

Is Trauma Assessment the Key to Providing Better Healthcare?

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Plan for today

- Discuss how trauma inquiry can change the way we care for **adult** patients
 - What we are teaching our health professionals
- What's the data on adult screening?
- What are the controversies about universal screening?
- How do we advance the evidence in the field while continuing to provide trauma-informed, patient-centered care?

Poll Question #1

Summary of our educational model

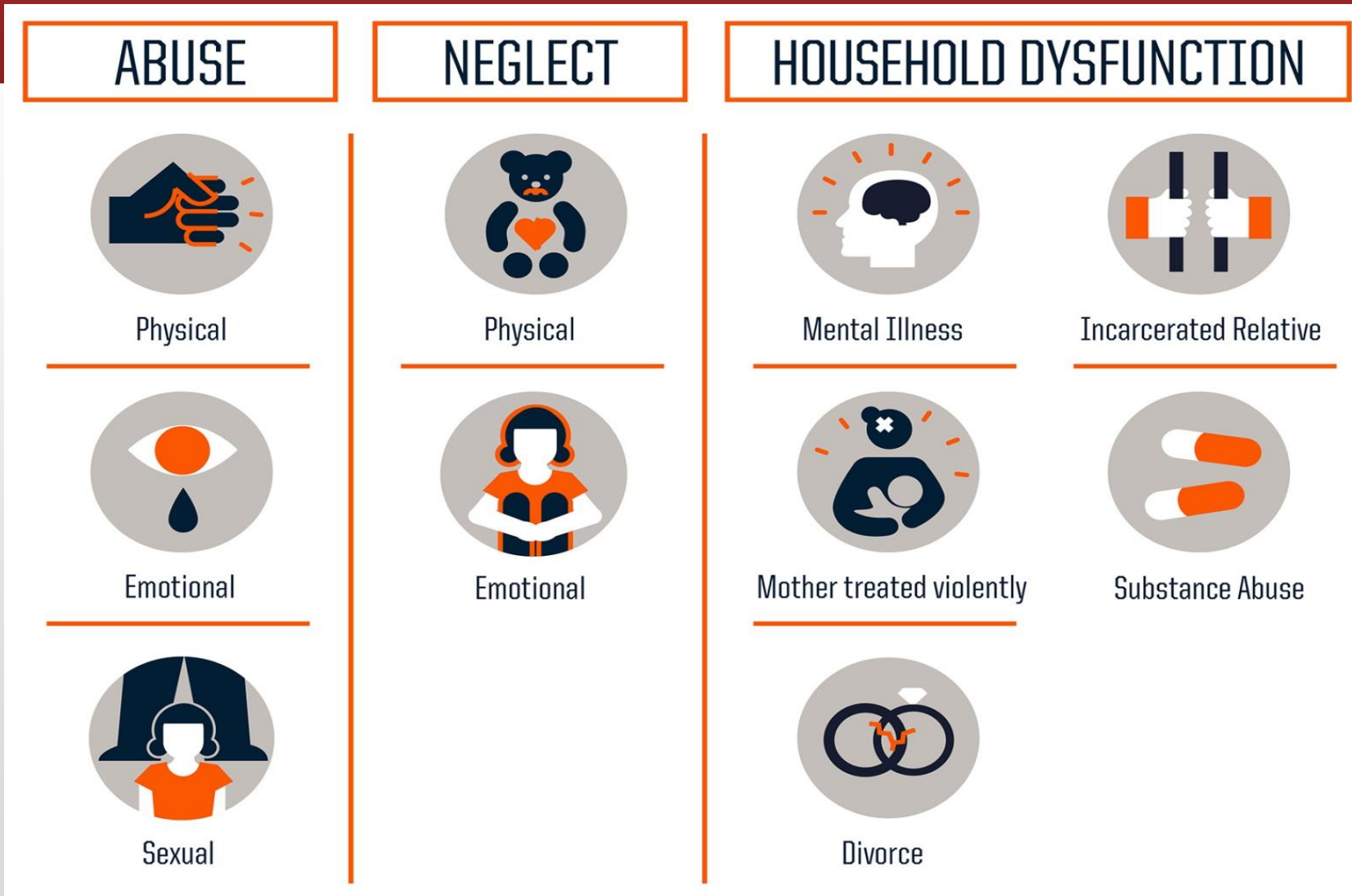


Think about a potentially frustrating patient encounter...

