TRAUMA INFORMED CARE

OR

TRAUMA INFORMED CARE FOR PERSONS WITH TRAUMATIC BRAIN INJURY: BEING MINDFUL OF "SILENT" COMPLEX TRAUMA.

PRESENTED AT THE 2020 NEBRASKA BRAIN INJURY CONFERENCE

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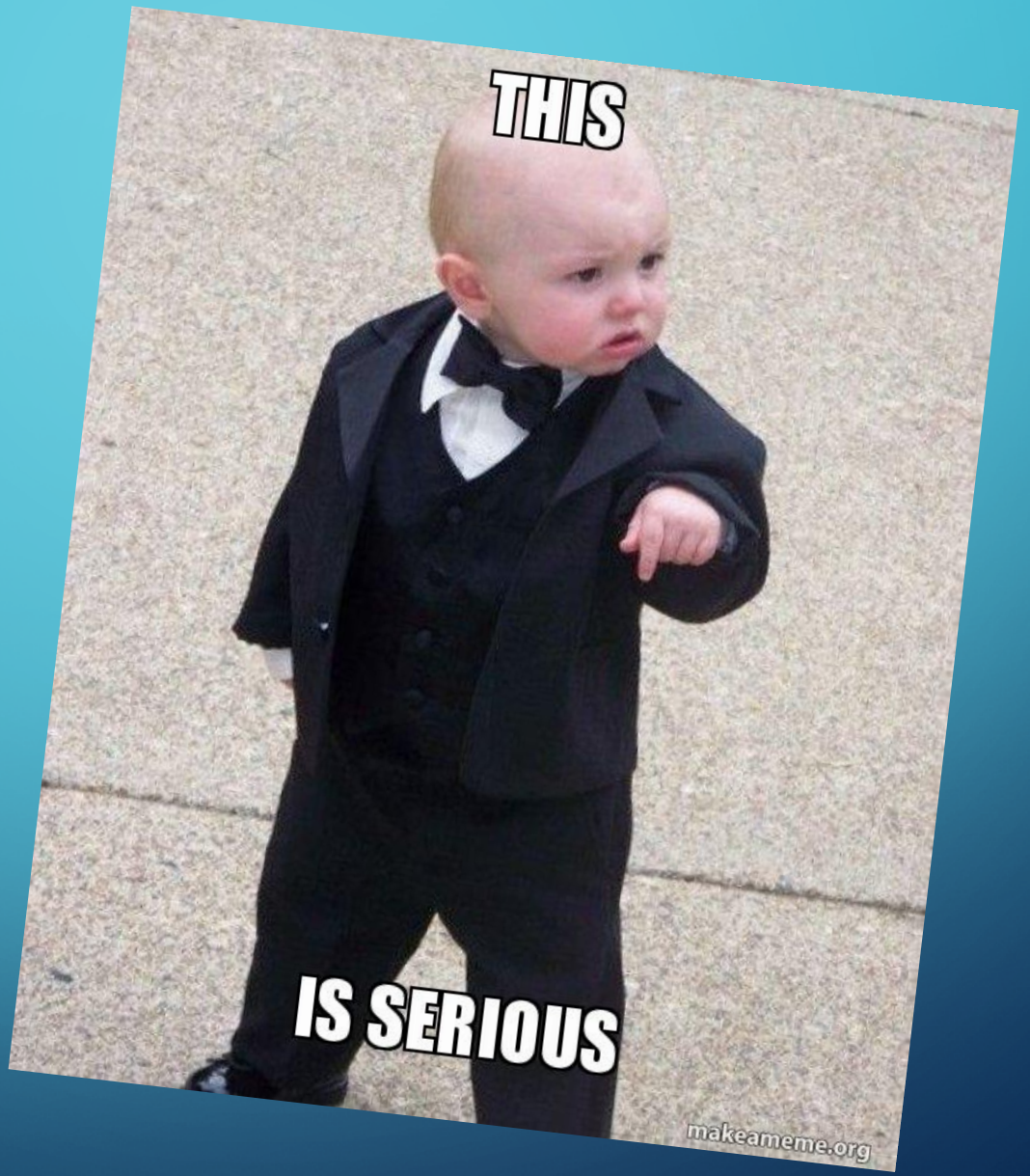
CONFLICTS OF INTEREST

- Dr. Garlinghouse has no conflicts of interest to report.

DISCLAIMER

- I do attempt to use humor to assist in the education process – not to make fun of a serious topic.



OBJECTIVES

- Participants will understand what trauma informed care is.
- Participants will understand why trauma informed care is important.
- Participants will understand how they can engage in trauma informed care in their own practices.

MAKING THE CASE FOR ADDRESSING THE TRAUMA IN TRAUMATIC BRAIN INJURY

- Setting the stage (that is giving some context)…..

TRAUMA: WHAT IS IT?

- Can be hard to define…….

But we know it when we see it!

TRAUMA: WHAT IS IT?

- Emotional response to an event that evoked feelings of severe anxiety / hopelessness and possibly fear for your life.
- Symptoms include denial, flashbacks, emotional lability, disrupted sleep, depression, headaches and anxiety / PTSD.

TRAUMA

- Psychological trauma plays a role in a wide range of health, mental health and social problems.
- Trauma includes a wide range of situations:
  - See someone seriously injured or killed
  - Threatened with death or assaulted
  - In a situation where unexpected injury is possible

TRAUMA - CONTINUED

- Psychological trauma plays in a wide range of health, health and social problems.
- However, trauma also includes a wide range of less situations including where persons:
  - Are injured while completing their daily routine (falling a ladder)
  - In a house fire with anoxic brain injury, got lost in the smoke
  - From repeated invasive medical procedures, needle phobia
  - Natural Disasters

