Trauma-informed care in the COVID-19 Era: ACEs, Telehealth and Beyond

Megan R. Gerber, MD, MPH, FACP

Associate Professor of Medicine, Boston University

Member, Academy on Violence and Abuse

Steering Committee Member, National Collaborative on Trauma-Informed Healthcare Education and Research (TIHCER)

Learning Objectives

1. Recognize the adverse, long-term health impact that adverse childhood experiences (ACEs) and other traumas have on primary care patients.
2. identify how the COVID-19 pandemic and other recent events (such as police killings and wildfires) may be worsening outcomes for trauma-exposed children and adults.
3. Develop ways to apply principles of trauma-informed care during these challenging times.

Disclosures

The views expressed in this presentation are those of the speaker and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

No relevant financial relationships with commercial interests.

Can you leave here today with one idea for changing your practice?

Trauma Defined

"…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."

Substance Abuse and Mental Health Services Administration (SAMHSA.gov)

Trauma: Examples

- Can be a single event, more often multiple events over time.
- Interpersonal violence/violation *especially at the hands of an authority or trust figure*, is especially damaging.
- Structural violence – ways in which social structures harm or otherwise disadvantage individuals – including experiences of systemic oppression, "isms", poverty.
- Collective, historical, generational.
- Pandemic, natural disasters, war.

Not always measurable!!

Adapted from Trauma-informed Oregon
https://traumainformedoregon.org/wp-content/uploads/2017/07/Foundations-of-Trauma-Informed-Care.pdf

US Lifetime Rates of Interpersonal Trauma

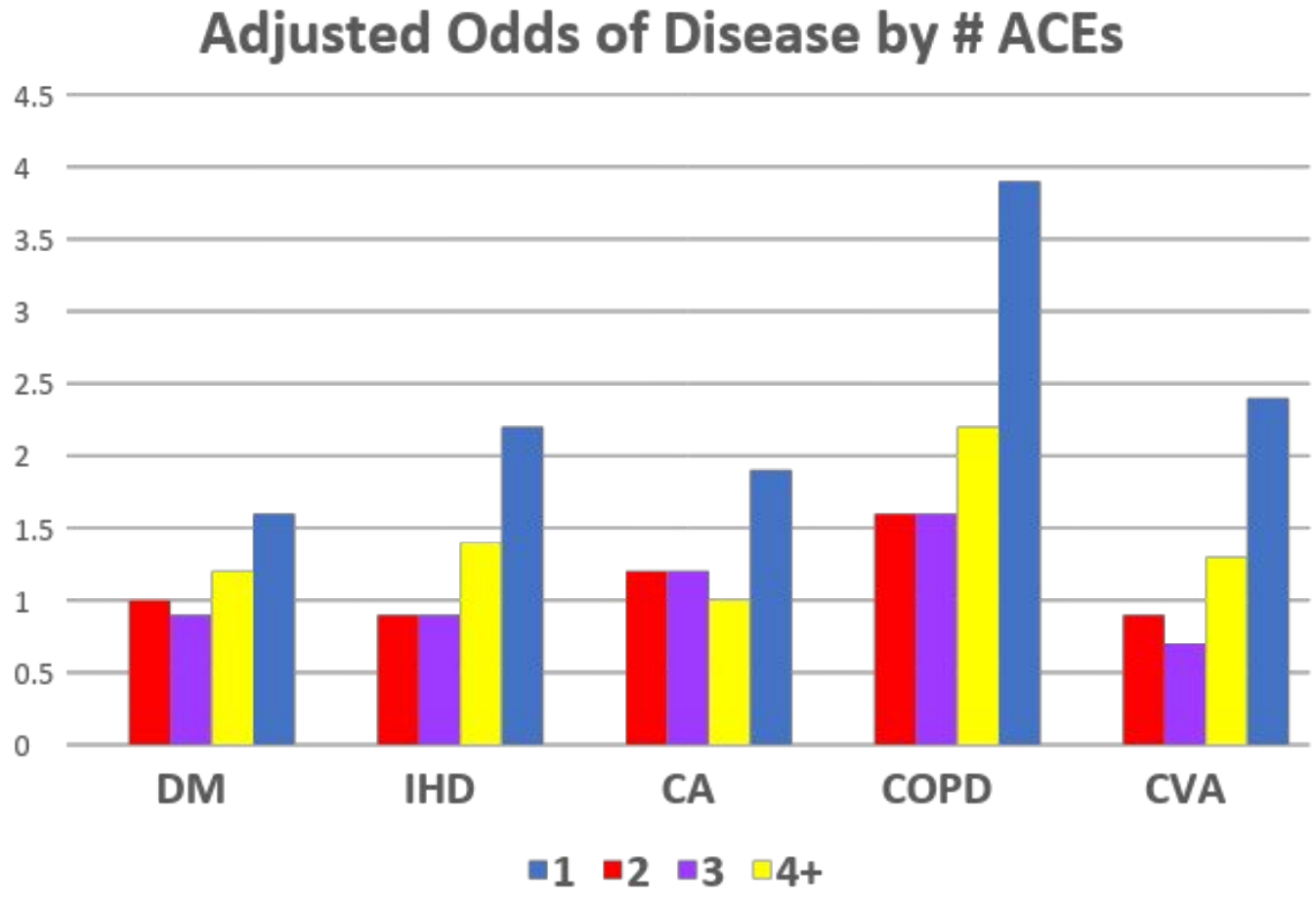
	Intimate Partner Violence (IPV)*	Sexual Assault (Rape/ Attempted Rape)	Sexual Assault Under age 18	PTSD Symptoms
Women	36.4%	21.3%	41%	52%
Men	33.3%	2.6%	24%	17%

**contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime.*

CDC National Intimate Partner & Sexual Violence Survey (NISVS)
https://www.cdc.gov/violenceprevention/nisvs/2015NISVSdatabrief.html

Adverse Childhood Experiences (ACEs)

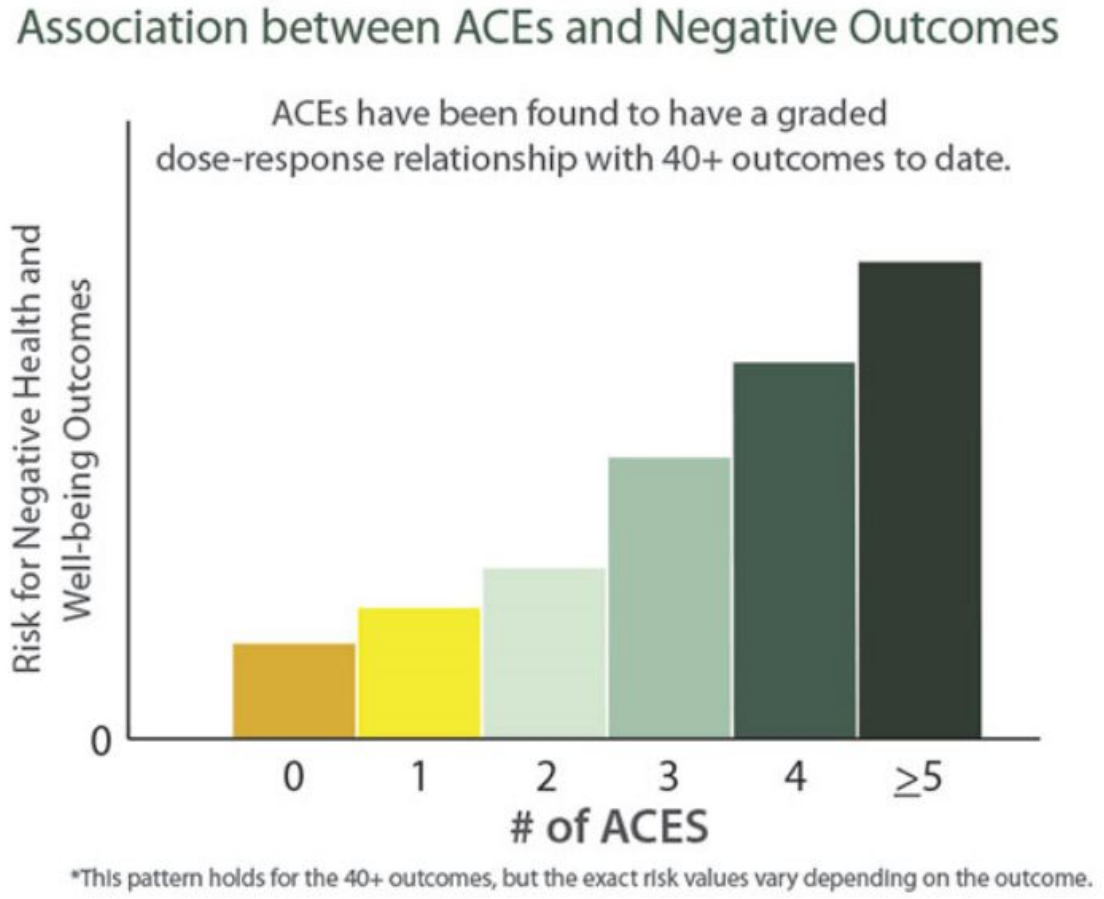
- Original study Kaiser Permanente (1998) in collaboration with CDC eventually interviewed 17,000 Kaiser patients – mostly White, all insured.
- Increased ACE scores resulted in increased odds of chronic disease & mortality.



Adapted from Felitti et. al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study AJPM 1998

