

# Hacking Fear: A trauma-informed approach to work with vulnerable populations

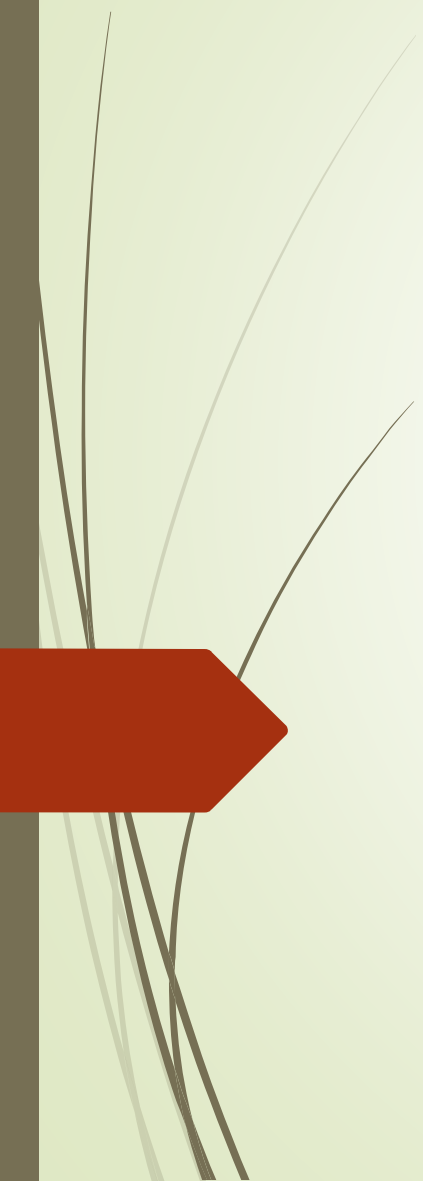
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“I learned that courage was not the absence of fear, but the triumph over it. The brave man is not he who does not feel afraid, but he who conquers that fear.”

-Nelson Mandela



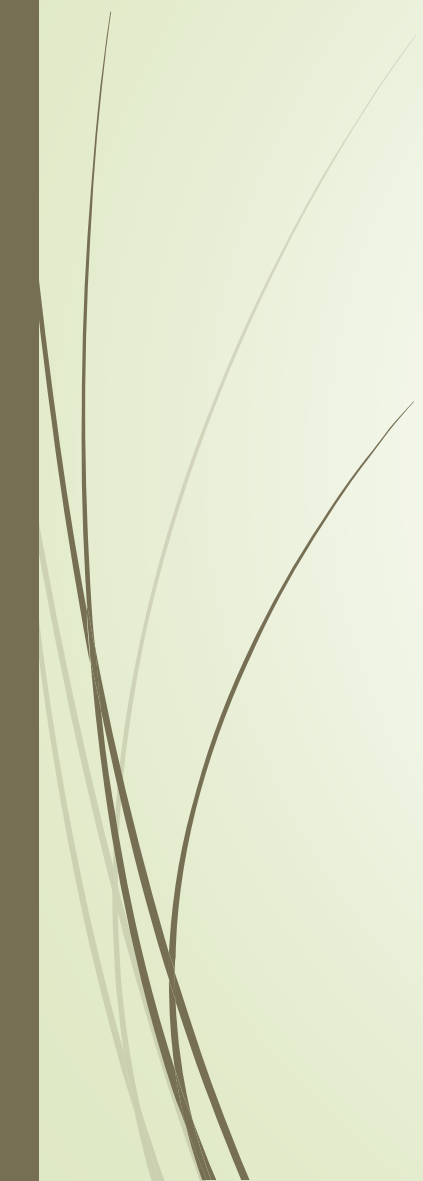
# Disclosures



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- Roles:
  - Clinical Assistant Professor, Psychiatry & Behavioral Sciences, Stanford University School of Medicine
  - Research Associate, National Center for PTSD
  - Secretary, Association of Women Psychiatrists
  - Women in Child and Adolescent Psychiatry Committee, American Academy of Child and Adolescent Psychiatry



