Self Care through a Trauma-Informed Lens

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Overview

What are ACEs and what do they have to do with me?

The intersection of ACE scores and trauma

ACEs ≠ Destiny: Resilience

Applying Trauma-Informed Care (TIC) to ourselves and our patients
What is Your ACE Score?

- While you were growing up, during your first 18 years of life:
  1. Did a parent or other adult in the household often ...
     - Swear at you, insult you, put you down, or humiliate you?
     - or Act in a way that made you afraid that you might be physically hurt?
     - If yes enter 1 ________
  2. Did a parent or other adult in the household often ...
     - Push, grab, slap, or throw something at you?
     - or Ever hit you so hard that you had marks or were injured?
     - If yes enter 1 ________
What is Your ACE Score?

3. Did an adult or person at least 5 years older than you ever...
   - Touch or fondle you or have you touch their body in a sexual way?
   - Or try to or actually have oral, anal, or vaginal sex with you?
   - If yes enter 1 _______

4. Did you often feel that ...
   - No one in your family loved you or thought you were important or special?
   - Or your family didn’t look out for each other, feel close to each other, or support each other?
   - If yes enter 1 _______
5. Did you often feel that ... 
   ▶ You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? 
   ▶ or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? 
   ▶ If yes enter 1 ______

6. Were your parents ever separated or divorced? 
   ▶ If yes enter 1 ______
7. Was your mother or stepmother:
   - Often pushed, grabbed, slapped, or had something thrown at her?
   - or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   - or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   - If yes enter 1 ________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   - If yes enter 1 ________
What is Your ACE Score?

9. Was a household member:
   - Depressed or mentally ill or did a household member attempt suicide?
     - If yes enter 1 _______

10. Did a household member go to prison?
    - If yes enter 1 _______

Now add up your “Yes” answers: _______ This is your ACE Score
What Does Your ACE Score Mean?

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
How Common Are They?

How Common are ACES?

ACE Study

- Zero: 36%
- One: 26%
- Two: 16%
- Three: 9.5%
- Four or More: 12.5%
Experiencing 4 or more ACEs is associated with dose dependent increased risk for 7 out of 10 leading adult causes of death, including heart disease, stroke, cancer, COPD, diabetes, Alzheimer’s dz, and suicide.

Higher ACE scores increase rates of smoking, depression, anxiety, diabetes, disability, unemployment, substance/etoh abuse, lower educational attainment, work impairment, financial stress, early sexual activity, STIs, adolescent pregnancy, sexual abuse risk, fibromyalgia....
ACES create:

- Elevated glucocorticoids, CRH, ACTH, hypothalamic and pituitary hormones
- Hyperactivity of the SNS
- Chronically activated stress response, slower return to baseline
- Permanently blunted neural reining in of glucocorticoid production
- Impaired cognition, impulse control, emotional regulation, learning, and memory
- Decreased hippocampal volume and increased amygdaloid volume/hyperreactivity
- Chronic inflammation
History of the Adverse Childhood Experience Score


1995-1997 study of over 17,000 middle class, educated adults of all demographics in San Diego through Kaiser and CDC

More than 70 follow up studies done to date, including in Oregon (2011-2015), where ACE Scores are higher than average:

- 62.2% had at least one ACE
- 26.4% had ≥ three ACES
- 9.2% had ≥ five ACES
Where ACES and Trauma Intersect

- **Trauma** is an experience, or multiple experiences, of fear, anxiety, or helplessness that overwhelm a person’s coping capacities.

- **Development trauma** results from unmet developmental needs for safety and secure attachment in childhood.

- **Historical trauma** denotes the cumulative trauma wounding throughout a person’s lifespan, from fetal life to death, as well as intergenerational transmission of trauma.

- **Vicarious trauma** is the “emotional residue” from exposure to hearing another person’s trauma story.

- **Interpersonal retriggering** is an experience that activates memories, sensations, or emotions connected with past trauma that can “flood” a person with anger, anxiety, or other stress response.

- **Allostatic load** refers to a composite measure of chronic activation and stress on the body, including BMI, cytokine and catecholamine levels (e.g., “cortisol soup”).
Men: more likely to display irritability and aggression with PTSD

Men: more likely to have difficulty understanding dysfunctional behaviors (being female is a resiliency factor!)

