



Photo: Alan Pogue



# Controlling Hypertension and Diabetes and Trauma Informed Care

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# *Disclosure Statement*

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➤ *Disclosure:* I have no real or perceived vested interests that relate to this presentation, nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.

# Learning Objectives

1. Identify some of the common manifestations of trauma in a primary care setting.
2. Discuss how to effectively apply trauma-informed strategies for chronic disease management in migrants and other underserved populations in a primary care setting.
3. Identify at least two tools that can be used to evaluate trauma in a primary care setting.

# What is trauma?



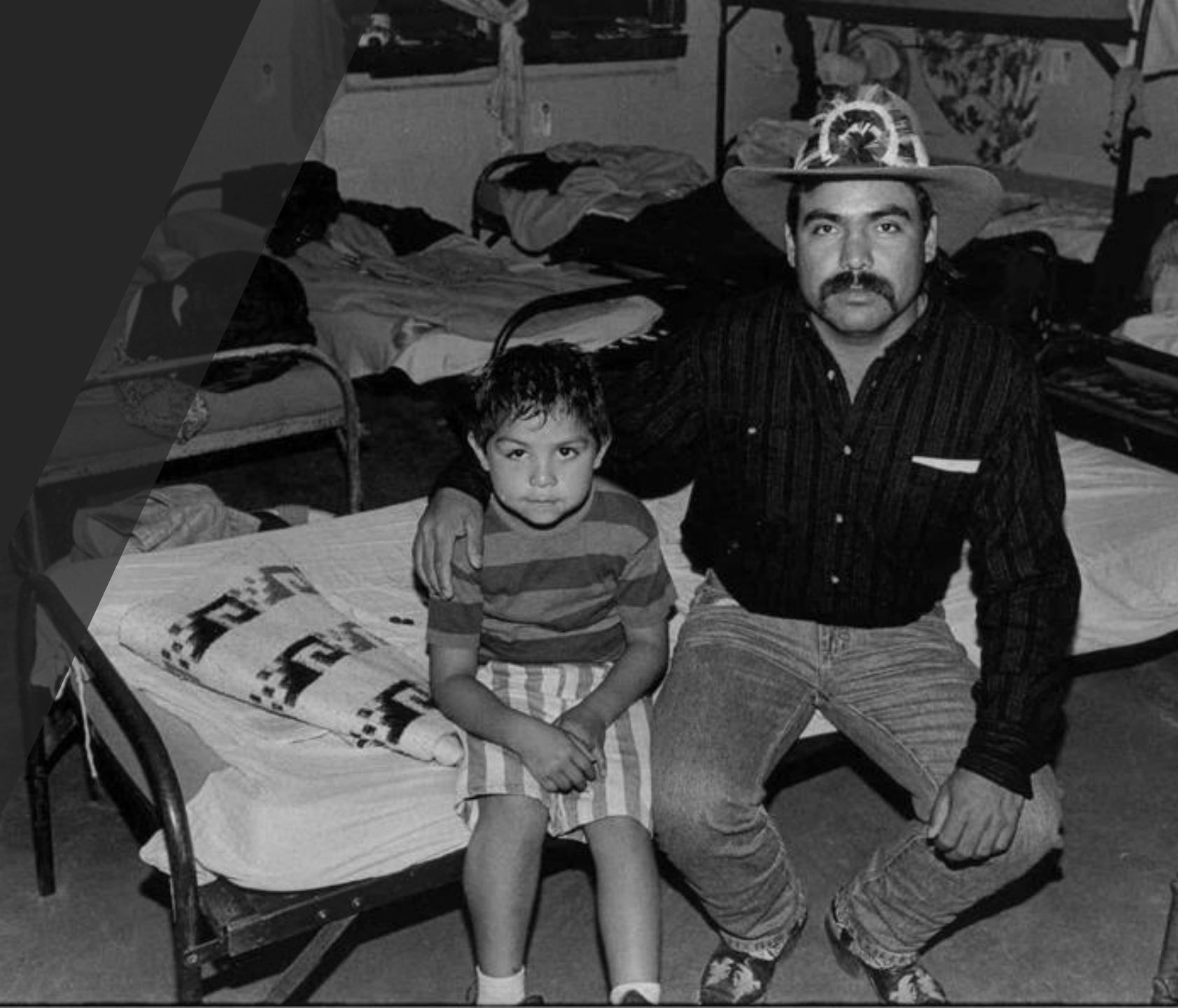
Trauma is a subjective phenomenon that often defies objective medical assessment, it is particularly susceptible to social psychological influences, such as stereotypes.




# Examples?



Migration causes  
discontinuity and  
loss of familiarity





Trauma at  
home, in  
transit, and  
upon arrival

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# What do we want?

