AETC AIDS Education & Training Center Program Southeast

There is No Time Like Now to Build a Trauma Informed Workforce

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Disclosures

- The activity planners and speaker do not have any financial relationships with commercial entities to disclose.
- The speaker will not discuss any off-label use or investigational product during the program.

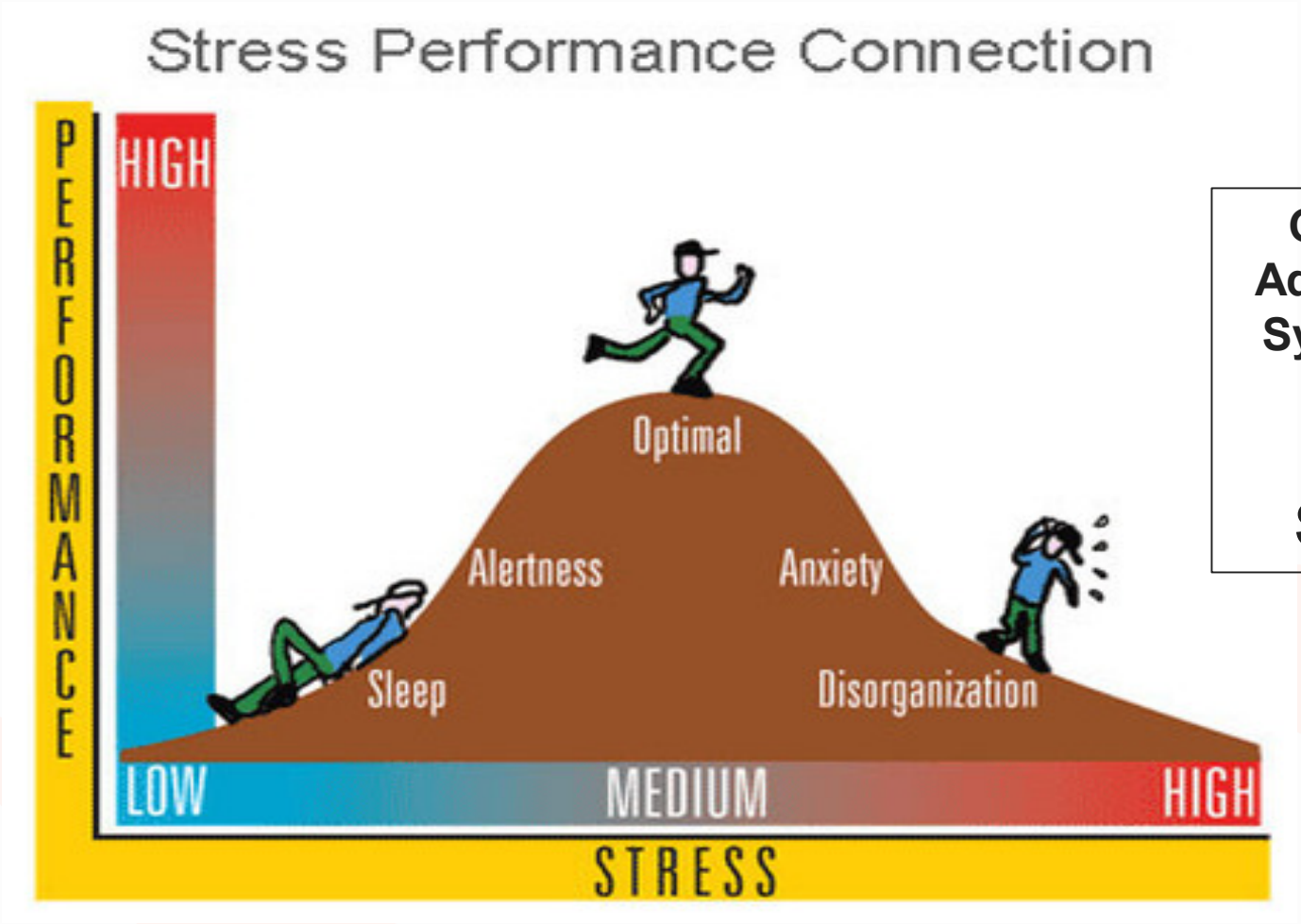
This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation.

Learning Objectives

After participating in this webinar, attendees will be able to:

1. Describe what it means to be trauma informed.
2. Explain the disproportionate prevalence of trauma and stress-related illness among people with HIV and people who have been hospitalized for COVID-19.
3. Identify the four residual areas of trauma symptoms the F.E.A.R rubric emphasizes to inform best practices in providing trauma informed care.
4. Discuss opportunities and strategies for healthcare professionals and organizations to create a trauma informed culture of care.

Eustress and Performance



General Adaptation Syndrome

Hans Selye

Image accessed on 6/13/2020 at http://stress-awareness.weebly.com/effects-of-stress.html

Stress

Two Types of Stress

Routine Stress

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Traumatic Stress

0----------7------10

Both Adversely Effect Functioning

Image accessed on 6/14/2020 at www.psychotherapy-center.com

Stress Injuries Can Cause Distress

- A feeling of extreme worry, sadness or pain that can occur in response to any adversity
- Emotional distress often responds well to supportive strategies

Sorrow

Agony

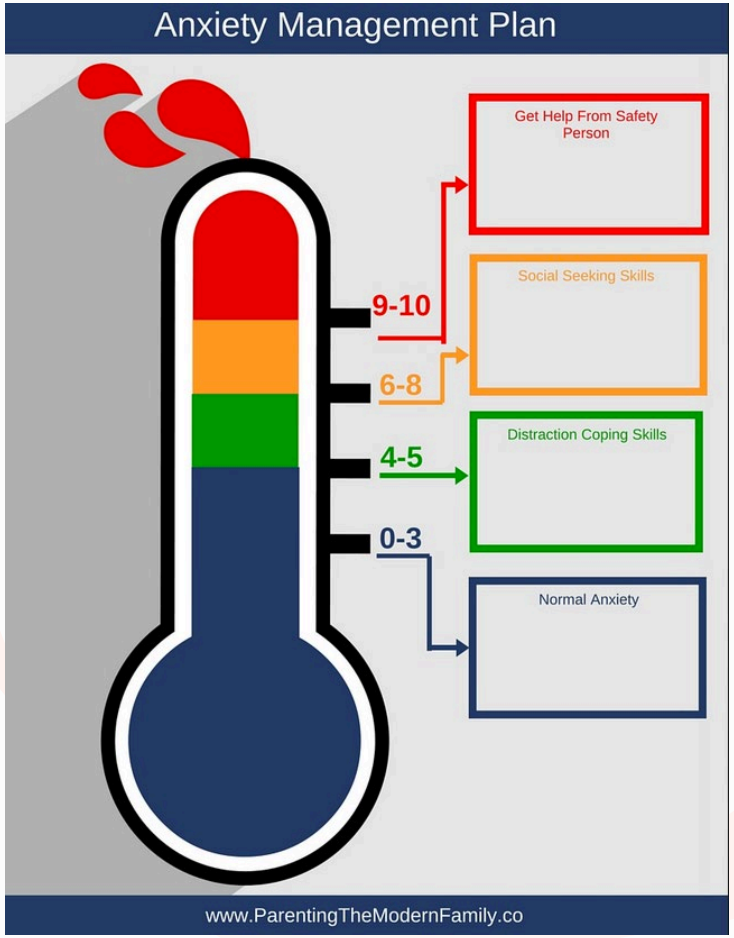
Grief

Misery

Anguish

Upset

Stress Indicators



- Changes in eating habits
- Change in weight
- Losing interest/apathy
- Difficulty holding a conversation
- Conflict in relationships
- Fatigue/more sleep
- Changes in relationships
- Self-isolation
- Difficulty getting tasks done
- Not interested in usual activities
- Depressive and/or anxiety symptoms

Image accessed on 6/13/2020 at www.ParentingTheModernFamily.com

Why is it Hard to Ask for Help?