Women: more likely to have depressive symptoms, including self blame and negative affect

Women: twice as likely than men to develop PTSD

One year PTSD prevalence higher among victims of “intentionally inflicted trauma” (IPV); e.g.: women
A Few Notes About PTSD (Liebschutz, 2007)

- Urban academic primary care center
- N = 509
- 23% screened positive for PTSD
  - Only 11% of these 23% had dx noted in EHR
  - Of those with depression noted in EHR,
    - 51% screened positive for PTSD
    - PTSD prevalence also higher if anxiety, IBS, chronic pain
- Grossly underdiagnosed, undertreated
A Few Notes About PTSD (Goldstein, 2017)

- 152 largely Latino primary care patients
  - 37% had positive PTSD screen
  - 89% said they felt comfortable being asked about PTSD by their provider
  - 76% believed their provider felt comfortable discussing PTSD (not!)
  - 78% believed their provider could help them with PTSD
Never Fear—Good News for You & Your Patients: You’re Healing Them (and Yourselves) by Sitting Here!

Learning about ACEs and assessing your own ACE score gives you significantly more understanding of the science and clinical utility of ACEs, and makes your practice more trauma-informed.

ACEs ≠ destiny. It’s a tool for understanding population, not individual, risks.

Knowledge = power; working with ACEs and TIC can change outcomes.

But, how do you apply this to you (and your patients)?

First do, then teach.
How do many individuals with high ACEs turn into seemingly functional adults?

- Resilience Theory, Emmy Werner, Developmental Psychologist, born 1929

- 1 out of 3 children she studied with severe trauma grew into “competent and caring adults”

- Resilience theory is strength-based
  - Focuses on “positive contextual, social, and individual variables that interfere or disrupt developmental trajectories from risk to problem behaviors, mental distress, and poor health outcomes.”
Resilience Theory

- Promotive Factors: Assets and Resources
- Internal Assets:
  - Self-efficacy and self-esteem
  - Affection
  - Intelligence
  - Achievement orientation
  - Ability to construct meaning out of events, increasing your own understanding
  - Internal locus of control
  - Problem-solving, help-seeking skills
  - Emotional regulation
Resiliency Theory

- External Resources (for children and adults)
  - Parental support, positive parent-child relationships
  - Adult mentors (e.g., that special teacher, grandparent)
  - Youth programs that facilitate coping skills practice
  - Community (e.g., spiritual or religious community, neighborhood watch)
  - Supportive relationships
  - Intimate partner support
Trauma-Informed Care (TIC)

- How do we apply this knowledge to ourselves and our patients?
Trauma-Informed Care (TIC)

- Asking:
  - Avoid the term “abuse” as patients may have a stigmatizing definition or association
  - “What traumatic events or unhealthy things happened to you as a child?”
  - Read the patient, especially if they do not want to disclose
  - “That’s totally okay; how do you think you might feel if you were to talk about it?” (Reduce shame)
Trauma-Informed Care (TIC)

- Educating:
  - Let patients know research shows childhood events directly impact health later in life
  - Self compassion
  - Normalize ACEs/trauma
  - Decrease shame
  - Educate regarding resilience, neuroplasticity
  - Avoid re-traumatization in relationships
  - Village Effect
  - Mindfulness
  - Skills: adaptive coping, problem-solving, emotional regulation
Trauma-Informed Care (TIC)

- Treating:
  - Trauma-focused (or other supportive) psychotherapy
    - You as an NP, by definition, already do this!
  - EMDR
  - SSRIs or SNRIs (high doses)
  - Prazosin (nightmares, hyperarousal, overall symptoms) BID to TID
  - Benzodiazepines pm (with caution)
Seeing: Ourselves and Each Other Through a Trauma-Informed Lens

“What has happened to you?” vs. “What is wrong with you?”

TIC asks us to wonder how a patient became disrespectful, entitled, nonadherent, substance abusing, self-destructive, etc.

Respect their dignity AND your own boundaries; don’t accept unacceptable behavior

SAMHSA’s TIC:
- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues
Instructions on Not Giving Up

More than the fuchsia funnels breaking out of the crabapple tree, more than the neighbor’s almost obscene display of cherry limbs shoving their cotton candy-colored blossoms to the slate sky of spring rains, it’s the greening of the trees that really gets to me. When all the shock of white and taffy, the world’s baubles and trinkets, leave the pavement strewn with the confetti of aftermath, the leaves come. Patient, plodding, a green skin growing over whatever winter did to us, a return to the strange idea of continuous living despite the mess of us, the hurt, the empty. Fine then, I’ll take it, the tree seems to say, a new slick leaf unfurling like a fist, I’ll take it all.

~Ada Limón
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