financial arrangement related to the content of this continuing education activity.
Objectives

At the completion of this activity, participants will be able to:

• List examples of how trauma and post-traumatic stress symptoms may affect patients and providers in general medical settings.

• Identify elements of trauma-informed care that may reduce negative trauma reactions associated with the care setting.

• Identify specific trauma-informed practices to respond effectively and therapeutically to individuals exposed to potentially traumatic events.
Participant Survey

• What is your work setting?
  • Primary Care
  • Specialty Care
  • Emergency Department or EMS
  • Medical/Surgical hospital
  • ICU
  • Health Promotion
  • Behavioral Health
  • Social Work
  • Other, please specify:
Participant Survey

• What is your current position?
  • Physician or mid-level provider
  • Nursing
  • Medical Support/Medical Assistant
  • Manager/director
  • Administrative Support
  • Community Health Worker or Health Education
  • Behavioral Health Clinician or Social Worker
  • Other, please specify:
Why address behavioral health in general medical settings?

- Nearly 45% of ED patients screened positive for a DSM-IV diagnosis.
- 13% of ED patients not presenting with psychiatric complaints screened positive for suicidal ideation.
- Only 41% of people with a mental disorder use mental health services in any given year.
- The median length of delay from symptom onset to seeking behavioral health treatment is 10 years.
- 18% of all general hospital discharges have a BH disorder coded as a secondary condition.
- Up to 70% of primary care visits are for reasons associated with psychosocial problems.
- 18% of cardiac patients met criteria for PTSD 6 months after cardiac surgery.
Why address behavioral health in general medical settings?

• BH conditions significantly affect treatment adherence and health outcomes. For example, depression is associated with:
  • Poor glycemic control in diabetes;
  • Reduced survival for cancer patients;
  • Higher mortality after a heart attack.

• Health care providers and staff have unique potential to encourage patients to:
  • Access appropriate behavioral health care;
  • Engage in self-care strategies
Defining the Problem

- Behavioral health problems that most significantly impact health and health behavior across patient populations:
  - Depression
  - Anxiety
  - Substance Use Disorders
  - Traumatic Stress
Definition of Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced 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.

(Substance Abuse and Mental Health Services Administration)
Types of Trauma Experiences

- Physical, emotional, and sexual abuse
- Neglect or abandonment
- Witnessing domestic violence
- The death or loss of a loved one
- Life-threatening illness in a loved one
- Life-threatening health situations or painful medical procedures
- Bullying

- Witnessing or experiencing community violence, police activity
- Having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism (viewed in person or secondhand)
- Living in chronically chaotic environments in which housing and financial resources are limited
- Car accidents and other serious accidents
Single Incident & Complex Trauma

• **Single Incident Trauma (Type I)**
  - Single incident/exposure to a traumatic event
    - e.g., accident, medical procedure, some sexual assault
  - Clear posttraumatic stress symptoms → PTSD diagnosis

• **Complex Trauma (Type II)**
  - Multi-type, chronic and prolonged exposure to events
  - Events are usually interpersonal in nature and often interfere with the ability to form secure attachment relationships
    - e.g., abuse, neglect, unresolved parental trauma & substance use, domestic violence
  - Problematic behaviors may acquire multiple diagnoses due to many overlapping symptoms
  - Often begins early in life and may disrupt multiple areas of development
Realizing the Widespread Effects of Trauma

- Over 60% of adults report at least one adverse childhood experience (ACE)
- Up to 68% of youth in the US have experienced at least one traumatic event during childhood
- 70% of adolescents receiving substance abuse treatment have a history of trauma exposure
- Men with PTSD are 5 times more likely to abuse substances; women are 1.4 times as likely
  - The most common traumas associated with substance use disorders involve sexual, physical, and emotional abuse.

