

# Trauma: Overview for Medical Professionals

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## Objectives

- Participants will learn:
  - to define trauma and traumatic stress.
  - the impact of trauma on the brain and body.
  - the foundations of trauma-informed care.

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## Assumptions and Biases

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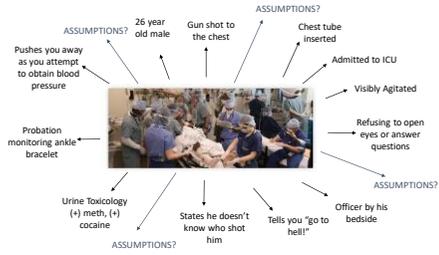
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What purpose do your assumptions and biases serve? How does it impact your interactions with others?

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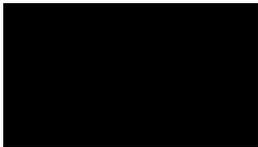
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If you knew what was underneath...



- Discuss with your neighbor:
  - What are some situations where you've faced assumptions and biases in your work?
  - How did the assumptions and biases impact your experiences or the patient's care?

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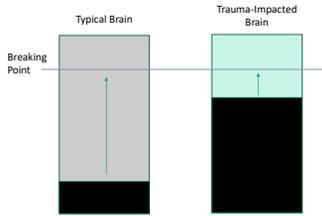
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### Window of Stress Tolerance



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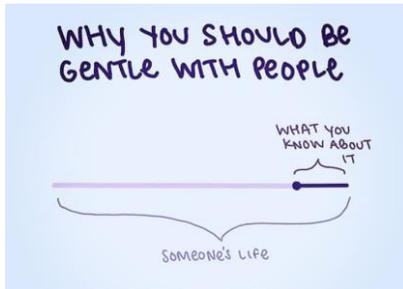
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Conflict often happens at the intersection of two people's histories  
-Karyn Purvis, PhD



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### Trauma and Traumatic Stress

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Witnessing or experiencing an event that poses a real or perceived threat  
The event overwhelms one's ability to cope.

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### Situations That Can Be Traumatic

- Natural disaster
- War/terrorism
- Accidents
- Medical procedures
- Bullying
- Abandonment
- Community violence
- Child abuse
- Child neglect
- Life-threatening illness
- Car accident
- Loss of a caregiver
- Witnessing domestic violence
- Sexual abuse

Is a hospitalization traumatic?  
Can working in medical settings be traumatic?

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### PTSD and Depression following Trauma-Center Hospitalization

- At 6 months
  - 31% met criteria for PTSD
  - 31% met criteria for Depression
- At 12 months,
  - 28% PTSD
  - 29% Depression
- Greater odds of PTSD if...
  - Assault-related injury (vs. accident)
  - Severe injury
  - Longer hospitalizations

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Psychological and physical symptoms that result from traumatic experiences

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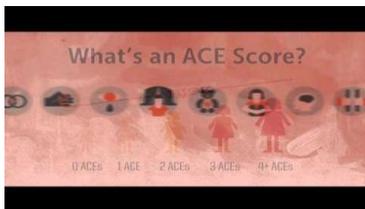
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ACEs Primer



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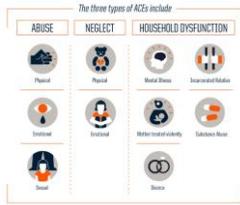
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## Adverse Childhood Experiences




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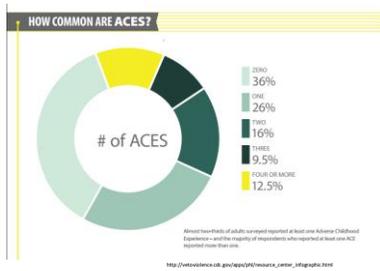
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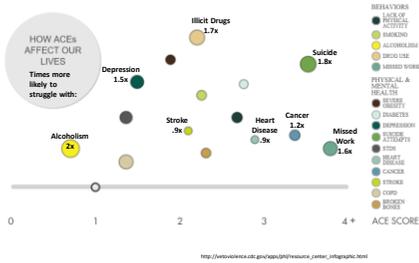
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### Biological Effects

- Survival Mode
- Brain sends signals through the body
- The body **MUST** respond
- Unnecessary body functions slow down or stop
- Flight, Fight, Freeze



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### Hand Model of the Brain



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### Real Threat Stress Response Cycle

- The alarm system won't stop going off
- Real Threat vs. Triggers
  - The body does not know the difference
  - Thinking brain turns off
  - Past and Present dangers become confused
- Unfamiliar or unsafe = increasing activation

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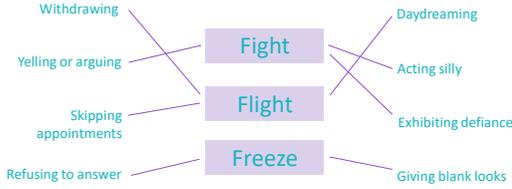
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Survival responses can look many ways. Which category would you place these behaviors?