ACEs: A Public Health Issue

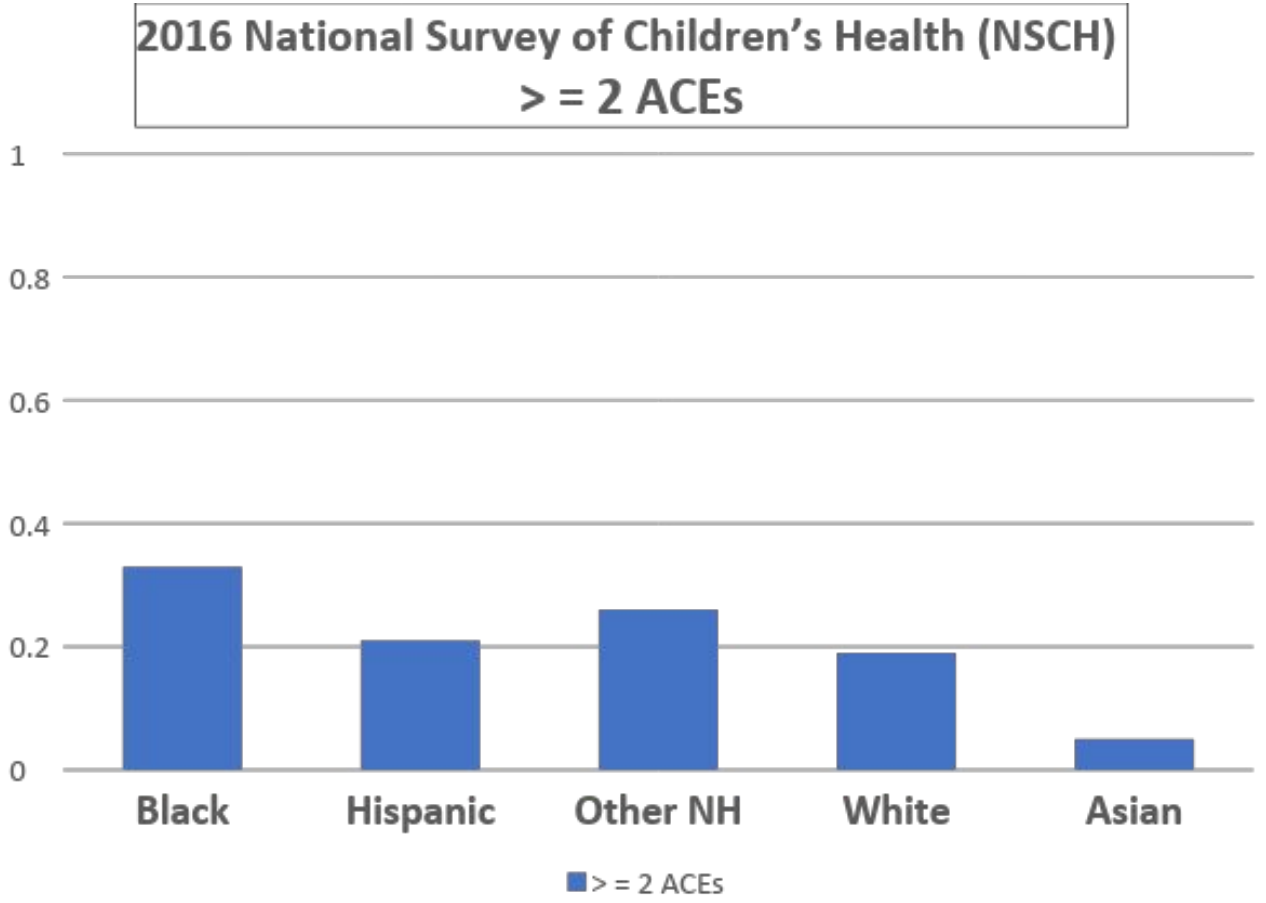
- Partnership with CDC:
  - Prevention in childhood.
  - Intervention & understanding in adulthood.
- Now included in many state Behavioral Risk Factor Surveillance Surveys (BRFSS).
- California began pediatric screening in 2020.
- Health professions training lacking.



https://www.cdc.gov/violenceprevention/acestudy/index.html

ACEs: Racial/Ethnic Disparities

- 1 in 10 US children have experienced ≥ 3 ACEs.
- Varies by state. In five states (AZ, AK, MO, NM, OH), 1 in 7 children had experienced 3+ ACEs.
- Black children have highest odds.
- Health inequity can begin early in life.



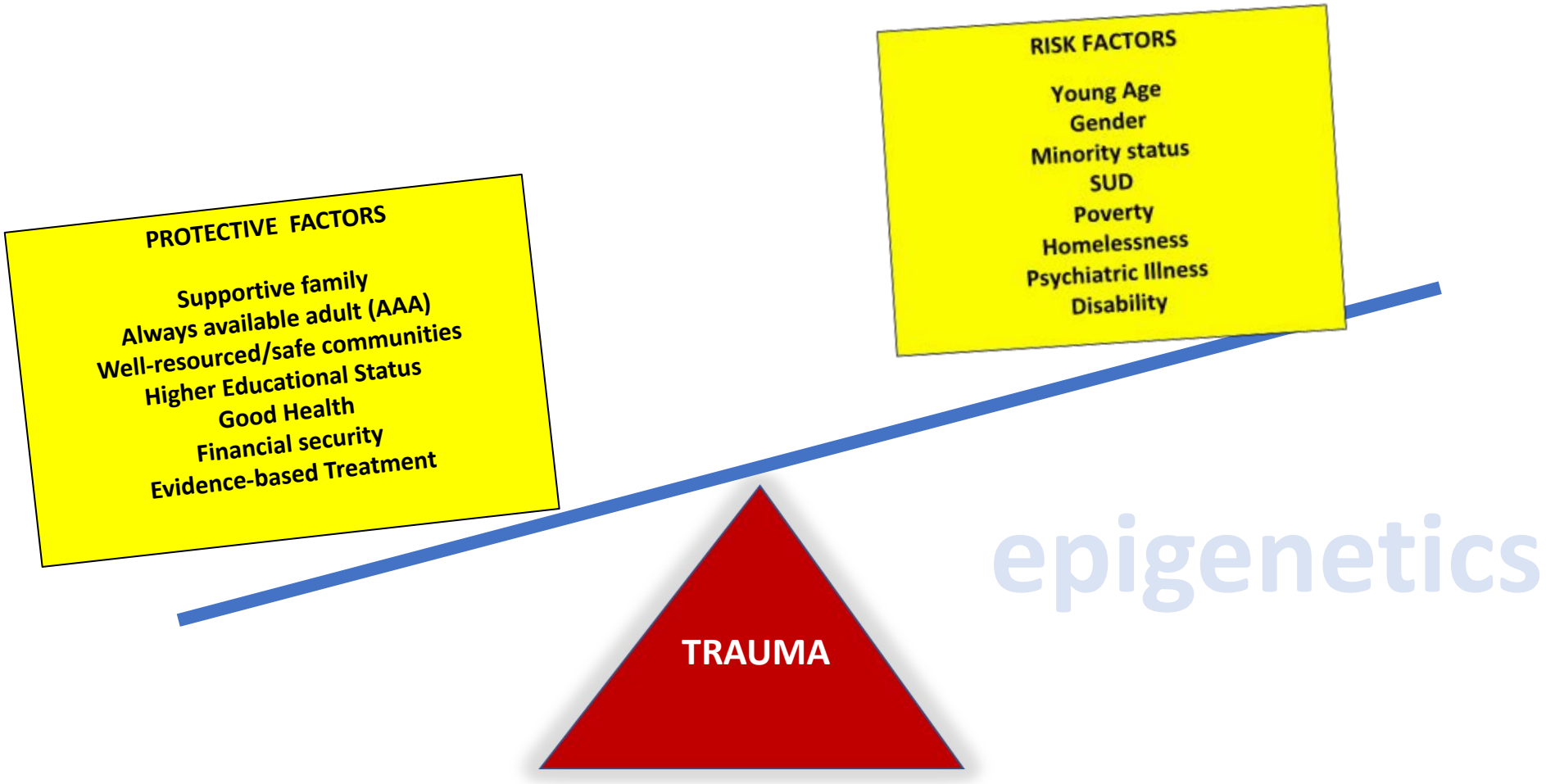
National Survey of Children's Health (NSCH), https://www.childtrends.org/wp-content/uploads/2018/02/ACESBriefUpdatedFinal_ChildTrends_February2