Brady et al., 2004; Copeland et al., 2007; Felitti et al., 1998;
Impact of Trauma on American Indian and Alaska Native Communities

- AI/AN between 2-3 times more likely to meet PTSD criteria compared to US adult population
- 2.5 times greater risk than the national average of experiencing physical, emotional, and/or sexual abuse
- AI/AN youth have the highest rates of emotional or physical neglect across all populations
- Up to 74% of AI/AN youth have experienced at least one traumatic event during childhood
- 12-16% of AI/AN homes experience alcohol and/or drug abuse (national average is 4-6%)
- Unresolved grief and historical trauma can become ingrained in the identity of individuals and communities

Gone & Trimble, 2012; DS Bigfoot, 2008; Brave Heart & DeBruyn, 1998; Copeland et al., 2007; National Center for Children in Poverty, 2007
What is the significance of trauma in general medical settings?

• Adverse childhood experiences (ACEs) are associated with higher rates of smoking, diabetes, obesity and cancer in adulthood.

• Posttraumatic stress symptoms in children and adults can be caused by:
  • Accidental injury
  • Sudden onset of acute disease
  • Some types of medically necessary procedures

• High correlation between trauma & substance use

• Involvement with child welfare system

• Provider burnout & secondary trauma

• Minimal training in trauma-informed care
What Is the Importance of Trauma-Informed Care?

A trauma-informed approach involves the way that programs, organizations, and broader systems understand and respond to individuals who have experienced, or are at-risk for experiencing traumatic events.

- Providers can prevent or minimize emotional trauma on the part of patients.
- Organizations and providers can support their own well-being and resilience by addressing secondary trauma effects.

Substance Abuse & Mental Health Services Administration (SAMHSA), 2016
Realizing Recovery and Resilience

• Supporting **healthy coping** and **recovery** from trauma is the primary goal of trauma-informed services.

• Symptoms may fluctuate in severity; full remission is common.

• Functional abilities can increase even if symptoms are still present.

• Change may be nonlinear.

• Change processes gain a positive trajectory when a person develops **resilience**:  
  • Building upon strengths;
  • Creating access to supports;
  • Fostering a holistic approach to health and wellness.
What is Trauma-Informed Care?

Trauma-informed care ≠ Trauma-specific treatment

Trauma-Informed Care

• Does not have to be highly specialized
• Can be provided in multiple settings
• Offered by competent & committed professionals and staff across disciplines
• Providers understand trauma, but do not provide trauma-specific treatment

Trauma-specific treatment

• Specialized treatments that some individuals may need
• Addresses PTSD & complex trauma-related consequences
• Can be offered as needed by designated staff or via referral
• Providers have specialty training in specialty treatment

(Hodas, 2006)
What is Trauma-Informed Care?

1. **Realizes** the widespread effect of trauma and understands potential paths for recovery

2. **Recognizes** the signs and symptoms of trauma in patients, families, staff, and others involved with a program or system

3. **Responds** by fully integrating and applying knowledge about trauma into policies, procedures, and practices

4. Actively seeks to **resist re-traumatization** & prevent further negative trauma reactions

Substance Abuse & Mental Health Services Administration (SAMHSA), 2016
Recognize trauma effects in general medical settings

- Avoidance (missed appointments, multiple reschedules)
- Distorted self-image & sense of self
- Anxiety about body complaints
- Power differential issues
  - Reluctance to ask questions, bring up concerns
  - Sensitivity to perceived slights
- Unintentional and subtle trauma triggers
- Potential microaggressions
When interacting with health care providers, patients with posttraumatic stress symptoms may:

A. Display avoidant behavior.
B. Become easily threatened or defensive.
C. Express delusional beliefs.
D. Both A and B.
Incorporate trauma-informed care in general medical settings

After addressing ABCs of physical health
Airway, Breathing, Circulation

D...E...F... Protocol

• D (Reduce Distress)
  • Ask about worries and fears, provide reassurance as needed

• E (Emotional Support)
  • Who and what does the patient need now?

