

TRAUMA-INFORMED CARE: TRANSFORMING PRINCIPLES INTO PRACTICE

Anita Ravi, MD, MPH, MSHP, FAAFP
Co-Founder, PurpLE Health Foundation
American Academy of Family Physicians

OVERVIEW

Part I: Understanding

- What is trauma
- Why trauma matters

Part II: Integration

- Trauma-informed care principles
- Trauma-informed care tools

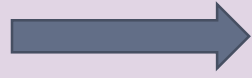
PART I: UNDERSTANDING

I've been waiting for hours-
When am I going to see the doctor??



FROM VIOLENCE TO TRAUMA

EVENT

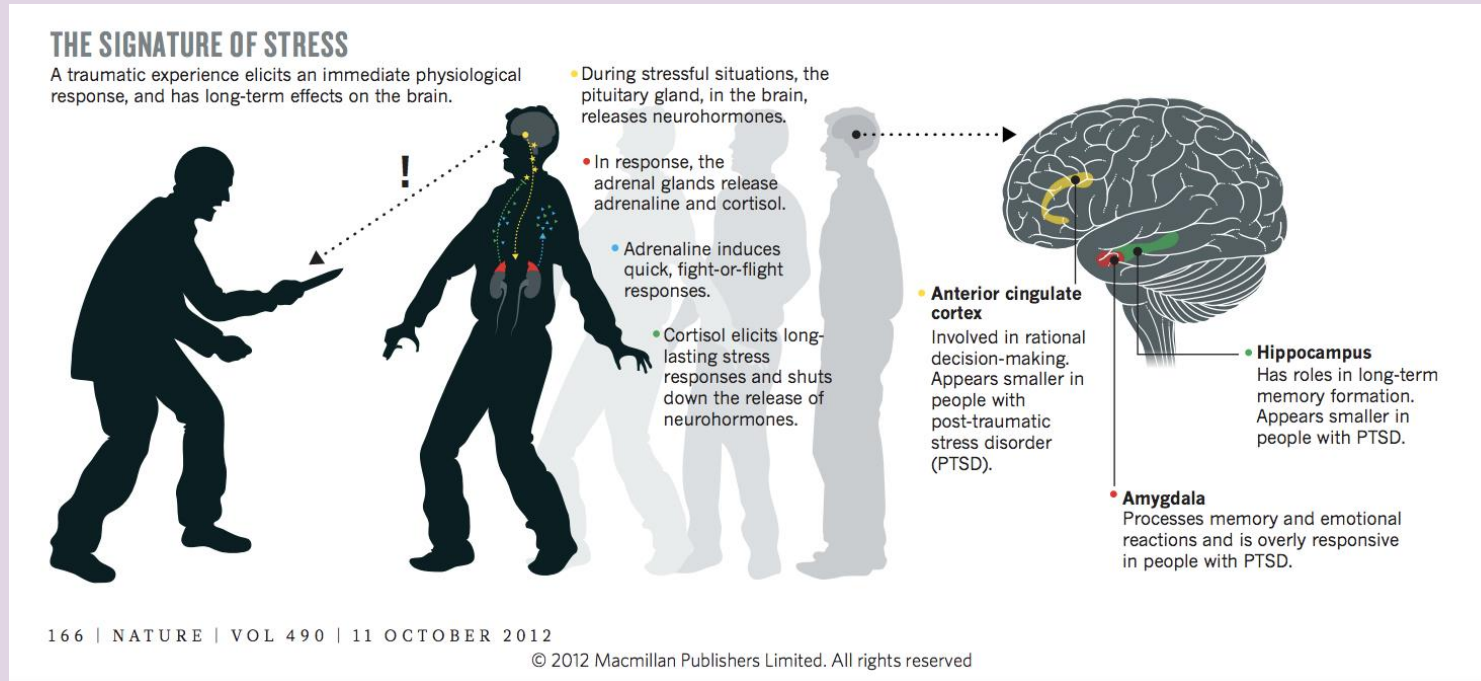


EXPERIENCE



EFFECTS

- Sexual abuse
- Physical abuse
- Psychological abuse
- Historical
- Community
- Intergenerational
- Terrorism
- War
- Natural disasters
- Medical



WHY DOES
UNDERSTANDING
TRAUMA MATTER IN
YOUR WORK?

I've been waiting for hours-
When am I going to see the doctor??
I have to get back to my shelter or
they'll kick me out!



