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Using a Trauma-Informed Approach to Care for Active Duty Women

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- She is an Army Nurse Corps combat veteran
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Disclosures

- Dr. H. Quaile is the CEO/Founder The SHOW Center. Drs. H. Quaile and K. Paruchabutr have no other relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Learning Objectives

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

1. Identify factors that place active-duty women at risk for trauma.
2. Describe physiological/psychological effects of trauma.
3. State key principles of utilizing a trauma-informed approach to care.
4. Summarize verbal and non-verbal trauma-informed care language.

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Before We Start

The topic and the content of this presentation can be difficult. Vicarious trauma can affect anyone of us.

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet”

-Dr. Rachel Naomi Remen

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Active Duty Women (ADW)

- >50% of ADW report sexual violence
- 75% of ADW report sexual harassment
- Intimate Partner Violence (IPV) 24.3 per 1,000 married couples
- Various factors may account for the higher incidence of IPV among ADW and female partners of Service members, including:
 - Operational deployment
 - Deployment-related injuries
 - Combat exposure
 - Service-related mental health and behavioral problems
 - Frequent relocation
 - Family separation

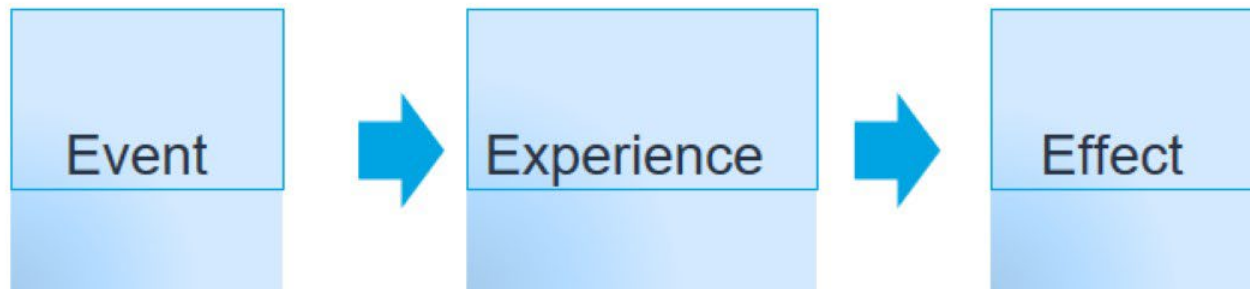
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What is Trauma?



The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as "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."

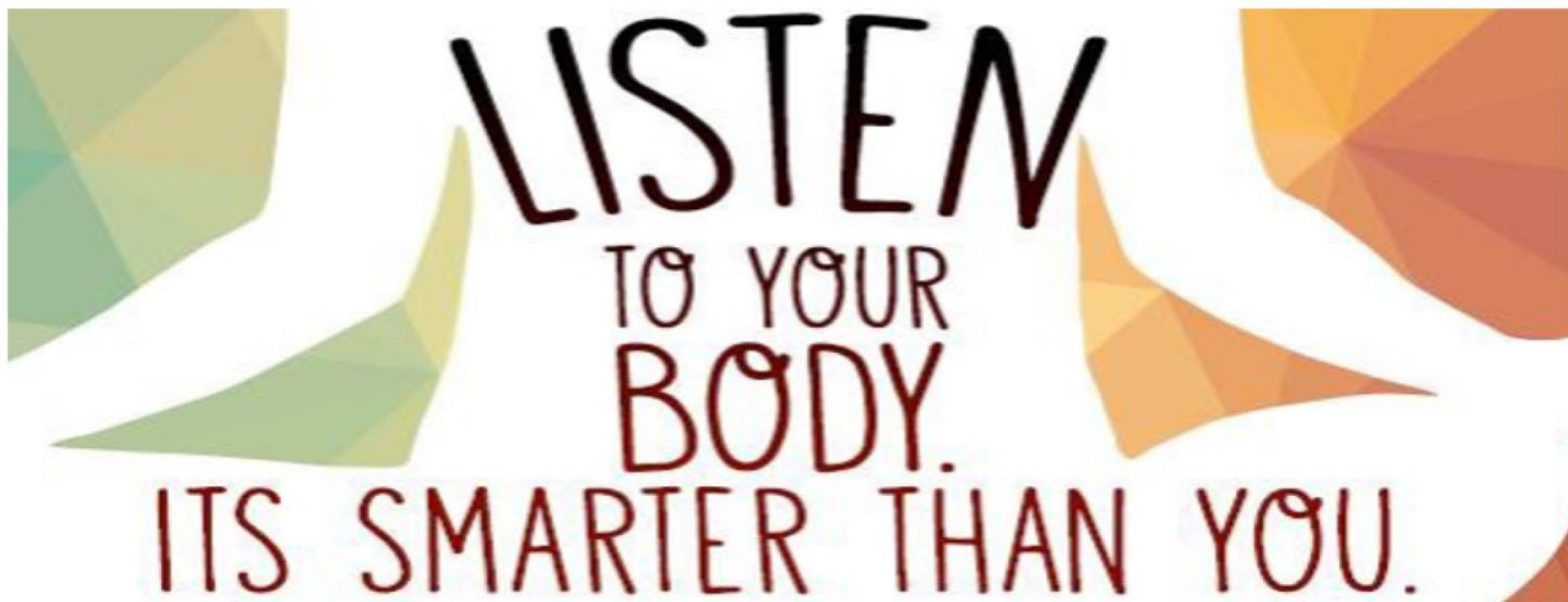
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Listen



