

WHAT #METOO & TRAUMA INFORMED CARE MEANS FOR CLINICIANS AND HEALTH CARE ORGANIZATIONS

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Overview

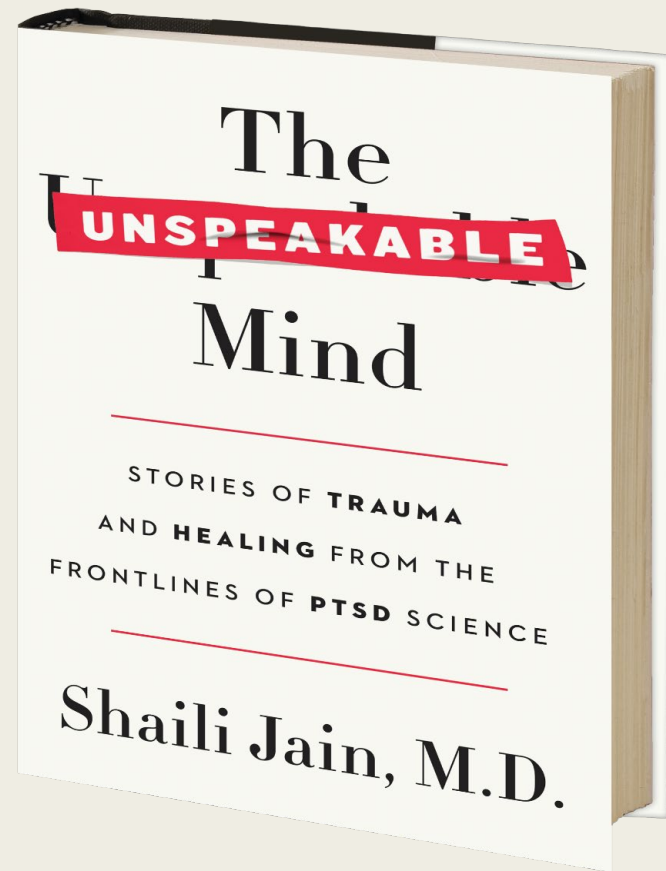
What is Trauma Informed Care?

#MeToo and the Science of Sexual Harassment

What you Must Know about Posttraumatic Stress Disorder

Q&A

The Unspeakable Mind





TRAUMA INFORMED
CARE



What is Trauma Informed Care?



What is Trauma Informed Care?

“Individual trauma results from 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”

Substance Abuse and Mental Health Services Administration. SAMSHA’s Concept of Trauma and Guidance for a Trauma Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services

What is Trauma Informed Care?

- Health care team **REALIZES** that many patients have a trauma history
- 1 in 4 children experience some sort of physical, sexual, or emotional abuse
- 1 in 4 women experience intimate partner violence
- 1 in 5 women and 1 in 71 men experience rape
- More than HALF of Americans report experiencing a major trauma

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Monique Tello; Trauma-informed care: What it is, and why it's important POSTED OCTOBER 16, 2018, Harvard Health Blog

Fran H. Norris and Laurie B. Slone, "Epidemiology of Trauma and PTSD," in Handbook of PTSD: Science and Practice, 2nd ed., ed. Matthew J. Friedman, Terence Martin Keane, and Patricia A. Resick (New York: Guilford Press, 2014), 100-21.

What is Trauma Informed Care?

- Healthcare team **RECOGNIZES** the signs and symptoms of trauma and how it influences the way healthcare is experienced
- Anxiety about medical visits, flashbacks during the visit, non adherence to medical care, the “difficult” patient
- Routine exams, tests and diagnostic procedures can feel invasive
- Acknowledge the power differential in the relationship
- Acknowledge the vulnerability of the patient

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What is Trauma Informed Care?

- Healthcare team **RESPONDS** by integrating knowledge about trauma into their practice
- Trauma Informed Care ensures patients feel safe, are not traumatized, and their inner strengths are encouraged
- Trauma-informed care promotes a culture of safety, empowerment, and healing

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What is Trauma Informed Care?