Timing: Early Adversity and Brain Development

- ACEs have been shown to be associated with impairment in numerous developmental processes, including emotion regulation, attachment formation.
- Early exposure to adversity alters the sensitivity of stress-response systems (e.g., HPA axis),which in turn enhances the risk of negative outcomes, including PTSD, following later stressors
- Exposure to chronic or repeated interpersonal trauma early in the life course may result in a complex constellation of symptoms that is more severe and qualitatively different than the sequelae of single incident childhood trauma.

Ogle (2013), (Goodman (2010), McLaughlin (2010).

Trauma & Health: Dynamic Process



Megan Gerber, MD, MPH 2019

Trauma and Ill Health: Complex Interplay

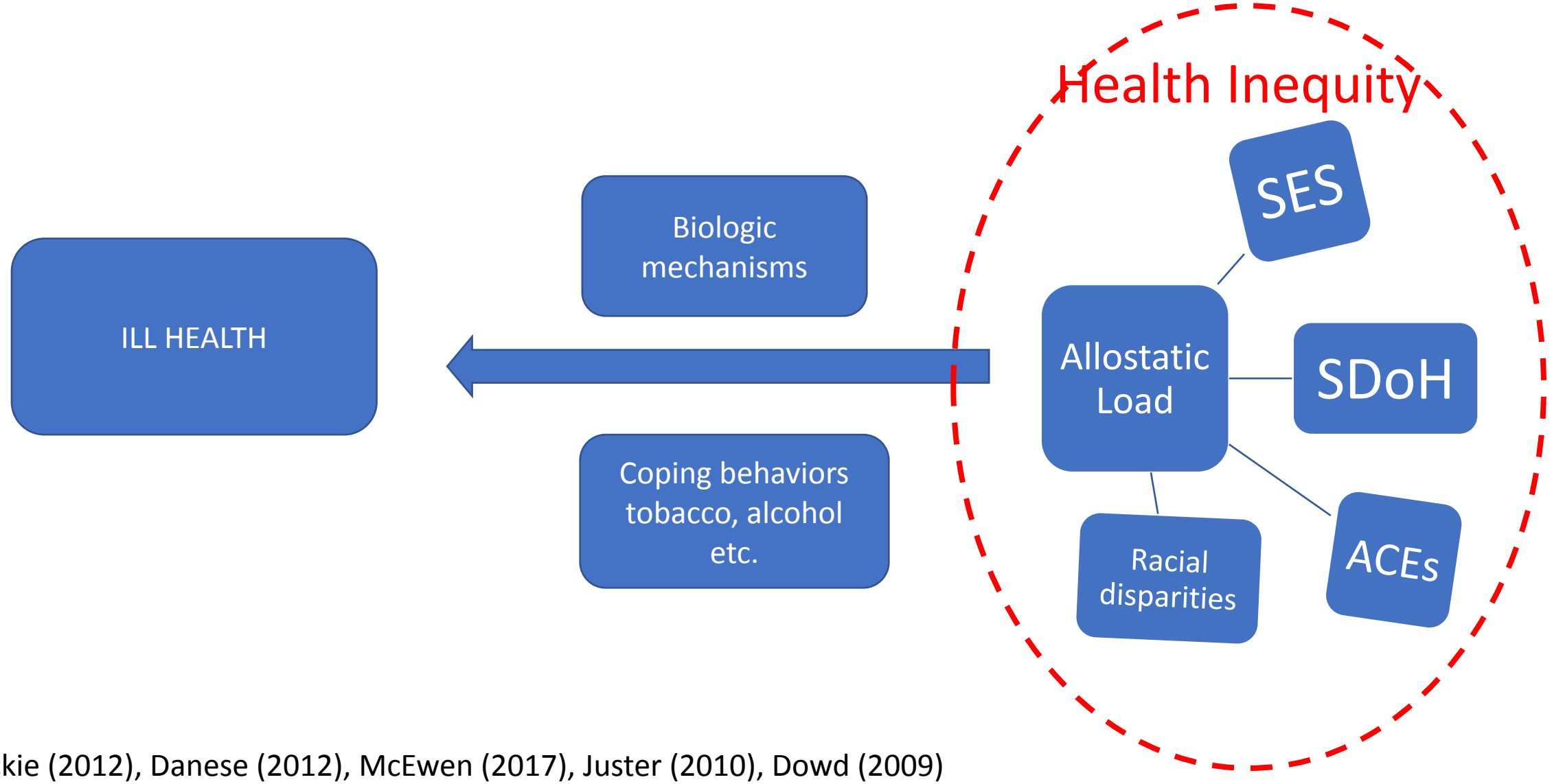
Megan R. Gerber, MD, MPH (2020)

Allostasis and Allostatic Load

"Allostasis" = highly integrated balance of the central nervous system (CNS), endocrine/metabolic, and immune systems which mediate the response to stress.