TRAUMA - CONTINUED

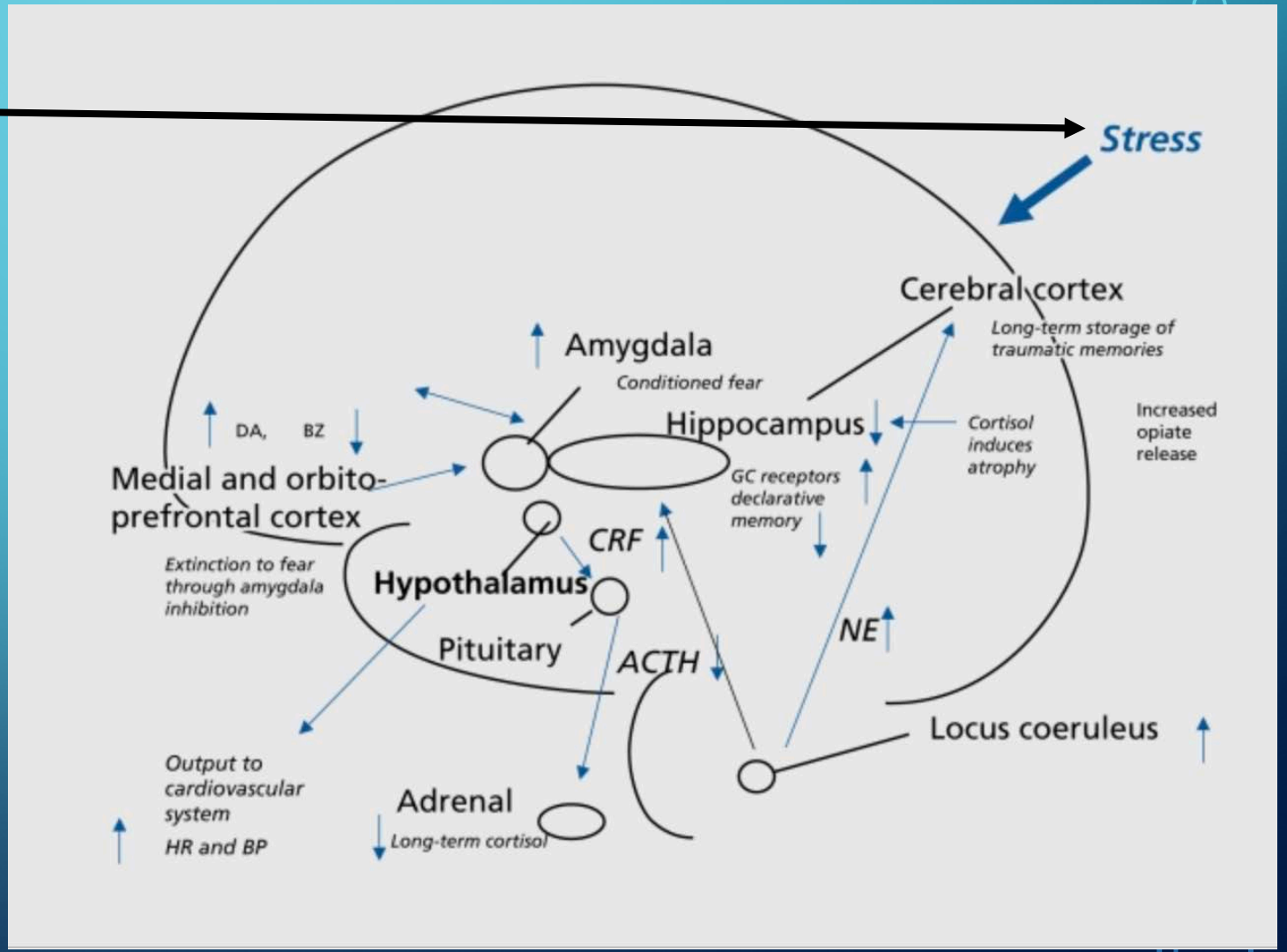
- Both the husband and his spouse could be traumatized by the incident shown in this picture.

Which is why they invented this!