# Outline of Presentation

- Vulnerable populations
  - The gender spectrum
  - Complex trauma
  - Approaches to anxiety in complex trauma
  - Wellness promotion
  - Hacking fear [video]
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# Learning Objectives



- Learners will be able to identify social determinants of health that contribute to vulnerability in special populations.
- Learners will be able to delineate basic principles of gender-affirming care.
- Learners will be able to outline three clinical strategies for addressing anxiety in patients with complex trauma.



# Vulnerable Populations in Health Care

- **Those whose health care needs intersect with certain social and economic characteristics that increase their risk for inadequate access to health care and poor health outcomes.**
  - Impose threats to autonomy
  - Lead to social exclusion
- Patients who are racial or ethnic minorities, children, elderly, homeless, economically disadvantaged, un/underinsured, those with HIV, or those with other chronic health conditions including severe mental illness (Waisel, 2013; AJMC, 2006)



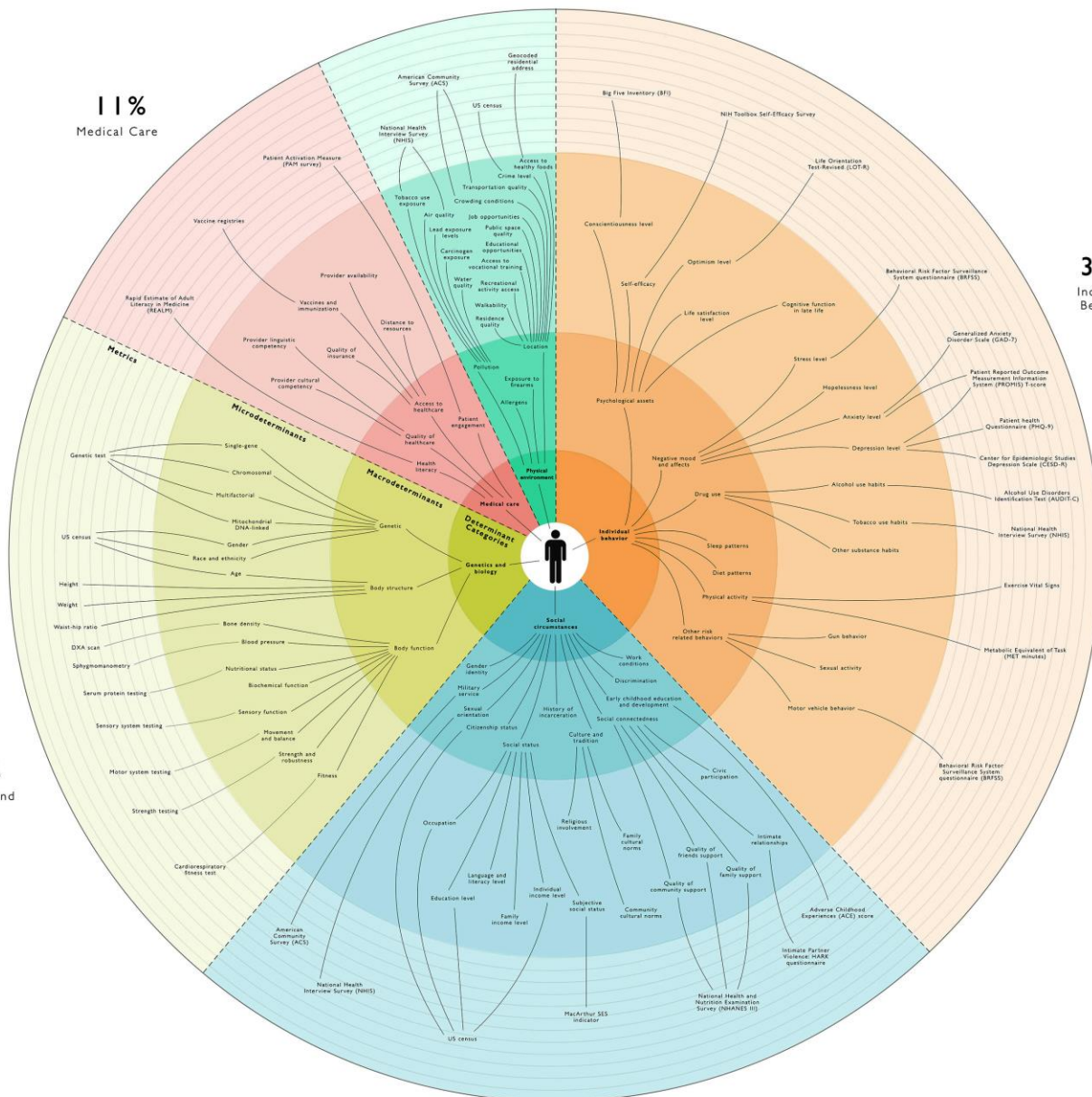
7%  
Physical  
Environment

11%  
Medical Care

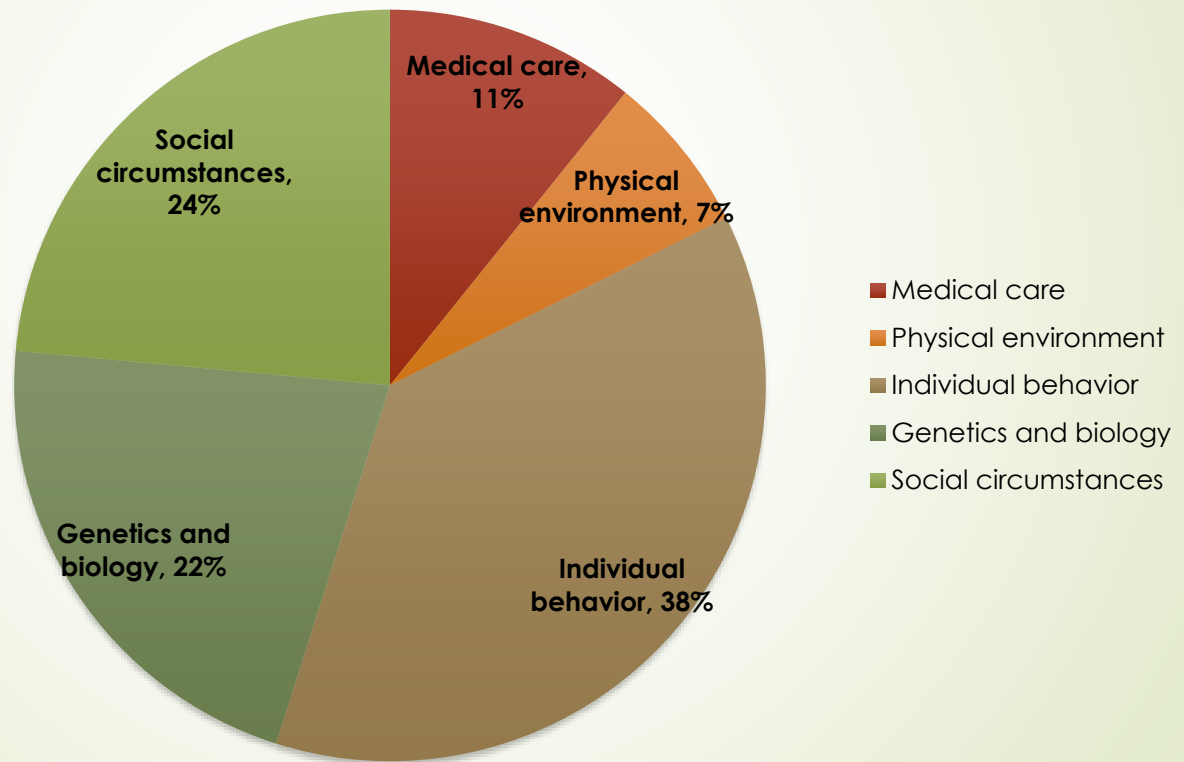
38%  
Individual  
Behavior

21%  
Genetics and  
Biology


23%  
Social Circumstances



# Determinants of Health







# Social determinants of health and vulnerability

- Social Connectedness
  - Civic participation
  - Intimate relationships
  - Quality of family support
  - Quality of friends support
  - Quality of community support
- Social Status
  - Subjective social status
  - Individual income level
  - Language and literacy level
  - Education level
  - Occupation
- Culture and Tradition
  - Religious involvement
  - Community cultural norms
  - Family cultural norms
- Race and ethnicity
- Citizenship Status
- Sexual Orientation
- Military Service
- Gender Identity
- History of Incarceration
- Discrimination
- Work Conditions



# Gender spectrum

## Gender identity ≠ sexual orientation

- **Sex:** The biological, physiological, and genetic characteristics that define individuals as male, female, or intersex.
- **Gender:** The socially constructed roles, activities, behaviors, and attributes that a given society considers appropriate for people based on their sex.
- **Gender Identity:** An individual's internal sense of what their gender is and what it means to them.
- **Sexual Orientation:** An individual's personal understanding of who they are attracted to, how they experience intimacy, and what they desire.



