

Trauma Informed Practices for Addiction and Primary Care Providers

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Disclosure Information

- ◆ Dr. Allie Thomas-Fannin, MD
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Learning Objectives

- ◆ What is Trauma
- ◆ Neurobiological Impact of Trauma
 - ◆ Substance Use and Trauma
- ◆ 5 Principle of Trustworthy Care
 - ◆ Practitioner and Organization Strategies
- ◆ Screening Methods
 - ◆ ACE scores and Chronic Illness
 - ◆ What is my ACE score?
- ◆ Trauma Informed Care Physical Exam
- ◆ Vicarious Trauma
- ◆ Small Group Examples Discussion
- ◆ Additional Resources

Polling Question:

How would you rate your knowledge of Trauma and Trauma informed care:

- A. Low
- B. Medium
- C. High

What is Trauma:

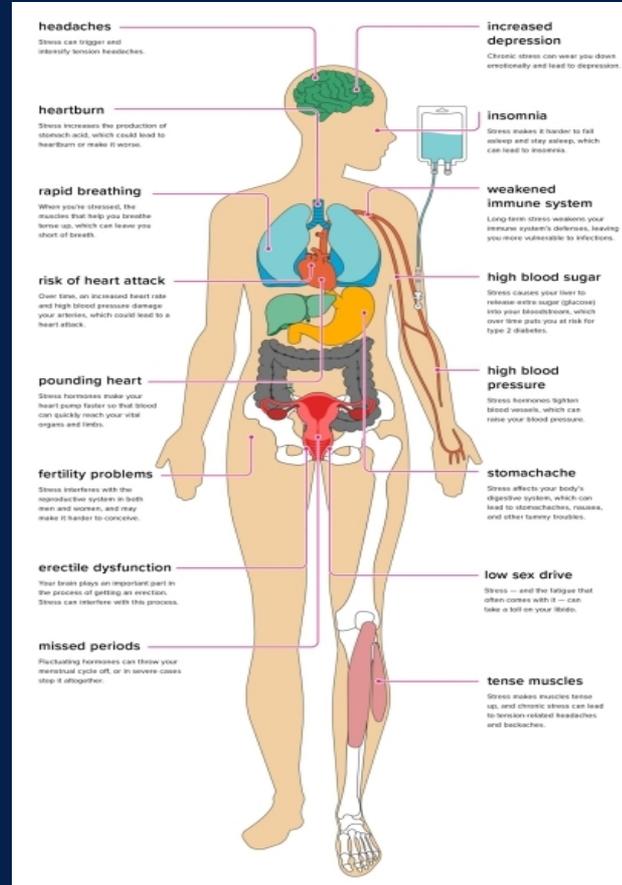
The 3 E's definition of trauma: "Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well being" -SAMHSA, 2014

3E's of Trauma

- ◆ **Event or series of events causing stress:** traumatic event
- ◆ **Experienced:** physical harm, emotional harm, and/or life-threatening harm (perceived on self, loved one, important others)
- ◆ **Effects:** response is personal.
 - ◆ Behavioral health problems
 - ◆ Chronic physical health conditions
 - ◆ Increased risk of substance use
 - ◆ Challenges in relationships, careers and other aspects of life.

Neurobiological Impact of Trauma

Stressor →
+ Amygdala →
+ Hypothalamus →
+ Sympathetic System →
release of
Adrenaline/Epinephrine →
activation of HPA axis →
release of **Cortisol**



(Pietrangolo, 2020)

