



Trauma-Informed Care: Why It's Important and How to Implement It into Practice

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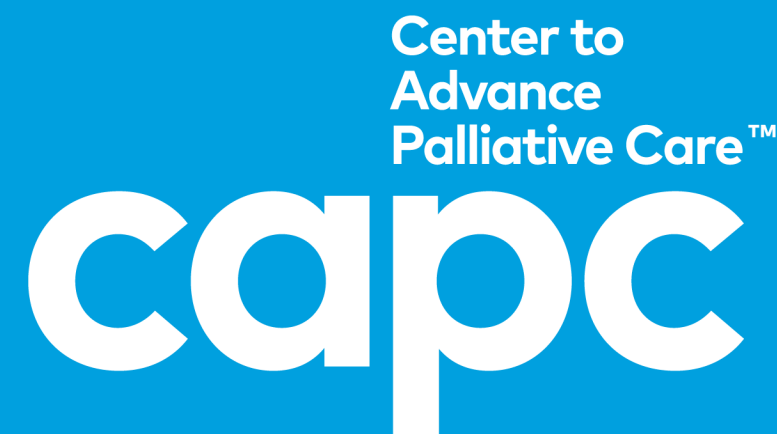
Associate Medical Director, CenterWell Primary Care Anywhere-
Georgia

Karen Bullock, PhD, LICSW, APHSW-C

Endowed Professor of Social Work, Boston College

Webinar

May 21, 2024





Presenters



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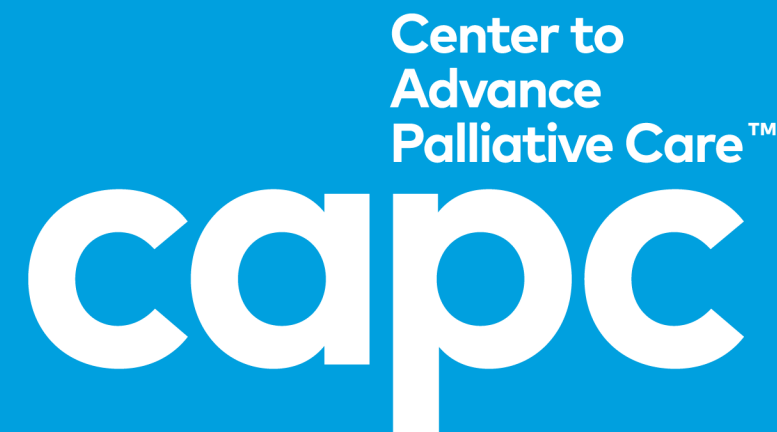
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Disclosures

The presenters have no conflicts of interest or financial disclosures to declare related to this presentation.



Patient Vignette: Mr. Willie Jenkins

- **Age:** 87
- **Marital Status:** Widowed
- **Race/Ethnicity/Gender/ Orientation:** Black/African American/ Cis-gender Male
- **Religion:** Baptist
- **Background:** 22 Years Military Career in the US Air Force/ Vietnam War Veteran
- **Decisional Capacity:** Alert and Competent for Decision Making
- **Health Care Decision Maker:** Next of kin is a 75-year-old brother visiting from Georgia. Sister-in-law also engages in care.



Mr. Willie Jenkins

- PMH:
 - poorly controlled diabetes
 - tobacco use
 - Stage III CKD
 - HFrEF (30%)
 - Advanced COPD with multiple hospitalizations.
- Recent Decline over past few months
 - Increased frailty
 - Weight loss
 - Requires assistance with IADL's and many ADL's.
 - Jane, SIL, moved in recently and he also has home health services.
- 3 months ago, at a PCP visit, he politely resisted discussion of overall goals of care or completion of a POLST/MOLST form.
- He was admitted to the unit yesterday with dyspnea thought to be related to a COPD exacerbation and volume overload.



Mr. Willie Jenkins

- On morning rounds, he is feeling slightly less dyspneic, but you are worried that his condition will worsen due to high risk of rapid decline.
- Remarkably, he has not developed hospital acquired delirium and you feel some urgency to discuss goals of care with Mr. Jenkins, Jane and his 75-year-old brother Charles, who has driven up from Georgia with his granddaughter, Mya.



