

TEACHING THE EFFECTS OF VICARIOUS TRAUMA TO MEDICAL STUDENTS AND PROFESSIONALS

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Science in Family Medicine
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WELCOME AND INTRODUCTIONS

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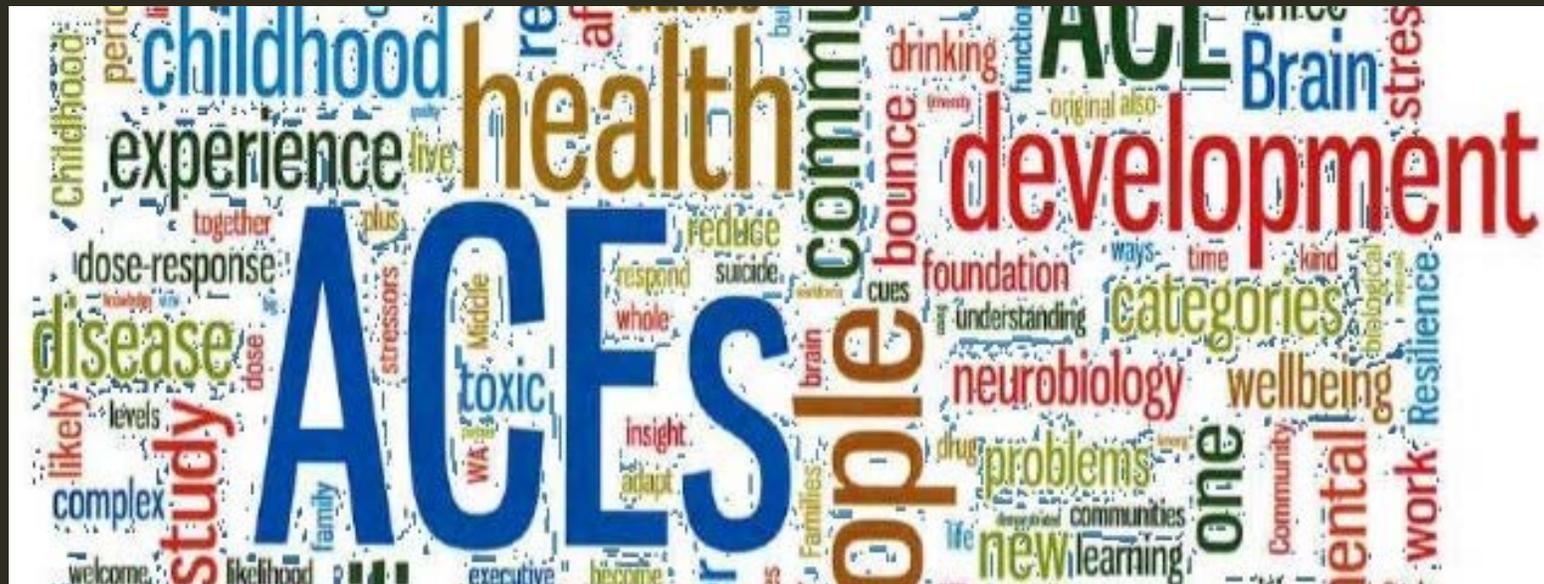
LEARNING OBJECTIVES

- Explain purpose of the ACES study and the impact on health
- Identify ways in which the effects of vicarious trauma impact individuals
- Define how mind-body medicine and vicarious trauma education in primary care and educational settings can enhance student learning
- Understand how the outcomes of programming can influence curriculum outcomes

OUR PITCH:

Residents require specialized training in contemporary models of trauma in order to meet the needs of this population

Trauma knowledge + resident stress reduction training would improve efficacy, attitudes toward, and willingness to serve impoverished patient populations



