



health effects of trauma and other “diseases of disconnection”

NMAFP'S 65TH ANNUAL FAMILY MEDICINE SEMINAR

AUGUST 3 2023

no disclosures

I have no relevant financial information to disclose to learners

objectives

01

compare diseases
of disconnection-
trauma, stress,
loneliness,
discrimination,
shame

02

identify health
outcomes of
disconnection

03

understand
molecular link b/w
trauma,
discrimination,
stress or isolation
to health outcomes

04

investigate models
of structural and
individual
interventions to
increase safety
and connection

05

describe the
practice of
“bearing witness”
as a possible
medical
intervention

medically
unexplained
symptoms in
primary care



THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs *are*
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently

Substance Abuse

Divorce

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE



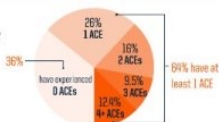
NEGLECT



HOUSEHOLD DYSFUNCTION



Of 17,000 ACE study participants:



64% have at least 1 ACE

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



COPD



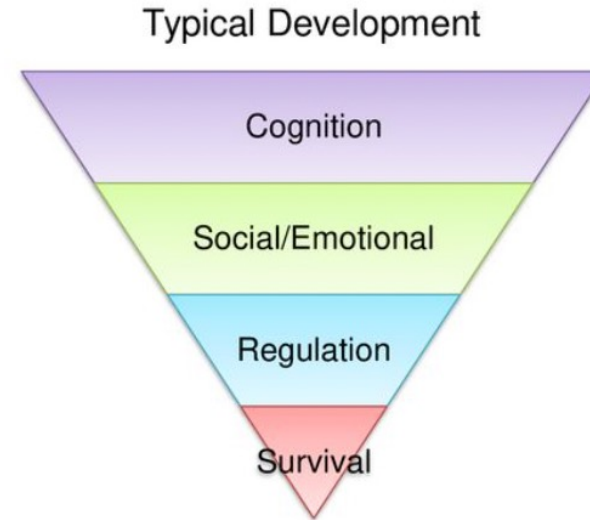
Broken bones

TYPES OF TRAUMA

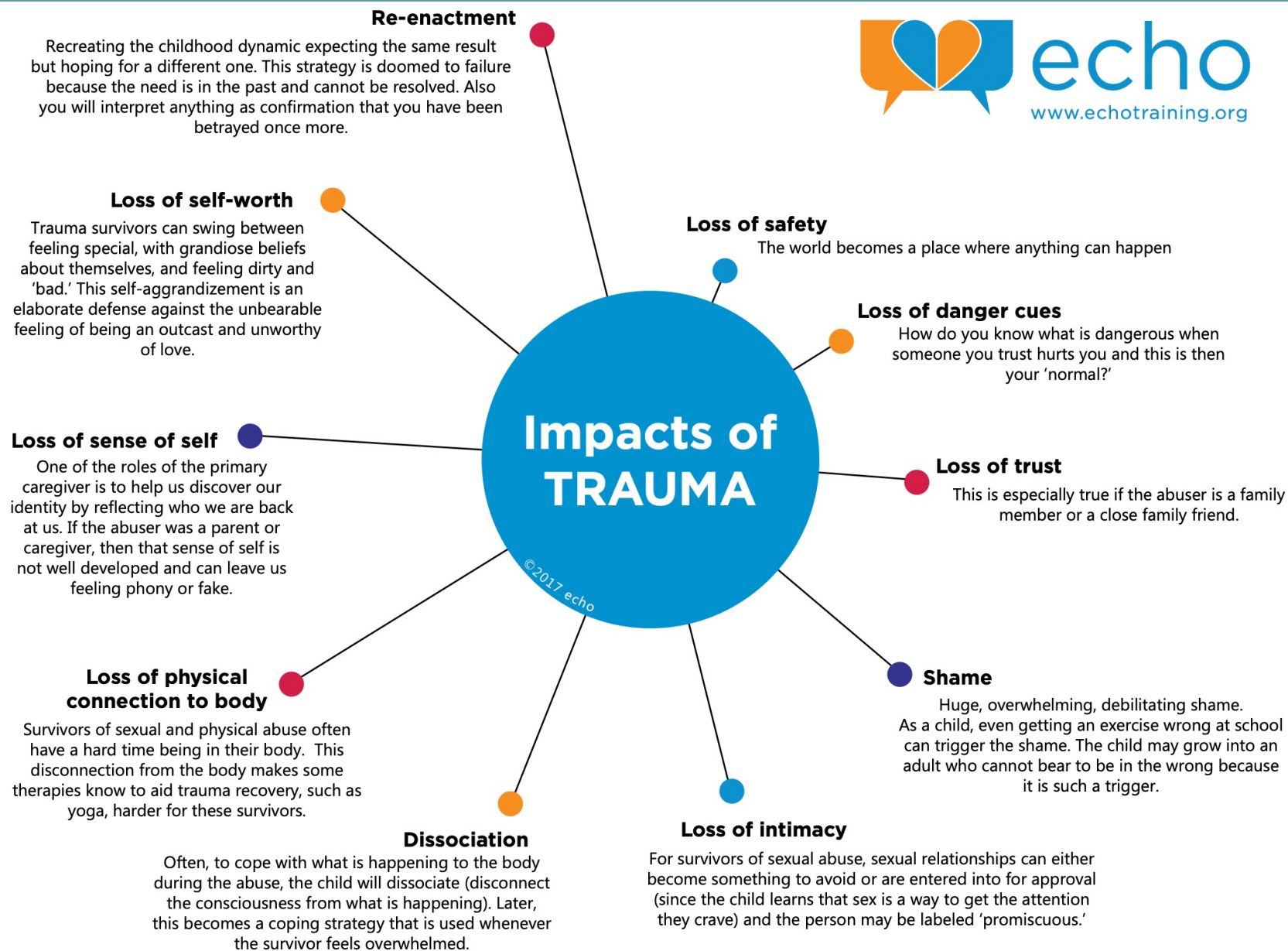
ACUTE

CHRONIC

DEVELOPMENTAL OR COMPLEX