A Pause… for Refection

- Distress
- Loss
- Connection
- Hope

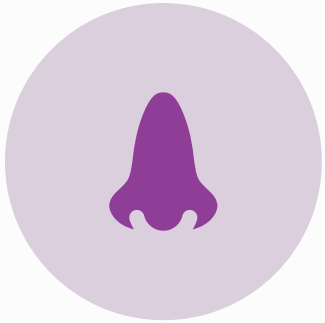
Sensations in the Body

- Individual
- Interpersonal
- Environmental
- Spiritual

Welcoming Self-Compassion

Image accessed on 6/13/2020 at www.pixabay.

Grounding Intervention



BREATH

FEET

BODY

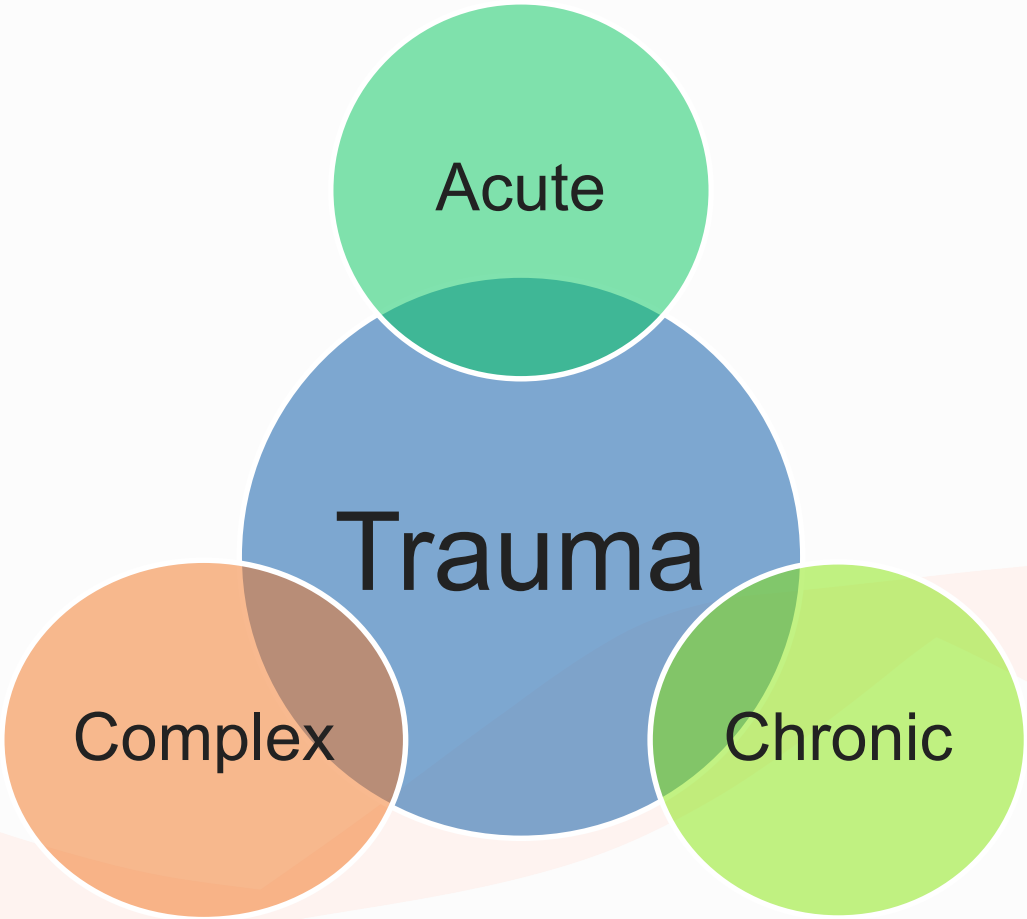
Those experiences that produce intense emotional pain, fear, or distress; *possibly* having long-term physiological and psychological consequences.

TRAUMA

Trauma Results From Exposure to Adverse Events

- Emotional, sexual or physical abuse
- Violence
- Neglect
- Poverty
- Discrimination

Types of Trauma



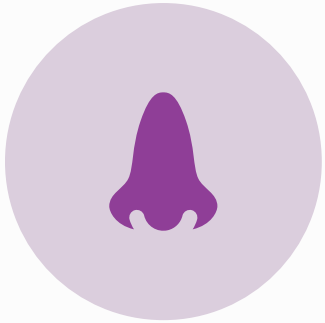
The Things They Carried

Audio: https://youtu.be/udBIle0kSN8

What Do I Carry with Me?

Image accessed on 6/13/2020 at https://www.cbc.ca/news/canada/hamilton/coronavirus-war-1.5525662

Grounding Intervention



BREATH

FEET

BODY

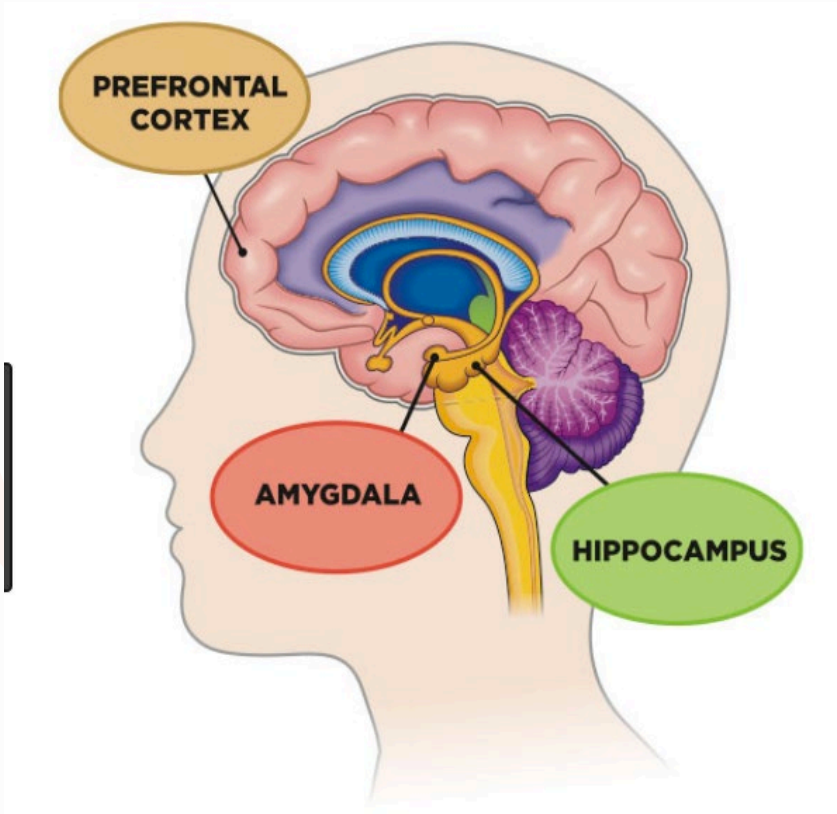
Universal Trauma Precautions

Assume that all people and connected persons with whom you are working are coping with the effects of trauma and modify your practice accordingly.

Recognize how your organization, your program, your environment, and your practice could potentially act as a trauma trigger.

Recognize that you may also have experienced trauma yourself, and you may be triggered by client responses and behaviors.