PTSD Brain Changes

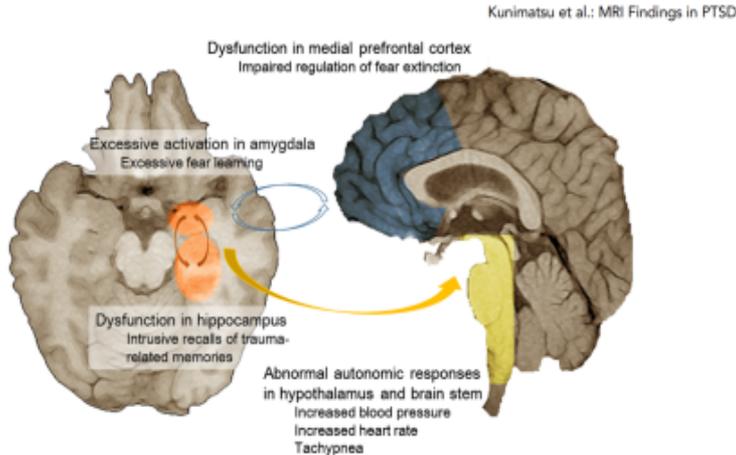


FIGURE 2: Schematic drawings of abnormalities potentially associated with "fear circuitry" in patients with PTSD. An open arrow indicates weakened functional interactions and a solid arrow indicates overly activated interactions.

Journal of Magnetic Resonance Imaging

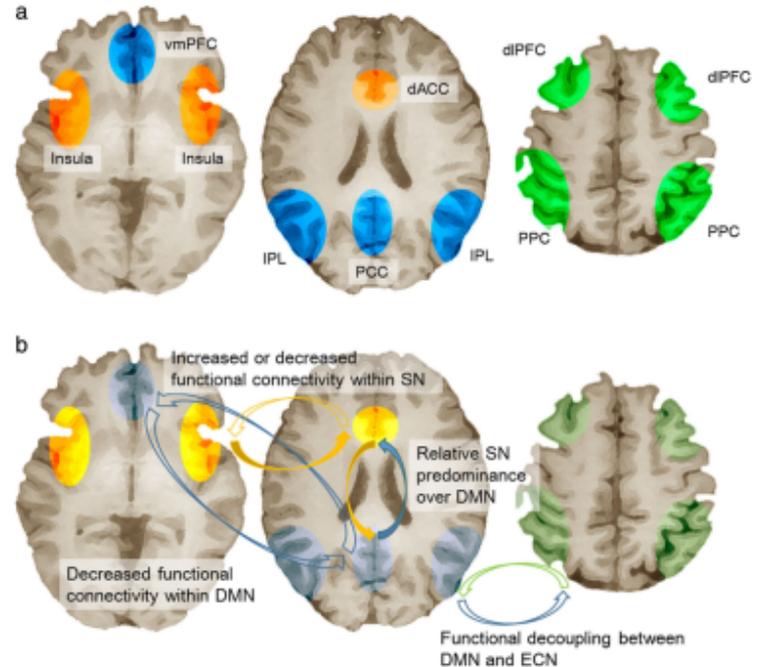


FIGURE 3: Schematic drawings of intrinsic brain networks potentially associated with PTSD. a: Normal anatomy. b: Impaired activations and interactions within and between networks reported in the literature. dACC = dorsal anterior cingulate cortex, dIPFC = dorsolateral prefrontal cortex, DMN = default mode network, ECN = executive control network, IPL = inferior parietal lobule, PCC = posterior cingulate cortex, PPC = posterior parietal cortex, SN = salience network, vmPFC = ventromedial prefrontal cortex. (a) The blue, yellow to orange, and green colors indicate areas included in the DMN, SN, and ECN, respectively. (b) The pale blue and green colors indicate impaired functional nodes. The bright yellow color indicates increased neural activity. An open arrow indicates decreased functional connectivity and a solid arrow indicates increased functional connectivity.

(Kunimatsu et al)

Trauma and the Brain Brief Video

<https://youtu.be/4-tcKYx24aA>

Adult trauma and childhood trauma are not treated the same by the brain

- ◆ Early traumatic experiences create more abnormalities in processing of emotion and reward
- ◆ Windows of neuronal pruning especially vulnerable to traumatic stress (young childhood and adolescence)