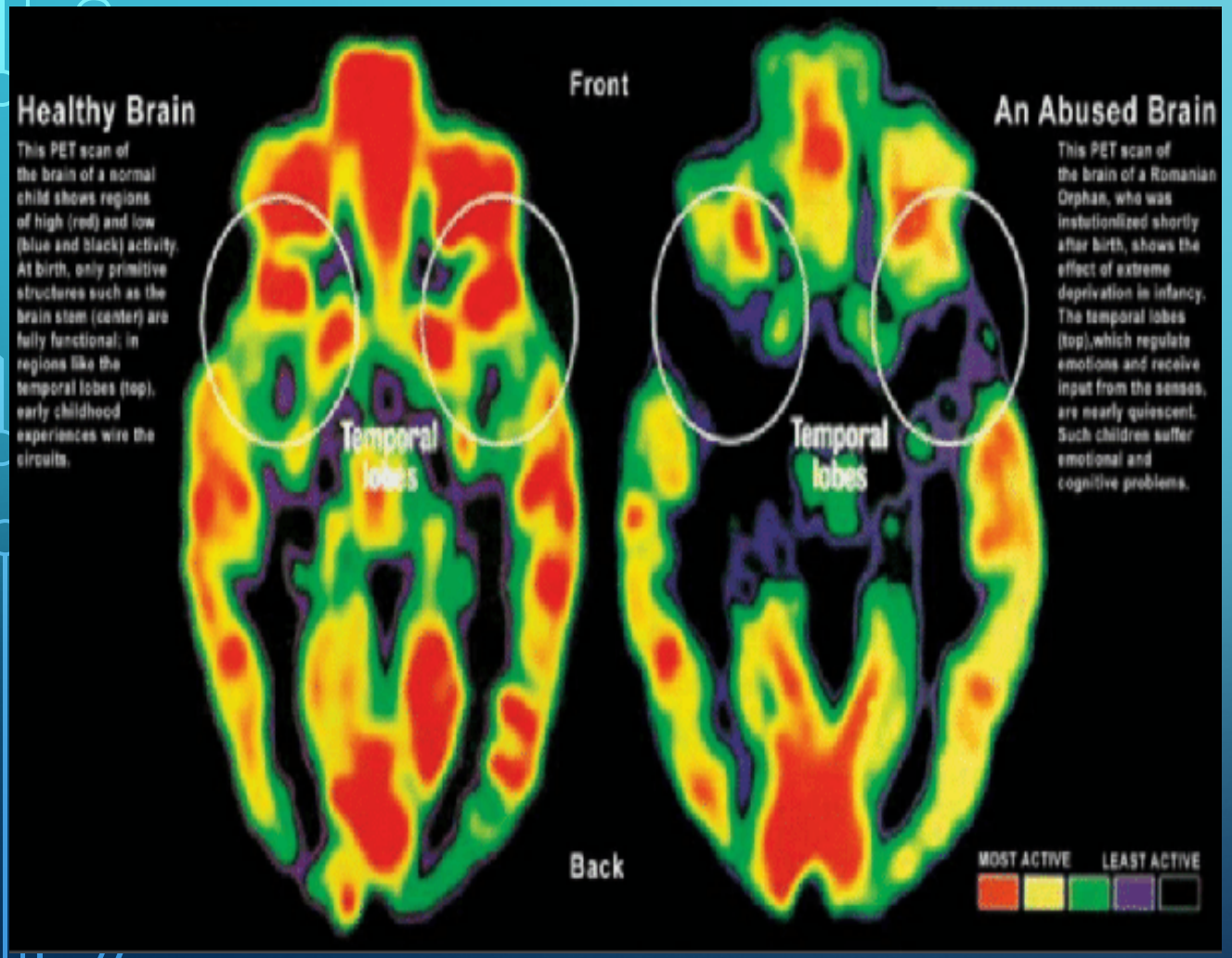
CONSEQUENCES OF TRAUMA TO THE BRAIN

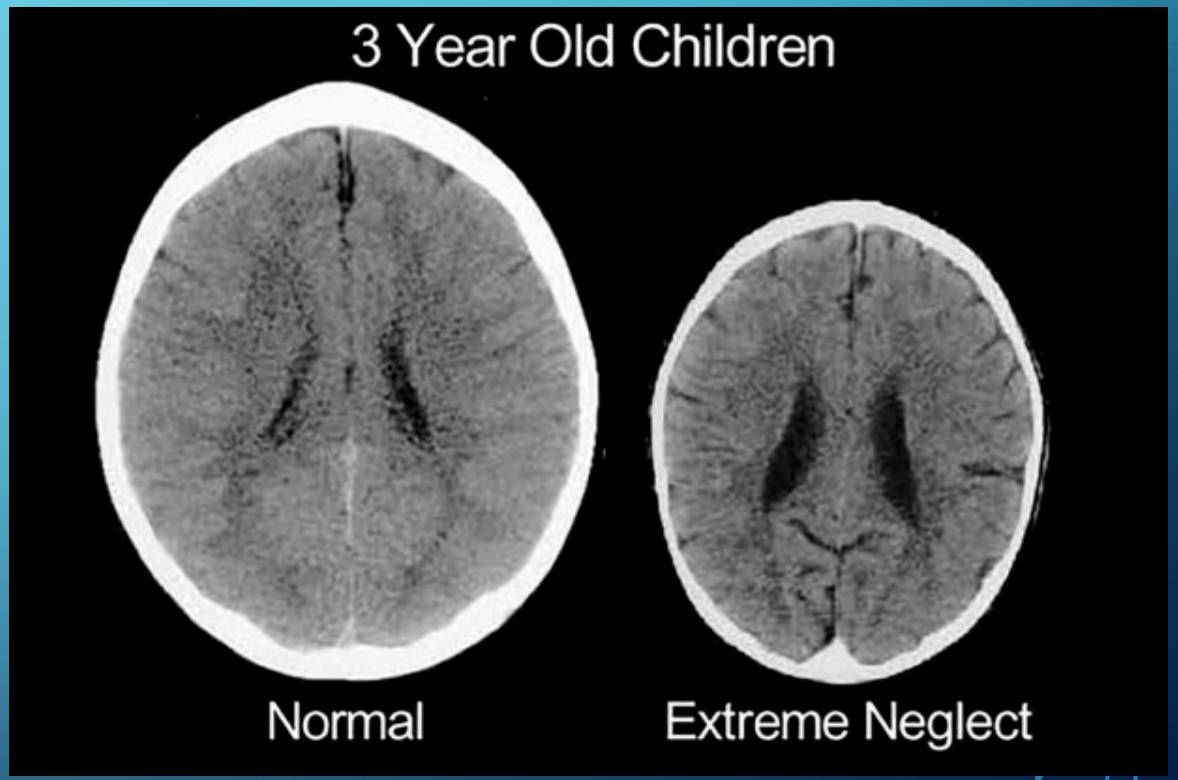
CONSEQUENCES OF TRAUMA TO THE BRAIN

- How do environmental events impact our physical health?
- Hypothalamic-pituitary-adrenal axis (HPA)
  - How environmental factors impact physiological function
  - The simple model mediated in large part via cortisol
  - It all begins with uncontrolled anxiety and fear



VARIOUS STRESSORS AND IMPACT ON THE BRAIN…..





TRAUMA - CONTINUED

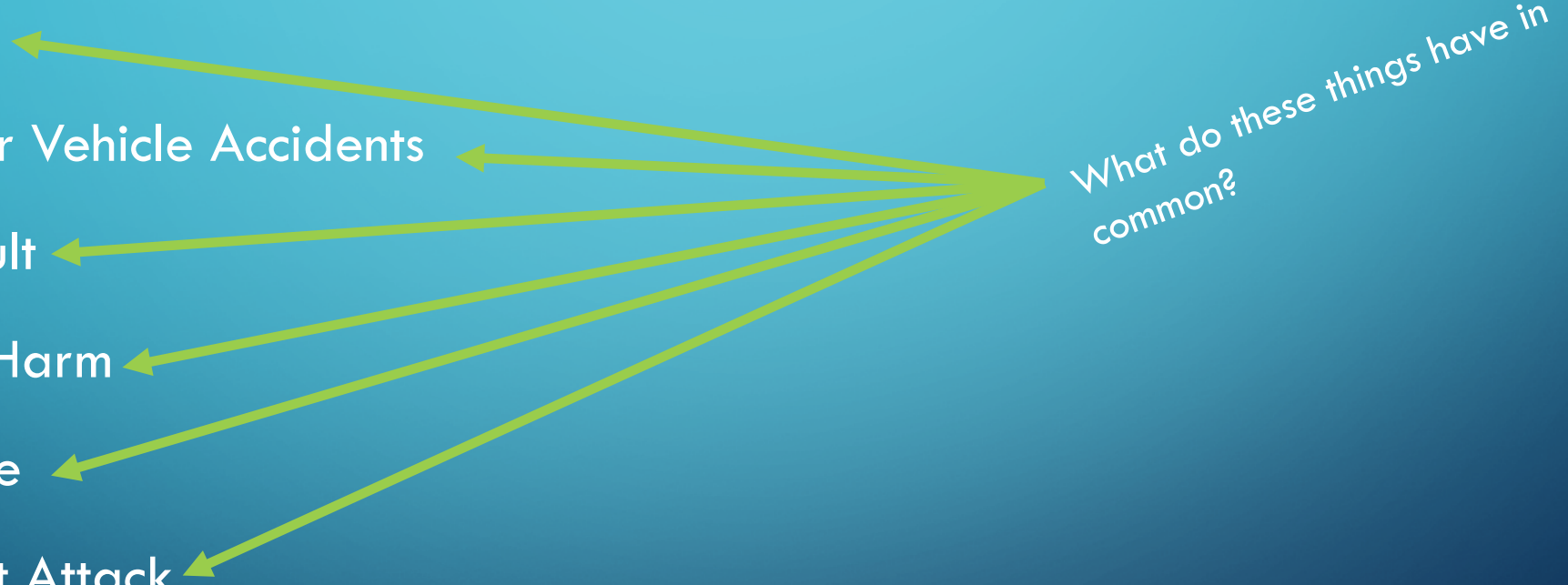
- Data suggest that 50% - 60% of persons in the US are likely to experience some form of trauma (lifetime).