Adapted from Holt & Jordan, Ohio Dept. of Education



INTERNATIONAL BESTSELLER

GABOR MATÉ

When the
BODY
SAYS NO

The Cost of
HIDDEN
STRESS

'A healer to be cherished'
NAOMI KLEIN



The author of **WHEN THE BODY SAYS NO**

GABOR MATÉ, MD
with DANIEL MATÉ

the
Myth
of
Normal

TRAUMA, ILLNESS & HEALING
IN A TOXIC CULTURE

OPINION
GUEST ESSAY

If Loneliness Is an Epidemic, How Do We Treat It?

July 14, 2023

‘Fascinating, moving and essential’
Atul Gawande

New York
Times
Bestseller

‘Inspirational’ *The Times*

‘Brilliant’ Angela Duckworth

Together

Loneliness, Health
& What Happens
When We Find
Connection

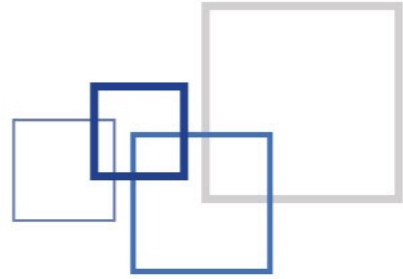
Vivek H. Murthy

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

CONSENSUS STUDY REPORT

Social Isolation and Loneliness in Older Adults

OPPORTUNITIES FOR THE
HEALTH CARE SYSTEM



THE REPORT OF THE

2015 **U.S.**
TRANSGENDER
SURVEY

national
transgender
discrimination
survey



2015 National Transgender Discrimination Survey

HEALTHCARE

- + 20% were refused care
- + 50% have had to teach their doctors
- + 28% postponed care for fear of discrimination
- + HIV 5 X rate of general population (1.4% compared to 0.3% gen pop)
- + 40% ATTEMPTED suicide (4.6% gen pop)



NOW WHAT?