A framework to strengthen
your connection with and
service to your patients
and clients.

WHY DOES TRAUMA MATTER YOUR WORK?



Source: Centers for Disease Control and Prevention:

<http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html>

REINTERPRETING YOUR CLINIC SCHEDULE

- Known survivors
- New Survivors
- Acute Trauma
- Chronic Trauma
- All genders
- All ages
- All forms of care-
outpatient, inpatient, ED, subspecialty

VISIT TYPE	APPT TIME	SEX	AGE	REASON
CONSULT	03:00 PM	F	17 Y	STOMACH
CONSULT	03:20 PM		17 Y	ACHE
SAME DAY	04:00 PM	M	14 Y	er discharge
SAME DAY	04:20 PM	M	60 Y	pre op
SAME DAY	04:30 PM	F	32 Y	Physical
REVISIT	04:40 PM	F	14 Y	skin problem
SAME DAY	05:00 PM	M	42 Y	needs
REVISIT	05:20 PM		11Y 3M	referral
REVISIT	06:00 PM	M	47 Y	skin issue
CONSULT	06:20 PM		24 Y	vaccines

REINTERPRETING THE STORIES WE HEAR AND TELL

- “Frequent Flyer”
- “Difficult patient”
- “That patient is so Borderline!”
- Another fibro patient

INTERSECTIONAL IDENTITIES



REINTERPRETING HEALTHCARE SYSTEM NORMS: TRAUMATIC DESIGN

- 15 to 20 minute primary care visits
- Physical and mental health are separate
- Routine order: Vitals, History, physical, plan
- Electronic Medical Records - expectation to type, code, share
- At least four different interactions for a visit
(appointment line, front desk, triage, provider)
- Visit “ends” when we place referrals, send e-prescriptions, place orders for imaging
- Reimbursement tied to documentation and quality metrics
- Best practices based on “payor data”/ “insurance claims”
- Telehealth during Covid

TRAUMA DESTROYS TRUST.

Survivor perspectives:

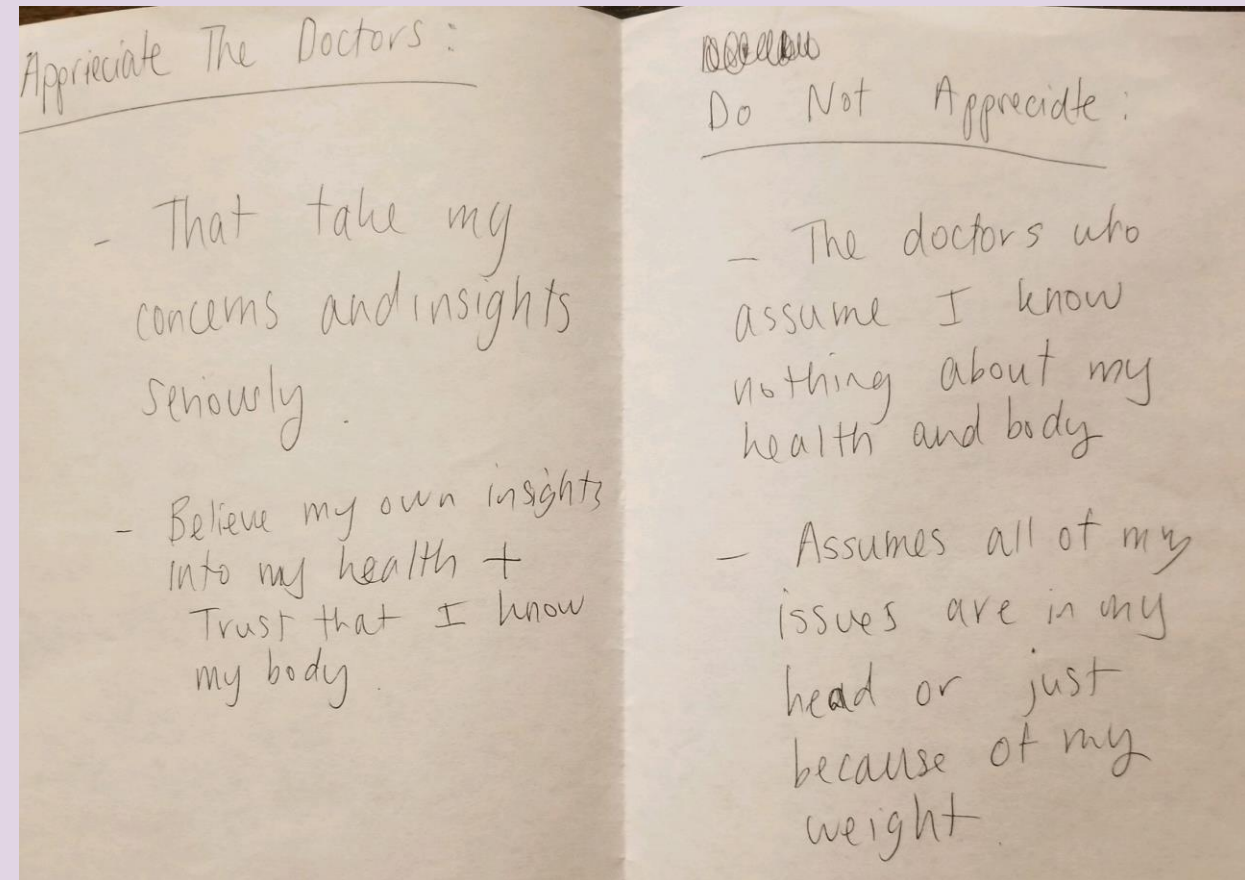
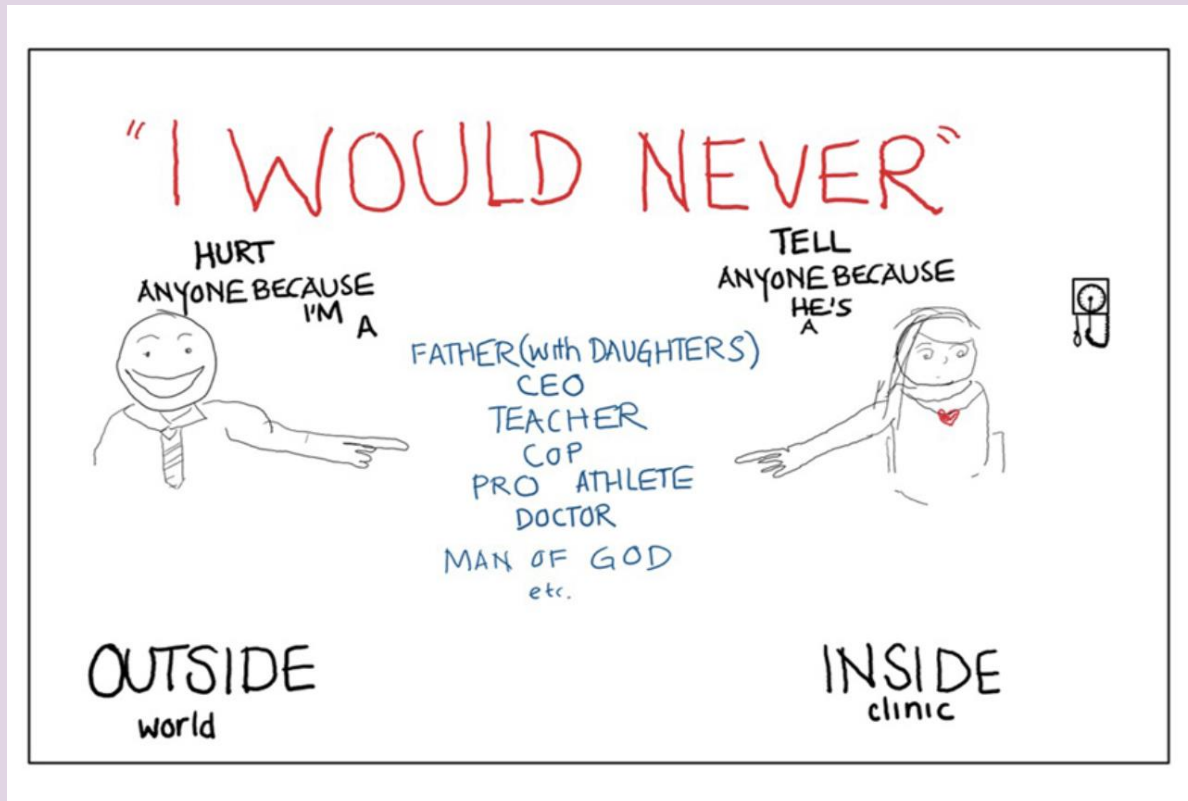
Sources of authority are not safe