- ✓ Bridge patient's goals with medical options
- ✓ Address all aspects of trauma and suffering: physical, emotional, spiritual, social
- ✓ Maximize quality of life
- ✓ Assist in search for meaning
- ✓ Help to achieve goals, dreams, aspirations









Impact

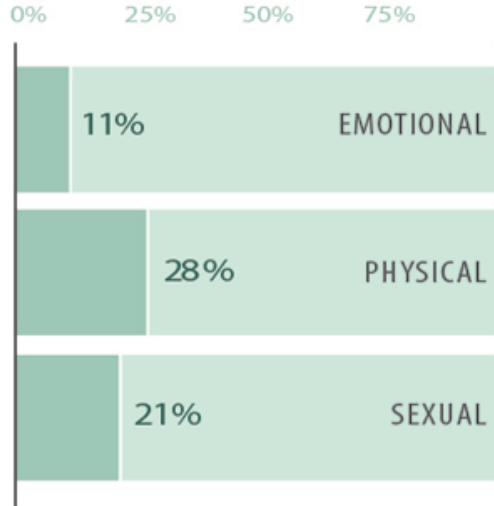




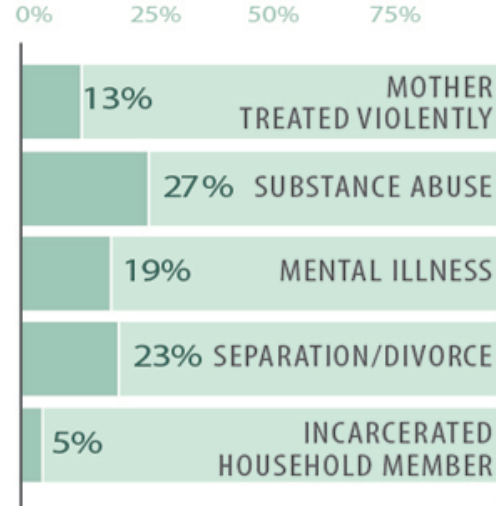
## TYPES *of* ACES

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

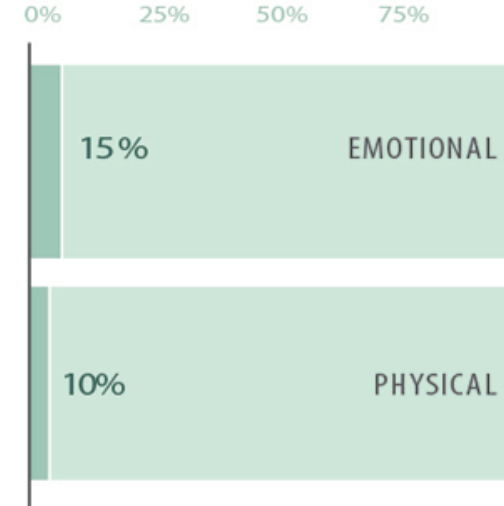
### ABUSE



### HOUSEHOLD CHALLENGES



### NEGLECT





I'm fine

I'm alright

Why talk  
about this

I want  
to forget

Why can't you leave me alone!

Why? Why? Why? Why me?

**ANGER**

Will I ever feel normal again?

I can't sleep

**FEAR**

I feel so alone

I hurt

**GUILT**

Am I different?