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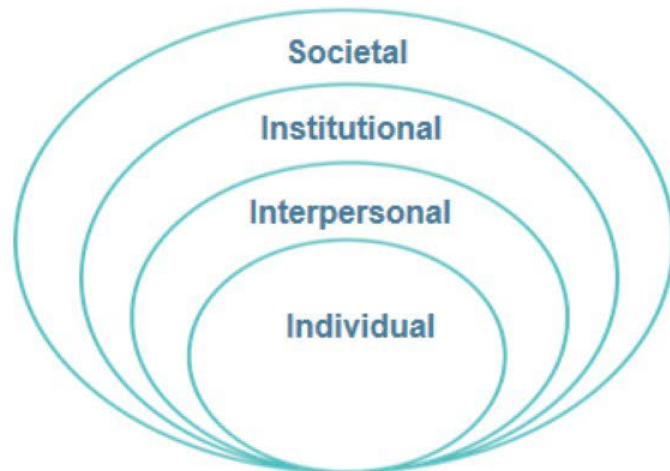
Types of trauma

Discrimination

*Sexism
Racism
Ableism
Ageism
Homophobia
Transphobia
Islamophobia*

Violence & Abuse

*Adverse Childhood
Experiences
Intimate partner
violence
Sexual violence
War & Terror
Gun violence
Slavery*



Social Determinants of Health

*Homelessness Food insecurity
Economic instability Substance use*

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Natural Disasters

*Pandemics
Earthquakes
Hurricanes*

Medical Trauma

*Invasive procedures
Hospitalizations
Death & Dying
Medical Error*

Physical Trauma

*Motor vehicle accidents
Occupational injuries
Falls*



Trauma: What do we know?

- Physiologic effects
 - Hypervigilance
 - Flight or fight
 - Tonic immobility
 - Collapse
- Psychological effects
 - Chronic stress, anxiety, depression & Post Traumatic Stress Disorder (PTSD)
 - Impaired behavioral & psychological development



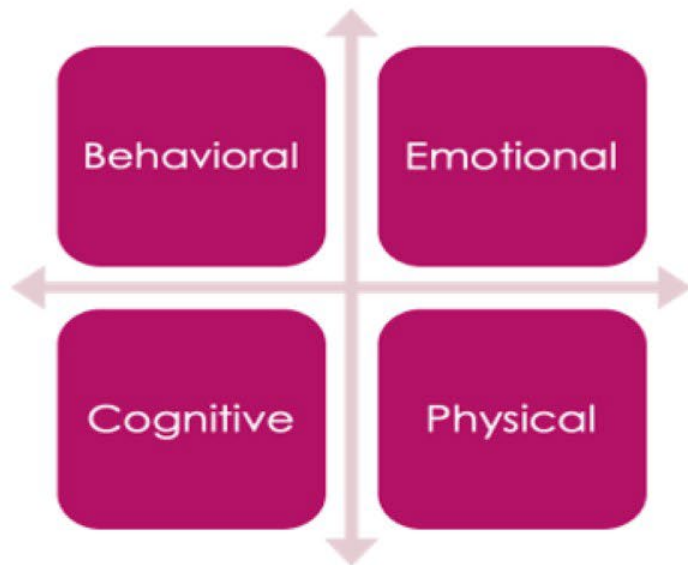
(Hook, 2019)