PURPOSE OF ACES

Adverse Childhood Events Survey

BEFORE WE GET STARTED...PURPOSE OF ACES

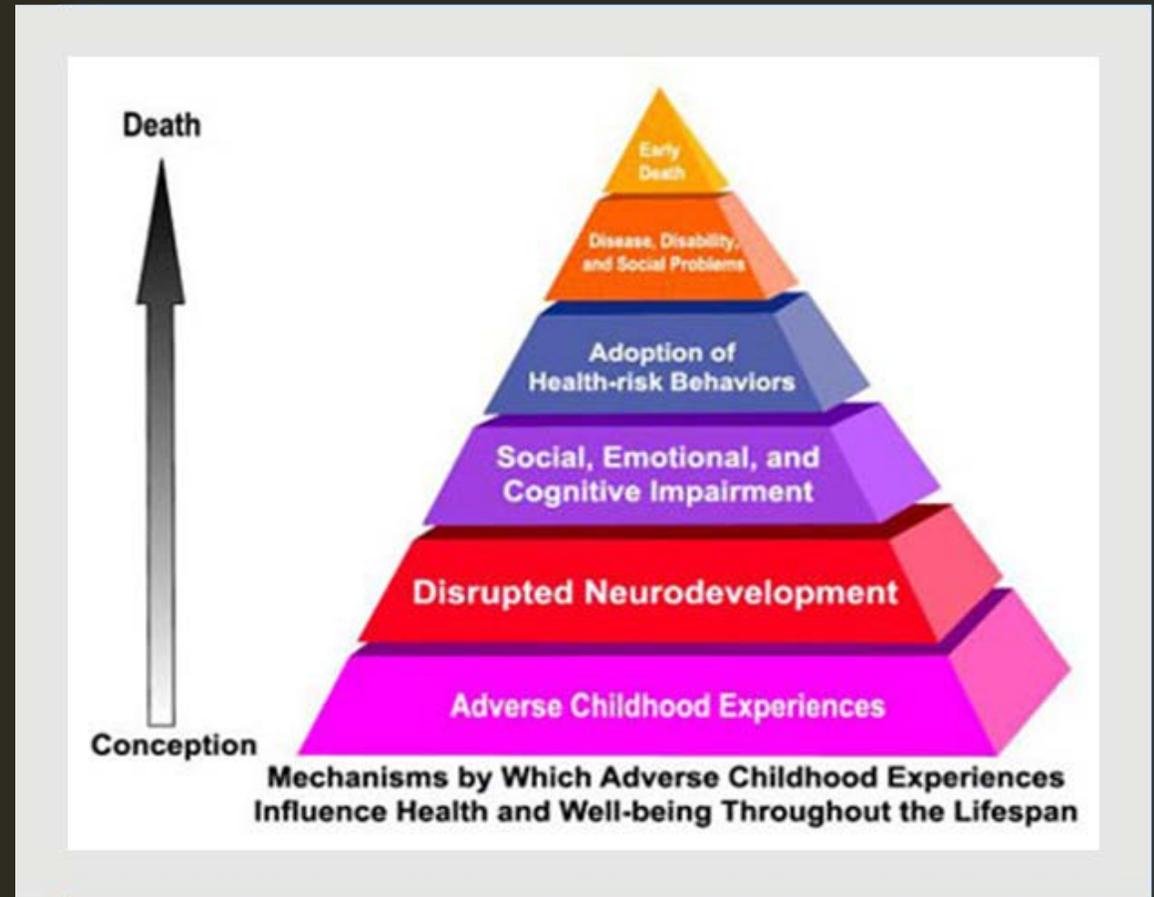
Administration of checklist

Description of ACE study

THE ADVERSE CHILDHOOD EXPERIENCES STUDY

(FELITTI, ANDA, ET AL., 1998)

- Conducted jointly by Kaiser Permanente and the CDC
- Largest longitudinal epidemiology study of its kind (1996-2008, analyses ongoing)
- Originated during mid 1980's in Felitti's Positive Choice obesity treatment study



