

TRAUMA AND THE ROLE OF TRAUMA-INFORMED CARE IN PROVIDING WEIGHT MANAGEMENT IN PRIMARY CARE



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DEFINING TRAUMA

"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 effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."



- Substance Abuse and Mental Health Services Administration (SAMHSA)

DEFINING TRAUMA, CONTINUED

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse, neglect, and household dysfunction, that occur during childhood.

Toxic Stress is a stress response that occurs when a person experiences strong, frequent, and/or prolonged adversity without adequate support.

EXAMPLES OF TRAUMA

Physical, sexual, and emotional abuse

Childhood neglect

Living with a family member with mental health or substance use disorders

Sudden, unexplained separation from a loved one

Poverty, discrimination, and historical trauma

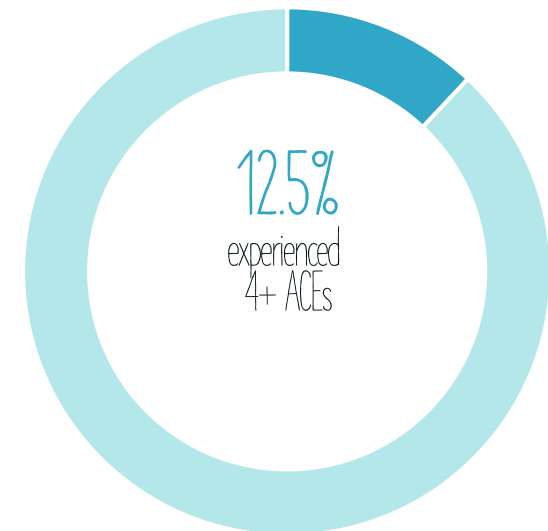
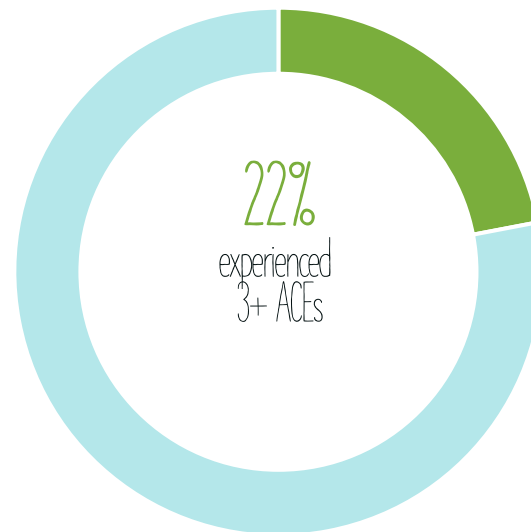
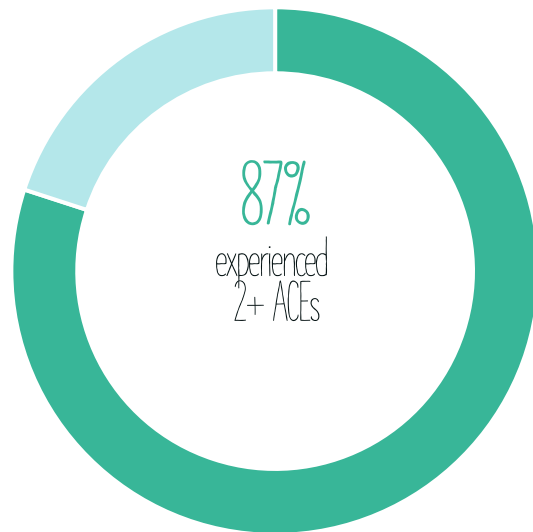
Violence in the community, war, or terrorism



ADVERSE CHILDHOOD EXPERIENCES SURVEY

In 1998, more than 17,000 Kaiser Permanente members took the Adverse Childhood Experiences (ACE) Survey.