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Expressions of Trauma



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The Brain and Trauma

Automatic response system



Fight



Flight



Freeze



Fawn

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Examples of Traumatic Experiences

War and other forms of violence	Cultural, intergenerational and historic trauma
Childhood abuse or neglect	Medical interventions
Physical, emotional or sexual abuse	Sudden or violent loss of a loved one
Accidents and natural disasters	School Shootings
Witnessing violence	

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What Do We Know About Trauma

- **Trauma is common.** Between 55 and 90% of us have experienced at least one traumatic event, and on average nearly five traumatic events.
- **The impact of trauma is very broad and touches many life areas.** Trauma can impact a person across many parts of life: medical, mental health, family, job, etc.
- **The impact of trauma is often deep and life-shaping.** Trauma can be fundamentally life-altering, especially for those individuals who have faced repeated and prolonged abuse and especially when the violence is perpetrated by those who were supposed to be caretakers. Physical, sexual, and emotional violence become central realities, and people adapt around them.

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What Do We Know About Trauma

- **Trauma affects the way people approach potentially helpful relationships.** Not surprisingly, those individuals with histories of abuse are often reluctant to engage in, or quickly drop out of, many human services.
- **Trauma has often occurred in the service context itself.** Involuntary and physically coercive practices, as well as other activities that trigger trauma-related reactions, are still too common in our centers of help and care.

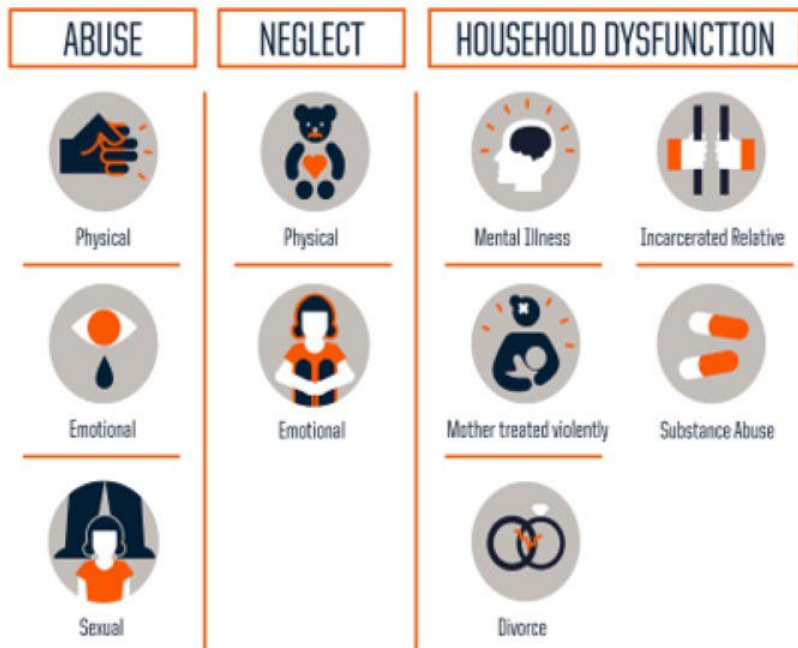
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Background: Adverse Childhood Experiences (ACES) study



- 17,000 adults surveyed about Adverse Childhood Experiences (ACEs)
- Dose response relationship with ACEs and negative outcomes
 - Substance use disorder/Depression/Suicide attempts
 - Unintended pregnancy
 - Sexually Transmitted Diseases (STDs)
 - Early coitarche
 - IPV risk
 - Sexual violence

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ACEs Are Common

PREVALENCE OF INDIVIDUAL ACEs

MINNESOTA 2011



<http://acestoohigh.com/category/chronic-disease/page/2/>, 2016)