...Just the health field period is scary... because you got all these hundred thousand doctors, and everybody's got their [white coat] so now it's like, here's another one. It's just like another officer — here's another one.”
~ “La Shaun”, sex-trafficking survivor



Survivor perspectives

- History of not being believed



PART II: INTEGRATION

4 RS OF TRAUMA-INFORMED CARE

- **R** realizing the widespread impact of trauma
- **R**ecognizing signs and symptoms of trauma in people, including patients, their families, staff and clinical team members
- **R**esponding by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeking to actively resist **R**e-traumatization

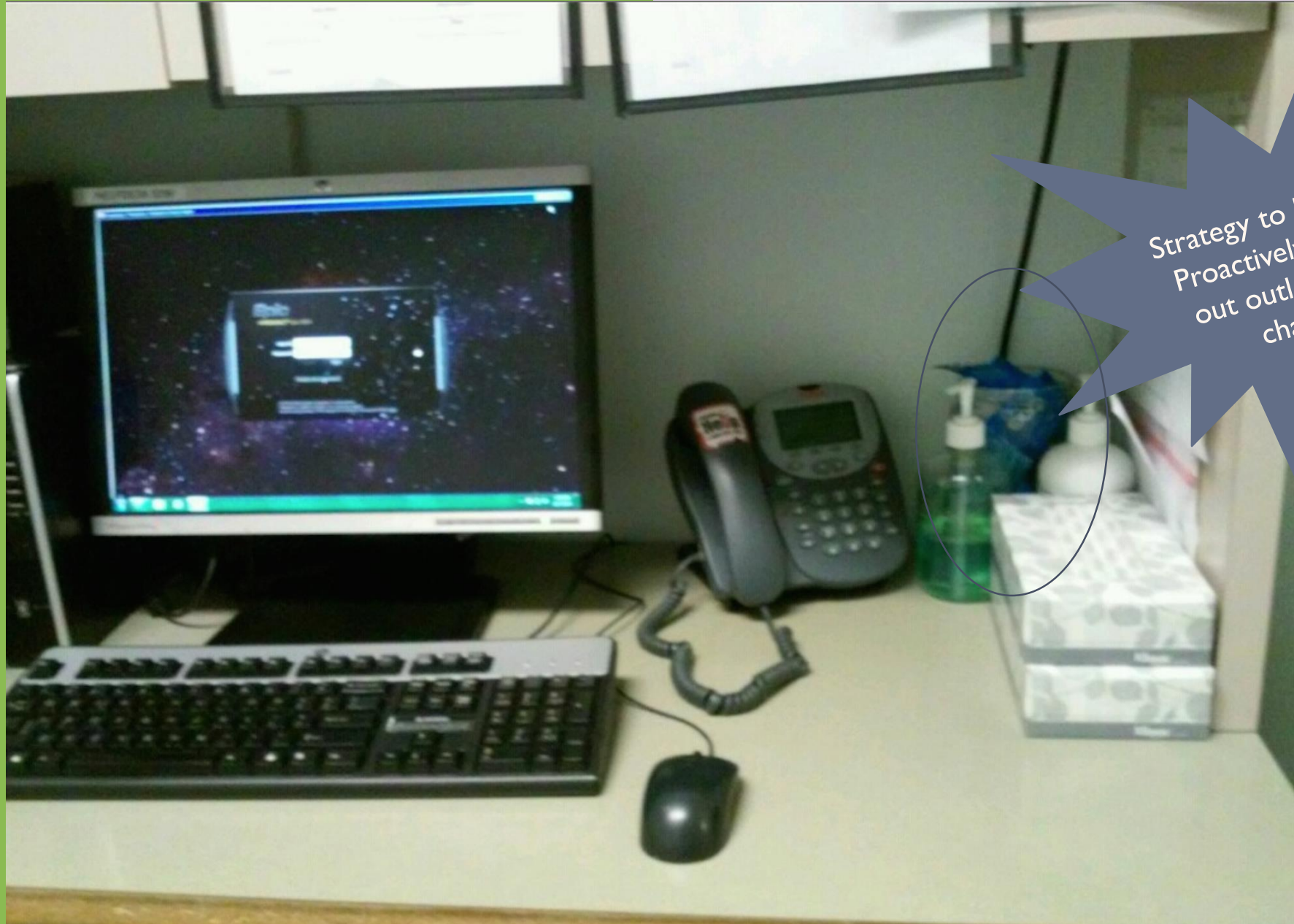
Source: <http://www.samhsa.gov/nctic/trauma-interventions>

TRAUMA-INFORMED CARE
REBUILDS TRUST.