No-one understands

**SADNESS**

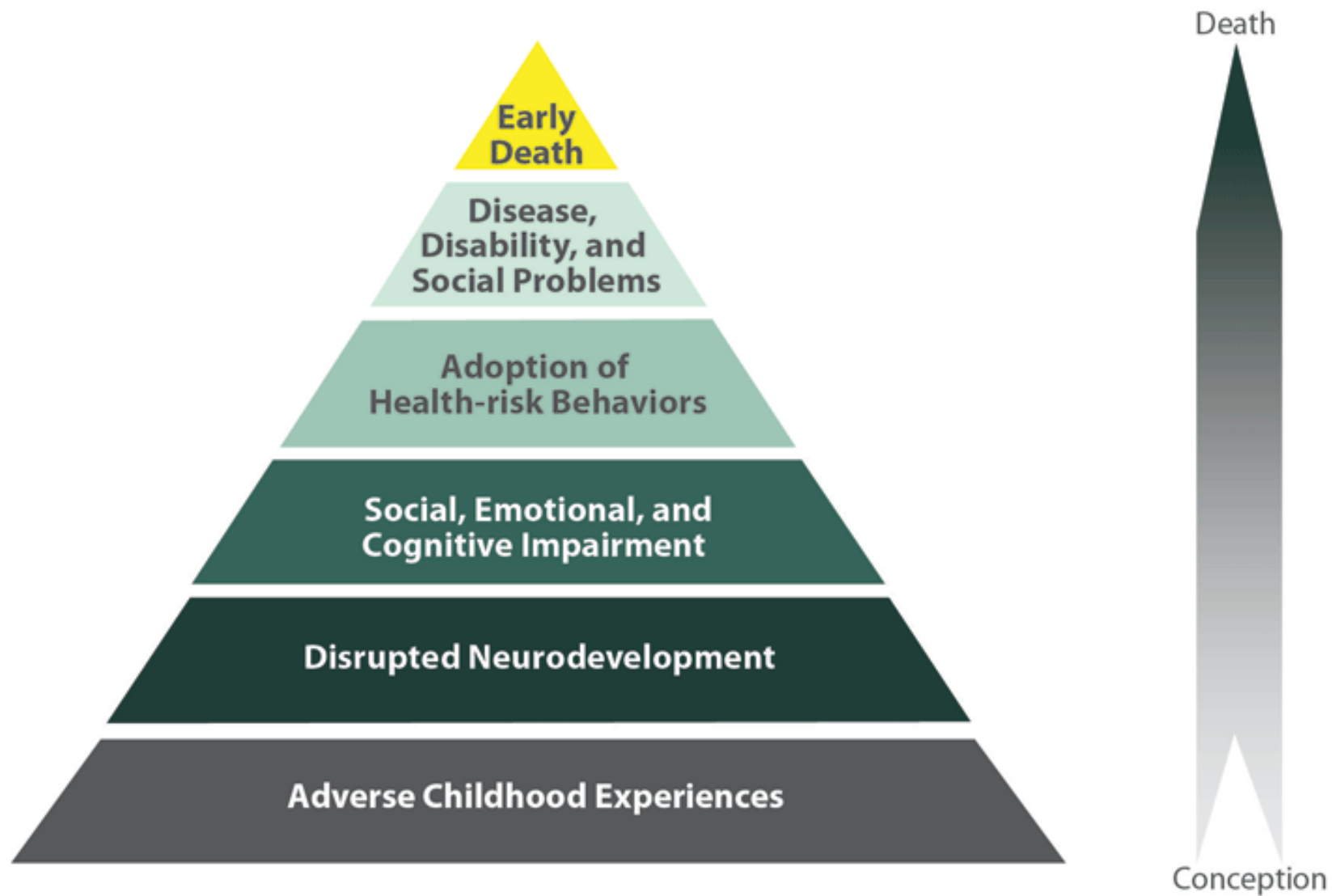
Why can't I stop crying  
and feeling this way?

Will I have  
flashbacks?