- A patient who:
 - Doesn't take their medication regularly
 - Can't quit smoking
 - Always late or doesn't show up at all
 - Is disruptive to clinic or hospital staff
 - Continues to gain weight despite repeated plans to lose
 - Leaves hospital "against medical advice"
- Today **let's learn a different viewpoint** on what the origins of these behaviors might be...



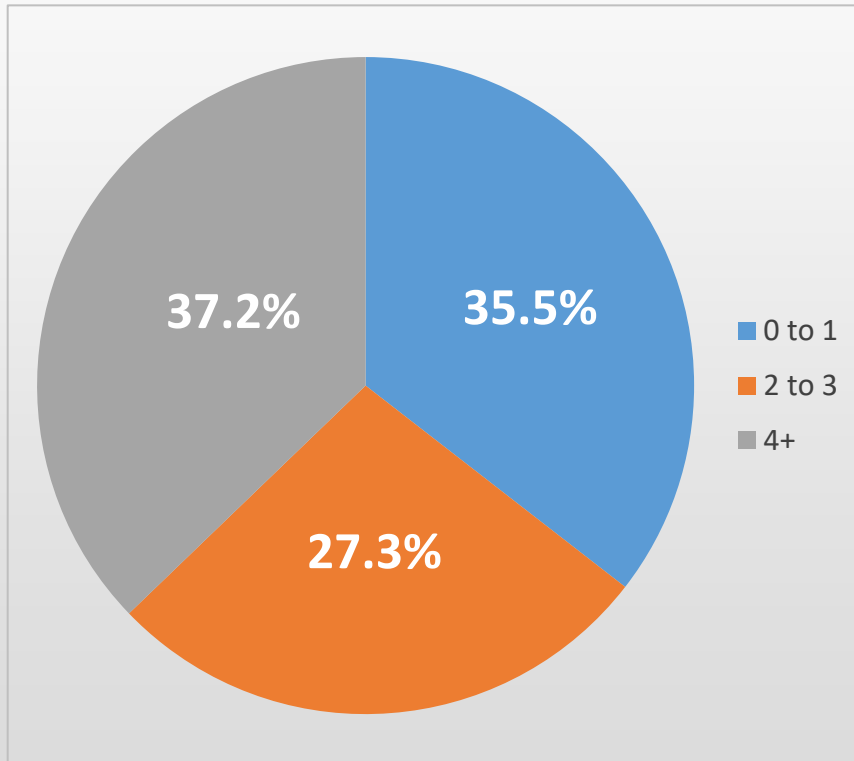
Adverse Childhood Experiences (ACEs)



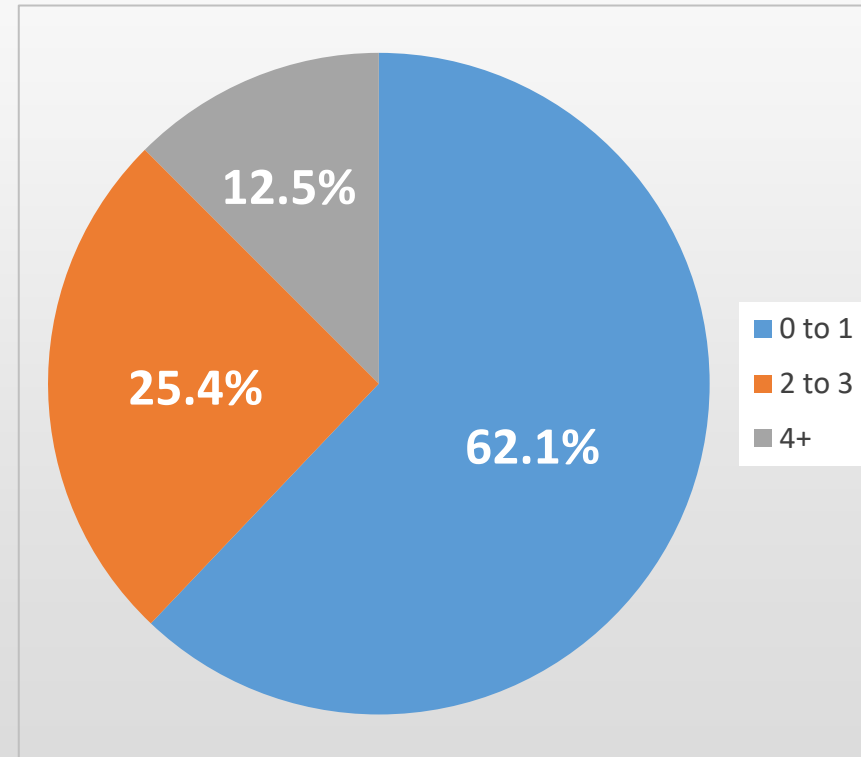
Each experience in a category is a score of one and totaled for an overall ACE score

OU Data: ACEs Comparison With CDC

Study Sample: Tulsa 2012



CDC ACEs Study



Not an excuse for bad behavior...