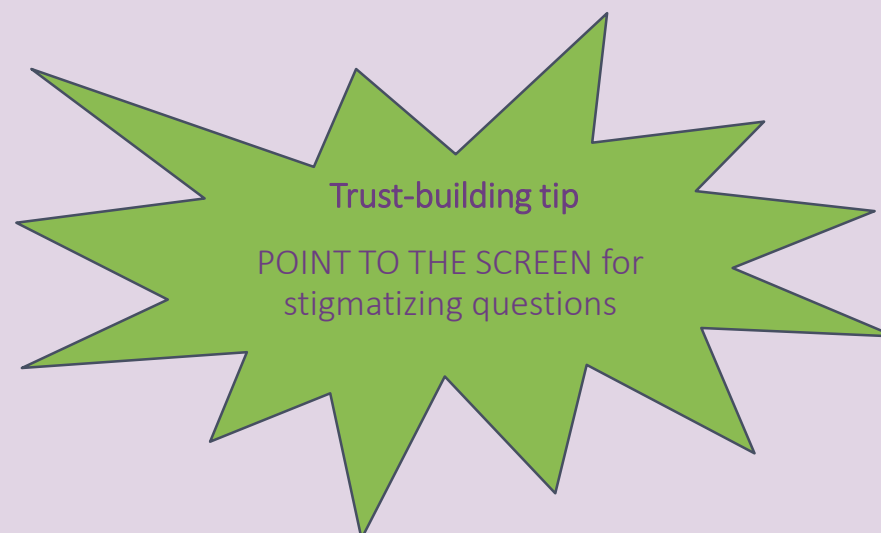
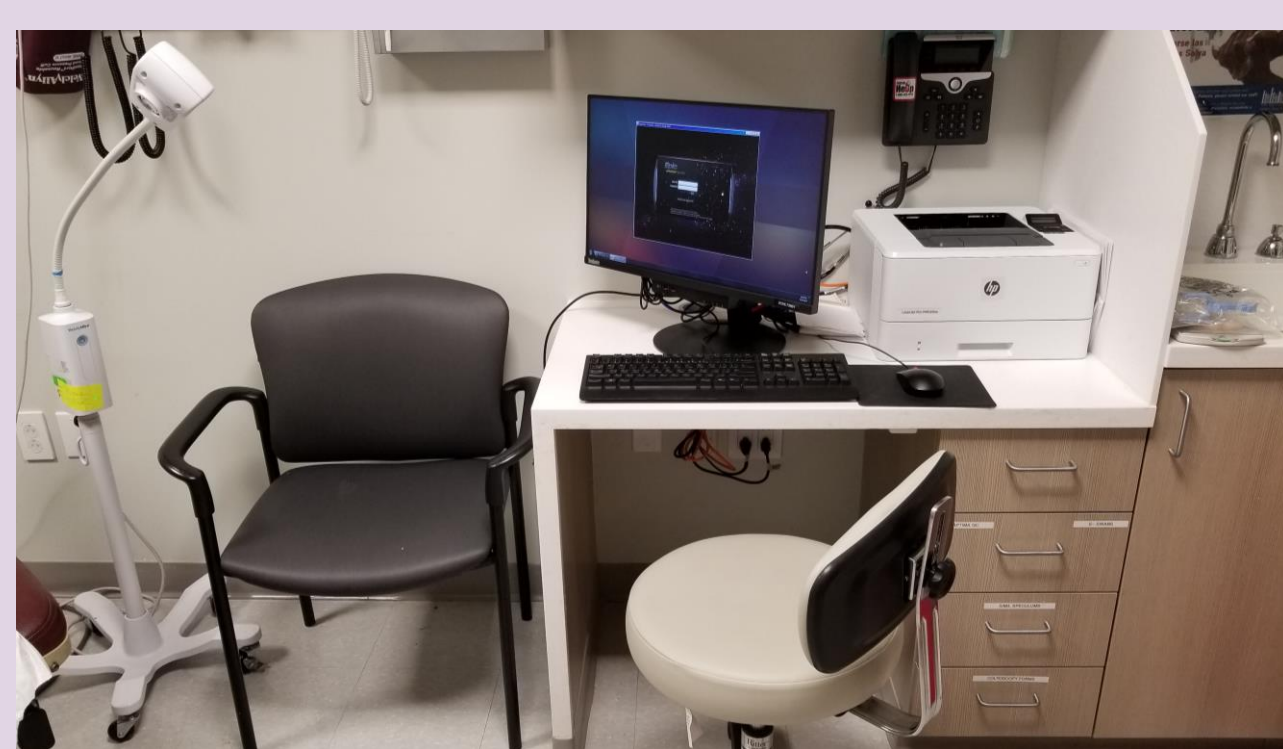