ACE STUDY DESIGN

Aim: understand the relationship between childhood adversity & adult health

- Design: prospective cohort study, baseline data collected in 2 waves between 1995-1997. Longitudinal follow-up, 10 years

Sample: 17,337 mostly white (75%), middle-class patients of the Kaiser Permanente Medical Care Clinic

Procedures: comprehensive health assessment & administration of retrospective “ACE Questionnaire”

ACE STUDY ANALYSES

1. Summed the number of ACEs experienced to create an ACE Score
 - Frequency of categories exposed to (0 to 9)
2. Examined baseline prevalence of ACE exposure
3. Logistical regression with ACEs (IV) and health assessment data (DVs) to examine odds and associations (between number of ACES and current health issues)
4. Longitudinal: followed cohort for a decade to determine ACEs and health outcomes

RESULTS: ACE PREVALENCE

(FELITTI ET AL, 1998)

Abuse

- Psychological/emotional abuse (11%)
- Physical Abuse (10.8%)
- Sexual abuse (22.0%)

Neglect:

- Psychological/emotional (15%)
- Physical (10%)

Household dysfunction

- Substance abuser in home (27%)
- Mentally ill caregiver (17%)
- Mother treated violently (13%)
- Parental separation (23%)

ACE STUDY IMPLICATIONS: THE CHANGING FACE OF TRAUMA- MORE COMMON THAN WE THOUGHT

Traditional Model

- Trauma is a discrete “event”
- Trauma is the exception rather than the rule
 - Ex: PTSD, 9-11, war

Emerging Model

- Trauma as chronic, cumulative circumstances
- Trauma is epidemic
- Ex: toxic stress, complex trauma

HOW DO TRAUMA STUDIES RELATE TO VICARIOUS TRAUMA EDUCATION? EXPERTS WEIGH IN..

Mairean, C. & Turliuc M.N. (2013) "Predictors of Vicarious Trauma Beliefs Among Medical Staff" *Journal of Loss and Trauma*, 18. 414-428

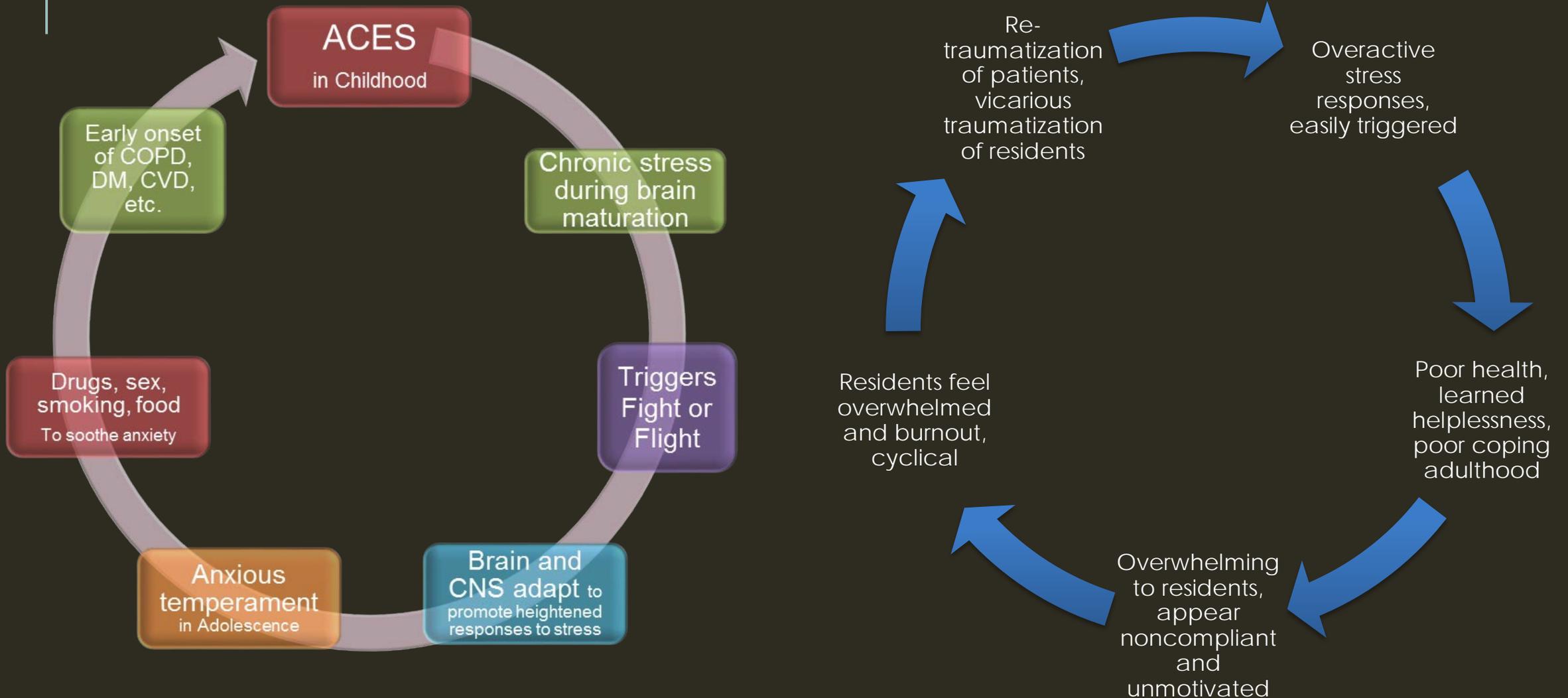
Najjar, N., Davis, L., Beck-Coon, K., Doebbeling, C. (2009). "Compassion Fatigue: A Review of the Research to Date and Relevance to Cancer-care Providers,." *Journal of Health Psychology*, 14(2), 267-277