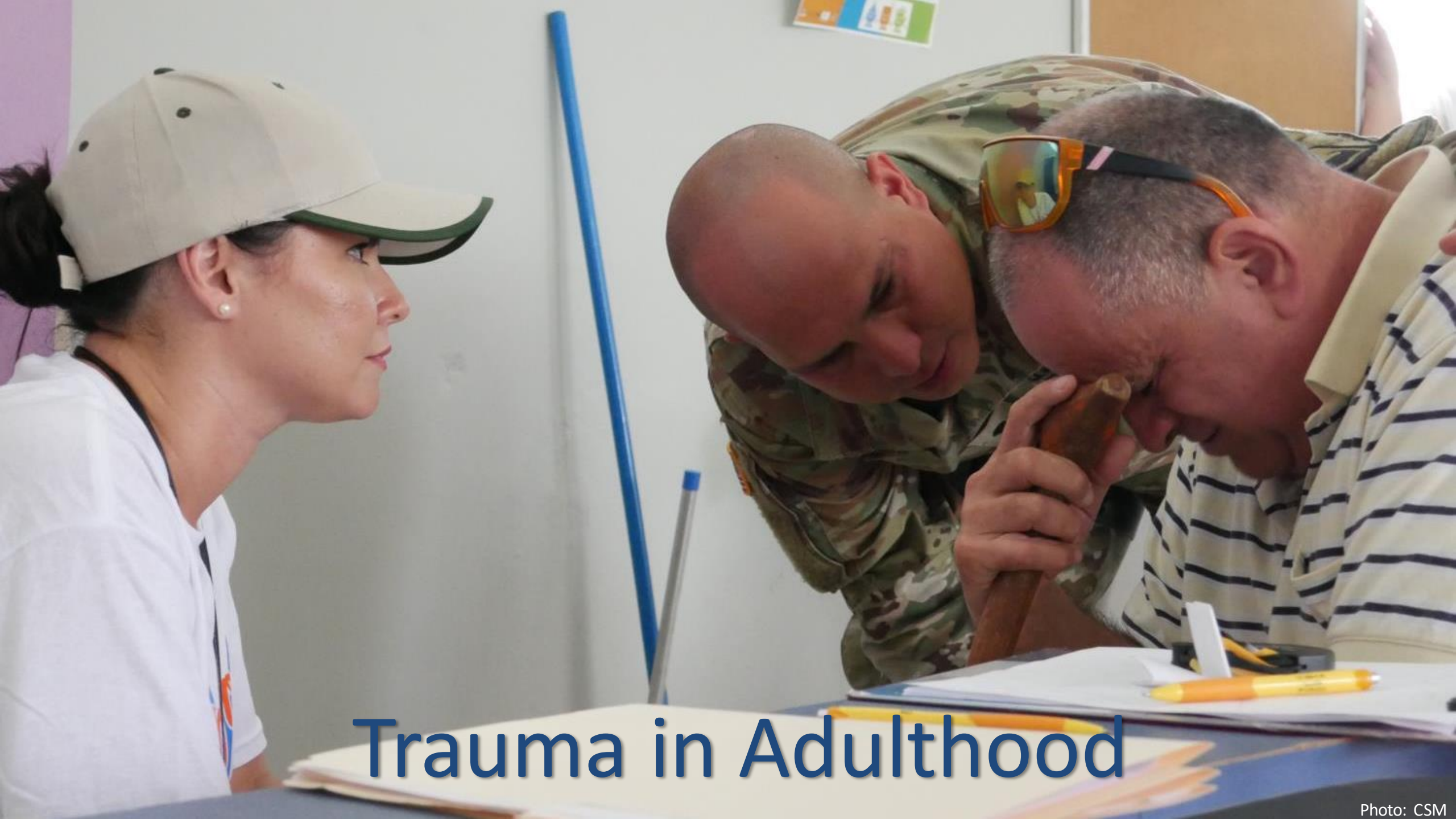
**RAGE**

Isn't anything predictable?

**DAMAGED  
SELF-IMAGE**



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



# Trauma in Adulthood



Without intervention, these experiences raise the risk for severe emotional distress, suicide, physical illness, substance abuse and a host of other life difficulties.



# Common Symptoms



# Reliving the Trauma

- ✓ Intrusive memories images, or perceptions;
- ✓ Recurring nightmares;
- ✓ Intrusive daydreams or flashbacks;
- ✓ Exaggerated emotional and physical reactions;
- ✓ Dissociative experiences (feeling disconnected from one's body and environment)



# Avoidance and Numbing

- Efforts to avoid thoughts, feelings, activities, or situations associated with the trauma;
- Feelings of detachment from people, places and things;
- Inability to have positive and loving feelings;
- Limited emotions, loss of interest; and avoidance of activity.







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## Over Sensitivity and Irritability