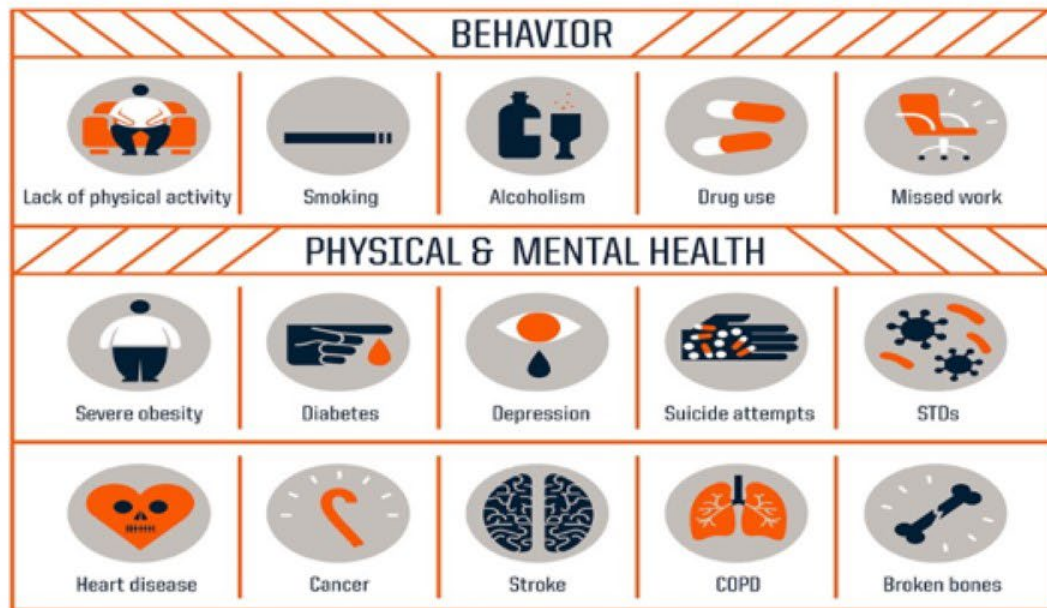
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Outcomes of ACEs



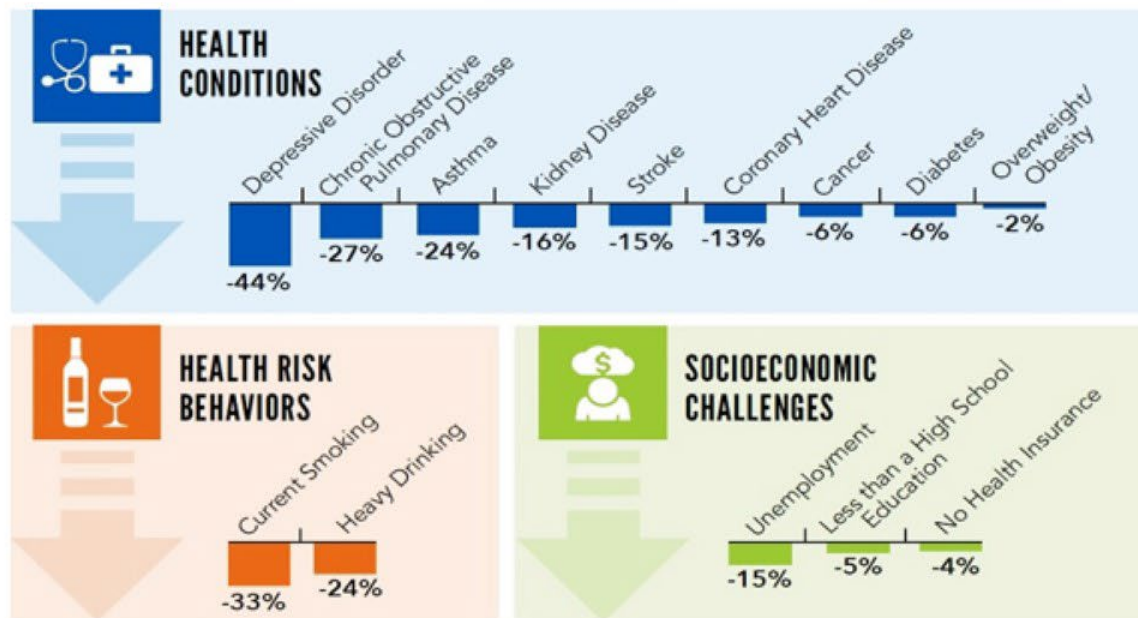
(Centers for Disease Control and Prevention, 2019)