• F (Remember the Family)
  • Gauge and consider family stressors and resources
Recognize trauma triggers in general medical settings

- Loud or abrupt noises/bright lights in waiting rooms
- Crowded waiting rooms
- Lack of choices or options
- Feeling vulnerable or exposed
- Long wait times to see provider
- Unexpected changes in appointment schedules
  - E.g., scheduling mix-ups/double-booking
- Graphic posters/images in health settings
- Having to repeat story multiple times; long paperwork
- Not being listened to, not feeling heard, or not being believed
Question: What factors must be considered by a health care organization to reduce negative trauma reactions associated with the care setting?

A. Reduce scheduling problems and wait times.
B. Create an environment that is calm and not overstimulating.
C. Avoid unnecessary repetitions of trauma history or symptoms.
D. All of the above.
How to recognize and respond to a trauma response

• **FIGHT** – might look like verbal escalation or physical agitation, oppositionality, demanding, hostile
  • **RESPOND WITH:** Reflective statements, nonverbal listening skills, less questions

• **FLIGHT** – might look like scared, panicky, have difficulty catching breath, wants to leave or avoid situation
  • **RESPOND WITH:** relaxation skills (diaphragmatic breathing), grounding skills, give reassurance and information

• **FREEZE** – might look watchful and quiet, or spacey & dazed, forgetful, or emotionally shut down
  • **RESPOND WITH:** Relaxation breathing skills, grounding skills
Grounding Exercise
Name 3 things

- You see
- You smell
- You hear
- You feel

Breathe in and out slowly 3x
How to Respond and Resist Re-traumatization with Patients

• Listen nonjudgmentally
  • Key nonverbal skills to show you are actively listening:
    • Attentiveness
    • Comfortable eye contact
    • Open body posture
    • Being seated
    • Sitting next or angled to the person rather than directly opposite
    • Refocus attention from computer, writing, etc.
  • Focus on understanding symptoms for what they are, e.g.:
    • Irritable/angry hyperarousal
    • Avoidance
    • Defensiveness, suspicion or hostility
  • Reflect or paraphrase emotions the person is expressing about his or her beliefs and experiences.
  • Take care not to make assumptions; ask first.
How to Respond and Resist Re-traumatization with Patients

• Give reassurance and information
  • Basic info about their specific problem;
  • General info about potential resources;
  • Recognize the person may have struggled with the problem for a long time, and may find it painful or shameful to talk about it.
• While expressing concern and recognition of the person’s distress, also try to convey a sense of hope and normalizing of their experience, e.g.:
  "This is something many people have experienced, and there are things that can help."
• Look for simple, practical ideas that will help. Completely solving the problem may be many steps down the road.
• Encourage and reinforce positive self-talk on patient’s part
How to Respond and Resist Re-traumatization with Patients

• Encourage self-help and other support strategies, for example:

  • Participation in harm reduction programs
  • Exercise, hobbies, other activities
  • Relaxation and Meditation
  • Support groups such as AA, NA
  • Family, friends, faith, and other social networks
  • Community groups and cultural activities
How to Respond and Resist Re-traumatization with Patients

• Encourage Trauma-Specific Treatment
  • Provide a simple explanation of available or recommended treatment.
  • Describe specific resources in the area you are familiar with, or a person such as a social worker who has more detailed knowledge of services.
  • Offer to help with a referral
  • Consider any specialized peer support programs in the area.

• Consider traditional or culturally-based healing if appropriate to the person’s values.