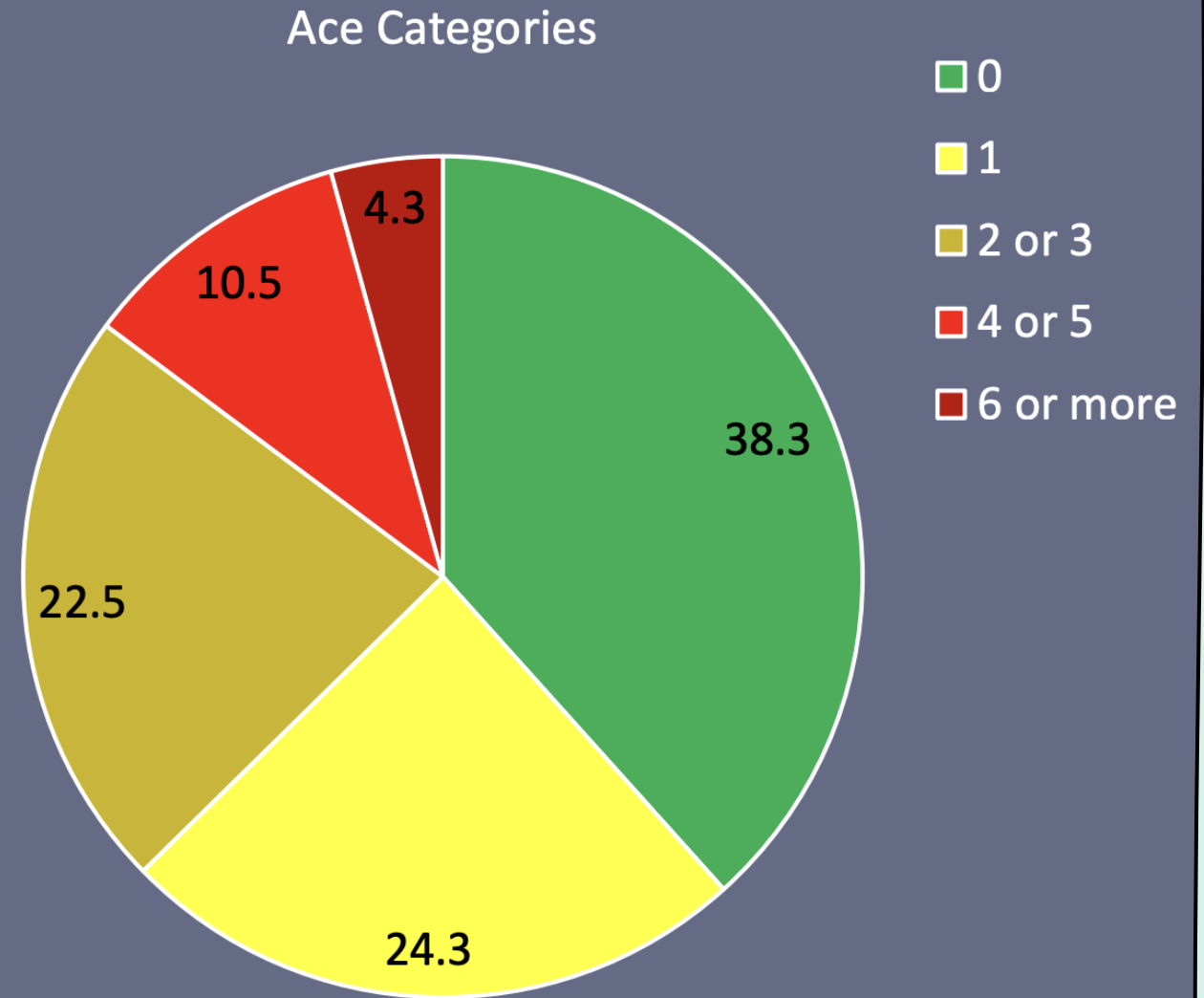
Results: Two-thirds of respondents had experienced one or more types of ACEs. Of those:



OVER 37% OF ADULTS
REPORT AT LEAST 2
ACES

According to the United Health Foundation's America's Health Rankings, 15.7% of Coloradan children endorsed at least 2 ACEs before age 17 (2020-2021)

% of Adult Coloradans by ACE Category



FINDINGS: AS ACE SCORE , SO DOES RISK FOR: (ACE SCORE 4 OR MORE)

- Smoking (2.2)
- Multiple sexual partners (3.2)
- Adult alcoholism (7.4)
- Drug use (4.7)
- STDs (2.5)
- Depression (4.6)
- Suicide attempts (12.2)
- Pulmonary disease (3.9)
- Heart disease (2.2)
- Liver disease (2.4)
- Lost time from work (2.5)
- Early death
(Those with ACE score of 6 or more, died 20 years earlier)



TRAUMA, ACES AND OBESITY - LITERATURE

- Individuals may be at a 46% increase in the odds of adult obesity following exposure to multiple ACEs and severity of obesity may increase with increased exposure to ACEs
- Significant positive relationships with ACEs and obesity (85%) and PTSD and obesity (86%) as well as the association between trauma and development of Binge Eating Disorder (BED) (90%)
- Patients undergoing bariatric surgery have been found to have high rates of childhood abuse or neglect (69%)

MECHANISMS OF ACTION IN THE RELATIONSHIP BETWEEN TRAUMA AND OBESITY

Trauma-associated weight loss resistance is correlated with increased incidence of emotional eating, or stress eating, or eating to dissociate, or simply turning to food to soothe our underlying discomfort

The impact of trauma can continue in the body as a constant low-lying physiological stress response, which can cause among other hormonal impacts, excessive cortisol production

Excess cortisol production is strongly associated with weight gain, weight loss resistance, fat storage, and fat deposition around the midsection

MECHANISMS OF ACTION IN THE RELATIONSHIP BETWEEN TRAUMA AND OBESITY

Excess cortisol can also impact insulin resistance, as does cellular inflammation and release of inflammatory cytokines (which are released after exposure to a stressful or traumatic experience) which can lead to excess inflammation

Processed, sugary and fatty foods - many of which we use to self-soothe, can be more highly inflammatory in and of themselves

Intense trauma or a stressful event by itself can dramatically deplete our gut flora population; adverse changes in gut flora can lead to weight gain, and weight loss resistance