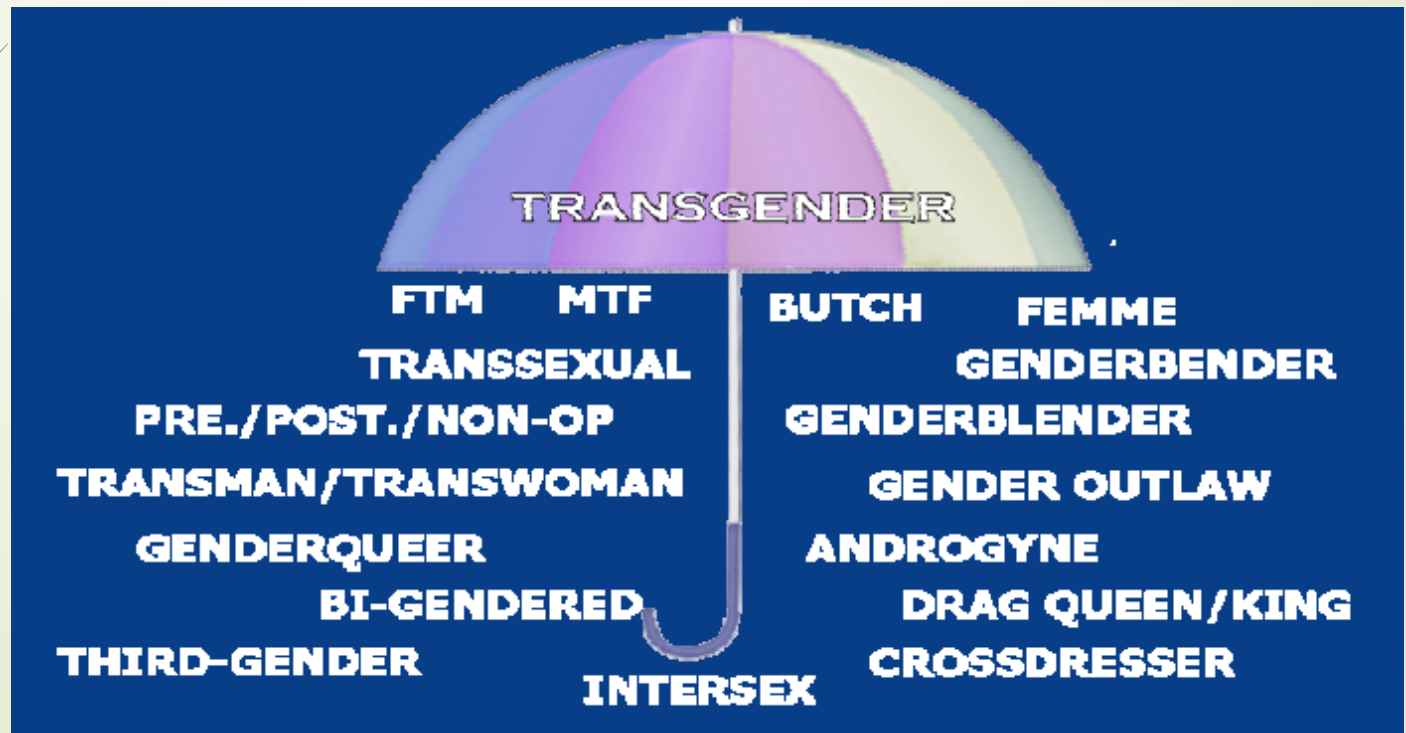
# Non-Binary Identities



- **Non-binary:** A gender identity outside of “man/male” or “woman/female.” May signify an identity between “man” and “woman” or outside of these binary categories altogether.
- **Gender-nonconforming:** similar to non-binary
- **Genderqueer:** A gender identity outside of “man” or “woman.” Often implies a more political relationship to gender.