Three Major Structures Within the Brain That Regulate the Stress Response



Hippocampus
"Memory Saver"

Amygdala
"Security Guard"

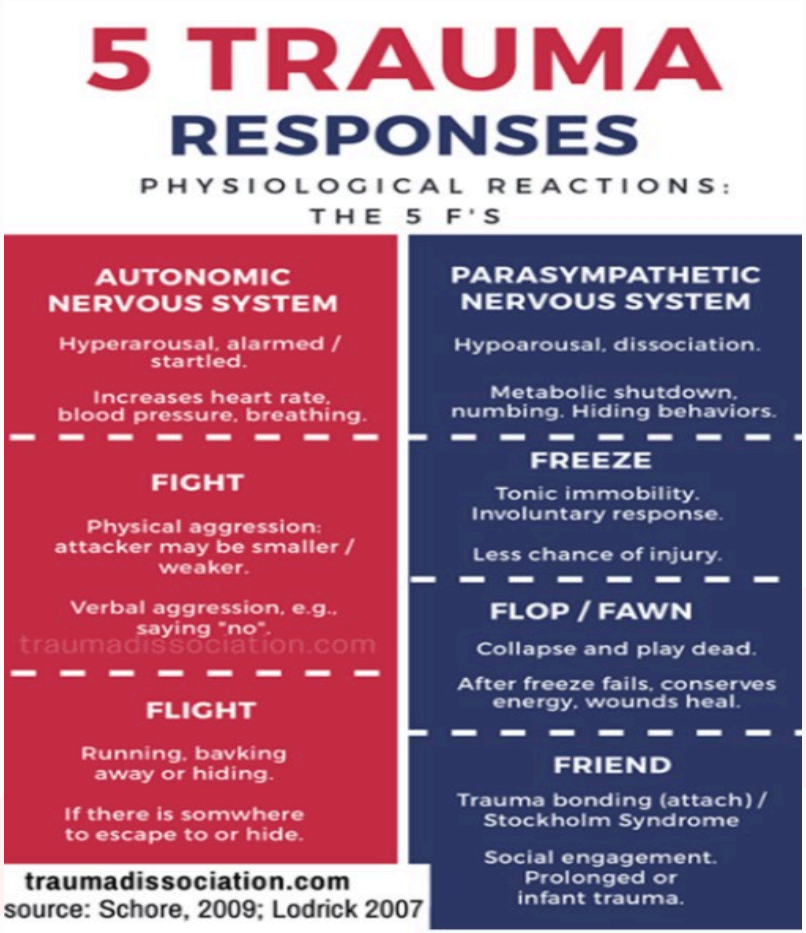
Prefrontal Cortex (PFC)
"Wise Leader"

Evans, A. & Coccoma, P. (2014) Trauma-Informed Care: How neuroscience influences practice. New York: Rutledge.

Survival: Instinctive Brain Overrides the Conscious Parts

Trauma Response Goal: Survival

- Flop/Fawn
- Friend



Protection, Survival and the Aftermath

The memories of the traumatic event can “get stuck” in the body and the limbic system

The amygdala or “alarm system” can get jammed

Negative feedback cycle does not turn off “broken” alarm system

The individual becomes overwhelmed by their symptoms of trauma and may experience “triggers”

Alarms Gets Set Off: Triggers

- The amygdala's alarm system cannot tell the difference between a real threat or situation or object that is a reminder of the event(s)

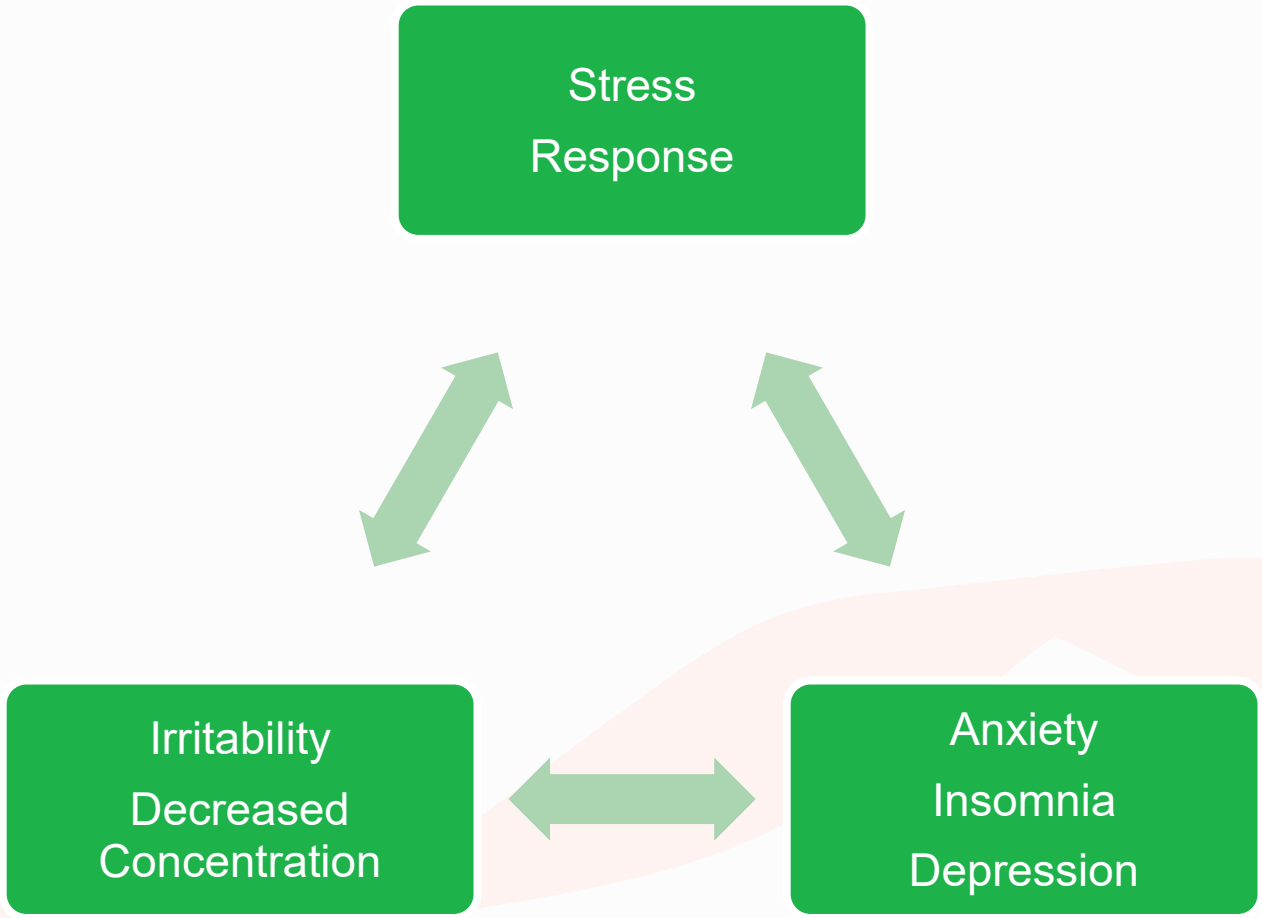
Trauma Triggers: Distressing

- Color
- Object
- Smell
- Sound
- Sensation

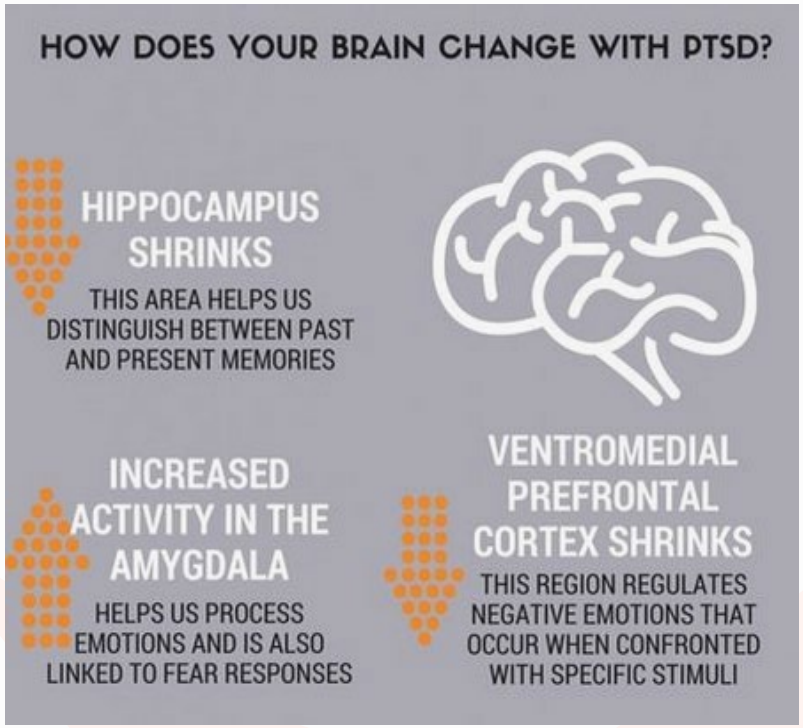
Understanding Trauma

- Experiences of trauma, especially during childhood, can change the structure of a person's brain and contribute to poor long-term health outcomes.