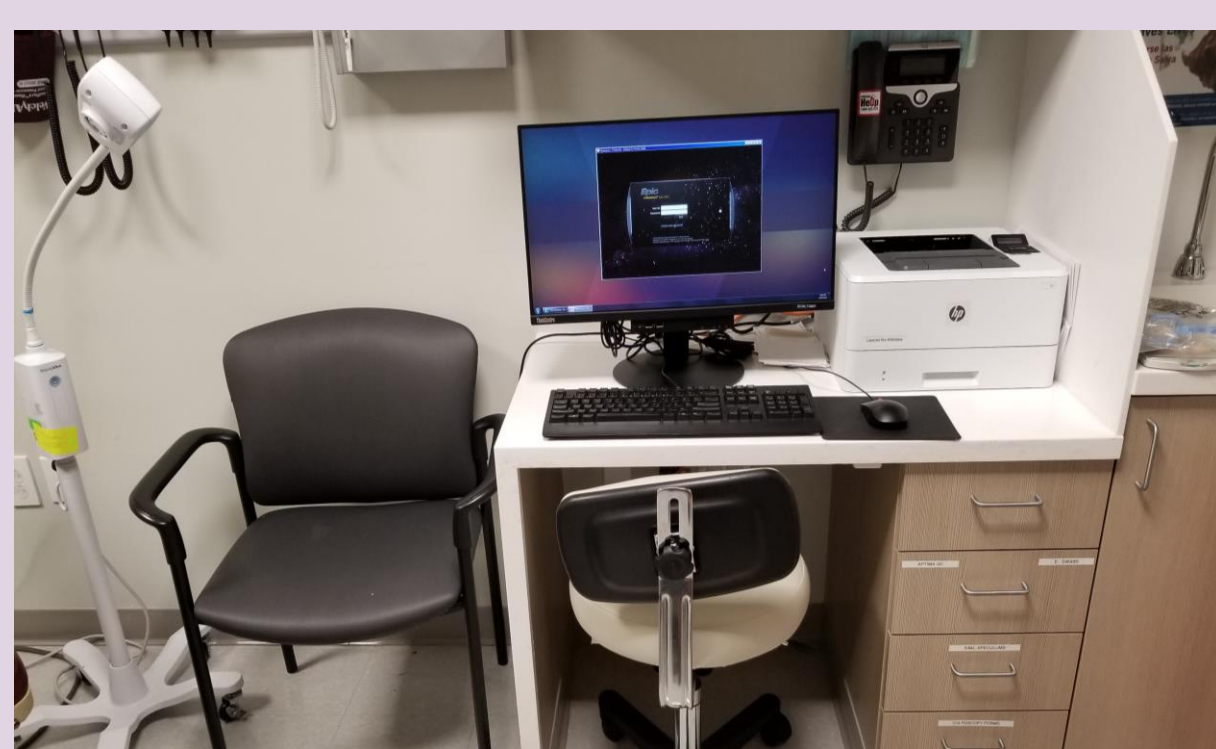
General Principles