- But striving to understand the origins of the behavior
- Until that happens, change is unlikely
- Just recognizing the connections of ACEs to behavior and disease can be **therapeutic** – for both the patient and the clinician

Poll Question #2

Isn't this just a Pandora's Box??

- Greek mythology: Pandora opened a box and released chaos
- We think we could keep the box closed
- But we have to realize, the box is already open

Chaos, Disruption, Disorder



Two similar Internal Medicine clinic patients

- 50-ish females
 - Recently moved to Tulsa
 - Long medication lists – not taking most
 - Depression, hypothyroid, chronic back pain, hypertension, diabetes
 - Late to first appointment
 - Cried several times during visit
 - Hasn't had COVID vaccine
- **Two differently trained residents**
 - **How do they approach this potentially frustrating situation?**

Two reactions to similar patients

No ACEs or TIC education

Frustration, anger, blaming



ACEs and TIC training in med school and residency

Calm, understanding, curious, proactive



Be curious,
not judgmental.

- Walt Whitman



Trauma- Informed Care is Better Care

Traditionally health practitioners ask: "What is wrong with you?"

Now, we should ask: "What happened to you?"

What physicians are saying after training

- “Though I didn’t appreciate the work our advisors were doing at the time, I now realize how important it is going forward in my career. If we truly want to practice preventive medicine; we have to realize the affliction ACEs have on our community and the association they have with chronic psychiatric and medical diagnoses we encounter on a daily basis.”
- “After 30 years of primary care I’ve always thought there had to be a link between people and their upbringing but I never put all the dots together until your presentation. You truly unlocked a mystery... and it’s already had an impact.”
- “So, I will continue to ask the question. And, I expect I will hear, *“I’ve never told anyone that,”* again and again. After 24 years, I’ve learned that I still have a lot to learn—about medicine, and about the human condition.”

Learning about ACEs

- Classical training in Internal Medicine/Adult Care included very little about childhood events
- ACE study published in 1998
- Exponential growth of interest in ACEs and trauma informed care training and publications
- Slow uptake by adult caregivers
- YET...
 - *Annals of Internal Medicine* has yet to publish any articles on ACEs
 - American College of Physicians annual meeting – no sessions on ACEs
 - No formal curriculum in most medical schools



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Poll Question #3

Inquiry About Past Trauma

OPTION 1

Assume a History of Trauma Without Asking

Referrals can be offered to onsite or community-based interventions that address experiences and consequences of past trauma regardless of whether a patient chooses to disclose their trauma history.

OPTION 2

Screen for the Impacts of Past Trauma Instead of for the Trauma Itself

Common conditions highly correlated with trauma, such as anxiety, depression, posttraumatic stress disorder, chronic pain and substance use disorders, can be more effectively addressed when services are trauma-informed and offer evidence-based trauma-specific interventions.

OPTION 3

Inquire About Past Trauma Using Open-ended Questions

Open-ended questions about past trauma sensitively included in a routine history allow patients to disclose any form of trauma they feel is relevant to their health and well-being.

OPTION 4

Use a Structured Tool to Explore Past Traumatic Experiences

Multiple validated scales exist to screen for past trauma. Carefully consider why, when, how, and by whom it will be administered, as well as who will have access to the information.

Machtiger, E.L., Davis, K.B., Kimberg, L.S., Khanna, N., Cuca, Y.P., Dawson-Rose, C., Shumway, M., Campbell, J., Lewis-O'Connor, A., Blake, M., Blanch, A., and McCaw, B. (2019). From treatment to healing: inquiry and response to recent and past trauma in adult health care. *Women's Health Issues, 29*(2), 97-101.

Poll Question #4

Sample Language for Asking About ACEs

- “Difficult life experiences, like growing up in a family where you were hurt, or where there was mental illness or drug/alcohol issues, or witnessing violence, can affect our health. Do you feel like any of your past experiences affect your physical or emotional health?”

If yes...

- “I am sorry this happened to you. Thank you for sharing this with me. This information can help me understand how best to care for you.”

If you know there has been trauma...