- **Genderfluid:** A gender identity that may move or fluctuate between two or more gender identities, or on a continuum.
- **Agender:** Identifying as not having a strong gender identity or any gender identity at all.

# What is transgender?

- **Transgender (Trans\*)**: An umbrella term describing an individual who does not currently identify as the gender they were assigned at birth (transiently or persistently)



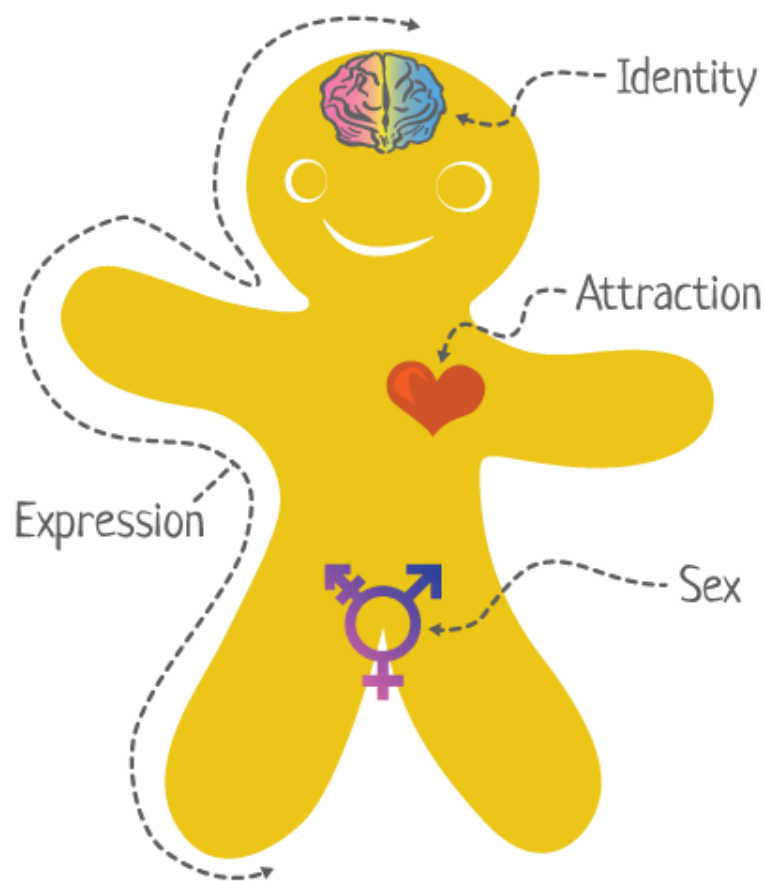
Trans\* can include people who identify as:



GenderCreative  
GenderNon-Conforming GenderFluid  
Transmasucline  
GenderVariant Butch Pangender  
Femme Genderqueer  
Transgender CAFAB CAMAB FTM Two-Spirit  
Agender  
TransMan Questioning DragKing  
Trans TransWoman Bigender  
DragQueen MTF Androgyne  
CrossDresser

Word  
It Out

# The Genderbread Person v3.2 by its pronounced **METRO**sexual.com








# Gender Dysphoria

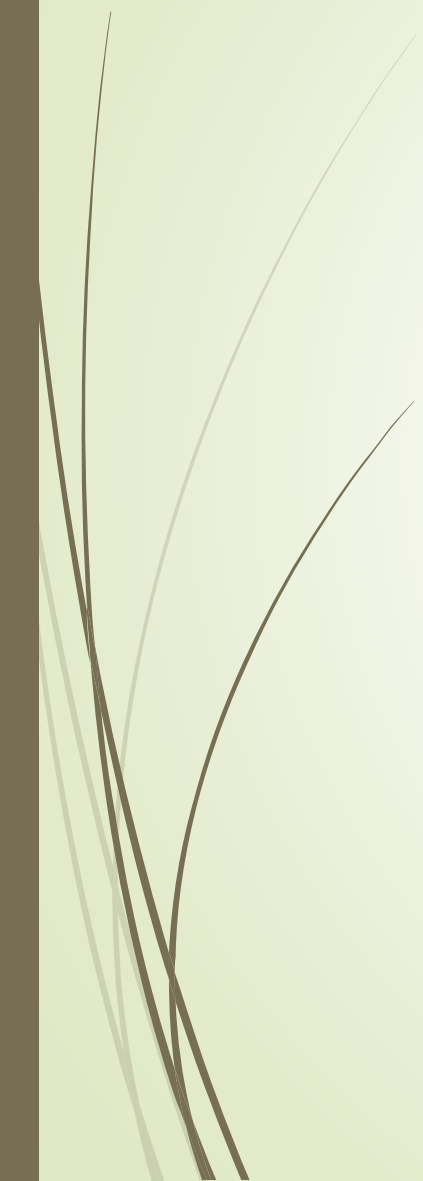
- Distress that may accompany the incongruence between a person's gender identity and the person's assigned sex, associated gender role, and/or primary and secondary sex characteristics (DSM 5, 2013).

## **Gender non-conformity ≠ Gender dysphoria**

- Many people with GNC do not have GD
- However, both GNC and GD are associated with increased risk for mental health concerns.



# Basic principles for working with gender diverse populations

- Gender identity is a fluid concept that varies from individual to individual. Learn about the continually evolving terminology and ask patients for their preferred name/pronouns.
  - Don't make assumptions – take an implicit association test if you are unaware of your own biases.
  - Transgender individuals are at increased risk for discrimination and harassment compared with their cisgender peers (U.S. Transgender Survey, 2015)
  - Institutional policies that support an inclusive and gender-affirming environment for all will help transgender patients to access needed health care.
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# Elements of Transition

Transgender patients are at varying stages of transition.

- Psychological transition
- Social transition
- Medical transition
- Surgical transition
- Legal transition



# What is Complex Trauma?

- Complex trauma ≠ PTSD
- Complex psychological trauma – results from exposure to severe stressors that are (beyond Criterion A):
  - Repetitive or prolonged
  - Involve harm or abandonment by caregivers or other ostensibly responsible adults
  - Occur at developmentally vulnerable times such as early childhood or adolescence
- Complex traumatic sequelae include changes in mind, body, emotions, and relationships



# Complex Trauma: Core problems

- Presenting complaints span diagnostic classifications
- Regardless of specific diagnoses or assessment/treatment methodologies used, core problems in complex trauma include:
  - Affect dysregulation
  - Structural dissociation
  - Somatic dysregulation
  - Impaired self-development
  - Disorganized attachment patterns