Pross, C. & Schweitzer, S. (2010) "The Culture of Organizations Dealing with Trauma: Sources of Work-Related Stress and Conflict" *Traumatology*, 16(4). 97-108

www.TheNationalCouncil.org

www.headington-institute.org

RATIONALE: FROM PATIENT ACES TO PROVIDER STRESS



MEDTAPP METHODS

Mind Body Medicine

Trauma Informed Primary Care

Organizational Education





MIND BODY MEDICINE

Curriculum and Experience

CENTER FOR MIND BODY MEDICINE (WWW.CMBM.ORG)

Created by James Gordon, MD

Comprehensive mind-body healing for health professionals

Focuses on mind-body interactions and how emotional + mental social+ spiritual issues affect health

Based on the finding that “up to 80% of all illnesses are related to chronic stress” (<http://cmbm.org/about/what-is-mind-body-medicine>)

MIND-BODY SKILLS GROUPS GUIDING PRINCIPLES

Self care is at the center of wellness

- Safe place
- Respect
- Educational
- Staying in the moment
- Meditation is the ground in which we grow
- Compassion for self and others
- Using the group as a growth vehicle

MIND-BODY SKILLS TRAINING EVALUATIONS

1. Mind-body skills group trainings in Israel result in increased personal and professional use of mind-body skills among healthcare professionals resulting in increase in optimism, decrease in anxiety, anger and improved spirituality scores
2. Mind-body skills group training results in decreased PTSD symptoms, improved mood, and enhanced spirituality in healthcare professionals following Hurricane Katrina
3. Survey of training program participants 1995 – 2008 shows mind-body skills reach over 20,000 individual

FAMILY MEDICINE RESIDENCY CLINIC

- Primary training site for 10-14 family medicine residents and interns
- Approximately 40% of patients are uninsured, 40% have Medicaid/Medicare, 20% private insurance
- Services predominantly poor Appalachian residents with multiple chronic illnesses and numerous unmet medical, psychiatric, and/or socioeconomic needs



