

# Trauma in Primary Care: Acute Reaction to PTSD

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# Objectives

Review core concepts related to trauma

Understand trauma in context

Consider ways to talk about trauma with patients

# Traumatic Stress

Occurs when a person experiences an event that is overwhelming, usually life-threatening, terrifying, or horrifying in the face of helplessness (Sandra Bloom)

## Toxic Stress

Is associated with prolonged and intense activation of the body's stress response to such an extent that it can change the way a child's brain develops, the very architecture of the brain, with problematic long-term consequences. (Sandra Bloom)

# SAMHSA Definition of 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 adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

**Trauma:** physical, emotional, psychological, or spiritual injury in response to a distressing or life-threatening event like an accident, abuse, violence or natural disaster

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**Acute trauma:** a single event that is time-limited (injury accident, pregnancy loss, sudden death of a loved one, assault, divorce, job loss, etc)

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**Complex trauma:** exposure to multiple traumas that are often invasive or interpersonal and have wide-ranging, long-term impact

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**InterGenerational:** happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next.

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**Historical:** occurs in history to a specific group of people causing emotional and mental wounding both during their lives and to the generations that follow

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**System-induced trauma:** when systems designed to help trauma victims inflict trauma or re-traumatize people (unjust policies, harmful practices, invasive procedures, racial/cultural bias, etc.)

ACES



## Types of Adverse Childhood Experiences, ACE Study, 17,000 predominantly white, middle class privately insured patients (CDC-Kaiser Permanente)

Five are personal -- physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect.

Five are related to other family members: alcoholism, domestic violence, criminal justice issues, mental illness, and absence of primary caregiver

Each type of trauma counts as one. So a person who's been physically abused, with one alcoholic parent, and a mother who was beaten up has an ACE score of three.



# ACE Study Findings

Childhood trauma is very common - 2/3 had 1 ACE, 1/8 had 4 or more ACEs.

There is a direct link between childhood trauma and adult onset of chronic disease, as well as depression, suicide, being violent and a victim of violence; compared to those with no ACE's, people with 6+ die 20 years earlier.

More types of trauma increase the risk of health, social and emotional problems.

People usually experience more than one type of trauma – rarely is it only sex abuse or only verbal abuse.

# Urban ACES

Roy Wade, MD, PHD Children's Hospital of Philadelphia



Witnessing violence (seeing or hearing someone being stabbed, beaten, or shot)

Living in an unsafe community

Experiencing racism

Living in foster care

Experiencing bullying



- Behavioral Problems
- Physical Illness
- Emotional Dysregulation

- Trauma & Loss
- Chronic Hyperarousal &  
Chronic Inflammation
- Adverse Childhood  
Experiences

# Trauma-organized individual (Sandra Bloom)

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Inability to grieve and anticipate future

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Problems with authority

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Lack of basic safety/trust

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Loss of emotional management

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Problems with cognition

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Communication problems

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Confused sense of fair play

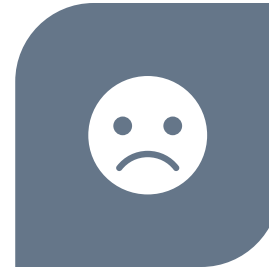
# Attitudes about Human Dysfunction



SICK?



BAD/EVIL?



SICK AND BAD?



INJURED?

# Changing the Fundamental Question



**FROM:** WHAT IS WRONG WITH  
YOU?



**TO:** WHAT'S HAPPENED TO  
YOU?

# Injured! Major Public Health Impact (Sandra Bloom)



# A Trauma-Informed System (SAMSHA)

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*Realizes* the widespread impact of trauma and understands potential paths for recovery

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*Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system

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*Responds* by fully integrating knowledge about trauma into policies, procedures, and practices

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*Seeks* to actively resist re-traumatization



# STRESS DOES NOT HAPPEN IN A VACUUM

Behavior happens for a reason

There is always a need driving the behavior

Your job is to put the person's behavior/symptoms in context

Only then can you connect with and help the person problem solve

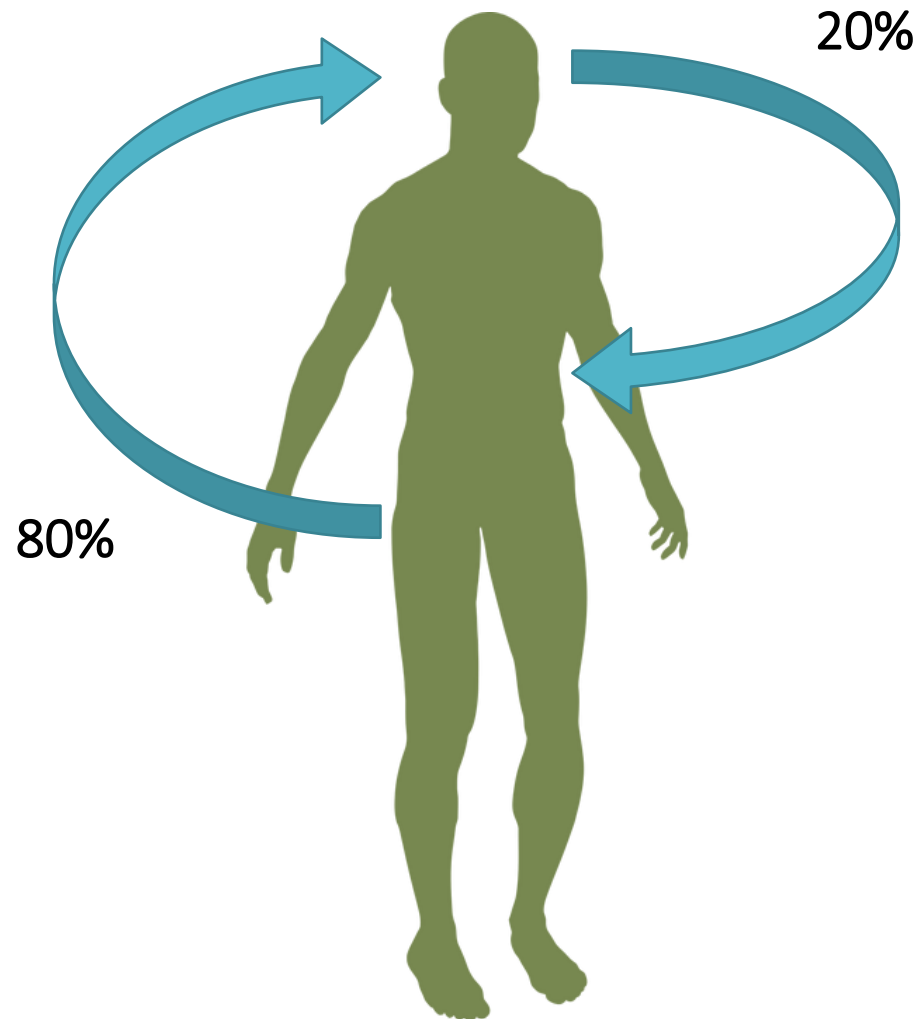
It is critical that you understand your own stress responses

# Thinking Brain and Survival Brain

- **Thinking Brain = Rider**
  - Makes informed, rational decisions
- **Survival Brain = Horse**
  - Protective instincts based on feelings
- **When triggered, the rider falls off the horse**



# Brain and Body Stress Feedback Loop



- If exclusively try only to think ourselves out of stress, we are engaging in a losing battle