“Question 1: How would you proceed with this patient?”

- ☐ Ask about symptoms and comfort.
- ☐ Elicit values and care preferences for communication.
- ☐ Explore the patient's understanding of what has been shared about the care plan.
- ☐ Explore the patient's lived experiences with accessing care through a Trauma Informed Care (TIC) approach.



Trauma-Informed Care

Adverse Childhood Experiences (ACEs)

Trauma Informed Approach

A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient's life situation — past and present — in order to provide effective holistic care that is culturally sensitive and culturally responsive.



Trauma Informed Care (TIC) is Important

- Trauma affects a significant portion of our patients, yet it is often overlooked in clinical training.
- Understanding the impact of trauma is crucial for providing person-centered care to seriously ill patients.
- Enables clinicians to gain insight about factors that might otherwise be mislabeled or misinterpreted.

Trauma Informed

Integrating trauma-informed practices can potentially improve patient engagement, treatment adherence and goals of care outcomes.

It can also help the clinician to understand “What Happened” instead of simply, “What is Wrong.”

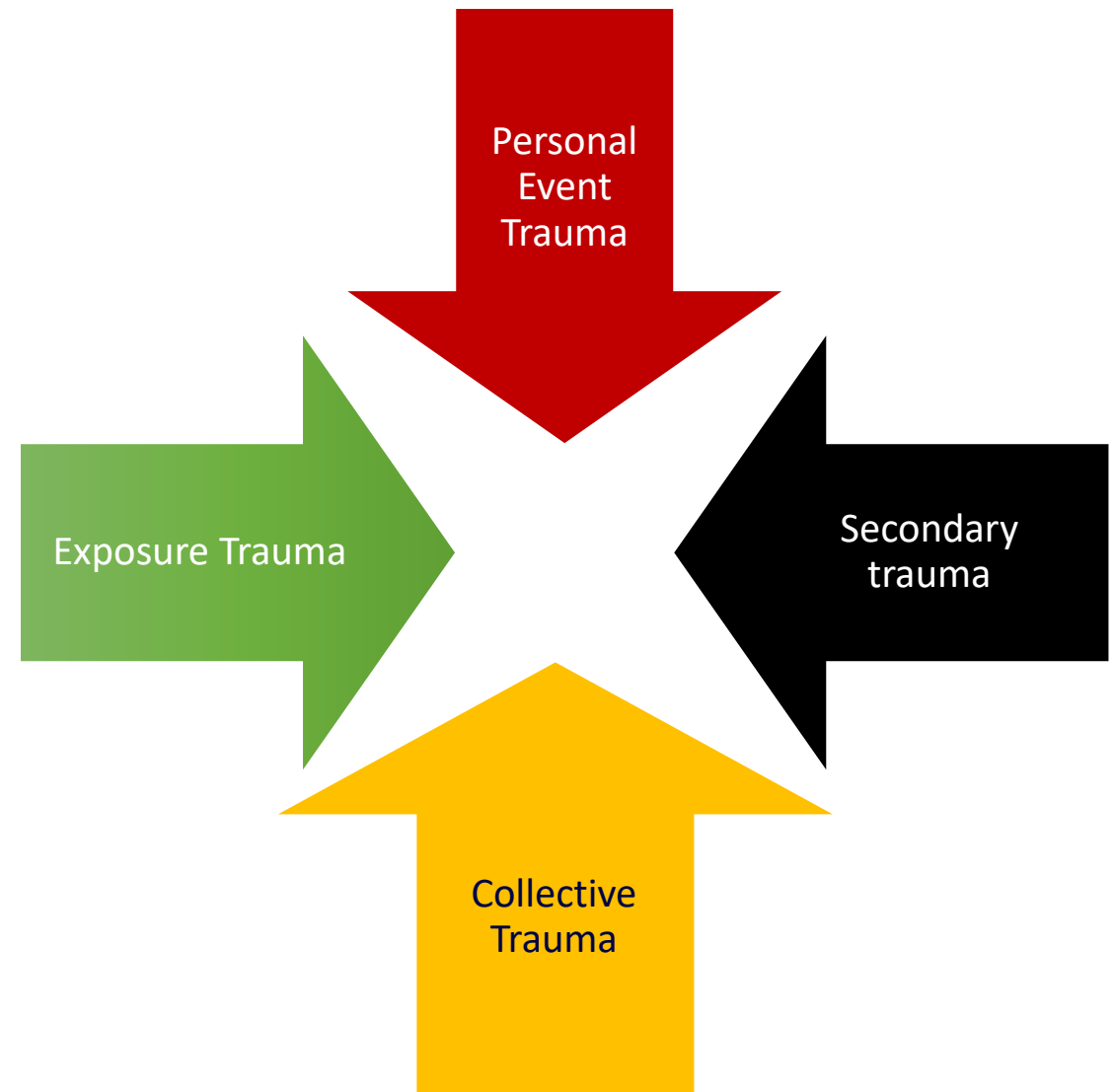


What is Trauma?

The experience of an event, action and/ or interaction that harms or threaten one's safety or control of circumstances or choices.

Resulting in lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being.

A Framework for Understanding





Affects of Trauma Present Differently

The People are not a monolith and neither are experiences

- Complex or Complicated Grief from a Death
- Natural Disaster
- Abuse
- Racism



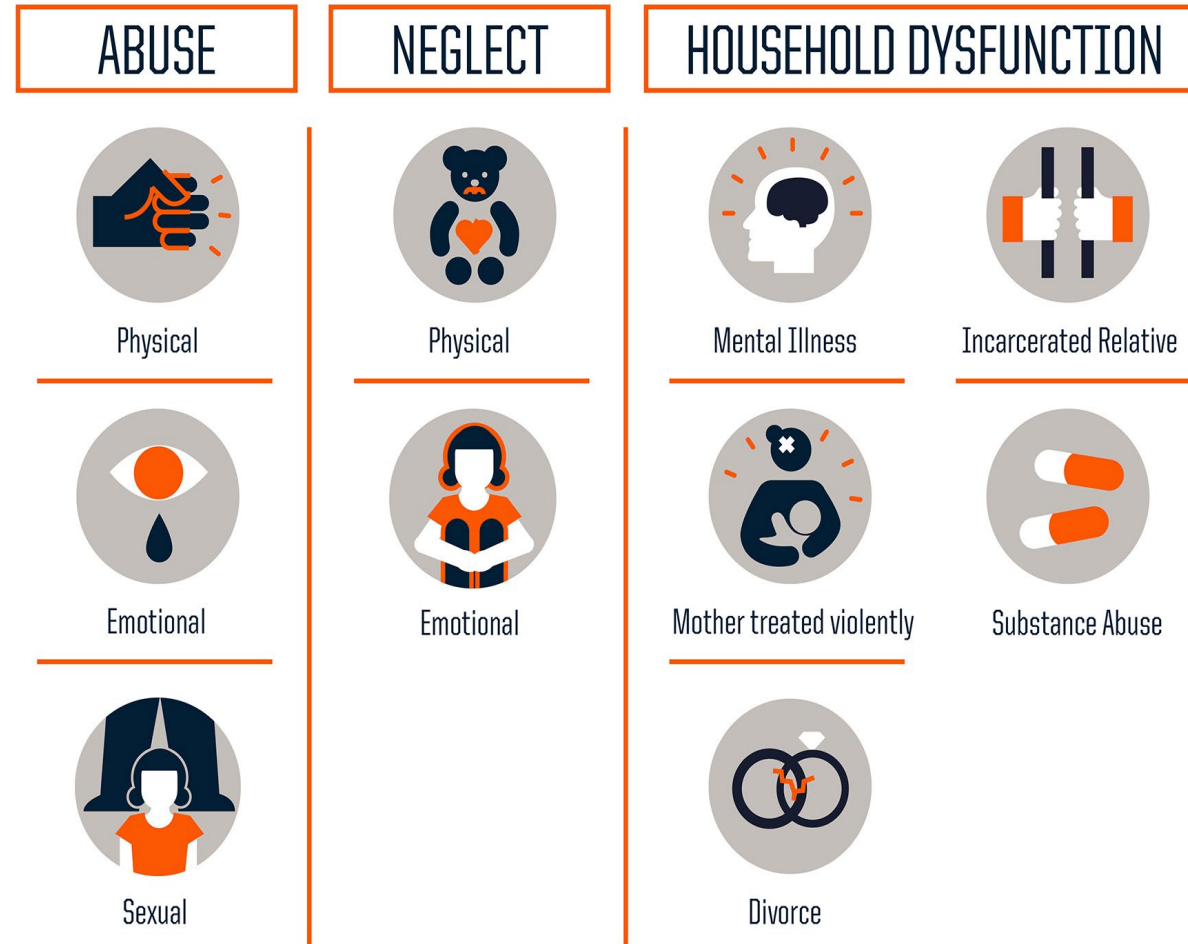
Why Trauma-Informed Care Matters in Palliative Care