Measurement: biomarkers cortisol, epinephrine, CRP.
Clinical measurements: lipids, A1c, BP, HR, BMI, skinfold.

Allostatic Load: Associations/Mechanisms



Megan Gerber, MD, MPH 2019

Beckie (2012), Danese (2012), McEwen (2017), Juster (2010), Dowd (2009)

2020: “**The Great American Trauma**”

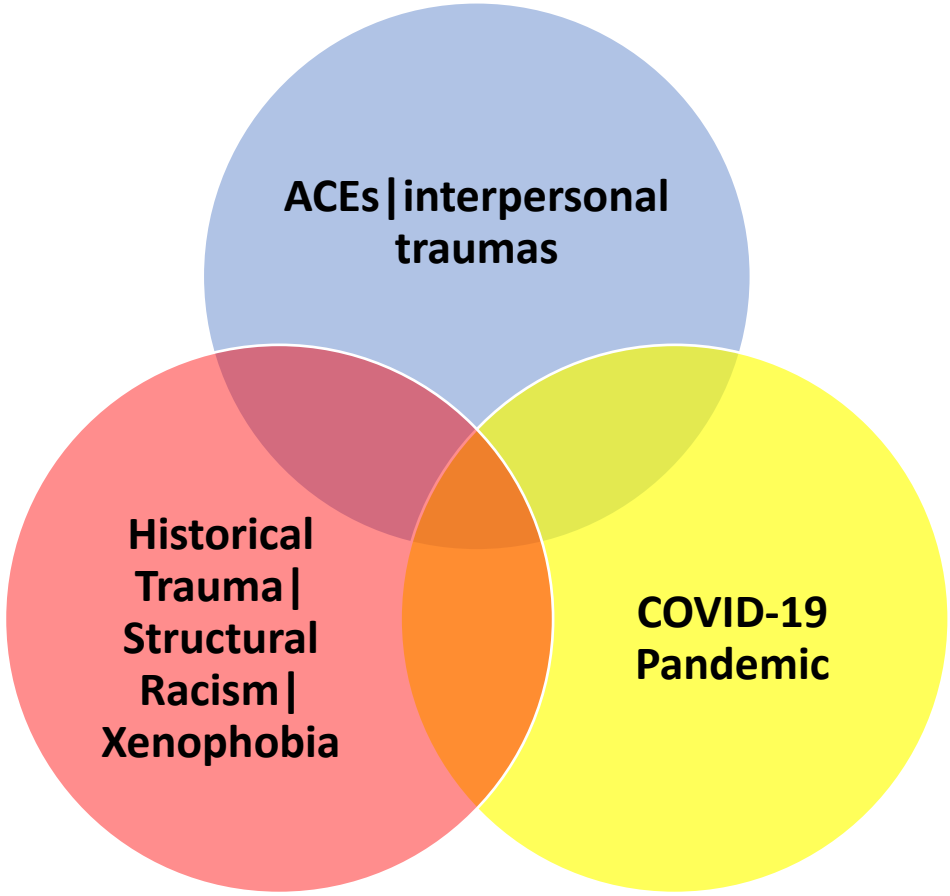


Photo Credit : https://belonging.berkeley.edu/uprising-2020 | http://www.bu.edu/articles/2020/2020-the-great-american-trauma-sandro-galea/ |

COVID-19: Collective Trauma

- Catastrophic events such as natural disasters & pandemics can be newly traumatic and/or triggering for survivors of trauma.
  - California wildfires are traumatic & known to have long-term health sequelae.
- Increases in depression, PTSD, SUD are common occurring during the event, immediately afterward and beyond.
  - In 2003, quarantine contained SARS but resulted in a high prevalence of PTSD & depression.
- Those w/pre-existing financial insecurity face additional economic hardship & health challenges amplified by loss of social support.
- Intimate partner violence, elder abuse & child maltreatment increasing.

Neria (2008), Galea (2020), Hawryluck (2004), Gerber (2020), Han (2020), van Gelder (2020), Kuehn (2020), Moosavi (2019)

COVID-19: Inequity

- Prior post-disaster research suggests that psychopathology in the general population will remit significantly over time, **but high risk groups will remain vulnerable to PTSD and bear the brunt of social and economic consequences associated with the crisis.**
- Vulnerable groups face higher risk of COVID-19 and its physical and mental health sequalae.
- Children are especially vulnerable

Neria (2008), Gerber (2020)

ACEs and COVID-19: Risks

- Physical health consequences impact adults > children, but…
- Psychosocial consequences magnified w/in families who “consistently weather a landscape of severe stressors” (ACEs, IPV, parental MH issues).
- COVID-19 will add to types, intensity & duration of ACEs in short & longer term.
  - Risk factors for childhood maltreatment amplified: parental unemployment, substance use, marital strain
  - Vulnerable families: parents may be more likely to have underlying health conditions disproportionately exposing children to separation/loss.

Roubinov 2020

COVID-19: Loss of Protective Factors

- Access to treatment for mental health/substance use compromised.
- Disruption of previously established protective family routines.
- Loss of “AAA” with schools, clubs, sports now online.
- Limited technology and Internet access.
- Many vulnerable families rely on multigenerational family structures to maintain order/support children, often disrupted by pandemic.
- Safe, walkable streets and recreational spaces where children can play w/social distance are less available.