Trauma and the Brain

Trauma and the Brain Hand Model

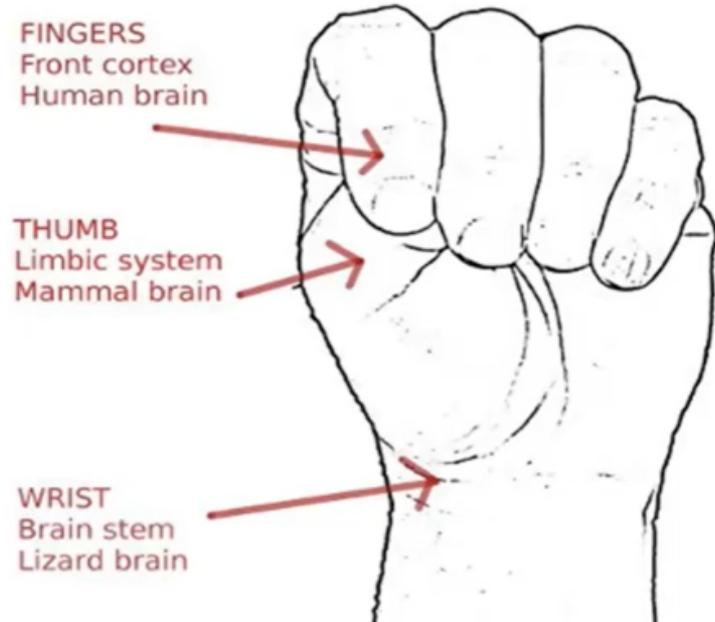
Three main levels:

Prefrontal cortex – abstract thought, logic, factual memory, planning, ability to inhibit action. (Fingers)

Limbic system – emotional regulation and memories, “value” of emotion. (Thumb)

- The **amygdala** is important in making decisions and managing emotions.
- The **hippocampus** is important in memory storage.

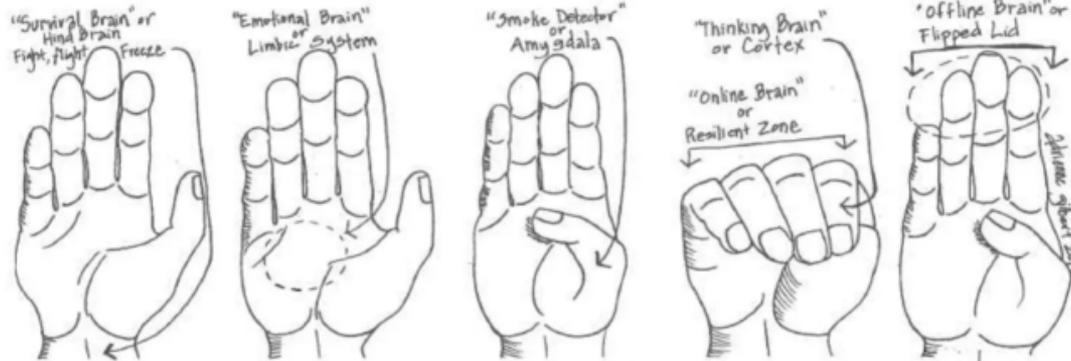
Brainstem/midbrain – autonomic functions (breathing, eating, sleeping). (Wrist)



NHS trauma and the Brain

Understanding the Brain

Hand Brain Model, Dr. Dan Siegal



Survival Brain

Sensation
Autonomic functions
Survival strategies:
fight, flight,
freeze, submit,
& collapse

Emotional Brain

Expression/
regulation of
feeling
Memories
relationships/
attachment

Amygdala

Smoke alarm

Thinking Brain

Critical thinking
Problem solving,
planning,
creativity,
beliefs, impulse
control

Offline Brain

Survival brain
in control
Not able to
access the
thinking brain.



