What is trauma-informed care?

June 11, 2019
ICD-10 Diagnostic Codes for Human Trafficking

Introduction
Human trafficking is a public health concern many hospitals and health systems are combating every day. It is a crime occurring when a trafficker exploits an individual with force, fraud or coercion to make them perform commercial work or sex.

Data Collection Challenges
While more and more providers are trained to identify and document victims of forced (labor) or sexual exploitation, the existing ICD-10-CM abuse codes fell short of differentiating victims of human trafficking from other victims of abuse. Without proper codes, there was no way for clinicians to classify adequately a diagnosis and to plan for the resources necessary to provide appropriate treatment. This also prevented critical tracking of the incidence and recurrence of labor or sexual exploitation of individuals.

What’s New
As urged by the AHA’s Hospitals Against Violence Initiative, the first ICD-10-CM codes for classifying human trafficking abuse were released in June 2018. AHA’s Central Office on ICD-10, in partnership with Catholic Health Initiatives and Massachusetts General Hospital’s Human Trafficking Initiative and Freedom Clinic, proposed the change. Effective FY 2019, unique ICD-10-CM codes are available for data collection on adult or child forced labor or sexual exploitation, either confirmed or suspected. These new codes, which drew support from other hospitals and health systems, may be assigned in addition to other existing ICD-10-CM codes for abuse, neglect and other maltreatment. In addition, new codes are also available for past history of labor or sexual exploitation, encounter for examination and observation of exploitation ruled out, and an external cause code to identify multiple, repeated, perpetrators of maltreatment and neglect.

Required Action
- As coding professionals review a patient’s medical record to identify the appropriate ICD-10-CM codes to include, they should be aware of and begin utilizing the ICD-10-CM codes for forced labor and sexual exploitation, listed in Table 1.

Key Terms
Key Terms Related to Human Trafficking Found in Medical Documentation
- Human trafficking
- Labor trafficking
- Sex trafficking
- Commercial sexual exploitation
- Forced commercial sexual exploitation
- Forced prostitution
- Forced sexual exploitation
- Forced labor exploitation
- Exploitation of manual labor
- Exploitation of sexual labor
- Exploitation for manual labor
- Exploitation for commercial sex
- Domestic servitude
- Labor exploitation for domestic work
- Force labor exploitation for domestic work
HUMAN TRAFFICKING HAPPENS IN EVERY COMMUNITY.

HOSPITALS IDENTIFY AND HELP VICTIMS EVERY DAY.

HOSPITALS CAN HELP.

LEARN MORE.

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www.aha.org/combating-human-trafficking
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What is Trauma Informed Care?

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Tuesday June 11, 2019
If today makes you uncomfortable, please feel free to take care of yourself in the way that best suits you.

Always take care of yourself first
Financial disclosures:
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Thank-you to:
Partners HealthCare & Department of Medicine at Brigham Women’s Hospital
Poll

• Please tell us who you are: (check all that apply)

1. Clinician (MD, Nurse, Social Worker, etc)
2. Administrator
3. Director | Manager
4. Researcher
AB is a 35 year old woman who presents to establish care with new PCP and follow up recent hospitalization with diabetic ketoacidosis and sexual assault. Her medical history includes poorly controlled Type 1 Diabetes Mellitus, post-traumatic stress disorder, depression, migraines, asthma, and recurrent shoulder dislocations.

What might you think or ask about at this first visit?
One of the main principles of trauma-informed care is assume, not ask, if a patient has a history of trauma.
Collective Trauma

Interpersonal Trauma

Individual Trauma

Racism
Homophobia
Transphobia
Xenophobia
Ageism
Ableism
Sexism
Bullying
Unconscious Bias
Domestic Violence
Sexual Violence
Human Trafficking

Adverse Childhood Experiences - ACES

Social and Behavioral Determinants of Health

Historical and Structural Traumas

Abuse of Power and Control
War and combat
Sexual Harassment
Micro-aggressions
Community Violence
Domestic Terrorism
Anti-semitism
Poll

Question 1
• How many people are familiar with the findings from the ACE study?

Question 2
• How many incorporate ACE scores in their practice
IMPACT OF CHILDHOOD TRAUMA

The CDC and Kaiser Permanente surveyed 17,000 of the health plan's members to ask whether they'd had adverse childhood experiences defined as:

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>NEGLECT</th>
<th>HOUSEHOLD CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological</td>
<td>Emotional</td>
<td>Family member experiencing:</td>
</tr>
<tr>
<td>Physical</td>
<td></td>
<td>Domestic abuse</td>
</tr>
<tr>
<td>Sexual</td>
<td>Physical</td>
<td>Mental illness</td>
</tr>
</tbody>
</table>

The higher the score on ACE survey, the more likely people were to be in poor health:

- Liver disease
- COPD (chronic obstructive pulmonary disease)

Nearly two thirds of those surveyed experienced at least one event.

