

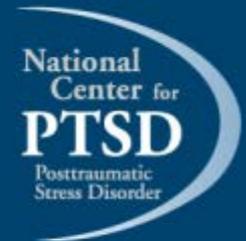
Trauma-Informed Care for Women Veterans: Lessons Learned from Research and Clinical Care

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Presented as part of the Society for General Internal Medicine's
Annual Meeting, April 24, 2014



ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

Poll Question #1

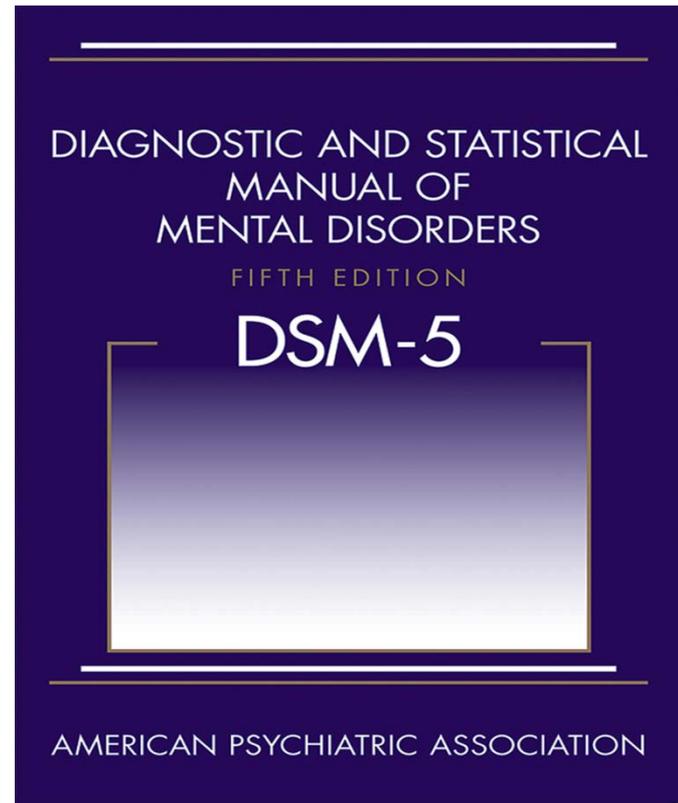
- What is your primary role in VA?
 - student, trainee, or fellow
 - clinician
 - researcher
 - manager or policy-maker
 - Other

Posttraumatic Stress Disorder (PTSD)

- Exposure to traumatic events is associated with a wide range of mental health and physical health conditions
- PTSD is the psychological condition most closely associated with traumatic stress exposure
 - Exposure to a traumatic event is a specific diagnostic criterion and the signature feature of PTSD
- PTSD can be viewed as a failure to recover
 - Symptoms must last at least one month

PTSD Diagnostic Criteria

1. Intrusion Symptoms
2. Persistent Avoidance
3. Negative Alterations in Cognition and Mood
4. Alterations in Arousal and Reactivity



Gender Differences in Trauma Exposure and PTSD

Gender Differences in Exposure to Traumatic Events

Lifetime Prevalence of Trauma Exposure in the General Population

	Men	Women
Any Trauma	60.7%	50.2%
Accident	25.0%	13.8%
Natural Disaster	18.9%	15.2%
Physical Attack	11.1%	6.9%
Physical Abuse	3.2%	4.8%
Rape	0.7%	9.2%

Gender Differences in PTSD

- Lifetime prevalence of PTSD in the general population:
 - 4.0% (men) vs. 11.7% (women)¹
- Across numerous studies, women have a two to three times greater risk of a PTSD diagnosis compared to men

¹Kessler, et al. (2012) *International Journal of Methods in Psychiatric Research*

Gender Differences in PTSD

- These estimates are impacted by the types of traumatic events that women vs. men are likely to experience
- Women are more likely to experience the events that are the most strongly associated with PTSD

Conditional probability of developing PTSD

	Men	Women
Accident	6.3%	8.8%
Natural disaster	3.7%	5.4%
Physical abuse	22.3%	48.5%
Rape	65.0%	49.0%

Gender Differences in PTSD Diagnostic Criteria

- Gender differences are limited
- Individual symptoms are defined in the same way for men and women
- Diagnostic criteria are defined in the same way for men and women
- Across studies there is no consistent symptom picture that more clearly defines men's vs. women's symptom expression