SEXUAL TRAUMA AND WEIGHT LOSS BARRIERS

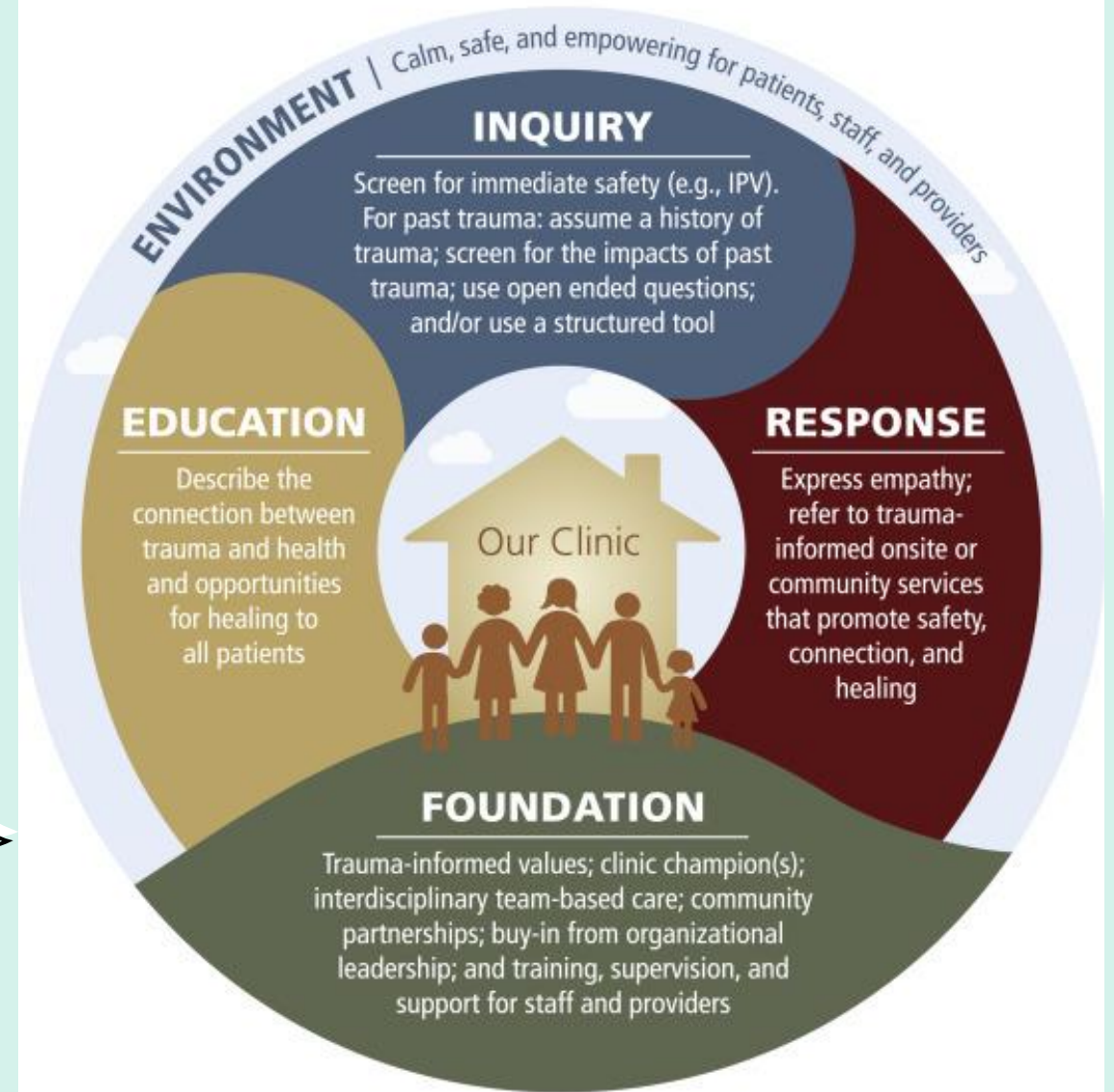
- Excess weight can also help shield unwanted attention, help to minimize feeling vulnerable, or even serve as punishment for what some people may tell themselves they deserve
- Weight loss efforts may unintentionally increase anxiety or depressive symptoms, cause people to feel uncomfortable, seen in ways that are undesired and vulnerable
- It is helpful to connect with a behavioral health provider who can support them in identifying different perspectives, challenging thoughts of having a "safe weight" and develop healthy coping strategies

TRAUMA AND OBESITY: EXPERIENCES IN HEALTHCARE

- Individuals with obesity who experienced childhood abuse were more likely to feel judged by their healthcare provider and less likely to feel that they were treated with respect
- Individuals who experience Child Sexual Abuse (CSA) disclose to their PCPs their experiences at a high rate, and those who don't may not be offered an opportunity to do so but want to; individuals are open to direct screening related to trauma experiences in primary care
- Healthcare providers note inexperience, lack of training and discomfort as reasons to not ask about patients' trauma histories

MATCHINGER ET AL (2015)
DEVELOPED CONCEPT OF
TRAUMA-INFORMED
HEALTH CARE

Trauma-informed Health Care



STEPS FOR CLINICS TO BE TRAUMA-INFORMED

1. Adopt the perspective that trauma is common and this can have a lasting impact on mental and physical health
2. Integrate trauma-informed principles into your practice (safety, trustworthiness, collaboration, peer support, empowerment, and cultural humility and responsiveness)
3. Offer education and resources for patients, staff, and providers.
4. Educate all patients, staff, and providers about the connections between trauma, health, and health-related behaviors.
5. Understand that patients may not disclose trauma for many reasons, including shame and fear.