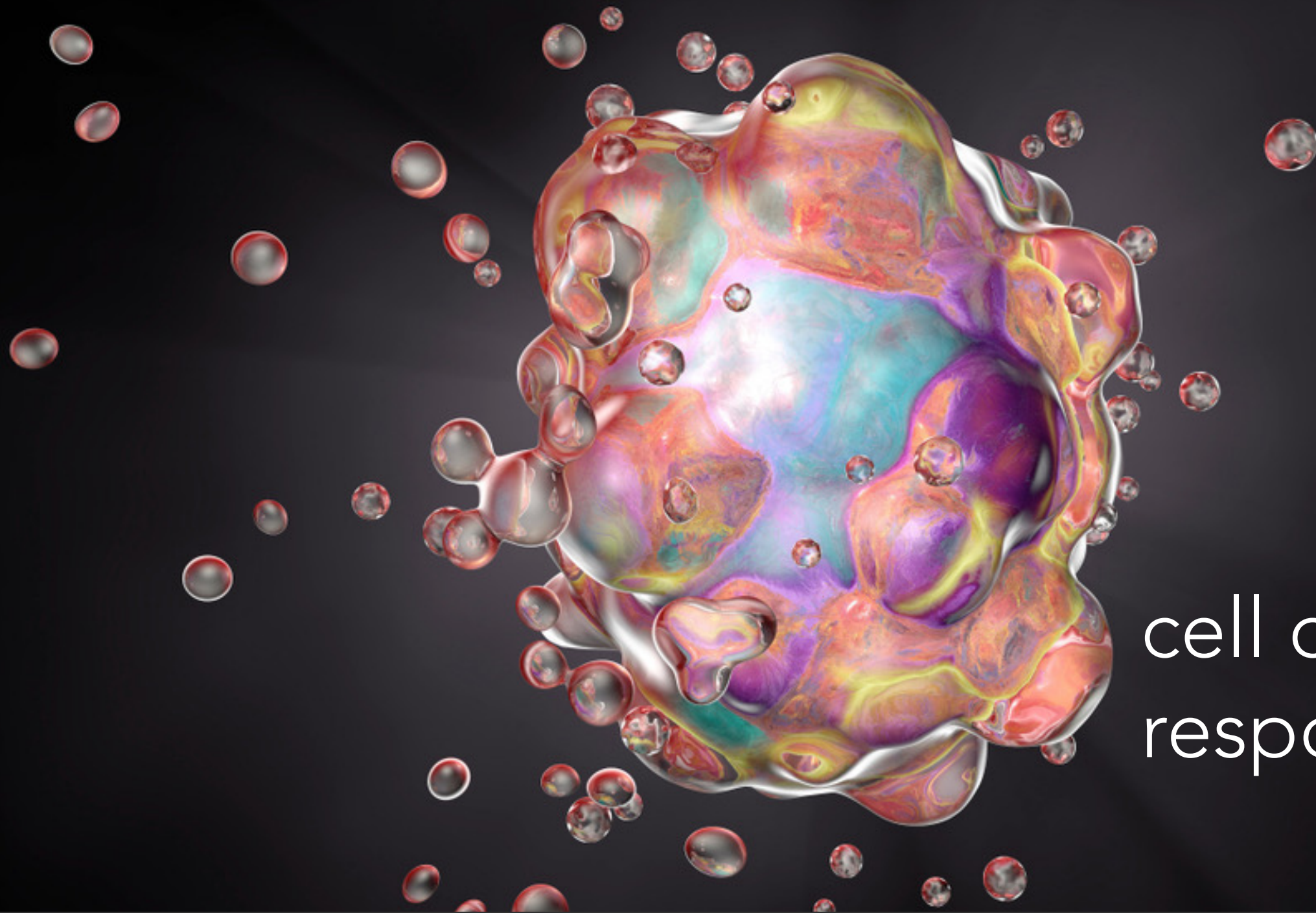
EXPLANATORY MODELS

cell danger response

allostatic load

polyvagal theory



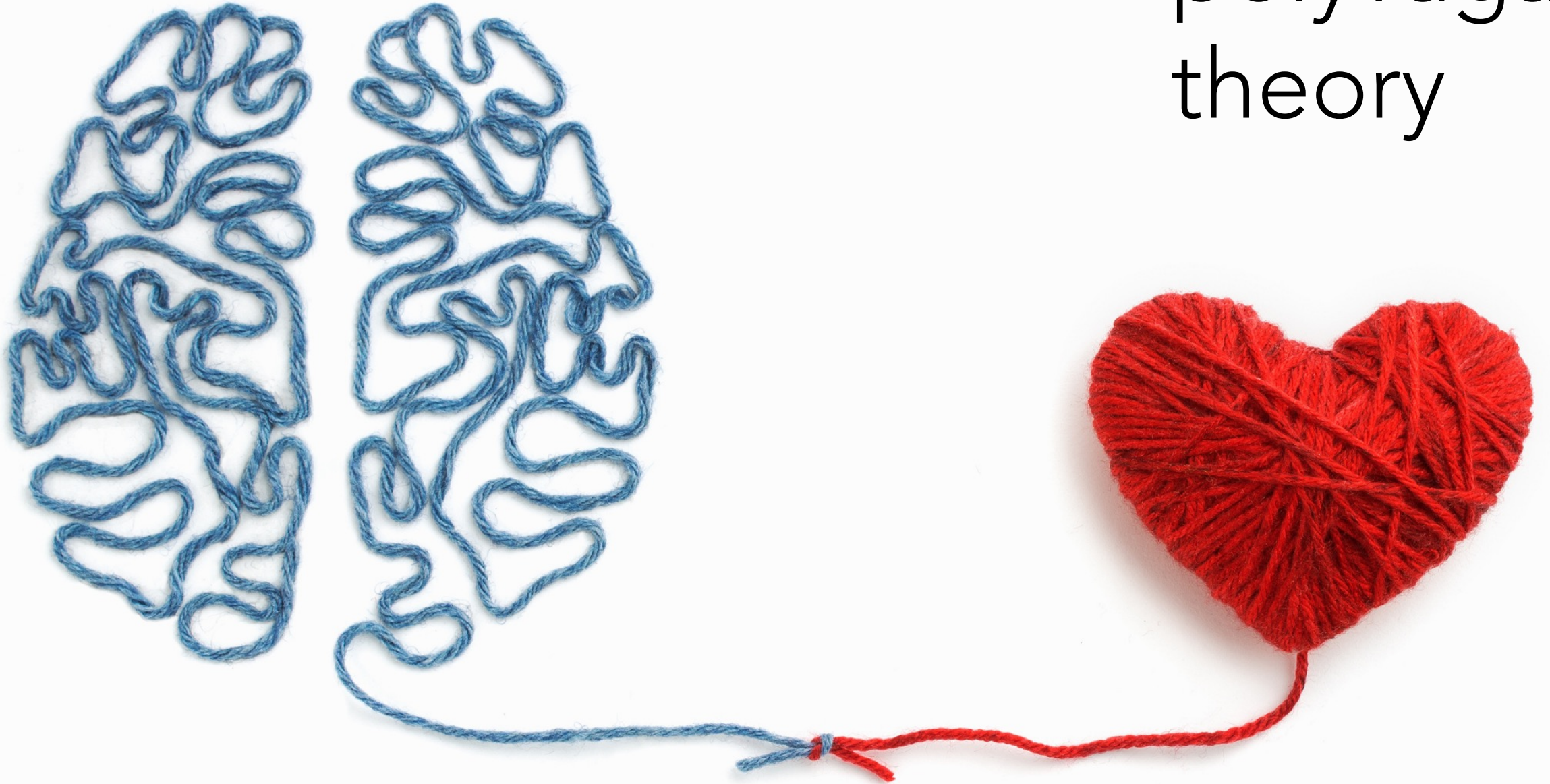


cell danger
response

ALLOSTATIC
LOAD



polyvagal theory



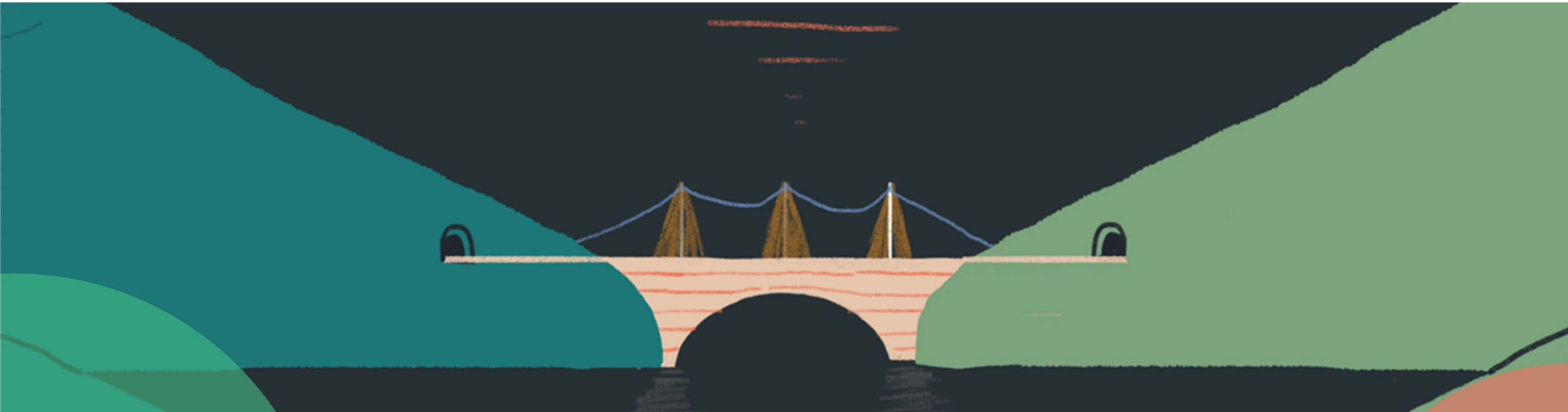
SAFETY IS NOT THE ABSENCE OF
THREAT, IT IS THE PRESENCE OF
CONNECTION

Gabor Mate



MASLOW'S HIERARCHY OF NEEDS

**Othering is the
problem of our
time. Belonging is
the solution.**







Journal of Adolescent Health
Volume 63, Issue 4, October 2018, Pages 503-505

Adolescent health brief

Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth

Stephen T. Russell Ph.D. ^a, Amanda M. Pollitt Ph.D. ^a, Gu Li Ph.D. ^b, Arnold H. Grossman Ph.D. ^c

**Using a gender diverse youth's
chosen name at work, school, home
and with friends:**



Reduces depression
symptoms by

71%



Reduces thoughts
of suicide by

34%



Reduces suicide
attempts by

56%

Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth Russell, Stephen T. et al Journal of Adolescent Health, Volume 63, Issue 4, 503 - 505

power of family affirmation

power of pronouns

power of access to medications

The background of the entire image is a solid pink color, densely decorated with small, circular confetti in various colors including red, orange, yellow, teal, and light blue. Two semi-transparent teal rectangular boxes are overlaid on the image, one on the left and one on the right, containing text.

