



Trauma Informed Care

Practical concepts for the primary care provider

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Elliot Ruggles, LCSW, PhD
Adam Pallant, MD/PhD
(with credit to Alana Sacks, LISCW)

Brown University Health Services



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Simple vs. Complex Trauma

Post Traumatic Stress

[National Institute on Mental Health](#): “is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.”

Hallmark Symptoms:

- Re-experiencing
- Avoidance
- Arousal and Reactivity
- Cognition and Mood

DSM V: [Diagnostic and Statistic Manual \(version 5\) of the American Psychiatric Association, 2013](#)

Complex Trauma

National Center for PTSD: “An individual who experienced a prolonged period (months to years) of chronic victimization and total control by another”

Hallmark Symptoms:

- Emotional Regulation
- Consciousness
- Self-Perception
- Distorted Perceptions of the Perpetrator
- Relations with Others
- One's System of Meanings

Herman, J. (1997). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York: Basic Books

Common Reactions to Trauma



Physical

- Fatigue
- Trouble Sleeping
- Eating Problems
- Nausea, Diarrhea
- Sweating, Rapid Pulse, Chest Pains
- Back or Neck Pain
- Being Easily Startled
- Catching Colds or Flu

Spiritual

- Loss of Faith
- Questioning Faith
- Spiritual Doubts
- Withdrawal from Faith Community
- Lapses in Spiritual Practice
- Despair

Cognitive

- Memory Loss
- Difficulty Making Decisions
- Difficulty Concentrating
- Confusion
- Losing Track of Time
- Flashbacks
- Replaying the Event

Psychological

- Feeling Helpless or Powerless
- Grief, Numbness
- Fear or Safety Concerns
- Guilt
- Vulnerability
- Reliving Prior Trauma
- Mood Swings
- Nightmares
- Suicidal Thoughts

Common Reactions

- Shock & Disbelief
- Difficult Emotions
- Recurring Thoughts & Re-experiencing
- Physical Reactions & Nightmares
- Feeling afraid and vulnerable
- Self-blame and shame
- Memory Issues
- Difficulty concentrating

Symptoms Experienced

| | |
|-----------------|---------------------------|
| Anxiety | Depression |
| Insomnia | Eating issues |
| Substance abuse | Persistent fear |
| Mood swings | Obsessive behavior |
| Irritability | Hurting oneself |
| Rage | Excessive risk taking |
| Flashbacks | Inability to trust others |
| Denial | Feeling shut down |
| Hypervigilance | Isolating |
| Passivity | Overworking |

Trauma: What is it?

Others to add to the list?

- Assault
- War
- Witnessing violence or murder



Addressing the Different Types of Violence

Beginning the conversation with a family or patient regarding exposure to violence can be difficult. For each of the various scenarios, are links to handouts or helpful resources, questions that can be used to start the conversation.



Teen Dating Violence

The AAP provides resources on working with teens exposed to dating violence.



Sexual Abuse

Find resources to assist when addressing sexual abuse



Child Abuse and Neglect

Obtain the tools needed to address child abuse and neglect with parents, children and adolescents.



Domestic Intimate Partner Violence

Learn your role and the importance of action plans to assist your patients.



Community Violence

Learn about the tool needed to address community violence when speaking with children and adolescents.



Bully and Cyberbullying

Find resources to help facilitate conversations about bullying.



ACES and Toxic Stress



- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease

- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

Felitti, VJ et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study.* Am J Prev Med. 1998;14(4).



Case examples from practice:

- What is your initial internal response?
- What is your external reaction?
- What do you view as your responsibility?
- What is the outcome you're hoping for?

“I’ve had something I’ve wanted to tell you.”



“Is it normal that I looked in the mirror and didn’t see myself? It’s like I wasn’t there.”





