Trauma-Informed Difficult Conversations: building capacity for resilient clinical relationships

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Most importantly?
• A person in long term recovery
• Have difficult conversations every day (and I think about how to do it better ad nauseam).
• Describe the role of adrenergic stress within the difficult conversation
• Recognize trauma-informed interventions for the really difficult conversations
What makes a difficult conversation so dang difficult?

- What is a difficult conversation?
- Why is it so difficult?
- How do these conversations make your body feel?
Trauma Informed Care

- Universal precautions
- TIC asks that we not re-traumatize patients
- TIC asks that we change systems, including systems of communication, in order to provide best care
- Also prioritizes provider well being
Trauma Informed Care

- The likelihood that chronic pain, “anxiety” and addictions patients have experienced trauma is high.
- The pathophysiology of trauma includes CNS dysregulation.
- Amygdala has high concentrations of opioid receptors.
Basic Neurobiology of Trauma
Initial signs and symptoms of the stress response:
(aka fight, flight or freeze or HPA axis)

Blurred vision
Muscle tension
nausea
Inability to focus/think straight

Increased heart rate

Increased blood pressure

Sweaty palms
shaky

Thoughts of impending doom
Stressor or Threat:
(cop in rearview mirror)

Amygdala
attaches fear to stimuli
Stressor or Threat:
(cop in rearview mirror)

Amygdala

Hypothalamus
Stressor or Threat: (cop in rearview mirror)

Amygdala
Hypothalamus
Adrenal Glands

Direct stimulation of fight or flight neurons
Stressor or Threat:
(cop in rearview mirror)

Amygdala

Hypothalamus

Direct stimulation of fight or flight neurons

Adrenaline/catecholamines

Adrenal Glands

cortisol
Adrenal Glands

**cortisol**

-- immune system suppression/dysregulation
-- water retention
-- high blood sugar
-- muscle breakdown
-- increased gastric juices

**adrenaline/catecholamines**

-- muscle contractility
-- increased HR
-- increased BP
-- blow flow away from stomach
-- blow flow away from brain
-- blood flow to vital organs
-- increased blood sugar
-- sweat
Affects of long term cortisol...

-- immune system suppression/dysregulation =

-- water retention =

-- hyperglycemia =

-- fat redistribution =

-- decreased GI system integrity =

-- decreased serotonin (for some people) =
Trauma is:

° inescapable powerlessness

° a “blow out” of your fight or flight system

° “The result of exposure to an inescapably stressful event that overwhelms a person’s coping mechanism” – Bessel Van der Kolk
Stressor or Threat:
(cop in rearview mirror)

Adrenal Glands

Hippocampus

Negative feedback

Adrenaline/catecholamines

Cortisol
Helps regulate systemic cortisol levels – informs the body when cortisol is too high and says “stop making that stuff!”
The Hippocampus is responsible for:
1. Fear and anxiety regulation
2. Anger regulation
3. Allowing your prefrontal cortex to override old brain
4. Sleep regulation
5. Organizing memories
Why do you hate to work with patients taking Opioids?
According to our **Patient Experience Coordinators at Jackson Care Connect**, patients stated they were unhappy because:

- they were made to feel like they **did something wrong**
- they were **made to feel like a criminal** or **drug addict**
- they **felt punished**
- they felt like they were being **talked down to**
- they **didn’t understand** why they were being **forced** to make these changes
- we **didn’t have concern for their pain(anxiety)**, only our policy

*Used with permission from Laura Heesacker, LCSW at Jackson CareConnect*
Skill Building

• Actively and explicitly involve your patients in decisions that affect their care – treat them as valued partners and part of their care team

• Emphasize your concern for the patient’s safety

• Reiterate your primary objective – to support them and to help them safely and effectively manage their anxiety

• Provide context for the pharmaceutical epidemic, and how this translates to their care

Used with permission from Laura Heesacker, LCSW at Jackson CareConnect
How to stay in the provider role when things heat up

- Stay in the medical expert roll
- Emphasize concern and condition
- Speak to what is behind a patient’s comment, not to the comment itself
- Speak to what you know to be true; trust your science

Used with permission from Dr. Brad Anderson, MD at Portland Kaiser Addiction Medicine
• Are you accusing me of being an addict?”
  ◦ I have never accused anyone of diabetes but I’ve diagnosed them with it and that is what I am trying to now, diagnose a medical illness”

• “Don’t label me as a druggie”
  ◦ I have no interest in labels at all, I am interested in helping people who are struggling with medical problems, such as substance use disorders.

• “So you’re basically saying that I’m a junkie.”
  ◦ I’m saying that addiction is a medical problem that responds to treatment not a problem of bad morals or behavior
“Do you want me to lose my job, do you want me to be on the street?”
- *I want you to have safe and effective pain control and it is my medical opinion that your current medicine won’t give you that.*

“Do you have pain?”
- *I want to every minute of our time today to talk about your anxiety management plan.*

“I wish you could feel my pain.”
- *I know you’re suffering and I’m sure that we can work together to reduce pain, so you don’t have to suffer*
“I heard it’s illegal for you to let me go into withdrawal.”
   ◦ My intention is to do no harm to you.

“I’ll just go and use heroin.”
   ◦ I certainly hope you don’t because you know that I don’t think any type of opiate will help your pain.

“Don’t bother with any other meds, I’ll just kill myself.”
   ◦ I need to ask you some more questions about your thoughts about suicide.

“I’m getting a lawyer.” “I’m calling KATU.”
   ◦ You do what you feel is right, of course. That’s what I’m doing for you, too.

And if they threaten you...?
“Opiates are off the table. How would you like to spend our office visit today?”

“There is nothing you can do or say to make me prescribe you opiates/increase your dose/give you an early refill”
Safety!
Concern!
Medicine!
Trauma informed!

Wrap-up


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