

Family Health

How to Best Respond to Trauma Stories Do No Harm

July 28, 2021

Elisa Nicholas, MD, MSPH

CEO & Pediatrician

TCC Family Health

Clinical Professor of Pediatrics,
UC Irvine

Ali Zandi, PsyD

Director of Behavioral Health

TCC Family Health

Objectives

By the end of the training participants will:

- Understand what trauma is and the role it plays in a patient's presentation.
- Develop communication skills based on principles of empathic reflection and patient-centered communication.
- Understand appropriate interpersonal boundaries in responding to trauma stories.
- Become aware of one's own trauma stories and how they can impact the interaction with a patient.



Above All...



be kind.

What is Trauma?

Trauma is “an event, series of events or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.”

- Trauma is any experience that leaves a person intensely threatened. It often triggers physical, psychological, and emotional symptoms.
- If left untreated, these effects will linger long after the event(s) and could lead to toxic stress.

The Impact of Trauma

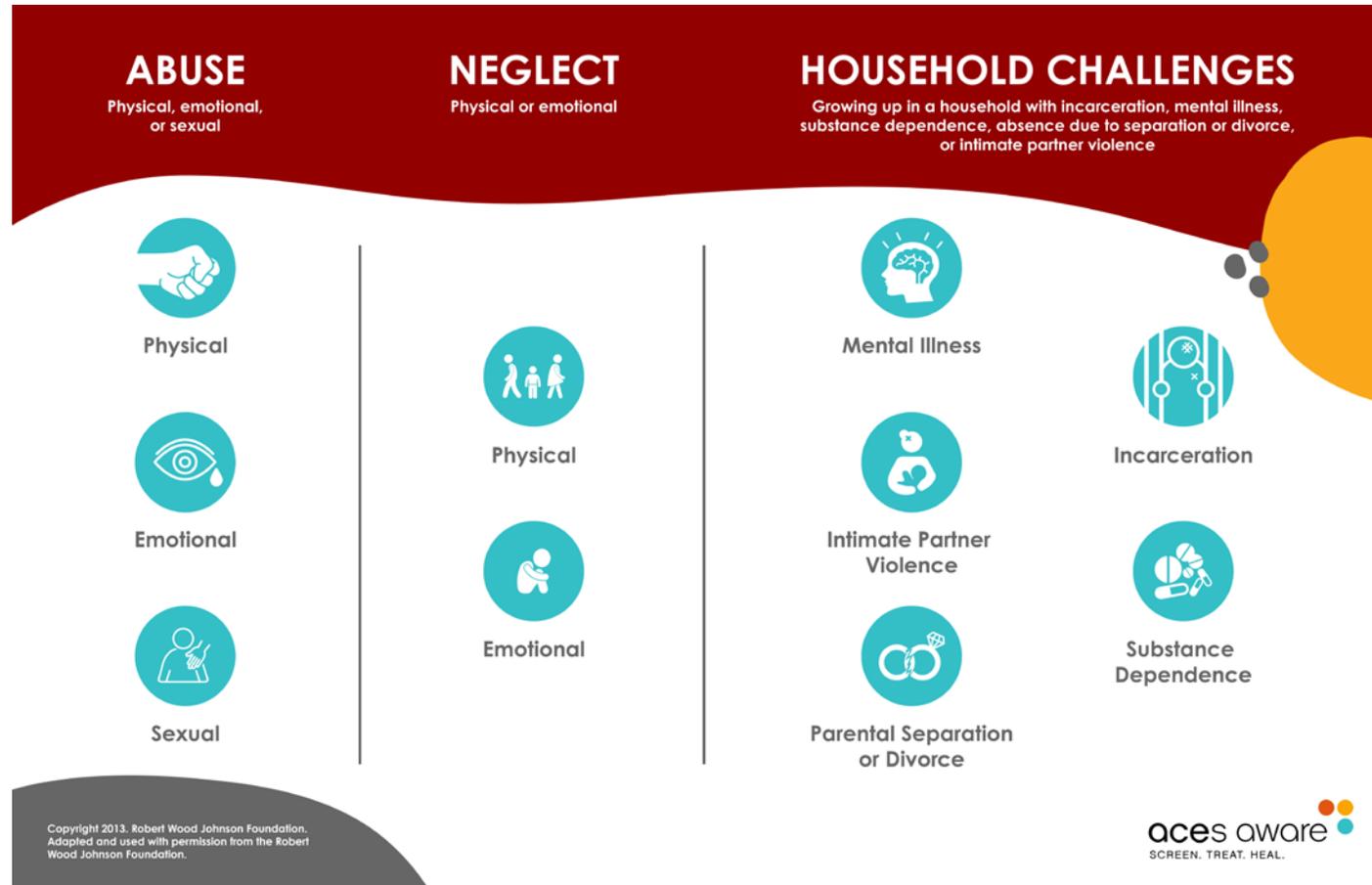
- These experiences may occur at any time in a person's life. They can be a single traumatic event or multiple events repeated over many years. This is known as complex trauma.
- Trauma experiences can overwhelm the person's ability to cope. This often leads the person to find coping strategies that may work in the short run but may cause serious harm in the long run.