May Cause “Rewiring” of the Brain



Areas of Post-Traumatic Functioning



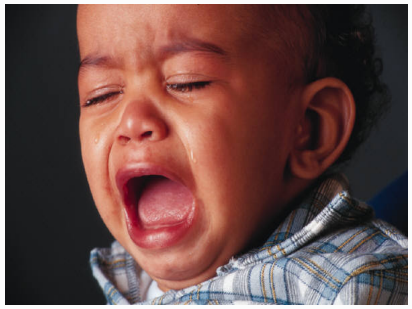
↑ Activity of Amygdala

↓Fear Extinction

↓PFC Function

Evans, A. & Coccoma, P. (2014) Trauma-Informed Care: How neuroscience influences practice. New York: Rutledge.Image Reference: www.ptsduk.org;

Trauma Responses



Are NORMAL RESPONSES to ABNORMAL SITUATIONS

http://www.ncdsv.org/images/ODVN_Trauma-and-You_May-2013.pdf and www.pixabay.coronavirus-4991979_1920.jpg

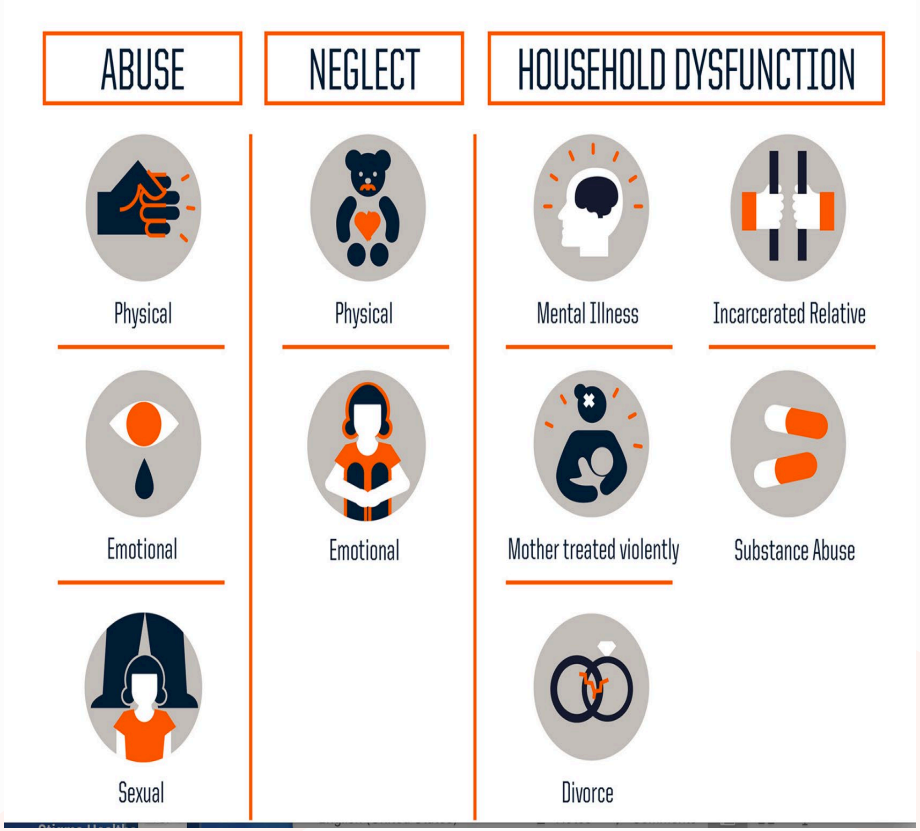
Adverse Childhood Events or ACEs

- Occur in all socio-economic groups
- 60% of adults in the US have had 1 ACE
- 25% have had 3 or more
- 16% have had 4 or more

- in low-income and minority populations

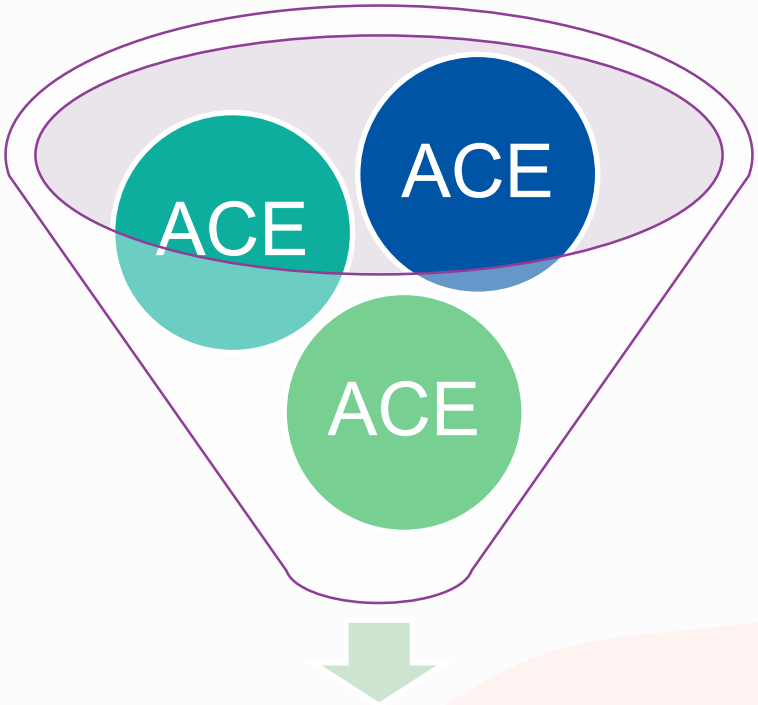
Adverse Childhood Experience (ACE) Questionnaire