- While in clinical populations the prevalence of trauma is over 65%.

BEING SENSITIVE TO THE TRAUMA IN TRAUMATIC BRAIN INJURY

MECHANISMS OF TRAUMATIC BRAIN INJURY

- Falls
- Motor Vehicle Accidents
- Assault
- Self-Harm
- Stroke
- Heart Attack



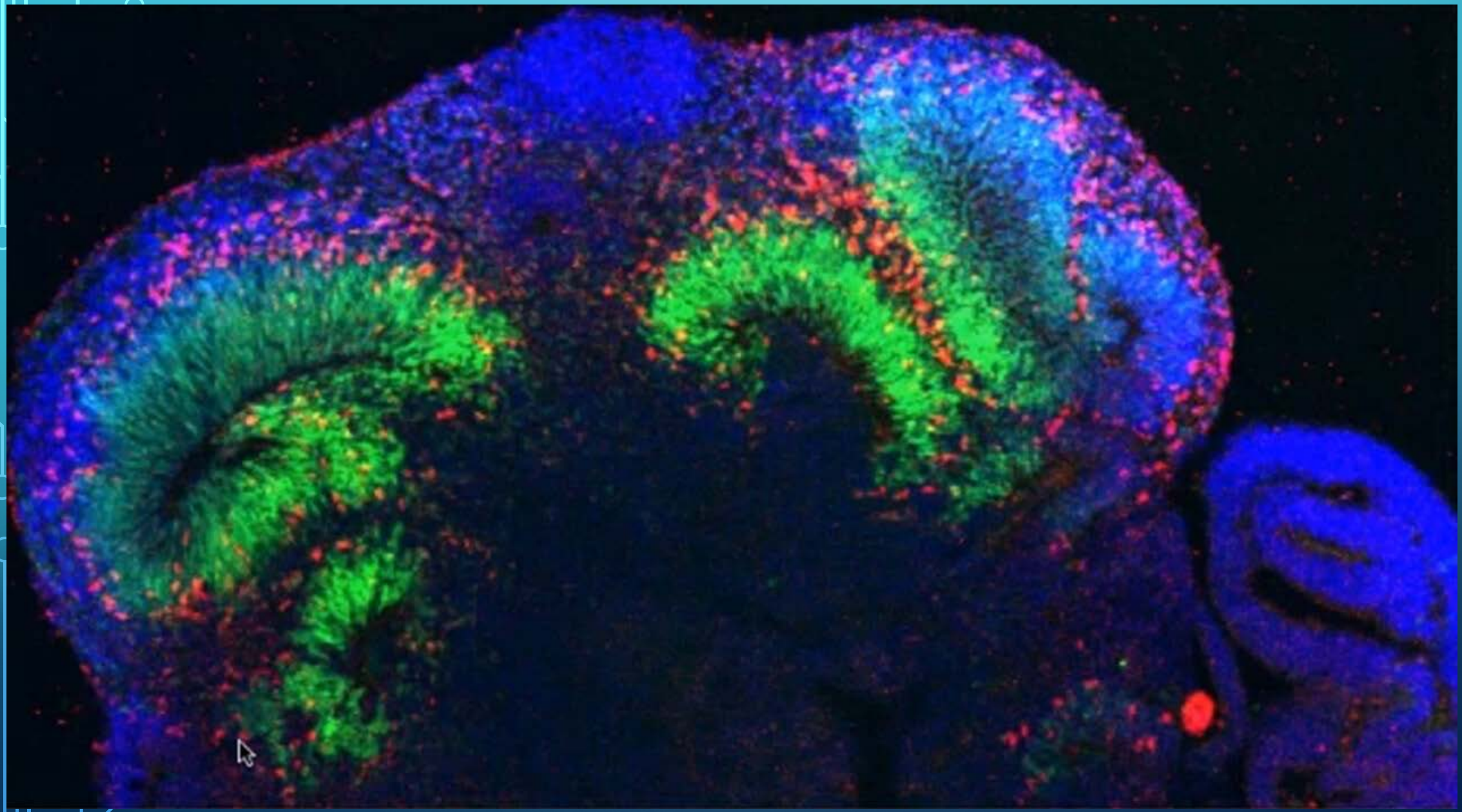