<https://www.slideshare.net/YasminBendaas/north-buncombe-overview> (Bendaas, 2018)

Based off: <https://www.youtube.com/watch?v=f-m2YcdMdFw> (Siegal, 2017)

Substance Use and Trauma

In Adolescence:

- ◆ Traumatic stress or PTSD makes it more difficult to stop using substances
- ◆ Increase risk of using substance abuse problem to attempt to manage distress associated with trauma exposure

In Adults:

- ◆ Self-medication hypothesis: PTSD symptoms had a strong correlation with future adult alcohol and drug use, over and above the effects of trauma exposure, pre-trauma substance use problems, family adversity and demographic variables
- ◆ High-risk hypothesis: substance use problems increase risk of exposure to trauma and PTSD in assaultive violence exposure

Substance Use and Trauma

Marijuana Use:

- ◆ Most commonly used in patients with trauma
- ◆ Increase risk of Bipolar Disorder and Schizophrenia

Alcohol, Benzodiazepines, Opioids:

- ◆ Depressants
- ◆ Seeking the “calming” effect to decrease Sympathetic NS and activate Parasympathetic NS.

Gambling:

- ◆ Disconnection from reality

Cocaine, Methamphetamine, Nicotine, Synthetic Drugs:

- ◆ Stimulatory effect to increase pleasure

Therapy for Trauma and Substance Use

- ◆ **Seeking Safety** recommended for dual dx PTSD/SUD
- ◆ **DBT** especially prior to Trauma processing
- ◆ **Motivational Enhancement Therapy**
- ◆ **Brief Marijuana Dependence Counseling Model**
- ◆ **Multidimensional Family Therapy**

Not all therapy is the same and equal.

Link for free therapy through SAMHSA: <https://findtreatment.gov/>

Why is Trauma Informed Care Important?

From directed response to open-ended with empathy approach

Shifting our approach and perspective as an entire entity:

- ◆ Meaning not only the way to speak to patients, but also with co-workers, administration and as an organization

Evidence:

- ◆ Increased treatment retention by 40%
- ◆ Increased client satisfaction with treatment
- ◆ Increase staff retention and job satisfaction
- ◆ Reduction in seclusions and restraint in child and adolescents on mental inpatient units after implementation of TIC

5 Principles of Trustworthy Care

- ◆ Safety
 - ◆ Physical and Emotional Safety
- ◆ Trustworthiness
 - ◆ Accountability
- ◆ Empowerment
- ◆ Choice
- ◆ Collaboration

Especially important to tailor the approach and implementation towards the setting and population

Safety

Physical Safety:

- ◆ Secure and safe environment
- ◆ Comfortable surroundings
 - ◆ Like temperature and furniture
- ◆ Accessible
 - ◆ Easy to read, simple signs, easy to navigate and find office space
- ◆ Visibility
 - ◆ Well lit areas without hidden corners, nooks or dark hallways

Emotional Safety

- ◆ Free from emotional harm
- ◆ Opportunity to express one's thoughts and feelings
- ◆ Express self without fear of judgement
- ◆ Having a supportive and understanding environment

Trustworthiness

- ◆ Accountability
- ◆ Assurance of Privacy
- ◆ Clear and transparent policies and procedures
 - ◆ With administration to follow through and support these policies
- ◆ Ability to rely on others to do what they say
 - ◆ Understanding consequences to actions which are completed as anticipated
- ◆ Feeling secure of others working with you
 - ◆ Creating a sense of support

Empowerment

- ◆ Supportive environment with opportunities and resources to foster one's abilities
- ◆ Education of others to become more informed and aware
- ◆ TIC education for new hires, contractors and students
- ◆ Ongoing refreshers
- ◆ Encouraging choice through education

Choice

- ◆ Allowing and encouraging individuals to make choices
- ◆ Presenting choices in a way that is understandable
 - ◆ Presenting choices to a child vs adult
 - ◆ Presenting choices to someone with intellectual disabilities, non-english speakers, those with visual/hearing impairments.
- ◆ Providing all choices available
 - ◆ Instead of “What do you want to do”, presenting choices.
- ◆ Helping the individual understand the benefits and consequence of each choice presented

Collaboration

- ◆ Work *with* not *doing for* someone
- ◆ Engaging together in planning and evaluation
- ◆ Encouraging thoughts and ideas
- ◆ Respecting opinions, ideas and abilities of others