- Universal Trauma Precautions
- Ability to adapt
- One trauma is not ALL trauma!
- Anticipate shame and stigma

REINTERPRETING YOUR CLINICAL SPACE



Strategy to lift shame:
Proactively pointing
out outlets/phone
chargers



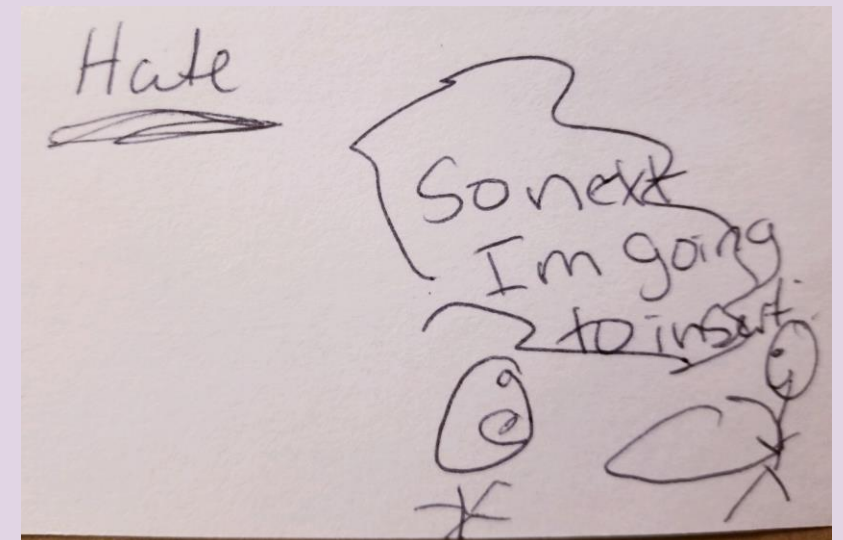
VITAL TRIGGERS



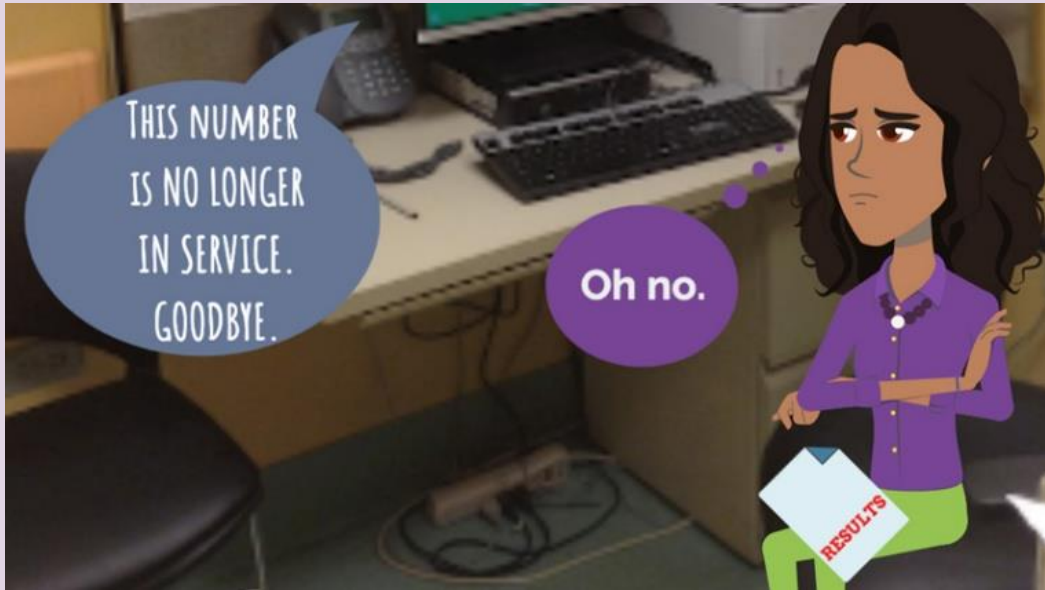
PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
For office scores: 0 + + + + = Total Score: _____				
If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?				
Not difficult at all 0	Somewhat difficult 1	Very difficult 2	Extremely difficult 3	

PHYSICAL EXAM

- Order preferences
- Patient to remain fully clothed for as long as possible
- Ask permission before all steps of any exam
- Patient shifts clothing
- Language sensitivity (ex: remove underwear v undress from the waist down)
- Instrument positioning
- Equipment check
- ~~• Explain all steps of visit, exam, procedures~~ Ask First!
- Offer least invasive methods possible
 - Ex: swabbing, speculum self-insertion