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Potential Risk Reduction



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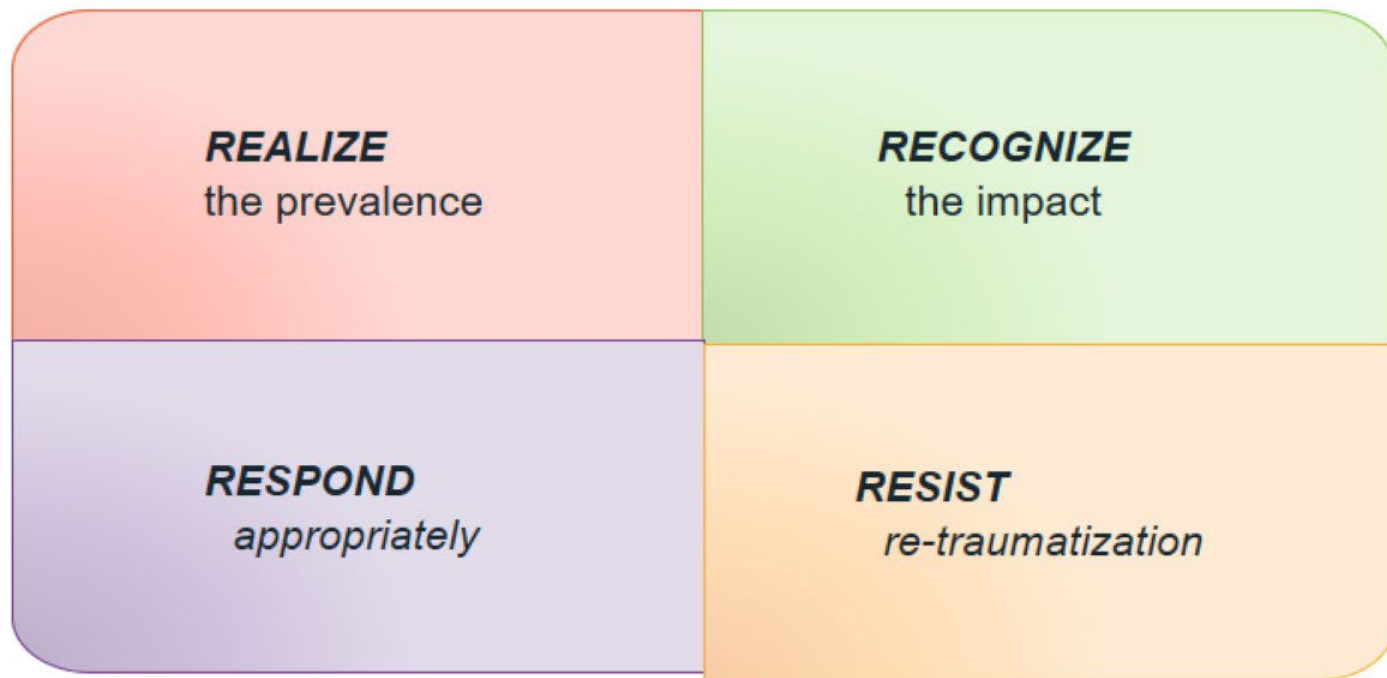
(CDC, 2019)



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Resilience and Recovery



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SAMHSA'S Six Principles of Trauma Informed Care (TIC)

Safety

Trustworthiness
& Transparency

Peer
Support/
Community

Collaboration
&
Mutuality

Empowerment,
Voice & Choice

Cultural, Historic
& Gender Issues

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(SAMHSA, 2014)



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Principles of Sensitive Practice

1. **Respect**

- Acknowledge the inherent value of each individual. Many trauma survivors have experienced an abuse of autonomy and personal boundaries and may be sensitive any hint of disrespect.

2. **Taking Time**

- Finding ways to balance the reality of time pressure with the need for patients to feel genuinely heard and valued is a valuable intervention in itself

3. **Rapport**

- Developing a tone that is professional yet caring, and expresses empathy will help patients feel safe, and facilitate communication and cooperation between patients and providers.

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Principles of Sensitive Practice

4. Sharing Information

- Offering explanations and providing the rationale for questions helps reduce anxiety for trauma survivors, and can minimize the risk of a patient being triggered by unanticipated events. Similarly, it is important to receive information from the patient.

5. Sharing Control

- Patients should be active participants in their own care, especially important for trauma survivors whose trauma likely involved a loss of control.