Patients with serious illness often have a history of trauma. Recognizing and addressing this can prevent re-traumatization and improve overall care quality.

Defining ACEs

Adverse childhood experiences(ACE)
potentially traumatic events that occur in
childhood and adolescence experiencing
physical, emotional, or sexual abuse

- witnessing violence in the home
- having a family member attempt or die by suicide
- growing up in a household with substance use, mental health problems, or instability due to parental separation, divorce, or incarceration.



61% of adults had at least one ACE and 16% had 4 or more types of ACEs.

ACEs Increase Morality

❖ People with six or more ACEs died nearly 20 years earlier on average than those without ACEs

Adverse Childhood Experiences and the Risk of Premature Mortality

David W. Brown, DSc, MScPH, MSc, Robert F. Anda, MD, MSc, Henning Tiemeier, PhD, Vincent J. Felitti, MD, Valerie J. Edwards, PhD, Janet B. Croft, PhD, Wayne H. Giles, MD, MSc

Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none

- 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt
- 2- to 4-fold increase in smoking, poor self-rated health, >50 sexual intercourse partners, and sexually transmitted disease
- 1.4- to 1.6-fold increase in physical inactivity and severe obesity.

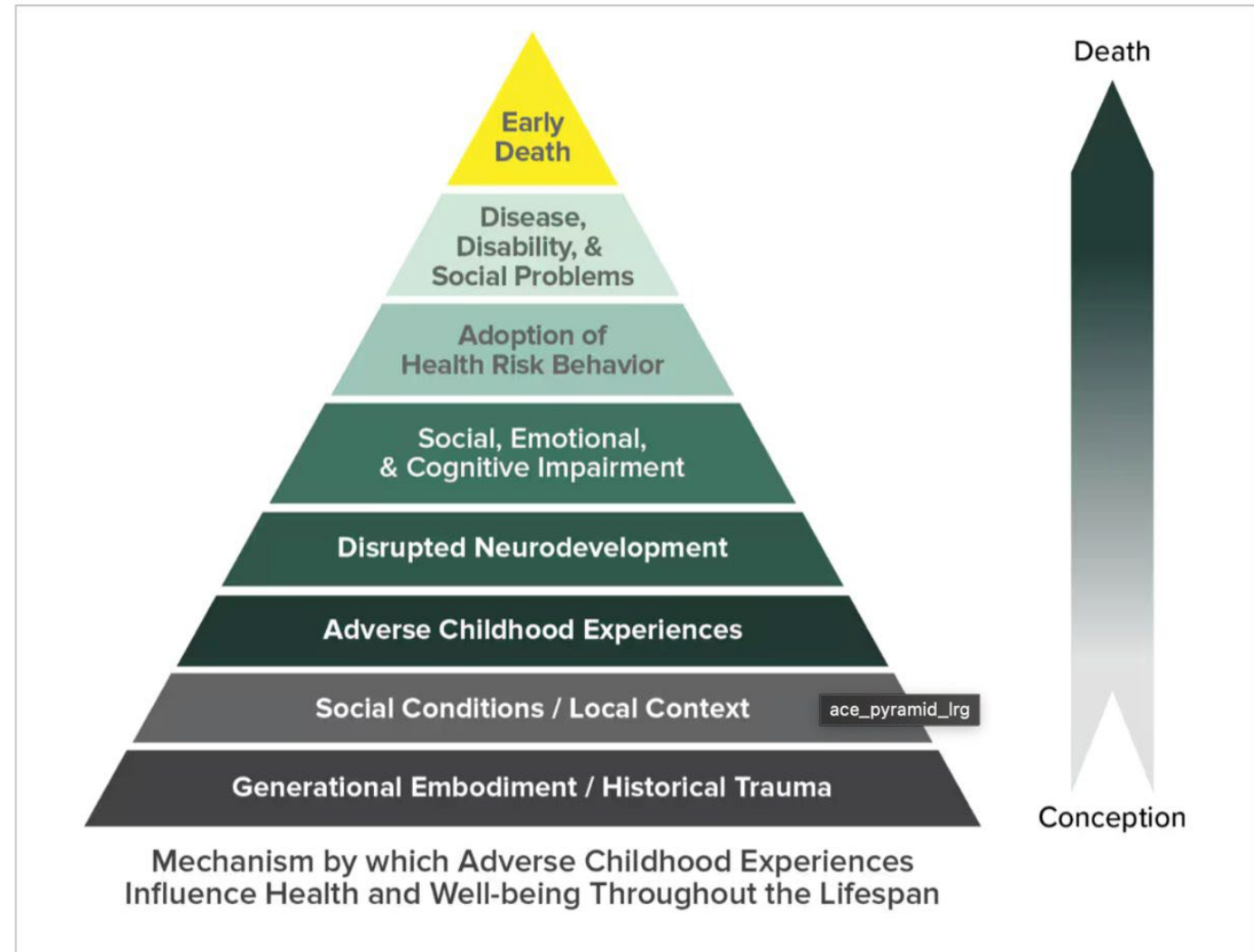
Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