For individuals:

Be aware of shame

Listen for shame

Look for shame

Ask about shame

Name the shame

Normalize the shame

Share your story

For systems:

Prioritize psychological safety

Mitigate competition

Nurture authentic self-expression

Celebrate help-seeking

Provide active support

Normalize respectful treatment

FOUR QUADRANTS OF PSYCHOLOGICAL SAFETY

INCLUSION SAFETY

Members feel safe to belong to the team.

Safe to: Know that you are valued, Treat all people fairly, Feel your experience matters, Include others regardless of title/position

Inclusion
Safety

Learner
Safety

LEARNER SAFETY

Members are able to learn through asking questions.

Safe to: Discover, Ask questions, Experiment, Learn from mistakes, Look for new opportunities

CONTRIBUTOR SAFETY

Members feel safe to contribute their ideas.

Safe to: Engage in an unconstrained way, Interact with colleagues, Have mutual access, Maintain open dialogue, Foster constructive debate

Contributor
Safety

Challenger
Safety

CHALLENGER SAFETY

Members can question others' ideas or suggest significant changes.

Safe to: Challenge the status quo, Speak up, Express ideas, Identify changes, Expose problems

"Are we missing anything? Does anyone have any other suggestions?"

"This situation is over my head."

Invite participation

"Don't speak to her like that. That's not ok."

Hold people accountable for transgressions

Acknowledge limits of knowledge

Set boundaries

"If I miss this intubation, I'll need you to take over?"

How to create psychological safety in a code/crisis:

Be accessible

"What can I do for you?"

Highlight failures as opportunities

"What can we learn from that near miss?"

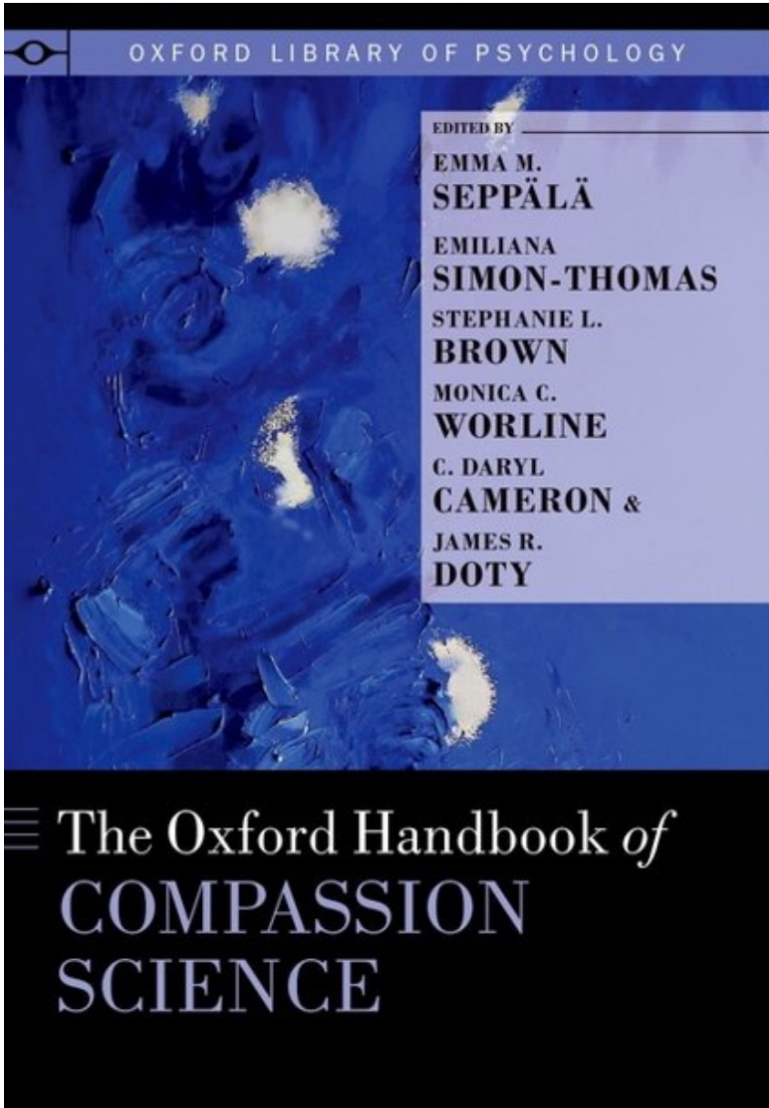
Be willing to display fallibility

"I missed the diagnosis, let's reset."