6. Respecting Boundaries

- Crucial for a sense of safety, ask permission before beginning a procedure, consider developing a rapport before asking very personal questions.

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Principles of Sensitive Practice

7. Fostering Mutual Learning

- Some trauma survivors may need encouragement to become active participants in their own healthcare.

8. Understanding non-linear healing

- Recovery from trauma is not a linear process, understand that a trauma survivor's ability to accept certain treatment may vary visit to visit.

9. Demonstrating awareness and knowledge of interpersonal violence

- Consider the ways that an organization and individual's awareness of trauma may be communicated to patients – pamphlets, posters, etc.

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Exam Outcomes

Any exam or procedure has the potential to be traumatizing



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Providing Trauma-Informed Care

- Be sensitive and empathetic
- Taking time
- Share control
- Ensure privacy
- Explain before you do
- Be mindful of stress reactions

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Screening for Past Abuse

- Universal screening
- Risk alerts
- Avoidance/gaps in medical care
- History (Hx) painful chronic health symptoms (Irritable Bowel Syndrome (IBS), headaches, pelvic pain)
- Hx extreme difficulty with medical procedures
- Hx anxiety, PTSD, panic attacks, depression, or dissociation

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Mental Health Diagnoses Often Associated with Sexual Trauma

- PTSD
- Complex PTSD
- Depression
- Anxiety
- Substance Use Disorder (s)
- Eating Disorders (Breyland et al., 2017)
- Somatization Disorders
- Dissociative Disorders
- Insomnia

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Trauma Informed Physical Exams

Before exam

- Check Non-Verbal cues
- Set an agenda
- Make it standard
- Identify Concerns
- Ask about comfort
- Offer support person

During Exam

- Attend to draping and modesty
- Make statements clinical and professional and less personal
- **DO NOT TOUCH WITHOUT PERMISSION.** They can move their own body parts
- Introduce exam components
- Explain why
- Stay within eyesight
- ASK PERMISSION
- Check- in on patient and comfort
- Use professional touch
- Be efficient

After Exam

- Express gratitude
- Discuss results (after fully dressed)
- Provide opportunity for questions

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(Canadian Public Health Association, 2020)



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Trauma Informed Physical Exam



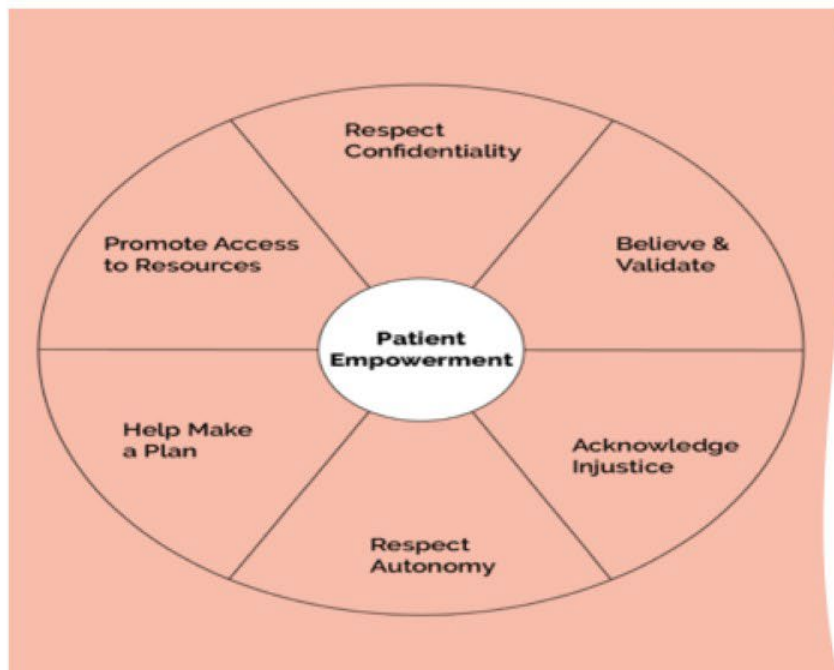
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Power dynamics: Avoid 'Power-Over' Stances



- Sit at eye level.
- Conduct the interview with the patient clothed.
- Speak slowly and clearly.
- Develop a shared agenda.
- Offer choices for disclosure, examination, procedures, treatment.
- Ensure that focus of control is with the patient at all times.