VICARIOUS TRAUMA IN A CLINIC SETTING

ONE PART OF THE TRIUMVIRATE

MEDTAPP as a 3 part series

1. Mind Body Skills Group
2. Residency Didactics
3. Trauma Informed Primary Care Training Program

TODAY –we will focus primarily on #3

EDUCATIONAL OBJECTIVES IN TEACHING

- Build an awareness of what Vicarious Trauma (VT) is
- Educate healthcare professionals on the impact of VT on one's self, office, organization, and each patient
- Teach relaxation and stress management skills
- Promote reflection and self-awareness
- Encourage increased understanding among members of the team

COMMON CAUSES OF TRAUMA IN OUR REGION

Generational incest

Substance Abuse

Domestic Violence

Unintentional Injuries

- Farming
- Coal mining
- ATV
- Logging
- Overdoses

Secondary trauma

Chronic poverty

Suicide

High access to firearms

Child abuse/neglect

Joblessness

Chronic illness

TRAUMA INFORMED ORGANIZATIONAL ASSESSMENT

(ADAPTED FROM “TREATING THE TRAUMA SURVIVOR” CLARK ET AL. (2014))

Indicators of Vicarious Trauma

- Intrusive experiences
- Strong reactions and feelings, such as grief, anger, shock or sadness
- Change in your beliefs about safety, trust, esteem, intimacy and control
 - Cynicism or pessimism
 - Increased fear for safety of children or loved ones
 - Difficulty making decisions
 - Reduced productivity
- Less time spent thinking about your own experiences

EXAMPLES OF CURRICULUM FORMAT

ONE OF TEN TRAININGS

Date: January 22, 2015

Topic: The Experience of Stress in the Workplace

Summary: The initial session focused on the purpose of the trauma informed care project and how the leaders could assist staff in becoming a more trauma informed organization. Basic concepts of the effects of stress and vicarious trauma were discussed. A facilitated discussion was led regarding how the patient population impacts the healthcare professional and the organization as a whole.

Assessment: Each participant was given a note card to give qualitative descriptions of what they learned about themselves (on one side of the card) and what could be improved in the session (on the others side). This was an informal survey of what each participant gained from the initial session. The group was given a compassion fatigue assessment to survey the most common sources of stress within the workplace.

PARTICIPANTS

Rural OB/GYN Clinic: High Medically Underserved Population

8 LPNs

2CMAs

1CNP

7 DO/MDs

5 front desk

3 billing (& other including surgery and pre-cert nurse)

2 ultrasound techs

TRAINING AT OHIO HEALTH ON VICARIOUS TRAUMA

How does VT express itself for you?

How does VT impact your personal life?

How does VT impact your professional life?

How does VT impact your organization?

How do you take care of yourself?

How do you take care of one another?

How WILL you take care of one another in the future?

OUTCOMES

What our students learned

COMMENTS FROM OHIO HEALTH

- Love hearing good and bad stories from the staff
- Learning what to do to get rid of stress
- How to keep calm and de-stress quickly in situations with coworker or patient when you can't walk away
- Really enjoyed group conversation and laughter
- We enjoyed the list of de-stressors
- You all are awesome
- Great material
- Love your humor
- Understanding that everyone is going through the same things that you are
- Today's meeting, as well meetings with you all was great, informative and helpful in our work life as well as our everyday lives with our families. It's always a pleasure meeting with all of you
- Look forward to this every time. How I decrease stress is helping others. Thank you for the help
- It makes me realize some of the feelings in my head to feel is okay to de-stress
- I think asking the staff what their stressors are was very helpful
- Taking the time to spend with co-workers really helps. You guys always have useful information