Developmental Impacts

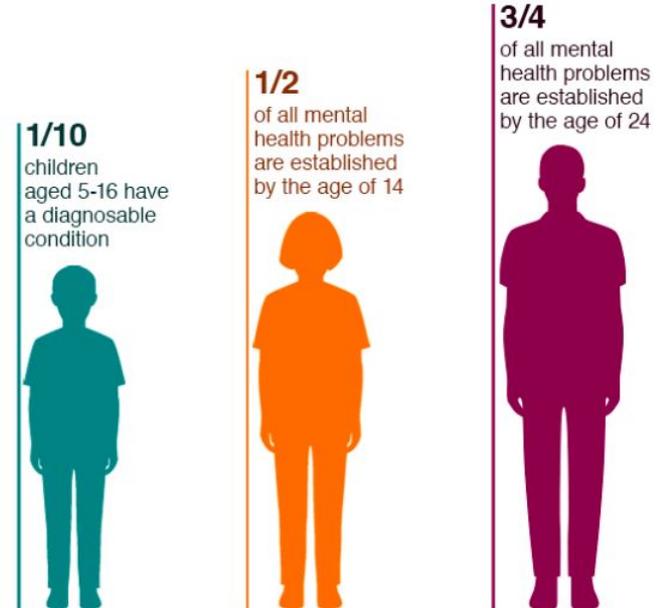
- Childhood
- Early Adolescence
- Late Adolescence/Young Adulthood

Manifestations of trauma in young children

- Regression
- Tantrums
- Thumb-sucking, bed wetting
-
- May use imagination to “fill in the blanks”
- May believe that they deserve to be punished
- May have exaggerated reactions to apparently benign triggers

Children & young people

Mental health problems often develop early



Manifestations of trauma in adolescents



Every young person is different, but common symptoms of distress include:

- strong emotions such as sadness, anger, anxiety and guilt
- overreacting to minor irritations
- repetitively thinking about the traumatic event and talking about it often
- disturbed sleeping patterns
- withdrawing from family and friends
- depression and feelings of hopelessness
- difficulties with short-term memory, concentration and problem solving.
- wanting to spend more time alone
- being very protective of family and friends
- returning to younger ways of behaving including giving up responsibilities or a sudden return to rebellious behaviour
- increased need for independence
- self-absorption and caring only about what is immediately important
- loss of interest in school, friends, hobbies, and life in general
- pessimistic outlook on life, being cynical and distrusting of others



First steps in care and support

- Encourage the young person to communicate without judging or advising them until they ask for your feedback.
- Show them that you really care for them and are genuinely interested and enjoy being with them.
- Negotiate changes in roles and responsibilities during recovery and be flexible. Don't try to stick rigidly to the way things were before the event.
- Continue to give love, support and trust, even if things are extremely difficult.
- Remember and reinforce the individual is the same person they were before the event, even if they seem different.
- If asked, gently let the young person know that they are having a 'normal' reaction to a frightening experience and that in time these very strong reactions will subside.

<https://www.betterhealth.vic.gov.au/health/HealthyLiving/trauma-and-teenagers-common-reactions>

Relationships count.

Often patients hide, or view themselves as tainted, abnormal, marked, or irrevocably altered

There is great healing potency in demonstrating

- I hear you
- I see you
- I still recognize and care for you



It's complicated!

Not every negative behavior is due to trauma

Not everyone who has trauma is “traumatized”

Healing is rarely a straight line

Allow yourself to be surprised



6 Key Principles of Trauma-Informed Approach

- 1) Safety
- 2) Trustworthiness and transparency
- 3) Peer Support
- 4) Collaboration and mutuality
- 5) Empowerment, voice, and choice
- 6) Cultural, historical, and gender issues

Trauma-Informed Approach: The 4 R's

A organization, institution, or system that is trauma-informed:

- 1) **Realizes** the widespread impact of trauma and understands potential paths for recovery
- 2) **Recognizes** the signs and symptoms of trauma
- 3) **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- 4) Seeks to actively **resist re-traumatization.**



Referral Network Tips

- “Snowball” referrals- find a trusted professional, and work out more trusted referrals from there
- Use your knowledge about trauma to inform your decisions
- Acknowledge limitations
- Be transparent with patients about limits
- Keep an “open door” for patients



Tips for addressing vicarious trauma

- Be compassionate with yourself
- Design your own “board of directors” (trusted confidants)
- Know your level of exhaustion
- Connect with nature
- Set and keep boundaries
- Develop a plan for yourself given available time and resources
- Seek external support (outside of friends and family)

Questions???