ACEs Increase Mortality

- ❖ The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.
- ❖ Toxic stress from ACEs can change brain development and affect how the body responds to stress.



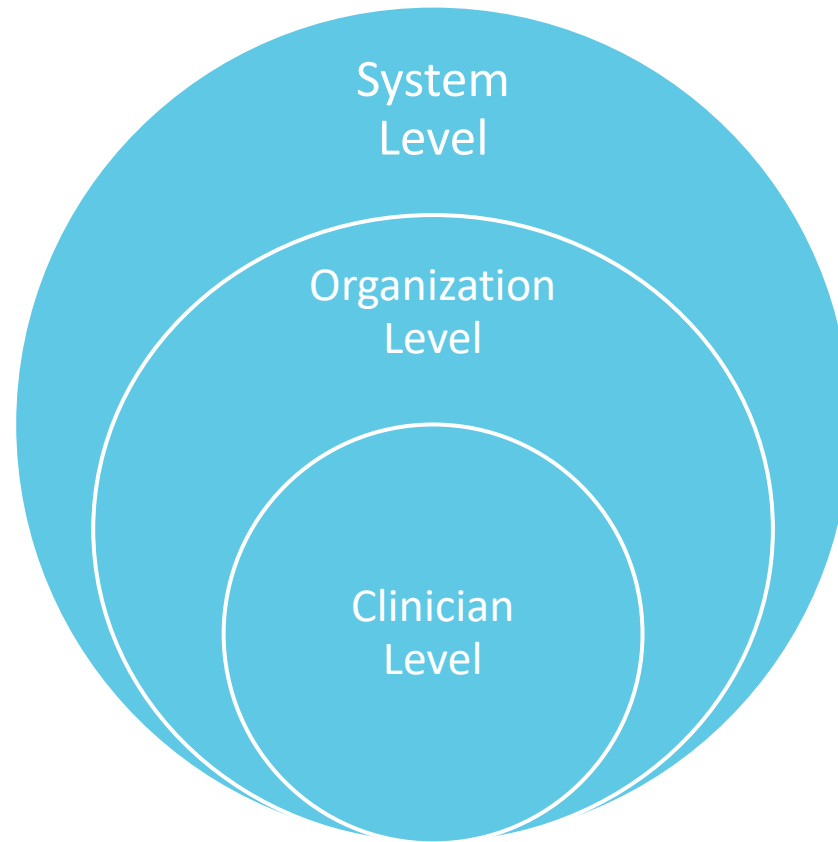


Consequences of Ignoring Trauma

Untreated trauma can manifest as 'noncompliance' or other challenging behaviors.