# Anxiety in Complex Trauma

- May have features of social anxiety, GAD, panic disorder, OCD, but often overlapping and more complex
- Often related to impairments in self-regulation ability and attachment disruption
- Approach must be integrative and individualized









# Approach to Anxiety in Complex Trauma: Key components

- Safety first! Create a safe physical and emotional environment
- Attachment-based focus on the working alliance
- Skills-based teaching of stabilization, emotion regulation, self-soothing
- Processing of traumatic experiences
- Wellness promotion
- Real world practice




# Anxiety in Complex Trauma: Relationship

- Attachment based approach to alliance development
  - Goal-setting
  - Depathologize through focus on strengths
  - Delve into identity and relationships – help preoccupied patients make room for a mind of their own



# Components of a Working Alliance

- Trust and testing
- Blame and behavior
- Shame and symptoms: non-judgment
- Consistency and connection
- Humility
- Demeanor
- Awareness: meta-cognition
- Professionalism

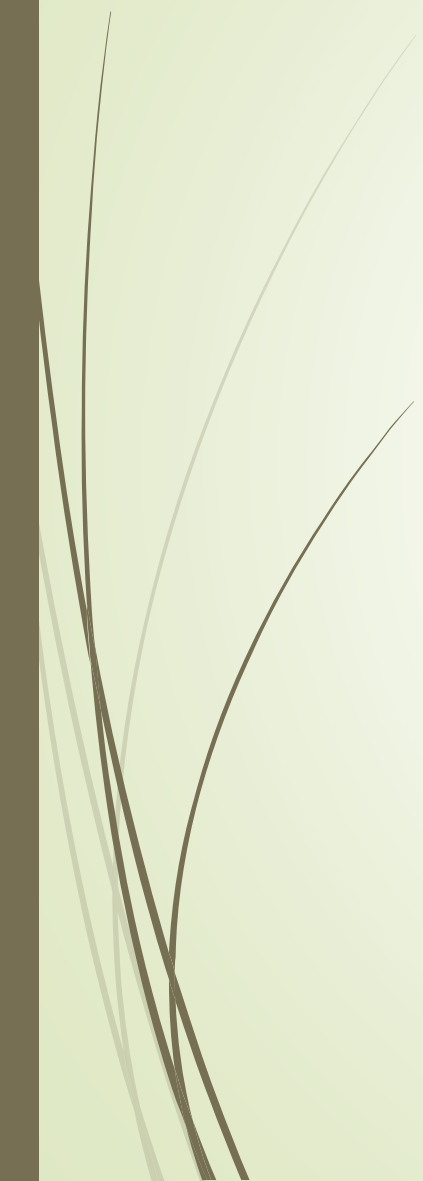


# Anxiety in Complex Trauma: Technique

- Integrate therapeutic skills focused on self-soothing, relaxation and grounding
  - Cognitive behavioral, cognitive restructuring (Cohen, 2012)
  - Mindfulness and mentalizing: “the double helix of psychological liberation” (Wallin, 2007)
  - DBT skills (limit setting) (Linehan, 1993)
  - STAIR (Skills training in affect and interpersonal regulation) (Cloitre, 2010)
- Trauma processing (Foa, 2007; Resick, 2016)