Use direct language

"Jessica, please start chest compressions now."

Teaming: A Edmonson



From *The Oxford Handbook of Compassion Science* (2017). Oxford University Press.

| | |
|--|----------------------|
| | CHAPTER 15 |
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Vagal Pathways: Portals to Compassion

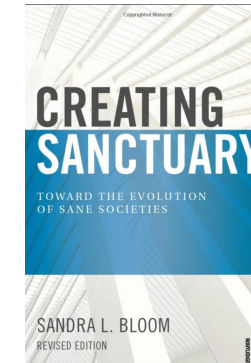
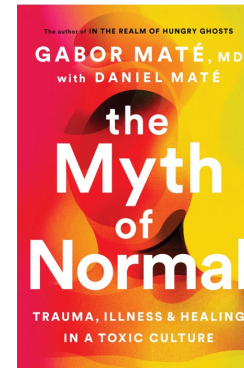
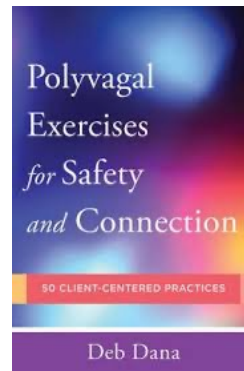
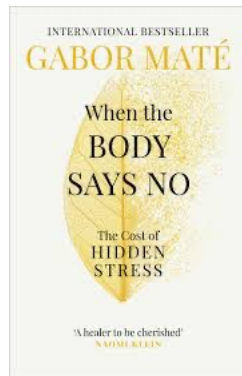
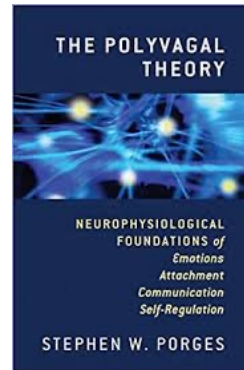
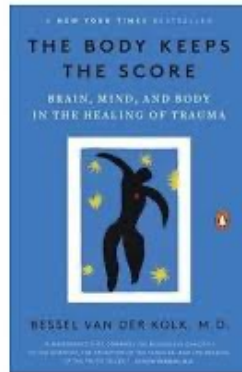
Stephen W. Porges

Abstract

In this chapter, contemplative practices are conceptualized as methods that function as neural exercises enhancing vagal regulation of the autonomic nervous system. The model presented proposes that specific voluntary behaviors (e.g., breath, vocalizations, and posture), which characterize ancient rituals and form the core of contemplative practices, can trigger a physiological state mediated by vagal pathways that fosters health and optimizes subjective experiences. The model emphasizes that, in order for the positive benefits of contemplative practices to be experienced, the rituals associated with contemplative practices (e.g., chants, prayers, meditation, and dance) must be performed in a context defined by physical features that are calming and soothing and promote feelings of safety.

Key Words: compassion, contemplative neuroscience, ancient rituals, autonomic nervous system, polyvagal theory, vagal brake, social engagement system, dissolution, neuroception

Simply bearing witness changes everything. It is the power of naming what is, giving voice to what is, and standing in awareness...without forcing anything to be different, but without recoiling from the witnessing, even in the face of overwhelming physical force, or social coercion, and perhaps one's own fears as well.



RESOURCES FOR FURTHER INVESTIGATION



thank you

QUESTIONS?