- Health care team **RESISTS RE-TRAUMATIZATION** by integrating best practices
- Simple questions

“Is there anything in your history that makes seeing a practitioner or having a physical examination difficult?”

“Is there anything I can do to make your visit and exam easier?”

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What is Trauma Informed Care?



4 Steps to Trauma Informed Care

- REALIZE
- RECOGNIZE
- RESPOND
- RESIST RE-TRAUMATIZATION

The image features two thick black L-shaped brackets. One is positioned in the top-left corner, and the other is in the bottom-right corner, framing the central text.

#METOO & THE SCIENCE OF SEXUAL HARRASSMENT



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What #MeToo must learn from the science of sexual harassment

SHAILI JAIN, MD | PHYSICIAN | FEBRUARY 23, 2018

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Definitions Matter, Precision Matters, Measurement Matters

- Definitions matter
- Ambiguity causes confusion
- Screening has allowed measurement of the magnitude of the problem
- Sexual assault and harassment are pervasive

Sexual Harassment Can Make You Sick

- Science now knows much more about the impact of sexual harassment on the human body and psyche
- Experiencing harassment is associated with higher rates of obesity and chronic pain conditions e.g. headaches, back pain or fibromyalgia
- Sexual trauma also triggers mental health conditions such as PTSD, eating disorders, clinical depression and substance abuse

Sexual Harassment Can Be Deadly

Military Sexual Trauma and Suicide Mortality

Rachel Kimerling, PhD,^{1,2,3} Kerry Makin-Byrd, PhD,^{1,3} Samantha Louzon, MPH,⁴
Rosalinda V. Ignacio, MS,⁴ John F. McCarthy, PhD^{4,5,6}

This activity is available for CME credit. See page A3 for information.

Introduction: The Veterans Health Administration health system uses a clinical reminder in the medical record to screen for military sexual trauma. For more than 6 million Veterans, this study assessed associations between military sexual trauma screen results and subsequent suicide mortality.

Methods: For Veterans who received Veterans Health Administration services in fiscal years 2007–2011 and were screened for military sexual trauma (5,991,080 men; 360,774 women), proportional hazards regressions evaluated associations between military sexually trauma and suicide risk. Models were adjusted for age, rural residence, medical morbidity, and psychiatric conditions, obtained from medical records at the year military sexual trauma screening occurred. Analyses were conducted in 2014.

Harassment is Bad for the Bottom Line

ORIGINAL RESEARCH

Increased Health Care Utilization and Costs Among Veterans With a Positive Screen for Military Sexual Trauma

Emily Brignone, PhD,† Adi V. Gundlapalli, MD, PhD, MS,*‡ Rebecca K. Blais, PhD,*†
Rachel Kimerling, PhD,§|| Tyson S. Barrett, BS,*† Richard E. Nelson, PhD,*‡ Marjorie E. Carter, MSPH,*‡
Matthew H. Samore, MD,*‡ and Jamison D. Fargo, PhD, MS*†*

Background: The effects of sexual trauma on long-term health care utilization and costs are not well understood due to infrequent documentation of sexual trauma history in health care systems. The Veteran's Health Administration provides a unique opportunity to address this constraint as sexual trauma is actively screened for as part of routine care.

Methods: We used a retrospective cohort design to analyze Veteran's Health Administration mental health and medical service utilization and costs as a function of a positive screen for exposure to military sexual trauma (MST) among Veterans of recent conflicts in Iraq and Afghanistan. We computed adjusted 5-year estimates of overall utilization and costs, and utilization and costs determined not to be related to MST.