MECHANISMS OF TRAUMATIC BRAIN INJURY

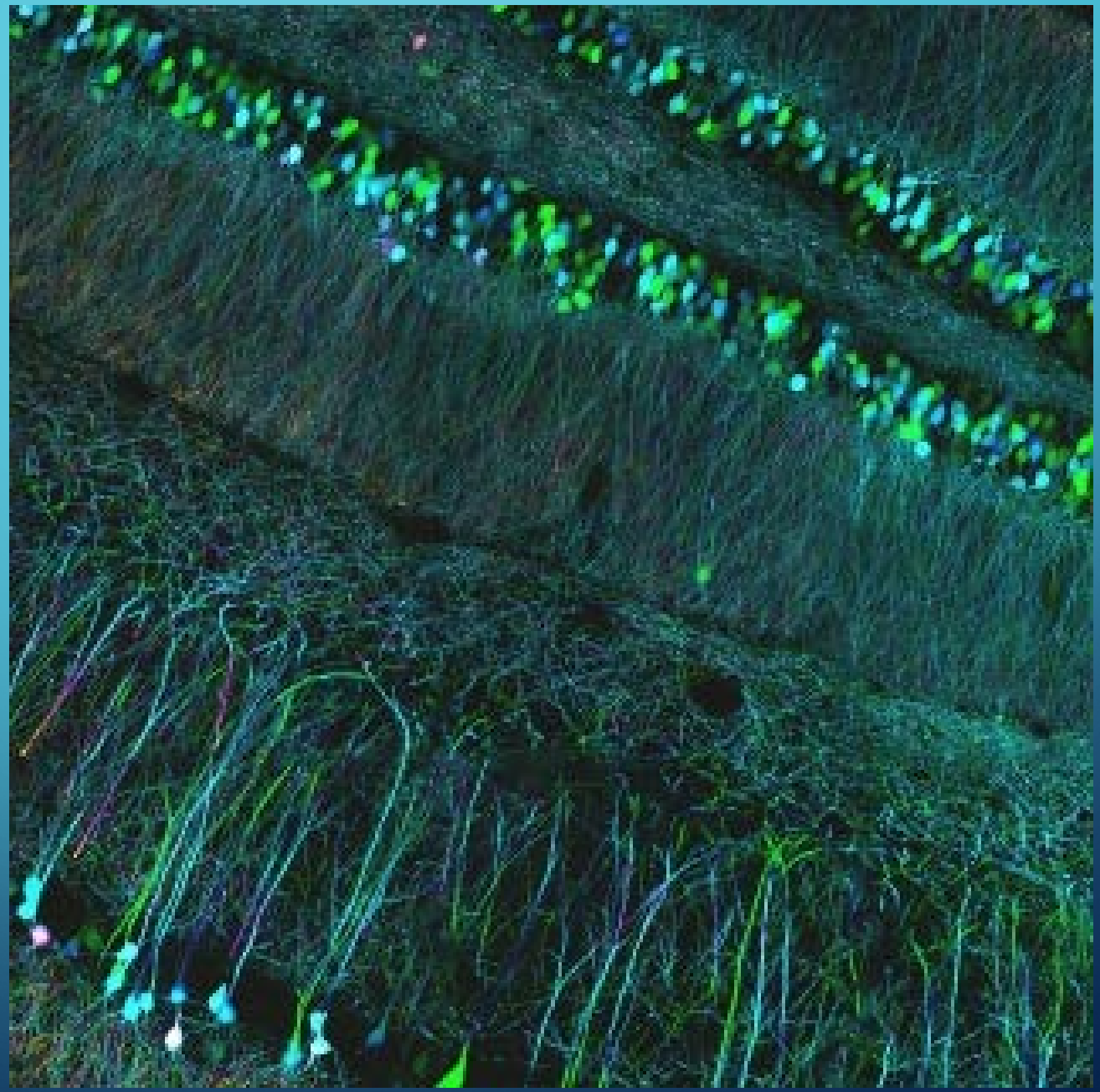
- Falls
- Motor Vehicle Accidents
- Assault
- Self-Harm
- Stroke
- Heart Attack

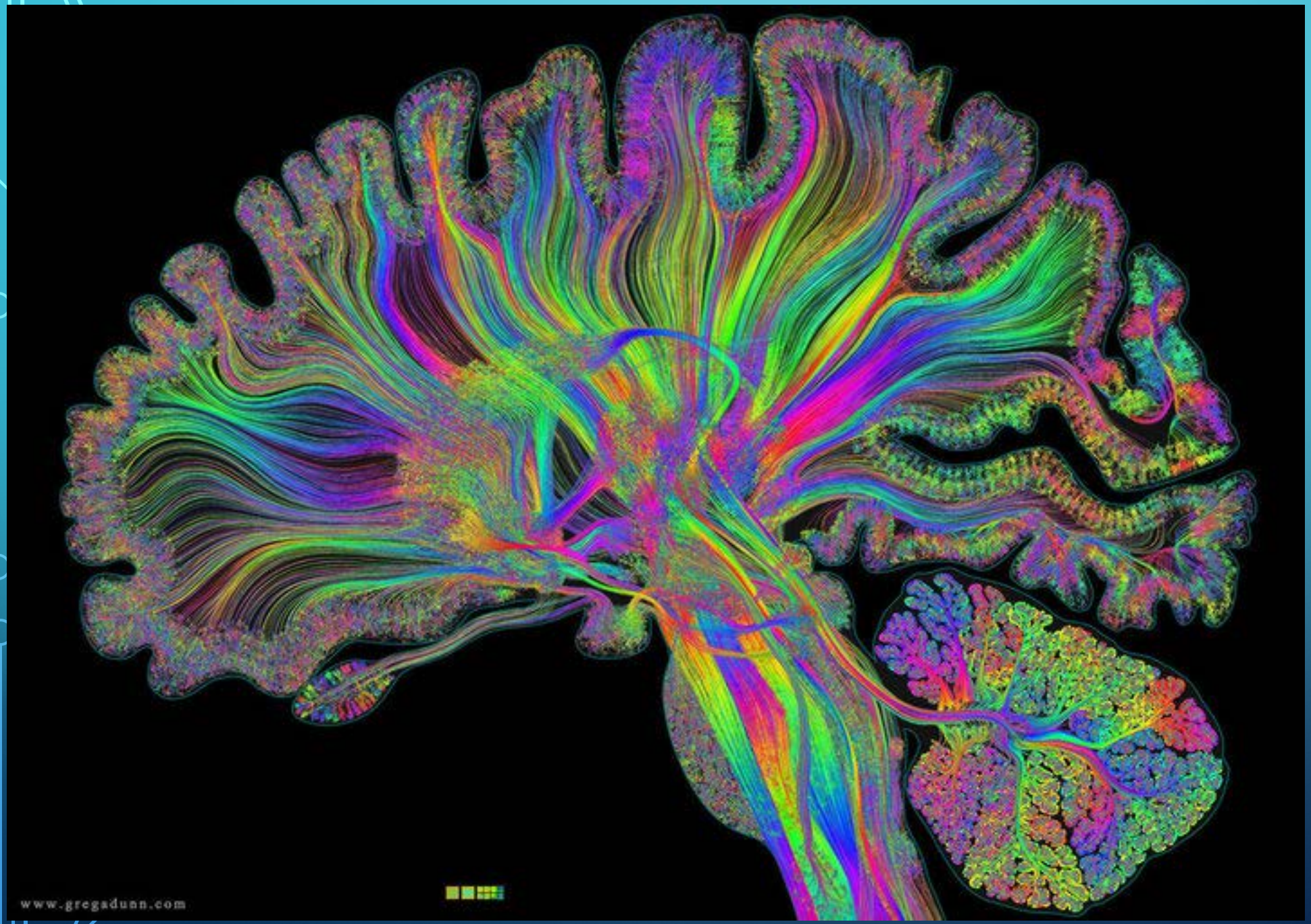
They can contribute to feelings of anxiety and panic and sometimes PTSD.