If you know your patient had a traumatic experiences:

- “I understand that you have experienced difficult events and stress during your childhood years. Do you think these experiences impact your health now?”
- “How might ACEs affected your thoughts, memories, or feelings about your body, self-esteem, or behaviors?”
- “Have ACEs interfered with your current relationships? Your work? Your enjoyment of activities?”

Some options for treatment



Formal treatments

CBT – Cognitive behavioral therapy

BT – Behavior therapy

CPT – Cognitive processing therapy

ERP – Exposure and response prevention

DBT – Dialectical behavioral therapy

EMDR – Eye movement desensitization and reprocessing



Body work

Deep breathing

Yoga

Mindful meditation

Meditation-based stress reduction

Tai Chi

Water therapy

Aerobic exercise



Self-help

Apps

Books

Classes



Poll Question #5

Does screening improve patient outcomes?

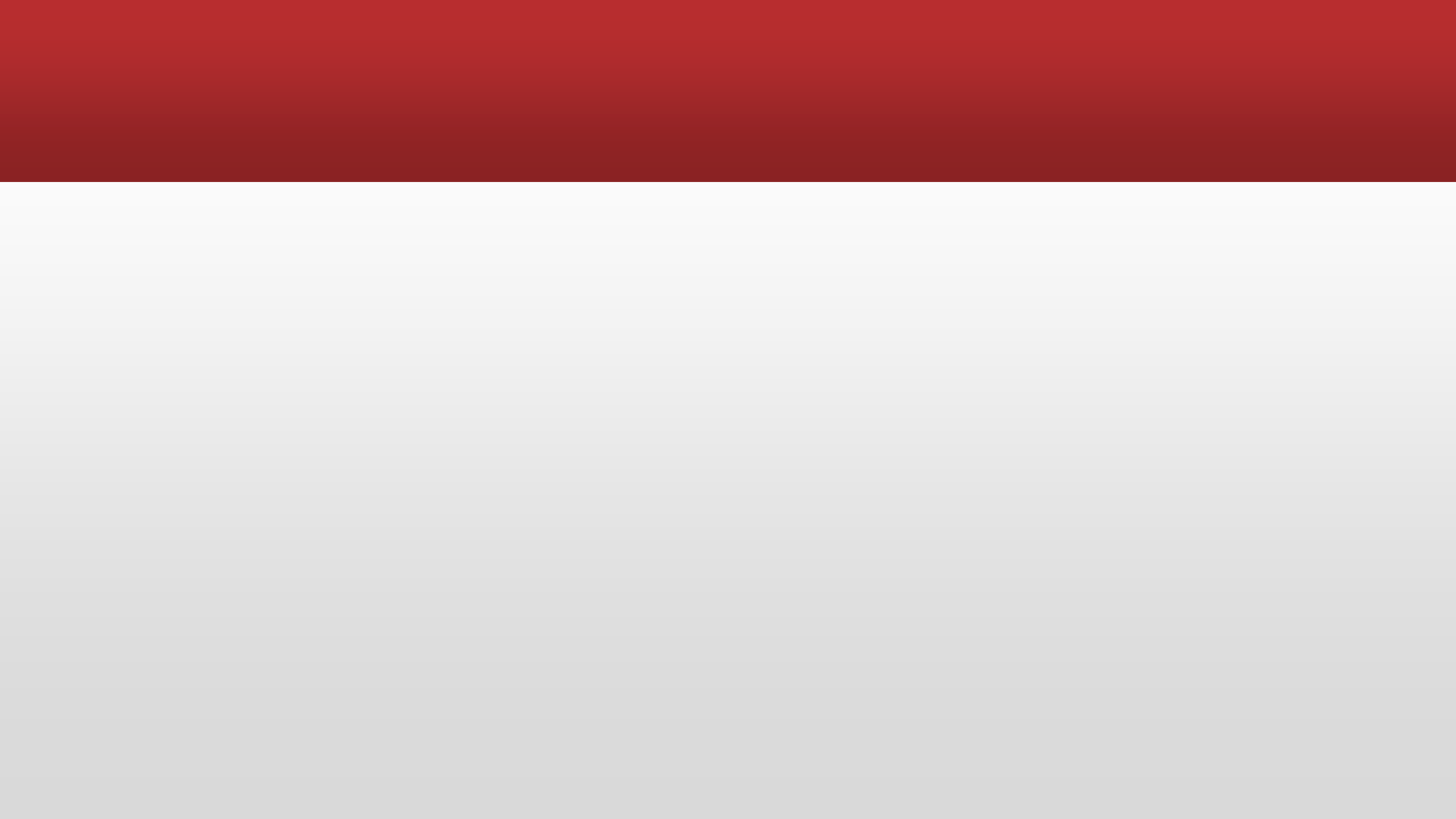
- Cannot be evaluated like common health screenings
 - Cancer, diabetes, depression
- Currently, USPSTF would very likely not recommend ACE screening for adults (or children)
 - Not enough evidence of benefit
 - Possibly effective treatment options not available
 - Potential risks of screening?
- No long term outcomes of existing programs
- Unlikely that large randomized placebo-controlled clinical trials will be done for ACEs screening