Roubinov 2020

Protective and Mitigating Factors

- Many families will display resilience as well.
- Social support, spirituality, other coping strategies.
- Programs/funding to extend virtual access to resources.
- Outreach, community-based efforts.
- Financial protections, stays on evictions.
- **Healing collaborative encounters with healthcare and social service clinicians/agencies.**

Given the prevalence of ACEs and other trauma, and because we don't always know who has experienced trauma, it is critical to incorporate principles of trauma-informed care into your practice, now more than ever!

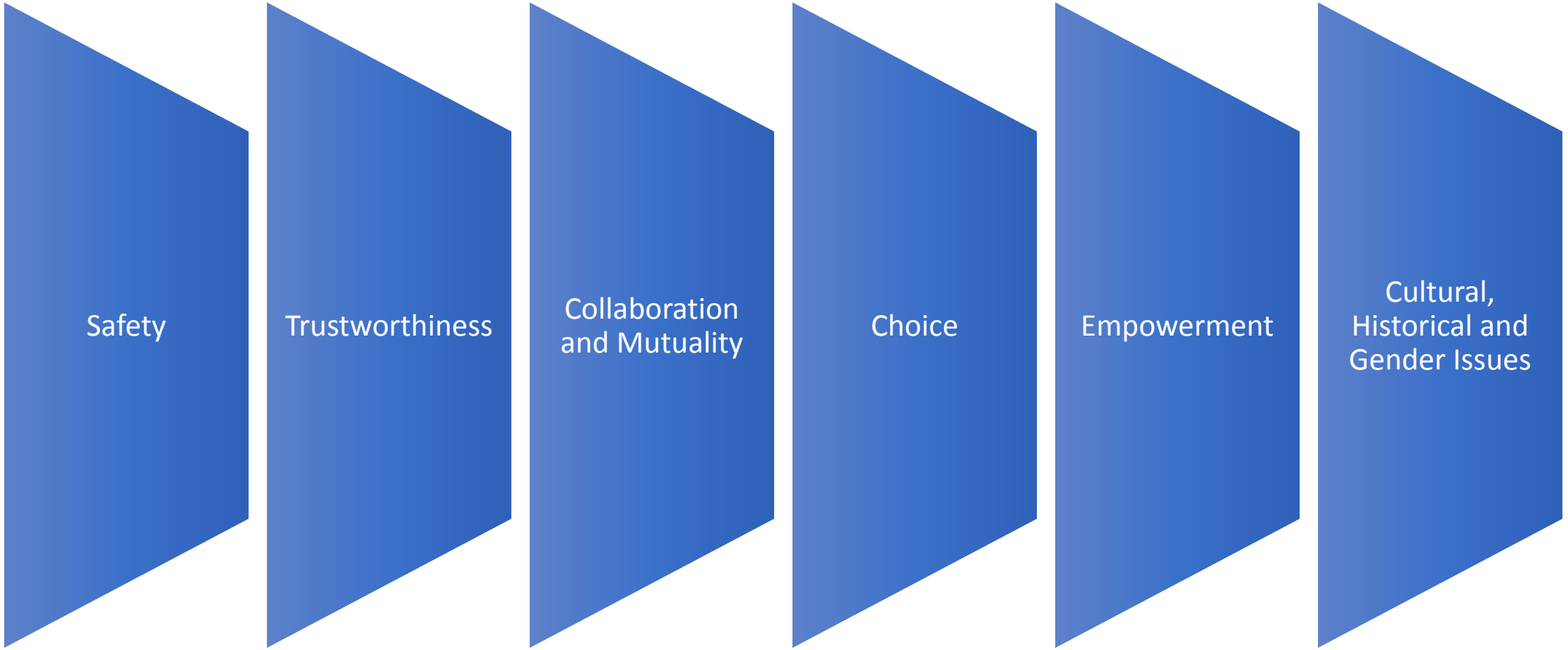
Trauma-Informed Care and COVID-19

Trauma-Informed Care…

is a **strengths-based** approach that fosters healing through safe and collaborative patient-clinician relationships.
seeks to **maximize physical, psychological and emotional safety** in all health care encounters (not just those that are trauma-focused).
understands that **traditional service-delivery models of care may trigger, silence or disempower** those who have experienced trauma which can exacerbate poor outcomes and lead to disengagement from care.
is not accomplished through any single technique or checklist, but rather through continuous appraisal of approaches to care delivery.

Hopper (2009), Gerber (2020), Kelly (2015), Substance Abuse and Mental health Services Administration (SAMHSA). Definitions. SAMHSA News. 2014;22(2).

Guiding Principles of Trauma Informed Care (TIC)



Substance Abuse and Mental health Services Administration (SAMHSA). Definitions. SAMHSA News. 2014;22(2).

Trauma-Informed Telehealth

- For many, March 2020 brought a rapid pivot and conversion to virtual care.
- A group of primary care, mental health and palliative care clinicians gathered in 3/2020 and developed a set of best practices based on telemental health, virtual palliative care literature and our own experiences.
- ACES Aware has held trainings on "*Building Trauma-Informed Connections via Telehealth During COVID-19*" (April, 2020) "*Primary Care & Telehealth Strategies for Addressing the Secondary Health Effects of COVID-19*" (May, 2020).

https://www.acesaware.org/heal/educational-events/

Telehealth and Trauma-exposed Patients

- While we are discussing TIC and not trauma-focused treatments, lessons learned in delivery of telemental health (TMH) can guide us in understanding the opportunities for TIC delivered virtually.
- Today's discussion is focused on synchronous videoconferencing.
- Virtual visits may appear to lack the warmth and immediacy of traditional in-person encounters, accumulated evidence suggests otherwise.
- Patients who may not be comfortable in a medical office may be more comfortable at home or a place of their choosing.