MECHANISMS OF TRAUMATIC BRAIN INJURY: THE BRAIN

- How do these events impact the brain?



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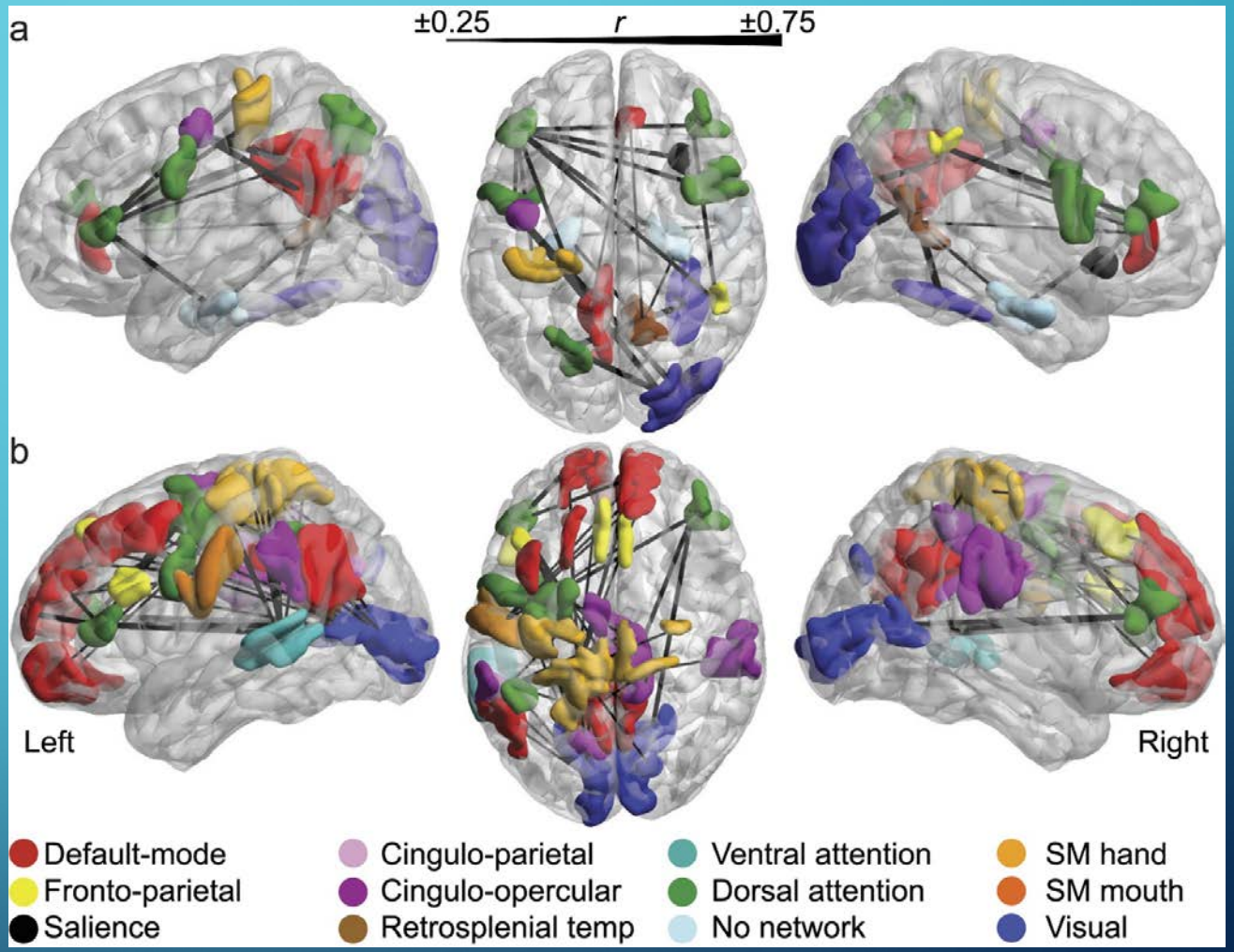
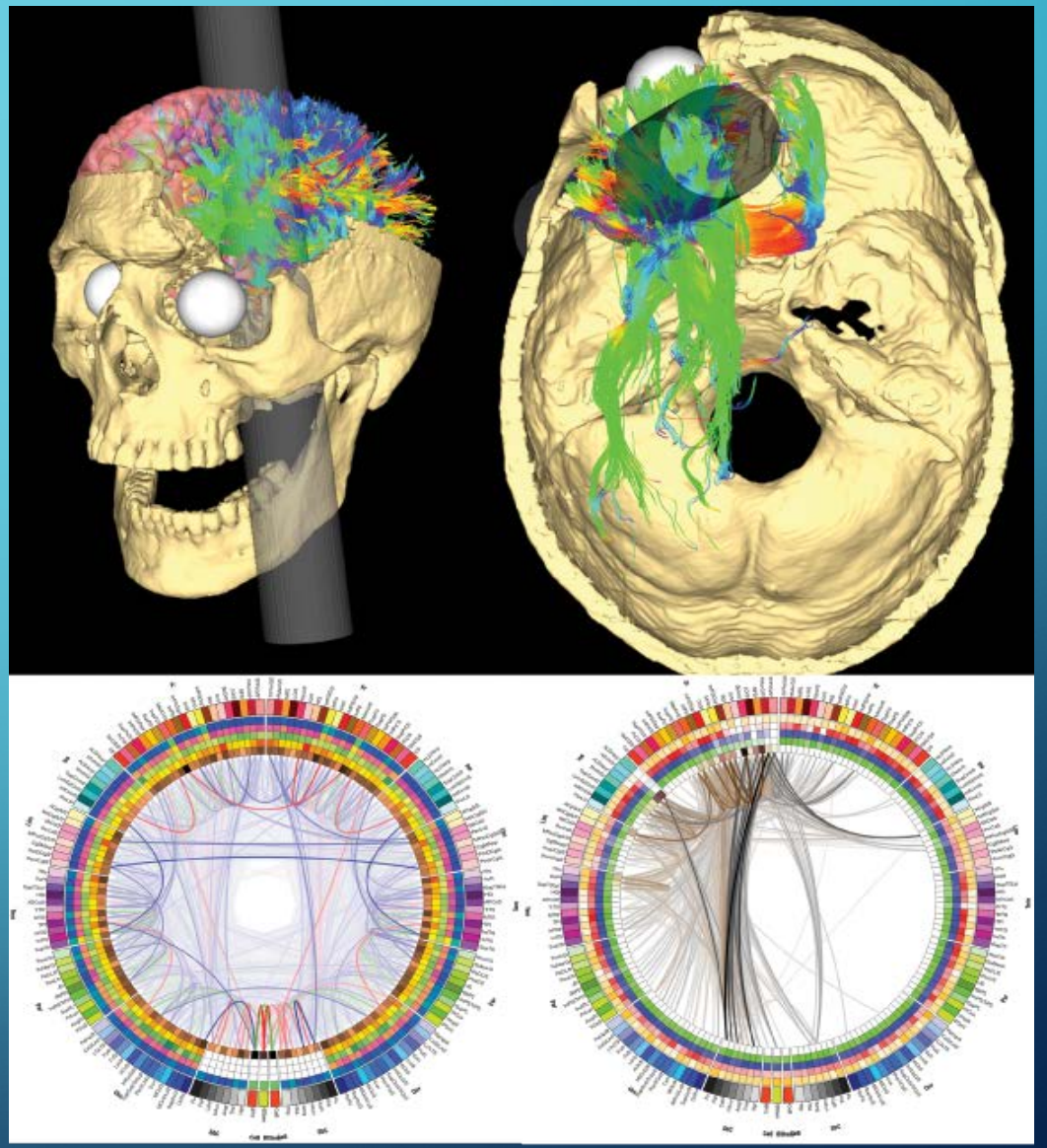
THERE ARE ABOUT 6 MAJOR FUNCTIONAL BRAIN NETWORKS.