Questioning screening in healthcare

- Screening for Adverse Childhood Experiences (ACEs) in Primary Care – A Cautionary Note (*JAMA*)
 - [June 2020 from Thomas L. Campbell, MD](#)
- Screening for Traumatic Experiences in Health Care Settings – A Personal Perspective From a Trauma Survivor (*JAMA Internal Medicine*)
 - [May 2021 from Anna E. Austin, PhD](#)
- Screening for Traumatic Childhood Experiences in Health Care Settings (*JAMA Internal Medicine*)
 - [May 2021 from David Finkelhor PhD, Lucy Berliner MSW](#)
- Universal Screening and Trauma Informed Care: Current Concerns and Future Directions (*Families, Systems, & Health*)
 - [May 2021 from Raja, Rabinowitz, and Gray](#)

More questions

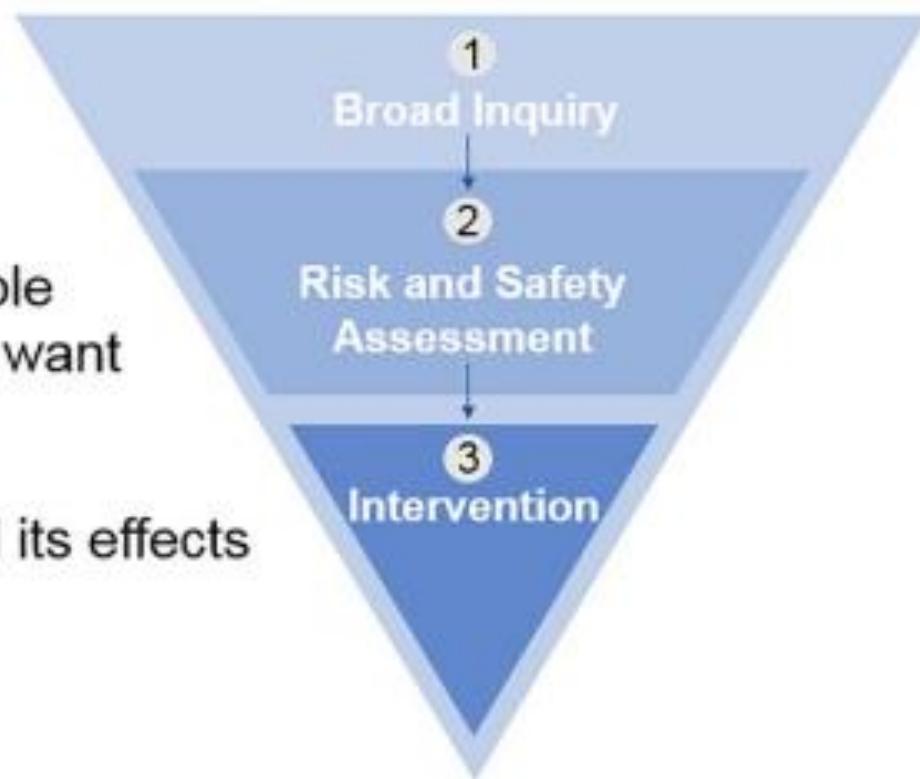
- **Poor Individual Risk Classification From Adverse Childhood Experiences Screening (*Am J Prev Med*)**
 - **2021 from Alan Meehan, et al**
- **Population vs Individual Prediction of Poor Health From Results of Adverse Childhood Experiences Screening (*JAMA Pediatrics*)**
 - **Jan 2021 from Jesse Baldwin, et al**
- **How does adding strengths/resiliency screening add to intervention/outcomes??**
- **How will using expanded ACEs screening change interventions/outcomes?**



