

BOOK REVIEW

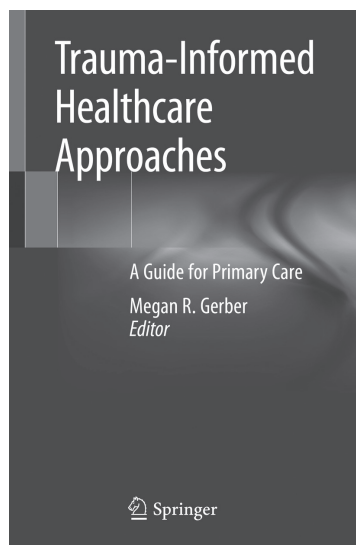
BOOK REVIEW: TRAUMA-INFORMED HEALTHCARE APPROACHES: A GUIDE FOR PRIMARY CARE

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Traumatic experiences, ranging in scope from individual to interpersonal to community, are highly prevalent and can have long-lasting negative impacts on health. Early adversity has been shown to have a striking dose-response effect on the prevalence of diseases, ranging from depression to cardiovascular disease to lung cancer. Because aspects of health care can re-traumatize survivors, a history of trauma can also impact the ability to engage in healthcare. *Trauma-Informed Healthcare Approaches: A Guide for Primary Care*, edited by Dr. Megan Gerber, provides a valuable framework for understanding how to meet the needs of trauma survivors by providing thoughtful and compassionate trauma-informed care (TIC).

Dr. Gerber's book is a collection of chapters authored by a multidisciplinary group of clinicians, researchers, and educators that provide a foundation in TIC that is immediately relevant and useful for primary care clinicians and administrators. The book includes a number of important contributions to the field, particularly in its exploration of trauma in special populations: African-American men, sexual and gender minority patients, and veterans. The book defines trauma to include a broad range of experiences, including childhood adversity, intimate partner violence and sexual assault, human trafficking, and historical and community violence. It also emphasizes the need for cultural humility in working with patients who have experienced trauma, as well as the need for self-reflection and self-care on the part of providers. With an approach of cultural humility, and an acknowledgment of trauma's role as a social



determinant of health, trauma-informed care can be seen as an integral component of health equity.

Trauma-Informed Healthcare Approaches begins with an overview of the prevalence and effects of trauma. For those of us without much exposure to this field, the effects are shocking: people who have experienced six or more adverse childhood experiences (ACEs) have nearly a twenty-year shorter life span compared with those who have not had any ACEs. This finding, and others described in the book, raises important questions for healthcare providers:

- **how can we help patients engage in their health care and mitigate those effects of life traumas?**
- **should we screen all patients for trauma?**
- **how should we respond to disclosures?**
- **are there effective interventions to offer?**
- **how might learning about patients' stories of trauma impact providers, especially knowing that we are likely to have our own stories as well?**

The authors in this book address each of these questions as they offer a framework for moving towards a trauma-informed approach to health care.

What is trauma-informed care? Often using specific examples juxtaposed with cogent summaries of the research literature, *Trauma-Informed Healthcare Approaches* effectively communicates the broad principles and necessary components of the TIC approach at both an individual and systems level. I find Leigh

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Kimberg's 4 Cs (Calm, Contain, Care and Cope) particular useful as a mnemonic for how to apply trauma-informed principles to clinical care. Kimberg describes the ways in which using these 4C techniques can improve care for patients and mitigate the barriers to medical care faced by patients with trauma histories.

Among the chapters on special populations, I was particularly struck by chapter 4, "Trauma-Informed Care: A Focus on African American Men," by Marshall Fleurant, that walks through a case to illustrate the ways in which racism, violence, and trauma impact African-American men, and these experiences intersect with masculine gender norms to impact health and health-seeking behavior. A discussion of societal and neighborhood effects describes ways in which the patterns of trauma exposure and response to trauma differ between men and women, and particular impact African-American men. In addition to this cogent discussion of trauma in African-American men, Fleurant briefly summarizes the components of effective interventions.

Dr. Megan Gerber's chapter on "Trauma-Informed Care of Veterans" likewise delves into the particularities of trauma exposure and response in a population. This chapter offers valuable information on the prevalence and types of trauma experienced by both male

and female Veterans. She summarizes each of the combats in which US soldiers have participated over the past century, describing the key factors impacting the types of trauma experienced by veterans. Noting that many veterans choose to access care outside the VA system, she also provides useful information for non-VA providers regarding the resources that are available for their veteran patients for treatment of combat-related trauma.

The final section of the book is addressed to strategies to support clinician resiliency and utilize a trauma-informed approach to help healthcare teams and organizations thrive. The book notes that healthcare workers are more likely than other professionals to have experienced trauma, to experience workplace violence; we also can experience vicarious traumatization through listening to our patients' stories. As we are experiencing a nationwide torrent of physician burnout, this book offers tools that we can use to decrease our own stress responses, mitigate vicarious trauma, and work towards a system that supports our well-being.

Throughout the book, case studies clearly illustrate the effects of trauma on health and on interactions with the health care system, as well as the possibilities for meaningful engagement and trauma-informed practice. These stories pulled me in—I eagerly read the chapters, and

went back and forth between the theories and research findings, and the gripping individual stories.

As internal medicine begins to acknowledge the prevalence and impact of trauma—and as we are seeing a wave of enthusiasm from medical students and trainees about this topic—this book is invaluable as a practical and wide-ranging guide to understand trauma's role on overall health and well-being. Reading each chapter in this book offers strategies to clinicians to help patients engage in care, mitigate the health effects of trauma, and avoid retraumatizing our patients.

Trauma-Informed Healthcare Approaches: A Guide for Primary Care belongs in the hands of physicians and clinicians at all levels of training. It offers crucial information and actionable strategies to improve the care we provide for the many survivors of trauma in our patient populations, as well as tools to support our own resiliency as healers.

References

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2. Brown DW, Anda RF, Tiemeier H, et al. Adverse childhood experiences and the risk of premature mortality. *Am J Prev Med*. 2009 Nov;37(5):389-96.