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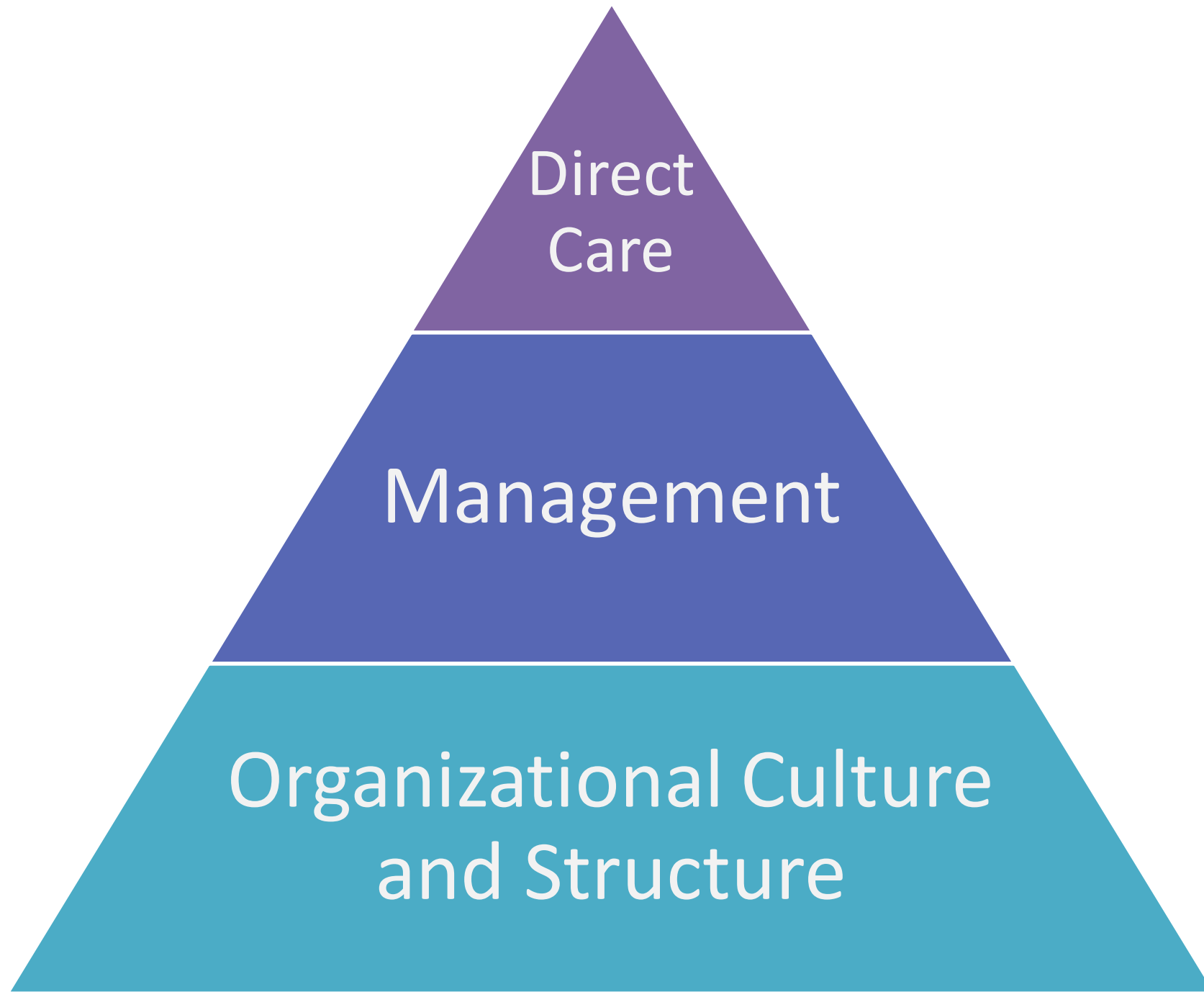
- Exaggerated startle response
- Being on guard Insomnia and other sleep disturbances,
- Difficulties in concentrating,
- Outbursts of anger.



Trauma-informed care  
acknowledges the need  
to understand a  
patient's life experiences  
in order to deliver  
effective care

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Key  
Ingredients  
of Trauma-  
Informed  
Clinical  
Practices

Involving patients in the treatment process

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Screening for trauma

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Training staff in trauma-specific treatment approaches

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Engaging referral sources and partnering organizations

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Do you include family members  
in treatment planning and  
discussions about pain?