# Wellness Promotion >> Medical model (disease focus)

- Strengths-based
  - Tap into patient's inherent resilience
  - Focus on quality of life
    - Sleep
    - Diet
    - Exercise
    - Self-compassion
    - Relationships
    - Creativity
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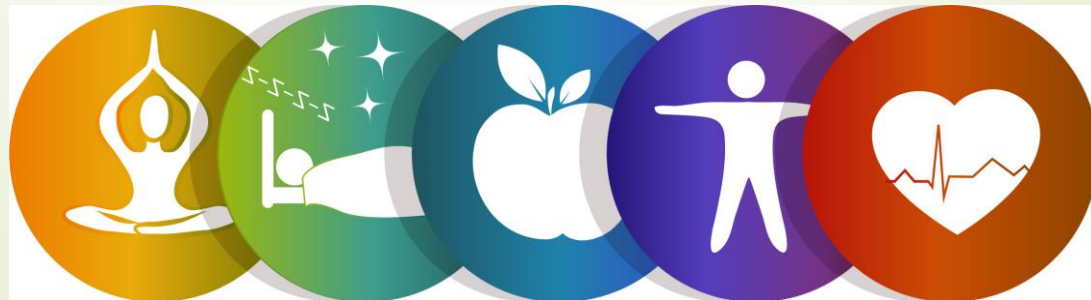
# Wellness Promotion: Prevention Focus

- **Primary prevention:** preventive measures that forestall the onset of illness or injury before the disease process begins
  - Universal
  - Indicated
- **Secondary prevention:** preventive measures that lead to an early diagnosis and prompt treatment of a disease or injury to limit disability and prevent disease progression
- **Tertiary prevention:** measures aimed at rehabilitation following significant disability
- **Intervention:** efforts to control a disease in progress



# Strategies for physician self-care and burnout prevention

- Start the day right
- Eat when you can
- Sleep when you can
- Exercise!
- Meditation
- Stress management
- Time management (set boundaries)
- Break from technology
- Nourish your creative side





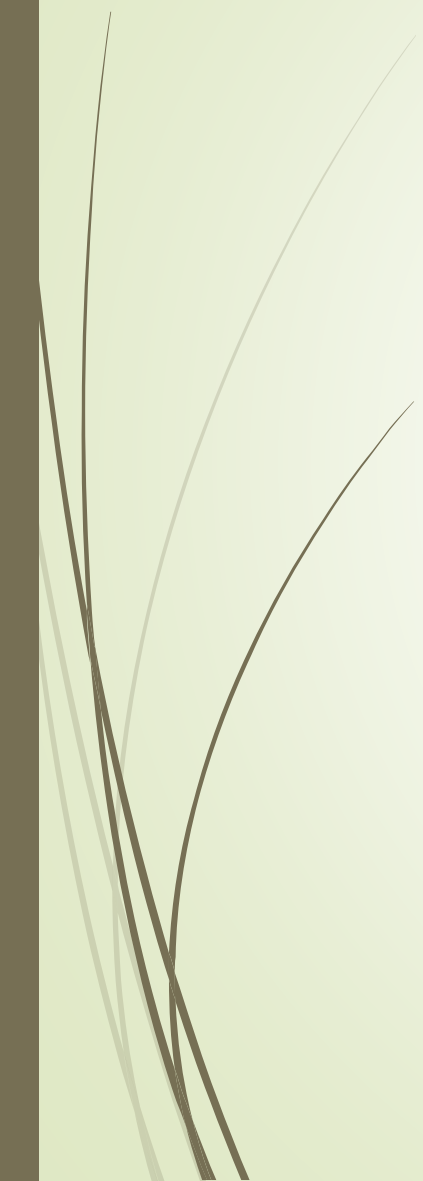
# Stanford Services



- Public Mental Health and Population Sciences Division
- **Vulnerable populations clinic: THRIVE**
  - Therapeutic
  - Healing
  - Resilience
  - Inclusivity
  - Values-based
  - Empowerment
- **Physician Wellness Clinic: WellConnect**



# Take Home Points

- Social factors and circumstances may increase vulnerability in special populations and have downstream effects on health.
  - It is important for clinical staff working with patients on the gender spectrum to be familiar with basic concepts of transgender health.
  - Addressing anxiety in complex trauma requires strategic attention to both relationship and technique.
  - Wellness promotion for our patients and ourselves is an essential component to treating trauma in vulnerable populations.
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# Hacking Fear



Video Muniba Mazari





Thank you!  
Questions?