Based on the extent and location of the injury, these networks begin to work less effectively

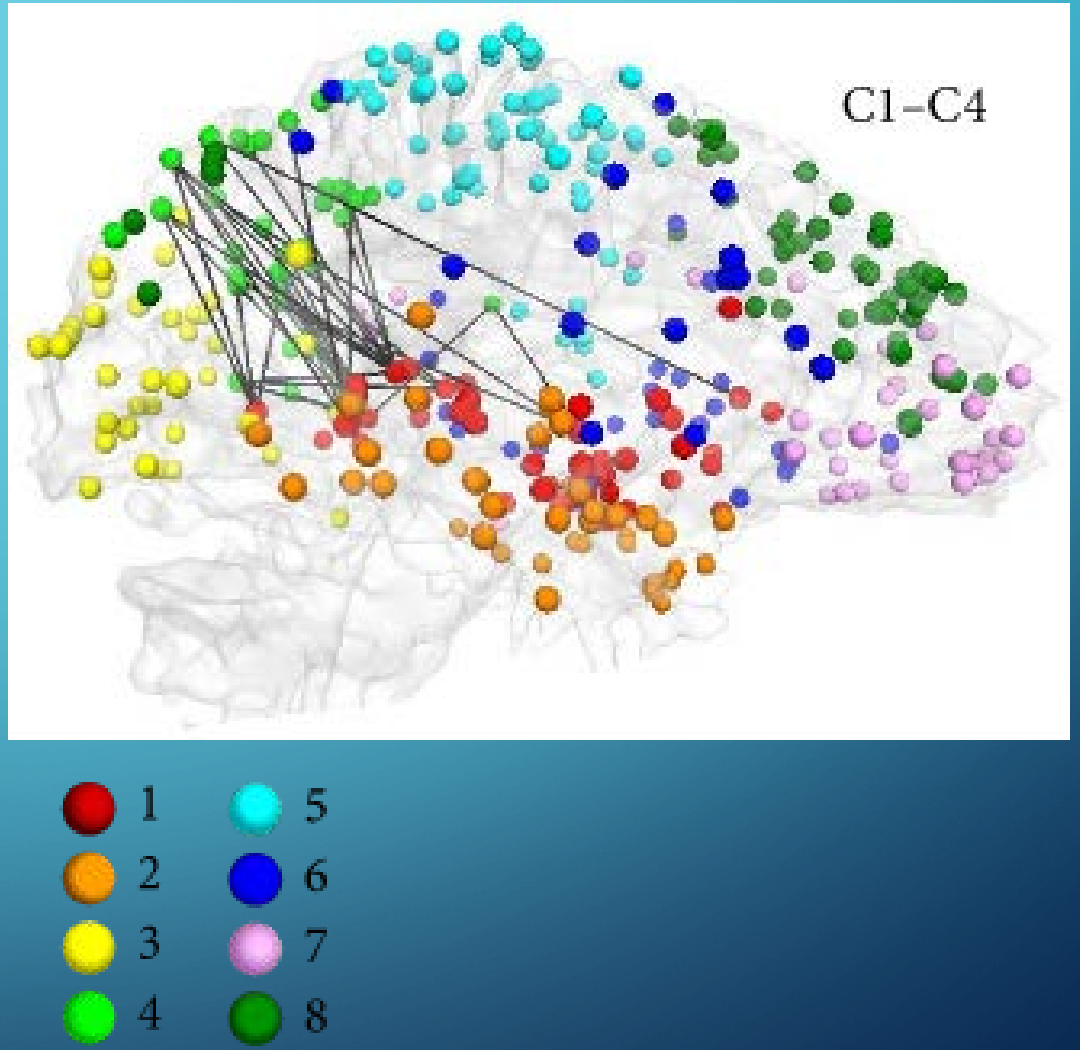


INJURY DISRUPTS THE FUNCTION OF THESE NETWORKS



IN RESPONSE TO INJURY THESE REGIONS BECOME "HYPERACTIVE" AND THE BRAIN RECRUITS CIRCUITRY AND SHOULDN'T BE INVOLVED

Leads to the cognitive changes observed in patients with brain injury.