Research with Veterans
Helps Us Understand Gender Differences in
PTSD

Most Common Traumatic Experiences Among Women Veterans



- Experiences specific to military service:
 - Military sexual trauma
 - Combat trauma
- Experiences encountered in civilian life:
 - Childhood abuse
 - Sexual violence
 - Intimate partner violence

Prevalence of PTSD in Veteran Samples

Gender differences in PTSD prevalence in the general population are not always replicated in military or veteran samples

Instead, gender differences differ substantially by military cohort



PTSD Prevalence Across Military Cohorts

- **Vietnam Veterans** (Kulka et al., 1990)
 - Male Veterans at higher risk of PTSD diagnosis
 - 15.2% (men) vs. 8.5% (women)
- **Gulf War I Veterans** (Wolfe et al., 1999)
 - Female Veterans at higher risk of probable PTSD diagnosis
 - 7% (men) vs. 16% (women)
- **Afghanistan and Iraq Veterans** (Street et al. 2013)
 - No gender differences in probable PTSD diagnosis
 - 23.4% (men) vs. 21.0% (women)

Providing Trauma-Informed Care in Medical Care Settings

Trauma Survivors in Primary Care

Primary Care staff work with trauma survivors every day, whether they realize it or not

- Trauma is associated with not only mental health issues, but also a range of physical health conditions
- Trauma survivors with mental health issues typically present first for medical care and only after that are connected with mental health care

Although similar to other patients in many ways, trauma survivors also have some unique healthcare needs

- A trauma history can affect a survivor's reactions to certain procedures and to the patient-provider relationship

Challenges for Trauma Survivors When Seeking Medical Care

- Power dynamics of relationship
- Personal questions that may be embarrassing or distressing
- Loss of privacy
- Physical touch in intimate areas
- Feelings of pain
- Removal of clothing
- Vulnerable physical position
- Feeling a lack of control over the situation
- Gender of healthcare provider

Some of these are challenges because they replicate specific aspects of the traumatic experience

Signs That a Patient May Be Experiencing Acute Trauma-Related Distress

- Is highly anxious, agitated, or “jumpy”
- Appears tearful during exams, with no obvious cause
- Physically withdraws, or becomes very quiet or “frozen”
- Has difficulty concentrating, is very distractible, or seems disoriented
- Minimizes symptoms that might require an intrusive exam
- Cancels appointments or refuses needed care
- Exhibits strong emotional reactions to relatively benign interactions (eg., crying, panic, irritability, anger)
- Experiences flashbacks or dissociates during appointments

Providing Trauma-Informed Care

- Can improve care provided across all settings
- Reflects an understanding that most people have experienced traumatic life disruptions
- Reflects an understanding that experiences of trauma impact multiple domains of well-being and functioning



Providing Trauma-Informed Care

- Focuses on avoiding experiences that could be perceived as revictimizing
- Designs services that are empowering and promote recovery



Strategies for Providing Trauma-Informed Care

- Everyone who interacts with patients should be educated about trauma
- Regularly screen for a trauma history
- Communicate a sensitivity to trauma-related concerns
- Create a safe and comfortable environment
- Thoughtfully deliver services in a trauma informed manner

Importance of Trauma-Informed Care

- Attention to underlying trauma-related issues can help:
 - Improve patients' adherence to and benefit from medical care
 - Facilitate a stronger and more effective working relationship
 - Foster better patient-provider communication
 - Streamline patient-provider interactions
- In other words, increasing your knowledge of trauma can improve your ability to address your patients' precise health care needs.
- Understanding more about the impact of trauma can also help providers maintain their empathy when faced with challenging survivor reactions.