- 10-items
- Self report
- Abuse and neglect
- ACE Study originated in 1985



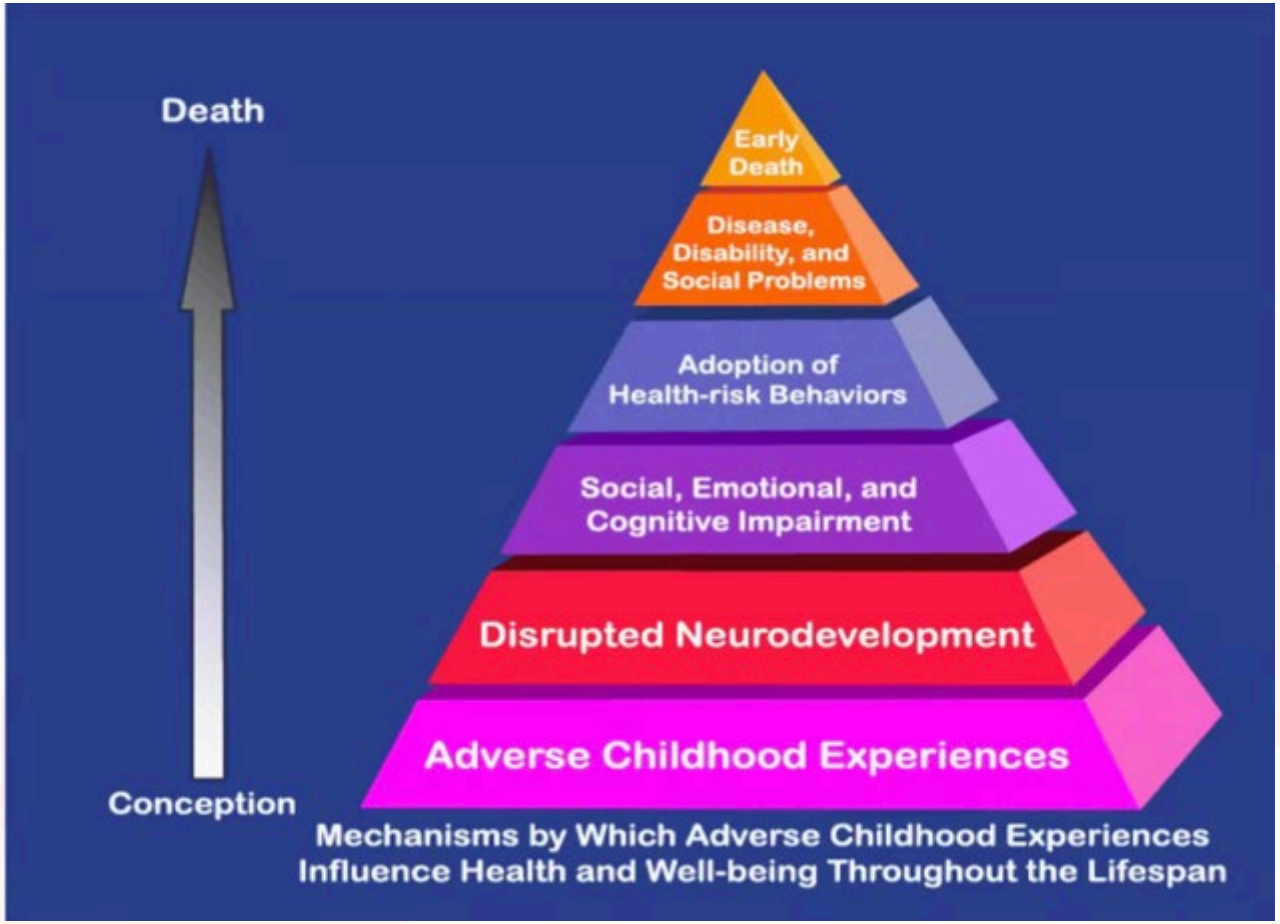
National Public Radio Article Link: https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean

Repeated Trauma During Childhood

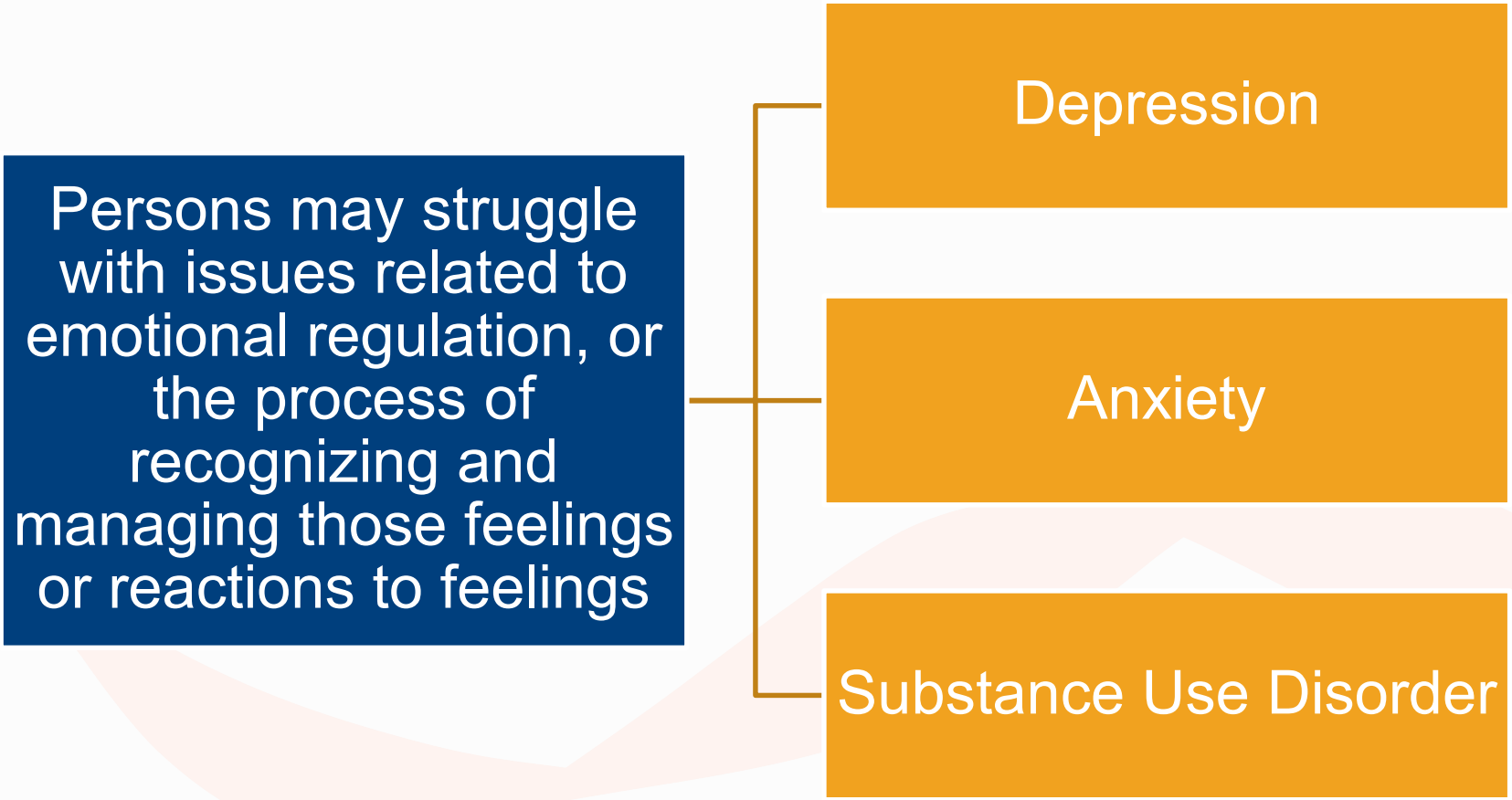


Negatively Affects Brain Development

ACEs Influence on Health and Well-being

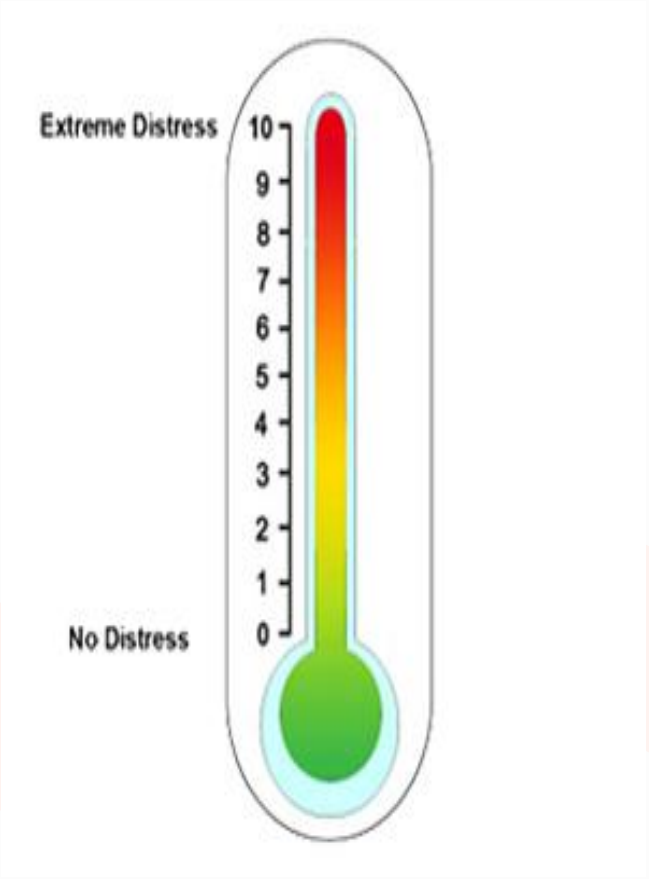


ACE History and Adolescent/Adult Functioning



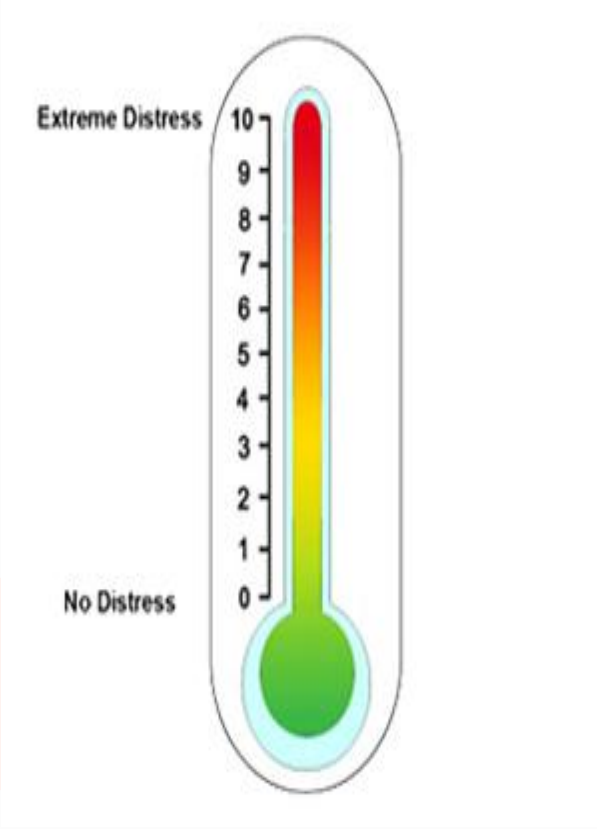
Initial Response to Trauma and Distress

- "Revved up" or "overwhelmed"
- Fatigue
- Irritability
- Hyper-vigilant
- Increased emotionality
- Exaggerated startle response
- Sleep and appetite disturbances
- Impatient
- Withdrawal

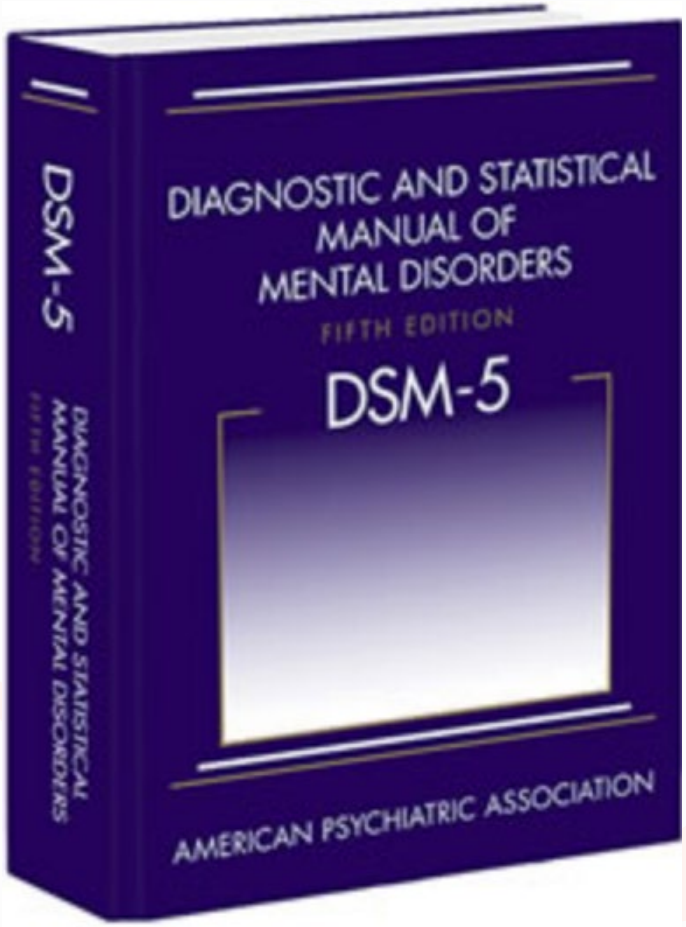


Signs and Indicators of a Stress Disorder

- Hyper-aroused
- Avoidance
- Intrusive thoughts or memories
- Emotional numbing
- Withdrawal from friends and family
- Anxiety
- Depression
- Substance use/abuse



Trauma Diagnoses



- Post-traumatic Stress Disorder (PTSD)
- Acute Stress Disorder
- Reactive Attachment Disorder
- Adjustment Disorders
- Disinhibited Social Engagement Disorder
- Other specified Trauma and Stressor-Related Disorder
- Unspecified Trauma and Stressor-Related Disorder

The Prevalence of Trauma and Stress-Related Illnesses

General Population

- 60% of adults experience abuse or other types of trauma during childhood
- LGBTQ youth have a higher likelihood of experiencing childhood adversity and trauma than cisgender peers
- Individuals who are homeless experience more trauma; historically and ongoing

Culture and Trauma

Trauma has a pervasive impact on an individual's mental health particularly if an individual lives in a community impacted by trauma

- Black and Latinx MSM and transgender persons are exposed to disproportionate high rates of trauma ranging from verbal harassment to physical violence, including sexual assault
- First Americans and other cultural groups experienced/experience "historical" trauma

Prevalence of Trauma in Persons with HIV

1. MSM living with HIV in the South were **more than twice as likely to have experienced interpersonal violence** than heterosexual peers
2. **61% of women living in the US with HIV have been sexually abused** (5 times greater than the national rate)

Breezing et al. The syndemic illness of HIV and trauma: implications for a trauma-informed model of care,*Psychosomatics*.56(2): 107-118; Mugavero et al, (2007) Childhood abuse and initial presentation for HIV care: an opportunity for early intervention? *AIDS Care; 19(9): 1083-87;* Machtinger, et al. AIDS and Behavior. 2012;16(8):2091–2100); Becerra-Culqui, T. et al.(2018).Mental health of transgender and nonconforming youth compared with their Peers, *Pediatrics.*

Prevalence of Trauma in Persons with HIV

2019 Study Kaiser Permanente in Oakland, California

- N= 584 PWH
- Male 96.9%
- Non-Hispanic White 63%
- Average age= 49 years
- Over 50% had completed some college
- ACEs highly prevalent:

82.5% ≥ 1 ACE
34.2% reporting 1-2 ACES
25.0% reporting 3-4 ACES
23.3% reporting ≥ 5 ACES

Young-Wolff, KC. et al. (2019). Adverse childhood experiences, mental health, substance use and HIV-related outcomes among persons with HIV, *AIDS Care,* https://doi.org/10.1080/09540121.2019.1587372

Prevalence of Trauma in Persons with HIV

Findings

1. Adjusting for demographics having 1-2, 3-4, or ≥ 5 ACES was significantly associated with anxiety and poor mental health
2. ACEs were not significantly related to depression, substance use, or HIV-related outcomes (VL and CD4)
3. The most common adverse childhood event exposures were verbal abuse (45.9%) and living with someone with a substance use disorder (40.1%)

Young-Wolff, KC. et al. (2019). Adverse childhood experiences, mental health, substance use and HIV-related outcomes among persons with HIV, *AIDS Care,* https://doi.org/10.1080/09540121.2019.1587372

Presence of Trauma Symptoms During COVID-19 Pandemic

COVID-19 is a traumatic life event

- PTSD Checklist for DSM-5 (20-item self-report measure)
- Pittsburg Sleep Quality Index
- Wuhan, China
- N=285
- 54.4% female, 45.6 male
- 52.3% > 35 years of age
- 60.7% some college

Reference: Nianqi Liu et al. (2020). Prevalence and predictors of PTSS during COVID-19 outbreak in Chinahardest-hit areas: Gender differences matter .*Psychiatry Research*, May.