THE END RESULT: COGNITIVE AND EMOTIONAL CHANGES

SYMPTOM CLUSTERS

Physiological
- *Headache*
- Noise/light sensitivity
- Nausea
- Fatigue

Cervical
- Neck pain
- Headache
- Numbness/tingling

Cognitive
- Slowness- "brain feels slow"
- Concentration
- Memory- "can't remember"
- Thinking clarity- "can't think clearly"

Balance/Vestibular
- Dizziness
- Imbalance- "off balance"
- Clumsiness
- Motion discomfort

Emotional
- Irritability- "shorter fuse"
- Sadness
- Anxiety
- Moodiness- "more emotional"

Sleep
- Falling asleep
- Staying asleep
- Sleeping more than usual
- Drowsiness- "tired"

"I don't feel right…"
"Something feels off…"

These often go unrecognized

SYMPTOMS

- Folks always ask – so are these symptoms from the brain injury or emotional distress.

- YES
- BUT – you have to address both causes, not just 1. OR the symptoms will persist…….

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- Intentionally incorporates assessment of both types of trauma into routine practice.
  - If you don't ask – you won't know.
  - Examples from our brain injury work in detention centers.

OK – PUT YOUR CELL PHONES DOWN WE HAVE FINALLY ARRIVED AT TRAUMA INFORMED CARE ;)..

TRAUMA AND TRAUMATIC BRAIN INJURY: ADDRESSING BOTH SIMULTANEOUSLY

- I would suggest that trauma informed care is a good way to address both the "trauma" and "traumatic" components of traumatic brain injury.

- Here's why……
- Need to be able to seamlessly transition between trauma-specific and trauma-informed care……
- WHAT?

TRAUMA AND TRAUMATIC BRAIN INJURY: ADDRESSING BOTH SIMULTANEOUSLY

- Trauma-specific care:
  - Set of rules that govern how the patient progresses through:
    - Group therapy
    - Individual therapy
    - Intensive outpatient programming
  - Focus is on developing skills to address emotional concerns
  - This is all good….. But there may be times when the "rules" for clinical service actually prohibit us from caring for a patient.
  - I need shelter, but I can't emotionally manage my trauma without cannabis. We don't allow cannabis – so you can't get shelter.

TRAUMA AND TRAUMATIC BRAIN INJURY: ADDRESSING BOTH SIMULTANEOUSLY

- Trauma-informed care:
  - A method to assess and evaluate how and when system rules that are in place may be a barrier to effective treatment (may re-traumatize a patient through service denials, frequently changing providers, lack of rapid access to important services such as Psychiatry or primary care).
  - Understanding that certain types of behaviors from both patients and providers can be seen as needing to be changed.

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- Structured way to assess for symptoms contributed to by both types of trauma that may be present in TBI.
- Focuses not on what's wrong with difficult to treat patients with refractory symptoms (patients with symptoms that persist despite treatment)
- Instead focuses on using a model for treatment that attempts to explain these symptoms, empowers patients by removing the "you should" in "you should be better" and focuses on using patient strengths to cope with symptoms.

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- Let the patient know that their voice matters.

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- Many options, will briefly discuss a hybrid model based on the:
- Sanctuary Model (Sandy Bloom)
  - How do stress and life events impact the patient, but also the providers and systems who serve them?
  - How can we not re-create the trauma for our clients, but rather treat them?

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- Sanctuary Model
  - Understanding the pathophysiology of trauma we just reviewed in more detail (that's why it took so long to get here……. ;)
  - These changes in physiological function translate into social behavior and our understanding of ourselves. Our "Life Script"
    - Functions as our internal "movie director"

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- May need to be aware that persons with trauma often have “a life script” that guides their behavior.
    - “I am not loveable”
    - ”I am broken”
    - “I will never recover”
- As providers understand a patient’s life script, they can “walk with the patient” to assist in re-creating a healthier life script.
- Don’t get “absorbed” into a dysfunctional life script of a patient

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- Funny thing…….
- Hospitals and treatment centers are comprised of people.
- Providers also have life scripts.
- As an institution / division / unit groups of persons need to be aware of how our life scripts contribute to function and dysfunction (**shared values**).
  - How do we address authority?
  - How do we address clinical billing issues?
  - How do we function when we're stressed?

TRAUMA INFORMED CARE AND BRAIN INJURY

- Guiding principles
- ASK (**shared knowledge**). At an institutional level identify how to screen patients for prior BI.
  - Also, do it in such a way that patients aren't re-traumatized.
  - Go beyond the mechanics of just asking, explain why it's important.
    - "Patients often won't get better unless our center can treat everything that is impacting your mood and thinking."
    - Explain there is recovery

TRAUMA INFORMED CARE AND BRAIN INJURY

- Guiding principles
- EDUCATE (**shared language**). As an institution decide what types of education about BI can be developed for patients and providers
  - Then educate patients and providers
  - Assess how the presence of BI may impact response to treatment and medications and certain institutional policies.
    - Some patients may need more than 45-minutes to address their concerns
    - Some patients may not be able to present on time for morning appointments

TRAUMA INFORMED CARE AND BRAIN INJURY

- Guiding principles
- ASSESS (**shared practice**). For each patient, how does BI interact with psychological trauma related symptoms?
  - Is it serving to make sleep disturbance worse?
  - Is it serving to cause increased craving for caffeine, nicotine or other drugs?
  - Is it contributing to difficulty inhibiting behaviors, understanding DBT instructions, problems leaving the patient's home or etc.
  - Is it contributing to frequent phone calls from the patient with questions? How do you address this as a provider and institution?

TRAUMA INFORMED CARE AND BRAIN INJURY

- Guiding principles
- TREATMENT. Work with the patient to develop the **vision** of the patient's treatment goals.

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- Evaluate institutional barriers to effective patient care – address them
- Evaluate provider barriers to effective patient care – address them
- Evaluate how a patient's life script may both assist and hinder certain aspects of treatment. Walk with them on the journey of developing their vision for recovery.
- Understand how BI and Psychological Trauma co-exist and impact function in patients. Use this knowledge to assist in achieving the patient's vision.

TRAUMA INFORMED CARE

- We are all more inter-connected than we think we are.
- Work to bring about change in a conscientious and intentional manner.

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