Turgoose (2018), Gerber (2020)

Telehealth and TIC

Telehealth is fundamentally more patient-centered, overcomes many service delivery and travel barriers.

- Research on virtual PTSD care suggests telehealth enhances partnerships, safety and collaboration.
- Treatment outcomes, satisfaction and development of rapport are equivalent.
- “Virtual space” created by combined physical and psychological distance of videoconferencing has been shown in TMH research to promote safety and transparency.
- Patients with PTSD reported greater ability to “let down their guard”

Azarang (2019), van Gurp (2015), Morland (2020)

Challenges of Telehealth During COVID-19

- Access to technology, Internet.
- Privacy.
- Safety.
- Loss of non-verbal cues, body language.
- Loss of the other benefits of a medical visit – leaving the house, seeing staff in person.
- Loss of extended benefits of physical healthcare/social service environment – access to food, goods, social or legal services.

Language (Still) Matters

- Ask the patient for permission as you go through the examination, describe why you are asking the patient to do various maneuvers.
- Use neutral terms & language, “the leg” instead of “your leg.”
- Avoid use of the phrase “for me.”
- Do not give orders (e.g., telling the patient, “*relax*”); employ suggestions like “*some find it helpful to take a deep breath during this* part of the exam.”
- If you do need to look away from the camera, to enter orders etc, explain why.

Safety

- Develop a practice “standard operating procedure” verify patient location/contact information/informed consent.
- To best of your ability, ensure patient’s physical & virtual environments are secure/private.
- Recommend headphones/earbuds for clinician and patient.
- Proceed according to patient comfort. Obtain consent for exam, minimize removal of clothing.
- Engage in follow-up discussion after patient clothed.
- Breast/genital exams not recommended but use chaperone if necessary.

Gerber (2020)

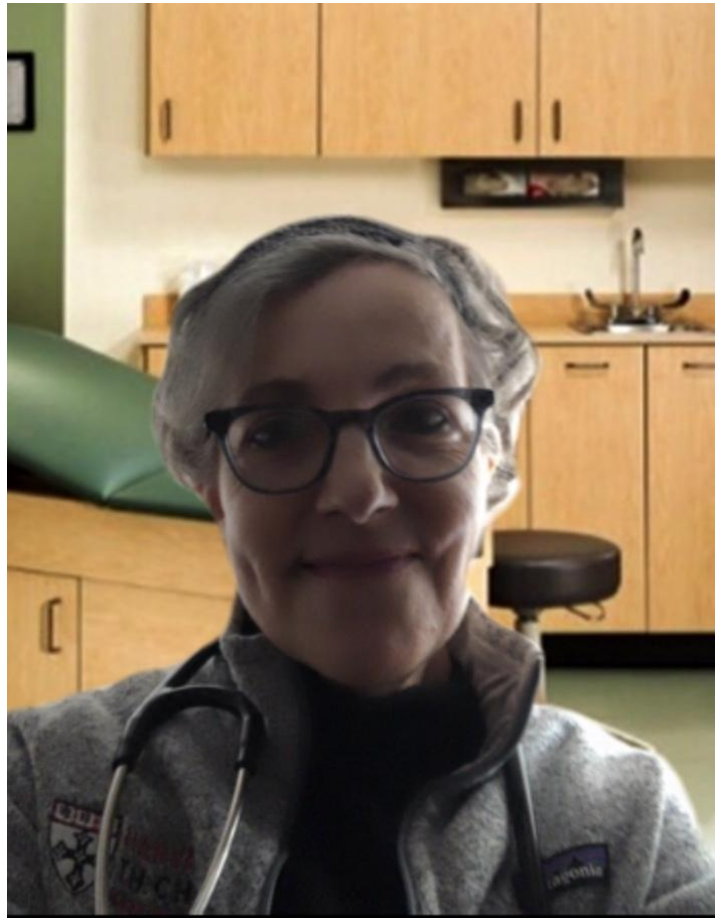
Pandemic Safety Concerns

- Increased IPV, elder and child abuse.
- Patients may wish to do visits from car, garage, backyard….
- Headphones/earbuds important for patients with privacy concerns.
- If patient suddenly looks up, or off to side, frightened, concerned (↑RR on phone), ask yes/no questions:
  - *“Do I need to call 911? Do we need to disconnect? Can I call you now?”*
- Suspected IPV, or other abuse, is not a reason to withhold a telehealth visit, connection may be vital for patient/family, but be aware of environmental cues.

Trustworthiness, Transparency

- Actively listen to patient's concerns about health and/or telehealth.
- Alert patient to possible ambient noises.
- Sit far enough from screen that patient can see body language and ensure appearance of better eye contact.
- Look directly at camera, ensure adequate lighting.
- Provide patient with time to adapt to telehealth environment
- Dress professionally and avoid busy, unprofessional backdrops.

Lighting



Peer Support

- Develop or refer to virtual groups
  - Disease-specific
  - Peer-to-peer
  - Develop a list for your community or practice
    - Examples include Kaiser Permanente (Thrive)
    - California Association of Mental Health Peer Run Organizations https://camhpro.org/consumer-run-programs/

Collaboration, Mutuality

- Identify an agenda together right at start of visit.
- Partner to develop goals and resolve treatment challenges acknowledging difficult events.
- Thank patient for connecting with the team using telehealth.
- Notice lag time and wait 3 seconds before responding to avoid appearing to rush or cutting off patient.