Example of Traumatic Experiences

Trauma Experiences can be:

- Loss of Relationships
- Moves or Foster Care
- Domestic Violence
- Abuse*
- Neglect*
- Household Challenges*
- Medical Trauma
- Community and School Violence
- Natural Disasters
- Refugee & War Zone Trauma
- Terrorism
- Grief
- Bullying
- Discrimination/Racism

What Are Adverse Childhood Experiences (ACEs)?



Copyright 2013. Robert Wood Johnson Foundation. Used with permission from the Robert Wood Johnson Foundation.

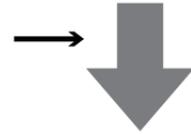
Toxic Stress Response

- High doses of cumulative adversity experienced during critical and sensitive periods of early life development without the buffering protections of safe, stable and nurturing relationships and environments can lead to long-term disruptions of:
 - Brain development
 - Immune and hormonal systems
 - Genetic regulatory mechanisms
- A condition known as toxic stress response

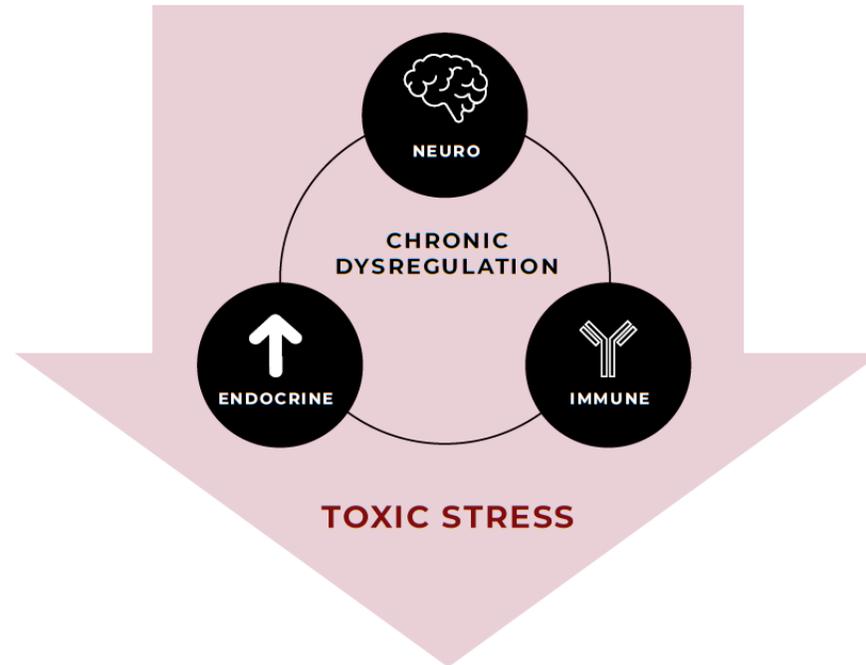


EARLY LIFE ADVERSITY

Protective
Factors →



← Predisposing
Vulnerability



CLINICAL IMPLICATIONS

Epigenetic		
Endocrine Metabolic Reproductive	Neurological Psychiatric Behavioral	Immune Inflammatory Cardiovascular