Health Impact of Adverse Childhood Experiences on Adults

- 50% Binge drinking
- 80% Heavy drinking
- 270% Smoking
- 430% Risky HIV behavior
- 500% Depression
- 320% Disability
- 40% Diabetes
- 60-90% MI, CHD and Stroke

Data from 49,000 Americans in 2011 BRFSS, Campbell, Am J Prev Med, 2016
Were victims of contact sexual violence* at some point in their lives

Over 1 in 3 women

Nearly 1 in 6 men

4% of women & 2% of men

Were victims of contact sexual violence* at some point in the last 12 months

* Contact sexual violence includes rape, being made to penetrate, sexual coercion, and/or unwanted sexual contact.
Sexual Violence Often Starts Early

Age at First Sexual Assault for Women

- **38%** Age 18-24
- **31%** Age 11-17
- **11%** Before Age 10
- **20%** Age 25+

- **42%** of women who have been raped were first raped before age 18
- **80%** before age 25

Health Impact of Intimate Partner Violence

Acute
Death:
>40% of female murder victims are killed by intimate partner.

Physical injury:
41% of women IPV survivors
14% of men IPV survivors

Fewer than half seek health care for their injuries

Chronic
Increased risk of:
Chronic pain
Seizures, syncope
Gastrointestinal symptoms
Vaginal infections, STIs
Mental health disorders

3x increased healthcare utilization - often without obvious injuries

National Center for Injury Prevention and Control, Division of Violence Prevention CDC, Feb 2019
The Pair of ACEs

Adverse Childhood Experiences

- Maternal Depression
- Physical & Emotional Neglect
- Emotional & Sexual Abuse
- Divorce
- Substance Abuse
- Mental Illness
- Domestic Violence
- Incarceration
- Homelessness

Adverse Community Environments

- Poverty
- Violence
- Discrimination
- Poor Housing
- Community Disruption
- Quality & Affordability
- Lack of Opportunity, Economic Mobility & Social Capital

How does Trauma Impact Health?

McEwen, JAMA Psychiatry 2017
Self-Efficacy

Empowerment

Role Clarity

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Trauma is pervasive amongst patients and staff.

Trauma has significant health and mental health effects.

Trauma greatly influences how people access and experience healthcare.

Without considering trauma:

- Healthcare services can be re-traumatizing,
- Treatments may not be effective,
- Patients may not be able to engage with you.

“I’m right there in the room, and no one even acknowledges me.”
• Personal, cultural, and historical trauma
• Lifetime and cumulative experiences
• Fear and confusion
• Lack of privacy
• Procedures: **not routine for patients**

• Physical touch, removal of clothing
• Vulnerable physical positions
• Inquiry: embarrassing, distressing, and or may trigger

Philosophical Shift

Traditional

What’s wrong with you?

- Deficits
- Expert Mode
- Control
- Gate-keeping
- Dependence
- Prescribed

Trauma-Informed

How has what happened affected you?

- Strengths and Resilience
- Partnership model
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Patients choose how much to share
- Universal Awareness

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We ask patients to embrace and access our health care services despite our knowledge that there can be many inherent challenges – Perhaps we need to create a system with patients that provides a new and improved way to participate in their health care.

Annie Lewis-O’Connor
– **Realizes** the widespread impact of trauma and understands potential paths for recovery

– **Recognizes** how trauma affects all individuals involved in an organization, including its own workforce

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

– **Resists** re-traumatization

A TI approach refers to a change in *organizational* culture.
Six Guiding Principles of TIC

- Safety: Physical & psychological
- Trustworthiness & transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, Choice
- Cultural, Historical, & Gender Acknowledgment

www.samhsa.org/TIC
Why?

• Assessment can be an intervention itself
• Allows understanding of how a person’s experiences impact health
• Allows you to offer intervention
• Contributes to establishing relationship and engagement
• Makes possible research and understanding of the prevalence and impact of trauma
How?

*Disclosure is NOT the goal*

- Provide a safe environment for people to share as much or as little as they want
- Minimize need to retell the story
- Include education about trauma and its effects
- Balance trauma with resiliency

Tiered Approach:

1. Broad Inquiry
2. Risk and Safety Assessment
3. Intervention

Option 1: Assume a History of Trauma Without Asking

Option 2: Screen for the Impacts of Past Trauma Instead of for the Trauma Itself

Option 3: Inquire About Past Trauma Using Open-ended Questions

Option 4: Use a Structured Tool to Explore Past Traumatic Experiences

Inquire about impact of the event - not the details of event. Ask open-ended questions such as:

- “Has anything happened in your life that you feel has impacted your health and well-being?”
- “How do you feel this has affected you?”
- “Have you had any experiences with health care (or this exam, etc) that you feel I should know about?”
- “What would be helpful to make you feel safe and comfortable during this visit?”