Empowerment, Voice, Choice

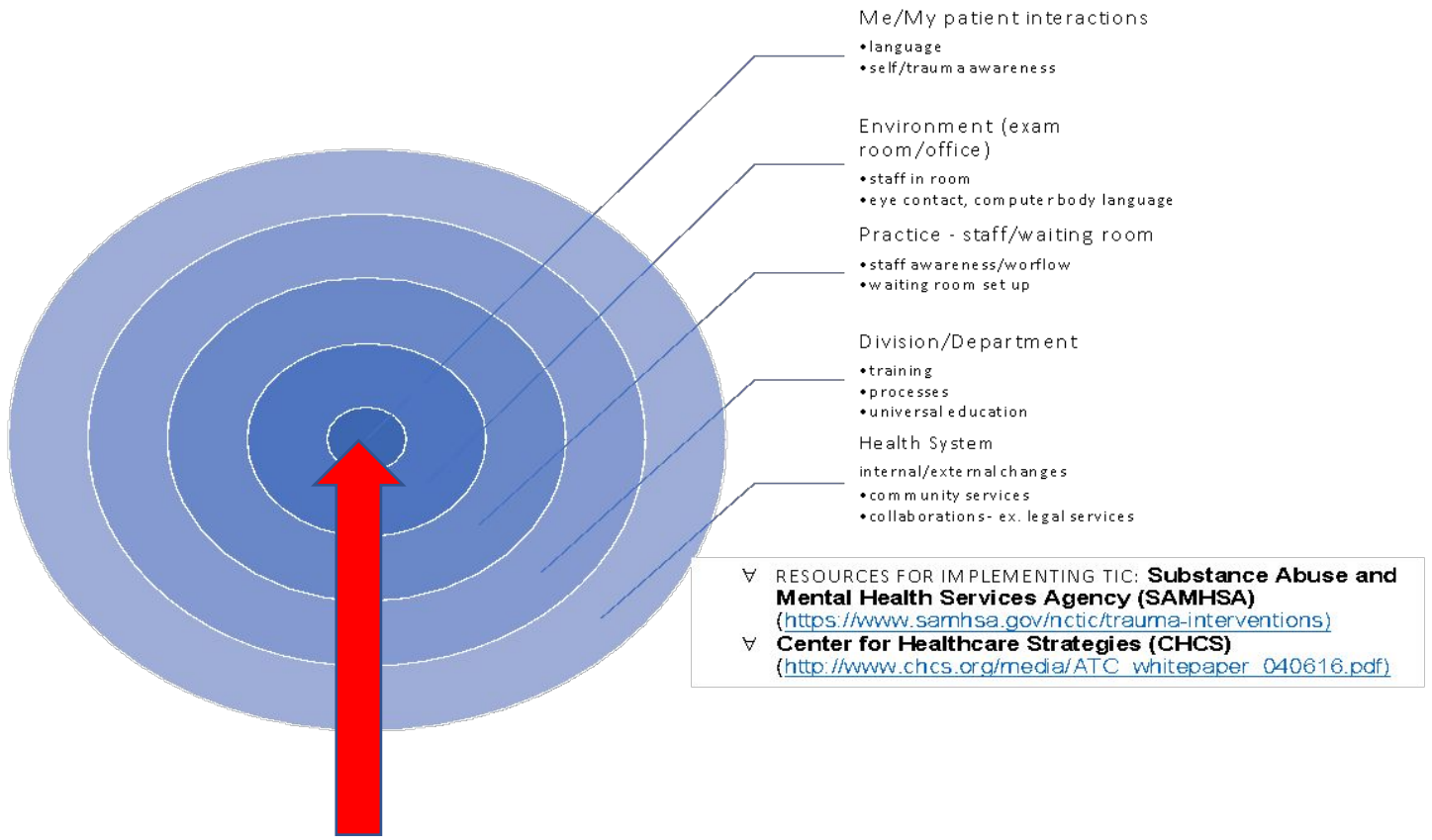
- Resist pressure to force use of video-conferencing (reimbursement/productivity pressures not patient-centered).
- Respect patient preferences regarding extent of visit, some may prefer to “trial” or test connection first.
- Assure patient that she may choose to end the visit at any point.
- Allow patient to chose room where visit takes place, avoid suggesting bedroom.
- Emphasize that discussion topic can be changed by patient, even abruptly.

Cultural, Historical, Gender Issues

- Use affirmative, person-centered language to communicate.
- Be sensitive to patient's hesitancy to reveal personal space, refrain from (even positive) comments about the home/environs.
- Consider social determinants of health during visit (ex. housing instability, food insecurity).
- Seek ways to make telehealth accessible to those who lack technology or connectivity.
- Express concern for well-being given recent events.

Small Changes Matter: Be That Drop!

CONCENTRIC CIRCLES OF TRAUMA-INFORMED CARE SPREAD: CHANGE WHAT YOU CAN! (©2019, Megan Gerber, MD)



- RESOURCES FOR IMPLEMENTING TIC: **Substance Abuse and Mental Health Services Agency (SAMHSA)** (https://www.samhsa.gov/nctic/trauma-interventions)
- **Center for Healthcare Strategies (CHCS)** (http://www.chcs.org/media/ATC_whitepaper_040616.pdf)

In Conclusion

- Trauma-informed care (TIC) is more important than ever in the setting of the COVID-19 pandemic and increased attention to structural racism and violence.
- TIC does call for systems transformation, but what you do matters and small changes have the potential to reach 1000s of people.
- Trauma is transmitted through generations, helping one member of a family heal can help others.
- Much of the chronic disease we see in adult medicine has its roots in childhood trauma. Understanding this can enable us to form more meaningful partnerships with our patients.

The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen.

Elizabeth Kübler-Ross

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The National Child Traumatic Stress Network Wildfire Resources:
https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/wildfire-resources