Practitioner Strategies

- ◆ Creating a safe environment.
 - ◆ Locked bathrooms, minimizing hidden corners
- ◆ Improve interactions: from *what's wrong* to *what's happening*
- ◆ Incorporating choice into treatment
 - ◆ Such as treatment options or scheduling options, what is discussed during treatment.
- ◆ Transparency with clients
 - ◆ Explaining why certain questions are asked in assessments, disclosing who can access the information, why and under which circumstances.
- ◆ Working *with* clients, instead of *to* or *for* them.
 - ◆ Building a therapeutic alliance,
 - ◆ Work with client to achieve their desired goals

Organization Strategies

- ◆ Staff training at all levels of the TIC model
- ◆ New Hire orientation incorporation
- ◆ Continuous evaluation of the implementation and practice of TIC in the organization.
- ◆ Prioritizing the 5 values of TIC in policies

What is NOT Trauma Informed Care?

- ◆ TIC is not treating trauma
 - ◆ This isn't providing therapy
- ◆ It isn't "doing what the patient wants"
- ◆ Do everything that the provider says
- ◆ Making the patient tell all their trauma
 - ◆ Don't always need to retell their story
 - ◆ Don't need to talk about the trauma every time
 - ◆ Don't need to complete ACE every time

ACE score and Chronic Illness

Higher ACE scores:

- ◆ Early neuronal pruning
- ◆ Increase systemic release of Cortisol during childhood and adolescence
- ◆ Increased risk of chronic medical problems
 - ◆ Chronic pain
 - ◆ Fibromyalgia
 - ◆ Irritable Bowel Syndrome
 - ◆ Heartburn
- ◆ Recognizing signs → proper treatment → decrease overactivation of Sympathetic NS



(The Negative Health Impact of Stress | Study Medicine Europe, 2021)

Screening Methods

ACE: Adverse Childhood Events

- ◆ Initial Screening
- ◆ *Establish a therapeutic alliance prior to screening*
- ◆ Increased scores have shown to have increase risk of chronic medical problems

PHQ-9

- ◆ Depression Screening for Adults

PHQ-A (adolescence)

- ◆ Depression Screening for Adolescents

PCL-5 (general screening)

- ◆ Assessing a stressful event in the past month

Whats My ACE?

Everyone take a few minutes to complete the ACE screening for yourself

You **do not** have to share your score with anyone else

Small Group ACE Discussion

- ◆ What was it like to complete this for yourself?
- ◆ Anything surprising about the ACE in general?
- ◆ Thoughts about patient screening in your population?

Check the Medication List

Green Flag List

- ◆ SSRI/SNRI
- ◆ Mood Stabilizers
 - ◆ Seizure drugs
 - ◆ Antipsychotics
- ◆ PRN medications that are not controlled:
 - ◆ Hydroxyzine (Vistaril)
 - ◆ Propranolol
 - ◆ Prazosin, Topamax, Seroquel-nightmares
 - ◆ Clonidine

Red Flag List

- ◆ Chronic Benzodiazepine prescriptions-especially short acting - can increase PTSD symptoms
- ◆ Chronic Opioid prescriptions without specialist workup
- ◆ High doses of Stimulant medication-increase agitation, worsen hallucinations from PTSD

Trauma Informed Care Physical Exam

Before the visit:

- ◆ Check the chart for any previous ACE scores or Trauma notes

Before the exam:

- ◆ Introduce yourself, your role and create a therapeutic alliance
- ◆ Set an agenda/expectations for the exam: I will do xyz...
- ◆ Ask about concerns or questions
- ◆ Ask your patient to let you know if they are uncomfortable at any time

Trauma Informed Care Physical Exam

During the exam:

- ◆ Use clear, simple language
- ◆ Having a **Safety Advocate** present even with same-gender providers-patient.
- ◆ Maintain modesty using gown, drape, blanket
- ◆ Explain each step **prior** to performing and **ask** permission before each step
- ◆ Watch for cues of discomfort
- ◆ Stay within eyesight as possible, reframe from crossing behind patient
- ◆ Respect personal space

Trauma Informed Care Physical Exam

After the exam:

- ◆ Allow patient to get dressed before discussing findings
- ◆ Thank them for allowing the exam to be completed
- ◆ Incorporate patient choice into treatment planning
 - ◆ Discuss options for treatments-include risk, benefit and possible discomfort
 - ◆ Use simple, clear phrasing

TRAUMA-INFORMED <i>Communication</i>		THE CURB SIDERS INTERNAL MEDICINE
AVOID ✗	USE ✓	
Jargon	Clear, simple phrases	
<i>"We'll need to do a nasopharyngeal swab and PCR"</i>	<i>"To determine if you have this virus, a back of the nose swab will be used"</i>	
Imagery	Clinical terms	
<i>"Put your arms up like in a fight and push against me"</i>	<i>"Please bend the arm at the elbow and press forward"</i>	
Personal	Professional	
<i>"Now, open your mouth for me"</i>	<i>"To evaluate the sore throat, I will need to look in the back of the mouth, is that okay?"</i>	
<i>"Feel" "Touch" "Look at"</i>	<i>"Examine" "Evaluate" "Inspect"</i>	
Source: Elisseou (2018)		

Trauma Informed Care with Motivational Interviewing

The spirit of MI is based on four key elements:

- ◆ **Collaboration** between the practitioner and the patient
 - ◆ “We are going to work together”
- ◆ **Evoking** or drawing out the patients ideas
 - ◆ “I am going to create a space for you to share yourself and your story with me”
- ◆ Emphasizing the **autonomy** of the patient
 - ◆ “I value you and am delighted to talk with you”
- ◆ Practicing **compassion** in the process
 - ◆ “I want to understand and respect you and your experience”

Trauma Informed Care with Motivational Interviewing

- ◆ How did you feel about people who saw the same colors as you?
- ◆ How did you feel about people who saw other colors?
- ◆ What can happen to relationships when people put themselves in opposing teams over something.
- ◆ Think of a situation when someone saw a situation differently to them...
 - ◆ How did it make you feel?
 - ◆ Were you convinced the other person was wrong?
 - ◆ Looking back, do you still feel this way?