Source: Adapted from Bucci, M., Marques, S., Oh, D., & Harris, N. (2016, 8). Toxic Stress in Children and Adolescents. *Advances in Pediatrics*, 63(1). doi:10.1542/peds.2011-26622

The Impact of Toxic Stress

If not buffered by supportive and loving relationships can lead to:

- Changes in neurobiology, brain structure, and brain function.
- Social, emotional & cognitive impairment.
- Risky behaviors as coping mechanisms (smoking, alcohol, substance abuse, self harm, promiscuity, violence).
- Potentially severe and persistent behavioral health, health and social problems, and possibly early death.
- Use of avoidance as a means of coping.
 - Avoidance of emotions, experiences, activities, people, triggers, and help.

NumberStory.org



Trauma, Adversity, and Resiliency

- Not everyone that experiences a trauma goes on to develop PTSD, medical issues, behavioral health issues, or even toxic stress
- Supportive, nurturing relationships can protect against negative outcomes
- Not every difficult life experience can be called “traumatic”.
- Processing a traumatic event has been shown to be effective in resolving the trauma.
- Provides relief, empowerment, connection, and healing.
- Many are unaware that they experienced trauma.

Post Traumatic Stress Activation

Results in a flooding of cognitive and emotional internal experiences

- Intense anxiety and fear – increased heart rate, tension, racing thoughts, sweating, dry mouth
- Flashbacks, reliving, and/or powerful memories
- Intense anger
- Shame

Results in observable behaviors such as

- Agitation and anger
- Defensiveness
- Fear
- Dissociation and numbing
- Shrinking physically

Resilience

- The **ability to withstand, recover, or grow** from stressors, results from a combination of **intrinsic factors** (sense of security, belonging, worth, and self efficacy)* and **extrinsic factors** (like safe, stable, and nurturing relationships with family members and others) as well as **pre-disposing biological susceptibility**.
- Of note, with scientific advances in the understanding of the impact of stress on neuro-endocrine-immune and genetic regulatory health, we must advance our understanding of resilience **as also having neuro-endocrine-immune and genetic regulatory domains**.

Source: Kimberg, L., & Wheeler, M. (2019). Trauma and trauma-informed care. In *Trauma-informed healthcare approaches: a guide for primary care*. New York: Springer International Publishing.

Daniel, B. (2003). The Value of Resilience as a Concept for Practice in Residential Settings. *Journal of Residential Child Care*, 2(1).



Resilience & Peace

“It does not mean to be in a place where there is no noise, trouble, or hard work. It means to be in the midst of these things and still be calm in your heart.”

Source: Anonymous

Building Resiliency

The key not to try to avoid stress altogether, but accept the fact that there will be certain levels of stress in your life and to manage the stress in our lives in such a way that we avoid the negative consequences of stress

Strategies to Build Resiliency

- Cultivate optimism/hope
- Shift your focus/reframe
- Process difficult emotions
- Connect with others
- Be present/mindfulness
- Nurture positive view of yourself/self talk
- Keep things in perspective

Source: American Psychological Association. (2012). *Building your resilience*. Retrieved from American Psychological Association:
<https://www.apa.org/topics/resilience>

Perceptions of Resilience

- While a person may appear to be resilient “on-paper” or externally, poor physical or mental health can indicate otherwise
- Adverse changes to the brain in early development may harm the brain’s flexibility later in life
- But resiliency building skills can create “compensatory mechanisms”
 - We can divert unhealthy habits
 - Combination of pharmaceutical and therapeutic interventions

Source: McEwen, B., Gray, J., & Nasca, C. (2014). Recognizing resilience: Learning from the effects of stress on the brain. Elsevier Neurology of Stress, 1-11.