STEPS FOR CLINICS TO BE TRAUMA-INFORMED, CONTINUED

1. Establish referral processes for patients wanting further service and/or treatment – Integrated behavioral health providers in primary care can help facilitate this process.
 1. <https://www.Psychologytoday.com>
 2. <https://www.thebluebench.org>
 3. <https://rainn.org/get-help>
2. Establishing referrals to address other social determinants of health such as housing and food insecurity can also contribute to reducing the incidence and adverse impacts of trauma.

STEPS FOR CLINICIANS TO BE TRAUMA-INFORMED - THE 4 "C'S"

1. Be Calm - you remaining calm is emotionally regulating for a patient who has experienced trauma
2. Contain the interaction - knowing all of the details of the trauma is not necessary to provide compassion and support
3. Care for the patient and yourself - self-care and compassion is important for both you and the patient. Destigmatize the adverse consequences of trauma such as substance use, overeating, and depression in a non-judgmental way.
4. Focus on Coping - emphasize resilience and strength, building off of adaptive skills patient has used that help

INQUIRY AND RESPONSE TO TRAUMA DISCLOSURES

Inquiry should be prioritized by immediate safety (e.g., IPV) and should be done in a private setting

Helpful responses related to immediate safety concerns:

1. Affirm that she or he does not deserve to be treated that way;
2. Express concern for the patient's safety and that there are many helpful resources;
3. Offer a warm handoff to an onsite social worker if available

INQUIRY AND RESPONSES TO PAST TRAUMA DISCLOSURES

Option 1: assume a history of trauma instead of asking

Option 2: screen for the impacts of past trauma instead of for the trauma itself

Option 3: inquire about trauma using open-ended questions

Option 4: use a structured tool to explore past traumatic experiences

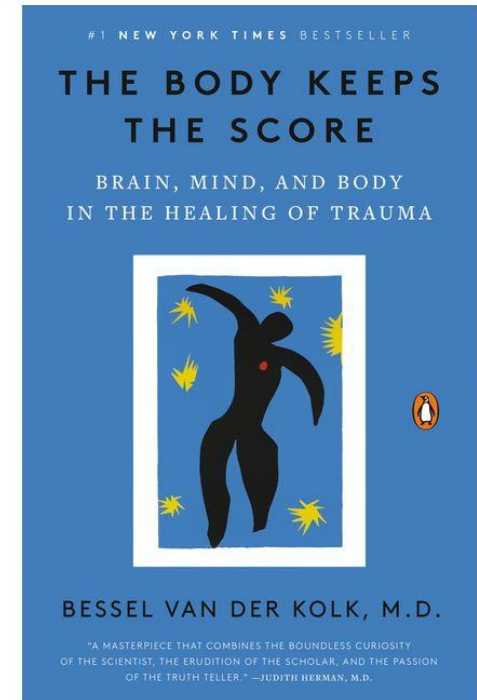
TIPS FOR RESPONSES TO PAST TRAUMA DISCLOSURES

Acknowledge the disclosure with nonjudgmental compassion,

- "I am sorry this happened to you. Thank you for sharing this with me. This information can help me understand how best to care for you."

This can be followed up with a question like

- "Past traumas can sometimes continue to affect our lives and health. Do you feel like this experience continues to affect your health or well-being?"



EVIDENCE-BASED THERAPIES FOR TRAUMA/PTSD

The revised Departments of Veterans Affairs and Defense (VA/DoD) Clinical Practice Guideline (CPG) for Posttraumatic Stress Disorder (2023), as well as other clinical practice guidelines for the treatment of PTSD, recommends 3 specific trauma-focused psychotherapies, with the 4th showing good emerging evidence for effectiveness:

- 1) Prolonged Exposure (PE)
- 2) Cognitive Processing Therapy (CPT)
- 3) Eye Movement Desensitization and Reprocessing (EMDR)
- 4) Written Exposure Therapy (WET)

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