De-escalation using Trauma Informed Care

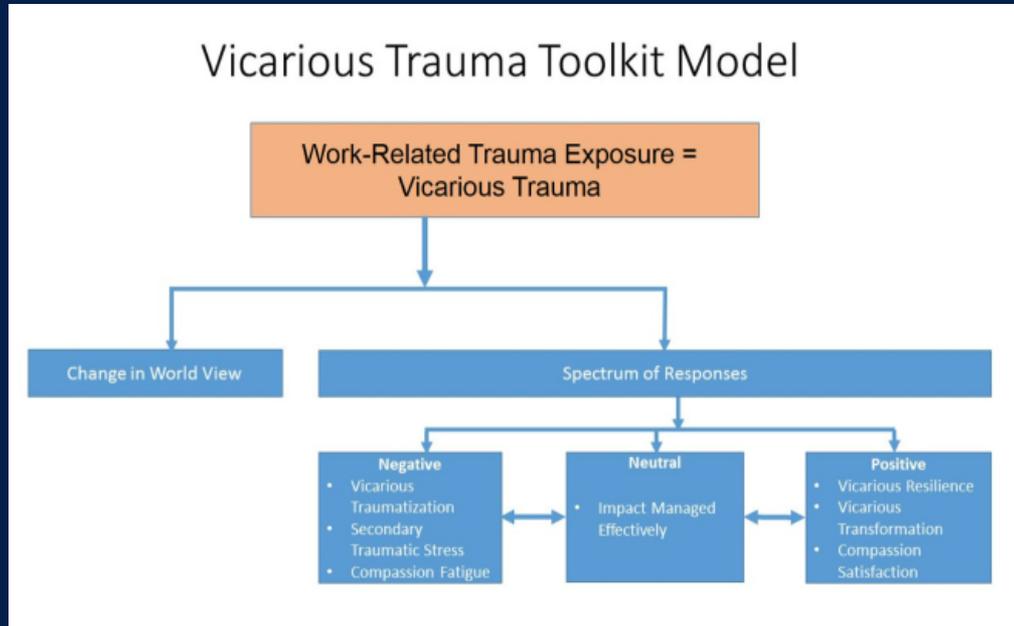
De-escalation techniques

- **Watch for signs in the other person.** These may include irrational actions, a flushed face, intense emotions, or disjointed sentences.
- **Be careful not to “mirror” the other person’s behaviors.** Remember: Mirror neurons work quickly.
- **Stay calm, move slowly, and be aware of safety.** People who are using their midbrain and not their cortex can behave erratically and dangerously. Also, the more you stay calm and connected, the easier it is for them to “mirror” you.
- **Practice empathy and give the other person space.** Listen and acknowledge their feelings—but don’t talk at them, touch them, make fast movements, crowd them, or give any complicated directions.
- **Invite them to take a nonpunitive “cool-down time.”** This works best if it is an option, not a command.
- **Suggest simple tasks to engage the cortex.** For example, ask them to remind you how their name is spelled or encourage them to breathe and count to 10.
- **Ask for help.** When the other person has begun to de-escalate, change the subject by asking them for their help (e.g., “I can tell you aren’t ready to engage in work yet, but are you calm enough to help me by ...?”)

Source: Sound Discipline, 2016.

Vicarious Trauma

“Occupational Challenge for people working and volunteering in the field of victim services, law enforcement, emergency medical services, fire services and other allied professions, due to their continuous exposure to victims of trauma and violence.”



(Office for Victims of Crime, n.d.)

Small Group

- ◆ Practice Trauma Informed Care skills
 - ◆ 5 scenarios
- ◆ Barriers to implement Trauma Informed Care in your setting?
 - ◆ Training staff
 - ◆ Organizational support
 - ◆ Changing policies and procedures

Additional Resources

Trauma-Informed Care (TIC) Certificate Program: (Free, available to public)

- ◆ a foundational curriculum (4 hours) focused on understanding trauma and the basics of TIC;
- ◆ specialized modules (2 hours each) to explore and apply TIC to youth, Veterans, and people with intellectual/developmental disabilities.

<https://rural.indiana.edu/impact/health/trauma-informed-carecertificate.html>

Book:

Good Psychiatric Management (GPM) for Borderline Personality Disorder

- ◆ applicable to family medicine or psychiatry clinical management

Additional Resources



THE CURBSIDERS PODCAST

#218 Trauma-Informed Care with Megan Gerber MD

June 8, 2020 | By **Beth Garbitelli**

<https://thecurbsiders.com/curbsiders-podcast/218>

ACE screening resource

<https://www.acesaware.org/learn-about-screening/screening-tools/>

Additional Resources

Table 1. Resources on Providing Trauma-Informed Care

JBS International, Inc. and Georgetown University National Technical Assistance Center for Children's Mental Health: Trauma Informed Care: Perspectives and Resources
<http://trauma.jbsinternational.com/traumatool/>

National Center for Trauma-Informed Care
<https://www.samhsa.gov/nctic>

National Child Traumatic Stress Network
<http://www.nctsn.org/>

National Council for Behavioral Health: Trauma-Informed Primary Care Initiative
<https://www.thenationalcouncil.org/trauma-informed-primary-care-initiative-learning-community>

U.S. Department of Veterans Affairs National Center for PTSD: Sexual Trauma: Information for Women's Medical Providers
<https://www.ptsd.va.gov/professional/treatment/women/ptsd-womens-providers.asp>

(Davidson, S. et al)

Final Takeaways

- ◆ **Trauma:** event that is experienced and causes a lasting effect
- ◆ **Trauma Informed Care:** empathetic and supportive approach with principles of safety, trustworthiness, empowerment, choice and collaboration
 - ◆ open-ended with empathy approach
- ◆ Use screening methods when appropriate
- ◆ Express compassion when conducting a physical exam, then present a treatment plan with patient collaboration in mind
- ◆ Take care of yourself and your own trauma

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