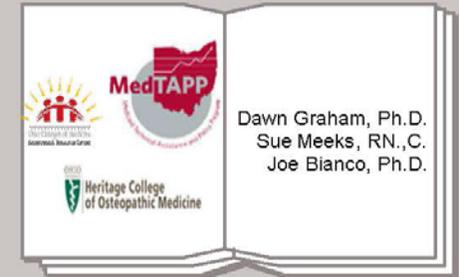
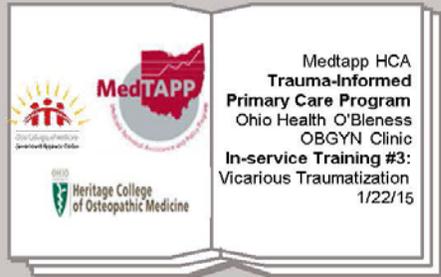
What I LEARNED:

What I'll APPLY:

Everyone has trauma	Make time for myself
Learning how to leave stuff at work and not take it home!	Keeping a positive attitude in my working environment Knowing how to react to people in situations
How to maintain stress level	Take time for myself
Everyone has stressors	
Everyone deals with them differently	
Everyone needs stress release time	
Everybody has different challenges and difficulties	Laugh! Smile!
Vicarious trauma is often unnoticed	Take time to laugh
Rob's childhood trauma has long-term effects	Share feelings of stress with others
Learned how to accept other people's trauma and what I could do to help them	help them relax
It's important to take time for yourself, debrief, distress, so it doesn't affect home life or anyone else negatively	Do something for myself everyday
We experience stress that builds up everyday	Laughter helps a lot
Self-care in the moment	Breaks help to relieve stress
I'm not the only one impacted by work stress	I will work to support/be supportive for my work family
1 or 2 things learned in the brain	Making time for myself
The importance of de-stressing	Driving the long way home giving myself time to settle down
Sharing thoughts and feelings with coworkers is helpful	Talk more with co-workers about stressful situations
We don't always know what people (patients) are dealing with-don't be judgmental	Smile more, remember to laugh; adjust to change; chocolate is the code word
Stress is contagious	Take a walk when the stress takes over; laughter makes you feel better
Being aware of yourself and others is important	Take breaks throughout the day
Take time to unwind	Decompress in the morning and after work
Take time to relax at work; take walks, ask for a joke	Find rituals to help with stress
Share/help coworkers with work stress/difficult patients	Phone a friend
Need a de-stressor	De stress with my co-workers

OUTCOMES

How does patient trauma and stress affect your clinic? The Top Symptoms of Vicarious Traumatization in Providers and Staff



Everyone (Staff + Providers)