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Ask Only when Relevant

Anatomical Inventory

- Breasts
- Vagina
- Uterus
- Cervix
- Ovaries
- Penis
- Testes
- Prostate

I'd like to take an anatomical inventory to know what body parts we need to consider when evaluating your current symptoms.

Is that OK with you?

Please look over this list and let me know which of these body parts you have present.

What words do you use to refer to these body parts?

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Gender Terms

GENDERED TERMS

These terms may be uncomfortable or distressing for trans men to hear.

Breasts

Vulva

Vagina

Uterus, Ovaries

Pap smear

Bra, Panties

Period, Menstruation



LESS GENDERED TERMS

Try your best to use neutral and inclusive terminology to avoid patient discomfort. If you are unsure, ask what terms your client prefers.

Chest

External Pelvic Area

Genital Opening, Frontal Pelvic Opening, Internal Canal

Internal Organs

Cancer screening

Underwear

Bleeding

*Language may be adapted to male external genital, anorectal, prostate exams.

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Pelvic Exam Modifications

Exam Element or Technique	Modification Options
Chaperone	Patient's choice of support person
Positioning for exam	Feet on table rather than 'footrests'
Speculum selection	Pedersen long narrow or pediatric speculum
Lubricant use	<ul style="list-style-type: none"> • Non-carbomer-containing water-based • Consider use of topical lidocaine
Speculum insertion	Self-insertion
Cervical sampling	Trans male with prior unsatisfactory cytology: pretreat with 2 weeks of vaginal estrogen

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Conversations

Phrases to Avoid	Use Instead
<ul style="list-style-type: none"> • Don't be scared, everything will be fine. 	<ul style="list-style-type: none"> • What are you most afraid of? • How can we help you through this?
<ul style="list-style-type: none"> • Stirrups 	<ul style="list-style-type: none"> • Footrests
<ul style="list-style-type: none"> • Avoid unnecessary touching of the patient (e.g., "Scoot down on the table until your bottom touches my hand") 	<ul style="list-style-type: none"> • Please move your body down until you're right at the edge of the table. • Allow your knees to fall to the sides as much as you can.
<ul style="list-style-type: none"> • I'm going to insert the speculum. • I'm going to come into you now. 	<ul style="list-style-type: none"> • I'm going to place the speculum now. • It's normal to feel a little pressure.
<ul style="list-style-type: none"> • I'm going to open the blades of the speculum. 	<ul style="list-style-type: none"> • I'm going to open the speculum.
<ul style="list-style-type: none"> • I'm going to take the sample now... you may feel a "poke" ["prick"]. 	<ul style="list-style-type: none"> • You may feel a little discomfort or cramping.
<ul style="list-style-type: none"> • Hold still 	<ul style="list-style-type: none"> • If you need to move, wiggle your toes or squeeze your hands.
<ul style="list-style-type: none"> • Relax 	<ul style="list-style-type: none"> • Try to keep your pelvis resting on the table.

Adapted from: J Gen Intern Med 2015; 30: 1857-64.



Supportive Responses when Sexual Trauma is Disclosed

- “I believe you.”
- “I’m sorry that happened to you.”
- “You’re not alone.”
- “It’s not your fault.”
- “You are not crazy.”
- “Thank you for trusting me enough to share this with me.”

Examples of what NOT to say/ask:

“Did you fight back?” “Did you say no?” “Were you with a buddy?” “What were you wearing?”

“Why didn’t you report it right away?” “It’s not safe for women to be in the military.”

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Organizational Strategies

- Changing practices to fit TIC principles will transform the culture by building a TIC framework
- Developing framework requires buy-in from leaders and staff
- Readiness of the organization in terms of attitudes, values, and beliefs
- Train staff (clinical and non-clinical) with knowledge and skills
- Create a safe physical and emotional environment
- Involve patients in planning
- Restructuring infrastructure, policies, and procedures

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Key Takeaways

- Utilizing a TIC lens approach for all patients places providers at a unique advantage to prevent re-traumatization of patients.
- Line units or providers in austere environments have the ability to be pioneers in establishing a culture of sensitivity with remote access to an MTF.
- Utilizing a TIC approach fosters resiliency, healing, and empowers patients.
- Standardizing policies and procedures for units sets precedence and teaches all members of the healthcare team a patient centered approach and culture of caring and sensitivity.

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Questions?

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