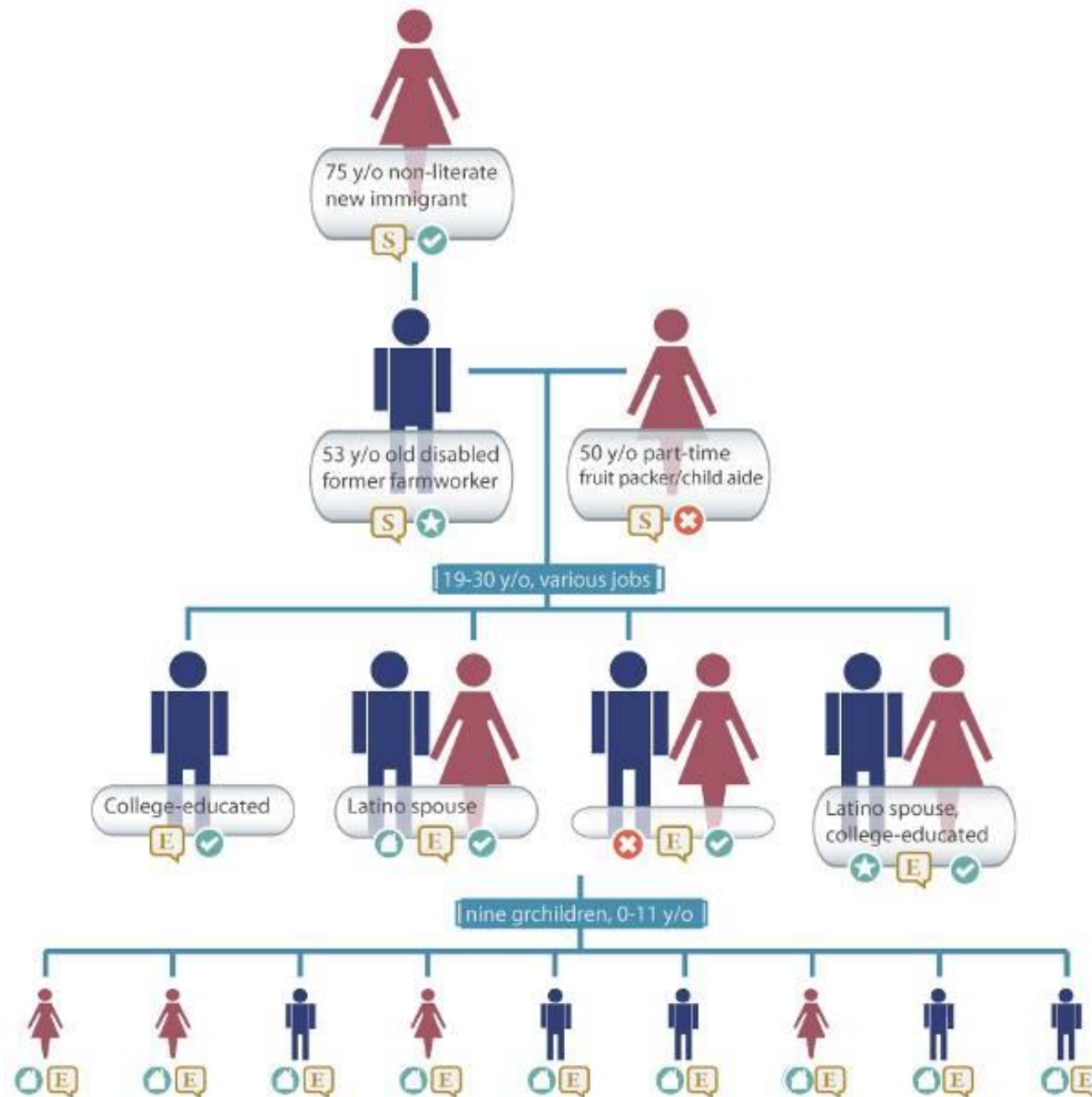
# Patient Perspectives

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*Latino patients:  
"The Ríos family"  
Multigenerational and complex*

- Unauthorized
- Naturalized
- Authorized
- Native-born citizen
- Spanish speaking
- English speaking (some Spanish)







# “Señor Ríos”

*53 y/o disabled former farmworker*

- Spanish preferred
- Naturalized US citizen, 35 yrs
- From a pueblo near Leon, MX
- Injured on the job 7 years ago; uninsured
- Herniated disc dx'd 3 years ago; recent exacerbations and complications; now in wheelchair; 3 ER visits past 7 mos.

## “Señor Ríos / Mr. Ríos”

- He is not on Medicare nor SSI. Applied 3 mos ago. How long until determination?
- He’s not on Medicaid – state plan shrank, not covering adults w/o dependent children.
- Family can’t afford High Risk Pool coverage.
- Primary care home = community health center.
- Local hospital provides some charity coverage.