In the emergency department, AB had disclosed that her ex-partner, who was her employer and the father of her youngest child, had sexually assaulted her. He had been physically, sexually, and psychologically abusive to her during the past four years. She had stopped taking her insulin regularly and had lost 20 pounds in the weeks preceding the hospitalization. She had seven ED visits in the past year with hypoglycemia, DKA, and assaults.

Her past medical history was notable for the diagnosis of diabetes at age 14, asthma with one intubation in childhood, and a history of childhood sexual abuse.

She is a single mother of four children ages 2 to 14, works as a carpenter, lives with her children and her elderly aunt. No alcohol, no cigarettes, occasional marijuana.

During the hospitalization, she was re-referred to Passageway, and referred to the C.A.R.E. Clinic; in turn, they had connected her to a primary care physician.
“What can I do to help you be more comfortable?”

“What will be done
How it will be done
Why it is necessary

“Is it OK if I continue with the exam? or would you prefer me to stop?”

Of course I’m listening to your expression of spiritual suffering. Don’t you see me making eye contact, striking an open posture, leaning towards you and nodding empathetically?
1. **Calm**: Pay attention to how you are feeling. Breathe deeply and calm yourself to model and promote calmness for patient, yourself, and co-workers.

2. **Contain**: Allow patient to maintain safety; don’t emotionally overwhelm the provider or the patient.

3. **Care**: self-compassion, cultural humility, de-stigmatize adverse coping behaviors.

4. **Cope**: emphasize coping skills, positive relationships, interventions that build resiliency.

“Care imitates language; that is we tend to relate to people the same way we write and talk about them.” Sasser, 1999

• How we speak about our patients has ramification on how our patients are treated.

• Labels: Dysfunctional, Non-compliant, Resistant, Difficult, Entitled, Demented, Addict, Drug-seeking, Borderline, etc.
• Transparency and mutuality: Respect patient’s wishes
• Include patient’s strengths
• Establish team communication
• Minimal details/ Need to know
Many of us have our own stories
30% of faculty women in past 2 years

Hierarchy of medicine
& traditional gender roles
Changes as more women enter medicine

How can we create space for our patients
who wish to disclose their experiences while
caring for ourselves?
Vicarious trauma

Work Related Trauma Exposure = Vicarious Trauma

Change in World View

Spectrum of Responses

Neutral
Impact Managed Effectively

Positive
Vicarious Resilience
Vicarious Transformation
Compassion Satisfaction

Negative
Vicarious Traumatization
Secondary Traumatic Stress
Compassion Fatigue

Adapted from Trauma-Organizational Readiness Guide for Victim Services. [https://vtt.ovc.ojp.gov/](https://vtt.ovc.ojp.gov/).
Self-awareness

- Frustration
- Helplessness
- Fear of making bad decisions
- Overwhelmed
- Discomfort
- Time? Resources?
Buffering the Toxic Stress Response

- Regular Exercise/Physical Activity
- Quality Sleep
- Balanced Nutrition
- Supportive Relationships
- Mindfulness/Meditation Practices
- Psychotherapy and/or Psychiatric Care

From: Nadine Burke Harris, presentation ALI Jan 14, 2019
Two and half years later...

“I realize my past is my past.” “I am so grateful you all took time to know me and care about me, I am a stronger person.”

She is engaged in case with regular visits to her PCP, endocrine, therapist, and psychiatrist. She maintains custody of her children. She has housing, has had less hospitalizations. She has engaged twice in out patient mental health day treatment. Diabetes remains a challenge. She expresses her personal growth and gratitude to the care team.
PAVING THE ROAD TO HEALTH EQUITY

Health Equity is when everyone has the opportunity to be as healthy as possible

Programs: Successful health equity strategies

Measurement: Data practices to support the advancement of health equity

Policy: Laws, regulations, and rules to improve population health

Infrastructure: Organizational structures and functions that support health equity

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
• What do you think you will do in the next month to advance trauma-informed care?

1) I will inquire about trauma using broad questions.
2) I will apply the 6 principles into the patient care visit.
3) I will review our policies and procedures with an eye for trauma-informed approaches.
4) I will facilitate the convening of a TIC working group.
5) Other: please type in your answer
References

1. Remen NR. Kitchen Table Wisdom: Stories that Heal. New York: Riverhead Books, 1996. “The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.” Quoted in the Vicarious Trauma powerpoint for EMT
15. Rittenberg E. Reflections of a Primary Care Doctor in the Week of the Kavanaugh Hearings. NEJM 2018;172(11):1038-1044.
We invite your questions!

To submit a question, please type your question on the left-hand side of your presentation screen.
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Thank you!

We value your participation and interest in our AHA Education events.

For further information about this topic, please visit: https://www.aha.org/combating-human-trafficking