Applying Trauma-Informed Care Across Levels



Early Adopters of Trauma-Informed Care

An Implementation Analysis of the Advancing Trauma-Informed Care Grantees

This report describes six organizations' efforts to become more trauma-informed, based on 69 interviews with staff and other stakeholders in 2017

- Echoes common implementation individual to systemic barriers to change
- Respondents said that separating training groups by staff role was valuable
- Interviewees had rich, nuanced views on the benefits and drawbacks of screening for trauma, which didn't always neatly align with their organizations' official policies.

<https://www.traumainformedcare.chcs.org/resource/early-adopters-of-trauma-informed-care-an-implementation-analysis-of-the-advancing-trauma-informed-care-grantees/>



TRAUMA RESPONSIVE COMMUNICATION CME TRAINING

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Faculty: Dr. Maiysha Clairborne MD, Physician Advisor, Consultant,
Founder of Mind ReMapping Company



LEARNING OBJECTIVES

1. Define Trauma, recognize it's impact on our thinking, communication and behavior, and identify the relationship between trauma, stress, and the window of tolerance.
2. Define psychological safety, what creates or destroys it, and recognize how psychological safety impacts health equity, patient trust, employee well-being, workforce stability, and the provision of culturally appropriate care.
3. Identify the trauma informed journey, and utilize trauma informed listening and speaking to cultivate rapport, trust, and psychological safety with patients and interprofessional between colleagues and leaders.
4. Identify practical and applicable next steps for creating a plan and accountability structures for ongoing training and development in order to bring psychological safety and trauma responsiveness to leaders, providers, employees and staff.

“Dr. Maiysha found ways to be engaging, informative, and relatable despite an entirely virtual format. I especially appreciated her commitment to science-based learning and willingness to share examples from her personal experiences, which helped demonstrate her tools in action. I have participated in several other professional learning opportunities related to communication and Dr. Maiysha’s trainings have been the best by far. Since completing the modules, I have been able to take important mindset tools about listening, belief systems, and difficult conversations and apply them in both work and personal settings.”

Ariel Kruger, PhD, Development specialist | Science writer | Strategic communicator Collaborator Development specialist

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Trauma-Informed Tools

Resources and Strategies



Trauma-Informed Care

Resources for providing trauma-informed care to people living with a serious illness. **Includes 23 resources.**

[LEARN MORE](#)



“Based on what we’ve discussed, how confident do you feel in implementing trauma-informed care in your practice?”

- ☐ Very confident
- ☐ Confident
- ☐ Somewhat confident
- ☐ Not very confident
- ☐ Not confident at all



A trauma-informed approach incorporates the 4 “R’s”

1. Realizing. Realizing the widespread prevalence of trauma and understanding paths for recovery.
2. Recognizing. Recognizing how trauma affects all individuals involved with the program, organization, or system (including within its own workforce).
3. Respond. ...
4. Resist.



Q&A

Thank You for Your Participation.

Resources



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ABOUT THE TRAINING

Communication that Transforms is an online trauma informed training and toolkit designed to provide leaders, providers, and healthcare executives with an expanded communication skillset for trauma responsive listening and speaking that creates psychological safety not only in the exam room but also amongst leaders, colleagues, and healthcare teams.

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Who This is For?

*CEO's & Healthcare Executives
CMO's & Medical Directors
Physicians, Nurses,
Advanced Practice Providers
DEI & Health Equity leaders
Employee Resource Groups*

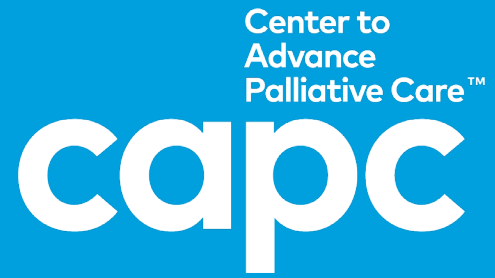
GET UP TO 22 CATEGORY 1 AMA CME CREDITS

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