Presence of Trauma Symptoms During COVID-19 Pandemic

- Nearly 1 in 10 people (7%) reported post traumatic stress symptoms (PTSS)
- Prevalence slightly higher in women in the domains of re-experiencing, negative alterations in cognition or mood, and hyper-arousal
- Subjective sleep quality correlated with PTSS Scores (better sleep= fewer traumatic stress symptoms)

Reference: Nianqi Liu et al. (2020). Prevalence and predictors of PTSS during COVID-19 outbreak in Chinahardest-hit areas: Gender differences matter .*Psychiatry Research*, May.

Trauma and Healthcare Access

Trauma may negatively influence an individual's access and engagement in primary and/or HIV care:

- **Avoidance** of medical, dental and behavioral health appointments
- **Reduced or lack of adherence** to HIV treatment and care
- **Postponement of healthcare services** until condition deteriorates and symptoms progress
- **Misuse** of medical treatment services (e.g., emergency department and pain medication usage)

Image accessed on 6/13/2020 a www.pixabay.com

To Be Trauma-Informed

A strength-based approach to the delivery of health care services that includes an understanding of trauma and its potential impact on individual behavior

Acknowledging that traumas may have occurred or may be actively occurring in patients' and employees' lives and that the **traumas can manifest physically, mentally and/or behaviorally**

Trauma Informed Approach

Assume

- Assume all have experienced trauma

Seek

- Seek to avoid re-traumatization

Create

- Create opportunities for patients to share their story in a safe way

Teach and promote

- Teach and promote self-care

The F.E.A.R Rubric

Fear Extinction	May have difficulties feeling safe and calm even when a threat is not present
Emotional Regulation	May have difficulties controlling anger, impulsivity, anxiety and depression.
Attentional bias and cognitive distortions	May see threat in non-threatening events or situations and hold negative views of themselves and the world
Relational Dysfunction	May struggle with trust and the ability to feel safe in relationships

Evans, A. & Cocoma, P. (2016). Trauma-Informed Care: How neuroscience influences practice, New York: Rutledge.

Potential Consequence of Distress and Trauma

Self-destructive behaviors are maladaptive measures a person uses to restore inner equilibrium when overwhelmed or unable to cope with stressful life events.

- **A person commits suicide every 11.9 minutes**
- **The strongest risk factor for suicide is depression**
- A significant percentage of patients who commit suicide will have seen their primary care clinician in the month before their suicide

http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2015/2015datapgsv1.pdf?ver=2017-01-02-220151-870

National Suicide Prevention Resource

National Suicide Prevention Hotline

1-800-273-8255

24/7 Confidential Support

National Resources for People Experiencing Interpersonal Violence

National Domestic Violence Hotline

1-800-787-3224

24/7 Confidential Support

Trauma Informed Systems of Care

Six Core Practice Guidelines

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Cultural, Historical and Gender Issues

SAMHSA's Concept of trauma and guidance for a trauma-informed approach (2014), Pub ID# SMA14-4884, pg10. Available online at http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf.

Safety First

- **Ask** if the client wishes to have the clinic room door “open” or “closed” while waiting for the provider
- **Ask permission** before touching a patient whether the touch is an empathic hug or pat on the shoulder or a physical examination procedure
- If a patient appears distant, **start with basic needs first**; glass of water

Starting A Conversation

"This was a terrible thing that happened to you. You are not responsible. I would like to help you talk to someone that you can trust to help you figure out what to do so you can feel better. How does that sound to you?"

Other ways: "I've noticed changes…"

"I noticed your loss of interest in activities that were once very important to you. What do you make of this change?

Trauma Informed Skills

Calm

Contain

4 C's of Providing Trauma Informed Care

Care

Cope

Caring for Others AND Caring for Ourselves

Wellbeing and Resiliency

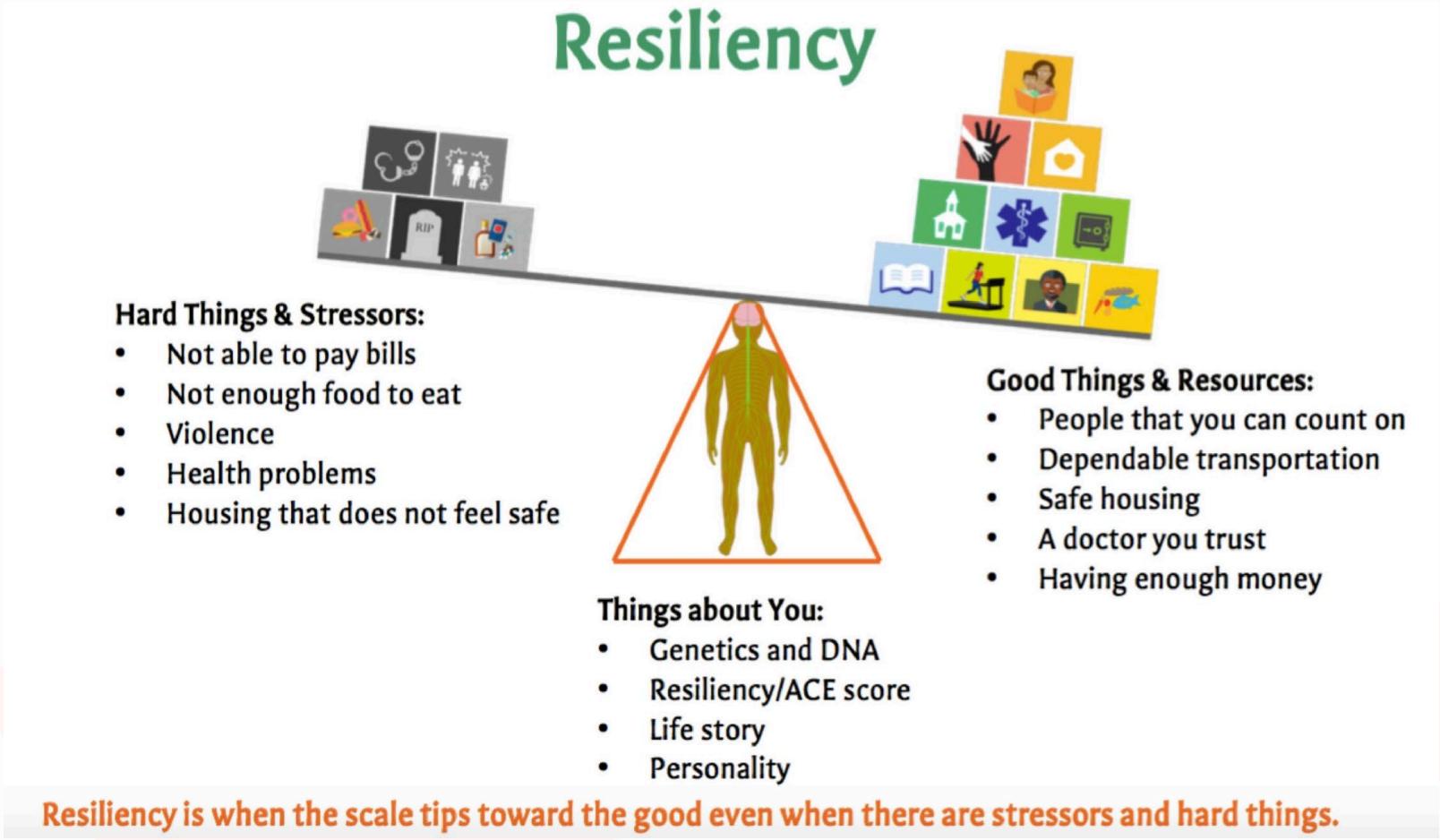
Compassion

"Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well, can we be present with the darkness of others. Compassion becomes real when we recognize are shared humanity."