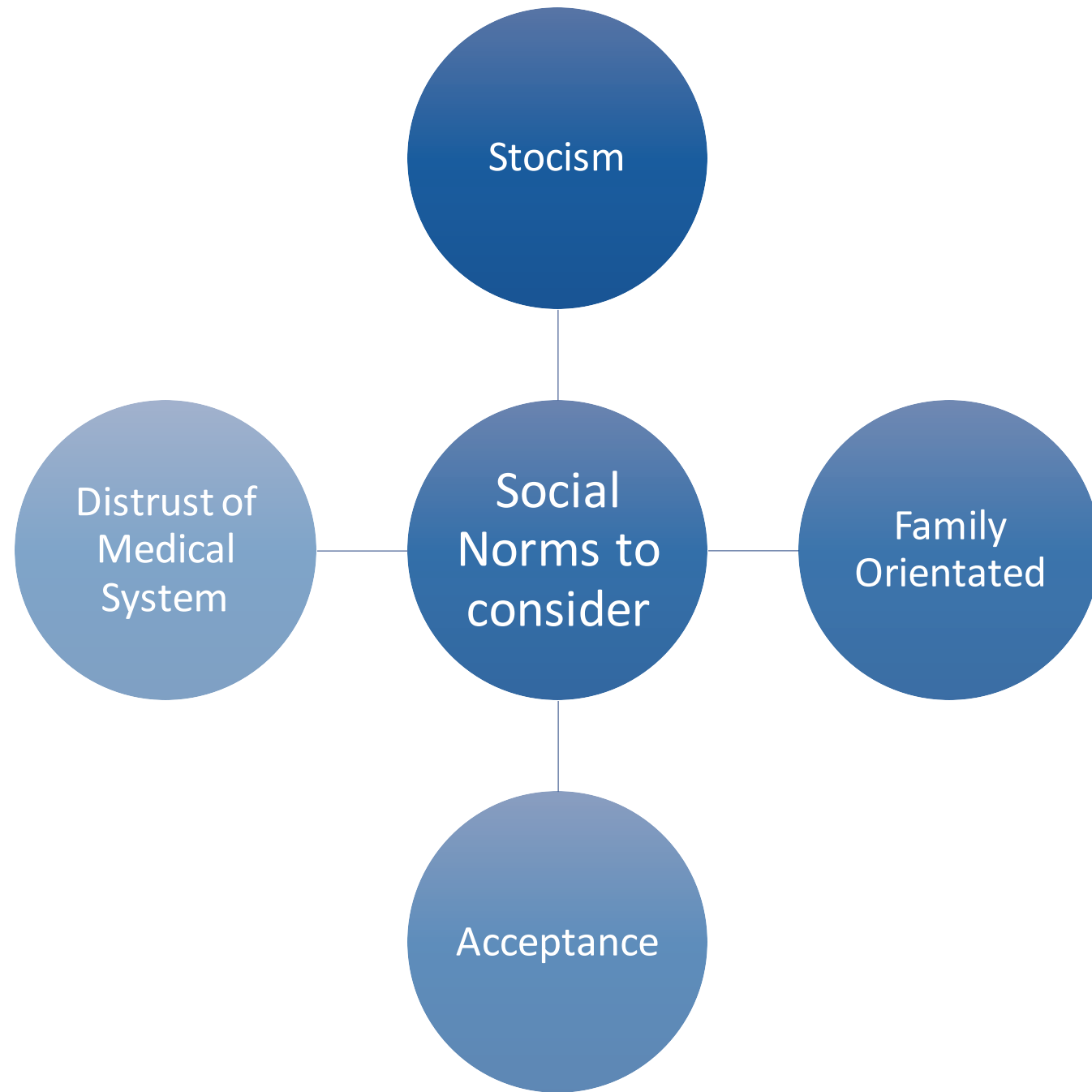
# “Señor Ríos / Mr. Ríos”

He may feel:

- “I want everything done.”
- “I don’t want to leave my family in debt.”
- “This is a punishment I must accept.”
- “This is unfair, after how hard I’ve worked.”

*He may need, but deny that he needs,  
interpretation/translation. He may not complain of pain.*







# Communication



# Language

There is abundant evidence that LEP is in general a barrier to adequate health care

- minority patients have been found to be less active in their communications when the encounter is race-discordant
- more active with race-concordant providers, and
- likely to report real symptoms to a race-concordant observer



## Chart 1

### Structural Vulnerability Assessment Tool<sup>a</sup>

Domain	Screening questions and assessment probes <sup>b</sup>
Financial security	<p><b>Do you have enough money to live comfortably—pay rent, get food, pay utilities/telephone?</b></p> <ul style="list-style-type: none"><li>• How do you make money? Do you have a hard time doing this work?</li><li>• Do you run out of money at the end of the month/week?</li><li>• Do you receive any forms of government assistance?</li><li>• Are there other ways you make money?</li><li>• Do you depend on anyone else for income?</li><li>• Have you ever been unable to pay for medical care or for medicines at the pharmacy?</li></ul>
Residence	<p><b>Do you have a safe, stable place to sleep and store your possessions?</b></p> <ul style="list-style-type: none"><li>• How long have you lived/stayed there?</li><li>• Is the place where you live/stay clean/private/quiet/protected by a lease?</li></ul>
Risk environments	<p><b>Do the places where you spend your time each day feel safe and healthy?</b></p> <ul style="list-style-type: none"><li>• Are you worried about being injured while working/trying to earn money?</li><li>• Are you exposed to any toxins or chemicals in your day-to-day environment?</li><li>• Are you exposed to violence? Are you exposed regularly to drug use and criminal activity?</li><li>• Are you scared to walk around your neighborhood at night/day?</li><li>• Have you been attacked/mugged/beaten/chased?</li></ul>
Food access	<p><b>Do you have adequate nutrition and access to healthy food?</b></p> <ul style="list-style-type: none"><li>• What do you eat on most days?</li><li>• What did you eat yesterday?</li><li>• What are your favorite foods?</li><li>• Do you have cooking facilities?</li></ul>