Results: The cohort included 426,223 men and 59,611 women. A positive MST screen was associated with 50% higher health care

Key Words: sexual assault, sexual harassment, veterans, health care costs, utilization

(*Med Care* 2017;55: S70–S77)

Sexual trauma is associated with a wide range of adverse psychiatric^{1–4} and medical^{1–5} outcomes, as well as sexual revictimization,^{6,7} homelessness,⁷ and suicide.⁸ The acute psychiatric symptoms of sexual trauma, when left untreated, may worsen over time, resulting in greater distress and ultimately negatively affecting a broad range of health and psychosocial domains.^{9,10} Studies of sexual trauma sequelae indicate a substantial burden, both individually, in terms of pain, suffering, and lessened quality of life, and societally, in terms of lost productivity and public service

11–13

#MeToo and Medical Training

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Perspective

Time's Up for Medicine? Only Time Will Tell

Esther K. Choo, M.D., M.P.H., Jane van Dis, M.D., and Dara Kass, M.D.

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MEDICINE AND SOCIETY FREE PREVIEW

Men's Fear of Mentoring in the #MeToo Era — What's at Stake for Academic Medicine?

Sophie Soklaridis, Ph.D., Catherine Zahn, M.D.C.M., Ayelet Kuper, M.D., D.Phil., Deborah Gillis, M.A., Valerie H. Taylor, M.D., Ph.D., and Cynthia Whitehead, M.D., Ph.D.

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Perspective FREE PREVIEW

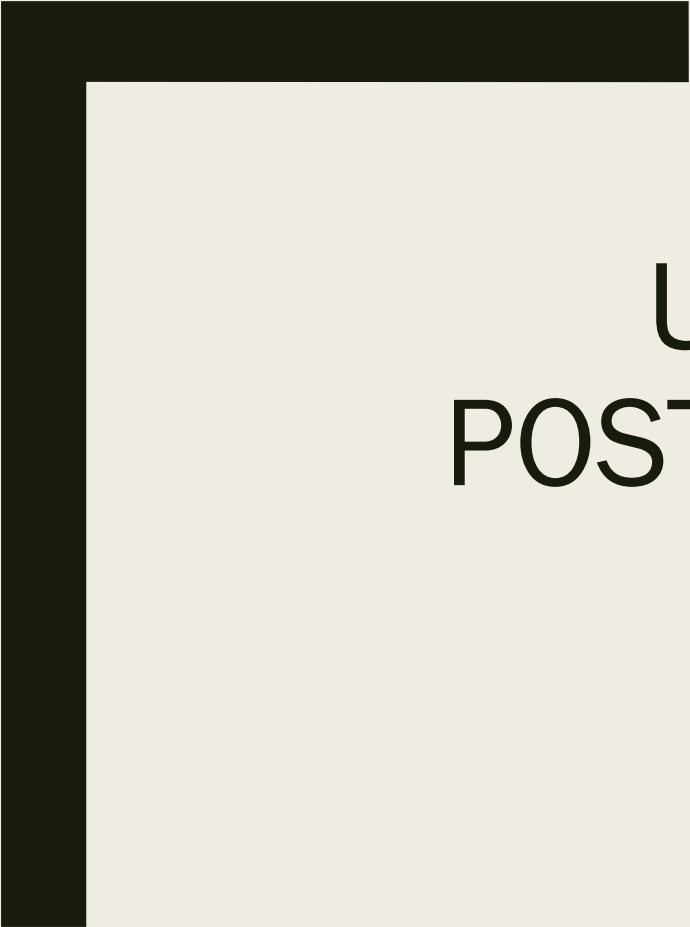
Sexual Harassment in Medicine — #MeToo

Reshma Jagsi, M.D., D.Phil.

