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

Shaili Jain, M.D.
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

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
#METOO & THE SCIENCE OF SEXUAL HARRASSMENT
What #MeToo must learn from the science of sexual harassment

SHALI JAIN, MD | PHYSICIAN | FEBRUARY 23, 2018
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

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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

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

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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 concern 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 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 costs.

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

Sexual trauma is associated with a wide range of adverse psychiatric1-8 and medical9,10 outcomes, as well as sexual revictimization,11 homelessness,12,13 and suicide.14 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 psychological domains.15,16 Studies of sexual trauma sequelae indicate a substantial burden, both individually, in terms of pain, suffering, and lowered quality of life, and socially, in terms of lost productivity and public service...
"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.
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: overgeneral memory
- Avoidance taken to extreme is denial: a deep burial of trauma
Acute Awareness & Shady Moods

Anger, Shame, Guilt, Horror and Fear
Childhood & Senescence

Late Onset Stress Symptomatology

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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