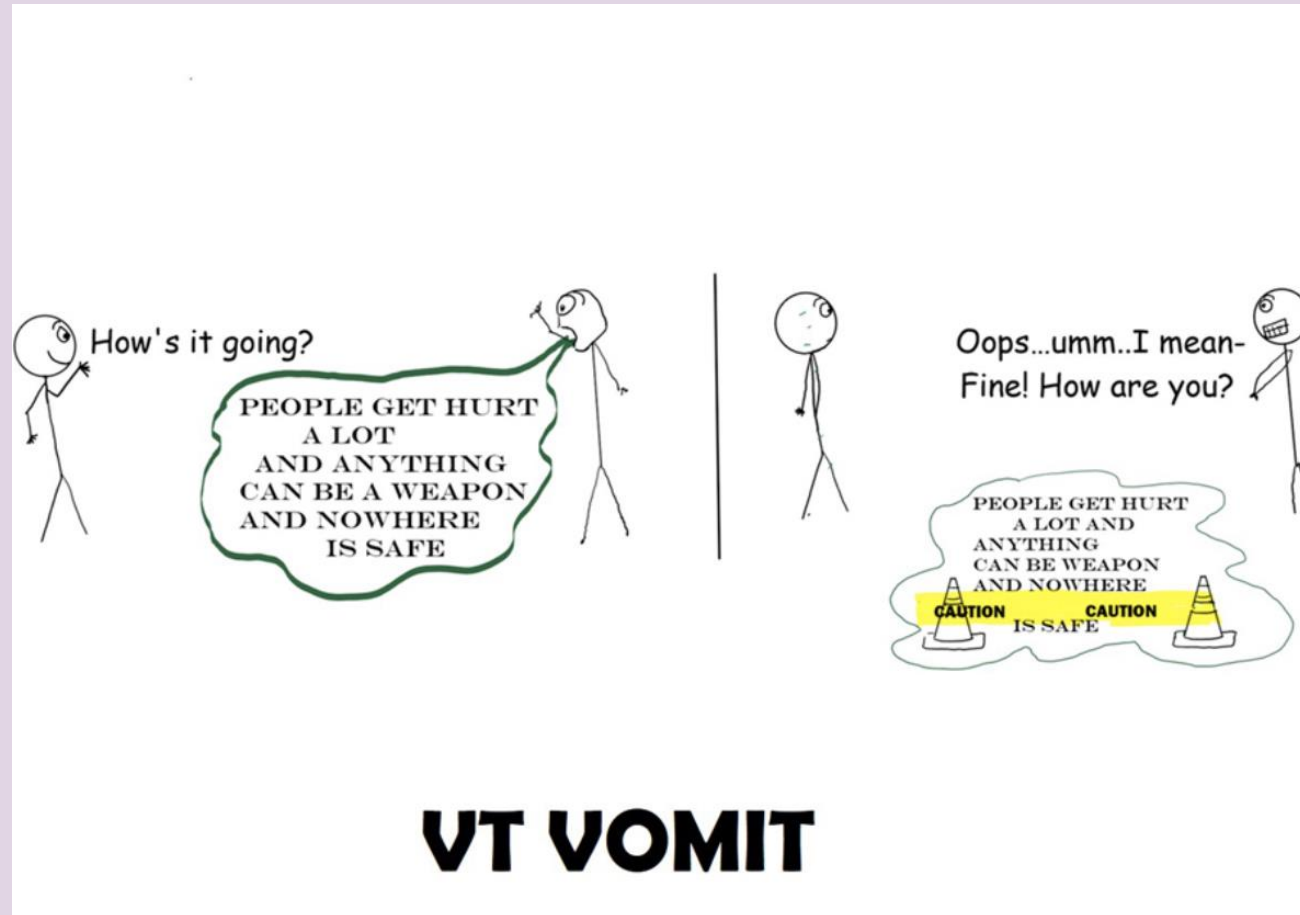
CARE COORDINATION



- What to anticipate with a referral
- What to anticipate in imaging
- Advocate for EMR Changes- understand what patients “see”
- Phone number confirmation
- Decrease need for “story” repetition
 - Review chart summary and history
 - Writing down information instead of saying it out loud
- Ask if you can send a summary to the referral organization

DO YOU KNOW ABOUT VICARIOUS TRAUMA?

RESOURCE: [HTTPS://VTT.OVC.OJP.GOV/](https://vtt.ovc.ojp.gov/)



Additional Resources

www.PurpLEHealthFoundation.org

Contact Information

Anita@PurpLEHealthFoundation.org

Twitter: @AnitaDRawing

Twitter: @PurpLEHealthNYC

IG: @PurpLEHealthFoundation

THANK YOU!