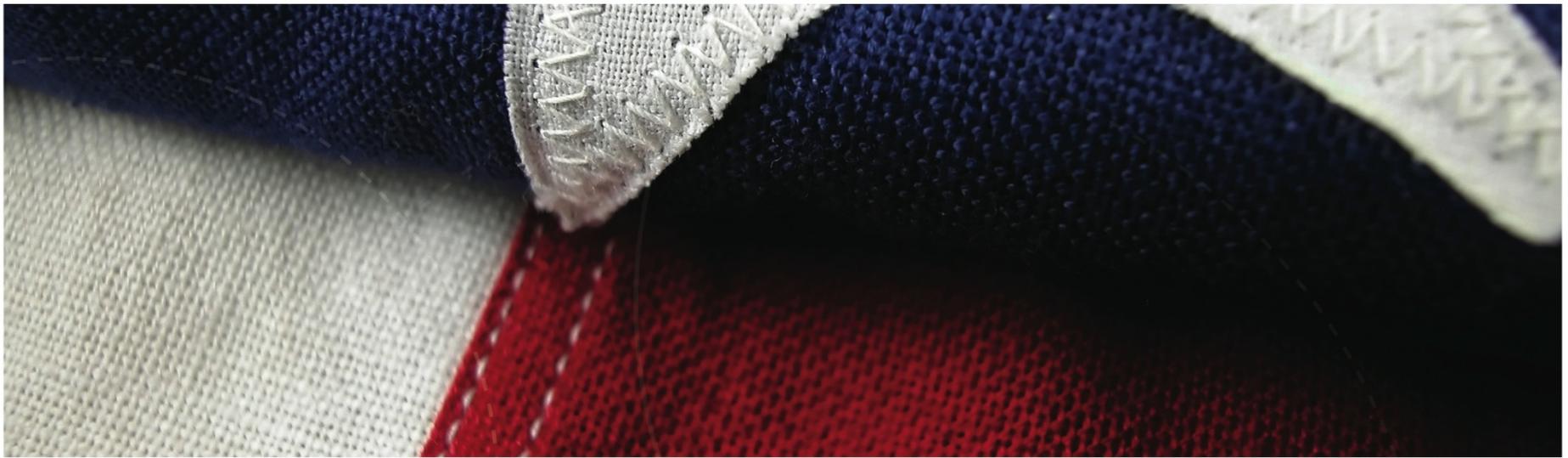
Conclusions

- Unfortunately, exposure to traumatic events and subsequent PTSD are common
 - Awareness of this is important for medical providers across healthcare settings
- Women Veterans provide a unique population for understanding the gender-specific phenomenology of PTSD
 - Gender differences are limited, but there is more important research to be done, i.e. treatment matching, gender-specific risk factors
- Use of trauma-informed care strategies can improve patient outcomes and reduce provider frustration
 - These strategies are based on clinical expertise, more work is needed to establish empirical support

Poll Question #2

In my practice setting, services are delivered from a trauma-informed perspective

- Always
- Frequently
- Sometimes
- Rarely or Never
- I don't know



Trauma screening in medical settings

Adapted from Rachel Kimerling, PhD and Kerri Makin-Byrd, PhD
Military Sexual Trauma Support Team
National Center for PTSD /VA Palo Alto Healthcare System

The potential impact of trauma screening

- Trauma screening can be:
 - The first *conversation* a patient has with a provider about trauma experiences
 - An opportunity for an *empathic, supportive response* that makes a powerful positive impact
 - A *chance to educate* the patient on consequences of trauma exposure and resources to access help
 - A *warm hand off* between primary care and mental health services

Before beginning a conversation with the patient

- Confirm you are in a **private setting** where you will not be interrupted.
- **Stop what you are doing, turn away from the computer,** and talk directly to the patient using unhurried speech and good eye contact.
- Provide a **rationale** for the trauma screening. Connect the questions to **current health** concerns.
- For example: *“Now I’m going to ask about some distressing things that may have happened to you. I ask all patients these questions because these experiences can impact health and well being sometimes long after they occur. **You can choose not to answer these questions if you prefer or you may simply say ‘yes’ or ‘no.’**”*

Trauma screening

- You may want to assess a range of **current and historical experiences** including:
 - Experienced or observed physical, sexual, or emotional violence in the family or community
 - War or political violence in country of origin or current country
- Use clear, **behaviorally specific language**, such as
 - “Has anyone ever hit, choked, or beaten you?”
 - “Have you ever had sexual contact against your will or when you were unable to say no (for example, after being forced or threatened or to avoid other consequences)?”
- **Do not push for disclosure of details of traumatic event in a primary care setting.**

When a patient declines to answer

- A 'decline' option allows patients to chose **when and with whom** they would prefer to disclose their experience.
- Some may not feel comfortable disclosing their trauma experience during the initial screening for a variety of reasons, such as:
 - Shame or self-blame
 - Fear of becoming emotionally overwhelmed
 - Societal stigma associated with sexual trauma, especially for men
 - Unsupportive and/or blaming responses to previous disclosures
 - **Leave the door open** for future disclosure. Based on your clinical judgment, you may want to:
 - Inform the patient that they can answer the questions or receive services at a later date: *"As I mentioned, there is help available if you are interested in the future."*