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### Flight, Fight, Freeze

• Adaptive response to not-okay experiences

Flight	Fight	Freeze
Withdrawing	Acting Out	Exhibiting Numbness
Fleeing	Behaving Aggressively	Refusing to Answer
Skipping Appointments	Acting Silly	Refusing to Get Needs Met
Daydreaming	Exhibiting Defiance	Giving Blank Looks
Avoiding Others	Being Hyperactive	Feeling Unable to Move or Act
Hiding or Wandering	Arguing	
Becoming Disengaged	Screaming/Yelling	

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### Triggers

• An external event that causes internal discomfort or distress and reminds of past trauma

- Seeing: medical equipment, blood
- Feeling: restraints, invasive procedures
- Hearing: sirens, loud noises, yelling
- Smelling: rubbing alcohol, latex gloves
- Taste: medications



• Distressing experiences common in medical settings:

- Removal of clothing
- Physical touch
- Embarrassing personal questions
- Power dynamics
- Gender of provider
- Lack of privacy

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## Trauma Responses in Medical Care

- Negatively influence access to and engagement in primary care:
  - Avoidance of medical and dental services
  - Non-adherence to treatment
  - Postponing medical and dental services until things get very bad
  - Misuse of medical treatment services
    - ex. over use of ER Services and misuse of pain meds
- Vicarious trauma
  - Experiencing trauma symptoms by witnessing trauma of others

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## Trauma Informed Care

What is wrong with you?  
 What has happened to you?

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### A change of perspective...

Traditional Paradigm	Trauma Informed Paradigm
Some patients are bad	Patients are hurt and suffering
Patients who "act out" need to be punished	Patients behaviors are survival skills developed to live through the trauma, but are maladaptive in everyday society
Patients can change and stop immoral destructive behavior if they only had the motivation	Patients need support, trust, and safety to decrease maladaptive behaviors
Negative behaviors need to be managed or eliminated	Provide opportunities for patients to heal from their trauma
Staff should come to work every day at their best and perform to leadership's expectation	Leaders need to create strong organization culture to combat trauma and stress associated with work with traumatized patients
Systems of care should be created to minimize short term costs and contain immoral behavior	Systems of care invests in healing trauma, saving money over the longer term

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Trauma Informed Care in Practice...

Instead of...	Try to...
Ignore patients	Greet patients and spend time acknowledging their presence
Treat minor outbursts with major reprimands	Maintain composure and encourage patients to stay engaged
Ignore a patient's effort to problem solve	Acknowledge and encourage patients to problem solve
Disregard the importance of your body language and non-verbal actions	Pay attention to the message your body language and non-verbal behaviors sends to the patients
React to the patient's outbursts with one of your own	Remain calm and Look for opportunities to validate the patient's experience and provide a constructive interaction

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Trauma Informed Care in Practice...

Instead of...	Try to...
Ignore patients	Greet patients and spend time acknowledging their presence
Treat minor outbursts with major reprimands	Maintain composure and encourage patients to stay engaged
Use inappropriate sarcasm, especially at the patient's expense	Use appropriate humor to stimulate conversation
Ignore a patient's effort to problem solve	Acknowledge and encourage patients to problem solve
Disregard the importance of body language and non-verbal actions on the part of	Pay careful attention to what message your body language and non-verbal behavior sends to the patients
React to the patient's outbursts with one of your own	Remain calm and Look for opportunities to validate the patient's experience and provide a constructive interaction
Ignore patients as opportunity to "test your buttons"	Use occasions to remind patients what you files about them and encourage positive behavioral changes
React to situations	Remain patient of what they do well in addition to allowing them opportunities to progress
Focus on the negative when dealing with families	Call families' attention to the positives in the patient's care
Just reinforce the patient's negative emotions	Help patients learn coping skills and deal with negative emotions constructively
Disregard the message the patient's non-verbal behaviors might convey	Use opportunities to teach patients coping coping skills

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The Four R's to Trauma Informed Care

- **Realize** the prevalence of trauma
- **Recognize** how trauma affects all individuals, programs, organizations, and systems
- **Respond** by putting this knowledge into practice
- **Resist Re-traumatization** of patients and staff

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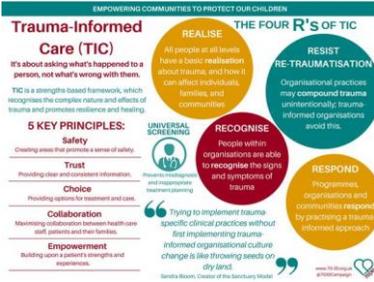
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### Discussion

- Set an intention of three trauma-responsive strategies you will adopt in your workplace:
  - Examples:
    - Become self-aware of own triggers
    - Greet and compliment coworkers and patients
    - Identify potential triggers in your work environment
    - Share knowledge of trauma and trauma-informed care

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## Universal Precautions

Responding as though everyone you interact with may be impacted by a traumatic event. It will not hurt those who haven't been, but it will make all the difference to those who have.

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## Questions?

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