Social network	<p><b>Do you have friends, family, or other people who help you when you need it?</b></p> <ul style="list-style-type: none"> <li>• Who are the members of your social network, family and friends? Do you feel this network is helpful or unhelpful to you? In what ways?</li> <li>• Is anyone trying to hurt you?</li> <li>• Do you have a primary care provider/other health professionals?</li> </ul>
Legal status	<p><b>Do you have any legal problems?</b></p> <ul style="list-style-type: none"> <li>• Are you scared of getting in trouble because of your legal status?</li> <li>• Are you scared the police might find you?</li> <li>• Are you eligible for public services? Do you need help accessing these services?</li> <li>• Have you ever been arrested and/or incarcerated?</li> </ul>
Education	<p><b>Can you read?</b></p> <ul style="list-style-type: none"> <li>• In what language(s)? What level of education have you reached?</li> <li>• Do you understand the documents and papers you must read and submit to obtain the services and resources you need?</li> </ul>
Discrimination	<p><b><i>[Ask the patient]</i> Have you experienced discrimination?</b></p> <ul style="list-style-type: none"> <li>• Have you experienced discrimination based on your skin color, your accent, or where you are from?</li> <li>• Have you experienced discrimination based on your gender or sexual orientation?</li> <li>• Have you experienced discrimination for any other reason?</li> </ul> <p><b><i>[Ask yourself silently]</i> May some service providers (including me) find it difficult to work with this patient?</b></p> <ul style="list-style-type: none"> <li>• Could the interactional style of this patient alienate some service providers, eliciting potential stigma, stereotypical biases, or negative moral judgments?</li> <li>• Could aspects of this patient's appearance, ethnicity, accent, etiquette, addiction status, personality, or behaviors cause some service providers to think this patient does not deserve/want or care about receiving top quality care?</li> <li>• Is this patient likely to elicit distrust because of his/her behavior or appearance?</li> <li>• May some service providers assume this patient deserves his/her plight in life because of his/her lifestyle or aspects of appearance?</li> </ul>

<sup>a</sup>This tool should be used along with common questions regarding intimate partner violence, alcohol/substance use, diet, and exercise.

<sup>b</sup>The questions in bold function as initial screens that could potentially be quantified. They are followed by assessment probes to elicit more detail and context.



# Integrating Refugee Health and Well-Being

*Creating pathways for refugee survivors to heal*



**REFUGEE HEALTH  
SCREENER - 15 (RHS-15)**

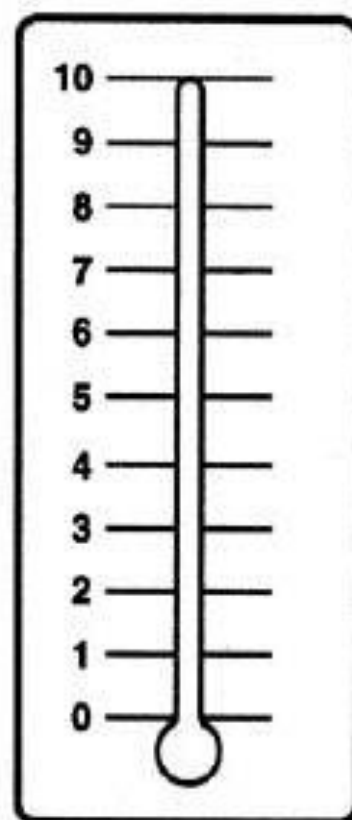
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SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

# Distress Thermometer

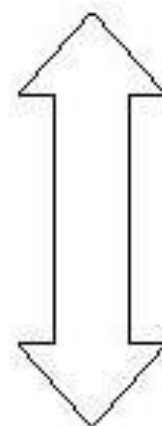
**FIRST:** Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



**Extreme distress**

**No distress**

“I feel as bad as I ever have”



“Things are good”

# Typical practices and beliefs

- Spirituality, faith, strong belief in power of prayer, sanctified or personalized objects
- Pragmatism, resignation, stoicism
- Frequently “leave it in God’s hands”





# Plan for Communication

Who starts  
it

How to set  
it up

Telling bad  
news (“this  
will be  
with you  
for life”)

Language  
used

Words  
used

A process  
not a one  
time thing



## Communication

- Listen
- Listen actively some more
- Avoid lines that set up adversarial relationships
- Find common goals
- Listen some more

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Key  
Ingredients of  
Trauma-  
Informed  
Organizational  
Practices

Leading and communicating about the transformation process

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Engaging patients in organizational planning

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Training clinical as well as non-clinical staff members

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Creating a safe environment

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Hiring a trauma-informed workforce

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Preventing secondary traumatic stress in staff

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# Identify what we need to learn

- *Range of* beliefs and practices about illness and use of drugs for management
- Preferred/acceptable terminology and approaches (dolor vs molestia)
- Aversions, potential offenses
- Obstacles, fears (inc. of utilizing care)
- Family/ partners to help disseminate information
- Knowledge of existing resources





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# Questions?



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