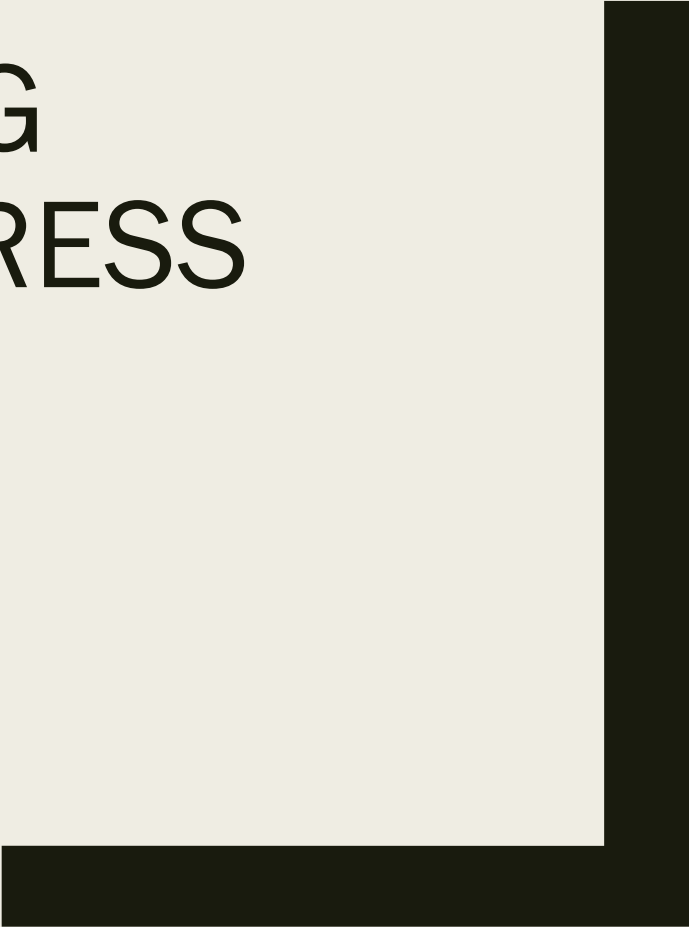
  

The problem of sexual harassment seems as severe in medicine as in other professions. Standing up to harassers is hard for victims and institutions alike. As we become more proactive, it's valuable to participate in the now or never conversation about workplace harassment.

"As many as 50% of female medical students report experiencing sexual harassment"

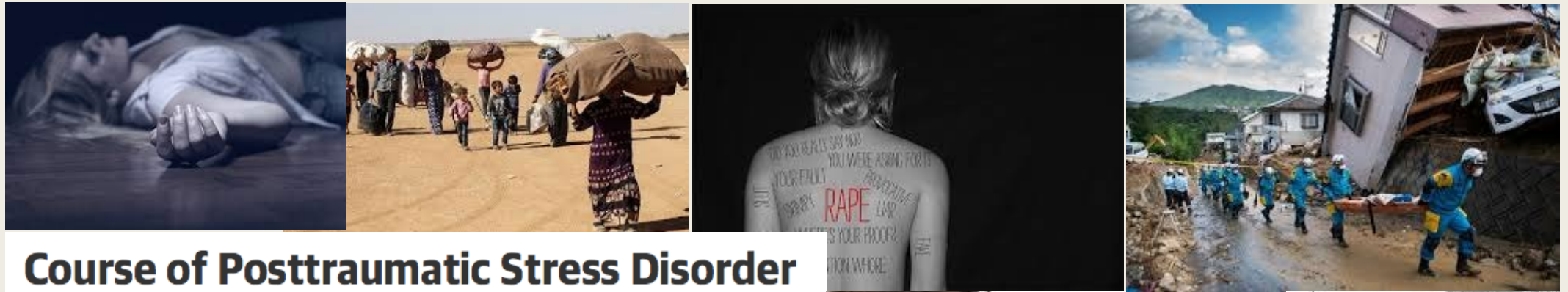


UNDERSTANDING
POSTTRAUMATIC STRESS
DISORDER



A Pressing Public Health Concern

At any given moment, in the United States alone, there are over 6 million active cases of PTSD that require treatment