• Encourage people to seek out alternative approaches to medical care and wellbeing
  • E.g., massage, acupuncture, yoga, tai chi, herbal medicine
Question:

When responding in a trauma-informed way to patients with posttraumatic stress symptoms, health care providers and staff can:

A. Respond with reflective statements.
B. Take a detailed trauma history.
C. Lead patient through a grounding or relaxation technique.
D. Both A and C.
Increase your reach by adopting a collaborative approach. (1)

- Consistently support the patient over time.
- Ask the patient what is their most pressing concern.
- Identify a simple action step the patient is likely to successfully complete, and build it into the care plan.
- Support patient behavior that builds recovery.
- Support patient behavior that builds resilience.
- Work efficiently and cope with staff turnover through:
  - Team communication
  - Appropriate documentation
Increase your reach by adopting a collaborative approach. (2)

• Make effective referrals
  • Prepare ahead
    • Collect and organize info
    • Utilize social services and “local experts”
  • Ask the patient about their interest and comfort level
  • Give encouragement and information
  • Follow up, re-evaluate and try again if necessary
  • Take advantage of available consultation

• Use a team approach
  • Utilize individual strengths
  • Divide tasks such as screening, referrals, resource info, data management
  • Consider capacities of specific disciplines
  • Establish leadership/management support
How to recognize burnout and secondary traumatic stress (STS)

- Emotional exhaustion and depletion
- Constantly not getting enough sleep
- Reacting disproportionately to minor stressors
- Forgetting why you do your job
- Decreased workplace satisfaction
- Being afraid to take time away from your daily activities
- Medical errors
- Blame and reduced empathic engagement with patients
- Avoidance of certain patients or their histories

(Figley, 2002; Volk, Guarino, Grandin, & Clervil, 2008)
Realizing the Effects of Provider Burnout

• Up to 55% of family physicians experience burnout
• 39% of pediatric health care professionals are at moderate to high risk for compassion fatigue
• 21% of pediatric health care professionals are at moderate to high risk for burnout
• 18-82% of medical residents report burnout
• 75% of social workers report at least one symptom of secondary traumatic stress in the last week.
• Provider reactions often go unrecognized and unresolved
• Highly treatable once recognized and acted upon

Bride, 2007; Prins et al., 2007, Robins et al., 2009; Marsac et al., 2016
How can I incorporate burnout prevention into a regular routine?

1. **Advance preparation**: something you do *before* entering the situation
   - (e.g., relaxation, mental rehearsal, seeking support)
2. **“In-the-pocket” strategies**: something you do *in* the situation
   - (e.g., deep breathing, muscle relaxation, mantra)
3. **“Recovery” strategies**: something you do *after* the situation
   - (e.g., reaching out, taking down time, enjoyable activities)
4. **Ongoing self-care**: something you do purposefully to increase well-being and decrease stress
   - (e.g., engage in arousal-regulating activities like yoga or sports, built-in “me” time)

(Blaustein & Kinniburgh, 2010)
How can I respond to burnout and STS?

• Talk about burnout; debrief with other providers
• Incorporate basic mindfulness practices into a routine
  • Apps; reminders, simple grounding skills “5 senses”
• Self-assessments and group assessments
• Awareness, Balance and Connection (ABCs of managing secondary stress)
How to Respond and Resist Re-traumatization with Providers

• Leaders and supervisors can become role models and set policies
• Professionals can pursue trainings and educate colleagues
• Topics related to self-care are addressed in team meetings
  • (e.g., secondary trauma, burnout, stress-reducing strategies)
• Material is posted about traumatic stress and STS
  • (e.g., what it is, how it impacts people, available resources in a system)
• Staff can provide input into agency practices about working with patients with trauma backgrounds
Get more training -

www.MentalHealthFirstAid.org
References


References


References


Mental Health Association of Maryland, Missouri Department of Mental Health, and National Council for Behavioral Health (2013) *Mental Health First Aid USA, Revised First Edition*.

National Child Traumatic Stress Network, accessed 10/14/2016 at:

[www.nctsn.org](http://www.nctsn.org)

National Council for Behavioral Health and Missouri Department of Mental Health (2015) *Mental Health First Aid USA Eight Hour Teaching Notes, Revised*.

References


Substance Abuse and Mental Health Services Administration. Accessed 10/14/2016 at:
http://www.samhsa.gov/topics/trauma-violence/samhsas-trauma-informed-approach