Pema Chodron

Image accessed on 6/13/2020 a www.pixabay.com

Resiliency



Accessed on 16/12/2020 at http://buncombeaces.org/

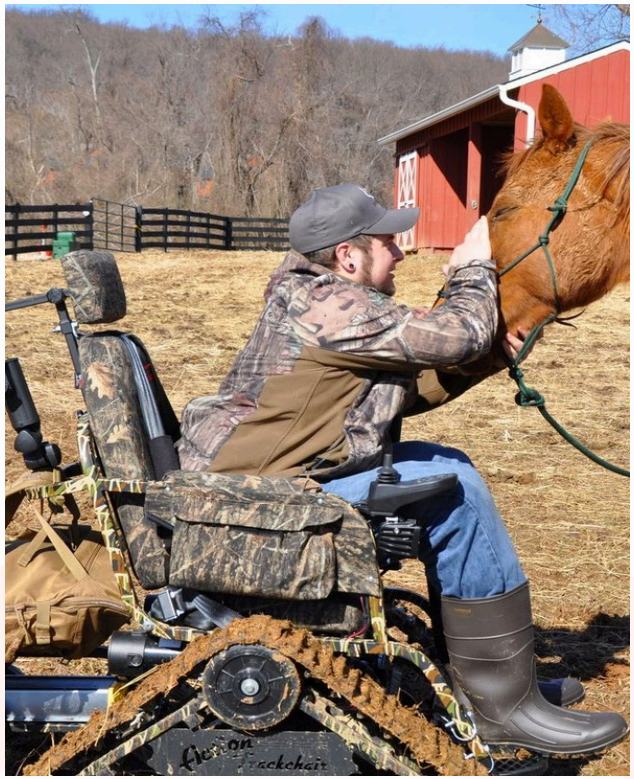
Assess for Resiliency and Strengths

- Protective factors that build throughout life
- Strong relationships and social connections are key to mitigating the negative effects of trauma
- Trauma-informed therapy includes, but it not limited to yoga, mindfulness, art, writing

Cusack, K. et al. (2004). Trauma history screening in a community mental health center, *Psychiatric Services*, February, 55: 157-162.

Post-Traumatic Growth (PTG) Theory

- **Richard Tedeschi and Lawrence Calhoun (1995)**
- People move from a place of fear, anger, resentment and hopelessness to one of **healing, gratitude, purpose and hopefulness**
- **Personal process of change that is deeply meaningful to the individual**



Picture accessed on 1/22/2018 at https://socialwork.columbia.edu/event/post-traumatic-growth-veterans/

Resiliency and PTG: Not the Same

- Resilience returns a person to their “pre-trauma” level of functioning
- PTG allows an individual to thrive and flourish in ways they had never experienced before the trauma

Reference: Tedeschi, RL & Calhoun, LG (1995)Image accessed on 1/22/2018 at https://hubpages.com/health/Post-Traumatic-Growth

Secondary or Vicarious Trauma

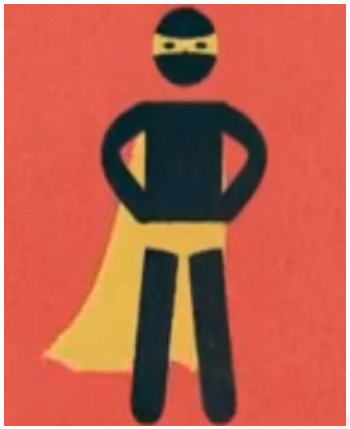
"The cost of caring for others"
(Figley, 1982)

- A state of tension and preoccupation with the stories/trauma experiences described by clients

Accessed on 6/13/2020 at
http://www.compassionfatigue.org/

Feeling Triggered

- Having a brain makes us all vulnerable to vicarious or secondary trauma
- Healthcare providers are not immune to trauma

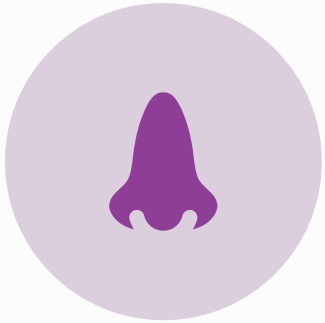


Accessed on 6/13/2020 at Compassion_fatigue_The_cost_of_caring/links/5a01fe42a6fdcc55a159234f/largepreview.pnghttp//icanwecan.awbw.org

Create a Strong Support Network

Reach Out to Colleagues, Supervisors Mental Health Professionals

Grounding Intervention



BREATH

FEET

BODY

Survive and Thrive

- **Everyone's experience of traumatic events will be different**
- How people are affected, cope and recover varies greatly
- The practice of trauma informed care promotes resilience and post-traumatic growth among health care professionals and the people for whom we care

Image accessed on 6/13/2020 a www.pixabay.com

“Everyone has a right to have a present and future that are not completely dictated or dominated by the past.”

Karen Saakvitne

Post Traumatic Growth References

- Cann, A., Calhoun, L. G., Tedeschi, R. G., Taku, K., Vishnevsky, T., Triplett, K. N., & Danhauer, S. C. (2010). A short form of the Post-Traumatic Growth Inventory. *Anxiety, Stress, & Coping*, *23*(2), 127-137.

- Collier, L (2016). Growth after trauma: why are some people more resilient than others and can it be taught? *Monitor on Psychology,* November, 48-52.

- Kilmer, R. P., Gil-Rivas, V., Tedeschi, R. G., & Calhoun, L. G. (Eds.) (2010) *Meeting the needs of children, families, and communities post-disaster: Lessons learned from Hurricane Katrina and its aftermath.* Washington, DC: American Psychological Association.

- Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma & transformation*: *Growing in the aftermath of suffering*. Thousand Oaks, CA: Sage Publications.

- Tedeschi, R., Addington, E., Cann, A., & Calhoun, L. G. (2014). Post traumatic growth some needed corrections and reminders. *European Journal of Personality*, *28*, 350-351.

- Tedeschi, R. G**.,** Blevins, C. & Riffle, O.M. (2017). Posttraumatic growth: A brief history and evaluation. In *Scientific advances in positive psychology* (S. I. Donaldson & M. A. Rao, Eds.) Santa Barbara, CA: Praeger.

PTSS/PTSD Coaching Applications

PTSD Family Coach is a **free, easy-to-use mobile application.** It was developed by the Department of Veterans Affairs (VA) in 2016 and updated in 2018. The app can help partners and loved ones of people with posttraumatic stress disorder (PTSD). More than **240 family members of Veterans** with PTSD helped create PTSD Family Coach (Owen et al., 2017). The app is an easy way to learn about how PTSD can affect families. It also has tools to help family members manage their well-being.

PTSD Coach is a **free, easy-to-use mobile application.** It was developed by the Department of Veterans Affairs (VA) in 2011. It is a convenient way to learn about the symptoms of posttraumatic stress disorder (PTSD). You can also learn about coping skills and PTSD treatments. Research studies have shown that **PTSD Coach can reduce PTSD symptoms**, especially when used as part of therapy. The app may also help with symptoms of depression. PTSD Coach is not meant to replace professional care.

Thank You!

Speaker Contact Information

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