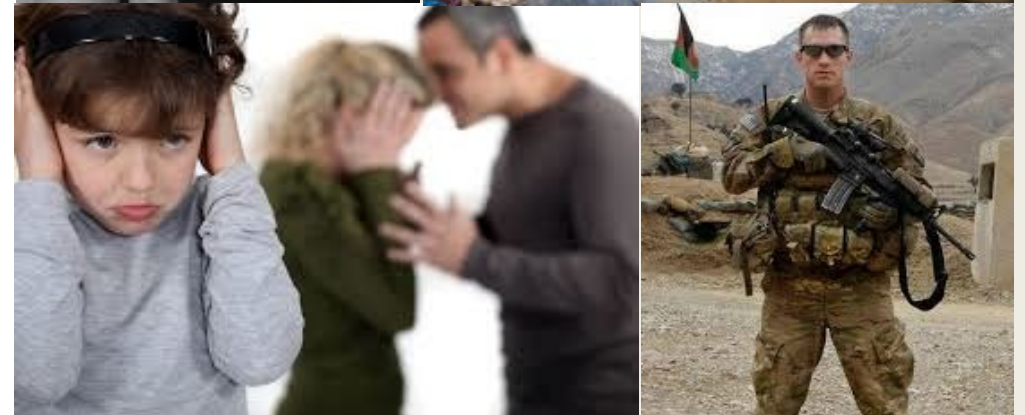


Course of Posttraumatic Stress Disorder 40 Years After the Vietnam War Findings From the National Vietnam Veterans Longitudinal Study

Charles R. Marmar, MD¹; William Schlenger, PhD²; Clare Henn-Haase, PsyD¹; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

JAMA Psychiatry. 2015;72(9):875-881. doi:10.1001/jamapsychiatry.2015.0803



Nightmares & Flashbacks



- Sleep disturbances often develop into independent sleep problems.
- These sleep disorders exacerbate the PTSD symptoms and require their own treatment
- Image Rehearsal Therapy (IRT)
- Flashbacks are involuntary, triggered by trauma cues and involve an intense, vivid reliving of the event in the present



Avoidance & Denial



- People with PTSD tend to recall personal memories with very few details: over general memory
- Avoidance taken to extreme is denial: a deep burial of trauma

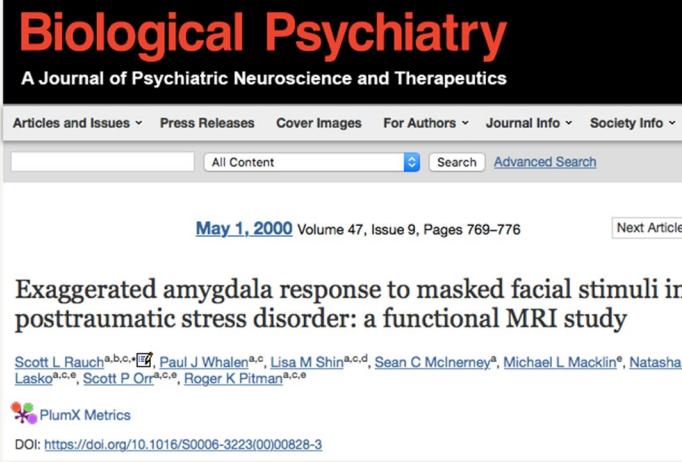
Acute Awareness & Shady Moods



[Arch Gen Psychiatry](#), 2004 Feb;61(2):168-76.

Regional cerebral blood flow in the amygdala and medial prefrontal cortex during traumatic imagery in male and female Vietnam veterans with PTSD.

Shin LM¹, Orr SP, Carson MA, Rauch SL, Macklin ML, Lasko NB, Peters PM, Metzger LJ, Dougherty DD, Cannistraro PA, Alpert NM, Fischman AJ, Pitman RK.