Trauma Assessment and Inquiry: A Tiered Approach

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



Trauma-informed Primary Care

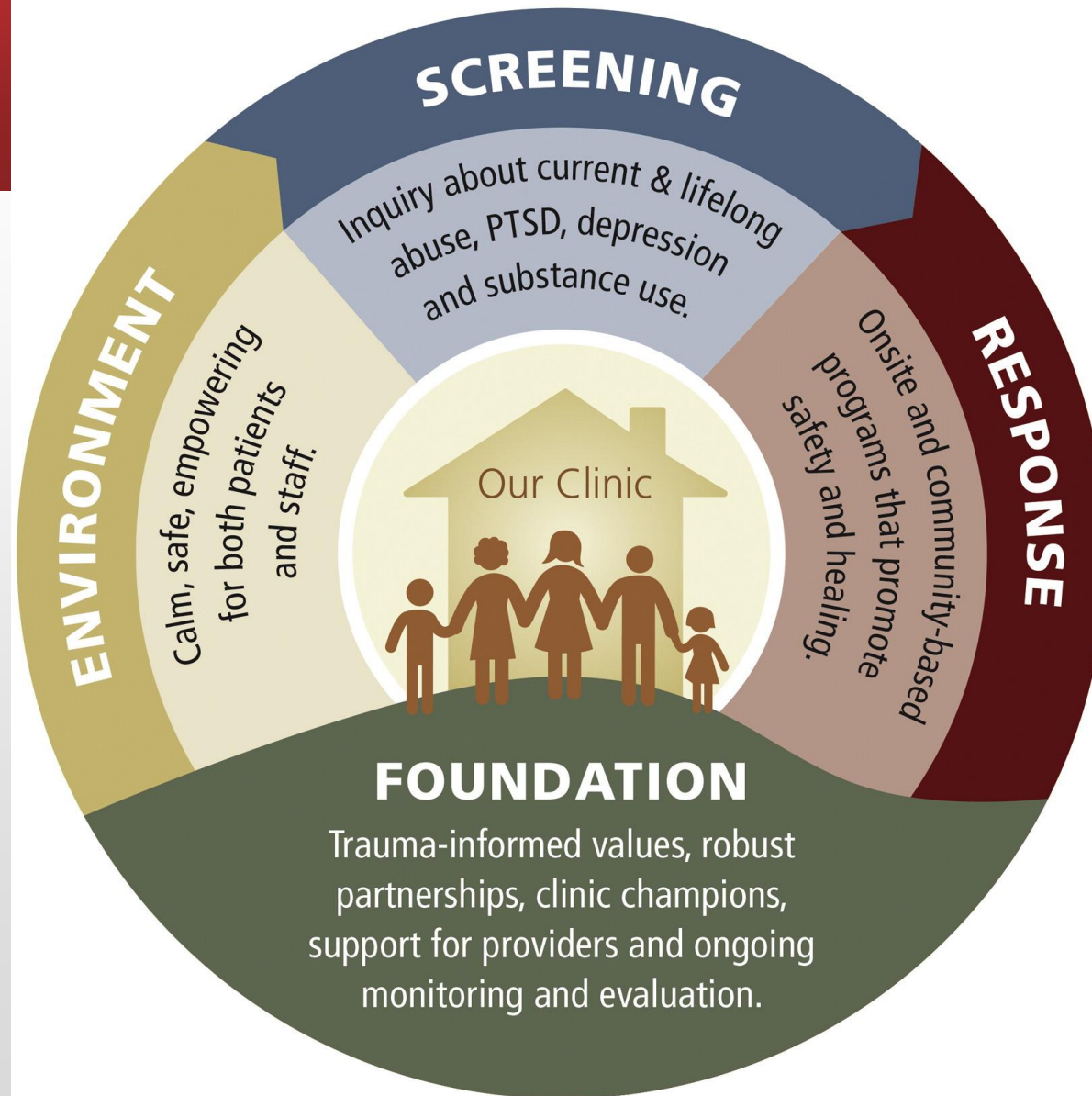


Figure 2

Screening Concerns and Solutions

Are you using self-report, retrospective reports of trauma and adversity?

- Consider screening for triggers in the healthcare environment and current functioning instead of (or in addition to) trauma screening.

Are patients and providers comfortable with screening protocols?

- Survey patients on their preferred method of screening and train providers on managing disclosure.

Will insurance companies have access to screening data?

- Provide universal trauma education and referrals to all patients without implementing universal screening.

Does your current behavioral health system have a wait list?

- Screen for current functioning to identify highest risk patients.

Do patients have financial, linguistic, geographic or cultural issues that impact their access to resources?

- Advocate for societal change to improve access to care.