Potential Triggers of PTSD/Trauma Activation

EXPERIENCES
SOUNDS
ANNIVERSARIES
PEOPLE'S
MEDIA NEWS
IMAGES
POWER DIFFERENTIALS
WORDS

Creating Comfort for a Patient who has Experienced ACEs and Other Trauma That May Lead to Toxic Stress

- Assure a safe, inviting environment and a relationship the moment the patient enters clinic.
- Explain purpose of all screenings and interventions.
- Ask for permission prior to touching patient or discussing sensitive topics.

How to Respond to a Patient's Trauma Stories

- Manage your own emotional responses. Be calm and open.
- Use empathetic statements.
- You are not expected to solve problems alone.
- Know you can call on Behavioral Health services.

Do's

1

Be a good, active listener

2

Commend them on their bravery for sharing

3

Give your undivided attention

4

Reassure that you will help get them the help it they want it

Do's

5

Keep discussion simple – do not probe or ask details

6

Monitor your own feelings and do not let it get in the way of listening

7

Listen with empathy and kindness

Examples of Empathic Statements

- “Thank you for trusting me with your story”
- “You are very courageous for sharing this with me”
- “This must have been so overwhelming for you”
- “You did not deserve this”

Examples of Empathic Statements

- “You are very strong to have gone through this”
- “What can I do for you?”
- “I don’t even know what to say right now but I will help you if I can”.
- “You are not alone and we are here to help”.

Don'ts

- Share your own trauma or adversity story.
- Try to fix it or make them feel better.
- Compare the patient's story with a worse experience.
- Criticize or judge through excessive questioning, implying moral failing, and advice giving or facial and body expression.

Don'ts

- Investigate to find the “truth”.
- Offer spiritual or religious recommendations or sayings.
- Try to find positives.
- Ask for details of the story.

Examples of what **NOT** to say...

- “I know how you feel”.
- “Why did you allow that to keep happening to you?”
- “It could have been worse...”
- “I went through something similar...”

What to Say

- Thank you for sharing this with me.
- I appreciate your bravery.
- I am not sure what to say but I will do my best to help.
- You have been through so much. It is normal to be struggling.

When does someone need a Behavioral Health referral?

- Disclosure of abuse/neglect/IPV
- If they have signs and symptoms of:
 - Losing control of feelings
 - Difficulty sleeping
 - Severe anxiety — panic attacks, agitation, feeling unsafe, and jumpy
 - Numbing and dissociation — blank stare, no expression
 - Their chronic disease is being poorly controlled

When does someone need a Behavioral Health referral?

If they have signs and symptoms of:

- Depression— isolation, loss of pleasure, appetite disturbance, thoughts of suicide, irritability, guilt and shame.
- Self-injury
- Risky behaviors — promiscuity, reckless driving, aggression, and SUD.
- Physical complaints with unclear reason — headaches, body aches, stomach aches, and pain.

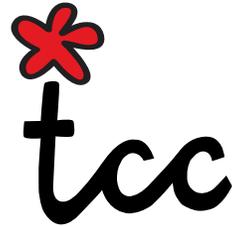
Evidence-Based Strategies for Toxic Stress Regulation



Remember...

- Be kind
- Be empathic
- Do not ask details or judge

- Pay attention to your own feelings and seek support if needed
- Remember, you may be the first person they have shared this with.
- **Your caring about them matters!**



Family Health

How to Best Respond to Trauma Stories Do No Harm Questions?

Elisa Nicholas, MD, MSPH

CEO & Pediatrician

TCC Family Health

Clinical Professor of Pediatrics,

UC Irvine

enicholas@tccfamilyhealth.org

(562) 264-3551

Ali Zandi, PsyD

Director of Behavioral Health

TCC Family Health

azandi@tccfamilyhealth.org

(562) 264-4619