Biological Psychiatry
A Journal of Psychiatric Neuroscience and Therapeutics

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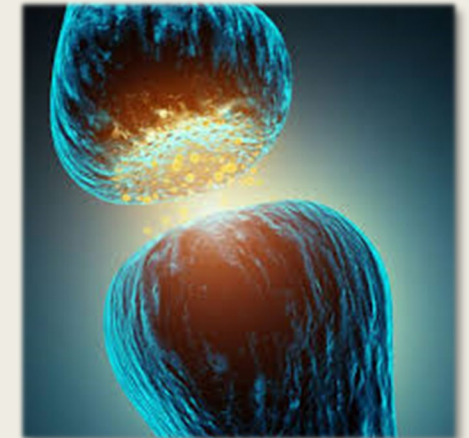
May 1, 2000 Volume 47, Issue 9, Pages 769-776 Next Article >

Exaggerated amygdala response to masked facial stimuli in posttraumatic stress disorder: a functional MRI study

Scott L Rauch^{a,b,c,d}, Paul J Whalen^{a,c}, Lisa M Shin^{a,c,d}, Sean C McInerney^a, Michael L Macklin^a, Natasha B Lasko^{a,c,e}, Scott P Orr^{a,c,e}, Roger K Pitman^{a,c,e}

PlumX Metrics

DOI: [https://doi.org/10.1016/S0006-3223\(00\)00828-3](https://doi.org/10.1016/S0006-3223(00)00828-3)



Anger, Shame, Guilt, Horror and Fear

Childhood & Senescence



[J Pediatr Psychol](#). 2010 Jun; 35(5): 559–569.
Published online 2009 Dec 7. doi: [10.1093/jpepsy/jsp112](https://doi.org/10.1093/jpepsy/jsp112)

PMCID: PMC2910941
PMID: [19995868](https://pubmed.ncbi.nlm.nih.gov/19995868/)

Reduced Hippocampal Activity in Youth with Posttraumatic Stress Symptoms: An fMRI Study

[Victor G. Carrion, MD](#),[✉] [Brian W. Haas, PhD](#), [Amy Garrett, PhD](#), [Suzan Song, MD](#), and [Allan L. Reiss, MD](#)



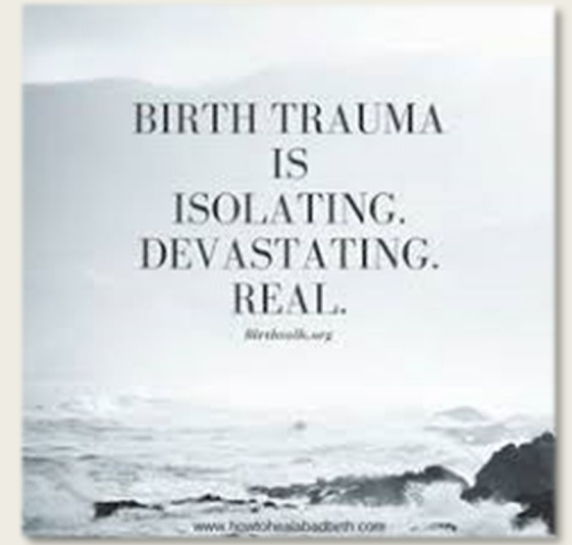
[Arch Gen Psychiatry](#). 2010 Jun;67(6):608-13. doi: [10.1001/archgenpsychiatry.2010.61](https://doi.org/10.1001/archgenpsychiatry.2010.61).

Posttraumatic stress disorder and risk of dementia among US veterans.

[Yaffe K](#)¹, [Vittinghoff E](#), [Lindquist K](#), [Barnes D](#), [Covinsky KE](#), [Neylan T](#), [Kluse M](#), [Marmar C](#).

Late Onset Stress Symptomatology

Gender, Rape & Postpartum PTSD



A Danger to Self & Others



Talking Cures

- Prolonged Exposure
- Cognitive Processing
- EMDR
- Brief Eclectic Psychotherapy
- Narrative Exposure Therapy
- STAIR
- ACT
- Mind Body Treatments



Medications and Magic Bullets

- SSRI's & SNRI's
- Mood Stabilizers
- SGA
- No to BDZ
- Magic Bullets: Ketamine, MDMA, Medical Marijuana



Questions