When a patient discloses a traumatic experience

- You may be the **first person** the patient has ever told about his or her experiences
- An **empathic, supportive response** makes a powerful positive impact
 - Sit and listen to the patient without problem-solving immediately
 - Monitor your body position, eye contact, facial expressions, and tone of voice
 - Provide validation and empathy: *“I’m sorry that happened to you.”*
- **Follow the patient’s lead, but in most cases it will be clinically appropriate to shape the conversation to focus on current functioning, treatment needs, and the patient’s interest in a referral for trauma-related mental health services.**



VA Lessons Learned: Trauma and the General Internist

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PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic—for example, a serious accident or fire, physical or sexual assault or abuse, earthquake or flood, war, seeing someone be killed or seriously injured, or having a loved one die through homicide or suicide. Have you ever experienced this kind of event? Yes/No response.

In the past month, have you...

- 1.had nightmares about the event(s) or thought about the event(s) when you did not want to?
- 2.tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
- 3.been constantly on guard, watchful, or easily startled?
- 4.felt numb or detached from people, activities, or your surroundings?
- 5.felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?**

Trauma versus PTSD screening

Trauma-specific screening

Connectivity to safety planning, advocacy in medical/community setting

Mental health effects of trauma heterogeneous (treatment may be needed for depression/anxiety etc.)

Captures recent/current/risk of trauma

May provide validation of difficult/shameful experience (s)

PTSD screening

Potentially easier for some PCPs (talking about traumatic experiences/violence difficult)

As above, development of PTSD is linked to health effects.

Better fits biomedical model of screening (PTSD is treatable with defined interventions).

Trauma-exposed patients in primary care



Women Veterans and primary care

- As many as 87% of Women Veterans (WV) seek care outside VA (Washington 2006).
- Routinely inquire about military service (many women Veterans do not self-identify as Veterans).
- Highly trauma exposed population, high rates of child/adult trauma before service (Zinzow 2007).
- Women Veterans are up to 4x more likely to be homeless than non-Veteran women. (Gamache 2003, Hamilton 2011).
- Remember that MST is not the only form of trauma WV experience, and unlike MST, other trauma can be ongoing.

Trauma Exposed Patients and primary care

- Challenges (outside VA):
 - Lack of access to mental health services
 - *“Primary care is the defacto mental health system.”*
(R. Kessler)
- Patients who need MH care often decline it.
- Difficult to “drop our agenda,” performance metrics.
- Take baby steps – address diabetes next time.
- Recognize trauma-related reactions → empathy/our skills.
- Trauma-informed care = universal precautions.

Lessons from VA Trauma Treatment: skills in primary care

- PCP can become familiar with the content of trauma-focused, skills-based treatment.
- Encourage patient to identify goals of the visit and prioritize symptoms (interpersonal effectiveness).
- Help her respond to symptoms that have been found not dangerous (distress tolerance/mindfulness).
- When a patient is anxious or frightened by discussion of medical options or results, mindfulness exercises can be done in primary care settings.
- CPT skills address “stuck points” that can involve issues of safety/trust/power relevant to medical settings.

Sharing VA models

- Monthly primary care-mental health (Women's stress disorders treatment team) meeting.
- Brief programs for co-morbid PTSD and chronic pain.
- VA evidence-based therapies are
 - Often brief, time-limited, manual-based.
 - Useful in non-Veteran populations/adaptable
 - Can be readily taught to experienced therapists
 - http://www.ptsd.va.gov/professional/continuing_ed/cptweb.asp
 - <https://cpt.musc.edu/introduction>



PTSD: National Center for PTSD

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In Summary

- VA is a unique system of care however lessons can and have been learned from treatment of Veterans.
- Systems where mental health resources are lacking/fragmented can benefit from VA research and evidence based treatment for PTSD such as CPT, prolonged exposure and DBT.
- PCPs must manage complex patients under increasing amounts of pressure. We are in constant contact with trauma-exposed patients.
- Q&A

Acknowledgements

- VA, Health Services Research and Development Service (HSR&D)
- National Center for PTSD
- Women's Health Evaluation Initiative (WHEI) , VA Palo Alto
- Women's Health Services, VA Central Office
- SGIM VA Task Force
- SGIM Women in Medicine Task Force
- Rachel Kimmerling, PhD and Kerry Makin-Byrd PhD



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