#1 (91%)
Strong emotional reactions and feelings--grief, anger, shock, sadness

#2 (65%)
Thinking/Talking about work too much

#3 (61%)
Being Easily Overwhelmed by Feelings

#3 (61%)
Feeling Like You Have No Time or Energy for Yourself

#4 (57%)
Numbing and Feeling Shut Down

#5 (52%)
Intrusive Experiences about Patients' Traumas

Providers

#1 (89%)
Strong Emotional Reactions

#2 (67%)
Intrusive Experiences about Patients' Traumas

#3 (56%)
Overwhelmed by Feelings, No Time or Energy

#3 (56%)
Cynicism or Pessimism

#3 (56%)
Lowered Self-Esteem, Lowered Sense of Competence in One's Work

#3 (56%)
Avoidance of Violence, Trauma, or Stressful Events in News, Movies,

Staff

#1 (93%)
Strong Emotional Reactions

#2 (79%)
Talking & Thinking about Work Too Much



#3 (64%)
No Time, Energy, Shut Down

#3 (64%)
Difficulty Trusting Others

#3 (64%)
Increased Illness, Fatigue, Aches, Pains

#4 (57%)
Easily Frustrated with Coworkers

#4 (57%)
Less Motivation and Energy



WHAT CLINIC PROFESSIONALS FOUND

#	Vicarious Trauma Indicator	Total (n=23)	Staff/Other (n = 14)	Providers (n = 9)
2	Strong reactions and feelings, such as grief, anger, shock or sadness	21 (91.3%)	13 (92.8%)	08 (88.9%)
1	Intrusive experiences--dreams, nightmares, recounting pts' traumas	12 (52.2%)	06 (42.8%)	06 (66.7%)
8	Being easily overwhelmed by feelings	14 (60.9%)	09 (64.3%)	05 (55.5%)
12	Feeling as though they have no time or energy for themselves	14 (60.9%)	09 (64.3%)	05 (55.5%)
14	Cynicism or pessimism	11 (47.8%)	06 (42.8%)	05 (55.5%)
9	Sensitivity to and avoidance of violence (news, movies, stories)	08 (34.8%)	03 (2.1%)	05 (55.5%)
29	Lowered self-esteem, lowered sense of competence in one's work	08 (34.8%)	03 (2.1%)	05 (55.5%)
19	Finding they talk about work too much	15 (65.2%)	11 (78.6%)	04 (44.4%)
3	Emotional numbing, feeling 'shut down	13 (56.6%)	09 (64.3%)	04 (44.4%)
22	Increased illness or fatigue, aches, and pains	09 (39.1%)	09 (64.3%)	03 (33.3%)
4	Loss of hope	07 (30.4%)	04 (28.6%)	03 (33.3%)
6	Feeling guilty for the privileges you have (safe home, support)	07 (30.4%)	04 (28.6%)	03 (33.3%)
10	Change in your beliefs about safety, trust, esteem, intimacy, control	07 (30.4%)	04 (28.6%)	03 (33.3%)
13	Withdrawing from others	07 (30.4%)	04 (28.6%)	03 (33.3%)
21	Increased fear for safety of children or loved ones	06 (26.1%)	03 (2.1%)	03 (33.3%)
5	Feelings of despair and hopelessness	05 (21.7%)	02 (14.3%)	03 (33.3%)
25	Difficulty making decisions, or making poor decisions	05 (21.7%)	02 (14.3%)	03 (33.3%)
30	Difficulty trusting others	11 (47.8%)	09 (64.3%)	02 (22.2%)
28	Loss of control over work and life in general	09 (39.1%)	07 (50.0%)	02 (22.2%)
17	Loss of enjoyment of sexual activity	07 (30.4%)	05 (25.7%)	02 (22.2%)
18	Feeling they cannot discuss work with family or friends	06 (26.1%)	04 (28.6%)	02 (22.2%)
24	Greater problems with boundaries and limit-setting (work or home)	06 (26.1%)	04 (28.6%)	02 (22.2%)
7	Loss of meaning	04 (17.4%)	02 (14.3%)	02 (22.2%)
16	Reduced sense of respect for the people with whom they work	09 (39.1%)	08 (57.1%)	01 (11.1%)
27	Reduced motivation for work	09 (39.1%)	08 (57.1%)	01 (11.1%)
11	Avoidance of intimacy	03 (.1%)	02 (14.3%)	01 (11.1%)
26	Reduced productivity	03 (.13%)	02 (14.3%)	01 (11.1%)
15	Loss of a sense of spirituality	02 (.09%)	01 (.07%)	01 (11.1%)
31	Reduced interest in spending time alone	01 (.04%)	--	01 (11.1%)
32	Less time spent thinking about your own experiences	05 (21.7%)	05 (35.7%)	--
20	Increased sense of danger (reduced sense of safety)	02 (.09%)	02 (14.3%)	--
23	Increased absenteeism (sick days)	--	--	--

IN SUMMARY...WE HOPE YOU TAKE AWAY AN UNDERSTANDING OF...

The ACES Study

Impact on Provider Stress

Cyclical nature of vicarious trauma and Effects on Individuals

Mind Body Medicine

Vicarious Trauma Curriculum

Ways to Incorporate Interventions into Your Own Teaching/Learning

YOUR BREATHING EXPERIENCE



**GO FORTH AND SERVE-
THANK YOU!**